

DATE: August 03, 2015

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

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

SUBJECT: AHCCCS Contractor Operations Manual (ACOM) and AHCCCS Operations Reporting Guidelines – August 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 \(ACOM\)](#)

None at this time.

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](#)

Please Note: All of the following Policies will have an Effective Date of October 01, 2015.

*****Please Note*****

***Due to multiple policies being placed in the “Approved Not Yet Effective” section we will be adding (**)* to new items.**

CHAPTER 100, POLICY 107, MEDICARE DUAL SPECIAL NEEDS PLANS – AHCCCS MEMBERS

The title for Policy 107 has changed from Contracting with Medicare Dual Special Needs Plans to Medicare Dual Special Needs Plans – AHCCCS Members. In addition, updates also include incorporating the responsibilities for Acute Care Contractors regarding the provision and coordination of general mental health and substance abuse behavioral health services for adult members, and to update the requirements for Integrated RBHAs due to the Greater Arizona transition.

****CHAPTER 300, POLICY 304, PREMIUM TAX REPORTING**

Policy 304, Premium Tax Reporting was updated to clarify payments excluded from premium tax and the policy also received minor modifications to both wording and formatting.

ATTACHMENT A, MATRIX OF MANAGED CARE CONTRACTING AND REIMBURSEMENT FOR PREMIUM TAX

Attachment A was updated to include Premium Tax within the title and update the Matrix to comport with CYE15 program changes such as, Value-Based Purchasing.

CHAPTER 300, POLICY 305, PERFORMANCE BOND AND EQUITY PER MEMBER REQUIREMENTS

Policy 305, Performance Bond and Equity Per Member Requirements and Policy 306, Performance Bond have been merged into one Policy. Current processes were included and all language relating to securities have been eliminated.

o **ATTACHMENT A, INSTRUCTIONS FOR WIRE/ACH TRANSFERS OF FUNDS TO AHCCCS VIA ARIZONA STATE TREASURER**

A new Attachment has been added to the Policy to provide Contractors with wire transfer information when providing a cash Performance Bond.

CHAPTER 300, POLICY 306

Policy 306 has been deleted and all information merged with Policy 305, Performance Bond and Equity Per Member Requirements. Policy is now Reserved.

****CHAPTER 300, POLICY 308, REFER TO THE FOHC/RHC SECTION OF THE AHCCCS WEBSITE**

Link has been removed and cover page indication of Reserved added.

****CHAPTER 300, POLICY 314, AUTO-ASSIGNMENT ALGORITHM**

Policy 314 has been updated to include additional and new components of the auto-assignment algorithm, including factors and methodology for the calculation of the Auto-Assignment Algorithm.

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

The Acute Care Program payment reform initiative incorporates 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. Two additional concepts have been added to describe reimbursing the Contractors for VBP payments (non-encounterable payments such as bonus/shared savings etc. Also, requiring the three Acute Contractors who will be affiliated with the Regional

Behavioral Health Authority (RBHA) effective 10/01/15 to enter into two VBP contracts specific to aligned member's (acute-enrolled and RBHA-assigned) targeted at integrated care. 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**

New Attachment.

- **ATTACHMENT B, ACUTE CARE CONTRACTOR QUALITY MANAGEMENT PERFORMANCE MEASURE STANDARDS**

Only name change to Attachment.

- **ATTACHMENT C, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP) QUALITY DISTRIBUTION EXAMPLE**

Only name change to Attachment.

- **ATTACHMENT D, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP) RECONCILIATION EXAMPLE**

Attachment D was updated to incorporate the VBP payment to Provider per VBP Contract, pending CMS approval.

- **ATTACHMENT E, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP) STRATEGIES CERTIFICATION**

Attachment E was updated to incorporate the new VBP requirements, including the VBP strategies and VBP payment to provider. In addition, changes were made to identify if the contract was limited or total cost of care. The attachment was also setup in such a way that it will fit well with the ultimate goal of having the data submitted electronically.

CHAPTER 300, POLICY 318 CYE 16, ALTCS/EPD PROGRAM VALUE-BASED PURCHASING (VBP)

The Arizona Long Term Care Services/Elderly and Physical Disability (ALTCS/EPD) Program payment reform initiative incorporates 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, ALTCS/EPD PROGRAM VALUE-BASED PURCHASING (VBP) STRATEGIES**

New Attachment.

- **ATTACHMENT B, ALTCS/EPD CONTRACTOR QUALITY MANAGEMENT PERFORMANCE MEASURES**

Only name change to Attachment.

- **ATTACHMENT C, ALTCS/EPD PROGRAM VALUE-BASED PURCHASING (VBP)**
QUALITY DISTRIBUTION EXAMPLE

Only name change to Attachment.

- **ATTACHMENT D, ALTCS/EPD PROGRAM VALUE-BASED PURCHASING (VBP)**
RECONCILIATION EXAMPLE

- Attachment D was updated to incorporate the VBP payment to Provider per VBP Contract, pending CMS approval.

- **ATTACHMENT E, ALTCS/EPD PROGRAM VALUE-BASED PURCHASING (VBP)**
STRATEGIES CERTIFICATION

Attachment E was updated to incorporate the new VBP requirements, including the VBP strategies and VBP payment to provider. In addition, changes were made to identify if the contract was limited or total cost of care. The attachment was also setup in such a way that it will fit well with the ultimate goal of having the data submitted electronically.

CHAPTER 300, POLICY 319 CYE 16, CRS PROGRAM VALUE-BASED PURCHASING (VBP)

The Acute Care Program payment reform initiative incorporates 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 and B (listed below) will be implemented effective October 01, 2015.

- **ATTACHMENT A, CRS PROGRAM VALUE-BASED PURCHASING (VBP)**
STRATEGIES

New Attachment.

- **ATTACHMENT B, CRS CARE PROGRAM VALUE-BASED PURCHASING (VBP)**
STRATEGIES CERTIFICATION

Attachment B was updated to incorporate the new VBP requirements, including the VBP strategies and VBP payment to provider. In addition, changes were made to identify if the contract was limited or total cost of care. The attachment was also setup in such a way that it will fit well with the ultimate goal of having the data submitted electronically.

****CHAPTER 300, POLICY 320, HEALTH INSURER FEE**

Policy 320 is updated to address policy changes effective October 1, 2015. As of October 1, 2015 the Health Insurer Fee payment with applicable federal/state taxes will be paid at one time. In addition, information was added surrounding CMS approved methodology for the associated retroactive capitation rate adjustment.

- **ATTACHMENT A, CMS APPROVED RETRO-ACTIVE CAPITATION RATE ADJUSTMENT – ONE MONTH METHOD FOR PAYMENT OF HIF**

New Attachment.

- **ATTACHMENT B, HEALTH INSURER FEE LIABILITY REPORTING TEMPLATE**

New Attachment.

****CHAPTER 300, POLICY 322 CYE 16, REGIONAL BEHAVIORAL HEALTH AUTHORITY VALUE-BASED PURCHASING INITIATIVE**

Policy 322 CYE 16 is a new Policy applicable to the Regional Behavioral Health Authority Contractors. This Policy applies to dates of service effective on and after October 1, 2015. The purpose of this initiative is to encourage Contractor activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, by aligning the incentives of the Contractor and provider through VBP strategies.

CHAPTER 400, POLICY 404, MEMBER INFORMATION

Policy 404 received revisions related to the Contractor's member handbook requirements and to address changes related to October 1, 2015 initiatives.

- **ATTACHMENT A, NATIONAL ORGANIZATIONS RECOGNIZED BY AHCCCS**

There were two new organizations added to the list in Attachment A, National Organizations Recognized by AHCCCS.

- **ATTACHMENT B, MEMBER HANDBOOK CHECKLIST**

There were multiple updates including information that must be included verbatim in the Member Handbook and to address changes related to October 1, 2015 initiatives.

- **ATTACHMENT C, WEBSITE CHECKLIST**

There were multiple updates to Attachment C, Website Checklist surrounding new requirements effective October 1, 2015.

- **ATTACHMENT D, MEMBER INFORMATION ATTESTATION STATEMENT**

Attachment D received only formatting updates.

****CHAPTER 400, POLICY 413, GAP IN CRITICAL SERVICES**

Policy updated to account for the closure of the Ball vs. Betlach lawsuit in November, and to assist with reducing the administrative burden on AHCCCS ALTCS/EPD and DES/DDD Contractors. In addition, the revisions will streamline the review process and allow for continued analysis, tracking and trending of gaps in critical care services to AHCCCS members.

○ **ATTACHMENT A, GAP IN CRITICAL SERVICE LOG INSTRUCTIONS**

With the deletion of the original Non-Provision Service Log, AHCCCS has changed Attachment A to be reflective of the Gap in Critical Service Log Instructions.

○ **ATTACHMENT A1 AND 2, GAP IN CRITICAL SERVICE LOG**

Attachment A1 and 2 will provide Contractors with the Log Template to address any gaps in critical services.

○ **ATTACHMENT B, TELEPHONE SURVEY INSTRUCTIONS AND TEMPLATE**

Attachment B, Telephone Survey Instructions and Template changed its reporting instructions to be submitted semiannually.

****CHAPTER 400, POLICY 421, CONTRACT TERMINATION: NURSING FACILITIES AND ALTERNATIVE RESIDENTIAL SETTINGS**

Policy has been updated to include applicability to the DES/DDD Contractor, to revise definitions to include and clearly outline the definition for Bed Hold, and to address concerns regarding member health and safety when providers terminate due to bankruptcy or foreclosure. Additional changes were to address formatting.

CHAPTER 400, POLICY 422, ARIZONA STATE HOSPITAL

Policy 422, Arizona State Hospital (AzSH) will be deleted and the requirements incorporated into ACOM Policy 432, Benefit Coordination and Fiscal Responsibility for Behavioral Health Services and Physical Health Services.

****CHAPTER 400, POLICY 423, FINANCIAL RESPONSIBILITY FOR COURT ORDERED TREATMENT FOR DUI, DOMESTIC VIOLENCE OR OTHER CRIMINAL OFFENCES**

Policy 423 has had additional changes to indicate that the staff responsible for this policy is the Division of Health Care Management Operations unit. Acute Care Contractors have been added to Policy 423 to clarify payment responsibility for Court Ordered Treatment for Driving Under the Influence (DUI), Domestic Violence or Other Criminal Offenses.

CHAPTER 400, POLICY 427, CRS NO-SHOW

Policy 427, CRS No-Show has been deleted and placed in *reserved* status. Due to CRS integration efforts, this policy is no longer necessary.

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

Policy 432 has had additional changes to include the definition of PCP, to clarify requirements of the Enrolled Entity regarding medication management, and to indicate that the staff responsible for this policy is the Division of Health Care Management Operations unit.

Policy 432, has been revised to reflect changes stemming from the General Mental Health/Substance Abuse (GMH/SA) Dual Integration initiative. General Requirements have also been updated to indicate that AHCCCS Fee-For-Service (FFS) will be responsible for payment of claims for physical and behavioral health services that are provided by an IHS or a tribal owned and/or operated facility to Title XIX members whether enrolled in managed care or FFS.

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

Acute Care Contractor responsibilities as a Behavioral Health Entity have been added to address services provided to members who are receiving GMH/SA services.

CHAPTER 400, POLICY 433, MEMBER IDENTIFICATION CARDS

Policy 433, Member Identification Cards was revised to address the changes surrounding the General Mental Health/Substance Abuse Dual Integration initiative.

○ **ATTACHMENT A, TABLE OF REQUIREMENTS**

To provide consistency throughout the ACOM we have moved Attachment A, Table of Requirements to be a stand-alone Attachment.

****CHAPTER 400, POLICY 437, FINANCIAL RESPONSIBILITY FOR SERVICES AFTER THE COMPLETION OF COURT-ORDERED EVALUATION**

Policy 437 has had additional changes to indicate that the staff responsible for this policy is the Division of Health Care Management Operations unit. Acute Care Contractors have been added to Policy 437 to clarify the financial responsibility for the provision of medically necessary behavioral health services rendered after the completion of a court ordered evaluation.

CHAPTER 400, POLICY 439, MATERIAL CHANGES: PROVIDER NETWORK AND BUSINESS OPERATIONS

Policy 439, Material Changes: Provider Network and Business Operations is a new Policy intended to provide further clarification and guidance related to the existing contract provisions. This Policy establishes guidelines for AHCCCS Contractors regarding the identification and assessment of material changes to a Contractor's provider network and business operations and the approval process for such changes.

○ **ATTACHMENT A, PROVIDER NETWORK/BUSINESS OPERATIONS MATERIAL CHANGE PLAN CHECKLIST**

Provider Network/Business Operations Material Change Plan Checklist was added to assist the Contractor in addressing the requirements outlined within the Policy.

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.