



Mercy Care ACC-RBHA
Operational Review
2024
May 2, 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 Mercy Care AHCCCS Complete Care – Regional Behavioral Health Agreement (Mercy Care ACC-RBHA) 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 Mercy Care ACC-RBHA from Monday, February 12, 2024, through Thursday, February 15, 2024

A copy of the draft version of this report was provided to the Contractor on April 4, 2024. Mercy Care ACC-RBHA 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.



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

SCORING METHODOLOGY

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

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

Each Focus Area consists of several Standards designed to measure the Contractor's performance. A Contractor may receive up to a maximum possible score of 100 percent for each Standard measured in the 2024 Operational Review. Within each Standard are specific scoring detail criteria worth a defined percentage of the total possible score. AHCCCS totals the percentages awarded for each scoring detail into the Standard's total score. Using the sum of all applicable Standard total scores, AHCCCS then developed an overall Focus Area Score.

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

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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

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

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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

SUMMARY OF FINDINGS

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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

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

Corporate Compliance (CC)	CC Focus Area Score = 100% (500 of 500)	
Standard	Score	Required Corrective Actions
<p>CC 1 The Contractor has an operational Corporate Compliance program including a work plan that details compliance activities.</p>	100%	None
<p>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.</p>	100%	None
<p>CC 3 The Contractor educates staff and the provider network on fraud, waste and abuse.</p>	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Corporate Compliance (CC)	CC Focus Area Score = 100% (500 of 500)	
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 = 99% (995 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
QCIS 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.	100%	None
CIS 6 The Contractor accurately applies quick-pay discounts.	100%	None
CIS 7	95%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Claims and Information Systems (CIS)	CIS Focus Area Score = 99% (995 of 1000)	
The Contractor processes and pays all overturned claim disputes in a manner consistent with the decision within 15 business days of the decision.		
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% (1256 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.	90%	The Contractor must ensure that members with complex medical conditions, who are age 12 and younger, are assigned to board certified pediatricians.
DS 3 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 4	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Delivery Systems (DS)	DS Focus Area Score =	97% (1256 of 1300)
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.		
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 that 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.	100%	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 The Contractor has an oversight process to ensure providers who employ Peer and Recovery Support Specialists (PRSS) have policies and procedures in place demonstrating PRSS meet qualification requirements, receive clinical and administrative supervision, and have continuing education and learning requirements available.	100%	None
DS 13	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Delivery Systems (DS)	DS Focus Area Score = 97% (1256 of 1300)
<p>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.</p>	

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

Grievance Systems (GS)	GS Focus Area Score = 100% (1600 of 1600)	
Standard	Score	Required Corrective Actions
<p>GS 1 The Contractor issues and carries out appeal decisions within required timeframes.</p>	100%	None
<p>GS 2</p>	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Grievance Systems (GS)	GS Focus Area Score = 100% (1600 of 1600)	
Contractor policies for appeal allow for providers to file on behalf of a member if the member has given their consent.		
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.	N/A	N/A
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 process.	100%	None
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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Grievance Systems (GS)	GS Focus Area Score = 100% (1600 of 1600)	
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 = 96% (1530 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
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	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 96% (1530 of 1600)	
The Contractor ensures postpartum care is provided as outlined in AMPM Policy 410.		
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.	80%	The Contractor must demonstrate it has policies and procedures to ensure all applicable staff who oversee the EPSDT program and support members are appropriately trained and kept up to date with EPSDT program, contract requirements, and policies including maternity care services, oral health care, women's preventive care, family planning services and supplies, EPSDT services, and behavioral health.
MCH 7 The Contractor monitors member adherence with obtaining EPSDT services.	75%	The Contractor must demonstrate that it has implemented processes to monitor for the completion of all EPSDT screenings per policy, including but not limited to, blood lead levels (including members who have not been previously tested or missed a blood lead test at 12 and 24 months), postpartum depression screenings for the birthing parent, and adolescent suicide screen. Documentation must also include identification and addressal of barriers to members who do not receive these screenings.
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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 96% (1530 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.	75%	The Contractor must implement processes to conduct follow-up to verify timely and appropriate treatment is received for medical and behavioral health needs. This includes care needed as indicated on the AHCCCS-approved EPSDT Clinical Sample Templates, or equivalent, as well as AMPM 410, including necessary referrals, prior authorizations, case management, and cross-disciplinary team-based treatment.
MCH 14 The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to 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 = 97% (2123 of 2200)	
Standard	Score	Required Corrective Actions
MM 1 The Contractor has mechanisms to evaluate utilization data analysis and data management, including both underutilization and	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Medical Management (MM)	MM Focus Area Score = 97% (2123 of 2200)	
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.	78%	The Contractor must comply with the 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 CMO or Medical Director involvement for members experiencing a delay in discharge from the ED.
MM 5 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	100%	None
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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Medical Management (MM)	MM Focus Area Score = 97% (2123 of 2200)	
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.	67%	The Contractor must use the most up to date ETI form and complete the form in its entirety. If an area is not applicable to the member transitioning it must be notated as such with 'N/A'.
MM 18 The Contractor does not deny emergency services.	100%	None
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.	97%	None
MM 20 The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.	100%	None
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.	100%	None
MM 22	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Medical Management (MM)	MM Focus Area Score =	97% (2123 of 2200)
The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.		

Member Information (MI)		MI Focus Area Score = 90% (807 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.	100%	None
MI 3 The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	75%	The Contractor must have a policy which includes turnaround times for calls not resolved during first contact.
MI 4 The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	65%	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.	67%	The Contractor must issue member notifications to affected member(s) 30 days prior to implementing any material change.
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	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Member Information (MI)	MI Focus Area Score = 90% (807 of 900)	
within annual, semi-annual or quarterly required submissions and maintains a log of all member material distributed to its members.		
MI 9 The Contractor maintains policies on Social Networking.	100%	None

Quality Management (QM)	QM Focus Area Score = 95% (1143 of 1200)	
Standard	Score	Required Corrective Actions
QM 1 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.	70%	<p>Element #1, Element #2, and Element #11: The Contractor must submit policies and procedures that reflect current AMPM Policy 960, and 961 related to provider notification and submission of incidents to the Contractor, including the process for the Contractor in addressing providers failing to report when it is identified during incident triage or QOC investigation. The Contractor must provide case examples that the Contractor has addressed concerns related to provider compliance with incident reporting timeframes during incident triage and QOC investigation and that this is reflected as part of case documentation in the QM Portal for non-QOC cases or in the QOC Resolution Report as a new allegation.</p> <p>Element #7: The Contractor must submit policies and procedures that reflect tracking and trending responsibilities/involvement for all employee levels related to identifying a trend and the process of reporting a trend to QM QOC leadership. The policies and procedures must include clear definitions of trends related to quality of care in the Contractor's service delivery system or provider network, including trends related to cases determined to be Levels 3 and 4 or for providers who have delays or failures in submitting reportable incidents. The Contractor must submit five examples of trend reports used by internal QM staff and any associated improved trend reports if any changes were made. The Contractor must create or update existing procedures related to the use of the trend report. The Contractor must provide training to staff on the above updates and submit to AHCCCS the training materials, sign-in sheets/attestations with printed first and last name and title of staff completing the training, including the date the training was received.</p>



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Quality Management (QM)	QM Focus Area Score = 95% (1143 of 1200)	
		<p>Element #9: The Contractor must submit policies and procedures that reflect the data used by the QM department in identifying members who need proactive care coordination including definitions of what identifies a trend in QOC reports or allegations that lead to QM involvement in care coordination efforts. The Contractor must submit case examples and documentation implementing the above updates reflecting data used by QM Department and G&A Department to determine any members who need proactive care coordination. The Contractor should consider adding the additional separate tracking of transportation concerns to the main data report to ensure evidence of proactive care coordination.</p> <p>The Contractor must provide training to staff on the above updates and submit to AHCCCS the training materials, sign-in sheets/attestations with printed first and last name and title of staff completing the training, including the date the training was received.</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 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>	85%	<p>The Contractor must update its policies and procedures regarding the Contractor's Mortality Review process. The policies and procedures must include how the Contractor's Mortality Review process tracks and trends its provider network and member population in order to identify and address negative trends and improve quality of care. The Contractor must submit evidence of implementation of its mortality review process, including any meeting minutes, trend data reports, corrective actions, etc.</p>
<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>	N/A	N/A
<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>	100%	None
<p>QM 6 The Contractor has implemented a process to complete on-site quality management monitoring and investigations when potential quality of</p>	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Quality Management (QM)	QM Focus Area Score = 95% (1143 of 1200)	
care concerns are identified, including health and safety concerns and Immediate Jeopardy.		
QM 7 The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.	100%	None
QM 8 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.	100%	None
QM 9 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	100%	None
QM 10 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	100%	None
QM 11 The Contractor ensures the credentialing and recredentialing of Individual Providers.	100%	None
QM 12 The Contractor ensures the credentialing and recredentialing of organizational providers.	90%	Element #5: The Contractor must submit case files/audit examples demonstrating compliance ensuring there is appropriate supervision/clinical oversight by a licensed professional documented in the member's record or treatment plan (i.e. ensuring the BHP has signed off on appropriate member record documents, such as member assessments and treatment plans).
QM 13 The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.	99%	None
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).	99%	None
QM 15 (ALTCS/EPD and DES/DDD Only)	N/A	N/A



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Quality Management (QM)	QM Focus Area Score = 95% (1143 of 1200)	
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.		

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

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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Third Party Liability (TPL)		TPL Focus Area Score =	100% (800 of 800)
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' TPL Contractor to provide a list of claims related to the joint or mass tort case within 10 business days of the request.	100%	None	

Quality Improvement (QI)		QI Focus Area Score =	100% (600 of 600)
Standard	Score	Required Corrective Actions	
QI 1	100%	None	



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Quality Improvement (QI)	QI Focus Area Score = 100% (600 of 600)	
The Contractor and its governing body are accountable for all Quality Management/Performance Improvement (QM/PI) program functions.		
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.	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 Medicaid line of business.	100%	None

Integrated System of Care	ISOC Focus Area Score = 99% (1690 of 1700)	
Standard	Score	Required Corrective Actions
ISOC 1 (All Plans except DCS/CHP) The Contractor participates in applicable community initiatives for each Medicaid line of business.	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Integrated System of Care	ISOC Focus Area Score = 99% (1690 of 1700)	
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 provider 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
ISOC 6 The Contractor employs care managers and ensures the provision of Contractor care management functions.	100%	None
ISOC 7 The Contractor ensures coordination and provision of appropriate services for members who are on court ordered treatment.	100%	None
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.	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2024

Integrated System of Care	ISOC Focus Area Score = 99% (1690 of 1700)	
ISOC 11 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) for Transition Aged Youth (TAY) ages 16-24, as evidenced by a policy that reflects current AHCCCS contract and policy.
ISOC 12 The Contractor ensures the provision of Trauma Informed Care and Services	100%	None
ISOC 13 The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for youth.	100%	None
ISOC 14 (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
ISOC 15 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
ISOC 16 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 17 The Contractor demonstrates integrated care efforts for members throughout all service delivery.	100%	None