

510 PRIMARY CARE PROVIDERS

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

This policy applies to the Division's Administrative Services Subcontractors (AdSS).

Definitions

- A. Medication Assisted Treatment (MAT) - The use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders and can help some people to sustain recovery.
- B. Primary Care Provider (PCP) - An individual who meets the requirements of A.R.S. § 36-2901 and who is responsible for the management of the member's health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.

Primary Care Provider Role and Responsibilities

The primary responsibilities of Primary Care Provider (PCP) include, but are not be limited to:

- A. Providing initial and primary care services to assigned members
- B. Initiating, supervising, and coordinating referrals for specialty care and inpatient services, and maintaining continuity of member care
- C. Maintaining the member's medical record.

Provision of Initial and Primary Care Services

The PCP is responsible for rendering, or ensuring the provision of, covered preventive and primary care services to the member. These services include, at a minimum:

- A. Treatment of routine illness
- B. Maternity services if applicable
- C. Immunizations
- D. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under age 21
- E. Adult health screening services
- F. Medically necessary treatments for conditions identified in an EPSDT or adult health screening

- G. Each member eligible for EPSDT must receive health screening/examination services as specified in Chapter 400 of this Policy Manual.

Behavioral Health Medications Prescribed by the PCP for the Treatment of Anxiety, Depression, Attention Deficit Hyperactivity Disorder (ADHD) and Opioid Use Disorder (OUD)

The Division and its AdSS shall provide coverage for medically necessary, cost-effective, and federally and state reimbursable behavioral health medications prescribed by a PCP when used to treat anxiety, depression (including postpartum depression), ADHD, and/or OUD, this includes the monitoring and adjustments of behavioral health medications. For OUD the PCP must refer the member to a behavioral health provider for the psychological and/or behavioral therapy component of the MAT model and coordinate care with the behavioral health provider.

Primary Care Provider Care Coordination Responsibilities

PCPs, in their care coordination role, serve as the referral agent for specialty and referral treatments and services provided to the members eligible for the Division who are assigned to them, and they attempt to ensure coordinated quality care that is efficient and cost effective. Coordination responsibilities include, but are not limited to:

- A. Referring members to providers or hospitals within the AdSS's network, as appropriate, and if necessary, referring members to out-of-network specialty providers
- B. Coordinating with the AdSS in prior authorization procedures for members
- C. Conducting follow-up (including maintaining records of services provided) for referral services that are rendered to their assigned members by other providers, specialty providers, and/or hospitals
- D. Coordinating the medical care of members assigned to them, including at a minimum:
 - 1. Oversight of drug regimens to prevent negative interactive effects
 - 2. Follow-up for all emergency services
 - 3. Coordination of inpatient care
 - 4. Coordination of services provided on a referral basis
 - 5. Assurance that care rendered by specialty providers is appropriate and consistent with each member's health care needs.

Maintenance of the Members Medical Record

Refer to Division Medical Policy Manual, Policy 940, Medical Records and Communication of Clinical Information, for information regarding the maintenance of the member's medical record.

Primary Care Provider Assignment and Appointment Standards

The AdSS must:

- Make provisions to ensure that newly enrolled members are assigned to a PCP and notified after the assignment within 12 calendar days of the enrollment notification.
- Ensure that PCPs under contract with them register with the AHCCCS Administration as an approved service provider and receive an AHCCCS provider ID number.

AHCCCS allows licensed providers from several medical disciplines to qualify as PCPs. These medical disciplines include physicians and certified nurse practitioners in the specialty areas of general practice, family practice, pediatrics, internal medicine, and obstetrics and gynecology. In addition, physician assistants under physician supervision may serve as PCPs. There may be circumstances when the specialist is the PCP (e.g., a member is designated with special health care needs).

AdSS are required to keep a current file of member PCP assignments. Each AdSS must maintain accurate tracking of PCP assignments in order to facilitate continuity of care, control use, and obtain encounter data.

The AdSS must allow the member freedom of choice of the PCPs available within its network. If the member does not select a PCP, the member will be automatically assigned to a PCP by the AdSS. The AdSS must ensure that their network of PCPs is sufficient to provide members with available and accessible service within the following time frames specified in the AdSS Operations Manual, Policy 417.

The AdSS must develop procedures to ensure that newly enrolled pregnant members are assigned to a PCP who provides obstetrical care or are referred to an obstetrician, in accordance with Division Medical Policy Manual, Policy 410 Maternity Care Services. Women may elect to use a specialist in obstetrics and/or gynecology for well woman services.

Physician Extender Visits in a Nursing Facility

Initial and any or all subsequent visits to a Division-enrolled member in a Nursing Facility (NF) or Skilled Nursing Facility (SNF), made by a physician extender, are covered services when all of the following criteria are met:

- A. The physician extender is working in collaboration with a physician.
- B. The physician extender is not an employee of the facility.
- C. The source of payment for the NF/SNF stay is Medicaid.

For the purposes of this policy, the Division defines “physician extenders” as nurse practitioners and physician assistants working within the scope of their practice.

Medical Resident Visits Under Specific Circumstances

Residents providing service without the presence of a teaching physician must have completed more than six months (post graduate) of an approved residency program. Medical residents may provide low-level evaluation and management services to members in designated settings without the presence of the teaching physician.

Referrals and Appointment for Specialty Care

The AdSS must have adequate referral procedures in place in order to ensure appropriate availability and monitoring of health care services. Referral procedures must include:

- A. Use of an AdSS-specific referral form
- B. Definition of who is responsible for writing referrals, authorizing referrals, and adjudicating disputes regarding approval of a referral (referral to either a contracting or non-contracting provider)
- C. Specifications addressing the timely availability of specialty referral appointments as specified in AdSS Operations Manual, Policy 417:
 1. Specifications and procedures for linking specialty and other referrals to the financial management system; such as through the prior authorization process.

Refer to Division Medical Policy Manual, Policy 420, Family Planning, for family planning services information.