



QUALITY MANAGEMENT BULLETIN - SEPTEMBER 2025

Target Audience - Qualified Vendors and Providers

Transmittal Date - 09/26/2025

QM Updates

Beginning November 1, 2025, Qualified Vendors will submit incidents directly into the AHCCCS portal. The QM Unit is committed to supporting the vendors through this transition. The Division has published [frequently asked questions](#) and a [User Guide](#) for AHCCCS Portal Migration and incident entry into the system. Qualified Vendors are encouraged to review both documents as they update their internal processes to ensure compliance with the November 1, 2025 implementation date.

Pharmacy Corner

Clozapine: Things to know

Clozapine, also known as the brand name Clozaril, is a medication used to treat people who have schizophrenia when other medications have not controlled the symptoms. It can be used to treat other similar conditions, such as recurrent suicidal behavior in people with schizophrenia or schizoaffective disorder in people who are judged to be at chronic risk to re-experience suicidal behavior.

Like many medications, clozapine may cause adverse reactions or issues. It can decrease neutrophils, which are important to help fight bacterial infections. In early 2025, the Food and Drug Administration (FDA) removed the requirement that providers needed to upload lab results before a person could get their medication. The FDA still recommends that prescribers monitor absolute neutrophil counts (ANC) according to the monitoring frequencies described in the prescribing information.

Dosing or Administration

Clozapine is administered in divided doses up to twice daily. People new to clozapine start at the 12.5 mg dose twice a day and then the dose is increased in small increments to minimize side effects such as low blood pressure and fainting. If therapy is interrupted for 2 days or more, the person needs to be restarted with the medication at the lowest dose and increased back to their original dose before interruption.

Clozapine should be given on a regular schedule that is adhered to as much as possible. If the medication is given twice daily, it should be given at the same time every day.

Other common side effects of clozapine include drowsiness or being tired, weight gain, constipation, dizziness, tremors, and headache. Side effects that require immediate prescriber notification include seizures, low blood pressure, and fainting.

What to do if a dose is missed or not taken

Missing a dose of clozapine can be dangerous due to the risk of severe side effects upon restarting, such

as seizures and cardiac issues. The correct action depends on how much time has passed since the last dose. It is crucial to always consult a healthcare provider for instructions, especially if more than one or two doses were missed.

If you miss a dose, guidance often suggests taking the missed dose as soon as possible. However, if it is almost time for the next scheduled dose, it may be recommended to skip the missed dose and resume the regular dosing schedule. It is generally advised not to double the dose to compensate for a missed one.

If more than 48 hours have passed since the last dose, please consult the member's prescriber immediately for guidance on restarting the medication.

Discontinuation of clozapine

Abrupt discontinuation should not happen unless the ANC is very low. Otherwise, the dose should be reduced slowly to minimize side effects. The prescriber should be consulted for the appropriate schedule for discontinuation.

Monitoring

It is essential to keep regular appointments to ensure the person is having regular blood tests and blood pressure monitoring, even if they are not experiencing any observed side effects.

Qualified Vendors with questions should contact the pharmacy or the member's prescriber.

References <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-clozapine>- Accessed September 8, 2025

Credentialing Corner - What is the Credentialing Committee?

The Credentialing Committee is responsible for reviewing, checking, and affirming the certifications, qualifications, and established minimum standards for Qualified Vendors to ensure the Division retains competent providers that can provide high-quality services to members.

Committee Composition

- The Credentialing Committee is composed of over 30 members, including licensed practitioners (e.g., physicians and other healthcare professionals), internal and external stakeholders who are members of key functional areas in the Division, Qualified Vendor representatives, and subcontracted health plans.
- Credentialing staff (Credentialing Specialists, Credentialing Manager, and Administrative Assistants) serve as support staff. Their roles include:
 - Preparing and presenting credentialing and recredentialing files.
 - Providing regulatory guidance and clarification.
 - Documenting meeting minutes and decisions.
 - Facilitating communication with other departments (Contracting, Provider Network, OLCR, CAU, etc.).
- Important: Credentialing Unit staff do not vote on applications. Voting authority rests solely with the Committee members.

Committee Responsibilities

The Credentialing Committee is responsible for:

- Reviewing Initial Credentialing Applications: to determine whether providers meet DDD, AHCCCS, and CMS requirements.

- Reviewing Recredentialing Applications: to ensure ongoing compliance with licensure, training, and quality standards.
- Evaluating Adverse Information: such as quality of care issues, member complaints, investigations, sanctions, or any findings related to Fraud, Waste, and Abuse (FWA).
- Making Decisions to approve, deny, or table applications: decisions are based on the evidence presented and guided by state and federal requirements.
- Ensuring Due Process: by upholding compliance with policies, statutes, and AHCCCS/DDD requirements and providing relevant information for appeals.

Vendor Responsibilities

To ensure a smooth credentialing process and timely review by the Credentialing Committee, vendors must:

- Submit complete and accurate applications through the AHCCCS Provider Enrollment Portal (APEP) and to DDD.
- Ensure that all agency information (locations, services, and Tax ID associations) matches across AHCCCS/APEP and DDD Contracts, Credentialing, and OLCR records.
- Respond to requests for information (RFIs) in a timely manner to avoid delays.
- Maintain compliance with all contractual, regulatory, and quality standards.

Key Reminders

- The Credentialing Committee is not a Contracting Committee. While credentialing decisions impact vendor participation, contract actions are handled separately.
- Final credentialing decisions are made by licensed practitioners and internal and external stakeholders who are members of the Credentialing Committee only.
- Clear documentation, compliance with APEP requirements, and timely responses to requests help ensure a smooth process for all vendors.
- The Credentialing Committee Meeting generally occurs at least one time per month and ad hoc meetings are held as necessary.

We value your partnership in ensuring that DDD members continue to receive high-quality, safe, and compliant services. Qualified Vendors with questions about the Credentialing Committee process can email the Credentialing Unit or call them at 602-771-0320 = More information is available on the Qualified Vendor Credentialing web page and on the AHCCCS Provider Enrollment Portal (APEP) web page.

For all other QM inquiries, please contact one of the following District emails.

- District Central - DDDCentrallR@azdes.gov
- District East - DDDEastIR@azdes.gov
- District North - DDDDistrictNorthIncidentReports@azdes.gov
- District South - DDDD2IR@azdes.gov
- District West - DDDWestIR@azdes.gov

As always, thank you for continuing to care for the DDD community and for your continued collaboration.