

436 NETWORK STANDARDS

REVISION DATES: 8/7/2025, 3/27/2024, 4/26/2023, 12/22/2021 REVIEW
DATES: 8/28/2024, 9/12/2023

EFFECTIVE DATE: October 1, 2019

REFERENCES: 42 C.F.R. Part 457; 42 C.F.R. Part 438; 42 § C.F.R.
438.206(b)(1); A.R.S. §§ 32-1201 et seq 32-1901 et seq, 36-401 et seq,
36-421 et seq; A.A.C. R9-10, R9-10-801 et seq, R9-22-101, R9-33-101 et
seq; ACOM 415; ACOM 436; ACOM 438; AdSS Contract

PURPOSE

This policy applies to the Division’s Administrative Services Subcontractors (AdSS). This policy establishes Network Standards and the oversight and monitoring Network Standards for the AdSS.

DEFINITIONS

1. “Assisted Living Center” or “ALC” means an Assisted Living Facility that provides resident rooms or residential units to 11 or more residents as specified in A.R.S. § 36-401.
2. “Assisted Living Facility” or “ALF” means a residential care institution that provides supervisory care services, personal care services, or directed care services on a continuing basis in compliance with Arizona Department of Health Services (ADHS) licensing criteria as specified in 9 A.A.C. 10, Article 8.

3. "Assisted Living Home" or "ALH" means an ALTCS approved alternative home and community based services (HCBS) setting that provides room and board, supervision, and coordination of necessary services to 10 or fewer residents.
4. "Attachment A" means the ACOM 436 Attachment A - Minimum Network Requirements Verifications Template document that specifies the Network Standards in which the Division and the AdSS are required to meet.
5. "Behavioral Health Outpatient and Integrated Clinic, Adult" means a class of health care institution without inpatient beds that provides physical health services and behavioral health services for the diagnosis and treatment of patients who are age 18 and above.
6. "Behavioral Health Outpatient and Integrated Clinic, Pediatric" means a class of healthcare institution without inpatient beds that provides physical health services and behavioral health services for the diagnosis and treatment of patients who are under 18 years of age.

7. “Behavioral Health Residential Facility” or “BHRF” means, as specified in A.A.C. R9-10-101, a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
 - a. Limits the individual’s ability to be independent; or
 - b. Causes the individual to require treatment to maintain or enhance independence.
8. “Cardiologist, Adult” means a medical doctor who specializes in the diagnosis and treatment of diseases of the heart and blood vessels or the vascular system or patients aged 18 and above.
9. “Cardiologist, Pediatric” means a medical doctor who specializes in the study or treatment of heart diseases and heart abnormalities for patients under the age of 18.
10. “Crisis Stabilization Facility” means an inpatient facility or outpatient treatment center licensed as specified in 9 A.A.C. 10 that provides crisis intervention services (stabilization).

11. "Dentist, Pediatric" means a medical professional regulated by the State Board of Dental Examiners and operating as specified in A.R.S. § 32-1201 for patients under the age of 18.
12. "District or Service District" means a section of Maricopa or Pima County defined by zip code for purposes of establishing and measuring minimum Network Standards for DD Group Homes, Assisted Living Centers, and Assisted Living Homes.
13. "Geographic Service Area" or "GSA" means an area designated by AHCCCS within which a Contractor of record provides, directly or through subcontract, covered health care services to a Member enrolled with that Contractor of record, as specified in 9 A.A.C. 22, Article 1 and 9 A.A.C. 28, Article 1.
14. "Group Home" means a community residential setting for not more than six individuals with intellectual/developmental disabilities, is operated by a service provider under contract with the department, and provides room and board and daily rehabilitation and other assessed medically necessary services and supports to meet the needs of each person. A Group Home

does not include an adult developmental home, a child developmental home, a behavioral-supported group home, a nursing-supported group home, or an intermediate care facility for individuals with intellectual disabilities.

15. "Home" means a residential dwelling that is owned, rented, leased, or occupied by a Member, at no cost to the Member, including a house, a mobile home, an apartment, or other similar shelter. A home is not a facility, a setting, or an institution, or a portion of any of these that is licensed or certified by a regulatory agency of the state as a:
 - a. Health care institution as specified in A.R.S. § 36-401;
 - b. Residential care institution as specified in A.R.S. § 36-401;
 - c. Community residential setting as specified in A.R.S. § 36-551; or
 - d. Behavioral health facility as specified in 9 A.A.C. 20, Articles 1,4,5, and 6.
16. "Hospital" means a class of healthcare institution that provides, through an organized medical staff, inpatient beds, medical

services, continuous nursing services, and diagnosis or treatment to a patient as specified in A.A.C. Title 9, Chapter 10, Article 1 and A.R.S. Title 36, Chapter 4, Articles 1, 2, and 3.

17. "Member" means the same as "Client", a person receiving developmental disabilities services from the Division, as defined in A.R.S. § 36-551.
18. "Multi-Specialty Interdisciplinary Clinic" or "MSIC" means an established facility where specialists from multiple specialties meet with Members and their families for the purpose of providing interdisciplinary services to treat Members.
19. "Network" means physicians, health care Providers, suppliers and hospitals that contract with an AdSS to give care to Members.
20. "Network Standards" means the requirements the Division and AdSS must meet and monitor to ensure that all covered services are available and accessible to Members.
21. "Nursing Facility" means, as defined in 42 § U.S.C. 1936r(a), an institution or a distinct part of an institution that:

- a. Is primarily engaged in providing to residents:
 - i. Skilled nursing care and related services for residents who require medical or nursing care;
 - ii. Rehabilitation services for the rehabilitation of injured, disabled, or sick individuals; or
 - iii. On a regular basis, health-related care, and services to individuals who, because of their mental or physical condition, require care and services above the level of room and board that can be made available to them only through institutional facilities.
- b. Is not primarily for the care and treatment of mental diseases; and
- c. Meets the requirements for a nursing facility described in subsections (b), (c), and (d) of 42 § U.S.C. 1936r.
- d. Has in effect a transfer agreement, meeting the requirements of 42 § U.S.C. 1861(l), with one or more hospitals having agreements in effect under 42 § U.S.C. 1866.

22. "Obstetrician/Gynecologist" or "OB/GYN" means a healthcare practitioner responsible for the management of female reproductive health, pregnancy and childbirth needs, or who possesses special knowledge, skills, and professional capability in the medical and surgical care of the female reproductive system and associated disorders.
23. "Pharmacy" means a facility regulated by the State Board of Pharmacy and operating under A.R.S. § 32-1901.
24. "Primary Care Provider (PCP), Adult" means a person who is responsible for the management of the health care of Members who are over 21 years of age. 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.
25. "Primary Care Provider (PCP), Pediatric" means a person who is responsible for the management of health care of Members who are under 21 years of age. 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
26. "Provider" means a person, institution, or group engaged in the delivery of services, or ordering and referring those services, who has an agreement with AHCCCS to provide services to AHCCCS Members.
27. "Provider Affiliation Transmission" or "PAT" means a data file which provides details of the Providers within the AdSS's Network and is used to measure compliance with Network adequacy requirements.

POLICY

A. GENERAL NETWORK STANDARDS REQUIREMENTS

- 1. The AdSS shall develop and maintain a Provider Network that is sufficient to provide all covered services to Members eligible for the Division.
- 2. Unless otherwise noted, the AdSS shall assess its Network against its entire membership for the purposes of complying with Network Standards.

3. If established Network Standards cannot be met, the AdSS shall provide an explanation in the Network Development and Management Plan (NDMP).

B. STATEWIDE TIME AND DISTANCE NETWORK STANDARDS

1. For each county in the AdSS’ assigned service area, the AdSS shall have a Provider Network in place to meet the time and distance standards specified in this policy.
2. If the AdSS delegates Network activities, the AdSS shall ensure subcontractor compliance with applicable Network Standards.
3. For the purposes of this policy, the AdSS shall have a Provider Network in place for each county in the AdSS’s assigned service area to meet the time and distance standards for the following Provider types and specialties specified in the table below:

PROVIDER CATEGORY	REQUIRED PROVIDER/SPECIALTY TYPE(S)
Behavioral Health Outpatient and Integrated Clinic, Adult and Pediatric	77 or IC
Behavioral Health Residential Facility (BHRF)	B8
Cardiologist, Adult	08 or 31 with a Specialty Code of

	062 or 927
Cardiologist, Pediatric	08 or 31 with a Specialty Code of 062, 151, or 927
Crisis Stabilization Facility	02, 71, B5, B6, B7, or 77 and ICs that are authorized to provide behavioral health observation/stabilization in accordance with A.A.C. 9-10-1012.
Dentist, Pediatric	07 with a Specialty Code of 800 or 804, C2 Federally Qualified Health Centers (FQHCs) identified by AHCCCS
Hospitals	02 or C4
Nursing Facilities	22
Obstetrician/Gynecologist (OB/GYN)	08, 19, 31, or CN with a Specialty Code of 089, 090, 091, 095, 181, or 219
Pharmacy	03 or 05
Primary Care Provider (PCP), Adult	08 or 31 with a Specialty Code of 050, 055, 060, 089, or 091 or
	19 or CN with a Specialty Code of 084, 095, or 097 or
	18 with a Specialty Code of 798
Primary Care Provider (PCP), Pediatrics	08 or 31 with a Specialty Code of 050, 150, or 176

	or
	19, CN with a Specialty Code of 084, 087, or 097 or
	18 with a Specialty Code of 798

4. The AdSS shall use the table below to calculate compliance with time and distance standards for the following Provider categories, the lines of business that calculate compliance for that Provider type, and the Member population used in the calculation, and the time or distance standards for Maricopa, Pima, and all other counties.

PROVIDER CATEGORY	APPLIES TO	MEMBER POPULATION	COUNTY	STANDARD (90% of membership does not need to travel more than)
Behavioral Health Outpatient and Integrated Clinic, Adult*	All Except CHP	18 years or older	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their

				residence
Behavioral Health Outpatient and Integrated Clinic, Pediatric*	All*	under 18 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their residence
Behavioral Health Residential Facility (BHRF)	All	All	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	95 minutes or 85 miles from their residence
Cardiologist, Adult*	All except CHP	21 years or older	Maricopa, Pima	30 minutes or 20 miles from their residence
			All Others	75 minutes or 60 miles from their residence
Cardiologist, Pediatric*	All	Under 21 years	Maricopa, Pima	60 minutes or 45 miles from their residence
			All Others	110 minutes or 100 miles

				from their residence
Crisis Stabilization Facility	ACC-RBHA Only	All	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	45 miles from their residence
Dentist, Pediatric	All	Under 21 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence
Hospitals	All	All	Maricopa, Pima	45 minutes or 30 miles from their residence
			All Others	95 minutes or 85 miles from their residence
Nursing Facilities	ALTCS E/PD Only	Living in "Own Home"	Maricopa, Pima	45 minutes or 30 miles from their residence
			All Others	95 minutes

				or 85 miles from their residence
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Obstetrician /Gynecologist (OB/GYN)	All	15 to 45 years old	Maricopa, Pima	45 minutes or 30 miles from their residence
			All Others	90 minutes or 75 miles from their residence
Pharmacy	All	All	Maricopa, Pima	12 minutes or 8 miles from their residence
			All Others	40 minutes or 30 miles from their residence
Primary Care Provider (PCP), Adult*	All Except CHP	21 years or older	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence

Primary Care Provider (PCP), Pediatrics*	All	Under 21 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence

5. The AdSS shall ensure Provider types marked with an asterisk are:
 - a. Eligible for a telehealth standard modification; and
 - b. Require 80 percent of a county’s membership to meet time and distance standards in any county where telehealth services are available for the Provider category.

6. Multi-Specialty Interdisciplinary Clinic (MSIC) Network Standards
 - a. The AdSS shall contract with all MSICs in the assigned Geographic Service Area (GSAs);
 - b. Any MSICs which have provided services to the AdSS’s Members; and
 - c. The AdSS shall identify all contracted MSICs in Attachment A, including any MSIC Providers it has contracted with as

an alternative delivery model submitted under the AdSS contract, Network Development paragraph and the AdSS Contract Chart of Deliverables, along with the AHCCCS approval date.

7. If the AdSS delegates any portion of the process for calculating time and distance in the policy to a subcontracted entity, such as a dental benefits or pharmacy benefits manager, the AdSS shall ensure the entity complies with the definitions and calculation requirements specified in this policy.

C. NETWORK STANDARD REQUEST FOR EXCEPTION PROCESS

1. When the AdSS has exhausted its efforts to meet any Network Standard specified in this policy, the AdSS shall submit a request for an exception to the Network Standards to the Division.
2. The AdSS shall include the following required elements when submitting the request to the Division for an exception to the Network Standards as specified in the AdSS contract:
 - a. The county or counties covered under the exception request;

- b. The Provider types covered under the exception request;
- c. A geospatial analysis showing the current Member access to the Provider types and counties covered under the exception request;
- d. An explanation describing why the AdSS cannot meet the established Network Standard requirements;
- e. An explanation of the efforts to contract with non-contracted providers that may bring the AdSS into compliance with the Network Standard, including a discussion of the appropriateness of the rates offered to non-contracted Providers;
- f. The AdSS's proposal for monitoring and ensuring Member access to services offered by Provider types under the exception request; and
- g. The AdSS's plan for periodic review to identify when conditions in the exception area have changed, and the exception is no longer needed.

- h. Any additional information requested by the Division pertaining to the Network Standards exception request.

D. NETWORK OVERSIGHT REQUIREMENTS

- 1. Minimum Network Standards Reporting Requirements
 - a. The AdSS shall, in accordance with the AdSS contract specifications, submit to the Division a completed Attachment A to report compliance with the applicable Network Standards in this policy.
 - b. The AdSS shall submit a separate report for the Division's line of business for each county in the assigned service area.
 - c. For purposes of calculating and reporting Network Standards data, the AdSS shall:
 - i. Use its enrollment and its Network as of the last day of the reporting period (March 31 and September 30);
 - ii. Omit non-Title XIX/XXI membership in time and distance calculations;

- iii. Report the percentages in Attachment A, 'Time and Distance' tab rounded to the nearest tenth of a percent;
 - iv. Report 'N/R' (None Reported) for each time and distance standard, instead of a percentage, where there are no Members meeting the population criteria in the county;
 - v. Report in Attachment A, 'Time and Distance' tab, whether or not telehealth services are available in each county reported for each Provider type eligible for a telehealth standard modification by the AdSS, by adding a 'Y' or 'N' in the "Telehealth Available (Y/N)" row underneath the Provider type; and
 - vi. Consider in its dental Network any contracted FQHC identified annually by AHCCCS as providing dental services.
- d. The AdSS shall analyze compliance with the minimum Network Standards based upon the Provider Network

reported through the Contractor Provider Affiliation

Transmission (PAT) and the Gap in Services Log. With the submission of Attachment A, the AdSS shall include a summary including, at a minimum, the following:

- i. The AdSS strategies and efforts to address any areas of non-compliances;
 - ii. A summary of exceptions granted to the Network Standards specified in this policy; and
 - iii. The results of the AdSS's monitoring of Member access to the services governed under the exception.
- e. As specified in the AdSS contract with the Division, the AdSS shall submit a completed Attachment A with a summary analysis of any areas of non-compliance with Network Standards specified in this policy, including strategies and efforts to address areas of non-compliance.

2. Network Plan Requirements

- a. The AdSS shall take steps to ensure Network Standards are maintained.

- i. If established Network Standards cannot be met, the AdSS shall identify gaps and address short and long-term interventions in the Network Development and Management Plan (NDMP) as specified in AdSS Operations Policy 415.
 - ii. When an exception has been granted, the AdSS shall address the sufficiency of Member access to the area, and assess the continued need for the exception.
- b. The AdSS shall report the Network gaps to the Division and short and long-term interventions to address the gaps in its NDMP as specified in AdSS Operations Policy 415.

Minnie Williams

Signature of Managed Care Program Administrator

Minnie Williams

Name

2025-07-21

Date