

416 - PROVIDER NETWORK INFORMATION

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STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

I. PURPOSE

This Policy applies to Acute Care, ALTCS/EPD, CRS, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. This Policy establishes guidelines for Contractors regarding provider information requirements and the content of a Contractor's website.

II. DEFINITIONS

MATERIAL CHANGE TO THE PROVIDER NETWORK Any change that affects, or can reasonably be foreseen to affect, the Contractors' ability to meet the performance and/or provider network standards as required in contract including, but not limited to, any change that would cause or is likely to cause more than 5% of the members in a GSA to change the location where services are received or rendered.

PROVIDER Any person or entity that contracts with AHCCCS or a Contractor for the provision of covered services to members according to the provisions A.R.S. §36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. §36-2901.

SUBCONTRACTOR

1. A provider of health care who agrees to furnish covered services to members.
2. A person, agency or organization with which the Contractor has contracted or delegated some of its management/administrative functions or responsibilities.
3. A person, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order or lease (or leases of real property) to obtain space, supplies equipment or services provided under the AHCCCS agreement.

III. POLICY

The Contract contains multiple requirements for communications between Contractors and the Contractor's provider network. The list below instructs the Contractor on content and timing of these communications. The list does not supersede any additional requirements that may be outlined in Contract.

A. PROVIDER MANUAL

The Contractor shall develop, distribute and maintain a provider manual. The Contractor shall ensure that each contracted provider is made aware of the provider manual available on the Contractor's website or, if requested, issued a hard copy of the provider manual. The Contractor is encouraged to distribute a provider manual to any individual or group that submits claim and encounter data.

The Contractor remains liable for ensuring that all providers, whether contracted or not, meet the applicable AHCCCS requirements with regard to covered services, billing, etc.

At a minimum, the Contractor's provider manual must contain information on the following (*items below apply to all Contractors, with the exception of the items in bolded parenthetical notation. The items in bolded parenthetical notation are Contractor specific and only apply to those Contractors listed*):

1. Introduction to the Contractor which explains the Contractor's organization and administrative structure,
2. Provider responsibility and the Contractor's expectation of the provider,
3. Overview of the Contractor's Provider Services department and its function, including but not limited to the expected response times for provider calls,
4. Listing and description of covered and non-covered services, requirements and limitations including behavioral health services,
5. Emergency Department utilization (appropriate and non-appropriate use of the emergency department),
6. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services - screenings include a comprehensive history, developmental/behavioral health screening, comprehensive unclothed physical examination, appropriate vision testing, hearing testing, laboratory tests, dental screenings and immunizations. EPSDT providers must document immunizations into Arizona State Immunization Information System (ASIS) and enroll every year in the Vaccine for Children program.

7. Description of dental services coverage and limitations,
8. Description of Maternity/Family Planning services,
9. Criteria and process for referrals to specialists and other providers, including access to behavioral health services,
10. Grievance system process and procedures for providers and enrollees,
11. Billing and encounter submission information,
12. Contractor policies and procedures relevant to the providers including, but not limited to:
 - a. Utilization management
 - b. Claims submission,
 - ~~b.c.~~ The Contractors criteria for designating a provider office as meeting special accessibility for members with disabilities, and
 - ~~c.d.~~ Primary Care Provider (PCP) assignments.
13. AHCCCS Policies relevant to providers including, but not limited to:
 - a. Payment responsibilities as outlined in ACOM Policy 432
 - b. Description of the Change of Contractor policies. See ACOM Policy 401 and 403 (**Acute Care and ALTCS/EPD**), and
 - c. Nursing Facility and Alternative Residential-HCBS Setting contract termination procedures. See ACOM Policy 421 (**ALTCS/EPD and DDD**).
14. Reimbursement, including reimbursement for members with other insurance, including dual eligible members (i.e. Members who have Medicare and Medicaid),
15. Cost sharing responsibility,
16. Explanation of remittance advice,
17. Prior authorization and notification requirements, including a listing of services which require authorization,
18. Claims medical review,
19. Concurrent review,
20. Coordination of care requirements,
21. Credentialing and re-credentialing activities,
22. Fraud, waste and abuse as outlined in ACOM 103.

23. The AHCCCS Drug List and the Behavioral Health Drug List (or its successor) information, including:
 - a. How to access the drug lists electronically or by hard copy upon request), and
 - b. How and when updates to these lists are communicated.
24. AHCCCS appointment standards,
25. Americans with Disabilities Act (ADA) and Title VI requirements, as applicable,
26. Eligibility verification,
27. Cultural competency information, including notification about Title VI of the Civil Rights Act of 1964. Providers should also be informed of how to access interpretation services to assist members who speak a language other than English including Sign Language,
28. Peer review and the dispute process,
29. Medication management services as described in the Contract,
30. A member's right to be treated with dignity and respect as specified in 42 CFR 438.100,
31. That the Contractor has no policies which prevent the provider from advocating on behalf of the member as specified in 42 CFR 438.102,
32. How to access or obtain Practice Guidelines and coverage criteria for authorization decisions,
33. General and informed consent for treatment requirements,
34. Advanced directives,
35. Transition of members,
36. Encounter validation studies,
37. **RBHAs Must Also Include:**
 - a. How Providers assist members in obtaining a Member Handbook and other new member materials,
 - b. Outreach, engagement, re-engagement and closure activities,
 - c. Behavioral health assessment and service planning requirements,
 - d. SMI eligibility determination,
 - e. Prescribing and monitoring psychotropic medications,

- f. Pre-petition screening, court ordered evaluations, and court ordered treatment,
- g. Requirements for grant funded services provided to Special Populations,
- h. Requirements for out of state placements for children and young adults,
- i. Behavioral health crisis intervention service requirements,
- j. Housing criteria for individuals determined to have SMI,
- k. Disclosure of behavioral health information criteria,
- l. Behavioral health medical record standards,
- m. Partnership requirements with families and family-run organizations in the children and adult behavioral health system,
- n. Seclusion, restraint, and emergency response reporting requirements,
- o. Incidents, accidents, and deaths reporting requirements,
- p. Requirements pertaining to duty to warn,
- q. Training requirements, and
- r. Peer support/recovery training, certification, and clinical supervision requirements.

B. WEBSITE

The Contractor must develop and maintain a website that is focused, informational, functional, and capable of the following:

The Contractor's website must have links to the items listed below:

1. AHCCCS Drug List and Behavioral Health Drug List (or its successor) (both searchable and comprehensive listing), which shall be updated twice per year or as needed and within 30 calendar days of AHCCCS notification,
2. Provider Manual.
3. Provider Directory that is current and updated within 15 calendar days of a network change, is user friendly and allows members to search by the following provider information:
 - a. Name of provider or facility,
 - b. Provider or service type,
 - c. Specialty,
 - d. Languages spoken by the practitioner,
 - e. Office location (i.e., allow the member to find providers by location such as county, city or zip code),
 - f. [For E/PD Contractors, a designation for those that meet special accessibility for members with disabilities and a description of how the members can obtain details of the available accessibility features for specific providers with accessibility designation.](#)
4. Contractor's Performance Measure Results,

5. Performance Measure Results via link to AHCCCS website,
6. Medical Determination Criteria and Practice Guidelines,
7. Contractor provider survey results, as available.

The Contractor's website must also offer the following:

1. Member Enrollment Verification,
2. Claims Inquiry (e.g. adjustment requests; information on denial reasons),
3. Acceptance of HIPAA compliant electronic claims transactions, and
4. Display Reimbursement Information.

See ACOM Policy 404, Attachment C, Contractor Website Certification Checklist and Attestation for other requirements that apply to the Contractor's website.

The Contractor shall submit the Contractor's Annual Website Certification Checklist and Attestation, as specified in Contract, Attachment F3, Contractor Chart of Deliverables and RBHA Contracts, Exhibit-9, Deliverables. See also ACOM 404, Attachment C, Contractor Website Certification Checklist and Attestation.

C. REQUIRED NOTIFICATIONS

In addition to the updates required below, AHCCCS may require Contractors to disseminate information on behalf of the AHCCCS Administration. In these instances, AHCCCS will provide prior notification as is deemed reasonable or prudent.

The Contractor is expected to provide written or electronic communication to contracted providers in the following instances:

1. Exclusion from Network - Under Federal Regulation 42 CFR 438.12 the Contractor is required to provide written notice of the reason for declining any written request for inclusion in the network.
2. Material Changes -The Contractor is required to notify providers in advance of any material change to the provider network and/or business operations as outlined in ACOM Policy 439.
3. AHCCCS Guidelines, Policy, and Manual Changes - The Contractor is responsible for ensuring that its subcontractors are notified when modifications are made to AHCCCS guidelines, policies, and manuals. In the event of a modification to AHCCCS Policy, guidelines and Manuals, the Contractor shall issue a notification of

- the change to its effected subcontractors within 30 calendar days of the published change and ensure amendment of any affected subcontracts. Effected subcontracts shall be amended on their regular renewal schedule or within six calendar months of the update, whichever comes first.
4. Contractor Provider Manual Changes – The Contractor is responsible for ensuring that its providers are notified when modifications are made to its provider manual.
 5. Subcontract Updates – In the event of a modification to the AHCCCS Minimum Subcontract Provisions, the Contractor shall issue a notification of the change to its subcontractors within 30 calendar days of the published change and ensure amendment of affected subcontracts. Affected subcontracts shall be amended on their regular renewal schedule or within six calendar months of the update, whichever comes first.
 6. Termination of Subcontract – The Contractor must provide written notice to hospitals and/or provider groups at least 90 calendar days prior to any subcontract termination without cause. Subcontracts between Contractors and individual practitioners are exempted.
 7. Disease/Chronic Care Management – The Contractor must disseminate information as required by the AMPM Policy 1020.

IV. REFERENCES

- Acute Care Contract, Section D
- ALTCS/EPD Contract, Section D
- CRS Contract, Section D
- DCS/CMDP Contract, Section D
- DES/DDD Contract, Section D
- Contract, Attachment F3, Contractor Chart of Deliverables
- RBHA Contract, Scope of Work
- RBHA Contract, Exhibit-9, Deliverables
- A.R.S. §36-2901
- 42 CFR 438.12
- 42 CFR 438.100
- 42 CFR 438.102
- Americans with Disabilities Act
- Civil Rights Act of 1964
- ACOM Policy, 103
- ACOM Policy, 401
- ACOM Policy, 403
- ACOM Policy, 404, Attachment C, Contractor Website Certification Checklist and Attestation

- ACOM Policy, 421
- ACOM Policy, 432
- ACOM Policy, 439
- AMPM Policy, 1020

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