

1 **510 PRIMARY CARE PROVIDERS**  
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3 REVISION DATE: XX/XX/XXXX, 9/6/2023

4 REVIEW DATE: 9/6/2023

5 EFFECTIVE DATE: October 1, 2019

6 REFERENCES: A.R.S. § 36-2901; A.R.S. Title 32, Chapter 13 or Chapter 17;  
7 A.R.S. Title 32, Chapter 25; A.R.S. Title 32, Chapter 15, 42 CFR  
8 457.1230(c), 42 CFR 438.208(b)(1).  
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10  
11 **PURPOSE**  
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13 This policy establishes requirements regarding Primary Care Providers

14 participating in Arizona Health Care Cost Containment System (AHCCCS)

15 programs. This policy applies to the Administrative Services Subcontractors

16 (AdSS).  
17

18 **DEFINITIONS**  
19

20 1. "Business Days" means 8:00 a.m. to 5:00 p.m., Monday through

21 Friday, excluding holidays listed in A.R.S. §1-301. means

22 Monday, Tuesday, Wednesday, Thursday, or Friday unless a

23 legal holiday falls on Monday, Tuesday, Wednesday, Thursday,

24 or Friday.

25 2. "Early and Periodic Screening, Diagnostic and Treatment" or

26 "EPSDT" means a comprehensive child health program of

- 27 prevention, treatment, correction, and improvement of physical  
28 and behavioral health conditions for Members under the age of  
29 21. EPSDT services include:
- 30 a. Screening services,
  - 31 b. Vision services,
  - 32 c. Dental services,
  - 33 d. Hearing services, and
  - 34 e. All other medically necessary mandatory and optional  
35 services listed in Federal Law 42 U.S.C. 1396d(a) to  
36 correct or ameliorate defects and physical and mental  
37 illnesses and conditions identified in an EPSDT screening  
38 whether or not the services are covered under the AHCCCS  
39 State Plan. Limitations and exclusions, other than the  
40 requirement for medical necessity and cost effectiveness,  
41 do not apply to EPSDT services.
- 42 3. "Member" means the same as "Client" as defined in A.R.S. § 36-  
43 551.

44 4. "Non-Contracting Provider" means an individual or entity that  
45 provides services as prescribed in A.R.S. § 36-2901 who does  
46 not have a subcontract with an AHCCCS Contractor.

47 5. "Primary Care Provider" or "PCP" means a person who is  
48 responsible for the management of the member's health care. A

49 PCP may be a:

50 a. Person licensed as an allopathic or osteopathic physician,

51 b. Practitioner defined as a licensed physician assistant, or

52 a.c. Certified nurse practitioner, an individual who meets the  
53 requirements of A.R.S. § 36-2901 and who is responsible

54 for the management of the Member's health care. PCPs

55 include:

56 b. A person licensed as an allopathic or osteopathic physician

57 according to A.R.S. Title 32, Chapter 13 or Chapter 17,

58 c. A practitioner defined as a physician assistant licensed  
59 under A.R.S. Title 32, Chapter 25, or

60 d. A certified nurse practitioner licensed under A.R.S. Title  
61 32, Chapter 15.

62 ~~e.d. The PCP must be an individual, not a group or association~~  
63 ~~of persons, such as a clinic.~~

64 5.6. "Provider" means any individual or entity that is engaged in the  
65 delivery of services, or ordering or referring for those services,  
66 and is legally authorized to do so by the State in which it delivers  
67 the services, as specified in 42 CFR 457.10 and 42 CFR 438.2.

68 6.7. "Resident Physician" means doctors who have graduated from  
69 medical school and are completing their residency in a specialty.

70 7.8. "Teaching Physician" means a physician other than another  
71 Resident Physician who involves residents in the care of his or  
72 her patients.

## 73 **POLICY**

### 74 **A. PRIMARY CARE PROVIDER AND RESPONSIBILITIES**

75 The AdSS shall ensure PCPs are:

- 76 a. Providing initial and primary care services to assigned  
77 Members;
- 78 b. Initiating, supervising, and coordinating referrals for  
79 specialty care and inpatient services;

- 80 c. Maintaining continuity of Member care; and
- 81 d. Maintaining the Member's medical record as specified in
- 82 AHCCCS Medical Policy Manual (AMPM) 940.

83 **B. PROVISION OF INITIAL AND PRIMARY CARE SERVICES**

- 84 1. The AdSS shall ensure PCPs are rendering and providing the
- 85 following covered preventive and primary care services to
- 86 Members:
- 87 a. Health screenings,
- 88 b. Routine ~~I~~llness,
- 89 c. Maternity services if applicable,
- 90 d. Immunizations, and
- 91 e. EPSDT services.
- 92 2. The AdSS shall ensure all Members under the age of 21 receive
- 93 health screening and services, to correct or ameliorate defects or
- 94 physical and behavioral illnesses or conditions identified in an
- 95 EPSDT screening, as specified in ~~AHCCCS Medical Policy Manual~~
- 96 ~~(AMPM)~~ Policy 430.

97 3. The AdSS shall ensure Members 21 years of age and over  
98 receive health screening and medically necessary treatment as  
99 specified in AMPM Chapter 300.

100 **C. BEHAVIORAL HEALTH SERVICES PROVIDED BY THE PRIMARY**  
101 **CARE PROVIDER**

102 1. The AdSS shall cover medically necessary, cost-effective,  
103 ~~f~~Federal and ~~s~~State reimbursable behavioral health services  
104 provided by a PCP within their scope of practice including  
105 monitoring and adjustments of behavioral medications.

106 2. The AdSS shall ensure prior authorization is obtained for  
107 antipsychotic class of medications, if required, to include  
108 monitoring and adjusting behavioral health medication as  
109 specified in AMPM 310-V.

110 2.3. The AdSS shall ensure PCPs coordinate and collaborate with  
111 behavioral health providers.

112 **D. PRIMARY ~~CARE PROVIDER~~ CARE COORDINATION**  
113 **RESPONSIBILITIES**

- 114 1. The AdSS shall ensure PCPs in their care coordination role serve  
115 as a referral agent for specialty and referral treatment and  
116 services for physical or behavioral health services as needed for  
117 Members to ensure coordinated quality care that is efficient and  
118 cost effective.
- 119 2. The AdSS shall ensure the following PCP's coordination  
120 responsibilities are met:
- 121 a. Referring Members to Providers or hospitals within the  
122 AdSS's network;
- 123 b. Referring Members to Non-Contracting specialty Providers  
124 and non-contracting community benefit organizations if  
125 necessary;
- 126 c. Coordinating with the AdSS, or the appropriate entity for  
127 Fee-for-service (FFS) members. Appropriate entities for  
128 coordination of services for FFS ~~m~~Members include:
- 129 i. Division of Fee-For-Service Management (DFSM) for  
130 Members enrolled with a Tribal Regional Behavioral  
131 Health Authority (TRBHA),

- 132                   ii.       Tribal Arizona Long Term Care System (ALTCS) for  
133                   physical and behavioral health services for enrolled  
134                   FFS members,
- 135                   iii.       American Indian Medical Home (AIMH) for  
136                   coordination of physical and behavioral health  
137                   services for American Indian Health Program (AIHP)  
138                   Members enrolled with an AIMH, to include  
139                   coordination with TRBHAs when applicable; and
- 140                   iii.iv.   TRBHA for behavioral health services for enrolled FFS  
141                   Members.
- 142                   d.       Coordinating with a Member's:
- 143                   i.       AdSS care manager,
- 144                   ii.      Provider case manager,
- 145                   iii.     Division Support Coordinator,
- 146                   iv.     Behavioral Health Complex Team,
- 147                   v.      Behavioral Health Provider, and
- 148                   vi.     Division Nurses.



- 149 e. Conducting or coordinating follow-up for referral services  
150 that are rendered to their assigned Members by:
- 151 i. Other Providers,  
152 ii. Specialty Providers, or  
153 iii. Hospitals.
- 154 f. Coordinating the following ~~medical physical and behavioral~~  
155 ~~health~~ care of Members ~~assigned to them~~:
- 156 i. Oversight of medication regimens to prevent  
157 negative interactive effects;  
158 ii. Follow-up for all emergency services;  
159 ~~iii.~~ Coordination of discharge planning post inpatient  
160 admission;  
161 ~~iv.~~ Home visits if medically necessary;  
162 ~~v.~~ Member education;  
163 ~~vi.~~ Preventative health services;  
164 ~~iii-vii.~~ Screening and referral for health-related social  
165 needs;

166 iv.viii. Coordination of the following services ~~provided on a~~  
167 ~~referral basis including:~~

- 168 a) Specialty Providers,  
169 b) Laboratory and Diagnostic Testing,  
170 c) Behavioral health services,  
171 d) Therapies including:  
172 1) Occupational,  
173 2) Physical, and  
174 3) Speech language pathology.  
175 e) Durable Medical Equipment,  
176 f) Home health,  
177 g) Palliative care, and  
178 h) Hospice care.

179 v.ix. Oversight that care rendered by specialty Providers  
180 is appropriate and consistent with each Member's  
181 health care needs; and

- 182 [vi-x.](#) Maintaining records of services provided by physical  
183 and behavioral health specialty Providers or  
184 hospitals.
- 185 g. Coordinating care for behavioral health medication  
186 management to include:
- 187 i. Requiring and ensuring coordination of referral to the  
188 behavioral health Provider when a PCP has initiated  
189 medication management services for a Member to  
190 treat a behavioral health disorder, and it is  
191 subsequently determined by the PCP that the  
192 Member should be referred to a behavioral health  
193 Provider for evaluation or continued medication  
194 management.
- 195 ii. Policies and procedures that address the following:
- 196 a) Guidelines for PCP initiation and coordination of  
197 a referral to a behavioral health Provider for  
198 medication management;

- 199                    b)    Guidelines for transfer of a member with a  
200    Serious Mental Illness (SMI) or Serious  
201    Emotional Disturbance (SED) designation for  
202    ongoing treatment coordination, as applicable;
- 203                    c)    Protocols for notifying entities of the member's  
204    transfer, including:
- 205    1)    Reason for transfer,  
206    2)    Diagnostic information, and  
207    3)    Medication history.
- 208                    d)    Protocols and guidelines for the transfer or  
209    sharing of medical records information and  
210    protocols for responding to requests for  
211    additional medical record information;
- 212                    e)    Protocols for transition of prescription services,  
213    including:
- 214    1)    Notification to the appropriate Providers  
215    of the Member's current medications and

- 216 timeframes for dispensing and refilling  
217 medications during the transition period,  
218 2) Ensuring that the Member does not run  
219 out of prescribed medication prior to the  
220 first appointment with the behavioral  
221 health Provider, allowing for at least a  
222 minimum of 90 days transition between  
223 Providers,  
224 3) Forwarding all medical information,  
225 including the reason for transfer to the  
226 behavioral health Provider prior to the  
227 Member's first scheduled appointment.  
228 f) AdSS monitoring activities to ensure that  
229 Members are appropriately transitioned for  
230 care and receive the services they are referred  
231 for.

232 ~~E. MAINTENANCE OF THE MEMBERS MEDICAL RECORDS~~

- 233 ~~1. The AdSS shall refer to AMPM Policy 940 for information~~  
234 ~~regarding the maintenance of Member's medical records.~~
- 235 ~~2. The AdSS shall ensure behavioral health history and information~~  
236 ~~are received from the following, even if the Provider has not yet~~  
237 ~~seen the assigned Member:~~
- 238 ~~a. An AHCCCS Contractor,~~  
239 ~~b. TRBHA, or~~  
240 ~~c. Other providers involved with the Member's behavioral~~  
241 ~~health care.~~
- 242 3. The AdSS shall ensure information is kept in an appropriately  
243 labeled file, but shall be associated with the Member's medical  
244 record, as soon as one is established.

245 **E. PRIMARY CARE PROVIDER ASSIGNMENT AND APPOINTMENT**  
246 **STANDARDS**

- 247 1. The AdSS shall ensure newly enrolled Members are assigned to a  
248 PCP and notified after the assignment within 12 Business Days of  
249 the enrollment notification.

- 250           2.     The AdSS shall ensure that AHCCCS-registered PCPs ~~under~~  
 251                     ~~contract with them register with the AHCCCS Administration as~~  
 252                     ~~an approved service Provider and~~ receive an AHCCCS Provider  
 253                     ID number.
- 254           3.     The AdSS shall maintain a current file of Member PCP  
 255                     assignments and accurate tracking of PCP assignments to  
 256                     facilitate continuity of care, control utilization, and obtain  
 257                     encounter data.
- 258           4.     The AdSS shall make PCP assignment rosters and clinical  
 259                     information regarding Member's health and medications,  
 260                     including behavioral health providers, available to the assigned  
 261                     PCP Providers within 10 Business Days of a Provider's request as  
 262                     specified in ACOM Policy 416.
- 263           5.     The AdSS shall allow Members to choose PCPs available within  
 264                     their network.
- 265           6.     The AdSS shall automatically assign a PCP if a Member does not  
 266                     select a PCP.

- 267 7. The AdSS shall ensure the network of PCPs is sufficient to  
268 provide Members with available and accessible service within the  
269 time frames specified in ACOM Policy 417.
- 270 8. The AdSS shall provide information to the Member on how to  
271 contact the Member's assigned PCP.
- 272 9. The AdSS shall develop procedures to ensure enrolled pregnant  
273 Members are assigned to and are receiving appropriate care  
274 from: a qualified physician, a PCP who provides obstetrical care,  
275 or ~~are~~ referred to an obstetrician as specified in AMPM Policy  
276 410.
- 277 10. The AdSS shall assign Members with complex medical conditions  
278 who are age 12 and younger to board certified pediatricians.
- 279 11. The AdSS shall develop a methodology to assign Members to  
280 Providers participating in value-based purchasing initiatives who  
281 have demonstrated high value services or improved outcomes.

282 **F. REFERRALS AND APPOINTMENT STANDARDS FOR SPECIALITY**  
283 **CARE**



284 The AdSS shall ~~ensure develop~~ referral procedures ~~are in place for PCPs~~  
285 for the appropriate availability and monitoring of health care services  
286 that include the following:

- 287 a. Utilization of the AdSS specific referral process.
- 288 b. Definition of who is responsible for initiating referrals,  
289 authorizing referrals, and adjudicating disputes regarding  
290 approval of a referral.
- 291 c. Specifications addressing the timely availability of ~~specialty~~  
292 ~~referral~~ appointments as specified in ACOM Policy 417.
- 293 d. Specifications and procedures for linking specialty and  
294 other referrals to the ~~claims financial~~ management system,  
295 such as through the Prior Authorization process.

296 **G. PHYSICIAN ASSISTANT (PA) AND NURSE PRACTITIONER (NP)**  
297 **VISITS IN A NURSING FACILITY**

298 The AdSS shall cover initial and any subsequent visits to a Member in  
299 a nursing facility made by PA or NP, when all of the following criteria  
300 are met:

- 301 a. The PA or NP is not an employee of the facility, and

302                   b.     The source of payment for the nursing facility stay is  
303                   Medicaid.

304 **H.     MEDICAL RESIDENT VISITS UNDER SPECIFIC CIRCUMSTANCES**

305                   1.     The AdSS shall ensure Resident Physicians providing service  
306                   without the presence of a Teaching Physician have completed six  
307                   months of post graduate work in an approved residency  
308                   program.

309                   2.     The AdSS shall allow medical residents to provide low-level  
310                   evaluation and management services to Members in designated  
311                   settings without the presence of the Teaching Physician as  
312                   specified in AMPM 510 Section (H).

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320 **SUPPLEMENTAL INFORMATION**

321 **Refer to AMPM Chapter 600 for information regarding specific**  
322 **AHCCCS requirements for participating providers.**

323

324 **Refer to ACOM Policy 325 for additional information related to**  
325 **Contractor responsibilities and PCP assignments pertaining to**  
326 **providers participating in Targeted Investments 2.0**

327

328 **Women may elect to use a specialist in obstetrics and/or gynecology**  
329 **for well woman services.**

330

331 **FFS members have freedom of choice and are not required to have**  
332 **an assigned PCP. FFS members may receive services from any**  
333 **AHCCCS registered PCP and any IHS/638 facility.**

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341           Signature of Chief Medical Officer:

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Draft Policy for Public Comment