
DATE: April 19, 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 100, POLICY 101, MARKETING

Policy 101, was revised to comply with Center for Medicare and Medicaid (CMS) and 42 CFR 438.104. In addition, marketing materials cannot contain any assentation or statement written or oral that the member must enroll with the Contractor in order to obtain or not lose benefits. Marketing materials also cannot include any statement that the Contractor is endorsed by CMS or any Federal or state government or similar entity. The requirement that Contractors shall submit a Marketing Activities Report describing the previous six months of marketing utilizing Attachment B has also been added. DDD shall submit this form on behalf of its Subcontractors. Events that have been approved by AHCCCS do not have to be included in this report.

○ **ATTACHMENT A, MARKETING ATTESTATION STATEMENT**

No changes.

○ **ATTACHMENT B, MARKETING ACTIVITIES REPORT**

Clarification was added to Attachment B to required Contractors to submit Attachment B, Marketing Activities Report. DDD Contractor shall submit Attachment B on behalf of its subcontracted health plans marketing activities.

CHAPTER 400, POLICY 445, SUBMISSION OF REQUEST FOR HEARING

New Policy 445, Submission of Request for Hearing was developed to establish guidelines for Contractor's when submitting hearing request and directs them to submit through the FTP Server.

- **ATTACHMENT A, SUBMISSION OF REQUEST FOR HEARING FORM**

Attachment A, Submission of Request for Hearing Form was developed as a Uniform Cover Sheet to assist with the hearing scheduling process.

APPROVED NOT YET EFFECTIVE

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

[ACOM APPROVED NOT YET EFFECTIVE](#)

Please Note: The following Policies are posted for Contactor reference. However, the below Policies will not be in effect until the date referenced in excerpt of each Policy. In addition, new Policies that have been added during this publication will be added at the beginning of this section.

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. *The Effective Date for this Policy will be 10/01/17.*

- **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 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 Center for Medicare and Medicaid (CMS) and 42 CFR 438.10. 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 ~~Assessment~~ 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 433, MEMBER IDENTIFICATION CARDS

Policy 433, was revised to align with the new Managed Care Regulations found in 42 CFR 438.104. Additional minor formatting and clarity language was added to the Policy. *The Effective Date for this Policy will be 07/01/17.*

- **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.

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.*

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 436, NETWORK STANDARDS

Policy 436, Network Standards 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**

None at this time.

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.