



DATE: January 10, 2014
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) - December 2013 Update

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

Published Policy Revisions

- **Chapter 300, Policy 311 CYE 12-13 – Acute Program Tiered Prospective Reconciliation**
This Policy was updated to exclude the enhanced portion of a payment for PCP Parity that is subject to AHCCCS cost settlement from this reconciliation. The definition of *Non-Capped Newborn Expenses* has been updated to be consistent with the contract. Additionally, Attachment A, Acute Program Tiered Prospective Reconciliation - Example has been updated to include Non Capped Newborn Expenses. No substantive changes were made to the Policy Attachment.
- **Chapter 300, Policy 312 CYE 13 – CRS Program Tiered Reconciliation**
This Policy was updated to exclude the enhanced portion of a payment for PCP Parity that is subject to AHCCCS cost settlement from this reconciliation. Changes have also been made to make the format more consistent with the other reconciliation Policies. No substantive changes were made to the Policy Attachment.
- **Chapter 400, Policy 413 – Gap In Services**
Policy revised to remove definitions which were duplicative to those in the ACOM Overview and to update the reference to *DHCM ALTCS Operations* to *DHCM Operations*. Additional Policy revisions were for general formatting and were not substantive.
- **Chapter 400, Policy 435 – Telephone Performance Standards Measurement and Reporting**
Policy revised to correct the Monthly Average Abandonment Rate (MAAR) definition: *This is determined by the number of calls abandoned in a 24-hour period, divided by the total number of calls received in the same 24-hour period summed for each day of the month and then divided by the number of days in the monthly reporting period.* No substantive changes were made to the Policy Attachment.

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- **Chapter 400, Policy 436 – Network Standards**

Policy and Attachment A revised to ensure standards apply to CMDP while reporting requirements reflect their network processes. Policy revised to outline DDD Network Oversight Requirements: DES/DDD must report its compliance with the standards identified as applying to its ALTCS/DDD provider network, and additionally provide separate attachments for each of its subcontracted health plans that provide acute care services measured under these standards. Additionally, language revised regarding requirements for hospitals outside of Maricopa and Pima Counties: To meet this policy's requirements for hospitals outside of Maricopa and Pima Counties, a Contractor may obtain contracts with a hospital or with physicians with admission and treatment privileges (including hospitalists).

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.