

DATE: October 29, 2014

TO: Holders of AHCCCS Contractor Operations Manual

FROM: Sandi Borys, Contracts & Policy Specialist
Division of Health Care Management, AHCCCS

SUBJECT: AHCCCS Contractor Operations Manual (ACOM),
October 2014 Update

This memo describes revisions and/or additions to the ACOM, Guides and Manuals for the month of October. *Please direct questions regarding policy updates to Sandi Borys at 602-417-4055 or by e-mail at: sandi.borys@azahcccs.gov.*

LOGO CHANGE AND ARIZONA DEPARTMENT OF CHILD SAFETY

AHCCCS is recognized as one of the most modern and innovative Medicaid programs in the country. As it continues to demonstrate this through program improvements, it is time to make the “look” of the agency match its reputation. Over the next several months AHCCCS will be updating all of the Policies with the new logo.

In addition, there was a State Agency change for Comprehensive Medical and Dental Program (CMDP) from Department of Economic Security (DES) to Arizona Department of Child Safety (DCS) that went into effect in May 2014, therefore, Policies directly referencing DES/CMDP will be revised appropriately.

AHCCCS CONTRACTOR OPERATIONS MANUAL OVERVIEW

The AHCCCS Contractor Operations Manual (ACOM) Overview received multiple changes, including the addition of several definitions as well as information surrounding the AHCCCS process for developing and revising ACOM Policies. In addition, the Overview now provides hyperlinks to frequently referenced manuals and legal references and documents.

CHAPTER 300, POLICY 303, HOME AND COMMUNITY BASED SERVICES RECONCILIATION: ALTCS

Policy 303 was updated to refer Contractors to the ALTCS Member Change Report User Guide. All references to Policy 430, Electronic Member Change Report have been removed due to the Policy being reserved when it was converted into this guide.

CHAPTER 300, POLICY 304, PREMIUM TAX REPORTING

Policy 304, Premium Tax Reporting did not receive any substantive changes only reorganization for better understanding.

ATTACHMENT A, MATRIX OF MANAGED CARE CONTRACTING AND REIMBURSEMENT

Attachment A was revised to update terminology regarding NEAD and to include the Health Insurer Fee, PCP Parity, Payment Reform-Shared Savings, and Nursing Facility Supplement.

CHAPTER 300, POLICY 315 CYE 15, ACUTE PROGRAM PAYMENT REFORM INITIATIVE

Additional changes have been made to the Acute Program Payment Reform Initiative for CYE 15 as a result of Contractor questions and feedback. The Policy is effective October 01, 2014 and has been moved from the Approved not yet Effective portion of the site to the permanent section of the ACOM.

CHAPTER 300, POLICY 318 CYE 15, ALTCS/EPD PROGRAM PAYMENT REFORM INITIATIVE

Additional changes have been made to the ALTCS/EPD Program Payment Reform Initiative Policy as a result of Contractor questions and feedback. The ALTCS/EPD Program Payment Reform Initiative is a new Policy effective October 01, 2014 and has been moved from the Approved not yet Effective portion of the site to the permanent section of the ACOM.

CHAPTER 300, POLICY 319 CYE 15, CRS PROGRAM PAYMENT REFORM INITIATIVE

Additional changes have been made to the CRS Program Payment Reform Initiative Policy as a result of Contractor questions and feedback. The CRS Program Payment Reform Initiative is a new Policy effective October 01, 2014 and has been moved from the Approved not yet Effective portion of the site to the permanent section of the ACOM.

CHAPTER 300, POLICY 321, PAYMENT REFORM – E-PRESCRIBING

E-Prescribing became effective October 01, 2014 and is now being moved from the Approved not yet Effective portion of our site to the permanent section of the ACOM. E-Prescribing has been added to the Contract with an effective date of October 01, 2014. Therefore, a new Policy has been developed and outlined in Policy 321, Payment Reform – E-Prescribing. Payment reform is a cornerstone of AHCCCS’ strategy to bend the upward trajectory of health care costs. AHCCCS is implementing initiatives to leverage the managed care model toward value based health care systems where members’ experience and population health are improved, per-capita health care cost is limited to the rate of general inflation through aligned incentives with managed care organization and provider partners, and there is a commitment to continuous quality improvement and learning.

On that note, E-Prescribing is an effective tool to improve members' health outcomes and reduce costs. Benefits afforded by the electronic transmission of prescription-related information include, but are not limited to, reduced medication errors, reductions of drug and allergy interactions, and therapeutic duplication, patient adherence, and increased prescription accuracy.

CHAPTER 400, POLICY 416, PROVIDER NETWORK INFORMATION

Policy 416, Provider Network Information received minor formatting changes.

APPROVED POLICIES NOT YET EFFECTIVE

CHAPTER 300, POLICY 315 CYE 15, ACUTE PROGRAM PAYMENT REFORM INITIATIVE

This Policy and corresponding attachments have been moved to its permanent location within the ACOM website.

CHAPTER 300, POLICY 318 CYE 15, ALTCS/EPD PROGRAM PAYMENT REFORM INITIATIVE

This Policy and corresponding attachments have been moved to its permanent location within the ACOM website.

CHAPTER 300, POLICY 319 CYE 15, CRS PROGRAM PAYMENT REFORM INITIATIVE

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To view the policies that are approved but not yet effective, please access the following link:

[Approved Policies Not Yet Effective](#)