



UnitedHealthcare Community Plan

**Operational Review
Contract Year 2022
November 29, 2022**

Conducted by the Arizona Health Care Cost Containment System





AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

INTRODUCTION

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

The primary objectives of the UnitedHealthcare Community Plan (UHCCP) 2022 Operational Review are to:

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

AHCCCS conducted an Operational Review of UHCCP from September 12, 2022, through September 15, 2022.

A copy of the draft version of this report was provided to the Contractor on October 28, 2022. UHCCP 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 2022 Operational Review is organized into Focus Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to thirteen Focus Areas. For the 2022 Operational Review, these Focus Areas are:

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

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

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

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



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

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



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SUMMARY OF FINDINGS

Corporate Compliance (CC)		CC Focus Area Score = 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 all the suspected FWA referrals to AHCCCS OIG following the established mechanisms.	100%	None
CC 3 The Contractor educates staff and the provider network on fraud, waste and abuse.	67%	The Contractor must ensure that a process is in place for training new hires and annually thereafter for existing staff to include AZ state specific training in addition to the provided general UHG training.
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% (990 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	100%	None



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Claims and Information Systems (CIS)	CIS Focus Area Score = 99% (990 of 1000)	
The Contractor's remittance advice to providers contains the minimum 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.	90%	The Contractor must ensure it pays applicable interest on all claims.
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 = 98% (1375 of 1400)	
Standard	Score	Required Corrective Actions
DS 1	100%	None



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Delivery Systems (DS)	DS Focus Area Score =	98% (1375 of 1400)
The Contractor has sufficient staffing in place to ensure providers receive assistance and appropriate, prompt resolution to their problems and inquiries.		
DS 2 The Contractor determines, monitors, and adjusts the number of members assigned to each PCP.	75%	The Contractor must ensure its process considers the PCP's participation in value-based purchasing initiatives and demonstration of high value services prior to assigning new members.
DS 3 Provider Services Representatives are adequately trained.	100%	None
DS 4 The Contractor provides the following information via written or electronic communication to contracted providers: Exclusion from the Network, Material Changes, Policy/Procedure Change, Subcontract Updates, Termination of Contract, and Disease/Chronic Care Management Information.	100%	None
DS 5 The Contractor's Provider Selection Policy and Procedure prohibits discrimination against providers who serve high-risk populations or that specialize in conditions that result in costly treatment.	100%	None
DS 6 The Contractor does not prohibit or otherwise restrict a provider from advising or advocating on behalf of a member who is his/her patient.	100%	None
DS 7 The Contractor has a mechanism for tracking and trending provider inquiries that includes timely acknowledgement and resolution and taking systemic action as appropriate.	100%	None
DS 8 The Contractor refers members to out-of-network providers if it is unable to provide requested services in its network.	100%	None
DS 9 The Contractor develops, distributes and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	100%	None
DS 10 The Contractor has a process for collecting, maintaining, updating and reporting accurate demographic information on its provider network.	100%	None
DS 11	100%	None



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Delivery Systems (DS)	DS Focus Area Score = 98% (1375 of 1400)	
The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.		
DS 12 The Contractor has a process for determining if there has been a material change that could affect the adequacy of capacity and services.	100%	None
DS 13 (RBHA Only) The Contractor has comprehensive policies and procedures and has provided evidence that they actively monitored their own and the provider's operations to ensure they have properly adhered to the requirements of 2 CFR Part 200 to include federal grant funding requirement notifications, communication to providers of prohibited uses of federal grant funding, tracking of provider audits, including Single Audits, and follow-up on findings.	N/A	N/A
DS 14 (RBHA Only) Contractor performed provider grant monitoring activities and has evidence of the following: <ul style="list-style-type: none"> • Comprehensive provider SABG, MHBG, and other federal grant policies and procedures that include, but are not limited to, a listing of prohibited expenditures, references to the SABG and MHBG FAQs, AMPM 320-T, Exhibits 300-2b, monitoring and separately reporting of funds by SABG, MHBG and other federal grant funding categories; • SABG, MHBG and other federal grant activities were monitored to ensure funds were expended for authorized purposes; • Federal grants funding tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS. 	N/A	N/A
DS 15 (RBHA Only) The Contractor has comprehensive Non-Title XIX/XXI policies and procedures and has provided evidence that they actively monitored their own and the provider's operations to ensure that they have properly addressed how Non-Title XIX/XXI funding should be monitored and separately reported by funding source in accordance	Not Scored	N/A



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Delivery Systems (DS)	DS Focus Area Score = 98% (1375 of 1400)	
with the RBHA Non-Title XIX/XXI contracts, applicable AHCCCS policies and procedures and the RBHA Financial Reporting Guide.		
DS 16 The Contractor has developed policies, procedures, and additional resources for curriculum development of Peer Support Employment Training Programs (PSETP), including Contractor staff for questions or assistance.	100%	None
DS 17 The Contractor has ensured that provider sites where provider case management services are delivered have regular and ongoing member and/or family participation in decision making, quality improvement, and enhancement of customer service.	100%	None

General Administration (GA)	GA Focus Area Score = 100% (500 of 500)	
Standard	Score	Required Corrective Actions
GA 1 The Contractor has policies and procedures in place consistent with confidentiality requirements for medical records and any other health and member information that identifies a particular member.	100%	None
GA 2 The Contractor has policies and procedures for the maintenance of records and can provide those records, when requested.	100%	None
GA 3 The Contractor provides training to all staff on AHCCCS guidelines.	100%	None
GA 4 The Contractor develops, reviews, and maintains policies and procedures on policy development.	100%	None
GA 5 The Contractor has policies and procedures for oversight and accountability of all administrative functions and responsibilities delegated to Administrative Services Subcontractors.	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 = 95% (1525 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 = 95% (1525 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/well-child services according to the AHCCCS EPSDT Periodicity Schedule.	50%	The Contractor must submit its written process that describes how the Contractor ensures staff who oversee the EPSDT program and support members are appropriately trained and kept up to date with EPSDT program and contract requirements, and policies including Maternity Care Services, Oral Health Care, EPSDT Services including the EPSDT and Dental Periodicity Schedule, Women’s Preventive Care, Family Planning Services and Supplies. The Contractor must submit its monitoring process that ensures providers who bill for developmental screenings are trained in the use of the tools being utilized.
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	100%	None



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score =	95% (1525 of 1600)
The Contractor ensures that oral health/dental services are provided according to the AHCCCS Medical Policy Manual and the AHCCCS Dental Periodicity Schedule.		
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.	75%	The Contractor must provide documentation demonstrating the procedure utilized to monitor providers' use of ASIIS, including following up on the education that is provided.
MCH 11 The Contractor coordinates with appropriate agencies and programs including but not limited to VFC, WIC, Head Start, home visitation, and Raising Special Kids, and provides education, assists in referrals, and connects eligible EPSDT and maternity members with appropriate agencies, according to federal and state requirements.	100%	None
MCH 12 (All Plans except RBHAs) The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.	100%	None
MCH 13 The Contractor identifies and monitors the needs of EPSDT members, coordinates their care, and conducts adequate follow up to verify that members receive timely and appropriate treatment.	100%	None
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



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Medical Management (MM)		MM Focus Area Score = 97% (2224 of 2300)
Standard	Score	Required Corrective Actions
MM 1 The Contractor has mechanisms to evaluate utilization data analysis and data management, including both underutilization and overutilization of services and implementation of changes as appropriate.	100%	None
MM 2 The Contractor has an effective, concurrent review process that includes a component for reviewing the medical necessity of institutional stays, including but not limited to Institutions for Mental Disease (IMD), Behavioral Health Settings and Nursing Facilities.	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.	65%	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	62%	The Contractor's policies and procedures must show CMO or Medical Director involvement for members experiencing a delay in discharge from the ED. Policies and/or procedures must include the process for initial response time, interventions, and follow-up timeframes when a member is being held in the ED over 24 hours Post Medical Clearance.
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



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Medical Management (MM)	MM Focus Area Score = 97% (2224 of 2300)	
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 The Contractor ensures that a Health Risk Assessment (HRA) is conducted to identify member behavioral and/or physical health care needs and members at risk for and/or with special health care needs.	100%	None
MM 12 The Contractor coordinates care for members with qualifying Children's Rehabilitative Services (CRS) conditions.	100%	None
MM 13 The Contractor identifies and coordinates care for members who are candidates for stem cell or solid organ transplants.	100%	None
MM 14 The Contractor promotes health maintenance and coordination of care 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.	100%	None
MM 19 The Contractor issues a Notice of Adverse Benefits (NOA) determination to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	97%	None
MM 20	100%	None



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Medical Management (MM)	MM Focus Area Score = 97% (2224 of 2300)	
The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.		
MM 21 (ACC, CHP and RBHA Only) The Contractor monitors nursing facility stays to assure that the length of stay does not exceed the 90 day per contract year limitation.	100%	None
MM 22 The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.	100%	None
MM 23 The Contractor establishes processes for ensuring coordination and provision of appropriate services for members transitioning from the justice system	100%	None

Member Information (MI)	MI Focus Area Score = 95% (854 of 900)	
Standard	Score	Required Corrective Actions
MI 1 The Contractor's New Member Information/Welcome 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 trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	100%	None
MI 4 The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	54%	The Contractor must issue a written notice about termination of a contracted provider to the member within the latter of 30 calendar days prior to the effective date of the provider termination or 15 calendar days after the receipt or issuance of the provider termination notice.
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



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Member Information (MI)	MI Focus Area Score = 95% (854 of 900)	
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 = 84% (1171 of 1400)	
Standard	Score	Required Corrective Actions
QM 1 The Contractor has a structure and process in place for tracking and trending reportable incidents, quality-of-care concerns, and member service concerns for member/system resolution.	79%	Element #1: <ul style="list-style-type: none"> • Appropriate Regulatory Referrals Made: The Contractor must submit for AHCCCS review policies and procedures which reflect that appropriate regulatory referrals are made including documentation in the AHCCCS QM Portal of the notification. <p>The Contractor must provide training to QM QOC staff on the above approved and/or newly developed policies and procedures. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.</p> <p>The Contractor must provide at least five QOC case files to demonstrate implementation of this training.</p> Element #1 and Element #3:



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Quality Management (QM)	QM Focus Area Score = 84% (1171 of 1400)
	<p>• Addition of New Allegations: The Contractor must retrain staff on AMPM policy 960 requirements, and Contractor policies and procedures related to the addition of new allegations identified during the investigation process.</p> <p>The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.</p> <p>The Contractor must provide at least five QOC case files to demonstrate implementation of this training.</p> <p>Element #2:</p> <p>• Triage Process – AHCCCS Reportable Events: The Contractor must submit for AHCCCS review policies and procedures that are in accordance with AMPM policy requirements related to appropriate triage and identification of AHCCCS reportable incidents and determination of these incidents as quality-of-care concerns and Non-QOC concerns including documentation of these concerns in the AHCCCS QM Portal.</p> <p>The Contractor must provide training to QM QOC staff on the above approved and/or newly developed policies and procedures. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.</p> <p>• Member Correspondence: The Contractor must submit for AHCCCS review policies and procedures that reflect direct interviews of members, direct care staff, and witness to a reportable event, when applicable and appropriate including documentation of these interviews as part of the QOC investigation in the AHCCCS QM Portal.</p> <p>The Contractor must provide training to QM QOC staff on the above approved and/or newly developed policies and procedures. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.</p>



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Quality Management (QM)	QM Focus Area Score = 84% (1171 of 1400)
	<p>Element #3:</p> <ul style="list-style-type: none"> • Case Documentation: The Contractor must retrain QM QOC staff on AMPM policy 960 requirements and appropriate Contractor policies and procedures related to documentation of the required due date within the QM Portal. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received. The Contractor must provide case examples that the Contractor has addressed concerns related to case documentation of a due date within the QM Portal. • CAP Monitoring: The Contractor must provide retraining to QM QOC staff on AMPM policy 960 requirements and appropriate Contractor policies and procedures related to elevation of corrective action plans. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received. The Contractor must provide case examples that the Contractor has addressed concerns related to the elevation of corrective action(s). Element #3 and Element #4: • Provider Incident Reporting: The Contractor must submit for AHCCCS review, policies and procedures that reflect current AMPM policy 960, 961, and the July 2021 AHCCCS Memo, related to provider notification and submission of incidents to the Contractor, including the process for the Contractor's QM QOC staff in addressing providers failing to report when it is identified during incident triage or QOC investigation. The Contractor must provide training to QM QOC staff on the above approved and/or newly developed policies and procedures. The Contractor must submit training materials and attendance/attestations of QM QOC staff



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Quality Management (QM)	QM Focus Area Score = 84% (1171 of 1400)	
		<p>completing the training to include printed first and last name, title, and date of training received.</p> <p>The Contractor must provide case examples that the Contractor has addressed concerns related to provider compliance with incident reporting timeframes.</p>
<p>QM 2 The Contractor has a structure and process in place for reportable incidents, quality-of-care concerns and member complaint tracking and trending for system improvement.</p>	89%	<p>The Contractor must ensure it engages and communicates with members during a quality-of-care review process. The Contractor must update policies and procedures that reflect direct interviews of members, direct care staff, and witness to a reportable event, when applicable and appropriate including documentation of such in the AHCCCS QM Portal. The Contractor must provide training to QM QOC staff on the aforementioned approved and/or newly developed policies and procedures and must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.</p>
<p>QM 3 Contractor Quality Management staff are able to speak to requirements of the QM Program and describe day-to-day work processes to support compliance with Contract, Policy, and Program requirements.</p>	N/A	N/A
<p>QM 4 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 5 (ALTCS/EPD and DES/DDD Only) Contractor ensures that the staff providing attendant care, personal care, homemaker services, and habilitation services are monitored as outlined in Chapter 900.</p>	N/A	N/A
<p>QM 6 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 7 The Contractor has implemented a process to complete on-site quality management monitoring and investigations when potential quality of</p>	100%	None



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Quality Management (QM)	QM Focus Area Score = 84% (1171 of 1400)	
care concerns are identified, including health and safety concerns and Immediate Jeopardy.		
QM 8 The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.	80%	The Contractor must revise appropriate policies and procedures to ensure that it meets the requirements of severity leveling as defined by the AHCCCS QM Portal. The Contractor must retrain QM QOC staff on any new and/or updated policies and procedures related to severity leveling determination in accordance with the AHCCCS QM Portal. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.
QM 9 The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes Quality Management policies reflective of AHCCCS requirements including, but not limited to: Quality of Care, Credentialing, On-Site Reviews, etc.	0%	Element #1: The Contractor must revise and submit for AHCCCS review, appropriate policies, and procedures to ensure that it meets the requirements of severity leveling as defined by the AHCCCS QM Portal. The Contractor must retrain QM QOC staff on any new and/or updated policies and procedures related to severity leveling determination in accordance with the AHCCCS QM Portal. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received. Element #2: The Contractor must revise appropriate procedures to ensure that it meets AMPM policy requirements related to documentation within the AHCCCS QM Portal and submit these for AHCCCS review. The Contractor must retrain QM QOC staff on any new and/or updated procedures. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.
QM 10 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.	100%	None
QM 11 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	100%	None
QM 12	100%	None



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Quality Management (QM)	QM Focus Area Score = 84% (1171 of 1400)	
The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.		
QM 13 The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network.	100%	None
QM 14 The Contractor has a process for verifying credentials of all organizational providers.	100%	None
QM 15 The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.	99%	None
QM 16 The Contractor has a structure and process in place for ensuring that Incident accident and death reports (IAD), Internal referrals (IRF), quality of care (QOC) concerns and seclusion and restraint (SAR) reports are properly redacted and made available to the Independent Oversight Committee (IOC).	24%	<p>Element #2: The Contractor must submit for AHCCCS review its process to ensure that QM QOC staff members are trained on proper PII redaction prior to submitting reports for IOC review. The Contractor must also submit evidence of staff training on proper PII redaction and submit for AHCCCS review, the training materials utilized, as well as sign in sheets/attestations with printed first and last name of Contractor staff, title, and date the training was received. Further, the Contractor must submit for AHCCCS review, evidence of implementation of this process based on current/updated and approved policies and procedures.</p> <p>Element #3 and Element #5: The Contractor must submit for AHCCCS review, newly developed and/or updated policies and procedures related to Contractor submission of all required documents for IOC review and submission time frames in accordance with AHCCCS Contract and AMPM policies. The Contractor must train appropriate staff on the above newly developed and/or updated policies and procedures related to IOC document uploading and timeframes. 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 for AHCCCS review, evidence of implementation of this process based on current/updated and approved policies and procedures.</p> <p>Element #4: The Contractor must submit for AHCCCS review, newly developed and/or revised policies and procedures for notifying the</p>



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Quality Management (QM)	QM Focus Area Score = 84% (1171 of 1400)	
		AHCCCS IOC Manager of formal requests for information, formal recommendations, formal objections, and/or requests received directly from the QM Portal that come from the IOC. The Contractor must train appropriate staff on the above newly developed and/or revised policies and procedures and provide evidence of training materials, as well as sign in sheets/attestations with printed first and last name of staff, title, and date the training was received.

Reinsurance (RI)	RI Focus Area Score = 100% (400 of 400)	
Standard	Score	Required Corrective Actions
RI 1 The Contractor has policies, desk level procedures, and appropriate training of personnel for the processing and submission of transplant reinsurance cases to AHCCCS for reimbursement.	100%	None
RI 2 The Contractor has policies and procedures for auditing of reinsurance cases to determine 1) the appropriate payment due on the case and 2) the service was encountered correctly.	100%	None
RI 3 The Contractor has identified a process for advising AHCCCS of reinsurance overpayments against associated reinsurance encounters within 30 days of identification. This process includes open or closed contract years and open or closed reinsurance cases.	100%	None
RI 4 The Contractor has policies and procedures for monitoring the appropriateness of the reinsurance revenue received against paid claims data.	100%	None



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



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Third Party Liability (TPL)	TPL Focus Area Score = 100% (800 of 800)
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.	

Quality Improvement (QI)	QI Focus Area Score = 100% (600 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.	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



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Integrated System of Care		ISOC Focus Area Score = 86% (1810 of 2100)
Standard	Score	Required Corrective Actions
ISOC 1 (All Plans except CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) prior to member discharge and for members who are conditionally released under the authority of the Psychiatric Security Review Board (PSRB).	60%	The Contractor must update its policy to include specific requirements surrounding care coordination, management, and monitoring for members in ASH that will be discharged pursuant to a conditional release plan.
ISOC 2 (All Plans except CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission to and members who are discharge ready from AzSH.	60%	The Contractor must update policy to include specific language specifying requirements for Care Coordination and tracking for persons awaiting admission to ASH. The Contractor must update policy to include specific language specifying requirements for care coordination and communication with ASH for members prior to discharge. The Contractor must create and implement a detailed methodology for care coordination and monitoring for members awaiting admission to ASH.
ISOC 3 The Contractor allows Primary Care Providers (PCPs) to provide behavioral health services within their scope of practice including but not limited to Substance Use Disorders, Anxiety, Depression and Attention Deficit Hyperactivity Disorder (ADHD) for the purpose of medication management.	100%	None
ISOC 4 The Contractor ensures that members receive medically necessary behavioral health services.	100%	None
ISOC 5 The Contractor ensures the availability and provision of services to members diagnosed with or at risk for Autism Spectrum Disorder (ASD).	40%	The Contractor must create a detailed methodology that demonstrates how the Contractor ensures members who are referred to ASD-diagnosing provider receive timely testing/assessment (e.g., specific tools, desktop guides, etc. that include a description of the monitoring procedure). The Contractor must create a detailed methodology to ensure a sufficient and appropriate network of ASD diagnosing providers, in addition to a



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Integrated System of Care	ISOC Focus Area Score = 86% (1810 of 2100)	
		written strategy to identify and mitigate insufficiencies found through monitoring practices, which must include: <ul style="list-style-type: none"> a. A detailed methodology that demonstrates the list of ASD-diagnosing providers is monitored to ensure that it is current.
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 (Meet Me Where I Am Services (MMWIA)).	55%	The Contractor must ensure the availability and timely delivery of generalist direct support and specialty providers to deliver flexible, in-home, community-based support and rehabilitation (MMWIA) services. This must include a detailed methodology (e.g., specific tools, desktop guides, etc. that includes a description of the monitoring procedure) for how the Contractor monitors service utilization and timely delivery for MMWIA services. In addition, the Contractor must ensure it monitors demand and unmet need for MMWIA services to inform activities for the development of additional in-state treatment providers. This should include a detailed methodology that demonstrates how the Contractor monitors to ensure a sufficient and appropriate network of MMWIA providers.
ISOC 11 The Contractor ensures the availability and implementation of Evidence-Based practices (EBPs) for Transition Aged Youth (TAY) ages 16-24.	40%	The Contractor must demonstrate that it monitors timeliness of services. This may include data or written reports, meeting notes, desktops, or other existing formats that demonstrate active monitoring of timeliness of services.



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Integrated System of Care	ISOC Focus Area Score = 86% (1810 of 2100)	
ISOC 12 The Contractor ensures the provision of Trauma Informed Care and Services.	85%	The Contractor must demonstrate that it monitors providers to ensure sufficient and appropriate network of providers that are certified in Trauma Informed Care. This may include reports developed to confirm completed certification trainings by provider or other methods that verify providers have TIC-certified staff. If Optum, as the designated vendor, tracks TIC certifications, the Contractor shall provide those reports.
ISOC 13 The Contractor promotes service delivery and network capacity for children age birth to five.	70%	<p>The Contract must ensure that its policies reflect current AHCCCS contract and policy.</p> <p>The Contractor must demonstrate that it monitors timeliness of services in accordance with ACOM Policy 417 that may include data or written reports, meeting notes, desktops, or other existing formats that demonstrates active monitoring of timeliness of services</p> <p>The Contractor must submit a policy(ies), or associated documents to demonstrate procedures and training requirements specific to early childhood mental health for children 0-5. The policy shall distinguish between early child mental health requirements such as endorsement or other specific infant/toddler mental health trainings and EPSDT requirements identified under AMPM 430.</p>
ISOC 14 The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for youth.	100%	None
ISOC 15 The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for adults.	100%	None
ISOC 16 The Contractor ensures that members are routinely screened for risk factors related to Social Determinants of Health (SDOH) and that identified needs are addressed.	100%	None
ISOC 17 The Contractor ensures that behavioral health medical record requirements are completed in accordance with AHCCCS Policy.	100%	None
ISOC 18	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2022

Integrated System of Care	ISOC Focus Area Score = 86% (1810 of 2100)	
The Contractor ensures that a current assessment and service plan have been completed within the previous 365 days and are part of the behavioral health medical record.		
ISOC 19 The Contractor promotes Arizona’s Child and Family Team (CFT) practice model and Twelve Guiding Principles in the Children’s System of Care, within all aspects of service delivery for all children.	100%	None
ISOC 20 The Contractor demonstrates integrated care efforts for members throughout all service delivery.	100%	None
ISOC 21 The Contractor maintains collaborative relationships with other government entities that deliver services to members and their families, ensures access to services, and coordinates care with consistent quality.	100%	None