

## **436 – NETWORK STANDARDS**

EFFECTIVE DATES: 10/01/13, 01/01/14, 10/01/15, 07/01/16, 10/01/17, 10/01/18, 10/01/19, 10/01/20, 10/01/21, 10/01/22

APPROVAL DATES: 10/01/13, 12/19/13, 09/17/15, 03/17/16, 11/01/16, 03/30/17, 11/02/17, 02/05/18, 04/05/18, 09/19/19, 03/19/20, 05/04/21, 05/17/22

### **I. PURPOSE**

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP(CHP), and DES/DDD (DDD) Contractors. The Contractor shall develop and maintain a provider network that is sufficient to provide all covered services to AHCCCS members as specified in Contract, Policy, 42 CFR Part 457, and 42 CFR Part 438. This Policy establishes Contractor network standards for all Contractors.

### **II. DEFINITIONS**

For purposes of this Policy:

#### **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 Developmentally Disabled (DD) Group Homes and Assisted Living Facilities. Refer to “County and District Definitions” below.

#### **OWN HOME**

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:

- Health care institution as specified in A.R.S. § 36-401.
- Residential care institution as specified in A.R.S. § 36-401.
- Community residential setting as specified in A.R.S. § 36-551; or
- Behavioral health facility as specified in 9 A.A.C. 20, Articles 1,4,5, and 6.

Additional definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

### **III. POLICY**

#### **A. COUNTY AND DISTRICT DEFINITIONS**

1. When a zip code crosses two different counties, AHCCCS assigns the zip code to one county for purposes of enrolling members with a Contractor. The Contractor is responsible for calculating compliance with the standards specified in this Policy. The county zip code assignments are identified in the AHCCCS Medical Assistance Eligibility Policy Manual and identified here:

The split zip codes are assigned as follows:

ZIP CODE	SPLIT BETWEEN THESE COUNTIES	COUNTY ASSIGNED TO
85342	Yavapai and Maricopa	Maricopa
85390	Yavapai and Maricopa	Maricopa
85358	Yavapai and Maricopa	Maricopa
85542	Gila and Graham	Graham
85550	Gila and Graham	Graham
85645	Pima and Santa Cruz	Santa Cruz

The following zip codes have been re-assigned outside of their originally assigned counties:

ZIP CODE	ORIGINAL COUNTY ASSIGNED	COUNTY RE-ASSIGNMENT 10/1/5
85192	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
<b><i>DISTRICT 1</i></b>	Phoenix	85022, 85023, 85024, 85027, 85029, 85032, 85054, 85050, 85053, 85085, 85086, 85087, 85254, 85324, 85331
<b><i>DISTRICT 2</i></b>	Carefree, Cave Creek, Fountain Hills, Scottsdale	85250, 85251, 85255, 85256, 85257, 85258, 85259, 85260, 85262, 85263, 85264, 85268
<b><i>DISTRICT 3</i></b>	Phoenix	85012, 85013, 85014, 85015, 85016, 85017, 85018, 85019, 85020, 85021, 85028, 85051, 85253

MARICOPA DISTRICT	DESCRIPTION	ZIP CODES
<i><b>DISTRICT 4</b></i>	Phoenix	85003, 85004, 85006, 85007, 85008, 85009, 85025, 85034, 85040, 85041, 85042, 85044, 85045, 85048
<i><b>DISTRICT 5</b></i>	Buckeye, Goodyear, Phoenix, Tolleson, Gila Bend	85031, 85033, 85035, 85037, 85043, 85322, 85323, 85326, 85338, 85339, 85353, 85337
<i><b>DISTRICT 6</b></i>	Glendale	85301, 85302, 85303, 85304, 85305, 85306, 85308, 85310
<i><b>DISTRICT 7</b></i>	El Mirage, Peoria, Sun City, Sun City West, Surprise, Wickenburg	85275, 85307, 85309, 85335, 85340, 85342, 85345, 85351, 85355, 85361, 85363, 85373, 85374, 85375, 85379, 85381, 85382, 85383, 85387, 85388, 85390, 85395, 85396
<i><b>DISTRICT 8</b></i>	Mesa, Tempe	85120, 85201, 85202, 85203, 85204, 85205, 85206, 85207, 85208, 85209, 85210, 85212, 85213, 85215, 85218, 85219, 85220, 85256, 85281, 85282
<i><b>DISTRICT 9</b></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

**B. STATEWIDE TIME AND DISTANCE NETWORK CALCULATION DEFINITIONS AND STANDARDS**

For each county in the Contractor’s assigned service area, the Contractor shall have a network in place to meet time and distance standards specified below. If the Contractor delegates network activities, it shall ensure subcontractor compliance with applicable network standards.

For the purposes of this policy, the Contractors shall use its network of the following provider types and specialties to calculate compliance with this policy’s time and distance standards:

<b>PROVIDER CATEGORY</b>	<b>REQUIRED PROVIDER/SPECIALTY TYPE(S)</b>
<i>BEHAVIORAL HEALTH OUTPATIENT AND INTEGRATED CLINIC, ADULT and PEDIATRIC</i>	77 or IC
<i>BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)</i>	B8
<i>CARDIOLOGIST, ADULT</i>	08 or 31 with a Specialty Code of 062 or 927
<i>CARDIOLOGIST, PEDIATRIC</i>	08 or 31 with a Specialty Code of 062, 151, or 927
<i>CRISIS STABILIZATION FACILITY</i>	02, 71, IC, 77 (24/7 Access), B5, B6, or B7
<i>DENTIST, PEDIATRIC</i>	07 with a Specialty Code of 800 or 804
<i>HOSPITALS</i>	02 or C4
<i>NURSING FACILITIES</i>	22
<i>OBSTETICIAN/GYNECOLOGIST (OB/GYN)</i>	08, 19 or 31 with a Specialty Code of 089, 090, 091, 095, 181, or 219
<i>PHARMACY</i>	03 or 05
<i>PRIMARY CARE PROVIDER (PCP), ADULT</i>	08 or 31 with a Specialty Code of 050, 055, 060, 089, or 091 <b>or</b>
	19 with a Specialty Code of 084, 095, or 097 <b>or</b>
	18 with a specialty code of 798
<i>PRIMARY CARE PROVIDER (PCP), PEDIATRICS</i>	08 or 31 with a Specialty Code of 050, 150, or 176 <b>or</b>
	19 with a Specialty Code of 084, 087, or 097 <b>or</b>
	18 with a specialty code of 798

The table below outlines the methodology the Contractor uses to calculate its compliance with the following time and distance standards. The table outlines the provider categories, the lines of business that calculate compliance for that provider type, the member population used in the calculation, and the time or distance standards for Maricopa/Pima and all other counties.

PROVIDER CATEGORY	APPLIES TO	MEMBER POPULATION	COUNTY	STANDARD (90% of membership does not need to travel more than)
<b>BEHAVIORAL HEALTH OUTPATIENT AND INTEGRATED CLINIC, ADULT*</b>	All Except CHP	18 years or older	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their residence.
<b>BEHAVIORAL HEALTH OUTPATIENT AND INTEGRATED CLINIC, PEDIATRIC*</b>	All*	Under 18 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their residence.
<b>BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)</b>	All	All	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	<b>(Report in Network Plan, Refer to ACOM Policy 415 - Attachment B)</b>
<b>CARDIOLOGIST, ADULT*</b>	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
<b>CARDIOLOGIST, PEDIATRIC*</b>	All	Under 21 years	Maricopa, Pima	60 minutes or 45 miles from their residence
			All Others	110 minutes or 100 miles from their residence
<b>CRISIS STABILIZATION FACILITY</b>	ACC-RBHA Only	All	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	45 miles from their residence
<b>DENTIST, PEDIATRIC</b>	All	Under 21 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence
<b>HOSPITALS</b>	All	All	Maricopa, Pima	45 minutes or 30 miles from their residence
			All Others	95 minutes or 85 miles from their residence
<b>NURSING FACILITIES</b>	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

PROVIDER CATEGORY	APPLIES TO	MEMBER POPULATION	COUNTY	STANDARD (90% of membership does not need to travel more than)
<b>OBSTETRICIAN/GYNECOLOGIST (OB/GYN)</b>	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
<b>PHARMACY</b>	All	All	Maricopa, Pima	12 minutes or 8 miles from their residence
			All Others	40 minutes or 30 miles from their residence
<b>PRIMARY CARE PROVIDER (PCP), ADULT*</b>	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
<b>PRIMARY CARE PROVIDER (PCP), PEDIATRICS*</b>	All	Under 21 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence

\*Provider types marked with an asterisk are eligible for a telehealth standard modification. These provider types only require 80 percent of a county’s membership to meet these time and distance standards in any county where telehealth services are available for that provider category.

**C. OTHER STATEWIDE NETWORK DEFINITIONS AND STANDARDS**

In addition to the time and distance standards specified above, the Contractor shall document a sufficient network to meet the service needs of its members based upon the minimum network requirements specified in Attachment A and as specified in Contract. If the Contractor delegates network activities, it shall ensure subcontractor compliance with applicable network standards.

1. For the purposes of this policy, the Contractors shall use its network of Developmentally Disabled (DD) Group Home, Assisted Living Center (ALC) and Assisted Living Home (ALH)/Adult Foster Care (AFC) Network providers as defined below to measure compliance with this policy:

PROVIDER CATEGORY	APPLIES TO	REQUIRED PROVIDER TYPE	MEMBER POPULATION	STANDARD
<b>ADULT FOSTER CARE HOMES (AFC)</b>	ALTCS E/PD and DES/DDD Only	50	All	See Attachment A, ALTCS County Tables
<b>ASSISTED LIVING CENTERS (ALC)</b>	ALTCS E/PD and DES/DDD Only	49	All	See Attachment A ALTCS County Tables
<b>ASSISTED LIVING HOME (ALH)</b>	ALTCS E/PD and DES/DDD Only	36	All	See Attachment A, ALTCS County Tables
<b>GROUP HOME FOR PERSONS WITH DEVELOPMENTAL DISABILITIES</b>	DES/DDD Only	25	All	See Attachment A, ALTCS County Tables

- a. ALTCS E/PD and DDD Contractors shall have contracts with a minimum number of ALC, ALH, and AFC providers as specified in Attachment A. The DDD Contractor shall have contracts with a minimum number of DD Group Homes as specified in Attachment A, and
- b. Attachment A includes a tab detailing the minimum network requirements in each for ALTCS E/PD 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.

**2. Multi-Specialty Interdisciplinary Clinic (MSIC) Network Standards**

- a. The Contractor is expected to contract with all MSICs in the assigned Geographical Service Area (GSA)(s), as well as any MSICs which have provided services to the Contractor’s members, and
- b. The Contractor shall identify all contracted MSICs in Attachment A, including any multispecialty interdisciplinary care providers it has contracted with and the AHCCCS approval date.

**D. NETWORK STANDARD REQUEST FOR EXCEPTION PROCESS**

1. When the Contractor has exhausted its efforts to meet any network standard specified in this Policy, a Contractor may request an exception to the network standards as specified below. The request shall be submitted as specified in Contract and include 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 Contractor cannot meet the established network standard requirements,
  - e. The Contractor's proposal for monitoring and ensuring member access to services offered by the provider types under the exception request, and
  - f. The Contractor's plan for periodic review to identify when conditions in the exception area have changed, and the exception is no longer needed.
2. AHCCCS will review the exception request submitted and make a determination based upon criteria including, but not limited to the following:
    - 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. The availability of IHS/638 facilities available to the American Indian population in the county,
    - e. The availability of alternative service delivery mechanisms available, such as telemedicine, telehealth, or virtual or mobile services, and
    - f. The Contractor's proposal for monitoring and ensuring member access.

#### **E. NETWORK OVERSIGHT REQUIREMENTS**

1. Minimum Network Standards Reporting Requirements
  - a. The Contractor shall submit a completed Attachment A reporting its compliance with the applicable standards in this Policy. Attachment A shall be submitted as specified in Contract. 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. For purposes of calculating and reporting this data:
    - i. The Contractor shall use its enrollment and its network as of the last day of the reporting period (March 31 and September 30),
    - ii. The Contractor shall report the percentages in Attachment A, 'Time and Distance' tab rounded to the nearest tenth of a percent, and
    - iii. The Contractor 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.
  - b. The Contractor shall analyze compliance with these standards based upon the provider network reported through the Contractor Provider Affiliation Transmission (PAT) and the Gap in Services Log. With the submission of Attachment A, the Contractor shall include a summary including, at a minimum, the following:
    - i. The Contractor strategies and efforts to address any areas of non-compliances,
    - ii. A summary of exceptions granted to the network standards specified in this Policy, and the results of the Contractor's monitoring of member access to the services governed under the exception, and
    - iii. A summary of counties where telehealth services are available for each of the following provider types:
      - 1) Behavioral Health Outpatient and Integrated Clinic, Adult,
      - 2) Behavioral Health Outpatient and Integrated Clinic, Pediatric,
      - 3) Cardiologist, Adult,
      - 4) Cardiologist, Pediatric,

- 5) Primary Care Provider (PCP), Adult, and
  - 6) PCP, Pediatric.
  - c. As specified in Contract, DDD shall submit a completed Attachment A for each subcontracted health plan. In addition, DDD's summary shall include an analysis of any areas of non-compliance by its subcontracted health plans with network standards specified in this Policy, including strategies and efforts to address areas of non-compliance.
2. Network Plan Requirements
- a. The Contractor shall take steps to ensure these networks standards are maintained. If established network standards cannot be met, the Contractor shall identify these gaps and address short and long-term interventions in the Network Development and Management Plan (NDMP) as specified in ACOM Policy 415. When an exception has been granted, the Contractor shall address the sufficiency of member access to the area, and assess the continued need for the exception, and
  - b. DDD shall report to AHCCCS its subcontracted health plans' network gaps and short and long-term interventions to address the gaps, in its NDMP as specified in ACOM Policy 415.