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510 PRIMARY CARE PROVIDERS

REVISION DATE: XX/XX/XXXX, 4/10/2024, 9/6/2023

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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:

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- 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.

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

67 **POLICY**

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

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71 The AdSS shall ~~ensure~~require that PCPs are:

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

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

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- 83 1. The AdSS shall ~~ensure~~require that PCPs are rendering and
- 84 providing the following covered preventive and primary care
- 85 services to Members:
- 86 a. Health screenings,
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- 88 b. Routine illness,
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- 90 c. Maternity services if applicable,
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- 92 d. Immunizations, and
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- 94 e. EPSDT services.
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- 96 2. The AdSS shall ~~ensure~~require all Members under the age of 21
- 97 receive health screening and services, to correct or ameliorate

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99 defects or physical and behavioral illnesses or conditions
100 identified in an EPSDT screening, as specified in AMPM Policy
101 430.
102 3. The AdSS shall ~~ensure~~require Members 21 years of age and
103 over receive health screening and medically necessary treatment
104 as specified in AMPM Chapter 300.

105 **C. PRIMARY CARE PROVIDER SERVICES**

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107 1. The AdSS shall require PCP services are covered when a Member
108 selects, or is assigned to, and are provided by a:
109 a. Physician,
110 b. Physician assistant,
111 c. Nurse practitioner, or
112 d. Clinical Nurse Specialist (CNS).
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114 2. The AdSS shall require the PCP provides primary health care.
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116 3. The AdSS shall require the PCP serves as a coordinator in
117 referring the Member for specialty medical services and
118 behavioral health as outlined in 42 CFR 457.123(c) and 42 CFR
119 438.208(b)(1).
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122 4. The AdSS shall require that female Members, or Members
123 assigned female at birth have direct access to preventive and
124 well care services from a gynecologist or other maternity care
125 provider within the AdSS network without a referral from a PCP.
- 126 5. The AdSS shall require the PCP maintains the Member's primary
127 medical record which contains documentation of all health risk
128 assessments and health care services of which they are aware,
129 whether or not they were provided by the PCP.

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

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

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141 3. The AdSS shall ~~ensure~~require PCPs coordinate and collaborate
142 with behavioral health providers.

143 **E. PRIMARY CARE COORDINATION RESPONSIBILITIES**

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145 1. The AdSS shall ~~ensure~~require PCPs in their care coordination
146 role serve as a referral agent for specialty and referral treatment
147 and services for physical or behavioral health services as needed
148 for Members to ensure coordinated quality care that is efficient
149 and cost effective.

150 2. The AdSS shall ~~ensure~~require the following PCP's coordination
151 responsibilities are met:

152 a. Referring Members to Providers or hospitals within the
153 AdSS's network;

154 b. Referring Members to Non-Contracting specialty Providers
155 and non-contracting community benefit organizations if
156 necessary;

157 c. Coordinating with the AdSS, or the appropriate entity for
158 Fee-for-service (FFS) members. Appropriate entities for
159 coordination of services for FFS Members include:

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161 i. Division of Fee-For-Service Management (DFSM) for
162 Members enrolled with a Tribal Regional Behavioral
163 Health Authority (TRBHA),
164 ii. Tribal Arizona Long Term Care System (ALTCS) for
165 physical and behavioral health services for enrolled
166 FFS members,
167 iii. American Indian Medical Home (AIMH) for
168 coordination of physical and behavioral health
169 services for American Indian Health Program (AIHP)
170 Members enrolled with an AIMH, to include
171 coordination with TRBHAs when applicable; and
172 iv. TRBHA for behavioral health services for enrolled FFS
173 Members.
174 d. Coordinating with a Member's:
175 i. AdSS care manager,
176 ii. Provider case manager,
177 iii. Division Support Coordinator,
178 iv. Behavioral Health Complex Team,
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184 v. Behavioral Health Provider, and
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186 vi. Division Nurses.
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188 e. Conducting or coordinating follow-up for referral services
189 that are rendered to their assigned Members by:
- 190 i. Other Providers,
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192 ii. Specialty Providers, or
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194 iii. Hospitals.
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196 f. Coordinating the following medical care of Members:
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198 i. Oversight of medication regimens to prevent
199 negative interactive effects;
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201 ii. Follow-up for all emergency services;
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203 iii. Coordination of discharge planning post inpatient
204 admission;
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206 iv. Home visits if medically necessary;
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208 v. Member education;
vi. Preventative health services;
vii. Screening and referral for health-related social
needs;

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- 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.

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240 g. Coordinating care for behavioral health medication
241 management to include:
- 242 i. Requiring and ensuring coordination of referral to the
243 behavioral health Provider when a PCP has initiated
244 medication management services for a Member to
245 treat a behavioral health disorder, and it is
246 subsequently determined by the PCP that the
247 Member should be referred to a behavioral health
248 Provider for evaluation or continued medication
249 management.
- 250 ii. Policies and procedures that address the following:
- 251 a) Guidelines for PCP initiation and coordination of
252 a referral to a behavioral health Provider for
253 medication management;
- 254 b) Guidelines for transfer of a member with a
255 Serious Mental Illness (SMI) or Serious
256 Emotional Disturbance (SED) designation for
257 ongoing treatment coordination, as applicable;

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259 c) Protocols for notifying entities of the member's
260 transfer, including:
- 261 1) Reason for transfer,
 - 262 2) Diagnostic information, and
 - 263 264 3) Medication history.
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267 d) Protocols and guidelines for the transfer or
268 sharing of medical records information and
269 protocols for responding to requests for
270 additional medical record information;
- 271 e) Protocols for transition of prescription services,
272 including:
- 273 1) Notification to the appropriate Providers
274 of the Member's current medications and
275 timeframes for dispensing and refilling
276 medications during the transition period,
 - 277 2) Ensuring that the Member does not run
278 out of prescribed medication prior to the
279 first appointment with the behavioral

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281 health Provider, allowing for at least a
282 minimum of 90 days transition between
283 Providers,
284 3) Forwarding all medical information,
285 including the reason for transfer to the
286 behavioral health Provider prior to the
287 Member's first scheduled appointment.
288 f) AdSS monitoring activities to ensure that
289 Members are appropriately transitioned for
290 care and receive the services they are referred
291 for.

292 **F. PRIMARY CARE PROVIDER ASSIGNMENT AND APPOINTMENT**
293 **STANDARDS**

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

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

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

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

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

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

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

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

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

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

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

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

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

Draft Policy for Public Comment

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363 **SUPPLEMENTAL INFORMATION**

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365 Refer to AMPM Chapter 600 for information regarding specific AHCCCS

366 requirements for participating providers.

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369 Refer to ACOM Policy 325 for additional information related to Contractor

370 responsibilities and PCP assignments pertaining to providers participating in

371 Targeted Investments 2.0

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374 Women may elect to use a specialist in obstetrics and/or gynecology for well

375 woman services.

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378 FFS members have freedom of choice and are not required to have an

379 assigned PCP. FFS members may receive services from any AHCCCS

380 registered PCP and any IHS/638 facility.

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384 Signature of Chief Medical Officer: