

**Department of Economic Security/Division
of Development Disabilities**
**Operational Review
2021**

November 8, 2021



Conducted by the Arizona Health Care Cost Containment System



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2021

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 Department of Economic Security/Division of Developmental Disabilities (DES/DDD) 2021 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 a virtual review of DES/DDD from August 23, 2021 through August 27, 2021.

A copy of the draft version of this report was provided to the Contractor on October 7, 2021. DES/DDD was given a period of one week in which to file a challenge to any findings it did not feel were accurate based on the evidence available at the time of review. This final report represents any changes made as a result of this request.



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



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SCORING METHODOLOGY

The 2021 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 2021 Operational Review, these Standard Areas are:

- Quality Improvement (QI)
- Corporate Compliance (CC)
- Case Management (CM)
- 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 2021 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.



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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 Standard Area Score = 82% (1893 of 2300)
Standard	Score	Required Corrective Actions	
CM 1 The Contractor implements policies and procedures for initial contact, on-site visits, and service initiation.	80%	The Contractor must ensure the timeliness of initial contact for newly enrolled members.	
CM2 The Contractor implements policies and procedures for initial contact, on-site visits and service initiation.	90%	The Contractor must develop a process to ensure documentation of initial contact and all attempts to contact members.	
CM 3 The Contractor implements policies and procedures for conducting placement and service planning.	55%	The Contractor must adhere to timeliness standards for the provision of services to existing members.	
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.	100%	None	
CM 5 The Contractor implements policies and procedures for conducting needs assessment and care planning.	87%	The Contractor must ensure that all CMs use a person-centered approach when assessing member needs and developing the care plan including but not limited to the member/family's role in identifying needs, making informed decisions, and planning and directing their own care; availability of community resources/non-ALTCS funded services; allowing the member/family to identify their role in interacting with the service system, including the extent to which the family/informal support system will provide uncompensated care; review and documentation of the Service Delivery Model options available; and care coordination across all facets of the service system.	
CM 6 The Contractor implements policies and procedures for conducting needs assessment and care planning.	55%	The Contractor must ensure that all required/applicable assessment elements in the Member Planning Documents specifically as it relates to a member's strengths, preferences, developmental history; justice system involvement; previous living situations; behavioral health status/needs (including 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) are addressed as part of the assessment and	



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Case Management (CM)		
CM Standard Area Score = 82% (1893 of 2300)		
		care planning process. Additionally, the Contractor must ensure that all HNTs are accurate, complete, and consistent with other case file documentation; and that member goals are identified and documented, measurable, and monitored for progress at each planning meeting or more frequently as indicated.
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.	42%	The Contractor must revise the Risk Assessment Procedures document to clarify that more than one code can be designated and that there does not have to be an “open” MRA for the MRA code to be assigned. It could be that in assessing a particular risk it is determined by the CM/planning team that the development of an MRA is needed. The Contractor must also ensure that as part of the service planning process, all Member Service Plans and Contingency/Back-up Plans are completed by CMs accurately and thoroughly and that all CMs are engaging in discussions with members 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 the Client Assessment Tracking System (CATS)	95%	None
CM 10 The Contractor implements policies and procedures for Service Plan monitoring.	93%	The Contractor must ensure that case managers are documenting acceptable reason (i.e. not for case manager's convenience) for not providing placement and service reviews onsite (telephonic/virtual due to PHE), with the member present and within the required timeframes, including alternatives for conducting the visit.
CM 11 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	73%	The Contractor must ensure that a letter from the CM is sent to the member/health care decision maker requesting contact by a specific date, when the CM is unable to contact a member to schedule a visit as outlined in APMP 1620-E.
CM 12 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	94%	The Contractor must ensure that CMs are completing and submitting eMCRs in accordance with APMP 1620-E.
CM 13	62%	The Contractor must ensure that requirements for providing and



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Case Management (CM)	CM Standard Area Score = 82% (1893 of 2300)	
The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.		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 the request for behavioral health services was received or need identified; the timely involvement of a BH professional to assess, develop a care plan, and preserve the current placement if possible when a member in a non-BH setting presents difficulty managing behaviors (new or existing); and that behavioral health services are provided in accordance with behavioral health appointment standards in accordance with ACOM Policy 417.
CM 14 The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	80%	The Contractor must ensure implementation and documentation of requirements for monitoring behavioral health services (per AMPM 1620-G). This includes CM coordination of the initial consult and quarterly discussions with the BH professional for all members receiving/needling BH services, documenting the use of psychotropic medications, including the purpose of the medication and member reported therapeutic effects/adverse reactions at each reassessment; and engaging in discussions and development of a plan of action 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.	99%	None
CM 16 (DES/DDD Only) The Contractor implements policies and procedures for monitoring the cost effectiveness of its members.	100%	None
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	100%	None



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Case Management (CM)		CM Standard Area Score = 82% (1893 of 2300)	
The Contractor implements policies and procedures for internal monitoring of the case management program on a quarterly basis.			
CM 20 The Contractor implements policies and procedures for monitoring case management caseloads for compliance with AHCCCS Standards.		55%	The Contractor must ensure that all Districts have average caseloads at or below the current AHCCCS standard of 1:40 and going forward, to ensure that all Districts have average caseloads at or below the AHCCCS standard of 1:39 effective 10/1/21.
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) The Contractor implements policies and procedures for monitoring Targeted Case Management services for program compliance.		100%	None
CM 23 The Contractor implements policies and procedures for the timely initiation of services to existing members in an HCBS (own home) setting.		33%	The Contractor must have a process in place to address how the Contractor will track and monitor services for existing members to ensure services are provided within 14 calendar days of services being determined to be medically necessary and cost effective, including the Contractor's standardized system for verifying and documenting the delivery of services after authorization.

Corporate Compliance (CC)		CC Standard Area Score = 87% (433 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	100%	None	



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Corporate Compliance (CC) CC Standard Area Score = 87% (433 of 500)		
suspected cases of FWA and for reporting all the suspected fraud, waste and abuse referrals to AHCCCS OIG following the established mechanisms.		
CC 3 The Contractor educates staff and the provider network on fraud, waste and abuse.	33%	The Contractor must update training materials containing AHCCCS FWA reporting mechanisms to include the phone numbers both inside and outside of Maricopa County for both member and provider.
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%	

Claims and Information Systems (CIS) CIS Standard Area Score = 88% (877 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.	67%	The Contractor must ensure its claims payment system does not hold claims where it is required for the Contractor to Pay and Chase a claim.
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	52.2%	The Contractor must ensure it pays applicable interest on all claims, including overturned claim disputes.



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Claims and Information Systems (CIS)		CIS Standard Area Score = 88% (877 of 1000)	
overturned claim disputes.			
CIS 6 The Contractor accurately applies quick-pay discounts.	90%	The Contractor must ensure it accurately applies quick pay discounts.	
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.	67.9%	The Contractor must have a process to ensure that all contracts/agreements are audited and pay non-contracted providers as outlined in statute.	

Delivery Systems (DS)		DS Standard Area Score = 75% (1043 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	100%	None	



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Delivery Systems (DS)			DS Standard Area Score = 75% (1043 of 1400)
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.			
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.	43%	<ol style="list-style-type: none">1. The Contractor must develop policies and procedures addressing provider inquiries that includes: 3 business day acknowledgement of the provider inquiry; 30 business day resolution of the inquiry; and a procedure for actions taken when a systemic issue is identified as a result of the provider inquiry.2. The Contractor must also ensure that there is a mechanism created to document instances when systemic action was taken as a result of a provider inquiry as a method to demonstrate that corrective action is implemented when appropriate.	
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 its Provider Manual contains all requirements outlined in ACOM Policy 416.	
DS 10 The Contractor has a process for collecting, maintaining, updating and reporting accurate demographic information on its provider network.	100%		
DS 11 (All Plans except CMDP) The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.	0%	The Contractor must ensure its Administrative Services Subcontractors use definitions and processes consistent with those outlined in ACOM 436.	
DS 12 The Contractor has a process for determining if there has been a	100%	None	



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Delivery Systems (DS)		DS Standard Area Score = 75% (1043 of 1400)	
material change that could affect the adequacy of capacity and services.			
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	
DS 14 (RBHA Only) Contractor performed provider block grant monitoring activities and has evidence of the following: <ul style="list-style-type: none">• 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	
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.		N/A	
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.		34%	<ol style="list-style-type: none">1.The Contractor must establish a process through which curricula of PSETPs operators are made available for review upon the Contractor's request.2.The Contractor must establish a process by which the Contractor's OIFA point of contact provides feedback to PSETP operators to further develop and enhance their curricula.
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		0%	<ol style="list-style-type: none">1. The Contractor must establish a process to identify provide sites where regular and ongoing member and family member participation in decision making, quality improvement and enhancement of customer service takes place.



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Delivery Systems (DS)		DS Standard Area Score = 75% (1043 of 1400)
improvement, and enhancement of customer service.		<ol style="list-style-type: none">2. The Contractor must describe common activities of member and family participation at identified provider sites.3. The Contractor must demonstrate quality improvement and enhanced customer service resulting from member and family member participation in the decision-making process at identified provider sites.

General Administration (GA)		GA Standard Area Score = 76% (227 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.	80%	The Contractor must maintain all grievance and appeal records for a period of 10 years.
GA 2 The Contractor provides training to all staff on AHCCCS guidelines.	80%	The Contractor must demonstrate that training for staff is provided based on changes in the AHCCCS program including notification to the Contractor's subcontractors regarding changes in the AHCCCS program. The Contractor must develop and maintain a tracking mechanism that shows training for employees are up to date and in compliance.
GA 3 The Contractor maintains a policy on policy development.	67%	The Contractor must ensure that all policies and procedures have been reviewed annually and that an effective procedure is in place to ensure prompt and accurate communication of policy revisions to its subcontractors.

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	100%	None



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Grievance Systems (GS) GS Standard Area Score = 100% (1700 of 1700)		
The Contractor has a process for the intake and handling of member appeals that are filed orally.		
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 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



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Grievance Systems (GS)		GS Standard Area Score = 100% (1700 of 1700)	
GS 13 The Contractor confirms all provider claim disputes with a written acknowledgement of receipt.	100%	None	
GS 14 Requests for hearing received by the Contractor follows the timeframe and notice requirements.	100%	None	
GS 15 The Contractor resolves claim disputes and mails written Notice of Decisions no later than 30 days after receipt of the dispute unless an extension is requested or approved by the provider.	100%	None	
GS 16 The Contractor's grievance process follows the timeframe and written notice requirements.	100%	None	
GS 17 The Contractor shall have written policies delineating the Grievance System.	100%	None	

Adult, EPSDT and Maternal Child Health (MCH)		MCH Standard Area Score = 28% (509 of 1900)	
AHCCCS acknowledges the Contractor's delegation agreements regarding identified areas within this standard. However, in many instances there was not documented evidence of ongoing monitoring including oversight activities and/or regular communication to ensure coordinated efforts between the Contractor and its subcontracted Health Plans.			
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.	34%	<ol style="list-style-type: none">1. The Contractor must provide a process (written procedure, desktops, and tracking/monitoring tools) used to monitor, track, and evaluate the maternity care program for early identification of pregnant members.2. The Contractor must provide a process (written procedure, desktops, and tracking/monitoring tools) used to monitor and evaluate low birth weight/very low birth weight and implement	



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Adult, EPSDT and Maternal Child Health (MCH)

MCH Standard Area Score = 28% (509 of 1900)

AHCCCS acknowledges the Contractor's delegation agreements regarding identified areas within this standard. However, in many instances there was not documented evidence of ongoing monitoring including oversight activities and/or regular communication to ensure coordinated efforts between the Contractor and its subcontracted Health Plans.

		<p>interventions to decrease low birth weight/very low birth weight.</p> <ol style="list-style-type: none">3. The Contractor must provide a process (written procedure, desktops, and tracking/monitoring tools) used to monitor, evaluate and reduce cesarean section rates and eliminate elective inductions prior to 39 weeks gestation which aligns medical necessity with current ACOG Guidelines.4. The Contractor must provide a process (written procedure, desktops, and tracking/monitoring tools) used to monitor and ensure that providers are screening for Sexually Transmitted Infections (STIs).
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.	0%	<ol style="list-style-type: none">1. The Contractor must provide a process (written procedure, desktops, and tracking/monitoring tools) used to monitor pregnant members in obtaining an initial prenatal care appointment within the first trimester or within 42 days of enrollment.2. The Contractor must provide a process (written procedures, desktops, and tracking/monitoring tools) used to monitor pregnant members to ensure ongoing prenatal care in accordance with ACOG Standards.3. The Contractor must provide a process (written procedures, desktops, and tracking tools) used to monitor prenatal care appointments according to ACOM Maternity Care Appointment Standards.4. The Contractor must provide a process (written procedures, desktops and tracking tools) that monitors provider compliance of prenatal depression screenings (at least once during the pregnancy) with appropriate counseling and referrals made, if a positive screening is obtained.5. The Contractor must provide a process (written procedures, desktops and tracking tools) to monitor providers for screening



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Adult, EPSDT and Maternal Child Health (MCH)

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		pregnant women for substance use disorders and makes referrals as needed.
MCH 3 The Contractor ensures postpartum care is provided for a period of up to 57 days after delivery.	20%	<ol style="list-style-type: none">1. The Contractor must provide a process (written procedure, desktops, and tracking/monitoring tools) used to monitor providers for identification/screening members for depression during the postpartum period and referral of members to behavioral health providers.2. The Contractor must provide a process (written procedures, desktops, and tracking/monitoring tools) used to monitor the providers for follow-up with the appropriate health care provider to confirm that the member has a behavioral health provider appointment scheduled and has attended the appointment.3. The Contractor must provide a process (written procedures, desktops, and tracking tools) used to monitor providers to ensure that women who have experienced a health issue during the pregnancy, such as hypertension, gestational diabetes, obesity, or other health issues, have been counseled about the importance of obtaining follow up care, including any medication adjustments that might be needed, and have been referred for appropriate specialty care follow up after delivery.
MCH 4 Family planning services are provided to members who voluntarily choose to delay or prevent pregnancy.	20%	<ol style="list-style-type: none">1. The Contractor must ensure that providers have an individualized plan of care for each identified pregnant member with SUD, including medication dosage adjustment needs, evidence-based breastfeeding recommendations and precautions, and Narcan prescription per the ACOG recommended care for pregnant women with substance use. It is not clear that the Contractor is ensuring an overall process so that all of their pregnant members with SUD are consistently being given individualized care plans



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Standard Area Score = 28% (509 of 1900)
<p>AHCCCS acknowledges the Contractor's delegation agreements regarding identified areas within this standard. However, in many instances there was not documented evidence of ongoing monitoring including oversight activities and/or regular communication to ensure coordinated efforts between the Contractor and its subcontracted Health Plans.</p>	
	<p>that reflect the ACOG guidelines, and are specific to this special population, including breastfeeding recommendations that are specific and individualized to each woman's circumstances and potential contraindications.</p> <ol style="list-style-type: none">2. The Contractor must ensure that providers screen for additional health issues related to SUD: HIV, STIs, Hepatitis, psychiatric disorders and intimate partner violence as well as asked about any barriers to care. There was no evidence provided, i.e., OB audits, desktops, written procedures, audit tools, that demonstrate how providers are being monitored to ensure these screenings are happening.3. The Contractor must ensure that providers are discussing and offering <i>immediate postpartum</i> Long Acting Reversible Contraception (LARC) placement during pregnancy and a pain treatment plan for delivery and postpartum has been discussed for pregnant women with SUD. This item is regarding specific ACOG recommendations for pregnant women with SUD who should be offered immediate postpartum LARC (which is different timing from typical LARC insertion timing) and there should be a discussion about their pain treatment plan due to her special risk factors.4. The Contractor must ensure that providers make sure that each member has a plan of safe care in place prior to hospital discharge, including behavioral health services, alternative infant care and alternative nutritional supplementation plans if mother is breastfeeding. It is not clear that training and monitoring specifically for the appropriate discharge planning of women who are being discharged after giving birth are receiving an appropriate safe plan of care that includes connection with behavioral health services, but also discusses an alternative infant care and alternative nutritional supplementation plan if mother is breastfeeding and experiences a relapse.



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Adult, EPSDT and Maternal Child Health (MCH)

MCH Standard Area Score = 28% (509 of 1900)

AHCCCS acknowledges the Contractor's delegation agreements regarding identified areas within this standard. However, in many instances there was not documented evidence of ongoing monitoring including oversight activities and/or regular communication to ensure coordinated efforts between the Contractor and its subcontracted Health Plans.

MCH 5 The Contractor provides EPSDT/well-child services according to the AHCCCS EPSDT Periodicity Schedule.	75%	The Contractor must provide a process (written procedure, desktops, and tracking/monitoring tools) used to refer directly or assist providers in referring those members who will lose AHCCCS eligibility to low or no cost primary care/family planning services.
MCH 6 The Contractor monitors member compliance with obtaining EPSDT services.	0%	<ol style="list-style-type: none">1. The Contractor must provide a process to inform all primary care providers (PCPs) about EPSDT services, including federal requirements, state regulations, and AHCCCS policy requirements.2. The Contractor must provide a process to train all applicable local personnel regarding key policies which impact portions of the EPSDT population, such as maternity, oral health, well woman, family planning, EPSDT, and behavioral health.3. The Contractor must provide a process to monitor, evaluate, and implement interventions to improve EPSDT participation.4. The Contractor must provide a process to improve provider participation rates in providing EPSDT/well-child services.5. The Contractor must provide a process to conduct provider outreach activities to increase EPSDT/ well-child participation rates.
MCH 7 The Contractor monitors provider compliance with providing EPSDT services.	0%	<ol style="list-style-type: none">1. The Contractor must provide a process to increase member utilization of EPSDT/well-child visits.2. The Contractor must provide a process to identify and provide targeted outreach to members and providers of members who miss/no-show their EPSDT appointments, including evaluating and addressing barriers to accessing care.3. The Contractor must provide a process to provide required member notifications listed in AMPM 400-3 and targeted outreach to members who have not received EPSDT/well-child services



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Adult, EPSDT and Maternal Child Health (MCH)		MCH Standard Area Score = 28% (509 of 1900)
<p>AHCCCS acknowledges the Contractor's delegation agreements regarding identified areas within this standard. However, in many instances there was not documented evidence of ongoing monitoring including oversight activities and/or regular communication to ensure coordinated efforts between the Contractor and its subcontracted Health Plans.</p>		
		<p>according to the AHCCCS periodicity schedule.</p> <ol style="list-style-type: none">4. The Contractor must provide a process to monitor meeting EPSDT minimum performance standards set out in contract.5. The Contractor must provide a process to monitor the completion of key screenings per policy, such as lead, developmental, BMI screenings and identifies and addresses barriers to members who do not receive these screenings.
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.	0%	<p>The Contractor must submit documentation <i>outlining and demonstrating</i> the processes and procedures that are in place to regularly provide monitoring and oversight of the subcontractors for each element in this standard. The monitoring and oversight must include:</p> <ol style="list-style-type: none">1. The Contractor must provide a process (written procedure, desktops, and tracking/monitoring tools) used to monitor the subcontractor's processes to monitor, track, and evaluate provider compliance with providing EPSDT well-child services to all eligible members according to the most current periodicity schedule.2. The Contractor must provide a process (written procedures, desktops, and tracking/monitoring tools) used to monitor the subcontractor's processes that monitor the provider's use of the EPSDT tracking forms or use of an electronic equivalent which includes all the elements found on the tracking forms, including key screenings, such as lead testing and developmental screenings, at the ages recommended on the EPSDT Periodicity schedule and the equivalent referrals.3. The Contractor must provide a process (written procedures, desktops and tracking tools) used to monitor the subcontractor's processes that monitor implementation of interventions to improve the use of the EPSDT tracking forms at each well-child visit.



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		<ol style="list-style-type: none">4. The Contractor must provide processes (written procedures, desktops and tracking tools) used to monitor the subcontractor's activities to improve member participation rates for age-appropriate screenings, according to the most recent periodicity schedule.5. The Contractor must provide a process (written procedures, desktops and tracking tools) to monitor the subcontractor's review of medical records or provider compliance with completing all elements of the EPSDT tracking form during each well-child visit, including reviewing records for key screenings according to the periodicity schedule.
MCH 9 The Contractor ensures providers participate with the Arizona State Immunization Information System (ASIIIS) and Vaccine for Children (VFC) programs according to the state and federal requirements.	40%	<ol style="list-style-type: none">1. The Contractor must monitor providers to determine if oral health/dental services are provided according to the AHCCCS Dental Periodicity Schedule.2. The Contractor must ensure that PCPs or other health practitioners provide an oral health screening during the EPSDT visit.3. The Contractor must implement processes to assign members to a dental home by one year of age or upon assignment to the Contractor, <i>including monitoring interventions of the dental home to ensure members receive care.</i>
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.	0%	The Contractor must submit documentation <i>outlining and demonstrating</i> the processes and procedures that are in place to regularly provide monitoring and oversight of the subcontractors for each element in this standard.
MCH 11 (All Plans except RBHAs) The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.	0%	The Contractor must submit documentation <i>outlining and demonstrating</i> the processes and procedures that are in place to regularly provide monitoring and oversight of subcontractors for each element in this standard.



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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.	0%	<ol style="list-style-type: none">1. The Contractor must provide a process to educate providers about AzEIP including the need for providers to request authorization for medically necessary services from the Contractor.2. The Contractor must provide a process to coordinate with AzEIP utilizing the AHCCCS/AzEIP procedure.3. The Contractor must provide a process to ensure AHCCCS registered AzEIP providers are reimbursed for providing medically necessary services to EPSDT enrolled members regardless of contract status.4. The Contractor must provide a process to monitor, evaluate, and implement interventions aimed at reducing members on a wait list for services to ensure there is an adequate network.5. The Contractor must provide a process to monitor the coordination of medically necessary care and services for children who do not have a 50% developmental delay.	
MCH 13 The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.	25%	<ol style="list-style-type: none">1. The Contractor must 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 EPSDT tracking form, including necessary referrals, prior authorizations, and case management.2. The Contractor must <i>assist members</i> in navigating the healthcare system to ensure that members receive appropriate services, as well as community-based resources that support optimal health outcomes.3. The Contractor must implement a process to educate members on the availability of transportation services and the contractor <i>assists members in utilizing these services</i>.	
MCH 14 The Contractor ensures that women's preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).	20%	The Contractor must submit documentation <i>outlining and demonstrating</i> the processes and procedures that are in place to regularly provide monitoring and oversight of the subcontractors for each element in this	



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		<p>standard. The monitoring and oversight must include:</p> <ol style="list-style-type: none">1. The Contractor must provide processes (written procedure, desktops, and tracking/monitoring tools) used to monitor the subcontractor's processes/procedures to monitor, evaluate, and improve utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age DDD members.2. The Contractor must provide processes (written procedure, desktops, and tracking/monitoring tools) utilized to monitor the subcontractor's processes that monitor appropriate use of growth charts for age groups for the determination of BMI, including medical record audits that ensure that the WHO growth charts are being utilized for growth assessments for members under age two when a referral is made for underweight.3. The Contractor must provide processes (written procedure, desktops, and tracking/monitoring tools) utilized to monitor the subcontractor's process to monitor the use of AHCCCS approved "Certificate of Medical Necessity for Commercial Oral Nutritional Supplements" form to obtain Prior Authorization from the subcontractor.4. The Contractor must provide processes (written procedure, desktops, and tracking/monitoring tools) used to monitor the subcontractor's process to monitor implementation of interventions including referrals for both underweight and overweight DDD members.5. The Contractor must provide processes (written procedure, desktops, and tracking/monitoring tools) used to monitor that the subcontractor's providers are addressing growth and development issues with the DDD member/family when an elevated BMI has been identified.
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MCH 15 The Contractor ensures that behavioral health medical records requirements are completed in accordance with Policy.	0%	<p>The Contractor must submit documentation <i>outlining and demonstrating</i> the processes and procedures that are in place to regularly provide monitoring and oversight of the subcontractors for each element in this standard. The monitoring and oversight must include:</p> <ol style="list-style-type: none">1. The Contractor must provide a process (written procedure, desktops, and tracking/monitoring tools) to monitor that the subcontractor ensures that women's preventive care services are provided to DDD members, according to AMPM 411. The monitoring process must include:<ol style="list-style-type: none">a. The subcontractor informs/educates all primary care providers (PCPs) and obstetrician/gynecologist (OB/GYN) providers of the availability of women's preventative care services, as specified in AMPM 411.b. The subcontractor monitors provider compliance of delivering well-woman preventative care services, as listed in AMPM 411.c. The subcontractor informs/educates all DDD members about women's preventative health services, as listed in AMPM 411.
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.	0%	<ol style="list-style-type: none">1. The Contractor must demonstrate adherence to AMPM 420 and Exhibit 400-3 requirements for Family Planning notification.2. The Contractor must demonstrate adherence to AMPM Exhibit 400-3 requirements for 6-month dental visit notifications (first and second reminders).3. The Contractor must demonstrate adherence to AMPM Exhibit 400-3 requirements for the Postpartum Visit notification.4. The Contractor must demonstrate adherence to AMPM Exhibit 400-3 requirements for the first and second reminder of the EPSDT visit notification.5. The Contractor must demonstrate adherence to AMPM Exhibit 400-3 requirements for providing annual education (or each

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		pregnancy) regarding lead poisoning information for children and maternity members, risks of elective inductions prior to 39 weeks, required breastfeeding information (all listed topics), information about low/very low birth weight, childhood obesity prevention, STIs and suicide prevention.
MCH 17 The Contractor ensures that behavioral health medical records requirements are completed in accordance with Policy.	100%	None
MCH 18 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
MCH 19 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.	75%	<ol style="list-style-type: none"> 1. The Contractor must ensure that training and education is provided to PCPs regarding the behavioral health referral process. 2. The Contractor must ensure that it has a current policy that reflects how it monitors its subcontractors to ensure that services are provided according to the requirements of ACOM 449.

Medical Management (MM)

MM Standard Area Score = 64% (2192 of 3400)

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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 implements changes as appropriate.	100%	None
MM 2	45%	The Contractor must adhere to specified timeframes for conducting initial



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Medical Management (MM)		MM Standard Area Score = 64% (2192 of 3400)	
AHCCCS acknowledges the Contractor's delegation agreements regarding identified areas within this standard. However, in many instances there was not documented evidence of ongoing monitoring including oversight activities and/or regular communication to ensure coordinated efforts between the Contractor and its subcontracted Health Plans.			
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.			and subsequent continued stay reviews. The Contractor must comply with policies and procedures for concurrent review.
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.		20%	The documentation submitted does not demonstrate there are policies, procedures and processes for members that are discharge ready and require covered, post-discharge behavioral health services that are unavailable, to remain in that setting until the service is available or provides the appropriate covered behavioral health service until the covered service is available.
MM 4 (All Plans except CMDP) The Contractor collaborates with the Arizona State Hospital (AzSH) prior to member discharge and for members who are conditionally released under the authority of the Psychiatric Security Review Board (PSRB).		67%	The Contractor must have policies, procedures and processes for coordination of care for members that are discharge ready from the AzSH under the jurisdiction of the PSRB. The Contractor must comply with the policies and procedures for proactive discharge planning.
MM 5 The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission and members who are discharge ready from AzSH.		50%	The Contractor must have policies, procedures and processes for coordination of care for members that are awaiting admission to the AzSH. The Contractor must comply with the policies and procedures for proactive discharge planning.
MM 6 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.		62%	The Contractor must communicate what services require prior authorization and what services do not require prior authorization to members upon request. Authorization decisions involving medications must be made within 24 hours of request. The Contractor must document when an expedited request does not meet expedited criteria and is subsequently treated as a standard request; the requesting provider is notified of the change and given an opportunity to disagree. The Contractor must ensure that providers who request authorization for a service are notified of the option to request a peer-to-peer discussion with the Contractor's Medical Director when additional information is requested by the Contractor or when the prior authorization is denied. The



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			Contractor must have policies and procedures related to assisting homeless clinics with obtaining prior authorization and referral to specialist. The Contractor must comply with the policies and procedures for prior authorization.
MM 7 The Contractor has a comprehensive inter-rater reliability (IRR) testing process to ensure consistent application of criteria for clinical decision making.	30%	The Contractor must have procedures related to IRR testing to ensure consistent application in making medical necessity decisions. The Contractor must conduct IRR testing at least annually on staff involved in make medical necessity decisions.	
MM 8 The Contractor conducts retrospective reviews.	100%	None	
MM 9 The Contractor develops or adopts and disseminates 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 conducts a Health Risk Assessment (HRA) to identify member 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.	53%	The Contractor must have updated policies and procedures for identifying and providing care coordination to members who are transplant candidates. The Contractor must comply with the policies and procedures for members who are transplant candidates.	
MM 14 The Contractor promotes health maintenance and coordination of care through Disease/Chronic Care Management Programs.	0%	The Contractor must have policies and procedures for Disease/Chronic Care Management Programs that focuses on members with high risk and/or chronic conditions utilization of services, at risk population groups and high volume/ high cost conditions. The Contractor must have measurable outcomes for their Disease/Chronic Care Management plan	



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		with a focus on member self-management. The Contractor must have planned interventions based on evidence-based guidelines for the program. The Contractor must document in the MM Committee Meeting minutes the outcomes for the Disease/Chronic Care Management program and implement changes to the program based on the Committee's recommendations.
MM 15 The Contractor has a system and process that outlines a Drug Utilization Review (DUR) Program.	85%	The Contractor must have a process for profiling providers prescribing patterns and educates prescribers on aberrant utilization patterns.
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.	100%	None
MM 18 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.	0%	The Contractor must demonstrate compliance with this standard by providing evidence that it is ensuring PCP's do provide medication management and manage transitions from a PCP to a behavioral health professional. Additionally, the Contractor must provide documentation that behavioral health services are provided and documented in the member's individual service plan.
MM 19 The Contractor ensures that members receive medically necessary behavioral health services.	65%	DDD will develop a regular cadence of meetings with the subcontractors and one item of standard work will be to review training and education that is provided to PCPs regarding the BH referral processes and the ability and associated processes of referring a member at risk for ASD to specialty ASD diagnosing providers. DDD will require the subcontracted health plans to submit a copy of the training and educational materials for review. DDD will ask the subcontractors to track and trend any concerns with access to care or other quality of care concerns. Any systemic issues will be discussed during the regular update meetings. DDD will provide



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		support as necessary through medical policy and medical record reviews with the DDD CMO and the DDD Network Administrator.
MM 20 The Contractor does not deny emergency services.	100%	None
MM 21 The Contractor issues a Notice of Adverse Benefits (NOA) determination to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	84%	The Contractor must comply with the policies and procedures for NOAs and NOEs.
MM 22 The Contractor's MM program includes administrative requirements for oversight and accountability for all MM functions and responsibilities that are delegated to other entities.	100%	None
MM 23 The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.	60%	The Contractor must have procedures for monitoring compliance with Mental Health Parity.
MM 24 The Contractor employs care managers to perform Contractor care management functions.	25%	The Contractor must submit evidence of monitoring, including results of such monitoring, for compliance of their subcontractors according to applicable policy, procedures, contract, and additional criteria and scoring details for standard MM24. Furthermore, the Contractor must submit evidence of monitoring, including results of such monitoring, for support coordination and other internal departments' compliance with any applicable policy, procedures, contract, and additional criteria and scoring details for standard MM24.
MM 25 (ACC and RBHA Plans 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	
MM 26 The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.	66%	The Contractor must have updated policies and procedures for the provision of End of Life (EOL) Care and Advanced Care planning.



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MM 27 (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.	N/A	
MM 28 (All Plans except CMDP) The Contractor establishes processes for ensuring coordination and provision of appropriate services for members transitioning from the justice system	100%	None
MM 29 The Contractor establishes processes for ensuring coordination and provision of appropriate services for members who are on court ordered treatment.	100%	None
MM 30 The Contractor has a process to monitor members and services provided to members in out-of-state placement settings.	100%	None
MM 31 The Contractor has implemented processes for all outreach, engagement, Re-Engagement and closure activities for behavioral health services.	100%	None
MM 32 The Contractor has policies and procedures to ensure 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).	50%	The Contractor is responsible to complete monitoring and oversight to ensure delegated functions are performed appropriately. Therefore, the Contractor must continue to have a regular schedule of meetings with its subcontractors and require the subcontracted health plans to submit a copy of the results of their network analysis to demonstrate the tracking/documenting demand/unmet needs and service utilization/length of stay for MMWIA. The Contractor must require its subcontractors to track and trend any concerns with access to care or other quality of care concerns within these meetings and document these efforts in their meeting minutes, desk guides, or other metrics as the Contractor deems appropriate. Any systemic issues will also be discussed and the Contractor must provide and document their support as necessary.



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MM 33 The Contractor has a mechanism to ensure the implementation of evidence-based practices (EBPs) and the ability to track program implementation for Transition Aged Youth (TAY) ages 16-24.	0%	The Contractor must submit evidence of monitoring, including results of such monitoring, for compliance of their subcontractors according to applicable policy, procedures, contract, and additional criteria and scoring details for standard MM33. Furthermore, the Contractor must submit evidence of monitoring, including results of such monitoring, for support coordination and other internal departments' compliance with any applicable policy, procedures, contract, and additional criteria and scoring details for standard 33.
MM 34 The Contractor has a mechanism to ensure the provision of Trauma Informed Care Services, including routine trauma screenings and ensuring sufficient capacity of Trauma Informed Care (TIC) certified therapists.	0%	The Contractor must submit evidence of monitoring, including results of such monitoring, for compliance of their subcontractors according to applicable policy, procedures, contract, and additional criteria and scoring details for standard MM34. Furthermore, the Contractor must submit evidence of monitoring, including results of such monitoring, for support coordination and other internal departments' compliance with any applicable policy, procedures, contract, and additional criteria and scoring details for standard MM34.
MM 35 The Contractor has a mechanism to promote service delivery and network capacity for children age birth to five.	0%	The Contractor must submit evidence of monitoring, including results of such monitoring, for compliance of their subcontractors according to applicable policy, procedures, contract, and additional criteria and scoring details for standard MM35. Furthermore, the Contractor must submit evidence of monitoring, including results of such monitoring, for support coordination and other internal departments' compliance with any applicable policy, procedures, contract, and additional criteria and scoring details for standard MM35.
MM 36 The Contractor has a mechanism to utilize substance use disorder (SUD) screening tools to identify youth with SUD and refer to SUD specialty services as appropriate.	30%	The Contractor must submit evidence of monitoring, including results of such monitoring, for compliance of their subcontractors according to applicable policy, procedures, contract, and additional criteria and scoring details for standard MM36. Furthermore, the Contractor must submit evidence of monitoring, including results of such monitoring, for support coordination and other internal departments' compliance with any



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	applicable policy, procedures, contract, and additional criteria and scoring details for standard MM36.

Member Information (MI)	MI Standard Area Score = 83% (826 of 1000)	
Standard	Score	Required Corrective Actions
MI 1 The Contractor's New Member Information Packets meet AHCCCS standards for content and distribution.	100%	None
MI 2 The Contractor notifies members that they can receive a new member handbook annually.	100%	None
MI 3 The Contractor 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.	34%	The Contractor must develop a policy or process addressing resolution of phone inquiries, including expected turnaround times. ensure a process is in place to appropriately track training attendees.
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.	92%	The Contractor must ensure that member notifications are issued at least 30 days prior the effective date of a material changes to network and/or operations.
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	0%	1. The Contractor must provide materials to show it has mapping search engines, and/or applications that are utilized for scheduling



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Member Information (MI)		MI Standard Area Score = 83% (826 of 1000)
search engines and/or applications when scheduling appointments and/or referring members to services or service providers.		appointments and/or referring members to services or service providers; that the mapping services are accessible to staff and that staff are trained to utilize the services. 2. Contractor must also provide materials that shall include Desk Reference and Staff training materials used for oversight of services its Member Services, Transportation, and Prior Authorization staff provide when scheduling appointments and/or referring members to services or service providers.
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 = 85% (1102 of 1300)
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.	71%	Element #1: The Contractor must provide policies, procedures, and desktops that address the following: <ul style="list-style-type: none">• Documentation demonstrating the medical records request process and timelines.• Documentation outlining the parameters for referring cases to Peer Review.• Documentation demonstrating the Contractor refers cases to DCS/APS.• Documentation demonstrating follow up monitoring when a



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Quality Management (QM)		QM Standard Area Score = 85% (1102 of 1300)	
		<p>Provider is on a Corrective Action Plan.</p> <ul style="list-style-type: none">• Documentation demonstrating evidence of QM staff follow-up monitoring of placement settings & service sites upon completion of activities & interventions to ensure compliance is sustained.• Documentation demonstrating evidence that if Interventions were not sustained, issues were elevated to QM Medical Director or Designee for resolution.• Documentation demonstrating that the Contractor has a standard and effective tracking and trending process. <p>Element #3: Refer to QM 4 Required Corrective Action regarding Mortality and Peer Review processes.</p> <p>Element #4: The Contractor must develop processes, update policies, procedures and desktops and submit to AHCCCS for review, documentation of rationale when determining that a concern does not meet the criteria for a QOC.</p>	
QM 2 The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for system improvement.	67%	<p>Element #4: The Contractor must update policies and training material to reflect current AMPM requirements.</p> <p>The Contractor must shall submit the updated policy for AHCCCS review.</p> <p>The Contractor must provide training to QM staff on the approved 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.</p> <p>Element #5: The Contractor must develop a process to analyze and evaluate the data from the system to determine any trends related to the quality of care in the Contractor's service delivery system or provider network. The Contractor must submit the updated process to AHCCCS for review. The Contractor must provide training to QM staff on the approved</p>	



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Quality Management (QM)		QM Standard Area Score = 85% (1102 of 1300)	
			<p>updated process for analyzing QM related data. 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.</p> <p>Element #7: The Contractor must update its policies and training material to reflect current AMPM requirements. The Contractor must submit the updated policy for AHCCCS review regarding proactive care coordination for members with multiple complaints or concerns. The Contractor must provide training to all staff on the approved updated policies and procedures. Training documentation is to be submitted to AHCCCS that includes training materials, printed first and last name of all staff, title, and date of training received. The Contractor must provide evidence of implementation of this policy.</p>
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		
QM 4 The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.	60%		<p>The Contractor must develop specific Mortality Review processes, update policies, procedures and desktops and submit the following to AHCCCS for review:</p> <p>Element 1: A clear process to identify, assess, and review mortality cases and triage them as potential QOC's through the QOC Investigative framework.</p> <p>Element 5: A process to refer Mortality cases to the Contractor's Peer Review Committee when there is evidence that the care or service did not meet the community standard of care.</p>
QM 5 (ALTCS/EPD and DES/DDD Only) Contractor ensures that the staff providing attendant care, personal	100%		None



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Quality Management (QM)		QM Standard Area Score = 85% (1102 of 1300)	
care, homemaker services, and habilitation services are monitored as outlined in Chapter 900.			
QM 6 The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.	100%	None	
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.	73%	The Contractor must provide policies, procedures, and desktops that address the following: <ul style="list-style-type: none">• Documentation demonstrating use of the AMPM 960 Attachment C form during Health and Safety visits.• Documentation demonstrating follow up monitoring when a Provider is on a Corrective Action Plan.• Documentation demonstrating evidence of QM staff follow-up monitoring of placement settings & service sites upon completion of activities & interventions to ensure compliance is sustained.• Documentation demonstrating evidence that if Interventions were not sustained, issues were elevated to QM Medical Director or Designee for resolution.	
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.	50%	The Contractor must demonstrate it reviews/revises QM policies at least annually. QM policies that do not require revision as identified during the Contractor's annual review/revision process shall clearly indicate the date the policy was reviewed. The Contractor must update its QM policies and training materials to reflect current AMPM requirements. The Contractor must provide training to all QM staff on the updated policies and procedures after the policy has been finalized and approved in accordance with DDD policy revision standards. Training documentation shall be submitted to AHCCCS that includes the updated policies, training materials, printed first and last name of all staff, title, and date of training received. The Contractor must provide evidence of implementation of these policy and procedure updates.	
QM 10 The Contractor has a structured Quality Management Program that	85%	The Contractor must update the Peer Review process to include the following requirements:	



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Quality Management (QM)		QM Standard Area Score = 85% (1102 of 1300)	
includes administrative requirements related to policy development.		1. Committee members signing a confidentiality statement prior to participating in a committee meeting, 2. The process to inform providers of a referral to the Peer Review Committee.	The Contractor must submit the updated process to AHCCCS along with evidence that all Peer Review Committee members have a signed confidentiality statement.
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 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	100%	None	
QM 13 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	97%	None	
QM 14 The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network.	99%	None	
QM 15 The Contractor has a process for verifying credentials of all organizational providers.	N/A		

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)	100%	None	



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Reinsurance (RI)			RI Standard Area Score = 100% (400 of 400)
the service was encountered correctly.			
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 Standard 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 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	100%	None	



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Third Party Liability (TPL)			TPL Standard Area Score = 100% (800 of 800)
\$250.			
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) Standard	QI Standard Area Score = 65% (645 of 1000) Score	Required Corrective Actions
QI 1 The Contractor and its governing body are accountable for all Quality Management/Performance Improvement (QM/PI) program functions.	85%	The Contractor must demonstrate and ensure the Contractor's governing or policy making body participates in, and has accountability for, the approval of the QM/PI Program Plan.
QI 2 The Contractor has the appropriate staff employed to carry out Quality Management/Performance Improvement (QM/PI) Program Quality Improvement administrative requirements.	100%	None
QI 3 The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes administrative requirements related to policy development.	80%	The Contractor must demonstrate it reviews and revises its QM/PI policies at least annually. For QM/PI policies that do not require revision, as identified during the Contractor's annual review/revision process, the Contractor must indicate the date the policy was reviewed.



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Quality Improvement (QI)		QI Standard Area Score = 65% (645 of 1000)	
QI 4 The Contractor's health information system(s), specific to member encounter data, include accurate and timely information essential in meeting the data collection requirements and expectations of the Quality Management/Performance Improvement (QM/PI) Program.	50%	The Contractor must address the identified concerns noted within the scoring detail and reviewer comments; however, a formal corrective action plan specific to the following QI scoring details will not be required as information related to the Contractor's health information system is monitored by other AHCCCS functional areas and is now being evaluated by AHCCCS' External Quality Review Organization (EQRO) as part of the newly implemented Performance Measure Validation process: <ul style="list-style-type: none">• The Contractor implements processes to ensure its health information system(s) includes (at a minimum) accurate, complete, and up-to-date data related to Fraud, Waste, and Abuse.• The Contractor implements processes to ensure notification to AHCCCS when there is a health information system(s) inaccuracy or issue.• The Contractor identifies and implements corrective actions with providers when data received from providers is not accurate, timely, and/or complete.	
QI 5 The Contractor maintains the integrity of data within its health information system(s), specific to member encounter data, that is utilized to collect, integrate, analyze, and report data necessary in implementing its Quality Management/Performance Improvement (QM/PI) Program.	100%	None	
QI 6 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.	75%	The Contractor must develop a process to determine recognized "Best Practices" and demonstrate the implementation of recognized "Best Practices" related to self-selected and AHCCCS mandated PIP focus areas.	



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Quality Improvement (QI)	QI Standard Area Score = 65% (645 of 1000)	
QI 7 The Contractor conducts analysis related to AHCCCS-mandated and Contractor self-selected Performance Improvement Projects (PIPs) to assess the quality/appropriateness of its service provision and to improve overall performance.	75%	The Contractor must conduct subpopulation data analysis of PIP data (inclusive of members with special health care needs including Behavioral Health and CRS designated members). In addition, the Contractor must implement targeted interventions to address any noted disparities identified as part of the Contractor's data analysis efforts.
QI 8 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.	20%	<p>The Contractor must develop a process to determine recognized "Best Practices" and demonstrate the implementation of recognized "Best Practices" related to performance measures and achievement of the Minimum Performance Standard (performance measure performance standards).</p> <p>The Contractor must address the identified concerns noted within the scoring detail and reviewer comments as well participate in mandatory technical assistance per AHCCCS' direction. The Contractor must ensure the identified concerns are addressed and in place prior to AHCCCS' resuming the Long-Term Services and Supports performance measure data reporting (which will align with the recent performance measure transition utilizing Contractor collected and calculated rates that have been validated by AHCCCS' EQRO); however, a formal corrective action plan specific to the following QI scoring details will not be required as these scoring details will be evaluated by AHCCCS' EQRO as part of the newly implemented Performance Measure Validation process:</p> <ul style="list-style-type: none">• The Contractor utilizes qualified personnel to collect, report, and analyze data for administrative Performance Measures. For Contractors outsourcing such functions (such as that conducted by a contracted vendor or Subcontractor), the Contractor shall also provide evidence of oversight and validation of data collection, reporting, and analysis specific to administrative Performance Measure rates.• The Contractor utilizes qualified personnel to collect, report, and analyze data for hybrid Performance Measures. For Contractors outsourcing such functions (such as that conducted by a contracted vendor or Subcontractor), the Contractor shall also provide evidence of oversight and validation of data collection, reporting, and analysis specific to hybrid Performance Measure rates.



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Quality Improvement (QI)			QI Standard Area Score = 65% (645 of 1000)
			<ul style="list-style-type: none">If more than one person is collecting and entering data for hybrid performance measure reviews, the Contractor has a documented process that is implemented to ensure inter-rater reliability.
QI 9 The Contractor has implemented a process to measure, analyze, 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.	0%	The Contractor must conduct subpopulation data analysis of performance measure data inclusive of members with special health care needs including Behavioral Health and CRS designated members. In addition, the Contractor must implement targeted interventions to address any noted disparities identified as part of the Contractor's data analysis efforts. The Contractor must conduct analysis of the effectiveness of interventions specific to performance measures utilizing the Plan-Do-Study-Act (PDSA) cycle. The Contractor must repeat and refine PDSA cycles, as new data becomes available, until improvement is achieved. The Contractor must utilize proven quality improvement tools when conducting root-cause analysis and problem solving activities specific to performance measures including, but not limited to, Cause and Effect Diagrams; Failure Modes and Effects Analysis (FMEA) Tools; Flowcharts; Pareto Charts; Run Charts; Control Charts, and/or Driver Diagrams.	
QI 10 The Contractor participates in applicable community initiatives for each Medicaid line of business.	60%	The Contractor must demonstrate attendance and/or participation in applicable community initiatives, events, and/or activities to address overarching community concerns related to chronic disease management. The Contractor must implement specific interventions to address overarching community concerns related to Early, Periodic Screening, Diagnostic and Testing (EPSDT). The Contractor must demonstrate attendance and/or participation in applicable community initiatives, events, and/or activities as well as implement specific interventions to address overarching community concerns related to dental. The Contractor must demonstrate attendance and/or participation in applicable community initiatives, events, and/or activities to address	



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Quality Improvement (QI)	QI Standard Area Score = 65% (645 of 1000)	
		overarching community concerns related to opioid and substance use.