

436 – NETWORK STANDARDS

EFFECTIVE DATES: 10/01/13, 01/01/14, 10/01/15, 07/01/16, 10/01/17, 10/01/18, 10/01/19, 10/01/20, 10/01/21

APPROVAL DATES: 10/01/13, 12/19/13, 09/17/15, 03/17/16, 11/01/16, 03/30/17, 11/02/17, 02/05/18, 04/05/18, 09/19/19, 03/19/20, 05/04/21

I. PURPOSE

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

II. DEFINITIONS

For purposes of this Policy:

ADULT FOSTER CARE (AFC) HOME

An Alternative Home and Community Based Service (HCBS) Setting that provides room and board, supervision, and coordination of necessary adult foster care services within a family type environment for at least one and no more than four adult residents who are ALTCS members.

An AFC is defined as a facility operating using the AHCCCS provider type 50 “Adult Foster Care”.

ASSISTED LIVING CENTER (ALC)

An Alternative Home and Community Based Services (HCBS) Setting as specified in, A.R.S. § 36-401, that provides room and board, supervision, and coordination of necessary services to more than 11 residents.

An ALC is defined as a facility operating using the AHCCCS provider type 49 “Assisted Living Center”.

ASSISTED LIVING HOME (ALH)

An ALTCS approved alternative home and community-based setting that provides supervision and coordination of necessary services to 10 or fewer residents.

An ALH is defined as a facility operating using the AHCCCS provider type 36 “Assisted Living Home”.

**BEHAVIORAL HEALTH
OUTPATIENT AND
INTEGRATED CLINIC,
ADULT**

A class of health care institution without inpatient beds that provides physical health services and/or behavioral health services for the diagnosis and treatment of patients.

A Behavioral Health Outpatient and Integrated Clinic is defined as facility operating using the AHCCCS provider types 77 “Behavioral Health Outpatient Clinic” and IC “Integrated Clinic”.

The time and distance for these providers is measured using the Contractor’s population of members aged 18 years or older.

**BEHAVIORAL HEALTH
OUTPATIENT AND
INTEGRATED CLINIC,
PEDIATRIC**

Class of health care institution without inpatient beds that provides physical health services and/or behavioral health services for the diagnosis and treatment of patients.

A Behavioral Health Outpatient and Integrated Clinic is defined as facility operating using the AHCCCS provider types 77 “Behavioral Health Outpatient Clinic” and IC “Integrated Clinic”.

The time and distance for these providers is measured using the Contractor’s population of members under the age of 18 years old.

**BEHAVIORAL HEALTH
RESIDENTIAL FACILITY
(BHRF)**

As specified in A.A.C. R9-10-101, a health care institution that provides treatment to an individual experiencing a behavioral health issue that:

1. Limits the individual’s ability to be independent, or
2. Causes the individual to require treatment to maintain or enhance independence.

A Behavioral Health Residential Facility (BHRF) is defined as a facility operating using the AHCCCS provider type B8 “Behavioral Health Residential Facility”.

CARDIOLOGIST, ADULT

A Medical Doctor (MD) who specializes in the diagnosis and treatment of diseases of the heart and blood vessels or the vascular system.

An adult Cardiovascular Specialist is defined as a provider operating using the AHCCCS provider types 08 “MD-Physician”, or 31 “DO-Physician Osteopath”, and with the specialty code 62 “Cardiovascular Medicine” or 927 “Cardiologist”.

The time and distance for these providers is measured using the Contractor’s population of members aged 21 years or older.

**CARDIOLOGIST,
PEDIATRIC**

A medical doctor who specializes in the study or treatment of heart diseases and heart abnormalities.

A Pediatric Cardiologist is defined as a provider operating using with the AHCCCS provider types 08 “MD- Physician”, or 31 “DO-Physician Osteopath”, and with the specialty codes 062 “Cardiovascular Medicine”, 151 “Pediatric Cardiologist”, or 927 “Cardiologist”.

The time and distance for these providers is measured using the Contractor’s population of members under the age of 21 years old.

**CRISIS STABILIZATION
FACILITY**

An inpatient facility or outpatient treatment center licensed as specified in 9 A.A.C. 10 that provide crisis intervention services (stabilization).

A Crisis Stabilization Facility is defined as a facility operating using the AHCCCS provider type 02 “Hospital”, 71 “Level I Psychiatric Hospital”, IC “Integrated Clinic”, 77 “Behavioral Health Outpatient Clinic” (24 hours per day, seven days per week access), B5 “Subacute facility”, B6 “Subacute Facility” (IMD), and B7 “Crisis Service Provider”.

DENTIST, PEDIATRIC

A medical professional regulated by the State Board of Dental Examiners and operating as specified in A.R.S. § 32-1201.

Dentists are defined as a provider operating using the AHCCCS provider type 07 “Dentist” with the specialty code of “800-Dentist- General”, or “804- Dentist- Pediatric.”

The time and distance for these providers is measured using the Contractor’s population of members under the age of 21 years old.

DISTRICT

A Service District is a section of Maricopa or Pima County defined by zip code for purposes of establishing and measuring minimum network standards for Developmentally Disabled (DD) Group Homes and Assisted Living Facilities. Refer to “County and District Definitions” below.

GROUP HOME FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

A residential setting for not more than six persons with developmental disabilities, regulated by the Arizona Department of Economic Security as specified in A.A.C. Title 9, Chapter 33, Article 1 and A.R.S. § 36-551.

A Developmentally Disabled (DD) Group Home is defined as a facility operating using the AHCCCS Provider Type 25 “Group Home (Developmentally Disabled)”.

HOSPITAL

A class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient as specified in A.A.C. Title 9, Chapter 10, Article 1 and A.R.S. Title 36, Chapter 4, Article 1, 2, and 3. For the purposes of measuring network sufficiency, a hospital is defined as a facility operating using the AHCCCS provider type 02 “Hospital” or C4 “Specialty Pier Diem Hospital”.

IN HOME CARE SERVICE

Defined as Home and Community Based “Critical Services” as specified in ACOM Policy 413. These are Attendant Care, Personal Care, Homemaking, and Respite Care.

MULTI-SPECIALTY INTERDISCIPLINARY CLINIC (MSIC)

An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.

NURSING FACILITY (NF)

A health care institution that provides inpatient beds or resident beds and nursing services to persons who need continuous nursing services but who do not require hospital care or direct daily care from a physician.

A Nursing Facility is defined as a health care institution operating using the AHCCCS provider type 22 “Nursing Home”.

The time and distance for these providers is measured using the Contractor’s population of members currently residing in their Own Home.

**OBSTETRICIAN/
GYNECOLOGIST
(OB/GYN)**

A healthcare practitioner responsible for the management of female reproductive health, pregnancy, and childbirth needs. Or who possess special knowledge, skills, and professional capability in the medical and surgical care of the female reproductive system and associated disorders.

An OB/GYN is defined as a provider operating using the following AHCCCS provider types:

Provider type 08 “MD-Physician”, 19 “Registered Nurse Practitioner” or 31 “DO-Physician Osteopath”, and with at least one of the specialty codes:

1. 089 – Obstetrician/ Gynecologist
2. 090 – Gynecologist
3. 091 – Obstetrician
4. 095 – Women’s HC/OB-GYN NP
5. 181 – Surgery-Obstetrical
6. 219 – Surgery-Gynecological

The time and distance for these providers is measured using the Contractor’s population of female members aged 15 to 45 years old.

OWN HOME

A residential dwelling that is owned, rented, leased, or occupied by a member, at no cost to the member, including a house, a mobile home, an apartment, or other similar shelter. A home is not a facility, a setting, or an institution, or a portion of any of these that is licensed or certified by a regulatory agency of the state as a:

1. Health care institution as specified in A.R.S. § 36-401.
2. Residential care institution as specified in A.R.S. § 36-401.
3. Community residential setting as specified in A.R.S. § 36-551; or
4. Behavioral health facility as specified in 9 A.A.C. 20, Articles 1,4,5, and 6.

PHARMACY

A facility regulated by the State Board of Pharmacy and operating as specified in A.R.S. § 32-1901. For the purposes of this policy, a Pharmacy is defined as a provider operating using the AHCCCS provider types 03 “Pharmacy”, and 05 “Clinic”.

**PRIMARY CARE PROVIDER
(PCP), ADULT**

A healthcare practitioner responsible for the management of a member's health care.

An Adult PCP is defined as a provider operating using the following AHCCCS provider types:

1. Provider type 08 "MD-Physician" and 31 "DO-Physician Osteopath", with the specialty codes:
 - a. 050-Family Practice,
 - b. 055-General Practice,
 - c. 060-Internal Medicine,
 - d. 089-Obstetrician and Gynecologist, or
 - e. 091-Obstetrician
2. Provider type 19 "Registered Nurse Practitioner" with the specialty codes:
 - a. 084-RN Family Nurse Practitioner
 - b. 095-Women's HC/OB-GYN NP,
 - c. 097-RN Adult Nurse Practitioner, or
3. Provider type, 18 "Physician Assistant" with the specialty code:
 - a. 798-Physician's Assistant.

The time and distance for these providers is measured using the Contractor's population of members aged 21 years or older.

**PRIMARY CARE PROVIDER
(PCP), PEDIATRIC**

A healthcare practitioner responsible for the management of a member's pediatric health care needs.

A Pediatric PCP is defined as a provider operating using the following AHCCCS provider types:

1. Provider type 08 "MD-Physician" or 31 "DO-Physician Osteopath", and with at least one of the specialty codes:
 - a. 050-Family Practice,
 - b. 150-Pediatrician,
 - c. 176 Adolescent Medicine or
2. Provider type 19 "Registered Nurse Practitioner" with the at least one of the specialty codes:
 - a. 084-RN Family Nurse Practitioner,
 - b. 87-RN Pediatric Nurse Practitioner,
 - c. 097 - RN Adult Nurse Practitioner, or
3. Provider type, 18 "Physician Assistant" with the specialty code:
 - a. 798 - Physician's Assistant.

The time and distance for these providers is measured using the Contractor's population of members under the age of 21.

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

III. POLICY

A. COUNTY AND DISTRICT DEFINITIONS

1. When a zip code crosses two different counties, AHCCCS assigns the zip code to one county for purposes of enrolling members with a Contractor. The Contractor is responsible for calculating compliance with the standards specified in this Policy. The county zip code assignments are identified in the AHCCCS Medical Assistance Eligibility Policy and identified here:

The split zip codes are assigned as follows:

ZIP CODE	SPLIT BETWEEN THESE COUNTIES	COUNTY ASSIGNED TO
85342	Yavapai and Maricopa	Maricopa
85390	Yavapai and Maricopa	Maricopa
85358	Yavapai and Maricopa	Maricopa
85542	Gila and Graham	Graham
85550	Gila and Graham	Graham
85645	Pima and Santa Cruz	Santa Cruz

The following zip codes have been re-assigned outside of their originally assigned counties:

ZIP CODE	ORIGINAL COUNTY ASSIGNED	COUNTY RE-ASSIGNMENT 10/1/5
85192	Gila and Pinal	Graham

2. For purposes of this Policy, Maricopa and Pima Counties are further subdivided into districts. Below is the definition of these districts:

a. Maricopa County

MARICOPA DISTRICT	DESCRIPTION	ZIP CODES
<i>DISTRICT 1</i>	Phoenix	85022, 85023, 85024, 85027, 85029, 85032, 85054, 85050, 85053, 85085, 85086, 85087, 85254, 85324, 85331
<i>DISTRICT 2</i>	Carefree, Cave Creek, Fountain Hills, Scottsdale	85250, 85251, 85255, 85256, 85257, 85258, 85259, 85260, 85262, 85263, 85264, 85268
<i>DISTRICT 3</i>	Phoenix	85012, 85013, 85014, 85015, 85016, 85017, 85018, 85019, 85020, 85021, 85028, 85051, 85253
<i>DISTRICT 4</i>	Phoenix	85003, 85004, 85006, 85007, 85008, 85009, 85025, 85034, 85040, 85041, 85042, 85044, 85045, 85048
<i>DISTRICT 5</i>	Buckeye, Goodyear, Phoenix, Tolleson, Gila Bend	85031, 85033, 85035, 85037, 85043, 85322, 85323, 85326, 85338, 85339, 85353, 85337
<i>DISTRICT 6</i>	Glendale	85301, 85302, 85303, 85304, 85305, 85306, 85308, 85310

MARICOPA DISTRICT	DESCRIPTION	ZIP CODES
<i>DISTRICT 7</i>	El Mirage, Peoria, Sun City, Sun City West, Surprise, Wickenburg	85275, 85307, 85309, 85335, 85340, 85342, 85345, 85351, 85355, 85361, 85363, 85373, 85374, 85375, 85379, 85381, 85382, 85383, 85387, 85388, 85390, 85395, 85396
<i>DISTRICT 8</i>	Mesa, Tempe	85120, 85201, 85202, 85203, 85204, 85205, 85206, 85207, 85208, 85209, 85210, 85212, 85213, 85215, 85218, 85219, 85220, 85256, 85281, 85282
<i>DISTRICT 9</i>	Chandler, Tempe, Gilbert, Queen Creek, Sun Lakes	85140, 85142, 85143, 85222, 85224, 85225, 85226, 85233, 85234, 85242, 85243, 85248, 85249, 85283, 85284, 85296, 85297

b. Pima County

PIMA DISTRICT	DESCRIPTION	ZIP CODES
<i>DISTRICT 1</i>	Northwest	85321, 85653, 85658, 85701, 85704, 85705, 85737, 85739, 85741, 85742, 85743, 85745, 85755
<i>DISTRICT 2</i>	Northeast	85619, 85702, 85712, 85715, 85716, 85718, 85719, 85749, 85750

PIMA DISTRICT	DESCRIPTION	ZIP CODES
<i>DISTRICT 3</i>	Southwest	85601, 85614, 85622, 85629, 85713, 85714, 85723, 85724, 85735, 85736, 85746, 85757
<i>DISTRICT 4</i>	Southeast	85641, 85706, 85708, 85710, 85711, 85730, 85747, 85748

B. STATEWIDE TIME AND DISTANCE NETWORK STANDARDS

For each county in the Contractor’s assigned service area, the Contractor shall have a network in place to meet time and distance standards specified below. If the Contractor delegates network activities, it shall ensure subcontractor compliance with applicable network standards.

Services identified as eligible for a telehealth standard modification only require 80 percent of a county’s membership to meet the time and distance standards where telehealth services are available for that provider category.

1. Behavioral Health Outpatient and Integrated Clinic, Adult (All Contractors except CHP)
 - a. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence, and
 - b. All Other Counties - 90% of membership does not need to travel more than 60 miles from their residence.

The time and distance for these providers is measured using the Contractor’s population of members aged 18 years or older.

This standard is eligible for a telehealth standard modification.

2. Behavioral Health Outpatient and Integrated Clinic, Pediatric (All Contractors except RBHA Contractors)
 - a. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence, and
 - b. All Other Counties - 90% of membership does not need to travel more than 60 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members under the age of 18 years old.

This standard is eligible for a telehealth standard modification.

3. Behavioral Health Residential Facility
 - a. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence, and
 - b. All Other Counties – as specified in ACOM Policy 415.
4. Cardiologist, Adult (All Contractors except CHP)
 - a. Maricopa, Pima - 90% of membership does not need to travel more than 30 minutes or 20 miles from their residence, and
 - b. All other Counties – 90% of membership does not need to travel more than 75 minutes or 60 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members aged 21 years or older.

This standard is eligible for a telehealth standard modification.

5. Cardiologist, Pediatric
 - a. Maricopa, Pima – 90% of membership does not need to travel more than 60 minutes or 45 miles from their residence, and
 - b. All Other Counties – 90% of membership does not need to travel more than 110 minutes or 100 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members under the age of 21 years old.

This standard is eligible for a telehealth standard modification.

6. Crisis Stabilization Facility (RBHA Contractors Only)
 - a. Maricopa, Pima – 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence, and
 - b. All Other Counties – 90% of membership does not need to travel more than 45 miles from their residence.
7. Dentist, Pediatric
 - a. Maricopa, Pima – 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence, and
 - b. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members under the age of 21 years old.

8. Hospital
 - a. Maricopa, Pima – 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence, and
 - b. All Other Counties – 90% of membership does not need to travel more than 95 minutes or 85 miles from their residence.
9. Nursing Facilities (NF) (ALTCS E/PD Contractors Only)
 - a. Maricopa, Pima – 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence, and
 - b. All Other Counties – 90% of membership does not need to travel more than 95 minutes or 85 miles from their residence.

The time and distance for these providers is measured using the Contractor’s population of members currently residing in their Own Home.

10. Obstetrician/Gynecologist (OB/GYN)
 - a. Maricopa, Pima – 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence, and
 - b. All Other Counties – 90% of membership does not need to travel more than 90 minutes or 75 miles from their residence.

The time and distance for these providers is measured using the Contractor’s population of female members aged 15 to 45 years old.

11. Pharmacy
 - a. Maricopa, Pima – 90% of membership does not need to travel more than 12 minutes or 8 miles from their residence, and
 - b. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.
12. Primary Care Provider (PCP), Adult (All Contractors except CHP)
 - a. Maricopa, Pima – 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence, and
 - b. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.

The time and distance for these providers is measured using the Contractor’s population of members aged 21 years or older.

This standard is eligible for a telehealth standard modification.

13. Primary Care Provider (PCP), Pediatric
 - a. Maricopa, Pima – 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence, and
 - b. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members under the age of 21.

This standard is eligible for a telehealth standard modification.

C. OTHER STATEWIDE NETWORK STANDARDS

In addition to the time and distance standards specified above, the Contractor shall document a sufficient network to meet the service needs of its members based upon the minimum network requirements specified in Attachments A and B and as specified in Contract. If the Contractor delegates network activities, it shall ensure subcontractor compliance with applicable network standards.

1. Developmentally Disabled (DD) Group Home, Assisted Living Center (ALC) and Assisted Living Home (ALH)/Adult Foster Care (AFC) Network Standards
 - a. ALTCS E/PD and DDD Contractors shall have contracts with a minimum number of ALC, ALH, and AFC providers as specified in Attachment A. The DDD Contractor shall have contracts with a minimum number of DD Group Homes as specified in Attachment A, and
 - b. Attachment A includes a tab detailing the minimum network requirements in each for ALTCS E/PD and DDD Contractors. Network requirements include minimum contracts within a specific city or group of cities, contracts within specified distances to specific cities, or minimum contracts within a county. In certain instances, locations outside of a county's boundary have been identified. This is to allow members to access services in the most geographically convenient location possible and to prevent members from traveling much greater distances to obtain care, but at the same time accommodate network availability in each county.
2. Multi-Specialty Interdisciplinary Clinic (MSIC) Network Standards
 - a. The Contractor is expected to contract with all MSICs in the assigned Geographical Service Area (GSA)(s), as well as any MSICs which have provided services to the Contractor's members, and
 - b. The Contractor shall identify all contracted MSICs in Attachment A, including any multispecialty interdisciplinary care providers it has contracted with and the AHCCCS approval date.
3. Mobile Crisis Team Response Reporting Requirements
 - a. The RBHA Contractor serving Maricopa County shall require mobile crisis teams to respond on site within an average of 60 minutes of receipt of the call,
 - b. RBHA Contractors serving all other areas of the state shall require mobile crisis teams to respond on site within an average of 90 minutes of the receipt of the call, and
 - c. The Contractor shall report in Attachment B the minimum, maximum, mean, and median response times in their Contracted area for each of the months in the reporting quarter.

D. NETWORK STANDARD REQUEST FOR EXCEPTION PROCESS

1. When the Contractor has exhausted its efforts to meet any network standard specified in this Policy, a Contractor may request an exception to the network standards as specified below. The request shall be submitted as specified in Contract and include the following required elements:
 - a. The county or counties covered under the exception request,
 - b. The provider types covered under the exception request,
 - c. A geospatial analysis showing the current member access to the provider types and counties covered under the exception request,
 - d. An explanation describing why the Contractor cannot meet the established network standard requirements,
 - e. The Contractor's proposal for monitoring and ensuring member access to services offered by the provider types under the exception request, and
 - f. The Contractor's plan for periodic review to identify when conditions in the exception area have changed, and the exception is no longer needed.

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. The availability of IHS/638 facilities available to the American Indian population in the county,
 - e. The availability of alternative service delivery mechanisms available, such as telemedicine, telehealth, or virtual or mobile services, and
 - f. The Contractor's proposal for monitoring and ensuring member access.

E. NETWORK OVERSIGHT REQUIREMENTS

1. Minimum Network Standards Reporting Requirements
 - a. The Contractor shall submit a completed Attachment A reporting its compliance with the applicable standards in this Policy. Attachment A shall be submitted as specified in Contract. The Contractor shall report compliance with these requirements for each county in its assigned service area. A separate report shall be submitted for each line of business. For purposes of calculating and reporting this data:
 - i. The Contractor shall use its enrollment and its network as of the last day of the reporting period (March 31 and September 30).
 - ii. The Contractor shall report the percentages in Attachment A, 'Time and Distance' tab rounded to the nearest tenth of a percent,
 - iii. 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.
 - b. The Contractor shall analyze compliance with these standards based upon the provider network reported through the Contractor Provider Affiliation

Transmission (PAT) and the Gap in Services Log. With the submission of Attachment A, the Contractor shall include a summary including, at a minimum, the following:

- i. The Contractor strategies and efforts to address any areas of non-compliances,
- ii. A summary of exceptions granted to the network standards specified in this Policy, and the results of the Contractor's monitoring of member access to the services governed under the exception,
- iii. A summary of counties where telehealth services are available for each of the following provider types:
 - 1) Behavioral Health Outpatient and Integrated Clinic, Adult,
 - 2) Behavioral Health Outpatient and Integrated Clinic, Pediatric,
 - 3) Cardiologist, Adult,
 - 4) Cardiologist, Pediatric,
 - 5) Primary Care Provider (PCP), Adult, and
 - 6) Primary Care Provider (PCP), Pediatric.
- iv. (RBHAs Only) An assessment of the Contractor's Mobile Crisis Team compliance with the response time requirements of the RBHA Contracts, addressing any patterns, trends, or corrective action taken.
- c. As specified in Contract, DDD shall submit a completed Attachment A for each subcontracted health plan. In addition, DDD's summary shall include an analysis of any areas of non-compliance by its subcontracted health plans with network standards specified in this Policy, including strategies and efforts to address areas of non-compliance.

2. 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, the Contractor shall address the sufficiency of member access to the area, and assess the continued need for the exception, and
- b. 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.