



DATE: September 3, 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) - August 2013 Update

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

Published Policy Revisions

- **Chapter 100, Policy 101 – Marketing, Outreach, and Retention**
 - 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 423 – Court Ordered Evaluation/Treatment Policy for DUI/Domestic Violence Offenses**

Policy revised to provide clarity for financial responsibility when a judicial ruling is rendered to an AHCCCS member. The Contractor must consider medical necessity in order to provide covered services. This Policy was also revised to remove language regarding financial responsibility for services after the completion of court ordered evaluation and to incorporate that language into new ACOM Policy 437.
- **Chapter 400, Policy 437 – Financial Responsibility for Services after the Completion of Court-Ordered Evaluation**

This is a new ACOM Policy developed to provide clarification regarding financial responsibility when a Title 36 court ordered evaluation has been completed and the member is awaiting a judicial hearing to begin Title 36 court ordered treatment. Note: the effective date of this policy is 05/01/2013.

Approved Policies Not Yet Effective

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

- **Chapter 300, Policy 314 – Auto-Assignment Algorithm**

Policy has been assigned Policy Number 314. Updated title and footer with number assignment and updated general purpose statement to match other general policy formatting.

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



- **Chapter 300, Policy 315 – Acute Program payment Reform Initiative**

Policy has been assigned Policy Number 314. Attachment C, Payment Reform Initiative (PRI) Shared Savings Arrangements was updated to correct the definition of shared-savings arrangement and the Contractor's responsibilities with respect to shared-savings arrangements. An alternative view displaying a populated version of Attachment C is also provided. Attachments are included as a link directly below the ACOM Policy on the web page.

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

The due date for review and approval of the Member Handbook/Member Handbook Template was revised; reference Section III, D of the Policy for this change.

The following language was added to the Policy in regards to information contained on the Contractor's website: 'The Contractor may meet this requirement by providing the updated Member Handbook on its website;' reference Section III, E of the Policy for this revision.

Attachment B, Member Handbook Checklist, was revised to indicate all Contractors are responsible for including a definition of member fraud and abuse with reference to penalty for fraud and abuse in the Member Handbook/Member Handbook Template.

Attachment B also revised as follows: Information stating a member with private insurance is not required to utilize CRS. If the member uses a private insurance network for a CRS covered condition, the Contractor is responsible for all applicable deductibles and copayments. Members who do not have a primary insurance, refuse to participate in the CRS application process, or refuse to receive CRS covered services through the CRS Program may be billed by the provider who renders an unauthorized CRS covered service

- **Chapter 400, Policy 412 – Claims Reprocessing**

The general purpose statement was revised to match other general policy formatting. The definition of *Recoupment* was revised to eliminate the requirement for the quarterly submission of a repayment tracking report. Section III. A. #2 was updated to include the electronic requirements of an AHCCCS Original Claim Number. Section E language was clarified to indicate that two separate submissions are required post recoupment approval: the voided or replacement 837 encounter file (through Encounters) and a separate electronic file (through the Operations Unit) that Finance uses for reconciliation.

- **Chapter 400, Policy 414 – Notices of Action for Service Authorizations**

Due to ADHS Licensure Rule revisions, citation R9-10-712 in Attachment C was revised to reflect updated Rule citation R9-10-808. Attachments C and D are included as a link directly below the ACOM Policy on the web page.



- **Chapter 400, Policy 421 – Contract Termination: Nursing Facilities and Alternative Residential Settings**

Due to ADHS Licensure Rule revisions; policy definitions were revised as follows: The definition for *Alternative Residential Setting* revised to include Behavioral health Residential Facilities and Behavioral Health Supportive Homes. The definition of *Room and Board* revised to remove the reference to Behavioral Health Level 2 and replace with Behavioral Health Residential Facilities.

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

Attachment F is now provided in an excel format. Attachments Ga and Gb were revised to include additional Columns 5, *#New/30 Day* and Column 6, *#Continuing 14 Days*.

- **Chapter 400, Policy 418 – Provider and Affiliate Advance**

The general purpose statement was revised to match other general policy formatting and to include applicability for advances and loans involving another fund or line of business within the Contractor’s organization. The policy has been reformatted to include a section for *Individual and Cumulative Provider Advances* and *Individual and Cumulative Provider Loans*. Section D, *AHCCCS Responsibility and Authority* was revised to modify timeframe for written communication from DHCM and to include the following language: ‘AHCCCS reserves the right to evaluate and present the proposed advance with the affected providers(s) as part of the approval and/or notification process. Communication will be at the timing and discretion of AHCCCS.’

Revisions to Policy Definitions: The term *Provider* was revised as follows: ‘Any person or entity that contracts with AHCCCS or a Contractor for the provision of covered services to members according to the provisions of A.R.S. §36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. §36-2901.’

- **Chapter 400, Policy 425 – Social Networking**

Updated general purpose statement to match other general policy formatting. The definition for Static Content was removed and the definition for Web Blog has been updated. The Policy General Requirements are revised to include broadcast activities, to clarify deliverables pertaining to Social Networking applications, and to specify the termination of personnel shall result in immediate removal/deletion of Social Networking registrations. Instagram has been added to- and YouTube has been removed from- the prohibited Multimedia list.

- **Chapter 400, Policy 433 – Member Identification Cards**

Updated general purpose statement to match other general policy formatting. Definitions added for *CRS Only* and *Notice of Privacy Practices*. Attachment 1 was revised to be named Attachment A and to include footnote D. Under Program Requirements items #4 and 5 have been revised. Section D, Format of ID Cards, # 11 regarding Privacy Notices has been added. The following has been noted regarding the Integrated RBHA, ‘*for members diagnosed with SMI*’, to provide further clarification.

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- **Chapter 436, Network Standards**

Effective 10/1/13, the following policies are deleted: Acute Network Standards & 419, ALTCS Network Standards; all appropriate information has been incorporated into ACOM Policy 436, Network Standards. Attachments that need to be populated by the Contractor are included as a link directly below the ACOM Policy on the web page.

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