

AHCCCS Contractor Operations Manual (ACOM)

AHCCCS Medical Policy Manual (AMPM)

October 1, 2018 Policies

Total of 175 Policies have opened as a result of the 10/01/18 Contracts





Phase 1 Policies

Included Bidder's Library Policies

opened 61 Policies with 22 ACOM 39 AMPM Goal to have all Posted to the Approved Not Yet Effective by July 2018

Phase 2 Policies

Opened 12 Policies with 4 ACOM and 8 AMPM Goal to have all Posted to the Approved Not Yet Effective by August 2018

Phase 3 Policies

Opened 102 Policies with 30 ACOM 72 AMPM Goal to have all Posted by February 2019







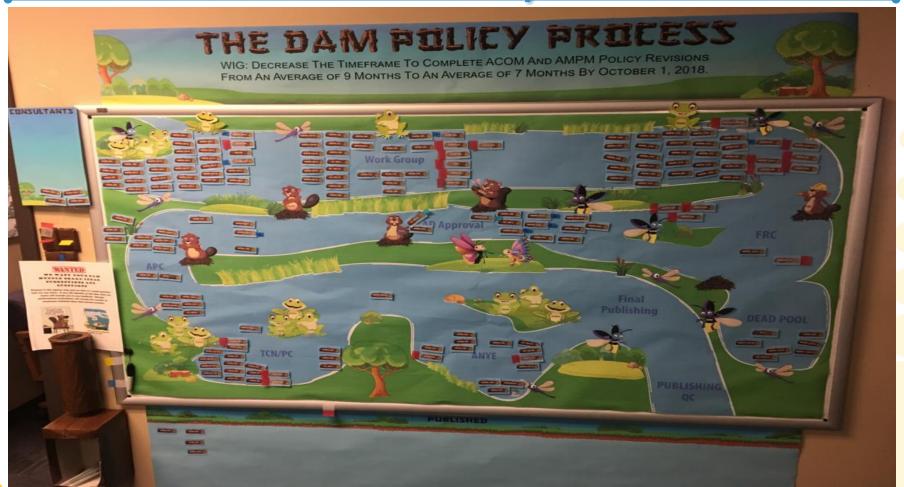
Arizona Management System (AMS)

 Policy revisions taking 7-9 months from start to final publishing

Developing a Huddle Board



Huddle Board That Dam Policy Process





Constant Contact

AATTENTION

ACOM and AMPM Policies and related materials that have been opened for review/revisions and will serve to provide Tribal Consultation Notification/Public Comment can be found at the below location. This location allows stakeholders to review and submit comments regarding proposed revisions. The Policies will be open for comment for not more than 45 days unless otherwise stipulated. Should an expedited time period be utilized, the expedited time period will not be less than two weeks. The comment deadline will be specified on each document.

Tribal Consultation Notification/Public Comment

To receive a notification when policies are available for public comment, and when policies are published to the AHCCCS website, please sign up for constant contact email notification by clicking the Sign up for Notifications button below.

Sign Up for Notifications 🗗



Steps During the Policy Process

The Policy process takes between 7-9 months

- Identify a Subject Matter Expert (SME) to Lead the Policy
- Identify Work Group consist of different Departments within AHCCCS
- Work Group Meetings
- Financial Review Committee (FRC)
- Assistant Director Sign-off
- AHCCCS Policy Committee (APC)
- 45 Days Tribal Consultation Notification/Public Comment
- Approved Not Yet Effective (If needed)
- Final Publishing



List of Priority 1 Policies





List of Phase 1 ACOM Policies

| Priority | Policy | Name 🔻 |
|----------|---------------------|--|
| 1 | 100 | Manual Overview |
| 1 | 101 | Marketing |
| 1 | 107 | Medicare Dual Special Needs Plans-AHCCCS Members |
| 1 | 305 | Performance Bond and Equity Per Member Requirements |
| 1 | 313 -106 | Certification of Medicare Advantage Plans Serving Dual Eligible Medicare - AHCCCS Members |
| 1 | 314 | Auto-Assignment Algorithm |
| 1 | 317 | Change in Contractor Organizational Structure will need Cynthia and Pam |
| 1 | 321 | Payment Reform E-Prescribing |
| 1 | 402 | Member Transition for Annual Enrollment Choice an Eligibility Changes |
| 1 | 404 | Member Information |
| 1 | 406 | Member Handbook and Provider Directory |
| 1 | 407 | Workforce Development |
| 1 | 414 | Notice of Adverse Benefit Determionation and Notices of Extension for |
| 1 | 415 | Provider Network Development and Management Plan Periodic; Network |
| 1 | 416 | Provider Network Infomration |
| 1 | 417 | Appointment Availability, Monitoring and Reporting |
| 1 | 426 | Children's Rehabilitative Services Referrals, Enrollment, and Coverage |
| 1 | 432 | Benefit Coordination and Fiscal Responsibility for Behavioral Health Service |
| 1 | 433 | Member Identification Cards |
| 1 | 436 | Network Standards |
| 1 | 449 | Behavioral Health Services for Children in Department of Child Safety Custody |



List of Phase 1 AMPM Policies

| С | D | E |
|----------------------|----------|---|
| Prio _{t +1} | Policy 🖵 | Name 🔻 |
| 1 | 100 | Manual Overview |
| 1 | 330 | Covered Conditions and Services for the Children's Rehabilitative Services Program-Reserved |
| 1 | 430 | EPSDT Services |
| 1 | 431 | Oral Health Care for Early and Periodic Screening, Diagnosis and Treatment Aged Members |
| 1 | 432 | Children System of Care WG Alison, Bob, Kevin, Mary, Susan |
| 1 | 450 | Out-Of-State Placement for Children or Young Adults for Behavioral Health Treatment |
| 1 | 520 | Member Transitions |
| 1 | 550 | Member Records Confidentiality |
| 1 | 560 | CRS Care Coordination and Service Plan Management |
| 1 | 630 | Medical Record Requirements |
| 1 | 660 | Opioid Treatment Program Med-Level Exemption |
| 1 | 670 | Federally Qualified Healthcare Centers (FQHC) and Rural Health Clinics (RHC) |
| | 070 | Reimbursement |
| 1 | 700 | Overview |
| 1 | 710 | Medical and Financial Services |
| 1 | 720 | Covered Services |
| 1 | 930 | Member Rights and Responsibilities Reserved |
| 1 | 940 | Medical Records and Communication of Clinical Information |
| 1 | 950 | Credentialing and Recredentialing Processes |



Continued: Phase 1 AMPM Policies

| Prio _{l u} î | Policy - | Name - |
|-----------------------|-----------|--|
| 1 | 961 | Peer, Family and CSA Training, Credentialing, and Oversight Requirements Reserved |
| 1 | 962 | Reporting and Monitoring of Seclusion and Restraint |
| 1 | 963 | Peer Recovery Support Training, Credentialing and Supervision Requirements |
| 1 | 964 | Parent Family Support Provider Training Credentialing, and Supervision Requirements |
| 1 | 965 | Community |
| 1 | 970 | Performance Measures |
| 1 | 980 | Performance Improvement Projects |
| 1 | 1020 | Medical Management Scope and Components |
| 1 | 1040 | Outreach, Engagement, Re-Engagement and Closure for Behavioral Health |
| 1 | 1060 | Training Requirements for RBHAs and Behavioral Health Providers-Reserved |
| 1 | 310-F | Emergency Medical Services |
| 1 | 310-K | Hospital Inpatient Services |
| 1 | 310-0 | Maternal and Child Health Services-Reserved |
| 1 | 310-V | Prescription Medications-Pharmacy Services |
| 1 | Append F | Adult Behavioral Health Tool Kits |
| 1 | Ex 300-1 | AHCCCS Covered Services Acute Care |
| 1 | Ex 300-2A | AHCCCS Covered Services Behavioral Health |
| 1 | Ex 300-2B | AHCCCS Covered Services Behavioral Health Non-Title XIX-XXI Persons |
| 4 | Fx 300-3A | Application of Physical Therapy Visit Outpatient Limit Acute & ALTCS Members 21 Years of |
| 1 | EX 300-3A | Age and Older-Reserved |
| 1 | Ex 300-3B | Inpatient Limit Member & Contractor Responsibility Acute & ALTCS Members 21 years of Age |
| 1 | Ex 400-2C | Dental Annual Plan Checklist |



List of Priority 2 Policies





List of Phase 2 ACOM Policies

| Priority 1 | Policy | Name |
|------------|--------|---|
| 2 | 103 | Fraud, Waste and Abuse |
| 2 | 401 | Change of Contractor: Acute Care Contractors |
| 2 | 439 | Material Changes Provider Network and Business Operations |





List of Phase 2 AMPM Policies

| Policy 🔻 | Name - |
|----------|--|
| 310-B | Behavioral Health Services |
| 320-E | Health and Behavior Intervention-Reserved |
| 320-L | Neuropsychological Testing-Reserved |
| 320-O | Behavioral Health Assessments and Treatment Service Planning |
| 320-R | Special Assistance for Persons Determined to Have a Serious Mental Illness |
| 640 | Advance Directives |
| 1010 | Medical Management Administrative Requirements |
| | 320-E 320-L 320-O 320-R 640 |





List of Priority 3 Policies





List of Phase 3 ACOM Policies

| 3 108 AHCCCS Security Rule Compliance 3 109 Institution for Mental Disease 15 Day Limit 3 201 Medicare Cost Sharing for Members Covered by Medicare and Medicaid 3 203 Claims Processing 3 205 Ground Ambulance Transportation Reimbursement Guidelines for Non-Contracted Providers 3 207 Primary Care Enhanced Payments 3 304 Premium Tax Reporting 3 310 Delivery Supplemental Payment 3 320 Health Insurer Fee 3 323 RBHA CYE16 and CYE 17 Title XIX-XXI Reconciliation SFYE 17 & FWD Non-TXIX 3 324 Targeted Investment Program 3 325 Access to Professional Services Initiative and Reconciliation Cultural Competency, Language Access Plan, and Family-Patient Centered Care 3 408 Sanctions 3 412 Claims Reprocessing 3 413 Gap in Critical Services | Priority | Policy | Name |
|--|----------|--------|---|
| 3 109 Institution for Mental Disease 15 Day Limit 3 201 Medicare Cost Sharing for Members Covered by Medicare and Medicaid 3 203 Claims Processing 3 205 Ground Ambulance Transportation Reimbursement Guidelines for Non-Contracted Providers 3 207 Primary Care Enhanced Payments 3 304 Premium Tax Reporting 3 310 Delivery Supplemental Payment 3 320 Health Insurer Fee 3 323 RBHA CYE16 and CYE 17 Title XIX-XXI Reconciliation SFYE 17 & FWD Non-TXIX 3 324 Targeted Investment Program 3 325 Access to Professional Services Initiative and Reconciliation Cultural Competency, Language Access Plan, and Family-Patient Centered Care 3 408 Sanctions 3 412 Claims Reprocessing | 3 | 104 | Continuity of Operations and Recovery Plan |
| 3 201 Medicare Cost Sharing for Members Covered by Medicare and Medicaid 3 203 Claims Processing 3 205 Ground Ambulance Transportation Reimbursement Guidelines for Non-Contracted Providers 3 207 Primary Care Enhanced Payments 3 304 Premium Tax Reporting 3 310 Delivery Supplemental Payment 3 320 Health Insurer Fee 3 323 RBHA CYE16 and CYE 17 Title XIX-XXI Reconciliation SFYE 17 & FWD Non-TXIX 3 324 Targeted Investment Program 3 325 Access to Professional Services Initiative and Reconciliation 405 Cultural Competency, Language Access Plan, and Family-Patient Centered Care 3 408 Sanctions 3 412 Claims Reprocessing | 3 | 108 | AHCCCS Security Rule Compliance |
| 3 203 Claims Processing Ground Ambulance Transportation Reimbursement Guidelines for Non-Contracted Providers 3 207 Primary Care Enhanced Payments 3 304 Premium Tax Reporting 3 310 Delivery Supplemental Payment 3 320 Health Insurer Fee 3 323 RBHA CYE16 and CYE 17 Title XIX-XXI Reconciliation SFYE 17 & FWD Non-TXIX 3 324 Targeted Investment Program 3 325 Access to Professional Services Initiative and Reconciliation Cultural Competency, Language Access Plan, and Family-Patient Centered Care 3 408 Sanctions 3 412 Claims Reprocessing | 3 | 109 | Institution for Mental Disease 15 Day Limit |
| Ground Ambulance Transportation Reimbursement Guidelines for Non-Contracted Providers 207 Primary Care Enhanced Payments 3 304 Premium Tax Reporting 3 310 Delivery Supplemental Payment 3 320 Health Insurer Fee 3 323 RBHA CYE16 and CYE 17 Title XIX-XXI Reconciliation SFYE 17 & FWD Non-TXIX 3 324 Targeted Investment Program 3 325 Access to Professional Services Initiative and Reconciliation Cultural Competency, Language Access Plan, and Family-Patient Centered Care 3 408 Sanctions 3 412 Claims Reprocessing | 3 | 201 | Medicare Cost Sharing for Members Covered by Medicare and Medicaid |
| Contracted Providers Contracted Providers Primary Care Enhanced Payments Delivery Supplemental Payment Reporting Rep | 3 | 203 | Claims Processing |
| 3 304 Premium Tax Reporting 3 310 Delivery Supplemental Payment 3 320 Health Insurer Fee 3 323 RBHA CYE16 and CYE 17 Title XIX-XXI Reconciliation SFYE 17 & FWD Non-TXIX 3 324 Targeted Investment Program 3 325 Access to Professional Services Initiative and Reconciliation Cultural Competency, Language Access Plan, and Family-Patient Centered Care 3 408 Sanctions 3 412 Claims Reprocessing | 3 | 205 | |
| 3 310 Delivery Supplemental Payment 3 320 Health Insurer Fee 3 323 RBHA CYE16 and CYE 17 Title XIX-XXI Reconciliation SFYE 17 & FWD Non-TXIX 3 324 Targeted Investment Program 3 325 Access to Professional Services Initiative and Reconciliation Cultural Competency, Language Access Plan, and Family-Patient Centered Care 3 408 Sanctions 3 412 Claims Reprocessing | 3 | 207 | Primary Care Enhanced Payments |
| 3 320 Health Insurer Fee 3 323 RBHA CYE16 and CYE 17 Title XIX-XXI Reconciliation SFYE 17 & FWD Non-TXIX 3 324 Targeted Investment Program 3 325 Access to Professional Services Initiative and Reconciliation Cultural Competency, Language Access Plan, and Family-Patient Centered Care 3 408 Sanctions Claims Reprocessing | 3 | 304 | Premium Tax Reporting |
| 3 323 RBHA CYE16 and CYE 17 Title XIX-XXI Reconciliation SFYE 17 & FWD Non-TXIX 3 324 Targeted Investment Program 3 325 Access to Professional Services Initiative and Reconciliation Cultural Competency, Language Access Plan, and Family-Patient Centered Care 3 408 Sanctions Claims Reprocessing | 3 | 310 | Delivery Supplemental Payment |
| 3 324 Targeted Investment Program 3 325 Access to Professional Services Initiative and Reconciliation Cultural Competency, Language Access Plan, and Family-Patient Centered Care 3 408 Sanctions 3 412 Claims Reprocessing | 3 | 320 | Health Insurer Fee |
| 3 325 Access to Professional Services Initiative and Reconciliation Cultural Competency, Language Access Plan, and Family-Patient Centered Care 3 408 Sanctions 3 412 Claims Reprocessing | 3 | 323 | RBHA CYE16 and CYE 17 Title XIX-XXI Reconciliation SFYE 17 & FWD Non-TXIX |
| Cultural Competency, Language Access Plan, and Family-Patient Centered Care Sanctions Claims Reprocessing | 3 | 324 | Targeted Investment Program |
| 3 | 3 | 325 | Access to Professional Services Initiative and Reconciliation |
| 3 412 Claims Reprocessing | 3 | 405 | |
| | 3 | 408 | Sanctions |
| 3 413 Gap in Critical Services | 3 | 412 | Claims Reprocessing |
| | 3 | 413 | Gap in Critical Services |



Continue: Phase 3 ACOM Policies

| Policy | Name |
|--------|---|
| 418 | Provider and Affiliate Advance and Loan Request |
| 423 | Financial Responsibility for Court Ordered Treatment for DUI Domestic |
| 424 | Verification of Receipt of Paid Services |
| 425 | Social Networking |
| 431 | Copayment |
| 434 | Coordination of Benefits and Third Party Liability |
| 435 | Telephone Performance Standards and Reporting |
| 437 | Financial Responsibility for Services After the Completion of Court-Ordered |
| 438 | Administrative Services Subcontractor Evaluation |
| 440 | Managed Care Expiration or Termination of Contract |
| 445 | Submission of Request for Hearing |
| 448 | Housing |



List of Phase 3 AMPM Policies

| Prior_T | Policy _{↓↑} | Name - |
|---------|----------------------|---|
| 3 | 310-A | Audiology |
| 3 | 310-AA | Total Parenteral Nutrition |
| 3 | 310-C | Breast Reconstruction After Mastectomy |
| 3 | 310-CC | Triage-Screening and Evaluation of Emergency Medical Conditions |
| 3 | 310-D1 | Dental Services for Members 21 Years of Age and Older |
| 3 | 310-E | Dialysis |
| 3 | 310-FF | Monitoring Controlled and Non-Controlled Medication Utilization |
| 3 | 310-G | Eye Examinations-Optometry Services |
| 3 | 310-GG | Nutritional Assessment and Nutritional Therapy |
| 3 | 310-H | Health Risk Assessment and Screening Tests |
| 3 | 310-HH | End of Life Care and Advance Care Planning |
| 3 | 310-I | Home Health Services |
| 3 | 310-J | Hospice Services |
| 3 | 310-JJ | Orthotic and Prosthetic Devices |
| 3 | 310-L | Hysterectomy |
| 3 | 310-M | Immunizations |
| 3 | 310-N | Laboratory |
| 3 | 310-P | Medical Supplies, Durable Medical Equipment and Orthotic-Prosthetic Devices |
| 3 | 310-Q | Non-Physician Surgical First Assistant Services |
| 3 | 310-R | Nursing Facility Services |
| 3 | 310-S | Observation Services |
| 3 | 310-T | Physician Services |
| 3 | 310-W | Radiology and Medical Imaging |
| 3 | 310-X | Rehabilitation Therapies (Occupational, Physical, and Speech) |
| 3 | 310-Y | Respiratory Therapy |



Continue: Phase 3 Policies

| Prior,T | Policy 🚅 | Name 🔻 |
|---------|-----------|---|
| 3 | 320-A | Affiliated Practice Dental Hygienist |
| 3 | 320-B | AHCCCS Member Participation in Experimental Treatment |
| 3 | 320-C | Breast and Cervical Cancer Treatment Program |
| 3 | 320-F | HIV-AIDS treatment Services |
| 3 | 320-G | Lung Volume Reduction Surgery |
| 3 | 320-H | Metabolic Medical Foods |
| 3 | 320-K | Tobacco Cessation Product |
| 3 | 320-M | Medical Marijuana |
| 3 | 320-N | Hepatitis C (HCV) Prior Authorization Requirements for Direct Acting Antiviral Medication |
| 3 | 320-Q | General and Informed Consent |
| 3 | 320-T | Non-Discretionary Federal Grants |
| 3 | 320-U | Pre-Petition Screening, Court Ordered Evaluation and Court Ordered Treatment |
| 3 | Append A | EPSDT and Adult Quarterly Monitoring Report Insutractions & Templates |
| 3 | Append B | EPSDT Tracking Forms |
| 3 | Append C | Medical Management Plan Checklist |
| 3 | Append E | Childhood and Adolescent Behavioral Health Tool Kits |
| 3 | Append G | Medical Management Work Plan Guide and Template |
| 3 | Append H | Policy for Management of Acute Behavioral Health Situations (NFS to No BH Units) |
| 3 | Append J | FFS Mileage Reimbursement Form |
| 3 | Ex 310-1 | A.A.C, AHCCCS Rule Emergency Medical and Beharioral Health Services for Non-FES |
| | | Members |
| 3 | Ex 400-1 | Maternal and Child Health Reporting Requirements |
| 3 | Ex 400-2A | Maternity-Family Planning Services Annual Plan Checklist |
| 3 | Ex 400-2B | EPSDT Annual Plan Checklist |
| 3 | Ex 400-3 | AHCCCS Maternal Child Health -EPSDT Member Outreach |



Continue: Phase 3 Policies

| Prior_T | Policy 🚅 | Name 🔻 |
|---------|----------|--|
| 3 | 410 | Maternity Care Services |
| 3 | 411 | Women's Preventative Care Services |
| 3 | 420 | Family Planning |
| 3 | 440 | KidsCare Services |
| 3 | 510 | Primary Care Providers |
| 3 | 530 | Member Transfers Between Facilities |
| 3 | 541 | Coordination of Children's Care with other Government Agencies |
| 3 | 570 | Community Collaborative Care Teams |
| 3 | 580 | Behavioral Health Referral and Intake Process |
| 3 | 610 | AHCCCS Provider Qualifications |
| 3 | 620 | AHCCCS FFS Minimum Network Requirements |
| 3 | 800 | Overview |
| 3 | 810 | Utilization Management Overview |
| 3 | 900 | Overview |
| 3 | 960 | Tracking and Trendinng of Member and Provider Issues |
| 3 | 1000 | Chapter Overview |
| 3 | 1050 | Coordination of Care with other Government Entities for Behavioral Health Services |
| 3 | 1100 | Chapter Overview |
| 3 | 1110 | Prior Authorization, Notification and Concurrent and Retropective Review |
| 3 | 1120 | Federal Emergency Services Program Dialysis |



Questions?





Thank You.



