



Department of Economic Security
Division of Developmental Disabilities

Operational Review
Contract Year 2024
October 31, 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 Department of Economic Security Division of Developmental Disabilities (DES DDD) 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 DES DDD from August 12, 2024, through August 15, 2024.

A copy of the draft version of this report was provided to the Contractor on October 3, 2024. DES DDD 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:

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

Case Management (CM)		CM Standard Area Score = 77% (1765 of 2300)
Standard	Score	Required Corrective Actions
CM 1 The Contractor implements policies and procedures for initial contact, on-site visits, and service initiation.	66%	The Contractor must ensure adherence to the timeliness standards for conducting initial contact, initial on-site visits, and initial service initiation for newly enrolled members. The Contractor must ensure appropriate and clear case file documentation for when initial contact, initial on-site visits, and initial service initiation were conducted/completed. Additionally (as applicable), the Contractor must ensure appropriate and clear case file documentation that supports why adherence to the required timeframes for newly enrolled members were not met.
CM 2 The Contractor implements policies and procedures for initial contact, on-site visits and service initiation.	83%	The Contractor must develop a process to effectively monitor and ensure documentation of initial contact and/or all attempts to contact members/HCDMs.
CM 3 The Contractor implements policies and procedures for conducting placement and service planning.	56%	The Contractor must develop a process to monitor and ensure the adherence to timeliness standards for the provision of services to existing members, including appropriate and sufficient documentation.
CM 4 The Contractor implements policies and procedures for conducting discharge planning for members enrolled with the Contractor while in the hospital and for existing members who experience a hospitalization.	55%	<p>The Contractor must ensure that CMs are adequately documenting all discharge planning activities and any/all care coordination occurring, including any services being arranged for by the CMs and in place prior to a member's discharge to his or her own home or to an Alternative HCBS Setting, and (as applicable) that on-site reviews within 10 business days post-discharge from an inpatient setting or when there is a change in placement type are occurring.</p> <p>Additionally, the Contractor must provide clarification as it relates to the role/responsibilities of the assigned CM and the HCS Complex team role vs the role/responsibilities of the AHCCCS Division of Fee-For-Service Management (DFSM) unit.</p>
CM 5	38%	The Contractor must ensure that all CMs use a person-centered approach when assessing member needs and developing the PCSP including but



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Case Management (CM)			CM Standard Area Score = 77% (1765 of 2300)		
The Contractor implements policies and procedures for conducting needs assessment and care planning.		not limited to the member/family's role in identifying needs, making informed decisions, planning, and directing their own care; availability of community resources/non-ALTCS funded services; allowing the member/family to identify their role in interacting with the service system; review and documentation of the available Service Delivery Model options and care coordination occurring across all facets of the service system.			
CM 6 The Contractor implements policies and procedures for conducting needs assessment and care planning.	12%	<p>The Contractor must ensure a process is in place to effectively monitor and ensure that:</p> <ul style="list-style-type: none"> member acuity/level of care is being appropriately assessed and that the UAT assessed acuity/level of care is consistent with all other case file documentation; member HNTs are accurate, complete, and consistent with other case file documentation; and individualized member goals are identified and documented within the PCSP and that goals are being monitored for progress at each planning meeting or more frequently as indicated and updated in the PCSP. 			
CM 7 The Contractor implements policies and procedures that meet the Cost Effectiveness Study (CES) Standards.	100%	None			
CM 8 The Contractor implements policies and procedures for placement and service planning.	53%	<p>The Contractor's <i>L CM8 DDD Med Policy 1620 D Placement and Serv Planning</i>, <i>L CM8 Mbr Contingency IP Model Back up DDD 2113A</i>, and <i>L CM9 Post Meeting Case File Update Checklist</i> must be updated to reflect the current Member Contingency/Back-up planning process as outlined in AMPM Policy 1620-D and AMPM Policy 1620-E.</p> <p>Additionally, the Contractor must ensure a process is in place to effectively monitor and ensure that:</p> <ul style="list-style-type: none"> CMs are only completing Member Contingency Plan/Back-up Plan for members receiving direct care services under the Self-Directed Attendant Care (SDAC) service model. CMs are engaging in and appropriately documenting discussion with members around emergency and disaster planning and/or 			



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Case Management (CM)	CM Standard Area Score = 77% (1765 of 2300)	
		attempts to assist members in the development of a Member Emergency/Disaster Plan in accordance with AMPM Policy 1620-D.
CM 9 The Contractor implements policies and procedures for the Client Assessment Tracking System (CATS).	98%	None
CM 10 The Contractor implements policies and procedures for Service Plan monitoring.	70%	<p>The Contractor must develop a process to more effectively monitor and ensure that case managers are completing accurate and comprehensive PCSPs in accordance with AMPM policy 1620-E, are addressing all areas of the PCSP or at a minimum indicating "N/A (as appropriate), are updating PCSPs accordingly, and are documenting exceptions to these requirements accordingly.</p> <p>The Contractor must develop a process to more effectively oversee and ensure that there is adequate documentation by CMs as it relates to the review and monitoring of member placement/s and that CMs document acceptable reasons for not providing placement and service reviews onsite, with the member present and within the required timeframes, including alternatives for conducting the visit (when appropriate), as required.</p>
CM 11 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	100%	None
CM 12 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	98%	None
CM 13 The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	92%	<p>The Contractor must ensure the implementation and documentation of behavioral health services monitoring in accordance with AMPM 1620-G. This includes monitoring and ensuring that CMs are appropriately and adequately documenting:</p> <ul style="list-style-type: none"> • the timely involvement of a BH professional to assess, develop a care plan, and preserve the current placement if possible when a



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Case Management (CM)	CM Standard Area Score = 77% (1765 of 2300)	
		<p>member in a non-behavioral health setting presents difficulty managing behaviors (new or existing);</p> <ul style="list-style-type: none"> that behavioral health services are provided in accordance with behavioral health appointment standards as delineated in ACOM Policy 417; any/all current behavioral health services/support in place and/or BH services/supports options discussed; and that timely and appropriate follow-up (when applicable) is conducted, including any resources offered/provided.
<p>CM 14 The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.</p>	82%	<p>The Contractor must develop a process to more effectively monitor and ensure implementation of requirements for behavioral health services in accordance with AMPM 1620-G. This includes CM coordination of the initial consult and quarterly discussions with the BH professional for all members receiving/needing BH services, documenting the use of psychotropic medications, including the purpose of the medication and member reported therapeutic effects/adverse reactions at each reassessment; and engaging in discussions and development of a plan of action with the BH consultant and/or prescribing practitioner when medication issues are identified.</p>
<p>CM 15 The Contractor implements policies and procedures for providing and monitoring skilled nursing services.</p>	100%	None
<p>CM 16 (DES/DDD Only) The Contractor implements policies and procedures for monitoring the cost effectiveness of its members.</p>	100%	None
<p>CM 17 The Contractor implements policies and procedures for reporting abuse and neglect.</p>	100%	None
<p>CM 18 The Contractor implements policies and procedures for conducting case management staff orientation/training.</p>	100%	None
<p>CM 19</p>	100%	None



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Case Management (CM)		CM Standard Area Score = 77% (1765 of 2300)
The Contractor implements policies and procedures for internal monitoring of the case management program on a quarterly basis.		
CM 20 The Contractor implements policies and procedures for monitoring case management caseloads for compliance with AHCCCS Standards.	49%	At minimum, the Contractor must ensure that all Districts have an average caseload at or below the current AHCCCS standard of 1:43. The Contractor shall also continue to develop and implement strategies to bridge the gap between the individual caseload sizes for case managers with 61+ members and those with only 0-19 members on their caseload.
CM 21 The Contractor implements policies and procedures for a comprehensive inter-rater reliability (IRR) process to ensure consistency of member PCSPs and service authorizations.	100%	None
CM 22 (DES/DDD Only) The Contractor implements policies and procedures for monitoring Targeted Case Management services for program compliance.	100%	None
CM 23 The Contractor implements policies and procedures for the timely initiation of services to existing members in an HCBS (own home) setting.	13%	The Contractor must have a process in place to effectively monitor and ensure adequate documentation as it relates to the timely provision of new services to existing members living in their own home, including documentation (other than system generated notes) verifying the delivery of a new service/s (identified or requested) within 14 calendar days following the determination that the service/s is medically necessary and cost effective.

Corporate Compliance (CC)		CC Focus Area Score = 93% (467 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	100%	None



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Corporate Compliance (CC)		CC Focus Area Score = 93% (467 of 500)
all the suspected FWA referrals to AHCCCS OIG following the established mechanisms.		
CC 3 The Contractor educates staff and the provider network on fraud, waste and abuse.	67%	DDD FWA Employee Training have incorrect civil penalty amounts of \$5,000 - \$11,000. The Contractor must ensure its training materials include the correct civil penalty amount of \$13,946 to \$27,894. The Contractor must provide documentation that it has communicated the corrected civil penalty amount of \$13,946 to \$27,894 to its providers and internal staff.
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 = 100% (1000 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 required information.	100%	None
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



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Claims and Information Systems (CIS)		CIS Focus Area Score = 100% (1000 of 1000)
CIS 5 The Contractor pays applicable interest on all claims, including overturned claim disputes.	100%	None
CIS 6 The Contractor accurately applies quick-pay discounts.	100%	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.	100%	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.	100%	None

Delivery Systems (DS)		DS Focus Area Score = 97% (1259 of 1300)
Standard	Score	Required Corrective Actions
DS 1 The Contractor has sufficient, trained staff in place to ensure providers receive assistance and appropriate, prompt resolution to their problems and inquiries.	100%	None
DS 2 The Contractor has an appropriate process for assigning members, determining the appropriate number of members assigned, and adjusting membership assigned to PCPs.	100%	None
DS 3	100%	None



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Delivery Systems (DS)	DS Focus Area Score = 97% (1259 of 1300)	
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.		
DS 4 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 5 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 6 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 7 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
DS 8 The Contractor develops, distributes, and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	66%	The Contractor must ensure its provider manual contains all requirements listed in ACOM 416.
DS 9 The Contractor has a process for collecting, maintaining, updating and reporting accurate demographic information on its provider network.	95%	None
DS 10 The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.	100%	None
DS 11 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 12	98%	None



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Delivery Systems (DS)	DS Focus Area Score = 97% (1259 of 1300)	
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.		
DS 13 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

General Administration (GA)	GA Focus Area Score = 94% (468 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.	68%	The Contractor must demonstrate all policies and procedures have been reviewed at least annually. The Contractor's policies and procedures must demonstrate the signature, hard or digital (electronic), of the appropriate responsible party prior to implementation.
GA 5 The Contractor has policies and procedures for oversight and accountability of all administrative functions and responsibilities delegated to Administrative Services Subcontractors.	100%	None



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Grievance Systems (GS)		GS Focus Area Score = 100% (1700 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	100%	None



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Grievance Systems (GS)	GS Focus Area Score = 100% (1700 of 1700)	
recover the cost of services received by the enrollee during the appeal 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.	100%	None
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 = 100% (1600 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 = 100% (1600 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.	100%	None
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 services according to the AHCCCS EPSDT Periodicity Schedule.	100%	None
MCH 7 The Contractor monitors member adherence with obtaining EPSDT services.	100%	None
MCH 8 The Contractor monitors provider compliance with providing EPSDT services.	100%	None
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
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	100%	None



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 100% (1600 of 1600)	
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..		
MCH 12 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 and Maternity members, coordinates their care, and conducts adequate follow up to verify that members receive timely and appropriate treatment.	100%	None
MCH 14 The Contractor monitors, evaluates, and improves utilization of nutritional screenings, nutritional assessments, counseling and appropriate nutritional interventions, including medically necessary supplemental nutrition therapy to improve the health status of the EPSDT age members.	100%	None
MCH 15 The Contractor ensures that women’s preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).	100%	None
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.	100%	None

Medical Management (MM)	MM Focus Area Score = 87% (1830 of 2100)	
Standard	Score	Required Corrective Actions
MM 1 The Contractor has mechanisms to evaluate utilization data analysis and data management, including both underutilization and	80%	The Contractor must implement processes to identify members and providers who require intervention to correct patterns of abuse or misuse.



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Medical Management (MM)	MM Focus Area Score = 87% (1830 of 2100)	
overutilization of services and implementation of changes as appropriate.		
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.	100%	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.	51%	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.	91%	The Contractor must comply with policies and procedures for proactive discharge planning for members holding in ED 24 Hours Post Medical Clearance.
MM 5 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	80%	The Contractor must have committee meeting minutes showing discussion regarding changes made to PA requirements, monitoring, timeliness of service authorizations, and any acts upon areas requiring improvement.
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.	100%	None
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.	100%	None
MM 11	100%	None



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Medical Management (MM)	MM Focus Area Score = 87% (1830 of 2100)	
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.		
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 through Disease/Chronic Care Management Programs.	100%	None
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.	100%	None
MM 17 The Contractor facilitates coordination of services being provided to member when the member is transitioning between Contractors.	100%	None
MM 18 The Contractor does not deny emergency services.	25%	The Contractor must have policies and procedures to ensure they do not deny payment for emergency services or limit emergency services based on a list of diagnoses or symptoms, indicate that payment will not be denied for the treatment of emergency services when: a representative of the Contractor instructs the member to seek emergency services, the member's medical condition manifests itself by acute symptoms of sufficient severity, the emergency room provider, hospital, or fiscal agent notified the Contractor within 10 calendar days of presentation for emergency services, and the provider that furnishes the services is not contracted with the Contractor.
MM 19 The Contractor issues a Notice of Adverse Benefits determination to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	73%	The Contractor complies with AHCCCS contract and policies for Notice of Adverse Benefit Determination and NOEs: <ul style="list-style-type: none"> NOAs must be sent within the regulatory timeframe, QHP decisions must be dated,



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Medical Management (MM)		MM Focus Area Score = 87% (1830 of 2100)
		<ul style="list-style-type: none"> QHP decision must be the same as the decision notice and the NOA. The Contractor should consider having the QHP provide the language for the NOA, When there is a denial of a previously approved service or a reduction, the NOA must clearly state what has changed. The Contractor must ensure when an NOE is issued, the Contractor will start the additional 14 days starts from the date the NOE is sent, The Contractor must have criteria in place to ensure issuance of timely authorization decisions for requests for services, including those service requests for a member with possible or actual Medicare or other third party coverage.
MM 20 The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.	30%	The Contractor must have policies and procedures for monitoring compliance with Mental Health Parity and submit the completed analysis demonstrating compliance with Mental Health Parity.
MM 21 (ACC, ACC-RBHA, and DCS/CHP) The Contractor monitors nursing facility stays to assure that the length of stay does not exceed the 90 day per contract year limitation.	N/A	N/A
MM 22 The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.	100%	None

Member Information (MI)		MI Focus Area Score = 89% (805 of 900)
Standard	Score	Required Corrective Actions
MI 1 The Contractor's New Member Information meets AHCCCS standards for content and distribution.	100%	None
MI 2 The Contractor notifies members that they can receive a new member handbook annually.	67%	The Contractor must provide written notification to members at least annually, of how to receive a copy of the most recent member handbook.



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Member Information (MI)		MI Focus Area Score = 89% (805 of 900)
MI 3 The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	50%	The Contractor must maintain accurate call tracking logs that record intake, referral, and closure of member inquiries. The Contractor must monitor phone inquiries to ensure members are assisted according to department policy. In addition, the Contractor must formalize this process in policy.
MI 4 The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	88%	The Contractor must notify affected members timely when a PCP or frequently utilized provider leaves the network.
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

Quality Management (QM)		QM Focus Area Score = 73% (1021 of 1400)
Standard	Score	Required Corrective Actions
QM 1	92%	Element #2 and Element #12: IAD/IRF Triage Process and Contractor Oversight



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Quality Management (QM)	QM Focus Area Score = 73% (1021 of 1400)	
<p>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.</p>		<p>The Contractor must retrain QM QOC staff on AHCCCS Contract, AMPM Policy, and Contractor policies and procedures related to its oversight function and review and triage of incidents to ensure that appropriate incidents are elevated to the subcontracted health plan for investigation. The Contractor must submit evidence of completed training to include training materials, as well as sign in sheets/attestations with printed first and last name of QM QOC staff, title, and date of training received. The Contractor must also submit case examples and oversight documentation demonstrating compliance. With regards to IAD-2023-19267, AHCCCS QM will follow-up with the Contractor outside of this OR review to ensure that this QOC concern is investigated as appropriate.</p>
<p>QM 2 Contractor staff are able to describe day-to-day work processes to support compliance with Contract, Policy, and Program requirements as it relates to required Quality Management Functions.</p>	N/A	N/A
<p>QM 3 The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.</p>	100%	None
<p>QM 4 (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.</p>	6%	<p>Element #1: <u>Verification of Skills/Competencies for Those Providing Services:</u> The Contractor must update related policies, procedures, and audit tools to reflect appropriate review that all provider staff skills/competencies were verified. The Contractor must also update policies and procedures to ensure that Contractor audit staff are documenting these reviews appropriately in the audit tools. The Contractor must train Contractor staff on the above updated policies, procedures, and audit tools to ensure that the verification of skills/competencies are reviewed, documented in the audit tools, and to ensure that this requirement is not limited to certain types of services (e.g., only attendant care services and not habilitation services). The Contractor must provide evidence of completed training to include training materials, as well as sign in sheets/attestations with printed first and last name of the Contractor staff, title, and date the training was received. Additionally, the Contractor must submit examples of completed</p>



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Quality Management (QM)	QM Focus Area Score = 73% (1021 of 1400)
	<p>audits with audits tools demonstrating implementation of updated policies and training related to verification of skills/competencies.</p> <p><u>Evidence of Training for HCBS Services (e.g. Attendant care, Personal Care, Homemaker Care, and Habilitation Services):</u> The Contractor must update related policies, procedures, and audit tools to reflect appropriate review of Home and Community Based Services (HCBS) training. The Contractor must also update policies and procedures to ensure that Contractor audit staff are documenting these reviews appropriately in the audit tools. The Contractor must train Contractor staff on the above updated policies, procedures, and audit tools to ensure review of Home and Community Based Services (HCBS) training and to ensure that this requirement is applied to all provider staff providing this service. The Contractor must provide evidence of completed training to include training materials, as well as sign in sheets/attestations with printed first and last name of the Contractor staff, title, and date the training was received. Additionally, the Contractor must submit examples of completed audits with audits tools demonstrating implementation of updated policies and training related to Home and Community Based Services (HCBS) training.</p> <p><u>Evidence of Supervision Records:</u> The Contractor must update related policies, procedures, and audit tools to reflect appropriate review of supervision records. The Contractor must also update policies and procedures to ensure that Contractor audit staff are documenting these reviews appropriately in the audit tools. The Contractor must train Contractor staff on the above updated policies, procedures, and audit tools to ensure review of supervision records and to ensure that this requirement is not limited to certain types of services (e.g. only attendant care services and not habilitation services). The Contractor must provide evidence of completed training to include training materials, as well as sign in sheets/attestations with printed first and last name of the Contractor staff, title, and date the training was received. Additionally, the Contractor must submit examples of completed audits with audits tools demonstrating implementation of updated policies and training related review of supervision records.</p>



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Quality Management (QM)		QM Focus Area Score = 73% (1021 of 1400)
		<p><u>Corrective Action Plan and Follow Up Monitoring:</u> The Contractor must update policies and procedures related to the CAP process for providers who do not meet the minimum threshold score on their audit tool. This would include a process to address each individual provider not meeting the minimum threshold following an audit review and not based on a systemic concern. The policy and procedure must include that the CAP and any remediations and follow-up monitoring being implemented are clearly documented under each completed audit to demonstrate that compliance was sustained.</p> <p><u>Audit Tool - Policies and Procedures:</u> The Contractor must also update the policies and procedures mentioned above to include a process of ensuring that all forms are being completed including appropriate comment boxes when “NO” or “NA” are checked. The Contractor must include training of this policy and procedure to Contractor audit staff and provide the appropriate evidence of completed training.</p> <p><u>Element #2:</u> The Contractor must update appropriate policies and procedures and tracking documentation to reflect the annual monitoring of HCBS providers to include historical audits. The Contractor must submit evidence of implementation of this tracking tool to demonstrate compliance with this element.</p> <p><u>Element #3:</u> Refer to Element #1 above under the Corrective Action Plan and Follow Up Monitoring.</p>
<p>QM 5 The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.</p>	64%	<p><u>Element #1:</u> <u>Verification of Skills/Competencies for Those Providing Services:</u> The Contractor must update related policies, procedures, and audit tools to reflect appropriate review that skills/competencies were verified. The Contractor must train Contractor staff on the above updated policies, procedures, and audit tools to ensure that the verification of skills/competencies are reviewed and documented in the audit tools. The</p>



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Quality Management (QM)	QM Focus Area Score = 73% (1021 of 1400)
	<p>Contractor must provide evidence of completed training to include training materials, as well as sign in sheets/attestations with printed first and last name of the Contractor staff, title, and date the training was received. Additionally, the Contractor must submit examples of completed audits with audits tools demonstrating implementation of updated policies and training related to verification of skills/competencies.</p> <p><u>Verification of Personnel Files for Employee Reference Checks:</u> The Contractor must update related policies, procedures, and audit tools to reflect appropriate review that personnel files included employee reference checks by the provider for Residential Services in accordance with AMPM policy requirements. The Contractor must train Contractor staff on the above updated policies, procedures, and audit tools to ensure review of employee reference checks by the provider and that these reviews are documented in the audit tools. The Contractor must provide evidence of completed training to include training materials, as well as sign in sheets/attestations with printed first and last name of the Contractor staff, title, and date the training was received. Additionally, the Contractor must submit examples of completed audits with audits tools demonstrating implementation of updated policies and training related to reference checks.</p> <p><u>Verification that the Provider Conducted the Pre-hire and Annually Thereafter Search of the APS Registry for All Staff:</u> The Contractor must update related policies, procedures, and audit tools to reflect evidence that the provider conducted the pre-hire and annually thereafter search of the APS Registry for all staff as required in AHCCCS Minimum Subcontract Provisions. The Contractor must train Contractor staff on the above updated policies, procedures, and audit tools to ensure verification of APS registry reviews by the provider and that these reviews are documented in the audit tools. The Contractor must provide evidence of completed training to include training materials, as well as sign in sheets/attestations with printed first and last name of the Contractor staff, title, and date the training was received. Additionally, the Contractor must submit examples of completed audits with audits tools demonstrating implementation of</p>



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Quality Management (QM)	QM Focus Area Score = 73% (1021 of 1400)	
		<p>updated policies and training related to verification of provider APS registry reviews.</p> <p><u>Corrective Action Plan and Follow Up Monitoring:</u> The Contractor must update policies and procedures related to the CAP process for providers who do not meet the minimum threshold score on their audit tool. This would include a process to address each individual provider not meeting the minimum threshold following an audit review and not based on a systemic concern. The policy and procedure must include that the CAP and any remediations and follow-up monitoring being implemented are clearly documented under each completed audit to demonstrate that compliance was sustained.</p> <p><u>Audit Tool - Policies and Procedures:</u> The Contractor must implement a process to ensure that the final provider audit report includes all related forms associated with the residential settings audit and includes the audit tools used to review personnel files. The Contractor must add this process to their policies and procedures, include training of this policy and procedure to Contractor audit staff, and provide the appropriate evidence of completed training.</p> <p>Element #4: Refer to Element #1 above under the Corrective Action Plan and Follow Up Monitoring.</p> <p>Element #6: <u>Oversight of subcontracted health plans</u> The Contractor must submit policies and procedures of the oversight functions for its subcontracted health plans related to residential settings (including behavioral health residential treatment facilities) outside of its Operational Reviews. This process must include frequency of monitoring/audits, the areas reviewed in monitoring, audit tools used, etc. The Contractor must also submit the audits tools utilized in the oversight review to include examples of the subcontracted health plan cases that were audited to demonstrate implementation of the Contractor's oversight policies, procedures, and audit tool.</p>
QM 6	72%	Element # 1: <u>CAP Monitoring</u>



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Quality Management (QM)	QM Focus Area Score = 73% (1021 of 1400)	
<p>The Contractor has implemented a process to complete on-site quality management monitoring and investigations when potential quality of care concerns are identified, including health and safety concerns and Immediate Jeopardy.</p>		<p>The Contractor must retrain QM QOC staff on AMPM Policy requirements related to ensuring provider sustained compliance with the CAP requirements and documentation by the Contractor of these follow-up activities. The Contractor must provide evidence of completed training to include 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>Element # 3: <u>Policy or Procedure</u> The Contractor must submit a policy related to the health plan elevation process to its subcontracted health plan related to health and safety concerns and health and safety visits.</p> <p>The Contractor must revise appropriate policies and procedures to include the coordination conducted and the documentation of the coordination being completed between the Contractor and subcontracted health plan related to onsite health and safety reviews. The Contractor must ensure that appropriate subcontractor policies and procedures are also updated to reflect the above process.</p> <p>The Contractor must train subcontracted QM QOC staff and appropriate Contractor staff on the updated policies and procedures, and submit evidence of its training completion, including training materials, printed first and last name of Contractor and subcontractor QM QOC staff, title, and date of training received.</p>
<p>QM 7 The Contractor has the appropriate Quality Management QOC staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.</p>	86%	<p>The Contractor must ensure Quality Management QOC staff are appropriately qualified in accordance with AHCCCS contractual requirements. The Contractor must submit documentation reflecting the job roles and descriptions to demonstrate compliance.</p>
<p>QM 8 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.</p>	100%	None
<p>QM 9</p>	75%	Element #3: <u>Credentialing Process</u>



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Quality Management (QM)		QM Focus Area Score = 73% (1021 of 1400)
<p>The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.</p>		<p>The Contractor must submit confidentiality agreements during the credentialing process for 2024 to demonstrate evidence of compliance.</p> <p>The Contractor must update L QM9 Final Clean SOW Initial Credentialing and L QM9 Final Clean SOW Temporary Provisional to reflect AMPM Policy 950 timeline requirements.</p> <p>The Contractor must train staff on the above updated SOW and AMPM Policy 950 timeline requirements. The Contractor must submit evidence of completed training to include training materials, sign in sheets/attestations with printed first and last names of the Contractor staff, title, and date of training received.</p>
<p>QM 10 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.</p>	<p>66%</p>	<p>Element #1: <u>Provisional Credentialing Timelines</u> The Contractor must update policies and procedures to ensure documentation by Contractor credentialing staff, the date the provisional credentialing application was received, date deemed complete, approval letter with the signature of the CMO/Medical Director signature, and the date of the credentialing committee review.</p> <p>The Contractor must retrain appropriate credentialing staff on the above updated policy and procedures including AMPM policy requirements related to provisional credentialing timeframes. The Contractor must submit evidence of this 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>The Contractor must provide five temporary/provisional credentialing files which meet AMPM Policy timeframes for provisional credentialing and demonstrate documentation of the date the provisional credentialing application was received, date deemed complete, approval letter with the signature of the CMO/Medical Director signature, and the date of the credentialing committee review.</p> <p>Element #2: <u>Attestation and Completeness of Application</u></p>



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Quality Management (QM)		QM Focus Area Score = 73% (1021 of 1400)
		<p>The Contractor must retrain appropriate credentialing staff on AMPM Policy requirements and Contractor policies and procedures related attestation to correctness and completeness of provisional credentialing applications, documentation of provider signature and date of completed application. The Contractor must submit evidence of this 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>The Contractor must provide five temporary/provisional credentialing files demonstrating that applications reflect the following: an attestation to correctness and completeness, and provider signature and date of completed application.</p> <p>Element #3: <u>Policy & Procedures</u> The Contractor must update L QM10 Final Clean SOW Temporary Provisional to reflect AMPM Policy 950 credentialing timeline requirements.</p> <p>The Contractor must provide training to appropriate staff on the above newly revised process and submit to AHCCCS the training materials, sign-in sheets/attestations with printed first and last name, title, and date of training received.</p> <p>The Contractor must demonstrate utilization of its Temporary Provisional DDD Credentialing Checklist Template and Temporary Provisional Vendor Credentialing Checklist by submitting completed, non-blank, checklists of each, respectively, for AHCCCS review.</p>
<p>QM 11 The Contractor ensures the credentialing and recredentialing of Individual Providers.</p>	100%	None
<p>QM 12 The Contractor ensures the credentialing and recredentialing of organizational providers.</p>	80%	<p>Element #3: <u>Performance Monitoring Data</u> The Contractor must develop and submit for AHCCCS review, a process to ensure that the review of performance monitoring data is in accordance with AMPM Policy 950.</p>



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Quality Management (QM)	QM Focus Area Score = 73% (1021 of 1400)	
		<p>The Contractor must provide training to appropriate staff on the newly developed and revised process and current policies and submit to AHCCCS the training materials, sign-in sheets/attestations with printed first and last names of staff, title, and date of training received, to ensure the review of performance monitoring data is in accordance with AMPM Policy 950.</p> <p>The Contractor must provide at least five examples of organizational provider recredentialing files demonstrating implementation.</p>
<p>QM 13 The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.</p>	0%	<p>The Contractor must implement a process of trending and analysis of the oversight tracking it completes for the SAR reports it monitors in order to address any potential systemic concerns. Entry of information into the Contractor's audit tool must be completed timely per the Contractor's SOW, as well as ensure consistency with documentation into its tracking/audit tools. The Contractor must retrain staff on timely entry and documentation of information into its audit tools and submit evidence of completed training. The Contractor must provide documentation demonstrating implementation of the above.</p>
<p>QM 14 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>	90%	<p>Element #5: 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> <p>While the Contractor submitted a policy related to submitting all required documents for IOC review within three business days of completion of any triage or investigation process, no documentation was provided to AHCCCS for review in order to demonstrate compliance. The Contractor must submit for AHCCCS review the current spreadsheet created in FOCUS per policy L QM14 OIFA 008 MULT Ensuring Timely Document Submission for IOC Review or other documentation used by the Contractor showing compliance that all required documents for IOC review are available within three business days of completion of any triage or investigation process.</p>



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Quality Management (QM)		QM Focus Area Score = 73% (1021 of 1400)
		The Contractor must also provide at least five IOC case files demonstrating that all required documents for IOC review are submitted within three business days of completion of any triage or investigation process in accordance with AMPM policy and Contractor policies.
QM 15 (ALTCS/EPD and DES/DDD Only) The Contractor ensures that Home and Community Based settings as defined in the Arizona State Transition Plan available on the AHCCCS website (www.azahcccs.gov/hcbs) are monitored annually in accordance to policy, by qualified staff.	90%	The Contractor must submit newly developed and/or updated policies and procedures related to HCBS Audit compliance tool suite completion to ensure auditors provide more explanation about how the provider is in compliance. The Contractor must train appropriate staff on the above newly developed and/or updated policies and procedures related to HCBS audit compliance. The Contractor must provide evidence of this training to include training materials, as well as the sign in sheets/attestations with printed first and last name of the Contractor staff, title, and date the training was received. Additionally, the Contractor must submit evidence of implementation of this process based on current/updated and approved policies and procedures.

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	100%	None



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Reinsurance (RI)	RI Focus Area Score = 100% (400 of 400)	
The Contractor has policies and procedures for monitoring the appropriateness of the reinsurance revenue received against paid claims data.		

Third Party Liability (TPL)	TPL Focus Area Score = 100% (800 of 800)	
Standard	Score	Required Corrective Actions
TPL 1 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
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	100%	None



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Third Party Liability (TPL)		TPL Focus Area Score = 100% (800 of 800)
of Settlement form within 10 business days from the settlement date, or on an AHCCCS-approved electronic file by the 20th of each month.		
TPL 8 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 = 88% (530 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.	100%	None
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.	30%	<p>The Contractor must demonstrate that it identifies and implements corrective actions with providers/vendors when data utilized for implementing and maintaining its QM/PI program (including data necessary to calculate and report performance measures) received from providers/vendors is not accurate, timely, and/or complete.</p> <p>The Contractor must demonstrate that it identifies and implements internal corrective actions when self-identified quality improvement data concerns and deficiencies are identified.</p>
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



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Quality Improvement (QI)		QI Focus Area Score = 88% (530 of 600)
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 Medicaid line of business.	100%	None

Integrated System of Care		ISOC Focus Area Score = 96% (1625 of 1700)
Standard	Score	Required Corrective Actions
ISOC 1 (All Plans except DCS/CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) prior to member discharge and for members who are conditionally released.	100%	None
ISOC 2 (All Plans except DCS/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 referral/coordination with behavioral health providers of the MAT model to treat Substance Use Disorders 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



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Integrated System of Care	ISOC Focus Area Score = 96% (1625 of 1700)	
ISOC 6 The Contractor ensures coordination and provision of appropriate services for members who are on court ordered treatment.	70%	The Contractor must ensure it has a detailed methodology (e.g. specific tools, policies, desktop guides, etc. that includes a description of the monitoring procedure) for how the Contractor ensures the provision of medically necessary, covered behavioral health services and treatment that is court ordered, including appropriate oversight of its subcontractors and accuracy of subcontractor policies and procedures.
ISOC 7 The Contractor monitors members and services provided to members in out-of-state placement settings.	100%	None
ISOC 8 The Contractor has implemented processes for all outreach, engagement, re-engagement, and closure activities for behavioral health services.	100%	None
ISOC 9 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
ISOC 10 The Contractor ensures the availability and implementation of Evidence-Based practices (EBPs) for Transition Aged Youth (TAY) ages 16-24.	90%	The Contractor must ensure the availability and implementation of Evidence-Based practices (EBPs) Transition Aged Youth (TAY) ages 16-24 with a policy that reflects the most current AHCCCS contract and policy of AMPM Policy 587.
ISOC 11 The Contractor ensures the provision of Trauma Informed Care and Services	75%	The Contractor must add information to the referenced policies/procedures to describe how it will ensure provision of trauma-informed care principles and services within its own organization.
ISOC 12 The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for youth.	100%	None
ISOC 13 (All Plans except DCS/CHP) The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for adults, including parenting adults with children.	100%	None



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Integrated System of Care	ISOC Focus Area Score = 96% (1625 of 1700)	
ISOC 14 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 15 The Contractor demonstrates integrated care efforts for members throughout all service delivery.	100%	None
ISOC 16 The Contractor ensures appropriate coordination and provision of Behavioral Health Residential Facility (BHRF) Services for members.	100%	None
ISOC 17 The Contractor promotes service delivery and network capacity for children age birth to five.	90%	The Contractor must ensure its policies reflect the most current AHCCCS contract and policy.