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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

DATE: September 27, 2013

TO: Holders of AHCCCS Medical Policy Manuals

FROM: Kevin Neill, Policy Manager

Office of Medical Policy, Analytics and Coding, AHCCCS

SUBJECT: AHCCCS Medical Policy Manual (AMPM)

Update, 2013-07

Please note that the effective date of all revisions in Update 2013-07 is October 01, 2013. A summary of the changes are below.

<u>Chapter 300, Policy 330, Covered Conditions and Services for the Children's Rehabilitative Services (CRS) Program</u>

Per new CRS rules (R9-22-1302), Policy 330, Covered Conditions and Services for Children's Rehabilitative Services (CRS) Program, are revised.

CHAPTER 400, MEDICAL POLICY FOR MATERNAL AND CHILD HEALTH

A review and revision of Chapter 400 (Policy 400 - 420), Medical Policy for Maternal and Child Health, has been completed. Revisions were made in Policies 400, 410, and 420.

The following exhibits have also been reviewed and revised as part of the October 1, 2013 publication: Exhibits 400-1, 400-2A, 400-2B, 400-2C, 410-1, 410-2, 410-3, 410-4, 410-5, 410-6, 420-1, and 420-2.

CHAPTER 500, POLICY 540, OTHER CARE COORDINATION ISSUES

Language has been added to Policy 540, Other Care Coordination Issues, to describe the requirements for the CRS Contractor (and all Contractors as appropriate) regarding minimum requirements for urgent response to children removed from their homes and taken into CPS custody.

Additional language has also been added to Policy 540 that describes the process to be followed in the event that a Contractor disagrees with a CRS coverage decision; in such instances, the Contractor shall provide the medically necessary service and initiate a "Request for Review" to the CRS Contractor or designee.

CHAPTER 500, POLICY 560, CRS CARE COORDINATION AND SERVICE PLAN (SP) MANAGEMENT

Policy 560, CRS Care Coordination and Service Plan (SP) Management, has been revised to better define the processes for AHCCCS Contractors regarding the coordination of care per each member's Service Plan, and in cooperation with other State Agencies, which the member is enrolled.

CHAPTER 900, QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAM

Language has been revised in Chapter 900, Quality Management and Performance Improvement Program, to reflect changes in the new CRS rules, as well as to promote improvement in the quality of care and services provided to enrolled members.

Further information regarding credentialing, temporary/provisional credentialing and recredentialing policies for both individual and verification for organizational providers has also been added.