

The Contractor shall produce an annual report for each line of business (ACC, ACC-RBHA, ALTCS-DD, ALTCS-EPD, DCS/CHP), which summarizes the trends identified for completion of the Behavioral Health Clinical Chart Audit. **The following information shall be incorporated into the Contractor's annual deliverable.**

**As Identified under Contract Section F, Attachment F3,
Contractor Chart of Deliverables,
Effective October 1, 2023**

Portal Data

A description of the Behavioral Health Audit Report Findings and Trends shall include at minimum:

- 1) Copies of the reports available within the AHCCCS BH Audit Portal
 - a) **Health Plan/Provider Report:** Summary of total count and percentages of responses for YES, NO, or NA
 - b) **Line of Business Report:** Summary of total count and percentages of responses for YES, NO, or NA

Description Of The Contractor's Narrative Description Of Audit Process

- 2) Brief narrative description of the audit process:
 - a) Health Plan name,
 - b) Summary of Lines of Business within the report,
 - c) Time period of audit,
 - d) Number of audits conducted by GSA,
 - e) Methodology utilized by health plans and AzAHP to develop provider distribution,
 - i) Include provider distribution by health plan and line of business,
 - ii) Include any changes made to provider distribution (e.g., exchange of providers from one health plan to another)
 - f) Number of member records for each provider included in the audit,
 - g) Sampling technique, including process followed to obtain statistical significance:

- i) If sample size does not meet statistical significance, please explain barriers to meeting statistical significance.
- h) Identify Inter-Rater Reliability process.
 - i) Within health plan, and
 - ii) Across health plans.

3) Description of members included in the audit:

- a) Total number of members included,
- b) Total number of members identified under each Line of Business as applicable (ACC; ACC-RBHA; ALTCS-DD; ALTCS-EPD; DCS/CHP),
- c) Total number of adults vs. children,
- d) Total number of members on COT (if part of sampling).

4) Summary of Findings, Trends, and potential explanations for variance by:

- a) Overall scores by line of business,*
- b) Overall scores by audit section for each provider,*
- c) Identification of elements that do not meet threshold of 85% (for each provider and according to line of business),*
- d) Comparison of overall scores for adults vs. children,
- e) Comparison of scores within and/or across GSAs (if contracted in more than one GSA,
- f) Comparison of scores for SMI vs GMHSU (if ACC & ACC-RHBA), and

g) Summary of strengths and/or deficiencies for the providers.

*Included in the preset reports, but trend comparisons should be summarized (e.g., if more than one line of business);

Graphs are encouraged, in addition to the written description of findings and trends.

5) Exit Interview Process and Guidance

a) CAPS or Performance Improvements

6.) Audit Process Strengths and Opportunities for Improvement