

Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services Administration	Effective Date: 03/02/2009 Last Review Effective Date: 02/11/2009
SUBJECT: Medical and Utilization Management	SECTION: MM/UM 1.2

SUBTITLE: CRS Contractors' Encounters Review (Retrospective Review)

POLICY:

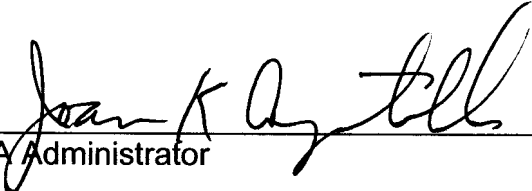

It is the policy of the Children's Rehabilitative Services Administration (CRSA) to review the Children's Rehabilitative Services (CRS) Contractor's for appropriateness of service. CRSA will abide by the Arizona Health Care Cost Containment System (AHCCCS) Medical Policy Manual Chapter 1000.

PROCEDURES:

- 1) Policy Process Review:
CRSA reviews and evaluates CRS Contractor's Retrospective review processes using a tool specifically designed for that purpose.
- 2) CRS Contractor is expected to receive a performance score of at least 90%.
- 3) Internal Review:
 - a) Monthly review include:
 - i) Inpatient services (10% sample).
 - ii) Ambulatory surgery (15% sample).
 - iii) Emergency services (100%).
 - b) Quarterly adjudicated encounters reports include:
 - i) Readmissions within thirty (30) days (100%).
 - ii) Emergency Services Detailed Report (100%).
- 4) Areas of review identify whether:
 - a) The condition is a CRS eligible condition.
 - b) Procedures were related to the CRS condition.
 - c) The setting was appropriate.
 - d) The services were appropriate.
- 5) Medical records are requested by CRSA Medical Management/Utilization Management (MM/UM) staff for questionable diagnoses, procedures, or treatments.
- 6) Potential quality of care concerns are forwarded to the CRSA Quality Management staff and/or CRSA Medical Director for review.
- 7) Monthly status reports on retrospective reviews are analyzed for trends and

presented to the CRSA MM/UM Committee for follow-up discussion and recommendation as needed.

- 8) CRSA will ensure that the CRS Contractor has adequate, qualified, licensed medical staff to conduct retrospective reviews.

Approved:  _____ CRSA Administrator  _____ CRSA Medical Director	Date: <u>3/5/09</u> <u>3/4/09</u>
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