416 PROVIDER INFORMATION

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REFERENCES: A.R.S. § 36-2901; 42 CFR 438.12, 42 CFR 438.100, 42 CFR 438.102

PURPOSE

This Policy applies to the Division's Administrative Services Subcontractors. This Policy establishes guidelines for AdSS regarding provider information requirements.

DEFINITIONS

1. "Americans With Disabilities Act" or "ADA" means the Americans with Disabilities Act of 1990, as amended, that prohibits discrimination on the basis of disability and ensures equal opportunity for individuals with disabilities in employment, State and local government services, public accommodations, commercial facilities transportation, and telecommunications as specified in 42 U.S.C. 126 and 47 U.S.C. 5.

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, to ensure the availability and accessibility of health care resources as well as to assist Medicaid recipients in effectively utilizing these resources.
    a. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions for AHCCCS members less than 21 years of age.
    b. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services as specified in Federal Law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and behavioral health illnesses and

conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan.

c. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

3. "Material Change to the Provider Network" means any change that affects, or can reasonably be foreseen to affect, the AdSS's ability to meet the performance and provider network standards as required in contract including, any change that would cause or is likely to cause more than 5% of the Members in a Geographic Service Area (GSA) to change the location where services are received or rendered.

4. "Member" means the same as "client" as defined in A.R.S. § 36-551.

5. "Primary Care Provider" or "PCP" means an individual who meets the requirements as specified in A.R.S. § 36-2901, and who is responsible for the management of the Member's health care.

a. A PCP may be:

i. A physician defined as an individual licensed as an allopathic or osteopathic physician as specified in A.R.S. Title 32, Chapter 13 or Chapter 17;

ii. A practitioner defined as a physician assistant licensed as specified in A.R.S. Title 32, Chapter 25;

iii. A certified nurse practitioner licensed as specified in A.R.S. Title 32, Chapter 15; or

iv. A naturopathic physician for AHCCCS members under the age of 21 receiving EPSDT services.

b. The PCP shall be an individual, not a group or association of individuals, such as a clinic.

6. "Provider" means any person or entity that contracts with the Division, AHCCCS, or an AdSS for the provision of covered services to Members according to the provisions of A.R.S. § 36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. § 36-2901.

6. "Serious Mental Illness" or "SMI" means a designation as specified in A.R.S. § 36-550 and determined in an individual 18 years of age or older.
7. "Subcontractor" means:
    a. A provider of health care who agrees to furnish covered services to Members.
    b. A person, agency or organization with which the AdSS has contracted or delegated some of its management or administrative functions or responsibilities.
    c. An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease of real property to obtain space, supplies equipment, or services provided under the Division agreement.
8. "Value-Based Purchasing" or "VBP" means a payment from a Contractor to a provider upon successful completion or expectation of successful completion of contracted goals and

measures in accordance with the VBP strategy selected for the contract.

a. VBP is a non-encounterable payment and does not reflect payment for a direct medical service to a member.

b. VBP payment typically occurs after the completion of the contract period but could include quarterly or semiannual payments if contract terms specify such payments in recognition of successful performance measurement.

POLICY

A. The AdSS shall develop, distribute, and maintain a provider manual. The AdSS shall ensure that each contracted provider is made aware of the provider manual available on the AdSS's website or, if requested, issued a hard copy of the provider manual. The AdSS shall distribute a provider manual to any individual or group that submits claim and encounter data.

B. The AdSS shall ensure that all providers, whether contracted or not, meet the applicable Division and AHCCCS requirements with regard to covered services and billing.

C. The AdSS shall ensure that, at a minimum, the AdSS's provider manual contains information on the following:

1. The ability of the Member’s Primary Care Physician (PCP) to treat behavioral health conditions within the scope of their practice.
2. Introduction to the AdSS that explains the AdSS's organization and administrative structure.
3. Provider responsibility and the AdSS's expectation of the provider.
4. Overview of the AdSS's Provider Services department and its function, including the expected response times for provider inquiries.
5. Listing and description of covered and non-covered services, requirements, and limitations including behavioral health services.
6. Appropriate and inappropriate use of the emergency department.
7. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services.

i. Screenings include a comprehensive history, developmental and behavioral health screening, comprehensive unclothed physical examination, appropriate vision testing, hearing testing, laboratory tests, dental screenings and immunizations.

ii. EPSDT providers shall document immunizations into Arizona State Immunization Information System (ASIIS) and enroll every year in the Vaccine for Children program.

8. Description of dental services coverage and limitations.

9. Description of maternity and family planning services.

10. Criteria and process for referrals to specialists and other providers, including access to behavioral health services.

11. Process for referrals and provision of Augmentative and Alternative Communication (AAC) related services, including AAC device evaluations.

12. Grievance and Appeal system process and procedures for providers and enrollees.

13. Billing and encounter submission information.

14. AdSS policies and procedures relevant to the providers that contain:
    a. Utilization management;
    b. Claims submission;
    c. Criteria for identifying provider locations that accommodate Members with physical or cognitive disabilities; and
    d. Primary Care Provider (PCP) assignments, including how provider participation in Value-Based Purchasing (VBP) initiatives impacts member assignments to a PCP as specified in AMPM Policy 510.
15. Procedure for providers to request a PCP assignment roster, that the roster will be provided within 10 business days of receipt of the request, that contains:
    a. Assigned Members' name,
    b. Assigned Members' date of birth,
    c. Assigned Members' AHCCCS ID,
    d. AHCCCS ID of the assigned PCP, and

e. Effective date of Member assignment to the PCP.

16. Policies relevant to providers including:

    a. Payment responsibilities as outlined in AdSS Operations Policy 432.

    b. Description of the Change of Contractor policies as outlined in AdSS Operations Policy 401.

    c. Nursing Facility and Alternative Home and Community Based Service (HCBS) Setting contract termination procedures as outlined in AdSS Operations Policy 421.

17. Reimbursement policies, including reimbursement for Members with other insurance as specified in ACOM Policy 434, and Medicare cost sharing as specified in ACOM Policy 201.

18. Cost sharing responsibility.

19. Explanation of remittance advice.

20. Criteria for the disclosure of Member health information.

21. Medical record standards.

22. Prior authorization and notification requirements, including a list of most frequently used services that require authorization, and

instructions on how to obtain a complete listing of services that require authorization.

23. Requirements for out-of-state placements for Members.
24. Claims medical review.
25. Concurrent review.
26. Coordination of care requirements, including designation of an Employment Coordinator as the statewide point of contact for the referral of Members requesting employment services from the Division.
27. Credentialing and re-credentialing activities.
28. Fraud, waste, and abuse as specified in AdSS Operations Policy 103.
29. Prescribing and monitoring of all medications including specific protocols for opioids and psychotropic medications, including prior authorization and limits specified in AdSS Medical Policy 310-V, the AdSS monitoring process for prescribers in AdSS Medical Policy 310-FF, and informed consent requirements in AdSS Medical Policy 320-Q.

30. The AHCCCS Drug List and the AHCCCS Behavioral Health Drug List information available in a machine readable file and format, and information on:
    a. How to access the drug lists electronically or by hard copy upon request, and
    b. How and when updates to these lists are communicated.
31. Division and AHCCCS appointment standards.
32. Requirements pertaining to duty to warn and duty to report as outlined in Division Medical Manual, Policy 960.
33. Information for behavioral health providers on their responsibilities for submitting to the Division demographic information according to the AHCCCS DUGless Portal Guide34. Americans with Disabilities Act (ADA) and Title VI of the Civil Rights Act of 1964 requirements, as applicable.
35. Process providers shall use to notify the AdSS and the Division when a provider changes address, contact information, or other demographic information.

36. Information on services available through the AHCCCS Provider Enrollment Portal, how to access the portal, and how to update provider registration data including current population groups sets served.
37. Eligibility verification.
38. Cultural competency information, including notification about Title VI of the Civil Rights Act of 1964 and information on how to access interpretation services to assist Members who speak a language other than English, including Sign Language, as specified in AdSS Operations Policy 405.
39. Peer review and the provider's ability to dispute the process.
40. Medication management services as specified in the AdSS contract with the Division.
41. Member's rights as specified in 42 CFR 457.1220 and 42 CFR 438.100, including the right to:
    a. Be treated with dignity and respect.

b. Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.

c. Participate in treatment decisions regarding health care, including the right to refuse treatment.

d. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

e. Request and receive a copy of the medical records, and to request that they be amended or corrected, as specified in 45 CFR part 164 and applicable state law.

f. Exercise rights and the exercise of those rights without adversely affecting service delivery to the Member.

42. That the AdSS has no policies that prevent the provider from advocating on behalf of the Member as specified in 42 CFR 438.102.

43. How to access or obtain Practice Guidelines and coverage criteria for authorization decisions.

44. General and informed consent for treatment requirements.

45. Advance directives.
46. Transition of Members.
47. Encounter validation studies.
48. Incidents, accidents, and deaths reporting requirements as specified in AdSS Medical Manual 961.
49. Pre-petition screening, court ordered evaluations, and court ordered treatment.
50. Behavioral health assessment and service planning requirements:
    a. As specified in AMPM Policy 320-O;
    b. Requirements for behavioral health providers to assist individuals as specified in the AMPM Policy 650;
    c. Outreach, Engagement, and Re-Engagement for Behavioral Health applicable to providers as specified in AMPM Policy 1040;
    d. Serious Mental Illness (SMI) eligibility determination process as specified in AMPM Policy 320-P;

e. Partnership requirements with families and family-run organizations in the children and adult behavioral health system; and

f. Peer support and recovery training, certification, and clinical supervision requirements as specified in AMPM Policy 963.

51. Housing criteria for individuals determined to have SMI.
52. Seclusion, restraint, and emergency reporting requirements.
53. The SMI grievance and appeal process.
54. How providers assist Members in obtaining a Member Handbook and other new Member materials.
55. Outreach, engagement, re-engagement, and closure activities.
56. Requirements for grant funded services provided to Special Populations.
57. Behavioral health crisis intervention service requirements.
58. Partnership requirements with families and family-run organizations in the children and adult behavioral health system.

59. Training requirements.

60. The AdSS shall include guidance in the Provider Manual on which services are the responsibility of AdSS and which services are the responsibility of providers contracted with AdSS, and directions on how providers unsure of these responsibilities can obtain guidance.

D. REQUIRED NOTIFICATIONS

1. In addition to the updates required in this section, the AdSS shall require providers to disseminate information on behalf of the Division or AHCCCS. In these instances, AdSS shall provide prior notification.

2. AdSS shall provide written or electronic communication to contracted providers in the following instances:

    a. Exclusion from Network - Under Federal Regulation 42 CFR 438.12, AdSS shall provide written notice of the reason for declining any written request for inclusion in the network.

b. Material Changes - AdSS shall notify providers in advance of any Material Change to the Provider Network or business operations as specified in ACOM policy 439.

c. AdSS Policy and Procedure Changes – For any change in policy, process, or protocol, including prior authorization, retrospective review, or performance and network standards that affects or can reasonably be foreseen to affect the AdSS's ability to meet performance standards of AdSS contract with the Division, AdSS shall notify:

   i. The designated operations compliance officer to which AdSS is assigned, sixty calendar days before a proposed change, and

   ii. Affected provider, thirty calendar days before the proposed change.

d. AHCCCS Guidelines, Policy, and Manual Changes - AdSS shall notify its subcontractors when modifications are made to AHCCCS guidelines, policies, and manuals.

e. AdSS Provider Manual Changes - AdSS shall notify its providers when modifications are made to the provider manual.

f. Subcontract Updates

i. If a modification to the AHCCCS Minimum Subcontract Provisions are modified, AdSS shall issue a notification of the change to the subcontractors within 30 calendar days of the published change and ensure amendment of affected subcontracts.

ii. AdSS shall amend the affected subcontracts on their regular renewal schedule or within six calendar months of the update, whichever comes first.

g. Termination of Contract – AdSS shall provide, or require its subcontractors to provide, written notice to hospitals and provider groups at least 90 calendar days prior to any contract termination, other than contracts between subcontractors and individual practitioners, without cause.

h. Disease and Chronic Care Management – AdSS shall disseminate information as required by the AHCCCS Medical Policy Manual (AMPM) Policy 1020.

3. The Division shall distribute other communication to the AdSS upon request of AHCCCS. In these instances, AHCCCS shall provide prior notification.