



420 – ALTCS NETWORK SUMMARY

Effective Date: 10/01/2008; 10/01/2011
Revision Date: 01/28/2011

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Staff responsible for policy: DHCM ALTCS Operations

I. Purpose

To establish a Contractor reporting requirement and format regarding the Contractor's contracted network in order for AHCCCS to monitor network adequacy and compliance with contractual requirements. The Network Summary is an integral part of this monitoring process.

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II. Definitions

Facility Location: The location of the provider within the county

GSA: Geographic Service Area, an area designated by the Administration within which a contractor of record provides, directly or through subcontract, covered health care service to a member enrolled with that contractor of record, as defined in 9 A.A.C. 28, Article 1.

Services & Settings: Refer to ALTCS Contract for services and settings, Section D, Paragraph 10.

Zones: Maricopa and Pima Counties have been divided into zones by zip codes for the nursing facilities and HCBS Community. Maricopa County zones are numbered 1 through 9. Pima County has been divided into 4 zones: Northeast, Northwest, Southeast and Southwest. Network Standards have been set for each zone as outlined in ACOM Policy 419, ALTCS Network Standards

III. Policy

A. General Requirement

On October 15 and April 15 Contractors must submit information about each individual provider within their network. Each contractor will be responsible for submitting true and valid information. Submission of false or erroneous information may result in sanctions imposed upon the Contractor.

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The Network Summary listing of the provider network must be submitted in an Excel spreadsheet in the format listed below and must be sent by e-mail or uploaded to the SFTP server. The format for the provider listing must not deviate from the authorized format including the column and row titles and the data to be listed.

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The Network Rosters have been set up by GSA. Each GSA file contains worksheets for Nursing Facilities, HCBS Community, HCBS Home, Behavioral Health and Acute Care Providers. The worksheets have been set up to enter provider information by county and by service and/or setting. Individual providers (i.e., PCPs, Specialists, etc.) should be listed last name (,) first name when applicable. Examples of the GSA Network Rosters are found below in this Policy. For Network Roster Templates by GSA contact a Division of Health Care Management ALTCS Operational and Compliance Officer.

B. Geographic Service Areas (GSA)

Counties have been assigned to GSAs; Minimum Network Standards have been set by GSA.

County Code	County	GSA
01	Apache	44
03	Cochise	46
05	Coconino	44
07	Gila	40
09	Graham	46
11	Greenlee	46
29	La Paz	42
13	Maricopa	52
15	Mohave	44
17	Navajo	44
19	Pima	50
21	Pinal	40
23	Santa Cruz	50
25	Yavapai	48
27	Yuma	42



C. Contractor Identification Numbers (PC ID #)

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	<i>Contractor</i>	<i>Contractor Identification Number (PC ID #)</i>
1	Bridgeway Health Solutions	110088
2	Cochise Health Systems	110003
3	DES/DDD	110007
4	Evercare Select	110049
5	Mercy Care Plan – LTC	110306
6	Pima Long Term Care	110015
7	Pinal/Gila Long Term Care	110065
8	SCAN Long Term Care	110097
9	Yavapai County Long Term Care	110025

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NURSING FACILITIES NETWORK ROSTER

(1) No.	(2) PC ID #	(3) County Code	(4) Zone	(5) Provider Type	(6) AHCCCS Provider No.	(7) Name	(8) Address	(9) City	(10) State	(11) Zip Code	(12) Telephone	(13) Contact Person	(4) Limitations/Restrictions

Nursing Facilities Network Roster

Name: Insert name of Contractor or Offeror

GSA: Geographic Service Area, counties have been assigned to GSAs: See above for GSA numbers. Insert appropriate GSA Number where indicated on the Network Summary. See ACOM Network Standards Policy for the appropriate County/GSA standards.

(1) No: The row number for each provider is listed. If you require additional rows insert the rows and number accordingly.

(2) PC ID #: See above listing for Contractor and Identification Number (ID#) affiliation.

(3) County Code: See above listing for County Code.

(4) Zone: Insert the Zone number in which the facility resides. See ACOM Network Standards Policy for the appropriate Zone number.

(5) Provider Type: If the provider is an AHCCCS registered provider insert the Provider Type (See AMPM 610-01 or the Bidder's Library for a list of provider types). If the Provider is not registered with AHCCCS at this time, place "XX" in the Column.

NOTE: in the event of a Contract Award, the Contractor must ensure the Provider has registered with AHCCCS prior to providing services to members.

(6) AHCCCS Provider Identification No: Insert the AHCCCS assigned number identifying the provider. If the Provider does not have a number leave the row blank.

(7) Name: The actual name of the facility. Do not use the corporation name.

(8) Address: The address where the facility is located. Do not use the billing address if different from where the member will receive the service.

(9) City: The city where the facility is located.

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(10) State: State where the facility is located.

(11) Zip Code: Zip Code for the facility's location.

(12) Telephone: The telephone number of the contact person.

(13) Contact Person: The name of the person to contact.

(14) Limitations or Restrictions: List any limitations or restrictions the Contractor has with the provider. Listed below are examples of restrictions and limitations. These examples are not meant to be an inclusive list; any limitations or restrictions should be noted.

- a) Contractor has a Long Term Care setting which will only allow current members to continue in the facility.
- b) Contractor has a Long Term Care setting which will allow only sub-acute/specialty admission.

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NOTE: Nursing Facilities must be listed sequentially by zone as follows:

Maricopa County zones - 1 through 9

Pima County zones – NE, NW, SE, SW



HCBS COMMUNITY NETWORK ROSTER

(1) No.	(2) PC ID #	(3) County Code	(4) <u>Zone</u>	(5) Provider Type	(6) AHCCCS Provider No.	(7) Name	(8) Address	(9) City	(10) State	(11) Zip Code	(12) Telephone	(13) Contact Person	(14) Limitations/Restrictions

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HCBS Community Roster

Name: Insert name of Contractor or Offeror

GSA: Geographic Service Area, counties have been assigned to GSAs: See above for GSA numbers. Insert appropriate GSA Number where indicated on the Network Summary. See ACOM Network Standards Policy for the appropriate County/GSA standards.

- (1) No: The row number for each provider is listed. If you require additional rows insert the rows and number accordingly.
- (2) PC ID #: See above listing for Contractor and Identification Number (ID#) affiliation.

(3) County Code: See above listing.

(4) Zone: Insert the Zone number in which the facility resides. See ACOM Network Standards Policy for the appropriate Zone number.

(5) Provider Type: If the provider is an AHCCCS registered provider insert the Provider Type (See AMPM 610-01.). If the Provider is not registered with AHCCCS at this time, place "XX" in the Column.

NOTE: in the event of a Contract Award, the Contractor must ensure the Provider has registered with AHCCCS prior to providing services to members.

(6) AHCCCS Provider Identification No: Insert the AHCCCS assigned number identifying the provider. If the Provider does not have an identification leave row blank.

(7) Name: The actual name of the provider. Do not use the corporation name.

(8) Address: The address where the Provider's office is located. Do not use the billing address if different from where the member will receive the service.

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(9) City: The city where the community setting/facility is.

(10) State: State where the community setting/facility is.

(11) Zip Code: Zip Code for the community setting/facility address.

(12) Telephone: The telephone number of the contact person

(13) Contact Person: The name of the person to contact.

(14) Limitations or Restrictions: List any limitations or restrictions the Contractor has with the provider. Listed below are examples of restrictions and limitations. These examples are not meant to be an inclusive list; any limitations or restrictions should be noted.

- (a) Contractor has an Assisted Living Facility setting which will only allow current residents who become eligible for the ALTCS program to continue in the facility.
- (b) Contractor has an Assisted Living Home that only admits head injury members with behavior management issues.

NOTE: HCBS Settings must be listed sequentially by zone as follows:

Maricopa County zones - 1 through 9

Pima County zones – NE, NW, SE, SW



HCBS HOME NETWORK ROSTER

(1) No.	(2) PC ID #	(3) Cty Code	(4) Prov Type	(5) AHCCCS Provider No.	(6) Name	(7) Address	(8) City	(9) State	(10) Zip Code	(11) Tel.	(12) Cont Pers	(13) SERVICES PROVIDED										(14) Limit Restr.		
												Adult Day Hlth Y/N	Attend Care Y/N	Emer. Alert Y/N	Envir. Mod. Y/N	Hab. Y/N	Home Hlth Care Y/N	HDM Y/N	Home- Maker Y/N	Hosp. Y/N	Persn Care Y/N		Resp. Y/N	

HCBS Home Roster

Name: Insert name of Contractor or Offeror

GSA: Geographic Service Area, counties have been assigned to GSAs: See above for GSA numbers. Insert appropriate GSA Number where indicated on the Network Summary. See ACOM Network Standards Policy for the appropriate County/GSA standards.

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- (1) No: The row number for each provider is listed. If you require additional rows insert the rows and number accordingly.
- (2) PC ID #: See above listing for Program Contractor and Identification Number (ID#) affiliation.
- (3) County Code: See above listing.
- (4) Provider Type: If the provider is an AHCCCS registered provider insert the Provider Type (See AMPM 610-01 or the Bidder’s Library for a list of provider types). If the Provider is not registered with AHCCCS at this time, place “XX” in the Column.
NOTE: in the event of a Contract Award, the Contractor must ensure the Provider has registered with AHCCCS prior to providing services to members.
- (5) AHCCCS Provider Identification No: Insert the AHCCCSA assigned number identifying the provider. If the Provider does not have an identification leave row blank.
- (6) Name: The actual name of the provider. Do not use the corporation name.
- (7) Address: The address where the Provider is located.
- (8) City: The city where the Provider is located.



- (9) State: State where the Provider is located.
- (10) Zip Code: Zip Code for the Provider's address.
- (11) Telephone: The telephone number of the contact person.
- (12) Contact Person: The name of the person to contact.
- (13) Services Provided: For each provider listed, place a "Y" in the column to indicate what services are contracted to be provided. A provider may have several "Y"s.
- (14) Limitations or Restrictions: List any limitations or restrictions the Contractor has with the provider. Listed below are examples of restrictions and limitations. These examples are not meant to be an inclusive list; any limitations or restrictions should be noted.
 - (a) The Provider provides services within the Prescott city limits only.



BEHAVIORAL HEALTH NETWORK ROSTER

												(13) SERVICES PROVIDED										
(1) No	(2) PC ID #	(3) Cty Code	(4) Prov Type	(5) AHCCCS Provider No.	(6) Name	(7) Address	(8) City	(9) State	(10) Zip Code	(11) Tel.	(12) Contact Person	Inpat Ser Y/N	Emer. Care Y/N	Eval. Y/N	Ind Grp Fmly Coun. Y/N	Med Monit Y/N	Psych Rehab Y/N	BH Day/Partial Care Y/N	(14) Serv In Setting Y/N	(15) Limit Restrict		

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Behavioral Health Roster

Name: Insert name of Contractor or Offeror

GSA: Geographic Service Area, counties have been assigned to GSAs: See above for GSA numbers. Insert appropriate GSA Number where indicated on the Network Summary. See ACOM Network Standards Policy for the appropriate County/GSA standards.

- (1) No: The row number for each provider is listed. If you require additional rows insert the rows and number accordingly.
- (2) PC ID #: See above listing for Contractor and Identification Number (ID#) affiliation.
- (3) County Code: See above listing.
- (4) Provider Type: If the provider is an AHCCCS registered provider insert the Provider Type (See AMPM 610-01 or the Bidder's Library for a list of provider types). If the Provider is not registered with AHCCCS at this time, place "XX" in the Column.
NOTE: in the event of a Contract Award, the Contractor must ensure the Provider has registered with AHCCCS prior to providing services to members.
- (6) AHCCCS Provider Identification No: Insert the AHCCCSA assigned number identifying the provider. If the Provider does not have an identification leave row blank.
- (7) Name: The actual name of the provider. Do not use the corporation name.
- (8) Address: The address where the Provider is located.
- (9) City: The city where the Provider is located.

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- (10) State: State where the Provider is located.
- (11) Zip Code: Zip Code for the service address.
- (12) Telephone: The telephone number of the contact person.
- (13) Contact Person: The name of the person to contact.
- (14) Services Provided: For each provider listed, place a “Y” in the column to indicate what services are contracted to be provided. A provider may have several “Y”s.
- (15) Services Provided in the Member’s Residence: Place a “Y” in the column to indicate when a service is provided in the Member’s residence (i.e., Nursing Facility, HCBS Community, HCBS Home, etc.)
- (16) Limitations or Restrictions: List any limitations or restrictions the Contractor has with the provider. Listed below are examples of restrictions and limitations. These examples are not meant to be an inclusive list; any limitations or restrictions should be noted.
 - a) Contractor has services available for children and young adults only.
 - b) The Provider has services only within the city limits of Prescott.



ACUTE SERVICES NETWORK ROSTER

(1) No.	(2) PC ID #	(3) County Code	(4) Provider Type	(5) AHCCCS Provider No.	(6) Name	(7) Address	(8) City	(9) State	(10) Zip Code	(11) Telephone	(12) Contact Person	(13) Limitations/ Restrictions

Acute Care Services Roster

Name: Insert name of Contractor or Offeror

GSA: Geographic Service Area, counties have been assigned to GSAs: See above for GSA numbers. Insert appropriate GSA Number where indicated on the Network Summary. See ACOM Network Standards Policy for the appropriate County/GSA standards.

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(1) No: The row number for each provider is listed. If you require additional rows insert the rows and number accordingly.

(2) PC ID #: See above listing for Contractor and Identification Number (ID#) affiliation.

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(3) County Code: See above listing.

(4) Provider Type: If the provider is an AHCCCS registered provider insert the Provider Type (See AMPM 610-01 or the Bidder’s Library for a list of provider types). If the Provider is not registered with AHCCCS at this time, place “XX” in the Column.

NOTE 1: In the event of a Contract Award, the Contractor must ensure the Provider has registered with AHCCCS prior to providing services to members.

NOTE 2: Providers listed under PCP services should meet the definition of a PCP in RFP Section D, Paragraph 10. Physician specialists, i.e., cardiologists, should be listed on the Acute Care Services – Physician Specialists Only worksheet.

(5) AHCCCS Provider Identification No: Insert the AHCCCS assigned number identifying that provider. If the Provider does not have an identification leave row blank. In the event of a Contract Award, the Contractor must ensure the Provider has registered with AHCCCS prior to providing services to members.



- (6) Name: The actual name of the provider. Do not use the corporation name. Provider names should be listed last name (,) first name when appropriate.
- (7) Address: The address where the Provider is located. Do not use the billing address if different from where the member will receive the service.
- (8) City: The city where the Provider is located.
- (9) State: State where the Provider is located.
- (10) Zip Code: Zip Code for the Provider's location.
- (11) Telephone: The telephone number of the contact person.
- (12) Contact Person: The name of the person to contact.
- (13) Limitations or Restrictions: List any limitations or restrictions the Contractor has with the provider. Listed below are examples of restrictions and limitations. These examples are not meant to be an inclusive list; any limitations or restrictions should be noted.
 - (a) Contractor has a signed agreement with a PCP; however, the provider is not accepting new members.
 - (b) Contractor has a number of hospitals listed on their roster however; members are admitted to one primary hospital for stays longer than two days.



ACUTE SERVICES PHYSICIAN SPECIALISTS ONLY NETWORK ROSTER

(1) No.	(2) PC ID #	(3) County Code	(4) Provider Type	(5) AHCCCS Provider No.	(6) Name	(7) Address	(8) City	(9) State	(10) Zip Code	(11) Telephone	(12) Contact Person	(13) Specialty	(14) Limitations/Restrictions

Acute Care Services –Other Roster

NOTE: List providers not covered under Acute Care Services. For example: Physician Specialists, Cardiologists, Pulmonologists, etc.

Name: Insert name of Contractor or Offeror

GSA: Geographic Service Area, counties have been assigned to GSAs: See above for GSA numbers. Insert appropriate GSA Number where indicated on the Network Summary. See ACOM Network Standards Policy for the appropriate County/GSA standards.

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(1) No: The row number for each provider is listed. If you require additional rows insert the rows and number accordingly.

(2) PC ID #: See above listing for Contractor and Identification Number (ID#) affiliation.

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(3) County Code: See above listing.

(4) Provider Type: If the provider is an AHCCCS registered provider insert the Provider Type (See AMPM 610-01). If the Provider is not registered with AHCCCS at this time, place “XX” in the Column.

NOTE: in the event of a Contract Award, the Contractor must ensure the Provider has register with AHCCCS prior to providing services to members.

(5) AHCCCS Provider Identification No: Insert the AHCCCS assigned number identifying that provider. If the Provider does not have an identification leave row blank.

(6) Name: The actual name of the provider. Do not use the corporation name. Provider names should be listed last name (,) first name when appropriate.



- (7) Address: The address where the Provider is located. Do not use the billing address if different from where the member will receive the service.
- (8) City: The city where the Provider is located.
- (9) State: State where the Provider is located.
- (10) Zip Code: Zip Code for the Provider's location.
- (11) Telephone: The telephone number of the contact person.
- (12) Contact Person: The name of the person to contact.
- (13) Specialty: For provider listed, indicate, the specialty/service provided.
- (14) Limitations or Restrictions: List any limitations or restrictions the Contractor has with the provider. Listed below are examples of restrictions and limitations. These examples are not meant to be an inclusive list; any limitations or restrictions should be noted.
 - (a) Contractor has a signed agreement with a specialist; however, the provider is not accepting new members.



IV. References

ALTCS Contract Section D, Paragraph 10
ALTCS Contract Section D, Paragraph 28
ALTCS Contract Section D, Paragraph 29
ALTCS Contract Section D, Paragraph 32
ACOM Network Standards Policy
ACOM Network Management and Development Policy

