



**AHCCCS OPERATIONAL REVIEW  
EXECUTIVE SUMMARY  
2022**

**Molina Complete Care of Arizona  
Operational Review  
Contract Year 2022  
June 24, 2022**

**Conducted by the Arizona Health Care Cost Containment System**





# AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

## **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 Molina Complete Care of Arizona (MCCAZ) 2022 Operational Review are to:

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

AHCCCS conducted an Operational Review of MCCAZ from April 11, 2022, through April 14, 2022.

A copy of the draft version of this report was provided to the Contractor on May 26, 2022. MCCAZ 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 2022 Operational Review is organized into Focus Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to thirteen Focus Areas. For the 2022 Operational Review, these Focus 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)
- Reinsurance (RI)
- Third Party Liability (TPL)
- Quality Improvement (QI)
- Integrated System of Care (ISOC)

Each Focus Area consists of several Standards designed to measure the Contractor's performance. A Contractor may receive up to a maximum possible score of 100 percent for each Standard measured in the 2022 Operational Review. Within each Standard are specific scoring detail criteria worth a defined percentage of the total possible score. AHCCCS totals the percentages awarded for each scoring detail into the Standard's total score. Using the sum of all applicable Standard total scores, AHCCCS then developed an overall Focus Area Score.

In addition, a Standard may be scored Not Applicable (N/A) if it does not apply to the Contractor and/or there were no instances in which the requirement applied.

A Corrective Action Plan (CAP) is required for any Standard where the Contractor's total score is less than 95 percent.



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Based on the findings of the review, one of three Required Corrective Action statements were made:

The Contractor must...	This indicates critical non-compliance in an area that must be corrected as soon as possible to be in compliance with the AHCCCS contract.
The Contractor should...	This indicates non-compliance in an area that must be corrected to be in compliance with the AHCCCS contract but is not critical to the everyday operation of the Contractor.
The Contractor should consider...	This is a suggestion by the Review Team to improve operations of the Contractor, although it is not directly related to contract compliance.



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## SUMMARY OF FINDINGS

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

Claims and Information Systems (CIS)		CIS Focus Area Score = 92% ( 923 of 1000 )
Standard	Score	Required Corrective Actions
<b>CIS 1</b> The Contractor has a mechanism in place to inform providers of the appropriate place to send claims.	100%	None
<b>CIS 2</b> The Contractor's remittance advice to providers contains the minimum	88%	



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Claims and Information Systems (CIS)	CIS Focus Area Score = 92% ( 923 of 1000 )	
required information.		
<b>CIS 3</b> The Contractor has a process to identify claims where the Contractor is or may be a secondary payor prior to payment.	100%	None
<b>CIS 4</b> The Contractor has AHCCCS compliant policies and procedures for the recoupment of overpayments and adjustments for underpayments.	100%	None
<b>CIS 5</b> The Contractor pays applicable interest on all claims, including overturned claim disputes.	47.5%	The Contractor must ensure it pays applicable interest on all claims, including overturned claim disputes.
<b>CIS 6</b> The Contractor accurately applies quick-pay discounts.	95%	None
<b>CIS 7</b> 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
<b>CIS 8</b> 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
<b>CIS 9</b> The Contractor has a process to identify resubmitted claims and a process to adjust claims for data corrections or revised payment.	100%	None
<b>CIS 10</b> 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.	92.5%	The Contractor must ensure that all contracts/agreements are loaded accurately, and claims are paid in accordance with provider contracts.

Delivery Systems (DS)	DS Focus Area Score = 84% ( 1181 of 1400 )	
Standard	Score	Required Corrective Actions
<b>DS 1</b> The Contractor has sufficient staffing in place to ensure providers receive assistance and appropriate, prompt resolution to their	100%	None



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Delivery Systems (DS)	DS Focus Area Score = 84% ( 1181 of 1400 )	
problems and inquiries.		
<b>DS 2</b> The Contractor determines, monitors, and adjusts the number of members assigned to each PCP.	100%	None
<b>DS 3</b> Provider Services Representatives are adequately trained.	30%	The Contractor must ensure its Provider Services Representatives are adequately trained. At a minimum, the Contractor must develop a tracking mechanism that demonstrates training for provider services staff includes all required topics aligned with this standard, and the date training was completed.
<b>DS 4</b> The Contractor provides the following information via written or electronic communication to contracted providers: Exclusion from the Network, Material Changes, Policy/Procedure Change, Subcontract Updates, Termination of Contract, and Disease/Chronic Care Management Information.	100%	None
<b>DS 5</b> 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
<b>DS 6</b> 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
<b>DS 7</b> The Contractor has a mechanism for tracking and trending provider inquiries that includes timely acknowledgement and resolution and taking systemic action as appropriate.	100%	None
<b>DS 8</b> The Contractor refers members to out-of-network providers if it is unable to provide requested services in its network.	100%	None
<b>DS 9</b> The Contractor develops, distributes and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	66%	The Contractor must ensure the information in the Provider Manual is complete, accurate and in compliance with ACOM 416
<b>DS 10</b> The Contractor has a process for collecting, maintaining, updating and	85%	The Contractor must ensure its reported PAT file data is accurate, and consistent with data for the same provider in the Contractor's online





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Delivery Systems (DS)	DS Focus Area Score = 84% ( 1181 of 1400 )	
reporting accurate demographic information on its provider network.		directory.
<b>DS 11</b> The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.	0%	The Contractor must ensure its network analysis meets AHCCCS requirements for evaluating member geographic access to care.
<b>DS 12</b> The Contractor has a process for determining if there has been a material change that could affect the adequacy of capacity and services.	100%	None
<b>DS 13 (RBHA Only)</b> The Contractor has comprehensive policies and procedures and has provided evidence that they actively monitored their own and the provider's operations to ensure they have properly adhered to the requirements of 2 CFR Part 200 to include federal grant funding requirement notifications, communication to providers of prohibited uses of federal grant funding, tracking of provider audits, including Single Audits, and follow-up on findings.	Not Scored	N/A
<b>DS 14 (RBHA Only)</b> Contractor performed provider grant monitoring activities and has evidence of the following: <ul style="list-style-type: none"> <li>• Comprehensive provider SABG, MHBG, and other federal grant policies and procedures that include, but are not limited to, a listing of prohibited expenditures, references to the SABG and MHBG FAQs, AMPM 320-T, Exhibits 300-2b, monitoring and separately reporting of funds by SABG, MHBG and other federal grant funding categories;</li> <li>• SABG, MHBG and other federal grant activities were monitored to ensure funds were expended for authorized purposes;</li> <li>• Federal grants funding tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS.</li> </ul>	Not Scored	N/A
<b>DS 15 (RBHA Only)</b> The Contractor has comprehensive Non-Title XIX/XXI policies and procedures and has provided evidence that they actively monitored	Not Scored	N/A



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Delivery Systems (DS)		DS Focus Area Score = 84% ( 1181 of 1400 )
their own and the provider's operations to ensure that they have properly addressed how Non-Title XIX/XXI funding should be monitored and separately reported by funding source in accordance with the RBHA Non-Title XIX/XXI contracts, applicable AHCCCS policies and procedures and the RBHA Financial Reporting Guide.		
<b>DS 16</b> The Contractor has developed policies, procedures, and additional resources for curriculum development of Peer Support Employment Training Programs (PSETP), including Contractor staff for questions or assistance.	100%	None
<b>DS 17</b> The Contractor has ensured that provider sites where provider case management services are delivered have regular and ongoing member and/or family participation in decision making, quality improvement, and enhancement of customer service.	100%	None

General Administration (GA)		GA Focus Area Score = 93 % ( 464 of 500 )
Standard	Score	Required Corrective Actions
<b>GA 1</b> The Contractor has policies and procedures in place consistent with confidentiality requirements for medical records and any other health and member information that identifies a particular member.	100%	None
<b>GA 2</b> The Contractor has policies and procedures for the maintenance of records and can provide those records, when requested.	100%	None
<b>GA 3</b> The Contractor provides training to all staff on AHCCCS guidelines.	100%	None
<b>GA 4</b> The Contractor develops, reviews, and maintains policies and procedures on policy development.	84%	The Contractor must ensure that all policies and procedures have been reviewed annually.
<b>GA 5</b> The Contractor has policies and procedures for oversight and	80%	The Contractor must ensure that all policies and procedures have been reviewed annually.



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<b>General Administration (GA)</b>	<b>GA Focus Area Score = 93 % ( 464 of 500 )</b>
accountability of all administrative functions and responsibilities delegated to Administrative Services Subcontractors.	

<b>Grievance Systems (GS)</b>	<b>GS Focus Area Score = 99 % ( 1680 of 1700 )</b>	
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>
<b>GS 1</b> The Contractor issues and carries out appeal decisions within required timeframes.	100%	None
<b>GS 2</b> Contractor policies for appeal allow for providers to file on behalf of a member if the member has given their consent.	80%	The Contractor must ensure that providers filing appeals on a member's behalf have the appropriate authorized representative document with the member's written permission, and that that written documentation for the authorized representative is included in the member's case file. In addition, the Contractor must update their reference guide.
<b>GS 3</b> The Contractor has a process for the intake and handling of member appeals that are filed orally.	100%	None
<b>GS 4</b> 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
<b>GS 5</b> The Contractor ensures that the individuals who make decisions on appeals are appropriately qualified.	100%	None
<b>GS 6</b> The Contractor has a process for internal communication and coordination when an appeal decision is reversed.	100%	None
<b>GS 7</b> 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
<b>GS 8</b> The Contractor issues Notices of Appeal Resolution that include all	100%	None



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Grievance Systems (GS)	GS Focus Area Score = 99 % ( 1680 of 1700 )	
information required by AHCCCS.		
<b>GS 9</b> 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
<b>GS 10</b> The Contractor's member appeal policies allow for, and require notification of the member of, all rights granted under rule.	100%	None
<b>GS 11</b> The Contractor maintains claim dispute records.	100%	None
<b>GS 12</b> The Contractor logs, registries, or other written records include all the contractually required information.	100%	None
<b>GS 13</b> The Contractor confirms all provider claim disputes with a written acknowledgement of receipt.	100%	None
<b>GS 14</b> Requests for hearing received by the Contractor follows the timeframe and notice requirements.	100%	None
<b>GS 15</b> 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
<b>GS 16</b> The Contractor's grievance process follows the timeframe and written notice requirements.	100%	None
<b>GS 17</b> The Contractor shall have written policies delineating the Grievance System.	100%	None



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Adult, EPSDT and Maternal Child Health (MCH)		MCH Focus Area Score = 76 % ( 1217 of 1600 )
Standard	Score	Required Corrective Actions
<b>MCH 1</b> The Contractor has established a maternity care program that operates with goals directed at achieving optimal birth outcomes that meet AHCCCS minimum requirements.	100%	None
<b>MCH 2</b> The Contractor ensures that pregnant members obtain initial prenatal care appointments, return visits, and receive ongoing prenatal care in accordance with ACOG standards and the AHCCCS Contractor Operations Manual (ACOM) Maternity Care Appointment Standards.	100%	None
<b>MCH 3</b> The Contractor ensures postpartum care is provided as outlined in AMPM Policy 410.	100%	None
<b>MCH 4</b> The Contractor ensures maternity care provided to pregnant and postpartum members with a substance use disorder follows ACOG recommendations.	100%	None
<b>MCH 5</b> Family planning services and supplies are provided to members, regardless of gender, who voluntarily choose to delay or prevent pregnancy.	100%	None
<b>MCH 6</b> The Contractor provides EPSDT/well-child services according to the AHCCCS EPSDT Periodicity Schedule.	100%	None
<b>MCH 7</b> The Contractor monitors member adherence with obtaining EPSDT services.	50%	The Contractor must demonstrate its process for providing individualized outreach to members who have not received EPSDT/well-child services according to the AHCCCS periodicity schedule.  The Contractor must demonstrate its process for monitoring its performance in meeting EPSDT minimum performance standards set out in contract.
<b>MCH 8</b> The Contractor monitors provider compliance with providing EPSDT services.	60%	The Contractor must develop and implement comprehensive processes to track, monitor, evaluate provider compliance, including follow-up to address provider non-compliance regarding the provision of EPSDT key screenings during the EPSDT well visit to all eligible members according to the most current EPSDT periodicity schedule.



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score =	76 % ( 1217 of 1600 )
		The Contractor must develop and implement Policy and processes to monitor and track implementation of provider outreach, training and education when incomplete EPSDT records are received, including Provider Network policy, process and desktops and follow-up to address recurring noncompliance.
<b>MCH 9</b> The Contractor ensures that oral health/dental services are provided according to the AHCCCS Medical Policy Manual and the AHCCCS Dental Periodicity Schedule.	80%	The Contractor must monitor providers to determine if oral health/dental services are provided according to the AHCCCS Dental Periodicity Schedule.
<b>MCH 10</b> 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.	0%	The Contractor must have a procedure documenting the processes for ensuring that EPSDT providers properly utilize ASIIS, ensuring that EPSDT providers participate in the VFC program, ensures that members under the age of 19 are reassigned when their PCP no longer participates in VFC or ASIIS, and ensures that all EPSDT providers enroll and reenroll in VFC. This policy or procedure should clearly demonstrate <i>how</i> the contractor will ensure that these processes are taking place, rather than simply attesting that they are. The Contractor must provide documentation showing compliance with the policy/procedure.
<b>MCH 11</b> The Contractor coordinates with appropriate agencies and programs including but not limited to VFC, WIC, Head Start, home visitation, and Raising Special Kids, and provides education, assists in referrals, and connects eligible EPSDT and maternity members with appropriate agencies, according to federal and state requirements.	100%	None
<b>MCH 12 (All Plans except RBHAs)</b> The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.	100%	None
<b>MCH 13</b> The Contractor identifies and monitors the needs of EPSDT members, coordinates their care, and conducts adequate follow up to verify that members receive timely and appropriate treatment.	100%	None
<b>MCH 14</b> The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including	60%	The Contractor must develop a process for transitioning a child who is receiving nutritional therapy to or from another Contractor, or another service program (i.e., WIC).



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score =	76 % ( 1217 of 1600 )
medically necessary supplemental nutrition to EPSDT age members.		The Contractor must demonstrate monitoring and implementing interventions for referrals and follow-up for Molina EPSDT members identified as underweight and/or overweight.
<b>MCH 15</b> The Contractor ensures that women’s preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).	33%	<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 preventive care services, as specified in the Contractors' Women’s Preventative Care Service Policy and the AHCCCS Medical Policy Manual (AMPM), Chapter 400, Policy 411. The Contractor must provide written provider materials, including the Provider Manual, to meet the Contractor's policy and the AHCCCS Medical Policy Manual requirements as listed in AMPM 411, including but not limited to a complete detailed listing of well women’s preventative care services available to members.</p> <p>The Contractor must develop and implement a written process and materials to educate members about all women’s preventative health services annually and within 30 days of enrollment with the contractor (for newly enrolled members), detailing the covered services included as part of the well-woman preventative care visit according to the Contractor's Women’s Preventative Care Service Policy and the AHCCCS Medical Policy Manual (AMPM), Chapter 400, Policy 411. The Contractor must provide written member materials, including the member handbook, to align with the Contractor's policy and the AHCCCS Medical Policy Manual requirements as listed in AMPM 411 which include a complete detailed listing of well women’s preventative care services available to members, a statement explaining that assistance with medically necessary transportation is available and another statement that there is no copayment or other charge for the well women’s preventative care visit.</p>
<b>MCH 16</b> The Contractor has established accurate and up-to-date member outreach that operates with goals directed at achieving optimal outcomes that meet AHCCCS minimum requirements for maternal, child, family planning, well woman, oral, and behavioral health outcomes.	34%	The Contractor must demonstrate adherence to the following: Family Planning notification requirements, the 6-month dental visit notification requirements (first and second reminders), the Postpartum Visit notification requirements, and with the first and second reminder of the EPSDT visit notification requirements.



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<b>Medical Management (MM)</b>		<b>MM Focus Area Score = 93% ( 2138.5 of 2300 )</b>
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>
<b>MM 1</b> The Contractor has mechanisms to evaluate utilization data analysis and data management, including both underutilization and overutilization of services and implementation of changes as appropriate.	100%	None
<b>MM 2</b> The Contractor has an effective, concurrent review process that includes a component for reviewing the medical necessity of institutional stays, including but not limited to Institutions for Mental Disease (IMD), Behavioral Health Settings and Nursing Facilities.	100%	None
<b>MM 3</b> 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.	83%	The Contractor must comply with the policies and procedures for proactive discharge planning.
<b>MM 4</b> Emergency Department (ED) Utilization and Monitoring of ED 24 Hours Post Medical Clearance	90%	The Contractor's CMO or Medical Director must be involved in members experiencing a delay in discharge from the ED.
<b>MM 5</b> The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	85.5%	The Contractor must annually review PA requirements and document the rationale for changes made to PA requirements in the MM Committee Meeting minutes. The Contractor must have policies and procedures related to assisting homeless clinics with obtaining prior authorization and referrals to specialists. The Contractor must comply with the policies and procedures for PA.
<b>MM 6</b> The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	100%	None
<b>MM 7</b>	100%	None





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Medical Management (MM)	MM Focus Area Score = 93% ( 2138.5 of 2300 )	
The Contractor has a comprehensive inter-rater reliability (IRR) testing process to ensure consistent application of criteria for clinical decision making.		
<b>MM 8</b> The Contractor conducts retrospective reviews.	98%	None
<b>MM 9</b> The Contractor develops or adopts and disseminates evidence-based clinical practice guidelines for physical and behavioral health services.	100%	None
<b>MM 10</b> The Contractor evaluates new technologies and new uses for existing technologies.	100%	None
<b>MM 11</b> The Contractor ensures that a Health Risk Assessment (HRA) is conducted to identify member behavioral and/or physical health care needs and members at risk for and/or with special health care needs.	100%	None
<b>MM 12</b> The Contractor coordinates care for members with qualifying Children's Rehabilitative Services (CRS) conditions.	100%	None
<b>MM 13</b> The Contractor identifies and coordinates care for members who are candidates for stem cell or solid organ transplants.	100%	None
<b>MM 14</b> The Contractor promotes health maintenance and coordination of care through Disease/Chronic Care Management Programs.	100%	None
<b>MM 15</b> The Contractor has a system and process that outline a Drug Utilization Review (DUR) Program.	100%	None
<b>MM 16</b> The Contractor identifies, monitors, and implements interventions to prevent the misuse of controlled and non-controlled medications.	90%	The Contractor must implement interventions to ensure members received the appropriate medication, dosage, quantity, and frequency.
<b>MM 17</b> The Contractor facilitates coordination of services being provided to member when the member is transitioning between Contractors.	67%	The Contractor must ensure all sections of the ETI are completed appropriately utilizing the most up to date AHCCCS required template (ACC - AMPM 520, Attachment A, revision date 10/1/21).
<b>MM 18</b> The Contractor does not deny emergency services.	100%	None



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Medical Management (MM)	MM Focus Area Score = 93% ( 2138.5 of 2300 )	
<b>MM 19</b> 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.	95%	None
<b>MM 20</b> The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.	30%	The Contractor must have procedures for monitoring compliance with Mental Health Parity and a process in place in the event a deficiency is identified and the plan of how the Contractor will become compliant.
<b>MM 21 (ACC, CHP and RBHA Only)</b> The Contractor monitors nursing facility stays to assure that the length of stay does not exceed the 90 day per contract year limitation.	100%	None
<b>MM 22</b> The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.	100%	None
<b>MM 23</b> The Contractor establishes processes for ensuring coordination and provision of appropriate services for members transitioning from the justice system	100%	None

Member Information (MI)	MI Focus Area Score = 95% ( 853.7 of 900 )	
Standard	Score	Required Corrective Actions
<b>MI 1</b> The Contractor's New Member Information/Welcome Packets meet AHCCCS standards for content and distribution.	100%	None
<b>MI 2</b> The Contractor notifies members that they can receive a new member handbook annually.	100%	None
<b>MI 3</b> The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	100%	None
<b>MI 4</b>	57%	The Contractor must develop a process which addresses the requirement to



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Member Information (MI)	MI Focus Area Score = <b>95% ( 853.7 of 900 )</b>	
The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.		provide a written notice of termination to members by the later of 30 calendar days prior to the effective date of the termination or 15 calendar days after receipt or issuance of the termination notice.
<b>MI 5</b> The Contractor has a process to notify affected members of material changes to network and/or operations at least 30 days before the effective date of the change.	100%	None
<b>MI 6</b> The Contractor distributes at a minimum two member newsletters per contract year which contain the required member information.	100%	None
<b>MI 7</b> The Contractor's Member Services, Transportation, and Prior Authorization staff has access to, and utilizes, appropriate mapping search engines and/or applications when scheduling appointments and/or referring members to services or service providers.	100%	None
<b>MI 8</b> 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.	96.7%	None
<b>MI 9</b> The Contractor maintains policies on Social Networking.	100%	None

Quality Management (QM)	QM Focus Area Score = <b>69% ( 968 of 1400 )</b>	
Standard	Score	Required Corrective Actions
<b>QM 1</b> The Contractor has a structure and process in place for tracking and trending reportable incidents, quality-of-care concerns, and member service concerns for member/system resolution.	83%	Element #1: The Contractor must provide evidence of QM Department staff training of AHCCCS AMPM policy 960 related to ensuring that investigations and resolution of member and systemic concerns are processed timely based on the nature and severity of each case or as requested by AHCCCS and that appropriate requests for extensions are implemented for cases requiring additional investigation time. In addition, the Contractor must provide QM Department staff training to ensure scheduled due dates of each QOC case is consistently documented in the QM Portal.



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Quality Management (QM)	QM Focus Area Score = 69% ( 968 of 1400 )
	<p>The Contractor must submit the above evidence of training for AHCCCS review to include the training materials, sign in sheets/attestations of QM staff with printed first and last name, title, and date of training received. Additionally, the Contractor must submit five QOC cases that reflect implementation of this training.</p> <p>Refer to QM 9 for the Corrective Action related to the Contractor's policies.</p> <p>Element #3: Case Documentation: The Contractor must develop and submit for AHCCCS review, a process to ensure that documentation in the QM Portal is reflective of information as it is received during the investigation. In addition, the Contractor must develop and submit for AHCCCS review, a process to ensure that all appropriate areas of the QM Portal are completed to comprehensively reflect the case investigation and address each applicable finding.</p> <p>The Contractor must train all QM staff on this newly created and approved process, as well as to the above requirement of AMPM policy 960 related to the QOC process for case documentation. The Contractor must submit training documentation to include training materials, sign in sheets/attestations with printed first and last name of QM staff, title, and date of training received.</p> <p>Allegations: The Contractor must retrain all QM staff on AMPM policy 960 as it relates to discovery of new allegations identified during the investigation/review process in order to appropriately track, trend, and address QOC concerns. The Contractor must submit training documentation for AHCCCS review to include training materials, sign in sheets/attestations with printed first and last name of QM staff, title, and date of training received. The Contractor must submit five QOC case files demonstrating implementation of this training.</p> <p>Congruency with Substantiation and Severity Level: The Contractor must train all QM staff on AMPM policy 960 and AHCCCS QM Portal User</p>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score = 69% ( 968 of 1400 )	
		<p>Guides as it relates to severity level determination and its congruency with substantiation of an allegation. The Contractor must submit training documentation for AHCCCS review to include training materials, sign in sheets/attestations with printed first and last name of QM staff, title, and date of training received. The Contractor must submit QOC case files demonstrating implementation of this training.</p> <p>Determination of QOC and non-QOC for mortality cases: Refer to QM 4 for this Corrective Action.</p> <p>Element #4: The Contractor must provide QM Department staff training on AMPM policy 960 related to entering IRFs into the QM Portal. 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. In addition, the Contractor must submit five IRF files that reflect implementation of this training.</p> <p>Refer to QM 9 for the Corrective Action related to the Contractor's policies.</p>
<p><b>QM 2</b> The Contractor has a structure and process in place for reportable incidents, quality-of-care concerns and member complaint tracking and trending for system improvement.</p>	89%	<p>Element #5: The Contractor must develop a process to analyze and evaluate the data from the system to track and trend providers that do not report or have a decrease in their required reporting. The Contractor must submit the newly developed process for AHCCCS review.</p> <p>In addition, the Contractor must provide training to appropriate staff on the approved and newly developed process for analyzing QM related data. Training documentation is to be submitted to AHCCCS that includes training materials, sign in sheets/attestations with printed first and last name of staff, title, and date of training received. The Contractor must provide evidence of implementation of this procedure.</p>
<p><b>QM 3</b> 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.</p>	Not Scored	N/A
<p><b>QM 4</b></p>	60%	The Contractor must develop and submit for AHCCCS review, specific



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score = 69% ( 968 of 1400 )	
<p>The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.</p>		<p>Mortality Review processes, policies, procedures and desktops that include the following:</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. The Contractor must also develop a process to assess and review mortality cases for non-QOCs with clear and detailed documentation in the QM Portal demonstrating support for a non-QOC determination.</p> <p>Element 2: A clear process to ensure that mortality reviews identified as potential quality of care concerns are referred to their Quality Management department for investigation and resolution.</p>
<p><b>QM 5 (ALTCS/EPD and DES/DDD Only)</b> Contractor ensures that the staff providing attendant care, personal care, homemaker services, and habilitation services are monitored as outlined in Chapter 900.</p>	<p>Not Scored</p>	<p>N/A</p>
<p><b>QM 6</b> The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.</p>	<p>60%</p>	<p>Element #4: The Contractor must develop policies and procedures and submit them to AHCCCS for review to address the following: When deficiencies are noted, the Contractor's Quality Management staff conducts follow-up monitoring of placement settings and service sites upon completion of corrective action plan activities and interventions, to ensure that compliance is sustained.</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 these policies and procedures.</p> <p>Element #5: The Contractor must develop policies and procedures and submit them to AHCCCS for review to address the following: ensure appropriate facility oversight, including Contractor organizational structure and staff functions related to facility monitoring.</p>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score =	69% ( 968 of 1400 )
		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 these policies and procedures.
<b>QM 7</b> The Contractor has implemented a process to complete on-site quality management monitoring and investigations when potential quality of care concerns are identified, including health and safety concerns and Immediate Jeopardy.	100%	None
<b>QM 8</b> The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.	40%	<p>Element #4: The Contractor must submit documentation to ensure that it employs sufficient Quality Management personnel, who are involved in QOC processes and investigations, to carry out the functions and responsibilities specified in Contract and AMPM Policies, in a timely and knowledgeable manner, and demonstrate that, per AMPM policy 960, the QOC investigation process shall be a stand-alone process completed through the Contractor's QM department. The process shall not be combined with other agency meeting or processes.</p> <p>Element #5: The Contractor must develop a process to document training received by Contractor staff on referring suspected QOC concerns to the QM Team that will clearly demonstrate the following: the training being received, whether the training was received as part of New Employee Orientation within 30 days after the date of hire or part of an annual training, the associated department of the staff member, staff title, first and last name, and confirmation that training was received by the Contractor's staff.</p> <p>The Contractor must submit this process for AHCCCS review, including evidence of implementation of this process and the training materials presented to the Contractor's staff</p> <p>Element #6: The Contractor must submit for AHCCCS review documentation that it has sufficient local Quality Management staffing who are licensed clinical and behavioral health professionals, and who</p>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)		QM Focus Area Score = 69% ( 968 of 1400 )
		are involved in QOC processes and investigations, to meet the requirements of the QM/PI Program and who report directly to the Quality Management Manager. In addition, the Contractor must submit an updated Organizational Chart for the QM Department reflecting the number of full time and part time positions, staff names, and responsibilities for staff that are involved in QOC functions.
<p><b>QM 9</b> The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes Quality Management policies reflective of AHCCCS requirements including, but not limited to: Quality of Care, Credentialing, On-Site Reviews, etc.</p>	0%	<p>Element #1: The Contractor must develop Quality Management policies that are reflective of current AHCCCS Quality Management requirements:</p> <p>The Contractor must submit for AHCCCS review an updated and approved version of policy, MHI-QUAL-008 PQOC SRAE and NE 2021, without the Contractor's National Policy included, or clearly delineate the difference between the National Policy and the Contractor's Arizona policies to ensure alignment with Arizona Medicaid AMPM policies, including the QOC process, such as the triage process.</p> <p>The Contractor must submit for AHCCCS review an updated and approved version of the procedure document titled, Policy and Procedure Process_Desk Level Procedures_MCC.AZ, to ensure that it is clear, consistent, and complete.</p> <p>In addition, the Contractor must update and revise all QM related policies to make it specific to the Contractor's Medicaid Lines of Business in accordance with AMPM policies and Contract requirements. The Contractor must submit the updated/revised and approved policies for AHCCCS review.</p> <p>The Contractor must provide training to all appropriate staff on the updated and approved policies and procedures after the policy has been finalized and approved in accordance with the Contractor's policy revision standards. Training documentation must be submitted to AHCCCS that includes the updated and approved 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/revisions.</p>





## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score =	69% ( 968 of 1400 )
		<p>Element #2: The Contractor must develop internal processes that align with the Contractor's Quality Management policies: The Contractor must submit for AHCCCS review, a current and approved policy, as well as any related supporting documentation, to identify how it determines and reviews the need for internal process development of procedures and that it ensures alignment with Quality Management policies.</p> <p>The Contractor must submit for AHCCCS review, a list of approved QM internal processes, created and/or revised, as a result of this Operational Review, as well as the associated procedures themselves.</p> <p>The Contractor must provide training to all appropriate staff on the updated and/or newly created policies and procedures after the policy/procedure has been finalized and approved in accordance with the Contractor's policy/procedure revision standards. Training documentation must 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 these policy and procedure updates.</p>
<p><b>QM 10</b> The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.</p>	100%	None
<p><b>QM 11</b> The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.</p>	84%	<p>Performance Monitoring Data: The Contractor must develop and submit for AHCCCS review, a process to ensure the review of performance monitoring data is in accordance with AMPM policy 950. In addition, the Contractor must revise and submit for AHCCCS review updated and approved policy to reflect review of the above requirements.</p> <p>The Contractor must provide training to appropriate staff on the newly developed and revised policies and procedures and must submit evidence of sign-in sheets/attestations with printed first and last name, title, and date of training received.</p> <p>The Contractor must provide at least five examples of organizational</p>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)		QM Focus Area Score = 69% ( 968 of 1400 )
<p><b>QM 12</b> The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.</p>	75%	<p>provider recredentialing files demonstrating implementation.</p> <p>Element #2: The Contractor must clarify and/or update appropriate policies to ensure it is in congruence with the Contractor's practice and is in accordance with AMPM policy 950. The Contractor must submit these policies to AHCCCS for review.</p> <p>In addition, the Contractor must provide training to appropriate Contractor 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 Contractor staff, title, and date of training received. The Contractor must provide evidence of implementation of these policies.</p>
<p><b>QM 13</b> The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network.</p>	92%	<p>Element #1: The Contractor must provide retraining to appropriate staff on the Contractor's approved policies and procedures and AMPM policy 950 related to dental hygienists and requirements for an associated affiliated agreement. Training documentation is to be submitted to AHCCCS that includes training materials, printed first and last name of staff, title, and date of training received. The Contractor must submit five samples of dental hygienist credentialing files demonstrating review and implementation of this policy.</p> <p>Element #2: The Contractor must submit to AHCCCS for review, updated and/or newly developed policies and procedures related to review and monitoring of performance data during the individual provider recredentialing process. The components of the performance data to be addressed include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>Member concerns which include grievances (complaints),</li> <li>Utilization management information (e.g., emergency room utilization, hospital length of stay, disease prevention, pharmacy utilization),</li> <li>Performance improvement and monitoring (e.g., performance measure rates),</li> <li>Results of medical record review audits, if applicable,</li> <li>Quality of care issues (including trend data).</li> </ul>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score =	69% ( 968 of 1400 )
		The Contractor must provide training to appropriate staff on the approved updated and/or newly developed policies and procedures, as well as retrain staff on AMPM policy 950. Training documentation is to be submitted to AHCCCS that includes training materials, printed first and last name of staff, title, and date of training received. The Contractor must submit five samples of individual provider recredentialing files demonstrating review and implementation of this policy.
<p><b>QM 14</b> The Contractor has a process for verifying credentials of all organizational providers.</p>	42%	<p>Element #1: The Contractor must revise and submit for AHCCCS review current and approved policy to reflect AMPM Policy 950 requirements for Organizational Providers related to review of specific provider information. This information is to include but is not limited to: Member concerns which include grievances (complaints), b. Utilization management information, c. Performance improvement and monitoring, d. Quality of care issues.</p> <p>In addition, the Contractor must provide training to appropriate staff to the revised policy and must provide training materials and evidence of sign-in sheets/attestations with printed first and last name, title, and date of training received. The Contractor must provide at least five examples of organizational provider files demonstrating review and implementation of this policy.</p> <p>Element #2: The Contractor must develop a procedure and revise current policy to ensure the review of personnel files and training/supervision files for behavioral health providers that utilize Behavioral Health Technicians and Paraprofessionals in accordance with AMPM requirements. The Contractor must submit the above approved, newly developed, and revised, policies and procedures for AHCCCS review.</p> <p>In addition, the Contractor must provide training to appropriate staff on the newly developed and revised policies and procedures and must submit training materials and evidence of sign-in sheets/attestations with printed first and last name, title, and date of training received. The Contractor must provide at least five examples of organizational provider files demonstrating review and implementation of this policy and</p>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score =	69% ( 968 of 1400 )
		<p>procedure.</p> <p>Element #3: The Contractor must develop and submit for AHCCCS review policies and procedures governing the requirement that appropriate supervision/clinical oversight by a licensed professional be documented in the member's record or treatment plan in accordance with AMPM requirements.</p> <p>In addition, the Contractor must provide training to appropriate staff on the approved, newly developed and revised, policy and must submit training materials and evidence of sign-in sheets/attestations with printed first and last name, title, and date of training received. The Contractor must provide at least five examples of organizational provider files demonstrating implementation of this policy and procedure.</p>
<p><b>QM 15</b> The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.</p>	92%	<p>Element 5: Provider Submission of S&amp;R Reports: While the Contractor submitted a desktop procedure that documented a process for daily monitoring of incoming S&amp;R reports from a provider, the Contractor did not have a process to retain the receipt of submission of provider reports. The Contractor also submitted a desktop that was labeled as draft.</p> <p>The Contractor must submit for AHCCCS review, a current and approved process to retain the receipt of submission of provider reports in order to provide this information for AHCCCS review upon request. The Contractor must provide QM Department staff training to AHCCCS AMPM Policy and the Contractor's policy including any newly approved and developed procedures related to provider submission of S&amp;R reports.</p> <p>The Contractor must provide evidence of the training materials, as well as sign-in sheets/attestations with printed first and last name of QM staff, title, and date the training was received.</p> <p>The Contractor must also provide at least five S&amp;R case files demonstrating that S&amp;R submissions were completed and processed in accordance with AMPM policy and the Contractor's policies.</p> <p>Contractor S&amp;R Portal Entry: While the Contractor submitted a policy</p>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score = <b>69%</b> ( 968 of 1400 )	
		<p>related to submitting individual reports of S&amp;R to the AHCCCS QM Portal within three days from receipt of the provider's submitted documentation, evidence could not be provided that seven of 10 cases reviewed were entered into the QM Portal within this timeframe and/or appropriately linked.</p> <p>The Contractor must develop and submit for AHCCCS review a current and approved (non-draft) process to submit individual reports of S&amp;R to the AHCCCS QM Portal within three days from receipt of the provider's submitted documentation. The Contractor must also retrain QM staff on AMPM policy 962, including appropriate linkage of S&amp;R reports in the QM Portal.</p> <p>The Contractor must provide QM Department staff training to AMPM policy 962, including appropriate linkage of S&amp;R reports in the QM Portal, as well as to the Contractor's policy and any newly developed processes related to the Contractor submission of S&amp;R reports into the QM Portal.</p> <p>The Contractor must provide evidence of the training materials, as well as sign-in sheets/attestations with printed first and last name, title, and date the training was received.</p> <p>The Contractor must also provide at least five S&amp;R case files demonstrating that S&amp;R submissions and links were completed and processed in accordance with AMPM policy and the Contractor's policies.</p>
<p><b>QM 16</b> The Contractor has a structure and process in place for ensuring that Incident accident and death reports (IAD), Internal referrals (IRF), quality of care (QOC) concerns and seclusion and restraint (SAR) reports are properly redacted and made available to the Independent Oversight Committee (IOC).</p>	51%	<p>Element #2: The Contractor must submit for AHCCCS review a current, approved, and signed process ensuring that staff members are trained on proper PII redaction prior to submitting reports for IOC review.</p> <p>The Contractor must provide QM Department staff training to AHCCCS AMPM Policy and the Contractor's policy including any newly developed process related to ensuring that staff members are trained on proper PII redaction prior to submitting reports for IOC review.</p> <p>The Contractor must provide evidence of the training materials, as well as sign-in sheets/attestations with printed first and last name, title, and date</p>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score = 69% ( 968 of 1400 )
	<p>the training was received.</p> <p>Element #4: The Contractor must develop and submit for AHCCCS review a current, approved, and signed policy and procedure demonstrating compliance related to the Contractor tracking and responding to Portal inquiries, formal requests for information, formal objections, and formal recommendations from the IOC. The Contractor must provide QM Department staff training to AHCCCS AMPM Policy, the above AHCCCS memo, and the Contractor's policy including any newly developed procedure related to tracking and responding to portal inquiries, formal requests for information, formal objections, and formal recommendations from the IOC.</p> <p>The Contractor must provide evidence of training materials, as well as sign-in sheets/attestations with printed first and last name of QM staff, title, and date the training was received.</p> <p>Element #5: IOC Reportable files. The Contractor did not demonstrate that two out of 10 IOC Reportable files were properly redacted for PII prior to submitting reports for IOC review. The Contractor must provide at least five IOC case files demonstrating that PII is redacted prior to submitting reports for IOC review in accordance with AMPM policy and the Contractor's current and approved policies and procedures. While the Contractor submitted a policy related to submitting all required documents for IOC review within three business days of completion of any triage or investigation process, five out of 10 IOC Reportable files sent to AHCCCS for review did not demonstrate compliance. The Contractor must develop and submit for AHCCCS review a current and approved process to demonstrate that the Contractor submits all required documents for IOC review within three business days of completion of any triage or investigation process. The Contractor must provide QM Department staff training to AHCCCS AMPM Policy and the Contractor's policy including any newly developed process related to submitting all required documents for IOC review within three business days of completion of any triage or investigation</p>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score = 69% ( 968 of 1400 )
	<p>process.</p> <p>The Contractor must provide evidence of the training materials, as well as sign-in sheets/attestations with printed first and last name, title, and date the training was received.</p> <p>The Contractor must also provide at least five IOC case files demonstrating that all required documents for IOC review are submitted within three business days of completion of any triage or investigation process in accordance with AMPM policy and Contractor policies.</p>

Reinsurance (RI)	RI Focus Area Score = 100% (400 of 400)	
Standard	Score	Required Corrective Actions
<b>RI 1</b> 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
<b>RI 2</b> The Contractor has policies and procedures for auditing of reinsurance cases to determine 1) the appropriate payment due on the case and 2) the service was encountered correctly.	100%	None
<b>RI 3</b> 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
<b>RI 4</b> The Contractor has policies and procedures for monitoring the appropriateness of the reinsurance revenue received against paid claims data.	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Third Party Liability (TPL) TPL Focus Area Score = 100 % ( 800 of 800 )		
Standard	Score	Required Corrective Actions
<b>TPL 1</b> 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
<b>TPL 2</b> The Contractor identifies the existence of potentially liable parties through the use of trauma code edits and other procedures.	100%	None
<b>TPL 3</b> The Contractor does not pursue recovery on the case or discuss the case with the third party unless the case has been referred to the Contractor by AHCCCS, or by the AHCCCS authorized representative: Restitution Recovery, Motor Vehicle Cases, Other Casualty Cases, Worker's Compensation, and Tortfeasors.	100%	None
<b>TPL 4</b> 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
<b>TPL 5</b> The Contractor files liens on total plan casualty cases that exceed \$250.	100%	None
<b>TPL 6</b> 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
<b>TPL 7</b> 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
<b>TPL 8</b> The Contractor shall respond to requests from AHCCCS or AHCCCS' TPL Contractor to provide a list of claims related to the joint or mass	100%	None





## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

<b>Third Party Liability (TPL)</b>	<b>TPL Focus Area Score = 100 % ( 800 of 800 )</b>
tort case within 10 business days of the request.	

<b>Quality Improvement (QI)</b>		<b>QI Focus Area Score = 89% ( 535 of 600 )</b>
Standard	Score	Required Corrective Actions
<b>QI 1</b> The Contractor and its governing body are accountable for all Quality Management/Performance Improvement (QM/PI) program functions.	70%	The Contractor must ensure and demonstrate that QM/PI Committee meetings are conducted at a minimum of once each quarter.  The Contractor must ensure and demonstrate that all of the following are documented within the QM/PI Committee meeting minutes when deficiencies are noted: identified issues, responsible party for interventions or activities, proposed actions, evaluation of the actions taken, timelines including start and end dates, and additional recommendations or acceptance of the results, as applicable.
<b>QI 2</b> The Contractor reviews, analyzes, and evaluates quality improvement data (performance measures, performance improvement projects, etc.) necessary for implementing and maintaining its Quality Management/Performance Improvement (QM/PI) Program.	100%	None
<b>QI 3</b> The Contractor maintains the integrity of and appropriately shares quality improvement data (performance measures, performance improvement projects, etc.) necessary for implementing and maintaining its Quality Management/Performance Improvement (QM/PI) Program.	100%	None
<b>QI 4</b> 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.	85%	The Contractor must develop and implement a process to determine evidence-based interventions (identified through literature review, research, etc.) as it relates to Contractor self-selected and AHCCCS mandated PIP focus areas.
<b>QI 5</b> 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	80%	The Contractor must develop and implement a process to determine evidence-based interventions (identified through literature review, research, etc.) as it relates to performance measures and achievement of the performance measure performance standards.



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Improvement (QI)	QI Focus Area Score = 89% ( 535 of 600 )	
specific to its Quality Management/ Performance Improvement (QM/PI) Program Activities.		
<b>QI 6</b> The Contractor participates in applicable community initiatives for each Medicaid line of business.	100%	None

Integrated System of Care	ISOC Focus Area Score = 97% ( 2030 of 2100 )	
Standard	Score	Required Corrective Actions
<b>ISOC 1 (All Plans except CHP)</b> 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).	100%	None
<b>ISOC 2 (All Plans except CHP)</b> The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission to and members who are discharge ready from AzSH.	100%	None
<b>ISOC 3</b> The Contractor allows Primary Care Providers (PCPs) to provide behavioral health services within their scope of practice including but not limited to Substance Use Disorders, Anxiety, Depression and Attention Deficit Hyperactivity Disorder (ADHD) for the purpose of medication management.	100%	None
<b>ISOC 4</b> The Contractor ensures that members receive medically necessary behavioral health services.	100%	None
<b>ISOC 5</b> The Contractor ensures the availability and provision of services to members diagnosed with or at risk for Autism Spectrum Disorder (ASD).	100%	None
<b>ISOC 6</b> The Contractor employs care managers and ensures the provision of	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Integrated System of Care	ISOC Focus Area Score = 97% ( 2030 of 2100 )	
Contractor care management functions.		
<b>ISOC 7</b> The Contractor ensures coordination and provision of appropriate services for members who are on court ordered treatment.	100%	None
<b>ISOC 8</b> The Contractor monitors members and services provided to members in out-of-state placement settings.	100%	None
<b>ISOC 9</b> The Contractor has implemented processes for all outreach, engagement, re-engagement and closure activities for behavioral health services.	100%	None
<b>ISOC 10</b> The Contractor ensures the availability and timely delivery of generalist direct support providers and specialty providers to deliver flexible, in-home, community-based support and rehabilitation services (Meet Me Where I Am Services (MMWIA)).	70%	The Contractor must ensure the availability and timely delivery of generalist direct support and specialist providers to deliver flexible, in-home, community-based support and rehabilitation services. The Contractor must develop and provide a detailed methodology (e.g., specific tools, desktop guides, etc. that include a description of the monitoring procedure) for how the Contractor assesses for and prioritizes identified need for MMWIA services. In addition, the Contractor must provide a list of providers that offer MMWIA services.
<b>ISOC 11</b> The Contractor ensures the availability and implementation of Evidence-Based practices (EBPs) for Transition Aged Youth (TAY) ages 16-24.	100%	None
<b>ISOC 12</b> The Contractor ensures the provision of Trauma Informed Care and Services.	100%	None
<b>ISOC 13</b> The Contractor promotes service delivery and network capacity for children age birth to five.	60%	<p>The Contractor must provide documentation that demonstrates how it ensures availability of specialized services and programming for the birth to five population.</p> <p>The Contractor must provide detailed methodology that demonstrates how it monitors its network to ensure sufficient and appropriate network and to increase number of contracted providers with individuals endorsed by ITMHCA.org.</p>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Integrated System of Care	ISOC Focus Area Score = 97% ( 2030 of 2100 )	
<b>ISOC 14</b> The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for youth.	100%	None
<b>ISOC 15</b> The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for adults.	100%	None
<b>ISOC 16</b> The Contractor ensures that members are routinely screened for risk factors related to Social Determinants of Health (SDOH) and that identified needs are addressed.	100%	None
<b>ISOC 17</b> The Contractor ensures that behavioral health medical record requirements are completed in accordance with AHCCCS Policy.	100%	None
<b>ISOC 18</b> The Contractor ensures that a current assessment and service plan have been completed within the previous 365 days and are part of the behavioral health medical record.	100%	None
<b>ISOC 19</b> The Contractor promotes Arizona's Child and Family Team (CFT) practice model and Twelve Guiding Principles in the Children's System of Care, within all aspects of service delivery for all children.	100%	None
<b>ISOC 20</b> The Contractor demonstrates integrated care efforts for members throughout all service delivery.	100%	None
<b>ISOC 21</b> The Contractor maintains collaborative relationships with other government entities that deliver services to members and their families, ensures access to services, and coordinates care with consistent quality.	100%	None