

436 – NETWORK STANDARDS

EFFECTIVE DATES: 10/01/13, 01/01/14, 10/01/15, 07/01/16, 10/01/17, 10/01/18¹

REVISION DATES: 10/01/13, 12/19/13, 09/17/15, 03/17/16, 11/01/16, 03/30/17, 11/02/17²

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC)³, ALTCS/EPD, ~~CRS, DCS/CMDP (CMDP)~~⁵, DES/DDD (DDD), and RBHA Contractors. The Contractor shall develop and maintain a provider network that is sufficient to provide all covered services to AHCCCS members (42 CFR 438.206(b)(1)). This Policy establishes Contractor network standards for all Contractors. ~~If established network standards cannot be met, it must be explained in the Network Development and Management Plan. See ACOM Policy 415~~⁶.

Under A.R.S. §8-512 (D), members enrolled with DCS/CMDP can receive care from any AHCCCS-registered provider. As a result, DCS/CMDP is exempted from the reporting requirements outlined in this policy. DCS/CMDP has developed a ‘Preferred Provider Network’ that it recommends to members who do not have a chosen provider, DCS/CMDP shall consider these standards outlined in this policy when evaluating the Preferred Provider is nNetwork.⁷

II. DEFINITIONS**ADULT FOSTER CARE (AFC) HOME**

An ALTCS approved alternative home and community based setting that provides room and board, supervision and coordination of necessary adult foster care services within a family type environment for at least one and no more than four adult residents who are ALTCS members. For the purposes of this policy, an AFC is ~~measured~~ defined⁸ as a facility licensed to operate using the AHCCCS provider type 50 “Adult Foster Care”.

¹ Date changes are effective

² Date published to RFP Bidders’ Library

³ Changed to reflect new LOB

⁴ Deleted to reflect no separate CRS contract.

⁵ Removed, to address CMDP’s open network issue outlined below

⁶ Moved to under Network Oversight

⁷ Added to address CRS/CMDP’s open network, which makes measuring them irrelevant

⁸ Globally, changing measured to defined.

**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). For the purposes of this policy, an ALC is ~~measured~~⁹defined as a facility licensed to operate using the AHCCCS provider type 49 “Assisted Living Center”.

**ASSISTED LIVING
FACILITY (ALF)**

An Assisted Living Facility (ALF) is 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 are required to meet ADHS licensing criteria as defined in 9 A.A.C. 10, Article 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.

**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. For the purposes of this policy, an ALH is defined as a facility licensed to operate using the AHCCCS provider type 36 “Assisted Living Home”.

~~For the purposes of this policy, an ALH is measured as a facility licensed to operate using the AHCCCS provider type 36 “Assisted Living Home”.~~

⁹ Changing measured to defined

**BEHAVIORAL HEALTH
COUNSELOR, ADULT¹⁰**

A behavioral health professional or behavioral health technician who provides interactive therapy designed to elicit or clarify presenting and historical information, identify behavioral health problems or conflicts, and provide support, education or understanding for the person, group or family to resolve or manage the current problem or conflict and prevent, resolve or manage similar future problems or conflicts. For the purposes of this Policy, a Behavioral Health Counselor, Adult is defined as a provider licensed to operate with the AHCCCS provider types: 11 “Psychologist”, A4 “Licensed Independent Substance Abuse Counselor”, 85 “Licensed Clinical Social Worker”, 86 “Licensed Marriage & Family Therapist”, 87 “Licensed Professional Counselor”, or BC “Board Certified Behavioral Analyst.

The time and distance for these providers is measured using the Contractor’s population of members aged 18 years or older.

**BEHAVIORAL HEALTH
COUNSELOR,
PEDIATRIC¹¹**

A behavioral health professional or behavioral health technician who provides interactive therapy designed to elicit or clarify presenting and historical information, identify behavioral health problems or conflicts, and provide support, education or understanding for the person, group or family to resolve or manage the current problem or conflict and prevent, resolve or manage similar future problems or conflicts. For the purposes of this Policy, a Pediatric Behavioral Health Counselor is defined as a provider licensed to operate with the AHCCCS provider types 11 “Psychologist”, A4 “Licensed Independent Substance Abuse Counselor”, 85 “Licensed Clinical Social Worker”, 86 “Licensed Marriage & Family Therapist”, 87 “Licensed Professional Counselor”, or BC “Board Certified Behavioral Analyst.

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

¹⁰ Added to reflect new standard

¹¹ Added to reflect new standard

**BEHAVIORAL HEALTH
OUTPATIENT AND
INTEGRATED CLINIC¹²**

A class of health care institution without inpatient beds that provides physical health services 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 facility licensed to operate using the AHCCCS provider types 77 “Mental Health Outpatient Clinic” and IC “Integrated Clinic”.

**BEHAVIORAL HEALTH
RESIDENTIAL FACILITY**

A health care institution that provides treatment to an individual experiencing a behavioral health issue, as defined in 9 A.A.C. 710¹³, Article 7. A behavioral health residential facility provides a structured treatment setting with 24 hour supervision and counseling or other therapeutic activities for persons with behavioral needs. For the purposes of this policy, a behavioral health residential facility is ~~measured~~ defined¹⁴ as a facility licensed to operate using the AHCCCS provider type B8 “Behavioral Health Residential Facility”.

CARDIOLOGIST, ADULT

A medical doctor who specializes in the diagnosis and treatment of diseases of the heart and blood vessels or the vascular system. For the purposes of this Policy, an adult Cardiovascular Specialist is defined as a provider licensed to operate with the AHCCCS provider types 08 “Physician”, or 31 “Osteopath”, and with the specialty code 62 “Cardiovascular Medicine”

The time and distance for these providers is measured using the Contractor’s population of members aged 21 years or older.

**CARDIOLOGIST,
PEDIATRIC¹⁵**

A medical doctor who specializes in the study or treatment of heart diseases and heart abnormalities. For the purposes of this Policy, an Pediatric Cardiologist is defined as a provider licensed to operate with the AHCCCS provider types 08 “Physician”, or 31 “Osteopath”, and with the specialty 151 “Pediatric Cardiologist”

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

¹² Moved from below to make it in alphabetical order. No other changes to definition

¹³ Updated to reflect new article cite.

¹⁴ Changed measured to defined.

¹⁵ Added to reflect new standard

**CRISIS STABILIZATION
FACILITY**

An inpatient facility or outpatient treatment center licensed in accordance with 9 A.A.C. 10, that provides crisis intervention services (stabilization). For the purposes of this policy, a Crisis Stabilization Facility is ~~measured~~ defined as a facility licensed to operate using the AHCCCS provider type 02 “Hospital” that has an organized psychiatric unit, 71 “Level I Psychiatric Hospital”, IC “Integrated Clinic”, 77 “Behavioral Health Outpatient Clinic”(24 hours per day, seven days per week access), B5 “Level I Subacute facility” (non-Institute for Mental Disease [IMD]), B6 “Level I Subacute facility” (IMD), and B7 “Crisis Service Provider”.

DENTIST, ADULT

A medical professional regulated by the State Board of Dental Examiners and operating under A.R.S. §32-~~1240~~¹⁶, Articles 2 and 3. For the purposes of this policy, Dentists are defined as a provider licensed to operate using the AHCCCS provider type 07 “Dentist” without the specialty code “804- Dentist- Pediatric”

The time and distance for these providers is measured using the Contractor’s population of members aged 21 years or older. Dentists are measured as a provider licensed to operate using the AHCCCS provider type 07 “Dentist”.

DENTIST, PEDIATRIC

A medical professional regulated by the State Board of Dental Examiners and operating under A.R.S. §32-1201. For the purposes of this policy, Dentists are defined as a provider licensed to operate using the AHCCCS provider type 07 “Dentist” with the specialty code “804- Dentist- Pediatric”

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

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 ~~Hospitals~~, DD Group Homes, ~~Nursing Facilities~~¹⁷ and Assisted Living Facilities. See “County and District Definitions” below.

¹⁶ Revised to reflect new cite suggested by policy reviewer

¹⁷ Deleted these as they now use time and distance rather than district placements

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. Title 9, Chapter 33, Article 1 and A.R.S. §36-551. For the purposes of this policy, a DD Group Home is ~~measured~~defined¹⁸ as a facility licensed to operate using the AHCCCS provider type 25 “Group Home (Developmentally Disabled)”.

HOSPITAL

A class of health care 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. Title 9, Chapter 10, Article 1 and A.R.S. Title 36, Chapter 4, Article 1, 2, and 3. For the purposes of measuring network sufficiency, a hospital is a ~~measured~~defined¹⁹ as a facility licensed to operate using the AHCCCS provider type 02 “Hospital” or C4 “Specialty Pier Diem Hospital.”

IN HOME CARE SERVICES

For the purposes of this Policy, In Home Care Services are defined as Home and Community Based “Critical Services” under ACOM Policy 413. These are Attendant Care, Personal Care, Homemaking, and Respite Care.

MULTI-SPECIALTY INTERDISCIPLINARY CLINIC (MSIC)²⁰

An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.

NURSING FACILITY (NF)

A health care 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. For the purposes of this Policy, a Nursing Facility is ~~measured~~defined²¹ as a health care institution licensed to operate using the AHCCCS provider type 22 “Nursing Home”.

¹⁸ Changing measured to defined

¹⁹ Changing measured to defined

²⁰ Adding definition for clarity

²¹ Changing measured to defined

**BEHAVIORAL HEALTH
OUTPATIENT AND
INTEGRATED CLINIC²²**

~~A class of health care institution without inpatient beds that provides physical health services 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 measured as facility licensed to operate using the AHCCCS provider types 77 “Mental Health Outpatient Clinic” and IC “Integrated Clinic”.~~

**OBSTETRICIAN/
GYNECOLOGIST
(OB/GYN)²³**

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. For the purposes of this Policy, an OB/GYN is defined as a provider licensed to operate using the following AHCCCS provider types:

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

PHARMACY

~~A facility regulated by the State Board of Pharmacy and operating under A.R.S. §32-1901²⁴18, Articles 2 and 3. For the purposes of this policy, a Pharmacy is measured~~ defined²⁵ as a provider licensed to operate using the AHCCCS provider type 03 “Pharmacy”.

²² Moved to above

²³ Added to reflect new standard

²⁴ Updated with new cite suggested by policy reviewer

²⁵ Changing measured to defined

**PRIMARY CARE
PHYSICIAN (PCP),
ADULT²⁶**

A healthcare practitioner responsible for the management of a member's health care. For the purposes of this Policy, an Adult PCP is defined²⁷ as a provider licensed to operate using the following AHCCCS provider types:

1. Provider type 08 "Physician" and 31 "Osteopath", with the specialty codes:
 - a. 050-Family Practice,
 - b. 055-General Practice,
 - c. 060-Internal Medicine,
 - d. 089-Obstetrician and Gynecologist, or
 - e. 091-Obstetrician
2. Provider type 19 "Registered Nurse Practitioner" with the specialty codes:
 - a. 095-Women's HC/OB-GYN NP, or
3. Provider type, 18 "Physician Assistant" with the specialty code:
 - a. 798 – Physician's Assistant.

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

**PRIMARY CARE
PHYSICIAN (PCP),
PEDIATRIC²⁸**

A healthcare practitioner responsible for the management of a member's pediatric health care needs. For the purposes of this Policy, a Pediatric PCP is defined as a provider licensed to operate using the following AHCCCS provider types:

1. Provider type 08 "Physician" or 31 "Osteopath", and with at least one of the specialty codes:
 - a. 050-Family Practice, or
 - b. 150-Pediatrician, or
2. Provider type 19 "Registered Nurse Practitioner" with the at least one of the specialty codes:
 - a. a. 084-RN Family Nurse Practitioner
 - b. 87-RN Pediatric Nurse Practitioner.

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

**PROVIDER AFFILIATION
TRANSMISSION (PAT)
FILE**

A data file which provides details of the providers within the Contractor's network and is used to measure compliance with this policy.

²⁶ Revisions reflect the change from old PCP, to reflect requirements of an adult-specific PCP

²⁷ Changing measured to defined

²⁸ New standard added

PSYCHIATRIST, ADULT²⁹

A medical doctor who specializes in mental health, including substance use disorders. For the purposes of this Policy, an adult Psychiatrist is defined as a provider licensed to operate with the AHCCCS provider types: 08 “Physician”, or 31 “Osteopath”, and with the specialty code 192 “Psychiatrist” or 195 “Psychiatrist and Neurologist”.

The time and distance for these providers is measured using the Contractor’s population of members aged 18 years or older.

**PSYCHIATRIST,
PEDIATRIC**³⁰

A medical doctor who specializes in mental health, including substance use disorders. For the purposes of this Policy, a specialist Psychiatrist serving children is defined as a provider licensed to operate with the AHCCCS provider types 08 “Physician”, or 31 “Osteopath”, and with the specialty code 191 “Pediatric Psychiatrist”, 192 “Psychiatrist”, or 195 “Psychologist and Neurologist”.

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

**PRIMARY CARE
PHYSICIAN (PCP)**

A healthcare practitioner responsible for the management of a member’s health care. For the purposes of this Policy, a PCP is measured as a provider licensed to operate using the following AHCCCS provider types:

Provider type 08 “Physician” and 31 “Osteopath”, with the specialty codes:

- 050 Family Practice,
- 055 General Practice,
- 060 Internal Medicine,
- 089 Obstetrician and Gynecologist,
- 091 Obstetrician or
- 150 Pediatrician.

Provider type 19 “Registered Nurse Practitioner” with the specialty codes:

- 095 Women’s HC/OB-GYN NP,
- 084 RN Family Nurse Practitioner or
- 87 RN Pediatric Nurse Practitioner.

Provider type, 18 “Physician Assistant” with the specialty code:

- 798 Physician’s Assistant.

²⁹ Added to address new standard

³⁰ Added to address new standard

COUNTY AND DISTRICT DEFINITIONS

1. Split zip codes occur in some counties. Split zip codes are those which straddle two different counties. Enrollment for members residing in these zip codes is based upon the county and to which the entire zip code has been assigned by AHCCCS. The Contractor shall be responsible for ensuring that all members residing in the zip code that is assigned to the county in which it is contracted to provide services are fully able to access care. The 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 re-assigned 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

2. For purposes of this Policy, Maricopa and Pima Counties are further subdivided into districts. Below is the definition of these districts:

a. Maricopa County

MARICOPA DISTRICT	DESCRIPTION	ZIP CODES
<i>DISTRICT 1</i>	Phoenix	85022, 85023, 85024, 85027, 85029, 85032, 85054, 85050, 85053, 85085, 85086, 85087, 85254, 85324, 85331
<i>DISTRICT 2</i>	Carefree, Cave Creek, Fountain Hills, Scottsdale	85250, 85251, 85255, 85256, 85257, 85258, 85259, 85260, 85262, 85263, 85264, 85268
<i>DISTRICT 3</i>	Phoenix	85012, 85013, 85014, 85015, 85016, 85017, 85018, 85019, 85020, 85021, 85028, 85051, 85253
<i>DISTRICT 4</i>	Phoenix	85003, 85004, 85006, 85007, 85008, 85009, 85025, 85034, 85040, 85041, 85042, 85044, 85045, 85048
<i>DISTRICT 5</i>	Buckeye, Goodyear, Phoenix, Tolleson and Gila Bend	85031, 85033, 85035, 85037, 85043, 85322, 85323, 85326, 85338, 85339, 85353, 85337
<i>DISTRICT 6</i>	Glendale	85301, 85302, 85303, 85304, 85305, 85306, 85308, 85310
<i>DISTRICT 7</i>	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

MARICOPA DISTRICT	DESCRIPTION	ZIP CODES
<i>DISTRICT 8</i>	Mesa, Tempe	85120, 85201, 85202, 85203, 85204, 85205, 85206, 85207, 85208, 85209, 85210, 85212, 85213, 85215, 85218, 85219, 85220, 85256, 85281, 85282
<i>DISTRICT 9</i>	Chandler, Tempe, Gilbert, Queen Creek, Sun Lakes	85140, 85142, 85143, 85222, 85224, 85225, 85226, 85233, 85234, 85242, 85243, 85248, 85249, 85283, 85284, 85296, 85297

b. Pima County

PIMA DISTRICT	DESCRIPTION	ZIP CODES
<i>DISTRICT 1</i>	Northwest	85321, 85653, 85658, 85701, 85704, 85705, 85737, 85739, 85741, 85742, 85743, 85745, 85755
<i>DISTRICT 2</i>	Northeast	85619, 85702, 85712, 85715, 85716, 85718, 85719, 85749, 85750
<i>DISTRICT 3</i>	Southwest	85601, 85614, 85622, 85629, 85713, 85714, 85723, 85724, 85735, 85736, 85746, 85757
<i>DISTRICT 4</i>	Southeast	85641, 85706, 85708, 85710, 85711, 85730, 85747, 85748

III. POLICY

A. MARICOPA AND PIMA COUNTY NETWORK REQUIREMENTS STATEWIDE TIME AND DISTANCE NETWORK STANDARDS³¹

For each county in the Contractor’s assigned service area, the Contractors shall have a network in place to meet time and distance standards outlined below:

- Behavioral Health Counselor, Adult³²

³¹ Reorganizing the sections –from a ‘Maricopa/Pima’ and ‘Rest of the state’ in separate sections to organize the section by type of standard.

³² Adding new standard

- Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence
- All Other Counties - 90% of membership does not need to travel more than 30 minutes or 20 miles from their residence

2. Behavioral Health Counselor, Pediatric³³

- Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence
- All Other Counties - 90% of membership does not need to travel more than 30 minutes or 20 miles from their residence

3. Behavioral Health Outpatient and Integrated Clinic³⁴

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

4. Behavioral Health Residential Facility³⁵

- Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence
- All Other Counties – See Section III. C “Network Oversight Requirements”

5. Cardiologist, Adult³⁶

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

6. Cardiologist, Pediatric³⁷

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

7. Crisis Stabilization Facility (RBHA Contractors Only)³⁸

- Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence
- All Other Counties – 90% of membership does not need to travel more than 45 miles from their residence

³³ Adding new standard

³⁴ Revising current standard

³⁵ Revising current standard

³⁶ Adding new standard

³⁷ Adding new standard

³⁸ Revising current standard

8. Dentist, Adult³⁹

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

9. Dentist, Pediatric⁴⁰

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

10. Hospital⁴¹

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

11. Nursing Facility (ALTCS Contractors Only)⁴²

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

12. Obstetrician/ Gynecologist⁴³

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

~~Acute Care, CMDP, ALTCS/EPD, CRS, and RBHA Contractors, and Contractors who provide acute care services overseen by DES/DDD must have a network that is able to provide PCP services so that 90% of its membership do not need to travel more than 15 minutes or 10 miles from their residence, unless accessing those services through a Multi Specialty Interdisciplinary Clinic (MSIC).~~

~~If outpatient specialty services (OB, family planning, and pediatrics) are not included in the PCP contract, at least one subcontract is required for each of these specialties within the established time and distance standard. Note: RBHA Contractors only need to apply these standards for those members whose physical health care services are provided by the RBHA.~~

³⁹ Revising existing standard to break out adults and pediatrics

⁴⁰ Revising existing standard to break out adults and pediatrics

⁴¹ Revising existing standard to add time and distance

⁴² Revising existing standard to add time and distance

⁴³ Added new standard

~~2.13.~~ Pharmacy⁴⁴ Services

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

14. PCP, Adult⁴⁵

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

15. PCP, Pediatric⁴⁶

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

16. Psychiatrist, Adult⁴⁷

- Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence
- All Other Counties – 90% of membership does not need to travel more than 75 minutes or 60 miles from their residence

17. Psychiatrist, Pediatric⁴⁸

- Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence
- All Other Counties – 90% of membership does not need to travel more than 75 minutes or 60 miles from their residence

~~⁴⁹Acute Care, CMDP, ALTCS/EPD, CRS, and RBHA Contractors, and Contractors who provide acute care services overseen by DES/DDD must have a network that is able to provide pharmacy services so that 90% of their membership do not need to travel more than 15 minutes or 10 miles from their residence, unless accessing those services through a Multi-Specialty Interdisciplinary Clinic (MSIC).~~

~~3. Dental Services~~

⁴⁴ Revising current standard to add non-Maricopa/Pima time and distance

⁴⁵ Revising existing standard to break out adult and pediatric population

⁴⁶ Revising existing standard to break out adult and pediatric population

⁴⁷ New standard

⁴⁸ New standard

⁴⁹ These deletions are existing standards that are replaced by the new standards

~~Acute Care, CMDP, CRS, and RBHA Contractors, and Contractors who provide acute care services overseen by DES/DDD must have a network that provides dental services so that 90% of their membership does not need to travel more than 15 minutes or 10 miles from their residence. Note: RBHA Contractors only need to apply these standards for those members whose physical health care services are provided by the RBHA~~

~~4. Behavioral Health Outpatient and Integrated Clinic Standards~~

~~RBHA Contractors must have a network that provides access so that 90% of their membership does not need to travel more than 15 minutes or 10 miles from their original residence.~~

~~5. Crisis Stabilization Facility Standards~~

~~RBHA Contractors must have a network that provides crisis stabilization services so that 90% of their membership does not need to travel more than 15 minutes or 10 miles from their original residence.~~

~~6. Hospital Standards~~

~~Acute Care, CMDP, ALTCS/EPD, RBHA and CRS Contractors, and Contractors who provide acute care services overseen by DES/DDD must have contracts with a sufficient number of hospitals in the district groupings outlined below. The requirements identified below are a minimum.~~

~~a. Maricopa County Hospital Requirements⁵⁰~~

MARICOPA DISTRICT	MINIMUM NUMBER OF CONTRACTS REQUIRED
<i>DISTRICT 1</i>	1 in District 1 or 2
<i>DISTRICT 2</i>	

⁵⁰ Also replaced by current time and distance standards

MARICOPA DISTRICT	MINIMUM NUMBER OF CONTRACTS REQUIRED
<i>DISTRICT 3</i>	1 in District 3 or 4
<i>DISTRICT 4</i>	
MARICOPA DISTRICT	MINIMUM NUMBER OF CONTRACTS REQUIRED
<i>DISTRICT 5</i>	1 in District 5, 6 or 7
<i>DISTRICT 6</i>	
<i>DISTRICT 7</i>	

MARICOPA DISTRICT	MINIMUM NUMBER OF CONTRACTS REQUIRED
<i>DISTRICT 8</i>	1 in District 8 or 9
<i>DISTRICT 9</i>	

b. Pima County Hospital Requirements

PIMA DISTRICT	MINIMUM NUMBER OF CONTRACTS REQUIRED
<i>DISTRICT 1</i>	1 in District 1 or 2
<i>DISTRICT 2</i>	
<i>DISTRICT 3</i>	1 in District 3 or 4
<i>DISTRICT 4</i>	

B. OTHER STATEWIDE NETWORK STANDARDS⁵¹

In addition to the time and distance standards outlined above, Contractors must document a sufficient network to meet the service needs of its members based upon the minimum network requirements delineated in Attachment A.

1. DD Group Home, ~~Nursing Facility~~,⁵² Assisted Living Center and Assisted Living Home/Adult Foster Care Home Network Standards

ALTCS/EPD and DDD Contractors shall have contracts with a minimum number of ALC, ALH and AFC providers as identified in Attachment A⁵³. The DDD Contractor shall have contracts with a minimum number of DD Group Homes as identified in Attachment A.

Attachment A includes a tab detailing the minimum network requirements in each for ALTCS/EPD and 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, but at the same time accommodate network availability in each county.⁵⁴

2. Statewide In Home Care Network Standards

ALTCS/EPD and DDD Contractors shall comply with network standards for the following critical in home care services, Attendant Care, Personal Care, Homemaking, and Respite Care. All ALTCS/EPD and DDD Contractors must 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, Attachment A for details of this process.

3. Multi-Specialty Interdisciplinary Clinic (MSIC) Network Standards

The Contractors is expected to contract with all MSICs in the awarded GSA(s), as well as any MSICs which have provided services to the Contractor's members. The Contractors must identify all contracted MSICs in Attachment A, including any multispecialty interdisciplinary care providers it has contracted with and the AHCCCS approval date.

⁵¹ Reorganizing the sections –from a 'Maricopa/Pima' and 'Rest of the state' in separate sections to organize the section by type of standard.

⁵² Nursing Facilities removed from this list as a time and distance standard will be developed.

⁵³ Revised wording to reflect new structure and reporting requirements

⁵⁴ Moved from below to introduce the ALTCS Table content

In Maricopa and Pima counties, the ALTCS/DDD Contractor must have contracts with a sufficient number of DD Group Homes, and ALTCS/EPD and ALTCS/DDD Contractors must have contracts with a minimum number of Nursing Facilities, ALCs and a combination of ALH or AFC providers in each district as identified in the tables below.

a. Maricopa County DD Group Home, Nursing Facility, Assisted Living Center and Assisted Living Home/Adult Foster Care Home Requirements⁵⁵

MARICOPA DISTRICT	DD GROUP HOMES	NF		ALC		ALH/AFC	
		ALTCS / EPD	ALTCS / DDD	ALTCS / EPD	ALTCS / DDD	ALTCS / EPD	ALTCS / DDD
<i>DISTRICT 1</i>	95	4	0	4	0	30	0
<i>DISTRICT 2</i>	7	6	0	2	0	5	0
<i>DISTRICT 3</i>	50	8	0	6	0	17	0
<i>DISTRICT 4</i>	22	5	0	2	0	7	0
<i>DISTRICT 5</i>	21	2	0	0	0	13	0
<i>DISTRICT 6</i>	104	3	0	4	0	25	0
<i>DISTRICT 7</i>	32	8	0	10	0	21	0
<i>DISTRICT 8</i>	61	8	0	10	0	26	0
<i>DISTRICT 9</i>	63	4	0	4	0	21	0
<i>WITHIN ARIZONA, BUT SERVING THE COUNTY</i>	0	0	1	0	1	0	1

⁵⁵ Deleting the tables, and referencing the Attachment rather than reprinting each county table in the policy.

b. Pima County DD Group Home, Nursing Facility, Assisted Living Center and Assisted Living Home/Adult Foster Care Home Requirements

PIMA DISTRICT	DD GROUP HOMES	NF		ALC		ALH/AFC	
		ALTCS / DDD	ALTCS / EPD	ALTCS / EPD	ALTCS / DDD	ALTCS / EPD	ALTCS / DDD
DISTRICT 1	11	3	0	1	0	20	0
DISTRICT 2	50	8	0	2	0	12	0
DISTRICT 3	9	2	0	1	0	9	0
DISTRICT 4	87	1	0	2	0	35	0
WITHIN ARIZONA, BUT SERVING THE COUNTY	0	0	1	0	1	0	1

1. Behavioral Health Outpatient and Integrated Clinic Reporting

Acute, CRS, and ALTCS/EPD Contractors must report in the Contractors' Annual Network Development and Management Plan as outlined in ACOM Policy 415 the time and distance from their original residence that the 90th percentile of their membership must travel to reach a contracted clinic with this provider type.

RBHA Contractors must report in the Contractors' Annual Network Development and Management Plan as outlined in ACOM Policy 415 the time and distance from their original residence that the 90th percentile of their membership must travel to reach a contracted clinic for each of the following populations:

- AHCCCS members enrolled with DES/DDD
- Members enrolled with CMDP
- Members determined to have a Serious Mental Illness
- Members over the age of 18 not determined to have a SMI
- Members under the age of 18

2. Crisis Stabilization Facility Reporting

⁵⁶ Acute and ALTCS/EPD Contractors must report in their Annual Network Development and Management Plan as outlined in ACOM Policy 415 the time and distance from their original residence that the 90th percentile of their membership must travel to reach a contracted facility that provides Crisis Stabilization services.⁵⁷

RBHA Contractors must report in the Contractors' Annual Network Development and Management Plan as outlined in ACOM Policy 415 the time and distance from

⁵⁶ Deleted, as Crisis stabilization is a reserved RBHA function

⁵⁷ Deleted, established standard now

~~their original residence that the 90th percentile of their membership must travel to reach a contracted facility that provides Crisis Stabilization services for each of the following populations:~~

- ~~• AHCCCS members enrolled with DES/DDD~~
- ~~• Members enrolled with CMDP~~
- ~~• Members determined to have a Serious Mental Illness~~
- ~~• Members over the age of 18 not determined to have a SMI~~
- ~~• Members under the age of 18⁵⁸~~

~~3. Behavioral Health Residential Facility Reporting⁵⁹~~

~~Acute, CRS, ALTCS/EPD and RBHA Contractors must report in their Annual Network Development and Management Plan as outlined in ACOM Policy 415 the time and distance from their original residence that the 90th percentile of their membership must travel to reach a contracted facility that provides Behavioral Health Residential Facility services.~~

~~RBHA Contractors must report in the Contractors' Annual Network Development and Management Plan as outlined in ACOM Policy 415 the time and distance from their original residence that the 90th percentile of their membership must travel to reach a contracted facility that provides Behavioral Health Residential Facility services for each of the following populations:~~

- ~~• Entire membership~~
- ~~• AHCCCS members enrolled with DES/DDD~~
- ~~• Members enrolled with CMDP~~
- ~~• Members determined to have a Serious Mental Illness~~
- ~~• Members over the age of 18 determined not to have a SMI~~
- ~~• Members under the age of 18~~

~~STANDARDS FOR ALL OTHER COUNTIES⁶⁰~~

~~Contractors serving counties outside of Maricopa and Pima Counties must document a sufficient network to meet the medical service needs of its members based upon the tables included in Attachment A.~~

~~The tables detail the minimum network standards in each county by type of AHCCCS Contractor. The Tables are organized by county, provider type, and line of business. 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~~

⁵⁸ Moved to below

⁵⁹ Moved to below

⁶⁰ Deleted to conform with new structure

~~distances to obtain care, but at the same time accommodate network availability in each county.~~⁶¹

~~In addition, outside of Maricopa and Pima Counties, Contractors may meet the minimum network standards for hospitals by obtaining contracts with hospitals or physicians with admission and treatment privileges, including the use of hospitalists. If using one or more physician or hospitalist to meet these standards, the Contractor must identify each provider as outlined in Attachment A.~~⁶²

~~1. Behavioral Health Services Standards~~

~~a. RBHA Contractors serving the counties outside of Maricopa and Pima Counties must document a sufficient network to meet the needs of its membership based upon the following minimum behavioral health services requirements:~~

~~i.~~⁶³ ~~Behavioral Health Outpatient and Integrated Clinic Standards~~

~~— RBHA Contractors must have a network that provides access so that 90% of their membership does not need to travel more than 15 minutes or 10 miles from their original residence.~~

~~ii. Crisis Stabilization Facility Standards~~

~~— RBHA Contractors must have a network that provides crisis stabilization services so that 90% of their membership does not need to travel more than 60 miles from their residence.~~

~~b. Contractors providing behavioral health services must report the time and distance that the 90th percentile their membership must travel in each county outside of Maricopa and Pima Counties. This must be reported in the Contractors' Annual Network Development and Management Plan as outlined in ACOM Policy 415 for each county served for each of the following types of facilities:~~

~~i. Behavioral Health Outpatient and Integrated Clinic Reporting~~

~~Acute, CRS, and ALTCS/EPD Contractors will report the time and distance from their original residence that the 90th percentile of their membership in each county travel to reach a contracted clinic with this provider type.~~⁶⁴

~~ii. RBHA Contractors must report in the Contractors' Annual Network Development and Management Plan as outlined in ACOM Policy 415 the time and distance from their original residence that the 90th percentile of their membership must travel in each county to reach a contracted clinic for each of the following populations:~~

~~1) AHCCCS members enrolled with DES/DDD~~

~~2) Members enrolled with CMDP~~

~~3) Members determined to have a Serious Mental Illness~~

~~4) Members over the age of 18 not determined to have a SMI~~

~~5) Members under the age of 18~~⁶⁵

⁶¹ Moved to above

⁶² Deleted as rural hospital requirements are not time and distance, rather than facility based.

⁶³ Replaced by standard above

⁶⁴ Replaced by new standard

⁶⁵ Moved to below

~~e. Crisis Stabilization Facility Reporting~~

~~Acute and ALTCS/EPD Contractors will report the time and distance from their original residence that the 90th percentile of their membership must travel in each county to reach a contracted facility that provides Crisis Stabilization services.⁶⁶~~

~~RBHA Contractors must report in the Contractors' Annual Network Development and Management Plan as outlined in ACOM Policy 415 the time and distance from their original residence that the 90th percentile of their membership must travel in each county to reach a contracted facility that provides Crisis Stabilization Facility services for each of the following populations:~~

- ~~i. AHCCCS members enrolled with DES/DDD~~
- ~~ii. Members enrolled with CMDP~~
- ~~iii. Members determined to have a Serious Mental Illness~~
- ~~iv. Members over the age of 18 not determined to have a SMI~~
- ~~v. Members under the age of 18⁶⁷~~

~~b. Behavioral Health Residential Facility Reporting~~

~~Acute, CRS, and ALTCS/EPD Contractors must report the time and distance from their original residence that the 90th percentile of their membership must travel in each county to reach a contracted facility that provides Behavioral Health Residential Facility services.~~

~~RBHA Contractors must report in the Contractors' Annual Network Development and Management Plan as outlined in ACOM Policy 415 the time and distance from their original residence that the 90th percentile of their membership must travel in each county to reach a contracted facility that provides Crisis Stabilization Facility services for each of the following populations:~~

- ~~i. Entire membership~~
- ~~ii. AHCCCS members enrolled with DES/DDD~~
- ~~iii. Members enrolled with CMDP~~
- ~~iv. Members determined to have a Serious Mental Illness~~
- ~~v. Members over the age of 18 not determined to have a SMI~~
- ~~vi. Members under the age of 18~~

~~B. STATEWIDE IN HOME CARE NETWORK STANDARDS~~

~~ALTCS/EPD and ALTCS/DDD Contractors must also comply with network standards for the following critical in home care services, Attendant Care, Personal Care, Homemaking, and Respite Care. All Contractors must 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, Attachment A for details of this process.⁶⁸~~

⁶⁶ Deleted, replaced by standard

⁶⁷ Moved to below

⁶⁸ Moved to above.

B.C. NETWORK OVERSIGHT REQUIREMENTS

1. Minimum Network Standards Reporting Requirements

The Contractor shall submit a completed ACOM 436 Attachment A reporting its compliance with time and distance standards, and the other statewide. The Contractor 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.⁶⁹

The Contractor must analyze compliance with these network standards based upon the provider network reported through the Contractor's Provider Affiliation Transmission (PAT) and the Gap in Services Log. With the submission of Attachment A, the Contractor must include a summary identifying network gaps indicated by the analysis and the Contractor's strategies and efforts to address any network gaps identified.⁷⁰

DDD must report its compliance with the standards identified as applying to its ALTCS provider network, and submit separate attachments for each of its subcontracted health plans providing services measured under these standards.

2. Network Planning Requirements⁷¹

~~The Acute Care, CMDP, ALTCS/EPD, ALTCS/DDD, CRS, and RBHA~~ The Contractors shall take steps to ensure these networks standards are maintained. If established network standards cannot be met, the Contractor must identify these gaps and address short and long-term interventions in their Annual Network Development and Management Plan; Periodic Network Reporting Requirements as required by ACOM Policy 415.

~~DES/DDD~~ and its subcontracted health plans are expected to, acute care subcontractors are expected to review their networks for compliance with this Policy. DES/DDD must report to AHCCCS their acute care's subcontracted health plans,⁷² ~~subcontractors'~~ network gaps and short and long-term interventions to address the gaps, in ~~their~~ its annual Network Development and Management Plan.

The Contractors must also conduct the following analysis of its behavioral health networks and report the results in their Annual Network Development and Management Plan:

a. Behavioral Health Residential Facility Reporting⁷³

For ACC, ALTCS/EPD and RBHA Contractors serving counties outside of Maricopa and Pima, for each county the Contractors must report the time and distance from their original residence that the 90th percentile of their membership

⁶⁹ Added separate reported for each LOB.

⁷⁰ New language to tighten up reporting and to add a summary report

⁷¹ Added new subsection to draw together reporting requirements in the network plan

⁷² Clarifying the description of DDD subs to avoid the term 'acute care'

⁷³ Moved the reporting requirement that was in two different sections to here, but kept the 90th percentile as it is easier to establish actual distance when reported this way

must travel to reach a contracted facility that provides Behavioral Health Residential Facility services.

b. Behavioral Health Outpatient and Integrated Clinic Reporting⁷⁴

For each county in their assigned GSA, RBHA Contractors must report performance with time and distance standards outlined above for Behavioral Health Outpatient and Integrated Clinics for each of the following populations:

- i. All members.
- ii. AHCCCS members enrolled with DDD.
- iii. Members enrolled with CMDP.
- iv. Members determined to have a Serious Mental Illness.
- v. Members over the age of 18 not determined to have a SMI, and
- vi. Members under the age of 18.

c. Crisis Stabilization Facility Reporting⁷⁵

For each county in their assigned service area, RBHA Contractors must report performance with time and distance standards outlined above for Crisis Stabilization Facilities for each of the following populations:

- i. All members.
- ii. AHCCCS members enrolled with DDD.
- iii. Members enrolled with CMDP.
- iv. Members determined to have a Serious Mental Illness.
- v. Members over the age of 18 not determined to have a SMI, and
- vi. Members under the age of 18.

~~Additionally, Acute Care, ALTCS/EPD, CRS, DES/DDD, and RBHA Contractors must conduct an analysis of their compliance with the applicable standards each quarter using their Provider Affiliation Transmission (PAT) and the Gap in Services Log; this must be submitted at the same time as the PAT submission as specified in the Contract, Section F, Attachment F3, Contractor Chart of Deliverables and the RBHA Contract, Exhibit 9, Deliverables. The analysis shall be reported using the Attachment A, Minimum Network Requirements Verification Template. DES/DDD must report its compliance with the standards identified as applying to its ALTCS/DDD provider network, and additionally provide separate attachments for each of its subcontracted health plans that provide acute care services measured under these standards.~~

⁷⁴ Moved from above, established T and D for BH outpatient and AHCCCS Complete Care (ACC), this was separate request for specific populations requested by our grants team historically.

⁷⁵ Moved from above, also addressed for grants.

ATTACHMENT A, MINIMUM NETWORK REQUIREMENTS VERIFICATION TEMPLATE

SEE THE ACOM WEBPAGE FOR ATTACHMENT A OF THIS POLICY⁷⁶

REP VIII-9-00001

⁷⁶ Removed cited in Policy