

439 MATERIAL CHANGES: PROVIDER NETWORK AND BUSINESS OPERATIONS

EFFECTIVE DATE: June 10, 2016

REFERENCES: 9 A.A.C. 22, Article 1; 42 CFR 438.207, 42 CFR 438.10(f) (4), 42 CFR 438.10(f) (5).

The Division ensures that performance and provider network standards are met to support a member's needs, as well as the needs of the membership as a whole. Changes to business operations or to the provider network are evaluated for the impact to members and providers.

Identifying A Provider Network and/or Business Operations Material Change

- A. For changes impacting members and/or providers, the Division evaluates the impact of the change by geographical service area and as a whole using established criteria and/or methodology for determining the impact of the change.
- B. Provider Network changes may include, but are not limited to:
 - 1. Changes in services,
 - 2. Geographic service areas, or
 - 3. Payments.
- C. Changes may also include the addition or change in:
 - 1. Pharmacy Benefit Manager (PBM),
 - 2. Dental Benefit Manager,
 - 3. Acute Health Plan,
 - 4. Provider Contracts (e.g. group homes, nursing facility), and
 - 5. Any other delegated agreements.
- D. Business Operations changes may include, but are not limited to:
 - 1. Policy,
 - 2. Process, and
 - 3. Protocol, such as prior authorization or retrospective review.
- E. Changes may also include the addition or change in:
 - 1. Claims Processing system,

2. System changes and upgrades,
 3. Member ID Card vendor,
 4. Call center system,
 5. Management Service Agreement (MSA), and
 6. Any other Administrative Services Subcontract.
- F. The Division will submit approval for a material change to AHCCCS, at least 60 days in advance of the material change.
- G. Any alteration or development within the provider network that may reasonably be foreseen to affect the quality or delivery of services provided will be communicated to affected providers at least 30 days in advance of the change as identified in Operations Policy Manual Chapter 60, Notification to Providers.
- H. The Division will provide written notice to members within 15 days after receipt or issuance of a provider termination notice.

General Notifications

- A. The Division provides notification via provider meetings, email (e.g., Vendor Blast), or US mail:
1. For routine changes and updates to AHCCCS Guidelines, Policy, Manual Changes, and any other information that AHCCCS may require the Division to disseminate on behalf of the Administration.
 2. For routine changes and updates to Division Guidelines, Policy/Provider Manual.
 3. For changes to the AHCCCS Minimum Subcontract, within 30 calendar days of the published change.
 4. To disseminate information designed to bring the providers into compliance with Disease/Chronic Care Management practice guidelines.
- B. Qualified Vendors are required to maintain and update Primary Contract Contact information to receive provider notifications.
- C. Communication with Independent Providers is via US mail.
- D. Communication with Administrative Services Subcontractors (AdSS) is not duplicated if the AdSS is also contracted with AHCCCS.