

1 **520 MEMBER TRANSITIONS**

2 REVISION DATE: [XX/XX/XXXX](#), 5/10/2023, 1/27/2021
3 REVIEW DATE: 9/6/2023
4 EFFECTIVE DATE: October 1, 2019
5 REFERENCES: 42 CFR 431.300; 42 CFR 438.62; 42 CFR 440.70; 42 CFR
6 457.1216; 42 CFR 431.300 et seq; A.R.S. §§ 36-2931; A.R.S. §§ 36-
7 2901.01; A.R.S. §§ 36-2981; AMPM 520; AMPM 1620-H; AMPM 1620-M;
8 AMPM Exhibit 1620-9; AdSS 310-P
9

10 **PURPOSE**

11 This policy establishes [the Administrative Services Subcontractors \(AdSS\)](#)
12 requirements for Division of Developmental Disabilities (Division) Member
13 Transitions between the ~~[Administrative Services Subcontractors \(AdSS\),](#)~~
14 ~~[Fee for Service \(FFS\) programs, and other AHCCCS contractors. It applies to](#)~~
15 ~~[the Administrative Services Subcontractors.](#)~~

16 **DEFINITIONS**

17 [1. "Close Proximity" means within the geographic service area.](#)
18 ~~[1.2.](#)~~ "Enrollment Transition Information" or "ETI" means Member
19 specific information the relinquishing contractor shall complete
20 and transmit to the receiving contractor or Fee-For-Service
21 program for those Members requiring coordination of services as

- 22 a result of transitioning to another contractor or FFS program.
- 23 ~~2. "Medical Equipment and Appliances" means an item as specified~~
24 ~~in 42 CFR 440.70, that is not a prosthetic or orthotic; and~~
25 ~~a. Is customarily used to serve a medical purpose, and is~~
26 ~~generally not useful to an individual in the absence of an~~
27 ~~illness, disability, or injury,~~
28 ~~b. Can withstand repeated use, and~~
29 ~~c. Can be reusable by others or is removable~~
- 30 3. "Member" means an individual who is receiving services from the
31 Division of Developmental Disabilities (Division).
- 32 ~~4. "Member Care Transition" means Member movement between~~
33 ~~care settings as their condition and care needs change during~~
34 ~~the course of a chronic or acute illness.~~
- 35 ~~4.5. "Member Contractor Care Transition" means the process during~~
36 ~~which Members change from one cContractor or Fee for Service~~
37 ~~(FFS) program to another.~~
- 38 ~~5.6. "Special Health Care Needs" or "SHCN" means a serious and~~
39 ~~chronic physical, developmental, or behavioral conditions~~

40 requiring medically necessary health and related services of a
41 type or amount beyond that required by Members generally that
42 lasts or is expected to last one year or longer and may require
43 ongoing care not generally provided by a Primary Care Provider
44 (PCP). All Division Members are designated as individuals with
45 Special Health Care Needs.

46 **POLICY**

47 **A. MEMBER TRANSITIONS**

- 48 1. The AdSS shall identify and facilitate coordination of care for all
49 Members eligible for Arizona Long Term Care System (ALTCS)
50 during:
- 51 a. Changes or transitions between health plans,
 - 52 b. Changes in service areas,
 - 53 b.c. Changes in subcontractors, or
 - 54 c.d. Changes in health care providers as specified in AMPM 520.
- 55 2. The AdSS shall implement a transition of care policy as specified
56 in 42 CFR 457.1216, 42 CFR 438.62.

57 3. The AdSS shall receive transitioning FFS Member information via
58 automated electronic transfer file accessible through the
59 AHCCCS Secured File Transfer Protocol (SFTP Server).

60 2.4. The AdSS shall work collaboratively with Members with special
61 circumstances which may require additional or distinctive
62 assistance during a period of transition to ensure Members do
63 not experience a gap in services.

64 3.5. The AdSS shall develop policies or protocols to address the
65 transition of Members with the following medical conditions or
66 special circumstances:

67 a. Members who are Ppregnant, especially women who are
68 high risk or in their third trimester;

69 b. Members in the process of or having major organ or tissue
70 transplantation services ~~which are in process;~~

71 c. Members who are on a high-cost specialty drug or biologic;

72 ~~b.~~ d. Members who are being considered for or are actively
73 engaged in a transplant process and for up to one-year
74 post transplant;

- 75 e. Member with a Chronic illness, which has placed the
76 Member in a high-risk category or resulted in any of the
77 following:
- 78 i. Emergency department utilization,
 - 79 ii. Hospitalization, or
 - 80 iii. Placement placement in nursing care, or other
81 facilities.
- 82 e.f. Members with a Significant medical or behavioral health
83 conditions that require ongoing specialist care and
84 appointments;
- 85 e.g. Members receiving or in need of Chemotherapy or
86 radiation therapy;
- 87 e.h. Members receiving or in need of Dialysis;
- 88 f.i. Members Hospitalization at the time of Member Care
89 Transition;
- 90 g.j. Members with the following ongoing health needs:
- 91 i. Durable Medical Equipment, including ventilators and
92 other respiratory assistance equipment;

- 93 ii. Home health services;
- 94 iii. Medically necessary transportation on a scheduled
- 95 basis or ongoing basis;
- 96 iv. Prescription medications including those that have
- 97 been stabilized through a step therapy process; or
- 98 v. ~~Plan~~ management services.
- 99 k. Members who frequently contact:
- 100 i. AHCCCS~~;~~
- 101 ii. State and local officials~~;~~
- 102 iii. ~~The~~ Governor's Office~~;~~ or
- 103 ~~iv.~~ ~~The~~ media~~;~~
- 104 l. Members with qualifying CRS conditions and Members with
- 105 qualifying Children's Rehabilitation Services (CRS)
- 106 conditions who ~~or~~ are transitioning into adulthood;
- 107 m. Members diagnosed with Human Immunodeficiency Virus
- 108 and Acquired Immune Deficiency Syndrome (HIV/AIDS);
- 109 n. Members enrolled in the ALTCS EPD and DDD or Tribal
- 110 ALTCS program;

- 111 ~~m.o.~~ Members who are engaged in care or services through the
- 112 Arizona Early Intervention Program (AzEIP);
- 113 p. Members with a Serious Mental Illness (SMI) designation.
- 114 ~~n.g.~~ Members who are being considered for or are actively
- 115 engaged in a transplant process and for up to one-year
- 116 post-transplant;
- 117 ~~q.~~ Members enrolled in the ALTCS program who are elderly or
- 118 have a physical or developmental disability;
- 119 ~~r.~~ Members who are engaged in care or services through the
- 120 Arizona Early Intervention Program (AzEIP);
- 121 ~~s.~~ Members who are diagnosed with a Serious Mental Illness
- 122 (SMI).
- 123 ~~q.~~ Any Member under 18 years of age child that has an Early
- 124 Childhood Service Intensity Instrument Child and
- 125 Adolescent Level of Care Utilization System
- 126 (ECSII/CALOCUS) score of 4+;
- 127 ~~r.~~ Members who have a current Seriously Emotionally
- 128 Disturbed (SED) diagnosis flag in the system or who

- 129 [qualified for the SED designation through the SED](#)
- 130 [Eligibility Determination process in the AHCCCS system;](#)
- 131 s. [Member that is a S](#)substance exposed newborns [or and](#)
- 132 infants diagnosed with Neonatal Abstinence Syndrome
- 133 (NAS);
- 134 t. Members diagnosed with Severe Combined
- 135 Immunodeficiency (SCID);
- 136 u. Members with a diagnosis of autism or who are at risk for
- 137 autism;
- 138 v. Members diagnosed with opioid use disorder [\(OUD\);](#);
- 139 separately tracking pregnant [women Members](#) and
- 140 Members with co-occurring pain and [OUDopioid use](#)
- 141 [disorder](#);
- 142 w. Members enrolled with the Division of Child Safety
- 143 Comprehensive Health Program (CHP);
- 144 x. Members who transition out of the CHP up to one-year
- 145 post transition;
- 146 y. Members identified as a High Need or High Cost Member;

- 147 z. Members on conditional release from Arizona State
148 Hospital;
- 149 aa. Other services not indicated in the State Plan for eligible
150 Members but covered by Title XIX and Title XXI for Early
151 and Periodic Screening, Diagnostic and Treatment (EPSDT)
152 eligible Members, including Members whose conditions
153 require ongoing monitoring or screening.
- 154 4. The AdSS shall ensure Members have received prior
155 authorization (PA) or approval for the following at the time of
156 transition:
- 157 a. Scheduled elective surgery(ies);
- 158 b. Procedures or therapies to be provided on dates after their
159 transition, including post-surgical follow-up visits;
- 160 c. Sterilization and have a signed sterilization consent form,
161 but are waiting for expiration of the 30 calendar day
162 period;
- 163 d. Behavioral health services;

- 164 e. Appointments with a specialist located out of the AdSS
165 service area; and
166 f. Nursing facility admission.

167 **B. NOTIFICATION REQUIREMENTS**

- 168 1. The relinquishing AdSS shall provide relevant information
169 regarding Members who transition to a receiving AdSS.
170 2. The relinquishing AdSS shall utilize the [following](#) ALTCS
171 Enrollment Transition Information (ETI) for those Members with
172 special circumstances who are transitioning enrollment to
173 another AdSS:
174 [a. Attachment A of this policy, and](#)
175 [a.b. AMPM Exhibit 1620-9 used by ALTCS Contractors and the](#)
176 [Tribal ALTCS program.](#)
177 3. The relinquishing AdSS shall complete and electronically transmit
178 the appropriate ETI Form to the receiving AdSS or FFS program
179 no later than 10 business days from the date of receipt of
180 AHCCCS notification.

- 181 4. The relinquishing AdSS shall be responsible for covering the
182 Member's care for up to 30 calendar days if they fail to notify the
183 receiving AdSS of transitioning Members with special
184 circumstances, or fail to send the completed ALTCS Enrollment
185 Transition Information.
- 186 5. The AdSS shall have protocols for the transfer of pertinent
187 mMedical rRecords and the timely notification of Members,
188 subcontractors, or other providers, as appropriate during times
189 of transition.
- 190 6. The receiving AdSS shall provide new Members with its Member
191 Handbook, provider directory, and emergency numbers as
192 specified in ACOM Policy 460.
- 193 7. The receiving AdSS shall follow up with the Member to address
194 the needs of the Member identified on the ETI form. Follow-up
195 and care coordination may include:
- 196 a. Support coordination,
- 197 b. Care management,
- 198 c. Pharmacy,

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d. Behavioral health services, and

7.e. Transportation.

8. The receiving AdSS shall extend previously approved PA's prior authorizations for a minimum period of 30 calendar days from the date of the Member's transition, unless a different time period is mutually agreed to by the Member or Responsible Person~~Member's representative~~.
9. The receiving AdSS shall provide at a minimum a 90 calendar day transition period allowing the Members with Special Health Care Needs to continue seeking care from their previously established PCP that does not participate in the AdSS network while the Responsible Person, Support Coordinator, Care Manager or Provider Case Manager identifies an alternative PCP within the AdSS provider network.~~, for children and adults with Special Health Care Needs who have an established relationship with a PCP that does not participate in the receiving AdSS provider network.~~

C. TRANSITION TO ALTCS

- 217 1. The relinquishing AdSS shall coordinate transition with the
218 receiving AdSS or Tribal ALTCS if a Member is approved for
219 ALTCS enrollment.
- 220 2. The AdSS shall ensure applicable protocols are followed for any
221 special circumstances of the Member and that continuity and
222 quality of care is maintained during and after the transition.

223 **D. TRANSITION FROM CHILD TO ADULT SERVICES**

- 224 1. The AdSS shall ensure the following occurs for transitions
225 involving co-occurring behavioral and physical health conditions
226 include the following:
- 227 a. Coordination plan between child providers and the
228 anticipated adult providers including development of a
229 transition plan for the member that focuses on assisting
230 the Member with gaining the necessary skills and
231 knowledge to become a self-sufficient adult and facilitates
232 a seamless transition from child services to adult services;
- 233 b. Process that begins no later than when the child reaches
234 the age of 16;

- 235 c. ~~A transition plan for the Member focused on assisting the~~
236 ~~Member with gaining the necessary skills and knowledge to~~
237 ~~become a self-sufficient adult within their capabilities and~~
238 ~~facilitates a seamless transition from child services to adult~~
239 ~~services;~~
- 240 d. An SMI eligibility determination that is completed when the
241 adolescent reaches the age of 17.5 years old, if clinically
242 indicated, and lives in Arizona or plans to live in Arizona;
243 ~~but no later than age 17 and six months; and~~
- 244 e. A transition process that includes any additional stakeholder and
245 behavioral or physical healthcare entity involved with the child as
246 applicable; and
- 247 f. ~~A coordination plan to meet the unique needs for Members~~
248 ~~with special circumstances;~~
- 249 e.g. A coordination plan to meet the unique needs for Members
250 with Special Health Care Needs, including Members with
251 CRS designation, as specified in Contract.-

252 2. The AdSS shall ensure ALTCS eligible Members under age 21
253 receiving Licensed Health Aide services are engaged in transition
254 planning and communication, if offered to families prior to the
255 Member's 21st birthday.

256 3. The AdSS shall not provide LHA services to Members 21 years
257 and older as specified in AMPM Policy 1240-G and A.A.C. R4-19-
258 90124.

259 ~~2.4. The AdSS shall ensure any additional stakeholder, behavioral or~~
260 ~~physical healthcare entity involved with the child shall be~~
261 ~~included in the transition process, as applicable.~~

262 **E. MEMBERS HOSPITALIZED DURING ENROLLMENT CHANGE**

263 1. The AdSS shall provide a smooth transition of care for Members
264 who are hospitalized on the day of an enrollment change with
265 the following steps:

266 a. Notification to the receiving AdSS or FFS Program prior to:

267 i. ~~†~~The date of the transition.

268 †ii. Continued authorization of treatment, and service
269 coordination.

- 270 b. Notification of the following to the hospital and attending
271 physician of the transition by the relinquishing AdSS ~~as~~
272 follows:
- 273 i. ~~Notify the hospital and attending physician of the~~
274 pending transition prior to the date of the
275 transition,
- 276 ii. Instruct the providers to contact the receiving AdSS
277 or FFS Program for authorization of continued
278 services,
- 279 iii. Cover services rendered to the hospitalized Member
280 for up to 30 days if they fail to provide notification to
281 the receiving AdSS, hospital, and the attending
282 physician, ~~relative to the transitioning Member~~
283 including elective surgeries for which the
284 relinquishing AdSS issues PA.
- 285 c. Coverage of the hospital stay by the AdSS in which the
286 Member is enrolled upon discharge per Diagnosis Related
287 Group (DRG).

288 d. Coordination with providers regarding activities relevant to
289 concurrent review and discharge planning.

290 **F. TRANSITION DURING MAJOR ORGAN AND TISSUE**
291 **TRANSPLANTATION SERVICES**

292 1. The relinquishing and receiving AdSS shall coordinate care and
293 coverage for Members who have been approved for major organ
294 or tissue transplant if there is a change in AdSS or FFS
295 enrollment.

296 2. The receiving AdSS shall submit a request for continuation of
297 previously approved transplant reinsurance, as specified in
298 Contract, to AHCCCS Medical Management (MM).

299 2.3. The AdSS shall cover transplantation at a center that is not an
300 AHCCCS contracted provider for a Member undergoing
301 transplantation on the effective date of the transition to the
302 AdSS. Each AdSS shall cover the respective dates of service if a
303 Member changes to a different AdSS while undergoing
304 transplantation at a transplant center that is not an AHCCCS
305 contracted provider.

306 **G. ENROLLMENT CHANGES FOR MEMBERS RECEIVING**

307 **OUTPATIENT TREATMENT**

- 308 1. The AdSS shall have protocols for ongoing care of Members with
309 active or chronic health care needs during the transition period.
- 310 2. The receiving AdSS shall have protocols to address the timely
311 transition of the Member from the relinquishing PCP to the
312 receiving PCP, in order to maintain continuity of care.
- 313 3. The AdSS shall ensure pregnant women who transition to a new
314 AdSS within the last trimester of their expected date of delivery
315 be allowed the option of continuing to receive services from their
316 established physician and anticipated delivery site through the
317 postpartum visits included in the all-inclusive maternity care as
318 specific in AMPM 410.

319 **H. MEDICALLY NECESSARY TRANSPORTATION**

- 320 1. The AdSS shall provide information to ~~new~~ Members on what
321 and how medically necessary transportation can be obtained as
322 specified in AMPM 310-BB.

323 2. The AdSS shall cover transportation, and room and board for the
324 transplant candidate, donor and, if needed, one adult caregiver
325 as identified by the transplant facility.

326 a. Coverage is limited to medical treatment transportation, to
327 and from the facility, during the time it is necessary for the
328 Member to remain in Close Proximity to the transplant
329 center.

330 a-b. Coverage includes the periods of evaluation, on-going
331 testing, transplantation, and post-transplant care by the
332 transplant center.

333 ~~The AdSS shall provide information to providers on how to order~~
334 ~~medically necessary transportation for Members.~~

335 **I. TRANSITION OF PRESCRIPTION MEDICATION SERVICES**

336 1. The relinquishing AdSS shall:

337 a. Cover the dispensation of the total prescription amount of
338 either continuing or time-limited medications, if filled
339 before midnight on the last day of enrollment; and

- 340 b. Not reduce the quantity of the ordered prescription unless
341 it exceeds a 30-day supply or 100 unit doses.
- 342 2. The receiving AdSS shall extend previously approved [PA's prior](#)
343 [authorizations](#) for a period of 30 calendar days from the date of
344 the Member's transition unless a different time period is mutually
345 agreed to by the Member or [Responsible Person](#)~~Member's~~
346 [representative](#).
- 347 3. The AdSS shall ensure Member's transitioning from a Behavioral
348 Health Medical Professional (BHMP) to a PCP for behavioral
349 health medication management continue on the medication(s)
350 prescribed by the BHMP until the Member can transition to their
351 [new](#) PCP.
- 352 4. The AdSS shall coordinate care and ensure the Member has a
353 sufficient supply of behavioral health medications to last through
354 the date of the Member's first appointment with their [new](#) PCP.
- 355 4.5. [The AdSS shall ensure Members receiving behavioral health](#)
356 [medications from their PCP may simultaneously receive](#)
357 [counseling and other medically necessary services.](#)

358 **J. DISPOSITION OF MEDICAL EQUIPMENT, APPLIANCES, AND**
359 **MEDICAL SUPPLIES DURING TRANSITION**

360 1. The AdSS shall ensure the disposition of Medical Equipment,
361 appliances, and supplies during a Member's transition period and
362 develop policies that include the following:

363 a. ~~The relinquishing AdSS shall provide~~ accurate information
364 about Members with ongoing Non-Customized Medical
365 Equipment needs to the receiving AdSS or FFS
366 programs. ~~Non-customized Medical Equipment~~

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368 b. Customized Medical Equipment

369 i. Customized Medical Equipment purchased for
370 Members by the relinquishing AdSS will remain with
371 the Member after the transition.

372 ii. The purchase cost of the equipment is the
373 responsibility of the relinquishing AdSS.

374 iii. Customized Medical Equipment ordered by the
375 relinquishing AdSS but delivered after the transition

- 376 to the receiving AdSS ~~is shall be~~ the financial
377 responsibility of the relinquishing AdSS.
- 378 iv. Maintenance contracts for customized Medical
379 Equipment purchased for Members by a relinquishing
380 AdSS will transfer with the Member to the receiving
381 AdSS.
- 382 v. Contract payments due after the transition will be
383 the responsibility of the receiving AdSS, if the
384 receiving AdSS elects to continue the maintenance
385 contract.
- 386 c. Augmentative Communication Devices (ACD)
- 387 2. ~~The AdSS shall give Members a~~ 90-day trial period to
388 determine if the ACD will be effective for the Member, or if it
389 should be replaced with another device.
- 390 3. ~~If a~~ ~~The AdSS shall require one of the following occurs is a~~
391 Member Transitions from an AdSS during the 90-day trial period,
392 ~~one of the following shall occur:~~

- 393 i. The device ~~shall~~remains with the Member if the ACD is
394 proven to be effective. ~~and P~~payment for the device ~~is~~
395 ~~shall be~~ covered by the relinquishing AdSS. ~~;~~
- 396 ii. The cost of any maintenance contract necessary for the
397 ACD shall be the responsibility of the receiving AdSS if
398 they elect to continue the maintenance contract.
- 399 iii. The device shall be returned to the vendor if the ACD is
400 proven to be ineffective ~~and~~. ~~T~~the receiving AdSS ~~will~~shall
401 ~~then~~ coordinate a new device trial and purchase if it is
402 determined to meet the Member's needs.

403 **K. MEDICAL RECORDS TRANSFER DURING TRANSITION**

404 1. The AdSS shall transition medical records, timely but no later
405 than within 10 business days from receipt of the request for
406 transfer to ensure continuity of Member care during the time of
407 enrollment change as specified in AMPM 940.

408 1.2. The AdSS shall ensure if an organization distributes information
409 electronically, it must indicate that the information is available in
410 paper format upon request.

411 ~~L. OUT-OF-SERVICE-AREA PLACEMENT REFERRALS FOR MEMBERS~~
412 ~~WITH AN SMI DESIGNATION~~

413 1. ~~The AdSS shall initiate a referral for placement of a Member with~~
414 ~~an SMI designation to a service provider for the purposes of~~
415 ~~obtaining behavioral health services when:~~

416 a. ~~The resulting relocation of the Member may result in the~~
417 ~~eligibility source making corresponding changes to a~~
418 ~~Member's address in the Pre-paid Medicaid Management~~
419 ~~Information System (PMMIS), or~~

420 ~~A change of address to another Geographic Service Area~~
421 ~~(GSA) will cause the Member with an SMI designation to~~
422 ~~become enrolled with a RBHA Contractor in the other GSA~~
423 ~~for both behavioral health and physical health services.~~

424 ~~The AdSS shall ensure the Contractor who made the referral for~~
425 ~~the out-of-area placement takes steps to ensure retention of the~~
426 ~~Member's behavioral assignment and physical health enrollment~~
427 ~~as well as financial responsibility for both behavioral and physical~~

428 ~~health services during the period the Member is placed out of the~~
429 ~~ACC RBHA Contractor's service area.~~

430 ~~— The referring ACC RBHA Contractor is responsible for~~
431 ~~completing and submitting an Out-of-Area Placement~~
432 ~~Request utilizing Attachment B of this Policy to ensure~~
433 ~~AHCCCS is aware of and can flag the member in the~~
434 ~~AHCCCS system as being in an out of area placement,~~
435 ~~— AHCCCS will utilize the submitted documentation to update~~
436 ~~the Member's record with an indicator that will bypass the~~
437 ~~automatic PMMIS changes to the member's behavioral~~
438 ~~health assignment and physical health enrollment. The~~
439 ~~normal automatic activation would otherwise change a~~
440 ~~Member's behavioral health assignment and physical~~
441 ~~health enrollment, due to an out-of-GSA address change,~~
442 ~~and~~

443 ~~— The referring ACC RBHA Contractor is responsible for~~
444 ~~submitting Attachment B in its entirety and for any~~
445 ~~extension or change to the effective date of placement~~

446 ~~and/or end date of placement to ensure that the indicator~~
447 ~~remains in effect only as appropriate.~~

448 ~~— The AdSS shall ensure the ACC RBHA Contractor contracts with~~
449 ~~out-of-area service providers for behavioral health and physical~~
450 ~~health services and authorize payment for behavioral health~~
451 ~~services and physical health services when a Member is placed in~~
452 ~~an out-of-area placement.~~

453 ~~b. — The AdSS shall ensure the end date of the out-of-area placement~~
454 ~~will allow resumption of normal behavioral health assignment~~
455 ~~and physical health enrollment rules when the Member returns~~
456 ~~to the original service area and another address is processed in~~
457 ~~the PMMIS.~~

458 5. ~~The AdSS shall ensure Members who are in an out-of-area~~
459 ~~placement for one year, from the latter of the date of the original~~
460 ~~out-of-area placement or from October 1, 2018, are transitioned~~
461 ~~to the ACC RBHA Contractor in the GSA of placement, unless~~
462 ~~otherwise approved by AHCCCS.~~

463

464 [Supplemental Information](#)

465 [For members who transitions to an ACC-RBHA from an ACC Contractor, and](#)
466 [who have an established relationship with a Primary Care Provider \(PCP\)](#)
467 [that does not participate in the ACC-RBHAs provider network, the ACC-RBHA](#)
468 [shall provide, at a minimum, a six-month transition period. During this](#)
469 [transition period, the member may continue to seek care from their](#)
470 [established PCP while the member/HCDM/DR, the ACC-RBHA, and/or case](#)
471 [manager finds an alternative PCP within the new ACC-RBHAs provider](#)
472 [network. Refer to ACOM Policy 402.](#)

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474 [Medical records are applicable to both paper and electronic medical records.](#)

475 [If an organization distributes information electronically, it must indicate that](#)

476 [the information is available in paper format upon request.](#)