Mercy Care Long Term Care Plan

Operational Review
Contract Year 2019

July 3, 2019

Conducted by the Arizona Health Care Cost Containment System

INTRODUCTION

The Arizona Health Care Cost Containment System (AHCCCS) has served Arizona's most needy since 1982. The Agency's vision is "to shape 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 Long Term Care Plan (MCP LTC) CY 2019 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,
- Increase AHCCCS knowledge of the Contractor's operational encounter processing procedures,
- 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 onsite review of Mercy Care LTC from April 22, 2019 through April 24, 2019.

A copy of the draft version of this report was provided to the Contractor on June 5, 2019. 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 CY 2019 Operational Review is organized into Standard Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to twelve Standard Areas. For the CY 2019 Operational Review, these Standard 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)

Each Standard 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 CY 2019 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 Standard 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.

Contractors must complete a Corrective Action Plan (CAP) for any Standard where the total score is less than 95 percent.

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.

SUMMARY OF FINDINGS

Case Management (CM)	CM Standard Area Score = 82% (1729 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.	100%	None
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.	74%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that appropriate services are coordinated and implemented by the Case Manager prior to a member's discharge to his or her own home or to an Alternative HCBS Setting and documented accordingly in the member's case file. Additionally, the corrective action must address the AHCCCS requirement that an on-site review be conducted within 10 business days post-discharge from an institutional setting.
CM 5 The Contractor implements policies and procedures for conducting needs assessment and care planning.	97%	None
CM 6 The Contractor implements policies and procedures for conducting needs assessment and care planning.	64%	The Contractor must develop a corrective action plan to ensure that all required assessment elements are addressed in the needs assessment and care planning process; specifically a member's developmental history; justice system involvement; previous living situations; behavioral health (need for Special Assistance in accordance with AMPM Policy 320-R); 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). The Contractor must also address how it will ensure the information documented on the Uniform Assessment Tools (UATs) are member

Case Management (CM)	CM Standard Area Score = 82% (1729 of 2100)	
		specific goals that are complete, accurate and include comprehensive documentation on progress and/or barriers to achieving goals.
CM 7 The Contractor implements policies and procedures that meet the Cost Effectiveness Study (CES) Standards.	94%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure all Cost Effectiveness Study (CES) Standards are completed accurately and within required time frames; include appropriate level of care, institutional rate and/or services; and include documentation that ensures services are cost effective whether a member is in an institutional or an HCBS setting.
CM 8 The Contractor implements policies and procedures for placement and service planning.	77%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that Service Plans and Contingency/Back-up Plans are completed accurately and comprehensively and that all Case Managers are engaging in discussions with members around emergency, disaster planning and/or attempting to assist members in the development of a Member Emergency/Disaster Plan for members residing in their own home.
CM 9 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	96%	None
CM 10 The Contractor implements policies and procedures for Service Plan monitoring.82%	88%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that review visit for members receiving services in settings outside of the home are conducted (at minimum one time), at the member's service setting location.
CM 11 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	55%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that Case Managers are developing action plans and/or conducting more frequent case monitoring when urgent/emergent needs arise and that emergency visits are conducted when there is a reason to believe that a member's well-being is in danger.
CM 12 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	93%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that Case Managers are actively monitoring hospice services and adhering to the electronic Member Change Report (eMCR) process.
CM 13 The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	90%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that referrals for behavioral health (BH) evaluations are made in accordance with the AHCCCS standard. The Contractor must also address how it will ensure timely involvement of

Case Management (CM)	CM Standard Area Score = 82% (1729 of 2100)	
		BH professionals as needed, to assess, develop a care plan, and preserve the current placement when possible, for members in a non-BH setting who presents difficulty managing new or existing behaviors
CM 14 The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	71%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that Case Managers coordinate initial and quarterly consultation with the Behavioral Health (BH) professional for all members receiving and/or needing BH services; document all psychotropic medications at each assessment including the purpose of the medication and member reported therapeutic effects/adverse reactions; and actively engage with the BH consultant and/or prescribing practitioner when medication issues are identified.
CM 15 The Contractor implements policies and procedures for providing and monitoring skilled nursing services.	97%	None
CM 16 (DDD Only) The Contractor implements policies and procedures for monitoring the cost effectiveness of its members.	N/A	N/A
CM 17 The Contractor implements policies and procedures for reporting abuse and neglect.	100%	None
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.	75%	The Contractor must develop a corrective action plan that identifies how the Contractor will address deficiencies identified through the quarterly chart audits.
CM 20 The Contractor implements policies and procedures for monitoring case management caseloads for compliance with AHCCCS Standards.	10%	The Contractor must develop a corrective action plan to implement and submit a Caseload Ratio Report to demonstrate compliance with AHCCCS standard.
CM 21 The Contractor implements policies and procedures for a comprehensive inter-rater reliability (IRR) process to ensure consistency in member assessments and service authorizations.	100%	None
CM 22 (DDD Only)	N/A	N/A

Case Management (CM)	CM Standard Area Score = 82% (1729 of 2100)	
The Contractor implements policies and procedures for monitoring Targeted Case Management services for program compliance.		
CM 23 The Contractor implements policies and procedures for the timely initiation of services to existing members in an HCBS (own home) setting.	48%	The Contractor must develop a corrective action plan that addresses how the Contractor will implement policies and procedures to ensure timely initiation of services to existing members in an HCBS (own home) setting.

Corporate Compliance (CC)	CC Standard 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 FWA and for reporting all the suspected fraud, waste and abuse 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 Standard Area Score = 98% (980 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 The Contractor pays applicable interest on all claims, including overturned claim disputes.	88%	The Contractor must ensure it pays applicable interest on all claims.
CIS 6 The Contractor accurately applies quick-pay discounts.	95%	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.	100%	None
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 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 Standard Area Score = 89% (1258 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
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.	50%	The Contractor must ensure that out of network referrals are made in accordance with appointment standards as identified in ACOM 417.
DS 9 The Contractor develops, distributes and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	66%	The Contractor's Provider Manual must include all applicable information as required in the AHCCCS Contractor Operations Manual (ACOM) Policy 416, Provider Information.
DS 10 The Contractor has a process for collecting, maintaining, updating and	92%	The Contractor must ensure that its PAT data file submissions are consistent with its online directory.

Delivery Systems (DS)	DS Standard Area Score = 89% (1258 of 1400)	
reporting accurate demographic information on its provider network.		
DS 11 (All Plans except CMDP) The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.	50%	The Contractor must ensure its uses the definitions outlined in ACOM Policy 436, Network Standards.
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) 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 block grant funding requirement notifications, communication to providers of prohibited uses of block grant funding, tracking of provider audits, including Single Audits, and follow-up on findings.	N/A	None. This standard applies to RBHA Contractors Only.
DS 14 (RBHA Only) Contractor performed provider block grant monitoring activities and has evidence of the following: • Comprehensive provider SABG and MHBG policies and procedures; • SABG and MHBG activities were monitored to ensure funds were expended for authorized purposes; • Block grant funds tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS.	N/A	None. This standard applies to RBHA Contractors Only.
DS 15 The Contractor has identified the means to ensure any Peer/Recovery Support Specialists, employed within their network, have adequate access to continuing education specific to the practice of peer support.	100%	None
DS 16 The Contractor has identified the means to ensure any supervisors of Peer/Recovery Support Specialists, employed within their network, have adequate access to ongoing education specific to the practice of peer support.	100%	None

General Administration (GA)	GA Standard Area Score = 100% (300 of 300)	
Standard	**Score**	**Required Corrective Actions**
GA 1 The Contractor has policies and procedures for the maintenance of records and can provide those records, when requested.	100%	None
GA 2 The Contractor provides training to all staff on AHCCCS guidelines.	100%	None
GA 3 The Contractor maintains a policy on policy development.	100%	None

Grievance Systems (GS)	GS Standard 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	100%	None

Grievance Systems (GS)	GS Standard Area Score = 100% (1700 of 1700)	
The Contractor continues or reinstates an enrollee's benefits when an appeal is pending under the appropriate circumstances as required by Federal Regulation.		
GS 8 The Contractor issues Notices of Appeal Resolution that includes 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 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 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

Grievance Systems (GS)	**GS Standard Area Score = 100% (1700 of 1700)**	
GS 17 The Contractor shall have written policies delineating the Grievance System.	100%	None
GS 18 (ALTCS/EPD Only) SMI Grievances: The Contractor appoints an investigator within seven days of the receipt of the grievance or request for investigation, a written dated decision which explains the essential facts as to why the matter may be appropriately resolved without investigation, and the resolution.	N/A	N/A
GS 19 (ALTCS/EPD Only) SMI Grievances: The Contractor completes the investigation report within 30 calendar days from the date of the investigator's appointment, or obtains and documents an extension.	N/A	N/A
GS 20 (ALTCS/EPD Only) SMI Grievances: The Contractor drafts an investigation report that describes the investigation and contains findings of fact, conclusions, and recommendations.	N/A	N/A
GS 21 (ALTCS/EPD Only) SMI Grievances: The Contractor, within five days of receipt of the investigator's report, reviews the investigation case record and the report, and issues a written, dated decision.	N/A	N/A
GS 22 (ALTCS/EPD Only) SMI Grievances: The Contractor, in the decision letter, includes a notice of the right to request an appeal of the decision within 30 days from the date of receipt of the decision.	N/A	N/A
GS 23 (ALTCS/EPD Only) SMI Grievances: The Contractor maintains a database containing data that matches the information contained in the grievance investigation case record and was entered into the database within three (3) business days, including the essential facts as to why the matter may be appropriately resolved without investigation, and the resolution.	N/A	N/A
GS 24 (ALTCS/EPD Only) SMI Grievances: The Contractor maintains a complete grievance investigation case record.	N/A	N/A
GS 25 (ALTCS/EPD Only)	N/A	N/A

Grievance Systems (GS)	GS Standard Area Score = 100% (1700 of 1700)	
SMI Appeals: The contractor informs the client in writing that the appeal has been received and of the procedures that shall be followed during the appeal, within five days of receipt of an appeal. The Contractor shall hold an informal conference with the client, any designated representative and/or guardian, the case manager and representatives of the clinical team, and a representative of the service provider, if appropriate, within seven days of receipt of the notice of appeal.		
GS 26 (ALTCS/EPD Only) SMI Appeals: The Contractor continues the service pending the resolution of the appeal if appropriately requested by the member, and the appeal relates to the modification or termination of a behavioral health service unless a Qualified Clinician determines that the modification or termination is necessary to avoid a serious or immediate threat to the health or safety of the person or another individual, or the person or guardian, if applicable, agrees in writing to the modification or termination.	N/A	N/A
GS 27 (ALTCS/EPD Only) SMI Appeals: The Contractor ensures that an authorized decision maker for the issue on appeal attended the informal conference.	N/A	N/A
GS 28 (ALTCS/EPD Only) SMI Appeals: The Contractor ensures that if the issues in dispute are not resolved to the satisfaction of the appellant and the issues in dispute do not relate to the appellant's eligibility for behavioral health services, the appellant is informed that the matter will be forwarded for further Appeal to AHCCCS for informal conference, and of the procedure for requesting a waiver of the AHCCCS informal conference.	N/A	N/A
GS 29 (ALTCS/EPD Only) SMI Appeals: The Contractor shall maintain appeal case records to include copies of all documents generated or acquired through the Appeal process.	N/A	N/A
GS 30 (ALTCS/EPD Only) SMI Appeals: The Contractor maintains a database containing data that matches the information contained in the appeal case record and was entered into the database within 3 business days.	N/A	N/A

Adult, EPSDT and Maternal Child Health (MCH)	**MCH Standard Area Score = 93% (1494 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.	100%	None
MCH 2 The Contractor ensures that pregnant members obtain initial prenatal care appointments and return visits, in accordance with ACOG standards, along with ensuring members receive appointments according to the AHCCCS Contractor Operations Manual (ACOM) Maternity Care Appointment Standards.	100%	None
MCH 3 The Contractor ensures postpartum care is provided for a period of up to 57 days after delivery.	100%	None
MCH 4 Family planning services are provided to members who voluntarily choose to delay or prevent pregnancy.	100%	None
MCH 5 The Contractor provides EPSDT/well-child services according to the AHCCCS EPSDT Periodicity Schedule.	100%	None
MCH 6 The Contractor monitors member compliance with obtaining EPSDT services.	100%	None
MCH 7 The Contractor monitors provider compliance with providing EPSDT services.	100%	None
MCH 8 The Contractor ensures that oral health/dental services are provided according to the AHCCCS Medical Policy Manual and the AHCCCS Dental Periodicity Schedule.	100%	None
MCH 9 The Contractor ensures providers participate with the Arizona State Immunization Information System (ASIIS) and Vaccine for Children	100%	None

Adult, EPSDT and Maternal Child Health (MCH)	**MCH Standard Area Score = 93% (1494 of 1600)**	
(VFC) programs according to the state and federal requirements.		
MCH 10 (All Plans except RBHAs) The Contractor coordinates with appropriate agencies and programs including but not limited to VFC, WIC, and Head Start, and provides education, assists in referrals, and connects eligible EPSDT members with appropriate agencies, according to federal and state requirements.	80%	The Contractor must demonstrate that they coordinate with appropriate agencies and programs, as well as provide education, assist in referrals and connect eligible EPSDT members with these agencies and services to: 1) Establish effective working relationships to promote healthy outcomes for EPSDT aged members and 2) Increase member utilization and provider referrals to the identified programs (i.e. home visiting programs).
MCH 11 (All Plans except RBHAs) The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.	80%	The Contractor must develop and demonstrate a process to monitor the coordination of medically necessary care and services for children who do not have a 50% developmental delay.
MCH 12 The Contractor has policies and procedures to identify the needs of EPSDT age members, coordinate their care, conduct adequate follow up to verify that members receive timely and appropriate treatment.	100%	None
MCH 13 The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.	100%	None
MCH 14 The Contractor ensures that women's preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).	67%	The Contractor must develop and demonstrate a process to inform members about women's preventative health services as listed in AMPM 411.
MCH 15 The Contractor ensures that behavioral health medical records requirements are completed in accordance with Policy.	67%	Mercy Care must develop a process that describes how it implements psychotropic medication monitoring activities (per national guidelines) and as identified in AMPM 910: 1) Monitoring utilization and prescribing practices, and; 2) Monitoring metabolic parameters for lithium, valproic acid, carbamazepine and renal, liver, thyroid function, glucose metabolism, screening for metabolic syndrome and involuntary movement disorders.
MCH 16 The Contractor ensures that a current treatment/assessment/service plan has been completed within the previous 365 days and is part of the behavioral health medical record.	100%	None

Medical Management (MM)	**MM Standard Area Score = 94% (2547 of 2700)**	
Standard	**Score**	**Required Corrective Actions**
MM 1 The Contractor shall have mechanisms to evaluate utilization data analysis and data management, including both underutilization and overutilization of services and implement changes if appropriate.	100%	None
MM 2 The Contractor has an effective concurrent review process which includes a component for reviewing the medical necessity of institutional stays, including but not limited to Institution for Mental Disease (IMD), Behavioral Health Institutional Setting and Nursing Facilities.	96%	None
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.	67%	The Contractor must ensure arrangement of follow-up appointment with the PCP, BHMP and/or specialist within seven days of discharge.
MM 4 The Contractor collaborates with the Arizona State Hospital prior to member discharge and members who are conditionally released under the authority of the Psychiatric Security Review Board (PSRB).	100%	None
MM 5 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	89%	The Contractor must ensure the decision is rendered within the required timeframes and is compliant with the PA policies.
MM 6 The Contractor has a comprehensive inter-rater reliability (IRR) testing process to ensure consistent application of criteria for clinical decision making.	100%	None
MM 7 The Contractor conducts retrospective reviews.	100%	None
MM 8 The Contractor develops or adopts and disseminates clinical practice guidelines for physical and behavioral health services.	100%	None
MM 9 The Contractor evaluates new technologies and new uses for existing technologies.	100%	None
MM 10	100%	None

Medical Management (MM)	**MM Standard Area Score = 94% (2547 of 2700)**	
The Contractor identifies and coordinates care for members with special health care needs.		
MM 11 (ACC, RBHA, CMDP, DDD Only) The Contractor coordinates care for members with qualifying Children's Rehabilitative Services (CRS) conditions	N/A	None
MM 12 The Contractor identifies and coordinates care for members who are candidates for stem cell or solid organ transplants.	100%	None
MM 13 The Contractor promotes health maintenance and coordination of care through Disease/Chronic Care Management Programs.	100%	None
MM 14 The Contractor has a system and process that outlines a Drug Utilization Review (DUR) Program.	100%	None
MM 15 The Contractor facilitates coordination of services being provided to member when the member is transitioning between Contractors.	67%	The Contractor must utilize AMPM Exhibit 1620-9 when they are the relinquishing Contractor. The policy must also address a member designated as SMI and the transition to a RBHA and/or an ALTCS program.
MM 16 The Contractor allows primary care providers 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
MM 17 The Contractor ensures that members receive medically necessary behavioral health services	100%	None
MM 18 The Contractor does not deny emergency services.	100%	None
MM 19 The Contractor issues a Notice of Adverse Benefits determination (NOA) to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	98%	None
MM 20 The Contractor's MM program includes administrative requirements for	100%	None

Medical Management (MM)	MM Standard Area Score = 94% (2547 of 2700)	
oversight and accountability for all MM functions and responsibilities that are delegated to other entities.		
MM 21 The Contractor identifies, monitors, and implements interventions to prevent the misuse of controlled and non-controlled medications.	80%	The Contractor must utilize prescription claims data from Indian Health Service (IHS) pharmacy prescription claims data when available for monitoring activities.
MM 22 The Contractor shall demonstrate that services are delivered in compliance with Mental Health Parity.	100%	
MM 23 The Contractor shall employ care managers to perform Contractor care management functions.	100%	None
MM 24 The Contractor provides End of Life Care and Advanced Care planning.	50%	The Contractors must ensure providers and their staff are educated in the concepts of EOL care and Advance Care Planning.
MM 25 (ACC, ALTCS/EPD, and RBHA Only) 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
MM 26 (All except CMDP) The Contractor establishes processes for ensuring coordination and provision of appropriate services for members transitioning from the justice system	100%	None
MM 27 The Contractor establishes processes for ensuring coordination and provision of appropriate services for members who are court ordered treatment.	100%	None
MM 28 The Contractor has a process to monitor members and services provided to members in an out of state placement settings.	100%	None

Member Information (MI)	MI Standard Area Score = 100% (1000 of 1000)	
Standard	**Score**	**Required Corrective Actions**
MI 1	100%	None

Member Information (MI)	**MI Standard Area Score = 100% (1000 of 1000)**	
The Contractor's New Member Information Packets meet AHCCCS standards for content and distribution.		
MI 2 The Contractor notifies members that they can receive a new member handbook annually.	100%	None
MI 3 The Contractor assesses PCP capacity and evaluates it prior to assigning new members.	100%	None
MI 4 The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	100%	None
MI 5 The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	100%	None
MI 6 The Contractor notifies affected members of material changes to network and/or operations at least 30 days before the effective date of the change.	100%	None
MI 7 The Contractor distributes at a minimum two member newsletters per contract year which contain the required member information.	100%	None
MI 8 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 9 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 10 The Contractor maintains policies on Social Networking.	100%	None

Quality Management (QM)	QM Standard Area Score = 91% (2001 of 2200)	
Standard	**Score**	**Required Corrective Actions**
QM 1 The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for member/system resolution.	63%	1.Timely Referral of QOC Concerns: The Contractor must update training on the QOC referral process for new hires and annual training for the entire Contractor's staff. The update must include that referrals are to be made to the Contractor's QM Department when the employee becomes aware of the incident and no later than 24 hours. The Contractor must also update current policies where applicable to reflect this referral process. In addition, the Contractor must submit a copy of the above updated training and policies to AHCCCS for review. The Contractor must also submit documentation of training to QM staff, including case management staff, as well as routine annual training of employees and new hires from the date of implementation of this corrective action. Training documentation is to be submitted to AHCCCS that includes training materials, printed first and last name of QM staff and employees, title, date of training received, and any subsequent test scores. The Contractor must develop an audit tool to demonstrate compliance of the new process in QOC referrals. The Contractor must submit a copy of the audit tool, as well as the results of the ongoing audit and any interventions applied as a result of identified issues. 2. Final Severity Levels Assigned by QM Program Definition: The Contractor must update policies and/or desktop procedures to ensure thorough and complete QOC case documentation is present and reflective for the entire QOC process (initiation to resolution). As part of the desktop procedure the Contractor must incorporate an inter-rater reliability process to ensure standardization and consistency of case documentation, which includes severity level determination. The Contractor must submit updated policies and desktop procedures, including evidence of QM Department staff training to the updated procedures. Training documentation is to be submitted to AHCCCS that includes training materials, printed first and last name of QM staff, title,

Quality Management (QM)	QM Standard Area Score = 91% (2001 of 2200)	
		and date of training received. Additionally, the Contractor must submit the tool used to conduct inter-rater reliability audits, as well as 5 QOC case files demonstrating use of the tool, the final outcome, and any interventions resulting from the inter-rater audit. 3. QOC investigations: a. The Contractor must submit a policy and procedure/desktop that clearly outlines the investigative responsibilities of the QM Department. As part of the desktop procedure the Contractor must incorporate an inter-rater reliability process to ensure standardization and consistency of primary source verification of pertinent related documentation (medical records) prior to making inquiries to the provider involved. b. The Contractor must also submit the tool used to conduct inter-rater reliability audits, as well as 5 QOC case files demonstrating use of the tool, the final outcome, and any interventions resulting from the inter-rater audit. The Contractor must revise L QM 7 8000.45 Immediate Jeopardy for Quality Mgmt desktop and update related polices to reflect that Health and Safety and Immediate Jeopardy On-sites are to be unscheduled and QM staff is to be present and leading on-site visits per AMPM 960. The Contractor must submit updated policies and the above revised desktop procedure, including evidence of staff training to these policies and procedures. Training documentation is to be submitted to AHCCCS that includes training materials, printed first and last name of staff, title, and date of training received. 4. Identification of incidental QOCs The Contractor must update applicable policies and procedures to ensure that if additional allegations are discovered during the course of the review time period that they are added to the existing case and investigated. The Contractor must submit an updated copy of their policy and include

Quality Management (QM)	QM Standard Area Score = 91% (2001 of 2200)	
		evidence of QM Department staff training on the updated policy. The Contractor must submit training materials, printed first and last name of QM staff, title, and date of training received. The Contractor must incorporate an inter-rater reliability process to ensure standardization and consistency that QM staff recognizes additional quality of care issues to investigate in addition to the original QOC concern. The Contractor must submit the tool used to conduct inter-rater reliability audits, as well as 5 QOC case files demonstrating use of the tool, the final outcome, and any interventions resulting from the inter-rater audit. 5. AHCCCS reportable QOCs and Regulatory Agency Referrals: a. AHCCCS Reportable QOCs According to AMPM 960, "The Contractor shall submit to AHCCCS CQM all pertinent information regarding an incident of abuse, neglect, exploitation, serious incident (including suicide attempts) , and unexpected death (including all unexpected transplant deaths) as soon as the Contractor is aware of the incident, and no later than 24 hours." As part of action item #2 (above) regarding inter-rater reliability questions, the Contractor must include questions related to identification, notification, and case documentation of cases appropriate for AHCCCS notification. The Contractor must retrain QM staff on policies and desktop procedures regarding AHCCCS Reportable QOCs. Training documentation is to be submitted to AHCCCS that includes training materials, printed first and last name of QM staff, title, and date of training received. Additionally, the Contractor must submit the tool used to conduct inter-rater reliability audits, as well as 5 QOC case files demonstrating use of the tool, the final outcome, and any interventions resulting from the inter-rater audit. The 5 QOC case files are to include mortality case samples.

Quality Management (QM)	QM Standard Area Score = 91% (2001 of 2200)	
		Furthermore, the Contractor must update policies and procedures and desktops, existing and/or newly created, of their Mortality Review process in order to incorporate administrative data, other than internal and external notifications. The Contractor must submit updated policies and procedures and desktops of their Mortality Review process for AHCCCS review, including any evidence to demonstrate that administrative data was incorporated. b. Regulatory Agency Referrals: Due to mandatory reporting, third party reporting should not be accepted unless there is documented evidence of the first and last name of the regulatory agency employee/staff member, including the date and time the regulatory agency was contacted , name of the agency, and other pertinent information such as confirmation numbers. The Contractor must develop a plan to ensure referrals made to regulatory entities are documented within the QOC file. The Contractor must revise current policy to reflect these process changes. In addition, the Contractor must provide staff training to its QM Department for the revised policy and must provide evidence of sign-in sheets/attestations with printed first and last name, title, and date of training received. The Contractor must provide at least 5 QOC case files documenting regulatory agency referrals. 6. Corrective Action Plans Are Completed Prior to Case Closure: The Contractor must submit 5 QOC case files demonstrating implementation of any pertinent Contractor policy, procedure, and desktops to support that Corrective Action Plans were completed prior to CAP closure. 7. Clinical Quality Indicators: The Contractor is to incorporate use of an audit tool for inter-rater reliability amongst QM staff to assure that Clinical Quality Indicators are clearly identified and documented for each

Quality Management (QM)	QM Standard Area Score = 91% (2001 of 2200)	
		allegation and/or initial and final indicators upon investigation. The Contractor shall apply methods consistently with each investigation and in accordance with any updated policies and procedures. The Contractor is must submit 5 QOC case files demonstrating compliance with the above. 8. Confidential Peer Review Findings: The Contractor must ensure confidentiality of all information used to prepare, and carry out functions related to case review under the Peer Review protections. The Contractor must submit evidence demonstrating that the confidentiality of all information used to prepare and carry out functions related to case review under the Peer Review protections is inclusive of all correspondences involving QOC concerns.
QM 2 The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for system improvement.	89%	The Contractor must update their policies to reflect AMPM requirements that QOC concerns are investigated by QM staff and the investigation processes include contacting the member directly as appropriate/applicable. The Contractor must submit the updated policy for AHCCCS review. The Contractor must provide training to QM Department staff on the above updated policies and procedures. Training documentation is to be submitted to AHCCCS that includes training materials, printed first and last name of QM staff, title, and date of training received. The Contractor must provide evidence of implementation of this policy.
QM 3 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.	N/A	1. Identification of Incidental QOCs: Refer to QM 1 Action Item #4 for this corrective action plan. 2. Timely Referral of QOC Concerns: Refer to QM 1 Action Item #1 for this corrective action plan. 3. Clinical Quality Indicator: Refer to QM 1 Action Item #7 for this corrective action plan 4. Direct Interview with Members: Refer to QM 2 for this corrective action plan 5. AHCCCS Reportable QOCs and Regulatory Agency Referrals: Refer to QM 1 Action Item # 5 for this corrective action plan. 6. Confidential Peer Review Findings: Refer to QM 1 Action Item #8 for this corrective action plan.

Quality Management (QM)	**QM Standard Area Score = 91% (2001 of 2200)**	
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.	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.	66%	The Contractor must revise policies/procedures and the audit tool to monitor residential settings for the following elements: 1) Verification of skills/competencies for those providing services, 2) Evidence of staff training for Residential Services, 3) Evidence of supervision records, and: 4) Evidence of Background Checks. The Contractor must also submit evidence of the updated audit tool, including updated policies and procedures to AHCCCS.
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.	100%	None
QM 8 The governing body and the Contractor are accountable for all Quality Management/Performance Improvement (QM/PI) program functions.	100%	None
QM 9 The Contractor has the appropriate staff employed to carry out Quality Management (QM) and Performance Improvement (PI) Program administrative requirements.	100%	None
QM 10 The Contractor has a structured Quality Management Program that includes administrative requirements related to policy development.	100%	None
QM 11 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.	100%	None
QM 12	96%	None

Quality Management (QM)	**QM Standard Area Score = 91% (2001 of 2200)**	
The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.		
QM 13 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	98%	None
QM 14 The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network.	100%	None
QM 15 The Contractor has a process for verifying credentials of all organizational providers.	74%	The Contractor must develop policies that provide instruction to the reader about how the Contractor ensures there is appropriate supervision/clinical oversight by a licensed professional documented in the member's record or treatment plan in accordance with AMPM 950(G)(2)(c) as part of its organizational credentialing activities. The Contractor must submit 10 files that demonstrate that clinical supervision is being performed in accordance with AHCCCS requirements.
QM 16 The Contractor has a structured Quality Management Program that includes administrative requirements for oversight and accountability for all functions and responsibilities described in AMPM Chapter 900 that are delegated to other entities.	100%	None
QM 17 The Contractor conducts a new member health risk assessment survey and identifies specific health care needs.	100%	None
QM 18 The Contractor's health information system(s) include accurate and timely data essential in meeting the data collection requirements specific to Quality Management/Performance Improvement (QM/PI) Program requirements and expectations.	85%	The Contractor must provide a desktop and/or policy outlining its internal process for maintaining clinical guidelines that are current and based on best standards of practice.
QM 19 The Contractor maintains the integrity of data within its health information system(s) that is utilized to collect, integrate, analyze, and report data necessary in implementing its Quality Management/Performance Improvement (QM/PI) Program.	100%	None
QM 20 The Contractor has written policies and procedures and monitors to	100%	None

Quality Management (QM)	QM Standard Area Score = 91% (2001 of 2200)	
ensure that providers discuss advance directives with all adult members receiving medical care.		
QM 21 The Contractor conducts AHCCCS-mandated as well as Contractor-selected Performance Improvement Projects (PIPs) when determined to be appropriate to assess the quality/appropriateness of its' service provision and improve overall performance.	85%	The Contractor must provide a "Best Practice" policy and/or process for identifying and implementing best practices related to selected/mandated PIP focus areas.
QM 22 The Contractor has implemented a process to measure and report to the State its performance utilizing standard measures required by the State as well as other Contractor-selected metrics specific to its Quality Management/ Performance Improvement (QM/PI) Program Activities.	90%	The Contractor must provide a "Best Practice" policy and/or process for identifying and implementing best practices related to Performance Measures and achievement of the Minimum Performance Standard.
QM 23 The Contractor participates in applicable community initiatives for each Medicaid line of business.	55%	The Contractor must implement interventions to address community concerns related to applicable activities of the Medicare Quality Improvement Organization (QIO) and to Chronic Disease Management. The Contractor must participate in community initiatives related to Long-Term Care Services and Supports, Home and Community Based Services (HCBS) and implement interventions to address community concerns related to Long-Term Care Services and Supports, Home and Community Based Services (HCBS).

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

Reinsurance (RI)	RI Standard 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 Standard Area Score = 87% (700 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 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	100%	None

Third Party Liability (TPL)	TPL Standard Area Score = 87% (700 of 800)	
payments have been made by AHCCCS.		
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.	0%	The Contractor must ensure that required claims information is submitted to the AHCCCS TPL contractor (HMS) within 10 business days of receiving a request and provide documentation of its compliance.