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.
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.