

439 – MATERIAL CHANGES: PROVIDER NETWORK AND BUSINESS OPERATIONS

EFFECTIVE DATES: 10/01/15, 07/01/16, 10/01/18, 10/01/21, 10/01/22

APPROVAL DATES: 04/21/16, 08/02/18, 03/23/21, 05/05/22

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors. This Policy establishes requirements for Contractors regarding the identification and assessment of material changes to a Contractor’s provider network and business operations and the approval process for such changes.

II. DEFINITIONS

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

III. POLICY

The Contractor shall have efficient and effective business operations and a provider network to ensure that performance and provider network standards are met to support a member’s individual needs as well as the needs of the membership as a whole [42 CFR 457.1230, 42 CFR 438.207]. The Contractor shall develop a process to determine when changes to business operations or to the provider network constitute a material change.

AHCCCS-initiated changes, such as changes in reimbursement methodologies (e.g., All Patients Refined - Diagnosis Related Groups [APR-DRG]) or changes to reference tables impacting claims payment, and industry-initiated changes, such as Current Procedural Terminology (CPT)/diagnosis code changes, are excluded from these Policy requirements.

A. IDENTIFYING A PROVIDER NETWORK AND/OR BUSINESS OPERATIONS MATERIAL CHANGE

1. The Contractor is responsible for evaluating all business operational and provider network changes, including unexpected changes, to determine if the change is a material change.
2. For changes impacting members and/or providers regarding the provider network and/or business operations the Contractor shall:
 - a. Establish criteria and/or methodology for determining the impact of the change to members and providers,
 - b. Evaluate the impact of the change to its membership and provider network, by Geographical Service Area (GSA) and as a whole, utilizing the established criteria and/or methodology established in this Policy,
 - c. Determine, based on the evaluation results, if the change meets the definition of a material change as outlined in this Policy and determine if it complies with Contract and Policy requirements, and

- d. Maintain documentation of evaluation of all provider network and business operations changes.
3. AHCCCS may request and review documentation of established methodology, criteria, and evaluation results for all provider network and business operations changes even for those changes that the Contractor determines does not constitute a material change.
4. For all changes which have a member impact, the Contractor is required to provide member notification as specified in ACOM Policy 404.
5. Implementation shall be planned to ensure continuity of care to members.
6. A material change to business operations may also constitute a material change to the provider network.
7. AHCCCS reserves the right to identify any operations or network change as a material change.

B. CONTRACTOR REPORTING REQUIREMENTS

1. The Contractor shall request, in writing, prior approval of a material change to the provider network or business operations as specified in this Policy. A request for approval shall include a detailed description of the proposed change and all requirements outlined above and summarized in Attachment A.
2. For all material changes, the Contractor shall include an accessibility analysis of the services impacted by the provider change:
 - a. For services the member must travel to receive - The Contractor shall provide the average time and distance that members in the impacted areas must travel for the service before and after the change. If time and distance traveled is measured under ACOM Policy 436, compliance with ACOM Policy 436 shall be reported before and after the change,
 - b. For services provided in the member's home – The Contractor shall address the geographic coverage and sufficiency of providers in the impacted area before and after the change, and
 - c. For transportation services – The Contractor shall address the availability of vehicles dedicated to the Contractor's line of business in the impacted area before and after the change.
3. The Contractor shall request prior approval, in writing, of a material change that involves major system changes and upgrades to the Contractor's information system that, at a minimum, affects claims processing, payment or other major business component as specified in Contract, or system changes that impact member or provider interactions with the Contractor. A request for approval shall include a system change plan that includes a timeline, milestones and outlines adequate testing to be completed before implementation.
4. A material change in the provider network and/or business operations requires a 30 day advance written notice from the Contractor to members and providers [42 CFR 457.1207, 42 CFR 438.10(g)(4)].

5. In the event of an unexpected material change to the provider network and/or business operations, the Contractor shall submit written notification to AHCCCS no later than one business day of the Contractor becoming aware of the change. Notification shall be submitted as specified in Contract. The notification shall include a detailed description of the change, address why it was unexpected and include all the requirements identified in Attachment A. If the Contractor is unable to provide some or all the Attachment A requirements in its initial notification, the remaining requirements shall be provided to AHCCCS within one week of the initial notification. The Contractor shall also identify its plan for notifying members or providers of the unexpected change.
6. For any provider termination, when appropriate, the Contractor shall make a good faith effort to give written notice to enrollees by the later of 30 calendar days prior to the effective date of the termination, or within 15 days after receipt or issuance of a provider termination notice, to each member who received their primary care from, or is seen on a regular basis by, the terminated provider [42 CFR 457.1207, 42 CFR 438.10(f)(1)].
7. AHCCCS will review and respond to Contractor requests for approval within 30 days of the submission. Incomplete submissions will not be approved, and additional information may be requested. The approval process will be expedited upon request for emergency situations.
8. The Contractor may be required to provide periodic updates on the status of the change or implementation.
9. The Contractor may be required to conduct meetings with providers and/or members to provide general information, technical assistance or address issues related to changes to business operations, changes in policy, reimbursement matters, prior authorizations and other matters as identified or requested by AHCCCS.