1010 MEDICAL MANAGEMENT ADMINISTRATIVE REQUIREMENTS

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REFERENCES: 42 § C.F.R. 438.102(a); 42 § C.F.R. 438.210(b)(3); 42 § C.F.R. 438.406(a)(2)(i); A.R.S. § 36-2907; A.R.S. § 36-2907(B); 9 A.A.C. 34; A.A.C. R9-22-201 et seq.; Section F3, Contractor Chart of Deliverables; ACOM 438; AMPM Policy 1020

PURPOSE

This policy outlines the Medical Management administrative requirements that are delegated to Administrative Services Subcontractors (AdSS) by the Division of Developmental Disabilities (Division).

DEFINITIONS

1. "Care Management" means a group of activities performed by the Division to identify and manage clinical interventions or alternative treatments for identified Members to reduce risk, cost, and help achieve better health care outcomes. Care Management does not include the day-to-day duties of service delivery.
2. "Corrective Action Plan" or "CAP" means a written work plan that

identifies the root cause(s) of a deficiency, includes goals and objectives, actions or tasks to be taken to facilitate an expedient return to compliance, methodologies to be used to accomplish CAP goals and objectives, and staff responsible to carry out the CAP within established timelines. CAPs are generally used to improve performance of the Division and its Providers, to enhance Quality Management and Process Improvement activities and the outcomes of the activities, or to resolve a deficiency.

3. “Grievance” means a complaint that the Member communicates to their health plan. It does not include a complaint for a health plan’s decision to deny or limit a request for services.
4. “Health Care Decision Maker” or “HCDM” means an individual who is authorized to make health care treatment decisions for a Member. As applicable to the situation, this may include a parent of an unemancipated minor or an individual lawfully authorized to make health care treatment decisions as specified in A.R.S. §§ Title 14, Chapter 5, Article 2 or 3; or A.R.S. §§ 8514.05,

36-3221, 36-3231 or 36-3281.

5. "Integrated Systems of Care" or "ISOC" means the coordination of physical and behavioral health care within the AHCCCS health care delivery system to ensure appropriate, adequate, and timely services for all Members.
6. "Inter-Rater Reliability" or "IRR" means the process of monitoring and evaluating qualified healthcare professional staff's level of consistency with decision making and adherence to clinical review criteria and standards.
7. "Medical Management" or "MM" means an integrated process or system that is designed to assure appropriate utilization of health care resources, in the amount and duration necessary to achieve desired health outcomes, across the Continuum of Care (CoC) from prevention to hospice.
8. "Medical Management Committee" or "MM Committee" means the AdSS's governing body responsible for MM functions and responsibilities. The MM Committee membership includes:

a. The AdSS's Medical Officer or designated Medical Director as the chairperson of the committee;
b. AdSS staff focused on Integrated Systems of Care (ISOC);
c. The AdSS's MM/Utilization Manager; and
d. Representatives from the functional areas within the AdSS.

9. "Medical Management Evaluation" or "MM Evaluation" means an annual written narrative assessment summary of the AdSS's previous year's MM Work Plan.

10. "Medical Management Program Plan" or "MM Program Plan" means the annual written narrative that describes the AdSS's planned methodology to meet or exceed the MM standards and requirements as specified in the AHCCCS Contract and in the policies found within AMPM Chapter 1000. The MM Program Plan includes the MM Evaluation and MM Work Plan.

11. "Medical Management Work Plan" or "MM Work Plan" means a description of the AdSS's goals, strategies, activities, and methodology for improvement using the Plan, Do, Study, Act (PDSA) Method, and Monitoring efforts related to the MM

Program requirements specified in policies within AMPM Chapter 1000 and AMPM 1010 Attachment B Work Plan Guide and Template.

12. “Member” means the same as “Client” as defined in A.R.S. § 36-551.
13. “Monitoring” means the process of auditing, observing, evaluating, analyzing, conducting follow-up activities, and documenting results.
14. “Plan, Do, Study Act (PDSA) Method” means a four step model to test a change that is implemented. Going through the prescribed four steps utilizing one or more PDSA cycles guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again.
15. “Prior Authorization” means the approval from a health plan required before a Member receives a service. This is not a promise that the health plan will cover the cost of the service.
16. “Provider” means any individual or entity contracted with the AdSS that is engaged in the delivery of services, or ordering or

referring for those services, and is legally authorized to do so by the State.

17. "Quality Management" or "QM" means the evaluation and assessment of Member care and services to ensure adherence to standards of care and appropriateness of services and can be assessed at a Member, Provider, or population level.

POLICY

A. MEDICAL MANAGEMENT (MM) PROGRAM PLAN

1. The AdSS shall develop a written MM Program Plan that:
    a. Details how program activities ensure the appropriate management of physical and behavioral health service delivery for enrolled Members;
    b. Meets the required elements listed in AMPM 1010, Attachment A - Medical Program Plan Checklist;
    c. Includes the MM Work Plan and MM Evaluation; and
    d. Includes the signature for the AdSS's Chief Medical Officer or designated Medical Director and approval date.

2. The AdSS shall submit the MM Program Plan annually, and any subsequent modifications, to the Division for review and approval prior to implementation.

3. The AdSS shall include the following components in the MM Program Plan:

    a. A description of the AdSS's administrative structure for oversight of its MM Program Plan, including the role and responsibilities of the following:

        a. The governing or policy-making body;

        b. The MM Committee;

        c. The AdSS Executive Management; and

        d. Required MM program staff.

    b. An organizational chart that delineates the reporting channels for MM activities and the relationship to the AdSS Chief Medical Officer and Executive Management.

    c. Documentation that the AdSS's governing or policy-making body has reviewed and approved the MM Program Plan.

d. Documentation that qualified, trained, and experienced personnel are employed by the AdSS to effectively carry out MM program functions and meet qualifications required by this policy.

e. The AdSS's specific MM goals and measurable objectives as required by AMPM Policy 1020.

f. Documentation of how the following processes are implemented and monitored to ensure quality and cost-effective care is provided to Members in compliance with state and federal regulations:

   i. MM Utilization Data Analysis and Data Management;

   ii. Concurrent Review;

   iii. Discharge Planning;

   iv. Prior Authorization;

   v. Inter-Rater Reliability;

   vi. Retrospective Review;

   vii. Clinical Practice Guidelines;

vii. New Medical Technologies and New Uses of Existing Technologies;

ix. Case Management/Care Coordination;

x. Disease/Chronic Care Management; and

xi. Drug Utilization Review.

g. The AdSS's method(s) for monitoring and evaluating its service delivery system and Provider network that demonstrates compliance with AMPM Policy 1020.

h. A description of how delegated activities are integrated into the overall Medical Management program and the methodologies for oversight and accountability of all delegated functions, as required by this policy.

i. Documentation of input into the medical coverage policies from the AdSS or affiliated Providers and Members.

j. A summary of the changes made to the AdSS' list of services requiring Prior Authorization and the rationale for those changes.

B. MM WORK PLAN

1. As part of the MM Program Plan, the AdSS shall develop a MM Work Plan that meets the following requirements:
   a. Is submitted using the format on the AMPM 1010 Attachment B - Work Plan Guide and Template;
   b. Supports the MM Program Plan goals and objectives;
   c. Includes goals that are quantifiable and attainable;
   d. Includes specific actions for improvement; and
   e. Incorporate a PDSA methodology for testing an action designed to result in a desired improvement in a specific area.
2. The AdSS shall follow the requirements in AMPM 970 for PDSA methodologies.

C. MM EVALUATION

1. As part of the MM Program Plan, the AdSS shall:
   a. Develop a written MM Evaluation of the effectiveness of the previous year's MM Work Plan;
   b. Obtain review and approval of the MM Evaluation from the AdSS's governing or policy-making body; and

c. Submit the MM Evaluation to the Division after being reviewed and approved by the Division's governing or policy-making body.

2. The AdSS shall include the following information in the MM Evaluation of the previous year's MM Work Plan:

a. A summary of the MM activities performed throughout the year with the following:

i. Title or name of each MM activity;

ii. Established goal and objective(s) related to each MM activity;

iii. Description of the AdSS's staff positions with role and responsibility of involvement in MM activities;

iv. Trends identified and the resulting actions implemented for improvement;

v. Rationale for actions taken or changes made; and

vi. A statement describing whether the goals or objectives were met.

b. Review, evaluation, and approval by the Division's MM Committee of any changes to the MM Program Plan and MM Work Plan.

D. MM ADMINISTRATIVE OVERSIGHT

1. The AdSS shall manage the MM program through administrative structure.
2. The AdSS's governing or policy-making body shall oversee and be accountable for the MM program.
3. The AdSS shall ensure ongoing communication and collaboration between the MM program and the other functional areas of the AdSS to include:
   a. Quality Management (QM);
   b. Member services; and
   c. Provider services.
4. The AdSS shall have an identifiable and structured MM Committee that is responsible for MM functions and responsibilities.

5. The AdSS shall require that MM Committee meeting agenda items and minutes reflect the presentation, discussion, and actions on MM issues and topics, if the MM Committee is combined with the AdSS's QM Committee.
6. The AdSS shall require the Chief Medical Officer as chairperson for the MM Committee, or the chairperson's designee, to be responsible for:
    a. Implementation of the MM Program Plan, MM Work Plan, and MM Evaluation; and
    b. Involvement in the assessment and improvement of MM activities.
7. The AdSS shall require the AdSS staff focused on Integrated Systems of Care (ISOC) to be responsible for involvement in the healthcare aspects of the MM Program.
8. The AdSS shall require MM Committee to:
    a. Follow requirements related to confidentiality and conflicts of interest with signed statements from MM Committee members on file; and

b. Document MM Committee member attendance in committee meeting minutes with confidentiality and conflicts of interest requirements noted.

9. The MM Committee shall meet at least quarterly to monitor all findings and required actions.

10. The MM Committee shall include the following information in meeting minutes:

    a. Data reported to the MM Committee;

    b. Analysis and recommendations made by the MM Committee; and

    c. If noted in the MM Committee meeting minutes, data may be attached to the MM Committee meeting minutes as separate documents.

11. The MM Committee shall make and discuss recommendations at MM Committee meetings.

12. The MM Committee shall review and update MM program objectives and policies annually and and when necessary by:

a. Documenting MM responsibilities for each MM function and activity;

b. Informing AdSS staff and their Providers of current MM requirements, policies, and procedures to allow for implementation that does not adversely impact Members;

c. Informing AdSS staff and Providers regarding performance, to include Provider profiling data; and

d. Providing MM policies and procedures, and any subsequent modifications upon request to the Division.

13. The AdSS shall staff the MM Committee with a sufficient number of qualified personnel to carry out the functions and responsibilities.

14. The AdSS shall develop staff requirements for education, experience, and training shall be developed for each MM position.

15. The AdSS shall provide training on the grievance process as part of new hire and annual staff training, to include~~s~~:

a. What constitutes a grievance;

b. How to report a grievance; and

c. The role of the AdSS's QM staff in grievance resolution.

16. The AdSS shall maintain a current organizational chart to show reporting channels and responsibilities MM staff.

17. The AdSS shall maintain and make available to the Division upon request records that document MM activities. The required documentation includes, but is not limited to:

    a. Policies and procedures;

    b. Reports;

    c. Practice guidelines;

    d. Standards for authorization decisions;

    e. Documentation resulting from clinical reviews:

        i. Concurrent review;

        ii. Retrospective review; and

        iii. Prior Authorization.

    f. Meeting minutes including analyses, conclusions, and actions required with completion dates;

g. Corrective Action Plans (CAPs) resulting from the evaluation of any component of the MM program; and

h. Other information and data deemed appropriate to support changes made to the scope of the MM Program Plan.

18. The AdSS shall have written policies and procedures that require:

a. Verification that information and data received from Providers is accurate, timely, and complete;

b. Review of reported data for accuracy, completeness, logic, and consistency;

c. Documentation of the processes used for reviewing and evaluating reported data;

d. Security and confidentiality of all Member and Provider information protected by Federal and State law;

e. Notification to appropriate parties of the MM requirements and updates, utilization data reports, and profiling results;

f. Identification of Provider trends and subsequent necessary corrective action regarding over or under utilization of services;

g. Quarterly evaluations and trending of internal appeal overturn rates;

h. Quarterly evaluations of the timeliness of service request decisions;

i. Annual evaluation and updates to the MM Program Plan; and

j. Annual review and analysis of Prior Authorization decision outcomes, including but not limited to, the rationale for requiring Prior Authorization for types of services such as high dollar, high risk, or case finding for care management.

E. REQUIREMENTS FOR HEALTHCARE PROFESSIONALS AND HEALTH CARE SERVICE DECISIONS

1. The AdSS, as specified in 42 § C.F.R. 438.210(b)(3), shall require qualified health care professionals, with appropriate

clinical expertise in treating the Member's condition or disease, to render decisions to:

a. Deny an authorization request based on medical necessity;
b. Authorize a request in an amount, duration, or scope that is less than requested; and
c. Make a decision involving excluded or limited services under A.R.S. § 36-2907(B) and A.A.C. R9-22-201 et seq., as specified in this policy.

2. The AdSS, as specified in 42 § C.F.R. 438.406(a)(2)(i) shall require qualified health care professionals, with appropriate clinical expertise in treating the Members' condition or disease, and who have not been involved in any previous level of decision making, to render decisions regarding the following:
    a. Appeals involving denials based on medical necessity;
    b. Grievances regarding denial of expedited resolution of an appeal; and
    c. Grievances and appeals involving clinical issues.

3. The AdSS shall require qualified health care professionals to have the appropriate clinical expertise to render decisions based on previously established Division contractor standards and clinical criteria for skilled and non-skilled services within their scope of practice.

4. The AdSS shall have written job descriptions with qualifications for the following qualified health care professionals who render decisions or review denials:

    a. Physician;
    b. Podiatrist;
    c. Optometrist;
    d. Chiropractor;
    e. Psychologist;
    f. Dentist;
    g. Physician assistant;
    h. Physical or occupational therapist;
    i. Speech-language pathologist;
    j. Audiologist;

k. Registered or practical nurse, to include:

   i. Nurse practitioner;

   ii. Clinical nurse specialist;

   iii. Certified registered nurse anesthetist; and

   iv. Certified nurse midwife.

l. Licensed social worker;

m. Registered respiratory therapist;

n. Licensed marriage and family therapist; and

o. Licensed professional counselor.

5. The AdSS shall make determinations involving excluded or limited services under A.R.S. § 36-2907 and A.A.C. R9-22-201 et seq.

6. The AdSS shall, when making medical necessity determinations:

   a. Use the assistance of a board-certified consultant; and

   b. Document evidence of working with a board-certified consultant.

7. The AdSS shall apply consistent standards, clinical criteria, and decisions that include:

    a. Inter-Rater Reliability (IRR) criteria;

    b. Monitoring of all staff involved in the Prior Authorization or concurrent review process; and

    c. A plan of action developed and implemented for staff who fail to meet the IRR standards of 90%.

8. The Division shall notify the following individuals, as applicable, of any decision to deny, limit, or discontinue authorization of services at least 10 days before the date of the action:

    a. The requesting Provider; and

    b. The Member; or

    c. Member’s authorized representative; or

    d. Medical power of attorney.

9. The AdSS shall include the required information specified in

ACOM 414 and 9 A.A.C. 34 in the notice to deny, limit, or discontinue authorization of services.

10. The AdSS shall provide access to staff for Members and Providers seeking information about the MM process and service authorizations.

F. HEALTH INFORMATION SYSTEM REQUIREMENTS

The AdSS shall maintain a health information system that collects, integrates, analyzes, and reports data necessary to implement its MM Program with data elements to include:

a. Member demographics;

b. Services provided to Members; and

c. Other information necessary to guide the selection of, and meet the data collection requirements for, improvement activities.

G. AdSS OVERSIGHT OF DELEGATED MM FUNCTIONS

1. The AdSS shall oversee and maintain accountabilities for all MM

functions or responsibilities that are delegated to other entities.

2. The AdSS shall submit the delegated agreement on Attachment A - Administrative Services Subcontract Checklist, as specified in ACOM 438, to the Division for review and approval.

3. The AdSS shall keep documentation on file for Division review, that demonstrates and confirms the following requirements have been met for all delegated functions:

   a. An executed written agreement that:

      i. Specifies the delegated MM activities and reporting responsibilities of the entity to the AdSS; and

      ii. Includes provisions for revocation of the delegation or imposition of sanctions for inadequate performance.

   b. The AdSS's evaluation of the entity's ability to perform the delegated activities prior to executing a written agreement for delegation.

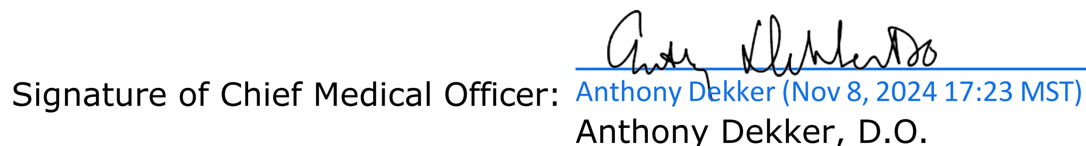
c. Oversight and monitoring of the performance of the delegated entity and the quality of services provided on an ongoing basis and formally reviewed annually.

H. COMPENSATION AND ADVOCACY FOR SERVICE PROVISION

The AdSS shall ensure:

a. Compensation to persons or organizations conducting prior or prospective authorization, and concurrent or retrospective review activities are not structured so as to provide inappropriate incentives for selection, denial, limitation or discontinuation or authorization of services.

b. Providers are not prohibited from advocating on behalf of Members within the service provision process.



Signature of Chief Medical Officer: Anthony Dekker (Nov 8, 2024 17:23 MST)
Anthony Dekker, D.O.