

Attachment #1

**Monitoring Plan
(In response to CMS question 5)**

Ensuring Access to Care Quarterly FFS Monitoring Plan

Access to care is an important aspect of the AHCCCS mission to provide comprehensive, quality health care for all of its members. This plan relates to monitoring of access to care for the AHCCCS Fee-for-Service (FFS) program.

AHCCCS Registered Providers

There are approximately 55,000 providers registered with AHCCCS. The FFS population can access nearly all of these AHCCCS registered providers. AHCCCS will monitor the number of registered providers from which the FFS population is able to obtain services to ensure an adequate network.

FFS Enrollment, Utilization and Expenditures

The following metrics will be used for AHCCCS monitoring on a quarterly basis:

- Member enrollment in the American Indian Health Program (AIHP);
- Utilization data, which will track utilization of services by category of service, provider type, and provider location (county) for members enrolled in AIHP and the Tribal Long Term Care program; and
- FFS per member per month (PMPM) expenditures.

The FFS program has a six-month timely filing limit for initial claim submissions, so data monitored quarterly is most meaningful once the majority of claims have been submitted. Therefore, the FFS program will monitor data from the previous quarter, allowing for review of a larger percentage of claim submissions.

FFS Member Grievances

AHCCCS tracks member requests for hearings under the FFS program.

Tribal Consultation

The Tribal consultation process is another opportunity for all tribal stakeholders, including Tribes, Indian Health Service Area Offices, Tribal Health Programs Operated under P.L. 93-638, Urban Indian Health Programs, Advisory Council on Indian Health Care, and Inter Tribal Council of Arizona, Inc. to discuss with AHCCCS all policy and programmatic changes and issues with a significant impact on American Indian AHCCCS and KidsCare members as well as Indian Health Service (IHS), tribal programs operated under P.L. 93-638, and urban Indian health programs. In calendar year 2010, AHCCCS held 12 Tribal Consultations and so far in 2011, has held 10 Tribal Consultations. AHCCCS also meets quarterly with IHS Area Directors. In addition, AHCCCS staff holds regular meetings with IHS and tribally operated 638 providers, conducts regular billing and all-provider meetings to receive input, and maintains frequent contact with IHS and 638 facility staff to keep abreast of ongoing issues. During this time period

and throughout all of these communications, AHCCCS has not been made aware of any documented instances that a FFS member did not have access to care at any of these facilities or was not able to be referred to another provider as the result of rate reductions.

Telemedicine Initiative

In an effort to enhance access to services available to FFS members in rural and geographically isolated areas, AHCCCS is in the process of expanding services available through its telemedicine program, which covers real-time, face-to-face consultations.

Identifying Issues and Taking Corrective Action

AHCCCS monitors FFS members' ability to access care and works closely with I.H.S. and 638 facilities to identify gaps. Consequently, AHCCCS has had instances where a FFS member has not been able to access a service at a certain location, particularly when the member lives in geographically isolated rural area where service capacity is limited or a specialty service is not available, such as ophthalmology or radiology. In such cases, AHCCCS works with the facility and member to transport the member to another provider who can provide the services. On a few occasions, these members are transported to nearby bordering states, such as New Mexico and Utah. Transplantation is another example where a specific specialty type may not be available within the State and AHCCCS has worked to assist the member in obtaining the service where it is available. AHCCCS will continue to take this type of corrective action where access issues are identified.

MCO Overlap

Since many of the FFS providers also have contracts in place with managed care organizations, many of the managed care monitoring activities apply to monitoring FFS and include the following:

- Medicaid Managed Care Contractors are required to maintain provider networks in accordance with the terms of the contract with the State and to monitor them to ensure access to care. Those standards define access in a number of different ways including physical proximity of the member to providers and time to scheduled appointments.
- Contractors are also contractually obligated to report when they lose a provider who was providing services to a designated population and/or when they lose providers that had served 5% of their population.
- AHCCCS monitors each Contractor's compliance with network standards through quarterly reports and annual operational and financial reviews.
- Since January 2010, AHCCCS requires Contractors to report and track all member complaints including access to care issues and take action to remediate systemic issues when identified.
- Also in 2010, AHCCCS developed a tool to capture data on providers who leave the networks.

If a Contractor fails to maintain compliance with AHCCCS network requirements, AHCCCS issues and monitors a corrective action plan. If the Contractor fails to correct the deficiencies, AHCCCS will impose sanctions, up to and including contract termination.