320-F HIV/AIDS TREATMENT SERVICES

REVISION DATES: 06/01/07, 03/01/05, 07/01/04, 09/01/03, 10/01/01, 04/06/98

REVIEW DATE: 09/01/2011

INITIAL EFFECTIVE DATE: 02/02/1997

DESCRIPTION

AHCCCS-covered medically necessary treatment services, rendered by qualified providers, are available for the treatment of members who have been diagnosed with HIV/AIDS. Members who are diagnosed with HIV/AIDS are also listed as members with special health care needs. AMPM Chapter 500 describes the requirements for special health care needs members. AHCCCS requires Contractors to follow the Centers for Disease Control and Prevention (CDC) guidelines for the treatment of HIV/AIDS. It is the responsibility of each Contractor to distribute these guidelines, and all updates, to HIV/AIDS treatment professionals included in their network.

As appropriate, AHCCCS shall review new technological advances in HIV/AIDS treatment, including recommended pharmacological regimens.

This review shall include the AHCCCS Chief Medical Officer, the AHCCCS Medical Director, Contractor Medical Directors and physician experts in the treatment of HIV/AIDS.

The review may include, but is not limited to, information regarding:

1. Established treatment and pharmaceutical regimens
2. Changes in technology and treatment protocols, and
3. Cost implications of treatment/pharmaceutical regimens.

CONTRACTOR MONITORING

Contractors must develop policies and protocols that document care coordination services provided to members with HIV/AIDS. This includes monitoring of member

medical care in order to ensure that medical services, medication regimens and necessary support services (i.e., transportation) are provided within specified timelines, as defined in contractual arrangements with AHCCCS, and that these services are utilized appropriately. Support services may be coordinated with existing community resources.

In addition, Contractors must ensure that the care for members diagnosed with HIV/AIDS, who are receiving services specified by and in accordance with the guidelines set by AHCCCS, is well coordinated and managed in collaboration with the member‘s treating physician.

If a conflict regarding treatment or denial of treatment arises between the member‘s treating physician and the Contractor Medical Director, the issue may be referred to the AHCCCS Medical Director or designee. However, this does not preclude the member‘s right to file an appeal.

HIV/AIDS TREATMENT PROFESSIONALS

AHCCCS will compile, update and make available to Contractors, upon request, a listing of qualified HIV/AIDS treatment professionals (physicians, nurse practitioners and/or physician assistants). The listing will be based on information submitted by the Contractors as specified in contractor reporting requirements.

A qualified HIV/AIDS treatment professional, for the purpose of this policy, is defined as a physician or practitioner who:

1. Is recognized in the community as having a special interest, knowledge and experience in the treatment of HIV/AIDS,

2. Agrees to adhere to CDC treatment guidelines for HIV/AIDS,

3. Agrees to provide primary care services and/or specialty care to AHCCCS members with HIV/AIDS,

4. Demonstrates ongoing professional development by clinically managing at least five patients with HIV/AIDS during the last year, and

5. Meets one of the criteria below:
    a. Current Board Certification or Recertification in Infectious Diseases, or
    b. Annual completion of at least ten hours of HIV/AIDS-related Continuing Medical Education (CME), which meet the CME requirements under A.A.C. R4-16-101.

LIMITATIONS

A physician or practitioner not meeting the criteria to be a qualified HIV/AIDS treatment professional who wishes to provide primary care services to a member with HIV/AIDS must send documentation to the Contractor demonstrating that s/he has an established a consultative relationship with a physician who meets the criteria for a qualified HIV/AIDS treatment professional as identified in this policy.

This documentation should be maintained in the Contractor's credentialing file. These practitioners may treat members with HIV/AIDS under the following circumstances:

- In geographic areas where the incidence of members with HIV/AIDS is low, and/or where there are no available AHCCCS-registered network HIV/AIDS treatment professionals meeting this criteria, or

- When a member with HIV/AIDS chooses a provider who does not meet the criteria.

CONTRACTOR NETWORK

Contractors must include in their individual provider networks sufficient numbers of qualified HIV/AIDS treatment professionals (physicians, nurse practitioners and/or physician assistants). Contractors must also have policies and procedures to assure that provider requirements and standards specified in the AMPM are met. Each Contractor provider network of HIV/AIDS treatment professionals is subject to review and approval by AHCCCS, Division of Health Care Management (DHCM). Contractors must submit, annually by December 15, a list of HIV/AIDS treatment providers to AHCCCS/ DHCM/Medical Management Unit (MM) which includes:

1. Name and location of all qualified HIV/AIDS treatment professionals treating members with HIV/AIDS, and

2. For each Primary Care Provider (PCP) treating members with HIV/AIDS who is not a qualified HIV/AIDS treatment specialist, the name and location of the consulting HIV/AIDS treatment professional.

Contractors must also notify AHCCCS/DHCM/CQM of any material change to the HIV/AIDS provider network during the year.

Contractor policies must reflect that members with HIV/AIDS have freedom of choice to select an HIV/AIDS provider from the Contractor network. If the member selects a PCP in the Contractor network who is not a provider designated by the Contractor as a qualified HIV/AIDS disease treatment professional, the member must be informed that only those designated providers are authorized to render treatment regimens such as antiretroviral therapies. The selected PCP must consult with a qualified HIV/AIDS provider and follow the recommendations of the consultant in order for the treatment regimen (such as protease inhibitors) to be a covered service.