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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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**DATE:** November 2, 2012

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

**FROM:** Julie Ambur, Administrative Services Officer, Contracts & Policy  
Division of Health Care Management, AHCCCS

**SUBJECT:** AHCCCS Contractor Operations Manual (ACOM), Manuals & Guides - October 2012 Update

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

- **Grievance System Reporting Guide**  
The following sections of the guide have been revised: *Incorrect Handling* and *Secondary Review, Attachments F-Wheelchair (removed), G-Access to Care (is now Attachment F)* and *C-Transportation*. Additional revisions were for general formatting and not substantive.
- **Policy 103 – Fraud and Abuse**  
This policy was revised to explain the reporting requirements for a) reporting fraud and abuse cases, b) to explain the role AHCCCS-OIG and the Contractors play in relation to all areas of fraud and abuse within the System; and c) to explain the Contractors' obligations to screen owners, employees and subcontractors. The Policy also includes, Attachment A, Annual Attestation Of: Disclosure of Ownership & Control and Disclosure of Information on Persons Convicted of a Crime.
- **Policy 313 – Certification of Medicare Advantage Plans Serving Dual Eligible Medicare – AHCCCS Beneficiaries**  
This is a new ACOM Policy developed for Contractors pursuing and becoming Medicare Advantage/Prescription Drug/Special Needs Plans (MA/PD/SNP – hereafter MA Plan), serving dual eligible Medicaid and Medicare enrollees. This policy outlines the steps necessary to gain state certification and the ongoing requirements to stay certified by AHCCCS.
- **Policy 404 – Member Information**  
This policy was revised to include clarification that all materials must be labeled with the Contractors name and/or logo and to identify the requirements for each program. Other changes were for general formatting and not substantive.
- **Policy 405 - Cultural Competency and Family/Patient Centered Care**  
This policy was revised to update the website references in section IV of this policy. Other changes were for general formatting and not substantive.
- **Policy 407 – Member Notice of Action**  
This policy has been deleted and all pertinent information has been incorporated into ACOM Policy 414-Notices of Action for Service Authorizations.



- **Policy 408 – Sanctions**  
This policy was revised to clarify the Contractors for which this policy refers and to update the following sections: *Member Enrollment Related Sanctions* and *Temporary Management* in order to clarify applicability, *in the event another Contractor is available*. Duplicative definitions have been deleted.
- **Policy 414 – Notices of Action for Service Authorizations**  
This policy has been revised to detail Contractor requirements, update website references, including reference to the NOA Dictionary. Note: Policy name has changed from *Contents of Notices of Action Authorization*. Policy 407, Member Notice of Action has been removed from ACOM and all pertinent information has been incorporated into this Policy, 414.
- **Policy 415 – Provider Network Development and Management Plan**  
This policy was revised to clarify the requirements specific for each program. Policy language was also included to state that the submission of Attachment D for each GSA is required even when the Contractor does not have any terminations to report and the submission of Attachment E for each GSA is required even when the Contractor does not have any providers to report. Other changes were for general formatting and not substantive.
- **Policy 416 – Provider Network Information**  
This policy was revised to clarify the requirements specific for each program. Other changes were for general formatting and not substantive.
- **Policy 421 – Contract Termination: Nursing Facilities and Alternative Residential Settings**  
This Policy was revised to add language regarding quality of care issues and to remove duplicative language contained in other manuals.
- **Policy 429 – Direct Care Worker Training and Testing Program**  
This policy revised *Trainer Qualifications and Protocols* under item 2a. to clarify the following: Direct Care Workers (DCW) who become trainers, do not need to retake the knowledge and tests if the original test scores were at or above the level required of a trainer. However, skills tests must be retaken because the skills-based testing requirements are more stringent for trainers than DCWs.
- **Policy 431 – Copayment**  
Clarifying language has been added to this Policy to support a previously unidentified copayment exception situation related to NEMT copays and split zip codes.
- **Policy 432 – Benefit Coordination and Fiscal Responsibility for Behavioral Health Services Provided to Members Enrolled in the Acute Care Service Program**  
Clarifying language has been added to this Policy pertaining to roles and responsibilities regarding fiscal responsibility between the Acute Care Contractors and DBHS/RBHAs; specifically regarding the responsibility for communication disorders with a behavioral health diagnosis. Language clarification is retroactive to the original effective date of the policy, 07/01/12.

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- **Policy 433 – Member Identification Cards**

This a new ACOM policy developed based on a series of meetings with ALTCS Contractors to identify and transition the requirement to the ALTCS Contractors. This policy includes formatting and timeliness requirements for plan ID cards.

*Please direct questions regarding policy updates to Julie Ambur at 602-417-4295 or by e-mail at [julie.ambur@azahcccs.gov](mailto:julie.ambur@azahcccs.gov).*