

830 – QUALITY OF CARE AND FEE-FOR-SERVICE PROVIDER REQUIREMENTS

EFFECTIVE DATES: 01/08/20, 08/01/20, 04/01/22, 01/26/24

APPROVAL DATES: 10/17/19, 05/21/20, 11/18/21, 01/24/25

I. PURPOSE

This Policy applies to Fee-For-Service (FFS) populations and Programs as specified within this Policy including: AIHP, DES/DDD Tribal Health Program (DDD THP), Tribal ALTCS, TRBHA, excluding Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). This Policy establishes requirements for FFS Programs and FFS providers regarding reporting of Quality of Care (QOC) Concerns, Incident, Accident, Death (IAD) reports, and Health and Safety conditions, including requirements for FFS providers to comply with state licensure requirements, on-site inspections, and/or requests for information, including documentation; and establishes requirements regarding FFS provider responsibilities during member transitions.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY

AHCCCS/DFSM Quality Management (QM) investigates Quality of Care (QOC) Concerns, Incident, Accident or Deaths (IADs), and Health and Safety Conditions for members enrolled in FFS Programs in accordance with 42 U.S.C. §1396a(a)(30)(A).

The Tribal ALTCS and TRBHA programs shall participate in the investigation of QOC Concerns, IAD reports, and Health and Safety Conditions related to their enrolled members, in accordance with applicable IGAs and in coordination with AHCCCS.

Reports of QOC Concerns and service issues shall be raised internally by AHCCCS or reported to AHCCCS externally by members/Health Care Decision Makers (HCDM) and/or Designated Representatives (DR), providers, and stakeholders, from anywhere in the community.

The AHCCCS Provider Participation Agreement (PPA) provides the authority for AHCCCS/DFSM to ensure that FFS providers comply with all applicable state and federal rules and regulations, including alignment with state licensure requirements, as well as AHCCCS rules and policies relating to the audit of provider records and the inspection of the provider's facilities. FFS providers are responsible for adhering to the requirements specified in all applicable AHCCCS policies. For specific requirements applicable to Tribal ALTCS and the TRBHAs, refer to the respective IGA.

A. REQUIREMENTS FOR REPORTING

FFS providers shall submit QOC Concerns and IAD reports to AHCCCS through the AHCCCS Quality Management System Portal (AHCCCS QM Portal) as specified in AMPM Policy 961. FFS providers shall report as soon as the FFS provider is aware of the QOC Concern and/or IAD, but no later than 24 hours after discovering the QOC Concern and/or IAD. FFS Providers shall maintain current correspondence, and site contact information in the Pre-Paid Medical Management Information Systems (PMMIS). Non-compliance with these reporting requirements shall be considered a violation of the PPA.

For provider information on registering for the AHCCCS QM Portal, visit the AHCCCS website. If the AHCCCS QM Portal is unavailable, the QOC Concern shall be reported via the Access to Covered Medicaid Services web form via email, or telephone. This information can be found on the AHCCCS Contacts webpage.

Suspected cases of abuse, neglect, and exploitation of a member shall also be reported by the FFS provider to Adult Protective Services (APS), Arizona Department of Child Safety (DCS), and other authorities, as appropriate.

For members enrolled in a TRBHA, FFS providers shall coordinate and report information to the TRBHA of enrollment. For members enrolled in Tribal ALTCS, FFS providers shall coordinate and report information to the member's Tribal ALTCS case manager. The TRBHAs and Tribal ALTCS Programs shall review all cases of IAD or QOC with the ability to close the case at their level. If these programs decide to elevate a case to AHCCCS/DFSM QM, they shall provide all relevant documentation including complete clinical records which support the allegation.

For Tribal members residing on Tribal lands, Tribal case managers shall determine which Tribal program is responsible for handling these issues in their area. The APS may have jurisdiction to investigate reports that occurred on tribal land involving non-tribal vulnerable adults with the written invitation of the tribal council, in accordance with A.A.C. R6-8-204. The DCS program may intervene in cases of abuse, neglect, or exploitation when located on reservation land, in some circumstances.

Documentation related to the suspected abuse, neglect, or exploitation, including the reporting of such, shall be kept in a file, separate from the member's case file, that is designated as confidential. The confidentiality of this information is protected under A.R.S. § 36-2917, and A.A.C. R9-22-512.

The resolution of member QOC concerns shall be coordinated with AHCCCS/DFSM QM. AHCCCS/DFSM QM may provide corrective action upon closing an IAD or QOC case. This corrective action shall be regarded by FFS Providers as actionable findings related to the IAD or QOC case. Failure of FFS Providers to review and act upon the AHCCCS/DFSM QM's corrective action shall be considered by AHCCCS in future cases.

B. REQUIREMENTS FOR HEALTH AND SAFETY CONDITIONS

FFS providers shall identify a member’s health plan of enrollment and coordinate care with any health plans, agencies, providers, or other entities involved in the member’s care.

FFS providers shall make every effort to resolve a health and safety condition with minimal exposure of the FFS member to the adverse situation or environment.

FFS providers retain responsibility for member safety, care coordination, a safe discharge, and/or transition of care, and shall work with AHCCCS/DFSM QM and TRBHAs and/or Tribal ALTCS Programs to ensure that if warranted, FFS members are re-located to a safe environment.

All QOC concern information shall be entered into the AHCCCS QM Portal. FFS providers shall cooperate with requests for FFS member information from AHCCCS and/or TRBHAs/Tribal ALTCS Programs and any potential requests for AHCCCS/DFSM QM and/or TRBHAs/Tribal ALTCS Programs to interview an FFS member.

C. REQUIREMENTS DURING MEMBER TRANSITIONS AND/OR DISCONTINUATION OF SERVICES

In addition to FFS provider responsibilities regarding a health and safety condition, FFS members shall require movement to a safe environment due to discontinuation of services or during other transitions of care. FFS providers shall identify and facilitate movement and coordinate care for FFS members transitioning to other providers. This includes changes in service areas or any special circumstances, which can require additional assistance, including but not limited to those specified in AMPM Policy 520.

FFS Providers shall coordinate with HCDM and/or Representatives, Tribal ALTCS, and/or TRBHA case managers and other entities serving FFS members as required.

FFS providers shall retain the responsibility to coordinate with any additional agencies that could impact FFS member movement including, but not limited to:

1. APS.
2. DCS.
3. Probation/parole offices.
4. Tribal Social Services.

FFS providers shall be aware and comply with the Arizona Department of Health Services (ADHS), Division of Licensing who can conduct separate health and safety actions under their guidelines, which could also warrant FFS member movement. Adverse actions taken by ADHS shall cause AHCCCS to take corresponding action against an FFS provider.

AHCCCS has the discretionary authority to terminate an approved PA based on what is in the best interest of the member and/or medically necessary for the member.

The AHCCCS/Office of the Inspector General (OIG) pursuant to State and Federal Law is required under certain circumstances to act to suspend, terminate, or exclude any person (individual or entity) from participation in the AHCCCS program.