

DATE: December 21, 2018
To: Holders of the AHCCCS Contractor Operations Manual
FROM: DHCM Contracts and Policy
SUBJECT: AHCCCS Contractor Operations Manual (ACOM)

This memo describes revisions and/or additions to the ACOM.

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)

POLICY 301, ALTCS E/PD PROGRAM TIERED RECONCILIATION

ACOM Policy 301 is a new policy that outlines the process and Contractor requirements regarding the ALTCS E/PD Program Tiered Reconciliation.

- **ATTACHMENT A, ALTCS E/PD TIERED RECONCILIATION EXAMPLE**
New attachment developed for ALTCS E/PD Program Tiered Reconciliation - Example.
- **Post Tribal Consultation Notification/Public Comment Change:**
A calculation error was corrected within the Reconciliation Example.

POLICY 311, AHCCCS COMPLETE CARE (ACC) PROGRAM TIERED RECONCILIATION

ACOM Policy 311 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and combined Prior Period Coverage (PPC) reconciliation with Prospective Reconciliation.

- **ATTACHMENT A, ACC PROGRAM RECONCILIATION EXAMPLE**
Attachment A was revised to combine PPC reconciliation and Prospective reconciliation examples.

POLICY 320, HEALTH INSURANCE PROVIDER FEE

ACOM Policy 320 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001). Policy title was updated to “Health Insurance Provider Fee”, previously known as “Health Insurer Fee”. Tax moratorium for Fee Year 19 added.

- **ATTACHMENT A, RESERVED**

Attachment A, formerly titled “CMS Approved Retro-active capitation rate adjustment – One Month Method for Payment of HIF” is being reserved as information has been incorporated into body of Policy.

- **ATTACHMENT B, HEALTH INSURANCE PROVIDER FEE LIABILITY REPORTING TEMPLATE**

Attachment B, formerly titled, “Health Insurer Fee Liability Reporting Template” has been updated to Attachment A, “Health Insurance Provider Fee Liability Reporting Template”.

POLICY 321, PAYMENT REFORM E-PRESCRIBING

ACOM Policy 321 was revised to expand payment reform requirements and to remove references to any specific year.

POLICY 323, RBHA TITLE XIX/XXI RECONCILIATION AND NON-TITLE XIX/XXI PROFIT LIMIT

ACOM Policy 323 was updated for CYE18 profit corridor revisions. Policy title had an update to remove specific CYE dates.

- **ATTACHMENT A, MARICOPA COUNTY/GREATER ARIZONA CONTRACTORS TITLE XIX/XXI RECONCILIATION CYE 16 - EXAMPLE**

No changes.

- **ATTACHMENT B, MARICOPA COUNTY CONTRACTORS TITLE XIX/XXI RECONCILIATION CYE 17 - EXAMPLE**

No changes.

- **ATTACHMENT C, GREATER ARIZONA CONTRACTORS TITLE XIX/XXI RECONCILIATION CYE 17-EXAMPLE**

No changes.

- **ATTACHMENT D, MARICOPA COUNTY /GREATER ARIZONA CONTRACTORS TITLE XIX/XXI RECONCILIATION CYE 18 – EXAMPLE**

New Attachment created for Maricopa County/Greater Arizona RBHA Contractors Title XIX/XXI Reconciliation CYE 18.

- **ATTACHMENT E, MARICOPA COUNTY/GREATER ARIZONA CONTRACTORS TITLE XIX/XXI RECONCILIATION CYE XX – EXAMPLE**
Attachment has been re-numbered as Attachment E; formerly listed as Attachment D.
- **ATTACHMENT F, NON-TITLE XIX/XXI PROFIT LIMIT CYE XX –EXAMPLE**
Attachment has been re-numbered as Attachment F; formerly listed as Attachment F.

POLICY 414, REQUIREMENTS FOR SERVICE AUTHORIZATION DECISIONS AND NOTICES OF ADVERSE BENEFIT DETERMINATION

ACOM Policy 414 was formerly titled, “Notices of Adverse Benefit Determination and Notices of Extension for Service Authorizations”. Policy was revised to clarify 72 hour limit for Expedited Service Authorization Requests by clarifying language to Service Request Computation of Time regarding 72 hour response. Added Medication Prior Authorization Timeframe and included 24 hours or seven business days for issuing a decision for medications when there is insufficient information.

- **ATTACHMENT A-1, NOTICE OF ADVERSE BENEFIT DETERMINATION NOT INVOLVING MEDICATIONS TEMPLATE**
New Attachment A-1 was formerly listed as “Notice of Adverse Benefit Determination Template” and has been modified into two separate attachments as A-1 and A-2.
- **ATTACHMENT A-2, NOTICE OF ADVERSE BENEFIT DETERMINATION INVOLVING MEDICATIONS TEMPLATE**
New Attachment A-2 was formerly listed as “Notice of Adverse Benefit Determination Template” and has been modified into two separate attachments as A-1 and A-2.
- **ATTACHMENT B, LEGAL SERVICES PROGRAM**
No changes.
- **ATTACHMENT C, GUIDE TO LANGUAGE IN NOTICES OF ADVERSE BENEFIT DETERMINATION**
No changes.
- **ATTACHMENT D, NOTICE OF EXTENSION TEMPLATE**
No changes.

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGES:**ACOM Policy 414**

- Section E, Added to align Language “The Contractor may issue a NOE; utilizing Attachment D of this policy, of up to 14 additional calendar days, if the criteria for a service authorization extension are met as specified in Section G this Policy.”
- Section F. 2., a., Rearrange order of authorization timeframes for flow
- Section F.2.a., Replaced business with working

- **ATTACHMENT A-1, NOTICE OF ADVERSE BENEFIT DETERMINATION NOT INVOLVING MEDICATIONS TEMPLATE**
 - Changed Doctor to provider to include behavioral health throughout attachments.
 - Legal basis http: removed and updated to attachment B

- **ATTACHMENT A-2, NOTICE OF ADVERSE BENEFIT DETERMINATION INVOLVING MEDICATIONS TEMPLATE**
 - Changed Doctor to provider to include BH, throughout attachments.
 - Clarified Appeal decision timeframe for medications is 30 days for medications not 24 hours

- **ATTACHMENT B, LEGAL SERVICES PROGRAM**
 - Arizona Center for Disability Law has been added to “Maricopa County” (for Phoenix location) and “Pima County” (for Tucson location). It was previously listed under “Statewide” with Phoenix location.

- **ATTACHMENT C, GUIDE TO LANGUAGE IN NOTICES OF ADVERSE BENEFIT DETERMINATION**
 - Added RBHA responsibility for CMDP and DDD members

- **ATTACHMENT D, NOTICE OF EXTENSION TEMPLATE**
 - Added ***remove this header before sending to member***

APPROVED NOT YET EFFECTIVE

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

ACOM APPROVED NOT YET EFFECTIVE

None at this time.