



Banner- University Family Care

Operational Review

Contract Year 2022

August 19, 2022

Conducted by the Arizona Health Care Cost Containment System





AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

INTRODUCTION

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

The primary objectives of the Banner – University Family Care (BUFC) 2022 Operational Review are to:

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

AHCCCS conducted an Operational Review of B-UFC from June 6, 2022, through June 9, 2022.

A copy of the draft version of this report was provided to the Contractor on July 22, 2022. B-UFC 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 2022 Operational Review is organized into Focus Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to thirteen Focus Areas. For the 2022 Operational Review, these Focus Areas are:

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

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

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

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



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

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



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SUMMARY OF FINDINGS

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

Claims and Information Systems (CIS)		CIS Focus Area Score = 97% (973 of 1000)
Standard	Score	Required Corrective Actions
CIS 1 The Contractor has a mechanism in place to inform providers of the appropriate place to send claims.	100%	None
CIS 2 The Contractor's remittance advice to providers contains the minimum	88%	The Contractor must ensure all remits contain the instructions and timeframes for the submission of corrected claims



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Claims and Information Systems (CIS)	CIS Focus Area Score = 97% (973 of 1000)	
required information.		
CIS 3 The Contractor has a process to identify claims where the Contractor is or may be a secondary payor prior to payment.	100%	None
CIS 4 The Contractor has AHCCCS compliant policies and procedures for the recoupment of overpayments and adjustments for underpayments.	100%	None
CIS 5 The Contractor pays applicable interest on all claims, including overturned claim disputes.	97.5%	None
CIS 6 The Contractor accurately applies quick-pay discounts.	95%	None
CIS 7 The Contractor processes and pays all overturned claim disputes in a manner consistent with the decision within 15 business days of the decision.	95%	None
CIS 8 The Contractor ensures that the parties responsible for the processing of claims have been trained on the specific rules and methodology for the processing of claims for the applicable AHCCCS line of business.	100%	None
CIS 9 The Contractor has a process to identify resubmitted claims and a process to adjust claims for data corrections or revised payment.	100%	None
CIS 10 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.	97.5%	None

Delivery Systems (DS)	DS Focus Area Score = 87% (1217 of 1400)	
Standard	Score	Required Corrective Actions
DS 1 The Contractor has sufficient staffing in place to ensure providers receive assistance and appropriate, prompt resolution to their	100%	None



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Delivery Systems (DS)	DS Focus Area Score = 87% (1217 of 1400)	
problems and inquiries.		
DS 2 The Contractor determines, monitors, and adjusts the number of members assigned to each PCP.	100%	None
DS 3 Provider Services Representatives are adequately trained.	100%	None
DS 4 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
DS 5 The Contractor's Provider Selection Policy and Procedure prohibits discrimination against providers who serve high-risk populations or that specialize in conditions that result in costly treatment.	100%	None
DS 6 The Contractor does not prohibit or otherwise restrict a provider from advising or advocating on behalf of a member who is his/her patient.	100%	None
DS 7 The Contractor has a mechanism for tracking and trending provider inquiries that includes timely acknowledgement and resolution and taking systemic action as appropriate.	100%	None
DS 8 The Contractor refers members to out-of-network providers if it is unable to provide requested services in its network.	100%	None
DS 9 The Contractor develops, distributes and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	66%	The Contractor's provider manual must contain all requirements listed in ACOM 416.
DS 10 The Contractor has a process for collecting, maintaining, updating and reporting accurate demographic information on its provider network.	100%	None
DS 11 The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.	50%	The Contractor must implement a process consistent with the definitions outlined in ACOM 436 to identify providers, populations, and areas for its AHCCCS required time and distance reporting.



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Delivery Systems (DS)	DS Focus Area Score = 87% (1217 of 1400)	
DS 12 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
DS 13 (RBHA Only) The Contractor has comprehensive policies and procedures and has provided evidence that they actively monitored their own and the provider's operations to ensure they have properly adhered to the requirements of 2 CFR Part 200 to include federal grant funding requirement notifications, communication to providers of prohibited uses of federal grant funding, tracking of provider audits, including Single Audits, and follow-up on findings.	Not Scored	N/A
DS 14 (RBHA Only) Contractor performed provider grant monitoring activities and has evidence of the following: <ul style="list-style-type: none"> • Comprehensive provider SABG, MHBG, and other federal grant policies and procedures that include, but are not limited to, a listing of prohibited expenditures, references to the SABG and MHBG FAQs, AMPM 320-T, Exhibits 300-2b, monitoring and separately reporting of funds by SABG, MHBG and other federal grant funding categories; • SABG, MHBG and other federal grant activities were monitored to ensure funds were expended for authorized purposes; • Federal grants funding tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS. 	Not Scored	N/A
DS 15 (RBHA Only) 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 RBHA Financial Reporting Guide.	Not Scored	N/A



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Delivery Systems (DS)		DS Focus Area Score = 87% (1217 of 1400)
DS 16 The Contractor has developed policies, procedures, and additional resources for curriculum development of Peer Support Employment Training Programs (PSETP), including Contractor staff for questions or assistance.	34%	The Contractor must establish a process through which curricula of PSETP operators are made available for review upon the Contractor's request. The Contractor must establish a process by which the Contractor's OIFA point of contact provides feedback to PSETP operators to further develop and enhance their curricula.
DS 17 The Contractor has ensured that provider sites where provider case management services are delivered have regular and ongoing member and/or family participation in decision making, quality improvement, and enhancement of customer service.	67%	The Contractor must demonstrate quality improvement and enhanced customer service resulting from member and family member participation in the decision-making process at identified provider sites.

General Administration (GA)		GA Focus Area Score = 96% (480 of 500)
Standard	Score	Required Corrective Actions
GA 1 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
GA 2 The Contractor has policies and procedures for the maintenance of records and can provide those records, when requested.	100%	None
GA 3 The Contractor provides training to all staff on AHCCCS guidelines.	100%	None
GA 4 The Contractor develops, reviews, and maintains policies and procedures on policy development.	100%	None
GA 5 The Contractor has policies and procedures for oversight and accountability of all administrative functions and responsibilities delegated to Administrative Services Subcontractors.	80%	The Contractor must have a process in place to notify AHCCCS of any Subcontractor found to be out of compliance within 30 days of discovery.



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Grievance Systems (GS)		GS Focus Area Score = 99% (1691.4 of 1700)
Standard	Score	Required Corrective Actions
GS 1 The Contractor issues and carries out appeal decisions within required timeframes.	100%	None
GS 2 Contractor policies for appeal allow for providers to file on behalf of a member if the member has given their consent.	100%	None
GS 3 The Contractor has a process for the intake and handling of member appeals that are filed orally.	100%	None
GS 4 The Contractor ensures that the individuals who make decisions on appeals were not involved in any previous level of review or decision making.	100%	None
GS 5 The Contractor ensures that the individuals who make decisions on appeals are appropriately qualified.	100%	None
GS 6 The Contractor has a process for internal communication and coordination when an appeal decision is reversed.	100%	None
GS 7 The Contractor continues or reinstates an enrollee's benefits when an appeal is pending under the appropriate circumstances as required by Federal Regulation.	100%	None
GS 8 The Contractor issues Notices of Appeal Resolution that include all information required by AHCCCS.	100%	None
GS 9 If the Contractor or Director's Decision reverses a decision to deny, limit, or delay services that were not furnished while an appeal or hearing was pending, the Contractor authorizes or provides the appealed services promptly and as expeditiously as the member's health condition requires. If an appeal is upheld the Contractor may recover the cost of services received by the enrollee during the appeal	100%	None



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Grievance Systems (GS)	GS Focus Area Score = 99% (1691.4 of 1700)	
process.		
GS 10 The Contractor's member appeal policies allow for, and require notification of the member of, all rights granted under rule.	100%	None
GS 11 The Contractor maintains claim dispute records.	100%	None
GS 12 The Contractor logs, registries, or other written records include all the contractually required information.	100%	None
GS 13 The Contractor confirms all provider claim disputes with a written acknowledgement of receipt.	91.4%	The Contractor must confirm all claim disputes with a written acknowledgement within 5 business days.
GS 14 Requests for hearing received by the Contractor follows the timeframe and notice requirements.	100%	None
GS 15 The Contractor resolves claim disputes and mails written Notice of Decisions no later than 30 days after receipt of the dispute unless an extension is requested or approved by the provider.	100%	None
GS 16 The Contractor's grievance process follows the timeframe and written notice requirements.	100%	None
GS 17 The Contractor shall have written policies delineating the Grievance System.	100%	None

Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 70% (1117 of 1600)	
Standard	Score	Required Corrective Actions
MCH 1 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



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 70% (1117 of 1600)	
MCH 2 The Contractor ensures that pregnant members obtain initial prenatal care appointments, return visits, and receive ongoing prenatal care in accordance with ACOG standards and the AHCCCS Contractor Operations Manual (ACOM) Maternity Care Appointment Standards.	100%	None
MCH 3 The Contractor ensures postpartum care is provided as outlined in AMPM Policy 410.	100%	None
MCH 4 The Contractor ensures maternity care provided to pregnant and postpartum members with a substance use disorder follows ACOG recommendations.	0%	The Contractor must have a policy or procedure documenting the processes for ensuring that maternity care provided to pregnant and postpartum members with a substance use disorder follows ACOG recommendations including consents for coordination of care with patient's SUD treatment providers, an individualized plan of care for each identified pregnant member with SUD, the provider has screened for additional health issues related to SUD and ensures that each member has a plan of safe care in place prior to hospital discharge. The policy or procedure must clearly demonstrate <i>how</i> the Contractor will ensure that these processes are taking place by providing a policy/process for utilizing and following up on the OB AMRR audit tool.
MCH 5 Family planning services and supplies are provided to members, regardless of gender, who voluntarily choose to delay or prevent pregnancy.	100%	None
MCH 6 The Contractor provides EPSDT/well-child services according to the AHCCCS EPSDT Periodicity Schedule.	25%	<ul style="list-style-type: none"> The Contractor must submit a process that describes how the Contractor ensures staff who oversee the EPSDT program and support members are appropriately trained and kept up to date with EPSDT program and contract requirements, and policies including Maternity Care Services, Oral Health Care, EPSDT Services including the EPSDT and Dental Periodicity Schedule, Women's Preventive Care, Family Planning Services and Supplies. The Contractor must also submit evidence that its staff have been trained and informed of EPSDT requirement.



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score =	70% (1117 of 1600)
		<ul style="list-style-type: none"> The Contractor must submit a process for informing all providers about EPSDT services, including federal requirements, state regulations, and AHCCCS policy requirements initially and on an ongoing basis. The Contractor must submit a process that demonstrates what improvement strategies/activities are used to improve provider participation rates in providing EPSDT/well-child services.
MCH 7 The Contractor monitors member adherence with obtaining EPSDT services.	25%	<p>The Contractor must demonstrate evidence of its process to increase member utilization of EPSDT/well-child visits, including evidence of evaluating and addressing barriers to accessing care.</p> <p>The Contractor must demonstrate its process to provide individualized outreach to members who have not received EPSDT/well-child services according to the AHCCCS periodicity schedule.</p> <p>The Contractor must demonstrate its process to identify and addresses barriers to members who do not receive EPSDT screenings.</p>
MCH 8 The Contractor monitors provider compliance with providing EPSDT services.	80%	<p>The Contractor must demonstrate that their policy, process, and staff training utilize the AZAHP AMMR tools to monitor provider compliance with completing all key EPSDT screenings during each well-child visit, including blood lead testing at the developmental screenings, that the appropriate growth charts for age groups are being used for the determination of BMI, behavioral health, substance use, STIs, and availability of family planning services and supplies (as appropriate for age at visit).</p>
MCH 9 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



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 70% (1117 of 1600)	
MCH 10 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
MCH 11 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.	86%	The Contractor must submit documentation demonstrating a more robust referral process for Early Head Start/Head Start that extends beyond referrals from Clinical Sample Templates, to include at least one successful case example.
MCH 12 (All Plans except RBHAs) The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.	100%	None
MCH 13 The Contractor identifies and monitors the needs of EPSDT members, coordinates their care, and conducts adequate follow up to verify that members receive timely and appropriate treatment.	75%	The Contractor must conduct follow up to verify timely and appropriate treatment is received for medical and behavioral health needs. The follow up must include care needed as indicated on the AHCCCS-approved EPSDT Clinical Sample Templates, including necessary referrals, prior authorizations, and case management. The referral policy/process must demonstrate how the loop is closed with the providers who made the referral when the Contractor is unable to reach members and what methods are used to locate those members.
MCH 14 The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.	60%	The Contractor must demonstrate their policies, processes, procedures, etc. utilized to monitor and implement interventions for follow-up, including referrals of EPSDT members identified as underweight and overweight. The Contractor must demonstrate their policy, process, and staff training to utilize the AZAHP AMMR tools to monitor that the provider accesses and addresses growth and development issues, with member/family when an underweight or overweight BMI has been identified, including that the appropriate growth charts for age groups are being used for the determination of BMI.
MCH 15 The Contractor ensures that women's preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).	33%	The Contractor must develop and implement a written process and materials to educate members about all women's preventative health services annually, detailing the covered services included as part of the



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score =	70% (1117 of 1600)
		<p>well-woman preventative care visit according to the Contractor's Women's Preventative Care Service Policy and the AHCCCS Medical Policy Manual (AMPM), Chapter 400, Policy 411. The Contractor must provide written member materials, including the member handbook, to align with the Contractor's policy, MCH15 Policy – MC3017A Well Women's Preventative Care Services.pdf and the AHCCCS Medical Policy Manual requirements as listed in AMPM 411 which include a complete detailed listing of well women's preventative care services available to members.</p> <p>The Contractor must develop and implement a written process to inform all primary care providers (PCPs) and obstetrician/gynecologist (OB/GYN) providers of the availability of women's preventive care services, as specified in the Contractors' Policy, MCH15 Policy – MC3017A Well Women's Preventative Care Services.pdf, and the AHCCCS Medical Policy Manual (AMPM), Chapter 400. Policy 411. The Contractor must provide written provider materials to meet the Contractor's policy and the AHCCCS Medical Policy Manual requirements as listed in AMPM 411, including but not limited to a complete detailed listing of well women's preventative care services available to members. Additionally, the Contractor must ensure its provider manual is updated to include this information based on the Contractor's own policy that the information is provided in the provider manual.</p>
<p>MCH 16 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.</p>	33%	<ul style="list-style-type: none"> The Contractor must demonstrate that members are notified of family planning services and supplies in accordance with AMPM 420 and Exhibit 400-3 requirements. The Contractor must demonstrate how it adheres to AMPM 410 and AMPM Exhibit 400-3 requirements for Maternity Care Services outreach including how the Contractor informs members that there is no copayment or other charge for covered pregnancy related services such as the postpartum visit, The Contractor must demonstrate how it adheres to AMPM 430 and AMPM Exhibit 400-3 requirements for the first and second reminder of the EPSDT visit notification.



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 70% (1117 of 1600)
	<ul style="list-style-type: none"> The Contractor must demonstrate adherence to AMPM Exhibit 400-3 requirements for providing annual (or for each pregnancy) education on EPSDT services, Women preventive services, Maternity Care services, Family Planning Services and Supplies, and Oral health care, including, but not limited to, lead poisoning information and recommended mandatory testing for EPSDT members and maternity members, risks of elective inductions prior to 39 weeks, required breastfeeding information (all listed topics), information about low/very low birth weight, age-appropriate weight gain, STIs, suicide prevention, women’s preventive services, asthma.

Medical Management (MM)	MM Focus Area Score = 90% (2084 of 2300)	
Standard	Score	Required Corrective Actions
MM 1 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
MM 2 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
MM 3 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.	78%	The Contractor must comply with policies and procedures for proactive discharge planning.
MM 4 Emergency Department (ED) Utilization and Monitoring of ED 24 Hours Post Medical Clearance	81%	The Contractor must demonstrate evidence of the CMO or Medical Director involvement for members experiencing a delay in discharge from the ED within its policies and procedures.



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Medical Management (MM)	MM Focus Area Score = 90% (2084 of 2300)	
MM 5 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	92%	The Contractor must comply with the policies and procedures for prior authorization.
MM 6 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	100%	None
MM 7 The Contractor has a comprehensive inter-rater reliability (IRR) testing process to ensure consistent application of criteria for clinical decision making.	100%	None
MM 8 The Contractor conducts retrospective reviews.	53%	The Contractor must comply with retrospective review policies and procedures. The Contractor must document the outcome of any retrospective review along with the rationale for the decision by the clinical staff with relevant clinical expertise.
MM 9 The Contractor develops or adopts and disseminates evidence-based clinical practice guidelines for physical and behavioral health services.	100%	None
MM 10 The Contractor evaluates new technologies and new uses for existing technologies.	67%	The Contractor must implement a process to review new technologies and new uses for existing technologies on a quarterly basis, or within 72 hours when an urgent request is made.
MM 11 The Contractor ensures that a Health Risk Assessment (HRA) is conducted to identify member behavioral and/or physical health care needs and members at risk for and/or with special health care needs.	100%	None
MM 12 The Contractor coordinates care for members with qualifying Children's Rehabilitative Services (CRS) conditions.	100%	None
MM 13 The Contractor identifies and coordinates care for members who are candidates for stem cell or solid organ transplants.	100%	None
MM 14 The Contractor promotes health maintenance and coordination of care	100%	None



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Medical Management (MM)	MM Focus Area Score = 90% (2084 of 2300)	
through Disease/Chronic Care Management Programs.		
MM 15 The Contractor has a system and process that outline a Drug Utilization Review (DUR) Program.	100%	None
MM 16 The Contractor identifies, monitors, and implements interventions to prevent the misuse of controlled and non-controlled medications.	95%	None
MM 17 The Contractor facilitates coordination of services being provided to member when the member is transitioning between Contractors.	67%	The Contractor must ensure all sections of the ETI are completed.
MM 18 The Contractor does not deny emergency services.	100%	None
MM 19 The Contractor issues a Notice of Adverse Benefits (NOA) determination to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	95%	None
MM 20 The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.	60%	The Contractor must have procedures in place for monitoring compliance with Mental Health Parity on an ongoing basis.
MM 21 (ACC, CHP and RBHA Only) The Contractor monitors nursing facility stays to assure that the length of stay does not exceed the 90 day per contract year limitation.	100%	None
MM 22 The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.	100%	None
MM 23 The Contractor establishes processes for ensuring coordination and provision of appropriate services for members transitioning from the justice system	100%	None

Member Information (MI)	MI Focus Area Score = 100% (900 of 900)	
Standard	Score	Required Corrective Actions
MI 1	100%	None



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Member Information (MI)	MI Focus Area Score = 100% (900 of 900)	
The Contractor's New Member Information/Welcome Packets meet AHCCCS standards for content and distribution.		
MI 2 The Contractor notifies members that they can receive a new member handbook annually.	100%	None
MI 3 The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	100%	None
MI 4 The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	100%	None
MI 5 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
MI 6 The Contractor distributes at a minimum two member newsletters per contract year which contain the required member information.	100%	None
MI 7 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
MI 8 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
MI 9 The Contractor maintains policies on Social Networking.	100%	None



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Quality Management (QM)		QM Focus Area Score = 80% (1115 of 1400)
Standard	Score	Required Corrective Actions
<p>QM 1 The Contractor has a structure and process in place for tracking and trending reportable incidents, quality-of-care concerns, and member service concerns for member/system resolution.</p>	90%	<ul style="list-style-type: none"> Element #1 and Element #3: QM Portal IRF Submissions: The Contractor must provide QM QOC Department staff training on AMPM policy 960 related to timely entry of IRFs into the QM Portal. Training documentation must be submitted to AHCCCS that includes training materials, printed first and last name of QM staff, title, and date of training received. In addition, the Contractor must submit five case files that reflect implementation of this training. New QOC Allegations: The Contractor must develop and submit for AHCCCS review, a process to ensure that documentation in the QM Portal is reflective of information as it is received during the investigation, including new allegations identified during the investigation/review process. For the case files, IRF-2021-17160 and IRF-2022-3084, the Contractor must re-review these cases and address the AHCCCS findings to ensure appropriate QOC investigation and address the need for provider corrective action as necessary. The Contractor must update the QM Portal in accordance with AMPM policies and submit communication via the QM Portal to AHCCCS QM notifying AHCCCS of the re-review, as well as the completion of the re-evaluation and/or amendments. <p>In addition, the Contractor must develop and submit for AHCCCS review, a process to ensure that all appropriate areas of the QM Portal are completed to comprehensively reflect the case investigation and address each applicable finding.</p> <p>The Contractor must provide training to QM QOC staff on the above newly developed and approved policies and procedures. The Contractor must also retrain staff on policies and procedures related to addition of new</p>



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Quality Management (QM)	QM Focus Area Score =	80% (1115 of 1400)
		<p>allegations identified during the investigation process. The Contractor must submit training materials for these trainings, and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.</p> <p>Element #2, Element #3, and Element #4:</p> <ul style="list-style-type: none"> • QOC and non-QOC Determination: The Contractor must provide QM QOC Department staff training related to the process of reviewing incidents according to current AMPM policy 960 and 961 as it relates to documents and information to be reviewed during the triage process for appropriate QOC determination and timely opening and update of QM Portal status for incidents involving a QOC concern. Training must also include delineation and determination between QOCs and non-QOCs, and appropriate documentation to reflect clear and objective rationale for the determination in the QM Portal. Training documentation is to be submitted to AHCCCS that includes training materials, printed first and last name of QM QOC staff, title, and date of training received. <p>In addition, the Contractor must submit five case files that reflect implementation of the above training.</p> <p>Element #2:</p> <ul style="list-style-type: none"> • Triage Process: The Contractor must provide QM QOC Department staff training related to reviewing incidents according to current AMPM policy 960 and 961, within one business day of receipt. Training documentation is to be submitted to AHCCCS that includes training materials, printed first and last name of QM QOC staff, title, and date of training received. <p>Element #3:</p> <ul style="list-style-type: none"> • Extension Requests: The Contractor must provide evidence



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Quality Management (QM)	QM Focus Area Score =	80% (1115 of 1400)
		<p>of QM QOC Department training of AMPM policy 960 related to ensuring that investigations and resolution of member and systemic concerns are processed timely based on the nature and severity of each case or as requested by AHCCCS and that appropriate requests for extensions are implemented for cases requiring additional investigation time. In addition, the Contractor must provide QM QOC Department staff training to ensure scheduled due dates of each QOC are consistently documented in the QM Portal, including submission of appropriate requests to AHCCCS QM for extension in accordance with AMPM policy 960.</p> <p>The Contractor must submit evidence of its training completion, including training materials, printed first and last name of QM QOC staff, title, and date of training received.</p> <ul style="list-style-type: none"> • QM Portal Documentation: The Contractor must develop and submit for AHCCCS review, a process to ensure that documentation in the QM Portal is reflective of information as it is received during the investigation and that all appropriate areas of the QM Portal are completed to comprehensively reflect the case investigation and address each applicable finding. <p>The Contractor must provide training to QM QOC staff on the above newly developed and approved policies and procedures. The Contractor must submit training materials for these trainings, and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.</p> <ul style="list-style-type: none"> • Provider Notification of Sentinel Event: The Contractor must update and submit for AHCCCS review, policies and procedures that reflect current AMPM policy 960, 961, and the July 2021 AHCCCS Memo, related to provider notification and submission of sentinel events to the Contractor, including the process for the Contractor's QM QOC staff in addressing providers failing to report.



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Quality Management (QM)	QM Focus Area Score =	80% (1115 of 1400)
		<p>The Contractor must train QM QOC staff on the Contractor's updated and approved policies and procedures above. The Contractor must submit evidence of its training completion, including training materials, printed first and last name of QM QOC staff, title, and date of training received.</p> <ul style="list-style-type: none"> Contractor Notification of Sentinel Event: The Contractor must retrain QM QOC staff on AMPM policy 961 related to ensuring notification of all sentinel events via email at CQM@azahcccs.gov immediately, but within 24 hours of notification. The Contractor must submit evidence of its training completion, including training materials, printed first and last name of QM QOC staff, title, and date of training received. Additionally, the Contractor must submit five case files that reflect implementation of this training. <p>Element #4:</p> <ul style="list-style-type: none"> Sentinel Event Identification: The Contractor must retrain QM QOC staff on AMPM policy 961, related to identification of sentinel events. The Contractor must submit evidence of its training completion, including training materials, printed first and last name of QM QOC staff, title, and date of training received. Contractor Notification of Sentinel Event: Please refer to the above corrective action requirement under Element #3, Contractor Notification of Sentinel Event, for the corrective action for Element #4.
<p>QM 2 The Contractor has a structure and process in place for reportable incidents, quality-of-care concerns and member complaint tracking and trending for system improvement.</p>	100%	None



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Quality Management (QM)	QM Focus Area Score = 80% (1115 of 1400)	
QM 3 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.	Not Scored	N/A
QM 4 The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.	100%	None
QM 5 (ALTCS/EPD and DES/DDD Only) Contractor ensures that the staff providing attendant care, personal care, homemaker services, and habilitation services are monitored as outlined in Chapter 900.	Not Scored	N/A
QM 6 The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.	100%	None
QM 7 The Contractor has implemented a process to complete on-site quality management monitoring and investigations when potential quality of care concerns are identified, including health and safety concerns and Immediate Jeopardy.	100%	None
QM 8 The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.	40%	Element #4: The Contractor must update policies and procedures, including development or revision of job roles and descriptions and update of Organizational Chart documentation to reflect Contract requirements of the QM Manager, and submit these documents for AHCCCS review. Additionally, the Contractor must provide documentation reflecting the plan of implementation to meet Contract requirements for the key staffing position of the QM Manager. Element #5: While the Contractor's policies reflected that employees are trained to identify potential QOC concerns and to refer concerns to the QOC Team upon hire, it was noted that this training was not consistently provided upon hire or in accordance with AMPM policy 910



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Quality Management (QM)	QM Focus Area Score =	80% (1115 of 1400)
		<p>timeframes.</p> <ul style="list-style-type: none"> The Contractor must update and submit for AHCCCS review, pertinent policies and procedures to reflect training requirements of new employees in accordance with AMPM policy. The Contractor must submit evidence of staff training on the identification and process for referring suspected QOC concerns to the QM Team based on the Contractor's above updated and approved policies and procedures. The Contractor must ensure that training documents submitted for AHCCCS review provides information that includes, but is not limited to, employee's first and last name, title, date of hire, name of employee's Department, date of training received and completed, and sign in sheets/attestation of completion. <p>Element #6: Refer to the Required Corrective Action for Element #4 above to meet the corrective action for this element.</p>
<p>QM 9 The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes Quality Management policies reflective of AHCCCS requirements including, but not limited to: Quality of Care, Credentialing, On-Site Reviews, etc.</p>	<p>0%</p>	<p>Element #1: The Contractor must develop Quality Management policies that are reflective of current AHCCCS Quality Management requirements, and this includes updates to the following policies: QM 1507 A Resolving Potential Quality of Care Concerns and Policy QM 1320 A Incidents/ HCAC/OPPCS. The Contractor must submit for AHCCCS review an updated and approved version of policies.</p> <p>Element #2: The Contractor must develop internal processes that align with the Contractor's Quality Management policies: Quality of Care (QOC) Create a case process documentation. The Contractor must submit for AHCCCS review an updated and approved version of internal processes that reflect the updated and approved policies listed above.</p> <p>In addition, the Contractor must develop internal processes that align</p>



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Quality Management (QM)	QM Focus Area Score =	80% (1115 of 1400)
		with the Contractor's Quality Management policies: QM 1507 A Resolving Potential Quality of Care Concerns and Policy QM 1320 A Incidents/ HCAC/OPPCS. The Contractor must submit for AHCCCS review an updated and approved version of internal processes that reflect the updated and approved policies listed above.
QM 10 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.	100%	None
QM 11 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	100%	None
QM 12 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	70%	<p>Element #1: The Contractor must provide training to appropriate staff on the Contractor's policy and any newly developed processes related to the timely rendering of provisional credentialing decisions as outlined in AMPM policy 950. The Contractor must provide evidence of the training materials, as well as sign-in sheets/attestations with printed first and last name, title, and date the training was received.</p> <p>Element #2:</p> <ul style="list-style-type: none"> • Provisional Providers: The Contractor must revise and submit for AHCCCS review current and approved policy, including any newly developed processes, to reflect AMPM Policy 950 requirements that outlines the nine AHCCCS categories to be considered for Provisional Credentialing. <p>The Contractor must provide training to appropriate staff on the Contractor's policy and any newly developed processes related to the Contractor's provisional credentialing process.</p> <p>The Contractor must provide evidence of the training materials, as well as sign-in sheets/attestations with printed</p>



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Quality Management (QM)	QM Focus Area Score =	80% (1115 of 1400)
		first and last name, title, and date the training was received.
QM 13 The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network.	100%	None
QM 14 The Contractor has a process for verifying credentials of all organizational providers.	68%	Element #1: <ul style="list-style-type: none"> Recredentialing Review of Organizational Providers: The Contractor must revise all appropriate credentialing policies to reflect AMPM Policy 950 requirements for Organizational Providers related to review of specific provider information. This information is to include but is not limited to: Member concerns which include grievances (complaints), b. Utilization management information, c. Performance improvement and monitoring, d. Quality of care issues. The Contractor must submit the above revised, current, and approved policies for AHCCCS review. <p>In addition, the Contractor must provide training to appropriate staff on the revised policies and must provide training materials and evidence of sign-in sheets/attestations with printed first and last name, title, and date of training received.</p> <p>Further, the Contractor must provide at least five examples of organizational provider files demonstrating review and implementation of this policy.</p> <ul style="list-style-type: none"> Accrediting Body Approval: The Contractor must develop a procedure and revise current policy to confirm a provider is approved by an appropriate accrediting body as specified by CMS. The Contractor must submit the above approved, newly developed, and revised, policies and procedures for AHCCCS review.



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Quality Management (QM)	QM Focus Area Score =	80% (1115 of 1400)
		<p>In addition, the Contractor must provide training to appropriate staff on the revised policies and procedures and must submit training materials and evidence of sign-in sheets/attestations with printed first and last name, title, and date of training received.</p> <ul style="list-style-type: none"> Business License: The Contractor must develop, and update policies and procedures related to organizational credentialing review that includes review of business license and, if applicable, regulatory agency licensure, that are in alignment with AMPM policy requirements. <p>The Contractor must train appropriate staff on the above newly developed and updated policies and procedures, and must submit for AHCCCS review, training materials and evidence of sign-in sheets/attestations with printed first and last name, title, and date of training received.</p> <p>The Contractor must submit five organizational provider files demonstrating review and implementation of these policies and procedures.</p> <p>Element #2: The Contractor must develop a procedure and revise current policy to ensure the review of personnel files and training/supervision files for behavioral health providers that utilize Behavioral Health Technicians and Paraprofessionals in accordance with AMPM requirements. The Contractor must submit the above approved, newly developed, and revised, policies and procedures for AHCCCS review.</p> <p>In addition, the Contractor must provide training to appropriate staff on the newly developed and revised policies and procedures and must submit training materials and evidence of sign-in sheets/attestations with printed first and last name, title, and date of</p>



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Quality Management (QM)	QM Focus Area Score =	80% (1115 of 1400)
		<p>training received.</p> <p>The Contractor must provide at least five examples of organizational provider files demonstrating review and implementation of this policy and procedure.</p>
<p>QM 15 The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.</p>	74%	<p>Element #2: Please refer below to Element #5: Contractor's S&R entry into the QM Portal for the required corrective action for Element #2.</p> <p>Element #5:</p> <ul style="list-style-type: none"> • Contractor S&R QM Portal Entry: The Contractor must develop and submit for AHCCCS review a current and approved (non-draft) policy and procedure to submit individual reports of S&R to the AHCCCS QM Portal within three days from receipt of the provider's submitted documentation. <p>The Contractor must provide QM QOC Department staff training to the Contractor's policy and any newly developed processes related to the Contractor submission of S&R reports into the QM Portal.</p> <p>The Contractor must provide evidence of the training materials, as well as sign-in sheets/attestations with printed first and last name of QM QOC staff, title, and date the training was received.</p> <p>The Contractor must also provide at least five S&R case files demonstrating that S&R submissions were completed and processed in accordance with Deliverable requirements and the Contractor's policies.</p> <ul style="list-style-type: none"> • Provider submission of S&R Reports: The Contractor must submit for AHCCCS review, a current and approved or newly developed policy and procedure to retain the receipt of



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Quality Management (QM)	QM Focus Area Score =	80% (1115 of 1400)
		<p>submission of provider reports in order to provide this information for AHCCCS review upon request. The Contractor must provide QM QOC Department staff training to AHCCCS AMPM Policy and the Contractor's policy including any newly approved and developed procedures related to provider submission of S&R reports.</p> <p>The Contractor must provide evidence of the training materials, as well as sign-in sheets/attestations with printed first and last name of QM QOC staff, title, and date the training was received.</p> <p>The Contractor must also provide at least five S&R case files demonstrating implementation of AMPM policy 962 and the above Contractor's policy and procedure related to provider submission of S&R reports.</p>
<p>QM 16 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>	73%	<p>Element #3: The Contractor must update A QM16 Policy QM 1317 A Seclusion and Restraint to reflect AMPM policy requirements related to the timeframe for IOC submission. The Contractor must submit this updated and approved policy for AHCCCS review.</p> <p>Element #5: IOC Redaction - The Contractor must retrain staff on proper redaction of PII prior to IOC submission for review. The Contractor must submit evidence of the training materials, as well as sign sheets/attestations with printed first and last name of QM QOC staff, title, and date the training was received. In addition, the Contractor must provide at least five IOC case files demonstrating that PII is redacted prior to submitting reports for IOC review in accordance with AMPM policy and the Contractor's current and approved policies and procedures.</p> <ul style="list-style-type: none"> • Timely Submission of IOC Reports - The Contractor must develop and/or update policies and procedures and submit for AHCCCS review, a current and approved process to demonstrate that the Contractor submits all required documents for IOC review within three business days of



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Quality Management (QM)	QM Focus Area Score =	80% (1115 of 1400)
		<p>completion of any triage or investigation process. The Contractor must train staff on the above current and approved policies and procedures related to IOC document uploading and timeframes and submit for AHCCCS review, evidence of the training materials as well as the sign sheets/attestations with printed first and last name of QM QOC staff, title, and date the training was received. Additionally, the Contractor must submit for AHCCCS review, evidence of implementation of this process based on current/updated and approved policies and procedures.</p>

Reinsurance (RI)	RI Focus Area Score =	100% (400 of 400)
Standard	Score	Required Corrective Actions
RI 1 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
RI 2 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
RI 3 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
RI 4 The Contractor has policies and procedures for monitoring the appropriateness of the reinsurance revenue received against paid claims data.	100%	None



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Third Party Liability (TPL)		TPL Focus Area Score = 100 % (800 of 800)
Standard	Score	Required Corrective Actions
TPL 1 If the Contractor discovers the probable existence of a liable party that is not known to AHCCCS, the Contractor reports that information to the AHCCCS contracted vendor not later than 10 days from the date of discovery.	100%	None
TPL 2 The Contractor identifies the existence of potentially liable parties through the use of trauma code edits and other procedures.	100%	None
TPL 3 The Contractor does not pursue recovery on the case or discuss the case with the third party unless the case has been referred to the Contractor by AHCCCS, or by the AHCCCS authorized representative: Restitution Recovery, Motor Vehicle Cases, Other Casualty Cases, Worker's Compensation, and Tortfeasors.	100%	None
TPL 4 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
TPL 5 The Contractor files liens on total plan casualty cases that exceed \$250.	100%	None
TPL 6 Prior to negotiating a settlement on a total plan case, the Contractor shall notify AHCCCS to ensure that no reinsurance or fee-for-service payments have been made by AHCCCS.	100%	None
TPL 7 The Contractor shall submit complete settlement information to AHCCCS, using the AHCCCS approved casualty recovery Notification of Settlement form within 10 business days from the settlement date, or on an AHCCCS-approved electronic file by the 20th of each month.	100%	None
TPL 8 The Contractor shall respond to requests from AHCCCS or AHCCCS'	100%	None



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Third Party Liability (TPL)	TPL Focus Area Score = 100 % (800 of 800)
TPL Contractor to provide a list of claims related to the joint or mass tort case within 10 business days of the request.	

Quality Improvement (QI)	QI Focus Area Score = 96% (585 of 600)	
Standard	Score	Required Corrective Actions
QI 1 The Contractor and its governing body are accountable for all Quality Management/Performance Improvement (QM/PI) program functions.	100%	None
QI 2 The Contractor reviews, analyzes, and evaluates quality improvement data (performance measures, performance improvement projects, etc.) necessary for implementing and maintaining its Quality Management/Performance Improvement (QM/PI) Program.	90%	The Contractor must conduct aggregate and subpopulation data analysis of quality improvement data [inclusive of members with special health care needs such as EPSDT, Maternal (pregnant and postpartum members), Behavioral Health Category, and CRS designated members] and implement targeted interventions to address any noted disparities identified as part of the Contractor's data analysis efforts related to Contractor self-selected performance improvement projects (PIPs).
QI 3 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
QI 4 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
QI 5 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
QI 6 The Contractor participates in applicable community initiatives for each	85%	The Contractor must attend/participate in and/or facilitate applicable community initiatives, events, and/or activities, aimed to address



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Quality Improvement (QI)	QI Focus Area Score =	96% (585 of 600)
Medicaid line of business.		overarching community concerns, related to Chronic Disease Management. The Contractor must also implement additional interventions aimed to address overarching community concerns related to Chronic Disease Management.

Integrated System of Care	ISOC Focus Area Score =	100% (2100 of 2100)
Standard	Score	Required Corrective Actions
ISOC 1 (All Plans except CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) prior to member discharge and for members who are conditionally released under the authority of the Psychiatric Security Review Board (PSRB).	100%	None
ISOC 2 (All Plans except CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission to and members who are discharge ready from AzSH.	100%	None
ISOC 3 The Contractor allows Primary Care Providers (PCPs) to provide behavioral health services within their scope of practice including but not limited to Substance Use Disorders, Anxiety, Depression and Attention Deficit Hyperactivity Disorder (ADHD) for the purpose of medication management.	100%	None
ISOC 4 The Contractor ensures that members receive medically necessary behavioral health services.	100%	None
ISOC 5 The Contractor ensures the availability and provision of services to members diagnosed with or at risk for Autism Spectrum Disorder (ASD).	100%	None
ISOC 6 The Contractor employs care managers and ensures the provision of Contractor care management functions.	100%	None
ISOC 7	100%	None



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Integrated System of Care	ISOC Focus Area Score = 100% (2100 of 2100)	
The Contractor ensures coordination and provision of appropriate services for members who are on court ordered treatment.		
ISOC 8 The Contractor monitors members and services provided to members in out-of-state placement settings.	100%	None
ISOC 9 The Contractor has implemented processes for all outreach, engagement, re-engagement and closure activities for behavioral health services.	100%	None
ISOC 10 The Contractor ensures the availability and timely delivery of generalist direct support providers and specialty providers to deliver flexible, in-home, community-based support and rehabilitation services (Meet Me Where I Am Services (MMWIA)).	100%	None
ISOC 11 The Contractor ensures the availability and implementation of Evidence-Based practices (EBPs) for Transition Aged Youth (TAY) ages 16-24.	100%	None
ISOC 12 The Contractor ensures the provision of Trauma Informed Care and Services.	100%	None
ISOC 13 The Contractor promotes service delivery and network capacity for children age birth to five.	100%	None
ISOC 14 The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for youth.	100%	None
ISOC 15 The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for adults.	100%	None
ISOC 16 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



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Integrated System of Care	ISOC Focus Area Score = 100% (2100 of 2100)	
ISOC 17 The Contractor ensures that behavioral health medical record requirements are completed in accordance with AHCCCS Policy.	100%	None
ISOC 18 The Contractor ensures that a current assessment and service plan have been completed within the previous 365 days and are part of the behavioral health medical record.	100%	None
ISOC 19 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
ISOC 20 The Contractor demonstrates integrated care efforts for members throughout all service delivery.	100%	None
ISOC 21 The Contractor maintains collaborative relationships with other government entities that deliver services to members and their families, ensures access to services, and coordinates care with consistent quality.	100%	None