

## 416 PROVIDER INFORMATION

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.R.S. § 36-2901; 42 CFR 438.12, 42 CFR 438.100, 42 CFR 438.102

This Policy applies to the Division's Administrative Services Subcontractors. This Policy establishes guidelines for AdSS regarding provider information requirements and the content of a AdSS's website.

### **Definitions**

- A. Material Change to the Provider Network - Any change that affects, or can reasonably be foreseen to affect, the AdSS's 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.
- B. Provider - Any person or entity that contracts with the Division, AHCCCS, or an AdSS 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.
- C. Subcontractor -
  - 1. A provider of health care who agrees to furnish covered services to members.
  - 2. A person, agency or organization with which the AdSS has contracted or delegated some of its management/ administrative functions or responsibilities.
  - 3. An individual, 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 Division agreement.

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

## **Provider Manual**

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

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

At a minimum, the AdSS's provider manual must contain information on the following:

- A. The ability of the member's PCP to treat behavioral health conditions within the scope of their practice.
- B. Introduction to the AdSS which explains the AdSS's organization and administrative structure,
- C. Provider responsibility and the AdSS's expectation of the provider,
- D. Overview of the AdSS's Provider Services department and its function, including but not limited to the expected response times for provider calls,
- E. Listing and description of covered and non-covered services, requirements, and limitations including behavioral health services,
- F. Emergency Department use (appropriate and non-appropriate use of the emergency department),
- G. 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 (ASIIS) and enroll every year in the Vaccine for Children program,
- H. Description of dental services coverage and limitations,
- I. Description of Maternity/Family Planning services,
- J. Criteria and process for referrals to specialists and other providers, including access to behavioral health services,
- K. Grievance system process and procedures for providers and enrollees,
- L. Billing and encounter submission information,
- M. AdSS policies and procedures relevant to the providers including, but not limited to:

1. Utilization management,
  2. Claims submission,
  3. Criteria for identifying provider locations that accommodate members with physical or cognitive disabilities, and
  4. Primary Care Provider (PCP) assignments.
- N. Division Policies relevant to providers including, but not limited to:
1. Payment responsibilities as outlined in AdSS Operations Policy 432
  2. Description of the Change of Contractor policies. See AdSS Operations Policy 401, and
  3. Nursing Facility and Alternative Home and Community Based Service (HCBS) Setting contract termination procedures. See AdSS Operations Policy 421.
- O. Reimbursement, including reimbursement for members with other insurance, including dual eligible members (i.e., Members who have Medicare and Medicaid),
- P. Cost sharing responsibility,
- Q. Explanation of remittance advice,
- R. Criteria for the disclosure of member health information,
- S. Medical record standards,
- T. Prior authorization and notification requirements, including a listing of services that require authorization,
- U. Requirements for behavioral health out of state placements for children and young adults,
- V. Claims medical review,
- W. Concurrent review,
- X. Coordination of care requirements, including designation of an Employment Coordinator as the statewide point of contact for the referral of members requesting employment services from the Division,
- Y. Credentialing and re-credentialing activities,
- Z. Fraud, waste and abuse as specified in AdSS Operations Policy 103,
- AA. Prescribing and monitoring psychotropic medications, including specific protocols for opioids and psychotropic medications, including, at a minimum, prior authorization and limits specified in AdSS Medical Policy 310-V, the AdSS

- monitoring process for prescribers in AdSS Medical Policy 310-FF, and informed consent requirements in AdSS Medical Policy 320-Q.
- BB. The AHCCCS Drug List and the AHCCCS Behavioral Health Drug List information available in a machine readable file and format, including:
    - 1. How to access the drug lists electronically or by hard copy upon request,
    - 2. How and when updates to these lists are communicated
  - CC. Division and AHCCCS appointment standards,
  - DD. Requirements pertaining to duty to warn and duty to report as outlined in Division Medical Manual, Policy 960,
  - EE. Information for behavioral health providers on their responsibilities for submitting to the Division demographic information according to the AHCCCS Demographic and Outcomes Data Set User Guide.
  - FF. Americans with Disabilities Act (ADA) and Title VI requirements, as applicable,
  - GG. Ho to notify the AdSS and the Division when the provider changes address, contact information or other demographic information.
  - HH. Eligibility verification,
  - II. 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, as specified in AdSS Operations Policy 405.
  - JJ. Peer review and the dispute process,
  - KK. Medication management services as specified in the Contract,
  - LL. A member's right to be treated with dignity and respect, as specified in 42 CFR 438.100, which includes the right to:
    - 1. Be treated with dignity and respect
    - 2. Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand
    - 3. Participate in treatment decisions regarding his or her health care, including the right to refuse treatment
    - 4. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
    - 5. Request and receive a copy of his or her medical records, and to request that they be amended or corrected, as specified in 45 CFR part 164 and

applicable state law

6. Exercise his or her rights without adversely affecting service delivery to the member.
- MM. That the AdSS has no policies that prevent the provider from advocating on behalf of the member as specified in 42 CFR 438.102,
- NN. How to access or obtain Practice Guidelines and coverage criteria for authorization decisions,
- OO. General and informed consent for treatment requirements,
- PP. Advanced directives,
- QQ. Transition of members,
- RR. Encounter validation studies,
- SS. Pre-petition screening, court ordered evaluations, and court ordered treatment,
- TT. Behavioral health assessment and service planning requirements and Serious Mental Illness (SMI) eligibility determination,
- UU. Housing criteria for individuals determined to have SMI,
- VV. How providers assist members in obtaining a Member Handbook and other new member materials,
- WW. Outreach, engagement, re-engagement and closure activities,
- XX. Requirements for grant funded services provided to Special Populations,
- YY. Behavioral health crisis intervention service requirements,
- ZZ. Partnership requirements with families and family-run organizations in the children and adult behavioral health system,
- AAA. Seclusion, restraint, and emergency response reporting requirements,
- BBB. Incidents, accidents, and deaths reporting requirements,
- CCC. Training requirements, and
- DDD. Peer support/recovery training, certification, and clinical supervision requirements.