

SECTION: 1 CHAPTER: 400

POLICY: 401, Provider Network Development and Management

1. PURPOSE:

To ensure that the Tribal/Regional Behavioral Health Provider (T/RBHA) has established a process to develop, maintain and monitor their network of contracted providers sufficient in size, scope and types of providers to deliver all covered services according to the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) standards and requirements.

2. TERMS:

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>.
The following terms are referenced in this section:

Integrated RBHA
Provisional Credentialing

3. PROCEDURES:

a. Network Development

- i The T/RBHA must develop and maintain a network of providers that:
 - (1) Is sufficient in size, scope and types of providers to deliver all covered behavioral health services and satisfy all the service delivery requirements; and,
 - (2) Can deliver culturally and linguistically appropriate services, in-home and community-based services for the American Indian members and other culturally diverse populations. These cultural and linguistic needs must take into consideration the prevalent language(s), including sign language, spoken by populations in the geographic service area.
- ii T/RBHA's must design, establish and maintain a network that covers, at a minimum:
 - (1) Covered services that are accessible to all current and anticipated Title XIX/XXI and non-Title XIX/XXI members, as applicable, in terms of timeliness, amount, duration and scope;
 - (2) Current and anticipated utilization of services and the number of network providers not accepting new referrals;
 - (3) The geographic location of providers and their proximity to members, considering distance, travel time, the means of available transportation and access for persons with a disability;
 - (4) The identification of current network gaps and the methodology used to identify them, and the immediate short-term interventions identified when a gap occurs, including provisional credentialing;
 - (5) Interventions to fill network gaps and barriers to those interventions; outcome measures/evaluation of interventions;
 - (6) Member Satisfaction Survey data, complaint, grievance and appeal data;
 - (7) Issues, concerns and requests brought forth by other state agency personnel;

SECTION: 1 CHAPTER: 400

POLICY: 401, Provider Network Development and Management

- (8) Ongoing activities for network development based on identified gaps and future needs projection and to reduce reliance on out-of-state placements;
 - (9) Specialized health competencies to deliver services to children, youth and adults with developmental or cognitive disabilities, sexual offenders, sexual abuse trauma victims, individuals with substance use disorders, individuals in need of dialectical behavior therapy; and infants and toddlers under the age of five (5) years; and,
 - (10) A network of providers that delivers (24) twenty-four hour substance use disorder/psychiatric crisis stabilization services.
- b. Network Management
- i The T/RBHA must:
 - (1) Monitor network compliance with all policies and rules of AHCCCS and the Contractor, including:
 - (a) ADHS Minimum Network Standards in association with the AHCCCS Contractor Operations Manual Chapter 436;
 - (b) Process to evaluate its Provider Services Staffing levels based on the needs of the provider community;
 - (c) A process to track and trend provider inquiries that include timely acknowledgement and resolution including systemic actions as appropriate;
 - (d) Recruit, select, credential, re-credential and contract with providers in a manner that incorporates quality management utilization, office audits, medical record reviews, and provider profiling;
 - (e) Provide training for providers and maintain records of such training;
 - (f) Network compliance with all policies and procedures related to the grievance/appeal processes and ensuring the member's care is not compromised during the grievance/appeal processes;
 - (g) The adequacy, accessibility and availability of its provider network to meet the needs of its members, including the provision of care to members with limited proficiency in English; and,
 - (h) On-going monitoring of out-of-state providers to ensure compliance with AHCCCS standards of care and to identify gaps in the system of care.
 - ii Tracking and responding to provider inquiries:
 - (1) T/RBHAs must track and trend provider inquiries/complaints/requests for information and take systemic action as necessary and appropriate.
 - (2) T/RBHAs must ensure that provider calls are acknowledged within three (3) business days of receipt, are resolved and the result communicated to the

SECTION: 1 CHAPTER: 400

POLICY: 401, Provider Network Development and Management

provider within thirty (30) business days of receipt (includes referrals from ADHS/DBHS or AHCCCS).

- (3) T/RBHAs must ensure adequate staffing to handle provider inquiries/complaints/requests for information and ensure that staff members are trained, at a minimum, in the following:
 - (a) Provider inquiry processing and tracking (including resolution timeframes);
 - (b) T/RBHA procedures for initiating provider contracts or AHCCCS provider registration;
 - (c) Claim submission methods and resources (see Policy 501, Submitting Claims and Encounters);
 - (d) Claim dispute and appeal procedures ([Policy 1805, Provider Claims Disputes](#));
 - (e) Identifying and referring quality of care issues; and
 - (f) Fraud, waste, and program abuse reporting requirements in accordance with Policy 1502, Corporate Compliance.
- iii Integrated RBHA's must:
 - (1) Monitor the number of members assigned to each Primary Care Provider (PCP) and the PCP's total capacity in order to assess the providers' ability to meet AHCCCS appointment standards.
- c. Reporting
 - i The T/RBHA must provide all required deliverables with the frequency and due dates specified as stated in their respective Contract/IGA; inclusive of incident reporting for out-of-state placements.

4. REFERENCES:

[42 CFR 432.10\(c\)](#)
[42 CFR 438.102\(a\) \(1\) \(i-iii\)](#)
[42 CFR 438.206](#)
[42 CFR 438.214\(a & c\)](#)
[ADHS/AHCCCS Contract](#)
[ADHS/RBHA Contracts](#)
[Tribal IGAs](#)
[ADHS/DBHS Behavioral Health Covered Services Guide](#)
[Substance Abuse Prevention & Treatment \(SAPT\) Block Grant](#)
[AHCCCS Provider Affiliation Transmission \(PAT\) File](#)

SECTION: 1 CHAPTER: 400

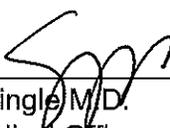
POLICY: 401, Provider Network Development and Management

5. APPROVED BY:



Cory Nelson, MPA
Interim Director
Arizona Department of Health Services

4/3/15
Date



Steven Dingle, M.D.
Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

4/3/15
Date