



**Behavioral Health Clinical Chart Audit
(BHCCA)
Findings & Summary Report
Effective 10/1/26**

**October 1, 2026
CYE27**

Introduction: BHCCA Findings & Summary Report

The Behavioral Health Clinical Chart Audit (BHCCA) Findings and Summary Report provides AHCCCS and contracted health plans with a standardized summary of behavioral health audit activities, key findings, performance trends, and quality improvement opportunities. The report is the primary mechanism for communicating BHCCA results and showing how audit findings are used to improve documentation quality, care coordination, service delivery, and member outcomes.

The report should move beyond presenting compliance scores and audit results to provide meaningful analysis of performance patterns, recurring strengths, areas of concern, and factors that may have influenced outcomes. Health plans should evaluate findings across providers, populations, geographic regions, and lines of business to identify systemic trends and opportunities for improvement.

Pay particular attention to the extent to which documentation demonstrates a clear connection between assessment findings, individualized service planning, services delivered, care coordination activities, and documented progress toward member goals. This alignment, commonly referred to as the **Golden Thread**, helps demonstrate that services are responsive to assessed needs, support recovery and resiliency, and contribute to meaningful member outcomes.

The BHCCA Summary Tables provide the foundation for analysis within this report. Rather than repeating information in the tables, health plans should focus the narrative on interpreting audit findings, explaining performance trends, identifying factors contributing to performance outcomes, and describing actions being taken to improve quality of care.

Report Submission and Reporting Requirements

To promote consistency and facilitate review, health plans shall utilize this reporting template when submitting the annual BHCCA Findings and Summary Report. Contractors may submit a single consolidated report encompassing all contracted Lines of Business (LOBs); however, findings, data, and analysis must remain separately identifiable for each applicable LOB. Comparative analysis across LOBs should be included when meaningful performance differences are identified.

When uploading the report into the compliance deliverable system, include the name of the health plan, contract year (CYE) and submission date in the report file name. The required naming convention is as follows: **"BHCCA_CYE##_Health Plan Submission Date"** (i.e., BHCCA_CYE27_ABCHealthPlan_10-01-27").

Health plans must include pagination if a separate document is submitted outside of this reporting template. This allows for accurate commentary and feedback from AHCCCS to the reporting health plan.

This template outlines minimum reporting requirements that shall be followed in the order that is provided within the sections below. Deviation from the template may interfere with AHCCCS' ability to fully assess reported information and may lead to rejection of the BHCCA report.

1. Audit Summary Tables
2. Findings, Trends, Key Areas of Concern
3. Opportunities for Improvement
4. Exit Interview Process and Technical Assistance
5. Provider Suspensions, Terminations, and Changes in Status

Important: Contractors must use the AHCCCS-designated Excel template for data submission to report BHCCA data. All raw data related to audit elements must be entered directly into this spreadsheet.

**BHCCA Requirements as Identified under Contract
Section F, Attachment F3,
Contractor Chart of Deliverables,
Effective October 1, 2026
CYE 27**

Contractor's Narrative Description of Audit Completion (Sampling & Methodology)

Purpose:

The purpose of this section is to provide a concise description of the final audit sample, the methodology used to conduct the BHCCA, and any factors that may have affected the completeness of the audit results. This information enables AHCCCS to evaluate the validity of the audit sample and respond to audit oversight, contractual, or legislative inquiries regarding the BHCCA process.

Description of Final Audit Sample and Methodology:

Provide a summary of the methodology used to complete the BHCCA and the composition of the final audit sample. Provider counts, chart counts, population distributions, and regional distributions will be reported in Audit Summary Table 1 and should not be duplicated within this narrative.

Please include the following:

- Brief description of the process used to select providers and member records for review.
- Summary of how the final audit sample was distributed across applicable regions, Geographic Service Areas (GSAs), populations, and subpopulations if applicable.
- How the health plan ensured the final audit sample included appropriate representation of applicable populations, subpopulations, regions, and contractual lines of business (LOB).
- Description of any notable variations in audit distribution by LOB, region, age group, or other applicable populations.

Methodological/Sampling Changes:

For any sampling or methodology changes that became necessary once the audit process began, provide a summary of the changes that were implemented (e.g., provider inclusion or exchanges with other health plans, sampling techniques for populations or subpopulations, or any other methodological changes that became necessary during the actual audit process). This may include, but is not limited to the following scenarios:

- Identification by a provider chosen for the audit, that reported ineligibility for audit due to lack of health home status; include name of provider and AHCCCS ID,

Barriers:

If sample size does not meet statistical significance, please explain barriers to meeting statistical significance. If 30 charts were **not** included, what **were** the barriers to having 30 charts (i.e., limited number of members for a particular line of business or population (i.e. DDD, children, etc.,). Specific membership numbers shall be included. If fewer than 30 charts were available, what measures were taken to increase to 30 charts (e.g., oversampling, outreach to the provider for increased number of charts, expansion to other locations for that particular provider).

BHCCA Summary Tables

The BHCCA Summary Tables provide a standardized overview of audit results and serve as the foundation for the findings, trends, and analysis presented throughout this report. Health plans shall use these tables to summarize completed audit activity, including providers audited, charts reviewed, population and regional distribution, and compliance performance across BHCCA elements. The information reported in these tables should be based on data collected through the BHCCA audit process and reflect only completed audits. These summaries support consistent reporting, facilitate comparison across lines of business and populations, and identify areas requiring further analysis, technical assistance, or quality improvement efforts.

Audit Summary Table 1 Instructions

Audit Summary Table 1 provides a high-level summary of audit volume, member distribution, geographic representation, and overall compliance performance by Line of Business (LOB). This table informs AHCCCS about the audit scope and compares results across different populations.

- Report completed audits only,
- Include all applicable LOBs audited during the reporting period,
- Report the total number of providers audited within each LOB,
- Report the total number of charts reviewed within each LOB,
- Regional totals should reflect the geographic location of the audited member,
- Adults and Child chart counts should equal the total charts audited for each LOB,
- The overall compliance score shall be calculated using all scored audit elements for the applicable LOB,
- Overall Compliance % = Total Yes Responses ÷ (Yes + No Responses),
- Exclude all N/A responses from the compliance calculation,

Audit Summary Table 1

Line of Business	Providers Audited	Charts Audited	North Region	Central Region	South Region	Adults	Children	Overall Compliance Score
ACC								
ACC-RBHA								
ALTCS-DD								
ALTCS E/PD								
DCS CHP								
H2O*								
Totals								

*H2O excluded from Totals due to being part of RBHA population

Audit Summary Table 2 Instructions

Audit Summary Table 2 provides an element-level summary of BHCCA performance and identifies areas of strength, compliance risk, and opportunities for improvement. This table serves as the basis for Findings, Trends, and Key Areas of Concern analysis contained later in the report.

- Report results from all completed audit elements,
- Aggregate results across all audited records included within the reported LOB or population,
- Enter the total number of Yes, No, and N/A responses for each BHCCA element,
- Report raw counts rather than percentages in the Yes, No, and N/A columns,
- Compliance percentages shall be calculated using Yes and No responses only,
- N/A responses shall be excluded from all compliance calculations
- Compliance % = $\text{Yes} \div (\text{Yes} + \text{No})$
- Elements below the 85% performance threshold should be specifically addressed in the Findings and Trends sections.

Audit Summary Table 2

BHCCA Elements	Yes	No	N/A	Compliance %
A-1 Assessment Completion				
A-2 BHP Signature				
A-3 Presenting Concerns & Dx Evaluation				
A-4 Communication Accommodations				
A-5 Health Hx & Risk Factors				
A-6 Social & Environmental Factors				
A-7 Legal & Decision-Making Factors				
A-8 COE/COT				
SP-1 Current Service Plan				
SP-2 Member/HCDM Engagement				
SP-3 Living Environment				
SP-4 Socialization				
SP-5 Education and/or Vocational				
SP-6 Employment				
SP-7 Member/Family Vision				
SP-8 Member/Family Strengths				
GCC-1 Peer Support; Family Support				
GCC-2 Service Plan Time Frames				
GCC-3 Service Plan Implementation				
GCC-4 CALOCUS Assessment				
GCC-5 High Needs CM				
GCC-6 Point of Contact for Coordination				
GCC-7 Collaboration				
GCC-8 PCP Coordination				
GCC-9 Chronic Medical Condition				
GCC-10 Medication Monitoring				

GCC-11 Health Related Social Needs				
GCC-12 Engagement/Re-engagement				
GCC-13 Transition Age Youth				
GCC-14 SED Identification				
GCC-15 SMI Determination				
GCC-16 Special Assistance				
GCC-17 Impact of Service Planning				
PC-1 Cultural Customs				
PC-2 Preferred Language - Oral				
PC-3 Preferred Language - Written				
PC-4 Review of Service Options				
PC-5 Member/Family Collaboration				
PC-6 Member Rights				
PC-7 Crisis/Safety Planning				
DCS-1 Crisis Effectiveness				
DCS-2 Reduced Placement Disruptions				
DCS-3 Symptom Reduction				
DCS-4 Improvement in Educational Progress				
DCS-5 Promotion of Natural Childhood Dev.				
DCS-6 BHP Participation During CFT Practice				
DCS-7 CFT Frequency				
DCS-8 DCS Attendance at CFTs Provider Invitation				
DCS-9 DCS Attendance at CFTs				
DCS-10 History Review within CFT				
DCS-11 Integrated Rapid Response Referral				
DCS-12 Service Delivery Following Rapid Response				
DCS-13 Service Planning Following Rapid Response				
TOTALS – Score All Sections Combined				

Summary of Findings and Trends

Purpose:

This section is intended to provide a meaningful analysis of BHCCA results and identify significant findings, trends, strengths, key areas of concern, and opportunities for improvement. The focus should be on interpreting audit results, identifying meaningful performance patterns, and delineating factors that may have contributed to observed outcomes rather than repeating information already reported in the Audit Summary Tables.

Health plans shall conduct a meaningful analysis of BHCCA results across providers, populations, geographic areas, and lines of business to identify systemic strengths, recurring deficiencies, service delivery gaps, and opportunities to improve quality of care and member outcomes.

Analysis shall extend beyond individual element scores and evaluate whether documentation demonstrates alignment with the Golden Thread of care. This includes evidence of a clear and clinically meaningful connection between the member assessment, identified needs, goals and objectives, service planning activities, services delivered, care coordination efforts, and documented progress toward desired outcomes. The analysis should evaluate whether services appear responsive to assessed member needs and support effective treatment planning and positive member outcomes.

Key Findings and Performance Trends:

Provide a summary of significant findings observed during the audit. Discussion should focus on findings that are meaningful, recurring, demonstrate notable variation, indicate potential risk to quality of care, or warrant quality improvement intervention. **Health plans should prioritize discussion of the most significant low-performing elements rather than restating all element scores reported in the Audit Summary Tables.**

At a minimum, the analysis should include the following:

1. Significant increases or decreases in performance compared to the previous audit cycle and potential factors that may have contributed to the change,
2. BHCCA elements demonstrating consistently strong performance across providers, populations, regions, or LOBs,
3. Identify key low-performing BHCCA elements with compliance rates below the 85% performance threshold and describe the significance of the finding, including any potential causes, risks, and improvement priorities.
4. Significant differences in performance observed across:
 - a. Lines of Business (LOBs)
 - b. Regions or Geographic Service Areas (GSAs)
 - c. Adult and child populations
 - d. SMI and GMHSU populations, where applicable
 - e. Other health plan-specific populations or subpopulations

When significant variation is identified, health plans shall discuss potential factors contributing to the differences.

Key Areas of Concern and Gaps in Care and Service Delivery:

In addition to reporting element scores, health plans shall identify and discuss significant areas of concerns, including:

1. Low-performing elements that represent recurring, systemic, or high-risk deficiencies affecting quality of care, service delivery, care coordination, or member outcomes.
2. Areas where documentation indicates inconsistent implementation of care coordination, integrated care, or service planning requirements.
3. Trends that may indicate barriers to effective member engagement, care coordination, transition planning, chronic condition management, or service delivery.
4. Patterns affecting multiple providers, populations, regions, or LOBs that may warrant additional monitoring, technical assistance, or quality improvement efforts.

Factors Influencing Performance:

For significant findings, trends, strengths, deficiencies, and performance differences identified above, provide potential explanations supported by audit observations, provider feedback, exit interviews, technical assistance discussions, quality improvement activities, or other available information.

Potential contributing factors may include:

- Provider documentation practices.
- Staffing capacity, turnover, or training needs.
- Operational processes or workflow differences.
- Population-specific complexity or service needs.
- Access to care challenges.
- Regional or geographic factors.
- Policy, procedural, or system changes.
- Health plan initiatives or interventions.
- Other factors reasonably supported by the audit findings.

Opportunities for Improvement:

Based on audit findings, identify opportunities to strengthen service delivery, improve performance, and enhance member outcomes.

Examples may include:

- Provider education and training.
- Technical assistance activities.
- Enhanced monitoring or oversight.
- Process improvement initiatives.
- Root cause analysis.
- Corrective Action Plans (CAPs).
- Performance Improvement Projects (PIPs).
- Other quality improvement strategies determined appropriate by the health plan.

Implementation of CAPs, PIPs, or other interventions remains at the discretion of the health plan unless otherwise required by contract or AHCCCS.

The narrative submitted in this section shall demonstrate that the health plan conducted a thoughtful and data-informed evaluation of BHCCA results, identified significant findings and performance drivers, distinguished isolated deficiencies from systemic concerns, evaluated potential impacts on members, and identified actionable opportunities to improve service delivery, care coordination, quality of care, and member outcomes. The analysis should clearly demonstrate how audit results are being used to inform oversight, quality improvement, and performance management activities.

Exit Interview Process

Exit Interview Process and Guidance:

1. Briefly describe technical assistance. This may include, but is not limited to evidence of training, clinical supervision activities, review of audit results, etc.
 - a. How the plans and their providers will implement processes to address performance issues based on trends identified within the audit.
 - b. How the audit results for the provider indicate what training, processes or policy changes are necessary to improve results?
2. Were any QOCs identified as a result of the audit (excluding member sensitive data). Include provider information, date and the reason(s) for the QOC. This may be based on consistently low audit scores or individual member issues that may be a potential QOC concern. [Definition of QOC \(Quality of Care Concern\)](#)

As stewards of clinical quality, each health plan has an opportunity to utilize the behavioral health audit results to improve outcomes at both the member and system levels. Therefore, it is incumbent upon the health plans to provide thoughtful and critical analysis of the results as part of the audit process, while going beyond the basic acts associated with conducting the audit. An important and necessary aspect of the process is to collaborate with the providers to proactively engage in improving outcomes and systemic issues. This may involve a range of options including Corrective Action Plans, Performance Improvement Projects, technical assistance, or training and education.

Provider Suspensions, Terminations or Changes in Status (e.g., ownership, function, etc.) Actions Taken:

Process to Identify Actions Taken for Provider Suspensions or Terminations: Link to provider AHCCCS suspension or termination list: <https://www.azahcccs.gov/Fraud/Providers/actions.html>. Terminated providers will be excluded from the audit if all criteria below are met:

Identify any provider that was initially identified for BHCCA auditing purposes, but suspended or terminated from the audit during the provider notification process and AHCCCS suspension or termination list reviewed prior to scheduled audit, and

If a provider was suspended at the time of the scheduled audit date but reinstated, identify the provider and include suspension and reinstatement dates. If reinstatement did not occur prior to August 15th of the audit cycle and it was not possible to complete the BHCCA due to lack of time, indicate and confirm that this provider will be included within the next audit cycle. Identify how suspension or termination may have affected BHCCA outcomes (e.g. decreased sample size, reduction in representation of any particular line of business, population or subpopulation, region/GSA, etc.).