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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

DATE: July 24, 2013
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) - July 2013 Update

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

Published Policy Revisions

- **Chapter 200, Policy 201 – Medicare Cost Sharing for Members Covered by Medicare and Medicaid**

Policy revised to include Policy Section III F., *Institutional Status Reporting – Part D Co-Pays* and Attachment A, *AHCCCS Notification To Waive Medicare Part D Co-Payments*, for reporting when a dual eligible member is inpatient in a medical institution or nursing facility and that stay is funded by Medicaid for a full calendar month, the dual eligible person is not required to pay copayments for their Medicare covered prescription medications for the remainder of the calendar year. Additionally, Policy Section III E, *Part D Covered Drugs* revised for compliance with Federal regulations. Under Section III F., bulleted item a. (Members who have Medicare Part “D” only) was added. Attachments that need to be populated by the Contractor are included as a link directly below the ACOM Policy on the web page.

Approved Policies Not Yet Effective

Please access the following link to view these policies: [Approved Policies Not Yet Effective](#)

- **Chapter 400, Policy 404 – Member Information**

Policy updated to include requirements for CRS and the Integrated RBHA. Attachment B has been revised to include a Member Handbook Checklist. This policy has had numerous additional revisions; please contact your designated Operations and Compliance Officer with any questions. Attachments that need to be populated by the Contractor are included as a link directly below the ACOM Policy on the web page.

- **Chapter 400, Policy 415 – Provider Network Development and Management Plan; Periodic Network Reporting Requirements**

Policy updated to include 10/1/13 provider network requirements and to incorporate and revise the Network Development and Management Plan Checklist. This policy has had numerous additional revisions; please contact your designated Operations and Compliance Officer with any questions.

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- **Chapter 400, Policy 416 - Provider Network Information**
Policy revised to clarify Provider Website and Provider Manual requirements, and line of business applicability. Language added regarding Required Notifications: ‘*AHCCCS may require Contractors to disseminate information on behalf of the Administration.*’
- **Chapter 400, Policy 417 – Appointment Availability Monitoring and Reporting**
Policy updated to include appointment standards and wait times as they pertain to CRS and the Integrated RBHA. Attachments that need to be populated by the Contractor are included as a link directly below the ACOM Policy on the web page.
- **Chapter 400, Policy 422 – AZSH Coordination**
Policy updated to include requirements for CRS and the Integrated RBHA.

The below Draft Policies will be assigned the indicated Policy number. These assignments will become effective October 1, 2013.

Policy Name	Policy Number
Coordination of Benefits/Third Party Liability	434
Telephone Performance Standards Measurement and Reporting	435

Additional revisions:

Policy 434 – Updated title and footer with number assignment, removed reference to previously deleted Policy 201, and updated general purpose statement to match other general policy formatting.

Policy 435 - Updated title and footer with number assignment, updated general purpose statement and references to contract section D to match general policy formatting. Attachments that need to be populated by the Contractor are included as a link directly below the ACOM Policy on the web page.

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