DATE: September 28, 2017

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

FROM: DHCM Contracts and Policy

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

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 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)

CHAPTER 200, POLICY 201, MEDICARE COST SHARING FOR MEMBERS COVERED BY MEDICARE AND MEDICAID

Policy 201 was revised to clarify Contractors may not use coverage code 09 to deny payments for medically necessary services to members who are both Medicare and Medicaid eligible. Further clarification was added to indicate the 09 coverage code to be used by AHCCCS when resolving coding discrepancies and shall not be used to deny payment of claims. *The Effective date for this Policy is retro-active to 09/20/17.*

CHAPTER 300, POLICY 324, TARGETED INVESTMENTS

Policy 324, Targeted Investments is a new Policy. The Targeted Investment (TI) Program was approved as part of the Arizona Section 1115 Waiver. It provides financial incentives to eligible AHCCCS providers to develop systems for integrated care. Incentive payments will be made to the providers that meet their targets. AHCCCS will incorporate these payments into the MCO actuarially-sound capitation rates.

CHAPTER 400, POLICY 401, CHANGE OF CONTRACTOR: ACUTE CARE CONTRACTORS

Policy 401, was revised to align with 42 CFR 438.424(b). AHCCCS currently has a 30 day enrollment period for all members. Members are required to have a 90 day contractor disenrollment without cause period. *The Effective Date for the Policy will be 10/01/17.*

- **ATTACHMENT A, AHCCCS ACUTE CARE CHANGE OF CONTRACTOR FORM**

No changes.

CHAPTER 400, POLICY 405, CULTURAL COMPETENCY, LANGUAGE ACCESS PLAN AND FAMILY/PATIENT CENTERED CARE

Policy 405 had a title change to Cultural Competency, Language Access Plan and Family/Patient Centered Care. Requirements addressing policies and procedures, staff training, assessments, transcription, and oral assistance services have been revised to comply with 42 CFR 438.206. *The Effective Date for this Policy will be 10/01/17.*

- **ATTACHMENT A, CULTURAL COMPETENCY PLAN ASSESSMENT, LANGUAGE ACCESS PLAN, AND FAMILY-PATIENT CENTERED CARE REPORTING CHECKLIST**

  The title for Attachment A has changed to Cultural Competency Plan Assessment, Language Access Plan, and Family-Patient Centered Care Reporting Checklist. As well, requirements addressing a description requirement have been added to address how culturally competent items are being provided. In addition, new requirements aligning with Policy requirements have been added to the checklist to ensure conformity with Center for Medicare and Medicaid (CMS) and 42 CFR 438.10. *The Effective Date for this Attachment will be 10/01/17*.

CHAPTER 400, POLICY 413, GAP IN CRITICAL SERVICES

Policy 413 was revised to align with changes resulting from the ALTCS/EPD YH18-0001 Request for Proposal. The definition of Direct Care Worker and Service Plan has been included and clarifying language has been added regarding information that should be included in policies and procedures surrounding identifying, correcting, and tracking gaps critical services. *The Effective Date for this Policy will be 10/01/17.*

- **ATTACHMENT A, GAP IN CRITICAL SERVICE LOG AND AUTHORIZED CRITICAL HOURS LOG FORM INSTRUCTIONS**

  Changes made to section 2, to conform to changes and examples 3 & 4 were changed to 2 & 3. *The Effective Date for this Attachment will be 10/01/17*.

- **ATTACHMENT A, 1 AND 2, GAP IN CRITICAL SERVICE LOG AND AUTHORIZED CRITICAL HOURS LOG FORM**

  No changes at this time. *The Effective Date for this Attachment will be 10/01/17*.

- **ATTACHMENT B, TELEPHONE SURVEY INSTRUCTIONS AND TEMPLATE**

  No changes at this time. *The Effective Date for this Attachment will be 10/01/17*.

CHAPTER 400, POLICY 414, NOTICES OF ADVERSE BENEFIT DETERMINATION AND NOTICES OF EXTENSION FOR SERVICE AUTHORIZATION

As a direct result of the new Centers for Medicare and Medicaid regulation 42 CFR 438.10, Policy 414 formally titled Notices of Action and Notices of Extension for Service Authorizations has been changed to Notices of Adverse Benefit Determination and Notices of Extension for Service Authorization with the acronym remaining NOA. In addition, timeframes for expedited authorization requests changed from three days to 72 hours. *The Effective Date for this Policy will be 10/01/17.*

- **ATTACHMENT A, NOTICE OF ADVERSE BENEFIT DETERMINATION TEMPLATE**

  Attachment A formally titled Notice of Action has been changed to Notice of Adverse Benefit Determination Template. Additional language was added as a direct result of 42 CFR 438.406 to provide additional evidence that may be considered or generated by the MCO in connection with the appeal of the adverse benefit determination.

- **ATTACHMENT B, LEGAL SERVICES PROGRAM**

  The address for Mohave County and Tohono O'Odham Legal Services in Attachment B has been updated.

- **ATTACHMENT C, GUIDE TO LANGUE IN NOTICES OF ADVERSE BENEFIT DETERMINATION**

  Attachment C formally referred to as *Guide to Language in Notices of Action* has been changed to *Guide to Language in Notices of Adverse Benefit Determination*. The limitation of dental services for ALTCS members 21 years of age and older was added in accordance with A.R.S. §36-2939. Podiatry services and custom orthotics for members 21 years of age and older were removed as they are no longer an excluded service provided they are medically necessary.

- **ATTACHMENT D, NOTICE OF EXTENSION TEMPLATE**

  Attachment D formally titled Notice of Extension has been changed to Notice of Extension Template. Additional language was added to include decisions cannot exceed 17 days from the date of an expedited request or 28 days from the date of a standard request.

CHAPTER 400, POLICY 415, PROVIDER NETWORK DEVELOPMENT AND MANAGEMENT PLAN; PERIODIC NETWORK REPORTING REQUIREMENTS

Updated Policy 415 to address formatting changes. *The Effective Date for this Policy will be 10/01/17*.

- **ATTACHMENT A, NETWORK ATTESTATION STATEMENT**

  No changes at this time.

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

  Revised checklist to include additional requirements of Contractors.

- **ATTACHMENT C, ALTCS/EPD CONTRACTOR SUPPLEMENT**

  No changes at this time.

- **ATTACHMENT D, PROVIDER TERMINATION DUE TO RATES**

  No changes at this time.

- **ATTACHMENT E, PROVIDERS THAT DIMINISHED THEIR SCOPE OF SERVICE AND/OR CLOSED THEIR PANEL DUE TO RATES**

  No changes at this time.

- **ATTACHMENT F, AGENCY WITH ROSTER CHOICE**

  No changes at this time.

- **ATTACHMENT GA, DDD THERAPEUTIC SERVICES NETWORK GAP REPORTING ROSTER**

  No changes at this time.

- **ATTACHMENT GB, HCBS NETWORK GAP REPORTING ROSTER**

  No changes at this time.

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

  Revised to include DDD.

CHAPTER 400, POLICY 416, PROVIDER NETWORK INFORMATION

Policy 416 was updated to address the ALTCS/EPD YH18-0001 RFP requirements and to align with ACOM Policy 415. Post APC changes include clarifying language and referencing AMPM Policy 960, provision, duty to report. Other APC changes include revising language to match ACOM 415, Checklist B, specifying physical and cognitive disabilities and adding contractors who provide BH services. *The Effective Date for this Policy will be 10/01/17*.

CHAPTER 400, POLICY 417, APPOINTMENT AVAILABILITY, MONITORING, AND REPORTING

Policy 417 was revised to clarify appointment accessibility and availability standards. A definition for Urgent Care Appointment was added and includes: as expeditiously as the member's health condition requires but no less than two business days of the request for a Primary Care Provider and no less than three business days of the request for Specialty Providers and Maternity Care Providers, and for Behavioral Health Providers no later than 24 hours from identification of need. *The Effective Date for this Policy will be 10/01/17.*

- **ATTACHMENT A, APPOINTMENT AVAILABILITY PROVIDER REPORT**

  Attachment A was revised to remove Immediate Need from the reporting grid. In addition the language surrounding the requirements was also removed due to that information being found in Policy 417. In addition, the specific reporting requirements for ALTCS/EPD Contractors were included for the CRS and RBHA Contractors.

CHAPTER 400, POLICY 421 CONTRACT TERMINATION: NURSING FACILITIES AND ALTERNATIVE HOME AND COMMUNITY BASED SETTINGS

The title changed for Policy 421 from Contract Termination: Nursing Facilities and Alternative Residential Settings to Contract Termination: Nursing Facilities and Alternative Home and Community Based Settings. Changes related to this title change are found throughout the Policy. *The Effective Date for this Policy will be 10/01/17.*

CHAPTER 400, POLICY 436, NETWORK STANDARDS

Policy 436 was revised to remove the references to Geographical Service Areas (GSA) due to AHCCCS no longer assigning network standards by GSA but rather by county. *The Effective Date for this Policy will be 10/01/17.*

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

  Attachment A has been revised to add additional tabs to include reporting via County.
  POST PUBLISHING TO THE APPROVED NOT YET EFFECTIVE CHANGE: Within the Yavapai tab a special requirement for Payson surrounding ALTCS/EPD Contractors was added.

CHAPTER 400, POLICY 440, MANAGED CARE EXPIRATION OR TERMINATION OF CONTRACT

Policy 440 was revised to align with the new Managed Care Regulations found in 42 CFR 438.104. *The Effective Date for this Policy will be 10/01/17.*

APPROVED NOT YET EFFECTIVE

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

ACOM APPROVED NOT YET EFFECTIVE

No revisions at this time.

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

CLAIMS DASHBOARD REPORTING GUIDE

No revisions at this time.

GRIEVANCE AND APPEAL SYSTEM REPORTING GUIDE

No revisions at this time.

PROVIDER AFFILIATION TRANSMISSION (PAT) USER MANUAL

No revisions at this time.