



AHCCCS CONTRACTOR OPERATIONS MANUAL

ACOM POLICY 415, ATTACHMENT H, E/PD AND DDD CUSTOMIZED WHEELCHAIR,
CUSTOMIZED HOSPITAL BED AND AUGMENTATIVE COMMUNICATION DEVICE
TIMELINESS REPORT

REPORTING PERIOD (1): MM TO MM, YY

(2) DME TYPE	(3) # OF DME PROVIDED	(4) AVG. TIME	(5) GOAL
Customized Wheelchairs			
Customized Hospital Beds			
Augmentative Communication Devices			

INSTRUCTIONS FOR ATTACHMENT H:

The Contractor must submit Attachment H and a cover letter each quarter, as ~~outlined-specified~~ in the Contractor's ~~Chart of Deliverables~~.

1. The months and calendar year covered by the reporting period.
2. The Type of DME provided. Contractors should report the identified Durable Medical Equipment (DME) provided to members placed in Home and Community Based settings only.
3. The number of DME provided to members during the reporting period (Note: 'Provided' includes delivery of the DME itself and completion of installation and/or training to the member).
4. The Average time in days from the request for the service authorization to the service being provided.
5. The goal set by the plan for the expected timeframes for provision of the DME.