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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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**DATE:** May 2, 2012

**TO:** Holders of AHCCCS Contractor Operations Manual

**FROM:** P.J. Schoenstene, Contracts and Policy Administrator  
Division of Health Care Management, AHCCCS

**SUBJECT:** AHCCCS Contractor Operations Manual (ACOM)  
Update for April 2012

This memo describes revisions and/or additions to the ACOM Manual for the month of April:

- Chapter 100, Policy 105 – Graduate Medical Education Loans  
This policy was reviewed, no changes were made.
- Chapter 100, Policy 107 – Contracting With Medicare Special Needs Plans  
This policy was developed to assist organizations, whether or not they are existing Acute Care or ALTCS Contractors, which currently have contracts, or will be pursuing contracts, with the Centers for Medicare and Medicaid (CMS) to operate as a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) in calendar year 2013. The purpose of this Policy is to maximize care coordination for AHCCCS acute care and ALTCS members who are dual eligibles.
- Chapter 400, Policy 406 – Enrollee Grievance Policy  
The policy was deleted as it has been incorporated into the Grievance System Reporting Guide.
- Chapter 400, Policy 411 – PMMIS Interface  
The policy was updated to reflect current information.
- Chapter 400, Policy 430 – Electronic Member Change Report (MCR)  
This policy applies to Arizona Long Term Care System (ALTCS) Contractors. It was developed to provide a tutorial on the process for reporting to AHCCCS, via the electronic Member Change Report (MCR), when a change needs to be made on a member's eligibility or enrollment record.

Individuals with questions related to this policy should contact P.J. Schoenstene at 602-417-4617 or by e-mail at [pj.schoenstene@azahcccs.gov](mailto:pj.schoenstene@azahcccs.gov) .