

510 PRIMARY CARE PROVIDERS

REVISION DATE: 11/6/2024, 4/10/2024, 9/6/2023

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EFFECTIVE DATE: May 13, 2016

REFERENCES: AMPM 510

PURPOSE

This policy outlines the requirements applicable to the Division of Developmental Disabilities (Division) regarding Primary Care Providers participating in Arizona Health Care Cost Containment System (AHCCCS) programs.

DEFINITIONS

1. "Business Days" means 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays listed in A.R.S. §1-301.
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. EPSDT services include:
 - a. Screening services,

- b. Vision services,
 - c. Dental services,
 - d. Hearing services, and
 - e. All other medically necessary mandatory and optional services listed in Federal Law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.
3. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
4. "Non-Contracting Provider" means an individual or entity that provides services as prescribed in A.R.S. § 36-2901 who does not have a subcontract with an AHCCCS Contractor.
5. "Primary Care Provider" or "PCP" means a person who is responsible for the management of the member's health care. 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.
6. "Provider" means any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State in which it delivers the services, as specified in 42 CFR 457.10 and 42 CFR 438.2.
7. "Resident Physician" means doctors who have graduated from medical school and are completing their residency in a specialty.
8. "Teaching Physician" means a physician other than another Resident Physician who involves residents in the care of his or her patients.

POLICY

A. PRIMARY CARE PROVIDER AND RESPONSIBILITIES

The Division shall require that PCPs are:

- a. Providing initial and primary care services to assigned Members;
- b. Initiating, supervising, and coordinating referrals for specialty care and inpatient services;

- c. Maintaining continuity of Member care; and
- d. Maintaining the Member's medical record as specified in AHCCCS Medical Policy Manual (AMPM) 940.

B. PROVISION OF INITIAL AND PRIMARY CARE SERVICES

1. The Division shall require PCPs to provide the following covered preventive and primary care services to Members:
 - a. Health screenings,
 - b. Routine illness,
 - c. Maternity services if applicable,
 - d. Immunizations, and
 - e. EPSDT services.
2. The Division shall require that all Members under the age of 21 receive health screening and services to correct or ameliorate defects or physical and behavioral illnesses or conditions identified in an EPSDT screening as specified in AMPM Policy 430.
3. The Division shall require that Members 21 years of age and over receive health screening and medically necessary treatment as specified in AMPM Chapter 300.

C. BEHAVIORAL HEALTH SERVICES PROVIDED BY THE PRIMARY CARE PROVIDER

1. The Division shall cover medically necessary, cost-effective, Federal and State reimbursable behavioral health services provided by a PCP within their scope of practice.
2. The Division shall require that PCPs obtain prior authorization for antipsychotic class of medications if required, to include monitoring and adjusting behavioral health medication as specified in AMPM 310-V.
3. The Division shall require PCPs to coordinate and collaborate with behavioral health providers.

D. PRIMARY CARE COORDINATION RESPONSIBILITIES

1. The Division shall require PCPs in their care coordination role, serve as a referral agent for specialty and referral treatment, and services for physical or behavioral health services as needed for Members.
2. The Division shall require PCPs to meet the following coordination responsibilities:

- a. Referring Members to Providers or hospitals within the AdSS network or AHCCCS registered Providers for Tribal Health Program (THP) Members;
- b. Referring Members to Non-Contracting specialty Providers and non-contracting community benefit organizations if necessary;
- c. Coordinating services with the Division with the following entities for THP Members:
 - i. AHCCCS Division of Fee-For-Service Management (DFSM) for care coordination for physical and behavioral health prior authorizations; and
 - ii. THP Members enrolled with the Tribal Regional Behavioral Health Authority (TRBHA) for behavioral health; and
 - iii. American Indian Medical Home (AIMH) for coordination of physical and behavioral health services for American Indian Health Program (AIHP) Members enrolled with an AIMH, to include coordination with TRBHAs when applicable.

- d. Coordinating when applicable with a Member's:
 - i. AdSS care manager, including maternity;
 - ii. Provider case manager;
 - iii. Division Support Coordinator;
 - iv. Division Behavioral Health Complex Care Team;
 - v. Behavioral Health Provider; and
 - vi. Division Nurses.
- e. Conducting or coordinating follow-up for referral services that are rendered to their assigned Members by:
 - i. Other Providers,
 - ii. Specialty Providers, or
 - iii. Hospitals.
- f. Coordinating the following medical care of Members:
 - i. Oversight of medication regimens to minimize side effects or drug interactions;
 - ii. Follow-up for all emergency services;
 - iii. Coordination of discharge planning post inpatient admission;
 - iv. Home visits if medically necessary;

- v. Member education;
- vi. Preventative health services;
- vii. Screening and referral for health-related social needs;
- viii. Coordination of the following services:
 - a) Specialty Providers;
 - b) Laboratory and Diagnostic Testing;
 - c) Behavioral health services;
 - d) Dental services;
 - e) Therapies including:
 - 1) Occupational,
 - 2) Physical, and
 - 3) Speech language pathology.
 - f) Durable Medical Equipment;
 - g) Home health;
 - h) Palliative care; and
 - i) Hospice care.

- ix. Oversight that care rendered by specialty Providers is appropriate and consistent with each Member's health care needs, and
- x. Maintaining records of services provided by physical and behavioral health specialty Providers or hospitals.
- g. Coordinating care for behavioral health medication management to include:
 - i. Require and ensure coordination of referral to the behavioral health Provider when a PCP has initiated medication management services for a Member to treat a behavioral health disorder, and it is subsequently determined by the PCP that the Member should be referred to a behavioral health Provider for evaluation or continued medication management.
 - ii. Policies and procedures that address the following:

- a) Guidelines for PCP initiation and coordination of a referral to a behavioral health Provider for medication management;
- b) Guidelines for transfer of a Member with a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) designation for ongoing treatment coordination, as applicable;
- c) Protocols for notifying entities of the Member's transfer, including:
 - 1) Reason for transfer,
 - 2) Diagnostic information, and
 - 3) Medication history.
- d) Protocols and guidelines for the transfer or sharing of medical records information and protocols for responding to requests for additional medical record information;
- e) Protocols for transition of prescription services, including:

- 1) Notification to the appropriate Providers of the Member's current medications and timeframes for dispensing and refilling medications during the transition period,
 - 2) Ensuring that the Member does not run out of prescribed medication prior to the first appointment with the behavioral health Provider, allowing for at least a minimum of 90 days transition between Providers,
 - 3) Forwarding all medical information, including the reason for transfer to the behavioral health Provider prior to the Member's first scheduled appointment.
- f) AdSS monitoring activities to ensure that Members are appropriately transitioned for care and receive the services they are referred for.

E. PRIMARY CARE PROVIDER ASSIGNMENT AND APPOINTMENT STANDARDS

1. The Division shall require the AdSS to assign newly enrolled Members to a PCP.
2. The Division shall require the AdSS to notify Members within 12 Business Days of the enrollment notification.
3. The Division shall require that AHCCCS-registered contracted PCPs receive an AHCCCS Provider ID number.
4. The Division shall require the AdSS maintain a current file of Member PCP assignments to facilitate continuity of care, control utilization, and obtain encounter data.
5. The Division shall require the AdSS to make PCP assignment rosters and clinical information regarding Member's health and medications, including behavioral health providers, available to the assigned PCP within 10 Business Days of a Provider's request as specified in ACOM Policy 416.
6. The Division shall allow Members to choose PCPs available within the AdSS network.

7. The Division shall require the AdSS to automatically assign the Member to a PCP if the Member does not select one.
8. The Division shall allow Members to choose an AHCCCS registered PCP if the Member is enrolled with THP.
9. The Division shall monitor that PCPs provide Members with available and accessible services within the time frames specified in ACOM Policy 417.
10. The Division shall require that the AdSS provide information to the Member on how to contact the Member's assigned PCP.
11. The Division shall require that the AdSS assigns pregnant Members to a qualified physician and are receiving appropriate care as specified in AMPM Policy 410.
12. The Division shall require the AdSS assigns Members who are age 12 and younger and who have complex medical conditions to board certified pediatricians.
13. The Division shall require the AdSS to assign Members to Providers participating in value-based purchasing initiatives who have demonstrated high value services or improved outcomes.

F. REFERRALS AND APPOINTMENT STANDARDS FOR SPECIALITY CARE

The Division shall require that the AdSS oversee appropriate availability and monitoring of health care services and if required, referrals are in place.

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

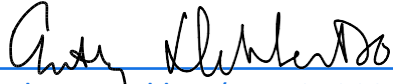
The Division shall cover initial and any subsequent visits to a Member in a nursing facility made by a PA or NP when all of the following criteria are met:

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

H. AdSS MONITORING AND OVERSIGHT

1. The Division shall meet with the AdSS at least quarterly to:
 - a. Provide ongoing evaluation including data analysis and recommendations to refine processes; and
 - b. Identify successful interventions and care pathways to optimize results.

2. The Division shall perform an Operational Review of the AdSS on an annual basis that includes review of compliance.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Nov 3, 2024 16:11 MST\)](#)
Anthony Dekker, D.O.