

436 – NETWORK STANDARDS

EFFECTIVE DATES: 10/01/13, 01/01/14, 10/01/15, 07/01/16, 10/01/17, 10/01/18, 10/01/19, 10/01/20, 10/01/21, 10/01/22, 10/01/23

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I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors. The Contractor shall develop and maintain a provider network that is sufficient to provide all covered services to AHCCCS members as specified in Contract, Policy, 42 CFR Part 457, and 42 CFR Part 438. This Policy establishes Contractor network standards for all Contractors.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

ASSISTED LIVING CENTER (ALC)	ASSISTED LIVING HOME (ALH)	DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)
FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)	GEOGRAPHIC SERVICE AREA (GSA)	INDIAN HEALTH SERVICES (IHS) MEMBER
MEMBER	MULTI-SPECIALTY INTERDISCIPLINARY CLINIC (MSIC)	PROVIDER AFFILIATION TRANSMISSION (PAT)

For purposes of this Policy, the following terms are defined as:

DISTRICT

A Service District is a section of Maricopa or Pima County defined by zip code for purposes of establishing and measuring minimum network standards for Developmentally Disabled (DD) Group Homes, Assisted Living Centers (ALC), Assisted Living Homes (ALH), and Adult Foster Care (AFC) Homes. Refer to “County and District Definitions” below.

III. POLICY

A. COUNTY AND DISTRICT DEFINITIONS

1. Maricopa and Pima Counties are further subdivided into districts for the purposes of establishing and measuring minimum network standards for DD Group Homes, Assisted Living Centers, Assisted Living Homes, and Adult Foster Care Homes. Below is the definition of these districts:

a. Maricopa County

MARICOPA DISTRICT	DESCRIPTION	ZIP CODES
DISTRICT 1	Phoenix	85022, 85023, 85024, 85027, 85029, 85032, 85054, 85050, 85053, 85085, 85086, 85087, 85254, 85324, 85331
DISTRICT 2	Carefree, Cave Creek, Fountain Hills, Scottsdale	85250, 85251, 85255, 85256, 85257, 85258, 85259, 85260, 85262, 85263, 85264, 85268
DISTRICT 3	Phoenix	85012, 85013, 85014, 85015, 85016, 85017, 85018, 85019, 85020, 85021, 85028, 85051, 85253
DISTRICT 4	Phoenix	85003, 85004, 85006, 85007, 85008, 85009, 85025, 85034, 85040, 85041, 85042, 85044, 85045, 85048
DISTRICT 5	Buckeye, Goodyear, Phoenix, Tolleson, Gila Bend	85031, 85033, 85035, 85037, 85043, 85322, 85323, 85326, 85338, 85339, 85353, 85337
DISTRICT 6	Glendale	85301, 85302, 85303, 85304, 85305, 85306, 85308, 85310

MARICOPA DISTRICT	DESCRIPTION	ZIP CODES
DISTRICT 7	El Mirage, Peoria, Sun City, Sun City West, Surprise, Wickenburg	85275, 85307, 85309, 85335, 85340, 85342, 85345, 85351, 85355, 85361, 85363, 85373, 85374, 85375, 85379, 85381, 85382, 85383, 85387, 85388, 85390, 85395, 85396
DISTRICT 8	Mesa, Tempe	85120, 85201, 85202, 85203, 85204, 85205, 85206, 85207, 85208, 85209, 85210, 85212, 85213, 85215, 85218, 85219, 85220, 85256, 85281, 85282
DISTRICT 9	Chandler, Tempe, Gilbert, Queen Creek, Sun Lakes	85140, 85142, 85143, 85222, 85224, 85225, 85226, 85233, 85234, 85242, 85243, 85248, 85249, 85283, 85284, 85296, 85297

b. Pima County

PIMA DISTRICT	DESCRIPTION	ZIP CODES
DISTRICT 1	Northwest	85321, 85653, 85658, 85701, 85704, 85705, 85737, 85739, 85741, 85742, 85743, 85745, 85755
DISTRICT 2	Northeast	85619, 85702, 85712, 85715, 85716, 85718, 85719, 85749, 85750
DISTRICT 3	Southwest	85601, 85614, 85622, 85629, 85713, 85714, 85723, 85724, 85735, 85736, 85746, 85757
DISTRICT 4	Southeast	85641, 85706, 85708, 85710, 85711, 85730, 85747, 85748

B. STATEWIDE TIME AND DISTANCE NETWORK CALCULATION DEFINITIONS AND STANDARDS

For each county in the Contractor’s assigned service area, the Contractor shall have a network in place to meet time and distance standards specified below. If the Contractor delegates network activities, it shall ensure subcontractor compliance with applicable network standards.

For the purposes of this policy, the Contractors shall use its network of the following provider types and specialties to calculate compliance with this policy’s time and distance standards:

PROVIDER CATEGORY	REQUIRED PROVIDER/SPECIALTY TYPE(S)
BEHAVIORAL HEALTH OUTPATIENT AND INTEGRATED CLINIC, ADULT AND PEDIATRIC	77 or IC
BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)	B8
CARDIOLOGIST, ADULT	08 or 31 with a Specialty Code of 062 or 927
CARDIOLOGIST, PEDIATRIC	08 or 31 with a Specialty Code of 062, 151, or 927
CRISIS STABILIZATION FACILITY	02, 71, B5, B6, B7, or 77 and ICs that are authorized to provide behavioral health observation/stabilization in accordance with A.A.C. 9-10-1012.
DENTIST, PEDIATRIC	07 with a Specialty Code of 800 or 804, C2 Federally Qualified Health Centers (FQHCs) identified by AHCCCS
HOSPITALS	02 or C4
NURSING FACILITIES	22
OBSTETICIAN/GYNECOLOGIST (OB/GYN)	08, 19,31, or CN with a Specialty Code of 089, 090, 091, 095, 181, or 219
PHARMACY	03 or 05
PRIMARY CARE PROVIDER (PCP), ADULT	08 or 31 with a Specialty Code of 050, 055, 060, 089, or 091 <i>or</i>
	19 or CN with a Specialty Code of 084, 095, or 097 <i>or</i>
	18 with a specialty code of 798

PROVIDER CATEGORY	REQUIRED PROVIDER/SPECIALTY TYPE(S)
PRIMARY CARE PROVIDER (PCP), PEDIATRICS	08 or 31 with a Specialty Code of 050, 150, or 176 or
	19, CN with a Specialty Code of 084, 087, or 097 or
	18 with a specialty code of 798

The table below outlines the methodology the Contractor uses to calculate its compliance with the following time and distance standards. The table outlines the provider categories, the lines of business that calculate compliance for that provider type, the member population used in the calculation, and the time or distance standards for Maricopa/Pima and all other counties.

PROVIDER CATEGORY	APPLIES TO	MEMBER POPULATION	COUNTY	STANDARD <i>(90% of membership does not need to travel more than)</i>
BEHAVIORAL HEALTH OUTPATIENT AND INTEGRATED CLINIC, ADULT*	All Except CHP	18 years or older	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their residence.
BEHAVIORAL HEALTH OUTPATIENT AND INTEGRATED CLINIC, PEDIATRIC*	All*	Under 18 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their residence.
BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)	All	All	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	(Report in Network Plan, Refer to ACOM Policy 415 - Attachment B)
CARDIOLOGIST, ADULT*	All except CHP	21 years or older	Maricopa, Pima	30 minutes or 20 miles from their residence
			All Others	75 minutes or 60 miles from their residence
CARDIOLOGIST, PEDIATRIC*	All	Under 21 years	Maricopa, Pima	60 minutes or 45 miles from their residence
			All Others	110 minutes or 100 miles from their residence
CRISIS STABILIZATION FACILITY	ACC-RBHA Only	All	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	45 miles from their residence

PROVIDER CATEGORY	APPLIES TO	MEMBER POPULATION	COUNTY	STANDARD <i>(90% of membership does not need to travel more than)</i>
DENTIST, PEDIATRIC	All	Under 21 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence
HOSPITALS	All	All	Maricopa, Pima	45 minutes or 30 miles from their residence
			All Others	95 minutes or 85 miles from their residence
NURSING FACILITIES	ALTCS E/PD Only	Living in "Own Home"	Maricopa, Pima	45 minutes or 30 miles from their residence
			All Others	95 minutes or 85 miles from their residence
OBSTETICIAN/GYNECOLOGIST (OB/GYN)	All	15 to 45 years old	Maricopa, Pima	45 minutes or 30 miles from their residence
			All Others	90 minutes or 75 miles from their residence
PHARMACY	All	All	Maricopa, Pima	12 minutes or 8 miles from their residence
			All Others	40 minutes or 30 miles from their residence
PRIMARY CARE PROVIDER (PCP), ADULT*	All except CHP	21 years or older	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence
PRIMARY CARE PROVIDER (PCP), PEDIATRICS*	All	Under 21 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence

*Provider types marked with an asterisk are eligible for a telehealth standard modification. These provider types only require 80% of a county's membership to meet these time and distance standards in any county where telehealth services are available for that provider category.

C. OTHER STATEWIDE NETWORK DEFINITIONS AND STANDARDS

In addition to the time and distance standards specified above, the Contractor shall document a sufficient network to meet the service needs of its members based upon the minimum network requirements specified in Attachment A and as specified in Contract. If the Contractor delegates network activities, it shall ensure subcontractor compliance with applicable network standards.

1. For the purposes of this policy, the Contractors shall use its network of DD Group Home, ALC and ALH/AFC Network providers as defined below to measure compliance with this policy:

PROVIDER CATEGORY	APPLIES TO	REQUIRED PROVIDER TYPE	MEMBER POPULATION	STANDARD
ADULT FOSTER CARE HOMES (AFC)	ALTCS E/PD Only	50	All	Refer to Attachment A, ALTCS County Tables
ASSISTED LIVING CENTERS (ALC)	ALTCS E/PD and DES/DDD Only	49	All	Refer to Attachment A, ALTCS County Tables
ASSISTED LIVING HOME (ALH)	ALTCS E/PD and DES/DDD Only	36	All	Refer to Attachment A, ALTCS County Tables
GROUP HOME FOR PERSONS WITH DEVELOPMENTAL DISABILITIES	DES/DDD Only	25	All	Refer to Attachment A, ALTCS County Tables

- a. ALTCS E/PD and DDD Contractors shall have contracts with a minimum number of ALC and ALH providers. Additionally, E/PD Contractors shall have contracts with a minimum number of AFC providers, as specified in Attachment A. The DDD Contractor shall have contracts with a minimum number of DD Group Homes as specified in Attachment A, and
 - b. Attachment A includes a tab detailing the minimum network requirements for each for ALTCS E/PD and DDD Contractors. Network requirements include minimum contracts within a specific city or group of cities, contracts within specified distances to specific cities, or minimum contracts within a county. In certain instances, locations outside of a county’s boundary have been identified. This is to allow members to access services in the most geographically convenient location possible and to prevent members from traveling much greater distances to obtain care, but at the same time accommodate network availability in each county.
2. Multi-Specialty Interdisciplinary Clinic (MSIC) Network Standards
 - a. The Contractor is expected to contract with all MSICs in the assigned Geographic Service Area (GSA)(s), as well as any MSICs which have provided services to the Contractor’s members, and
 - b. The Contractor shall identify all contracted MSICs in Attachment A, including any multispecialty interdisciplinary care providers it has contracted with and the AHCCCS approval date.

D. NETWORK STANDARD REQUEST FOR EXCEPTION PROCESS

1. When the Contractor has exhausted its efforts to meet any network standard specified in this Policy, a Contractor may request an exception to the network standards as specified below. The request shall be submitted as specified in Contract and include the following required elements:
 - a. The county or counties covered under the exception request,
 - b. The provider types covered under the exception request,
 - c. A geospatial analysis showing the current member access to the provider types and counties covered under the exception request,
 - d. An explanation describing why the Contractor cannot meet the established network standard requirements,
 - e. An explanation of the efforts to contract with non-contracted providers who could bring the Contractor into compliance with the standard, including a discussion of the appropriateness of the rates offered to these providers,
 - f. The Contractor's proposal for monitoring and ensuring member access to services offered by the provider types under the exception request, and
 - g. The Contractor's plan for periodic review to identify when conditions in the exception area have changed, and the exception is no longer needed.

2. AHCCCS will review the exception request submitted and make a determination based upon criteria including, but not limited to the following:
 - a. The total number of providers in the same specialty practicing in the county,
 - b. The geographic composition of the county,
 - c. Provider willingness to enter into a contract,
 - d. Consideration of the rates offered to non-contracted providers to bring the Contractor into compliance with the standard,
 - e. The availability of IHS/638 facilities available to the American Indian population in the county,
 - f. The availability of alternative service delivery mechanisms available, such as telemedicine, telehealth, or virtual or mobile services, and
 - g. The Contractor's proposal for monitoring and ensuring member access.

E. NETWORK OVERSIGHT REQUIREMENTS

1. Minimum Network Standards Reporting Requirements
 - a. The Contractor shall submit a completed Attachment A reporting its compliance with the applicable standards in this Policy. Attachment A shall be submitted as specified in Contract. The Contractor shall report compliance with these requirements for each county in its assigned service area. A separate report shall be submitted for each line of business. For purposes of calculating and reporting this data:
 - i. The Contractor shall use its enrollment and its network as of the last day of the reporting period (March 31 and September 30),
 - ii. The Contractor shall report the percentages in Attachment A, 'Time and Distance' tab rounded to the nearest tenth of a percent,
 - iii. The Contractor shall report 'N/R' (None Reported) for each time and distance standard, instead of a percentage, where there are no members meeting the population criteria in the county,

- iv. The Contractor shall report in Attachment A, 'Time and Distance' tab, whether or not telehealth services are available in each county reported for each provider type eligible for a telehealth standard modification by the Contractor. This is identified by adding a 'Y' or 'N' in the "Telehealth Available (Y/N)" row underneath the provider type, and
 - v. The Contractor shall consider in its dental network any contracted FQHC identified annually by AHCCCS as providing dental services.
 - b. The Contractor shall analyze compliance with these standards based upon the provider network reported through the Contractor Provider Affiliation Transmission (PAT) and the Gap in Services Log. With the submission of Attachment A, the Contractor shall include a summary including, at a minimum, the following:
 - i. The Contractor strategies and efforts to address any areas of non-compliance,
 - ii. A summary of exceptions granted to the network standards specified in this Policy, and
 - iii. The results of the Contractor's monitoring of member access to the services governed under the exception, and
 - c. As specified in Contract, DDD shall submit a completed Attachment A for each subcontracted health plan. In addition, DDD's summary shall include an analysis of any areas of non-compliance by its subcontracted health plans with network standards specified in this Policy, including strategies and efforts to address areas of non-compliance.
- 2. Network Plan Requirements
 - a. The Contractor shall take steps to ensure these networks standards are maintained. If established network standards cannot be met, the Contractor shall identify these gaps and address short and long-term interventions in the Network Development and Management Plan (NDMP) as specified in ACOM Policy 415. When an exception has been granted, the Contractor shall address the sufficiency of member access to the area, and assess the continued need for the exception, and
 - b. DDD shall report to AHCCCS its subcontracted health plans' network gaps and short and long-term interventions to address the gaps, in its NDMP as specified in ACOM Policy 415.