

DATE: August 14, 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 \(ACOM\)**](#)

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 100, AHCCCS CONTRACTOR OPERATIONS MANUAL OVERVIEW

Policy 100 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting changes. Definitions were aligned with AMPM Policy 100, AHCCCS Medical Policy Manual Overview. *This Policy will have an implementation date of 10/01/18.*

POLICY 101, MARKETING

ACOM Policy 101 was amended for general updates and was aligned with the AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and to include: "Pursuant to 42 CFR 438.104, the AHCCCS Marketing Committee will consult with the Arizona State Medicaid Advisory Committee (SMAC) in reviewing submitted Marketing Materials." *This Policy will have an implementation date of 10/01/18.*

○ **ATTACHMENT A, MARKETING ATTESTATION STATEMENT**

Updated 'DDD acute care subcontractors' to 'Administrative Services Subcontractors' for

consistency.

- **ATTACHMENT B, MARKETING ACTIVITIES REPORT**

(DDD Only) Added 'Administrative Services' in front of Subcontractor for clarity.

POLICY 106, CERTIFICATION OF MEDICARE ADVANTAGE ORGANIZATIONS SERVING DUAL ELIGIBLE MEMBERS

Policy 106 was part of the Bidder's Library, AHCCCS Complete Care (ACC) Request for Proposal (RFP YH19-0001). Policy was revised to streamline operational requirements and responsibilities, and to remove language already accounted for in with ACOM Policy 305. Policy was formerly listed as ACOM Policy 313 and has moved from ACOM Chapter 300 (Finance) to Chapter 100 (Administration) as the responsibilities outlined are administrative requirements. The Policy title was also revised to "Certification of Medicare Advantage Organizations Serving dual Eligible Members." *This Policy will have an implementation date of 10/01/18.*

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGES TO POLICY 106:

Removed definition of Medicare Advantage Plan.

Replaced 'Medicare Advantage' in the description of a Dual Eligible Special Needs Plan with the term 'health benefits'.

**DUAL ELIGIBLE SPECIAL
NEEDS PLAN (D-SNP)**

A type of health benefits ~~Medicare Advantage~~ plan offered by a CMS-contracted MAO that limits its enrollment to those beneficiaries who are entitled to both Medicare (Title XVIII) program covered health benefits and full Medicaid (Title XIX) program covered health benefits.

- **ATTACHMENT A, CMS STATE CERTIFICATION FORM (SAMPLE)**

Attachment A was added as an illustration of the final form provided to MAOs as a result of implementing policy.

POLICY 107, STATE-CONTRACTED MEDICARE ADVANTAGE ORGANIZATION DUAL ELIGIBLE SPECIAL NEEDS PLANS

Policy 107 was part of the Bidder's Library, AHCCCS Complete Care (ACC) Request for Proposal (RFP YH19-0001).

Language was revised to align with Medicare definitions, as applicable, and revised to focus Policy on MIPPA contract execution process as opposed to including MIPPA contract requirements. *This Policy will have an implementation date of 10/01/18.*

POLICY 415, PROVIDER NETWORK DEVELOPMENT AND MANAGEMENT PLAN; PERIODIC NETWORK REPORTING REQUIREMENTS

Policy 415 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001), had minor formatting changes, and incorporated recommendations from HB 2442 study report. *This Policy will have an implementation date of 10/01/18.*

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGE TO POLICY 415:

Removed 'ized' from specialized and revised section III., A., 8., a., 1., a., to align with Contract.

- a. A Centers of Excellence section that describes:
 - 1. The Contractor's current Centers of Excellence, and why they are significant for the Contractor's membership, including
 - a. All Contractors shall address a Center of Excellence for children with ~~specialized~~ healthcare needs as identified in Contract
For all Contractors except CMDP: Address an ~~Integrated Pain Management~~ Center of Excellence that addresses **adult members with chronic pain with or without co-occurring opioid use disorder that address** behavioral and physical health needs ~~and opioid use disorder~~ and as identified in Contract.

- o **ATTACHMENT A, NETWORK ATTESTATION STATEMENT**

No changes.

- o **ATTACHMENT B, NETWORK DEVELOPMENT AND MANAGEMENT PLAN**

Columns were re-ordered; included references to 42 CFR 438.52 and 42 CFR 438.206(B)(7).

- o **ATTACHMENT C, ALTCS E/PD CONTRACTOR SUPPLEMENT**

Minor formatting was cleaned up.

- o **ATTACHMENT D, PROVIDER CHANGES DUE TO RATES REPORT**

Added new column for 'Contract Type'.

○ **ATTACHMENT E, RESERVED**

Attachment E, Providers that Diminished their Scope of Service and or Closed their Panel Due to Rates is being made Reserved.

○ **ATTACHMENT EA, DDD THERAPEUTIC SERVICES NETWORK GAP REPORTING ROSTER**

Formerly titled as Attachment Ga.

○ **ATTACHMENT EB, HCBS SERVICES NETWORK GAP REPORTING ROSTER**

Formerly titled as Attachment Gb.

○ **ATTACHMENT F, E/PD AND DDD CUSTOMIZED WHEELCHAIR, CUSTOMIZED HOSPITAL BED AND AUGMENTATIVE COMMUNICATION DEVICE TIMELINESS REPORT**

Formerly titled as Attachment H.

○ **ATTACHMENT GA, RESERVED**

Re-named as Attachment Ea.

○ **ATTACHMENT GB, RESERVED**

Re-named as Attachment Eb.

○ **ATTACHMENT H, RESERVED**

Re-named as Attachment F.

POLICY 424, VERIFICATION OF RECEIPT OF PAID SERVICES

Policy 424 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for general over and minor formatting changes. Revisions include adding language to allow submission of Attachment A in Excel format. Updated word “Surveys sent out” to “Surveys given”.

○ **ATTACHMENT A, QUARTERLY VERIFICATION OF SERVICES AUDIT REPORT**

Updated word “Surveys sent out” to “Surveys given”.

PREVIOUSLY ADDED TO THE APPROVED NOT YET EFFECTIVE LOCATION

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.*

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) Request for Proposal (RFP YH19-0001). *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 for the AHCCCS Complete Care (ACC) Request for Proposal (RFP YH19-0001) 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.*

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

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 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) Request for Proposal (RFP YH19-0001). Additionally, in compliance with 42 CFR 438.62, a new managed care regulation outlining continued services to enrollees, 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 408 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. *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 417, APPOINTMENT AVAILABILITY, MONITORING AND REPORTING

Policy 417 was part of the Bidder’s Library Policies for the AHCCCS Complete Care (ACC) Request for Proposal (RFP YH19-0001) and was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes and to include improvements to the summary process, based on legislative study report recommendation.

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

- Updated from ‘three’ to ‘two’ business days from request
- Added ‘including Dental Specialty’

For Specialty Provider Appointments, ***including Dental Specialty***

- a. Urgent care appointments as expeditiously as the member’s health condition requires but no later than ~~three~~ 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 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 (ACC) Request for Proposal (YH19-0001) 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, adding a required summary to submission requirements, adding reference to A.R.S. §8-512(D) to exclude CMDP, and adding exception request to network standards deliverable.

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGES 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

Policy 426 revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001). Policy title changed from Children’s Rehabilitative Services Referrals, Enrollment, and Coverage 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 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 part of the Bidder's Library Policies for the AHCCCS Complete Care (ACC) Request for Proposal (RFP YH19-0001). Policy and corresponding Attachment matrix of payment responsibility revised to make applicable only for those Contractors serving populations who are not in an integrated program, i.e. are not receiving physical and behavioral health services from the same entity. 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:

- 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 align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001). Policy revised to indicate that members, with a Serious Mental Illness (SMI) designation, who request to opt out of physical health services from a Regional Behavioral Health Authority (RBHA), will now be moved to an ACC plan rather than 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 Request for Proposal (RFP YH19-0001). Policy also revised to include reference to pertinent regulations: 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 revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001). References to the Children's Rehabilitative Services (CRS) Program

and applicability of deliverables to the CRS Program/Contractor 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**](#)

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