|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTRACTOR:** |  |  | **DATE RECEIVED:** |  |
| **CONTRACTOR CONTACT:** |  |  | **CONTRACTOR PHONE NUMBER:** |  |
| **LINE OF BUSINESS:** |  |  | **AHCCCS APPROVED DATE:** |  |
| **AHCCCS REVIEWER:** |  |  | **AHCCCS REVIEWED DATE:** |  |

The Contractor shall complete a separate checklist for each line of business. The Contractor shall complete column “B” and may complete column “E” if applicable. AHCCCS completes columns “C” or “D” and “F”.

|  |  | **CONTRACTOR** | **AHCCCS** | **AHCCCS** | **CONTRACTOR** | **AHCCCS** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **(A)****CONTINUITY OF OPERATIONS AND RECOVERY PLAN REQUIREMENTS** | **(B)** **FOUND****ON PAGE:** | **(C)****YES** |  **(D)****NO** | **(E)** **CONTRACTOR COMMENTS** | **(F)****AHCCCS COMMENTS** |
|  | The Plan Summary is no longer than five pages.  |  |  |  |  |  |
|  | The Plan Summary indicates the Plan is reviewed and tested annually and updated. |  |  |  |  |  |
|  | The Plan Summary contains training requirements for all staff, including frequency of training. |  |  |  |  |  |
|  | The Plan Summary is specific to the Contractor’s operations in Arizona and references local resources. |  |  |  |  |  |
|  | The Plan Summary addresses Administrative Services Subcontracts. |  |  |  |  |  |
|  | The Plan Summary contains planning and training for: |  |  |  |  |  |
|  | 1. Electronic/telephonic failure at the Contractor’s main place of business and any satellite offices in State or out of State and for ACC-RBHAs, the business crisis telephone line or loss of internet connection for providers that deliver crisis services.
 |  |  |  |  |  |
|  | 1. Complete loss of use of the main site and any satellite offices in State and out of State.
 |  |  |  |  |  |
|  | 1. Loss of primary computer system/records.
 |  |  |  |  |  |
|  | 1. Extreme weather conditions.
 |  |  |  |  |  |
|  | 1. How the Contractor will communicate with AHCCCS during a business disruption. (The name and phone number of the Contractor’s assigned AHCCCS Operations Compliance Officer).
 |  |  |  |  |  |
|  | 1. Directing the Contractor staff to contact AHCCCS Security at 602-417-4888 in the event of a disruption outside of normal business hours.
 |  |  |  |  |  |
|  | 1. Periodic testing at least annually. Results of the tests are documented.
 |  |  |  |  |  |
|  | The Plan Summary addresses key priorities that could cause disruption, including the following: |  |  |  |  |  |
|  | 1. Member Services
 |  |  |  |  |  |
|  | 1. Scheduling
 |  |  |  |  |  |
|  | 1. Clinic and/or Physician Visits
 |  |  |  |  |  |
|  | 1. Transportation Services
 |  |  |  |  |  |
|  | 1. Prior Authorization (PA)
 |  |  |  |  |  |
|  | 1. Outpatient or Inpatient Procedures
 |  |  |  |  |  |
|  | 1. Utilization Review/ Concurrent Review
 |  |  |  |  |  |
|  | 1. Claims/Provider Payments
 |  |  |  |  |  |
|  | 1. Grievance & Appeals and Quality of Care Concerns (QOC)
 |  |  |  |  |  |
|  | 1. Any other critical priorities identified by the Contractor and/or AHCCCS
 |  |  |  |  |  |
|  | The Plan Summary addresses emergency plan provisions for facilities and hospitals in the event members are displaced in an emergency. |  |  |  |  |  |
|  | The Plan Summary includes timelines for resumption of services including percentages of recovery. |  |  |  |  |  |
|  | The Contractor has designated a Continuity of Operations and Recovery Coordinator and includes contact information in the Plan Summary. |  |  |  |  |  |