

Health Choice Integrated Care

**Operational Review
Contract Year Ending 2016**

December 13, 2017



Conducted by the Arizona Health Care Cost Containment System



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CYE 2016

INTRODUCTION

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

The primary objectives of the Health Choice Integrated Care (HCIC) CYE 2016 Operational Review are to:

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

AHCCCS conducted an onsite review of HCIC from October 2, 2017 through October 4, 2017.

A copy of the draft version of this report was provided to the Contractor on November 15, 2017. HCIC 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.

SCORING METHODOLOGY

The CYE 2016 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 CYE 2016 Operational Review, these Standard Areas are:

- Corporate Compliance (CC)
- Claims and Information Systems (CIS)
- Delivery Systems (DS)
- General Administration (GA)
- Grievance Systems (GS)
- Adult, EPSDT and Maternal Child Health (MCH)
- Medical Management (MM)
- Member Information (MI)
- Quality Management (QM)
- 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 CYE 2016 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, it was a standard that was reviewed for solely to provide feedback (Information Only), 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

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

Claims and Information Systems (CIS)		CIS Standard Area Score = 86% (1029 of 1200)
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	50%	The Contractor must ensure all future remits include the reason(s) for denials and adjustments, a detailed explanation/description of payments



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Claims and Information Systems (CIS)		CIS Standard Area Score = 86% (1029 of 1200)
required information.		less than billed charges, denials and adjustments, the application of Coordination of Benefits and copays and the complete provider rights for claim disputes
CIS 3 The Contractor has a process to identify claims where the Contractor is or may be a secondary payor prior to payment.	100%	None
CIS 4 The Contractor has AHCCCS compliant policies and procedures for the recoupment of overpayments and adjustments for underpayments.	100%	None
CIS 5 The Contractor pays applicable interest on all claims, including overturned claim disputes.	14%	The Contractor shall ensure it pays applicable interest on all claims, including 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.	85%	The Contractor shall ensure it processes and pays all overturned claim disputes in a manner consistent with the decision within 15 business days of the decision.
CIS 8 The Contractor ensures that the parties responsible for the processing of claims have been trained on the specific rules and methodology for the processing of claims for the applicable AHCCCS line of business.	100%	None
CIS 9 The Contractor accepts and integrates evidence of eligibility and enrollment data provided by AHCCCS into its Claims and Information Systems timely and accurately (last daily and Monthly Roster).	100%	None
CIS 10 The Contractor accepts and integrates evidence of provider registration data provided by AHCCCS into its Claims and Information Systems.	100%	None
CIS 11 Contractor has a process to identify resubmitted claims and a process to adjust claims for data corrections or revised payment.	100%	None
CIS 12 The Contractor has a process to ensure that all contracts/agreements	90%	The Contractor must ensure it correctly reimburses out of network providers according to statute.



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Claims and Information Systems (CIS)	CIS Standard Area Score = 86% (1029 of 1200)	
are loaded accurately and timely and pays non-contracted providers as outlined in statute.		

Delivery Systems (DS)	DS Standard Area Score 78% (1095 of 1400)	
Standard	Score	Required Corrective Actions
DS 1 The Contractor has a process to evaluate its Provider Services staffing levels based on the needs of the provider community.	100%	None
DS 2 The Contractor monitors the number of members assigned to each PCP and the PCP's total capacity in order to assess the providers' ability to meet AHCCCS appointment standards.	100%	None
DS 3 Provider Services Representatives are adequately trained.	0%	The Contractor must ensure that its Provider Services Representatives are adequately trained which includes at a minimum Provider Inquiry Handling and Tracking, Internal procedures for initiating contracting or AHCCCS registration, Claim Submission methods and resources and Claim Dispute and Appeal procedures.
DS 4 The Contractor provides the following information via written or electronic communication to contracted providers: Exclusion from the Network, Policy/Procedure Change, Subcontract Updates, Termination of Contract, and Disease/Chronic Care Management Information.	80%	The Contractor must provide information regarding material change notifications to providers as required by AHCCCS contract and policy.
DS 5 The Contractor's Provider Selection Policy and Procedure prohibits discrimination against providers who serve high-risk populations or that specialize in conditions that result in costly treatment.	0%	The must have policy that prohibits discrimination against providers who serve high-risk populations or that specialize in conditions that result in costly treatment.
DS 6 The Contractor does not prohibit or otherwise restrict a provider from advising or advocating on behalf of a member who is his/her patient.	100%	None
DS 7 The Contractor has a mechanism for tracking and trending provider inquiries that includes timely acknowledgement and resolution and	20%	The Contractor must have policies/procedures for tracking and trending provider inquiries that includes timely acknowledgement and resolution.



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Delivery Systems (DS)	DS Standard Area Score 78% (1095 of 1400)	
taking systemic action as appropriate.		
DS 8 The Contractor refers members to out of network providers if it is unable to provide requested services in its network.	100%	None
DS 9 The Contractor develops, distributes and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	100%	None
DS 10 (CRS Only) For the CRS Only and CRS Partially Integrated Behavioral Health members, the CRS Contractor has a policy that states that medically necessary non-emergency transportation will be coordinated with the member's Acute Care Contractor.	N/A	N/A
DS 11 (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.	100%	None
DS 12 (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. 	95%	None
DS 13 (RBHA Only) The Contractor has measurements to ensure intake providers are encouraging member choice by presenting options to receive services at alternative locations.	100%	None
DS 14 (RBHA Only)	100%	None



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Delivery Systems (DS)		DS Standard Area Score 78% (1095 of 1400)
The Contractor has identified the means to ensure Peer/Recovery Support Specialists employed within their network have adequate access to continuing education specific to the practice of peer support.		
DS 15 (RBHA Only) The Contractor has identified the means to ensure supervisors of Peer/Recovery Support Specialists have adequate access to ongoing education specific to the practice of peer support.	100%	None

General Administration (GA)		GA Standard Area Score = 56% (167 of 300)
Standard	Score	Required Corrective Actions
GA 1 The Contractor has policies and procedures for the maintenance of records and can provide those records, when requested.	100%	None
GA 2 The Contractor provides training to all staff on AHCCCS guidelines.	0%	The Contractor must provide training to all staff on AHCCCS guidelines and demonstrate evidence of training based on changes to the AHCCCS program.
GA 3 The Contractor maintains a policy on policy development.	67%	The Contractor must have a process in place to ensure that all policies and procedures have been reviewed annually.

Grievance Systems (GS)		GS Standard Area Score = 100% (1700 of 1700)
Standard	Score	Required Corrective Actions
GS 1 The Contractor issues and carries out appeal decisions within required timeframes.	100%	None
GS 2 Contractor policies for appeal allow for providers to file on behalf of a member if the member has given their consent.	100%	None
GS 3 The Contractor has a process for the intake and handling of member appeals that are filed orally.	100%	None



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Grievance Systems (GS)		GS Standard Area Score = 100% (1700 of 1700)	
GS 4 The Contractor ensures that the individuals who make decisions on appeals were not involved in any previous level of review or decision making.	100%	None	
GS 5 The Contractor ensures that the individuals who make decisions on appeals are appropriately qualified.	100%	None	
GS 6 The Contractor has a process for internal communication and coordination when an appeal decision is reversed.	100%	None	
GS 7 The Contractor continues or reinstates an enrollee's benefits when an appeal is pending under the appropriate circumstances as required by Federal Regulation.	100%	None	
GS 8 The Contractor issues Notices of Appeal Resolution that include all information required by AHCCCS.	100%	None	
GS 9 If the Contractor or Director's Decision reverses a decision to deny, limit, or delay services that were not furnished while an appeal or hearing was pending, the Contractor authorizes or provides the appealed services promptly and as expeditiously as the member's health condition requires. If an appeal is upheld the Contractor may recover the cost of services received by the enrollee during the appeal process.	100%	None	
GS 10 The Contractor's member appeal policies allow for, and require notification of the member of, all rights granted under rule.	100%	None	
GS 11 The Contractor maintains claim dispute records.	100%	None	
GS 12 The Contractor logs, registries, or other written records include all the contractually required information.	100%	None	
GS 13	100%	None	



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Grievance Systems (GS)		GS Standard Area Score = 100% (1700 of 1700)	
The Contractor confirms all provider claim disputes with a written acknowledgement of receipt.			
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 = 55% (656 of 1200)	
Standard	Score	Required Corrective Actions	
MCH 1 The Contractor has established and operates a maternity care program, with goals directed at achieving optimal birth outcomes that meet AHCCCS minimum requirements.	34%	<p>The Contractor must develop and implement a written process to ensure that the Contractor employs sufficient numbers of appropriately qualified local personnel in order to meet the requirements of the maternity care program for eligible enrolled members and achieve contractual compliance.</p> <p>The Contractor must develop and implement a written process to coordinate referrals of high-risk members to appropriate service providers to ensure that services are received that includes revising the plan of care as appropriate.</p> <p>The Contractor shall develop and implement a written process to monitor and evaluate low birth weight/very low birth weight and implement interventions to decrease low birth weight/very low birth weight.</p> <p>The Contractor shall develop and implement a written process to monitor and reduce cesarean section rates and elective inductions prior to 39 weeks</p>	



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Standard Area Score = 55% (656 of 1200)	
		gestation.
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.	75%	The Contractor must develop and implement a written process to monitor provider compliance with perinatal/postpartum depression screenings which are to be conducted at least once during the pregnancy and then again at the postpartum visit. Provisions for appropriate counseling and referrals must be provided for, if a positive screening is obtained.
MCH 3 The Contractor ensures postpartum care is provided for a period of up to 60 days after delivery.	67%	The Contractor shall develop and implement a written process to identify/screen members with perinatal mood disorders (PMAD) /postpartum depression. The Contractor shall develop and implement a written process to refer members to behavioral health providers. The Contractor shall develop and implement a written process to follow-up members to the appropriate health care providers to confirm that member has a behavioral health provider appointment scheduled and has attended the appointment.
MCH 4 Family planning services are provided to members who voluntarily choose to delay or prevent pregnancy.	50%	The Contractor shall develop and implement a written process to ensure that physicians and other practitioners document in the medical record that each member of reproductive age has been notified verbally or in writing of the availability of family planning services. The Contractor shall develop and implement a written process to monitor medical necessity for sterilizations of members under 21 years of age.
MCH 5 The Contractor provides EPSDT/well-child services according to the AHCCCS EPSDT Periodicity Schedule.	84%	The Contractor shall develop and implement a written process to measure the effectiveness of member and provider outreach activities and implement process improvement activities as necessary to improve member participation in EPSDT/ well-child services.
MCH 6 The Contractor monitors member compliance with obtaining EPSDT services.	20%	The Contractor must develop and implement a written process to monitor whether EPSDT/well-child visits are provided to all eligible members according to the AHCCCS Periodicity Schedule.



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Adult, EPSDT and Maternal Child Health (MCH)		MCH Standard Area Score = 55% (656 of 1200)
		<p>The Contractor must develop and implement a written process to distribute outreach material to educate members on the importance of EPSDT services, including childhood obesity and dangers of lead exposure.</p> <p>The Contractor must develop and implement a written process to identify and provide targeted outreach to members and providers of members who miss/no-show their EPSDT appointments.</p> <p>The Contractor must develop and implement a written process to provide targeted outreach to members who have not received EPSDT/well-child services according to the AHCCCS periodicity schedule.</p>
MCH 7 The Contractor monitors provider compliance with providing EPSDT services.	76%	The Contractor must develop and implement a written process to review medical records for provider compliance with completing all the elements of the EPSDT tracking form during each well-child visit.
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.	60%	<p>The Contractor must develop and implement a written policy to ensure that an oral health screening is provided by the PCP, or other practitioners, during the EPSDT visit.</p> <p>The Contractor must develop and implement a written policy to monitor and evaluate the effectiveness of oral health/dental outreach activities.</p>
MCH 9 The Contractor ensures providers participate with the Arizona State Immunization Information System (ASIIS) and Vaccine for Children (VFC) programs according to the state and federal requirements.	50%	<p>The Contractor must develop and implement a written process to monitor EPSDT providers for participation in Arizona State Immunization Information System (ASIIS).</p> <p>The Contractor must also develop and implement a written process to monitor EPSDT providers for participation in Vaccine for Children (VFC) program.</p>
MCH 10 (All Plans Except RBHAs) The Contractor coordinates with appropriate agencies and programs (VFC, WIC, and Head Start), as well as provides education, assists in referrals and connects eligible EPSDT members with appropriate agencies, according to federal and state requirements.	N/A	N/A
MCH 11 (All Plans Except RBHAs)	N/A	N/A



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Standard Area Score = 55% (656 of 1200)	
The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.		
MCH 12 The Contractor has policies and procedures to identify the needs of EPSDT age members, coordinate their care, conduct adequate follow up to verify that members receive timely and appropriate treatment.	100%	None
MCH 13 The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.	40%	<p>The Contractor must develop and implement a written process for transitioning a child (who is receiving nutritional therapy) to or from another Contractor, or another service program.</p> <p>The Contractor must develop and implement a written process for monitoring and implementing referrals for underweight/overweight members.</p> <p>The Contractor must develop and implement a written process for monitoring provider compliance in implementing interventions with members identified as overweight, including education and/or nutrition referral.</p>
MCH 14 (Acute, CMDP, CRS and DES/DDD only) The Contractor transitions members who are identified as having a Children’s Rehabilitative Services (CRS) eligible condition, lose eligibility for CRS, or choose to not stay with the CRS Contractor after turning 21 years of age.	N/A	N/A
MCH 15 The Contractor ensures that women’s preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).	0%	<p>The Contractor must develop and implement a written process to inform all primary care providers (PCPs) and obstetrician/gynecologist (OB/GYN) providers of the availability of women’s preventative care services.</p> <p>The Contractor must develop and implement a written process to monitor provider compliance of delivering well-woman preventative care services.</p> <p>The Contractor must also develop and implement a written process to inform members about women’s preventative health services.</p>



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Medical Management (MM)		MM Standard Area Score = 92% (2381 of 2600)
Standard	Score	Required Corrective Actions
MM 1 The Contractor shall execute processes to assess, plan, implement and evaluate utilization data management activities.	100%	None
MM 2 The Contractor has an effective concurrent review process which includes a component for reviewing the medical necessity of inpatient stays.	85%	The Contractor must ensure it includes all the elements required by AHCCCS in its concurrent review policy.
MM 3 The Contractor conducts proactive discharge planning for members admitted into acute care facilities.	95%	None
MM 4 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	100%	None
MM 5 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	99%	None
MM 6 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	96%	None
MM 7 The Contractor has a comprehensive inter-rater reliability (IRR) program to ensure consistent application of criteria for clinical decision making.	100%	None
MM 8 The Contractor conducts retrospective reviews based on reasonable medical evidence or a consensus of relevant health care professionals.	100%	None
MM 9 The Contractor adopts, disseminates and monitors compliance with evidenced based clinical practice guidelines.	100%	None
MM 10 The Contractor evaluates new technologies and new uses for existing technologies.	100%	None
MM 11	100%	None



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Medical Management (MM)	MM Standard Area Score = 92% (2381 of 2600)	
The Contractor establishes processes for ensuring coordination and provision of appropriate services for members transitioning from the justice system; those members who receive Seriously Mentally Ill (SMI) decertification; or those members in court ordered treatment.		
MM 12 The Contractor identifies and coordinates care for members with special health care needs.	100%	None
MM 13 The Contractor identifies and coordinates the care for members who are potential candidates for stem cell or solid organ transplants.	80%	The Contractor authorizes the transplant services for its members. AHCCCS provides technical assistance to the Contractor for any transplant related services. However, coordination related to medical documentation and authorization is not required since reinsurance for transplants is not provided to the Contractor by AHCCCS. The Contractor shall revise its transplant policy to be more accurate and comply with AHCCCS requirements. Requirements for contracts between HCIC and other entities for reinsurance should not be included in the transplant policy.
MM 14 The Contractor promotes health maintenance and coordination of care through disease or chronic care management programs that are developed based upon analysis of high risk, high cost and high volume utilization data.	100%	None
MM 15 The Contractor has a system and process that outlines a Drug Utilization Review (DUR) Program.	100%	None
MM 16 The Contractor facilitates coordination of all services being provided to a member when the member is transitioning between Contractors.	30%	The Contractor shall develop and implement transition policies and procedures to ensure continuity of care for members transitioning to and from the Contractor. ETI forms must be completely filled out. If any field in the ETI form is not applicable, the Contractor must document N/A in that field.
MM 17 (Acute, CMDP, and RBHA Only) The Contractor provides guidance for primary care providers who wish to treat members diagnosed with anxiety, depression and Attention Deficit Hyperactivity Disorder (ADHD) related to medication management.	100%	None



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Medical Management (MM)			MM Standard Area Score = 92% (2381 of 2600)		
MM 18 (Pima and Maricopa County Acute Plans Only) The Contractor assists homeless clinics with the prior authorization process.	N/A	N/A			
MM 19 (Acute, CRS and DES/DDD Only) The Contractor provides medical home services to members.	N/A	N/A			
MM 20 The Contractor does not deny emergency services.	100%	None			
MM 21 (Acute, CMDP, and RBHA Only) The Contractor monitors nursing facility stays of members to assure that the length of stays, including those covered by a third party insurer, do not exceed the 90 day per contract year limitation.	100%	None			
MM 22 The Contractor issues a Notice of Action (NOA) letter to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	98%	None			
MM 23 (Acute, CMDP, DES/DDD, and RBHA Only) The Contractor collaborates to identify members with high needs/high costs to improve coordination of care and individual outcomes.	98%	None			
MM 24 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 25 The Contractor identifies, monitors, and implements interventions to prevent the misuse of controlled and non-controlled medications.	0%		The Contractor shall develop and implement policies that address the utilization of Indian Health Service (IHS) pharmacy data for their monitoring activities. The prescription claims data must be evaluated at a minimum, quarterly, to identify medications filled prior to the calculated days-supply. The Contractor shall monitor the number of prescribing clinicians and the number of different pharmacies utilized by the members and assign members to an exclusive pharmacy and/or single prescriber for a minimum of 12 months and provide specific instructions to members. The Contractor shall educate the assigned exclusive pharmacy and/or exclusive provider, and their Pharmacy Benefit Manager (PBM) on how to address emergencies, out-of-stock medication at the exclusive pharmacy and what to do when the exclusive pharmacy is closed.		
MM 26 (Maricopa County RBHA Only) (Information Only)	N/A	N/A			



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Medical Management (MM)		MM Standard Area Score = 92% (2381 of 2600)	
The Contractor provides a Vivitrol Treatment Program for eligible members.			
MM 27 (RBHA Only) The Contractor has implemented processes for all outreach, engagement, re-engagement and closure activities for behavioral health services.	100%	None	
MM 28 (RBHA Only) The Contractor has processes for the coordination of care with other governmental agencies including but not limited to Division of Developmental Disabilities (DDD), courts and corrections, and Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA).	100%	None	
MM 29 (RBHA Only) The Contractor implements processes to manage the care of and monitor members who have been determined guilty except insane (GEI) and are conditionally released for the Arizona State Hospital (AzSH) under the authority of the Psychiatric Security Review Board (PSRB).	100%	None	
MM 30 (RBHA Only) (Information Only) The Contractor implements processes to ensure members determined to have a Serious Mental Illness (SMI) are informed of and have access to Special Assistance.	N/A	None	

Member Information (MI)		MI Standard Area Score = 100% (900 of 900)	
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	100%	None	



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Member Information (MI)		MI Standard Area Score = 100% (900 of 900)	
The Contractor notifies members that they can receive a new member handbook annually.			
MI 3 The Contractor assesses PCP capacity and evaluates it prior to assigning new members.	100%	None	
MI 4 The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	100%	None	
MI 5 The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	100%	None	
MI 6 The Contractor notifies affected members of material changes to network and operations at least 30 days before the effective date of the change.	100%	None	
MI 7 The Contractor distributes at a minimum two member newsletters per contract year which contain the required member information.	100%	None	
MI 8 The Contractor's Member Services, Transportation, and Prior Authorization staff has access to, and utilizes, appropriate mapping services when scheduling appointments and/or referring members to services or service providers.	100%	None	
MI 9 The Contractor submits to AHCCCS for approval qualifying member information materials given to its current members, that do not fall within annual, semi-annual or quarterly required submissions and maintains a log of all member material distributed to its members.	100%	None	

Quality Management (QM)		QM Standard Area Score = 99% (2470 of 2500)	
Standard	Score	Required Corrective Actions	
QM 1 The Contractor has a structure and process in place for quality-of-	91%	The Contractor must develop a process that ensures all allegations are captured in Contractor's opening letters, that all allegations are assigned	



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Quality Management (QM)		QM Standard Area Score = 99% (2470 of 2500)
care, abuse/complaint tracking and trending for member/system resolution.		severity levels in closing letters and each entity that received an opening letter, also receives a closing letter.
QM 2 The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for system improvement.	100%	None
QM 3 The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.	100%	None
QM 4 (ALTCS/EPD and DES/DDD Only) Contractor ensures that the staff providing attendant care, personal care, homemaker services, and habilitation services are monitored as outlined in Chapter 900.	N/A	N/A
QM 5 (ALTCS/EPD and DES/DDD Only) The Contractor ensures that Home Community Based Services (HCBS) and residential settings are monitored by qualified staff.	N/A	N/A
QM 6 The governing body and the Contractor are accountable for all Quality Management/Quality Improvement (QM/QI) program functions.	100%	None
QM 7 The Contractor has the appropriate staff employed to carry out Quality Management (QM) and Performance Improvement (QI) Program administrative requirements.	100%	None
QM 8 The Contractor has a structured Quality Management Program that includes administrative requirements related to policy development.	100%	None
QM 9 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.	100%	None
QM 10 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	100%	None
QM 11 The Contractor has a process to grant provisional credentialing which	100%	None



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Quality Management (QM)	QM Standard Area Score = 99% (2470 of 2500)	
meets the AHCCCS required timelines.		
QM 12 The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network.	99%	None
QM 13 The Contractor has a process for verifying credentials of all organizational providers.	100%	None
QM 14 The Contractor has a structured Quality Management Program that includes administrative requirements for oversight and accountability for all functions and responsibilities described in AMPM Chapter 900 that are delegated to other entities.	100%	None
QM 15 The Contractor conducts a new member health risk assessment survey and identifies specific health care needs.	100%	None
QM 16 The Contractor has implemented a process to complete on-site quality management monitoring and investigations.	100%	None
QM 17 The health information system data elements include at least the following information to guide the selection of and meet the data collection requirements for quality improvement expectations.	100%	None
QM 18 The Contractor maintains a health information system that collects, integrates, analyzes, and reports data necessary to implement its QM/QI Program.	100%	None
QM 19 (Acute, CRS, ALTCS/EPD, DES/DDD and RBHA Only) The Contractor has written policies and procedures and monitors to ensure that providers discuss advance directives with all adult members receiving medical care.	100%	None
QM 20 (Acute and CMDP Only) The Contractor provides ongoing medically necessary nursing services for members who, due to their mental health status, are incapable or unwilling to manage their medical condition when the	N/A	N/A



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Quality Management (QM)		QM Standard Area Score = 99% (2470 of 2500)	
member has a skilled medical need.			
QM 21 (Acute, CMDP and RBHA Only) Primary Care Providers (PCP) are informed that they may medically manage behavioral health members for the treatment of anxiety, depression and Attention Deficit/Hyperactive Disorders (ADHD) and are informed about the coverage of medications to treat depression, anxiety and ADHD by the Contractor. The Contractor ensures that its quality management program incorporates the monitoring of the PCPs' medical management of behavioral health disorders (anxiety, depression and ADHD).	100%	None	
QM 22 The Contractor ensures that training and education is available to Primary Care Providers (PCP) regarding behavioral health referrals and consultation procedures members identified as having behavioral health needs.	100%	None	
QM 23 (Acute, CMDP and RBHA Only) The Contractor ensures the initiation and coordination of a referral when a behavioral health need has been identified and follows up to determine if the member received behavioral health services.	100%	None	
QM 24 The Contractor collaborates with the Arizona State Hospital prior to member discharge.	100%	None	
QM 25 (Acute, CRS, ALTCS/EPD, DES/DDD and RBHA only) The Contractor ensures that members receive medically necessary behavioral health services.	100%	None	
QM 26 (ALTCS/EPD and DES/DDD Only) The Contractor shall ensure that members transferring to the ALTCS program who have previous enrollment with a Regional Behavioral Health Authority and/or a Behavioral Health Provider are appropriately transitioned.	N/A	N/A	
QM 27 (Acute, CRS, ALTCS/EPD and DES/DDD Only) The Contractor has a process to monitor services provided by out of state placement settings.	N/A	N/A	
QM 28	80%	The Contractor must have a process for determining Best Practices related	



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Quality Management (QM)		QM Standard Area Score = 99% (2470 of 2500)	
The Contractor conducts Performance Improvement Projects (PIPs) to assess the quality and appropriateness of its service provision and to improve performance.			to Performance Improvement Projects.
QM 29 The Contractor has implemented a process to measure and report to the State its performance, using standard measures required by the State.	100%		None
QM 30 (CRS, ALTCS/EPD, and DES/DDD Only) The Contractor has mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs.	N/A		N/A
QM 31 (Acute, CRS, ALTCS/EPD, DES/DDD and RBHA Only) The Contractor ensures care is coordinated between the Primary Care Provider (PCP), specialists, behavioral health, service organizations and community supports.	100%		None

Third Party Liability (TPL)		TPL Standard Area Score = 100% (700 of 700)	
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 (All Plans Except RBHAs)	N/A	N/A	



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Third Party Liability (TPL)		TPL Standard Area Score = 100% (700 of 700)	
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.			
TPL 5 The Contractor files liens on total plan casualty cases that exceed \$250.	100%	None	
TPL 6 Prior to negotiating a settlement on a total plan case, the Contractor shall notify AHCCCS to ensure that no reinsurance or fee-for-service payments have been made by AHCCCS.	100%	None	
TPL 7 The Contractor shall submit complete settlement information to AHCCCS, using the AHCCCS approved casualty recovery Notification of Settlement form within 10 business days from the settlement date, or on an AHCCCS-approved electronic file by the 20th of each month.	100%	None	
TPL 8 (RBHA Only) The Contractor responds 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	