

**DATE:** July 11, 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 \(ACOM\)](#)**

**POLICY 207 CYE 13-17, PRIMARY CARE ENHANCED PAYMENTS**

Policy 207 was revised to add an end date of CYE 2017 for these policy requirements. Note also the Policy title has changed from 207 to 207 CYE 13-17.

- **ATTACHMENT A, AHCCCS ENCOUNTER FLOW**

Attachment was revised to add an end date of CYE 2017.

**POLICY 302 CYE 14-18, PRIOR PERIOD COVERAGE RECONCILIATION: ACUTE CARE AND CMDP CONTRACTORS**

Policy 302 was revised to include an end date of CYE2018as there will not be a stand-alone PPC reconciliation for AHCCCS Complete Care (to replace Acute Care) nor for CMDP in CYE 19. Policy was amended to add APSI for CYE 18 and to add Adults >106% to the list of risk groups covered for CYE 18. Note also the Policy title has changed from 302 CYE 14 AND FORWARD to 302 CYE 14-18.

- **ATTACHMENT A, HEALTH PLAN PPC RECONCILIATION EXAMPLE**

Attachment A was revised to add an APSI expense line and include an end date of CYE 2018.

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**POLICY 311 CYE 14 AND FORWARD, ACUTE PROGRAM TIERED PROSPECTIVE RECONCILIATION**

Policy 311 CYE 14 AND FORWARD was revised to update the reconciliation policies for APSI and to include the Adults >106% in the Tiered reconciliation.

- **ATTACHMENT A, HEALTH PLAN ACUTE PROGRAM TIERED PROSPECTIVE RECONCILIATION EXAMPLE**

Attachment A was revised to include an APSI line.

**POLICY 312 CYE 14-18, CHILDREN'S REHABILITATIVE SERVICES PROGRAM TIERED RECONCILIATION**

Policy 312 CYE 14 AND FORWARD was revised to include an end date of CYE 2018 and also included APSI language. Note also the policy name has changed from 312 CYE 14 AND FORWARD to 312 CYE 14-18.

- **ATTACHMENT A, CRS TIERED RECONCILIATION EXAMPLE**

Attachment A was updated to include end date of CYE 2018 and also clarified APSI language for the enhanced portion.

**POLICY 316 CYE 14-17, ADULT GROUP ABOVE 106% FEDERAL POVERTY LEVEL RECONCILIATION**

Policy 316 CYE 14 AND FORWARD was amended to include an end date of CYE 2017 as this population has moved to reconciliation. Note also the policy name has changed from 316 CYE 14 AND FORWARD to 316 CYE 14-17.

- **ATTACHMENT A, HEALTH PLAN ADULT GROUP ABOVE 106% FPL RECONCILIATION EXAMPLE**

Attachment A was amended to include an end date of CYE 2017.

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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 108, AHCCCS SECURITY RULE COMPLIANCE**

Policy 108 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.*

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**POLICY 314, AUTO-ASSIGNMENT ALGORITHM**

Policy 314 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. *This Policy will have an implementation date of 10/01/18.*

**POLICY 407, WORKFORCE DEVELOPMENT**

Policy 407 is a new Policy that describes the required Contractor functions for workforce development. This Policy was part of the ACC RFP Bidder's Library Policies and will be replacing AMPM Policy 1060, Training Requirements for RBHAs and Behavioral Health Providers. *This Policy will have an implementation date of 10/01/18.*

**POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGE TO POLICY 407:**

The term "capability" has been revised to "competency" throughout the Policy for consistency.

**POLICY 413, GAP IN CRITICAL SERVICES**

Policy 413 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, GAP IN CRITICAL SERVICES LOG AND AUTHORIZED CRITICAL HOURS LOG FORM INSTRUCTIONS**

Attachment A was revised for minor formatting.

- **ATTACHMENT A-1 AND A-2, GAP IN CRITICAL SERVICES LOG AND AUTHORIZED CRITICAL HOURS LOG FORM**

No changes.

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

No changes.

**POLICY 425, SOCIAL NETWORKING**

Policy 425 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.*

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**POLICY 431, COPAYMENT**

Policy 431 is being republished with the below changes to the Policy and Attachment. *This Policy will have an implementation date of 10/01/18.*

The following language was added to Section C (2) of the Policy:

2. *When a member meets the criteria for copay exemption as described in Section C. 1. d. and g. of this Policy, the Contractor shall notify AHCCCS Member Contact and Data Unit (MCDU) by emailing a completed copy of Attachment A to AHCCCS MCDU within five days of admission or services being provided and upon discharge from the below settings.*

- **Attachment A, AHCCCS Notification to Set Members Copay Flag to Exempt**

The following change was made to the attachment post 05/30/18:

EMAIL TO AHCCCS MCDU: [mcdumemberescalations@azahcccs.gov](mailto:mcdumemberescalations@azahcccs.gov)

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**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.

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**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 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.

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| 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 ( <a href="mailto:DHCMMedicalManagement@azahcccs.gov">DHCMMedicalManagement@azahcccs.gov</a> .) 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 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 were performed throughout Policy. *This Policy will have an implementation date of 10/01/18.*

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**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 417, APPOINTMENT AVAILABILITY, MONITORING AND REPORTING**

Policy 417 was part of the Bidder's Library Policies for the AHCCCS Complete Care (ACC) RFP 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.

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**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 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 ~~licensed to~~ 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 ~~licensed to~~ 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.

**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.*

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**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](#)**

Guides and Manuals will no longer be included in the revisions memos. This change will be effective as of 07/11/18.