



**AHCCCS OPERATIONAL REVIEW
EXECUTIVE SUMMARY
2022**

**Health Choice Arizona
Operational Review
Contract Year 2022
October 17, 2022**

Conducted by the Arizona Health Care Cost Containment System





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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 Health Choice Arizona (HCA) ACC 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 Health Choice Arizona from July 25, 2022, through July 28, 2022.

A copy of the draft version of this report was provided to the Contractor on September 16, 2022. HCA 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 = 100% (500 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.	100%	None
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% (985 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% (985 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.	85%	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% (1367 of 1400)	
Standard	Score	Required Corrective Actions
DS 1	100%	None



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Delivery Systems (DS)	DS Focus Area Score = 98% (1367 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.	100%	None
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% (1367 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.	Not Scored	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. 	Not Scored	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% (1367 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.	67%	The Contractor must establish a process through which curricula of PSETP operators are made available for review upon the Contractor's request.
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 = 78% (388 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.	0%	The Contractor must maintain policies and procedures consistent with confidentiality requirements for hard copy medical records, including confidentiality requirements for any other health and member information that identifies a particular member.
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.	88%	The Contractor must ensure its policy committee is chaired by the Contractor's Chief Executive Officer/Administrator, Medical Director/Chief Medical Officer or Chief Financial Officer.
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 = 99% (1675 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.	75%	The Contractor must ensure that the appropriate legal citations are used in accordance with services being appealed.
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	100%	None



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Grievance Systems (GS)	GS Focus Area Score = 99% (1675 of 1700)	
health condition requires. If an appeal is upheld the Contractor may 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 = 98% (1575 of 1600)	
Standard	Score	Required Corrective Actions
MCH 1	100%	None



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Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 98% (1575 of 1600)	
The Contractor has established a maternity care program that operates with goals directed at achieving optimal birth outcomes that meet AHCCCS minimum requirements.		
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.	75%	The Contractor must have a 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 also submit evidence that its staff have been trained and informed of EPSDT requirement.
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 = 98% (1575 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.	100%	None
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% (2236 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.	89%	The Contractor must comply with the policies and procedures for proactive discharge planning.
MM 4 Emergency Department (ED) Utilization and Monitoring of ED 24 Hours Post Medical Clearance	62%	The Contractor must have policies and procedures for proactive discharge planning for members holding in ED 24 Hours Post Medical Clearance; that includes Medical Director involvement and Contractor outreach and involvement with discharge planning.
MM 5 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	97%	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



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Medical Management (MM)	MM Focus Area Score = 97% (2236 of 2300)	
MM 8 The Contractor conducts retrospective reviews.	99%	None
MM 9 The Contractor develops or adopts and disseminates evidence-based clinical practice guidelines for physical and behavioral health services.	100%	None
MM 10 The Contractor evaluates new technologies and new uses for existing technologies.	100%	None
MM 11 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.	95%	None
MM 18 The Contractor does not deny emergency services.	100%	None
MM 19	94%	The Contractor must comply with the policies and procedures for NOAs.



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Medical Management (MM)	MM Focus Area Score = 97% (2236 of 2300)	
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.		
MM 20 The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.	100%	None
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 = 94% (850 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.	100%	None
MI 5	100%	None



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Member Information (MI)	MI Focus Area Score = 94% (850 of 900)	
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.		
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.	50%	The Contractor must have a policy in place to ensure applicable staff receives instruction and/or training on the AHCCCS and Contractor's Social Networking policies before using Social Networking Applications and Broadcasts on behalf of the Contractor.

Quality Management (QM)	QM Focus Area Score = 75% (1044 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.	91%	Element # 3 and Element #4: <ul style="list-style-type: none"> 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.



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Quality Management (QM)	QM Focus Area Score = 75% (1044 of 1400)
	<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 for these trainings, 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 case examples that the Contractor has addressed concerns related to provider compliance with incident reporting timeframes during incident triage and QOC investigation.</p> <p>Element #3:</p> <ul style="list-style-type: none"> • Addition of New Allegations and Incident Submission Time Frames: <ul style="list-style-type: none"> ○ Addition of New Allegations – <p>The Contractor must retrain staff on AMPM policy 960 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 for the trainings, 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> <ul style="list-style-type: none"> ○ Incident Submission Time Frames – <p>The Contractor must submit for AHCCCS review, appropriately updated policies, and procedures that include policy, 75 A QM 04 07 A.9.024 Reporting Incidents, to reflect current AMPM policy 960, 961, and the July 2021 AHCCCS Memo as it relates to the time frames of notification and submission of incident reports expected of the provider and Contractor for sentinel and non-sentinel events.</p>



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Quality Management (QM)	QM Focus Area Score = 75% (1044 of 1400)	
		<p>The Contractor must retrain staff on current AMPM policy 960, 961, and the July 2021 AHCCCS Memo and any of the above updated policies and procedures.</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>In addition, the Contractor must update and submit, for AHCCCS review, its Provider Manual to reflect current AMPM policy 960, 961, and the July 2021 AHCCCS Memo related to time frames of notification and submission of reports expected of the provider for sentinel and non-sentinel events.</p> <p>The Contractor must provide training to its providers on the above updates and submit to AHCCCS the training materials and other supporting documentation to ensure dissemination of this information to the Contractor's provider network.</p> <ul style="list-style-type: none"> QM Portal Documentation: The Contractor must develop and submit for AHCCCS review, a process to ensure that documentation in the QM Portal is reflective of information as it is received during the investigation. <p>The Contractor must provide training to QM QOC staff on the above newly developed and approved 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 the training was received.</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>	100%	None



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Quality Management (QM)	QM Focus Area Score = 75% (1044 of 1400)	
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.	Not Scored	N/A
QM 4 The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.	60%	Element 1: <ul style="list-style-type: none"> Mortality Review Process: The Contractor must develop a policy and procedure to clearly outline the Contractor's Mortality Review Process. In order to identify and assess for potential QOC's, as well as verify compliance of provider mortality reporting, the process must include methods that will more accurately assess member mortalities within the Contractor's provider network in addition to provider self-reports and Contractor internal referrals. The Contractor must submit the above approved policy and procedure for AHCCCS review and appropriate supporting documentation to demonstrate implementation. Incident Submission Time Frames: Please refer to QM 1, Element #3 – Incident Submission Time Frames for this required corrective action. Element #2: The Contractor must develop and submit for AHCCCS review, specific Mortality Review processes, policies, procedures, and desktops that include a clear process to ensure that mortality reviews identified as potential quality of care concerns are referred to their Quality Management department for investigation and resolution.
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.	Not Scored	N/A
QM 6 The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.	60%	The Contractor must develop and submit for AHCCCS review, specific Annual Residential Setting Monitoring processes, policies, procedures, and desktops that include the following:



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Quality Management (QM)	QM Focus Area Score = 75% (1044 of 1400)	
		<ul style="list-style-type: none"> Element #2: A clear process that ensures that residential settings (each individual service site) are monitored annually by qualified staff, in alignment with AMPM 910, Attachment A. <p>Element #5: The Contractor must review, revise, and submit for AHCCCS review, current processes, policies, procedures, and desktops to ensure consistency and distinction between the Annual Residential Monitoring process, Health and Safety, and Immediate Jeopardy processes. The Contractor must also ensure that the submitted Annual Residential Monitoring policies, processes, and/or desktop protocols meet the requirements listed under this element.</p>
<p>QM 7 The Contractor has implemented a process to complete on-site quality management monitoring and investigations when potential quality of care concerns are identified, including health and safety concerns and Immediate Jeopardy.</p>	75%	<p>Element #3:</p> <ul style="list-style-type: none"> Onsite Health and Safety Visits - The Contractor must submit for AHCCCS review an updated Policy A.9.023, and any other pertinent policies, to ensure alignment with AMPM policy 960 requirements for onsite health and safety visits. AMPM policy 960, Attachment C – The Contractor must submit for AHCCCS review an updated Policy A.9.023 and Policy A.9.022, and any other pertinent policies, to ensure alignment with AMPM policy 960 requirements for the completion and submission of Attachment C for each Health and Safety Onsite Review.
<p>QM 8 The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.</p>	20%	<p>Element #2: The Contractor must submit for AHCCCS review, documentation of a formal training process to ensure that QM clinical staff, who are responsible to carry out the QOC investigation process, are trained on QOC investigations prior to performing these investigations. Supporting documents submitted along with this process include training materials, as well as documentation to verify completion of training.</p> <p>The Contractor must also update and submit appropriate policies and procedures to clearly define the QM QOC team responsible to carry out QOC investigations and thus require this training, per AMPM policy 960.</p>



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Quality Management (QM)	QM Focus Area Score = 75% (1044 of 1400)
	<p>Element #4:</p> <ul style="list-style-type: none"> Performance Improvement (PI) team involved in QOC investigations - <p>The Contractor must submit documentation to ensure that it employs sufficient Quality Management personnel, who are involved in QOC processes and investigations, to carry out the functions and responsibilities specified in Contract and AMPM Policies, in a timely and knowledgeable manner, and demonstrate that, per AMPM policy 960, the QOC investigation process shall be a stand-alone process completed through the Contractor's QM department and shall not be combined with other agency meeting or processes.</p> <ul style="list-style-type: none"> Direct Reporting to CMO - The Contractor must submit documentation on how it will ensure compliance with AHCCCS Contract related to the position of the local Chief Medical Officer (CMO)/Medical Director and the local Chief Executive Officer (CEO). <p>Element #5: The Contractor must develop a process to document training received by Contractor staff on referring suspected QOC concerns to the QM Team that will clearly demonstrate the following: the training being received, whether the training was received as part of New Employee Orientation within 30 days after the date of hire or part of an annual training, the associated department of the staff member, staff title, first and last name, and confirmation that training was received by the Contractor's staff.</p> <p>The Contractor must submit this process for AHCCCS review, including evidence of implementation of this process and the training materials presented to the Contractor's staff</p> <p>Element #6: The Contractor must submit for AHCCCS review documentation that it has sufficient local Quality Management staffing who are licensed clinical and behavioral health professionals, and who are involved in QOC processes and investigations, to meet the requirements of the QM/PI Program and who report directly to the Quality Management Manager. In addition, the Contractor must submit an updated</p>



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Quality Management (QM)	QM Focus Area Score =	75% (1044 of 1400)
		Organizational Chart for the QM Department reflecting the number of full time and part time positions, staff names, and responsibilities for staff that are involved in QOC functions
<p>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.</p>	50%	<p>Element #1:</p> <ul style="list-style-type: none"> Informing the member or provider of all applicable mechanisms for resolving the concern external to the Contractor processes: The Contractor must develop and submit for AHCCCS review, a policy to ensure members and providers are informed of all applicable mechanisms for resolving the concern external to the Contractor processes in accordance with AMPM policy 960. <p>The Contractor must provide training to appropriate staff on the newly developed or revised policy and must submit evidence of training materials, sign-in sheets/attestations with printed first and last name, title, and date of training received.</p> <ul style="list-style-type: none"> Member Impact and Care Transition When Acting on Adverse Actions: The Contractor must develop and submit for AHCCCS review, a policy demonstrating that the Contractor ensures adequate time for identification of new providers, timely communication to members to prepare for the transition, and ensuring member needs are met without gaps in care, such as service plans and medication in accordance with AMPM policy 960. <p>The Contractor must provide training to appropriate staff on the newly developed or revised policy and must submit evidence of training materials, sign-in sheets/attestations with printed first and last name, title, and date of training received.</p> <p>The Contractor must provide five case examples, if applicable, demonstrating implementation, such as investigations where the Contractor</p>



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Quality Management (QM)	QM Focus Area Score =	75% (1044 of 1400)
		ensured adequate time for identification of new providers, timely communication to members to prepare for the transition, and ensured member needs were met without gaps in care, such as service plans and medication.
QM 10 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.	90%	<p>Peer Review/Mortality and Morbidity Committee: The Contractor must update and submit for AHCCCS review, policies and procedures to reflect what types of providers, facilities, vendors, and quality-of-care investigations will be referred to the Contractor's Peer Review Committee for further review.</p> <p>Additionally, the Contractor must develop and submit for AHCCCS review policy and procedure demonstrating that the Contractor shall not delegate functions of peer review to other entities, in accordance to AMPM policy 910.</p> <p>The Contractor must provide training to appropriate staff on the above newly developed or revised policies and procedures and must submit evidence of training materials, sign-in sheets/attestations with printed first and last name, title, and date of training received.</p>
QM 11 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	80%	Refer to QM 13 and QM 14 for details on the required corrective action.
QM 12 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	100%	None
QM 13 The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network.	91%	<p>Element #2: The Contractor must revise, and submit for AHCCCS review, an updated and approved process to ensure the review of performance monitoring data is in accordance with AMPM policy 950 and pertains to the listed provider types per this AHCCCS policy.</p> <p>The Contractor must provide training to appropriate staff on the newly revised process and must submit evidence of training materials, sign-in</p>



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Quality Management (QM)	QM Focus Area Score = 75% (1044 of 1400)	
		<p>sheets/attestations with printed first and last name, title, and date of training received.</p> <p>The Contractor must provide five examples of provider recredentialing files demonstrating implementation.</p>
<p>QM 14 The Contractor has a process for verifying credentials of all organizational providers.</p>	92%	<p>Performance Monitoring Data: The Contractor must submit for AHCCCS review, a newly developed and/or revised process to ensure the review of performance monitoring data as required in AMPM policy 950.</p> <p>The Contractor must provide training to appropriate staff on the newly developed and/or revised process and must submit evidence of training materials, sign-in sheets/attestations with printed first and last name, title, and date of training received.</p> <p>The Contractor must submit at least five examples of organizational provider recredentialing files demonstrating implementation.</p>
<p>QM 15 The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.</p>	76%	<p>Element #2: The Contractor must submit for AHCCCS review, a policy that delineates those responsible for linking QOC/IAD/IRFs to the S&R event. The Contractor must include the supervisory reporting structure for those staff that are responsible for the linkage of the aforementioned items.</p> <p>The Contractor must train appropriate staff on the linkage of S&Rs and the supervisory structure. The Contractor must provide evidence of this training including the training materials utilized, as well as sign-in sheets/attestations with printed first and last name of QM staff, title, and date the training was received.</p> <p>Element #5:</p> <ul style="list-style-type: none"> • Provider submission of S&R Reports: The Contractor must submit for AHCCCS review, a current and approved or newly developed policy and procedure to ensure that providers submit



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Quality Management (QM)	QM Focus Area Score =	75% (1044 of 1400)
		<p>documentation of each seclusion and restraint event to the Contractor within five days of each event.</p> <p>The Contractor must provide training to appropriate staff on AHCCCS AMPM Policy and the Contractor's policy including any newly approved and developed procedures related to provider submission of S&R reports.</p> <p>The Contractor must provide evidence of the training materials, as well as sign-in sheets/attestations with printed first and last name of Contractor staff, title, and date the training was received.</p> <p>The Contractor must also provide at least five S&R case files demonstrating implementation of AMPM policy 962 and the above Contractor's policy and procedure related to provider submission of S&R reports.</p> <p>In addition, the Contractor must submit for AHCCCS review, a current and approved process to retain the receipt of submission of provider reports in order to provide this information for AHCCCS review upon request</p> <p>The Contractor must provide evidence of the training materials, as well as sign-in sheets/attestations with printed first and last name of QM QOC staff, title, and date the training was received.</p> <p>The Contractor must also provide at least five S&R case files demonstrating implementation of AMPM policy 962 and the above Contractor's policy and procedure related to retention of provider submission of S&R reports.</p> <ul style="list-style-type: none"> Contractor S&R QM Portal Entry: The Contractor must develop and submit for AHCCCS review a current and approved (non-draft) process to submit individual reports of S&R to the AHCCCS QM Portal within three days from receipt of the provider's submitted documentation. The Contractor must also retrain QM staff on AMPM policy 962, including entering the S&R report into the AHCCCS QM Portal within three days of receipt.



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Quality Management (QM)	QM Focus Area Score = 75% (1044 of 1400)
	<p>The Contractor must provide training to appropriate staff on the Contractor's policy and any newly developed processes related to the Contractor submission of S&R reports into the QM Portal.</p> <p>The Contractor must provide evidence of the training materials, as well as sign-in sheets/attestations with printed first and last name of Contractor staff, title, and date the training was received.</p> <p>The Contractor must also provide at least five S&R case files demonstrating that S&R submissions were completed and processed in accordance with AHCCCS Deliverable requirements and the Contractor's policies.</p>
<p>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).</p>	<p>59%</p> <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.</p> <p>The Contractor must also submit evidence of 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 QM QOC staff, title, and date the training was received.</p> <p>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#4: The Contractor must submit for AHCCCS review, newly developed and/or revised policies and procedures for notifying the 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.</p> <p>The Contractor must train appropriate staff on the above newly developed and/or revised policies and procedures and provide evidence of training</p>



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Quality Management (QM)	QM Focus Area Score = 75% (1044 of 1400)
	<p>materials, as well as sign in sheets/attestations with printed first and last name of staff, title, and date the training was received.</p> <p>Element #5: IOC Review Upload of IOC Reports -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 in accordance with AHCCCS Contract and AMPM policies.</p> <p>The Contractor must train appropriate staff on the above newly developed and/or updated policies and procedures related to IOC document uploading. The Contractor must submit for AHCCCS review, 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.</p> <p>Additionally, the Contractor must submit for AHCCCS review, evidence of implementation of this process based on current/updated and approved policies and procedures.</p>

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	100%	None



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Reinsurance (RI)	RI Focus Area Score = 100% (400 of 400)	
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.		
RI 4 The Contractor has policies and procedures for monitoring the appropriateness of the reinsurance revenue received against paid claims data.	100%	None

Third Party Liability (TPL)	TPL Focus Area Score = 100% (800 of 800)	
Standard	Score	Required Corrective Actions
TPL 1 If the Contractor discovers the 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	100%	None



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Third Party Liability (TPL)		TPL Focus Area Score = 100% (800 of 800)
The Contractor files liens on total plan casualty cases that exceed \$250.		
TPL 6 Prior to negotiating a settlement on a total plan case, the Contractor shall notify AHCCCS to ensure that no reinsurance or fee-for-service payments have been made by AHCCCS.	100%	None
TPL 7 The Contractor shall submit complete settlement information to AHCCCS, using the AHCCCS approved casualty recovery Notification of Settlement form within 10 business days from the settlement date, or on an AHCCCS-approved electronic file by the 20th of each month.	100%	None
TPL 8 The Contractor shall respond to requests from AHCCCS or AHCCCS' TPL Contractor to provide a list of claims related to the joint or mass tort case within 10 business days of the request.	100%	None

Quality Improvement (QI)		QI Focus Area Score = 83 % (500 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.	75%	<p>When QM/PI Program deficiencies are noted, the Contractor must clearly document within the QM/PI Committee meeting minutes the timelines (including the start and the end dates) and additional recommendations or acceptance of the results.</p> <p>The Contractor must ensure QM/PI positions performing work functions related to the Contract, including administrative services subcontractors' staff, have a direct reporting relationship to the local CMO and the local CEO.</p>
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.	70%	The Contractor must review, analyze, and evaluate quality improvement data necessary for implementing and maintaining its Quality Management/Performance Improvement (QM/PI) Program; this includes conducting an internal review and evaluation of its quality improvement data for accuracy, completeness, logic, and consistency. Further, the Contractor



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Quality Improvement (QI)	QI Focus Area Score = 83 % (500 of 600)	
		must conduct subpopulation data analysis of quality improvement data [inclusive of members with special health care needs such as EPSDT, Maternal (pregnant and postpartum members), Behavioral Health Category, and CRS designated members] and implement targeted interventions to address any noted disparities identified as part of the Contractor's data analysis efforts for AHCCCS-mandated Performance Improvement Projects.
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.	85%	The Contractor must implement evidence-based interventions (identified through literature review, research, etc.) as it relates to AHCCCS-mandated PIP focus areas.
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.	70%	The Contractor must attend/participate in and/or facilitate applicable community initiatives, events, and/or activities, aimed to address overarching community concerns, related to Chronic Disease Management. The Contractor must attend/participate in and/or facilitate applicable community initiatives, events, and/or activities, aimed to address overarching community concerns, related to EPSDT and Dental.



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Integrated System of Care	ISOC Focus Area Score = 98% (2067 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).	100%	None
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.	100%	None
ISOC 3 The Contractor allows Primary Care Providers (PCPs) to provide behavioral health services within their scope of practice including but not limited to 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).	100%	None
ISOC 6 The Contractor employs care managers and ensures the provision of Contractor care management functions.	100%	None
ISOC 7 The Contractor ensures coordination and provision of appropriate services for members who are on court ordered treatment.	100%	None
ISOC 8 The Contractor monitors members and services provided to members in out-of-state placement settings.	100%	None
ISOC 9	100%	None



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Integrated System of Care	ISOC Focus Area Score = 98% (2067 of 2100)	
The Contractor has implemented processes for all outreach, engagement, re-engagement and closure activities for behavioral health services.		
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).	100%	None
ISOC 11 The Contractor ensures the availability and implementation of Evidence-Based practices (EBPs) for Transition Aged Youth (TAY) ages 16-24.	100%	None
ISOC 12 The Contractor ensures the provision of Trauma Informed Care and Services.	100%	None
ISOC 13 The Contractor promotes service delivery and network capacity for children age birth to five.	100%	None
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.	67%	The Contractor's policy covering medical record review must address corrections necessary ensure correct methodology for accurate completion of audit process, including but not limited to: "Section II Case File Review (CFR)".
ISOC 18	100%	None



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Integrated System of Care	ISOC Focus Area Score = 98% (2067 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