

DATE: August 07, 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 308, RECONCILIATION OF TITLE XIX BEHAVIORAL HEALTH PRIOR PERIOD COVERAGE EXPENSES FOR RBHAs

ACOM 308 is a new policy that applies to RBHA Contractors and establishes requirements for the reconciliation of behavioral health Prior Period Coverage (PPC) expenses for select behavioral health populations. The reconciliation is based upon PPC Medical Expense associated with Non-CMDP Child and General Mental Health/Substance Use (GMH/SU) members who are initially eligible as Non-Title XIX members assigned to a RBHA who received Title XIX covered services under the Substance Abuse Block Grant (SABG), Mental Health Block Grant (MHBG) and Maricopa County funding, if applicable, and who then transition to Title XIX eligibility. PPC Medical Expense is based on adjudicated encounter data and subcapitated/block purchase expense reports. This reconciliation will be performed annually on a contract year basis *Policy has an Effective Date of 10/01/18.*

- **ATTACHMENT A, RBHA TITLE XIX BEHAVIORAL HEALTH PRIOR PERIOD COVERAGE GMH/SU AND NON-CMDP CHILD RECONCILIATION EXAMPLE**

Attachment A is a new attachment providing an example of a RBHA Title XIX Behavioral Health Prior Period Coverage General Mental Health/Substance Use (GMH/SU) and Non-CMDP Child Reconciliation.

POLICY 402, MEMBER TRANSITION FOR ANNUAL ENROLLMENT CHOICE AND ELIGIBILITY CHANGES

ACOM 402 was revised to add language specifying timeframes and process expectations for the receiving contractor to establish services for newly determined SMI members. Additionally, minor technical adjustments were made throughout. The transition notification matrix was updated to include several lines of business.

NEWLY ADDED TO APPROVED NOT YET EFFECTIVE

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

[ACOM APPROVED NOT YET EFFECTIVE](#)

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

ACOM 415 was revised to include DDD where applicable due to 2019 behavioral health integration activities. *Policy will have an implementation date of 10/01/19.*

- **ATTACHMENT A, NETWORK ATTESTATION STATEMENT**
Minor formatting updates.
- **ATTACHMENT B, NETWORK DEVELOPMENT AND MANAGEMENT PLAN CHECKLIST**
Attachment B was updated to reflect DDD's responsibilities as well as program changes.

POST-PUBLIC COMMENT CHANGE:

Updated 'telemedicine' to 'telehealth' to align with AMPM 320-I, Telehealth.

- **ATTACHMENT C, ALTCS E/PD CONTRACTOR SUPPLEMENT**
Minor formatting updates.
- **ATTACHMENT D, PROVIDER CHANGES DUE TO RATES REPORT**
Minor formatting updates.
- **ATTACHMENT E, HCBS SERVICE DELIVERY STANDARD REPORT**
Former Attachment Ea has been reserved and is now the new Attachment E. Former Attachment Eb has been incorporated into the new Attachment E. Format to collect information has been revised for use of ease and clarity. Title has been updated.
- **ATTACHMENT F, DME SERVICE DELIVERY REPORTING**
Attachment F had a title update and now applies to ACC Contractors.

POST-PUBLIC COMMENT CHANGE:

Instructions for Attachment F:

ACC, E/PD, and DDD Contractors shall submit Attachment F and a cover letter as specified in the Contract.

1. The months and calendar year covered by the reporting period.
2. The type of Medical Equipment provided. Contractors shall report the identified Medical Equipment provided to members placed in Home and Community Based settings only.
3. The number of Medical Equipment provided to members during the reporting period (Note: 'Provided' includes delivery of the Medical Equipment itself and completion of installation and/or training to the member. ***Augmentative Communication Devices 'Provided' includes delivery of device and completion of first training visit.***)
4. The Average time in days from the request for the service authorization to the service being provided.

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

ACOM 432 was revised due to the 2019 behavioral health integration activities. Policy is applicable to DDD for the coordination of benefits and financial responsibility for AHCCCS covered members who are not enrolled in an integrated line of business; however, policy is applicable to DDD only in those limited situations when AHCCCS members are not integrated. In addition, the definition of AIHP is updated to align with Contract. AIHP reimburses physical and behavioral health services for eligible members assigned to a RBHA and TRBHA. *Policy will have an implementation date of 10/01/19.*

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

No changes.

POST PUBLIC COMMENT CHANGES:

B. SPECIFIC CIRCUMSTANCES REGARDING PAYMENT FOR BEHAVIORAL HEALTH SERVICES

The Enrolled Entity is responsible for reimbursement of services associated with a PCP visit for ***the diagnosis and treatment of behavioral health conditions within the PCP's scope of practice. Such treatment shall include but not be limited to substance use disorders, diagnosis and treatment of depression, anxiety and/or ADHD, and/or Opioid Use Disorder (OUD) including professional fees, related prescriptions, laboratory and other diagnostic tests.*** PCPs who treat members with these behavioral health conditions may provide medication management services including prescriptions, laboratory and other diagnostic tests necessary for diagnosis, and treatment.

POLICY 435, TELEPHONE PERFORMANCE STANDARDS AND REPORTING

ACOM 435 was revised due to the 2019 behavioral health integration activities. Added applicability to DDD, with the expectation DDD will pass these requirements down to their subcontracted plans. Added additional responsibility for notifying separate performance for calls regarding members vs providers and the number of days in a month where standards were not met. Also added non-compliance for each standard. *Policy will have an implementation date of 10/01/19.*

- **ATTACHMENT A, TELEPHONE PERFORMANCE MEASURES TEMPLATE**

Attachment B has merged into Attachment A as “Attachment A, worksheet B”.

PREVIOUSLY ADDED TO APPROVED NOT YET EFFECTIVE

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

[ACOM APPROVED NOT YET EFFECTIVE](#)

POLICY 412, CLAIMS RECOUPMENT

Policy was revised for general formatting and to align with DDD integration activities. Policy clarified the submission of individual and bundled claim recoupment requests. Additional clarifications were made to the detailed letter of explanation. *This Policy will have an implementation date of 10/01/19.*

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.*