

**DATE:** June 1, 2016  
**TO:** Holders of AHCCCS Medical Policy Manuals  
**FROM:** Office of Medical Policy and Coding, AHCCCS  
**SUBJECT:** AHCCCS Medical Policy Manual (AMPM)  
Update, 2016-07

Revisions have been made to the following:

**POLICY 610, AHCCCS PROVIDER QUALIFICATIONS**  
**EXHIBIT 610-1, AHCCCS PROVIDER TYPES**  
**EXHIBIT 610-2, AHCCCS PROVIDER TYPES SCREENING TOOL**

The above policy and exhibits has been revised in the AMPM in accordance with the Fingerprint Background Requirement for screening levels (“limited”, “moderate”, and “high”) for Medicaid as referenced in 42 CFR 455.434, 455.450 (c), 455.101.

The Effective Date for the above change is 06/01/2016.