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| **AMPM Policy 1010** | **MM Plan Requirements** | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
| The MM Plan shall include a written narrative describing the Contractor’s planned methodologies to meet or exceed Medical Management requirements as specified in Contract and in AMPM Chapter 1000, to include AMPM Policy 1010 and AMPM Policy 1020 including by not limited to: (listed below) signature and date of approval of the MM Plan. | | | | |
| **AMPM Policy 1010** | **MM Administrative Oversight** | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
| The MM 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(a)(1); (2)(i) and (3) | 1. A list of delegated entities that includes a description of how delegated activities are integrated into the overall MM program. |  |  |  |

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| **AMPM Policy 1010** | **MM Administrative Oversight** | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
| A.R.S. §36-2907; A.R.S. §36-2907(B); A.A.C R9-22-201 et seq.; 42 CFR 438.406(a)(2)(i) and 42 C.F.R. 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. |  |  |  |
| **AMPM Policy 1020** | **MM Scope and Components** | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
| The MM Planshall describe the MM requirements as specified in Contract and AMPM Chapters 500 and 1000 to include: | | | | |
| AMPM Policy 1020 (Section A, 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) 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 validates, 4. A description of analyzes, 5. A description of monitors, and 6. A description of reports utilization data.      1. The MM Committee 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** | **MM Scope and Components** | | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
| AMPM Policy 1020 (Section B, Concurrent Review)  42 CFR 456.125 | 1. A description of the Contractors concurrent review process including the criteria used for making decisions on coverage that has been approved by the MM Committee. | |  |  |  |
| AMPM Policy 1020 (Section C, Discharge Planning)  42 CFR 457.1230(c) ,42 CFR 438.208(b)(2) (i) | 1. A description of the Contractors: 2. Proactive discharge planning process, 3. Coordination of services requirements, and 4. Those involved and qualified in the discharge planning process, including the process taken by the Contractor when a service is temporarily unavailable for a discharge ready member. | |  |  |  |
| AMPM Policy 1020 (Section D, Prior Authorization and Service Authorization)ACOM Policy 414  42 CFR 457.1230(d), 42 CFR 438.210(b) | 1. A description of the Contractors Prior Authorization (PA) process including: 2. Staff with the appropriate training in applying the Contractor’s medical criteria and/or making medical decisions, 3. Coverage criteria and processes for approval of covered services, including, the required time frames for authorization determination, 4. Process for consultation with the requesting provider and communication of PA process, criteria, processes for approval of covered services, which include required time frames for authorization determination, and 5. The review of PA requirements for services, items or medications and reporting through the MM Committee. | |  |  |  |
| **AMPM Policy 1020** | **MM Scope and Components** | | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
| AMPM Policy 1020 (Section E, Inter –Rater Reliability)  42 CFR 457.1230(d) , 42 CFR 438.210(b) | 1. A description of the Contractors 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. | |  |  |  |
| AMPM Policy 1020 (Section F, Retrospective Review)  457.1230(d) , 42 CFR 438.210(b)(2)(i)  42 CFR 447.26 | 1. Description of the Contractors retrospective review process including: 2. Staff with the clinical expertise who are responsible for conducting retrospective reviews, 3. Services requiring retrospective review and time frame(s) for review, the criteria for decisions, and 4. Identification of PPC, HCAC or OPPC and process for reporting. | |  |  |  |
| AMPM Policy 1020 (Section G, Clinical Practice Guidelines)  42 CFR 457.1233(c), 42 CFR 438.236(b)(3) | 1. Description of the Contractors process to develop or adopt and disseminate Clinical Practice Guidelines of physical and behavioral health services, the review, adoption and evaluation of the practice guidelines annually through the MM committee. | |  |  |  |
| AMPM Policy 1020 (Section H, New Medical Technologies And New Use of Existing Technologies) | 1. Description of the Contractors review of new medical technologies and the review of new uses of existing technologies. | |  |  |  |
| **AMPM Policy 1020** | | **MM Scope and Components** | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
| AMPM Policy 1020 (Section I, Contractor Care Management) | | 1. Description of the Contractors 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. |  |  |  |
| AMPM Policy 1020 (Section, J Disease/ Chronic Care Management) | | 1. Description of the Contractors Disease/Chronic Care Management program. |  |  |  |
| AMPM Policy 1020 (Section K, Drug Utilization Review) | | 1. Description of the Contractors Drug Utilization Review program, criteria and processes. |  |  |  |
| **AMPM Chapter 1040** | | **Outreach, Engagement and Reengagement** | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
| AMPM Policy 1040 | | Description of the activities, policies, and procedures that are utilized to outreach, engage, re-engage and close behavioral health services. |  |  |  |

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| **AMPM Chapter 500**  **AMPM Policy 310-P** | **Care Coordination Requirements** | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
| AMPM Policy 520 and AMPM Policy 530 | 1. Description of the Contractors process to identify and facilitate coordination of care for all AHCCCS members including: 2. Member’s with Special Health Care Needs, 3. Transitions between Contractors, 4. Changes in service areas, 5. Subcontractors, 6. Facilities and/or, 7. Health care providers. |  |  |  |
| AMPM Policy 541 | 1. Description of the Contractor process for maintaining collaborative relationships with other government entities that deliver services to members and their families, ensure access to services, and coordinate care with consistent quality. Outline coordination with: 2. Arizona Department of Child Safety (DCS), 3. DCS Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together AFF) Program, 4. Arizona Department of Education (ADE), Schools, or other Local Educational Authorities, 5. Department of Economic Security (DES), 6. Arizona Department of Economic Security/Rehabilitative Services Administration (ADES/RSA). |  |  |  |

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| **AMPM Chapter 500**  **AMPM Policy 310-P** | **Care Coordination Requirements** | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
| AMPM Policy 560 | 1. Description of the Contractors requirements regarding care coordination for members designated as having a CRS condition and defines the process for development and management of the member’s Service Plan. |  |  |  |
| AMPM Policy 580 | 1. Description of the Contractor’s behavioral referral and intake process in order to ensure individuals are able to gain prompt access to behavioral health services. |  |  |  |
| AMPM Policy 310-P | 1. Contractor’s method(s) for monitoring and evaluating their service delivery system. |  |  |  |
| **ACOM Policy 110** | **Mental Health Parity** | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
| ACOM Policy 110 | Contractors method to achieve and maintain compliance with the Mental Health Parity and Addiction Equity Act of 2008. |  |  |  |
| **Contract Section d Paragraph 23**  **(CMDP Only)** | **Collaboration with Tribal Nations and Providers** | **Plan Page #** | **Accepted**  **(Yes/No)** | **Explanation If Not Accepted** |
|  | Description of the Contractors collaboration efforts and activities with tribal nations and providers. |  |  |  |
|  | **Relevant Policies and Procedures** | **Plan Page #** | **Accepted** | **Explanation If Not Accepted** |
| Contractors shall attach all referenced relevant policies and procedures supporting the description within the MM Plan and Evaluation.  Attached policies and procedures shall not replace content within the MM Plan and Evaluation. | | | | |

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| **AMPM Policy 1010** | | **MM 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 MM Program objectives, strategies, and activities proposed to meet or exceed the standards and requirements of contract, as well as AMPM Chapter 1000 and AMPM Chapter 500. The MM Work Plan Guide and the MM Work Plan Template are as specified in Attachment I. | | | | | | | | | | |
| **AMPM Policy 1010** | | **MM 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 goal was met, partially met or not met. | | | | | | | | | | |
|  | | **Additional Requirements** | | **Plan Page #** | | **Accepted**  **(Yes/No)** | | | **Explanation If Not Accepted** | |
|  | | A list of HIV Providers utilized by the Contractor. | |  | |  | | |  | |