

DATE: 07/22/19
To: Holders of the AHCCCS Medical Policy Manual
FROM: Division of Health Care Management Contracts and Policy Unit
SUBJECT: AHCCCS Medical Policy Manual (AMPM)

This memo describes revisions and/or additions to the AMPM

Please direct questions regarding policy updates to the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at DHCMContractsandPolicy@azahcccs.gov.

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

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

[AHCCCS Medical Policy Manual \(AMPM\)](#)

POLICY 310-V, PRESCRIPTION MEDICATION/PHARMACY SERVICES

Policy was revised for general minor formatting updates which included new definitions. The AHCCCS Drug List now combines both behavioral health and physical health drugs into one drug list. Language was modified regarding billing limitations. Other revisions include updating language regarding retail pharmacy prescription delivery services, naloxone coverage, and Federal Opioid Legislation Monitoring requirements.

- **ATTACHMENT A, INFORMED CONSENT-ASSENT FOR PSYCHOTROPIC MEDICATION TREATMENT**
Replaced 'Parent/Guardian' with 'Health Care Decision Maker'. Replaced 'Person' with 'Member' throughout Attachment A.
- **ATTACHMENT B, 5-DAY SUPPLY LIMIT OF SHORT-ACTING OPIOID AND LONG-ACTING OPIOID MEDICATION EXCLUSION SPECIFICATIONS**
Minor formatting updates.
- **ATTACHMENT C, ICD-10 CM DIAGNOSIS CODE**
No changes.

POST PUBLIC COMMENT CHANGES:

NON-PREFERRED DRUG	A medication that is not listed on the AHCCCS Drug List or the AHCCCS Behavioral Health Drug List . Non-preferred drugs require prior authorization.
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PREFERRED DRUG	A medication that has been clinically reviewed and approved by the AHCCCS P&T Committee for inclusion on the AHCCCS Drug List and/or the AHCCCS Behavioral Health Drug List as a preferred drug due to its proven clinical efficacy and cost effectiveness.
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**H. ADDITIONAL FEDERAL OPIOID LEGISLATION (~~SUPPORT ACT P.L. 115-271~~ 42 USC 1396A(oo))
MONITORING REQUIREMENTS**

AHCCCS and its Contractors shall implement automated processes to monitor the following:

1. Opioid safety edits at the Point-of-Sale.
2. Member utilization when the cumulative current utilization of opioid(s) is a **Morphine Equivalent** Daily **Dose** of greater than 90.
3. Members with concurrent use of an opioid(s) in conjunction with a benzodiazepine(s) and an antipsychotic(s).
4. Antipsychotic prescribing for children.
5. Fraud, Waste, and Abuse by enrolled members, pharmacies, and prescribing clinicians.

All Contractors shall report Drug Utilization Review management activities annually for numbers 1. through 5. above as required by AHCCCS and the Centers for Medicare and Medicaid.

O. VACCINES AND EMERGENCY MEDICATIONS ADMINISTERED BY PHARMACISTS TO PERSONS AGE 19 YEARS AND OLDER

AHCCCS covers vaccines and emergency medication without a prescription order when administered by a pharmacist who is currently licensed and certified by the Arizona State Board of Pharmacy consistent with the limitations of this Policy and state law A.R.S. §32-1974.

1. For purposes of this section, “Emergency Medication” means emergency epinephrine and diphenhydramine. “Vaccines” are limited to AHCCCS covered vaccines as noted in the AMPM Policy 310-M.
2. The pharmacy providing the vaccine shall be an AHCCCS registered provider (see note below regarding Indian Health Services (IHS)/638 outpatient facilities).

3. Contractors retain the discretion to determine the coverage of vaccine administration by pharmacists and coverage is limited to the Contractor's network pharmacies.
4. IHS and 638 **Pharmacies** facilities may bill the outpatient all-inclusive rate ~~for pharmacist vaccine administration~~ for adult vaccines as ~~noted above~~ **defined in the AHCCCS Fee-For-Service Provider Manual, Chapter 12 Pharmacy Services and the AHCCCS IHS/Tribal Provider Billing Manual, Chapter 10 Pharmacy Services.**

POLICY 320-P, SERIOUS MENTAL ILLNESS ELIGIBILITY DETERMINATION

No changes.

- **ATTACHMENT A, SERIOUS MENTAL ILLNESS DETERMINATION**
AHCCCS is recalling the 3/01/19 update to AMPM Policy 320-P, Attachment A. AHCCCS Contracted MCOs, their affiliates, and the AHCCCS SMI Eligibility Determination Contractor are to utilize the 10/1/17 publication of *AMPM 320-P, Attachment A*.
- **ATTACHMENT B, SERIOUS MENTAL ILLNESS QUALIFYING DIAGNOSIS**
AHCCCS is recalling the 3/01/19 update to AMPM Policy 320-P, Attachment B. AHCCCS Contracted MCOs, their affiliates, and the AHCCCS SMI Eligibility Determination Contractor are to utilize the 10/1/17 publication of *AMPM 320-P, Attachment B*.
- **ATTACHMENT C, ADMINISTRATIVE SMI DECERT FORM**
No change.

NEWLY ADDED APPROVED NOT YET EFFECTIVE

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

[AMPM Approved Not Yet Effective](#)

None at this time.

PREVIOUSLY ADDED APPROVED NOT YET EFFECTIVE

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

[AMPM Approved Not Yet Effective](#)

POLICY 570, RESERVED

Policy 570, Community Collaborative Care Teams is being reserved due to Division of Developmental Disabilities integration; collaboration will no longer be needed. *Effective Date 10/01/19.*

POLICY 965, COMMUNITY SERVICE AGENCIES

AMPM Policy 965 was formerly titled AMPM Policy 961-C. Policy was revised to establish expectations for the provision of services to members, remove AHCCCS' role in the credentialing process while maintaining the credentialing standards for AHCCCS Provider Registration, establish requirements for Contractors to collaborate and coordinate credentialing and quality monitoring processes, streamline both the credentialing and quality monitoring processes, and to align direct care staff requirements with AHCCCS Workforce Development as specified in ACOM Policy 407. This Policy is pending Implementation Date.

- **ATTACHMENT A, INITIAL APPLICATION AND CREDENTIALING AMENDMENT REQUEST**
Attachment A was revised to streamline the information needed for Initial application and credentialing amendment process. This attachment is pending Implementation Date.

- **ATTACHMENT B, DOCUMENTATION STANDARDS**
Attachment B was originally included within the body of the policy; information regarding documentation standards has been moved to its own Attachment B. This attachment is pending Implementation Date.

- **ATTACHMENT C, CRIMINAL HISTORY AFFIDAVIT**
Attachment C was updated for minor formatting and alignment with A.R.S. § 8-201, A.R.S. § 36-425.03 (L), A.R.S. § 36-425.03, (F), A.R.S. § 36-425.03 (E), A.R.S. § 36-425.03 (I), A.R.S. § 36-425.03 (H), A.R.S. § 36-425.03 (K), A.R.S. § 41-619.55 (I), A.R.S. § 41-1758.03 (B), and A.R.S. § 41-1758.03 (D). This attachment is pending Implementation Date.

- **ATTACHMENT D, SELF-DECLARATION OF CRIMINAL HISTORY**
Attachment D was updated for minor formatting and alignment with A.R.S. § 41-1758.03(B) and (D). This attachment is pending Implementation Date.

POST-PUBLIC COMMENT CHANGES:**Policy Section III., A., Overview has been revised as follows:**

“CSAs are an essential part of the integrated healthcare network, in large part, because they provide services designed to reduce and/or eliminate functional disabilities and social disadvantages. Physical health ~~Medical~~ and treatment services focus on physical and behavioral health impairment and develop treatment strategies designed to ameliorate them.”

Policy Section III., I., 2., d., has been revised as follows:

d. “Develop processes and standards for member ~~medical~~ record reviews for the onsite monitoring review, and”

Attachment A has been revised as follows:

Page 2, 4 Replaced ‘Program Director’ with ‘Chief Executive Director’

page 2, Corrected name to ‘Arizona Complete Health’

Page 2, Added checkbox for applicants who will be providing services to members enrolled with CMDP

Page 2, Modified to clarify documents are only to be submitted with an amendment. Otherwise documents will be requested by the lead contractor for the initial application

Attachment B has been revised as follows:

Page 4, # 5) ***Establish qualifications of a BHP and BHT to provide supervision of non-clinical services.***

Page 4, #6) Establishes ***supervision standards*** ~~the qualifications~~ for BHPs, and BHTs who provide ***supervision*** ~~clinical and non-clinical supervision of BHPs, BHTs and BHPPs per A.A.C. R9-10-115 and AMPM Policy 310-B.~~

~~Page 11, Documentation consistent with the administrative policies and procedures for ensuring the proper supervision of staff who provide non-clinical services. Documentation shall require verification that BHPs or BHTs providing oversight at least one time during each two week period from a qualified BHP or a BHT.~~

~~BHTs and BHPPs provide services under the supervision of a qualified BHP or BHT based upon the competency of the individual employee including but not limited to: direct supervision, oversight, coaching, mentoring, etc.~~

~~Documentation shall verify that BHTs and BHPPS are receiving the proper type and frequency of supervision from a qualified BHP or BHT per the CSAs policies and procedures.~~

BHTs and BHPPs provide non-clinical services under the supervision of a qualified BHP or BHT. Documentation shall verify that BHTs and BHPPS are receiving the proper type and frequency of supervision from a qualified BHP or BHT per AMPM Policy 965, the competency of the individual BHT or BHPP, and the CSAs’ policies and procedures.

- Supervisory oversight is provided at least one time during each two week period for individuals determined to be competently providing services and performing job duties.
- Supervision is provided as frequently as is required for individuals determined to lack the competence required to provide services or perform job duties.