

1 **510 PRIMARY CARE PROVIDERS**  
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3 REVISION DATE: XX/XX/XXXX, 9/6/2023  
4 EFFECTIVE DATE: May 13, 2016  
5 REFERENCES: AMPM 510  
6  
7

8 **PURPOSE**  
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10 This policy outlines the requirements applicable to the Division of  
11 Developmental Disabilities (Division) regarding Primary Care Providers  
12 participating in Arizona Health Care Cost Containment System (AHCCCS)  
13 programs.

14 **DEFINITIONS**  
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- 16  
17 1. "Business Days" means 8:00 a.m. to 5:00 p.m., Monday through  
18 Friday, excluding holidays listed in A.R.S. §1-301. means  
19 Monday, Tuesday, Wednesday, Thursday, or Friday unless a  
20 legal holiday falls on Monday, Tuesday, Wednesday, Thursday,  
21 or Friday.  
22 2. "Early and Periodic Screening, Diagnostic and Treatment" or  
23 "EPSDT" means a comprehensive child health program of  
24 prevention, treatment, correction, and improvement of physical

- 25 and behavioral health conditions for Members under the age of  
26 21. EPSDT services include:
- 27 a. Screening services,
  - 28 b. Vision services,
  - 29 c. Dental services,
  - 30 d. Hearing services, and
  - 31 e. All other medically necessary mandatory and optional  
32 services listed in Federal Law 42 U.S.C. 1396d(a) to  
33 correct or ameliorate defects and physical and mental  
34 illnesses and conditions identified in an EPSDT screening  
35 whether or not the services are covered under the AHCCCS  
36 State Plan. Limitations and exclusions, other than the  
37 requirement for medical necessity and cost effectiveness,  
38 do not apply to EPSDT services.
- 39 3. "Member" means the same as "Client" as defined in A.R.S. § 36-  
40 551.
- 41 4. "Non-Contracting Provider" means an individual or entity that  
42 provides services as prescribed in A.R.S. § 36-2901 who does  
43 not have a subcontract with an AHCCCS Contractor.

- 44 5. “Primary Care Provider” or “PCP” means a person who is  
45 responsible for the management of the member’s health care. A  
46 PCP may be a: an individual who meets the requirements of  
47 A.R.S. § 36-2901 and who is responsible for the management of  
48 the Member’s health care. A PCP may be a physician defined as a  
49 person licensed as an allopathic or osteopathic physician  
50 according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a  
51 practitioner defined as a physician assistant licensed under  
52 A.R.S. Title 32, Chapter 25, or a certified nurse practitioner  
53 licensed under A.R.S. Title 32, Chapter 15. The PCP must be an  
54 individual, not a group or association of persons, such as a clinic.
- 55 a. Person licensed as an allopathic or osteopathic physician,  
56 b. Practitioner defined as a licensed physician assistant, or  
57 5.c. Certified nurse practitioner.
- 58 6. “Provider” means any individual or entity that is engaged in the  
59 delivery of services, or ordering or referring for those services,  
60 and is legally authorized to do so by the State in which it delivers  
61 the services, as specified in 42 CFR 457.10 and 42 CFR 438.2.

- 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**

68  
69 **A. PRIMARY CARE PROVIDER AND RESPONSIBILITIES**

70  
71 The Division shall ~~ensure~~monitor that PCPs are:

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

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

- 80 1. The Division shall ~~require~~monitor that the PCPs to provide~~are~~  
81 ~~providing~~ the following covered preventive and primary care  
82 services to Members:

- 83 a. Health screenings,  
84 b. Routine illness,  
85 c. Maternity services if applicable,  
86 d. Immunizations, and  
87 e. EPSDT services.
- 88 2. The Division shall ~~ensure~~monitor that all Members under the age  
89 of 21 receive health screening and services~~;~~ to correct or  
90 ameliorate defects or physical and behavioral illnesses or  
91 conditions identified in an EPSDT screening~~;~~ as specified in  
92 ~~AHCCCS Medical Policy Manual (AMPM)~~ Policy 430.
- 93 3. The Division shall ~~ensure~~monitor that Members 21 years of age  
94 and over receive health screening and medically necessary  
95 treatment as specified in AMPM Chapter 300.

96 **C. BEHAVIORAL HEALTH SERVICES PROVIDED BY THE PRIMARY**  
97 **CARE PROVIDER**

- 98 1. The Division shall cover medically necessary, cost-effective,  
99 ~~f~~Federal and ~~s~~State reimbursable behavioral health services  
100 provided by a PCP within their scope of practice ~~including~~  
101 ~~monitoring and adjustments of behavioral medications.~~

102 2. The Division shall ~~require ensure that PCPs obtain~~ prior  
103 authorization ~~is obtained~~ for antipsychotic class of medications if  
104 required, to include monitoring and adjusting behavioral health  
105 medication as specified in AMPM 310-V.

106 2.3. The Division shall require PCPs to coordinate and collaborate  
107 with behavioral health providers.

108 **D. PRIMARY ~~CARE PROVIDER~~ CARE COORDINATION**  
109 **RESPONSIBILITIES**

110 ~~1.~~ The Division shall require PCPs in their care coordination role, ~~;~~

111 ~~a.~~ ~~S~~serve as a referral agent for specialty and referral treatment, ~~,~~  
112 and services for physical or behavioral health services as needed  
113 for Members.; ~~and~~

114 ~~b.1.~~ ~~E~~nsure ~~coordinated quality care that is efficient and cost~~  
115 ~~effective.~~

116 2. The Division shall require ~~the following~~ PCPs to meet the  
117 following coordination responsibilities ~~are met~~:

- 118 a. Referring Members to Providers or hospitals within the  
119 AdSS network or AHCCCS registered Providers for Tribal  
120 Health Program (THP) Members;

- 121 b. Referring Members to Non-Contracting specialty Providers  
122 and non-contracting community benefit organizations, if  
123 necessary;
- 124 c. Coordinating services with the Division with the following  
125 entities for THP Members:
- 126 i. AHCCCS Division of Fee-For-Service Management  
127 (DFSM) for care coordination for physical and  
128 behavioral health prior authorizations; and
- 129 ii. THP Members enrolled with the Tribal Regional  
130 Behavioral Health Authority (TRBHA) for behavioral  
131 health; and
- 132 iii. American Indian Medical Home (AIMH) for  
133 coordination of physical and behavioral health  
134 services for American Indian Health Program (AIHP)  
135 ~~Members~~ Members enrolled with an AIMH, to include  
136 coordination with TRBHAs when applicable.
- 137 d. Coordinating when applicable with a Member's:
- 138 i. AdSS care manager, including maternity;
- 139 ii. Provider case manager;

- 140                   iii.       Division Support Coordinator;
- 141                   iv.       Division Behavioral Health Complex Care Team;
- 142                   v.       Behavioral Health Provider; and
- 143                   vi.       Division Nurses.
- 144           e.       Conducting or coordinating follow-up for referral services
- 145                   that are rendered to their assigned Members by:
- 146                   i.       Other Providers,
- 147                   ii.       Specialty Providers, or
- 148                   iii.       Hospitals.
- 149           f.       Coordinating the following ~~medical physical and behavioral~~
- 150                   ~~health~~ care of Members ~~assigned to them~~:
- 151                   i.       Oversight of medication regimens to minimize side
- 152                   effects or drug interactions;
- 153                   ii.       Follow-up for all emergency services;
- 154                   iii.       Coordination of discharge planning post inpatient
- 155                   admission;
- 156                   iv.       Home visits if medically necessary;
- 157                   v.       Member education;
- 158                   vi.       Preventative health services;



- 159 vii. Screening and referral for health-related social  
160 needs;
- 161 iv-viii. Coordination of the following services ~~provided on a~~  
162 ~~referral basis including:~~
- 163 a) Specialty Providers<sup>L7</sup>
  - 164 b) Laboratory and Diagnostic Testing<sup>L7</sup>
  - 165 c) Behavioral health services<sup>L7</sup>
  - 166 d) Dental services<sup>L7</sup>
  - 167 e) Therapies including:
    - 168 1) Occupational,
    - 169 2) Physical, and
    - 170 3) Speech language pathology.
  - 171 f) Durable Medical Equipment<sup>L7</sup>
  - 172 g) Home health<sup>L7</sup>
  - 173 h) Palliative care<sup>L7</sup> and
  - 174 i) Hospice care.
- 175 v-ix. Oversight that care rendered by specialty Providers  
176 is appropriate and consistent with each Member's  
177 health care needs, and

178 vi-x. Maintaining records of services provided by physical  
179 and behavioral health specialty Providers or  
180 hospitals.

181 g. Coordinating care for behavioral health medication  
182 management to include:

183 i. Require and ensure coordination of referral to the  
184 behavioral health Provider when a PCP has initiated  
185 medication management services for a Member to  
186 treat a behavioral health disorder, and it is  
187 subsequently determined by the PCP that the  
188 Member should be referred to a behavioral health  
189 Provider for evaluation or continued medication  
190 management.

191 ii. Policies and procedures that address the following:

192 a) Guidelines for PCP initiation and coordination of  
193 a referral to a behavioral health Provider for  
194 medication management;

195 b) Guidelines for transfer of a Member with a  
196 Serious Mental Illness (SMI) or Serious

- 197 Emotional Disturbance (SED) designation for  
198 ongoing treatment coordination, as applicable;
- 199 c) Protocols for notifying entities of the Member's  
200 transfer, including:
- 201 1) Reason for transfer,  
202 2) Diagnostic information, and  
203 3) Medication history.
- 204 d) Protocols and guidelines for the transfer or  
205 sharing of medical records information and  
206 protocols for responding to requests for  
207 additional medical record information;
- 208 e) Protocols for transition of prescription services,  
209 including:
- 210 1) Notification to the appropriate Providers  
211 of the Member's current medications and  
212 timeframes for dispensing and refilling  
213 medications during the transition period,  
214 2) Ensuring that the Member does not run  
215 out of prescribed medication prior to the

216 first appointment with the behavioral  
217 health Provider, allowing for at least a  
218 minimum of 90 days transition between  
219 Providers,  
220 3) Forwarding all medical information,  
221 including the reason for transfer to the  
222 behavioral health Provider prior to the  
223 Member's first scheduled appointment.  
224 f) AdSS monitoring activities to ensure that  
225 Members are appropriately transitioned for  
226 care and receive the services they are referred  
227 for.

228 ~~**E. MAINTENANCE OF THE MEMBERS MEDICAL RECORDS**~~

229 ~~1. The Division shall refer to AMPM Policy 940 for information~~  
230 ~~regarding the maintenance of Member's medical records.~~

231 ~~2. The Division shall require behavioral health history and~~  
232 ~~information are received from the following, even if the Provider~~  
233 ~~has not yet seen the assigned Member:~~

234 ~~a. An AHCCCS Contractor,~~

235 ~~b. TRBHA, or~~

236 ~~c. Other Providers involved with the Member's behavioral~~  
237 ~~health care.~~

- 238 3. ~~The Division shall require information to be kept in an~~  
239 ~~appropriately labeled file but shall be associated with the~~  
240 ~~Member's medical record as soon as one is established.~~

241 **E. PRIMARY CARE PROVIDER ASSIGNMENT AND APPOINTMENT**  
242 **STANDARDS**

243 1. The Division shall require the AdSS to assign newly enrolled  
244 Members to a PCP, and

245 ~~1.2.~~ The Division shall require the AdSS to notify Members ~~are~~  
246 ~~notified~~ within 12 Business Days of the enrollment notification.

247 ~~2.3.~~ The Division shall require that AHCCCS-registered contracted  
248 PCPs ~~to be registered with the AHCCCS Administration as an~~  
249 ~~approved service Provider and~~ receive an AHCCCS Provider ID  
250 number.

251 ~~3.4.~~ The Division shall require the AdSS maintain a current file of  
252 Member PCP assignments to facilitate continuity of care, control  
253 utilization, and obtain encounter data.

254 4.5. The Division shall require the AdSS to make PCP assignment  
255 rosters and clinical information regarding Member's health and  
256 medications, including behavioral health providers, available to  
257 the assigned PCP Providers within 10 Business Days of a  
258 Provider's request as specified in ACOM Policy 416.

259 6. The Division shall allow Members to choose PCPs available within  
260 the AdSS network.

261 5.7. The Division shall require the AdSS to automatically assign the  
262 Member to a PCP if the Member does not select one. If the  
263 Member does not select a PCP, the Member shall automatically  
264 be assigned to a PCP by the AdSS.

265 6.8. The Division shall allow Members to choose an AHCCCS  
266 registered PCP if the Member is enrolled with THP.

267 7.9. The Division shall monitor that PCPs provide Members with  
268 available and accessible services within the time frames specified  
269 in ACOM Policy 417.

270 8.10. The Division shall require that the AdSS provide information to  
271 the Member on how to contact the Member's assigned PCP.

272 9-11. The Division shall ~~require that ensure~~ the AdSS assigns pregnant  
273 Members to a qualified physician and are receiving appropriate  
274 care as specified in AMPM Policy 410.

275 10-12. The Division shall require the AdSS assigns Members ~~who~~  
276 ~~are age 12 and younger and who have complex medical~~  
277 ~~conditions to board certified pediatricians, with complex medical~~  
278 ~~conditions, who are age 12 and younger, to board certified~~  
279 ~~pediatricians.~~

280 11-13. The Division shall require ~~that~~ the AdSS ~~to~~ assigns  
281 Members to Providers participating in value-based purchasing  
282 initiatives who have demonstrated high value services or  
283 improved outcomes.

284 **G.F. REFERRALS AND APPOINTMENT STANDARDS FOR SPECIALITY**  
285 **CARE**

286 The Division shall ~~require ensure that the AdSS~~ appropriate availability  
287 and monitoring of health care services and if required, referrals are in  
288 place.

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

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

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

297 **I.H. AdSS MONITORING AND OVERSIGHT**

- 298 1. The Division shall meet with the AdSS at least quarterly to:
  - 299 a. Provide ongoing evaluation including data analysis and  
300 recommendations to refine processes; and
  - 301 b. Identify successful interventions and care pathways to  
302 optimize results.
- 303 2. The Division shall perform an Operational Review of the AdSS on  
304 an annual basis that includes review of compliance.

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307 Signature of Chief Medical Officer:  
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