

436 NETWORK STANDARDS

REVISION DATES: 10/01/19, 1/16/19

EFFECTIVE DATE: May 13, 2016

REFERENCES: A.R.S. § 32-1201, 36-401-437, 36-551; A.A.C. R9-8, R9-10, R9-33; 42 CFR 438.206(b)(1); AHCCCS ACOM 436 and 415.

This policy applies to the Division of Developmental Disabilities' (Division) oversight of its network of providers.

It is the Division's policy to develop and maintain a provider network that is sufficient to provide all covered services under the AHCCCS Arizona Long Term Care System (ALTCS) to its eligible members, 42 CFR 438.206(b)(1). The Division monitors network standards compliance, including network standards delegated to the Administrative Services Subcontractors. Performance is analyzed quarterly. Any identified gaps are addressed, including short- and long-term interventions, in the Division's Annual Network Development and Management Plan when established network standards cannot be met.

Definitions

- A. Adult Developmental Home (ADH) – A Division approved alternative home and community based setting that provides room and board, supervision and coordination of necessary services for adults with developmental disabilities within a family-type environment for at least one and no more than four adult residents who are ALTCS members. The Division provides Adult Developmental Homes in lieu of Adult Foster Care Homes. Vendors providing licensing support and oversight of ADH providers are registered as PT 39 and each provider is licensed by the DES, Office of Licensing, Certification and Registration per A.A.C. R6-6-1001 and A.A.C. R6-6-1101.
- B. Assisted Living Center (ALC) – An ALTCS approved alternative home and community based setting that provides supervision and coordination of necessary services to 11 or more residents (as defined in A.R.S. § 36-401). An ALC is a facility using AHCCCS provider type 49 "Assisted Living Center".
- C. Assisted Living Facility (ALF) – A residential care institution that provides supervisory care services, personal care services or directed care services on a continuing basis. All ALTCS-approved residential settings in this category must meet ADHS licensing criteria as defined in A.A.C. R9-10-8. Of these facilities, ALTCS has approved three as covered settings. Three types of ALFs are relevant to this policy, ALC, Assisted Living Homes and AFC Homes.
- D. Assisted Living Home (ALH) – An ALTCS approved alternative home and community based setting that provides supervision and coordination of necessary services to 10 or fewer residents. An ALH uses the AHCCCS provider type 36 "Assisted Living Home."

The time and distance for these providers is measured using the Division's population of members under 18 years of age.

- E. Behavioral Health Outpatient and Integrated Clinic, Adult – A class of healthcare

institution without inpatient beds that provides physical health services and/or behavioral health services for the diagnosis and treatment of patients. For the purposes of this policy, a Behavioral Health Outpatient and Integrated Clinic is defined as a facility operating using AHCCCS provider type 77 "Behavioral Health Outpatient Clinic" and IC "Integrated Clinic".

The time and distance for these Behavior Health providers are measured using the Division's population of members 18 years of age or older.

- F. Behavioral Health Outpatient and Integrated Clinic, Pediatric – A class of healthcare institution without inpatient beds that provides physical health services and/or behavioral health services for the diagnosis and treatment of patients. For the purposes of this policy, a Behavioral Health Outpatient and Integrated Clinic is defined as a facility operating using AHCCCS provider type 77 "Behavioral Health Outpatient Clinic" and IC "Integrated Clinic".

The time and distance for these Behavior Health providers are measured using the Division's population of members under 18 years of age.

- G. Behavioral Health Residential Facility – A healthcare institution that provides treatment to an individual experiencing a behavioral health issue, as defined in A.A.C. R9-10-101. A behavioral health residential facility provides a structured treatment setting with 24-hour supervision and counseling or other therapeutic activities for persons with behavioral health needs. For the purpose of this policy, a behavioral health residential facility is defined as a facility operating using AHCCCS provider type B8 "Behavioral Health Residential Facility".

- H. Cardiologist – A medical doctor who specializes in the diagnosis and treatment of diseases of the heart and blood vessels or the vascular system. An adult Cardiovascular Specialist uses AHCCCS provider types 08 "Physician" or 31 "Osteopath" and with the specialty codes 62 "Cardiovascular Medicine" or 927 "Cardiologist."

The time and distance for these providers is measured using the Division's population of members 21 years of age or older.

- I. Cardiologist, Pediatric – A medical doctor who specializes in the study or treatment of heart diseases and heart abnormalities. A Pediatric Cardiologist uses AHCCCS provider types 08 "Physician" or 31 "Osteopath" and with the specialty codes 062 "Cardiovascular Medicine", 151 "Pediatric Cardiologist" or 927 "Cardiologist."

The time and distance for these providers is measured using the Division's population of members under 21 years of age.

- J. Dentist, Pediatric – A medical professional regulated by the State Board of Dental Examiners and operating under A.R.S. §32-1201. A dentist uses AHCCCS provider type 07 "Dentist" with the specialty codes of 800 "Dentist General" or 804 "Dentist Pediatric."

The time and distance for these providers is measured using the Division's

population of members under 21 years of age.

- K. District – A Service District is a section of Maricopa or Pima County defined by ZIP Code for purposes of establishing and measuring minimum network standards for Developmental Disabilities (DD) Group Homes and Assisted Living Facilities. (See County and District Definitions below.)
- L. Group Home for Persons with Developmental Disabilities – A residential setting for not more than six persons with developmental disabilities, regulated by the Arizona Department of Economic Security. Refer to A.A.C. R9-33-101 et seq. and A.R.S. § 36-551. A DD Group Home uses AHCCCS provider type 25 “Group Home (Developmentally Disabled).”
- M. Hospital – 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. For purposes of measuring network sufficiency, a hospital uses AHCCCS provider types 02 “Hospital” or C4 “Specialty Pier Diem Hospital.”
- N. In Home Care Services – Home and Community Based “Critical Services” under ACOM Policy 413. These are Attendant Care, Personal Care, Homemaking, and Respite Care.
- O. Multi-Specialty Interdisciplinary Clinic (MSIC) – An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.
- P. Nursing Facility – A healthcare institution that provides inpatient beds or resident beds and nursing services to persons who need continuous nursing services but who do not require hospital care or direct daily care from a physician. A Nursing Facility is a healthcare institution using AHCCCS provider type 22 “Nursing Home.”

The time and distance for these providers is measured using the Division’s population of members currently residing in their own home.

- Q. Obstetrician/Gynecologist (OB/GYN) – 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. An OB/GYN uses the following AHCCCS provider types:
 - 1. Provider type 08 “Physician”, 19 “Registered Nurse Practitioner” or 31 “Osteopath” and with at least one of the specialty codes:
 - a. 089 – Obstetrician/ Gynecologist
 - b. 090 – Gynecologist
 - c. 091 – Obstetrician
 - d. 095 – Women’s HC/OB-GYN NP

- e. 181 – Surgery-Obstetrical
- f. 219 – Surgery-Gynecological

The time and distance for these providers is measured using the Division's population of female members between 15 and 45 years of age.

- R. Own Home – An ALTCS member's residential dwelling, including a house, a mobile home, an apartment, or similar shelter. A home is not a facility, a setting, an institution or an ALTCS HCBS approved alternative residential setting.
- S. Pharmacy – A facility regulated by the State Board of Pharmacy and operating under A.R.S. §32-1901. A Pharmacy uses AHCCCS provider type 03 "Pharmacy."
- T. Primary Care Physician (PCP), Adult – A healthcare practitioner responsible for the management of a member's health care. An Adult PCP is a provider using the following AHCCCS provider types:
 - 1. Provider types 08 "Physician" and 31 "Osteopath" with the specialty codes:
 - 050 - Family Practice,
 - 055 - General Practice,
 - 060 - Internal Medicine,
 - 089 - Obstetrician and Gynecologist, or,
 - 091 - Obstetrician.
 - 2. Provider type 19 "Registered Nurse Practitioner" with the specialty codes:
 - a. 084 - RN Family Nurse Practitioner,
 - b. 095 - Women's HC/OB-GYN NP, or
 - c. 097 - RN Adult Nurse Practitioner.
 - 3. Provider type 18 "Physician Assistant" with the specialty code 798 Physician's Assistant.

The time and distance for these providers is measured using the Division's population of members 21 years of age or older.

- U. Primary Care Physician (PCP), Pediatric – A healthcare practitioner responsible for the management of a member's pediatric health care needs. A Pediatric PCP uses the following AHCCCS provider types:
 - 1. Provider types 08 "Physician" or 31 "Osteopath" and with at least one of the specialty codes:
 - a. 050 - Family Practice,

- b. 150 - Pediatrician, or
 - c. 176 - Adolescent Medicine.
2. Provider type 19 "Registered Nurse Practitioner" with at least one of the specialty codes:
- a. 084 - RN Family Nurse Practitioner,
 - b. 87 - RN Pediatric Nurse Practitioner, or,
 - c. 097 - RN Adult Nurse Practitioner.
3. Provider type 18 "Physician Assistant" with the specialty code 798 Physician's Assistant.

The time and distance for these providers is measured using the Division's population of members under 21 years of age.

- V. Provider Affiliation Transmission (PAT) File – A data file which provides details of the providers within the Division's network and is used to measure compliance with this policy.

County and District Definitions

Split ZIP Codes occur in some counties. Split ZIP Codes are those which straddle two counties. Enrollment for members residing in these zip codes is based on the county and to which the entire zip code has been assigned by AHCCCS. The Division is responsible for ensuring that all members residing in the ZIP Code are fully able to access care. Split ZIP Codes are assigned as follows:

ZIP CODE	SPLIT BETWEEN THESE COUNTIES	COUNTY ASSIGNED TO
85140	Pinal and Maricopa	Maricopa
85120	Pinal and Maricopa	Maricopa
85142	Pinal and Maricopa	Maricopa
85342	Yavapai and Maricopa	Maricopa
85390	Yavapai and Maricopa	Maricopa
85643	Graham and Cochise	Cochise
85645	Pima and Santa Cruz	Santa Cruz
85943	Apache and Navajo	Navajo
86336	Coconino and Yavapai	Yavapai
86351	Coconino and Yavapai	Coconino

86434	Mohave and Yavapai	Mohave
86340	Coconino and Yavapai	Yavapai
85143	Pinal and Maricopa	Maricopa

The following ZIP Codes have been reassigned outside of their originally assigned counties:

ZIP CODE	ORIGINAL COUNTY ASSIGNED	COUNTY RE-ASSIGNMENT 10/1/15
85192	Gila and Pinal	Graham
85542	Gila and Pinal	Graham
85550	Gila and Pinal	Graham

Maricopa and Pima Counties are further subdivided into districts. Below is the definition of these districts:

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

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

Statewide Time and Distance Network Standards

For each county in the assigned service area, the Division monitors its AdSSs to ensure there is a network in place to meet time and distance standards outlined below:

- A. Behavioral Health Outpatient and Integrated Clinic, Adult
 - 1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence,
 - 2. All Other Counties – 90% of membership does not need to travel more than 60 miles from their residence.

The time and distance for these providers is measured using the Division's population of members 18 years of age or older.

B. Behavioral Health Outpatient and Integrated Clinic

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence,
2. All Other Counties – 90% of membership does not need to ravel more than 60 miles from their residence.

The time and distance for these providers is measured using the Division's population of members under 18 years of age.

C. Behavioral Health Residential Facility

1. Maricopa, Pima - 90% of membership does not need to travel more than 30 minutes or 10 miles from their residence,
2. All Other Counties – The Division shall report the time and distance that 90% of their membership must travel from the member's original residence to reach a contracted Behavioral Health Residential Facility.

D. Cardiologist, Adult

1. Maricopa, Pima - 90% of membership does not need to travel more than 30 minutes or 20 miles from their residence.
2. All Other Counties – 90% of membership does not need to travel more than 75 minutes or 60 miles from their residence.

The time and distance for these providers is measured using the Division's population of members 21 years of age or older.

E. Cardiologist, Pediatric

1. Maricopa, Pima - 90% of membership does not need to travel more than 60 minutes or 45 miles from their residence.
2. All Other Counties – 90% of membership does not need to travel more than 110 minutes or 100 miles from their residence.

The time and distance for these providers is measured using the Division's population of members under 21 years of age.

F. Dentist, Pediatric

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence.
2. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.

The time and distance for these providers is measured using the Division's population of members under 21 years of age.

G. Hospital

1. Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence.
2. All Other Counties – 90% of membership does not need to travel more than 95 minutes or 85 miles from their residence.

H. OB/GYN

1. Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence.
2. All Other Counties – 90% of membership does not need to travel more than 90 minutes or 75 miles from their residence.

The time and distance for these providers is measured using the Division's population of female members 15 to 45 years old.

I. Pharmacy

1. Maricopa, Pima - 90% of membership does not need to travel more than 12 minutes or 8 miles from their residence.
2. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.

J. PCP, Adult

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence.
2. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.

The time and distance for these providers is measured using the Division's population of members 21 years of age or older.

K. PCP, Pediatric

1. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence.
2. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.

The time and distance for these providers is measured using the Division's population of members under 21 years of age.

Other Statewide Network Standards

In addition to the time and distance standards outlined above, the Division shall document a sufficient network to meet the service needs of its members based upon the minimum network requirements delineated in ACOM 436 Attachment A (Herein after referred to as Attachment A).

- A. DD Group Home, Assisted Living Center and Assisted Living Home Standards
 - 1. The Division shall have contracts with a minimum number of ALC, AFC and ALH providers as identified in Attachment A. The Division contracts with a minimum number of DD Group Homes as identified in Attachment A.
 - 2. Attachment A includes a tab detailing the minimum network requirements for DDD Contractors. Network requirements include minimum contracts within a specific city or group of cities, contracts within specified distances to specific cities, or minimum contracts within a county. In certain instances, locations outside of a county's boundary have been identified. This is to allow members to access services in the most geographically convenient location possible and to prevent members from traveling much greater distances to obtain care, and at the same time accommodate network availability in each county.
- B. Statewide In Home Care Network Standards
 - 1. In order to comply with Home Care network standards for critical in home care services, i.e., Attendant Care, Personal Care, Homemaking, and Respite Care, the Division shall ensure that the total gap hours represent no more than 0.05% of critical services scheduled in a given month as reported in its monthly Gap in Services Log. (See ACOM Policy 413)
- C. Multi-Specialty Interdisciplinary Clinic (MSIC) Network Standards
 - 1. The Administrative Services Subcontractor (AdSS) is expected to contract with all MSICs in the state, as well as any MSICs which have provided services to the AdSS' members.

The AdSS must identify all contracted MSICS in Attachment A, including any multispecialty interdisciplinary care providers it has contracted with and the AHCCCS approval date.

In the event the AdSS and an MSIC fail to negotiate a contract, the AdSS must continue to allow members to utilize the MSIC. In the absence of a contract, the AdSS shall reimburse the MSIC at the AHCCCS MSIC fee schedule.

- D. Mobile Crisis Team Requirements are delegated to the Division's administrative services subcontracted health plans.
 - 1. Health Plans that serve Maricopa County shall require mobile crisis teams to respond on site within an average of 60 minutes of receipt of the call.
 - 2. Health Plans that serve all other areas of the state shall require mobile crisis teams to respond on site within an average of 90 minutes of receipt of the

call.

3. Health Plans will report in Attachment A the minimum, maximum, mean and median response times in their area for each of the months in the reporting quarter.

Network Oversight Requirements

A. Minimum Network Standards Reporting Requirements

1. The Division shall submit a completed Attachment A to AHCCCS reporting its compliance with time and distance standards, as applicable. The Division 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.
2. The Division must analyze compliance with these standards based upon:
 - a. AdSSs through Provider Affiliation Transmission (PAT) File; and
 - b. Contracted Qualified Vendor provider network reported through the Division's Provider Affiliation Transmission (PAT) and the Gap in Services Log.
 - c. With the submission of Attachment A, the Division shall include a summary, at a minimum, of the following:
 - i. Strategies and efforts to address any areas of non-compliance;
 - ii. A summary of exceptions granted to the network standards, as outlined in ACOM 436, and the results of monitoring member access to the services governed under the exception;
 - iii. Any areas of non-compliance by its subcontracted health plans with network standards outlined in this policy, including strategies and efforts to address areas of non-compliance.
 - d. An assessment of the Subcontracted Health Plans' Mobile Crisis Team compliance with the response time requirements, addressing any patterns, trends or corrective action taken.

B. Network Planning Requirements

1. The Division shall take steps to ensure these network standards are maintained. If established network standards cannot be met, the Division will identify these gaps and address short- and long-term interventions in the Network Development and Management Plan as outlined in ACOM Policy 415. When an exception has been granted, the Division will address the sufficiency of member access to the area and assess the continued need for the exception.
2. The Division and its subcontracted health plans shall review their networks for

compliance with this policy. The Division shall report to AHCCCS its subcontracted health plans' network gaps, and short- and long-term interventions to address the gaps, in its annual Network Development and Management Plan as outlined in ACOM Policy 415.