

DATE: July 18th, 2024
TO: Holders of the AHCCCS Contractor Operations Manual
FROM: DHCS Contracts and Policy
SUBJECT: AHCCCS Contractor Operations Manual (ACOM)

This memo describes additions and/or revisions to the ACOM. For questions regarding policy updates email the Contracts and Policy Unit at: DHCMContractsandPolicy@azahcccs.gov.

NAME CHANGE

Effective April 1, 2021, Comprehensive Medical and Dental Program (CMDP) changed to Comprehensive Health Plan (CHP) due to Behavioral health integration. Refer to Laws 2019, 1st Regular Session. AHCCCS is in the process of revising all pertinent documents to reflect the new name.

CONTRACT NAME CHANGE

Effective October 1, 2022, the Regional Behavioral Health Authority (RBHA) for the Managed Care Organizations was aligned with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded ACC-RBHA Contractors. AHCCCS is in the process of revising all pertinent documents to reflect this change.

SECTION 504 OF THE REHABILITATION ACT

Modifications are being made to remove symbols and periods from various Federal and State citations to ensure accessibility for all individuals in compliance with Section 504 of the Rehabilitation Act. AHCCCS is in the process of revising all pertinent documents to reflect this change.

AHCCCS CONTRACT AND POLICY DICTIONARY AND AHCCCS RELATED ACRONYMS

To view the AHCCCS Contract and Policy Dictionary, please access the following link:

[AHCCCS CONTRACT AND POLICY DICTIONARY](#)

The AHCCCS Contract and Policy Dictionary provides a centralized location for definitions that are utilized in various ACOM and AMPM Policies. A hyperlink to the location of the AHCCCS Contract and Policy Dictionary has been added to applicable policies. AHCCCS is in the process of adding an area within the Definition Section of all policies that identifies terms used/referenced in that policy to encourage viewing of the AHCCCS Contract and Policy Dictionary to better understand how AHCCCS defines the word or term. However, some policies have specific terms/definitions that may have a slightly different meaning for that respective Policy; those terms/definitions will remain in the Policy and will include a statement indicating 'For purposes of this Policy only'.

To view the AHCCCS Related Acronyms, please access the following link:

[AHCCCS RELATED ACRONYMS](#)

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.

NEWLY ADDED TO APPROVED NOT YET EFFECTIVE

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 \(ACOM\)](#)

ACOM POLICY 101 – MARKETING

ACOM Policy 101 was revised for annual updates. Major revisions include requiring changes to previously approved materials and giveaways to be submitted to AHCCCS in advance, removed Job fairs from Pre-Approved Events, clarified Uniform Resource Locator (URL)s of websites shall be submitted for approval when an MCO name is utilized on a website, revised marketing restrictions to align with 42 CFR 438.104, and clarified requirements for DDD subcontracted health plans. Policy had minor grammatical and formatting edits made throughout.

Implementation Date 10/01/24

POST PUBLIC COMMENT CHANGES that concluded on June 22nd, 2024: Additional revisions were made to ACOM Policy 101 based on Public Comment including:

- Moving the statement “Any changes or amendments to previously approved materials shall be submitted in advance to AHCCCS for approval as specified in this Policy” to the end of section A.,1., a., for enhanced clarity.
- Alignment with section 504 of the Rehabilitation Act.

ATTACHMENT A – MARKETING ATTESTATION STATEMENT

Attachment A was revised to add a statement for National Committee for Quality Assurance (NCQA) accredited Contractors.

○ **ATTACHMENT B – MARKETING ACTIVITES REPORT**

Attachment B was revised to clarify the Event column shall contain a health-related description.

ACOM POLICY 304 - PREMIUM TAX REPORTING

ACOM Policy 304 was revised to add Targeted Case Management payments under section B., Payments included for Premium Tax. Section B was also updated to include Differential Adjustment Payments (DAP), Safety Net Services Initiative (SNSI), and Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) under State directed payments authorized under Medicaid Managed care rules. Clarification was added that Pre-Admission Screening and Resident Review (PASRR) are not subject to premium tax. Minor formatting and grammatical edits were made throughout.

Implementation Date 10/01/24

POST PUBLIC COMMENT CHANGES that concluded on July 1, 2024: Additional revisions were made to ACOM Policy 304 based on Public Comment including:

- Alignment with section 504 of the Rehabilitation Act

ATTACHMENT A – MANAGED CARE PAYMENTS INCLUDED FOR PREMIUM TAX

Attachment A was revised to add additional State Directed Payments, removed Behavioral Health Reinsurance, and removed Rural Hospital payments as this is no longer paid through a separate payment to the Contractor. Minor formatting edits were made throughout.

ACOM POLICY 405 – CULTURAL COMPETENCY, FAMILY/MEMBER CENTERED CARE, AND LANGUAGE ACCESS PLAN

ACOM Policy 405 was revised to streamline duplicative information found in Attachment A. Policy flow was re-organized to align with Attachment A requirements and the definition of Cultural Competency was updated to align with National Committee for Quality Assurance (NCQA) requirements. Policy clarified provisions of family-centered care are part of the Cultural Competency Plan Assessment and strengthened requirements under section E. Language Access Plan to align with Contract. Minor grammatical and formatting edits were made throughout.

Implementation Date 10/01/24

ATTACHMENT A – CULTURAL COMPETENCY PLAN ASSESSMENT REPORTING CHECKLIST

Attachment A was revised to streamline duplicative information found in Policy and clarified elements for Cultural Competency Plan/Assessment Requirements, Family-Centered Care, and Language Access Plan to align with Contract and Policy requirements.

ACOM POLICY 416 – PROVIDER MANUAL AND REQUIRED NOTIFICATIONS

ACOM Policy 416, formerly titled “Provider Information” had a title change to include provider manual and required notifications. Major revisions include adding a new requirement for Closed Loop Referral System (CLRS), addition of Electronic Visit Verification (EVV) to Contractor policies and procedures, a link or directions on how to find all required policies, protocols, and procedures required under AMPM Policy 541 for care coordination with governmental and tribal agencies and entities, new requirement for providers to identify demographic data regarding their population group sets as outlined in AMPM Policy 610, and added Serious Emotional Disturbance (SED) eligibility determination process as specified in AMPM Policy 320-P under behavioral health assessment and service planning requirements. Policy also had minor grammatical and formatting edits made throughout.

Implementation Date 10/01/24

PREVIOUSLY ADDED TO APPROVED NOT YET EFFECTIVE

ACOM POLICY 323 – ACC-RBHA NON-TITLE XIX/XXI PROFIT LIMIT

Refer to Revision Memo dated 05/24/24.

Implementation date 10/01/24.

ACOM POLICY 403 – ENROLLMENT CHOICE IN A COUNTY WITH CHOICE AND CHANGE OF CONTRACTOR: ALTCS CONTRACTORS

Refer to Revision Memo dated 06/27/24.

Implementation Date 10/01/24.

ACOM POLICY 404 – CONTRACTOR WEBSITE AND MEMBER INFORMATION

Refer to Revision Memo dated 07/16/24.

Implementation date 10/01/24.

ACOM POLICY 406 – MEMBER HANDBOOK AND PROVIDER DIRECTORY

Refer to Revision Memo dated 07/16/24.

Implementation date 10/01/24.
