

DATE: April 7, 2015

TO: Holders of the AHCCCS Contractor Operations Manual and AHCCCS Operational Guidelines

FROM: Sandi Borys, Contracts & Policy Specialist
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SUBJECT: AHCCCS Contractor Operations Manual (ACOM) and AHCCCS Operations Reporting Guidelines - April 2015 Update

This memo describes revisions and/or additions to the ACOM and AHCCCS operations reporting guidelines including, the Claims Dashboard Reporting Guide, Grievance System Reporting Guide, and Provider Affiliation Transmission (PAT) User Manual.

Please direct questions regarding policy updates to Sandi Borys at 602-417-4055 or by e-mail at: sandi.borys@azahcccs.gov.

People First: AHCCCS is in the process of revising language in policy, guides and manuals to be consistent with AZ HB 2667: Persons with Disabilities. Laws 2014, Chapter 215.

UPDATES AND REVISIONS TO THE AHCCCS CONTRACTORS OPERATION MANUAL (ACOM)

To view the policies and attachments, please access the following link:
[AHCCCS CONTRACTOR OPERATIONS MANUAL \(ACOM\)](#)

CHAPTER 400, POLICY 416, PROVIDER NETWORK INFORMATION

Policy 416 has been revised to specify that Contractors must ensure that their provider manual contain information related to payment responsibilities as outlined in *ACOM Policy 432, Benefit Coordination and Fiscal Responsibility for Behavioral Health Services and Physical Health Services*.

CHAPTER 400, POLICY 417, APPOINTMENT AVAILABILITY, MONITORING AND REPORTING

Policy 417 has been updated to include several new definitions to provide a better understanding for Contractors regarding appointment standards monitoring and reporting. Language has been added throughout the Policy to include requirements set forth in the AHCCCS Contracts. Requirements regarding provider appointment availability reviews and methodologies for those review have been clarified. Revisions also include the removal of the requirement for Contractors to conduct member surveys regarding wait times (Appointment Availability Member Report). Additionally, the Policy name has been changed from *Appointment Availability and provider Wait Times Monitoring and Reporting*.

- **ATTACHMENT A, APPOINTMENT AVAILABILITY PROVIDER REPORT**

No changes.

- **ATTACHMENT B, APPOINTMENT AVAILABILITY MEMBER REPORT**

Policy revisions include the removal of the member survey requirement to measure wait times; therefore, the reporting template for the survey results, Attachment B, has been deleted.

CHAPTER 400, POLICY 432, BENEFIT COORDINATION AND FISCAL RESPONSIBILITY FOR BEHAVIORAL HEALTH SERVICES AND PHYSICAL HEALTH SERVICES

Policy 432 has been revised to more clearly delineate payment responsibilities for physical and behavioral health services of AHCCCS Contractors and ADHS/DBHS subcontracted T/RBHAs for when physical health services are provided to members who are also receiving behavioral health services. Payment for AHCCCS covered behavioral health and physical health services is determined by the Principal Diagnosis appearing on a claim, except in limited circumstances as described in Attachment A, Matrix of Financial Responsibility by Responsible Party. Please also note the following key policy definitions: *Enrolled Entity*, *Behavioral Health Entity* and *Principal Diagnosis*.

- **ATTACHMENT A, MATRIX OF FINANCIAL RESPONSIBILITY BY RESPONSIBLE PARTY**

Attachment A, Matrix of Financial Responsibility by Responsible Party provides detail and clarification regarding payment responsibility in specific scenarios.

APPROVED NOT YET EFFECTIVE

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

CHAPTER 300, 315 CYE 16, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP)

The acute program payment reform initiative has been amended to incorporate the changes for CYE 16. The initiative, previously referred to as *Payment Reform Initiative (PRI)*, has been rebranded as *Value-Based Purchasing (VBP)* and the policy is revised to expand the scope to cover all strategies under VBP. Policy revisions also increase the minimum percentage required to qualify for the quality contribution. The policy and corresponding Attachments A through E (listed below) will be implemented effective October 01, 2015.

- **ATTACHMENT A, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP) STRATEGIES**
- **ATTACHMENT B, ACUTE CARE CONTRACTOR QUALITY MANAGEMENT PERFORMANCE MEASURE STANDARDS**
- **ATTACHMENT C, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP) QUALITY DISTRIBUTION EXAMPLE**
- **ATTACHMENT D, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP) RECONCILIATION EXAMPLE**
- **ATTACHMENT E, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP) STRATEGIES CERTIFICATION**

UPDATES AND REVISIONS TO THE
AHCCCS OPERATIONAL REPORTING GUIDELINES

*INCLUDING: CLAIMS DASHBOARD REPORTING GUIDE, GRIEVANCE SYSTEM REPORTING GUIDE,
PROVIDER AFFILIATION TRANSMISSION (PAT) USER MANUAL*

To view the Reporting Guides, please access the following link:

[AHCCCS OPERATIONS REPORTING GUIDELINES](#)

CLAIMS DASHBOARD REPORTING GUIDE

None at this time.

GRIEVANCE SYSTEM REPORTING GUIDE

None at this time.

PROVIDER AFFILIATION TRANSMISSION (PAT) USER MANUAL

None at this time.