

## 910 – QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM SCOPE

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03/01/18, 11/15/18, 07/16/20, 04/27/21, 05/19/22, 07/06/23, 06/13/24,  
09/05/25

### I. PURPOSE

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

### II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

### III. POLICY

#### A. QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM

1. The Contractor shall establish and implement a QM/PI Program that includes at least the following elements [42 CFR 438.330(b)]:
  - a. Performance Improvement Projects (PIP)s,
  - b. Collection and submission of performance measurement data,
  - c. Mechanisms to detect both under and overutilization of services, and
  - d. Mechanisms to assess the quality and appropriateness of care furnished to members with special health care needs.
  
2. For Contractors providing Long-Term Services and Supports (LTSS), the Contractor's QM/PI Program shall also include [42 CFR 438.330(b)(5)]:
  - a. Mechanisms to assess the quality and appropriateness of care furnished to members using LTSS, including assessment of care between care settings and a comparison of services and supports received with those set forth in the member's treatment/service plan, if applicable, and
  - b. Participation in efforts by the State to prevent, detect, and remediate critical incidents that are based, at a minimum, on the requirements of the State for home and community-based waiver programs.

**B. QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM COMPONENTS**

1. The Contractor shall adhere to the QM/PI Program requirements as specified in Contract and AMPM Chapter 900. As part of the QM/PI Program, the Contractor shall:
  - a. Demonstrate that members' rights and responsibilities are defined, implemented, and monitored,
  - b. Ensure that medical records and communication of clinical information for each member reflect all aspects of member care, including ancillary and behavioral health services, as specified in AMPM Policy 940. Supporting policies shall include processes for digital (electronic) signatures when electronic documents are utilized,
  - c. Conduct temporary/provisional, initial, and recredentialing processes for individual and organizational providers in accordance with the requirements as specified in AMPM Policy 950,
  - d. Implement a process for tracking and trending Quality of Care (QOC) concerns, service issue resolutions, and grievance and appeals that meet the standards as specified in AMPM Policy 960, 42 CFR 438.400, and 42 CFR 438.242 et seq.,
  - e. Develop and implement planned activities to meet or exceed AHCCCS' Performance Measure Performance Standards (PMPS), as specified in Contract, required by AMPM Policy 970, and PIP goals, as required by AMPM Policy 980,
  - f. Implement processes to review and evaluate its quality improvement data for accuracy, completeness, logic, and consistency as well as trend quality improvement data to identify potential areas for improvement,
  - g. Evaluate performance measure and PIP results based on a number of demographics (including those required by AHCCCS) in order to reduce, to the extent practical, health disparities, such as: age, race, ethnicity, sex, primary language, disability status, location [e.g., Geographic Service Area (GSA), county, rural, urban], placement, applicable member designations [e.g., Children's Rehabilitative Services (CRS) and behavioral health], and other applicable demographic and Social Determinants of Health (SDOH) factors that may not be required as part of the associated performance measure specifications,
  - h. Identify goals/objectives and implement interventions that are meaningful, specific, and applicable to the line(s) of business/population(s) and subpopulations served,
  - i. Ensure and demonstrate ongoing communication and collaboration between the QM/PI Program and other functional areas of the organization including, but not limited to: Medical Management, Member Services, Behavioral Health, Provider Relations, Grievance and Appeals, Fraud, Waste and Abuse, Case Management, etc.,
  - j. Demonstrate the obtainment and incorporation of input from AHCCCS members, stakeholders, advocates, and contracted providers in matters related to the QM/PI Program activities,
  - k. Develop and implement a process for monitoring the quality and coordination between physical and behavioral health services. The process shall include procedures utilized to ensure timely updates occur between Primary Care Physicians (PCPs) and behavioral health providers regarding a member's change in health status. The updates shall include, but are not limited to:
    - i. Diagnosis of chronic conditions,

- ii. Changes in physical and/or behavioral health condition or diagnosis,
- iii. Support for the petitioning process, if applicable, and
- iv. Transition to or from an ACC-RBHA (based on Serious Mental Illness (SMI) designation), when appropriate. Refer to ACOM Policy 402 and AMPM Policy 520 for requirements surrounding member transition. This could include transitions for:
  - 1) Qualifying opt-out conditions,
  - 2) Inter-ACC-RBHA transfers across GSA,
  - 3) Intra-ACC-RBHA transfer provider to provider but across county, within same GSA, and
  - 4) All medication prescribed, and/or changes made in medication or dosage.
- l. Promote timely engagement and appropriate service levels for adult members, as well as enrolled youth and caregivers,
- m. Identify, monitor, and implement interventions for High Needs/High Cost (HN/HC) members to ensure appropriate and timely service provision for behavioral and/or physical health needs,
- n. Identify protocol/practices to monitor appropriate use of methodologies for screening/identification of high needs adult members, and maintain policies for monitoring and documentation of ongoing implementation for AHCCCS review,
- o. Identify standards for adults with an SMI diagnosis for all levels of service intensity (e.g., levels of care/case management),
- p. Establish mechanisms to connect members and families to family run organizations,
- q. Provide training and monitoring for provider use of Substance Abuse Mental Health Services Administration (SAMHSA) Fidelity Tools including Assertive Community Treatment, Supported Employment, Supportive Housing, and Consumer Operated Services,
- r. Provide training for clinical and general staff (including front office staff) on eligibility and use of services available for substance use prevention and/or treatment through funds available for individuals that are Non-Title XIX/XXI eligible including but not limited to Substance Use Block Grant (SUBG) and Mental Health Block Grant (MHBG) funding, as specified in AMPM Policy 320-T1,
- s. Promote evidence-based practices in Substance Use Disorder (SUD) treatment services,
- t. Develop a process to identify and refer youth and young adults to the behavioral health system when identified as having a diagnosed SUD,
- u. Ensure the implementation and completion of American Society of Addiction Medicine (ASAM) criteria (most current edition at the time of service) in SUD assessments, service planning, and level of care placement, and monitor fidelity of ASAM implementation in accordance with AHCCCS directed phased in approach,
- v. Develop a process to increase and promote physical health care providers' knowledge of health-related topics including substance use screening, overdose reversal medications, and Medication Assisted Treatment (MAT) options available to members,
- w. Promote suicide prevention (following the Zero Suicide Model) to support the identification and referral of members in need of behavioral health/crisis services. Promotion and referral should include, but not be limited to:
  - i. Community members,

- ii. Physical health providers,
  - iii. Behavioral health providers,
  - iv. Interested stakeholders, and
  - v. Agencies that serve individuals at increased risk for suicide (Veterans, individuals with Posttraumatic Stress Disorder (PTSD), Native Americans, middle aged white males, members of the Lesbian, Gay, Bisexual and/or Transgender Queer/Questioning (LGBTQ+) community, foster care, members age 65 and older, juvenile justice, and post-partum members).
- x. Identify Veteran and service member enrollment within the behavioral health system and initiate referrals when behavioral health needs are identified,
  - y. Implement policies and procedures that require individual and organizational providers to report to the proper authorities, as well as the Contractor, incidents of abuse, neglect, injuries (e.g., falls and fractures), exploitation, healthcare acquired conditions, and/or unexpected death as soon as the providers are aware of the incident. The Providers shall submit Incident, Accident, and Death reports to the Contractor as specified in 9 AAC 10, AMPM Policy 960, and AMPM Policy 961,
  - z. Implement policies and procedures that require individual and organizational providers to monitor and trend all suicides or suicides attempts,
  - aa. Implement policies and procedures to ensure that all providers recognize signs and symptoms of suicidal ideation and at-risk behaviors for children and adults regardless of mental health status. Policies and procedures shall identify requirements for care coordination between behavioral health providers and PCPs, or other medical practitioners involved in member's care in the event that a physical health or behavioral health practitioner witnesses a patient with suicidal ideation, at-risk behaviors or when there is a significant change in either the behavioral or physical health condition of a member,
  - bb. Conduct new member Health Risk Assessment (HRA) within 90 days of the member's effective enrollment date. The Contractor shall develop and implement a process to ensure that a "best effort" attempt has been made to conduct an initial HRA of each member's health care needs. The process shall also address activities to follow up on unsuccessful attempts to contact a member within 90 days of the effective date of enrollment. Each attempt shall be documented:
    - i. The Contractor shall develop processes to utilize the results of HRAs to identify individuals at risk for and/or with special health care needs, and coordinate care (42 CFR 438.208):
      - 1) Refer to AMPM Policy 1620-A and AMPM Exhibit 1620-1 to obtain time frames for which ALTCS case managers shall have an initial contact with newly enrolled ALTCS members, and
      - 2) Refer to AMPM Policy 580 and ACOM Policy 417 to obtain time frames for which the Contractor shall have initial contact with referred members for behavioral health services.

- ii. Assessment results shall be shared with AHCCCS within the Medical Management Program Plan and other organizations, as applicable, to meet the needs of the members. Refer to Contract, Section F, Attachment F3, Contractor Chart of Deliverables, and AMPM Policy 1010 to obtain the Medical Management Program Plan deliverable due dates.
- cc. Ensure continuity of care and integration of services utilizing:
  - i. Programs for care coordination that include coordination of covered services with community and social services, generally available through contracted or non-contracted providers within the Contractor's service area,
  - ii. Monitoring of referral activities for both the PCP and the behavioral health provider during referral to, coordination of care with, and transfer of care between the PCP and the behavioral health provider,
  - iii. Monitoring to ensure that when a member is transitioning from the physical health provider to the behavioral health provider (or vice-versa) that bridge medications are provided as specified in AMPM Policy 310-V and AMPM Policy 520,
  - iv. Monitoring of PCP's coordination of care with the Behavioral Health Medical Professional (BHMP), when PCPs are providing medical management services for the treatment of mild depression, anxiety, Attention Deficit Hyperactivity Disorder (ADHD), SUD, or Opioid Use Disorder (OUD) for members with an SMI designation. The monitoring shall ensure that medication management by the PCP is given within the PCP's scope of practice,
  - v. Monitoring when PCP is providing treatment of mild depression, anxiety, ADHD, SUD, or OUD to ensure that medications are not contraindicated, based on member's SMI designation or other behavioral health condition and/or functional status,
  - vi. Monitoring when a PCP is providing medical management services for a member to treat a behavioral health disorder, it is subsequently determined by the PCP and the Contractor that the member should receive care through the behavioral health system for evaluation and/or continued medication management services, the Contractor's subcontracted providers shall assist the PCP with the coordination of the referral and transfer of care. The PCP and the involved behavioral health provider shall document the care coordination activities and transition of care in the member's medical record,
  - vii. Utilizing Arizona's Controlled Substances Prescription Monitoring Program (CSPMP), in accordance with ARS 36-2606,
  - viii. Monitoring of the behavioral health provider's referral to, coordination of care with, and transfer of care to PCP, as well as usage of Arizona's CSPMP, in accordance with ARS 36-2606, and
  - ix. Monitoring of coordination between behavioral health providers and PCPs or other medical practitioners involved in member's care in the event that a physical or behavioral health practitioner witnesses a patient with suicidal ideation or at-risk behaviors.
- dd. Implement policies and procedures that specify:
  - i. The process for members selecting, or the Contractor assigning, a PCP who is formally designated as having primary responsibility for coordinating the members' overall health care. The PCP shall coordinate care for the member including coordination with the BHMP and/or Behavioral Health Professional (BHP), and

- ii. Processes for provision of appropriate medication monitoring for members taking antipsychotic medication (per national guidelines):
  - 1) Monitoring metabolic parameters for lithium, valproic acid, and carbamazepine,
  - 2) Renal function, liver function, thyroid function, glucose metabolism, screening for metabolic syndrome and involuntary movement disorders, and
  - 3) Provision of medication titration according to, drug class requirements and appropriate standards of care:
    - a) The circumstances under which services are coordinated by the Contractor, the methods for coordination, and specific documentation of these processes,
    - b) Specify services coordinated by the Contractor's Disease Management Unit, and
    - c) The requirements for timely and confidential communication of clinical information among providers, as specified in AMPM Policy 940.
- ee. Implement measures to ensure that members:
  - i. Are informed of specific health care needs that require follow-up,
  - ii. Receive, as appropriate, training in self-care and other measures they may take to promote their own health, and
  - iii. Are informed of their rights and responsibilities including, but not limited to, the responsibility to adhere to ordered treatments or regimens.
- ff. Develop and implement procedures for members with special health care needs, as defined in Contract, including:
  - i. Identifying members with special health care needs, including those who would benefit from disease management,
  - ii. Ensuring an assessment by an appropriate health care professional of ongoing needs of each member identified as having special health care need(s) or condition(s),
  - iii. Identifying medical procedures (and/or behavioral health services, as applicable) to address and/or monitor the need(s) or condition(s),
  - iv. Ensuring adequate care coordination among providers, including but not limited to, other Contractors/insurers and behavioral health providers, as necessary,
  - v. Ensuring a mechanism to allow direct access to a specialist as appropriate for the member's condition and identified special health care needs (e.g., a standing referral or an approved number of visits), and
  - vi. Implement processes and measures to ensure that members receive Special Assistance, based on criteria as specified in AMPM Policy 320-R.
- gg. Maintain a health information system that collects, integrates, analyzes, validates, and reports data necessary to implement its QM/PI Program (42 CFR 438.242),  
Data elements shall include:
  - i. The member demographics and designations [e.g., Children's Rehabilitative Services (CRS) and behavioral health],
  - ii. Encounter data and provider characteristics,
  - iii. The services provided to members, and
  - iv. Other information necessary to guide the selection of, and meet the data collection requirements for performance measures, PIPs, and QM/PI Program oversight.

- hh. Include requirements (either in Contract or as an extension of the Contract) for practitioners/providers to cooperate with quality improvement activities and allow the Contractor to utilize their performance measure data,
- ii. Ensure the following requirements related to data integrity:
  - i. Information/data received from providers is accurate, timely, and complete,
  - ii. Reported data is reviewed for accuracy, completeness, logic, and consistency, and the review and evaluation processes used are clearly documented. Information that is rejected shall be tracked to ensure errors are corrected and the data is resubmitted and accepted, and
  - iii. Corrective actions are implemented with providers/vendors when data utilized for implementing and maintaining its QM/PI Program (including data necessary to calculate and report performance measures) received from providers/vendors is not accurate, timely, and/or complete.
- jj. Results of the Contractor's quality improvement data review, analysis, reporting, and evaluation are shared with Contractor's staff and stakeholders with internal corrective actions implemented when self-identified concerns and performance deficiencies are identified. The Contractor's staff and providers are kept informed of at least the following:
  - i. The QM/PI Program requirements, activities, updates, or revisions,
  - ii. Study and PIP results,
  - iii. Performance measures and results,
  - iv. Utilization data, and
  - v. Profiling data results.
- kk. All members and provider information are protected by Federal and State law, regulations, or policies and are kept confidential, and
- ll. Maintenance of records and documentation as required under Federal and State law.

All QM/PI Program Components shall be supported through the development, implementation, and maintenance of policies and procedures. All policies and procedures shall be specific to each line of business.

**C. QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM ADMINISTRATIVE STRUCTURE/OVERSIGHT**

The Contractor's QM/PI Program shall be administered through a clear and appropriate administrative structure that maintains the ultimate responsibility for the QM/PI Program. The QM/PI Program work shall reside within the QM/PI Unit and shall adhere to requirements as specified in Contract and AMPM Chapter 900.

- 1. The Contractor's administrative structure for oversight of its QM/PI Program shall adhere to requirements of this section, which specify the roles and responsibilities of the following:
  - a. The governing body,
  - b. The local Chief Medical Officer (CMO)/designated Medical Director,
  - c. The local Administrator/Chief Executive Officer (CEO),
  - d. The Quality Improvement Program Behavioral Healthcare Practitioner,

- e. The QM/PI Committee,
  - f. The Peer Review Committee,
  - g. The Mortality Review Committee,
  - h. The QM/PI Program Staff, including the QM Manager and Quality/Performance Improvement Manager,
  - i. Delegated Entities, and
  - j. The Contractor's executive management.
2. The local CMO/designated Medical Director and Administrator/CEO

The local CMO/designated Medical Director and Administrator/CEO are responsible for the implementation and approval of the QM/PI Program Plan and shall have substantial involvement in the implementation, assessment, and resulting improvement of the QM/PI Program activities. The local CMO/designated Medical Director shall serve as the chairperson of the QM/PI Committee. All QM/PI policies shall be approved and signed by the Contractor's CMO/designated Medical Director.

3. The Quality Improvement Program Behavioral Healthcare Practitioner

The Quality Improvement Program Behavioral Healthcare Practitioner advises or participates in the QM/PI Committee, or a behavioral healthcare subcommittee reporting to the QM/PI Committee. For CHP and DDD, this requirement applies to the Contractors' Subcontracted Health Plan(s).

4. The QM/PI Committee

The Contractor shall have an identifiable and structured local (Arizona) QM/PI Committee that is responsible for QM/PI Program functions and responsibilities:

- a. At a minimum, the membership shall include:
  - i. The local CMO/designated Medical Director as the chairperson of the Committee. The local CMO/designated Medical Director may designate the local Associate Medical Director as his/her designee only when the local CMO/designated Medical Director is unable to attend the meeting. The local Administrator/CEO may be identified as the co-Chair of the QM/PI Committee,
  - ii. The Quality Improvement Program Behavioral Healthcare Practitioner, unless participating through a behavioral healthcare subcommittee reporting to the QM/PI Committee,
  - iii. The QM/PI Manager(s),
  - iv. Representation from the functional areas within the organization,
  - v. Representation of contracted or affiliated providers serving AHCCCS members, and
  - vi. Clinical representatives of both the Contractor and the provider network.
- b. The QM/PI Committee shall ensure that each of its members is aware of the requirements related to confidentiality and conflicts of interest by having signed statements on file and/or QM/PI Committee sign-in sheets with requirements noted,

- c. The QM/PI Committee shall meet at a minimum of quarterly or more frequently, as needed (i.e., Ad Hoc Meeting or more frequently recurring meetings). The frequency of committee meetings shall be sufficient to monitor all program requirements and to monitor any required actions. The Contractor shall provide evidence of actual occurrence of these meetings through minutes and other supporting documentation,
- d. The QM/PI Committee shall review the QM/PI Program Plan (inclusive of the Work Plan and Work Plan Evaluation) as well as review the QM/PI Program objectives, policies, and procedures as specified in Contract and shall modify (or update) the policies annually, and when processes/activities are changed substantially. The QM/PI policies and procedures, and any subsequent modification to them, shall be made available upon request for review by AHCCCS QM and/or Quality Improvement (QI) Teams,
- e. The QM/PI Committee shall also:
  - i. Recommend QM/PI policy decisions,
  - ii. Review, evaluate, and approve any changes to the QM/PI Program Plan which includes analyzing the Contractor's QM/PI Program scope and results. The changes in the QM/PI Program scope include any alterations made to the Contractor's QM/PI Program structure from one year to the next. This may also include line of business, population, and geographic service area changes,
  - iii. Develop procedures for QM/PI Program responsibilities and clearly document the processes for each QM/PI Program function and activity,
  - iv. Develop and implement procedures to ensure that Contractor staff and providers are informed of the most current QM/PI Program requirements, policies, and procedures, and
  - v. Develop and implement procedures to ensure that providers are informed of information related to their performance (e.g., results of studies; AHCCCS Performance Measures; profiling data; medical record review results; utilization data such as performance improvement, prescribing practices, Emergency Department (ED) utilization; etc.).
- f. When deficiencies are noted, the QM/PI Committee meeting minutes shall clearly document discussions of the following:
  - i. Identified issues,
  - ii. Responsible party for interventions or activities,
  - iii. Proposed actions,
  - iv. Evaluation of the actions taken,
  - v. Timelines including start and end dates, and
  - vi. Additional recommendations or acceptance of the results, as applicable.

## 5. Peer Review

The Contractor shall have a peer review process with the purpose of improving the quality of care provided to members by both individual and organizational providers. The peer review scope includes cases where there is evidence of deficient quality, or the omission of the care or service provided by a participating, or non-participating, physical, or behavioral health care professional or provider whether delivered in or out of state. Peer review shall be defined by specific policies and procedures which shall address the following requirements:

- a. The Contractor shall not delegate functions of peer review to other entities,
- b. The Peer Review Committee shall be scheduled to meet at least quarterly, or more frequently, as needed (i.e., Ad Hoc Meeting or more frequently recurring meetings),
- c. The Peer review activities may be carried out as a stand-alone committee or in an executive session of the Contractor's QM Committee,
- d. At a minimum, the Peer Review Committee shall consist of:
  - i. The Contractor's local CMO/designated Medical Director as Chair,
  - ii. The contracted medical providers from the community that serve AHCCCS members, and
  - iii. The contracted behavioral health providers from the community that serve AHCCCS members.
- e. The peer review process shall ensure that providers of the same or similar specialty participate in review and recommendation of individual peer review cases. If the specialty being reviewed is not represented on the Contractor's Peer Review Committee, the Contractor shall utilize peers of the same or similar specialty through external consultation,
- f. The Peer Review Committee members shall sign (may be an electronic signature) a confidentiality and conflict of interest statement at each Peer Review Committee meeting. The Committee members shall not participate in peer review activities if they have a direct or indirect interest in the peer review outcome,
- g. The Peer Review Committee shall evaluate referred cases based on all information made available through the QM process,
- h. The Peer Review Committee is responsible for making recommendations to the local CMO/designated Medical Director. The Peer Review Committee shall determine appropriate action which may include, but is not limited to, peer contact, education, reduced or revoked credentials, limit on new member enrollment, sanctions, and/or other corrective actions. The local CMO/designated Medical Director is responsible for implementing the actions. The Adverse actions taken as a result of the Peer Review Committee shall be reported to AHCCCS QM as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables, Adverse Action to the Provider with Rationale (e.g., but not limited to limitations, suspensions, terminations, and denials, including credentialing/recredentialing denials),
- i. The Peer Review Committee is responsible for making appropriate recommendations to the local CMO/designated Medical Director regarding initiation of referrals for further investigation or action to: Division of Child Safety (DCS), Adult Protective Services (APS), Arizona Department of Health Services (ADHS) Licensure Unit, appropriate regulatory agency, or board, and AHCCCS. Notification shall occur when the Peer Review Committee determines care was not provided according to the medical community standards. The Contractor shall submit the report to the regulatory agency as soon as possible, but no later than 24 hours after the determination. The report shall be submitted verbally and/or electronically (e.g., email or online), as appropriate,
- j. The Contractor shall develop a process to timely refer/report the concern to the appropriate regulatory agency (including DCS or APS, ADHS, the Attorney General's Office, law enforcement, Office of Inspector General (OIG), and AHCCCS QM) for further research, review, or action,

- k. The Contractor shall submit the report to the regulatory agency as soon as possible but no later than 24 hours of becoming aware of a concern. The report shall be submitted verbally and/or electronically (e.g., email or online), as appropriate,
- l. The Peer Review Committee policies and procedures shall assure that all information used in the peer review process is kept confidential and is not discussed outside of the peer review process. The Contractor's Peer Review Committee reports, meetings, minutes, documents, recommendations, and participants shall be kept confidential except for implementing recommendations made by the Peer Review Committee,
- m. The Peer review documentation shall be made available upon request to AHCCCS for purposes of QM, monitoring, and oversight,
- n. High-level peer review summaries shall be maintained as part of the original QOC file,
- o. The Contractor shall demonstrate:
  - i. How the peer review process is used to analyze and address clinical issues and non-clinical issues,
  - ii. How providers are made aware of the peer review process, and
  - iii. How providers are made aware of the procedure for grieving peer review findings.
- p. The matters appropriate for peer review shall include, but are not limited to:
  - i. Cases where there is evidence of deficient quality,
  - ii. An omission of the care or service provided by a participating or non-participating physical health care or behavioral health care provider, facility, or vendor,
  - iii. Questionable clinical decisions, lack of care and/or substandard care,
  - iv. Inappropriate interpersonal interactions, unethical behavior, physical, psychological, or verbal abuse, neglect, and exploitation of a member or members, family, staff, or other disruptive behavior demonstrated by a provider,
  - v. Criminal or felonious actions related to practice,
  - vi. Issues that immediately impact the member and that are life threatening or dangerous, and
  - vii. Issues that have the potential for adverse outcomes.

#### 6. Mortality Review Committee

The Contractor shall develop a mortality review process with the purpose of improving the quality of care provided to members by both individual and organizational providers. The Contractor shall develop and implement a multidisciplinary team with the purpose of reviewing member deaths and analyzing possible causes and developing improved processes. The Mortality Review Committee shall meet the following requirements:

- a. The Contractor shall not delegate functions of the mortality review committee to other entities,
- b. The Mortality Review Committee shall be scheduled to meet at least quarterly, or more frequently, as needed (i.e., Ad Hoc Meeting or more frequently recurring meetings),
- c. The Mortality Review Committee's activities may be carried out as a stand-alone committee or in an executive session of the Contractor's QM Committee,

- d. At a minimum, the Mortality Review Committee shall consist of:
  - i. The local CMO/designated Medical Director as the chairperson of the Committee. The local CMO/designated Medical Director may designate the local Associate Medical Director as his/her designee. The local Administrator/CEO may be identified as the co-Chair of the Mortality Review Committee,
  - ii. The QM Manager, and
  - iii. Representation from multi-disciplinary clinical QM team including QM medical directors.
- e. The Mortality Review Committee members shall sign (electronic signature is permissible) a confidentiality agreement and conflict of interest statement prior to attending a Mortality Review Committee meeting, and at least annually thereafter including any significant changes to the Committee membership (applicable to all non-QM team members),
- f. The Mortality Review Committee shall evaluate all member deaths received or made aware of based on all information made available through but not limited to those received via the following:
  - i. The QM triage and investigative process,
  - ii. Internal and external referrals,
  - iii. Through utilization and administrative data analysis, and
  - iv. Regulatory agency sources (e.g., ADHS, Medical Examiner's Office).
- g. The Mortality Review Committee shall review and evaluate all member mortalities including but not limited to: Death of a member with an SMI designation and death of a member whose death occurred during or within one year after the end of a pregnancy, regardless of how the pregnancy ended. This is in part to ensure providers are completing all appropriate reporting,
- h. The Mortality Review Committee is responsible for making recommendations to the local CMO/designated Medical Director. The Mortality Review Committee shall determine appropriate action to be taken which may include, but is not limited to:
  - i. Peer Review referral,
  - ii. QM QOC referral, and
  - iii. Corrective action such as education, reduced or revoked credentials, limit on new member enrollment, and/or other corrective actions.
- i. The local CMO/designated Medical Director is responsible for implementing the action,
- j. The Mortality Review Committee shall have policies and procedures in place that include requirements specifying that all information used in the mortality review process is to be kept confidential and is not to be discussed outside of the mortality review process. The Mortality Review Committee reports, meetings, minutes, documents, recommendations, and participants shall be kept confidential except for implementing recommendations made by the Mortality Review Committee,
- k. The Mortality Review Committee's documentation shall be made available upon request to AHCCCS for purposes of QM, monitoring, and oversight,
- l. High-level mortality review summaries shall be maintained as part of the original QOC file, and

- m. The Contractor shall demonstrate:
  - i. How the mortality review process is used to analyze and address clinical issues and non-clinical issues,
  - ii. Tracking and trending of all mortality cases received by the Contractor,
  - iii. How the mortality review process is used to identify and address negative trends, such as lack of provider reporting, and
  - iv. How the mortality review process is used to analyze and identify possible vulnerable and at-risk members and/or member populations.

7. The QM/PI Program Staffing

The QM/PI Program shall have qualified local personnel to carry out the functions and responsibilities specified in AMPM Chapter 900 in a timely and competent manner. The QM/PI Program positions performing work functions related to the Contract shall have a direct reporting relationship to the local CMO/designated Medical Director. The Contractor is responsible for Contract performance, whether subcontractors or delegated entities are used. As part of the QM/PI Program Staffing requirements, the Contractor shall:

- a. Maintain an organizational chart that shows the reporting relationships for QM/PI Program staff and the percentage of time dedicated to the position for each specific line of business. The QM/PI Program organizational chart shall:
  - i. Be maintained and demonstrate the current reporting structures, including the number of full time and part time positions, staff names, and responsibilities, and
  - ii. Demonstrate a direct reporting relationship of QM/PI Program staff to the local CMO/Medical Director.
- b. Develop a process to ensure that all staff are trained in the process for referring possible QOC concerns to the Contractor's QM 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,
- c. Develop and implement policies and procedures outlining:
  - i. The QM/PI Program staff qualifications including education, certifications, experience, and training for each QM/PI Program position, and
  - ii. Mandatory QM/PI Program Staff/Management attendance at AHCCCS Contractor meetings unless attendance is specified as optional by AHCCCS.
- d. Attend and/or participate in (and maintain associated documentation for) applicable community initiatives and collaborations as well as implement specific interventions to address overarching community concerns, including, but not limited to:
  - i. Maternal health,
  - ii. Early and Periodic Screening, Diagnostic and Treatment (EPSDT),
  - iii. Dental,
  - iv. Chronic disease management,
  - v. Long-Term Services and Supports (LTSS) and Home and Community Based Services (HCBS),
  - vi. Behavioral health,
  - vii. Justice population,

- viii. Opioid and/or substance use,
- ix. Suicide,
- x. Social determinants of health,
- xi. Veteran's resources and services, and
- xii. Specific community initiatives and collaborations, and other community initiatives and collaborations as required by AHCCCS.

AHCCCS sponsored activities are not considered community initiatives or collaborations.

8. Delegated Entities:
- a. The Contractor shall oversee and maintain accountabilities for all functions and responsibilities as specified in AMPM Chapter 900, which are delegated to other entities. The methodologies for oversight and accountability for all delegated functions shall be integrated into the overall QM/PI Program with the requirements, specified in AMPM Chapter 900, being met for all delegated functions. Accredited agencies shall be included in the Contractor's oversight process,
  - b. As a prerequisite to delegation, the Contractor shall provide a written analysis of its historical provision of QM/PI Program oversight function, which includes past goals and objectives. The level of effectiveness of the prior QM/PI Program oversight functions shall be documented. Examples may include the number of claims, concerns, grievances, or network gaps,
  - c. The Contractor shall have policies and procedures requiring that the delegated entity report all allegations of QOC concerns and quality of service issues to the Contractor no later than 24 hours of awareness. The QOC or service investigation and resolution processes shall not be delegated,
  - d. The Contractor shall evaluate the entity's ability to perform the delegated activities prior to delegation. Evidence of such evaluation includes the following:
    - i. Review of appropriate internal areas, such as QM,
    - ii. Review of policies and procedures and the implementation of them, and
    - iii. Documented evaluation and determination that the entity is able to effectively perform the delegated activities.
  - e. Prior to delegation, a written Contract shall be established that specifies the delegated activities and reporting responsibilities of the entity to the Contractor. The agreement shall include the Contractor's right to terminate the Contract or perform other remedies for inadequate performance,
  - f. The performance of the entity and the quality of services provided are monitored on an ongoing basis and are annually reviewed by the Contractor. Annually, the Contractor shall review a minimum of 30 randomly selected cases per line of business for each function that is delegated. Documentation shall be kept on file for AHCCCS review. The monitoring should include, but is not limited to:
    - i. Utilization,
    - ii. Member and provider satisfaction,
    - iii. The QOC concerns, and
    - iv. Complaints.

For entities that have been delegated services by a Contractor and that are accredited through the National Committee for Quality Assurance (NCQA) or another nationally recognized entity, the Contractor shall review a minimum of 10 randomly selected files per line of business for each function that is delegated. If any issues or concerns are noted within the files reviewed, the Contractor shall expand the sample to no less than 30 files in order to fully assess and identify issues and implement remediation efforts with the delegated service provider. Monitoring results shall be submitted to AHCCCS in accordance with ACOM Policy 438.

- g. The following documentation shall be kept on file and available for AHCCCS review:
  - i. Evaluation reports,
  - ii. Results of the Contractor's annual monitoring review of the delegated entity utilizing AHCCCS required standards for the Contracted functions,
  - iii. Corrective Action Plans (CAP)s, and
  - iv. Appropriate follow up of the implementation of CAPs to ensure that quality and compliance with AHCCCS requirements for all delegated activities or functions are met.

#### **D. THE QM/PI PROGRAM MONITORING AND EVALUATION ACTIVITIES**

The Contractor shall develop and implement mechanisms to monitor and evaluate its service delivery system and provider network that demonstrates compliance with all the requirements included within this Policy. The delegated entities conducting monitoring activities related to credentialing shall have direct oversight by the Contractor's QM/PI Program QM staff. The QM/PI Program monitoring and evaluation activities shall include, but are not limited to, the following:

1. Adherence to the QM/PI Program deliverable requirements as outlined within AMPM Policy 920.
2. The QM/PI Program scope of monitoring and evaluation shall be comprehensive. It shall incorporate the activities used by the Contractor and demonstrate how these activities will improve the quality of services and the continuum of care in all services sites. These activities shall be clearly documented in policies and procedures.
3. If collaborative opportunities exist to coordinate organizational monitoring, the lead Contractor shall coordinate and ensure that all requirements in the collaborative arrangement are met.
4. The monitoring provider compliance with policies, training, and signage requirements aimed at preventing and reporting abuse, neglect, and exploitation as specified in AHCCCS Minimum Subcontract Provisions and Contract. Refer to the Report of the Abuse and Neglect Prevention Task Force to Governor Douglas A. Ducey (November 01, 2019) developed in response to Executive Order 2019-03.

5. Information and data gleaned from QM/PI Program monitoring and evaluation that shows trends in QOC concerns shall be used in developing quality improvement initiatives. The selection of specific monitoring and evaluation activities shall be appropriate to each specific service or site.
6. Development and implementation of methods for monitoring PCP activities related to:
  - a. Referrals for behavioral health care,
  - b. Coordination with the behavioral health system (e.g., ACC-RBHAs and behavioral health providers),
  - c. Transfer of care, when clinically indicated, based on severity of behavioral health need, and
  - d. Use of the CSPMP. Monitoring procedures for the CSPMP process shall include:
    - i. Assurance of communication between prescribers, when controlled substances are used,
    - ii. Provider-mandated usage of the CSPMP, and
    - iii. Integration strategies and activities focused on improving individual health outcomes, enhancing care coordination, and increasing member satisfaction.
7. Development and implementation of methods for monitoring behavioral health provider activities related to:
  - a. Referrals for physical health care,
  - b. Coordination with the physical health system,
  - c. Use of the CSPMP. Monitoring procedures for the CSPMP process shall include:
    - i. Assurance of communication between prescribers, when controlled substances are used,
    - ii. Include provider-mandated usage of the CSPMP, and
    - iii. Integration strategies and activities focused on improving individual health outcomes, enhancing care coordination, and increasing member satisfaction.
8. Reporting of all QOC concerns including, but not limited to:
  - a. Incidents of abuse, neglect, exploitation, suicide attempts, opioid-related concerns, alleged human rights violations, and unexpected deaths to AHCCCS QM as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables and AMPM Policies 960 and 961. The Contractor is required to investigate and report case findings, including identification of organizational providers, individual providers, paid caregivers, or the specific individual rendering the service,
  - b. Identified QOC concerns, reportable incidents, and/or service trends to the AHCCCS QM Team immediately upon identification. Reporting shall include trend specifications such as providers, facilities, services, and allegation types. The Contractor QOC trend reports shall be incorporated into monitoring and evaluation activities and presented to the QM/PI Committee. Policies and procedures shall be adopted to explain how the process is routinely completed, and
  - c. The Contractor is expected to investigate all potential Health Care Acquired Conditions (HCAC) and Other Provider-Preventable Condition (OPPCs) as QOC concerns within the AHCCCS QM Portal. For more information, refer to AMPM Policy 960.

9. Incorporation of the ADHS licensure and certification reports and other publicly reported data in their monitoring process, as applicable.
10. A process to ensure notification is made to the Contractor's QM clinical staff when a delegated auditing entity identifies either a Health and Safety Concern, Immediate Jeopardy situation, or other serious incident, which impacts the health and safety of a member. On-site reviews related to Health and Safety Concerns, Immediate Jeopardy situations, or other serious incidents are to be conducted in accordance with the requirements as specified in AMPM Policy 960.

The Contractor is responsible for ensuring the health and safety of members in placement settings or service sites that are found to have survey deficiencies or suspected issues that may impact the health and safety of AHCCCS members. The Contractor shall be active participants in both individual and coordinated efforts to improve the QOC in placement settings or service sites.

In addition, the Contractor shall utilize clinical quality staff trained in QOC investigations to conduct on-site reviews if there is a health and/or safety concern identified either by the Contractor, AHCCCS, or other party.

11. The Contractor QM staff shall conduct the monitoring of services and service sites, in accordance to Attachment A. While the Contractor may also consider incorporating regulatory agency licensing reviews, such as annual inspection surveys, as part of the monitoring of services and service sites, the regulatory agency reviews shall not be used as the sole basis for the entire monitoring evaluation by the Contractor. Refer to Attachment A for the list of AHCCCS services, service sites, and monitoring frequency.
12. Implementation of policies and procedures for ALTCS Contractors specific to the annual monitoring of attendant care, homemaker services, personal care services, respite services and habilitation services. When deficiencies or potential deficiencies are identified, they shall be addressed from a member and from a system perspective.
13. Coordination of mandatory routine quality monitoring and oversight activities for organizational providers, including HCBS settings, when the provider included is in more than one Contractor network. A collaborative process shall be utilized in counties when more than one Contractor is contracted with and utilizes the facility as specified in the Contract.
14. The Contractor (or the lead Contractor if Contractor collaborative monitoring was completed) shall submit the Contractor monitoring summary to AHCCCS QM as specified in Contract. Additionally, a standardized and agreed upon tool shall be used and include at a minimum:
  - a. General quality monitoring of these services includes, but is not limited to, the review and verification of:
    - i. The written documentation of timeliness,
    - ii. The implementation of contingency plans,

- iii. Customer satisfaction information,
- iv. The effectiveness of service provisions, and
- v. Mandatory documents in the services or service site personnel file including:
  - 1) Cardiopulmonary resuscitation,
  - 2) First Aid,
  - 3) Verification of skills or competencies to provide care,
  - 4) Evidence that the agency contacted at least three references, one of which shall be a former employer. Results of the contacts shall be documented in the employee's personnel record, and
  - 5) Evidence that the provider conducted the pre-hire, and annually thereafter, search of the APS Registry as required in AHCCCS Minimum Subcontract Provisions.
- b. Specific quality monitoring requirements for ALTCS Contractors are as follows:
  - i. Direct Care Services, as specified in AMPM Policy 1240-A (Attendant care, Personal Care and Homemaker services), monitoring as specified in Attachment B. The Monitoring shall include verification and documentation of all of the following:
    - 1) Mandated written agreement between the member/Health Care Decision Maker, and designated representative and the Direct Care Worker (DCW), as specified in AMPM Policy 1240-A, which delineates the responsibilities of each,
    - 2) Evaluation of the appropriateness of allowing the member's immediate relatives to provide direct care services,
    - 3) Compliance with ensuring DCWs meet competencies to provide care including training, testing, verifying/sharing of DCW test records and continuing education requirements in accordance with Attachment B. For more general information on the DCW training and testing standards, as specified in AMPM Policy 1240-A and ACOM Policy 429, and
    - 4) Timeliness and content of supervisory visitations as specified in AMPM Policy 1240-A.
  - ii. Sampling methodology for monitoring of direct care services shall assure that all provider agencies and all employees have an equal opportunity to be sampled (the provider agencies shall be included in the sample frame even if the number of employees does not meet a statistically significant level). All employees shall be included in the sample frame including those who are in the pool of workers but are not currently assigned to a member,
  - iii. The Contractor shall monitor that the LTSS services a member receives align with those that were documented in the member's LTSS treatment/service plan (42 CFR 438.330 (b)(5)(i)),
  - iv. The Contractor shall have mechanisms to assess the quality and appropriateness of care provided to members receiving LTSS services including between settings of care and, as compared to the member's service plan (42 CFR 438.330 (b)(5)(i)), and
  - v. The Contractor may also consider incorporating the use of surveys to assess the experience of members receiving LTSS services as a key component of the Contractor's LTSS assessment process.