



*One Goal. One Priority. Your Healthcare.*

***BEHAVIORAL HEALTH***

***QUALITY IMPROVEMENT PROGRAM***

**2019**

A handwritten signature in blue ink, appearing to read "Amish Purohit", is written over a horizontal line.

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Chief Medical Officer  
QI Committee Chair

A handwritten date "12/20/18" in blue ink is written over a horizontal line.

Date

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## **BEHAVIORAL HEALTH NETWORK STRUCTURE**

Arizona Priority Care (AZPC) will have the quality improvement (QI) infrastructure necessary to improve the quality and safety of clinical care and services we provide to our members.

## **PURPOSE/PROGRAM DESCRIPTION**

The AZPC Behavioral Health (BH) QI Program is designed to objectively and systematically monitor and evaluate the quality, appropriateness and outcome of care/services delivered to our members. In addition, the QI Program will provide mechanisms that continuously pursue opportunities for improvement and problem resolution.

## **SCOPE OF PROGRAM**

The scope of the QI Program is to monitor care and identify opportunities for improvement of care and services to both our members and practitioners, and ensure our services meet professionally recognized standards of practice. This is accomplished by assisting with the identification, investigation, implementation, and evaluation of corrective actions that continuously improve and measure the quality of clinical and administrative service. The QI Program covers both clinical and non-clinical care and services, for our identified populations.

## **PROGRAM GOALS AND OBJECTIVES**

### Goals

1. Ensuring ongoing communication and collaboration between the AZPC QI Department and the other areas of the organization, such as, but not limited to: Customer Service, Care Management, and Behavioral Health providers and staff.
2. Ensuring members receive the highest quality of care and services.
3. Ensuring behavioral health specialists are accessible and available to our members.
4. Monitoring and evaluating the standards of healthcare practice through evidence-based Clinical Practice Guidelines (CPG) as the basis for clinical decision-making.
5. Monitoring, improving, and measuring member and provider experience with all aspects of the delivery system and network.
6. Utilizing a multi-disciplinary approach to assess, monitor, and improve our policies and procedures.
7. Promoting physician involvement in our QI Program and activities.
8. Collaborating with hospital practitioners and health delivery organizations to assure the quality and safety of services provided.
9. Fostering a supportive environment to help practitioners and providers improve the safety of their practices.
10. Assessing and meeting the cultural and linguistic needs of our members.
11. Meeting the changing standards of practice of the healthcare industry by adhering to all state and federal laws and regulations.
12. Monitoring our compliance to regulatory agency and health plan standards through annual oversight audits and survey activities

13. Adopting, implementing, and supporting ongoing adherence with accreditation agency and health plan standards.
14. Promoting the benefits of a coordinated care delivery system.
15. Promoting preventive health services and care management of members with chronic conditions.
16. Emphasizing a caring and therapeutic relationship between the patient and practitioner; and a professional and collaborative relationship between the practitioner and health plan.
17. Ensuring there is a separation between clinical and financial decision making.
18. Identifying opportunities to improve the quality of care and services provided to our members by our network providers.

### Objectives

1. Ensuring that timely, quality, medically necessary, and appropriate care and services that meet professionally recognized standards of practice are available to members by the identification, investigation, and resolution of problems.
2. Focusing on known or suspected issues that are revealed through monitoring, trending, and measuring of specific clinical indicators.
3. Promoting preventive health services; access to services; and, member experience through the use of a total QI philosophy.
4. Systematically collecting, screening, identifying, evaluating, and measuring information about the quality and appropriateness of clinical care.
5. Communicate performance findings with our network providers and the corresponding impact on patient outcomes and network-wide performance.
6. Maintaining a credentialed network based on a thorough review and evaluation of education, training, experience, sanction activity, and performance of each healthcare provider.
7. Objectively and regularly evaluate professional practices and performance on a proactive, concurrent, and retrospective basis through credentialing and peer review.
8. Ensuring our members are afforded accessible healthcare by continually assessing member access to care and the availability of our network practitioners and specialists.
9. Designing and developing data systems to support QI monitoring and measurement activities.
10. Assuring compliance with the requirements of the health plan, and regulatory and accrediting agencies, including but not limited to CMS and NCQA.
11. Appropriately oversee and monitor BH QI activities of its contracted providers.
12. Ensuring that at all times the QI structure, staff, and processes are in compliance with all regulatory and health plan requirements.
13. Identify potential risk management issues and address based on AZPC policies and practices.
14. Actively work to maintain standards for quality of care and accessibility of care and service.
15. Effectively interface with all interdisciplinary departments and practices for the coordination of QI activities.
16. Establishing and conducting focused review studies, with an emphasis on preventive and high impact and high volume services and programs, with implementation of processes to measure improvements.
17. Ensuring that mechanisms are in place to support and facilitate continuity of care within the AZPC network and to review the effectiveness of such mechanisms.
18. Providing a confidential mechanism of documentation, communication, and reporting of QI issues and activities to the Executive Committee, QI Committee, and other appropriate involved parties.

19. Assessing the effectiveness of the QI Program and making modifications and enhancements as necessary on an ongoing and annual basis.
20. Ensuring that AZPC staff and network providers are meeting the members' cultural and linguistic needs at all points of contact.
21. Ensuring members have access to all available services regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.
22. Ensuring mechanisms are in place to identify and evaluate patient safety issues within the network and systems are established to facilitate effective resolutions.

## **CONFIDENTIALITY AND CONFLICT OF INTEREST**

All information related to the AZPC QI process is considered confidential. All QI data and information are housed in a designated secure area within AZPC. All aspects of quality review are deemed confidential. All persons involved with review activities will adhere to the confidentiality guidelines applicable to the appropriate committee.

All QI activities including correspondence, documentation, and files are protected by State Confidentiality Statutes, the Federal Medical Information Act SB 889 and the Health Information Portability and Accountability Act (HIPAA) for patient confidentiality. All persons attending the QI Committee or any related sub-committee meetings will sign a Confidentiality Statement. All personnel are required to sign a Confidentiality Agreement upon employment. Only designated employees by the nature of their position will have access to member health information as outlined in the policies and procedures.

No persons shall be involved in the review process of QI issues in which they were directly involved. If potential for conflict of interest is identified, another qualified reviewer will be designated. There is a separation of clinical/financial decision making and all committee members sign a statement of this understanding.

AZPC ensures that all member care is:

1. Consistent with professionally recognized standards of practice
2. Not withheld or delayed for any reason
3. Reviewed by appropriate clinical staff
4. Void of any influence or oversight by the finance department

Therefore, we do not penalize providers for discussing medically necessary or appropriate patient care regardless of the patient's benefits. We do not pressure providers to render care beyond the scope of their training or experience. We do not exert economic pressure on institutional providers to grant privileges to healthcare providers that would not otherwise be granted.

## **PROGRAM STRUCTURE**

### Governing Body

AZPC'S Governing Body is the Executive Committee. The Executive Committee is responsible for the establishment and implementation of the QI Program. The Executive Committee appoints the Chief Medical Officer (CMO) to act as facilitator for all QI activities and they are the responsible entities for the oversight of the QI Program.

The Executive Committee directs the establishment of the QI Committee which will evaluate and monitor the quality of patient care and address support services concerns. The Chief Medical Officer, Medical Director(s), and Clinical Services Directors will report all QI activities to the Executive Committee. The Executive Committee formally reviews and approves all QI activities quarterly, semi-annually, and annually and directs these operations on an ongoing basis.

The Executive Committee will ensure sufficient staff and resources to the QI Program to achieve its objectives. These resources will include staff, data sources, analytical resources such as statistical expertise and programs. AZPC ensures its contracted practitioners are deemed competent to meet regulatory and accreditation standards during our initial oversight survey and our annual oversight audits thereafter.

### Chief Medical Officer / QI Medical Director

The Chief Medical Officer is a physician who holds a current license to practice medicine with the Medical Board of Arizona. The Chief Medical Officer is the Executive Committee's designee responsible for implementation of QI Program activities. The Chief Medical Officer works in conjunction with the Medical Director and Clinical Services Directors to develop, implement, and evaluate the QI Program. The Chief Medical Officer is Chairperson of the QI Committee.

Responsibilities include but not limited to:

1. Implementation, assessment, and improvement of the QI Plan. Substantial involvement in the assessment and improvement of QI activities.
2. Ensuring that medical decisions are rendered by qualified medical and behavioral health personnel, unhindered by fiscal or administrative management.
3. Ensuring that the medical and behavioral healthcare provided meets the community standards for acceptable care.
4. Ensuring that medical protocols and rules of conduct for practitioners are followed.
5. Developing and implementing medical policies.
6. Actively participating in the functioning and resolution of the grievance procedures.
7. Providing support and clinical guidance to the program and to all practitioners in the network.
8. Assuring compliance with the requirements of regulatory and accrediting agencies, including but not limited to CMS, NCQA and the contracted health plans.
9. Ensuring that the QI and Utilization Management Departments interface appropriately to maximize opportunities for QI activities.
10. Directing the implementation of the QI process.
11. Overseeing the formulation, modification, and implementation of comprehensive policies and procedures that support the QI operations.
12. Analyzing QI data.
13. Reviewing pertinent clinical grievances, quality of care concerns, assigning severity levels, and directing corrective actions to be taken including peer review, if required.
14. Reviewing QI Program, Work Plan, Annual Evaluation and Quarterly Reports.

## 15. Analysis of quality (HEDIS) studies.

### Designated Physician

AZPC shall employ, contract or designate a Medical Director who holds an Arizona unrestricted license to practice medicine issued pursuant to Arizona Revised Statute (ARS); 32-1421 – 32-1439.

The Medical Director is fully credentialed and serves as the designated physician who is involved in all aspects of the BH QI Program development, evaluation, and provides clinical oversight of all QI activities, supports the various committees, staff, resources, and makes recommendations based on clinical care and administrative data. The Medical Director shall be available for assistance with member behavioral health QI procedures and processes, complaints, development of behavioral health guidelines, recommendations on service and safety, provide behavioral health QI statistical data, follow-up on identified issues, and attend the QI Committee Meeting at least once every 12 months. The designated Behavioral Health Practitioner shall be involved in all behavioral aspects of the QI program, and assist with member behavioral health complaints, development of behavioral health guidelines, development of programs, recommendations on service and safety, provide behavioral health QI statistical data and follow-up on identified issues. They must attend the QI Committee Meeting quarterly, at a minimum.

The AZPC Medical Director will work in conjunction with a qualified doctoral-level behavioral health practitioner (licensed physician or doctoral level clinical psychologist), Director of Care Coordination, Director of Clinical Services Operations, and Director of Quality, Credentialing, and Compliance to develop implement and evaluate the behavioral health aspects of the QI Program. The Medical Director helps to plan, develop, organize, monitor, communicate, and recommend modifications to the QI Program and all QI policies and procedures. The Medical Director reports any areas of concern to the CMO and/ or the QI Committee.

Responsibilities include but not limited to:

1. Ensuring that medical decisions are reviewed by qualified behavioral health personnel, unhindered by fiscal or administrative management.
2. Ensuring that the behavioral healthcare provided meets the community standards for acceptable medical care.
3. Ensuring that behavioral health protocols are followed.
4. Actively participating in the functioning and resolution of the grievance procedures.
5. Providing support and clinical guidance to the program and to all physicians in the network.
6. Assuring compliance with the requirements of regulatory agencies and accrediting, including but not limited to CMS, NCQA and the contracted health plans.
7. Ensuring that the QI and Utilization Management Departments interface appropriately to maximize opportunities for QI activities.
8. Directing the implementation of the QI process for behavioral health.
9. Overseeing the formulation, modification, and implementation of comprehensive behavioral health policies and procedures that support the QI operations.
10. Analyzing behavioral health QI data.
11. Reviewing pertinent behavioral health grievances, Quality of Care concerns, assigning severity levels, and directing corrective actions to be taken including peer review, if required.
12. Overseeing Credentialing activities.

13. Assisting with the development, conduct, review and analysis of HEDIS studies.

### Director of Quality, Credentialing, and Compliance

The Director of Quality, Credentialing, and Compliance oversees the administrative day to day operations of the execution of QI activities and reports directly to the Medical Director. It is the Director's responsibility to interface with the behavioral health staff and/ or contracted providers on a day-to-day basis on QI processes and issues. Additional responsibilities include but not limited to:

1. Assisting the Medical Director and all Clinical Services Directors in developing and/or revising the QI Program Description, Policies and Procedures, Annual Evaluation and Work Plan and presenting them for review and approval.
2. Collecting information for quarterly QI activity progress reports.
3. Ensuring that quality trends and patterns are monitored, and that quality issues are identified.
4. Monitoring and reporting to the Medical Director the resolution of QI activities in accordance with the QI Program.
5. Interfacing with all internal departments to ensure compliance to the Quality Improvement Program and policies and procedures.
6. Acting as a liaison with network practitioners, providers, ancillary providers, facilities, health plans, and regulatory agencies regarding QI issues.
7. Monitoring and follow up with all applicable QI activities.
8. Ensuring that staff collects and monitors data and report identified trends to the CMO and QI Committee.
9. Assuring compliance with the requirements of regulatory and accreditation agencies, including but not limited to CMS, NCQA and contracted health plans.
10. Ensuring appropriate resources and materials are available and ordered to meet the department's needs.
11. Overseeing the QI staff ensuring compliance with company standards.
12. Maintaining a comprehensive grievance and appeals database to track pertinent case data that facilitates capturing, tracking, and trending of quality data.
13. Overseeing member clinical grievance case files and the process for the Chief Medical Officer and/or Medical Director designee.
14. Overseeing the preparation of peer review case files for the Chief Medical Officer's action, as needed.
15. Collecting, monitoring, and reporting data for tracking and trending.
16. Serving as a liaison with departments for investigation, collaboration, and resolution of all identified quality of care issues.
17. Overseeing the preparation of grievance, compliance, and quality reports for management, Executive Committee, and QI Committee meetings.
18. Monitoring network QI activities to ensure proper performance of QI functions in compliance with regulatory and health plan delegation requirements.
19. Oversee and participate with regulatory audit(s) preparation and coordination.
20. Reviews Quality Improvement Plans (QIP)/Corrective Action Plans (CAP) for appropriateness, as needed.
21. Provides guidance and assistance to department heads, organization staff and/or contractors in the selection and application of continuous QI tools and data collection methodologies to achieve compliance.



22. Engages department heads and organization staff to assess compliance and identify opportunities for improving compliance.
23. Ensuring member and provider experience surveys are conducted annually.
24. Develops and oversees the Credentialing process.

### Director of Clinical Services Operations

1. Performing statistical analysis relevant to QI functions and goals.
2. Assisting the Medical Director and all Clinical Services Directors in developing and/or revising the QI Program Description, Policies and Procedures, Annual Evaluation and Work Plan and presenting them for review and approval.
3. Assuring compliance with the requirements of regulatory and accreditation agencies, including but not limited to CMS, NCQA and contracted health plans.
4. Interfacing with all internal departments to ensure compliance to the Quality Improvement Program and policies and procedures.
5. Serving as liaison with Regulatory Agencies for QI activities.
6. Assisting all Clinical Services Directors in monitoring and follow up with all applicable QI activities.
7. Tracking compliance with reporting requirements and provide reports for the QI Committee meetings.

### Director of Care Coordination

1. Overseeing the facility site review activities, when applicable
2. Ensuring that focused reviews are conducted as identified.
3. Interfacing with the Chief Medical Officer and/or Medical Director designee for clinical quality of care and service issues.
4. Serving as a liaison with regard to member clinical grievance case files and collaborates with designated behavioral health practitioner and/or Medical Director.
5. Serving as liaison with CMS, health plans and other regulatory agencies for investigation, collaboration and resolution of clinical grievances.
6. Assisting the Medical Director and all Clinical Services Directors in developing and/or revising the QI Program description, policies and procedures, annual evaluation and work plan and presenting them for review and approval.
7. Collecting, monitoring, and reporting data for tracking and trending.
8. Serving as a liaison with departments for investigation, collaboration, and resolution of all identified quality of care issues.
9. Identifying compliance problems, formulating recommendations for corrective action, and reviewing QI corrective action plans.
10. Collaborating with network provider offices and facility staff to identify and address quality of care issues, as needed.

### QI Staff and Resources

AZPC has multidisciplinary staff to address all aspects of the department functions. AZPC has staff and resources to conduct statistical and data analysis sufficient to establish quality controls and improvement projects. Staff are capable of developing access databases relevant to specific functions and pulling appropriate information relevant to specific studies.

## **QUALITY IMPROVEMENT COMMITTEE**

The QI Committee is established by the authority of the AZPC's Executive Committee as a standing committee and is charged with the development, oversight, guidance, and coordination of all improvement. The QI Committee is designated, and has been delegated the responsibility of providing an effective QI Program for our members, and providers. The QI Committee monitors provisions of care, identifies problems, recommends corrective action, and guides the education of providers to improve healthcare outcomes and quality of service.

### Scope (includes but not limited to):

1. Directing all BH/ QI activity.
2. Recommending policy decisions.
3. Reviewing, analyzing, and evaluating QI activity.
4. Ensuring provider participation in the QI program through planning, design, implementation, and review.
5. Reviewing and evaluating reports of QI activities and issues arising from its subcommittees.
6. Monitoring, evaluating, and directing the overall compliance with the QI Program.
7. Annually reviewing and approving the QI Program, Work Plan, and Annual Evaluation.
8. Overseeing and keeping staff and providers informed regarding: QI projects and performance improvement projects, QI requirements, activities, updates or revisions, performance measures and results, utilization data, and profiling results.
9. Assuring compliance with the requirements of regulatory and accreditation agencies, including but not limited to CMS, NCQA, and contracted health plan policies.
10. Reviewing and approving QI policies and procedures, guidelines, and protocols.
11. Developing and approving preventive health and clinical practice guidelines that are based on nationally developed and accepted criteria.
12. Developing relevant subcommittees for designated activities and overseeing the standing subcommittee's roles, structures, functions, and frequency of meetings as described in this Program. Ad-hoc subcommittees may be developed for short-term projects.
13. Conducting peer review, assigning severity levels, and making recommendations for corrective actions, as needed.
14. Reviewing network practitioner and provider availability, and the number of credentialed, re-credentialed, and termed providers.
15. Reviewing and evaluating reports regarding any/all critical incidents, reportable events, and sentinel events.
16. Reviewing and evaluating reports submitted by each health plan.
17. Responsibility for evaluating and giving recommendations concerning audit results, member experience surveys, provider experience surveys, access and availability audits, and any other QI studies as needed
18. Responsibility for evaluating and giving recommendations from monitoring and tracking reports.
19. Ensuring follow-up, as appropriate.

### Reporting

The QI Committee shall submit a summary report of quality activities and actions for review and approval to the Executive Committee on a quarterly basis. This is completed by the approval of the QI quarterly report.

## Composition

The Chief Medical Officer shall chair the QI Committee and his/her primary responsibilities may include but are not limited to:

1. Directing the QI Committee meetings.
2. Reporting QI Committee activities to the Executive Committee.
3. Acting on behalf of the committee for issues that arise between meetings.
4. Ensuring all appropriate QI activity and reports are presented to the committee.
5. Ensuring there is a separation between medical and financial decision making.

The Chief Medical Officer, as the chairperson of the QI Committee, may designate his/her physician designee only when unable to attend the meeting.

## Membership

Membership is assigned and will include representatives from the following disciplines:

1. AZPC Medical Directors
2. Director of Quality, Credentialing, and Compliance
3. Director of Clinical Services Operations
4. Director of Care Coordination
5. Directors/Managers of Health Education
6. Director of Provider Relations
7. Director of Contracting/Network Strategy
8. Director of Customer Service
9. Behavioral Health Practitioners
10. Representation of contracted providers serving our members to include: Primary Care and Specialty Care Practitioners
11. Appropriate clinical representatives
12. Other members appointed at the discretion of the Chairperson

QI Committee members that are employees of AZPC are permanent members unless reassigned or employment ends. Independent Physicians are assigned on a bi-annual basis or as vacancies arise and are staggered to protect continuity of the committee functions by the Chief Medical Officer.

Representatives of regulatory agencies and health plans may attend upon written request and chair approval.

## Quorum and Voting

Only physician members are allowed to vote. A quorum consists of a minimum of three physicians. All approval of actions is made by a majority vote, and/or motioned for approval by two voting physician members without challenge.

A committee member with a conflict of interest, which might impair objectivity in any review or decision process, shall not participate in any deliberation involving such issues and shall not cast a vote on any related issue.

Non-Physician members of the QI Committee may not vote, but shall attend the meetings and provide support to the deliberations. In the event that the QI Committee is unable to constitute a quorum for

voting purposes because of conflicts of interest, alternate committee member(s) will be selected as needed, at the discretion of the Chairperson. Representatives and other guests may attend the meetings upon invitation and prior approval.

### Meetings

The QI Committee meets not less than quarterly but can meet more frequently if circumstances require or to accomplish the committee's objectives. The Chief Medical Officer may act on the Committee's behalf on issues that arise between meetings.

### Confidentiality

All committee members and participants, including network providers, consultants, and others, will maintain the standards of ethics and confidentiality regarding both patient information and proprietary information. The QI Committee must ensure that each of its members, or attending guests, are aware of the requirements related to confidentiality and conflicts of interest by having signed statements on file and/or QI Committee sign-in sheets with requirements noted on them.

Breach of confidentiality may result in disciplinary action, up to and including termination. Activities and minutes of the QI Committee are for the sole and confidential use of AZPC.

### Recording of Meeting and Dissemination of Action

All QI Committee meetings are recorded by the taking of minutes, which are signed and dated and reflect all committee decisions. Meeting minutes and all documentation used by the QI Committee are the sole property of AZPC and are strictly confidential. When quality issues are identified, the QI Committee meeting minutes must clearly document discussions of the following:

1. Identified issues.
2. Responsible party for interventions or activities.
3. Proposed actions.
4. Evaluation of the actions taken.
5. Timelines including start and end dates.
6. Additional recommendations or acceptance of the results as applicable.

For each QI Committee meeting:

1. A written agenda will be used for each meeting.
2. Meeting minutes shall be comprehensive, timely, show indicators, recommendations, follow-up and evaluation of activities.
3. The minutes are recorded in a nationally recommended format. All unresolved issue/action items are tracked in the minutes until resolved.
4. The minutes and all case related correspondence must be maintained within AZPC.
5. The minutes must be available for review by appropriate regulatory and accrediting agencies but may not be removed from the premises.

The dissemination of QI Committee information and findings to physicians may take various forms. Practitioners and providers must be informed of information related to their performance. These methods may include but not be limited to:

1. Informal one-on-one meetings
2. Formal medical educational meetings

3. Newsletters
4. Provider Relations and Physician Reports
5. Quarterly Reports to the Executive Committee

## **CREDENTIALING COMMITTEE**

The Credentialing Committee consists of physicians that are on AZPC's QI Committee panel as well as a minimum three (3) practitioners who are currently contracted with AZPC. The Credentialing Committee:

1. Has final authority to approve or disapprove applications by providers for AZPC participation or delegate such authority to the senior Medical Director for approving clean applications, provided that such designation is documented and provides reasonable guidelines.
2. Discusses whether organizational providers are meeting reasonable standards of care.
3. Accesses appropriate clinical peer input when discussing standards of care for a particular type of organizational provider.
4. Reviews files for organizational providers that do not meet AZPC's established criteria.
5. Reviews files for State Survey and Licensing deficiencies of organizational providers.
6. Reviews files for reported potential quality of care issues, reportable events, sentinel events, critical incidents, complaints, and/or the facility has been sanctioned by a regulatory agency.
7. Maintains minutes of all committee meetings and documents all actions.
8. Provides guidance to AZPC staff on the overall direction of the Credentialing Plan.
9. Evaluates and reports to AZPC management on the effectiveness of the Credentialing Plan.
10. Reviews and approves credentialing policies and procedures at least annually.
11. Meets as often as necessary to fulfill its responsibilities, but no less than quarterly.
12. Has the authority to delegate authority to the senior clinical staff person, such as another medical director or other equally qualified provider for approving clean applications for continuing participation.

### Peer Review

Peer review is conducted in any situation where peers are needed to assess the appropriateness or necessity of a particular course of treatment, to review or monitor a pattern of care provided by a specific practitioner or to review aspects of care, behavior or practice, as may be deemed inappropriate.

1. The Chief Medical Officer or Medical Director designee is responsible for authorizing the referral of cases for peer review.
2. All peer review consultants (including members of the Credentials/Peer Review or ad-hoc Peer Review Committees) are duly licensed professionals in active practice.
3. At least one consultant will be a Practitioner with the same or similar specialty training as the Practitioner whose care is being reviewed, except in those cases where there is no applicable board certification for the specialty.
4. The Chief Medical Officer can send cases out for a specialty review and consultation to be used for the peer review process.
5. The Chief Medical Officer will confirm that the peer review consultants have the necessary experience and qualifications for the review at hand.
6. The QI Director and/or Manager prepare all materials for review by the Peer Review Committee to conduct all follow-ups, as required by the Committee.

## **PEER REVIEW COMMITTEE**

The peer review committee's sole purpose is to improve the quality of the medical and behavioral healthcare provided to our members by practitioners and providers. AZPC cannot delegate the function of peer review to another entity.

The peer review committee scope includes the review of cases where there is evidence of deficient quality, or the omission of the care or service provided by a participating, or non-participating healthcare professional or provider.

The peer review committee meetings are held quarterly or as needed. The peer review committee is a sub-committee represented by members of the Credentialing Committee that review potential of quality care issues, resulting in a serious member negative outcome. At a minimum, the peer review committee shall include:

1. The Medical Director and/or appointed physician designee.
2. A behavioral health provider when a behavioral health specialty is being reviewed. The committee may utilize peers through external consultation.

### **Peer Review Committee Functions**

1. Peer review committee members shall sign a confidentially and conflict of interest statement at each meeting.
2. Committee members must not participate in peer review activities if they have a direct or indirect interest in the peer review outcome.
3. The peer review committee must evaluate the case referred to peer review based on all information made available through the QI Management process.
4. The peer review committee is responsible for making recommendations to the BH Medical Director. Together they must determine appropriate action which may include, but is not limited to: Peer contact, education, credentials, limits on new member enrollment, sanctions, or other corrective actions. The BH Medical Director is responsible for ensuring that the corrective actions are implemented.
5. The peer review committee is responsible for making recommendations to the Medical Director and referrals to Child Protective services, Adult Protective Services, the appropriate regulatory agency or board, and State agency for further investigation or action if not already referred during the QPI process. Notification must occur when the committee determines care was not provided according to community standards. Initial notice may be verbal but must be followed by a written report.
6. All information used in the peer review process is kept confidential and is not discussed outside of the peer review process. The reports, meetings, minutes, documents, recommendations, and participants must be kept confidential except for implementing recommendations made by the peer review committee.

Peer Review meetings are protected by state and federal law, documents from the proceedings must not leave the room and shall be collected by staff at the meeting closure. Any committee member copies, hand-written notes, post-it notes, or other material that will not be retained in the case file must be destroyed at the end of the session.

Peer review documentation must be provided to state and federal agencies upon request. Providers and practitioners must be informed regarding the peer review process and peer review grievance procedures.

## **PARTICIPATION IN COMMUNITY INITIATIVES**

AZPC may participate in applicable community initiatives including, but not limited to:

1. Quality management and QI.
2. Preventive health initiatives
3. Disease management initiatives (when delegated)
4. Behavioral health initiatives
5. Other community specific initiatives and collaborations as requested by contracted health plans

## **QI PROCESS**

AZPC utilizes a QI Process to identify opportunities to improve both the quality of care and quality of service for all members. AZPC adopts and maintains clinical guidelines, criteria, quality screens, audit tools, and other standard surveys for which quality of care, access, and service can be measured.

### Clinical Service Contracting

AZPC contracts with individual practitioners and providers, including those making Utilization Management decisions, specify that contractors cooperate with its QI program to improve the quality of care and services, and the members' experience. This shall include the collection and evaluation of data, and participation in our QI program.

*A **practitioner** is a licensed or certified professional who provides behavioral healthcare, or medical care services.*

*An **organizational provider** is an institution or organization that provides services for our members, such as a hospital, residential treatment center, home health agency, or rehabilitation facility. For the purpose of this section, practitioners and organizational providers will be known as "**providers**"*

Our contracts will foster open communication and cooperation with all QI activities. Our contracts with providers will specifically require that:

1. Providers cooperate with QI activities,
2. Providers maintain the confidentiality of member information and records, and shall keep member information confidential and secure;
3. Providers allow the plan to use their performance data. This shall include allowing collection of performance measurement data, evaluation of the data, and assisting the organization to improve clinical and service measures.
4. Providers will provide access to medical records as permitted by state and federal law.
5. Providers will give timely notification to members affected by their termination.
6. Providers shall not discriminate against any Beneficiary in the provision of Contracted Services whether on the basis of the beneficiary's coverage under a Benefit program, age, sex, marital

status, sexual orientation, race, color, religion, ancestry, national origin, disability, handicap, health status, source of payment, utilization of medical or mental health services, equipment, pharmaceuticals or supplies, or other unlawful basis including, without limitation, the filing by such Beneficiary of any compliant, grievance, or legal action against the provider or payer.

Contracts will include an affirmative statement indicating that providers may freely communicate with patients about the treatment options available to them, including medication treatment options, regardless of benefit coverage limitations.

## **AVAILABILITY OF PRACTITIONERS**

In creating and developing our delivery system of practitioners, AZPC takes into consideration the preferences and the special and cultural needs of our members. We will ensure that our network has sufficient numbers and types of practitioners and providers to effectively meet the needs and preferences of our membership by:

1. Annually assessing the cultural, ethnic, racial and linguistic needs of our members.
2. Annually assessing the number and geographic distribution of each type of practitioner providing primary care, specialty care, behavioral healthcare, hospital based care, and ancillary care to our members.
3. Adjusting the availability of practitioners within our network based on the community served, the delivery system, and clinical safety.
4. Linking members with practitioners who can meet members' cultural, racial, ethnic, and linguistic needs and preferences.

AZPC establishes availability of behavioral healthcare by:

1. Ensuring that standards are in place to define high-volume and high-impact behavioral healthcare practitioners. (Psychiatrists, clinical psychologists, clinical social workers, etc.)
2. Ensuring a database is in place which analyzes practitioner availability and ability to meet the special cultural need of our members.
3. Ensuring a database is in place which analyzes the geographic distribution of our members to our primary care, specialty care, behavioral healthcare, hospital based, and ancillary practitioners.
4. Facilitating transportation for members as needed.
5. Providing processes for member requests for special cultural and language needs.
6. Annual reviews and measurement of the effectiveness of these standards through specialized studies.

### Access to Service

AZPC has established standards and mechanisms to assure the accessibility of behavioral healthcare and member services. Standards include but not limited to:

1. Regular and Routine care appointments
2. Urgent care appointments
3. Emergency care
4. After-hours care



| <b>Behavioral Health (BH) Accessibility Standards</b>  |  |
|--|--|
| <b>Appointment Type</b>  | <b>Time-Elapsed Standards</b>  |
| <b>Routine Appointment</b><br>(includes non-physician behavioral health providers)   | Must offer the appointment <b>≤ 10 Business Days</b> of the request.   |
| <b>Urgent Care Appointments</b><br>Services for non-life threatening conditions that could lead to a potentially harmful outcome if not treated in a timely manner | Must offer the appointment <b>≤ 48 hours</b> of request.   |
| <b>Non-Life Threatening Emergency</b>  | Must offer the appointment <b>≤ 6 hours</b> of request.  |
| <b>Life-Threatening Emergency Care</b>   | Immediately.   |
| <b>Follow Up Care After Hospitalization for mental illness</b>   | <b>Must Provide Both:</b><br>One follow-up encounter with a mental health provider <b>≤ 7 calendar days</b> after discharge.<br><br><b>Plus</b> One follow-up encounter with a mental health provider <b>≤ 30 calendar days</b> after discharge. |

AZPC shall comply with all federal and state accessibility guidelines. We will conduct annual access to care audits using the standards to implement and measure improvements made in performance.

### Behavioral Healthcare Grievance Process

AZPC will report separate member complaint and appeal assessment results concerning behavioral health care. As such, each quarter we will evaluate our member complaints and appeals by collecting data for each of the following five (5) categories:

1. Access
2. Customer Service
3. Office Site
4. Quality of Care
5. Other - Additional sub-type categories of behavior healthcare grievances will also be reviewed, tracked and analyzed for trends.

The data collected is further aggregated, and evaluated by

1. Number and type of grievance
2. Number of grievances by Severity Level
3. Grievances by Subtype

#### 4. Grievances PKPM

Sufficient data is collected to identify areas of dissatisfaction on which we can act. The rates are computed over time by reason. Annually we conduct a quantitative and causal analysis of our aggregate results and trends over time, and compare our results against a standard goal. AZPC completes investigations of grievances and forwards results to the health plan. AZPC identifies opportunities for improvement based on analysis, and their significance to our members.

#### Behavioral Health Member Experience Survey

AZPC conducts Member Experience Surveys throughout the year. Member experience surveys may also be conducted by a contracted provider to assist AZPC QI Committee to reach conclusions about the services provided to our members. The experience surveys must consist of the core questions plus additional questions specific to their experience with healthcare services, accessibility of care, continuity of care, and the quality of care and service.

AZPC evaluates the results of the surveys received. AZPC will develop improvement plans to address areas identified. All results are presented to the QI Committee for review and recommendations.

### **COMPLEX CARE MANAGEMENT**

AZPC coordinates services for our members with complex conditions and help them access needed resources.

Complex Care Management (CCM) is the coordination of care and services provided to members who have experienced a critical event or diagnosis that requires the extensive use of resources and who need help navigating the system to receive appropriate care and services. Members eligible for CCM may include those with physical or developmental disabilities, serious mental illness, and multiple chronic conditions. CCM is considered an opt-in/opt-out program. Eligible members have the right to decline participation.

The goal of CCM is to help members regain optimum health and improved functional capability, in the least restrictive setting and in a cost-effective manner. It involves comprehensive assessment of the member's condition, determination of available benefits and resources, and development and implementation of a patient-centered care management plan with performance goals, monitoring, and follow-up.

Distinguishing factors of CCM:

1. Degree and complexity of illness or condition is typically severe.
2. Level of management necessary is typically intensive.
3. Amount of resources required for member to regain optimal health and improved functionality is typically extensive.

Annually, AZPC with the assistance of its contracted provider will conduct an assessment of the entire CCM population and sub-populations based on the needs of individuals with serious and persistent mental illness (SPMI).

Based on the findings, AZPC will review and update the AZPC CCM process, health education, and resources in order to effectively meet our member's needs. The goal of the AZPC health education initiatives is to improve the health status of members and to educate practitioners and providers in a variety of modalities to help them educate their patients. Education modalities may include preventive health literature, educational classes and wellness programs

## **CLINICAL PRACTICE GUIDELINES**

AZPC will adopt and disseminate clinical practice guidelines relevant to our members for the provision of behavioral health services.

AZPC uses evidenced-based clinical practice guidelines to help practitioners and members make decisions about appropriate healthcare for specific clinical circumstances and behavioral health services. AZPC will distribute guidelines to their practitioners by posting them on our website, or through the provider web portals. Notification of online availability will be faxed to our network providers within 30 days of QI Committee approval. In addition, if changes, or revisions are made a notice will be sent to the practitioners by blast fax within 30 days of QI Committee approval.

AZPC adopts nationally recognized Clinical Practice Guidelines (CPGs) that include professional medical associations, voluntary health organization, and NIH Centers and Institutes. If the guidelines are not from a recognized source, they are created with the involvement of a board certified practitioner. Selected CPGs are presented to the QI committee for discussion and recommendations. We shall adopt evidence based CPGs for at least two medical conditions and at least two behavioral conditions, with at least one behavioral health guideline addressing children and adolescent care.

## **PREVENTIVE HEALTH GUIDELINES**

AZPC will adopt and disseminate preventive health guidelines (PHGs) for care for adults 20-64 years old, and care for adults 65 years and older.

AZPC approves, adopts, and disseminates these preventive health guidelines in an effort to improve healthcare quality and reduce unnecessary variation in care. AZPC will distribute guidelines to our contracted providers by posting them on the website. Notification of online availability will be faxed to our network providers within 30 days of QI Committee approval. In addition, if changes or revisions to the guidelines occur, a notice will be sent to the practitioners by blast fax within 30 days of QI Committee approval.

AZPC adopts nationally recognized Preventive Health Guidelines (PHGs) from the U.S. Preventive Services Task Force for adults. AZPC may include other guidelines from professional medical associations, voluntary health organization, and NIH Centers and Institutes. If the guidelines are not from a recognized source, they are created with the involvement of a board certified practitioner.

Selected PHGs are taken through the QI Committee for discussion and recommendations. We assure that the preventive health guidelines are reviewed and approved through the QI Committee at least every two years, and ongoing if updated.

## **CONTINUITY AND COORDINATION BETWEEN MEDICAL AND BEHAVIORAL HEALTHCARE**

AZPC monitors the quality and coordination of behavioral health services. The update must include but is not limited to: diagnosis of chronic conditions, support for the petitioning process for long term care, and all medication prescribed.

Annually data is collected regarding opportunities for collaboration, and assess for:

1. Exchange of information between behavioral healthcare and primary care practitioners, medical/surgical specialists, organizational providers, or other relevant medical delivery systems.
2. Appropriate diagnosis, treatment, and referral of behavioral disorders commonly seen in primary care settings.
3. Appropriate use of psychotropic medications and consistent guidelines for prescribing by behavioral and medical practitioners. (HEDIS Antidepressant Medication Management).
4. Screening and managing of patients with coexisting medical and behavioral conditions.
5. Consultations of medical or surgical inpatients with secondary mental illness or substance abuse disorder.
6. Development and adoption of primary prevention programs for behavioral healthcare.
7. Development and adoption of primary education programs to promote prevention of substance abuse, stress management programs, depression management programs, and bereavement counseling.
8. Development and adoption of secondary preventive programs for behavioral healthcare and behavioral health consultations for targeted medical or surgical conditions. (i.e., depression post CABG, Post-Partum depression, depression associated with exacerbation of Diabetes Mellitus).
9. Development and adoption of programs to meet the needs to members with severe and persistent mental illness (SPMI).

We identify opportunities to improve continuity and coordination of care between medical and behavioral health providers through routine medical and treatment record reviews, review of behavioral healthcare referrals, review of behavioral healthcare consultations, HEDIS antidepressant medication studies, grievance reviews, and member experience surveys. This collaborative information is measured, tracked, and analyzed to identify opportunities for improvement. Actions and interventions are taken to improve our members' experience, and the continuity and coordination of care between our primary care physicians, and the behavioral healthcare providers.

## **PATIENT SAFETY PROGRAM**

AZPC works to develop a patient safety program which identifies, supports, and facilitates patient safety throughout our network operations. This program evaluates multiple aspects of the patient care process, such as hospital safety, health education, practitioner office safety, and drug utilization safety.

### [Medication Review](#)

Initiatives are in place through a variety of processes (e.g. ICT, medical record review, pharmacist review) to identify members who are on medications that are contraindicated or when warnings have been issued. Members that are prescribed ten (10) or more medications should be referred to the AZPC pharmacist for patient safety, drug to drug interactions, and drug-disease interactions with notification to the member's primary care provider.

### Medication Reconciliation

A complete medication reconciliation review, as defined by CMS, will be completed by a RN within thirty (30) days from the date of discharge and will be communicated to the next known provider or service when the patient is referred or transferred to another setting, service, practitioner, or level of care.

### Patient Adverse Outcomes

AZPC will track and trend the number of Grievances, Appeals, Sentinel Events, and Reportable Events received by category, sub-category, provider type, and level of severity. AZPC shall conduct a full investigation to ensure that safe care is provided to our members across our network. Documenting and investigating Serious Reportable Events—Critical incidents, Sentinel Events, and CMS Reportable Events, is essential. Analysis of information from these events can enhance coordination of program services, improve processes, and prevent recurrence of events in the future.

### Facility Site Reviews

The QI Department provides the Credentialing Department with facility site review and medical record audit scores and any sanction activity related to those reviews and with identified issues, as appropriate.

## **POTENTIAL QUALITY ISSUES (PQI)**

A major component of the QI Program is the identification and review of potential quality issues and the implementation of appropriate corrective action to address confirmed quality of care issues. A PQI is a deviation or suspected deviation from expected practitioner performance, clinical care, or outcome of care that cannot be determined to be justified without additional review. AZPC will have accessibility to a Medical Director for cooperative and collaborative review and investigation.

### Sentinel Events / Critical Incidents

A sentinel event or critical incident is “an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, ‘or risk thereof’ includes any process variation for which a recurrence carries a significant chance of a serious adverse outcome.”

A major component of the QI Program is the use of sentinel events to monitor important aspects of care, accessibility and service in medical and behavioral healthcare. These events are called "sentinel" because they signal the need for immediate investigation and response. As such, all sentinel events must be monitored, tracked, and investigated.

### Serious Reportable Adverse Events

A serious reportable event (SRAE) is an incident involving death or serious harm to a patient resulting from a lapse or error in a healthcare facility and is broken down into three major categories by the Centers for Medicare & Medicaid Services:

1. Never Events;
2. Hospital Acquired Condition (HAC); and
3. Provider Preventable Condition.

AZPC will ensure our compliance with all federal and state guidelines. All serious reportable adverse events will be monitored, tracked, and investigated.

## **CLINICAL MEASUREMENT ACTIVITIES AND QUALITY PERFORMANCE REPORTING**

AZPC adheres to all regulatory standards in accordance with Title 42 CFR Part 422, Subpart D, Social Security Act, Title 22, CCR, Section 53860 (d) and Title 42, USC, Section 1396a(30)(C) for quality performance reporting. AZPC will cooperate and assist regulators and their contracted QI Organizations (QIO). AZPC uses data collection and analysis to track clinical issues that are relevant to the population. AZPC will adopt and establish quantitative measures to assess performance and to identify and prioritize as appropriate.

### Health Plan Effectiveness Data and Information Set (HEDIS®) and Structure and Process Measures

AZPC actively takes part in annual Health Plan Effectiveness Data and Information Set (HEDIS) and Structure and Process measures. HEDIS Studies and Structure and Process measures are conducted for all lines of business with 30 or more members and are in accordance with CMS and NCQA standards. AZPC collects HEDIS and Structure and Process measure data through multiple sources:

1. Claims and encounter data
2. Proactive medical record review
3. Proactive Measure Review
4. Specialized software program that runs each measure proactively every month during the measurement year
5. Member listings of services that have not been captured are provided to primary care practitioners at a minimum of every six (6) months
6. Annual education and training of practitioners, and their office staff by physician champions
7. HEDIS coordinators contact primary care practitioners' offices at a minimum of every six months to discuss the importance of these services

Every measure is compared to National benchmarks (or if a benchmark is not available a goal is established) and final rates are reported through QI Committee. All measures that do not meet minimum performance levels (25th percentile of the National rate, or not meeting goal) or have a significant drop in rate will have a formal corrective action plan developed. A written plan will detail specific actions or processes aimed at improving rates.

## **OTHER QI ACTIVITY**

AZPC conducts quality improvement studies and programs to assess quality of service to our members, including the following:

### Corrective Action Plans

AZPC, when conducting any activity that reveals any opportunity for improvement, will develop a corrective action plan. The corrective action plans can be developed from issues arising from but not limited to:

1. Member/Practitioner satisfaction surveys
2. Access to care audits
3. Availability studies
4. Potential or actual quality of care issues
5. Grievances focused review studies

Follow-up surveys and/or focus audits may be conducted based on our findings, and actions taken as recommended by the QI Committee.

## **DISSEMINATION OF INFORMATION**

All QI activities are presented and reviewed by the QI Committee. Communication to QI Committee may include but not limited to:

1. Policies and Procedures
2. Medical record and facility audit reports and trends
3. Delegation audit results
4. Member Experience survey results
5. Member grievance statistics and trends
6. Sentinel events
7. Reportable events
8. Study outcomes
9. Referral statistics and trends
10. QI activities
11. QI Program, Work Plan, Annual Evaluation and Quarterly Reports
12. New or changed regulatory and legislative information

Results of Quality Improvement activities are communicated to practitioners and providers in the most appropriate manner, including but not limited to:

1. Correspondence with the practitioner or provider showing individual results and a comparison to the group, when available
2. Newsletter articles
3. Fax updates
4. Email updates
5. Provider Manual updates

The QI Program description is made available to all network practitioners and members. Members and practitioners are notified of the availability of the QI program through the websites, Provider Manual,

and newsletters. The results and intervention analysis is available by request for all practitioners and members. The notification of online availability is sent by fax blast to all network providers within 30 days of QI Committee approval.

## **EFFECTIVENESS OF THE QI PROGRAM**

### **QI Work Plans**

The QI Work Plan is developed annually outlining QI activities for the year. The Work Plans will include all activities and tasks for both clinical care and monitoring of access and availability of covered services. The Work Plans are reviewed by the Medical Director and submitted to the QI Committee and Executive Committee for review and comment.

The work plan must include the following information:

1. A description of all planned activities and tasks for both clinical care, AZPC monitoring, and all other covered services.
2. Beginning and ending dates for all objectives.
3. Methodologies to accomplish measurable goals and objectives.
4. Measurable behavioral health goals and objectives.
5. Staff positions /departments responsible and accountable for the meeting established goals and objectives.

The QI Work Plan is a fluid document and is revised, as needed, to meet changing priorities, regulatory requirements and identified areas for improvement.

### **Semi-Annual Reports**

Semi-annual reports are an evaluation of the progress of the QI activities, as outlined in the Work Plan, and are submitted to the QI Committee and Executive Committee for review and comment. Activity reports can be submitted quarterly as deemed necessary.

### **Annual Plan Evaluation**

QI activities, as defined by the QI Work Plan, will be evaluated annually to measure our performance for the year and to assist in revising the QI Program and preparing the following year's Work Plan. The Evaluations are reviewed by the Chief Medical Officer and submitted to the QI Committee and Executive Committee for review and approval. AZPC will maintain and report separately by line of business, as applicable, for the following measures:

1. Appeals
2. Complaints
3. Statement of Concerns
4. Potential Quality of Care Issues
5. Reportable Events
6. Sentinel Events

### **NCQA HEDIS**

The annual QI evaluation report must contain a summary of all QI activities performed throughout the year, to include:



1. Title/name of each activity.
2. Measurable goals and/or objectives related to each activity.
3. Department or staff positions involved in the QI activity.
4. Description of communication and feedback related to QI data and activities.
5. An evaluation of baseline data and outcomes utilizing qualitative and quantitative data which must include a statement describing if the goals were met completely, partially, or not at all.
6. Actions to be taken for the improvement of corrective action plans (CAPs) and Quality Improvement Plans (QIPs).
7. Documentation of continued monitoring to evaluate the effectiveness of the actions (interventions) and other follow up activities.
8. Rationale for changes in the scope of the QI program and plan or documentation indicating if no changes were made.
9. Necessary follow-up with targeted timelines for revisions made to the QI plan.
10. Documentation of QI committee review, evaluation, and approval of any changes to the QI plan.
11. An evaluation of the previous year's activities must be submitted as part of the QI Plan after review by the QI Committee.

## **RESOURCES, QI PERSONNEL, AND INTERDEPARTMENTAL INTERFACE**

### Utilization Management Department

The Utilization Management (UM) Department frequently identifies potential risk management and quality of care issues and health education needs through care management, inpatient review, utilization review, referrals, etc. The QI Department can refer cases to the UM Department for active Care Management of members with identified chronic conditions.

### Customer Services Department

When a Customer Services representative identifies a potential quality of care issue from a member's call, it is forwarded to the AZPC QI Department for investigation and resolution. The Customer Services Department records all incoming calls by specific indicators for tracking, trending and reporting.

### Credentialing Department

The Credentialing Department is part of the QI Department. QI information is provided to the Credentialing Department for inclusion in the Credentialing/re-credentialing process. The QI Department provides the Credentialing Department with medical record audit scores and any sanction activity related to those reviews and with identified Quality of Care Issues (QICs)/Potential Quality Issue (PQIs) as appropriate. The Director of Quality, Credentialing, and Compliance will take peer review cases, as directed by the Chief Medical Officer, to the Peer Review Committee for review and action.

### Provider Relations Department

The Provider Relations Department assists the AZPC QI Department in obtaining QI information from and disseminating information to practitioners. In addition, the Provider Relations Department:

1. Serves as a liaison between the AZPC QI Department and Practitioners to facilitate education and compliance
2. Serves as a liaison with network behavioral health practitioners
3. Assists the QI Department with Practitioners who do not comply with requests from the QI Department
4. Ensures contracted ancillary providers and facilities meet regulatory and accreditation requirements

### Contracting/Network Management Department

1. Serves as a liaison between the AZPC QI Department and practitioners to facilitate education and compliance
2. Serves as a liaison with network behavioral health practitioners
3. Assists the QI Department with practitioners who do not comply with requests from the QI Department
4. Ensures contracted ancillary providers and facilities meet regulatory and accreditation requirements

### Claims Department

The QI Department utilizes claims data to identify potential quality of care issues, to include critical incidents, reportable events, and sentinel event diagnosis. The QI Department is able to obtain certain medical records from the Claims Department as available.

### Health Informatics Department

The AZPC QI Department works collaboratively with the Health Informatics Department to collect, analyze and integrate data into the AZPC QI process. The AZPC QI Department works with Health Informatics to ensure that data is accurate and complete. Specialized and standardized reports are generated through the various systems and programs so data elements can be continuously monitored. Through this department, data is maintained for regulatory agency review. The data is also used to conduct annual review of the overall AZPC QI Program. Specialized databases have been built by Informatics to track grievances, complaints and potential quality issues for tracking and corrective actions. Data being submitted from outside vendors or being sent out of our organization goes through the Informatics department and the Information Systems Department to ensure all HIPAA regulations are being met. No file containing member specific information is sent out of the QI Department without meeting all HIPAA requirements.

## **DELEGATION OF QUALITY IMPROVEMENT**

AZPC **does not delegate** Quality Improvement, and do not permit delegation of QI activities.