

920 - QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM ADMINISTRATIVE REQUIREMENTS

EFFECTIVE DATES: 10/01/94, 10/01/17, 10/01/18, 10/01/19, 07/15/21, 10/01/23

APPROVAL DATES: 10/01/97, 10/01/01, 08/13/03, 04/01/05, 01/01/06, 02/01/07, 10/01/08, 10/01/09, 02/01/11, 04/01/12, 10/01/13, 10/01/15, 07/01/16, 03/01/18, 11/15/18, 11/21/19, 04/27/21, 08/03/23

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors. This Policy specifies Quality Management/Performance Improvement (QM/PI) Program administrative requirements. The Contractor is responsible for adhering to all requirements as specified in Contract, Policy, 42 CFR Part 438 and 42 CFR Part 457.

II. DEFINITIONS

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

ACCESS	MEMBER	OBJECTIVE
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For purposes of this Policy, the following terms are defined as:

AHCCCS /DIVISION OF HEALTH CARE SERVICES(DHCS), QUALITY IMPROVEMENT (QI) TEAM AHCCCS staff who evaluate Contractor Quality Management/Performance Improvement (QM/PI) Programs; monitor compliance with required Quality/Performance Improvement Standards, Contractor Quality Improvement (QI) Corrective Action Plans (CAPs), Performance Measures, and Performance Improvement Projects (PIPs); and provide technical assistance for QI related matters.

AHCCCS/DIVISION OF HEALTH CARE SERVICES (DHCS), QUALITY MANAGEMENT (QM) TEAM AHCCCS staff who provide oversight to Contracted Health Plans in the provision of Quality of Care (QOC) investigations, onsite visits, audits and reviews while ensuring compliance with requirements outlined in Contract and AMPM policies including: provide oversight of Contractor credentialing and delegation processes; monitor compliance with required quality standards and Contractor Quality Management (QM) Corrective Action Plans (CAPs); and provide technical assistance for QM related matters.

BEST PRACTICES Best Practices are processes and/or initiatives that produce optimal results and are intended for widespread adoption/implementation.

CORRECTIVE ACTION PLAN (CAP)	A written improvement plan used to improve performance of the Contractor and/or its providers, enhance QM/PI activities and the outcomes of those activities, or resolve a deficiency. The improvement plan includes the root cause(s) of a deficiency, goals and objectives, actions to be taken to facilitate an expedient return to compliance, methodologies to be used to accomplish the goals and objectives, and staff responsible to carry out the activities within established timelines.
EVALUATE	The process used to examine and determine the level of quality or the progress towards improvement of quality and/or performance related to Contractor service delivery systems.
EXTERNAL QUALITY REVIEW (EQR)	The analysis and evaluation by an External Quality Review Organization (EQRO), of aggregated information on quality, timeliness, and access to the health care services that a Contractor (or their subcontracted health plans) furnish to Medicaid members as specified in 42 CFR 438.320.
EXTERNAL QUALITY REVIEW ORGANIZATION (EQRO)	An organization that meets the competence and independence requirements as specified in 42 CFR 438.354 and performs External Quality Review (EQR) activities as specified in 42 CFR 438.358 or 42 CFR 438.320.
MEASURABLE	The ability to determine definitively whether or not a quantifiable objective has been met, or whether progress has been made towards a positive outcome.
MONITORING	The process of auditing, observing, evaluating, analyzing, conducting follow-up activities, and documenting results.
PERFORMANCE IMPROVEMENT PROJECT (PIP)	A planned process of data gathering, evaluation, and analysis to determine interventions or activities that are projected to have a positive outcome. This process includes measuring the impact of the interventions or activities aimed toward improving quality of care and service delivery. Performance Improvement Projects (PIPs) are designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction, and include the elements outlined in 42 CFR 438.330(2). A PIP may also be referred to as a Quality Improvement Project (QIP).
PERFORMANCE MEASURE PERFORMANCE STANDARDS (PMPS)	The minimum expected level of Contractor performance as it relates to performance measures. Official performance measure results shall be evaluated based upon the National Committee for Quality Assurance (NCQA) HEDIS® Medicaid Mean or Centers for Medicare and Medicaid Services (CMS) Medicaid Median (for selected CMS Core Set-Only Measures), as identified by AHCCCS, as well as the line of business aggregate rates, as applicable.

QUALITY

As it pertains to external quality review, means the degree to which a Contractor increases the likelihood of desired outcomes of its members through:

1. Its structural and operational characteristics,
2. The provision of services that are consistent with current professional, evidenced-based-knowledge, and
3. Interventions for performance improvement (42 CFR 438.320).

STATISTICALLY SIGNIFICANT

A judgment of whether a result occurs because of chance. When a result is statistically significant, it means that it is unlikely that the result occurred because of chance or random fluctuation. There is a cutoff for determining statistical significance. This cutoff is the significance level. If the probability of a result (the significance value or p value) is less than the cutoff (the significance level), the result is judged to be statistically significant. Statistical significance is calculated utilizing the chi square methodology, and a statistically significant result is defined as a p value less than or equal to 0.05.

WORK PLAN

A document that identifies and supports the Contractor’s QM/PI goals and objectives, timelines, and action plan (interventions/activities) as well as designated staff responsible. The Work Plan shall include measurable physical, behavioral, and oral health goals and objectives, as applicable to the associated line of business/population. Contractor goals included within the Work Plan shall be Specific, Measurable, Attainable, Relevant, and Timely [SMART] goals.

WORK PLAN EVALUATION

A detailed analysis of Contractor’s progress in meeting or exceeding the Quality Management/Performance Improvement (QM/PI) Program goals, objectives, and action plans proposed to meet or exceed the performance requirements specified in Contract and AMPM Chapter 900.

III. POLICY

A. QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM PLAN

The Contractor shall develop a written QM/PI Program Plan that specifies the structure and objectives of the Contractor’s QM/PI Program, including those related to the provision of Long Term Services and Supports (LTSS) and behavioral healthcare, and addresses the Contractor’s proposed approaches to meet or exceed the performance standards and requirements as specified in Contract and AMPM Chapter 900. The submission shall be accompanied by a completed QM/PI Program Plan Checklist and QM/PI Program Plan Attestation.

The QM/PI Program Plan shall be submitted as specified in Contract and shall describe how program activities will improve the quality of care and service delivery for members, as well as increase member satisfaction. The Contractor shall incorporate monitoring and evaluation activities, at a minimum, for the services and service sites specified in the AHCCCS QM/PI Program Plan Checklist found on the AHCCCS website under Resources, AHCCCS Guides – Manuals-Policies, AHCCCS QM/PI Reporting Templates & Checklists webpage. In addition, the Contractor shall include the AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Template and AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Attachment found on the AHCCCS QM/PI Reporting Templates & Checklists webpage.

The QM/PI Program Plan shall contain, at a minimum, the following:

1. QM/PI Program Plan Attestation

A signed statement indicating whether there were changes in the Contractor’s QM/PI Program scope from the previous year, the applicable populations for the QM/PI Program Plan being submitted, and confirmation of whether the Contractor’s QM/PI Program Plan and any applicable updates related to changes in the QM/PI Program scope have been reviewed by the Contractor’s governing or policy making body prior to submission to AHCCCS. This element of the QM/PI Program Plan shall be specific to the line of business/population being reported. The attestation template can be found on the AHCCCS QM/PI Reporting Templates & Checklists webpage.

2. QM/PI Program Narrative (Plan Description)

A written, narrative description that specifies the objectives of the Contractor’s QM/PI Program and addresses the Contractor’s planned activities for the upcoming calendar year to meet or exceed the minimum requirements as specified in Contract and AMPM Chapter 900.

- a. This element of the QM/PI Program Plan may span across the Contractor’s lines of business/populations, when a Contractor holds a contract for multiple lines of business/populations; however, the Contractor shall:
 - i. Clearly outline which line(s) of business/population(s) each activity applies to, and
 - ii. Outline activities intended to meet the unique needs of each line of business/population for which it serves.
- b. The QM/PI Program Narrative shall include a description of the Contractor’s:
 - i. QM/PI Program structure, including involvement of a designated physician in the QM/PI program and oversight of the Contractor’s QM/PI functions by the local Chief Medical Officer/designated Medical Director, local Administrator/Chief Executive Officer, and QM/PI Committee,
 - ii. Behavioral healthcare aspects of the program, including the involvement of a behavioral healthcare professional in the behavioral aspects of the Contractor’s QM/PI Program,
 - iii. Activities to identify member needs and coordinate care,
 - iv. Follow up activities to support timely access to appropriate and medically necessary treatment,
 - v. Participation in community and/or quality initiatives, and
 - vi. Other items as specified within the QM/PI Program Plan Checklist.

3. QM/PI Program Work Plan Evaluation

This element of the QM/PI Program Plan shall be specific to the line of business/population being reported. The QM/PI Program Work Plan Evaluation shall contain:

- a. A description of activities related to clinical (physical, behavioral health, and LTSS when appropriate) and non-clinical care areas that the Contractor utilized in efforts to meet or exceed the established goals and objectives,
- b. Evidence/documentation supporting continued routine performance monitoring and trending (on a quarterly basis, at a minimum) to evaluate the effectiveness of the QM/PI Program and activities (interventions) conducted throughout the previous calendar year,
- c. A description of how any sustained goals/objectives will be incorporated into the Contractor's business practice (or institutionalized) and develop new goals/objectives once a goal or objective has been sustained, and
- d. All performance measure related Root Cause Analyses (RCA) and Plan-Do-Study-Act (PDSA) cycles that have been initiated, updated, and/or refined as part of the Contractor's ongoing Corrective Action Plan (CAP) monitoring and evaluation activities. It is expected that the Contractor utilize several PDSA cycles for performance measures. PDSA cycles shall be conducted in a short time frame as practical, based on the performance measure and associated intervention(s).

4. QM/PI Program Work Plan

This element of the QM/PI Program Plan shall be specific to the line of business/population being reported. The QM/PI Program Work Plan shall contain:

- a. A detailed, written set of specific measurable goals and objectives related to clinical (physical and behavioral health) and non-clinical care areas that the Contractor will utilize to determine if its QM/PI Program meets or exceeds established goals and complies with QM/PI requirements in Contract as well as all components of AMPM Chapter 900:
 - i. Identified goals and objectives shall be realistic, measurable, and include monitoring of previously identified quality improvement concerns. These objectives shall be based on established Performance Standards and requirements as specified in Contract and AMPM Policies Chapter 900. This may include utilizing percentile/quartile data established by National Committee for Quality Assurance (NCQA) or Centers for Medicare and Medicaid (CMS) (for select CMS Core Set only measures) when appropriate,
 - ii. Other generally accepted benchmarks that continue the Contractor's improvement efforts will be used to establish the program's measurable objectives, in cases where the NCQA Medicaid Mean or CMS Medicaid median (for select CMS Core Set only measures) have been met. This may include utilizing percentile/quartile data established by NCQA or CMS (for select CMS Core Set only measures), and
 - iii. For non-clinical areas, specific measurable goals and objectives shall be based on an evaluation of internal data and/or other available data as well as clearly define the intended outcome. This generally includes identifying a specific numeric value or percentage for which improvement shall be evaluated.
- b. Strategies and activities to meet or accomplish the identified goals and objectives,
- c. Staff positions responsible and accountable for each strategy/activity,
- d. Targeted implementation and completion dates for the included measurable goals, objectives, activities, and performance improvement projects, and

- e. Other details as instructed by AHCCCS and as included within the associated QM/PI Program Work Plan Template.

5. Engaging Members Through Technology – Executive Summary

A stand-alone report specifying the Contractor’s strategic plan for the upcoming calendar year to engage and educate its membership, as well as improve access to care and services, through telehealth services and web-based applications. This includes, but is not limited to, chronic conditions, pregnancy, social determinants of health resources, or other health-related topics the Contractor considers to be most beneficial to members. This may include mobile device technologies, health applications, member outreach, and similar web-based applications; however, references to the Contractor’s website do not meet criteria.

This element of the QM/PI Program Plan may span across the Contractor’s lines of business/populations, when a Contractor holds a contract for multiple lines of business/populations; however, the Contractor shall:

- a. Clearly outline which line(s) of business/populations each activity applies to,
- b. Provide data specific to each line of business/population, and
- c. Outline activities intended to meet the unique needs of each line of business/population for which it serves.

The Contractor shall submit the Engaging Members Through Technology (EMTT) - Executive Summary as specified in Contract and include separate analysis and discussion for telehealth services and web/mobile-based applications within its submission. At a minimum, the EMTT - Executive Summary shall include the following:

- a. An evaluation of the Contractor’s previous calendar year EMTT activities including, but not limited to:
 - i. The percent of members engaged through telehealth services and through web/mobile-based applications in comparison to total membership, and
 - ii. Supporting data for member-related outcomes in comparison to identified goals and objectives.
- b. Criteria for identifying and targeting members who can benefit from telehealth services and from web/mobile-based applications, including but not limited to:
 - i. The identification of populations who can benefit from telehealth services to increase access to care and services, and
 - ii. The identification of populations who can benefit from web/mobile-based applications.
- c. A description of the strategies utilized to identify and outreach members who can benefit from telehealth services and web/mobile-based applications, yet do not have access (or limited access) to the technology necessary to utilize telehealth services or web/mobile-based applications,
- d. A description of telehealth services and web/mobile-based applications in development and currently being utilized to engage members,
- e. Strategies used to engage the identified members in the use of telehealth services and web/mobile-based applications,
- f. A description of desired goals and outcomes for telehealth services and for each web/mobile-based application currently being utilized to engage members, including how the desired outcome will be measured and directly impact the overall quality of and/or access to care for the identified population(s), and

- g. The percent of members anticipated to engage through telehealth services and through web/mobile-based applications during the upcoming calendar year based on the identified strategies and related goals/objectives.

6. Referenced/Associated Policies

New (or substantially revised) relevant policies and procedures, referenced in the Contractor's QM/PI Program Plan and QM/PI Program Plan Checklist, are submitted as separate attachments. Current policies that have not had substantial changes during the year are not required to be submitted as part of the Contractor's QM/PI Program Plan (as they will be evaluated as part of the AHCCCS Operational Review) unless the Contractor considers the submission of the policy as value-add to the Contractor's QM/PI Program Plan submission.

The Contractor's QM/PI Program Plan shall be submitted to AHCCCS as specified in Contract. The submission shall be accompanied by a completed QM/PI Program Plan Checklist utilizing the same format/file type as found on the AHCCCS QM/PI Reporting Templates & Checklists webpage.

B. HEALTH DISPARITY SUMMARY AND EVALUATION REPORT

1. The Contractor shall submit a Health Disparity Summary & Evaluation (HDS&E) Report, as a stand-alone document(s) in accordance with the Contract Chart of Deliverables. The HDS&E Report shall include, at a minimum:
 - a. A description of the process utilized to conduct disparity analyses including the analytical tools and the methodology for identifying disparities based on (but not limited to) age, race, ethnicity, sex, primary language, disability status, location (e.g., Geographic Service Area (GSA), county, rural vs. urban), and placement,
 - b. Disparity analysis findings, associated projects/activities meant to ameliorate the disparity(s), and related measurable goals/objectives,
 - c. An evaluation of the disparity analysis findings, progress on targeted strategies/interventions, and progress on identified goals/objectives,
 - d. A detailed evaluation of performance measure rates specific to subpopulations, as applicable to the line of business/population,
 - e. An analysis of the effectiveness of implemented strategies and interventions in meeting the Contractor's health equity goals and objectives during the previous calendar year,
 - f. A detailed overview of the Contractor's identified health equity goals/objectives for the upcoming calendar year to address noted disparities and promote health equity, and
 - g. Targeted strategies/interventions planned for the upcoming calendar year to achieve its goals.

If the Contractor serves multiple populations/lines of business, the Contractor may submit one Health Disparity Summary & Evaluation Report across lines of business with health disparity findings, goals/objectives, and targeted strategies/interventions specific to each population and line of business served.

C. CONTRACTOR’S BEST PRACTICES AND FOLLOW UP ON PREVIOUS YEAR’S EQR REPORT RECOMMENDATIONS

The Contractor's Best Practices and Follow Up on Previous Year’s External Quality Review (EQR) Report Recommendations shall be submitted as specified in Contract and include:

1. An overview of Contractor self-reported Best Practices (specific to line of business), submitted as a stand-alone document, highlighting a minimum of three initiatives aimed at improving the care and services provided to members.
2. A summary of the Contractor’s efforts to date in implementing the most current and previous year’s EQR Report recommendations, as a standalone document.

The submission shall be accompanied by a completed Contractor’s Best Practices and Follow Up on Previous Year’s EQR Report Recommendations Attestation and Checklist, and align with the instructions and requirements included within the associated checklist

D. AHCCCS PERFORMANCE MEASURE MONITORING REPORT

A report submitted utilizing the AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Template and AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Attachment, specifying the Contractor’s progress in meeting, sustaining, and improving its performance for contractually required performance measures. The report shall include the following based on the associated reporting period:

1. Internal rates, specific to line of business, for each included performance measure in accordance with associated measure specifications, AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Template, and AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Attachment instructions. Within the AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Template, the Contractor shall include performance measures that are reported as part of:
 - a. An open corrective action plan,
 - b. Current performance improvement projects,
 - c. AHCCCS value-based purchasing initiatives,
 - d. The Contractor's self-identified program goals, and
 - e. Other performance measures required by AHCCCS.
2. Identified barriers in implementing the Contractor’s planned interventions and opportunities for improvement intended to support the Contractor in meeting the Contractor’s identified goals/objectives.
3. Detailed analysis of results that includes an evaluation of Contractor performance and noted trends or declines in performance compared to:
 - a. Performance Measure Performance Standards (PMPS),
 - b. Contractor self-identified goals and objectives, and
 - c. Historical performance.

Refer to AHCCCS Performance Measure Monitoring Report & Work Plan Evaluation Template and AHCCCS Performance Measure & Work Plan Evaluation Attachment instructions for additional information. Refer to AMPM Policy 970 for information related to Performance Measures.

E. PERFORMANCE IMPROVEMENT PROJECT REPORTING

A PIP report shall be submitted for each AHCCCS-mandated and Contractor self-selected PIP. The Contractor shall utilize the:

1. AHCCCS PIP Report Template associated with the line of business/population being reported.
2. PIP Intervention & Analysis Template.

Rapid Cycle PIP reports shall include updates based on the frequency specified within the Contract Chart of Deliverables. PIP reports based on calendar year or contract year ending measurement periods shall include annual updates (at a minimum). All PIP reports shall meet the instructions and requirements specified in AMPM Policy 980, the most current PIP Report Template, and the PIP Intervention & Analysis Template. In addition, PIP report submissions shall adhere to the requirements outlined in the AHCCCS PIP Deliverable Submission Overview found on the AHCCCS QM/PI Reporting Templates & Checklists webpage.

Once a PIP is identified, the Contractor shall submit a PIP Initiation Notification, utilizing the template found on the AHCCCS QM/PI Reporting Templates & Checklists webpage, for AHCCCS review and approval.

If there is an updated template published by AHCCCS or posted on the AHCCCS website following submission of the baseline year/period PIP report, the Contractor may continue to utilize the AHCCCS PIP Report template available at the time of its baseline reporting throughout the entire PIP life cycle; however, the Contractor must include an addendum with each subsequent year's report to ensure any information required as part of the most current AHCCCS PIP Report Template (available on the AHCCCS QM/PI Reporting Templates & Checklists webpage) is incorporated into the Contractor's PIP report submissions.

For Contractor Self-Selected PIP submissions serving as the Contractor's final PIP report, the Contractor shall submit a PIP Closure Request for each PIP the Contractor is requesting to close for AHCCCS review and approval.

Refer to the AMPM Policy 980 for more information related to PIPs and associated reporting.

F. CORRECTIVE ACTION PLAN

The Contractor shall develop and implement a CAP for taking appropriate steps to improve care, if and when issues or concerns are identified. All proposed CAPs are to be submitted to AHCCCS for review and approval, prior to implementation.

1. Proposed QM/PI Program specific CAPs submitted for approval shall address the following:
 - a. The concern(s) that require corrective action,
 - b. Identified root cause(s) of a deficiency and steps to be taken to facilitate an expedient return to compliance,

- c. Documentation of proposed time frames for CAP completion, as applicable,
- d. Person(s) or body (e.g., Board) responsible for making the final determinations regarding QM/PI Program concerns,
- e. Type(s) of action(s) to be taken including, but not limited to:
 - i. Education/training/technical assistance,
 - ii. Follow up Monitoring and evaluation of improvement, as well as implementing new interventions/approaches, when necessary,
 - iii. Changes in processes, structures, and forms, and
 - iv. Informal counseling.
- f. A documented assessment of the effectiveness of the action(s) taken,
- g. Method(s) for internal dissemination of CAP findings and results to appropriate staff and/or network providers, and
- h. Method(s) for dissemination of pertinent information to AHCCCS and/or appropriate stakeholders.

For QOC-related corrective actions, refer to AMPM Policy 960.

- 2. Proposed quality improvement-specific CAPs and CAP updates submitted by the Contractor shall include the required elements contained within Attachment B, the AHCCCS Quality Improvement Corrective Action Plan Proposal Checklist, and AHCCCS Quality Improvement Corrective Action Plan Update Checklist.
- 3. The Contractor shall maintain documentation that confirms the development and implementation of CAPs.

G. CONTRACTOR REPORTING REQUIREMENTS

The Contractor, including Contractors that are contracted with AHCCCS for more than one line of business/population, shall submit deliverables as specified in Contract, AHCCCS QM/PI Program Guides and Manuals - AHCCCS QM/PI Reporting Templates & Checklists webpage, and AHCCCS/Division of Health Care Services (DHCS) Quality Improvement (QI) or Quality Management (QM) Team instructions and guidance (as appropriate to the deliverable). The Contractor shall include the Contractor name and associated line of business/population within the QM/PI deliverable submission document titles.

If an extension of time is needed to complete a deliverable, the Contractor shall submit a formal request in writing before the deliverable due date to the AHCCCS/DHCS, QI Team Manager or QM Team, as appropriate to the deliverable. QM specific extension requests shall be submitted utilizing the CQM email address, CQM@azahcccs.gov and should be addressed to the QM Manager and or RN Supervisor. The request shall include the basis for additional time needed and be submitted no later than two business days prior to the submission due date as an extension may or may not be granted, based on AHCCCS' discretion. The Contractor's internal Compliance Officer and designated AHCCCS/DHCS, Operations and Compliance Officer shall be copied (cc'd) on any formal request for extension.

QM/PI Program administrative deliverables shall be submitted as specified in Contract, Contract Chart of Deliverables, Policy, and the AHCCCS QM/PI Reporting Templates & Checklists webpage and are subject to AHCCCS approval. Following submission and approval, any significant modifications to the QM/PI Program Plan throughout the year shall be submitted to the AHCCCS/DHCS, QM and QI Team Managers for review and approval prior to implementation.

Contractor QM/PI administrative deliverables and other select deliverable submissions are provided to AHCCCS' EQRO with Contractor supplied information included within the Agency's annual EQR Report(s) posted to the AHCCCS website. The Contractor shall refrain from including information that is proprietary, confidential, financial, and data/information that could potentially identify members (e.g., insufficient numerators and/or denominators that is not in alignment with the CMS Cell Suppression Policy at <https://www.hhs.gov/guidance/document/cms-cell-suppression-policy>). Note: guidance may vary for the AHCCCS Performance Measure Monitoring Report & Work Plan/Work Plan Evaluation Template and Attachment. Please refer to the instructions outlined within these documents for additional guidance.

H. CONTRACTOR DOCUMENTATION REQUIREMENTS

The Contractor shall maintain records that document QM/PI Program activities. The records shall be made available to the AHCCCS/DHCS QM and/or QI Teams upon request. The required documentation shall include, but is not limited to:

1. Policies and procedures.
2. Studies and PIPs.
3. Reports (including quarterly reports addressing strategies for QM/PI activities).
4. Processes/desktop procedures.
5. Meeting minutes.
6. CAPs.
7. Documentation supporting and/or requested by the EQRO as part of the EQR process.
8. Other information and data appropriate to support changes made to the scope of the QM/PI Program.