

CONTRACTOR:  
CONTRACT YEAR:

REPORTING SHALL INCLUDE PROVIDERS WHO COMPLETE CONTRACTING WITH THE CONTRACTOR'S ARIZONA MEDICAID LINES OF BUSINESSES.

INITIAL CREDENTIALING: Include data for all health providers, including oral health providers, who have completed initial credentialing within the quarter.							PERCENT COMPLETION: Credentialing files processed during the quarter that meets the timeframes divided by the total number of files processed during the quarter.				CREDENTIALING LOAD TIMES: Include data for all health providers, including oral health providers, who were approved through credentialing committee and loaded into the claims system during the quarter.						
Quarter	Category	NUMBER OF NEW APPLICATIONS RECEIVED	NUMBER OF PROVIDERS CREDENTIALLED WITHIN THE REPORTED QUARTER	SHORTEST TIME (CALENDAR DAYS) FOR DETERMINATION	LONGEST TIME (CALENDAR DAYS) FOR DETERMINATION	AVERAGE TIME (CALENDAR DAYS) FOR DETERMINATION	MINIMUM PERFORMANCE STANDARD (MPS)	TOTAL # PROCESSED	14 DAYS	60 DAYS	MPS	TOTAL # APPROVED THROUGH COMMITTEE	% LOADED WITHIN 7 DAYS	% LOADED WITHIN 30 DAYS	SHORTEST TIME TO LOAD PROVIDER ID IN CLAIMS SYSTEM	LONGEST TIME TO LOAD PROVIDER ID IN CLAIMS SYSTEM	AVERAGE LENGTH OF TIME TO LOAD PROVIDER ID INTO CLAIMS SYSTEM
Q1 (Oct, Nov, Dec)	TEMPORARY/PROVISIONAL CREDENTIALING						100% within 14 days			N/A	100% within 7 days from the date of approval			N/A			
	INDIVIDUAL PROVIDER CREDENTIALING								N/A		95% within 30 days from date of Credentialing Committee approval		N/A				
	ORGANIZATIONAL PROVIDER CREDENTIALING						100% within 60 days		N/A			N/A					
Q2 (Jan, Feb, Mar)	TEMPORARY/PROVISIONAL CREDENTIALING						100% within 14 days			N/A	100% within 7 days from the date of approval			N/A			
	INDIVIDUAL PROVIDER CREDENTIALING								N/A		95% within 30 days from date of Credentialing Committee approval		N/A				
	ORGANIZATIONAL PROVIDER CREDENTIALING						100% within 60 days		N/A			N/A					
Q3 (Apr, May, Jun)	TEMPORARY/PROVISIONAL CREDENTIALING						100% within 14 days			N/A	100% within 7 days from the date of approval			N/A			
	INDIVIDUAL PROVIDER CREDENTIALING								N/A		95% within 30 days from date of Credentialing Committee approval		N/A				
	ORGANIZATIONAL PROVIDER CREDENTIALING						100% within 60 days		N/A			N/A					
Q4 (Jul, Aug, Sep)	TEMPORARY/PROVISIONAL CREDENTIALING						100% within 14 days			N/A	100% within 7 days from the date of approval			N/A			
	INDIVIDUAL PROVIDER CREDENTIALING								N/A		95% within 30 days from date of Credentialing Committee approval		N/A				
	ORGANIZATIONAL PROVIDER CREDENTIALING						100% within 60 days		N/A			N/A					

RE-CREDENTIALING: Include data for all health providers, including oral health providers, who went through the re-credentialing process within the quarter.

Quarter	Category	TOTAL NUMBER OF PROVIDERS WHO WENT THROUGH RE-CREDENTIALING PROCESS	NUMBER OF PROVIDERS WHO WERE DENIED OR TERMINATED FOR RE-CREDENTIALING	NUMBER OF PROVIDERS WHO WERE APPROVED FOR RE-CREDENTIALING	* PERCENT OF PROVIDERS RE-CREDENTIALLED WITHIN THREE YEARS
Q1 (Oct, Nov, Dec)	INDIVIDUAL PROVIDER RE-CREDENTIALING				
	ORGANIZATIONAL PROVIDER RE-CREDENTIALING				
Q2 (Jan, Feb, Mar)	INDIVIDUAL PROVIDER RE-CREDENTIALING				
	ORGANIZATIONAL PROVIDER RE-CREDENTIALING				
Q3 (Apr, May, Jun)	INDIVIDUAL PROVIDER RE-CREDENTIALING				
	ORGANIZATIONAL PROVIDER RE-CREDENTIALING				
Q4 (Jul, Aug, Sep)	INDIVIDUAL PROVIDER RE-CREDENTIALING				
	ORGANIZATIONAL PROVIDER RE-CREDENTIALING				

\*\*\*Footnote for revision: Added new requirement to AHCCCS Policy 950, Section B(2), which requires the Contractor to load the temporary/provisional provider information in the system to allow for payment within 7 calendar days of approval to ensure timeliness.

\*THE CONTRACTOR SHALL DIVIDE THE NUMBER OF COMPLETE RE-CREDENTIALING APPLICATIONS APPROVED AND DENIED TIMELY DURING THE TIME PERIOD, PER CATEGORY, BY THE NUMBER OF COMPLETE RE-CREDENTIALING APPLICATIONS THAT WERE RECEIVED DURING THE TIME PERIOD, PER CATEGORY

COMMENTS: INCLUDE DESCRIPTION FOR AREAS OF NON-COMPLIANCE AND CORRECTIVE ACTIONS TAKEN *Areas of non-compliance include the MPS as well as the timeliness of rendering decisions and loading provider IDs in the claims system.	
Q1 (Oct, Nov, Dec)	
Q2 (Jan, Feb, Mar)	
Q3 (Apr, May, Jun)	
Q4 (Jul, Aug, Sep)	