

DATE: April 03, 2019
To: Holders of the AHCCCS Contractor Operations Manual
FROM: Division of Health Care Management Contracts and Policy Unit
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 110, MENTAL HEALTH PARITY

Policy 110, Mental Health Parity is a new Policy outlining Contractor requirements to achieve and maintain compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). The regulation, in general, prohibits the application of more restrictive limits to Mental Health/Substance Use Disorder (MH/SUD) benefits than to Medical/Surgical (M/S) benefits. The Policy outlines the Contractor requirements for the delivery of all MH/SUD and M/S services and the responsibilities in performing the initial and ongoing parity analyses.

○ **ATTACHMENT A, BENEFIT PACKAGE MAPPING 2016-2017**

Attachment A is new and provides the mental health benefit packages for Substance Use Disorder (SUD) services, Long Term Care (LTC) services, and Medical Surgery Services and is to be utilized for mapping the benefits for the year 2016-2017.

○ **ATTACHMENT B, MENTAL HEALTH PARITY ATTESTATION STATEMENT**

Attachment B is new and is the Mental Health Parity Attestation Statement and shall be completed by the Contractor to attest that there have been no substantive changes to the Contractor's benefit package, utilization, or Health Care Delivery System.

○ **ATTACHMENT C, MENTAL HEALTH PARITY ANALYSIS SUMMARY**

New Attachment shall be utilized in reporting Non-Quantitative Treatment Limits (NQTL) analysis results along with documentation supporting compliance with Mental Health Parity and certifying ongoing compliance with parity requirements as specified in Contract.

○ **POST-PUBLIC COMMENT CHANGES:**

Policy, section III., C., 5., b., added clarifying language regarding Contractors must minimally report NQTL analysis results for prior authorization, concurrent review, medical necessity, outlier, documentation and out of area criteria, but must also assess and document for the presence of other potential NQTLs to align with Attachment C.

Attachment C., added language to align with policy, “Contractors must minimally report NQTL analysis results for prior authorization, concurrent review, medical necessity, outlier, documentation and out of area criteria, but must also assess and document for the presence of other potential NQTLs.

Examples of NQTLs can be found in the Medicaid/CHIP parity rule (42 CFR §438.910(d)(2)(ii)/§440.395(b)(4)(ii)/§457.496(d)(4)(ii)).

Please note that the list is not exhaustive.

POLICY 408, SANCTIONS

Policy 408, added language to specify who is required to be present at a Compliance Committee meeting and that the Sanctions will be approved based upon a majority vote.

POLICY 421, CONTRACT TERMINATION NURSING FACILITIES AND ALTERNATIVE HOME AND COMMUNITY BASED SETTINGS

Policy 421, language was added to align with Contract to prohibit the Contractor from utilizing as a placement setting for members, Group Homes for the Developmentally Disabled, as administered under A.A.C. Title 9 Chapter 33.

POLICY 425, SOCIAL NETWORKING

Policy 425, revised the Purpose statement to include language, “DDD and CMDP may choose whether to engage in Social Networking activities; should they choose to participate they shall apply to the requirements as specified in the Policy.

○ **ATTACHMENT A, SOCIAL NETWORKING ATTESTATION**

No changes.

POLICY 431, COPAYMENT

Policy 431 was revised for general minor formatting updates.

○ **ATTACHMENT A, AHCCCS NOTIFICATION TO SET MEMBERS COPAY FLAG TO EXEMPT**

No changes.

APPROVED NOT YET EFFECTIVE

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

[ACOM APPROVED NOT YET EFFECTIVE](#)

POLICY 416, PROVIDER INFORMATION

Policy 416, Drug List tiers are no longer applicable and have been removed. Language was added to clarify that a member has the right to participate in treatment decisions regarding his or her health care, including, the right to refuse treatment. The Provider Manual for the Division of Developmental Disabilities (DDD) shall now include language surrounding Behavioral health assessments and service planning requirements and will be responsible for the oversight of behavioral health services to their members. *This Policy will have an implementation date of 10/01/19.*