920 - QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM ADMINISTRATIVE REQUIREMENTS

EFFECTIVE DATES: 10/01/94, 10/01/17, 10/01/18, 10/01/19, 07/15/21, 10/01/23, 10/01/24, 11/07/25, 10/01/26

APPROVAL DATES: 10/01/97, 10/01/01, 08/13/03, 04/01/05, 01/01/06, 02/01/07, 10/01/08, 10/01/09, 02/01/11, 04/01/12, 10/01/13, 10/01/15, 07/01/16, 03/01/18, 11/15/18, 11/21/19, 04/27/21, 08/03/23, 06/13/24, 08/26/25, 09/01/26

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors. This Policy specifies Quality Management/Performance Improvement (QM/PI) Program administrative requirements.

II. DEFINITIONS

Refer to the AHCCCS ACOM and AMPM Dictionary for common terms found in this Policy.

For purposes of this Policy, the following terms are defined as:

BEST PRACTICES	Processes and/or initiatives that produce optimal results and are intended for widespread adoption/implementation.
ENHANCING QUALITY IMPROVEMENT PLAN (EQIP)	A Quality Management/Performance Improvement (QM/PI) Program-specific improvement plan developed and implemented by the Contractor to enhance the Contractor's performance and quality related to care and services provided when deficiencies or concerns are identified. Deficiencies may be self-identified by the Contractor or identified by AHCCCS. EQIPs may focus on clinical or non-clinical areas.
EVALUATE	The process used to examine and determine the level of quality or the progress towards improvement of quality and/or performance related to Contractor service delivery systems.
POPULATION	Refers to ACC; ALTCS-DD; ALTCS-EPD; DCS CHP; and SMI-Designated (served through the ACC-RBHA Contractors).
PROGRAM	Unless otherwise indicated (e.g., QM/PI Program), program refers to Medicaid/Title XIX, Children's Health Insurance Program (CHIP)/Title XXI (also known as KidsCare), and Combined Medicaid and CHIP (with CHIP, and Combined Medicaid and CHIP, required for all applicable populations).

QUALITY	As it pertains to external quality review, quality means the degree to which a Managed Care Organization (MCO) increases the likelihood of desired outcomes of its enrollees through: 1. Its structural and operational characteristics. 2. The provision of services that are consistent with current professional, evidenced-based knowledge. 3. Interventions for performance improvement (42 CFR 438.320).
STATISTICALLY SIGNIFICANT	Statistical significance is calculated utilizing the Pearson's chi-square methodology, and a statistically significant result is defined as a p-value less than or equal to 0.05.
WORK PLAN	A document that identifies and supports the Contractor's QM/PI goals and objectives, timelines, action plan (interventions/ activities), and designated staff responsible for implementing QM/PI Program activities.
WORK PLAN EVALUATION	A detailed analysis of the Contractor's progress in meeting or exceeding the Quality Management/Performance Improvement (QM/PI) Program goals, objectives, and action plans proposed to meet or exceed the performance requirements.

III. POLICY

A. QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM PLAN

The Contractor shall develop a written QM/PI Program Plan that specifies the structure and objectives of the Contractor's QM/PI Program, including those related to the provision of Long-Term Services and Supports (LTSS) and behavioral healthcare. The QM/PI Program Plan shall also address the Contractor's proposed approaches to meet or exceed the performance standards and requirements as specified in Contract and AMPM Chapter 900. The submission shall be accompanied by a completed QM/PI Program Plan Checklist and QM/PI Program Plan Attestation found within the AHCCCS QM/PI Reporting Templates & Checklists webpage.

The QM/PI Program Plan shall be submitted as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables and shall describe how QM/PI Program activities will improve the quality of care and service delivery for members, as well as increase member satisfaction. The Contractor shall incorporate monitoring and evaluation activities, at a minimum, for the services and service sites specified in the AHCCCS QM/PI Program Plan Checklist found within the AHCCCS QM/PI Reporting Templates & Checklists webpage. In addition, the Contractor shall include a completed AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Template and AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Attachment found within the AHCCCS QM/PI Reporting Templates & Checklists webpage as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables.

The QM/PI Program Plan shall contain, at a minimum, the following:

1. The QM/PI Program Plan Attestation

   A signed statement, specific to the population being reported, indicating:
   a. Whether there were changes in the Contractor's QM/PI Program scope from the previous year,
   b. The applicable population for the QM/PI Program Plan being submitted, and
   c. Confirmation that the Contractor's QM/PI Program Plan and any applicable updates related to changes in the QM/PI Program scope have been reviewed by the Contractor's local Chief Medical Officer (CMO)/designated Medical Director prior to submission to AHCCCS.

   The QM/PI Program Plan Attestation Template can be found on the AHCCCS QM/PI Reporting Templates & Checklists webpage.

2. The QM/PI Program Narrative (Plan Description)

   A written, narrative description that specifies the objectives of the Contractor's QM/PI Program and addresses the Contractor's planned activities for the upcoming calendar year that intend to meet or exceed the minimum requirements as specified in Contract and AMPM Chapter 900.

   The QM/PI Program Narrative (Plan Description):
   a. May span across the Contractor's populations, when a Contractor holds a contract for multiple populations; however, the Contractor shall clearly outline:
      i. Which population(s) and program(s) each activity applies to, and
      ii. The activities are intended to meet the unique needs of each population for which it serves.
   b. Shall include a description of the Contractor's:
      i. Structure, including involvement of a designated physician in the QM/PI Program and oversight of the Contractor's QM/PI functions by the local CMO/designated Medical Director, local Administrator/Chief Executive Officer (CEO), and QM/PI Committee,
      ii. Behavioral healthcare aspects of the QM/PI Program, including the involvement of a behavioral healthcare professional in the behavioral health aspects of the Contractor's QM/PI Program,
      iii. Activities to identify members' needs and to coordinate care,
      iv. Activities to support timely access to appropriate and medically necessary treatment,
      v. Participation in community and/or quality initiatives, and
      vi. Other items as specified within the QM/PI Program Plan Checklist.

3. The QM/PI Program Work Plan Evaluation

   This element of the QM/PI Program Plan shall be specific to the population being reported.

The QM/PI Program Work Plan Evaluation shall contain:

a. A description of activities related to clinical (physical, behavioral health, and LTSS when appropriate) and non-clinical care areas that the Contractor utilized in efforts to meet or exceed the established goals and objectives,
b. Evidence/documentation supporting continued routine performance monitoring and trending (on a quarterly basis, at a minimum) utilized to evaluate the effectiveness of the QM/PI Program and activities (interventions) conducted throughout the previous calendar year,
c. A description of how any sustained goals/objectives will be incorporated into the Contractor's business practices,
d. Evidence that new goals/objectives have been developed once a goal or objective has been sustained, and
e. All performance-measure-related Root Cause Analyses (RCA) and Plan-Do-Study-Act (PDSA) cycles that have been initiated, updated, and/or refined as part of the Contractor's ongoing monitoring and evaluation activities.

   The PDSA cycles shall be conducted in as short a time frame as practical, based on the performance measure and associated intervention(s), and it is expected that the Contractor utilize PDSA cycles for several performance measures during the calendar year.

4. The QM/PI Program Work Plan

This element of the QM/PI Program Plan shall be specific to the population being reported. The QM/PI Program Work Plan shall include measurable physical, behavioral, and oral health goals and objectives, as applicable to the associated population. Contractor goals included within the QM/PI Program Work Plan shall be Specific, Measurable, Attainable, Relevant, and Timely (SMART) goals.

The QM/PI Program Work Plan shall contain:

a. A detailed, written set of specific measurable goals and objectives related to clinical (physical health, behavioral health, and LTSS when appropriate) and non-clinical care areas that the Contractor will utilize to determine if its QM/PI Program meets or exceeds established goals and complies with QM/PI requirements in Contract and AMPM Chapter 900:
   i. Identified goals and objectives shall be realistic, measurable, and include monitoring of previously identified quality improvement concerns. These objectives shall be based on established Performance Standards and requirements as specified in Contract and AMPM Chapter 900,
   ii. Other generally accepted benchmarks that continue the Contractor's improvement efforts will be used to establish the QM/PI Program's measurable goals and objectives, in cases where the associated comparable National Committee for Quality Assurance (NCQA) Medicaid Mean or Centers for Medicare and Medicaid Services (CMS) Medicaid median have been met. This may include utilizing comparable national benchmarks (i.e., NCQA percentile data and CMS quartile data), and
   iii. For non-clinical areas, specific measurable goals and objectives shall be based on an evaluation of internal data and/or other available data and shall clearly define the intended outcome. This generally includes identifying a specific numeric value or percentage for which improvement shall be evaluated.

b. Strategies and activities to meet or accomplish the identified goals and objectives,
c. Staff positions responsible and accountable for each strategy/activity,
d. Targeted implementation and completion dates for the included measurable goals, objectives, activities, and performance improvement projects, and
e. Other details as instructed by AHCCCS and as included within the associated QM/PI Program Work Plan Template.

5. Referenced/Associated Policies

New (or substantially revised) relevant policies and procedures, referenced in the Contractor's QM/PI Program Plan and QM/PI Program Plan Checklist, are submitted as separate attachments. Current policies that have not had substantial changes during the year are not required to be submitted as part of the Contractor's QM/PI Program Plan unless the Contractor considers the submission of the policy as value added to the Contractor's QM/PI Program Plan submission.

The Contractor's QM/PI Program Plan shall be submitted to AHCCCS as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables. The submission shall be accompanied by a completed QM/PI Program Plan Checklist utilizing the same format/file type as found on the AHCCCS QM/PI Reporting Templates & Checklists webpage.

B. HEALTH DISPARITY SUMMARY AND EVALUATION REPORT

1. The Contractor shall submit a Health Disparity Summary & Evaluation (HDS&E) Report as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables. The HDS&E Report shall include, at a minimum:
   a. A description of the process utilized to conduct disparity analyses, including the analytical tools and the methodology for identifying disparities based on (but not limited to) age, race, ethnicity, sex, primary language, disability status, location [e.g., Geographic Service Area (GSA), county, and rural versus urban], and placement,
   b. Methods for identifying health disparities through direct member engagement,
   c. The disparity analysis findings, including a qualitative and quantitative analysis of results,
   d. A summary of the associated measurable goals, objectives, and projects/activities meant to ameliorate the disparity(ies),
   e. An evaluation of the disparity analysis findings, progress on targeted strategies/ interventions, and progress on identified goals/objectives,
   f. A detailed evaluation of performance measure rates specific to the subpopulation(s), as applicable to the population(s),
   g. An analysis of the effectiveness of implemented strategies and interventions in meeting the Contractor's goals and objectives for ensuring fair health care access during the previous calendar year,
   h. A detailed overview of the Contractor's identified goals/objectives for ensuring fair health care access in the upcoming calendar year to address noted disparities,
   i. Targeted strategies/interventions planned for the upcoming calendar year to achieve its goals, and

j. If the Contractor serves multiple populations, the Contractor may submit one HDS&E Report across populations with health disparity findings, goals/objectives, and targeted strategies/interventions specific to each population.

C. CONTRACTOR'S FOLLOW UP ON PREVIOUS YEAR'S EXTERNAL QUALITY REVIEW REPORT RECOMMENDATIONS

The Contractor's Follow Up on Previous Year's External Quality Review (EQR) Report Recommendations shall be submitted as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables and include a brief summary (i.e., generally considered to be one page or less per recommendation) of the Contractor's efforts to date in implementing the most current and the previous year's EQR Report recommendations as a standalone document.

For each recommendation, the Contractor shall include:

1. A description of initiatives implemented based on the recommendation, including activities that were either completed or implemented and any activities still underway to address the findings that resulted in the recommendation.

2. Identification of any noted performance improvement stemming from the implemented initiatives (if applicable).

3. Identification of any barriers to implementing initiatives.

The submission shall be accompanied by a completed Contractor's Follow Up on Previous Year's EQR Report Recommendations Attestation and Checklist and shall align with the instructions and requirements included within the associated checklist.

D. AHCCCS PERFORMANCE MEASURE MONITORING REPORT

A report submitted utilizing the AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Template and AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Attachment, specifying the Contractor's progress in meeting, sustaining, and improving its performance for contractually required performance measures. The report shall be submitted in alignment with Contract Section F, Attachment F3, Contractor Chart of Deliverables and include the following based on the associated reporting period:

1. Internal rates, specific to the population and program(s), for each included performance measure in accordance with associated measure specifications, AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Template, and AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Attachment instructions. Within the AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Template, the Contractor shall include performance measures that are reported as part of:
   a. An open EQIP,
   b. Current performance improvement projects,
   c. AHCCCS value-based purchasing initiatives,

d. The Contractor's self-identified QM/PI Program goals, and
e. Other performance measures required by AHCCCS.

2. Identified barriers in implementing the Contractor's planned interventions and opportunities for improvement,

3. Associated activities intended to address the identified barriers and support the Contractor in meeting the Contractor's identified goals/objectives, and

4. Detailed analysis of results that includes an evaluation of the Contractor's performance and noted trends or declines in performance compared to:
   a. Performance Measure Performance Standards (PMPS),
   b. The Contractor's self-identified goals and objectives, and
   c. Historical performance.

Refer to AHCCCS Performance Measure Monitoring Report & Work Plan Evaluation Template and AHCCCS Performance Measure & Work Plan Evaluation Attachment instructions for additional information. Refer to AMPM Policy 970 for information related to Performance Measures.

E. PERFORMANCE IMPROVEMENT PROJECT REPORTING

A Performance Improvement Project (PIP) report shall be submitted for each AHCCCS-Mandated and Contractor Self-Selected PIP.

The Rapid Cycle PIP reports shall include updates based on the frequency specified within Contract Section F, Attachment F3, Contract Chart of Deliverables. The PIP reports based on full year measurement periods (i.e., calendar year or contract year ending) shall include annual updates (at a minimum). All PIP reports shall meet the instructions and requirements specified in AMPM Policy 980. In addition, PIP report submissions shall adhere to the requirements specified in the AHCCCS PIP Deliverable Submission Overview and the most current AHCCCS PIP Report & Analysis Template found on the AHCCCS QM/PI Reporting Templates & Checklists webpage.

If there is an updated template published by AHCCCS or posted on the AHCCCS website following submission of the baseline year/period PIP report, the Contractor may continue to utilize the AHCCCS PIP Report & Analysis Template (available at the time baseline reporting was submitted) throughout the entire PIP life cycle; however, the Contractor shall ensure any information required as part of the most current AHCCCS PIP Report & Analysis Template (available on the AHCCCS QM/PI Reporting Templates & Checklists webpage) is incorporated into the Contractor's current and upcoming PIP submissions. This information may be included in the form of an addendum or may be incorporated and clearly identified within the AHCCCS PIP Report & Analysis Template.

As specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables and AMPM Policy 980, the Contractor shall submit a Contractor Self-Selected PIP Closure Request for each Contractor Self-Selected PIP submission meeting AHCCCS's PIP closure criteria related to significant and sustained improvement for AHCCCS's review and consideration. In cases where the Contractor is seeking to close a Contractor Self-Selected PIP but has not met AHCCCS' PIP closure criteria related to significant and sustained improvement, the Contractor shall submit a Contractor Self-Selected PIP Closure Request including the Contractor's rationale for requesting the PIP closure. Formal PIP closure approval shall be received from AHCCCS via the AHCCCS PIP Closure Request deliverable submission response prior to the Contractor closing the associated Contractor Self-Selected PIP.

When a new Contractor Self-Selected, PIP is identified, the Contractor shall submit a Contractor Self-Selected PIP Initiation Notification (utilizing the template found on the AHCCCS QM/PI Reporting Templates & Checklists webpage and as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables and AMPM Policy 980) for AHCCCS review and approval.

Refer to the AMPM Policy 980 and AHCCCS Quality Management/Performance Improvement section of Contracts for more information related to PIPs, PIP initiations and closures, and additional PIP reporting requirements.

F. ENHANCING QUALITY IMPROVEMENT PLANS

The Contractor shall develop and implement EQIPs which consider both the Medicaid and Children's Health Insurance Program (CHIP)/KidsCare programs, as applicable. EQIPs are not intended to replace the Contractor's internal provider-level corrective action processes that occur directly between the Contractor and provider(s).

All proposed QM/PI Program-specific EQIPs are to be submitted to AHCCCS for review and approval.

1. Proposed EQIPs submitted shall address each of the following for each identified/required performance measure or performance metric included within the EQIP dependent on the measure/metric type:
    a. Non-CMS Core Set Only (e.g., NCQA HEDIS®, CAHPS®, NCI-AD™):
        i. The deficiency(s)/concern(s) that require an improvement plan be initiated,
        ii. Identified root cause(s) of the deficiency(s)/concern(s) and steps to be taken to improve performance,
        iii. Documentation of proposed time frames for EQIP completion, as applicable,
        iv. Person(s) or body (e.g., Board) responsible for making the final determinations regarding QM/PI Program deficiency(s)/concern(s),
        v. Type(s) of action(s) to be taken including, but not limited to:
            1. Education/training/technical assistance,
            2. Follow-up monitoring and evaluation of improvement, as well as implementing new interventions/approaches, when necessary,
            3. Changes in processes, structures, and forms, and
            4. Informal counseling.
        vi. A documented assessment of the effectiveness of the action(s) taken,
        vii. Method(s) for internal dissemination of EQIP findings and results to appropriate staff and/or network providers,

viii. Method(s) for dissemination of pertinent information to AHCCCS and/or appropriate stakeholders, and
ix. Additional elements as required and outlined by AHCCCS (within any AHCCCS-required EQIP).

b. The CMS Core Set Only Measures (as directed and allowed by AHCCCS):
i. A description of the identified barriers/challenges,
ii. The activities/interventions that have been implemented (or are intended to be implemented) to improve the Contractor's performance,
iii. Progress to date on implementing activities/interventions aimed at improving performance, and
iv. The most current results for the required performance measures available at the time of submission.

2. The proposed QM/PI Program-specific EQIPs and EQIP updates submitted by the Contractor shall include the required elements contained within this Policy and Attachment B, the AHCCCS Enhancing Quality Improvement Plan Proposal Checklist, and AHCCCS Enhancing Quality Improvement Plan Update Checklist.

3. The Contractor shall maintain documentation that confirms the development and implementation of EQIPs.

G. CONTRACTOR REPORTING REQUIREMENTS

The Contractor, including Contractors that are contracted with AHCCCS for more than one population, shall submit deliverables as specified in Contract, AHCCCS QM/PI Program Guides and Manuals - AHCCCS QM/PI Reporting Templates & Checklists webpage, and AHCCCS instructions and guidance (as appropriate to the deliverable). The Contractor shall include the Contractor's name and associated population within the document title(s) of the QM/PI deliverable submission(s).

If an extension of time is needed to complete a deliverable, the Contractor shall submit a formal written request no later than two business days prior to the submission due date. All QI-specific extension requests shall be submitted via email directed to the Contractor's assigned AHCCCS Operations Compliance Officer and AHCCCS QI Manager; whereas, QM-specific extension requests shall be submitted utilizing the CQM email address, CQM@azahcccs.gov, and should be addressed to the QM Manager and RN Supervisor. Each request shall include the basis for additional time needed. Extension request determinations are based on AHCCCS's discretion. The Contractor's internal Compliance Officer and designated AHCCCS Operations Compliance Officer shall be copied (cc'd) on any formal request for extension.

All QM/PI Program administrative deliverables shall be submitted as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables, Policy and as specified in the AHCCCS QM/PI Reporting Templates & Checklists webpage. All QM/PI Program administrative deliverables are subject to AHCCCS approval. Following submission and approval of the administrative deliverable, any significant modifications to the QM/PI Program Plan throughout the year shall be submitted to AHCCCS for review and approval prior to implementation.

Contractor QM/PI administrative deliverables and other select deliverable submissions may be provided to an AHCCCS EQRO with Contractor-supplied information included within the Agency's annual EQR Report(s) posted to the AHCCCS website. The Contractor shall refrain from including information that is proprietary, confidential, financial, and data/information that could potentially identify members (e.g., insufficient numerators and/or denominators that are not in alignment with the CMS Cell Suppression Policy at https://www.cms.gov/data-research/files-for-order/data-disclosures-and-data-use-agreements-duas/limited-data-set-lds). Note: Guidance may vary for the AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Template and Attachment. Please refer to the instructions specified within the QM/PI administrative deliverables for additional guidance.

H. CONTRACTOR DOCUMENTATION REQUIREMENTS

The Contractor shall maintain records that document QM/PI Program activities. The records shall be made available to AHCCCS upon request. The required documentation shall include, but it is not limited to:

1. Policies, processes, and procedures/desktop procedures.
2. Studies and PIPs.
3. Reports (including Performance Measure Monitoring Reports addressing strategies for QM/PI activities).
4. Meeting minutes.
5. EQIPs.
6. Documentation supporting and/or requested by an AHCCCS EQRO as part of the EQR process.
7. Other information and data appropriate to support changes made to the scope of the QM/PI Program.