
Description of the Functions of the Medical Assistance Unit

Within AHCCCS, the responsibilities and functions for medical assistance report to the Deputy Director/Chief Medical Officer and are performed by the:

- Division of Health Care Management: Responsible for the programs and services related to all populations served through managed care contracts. These programs include Acute, Long Term Care, Behavioral Health and Children's Rehabilitative Services (CRS).
- Division of Fee-for-Service Management: Responsible for the administrations of programs and services related to the Fee-for-Service population.
- Medical Director: Responsible for medical direction and medical oversight of all programs.
- Pharmacy Program Administrator: Responsible for management of the pharmacy benefit for the Fee-for-Service population and other pharmacy related policies and programs of the agency.
- Office of Special Programs: Responsible for a variety of programs including research on new technology and oversight of the AHCCCS Medical Policy Manual.

The key functions are:

- Identifying, developing, monitoring and evaluating quality of care and services;
- Formulating and implementing medical policy;
- Exercising medical interpretation; and
- Assessing new technology.

An organization chart of Medical Assistance functions is included as part of this attachment.

Description of the Functions of the Medical Assistance Unit

1. Division of Fee-for-Service Management

- (a) Medical management, including prior authorization, concurrent and retrospective reviews, for the Indian Health Service members and the Federal Emergency Services Program.
- (b) Grievances and appeals specific to Fee-for-Service denials
- (c) Quality of care issue identification and referral for evaluation and investigation to the Clinical Quality Management Unit within the Division of Health Care Management.
- (d) Authorizations for special services such as environmental modifications and out-of-state placement requests.
- (e) Medical review of Fee-for-Service claims.
- (f) Review and revise, as needed the qualifications and standards for the registration of AHCCCS provider types.
- (g) Review and make recommendations to Executive Management regarding the addition or deletion of provider types.

2. Division of Health Care Management

(a) ALTCS Unit

- i. Development, maintenance and oversight of comprehensive Case Management Program for ALTCS Program.
- ii. Oversight of Traumatic Brain Injury/Behavioral Health Reinsurance Program.
- iii. Technical assistance to ALTCS Contractors and Tribal case managers.
- iv. Oversight of federal and state compliance for ALTCS Program, PASARR, and Nurse Aide Training and Competency Evaluation Program.
- v. Coordination with the Arizona Department of Health Services on the status of licensure and certification of nursing facilities and Intermediate Care Facilities for the Mentally Retarded and distribution of information to AHCCCS Contractors.
- vi. Coordination and oversight of Department of Economic Security/Division of Developmental Disabilities ALTCS program.

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(b) Clinical Quality Management Unit

- i. Program and operational reviews to assess each Contractor's management of medical issues, including quality management, utilization management, as well as medical policy and contractual compliance.
- ii. Oversight of federal and state compliance related to quality management, EPSDT and maternal health and review of annual quality management plans. Continuous training, technical assistance and interface with Contractors regarding refining and developing these annual plans.
- iii. Program monitoring, including for Maternal Child Health, Family Planning, EPSDT, dental utilization, immunization, ALTCS, and adult health care.
- iv. Problem resolution, including individual quality of care issues for members, access to care, level of coverage, quality of coverage provided.
- v. Quality management development and analysis (e.g., utilization reports and performance indicators).
- vi. Monitoring implementation of corrective action plans and quality interventions related to quality management oversight.
- vii. Coordinate and conduct focused medical audits

(c) Data Analysis and Research Unit

- i. Data handling, analysis and reporting for utilization monitoring, performance measures, quality indicators, clinical studies, and medical audits.
- ii. Coordination of data handling and analysis for medical audits, clinical studies, performance measures, and related projects.

3. Office of Special Programs

- (a) Medical policy development, distribution, interpretation and evaluation.
- (b) Chair and coordination of the AHCCCS Clinical Technology/Steering Committee.
- (c) Coordination and oversight of school-based claiming of Medicaid reimbursable services.

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4. Medical Director

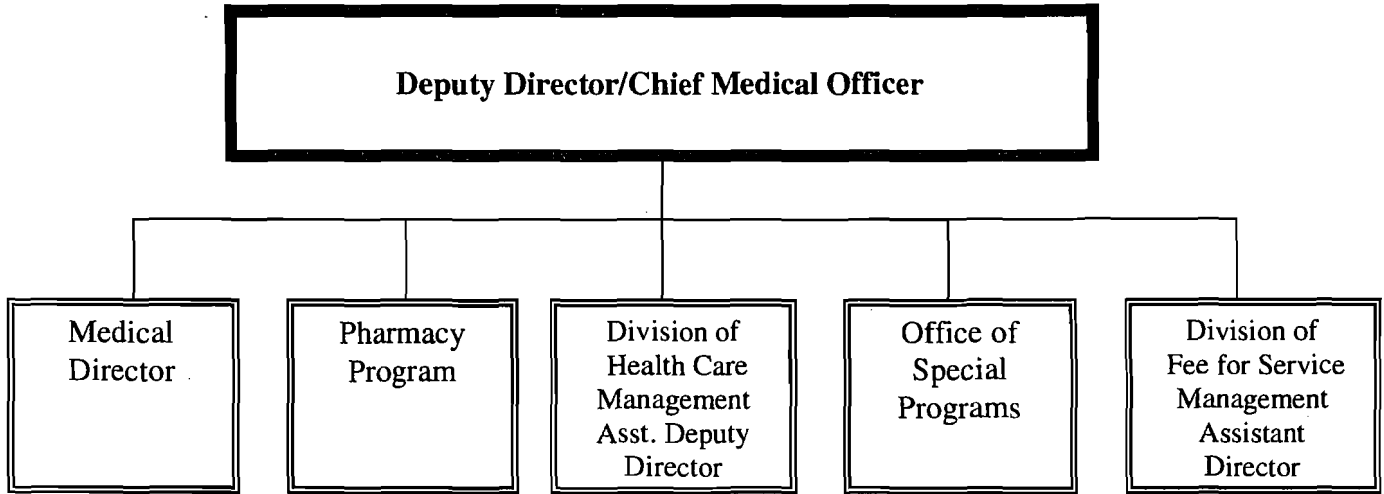
- (a) Medical oversight of acute, ALTCS, Behavioral Health and Fee-for-Service Programs
- (b) Medical review for Fee-for-Service out-of-state placement requests, prior authorization and claim denials
- (c) Medical policy interpretation.
- (d) Chairman of Peer Review Committee, which reports and discusses results of investigations on quality of care issues, with emphasis on Fee-for-Service members.
- (e) Technical assistance and interface with providers for both Fee-for-Service and Medicaid Programs.
- (f) Medical resource for the grievance and appeals process.

5. Pharmacy Program Administration

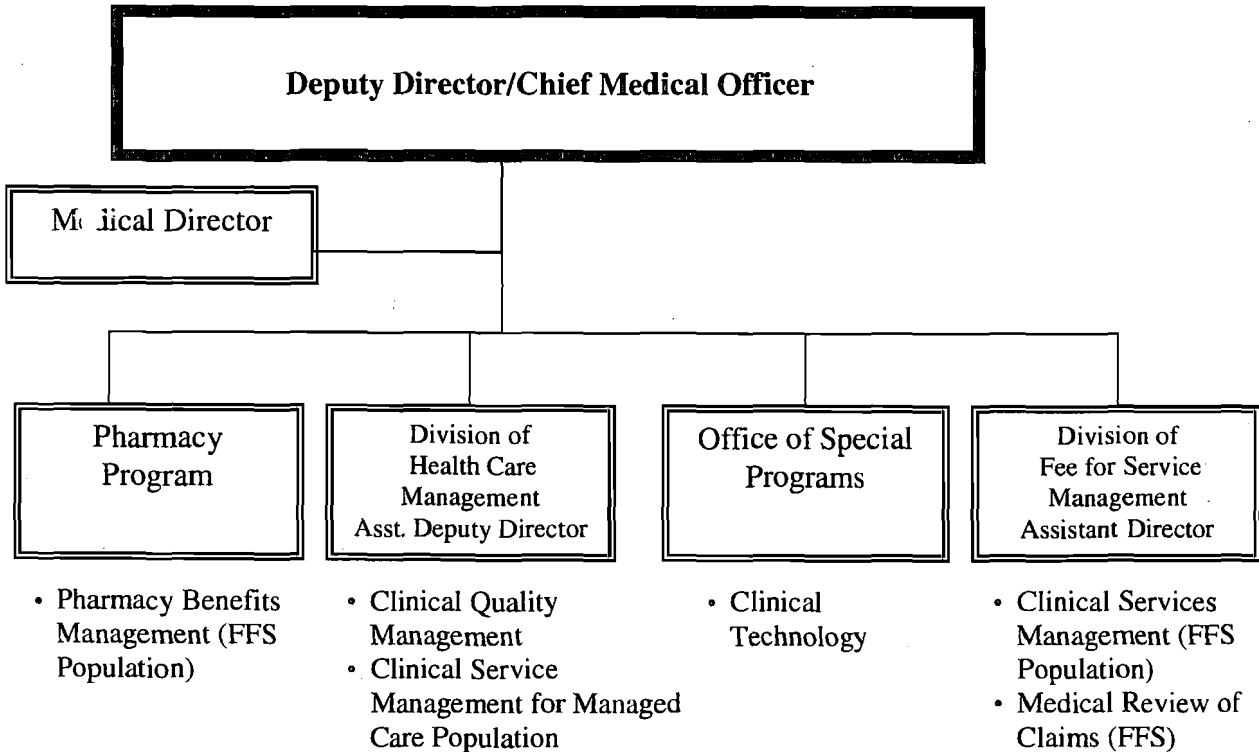
- (a) Oversight and coordination of the Fee For Service contract with a pharmacy administrator, including formulary review, provider network and any quality of care issues related to pharmacy.
- (b) Utilization data analysis and recommendations for appropriateness as well as potential cost savings.
- (c) Resource of pharmacy expertise for policy development.

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Administrative Units



Functional Units



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