

Division of Developmental Disabilities



UnitedHealthcare Community Plan of Arizona Operational Review 2022

Final Report

Date: April 21, 2022

Conducted by the Division of Developmental Disabilities

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 February 7, 2022 through February 10, 2022. A copy of the draft report was provided to the Contractor on March 24, 2022 for review. The Contractor was given one week to file a challenge to any findings it did not feel were accurate based on the evidence available at the time of review.

This final report represents any changes made as a result of this request. Upon issuance of the report, the Contractor is required to maintain the confidentiality of the information, including the standard criteria and findings of the Review Team 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 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 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:

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| 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 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

| Corporate Compliance (CC) | | | CC Standard Area Score = 67% (333 of 500) |
|---|--------------|--|--|
| Standard | Score | Required Corrective Actions | |
| CC 1 The Contractor has an operational Corporate Compliance program including a work plan those details compliance activities. | 100% | None | |
| CC 2 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. | 33% | <ol style="list-style-type: none"> 1. The Contractor must have a process notify AHCCCS OIG/DDD of suspected FWA in writing within 10 days of discovery. 2. The Contractor must have a process and data to indicate any review of allegations that were not reported to AHCCCS OIG were resolved internally | |
| CC 3 The Contractor educates staff and the provider network on fraud, waste, and abuse. | 0% | <ol style="list-style-type: none"> 1. The Contractor must update all training materials, policies and/or procedures containing AHCCCS FWA reporting mechanisms to include the phone numbers both inside and outside of Maricopa County for both members and providers as well as AHCCCS' OIG email for technical assistance related to fraud, waste, and abuse. 2. The Contractor must update all training materials containing include administrative remedies for false claims and statements, state laws relating to civil or criminal penalties for false claims or statements, and whistleblower and protections under such laws. | |
| 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 | |

| Corporate Compliance (CC) | | CC Standard Area Score = 67% (333 of 500) |
|--|--------------|--|
| Standard | Score | Required Corrective Actions |
| 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 = 84% (842 of 1000) |
|--|-------|--|
| Standard | Score | Required Corrective Actions |
| CIS 1 The Contractor has a mechanism in place to inform providers of the appropriate place to send claims. | 100% | None |
| CIS 2 The Contractor's remittance advice to providers contains the minimum required information. | 100% | None |
| CIS 3 The Contractor has a process to identify claims where the Contractor is or may be a secondary payor prior to payment. | 100% | None |
| CIS 4 The Contractor has DDD and AHCCCS compliant policies and procedures for the recoupment of overpayments and adjustments for underpayments. | 100% | None |
| CIS 5 The Contractor pays applicable interest on all claims, including overturned claim disputes. | 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. | 100% | None |
| 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 DDD line of business. | 100% | None |
| CIS 9 Contractor has a process to identify resubmitted claims and a | 67% | The Contractor must demonstrate compliance with adjusting claims without recoupment of the previously paid amount. |

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| <p>processto adjust claims for data corrections or revised payment.</p> | | |
| <p>CIS 10 The Contractor has a process to ensure that all contracts/agreements are loaded accurately and timely and pays non-contracted providersas outlined in statute.</p> | <p style="text-align: center;">75%</p> | <p>The Contractor must ensure it has policies and procedures auditing the contract loading process for accuracy of payment against hard copy contracts with accurate up to date information.</p> |

| Delivery Systems (DS) | | DS Standard Area Score = 68% (1157 of 1700) | |
|---|--------------|---|--|
| Standard | Score | Required Corrective Actions | |
| DS 1 The Contractor has sufficient staffing in place to ensure providers receive assistance and appropriate, prompt resolution to the problems and inquiries. | 100% | None | |
| DS 2 The Contractor determines, monitors, and adjusts the number of members assigned to each PCP. | 67% | The Contractor must revise the policy 'D MI3_Policy_903' to align with the current AdSS Operations Manual 417 Appointment Availability, Transportation Timeliness, Monitoring, and Reporting standards. | |
| 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. | 85% | The Contractor must revise its Policy 937 Minimum Subcontract Provision to include requirement(s) under its contract with the Division including amending its subcontracts as required when the Division makes changes to the Minimum Subcontractor provisions. | |
| 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 provider from advising or advocating on behalf of a member who is his/her patient. | 75% | The Contractor must revise 'D DS6 Policy 900' to include all health care and not only apply to behavioral health care. | |

| Delivery Systems (DS) | | DS Standard Area Score = 68% (1157 of 1700) |
|---|-------|---|
| Standard | Score | Required Corrective Actions |
| <p>DS 7 The Contractor has a mechanism for tracking and trending provider inquiries that includes timely acknowledgement and resolution and taking systemic action as appropriate.</p> | 100% | None |
| <p>DS 8 The Contractor refers members to out of network providers if it is unable to provide requested services in its network.</p> | 50% | The Contractor must ensure that out-of-network referrals are made in accordance with appointment standards. |
| <p>DS 9 The Contractor develops, distributes, and maintains a provider manual, and makes its providers and subcontractors aware of its availability.</p> | 100% | None |

| Delivery Systems (DS) DS Standard Area Score = 68% (1157 of 1700) | | |
|---|-------|--|
| Standard | Score | Required Corrective Actions |
| DS 10 The Contractor has a process for collecting, maintaining, updating, and reporting accurate demographic information on its provider network. | 80% | The Contractor must revise 'D DS10 SOP_PAT_Process' to reflect the current file format being submitted to the Division. |
| DS 11 The Contractor's network analysis meets the Division's requirements for evaluating member geographic access to care. | 0% | <ol style="list-style-type: none"> 1. The Contractor must revise their policies and procedure to reflect current AdSS 436 Network Standards policy. 2. The Contractor must provide documentation demonstrating proper usage of split zip code counties for their time and distance calculations. |
| DS 12 The Contractor has a process for determining if there has been a material change that could affect the adequacy of capacity and services. | 100% | None |
| DS 13 (RBHA Only) The Contractor has comprehensive policies and procedures and has provided evidence that they actively monitored their own and the provider's operations to ensure they have properly adhered to the requirements of 2 CFR Part 200 to include 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. | N/A | None |

| Delivery Systems (DS) | | |
|---|--------------|------------------------------------|
| DS Standard Area Score = 68% (1157 of 1700) | | |
| Standard | Score | Required Corrective Actions |
| <p>DS 14 (RBHA Only) Contractor performed provider block grant monitoring activities and has evidence of the following:</p> <ul style="list-style-type: none"> Comprehensive provider SABG and MHBG policies and procedures; SABG and MHBG activities were monitored to ensure funds were expended for authorized purposes; Block grant funds tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS. | N/A | None |
| <p>DS 15 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> | N/A | None |
| <p>DS 16 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> | 100% | None |

| Delivery Systems (DS) | | DS Standard Area Score = 68% (1157 of 1700) |
|--|-------|---|
| Standard | Score | Required Corrective Actions |
| <p>DS 17 The Contractor has ensured that provider sites where provider casemanagement 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 |

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

| Grievance Systems (GS) GS Standard Area Score = 98% (1669 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. | 97% | 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. | 100% | None |

| Grievance Systems (GS) | | | GS Standard Area Score = 98% (1669 of 1700) | | |
|---|--------------|--|--|--|--|
| Standard | Score | Required Corrective Actions | | | |
| <p>GS 8 The Contractor issues Notices of Appeal Resolution that includes all information required by the Division.</p> | 72% | <ol style="list-style-type: none"> 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 filling 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. 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. | | | |
| <p>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.</p> | 100% | None | | | |
| <p>GS 10 The Contractor's member appeal policies allow for, and require notification of the member of, all rights granted under rule.</p> | 100% | None | | | |
| <p>GS 11 The Contractor maintains claim dispute records.</p> | 100% | None | | | |

| Grievance Systems (GS) GS Standard Area Score = 98% (1669 of 1700) | | |
|---|-------|-----------------------------|
| Standard | Score | Required Corrective Actions |
| GS 12 The Contractor logs, registries, or other written records include all the contractually required information. | 100% | None |
| GS 13 The Contractor confirms all provider claim disputes with a written acknowledgement of receipt. | 100% | None |
| GS 14 Requests for hearing received by the Contractor follows the timeframe and notice requirements. | 100% | None |
| GS 15 The Contractor resolves claim disputes and mails written Notice of Decisions no later than 30 days after receipt of the dispute unless an extension is requested or approved by the provider. | 100% | None |
| GS 16 The Contractor's grievance process follows the timeframe and written notice requirements. | 100% | None |
| GS 17 The Contractor shall have written policies delineating the Grievance System. | 100% | None |

| Adult, EPSDT and Maternal Child Health (MCH) | | MCH Standard Area Score = 100% (1900 of 1900) |
|--|--------------|--|
| Standard | Score | Required Corrective Actions |
| <p>MCH 1 The Contractor has established a maternity care program that operates with goals directed at achieving optimal birth outcomes that meet AHCCCS minimum requirements.</p> | 100% | None |
| <p>MCH 2 The Contractor ensures that pregnant members obtain initial prenatal care appointments and return visits, in accordance with ACOG standards, along with ensuring members receive appointments according to the AHCCCS Contractor Operations Manual (ACOM) Maternity Care Appointment Standards.</p> | 100% | None |

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

| Adult, EPSDT and Maternal Child Health (MCH) | | MCH Standard Area Score = 100% (1900 of 1900) |
|--|-------|---|
| Standard | Score | Required Corrective Actions |
| MCH 7 The Contractor monitors provider compliance with providing EPSDT services. | 100% | None |
| MCH 8 The Contractor monitors provider compliance with providing EPSDT services. | 100% | None |

| Adult, EPSDT and Maternal Child Health (MCH) | | MCH Standard Area Score = 100% (1900 of 1900) |
|--|-------|---|
| Standard | Score | Required Corrective Actions |
| <p>MCH 9 The Contractor ensures that oral health/dental services are provided according to the AHCCCS Medical Policy Manual and the AHCCCS Dental Periodicity Schedule.</p> | 100% | None |
| <p>MCH 10 The Contractor ensures providers participate with the Arizona State Immunization Information System (ASIS) and Vaccine for Children (VFC) programs according to the state and federal requirements.</p> | 100% | None |
| <p>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.</p> | 100% | None |
| <p>MCH 12 The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.</p> | 100% | None |

| Adult, EPSDT and Maternal Child Health (MCH) | | MCH Standard Area Score = 100% (1900 of 1900) |
|---|-------|---|
| Standard | Score | Required Corrective Actions |
| <p>MCH 13 The Contractor has policies and procedures to identify the needs of EPSDT members, coordinate their care, conduct adequate follow up to verify that members receive timely and appropriate treatment.</p> | 100% | None |
| <p>MCH 14 The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.</p> | 100% | None |

| Adult, EPSDT and Maternal Child Health (MCH) | | MCH Standard Area Score = 100% (1900 of 1900) |
|---|-------|---|
| Standard | Score | Required Corrective Actions |
| MCH 15 The Contractor ensures that women’s preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM). | 100% | None |
| MCH 16 The Contractor has established member outreach that operates with goals directed at achieving optimal outcomes that meet AHCCCS minimum requirements for maternal, child, family planning, well woman, oral, and behavioral health outcomes. | 100% | None |
| MCH 17 The Contractor ensures that behavioral health medical records requirements are completed in accordance with Policy | 100% | None |

| Adult, EPSDT and Maternal Child Health (MCH) | | MCH Standard Area Score = 100% (1900 of 1900) |
|---|-------|---|
| Standard | Score | Required Corrective Actions |
| MCH 18 The Contractor ensures that a current treatment/assessment/service plan has been completed within the previous 365 days and is part of the behavioral health medical record. | 100% | None |
| MCH 19 The Contractor ensures that members who are in foster care receive medically necessary behavioral health services | 100% | None |

| Medical Management (MM) | | MM Standard Area Score = 86% (3263 of 3800) |
|--|--------------|---|
| Standard | Score | Required Corrective Actions |
| MM 1 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. | 100% | None |
| MM 2 The Contractor has an effective concurrent review process which includes a component for reviewing the medical necessity of institutional stays, including but not limited to Institution for Mental Disease (IMD), Behavioral Health Institutional Setting and Nursing Facilities. | 64% | The Division appreciates the daily discharge report sent by the Contractor on a daily basis. However, the Contractor must demonstrate that there is an improved early identification of discharge challenges and documentation of collaboration with Support Coordination. Discharge planning needs to start with the initial concurrent review and continue to be coordinated throughout the member's stay. The Division has recently revised AdSS 1020 which is in the final approval process. The expectation would be for DDD to be actively involved in these types of discharges. The Contractor must provide an improved process to collaborate effectively with the Division. |
| 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. | 82% | The Contractor must comply with the policies and procedures for proactive discharge planning with an emphasis on post discharge appointments and follow up calls. |
| MM 4 (All Plans except CMDP) The Contractor collaborates with the Arizona State Hospital (AzSH) prior to member discharge and for members who are conditionally released under the authority of the Psychiatric Security Review Board (PSRB). | 100% | None |
| MM 5 The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission and members who are discharge ready from AzSH. | 50% | The Contractor needs to develop a policy outlining discharge care coordination for civil commitments to the state hospital. The information submitted refers to members under the jurisdiction of the PSRB. |

| Medical Management (MM) | | MM Standard Area Score = 86% (3263 of 3800) |
|--|--------------|--|
| Standard | Score | Required Corrective Actions |
| MM 6 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements. | 95% | 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. | 20% | 1. The Contractor must revise policies and procedures for conducting retrospective reviews including adding state fair hearings as a criterion for review. 2. The Contractor must comply with policies and procedures for retrospective review. |
| MM 9 The Contractor develops or adopts and disseminates clinical practice guidelines for physical and behavioral health services. | 100% | None |
| MM 10 The Contractor evaluates new technologies and new uses for existing technologies. | 100% | None |
| MM 11 The Contractor conducts a Health Risk Assessment (HRA) to identify member health care needs and members at risk for and/or with special health care needs. | 60% | The Contractor must provide graphs, numbers, or proof of monitoring of: <ol style="list-style-type: none"> 1. Members with special health care needs have direct access to specialist(s). 2. Quality and appropriateness of care furnished to members with special health care needs. Refer to DDD DMPM 1023 Disease Chronic Care Management – screenings and assessments to identify high risk behavioral health or emerging health issues coordination of treatment as appropriate with ADSS. |

| Medical Management (MM) MM Standard Area Score = 86% (3263 of 3800) | | |
|---|-------|-----------------------------|
| Standard | Score | Required Corrective Actions |
| MM 12 The Contractor coordinates care for members with qualifying Children’s Rehabilitative Services (CRS) conditions. | 100% | None |
| MM 13 The Contractor identifies and coordinates care for members who are candidates for stem cell or solid organ transplants. | 100% | None |
| MM 14 The Contractor promotes health maintenance and coordination of care through Disease/Chronic Care Management Programs. | 100% | None |
| MM 15 The Contractor has a system and process that outlines a Drug Utilization Review (DUR) Program. | 100% | None |
| MM 16 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. | 99% | None |
| MM 18 The Contractor allows primary care providers to provide behavioral health services within their scope of practice including but not limited to Substance Use Disorders, Anxiety, Depression and Attention Deficit Hyperactivity Disorder (ADHD) for the purpose of medication management. | 100% | None |
| MM 19 The Contractor ensures that members receive medically necessary behavioral health services. | 100% | None |

| Medical Management (MM) MM Standard Area Score = 86% (3263 of 3800) | | |
|---|-------|--|
| Standard | Score | Required Corrective Actions |
| MM 20 The Contractor does not deny emergency services. | 100% | None |
| MM 21 The Contractor issues a Notice of Adverse Benefits (NOA) determination to the member when a requested service has been denied, limited, suspended, terminated, or reduced. | 100% | None |
| MM 22 The Contractor's MM program includes administrative requirements for oversight and accountability for all MM functions and responsibilities that are delegated to other entities | 100% | None |
| MM 23 The Contractor demonstrates that services are delivered in compliance with Mental Health Parity. | 100% | None |
| MM 24 The Contractor employs care managers to perform Contractor care management functions. | 85% | The contractor must submit evidence of monitoring, and the results of such monitoring, regarding the effectiveness of services for members with Opioid Use Disorders (OUD). |
| MM 25 (ACC and RBHA Plans only) The Contractor monitors nursing facility stays to assure that the length of stay does not exceed the 90 day per contract year limitation. | N/A | None |
| MM 26 The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives. | 33% | <ol style="list-style-type: none"> 1. The Contractor must revise policies and procedures to include language from AMPM 310-HH. 2. The Contractor must have tracking to measure training and completion of staff education on End of Life (EOL) care. |
| MM 27 (ACC, ALTCS/EPD and RBHA only) The Contractor maintains collaborative relationships with other government entities that deliver services to members and their families, ensures access to services, and coordinates care with consistent quality. | N/A | None |

| Medical Management (MM) | | MM Standard Area Score = 86% (3263 of 3800) |
|---|--------------|--|
| Standard | Score | Required Corrective Actions |
| MM 28 (All Plans except CMDP) The Contractor establishes processes for ensuring coordination and provision of appropriate services for members transitioning from the justice system | 100% | None |
| MM 29 The Contractor establishes processes for ensuring coordination and provision of appropriate services for members who are on court-ordered treatment. | 100% | None |
| MM 30 The Contractor has a process to monitor members and services provided to members in out-of-state placement settings. | 100% | None |
| MM 31 The Contractor has implemented processes for all outreach, engagement, Re-Engagement, and closure activities for behavioral health services. | 100% | None |
| MM 32 The Contractor has policies and procedures to ensure the availability and timely delivery of generalist direct support providers and specialty providers to deliver flexible, in-home, community based support and rehabilitation services (Meet Me Where I Am Services (MMWIA)). | 75% | Related to Scoring Detail 3, the Contractor must demonstrate evidence of monitoring MMWIA service timeliness and implementing strategy for addressing the lack of timely availability. Meet Me Where I Am (MMWIA) services as stated in HP contract page 153: "The Contractor shall ensure that behavioral health providers comply with and use the AHCCCS Behavioral Health Practice Tools (AMPM Chapter 200)." |
| MM 33 The Contractor has a mechanism to ensure the implementation of evidence-based practices (EBPs) and the ability to track program implementation for Transition Aged Youth (TAY) ages 16-24. | 100% | None |

| Medical Management (MM) | | MM Standard Area Score = 86% (3263 of 3800) | |
|---|--------------|--|--|
| Standard | Score | Required Corrective Actions | |
| <p>MM 34 The Contractor has a mechanism to ensure the provision of TraumaInformed Care Services, including routine trauma screenings and ensuring sufficient capacity of Trauma Informed Care (TIC) certifiedtherapists.</p> | 100% | None | |
| <p>MM 35 The Contractor has a mechanism to promote service delivery andnetwork capacity for children age birth to five.</p> | 100% | None | |
| <p>MM 36 The Contractor has a mechanism to utilize substance use disorder(SUD) screening tools to identify youth with SUD and refer to SUDspecialty services as appropriate.</p> | 100% | None | |
| <p>MM 37 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> | 100% | None | |
| <p>MM 38 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> | 100% | None | |

| Member Information (MI) | | MI Standard Area Score = 92% (917 of 1000) |
|--|-------|--|
| Standard | Score | Required Corrective Actions |
| MI 1 The Contractor's New Member Information Packets meet AHCCCS/Division for content and distribution. | 100% | None |
| MI 2 The Contractor notifies members that they can receive a new memberhandbook annually. | 100% | None |
| MI 3 The Contractor assesses PCP capacity and evaluates it prior to assigning new members. | 100% | None |
| MI 4 The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints. | 67% | The Contractor must provide a copy of their policy demonstrating monitoring of phone inquiries to ensure members are assisted according to Contractor's policy. |
| MI 5 The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network. | 72% | The Contractor must revise policies, procedures, and/or systems to ensure member are notified timely when a frequently used provider leaves their network. The Contractor is reminded that all related processes must be included within the specific standard it applies to. Some documents may need to be included in the submissions for one or more standards |
| MI 6 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 |
| MI 7 The Contractor distributes at a minimum two member newsletters per contract year which contain the required member information. | 100% | None |
| MI 8 The Contractor's Member Services, Transportation, and Prior Authorization staff has access to, and utilizes, appropriate mapping search engines and/or applications when scheduling appointments and/or referring members to services or service providers. | 100% | None |

| Member Information (MI) | MI Standard Area Score = 92% (917 of 1000) | |
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| <p>MI 9 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> | 100% | None |
| <p>MI 10 The Contractor maintains policies on Social Networking.</p> | 100% | None |

| Quality Management (QM) QM Standard Area Score = 62% (923 of 1500) | | |
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| Standard | Score | Required Corrective Actions |
| <p>QM 1 The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for member/system resolution.</p> | 88% | <p>Scoring Detail 2: The Contractor must provide policies, procedures, and desktops that address the following:</p> <ul style="list-style-type: none"> • Documentation demonstrating follow up monitoring when a Provider is on a Corrective Action Plan. • Documentation demonstrating evidence of QM staff follow-up monitoring of placement settings & service sites upon completion of activities & interventions to ensure compliance is sustained. • Documentation demonstrating evidence that if Interventions were not sustained, issues were elevated to QM Medical Director or Designee for resolution. • 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. <p>Scoring Detail 3: Refer to QM 4 Required Corrective Action regarding Mortality processes.</p> <p>Scoring Detail 4: The Contractor must provide policies, procedures, and desktops that address the following:</p> <ul style="list-style-type: none"> • The Contractor must provide training to QM staff on when IAD/IRFs are determined to not be a QOC concern, the Contractor informed the submitter of the process to be used to resolve the concern. Training documentation is to be submitted to AHCCCS 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. |

| Quality Management (QM) QM Standard Area Score = 62% (923 of 1500) | | |
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| Standard | Score | Required Corrective Actions |
| <p>QM 2 The Contractor has a structure and process in place for quality-of- care, abuse/complaint tracking and trending for system improvement.</p> | 56% | <p>Scoring Detail 2 - 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.</p> <p>Scoring Detail 3 - The Contractor must ensure and demonstrate the Contractor incorporates successful interventions into the Quality Management (QM) program or assigns new interventions/approaches when necessary.</p> <p>Scoring Detail 5 - The Contractor must develop a process to analyze and evaluate the data from the system to determine any trends related to the quality of care in the Contractor’s service delivery system or provider network. The Contractor must submit the updated process to the Division for review. The Contractor must provide training to QM staff on the approved updated process for analyzing QM related data. 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.</p> <p>Scoring Detail 7 - The Contractor must update its policies and training material to reflect current AMPM requirements. The Contractor must submit the updated policy for the Division review regarding proactive care coordination for</p> |

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| | | members with multiple complaints or concerns. The Contractor must provide training to all staff on the approved updated policies and procedures. Training documentation is to be submitted to the Division that includes training materials, printed first and last name of all staff, title, and date of training received. The Contractor must provide evidence of implementation of this policy |
| 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 | None, individual QM staff interviews |
| QM 4 The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement. | 40% | The Contractor must develop specific Mortality Review processes, update policies, procedures and desktops and submit the following to the Division for review: <ul style="list-style-type: none"> • Scoring Detail 2 - A clear process to ensure that mortality reviews identified as potential quality of care concerns are referred to their Quality Management department for investigation and resolution. • Scoring Detail 3 - A clear process to investigate adverse outcomes, including mortalities, due to prescribing issues or failure of the provider to check the Controlled Substances Prescription Monitoring Program (CSPMP), to coordinate care with other prescribers, refer for substance use treatment or pain management. • Scoring Detail 5 - A process to refer Mortality 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. |
| QM 5 (Not applicable to DDD Subcontractors) Contractor ensures that the staff providing attendant care, personal care, homemaker services, and habilitation services are monitored as outlined in Chapter 900. | N/A | None |

| Quality Management (QM) | | | QM Standard Area Score = 62% (923 of 1500) |
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| <p>QM 6 The Contractor ensures that residential settings (including behavioralhealth residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.</p> | 100% | None | |
| <p>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.</p> | 75% | <ol style="list-style-type: none"> 1. The Contractor must demonstrate it reviews/revises QM policies and internal processes (desk aides, SOP, etc.) at least annually. 2. The Contractor must update its QM policies, internal processes, and training materials to reflect current Division and AMPM requirements (including but not limited to Policy 960, Attachment D – Individuals with Intellectual Disabilities Investigation Training). 3. 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>QM 8 The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.</p> | 50% | <ol style="list-style-type: none"> 1. Scoring Detail 1 – The Contractor must submit documentation to support team members in Key Staff Positions of Quality Management Manager and Maternal Child Health (MCH)/EPSDT Coordinator meet all requirements outlined in the DDD contract. The Contractor must submit to the Division a list of all Key Staff Positions. 2. Scoring Detail 3 – The Contractor must ensure and demonstrate staff are trained 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. | |

| Quality Management (QM) QM Standard Area Score = 62% (923 of 1500) | | |
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| Standard | Score | Required Corrective Actions |
| <p>QM 9 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> | 0% | <ol style="list-style-type: none"> 1. Scoring Detail 1 & 2 – The Contractor must demonstrate it reviews/revises QM policies and internal processes (desk aides, SOP, etc.) at least annually. The Contractor must update its QM policies, internal processes, and training materials to reflect current Division and AMPM requirements. 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. |
| <p>QM 10 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.</p> | 70% | <ol style="list-style-type: none"> 1. The Contractor must update the Peer Review process to include the following requirements: <ul style="list-style-type: none"> • Peer Review is used to analyze and address clinical and non-clinical issues, • Peer Review activities are carried out in a specific peer review committee or in executive sessions, • Committee members signing a confidentiality statement prior to participating in a committee meeting, • Making documentation available to the Division when requested for purposes of quality management. 2. The Contractor must submit the updated process to the Division along with evidence that all Peer Review Committee members have a signed confidentiality statement. |
| <p>QM 11 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.</p> | 96% | None |
| <p>QM 12 The Contractor has a process to grant provisional credentialing which meets the AHCCCS/Division required timelines.</p> | 100% | None |

| Quality Management (QM) QM Standard Area Score = 62% (923 of 1500) | | |
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| Standard | Score | Required Corrective Actions |
| QM 13 The Contractor ensures the credentialing and recredentialing of providers in the contracted provider network. | 73% | The Contractor must ensure and demonstrate the credentialing and recredentialing of providers within the contracted network. |
| QM 14 The Contractor has a process for verifying credentials of all organizational providers. | 75% | The Contractor must ensure and demonstrate Recredentialing files for Organizational providers meet all AdSS and AMPM requirements for organizational provider credentialing. |
| QM 15 The Contractor has a structured Quality Management Program that includes administrative requirements for oversight and accountability for all functions and responsibilities described in AdSS Medical Policy Chapter 900 that are delegated to other entities. | 100% | None |

| Reinsurance (RI) RI Standard Area Score = 95% (375 of 400) | | |
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| 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. | 75% | The Contractor must demonstrate training for personnel on AdSS Chapter 5000. The Contractor must demonstrate tracking or measuring mechanism/tool for the progression of reinsurance education for personnel. |
| 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. This process includes open or closed contract years and open or closed reinsurance cases. | 100% | None |
| RI 4 The Contractor has policies and procedures for monitoring the appropriateness of the reinsurance revenue received against paid claims data. | 100% | None |

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

| Third Party Liability (TPL) | TPL Standard Area Score = 100% (800 of 800) | |
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| TPL 6 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. | 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 = 87% (865 of 1000) | | |
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| 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. | 85% | The Contractor must demonstrate and ensure the Contractor's QMC meeting minutes clearly document all of the following: identified issues, responsible party for interventions or activities, proposed actions, evaluation of the actions taken, timelines including start and end dates, and additional recommendations or acceptance of the results when deficiencies are identified. |
| QI 2 The Contractor has the appropriate staff employed to carry out Quality Management/Performance Improvement (QM/PI) Program Quality Improvement administrative requirements. | 50% | The Contractor must submit documentation to support team members in Key Staff Positions of Quality Management Manager and Maternal Child Health (MCH)/EPSDT Coordinator meet all requirements outlined in the DDD contract. The Contractor must submit to the Division a list of all Key Staff Positions. |
| QI 3 The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes administrative requirements related to policy development. | 80% | The Contractor must demonstrate it reviews and revises its QM/PI policies at least annually. |
| QI 4 The Contractor's health information system(s), specific to member encounter data, include accurate and timely information essential in meeting the data collection requirements and expectations of the Quality Management/Performance Improvement (QM/PI) Program. | 70% | The Contractor must address the identified concerns noted within this response to both scoring details and reviewer comments in the scoring tool; however, a formal corrective action plan specific to the noted QI scoring details will not be required as information related to the sub-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. The Contractor may write an attestation statement on the Matrix acknowledging the corrective action requirements to be addressed through the EQRO Performance Measure Validation process. |

| Quality Improvement (QI) QI Standard Area Score = 87% (865 of 1000) | | |
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| Standard | Score | Required Corrective Actions |
| QI 5 The Contractor maintains the integrity of data within its health information system(s), specific to member encounter data, that is utilized to collect, integrate, analyze, and report data necessary in implementing its Quality Management/Performance Improvement(QM/PI) Program. | 100% | None |
| QI 6 The Contractor conducts DDD-mandated and Contractor self-selected Performance Improvement Projects (PIPs) to assess the quality/appropriateness of its service provision and to improve overall performance. | 100% | None |
| QI 7 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. | 100% | None |
| QI 8 The Contractor has implemented a process to measure and report to the State its performance utilizing standardized measures required by the State, as well as other required/Contractor-selected metrics specific to its Quality Management/ Performance Improvement (QM/PI) Program Activities. | 80% | Scoring Detail 4 – The Contractor must ensure and demonstrate a mechanism and how the mechanism is used to detect both underutilization and overutilization of services and when and how the contractor implements targeted interventions and/or activities when improvement opportunities are identified |
| QI 9 The Contractor has implemented a process to measure, analyze, and report to the State its performance utilizing standard measures required by the State, as well as other Contractor-selected metrics specific to its Quality Management/ Performance Improvement (QM/PI) Program. | 100% | None |

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| QI 10 The Contractor participates in applicable community initiatives for each Medicaid line of business. | 100% | None |
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