Mercy Maricopa Integrated Care

Operational Review
Contract Year Ending 2016

September 28, 2017

Conducted by the Arizona Health Care Cost Containment System

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 Maricopa Integrated Plan (MMIC) CYE 2016 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,
- Increase AHCCCS knowledge of the Contractor's operational encounter processing procedures,
- 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 onsite review of MMIC from July 17, 2017 through July 19, 2017.

A copy of the draft version of this report was provided to the Contractor on August 30, 2017. MCP 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.

SCORING METHODOLOGY

The CYE 2016 Operational Review is organized into Standard Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to twelve Standard Areas. For the CYE 2016 Operational Review, these Standard Areas are:

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

Each Standard 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 CYE 2016 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 Standard Area Score.

In addition, a Standard may be scored Not Applicable (N/A) if it does not apply to the Contractor, it was a standard that was reviewed for solely to provide feedback (Information Only), and/or there were no instances in which the requirement applied.

Contractors must complete a Corrective Action Plan (CAP) for any Standard where the total score is less than 95 percent.

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.

SUMMARY OF FINDINGS

Corporate Compliance (CC)		CC Standard Area Score = 83% (417 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.	50%	The Contractor shall incorporate Contract Section 14 Corporate Compliance program, 14.1.7, in Contractor policy/plan.
CC 2 The Contractor and its subcontractors have a process for identifying suspected cases of FWA and for reporting all the suspected fraud, waste and abuse referrals to AHCCCS OIG following the established mechanisms.	100%	None
CC 3 The Contractor educates staff and the provider network on fraud, waste and abuse.	67%	The Contractor shall update the BCI Storyboard and Compliance 101 trainings with AHCCCS-OIG and current MMIC contacts.
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 Standard Area Score = 99% (1191 of 1200)	
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	100%	None

Claims and Information Systems (CIS)	**CIS Standard Area Score = 99% (1191 of 1200)**	
required information.		
CIS 3 The Contractor has a process to identify claims where the Contractor is or may be a secondary payor prior to payment.	100%	None
CIS 4 The Contractor has AHCCCS compliant policies and procedures for the recoupment of overpayments and adjustments for underpayments.	100%	None
CIS 5 The Contractor pays applicable interest on all claims, including overturned claim disputes.	97%	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.	94%	The Contractor shall ensure it 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 accepts and integrates evidence of eligibility and enrollment data provided by AHCCCS into its Claims and Information Systems timely and accurately (last daily and Monthly Roster).	100%	None
CIS 10 The Contractor accepts and integrates evidence of provider registration data provided by AHCCCS into its Claims and Information Systems.	100%	None
CIS 11 Contractor has a process to identify resubmitted claims and a process to adjust claims for data corrections or revised payment.	100%	None
CIS 12 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

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Delivery Systems (DS)	DS Standard Area Score = 96~~92~~% (1343~~1293~~ of 1400)	
Standard	**Score**	**Required Corrective Actions**
DS 1 The Contractor has a process to evaluate its Provider Services staffing levels based on the needs of the provider community.	100%	
DS 2 The Contractor monitors the number of members assigned to each PCP and the PCP's total capacity in order to assess the providers' ability to meet AHCCCS appointment standards.	100%	
DS 3 Provider Services Representatives are adequately trained.	100%	
DS 4 The Contractor provides the following information via written or electronic communication to contracted providers: Exclusion from the Network, Policy/Procedure Change, Subcontract Updates, Termination of Contract, and Disease/Chronic Care Management Information.	100%	
DS 5 The Contractor's Provider Selection Policy and Procedure prohibits discrimination against providers who serve high-risk populations or that specialize in conditions that result in costly treatment.	100%	
DS 6 The Contractor does not prohibit or otherwise restrict a provider from advising or advocating on behalf of a member who is his/her patient.	100%	
DS 7 The Contractor has a mechanism for tracking and trending provider inquiries that includes timely acknowledgement and resolution and taking systemic action as appropriate.	100%	
DS 8 The Contractor refers members to out of network providers if it is unable to provide requested services in its network.	100%	
DS 9 The Contractor develops, distributes and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	100%	
DS 10 (CRS Only)	N/A	N/A

Delivery Systems (DS)	**DS Standard Area Score = 96~~92~~% (1343~~1293~~ of 1400)**	
For the CRS Only and CRS Partially Integrated Behavioral Health members, the CRS Contractor has a policy that states that medically necessary non-emergency transportation will be coordinated with the member's Acute Care Contractor.		
DS 11 (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 block grant funding requirement notifications, communication to providers of prohibited uses of block grant funding, tracking of provider audits, including Single Audits, and follow-up on findings.	68%	The Contractor must maintain up-to-date policies, procedures, and templates. The Contractor should establish a process ensuring policies, desktop procedures, and templates are up-to-date with current regulatory requirements. The Contractor must submit the performance improvement plan MMIC will implement to ensure notification to all providers of required sub award information. The Contractor's Federal Funding Sub-recipient Tracking should include audit receipt dates and (or) Federal Audit Clearinghouse Acceptance dates (FAC). Additionally, policy should state management decisions must be issued per 2CFR 200.521, within six months of acceptance of the audit report by the Federal Clearinghouse.
DS 12 (RBHA Only) Contractor performed provider block grant monitoring activities and has evidence of the following: • Comprehensive provider SABG and MHBG policies and procedures; • SABG and MHBG activities were monitored to ensure funds were expended for authorized purposes; • Block grant funds tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS.	75%	The Contractor must ensure a comprehensive annual review of providers SABG & MHBG internal policies and procedures ensuring compliance with 2 CFR Part 200 Subpart F, RBHA Maricopa County Non-Title XIX/XXI Contract Paragraph 15.27, AMPM 320-T, Exhibit 300-2B and the AHCCCS Financial Reporting Guide for RBHA Contractors, Section 5.09 Block Grants.
DS 13 (RBHA Only) The Contractor has measurements to ensure intake providers are encouraging member choice by presenting options to receive services at alternative locations.	~~50~~100%	~~The Contractor must align language in IHH SOWs with QSP SOWs to ensure compliance.~~None
DS 14 (RBHA Only) The Contractor has identified the means to ensure Peer/Recovery Support Specialists employed within their network have adequate access to continuing education specific to the practice of peer support.	100%	None
DS 15 (RBHA Only) The Contractor has identified the means to ensure supervisors of Peer/Recovery Support Specialists have adequate access to ongoing	100%	None

Delivery Systems (DS)	**DS Standard Area Score = 9692% (13431293 of 1400)**	
education specific to the practice of peer support.		

General Administration (GA)	**GA Standard Area Score = 100% (300 of 300)**	
Standard	**Score**	**Required Corrective Actions**
GA 1 The Contractor has policies and procedures for the maintenance of records and can provide those records, when requested.	100%	
GA 2 The Contractor provides training to all staff on AHCCCS guidelines.	100%	
GA 3 The Contractor maintains a policy on policy development.	100%	

Grievance Systems (GS)	**GS Standard 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

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Grievance Systems (GS)	GS Standard Area Score = 100% (1700 of 1700)	
GS 6 The Contractor has a process for internal communication and coordination when an appeal decision is reversed.	100%	None
GS 7 The Contractor continues or reinstates an enrollee's benefits when an appeal is pending under the appropriate circumstances as required by Federal Regulation.	100%	None
GS 8 The Contractor issues Notices of Appeal Resolution that include all information required by AHCCCS.	100%	None
GS 9 If the Contractor or Director's Decision reverses a decision to deny, limit, or delay services that were not furnished while an appeal or hearing was pending, the Contractor authorizes or provides the appealed services promptly and as expeditiously as the member's health condition requires. If an appeal is upheld the Contractor may recover the cost of services received by the enrollee during the appeal 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
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	100%	None

Grievance Systems (GS)	GS Standard Area Score = 100% (1700 of 1700)	
extension is requested or approved by the provider.		
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 Standard Area Score = 94% (1133 of 1200)	
Standard	**Score**	**Required Corrective Actions**
MCH 1 The Contractor has established and operates a maternity care program, 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 and return visits, in accordance with ACOG standards, along with ensuring members receive appointments according to the AHCCCS Contractor Operations Manual (ACOM) Maternity Care Appointment Standards.	100%	None
MCH 3 The Contractor ensures postpartum care is provided for a period of up to 60 days after delivery.	100%	None
MCH 4 Family planning services are provided to members who voluntarily choose to delay or prevent pregnancy.	100%	None
MCH 5 The Contractor provides EPSDT/well-child services according to the AHCCCS EPSDT Periodicity Schedule.	100%	None
MCH 6 The Contractor monitors member compliance with obtaining EPSDT services.	100%	None
MCH 7	100%	None

Adult, EPSDT and Maternal Child Health (MCH)	MCH Standard Area Score = 94% (1133 of 1200)	
The Contractor monitors provider compliance with providing EPSDT services.		
MCH 8 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 9 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 10 (All Plans Except RBHAs) The Contractor coordinates with appropriate agencies and programs (VFC, WIC, and Head Start), as well as provides education, assists in referrals and connects eligible EPSDT members with appropriate agencies, according to federal and state requirements.	N/A	N/A
MCH 11 (All Plans Except RBHAs) The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.	N/A	N/A
MCH 12 The Contractor has policies and procedures to identify the needs of EPSDT age members, coordinate their care, conduct adequate follow up to verify that members receive timely and appropriate treatment.	100%	None
MCH 13 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 14 (Acute, CMDP, CRS and DES/DDD only) The Contractor transitions members who are identified as having a Children's Rehabilitative Services (CRS) eligible condition, lose eligibility for CRS, or choose to not stay with the CRS Contractor after turning 21 years of age.	N/A	N/A
MCH 15 The Contractor ensures that women's preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).	33%	The Contractor must develop a written process and procedure to inform all primary care providers (PCPs) and obstetrician/gynecologist (OB/GYN) providers of the availability of women's preventative care services as listed in AMPM 411.

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Adult, EPSDT and Maternal Child Health (MCH)	MCH Standard Area Score = 94% (1133 of 1200)	
		The Contractor must develop a written process and procedure to inform members about women's preventative health services as listed in AMPM 411.

Medical Management (MM)	MM Standard Area Score = 945% (25~~46~~76 of 2700)	
Standard	**Score**	**Required Corrective Actions**
MM 1 The Contractor shall execute processes to assess, plan, implement and evaluate utilization data management activities.	100%	None
MM 2 The Contractor has an effective concurrent review process which includes a component for reviewing the medical necessity of inpatient stays.	100%	None
MM 3 The Contractor conducts proactive discharge planning for members admitted into acute care facilities.	83%	The Contractor must complete a post discharge telephone call within seven days of discharge and confirm discharge needs were met.
MM 4 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	100%	None
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) program to ensure consistent application of criteria for clinical decision making.	~~90%~~100%	None
MM 8 The Contractor conducts retrospective reviews based on reasonable	100%	None

Medical Management (MM)	**MM Standard Area Score = 945% (254676 of 2700)**	
medical evidence or a consensus of relevant health care professionals.		
MM 9 The Contractor adopts, disseminates and monitors compliance with evidenced based clinical practice guidelines.	100%	None
MM 10 The Contractor evaluates new technologies and new uses for existing technologies.	100%	None
MM 11 The Contractor establishes processes for ensuring coordination and provision of appropriate services for members transitioning from the justice system; those members who receive Seriously Mentally Ill (SMI) decertification; or those members in court ordered treatment.	90%	The Contractor must ensure a process for monitoring the effectiveness of the care coordination/case management for members who received SMI decertification.
MM 12 The Contractor identifies and coordinates care for members with special health care needs.	100%	None
MM 13 The Contractor identifies and coordinates the care for members who are potential candidates for stem cell or solid organ transplants.	100%	None
MM 14 The Contractor promotes health maintenance and coordination of care through disease or chronic care management programs that are developed based upon analysis of high risk, high cost and high volume utilization data.	100%	None
MM 15 The Contractor has a system and process that outlines a Drug Utilization Review (DUR) Program.	100%	None
MM 16 The Contractor facilitates coordination of all services being provided to a member when the member is transitioning between Contractors.	63%	The Contractor must complete all sections of the ETI forms without any blank spaces. If the item does not apply, mark "N/A" in that space.
MM 17 (Acute, CMDP, and RBHA Only) The Contractor provides guidance for primary care providers who wish to treat members diagnosed with anxiety, depression and Attention Deficit Hyperactivity Disorder (ADHD) related to medication management.	100%	None

Medical Management (MM)	MM Standard Area Score = 945% (254676 of 2700)	
MM 18 (Pima and Maricopa County Acute Plans Only) The Contractor assists homeless clinics with the prior authorization process.	100%	None
MM 19 (Acute, CRS and DES/DDD Only) The Contractor provides medical home services to members.	N/A	N/A
MM 20 The Contractor does not deny emergency services.	85%	The policy for emergency services must include the statement that the Contractor does not deny payment for treatment for emergency services when a representative of the Contractor instructs the enrollee to seek emergency services.
MM 21 (Acute, CMDP, and RBHA Only) The Contractor monitors nursing facility stays of members to assure that the length of stays, including those covered by a third party insurer, do not exceed the 90 day per contract year limitation.	100%	None
MM 22 The Contractor issues a Notice of Action (NOA) letter to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	100%	None
MM 23 (Acute, CMDP, DES/DDD, and RBHA Only) The Contractor collaborates to identify members with high needs/high costs to improve coordination of care and individual outcomes.	100%	None
MM 24 The Contractor's MM program includes administrative requirements for oversight and accountability for all MM functions and responsibilities that are delegated to other entities.	100%	None
MM 25 The Contractor identifies, monitors, and implements interventions to prevent the misuse of controlled and non-controlled medications.	~~80%~~100%	None
MM 26 (Maricopa County RBHA Only) (Information Only) The Contractor provides a Vivitrol Treatment Program for eligible members.	N/A	N/A
MM 27 (RBHA Only) The Contractor has implemented processes for all outreach, engagement, re-engagement and closure activities for behavioral health services.	55%	The Contractor shall have policies and procedures for the outreach, engagement, re-engagement and closure activities for behavioral health services**.** The Contractor shall ensure that all re-engagement requirements are completed prior to the member closure process.
MM 28 (RBHA Only)	100%	None

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Medical Management (MM)	**MM Standard Area Score = 945% (254676 of 2700)**	
The Contractor has processes for the coordination of care with other governmental agencies including but not limited to Division of Developmental Disabilities (DDD), courts and corrections, and Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA).		
MM 29 (RBHA Only) The Contractor implements processes to manage the care of and monitor members who have been determined guilty except insane (GEI) and are conditionally released for the Arizona State Hospital (AzSH) under the authority of the Psychiatric Security Review Board (PSRB).	100%	None
MM 30 (RBHA Only) (Information Only) The Contractor implements processes to ensure members determined to have a Serious Mental Illness (SMI) are informed of and have access to Special Assistance.	N/A	N/A

Member Information (MI)	**MI Standard Area Score = 100% (900 of 900)**	
Standard	**Score**	**Required Corrective Actions**
MI 1 The Contractor's New Member Information Packets meet 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 assesses PCP capacity and evaluates it prior to assigning new members.	100%	None
MI 4 The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	100%	None
MI 5 The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	100%	None

Member Information (MI)	MI Standard Area Score = 100% (900 of 900)	
MI 6 The Contractor notifies affected members of material changes to network and operations at least 30 days before the effective date of the change.	100%	None
MI 7 The Contractor distributes at a minimum two member newsletters per contract year which contain the required member information.	100%	None
MI 8 The Contractor's Member Services, Transportation, and Prior Authorization staff has access to, and utilizes, appropriate mapping services when scheduling appointments and/or referring members to services or service providers.	100%	None
MI 9 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

Quality Management (QM)	QM Standard Area Score = 98% (2438 of 2500)	
Standard	**Score**	**Required Corrective Actions**
QM 1 The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for member/system resolution.	91%	The Contractor must ensure that any information required to assist with the analysis of the QOC concern be obtained prior to sending a closing letter. Or, if additional information is received from the provider once a closing letter is sent, and that may affect the outcome of the initial leveling and/or determination, that the analysis of the new/additional information by the Contractor be clearly documented along with a response to amend the initial leveling and/or determination, as well as implement any required improvement/action plans. The Contractor is to submit a policy and desktop procedure to reflect the above process. The Contractor is to also submit evidence of staff training on this procedure to include the summary of training, training materials, and staff sign in for attendance.

Quality Management (QM)	QM Standard Area Score = 98% (2438 of 2500)	
		The Contractor must ensure that all parties that received an opening letter regarding a QOC concern receive a closing letter. In addition, the Contactor is to ensure that those parties directly involved in the QOC issue receive a closing letter that includes the allegation(s), determination, and leveling, and that the outcome of both provider and AHCCCS resolution reports correspond as appropriate. The Contractor will demonstrate this through submission of policy and desktop procedure and submit five (5) QOC sample files as evidence of implementation. The Contractor shall have a system that ensures documentation of provider responses to PIPs are received, maintained, and assessed for completeness. The Contractor is to submit a policy and desktop procedure to reflect receipt, process, and review of the completeness of provider responses to PIPs. The Contractor is also to include five (5) QOC sample files of cases that required provider PIPs to demonstrate implementation of this process.
QM 2 The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for system improvement.	100%	None
QM 3 The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.	100%	None
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.	N/A	N/A
QM 5 (ALTCS/EPD and DES/DDD Only) The Contractor ensures that Home Community Based Services (HCBS) and residential settings are monitored by qualified staff.	N/A	N/A
QM 6 The governing body and the Contractor are accountable for all Quality Management/Quality Improvement (QM/QI) program functions.	100%	None
QM 7 The Contractor has the appropriate staff employed to carry out Quality	100%	None

Quality Management (QM)	**QM Standard Area Score = 98% (2438 of 2500)**	
Management (QM) and Performance Improvement (QI) Program administrative requirements.		
QM 8 The Contractor has a structured Quality Management Program that includes administrative requirements related to policy development.	100%	None
QM 9 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.	100%	None
QM 10 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	100%	None
QM 11 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	100%	None
QM 12 The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network.	98%	None
QM 13 The Contractor has a process for verifying credentials of all organizational providers.	99%	None
QM 14 The Contractor has a structured Quality Management Program that includes administrative requirements for oversight and accountability for all functions and responsibilities described in AMPM Chapter 900 that are delegated to other entities.	100%	None
QM 15 The Contractor conducts a new member health risk assessment survey and identifies specific health care needs.	100%	None
QM 16 The Contractor has implemented a process to complete on-site quality management monitoring and investigations.	100%	None
QM 17 The health information system data elements include at least the following information to guide the selection of and meet the data	100%	None

Quality Management (QM)	**QM Standard Area Score = 98% (2438 of 2500)**	
collection requirements for quality improvement expectations.		
QM 18 The Contractor maintains a health information system that collects, integrates, analyzes, and reports data necessary to implement its QM/QI Program.	100%	None
QM 19 (Acute, CRS, ALTCS/EPD, DES/DDD and RBHA Only) The Contractor has written policies and procedures and monitors to ensure that providers discuss advance directives with all adult members receiving medical care.	50%	The Contractor must ensure that the "YES" box is checked on the Residential Review Tool, on a specific member, that asks "If the member has completed an Advance Directive, is the document stored in a confidential but accessible location should it be needed by emergency personnel entering the facility?"
QM 20 (Acute and CMDP Only) The Contractor provides ongoing medically necessary nursing services for members who, due to their mental health status, are incapable or unwilling to manage their medical condition when the member has a skilled medical need.	N/A	N/A
QM 21 (Acute, CMDP and RBHA Only) Primary Care Providers (PCP) are informed that they may medically manage behavioral health members for the treatment of anxiety, depression and Attention Deficit/Hyperactive Disorders (ADHD) and are informed about the coverage of medications to treat depression, anxiety and ADHD by the Contractor. The Contractor ensures that its quality management program incorporates the monitoring of the PCPs' medical management of behavioral health disorders (anxiety, depression and ADHD).	100%	None
QM 22 The Contractor ensures that training and education is available to Primary Care Providers (PCP) regarding behavioral health referrals and consultation procedures members identified as having behavioral health needs.	100%	None
QM 23 (Acute, CMDP and RBHA Only) The Contractor ensures the initiation and coordination of a referral when a behavioral health need has been identified and follows up to determine if the member received behavioral health services.	100%	None
QM 24 The Contractor collaborates with the Arizona State Hospital prior to	100%	None

Quality Management (QM)	QM Standard Area Score = 98% (2438 of 2500)	
member discharge.		
QM 25 (Acute, CRS, ALTCS/EPD, DES/DDD and RBHA only) The Contractor ensures that members receive medically necessary behavioral health services.	100%	None
QM 26 (ALTCS/EPD and DES/DDD Only) The Contractor shall ensure that members transferring to the ALTCS program who have previous enrollment with a Regional Behavioral Health Authority and/or a Behavioral Health Provider are appropriately transitioned.	N/A	N/A
QM 27 (Acute, CRS, ALTCS/EPD and DES/DDD Only) The Contractor has a process to monitor services provided by out of state placement settings.	N/A	N/A
QM 28 The Contractor conducts Performance Improvement Projects (PIPs) to assess the quality and appropriateness of its service provision and to improve performance.	100%	None
QM 29 The Contractor has implemented a process to measure and report to the State its performance, using standard measures required by the State.	100%	None
QM 30 (CRS, ALTCS/EPD, and DES/DDD Only) The Contractor has mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs.	N/A	N/A
QM 31 (Acute, CRS, ALTCS/EPD, DES/DDD and RBHA Only) The Contractor ensures care is coordinated between the Primary Care Provider (PCP), specialists, behavioral health, service organizations and community supports.	100%	None

Third Party Liability (TPL)	TPL Standard Area Score = 100% (700 of 700)	
Standard	**Score**	**Required Corrective Actions**
TPL 1 If the Contractor discovers the probable existence of a liable party that	100%	None

Third Party Liability (TPL)	**TPL Standard Area Score = 100% (700 of 700)**	
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.		
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 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.	N/A	N/A
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 (RBHA Only) The Contractor responds 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