

INCIDENT FLOWCHART

INDEPENDENT OVERSIGHT COMMITTEE

LEGEND

* Anyone may report an incident on an AHCCCS member to a provider, health plan or directly to AHCCCS

Other regulatory agencies include Department of Public Safety, Adult Protective Services, Department of Child Safety and Department of Health Services.

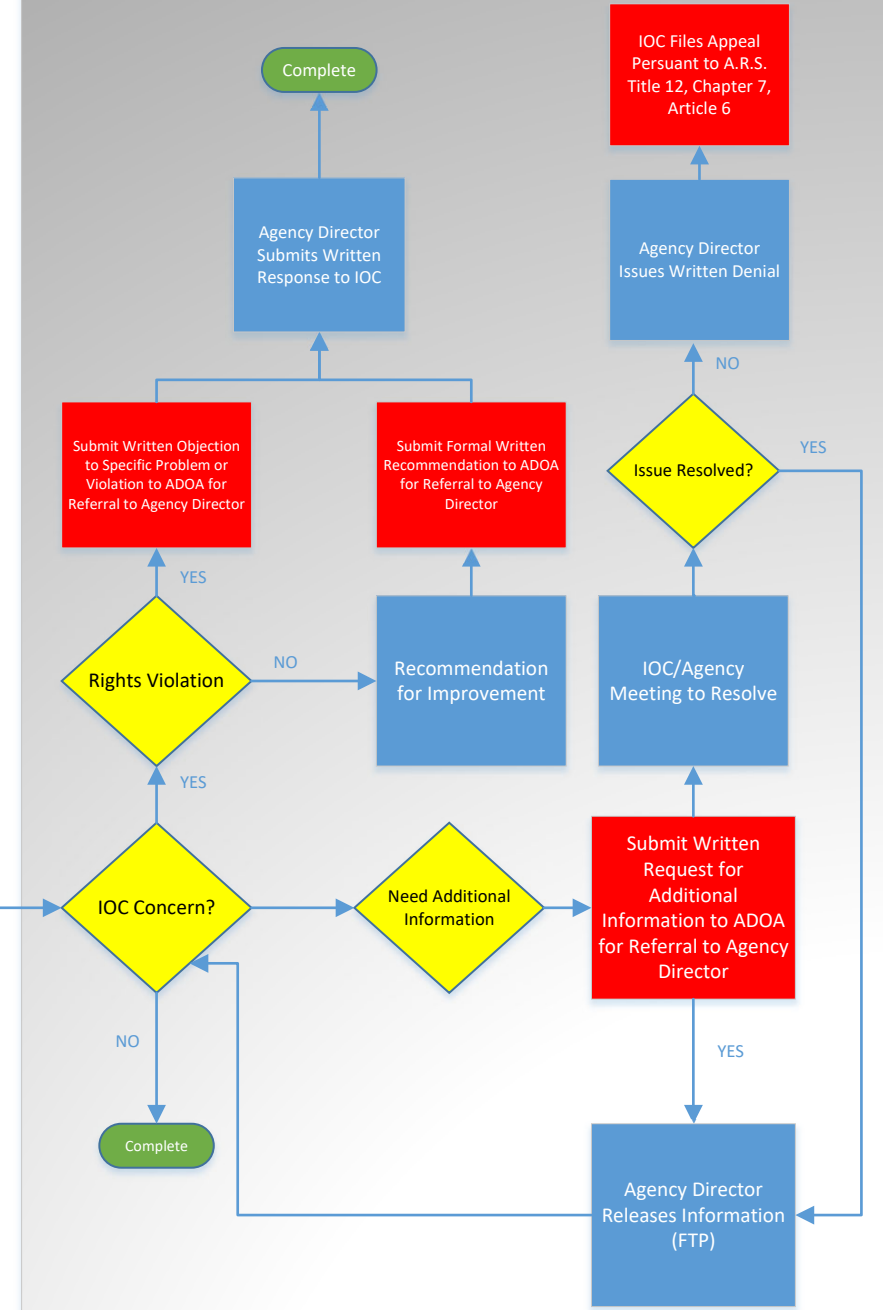
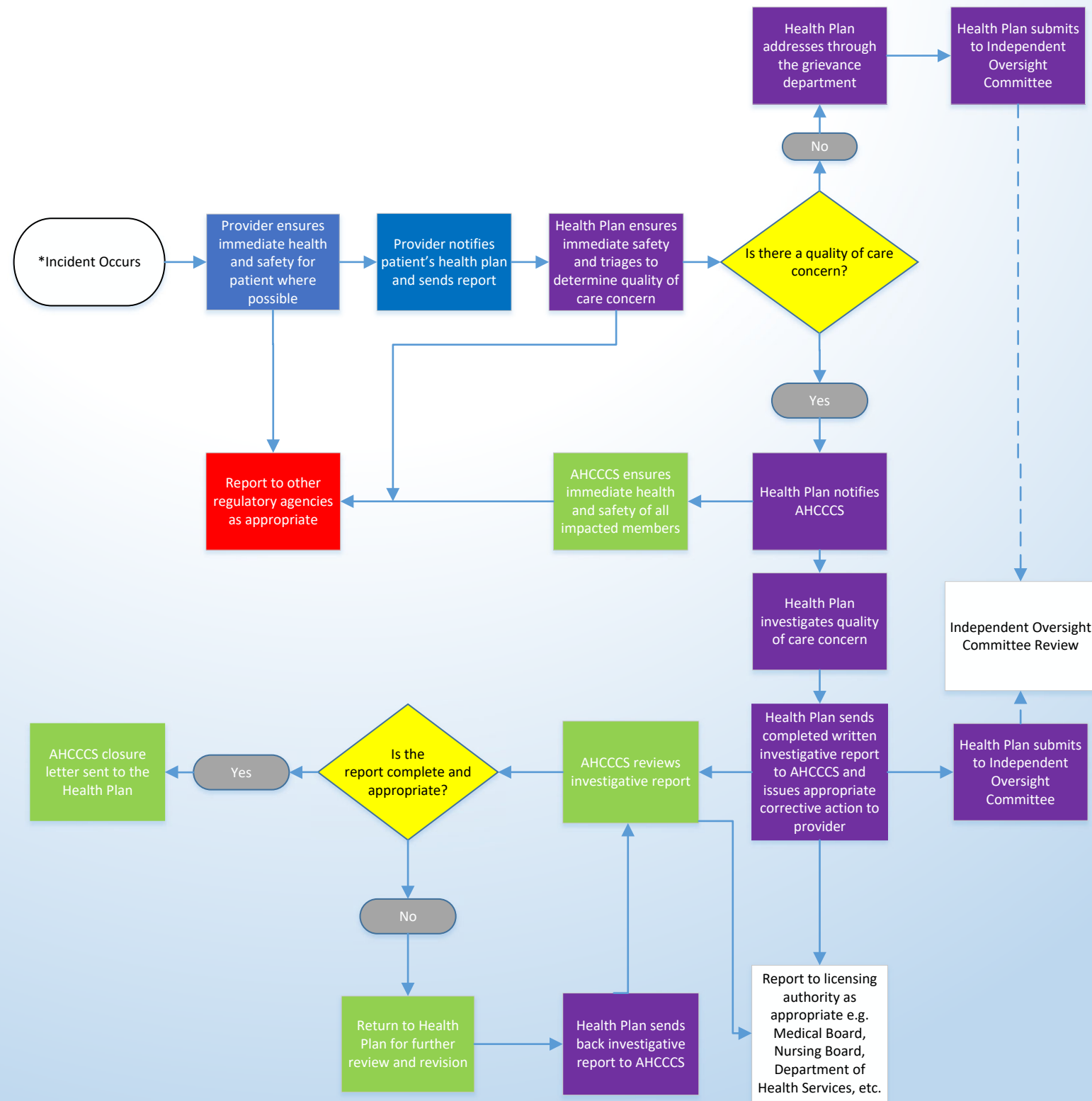
- Provider
- Health Plan
- AHCCCS
- Independent Oversight Committee (IOC)

Grievance - A member's expression of dissatisfaction with any matter, other than a quality of care concern.

Example: long wait times at the doctor's office

Quality of Care Concern - An allegation that any aspect of care, or treatment, utilization of behavioral health services or utilization of physical health care services, (or lack thereof), which caused or could have caused an acute medical/psychiatric condition or an exacerbation of a chronic medical/psychiatric condition and may ultimately cause the risk of harm to an AHCCCS member.

Example: abuse, neglect, exploitation



Independent Oversight Committees (IOCs)

Independent Oversight Committees are groups of local volunteers who provide oversight in matters regarding the human rights of vulnerable Arizonans. There are four IOCs: IOC on the Mentally Ill (AHCCCS), IOC on Behavioral Health Services for Persons with Serious Mental Illness (DHS/ASH), IOC on Children, Youth and Families (DCS) and IOC on Persons with Developmental Disabilities (DDD).

The IOCs are managed within the Arizona Department of Administration. The IOCs review Behavior Plans, Planning documents and Incident Reports. The IOCs also review any other potential human rights violations that are reported to the committee.

Provider

Any individual or entity that contracts with AHCCCS or a Health Plan for the provision of covered services to members according to the provisions A.R.S. §36-2901.

Health Plan

A health care delivery system consisting of affiliated and/or owned hospitals, physicians and others which provide a wide range of coordinated health services; a managed care organization that provides health care in return for a predetermined monthly fee and coordinate care through a defined network of physicians and hospitals.

Health Plan Quality Management (QM) Department - Responsible to monitor and investigate quality of care (QOC) concerns that are reported to the QM Department, and take appropriate actions to improve care quality and safety for its enrolled AHCCCS members as outlined in the AHCCCS Medical Policy Manual (AMPM) Chapters 900.

Arizona Health Care Cost Containment System (AHCCCS)

Arizona's Medicaid Program, approved by the Centers for Medicare and Medicaid Services as a Section 1115 Waiver Demonstration Program and described in A.R.S. Title 36, Chapter 29.

AHCCCS Quality Management (QM) Unit - Responsible for management and oversight of Health Plan efforts around member and systemic Quality of Care (QOC) concerns. The team also performs QM functions for the AHCCCS Fee-For-Service (FFS) population and is responsible for direct investigations and oversees Health Plan efforts related to credentialing and monitoring of Health Care Acquired Conditions and Other Provider Preventable Conditions.

Regulatory Agency

Government body formed or mandated under the terms of a legislative act (statute) to ensure compliance with the provisions of the act, and in carrying out its purpose.

Example: Department of Public Safety, Adult Protective Services, Department of Child Safety, and Department of Health Services

Licensing Authority

The state agency responsible for the issuance, renewal, or reinstatement of the license, or the state agency authorized to take disciplinary action against the licensee.

Example: Medical Board, Nursing Board, Department of Health Services, etc.