

DATE: June 12, 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.

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.

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 402, MEMBER TRANSITION FOR ANNUAL ENROLLMENT CHOICE AND ELIGIBILITY CHANGES

Policy 402 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes. This Policy was part of the Bidder's Library Policies for the AHCCCS Complete Care (ACC) RFP. Additionally, in compliance with 42 CFR 438.62, a new managed care regulation outlining continued services to enrollees, ACOM Policy 402 was revised to ensure the continuation of access to services for members during the transition of managed care entities. *This Policy will have an implementation date of 10/01/18.*

POLICY 404, CONTRACTOR WEBSITE AND MEMBER INFORMATION

Policy 404 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes. References to ACOM Policy 416 were removed as Contractor website requirements are now located in this Policy, ACOM 404, Attachment B. New language was added to address bulk member information submissions.

Policy title was updated to “Contractor Website and Member Information”. *This Policy will have an implementation date of 10/01/18.*

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

Attachment A was updated to include Aging with Dignity.

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

Attachment B was revised to remove references to ACOM Policy 416, added requirement for nurse triage line telephone number and crisis hotline. Website requirements were clarified for RBHA and E/PD Contractors.

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

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

POLICY 406, MEMBER HANDBOOK AND PROVIDER DIRECTORY

Policy 406 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, MEMBER HANDBOOK CHECKLIST**

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

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGE TO POLICY 406, ATTACHMENT A:

Included email address for DHCM Medical Management in item #83.

83.	How to file a complaint with the Contractor. This must include the member's right to file a complaint to the Contractor regarding the adequacy of Contractor's Notice of Adverse Determination letters. Further, it must include the member's right to contact AHCCCS Medical Management at (DHCMMedicalManagement@azahcccs.gov .) if the Contractor does not resolve the member's concern of adequacy with the Notice of Adverse Determination letter
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○ **ATTACHMENT B, DEFINITIONS FOR AHCCCS MEMBERS**

Attachment B is a new attachment pursuant to 42 CFR 438.10 that defines CMS required definitions for members.

POLICY 408, SANCTIONS

Policy 406 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 417, APPOINTMENT AVAILABILITY, MONITORING AND REPORTING

Policy 417 was part of the Bidder's Library Policies for the AHCCCS Complete Care (ACC) RFP and and was revised to align with AHCCCS Complete Care (ACC) RFP activities to include improvements to the summary process, based on legislative study report recommendation.

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGE TO POLICY 417:

For Specialty Provider Appointments, including Dental Specialty

- a. Urgent care appointments as expeditiously as the member's health condition requires but no later than two business days from the request, and
- b. Routine care appointments within 45 calendar days of referral.

○ **ATTACHMENT A, APPOINTMENT AVAILABILITY PROVIDER REPORT**

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

POLICY 433, MEMBER IDENTIFICATION CARDS

Policy 433 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, TABLE OF REQUIREMENTS**

Attachment A was revised to include Nurse Triage Telephone number and clarified Behavioral Health Customer Services Phone Number requirement

POLICY 436, NETWORK STANDARDS

Policy 436 was revised to make changes to the network standards, post-AHCCCS Complete Care RFP publication, based upon internal and external feedback and for minor formatting changes. Major changes include removing new standards for adult dentists, BH counselors and

psychiatrists, adding a process for plans requesting exceptions to standards, moving specific network plan reporting requirements to the network plan policy, to add a required summary to submissions, added reference to A.R.S. §8-512 (D) to exclude CMDP, and added exception request to network standards deliverable.

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGE TO POLICY 436:

Removed the words “licensed to” throughout the Policy definitions as AHCCCS does not license providers.

Behavioral Health Residential Facility: A health care institution that provides treatment to an individual experiencing a behavioral health issue, as defined in A.A.C. R9-10-101. A behavioral health residential facility provides a structured treatment setting with 24 hour supervision and counseling or other therapeutic activities for persons with behavioral needs. For the purposes of this policy, a behavioral health residential facility is defined as a facility operating using the AHCCCS provider type B8 “Behavioral Health Residential Facility”.

Dentist, Pediatric: A medical professional regulated by the State Board of Dental Examiners and operating under A.R.S. §32-1201. For the purposes of this policy, Dentists are defined as a provider operating using the AHCCCS provider type 07 “Dentist” with the specialty code of “800-Dentist- General”, or “804- Dentist- Pediatric”. The time and distance for these providers is measured using the Contractor’s population of members under the age of 21 years old.

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

Attachment A was revised to was revised to make changes to the network standards, post-AHCCCS Complete Care RFP publication, based upon internal and external feedback and for minor formatting changes. It lists the minimum network requirements verifications.

PREVIOUSLY ADDED TO THE APPROVED NOT YET EFFECTIVE LOCATION

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.

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.*

- **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.*

- **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.

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.*

Note: Change after comment period – Attachment A item 4 under Enrolled Entity – clarified facility services as acute care facility services.

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 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 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.

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.