



**AHCCCS OPERATIONAL REVIEW
EXECUTIVE SUMMARY
2023**

UnitedHealthcare Community Plan
Operational Review
Contract Year 2023
April 21, 2023

Conducted by the Arizona Health Care Cost Containment System





AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

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) 2023 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 February 6, 2023, through February 9, 2023.

A copy of the draft version of this report was provided to the Contractor on March 24, 2023. 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 2023 Operational Review is organized into Focus Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to fourteen Focus Areas. For the 2023 Operational Review, these Focus Areas are:

- Case Management (CM)
- 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 2023 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.



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

A Corrective Action Plan (CAP) is required for any Standard where the Contractor’s total score is less than 95 percent, unless otherwise indicated in the OR Tool, Reviewer Comments section.

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.



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

SUMMARY OF FINDINGS

Case Management (CM)		CM Focus Area Score = 87 % (1817 of 2100)
Standard	Score	Required Corrective Actions
CM 1 The Contractor implements policies and procedures for initial contact, on-site visits, and service initiation.	80%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure the timeliness of initial contact for all newly enrolled members and/or ensure appropriate case file documentation to support why adherence to the initial contact timeframe for a member is not met.
CM 2 The Contractor implements policies and procedures for initial contact, on-site visits and service initiation.	100%	None
CM 3 The Contractor implements policies and procedures for conducting placement and service planning.	100%	None
CM 4 The Contractor implements policies and procedures for conducting discharge planning for members enrolled with the Contractor while in the hospital and for existing members who experience a hospitalization.	64%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that appropriate services are arranged for by the Contractor's case managers, and that appropriate services are in place prior to a member's discharge to his/her own home or to an Alternative HCBS Setting, and documented accordingly in the member's case management file. Additionally, the corrective action plan must address compliance with the AHCCCS requirement that an on-site review will be conducted within 10 business days post-discharge from an institutional setting.
CM 5 The Contractor implements policies and procedures for conducting needs assessment and care planning.	97%	None
CM 6 The Contractor implements policies and procedures for conducting needs assessment and care planning.	53%	The Contractor must develop a corrective action plan (CAP) that addresses how the Contractor will ensure that all required assessment areas within the PCSP, including members developmental history, justice system involvement, previous living situations, behavioral health (need for Special Assistance in accordance with AMPM Policy 320-R), social/environmental/cultural factors, existing support system, and health and safety risks (including risks to member and/or others as a result of the member's actions) are discussed and documented as part of PCSP process, as applicable.



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Case Management (CM)		CM Focus Area Score = 87 % (1817 of 2100)
		The CAP must also address how the Contractor will ensure that the information documented in the Uniform Assessment Tools (UATs) is consistent with other case file documentation; that the information documented in the HCBS Needs Assessment Tools (HNTs) is consistent with other case file documentation; and that established goals are member specific, measurable, and/or the progress of established goals/barriers to the achievement of the member's goals are reviewed at each assessment and updated in the PCSP, accordingly.
CM 7 The Contractor implements policies and procedures that meet the Cost Effectiveness Study (CES) Standards.	96%	None
CM 8 The Contractor implements policies and procedures for placement and service planning.	85%	<p>The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that case managers adhere to the placement and service planning standards including but not limited to, the assessment and documentation of the member's placement choice, preferences, and the services and supports necessary to meet the member's needs in the most integrated/least restrictive setting.</p> <p>The corrective action must also address how the Contractor will support higher quality documentation to ensure that member PCSPs are complete, accurate (e.g., consistent with other case file documentation), and are comprehensively written (e.g., no blank sections).</p>
CM 9 The Contractor implements policies and procedures for the Client Assessment Tracking System (CATS).	92%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure the accurate completion of the member CATS screens, in accordance with AHCCCS policy.
CM 10 The Contractor implements policies and procedures for Service Plan monitoring.	92%	The Contractor must develop a corrective action plan that addresses how the Contractor will ensure that case managers are documenting acceptable and valid reasons for not providing placement and service reviews onsite (telephonically/virtually during the public health emergency period) within the required timeframes, including documentation of alternatives for conducting the visit.
CM 11 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	50%	The Contractor must develop a corrective action plan to address how the Contractor will ensure appropriate PCSP monitoring and member reassessments in accordance with AMPM 1620-E.



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Case Management (CM)	CM Focus Area Score = 87 % (1817 of 2100)	
CM 12 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	80%	The Contractor must develop a corrective action plan to address how the Contractor will ensure appropriate PCSP monitoring and member reassessments in accordance with AMPM 1620-E, including case management monitoring of hospice services.
CM 13 The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	83%	The Contractor must develop a corrective action plan that addresses: <ul style="list-style-type: none"> How the Contractor will ensure that requirements for providing and monitoring behavioral health services (per AMPM 1620-G), including that Behavioral health evaluation referrals are made within 24 hours, but not later than 72 hours from the day that a request for behavioral health services is received or need is identified. The timely involvement of a BH professional to assess, develop a care plan, and preserve the current placement (if possible) when a member in a non-BH setting presents difficulty managing behaviors (new or existing). Behavioral health services are provided in accordance with behavioral health appointment standards as delineated in ACOM Policy 417.
CM 14 The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	96%	None
CM 15 The Contractor implements policies and procedures for providing and monitoring skilled nursing services.	91%	The Contractor must develop a corrective action plan to address how the Contractor will ensure that CMs are engaging with clinical staff at the facility in order to ensure the facility is providing appropriate care to all members at risk for compromised skin integrity. The plan must also address how the Contractor will ensure that all CMs are consulting with the appropriate facility staff at minimum every six months, that CMs are reviewing facility treatment plan records and other Level of Care documentation related to the member's condition and progress.
CM 16 (DES/DDD Only) The Contractor implements policies and procedures for monitoring the cost effectiveness of its members.	N/A	N/A
CM 17	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Case Management (CM)	CM Focus Area Score = 87 % (1817 of 2100)	
The Contractor implements policies and procedures for reporting abuse and neglect.		
CM 18 The Contractor implements policies and procedures for conducting case management staff orientation/training.	100%	None
CM 19 The Contractor implements policies and procedures for internal monitoring of the case management program on a quarterly basis.	100%	None
CM 20 The Contractor implements policies and procedures for monitoring case management caseloads for compliance with AHCCCS Standards.	68%	The Contractor must submit a corrective action plan to address how the Contractor will come into compliance with this standard to either avert or ensure that CMs caseload assignments do not exceed the weighted value of 96, in accordance with AHCCCS standards.
CM 21 The Contractor implements policies and procedures for a comprehensive inter-rater reliability (IRR) process to ensure consistency of member PCSPs and service authorizations.	100%	None
CM 22 (DES/DDD Only) The Contractor implements policies and procedures for monitoring Targeted Case Management services for program compliance.	N/A	N/A
CM 23 The Contractor implements policies and procedures for the timely initiation of services to existing members in an HCBS (own home) setting.	90%	The Contractor must develop a corrective action plan to address the identified access to care issues. The plan must also address maintenance of the Contractor's tracking and monitoring processes for the provision of services to existing members and how the Contractor will ensure that assessed/authorized services are provided within 14 calendar days of the service(s) being determined to be medically necessary and cost effective, including the Contractor's standardized system for verifying and documenting the delivery of authorized services.

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	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Corporate Compliance (CC)	CC Focus Area Score = 100% (500 of 500)	
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.		
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 % (989 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 The Contractor's remittance advice to providers contains the minimum required information.	100%	None
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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Claims and Information Systems (CIS)		CIS Focus Area Score = 99 % (989 of 1000)
CIS 5 The Contractor pays applicable interest on all claims, including overturned claim disputes.	91%	The Contractor must ensure it pays applicable interest on all claims. In regard to ALTCS interest, the Contractor has classified provider types as ALTCS in error.
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.	98%	None

Delivery Systems (DS)		DS Focus Area Score = 98 % (1366 of 1400)
Standard	Score	Required Corrective Actions
DS 1 The Contractor has sufficient staffing in place to ensure providers receive assistance and appropriate, prompt resolution to their problems and inquiries.	100%	None
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	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Delivery Systems (DS)	DS Focus Area Score = 98 % (1366 of 1400)	
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.		
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.	66%	The Contractor must ensure that its provider manual contains all requirements listed in ACOM 416.
DS 10 The Contractor has a process for collecting, maintaining, updating and reporting accurate demographic information on its provider network.	100%	None
DS 11 The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.	100%	None
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	N/A	N/A



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Delivery Systems (DS)	DS Focus Area Score = 98 % (1366 of 1400)	
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.		
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 with the RBHA Non-Title XIX/XXI contracts, applicable AHCCCS policies and procedures and the RBHA Financial Reporting Guide.	Not Scored	N/A
DS 16 The Contractor has an oversight process to ensure providers who employ Peer and Recovery Support Specialists (PRSS) have policies and procedures in place demonstrating PRSS meet qualification requirements, receive clinical and administrative supervision, and have continuing education and learning requirements available.	100%	None
DS 17	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Delivery Systems (DS)	DS Focus Area Score = 98 % (1366 of 1400)	
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.		

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

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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Grievance Systems (GS)	GS Focus Area Score = 100 % (1700 of 1700)	
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 recover the cost of services received by the enrollee during the appeal process.	100%	None
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	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Grievance Systems (GS)	GS Focus Area Score = 100 % (1700 of 1700)	
The Contractor logs, registries, or other written records include all the contractually required information.		
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 = 90 % (1446 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
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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 90 % (1446 of 1600)	
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 services according to the AHCCCS EPSDT Periodicity Schedule.	66%	<p>The Contractor must provide evidence of all applicable staff who oversee the EPSDT program and support members are appropriately trained and kept up to date with EPSDT program, contract requirements, and policies including maternity care services, oral health care, women’s preventive care, family planning services and supplies, and EPSDT services.</p> <p>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. Additionally, the Contractor must provide examples of completed developmental screening provider audits.</p>
MCH 7 The Contractor monitors member adherence with obtaining EPSDT services.	75%	<p>The Contractor must submit evidence of monitoring for the completion of blood lead tests for members who have not been previously tested or missed a blood lead test at 12 and 24 months, postpartum depression screenings for the birthing parent, and adolescent suicide screen. Documentation must also include identification and addressal of barriers to members who do not receive these screenings.</p>
MCH 8 The Contractor monitors provider compliance with providing EPSDT services.	100%	None
MCH 9 The Contractor ensures that oral health/dental services are provided according to the AHCCCS Medical Policy Manual and the AHCCCS Dental Periodicity Schedule.	100%	None
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.	25%	<p>The Contractor must remove the following statement from the EPSDT Provider Toolkit updated December 2022: <i>“Providers who are not able to participate in VFC but want to continue serving members under 19 years old must confirm that they have a process of ensuring members are up to</i></p>



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 90 % (1446 of 1600)	
		<p><i>date with their vaccines and whether they provide a resource for the members to obtain their vaccines.” This statement indicates that the provider is being given a choice between enrolling in VFC or referring out for vaccines, which does not align with policy or contract.</i></p> <p>The Contractor must review and update the Standard Operating Procedure for Continuity of Care for VFC-eligible members to indicate that when a provider is inactivated from the VFC program, members under the age of 19 will be reassigned to a VFC provider. Language indicating that rare exceptions may be made at the request of and for the convenience of the member/family may be included; however, language should clarify that maintaining a panel of EPSDT members under the age of 19 when the provider chooses not to participate in VFC should not be included.</p>
<p>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.</p>	100%	None
<p>MCH 12 (All Plans except RBHAs) The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.</p>	80%	The Contractor must submit evidence of its process to conduct anticipatory guidance and monitor the coordination of medically necessary care and services for children who have a developmental delay but are not eligible for early intervention services through AzEIP.
<p>MCH 13 The Contractor identifies and monitors the needs of EPSDT and Maternity members, coordinates their care, and conducts adequate follow up to verify that members receive timely and appropriate treatment.</p>	100%	None
<p>MCH 14 The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.</p>	100%	None
<p>MCH 15 The Contractor ensures that women’s preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).</p>	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 90 % (1446 of 1600)	
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

Medical Management (MM)	MM Focus Area Score = 96 % (2020 of 2100)	
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.	100%	None
MM 4 Emergency Department (ED) Utilization and Monitoring of ED 24 Hours Post Medical Clearance.	57%	None
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	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Medical Management (MM)	MM Focus Area Score = 96 % (2020 of 2100)	
The Contractor has a comprehensive inter-rater reliability (IRR) testing process to ensure consistent application of criteria for clinical decision making.		
MM 8 The Contractor conducts retrospective reviews.	100%	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.	68%	The Contractor must ensure all sections of the ETI are completed.
MM 18 The Contractor does not deny emergency services.	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Medical Management (MM)	MM Focus Area Score = 96 % (2020 of 2100)	
MM 19 The Contractor issues a Notice of Adverse Benefits determination to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	95%	None
MM 20 The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.	100%	None
MM 21 (ACC, DCS/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.	N/A	N/A
MM 22 The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.	100%	None

Member Information (MI)	MI Focus Area Score = 97 % (872 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.	72%	None
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
MI 6	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Member Information (MI)	MI Focus Area Score = 97 % (872 of 900)	
The Contractor distributes, at a minimum, two member newsletters per contract year which contain the required member information.		
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 = 85 % (1353 of 1600)	
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.	81%	<p>Element # 1: Triage Process – Sentinel Events: While it was noted that noncompliance in the Triage Process (under Element #2) was also identified during the ACC Operational Review, this was related to AHCCCS Reportable Events in general and not specific to Sentinel Events. However, as a Sentinel Event also falls under an AHCCCS Reportable Event, the corrective action for this finding will be followed up through the Contractor's ACC OR CAP, but in addition, must include case examples that the Contractor has addressed concerns related to triaging and identification of sentinel events and timely reporting of these events to AHCCCS per AMPM guidelines.</p> <p>Element #2: CAP Documentation - The Contractor must retrain QM QOC staff on AMPM policy 960 requirements and update appropriate Contractor policies and procedures related to documentation of Corrective Action Plans, including Documentation that education/training was completed within the QM Portal.</p>



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Quality Management (QM)	QM Focus Area Score = 85 % (1353 of 1600)	
		<p>The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first name, last name, title, and date of training received.</p> <p>The Contractor must provide case examples where the Contractor has addressed concerns related to case documentation of Corrective Actions Plans within the QM Portal.</p> <p>Element #1 and Element #2: Severity Leveling – This is a duplicative non-compliance finding identified during the EPD OR and will be followed up through the UHCCP ACC OR CAP.</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>	78%	<p>Element #7: The Contractor must ensure proactive care coordination for members who have multiple complaints or concerns regarding services or the AHCCCS program. The Contractor must update or create new policies referencing how to identify members who may need proactive care coordination and how proactive care coordination is provided, including the involvement of the Quality Management Department in this process.</p> <p>The Contractor must provide training to QM QOC staff and other appropriate staff on the approved and/or newly developed policies and procedures and must submit training materials and attendance/attestations of Contractor staff completing the training to include printed first name, last name, title, and date of training received.</p> <p>Element #8: Communication with members during quality of care review process: It was noted that noncompliance under Element #8 was also identified during the ACC Operational Review related to member interviews. As a result, the corrective action for these elements will be followed up through the Contractor's ACC OR CAP. 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. This includes updating policies and procedures to be reflective of guidelines for when an interview may be needed or an</p>



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Quality Management (QM)		QM Focus Area Score = 85 % (1353 of 1600)
		<p>assessment tool for QM staff to use to determine if an interview is needed. 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 name, last name, title, and date of training received.</p> <p>However, with regards to the Contractor's Acknowledgement/Closure Notification Letter, the Contractor must ensure it engages and communicates with members during a quality-of-care review process directly and not through another department. The Contractor must develop written acknowledgement/resolution correspondence specific to the Quality Management Department. The Contractor must update policies and procedures to reflect this process. The Contractor must provide training to appropriate Contractor staff on the approved and/or newly developed policies and procedures, and submit evidence of its training completion, including training materials, printed first name, last name of Contractor QM QOC staff, title, and date of training received. The Contractor must develop and/or update appropriate policies and procedures, as well as submit a copy of Contractor's revised Acknowledgement/Closure Notification Letter.</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.	N/A	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.	100%	None
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.	100%	None
QM 6 The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.	71%	Element #1: <ul style="list-style-type: none"> • Contractor utilizing an audit tool: The Contractor must submit to AHCCCS the completed audit tools for the Provider samples of BHRFs monitored within the Operational Review look back period.



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Quality Management (QM)	QM Focus Area Score = 85 % (1353 of 1600)
	<ul style="list-style-type: none"> Contractor monitoring of provider verification of skills/competencies: The Contractor must update the Alternative Audit tool to encompass the monitoring requirements as specified in AMPM policy 910 and must train appropriate staff on the updated audit tool. <p>The Contractor must submit training materials and attendance/attestations of appropriate Contractor staff completing the training to include printed first name, last name, title, and date of training received.</p> <p>The Contractor must submit training materials and attendance/attestations of appropriate Contractor staff completing the training to include printed first name, last name, title, and date of training received.</p> <ul style="list-style-type: none"> Verification of training for Residential Services in accordance with AMPM policy 910: The Contractor must update the Alternative Audit tool to encompass the monitoring requirements as specified in AMPM policy 910 and must train appropriate staff on the updated tool. <p>The Contractor must submit training material and attendance/attestations of appropriate Contractor staff completing the training to include printed first name, last name, title and date of training received.</p> <p>Element #5: Contractor monitoring of provider skills/competencies, Contractor monitoring of provider conducting the pre-hire and annually thereafter search of the APS Registry, and Contractor monitoring of training for Residential Services: The Contractor must update policies and/or procedures pertaining to Annual Residential Monitoring to align with AMPM policy 910 and must retrain appropriate staff to the updated policies and/or procedures. The Contractor must submit training material and attendance/attestations of appropriate Contractor staff completing the</p>



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Quality Management (QM)	QM Focus Area Score = 85 % (1353 of 1600)	
		training to include printed first name, last name, title and date of training received.
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.	100%	None
QM 8 The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.	100%	None
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 #2: <ul style="list-style-type: none"> Severity Leveling: Please refer to the required corrective action for Element #1. The corrective action for this finding will be followed up through the Contractor's ACC OR CAP. Regulatory Referrals or All Actual or Potential QOC Issues to AHCCCS CQM Portal: It was noted that non-compliance under Element #2 for this finding was also identified during the ACC Operational Review (QM 1 Element #1). As a result, the corrective action for this finding will be followed up through the Contractor's ACC OR CAP. Updating the AHCCCS CQM Portal During the Course of Investigation: The Contractor must revise appropriate policies and procedures to ensure that they meet AMPM policy requirements related to documentation within the AHCCCS QM Portal during the course of investigation. The Contractor must train QM QOC staff on any new and/or updated policies and procedures. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first name, last name, title, and date of training received.
QM 10	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Quality Management (QM)	QM Focus Area Score = 85 % (1353 of 1600)	
The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.		
QM 11 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	100%	None
QM 12 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	65%	<p>Element #3:</p> <ul style="list-style-type: none"> Non-Clean Files: The Contractor must update or create new policies and procedures reflecting the process for handling non-clean files as part of the provisional credentialing review and decision-making process. The Contractor must retrain appropriate staff on any new and/or updated policies and procedures related to this process. <p>The Contractor must submit training materials and attendance/attestations of Contractor staff completing the training to include printed first name, last name, title, and date of training received.</p> <ul style="list-style-type: none"> Credentialing Committee: The Contractor must retrain appropriate staff related to Contractor policies and procedures and AHCCCS requirements for provisional credentialing review and timeframes, including ensuring a provider is not approved by the PAC committee prior to the CMO review. <p>The Contractor must submit training materials and attendance/attestations of appropriate Contractor staff completing the training to include printed first name, last name, title, and date of training received.</p>
QM 13 The Contractor ensures the credentialing and recredentialing of Individual Providers.	100%	None
QM 14 The Contractor ensures the credentialing and recredentialing of organizational providers.	100%	None
QM 15	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Quality Management (QM)	QM Focus Area Score = 85 % (1353 of 1600)	
The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.		
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).	69%	None
QM 17 (ALTCS/EPD and DES/DDD Only) The Contractor ensures that Home and Community Based settings as defined in the Arizona State Transition Plan available on the AHCCCS website (www.azahcccs.gov/hcbs) are monitored annually in accordance to policy, by qualified staff.	89%	Element #1: The Contractor must submit for AHCCCS review, newly developed and/or updated policies and procedures related to HCBS Audit compliance tool suite completion outlined in the AHCCCS State Transition Plan and Transition Plan Amendment available at www.azahcccs.gov/hcbs . The Contractor must train appropriate staff on the above newly developed and/or updated policies and procedures related to HCBS audit compliance. 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.

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	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Reinsurance (RI)	RI Focus Area Score = 100 % (400 of 400)	
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 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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Third Party Liability (TPL)	TPL Focus Area Score = 100 % (800 of 800)	
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 = 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	100%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Quality Improvement (QI)		QI Focus Area Score = 100 % (600 of 600)
the State, as well as other required/Contractor-selected metrics specific to its Quality Management/ Performance Improvement (QM/PI) Program Activities.		
QI 6 The Contractor participates in applicable community initiatives for each Medicaid line of business.	100%	None

Integrated System of Care		ISOC Focus Area Score = 85 % (1775 of 2100)
Standard	Score	Required Corrective Actions
ISOC 1 (All Plans except DCS/CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) prior to member discharge and for members who are conditionally released.	20%	The Contractor must create and implement a detailed methodology for monitoring of members conditionally released from AzSH and monitoring of members who will soon become eligible for conditional release.
ISOC 2 (All Plans except DCS/CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission to and members who are discharge ready from AzSH.	60%	<p>The Contractor must create and implement a detailed methodology for monitoring coordination efforts for members who are awaiting discharge from the AzSH.</p> <p>The Contractor must create and implement a detailed methodology for ensuring members with diabetes who are from the AzSH are issued appropriate equipment and supplies (e.g., specific tools, desktop guides, etc. that include a description of the monitoring procedure).</p> <p>The Contractor must demonstrate compliance with policy throughout monitoring activities.</p>
ISOC 3 The Contractor allows Primary Care Providers (PCPs) to provide behavioral health services within their scope of practice, including but not limited to referral/coordination with behavioral health provider of the MAT model to treat Substance Use Disorders for the purpose of medication management.	100%	None
ISOC 4 The Contractor ensures that members receive medically necessary behavioral health services.	75%	The Contractor must ensure that its policy language reflects current AHCCCS contract and policy.



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Integrated System of Care	ISOC Focus Area Score = 85 % (1775 of 2100)	
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.	30%	<p>The Contractor must ensure its policy reflects current AHCCCS contract and policy as it pertains to coordination and provision of appropriate services for members who are on court ordered treatment.</p> <p>The Contractor must create and implement a detailed methodology for how the Contractor ensures the provision of medically necessary, covered behavioral health services and treatment that is court ordered.</p> <p>The Contractor must create and implement a detailed methodology for how the Contractor ensures that contracted providers, members, and families are aware of the process for Court Ordered Evaluation and Court Ordered Treatment.</p>
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)).	100%	None
ISOC 11	70%	None



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Integrated System of Care	ISOC Focus Area Score = 85 % (1775 of 2100)	
The Contractor ensures the availability and implementation of Evidence-Based practices (EBPs) for Transition Aged Youth (TAY) ages 16-24.		
ISOC 12 The Contractor ensures the provision of Trauma Informed Care and Services.	100%	
ISOC 13 The Contractor promotes service delivery and network capacity for children age birth to five.	80%	The Contractor must add a methodology to demonstrate how it monitors to increase the number of contracted providers who are endorsed by the Infant Toddler Mental Health Coalition of Arizona. Additionally, the policy should address training requirements for ALTCS/EPD Case Management staff.
ISOC 14 The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for youth.	100%	None
ISOC 15 (All Plans except DCS/CHP) The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for adults.	40%	<p>The Contractor must create and implement a detailed methodology for how the Contractor monitors and ensures that members with or at risk for substance use disorders are referred for services, and that follow up occurs to determine if services are received, particularly how they use the information collected as described in the 'monitoring' documents.</p> <p>The Contractor must demonstrate how the Contractor promotes the availability of EBP through specialized services and programming for members with or at risk for SUD, including the availability of Medication Assisted Treatment (MAT) for members with Opioid use disorder.</p> <p>The Contractor must create and implement a detailed methodology for how the Contractor monitors to ensure a network of providers who offer specialized services and programming for members with or at risk for SUD, including opioid use disorders.</p> <p>The Contractor must create and implement a written strategy plan for addressing any potential lack of timely availability.</p>
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



AHCCCS OPERATIONAL REVIEW EXECUTIVE SUMMARY 2023

Integrated System of Care	ISOC Focus Area Score = 85 % (1775 of 2100)	
ISOC 17 The Contractor ensures that behavioral health medical record requirements are completed in accordance with AHCCCS Policy.	100%	None
ISOC 18 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.	100%	None
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