



## Centennial Care Reporting Instructions

### QM/QI Program Description and Work Plan - Report #22

#### Related Contract Requirements

1. Section 4.12.4 – Standards for Quality Management and Quality Improvement
2. Sections 4.21 – Reporting Requirements
3. Section 7.3 – Failure to Meet Agreement Requirements

#### Attestation and Penalties

The managed care organization (MCO) shall ensure that all data is accurate and appropriately formatted in the report prior to submitting the report. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit accurate reports and/or failure to submit properly formatted reports may result in monetary penalties of \$5,000 per report, per occurrence.

The MCO shall include a signed Centennial Care Report Attestation Form with each report submitted. Failure to submit a signed attestation form by the report due date will result in the entire report being late. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit timely reports may result in monetary penalties of \$1,000 per report, per calendar day. The \$1,000 per day damage amounts will double every ten calendar days.

#### Instructions

The MCO is required to submit the Quality Management and Quality Improvement (QM/QI) Program Description and Work Plan on an annual basis no later than **March 31<sup>st</sup>** of each calendar year. If the report due date falls on a weekend or a State of New Mexico scheduled holiday, receipt of the report the next business day is acceptable.

An electronic version of the report must be submitted to HSD and shall be submitted via the State's secure DMZ FTP site. The date of receipt of the electronic version will serve as the date of receipt for the report. The MCO shall submit the electronic version of the report with the following file name: MCO.HSD22.CY##-CY##.v#. The "MCO" part of the labeling should be the MCO's acronym for their business name. With each report submission, change the calendar year (e.g., CY19-CY20) and the version number (e.g., v1), as appropriate. CY##'s shall correspond to the year of data provided for the evaluation (Report #23 – QM/QI Program Annual Evaluation) and the year of data provided for the program description and work plan. The version number should be "1" unless the MCO is required to resubmit a report for a specified reporting period. In those instances, the MCO will use "2" and so on for each resubmission.

The MCO shall develop and implement a QM/QI Program based on a model of continuous quality improvement using clinically sound, nationally developed and accepted criteria. The QM/QI Program Description and Work Plan must include quality monitoring and quality improvement activities for physical and behavioral health services. All quality improvement accreditation activities related to National Committee for Quality Assurance (NCQA) must be addressed in accordance with the accreditation requirement noted in the Centennial Care Contract item 3.1.1.1.

Pursuant to contract requirement 3.1.1, Licensure and Accreditation, the MCO will ensure that all NCQA accreditation standard requirements are documented within the QM/QI Program Description and QM/QI Work Plan. All accreditation requirements must be met in accordance with contract section 3.1.1.



## **Centennial Care Reporting Instructions**

### **QM/QI Program Description and Work Plan - Report #22**

The QM/QI Program Description and Work Plan should include goals, objectives, structure, and policies and procedures that shall result in continuous quality improvement. The MCO shall utilize standard/corporate NCQA approved description and work plan templates. All documents, when submitted to HSD will be in PDF, highlighted, text-boxed, etc., for easily identifying contract and regulatory requirements. All content applicable to behavioral health in any way (i.e., specific to behavioral health or where behavioral health is integrated within a broader scope) shall be distinctly highlighted, bookmarked, etc., such that behavioral health-related content is easily identifiable by report reviewers.

#### **Section I: QM/QI Program Description**

##### Minimum Requirements for QM/QI Program Description

At a minimum, the MCO's QM/QI Program Description must address the following requirements, even if duplicative:

- a) Include the MCO's goals, objectives, structure, and policies and procedures that shall result in continuous quality improvement for both physical health and behavioral health;
- b) The QM,QI structures and processes are planned, systematic, and clearly defined;
- c) Include a process that allows for member and provider input;
- d) Specify that there is an established QU committee that provides oversight of all QM/QI functions of the organization; outline the structure and reporting relationships of the QI department staff (including a designated physician and a behavioral healthcare practitioner) and the QM/QI committee;
- e) Note pertinent resources and analytical support to perform and monitor QI activities; include a committee structure and a process for identifying and addressing the appropriate use of psychopharmacological medications and adverse drug reactions;
- f) Specify that member satisfaction surveys are used;
- g) Note that the MCO reviews outcome data at least quarterly for performance improvement recommendations and interventions;
- h) Note that the MCO has access to, and the ability to collect, manage and report to HSD data necessary to support the QM/QI activities;
- i) Note that HEDIS data is used as a measure of performance and results of data analysis are incorporated in the QM/QI plan;
- j) Ensure that the ultimate responsibility for QM/QI is with the MCO and that this responsibility cannot be delegated to subcontractors;
- k) Include a description of performance improvement projects (PIPs) that focus on clinical and nonclinical areas:
  - i. PIPs as directed by HSD: One (1) on services to children; and one (1) on long-term care; and



## **Centennial Care Reporting Instructions**

### **QM/QI Program Description and Work Plan - Report #22**

- ii. As directed by HSD's Policy Manual.
- l) Have the ability to design sound quality studies, apply statistical analysis to data and derive meaning from the statistical analysis;
- m) Specify that the effectiveness of interventions are evaluated;
- n) Describe how member safety is addressed within the program;
- o) Specify written objectives for serving a culturally and linguistically diverse membership;
- p) Specify written objectives for serving members with complex health needs;
- q) Identify recipients with chronic medical conditions and offer appropriate outreach, services, and programs to assist in managing and improving their chronic conditions;
- r) Describe how a designated physician and a behavioral healthcare practitioner is involved in both physical and behavioral aspects of the QI program;

#### **Section II: QM/QI Work Plan**

At a minimum, the QM/QI Work Plan must:

- a) Specify immediate objectives for each contract year and long-term objectives for the entire term of the Centennial Care contract;
- b) Contain the scope, objectives (relating to Quality of clinical care, Safety of clinical care, Quality of service, Integration of physical health care and behavioral health care, and members' experience) planned activities, measures, actions, timeframes, staff responsible for each activity, monitoring of previously identified issues, annotation that an evaluation of the QI program has been performed, data indicators for tracking performance, and other relevant QM/QI information;
- c) Include a description of PIPs, including interventions (both those required by HSD and those chosen by the MCO);
- d) Include activities to monitor and evaluate care coordination and chronic disease management;
- e) Include a description of ongoing QM/QI activities for physical health and behavioral health;
- f) Include specific measures to monitor to assess performance;
- g) Demonstrate that activities for increasing/sustaining improvement are being planned and implemented;
- h) Specify that the development of future work plans are based on the incorporation of previous year findings of overall effectiveness of the QM/QI program; and
- i) Include a mechanism to inform contract providers of the results of QM/QI activities and the mechanism includes a method to improve contract provider performance.