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1902(a)(23)

P.L. 100-93

(section 8(f))

P.L. 100-203

(Section 4113)

4.10 Free Choice of Providers

- (a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.
- (b) Paragraph (a) does not apply to services furnished to an individual --
- (1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
 - (2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or
 - (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,
 - (4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or
 - (5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).
- (c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

Section 1902(a)(23)

Of the Social

Security Act

P.L. 105-33

Section 1932(a)(1)

Section 1905(t)

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ADDENDUM
FREE CHOICE OF PROVIDERS

STATE OF ARIZONA

CITATION: Page 41 of the State Plan

Under the terms of the waivers granted to the State of Arizona, provider freedom of choice is restricted. Administration means the Administration of the Arizona Health Care Cost Containment System (AHCCCS). Provider, as used in this addendum, refers to the prepaid capitated health plans with whom the AHCCCS Administration enters into agreements for the delivery of services. PCP, as used in this addendum, means primary care provider.

An eligible person is provided freedom of choice to select a provider when more than one is available and accessible in the geographic service area (GSA) in which the eligible persons resides. Eligible persons failing to make a health plan choice when a choice is available, or failing to enroll when no choice is available, will be enrolled by AHCCCS with a provider in their geographic service area.

Upon enrollment with a provider, the eligible person may choose a PCP from the provider's network. The PCP is responsible for supervising, coordinating and providing initial and primary care to the eligible person as well as initiating referrals for specialty care and authorizing hospital admissions and any other medically necessary services. There are provisions which allow the eligible person to change from one PCP to another. However, PCPs must use the provider's subcontracted service delivery network (hospitals, pharmacies, specialty providers, etc.).

Eligible persons are allowed to change providers on an annual basis if there is more than one provider available within their geographic service area. This annual period is determined by the eligible person's anniversary date. At least 60 days prior to the eligible person's anniversary date, a notice will be mailed to the eligible person which advises them about the available provider options in their GSA and the time period in which a choice must be made if a change is desired. The eligible person is also advised that failure to make a change within the specified time period will mean that the eligible person will continue enrollment with their current provider. During the remainder of the year, the Administration may approve the transfer of an eligible person from one provider to another for cause in accordance with policies established by the Administration.

Enrollment with a provider shall continue within a given contract year for a period of up to 12 months following the effective date of enrollment. Continuous enrollment is contingent upon the eligibility of the person. At the time of initial enrollment, an eligible person has a period of guaranteed enrollment which is five months, plus the remaining days of the month of enrollment.

Persons eligible for the Arizona Long Term Care System will be enrolled with the program contractor in their county of residence. Upon enrollment with the program contractor, the eligible person may choose a PCP from the program contractor's network.

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