

## **436 NETWORK STANDARDS**

REVISION DATES: 3/27/2024, 4/26/2023, 10/1/2019, 1/16/2019

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EFFECTIVE DATE: May 13, 2016

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

### **PURPOSE**

This policy applies to the Division's Network staff. This policy outlines Division Network Standards and the oversight and monitoring of Network Standards.

### **DEFINITIONS**

1. "Adult Developmental Home" or "ADH" means an Alternative Home and Community Based Service (HCBS) Setting for adults (18 or older) with Developmental Disabilities (DD) which is licensed by the Department of Economic Security (DES) to provide room, board, supervision and coordination of habilitation and treatment for up to three residents as specified in A.R.S § 36-551.

2. "Assisted Living Center" or "ALC" means an assisted living facility that provides resident rooms or residential units to eleven or more residents as specified in A.R.S. § 36-401.
3. "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.
4. "Assisted Living Home" or "ALH" means an ALTCS approved alternative home and community based services (HCBS) setting that provides room and board, and supervision, and coordination of necessary services to 10 or fewer residents.
5. "Attachment A" means, for the purpose of this policy, the ACOM Policy 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.
6. "Behavioral Health Outpatient and Integrated Clinic, Adult" 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 age 18 and above

7. "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.
8. "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.
9. "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.

10. "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.
11. "Dentist, Pediatric" means a medical professional regulated by the State Board of Dental Examiners and operating under 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 Developmentally Disabled (DD) Group Homes and Assisted Living Facilities.
13. "Electronic Visit Verification" or "EVV" means a computer-based system that electronically verifies the occurrence of authorized service visits by electronically documenting the precise time a service delivery visit begins and ends, the individuals receiving and providing a service, and type of service performed.
14. "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.

15. "Group Home" means a community residential setting for not more than six individuals with intellectual/developmental disabilities, that provides room and board and daily rehabilitation and other assessed medically necessary services and supports to meet the needs of each individual as specified in A.R.S. § 36-551.
16. "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.
17. "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. Refer to A.A.C. R9-10-101 et seq. and A.R.S. § 36-401-437.
18. "Member" means the same as "client" as defined in A.R.S. § 36-551.
19. "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.
20. "Network" means physicians, health care Providers, suppliers and hospitals that contract with an AdSS to give care to Members.
21. "Network Standards" means, as defined in ACOM 436, the requirements the Division and AdSS must meet and monitor to

ensure that all covered services are available and accessible to Members.

22. "Nursing Facility" means, as defined in 42 § U.S.C. 1936r(a):

- a. An institution or a distinct part of an institution that:
  - i. Is primarily engaged in providing to residents:
    - a) Skilled nursing care and related services for residents who require medical or nursing care;
    - b) Rehabilitation services for the rehabilitation of injured, disabled, or sick individuals; or
    - c) 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.
  - ii. Is not primarily for the care and treatment of mental diseases; and
  - iii. 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.

- b. Any facility that is located in a State on an Indian reservation and is certified by the Secretary as meeting the requirements of a Nursing Facility outlined in this section.
23. "Obstetrician/Gynecologist" or "OB/GYN" means a healthcare practitioner responsible for the management of female reproductive health, pregnancy and childbirth needs or who possess special knowledge, skills and professional capability in the medical and surgical care of the female reproductive system and associated disorders.
24. "Pharmacy" means a facility regulated by the State Board of Pharmacy and operating under A.R.S. § 32-1901.
25. "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.
- 26. “Primary Care Physician (PCP), Pediatric” means a doctor or healthcare practitioner who is responsible for the management of the health care of Members who are under 21 years of age.
- 27. “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.
- 28. “Provider Affiliation Transmission” or “PAT” means a data file that provides details of the Providers within the AdSS’s Network and is used to measure compliance with Network adequacy requirements.

## **POLICY**

- A.** The Division shall monitor and oversee the AdSS for the minimum Network Standards.
- B.** The Division shall have a Network of Providers in place to meet the minimum Network Standards..

**C.** The Division shall assess its Network against its entire membership for the purposes of complying with Network Standards, unless otherwise noted.

**D. STATEWIDE NETWORK DEFINITIONS AND STANDARDS**

1. The Division shall maintain a sufficient Network of Providers to meet the service needs of its Members based upon the minimum Network requirements specified in Attachment A and as specified in the DES/DDD contract with AHCCCS.
2. If the Division delegates Network activities, the Division shall ensure subcontractor compliance with applicable Network Standards.
3. The Division shall document a sufficient Network to meet the service needs of its Members based upon the minimum Network requirements delineated in Attachment A.
4. The Division shall use the table below for defining its Network of Assisted Living Center (ALC), Assisted Living Home (ALH), and DD Group Home Providers to measure compliance with Network Standards:

Provider Category	Applies to	Required Provider Type	Member Population	Standard
Assisted Living Centers (ALC)	ALTCS E/PD and DES/DDD only	49	All	See Attachment A, ALTCS County Tables
Assisted Living Home (ALH)	ALTCS E/PD and DES/DDD only	36	All	See Attachment A, ALTCS County Tables
Group Home for persons with	DES/DDD only	25	All	See Attachment A, ALTCS County

Developmental Disabilities				Tables
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5. The Division shall have contracts with a minimum number of DD Group Homes as specified in Attachment A, ALTCS County tables.
6. The Division shall have contracts with a minimum number of ALC and ALH Providers as specified in Attachment A.
7. The Division shall utilize the Attachment A tab that details the minimum Network requirements in each county to report the following minimum Network requirements:
  - a. Minimum contracts within a specific city or group of cities;
  - b. Contracts within specified distances to specific cities;
  - c. Minimum contracts within a county; and
  - d. Contracts in locations outside of a county's boundary, if applicable.
8. The Division shall allow Members to access services in the most geographically convenient location possible and to prevent

Members from traveling much greater distances to obtain care, but at the same time accommodate Network availability in each county.

**E. COUNTY AND DISTRICT DEFINITIONS**

1. The Division shall establish and measure minimum Network Standards for DD Group Homes, ALCs, and ALHs in Maricopa and Pima Counties by utilizing the table of AHCCCS county and District definitions below:
  - a. Maricopa County

<b>MARICOPA DISTRICT</b>	<b>DESCRIPTION</b>	<b>ZIP CODES</b>
DISTRICT 1	Phoenix	85022, 85023, 85024, 85027, 85029, 85032, 85054, 85050, 85053, 85085, 85086, 85087, 85254, 85324, 85331
DISTRICT 2	Carefree, Cave Creek, Fountain	85250, 85251, 85255, 85256, 85257, 85258,

	Hills and Scottsdale	85259, 85260, 85262, 85263, 85264, 85268
DISTRICT 3	Phoenix	85012, 85013, 85014, 85015, 85016, 85017, 85018, 85019, 85020, 85021, 85028, 85051, 85253
DISTRICT 4	Phoenix	85003, 85004, 85006, 85007, 85008, 85009, 85025, 85034, 85040, 85041, 85042, 85044, 85045, 85048
DISTRICT 5	Buckeye, Goodyear, Phoenix, Tolleson and Gila Bend	85031, 85033, 85035, 85037, 85043, 85322, 85323, 85326, 85338, 85339, 85353, 85337
DISTRICT 6	Glendale	85301, 85302, 85303,

		85304, 85305, 85306, 85308, 85310
DISTRICT 7	El Mirage, Peoria, Sun City, Sun City West, Surprise and Wickenburg	85275, 85307, 85309, 85335, 85340, 85342, 85345, 85351, 85355, 85361, 85363, 85373, 85374, 85375, 85379, 85381, 85382, 85383, 85387, 85388, 85390, 85395, 85396
DISTRICT 8	Mesa, Tempe	85120, 85201, 85202, 85203, 85204, 85205, 85206, 85207, 85208, 85209, 85210, 85212, 85213, 85215, 85218, 85219, 85220, 85256, 85281, 85282

DISTRICT 9	Chandler, Tempe, Gilbert, Queen Creek and Sun Lakes	85140, 85142, 85143, 85222, 85224, 85225, 85226, 85233, 85234, 85242, 85243, 85248, 85249, 85283, 85284, 85296, 85297
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b. Pima County

PIMA DISTRICT	DESCRIPTION	ZIP CODES
DISTRICT 1	Northwest	85321, 85653, 85658, 85701, 85704, 85705, 85737, 85739, 85741, 85742, 85743, 85745, 85755
DISTRICT 2	Northeast	85619, 85702, 85712, 85715, 85716, 85718, 85719, 85749, 85750
DISTRICT 3	Southwest	85601, 85614, 85622,



		85629, 85713, 85714, 85723, 85724, 85735, 85736, 85746, 85757
DISTRICT 4	Southeast	85641, 85706, 85708, 85710, 85711, 85730, 85747, 85748

2. The Division shall calculate compliance with minimum Network Standards specified in ACOM 436.

**F. NETWORK STANDARD EXCEPTION REQUESTS**

1. When the Division has exhausted its efforts to meet any Network Standard specified in this policy, the Division shall request an exception to the Network Standards from AHCCCS as specified in ACOM Policy 436 and the DES/DDD contract that includes the following required elements:
  - 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 Division cannot meet the established Network Standard requirements;
  - e. An explanation of the efforts to contract with non-contracted Providers who could bring the Division into compliance with the Network Standard, including a discussion of the appropriateness of the rates offered to non-contracted Providers;
  - f. The Division's proposal for monitoring and ensuring Member access to services offered by Provider types under the exception request; and
  - g. The Division's plan for periodic review to identify when conditions in the exception area have changed, and the exception is no longer needed.
2. The Division, when all efforts to meet Network Standards have been exhausted, shall submit an exception to the Network Standards using the following criteria:

- a. The total number of Providers in the same specialty practicing in the county;
- b. The geographic composition of the county;
- c. Provider willingness to enter into a contract;
- d. Consideration of the rates offered to non-contracted Providers to bring the Division into compliance with the standard;
- e. The availability of Indian Health Services 638 (IHS/638) contract facilities available to the American Indian population in the county;
- f. The availability of alternative service delivery mechanisms available, such as telemedicine, Telehealth, or virtual or mobile services; and
- g. The Division's proposal for monitoring and ensuring Member access.

## **SUPPLEMENTAL INFORMATION**

### **A. MONITORING AND OVERSIGHT OF AdSS NETWORK STANDARDS**

1. The Division shall monitor the AdSS to ensure the AdSS has a Network in place for each county in the AdSS's assigned service

area to meet the time and distance standards 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, 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

2. The Division shall monitor for subcontractor compliance with applicable Network Standards if the AdSS delegates Network activities.
3. The Division shall refer to the table below for monitoring AdSS compliance with the following time and distance standards:

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	All*	under 18 years	Maricopa, Pima	15 minutes or 10 miles from their

and Integrated Clinic, Pediatric*				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	(Report in Network Plan, Refer to ACOM Policy 415- Attachment B)
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 40 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

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

4. When monitoring the AdSS for compliance with Network Standards, the Division 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 these time and distance standards in any county where telehealth services are available for the Provider category.

5. The Division shall monitor Network Standards of AdSS contracts with Multi-Specialty Interdisciplinary Clinics (MSICs) in the assigned Geographic Service Area (GSA) in the state, as well as any MSICs which have provided services to the AdSS's Members.

**B. NETWORK STANDARD REQUESTS FOR EXCEPTIONS FROM THE AdSS**

1. The Division shall review Network Standard exception requests submitted by the AdSS and make a determination based on the following criteria:
  - a. The total number of Providers in the same specialty practicing in the county;
  - b. The geographic composition of the county;
  - c. Provider willingness to enter into a contract;
  - d. Consideration of the rates offered to non-contracted Providers to bring the AdSS into compliance with the standard;
  - e. The availability of Indian Health Services 638 contract (IHS/638) facilities available to the American Indian population in the county;

- f. The availability of alternative service delivery mechanisms available, such as telemedicine, Telehealth, or virtual or mobile services; and
    - g. The AdSS's proposal for monitoring and ensuring Member access.
- 2. Minimum Network Standards Reporting Requirements
  - a. The AdSS shall submit a completed Attachment A reporting its compliance with the applicable standards in this policy. Attachment A shall be submitted as specified in the contract. The AdSS shall report compliance with these requirements for each county in its assigned service area. A separate report shall be submitted for each line of business. For purposes of calculating and reporting this data:
    - i. The AdSS shall use its enrollment and its Network as of the last day of the reporting period (March 31 and September 30);

- ii. The AdSS shall report the percentages in Attachment A, 'Time and Distance' tab rounded to the nearest tenth of a percent; and
  - iii. The AdSS shall 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.;
  - iv. The AdSS shall report in Attachment A, "Time and Distance" tab, whether or not telehealth services are available in each county reported for each pProvider type eligible for a telehealth standard modification by the AdSS. This is identified by adding a 'Y' or 'N' in the "Telehealth Available (Y/N)" row underneath the Provider type; and
  - v. The AdSS shall consider in its dental Network any contracted FQHC identified annually by AHCCCS as providing dental services.
- b. The AdSS shall analyze compliance with Network Standards based upon the Provider Network reported



through the Contractor Provider Affiliation Transmission (PAT) and available Electronic Visit Verification (EVV) data as required in AdSS Medical Policy 542. 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 pPolicy; and
  - iii. The results of the AdSS's monitoring of Member access to the services governed under the exception.
- c. As specified in the contract, the AdSS shall submit a completed Attachment A including 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.
3. Network Plan Requirements
- a. The AdSS shall take steps to ensure Network Standards are maintained. If established Network Standards cannot

be met, the AdSS shall identify these gaps and address short- and long-term interventions in the Network Development and Management Plan (NDMP) as outlined in AdSS Operations Policy 415. 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 to the Division its Network gaps and short- and long-term interventions to address the gaps, in its NDMP as specified in AdSS Operations Policy 415.