DATE: May 12, 2015

TO: Holders of the AHCCCS Contractor Operations Manual and AHCCCS Operational Guidelines

FROM: Sandi Borys, Contracts & Policy Specialist
Division of Health Care Management, AHCCCS

SUBJECT: AHCCCS Contractor Operations Manual (ACOM) and AHCCCS Operations Reporting Guidelines – Update

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 Sandi Borys at 602-417-4055 or by e-mail at: sandi.borys@azahcccs.gov.

People First: AHCCCS is in the process of revising language in policy, guides and manuals to be consistent with AZ HB 2667: Persons with Disabilities. Laws 2014, Chapter 215.

UPDATES AND REVISIONS TO THE AHCCCS CONTRACTORS OPERATION MANUAL (ACOM)

To view the policies and attachments, please access the following link:
AHCCCS CONTRACTOR OPERATIONS MANUAL (ACOM)

CHAPTER 200, POLICY 203, CLAIMS PROCESSING

Policy 203 received minor changes consisting of taking out references to encounter processes in the purpose of the policy as this policy focuses only on Claims Processing. In addition, language regarding remittance advice requirements was revised to comport with Contract.

CHAPTER 300, POLICY 310, DELIVERY SUPPLEMENT PAYMENT

The Policy was updated to add the definition for Prior Period Coverage (PPC). Other revisions were for general formatting and were not substantive changes.

CHAPTER 300, POLICY 313, CERTIFICATION OF MEDICARE ADVANTAGE PLANS SERVING DUAL ELIGIBLE MEDICARE – AHCCCS MEMBERS

Formatting and term changes were made to Policy 313 to provide consistent term usage throughout the ACOM. Additional changes include revising submission requirements for the

CMS State Certification Request Form to be submitted to the Medicare Administrator and to update the Financial Reporting requirements to align with current processes.

The Policy name was changed from *Certification of Medicare Advantage Plans Serving Dual Eligible Medicare – AHCCCS **Beneficiaries*** to *Certification of Medicare Advantage Plans Serving Dual Eligible Medicare – AHCCCS **Members***.

CHAPTER 300, POLICY 317, CHANGE IN CONTRACTOR ORGANIZATIONAL STRUCTURE

Policy was revised to include reporting requirements in the event there is reorganization in a state agency and for when there is a change in a Management Services Agreement (MSA) subcontractor. Language was also added, to include as part of the transition plan, notification of a change in the EIN/TIN which will automatically trigger a change in the health plan identification number. The Policy was also revised to have the reporting point of contact move from the finance unit to the operations unit within Division of Health Care Management (DHCM).

The Policy name was changed to align with the newly defined term, *Change in Contractor Organizational Structure*, from its former title of *Merger, Acquisition, Reorganization, Joint Ventures, and Change of Ownership Requests*.

CHAPTER 400, POLICY 411, PRE-PAID MEDICAL MANAGEMENT INFORMATION SYSTEMS INTERFACE FOR ALTCS CASE MANAGEMENT

Definitions were added to assist with a better understanding of some of the main terms used throughout the Policy. An additional Community First Choice screen was added to the Client Assessment and Tracking System (CATS) screen for the ALTCS Contractors to access when inquiring and/or adding direct data input of member information. In addition, within the code descriptions for the Contract Type, numbered codes were adjusted with the appropriate letter code.

CHAPTER 400, POLICY 424, VERIFICATION OF RECEIPT OF PAID SERVICES

Policy 424 revised for general formatting updates to provide consistency throughout the ACOM.

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

Attachment information removed from the body of the Policy and is now provided as a stand-alone attachment in Excel format.

CHAPTER 400, POLICY 434, COORDINATION OF BENEFITS AND THIRD PARTY LIABILITY

This Policy was revised to more clearly outline requirements for identifying potentially liable third parties and to delineate Contractor requirements for coordination of benefit activities, including cost-avoidance and post-payment recovery processes.

The Policy name was changed from *Coordination of Benefits*/Third Party Liability to *Coordination of Benefits and Third Party Liability*.

- **ATTACHMENT A, SETTLEMENT NOTIFICATION FORM**

  Attachment A, Settlement Notification Form, for the Contractor's use when reporting settlement information to AHCCCS.

- **ATTACHMENT B, TRAUMA CODE ICD-10 LIST**

  Attachment B, Trauma Code ICD-10 List, has been added to provide the Contractor an updated code list for use when data mining to identify potentially liable third parties.

CHAPTER 400, POLICY 438, ADMINISTRATIVE SERVICES SUBCONTRACTOR EVALUATION

Policy revised to include a provision which states that the Contractor must require subcontractors to meet any performance standards as mandated by AHCCCS and to include requirements that the Contractor submit proposed Changes in Organizational Structure (as defined in policy) when there is a change in a Contractor's Management Service Agreement – when management of all or substantially all plan functions has been delegated to meet AHCCCS contractual requirements. Related requirements have been added to Attachment A.

- **ATTACHMENT A, ADMINISTRATIVE SERVICES SUBCONTRACT CHECKLIST**

  The Attachment was updated to use the term Change in Organizational Structure to encompass all aspects of mergers, acquisitions and changes in ownership. In addition, a provision was added for the plan to term a vendor immediately if necessary when a potential risk to members is noted.

- **ATTACHMENT B, ADMINISTRATIVE SERVICES SUBCONTRACTOR EVALUATION REPORT TEMPLATE**

  No changes made.

APPROVED NOT YET EFFECTIVE

To view the policies that are approved but not yet effective, please access the following link:
ACOM Approved Policies Not Yet Effective

CHAPTER 300, POLICY 315 CYE 16, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP)

The Acute Care Program payment reform initiative incorporates the changes for CYE 16. The initiative, previously referred to as *Payment Reform Initiative (PRI)*, has been rebranded as *Value-Based Purchasing (VBP)* and the policy is revised to expand the scope to cover all strategies under VBP. Policy revisions also increase the minimum percentage required to qualify for the quality contribution. The policy and corresponding Attachments A through E (listed below) will be implemented effective October 01, 2015.

- **ATTACHMENT A, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP) STRATEGIES**

- **ATTACHMENT B, ACUTE CARE CONTRACTOR QUALITY MANAGEMENT PERFORMANCE MEASURE STANDARDS**

- **ATTACHMENT C, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP) QUALITY DISTRIBUTION EXAMPLE**

- **ATTACHMENT D, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP) RECONCILIATION EXAMPLE**

- **ATTACHMENT E, ACUTE CARE PROGRAM VALUE-BASED PURCHASING (VBP) STRATEGIES CERTIFICATION**

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 Reporting Guides, please access the following link:
AHCCCS OPERATIONS REPORTING GUIDELINES

CLAIMS DASHBOARD REPORTING GUIDE

None at this time.

GRIEVANCE SYSTEM REPORTING GUIDE

None at this time.

PROVIDER AFFILIATION TRANSMISSION (PAT) USER MANUAL

None at this time.