
DATE: June 01, 2016
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 – June 1 of 2

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.

Please Note: On February 1, 2016 AHCCCS launched a new website. Any links that you may have had saved or are using in any documentation sent out to members will need to be updated to include the new web location.

UPDATES AND REVISIONS TO THE AHCCCS CONTRACTOR OPERATIONS MANUAL (ACOM)

To view the policies and attachments, please access the following link:

[AHCCCS CONTRACTOR OPERATIONS MANUAL \(ACOM\)](#)

None at this time.

NEWLY ADDED TO THE 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: Arizona Law 2015, Chapter 19 Section 9 (SB 1480) enacts that from and after June 30, 2016 the provisions of behavioral health services under Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) is transferred to and shall be administered by AHCCCS.

CHAPTER 200, POLICY 201, MEDICARE COST SHARING FOR MEMBERS COVERED BY MEDICARE AND MEDICAID

Policy 201, Medicare Cost Sharing for Members Covered by Medicare and Medicaid has been revised to change the applicability from ADHS/DBHS to the RBHAs. In addition, appropriate provisions that were found within DBHS Policy 701, Third Party Liability and Coordination of Benefits (Coordination with Non-Title XIX Funds) were reviewed and merged some of the provisions within

this Policy and language clarified regarding cost sharing payment responsibilities for QMB and Non-QMB Duals.

○ **ATTACHMENT A, AHCCCS NOTIFICATION TO WAIVE MEDICARE PART D COPAYMENT**

Attachment A is now an ad-hoc deliverable and is to be sent to AHCCCS immediately upon identification of a dual eligible person that is expected to be in a medical institution that is funded by Medicaid for a full calendar month, regardless of the status of the dual eligible person's Medicare lifetime or annual benefits.

CHAPTER 200, POLICY 203, CLAIMS PROCESSING

Policy 203, Claims Processing has been revised to change the applicability from ADHS/DBHS to the RBHAs. Additional clarification was provided surrounding General Claims Processing Requirements for Providers Contracted and Not Contracted with a Contractor.

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

Policy 305, Performance Bond and Equity per Member Requirement has been revised to change the applicability from ADHS/DBHS to the RBHAs and to include the RBHA Equity Per Member and Capitalization requirements.

CHAPTER 300, POLICY 317, CHANGE IN CONTRACTOR ORGANIZATIONAL STRUCTURE

Policy 317, Change in Contractor Organizational Structure has been revised to change the applicability from ADHS/DBHS to the RBHAs. Additional language was added that states AHCCCS will review and respond to the Contractor within 30 days of the notification and submission of the Transition Plan. Further clarification was added throughout the Policy.

CHAPTER 400, POLICY 418, PROVIDER AND AFFILIATE ADVANCE AND LOAN REQUEST

To provide a better understanding of what is found within Policy 418, the name was changed from Provider and Affiliate Advance Request to Provider and Affiliate Advance and Loan Request. In addition, the Policy has also been revised to change the applicability from ADHS/DBHS to the RBHAs.

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

Policy 432, Benefit Coordination and Fiscal Responsibility for Behavioral Health Services and Physical Health Services has been revised to change the applicability from ADHS/DBHS to the RBHAs. Definitions were revised where necessary to clarify plan coverage and enrollment. Additional clarification was provided regarding the operational aspect of the Policy. A reference was also added to cite a new ACOM Policy 441, Crisis Services which is still under development.

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

Clarification related to responsible parties was provided in Attachment A. Codes regarding communication disorders were also updated.

CHAPTER 400, POLICY 436, NETWORK STANDARDS

Policy 436, Network Standards has been revised to change the applicability from ADHS/DBHS to the RBHAs. Definitions were modified to align with Contract. Geographic Service Areas were defined for the RBHAs. In addition, an outline for RBHAs in Maricopa and Pima County that outlines Network Requirements surrounding Crisis Services, Integrated Clinics and Pharmacy Services that 90% of members do not need to travel more than 15 minutes or 10 miles from their residence, unless accessing those services through a Multi-Specialty Interdisciplinary Clinic (MSIC). Further clarification has been added for RBHA Contractors serving counties outside of Maricopa and Pima counties that must document a sufficient network to meet the needs of its members based upon Integrated Clinic Standards and Crisis Stabilization Facility Standards. As well, Integrated Clinic, Crisis Stabilization Facility, and Behavioral Health Residential Facility Reporting are further outlined and are to be included with the Contractor’s Network Development and Management Plan as outlined in ACOM Policy 415.

*****PREVIOUSLY POSTED TO THE APPROVED NOT YET EFFECTIVE*****

CHAPTER 100, POLICY 101, MARKETING

Policy 101, Marketing has been revised and determined not to apply to either Children’s Rehabilitative Services (CRS) or Regional Behavioral Health Authority (RBHAs), these Contractors do not market to members to influence enrollment providing no option to increase enrollment.

- **ATTACHMENT A, MARKETING ATTESTATION STATEMENT**
Attachment A, has been revised to include the role of the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) within the Attestation.
- **ATTACHMENT B, MARKETING ACTIVITIES REPORT**
No changes.

CHAPTER 100, POLICY 103, FRAUD, WASTE, AND ABUSE

Policy 103, Fraud, Waste, and Abuse has been revised to change the applicability from ADHS/DBHS to the RBHAs. The distinction of an Integrated RBHA has been eliminated due to the integration of all RBHAs making this distinction no longer necessary. The term fiscal agent has been removed from the policy. In addition, changes were made to provide clarity and consistency.

Appropriate provisions that were found within DBHS Policy 1502, Corporate Compliance have also been merged into this Policy. This includes requirements for Non-Title XIX, block grants and state appropriations. Deliverables have been referenced to be applicable to the Regional Behavioral Health Authority (RBHA) Contracts.

- **ATTACHMENT A, ATTESTATION OF DISCLOSURE OF OWNERSHIP AND CONTROL AND DISCLOSURE OF INFORMATION OF PERSONAS CONVICTED OF A CRIME**
Attachment A was revised to remove Fiscal Agent.
- **ATTACHMENT B, CORPORATE COMPLIANCE WORK PLAN - SAMPLE**
Attachment B, is a new attachment developed to provide a sample for Contractors to reference.

CHAPTER 100, POLICY 104, BUSINESS CONTINUITY AND RECOVERY PLAN

Policy 104, Business Continuity and Recovery Plan has been revised to change the applicability from ADHS/DBHS to the RBHAs and to include a requirement that the Contractor require Administrative Services Subcontractors to develop and maintain a Business Continuity and Recovery Plan. Additional changes were made to provide clarity and consistency.

Contractors shall issue notification of the policy change to its subcontractors within 30 calendar days of the published change and ensure amendment of any affected subcontracts. Affected subcontracts shall be amended on their regular renewal schedule or within six calendar months of the update, whichever comes first.

- **ATTACHMENT A, BUSINESS CONTINUITY AND RECOVERY PLAN CHECKLIST**
No changes.

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

Policy 107, Medicare Dual Special Needs Plans – AHCCCS Members has been revised to change the applicability from ADHS/DBHS to the RBHAs. The distinction of an Integrated RBHA has been eliminated due to the integration of all RBHAs making this distinction no longer necessary. In addition, changes were made to provide clarity and consistency.

CHAPTER 100, POLICY 108, AHCCCS SECURITY RULE COMPLIANCE

Policy 108, AHCCCS Security Rule Compliance has been revised to change the applicability from ADHS/DBHS to the RBHAs. As well as, adding clarification language throughout Policy. In addition definitions are now aligned with what is found in the Managed Care Contracts.

- **ATTACHMENT A, AHCCCS SECURITY RULE COMPLIANCE SUMMARY CHECKLIST**
No changes.

CHAPTER 200, POLICY 205, GROUND AMBULANCE TRANSPORTATION REIMBURSEMENT GUIDELINES FOR NON-CONTRACTED PROVIDERS

Policy 205, Ground Ambulance Transportation Reimbursement Guidelines for Non-Contracted Providers has been revised to change the applicability from ADHS/DBHS to the RBHAs. The definition for Advanced Life Support has been clarified to provide a list of qualifying necessary

supplies and services. In addition, clarification was further provided surrounding guidelines for Non-Emergent Ground Ambulance Transportation-Payment Guidelines.

CHAPTER 200, POLICY 207, PRIMARY CARE ENHANCED PAYMENTS

Policy 205, Primary Care Enhanced Payments has been revised to change the applicability from ADHS/DBHS to the RBHAs. The distinction of an Integrated RBHA has been eliminated due to the integration of all RBHAs making this distinction no longer necessary. In addition, changes were made to provide clarity and consistency. Reorganization was also done to portions of Policy 205 for better flow and clarity.

- **ATTACHMENT A, AHCCCS ENCOUNTER FLOW**
None at this time.

CHAPTER 300, POLICY 304, PREMIUM TAX REPORTING

Policy 304, Premium Tax Reporting has been revised to change the applicability from ADHS/DBHS to the RBHAs.

- **ATTACHMENT A, MATRIX OF MANAGED CARE CONTRACTING AND REIMBURSEMENT FOR PREMIUM TAX**
No changes.

CHAPTER 300, POLICY 320, HEALTH INSURER FEE

Policy 320, Health Insurer Fee has been revised to change the applicability from ADHS/DBHS to the RBHAs. In addition, adding deliverable guidelines for the RBHAs to reference the RBHA Contract, Exhibit-9, Deliverables for further instructions.

- **ATTACHMENT A, CMS APPROVED RETROACTIVE CAPITATION RATE ADJUSTMENT METHODOLOGY - ONE MONTH METHOD OF PAYMENT OF HEALTH INSURER FEE (HIF)**
No changes.
- **ATTACHMENT B, HEALTH INSURER FEE LIABILITY REPORTING TEMPLATE AND EXAMPLE**
Attachment B, has been revised to change the applicability from ADHS/DBHS to the Regional Behavioral Health Authorities (RBHAs).

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

Policy 321, Payment Reform - E-Prescribing has been revised to change the applicability from ADHS/DBHS to the Regional Behavioral Health Authorities (RBHAs).

CHAPTER 400, POLICY 408, SANCTIONS

Policy 408, Sanctions has been revised to change the applicability from ADHS/DBHS to the Regional Behavioral Health Authorities (RBHAs).

CHAPTER 400, POLICY 412, CLAIMS REPROCESSING

Policy 412, Claims Reprocessing has been revised to change the applicability from ADHS/DBHS to the Regional Behavioral Health Authorities (RBHAs). RBHAs will be held to the recoupment requirements for single and cumulative recoupments as well as recoupment of payments initiated more than 12 months from the date of original payment as outlined in the Policy. In addition, Contractors are required to submit the CRN number, if it is available when they are submitting their initial request for approval of recoupment.

CHAPTER 400, POLICY 414, NOTICES OF ACTION FOR SERVICE AUTHORIZATIONS

Policy 414, Notice of Action and Notices of Extension for Service Authorization has been revised to change the applicability from ADHS/DBHS to the RBHAs. The title of Policy 414 has been revised to add “Notices of Extension” to the title.

- **ATTACHMENT A, NOTICE OF ACTION**
Attachment A was revised to add information surrounding the State Protection and Advocacy System including contact information for the Arizona Center for Disability Law.
- **ATTACHMENT B, LEGAL SERVICES PROGRAM**
None at this time.
- **ATTACHMENT C, GUIDE TO LANGUAGE IN NOTICES OF ACTION**
None at this time.
- **ATTACHMENT D, NOTICE OF EXTENSION**
Attachment D was revised to add information surrounding the State Protection and Advocacy System including contact information for the Arizona Center for Disability Law.

CHAPTER 400, POLICY 416, PROVIDER NETWORK INFORMATION

Policy 416, Provider Network Information has been revised to change the applicability from ADHS/DBHS to the RBHAs. Revisions include provider notification requirements for when there is a change to an AHCCCS Guideline, Policy or Manual. In addition, information was added to provide clarity.

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

Policy 423, Financial Responsibility for Court Ordered Treatment for DUI/Domestic Violence or Other Criminal Offenses has been revised to change the applicability from ADHS/DBHS to the RBHAs. Appropriate provisions that were found within DBHS Policy 109, Pre-petition Screening, Court Ordered Evaluation and Treatment were merged into Policy 423. It has further been determined that this Policy does not apply to Division of Developmental Disabilities.

CHAPTER 400, POLICY 424, VERIFICATION OF RECEIPT OF PAID SERVICES

Policy 424, Verification of Receipt of Paid Services has been revised to change the applicability from ADHS/DBHS to the RBHAs.

- **ATTACHMENT A, QUARTERLY VERIFICATION OF SERVICES AUDIT REPORT**
None at this time.

CHAPTER 400, POLICY 425, SOCIAL NETWORKING

Policy 425, Social Networking has been revised as a result of the Administrative Simplification ADHS/DBHS Policies 302, Websites and Social Media and 303, Social Marketing were reviewed to merge applicable information within Policy 425, Social Networking. In addition Policy 425 has also been revised to change the applicability from ADHS/DBHS to the Regional Behavioral Health Authorities (RBHAs). Further clarification was also provided in the event a Contractor does not participate in Social Networking activities and is therefore not required to designate a social networking administrator.

- **ATTACHMENT A, SOCIAL NETWORKING ATTESTATION**
Attachment A, was revised to include a Contract Year Ending date.

CHAPTER 400, POLICY 426, CHILDREN’S REHABILITATIVE SERVICES REFERRALS, ENROLLMENT AND COVERAGE

The Policy has been revised to change the applicability from ADHS/DBHS to the RBHAs. The title of Policy 426, Children’s Rehabilitative Services Referrals, Enrollment and Coverage has been changed removing Guidelines from the original title for clarification of what is contained within the Policy. Redirection was also added to point to the AHCCCS Website for appropriate form and instructions of use.

CHAPTER 400, POLICY 431, COPAYMENT

Policy 431, Copayment has been revised to change the applicability from ADHS/DBHS to the RBHAs. Appropriate provisions from ADHS/DBHS Policy 601, Copayments have been merged with ACOM Policy 431. Additional updates have been made to align with Arizona Administrative Code R9-22-711 within the policy. Changes were also made throughout the policy to align use of common terminology for mandatory and non-mandatory copayments.

- **ATTACHMENT A, AHCCCS NOTIFICATION TO SET MEMBERS COPAY FLAG TO EXEMPT**

Revised to require a discard date and clarification to ensure Contractors are aware of responsibilities to close exemption for each episode.

CHAPTER 400, POLICY 433, MEMBER IDENTIFICATION CARDS

Policy 433, Member Identification Cards has been revised to change the applicability from ADHS/DBHS to the RBHAs. Additional changes include adding Teletypewriter (TTY) Arizona Relay System telephone number (711) as a requirement to either the front or back of all ID Cards or on the Card Holder. There were no operational changes made to this Policy however, changes were made to provide clarity and consistency throughout the ACOM.

- **ATTACHMENT A, TABLE OF REQUIREMENTS**

Attachment A was modified to reflect that the ID card format for Behavioral Health which were previously reviewed and approved by ADHS are now to be reviewed by the RBHAs. In addition, a line was added to include Teletypewriter (TTY) Arizona Relay System telephone number (711).

CHAPTER 400, POLICY 434, COORDINATION OF BENEFITS AND THIRD PARTY LIABILITY

Policy 434, has been revised to change the applicability from ADHS/DBHS to the RBHAs. In addition, appropriate provisions from ADHS/DBHS Policy 701, Third Party Liability and Coordination of Benefits (Coordination with Non-Title XIX Funds) have been merged within this Policy. Language was also added for clarification that Contractors cannot tag claims for recovery, if the recovery process has not begun prior to the end of their two-year recovery period, and that tagged claims will be submitted to AHCCCS monthly in a match-off file.

- **ATTACHMENT A, SETTLEMENT NOTIFICATION FORM**

To align Attachment A, Settlement Notification Form with the Contract a change from the term Recipient to Member was made throughout the attachment.

- **ATTACHMENT B, TRAUMA CODE ICD10 LIST**

No changes.

CHAPTER 400, POLICY 435, TELEPHONE PERFORMANCE STANDARDS AND REPORTING

Policy 435, Telephone Performance Standards and Reporting has been revised to change the applicability from ADHS/DBHS to the RBHAs. The Title was changed from Telephone Performance Standards Measurement and Reporting to remove Measurement from the title. Telephone reporting measures were aligned with quarterly reporting measures as identified in claims dashboard reporting. Minor changes to wording for clarification were also made.

- **ATTACHMENT A, TELEPHONE PERFORMANCE MEASURES TEMPLATE – CENTRALIZED TELEPHONE LINE DOWN**

No changes.

- **ATTACHMENT B, TELEPHONE PERFORMANCE STANDARDS MEASUREMENT AND REPORTING**
No changes.

CHAPTER 400, POLICY 438, ANNUAL SUBCONTRACTOR EVALUATION

Policy 438, Annual Subcontractor Evaluation has been revised to change the applicability from ADHS/DBHS to the RBHAs. RBHA Contractors will now be held to the same requirements as other Contractors.

- **ATTACHMENT A, ADMINISTRATIVE SERVICES SUBCONTRACT CHECKLIST**
Attachment A was revised to add Administrative Services Subcontract to provide clarity. An additional requirement was added that requires Administrative Services Subcontractors to develop and maintain a Business Continuity and Recovery Plan.

In addition, Contractors shall issue notification of the policy change to its subcontractors within 30 calendar days of the published change and ensure amendment of any affected subcontracts. Affected subcontracts shall be amended on their regular renewal schedule or within six calendar months of the update, whichever comes first.

- **ATTACHMENT B, ADMINISTRATIVE SERVICES SUBCONTRACTOR EVALUATION REPORT TEMPLATE**
No changes.

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

Policy 439, Material Changes Provider Network and Business Operations has been revised to change the applicability from ADHS/DBHS to the RBHAs. In addition, language was removed to exclude industry initiated changes as a requirement for reporting.

- **ATTACHMENT A, PROVIDER NETWORK BUSINESS OPERATIONS MATERIAL CHANGE PLAN CHECKLIST**
None at this time.

CHAPTER 400, POLICY 440, MANAGED CARE EXPIRATION OR TERMINATION OF CONTRACT

Policy 440, Managed Care Expiration or Termination of Contract has been revised to change the applicability from ADHS/DBHS to the RBHAs. In addition, Policy received minor changes for clarity.

CHAPTER 400, POLICY 441, CRISIS SERVICES

Policy 441, Crisis Services is a new Policy within the ACOM. This Policy is still under development and will be provided in its entirety in the next several weeks; a placeholder has been included in the ACOM to note this.

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 current Reporting Guides, please access the following link:

[AHCCCS OPERATIONS REPORTING GUIDELINES](#)

CLAIMS DASHBOARD REPORTING GUIDE

No revisions at this time.

GRIEVANCE SYSTEM REPORTING GUIDE

No revisions at this time.

PROVIDER AFFILIATION TRANSMISSION (PAT) USER MANUAL

No revisions at this time.