



Maricopa County
Ryan White Part A Program
Policy and Procedures

Outpatient/Ambulatory Medical Care

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PURPOSE:

To guide the administration of Ryan White Part A Program's Outpatient/Ambulatory Medical Care Services (a core service under the Act). The administration of funds must be consistent with Part A client eligibility criteria.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 defines core medical services (including for co-occurring conditions) as including: outpatient and ambulatory health services; medications; pharmaceutical assistance; oral health care; early intervention services; health insurance premium and cost sharing assistance for low-income individuals; home health care; medical nutrition therapy; hospice services; home and community based health services; mental health services; substance abuse outpatient care; and medical case management, including treatment adherence services.

POLICIES:

- The funds are intended to provide Outpatient/Ambulatory Medical Care Services to eligible clients.
- Providers of Outpatient/Ambulatory Medical Care Services must report to case managers the progress and challenges to be utilized as a link between the case manager and the primary medical provider for the overall care plan developed by the case manager.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and brief summary of what was communicated in adherence with the client charting definition.
- All activities performed must be directly related to the HIV-related clinical status of an eligible client and documented appropriately in the client chart.
- Appropriate client authorized releases of information must be on file to allow for the proper inter-provider communications needed to increase the likelihood of desired health outcomes related to the HIV-related clinical status of an eligible client.
- All fee- for- service reimbursements made under this service are limited to the current Arizona Health Care Cost Containment System (AHCCCS) reimbursement rates, as applicable, or a reasonable rate approved by the Administrative Agency. Contractors with direct cost reimbursement contracts will be reimbursed for actual/allowable costs incurred during the contract period.



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- Specific clinical outcomes (as defined by the Maricopa County Ryan White Part A program) need to be measured and reported for this service.
- All direct service providers must meet the service category's Standards of Care as defined by the Ryan White Part A Planning Council.

DEFINITIONS:

Outpatient/Ambulatory Medical Care:

Outpatient/Ambulatory Medical Care (Health Services) is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). **Primary medical care** for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Client Charting:

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation that is authenticated original documentation, and will not accept copies of assessments, treatment plans and progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

CLIENT ELIGIBILITY CRITERIA:

To be eligible for Outpatient/Ambulatory Medical Care services, a client must meet all of the standard eligibility criteria as defined in Section 3 Client Eligibility. For the Federal Poverty Limits for this service category, see Appendix – Menu of Services.



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ELIGIBLE COSTS AND SERVICES:

Primary Medical Visits:

- Provide Primary medical services, not including labs, diagnostics, specialty services, surgery services.

1 unit = reflective of the appropriate medical code and agreed reimbursable rate

Laboratory Testing:

- Provide medically necessary laboratory testing and screenings as required by a primary medical provider.

1 unit = reflective of the appropriate medical code and agreed reimbursable rate

Diagnostic Testing:

- Provide medically necessary diagnostic testing as required by a primary medical provider.

1 unit = reflective of the appropriate medical code and agreed reimbursable rate

Specialist Services:

- Provide specialty medical services, not including labs, diagnostics, primary medical care, surgery services.

1 unit = reflective of the appropriate medical code and agreed reimbursable rate

Surgery Services:

- Provide minor surgically necessary medical services, not including labs, diagnostics, and specialty services and not cosmetic in nature.

1 unit = reflective of the appropriate medical code and agreed reimbursable rate