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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

DATE: June 01, 2012

TO: Holders of AHCCCS Contractor Operations Manual

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

SUBJECT: AHCCCS Contractor Operations Manual (ACOM)
May 2012 Update

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

- Chapter 200, Policy 203 – Contractor Claims Processing by Subcontracted Providers
Policy revised to update the subcontract submittal requirement from 30 days to 60 days.
- Chapter 300, Policy 301 - Prospective Title XIX Waiver Group (TWG) Medical Expense Deduction (MED) Reconciliation Policy
This policy applies to the Title XIX Waiver Group (TWG) Medical Expense Deduction (MED) prospective population reconciliation for those AHCCCS Acute Care Contractors contracted to provide medical services for the TWG MED population. This reconciliation applies to CYE '11. The final reconciliation will occur no sooner than 15 months after CYE '11 as the program terminated effective 9/30/11.
- Chapter 300, Policy 301A - Prospective Title XIX Waiver Group (TWG) non-MED Reconciliation Policy
The following Policies: 301-09, 301-10, & 301-11 have been removed and incorporated under one policy; 301A. This policy applies to the Title XIX Waiver Group (TWG) non-Medical Expense Deduction (non-MED) prospective population reconciliation (TWG non-MED Reconciliation).
- Chapter 300, Policy 302 - PPC Acute - Prior Period Coverage Reconciliation: Acute Care Contractors
This policy applies to PPC reconciliations for CYE '11 and forward for all AHCCCS Acute Care Contractors. CYE '12 forward does not include MED risk group in the reconciliation.

Please direct questions regarding policy updates to Julie Ambur at 602-417-4295 or by e-mail at julie.ambur@azahcccs.gov.

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- Chapter 300, Policy 304 – Premium Tax Reporting Policy
This policy outlines the procedures necessary for AHCCCS Contractors to report and pay Premium Tax to the Arizona Department of Insurance (DOI) on a quarterly basis. The reconciliation will be performed on a semi-annual basis. Links have been updated for all the forms, and the matrix (Attachment A) has been updated.
- Chapter 400, Policy 404 – Member Information Policy
Policy revised to update Member Handbook requirements. Acute Care Contractors have the option of providing the Member Handbook and Network Description/Provider Directory with the new member packet, or providing written notification that the information is available on the Contractor’s website, by electronic mail or by postal mailing. Should the Acute Contractor elect to provide notification that the information available using the latter approach, refer to the requirements listed under subsections A and B. This change does not apply to ALTCS Contractors.
- Chapter 400, Policy 420 – ALTCS Network Summary
Policy updated to include Direct Care Worker Training and Testing Program (DCW) reporting requirements. The policy amendment adds two columns to the “HCBS HOME NETWORK ROSTER.” The amendment allows Program Contractors to track how their respective HCBS Providers plan to comply with the new Direct Care Worker Training and Testing Program requirements beginning October 1, 2012.
- Chapter 400, Policy 431 – Copayment Policy (New Policy)
This policy was developed to outline the copayment requirements described in A.A.C. R9-22-711, including mandatory and optional copayment amounts for certain populations, and to provide clarification on services and populations which are exempt from copayments.
- Chapter 400, Policy 432 (New Policy) - Benefit Coordination and Fiscal Responsibility for Behavioral Health Services Provided to Members Enrolled in the Acute Care Services Program
This policy was developed to clarify roles and responsibilities regarding fiscal responsibility between the Acute Care Contractors and DBHS/RBHAs.

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