

# Division of Developmental Disabilities



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*



**2022  
Mercy Care  
Operational Review**

Conducted by the Division of Developmental Disabilities

Revised Final Report

July 13 2022 (July 8, 2022)

## **INTRODUCTION**

The Division of Developmental Disabilities commenced an Integrated Contract to provide services and supports 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. As a component of achieving 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 2021 Operational Review are to:

- Determine if the Contractor satisfactorily meets requirements as specified in 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 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

The Division conducted a virtual review of the Contractor from **March 28, 2022, through March 31, 2022**. This Final Report is provided to the Contractor for review. The Contractor has a period of one week in which to file a challenge to any findings it does not feel are 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 in order to maintain the integrity of the process until all Contractors have been reviewed.

## **SCORING METHODOLOGY**

The 2022 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 2022 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)
- 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 2022 Operational Review. Within each Standard are specific scoring detail criteria worth a defined percentage of the total possible score. The Division that 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 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 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 Health 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 operations of the Contractor, although it is not directly related to contract compliance.

**SUMMARY OF FINDINGS**

<b>Corporate Compliance (CC)</b>		<b>CC Standard Area Score = 80% (399 of 500)</b>
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>
<p><b>CC 1</b> The Contractor has an operational Corporate Compliance program including a work plan that details compliance activities.</p>	100%	None
<p><b>CC 2</b> The Contractor and its subcontractors have a process for identifying suspected cases of FWA and for reporting all the suspected fraud, waste, and abuse referrals to AHCCCS OIG following the established mechanisms.</p>	66%	The Contractor must adhere to the required 10-day timeframe for notifying AHCCCS OIG of FWA. The Contractor must ensure processes align with AdSS Operations Policy 103
<p><b>CC 3</b> The Contractor educates staff and the provider network on fraud, waste, and abuse.</p>	33%	<ol style="list-style-type: none"> <li>1) Include specific information to all trainings provided to employees and providers related to Corporate Compliance and FWA on Whistleblower law.</li> <li>2) Specify in contact information on how to report suspected FWA when alleged FWA is in Maricopa County or outside of Maricopa County. The contact information must be same in all documents for employee training, internal and external educational materials, newsletter and/or compliance related information bulletins, policies and procedures</li> </ol>
<p><b>CC 4</b> 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.</p>	100%	None

<p><b>CC 5</b></p> <p>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.</p>	100%	None
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<b>Claims and Information Systems (CIS)</b>		
<b>CIS Standard Area Score = 100% (1000 of 1000)</b>		
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>
<b>CIS 1</b> The Contractor has a mechanism in place to inform providers of the appropriate place to send claims.	100%	None
<b>CIS 2</b> The Contractor's remittance advice to providers contains the minimum required information.	100%	None
<b>CIS 3</b> The Contractor has a process to identify claims where the Contractor is or may be a secondary payor prior to payment.	100%	None
<b>CIS 4</b> The Contractor has DDD and AHCCCS compliant policies and procedures for the recoupment of overpayments and adjustments for underpayments.	100%	None
<b>CIS 5</b> The Contractor pays applicable interest on all claims, including overturned claim disputes.	100%	None
<b>CIS 6</b> The Contractor accurately applies quick-pay discounts.	100%	None
<b>CIS 7</b> The Contractor processes and pays all overturned claim disputes in a manner consistent with the decision within 15 business days of the decision.	100%	None

<b>CIS 8</b> 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 DDD line of business.	100%	None
<b>CIS 9</b> Contractor has a process to identify resubmitted claims and a process to adjust claims for data corrections or revised payment.	100%	None
<b>CIS 10</b> 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



<b>Delivery Systems (DS)</b>		<b>DS Standard Area Score = 79% (1341 of 1700)</b>
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>
<b>DS 1</b> The Contractor has sufficient staffing in place to ensure providers receive assistance and appropriate, prompt resolution to their problems and inquiries.	100%	None
<b>DS 2</b> The Contractor determines, monitors, and adjusts the number of members assigned to each PCP.	100%	None
<b>DS 3</b> Provider Services Representatives are adequately trained.	100%	None
<b>DS 4</b> 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
<b>DS 5</b> 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
<b>DS 6</b> The Contractor does not prohibit or otherwise restrict a provider from advising or advocating on behalf of a member who is his/her patient.	75%	The Contractor must revise 'R DS6 MC Provider Manual General Terms 4 09' to include all health care and not only apply to behavioral health care.

<p><b>DS 7</b> The Contractor has a mechanism for tracking and trending provider inquiries that includes timely acknowledgement and resolution and taking systemic action as appropriate.</p>	<p>100%</p>	<p>None</p>
<p><b>DS 8</b> The Contractor refers members to out of network providers if it is unable to provide requested services in its network.</p>	<p>100%</p>	<p>None</p>
<p><b>DS 9</b> The Contractor develops, distributes, and maintains a provider manual, and makes its providers and subcontractors aware of its availability.</p>	<p>66%</p>	<p>1) The Contractor must revise requirement number 15 in the provider manual. The request of a PCP roster is not discussed using the terms or the elements laid out in the requirement. 2) The Contractor must revise requirement number 30 in the provider manual. The prescribing and monitoring portion does delineate psychotropic medications but does not mention opioid medications under the same standards.</p>
<p><b>DS 10</b> The Contractor has a process for collecting, maintaining, updating, and reporting accurate demographic information on its provider network.</p>	<p>100%</p>	<p>None</p>
<p><b>DS 11</b> The Contractor's network analysis meets the Division's requirements for evaluating member geographic access to care.</p>	<p>100%</p>	<p>None</p>
<p><b>DS 12</b> The Contractor has a process for determining if there has been a material change that could affect the adequacy of capacity and services.</p>	<p>100%</p>	<p>None</p>

<p><b>DS 13 (RBHA Only)</b>                  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 block grant funding requirement notifications, communication to providers of prohibited uses of block grant funding, tracking of provider audits, including Single Audits, and follow-up on findings.</p>	<p>N/A</p>	
<p><b>DS 14 (RBHA Only)</b>                  Contractor performed provider block grant monitoring activities and had evidence of the following:</p> <ul style="list-style-type: none"> <li>• Comprehensive provider SABG and MHBG policies and procedures;</li> <li>• SABG and MHBG activities were monitored to ensure funds were expended for authorized purposes;</li> <li>• Block grant funds tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS.</li> </ul>	<p>N/A</p>	
<p><b>DS 15 (RBHA Only)</b>                  The Contractor has identified the means to ensure any Peer/Recovery Support Specialists, employed within their network, have adequate access to continuing education specific to the practice of peer support.</p>	<p>N/A</p>	
<p><b>DS 16</b>                  The Contractor has identified the means to ensure any supervisors of Peer/Recovery Support Specialists, employed within their network, have adequate access to ongoing education specific to the practice of peer support.</p>	<p>100%</p>	<p>None</p>

<p><b>DS 17</b> 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.</p>	100%	None
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<b>General Administration (GA)</b>		<b>GA Standard Area Score = 100% (300 of 300)</b>	
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>	
<b>GA 1</b> The Contractor has policies and procedures for the maintenance of records and can provide those records, when requested.	100%	None	
<b>GA 2</b> The Contractor provides training to all staff on AHCCCS and Division guidelines.	100%	None	
<b>GA 3</b> The Contractor maintains a policy on policy development.	100%	None	

Grievance Systems (GS) <span style="float: right;">GS Standard Area Score = 97% (1652 of 1700)</span>		
Standard	Score	Required Corrective Actions
<b>GS 1</b> The Contractor issues and carries out appeal decisions within required timeframes.	80%	The Contractor must demonstrate that all expedite appeal resolutions are provided with oral notification. The oral notification should be documented in the member file.
<b>GS 2</b> Contractor policies for appeal allow for providers to file on behalf of a member if the member has given their consent.	100%	None
<b>GS 3</b> The Contractor has a process for the intake and handling of member appeals that are filed orally.	100%	None
<b>GS 4</b> 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
<b>GS 5</b> The Contractor ensures that the individuals who make decisions on appeals are appropriately qualified.	100%	None
<b>GS 6</b> The Contractor has a process for internal communication and coordination when an appeal decision is reversed.	100%	None
<b>GS 7</b> The Contractor continues or reinstates an enrollee's benefits when an appeal is pending under the appropriate circumstances as required by Federal Regulation.	100%	None

<p><b>GS 8</b> The Contractor issues Notices of Appeal Resolution that includes all information required by the Division.</p>	<p>72%</p>	<ol style="list-style-type: none"> <li>1) The Contractor will incorporate language into their Notice of Appeal Resolution stating that if the member, and with the written consent of the member an authorized representative (excluding a provider) wishes to request the continuation of benefits while the appeal and state fair hearing are pending, such request must occur on or before the later of the following timely filing requirement (1) within ten (10) calendar days of the plan mailing the notice of adverse benefit Determination or (2) the intended effective date of the plan's proposed adverse benefit determination.</li> <li>2) The Contractor will incorporate language into their Notice of Appeal Resolution stating that the Enrollee has the right to request a State Fair Hearing no later than 90 days after the date the enrollee receives the notice of appeal resolution and how to do so.</li> </ol>
<p><b>GS 9</b> 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.</p>	<p>100%</p>	<p>None</p>

<p><b>GS 10</b> The Contractor's member appeal policies allow for, and require notification of the member of, all rights granted under rule.</p>	100%	None
<p><b>GS 11</b> The Contractor maintains claim dispute records.</p>	100%	None
<p><b>GS 12</b> The Contractor logs, registries, or other written records include all the contractually required information.</p>	100%	None
<p><b>GS 13</b> The Contractor confirms all provider claim disputes with a written acknowledgement of receipt.</p>	100%	None
<p><b>GS 14</b> Requests for hearing received by the Contractor follows the timeframe and notice requirements.</p>	100%	None
<p><b>GS 15</b> 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.</p>	100%	None
<p><b>GS 16</b> The Contractor's grievance process follows the timeframe and written notice requirements.</p>	100%	None
<p><b>GS 17</b> The Contractor shall have written policies delineating the Grievance System.</p>	100%	None



<b>Adult, EPSDT and Maternal Child Health (MCH)</b>		<b>MCH Standard Area Score = 100% (1900 of 1900)</b>	
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>	
<b>MCH 1</b> 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	
<b>MCH 2</b> 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	
<b>MCH 3</b> The Contractor ensures postpartum care is provided for a period of up to 57 days after delivery.	100%	None	
<b>MCH 4</b> The Contractor ensures pregnancy and postpartum care provided to women with a substance use disorder follows ACOG recommendations	100%	None	
<b>MCH 5</b> Family planning services are provided to members who voluntarily choose to delay or prevent pregnancy.	100%	None	
<b>MCH 6</b> The Contractor provides EPSDT/well-child services according to the AHCCCS EPSDT Periodicity Schedule.	100%	None	
<b>MCH 7</b> The Contractor monitors provider compliance with providing EPSDT services.	100%	None	

<p><b>MCH 8</b> The Contractor monitors provider compliance with providing EPSDT services.</p>	<p>100%</p>	<p>None</p>
<p><b>MCH 9</b> The Contractor ensures that oral health/dental services are provided according to the AHCCCS Medical Policy Manual and the AHCCCS Dental Periodicity Schedule.</p>	<p>100%</p>	<p>None</p>
<p><b>MCH 10</b> 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.</p>	<p>100%</p>	<p>None</p>
<p><b>MCH 11</b> 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.</p>	<p>100%</p>	<p>None</p>
<p><b>MCH 12</b> The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.</p>	<p>100%</p>	<p>None</p>
<p><b>MCH 13</b> 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.</p>	<p>100%</p>	<p>None</p>

<p><b>MCH 14</b> The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.</p>	<p>100%</p>	<p>None</p>
<p><b>MCH 15</b> The Contractor ensures that women’s preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM).</p>	<p>100%</p>	<p>None</p>
<p><b>MCH 16</b> 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.</p>	<p>100%</p>	<p>None</p>
<p><b>MCH 17</b> The Contractor ensures that behavioral health medical records requirements are completed in accordance with Policy</p>	<p>100%</p>	<p>None</p>
<p><b>MCH 18</b> 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.</p>	<p>100%</p>	<p>None</p>
<p><b>MCH 19</b> The Contractor ensures that members who are in foster care receive medically necessary behavioral health services</p>	<p>100%</p>	<p>None</p>

<b>Medical Management (MM)</b>		<b>MM Standard Area Score= 91% (3468 of 3800)</b>	
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>	
<p><b>MM 1</b> The Contractor shall have mechanisms to evaluate utilization data analysis and data management, including both underutilization and overutilization of services and implement changes if appropriate.</p>	100%	None	
<p><b>MM 2</b> 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 Setting and Nursing Facilities.</p>	85%	The Contractor must develop a method to ensure there is consistent documentation of clinical criteria used to make decision determinations and identification of the next review date.	
<p><b>MM 3</b> 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.</p>	89%	The Contractor needs to demonstrate that the member/caregiver is getting notified timely with discharge instructions, including follow up PCP and/or specialist appointment seven days post discharge. Even though letters are being sent after three repeated unsuccessful phone contacts, the contractor needs to ensure receipt of letter and compliance of follow up appointment seven days post discharge.	
<p><b>MM 4 (All Plans except CMDP)</b> 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).</p>	100%	None	
<p><b>MM 5</b> The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission and members who are discharge ready from AzSH.</p>	100%	None	

<p><b>MM 6</b> The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.</p>	<p>97%</p>	<p>None</p>
<p><b>MM 7</b> The Contractor has a comprehensive inter-rater reliability (IRR) testing process to ensure consistent application of criteria for clinical decision making.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 8</b> The Contractor conducts retrospective reviews.</p>	<p>80%</p>	<p>The Contractor must demonstrate that retrospective reviews contain documentation of the criteria used to make medical necessity determinations</p>
<p><b>MM 9</b> The Contractor develops or adopts and disseminates clinical practice guidelines for physical and behavioral health services.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 10</b> The Contractor evaluates new technologies and new uses for existing technologies.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 11</b> 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.</p>	<p>100%</p>	<p>None</p>

<p><b>MM 12</b> The Contractor coordinates care for members with qualifying Children’s Rehabilitative Services (CRS) conditions.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 13</b> The Contractor identifies and coordinates care for members who are candidates for stem cell or solid organ transplants.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 14</b> The Contractor promotes health maintenance and coordination of care through Disease/Chronic Care Management Programs.</p>	<p>50%</p>	<ol style="list-style-type: none"> <li>1) The Contractor must have measurable outcomes for their Disease/Chronic Care Management plan with a focus on member self-management that is specific to the special health care needs of the DDD population.</li> <li>2) The Contractor must document in the MM Committee Meeting minutes the outcomes for the Disease/Chronic Care Management program that are specific to the DDD population and implement changes to the program based on the Committee’s recommendations.</li> </ol>
<p><b>MM 15</b> The Contractor has a system and process that outlines a Drug Utilization Review (DUR) Program.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 16</b> The Contractor identifies, monitors, and implements interventions to prevent the misuse of controlled and non-controlled medications.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 17</b> The Contractor facilitates coordination of services being provided to member when the member is transitioning between Contractors.</p>	<p>97%</p>	<p>None</p>

<p><b>MM 18</b> 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.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 19</b> The Contractor ensures that members receive medically necessary behavioral health services.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 20</b> The Contractor does not deny emergency services.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 21</b> 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.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 22</b> The Contractor's MM program includes administrative requirements for oversight and accountability for all MM functions and responsibilities that are delegated to other entities.</p>	<p>100%</p>	<p>None</p>

<p><b>MM 23</b> The Contractor demonstrates that services are delivered in compliance with Mental Health Parity</p>	<p>70%</p>	<p>The Contractor must demonstrate on-going parity analysis <u>when there is a change in the Contractor's operations that may affect parity compliance</u> including but not limited to:</p> <ul style="list-style-type: none"> <li>• Changes to Financial Requirements (FRs) or QTLs,</li> <li>• Changes to Benefit Packages, utilization requirements, covered services, or service delivery structures (e.g., change in subcontractors performing administrative functions),</li> <li>• Substantive changes to policies or procedures of the Contractor (or subcontractors performing administrative functions on the Contractor's behalf) that impact benefit coverage, access to care for provider contracting. &gt;&gt;&gt; If the plan outlined in CYE 2022 MM Plan is implemented and followed regarding requiring a review for mental health parity concerns with each contract amendment and policy change, the only corrective action required is to provide evidence that this element of the CYE 2022 MM Plan is being followed. If this process is removed from the CYE 2022, MM Plan, the Contractor will need to submit a new policy or procedure that outlines the plan for on-going review for mental health parity concerns for all contract amendments and policy changes and supply evidence that the new policy/procedure is being followed.</li> </ul>
<p><b>MM 24</b> The Contractor employs care managers to perform Contractor care management functions.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 25 (ACC and RBHA Plans only)</b> The Contractor monitors nursing facility stays to assure that the length of stay does not exceed the 90 day per contract year limitation.</p>	<p>N/A</p>	



<p><b>MM 26</b> The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 27 (ACC, ALTCS/EPD and RBHA only)</b> 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.</p>	<p>N/A</p>	
<p><b>MM 28</b> The Contractor establishes processes for ensuring coordination and provision of appropriate services for members transitioning from the justice system</p>	<p>100%</p>	<p>None</p>
<p><b>MM 29</b> The Contractor establishes processes for ensuring coordination and provision of appropriate services for members who are on court ordered treatment.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 30</b> The Contractor has a process to monitor members and services provided to members in out-of-state placement settings.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 31</b> The Contractor has implemented processes for all outreach, engagement, Re-Engagement, and closure activities for behavioral health services.</p>	<p>100%</p>	<p>None</p>

<p><b>MM 32</b> 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)).</p>	<p>100%</p>	<p>None</p>
<p><b>MM 33</b> 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.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 34</b> The Contractor has a mechanism to ensure the provision of Trauma Informed Care Services, including routine trauma screenings and ensuring sufficient capacity of Trauma Informed Care (TIC) certified therapists.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 35</b> The Contractor has a mechanism to promote service delivery and network capacity for children age birth to five.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 36</b> 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.</p>	<p>100%</p>	<p>None</p>

<p><b>MM 37</b> The Contractor provides the applicable Augmentative and Alternative Communication (AAC) Services, Supplies, and Accessories in addition, the Contractor completes the prior authorization in a timely manner.</p>	<p>100%</p>	<p>None</p>
<p><b>MM 38</b> The Contractor provides Augmentative and Alternative Communication (AAC) Services, Supplies, and Accessories, reviews prior authorization requests, and issues Notice of Extension and Notice of Adverse Benefit Determination appropriately.</p>	<p>100%</p>	<p>None</p>

<b>Member Information (MI)</b>		<b>MI Standard Area Score = 94% (941 of 1000)</b>	
<b>Standard</b>	<b>Score</b>	<b>Required Corrective Actions</b>	
<b>MI 1</b> The Contractor's New Member Information Packets meet AHCCCS/Division for content and distribution.	100%	None	
<b>MI 2</b> The Contractor notifies members that they can receive a new member handbook annually.	100%	None	
<b>MI 3</b> The Contractor assesses PCP capacity and evaluates it prior to assigning new members.	80%	The Contractor must develop a policy or process addressing the consideration of quality-of-care concerns prior to assigning new members.	
<b>MI 4</b> The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	100%	None	
<b>MI 5</b> The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	61%	The Contractor must revise policies, procedures, and/or systems to ensure member are notified timely when a frequently used provider leaves their network	
<b>MI 6</b> The Contractor notifies affected members of material changes to network and/or operations at least 30 days before the effective date of the change.	100%	None	
<b>MI 7</b> The Contractor distributes at a minimum two member newsletters per contract year which contain the required member information.	100%	None	

<p><b>MI 8</b> 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.</p>	<p>100%</p>	<p>None</p>
<p><b>MI 9</b> The Contractor submits to 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.</p>	<p>100%</p>	<p>None</p>
<p><b>MI 10</b> The Contractor maintains policies on Social Networking.</p>	<p>100%</p>	<p>None</p>

Quality Management (QM) QM Standard Area Score = 66% (989 of 1500)		
Standard	Score	Required Corrective Actions
<p><b>QM 1</b></p> <p>The Contractor has a structure and process in place for quality-of- care, abuse/complaint tracking and trending for member/system resolution.</p>	89%	<p>Scoring Detail 2: The Contractor must provide policies, procedures, and desktops that address the following:</p> <ul style="list-style-type: none"> <li>Documentation demonstrating that investigation and resolution of Non-reportable QOCs are processed timely based on the nature and severity of each case or as requested by the Division and/or AHCCCS.</li> <li>The Contractor must provide training to QM staff on the approved and updated policies. 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.</li> </ul> <p>Scoring Detail 3: Refer to QM 4 Required Corrective Action regarding Mortality processes</p>
<p><b>QM 2</b></p> <p>The Contractor has a structure and process in place for quality-of- care, abuse/complaint tracking and trending for system improvement.</p>	34%	<p>The Contractor must provide policies, processes, and desktop protocols to ensure all requirements of the QM 2 Scoring Details are met. The Contractor must provide training to all applicable QM staff on the updated policies, processes, and desktop protocols after the policy and/or internal processes has 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.</p>
<p><b>QM 3</b></p> <p>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.</p>	N/A	<p>Interviews</p>
<p><b>QM 4</b></p> <p>The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.</p>	60%	<p>The Contractor must develop specific Mortality Review processes, update policies, procedures and desktops and submit the following to the Division for review:</p> <ul style="list-style-type: none"> <li>Scoring Detail 1 - A clear process to assess and review mortality cases and identify potential quality of care concerns.</li> </ul>

		<ul style="list-style-type: none"> <li>Scoring Detail 5 - A process to refer Mortality and adverse cases to the Contractor's Peer Review Committee when there is evidence that the care or service did not meet the community standard of care.</li> </ul> <p>The Contractor must provide training to all applicable QM staff on the updated policies, processes, and desktop protocols after the policy and/or internal processes has 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.</p>
<p><b>QM 5 (Not applicable to DDD Subcontractors)</b></p> <p>Contractor ensures that the staff providing attendant care, personal care, homemaker services, and habilitation services are monitored as outlined in Chapter 900.</p>	<p>N/A</p>	
<p><b>QM 6</b></p> <p>The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.</p>	<p>80%</p>	<p>The Contractor must provide policies, processes, and desktop protocols to ensure appropriate facility oversight and monitoring (including behavioral health residential treatment facilities). The Contractor must provide training to all applicable QM staff on the updated policies, processes, and desktop protocols after the policy and/or internal processes has 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.</p>

<p><b>QM 7</b> 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.</p>	<p>88%</p>	<p>Scoring Detail 1 - The Contractor must provide policies, procedures, and desktops that address the following:</p> <ul style="list-style-type: none"> <li>• Documentation demonstrating that investigation and resolution of member concerns are processed timely based on the nature and severity of each case or as requested by the Division and/or AHCCCS.</li> <li>• The Contractor must provide training to QM staff on the approved and updated policies. 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.</li> </ul>
<p><b>QM 8</b> The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.</p>	<p>75%</p>	<p>Scoring Detail 1 The Contractor must submit documentation to support team members in the Key Staff Position, Quality Management Manager, meet all requirements outlined in the DDD contract. The Contractor must submit to the Division a list of all Key Staff Positions.</p>
<p><b>QM 9</b> The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes Quality Management policies reflective of AHCCCS/Division requirements including, but not limited to: Quality of Care, Credentialing, On-Site Reviews, etc.</p>	<p>50%</p>	<ol style="list-style-type: none"> <li>1. The Contractor must update its QM policies and internal processes to reflect current Division and AMPM requirements.</li> <li>2. The Contractor must provide training to all QM staff on the updated policies and procedures after the policy and/or internal processes has 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.</li> <li>3. The Contractor must provide evidence of implementation of these policy and procedure updates.</li> </ol>



<p><b>QM 10</b> The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process..</p>	<p>70%</p>	<p>The Contractor must update the Peer Review process to include the following requirements:</p> <ul style="list-style-type: none"> <li>• Peer Review meets at least once per quarter,</li> <li>• Peer Review activities are carried out in a specific peer review committee or in executive sessions,</li> <li>• Committee members signing a confidentiality statement prior to participating in a committee meeting,</li> </ul> <p>The Contractor must submit the updated process to the Division along with evidence that all Peer Review Committee members have a signed confidentiality statement. The Contractor must provide training to all applicable QM staff on the updated policies, processes, and desktop protocols after the policy and/or internal processes has 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.</p>
<p><b>QM 11</b> The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.</p>	<p>80%</p>	<p>The Contractor must update its QM policies and internal processes to reflect current Division and AMPM requirements to reflect performance monitoring data is included in the re-credentialing decision making process for providers. This data set includes at a minimum: Member concerns which include grievances (complaints) and appeals information, Information from identified adverse events (Risk Management, sentinel events), Utilization Management information, Performance Improvement, and monitoring (medical record reviews, PIPs &amp; PMs) and Contractor quality issues. The Contractor must provide training to all QM staff on the updated policies and procedures after the policy and/or internal processes has 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.</p> <p>The Contractor must ensure performance monitoring data included in the re-credentialing decision making process for providers is clearly</p>

		documented.
<p><b>QM 12</b></p> <p>The Contractor has a process to grant provisional credentialing which meets the AHCCCS/Division required timelines.</p>	100%	None
<p><b>QM 13</b></p> <p>The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network.</p>	97%	None
<p><b>QM 14</b></p> <p>The Contractor has a process for verifying credentials of all organizational providers.</p>	100%	None
<p><b>QM 15</b></p> <p>The Contractor has a structured Quality Management Program that includes administrative requirements for oversight and accountability for all functions and responsibilities described in AdSS Medical Policy Chapter 900 that are delegated to other entities.</p>	66%	<p>Scoring Detail 2 - The Contractor must provide evidence delegated entities are monitored at least annually and meets or exceeds the Division requirements for whatever function they are delegated to perform. (AHCCCS/Division standards are the minimum standards that must be met). Evidence shall include:</p> <ul style="list-style-type: none"> <li>• Annual Summary Reports for all delegated entities</li> <li>• An updated DMOC Charter</li> <li>• Updated policies, procedures, and desktops. Provide training to QM staff on the approved and updated policies and desktops. 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.</li> </ul>

Reinsurance (RI)		RI Standard Area Score = 94% (375 of 400)	
Standard	Score	Required Corrective Actions	
<p><b>RI 1</b></p> <p>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.</p>	75%	The Contractor must demonstrate training for personnel on AdSS Chapter 5000 and revise appropriate procedures to reference how transplant cases are opened, tracked, and monitored by the Division.	
<p><b>RI 2</b></p> <p>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.</p>	100%	None	
<p><b>RI 3</b></p> <p>The Contractor has identified a process for advising DDD 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.</p>	100%	None	
<p><b>RI 4</b></p> <p>The Contractor has policies and procedures for monitoring the appropriateness of the reinsurance revenue received against paid claims data.</p>	100%	None	

Third Party Liability (TPL)		TPL Standard Area Score = 100% (800 of 800)	
Standard	Score	Required Corrective Actions	
<p><b>TPL 1</b> 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.</p>	100%	None	
<p><b>TPL 2</b> The Contractor identifies the existence of potentially liable parties through the use of trauma code edits and other procedures.</p>	100%	None	
<p><b>TPL 3</b> The Contractor does not pursue recovery on the case unless the case has been referred to the Contractor by AHCCCS, or by the DDD authorized representative: Restitution Recovery, Motor Vehicle Cases, Other Casualty Cases, Worker's Compensation, and Tortfeasors.</p>	100%	None	
<p><b>TPL 4</b> 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.</p>	100%	None	
<p><b>TPL 5</b> The Contractor files liens on total plan casualty cases that exceed \$250</p>	100%	None	

<p><b>TPL 6</b> Prior to negotiating a settlement on a total plan case, the Contractor shall notify DDD to ensure that no reinsurance or fee-for-service payments have been made by DDD.</p>	<p>100%</p>	<p>None</p>
<p><b>TPL 7</b> 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.</p>	<p>100%</p>	<p>None</p>
<p><b>TPL 8</b> 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.</p>	<p>100%</p>	<p>None</p>

Quality Improvement (QI) QI Standard Area Score = 94% (940 of 1000)		
Standard	Score	Required Corrective Actions
<b>QI 1</b> The Contractor and its governing body are accountable for all Quality Management/Performance Improvement (QM/PI) program functions.	100%	None
<b>QI 2</b> The Contractor has the appropriate staff employed to carry out Quality Management/Performance Improvement (QM/PI) Program Quality Improvement administrative requirements.	100%	None
<b>QI 3</b> The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes administrative requirements related to policy development.	80%	1) The Contractor must demonstrate it reviews and revises its QM/PI policies at least annually. 2) The Contractor must provide training to all QM staff on the updated policies and procedures after the policy and/or internal processes has 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.
<b>QI 4</b> 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.	80%	Scoring Detail 2: The Contractor must address the identified concerns noted within the scoring detail and reviewer comments; however, a formal corrective action plan specific to the following QI scoring detail will not be required as information related to the Contractor's health information system is monitored by other AHCCCS functional areas and is now being evaluated by AHCCCS' External Quality Review Organization (EQRO) as part of the newly implemented Performance Measure Validation process. Ensure note of this concern is documented within the Contractor's CAP matrix

<p><b>QI 5</b> 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.</p>	<p>80%</p>	<p>The Contractor must update their policies, workflows and internal procedures to ensure and demonstrate it internally reviews and evaluates its health information system data for accuracy, completeness, logic, and consistency.</p>
<p><b>QI 6</b> 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.</p>	<p>10010%</p>	<p>None</p>
<p><b>QI 7</b> The Contractor conducts analysis related to DDD-mandated and Contractor self-selected Performance Improvement Projects (PIPs) to assess the quality/appropriateness of its service provision and to improve overall performance.</p>	<p>100%</p>	<p>None</p>
<p><b>QI 8</b> 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.</p>	<p>100%</p>	<p>None</p>
<p><b>QI 9</b> 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.</p>	<p>100%</p>	<p>None</p>

<b>QI 10</b> The Contractor participates in applicable community initiatives for each Medicaid line of business.	100%	None
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