

**DATE:** May 30, 2018  
**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](mailto:DHCMContractsandPolicy@azahcccs.gov).*

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**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.

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**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.**

**POLICY 104, CONTINUITY OF OPERATIONS AND RECOVERY PLAN**

Policy 104 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes. *This Policy will have an implementation date of 10/01/18.*

○ **Attachment A, CONTINUITY OF OPERATIONS AND RECOVERY PLAN CHECKLIST**

Attachment A was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes.

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**POLICY 109, INSTITUTION FOR MENTAL DISEASE 15 DAY LIMIT**

Policy 109 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes. *This Policy will have an implementation date of 10/01/18.*

- **Attachment A, IMD EXCEEDING 15 DAYS**

Attachment A was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes.

**POLICY 324, TARGETED INVESTMENTS PROGRAM**

Policy 324 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes. *This Policy will have an implementation date of 10/01/18.*

**POLICY 416, PROVIDER INFORMATION**

Policy 416 had a name change from *Provider Network Information* to *Provider Information*. Behavioral Health provisions which previously applied to RBHAs or EPD only have been revised to now apply to all Contractors. Revisions for clarification of policy requirements was performed throughout Policy. *This Policy will have an implementation date of 10/01/18.*

**POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGE TO POLICY 416:**

The following additional requirements were added for the provider manual.

1. The ability of a member's PCP to treat behavioral health conditions within the scope of their practice,
31. Information for behavioral health providers on their responsibilities for submitting to AHCCCS demographic information according to the AHCCCS Demographic and Outcomes Data Set User Guide
33. How to notify the Contractor and AHCCCS when the provider changes address, contact information or other demographic information
38. The member's rights under 42 CFR 438.100, including:
  - a. A member's right to be treated with dignity and respect,
  - b. Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand,
  - c. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation,
  - d. Request and receive a copy of his or her medical records, and to request that they

be amended or corrected, as specified in 45 CFR part 164 and applicable State law, and

- e. Exercise his or her rights and that the exercise of those rights shall not adversely affect service delivery to the member,

**POLICY 431, COPAYMENTS**

Policy 431 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes. *This Policy will have an implementation date of 10/01/18.*

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

Attachment A was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes.

**POLICY 440, MANAGED CARE EXPIRATION OR TERMINATION OF CONTRACT**

Policy 440 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes. *This Policy will have an implementation date of 10/01/18.*

**POLICY 445, SUBMISSION OF REQUEST FOR HEARING**

Policy 445 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes. *This Policy will have an implementation date of 10/01/18.*

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

Attachment A was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes.

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**PREVIOUSLY ADDED TO THE APPROVED NOT YET EFFECTIVE LOCATION**

**POLICY 317, CHANGE IN CONTRACTOR ORGANIZATIONAL STRUCTURE**

ACOM Policy 317 was revised to address change in contractor organizational structure requirements set forth in the AHCCCS Complete Care RFP (YH19-0001). New references added (42 CFR Part 455, Subpart B; 42 CFR 455.436; State Medicaid Director Letters 08-003 and 09-001). *This Policy will have an implementation date of 10/01/18.*

**POLICY 426, CHILDREN'S REHABILITATIVE SERVICES REFERRALS, ENROLLMENT, AND COVERAGE**

In accordance with the AHCCCS Complete Care Contract (RFP YH19-0001), the title changed for

Policy 426, previously Children’s Rehabilitative Services Referrals, Enrollment, and Coverage has been changed to Children’s Rehabilitative Services, Application, Designation, and Coverage. Clarification was added regarding members no longer changing enrollment if determined CRS eligible. In addition, Contractors shall notify to a member with a CRS designation turning 21 years of age, at least 90 days prior that his/her CRS designation ends upon his/her 21st birthday. The Contractor shall ensure specialty services related to the member’s CRS condition(s) are completed, as clinically appropriate, prior to the member’s 21st birthday. The Contractor shall continue to ensure appropriate service delivery and care coordination is provided, regardless of the member’s CRS designation ending. *This Policy will have an implementation date of 10/01/18.*

**POLICY 432, BENEFIT COORDINATION AND FISCAL RESPONSIBILITY FOR BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICE**

Policy 432 was revised as part of the AHCCCS Complete Care Contractor RFP YH19-0001. Revised Policy and corresponding Attachment matrix of payment responsibility to apply only for those populations who are not in an integrated program, i.e. are not receiving physical and behavioral health services from the same entity (e.g. DDD members - DDD/RBHA, CMDP members CMDP/RBHA). Also updated policy to include the recent changes published to include Primary Care Provider reimbursement for Opioid Use Disorder services effective 1-1-18. *This Policy will have an implementation date of 10/01/18.*

**POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGE TO POLICY 432:**

The following under Enrolled Entity was clarified facility services as acute care facility services.

Section A.

4. Payment for an emergency department facility claim of an acute care facility including triage and diagnostic tests, when there is no admission to the facility is the responsibility of the Enrolled Entity regardless of the Principal Diagnosis on the facility claim. Payment responsibility for professional services associated with the emergency department visit is determined by the Principal Diagnosis on the professional claim. Payment responsibility for the emergency department visit and payment responsibility for the associated professional services is not necessarily the same entity. Payment of the professional claim shall not be denied by the responsible entity due to lack of notification of the emergency department visit.

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

Attachment A was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes.

**POLICY 442, MEMBER WITH A SERIOUS MENTAL ILLNESS REQUEST TO OPT OUT FROM A REGIONAL BEHAVIORAL HEALTH AUTHORITY TO AN ACUTE CARE CONTRACTOR**

Policy 442 was revised to address new opt out criteria as set forth in the AHCCCS Complete Care (ACC) RFP (YH19-0001). Members with a Serious Mental Illness (SMI) who request to opt out from a Regional Behavioral Health Authority (RBHA) will now be moved to an ACC plan instead of an Acute Care Plan. *This Policy will have an implementation date of 10/01/18.*

**POLICY 449, BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN DEPARTMENT OF CHILD SAFETY CUSTODY AND ADOPTED CHILDREN**

ACOM Policy 449 was updated to address the requirements set forth in the AHCCCS Complete Care RFP (YH19-0001). All references to Children’s Rehabilitative Services (CRS) have been removed. *This Policy will have an implementation date of 10/01/18.*

- **ATTACHMENT A, DCS AND ADOPTED CHILDREN SERVICES REPORTING – ACCESS TO SERVICE**  
No changes.
- **ATTACHMENT B, DCS AND ADOPTED CHILDREN SERVICES REPORTING CALLS AND RECONCILIATION**  
No changes.

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**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.