Janice K. Brewer, Governor Thomas J. Betlach, Director

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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

DATE: April 29, 2013

TO: Holders of AHCCCS Contractor Operations Manual

FROM: Julie Ambur, Administrative Services Officer, Contracts & Policy

Division of Health Care Management, AHCCCS

SUBJECT: AHCCCS Contractor Operations Manual (ACOM) - April 2013 Update

This memo describes revisions and/or additions to the ACOM for the month of April:

Published Policy Revisions

• Chapter 200, Policy 205 – Ground Ambulance Transportation Reimbursement Guidelines For Non-Contracted Providers

The Ground Emergency Ambulance Transportation section of this policy has been updated to reflect current reimbursement practices. The Policy now states: Ambulance providers that have fees established by the Arizona Department of Health Services (ADHS) are reimbursed by AHCCCS Contractors a percentage proscribed by law of the ambulance provider's ADHS-approved fees for covered services. For ambulance providers whose fees are not established by ADHS, the AHCCCS Capped Fee for Service (FFS) Schedule will be used. Additional revisions were for general formatting and not substantive.

• Chapter 400, Policy 415 - Provider Network Development and Management Plan; Periodic Network Reporting Requirements

This policy has been updated to include DDD and Direct Care Worker-specific requirements. The deliverables: HCBS Home Network Roster and Therapeutic and HCBS Services Wait Lists are now included in this policy. The policy further clarifies that the deliverables, Provider Terminations Due to Rates and Providers that Diminish their Scope of Service and/or Close their Panel, are to be submitted together in the Provider/Network Changes Due to Rates Report.

Note: The Policy name has changed from *Provider Network Development and Management Plan* to *Provider Network Development and Management Plan*; *Periodic Network Reporting Requirements*. Attachment F, Ga and Gb are available in excel format on the ACOM web page.

• Chapter 400, Policy 419 - ALTCS Network Standards

This Policy has been revised to include the Provider Affiliation Transaction (PAT) file submission requirement and to update the Minimum Network Standards. The General Requirements section of the policy specifies, *Conformance with these standards will be measured using data from the PAT data file submission*. Additionally, *DD Group Home* has been removed from the HCBS Community Minimum Network Standards and references to *Letters of Intent (LOI)* have been omitted. The Long Term Care-Nursing Facility standard for Nogales, GSA 50-Santa Cruz County, has also been updated to: *Within one hour drive of Nogales*. Additional revisions were for general formatting and not substantive.

Policy updates are continued on the following page.

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• Chapter 400, Policy 420 – ALTCS Network Summary

This policy has been removed and all applicable language has been incorporated into ACOM Policy 415 - *Provider Network Development and Management Plan; Periodic Network Reporting Requirements* and ACOM Policy 419 – *ALTCS Network Standards*.

Approved Policies Not Yet Effective

Please access the following link to view these policies: Approved Policies Not Yet Effective

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