

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 1.5

SUBTITLE: Prior Authorization Review

POLICY:

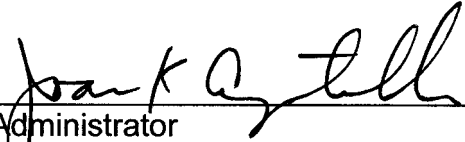
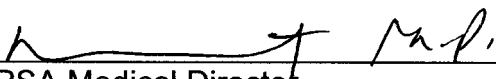
It is the policy of the Children's Rehabilitative Services Administration (CRSA) to monitor all services delegated to the Children's Rehabilitative Services (CRS) Contractor including the prior authorization of services. CRSA will abide by Arizona Health Care Cost Containment System (AHCCCS) Medical Policy Manual Chapter 1000.

PROCEDURES:

- 1) CRSA Medical Management/Utilization Management (MM/UM) staff conducts at a minimum quarterly CRS Contractor site visits to review the CRS Contractor's prior authorization services as follows:
 - a) Prior authorization process review:
 - i) CRSA staff review and evaluate the CRS Contractor's existing prior authorization process against a standard tool specifically designed for that purpose. The CRS Contractor is expected to receive a performance score of at least 90%.
 - ii) CRSA staff review provider service requisition (PSR) for all required elements.
 - iii) CRSA MM/UM staff confirms that all denials for prior authorizations are reviewed and signed by the CRS Medical Director.
 - b) Documentation Audits
 - i) Audits are performed on a sample of documentation to evaluate the CRS Contractor's performance of prior authorization.
 - ii) Timelines for the standard and expedited review are strictly monitored.
 - iii) Elements reviewed are identified in the CRS Contractors Policy and Procedure Manual Section 11.1, Prior Authorization. Prior authorization of services are also monitored and reviewed during the Annual Administrative Review. (See CRSA Policy and Procedure Manual GA 1.1, CRSA Annual Administrative Review Process)

- 2) CRSA will ensure the CRS Contractor has adequate, qualified, licensed medical staff to conduct prior authorization reviews.

- 3) CRSA reviews all service denials semi-annually for appropriate determination of CRS non-coverage. Additionally, Notices of Extension (NOE) (CRS Contractors Policy and Procedure Manual Chapter 8.0, Grievances, Appeals, & Hearings) are reviewed for appropriateness. Any potential issues and concerns are presented in CRSA MM/UM Denial Subcommittee meetings.
- 4) CRSA staff analyzes areas of concern related to prior authorizations and quality.
- 5) CRSA staff reports findings and concerns to the CRSA MM/UM Committee.
- 6) The CRSA MM/UM Committee identifies areas requiring interventions.
- 7) The CRS Contractor must provide a response when requested. If needed, a corrective action plan (CAP) is initiated and monitored until desired outcomes are achieved.
- 8) Findings are presented to the CRSA Executive Management Committee.

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