

## **510 PRIMARY CARE PROVIDERS**

REVISION DATE: 12/11/2024, 4/10/2024, 9/6/2023

REVIEW DATE: 9/6/2023

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.R.S. § 36-2901; A.R.S. Title 32, Chapter 13 or Chapter 17;  
A.R.S. Title 32, Chapter 25; A.R.S. Title 32, Chapter 15, 42 CFR  
457.1230(c), 42 CFR 438.208(b)(1).

### **PURPOSE**

This policy establishes requirements regarding Primary Care Providers participating in Arizona Health Care Cost Containment System (AHCCCS) programs. This policy applies to the Administrative Services Subcontractors (AdSS).

### **DEFINITIONS**

1. "Business Days" means 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays listed in A.R.S. §1-301.
2. "Early and Periodic Screening, Diagnostic and Treatment" or "EPSDT" means a comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for Members under the age of 21. EPSDT services include:

- a. Screening services,
  - b. Vision services,
  - c. Dental services,
  - d. Hearing services, and
  - e. All other medically necessary mandatory and optional services listed in Federal Law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.
3. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
  4. "Non-Contracting Provider" means an individual or entity that provides services as prescribed in A.R.S. § 36-2901 who does not have a subcontract with an AHCCCS Contractor.

5. "Primary Care Provider" or "PCP" means a person who is responsible for the management of the Member's health care. A PCP may be a:
  - a. Person licensed as an allopathic or osteopathic physician,
  - b. Practitioner defined as a licensed physician assistant, or
  - c. Certified nurse practitioner.
6. "Provider" means any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State in which it delivers the services, as specified in 42 CFR 457.10 and 42 CFR 438.2.
7. "Resident Physician" means doctors who have graduated from medical school and are completing their residency in a specialty.
8. "Teaching Physician" means a physician other than another Resident Physician who involves residents in the care of his or her patients.

## **POLICY**

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

The AdSS shall require that PCPs are:

- a. Providing initial and primary care services to assigned Members;
- b. Initiating, supervising, and coordinating referrals for specialty care and inpatient services;
- c. Maintaining continuity of Member care; and
- d. Maintaining the Member's medical record as specified in AHCCCS Medical Policy Manual (AMPM) 940.

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

1. The AdSS shall require that PCPs are rendering and providing the following covered preventive and primary care services to Members:
  - a. Health screenings,
  - b. Routine illness,
  - c. Maternity services if applicable,
  - d. Immunizations, and
  - e. EPSDT services.
2. The AdSS shall require all Members under the age of 21 receive health screening and services, to correct or ameliorate defects or

physical and behavioral illnesses or conditions identified in an EPSDT screening, as specified in AMPM Policy 430.

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

### **C. PRIMARY CARE PROVIDER SERVICES**

1. The AdSS shall require PCP services are covered when a Member selects, or is assigned to, and are provided by a:
  - a. Physician,
  - b. Physician assistant,
  - c. Nurse practitioner, or
  - d. Clinical Nurse Specialist (CNS).
2. The AdSS shall require the PCP provides primary health care.
3. The AdSS shall require the PCP serves as a coordinator in referring the Member for specialty medical services and behavioral health as outlined in 42 CFR 457.123(c) and 42 CFR 438.208(b)(1).

4. The AdSS shall require that female Members, or Members assigned female at birth have direct access to preventive and well care services from a gynecologist or other maternity care provider within the AdSS network without a referral from a PCP.
5. The AdSS shall require the PCP maintains the Member's primary medical record which contains documentation of all health risk assessments and health care services of which they are aware, whether or not they were provided by the PCP.

**D. BEHAVIORAL HEALTH SERVICES PROVIDED BY THE PRIMARY CARE PROVIDER**

1. The AdSS shall cover medically necessary, cost-effective, Federal and State reimbursable behavioral health services provided by a PCP within their scope of practice including monitoring and adjustments of behavioral medications.
2. The AdSS shall ensure prior authorization is obtained for antipsychotic class of medications, if required, to include monitoring and adjusting behavioral health medication as specified in AMPM 310-V.

3. The AdSS shall require PCPs coordinate and collaborate with behavioral health providers.

**E. PRIMARY CARE COORDINATION RESPONSIBILITIES**

1. The AdSS shall require PCPs in their care coordination role serve as a referral agent for specialty and referral treatment and services for physical or behavioral health services as needed for Members to ensure coordinated quality care that is efficient and cost effective.
2. The AdSS shall require the following PCP's coordination responsibilities are met:
  - a. Referring Members to Providers or hospitals within the AdSS's network;
  - b. Referring Members to Non-Contracting specialty Providers and non-contracting community benefit organizations if necessary;
  - c. Coordinating with the AdSS, or the appropriate entity for Fee-for-service (FFS) members. Appropriate entities for coordination of services for FFS Members include:

- i. Division of Fee-For-Service Management (DFSM) for Members enrolled with a Tribal Regional Behavioral Health Authority (TRBHA),
  - ii. Tribal Arizona Long Term Care System (ALTCS) for physical and behavioral health services for enrolled FFS members,
  - iii. American Indian Medical Home (AIMH) for coordination of physical and behavioral health services for American Indian Health Program (AIHP) Members enrolled with an AIMH, to include coordination with TRBHAs when applicable; and
  - iv. TRBHA for behavioral health services for enrolled FFS Members.
- d. Coordinating with a Member's:
- i. AdSS care manager,
  - ii. Provider case manager,
  - iii. Division Support Coordinator,
  - iv. Behavioral Health Complex Team,



- v. Behavioral Health Provider, and
- vi. Division Nurses.
- e. Conducting or coordinating follow-up for referral services that are rendered to their assigned Members by:
  - i. Other Providers,
  - ii. Specialty Providers, or
  - iii. Hospitals.
- f. Coordinating the following medical care of Members:
  - i. Oversight of medication regimens to prevent negative interactive effects;
  - ii. Follow-up for all emergency services;
  - iii. Coordination of discharge planning post inpatient admission;
  - iv. Home visits if medically necessary;
  - v. Member education;
  - vi. Preventative health services;
  - vii. Screening and referral for health-related social needs;

- viii. Coordination of the following services:
  - a) Specialty Providers,
  - b) Laboratory and Diagnostic Testing,
  - c) Behavioral health services,
  - d) Therapies including:
    - 1) Occupational,
    - 2) Physical, and
    - 3) Speech language pathology.
  - e) Durable Medical Equipment,
  - f) Home health,
  - g) Palliative care, and
  - h) Hospice care.
- ix. Oversight that care rendered by specialty Providers is appropriate and consistent with each Member's health care needs; and
- x. Maintaining records of services provided by physical and behavioral health specialty Providers or hospitals.

- g. Coordinating care for behavioral health medication management to include:
  - i. Requiring and ensuring coordination of referral to the behavioral health Provider when a PCP has initiated medication management services for a Member to treat a behavioral health disorder, and it is subsequently determined by the PCP that the Member should be referred to a behavioral health Provider for evaluation or continued medication management.
  - ii. Policies and procedures that address the following:
    - a) Guidelines for PCP initiation and coordination of a referral to a behavioral health Provider for medication management;
    - b) Guidelines for transfer of a member with a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) designation for ongoing treatment coordination, as applicable;

- c) Protocols for notifying entities of the member's transfer, including:
  - 1) Reason for transfer,
  - 2) Diagnostic information, and
  - 3) Medication history.
- d) Protocols and guidelines for the transfer or sharing of medical records information and protocols for responding to requests for additional medical record information;
- e) Protocols for transition of prescription services, including:
  - 1) Notification to the appropriate Providers of the Member's current medications and timeframes for dispensing and refilling medications during the transition period,
  - 2) Ensuring that the Member does not run out of prescribed medication prior to the first appointment with the behavioral

health Provider, allowing for at least a minimum of 90 days transition between Providers,

- 3) Forwarding all medical information, including the reason for transfer to the behavioral health Provider prior to the Member's first scheduled appointment.
- f) AdSS monitoring activities to ensure that Members are appropriately transitioned for care and receive the services they are referred for.

## **F. PRIMARY CARE PROVIDER ASSIGNMENT AND APPOINTMENT STANDARDS**

1. The AdSS shall require that newly enrolled Members are assigned to a PCP and notified after the assignment within 12 Business Days of the enrollment notification.
2. The AdSS shall require that AHCCCS-registered PCPs receive an AHCCCS Provider ID number.

3. The AdSS shall maintain a current file of Member PCP assignments and accurate tracking of PCP assignments to facilitate continuity of care, control utilization, and obtain encounter data.
4. The AdSS shall make PCP assignment rosters and clinical information regarding Member's health and medications, including behavioral health providers, available to the assigned PCP within 10 Business Days of a Provider's request as specified in ACOM Policy 416.
5. The AdSS shall allow Members to choose PCPs available within their network.
6. The AdSS shall automatically assign a PCP if a Member does not select a PCP.
7. The AdSS shall require the network of PCPs is sufficient to provide Members with available and accessible service within the time frames specified in ACOM Policy 417.
8. The AdSS shall provide information to the Member on how to contact the Member's assigned PCP.

9. The AdSS shall develop procedures to ensure enrolled pregnant Members are assigned to and are receiving appropriate care from: a qualified physician, a PCP who provides obstetrical care, or referred to an obstetrician as specified in AMPM Policy 410.
10. The AdSS shall assign Members with complex medical conditions who are age 12 and younger to board certified pediatricians.
11. The AdSS shall develop a methodology to assign Members to Providers participating in value-based purchasing initiatives who have demonstrated high value services or improved outcomes.

**G. REFERRALS AND APPOINTMENT STANDARDS FOR SPECIALITY CARE**

The AdSS shall require referral procedures are in place for PCPs for the appropriate availability and monitoring of health care services that include the following:

- a. Utilization of the AdSS specific referral process.
- b. Definition of who is responsible for initiating referrals, authorizing referrals, and adjudicating disputes regarding approval of a referral.

- c. Specifications addressing the timely availability of appointments as specified in ACOM Policy 417.
- d. Specifications and procedures for linking specialty and other referrals to the claims management system, such as through the Prior Authorization process.

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

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

- a. The PA or NP is not an employee of the facility, and
- b. The source of payment for the nursing facility stay is Medicaid.

**I. MEDICAL RESIDENT VISITS UNDER SPECIFIC CIRCUMSTANCES**

- 1. The AdSS shall require that Resident Physicians providing service without the presence of a Teaching Physician have completed six months of post graduate work in an approved residency program.



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

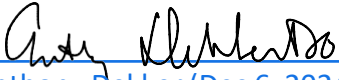
## **SUPPLEMENTAL INFORMATION**

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

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

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

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

Signature of Chief Medical Officer:   
[Anthony Dekker \(Dec 6, 2024 17:26 MST\)](#)  
Anthony Dekker, D.O.