

**18. Magellan Complete Care of Arizona, Inc. identifies as Category 2: Not a current AHCCCS Contractor, nor affiliate.**

Magellan Complete Care of Arizona (MCCAZ) is not a current AHCCCS Contractor nor an Affiliated Organization of a current AHCCCS Contractor; therefore we identify the category for our organization as **“Category 2”**. MCCAZ recognizes that our response is limited to the identified contracts in **Question 1. Contracts** that represent our experience in managing similar healthcare delivery systems to the AHCCCS Complete Care Program. We are pleased to submit our New York health plan, SWH Holdings, Inc.’s, (Senior Whole Health), most recent review in compliance with 42 CFR 438.66 for a business line with physical or integrated physical and behavioral health services. Please see **Attachment 18-1: Report of Examination of Senior Whole Health of New York, Inc.**, from July 20, 2017.

Senior Whole Health of New York, Inc., (SWH) received a Certificate of Authority (Certificate) to be a HMO, effective August 17, 2006, from the New York State Department of Health (DOH) to operate as a HMO pursuant to Article 44 of the New York State Public Health Law. In addition, the Certificate also empowered the HMO to enroll members covered under the Medicare program. DOH granted SWH amended Certificate, effective September 15, 2007, which permitted the HMO to participate in New York State’s Medicaid Advantage Program. The services delivered by Magellan Healthcare’s (Magellan) New York health plan are comparable to the Scope of Services for this AHCCCS Complete Care RFP. These services include serving complex, high-risk populations and providing Medicaid, Medicare, and Medicaid dual-eligible benefits for members.

SWH operates in six counties in the New York City area, and offers three products: (1) Medicaid Managed Long Term Care (MLTC), which covers all Managed Long Term Care Services (MLTSS) for individuals 21 years of age and older who require these services for more than 120 days. Enrollment in an MLTC Plan is mandatory in order to receive services in the areas where SWH operates; (2) Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) where the plan, operating under a Dual Eligible SNP contract with CMS and a Medicaid Advantage Plus contract with the State of New York, is responsible for all benefits including physical health, MLTSS, behavioral health, long-term care, dental, vision, and transportation. Enrollment is voluntary and individuals receive a single ID card and a single health plan that integrates all Medicare and Medicaid services; and (3) FIDA in New York, which stands for Fully Integrated Dual Advantage and is part of the CMS Financial Alignment Demonstration. In FIDA, SWH has a single three-way contract with CMS and the State of New York to cover Medicare and Medicaid benefits for individuals 21 years of age and older, including long-term care, behavioral health, transportation, dental, and vision. The FIDE SNP and the FIDA products both provide advanced forms of integration and serve the dual population; yet they operate under slightly different payment methods and administrative structures with the goal of the FIDA product as a demonstration to simplify the operations and improve efficiencies and/or care outcomes.

The required elements for CFR 42 438.66 reviewed by the State of New York are similar in scope to the AHCCCS Complete Care Program including the areas of: Enrollment and Disenrollment; Beneficiary Notification; Payment; Providers and Provider Network; Coverage; Quality and Utilization Management; Grievances and Appeals; Program Integrity; and Health Information Systems and Enrollee Data. In addition to state audits, our Compliance Department oversees the seven fundamental elements (Standards of Conduct; Compliance Officer; Education and Training; Reporting Problems and Incidents; Responding to Problems and Enforcement; Audits and Monitoring Compliance; and Response Plan and Corrective Actions), of an effective compliance program and is committed to conducting health plan management administrative services in a manner that is consistent with recognized compliance standards. We have strong compliance oversight with internal monitoring including a Policy and Procedure Committee; focused on ensuring policies and procedures are well documented and implemented to meet all regulatory requirements.

Our Compliance Department performs regular internal mock audits that include sampling data to ensure Magellan is meeting all regulatory requirements. As noted in the SWH findings, **the majority of items had been remedied by the time the report was generated.** In addition, **any remaining deficiencies noted in the audit have been remedied to the satisfaction of the State of New York.**

Magellan Complete Care of Florida, Inc., our other referenced Medicaid plan, is also a comparable health plan; however, it has not yet had a CFR 42 438.66 audit with the Agency for Health Care Administration (AHCA).