

DATE: June 03, 2020
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.

INFORMATION REGARDING COVID-19

In response to Medicaid-related questions from providers and contractors arising from the COVID-19 pandemic, AHCCCS has developed a list of Frequently Asked Questions (FAQs) Regarding Coronavirus Disease 2019 (COVID-19) which is updated regularly. It is important to note that there are instances where the information presented in the COVID-19 FAQs does not align with provisions set forth by the AMPM. In these instances the FAQs take precedence and are controlling.

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 at this time.

APPROVED NOT YET EFFECTIVE

UPDATES AND REVISIONS TO THE AHCCCS CONTRACTOR OPERATIONS MANUAL (ACOM)

[**AHCCCS CONTRACTOR OPERATIONS MANUAL \(ACOM\)**](#)

ACOM POLICY 406, MEMBER HANDBOOK AND PROVIDER DIRECTORY

ACOM Policy 406 was revised to address annual October 1, 2020 changes. Additional revisions to address the integration of behavioral health services into the DCS/CMDP Program effective October 1, 2020 (RFP #BPM001873).

- **ATTACHMENT A, MEMBER HANDBOOK CHECKLIST**

Attachment A was updated to refine and update language in the member handbook checklist.

- **ATTACHMENT B, DEFINITIONS FOR AHCCCS MEMBERS PURSUANT TO 42 CFR 438.10**

No changes.

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGES:

AMPM Policy 406 was revised to further clarify original changes after being posted for Tribal Consultation Notification/Public Comment on April 02, 2020.

PREVIOUSLY ADDED TO APPROVED NOT YET EFFECTIVE

ACOM POLICY 103, FRAUD, WASTE, AND ABUSE

Refer to Revision Memo dated 05/08/20 for summary of changes.

ACOM POLICY 404, CONTRACTOR WEBSITE AND MEMBER INFORMATION

ACOM Policy 404 was revised to address the integration of behavioral health services into the DCS/CMDP Program effective October 1, 2020 (RFP #BPM001873).

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

Attachment A was revised to add Federal Emergency Management Agency (FEMA) and National Core Indicator Project as approved by AHCCCS/DHCM, Quality Management.

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

Attachment B was revised to aligned language for provider directory search results with ACOM Policy 415; removed requirement requesting Contractors to provide an explanation for the process of ensuring the information in the searchable provider directory as this is reviewed during Operational Reviews of the Contractors.

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

Attachment C received minor formatting changes.

ACOM POLICY 429, DIRECT CARE WORKER AND TESTING PROGRAM

Refer to Revision Memo dated 10/01/19 for summary of changes.

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

Refer to Revision Memo dated 05/08/20 for summary of changes.

ACOM POLICY 433, MEMBER IDENTIFICATION CARDS

Refer to Revision Memo dated 04/01/20 for summary of changes.

ACOM POLICY 436, NETWORK STANDARDS

ACOM Policy 436 was revised to address integration of behavioral health services into the DCS/CMDP Program also effective October 1, 2020 (RFP #BPM001873) as a result CMDP exemptions were removed from reporting minimum network standards. CMDP is exempted from Outpatient and Integrated Clinics - Adult, Cardiologist for Adults, and Primary Care Providers for Adults and RBHAs from the Outpatient and Integrated Clinic – Pediatric (pediatric physical health standards still apply to the RBHAs for members 18 to 21), and clarification surrounding the reporting timeframes and how to report when there are zero members in a county population.

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

Attachment A was revised to reflect the policy changes and to indicate CMDP exclusions for Outpatient and Integrated Clinics - Adult, Cardiologist for Adults, and Primary Care Providers for Adults, and the RHBA exclusion for Outpatient and Integrated Clinic – Pediatric.