

DATE: June 30, 2017
To: Holders of the AHCCCS Contractor Operations Manual and AHCCCS Operational Guidelines
FROM: DHCM Contracts and Policy
SUBJECT: AHCCCS Contractor Operations Manual (ACOM) and AHCCCS Operations Reporting Guidelines

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 the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at DHCMContractsandPolicy@azahcccs.gov.

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 \(ACOM\)](#)

CHAPTER 400, POLICY 404, MEMBER INFORMATION

Policy 404 was revised to comply with Center for Medicare and Medicaid (CMS) and 42 CFR 438.10. Language regarding Member Handbook and Provider Directories was removed to create a new ACOM Policy 406.

○ **ATTACHMENT A, ORGANIZATIONS RECOGNIZED BY AHCCCS**

The American Cancer Society was added to Attachment A, Organizations Recognized by AHCCCS.

○ **ATTACHMENT B, CONTRACTOR WEBSITE CERTIFICATION CHECKLIST AND ATTESTATION**

Additional information to align with the Policy was added to Attachment B.

○ **ATTACHMENT C, MEMBER INFORMATION ATTESTATION STATEMENT**

No changes at this time.

CHAPTER 400, POLICY 406, MEMBER HANDBOOK AND PROVIDER DIRECTORY

Policy 406 was created to provide AHCCCS Contractors criteria required for development of Member Handbooks and Provider Directories. This language was removed from ACOM Policy 404 into a stand-alone policy. Requirements have been revised to include related recently revised Federal Managed Care Regulations.

Additional changes have been made since publishing to the Approved Not Yet Effective location to include, Page 5, Section K, “A designation for identifying provider locations that meet the Contractor’s criteria for accommodating members with physical or cognitive disabilities and a description of how members can obtain details of the accessibility features for specific providers with this designation.”

- **ATTACHMENT A, MEMBER HANDBOOK CHECKLIST**

Removed references to Policy 404. Checklist brought over from ACOM Policy 404 and revised to provide updates for Member Handbook requirements.

An additional change was made since publishing to the Approved Not Yet Effective location to include, Column A’s title previously read “ACOM Policy 404” and was corrected to “ACOM Policy 406”.

CHAPTER 400, POLICY 433, MEMBER IDENTIFICATION CARDS

Policy 433, was revised to align with the new format requirements for ID Cards by the Medicare and Medicaid Services (CMS). Additional minor formatting and clarity language was added to the Policy.

- **ATTACHMENT A, TABLE OF REQUIREMENTS**

Attachment A was revised to combine the RBHA Contractors with the other MCO Contractors and the removal of DDD from the AHCCCS Contractor column. DDD will continue to be responsible for reporting requirements for their Subcontractors. Additional clarification and formatting was also added.

APPROVED NOT YET EFFECTIVE

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

[ACOM APPROVED NOT YET EFFECTIVE](#)

The following Policies are posted for Contactor reference. However, the below Policies will not be in effect until the date referenced in each Policy. Policies which are newly approved but not yet effective will be added at the beginning of this section.

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

Policy 305 was revised to align the ALTCS/EPD performance bond requirements with other lines of business due to an increase in the Performance Bond amount. *The Effective Date for this Policy will be 10/01/17.*

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

No changes at this time.

CHAPTER 400, POLICY 415, PROVIDER NETWORK DEVELOPMENT AND MANAGEMENT PLAN; PERIODIC NETWORK REPORTING REQUIREMENTS

Updated Policy 415 for format changes. *The Effective Date for this Policy will be 10/01/17.*

- **ATTACHMENT A, NETWORK ATTESTATION STATEMENT**

No changes at this time.

- **ATTACHMENT B, NETWORK DEVELOPMENT AND MANAGEMENT PLAN CHECKLIST**

Revised checklist to include additional requirements of Contractors.

- **ATTACHMENT C, ALTCS/EPD CONTRACTOR SUPPLEMENT**

No changes at this time.

- **ATTACHMENT D, PROVIDER TERMINATION DUE TO RATES**

No changes at this time.

- **ATTACHMENT E, PROVIDERS THAT DIMINISHED THEIR SCOPE OF SERVICE AND/OR CLOSED THEIR PANEL DUE TO RATES**

No changes at this time.

- **ATTACHMENT F, AGENCY WITH ROSTER CHOICE**

No changes at this time.

- **ATTACHMENT GA, DDD THERAPEUTIC SERVICES NETWORK GAP REPORTING ROSTER**

No changes at this time.

- **ATTACHMENT GB, HCBS NETWORK GAP REPORTING ROSTER**

No changes at this time.

- **ATTACHMENT H, E/PD AND DDD CUSTOMIZED WHEELCHAIR, CUSTOMIZED HOSPITAL BED AND AUGMENTATIVE COMMUNICATION DEVICE TIMELINESS REPORT**

Revised to include DDD.

CHAPTER 400, POLICY 416, PROVIDER NETWORK INFORMATION

Policy 416 was updated to address the ALTCS/EPD RFP requirements and align with ACOM Policy 415. Post APC changes include clarifying language and referencing AMPM Policy 960, provision, duty to report. Other APC changes include revising language to match ACOM 415, Checklist B, specifying physical and cognitive disabilities and adding contractors who provide BH services. *The Effective Date for this Policy will be 10/01/17.*

PREVIOUSLY ADDED TO THE APPROVED NOT YET EFFECTIVE LOCATION

CHAPTER 100, POLICY 104, BUSINESS CONTINUITY OF OPERATIONS AND RECOVERY PLAN

Policy 104 had a title change to Business Continuity of Operations and Recovery Plan. Additional requirements were added to ensure the restoration of business operations following unexpected events, or the threat of such event, which impact the ability to adequately serve members. Contractors shall also ensure that all staff are trained and familiar with the Plan at least annually, and understand their respective roles. *The Effective Date for this Policy will be 10/01/17.*

- **ATTACHMENT A, BUSINESS CONTINUITY OF OPERATIONS AND RECOVERY PLAN CHECKLIST**

Attachment A, title has been revised to include Business Continuity of Operations and Recovery Plan Checklist.

CHAPTER 400, POLICY 405, CULTURAL COMPETENCY, LANGUAGE ACCESS PLAN AND FAMILY/PATIENT CENTERED CARE

Policy 405 had a title change to Cultural Competency, Language Access Plan and Family/Patient Centered Care. Requirements addressing policies and procedures, staff training, assessments, transcription, and oral assistance services have been revised to comply with 42 CFR 438.206. *The Effective Date for this Policy will be 10/01/17.*

○ **ATTACHMENT A, CULTURAL COMPETENCY PLAN ASSESSMENT, LANGUAGE ACCESS PLAN, AND FAMILY-PATIENT CENTERED CARE REPORTING CHECKLIST**

The title for Attachment A has changed to Cultural Competency Plan Assessment, Language Access Plan, and Family-Patient Centered Care Reporting Checklist. As well, requirements addressing a description requirement have been added to address how culturally competent items are being provided. In addition, new requirements aligning with Policy requirements have been added to the checklist to ensure conformity with Center for Medicare and Medicaid (CMS) and 42 CFR 438.10. *The Effective Date for this Attachment will be 10/01/17.*

CHAPTER 400, POLICY 413, GAP IN CRITICAL SERVICES

Policy 413, was revised to align with changes resulting from the ALTCS/EPD Request for Proposal. The definition of Direct Care Worker and Service Plan has been included and clarifying language has been added regarding information that should be included in policies and procedures surrounding identifying, correcting, and tracking gaps critical services. *The Effective Date for this Policy will be 10/01/17.*

○ **ATTACHMENT A, GAP IN CRITICAL SERVICE LOG AND AUTHORIZED CRITICAL HOURS LOG FORM INSTRUCTIONS**

Changes made to section 2, to conform to changes and examples 3 & 4 were changed to 2 & 3. *The Effective Date for this Attachment will be 10/01/17.*

○ **ATTACHMENT A, 1 AND 2, GAP IN CRITICAL SERVICE LOG AND AUTHORIZED CRITICAL HOURS LOG FORM**

No changes at this time. *The Effective Date for this Attachment will be 10/01/17.*

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

No changes at this time. *The Effective Date for this Attachment will be 10/01/17.*

CHAPTER 400, POLICY 436, NETWORK STANDARDS

Policy 436, was revised to remove the references to Geographical Service Areas (GSA) due to AHCCCS no longer assigning network standards by GSA but rather by county. *The Effective Date for this Policy will be 10/01/17.*

• **ATTACHMENT A, MINIMUM NETWORK REQUIREMENTS VERIFICATION TEMPLATE**

No changes at this time.

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

Policy 440 was revised to align with the new Managed Care Regulations found in 42 CFR 438.104. *The Effective Date for this Policy will be 10/01/17.*

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 AND APPEAL SYSTEM REPORTING GUIDE

No revisions at this time.

PROVIDER AFFILIATION TRANSMISSION (PAT) USER MANUAL

No revisions at this time.