

**ACOM POLICY 104, ATTACHMENT A,
BUSINESS CONTINUITY OF OPERATIONS AND RECOVERY PLAN CHECKLIST**

CONTRACTOR: _____

DATE RECEIVED: _____

CONTRACTOR CONTACT: _____

PHONE NUMBER: _____

LINE OF BUSINESS: _____

AHCCCS APPROVED DATE: _____

AHCCCS REVIEWER: _____

AHCCCS REVIEWED DATE: _____

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

	CONTRACTOR	AHCCCS	AHCCCS	CONTRACTOR	AHCCCS
(A) <u>BUSINESS CONTINUITY OF OPERATIONS</u> AND RECOVERY PLAN REQUIREMENTS	(B) FOUND ON PAGE:	(C) YES	(D) NO	(E) CONTRACTOR COMMENTS	(F) AHCCCS COMMENTS
The Comprehensive Summary for the Plan is no longer than five pages.					
The Summary indicates the Plan is reviewed annually and updated.					

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The Plan Summary contains training requirements for all staff, including frequency of training.					
The Plan Summary is specific to the Contractor's operations in Arizona and references local resources.					
The Plan Summary addresses administrative services subcontracts.					
The Plan Summary contains planning and training for:					

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<ul style="list-style-type: none"> Electronic/telephonic failure at the Contractor's main place of business and any satellite offices in or out of State and for RBHAs, the business crisis telephone line or loss of internet connection for providers that deliver crisis services. 					
<ul style="list-style-type: none"> Complete loss of use of the main site and any satellite offices in and out of State. 					
<ul style="list-style-type: none"> Loss of primary computer system/records. 					
<ul style="list-style-type: none"> Extreme weather conditions. 					

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<ul style="list-style-type: none"> How the Contractor will communicate with AHCCCS during a business disruption. <i>(The name and phone number of a specific contact in the Division of Health Care Management is preferred.)</i> 					
<ul style="list-style-type: none"> Directing the Contractor staff to contact AHCCCS Security at 602-417-4888 in the event of a disruption outside of normal business hours. 					
<ul style="list-style-type: none"> Provisions for periodic testing, at least annually. Results of the tests are documented. 					

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The Plan Summary addresses key customer priorities and key factors that could cause disruption, including access to the following key customer priorities:					
a. Member Services					
b. Scheduling					
c. Clinic and/or Physician Visits					
d. Transportation Services					
e. Prior Authorization					
f. Outpatient or Inpatient Procedures					
g. Utilization Review/ Concurrent Review					

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h. Provider Services/ Claims/ Provider Payments					
i. Grievance/Appeals and Quality of Care Concerns					
j. Any other critical services identified by the Contractor					
The Plan Summary addresses emergency plan provisions for facilities and hospitals in the event members are displaced in an emergency.					
The Plan Summary includes timelines for resumption of services including percentages of recovery.					

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The Contractor has designated a Business Continuity <u>of Operations and Recovery Planning</u> Coordinator and includes contact information in the Plan Summary.					