



Mercy Care LTC
Operational Review
2023
July 13, 2023

Conducted by the Arizona Health Care Cost Containment System





AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

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 Mercy Care 2023 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 Mercy Care from Monday, May 1, 2023 through Thursday, May 4.

A copy of the draft version of this report was provided to the Contractor on June 15, 2023. MCP LTC 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.

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.

SCORING METHODOLOGY

The 2023 Operational Review is organized into Focus Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to fourteen Focus Areas. For the 2023 Operational Review, these Focus Areas are:

- Case Management (CM)
- 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 2023 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

Case Management (CM)		CM Focus Area Score = 77% (1626 of 2100)
Standard	Score	Required Corrective Actions
CM 1 The Contractor implements policies and procedures for initial contact, on-site visits, and service initiation.	100%	None
CM 2 The Contractor implements policies and procedures for initial contact, on-site visits and service initiation.	100%	None
CM 3 The Contractor implements policies and procedures for conducting placement and service planning.	67%	The Contractor must develop a corrective action plan that addresses how the Contractor will monitor and ensure that newly identified and/or requested services are provided within the required timeframe as outlined in AMPM Policy 1620-D.
CM 4 The Contractor implements policies and procedures for conducting discharge planning for members enrolled with the Contractor while in the hospital and for existing members who experience a hospitalization.	50%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that CMs adhere to policies and procedures for and are conducting pre- and post-discharge planning and assessment for members enrolled with the Contractor while in the hospital or for existing members who experience a hospitalization, as outlined in AMPM Policy 1620-B and AMPM Policy 1620-E.
CM 5 The Contractor implements policies and procedures for conducting needs assessment and care planning.	98%	None
CM 6 The Contractor implements policies and procedures for conducting needs assessment and care planning.	55%	<p>The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that all required assessment areas within the PCSP, including members developmental history, justice system involvement, previous living situations, behavioral health social/environmental/cultural factors, existing support system, and health and safety risks (including risks to member and/or others as a result of the member's actions) are discussed and documented as part of PCSP process, as applicable.</p> <p>The Contractor's CAP must also address how it will ensure that CMs are completing UATs as required and/or that the information documented in the UATs is consistent with other case file documentation; that CMs develop an accurate and complete HNT and/or ensure that HNTs are consistent with</p>



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Case Management (CM)	CM Focus Area Score = 77% (1626 of 2100)	
		other case file documentation; and that established goals are member specific/person-centered, measurable, and/or that the progress of established goals and/or barriers to the achievement of the member's goals are reviewed at each assessment and updated in the PCSP, accordingly.
CM 7 The Contractor implements policies and procedures that meet the Cost Effectiveness Study (CES) Standards.	100%	None
CM 8 The Contractor implements policies and procedures for placement and service planning.	79%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that case managers adhere to all service planning standards as outlined AMPM Policy 1620-D and Policy 1620-E, including but not limited to, comprehensive assessment and accurate/quality documentation of the member's background (lived/life experiences), member preferences/strengths, daily life, member individualized goals and outcomes, and necessary services and supports discussed/authorized to meet the member's needs that is consistent with other case file documentation.
CM 9 The Contractor implements policies and procedures for the Client Assessment Tracking System (CATS).	29%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that member CATS screens (CA161 and CA162) or comparable forms are accurate and complete with current copies maintained within the member's case management file, in accordance with AHCCCS policy.
CM 10 The Contractor implements policies and procedures for Service Plan monitoring.	96%	None
CM 11 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	40%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure appropriate PCSP monitoring and member reassessments in accordance with AMPM 1620-E.
CM 12 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	98%	None
CM 13 The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	80%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that CMs are following the requirements for providing and monitoring behavioral health services (per AMPM 1620-G), including that Behavioral health evaluation referrals are made within 24 hours, but not later than 72 hours from the day that a request for behavioral



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Case Management (CM)	CM Focus Area Score = 77% (1626 of 2100)	
		health services is received or need is identified and are documenting accordingly (including appropriate assessment/consistent documentation of member BH codes; how the Contractor will monitor and ensure the timely involvement of a BH professional to assess, develop a care plan, and preserve the current placement (if possible) for member's in non-BH settings presents difficulty managing behaviors (new or existing); and how the Contractor will ensure that Behavioral health services are provided in accordance with behavioral health appointment standards as delineated in ACOM Policy 417 and documented).
CM 14 The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	77%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure the implementation and documentation of behavioral health service(s) monitoring in accordance with AMPM 1620-G. This includes CM coordination of the initial consult and quarterly discussions with a BH professional for all members receiving/needing BH services; documenting the use of psychotropic medications, including the purpose of the medication and member reported therapeutic effects/adverse reactions at each reassessment; engaging in discussions and developing a plan of action with the BH professional and/or prescribing practitioner when medication issues are identified; and monitoring/appropriate documentation of Court Ordered Treatment and CM adherence to the Contractor's policies/procedures for Court Ordered Treatment.
CM 15 The Contractor implements policies and procedures for providing and monitoring skilled nursing services.	62%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that for members in an institutional setting who have skilled nursing needs, all CMs are consulting with the appropriate facility staff at minimum every six month and that CMs are reviewing facility treatment plan records and other Level of Care documentation related to the member's condition and progress and are documenting this information. The CAP must also address how the Contractor will ensure that the CM PASRR requirements outlined in AMPM 1620-L are being met and documented within the member's case management file accordingly.
CM 16 (DES/DDD Only) The Contractor implements policies and procedures for monitoring the cost effectiveness of its members.	N/A	N/A
CM 17	100%	None



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Case Management (CM)	CM Focus Area Score = 77% (1626 of 2100)	
The Contractor implements policies and procedures for reporting abuse and neglect.		
CM 18 The Contractor implements policies and procedures for conducting case management staff orientation/training.	100%	None
CM 19 The Contractor implements policies and procedures for internal monitoring of the case management program on a quarterly basis.	100%	None
CM 20 The Contractor implements policies and procedures for monitoring case management caseloads for compliance with AHCCCS Standards.	42%	The Contractor must develop a corrective action plan that addresses how the Contractor will come into compliance with this standard to mitigate and/or ensure that CMs caseload assignments do not exceed the weighted value of 96, in accordance with AHCCCS standards.
CM 21 The Contractor implements policies and procedures for a comprehensive inter-rater reliability (IRR) process to ensure consistency of member PCSPs and service authorizations.	100%	None
CM 22 (DES/DDD Only) The Contractor implements policies and procedures for monitoring Targeted Case Management services for program compliance.	N/A	N/A
CM 23 The Contractor implements policies and procedures for the timely initiation of services to existing members in an HCBS (own home) setting.	53%	The Contractor must develop a corrective action plan to address the identified access to care issues. The plan must address maintenance of the Contractor's tracking and monitoring processes for the provision of services to members; how the Contractor will ensure that assessed/authorized services are delivered as required in AMPM Policy 1620-A and AMPM Policy 1620-D; and that assessed/authorized services are documented accurately within the PCSP.

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	100%	None



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Corporate Compliance (CC)	CC Focus Area Score = 100% (500 of 500)	
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.		
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 = 97% (969 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 required information.	100%	None
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	97%	None



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Claims and Information Systems (CIS)	CIS Focus Area Score = 97% (969 of 1000)	
The Contractor pays applicable interest on all claims, including overturned claim disputes.		
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.	72%	The Contractor must ensure all 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.	100%	None

Delivery Systems (DS)	DS Focus Area Score = 97% (1357 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 problems and inquiries.	100%	None
DS 2 The Contractor determines, monitors, and adjusts the number of members assigned to each PCP.	100%	None
DS 3 Provider Services Representatives are adequately trained.	100%	None



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Delivery Systems (DS)	DS Focus Area Score = 97% (1357 of 1400)	
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.	100%	None
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.	100%	None
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.	100%	None
DS 8 The Contractor refers members to out-of-network providers if it is unable to provide requested services in its network.	100%	None
DS 9 The Contractor develops, distributes and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	66%	The Contractor must ensure that the provider manual chapters applicable to the ALTCS E/PD line of business contains all requirements listed in ACOM 416.
DS 10 The Contractor has a process for collecting, maintaining, updating and reporting accurate demographic information on its provider network.	96%	None
DS 11 The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.	100%	None
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.	100%	None
DS 13 (RBHA Only)	N/A	N/A



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Delivery Systems (DS)	DS Focus Area Score = 97% (1357 of 1400)	
<p>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.</p>		
<p>DS 14 (RBHA Only) Contractor performed provider grant monitoring activities and has evidence of the following:</p> <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
<p>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 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.</p>	Not Scored	N/A
<p>DS 16 The Contractor has an oversight process to ensure providers who employ Peer and Recovery Support Specialists (PRSS) have policies and procedures in place demonstrating PRSS meet qualification</p>	95%	None



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Delivery Systems (DS)	DS Focus Area Score = 97% (1357 of 1400)	
requirements, receive clinical and administrative supervision, and have continuing education and learning requirements available.		
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.	100%	None

General Administration (GA)	GA Focus Area Score = 100% (500 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 and member information that identifies a particular member.	100%	None
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.	100%	None
GA 4 The Contractor develops, reviews, and maintains policies and procedures on policy development.	100%	None
GA 5 The Contractor has policies and procedures for oversight and accountability of all administrative functions and responsibilities delegated to Administrative Services Subcontractors.	100%	None

Grievance Systems (GS)	GS Focus Area Score = 99.7% (1696 of 1700)	
Standard	Score	Required Corrective Actions
GS 1	100%	None



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Grievance Systems (GS)	GS Focus Area Score = 99.7% (1696 of 1700)	
The Contractor issues and carries out appeal decisions within required timeframes.		
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 health condition requires. If an appeal is upheld the Contractor may recover the cost of services received by the enrollee during the appeal process.	100%	None
GS 10	100%	None



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Grievance Systems (GS)	GS Focus Area Score = 99.7% (1696 of 1700)	
The Contractor's member appeal policies allow for, and require notification of the member of, all rights granted under rule.		
GS 11 The Contractor maintains claim dispute records.	100%	None
GS 12 The Contractor 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.	96%	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 shall have written policies delineating the Grievance System.	100%	None

Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 89% (1421 of 1600)	
Standard	Score	Required Corrective Actions
MCH 1 The Contractor has established a maternity care program that operates with goals directed at achieving optimal birth outcomes that meet AHCCCS minimum requirements.	84%	The Contractor must develop a written policy, procedure or desktop documenting the process to monitor and evaluate low birth weight/very low birth weight coordination of care.
MCH 2 The Contractor ensures that pregnant members obtain initial prenatal care appointments, return visits, and receive ongoing prenatal care in	100%	None



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 89% (1421 of 1600)	
accordance with ACOG standards and the AHCCCS Contractor Operations Manual (ACOM) Maternity Care Appointment Standards.		
MCH 3 The Contractor ensures postpartum care is provided as outlined in AMPM Policy 410.	80%	The Contractor must demonstrate evidence of the completed Provider Maternity Coordination of Care Mailing, to include information about monitoring members with medical conditions during pregnancy and making the appropriate referrals for them.
MCH 4 The Contractor ensures maternity care provided to pregnant and postpartum members with a substance use disorder follows ACOG recommendations.	100%	None
MCH 5 Family planning services and supplies are provided to members, regardless of gender, who voluntarily choose to delay or prevent pregnancy.	100%	None
MCH 6 The Contractor provides EPSDT services according to the AHCCCS EPSDT Periodicity Schedule.	67%	The Contractor must demonstrate it has implemented processes that ensure all provider materials are accurate, aligned with AHCCCS policies, and reflect current practices and are timely disseminated. In addition, the Contractor must demonstrate it has processes to ensure all applicable staff who oversee the EPSDT program and support members are appropriately trained and kept up to date with EPSDT program, contract requirements, and policies including maternity care services, oral health care, women's preventive care, family planning services and supplies, EPSDT services, and behavioral health.
MCH 7 The Contractor monitors member adherence with obtaining EPSDT services.	75%	The Contractor must demonstrate that it has implemented processes to monitor for the completion of EPSDT screenings per policy, including but not limited to, blood lead levels (including members who have not been previously tested or missed a blood lead test at 12 and 24 months), postpartum depression screenings for the birthing parent, and adolescent suicide screen. Documentation must also include identification and addressal of barriers to members who do not receive these screenings.
MCH 8 The Contractor monitors provider compliance with providing EPSDT services.	100%	None
MCH 9	100%	None



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 89% (1421 of 1600)	
The Contractor ensures that oral health/dental services are provided according to the AHCCCS Medical Policy Manual and the AHCCCS Dental Periodicity Schedule.		
MCH 10 The Contractor ensures providers participate with the Arizona State Immunization Information System (ASIIS) and Vaccine for Children (VFC) programs according to the state and federal requirements.	100%	None
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
MCH 12 (All Plans except RBHAs) The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.	100%	None
MCH 13 The Contractor identifies and monitors the needs of EPSDT and Maternity members, coordinates their care, and conducts adequate follow up to verify that members receive timely and appropriate treatment.	75%	The Contractor must have implemented processes to conduct follow up to verify timely and appropriate treatment is received for medical and behavioral health needs. This includes care needed as indicated on the AHCCCS-approved EPSDT Clinical Sample Templates, as well as AMPM 410, including necessary referrals, prior authorizations, case management, and cross-disciplinary team-based treatment. Specifically, the EPSDT Age-Appropriate Weight Gain Member and Provider Outreach follow up and referral letters must be provided.
MCH 14 The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.	40%	<p>The Contractor must have implemented processes to conduct follow-up to verify timely and appropriate treatment is received by members identified as underweight. This includes care and services needed, including necessary referrals, case management, and cross-disciplinary team-based treatment, including EPSDT Age-Appropriate Weight Gain Member and Provider Outreach letters, faxes, and referrals.</p> <p>The Contractor must demonstrate the Policy and processes that ensure medical necessity for commercial oral nutritional supplements for EPSDT members is determined on an individual basis by the EPSDT member's PCP or attending physician using the criteria specified in AMPM 430 including that the appropriate growth charts for age groups are being used</p>



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Adult, EPSDT and Maternal Child Health (MCH)		MCH Focus Area Score = 89% (1421 of 1600)
		for the determination of BMI, the WHO growth charts are being utilized for growth assessments for members under age two when a referral is made for underweight and the use of the AHCCCS "Certificate of Medical Necessity for Commercial Oral Nutritional Supplements" for EPSDT members.
MCH 15 The Contractor ensures that women's preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).	100%	None
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.	100%	None

Medical Management (MM)		MM Focus Area Score = 97% (2037 of 2100)
Standard	Score	Required Corrective Actions
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.	100%	None
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.	100%	None
MM 3	100%	None



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Medical Management (MM)	MM Focus Area Score = 97% (2037 of 2100)	
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.		
MM 4 Emergency Department (ED) Utilization and Monitoring of ED 24 Hours Post Medical Clearance.	75%	The Contractor complies with the policies and procedures for Contractor CMO or Medical Director involvement for members experiencing a delay in discharge of the ED.
MM 5 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	100%	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 needs and members at risk for and/or with special health care needs.	100%	None
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	100%	None



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Medical Management (MM)	MM Focus Area Score = 97% (2037 of 2100)	
The Contractor promotes health maintenance and coordination of care through Disease/Chronic Care Management Programs.		
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.
MM 18 The Contractor does not deny emergency services.	100%	None
MM 19 The Contractor issues a Notice of Adverse Benefits 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.	100%	None
MM 21 (ACC, DCS/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.	N/A	N/A
MM 22 The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.	100%	None

Member Information (MI)	MI Focus Area Score = 97% (875 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



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Member Information (MI)	MI Focus Area Score = 97% (875 of 900)	
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.	75%	The Contactor must notify affected members timely when a PCP or frequently utilized provider leaves the network.
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 maintains a log of all member material distributed to its members.	100%	None
MI 9 The Contractor maintains policies on Social Networking.	100%	None

Quality Management (QM)	QM Focus Area Score = 84% (1346 of 1600)	
Standard	Score	Required Corrective Actions
QM 1	82%	Element #1: • Delay in Reporting by the Contractor:



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Quality Management (QM)	QM Focus Area Score = 84% (1346 of 1600)
<p>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.</p>	<p>The Contractor must conduct a root cause analysis for the delay in reporting between the Grievance and Appeals Department, and potentially other internal departments, to the QM Department and submit this for AHCCCS review. The Contractor must conduct this same analysis related to the delay in submission of internal referral incidents by the Contractor's QM Department to the AHCCCS QM Portal and submit this for AHCCCS review.</p> <p>In addition, the Contractor must update appropriate policies and procedure, QOC Training for staff both within and outside of the Contractor's QM Department, and update and/or create appropriate tools to ensure that the Contractor adheres to the reporting requirements outlined in AMPM policies 960 and 961 specific to incident reporting and submission timelines.</p> <p>The Contractor must provide training to QM QOC staff on the above newly developed and/or updated policies and procedures, QOC Training, and tools. The Contractor must submit training materials and attendance/attestations of staff completing the training to include printed first and last name, title, and date of training received.</p> <p>In addition, as part of process improvement, the Contractor must incorporate an inter-rater reliability process to ensure standardization and consistency with timely incident referral and submission.</p> <p>The Contractor must provide case examples that the Contractor has addressed concerns related to its incident reporting and submission timeframes. The Contractor must also provide evidence of final outcome and any interventions resulting from the inter-rater audit.</p> <p>Sentinel Event Identification and Notification by the Contractor: Please refer to QM 9, Element #1 and Element #2 - Sentinel Event Reporting for this corrective action.</p> <ul style="list-style-type: none"> • Direct interviews of members, direct care staff, and witness and Letters related to the QOC Process from Member Services:



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Quality Management (QM)	QM Focus Area Score = 84% (1346 of 1600)
	<p>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. This includes updating policies and procedures to be reflective of guidelines for when an interview may be needed or an assessment tool for QM staff to use to determine if an interview is needed. The Contractor must provide training to QM QOC staff on the aforementioned updated and/or newly developed policies and procedures and must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first name, last name, title, and date of training received.</p> <p>With regards to the member letters, the Contractor must update the letter to clearly reflect that it is from and signed by a member of the Contractor's QM Department, as well as an ability for the member to contact the QM Department directly regarding their QOC concern. The Contractor must develop and/or update appropriate policies and procedures, as well as submit a copy of the Contractor's revised Letter. Further, the Contractor must ensure confidentiality of QOC investigation information and update appropriate processes related to follow-up/closure letters to prevent the sharing of this information outside of the QM QOC Department.</p> <p>The Contractor must provide training to appropriate staff on the above updated and/or newly developed policies and procedures and must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first name, last name, title, and date of training received.</p> <ul style="list-style-type: none"> • Regulatory Reporting for Abuse, Neglect, and Exploitation: The Contractor must update all appropriate policies and definitions to ensure congruency with AHCCCS contract and policy definitions including expectations of reporting abuse allegations. Additionally, the policies and procedures should be updated to reflect that abuse, neglect, and exploitation reporting should occur for all allegations as outlined in AMPM policies 960 and 961 and not just for substantiated cases.



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Quality Management (QM)	QM Focus Area Score = 84% (1346 of 1600)
	<p>The Contractor must update appropriate policies and procedures regarding the documentation of regulatory agency reporting in the AHCCCS QM Portal. Documentation in the Contractor's internal system is not reflected in the AHCCCS QM Portal.</p> <p>The Contractor must provide training to QM QOC staff on the above updated and/or newly developed policies and procedures. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.</p> <p>The Contractor must provide case examples that the Contractor has addressed concerns related to provider regulatory agency reporting requirements.</p> <p>Element #1 and Element #3 - Provider Incident Reporting and Addition of New Allegations: The Contractor must retrain QM QOC staff on AMPM policy 960, 961, and the Contractor policies, procedures and desktops related to provider notification and submission of incidents to the Contractor, including the process for the Contractor's QM QOC staff in addressing providers failing to report timely when it is identified during incident triage or QOC investigation. The Contractor must also update and or develop a process to ensure that documentation in the QM Portal is reflective of information as it is received during the investigation, including new allegations identified during the investigation or review process, and must train QM QOC staff on the above updated and/or newly created policies and procedures.</p> <p>The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, 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.</p>



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Quality Management (QM)	QM Focus Area Score =	84% (1346 of 1600)
		<p>Further, for the case files: IRF-2022-11487, IRF-2022-17121, IAD-2022-19233, and IAD-2022-7229, the Contractor must re-review these cases and address the AHCCCS findings related to provider late or non-reporting of incidents, to ensure appropriate case review and/or QOC investigation and address the need for provider corrective action as necessary. The Contractor must update the QM Portal in accordance with AMPM policies and submit communication via the QM Portal to AHCCCS QM notifying AHCCCS of the re-review, as well as the completion of the re-evaluation and/or amendments.</p> <p>Element #5: Determination of a QOC: The Contractor must provide QM QOC Department staff training related to the process of reviewing incidents according to current AMPM policy 960 and 961 as it relates to documents and information to be reviewed during the triage process for appropriate QOC determination and timely opening, submission, and update of QM Portal status for incidents involving a QOC concern. The Contractor must submit training materials, printed first and last name of 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>	78%	<p>Element #7 - Proactive Care Coordination: The Contractor must ensure proactive care coordination for members who have multiple complaints or concerns regarding services or the AHCCCS program. The Contractor must update or create new policies referencing how to identify members who may need proactive care coordination and how proactive care coordination is provided, including the involvement of the Quality Management Department in this process. The Contractor must provide training to QM QOC staff and other appropriate staff on the approved and/or newly developed policies and procedures and must submit training materials and attendance/attestations of Contractor staff completing the training to include printed first name, last name, title, and date of training received.</p> <p>Element #8: Please refer to QM 1 Element #1 for further details on findings and corrective action information.</p>
QM 3	N/A	N/A



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Quality Management (QM)	QM Focus Area Score = 84% (1346 of 1600)	
Contractor Quality Management staff are able to speak to requirements of the QM Program and describe day-to-day work 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.	80%	Element #1: <ul style="list-style-type: none"> • Sentinel Event Reporting: Refer to QM 9, Element #1 and Element #2 - Sentinel Event Reporting, for this required corrective action. • High Profile Cases: Refer to QM 9, Element #2 – High Profile Cases, for this required corrective action.
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.	100%	None
QM 6 The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.	71%	Element #1 <ul style="list-style-type: none"> • Contractor monitoring of provider verification of skills or competencies: The Contractor must ensure that residential settings, including behavioral health residential facilities, are monitored for Verification of skills or competencies according to AMPM policy 910. The Contractor must train appropriate staff on AMPM policy 910 related to these requirements. The Contractor must submit training materials and attendance/attestations of appropriate Contractor staff completing the training to include printed first name, last name, title, and date of training received. The Contractor must submit provider audit examples demonstrating implementation of this training. • Evidence that the provider conducted the pre-hire and annually thereafter search of the APS Registry for all staff: The Contractor must update the HCBS Settings and ALTCS BHRF Personnel File Audit tools to encompass the monitoring requirements related to the APS Registry search as specified in AMPM policy 910. The Contractor must train appropriate staff on the updated tool. The Contractor must submit training material and attendance/attestations of appropriate Contractor Staff completing the training to include printed first name, last name, title, and date of training received. Element #2: The Contractor must update appropriate policies and procedures to ensure that residential settings (each individual service site)



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Quality Management (QM)	QM Focus Area Score = 84% (1346 of 1600)	
		are monitored annually by Quality Management staff and that there is clear documentation of previous completed audits for historical reference. The Contractor must update appropriate tools to reflect this tracking process. The Contractor must train appropriate staff on the above policies and procedures and updated tracking tools and processes. The Contractor must submit training material and attendance/attestations of appropriate Contractor Staff completing the training to include printed first name, last name, title, and date of training received.
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.	75%	Element #3 • Refer to QM 9, Element #1 and Element #2 - Sentinel Event Reporting, for this required corrective action. • Refer to QM 9, Element #2 – High Profile Cases, for this required corrective action.
QM 8 The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.	67%	Element #2 - Sentinel Event Reporting: Refer to QM 9, Element #1 and Element #2 - Sentinel Event Reporting, for this required corrective action. Element #6 - Sufficient local Quality Management QOC staff: • RN QM Supervisor -The Contractor must submit for AHCCCS review an updated RN Supervisor position document outlining the roles and responsibilities associated with this position to ensure it is focused on the Quality Management QOC Department.
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.	0%	Element# 1 and Element #2 - Sentinel Event Reporting: The Contractor must revise its 8000.62D QOC Rptg Monitoring CAP Policy, 7000.45D Reporting of IAD Reports Policy, the Monitoring and Trending IADs Desktop, and the Abuse Neglect Exploitation Desktop, as well as any other pertinent policy or desktop related to notification and submission of sentinel events to ensure they align with AMPM Policy 961. The Contractor must retrain QM QOC staff on AMPM Policy 961 requirements and appropriate and revised Contractor policies and procedures related to sentinel event case notification and submission. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received. The Contractor must provide case examples demonstrating evidence that the Contractor has addressed concerns related to timely notification and submission of sentinel events to AHCCCS per AMPM guidelines.



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Quality Management (QM)	QM Focus Area Score = 84% (1346 of 1600)
	<p>Element #2: Appropriate Regulatory Referrals Made: The Contractor must revise and ensure consistency among appropriate policies and procedures regarding the timeframes for submitting a report to a regulatory agency that meets AMPM Policy 960 requirements. The Contractor must retrain QM QOC staff on AMPM Policy 960 requirements and appropriate and revised Contractor policies and procedures related to regulatory agency reporting. The Contractor must submit training materials and attendance/attestations of the QM QOC staff completing the training to include printed first and last name, title, and date of training received.</p> <p>Tracking and Trending of IADs: The Contractor must revise the 7000.45D Monitoring and Trending IADs Desktop language and any other appropriate policy or procedure to reflect identifying and addressing systemic concerns or issues within their provider network to ensure it aligns with AMPM Policy 960. The Contractor must retrain staff on the above revised desktop, as well as any other appropriate revised policy or procedure and submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.</p> <p>High Profile Cases: The Contractor must revise 8000.09D HS and Immediate Jeopardy for Quality Desktop, 8000.62D QOC Rptg Monitoring CAP Policy, and any other pertinent policy or desktop related to notification and initial reporting for high profile cases to ensure they align with AMPM Policy 960. The Contractor must retrain QM QOC staff on AMPM Policy 960 requirements and appropriate and revised Contractor policies and procedures related to high profile case notification and reporting to AHCCCS. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.</p> <p>The Contractor must provide case examples demonstrating evidence that the Contractor has addressed concerns related to timely notification and reporting of high profile cases to AHCCCS per AMPM guidelines.</p>
QM 10	100% None



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Quality Management (QM)	QM Focus Area Score = 84% (1346 of 1600)	
The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.		
QM 11 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	100%	None
QM 12 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	100%	None
QM 13 The Contractor ensures the credentialing and recredentialing of Individual Providers.	100%	None
QM 14 The Contractor ensures the credentialing and recredentialing of organizational providers.	100%	None
QM 15 The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.	100%	None
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).	98%	None
QM 17 (ALTCS/EPD and DES/DDD Only) The Contractor ensures that Home and Community Based settings as defined in the Arizona State Transition Plan available on the AHCCCS website (www.azahcccs.gov/hcbs) are monitored annually in accordance to policy, by qualified staff.	95%	None

Reinsurance (RI)	RI Focus Area Score = 100% (400 of 400)	
Standard	Score	Required Corrective Actions
RI 1	100%	None



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Reinsurance (RI)		RI Focus Area Score = 100% (400 of 400)
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.		
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.	100%	None
RI 3 The Contractor has identified a process for advising AHCCCS of reinsurance overpayments against associated reinsurance encounters within 30 days of identification. This process includes open or closed contract years and open or closed reinsurance cases.	100%	None
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:	100%	None



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Third Party Liability (TPL)	TPL Focus Area Score = 100% (800 of 800)	
Restitution Recovery, Motor Vehicle Cases, Other Casualty Cases, Worker's Compensation, and Tortfeasors.		
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
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 = 99% (595 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.	100%	None
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.	100%	None



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Quality Improvement (QI)	QI Focus Area Score = 99% (595 of 600)	
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 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.	100%	None
QI 6 The Contractor participates in applicable community initiatives for each Medicaid line of business.	95%	None

Integrated System of Care	ISOC Focus Area Score = 98% (2060 of 2100)	
Standard	Score	Required Corrective Actions
ISOC 1 (All Plans except DCS/CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) prior to member discharge and for members who are conditionally released.	100%	None
ISOC 2 (All Plans except DCS/CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission to and members who are discharge ready from AzSH.	70%	The Contractor must ensure its policies reflect current AHCCCS contract and policy for care coordination and monitoring of members who are awaiting admission to the AzSH, and members who are awaiting discharge from the AzSH.



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Integrated System of Care	ISOC Focus Area Score = 98% (2060 of 2100)	
		The Contractor must also ensure its policies reflects current AHCCCS contract and policy requirements for members with diabetes who are discharged from AzSH, are issued the appropriate equipment, and supplies they were trained to use while in the facility.
ISOC 3 The Contractor allows Primary Care Providers (PCPs) to provide behavioral health services within their scope of practice, including but not limited to referral/coordination with behavioral health provider of the MAT model to treat Substance Use Disorders 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
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



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Integrated System of Care	ISOC Focus Area Score = 98% (2060 of 2100)	
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 DCS/CHP) The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for adults.	100%	None
ISOC 16 The Contractor ensures that members are routinely screened for risk factors related to Social Determinants of Health (SDOH) and that identified needs are addressed.	90%	The Contractor must ensure its policy reflects current AHCCCS contract and policy for members routinely screened for risk factors related to 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



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Integrated System of Care	ISOC Focus Area Score = 98% (2060 of 2100)	
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