

**UnitedHealthcare Community Plan**

**Long Term Care Plan**

**Operational Review  
Contract Year 2019**

**May 15, 2019**



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



# AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

## **INTRODUCTION**

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

The primary objectives of the UnitedHealthcare Community Plan Long Term Care (UHCCP LTC) CY 2019 Operational Review are to:

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

AHCCCS conducted an onsite review of UHCCP LTC from March 4, 2019 through March 6, 2019.

A copy of the draft version of this report was provided to the Contractor on April 17, 2019. UHCCP 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.



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

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.



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

### **SCORING METHODOLOGY**

The CY 2019 Operational Review is organized into Standard Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to twelve Standard Areas. For the CY 2019 Operational Review, these Standard Areas are:

- Case Management (CM)
- Corporate Compliance (CC)
- Claims and Information Systems (CIS)
- Delivery Systems (DS)
- General Administration (GA)
- Grievance Systems (GS)
- Adult, EPSDT and Maternal Child Health (MCH)
- Medical Management (MM)
- Member Information (MI)
- Quality Management (QM)
- Reinsurance (RI)
- Third Party Liability (TPL)

Each Standard Area consists of several Standards designed to measure the Contractor's performance. A Contractor may receive up to a maximum possible score of 100 percent for each Standard measured in the CY 2019 Operational Review. Within each Standard are specific scoring detail criteria worth a defined percentage of the total possible score. AHCCCS totals the percentages awarded for each scoring detail into the Standard's total score. Using the sum of all applicable Standard total scores, AHCCCS then developed an overall Standard Area Score.

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

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



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

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.



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

### SUMMARY OF FINDINGS

<b>Case Management (CM)</b>		<b>CM Standard Area Score = 89% (1875 of 2100)</b>	
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>	
<b>CM 1</b> The Contractor implements policies and procedures for initial contact, on-site visits, and service initiation.	96%	None	
<b>CM 2</b> The Contractor implements policies and procedures for initial contact, on-site visits and service initiation.	100%	None	
<b>CM 3</b> The Contractor implements policies and procedures for conducting placement and service planning.	74%	The Contractor must develop a corrective plan to address timeliness standards for the provision of services to existing members.	
<b>CM 4</b> The Contractor implements policies and procedures for conducting discharge planning for members enrolled with the Contractor while in the hospital and for existing members who experience a hospitalization.	74%	The Contractor must submit a corrective action plan that addresses how the Contractor will ensure that appropriate services are arranged by the CM and in place prior to a member's discharge to his or her own home or to an Alternative HCBS Setting and documented accordingly by the CMs. Additionally, the corrective action must address the AHCCCS requirement that an on-site review be conducted within 10 business days post-discharge from an institutional setting.	
<b>CM 5</b> The Contractor implements policies and procedures for conducting needs assessment and care planning.	96%	None	
<b>CM 6</b> The Contractor implements policies and procedures for conducting needs assessment and care planning.	68%	The Contractor must develop a corrective action plan to ensure that all required assessment elements specifically a members developmental history; justice system involvement; previous living situations; behavioral health (need for Special Assistance in accordance with AMPM Policy 320-R); social/environmental/cultural factors; existing support system; and health and safety risks (including risks to member and/or others as a result of the member's actions) are addressed as part of the assessment and care planning process. The plan must also address how the Contractor will ensure that the information documented on the Uniform Assessment Tools (UATs) is consistent with all other case file documentation; that HNTs are reviewed/completed at each review assessment; and that established goals are member specific and progress of goals is well	



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Case Management (CM)		CM Standard Area Score = 89% (1875 of 2100)
		documented.
<b>CM 7</b> The Contractor implements policies and procedures that meet the Cost Effectiveness Study (CES) Standards.	95%	None
<b>CM 8</b> The Contractor implements policies and procedures for placement and service planning.	78%	The Contractor must submit a corrective action plan that addresses how the Contractor will ensure that Service Plans and Contingency/Back-up Plans are completed by CMs accurately and comprehensively and that all CMs are engaging in discussions with members and/or attempting to assist members in the development of a Member Emergency/Disaster Plan for members residing in their own home.
<b>CM 9</b> The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	92%	The Contractor must submit a corrective action plan that addresses completion of the CA160 CATS screen in a thorough and accurate manner.
<b>CM 10</b> The Contractor implements policies and procedures for Service Plan monitoring.	99%	None
<b>CM 11</b> The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	100%	None
<b>CM 12</b> The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	95%	None
<b>CM 13</b> The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	100%	None
<b>CM 14</b> The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	98%	None
<b>CM 15</b> The Contractor implements policies and procedures for providing and monitoring skilled nursing services.	89%	The Contractor must submit a corrective action plan that addresses how the Contractor will ensure that CMs are engaging with clinical staff at the facility in order to ensure that the facility is providing appropriate care to all members at risk of compromising skin integrity. The plan must also address how the Contractor will ensure that all CMs are consulting with the appropriate facility staff at minimum every six months and that CMs are



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Case Management (CM)		CM Standard Area Score = 89% (1875 of 2100)
		reviewing treatment records and other Level of Care documentation related to the member's condition and progress.
<b>CM 16 (DDD Only)</b> The Contractor implements policies and procedures for monitoring the cost effectiveness of its members.	N/A	N/A
<b>CM 17</b> The Contractor implements policies and procedures for reporting abuse and neglect.	100%	None
<b>CM 18</b> The Contractor implements policies and procedures for conducting case management staff orientation/training.	100%	None
<b>CM 19</b> The Contractor implements policies and procedures for internal monitoring of the case management program on a quarterly basis.	100%	None
<b>CM 20</b> The Contractor implements policies and procedures for monitoring case management caseloads for compliance with AHCCCS Standards.	64%	The Contractor must submit a corrective action plan to address how the Contractor will come into compliance with this standard and ensure that CMs do have caseloads that exceed the weighted value of 96.
<b>CM 21</b> The Contractor implements policies and procedures for a comprehensive inter-rater reliability (IRR) process to ensure consistency in member assessments and service authorizations.	100%	None
<b>CM 22 (DDD Only)</b> The Contractor implements policies and procedures for monitoring Targeted Case Management services for program compliance.	N/A	N/A
<b>CM 23</b> The Contractor implements policies and procedures for the timely initiation of services to existing members in an HCBS (own home) setting.	57%	The Contractor must submit a corrective action plan that addressed how the contractor will ensure that new services identified or requested are provided within 14 calendar days following the determination that the services are medically necessary and cost effective. The corrective action plan must also address the Contractor's standardized process for verifying and documenting the delivery of services with the member/guardian/designated representative after authorization to include the date in which the service was actually rendered.



**AHCCCS OPERATIONAL REVIEW  
EXECUTIVE SUMMARY  
CY 2019**

<b>Corporate Compliance (CC)</b>		<b>CC Standard Area Score = 100% (500 of 500)</b>
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>
<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 FWA and for reporting all the suspected fraud, waste and abuse 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

<b>Claims and Information Systems (CIS)</b>		<b>CIS Standard Area Score = 98% (983 of 1000)</b>
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>
<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 required information.	100%	None
<b>CIS 3</b>	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Claims and Information Systems (CIS)		CIS Standard Area Score = 98% (983 of 1000)
The Contractor has a process to identify claims where the Contractor is or may be a secondary payor prior to payment.		
<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.	88%	The Contractor must ensure it pays applicable interest on all claims, including overturned claim disputes in a consistent manner.
<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> 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.	100%	None

Delivery Systems (DS)		DS Standard Area Score = 90% (1262 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 problems and inquiries.	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Delivery Systems (DS)	DS Standard Area Score = 90% (1262 of 1400)	
<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.	100%	None
<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 that its Provider Manual contains all requirements as outlined in ACOM 416.
<b>DS 10</b> The Contractor has a process for collecting, maintaining, updating and reporting accurate demographic information on its provider network.	96%	None
<b>DS 11 (All Plans except CMDP)</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>	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

<b>Delivery Systems (DS)</b>		<b>DS Standard Area Score = 90% (1262 of 1400)</b>
The Contractor has a process for determining if there has been a material change that could affect the adequacy of capacity and services.		
<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 block grant funding requirement notifications, communication to providers of prohibited uses of block grant funding, tracking of provider audits, including Single Audits, and follow-up on findings.	N/A	N/A
<b>DS 14 (RBHA Only)</b> Contractor performed provider block grant monitoring activities and has evidence of the following: <ul style="list-style-type: none"> <li>Comprehensive provider SABG and MHBG policies and procedures;</li> <li>SABG and MHBG activities were monitored to ensure funds were expended for authorized purposes;</li> <li>Block grant funds tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS.</li> </ul>	N/A	N/A
<b>DS 15</b> The Contractor has identified the means to ensure any Peer/Recovery Support Specialists, employed within their network, have adequate access to continuing education specific to the practice of peer support.	100%	None
<b>DS 16</b> The Contractor has identified the means to ensure any supervisors of Peer/Recovery Support Specialists, employed within their network, have adequate access to ongoing education specific to the practice of peer support.	100%	None

<b>General Administration (GA)</b>		<b>GA Standard Area Score = 100% (300 of 300)</b>
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

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

Grievance Systems (GS)		GS Standard Area Score = 100% (1700 of 1700)	
Standard	Score	Required Corrective Actions	
<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.	100%	None	
<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	



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Grievance Systems (GS)	GS Standard Area Score = 100% (1700 of 1700)	
<b>GS 8</b> The Contractor issues Notices of Appeal Resolution that includes all information required by AHCCCS.	100%	None
<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



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Grievance Systems (GS)	GS Standard Area Score = 100% (1700 of 1700)	
<b>GS 18 (ALTCS/EPD Only)</b> SMI Grievances: The Contractor appoints an investigator within seven days of the receipt of the grievance or request for investigation, a written dated decision which explains the essential facts as to why the matter may be appropriately resolved without investigation, and the resolution.	N/A	N/A
<b>GS 19 (ALTCS/EPD Only)</b> SMI Grievances: The Contractor completes the investigation report within 30 calendar days from the date of the investigator's appointment, or obtains and documents an extension.	N/A	N/A
<b>GS 20 (ALTCS/EPD Only)</b> SMI Grievances: The Contractor drafts an investigation report that describes the investigation and contains findings of fact, conclusions, and recommendations.	N/A	N/A
<b>GS 21 (ALTCS/EPD Only)</b> SMI Grievances: The Contractor, within five days of receipt of the investigator's report, reviews the investigation case record and the report, and issues a written, dated decision.	N/A	N/A
<b>GS 22 (ALTCS/EPD Only)</b> SMI Grievances: The Contractor, in the decision letter, includes a notice of the right to request an appeal of the decision within 30 days from the date of receipt of the decision.	N/A	N/A
<b>GS 23 (ALTCS/EPD Only)</b> SMI Grievances: The Contractor maintains a database containing data that matches the information contained in the grievance investigation case record and was entered into the database within three (3) business days, including the essential facts as to why the matter may be appropriately resolved without investigation, and the resolution.	N/A	N/A
<b>GS 24 (ALTCS/EPD Only)</b> SMI Grievances: The Contractor maintains a complete grievance investigation case record.	N/A	N/A
<b>GS 25 (ALTCS/EPD Only)</b> SMI Appeals: The contractor informs the client in writing that the appeal has been received and of the procedures that shall be followed during the appeal, within five days of receipt of an appeal. The	N/A	N/A



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

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



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Adult, EPSDT and Maternal Child Health (MCH)		MCH Standard Area Score = 75% (1196 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 and return visits, in accordance with ACOG standards, along with ensuring members receive appointments according to the AHCCCS Contractor Operations Manual (ACOM) Maternity Care Appointment Standards.	100%	None
<b>MCH 3</b> The Contractor ensures postpartum care is provided for a period of up to 57 days after delivery.	100%	None
<b>MCH 4</b> Family planning services are provided to members who voluntarily choose to delay or prevent pregnancy.	100%	None
<b>MCH 5</b> The Contractor provides EPSDT/well-child services according to the AHCCCS EPSDT Periodicity Schedule.	68%	The Contractor must demonstrate that they inform all primary care providers (PCPs) about EPSDT services, including federal requirements, state regulations, and AHCCCS policy requirements (see Reviewer Comments section for concerns noted). Additionally, the Contractor must employ sufficient numbers of appropriately qualified local personnel in order to meet the requirements of the EPSDT program for eligible enrolled members and achieve contractual compliance.
<b>MCH 6</b> The Contractor monitors member compliance with obtaining EPSDT services.	80%	The Contractor must demonstrate that it distributes outreach material to educate members on the importance of EPSDT services, including childhood obesity and dangers of lead exposure.
<b>MCH 7</b> The Contractor monitors provider compliance with providing EPSDT services.	100%	None
<b>MCH 8</b> The Contractor ensures that oral health/dental services are provided according to the AHCCCS Medical Policy Manual and the AHCCCS Dental Periodicity Schedule.	84%	The Contractor must monitor and evaluate the effectiveness of oral health/dental outreach activities.
<b>MCH 9</b>	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

<b>Adult, EPSDT and Maternal Child Health (MCH)</b>		<b>MCH Standard Area Score = 75% (1196 of 1600)</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.		
<b>MCH 10 (All Plans except RBHAs)</b> The Contractor coordinates with appropriate agencies and programs including but not limited to VFC, WIC, and Head Start, and provides education, assists in referrals, and connects eligible EPSDT members with appropriate agencies, according to federal and state requirements.	40%	The Contractor must coordinate with appropriate agencies and programs, as well as provide education, assist in referrals and connect eligible EPSDT members with these agencies and services to: 1) Establish effective working relationships to promote healthy outcomes for EPSDT aged members and 2) Increase member utilization and provider referrals to the following identified programs: 1) Behavioral health and Crisis services either through the ACC plan or RBHA; 2) Head Start (and Early Head Start); and 3) Home Visiting Programs.
<b>MCH 11 (All Plans except RBHAs)</b> The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.	100%	None
<b>MCH 12</b> 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
<b>MCH 13</b> The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.	80%	The Contractor must monitor provider compliance in implementing interventions with members identified as overweight, including education and/or nutrition referral.
<b>MCH 14</b> The Contractor ensures that women's preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).	33%	The Contractor must have a process to inform all primary care providers (PCPs) and obstetrician/gynecologist (OB/GYN) providers of the availability of women's preventative care services as enumerated in AMPM 411. In addition, the Contractor must have a process to inform members about women's preventative health services as listed in AMPM 411.
<b>MCH 15</b> The Contractor ensures that behavioral health medical records requirements are completed in accordance with Policy.	0%	The Contractor must develop a process to ensure that documentation includes a comprehensive review of behavioral health record information by all members of the clinical team. The Contractor must develop a process to review the behavioral health record and correct any deficiencies noted in the chart audit. The Contractor must develop a process to ensure that a Health Risk Assessment, TB and all EPSDT screenings related to behavioral health needs (Developmental,



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Adult, EPSDT and Maternal Child Health (MCH)		MCH Standard Area Score = 75% (1196 of 1600)
		MCHAT, CASII, psychotropic medication utilization) are completed.
<b>MCH 16</b> The Contractor ensures that a current treatment/assessment/service plan has been completed within the previous 365 days and is part of the behavioral health medical record.	11%	The Contractor must have a process to: a) ensure that CFT documentation is present in the medical record inclusive of coordination of care activities, stakeholder involvement, service plan updates, and crisis plan; b) ensure that the service plan has goals based upon a family or member vision, strengths, needs, and cultural preferences and is jointly established with the member or legal guardian; c) review the service plan to ensure that there is evidence of the frequency of the services needed to achieve the goals, and d) review the service plan to ensure that services have been implemented or that there is an anticipated date of implementation..

Medical Management (MM)		MM Standard Area Score = 90% (2418 of 2700)
Standard	Score	Required Corrective Actions
<b>MM 1</b> The Contractor shall have mechanisms to evaluate utilization data analysis and data management, including both underutilization and overutilization of services and implement changes if appropriate.	100%	None
<b>MM 2</b> The Contractor has an effective concurrent review process which includes a component for reviewing the medical necessity of institutional stays, including but not limited to Institution for Mental Disease (IMD), Behavioral Health Institutional Setting and Nursing Facilities.	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.	57%	The Contractor must have a process for proactive discharge planning process for members regardless of primary payer source. The Contractor must ensure arrangement of follow-up appointment with the PCP, BHMP and/or specialist within seven days within seven days of discharge. The Contractor must provide documentation that a follow-up telephone call occurred to member within three days of discharge.
<b>MM 4</b> The Contractor collaborates with the Arizona State Hospital prior to member discharge and members who are conditionally released under the authority of the Psychiatric Security Review Board (PSRB).	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

<b>Medical Management (MM)</b>		<b>MM Standard Area Score = 90% (2418 of 2700)</b>	
<b>MM 5</b> The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	95%	None	
<b>MM 6</b> The Contractor has a comprehensive inter-rater reliability (IRR) testing process to ensure consistent application of criteria for clinical decision making.	100%	None	
<b>MM 7</b> The Contractor conducts retrospective reviews.	100%	None	
<b>MM 8</b> The Contractor develops or adopts and disseminates clinical practice guidelines for physical and behavioral health services.	100%	None	
<b>MM 9</b> The Contractor evaluates new technologies and new uses for existing technologies.	100%	None	
<b>MM 10</b> The Contractor identifies and coordinates care for members with special health care needs.	70%	The Contractor must have policies and procedures for the monitoring of members with special health care needs to ensure members have direct access to a specialist appropriate for the member's condition.	
<b>MM 11 (ACC, RBHA, CMDP, DDD Only)</b> The Contractor coordinates care for members with qualifying Children's Rehabilitative Services (CRS) conditions	N/A	N/A	
<b>MM 12</b> The Contractor identifies and coordinates care for members who are candidates for stem cell or solid organ transplants.	100%	None	
<b>MM 13</b> The Contractor promotes health maintenance and coordination of care through Disease/Chronic Care Management Programs.	75%	The Contractor must document in the MM Committee Meeting minutes, the outcomes for the Disease/Chronic Care Management program and implement changes to the program based on the Committee's recommendations.	
<b>MM 14</b> The Contractor has a system and process that outlines a Drug Utilization Review (DUR) Program.	100%	None	
<b>MM 15</b> The Contractor facilitates coordination of services being provided to member when the member is transitioning between Contractors.	6%	The Contractor must ensure there are policies and procedures in place that address the transition of members with an SMI designation as well as the provision of special assistance. The Contractor must ensure all sections of the ETI are completed appropriately utilizing most up to date	



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Medical Management (MM)		MM Standard Area Score = 90% (2418 of 2700)
		AHCCCS required template; AMPM Exhibit 1620-9. If a section is not applicable it must be addressed with an N/A and be signed.
<b>MM 16</b> The Contractor allows primary care providers to provide behavioral health services within their scope of practice including but not limited to substance use disorders, anxiety, depression and Attention Deficit Hyperactivity Disorder (ADHD) for the purpose of medication management.	100%	None
<b>MM 17</b> The Contractor ensures that members receive medically necessary behavioral health services	80%	The Contractor must inform PCPs of the ability to directly refer members with suspected diagnoses of autism directly to a specialized Autism Spectrum Disorder (ASD) diagnosing provider.
<b>MM 18</b> The Contractor does not deny emergency services.	100%	None
<b>MM 19</b> The Contractor issues a Notice of Adverse Benefits determination (NOA) to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	98%	None
<b>MM 20</b> 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
<b>MM 21</b> The Contractor identifies, monitors, and implements interventions to prevent the misuse of controlled and non-controlled medications.	100%	None
<b>MM 22</b> The Contractor shall demonstrate that services are delivered in compliance with Mental Health Parity.	100%	None
<b>MM 23</b> The Contractor shall employ care managers to perform Contractor care management functions.	80%	The Contractor must have policies, procedures and process that address outreach to Services Members, Veterans and families and Inappropriate Emergency Department Utilization.
<b>MM 24</b> The Contractor provides End of Life Care and Advanced Care planning.	100%	None
<b>MM 25 (ACC, ALTCS/EPD, and RBHA Only)</b> The Contractor maintains collaborative relationships with other	90%	The Contractor must collaborate with DCS Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together-AFF) Program including the



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Medical Management (MM)		MM Standard Area Score = 90% (2418 of 2700)
government entities that deliver services to members and their families, ensures access to services, and coordinates care with consistent quality.		process for expedited access to substance use treatment for parents and caregivers as defined in AMPM 541.
<b>MM 26 (All except CMDP)</b> The Contractor establishes processes for ensuring coordination and provision of appropriate services for members transitioning from the justice system	67%	As an integrated ALTCS program, the Contractor must address the care coordination of members designated as SMI.
<b>MM 27</b> The Contractor establishes processes for ensuring coordination and provision of appropriate services for members who are court ordered treatment.	100%	None
<b>MM 28</b> The Contractor has a process to monitor members and services provided to members in an out of state placement settings.	100%	None

Member Information (MI)		MI Standard Area Score = 93% (930 of 1000)
Standard	Score	Required Corrective Actions
<b>MI 1</b> The Contractor's New Member Information Packets meet AHCCCS standards for content and distribution.	80%	The Contractor must ensure all information in the New Member Information Packet has been approved by AHCCCS.
<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 assesses PCP capacity and evaluates it prior to assigning new members.	100%	None
<b>MI 4</b> The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	100%	None
<b>MI 5</b> The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	50%	The Contractor must ensure it notifies affected members timely when a PCP or frequently utilized provider leaves the network.
<b>MI 6</b>	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Member Information (MI)		MI Standard Area Score = 93% (930 of 1000)	
The Contractor notifies affected members of material changes to network and/or operations at least 30 days before the effective date of the change.			
<b>MI 7</b> The Contractor distributes at a minimum two member newsletters per contract year which contain the required member information.	100%	None	
<b>MI 8</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 9</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.	100%	None	
<b>MI 10</b> The Contractor maintains policies on Social Networking.	100%	None	

Quality Management (QM)		QM Standard Area Score = 86% (1901 of 2200)	
Standard	Score	Required Corrective Actions	
<b>QM 1</b> The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for member/system resolution.	70%	1. Severity Level and Substantiation Determination: The Contractor must submit updated policies and desktop procedures regarding substantiation determination and severity level determination, including evidence of QM Department staff training to the updated procedures. Training documentation is to be submitted to AHCCCS that includes training materials, printed first and last name of QM staff, title, and date of training received. The Contractor should consider an audit tool for inter-rater reliability amongst QM staff to assure that severity levels and substantiation determinations are consistently applied and in accordance with the Contractor's policies and procedures. This is to include that each quality indicator has an assigned final severity leveling. The Contractor must submit 5 QOC case files demonstrating compliance with the above.	



**AHCCCS OPERATIONAL REVIEW  
EXECUTIVE SUMMARY  
CY 2019**

Quality Management (QM)		QM Standard Area Score = 86% (1901 of 2200)
		<p>2. Clinical Quality Indicators: The Contractor should consider an audit tool for inter-rater reliability amongst QM staff to assure that Clinical Quality Indicators are clearly identified and documented for each allegation and/or initial and final indicators upon investigation. The Contractor shall apply methods consistently with each investigation and in accordance with any updated policies and procedures. The Contractor must submit 5 QOC case files demonstrating compliance with the above. The Contractor is to include 2 mortality cases within the 5 QOC case files.</p> <p>3. Regulatory reporting: The Contractor must provide re-training to QM Department staff on policies and procedures on reporting and referring to regulatory agencies. 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 5 QOC case files demonstrating implementation of the Contractor's policy and procedure and AHCCCS AMPM 960 policy with regards to regulatory agency referral and reporting.</p> <p>4. In accordance with Contractor policy and procedures, as well as AMPM 960, the Contractor must submit 5 QOC case files demonstrating evidence of appropriate and timely correspondence with members when the referring source is the member.</p> <p>5. The Contractor must submit 5 QOC case files demonstrating implementation of the Contractor's policy and procedure and AHCCCS AMPM 960 policy to support that Corrective Action Plans were Completed Prior to CAP Closure.</p> <p>6. The Contractor must provide 5 non-AHCCCS Reportable QOC case files demonstrating the following: evidence of case triage for potential QOC, evidence that requests for medical records are completed timely in order for the case to progress in a timely manner; that final severity levels are assigned; that final quality indicators are assigned; that final</p>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Quality Management (QM)		QM Standard Area Score = 86% (1901 of 2200)
		<p>case substantiation is congruent with the final severity level; and if a CAP is needed, the CAP addresses all gaps in care.</p> <p>7. Completed mortality case reviews should be included as part of the Required Corrective Action for #1.</p>
<p><b>QM 2</b> The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for system improvement.</p>	89%	<p>The Contractor must update its policies to reflect AMPM requirements that QOC concerns are investigated by QM staff and the investigation processes include contacting the member directly as appropriate/applicable. The Contractor must submit the updated policy for AHCCCS review. The Contractor must provide training to QM Department staff on the aforementioned 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. In addition, the Contractor must provide evidence of implementation of this policy.</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>	N/A	<p>1. Adverse Provider Actions:</p> <ul style="list-style-type: none"> <li>a. Notification to AHCCCS: The Contractor must submit a policy to include notification of AHCCCS with regards to adverse actions placed on a provider by the Contractor such as but not limited to contract termination, suspension, limitation, etc. The policy is to include that the Contractor shall report the adverse action to the AHCCCS Quality Management (QM) Unit within 24 hours of the determination to take an adverse action.</li> </ul> <p>2. Ad Hoc Meetings:</p> <ul style="list-style-type: none"> <li>a. The Contractor must create a process within the structure of the QM Department to include the ad hoc meetings.</li> </ul> <p>3. Regulatory Agency Reporting:</p> <ul style="list-style-type: none"> <li>a. The concerns identified in this area are being addressed in Corrective Action Plans in Standard QM 1.</li> </ul>



**AHCCCS OPERATIONAL REVIEW  
EXECUTIVE SUMMARY  
CY 2019**

Quality Management (QM)		QM Standard Area Score = 86% (1901 of 2200)
		<p>4. QOC Investigations:</p> <ul style="list-style-type: none"> <li>a. The Contractor must provide retraining on the investigative responsibilities of QM staff with regards to Health and Safety visits and investigations. The Contractor must submit training documentation that includes training materials, printed first and last name of QM staff, title, and date of training received. In addition, the Contractor must provide evidence of implementation of this policy.</li> <li>b. The Contractor must submit a policy and procedure/desktop clearly outlining the responsibilities of the QM Department staff conducting the QOC investigations. The Contractor must provide training to QM Department staff on the above 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. In addition, the Contractor must provide evidence of implementation of this policy.</li> </ul> <p>The Contractor must ensure confidentiality of all information used to prepare, and carry out functions related to case review under the Peer Review protection.</p> <p>The Contractor must submit evidence demonstrating that the confidentiality of all information used to prepare, and carry out functions under the Peer Review protection which includes all documentation involving QOC concerns</p> <p>5. Delegated Entity:</p> <ul style="list-style-type: none"> <li>a. The Contractor must ensure confidentiality of all information used to prepare, and carry out functions related to case review under the Peer Review protection. The Contractor must submit evidence demonstrating that the confidentiality of all information used to prepare, and carry out functions under the</li> </ul>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Quality Management (QM)		QM Standard Area Score = 86% (1901 of 2200)
		<p>Peer Review protection which includes all documentation involving QOC concerns</p> <ul style="list-style-type: none"> <li>b. The Contractor must provide a policy which clearly defines all the functions of the QM program to include the CAP process of HCBS, Residential, and Behavioral Health audits.</li> <li>c. The concerns identified in this area are being addressed in Corrective Action Plans in Standard QM 9. However, the Contractor is to submit evidence that Optum staff have completed training courses involving QOC referrals.</li> </ul>
<p><b>QM 4</b> The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.</p>	100%	None
<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>	60%	The Contractor must provide 5 sample files of HCBS attendant care, personal care, and/or homemaker service agency audits containing completed tools and other documentation demonstrating their Quality Management staff conducts follow-up monitoring of service sites upon completion of the activities and interventions to ensure that compliance is sustained.
<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>	69%	The Contractor must provide 5 sample files containing appropriate documentation via completed audit tools reflecting audits conducted during onsite monitoring for residential settings (including behavioral health residential treatment facilities) demonstrating the following: a. Follow-up monitoring of providers on Corrective Action Plans; b. That Quality Management staff conducts follow-up monitoring of placement settings and service sites upon completion of the activities and interventions to ensure that compliance is sustained.
<p><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.</p>	97%	None
<p><b>QM 8</b> The governing body and the Contractor are accountable for all Quality</p>	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Quality Management (QM) QM Standard Area Score = 86% (1901 of 2200)		
Management/Performance Improvement (QM/PI) program functions.		
<b>QM 9</b> The Contractor has the appropriate staff employed to carry out Quality Management (QM) and Performance Improvement (PI) Program administrative requirements.	50%	The Contractor must provide training to all staff in how to identify and refer Quality of Care (QOC) concerns/issues to the Quality Management Department at the time of hire and annually, thereafter. The Contractor must have sufficient local staffing who are behavioral health professionals to meet the requirements of the quality management program and report directly to the Quality Management Manager.
<b>QM 10</b> The Contractor has a structured Quality Management Program that includes administrative requirements related to policy development.	100%	None
<b>QM 11</b> The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.	65%	<ol style="list-style-type: none"> <li>1. The Contractor must provide evidence to support that each Peer Review attendee (all committee members) signed a confidentiality and conflict of interest statement for all AHCCCS Peer Review meetings within this current Operational Review cycle. The attendance document is to include printed first and last name, title, and specialty of each committee member.</li> <li>2. The Contractor must submit evidence of Peer Review Committee recommendations for all regulatory agency referrals (if applicable), during this Operational Review cycle.</li> <li>3. The Contractor must submit evidence of actual example(s) of Peer Review documentation made available to AHCCCS upon request, for purposes of quality management, monitoring and oversight.</li> </ol>
<b>QM 12</b> The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	96%	None
<b>QM 13</b> The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	100%	None
<b>QM 14</b> The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network.	100%	None
<b>QM 15</b> The Contractor has a process for verifying credentials of all organizational providers.	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Quality Management (QM)	QM Standard Area Score = 86% (1901 of 2200)	
<b>QM 16</b> 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
<b>QM 17</b> The Contractor conducts a new member health risk assessment survey and identifies specific health care needs.	100%	None
<b>QM 18</b> The Contractor's health information system(s) include accurate and timely data essential in meeting the data collection requirements specific to Quality Management/Performance Improvement (QM/PI) Program requirements and expectations.	65%	The Contractor must notify AHCCCS when there is a health information system(s) inaccuracy or issue. The Contractor must identify and implement corrective actions with providers when data received from providers is not accurate, timely, and/or complete.
<b>QM 19</b> The Contractor maintains the integrity of data within its health information system(s) that is utilized to collect, integrate, analyze, and report data necessary in implementing its Quality Management/Performance Improvement (QM/PI) Program.	100%	None
<b>QM 20</b> 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
<b>QM 21</b> The Contractor conducts AHCCCS-mandated as well as Contractor-selected Performance Improvement Projects (PIPs) when determined to be appropriate to assess the quality/appropriateness of its' service provision and improve overall performance.	90%	The Contractor must implement a process related to the utilization of proven quality improvement tools when conducting root-cause analysis and problem solving activities including, but not limited to, Cause and Effect Diagrams; Failure Modes and Effects Analysis (FMEA) Tools; Flowcharts; Pareto Charts; Run Charts; Control Charts, and/or Driver Diagrams.
<b>QM 22</b> The Contractor has implemented a process to measure and report to the State its performance utilizing standard measures required by the State as well as other Contractor-selected metrics specific to its Quality Management/ Performance Improvement (QM/PI) Program Activities.	60%	The Contractor must provide evidence of oversight and validation of data collection, reporting, and analysis specific to administrative Performance Measure rates. The Contractor must implement a documented process to ensure inter-rater reliability, when more than one person is collecting and entering data for hybrid performance measure reviews. The Contractor must provide a process to determine and implement recognized "Best Practices" related to Performance Measures and achievement of the



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Quality Management (QM)	QM Standard Area Score = 86% (1901 of 2200)	
		Minimum Performance Standard.
<b>QM 23</b> The Contractor participates in applicable community initiatives for each Medicaid line of business.	90%	The Contractor must participate in applicable community initiatives related to suicide.

Reinsurance (RI)	RI Standard 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

Third Party Liability (TPL)	TPL Standard Area Score = 100% (800 of 800)	
Standard	Score	Required Corrective Actions



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY CY 2019

Third Party Liability (TPL)		TPL Standard Area Score = 100% (800 of 800)	
<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 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 tort case within 10 business days of the request.	100%	None	



**AHCCCS OPERATIONAL REVIEW  
EXECUTIVE SUMMARY  
CY 2019**