436 NETWORK STANDARDS

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.R.S. §§ 32-123 1 et seq, 32-1261 et seq, 32-1921 et seq, 32-1961 et seq, 36-401 et seq, 36-421 et seq, 36-436 et seq; A.A.C. R9-10, R9-10-101, R9-10-801 et seq, R9-22-101, R9-33-101 et seq; 42 CFR 438.206(b)(1); ACOM Policy 415-Attachment A, ACOM Policy 436-Attachment A, ACOM Policy 438 Attachment A; DES/DDD Contract, Section D

DELIVERABLES: Minimum Network Requirements Verification Template; Proposed Alternative Multispecialty Interdisciplinary Care Providers

This policy applies to the Division's Administrative Services Subcontractors (AdSSs). The AdSS must develop and maintain a provider network that is sufficient to provide all covered services to members eligible for the Division [42 CFR 438.206(b)(1)]. This policy establishes AdSS network standards for all AdSSs. Unless otherwise noted, the AdSS must assess its network against its entire membership for the purposes of complying with these standards. If established network standards cannot be met, it must be explained in the Network Development and Management Plan. See Policy 415 in the Division Operations Manual.

All references in this policy to exhibits and attachments in the AHCCCS Contractor's Operations Manual (ACOM) have been adopted by the Division for use by the AdSS.

Definitions

A. Behavioral Health Counselor, Adult - A behavioral health professional or behavioral health technician who provides interactive therapy designed to elicit or clarify presenting and historical information, identify behavioral health problems or conflicts, and provide support, education or understanding for the person, group or family to resolve or manage the current problem or conflict and prevent, resolve or manage similar future problems or conflicts. For the purposes of this Policy, a Behavioral Health Counselor, Adult is defined as a provider licensed to operate with the AHCCCS provider types: 11 "Psychologist," A4 "Licensed Independent Substance Abuse Counselor," 85 "Licensed Clinical Social Worker", 86 "Licensed Marriage & Family Therapist," 87 "Licensed Professional Counselor," or BC "Board Certified Behavioral Analyst."

The time and distance for these providers is measured using the AdSS's population of members aged 18 years or older.

B. Behavioral Health Counselor, Pediatric - A behavioral health professional or behavioral health technician who provides interactive therapy designed to elicit or clarify presenting and historical information, identify behavioral health problems or conflicts, and provide support, education or understanding for the person, group or family to resolve or manage the current problem or conflict and prevent, resolve or manage similar future problems or conflicts. For the purposes of this Policy, a Pediatric Behavioral Health Counselor is defined as a provider licensed to operate with the AHCCCS provider types 11 "Psychologist," A4 "Licensed Independent Substance Abuse Counselor," 85 "Licensed Clinical Social Worker," 86 "Licensed Marriage & Family Therapist," 87 "Licensed Professional Counselor," or BC "Board

Certified Behavioral Analyst."

The time and distance for these providers is measured using the AdSS's population of members under the age of 18 years old.

C. Behavioral Health Outpatient and Integrated Clinic - A class of health care institution without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients. For the purposes of this policy, a Behavioral Health Outpatient and Integrated Clinic is defined as facility licensed to operate using the AHCCCS provider types 77 "Mental Health Outpatient Clinic" and IC "Integrated Clinic."

D. Behavioral Health Residential Facility – A health care institution that provides treatment to an individual experiencing a behavioral health issue, as defined in A.A.C. R9-10-101 et seq. A behavioral health residential facility provides a structured treatment setting with 24 hour supervision and counseling or other therapeutic activities for persons with behavioral needs. For the purposes of this policy, a behavioral health residential facility is defined as a facility licensed to operate using the AHCCCS provider type B8 "Behavioral Health Residential Facility."

E. Cardiologist, Adult - A medical doctor who specializes in the diagnosis and treatment of diseases of the heart and blood vessels or the vascular system. For the purposes of this Policy, an adult Cardiovascular Specialist is defined as a provider licensed to operate with the AHCCCS provider types 08 "Physician," or 31 "Osteopath," and with the specialty code 62 "Cardiovascular Medicine."

The time and distance for these providers is measured using the AdSS's population of members aged 21 years or older.

F. Cardiologist, Pediatric - A medical doctor who specializes in the study or treatment of heart diseases and heart abnormalities. For the purposes of this Policy, an Pediatric Cardiologist is defined as a provider licensed to operate with the AHCCCS provider types 08 "Physician," or 31 "Osteopath," and with the specialty 151 "Pediatric Cardiologist."

The time and distance for these providers is measured using the AdSS's population of members under the age of 21 years old.

G. Crisis Stabilization Facility – An inpatient facility or outpatient treatment center licensed in accordance with A.A.C. R9-10, which provides crisis intervention services (stabilization). For the purposes of this policy, a Crisis Stabilization Facility is measured as a facility licensed to operate using the AHCCCS provider type 02 "Hospital" that has an organized psychiatric unit, 71 "Level I Psychiatric Hospital," IC "Integrated Clinic," 77 "Behavioral Health Outpatient Clinic" (24 hours per day, seven days per week access), B5 "Level I Subacute facility" (non-IMD), B6 "Level I Subacute facility" (IMD), and B7 "Crisis Service Provider."

H. Dentist, Adult - A medical professional regulated by the State Board of Dental Examiners and operating under A.R.S. § 32-1201 , Articles 2 and 3. For the purposes of this policy, Dentists are defined as a provider licensed to operate using

the AHCCCS provider type 07 "Dentist" without the specialty code "8-04-Dentist-Pediatric."

The time and distance for these providers is measured using the AdSS's population of members aged 21 years or older.

I. Dentist, Pediatric - A medical professional regulated by the State Board of Dental Examiners and operating under A.R.S. §32-1201. For the purposes of this policy, Dentists are defined as a provider licensed to operate using the AHCCCS provider type 07 "Dentist" with the specialty code "804- Dentist- Pediatric."

The time and distance for these providers is measured using the AdSS's population of members under the age of 21 years old.

J. Hospital - A class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient. Refer to A.A.C. R9-10-801 et seq, and A.R.S. 36-401 et seq, A.R.S. 36-421 et seq, and A.R.S. 36-436 et seq. For the purposes of measuring network sufficiency, a hospital is a defined as a facility licensed to operate using the AHCCCS provider type 02 "Hospital" or C4 "Specialty Pier Diem Hospital."

K. Multi-Specialty Interdisciplinary Clinic (MSIC) - An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.

L. Nursing Facility (NF) - A health care institution that provides inpatient beds or resident beds and nursing services to persons who need continuous nursing services but who do not require hospital care or direct daily care from a physician. For the purposes of this policy, a Nursing Facility is defined as a health care institution licensed to operate using the AHCCCS provider type 22 "Nursing Home."

M. Obstetrician/Gynecologist (OB/GYN) - A healthcare practitioner responsible for the management of female reproductive health, pregnancy and childbirth needs. Or - who possess special knowledge, skills and professional capability in the medical and surgical care of the female reproductive system and associated disorders. For the purposes of this Policy, an OB/GYN is defined as a provider licensed to operate using the following AHCCCS provider types:

Provider type 08 "Physician," 19 "Registered Nurse Practitioner" or 31 "Osteopath," and with at least one of the specialty codes:

1. 089 – Obstetrician/ Gynecologist
2. 090 – Gynecologist
3. 091 – Obstetrician
4. 095-Women's HC/OB-GYN NP

N. Pharmacy - A facility regulated by the State Board of Pharmacy and operating under A.R.S. 32-1901. For the purposes of this policy, a Pharmacy is defined as a provider

licensed to operate using the AHCCCS provider type 03 "Pharmacy."

O. Primary Care Physician (PCP), Adult - A healthcare practitioner responsible for the management of a member's health care. For the purposes of this Policy, an Adult PCP is defined 27 as a provider licensed to operate using the following AHCCCS provider types:

1. Provider type 08 "Physician" and 31 "Osteopath," with the specialty codes:

   a. 050-Family Practice

   b. 055-General Practice

   c. 060-Internal Medicine

   d. 089-Obsterician and Gynecologist, or

   e. 091-Obstetrician

2. Provider type 19 "Registered Nurse Practitioner" with the specialty codes:

   a. 095-Women's HC/OB-GYN NP, or

3. Provider type, 18 "Physician Assistant" with the specialty code:

   a. 798 – Physician's Assistant.

The time and distance for these providers is measured using the AdSS's population of members aged 21 years or older.

P. Primary Care Physician (PCP), Pediatric - A healthcare practitioner responsible for the management of a member's pediatric health care needs. For the purposes of this Policy, a Pediatric PCP is defined as a provider licensed to operate using the following AHCCCS provider types:

1. Provider type 08 "Physician" or 31 "Osteopath," and with at least one of the specialty codes:

   a. 050-Family Practice, or

   b. 150-Pediatrician, or

2. Provider type 19 "Registered Nurse Practitioner" with the at least one of the specialty codes:

   a. 084-RN Family Nurse Practitioner

   b. 87-RN Pediatric Nurse Practitioner

The time and distance for these providers is measured using the AdSS's population of members under the age of 21.

Q. Provider Affiliation Transmission (Pat) File - A data file which provides details of the providers within the AdSS's network and is used to measure compliance with this policy.

R. Psychiatrist, Adult - A medical doctor who specializes in mental health, including substance use disorders. For the purposes of this Policy, an adult Psychiatrist is defined as a provider licensed to operate with the AHCCCS provider types: 08 "Physician," or 31 "Osteopath," and with the specialty code 192 "Psychiatrist" or 195 "Psychiatrist and Neurologist."

The time and distance for these providers is measured using the AdSS's population of members aged 18 years or older.

S. Psychiatrist, Pediatric - A medical doctor who specializes in mental health, including substance use disorders. For the purposes of this Policy, a specialist Psychiatrist serving children is defined as a provider licensed to operate with the AHCCCS provider types 08 "Physician," or 31 "Osteopath," and with the specialty code 191 "Pediatric Psychiatrist," 192 "Psychiatrist," or 195 "Psychologist and Neurologist."

The time and distance for these providers is measured using the AdSS's population of members under the age of 18 years old.

Statewide Time and Distance Network Standards

For each county, the AdSS must have a network in place to meet time and distance standards outlined below:

A. Behavioral Health Counselor, Adult

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence

2. All Other Counties - 90% of membership does not need to travel more than 30 minutes or 20 miles from their residence

B. Behavioral Health Counselor, Pediatric

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence

2. All Other Counties - 90% of membership does not need to travel more than 30 minutes or 20 miles from their residence

C. Behavioral Health Outpatient and Integrated Clinic

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence

2. All Other Counties - 90% of membership does not need to travel more than 60 miles from their residence

D. Behavioral Health Residential Facility

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence

2. All Other Counties – See "Network Oversight Requirements" of this policy.

E. Cardiologist, Adult

1. Maricopa, Pima - 90% of membership does not need to travel more than 30 minutes or 20 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 75 minutes or 60 miles from their residence

F. Cardiologist, Pediatric

1. Maricopa, Pima - 90% of membership does not need to travel more than 60 minutes or 45 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 110 minutes or 100 miles from their residence

G. Crisis Stabilization Facility

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 45 miles from their residence

H. Dentist, Adult

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence

I. Dentist, Pediatric

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence

J. Hospital

1. Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 95 minutes or 85 miles from their residence

K. Nursing Facility

1. Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 95 minutes or 85 miles from their residence

L. Obstetrician/ Gynecologist

1. Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 90 minutes or 75 miles from their residence

M. Pharmacy Services

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence

N. PCP, Adult

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence

O. PCP, Pediatric

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence

P. Psychiatrist, Adult

1. Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 75 minutes or 60 miles from their residence

Q. Psychiatrist, Pediatric

1. Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence

2. All Other Counties – 90% of membership does not need to travel more than 75 minutes or 60 miles from their residence

Other Statewide Network Standards

In addition to the time and distance standards outlined above, AdSSs must document a sufficient network to meet the service needs of its members based upon the minimum network requirements delineated in Attachment A.

A. Multi-Specialty Interdisciplinary Clinic (MSIC) Network Standards

The AdSS is expected to contract with all MSICs in the state, as well as any MSICs which have provided services to the AdSS's members. The AdSS must identify all contracted MSICs in Attachment A, including any multispecialty interdisciplinary care providers it has contracted with and the AHCCCS approval date. In the event the Contractor and an MSIC fail to negotiate a contract, the Contractor must continue to allow members to utilize the MSIC. In the absence of a contract, the Contractor shall reimburse the MSIC at the AHCCCS MSIC fee schedule.

Network Oversight Requirements

A. Minimum Network Standards Reporting Requirements

The AdSS must submit a completed ACOM 436 Attachment A reporting its compliance with time and distance standards, and the other statewide. The AdSS must report compliance with these requirements for each county in its assigned service area. A separate report must be submitted for each line of business.

The AdSS must analyze compliance with these network standards based upon the provider network reported through Provider Affiliation Transmission (PAT) and the Gap in Services Log. With the submission of Attachment A, the AdSS must include a summary identifying network gaps indicated by the analysis and the AdSS's strategies and efforts to address any network gaps identified.[70]

The Division must report its compliance with the standards identified as applying to its ALTCS provider network, and submit separate attachments for each of its subcontracted health plans providing services measured under these standards.

B. Network Planning Requirements

AdSSs will take steps to ensure these networks standards are maintained. If established network standards cannot be met, the AdSS must identify these gaps and address short and long-term interventions in their Annual Network Development and Management Plan; as required by Policy 415 in this Manual.

AdSSs are expected to review their networks for compliance with this policy.

AdSSs must report to the Division their AdSS gaps and short-term and long-term interventions to address the gaps, in their annual Network Development and Management Plans.

The AdSS must also conduct the following analysis of its behavioral health network~~s~~ and report results in the~~ir~~ Annual Network Development and Management Plan:

1. Behavioral Health Residential Facility Reporting

   For AdSS serving counties outside of Maricopa and Pima, for each county the AdSS must report the time and distance from their original residence that the 90th percentile of their membership must travel to reach a contracted facility that provides Behavioral Health Residential Facility services.

2. Behavioral Health Outpatient and Integrated Clinic Reporting74

   For each county the AdSS must report performance with time and distance standards outlined above for Behavioral Health Outpatient and Integrated Clinics for each of the following populations:

   a. All members

   b. AHCCCS members enrolled with the Division

   c. Members determined to have a Serious Mental Illness

   d. Members over the age of 18 not determined to have a SMI, and

   e. Members under the age of 18.

3. Crisis Stabilization Facility Reporting

   For each county in their assigned service area, AdSS must report performance with time and distance standards outlined above for Crisis Stabilization Facilities for each of the following populations:

   a. All members

   b. AHCCCS members enrolled with the Division

   c. Members determined to have a Serious Mental Illness

   d. Members over the age of 18 not determined to have a SMI, and

   e. Members under the age of 18.