

436 – NETWORK STANDARDS

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I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors. This Policy establishes network standards for all 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.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy ACOM and AMPM Dictionary¹](#) for common terms found in this Policy.

III. POLICY

A. STATEWIDE TIME AND DISTANCE NETWORK CALCULATION DEFINITIONS AND STANDARDS

For each county in the Contractor's assigned service area, the Contractor shall have a provider network in place to meet time and distance standards specified below.

If the Contractor delegates any portion of the process for calculating time and distance in the Policy to a subcontracted entity [e.g., a dental benefits or Pharmacy Benefits Manager (PBM)], the Contractor shall ensure the entity complies with the definitions and calculation requirements specified in this Policy.

For the purposes of this Policy, the Contractor shall use its network of the following provider types and specialties to calculate compliance with the time and distance standards in this Policy.

¹ [Revised to current title and link.](#)

PROVIDER CATEGORY	REQUIRED PROVIDER/SPECIALTY TYPE(S)
BEHAVIORAL HEALTH OUTPATIENT AND INTEGRATED CLINIC, ADULT AND PEDIATRIC	77 or IC
BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)	B8
CARDIOLOGIST, ADULT	08 or 31 with a Specialty Code of 062 or 927
CARDIOLOGIST, PEDIATRIC	08 or 31 with a Specialty Code of 062, 151, or 927
CRISIS STABILIZATION FACILITY	02, 71, B5, B6, B7, or 77 and ICs that are authorized to provide behavioral health observation/stabilization in accordance with AAC R9-10-1012 .
DENTIST, PEDIATRIC	07 with a Specialty Code of 800 or 804, C2 Federally Qualified Health Centers (FQHCs) identified by AHCCCS
HOSPITAL	02 or C4
NURSING FACILITY (NF)	22
OBSTETICIAN/GYNECOLOGIST (OB/GYN)	08, 19,31, or CN with a Specialty Code of 089, 090, 091, 095, 181, or 219
PHARMACY	03 or 05
PRIMARY CARE PROVIDER (PCP), ADULT	08 or 31 with a Specialty Code of 050, 055, 060, 089, or 091 or
	19 or CN with a Specialty Code of 084, 095, or 097 or
	18 with a specialty code of 798
PRIMARY CARE PROVIDER (PCP), PEDIATRIC	08 or 31 with a Specialty Code of 050, 150, or 176 or
	19, CN with a Specialty Code of 084, 087, or 097 or
	18 with a specialty code of 798

The table below outlines the methodology the Contractor shall utilize 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 <i>(90% of membership does not need to travel more than)</i>
BEHAVIORAL HEALTH OUTPATIENT AND INTEGRATED CLINIC, ADULT*	All Except CHP	18 years or older	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their residence.
BEHAVIORAL HEALTH OUTPATIENT AND INTEGRATED CLINIC, PEDIATRIC*	All*	Under 18 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their residence.
BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)	All	All	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	95 minutes or 85 miles from their residence
CARDIOLOGIST, ADULT*	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
CARDIOLOGIST, PEDIATRIC*	All	Under 21 years	Maricopa, Pima	60 minutes or 45 miles from their residence
			All Others	110 minutes or 100 miles from their residence
CRISIS STABILIZATION FACILITY	ACC-RBHA Only	All	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	45 miles from their residence
DENTIST, PEDIATRIC	All	Under 21 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence
HOSPITALS	All	All	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 <i>(90% of membership does not need to travel more than)</i>
NURSING FACILITY (NF)	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
OBSTETICIAN/ GYNECOLOGIST (OB/GYN)	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
PHARMACY	All	All	Maricopa, Pima	12 minutes or 8 miles from their residence
			All Others	40 minutes or 30 miles from their residence
PRIMARY CARE PROVIDER (PCP), ADULT*	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
PRIMARY CARE PROVIDER (PCP), PEDIATRICS*	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% of a county's membership to meet these time and distance standards in any county where telehealth services are available for that provider category.

B. OTHER STATEWIDE NETWORK DEFINITIONS, STANDARDS AND REPORTING

In addition to the time and distance standards specified above, ALTCS E/PD Contractors shall maintain contracts with enough Adult Foster Care Homes (AFC), Assisted Living Centers (ALC), and Assisted Living Homes (ALH) to meet member needs in each Geographic Service Area (GSA). The DDD shall maintain contracts with enough Group Homes for Persons with Developmental Disabilities (DD Group Homes) to meet member needs. The DDD shall also ensure that its members have access to at least one ALC or ALH in its network.

1. For the purposes of this Policy, the Contractor shall use its network of DD Group Home, ALC and ALH/AFC Network providers as defined below to report compliance with this Policy.

PROVIDER CATEGORY	APPLIES TO	REQUIRED PROVIDER TYPE	MEMBER POPULATION	REPORTING
AFC	ALTCS E/PD Only	50	All	Refer to Attachment B, ALTCS E/PD Facility to Member Ratio Tables ²
ALC	ALTCS E/PD Only	49	All	Refer to Attachment B, ALTCS E/PD Facility to Member Ratio Tables
ALH	ALTCS E/PD Only	36	All	Refer to Attachment B, ALTCS E/PD Facility to Member Ratio Tables
ALH, or ALC	DES -DDD Only	36 or 49	All	Refer to Attachment B, DDD Facility Reporting
DD GROUP HOMES	DES -DDD Only	25	All	Refer to Attachment B, DDD Facility Reporting

2. The Contractor shall maintain a sufficient network to meet the service needs of its members as based upon the minimum network requirements specified in Attachment B, and as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables and Network Oversight Requirements:
 - a. Attachment B includes the tab ALTCS E/PD Facility to Member Ratios for ALTCS E/PD Contractors to report the total number of combined contracted facilities types (AFC/ALC/ALH) in the GSA, its current enrolled membership, and a calculated ratio of the number of facilities per member by GSA:
 - i. The ratios shall be reported in the format '1:XXXX', where 1 represents a facility and the 'XXXX' refers to the ratio of members to one ~~(1)~~³ facility,
 - ii. The membership shall be reported as of the last day of the reporting period (March 31- September 30), and
 - iii. AHCCCS has included historical facility to member ratios in each GSA for reference.
 - b. Attachment B includes the tab DDD Facility Reporting, for the DDD Contractor to report, by County:
 - i. The number of ALH and ALC facilities available through its network in each county, and
 - ii. The Number of DD Group Homes and the total number of members residing in those group homes in each county.

² Remove titles of Attachments throughout policy where applicable.

³ Removing Policies do not spell out and provide the numerical number.

3. Multi-Specialty Interdisciplinary Clinic (MSIC) Network Standards:
 - a. The Contractor is expected to contract with all MSICs in its assigned GSAs, as well as any MSICs which have provided services to the Contractor's members, and
 - b. The Contractor shall submit the Minimum Network Requirements MSIC Report, Attachment C, to identify all contracted MSICs it has contracted as an alternative delivery model submitted under the Contract, and submit as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables.

C. REQUEST FOR EXCEPTION TO NETWORK STANDARDS PROCESS

1. When the Contractor has exhausted its efforts to meet any network standard specified in this Policy, a Contractor ~~may~~ shall submit Attachment D, ~~Request for Exception to Network Standards~~ as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables.
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. Consideration of the rates offered to non-contracted providers to bring the Contractor into compliance with the standard,
 - e. The availability of IHS/638 facilities available to the American Indian population in the County,
 - f. The availability of alternative service delivery mechanisms available, such as telemedicine, telehealth, or virtual or mobile services, and
 - g. The Contractor's proposal for monitoring and ensuring member access.

D. NETWORK OVERSIGHT REQUIREMENTS

1. Minimum Network Requirements Reporting Requirements:
 - a. AHCCCS has contracted with an independent reviewer to complete an annual Time and Distance analysis for each Contractor's Line Of Business (LOB). The results of this analysis will be made available to the Contractor. The Contractor shall review the results of this annual analysis applicable to each of the Contractor's LOB,
 - b. The Contractor shall submit the Minimum Network Standards Results Review, as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables. The review shall include:
 - i. A cover letter analyzing the results of the independent review and, for each line of business, addressing at a minimum the following:
 - 1) Any potential causes for each non-compliance identified in the independent reviewer's Time and Distance analysis,
 - 2) The Contractor's strategies and efforts to address each of the areas of non-compliance identified by the independent reviewer, and
 - 3) Details of any challenges experienced in the identified areas of non-compliance.
 - ii. ~~ALTCS E/PD and DDD Contractors shall provide the completed Minimum Network Standards Attachment B. ALTCS E/PD Facility to Member Ratio, and~~
 - iii. ~~ii. The DDD shall provide the completed Minimum Networks Standards Attachment~~

B – DDD Facility Reporting.⁴

- c. The Contractor shall also submit the Minimum Network Standards Plan Review and Update as specified in Contract⁷, Section F, Attachment F3, Contractor Chart of Deliverables. The Minimum Network Standards Plan Review and Update shall include:
 - i. A cover letter for each line of business addressing, at a minimum, the following:
 - 1) The results of its own minimum network reporting evaluated against the requirements of this Policy and the findings of the independent review,
 - 2) An update on the Contractor’s strategies and efforts to address areas of non-compliance as reported in the Minimum Network Standards Results Review,
 - 3) Additional challenges experienced in areas of non-compliance, and
 - 4) An update on any data issues or discrepancies identified by the Contractor related to the independent review, and
 - 4)5) If the Contractor utilizes a subcontractor to develop and/or analyze its minimum network reporting for any provider, the Contractor must identify the subcontractor and the scope of its analysis.⁵
 - ii. All Contractors except the CHP and the DDD shall submit a completed Attachment A - Minimum Network Standards Time and Distance Verification,
 - iii. The CHP and the DDD shall submit a completed Attachment A - Minimum Network Standards Time and Distance Verification for each of its Subcontracted Health Plans,
 - iv. ALTCS E/PD Contractors shall submit the completed Attachment B – ALTCS E/PD Facility to Member Ratio,
 - v. The DDD shall provide the completed Minimum Networks Standards Attachment B – DDD Facility Reporting,
 - vi. All Contractors except the DDD and the CHP shall submit a completed Attachment C - Minimum Network Requirements MSIC Report, and
 - vii. The DDD and the CHP shall submit a completed Attachment C – Minimum Network Requirements MSIC Report for each of its Subcontracted Health Plans.
2. When submitting a completed Attachment A, the Contractor shall report compliance with these requirements for each county in its assigned service area. A separate report shall be submitted for each LOB. For purposes of calculating and reporting this data:
 - a. The Contractor shall use its enrollment and its network as of the last day of the reporting period (September 30), the Contractor shall not include Non-Title XIX/XXI membership in its time and distance calculation,
 - b. The Contractor shall analyze compliance with these standards based upon the provider network reported through the Contractor Provider Affiliation Transmission (PAT),
 - c. The Contractor shall report the percentages in Attachment A, Time and Distance’ tab rounded to the nearest tenth of a percent,
 - d. 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,
 - e. The Contractor shall report in Attachment A, ‘Time and Distance’ tab, whether or not telehealth services are available in each county reported for each provider type eligible for a telehealth standard modification by the Contractor. This is identified by adding a ‘Y’ or ‘N’ in the “Telehealth Available (Y/N)” row underneath the provider type,

⁴ Removing title of Attachments.

⁵ Added to clarify who is conducting Contractor reporting analysis.

- f. The Contractor shall report in Attachment A, 'Time and Distance' tab, whether or not telehealth services are available in each county reported for each provider type eligible for a telehealth standard modification by the Contractor. This is identified by adding a 'Y' or 'N' in the "Telehealth Available (Y/N)" row underneath the provider type, and
 - g. The Contractor shall consider in its dental network any contracted FQHC identified annually by AHCCCS as providing dental services.
3. 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 by AHCCCS, the Contractor shall address in the network plan the sufficiency of member access to the area, and assess the continued need for the exception, and
 - b. The 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.