

DATE: November 27, 2024
TO: Holders of the AHCCCS Medical Policy Manual (AMPM)
FROM: Division of Managed Care Operations (DMCO) Contracts and Policy Unit
SUBJECT: AHCCCS Medical Policy Manual (AMPM)

This memo describes additions and/or revisions to the AMPM. For questions regarding policy updates email the Contracts and Policy Unit at: DMCOContractsandPolicy@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.

DIVISION OF DEVELOPMENTAL DISABILITIES TRIBAL HEALTH PROGRAM (DDD THP)

Effective April 1, 2022, The Division of Developmental Disabilities (DDD) Tribal Health Program (THP) that is the Fee-For-Service health plan which administers physical health, behavioral health, and Long-Term care Services and Supports (LTSS) for DDD-THP enrolled American Indian/Alaska Native members. Responsibility for managing acute Physical/Behavioral Health/Children's Rehabilitative Services (CRS), and THP members with a Serious Mental Illness (SMI) designation was transitioned to AHCCCS. AHCCCS is in the process of revising all pertinent documents to reflect this new change.

CONTRACT NAME CHANGE

Effective October 1, 2022, the Regional Behavioral Health Authority (RBHA) for the Managed Care Organization 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

Effective May 1, 2024, The Office for Civil Rights (OCR) finalized the rule that prohibits discrimination on the basis of disability. AHCCCS is in the process of revising all pertinent documents 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 NEW AGENCY STRUCTURE

Effective May 3, 2024, AHCCCS unveiled a new Agency structure. AHCCCS is in the process of revising all pertinent documents to reflect the new Division titles. For complete details related to the new Agency structure, please see the press release found on the AHCCCS website under [News & Press Releases](#).

STATEWIDE BRANDING

Effective August 23, 2024, Arizona announced a statewide branding effort. AHCCCS is in the process of revising all pertinent documents to reflect the new AHCCCS Logo, colors, and design elements.

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](#)

Effective August 2, 2021, AHCCCS created a Dictionary that 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 will be added to applicable policies. AHCCCS is in the process of adding an area within the Definition Section of all policies that identifies but is not limited to some common 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. There are instances when 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'. AHCCCS is in the process of revising all pertinent documents to reflect this change.

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

[AHCCCS RELATED ACRONYMS](#)

CURRENT UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)

AMPM POLICY 610 – AHCCCS PROVIDER QUALIFICATIONS

AMPM Policy 610 was revised to align with operational changes supporting AHCCCS' fraud, waste, and abuse prevention efforts.

ATTACHMENT A – RESERVED

Attachment A, formerly titled "AHCCCS Provider Types" is reserved from Policy and relocated to the AHCCCS website <https://www.azahcccs.gov/APEP>. The document is now titled "Provider Enrollment Screening Glossary (PEP-903)".

ATTACHMENT B – RESERVED

Attachment B, formerly titled "AHCCCS Provider Types Screening Tool" is reserved from Policy and relocated to the AHCCCS website <https://www.azahcccs.gov/APEP>. The document is now titled Provider Enrollment Screening Glossary (PEP-903)".

POST PUBLIC COMMENT CHANGES THAT CONCLUDED ON OCTOBER 28, 2024: Additional revisions were made to AMPM Policy 610 based on public comment including but not limited to:

- Removing key personnel from responsive entities as it is encompassed in the federal definition of managing employee.
- Updating P.O. box requirement to mailing address as not every entity has a P.O. box.
- Clarifying 24 hours is equivalent to one calendar day for submission timeframe of disclosable events.
- Adding legal citation 42 CFR 455.101 to define disclosable event.
- Updating reporting timeframe to five business days to be less restrictive when a provider's owner becomes an owner with 5% or more ownership interest in another entity.
- Removing Statutory agent as it is not disclosable; however, an agent is.
- Adding legal citation 42 CFR 455.460 which requires application fees.
- Adding legal citation 42 CFR 455.432 for site visits.
- Adding legal citation 42 CFR 455.434 for fingerprint-based criminal background check (FCBC).
- Clarifying that population demographic information is regarding the group sets that the provider serves.
- Specifying AHCCCS registration requirement is for all enrollable AHCCCS provider types.
- Modifying submission timeframe requirements to AHCCCS Provider Enrollment Portal (APEP) to 30 calendar days for all non-adverse actions to be less restrictive.
- Modifying disclosure timeframe to be within five business days for actions taken by the licensing board that do not result in license closure or revocation to be less restrictive.
- Clarifying the frequency of employee's license to be verified every six months to be less restrictive.
- Clarifying definition of adverse action.
- Removed requirement for providers to upload insurance requirements to APEP annually and at least 30 days prior to the expiration of the insurance policy.
- Clarifying AHCCCS has the discretion to deny or terminate a provider for enrolling as the wrong provider type.
- Adding legal citation 42 CFR 455.104(c) for 35-day requirement for reporting change in ownership.
- Clarifying hours of operation for disclosure.
- Removing statement Centers for Medicare and Medicaid Services (CMS') 5-year provider screening requirement as it is no longer applicable.
- Removed the suggested new requirements that were added to the Conflicts of Interest section.

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

[**AHCCCS MEDICAL POLICY MANUAL \(AMPM\)**](#)