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| **AMPM POLICY 1010** | **MEDICAL MANAGEMENT PROGRAM PLAN REQUIREMENTS** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT ACCEPTED** |
| The Medical Management (MM) Program Plan shall include a written narrative describing the Contractor’s planned methodologies to meet or exceed MM standards and requirements of the Contract and in Policies found within AMPM Chapter 1000 but not limited to the elements listed below. The MM Program Plan shall also include the signature for the Medical Director or designee and date of approval. | | | | |
| **AMPM POLICY 1010** | **MEDICAL MANAGEMENT ADMINISTRATIVE OVERSIGHT** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT ACCEPTED** |
| The MM Program Planshall describe the structure and requirements for administrative oversight that includes a description of the roles and responsibilities of the following: | | | | |
|  | 1. An organizational chart that delineates the reporting channels of MM activities and the relationship to the Contractor Medical Director and Executive Management. |  |  |  |
|  | 1. Describe the function of the governing or policy-making body related to the MM Program and MM Program staff. |  |  |  |
| 42 CFR 438.230 | 1. A description of how delegated activities are integrated into the overall MM program and the methodology for oversight and accountability for MM delegated functions. |  |  |  |
| **AMPM POLICY 1010** | **MEDICAL MANAGEMENT ADMINISTRATIVE OVERSIGHT** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT ACCEPTED** |
| ARS 36-2907,  ARS 36-2907(B),  AAC R9-22-201 et seq.,  42 CFR 438.406(a)(2)(i), and  42 CFR 438.210(b)(3). | 1. A process to ensure qualified health care professionals have the appropriate clinical expertise to render decisions based on previously established Contractor standards and clinical criteria for skilled and non-skilled services within their scope of practice.   *Only Applicable to Non- NCQA Health Plan Accredited Contractors; Deemed if Contractor is NCQA Health Plan Accredited* |  |  |  |

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| **AMPM POLICY 1020** | **MEDICAL MANAGEMENT UTILIZATION MANAGEMENT** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT ACCEPTED** | |
| The MM Program Planshall describe the Contractor’s MM program as specified in Contract and policies found within ACOM Chapter 100 and AMPM Chapters 300, 500, 900, and 1000 to include: | | | | | |
| **UTILIZATION DATA ANALYSIS AND DATA MANAGEMENT**  42 CFR 457.1240(b),  42 CFR 457.1240(f),  42 CFR 457.1201(n)(2), and  42 CFR 438.330(b)(3) | 1. A description of the Utilization data analysis and data management identifying: 2. A description of how the Contractor collects, 3. A description of data validation, 4. A description of data analysis, 5. A description of monitoring processes, and 6. A description of data utilization reporting.   *Only Applicable to Non- Health Plan Accredited Contractors; Deemed if Contractor is Health Plan Accredited*   1. The MM Committee process for review and evaluation of data when variances are identified and the strategies to address both over and underutilization of services. |  |  | |  |

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| **AMPM POLICY 1020** | **MEDICAL MANAGEMENT UTILIZATION MANAGEMENT** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT ACCEPTED** |
| Concurrent Review  42 CFR 456.125 | 1. A detailed description of the Contractor’s concurrent review process. |  |  |  |
| Discharge Planning  42 CFR 457.1230(c), and  42 CFR 438.208(b)(2)(i) | 1. A detailed description of the Contractor’s discharge planning process. |  |  |  |
| Prior Authorization (PA) and Service Authorization, ACOM Policy 414,  42 CFR 457.1230(d), and   1. CFR 438.210(b) | 1. A detailed description of the Contractor’s Prior Authorization (PA) process and issuance of Notice of Adverse Benefit Determinations. |  |  |  |
| Inter–Rater Reliability  42 CFR 457.1230(d), and   1. CFR 438.210(b) | 1. A detailed description of the Contractor’s Inter-Rater Reliability (IRR) process including corrective action taken by the contract when required results are not achieved. Include annual IRR testing of required staff.   *Only Applicable to Non NCQA Health Plan Accredited Contractors; Deemed if Contractor is NCQA Health Plan Accredited* |  |  |  |
| **AMPM POLICY 1020** | **MEDICAL MANAGEMENT UTILIZATION MANAGEMENT** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT ACCEPTED** |
| Retrospective Review  42 CFR 457.1230(d),  42 CFR 438.210(b)(2)(i), and  42 CFR 447.26 | 1. Description of the Contractor’s retrospective review process. |  |  |  |
| Clinical Practice Guidelines  42 CFR 457.1233(c), and  42 CFR 438.236(b)(3) | 1. Description of the Contractor’s process to develop or adopt and disseminate clinical practice guidelines of physical and behavioral health services, that also includes a description of the review, adoption, and evaluation of the practice guidelines every two years through the MM committee.   *Only Applicable to Non- Health Plan Accredited Contractors; Deemed if Contractor is Health Plan Accredited* |  |  |  |
| New Medical Technologies and New Use of Existing Technologies | 1. Description of the Contractor’s review of new medical technologies and the review of new uses of existing technologies.   *Only Applicable to Non NCQA Health Plan Accredited Contractors; Deemed if Contractor is NCQA Health Plan Accredited* |  |  |  |

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| **AMPM POLICY 1021** | **CONTRACTOR CARE MANAGEMENT** | | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | | **EXPLANATION IF NOT**  **ACCEPTED** | | |
|  | Description of the Contractor’s care management process that ensures care coordination for members as specified in Contract and Policy. Including the care management requirements as they relate to screening for and connecting members to social and economic supports or other factors related to Health-Related Social Needs (HRSN). | |  | |  | | |  |
| **AMPM POLICY 1023** | **DISEASE/CHRONIC CARE MANAGEMENT** | **PLAN PAGE #** | | **ACCEPTED**  **(YES/NO)** | | | **EXPLANATION IF NOT**  **ACCEPTED** | |
|  | Description of the Contractor’s Disease/Chronic Care Management program. |  | |  | | |  | |
| **AMPM POLICY 1024** | **DRUG UTILIZATION REVIEW** | **PLAN PAGE #** | | **ACCEPTED**  **(YES/NO)** | | | **EXPLANATION IF NOT**  **ACCEPTED** | |
|  | Description of the Contractor’s Drug Utilization Review program, criteria, and processes. |  | |  | | |  | |

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| **AMPM POLICY 310-P**  **AMPM CHAPTER 500** | **CARE COORDINATION REQUIREMENTS** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT**  **ACCEPTED** |
| AMPM Policy 310-P | The Contractor’s method(s) for monitoring and evaluating their service delivery system. |  |  |  |
| AMPM Policy 520, and  AMPM Policy 530 | Description of the Contractor’s process to identify and facilitate coordination of care for all AHCCCS members including:   1. Members with Special Health Care Needs (SHCNs), 2. Transitions between Contractors, 3. Changes in services areas, 4. Subcontractors, 5. Facilities, 6. Health care providers, and/or 7. Coordination between physical and behavioral health services |  |  |  |

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| **AMPM POLICY 310-P**  **AMPM CHAPTER 500** | **CARE COORDINATION REQUIREMENTS** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT**  **ACCEPTED** |
| AMPM Policy 560 | Description of the Contractor’s requirements regarding care coordination for members designated as having a Children’s Rehabilitation Services condition and defines the process for development and management of the member’s Service Plan. |  |  |  |
| **AMPM POLICY 910** | **HEALTH RISK ASSESSMENT** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT**  **ACCEPTED** |
| AMPM POLICY 910, and  42 CFR 438.208(B) (3-6) | Results of identification and assessment of members. The Contractors process for sharing this information with other organizations serving the member. |  |  |  |

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| **ACOM POLICY 110** | **MENTAL HEALTH PARITY** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT**  **ACCEPTED** |
| ACOM Policy 110 | The Contractor’s method to achieve and maintain compliance with the Mental Health Parity and Addiction Equity Act of 2008. To include a description of the Contractor’s self-monitoring activities for Parity compliance in operation, ensuring that Financial Requirements /Quantitative Treatment Limitations (QTLs) and Non-Quantitative Treatment Limitations (NQTLs) are, in operation, applied no more stringently to Mental Health (MH)/Substance Use Disorder (SUD) benefits than for medical/surgical benefits. |  |  |  |
| **CONTRACT SECTION D PARAGRAPH 23**  **(COMPREHENSIVE HEALTH PLAN [CHP] ONLY)** | **COLLABORATION WITH TRIBAL NATIONS AND PROVIDERS** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT**  **ACCEPTED** |
|  | Description of the Contractor’s collaboration efforts and activities with tribal nations and providers. |  |  |  |

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| **AMPM POLICY 1010** | | **MEDICAL MANAGEMENT WORK PLAN** | **PLAN PAGE #** | **ACCEPTED** | | **EXPLANATION IF NOT ACCEPTED** |
| The Contractor shall include a MM Work Plan for the current contract year that formally documents the Contractor’s MM Program goals, objectives, strategies, activities, and methodology for improvement utilizing Plan-Do-Study-Act (PDSA) cycle, and monitoring efforts proposed to meet or exceed the MM standards and requirements of Contract and Policies found within AMPM Chapter 1000 and AMPM Chapter 500. The MM Work Plan Guide and the MM Work Plan Template are as specified in Attachment B. | | | | | | |
| **AMPM POLICY 1010** | **MEDICAL MANAGEMENT PLAN EVALUATION** | | **PLAN PAGE #** | **ACCEPTED** | **EXPLANATION IF NOT ACCEPTED** | |
| The Contractor shall include a MM Work Plan Evaluation that provides a detailed analysis of the Contractor’s progress in meeting the Contractor established goals, as well as a determination of the effectiveness of strategies and interventions the goals and objectives as specified in previous year’s Work Plan. Must clearly identify whether each goal/objective was met, partially met or not met. | | | | | | |

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| **ADDITIONAL REQUIREMENTS** | **PLAN PAGE #** | **ACCEPTED**  **(YES/NO)** | **EXPLANATION IF NOT ACCEPTED** |
| A list of Human Immunodeficiency Virus (HIV) Providers utilized by the Contractor. |  |  |  |
| The Contractor shall attach all referenced relevant policies and procedures supporting the description within the MM Program Plan and Evaluation.  Attached policies and procedures shall not replace content within the MM Program Plan and Evaluation. |  |  |  |