Division of Behavioral Health Services
Bureau of Quality & Integration

2015 Annual Quality Management Plan
(AHCCCS Contract Year October 1, 2014 – September 30, 2015)

December 15, 2014 Re-submitted March 13, 2015

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I. Introduction

DBHS System

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), henceforth known as DBHS, serves as the single state authority that provides administration, regulation, and monitoring of all facets of the state's publicly funded behavioral health system. DBHS Contractors are community-based organizations known as Regional Behavioral Health Authorities (RBHAs) and Tribal Behavioral Health Authorities (TRBHAs). DBHS Contractors administer behavioral health services throughout the state and function in a fashion similar to health maintenance organizations, in that they delegate the majority of functions to their Contractors, and are higher level regulators of the delegated services. Contractors are responsible for the development of comprehensive service networks to provide a full continuum of behavioral health services for adults with substance abuse and general mental

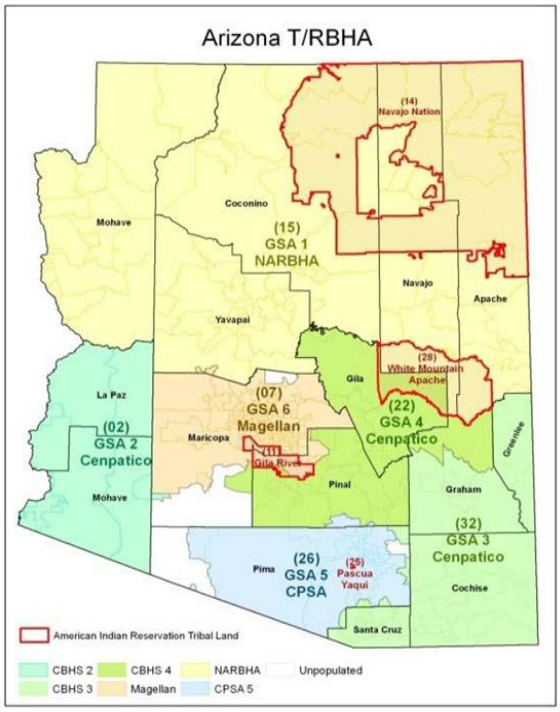
health disorders, adults who have been determined to have a serious mental illness (SMI), and children. In addition, a contract was awarded to one RBHA in GSA6 for the provision of integrated physical and behavioral health services to Medicaid-eligible SMI adults. The goal of the Integrated RBHA is the overall improvement in the quality of health for SMI members known to experience a 25 year deficiency in life expectancy. Due to the integration of services in GSA 6, the term "behavioral health recipient" (BHR) has been replaced with the term "member."

A Request for Proposal (RFP) for two Integrated RBHAs for Greater Arizona (separated into northern and southern regions demarcated at Maricopa County) was put forth in July of 2014. The RFP responses were due to DBHS in October 2014, and will be awarded in December 2014. The implementation date for the two Greater Arizona Integrated RBHAs is October 01, 2015. To date it is unknown whether the Greater Arizona Integrated RBHAs will be awarded the same waiver from the Center for Medicaid and Medicare Services (CMS) as that of GSA 6. The GSA 6 waiver allowed for Mercy Maricopa Integrated Care (MMIC) to "limit" choice of physical health provider to those who are only contracted with MMIC. The RFP was written to account for both scenarios and DBHS is prepared to implement state-wide integration regardless of the waiver decision.

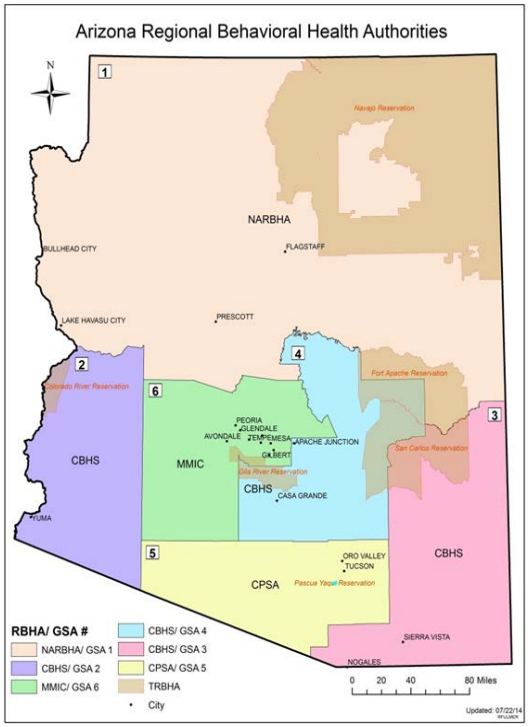
Currently the State is divided into six geographical service areas (GSAs) and served by four Contractors, known as Arizona's Regional Behavioral Health Authorities:

A map of Arizona's Regional Behavioral Health Authorities is provided below:

Regional Behavioral Health Authorities (September 1, 2013-March 31, 2014)



Regional Behavioral Health Authorities (April 1, 2014-September 30, 2014)



1. Cenpatico Behavioral Health of Arizona (CBHS) serves GSAs 2, 3 and 4 which includes Cochise, Gila, Graham, Greenlee, La Paz, Pinal, Santa Cruz, and Yuma Counties.
2. Community Partnership of Southern Arizona (CPSA) serves GSA 5 which includes Pima County.
3. Northern Arizona Behavioral Health Authority (NARBHA) serves GSA 1 which includes Apache, Coconino, Mohave, Navajo and Yavapai Counties.
4. Magellan of Arizona (Magellan) served GSA 6. Encompassed Maricopa County until March 31, 2014.
5. Mercy Maricopa Integrated Care (MMIC) serves GSA 6. Encompasses Maricopa County effective April 1, 2014.

In addition to the geographic service areas noted above, DBHS has Intergovernmental Agreements (IGAs) with three of Arizona's American Indian Tribes, to deliver covered of behavioral health services. Three of the tribes funcitons as TRBHAs and deliver the full array of behavioral health services to American Indians living on the reservations. The Navajo Nation provides case management services and refers members to other providers for other behavioral health services

- Gila River Indian Community (http://www.gilariverrbha.org/)
- Pascua Yaqui Tribe (http://www.pascuayaqui-nsn.gov)
- White Mountain Apache Tribe of Arizona (http://www.wmabhs.org)

The Navajo Nation's IGA is focused to the provision of case management services only.

Program Vision, Mission, and Goals

DBHS' vision provides the foundation for all Quality Management activities. The DBHS vision states:

All Arizona residents touched by the public behavioral health system are easily able to access high quality prevention, support, rehabilitation and treatment services that have resiliency and recovery principles at their core, which assist them in achieving their unique goals for a desired quality of life in their homes and communities.

DBHS' mission statement also guides the Quality Management activities. The mission of the DBHS is to provide strong clinical and administrative leadership for Arizona that:

- Recognizes and promotes behavioral health as an integral factor in overall health and wellness;
- Promotes innovative, high-quality, culturally responsive, outcome-based services provided to a diverse population who may face multiple challenges;
- Delivers objective and effective customer service;
- Promotes and fosters recovery, independence and empowerment for service recipients;
- Increases meaningful peer and family voice and involvement;
- Facilitates ongoing and effective clinical supervision for the workforce in the community;
- Emphasizes the importance of accountability for the timeliness and quality of services provided;
- Emphasizes the importance of accountability for the responsible use of finite financial resources; and
- Attracts and retains a caring and highly competent workforce.

In addition, the Bureau of Quality and Integration (BQ&I),) strives to:

- Improve the quality of care provided to all members;
- Improve member satisfaction with services received; and
- Improve outcomes for all members.

The 2015 DBHS Quality Management (QM) Plan is designed to achieve the goal of improving the quality of care for members utilizing evidenced-based practices that meet or exceed AHCCCS requirements. Activities defined to support QM processes and intended program goals are delineated in the DBHS QM Work Plan FY 2015 (Attachment A). These activities serve to direct and focus the DBHS QM program and include clearly defined and measurable goals, objectives, strategies, data feeds, responsible parties, frequencies of activities and targeted completion dates.

II. Scope of the QM Program

The DBHS QM Plan includes all quality improvement activities conducted and managed by the Office of Quality of Care (OQOC) and the Office of Performance Improvement (OPI) in the Bureau of Quality and Integration (BQ&I), including, but not limited to, the monitoring and oversight of Contractors' QM activities. DBHS uses analysis of the behavioral health system's performance, feedback from members and stakeholders, and evidence based practices to drive the performance improvement activities aimed at improving the quality of care and service delivery to members. DBHS includes providers and consumers in the QM/PI Program via the quarterly T/RBHA QM Committee Meeting. The T/RBHA QM Committee Meeting is the avenue by which the DBHS BQ&I relays information, including, but not limited to the most current QM requirements, policies and procedures, performance measure results, profiling data, and medical review results and solicits feedback. In addition, the T/RBHAs are mandated to include provider and member participation in their QM programs. The Offices of QOC and OPI verify provider and member participation in the T/RBHA QM Programs by reviewing Executive QM Committee minutes during the Administrative Review and the Onsite Monitoring and Oversight Review (OMOR), which occurs approximately six (6) months after the Administrative Review.

The BQ&I OPI includes monitoring and quality improvement activities pertaining to the service categories and treatment settings listed below for all RBHAs contracted with DBHS. Where applicable, references to acute care services and treatment settings specific to the integrated services provided to SMI members through MMIC will be included.

Service Categories:

- Treatment Services
- Rehabilitation Services
- Behavioral Health Services
- Medical Services
- Support Services
- Crisis Intervention Services
- Inpatient Services
- Residential Services
- Behavioral Health Day Programs

Treatment Settings:

- Acute Medical and -Behavioral Health Inpatient Facilities
- Residential Treatment Center
- Sub-acute Facility
- Behavioral Health Residential Facility
- Medical and/or Behavioral Health Outpatient Clinic
- Community Service Agency
- Behavioral Health Supportive Home
- Rural Substance Abuse Transitional Center
- Crisis Services Provider
- Skilled Nursing Facility (SNF)

Specific information regarding behavioral health covered services and treatment settings can be found in the DBHS Covered Behavioral Health Services Guide:
http://www.azdhs.gov/bhs/covserv.htm

Quarterly and Annual Evaluations

DBHS conducts quarterly and annual evaluations of the Annual QM Work Plan (Attachment A, Attachment B and Attachment C) and reports the results to the Executive QM Committee. Evaluation of progress toward meeting the QM program goals is used to determine the scope of the coming year's activities and in the development of QM processes and performance improvement activities.

Information gleaned from trending and analyzing quarterly data assists BQ&I in providing focused technical assistance (TA) to the Contractors. The purpose of the TA is to provide Contractors with information necessary for the implementation of proactive rather than reactive interventions. Areas where additional explanation/education is warranted are identified and provided. Additionally, the potential barriers to meeting minimum performance standards (MPS) on the AHCCCS and DBHS mandated performance measure(s) (PM) is gleaned through the drill down of data, indicating trends and areas in need of further attention by the T/RBHAs.

In CY2015, OPI will utilize results from the AHCCCS mandated performance measures as well as the DBHS mandated performance measures to improve the quality of care and service delivery to T/RBHA members. OPI will use a number of methods ranging from technical assistance (TA) to performance improvement projects based upon the FOCUS-PDSA model. OPI will include T/RBHA Administration, Provider Agencies, and Members in this quality process.

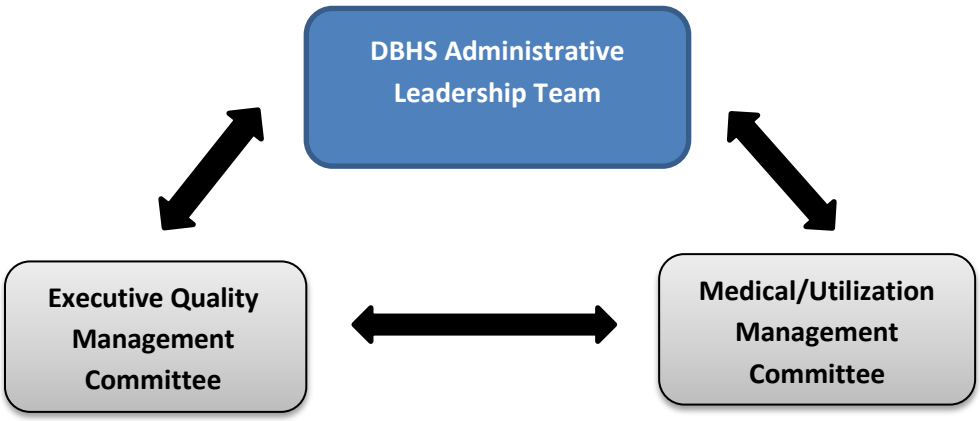
III. QM/PI Administrative Oversight

Structural Framework and Communication

As part of the BQ&I Bureau, QM regularly communicates, collaborates, and problem-solves issues and concerns with the Offices of Customer Service and Medical Management/Utilization Management. In addition, the BQ&I collaboratively interfaces with all functional areas of DBHS in the ongoing assessment and evaluation of the quality of services provided to members. The DBHS committees, including but not limited to the Executive QM Committee, Policy, Compliance, cross-departmental Leadership, Bureau of Information Systems (BIS) -, and the DBHS Focused Chief Medical Officer (CMO) meetings are utilized for the dissemination of information related to the most current QM requirements, policies and procedures; and as the venue for joint decision making regarding QM responsibilities, functions, objectives, performance monitoring, corrective action plans (CAPs) as applicable, and the development of performance improvement activities. Moving forward into CY2015, OPI will establish regularly scheduled meetings with the Bureaus of Network and Systems of Care to ensure that duplication of efforts is eliminated and that those aspects aimed at improving the quality of care and service delivery for enrolled members remain at the forefront.

DBHS Leadership Team

The DBHS Administrative Leadership Team functions as the governing, policy making body for DBHS, and provides strategic direction and ultimate oversight responsibility over BQ&I planning and activities. The Administrative Leadership Team meetings include and utilize the technical expertise from specific functional areas as needed for information and decision making. On an annual basis, the Leadership Team evaluates the effectiveness of the QM/PI program strategy and activities. The Administrative Leadership Team meets every week.

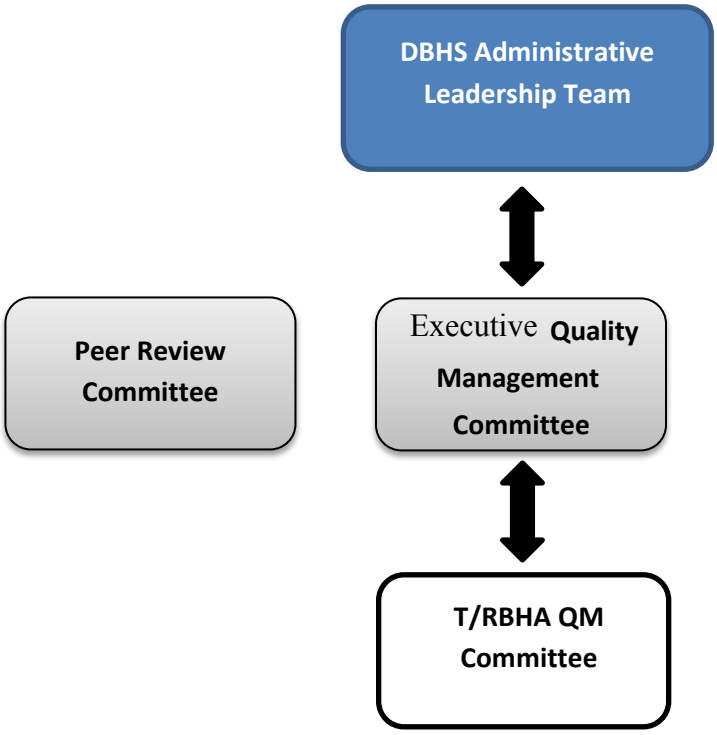


Membership:

- Cory Nelson, Deputy Director
- Aaron Bowen, Psy.D., Assistant Director, BQ&I
- Paul Galdys, Assistant Director, Operations and Development
- Margery Ault, Assistant Director, Compliance and Consumer Rights
- Steven Dingle, MD, Chief Medical Officer
- Cynthia Layne, Chief Financial Officer
- Claudia Sloan, Division Chief of Communications
- Kelli Donley, Project Manager

Quality Management Committees DBHS

The following diagram shows the current DBHS QM focused Committees:



Executive QM Committee

The Executive QM Committee is chaired by the Chief Medical Officer (CMO) and co-chaired by the Deputy Director of DBHS. The Deputy Chief Medical Officer (DCMO) is also available to co-chair the committee. The DBHS-Desktop Protocol-Executive QM Committee Meeting (Attachment P) outlines the process. Executive QM Committee Meeting Minutes clearly document QM/PI functions and activities.
The DBHS Executive QM Committee ensures ongoing communication and collaboration between Administrative Leadership Team and other functional areas of the Division and agency. Each DBHS functional area is represented by executive staff i.e. Branch Chiefs, Bureau Chiefs, Office Chiefs) participation in the DBHS Executive QM Committee.

Committee members are informed of confidentiality and conflict of interest requirements related to serving on the committee. Sign-in sheets with confidentiality and conflict of interest language are completed at all meetings. The Executive QM Committee functions include:

- Annual updates of contractual/programmatic changes when they occur;
- Review, modify, and update QM program objectives, policies, procedures, methodology, requirement changes, or updates;
- Develop procedures for QM/PI responsibilities and document the processes for each QM/PI function and activity;

- Quarterly Updates and/or when contractual/programmatic changes occur;
- Quarterly status reviews of the QM, Maternal Child Health/Early and Periodic Screening, Diagnosis, and Treatment (MCH/EPSDT)/Dental Work Plan(s)
- Provide data - tracking, trending, and analysis on topics including, but not limited to: Incidents, Accidents, and Deaths/ Quality of Care Concerns (IADs/QOCs), Member Complaints/Member Grievances, and Performance Measures;
- Ensuring that providers are kept abreast of information related to their performance (such as results of studies, AHCCCS Performance Measures, profiling data, medical record review results) via presentation of information addressed during the T/RBHA QM Committee Meeting.

When deficiencies in performance are noted, the Executive QM Committee meeting participants will address:

- Identified issues
- Responsible party for interventions or activities
- Proposed actions
- Evaluation of the actions taken
- Timelines including start and end dates
- Additional recommendations or acceptance of the results as applicable

The Executive QM Committee Meeting minutes will clearly document all discussions related to identified deficiencies and steps of correction. The Executive QM Committee Meeting and T/ RBHA QM Committee Meeting will be the venue for the receipt of feedback and sharing of information from Providers and community participants. The following list identifies materials that will be shared between Committee participants:

- The most current QM requirements, policies, and procedures/desktop protocols
- Information related to performance (i.e. results of studies, AHCCCS Performance Measures, profiling data, medical record review results)

A desktop protocol related to the T/RBHA QM Committee Meeting was developed to outline the Meeting functions (see attachment R)

The Executive QM Committee also reviews issues specifically related to children's service delivery. Performance measures are broken down by Adults and children, and those items specific to children's issues are reported at the Executive QM Committee. This occurs for the members enrolled in the Division of Developmental Disabilities (DDD) and in the Comprehensive Medical and Dental Plan (CMDP). Special attention is paid to monitoring the quality management and improvement activities specific to children's services and to improving practice in accordance with the Arizona 12 Principles.

Executive Quality Management Committee Membership:

- Steven Dingle, MD, Chief Medical Officer (Chair)
- Cory Nelson, MPH, Deputy Director (Co-Chair)
- Trupti Patel, MD, Deputy Medical Officer (Co-Chair)
- Aaron Bowen, Psy.D, Assistant Director, BQ&I
- Thomas Cross, Office Chief, Quality of Care
- Jacqueline Marcus-Ledford, Office Chief, Performance Improvement

- Ken Forbin, Office Chief, Information Management
- Tiffany Williams, Acting Office Chief, Medical Management
- Lou Anne Allard, Office Chief, Customer Service
- Margery Ault, Assistant Director, Compliance and Consumer Rights
- Paul Galdys, Assistant Director, Operations
- Cynthia Layne, Chief Financial Officer
- Margaret McLaughlin, Branch Chief, Contract Compliance
- Tracey Craig, Bureau Chief, Contract Compliance
- William Eichelberger, Bureau Chief, Policy
- Anne Dye, Bureau Chief, Business Information System
- Kathy Bashor, Branch Chief, Office of Individual and Family Affairs
- Kelly Charbonneau, Bureau Chief, Systems of Care and Prevention
- Vanessa Holt, Bureau Chief, Network

Meeting Frequency: Every other month and *Ad hoc*

The DBHS Executive QM Committee receives feedback and recommendations pertaining to quality of care processes and performance improvement activities from subcommittees, work groups, and other DBHS functional areas. The T/RBHA QM Committee Meeting reports through the Executive QM Committee Meeting. This committee is described below.

T/RBHA QM Committee Meeting

The T/RBHA QM Committee, formerly known as the "T/RBHA QM Coordinator's Subcommittee Meeting", is chaired by the Office Chief of OPI and co-chaired by the Office Chief of QOC. The name of the meeting was changed to the T/RBHA QM Committee Meeting because this meeting serves as the primary planning, policy and problem-solving communication channel between the DBHS Quality Management (QM) program and its Contractors, Providers, and Community Stakeholders. The main objective of the T/RBHA QM Committee is to disseminate and receive input from the Contractors, their providers, and Member Participants regarding current QM requirements, policies and procedures, and results from performance measures, data profiling, and medical record review results. The secondary objective of this meeting is to provide technical assistance to the Contractors when appropriate. The goals of this committee are to enhance quality of care and service as well as DBHS oversight of the Contractors' QM processes and activities, and to improve Contractor compliance with QM contractual requirements.

Statewide quality management initiatives are discussed and technical assistance related to those initiatives is provided by DBHS. The meetings incorporate a roundtable discussion in which the Contractors, their providers, and consumer participants can provide feedback to DBHS QM and brainstorm best practices for incorporation into QM activities. In addition to quarterly meetings, DBHS may call *ad hoc* meetings with Contractors to review new or revised QM requirements, report performance measure specifications, or to discuss the QM Plan and Work Plan, etc.

Membership:

- Jacqueline Marcus-Ledford, Office Chief, OPI (Chair)
- Thomas Cross, Office Chief, OQOC (Co-Chair)
- Aaron Bowen, Psy.D, Assistant Director, BQ&I

- Steven Dingle, MD, Chief Medical Officer
- Trupti Patel, MD, Deputy Chief Medical Officer
- Kenneth Forbin, Office Chief, Information Management (OIM)
- Lou Anne Allard, Office Chief, Customer Service
- OPI, OQOC and OIM staff
- T/RBHAs Quality Management (QM) Coordinators/Directors
- T/RBHA Chief Medical Officers
- DBHS Contract Compliance staff
- DBHS T/RBHA Liaison
- T/RBHA Community Providers
- T/RBHA Consumer Participants

Meeting Frequency: Bimonthly and *ad hoc*

Peer Review Committee (PRC)

The DBHS Peer Review Committee (PRC) is a stand-alone entity whose purpose is to improve the quality of care provided to DBHS members and provide oversight and direction to the DBHS Contractors in their internal peer review processes. The PRC is chaired by the Chief Medical Officer and, in his absence, by the Deputy Chief Medical Officer.

PRC activities include a review of cases for which there is evidence of a quality deficiency in the care or service provided, or the omission of care or a service, by a person or entity that subcontracts with a DBHS Contractor or Contractor's subcontractor to provide covered services directly to members. The PRC adheres to the DBHS *Policy and Procedures Manual, Section 3, Chapter 1000: Policy 1003, Peer Review* and the AHCCCS AMPM. PRC processes are outlined in the Desktop Protocol (Attachment R)

DBHS conducts its internal Peer Review function in alignment with the AHCCCS Peer Review processes. In addition to overseeing and monitoring the RBHAs internal peer review processes. The DBHS Peer Review Committee thoroughly examines and discusses RBHA and DBHS-initiated quality of care (QOC) investigation reports. If the committee is unable to validate the RBHA's investigative findings and/or corrective actions, it requests the submission of additional information. Additionally, the committee may refer cases for RBHA Peer Review and require the submission of Peer Review findings. With the implementation of the GSA 6 Integrated RBHA, the Peer Review Committee also focuses on acute care processes. As appropriate, the DBHS Peer Review Committee makes recommendations to the RBHA Chief Medical Officer(s) for further action(s). The Peer Review Committee operates under the confidentiality protections afforded by state and federal law. DBHS provides technical assistance to the RBHAs during the semi-annual Onsite Monitoring and Oversight Reviews. Finally, the PRC discusses credentialing and re-credentialing on an ad hoc basis for any adverse credentialing, provisional credentialing, recredentialing or organizational credentialing decision and for network, provider termination, provider suspension or an action that limits or restricts a provider.

Membership[1]:

- Steven Dingle, M.D., Chief Medical Officer (Chair)
- Trupti Patel, M. D., Deputy Chief Medical Officer -Integrated Care, (Co-Chair)
- Thomas Cross, Office Chief, Quality of Care
- BQ&I Quality of Care Specialists

Non-voting members:

- Aaron Bowen, Psy.D., Assistant Director BQ&I
- Providers as subject matter experts by invitation only

Meeting Frequency: Quarterly, at a minimum, and *Ad hoc (usually biweekly)*

DBHS BQ&I Staffing Description

The quality management functions in BQ&I are managed under two offices: the Office of Performance Improvement (OPI) and the Office of Quality of Care (OQOC). DBHS OPI and OQOC are staffed with individuals who possess the knowledge, expertise and experience to perform QM activities within each functional/performance area. DBHS Office Chiefs of OPI and OIM, along with the MCH/EPSDT/Dental Coordinator attend the mandated AHCCCS quarterly QM/MCH meetings. In addition, BQ&I staff participate in applicable community initiatives, such as, but not limited to:

- Quality management and quality improvement
- Validation of Credentialing activities
- Maternal child health
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- Disease management
- Behavioral health

OPI and OQOC receive support from the Leadership Team, the Office of Information Management (OIM), and the Office of Customer Service (OCS). For a complete listing of BQ&I staff please refer to the organizational chart (Attachment N.). The job descriptions and personnel details for the above noted offices are provided below:

Leadership

Chief Medical Officer - Steven Dingle, M.D., an Arizona-licensed physician (Psychiatrist), is responsible for:

- Chairing the DBHS Executive QM Committee and the Peer Review Committee (PRC)
- Implementing the QM/PI Plan
- Assessing and improving *QM/PI activities*
- Providing clinical oversight of the Quality of Care (QOC) process
- Working with RBHA Chief Medical Officers on issues related to QOC and Peer Review
- Providing direction and input into DBHS Performance Improvement Projects (PIPs)

[1] DBHS uses external consultants when necessary specialty expertise is not available internally.

- Devotes sufficient time to the Contractor to ensure timely clinical decisions, including after-hours consultation, as needed.

Deputy Chief Medical Officer – Trupti Patel, M.D., an Arizona-licensed physician, is responsible for**:**

- Covering for the Chief Medical Officer during an absence
- Providing clinical oversight for MMIC , and for the Greater Arizona Integrated RBHAs come October 01, 2015
- Chairing the DBHS PRC activities for the acute care concerns of Integrated members
- Assisting in providing clinical oversight for the MMIC QOC process

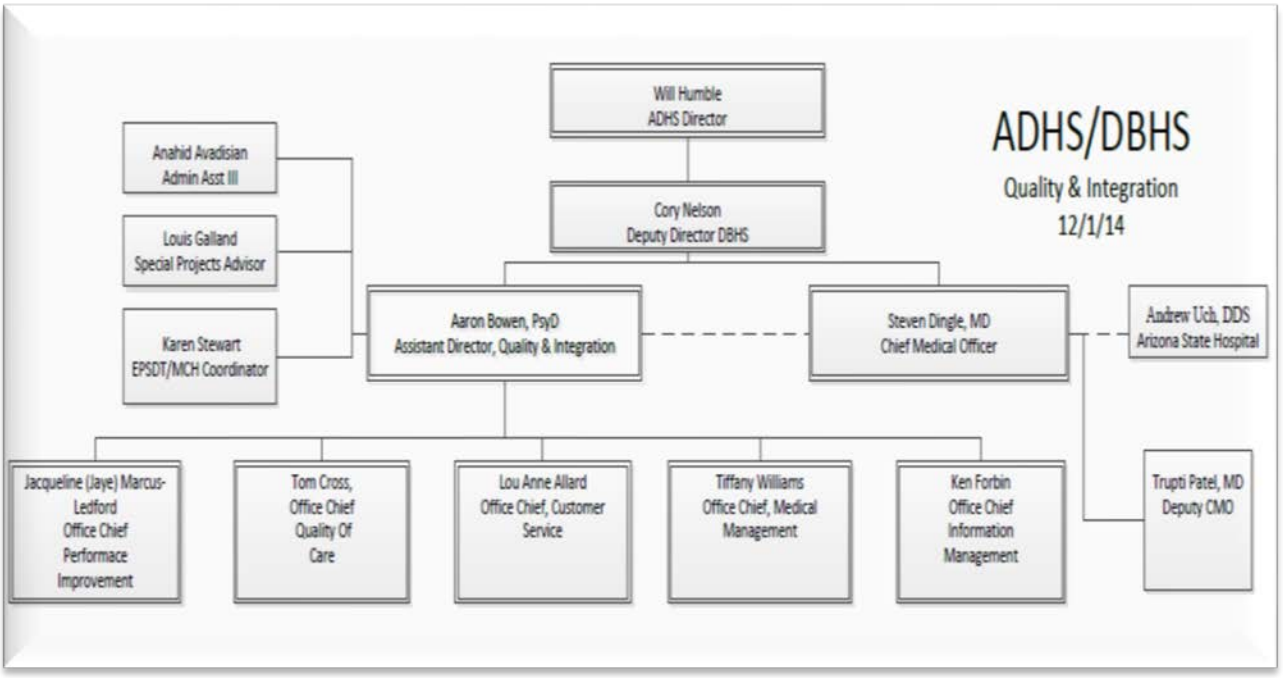
Assistant Director, Bureau of Quality and Integration – Aaron Bowen, Psy.D: The DBHS Assistant Director, Bureau of Quality and Integration reports to the DBHS Deputy Director and is responsible for:

- Providing administrative, executive-level leadership, guidance and support for BQ&I which includes the Offices of: Customer Service, Information Management, Medical Management/Utilization Management, Performance Improvement, and Quality of Care.
- Serving as a member of DBHS Leadership Team (See Attachment N For organizational chart)

Dental Director, – Andrew Uch, DDS: The DBHS Dental Director is an Arizona licensed general or pediatric dentist who is responsible for leading and coordinating the dental activities:

- Review and denial of dental services
- Providing consultation to providers
- Participating in Utilization review
- Participating in tracking and trending quality of care issues related to dental services
- Communicates with the AHCCCS Administration

ADHS/DBHS BQ&I Leadership Organizational Chart



OPI Staff

Office Chief, Office of Performance Improvement (OPI) – Jacqueline Marcus-Ledford LMSW): The Office Chief for the Office of Performance Improvement reports to the Assistant Director of BQ&I. The Office Chief is responsible for:

- Managing a team of four OPI staff
- Providing leadership to the OPI Team and overseeing the day-to-day operations of the OPI office
- Ensuring DBHS contractual compliance with AMPM Chapter 900 requirements
- Coordinating performance improvement activities with AHCCCS, the Department of Developmental Disabilities (DDD), the Children's Medical and Dental Plan (CMDP), DBHS contractors, and tribal partners
- Providing technical assistance regarding DBHS requirements, processes and operational matters to DBHS contractors and tribal partners
- Overseeing and facilitating the OPI Administrative Review Process of T/RBHAs in the performance improvement area
- Coordinating the OPI components of AHCCCS' Operational Review process for DBHS
- Overseeing and facilitating the OPI sections of the mid-year OMOR
- Writing, revising and updating QM area policies and procedures for both internal and external use
- Coordinating quality activities throughout the DBHS Offices
- Reviewing data trends and partnering with internal/external entities in the development of PIPs focusing on quality of care and service initiatives

Performance Improvement Project (PIP) Coordinator – (Maria Ross: The PIP coordinator's responsibilities include, but are not limited to:

- Developing annual PIP proposals in consultation with the OPI Office Chief and OPI team
- Coordinating the development, design and implementation of PIP projects with AHCCCS and the T/RBHAs as applicable
- Assisting performance measure team in reviewing, monitoring and tracking of performance measures as needed
- Working with OIM for the implementation process of the Annual Consumer Survey
- Analyzing results of the Annual Consumer Survey and writing the Annual Consumer Survey report
- Completing quarterly and annual PIP reports as needed

Performance Measure Program Staff - (Patrizia Velez, Lead, and Tony Lopez): The Performance Measure Staff responsibilities include, but are not limited to:

- Completing quarterly reviews and analyzing contractors' performance related to specific performance measures
- Conducting data validation activities and monitoring of corrective action plan(s) submitted by the DBHS Contractors
- Conducting the Annual Administrative Review of T/RBHAs, documenting findings and issuing corrective action plans if needed
- Completing *ad hoc* and focused reviews, as required by the Chief of the Office of Performance Improvement
- Participating in the development and execution of performance improvement activities
- Providing technical assistance to Contractors regarding performance improvement activities
- Addressing core business functions of OPI as described in the annual QM Plan

HEDIS Performance Measure Specialist – (Mary Beardsley-King, MS): The HEDIS Performance Measure Specialist responsibilities include, but are not limited to:

- Monitoring and providing technical assistance to the Integrated SMI RBHA to ensure good clinical practice and compliance with contractual, regulatory and statutory obligations for the physical/acute care and the behavioral health service needs of SMI adults
- Conducting reviews and oversight of performance measures and ensuring that documentation is accurate, substantiated and reflective of precise findings
- Reporting trends and discrepancies of performance measures to the Integrated SMI RBHA Contractor
- Analyzing and trending findings
- Attending, participating and/or chairing mandatory internal DBHS and external RBHA meetings, particularly those related to the Integrated SMI RBHA
- Writing comprehensive reports and presenting trends to large multi-disciplinary teams
- Special focus: subject matter expert (SME) regarding the provision of quality services to DDD and CMDP populations

Maternal Child Health (MCH)/EPSDT/Dental Coordinator – Karen Stewart, RN, MSN: The MCH/EPSDT/Dental Coordinator reports to the Assistant Director of BQI. The MCH/EPSDT/Dental Coordinator is responsible for:

- Providing oversight for the MCH/EPSDT/Dental services for the Integrated SMI Contract Ensuring that the Integrated SMI Contractor is in compliance with the AHCCCS Medical Policy Manual (AMPM) Chapter 400 requirements
- Coordinating performance improvement activities with AHCCCS and/or the Integrated SMI Contractor
- Providing technical assistance regarding DBHS requirements, processes and operational matters to the Integrated SMI Contractor
- Completing quarterly reviews and analyzing Contractors' performance related to specific performance measures
- Conducting data validation activities and monitoring of corrective action plan(s) submitted by the Integrated SMI contractor
- Conducting Annual Administrative Review of the Integrated SMI Contractor, documenting findings and issuing corrective action plans if needed
- Collaborating with the OPI HEDIS Specialist in the development and execution of performance improvement activities
- Collaborating with the OPI HEDIS Specialist in the provision of technical assistance to the Integrated SMI Contractor regarding performance improvement activities
- Developing and updating Maternity/Family Planning, EPSDT, and Dental area policies and procedures for both internal and external use
- Collaborating with OPI in the coordination of quality activities for EPSDT, Maternity/Family Planning, and Dental throughout the BQ&I
- Contractor EPSDT MCH Coordination Survey (Attachment T)

OQOC Staff

Office Chief, Office of Quality of Care (OQOC) – Thomas Cross, MBA, CPHQ: The Office Chief for the Office of Quality of Care reports to the Assistant Director of BQ&I. The Office Chief is responsible for:

- Providing leadership to the QOC Team (six full time and two contracted staff) and overseeing the day-to-day operations of the QOC office
- Providing direct supervision of the QOC Processes; ensuring QOC processes and protocols are in compliance with AMPM Chapter 900, and DBHS policies, procedures and protocols
- Coordinating QOC activities with AHCCCS, DBHS contractors, and tribal partners
- Providing oversight of the Incident Reporting Process, utilizing the Incident/ Accident/Death web portal; ensuring processes and protocols are in compliance with AMPM Chapter 900, and DBHS policies and protocols. Providing oversight to the implementation of the QOC web-based portal that will be utilized by all DBHS contractors and their providers to report incidents, accidents and deaths, and subsequent quality of care (QOC) activities.
- Providing technical assistance regarding QOC, Peer Review, and Credentialing/Delegation requirements, processes and operational matters to DBHS contractors and tribal partners

- Providing oversight and facilitation of the Administrative Review process of T/RBHAs in the areas of Quality of Care, Peer Review, Credentialing, Delegated functions and other related areas.
- Coordinating the Quality of Care, Peer Review, and Credentialing components of AHCCCS' Operational Review process for DBHS
- Lead role in validation activities for Credentialing, Re-Credentialing and Provisional Credentialing
- Completing and submitting mandated deliverables to AHCCCS
- Overseeing and facilitating the QOC Office's bi-annual data Oversight and Monitoring activities
- Writing, revising, and updating QOC area policies and procedures for both internal and external use
- Coordinating the procedural and substantive QOC activities of all QOC staff
- Maintaining the accuracy of the QOC database and QOC web-based portal
- Tracking and trending of QOCs statewide, by T/RBHAs, and/or by GSA
- Fostering the use of QOC data to improve the quality of services delivered

Lead QOC Specialist (Linda Ellen Holmes, AND, BBA, MBA, MHA): is responsible for:

- In-processing Red Folder, High Profile and Expedited QOC referrals
- Assisting in developing QOC training materials
- Co-l role in validation activities for Credentialing, Re-Credentialing and Provisional Credentialing
- Assisting with policy revisions related to QOC, Peer Review or Credentialing
- Assisting with assessing and evaluating the RBHA and TRBHA QOC investigative processes, findings, and corrective actions
- Participating in the Peer Review activities
- Receiving and reviewing potential Quality of Care concerns (internal referrals) from DBHS staff and outside agencies
- Communicating potential concerns and providing technical assistance to Contractor' QOC personnel
- Appraising and assessing whether existing services are meeting the needs of individuals receiving services in the community

QOC Specialists - (Earlene Allen, RN, MC; Renee Wentworth, RN, BSH; Cynthia Hostetler, RN, BSH; Shari Warkentin, RN, BSH; Kimberly Cable, RN, BSN; and Tracy Deveau, Psy.D.): The QOC Program staff job responsibilities include, but are not limited to:

- Receiving and reviewing potential QOC concerns from DBHS staff and outside agencies/sources
- Communicating potential concerns and providing technical assistance to Contractor' QOC personnel
- Assessing and evaluating the RBHA and TRBHA QOC investigative processes, findings, and corrective actions
- Monitoring and evaluating level and quality of care to improve services
- Appraising and assessing whether existing services are meeting the needs of individuals receiving services in the community

- Participating in Peer Review activities

QOC Data Entry Specialist (Adam Hansen–Temp) is responsible for:

- Entering data from all submitted Incident/Accident/Death (IAD) forms into the QOC database
- Monitoring IAD forms for completeness and accuracy
- Preparing information for periodic and *ad hoc* reports as directed

OIM Staff

Office Chief of Information Management – Kenneth Forbin MA, MPH, SSGB: The Office Chief for the Office of Information Management reports to the Assistant Director of BQ&I. The Office Chief is responsible for:

- Providing data analysis for BQ&I departments, including but not limited to the following areas: assisting OPI in data analysis for the DBHS Annual Consumer survey, Performance Measure evaluation and improvement activities, and developing visual presentations for Committee meetings \Developing graphs for performance measures, complaints, quality of care trending, and utilization management measures
- Developing utilization reports on SMI eligibility determinations, length of stay (LOS), re-admission rates, RBHA prior authorizations, pharmacy utilization for provider monitoring and oversight, Enrollee Grievance Report (Complaint Resolution Summary),and evaluating Contractor compliance
- Maintaining the accuracy of the Specifications Manual (Attachment K) (http://www.azdhs.gov/bhs/bqmo/specifications-manual.htm) to ensure programmatic logic and subcontractor clarity regarding requirements contained in the specifications
- Overseeing the maintenance of the Performance Framework and Dashboard on the DBHS website
- Collecting and storing data on performance indicators from ADHS contractors and ensuring that data provided to the BQ&I is accurate and reliable.
- Contributing to the development and writing of routine and ad hoc reports, e.g., annual QM Plan, Work Plan, Evaluation, the complaint log and annual SMI Report
- Assisting DBHS Finance Office and Contract Compliance in determining Contractor performance incentive calculations and the implementation of Corrective Action Plans

The OIM team is composed of three and one-half full time staff - the **Quality Analysts** (**Carolyn Dempsey, Dawn Dearring, and Liberty Van Hine)** and a **Data Entry Specialist (Yesenia Ramirez**). The OIM staff assists with quality and utilization management data needs of the BQ&I department. They are responsible for:

- Tracking all BQ&I incoming and outgoing deliverables including written communication with subcontractors to acknowledge submissions and/or need to resubmit
- Providing technical assistance to subcontractors to ensure accuracy of data submissions
- Interpreting written and graphic performance data to create charts and graphs for reports, committee presentations, and dashboard updates.
- Reviewing subcontractor reports and data for accuracy
- Collecting and assembling various data feeds for submission to external stakeholders, e.g., AHCCCS, DES

- Tracking, trending, and analyzing monthly complaint data received from subcontractors for Committee presentations and other internal stakeholders
- Annually performing data entry of consumer survey data for participating tribal entities
- Writing and updating data assumptions for all AHCCCS performance measures
- Developing ACCESS databases for all performance measures in the BQ&I
- Working with the Bureau of Business Information System to ensure the smooth follow of administrative data between the Bureau of Business Information Systems and the Bureau of Quality and Integration

OCS Staff

Office Chief, Office of Customer Services – Lou Anne Allard: The Office Chief for the Office of Customer Services reports to the Assistant Director of BQ&I. The Office Chief is responsible for:

- Managing a team of five Customer Service staff
- Providing leadership to the Customer Service Team and overseeing the day-to-day operations of the Customer Service office
- Providing oversight and monitoring of the T/RBHAs member grievance resolution process and ensuring compliance with relevant federal and state regulations, and contract and policy requirements
- Coordinating grievance/complaint resolution activities with members, stakeholders, legislative and Governor's offices, AHCCCS, DDD, DCS, DBHS contractors, and tribal partners
- Coordinating with internal departments on member grievance resolution activities, concerns, and trends
- Providing technical assistance to T/RBHAs on DBHS requirements and processes, service delivery and member rights
- Oversight of Administrative Review activities involving the T/RBHAs grievance/complaint process
- Updating and providing policy feedback

Customer Service Lead - Della Maneese: has responsibilities in addition to those above:

- Maintaining the customer service database
- Taking a lead role in overseeing complex and priority complaints with the T/RBHAs
- Developing ad hoc reports
- Developing and distributing the customer service calendar to internal staff and the Governor's Office designating the staff assigned to primary phone responsibilities
- Taking a lead role in maintaining resources and supporting staff in daily activities
- Assisting with hiring activities and mentoring new staff

Customer Service Representatives – Raymond Thomas, Roger Burke, James de Jesus, Albert Rock: The Customer Service staff job responsibilities include:

- Responding to inquiries receiving by telephone, in writing, or in person from members or individuals seeking services, family and community members, system partners, Governor's and legislator's offices, DBHS leadership, RBHAs, and providers

- Assisting members with understanding their rights
- Providing information about DBHS and program regulations, rules, and policies
- Facilitating problem resolution through T/RBHAs and in coordination with internal DBHS Bureaus and other involved agencies
- Documenting issues and assisting with identifying systems trends
- Evaluating and identifying issues with T/RBHA performance through ad hoc involvement in the resolution of member grievances

Collaboration with other DBHS Functional Areas

In addition to the functional areas within BQ&I, the Bureau of Business Information Systems (BIS) plays a significant role in supporting BQ&I operations. BIS is composed of two offices: Data and Reporting; and Claims and Encounters. The Bureau of Business Information Systems (BIS), housed within the DBHS Operations Unit, supports the integrity of the Client Information System through publications such as the Demographics Users Guide (DUG), and the Operations and Procedures Manual. These publications provide guidelines for data reporting structures for claims and demographic data. Data integrity processes such as audits and data checks on contractor-submitted data is another responsibility of BIS. In addition, BIS maintains a client information system that collects, integrates, analyzes, validates and reports data necessary to implement the DBHS QM/PI Program. The BIS focuses specifically on the following data elements: member demographics; provider characteristics; services provided to members; and other information necessary to guide selection of, and meet the data collection requirements for PIPs and QM/PI oversight BIS provides these data elements to OIM/OPI for the purpose of more in-depth analysis to support OPI staff in assisting the T/RBHAs in quality of care and service initiatives. On a quarterly basis, BIS provides OIM with the encounter data used for the submission of AHCCCS and DDD mandatory Quarterly Performance Measures Reports. In October of 2014 BIS, OIM, and OPI completed a project to improve the accuracy of the Performance Measures (see Attachment S). BIS also supplies HIPAA compliant demographic data to OIM for the purpose of data analysis and trending.

Other Offices with whom BQ&I collaborates on a regular basis include: Contracts and Compliance, Policy, Health Care Development (Training, Cultural Competency), Systems of Care, Network Development, Grievance and Appeals, and the Office of Individual and Family Affairs (OIFA).

IV. Quality Management Plan Activities

This section describes DBHS internal as well as contracted quality and performance improvement activities and processes. DBHS mandates that all Contractors incorporate DBHS' quality improvement activities into their QM Plans.

Monitoring and Evaluation Activities

DBHS Offices of IM, PI and QOC conduct monitoring and evaluation of QM activities through monthly, quarterly, and *ad hoc* direct data reports from its Contractors. Focused *ad hoc* reviews,

as well as the annual Onsite Monitoring and Oversight Reviews (OMOR), and annual Administrative Reviews provide these offices with additional avenues of obtaining data and direct, onsite interaction with the Contractors. The following are descriptions of all DBHS QM activities.

Data Integrity Activities

Accurate and reliable data is imperative for the success of the DBHS QM program. Per Section 6 of the ADHS/DBHS Policy 1601, *Enrollment, Disenrollment and Other Data Submissions* (Attachment F), Contractors are required to maintain a health information system which includes data elements such as member demographics, service utilization, provider characteristics, episodes of care, outcomes measures, and diagnoses. The Contractor's health information system must collect, integrate, analyze and report data necessary to implement their T/RBHA QM/PI program.

Data submitted to the DBHS Client Information System (CIS) must pass a series of validation measures and logic safeguards prior to acceptance. Each validation measure or edit is designed to operate in a specific manner to ensure accuracy, completeness and logic. DBHS provides direction related to systems edits and business rules through the Demographic and Outcome Data Set Users Guide (DUG) (http://azdhs.gov/bhs/provider/documents/DUG_6.pdf) and the Client Information Systems (CIS) File Layout Manual (http://www.azdhs.gov/bhs/gm.htm). The DUG contains a significant amount of data related information, including but not limited to:

- Member demographics
- Provider characteristics
- Services provided to members
- Other information necessary to guide the selection of, and meet the data collection requirements for PIPs and QM/PI oversight.

The Office of Program Support (OPS) publishes a manual which outlines provisions for daily, weekly, and monthly claims and encounters processing (http://www.azdhs.gov/bhs/gm.htm). This manual includes operations details and a description of the interface between Contractors, DBHS, and AHCCCS, along with a description of monitoring processes undertaken by DBHS. Training and technical assistance is provided to Contractors as needed.

The Bureau of Information Systems (BIS) runs the data for the quarterly reports, and provides the results to OIM and OPI. In CY2015, OIM will utilize encounter data received from BIS to assist OPI in completing a deep-dive analysis of the performance measures. The results of this analysis will be shared with the RBHAs collectively and individually as a means to assist the RBHAs in developing focused interventions as they relate to quality of care and service. OPI will also be utilizing the information gleaned from data analysis for DBHS directed PIPs at the RBHA and Provider level to assist with global systemic as well as focused changes. Tribal encounter data is currently not available to DBHS; as such the TRBHAs are not included in this analysis. DBHS would like to collaborate with AHCCCS in CY2015 with the goal of receiving TRBHA encounter data. Receipt of this data will: 1) provide the information needed to analyze TRBHA activities; 2) enable DBHS to identify additional performance measures; 3) provide

information needed to enhance monitoring activities for DBHS as well as the TRBHAs; 4) enhance focused TA related to services and service delivery.

To improve the quality of data submitted directly to DBHS QM for performance monitoring and evaluation, DBHS developed the BQ&I Specifications Manual (Attachment K) (http://www.azdhs.gov/bhs/bqmo/specifications-manual.htm) which includes details regarding the DBHS methodologies for calculating and reporting all performance indicators. DBHS mandates that Contractors use standardized report templates and methodologies as outlined in the BQ&I Specifications Manual in their QM reporting. The standardization of reporting ensures consistency in collection and reporting of critical data elements across Contractors for improved analysis on a statewide basis. The BQ&I Specifications Manual is updated as changes occur; the most recent revision being October 01, 2014 which included AHCCCS/DBHS Contractual changes such as performance measure requirements. OIM facilitates the Specification Manual updates and alerts the T/RBHAs of the changes via email communiqués which include a copy of the Specifications Manual as well as the link to the DBHS website.

DBHS-BQ&I Review Activities

DBHS performance improvement staff participates in inter-rater reliability (IRR) exercises to ensure consistency in reviewing and scoring submissions for DBHS mandated performance measures, and annual reviews, thereby increasing the reliability of the review process. DBHS BQ&I conducts a mid-year data validation and onsite monitoring review (OMOR) which, among other things, examines the integrity of data reported by its Contractors. Contractors failing to meet required monitoring activities or minimum performance standards are required to submit corrective action plans. An explanation of DBHS-BQ&I Review Activities are described below:

Annual Administrative Review

BQ&I actively participate in the DBHS annual Administrative Reviews of each Contractor. The Administrative Review assesses T/RBHA compliance with contractual requirements, grievance and appeals, claims dispute and quality management standards. Standards such as those related to the credentialing processes and medical record reviews utilize data validation activities. Thirty (30) "records" are reviewed and scored based upon document inclusion and completion rules. The Administrative Review tool is based on the AHCCCS Operational Review tool in an effort to align with AMPM requirements. Contractors falling below the performance expectation of "*Full Compliance"* are required to develop corrective action plans (CAPs) that reflect interventions to improve future performance. Contractor CAPs are monitored and tracked by the DBHS Bureaus of Quality and Integrity and Compliance. The status of each CAP is reported quarterly to the DBHS Executive QM Committee and the Quarterly RBHA Compliance Meetings.

With Arizona moving to a statewide Integrated RBHA system effective October 01, 2015, and with the closure of three of the current RBHAs, DBHS will confer with AHCCCS to determine whether DBHS will conduct a RBHA Administrative Review for those RBHAs with ending Contracts. DBHS will conduct an annual review of MMIC as well as the TRBHAs.

Oversight and Monitoring On-site Review (OMOR)

DBHS OPI and OQOC will conduct a mid-year on-site activity to provide technical assistance and ensure the accuracy of data used to evaluate mid-year progress on Administrative Review CAPs, as well as those contractual requirements not incorporated in the Administrative Review Standards. The OPI OMOR tool (see attachment U) was revised based upon lessons learned from the initial 2013 OMOR, findings from the AHCCCS 2013 Operational Review, transfer of Credentialing and Delegation reviews to the OQOC, as well as the DBHS Administrative Review. A user guide has been developed addressing the new scoring method to ensure consistency among reviewers. The FY15 OMOR will take place between March and May and will occur approximately six (6) months after each T/RBHAs Administrative Review. The purpose of the OMOR in FY15 will be to examine monitoring, analysis, and trending activities of the T/RBHAs' provider network and service delivery systems to ensure that the T/RBHAs are compliant with DBHS and AHCCCS requirements. Secondary purposes of the OMOR are: to validate data submissions, to provide technical assistance, to review progress in areas requiring Corrective Action Plans (CAPS), and to identify areas where significant programmatic changes have occurred. The OQOC will review Thirty (30) QOC charts as a means of validating that the T/RBHAs are following established QOC review and reporting processes. OQOC will also review the T/RBHA Peer Review, IAD, and credentialing processes. The OPI will review Provider Monitoring, Performance Improvement, Coordination of Care, Consumer/Provider Involvement, Consumer Survey, and Transportation. Findings will be reported to the DBHS Executive QM Committee. Discrepancies in Contractor reported data as well as concerns with data tracking, trending, and evaluation will be addressed through targeted technical assistance, performance improvement plans and further corrective actions as needed.

Incident, Accident, and Death (IAD) Reports

DBHS requires that behavioral health providers report incidents, accidents, deaths, Healthcare Acquired Conditions (HCAC), Other Provider Preventable Conditions (OPPC), and other mandated reportable conditions for all enrolled members per AMPM Chapter 960 and DBHS Policy 1703: Reporting of Incidents, Accidents, and Deaths, All IAD reports are reviewed by T/RBHA Quality Management (QM) staff to determine if potential quality of care concerns exist.

Until the DBHS IAD/QOC Web Portal is in full use (estimated January 1, 2015), DBHS Contractors are required to submit electronic Incident, Accident and Death (IAD) reports to DBHS-BQ&I/Office of Quality of Care (OQOC) on a weekly basis. IAD information is entered by QOC Admin Support and maintained in the QOC database. Trended Contractor data –is aggregated and analyzed on a RBHA and statewide level and presented to the Executive QM Committee.

Once the DBHS IAD/QOC Web Portal is in full use, Contractors will no longer be required to submit IAD Reports to DBHS, as the reports will be automatically sent to DBHS and other appropriate agencies, through the portal.

Peer Review

DBHS conducts peer reviews at least quarterly within the Peer Review Committee (PRC). The purpose is to improve the quality of care provided to members. The PRC routinely reviews Quality of Care (QOC) cases and serves as the primary entity responsible for ensuring DBHS contractors adhere to a clinically appropriate peer review process.

Matters appropriate for peer review may include, but are not limited to:

- Questionable clinical decisions;
- Lack of care and/or substandard care;
- Inappropriate interpersonal interactions or unethical behavior;
- Physical, psychological, or verbal abuse of a member, family, staff, or other disruptive behavior;
- Allegations of criminal or felonious actions related to practice;
- Issues that immediately impact the member and that are life threatening or dangerous;
- Unanticipated death of a member;
- Issues that have the potential for adverse outcome; or
- Allegations from any source that bring into question the standard of practice

DBHS requires all RBHAs to conduct Peer Review in accordance with the AMPM Chapter 900, and *DBHS Policy 1003: Peer Review* included in Attachment F. Tribal Behavioral Health Authorities are not contractually required to conduct Peer Review, though DBHS can request that the T/RBHA medical director implement a correction action recommended by the DBHS PRC.

The DBHS PRC may also make recommendations for RBHA Chief Medical Officers to refer cases to the Arizona Health Care Cost Containment System (AHCCCS), the Arizona Department of Economic Security (ADES), Department of Child Safety (DCS) or Adult Protective Services (APS), Arizona Medical Board and/or other professional regulatory review boards as applicable, for further investigation or action and notification to regulatory agencies.

Recommendations made by the DBHS PRC must be satisfactorily implemented by the RBHA. Some DBHS PRC recommendations may be appealable agency actions under Arizona law. A RBHA subcontracted provider may appeal such a decision through the administrative process described in A.R.S. § 41-1092, et seq.

DBHS monitors RBHA peer review policies and processes biannually through the DBHS OMOR and Administrative Review processes; and on an ongoing basis as RBHA findings are presented and discussed within the DBHS PRC meetings.

QOC and Peer Review activities are protected under the following Arizona Revised Statute (A.R.S.) and federal protections: 42 U.S.C. 1320c-9; 42 U.S.C. 11101 et seq.; 42 CFR 51.41 (c) (4); ARS§36-2401 through 2404, ARS§36-441, ARS§36-445, ARS§36-2917, ARS§ 36-445.01 and ARS§41-1959(5).

Provider Monitoring

DBHS requires Contractors to conduct on-site provider monitoring for all subcontractors at least annually. One purpose of this requirement is to assure that the T/RBHAs are monitoring the service delivery system and provider network in their contracted GSAs. More frequent provider monitoring may take place for subcontractors demonstrating performance below minimum standards and as data analysis and program trends indicate. Contractors are required to develop a mechanism for a focused review of provider sites as identified through trended data. As part of their provider monitoring, Contractors are required to implement processes for verifying the accuracy and timeliness of reported data, inter-rater reliability exercises, and the standardized collection of service information. Contractors must utilize provider monitoring data to implement performance improvement activities that follow the FOCUS-PDSA Model, are data driven, outcomes focused, and systemic in scope to improve the quality of services provided to their members.

Contractors are to include detailed provider monitoring plans in their Annual QM Plans, including a schedule and frequency of provider monitoring activities and tools. DBHS oversees Contractor provider review during the OMOR site visits. Scheduled provider monitoring and technical assistance are examined during the OMOR visit. Recommendations are provided as needed.

Provider Profiling

DBHS requires its Contractors to complete Provider Profiling on a quarterly basis, as part of the provider monitoring process. Minimum provider profiling data elements must include DBHS performance measures, grievance system data, and DBHS MM/UM measures.

DBHS Contractors are required to develop a Provider Profile for each subcontractor by provider and/or service site and take corrective action to address deficiencies identified through trended data. Profiling data is used to improve recipient outcomes; support quality practice; and in the development of performance improvement activities, to affect positive change for the Contractor, its providers, the service site, and member quality of care.

DBHS Contractor' Provider Profiles are available for review on Contractor Dash Board reports located on each Contractor website. It can also be accessed through the ADBHS dashboard at http://www.azdhs.gov/bhs/dashboard/rbha-dashboards/.
DBHS conducts Contractor Profiling activities quarterly through the synthesis of Contractor performance, utilization, compliance and review data. DBHS presents these data across Contractors in various DBHS committees and in reports to AHCCCS that are available to stakeholders and members for review at the DBHS website. DBHS also utilizes Contractor profiling data for focused reviews, in the development of Performance Improvement Projects (PIPs).

Consumer Surveys

DBHS Bureau of Quality and Integration conducts two annual consumer surveys: (1) Adult Consumer Survey, and (2) Youth Survey, based on the Substance Abuse and Mental Health Administration (SAMHSA) Mental Health Statistics Improvement Program (MHSIP) surveys. These surveys are addressed in *Policy 1001: Behavioral Health Recipient Satisfaction Survey* (Attachment F).

The surveys request independent feedback from Title XIX/XXI adults and families of youth receiving services through Arizona's publicly funded behavioral health system. The surveys measure consumer(s') perception of behavioral health services in relation to the following domains:

- General Satisfaction
- Access to Services
- Service Quality/Appropriateness
- Participation in Treatment Planning
- Outcomes
- Cultural Sensitivity
- Improved Functioning
- Social Connectedness

BQ&I present Consumer Survey data in the DBHS Executive QM Committee Meeting. Contractor performance on outcome domains is used to measure the RBHA's eligibility for a financial incentive. Additionally, member satisfaction with *Access to Service* and *Participating in Treatment Planning* are two main indicators in the DBHS Performance Framework and Dashboard. Contractors scoring below 70% in domains or showing a statistically significant drop in score are required to develop a CAP addressing actions to be taken to increase and sustain satisfaction scores.

DBHS compiles statewide survey data into a report which is submitted to AHCCCS and to the Division of Developmental Disabilities (DDD) as an annual deliverable along with other QM deliverables (QM plan, work plan, evaluation, PI report, etc.). In addition, DBHS, through the Office of Information Management, will carry out correlational analyses between the survey results and other appropriate performance measures to identify and utilize any indicators that associate survey results to performance (measures).

The DBHS Office of Performance Improvement, in collaboration with the DBHS Office of Information Management, will utilize survey results to address potential interventions with the T/RBHA QM Coordinators in an attempt to improve quality of service and health outcomes for AHCCCS members throughout the State of Arizona.

Due to feedback from the TRBHAs regarding low participation rates of their members' in the Consumer Survey, the work group that was developed in CY2014 to address TRBHA concerns will continue into CY2015. Issues raised by the TRBHA include, but are not limited to: the need to develop a culturally competent survey, the time of year that the survey is administered, and alternative methods of completing the survey such as talking circles. Research into the

Consumer Survey process nationwide for tribal entities will ensue to identify process differences between Arizona and States experiencing better/higher tribal participation rates. Results of research, work group outcomes and recommendations as well as potential next steps will be discussed in the Executive QM Committee and shared with AHCCCS.

Coordination of Care (CoC)

DBHS is committed to assuring that there is coordination and communication of member care between the behavioral health system, the members' Primary Care Provider (PCPs) and/or specialists involved with member care, and the AHCCCS Acute Plan Behavioral Health Coordinators. DBHS recognizes the importance of the CoC process, and will continue to monitor CoC activities conducted by the T/RBHAs during the CY2015 OMOR. Deficiencies identified in relation to CoC will result in T/RBHA corrective action plans and/or PIPs.

Performance Framework and Dashboard

The BQ&I Office of Information Management (OIM) prepares and presents key social and clinical indicator information with DBHS stakeholders and the general public through updates to its Performance Framework and Dashboard, available on the ADHS website. The format of the Dashboard is published on the DBHS website for review by the public, contractors, providers and consumers: http://www.azdhs.gov/bhs/dashboard/index.htm. Information is presented for adults and children both statewide and by GSA. This vehicle was designed for sharing accurate, timely data that compares performance and outcomes across RBHAs. This also promotes transparency, accountability, and strategic planning of interventions to improve performance.

The Performance Framework and Dashboard was redesigned in FY2014 to reflect changes made to the AHCCCS Performance Measures for FY2014. However, due to ongoing revisions to the methodologies of some performance measures, and required work to improve the quality of AHCCCS' encounter data that is used to calculate performance for most of the Dashboard metrics, OIM has been unable to fulfill its commitment to timely updates during FY2014. OIM will resume quarterly and annual updates to the Dashboard when AHCCCS and DBHS have resolved the issues that currently prevent the transfer of encounter data from AHCCCS to DBHS.

The current Dashboard content is organized into four categories:

- Outcomes – Impact on Quality of Life
- Access to Services
- Service Delivery
- Coordination/Collaboration

Within these categories are representative measures from various sources. Outcomes are reported from the National Outcomes Measures, an annual review based on demographic data submitted by the RBHAs. The Annual Consumer Survey, annual geomapping, and one performance measure contribute to the Access to Services category. Service Delivery is sourced from the

Annual Consumer Survey and two performance measures, and the Coordination/Collaboration category includes one performance measure and utilization data.

DBHS will also monitor contractors implementing Enhanced Payment Models (Value Based Payment Models) information will be reported annually AHCCCS quality measure results. Metrics will include number of members and percentage of members impacted.

The Dashboard QM measures are prepared by the BQ&I Office of Information Management (OIM) and are presented to the Quality Management Committee for review and approval. Dashboard data are often discussed in Leadership Team meetings to assess the effectiveness of the System, develop strategic direction and recommendations, and to monitor Contractor progress on score cards.

Actions for Improvement

DBHS develops or initiates interventions that result in significant demonstrable improvement that are sustained over time for contractor improvements in performance indicators and for internal DBHS quality improvement initiatives. A standard process for developing and initiating interventions is documented in the DBHS FOCUS-PDSA model and communicated to DBHS service areas and its contractors through the BQ&I Specifications Manual. The FOCUS-PDSA model is an evidence-based methodology that comprises two integral parts: (A) FOCUS, a process of identifying and developing the right intervention and (B) PDSA, a systematic process of implementing interventions to achieved desired results. An example of the use of the FOCUS-PDSA model is provided in Attachment Q.

The DBHS process of developing and initiating interventions is consistent with AHCCCS's protocol for conducting performance improvement projects as stated in the AHCCCS AMPM Chapter 900, Policy 980. To develop and initiate interventions, the DBHS/BQ&I selects interventions through data collection and the analysis of comprehensive aspects of performance measures and other outcome measures tracked and trended by the various service areas. The FOCUS process of the FOCUS-PDSA model is used to define the intervention and ensure that the intervention selected will address causes/barriers identified through data analysis and Quality Improvement processes undertaken.

The second part of the FOCUS-PDSA model (PDSA process), is used to implement the intervention, test changes brought about by the intervention, and refine or sustain changes where necessary. The DBHS implements this process by developing a work plan outlining the interventions identified during the PDSA process. These work plans delineate interventions designed to address deficiencies in performance measures and services provided to members, and therefore have timelines for implementation, clearly defined success criteria and identified subject matter experts responsible for the implementation and monitoring of the interventions. The implementation process is studied through tracking, trending and analyses of data, and where necessary, the intervention is refined to meet the objective.

All DBHS interventions are assessed after implementation, to determine if they meet the desired results. For example, the PDSA model is used by the DBHS to implement CAPS imposed by

AHCCCS when DBHS's performance falls below the minimum level established by AHCCCS. Each CAP imposed by AHCCCS is examined and areas for improvement are identified. The ADHS then designs interventions to address the specific barriers or causes for the underperformance indicated in the CAP. A work plan is developed to implement the intervention and a timeline for implementation is established as well as, criteria for success, and a responsible person. The CAPs are assessed after implementation to determine if they meet criteria for success as required by AHCCCS. If a significant improvement is obtained from implementing the CAPs, the improvement is sustained by standardizing the intervention into a protocol or policy, and where CAPs do not lead to significant improvement, a new plan is developed and the process is implemented once again.

DBHS also requires Contractors to incorporate the FOCUS PDSA (Plan, Do, Study, Act) model for continuous quality improvement in Corrective Action Plans (CAPs). CAPs must include: (1) measurable goals and objectives, (2) interventions, activities and tasks, (3) responsible parties, and (4) start and completion dates for each activity and task identified in the submitted CAP. The Contractors must include systemic interventions that include, but are not limited to: training, policy review and revision, technical assistance and focused reviews. Contractor CAPs must utilize evidence-based practices when available, in the reported interventions to meet and/or exceed performance expectations.

BQ&I approves and monitors all Contractor CAPs and mandates that Contractors report CAP performance quarterly. DBHS BQ&I reports the status of statewide QM CAPs to the Executive QM Committee. The Contractor specific improvement plans are also presented within the DBHS Compliance meetings. The DBHS Leadership Team is the ultimate decision making body for approving CAP compliance and directing the levying of further corrective actions, including contractual remedies such as sanctions or notices to cure, as indicated.
In CY2015, with the ability to drill down data used for performance measure results, OPI will be conducting PIPs with T/RBHAs to include their provider agencies and members in the FOCUS planning process. The goal of these PIPs is to increase quality of care and service at the provider level, thereby affecting member treatment and outcomes. Areas of deficiency that are T/RBHA wide will result in statewide PIPs that would also include providers and members, with the goal of systemic changes.

OPI will also be partnering with internal DBHS Bureaus to assist in changing processes and outcomes through the FOCUS-PDSA process.

QM Policy Development or Revision

The DBHS Policy Committee has developed a schedule and protocol to monitor the revision of division-wide policies and procedures based on the AHCCCS-DBHS Contract, and program requirements. Clinical policies are reviewed annually and non-clinical policies are reviewed bi-annually or as necessary when changes occur. All revised policies are presented in the Executive QM Committee meeting for feedback and preliminary approval, and approved policies are then presented to DBHS Policy Committee for justification of revisions. Policies are then sent out for

Public Comments; after reviewing public comments, policies are revised if needed. Final policies are again presented to the Policy Committee for final approval (see Attachment F). The DBHS Policy Committee along with the BQ&I ensure policies are in place and capture the information identified below;

- Monitoring/evaluating its service delivery system and provider network demonstrating compliance
- Description of how member rights and responsibilities are defined, implemented and monitored
- Medical records
- Description of temporary/provisional, initial, and recredentialing process for individual providers and Ax/re-Ax of organizational providers
- Process for grievance resolution, tracking and trending
- Planned activities to meet/exceed Performance Measures and Performance Improvement Project goals
- Indication/documentation of input from contracted or affiliated providers
- Indication/documentation of input from contracted or affiliated members
- Description re: monitoring the quality and coordination of behavioral health services (procedures utilized to ensure timely updates from Primary Care Physicians to Behavioral Health Providers re: member change in health status – update to include but not be limited to: dx of chronic conditions, support for petitioning process for Arizona Long Term Care Services and integrated program, and prescribed meds)

The DBHS Policy Committee along with BQ&I ensure the following for process policy development or revision;

a. Ensure information/data received from providers is accurate, timely and complete
b. Review reported data for accuracy, completeness, logic and consistency, and the review and evaluation processes used are clearly documented.
c. Information rejected is tracked to ensure errors are corrected and the data is resubmitted and accepted when applicable
d. All member and provider information protected by Federal and State law, regulations, or policies is kept confidential
e. Contractor staff and providers are kept informed of at least the following:
    i. QM/PI requirements, activities, updates or revisions,
    ii. Study and Performance Improvement Project (PIP) results,
    iii. Performance measures and results,
    iv. Utilization data, and
    v. Profiling results

V. Delegated Entities

DBHS does not delegate quality management functions to its Contractors, but requires that they perform the following, as delineated in the DBHS/RBHA contracts and Tribal IGAs:

- A comprehensive QM program that includes all the required components within the DBHS QM Plan, the AHCCCS AMPM Chapter 900, Policy 910 and the DBHS/RBHA Contracts and Tribal IGAs
- QI Committee
- Contractor internal Peer Review Committee (except Tribal Contractors)
- Contractor internal Credentialing Committee
- Contractor participation in the investigation and analysis of Quality of Care concerns and implementation of corrective actions
- Tracking and Trending of Member Grievances, SMI Grievances, and Appeals
- Developing and Disseminating Member Handbooks
- Developing and maintaining the Provider Manual
- Medical Record Maintenance and Review
- Credentialing, Re-credentialing, Organizational credentialing and Provisional credentialing of all sub-contracted providers (Acute plan Specific)
- Provider Monitoring and Profiling

DBHS provides oversight/monitoring and retains ultimate accountability for all of the functions performed by its Contractors. Contractor quarterly and *ad hoc* reports, focused reviews, data validation and onsite monitoring reviews (OMOR), and the Annual Administrative Review serve as the mechanisms by which DBHS monitors delegated functions. RBHA and T/RBHA Quality of Care investigations and findings are overseen and determinations validated through the DBHS - Office of Quality of Care (QOC investigations and PRC), and QOC CAPS are reviewed during on-site monitoring activities. DBHS collects, analyzes, and evaluates the information from its Contractors to improve performance in the service delivery and provider network systems.

If a T/RBHA delegates any quality management functions, such as credentialing, then DBHS reviews the delegated functions to ensure that they meet all DBHS and AHCCCS requirements. The review of delegated functions is outlined in the DBHS-Desktop Protocol-Delegation Review (Attachment R). Furthermore, the Contractors must perform the following monitoring activities of their delegated functions: Execute a written agreement specifying the delegated activities and reporting responsibilities of the entity, including providing for revocation of the delegation or other remedies for inadequate performance:

- Report all quality of care issues to OQOC
- Evaluate the entity's ability to perform the delegated activities prior to delegation
- Conduct ongoing monitoring of performance and the quality of services provided
- Annually review the delegated entity's performance. The Contractor must review a minimum of Thirty (30) randomly selected files for each function that is delegated. Documentation must be kept on file for DBHS review. Monitoring should include, but is not limited to:

i. Utilization,
ii. Member and provider satisfaction, and
iii. Quality of care concerns.

- Maintain, for DBHS review, evaluation reports and CAPs, as necessary, to ensure quality for all delegated activities
- Retain the right to terminate the contract if needed

VI. Member Rights and Responsibilities

Member rights and responsibilities are reflected throughout DBHS Policy and Procedures Manual. Some of the policies notable to specific member rights include *Policy 105: Assessment and Service Planning, Policy 107: General and Informed Consent, policy Chapter 201: Covered Services, Policy 301: Member Handbooks, Policy 407: Cultural Competence, Policy 801: Advance Directives, Chapter 900 policies related to Coordination of Care, Policy 1101: Securing Services and Prior Authorization, Policy 1103: Technology, Policy 1401: Confidentiality, and Chapter 1800 policies involving the Grievance System and Member Rights.*

The DBHS policy regarding member handbooks specifies a template for all DBHS Contractors that delineates mandatory components related to member rights: to be treated with dignity and respect; to have privacy and confidentiality of health related information; to be free from discrimination and receive culturally competent services delivered in a manner that is consistent with individual needs and offers choice among providers; to participate and have representation in health care decision-making; to be free from seclusion or restraint as a means of coercion or retaliation; to receive information about Advance Directives; to receive information about member rights and responsibilities and the scope of covered services, benefits and service providers; to be informed of grievance processes and the right to complain about the DBHS and DBHS Contractors; and the right to review, obtain a copy of, and make corrections to the member's medical record. The Member Handbook Template also stipulates the requirement that members will not be retaliated against for exercising their rights and specifies principles for service delivery for adults and children within the behavioral health system. In addition, it contains information on member responsibilities.

Contractors must provide each member with a Handbook within 12 days of notification of the member's enrollment or date of first service. Additionally, members have the right to receive a Handbook at least annually. Documentation that the member received a copy of the Handbook is maintained in the member's record. DBHS utilizes the Administrative Review to monitor Contractor compliance with this policy and procedure. Handbooks must be easily accessible to all behavioral health members and potential enrollees. The Contractors' Member Handbooks must be approved by DBHS prior to dissemination; no revisions to the Handbooks may be made without prior approval by DBHS.

DBHS/RBHA contracts also require that Contractor's Provider Manuals are consistent with regulatory requirements involving member rights within the service delivery system. DBHS oversees, administers, and monitors requirements related to member rights through grievance system processes, Enrollee Grievance System Reports, on an ad hoc basis as issues present, and

through Administrative Review processes. DBHS *Policy 1402: Communication of System Changes and Program Requirements*, specifies requirements for developing, maintaining, posting, and distributing policies and other documents and communications relevant to providers and members.

VII. Medical Records and Communications

Contractors must ensure effective and continuous patient care through medical record documentation of each member's health status, changes in health status, health care needs and services provided. Policy, *802: Behavioral Health Medical Record Standards* (Attachment F Policies and Procedures), established minimum required elements for member medical records, including but not limited to:

- Effective and continuous member care through accurate medical record documentation (including electronic health records) of each member's health status, changes in health status, health care needs, health care services provided, including ancillary and behavioral health services,
- Quality review,
- Provider referrals,
- Coordination of care,
- Transfer of care
- Ongoing program monitoring of compliance with Contractor policies and procedures,
- Electronic medical records
- Electronic signatures

During the OMOR and the Annual Administrative Review, DBHS staff will review T/RBHA policies to ensure that these documents include a process for digital/electronic signatures when electronic documents are utilized. DBHS utilizes the DBHS Behavioral Health Service Provision Tool and the Medical Record Review Tool (Attachment L) to review Contractor medical records. DBHS conducts quality reviews of Contractor medical records to assess compliance with DBHS minimum required elements for Medical Record via quarterly record reviews for performance measures, and during the Annual Administrative Review. Identified deficiencies result in technical assistance and CAPs, and are monitored until improvement is sustained.

DBHS ensures that each member is guaranteed the right to request and receive a copy of their medical record; and to request that the record be amended or corrected, as specified in *45 C.F.R. Part 164* and the *Policy, 802 Behavioral Health Medical Record Standards* (Attachment F Policies and Procedures).

To protect the confidentiality of member medical information and ensure compliance with HIPAA requirements, DBHS utilizes and enforces *Policy and Procedure Manual Section 5 Chapter 14, Policy 1401 (Confidentiality), and Policy and Procedure Manual Section 7 Chapter 1800, Policy 1806 (Disclosure of Behavioral Health Information-Attachment F).* All DBHS Contractors and their sub-contractors must adhere to the requirements pertaining to the release of protected, confidential, health information as mandated within these guidance documents.

VIII. Credentialing and Re-Credentialing Processes

DBHS' Contractors are contractually obligated to complete organizational and individual provider credentialing (including provisional credentialing, initial credentialing, and re-credentialing) for all of their providers in a timely manner. Providers who are not licensed or certified must also be included in the credentialing process and profiled. DBHS provides oversight/monitoring through quarterly credentialing reports and validates the T/RBHA credentialing review as part of the Administrative Review process. The DBHS-Desktop Protocol-Credentialing and Re-credentialing (Attachment R) explains the quarterly credentialing report. Contractors must develop and implement credentialing policies, procedures and protocols that meet AHCCCS and DBHS requirements. Contractors are expected to review all completed credentialing, re-credentialing, and provisional credentialing applications in their Credentialing Committee, and to bring issues/concerns to their QM or Peer Review Committee as applicable. The T/RBHA Chief Medical Officer (CMO) is responsible for chairing these committees and implementing decisions made by these committees. DBHS reviews Executive QM Committee and Credentialing Committee meeting minutes as part of the oversight function during the Administrative Review. DBHS reviews credentialing information provided by the T/RBHAs and discusses credentialing activities in the Executive QM Committee Meeting. Specific findings that require additional recommendations or actions will be referred to and reviewed by the DBHS Peer Review Committee (PRC). DBHS will alert the T/RBHA of potential Provider and/or Organization concerns identified as a result of this process.
In addition, each RBHA must sub-contract with the AHCCCS mandated Credentialing Verification Organization (CVO), the purpose of which is to ease the administrative burden for providers that contract with multiple AHCCCS-DBHS Contractors. Use of the CVO will decrease duplicative submission of information used for credentialing purposes.

Contractors must have policies and procedures to address granting of temporary or provisional credentialing when it is in the best interest of members that providers be available to provide care prior to completion of the entire credentialing process. Temporary, or provisional, credentialing is intended to increase the available network of providers in medically underserved areas, whether rural or urban. Contractors shall have 14 days from receipt of a complete application within which to render a decision regarding temporary or provisional credentialing regarding this process.

DBHS provides oversight, monitoring and technical assistance when needed. Contractors' credentialing processes and files (a random sample of 30 files for each type of credentialing) are reviewed during the DBHS Annual Administrative Review.

Providers working in a Federally Qualified Health Center (FQHC) and FQHC Look-alike Center, as well as hospital-employed physicians (when appropriate), must be credentialed using the temporary or provisional credentialing process even if the provider does not specifically request their application be processed as temporary or provisional.

Processes must include records of onsite inspections of non-licensed providers to ensure compliance with credentialing requirements. The credentialing process must include a mechanism for providers to appeal credentialing decisions. Contractors must appropriately re-

credential their subcontracted providers every three years, and must have a process in place to verify licenses during interim years.

DBHS mandates that the Contractors utilize the DBHS Credentialing and Re-credentialing Tools (Attachment E) for all credentialing activities for all provider types. *DBHS Policy 405: Credentialing and Re-credentialing* (Attachment F) is currently under review by DBHS and is on the calendar for updates in the Policy Committee. Changes to this policy will be presented and discussed at the Executive QM Committee Meeting.

Contractors must utilize their Contractor Credentialing Committee, Peer Review Committee or similar body to oversee credentialing and re-credentialing decisions. The Contractor's Medical Director or other designated physician is responsible for oversight of the credentialing process. Contractors must utilize participating Arizona Medicaid network providers in making credentialing decisions. As part of their re-credentialing process, contractors are to assure that they have tracked and trended the utilization, grievance system, data, and medical record review data as part of their decision making process.

Contractors are required to submit to DBHS a quarterly Credentialing Report using the Credentialing Template located in the BQ&I Specifications Manual (Attachment K) (http://www.azdhs.gov/bhs/bqmo/specifications-manual.htm). DBHS will assemble and submit to AHCCCS a combined T/RBHA Credentialing Report on a quarterly basis. Issues related to the tracked and trended data as indicated above must be included in the contractor's quarterly submission to DBHS, who in turn, will provide the information to AHCCCS.

DBHS will validate that providers have been appropriately credentialed through the provider and organization provisional, initial, and re-credentialing process as required through its oversight of Contractors during the DBHS Annual Administrative Review.

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IX. Tracking and Trending of Member and Provider Issues

Member Grievances, SMI Grievances, & Appeals (Non-Quality of Care Concerns)

DBHS defines the issues captured in the non-quality of care process in the following DBHS Policies & Procedures Guides:

- DBHS Policy 1801: Title XIX/XXI Notice and Appeal Requirements (Attachment F)
- DBHS Policy 1802: Complaint Resolution (Attachment F)
- DBHS Policy 1803: Conduct of Investigations Concerning Persons with Serious Mental Illness (Attachment F)
- DBHS Policy1804: Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI) (Attachment F)
- DBHS Customer Service Desktop Protocol (Attachment R)
- DBHS BQ&I Specifications Manual, Complaint Reporting (Attachment K)

DBHS defines a member grievance (also referred to as a complaint) as "*An expression of dissatisfaction with any aspect of care, other than the appeal of actions*." Member grievances may be filed directly with the Contractor and/or with DBHS and may originate from members,

family members/ guardians, providers, or other stakeholders, including but not limited to: Legislators, AHCCCS, the Governor's Office and the Center for Disability Law. Member grievances filed with DBHS are directed back to the Contractor with which the involved member is affiliated. The Contractors must follow up on the complaint and inform DBHS of the outcome within timeframes specified by DBHS Office of Customer Service.

The Office of Customer Service (OCS) communicates significant issues or trends identified through the complaint referral process to the Executive QM Committee. Based on significant issues or trends, and in conjunction with DBHS partners, Customer Service also provides technical assistance, training, and/or requests that the T/RBHA provide performance improvement strategy or corrective action plans. OCS may also make referrals to OQOC when it appears that a quality of care concern exists. A member grievance investigation and QOC investigation can happen simultaneously, though information in the QOC process is held in strict confidence.

DBHS contractors are active participants in the member grievance process, tracking, resolution and reporting of complaint data for all TXIX/TXXI adults and children. The Contractors' member grievance processes must include documentation related to the investigation, resolution, and closure of the complaint, in addition to any interventions implemented as a result of the complaint. Any member grievance may be elevated to the Contractor appeals and/or QOC processes as warranted by the –member grievance investigation findings.

DBHS monitors this process through routine member grievance referrals and through two Contractor reports submitted monthly to DBHS OIM. First, complaint logs are submitted on a monthly basis. These logs include specific data elements that are rolled up to facilitate a quarterly analysis of the data. Second, Contractors report the number of –member grievances resolved during the month in a separate monthly report in a template based on the AHCCCS Grievance System Reporting Guide. Both reports are described in the DBHS BQ&I Specifications Manual (Attachment K).

DBHS defines an SMI grievance as: *"A complaint that is filed by a person with a Serious Mental Illness (SMI) or other concerned person regarding a violation of the person with SMI's rights or a condition requiring an investigation."* Like appeals, SMI grievances are generally first filed with Contractors, and to the extent the client disagrees with the outcome, may be appealed further to DBHS. DBHS directly investigates the most serious SMI grievances, client abuse, and death cases.

DBHS defines an appeal as "*A request for review of an action*." An "Action" is defined as:

- The denial or limited authorization of a requested service, including type and level of service
- The reduction, suspension, or termination of a previously authorized service
- The denial, in whole or part, of payment for a service
- The failure to provide a service in a timely manner
- The failure of a Contractor to act within the time frames for service as indicated contractually
- For an enrollee residing in a rural area with only one Contractor, the denial of an enrollee's request to exercise the right to obtain services outside the Contractor's network

DBHS requires that timely and complete Notices of Action (NOA) are provided to members or their legal representatives, consistent with AHCCCS requirements, when an action is taken. The DBHS Office of Grievance and Appeals (OGA) and the Office of Medical Management, in conjunction with AHCCCS, conducts NOA audits of all DBHS Contractors to measure compliance with AHCCCS and DBHS NOA requirements. In addition to monitoring the procedural requirements and legal sufficiency of the NOAs, DBHS reviews the NOAs for compliance with clinical decision-making expectations of AHCCCS and DBHS, and provides follow-up to Contractors when clinical concerns are identified.

Appeals are initiated at the Contractor level, and if not resolved there, may be further appealed to DBHS or AHCCCS, depending upon the appeal process used by the member (Title XIX/XXI Appeal Process or SMI Appeal Process).

DBHS conducts quarterly audits of its Contractors to ensure adherence to procedural requirements, requiring corrections of any Contractor that is found non-compliant with the established standards. The quarterly review findings are used for scoring of the Contractors in the DBHS Annual Administrative Review.

DBHS receives quarterly grievance system reports from Contractors. The reports summarize data and Contractor analysis, trending and follow-up action related to data on appeals, grievances, claims disputes and repetitive filings by individuals. The DBHS Office of Grievance and Appeals will report pertinent findings in statewide SMI grievance and appeals data to the DBHS Executive QM Committee. Grievance system data is synthesized with data from other relevant data sources to identify problematic system issues requiring corrective interventions. Corrective interventions can include CAPs, sanctions, and other contractual remedies.

DBHS requires that Contractors ensure that all staff with direct contact with behavioral health members are trained to assist members and providers with filing member and SMI grievances and appeals, as well as resources to assist with these processes and ensure member confidentiality (i.e. DBHS Customer Service, DBHS Office of Human Rights, local Human Rights Committees, and other available advocacy and support options).

DBHS requires that through the member grievance process complaint resolution staff must follow up with the complaint referral source (which may include a member or provider) to ensure the complaint is resolved. This includes reviewing the source's key concerns, the plan of resolution, and the source's options for any further recourse (which may include SMI grievance or appeal rights, advocacy information, complaint to a licensing agency, other external Contractor resolution processes, etc…).

Quality of Care Concerns

DBHS and its Contractors conduct QOC reviews and investigations as outlined in DBHS *policy 1004: Quality of Care Concerns* (Attachment F) and the DBHS Desktop Protocol for Quality of Care & Peer Review (Attachment R). The DBHS Office of Quality of Care receives QOC referrals from a variety of sources including other state agencies, internal ADHS/DBHS sources (e.g., Customer Services, the Office of the Deputy Director, and Networks), and external sources

(e.g., behavioral health recipients; providers; other stakeholders; Incident, Accident, and Death reports).
If needed, DBHS will assist the referral source in completing the referral foms or taking other necessary steps to obtain resolution of the issue. Upon receipt of a QOC concern referral DBHS will send an acknowledgement to the referral source, and notify the appropriate T/RBHA to involve them in the research, evaluation and resolution of the QOC concern(s) according to the established guidelines in the AHCCCS AMPM Chapter 900, Sections 910 and 960. The T/RBHA will use Policy 1004, Attachment F to provide an acknowledgment to ADHS/DBHS of the receipt of the QOC concern from
ADHS/DBHS. The T/RBHA will use the Resolution Report Template (Attachment D) under Policy 1004 to provide a response to ADHS/DBHS regarding the QOC concern. If an immediate concern for the safety or well-being of the member is identified, the case is also referred to the DBHS Office of Customer Services for immediate intervention. No QOC-protected information is shared with the Office of Customer Services due to the confidentiality of the QOC process, though Customer Services is able to provide the OQOC with updates during their process.

QOC concerns are triaged based on alleged adverse outcome, assigned severity level, and the cases priority level. Each allegation that is deemed a valid QOC concern is investigated from both a recipient and a systemic perspective. Information that is reviewed includes, but is not limited to: medications, diagnoses, treatment history, past QOC concerns, recent hospitalizations, clinical notes (behavioral health, acute care, and substance abuse), utilization data, and other pertinent information. The QOC Resolution Report must be detailed and examine all reasonable and potential areas of quality concern(s). The report must contain sufficient facts and analysis to support the conclusions reached. If the allegations are substantiated, member and system resolution(s) must be identified, and appropriate individual or systemic interventions to prevent recurrence must also be identified. Identification of member and system resolution must include an evaluation of the effectiveness of actions taken.

The report must clearly identify the allegation that lead to the opening of the investigation. If additional allegations are identified during the investigation, it is expected that those additional allegations will be thoroughly investigated and summarized in the report. Each allegation must have a determination (substantiated, unsubstantiated, or unable to substantiate). The definitions of the different determinations are as follows:

a. Substantiated – means the alleged complaint (allegation) or reported incident was verified or proven to have happened based on evidence and had a direct effect on the quality of the recipient's behavioral health care. Substantiated allegations require a level of intervention such as a corrective action plan of steps to be taken to improve the quality of care or service delivery and/or to ensure the situation will not likely happen again.
b. Unable to Substantiate – means that there was not enough credible evidence at the time of the investigation to show whether a QOC allegation did occur or did not occur. The evidence was not sufficient to prove or disprove the allegation. No intervention or corrective action is needed or implemented.
c. Unsubstantiated – means there was enough credible evidence (preponderance of evidence) at the time of the investigation to show that a QOC allegation did occur. The allegation is based on evidence, verified or proven, to have not occurred. No intervention or corrective action is needed or implemented.

Each allegation must also be assigned a severity level (0, 1, 2, 3 or 4). The meaning of each level is noted below:

a. Level 0 (Track and Trend Only) – An issue no longer has an immediate impact and has little possibility of causing, and did not cause, harm to the recipient and/or other recipients. An allegation that is unsubstantiated or unable to be substantiated when the QOC is closed.
b. Level 1 – Concern that MAY potentially impact the recipient and/or other recipients if not resolved.
c. Level 2 – Concern that WILL LIKELY impact the recipient and/or other recipients if not resolved promptly.
d. Level 3 – Concern that IMMEDIATELY impacts the recipient and/or other recipients and is considered potentially life threatening or dangerous.
e. Level 4 – Concern that NO LONGER impacts the recipient. Death or an issue no longer has an immediate impact on the recipient, an allegation that is substantiated when the QOC is closed.

An overall substantiation determination and severity level must be assigned to the case. If any of the allegations are "substantiated" during the investigation, then the overall substantiation determination should be "substantiated." The overall severity level should be the highest level assigned to an allegation.

The findings of a Quality of Care Concern, including any proposed steps for resolution, must be investigated and returned within a specified timeframe (see below). It should be noted that a Rapid Response Request (RRR) is considered a potentially high profile case including any situation or occurrence involving a Member or provider that has resulted in or has increased the potential to result in media, political, or legal involvement.

a. Routine – resolution within 30 calendar days.
b. Expedited – resolution within 14 calendar days.
c. Rapid Response Request (RRR) – 72 hours to present initial investigation findings with 7 calendar days to present investigation findings; complete resolution within 10 calendar days.

QOC Resolution Report Process

A QOC is received. QOC Investigation is initiated. Allegation(s) to be investigated are determined and opening level(s) of severity for each allegation are established in order to know what areas are to be investigated, and to establish timelines for completion of the investigation.

The process is conducted. If additional allegations become apparent during the investigation, they are to be included in the QOC process/findings. Findings are reviewed & conclusions are drawn for each allegation. Substantiation Level(s) and Closing Level(s) of Severity are determined for each allegation.

Corrective Actions are established, referrals for substantiated allegation(s) are made, as appropriate. The QOC Resolution Report is composed containing findings, analyses, corrective

actions, and closing severity and substantiation levels for each allegation, and for the case as a whole. The substantiation, determination/ level of severity of the entire case, reflects the highest level of the most severe allegation within the case.

Contractors must maintain a confidential file that documents their QOC review processes and make the data available to DBHS OQOC for review. The DBHS QOC process operates under the protections provided by the A.R.S. and federal protections.

DBHS collects, analyzes, and evaluates information from its Contractors, along with data collected internally. The analysis of this information is used to identify needs for performance improvement and ultimately the implementation of performance improvement projects within the service delivery system and provider network.

DBHS generates and analyzes reports obtained from quality of care data stored in the DBHS QOC database to determine trends related to providers, allegations, severity levels, and case substantiation findings. QOC data reports and trends are presented to the DBHS Executive QM Committee biannually and *ad hoc* as indicated.

The DBHS IAD/QOC Web Portal will, once fully functional, replace the DBHS QOC Database and electronic files system, by housing all the necessary forms and filing systems for both the T/RBHAs and DBHS.

The DBHS OQOC is staffed with individuals who have the necessary clinical and administrative knowledge and skills to facilitate the investigation, evaluation, analysis, resolution, closure and trending of QOC issues (see BQ&I Staff Job Descriptions section).

DBHS OQOC is responsible for ensuring that each Contractor conducts a complete, timely and accurate investigation and resolution of the issues raised in the QOC process. It is important to emphasize that member and system resolutions may occur independently from one another. DBHS Peer Review Committee reviews all QOC investigations, including whether each allegation was substantiated, unsubstantiated or unable to be substantiated; corrective actions taken to correct deficiencies, and the severity of the QOC allegations and the overall case based on the substantiation.

DBHS requires and documents annual staff training on the QOC process and referrals for all DBHS employees having contact with members or providers (Attachment G), and the DBHS Workforce Development Unit includes Quality of Care training as part of the DBHS New Employee Orientation Training Requirements. The QOC training assists staff in the identification and referral of potential quality of care concerns (Attachment G). In order to complete the training, staff is required to take a test with a passing score of seven (7) out of 10. Staff participation is required to be completed by employees from Customer Services, Grievance and Appeals, Cultural Competency, the Advocacy Group, CSOC, BQ&I, Prevention, Grant Services, and Compliance.

DBHS oversees the QOC review process. First, it maintains DBHS *Policy 1004 Quality of Care Concerns* (Attachment F) to guide DBHS and Contractor QOC activities. Additionally DBHS

keeps a confidential member record that includes letters to Contractors, e-mails, findings, CAPs, research and records reviewed by QOC designees from the DBHS OQOC.

DBHS reports to AHCCCS on a weekly basis, the number of QOCs identified for Title XIX and XXI members. On a quarterly basis, the OQOC aggregates and reports the outcomes of these investigations. DBHS also tracks, trends and aggregates QOC data on a Contractor level and presents the information to the DBHS Executive QM Committee Meeting at minimum, on a quarterly basis.

DBHS ensures QOC processes are also in place to focus on the Acute Care QOCs for the GSA 6 Integrated SMI members. DBHS has similar expectations for Quality of Care standards when contracts have been implemented for Greater Arizona contractors starting 10/01/2015.

DBHS monitors Contractor compliance with QOC requirements on a case-by-case basis as well as through the OMOR visit and the Annual Administrative Review. The Administrative Review tool measures Contractors' compliance in developing CAPs to reduce and/or eliminate the likelihood of the issue recurring, incorporating successful interventions into the QM program based on the QOC review, assigning new interventions as appropriate, and the maintenance of the process for resolving the concern from both a systems and a member perspective.

DBHS Contractors are required to develop CAPs for problems identified through the QOC concern review process. The CAPs must promote quality and improved care for members receiving services in the behavioral health system. CAPs must address the following:

- Specified type of problem(s) requiring corrective action
- Person or body responsible for making the final determination regarding quality issues
- Type of member/provider actions to be taken to include at a minimum:
    - Education/training/technical assistance
    - Follow up monitoring and evaluation of improvement
    - Changes in processes, structures, and forms
    - Informal counseling, termination of affiliation with provider, and/or appropriate referrals to regulatory agencies
- Documentation of assessment of the effectiveness of actions taken
- Method for internal dissemination of findings and resulting work plans to appropriate staff and/or network providers
- Method for dissemination of pertinent information to AHCCCS and/or regulatory boards and agencies (Arizona Department of Health Services, Arizona Medical Board, Arizona State Board of Nursing, etc.)

If an adverse action is taken with a provider due to a quality of concern, ADHS/DBHS will report the adverse action within one business day to the AHCCCS Clinical Quality Management Unit (CQM) as well as to the National Practiconer Data Bank. The T/RBHAs, as active participants in the process, must notify ADHS/DBHS of any adverse action taken against a provider

DBHS will analyze and evaluate the data from the quality of care data system to determine trends related to the quality of care or service in the Contractor's service delivery system or provider network. DBHS will incorporate trending of quality of care issues to determine possible systemic interventions for quality improvement.

DBHS will document quality of care tracking and trending information as well as documentation that the information was submitted, reviewed, and considered for action by the Executive QM Committee and Chief Medical Officer, as Chairman of the Executive QM Committee.
Quality of care tracking and trending information from all closed quality of care issues within the reporting quarter will be submitted to AHCCCS/Division of Health Care Management/Clinical Quality Management (AHCCCS/DHCM/CQM) utilizing the Quarterly Quality Management Report. The report will be submitted within 45 days after the end of each quarter and will include the following reporting elements:

1. Types and numbers/percentages of substantiated quality of care issues
2. Interventions implemented to resolve and prevent similar incidences, and
3. Resolution status of "substantiated", "unsubstantiated" and "unable to substantiate" quality of care issues.

If significant negative trends are noted, DBHS will consider making it the topic for one of its performance improvement activities to improve the issue resolution process itself, and to make improvements that address other system issues that may have been raised during the resolution process.

DBHS will submit to AHCCCS CQM all pertinent information regarding an incident of abuse, neglect, exploitation and unexpected death as soon as DBHS is aware of the incident. Pertinent information will include autopsy results, and a broad review of all issues and possible areas of concern. Delays in receipt of autopsy results will not result in a delay in the investigation or a resolution report of a quality of care concern. Delayed autopsy results shall be used to confirm the resolution of the quality of care concern.

X. Performance Measures

DBHS measures and reports performance measures as required by AHCCCS AMPM Chapter 900, Policy 970, Appendix A (Quarterly Monitoring Reports). Minimum performance measures (MPS) established by AHCCCS are used to evaluate contractor performance in each performance measure. Contractors performing below the minimum performance standards are required to improve their performance up to or above minimum performance standard within a given period of time. During this timeframe, marginal changes in contractor performances are continuously tracked and trended for signs of progress. In addition, the DBHS utilizes evidence-based inferential statistical methods to measure contractor improvements. For example, DBHS uses statistical significance testing (Chi-square) to measure improvements in contractor performance on the performance measures from one quarter to another. This improves on the quality of trending data as it helps to identify special cause variations or outliers where further actions are desired. DBHS also measures contractor performance by analyzing performances by: aggregate, line of business, sub-categories of population and by member level. Where appropriate, such measures are reported as counts, rates or ratio.

DBHS also has a standardized process of reporting performance measures to AHCCCS as required by AHCCCS AMPM Chapter 900 and enforced by DBHS Office of Contract Compliance. Except otherwise specified, DBHS Performance measures are reported to AHCCCS

on a quarterly basis. Each report is provided to AHCCCS in a specified reporting format and through a secure FTP server. Reports to AHCCCS include tables of scores expressed in counts, rates or ration and narrative descriptions of trends. Charts and graphs are also used to visually expatiate on the data and narrative provided. The data reported in tables, charts and graphs or narratives are reviewed during the Executive QM Committee meeting and reported to AHCCCS as a quarterly reporting requirement.

AHCCCS modified their new performance measures, and in some cases, the minimum performance standard (MPS), that were implemented in FY014. DBHS included the measures and the AHCCCS-established MPS and goals within its RBHA contracts. The updated DBHS BQ&I Specifications Manual (Attachment K), which was distributed on October 01, 2014, also addresses the updated measures for CY2015 as well as modifications to the Behavioral Health Service Plan and Behavioral Health Service Provision measures. DBHS has required the RBHAs to submit an analysis of their internal monitoring of the AHCCCS PMs. The report is due to OPI on a quarterly basis, 15 days prior to the DBHS report due date to AHCCCS. Trends, as well as nuances of the RBHA analysis, combined with the DBHS PM results are submitted to AHCCCS on the 30th of the month following the end of the quarter (see attachment C for the mandated AHCCCS reporting tool).

The current MPS and Goals for the **AHCCCS Behavioral Health PMs** are presented in the table below.

Measure	MPS	Goal	Methodology	Comments
BH Inpatient Utilization (days/1,000 member months)	TBD	TBD	HEDIS - IPU (Inpatient Utilization)	The PM rate will be reflective of an aggregate rate of days per 1,000 member months.
BH Emergency Department (ED) Utilization (visits/1,000 member months)	TBD	TBD	HEDIS - AMB (Ambulatory Care)	Only the ED visit portion of the methodology will be utilized for PM evaluation. The PM rate will be reflective of an aggregate rate of visits per 1,000 member months.
BH Hospital Readmissions	TBD	TBD	Adult Core, though for all members, including those under the age of 18	The ratio of the observed readmission rate to the average adjusted probability will serve as the reported PM rate. The PM rate will be reflective of an aggregate rate for all age groups included in the measure. Use the commercial risk tables outlined in HEDIS for this measure
Follow-Up After Hospitalization for Mental Illness (within 7 days)	50%	80%	Adult Core, though for all members, including those under the age of 18	Intentionally left blank.

Measure	MPS	Goal	Methodology	Comments
Follow-Up After Hospitalization for Mental Illness (within 30 days)	70%	90%	Adult Core, though for all members, including those under the age of 18	Intentionally left blank.
Access to Behavioral Health Provider within 7 days	75%	85%	See below.	While this is not a new measure, the service list that is used to determine the numerator has been revised to ensure timely and appropriate member care is being delivered.
Access to Behavioral Health Provider within 23 days	90%	95%	See below.	While this is not a new measure, the service list that is used to determine the numerator has been revised to ensure timely and appropriate member care is being delivered.

In collaboration with OIM, OPI will analyze encounter data to determine trends for each RBHA. PM results will be presented at the Executive QM Committee Meeting on at minimum a quarterly basis. OPI will monitor result trends by GSA, payer source, etc. Specific information and global trends will be shared internally during the Executive QM Committee Meeting as applicable; and externally to individual RBHAs, at the RBHA QM Coordinators Meeting, and will be included in the AHCCCS and DDD mandated quarterly reports. Trended information will be shared for potential action by the RBHA. Collected data will be submitted to AHCCCS and DES/DDD on a quarterly basis using the AHCCCS mandated reporting tool (Attachment C). Data analysis will be presented at the Executive QM Committee Meetings and to AHCCCS at least annually so that changes to the MPS and/or PMs can be made as necessary to assure that DBHS is capturing the appropriate information needed to improve performance. However, as a general rule, T/RBHA performance related to PM results are trended on a quarterly basis. T/ RBHAs not meeting or sustaining the MPS over two consecutive quarters will be placed on a CAP. The T/RBHAs will submit a CAP and quarterly updates on CAP results. Lack of improvement after the initiation of the CAP will be addressed with the DBHS Bureau of Compliance for consideration of more stringent actions including, but not limited to sanctions and contract terminations.
Significant statewide trends of low performance on measures will result in a collaborative DBHS-T/RBHA process whereby the BQ&I team will execute a FOCUS/PDSA cycle for the BQ&I to assist the T/RBHAs in developing systemic interventions to increase performance. BQ&I will work collaboratively with the Contractors in identifying opportunities for improvement in the RBHA-QM Coordinators meeting. Each contractor is thereafter required to design an intervention plan that is consistent with the PDSA methodology.

The performance measures are reported separately for the TXIX/XXI Adult and Child populations. Performance is also separately measured for members enrolled with the Arizona Department of Economic Security's Division of Developmental Disabilities (DES/DDD); as well as those children enrolled in the Comprehensive Medical and Dental Program (CMDP).

Performance measure results are reviewed by the DBHS Executive QM Committee before submission to DES/DDD and AHCCCS. After approval, results are shared with the public and stakeholders

through internal and external committees, such as the DBHS Contractor Compliance Committees, and by publishing aggregate statewide performance measure reports on the DBHS website in the DBHS Performance Framework and Dashboard. Statewide results and analysis of trends will be presented at the RBHA QM Coordinators Meeting for purpose of technical assistance.

AHCCCS has also mandated PMs for the GSA6 Integrated SMI RBHA. The PMs, **DBHS SMI Integration Performance Measures, beginning CYE 2014,** are in the tables below:

Measure	MPS	Goal	Methodology	Comments
1. Inpatient Utilization *(days/1,000 member months)*	TBD	TBD	HEDIS - IPU (Inpatient Utilization): Administrative	The PM rate will be reflective of an aggregate rate of days per 1,000 member months (ages 20+)
2. Emergency Department (ED) Utilization *(visits/1,000 member months)*	TBD	TBD	HEDIS - AMB (Ambulatory Care): Administrative	Only the ED visit portion of the methodology will be utilized for PM evaluation. The PM rate will be reflective of an aggregate rate of visits per 1,000 member months (ages 20+)
3. Hospital Readmissions *(within 30 days of discharge)*	TBD	TBD	Adult Core: Administrative	The ratio of the observed readmission rate to the average adjusted probability will serve as the reported PM rate. The PM rate will be reflective of an aggregate rate for all age groups included in the measure. Use the commercial risk tables outlined in HEDIS for this measure
4. Adult asthma Admission Rate	TBD	TBD	Adult Core: Administrative	The PM rate will be reflective of an aggregate rate for all age groups included in the measure
5. Use of Appropriate Medications for People with Asthma	86%	93%	HEDIS: Administrative	This measure will follow HEDIS methodology and will include members age 18-64. The PM rate will be reflective of an aggregate rate for all age groups included in the measure
6. Follow-up After Hospitalization (all cause) within 7 Days	50%	80%	Adult Core: Administrative	This measure will be for both mental health and physical health discharge diagnoses. The PM rate will be reflective of an aggregate rate for all hospitalizations
7. Follow-up After Hospitalization (all cause) within 30 Days	70%	90%	Adult Core: Administrative	This measure will be for both mental health and physical health discharge diagnoses. The PM rate will be reflective of an aggregate rate for all hospitalizations.
8. Comprehensive Diabetes Management: HbA1c Testing	77%	89%	Adult Core: Hybrid	Intentionally left blank.
9. Comprehensive Diabetes Management: LDL-C Screening	70%	91%	Adult Core: Hybrid	Intentionally left blank.
10. Comprehensive Diabetes Management: Eye Exam	49%	68%	HEDIS - CDC (Comprehensive Diabetes Care):Hybrid	Intentionally left blank.
11. Flu Shots for Adults: Ages 18-64	75%	90%	AHCCCS: Administrative	PM rate will be reflective of the number of members within the age group that received a flu shot during the study period. DBHS will utilize administrative and ASIIS data for this measure calculation.
12. Flu Shots for Ages: 65+	75%	90%	AHCCCS: Administrative	PM rate will be reflective of the number of members within the age group that received a flu shot during the study period. DBHS will utilize administrative and ASIIS data for this measure calculation.
13. Diabetes Admissions, short-term complications	TBD	TBD	Adult Core: Administrative	The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
14. Chronic obstructive pulmonary disease admissions	TBD	TBD	Adult Core: Administrative	The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
15. Congestive heart	TBD	TBD	Adult Core:	The PM rate will be reflective of an aggregate rate for all

Measure	MPS	Goal	Methodology	Comments
failure admissions			Administrative	age groups included in the measure.
16. Annual monitoring for patients on persistent medications: Combo Rate	75%	80%	Adult Core: Administrative	PM rate will be reflective of the percentage of Medicaid enrollees age 18 and older who received at least 180 treatment days of ambulatory medication therapy for select therapeutic agents during the measurement period and who received annual monitoring for the therapeutic agent in the measurement period.
17. Timeliness of prenatal care — prenatal care visit in the first trimester or within 42 days of enrollment	80%	90%	Children's Core: Hybrid	Intentionally left blank.
18. Postpartum Care Rate	64%	90%	HEDIS: Hybrid	Intentionally left blank.
19. Adult Access to Preventive/Ambulatory Health Services	75%	90%	HEDIS - AAP (Adults' Access to Preventive/ Ambulatory Health Services): Administrative	This measure will follow HEDIS methodology. Include members aged 18-19 as a separate stratification to ensure comprehensive oversight of all Integration members. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
20. Access to Behavioral Health Provider (encounter for a visit) within **7** days	75%	85%	AHCCCS: Administrative	Intentionally left blank.
21. Access to Behavioral Health Provider (encounter for a visit) within **23** days	90%	95%	AHCCCS: Administrative	Intentionally left blank.
22. EPSDT Participation	68%	80%	CMS 416 will be used: Administrative	Line 10
23. Breast Cancer Screening	50%	60%	Adult Core: Administrative	PM rate will be reflective of the percentage of Medicaid-enrolled women ages 50 to 74 who received a mammogram to screen for breast cancer during the study period.
24. Cervical Cancer Screening: Women Aged 21-64 With a Cervical Cytology Performed Every Three (3) Years	64%	70%	Adult Core: Administrative	PM rate will be reflective of the percentage of Medicaid-enrolled women ages 21 to 64 who were screened for cervical cancer using cervical cytology performed every 3 years.
25. Cervical Cancer Screening: Women Aged 30-64 with a Cervical Cytology/Human Papillomavirus (HPV) Co-Testing Performed Every Five (5) Years	64%	70%	Adult Core: Administrative	Percentage of Medicaid-enrolled women ages 30 to 64 who were screened for cervical cancer using cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
26. Chlamydia Screening in Women Aged 16-24	63%	70%	Adult Core: Administrative	PM rate will be reflective of the percentage of Medicaid-enrolled women ages 21 to 24 who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

Information related to the above PMs will be found in the EPSDT Adult and Performance Measure Monitoring Reports (Attachment C).

XI. Performance Improvement Projects

DBHS utilizes data derived from quality management activities in the development of Performance Improvement Projects (PIPs) per the AMPM Chapter 900 and *Policy 1002: Performance Improvement Projects* (Attachment F). DBHS may conduct PIPs for both clinical and non-clinical areas. The PIPs utilize structured methodologies as approved by AHCCCS for targeted improvement activities. Project topics are determined by AHCCCS, and/or through data collection and analysis to identify a systemic improvement need.

Data reviewed includes, at a minimum, appeal data, QOCs, performance measures and service utilization data. Projects are considered complete after improvement has been achieved and sustained for one year.

DBHS utilizes PIP data in the creation and dissemination of practice protocols, policy development, and quality improvement activities. Contractors are required to participate in any and all activities, including interim monitoring, related to the completion of the following PIPs:

AHCCCS-DBHS Current Collaborative Performance Improvement Projects E-Prescribing

Purpose

The purpose of this Performance Improvement Project is to increase the number of prescribers electronically prescribing prescriptions and to increase the percentage of prescriptions which are submitted electronically in order to improve patient safety.

Goal

In alignment with the payment reform e-prescribing initiative, the goal is to increase therefore the goal is to demonstrate a statistically significant increase in the number of providers submitting electronic prescriptions and the number of electronic prescriptions submitted then sustains the increase for one year. See QM Work Plan 2015 for additional information (Attachment A)

DBHS Internal Performance Improvement Project

DBHS has also moved forward with an additional PIP to enhance current process within DBHS along with enhancing information and deliverables provided to and from the T/RBHA's. The PIP follows the DBHS FOCUS-PDSA process as outlined in the above plan (See Attachment Q).

XII. Reporting Requirements

DBHS reports all AHCCCS performance data per the AHCCCS/DBHS contract deliverable schedule as defined by Contract#YH8-0002, Amendment 47 (October 1st 2013), DBHS requires all Contractors to report performance measures and other QM data at least quarterly.

DBHS QM Reporting to AHCCCS

1. Annual QM Plan/ Evaluation, Work Plan and Quality Management Plan Checklist
2. Annual Consumer Survey
3. Annual EPSDT Plan
4. Annual Maternity/Family Planning Services Plan
5. Annual Dental Plan
6. Semi-Annual Report of Number of Pregnant Women who are HIV/AIDS Positive
7. Performance Improvement Final Evaluation Report (including any new QM/PI activities implemented as a result of the project)
   (Performance Improvement Project Proposals and Interim Reports)
8. QM Quarterly Report (QOC Report)
9. Quarterly Credentialing Report
10. Quarterly EPSDT Improvement and Adult Quarterly Monitoring Report
11. Quarterly DDD/CMDP membership report and service delivery
12. Monthly Grievance System Report (Appeals and Claims Disputes)
13. Monthly Pregnancy Termination
14. Monthly Sterilization Report for Members under 21 Years of Age
15. Weekly QOC Report to AHCCCS
16. Corrective Action Plan for deficiencies noted in the:
    a. OMOR
    b. Admin Review
    c. QM/PI Plan
    d. Performance measures

DBHS Contractor QM Reporting

- Annual Contractor QM Plan, Work Plan and Evaluation, and Checklist
- Quarterly Performance Improvement Report
  - Data included: Complaints, Performance Measures, CAPs, other proxy data such as QOCs
- Quarterly Credentialing Report
- Monthly Complaint Logs
- Monthly Member Grievance Report (part of Monthly Grievance System Report)
- Annual Consumer Survey Report

DBHS QM also reviews data reports from other DBHS functional areas in the DBHS Executive QM Committee. The following functional area reports are data feeds for DBHS QM:

- Office of Grievance and Appeals Reports
- Adult and Child System of Care Reports
- DBHS Quality Management Administrative Review CAP Status Reports
- Office of Individual and Family Affairs Reports
- Other data as identified

DBHS ensures all deliverables are submitted to AHCCCS in a timely manner and are complete and error free. DBHS Contractors must submit timely, logical and error free reports to DBHS for the compilation of statewide reports to AHCCCS. DBHS QM reports are reviewed by the DBHS Leadership Team for approval prior to submission to AHCCCS.

XIV. List of Attachments

Below is a list of QM/PI attachments submitted to AHCCCS. It includes all of the relevant documents from all submissions.

A. FY2015 Quality Management Work Plan
B. FY2014 Quality Management Program Evaluation Summary
C. EPSDT Adult and Performance Measure Monitoring Reports
D. QOC and IAD Forms
E. Credentialing Tools
F. QM Policies and Procedures
G. DBHS QOC In-House Training Materials
H. FY2015 Plan and Work Plan – Executive QM Committee Approval by CMO
I. FY2015 Plan and Work Plan Approval – DBHS Leadership Team
J. FY2015 QM Plan Checklist
K. DBHS FY2015 BQ&I Specifications Manual
L. Medical Record Review Tool
M. FY2014 Annual Consumer Survey
N. BQ&I Organization Chart
O. Coordination of Care Performance Improvement Project (PIP)
P. Inpatient Readmissions Within 30 days (PIP)
Q. DBHS QOC/IAD Web Portal (PIP)
R. Desktop Protocols
S. Business Information Systems (BIS) Information
T. EPSDT MCH Coordination Survey
U. OMOR Tool