

DATE: October 21, 2015

TO: Holders of AHCCCS Medical Policy Manuals

FROM: Kevin Neill, Policy Manager
Office of Medical Policy and Coding, AHCCCS

SUBJECT: AHCCCS Medical Policy Manual (AMPM)
Update, 2015-14

Revisions and updates have been made to the following:

POLICY 510: PRIMARY CARE PROVIDERS (PCPS)

Language in Policy 510 has been revised to bring it into alignment with contractual language that states that members be informed of their PCP assignments within 12 business days.

The Effective Date for the above change is 10/01/2015.

CHAPTER 900: QUALITY MANAGEMENT & PERFORMANCE IMPROVEMENT PROGRAM

Chapter 900 has undergone an extensive review and update. Highlights include:

- Inclusion of members and family members in certain activities and committees as required in federal law
- References to inclusion of stakeholders in certain activities as appropriate
- Addition of new definitions for terms used in the chapter and as referenced in Federal law
- Technical language updates and clarifications throughout the chapter
- Inclusion of electronic processes such as electronic health records, health information exchange, and electronic signatures
- Updates of reporting requirements to AHCCCS and regulatory bodies and associated timeframes
- Inclusion of processes and requirements related to the provision of behavioral health services
- Requirements for quality improvement in placement settings where deficiencies are identified
- Update of service and service site tables to include behavioral health provider types in minimum on-site monitoring activities
- Inclusion for monitoring of the Direct Care Worker program to ensure compliance with AHCCCS requirements
- Shifting language in policy to align with federal language in relation to Long Term Services and Supports (LTSS)
- Inclusion of Advance Directive and DNR availability/access monitoring in certain placement settings
- Updated the medical record review requirements to align with national sampling methodologies and based on process approval granted to the Association of Health Plans
- Inclusion of requirements related to use of the CSPMP and narcotic prescribing

- Credentialing requirements have been updated to include a more comprehensive list of behavioral health and long term service and support providers
- Change in credentialing timelines from 180 to 90 days for completion
- Inclusion of oral health providers in the temporary/provisional credentialing requirement if joining an existing contracted practice or if utilizing a covering or substitute provider
- Added Board Certified Behavioral Analyst credentialing and continuing education requirements
- Clarifications regarding the expectations of the Credentialing Committee
- Re-adding in ADA language to reflect Federal requirements
- Inclusion of requirements for monitoring and/or auditing of providers to ensure that required supervision is being conducted and is documented
- Requirements for Contractors to report to AHCCCS any adverse provider action taken
- If required for the provider classification, documentation of agreements or contracts and verification of required monitoring, audits and/or site visits
- Inclusion of the AHCCCS Office of the Inspector General reporting requirements
- Update on requirements related to mortality reviews, including those related to prescribing concerns
- Aligned language related to performance measures and metrics, as well as performance improvement projects with Federal requirements; added placeholders for inclusion of mandated performance measure and performance improvement projects mandated at the Federal level
- Aligned language to include Agency value-based purchasing expectations
- Inclusion of language related to the development of a quality rating system
- Aligned policy language with contract language related to performance sanctions

AHCCCS is continuing to review and update Section 950, Credentialing and Recredentialing Processes. Accordingly, AHCCCS may develop a work group related to credentialing, monitoring, and supervision requirements for individuals that are not licensed or certified that provide services related to long-term services and supports.

The Effective Date for the above changes is 10/01/2015.

CHAPTER 1000: MEDICAL MANAGEMENT (INCLUDING APPENDIX C & G)

Chapter 1000 has been revised to include Emergency Department (ED) diversion language and other new deliverables in accordance with Arizona SB 1034.

Please note that Exhibit 1030-A was removed as an Exhibit from the AMPM and restructured as a part of Appendix G.

The Effective Date for the above change is 10/01/2015.