



Maricopa County  
Ryan White Part A Program  
Policy and Procedures

Outpatient/Ambulatory Medical Care

Effective Date: 03/01/2011  
Revised Date: 03/01/2016  
Reviewed Date: 03/01/2016

**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.

**POLICIES:**

- The funds are intended to provide Outpatient/Ambulatory Medical Care Services to eligible clients.
- 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.
- 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.
- All direct service providers must meet the service category's Standards of Care as defined by the Ryan White Part A Planning Council.
- For contracts who fund salaries, the program should document at least 50% of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to EMA annual averages.

**DEFINITIONS:**

**Outpatient/Ambulatory Medical Care:**

Provision of Outpatient and Ambulatory Medical Care, defined as the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center), consistent with Public Health Service (PHS) guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of



Maricopa County  
Ryan White Part A Program  
Policy and Procedures

Outpatient/Ambulatory Medical Care

opportunistic infections and combination antiretroviral therapies. Provision of laboratory tests integral to the treatment of HIV infection and related complications

Allowable services include:

- 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 of medication therapy;
- Education and counseling on health issues;
- Well-baby care;
- Continuing care and management of chronic conditions;
- Referral to and provision of HIV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services).

**Documentation:**

Providers for this service category must provide assurances that care is provided only in an outpatient setting and is consistent with HRSA and PHS guidelines, and is chronicled in client medical records.

Providers are responsible for documenting the following:

- Care is provided by health care professionals certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van;
- Only allowable services are provided;
- Services are provided as part of the treatment of HIV infection;
- Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects;



Maricopa County  
Ryan White Part A Program  
Policy and Procedures

Outpatient/Ambulatory Medical Care

- Services are consistent with Public Health Services (PHS) guidelines;
- Service is not being provided in an emergency room, hospital or any other type of inpatient treatment center.

**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 which is authenticated original documentation, and will not accept copies of assessments, treatment plans, or 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.

Units billed must be noted in chart as required and include the duration of the encounter (start/stop times and/or total minutes/hours spent with client).

**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 Client Eligibility. For the Federal Poverty Limits for this service category, see Appendix – Menu of Services.



Maricopa County  
Ryan White Part A Program  
Policy and Procedures

Outpatient/Ambulatory Medical Care

**ELIGIBLE COSTS AND SERVICES:**

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.

Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Service Unit	Primary Medical Visit	Provide Primary medical services, not including labs, diagnostics, specialty services, surgery services.	Entered into CAREWare under actual client name.	Date HIV service was completed	1 unit = 1 <i>Appropriate medical code</i>	Actual Cost
Service Unit	Diagnostic Testing	Provide medically necessary diagnostic testing as required by a primary medical provider.	Entered into CAREWare under actual client name.	Date HIV service was completed	1 unit = 1 <i>Appropriate medical code</i>	Actual Cost
Service Unit	Specialist Services	Provide specialty medical services, not including labs, diagnostics, primary medical care, surgery services.	Entered into CAREWare under actual client name.	Date HIV service was completed	1 unit = 1 <i>Appropriate medical code</i>	Actual Cost
Service Unit	Surgery Services	Provide minor surgically necessary medical services, not including labs, diagnostics, and specialty services and not cosmetic in nature.	Entered into CAREWare under actual client name.	Date HIV service was completed	1 unit = 1 <i>Appropriate medical code</i>	Actual Cost



Maricopa County  
 Ryan White Part A Program  
 Policy and Procedures

Outpatient/Ambulatory Medical Care

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Service Unit	Laboratory Testing	Provide medically necessary laboratory testing and screenings as required by a primary medical provider.	Entered into CAREWare under actual client name.	Date HIV service was completed	1 unit = 1 <i>Appropriate medical code</i>	Actual Cost
Line Item Unit	PMC - 01... through PMC - 10...	Corresponding units are named PMC – O1 Salaries, PMC – 02 Fringe benefits and so on. May only be billed if line item is in approved budget and support documents confirm identified expense.	AAA Administrative, Admin	Last day of the month	1 unit = 1 unit per month	Actual Cost