

AMPM POLICY 920, ATTACHMENT A IS BEING RESERVED FROM THE AHCCCS MEDICAL POLICY MANUAL AND HAS BEEN MOVED THE AHCCCS WEBSITE UNDER RESOURCES – GUIDES AND MANUALS.

REQUIREMENT SOURCE	AMPM 920, QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM PLAN	LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO	EXPLANATION IF NOT ACCEPTED
<u>GENERAL REQUIREMENTS</u>				
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.				
AMPM: 920	1. The submission includes all of the required components of the Contractor’s QM/PI Program Plan including: the Work Plan evaluation for the previous Contract year, Narrative (plan description), and Work Plan for the current Contract year; Engaging Members Through Technology (EMTT) – Executive Summary; summary of the Contractor’s self-reported Best Practices for the previous Contract Year; Summary of the Contractor’s follow up activities related to the External Quality Review (EQR) Report recommendations; and new (or substantially revised) relevant policies and procedures, referenced in the QM/PI Program Plan Checklist.			
AMPM: 920	2. Each page includes a unique page number included within the footer.			
AMPM: 920	3. Each document is titled in a manner that includes the Contractor’s Name, Contract Year, and Document Name as well as the associated policy or reference number, where and when appropriate.			
AMPM: 910	4. 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, ATTACHMENT A IS BEING RESERVED FROM THE AHCCCS MEDICAL POLICY MANUAL AND HAS BEEN MOVED THE AHCCCS WEBSITE UNDER RESOURCES – GUIDES AND MANUALS.

REQUIREMENT SOURCE	AMPM 920, QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM PLAN	LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO	EXPLANATION IF NOT ACCEPTED
AMPM: 920	5. The Contractor identifies, within the Location, Page # & Paragraph column of the checklist (for each specific checklist item), the specific area(s) within the QM/PI Program Plan submission that best supports acceptance of the checklist item using the page number and one of the following: section number, paragraph number, or line number(s).			
AMPM: 920	6. For the first submission, the Contractor has not added any text to the “Accepted” and “Explanation” columns of the checklist. For subsequent submissions, the Contractor has not altered the AHCCCS findings included within the Explanation If Not Accepted column. The Contractor includes 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: 920	7. Any included associated policies (new or substantially revised) and/or other supporting documents are identified and included within the Location, Page # & Paragraph column of the checklist for each specific checklist item. Only those references included will be considered as the basis for item acceptance.			
<p style="text-align: center;"><input type="checkbox"/> Yes – Continue Review</p> <p>GENERAL REQUIREMENTS MET <input type="checkbox"/> No – Review Discontinued and Checklist Returned to Contractor to Address Identified Deficiencies</p>				

REQUIREMENT SOURCE	QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT (QM/PI) PLAN	LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO	EXPLANATION IF NOT ACCEPTED
QM/PI PROGRAM PLAN CHECKLIST				
<p>The QM/PI Program Plan shall include the objectives of the Contractor’s QM/PI Program and address 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 satisfaction for members.</p>				
QM/PI PROGRAM PLAN NARRATIVE COMPONENT				
<p><i>INSTRUCTIONS: Items listed within this section of the checklist apply to language found within the QM/PI Program Narrative/Plan Description. 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.</i></p>		LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO	EXPLANATION IF NOT ACCEPTED
THE CONTRACTOR QM/PI PROGRAM PLAN NARRATIVE INCLUDES:				
AMPM: 920	1. A description of how the Contractor’s QM/PI Program activities will improve the quality of care and service delivery for enrolled members.			
AMPM: 910	2. An outline of how the Contractor’s QM/PI Program is 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: 910	3. A description of how the local Medical Director is responsible for implementation of the QM/PI Program Plan and how he/she has substantial involvement in the assessment and improvement of QM/PI activities.			

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AMPM: 910	4. An organizational chart that delineates the reporting channels for QM/PI activities and the relationship to the Contractor's Medical Director and Executive Management.			
AMPM: 910	5. A description of how the Contractor will ensure ongoing communication and collaboration between the QM/PI Program and the other functional areas of the organization (such as, but not limited to: medical management, behavioral health, member services and case management).			
AMPM: 910	6. A description of how the Contractor will incorporate provider/stakeholder engagement and feedback into its QM/PI Program activities.			
AMPM: 910	7. A description of the Contractor's identifiable and structured QM/PI Committee that is responsible for QM/PI functions and responsibilities. There shall be a description of how often the QM/PI Committee will meet (quarterly or more frequently).			
AMPM: 910	8. A description of the roles and responsibilities of the: governing body or policy making body, the Medical Director, the QM/PI Committee, the Contractor's executive management, and the QM/PI Program staff.			

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AMPM: 910	9. A description of the membership for the Contractor's QM/PI Committee which shall include, at a minimum the: a. Medical Director, or the Associate Medical Director when the Medical Director is unable to attend, as the chairperson of the Committee, b. QM/PI Manager(s), c. Representation from the functional areas within the organization, d. Representation of Contracted or affiliated providers serving AHCCCS members, and e. Appropriate clinical representatives.			
AMPM: 950	10. A description of how the QM/PI committee or other peer review body is responsible for oversight regarding delegated credentialing or re-credentialing decisions.			
AMPM: 950	11. A description of the direct responsibility of the Medical Director (or designee) for oversight of the credentialing process and delineating the role of the credentialing committee.			
AMPM: 910	12. A description of how the QM/PI Committee will develop procedures for QM/PI Program responsibilities and the processes of how each QM/PI Program function and activity will be clearly documented.			
AMPM: 910	13. A description of how the QM/PI Committee will review the QM/PI Program objectives, policies, and procedures at least annually and modify (or update) them, as necessary.			
AMPM: 910	14. A description of how the QM/PI Committee ensures that Contractor staff and providers are informed of the most current QM/PI Program requirements, policies, and procedures.			

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AMPM: 910	15. A description of how the QM/PI Committee will develop and implement procedures to ensure that providers are informed of information related to their performance such as: the results of studies, AHCCCS Performance Measures, profiling data, and medical record review results.				
AMPM: 910	16. A description of the Contractor's peer review process of which the purpose is to improve the quality of medical care provided to members by practitioners and providers by analyzing and addressing clinical issues.				
AMPM: 950	17. A description of the process used by the Contractor to ensure that, prior to contracting and credentialing, the subcontractor or delegated entity has established policies and procedures that meet AHCCCS requirements.				
AMPM: 950	18. A description of how the utilization of participating Arizona Medicaid network providers is considered in making credentialing decisions.				
AMPM: 950	19. The primary source verification process followed for initial credentialing when granting temporary/provisional credentialing. Providers listed in AMPM Policy 950-D shall be credentialed using the temporary/provisional credentialing process even if the provider does not specifically request on their application to be processed as temporary or provisional.				
AMPM: 950	20. Language indicating that the Contractor retains the right to approve, suspend, or terminate any provider selected by that entity (Only applicable if the Contractor delegates to another entity any of the responsibilities of credentialing/re-credentialing or selection of providers that are required by AMPM Policy 950.				
AMPM: 950	21. A description of the Contractor's initial credentialing process for individual providers.				

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AMPM: 950	22. A description of the Contractor's re-credentialing process for individual providers which includes provider profiling.				
AMPM: 950	23. A description of the Contractor's initial assessment of organizational providers contracted with the Contractor.				
AMPM: 950	24. A description of the Contractor's re-assessment of organizational providers contracted with the Contractor.				
AMPM: 950	25. A description of the Contractor's temporary/provisional credentialing process for individual providers. Contractors shall have policies and procedure to address granting of temporary/provisional credentials when it is in the best interest of members that providers be available to provide care prior to completion of the entire credentialing process.				
AMPM: 950	26. A description of how the Contractor reviews and approves providers through the credentialing committee. The Contractor shall render a decision regarding temporary/provisional credentialing within 14 calendar days from receipt of a completed application.				
AMPM: 920	27. Detailed methods for internal dissemination of findings and resulting work plans to appropriate staff and/or network providers, and methods of dissemination of pertinent information to AHCCCS and/or regulatory boards and agencies.				

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AMPM: 940	28. A description of the processes for ensuring that the organization and its providers have information required for:			
	a. Effective and continuous member care through accurate behavioral and medical record documentation of each member's health status, changes in health status, health care needs and health care services provided (behavioral and physical);			
	b. Quality review, and			
	c. An ongoing program to monitor compliance with those policies and procedures.			
AMPM: 910	29. A description of how members' rights and responsibilities are defined, implemented, and monitored.			
AMPM: 940	30. A description of the process for ensuring the Primary Care Provider maintains a comprehensive record that is inclusive of the requirements listed in AMPM Policy 940.			
AMPM: 910	31. A description of how the Contractor will ensure medical records and communication of clinical information for each member reflect all aspects of member care, including ancillary and behavioral health services.			
AMPM: 940	32. A description of the process that addresses medical records and the methodologies used by the organization to ensure that providers maintain a legible medical record for each enrolled member, is well organized and kept up to date.			
AMPM: 910	33. A description of the processes for digital (electronic) signatures, when electronic documents are utilized.			

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AMPM: 940	34. A description of the process and requirements for coordination with PCPs by behavioral health providers when physical health care needs become apparent or if there is a significant change in physical condition.				
AMPM: 940	35. A description of the process and requirements for PCPs to coordinate care with behavioral health providers, and/or refer for behavioral health care, when a potential behavioral health need is identified.				
AMPM: 910	36. A description of the process and requirements that behavioral health providers will use to demonstrate coordination of care with the PCP and/or refer to the PCP when a physical health need is identified.				
AMPM: 910	37. A description of the process that is followed to ensure coordination between behavioral health providers and PCPs for members with history of suicide attempts, ideation or hospitalization. The description shall also include the process to ensure all providers are aware of signs and symptoms of suicidality.				
AMPM: 940 AMPM: 1040	38. A description of the process and requirements for PCPs to coordinate care with behavioral health providers for individuals with an SMI designation, to help engagement/reengagement with behavioral health services if consumers have not had behavioral health services, as specified in AMPM Policy 1040.				
AMPM 910	39. A description of the process used to ensure that medication coordination occurs (bridge medications) when consumers are transitioning or transferring between systems (e.g. physical to behavioral or behavioral to physical).				

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AMPM: 910	40. A description of the process used to ensure that psychotropic medication side effects are monitored as required (e.g. metabolic side effects).				
AMPM 962	41. A description of the process used to ensure that Seclusion and Restraints processes are utilized only to the extent permitted and in compliance with AMPM Policy 962 and A.A.C. R9-21-204 and A.A.C. R9.21-512.				
AMPM 910	42. A description of the process to ensure that consumers with a Serious Mental Illness (SMI) are screened for and referred for special assistance (as specified in AMPM Policy 320-R).				
AMPM 910	43. A description of the process implemented to ensure that physical and behavioral health providers utilize the Controlled Substances Prescription Monitoring Program (CSPMP).				

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AMPM: 910	44. A description of how the Contractor will evaluate an entity's ability to perform the delegated activities prior to delegation.				

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AMPM: 910	45. A description of how delegated activities are integrated into the overall QM/PI Program and the methodologies for oversight and accountability of all delegated functions.				
AMPM: 910	46. A description of how the Contractor will include information from delegated entities for purposes of tracking, trending, reporting, process improvement, and re-credentialing.				

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AMPM: 910	47. A process to review and monitor the services/service sites in accordance with the timing outlined in AMPM Exhibit 910-A. Monitoring should include (but is not limited) to performance, utilization, member/provider satisfaction, quality of services provided, and Quality of Care (QOC) concerns.			
AMPM: 910	48. A description of the process by which the Contractor, and delegated entity or subcontractor when applicable, reports incidences of healthcare acquired conditions, abuse, neglect, exploitation, injuries, suicide attempts, and unexpected death to the Contractor.			
AMPM: 910	49. A process to ensure that all staff are trained on how to refer suspected quality of care issues to quality management. This training shall be provided during new employee orientation and annually thereafter.			
AMPM: 960	50. A description of the process for ensuring confidentiality of all member information.			
AMPM: 960	51. The process for the written acknowledgement of receipt of Quality of Care concerns, explaining to the member or provider the process to be followed in resolving his or her concern.			
AMPM: 960	52. A description of the process for informing the member or provider of all applicable mechanisms for resolving the issue external of the Contractor process.			

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AMPM: 960	53. A description of the documentation for each concern raised, when and from whom it was received, and the projected time frame for resolution.				
AMPM: 960	54. A description of the process used for reviewing, evaluating, and resolving issues raised by enrolled members and contracted providers. All issues shall be addressed regardless of source (external or internal).				
AMPM: 960	55. A description of how the Contractor determines whether an issue is to be resolved through the Contractor's established:				
	a. Quality management process,				
	b. Grievance and appeals process,				
	c. Process for making initial determinations of coverage and payment issues,				
	d. Process for resolution of disputed initial determinations, and				
e. SMI Grievance and Appeal process					
AMPM: 960	56. The process for assisting the member or provider, as needed, in completing forms or taking other necessary steps to obtain resolution of the issue.				

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AMPM: 960	57. A description of the process for documenting all processes (including detailed steps used during the investigation and resolution stages) implemented to ensure complete resolution of each grievance and appeal.				

AMPM: 960	58. A description of the process addressing the analysis of QOC concerns through:				
	a. Identification of the QOC concerns (either through IADs or other means);				
	b. Initial assessment of the severity of the QOC concerns;				
	c. Prioritization of action(s) needed to resolve immediate care needs, when appropriate;				
	d. Review of trend reports obtained from the Contractor's QOC data system to determine possible trends related to the provider(s);				
e. Research, including but not limited to: a review of the log of events, documentation of conversation, and medical record review, and					

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	f. Quantitative and qualitative analysis of the research.				
AMPM: 960	59. A description of the process to determine the level of substantiation and the severity level for each allegation				
AMPM: 960	60. A description of the process to refer the issue to the Contractor's peer review committee when appropriate.				
AMPM: 960	61. A description of how the Contractor will notify the AHCCCS Quality Management Team, and any appropriate regulatory agency(s), of Quality of Care concerns requiring further research, review, or action.				

	61. A description of the process for documenting the criteria and process for closure of the review including, but not limited to:				
AMPM: 960	a. A description of the problem, including new allegations identified during the investigation/review process, and				
	b. Written response from, or summary of the documents received from, the referrals made to outside agencies such as accrediting bodies or medical examiner.				
AMPM: 920	62. A description of member/provider action(s) to be taken: education, technical assistance, monitoring, evaluation, change in processes, counseling, termination, referrals, etc. (If an adverse action is taken with a provider due to a quality of care concern, the Contractor shall report the adverse action to the AHCCCS Clinical Quality Management Unit) in accordance to AMPM 960.				

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AMPM: 960	63. A description of the process to provide resolution of the concern. Member and system resolutions may occur independently from one another.				
AMPM: 960	64. A description of the process to assure that action is taken specific to Quality of Care Concerns when needed by :				
	a. Developing an action plan to reduce/eliminate the likelihood of the issue reoccurring,				
	b. Determining, implementing and documenting appropriate interventions,				
	c. Monitoring and documenting the success of the interventions,				
	d. Incorporating interventions into the organization's QM program, if successful, and				
AMPM: 960	65. A description of how the Contractor will report to the AHCCCS QM Team, when adverse action is taken with a provider due to a quality of care concern.				
AMPM: 960	66. A description of the process for notifying the appropriate regulatory/licensing board or agency, and AHCCCS, when a health care professional's organizational provider or other provider's affiliation with their network is suspended, or terminated, because of quality of care concerns.				
AMPM: 960	67. A description of how the Contractor will track and trend Quality of Care concerns for quality improvement.				
AMPM: 920	68. A description of how the Contractor will develop work plans for taking appropriate actions to improve care if quality of care issues or concerns are identified. This description shall specify:				

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AMPM: 960	a. The types of issue(s) that require correction action, and			
	b. The person or body responsible for making the final determination regarding quality issues.			
42 CFR 438.242 AMPM: 910	69. A description of the process/processes used by the Contractor's Health Information System to collect, integrate, analyze and report data necessary to implement the QM/PI Program.			
AMPM: 910	70. A description of how the Contractor's planned activities will meet or exceed AHCCCS mandated performance measure and Performance Improvement Project goals.			
AMPM: 910	71. A description of how information and data gleaned from QM monitoring and evaluation that shows trends in Quality of Care concerns may be used in developing Performance Improvement Projects.			
42 CFR 438.330 AMPM: 970	72. A description of the process utilized to develop and initiate interventions that result in significant improvement sustained over time, in its performance for the performance indicators being measured. Contractors should utilize the PDSA process to test changes (interventions) and refine/repeat them as necessary.			
AMPM: 970	73. A description of the Contractor's process for developing an evidence based corrective action plan, which utilizes the Plan Do-Study Act, (PDSA) cycle when the Contractor's performance does not meet the minimum level established by AHCCCS.			
AMPM: 920	74. A description of the process utilized for continued routine monitoring to evaluate the effectiveness of the actions (interventions) and other follow up activities.			
AMPM: 970	75. A description of the process utilized for ensuring inter-rater reliability in the Contractor's review and auditing efforts.			

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	including but not limited to, hybrid performance measure data collection, data review, and data entry.				
42 CFR 438.330 AMPM: 970	76. A description of the process utilized for internally measuring and reporting to AHCCCS the Contractor's performance for contractually mandated performance measures, using standardized methodology established or adopted by AHCCCS. The Contractor shall use the results of the AHCCCS contractual performance measures (from its internal measurement and rates reported by AHCCCS) in evaluating its Quality Management/Performance Improvement program.				
<u>QM/PI PROGRAM PLAN – WORK PLAN EVALUATION COMPONENT</u>					
<i>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 Minimum Performance Standards for Performance Measures, as well as a determination of the effectiveness of strategies and interventions in relation to the goals and objectives outlined in previous year's Work Plan.</i>		LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO		EXPLANATION IF NOT ACCEPTED
THE CONTRACTOR QM/PI PROGRAM WORK PLAN EVALUATION INCLUDES:					
AMPM: 920	77. A detailed explanation of activities conducted during the reporting year, associated goals/objectives, and identification of noted trends.				
AMPM: 920	78. An evaluation and analysis of identified work plan goals inclusive of baseline data and outcomes, utilizing qualitative and quantitative data, and a statement describing if goals/objectives were or were not met.				
AMPM: 920	79. Development of new goals and objectives once a goal or objective has been achieved and sustained (as defined in the AHCCCS Medical Policy Manual Policy 970).				

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AMPM: 920	80. 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: 920	81. Actions to be taken for improvement, should the identified goal or objective not be met (e.g. implementation of a Corrective Action Plan).			
AMPM: 920	82. Documentation of continued routine monitoring (including detailed data and analysis) to evaluate the effectiveness of the actions (interventions) and other follow up activities.			
AMPM: 910	83. Rationale for changes in the scope of the QM/PI Program (if changes were made) or indication that no changes were made during the Contract Year. This may include the development of a new goal or goals, in cases where the planned activities did not meet previously identified goals.			
AMPM: 910	84. Documentation of QM/PI Committee review, evaluation, and approval of any changes to the QM/PI Program Plan.			
AMPM: 910	85. Evidence that the QM/PI Program Work Plan Evaluation has been reviewed by the Contractor's governing or policy making body, prior to submission to AHCCCS.			
AMPM: 970	86. The Contractor includes a list of all performance measures (in table format) that contains all of the following: the name of each measure, the Minimum Performance Standard (MPS) rate or percentage as found in Contract, and the Contractor's rate achieved for the related Contract Year.			

QM/PI PROGRAM PLAN – QM/PI PROGRAM WORK PLAN COMPONENT

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<i>INSTRUCTIONS: The Contractor shall include a QM/PI Work Plan for the current Contract year that formally documents the QM/PI Program objectives, strategies and activities proposed to meet or exceed the standards and requirements of Contract, as well as AMPM Chapter 900, Quality Management and Performance Improvement Program.</i>		LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO	EXPLANATION IF NOT ACCEPTED
THE CONTRACTOR QM/PI PROGRAM WORK PLAN INCLUDES:				
AMPM: 920	87. Identification of all planned goals and objectives related to clinical (physical and behavioral health) and non-clinical care areas.			
AMPM: 920	88. Identified goal(s) and objective(s) are both realistic and measurable for each included activity. These objectives shall be based on AHCCCS established Minimum Performance Standards (MPS).			
AMPM: 920	89. In cases where the AHCCCS Minimum Performance Standards (MPS) have been met, other generally accepted benchmarks that continue the Contractor's improvement efforts are used to establish the program's measurable objectives. This may include utilizing benchmarks established by the National Committee on Quality Assurance or other national standards.			
AMPM: 920	90. An outline of QM/PI Program strategies and activities to meet or accomplish the identified goals and objectives.			
AMPM: 920	91. Targeted start and completion dates for included measurable objectives, activities, and projects.			
AMPM: 920	92. Staff positions responsible and accountable for meeting each of the established goals and objectives.			
AMPM: 920	93. Methodology for measuring the Contractor's progress in meeting identified goals/objectives, including the frequency of monitoring and evaluation.			

OPEN UNTIL 06/11/21

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ENGAGING MEMBERS THROUGH TECHNOLOGY – EXECUTIVE SUMMARY				
<p><i>INSTRUCTIONS: The Contractor shall provide a strategic plan to engage its membership through web-based applications which may also include mobile device technologies. The Contractor shall provide collected data utilized to identify populations who can benefit from web/mobile-based applications used 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. The Contractor shall provide short and long term strategies, including associated timelines, for developing and implementing web/mobile-based applications. The Contractor shall assess and monitor the utilization of current web/mobile-based applications. The Contractor shall provide a process for measuring desired outcomes for each web/mobile-based application and provide data specific to member-related outcomes.</i></p>		LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO	EXPLANATION IF NOT ACCEPTED
AMPM: 920	1. Criteria for identifying at least 25% of the member population who can benefit from web/mobile-based applications.			
AMPM: 920	2. A summary of the following:			
	a. Current enrollment data			
	b. Listing of identified population(s), and			
	c. Number of members for each identified member population			

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AMPM: 920	3. A description of each web/mobile based application being utilized to engage members, inclusive of short and long term strategies and associated timelines:			
	a. Current applications being utilized, and			
	b. Applications or initiatives in development			
AMPM: 920	2. A description of strategies used to engage the identified members in the use of the web/mobile based applications, including any process utilized to further enhance member engagement.			
AMPM: 920	3. A description of desired outcomes for each web/mobile based application being utilized to engage members, including those in development and how the desired outcomes will be measured.			
AMPM: 920	4. A detailed summary inclusive of data and analysis for member-related outcomes currently being utilized.			
AMPM: 920	5. A summary of the following:			
	a. Number of members (or parents/guardians of members) engaged through web/mobile based technology during the contract year			
	b. Total membership and percentage represented during contract year, and			
	c. Number of anticipated members or percentage of membership potentially engaged through web/mobile based technology during next contract year based on planned activities			

REQUIREMENT SOURCE	QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM PLAN SUBMISSION	LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO	EXPLANATION IF NOT ACCEPTED
BEST PRACTICES				
<i>INSTRUCTIONS: The Contractor is to provide a minimum of three self-reported Best Practices as a stand-alone document that highlights the various initiatives aimed at improving the care and services provided to members.</i>		LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO	EXPLANATION IF NOT ACCEPTED
AMPM: 920	1. The Contractor included a minimum of three self-reported best practices as a standalone document. The best practices may focus on various areas (clinical and/or non-clinical) including Medical Management; Quality Management; Quality Improvement; Maternal Child Health; Early and Periodic Screening, Diagnostic and Treatment (EPSDT); Dental, etc.			
AMPM: 920	2. Each self-reported best practice is summarized within two to three paragraphs that include:			
	a. A description of the rationale for why the Contractor has selected the included initiative and the targeted population.			
	b. Goal(s) of the initiative, related interventions occurring during the most recent contract year, and c. An explanation of whether the initiative/ interventions resulted in significant improvement, including captured data/reporting elements that support any achieved outcomes.			
AMPM: 920	3. Credible sources are referenced and cited in the body of the text, as appropriate.			

REQUIREMENT SOURCE	QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM PLAN SUBMISSION	LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO	EXPLANATION IF NOT ACCEPTED
EXTERNAL QUALITY REVIEW (EQR) REPORT RECOMMENDATIONS FOLLOW UP				
<i>INSTRUCTIONS: The Contractor shall include a summary of the Contractor's efforts to date in implementing the EQRO Report recommendations as a stand-alone document(s) specific to each line of business.</i>		LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO	EXPLANATION IF NOT ACCEPTED
THE EXTERNAL QUALITY REVIEW (EQR) REPORT RECOMMENDATIONS FOLLOW UP INCLUDES:				
AMPM: 920	1. The Contractor included a description of its efforts to date in implementing the most current EQR Report recommendations, specific to:			
	a. Performance Measures			
	b. Performance Improvement Projects (PIPs)			
	c. Operational Reviews (ORs), and			
	d. Network Analysis			
	2. The Contractor included an update of its efforts to date in implementing the previous year's EQR Report recommendations that demonstrates completion and/or continued progress towards completing the Contractor's self-identified planned activities as well as meeting its self-identified goals and objectives.			

ASSOCIATED REVIEW OF POLICIES (NEW OR SUBSTANTIALLY REVISED)

INSTRUCTIONS: The Contractor is to provide a list of the policies submitted annually as part of the QM/PI Program Plan submission. Policies 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 is to 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. 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	YES	NO	EXPLANATION IF NOT ACCEPTED

