



**Arizona Complete Health-Complete Care**  
**Plan ACC-RBHA**

**Operational Review**

**2024**

**March 8, 2024**

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





# AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

## **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 Arizona Complete Health-Complete Care Plan ACC-RBHA (AzCH-CCP) 2024 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 AzCH-CCP from December 11, 2023, through December 15, 2023.

A copy of the draft version of this report was provided to the Contractor on February 8, 2024. AzCH-CCP 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.

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 2024 Operational Review is organized into Focus Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to fourteen Focus Areas. For the 2024 Operational Review, these Focus Areas are:

- Grants Management (GM)
- 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 2024 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

<b>Grants Management (GM)</b>		<b>GM Standard Area Score = 100% (700 of 700)</b>
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>
<b>GM 1 (ACC-RBHA Only)</b> The Contractor has established guidelines of required services for programs receiving block grant funds for pregnant women with their dependent children, related to the Substance Use, Prevention, Recovery and Treatment Service Block Grant (SUBG).	100%	None
<b>GM 2 (ACC-RBHA Only)</b> The Contractor has established guidelines for treatment services related to the Substance Use, Prevention, Recovery and Treatment Service Block Grant (SUBG).	100%	None
<b>GM 3 (ACC-RBHA Only)</b> The Contractor has established guidelines related to the Mental Health Block Grant (MHBG).	100%	None
<b>GM 4 (ACC-RBHA Only)</b> The Contractor has established guidelines related to the oversight and monitoring of grant funded programs, including discretionary grant funding.	100%	None
<b>GM 5 (ACC-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.	100%	None
<b>GM 6 (ACC-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 and Exhibit 300-2B (for NTXIX/XXI State General Funds, SABG and MHBG), AMPM 320-T1 (all federal grants),</li> </ul>	100%	None



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Grants Management (GM)	GM Standard Area Score = 100% (700 of 700)	
<p>monitoring and separately reporting of funding by SABG General Services, SABG Pregnant/Parenting Women, SABG HIV, SABG Prevention, MHBG SED, MHBG SMI, MHBG FEP, and other federal grant funding categories;</p> <ul style="list-style-type: none"> <li>SABG General Services, SABG Pregnant/Parenting Women, SABG HIV, SABG Prevention, MHBG SED, MHBG SMI, MHBG FEP and other federal grant activities were each monitored separately to ensure funds were expended for authorized purposes; and</li> <li>Federal grants funding tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS.</li> </ul>		
<p><b>GM 7 (ACC-RBHA Only)</b> The Contractor has comprehensive Non-Title XIX/XXI policies and procedures and has provided evidence that they actively monitored 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 AHCCCS Financial Reporting Guide.</p>	100%	None

Corporate Compliance (CC)	CC Focus Area Score = 93% (467 of 500)	
Standard	Score	Required Corrective Actions
<p><b>CC 1</b> The Contractor has an operational Corporate Compliance program including a work plan that details compliance activities.</p>	100%	None
<p><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.</p>	100%	None



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<b>Corporate Compliance (CC)</b>		<b>CC Focus Area Score = 93% (467 of 500)</b>
<b>CC 3</b> The Contractor educates staff and the provider network on fraud, waste and abuse.	67%	The Contractor must ensure that providers receive up-to-date training on FWA upon hire and annually thereafter.
<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 Focus Area Score = 100% (997 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> 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.	97%	None
<b>CIS 6</b>	100%	None



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Claims and Information Systems (CIS)		CIS Focus Area Score = 100% (997 of 1000)	
The Contractor accurately applies quick-pay discounts.			
<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.	100%	None	

Delivery Systems (DS)		DS Focus Area Score = 100% (1300 of 1300)	
Standard	Score	Required Corrective Actions	
<b>DS 1</b> The Contractor has sufficient, trained staff in place to ensure providers receive assistance and appropriate, prompt resolution to their problems and inquiries.	100%	None	
<b>DS 2</b> The Contractor has an appropriate process for assigning members, determining the appropriate number of members assigned, and adjusting membership assigned to PCPs.	100%	None	
<b>DS 3</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	100%	None	





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Updates, Termination of Contract, and Disease/Chronic Care Management Information.		
<b>DS 4</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 5</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 6</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 7</b> The Contractor appropriately monitors out-of-network utilization and refers members to out-of-network providers if it is unable to provide requested services in its network.	100%	None
<b>DS 8</b> The Contractor develops, distributes, and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	100%	None
<b>DS 9</b> The Contractor has a process for collecting, maintaining, updating and reporting accurate demographic information on its provider network.	100%	None
<b>DS 10</b> The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.	100%	None
<b>DS 11</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 12</b> The Contractor has an oversight process to ensure providers who employ Peer and Recovery Support Specialists (PRSS) have policies and procedures in place demonstrating PRSS meet qualification requirements, receive clinical and administrative supervision, and have continuing education and learning requirements available.	100%	None



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<b>DS 13</b> The Contractor's Office of Individual and Family Affairs (OIFA) has established an oversight process that ensures that behavioral health providers are creating opportunities for members and family members to participate in improving/enhancing their experiences at the provider site, and changes are implemented as identified.	100%	None
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General Administration (GA)		GA Focus Area Score = 98% ( 488 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.	88%	The Contractor must ensure appropriate committee review and that the committee is chaired by the Contractor's Administrator, CEO, Medical Director/CMO or CFO.
<b>GA 5</b> The Contractor has policies and procedures for oversight and accountability of all administrative functions and responsibilities delegated to Administrative Services Subcontractors.	100%	None

Grievance Systems (GS)		GS Focus Area Score = 100% (1600 of 1600)
Standard	Score	Required Corrective Actions



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Grievance Systems (GS)	GS Focus Area Score = 100% (1600 of 1600)	
<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.	N/A	None
<b>GS 8</b> The Contractor issues Notices of Appeal Resolution that include 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>	100%	None



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Grievance Systems (GS)	GS Focus Area Score = 100% (1600 of 1600)	
The Contractor's member appeal policies allow for, and require notification of the member of, all rights granted under rule.		
<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

Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 97% (1560 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>	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 97% (1560 of 1600)	
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..		
<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 services according to the AHCCCS EPSDT Periodicity Schedule.	80%	The Contractor must have written processes that ensure all applicable staff who oversee the EPSDT program and support members are appropriately trained and kept up to date with the EPSDT program, contract requirements, and policies including maternity care services, oral health care, women’s preventive care, family planning services and supplies, EPSDT services, and behavioral health.
<b>MCH 7</b> The Contractor monitors member adherence with obtaining EPSDT services.	100%	None
<b>MCH 8</b> The Contractor monitors provider compliance with providing EPSDT services.	100%	None
<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.	100%	None
<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.	100%	None



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 97% (1560 of 1600)	
<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</b> The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.	80%	The Contractor must develop policies and procedures, and include evidence of implementation, for its processes to provide anticipatory guidance and monitor the coordination of medically necessary care and services for children who have a developmental concern but are not eligible for AzEIP.
<b>MCH 13</b> The Contractor identifies and monitors the needs of EPSDT and Maternity 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 medically necessary supplemental nutrition to EPSDT age members.	100%	None
<b>MCH 15</b> The Contractor ensures that women’s preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).	100%	None
<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.	100%	None



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Medical Management (MM)		MM Focus Area Score = 98% (2157 of 2200)	
Standard	Score	Required Corrective Actions	
<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.	96%	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.	98%	None	
<b>MM 4</b> Emergency Department (ED) Utilization and Monitoring of ED 24 Hours Post Medical Clearance.	100%	None	
<b>MM 5</b> The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	100%	None	
<b>MM 6</b> The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	100%	None	
<b>MM 7</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 8</b> The Contractor conducts retrospective reviews.	100%	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>	100%	None	



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Medical Management (MM)	MM Focus Area Score = 98% (2157 of 2200)	
The Contractor evaluates new technologies and new uses for existing technologies.		
<b>MM 11</b> The Contractor ensures that a Health Risk Assessment (HRA) is conducted to identify members' 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.	100%	None
<b>MM 17</b> The Contractor facilitates coordination of services being provided to member when the member is transitioning between Contractors.	99%	None
<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 to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	94%	The Contractor must comply with policies and procedures for NOAs.
<b>MM 20</b> The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.	70%	The Contractor must be able to submit the completed analysis demonstrating compliance with Mental Health Parity.
<b>MM 21 (ACC, ACC-RBHA, and DCS/CHP)</b>	100%	None





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Medical Management (MM)		MM Focus Area Score = 98% (2157 of 2200)
The Contractor monitors nursing facility stays to assure that the length of stay does not exceed the 90 day per contract year limitation.		
<b>MM 22</b> The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.	100%	None

Member Information (MI)		MI Focus Area Score = 99% (890 of 900)
Standard	Score	Required Corrective Actions
<b>MI 1</b> The Contractor's New Member Information meets 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> The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	100%	None
<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



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Member Information (MI)		MI Focus Area Score = 99% (890 of 900)
<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.	90%	The Contractor must ensure its policies and procedures regarding member information aligns with contract and ACOM 404.
<b>MI 9</b> The Contractor maintains policies on Social Networking.	100%	None

Quality Management (QM)		QM Focus Area Score = 85% (1024 of 1200)
Standard	Score	Required Corrective Actions
<b>QM 1</b> The Contractor has a structure and process in place, including tracking and trending, for reportable incidents, quality-of-care concerns, and member complaint and service concerns for member/system resolution and improvement.	86%	<p>Element #4: The Contractor must develop and submit for review, a process that ensures the entire CAP process is completed within the Quality Management QOC Department to maintain confidentiality of the quality of care process as supported by Federal and State requirements and AMPM Policy 960.</p> <p>The Contractor must train all staff within the Quality Management QOC Department on this newly created and approved CAP process. The Contractor must submit the above evidence of completed training to include training materials, sign in sheets/attestations with printed first and last name of QM QOC staff, title, and date of training received.</p> <p>Element #11: The Contractor must update appropriate policies and procedures to ensure consistency between the documents and are in alignment with AMPM Policies 960 and 961 related to sentinel event submission timeframes.</p>
<b>QM 2</b> Contractor staff are able to describe day-to-day work processes to support compliance with Contract, Policy, and Program requirements as it relates required Quality Management Functions.	N/A	N/A
<b>QM 3</b>	100%	None



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Quality Management (QM)	QM Focus Area Score = 85% (1024 of 1200)	
The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.		
<b>QM 4 (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.	N/A	N/A
<b>QM 5</b> The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.	68%	<p>Element #1: The Contractor must update policies, procedures, and the audit tool to reflect the following: 1) verification of skills/competencies for those providing services, 2) evidence that the Contractor reviewed personnel files for CPR and First Aid training, including employee reference checks by the provider for Residential Services (e.g. Skilled Nursing and BH Services), and 3) evidence that the provider conducted the prehire and annually thereafter search of the APS Registry for all staff as required in AHCCCS Minimum Subcontract Provisions. The Contractor must train all appropriate staff on the updated policies and procedures including audit tools. The Contractor must submit evidence of completed training to include training materials, sign in sheets/attestations with printed first and last names of staff, title, and date of training received.</p> <p>Further, the Contractor must retrain audit staff on the identification of Quality of Care Concerns and the process for timely reporting of these concerns to the QM QOC Department in accordance with AMPM Policy 960 and 961. The Contractor must submit evidence of completed training to include training materials, sign in sheets/attestations with printed first and last names of staff, title, and date of training received.</p> <p>Element #5: The Contractor must update policies and procedures to reflect that the Contractor has implemented established policies, processes, and/or desktop protocols to ensure appropriate facility oversight, including Contractor organizational structure and staff functions related to facility monitoring. This includes the specific items outlined under Element #1 findings and associated corrective action items.</p>
<b>QM 6</b>	100%	



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Quality Management (QM)		QM Focus Area Score = 85% (1024 of 1200)
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.		
<b>QM 7</b> The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.	60%	Element #4: The Contractor must update policies and procedures, including development or revision of job roles and descriptions to reflect Contract requirements of the QM Manager and submit documents for AHCCCS review. Additionally, the Contractor must provide documentation reflecting the plan of implementation to meet the Contract requirements for key staffing position of the QM Manager.  Element #6: The Contractor must update policies and procedures, including development or revision of job roles, job descriptions, and appropriate QOC Staff organizational charts to reflect Contract requirements of the QM Manager and to meet the requirements of the QM/PI Program that the Quality Management QOC staff reports directly to the Quality Management QOC Manager.
<b>QM 8</b> The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.	100%	None
<b>QM 9</b> The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	100%	None
<b>QM 10</b> The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	98%	None
<b>QM 11</b> The Contractor ensures the credentialing and recredentialing of Individual Providers.	100%	None
<b>QM 12</b> The Contractor ensures the credentialing and recredentialing of organizational providers.	59%	Element #2: Recredentialing Review of Organizational Providers: The Contractor must retrain appropriate credentialing staff on AMPM Policy 950 related to documentation and review of liability insurance information. The Contractor must submit five examples of credentialing files that demonstrate compliance with this requirement per AMPM Policy 950.



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Quality Management (QM)	QM Focus Area Score = 85% (1024 of 1200)
	<p>The Contractor must submit evidence of completed training to include training materials, sign in sheets/attestations with printed first and last name of staff, title, and date of training received.</p> <p>Element #3: Performance Monitoring Data: The Contractor must retrain appropriate credentialing staff on AMPM Policy 950 related to performance monitoring data. The Contractor must submit five examples of credentialing files that demonstrate compliance with performance monitoring data requirements per AMPM Policy 950.</p> <p>The Contractor must submit evidence of completed training to include training materials, sign in sheets/attestations with printed first and last name of staff, title, and date of training received.</p> <p>Element #4: Training/supervision to Behavioral Health Technicians and Paraprofessionals: The Contractor must submit examples of organizational credentialing files demonstrating compliance that the Contractor reviewed personnel files to ensure that behavioral health providers provided training/supervision to Behavioral Health Technicians and Paraprofessionals in accordance with AMPM Policy 950. The Contractor must train appropriate credentialing staff on AMPM Policy 950 regarding this requirement.</p> <p>The Contractor must submit evidence of completed training to include training materials, sign in sheets/attestations with printed first and last name of staff, title, and date of training received.</p> <p>In addition, the Contractor must submit appropriate policies for Element #4.</p> <p>Element #5: Supervision/clinical oversight by a licensed professional: The Contractor must submit examples of organizational credentialing files demonstrating compliance that the Contractor reviewed member records to ensure there was appropriate supervision/clinical oversight by a licensed professional documented in the member’s record or treatment plan in</p>



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Quality Management (QM)		QM Focus Area Score = 85% (1024 of 1200)
		<p>accordance with AMPM Policy 950. The Contractor must train appropriate credentialing staff on AMPM Policy 950 regarding this requirement.</p> <p>The Contractor must submit evidence of completed training to include training materials, sign in sheets/attestations with printed first and last name of staff, title, and date of training received. In addition, the Contractor must submit appropriate policies for Element #5.</p>
<p><b>QM 13</b> The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.</p>	53%	<p>Element #2: The Contractor must update policies and procedures, including appropriate provider training documentation, to ensure that each seclusion and restraint report is entered into the AHCCCS QM portal within three days of receipt in accordance with AHCCCS contract and policy requirements. The Contractor must retrain all appropriate staff on AHCCCS contract and AMPM policies related to submission timeframes of Seclusion and Restraint Reports by the Contractor to the QM Portal. Training must also include training of all appropriate staff on the above updated policy and procedures, including any updated provider training documents. The Contractor must submit evidence of completed training to include training materials, sign in sheets/attestations with printed first and last names of staff, title, and date of training received.</p> <p>Element #3: The Contractor must update appropriate procedures, and workflows to include the process and timely review of seclusion and restraint reports in order to identify quality of care concerns. The process must also include when a delay in provider reporting or non-reporting of QOC concerns is identified during a seclusion and restraint report review. The Contractor must train appropriate staff to the updated procedures and workflows and submit evidence of completed training to include training materials, sign in sheets/attestations with printed first and last names of staff, title, and date of training received.</p> <p>Element #5: The Contractor must demonstrate and submit appropriate documentation that it has addressed late reporting of SAR-2023-2827 with its provider. The Contractor must also provide documentation reflecting its process of provider network monitoring to ensure timely provider submission of SAR reports in accordance with AMPM Policy 962. The Contractor must update policies and procedures, retrain appropriate staff on</p>



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Quality Management (QM)		QM Focus Area Score = 85% (1024 of 1200)
		<p>AMPM Policy 962 requirements and the Contractor's updated policies and procedures, related to linking of affiliated IAD/IRF/QOC to each seclusion and restraint report entered into the AHCCCS QM Portal. The Contractor must submit evidence of completed training to include training materials, sign in sheets/attestations with printed first and last names of staff, title, and date of training received. The Contractor must also provide SAR case files demonstrating that links were appropriately completed in accordance with AMPM policy and the Contractor's policies.</p> <ul style="list-style-type: none"> <li>• Further, the Contractor must complete a root-cause analysis and implement appropriate corrective action related seclusion and restraint reviews by the Contractor and delay in identification and submission of QOCs in a timely manner.</li> <li>• The Contractor must submit SAR and QOC case examples demonstrating implementation of the corrective action.</li> <li>• The Contractor must complete a root-cause analysis related to the delay in the submission of SAR reports into the QM Portal by the Contractor and implement corrective action.</li> </ul> <p>The Contractor must provide at least five SAR case files demonstrating that SAR submissions by the Contractor were completed and processed in accordance with AMPM policy and the Contractor's policies.</p>
<p><b>QM 14</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>	100%	None
<p><b>QM 15 (ALTCS/EPD and DES/DDD Only)</b> The Contractor ensures that Home and Community Based settings as defined in the Arizona State Transition Plan available on the AHCCCS website (<a href="http://www.azahcccs.gov/hcbs">www.azahcccs.gov/hcbs</a>) are monitored annually in accordance to policy, by qualified staff.</p>	N/A	N/A



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

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	

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 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	100%	None	





## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Third Party Liability (TPL)		TPL Focus Area Score = 100% (800 of 800)
Contractor by AHCCCS, or by the AHCCCS authorized representative: Restitution Recovery, Motor Vehicle Cases, Other Casualty Cases, Worker's Compensation, and Tortfeasors.		
<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

Quality Improvement (QI)		QI Focus Area Score = 100% (600 of 600)
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.	100%	None
<b>QI 2</b> The Contractor reviews, analyzes, and evaluates quality improvement data (performance measures, performance improvement projects, etc.)	100%	None



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Quality Improvement (QI)	QI Focus Area Score = 100% (600 of 600)	
necessary for implementing and maintaining its Quality Management/Performance Improvement (QM/PI) Program.		
<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.	100%	None
<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 specific to its Quality Management/ Performance Improvement (QM/PI) Program Activities.	100%	None
<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 = 99% (1690 of 1700)	
Standard	Score	Required Corrective Actions
<b>ISOC 1 (All Plans except DCS/CHP)</b> The Contractor participates in applicable community initiatives for each Medicaid line of business.	100%	None
<b>ISOC 2 (All Plans except DCS/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



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Integrated System of Care	ISOC Focus Area Score = 99% (1690 of 1700)	
<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 referral/coordination with behavioral health provider of the MAT model to treat Substance Use Disorders 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 Contractor care management functions.	90%	The Contractor must ensure that sex trafficking concerns are addressed with the TAY and adult population in all associated materials. The Contractor must update policy language to correct verbiage for “individuals experiencing sex trafficking” as “survivors of sex trafficking”.
<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.	100%	None
<b>ISOC 11</b>	90%	The Contractor must align its policy with current AHCCCS Contract and policy as it relates to SED designation.



## AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Integrated System of Care	ISOC Focus Area Score = 99% (1690 of 1700)	
The Contractor ensures the availability and implementation of Evidence-Based practices (EBPs) for Transition Aged Youth (TAY) ages 16-24.		
<b>ISOC 12</b> The Contractor ensures the provision of Trauma Informed Care and Services	100%	None
<b>ISOC 13</b> The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for youth.	100%	None
<b>ISOC 14 (All Plans except DCS/CHP)</b> The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for adults, including parenting adults with children.	100%	None
<b>ISOC 15</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 16</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 17</b> The Contractor demonstrates integrated care efforts for members throughout all service delivery.	100%	None