| **Contractor** |  | **Line of business** |   |
| --- | --- | --- | --- |

| **Requirement Source** | **AMPM Policy 920, Quality Management and Performance Improvement (QM/PI) Program Plan**  | **Location,** **Page # & Paragraph** | **Accepted*****(Yes/No/******NA/Other)*** | **Explanation if not accepted**  |
| --- | --- | --- | --- | --- |
| **General Requirements** |
| ***Instructions:*** *General requirements apply to the Contractor’s overall QM/PI Program Plan submission. Reporting shall be submitted annually, as specified in Contract. Submissions not adhering to the general requirements listed within this section of the checklist will be returned to the Contractor without additional review of other section requirements. Contractor submissions may be provided to the AHCCCS External Quality Review Organization (EQRO) with submitted information included within the annual External Quality Review (EQR) Report(s) and posted to the AHCCCS website.*  |
| AMPM Policy 920 | 1. The submission includes all of the required components of the Contractor’s QM/PI Program Plan including: the QM/PI Program Plan Attestation; Narrative (Plan Description), Work Plan Evaluation, and Work Plan; Health Disparity Summary & Evaluation Report; Engaging Members Through Technology (EMTT) – Executive Summary; and new (or substantially revised) relevant policies and procedures in accordance with AMPM 920. Polices that are not new or substantially revised but are referenced within the QM/PI Program Plan submission, shall also be included.
 |  |  |  |
| AMPM Policy 920 | 1. Each page includes a unique page number included within the footer.
 |  |  |  |
| AMPM Policy 920 | 1. Each document is titled in a manner that includes the *Contractor’s Name*, population/*Line(s) of Business* (for which the document applies), *Calendar Year* (year for which the document applies), and *Document Name.* The associated policy or reference number, where and when appropriate.
 |  |  |  |
|  | 1. The Contractor completed and signed the QM/PI Program Plan Attestation.
 |
| AMPM Policy 920 | * 1. The Contractor clearly documented that the QM/PI Program Plan (inclusive of the Work Plan and Work Plan Evaluation) is applicable to its Title XIX and Title XXI (KidsCare) populations, as applicable.
 |  |  |  |
| AMPM Policy 910 | * 1. Rationale for changes in the scope of the QM/PI Program (if changes were made) or an indication that no changes were made during the measurement year for which the evaluation is reflective.
 |  |  |  |
| AMPM Policy 910 | * 1. The QM/PI Program Plan (inclusive of the Work Plan and Work Plan Evaluation) and any applicable updates related to changes in the QM/PI Program scope have been reviewed by the Contractor’s governing or policy making body prior to submission to AHCCCS.
 |  |  |  |
| AMPM Policy 910 | * 1. Signatures of Executive Management (including, at a minimum, those of the Chief Medical Officer and the QM Manager/Director) are included within the submission, with an indication that the QM/PI Program Plan submission has been reviewed and approved, as written and submitted.
 |  |  |  |
| AMPM Policy 920 | 1. The Contractor identifies the specific area(s) within the QM/PI Program Plan submission that best support acceptance of each checklist item using the page number and one of the following within the *Location, Page # & Paragraph* column of the checklist: section name, section number, or line number(s).
 |  |  |  |
| AMPM Policy 920 | 1. *[First submission]* The Contractor has not added any text to the *Accepted Yes/No* and *Explanation If Not Accepted* columns of the checklist.
 |  |  |  |
| AMPM Policy 920 | 1. *[Subsequent submissions (if applicable)]* The Contractor has not altered the AHCCCS findings included within the *Explanation If Not Accepted* column. In addition, the Contractor included comments in the *Explanation If Not Accepted* column that are dated and follow those provided by AHCCCS within the most recent round of feedback.
 |  |  |  |
| AMPM Policy 920 | 1. Any associated policies (new, substantially revised, or referenced) and/or other supporting documents are identified within the *Location, Page # & Paragraph* column of the checklist for each specific checklist item and included within the Contractors submission. Only those identified will be considered as the basis for item acceptance.
 |  |  |  |
| **General Requirements Met** | [ ]  **Yes - Continue Review**[ ]  **No - Review Discontinued and Checklist Returned to Contractor to Address Identified Deficiencies**[ ]  **Other** |

| **Requirement Source** | **Quality Management and Performance Improvement (QM/PI) Plan**  | **Location,** **Page # & Paragraph** | **Accepted*****(Yes/No/******NA/Other)*** | **Explanation if not accepted**  |
| --- | --- | --- | --- | --- |
| **QM/PI Program Plan Checklist** |
| The QM/PI Program Plan shall include the objectives of the Contractor’s QM/PI Program and proposed approaches to meeting/exceeding the minimum Contractor standards and requirements (as specified in Contract and AMPM Chapter 900) as well as describe how program activities will improve the quality of care, service delivery, and member satisfaction. |
| **QM/PI Program Plan – Narrative Component** |
| ***Instructions****: Items listed within this section of the checklist apply to the language found within the Contractor’s QM/PI Program Narrative/Plan Description for the upcoming Calendar Year. Additional supporting documentation, outside of the QM/PI Program Narrative, may be considered in the AHCCCS review and acceptance process when the supporting documentation is referenced within the QM/PI Program Narrative and listed within the Location, Page # & Paragraph column of the specific checklist item. If the Contractor serves multiple populations/lines of business, the Contractor may submit one Program Plan Narrative across population/lines of business with language included specific to each population/line of business.* | **Location,****Page # & Paragraph** | **Accepted*****(Yes/No/******NA/Other)*** | **Explanation if not accepted** |
| **The Contractor’s QM/PI Program Plan Narrative includes:** |
| AMPM Policy 920  | 1. An explanation for how the Contractor’s QM/PI Program activities will improve the quality of care and service delivery for enrolled members.
 |  |  |  |
| AMPM Policy 910 | 1. An outline of how the Contractor’s QM/PI Program will be administered through a clear and appropriate administrative structure. (The governing or policy making body shall oversee and be accountable for the QM/PI Program.)
 |  |  |  |
| AMPM Policy 910  | 1. A description of how the local Chief Medical Officer (CMO)/designated Medical Director will be responsible for the implementation of the QM/PI Program Plan with details regarding the CMO/designated Medical Director’s level of involvement in the assessment and improvement of QM/PI Program activities.
 |  |  |  |
| AMPM Policy 910 | 1. An organizational chart that will delineate the reporting relationship of QM/PI Program staff to the Contractor’s local CMO/designated Medical Director and Chief Executive Officer (CEO).
 |  |  |  |
|  AMPM Policy 910 | 1. A description of how the Contractor will ensure ongoing communication and collaboration between the QM/PI Program staff and the other functional areas of the organization (including but not limited to: Medical Management, Member Services, and Case/Care Management).
 |  |  |  |
| AMPM Policy 910 | 1. A description of how the Contractor will obtain and incorporate provider/stakeholder/member engagement and feedback into its QM/PI Program activities.
 |  |  |  |
| AMPM Policy 910 | 1. A description of how the Contractor requires practitioners/providers to cooperate with quality improvement activities and allow the Contractor to utilize their performance measure data.
 |  |  |  |
| AMPM Policy 910 | 1. A description of the Contractor’s QM/PI Committee that will be responsible for the QM/PI Program functions and responsibilities. The Contractor shall include a description of how often the QM/PI Committee will meet, which shall be at a minimum of quarterly or more frequently, as needed.
 |  |  |  |
| AMPM Policy 910 | 1. A description of the roles and responsibilities of the: Governing or Policy Making Body, the Contractor’s Executive Management, the local CMO/designated Medical Director, the QM/PI Committee, and the QM/PI Program staff.
 |  |  |  |
| AMPM Policy 910 | 1. A description of the Contractor’s QM/PI Committee membership which shall include, at a minimum, the:
	1. Local CMO/designated Medical Director (as the chairperson of the committee) or an associate local Medical Director as the CMO’s/designated Medical Director’s designee, only when the CMO/designated Medical Director is unable to attend. (The local CEO may be identified as the co-Chair of the QM/PI Committee.)*,*
	2. QM/PI Manager(s),
	3. Representation from the functional areas within the organization,
	4. Representation of Contracted or affiliated providers serving AHCCCS members, and
	5. Appropriate clinical representatives.
 |  |  |  |
| AMPM Policy 910 | 1. A description of how the QM/PI Committee will develop procedures for QM/PI Program responsibilities and how each QM/PI Program function and activity will be clearly documented.
 |  |  |  |
| AMPM Policy 910 | 1. A description of how the QM/PI Committee will review and modify the QM/PI Program objectives, policies, and procedures at least annually, or more frequently (as necessary).
 |  |  |  |
| AMPM Policy 910 | 1. A description of how the QM/PI Committee will ensure that Contractor’s staff and providers will be informed of the most current QM/PI Program requirements, policies, and procedures.
 |  |  |  |
| AMPM Policy 910 | 1. A description of the process the QM/PI Committee will implement to ensure that providers are informed of their performance, including but not limited to: study results, AHCCCS contractual performance measures, profiling data, and medical record review results.
 |  |  |  |
| AMPM Policy 920 | 1. A detailed description of the process for the internal dissemination of QM/PI Program findings, work plans, and corrective action plans (CAPs) to appropriate staff and/or network providers, as well as the dissemination of pertinent information to AHCCCS and appropriate stakeholders.
 |  |  |  |
| AMPM Policy 910 and 950 | 1. A description of how the QM/PI Committee, Credentialing Committee, and Peer Review Committee will be responsible for oversight regarding delegated credentialing or re-credentialing decisions.
 |  |  |  |
| AMPM Policy 950 | 1. A description of the role of the Credentialing Committee and the local CMO/Medical Director’s (or designee) direct responsibility for oversight of the credentialing process.
 |  |  |  |
| AMPM Policy 910 | 1. A description of how the Contractor’s peer review process will improve the quality of care provided to members by practitioners and providers through analyzing and addressing clinical issues.
 |  |  |  |
| AMPM Policy 910 and 950 | 1. A description of the process that will be used by the Contractor to ensure subcontracted health plans, subcontractors, or delegated entities will establish policies and procedures that meet AHCCCS requirements, prior to contracting and credentialing.
 |  |  |  |
| AMPM Policy 950 | 1. A description of how participating Arizona Medicaid network providers are involved when making credentialing decisions.
 |  |  |  |
| AMPM Policy 950 | 1. A description of the primary source verification process that will be followed for initial credentialing when granting temporary/provisional credentialing. Providers listed in AMPM Policy 950-B shall be credentialed using the temporary/provisional credentialing process even if the provider does not specify temporary or provisional credentialling on their application.
 |  |  |  |
| AMPM Policy 950 | 1. A description of how the Contractor will retain the right to approve, suspend, or terminate any provider selected by a delegated entity (Applicable if the Contractor delegates any of the responsibilities for credentialing/re-credentialing or the selection of providers to another entity).
 |  |  |  |
| AMPM Policy 950 | 1. A description of the Contractor’s initial credentialing process for individual providers that will align with AMPM Policy 950 requirements.
 |  |  |  |
| AMPM Policy 950 | 1. A description of the Contractor’s recredentialing process for individual providers that will align with AMPM Policy 950 requirements.
 |  |  |  |
| AMPM Policy 950 | 1. A description of the Contractor’s initial assessment of organizational providers that will align with AMPM Policy 950 requirements.
 |  |  |  |
| AMPM Policy 950 | 1. A description of the Contractor’s reassessment of contracted organizational providers that will align with AMPM Policy 950 requirements.
 |  |  |  |
| AMPM Policy 950 | 1. A description of the Contractor’s temporary/provisional credentialing process for individual providers. The Contractor shall have policies and procedures that will address the granting of temporary/provisional credentials when it is in the best interest of members, so that providers can be available to deliver care prior to the completion of the entire credentialing process.
 |  |  |  |
| AMPM Policy 950 | 1. A description of how the Contractor will review and approve providers through its Credentialing Committee. The Contractor shall render a decision regarding temporary/provisional credentialing within 14 calendar days from receipt of a completed application.
 |  |  |  |
| AMPM Policy 940 | 1. A description of the processes that will ensure accurate medical record documentation, regardless of whether records are hard copy or electronic, and that subcontracted providers have the information required to monitor the effectiveness and continuity of physical and/or behavioral health care for members via:
 |
| 1. Onsite or electronic quality review,
 |  |  |  |
| 1. Initial and on-going monitoring of medical records,
 |  |  |  |
| 1. Review of health status, changes in health status, health care needs, and services provided, and
 |  |  |  |
| 1. Review of coordination of care activities.
 |  |  |  |
| AMPM Policy 910 | 1. A description of how members’ rights and responsibilities will be defined, implemented, and monitored.
 |  |  |  |
| AMPM Policy 940 | 1. A description of the process that will ensure the Primary Care Provider (PCP) maintain a comprehensive record that is inclusive of the requirements outlined in AMPM Policy 940.
 |  |  |  |
| AMPM Policy 910 and 940 | 1. A description of how the Contractor will ensure medical records and communication of clinical information for each member, reflects all aspects of member care, including ancillary and behavioral health services.
 |  |  |  |
| AMPM Policy 940 | 1. A description of the process and the methodologies that will be used by the Contractor to address medical records and will ensure providers maintain a legible medical record for each member, which will be well organized and kept up to date.
 |  |  |  |
| AMPM Policy 910 and 940 | 1. A description of the process for digital (electronic) signatures when electronic documents will be utilized.
 |  |  |  |
| AMPM Policy 910 | 1. A description of the Contractor’s requirements and process it will utilize to monitor that PCPs coordinate care with behavioral health providers, and/or refer for behavioral health care, when a potential behavioral health need is identified.
 |  |  |  |
| AMPM Policy 910 | 1. A description of the Contractor’s requirements and process it will utilize to monitor that behavioral health providers to coordinate care with the PCP and/or refer to the PCP when a physical health need is identified.
 |  |  |  |
| AMPM Policy 910 | 1. A description of the Contractor’s process and monitoring between behavioral health providers and PCPs to ensure coordination in the event that a physical or behavioral health practitioner witnesses a patient with suicidal ideation or at-risk behaviors. The description shall include the Contractor’s process to ensure all providers recognize the signs and symptoms of suicidal ideation and at-risk behaviors for children and adults regardless of mental health status.
 |  |  |  |
| AMPM Policy 1040 | 1. A description of the requirements and process it will utilize to monitor that PCPs to coordinate care with behavioral health providers for members with behavioral health needs and/or a serious mental illness (SMI) designation to help members engage/reengage with behavioral health services if the member has not had behavioral health services, as specified in AMPM Policy 1040.
 |  |  |  |
| AMPM Policy 1040 | 1. A description of the Contractor’s requirements and process it will utilize to ensure members seeking behavioral health services are engaged as identified in AMPM Policy 1040, Section B "Engagement".
 |  |  |  |
| AMPM Policy 1040 | 1. A description of the Contractor’s requirements and process it will utilize to ensure members are contacted for re-engagement of services according to the criteria identified in AMPM Policy 1040, Section C "Re-engagement".
 |  |  |  |
| AMPM Policy 910 | 1. A description of the process it will use to ensure that medication coordination occurs (bridge medications) when members are transitioning or transferring between systems (e.g., physical to behavioral or behavioral to physical).
 |  |  |  |
| AMPM Policy 910 | 1. A description of the process it will use to ensure monitoring of psychotropic medications, including monitoring of side effects, as required in AMPM 910 (e.g., metabolic side effects).
 |  |  |  |
| AMPM Policy 962 | 1. A description of the process it will use to ensure Seclusion and Restraint processes are utilized only to the extent permitted and in compliance with AMPM Policy 962, A.A.C. R9-10-225, A.A.C. R9-10-316, and A.A.C. R9-21-204.
 |  |  |  |
|  | 1. A description of the process that will be implemented to ensure providers utilize the Controlled Substances Prescription Monitoring Program (CSPMP).
 |  |  |  |
| AMPM Policy 320-R | 1. A description of the process that it will utilize to ensure members with a SMI are screened and referred for special assistance (as specified in AMPM Policy 320-R).
 |  |  |  |
| AMPM Policy 910 | 1. A description of how the Contractor will evaluate an entity’s ability to perform the delegated activities prior to delegation.
 |  |  |  |
| AMPM Policy 910 | 1. A description of how delegated activities will integrate into the overall QM/PI Program and the Contractor’s methodologies to conduct oversight and ensure accountability of all delegated functions.
 |  |  |  |
| AMPM Policy 910 | 1. A description of how the Contractor will incorporate and evaluate information from delegated entities for the purposes of tracking, trending, reporting, and re-credentialing, as well as for process improvement.
 |  |  |  |
| AMPM Policy 910 | 1. A description of the process that will be utilized to review and monitor the services/service sites by the Contractor’s QM staff in accordance with the timing outlined in AMPM Exhibit 910-A. Monitoring will include, but is not limited to: performance, utilization, member/provider satisfaction, quality of services provided, and Quality of Care (QOC) concerns.
 |  |  |  |
| AMPM Policy 910 and 961 | 1. A description of the process by which the Contractor will report incidents of healthcare acquired conditions, abuse, neglect, exploitation, injuries, suicide attempts, and unexpected death to AHCCCS.
 |  |  |  |
| AMPM Policy 910 and 961 | 1. A description of the process by which the subcontracted health plans, delegated entities, and subcontractors (when applicable) will report incidents of healthcare acquired conditions, abuse, neglect, exploitation, injuries, suicide attempts, and unexpected death to the Contractor.
 |  |  |  |
| AMPM Policy 910 | 1. A description of the process that will be utilized to ensure all of the Contractor’s and subcontracted health plan (when applicable per Contract) staff will be trained on how to refer suspected QOC concerns to the Quality Management Team. This training shall be provided during new employee orientation (no later than 30 days after the date of hire) and, at a minimum, annually thereafter.
 |  |  |  |
| AMPM Policy 960 | 1. A description of the process that will ensure confidentiality of all member information.
 |  |  |  |
| AMPM Policy 960 | 1. A description of the process for the written acknowledgement of receipt of QOC concerns, sent to the member or provider, will explain the process that will be followed in resolving the member’s concern.
 |  |  |  |
| AMPM Policy 960 | 1. A description of the process that will inform the member or provider of all applicable mechanisms for resolving QOC concerns external to the Contractor’s process.
 |  |  |  |
| AMPM Policy 960 | 1. A description of documentation that will be required for each QOC concern raised, including when and from whom a QOC concern is received, and the projected time frame for resolution.
 |  |  |  |
| AMPM Policy 960 | 1. A description of the process that will be utilized to review, evaluated, and resolve QOC concerns and service issues raised by members/Health Care Decision Makers, contracted providers, and stakeholders. All issues shall be addressed regardless of source (external or internal).
 |  |  |  |
| AMPM Policy 960 and ACOM Policy 446  | 1. A description of how the Contractor will determine whether a concern will be resolved through the Contractor’s established:
 |
|  | 1. Quality Management process,
 |  |  |  |
|  | 1. Grievance and Appeals process,
 |  |  |  |
|  | 1. Process for making initial determinations on coverage and payment issues,
 |  |  |  |
|  | 1. Process for resolving disputed initial determinations, and
 |  |  |  |
|  | 1. SMI Grievance and Appeal process (when applicable).
 |  |  |  |
| AMPM Policy 960 | 1. A description of the process that will assist members or providers, as needed, to complete forms or take other necessary actions to obtain resolution of QOC concern.
 |  |  |  |
| AMPM Policy 960 | 1. A description of how the Contractor will document all processes that will be implemented to ensure complete resolution of each complaint, grievance, or appeal (including detailed steps used during the investigation and resolution stages).
 |  |  |  |
| AMPM Policy 960 and 961 | 1. A description of the process that will analyze QOC concerns through:
 |
|  | 1. Identification of the QOC concerns (either through incident, accident, and deaths reporting via the QM Portal or other means),
 |  |  |  |
|  | 1. Initial assessment for severity of the QOC concerns,
 |  |  |  |
|  | 1. Prioritization of action(s) needed to resolve immediate care needs, when appropriate,
 |  |  |  |
|  | 1. Review of trend reports obtained from the Contractor’s QOC data system to determine possible trends related to the provider(s),
 |  |  |  |
|  | 1. Research, including but not limited to: a review of the log of events, documentation of conversation, and medical records review, mortality review, etc.,
 |  |  |  |
|  | 1. Quantitative and qualitative analysis of the research, which shall include root cause analysis, and
 |  |  |  |
|  | 1. Direct interviews of members, direct care staff, and witness to a reportable event, when applicable and appropriate.
 |  |  |  |
| AMPM Policy 960 | 1. A description of the process will be utilized to refer a concern to the Contractor’s Peer Review Committee, when appropriate.
 |  |  |  |
| AMPM Policy 960 | 1. A description of how the Contractor will report and document concerns to the appropriate regulatory agency(s), including but not limited to Department of Child Safety (DCS), Adult Protective Services (APS), Arizona Department of Health Services (ADHS), the Attorney General’s Office, law enforcement, AHCCCS/Office of the Inspector General (OIG), and AHCCCS/DHCM, QM for further research, review, or action.
 |  |  |  |
| AMPM Policy 960 | 1. A description of the process that will be utilized to document the criteria and closure process for QOC reviews and investigations, including but not limited to the following:
 |
|  | 1. A description of the QOC concerns, including new allegations identified during the investigation/review process,
 |  |  |  |
|  | 1. The substantiation and the severity level for each allegation as well as the case overall. The substantiation and severity level shall be congruent with definitions found in the QM Portal,
 |  |  |  |
|  | 1. Written response, or summary of the documents, received from referrals made to outside agencies such as accrediting bodies or Medical Examiner, and
 |  |  |  |
|  | 1. Interventions imposed as part of the investigation (such as education, root/cause analysis, ongoing monitoring).
 |  |  |  |
| AMPM Policy 960 | 1. A description of the process that will be utilized to provide resolution of the QOC concern. (Member and system resolutions may occur independently from one another.)
 |  |  |  |
| AMPM Policy 960 | 1. A description of the process that will be utilized to assure action will be taken specific to QOC Concern CAPs, including but not limited to:
 |
|  | 1. Developing an action plan to reduce/eliminate the likelihood of the concern reoccurring,
 |  |  |  |
|  | 1. Determining, implementing, and documenting appropriate interventions,
 |  |  |  |
|  | 1. Following up to ensure implementation of CAP/intervention has been completed by the provider,
 |  |  |  |
|  | 1. Monitoring and documenting the success of the interventions,
 |  |  |  |
|  | 1. Incorporating interventions into the Contractor’s QM Program, if successful, and
 |  |  |  |
|  | 1. Implementing new intervention/approaches, when necessary.
 |  |  |  |
| AMPM Policy 960 | 1. A description of how the Contractor will report to the AHCCCS QM Team whenever an adverse action is taken with a provider due to a QOC concern in accordance with AMPM 960.
 |  |  |  |
| AMPM Policy 960 | 1. A description of the Contractor’s process that will be utilized to notify the appropriate regulatory/licensing board or agency, the AHCCCS QM Team, and the National Practitioner Data Bank when a provider is suspended or terminated because of QOC concerns as outlined in Contract.
 |  |  |  |
| AMPM Policy 960  | 1. A description of how the Contractor will track and trend QOC concerns for quality improvement.
 |  |  |  |
| AMPM Policy 920 and 960 | 1. A description of how the Contractor will develop work plans for taking appropriate corrective actions to improve care if QOC concerns are identified. This description shall specify:
 |
|  | 1. The concern(s) that require corrective action, and
 |  |  |  |
|  | 1. The person or body responsible for making the final determination regarding quality concerns.
 |  |  |  |
| 42 CFR 438.242 and AMPM Policy 910 | 1. A description of how the Contractor will utilize its Health Information System to collect, integrate, analyze, validate, and report data necessary to implement the Contractor’s QM/PI Program.
 |  |  |  |
| AMPM Policy 910 andAHCCCS Minimum Subcontract Provisions | 1. A description of how the Contractor will implement mechanisms to monitor provider compliance with policies, training, and signage requirements aimed at preventing and reporting abuse, neglect, and exploitation as specified in the AHCCCS Minimum Subcontract Provisions and Contract.
 |  |  |  |
| AMPM Policy 910 and AHCCCS Minimum Subcontract Provisions | 1. A description of how the Contractor will monitor and oversee activities to ensure that providers have conducted the pre-hire (and annually thereafter) search of the APS Registry as required in the AHCCCS Minimum Subcontract Provisions.
 |  |  |  |
| AMPM Policy 910 and 960 | 1. A description of how the Contractor will ensure that all QM clinical staff:[[1]](#footnote-2)
 |
|  | 1. Who conduct onsite reviews when there is a health and/or safety concern identified are trained in QOC investigations,
 |  |  |  |
|  | 1. Are trained on QOC investigations prior to performing these investigations,
 |  |  |  |
|  | 1. Who may perform investigations onsite complete training on how to conduct the investigation and avoid interference with substantiation and/or prosecution, and
 |  |  |  |
|  | 1. Who may investigate alleged incidents in intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), skilled nursing facilities, assisted living facilities, and group homes complete training on how to conduct investigations considering the specific special needs of individuals with intellectual and developmental disabilities.
 |  |  |  |
| AMPM Policy 960 andAHCCCS Minimum Subcontract Provisions | 1. A description of the Contractor’s process that will ensure appropriate actions will be taken, when needed, as a result of an investigation, including:
 |
|  | 1. Taking immediate action to ensure the health and safety of all members receiving services at the facility or provider site,
 |  |  |  |
|  | 1. Ensuring incident resolution and identifying any immediate care or recovery needs,
 |  |  |  |
|  | 1. Developing work plans and CAPS to ensure placement setting or service site compliance with ADHS Licensure and/or AHCCCS requirements, including but not limited to policy, training, and signage requirements aimed at preventing and reporting abuse, neglect, and exploitation as specified in the AHCCCS Minimum Subcontract Provisions,
 |  |  |  |
|  | 1. Conducting scheduled and unscheduled monitoring of placement setting or service sites that are in an immediate jeopardy status, have serious identified deficiencies that may affect health and safety of members, or as directed by AHCCCS,
 |  |  |  |
|  | 1. Assisting in the identification of technical assistance resources focused on achieving and sustaining regulatory compliance,
 |  |  |  |
|  | 1. Determining, implementing, and documenting all appropriate interventions including an action plan to reduce or eliminate the likelihood of the concern reoccurring,
 |  |  |  |
|  | 1. Monitoring and documenting the success of interventions,
 |  |  |  |
|  | 1. Monitoring placement settings or service sites upon completion of the activities and interventions to ensure that compliance is sustained,
 |  |  |  |
|  | 1. Incorporating interventions into the Contractor’s QM program plan if successful, and
 |  |  |  |
|  | 1. Implementing new interventions and approaches, when necessary.
 |  |  |  |
| AMPM 960 | 1. A description of the process the Contractor will have in place to track and respond to QM Portal inquiries, formal requests for information, formal objections, and formal recommendations from the Independent Oversight Committee (IOC).
 |  |  |  |
| AMPM Policy 910 | 1. A description of how information and data gleaned from the Contractor’s QM Program monitoring and evaluation activities, including trends in QOC concerns, may be used to develop performance improvement projects.
 |  |  |  |
| AMPM Policy 910 | 1. A description of how the Contractor’s planned activities will meet or exceed performance standards and goals related to AHCCCS contractual performance measures and performance improvement projects.
 |  |  |  |
| 42 CFR 438.330,AMPM Policy 920, 970, and 980 | 1. A description of the process that will be utilized to develop, implement, and refine interventions (incorporating evidence-based practices), that result in significant improvement in its performance, sustained over time, for AHCCCS contractual performance measures and performance improvement projects.
 |  |  |  |
| AMPM Policy 910 and 980 | 1. A description of the process that will be utilized to identify goals/objectives and implement interventions that are meaningful, specific, and applicable to the population/line of business served.
 |  |  |  |
| AMPM Policy 920, 970, and 980 | 1. A description of the quality improvement tools that will be utilized (in addition to the PDSA cycle) to identify the root cause(s) of a deficiency.
 |  |  |  |
| AMPM Policy 920 | 1. A description of the Contractor’s process to develop an evidence-based corrective action plan that will utilize the PDSA cycle to test change(s) and refine interventions, with repeated cycle(s) conducted until measurable goals/targets are achieved when the Contractor’s performance does not meet AHCCCS performance standards.
 |  |  |  |
| AMPM Policy 920 | 1. A description of the process that will be utilized to evaluate the effectiveness of interventions and other follow up activities, inclusive of routine monitoring.
 |  |  |  |
| AMPM Policy 970  | 1. A description of the process that will be utilized to ensure inter-rater reliability in the Contractor’s review and auditing efforts, including but not limited to: hybrid performance measure data collection, data review, and data entry.
 |  |  |  |
| AMPM Policy 920 and 970 | 1. A description of the process that will be utilized to measure and report the Contractor’s performance for AHCCCS contractual performance measures to AHCCCS, in alignment with the format and methodology outlined in Contract and Policy.
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| 42 CFR 438.330 and AMPM Policy 970 | 1. A description of how the Contractor will incorporate the results of the AHCCCS contractual performance measures to evaluate and update its QM/PI Program.
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| **QM/PI Program Plan – Work Plan Evaluation Component** |
| ***Instructions****: The Contractor shall include a QM/PI Program Work Plan Evaluation that provides a detailed analysis of the Contractor’s progress in meeting the AHCCCS performance measure standards, as well as a determination of the effectiveness of strategies and interventions in relation to the goals and objectives specified in Contractor’s Work Plan for the associated timeframe. If the Contractor serves multiple populations/lines of business, the Contractor shall submit a Work Plan Evaluation specific to the population/line of business being submitted.* | **Location,****Page # & Paragraph** | **Accepted*****(Yes/No/******NA/Other)*** | **Explanation if not accepted** |
| **The Contractor’s QM/PI Program Work Plan Evaluation includes:** |
| AMPM Policy 970 | 1. A completed *Performance Measure Monitoring Report & and Work Plan/Work Plan Evaluation Template and Attachment* for the previous Calendar Year. For each AHCCCS-required performance measure included in the *Performance Measure Monitoring Report & and Work Plan/Work Plan Evaluation Attachment*, the Contractor included a measurable goal/objective and the rate achieved for the applicable Calendar Year.
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| **The Contractor’s QM/PI Program Work Plan Evaluation Template includes:** |
| AMPM Policy 920 | 1. Detailed explanations of implemented interventions and activities conducted during the previous Calendar Year.
 |  |  |  |
| AMPM Policy 920 | 1. Evaluation and analysis of identified work plan goals inclusive of baseline data and outcomes (utilizing qualitative and quantitative data), identification of noted trends, and a statement describing if the Contractor’s goals/objectives were or were not met.
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| AMPM Policy 920 | 1. For performance measures on a CAP, the Contractor included:
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| 1. Indication if the goal/objective was or was not met,
 |  |  |  |
| 1. An analysis of the results,
 |  |  |  |
| 1. Identified barriers,
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| 1. Identified opportunities for improvement,
 |  |  |  |
| 1. A summary of next steps (action plan),
 |  |  |  |
| 1. The status of the identified interventions, and
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| 1. All performance measure related PDSA cycles initiated, updated, and/or refined (during the previous Calendar Year) as part of the Contractor’s ongoing monitoring and evaluation activities.
 |  |  |  |
| AMPM Policy 920 | 1. A description of how the Contractor’s activities related to achieving and sustaining identified goal(s)/objective(s) will be incorporated into the Contractor’s ongoing business practice.
 |  |  |  |
| AMPM Policy 920 | 1. Actions to be taken for improvement, including the identification of barriers, should an identified goal or objective not be met (e.g., implementation of a CAP).
 |  |  |  |
| AMPM Policy 920 | 1. Documentation of continued routine monitoring (including detailed data and analysis) to evaluate the effectiveness of the interventions and other follow up activities in relation to identified goals/objectives and AHCCCS performance standards.
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| **QM/PI Program Plan – QM/PI Program Work Plan Component** |
| ***Instructions****: The Contractor shall include a QM/PI Work Plan for the upcoming Calendar Year that formally documents the QM/PI Program objectives, strategies, and activities proposed to meet or exceed the standards and requirements included in Contract, as well as AMPM Chapter 900, Quality Management and Performance Improvement Program. If the Contractor serves multiple populations/lines of business, the Contractor shall submit a Work Plan specific to the population/line of business being submitted.* | **Location,****Page # & Paragraph** | **Accepted*****(Yes/No/******NA/Other)*** | **Explanation if not accepted** |
| **The Contractor’s QM/PI Program Work Plan includes:** |
| AMPM Policy 920 | 1. Identified goals and objectives related to clinical (physical and behavioral health) and/or non-clinical care areas that the Contractor will utilize to determine if its QM/PI Program meets or exceeds established goals/objectives and complies with QM/PI requirements in Contract as well as all components of AMPM Policies 910-980. The goals shall be meaningful, specific, and applicable to the identified population/line of business.
 |  |  |  |
| AMPM Policy 920 | 1. Identified goal(s) and objective(s) which are both realistic and measurable for each included activity and project. These goals and objectives shall be based on AHCCCS performance standards [NCQA Medicaid Mean/CMS Medicaid Median (for select CMS Core Set only measures)].
 |  |  |  |
| AMPM Policy 920 | 1. The development of new goals and objectives that continue the Contractor’s improvement efforts once a goal or objective has been achieved and sustained.
 |  |  |  |
| AMPM Policy 920 | 1. In cases where the NCQA Medicaid Mean or CMS Medicaid Median (for select CMS Core Set only measures) have been met, identified goals or objectives that continue the Contractor’s improvement efforts are utilized to establish the program’s measurable goals/objectives. This may include utilizing percentile/quartile data established by NCQA or CMS.
 |  |  |  |
| AMPM Policy 910, 920, and 980 | 1. An outline of QM/PI Program strategies and activities intended to meet or achieve the identified goals and objectives inclusive of interventions that are meaningful, specific, and applicable to the identified population/line of business.
 |  |  |  |
| AMPM Policy 920 | 1. Targeted start and completion dates for included interventions and activities.
 |  |  |  |
| AMPM Policy 920 | 1. Staff positions responsible and accountable for meeting each of the established goals and objectives.
 |  |  |  |
| AMPM Policy 920 | 1. Methodology for measuring the Contractor’s progress in meeting identified goals/objectives, including the frequency of monitoring and evaluation of results.
 |  |  |  |

| **Requirement Source** | **Quality Management and Performance Improvement (QM/PI) Program Plan Submission** | **Location,** **Page # & Paragraph** | **Accepted*****(Yes/No/******NA/Other)*** | **Explanation if not accepted**  |
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| **Health Disparity Summary & Evaluation Report** |
| ***Instructions:*** *The Contractor shall include a Health Disparity Summary & Evaluation [as a stand-alone document(s), specific to each line of business] that provides 1.) an analysis of the effectiveness of implemented strategies and interventions in meeting its health equity goals and objectives during the previous Calendar Year, 2.) a detailed overview of the Contractor’s identified health equity goals/objectives for the upcoming Calendar Year, and 3.) targeted strategies/interventions planned for the upcoming Calendar Year to achieve its goals. If the Contractor serves multiple populations/lines of business, the Contractor may submit one Health Disparity Summary & Evaluation Report across lines of business with language and findings included specific to each population and line of business.* | **Location,** **Page # & Paragraph** | **Accepted*****(Yes/No/******NA/Other)*** | **Explanation if not accepted**  |
| **The Contractor’s Health Disparity Summary & Evaluationincludes:** |
| AMPM Policy 920 | 1. A description of the process utilized to conduct disparity analyses including the analytical tools and the methodology for identifying disparities based on demographics, social risk factors, Geographic Service Areas (GSA), county, applicable member designations, and/or other factors identified by the Contractor.
 |  |  |  |
| AMPM Policy 920 | 1. Disparity analysis findings (with associated data) inclusive of identified disparities, associated projects/activities meant to ameliorate the disparity(s), and related measurable goals/objectives.
 |  |  |  |
| AMPM Policy 920 | 1. A detailed evaluation of disparity analysis findings, progress on targeted strategies/interventions meant to ameliorate the disparity(s), and progress towards identified goals/objectives.
 |  |  |  |
| AMPM Policy 920 | 1. A detailed evaluation (with associated data) of performance measure rates specific to subpopulations including Title XIX, Title XXI, members with special health care needs [EPSDT, maternal, behavioral health category, and Children’s Rehabilitative Services (CRS) designated members], as applicable to population/line of business.
 |  |  |  |
| AMPM Policy 920 | 1. A detailed overview of the Contractor’s identified measurable health equity goals/objectives for the upcoming Calendar Year.
 |  |  |  |
| AMPM Policy 920 | 1. Targeted strategies/interventions planned for the upcoming Calendar Year to achieve its health equity goals.
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| **Requirement Source** | **Quality Management and Performance Improvement (QM/PI) Program Plan Submission** | **Location,** **Page # & Paragraph** | **Accepted*****(Yes/No/******NA/Other)*** | **Explanation if not accepted**  |
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| **Engaging Members Through Technology – Executive Summary** |
| ***Instructions:*** *The Contractor shall provide a report specifying the Contractor’s strategic plan for the upcoming Calendar Year to engage and educate its membership, as well as improve access to care and services, through telehealth services and through web-based applications intended to assist members with self-management of health care needs such as chronic conditions, pregnancy, social determinants of health resources, or other health related topics the Contractor considers to be most beneficial to members. This may include mobile device technologies, health applications, member outreach, and similar web-based applications; however, references to the Contractor’s website does not meet criteria and should not be included. If the Contractor serves multiple populations/lines of business, the Contractor may submit one EMTT – Executive Summary across lines of business with language and findings included specific to each population and line of business.* | **Location,** **Page # & Paragraph** | **Accepted*****(Yes/No/******NA/Other)*** | **Explanation if not accepted**  |
| AMPM Policy 920 | 1. The submission includes separate analysis and discussion for telehealth services and web/mobile-based applications within its submission.
 |  |  |  |
| AMPM Policy 920 | 1. An evaluation of the Contractor’s previous Calendar Year EMTT activities inclusive of:
 |
| 1. The percent of members engaged through telehealth services and through web/mobile-based applications in comparison to total membership, and
 |  |  |  |
| 1. Supporting data for member-related Outcomes in comparison to identified goals and objectives.
 |  |  |  |
| AMPM Policy 920 | 1. Criteria for identifying and targeting members who can benefit from telehealth services and from web/mobile-based applications, including but not limited to:
 |
| 1. The identification of populations who can benefit from telehealth services to increase access to care and services, including discussion related to members who live in rural/otherwise underserved areas, and
 |  |  |  |
| 1. The identification of populations who can benefit from web/mobile based applications.
 |  |  |  |
| AMPM Policy 920 | 1. A description of the strategies utilized to identify and outreach members who can benefit from telehealth services and web/ mobile-based applications (as identified in the checklist item above), yet, do not have access (or limited access) to the technology necessary to utilize telehealth services or web/mobile-based applications.
 |  |  |  |
| AMPM Policy 920 | 1. A description of telehealth services and web/mobile-based applications in development and currently being utilized to engage members.
 |  |  |  |
| AMPM Policy 920 | 1. Strategies used to engage the identified members in the use of telehealth services and web/mobile-based applications.
 |  |  |  |
| AMPM Policy 920 | 1. A description of desired goals and outcomes for telehealth services and for each web/mobile-based application currently being utilized to engage members, including how the desired outcome will be measured and directly impact the overall quality of and/or access to care for the identified population(s).
 |  |  |  |
| AMPM Policy 920 | 1. The percent of members anticipated to engage through telehealth services and through web/mobile-based applications during the upcoming Calendar Year based on the identified strategies and related goals/objectives.
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| **Associated Review of Policies (New or Substantially Revised)** |
| ***Instructions:*** *The Contractor is to provide a list of the new (or substantially revised) relevant policies submitted as part of the QM/PI Program Plan submission. Polices that are not new or substantially revised, but are referenced within the QM/PI Program Plan submission, shall also be included. Within this section of the checklist, the Contractor shall stipulate each policy number and name, as well as the location of the policy reference within the QM/PI Program Plan submission. Policies are to be listed in alphanumeric order. Should the Contractor submit a document that is inclusive of multiple policies, the Contractor shall include the policy name and associated page number for each applicable policy. Rows may be added to accommodate the number of policies included within the Contractor’s QM/PI Program Plan submission.* |
| **Policy Number** | **Policy Name** | **Location** | **Accepted*****(Yes/No/******NA/Other)*** | **Explanation If Not Accepted** |
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| **General Feedback Provided by AHCCCS** |
| ***Instructions:*** *This section is to be completed by AHCCCS when providing general or overarching feedback related to the Contractor’s QM/PI Program Plan submission.* |
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1. Item revised to enhance flow. [↑](#footnote-ref-2)