

**DATE:** January 28, 2015  
**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),  
January 2015 Update

This memo describes revisions and/or additions to the [ACOM](#), Guides and Manuals for the month of January. *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 we continue to demonstrate that through program improvements, we thought it was a good time to make the “look” of the agency match its reputation. Over the next several months we will be rolling out our new look and updating all of our 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, those Policies directly referencing DES/CMDP will be revised appropriately.

### **POLICY UPDATES**

#### **CHAPTER 200, POLICY 207, PRIMARY CARE ENHANCED PAYMENT**

Language was updated in Policy 207, Primary Care Enhanced Payment to reflect current Policy regarding the attestation process. In addition, the provider dispute process has been updated to comport with the current processes for the Primary Care Provider Enhance Payments and Recoupments of Enhanced Payments.

- **POLICY 207 ATTACHMENT A, AHCCCS ENCOUNTER FLOW**

The AHCCCS Encounter Flow which can be found in Attachment A, has been updated provide greater detail in the flow of the Encounter process.

**CHAPTER 300,**

- **POLICY 301A, PROSPECTIVE TITLE XIX WAIVER GROUP NON-MED RECONCILIATION**
  - **ATTACHMENT A, HEALTH PLAN PROSPECTIVE TITLE XIX WAIVER GROUP NON-MED RECONCILIATION - EXAMPLE**
- **POLICY 302 CYE 11-13 – PRIOR PERIOD COVERAGE RECONCILIATION: ACUTE CARE AND CMDP CONTRACTORS**
  - **ATTACHMENT A, HEALTH PLAN PRIOR PERIOD COVERAGE RECONCILIATION – EXAMPLE**
- **POLICY 302 CYE 14 AND FORWARD, PRIOR PERIOD COVERAGE RECONCILIATION - ACUTE CARE AND CMDP CONTRACTORS**
  - **ATTACHMENT A, HEALTH PLAN PRIOR PERIOD COVERAGE RECONCILIATION - EXAMPLE**
- **POLICY 302A CYE 11 AND FORWARD, PRIOR PERIOD COVERAGE RECONCILIATION - ALTCS/EPD CONTRACTORS RECONCILIATION**
  - **ATTACHMENT A, HEALTH PLAN PRIOR PERIOD COVERAGE RECONCILIATION CYE 11 – EXAMPLE**
  - **ATTACHMENT B, HEALTH PLAN PRIOR PERIOD COVERAGE RECONCILIATION CYE 12 AND FORWARD – EXAMPLE**
- **POLICY 311 CYE 12-13, ACUTE PROGRAM TIERED PROSPECTIVE RECONCILIATION**
  - **ATTACHMENT A, HEALTH PLAN ACUTE PROGRAM TIERED PROSPECTIVE RECONCILIATION –EXAMPLE**
- **POLICY 311 CYE 14 AND FORWARD, ACUTE PROGRAM TIERED PROSPECTIVE RECONCILIATION**
  - **ATTACHMENT A, HEALTH PLAN ACUTE PROGRAM TIERED PROSPECTIVE RECONCILIATION - EXAMPLE**
- **POLICY 312 CYE 13, CHILDREN’S REHABILITATIVE SERVICES PROGRAM TIERED RECONCILIATION**
  - **ATTACHMENT A, CHILDREN’S REHABILITATIVE SERVICES PROGRAM TIERED RECONCILIATION – EXAMPLE**
- **POLICY 312 CYE 14 AND FORWARD, CHILDREN’S REHABILITATIVE SERVICES PROGRAM TIERED RECONCILIATION**
  - **ATTACHMENT A, CHILDREN’S REHABILITATIVE SERVICES PROGRAM TIERED RECONCILIATION - EXAMPLE**
- **POLICY 316 CYE 14 AND FORWARD, ADULT GROUP ABOVE 106% FEDERAL POVERTY LEVEL RECONCILIATION**
  - **ATTACHMENT A, HEALTH PLAN ADULT GROUP ABOVE 106% FPL - EXAMPLE**

The above listed policies have been updated to reflect the Health Insurer Fee and to complete other varied non-substantive changes. Policy 302 CYE 11-13 was also revised as follows to reflect the accurate reconciled periods: *For CMDP, this policy applies to the periods October 1, 2010 through September 30, 2011, October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013.*

---

In addition to the above changes to Policy 316 CYE 14 and Forward, the title of this Policy was changed from *316 CYE 14 – Newly Eligible Adults Reconciliation* to the *Policy 316 CYE 14 and Forward – Adult Group Above 106% Federal Poverty Level Reconciliation* to more closely reflect the Policy content.

## **GUIDES AND MANUALS**

### **PROVIDER AFFILIATION TRANSMISSION USER MANUAL**

Manual has been updated to include the new Provider Type B8 – Behavioral health Residential Facility and C4 – Specialty Per Diem Hospital and to remove Provider Type 24 – Personal Care Attendant Independent Provider Type.