

415 - PROVIDER NETWORK DEVELOPMENT AND MANAGEMENT PLAN; PERIODIC NETWORK REPORTING REQUIREMENTS

EFFECTIVE DATES: 06/01/10, 10/01/11, 12/01/11, 11/01/12, 10/01/13, 03/01/14, 09/01/14,
10/01/15, 07/01/16, 10/01/17, [10/1/18¹](#)

REVISION DATES: 09/28/09, 01/28/10, 05/10/10, 08/26/10, 01/24/11, 12/01/11, 10/24/12,
10/25/12, 04/04/13, 07/18/13, 07/29/13, 02/20/14, 08/27/14, 09/21/15,
04/25/16, 03/30/17, [11/02/17²](#)

I. PURPOSE

This Policy applies to ~~Acute~~[AHCCCS Complete Care \(ACC\)³](#), ALTCS/EPD, ~~CRS⁴~~, DCS/CMDP (CMDP), DES/DDD (DDD) and RBHA Contractors. Provider networks must be a foundation that supports an individual's needs as well as the membership in general. This Policy establishes guidelines for the submission of the Network Development and Management Plan to AHCCCS.

II. DEFINITIONS

AGENCY WITH CHOICE (AWC)

An option offered to ALTCS members who reside in their own home. Under the Agency with Choice option, the provider agency and the member/individual representative enter into a partnership agreement. The provider agency serves as the legal employer of the Direct Care Worker (DCW) and the member/individual representative serves as the day-to-day managing employer of the DCW.

CLOSED PANEL

Indicates when a provider is no longer accepting new patients.

DIMINISHED SCOPE OF SERVICE

Indicates when a provider has decreased its capacity or eliminated a service previously provided.

GEOGRAPHIC SERVICE AREA (GSA)

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 defined in 9 A.A.C. 22, Article 1.

¹ [Effective date](#)

² [Date posted for the AHCCCS Complete Care RFP to the Bidders Library](#)

³ [Name of new Contractor](#)

⁴ [Removing CRS, Acute, adding ~~Integrated~~ AHCCCS Complete Care \(ACC\)](#)

PROVIDER

Any person or entity who contracts with AHCCCS or a Contractor for the provision of covered services to members according to the provisions A.R.S. §36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. §36-2901.

III. POLICY

The Contractor shall develop and maintain a provider Network Development and Management Plan, which assures the Administration that the provision of covered services will occur as stated in the contract [42 CFR 438.207(b)]. The Network Development and Management Plan shall outline the Contractor's process to develop, maintain, and monitor an adequate provider network that is supported by written agreements and is sufficient to provide access to all services covered under the contract and satisfy all service delivery requirements.

The Network Development and Management Plan must be evaluated, updated and submitted along with the following, as specified in Contract: ~~Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit 9, Deliverables~~⁵.

~~1.~~ Attachment A,

~~1.~~

~~2.~~ Attachment B,

~~3.2.~~ Appointment Availability Provider Report as delineated in ACOM Policy 417, and ⁶

~~4.3.~~ For ALTCS/EPD Contractors: Attachment C must also be provided.

The Contractor shall notify AHCCCS in writing when there has been a material change that would affect network capacity and services as outlined in ~~C~~ contract and ACOM Policy 439. The changes include, but are not limited to, changes in services, geographic service areas, and payments or eligibility of a new population.

IV. PROVIDER/NETWORK CHANGES DUE TO RATES REPORT

The Contractor shall submit as specified in Contract, ~~Section F, Attachment F3, Contractor Chart of Deliverables, and RBHA Contract, Exhibit 9, Deliverables~~, a Provider/Network Changes Due to Rates Report, which consists of Attachment D and E ~~of this Policy~~.

A. PROVIDER TERMINATIONS DUE TO RATES

⁵ Changing throughout the Policy removing deliverables and pointing only to contract for consistency throughout the manual.

⁶ Removing 417 attachment requirement, since we are now getting them quarterly

Attachment D documents providers who have terminated their contract due to rates. Submission of Attachment D is required for each GSA even when the Contractor does not have any terminations to report.

B. PROVIDERS THAT DIMINISH THEIR SCOPE OF SERVICE AND/OR CLOSE THEIR PANEL DUE TO RATES

Attachment E documents providers that have diminished their scope of service and/or closed their panel due to rates. Submission of Attachment E is required for each GSA even when the Contractor does not have any providers to report.

V. AGENCY WITH CHOICE ROSTER

ALTCS/EPD and DES/DDD Contractors shall update and maintain an Agency With Choice Roster using Attachment F and submit the roster to AHCCCS upon request as specified in Contract, ~~Section F, Attachment F3, Contractor Chart of Deliverables~~. The roster shall outline those provider agencies that offer the Agency With Choice member-directed service delivery model option. The roster ~~must~~ shall be updated and maintained on a regular basis. Information pertaining to the provider agencies offering the Agency With Choice member-directed service delivery model option should be made available to case managers to use in assisting members to identify a provider agency for the provision of services. ALTCS/EPD Contractors and DES/DDD may provide the Agency With Choice data in an alternate format for case managers and/or members.

VI. DDD THERAPEUTIC SERVICES AND HCBS SERVICES NETWORK GAP REPORTING ROSTER

DDD will submit to the designated Operations and Compliance Officer as specified in Contract, ~~Section F, Attachment F3, Contractor Chart of Deliverables~~, a DDD Therapeutic Services and HCBS Services Network Gap Reporting Roster. The roster shall include information in the excel format identified in Attachment Ga, and Attachment Gb.

VII. E/PD AND DDD CUSTOMIZED WHEELCHAIR, CUSTOMIZED HOSPITAL BED, AND AUGMENTATIVE COMMUNICATION DEVICE TIMELINESS REPORT

ALTCS E/PD and DDD Contractors shall submit Attachment H as specified in the Contract, ~~Section F, Attachment F3, Contractor Chart of Deliverables~~. For each type of ~~Durable~~ Medical Equipment (~~DME~~)⁷ outlined in the report, the Contractor shall establish a timeliness standard for when a member ~~will~~ shall receive the ~~DME~~ Medical Equipment, from the time a complete request for authorization is received, to the time the ~~DME~~ Medical Equipment, and any installation and training is received. Timeliness standards will be reviewed by AHCCCS for appropriateness. The Contractor shall report its performance against ~~that goal~~ the

⁷ [No longer referred to as Durable Medical Equipment \(DME\) removed Durable and will remain simply Medical Equipment](#)

established standard for ~~DME~~ Medical Equipment provided in the reporting period, and in a cover letter identify discrepancies between its standard and performance, strategies to address non compliance with the standard and as well as any actions taken as a result of this analysis.

The Contractor shall review its performance and actions taken under this report for potential network gaps in its Annual Network Development and Management Plan report.

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~~[ATTACHMENT A, NETWORK ATTESTATION STATEMENT](#)~~⁸

~~[See the ACOM Webpage for Attachment A of this Policy](#)~~

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⁸ ~~[Removing Attachment page location adds no value](#)~~

ATTACHMENT B, NETWORK DEVELOPMENT AND MANAGEMENT PLAN CHECKLIST

[SEE THE ACOM WEBPAGE FOR ATTACHMENT B OF THIS POLICY](#)

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[ATTACHMENT C, ALTCS/EPD CONTRACTOR SUPPLEMENT](#)

[See the ACOM Webpage for Attachment C of this Policy](#)

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ATTACHMENT D, PROVIDER TERMINATIONS DUE TO RATES

[See the ACOM webpage for Attachment D of this Policy](#)

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~~ATTACHMENT E, PROVIDERS THAT DIMINISHED THEIR SCOPE OF SERVICE AND/OR CLOSED THEIR PANEL DUE TO RATES~~

See the ACOM Webpage for Attachment E of this Policy

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ATTACHMENT F, AGENCY WITH CHOICE ROSTER

[See the ACOM Webpage for Attachment F of this Policy](#)

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[ATTACHMENT GA, DDD THERAPEUTIC SERVICES NETWORK GAP REPORTING ROSTER](#)

[See the ACOM Webpage for Attachment Ga of this Policy](#)

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~~ATTACHMENT Gb, HCBS SERVICES NETWORK GAP REPORTING ROSTER~~

[See the ACOM Webpage for Attachment Gb of this Policy](#)

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**ATTACHMENT H, E/PD AND DDD CUSTOMIZED WHEELCHAIR, CUSTOMIZED HOSPITAL BED
AND AUGMENTATIVE COMMUNICATION DEVICE TIMELINESS REPORT**

**[SEE THE ACOM WEBPAGE FOR ATTACHMENT H OF
THIS POLICY](#)**

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