



Department of Child Safety
Comprehensive Health Plan

Operational Review

2022

January 31, 2023

Conducted by the Arizona Health Care Cost Containment System





AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

INTRODUCTION

The Arizona Health Care Cost Containment System (AHCCCS) has served Arizona's most needy since 1982. The Agency's vision is "Shaping tomorrow's managed care... from today's experience, quality and innovation." As a component of achieving this vision, AHCCCS regularly reviews its Contractors to ensure that their operations and performance are in compliance with Federal and State law; rules and regulations; and the AHCCCS Contract. The reviewers use a process approved by the Centers for Medicare and Medicaid Services (CMS) based upon the terms of the contract with AHCCCS.

The primary objectives of the Department of Child Safety Comprehensive Health Plan (DCS/CHP) 2022 Operational Review are to:

- Determine if the Contractor satisfactorily meets AHCCCS' requirements as specified in Contract, AHCCCS policies, Arizona Revised Statute, the Arizona Administrative Code and 42 CFR Part 438, Managed Care,
- Provide technical assistance and identify areas where improvements can be made; as well as identifying areas of noteworthy performance and accomplishments,
- Review progress in implementing recommendations made during prior reviews,
- Determine if the Contractor is in compliance with its own policies and to evaluate the effectiveness of those policies and procedures,
- Perform Contractor oversight as required by the CMS in accordance with AHCCCS' 1115 waiver, and
- Provide information to an External Quality Review Organization (EQRO) for its use as described in 42 CFR 438.364.

AHCCCS conducted an Operational Review of DCS/CHP from November 14, 2022, through November 17, 2022.

A copy of the draft version of this report was provided to the Contractor on December 30, 2022. DCS/CHP was given a period of one week in which to file a challenge to any findings it did not feel were accurate based on the evidence available at the time of review. This final report represents any changes made as a result of this request.



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Upon issuance of the report, the Contractor is required to maintain the confidentiality of the information, including the standard criteria and findings of the Review Team until such time as AHCCCS determines; in order to maintain the integrity of the process until all Contractors have been reviewed.



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SCORING METHODOLOGY

The 2022 Operational Review is organized into Focus Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to thirteen Focus Areas. For the 2022 Operational Review, these Focus Areas are:

- Corporate Compliance (CC)
- Claims and Information Systems (CIS)
- Delivery Systems (DS)
- General Administration (GA)
- Grievance Systems (GS)
- Adult, EPSDT and Maternal Child Health (MCH)
- Medical Management (MM)
- Member Information (MI)
- Quality Management (QM)
- Reinsurance (RI)
- Third Party Liability (TPL)
- Quality Improvement (QI)
- Integrated System of Care (ISOC)

Each Focus Area consists of several Standards designed to measure the Contractor's performance. A Contractor may receive up to a maximum possible score of 100 percent for each Standard measured in the 2022 Operational Review. Within each Standard are specific scoring detail criteria worth a defined percentage of the total possible score. AHCCCS totals the percentages awarded for each scoring detail into the Standard's total score. Using the sum of all applicable Standard total scores, AHCCCS then developed an overall Focus Area Score.

In addition, a Standard may be scored Not Applicable (N/A) if it does not apply to the Contractor and/or there were no instances in which the requirement applied.

A Corrective Action Plan (CAP) is required for any Standard where the Contractor's total score is less than 95 percent.



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Based on the findings of the review, one of three Required Corrective Action statements were made:

The Contractor must...	This indicates critical non-compliance in an area that must be corrected as soon as possible to be in compliance with the AHCCCS contract.
The Contractor should...	This indicates non-compliance in an area that must be corrected to be in compliance with the AHCCCS contract but is not critical to the everyday operation of the Contractor.
The Contractor should consider...	This is a suggestion by the Review Team to improve operations of the Contractor, although it is not directly related to contract compliance.



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SUMMARY OF FINDINGS

Corporate Compliance (CC)		CC Focus Area Score = 100% (500 of 500)
Standard	Score	Required Corrective Actions
CC 1 The Contractor has an operational Corporate Compliance program including a work plan that details compliance activities.	100%	None
CC 2 The Contractor and its subcontractors have a process for identifying suspected cases of Fraud, Waste and Abuse (FWA) and for reporting all the suspected FWA referrals to AHCCCS OIG following the established mechanisms.	100%	None
CC 3 The Contractor educates staff and the provider network on fraud, waste and abuse.	100%	None
CC 4 The Contractor audits its providers through its claims payment system or any other data analytics system for accuracy and to identify billing inconsistencies and potential instances of fraud, waste or abuse.	100%	None
CC 5 The Contractor collects required information for all persons with an ownership or control interest in the Contractor and its fiscal agents and determines on a monthly basis, whether such individuals have been convicted of a criminal offense related to any program under Medicare, Medicaid or the Title XX services program.	100%	None

Claims and Information Systems (CIS)		CIS Focus Area Score = 99% (990.5 of 1000)
Standard	Score	Required Corrective Actions
CIS 1 The Contractor has a mechanism in place to inform providers of the appropriate place to send claims.	100%	None
CIS 2 The Contractor's remittance advice to providers contains the minimum	100%	None



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Claims and Information Systems (CIS)	CIS Focus Area Score = 99% (990.5 of 1000)	
required information.		
CIS 3 The Contractor has a process to identify claims where the Contractor is or may be a secondary payor prior to payment.	100%	None
CIS 4 The Contractor has AHCCCS compliant policies and procedures for the recoupment of overpayments and adjustments for underpayments.	100%	None
CIS 5 The Contractor pays applicable interest on all claims, including overturned claim disputes.	100%	None
CIS 6 The Contractor accurately applies quick-pay discounts.	100%	None
CIS 7 The Contractor processes and pays all overturned claim disputes in a manner consistent with the decision within 15 business days of the decision.	93%	The Contractor must ensure overturned claim disputes are paid within 15 days of the decision.
CIS 8 The Contractor ensures that the parties responsible for the processing of claims have been trained on the specific rules and methodology for the processing of claims for the applicable AHCCCS line of business.	100%	None
CIS 9 The Contractor has a process to identify resubmitted claims and a process to adjust claims for data corrections or revised payment.	100%	None
CIS 10 The Contractor has a process to ensure that all contracts/agreements are loaded accurately and timely and pays non-contracted providers as outlined in statute.	97.5%	None

Delivery Systems (DS)	DS Focus Area Score = 7% (100 of 1400)	
Standard	Score	Required Corrective Actions
DS 1 The Contractor has sufficient staffing in place to ensure providers receive assistance and appropriate, prompt resolution to their	0%	The Contractor must ensure its subcontracted health plan has sufficient staffing in place to ensure providers receive assistance and appropriate, prompt resolution to their problems and inquiries.



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Delivery Systems (DS)	DS Focus Area Score = 7% (100 of 1400)	
problems and inquiries.		
DS 2 The Contractor determines, monitors, and adjusts the number of members assigned to each PCP.	0%	The Contractor must demonstrate how is ensures its subcontracted health plan determines, monitors, and adjusts the number of members assigned to each PCP.
DS 3 Provider Services Representatives are adequately trained.	0%	The Contractor must demonstrate how is ensures its subcontracted health plan trains its provider representatives.
DS 4 The Contractor provides the following information via written or electronic communication to contracted providers: Exclusion from the Network, Material Changes, Policy/Procedure Change, Subcontract Updates, Termination of Contract, and Disease/Chronic Care Management Information.	0%	The Contractor must demonstrate how is ensures its subcontracted health plan provides provider information outlined in this requirement.
DS 5 The Contractor's Provider Selection Policy and Procedure prohibits discrimination against providers who serve high-risk populations or that specialize in conditions that result in costly treatment.	0%	The Contractor must demonstrate how is ensures its subcontracted health plan prohibits discrimination against providers who serve high-risk populations or that specialize in conditions that result in costly treatment.
DS 6 The Contractor does not prohibit or otherwise restrict a provider from advising or advocating on behalf of a member who is his/her patient.	100%	None
DS 7 The Contractor has a mechanism for tracking and trending provider inquiries that includes timely acknowledgement and resolution and taking systemic action as appropriate.	0%	The Contractor must demonstrate how is ensures its subcontracted health plan has a mechanism for tracking and trending provider inquiries that includes timely acknowledgement and resolution and taking systemic action as appropriate.
DS 8 The Contractor refers members to out-of-network providers if it is unable to provide requested services in its network.	0%	The Contractor must demonstrate how is ensures its subcontracted health plan correctly incorporates appointment standards in its out-of-network referrals and demonstrate its oversight of the health plan for all areas outlined in this finding.
DS 9 The Contractor develops, distributes, and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	0%	The Contractor must ensure its subcontracted health plan's provider manual includes all of the elements in ACOM 416. The Contractor must demonstrate it ensures the subcontractor maintains a policy and procedure for the development, distribution, and maintenance of its provider manual, and the subcontractor's providers and subcontractors are informed of the availability of the provider manual.
DS 10 The Contractor has a process for collecting, maintaining, updating and	0%	The Contractor must demonstrate how is ensures its subcontracted health plan complies with the requirements of this finding.



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Delivery Systems (DS)	DS Focus Area Score = 7% (100 of 1400)	
reporting accurate demographic information on its provider network.		
DS 11 The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.	0%	The Contractor must demonstrate how is ensures its subcontracted health plan complies with the requirements of this finding.
DS 12 The Contractor has a process for determining if there has been a material change that could affect the adequacy of capacity and services.	0%	The Contractor must demonstrate how is ensures its subcontracted health plan complies with the requirements of this finding.
DS 13 (RBHA Only) The Contractor has comprehensive policies and procedures and has provided evidence that they actively monitored their own and the provider's operations to ensure they have properly adhered to the requirements of 2 CFR Part 200 to include federal grant funding requirement notifications, communication to providers of prohibited uses of federal grant funding, tracking of provider audits, including Single Audits, and follow-up on findings.	N/A	N/A
DS 14 (RBHA Only) Contractor performed provider grant monitoring activities and has evidence of the following: <ul style="list-style-type: none"> • Comprehensive provider SABG, MHBG, and other federal grant policies and procedures that include, but are not limited to, a listing of prohibited expenditures, references to the SABG and MHBG FAQs, AMPM 320-T, Exhibits 300-2b, monitoring and separately reporting of funds by SABG, MHBG and other federal grant funding categories; • SABG, MHBG and other federal grant activities were monitored to ensure funds were expended for authorized purposes; • Federal grants funding tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS. 	N/A	N/A
DS 15 (RBHA Only) The Contractor has comprehensive Non-Title XIX/XXI policies and procedures and has provided evidence that they actively monitored their own and the provider's operations to ensure that they have properly addressed how Non-Title XIX/XXI funding should be	Not Scored	N/A



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Delivery Systems (DS)		DS Focus Area Score = 7% (100 of 1400)
monitored and separately reported by funding source in accordance with the RBHA Non-Title XIX/XXI contracts, applicable AHCCCS policies and procedures and the RBHA Financial Reporting Guide.		
DS 16 The Contractor has policies and procedures to ensure Peer and Recovery Support Specialists (PRSS) meet qualification requirements, receive clinical and administrative supervision, and have continuing education and learning requirements in place.	0%	<p>The Contractor must ensure policies and procedures are developed to ensure Peer and Recovery Support Specialists (PRSS) in the Contractor's network qualify as a Behavioral Health Technician (BHT), Behavioral Health Professional (BHP) or Behavioral Health Paraprofessional (BHPP).</p> <p>The Contractor must ensure it has established an amount and duration of supervision for PRSS, for both clinical and administrative supervision, including documentation of these requirements.</p> <p>The Contractor must ensure it has established continuing education and ongoing learning requirements for individuals employed as PRSS.</p>
DS 17 The Contractor has ensured that provider sites where provider case management services are delivered have regular and ongoing member and/or family participation in decision making, quality improvement, and enhancement of customer service.	0%	<p>The Contractor must ensure its Office of Individual and Family Affairs (OIFA) has established a process by which to identify provider sites where regular and ongoing member and family member participation in decision making, quality improvement and enhancement of customer service takes place.</p> <p>The Contractor must ensure it has a process to describe common activities of member and family participation at identified provider sites.</p> <p>The Contractor must have a process to demonstrate quality improvement and enhanced customer service resulting from member and family member participation in the decision-making process at identified provider sites.</p>

General Administration (GA)		GA Focus Area Score = 60% (300 of 500)
Standard	Score	Required Corrective Actions
GA 1 The Contractor has policies and procedures in place consistent with confidentiality requirements for medical records and any other health	100%	None



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General Administration (GA)	GA Focus Area Score = 60% (300 of 500)	
and member information that identifies a particular member.		
GA 2 The Contractor has policies and procedures for the maintenance of records and can provide those records, when requested.	100%	None
GA 3 The Contractor provides training to all staff on AHCCCS guidelines.	40%	The Contractor must provide evidence of new employee orientation for all employees which includes an overview of AHCCCS and AHCCCS contract requirements; this should include a training tracking log or other tracking mechanism reflecting initial and ongoing training for employees.
GA 4 The Contractor develops, reviews, and maintains policies and procedures on policy development.	40%	<p>The Contractor must have a policy and procedure for the development, review, and approval of policies for the AHCCCS line of business that includes appropriate committee review. The Contractor's subcontractor committee must be chaired by the subcontractor's Administrator, CEO, Medical Director/CMO or CFO.</p> <p>The Contractor must review/revise all policies and procedures upon significant program changes.</p> <p>The Contractor must demonstrate all policies and procedures have been reviewed at least annually.</p> <p>The Contractor must demonstrate that an effective procedure is in place to ensure prompt and accurate communication of policy revisions to its subcontractors.</p>
GA 5 The Contractor has policies and procedures for oversight and accountability of all administrative functions and responsibilities delegated to Administrative Services Subcontractors.	20%	<p>The Contractor must evaluate a prospective Administrative Services Subcontractor's (Subcontractor) ability to perform the delegated activities prior to delegation.</p> <p>The Contractor must monitor the performance of its Subcontractor(s) and the quality of services provided on an ongoing basis, such as through quarterly reports, meetings, complaints, etc.</p> <p>The Contractor must ensure corrective actions are implemented when deficiencies are identified and monitor for implementation of correct action.</p> <p>The Contractor must have a process in place to notify AHCCCS timely of any Subcontractor found to be out of compliance.</p>



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Grievance Systems (GS)		GS Focus Area Score = 100% (1700 of 1700)
Standard	Score	Required Corrective Actions
GS 1 The Contractor issues and carries out appeal decisions within required timeframes.	100%	None
GS 2 Contractor policies for appeal allow for providers to file on behalf of a member if the member has given their consent.	100%	None
GS 3 The Contractor has a process for the intake and handling of member appeals that are filed orally.	100%	None
GS 4 The Contractor ensures that the individuals who make decisions on appeals were not involved in any previous level of review or decision making.	100%	None
GS 5 The Contractor ensures that the individuals who make decisions on appeals are appropriately qualified.	100%	None
GS 6 The Contractor has a process for internal communication and coordination when an appeal decision is reversed.	100%	None
GS 7 The Contractor continues or reinstates an enrollee's benefits when an appeal is pending under the appropriate circumstances as required by Federal Regulation.	100%	None
GS 8 The Contractor issues Notices of Appeal Resolution that include all information required by AHCCCS.	100%	None
GS 9 If the Contractor or Director's Decision reverses a decision to deny, limit, or delay services that were not furnished while an appeal or hearing was pending, the Contractor authorizes or provides the appealed services promptly and as expeditiously as the member's	100%	None



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Grievance Systems (GS)		GS Focus Area Score =	100% (1700 of 1700)
health condition requires. If an appeal is upheld the Contractor may recover the cost of services received by the enrollee during the appeal process.			
GS 10 The Contractor's member appeal policies allow for, and require notification of the member of, all rights granted under rule.	100%	None	
GS 11 The Contractor maintains claim dispute records.	100%	None	
GS 12 The Contractor Claim Dispute logs, registries, or other written records include all the contractually required information.	100%	None	
GS 13 The Contractor confirms all provider claim disputes with a written acknowledgement of receipt.	100%	None	
GS 14 Requests for hearing received by the Contractor follows the timeframe and notice requirements.	100%	None	
GS 15 The Contractor resolves claim disputes and mails written Notice of Decisions no later than 30 days after receipt of the dispute unless an extension is requested or approved by the provider.	100%	None	
GS 16 The Contractor's grievance process follows the timeframe and written notice requirements.	100%	None	
GS 17 The Contractor's grievance process follows the timeframe and written notice requirements.	100%	None	

Adult, EPSDT and Maternal Child Health (MCH)		MCH Focus Area Score =	60% (952 of 1600)
Standard	Score	Required Corrective Actions	
MCH 1 The Contractor has established a maternity care program that	92%	The Contractor must develop a written policy, procedure or desktop documenting the process to monitor and evaluate low birth weight/very low	



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score =	60% (952 of 1600)
operates with goals directed at achieving optimal birth outcomes that meet AHCCCS minimum requirements.		birth weight.
MCH 2 The Contractor ensures that pregnant members obtain initial prenatal care appointments, return visits, and receive ongoing prenatal care in accordance with ACOG standards and the AHCCCS Contractor Operations Manual (ACOM) Maternity Care Appointment Standards.	100%	None
MCH 3 The Contractor ensures postpartum care is provided as outlined in AMPM Policy 410.	80%	The Contractor must develop a written policy, procedure, or desktop documenting the process that the Contractor monitors providers to ensure that members who have experienced a health issue during the pregnancy, such as hypertension, gestational diabetes, obesity, or other health issues, have been counseled about the importance of obtaining follow up care, including any medication adjustments that might be needed, and have been referred for appropriate specialty care follow up after delivery.
MCH 4 The Contractor ensures maternity care provided to pregnant and postpartum members with a substance use disorder follows ACOG recommendations.	57%	The Contractor must develop a written policy, procedure or desktop demonstrating its oversight for ensuring that maternity care provided to pregnant and postpartum members with a substance use disorder follows ACOG recommendations that ensures providers have consents for coordination of care with patient's SUD treatment provider, an individualized plan of care that includes a naloxone prescription and a pain treatment plan for delivery and PP, and have a safe plan of care in place prior to hospital discharge that includes alternative infant care and alternative nutritional supplementation if mother is breastfeeding. The Contractor's policy or process must include a description of active monitoring of the subcontractor's utilization and follow up on the OB AMRR audit tool.
MCH 5 Family planning services and supplies are provided to members, regardless of gender, who voluntarily choose to delay or prevent pregnancy.	50%	The Contractor must provide documentation which demonstrates oversight of its subcontractor's process to monitor compliance for determining medical necessity for sterilization of members under 21 years of age. The Contractor shall develop a process to monitor compliance, including that of its subcontractor, that maternity care providers verbally notify members of the availability of family planning services and supplies during pregnancy and postpartum office visits.
MCH 6	0%	The Contractor must provide a process for informing all providers about



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score =	60% (952 of 1600)
<p>The Contractor provides EPSDT/well-child services according to the AHCCCS EPSDT Periodicity Schedule.</p>		<p>EPSDT services, including federal requirements, state regulations, and AHCCCS policy requirements initially and on an ongoing basis, and ensure that provider materials are accurate and up to date. If this is delegated, the process must include the Contractor's requirements of its subcontractor, the oversight process and evidence of implementation.</p> <p>The Contractor must provide a process that describes how the Contractor ensures staff who oversee the EPSDT program and/or support members are appropriately trained and kept up to date with EPSDT program and contract requirements, and policies including Maternity Care Services, Oral Health Care, EPSDT Services including the EPSDT and Dental Periodicity Schedule, Women's Preventive Care, Family Planning Services and Supplies. The Contractor must also submit evidence that its staff have been trained and informed of EPSDT requirements.</p> <p>The Contractor must provide a process to monitor, evaluate, and implement interventions to improve EPSDT participation beyond the EPSDT visit with 30 days of enrollment. The process must include the Contractor's requirements of its Subcontractor, the oversight process and evidence of implementation.</p> <p>The Contractor must provide a process to improve provider participation rates in providing EPSDT services. The process must include the Contractor's requirements of its Subcontractor, the oversight process and evidence of implementation.</p>
<p>MCH 7 The Contractor monitors member adherence with obtaining EPSDT services.</p>	<p>25%</p>	<p>The Contractor must provide a process to increase member utilization of EPSDT services, including evaluating and addressing barriers to care throughout the members enrollment with the Contractor. The process shall include the Contractor's requirements of its Subcontractor, the oversight process and evidence of its implementation.</p> <p>The Contractor must provide a process to monitor the completion of all EPSDT screenings per policy, including but not limited to, blood lead level, developmental, and BMI screenings and identifies and addresses barriers to members who do not receive these screenings. The process shall include the Contractor's requirements of its Subcontractor, the oversight process and evidence of its implementation.</p>



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score =	60% (952 of 1600)
		The Contractor must provide a process to monitor EPSDT performance standards as outlined in contract.
MCH 8 The Contractor monitors provider compliance with providing EPSDT services.	60%	<p>The Contractor must develop a written policy, processes/desktops, and tracking tools demonstrating the monitoring of the subcontractor policy and processes to ensure that the Contractor measures, monitors, and implements provider activities to improve member participation rates for age-appropriate screenings, according to the most current periodicity schedule. This shall include, but is not limited to, targeted blood lead screening/testing (if applicable), developmental/behavioral assessments, immunizations, BMI/growth percentile.</p> <p>The Contractor, including its subcontractor, must have a written policy and procedure/desktop documenting the review of medical records for provider compliance with completing all the elements of the AHCCCS-approved EPSDT Clinical Sample Templates during each well-child visit, including reviewing records for key screenings, such as blood lead testing, developmental screenings, BMI, behavioral health, substance use, STIs, adolescent suicide screening, and availability of family planning services and supplies (as appropriate for age at visit), as specified in AHCCCS policy.</p>
MCH 9 The Contractor ensures that oral health/dental services are provided according to the AHCCCS Medical Policy Manual and the AHCCCS Dental Periodicity Schedule.	80%	The Contractor must ensure providers are monitored to determine if oral health/dental services are provided according to the AHCCCS Dental Periodicity Schedule. This should include active monitoring of the subcontractor's utilization and follow up on the dental AMRR audit tool.
MCH 10 The Contractor ensures providers participate with the Arizona State Immunization Information System (ASIS) and Vaccine for Children (VFC) programs according to the state and federal requirements.	25%	The Contractor must have a process that includes required interventions and oversight of its subcontractor to ensure: EPSDT providers participate in the VFC program, EPSDT providers enroll and re-enroll in the VFC program, and members under the age of 19 are reassigned when their PCP no longer participates in VFC or ASIS.
MCH 11 The Contractor coordinates with appropriate agencies and programs including but not limited to VFC, WIC, Head Start, home visitation, and Raising Special Kids, and provides education, assists in referrals, and connects eligible EPSDT and maternity members with appropriate agencies, according to federal and state requirements.	100%	None



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 60% (952 of 1600)	
<p>MCH 12 (All Plans except RBHAs) The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.</p>	60%	<p>The Contractor must provide a process to monitor the coordination of medically necessary care and services for children who have a developmental delay but do not qualify for early intervention services through AzEIP. Additionally, the Contractor must have a process to monitor, evaluate, and implement interventions aimed at reducing members on a wait list for AzEIP services to ensure there is an adequate network. This process shall include the Contractor's requirements of its Subcontractor, the oversight process, and evidence of implementation.</p>
<p>MCH 13 The Contractor identifies and monitors the needs of EPSDT members, coordinates their care, and conducts adequate follow up to verify that members receive timely and appropriate treatment.</p>	100%	None
<p>MCH 14 The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.</p>	40%	<p>The Contractor must develop written policies, processes/desktops, and tracking tools demonstrating the monitoring of the subcontractor policy and processes to ensure that medical necessity for commercial oral nutritional supplements is determined on an individual basis by the members provider utilizing the criteria specified in the AMPM.2.</p> <p>The Contractor must develop a written policies, processes/desktops, and tracking tools demonstrating the monitoring of the subcontractor's policy and processes for monitoring, evaluating utilizations of nutritional screenings and interventions for the subcontractor's members identified as underweight and overweight. The Contractor's policy and/or process must include a description of active monitoring of the subcontractor's utilization and follow up on the PEDS AMRR audit tool.</p> <p>The Contractor must develop written policies, processes/desktops, and tracking tools, including subcontractor's monitoring, that the provider addresses growth and development issues with member/family when an underweight or overweight BMI has been identified.</p>
<p>MCH 15 The Contractor ensures that women's preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).</p>	0%	<p>The Contractor must develop written policies, processes/desktops, and tracking tools demonstrating the monitoring of the subcontractor policy and processes) to inform all primary care providers (PCPs) and obstetrician/gynecologist (OB/GYN) providers of the availability of women's preventative care services, as specified in AMPM 411, ensuring the provider materials are updated, accurate and aligned with AHCCCS</p>



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score =	60% (952 of 1600)
		<p>policies.</p> <p>The Contractor must develop written policies, and procedure/desktop documenting the oversight processes for ensuring the subcontractor monitors provider compliance, including medical record reviews, of delivering well-woman preventative care services and implements interventions to improve women’s participation in services. The Contractor’s policy and/or process must include a description of active monitoring of the subcontractor’s utilization and follow up on the AZIM audit tool.</p> <p>The Contractor must develop written policies, and procedure/desktops documenting the oversight of the subcontractor process to inform members about women’s preventative health services, as listed in AMPM 411.</p>
<p>MCH 16 The Contractor has established accurate and up-to-date member outreach that operates with goals directed at achieving optimal outcomes that meet AHCCCS minimum requirements for maternal, child, family planning, well woman, oral, and behavioral health outcomes.</p>	83%	<p>The Contractor must have written policies, procedures /desktops (including monitoring tools) that include required interventions and oversight of their sub-contractor to ensure member materials are updated, accurate and aligned with AHCCCS policies, including making changes/updates to Policies.</p>

Medical Management (MM)	MM Focus Area Score =	91% (2003 of 2200)
Standard	Score	Required Corrective Actions
<p>MM 1 The Contractor has mechanisms to evaluate utilization data analysis and data management, including both underutilization and overutilization of services and implementation of changes as appropriate.</p>	100%	None
<p>MM 2 The Contractor has an effective, concurrent review process that includes a component for reviewing the medical necessity of institutional stays, including but not limited to Institutions for Mental Disease (IMD), Behavioral Health Settings and Nursing Facilities.</p>	99%	None



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Medical Management (MM)	MM Focus Area Score = 91% (2003 of 2200)	
MM 3 The Contractor conducts proactive discharge planning and coordination of services for members between settings of care for short-term and long-term hospital and institutional stays.	84%	The Contractor must comply with the policies and procedures for proactive discharge planning.
MM 4 Emergency Department (ED) Utilization and Monitoring of ED 24 Hours Post Medical Clearance.	30%	The Contractor must have policies and procedures that include required interventions and oversight of its sub-contractor for the following areas: <ul style="list-style-type: none"> Monitoring the length of time adults and children remain in the ED while awaiting behavioral health placement or wrap around services Contractor's CMO or Medical Director involvement for members experiencing a delay in discharge from the ED Monitor and intervene when members inappropriately utilize the ED
MM 5 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	98%	None
MM 6 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	100%	None
MM 7 The Contractor has a comprehensive inter-rater reliability (IRR) testing process to ensure consistent application of criteria for clinical decision making.	100%	None
MM 8 The Contractor conducts retrospective reviews.	100%	None
MM 9 The Contractor develops or adopts and disseminates evidence-based clinical practice guidelines for physical and behavioral health services.	100%	None
MM 10 The Contractor evaluates new technologies and new uses for existing technologies.	100%	None
MM 11 The Contractor ensures that a Health Risk Assessment (HRA) is conducted to identify member behavioral and/or physical health care	100%	None



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Medical Management (MM)	MM Focus Area Score = 91% (2003 of 2200)	
needs and members at risk for and/or with special health care needs.		
MM 12 The Contractor coordinates care for members with qualifying Children's Rehabilitative Services (CRS) conditions.	100%	None
MM 13 The Contractor identifies and coordinates care for members who are candidates for stem cell or solid organ transplants.	100%	None
MM 14 The Contractor promotes health maintenance and coordination of care through Disease/Chronic Care Management Programs.	100%	None
MM 15 The Contractor has a system and process that outline a Drug Utilization Review (DUR) Program.	100%	None
MM 16 The Contractor identifies, monitors, and implements interventions to prevent the misuse of controlled and non-controlled medications.	100%	None
MM 17 The Contractor facilitates coordination of services being provided to member when the member is transitioning between Contractors.	67%	The Contractor must ensure all sections of the ETI are completed. The Contractor must send the ETI to the receiving Contractor within 10 days.
MM 18 The Contractor does not deny emergency services.	100%	None
MM 19 The Contractor issues a Notice of Adverse Benefits (NOA) determination to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	95%	None
MM 20 The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.	30%	The Contractor must have policies and procedures for monitoring compliance with Mental Health Parity. The Contractor must have a process when a deficiency is identified and the plan of how the Contractor will become compliant.
MM 21 (ACC, CHP and RBHA Only) The Contractor monitors nursing facility stays to assure that the length of stay does not exceed the 90 day per contract year limitation.	100%	None
MM 22 The Contractor provides End of Life Care, Advanced Care planning	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Medical Management (MM)	MM Focus Area Score =	91% (2003 of 2200)
and Advanced Directives.		

Member Information (MI)	MI Focus Area Score =	94% (850 of 900)
Standard	Score	Required Corrective Actions
MI 1 The Contractor's New Member Information/Welcome Packets meet AHCCCS standards for content and distribution.	100%	None
MI 2 The Contractor notifies members that they can receive a new member handbook annually.	100%	None
MI 3 The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	100%	None
MI 4 The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	50%	The Contractor must ensure it has a process to timely notify affected members when a PCP or a frequently utilized provider leaves the network within required timeframes.
MI 5 The Contractor has a process to notify affected members of material changes to network and/or operations at least 30 days before the effective date of the change.	100%	None
MI 6 The Contractor distributes at a minimum two member newsletters per contract year which contain the required member information.	100%	None
MI 7 The Contractor's Member Services, Transportation, and Prior Authorization staff has access to, and utilizes, appropriate mapping search engines and/or applications when scheduling appointments and/or referring members to services or service providers.	100%	None
MI 8 The Contractor submits to AHCCCS for approval qualifying member information materials given to its current members, that do not fall within annual, semi-annual or quarterly required submissions and	100%	None



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Member Information (MI)	MI Focus Area Score = 94% (850 of 900)	
maintains a log of all member material distributed to its members.		
MI 9 The Contractor maintains policies on Social Networking.	100%	None

Quality Management (QM)	QM Focus Area Score = 77% (1072 of 1400)	
Standard	Score	Required Corrective Actions
QM 1 The Contractor has a structure and process in place for tracking and trending reportable incidents, quality-of-care concerns, and member service concerns for member/system resolution.	71%	Element #1 <ul style="list-style-type: none"> • QOC Investigation Timelines: The Contractor must update and submit for AHCCCS review, policies & procedures regarding QOC investigation timelines to reflect AMPM Policy 960 (B)(6)(a-c) requirements. The Contractor must review and ensure consistency between Contractor and subcontracted health plan's policies and procedures. <p>The Contractor must retrain subcontracted QM QOC staff and appropriate Contractor staff on its updated policies and procedures and submit evidence of its training completion, including training materials, printed first and last name of all staff trained, staff titles, and date of training received.</p> <ul style="list-style-type: none"> • Sentinel Events and Sentinel Event Notification: The Contractor must update and submit for AHCCCS review, policies and procedures regarding reporting Sentinel Events to AHCCCS and what types of concerns constitute a sentinel event to reflect AMPM Policy 961 requirements. The Contractor must review and ensure consistency between Contractor and subcontracted health plan's policies and procedures. Additionally, the Contractor must ensure that the subcontracted health plan update its policies and procedures to reflect AMPM Policy 961 requirements related to notification of sentinel events to AHCCCS and the Contractor and submit this for AHCCCS review. <p>The Contractor must retrain subcontracted QM QOC staff and appropriate Contractor staff on AMPM policy 961 related to ensuring notification of all sentinel events to AHCCCS and the Contractor in accordance with requirements, as well as the types of incidents that constitute a sentinel event.</p>



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score = 77% (1072 of 1400)
	<p>The Contractor must submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor QM QOC staff, title, and date of training received. Further, the Contractor must submit five case files that reflect implementation of this training.</p> <p>The Contractor must provide documentation of their oversight activities for this process for AHCCCS review.</p> <ul style="list-style-type: none"> Corrective Action Plans: <p>The Contractor must update appropriate policies, procedures, and desktops to ensure that CAPs are monitored and if there is provider non-responsiveness, or lack of progress toward the desired outcome, there is a process of elevation to QM QOC Management and ultimately the QM Medical Director or Designee.</p> <p>The Contractor must ensure that appropriate subcontractor policies, procedures, and desktops are also updated to reflect the above process including retraining subcontracted QM QOC staff and appropriate Contractor staff on the newly updated policies, procedures, and desktops. The Contractor must submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor QM QOC staff, title, and date of training received.</p> <p>Additionally, the Contractor must submit five case files that reflect implementation of this training.</p> <p>Element#2 and Element #3: Provider Incident Reporting The Contractor must submit for AHCCCS review, policies and procedures that reflect current AMPM policy 960, 961, and the July 2021 AHCCCS Memo, related to provider notification and submission of incidents to the Contractor, including the process for the Contractor in addressing providers failing to report when it is identified during incident triage or QOC investigation. The Contractor must review and ensure consistency between Contractor and subcontracted health plan's policies and procedures regarding this process.</p>



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Quality Management (QM)	QM Focus Area Score = 77% (1072 of 1400)
	<p>The Contractor must provide training to subcontractor QM QOC staff and appropriate Contractor staff on the above approved and/or newly developed policies and procedures. The Contractor must submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor QM QOC staff, title, and date of training received.</p> <p>The Contractor must provide case examples that the Contractor has addressed concerns related to provider compliance with incident reporting timeframes during incident triage and QOC investigation.</p> <p>In addition, the Contractor must update and submit, for AHCCCS review, its Provider Manual to reflect current AMPM policy 960 and the July 2021 AHCCCS Memo related to time frames of notification and submission of reports expected of the provider for sentinel and non-sentinel events. The Contractor must review and ensure consistency between Contractor and subcontracted Provider Manuals related to this process.</p> <p>The Contractor must provide training to its providers on the above updates and submit to AHCCCS the training materials and other supporting documentation to ensure dissemination of this information to the Contractor's provider network.</p> <p>Element #4: Contractor's Oversight of the Subcontracted Health Plan The Contractor must submit evidence of implementation of oversight activities of its subcontracted health plan related to AHCCCS- Reportable quality of care cases, mortality, and IRF/IAD cases per AHCCCS Contract and AMPM requirements. The Contractor must also submit policies and procedures, and desktops to reflect the above oversight process.</p> <p>Element #5: QM Portal Documentation: The Contractor must develop and submit for AHCCCS review, a process to ensure that documentation in the QM Portal is reflective of information as it is received during the investigation. The Contractor must ensure that appropriate subcontractor policies, procedures, and desktops are also</p>



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score = 77% (1072 of 1400)
	<p>updated to reflect this process.</p> <p>The Contractor must retrain subcontracted QM QOC staff and appropriate Contractor staff on the newly updated policies, procedures, and desktops, and submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor QM QOC staff, title, and date of training received.</p> <p>Regulatory Reporting and Documentation: The Contractor must retrain staff and subcontractor QM QOC staff on AMPM Policy 960 related to regulatory agency reporting involving abuse allegations and ensure Contractor and subcontractor policies, procedures, and desktops are also updated to reflect this requirement and process. The Contractor must submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor QM QOC staff, title, and date of training received.</p>
<p>QM 2 The Contractor has a structure and process in place for reportable incidents, quality-of-care concerns and member complaint tracking and trending for system improvement.</p>	<p>67%</p> <p>Element #7: Proactive Care Coordination The Contractor must update policies and procedures that reflect proactive care coordination for members who have multiple complaints or concerns regarding services or the AHCCCS program. The Contractor must ensure that appropriate subcontractor policies and procedures are also updated to reflect the above process. The Contractor must provide training to its subcontracted health plan and appropriate Contractor staff on the aforementioned approved and/or newly developed policies and procedures, and submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor QM QOC staff, title, and date of training received.</p> <p>Element #8: Member Engagement and Communication during a QOC Review Process Direct Member, Witness, Direct Care or Other Applicable Interview: The Contractor must ensure it engages and communicates with members during a quality-of-care review process. The Contractor must update policies and procedures that reflect direct interviews of members, direct care staff, and witness to a reportable event, when applicable and appropriate including documentation of such in the AHCCCS QM Portal. The Contractor must</p>



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Quality Management (QM)	QM Focus Area Score = 77% (1072 of 1400)	
		<p>ensure that appropriate subcontractor policies and procedures are also updated to reflect the above process. The Contractor must provide training to its subcontracted health plan and appropriate Contractor staff on the approved and/or newly developed policies and procedures, and submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor QM QOC staff, title, and date of training received.</p> <p>Written Acknowledgement/Resolution Correspondence: The Contractor must ensure it engages and communicates with members during a quality-of-care review process directly and not through another department. The Contractor must develop written acknowledgement/resolution correspondences specific to the Quality Management Department. The Contractor must update policies and procedures to reflect this process and ensure that appropriate subcontractor policies and procedures are also consistently updated. The Contractor must provide training to its subcontracted health plan and appropriate Contractor staff on the approved and/or newly developed policies and procedures, and submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor QM QOC staff, title, and date of training received.</p> <p>Element #9: Sentinel Event Training The Contractor must ensure there is a process to assess, prioritize, and review reportable incidents and identify quality of care concerns including a clear definition and types of sentinel events as defined in AMPM Policy 961.</p> <p>The Contractor must update the training provided to ensure that the sentinel event definition and event types are in accordance with AMPM Policy 961. The Contractor must retrain all staff on the updated and approved training and must submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor staff, staff titles, and date of training received.</p>
<p>QM 3 Contractor Quality Management staff are able to speak to requirements of the QM Program and describe day-to-day work</p>	N/A	N/A



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Quality Management (QM)	QM Focus Area Score = 77% (1072 of 1400)	
processes to support compliance with Contract, Policy, and Program requirements.		
QM 4 The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.	100%	None
QM 5 (ALTCS/EPD and DES/DDD Only) Contractor ensures that the staff providing attendant care, personal care, homemaker services, and habilitation services are monitored as outlined in Chapter 900.	N/A	N/A
QM 6 The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.	90%	Element #2: The Contractor must develop policies and procedures regarding the oversight provided to the subcontracted health plan related to annual monitoring of residential settings, including behavioral health residential treatment facilities. The Contractor must submit associated audit tools and other evidence of oversight documentation, etc. demonstrating implementation of these policies and procedures.
QM 7 The Contractor has implemented a process to complete on-site quality management monitoring and investigations when potential quality of care concerns are identified, including health and safety concerns and Immediate Jeopardy.	45%	Element #1: AMPM 960 Attachment C Submission The Contractor must revise policies and procedures to ensure the submission of AMPM 960 Attachment C form within 24 hours in accordance with AMPM Policy 960. The Contractor must also ensure that appropriate subcontractor policies and procedures are updated to reflect this AMPM requirement. The Contractor must retrain subcontracted QM QOC staff and appropriate Contractor staff on the updated policies, and procedures, and submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor QM QOC staff, title, and date of training received. Element #2: The Contractor must develop policies and procedures regarding the oversight provided to the subcontracted health plan related to onsite Health & Safety visits and submit associated audit tools and other evidence of oversight documentation, etc. demonstrating implementation of these policies and procedures. Element #4: <ul style="list-style-type: none"> • Policy or Procedure - AMPM 960 Attachment C Submission: See CAP above for Element #1.



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Quality Management (QM)		QM Focus Area Score = 77% (1072 of 1400)
		<ul style="list-style-type: none"> Policy or Procedure - Contractor and Subcontractor Coordination of Onsite Health and Safety (H&S) Visit: The Contractor must develop or revise policies and procedures regarding the coordination conducted between the Contractor and subcontracted health plan related to onsite Health & Safety reviews. Additionally, the Contractor must update policies and procedures to include documentation of the coordination being completed. The Contractor must ensure that appropriate subcontractor policies and procedures are also updated to reflect the above process. The Contractor must train subcontracted QM QOC staff and appropriate Contractor staff on the updated policies and procedures, and submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor QM QOC staff, title, and date of training received.
QM 8 The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.	80%	Element #5: The Contractor must provide documentation demonstrating compliance that training is provided to all Contractor staff on how to identify and refer Quality of Care (QOC) concerns/issues to the Quality Management QOC Department at the time of hire and annually thereafter. For example, a roster of employees who received this training upon hire, and if applicable, annually thereafter. Documentation should also include date of hire, date the above training was received, including the Department the employee is from.
QM 9 The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes Quality Management policies reflective of AHCCCS requirements including, but not limited to: Quality of Care, Credentialing, On-Site Reviews, etc.	50%	Element #1: Inconsistent Policies and Procedures The Contractor must ensure there is valid dates and signatures on all policies and procedures. Additionally, the Contractor must update the manual to be more clearly defined and without inconsistencies. The Contractor must provide training to all staff on the updated and approved manual and must submit training materials and attendance/attestations of all staff completing the training to include printed first and last name, title, and date of training received. Grievance and QOC Occurring Concurrently: The Contractor must ensure that a concern can be resolved through the Grievance process and QOC process concurrently. The Contractor must update policies, procedures, and trainings to provide clear understanding that these processes can occur concurrently. The Contractor must provide training to all staff on the



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Quality Management (QM)	QM Focus Area Score =	77% (1072 of 1400)
		<p>updated and approved policies and procedures and must submit training materials and attendance/attestations of all staff completing the training to include printed first and last name, title, and date of training received.</p> <p>Updating the AHCCCS CQM Portal During the Course of Investigation: The Contractor must ensure that the AHCCCS CQM Portal is updated during the course of investigation. The Contractor must ensure that all policies, procedures and desktops are updated to show that the AHCCCS CQM Portal must be updated during the course of the QOC investigation. The Contractor must provide training to all staff on the updated and approved policies, procedures, and desktops and must submit training materials and attendance/attestations of all staff completing the training to include printed first and last name, title, and date of training received.</p> <p>Regulatory Reporting to Adult Protective Services including (APS, Department of Child Safety (DCS) and Arizona Department of Health Services (ADHS): The Contractor and Subcontractor must ensure that all policies, procedures, desktops, and definitions match AMPM, Contract, and state law regarding the reporting of all allegations of abuse, neglect, and exploitation to regulatory reporting as outlined in AMPM, Contract, and state law. The Contractor must provide training to all staff on the updated and approved policies, procedures, and desktops and submit training materials and attendance/attestations of all staff completing the training to include printed first and last name, title, and date of training received.</p> <p>QOC Investigation Timelines: The Contractor must update and submit for AHCCCS review, its policies & procedures regarding QOC investigation timelines to reflect AMPM Policy 960 (B)(6)(a-c) requirements. The Contractor must retrain QM QOC staff on the updated policies and procedures above and submit evidence of its training completion, including training materials, printed first and last name of QM QOC staff, title, and date of training received.</p>
<p>QM 10 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.</p>	100%	None



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Quality Management (QM)	QM Focus Area Score =	77% (1072 of 1400)
<p>QM 11 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.</p>	65%	<p>Element #1: Oversight - The Contractor must ensure that there are policy, procedures, and processes in place in order to provide oversight to the subcontractor regarding the credentialing process. The Contractor must submit associated audit tools and other evidence of oversight documentation, etc. demonstrating implementation of these policies and procedures.</p> <p>Element #3: Credentialing Committee - The Contractor must ensure that all policies, procedures, and desktops are clear regarding the Credentialing Committee and documentation of the Credentialing Committee date. The Contractor must provide training to all staff on the updated and approved policies, procedures, and desktops and must submit training materials and attendance/attestations of all staff completing the training to include printed first and last name, title, and date of training received.</p> <p>Missing Information in Required Section of Form: The Contractor must ensure that all sections of a form labeled as Required are filled out completely. Additionally, the Contractor must ensure that policies, procedures, and desktops are clear about documentation of recommendations by the medical director to the Credentialing Committee. The Contractor must provide training to all staff on the updated and approved policies, procedures, and desktops and submit training materials and attendance/attestations of all staff completing the training to include printed first and last name, title, and date of training received.</p>
<p>QM 12 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.</p>	56%	<p>Element #3: Oversight - The Contractor must ensure that there are policy, procedures, and processes in place in order to provide oversight to the subcontractor regarding the credentialing process. The Contractor must submit associated audit tools and other evidence of oversight documentation, etc. demonstrating implementation of these policies and procedures.</p> <p>Element #4: Credentialing Committee Date Missing in Samples - The Contractor must ensure that all policies, procedures, and desktops are clear regarding the Credentialing Committee and documentation of the Credentialing Committee date. The Contractor must provide training to all staff on the updated and approved policies, procedures, and desktops and</p>



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Quality Management (QM)	QM Focus Area Score =	77% (1072 of 1400)
		<p>submit training materials and attendance/attestations of all staff completing the training to include printed first and last name, title, and date of training received.</p> <p>Credentialing Committee: The Contractor must ensure that all policies, procedures, and desktops are clear regarding the Credentialing Committee and documentation of the Credentialing Committee date. The Contractor must provide training to all staff on the updated and approved policies, procedures, and desktops and submit training materials and attendance/attestations of all staff completing the training to include printed first and last name, title, and date of training received.</p> <p>Missing Information in Required Section of Form: The Contractor must ensure that all sections of a form labeled as Required are filled out completely. Additionally, the Contractor must ensure that policies, procedures, and desktops are clear about documentation of recommendations by the medical director to the Credentialing Committee. The Contractor must provide training to all staff on the updated and approved policies, procedures, and desktops and submit training materials and attendance/attestations of all staff completing the training to include printed first and last name, title, and date of training received.</p> <p>Adverse Files: The Contractor must ensure that all policy, procedures, and desktops are updated to reflect information for adverse credentialing committee. The Contractor must provide training to all staff on the updated and approved policies, procedures, and desktops and submit training materials and attendance/attestations of all staff completing the training to include printed first and last name, title, and date of training received.</p>
<p>QM 13 The Contractor ensures the credentialing and recredentialing of Individual Providers.</p>	80%	<p>Element #3: Oversight - The Contractor must ensure that there are policy, procedures, and processes in place in order to provide oversight to the subcontractor regarding the credentialing process. The Contractor must submit associated audit tools and other evidence of oversight documentation, etc. demonstrating implementation of these policies and procedures.</p> <p>Missing Information in Required Section of Form: The Contractor must</p>



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Quality Management (QM)	QM Focus Area Score =	77% (1072 of 1400)
		ensure that all sections of a form labeled as Required are filled out completely. Additionally, the Contractor must ensure that policies, procedures, and desktops are clear about documentation of recommendations by the medical director to the Credentialing Committee. The Contractor must provide training to all staff on the updated and approved policies, procedures, and desktops and submit training materials and attendance/attestations of all staff completing the training to include printed first and last name, title, and date of training received.
QM 14 The Contractor ensures the credentialing and recredentialing of organizational providers.	80%	<p>Element #1: Missing Information in Required Section of Form - the Contractor must ensure that all sections of a form labeled as Required are filled out completely. Additionally, the Contractor must ensure that policies, procedures, and desktops are clear about documentation of recommendations by the Medical Director to the Credentialing Committee. The Contractor must provide training to appropriate Contractor and subcontractor staff on updated policies, procedures, and desktops related to the above processes. The Contractor must submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor staff, titles, and date of training received.</p> <p>Element #3: The Contractor must ensure that there are policy, procedures, and processes in place in order to provide oversight to the subcontractor regarding the credentialing process. The Contractor must submit associated audit tools and other evidence of oversight documentation, etc. demonstrating implementation of these policies and procedures.</p>
QM 15 The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.	94%	<p>Element #5: The Contractor must train subcontracted staff and appropriate Contractor staff on AMPM requirements related to seclusion and restraint report entry and submission. The Contractor must submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor staff, title, and date of training received.</p> <p>Element #6: The Contractor must ensure that there are policy, procedures, and processes in place in order to provide oversight to the subcontractor regarding seclusion and restraint entry and submission. The Contractor must submit associated audit tools and other evidence of oversight documentation, etc. demonstrating implementation of these policies and procedures.</p>



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Quality Management (QM)	QM Focus Area Score = 77% (1072 of 1400)	
<p>QM 16 The Contractor has a structure and process in place for ensuring that Incident accident and death reports (IAD), Internal referrals (IRF), quality of care (QOC) concerns and seclusion and restraint (SAR) reports are properly redacted and made available to the Independent Oversight Committee (IOC).</p>	94%	<p>Element #5: While the Contractor submitted a policy related to submitting all required documents for IOC review within three business days of completion of any triage or investigation process, one out of 10 IOC Reportable files sent to AHCCCS for review did not demonstrate compliance. The Contractor must retrain subcontracted staff and appropriate Contractor staff on AMPM requirements related to timelines of IOC document submissions, and submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor staff, title, and date of training received.</p> <p>Element #6: The Contractor must ensure that there are policies, procedures, and processes in place in order to provide oversight to the subcontractor regarding the AMPM requirements for the IOC as it relates to IAD, IRF, QOC, and SAR reports The Contractor must provide policies and procedures related to this oversight process and submit associated audit tools and other evidence of oversight documentation, etc. demonstrating implementation of these policies and procedures.</p>

Reinsurance (RI)	RI Focus Area Score = 100% (400 of 400)	
Standard	Score	Required Corrective Actions
<p>RI 1 The Contractor has policies, desk level procedures, and appropriate training of personnel for the processing and submission of transplant reinsurance cases to AHCCCS for reimbursement.</p>	100%	None
<p>RI 2 The Contractor has policies and procedures for auditing of reinsurance cases to determine 1) the appropriate payment due on the case and 2) the service was encountered correctly.</p>	100%	None
<p>RI 3 The Contractor has identified a process for advising AHCCCS of reinsurance overpayments against associated reinsurance encounters</p>	100%	None



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Reinsurance (RI)	RI Focus Area Score = 100% (400 of 400)	
within 30 days of identification. This process includes open or closed contract years and open or closed reinsurance cases.		
RI 4 The Contractor has policies and procedures for monitoring the appropriateness of the reinsurance revenue received against paid claims data.	100%	None

Third Party Liability (TPL)	TPL Focus Area Score = 100% (800 of 800)	
Standard	Score	Required Corrective Actions
TPL 1 If the Contractor discovers the probable existence of a liable party that is not known to AHCCCS, the Contractor reports that information to the AHCCCS contracted vendor not later than 10 days from the date of discovery.	100%	None
TPL 2 The Contractor identifies the existence of potentially liable parties through the use of trauma code edits and other procedures.	100%	None
TPL 3 The Contractor does not pursue recovery on the case or discuss the case with the third party unless the case has been referred to the Contractor by AHCCCS, or by the AHCCCS authorized representative: Restitution Recovery, Motor Vehicle Cases, Other Casualty Cases, Worker's Compensation, and Tortfeasors.	100%	None
TPL 4 The Contractor notifies the AHCCCS authorized representative upon the identification of reinsurance or fee-for-service payments made by AHCCCS on a total plan case.	100%	None
TPL 5 The Contractor files liens on total plan casualty cases that exceed \$250.	100%	None
TPL 6 Prior to negotiating a settlement on a total plan case, the Contractor shall notify AHCCCS to ensure that no reinsurance or fee-for-service payments have been made by AHCCCS.	100%	None



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Third Party Liability (TPL)		TPL Focus Area Score = 100% (800 of 800)
TPL 7 The Contractor shall submit complete settlement information to AHCCCS, using the AHCCCS approved casualty recovery Notification of Settlement form within 10 business days from the settlement date, or on an AHCCCS-approved electronic file by the 20th of each month.	100%	None
TPL 8 The Contractor shall respond to requests from AHCCCS or AHCCCS' TPL Contractor to provide a list of claims related to the joint or mass tort case within 10 business days of the request.	100%	None

Quality Improvement (QI)		QI Focus Area Score = 92% (550 of 600)
Standard	Score	Required Corrective Actions
QI 1 The Contractor and its governing body are accountable for all Quality Management/Performance Improvement (QM/PI) program functions.	90%	The Contractor must demonstrate that QM/PI positions performing work functions related to the Contract, including administrative services subcontractors' staff, have a direct reporting relationship to the local CMO.
QI 2 The Contractor reviews, analyzes, and evaluates quality improvement data (performance measures, performance improvement projects, etc.) necessary for implementing and maintaining its Quality Management/Performance Improvement (QM/PI) Program.	60%	The Contractor must demonstrate that it conducts subpopulation data analysis of quality improvement data (inclusive of CRS designated members) and implements targeted interventions to address any noted disparities identified as part of the Contractor's data analysis efforts for performance measures, AHCCCS mandated performance improvement projects, and Contractor self-selected performance improvement projects.
QI 3 The Contractor maintains the integrity of and appropriately shares quality improvement data (performance measures, performance improvement projects, etc.) necessary for implementing and maintaining its Quality Management/Performance Improvement (QM/PI) Program.	100%	None
QI 4 The Contractor conducts AHCCCS-mandated and Contractor self-selected Performance Improvement Projects (PIPs) to assess the quality/appropriateness of its service provision and to improve overall performance.	100%	None
QI 5 The Contractor has implemented a process to measure and report to	100%	None



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Quality Improvement (QI)	QI Focus Area Score = 92% (550 of 600)	
the State its performance utilizing standardized measures required by the State, as well as other required/Contractor-selected metrics specific to its Quality Management/ Performance Improvement (QM/PI) Program Activities.		
QI 6 The Contractor participates in applicable community initiatives for each Medicaid line of business.	100%	None

Integrated System of Care	ISOC Focus Area Score = 100% (1800 of 1800)	
Standard	Score	Required Corrective Actions
ISOC 1 (All Plans except CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) prior to member discharge and for members who are conditionally released under the authority of the Psychiatric Security Review Board (PSRB).	N/A	N/A
ISOC 2 (All Plans except CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission to and members who are discharge ready from AzSH.	N/A	N/A
ISOC 3 The Contractor allows Primary Care Providers (PCPs) to provide behavioral health services within their scope of practice including but not limited to Substance Use Disorders, Anxiety, Depression and Attention Deficit Hyperactivity Disorder (ADHD) for the purpose of medication management.	100%	None
ISOC 4 The Contractor ensures that members receive medically necessary behavioral health services.	100%	None
ISOC 5 The Contractor ensures the availability and provision of services to members diagnosed with or at risk for Autism Spectrum Disorder (ASD)	100%	None



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Integrated System of Care	ISOC Focus Area Score = 100% (1800 of 1800)	
ISOC 6 The Contractor employs care managers and ensures the provision of Contractor care management functions.	100%	None
ISOC 7 The Contractor ensures coordination and provision of appropriate services for members who are on court ordered treatment.	100%	None
ISOC 8 The Contractor monitors members and services provided to members in out-of-state placement settings.	100%	None
ISOC 9 The Contractor has implemented processes for all outreach, engagement, re-engagement and closure activities for behavioral health services.	100%	None
ISOC 10 The Contractor ensures the availability and timely delivery of generalist direct support providers and specialty providers to deliver flexible, in-home, community-based support and rehabilitation services (Meet Me Where I Am Services (MMWIA)).	100%	None
ISOC 11 The Contractor ensures the availability and implementation of Evidence-Based practices (EBPs) for Transition Aged Youth (TAY) ages 16-24.	100%	None
ISOC 12 The Contractor ensures the provision of Trauma Informed Care and Services	100%	None
ISOC 13 The Contractor promotes service delivery and network capacity for children age birth to five.	100%	None
ISOC 14 The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for youth.	100%	None
ISOC 15 (All Plans except CHP) The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for adults.	N/A	None
ISOC 16	100%	None



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Integrated System of Care	ISOC Focus Area Score = 100% (1800 of 1800)	
The Contractor ensures that members are routinely screened for risk factors related to Social Determinants of Health (SDOH) and that identified needs are addressed.		
ISOC 17 The Contractor ensures that behavioral health medical record requirements are completed in accordance with AHCCCS Policy.	100%	None
ISOC 18 The Contractor ensures that a current assessment and service plan have been completed within the previous 365 days and are part of the behavioral health medical record.	100%	None
ISOC 19 The Contractor promotes Arizona’s Child and Family Team (CFT) practice model and Twelve Guiding Principles in the Children’s System of Care, within all aspects of service delivery for all children.	100%	None
ISOC 20 The Contractor demonstrates integrated care efforts for members throughout all service delivery.	100%	None
ISOC 21 The Contractor maintains collaborative relationships with other government entities that deliver services to members and their families, ensures access to services, and coordinates care with consistent quality.	100%	None