

### What is a Quality of Care Concern (QOC) Referral

When you believe that the health care you received (or lack thereof) caused harm or could have caused you harm, you can file a Quality of Care (QOC) referral. You may also file a QOC referral if you have concerns that a larger or widespread problem in getting health care may cause harm to others. Because State law provides that QOC investigations are confidential and protected from disclosure, you may not receive information about the outcome of QOC referrals which result in investigations. .

### When to File a QOC Referral

File a referral when you are concerned about the quality of health care provided or the appropriateness of the treatment received. A QOC referral can include (but is not limited to) instances when a member:

- Is unable to receive health care services,
- Is concerned about the quality of care received,
- Has issues with the health care providers or health plans,
- Has issues with timely access to covered services, or
- Suspects a rights violation, abuse, neglect, or exploitation.

### Who Can File a QOC Referral

Anyone can file a QOC referral—How to File a QOC Referral

- Use the online form at [www.azahcccs.gov/ACMS/](http://www.azahcccs.gov/ACMS/),
- Call the Clinical Quality Management (CQM) Unit at (602) 417-4885 or;
- Email [CQM@azahcccs.gov](mailto:CQM@azahcccs.gov).

### What Happens Once You File a QOC Referral

The health plan will provide a time frame for resolving the concern, a receipt that they received the concern, and details about the QOC process. The health plan will then open an investigation and has 60 days to complete it, with the possibility of an extension if needed.

- High Profile (severe or potential for severe, adverse member outcomes) - immediately but no later than 24 hours
- Urgent (where there are concerns for member safety or placement) - 30 calendar days
- Non-urgent (member safety or placement is not a current concern) - 60 calendar days

An investigation can include the member, family members and staff interviews, reviews of health records, and on-site visits to the location where the QOC was stated to have occurred. To address immediate health care needs, the health plan will assist the member with options to resolve the concern.

After review the QOC allegations will be determined 1) to be supported or verified, 2) to not be supported, or 3) unable to be verified. For QOC concerns that have been supported as accurate, action is taken, which can include, but is not limited to:

- Developing an action plan to reduce/eliminate recurrence,
- Implementing education or training interventions, and/or
- Implementing new policies and/or procedures.

To learn more about the QOC process please visit the AHCCCS Medical Policy Manual 960 - Quality of Care Concerns Policy.

The Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care. If you know of an AHCCCS member who is unable to access health services, or if you have a concern about the quality of care, please call your AHCCCS health care plan's Member Services number. If your concern is not resolved, please call AHCCCS Clinical Resolution Unit at 602-364-4558, or 1-800-867-5308.

