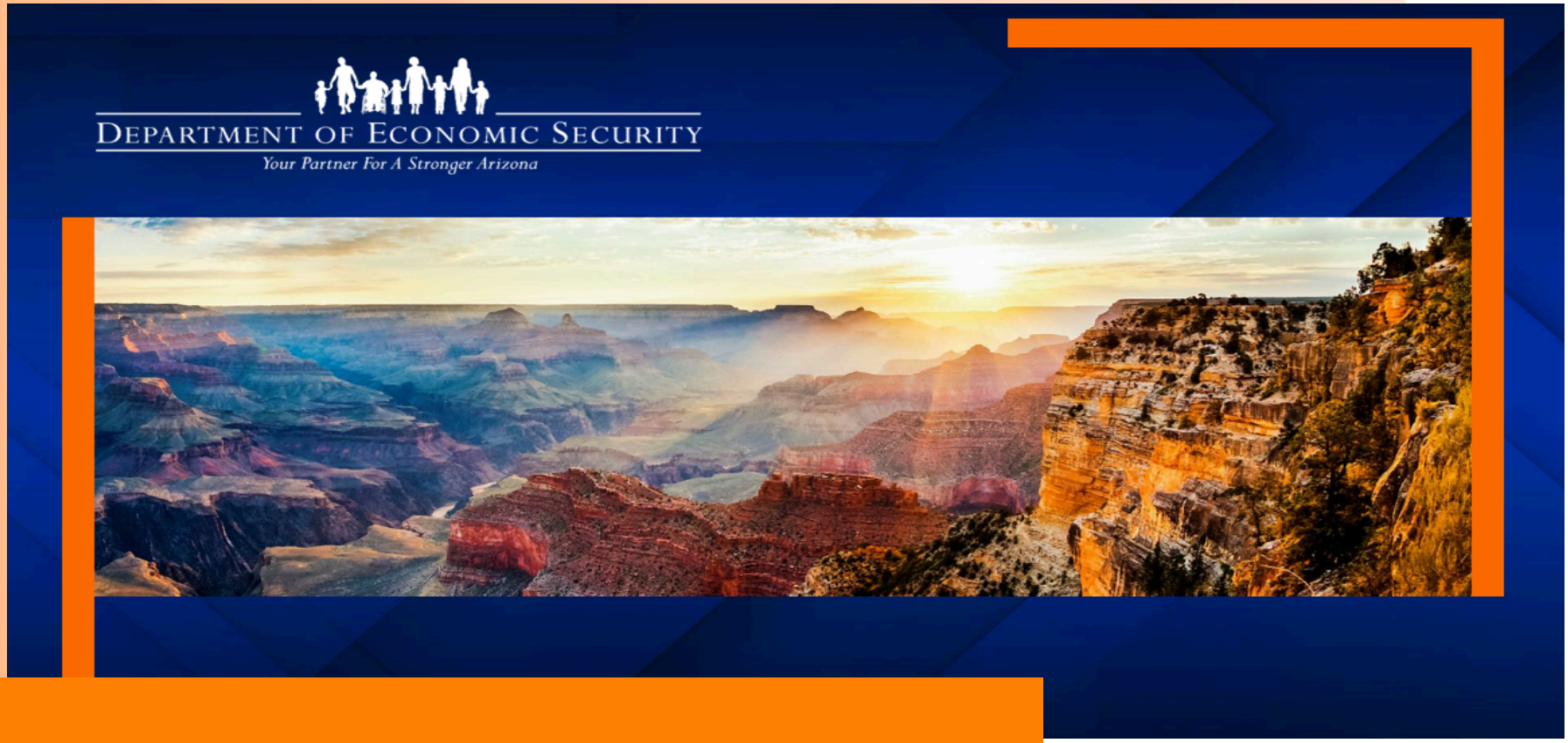
Division of Developmental Disabilities



Mercy Care

Operational Review

2024

Executive Summary
Draft Report
Prepared by the Division of Developmental Disabilities
Initial Date: May 16, 2024
Final Report Date June 19, 2024

Conducted by the Division of Developmental Disabilities Date: May 16, 2024

INTRODUCTION

The Division of Developmental Disabilities commenced an Integrated Contract to provide services and support for members enrolled in the ALTCS-DD Program as approved under the Arizona Revised Statutes (A.R.S.) § 36-2901. The Agency's mission is to empower individuals with developmental disabilities to lead self-directed, healthy, and meaningful lives. To achieve this mission, the Division regularly reviews its Contractors to ensure their operations and performance are in compliance with Federal and State law, rules and regulations; and the Division's Integrated Contract. The reviewers use a process approved by the Centers for Medicare and Medicaid Services (CMS) and comparable to reviews conducted by the Arizona Health Care Cost Containment System (AHCCCS).

The primary objectives of the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) review on the Health Plan 2024 Operational Review are to:

- Determine if the Contractor satisfactorily meets requirements as specified in the Contract, AHCCCS/Division policies, Arizona Revised Statute, the Arizona Administrative Code and 42 CFR Part 438, Managed Care,
- Increase knowledge of the Contractor's operational encounter processing procedures,
- Provide technical assistance and identify areas where improvements can be made, as well as identify areas of noteworthy performance and accomplishments,
- Review progress in implementing recommendations made during prior reviews,
- Determine if the Contractor is in compliance with its policies and to evaluate the effectiveness of those policies and procedures.

The Division conducted a virtual review of the Contractor from April 1, 2024, through April 4, 2024. This draft report is provided to the Contractor for review. The Contractor has one week to file a challenge to any findings it does not feel are accurate based on the evidence available at the time of review.

After this challenge period, the Division will issue the Final Report to the Contractor. 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 the Division determines in order to maintain the integrity of the process until all Contractors have been reviewed.

SCORING METHODOLOGY

The 2024 Operational Review is organized into Standard Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to thirteen Standard Areas. For the 2024 Operational Review, these Standard Areas are:

- Quality Improvement (QI)
- Corporate Compliance (CC)
- Claims and Information Systems (CIS)
- Delivery Systems (DS)
- General Administration (GA)
- Grievance Systems (GS)
- Integrated System of Health (ISOC)
- 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 2024 Operational Review.
Within each Standard are specific scoring detail criteria worth a defined percentage of the total possible score. The Division totals the percentages awarded for each scoring detail into the Standard's total score. Using the sum of all applicable Standard total scores, the Division 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 for which their total score is less than 95 percent.

Based on the findings of the review, one of three Required Corrective Action statements was 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 Division Integrated Health Plan contract.
The Contractor should…	This indicates non-compliance in an area that must be corrected to be in compliance with the Division Integrated IIHealth Plan 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 the operations of the Contractor, although it is not directly related to contract compliance.

SUMMARY OF FINDINGS

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 DDD following the established mechanisms.**	100%	None
CC 3 **The Contractor educates staff and the provider network on fraud, waste, and abuse.**	100%	None
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 = 98 % (982 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
Standard **CIS 2** **The Contractor's remittance advice to providers contains the minimum required information.**	91%	The Corrective Action must demonstrate compliance with the CIS 2 standard. The Contractor's remittance advice must contain the following: The reason(s) for denials and adjustments [some samples failed to include the remark codes]; specifically, the hospital claims quick pay discount and the addition of potential late payment penalty interest.
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 DDD-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.**	100%	None
CIS 6 **The Contractor accurately applies quick-pay discounts.**	100%	None
CIS 7 **The Contractor processes and pays all overturned claim disputes in a manner consistent with the decision within 15 business days of the decision.**	93%	The Contractor will supply the Notice of Decision for this sample, and address the 'clerical error' as to why the NOD was not kept during the regular course of business.

		The Corrective Action must demonstrate compliance with the CIS 7 standard. Overturned claim disputes must be processed in a manner consistent with the claim dispute decision within 15 business days of the decision. The Contractor must address its failure to retain documentation supporting Medicaid payments.
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 **The 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.**	98%	None

Delivery Systems (DS)	DS Standard Area Score = 100 % (1398 of 1400)

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 **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.**	100%	None
DS 6 **The Contractor does not prohibit or otherwise restrict a**	100%	None

provider from advising or advocating on behalf of a member who is his/her patient.		
DS 7 **The Contractor has a mechanism for tracking and trending provider inquiries that includes timely acknowledgment and resolution and taking systemic action as appropriate.**	100%	None
DS 8 **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.**	100%	None
DS 10 **The Contractor has a process for collecting, maintaining, updating, and reporting accurate demographic information on its provider network.**	100%	None
DS 11 **The Contractor's network analysis meets DDD 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
Standard **DS 13 (RBHA Only)**	N/A	
Standard **DS 14 (RBHA Only)**	N/A	
Standard	N/A	

DS 15 (RBHA Only – Not scored)		
Standard DS 16 The Contractor has an oversight process to ensure providers who employ Peer and Recovery Support Specialists (PRSS) have policies and procedures in place demonstrating PRSS meet qualification requirements, receive clinical and administrative supervision, and have continuing education and learning requirements available.	98%	None
Standard DS 17 The Contractor has an oversight process that ensures that providers are educated on the role of the Peer Run Organizations (PRO's) and Family Run Organizations (FRO's) and inform members on the availability of peer support and family support services at PRO's and FRO's.	100%	None

General Administration (GA)	GA Standard Area Score = 100 % (500 of 500)

Standard	Score	Required Corrective Actions
GA 1 **The Contractor has policies and procedures in place consistent with confidentiality requirements for medical records and any other health and member information that identifies a particular member.**	100%	None
GA 2 **The Contractor has policies and procedures for the maintenance of records and can provide those records, when requested.**	100%	None
GA 3 **The Contractor provides training to all staff on AHCCCS guidelines.**	100%	None
GA 4 **The Contractor develops, reviews, and maintains policies and procedures on policy development.**	100%	None
GA 5 **The Contractor has policies and procedures for oversight and accountability of all administrative functions and responsibilities delegated to Administrative Services Subcontractors.**	100%	None

Grievance Systems (GS)	GS Standard Area Score = 99 % (1687 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 **The Contractor continues or reinstates an enrollee's benefits when an appeal is pending under the appropriate circumstances as required by Federal Regulation.**	90%	The Contractor will not issue NOAs that show that services being terminated have a termination date prior to the NOA's date. If a service is being terminated, reduced, or suspended, the Contractor will issue an NOA at least ten days before the date the service authorization will expire, per ACOM policy 414. Additionally when continuation of service is requested the appropriate language indicating that a request for continued

		services has been made, will be used in the acknowledgment letter mailed.
GS 8 **The Contractor issues Notices of Appeal Resolution that include all information required by.**	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 Claim Dispute 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 acknowledgment of receipt.**	**97%**	**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
GS 17 **The Contractor shall have written policies delineating the Grievance System.**	100%	None

Integrated System of Health (ISOC)	ISOC Standard Area Score = 99% (2085 of 2100)

Standard	Score	Required Corrective Actions
ISOC 1 **The Contractor collaborates with the Arizona State Hospital (AzSH) prior to member discharge and for members who are conditionally released.**	100%	None
ISOC 2 **The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission to and members who are discharge-ready from AzSH.**	100%	None
ISOC 3 **The Contractor allows Primary Care Providers (PCPs) to provide behavioral health services within their scope of practice, including but not limited to referral/coordination with behavioral health providers of the MAT model to treat Substance Use Disorders for the purpose of medication management.**	100%	None
ISOC 4 **The Contractor ensures that members receive medically necessary behavioral health services.**	100%	None

ISOC 5 **The Contractor ensures the availability and provision of services to members diagnosed with or at risk for Autism Spectrum Disorder (ASD).**	100%	None
ISOC 6 **The Contractor employs care managers and ensures the provision of Contractor care management functions.**	100%	None
ISOC 7 **The Contractor ensures coordination and provision of appropriate services for members who are on court-ordered treatment.**	100%	None
ISOC 8 **The Contractor monitors members and services provided to members in out-of-state placement settings.**	100%	None
ISOC 9 **The Contractor has implemented processes for all outreach, engagement, re-engagement and closure activities for behavioral health services.**	100%	None

ISOC 10 **The Contractor ensures 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
ISOC 11 **The Contractor ensures the availability and implementation of Evidence-Based practices (EBPs) for Transition Aged Youth (TAY) ages 16-24.**	100%	None
ISOC 12 **The Contractor ensures the provision of Trauma Informed Care and Services**	85%	The Contractor must demonstrate how they monitor providers to ensure a sufficient and appropriate network of providers are certified in Trauma Informed Care. The Contractor must develop a way to verify providers that are certified in TIC. Recommend adding a related question in the credentialing process.
ISOC 13 **The Contractor promotes service delivery and network capacity for children age birth to five.**	100%	None
ISOC 14 **The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for youth.**	100%	None

ISOC 15 (All Plans except DCS/CHP) **The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for adults.**	100%	None
ISOC 16 **The Contractor ensures that members are routinely screened for risk factors related to Social Determinants of Health (SDOH) and that identified needs are addressed.**	100%	None
ISOC 17 **The Contractor ensures that behavioral health medical record requirements are completed in accordance with Division Policy.**	100%	None
ISOC 18 **The Contractor ensures that a current assessment and service plan have been completed within the previous 365 days and are part of the behavioral health medical record.**	100%	None
ISOC 19 **The Contractor promotes Arizona's Child and Family Team (CFT) practice model and Twelve Guiding Principles in the Children's System of Care, within all aspects of service delivery for all children.**	100%	None
ISOC 20 **The Contractor demonstrates integrated care efforts for members throughout all service delivery.**	100%	None

ISOC 21 **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

Adult, EPSDT & Maternal Child Health (MCH) MCH Standard Area Score = 100 % (1600 of 1600)

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 DDD minimum requirements.**	100%	None
MCH 2 **The Contractor ensures that pregnant members obtain initial prenatal care appointments, return visits, and receive ongoing prenatal care in accordance with ACOG standards and the AdSS Contractor Operations Manual (AdSS) Maternity Care Appointment Standards.**	100%	None
MCH 3 **The Contractor ensures postpartum care is provided as outlined in AdSS Policy 410.**	100%	None
MCH 4 **The Contractor ensures maternity care provided to pregnant and postpartum members with a substance use disorder follows ACOG recommendations**.	100%	None
MCH 5 **Family planning services and supplies are provided to members, regardless of gender, who voluntarily choose to delay or prevent pregnancy.**	100%	None
MCH 6 **The Contractor provides EPSDT 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 **The Contractor monitors provider compliance with providing EPSDT services.**	100%	None
MCH 9 **The Contractor ensures that oral health/dental services are provided according to the AdSS 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.**	100%	None

MCH 13 **The Contractor identifies and monitors the needs of EPSDT and Maternity members, coordinates their care, and conducts 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 AdSS Medical Policy Manual (AdSS).**	100%	None
MCH 16 **The Contractor has established accurate and up-to-date member outreach that operates with goals directed at achieving optimal outcomes that meet DDD minimum requirements for maternal, child, family planning, well-woman, oral, and behavioral health outcomes.**	100%	None

Medical Management (MM)	MM Standard Area Score = 98% (2266 of 2300)

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 implementation of changes as appropriate.**	100%	None
MM 2 **The Contractor has an effective, concurrent review process that includes a component for reviewing the medical necessity of institutional stays, including but not limited to Institutions for Mental Disease (IMD), Behavioral Health Settings, and Nursing Facilities.**	96%	.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.**	91%	The Contractor is to complete 3-day post-discharge phone calls on all discharges that are not to another facility.
MM 4 **Emergency Department (ED) Utilization and Monitoring of ED 24 Hours Post Medical Clearance.**	100%	None
MM 5 **The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.**	93%	The Contractor will ensure that the qualified person's credentials as a licensed provider are identified and documented in all prior authorizations.
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.**	99%	None
MM 9 **The Contractor develops or adopts and disseminates evidence-based 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 ensures that a Health Risk Assessment (HRA) is conducted to identify member behavioral and/or physical healthcare needs and members at risk for and/or with special healthcare 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.**	87%	The Contractor will need to demonstrate that all requirements are met for transplantation. The documentation needs to be clear that each candidate is evaluated for the psychosocial environment and appropriate plans generated to mitigate issues of adherence. The documentation also needs to be clear that each approval is based upon appropriate criteria rather than simply stated as an MDR.

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 outline a Drug Utilization Review (DUR) Program.**	100%	None
MM 16 **The Contractor identifies, monitors, and implements interventions to prevent the misuse of controlled and non-controlled medications.**	100%	None
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 does not deny emergency services.**	100%	None
MM 19 **The Contractor issues a Notice of Adverse Benefits determination to the member when a requested service has been denied, limited, suspended, terminated, or reduced.**	100%	None
MM 20 **The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.**	100%	None
MM 21 (ACC, DCS/CHP and RBHA Only) **The Contractor monitors nursing facility stays to assure that the length of stay does not exceed the 90 day per contract year limitation.**	N/A	
Standard MM 22 **The Contractor provides End of Life Care, Advanced Care planning, and Advanced Directives.**	100%	None

MM 23 **The Contractor provides the applicable Augmentative and Alternative Communication (AAC) Services, Supplies, and Accessories in addition, the Contractor completes the authorization in a timely manner.**	100%	None
MM 24 **The Contractor provides Augmentative and Alternative Communication (AAC) Services, Supplies, and Accessories, reviews authorization requests, and issues Notice of Extension and Notice of Adverse Benefit Determination appropriately.**	100%	None

Member Information (MI) MI Standard Area Score = 94 % (850 of 900)

Standard	Score	Required Corrective Actions
MI 1 **The Contractor's New Member Information/Welcome Packets meet DDD 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 trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.**	100%	None
MI 4 **The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.**	50%	The Contractor must revise policies, procedures, and/or systems to ensure members are provided written notice about the termination of a contracted provider, within the latter of 30 calendar days prior to the effective date of the provider termination or 15 calendar days after the receipt or issuance of

		the provider termination notice. The Contractor shall also provide evidence the updates to policies, procedures, and/or systems have resulted in compliance with scoring detail #3.
MI 5 **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 6 **The Contractor distributes, at a minimum, two member newsletters per contract year which contain the required member information.**	100%	None
MI 7 **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 8 **The Contractor submits to DDD 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 9 **The Contractor maintains policies on Social Networking.**	100%	None

Quality Management (QM)	QM Standard Area Score = 86 % (1210 of 1400)

Standard	Score	Required Corrective Actions
QM 1 **The Contractor has a structure and process in place for tracking and trending reportable incidents, quality-of-care concerns, and member service concerns for member/system resolution.**	100%	None
QM 2 **The Contractor has a structure and process in place for reportable incidents, quality-of-care concerns, and member 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.**	N/A	

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) **Contractor ensures that the staff providing attendant care, personal care, homemaker services, and habilitation services are monitored as outlined in Chapter 900.**	N/A	
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.**	100%	None
QM 8 **The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.**	80%	The Contractor must ensure and demonstrate that training is provided to all staff on how to identify and refer Quality of Care (QOC) concerns/issues to the Quality Management Department at the time of hire and annually thereafter.

QM 9 **The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes Quality Management policies reflective of DDD requirements including, but not limited to: Quality of Care, Credentialing, On-Site Reviews, etc.**	50%	Scoring Detail 1: The Contractor must update its QM policies and internal processes to reflect current Division and AMPM requirements. The Contractor must provide training to all QM staff on the updated policies and procedures after the policy and/or internal processes have been finalized and approved in accordance with the Contractor's policy revision standards. Training documentation shall be submitted to the Division that includes the updated policies, training materials, printed first and last name of all staff, title, and date of training received. The Contractor must provide evidence of implementation of these policy and procedure updates.
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.**	82%	Scoring Detail 2: The Contractor must ensure and demonstrate credentialing of temporary/provisional providers is in compliance with the Division contract and AdSS policies.
QM 13 **The Contractor ensures the credentialing and re-credentialing of Individual Providers.**	50%	The Contractor must ensure and demonstrate initial credentialing of individual providers is in compliance with Division contract and AdSS policies.

QM 14 **The Contractor ensures the credentialing and re-credentialing of organizational providers.**	65%	Scoring Detail 1:

		The Contractor must ensure and demonstrate initial credentialing of organizational providers is in compliance with Division contract and AdSS policies.
QM 15 **The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.**	95%	None
QM 16 **The Contractor has a structure and process in place for ensuring that Incident accident and death reports (IAD), Internal referrals (IRF), quality of care (QOC) concerns and seclusion and restraint (SAR) reports are properly redacted and made available to the Independent Oversight Committee (IOC).**	88%	The Contractor must ensure that Incident Accident and Death reports (IAD), Internal Referrals (IRF), Quality of Care (QOC) concerns and Seclusion and Restraint (SAR) reports are made available to the Independent Oversight Committee (IOC) within three (3) business days of completion. The Contractor must provide training to QM staff on approved policies and desktops for redaction and submission of IAD/IRF/QOC/SAR to the IOC. Training documentation is to be submitted to the Division that includes training materials, printed first and last name of QM staff, title, and date of training received. The Contractor must provide evidence of implementation of this policy.
QM 17 (ALTCS/EPD and DES/DDD Only) **The Contractor ensures that Home and Community Based settings as defined in the Arizona State Transition Plan available on the DDD website (www.azahcccs.gov/hcbs) are monitored annually in accordance to policy, by qualified staff**	N/A	

Reinsurance (RI)	RI Standard Area Score = 88 % (350 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 DDD 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 DDD of reinsurance overpayments against associated reinsurance encounters within 30 days of identification.**	50%	The submission “D RI 3 DP Reporting Overpayments” screenshots notification to the AHCCCS email. Given that the Division has a different email address, the procedure should include how DDD is notified in the same manner.

This process includes open or closed contract years and open or closed reinsurance cases.		
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 DDD, the Contractor reports that information to the DDD 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 or discuss the case with the third party unless the case has been referred to the Contractor by DDD, or by the DDD authorized representative: Restitution Recovery, Motor Vehicle Cases, Other Casualty Cases, Worker's Compensation, and Tortfeasors.**	100%	None
TPL 4 **The Contractor notifies the DDD authorized representative upon the identification of reinsurance or** fee-for-service payments made by DDD 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 the Division to ensure that no reinsurance or fee-for-service payments have been made by DDD.**	100%	None
TPL 7 **The Contractor shall submit complete settlement information to DDD, using the DDD-approved casualty recovery Notification of Settlement form within 10 business days from the settlement date, or on an DDD-approved electronic file by the 20th of each month.**	100%	None
TPL 8 **The Contractor shall respond to requests from DDD or DDD 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 = 96 % (575 of 600)

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 reviews, analyzes, and evaluates quality improvement data (performance measures, performance improvement projects, etc.) necessary for implementing and maintaining its Quality Management/Performance Improvement (QM/PI) Program.**	90%	The Contractor must maintain an appropriate PIP reporting structure, ensure the inclusion of the TARGETED INTERVENTIONS SPECIFIC TO SUBPOPULATION/DISPARITY ANALYSIS FINDINGS table present in the original AHCCCS template, and ensure it is completed with details of the Contractor's interventions in

		response to any identified subpopulation/disparity analysis findings.
QI 3 **The Contractor maintains the integrity of and appropriately shares quality improvement data (performance measures, performance improvement projects, etc.) necessary for implementing and maintaining its Quality Management/Performance Improvement (QM/PI) Program.**	100%	None
QI 4 **The Contractor conducts DDD-mandated and Contractor self-selected Performance Improvement Projects (PIPs) to assess the quality/appropriateness of its service provision and to improve overall performance.**	85%	*QI 4 Scoring Detail 5:* The Contractor must implement effective Study and Act phases and ensure that the subsequent PDSA cycles appropriately address the findings of the previous cycle. The PIP documentation must supply evidence of continuous improvement efforts through iterative and responsive PDSA cycles relevant to the population being addressed, with effectiveness confirmed through the performance rates and PIP report documentation including the PIP's PDSA or RCA-related addendums/supplements. The Act phase must be aligned with the Study phase and address what interventions will be started/adopted, modified/adapted, or terminated/aborted, with the data to support these decisions made on each intervention. The contractor must identify when it is appropriate to implement a new or updated root cause analysis in response to PDSA cycle outcomes, and changes in environmental factors, and ensure any root cause analysis appropriately enables the PDSA cycle to be effective. The Act phase should identify if a new or modified RCA is needed and if so the contractor must follow continuous improvement best practices in the next PDSA cycle by conducting the new/updated RCA as a "Plan" phase activity

		prior to finalizing and implementing the “Do” phase interventions. The contractor must ensure that PDSA cycles are appropriately developed and refined to address the needs of The Contractor’s DDD’s population, including RCAs that appropriately address DDD population-specific root causes when disparities have been identified.
QI 5 **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 6 **The Contractor participates in applicable community initiatives for each Medicaid line of business.**	100%	None