



DATE: November 5, 2013
TO: Holders of AHCCCS Contractor Operations Manual
FROM: Julie Ambur, Contracts & Policy Administrator
Division of Health Care Management, AHCCCS
SUBJECT: AHCCCS Contractor Operations Manual (ACOM) - October 2013 Update

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

Published Policy Revisions

- **Chapter 100, Policy 103 – Fraud and Abuse**
Policy revised to correct header, purpose and references, other changes were for formatting and not substantive. Additionally, Attachment C, Annual Attestation – Disclosure of Ownership and Control and Disclosure of Information on Persons Convicted of a Crime is now provided as a word document.
- **Chapter 200, Policy 203 – Contractor Claims Processing By Subcontractors**
Policy revised to clarify that the following language applies to all Contractors: *A claim for an authorized service submitted by a licensed skilled nursing facility, alternative residential setting or other home and community based provider shall be adjudicated within 30 calendar days after receipt by the Contractor. Any clean claim for an authorized service provided to a member that is not paid within 30 calendar days after the claim is received accrues interest at the rate of one per cent per month from the date the claim is submitted. The interest is prorated on a daily basis and must be paid by the Contractor at the time the clean claim is paid. (A.R.S. §36-2943.D)*
- **Chapter 200, Policy 207 – Primary Care Enhanced Payments**
Section 1202 of the Affordable Care Act requires minimum levels of Medicaid payment for certain primary care services, provided by certain physicians. These reimbursement requirements for the enhanced payments apply to payments made for dates of service January 1, 2013 through December 31, 2014. This Policy establishes the Contractor requirements for Primary Care Provider (PCP) enhanced payments and the cost settlement of those payments.
- **Chapter 300, Policy 301 – Prospective Title XIX Waiver Group (TWG) Medical Expense (MED) Deduction Reconciliation**
This Policy has been removed from the ACOM and placed in Reserve status. This reconciliation will not occur after CYE '11 as the program terminated effective September 30, 2011.
- **Chapter 300, Policy 316 – Newly Eligible Adults Reconciliation**
This is a new ACOM Policy. Beginning January 1, 2014, the State of Arizona will expand Medicaid eligibility to certain adults aged 19-64, without Medicare, with income between 100-133% of the Federal Poverty Level (FPL). This population is known as Newly Eligible Adults (NEAD). The NEAD reconciliation applies to dates of service from January 1, 2014 through September 30, 2014 and is based upon prospective and PPC net capitation and expenses as described in this Policy.



- **Chapter 400, Policy 411 – Pre-Paid Medical Management Information Systems Interface for ALTCS Case Management**

Laws 2011, Chapter 96 required ADHS to adopt rules regarding health care institutions that facilitate licensing of "integrated health programs that provide both behavioral and physical health services." To comply with the statute, ADHS promulgated rules in Arizona Administrative Code (A.A.C.), Title 9, Chapter 10 and Chapter 20 to implement the statutory provisions. These rules became effective October 1, 2013; this Policy was revised to comport with the new rules and naming conventions. Additionally, Attachment B, AHCCCS Contractor ID Numbers has been updated to include all current AHCCCS Contractors. The Policy name was changed from Pre-Paid Medical Management Information Systems (PMMIS) Interface.

- **Chapter 400, Policy 423 – Financial Responsibility for Court Ordered Treatment for DUI/Domestic Violence or Other Criminal Offenses**

This Policy was revised for clarification regarding third party liability claims and claim denial.

The policies listed below have been removed from the *Approved Policies Not Yet Effective* page and published to the ACOM.

- **CHAPTER 300**

- **302-I**

Additional Revisions: The Policy was revised to include language regarding the exclusion of PCP Parity and the Newly Eligible Adult (NEAD) risk group from the reconciliation. Additionally, the Policy number and title were revised to: *302 CYE14 AND FORWARD-Prior Period Coverage Reconciliation: Acute Care and CMDP Contractors.*

- **311**

Additional Revisions: The Policy was revised to include language regarding the exclusion of PCP Parity and the Newly Eligible Adult (NEAD) risk group from the reconciliation. Additionally, the Policy number was revised to: *311 CYE 14 AND FORWARD*

- **312**

Additional Revisions: The Policy was revised to include language regarding the exclusion of PCP Parity. Additionally, the Policy number was revised to: *312 CYE 14 AND FORWARD.*

- **314**

Additional Revisions: This Policy was revised to include reference to the exclusion of capped contractors from auto-assignment.

- **Policy 304 Premium Tax Reporting**

Additional Revisions: Updated to include the DOI website address. Purpose revised to state: Each Contractor will report and pay premium tax to the DOI for all payments received from AHCCCS during the quarter *being reported*.

- **Policy 305 Performance bond and Equity per Member Requirements**



- **Policy 306 Performance Bond**

Additional Revisions: Policy revised to omit the following language regarding Cash Deposits: *Instructions for the interest from the deposit: interest to be disbursed must also include directions of where the interest is to be sent.*

- **Policy 315**

- **CHAPTER 400**

- **Policy 404**

- **Policy 414**

Additional Revisions: Revised Rule reference in Attachment C, #17 to: R9-22-1304. Additionally, the Policy definition, *Service Request Computation of Time*, was corrected to state: *The Contractor has 14 days to issue the decision or a NOA letter.*

- **Policy 415**

- **Policy 416**

- **Policy 417**

- **Policy 418**

- **Policy 421**

- **Policy 422**

- **Policy 425**

- **Policy 426**

- **Policy 433**

- **Policy 435**

- **Policy 436**

Approved Policies Not Yet Effective

To view the policies that are approved but not yet effective, please access the following link: [Approved Policies Not Yet Effective](#).

None at this time.

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