Mercy Care Regional Behavioral Health Authority

Operational Review
Contract Year 2021

November 10, 2021

AHCCCS
Arizona Health Care Cost Containment System

Conducted by the Arizona Health Care Cost Containment System

INTRODUCTION

The Arizona Health Care Cost Containment System (AHCCCS) has served Arizona's most needy since 1982. The Agency's vision is "to shape tomorrow's managed care… from today's experience, quality and innovation." As a component of achieving this vision, AHCCCS regularly reviews its Contractors to ensure that their operations and performance are in compliance with Federal and State law; rules and regulations; and the AHCCCS Contract. The reviewers use a process approved by the Centers for Medicare and Medicaid Services (CMS) based upon the terms of the contract with AHCCCS.

The primary objectives of the Mercy Care Regional Behavioral Health Authority (MC RBHA) 2021 Operational Review are to:

- Determine if the Contractor satisfactorily meets AHCCCS' requirements as specified in Contract, AHCCCS policies, Arizona Revised Statute, the Arizona Administrative Code and 42 CFR Part 438, Managed Care,
- Increase AHCCCS knowledge of the Contractor's operational encounter processing procedures,
- Provide technical assistance and identify areas where improvements can be made; as well as identifying areas of noteworthy performance and accomplishments,
- Review progress in implementing recommendations made during prior reviews,
- Determine if the Contractor is in compliance with its own policies and to evaluate the effectiveness of those policies and procedures,
- Perform Contractor oversight as required by the CMS in accordance with AHCCCS' 1115 waiver, and
- Provide information to an External Quality Review Organization (EQRO) for its use as described in 42 CFR 438.364.

AHCCCS conducted a virtual review of Mercy Care RBHA from June 21, 2021 through June 24, 2021.

A copy of the draft version of this report was provided to the Contractor on October 12, 2021. Mercy Care RHBA was given a period of one week in which to file a challenge to any findings it did not feel were accurate based on the evidence available at the time of review. This final report represents any changes made as a result of this request.

Upon issuance of the report, the Contractor is required to maintain the confidentiality of the information, including the standard criteria and findings of the Review Team until such time as AHCCCS determines; in order to maintain the integrity of the process until all Contractors have been reviewed.

SCORING METHODOLOGY

The 2021 Operational Review is organized into Standard Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to twelve Standard Areas. For the 2021 Operational Review, these Standard Areas are:

- Division of Grants Administration (DGA)
- Quality Improvement (QI)
- Corporate Compliance (CC)
- Claims and Information Systems (CIS)
- Delivery Systems (DS)
- General Administration (GA)
- Grievance Systems (GS)
- Adult, EPSDT and Maternal Child Health (MCH)
- Medical Management (MM)
- Member Information (MI)
- Quality Management (QM)
- Reinsurance (RI)
- Third Party Liability (TPL)

Each Standard Area consists of several Standards designed to measure the Contractor's performance. A Contractor may receive up to a maximum possible score of 100 percent for each Standard measured in the 2021 Operational Review. Within each Standard are specific scoring detail criteria worth a defined percentage of the total possible score. AHCCCS totals the percentages awarded for each scoring detail into the Standard's total score. Using the sum of all applicable Standard total scores, AHCCCS then developed an overall Standard Area Score.

In addition, a Standard may be scored Not Applicable (N/A) if it does not apply to the Contractor and/or there were no instances in which the requirement applied.

Contractors must complete a Corrective Action Plan (CAP) for any Standard where the total score is less than 95 percent.

Based on the findings of the review, one of three Required Corrective Action statements were made:

The Contractor must…	This indicates critical non-compliance in an area that must be corrected as soon as possible to be in compliance with the AHCCCS contract.
The Contractor should…	This indicates non-compliance in an area that must be corrected to be in compliance with the AHCCCS contract, but is not critical to the everyday operation of the Contractor.
The Contractor should consider…	This is a suggestion by the Review Team to improve operations of the Contractor, although it is not directly related to contract compliance.

SUMMARY OF FINDINGS

Division of Grants Administration (DGA)	DGA Standard Area Score = 93.8% (375 of 400)	
Standard	**Score**	**Required Corrective Actions**
DGA 1 (RBHA only) The Contractor has established guidelines of required services for programs receiving block grant funds for pregnant women with their dependent children, related to the Substance Abuse Block Grant.	100%	None
DGA 2 (RBHA only) The Contractor has established guidelines for treatment services for pregnant women, related to the Substance Abuse Block Grant.	100%	None
DGA 3 (RBHA only) The Contractor has established guidelines related to the Mental Health Block Grant (MHBG).	75%	• Mercy Care should develop policies/procedures/protocols to follow and track to ensure individuals receiving MHBG services are also ensured access to dental services, as needed. • Mercy Care should consider developing policies/procedures/protocols to follow to ensure access for underserved populations, particularly residents of rural areas and older adults.
DGA 4 (RBHA only) The Contractor has established guidelines related to the Substance Abuse Block Grant Primary Prevention.	100%	None

Corporate Compliance (CC)	CC Standard Area Score = 100% (500 of 500)	
Standard	**Score**	**Required Corrective Actions**
CC 1 The Contractor has an operational Corporate Compliance program including a work plan that details compliance activities.	100%	None
CC 2 The Contractor and its subcontractors have a process for identifying suspected cases of Fraud, Waste and Abuse (FWA) and for reporting all the suspected FWA referrals to AHCCCS OIG following the established mechanisms.	100%	None
CC 3	100%	None

Corporate Compliance (CC)	CC Standard Area Score = 100% (500 of 500)	
The Contractor educates staff and the provider network on fraud, waste and abuse.		
CC 4 The Contractor audits its providers through its claims payment system or any other data analytics system for accuracy and to identify billing inconsistencies and potential instances of fraud, waste or abuse.	100%	None
CC 5 The Contractor collects required information for all persons with an ownership or control interest in the Contractor and its fiscal agents and determines on a monthly basis, whether such individuals have been convicted of a criminal offense related to any program under Medicare, Medicaid or the Title XX services program.	100%	None

Claims and Information Systems (CIS)	CIS Standard Area Score = 99.7% (997 of 1000)	
Standard	**Score**	**Required Corrective Actions**
CIS 1 The Contractor has a mechanism in place to inform providers of the appropriate place to send claims.	100%	None
CIS 2 The Contractor's remittance advice to providers contains the minimum required information.	100%	None
CIS 3 The Contractor has a process to identify claims where the Contractor is or may be a secondary payor prior to payment.	100%	None
CIS 4 The Contractor has AHCCCS compliant policies and procedures for the recoupment of overpayments and adjustments for underpayments.	100%	None
CIS 5 The Contractor pays applicable interest on all claims, including overturned claim disputes.	97.3%	None
CIS 6 The Contractor accurately applies quick-pay discounts.	100%	None
CIS 7	100%	None

Claims and Information Systems (CIS)	CIS Standard Area Score = 99.7% (997 of 1000)	
The Contractor processes and pays all overturned claim disputes in a manner consistent with the decision within 15 business days of the decision.		
CIS 8 The Contractor ensures that the parties responsible for the processing of claims have been trained on the specific rules and methodology for the processing of claims for the applicable AHCCCS line of business.	100%	None
CIS 9 Contractor has a process to identify resubmitted claims and a process to adjust claims for data corrections or revised payment.	100%	None
CIS 10 The Contractor has a process to ensure that all contracts/agreements are loaded accurately and timely and pays non-contracted providers as outlined in statute.	100%	None

Delivery Systems (DS)	DS Standard Area Score = 89.7% (1435 of 1600)	
Standard	**Score**	**Required Corrective Actions**
DS 1 The Contractor has sufficient staffing in place to ensure providers receive assistance and appropriate, prompt resolution to their problems and inquiries.	100%	None
DS 2 The Contractor determines, monitors, and adjusts the number of members assigned to each PCP.	100%	None
DS 3 Provider Services Representatives are adequately trained.	100%	None
DS 4 The Contractor provides the following information via written or electronic communication to contracted providers: Exclusion from the Network, Material Changes, Policy/Procedure Change, Subcontract Updates, Termination of Contract, and Disease/Chronic Care Management Information.	100%	None
DS 5	100%	None

Delivery Systems (DS)	DS Standard Area Score = 89.7% (1435 of 1600)	
The Contractor's Provider Selection Policy and Procedure prohibits discrimination against providers who serve high-risk populations or that specialize in conditions that result in costly treatment.		
DS 6 The Contractor does not prohibit or otherwise restrict a provider from advising or advocating on behalf of a member who is his/her patient.	100%	None
DS 7 The Contractor has a mechanism for tracking and trending provider inquiries that includes timely acknowledgement and resolution and taking systemic action as appropriate.	100%	None
DS 8 (All Plans except CMDP) The Contractor refers members to out of network providers if it is unable to provide requested services in its network.	100%	None
DS 9 The Contractor develops, distributes and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	66%	The Contractor must ensure the Provider Manual contains all requirements listed in ACOM 416.
DS 10 The Contractor has a process for collecting, maintaining, updating and reporting accurate demographic information on its provider network.	92%	The Contractor must ensure that provider demographic information in its online provider directory is consistent with information provided in the Contractor's PAT file submissions.
DS 11 (All Plans except CMDP) The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.	100%	None
DS 12 The Contractor has a process for determining if there has been a material change that could affect the adequacy of capacity and services.	100%	None
DS 13 (RBHA Only) The Contractor has comprehensive policies and procedures and has provided evidence that they actively monitored their own and the provider's operations to ensure they have properly adhered to the requirements of 2 CFR Part 200 to include federal grant funding requirement notifications, communication to providers of prohibited uses of federal grant funding, tracking of provider audits, including Single Audits, and follow-up on findings.	64%	The Contractor must have comprehensive policies and procedures and show evidence that all providers were notified of the Single Audit submission requirement and the required federal grant subaward information. It is also noted MC references Prohibited Expenditures for Federal Block Grant in Provider Financial Reporting Guide differs from the listing in the Subcontracts and Provider Manual. Please update the guide or contract based on the most recent list accordingly and ensure all guides or contract terms are the same on the listing for Prohibited Expenditures to avoid confusion to providers.

Delivery Systems (DS)	DS Standard Area Score = 89.7% (1435 of 1600)	
DS 14 (RBHA Only) Contractor performed provider block grant monitoring activities and has evidence of the following: • Comprehensive provider SABG, MHBG, and other federal grant policies and procedures that include, but are not limited to, a listing of prohibited expenditures, references to the SABG and MHBG FAQs, AMPM 320-T, Exhibits 300-2b, monitoring and separately reporting of funds by SABG, MHBG and other federal grant funding categories; • SABG, MHBG and other federal grant activities were monitored to ensure funds were expended for authorized purposes; • Federal grants funding tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS.	79%	The Contractor must ensure that provider policies and procedures are comprehensive and include, but are not limited to, a listing of prohibited expenditures, references to the SABG and MHBG FAQs, AMPM 320-T1 Policy, Exhibits 300-2b (the SABG/MHBG FAQs and Exhibit 300-2b do not apply to other federal grants policies), and monitoring and reporting of funding by each individual funding source received (i.e. SABG General Services, SABG Pregnant/Parenting Women, SABG HIV, SABG Prevention, MHBG SED, MHBG SMI, MHBG FEP, etc.)
DS 15 (RBHA Only – Not scored) The Contractor has comprehensive Non-Title XIX/XXI policies and procedures and has provided evidence that they actively monitored their own and the provider's operations to ensure that they have properly addressed how Non-Title XIX/XXI funding should be monitored and separately reported by funding source in accordance with the RBHA Non-Title XIX/XXI contracts, applicable AHCCCS policies and procedures and the RBHA Financial Reporting Guide.	Not scored	
DS 16 (All Plans except CMDP) The Contractor has developed policies, procedures and additional resources for curriculum development of Peer Support Employment Training Programs (PSETP), including Contractor staff for questions or assistance.	34%	The Contractor must permit their designated OIFA staff explicit authority to request and review PSETP curricula and other materials used to credential PRSS. The Contractor must describe the process by which providers operating PSETPs shall submit, upon Contractor's request, their curricula to the Contractor for review and what measures, if any, the program operator must take based on the Contractor OIFA's recommendations.
DS 17 The Contractor has ensured that provider sites where provider case management services are delivered have regular and ongoing member and/or family participation in decision making, quality improvement, and enhancement of customer service.	100%	None

General Administration (GA)	GA Standard Area Score = 100% (300 of 300)	
Standard	**Score**	**Required Corrective Actions**
GA 1 The Contractor has policies and procedures for the maintenance of records and can provide those records, when requested.	100%	None
GA 2 The Contractor provides training to all staff on AHCCCS guidelines.	100%	None
GA 3 The Contractor maintains a policy on policy development.	100%	None

Grievance Systems (GS)	GS Standard Area Score = 100% (1700 of 1700)	
Standard	**Score**	**Required Corrective Actions**
GS 1 The Contractor issues and carries out appeal decisions within required timeframes.	100%	None
GS 2 Contractor policies for appeal allow for providers to file on behalf of a member if the member has given their consent.	100%	None
GS 3 The Contractor has a process for the intake and handling of member appeals that are filed orally.	100%	None
GS 4 The Contractor ensures that the individuals who make decisions on appeals were not involved in any previous level of review or decision making.	100%	None
GS 5 The Contractor ensures that the individuals who make decisions on appeals are appropriately qualified.	100%	None
GS 6 The Contractor has a process for internal communication and coordination when an appeal decision is reversed.	100%	None
GS 7	100%	None

Grievance Systems (GS)	GS Standard Area Score = 100% (1700 of 1700)	
The Contractor continues or reinstates an enrollee's benefits when an appeal is pending under the appropriate circumstances as required by Federal Regulation.		
GS 8 The Contractor issues Notices of Appeal Resolution that include all information required by AHCCCS.	100%	None
GS 9 If the Contractor or Director's Decision reverses a decision to deny, limit, or delay services that were not furnished while an appeal or hearing was pending, the Contractor authorizes or provides the appealed services promptly and as expeditiously as the member's health condition requires. If an appeal is upheld the Contractor may recover the cost of services received by the enrollee during the appeal process.	100%	None
GS 10 The Contractor's member appeal policies allow for, and require notification of the member of, all rights granted under rule.	100%	None
GS 11 The Contractor maintains claim dispute records.	100%	None
GS 12 The Contractor logs, registries, or other written records include all the contractually required information.	100%	None
GS 13 The Contractor confirms all provider claim disputes with a written acknowledgement of receipt.	100%	None
GS 14 Requests for hearing received by the Contractor follows the timeframe and notice requirements.	100%	None
GS 15 The Contractor resolves claim disputes and mails written Notice of Decisions no later than 30 days after receipt of the dispute unless an extension is requested or approved by the provider.	100%	None
GS 16 The Contractor's grievance process follows the timeframe and written notice requirements.	100%	None

Grievance Systems (GS)	GS Standard Area Score = 100% (1700 of 1700)	
GS 17 The Contractor shall have written policies delineating the Grievance System.	100%	None

Adult, EPSDT and Maternal Child Health (MCH)	MCH Standard Area Score = 100% (1800 of 1800)	
Standard	**Score**	**Required Corrective Actions**
MCH 1 The Contractor has established a maternity care program that operates with goals directed at achieving optimal birth outcomes that meet AHCCCS minimum requirements.	100%	None
MCH 2 The Contractor ensures that pregnant members obtain initial prenatal care appointments and return visits, in accordance with ACOG standards, along with ensuring members receive appointments according to the AHCCCS Contractor Operations Manual (ACOM) Maternity Care Appointment Standards.	100%	None
MCH 3 The Contractor ensures postpartum care is provided for a period of up to 57 days after delivery.	100%	None
MCH 4 The Contractor ensures pregnancy and postpartum care provided to women with a substance use disorder follows ACOG recommendations.	100%	None
MCH 5 Family planning services are provided to members who voluntarily choose to delay or prevent pregnancy.	100%	None
MCH 6 The Contractor provides EPSDT/well-child services according to the AHCCCS EPSDT Periodicity Schedule.	100%	None
MCH 7 The Contractor monitors member adherence with obtaining EPSDT services.	100%	None
MCH 8	100%	None

Adult, EPSDT and Maternal Child Health (MCH)	MCH Standard Area Score = 100% (1800 of 1800)	
The Contractor monitors provider compliance with providing EPSDT services.		
MCH 9 The Contractor ensures that oral health/dental services are provided according to the AHCCCS Medical Policy Manual and the AHCCCS Dental Periodicity Schedule.	100%	None
MCH 10 The Contractor ensures providers participate with the Arizona State Immunization Information System (ASIIS) and Vaccine for Children (VFC) programs according to the state and federal requirements.	100%	None
MCH 11 The Contractor coordinates with appropriate agencies and programs including but not limited to VFC, WIC, Head Start, home visitation, and Raising Special Kids, and provides education, assists in referrals, and connects eligible EPSDT and maternity members with appropriate agencies, according to federal and state requirements.	100%	None
MCH 12 (All Plans except RBHAs) The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.	Not Scored	
MCH 13 The Contractor has policies and procedures to identify the needs of EPSDT members, coordinate their care, conduct adequate follow up to verify that members receive timely and appropriate treatment.	100%	None
MCH 14 The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.	100%	None
MCH 15 The Contractor ensures that women's preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).	100%	None
MCH 16 The Contractor has established member outreach that operates with goals directed at achieving optimal outcomes that meet AHCCCS minimum requirements for maternal, child, family planning, well woman, oral, and behavioral health outcomes.	100%	None

Adult, EPSDT and Maternal Child Health (MCH)	MCH Standard Area Score = 100% (1800 of 1800)	
MCH 17 The Contractor ensures that behavioral health medical records requirements are completed in accordance with Policy.	100%	None
MCH 18 The Contractor ensures that a current treatment/assessment/service plan has been completed within the previous 365 days and is part of the behavioral health medical record.	100%	None
MCH 19 The Contractor ensures that members who are in foster care receive medically necessary behavioral health services	100%	None

Medical Management (MM)	MM Standard Area Score = 99.5% (3581 of 3600)	
Standard	**Score**	**Required Corrective Actions**
MM 1 The Contractor has mechanisms to evaluate utilization data analysis and data management, including both underutilization and overutilization of services and implements changes as appropriate.	100%	None
MM 2 The Contractor has an effective concurrent review process which includes a component for reviewing the medical necessity of institutional stays, including but not limited to Institution for Mental Disease (IMD), Behavioral Health Institutional Settings and Nursing Facilities.	100%	None
MM 3 The Contractor conducts proactive discharge planning and coordination of services for members between settings of care for short-term and long-term hospital and institutional stays.	85%	The Contractor must develop and implement a discharge process that includes post discharge - follow up within three business days, arrangement of a follow-up appointment with the PCP, BHMP and/or specialist within seven business days, and prescription medications, therapies, transportation, DME and referral to community resources, as necessary.
MM 4 The Contractor collaborates with the Arizona State Hospital (AzSH) prior to member discharge and for members who are conditionally released under the authority of the Psychiatric Security Review Board (PSRB).	100%	None
MM 5	100%	None

Medical Management (MM)	MM Standard Area Score = 99.5% (3581 of 3600)	
The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission and members who are discharge ready from AzSH.		
MM 6 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	100%	None
MM 7 The Contractor has a comprehensive inter-rater reliability (IRR) testing process to ensure consistent application of criteria for clinical decision making.	100%	None
MM 8 The Contractor conducts retrospective reviews.	100%	None
MM 9 The Contractor develops or adopts and disseminates clinical practice guidelines for physical and behavioral health services.	100%	None
MM 10 The Contractor evaluates new technologies and new uses for existing technologies.	100%	None
MM 11 The Contractor conducts a Health Risk Assessment (HRA) to identify member health care needs and members at risk for and/or with special health care needs.	100%	None
MM 12 The Contractor coordinates care for members with qualifying Children's Rehabilitative Services (CRS) conditions.	100%	None
MM 13 The Contractor identifies and coordinates care for members who are candidates for stem cell or solid organ transplants.	100%	None
MM 14 The Contractor promotes health maintenance and coordination of care through Disease/Chronic Care Management Programs.	100%	None
MM 15 The Contractor has a system and process that outlines a Drug Utilization Review (DUR) Program.	100%	None
MM 16	100%	None

Medical Management (MM)	MM Standard Area Score = 99.5% (3581 of 3600)	
The Contractor identifies, monitors, and implements interventions to prevent the misuse of controlled and non-controlled medications.		
MM 17 The Contractor facilitates coordination of services being provided to member when the member is transitioning between Contractors.	100%	None
MM 18 The Contractor allows primary care providers to provide behavioral health services within their scope of practice including but not limited to Substance Use Disorders, Anxiety, Depression and Attention Deficit Hyperactivity Disorder (ADHD) for the purpose of medication management.	100%	None
MM 19 The Contractor ensures that members receive medically necessary behavioral health services.	100%	None
MM 20 The Contractor does not deny emergency services.	100%	None
MM 21 The Contractor issues a Notice of Adverse Benefits (NOA) determination to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	96%	None
MM 22 The Contractor's MM program includes administrative requirements for oversight and accountability for all MM functions and responsibilities that are delegated to other entities.	100%	None
MM 23 The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.	100%	None
MM 24 The Contractor employs care managers to perform Contractor care management functions.	100%	None
MM 25 (ACC and RBHA Plans only) The Contractor monitors nursing facility stays to assure that the length of stay does not exceed the 90 day per contract year limitation.	100%	None
MM 26	100%	None

Medical Management (MM)	MM Standard Area Score = 99.5% (3581 of 3600)	
The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.		
MM 27 (ACC, ALTCS/EPD and RBHA only) The Contractor maintains collaborative relationships with other government entities that deliver services to members and their families, ensures access to services, and coordinates care with consistent quality.	100%	None
MM 28 The Contractor establishes processes for ensuring coordination and provision of appropriate services for members transitioning from the justice system.	100%	None
MM 29 The Contractor establishes processes for ensuring coordination and provision of appropriate services for members who are on court ordered treatment.	100%	None
MM 30 The Contractor has a process to monitor members and services provided to members in out-of-state placement settings.	100%	None
MM 31 The Contractor has implemented processes for all outreach, engagement, re-engagement and closure activities for behavioral health services.	100%	None
MM 32 The Contractor has policies and procedures to ensure the availability and timely delivery of generalist direct support providers and specialty providers to deliver flexible, in-home, community based support and rehabilitation services (Meet Me Where I Am Services (MMWIA)).	100%	None
MM 33 The Contractor has a mechanism to ensure the implementation of evidence based practices (EBPs) and the ability to track program implementation for Transition Aged Youth (TAY) ages 16-24.	100%	None
MM 34 The Contractor has a mechanism to ensure the provision of Trauma Informed Care Services, including routine trauma screenings and	100%	None

Medical Management (MM)	MM Standard Area Score = 99.5% (3581 of 3600)	
ensuring sufficient capacity of Trauma Informed Care (TIC) certified therapists.		
MM 35 The Contractor has a mechanism to promote service delivery and network capacity for children age birth to five.	100%	None
MM 36 The Contractor has a mechanism to utilize substance use disorder (SUD) screening tools to identify youth with SUD, and refer to SUD specialty services as appropriate.	100%	None

Member Information (MI)	MI Standard Area Score = 97.5% (975 of 1000)	
Standard	**Score**	**Required Corrective Actions**
MI 1 The Contractor's New Member Information Packets meet AHCCCS standards for content and distribution.	100%	None
MI 2 The Contractor notifies members that they can receive a new member handbook annually.	100%	None
MI 3 The Contractor assesses PCP capacity and evaluates it prior to assigning new members.	100%	None
MI 4 The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	100%	None
MI 5 The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	80%	The Contractor must ensure that a written notice about termination of a contracted provider is disseminated to members within 15 days after receipt or issuance of the termination notice.
MI 6 The Contractor has a process to notify affected members of material changes to network and/or operations at least 30 days before the effective date of the change.	100%	None
MI 7 The Contractor distributes at a minimum two member newsletters per contract year which contain the required member information.	95%	None

Member Information (MI)	MI Standard Area Score = 97.5% (975 of 1000)	
MI 8 The Contractor's Member Services, Transportation, and Prior Authorization staff has access to, and utilizes, appropriate mapping search engines and/or applications when scheduling appointments and/or referring members to services or service providers.	100%	None
MI 9 The Contractor submits to AHCCCS for approval qualifying member information materials given to its current members, that do not fall within annual, semi-annual or quarterly required submissions and maintains a log of all member material distributed to its members.	100%	None
MI 10 The Contractor maintains policies on Social Networking.	100%	None

Quality Management (QM)	QM Standard Area Score = 99% (1287 of 1300)	
Standard	**Score**	**Required Corrective Actions**
QM 1 The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for member/system resolution.	96%	None
QM 2 The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for system improvement.	100%	None
QM 3 Contractor Quality Management staff are able to speak to requirements of the QM Program and describe day-to-day work processes to support compliance with Contract, Policy, and Program requirements.	Not Scored	
QM 4 The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.	100%	None
QM 5 (ALTCS/EPD and DES/DDD Only)	Not Scored	

Quality Management (QM)	QM Standard Area Score = 99% (1287 of 1300)	
Contractor ensures that the staff providing attendant care, personal care, homemaker services, and habilitation services are monitored as outlined in Chapter 900.		
QM 6 The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.	100%	None
QM 7 The Contractor has implemented a process to complete on-site quality management monitoring and investigations when potential quality of care concerns are identified, including health and safety concerns and Immediate Jeopardy.	91%	The Contractor must provide evidence of staff training on the AMPM 960 Attachment C health and safety forms, as well as appropriate desktops and policies related to onsite health and safety onsite visits. The Contractor must include training materials, staff training sign-in sheets/attestations with date, printed first and last name, and title. In addition, the Contractor must submit 5 case files demonstrating onsite health and safety visits with Attachment 960-C submitted to AHCCCS QM.
QM 8 The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.	100%	None
QM 9 The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes Quality Management policies reflective of AHCCCS requirements including, but not limited to: Quality of Care, Credentialing, On-Site Reviews, etc.	100%	None
QM 10 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.	100%	None
QM 11 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	100%	None
QM 12 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	100%	None
QM 13	100%	None

Quality Management (QM)	QM Standard Area Score = 99% (1287 of 1300)	
The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network.		
QM 14 The Contractor has a process for verifying credentials of all organizational providers.	100%	None
QM 15 The Contractor has a structured Quality Management Program that includes administrative requirements for oversight and accountability for all functions and responsibilities described in AMPM Chapter 900 that are delegated to other entities.	100%	None

Reinsurance (RI)	RI Standard Area Score = 100% (400 of 400)	
Standard	**Score**	**Required Corrective Actions**
RI 1 The Contractor has policies, desk level procedures, and appropriate training of personnel for the processing and submission of transplant reinsurance cases to AHCCCS for reimbursement.	100%	None
RI 2 The Contractor has policies and procedures for auditing of reinsurance cases to determine 1) the appropriate payment due on the case and 2) the service was encountered correctly.	100%	None
RI 3 The Contractor has identified a process for advising AHCCCS of reinsurance overpayments against associated reinsurance encounters within 30 days of identification. This process includes open or closed contract years and open or closed reinsurance cases.	100%	None
RI 4 The Contractor has policies and procedures for monitoring the appropriateness of the reinsurance revenue received against paid claims data.	100%	None

Third Party Liability (TPL)	TPL Standard Area Score = 100% (800 of 800)	
Standard	**Score**	**Required Corrective Actions**
TPL 1 If the Contractor discovers the probable existence of a liable party that is not known to AHCCCS, the Contractor reports that information to the AHCCCS contracted vendor not later than 10 days from the date of discovery.	100%	None
TPL 2 The Contractor identifies the existence of potentially liable parties through the use of trauma code edits and other procedures.	100%	None
TPL 3 The Contractor does not pursue recovery on the case unless the case has been referred to the Contractor by AHCCCS, or by the AHCCCS authorized representative: Restitution Recovery, Motor Vehicle Cases, Other Casualty Cases, Worker's Compensation, and Tortfeasors.	100%	None
TPL 4 The Contractor notifies the AHCCCS authorized representative upon the identification of reinsurance or fee-for-service payments made by AHCCCS on a total plan case.	100%	None
TPL 5 The Contractor files liens on total plan casualty cases that exceed $250.	100%	None
TPL 6 Prior to negotiating a settlement on a total plan case, the Contractor shall notify AHCCCS to ensure that no reinsurance or fee-for-service payments have been made by AHCCCS.	100%	None
TPL 7 The Contractor shall submit complete settlement information to AHCCCS, using the AHCCCS approved casualty recovery Notification of Settlement form within 10 business days from the settlement date, or on an AHCCCS-approved electronic file by the 20th of each month.	100%	None
TPL 8 The Contractor shall respond to requests from AHCCCS or AHCCCS' TPL Contractor to provide a list of claims related to the joint or mass tort case within 10 business days of the request.	100%	None

Quality Improvement (QI)	QI Standard Area Score = 97.5% (975 of 1000)	
Standard	**Score**	**Required Corrective Actions**
QI 1 The Contractor and its governing body are accountable for all Quality Management/Performance Improvement (QM/PI) program functions.	100%	None
QI 2 The Contractor has the appropriate staff employed to carry out Quality Management/Performance Improvement (QM/PI) Program Quality Improvement administrative requirements.	100%	None
QI 3 The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes administrative requirements related to policy development.	100%	None
QI 4 The Contractor's health information system(s), specific to member encounter data, include accurate and timely information essential in meeting the data collection requirements and expectations of the Quality Management/Performance Improvement (QM/PI) Program.	100%	None
QI 5 The Contractor maintains the integrity of data within its health information system(s), specific to member encounter data, that is utilized to collect, integrate, analyze, and report data necessary in implementing its Quality Management/Performance Improvement (QM/PI) Program.	100%	None
QI 6 The Contractor conducts AHCCCS-mandated and Contractor self-selected Performance Improvement Projects (PIPs) to assess the quality/appropriateness of its service provision and to improve overall performance.	100%	None

Quality Improvement (QI)	QI Standard Area Score = 97.5% (975 of 1000)	
QI 7 The Contractor conducts analysis related to AHCCCS-mandated and Contractor self-selected Performance Improvement Projects (PIPs) to assess the quality/appropriateness of its service provision and to improve overall performance.	75%	The Contractor must conduct subpopulation data analysis of performance improvement project (PIP) data for active AHCCCS-mandated and Contractor self-selected PIPs, as applicable to the PIP topic. The subpopulation data analysis must include members with special health care needs, including, but not limited to: EPSDT and Maternal members. In addition, the Contractor must implement targeted interventions to address any noted disparities identified as part of the Contractor's data analysis efforts.
QI 8 The Contractor has implemented a process to measure and report to the State its performance utilizing standardized measures required by the State, as well as other required/Contractor-selected metrics specific to its Quality Management/ Performance Improvement (QM/PI) Program Activities.	100%	None
QI 9 The Contractor has implemented a process to measure, analyze, and report to the State its performance utilizing standard measures required by the State, as well as other Contractor-selected metrics specific to its Quality Management/ Performance Improvement (QM/PI) Program Activities.	100%	None
QI 10 The Contractor participates in applicable community initiatives for each Medicaid line of business.	100%	None