

POLICY 439 - ATTACHMENT A -
PROVIDER NETWORK/BUSINESS OPERATIONS MATERIAL CHANGE PLAN CHECKLIST

CONTRACTOR:	_____	DATE RECEIVED:	_____
CONTRACTOR CONTACT:	_____	PHONE #:	_____
LINES OF BUSINESS:	_____	AHCCCS APPROVED DATE:	_____
AHCCCS REVIEWER:	_____	AHCCCS REVIEWED DATE:	_____

(A) PROVIDER NETWORK/BUSINESS OPERATIONS MATERIAL CHANGE PLAN CHECKLIST		(B) REQUIREMENTS APPLY TO THESE CHANGES		(C) FOUND ON PAGE NUMBER OR DOCUMENT NAME OR INDICATE 'N/A' IF ITEM IS NOT APPLICABLE:	(D) CONTRACTOR COMMENTS	AHCCCS		AHCCCS
		PROVIDER NETWORK	BUSINESS OPERATIONS			(E) YES	(F) NO	(G) AHCCCS COMMENTS
1.	A comprehensive formal cover letter that describes and/or summarizes the material change, including an explanation of why the change meets the Contractor's criteria for a material change. The cover letter shall address the impact of the change for all lines of business, but a submission is required for materially impacted lines of business only.	X	X					

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2.	Provide an impact summary by line of business including the following information: Delineation by County/Geographic Service Area (GSA): a. The Contractor's minimum six-month impact assessment calculation as specified in ACOM Policy 439 (if the Contractor uses a different timeframe, this shall be identified in the submission), b. The number of members currently receiving services that will be impacted by the proposed change, c. An accessibility analysis as specified in ACOM Policy 439, d. If time and distance traveled is measured under ACOM Policy 436, compliance with ACOM Policy 436 shall be reported before and after the change, and	X						

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	e. If the analysis indicates a change will result in the Contractor failing one or more time and distance standard in ACOM Policy 436, the Contractor shall address how it will come into compliance.							
3.	<p>Provide an accessibility summary by line of business evaluating impact to members and/or provider network including the following information:</p> <p>Membership:</p> <ul style="list-style-type: none"> a. Delineation by County/GSA, b. The total number of members in each service area (if applicable to the proposed change), and c. The number and percentage of members impacted (if applicable to the proposed change), an accessibility analysis as outlined in ACOM Policy 439, as applicable. 		X					

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	<u>Provider Network:</u> a. Delineation by County/GSA, b. The number and percentage of providers impacted, and c. Analysis of network impact based on AHCCCS policy and reporting requirements (if applicable to the proposed change).							
4.	Describe how the provider network and/or business operations change will affect the delivery of covered services.	X	X					
5.	Identify and describe short-term gaps resulting from the change and alternatives that will be used to fill the gaps.	X	X					

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6.	Provide a Contingency Plan that addresses the following situations, including, but not limited to: a. Disapproval of the Plan by AHCCCS, b. Potential interruption of services, c. Adverse impacts to the provider network and/or operations, and d. Adverse impacts to quality of member care.	X	X					
7.	Identify how the Contractor will monitor the impact of the change after implementation and intervene if monitoring finds deficiencies (e.g., monitoring the change through daily reporting, member grievances received).	X	X					
8.	Identify the Contractor's plans for updating the Provider Directory and searchable web-based provider directory to address the change.	X						

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9.	Provide a Transition and Outreach Plan for continuity of care for all impacted members with particular attention to the following: a. Members with special needs, and b. Members who may present to a vendor or provider who is no longer within the provider network.	X	X					
10.	Provide a comprehensive Communication Plan which includes, but is not limited to the following: a. Frequently Asked Questions (FAQs), b. If applicable, draft member notifications and a timeline of notices shall be sent to: i. Members required to transition to another vendor/provider,	X	X					

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ii. Any other members potentially impacted and identified by the Contractor, Note: Draft member notifications shall be submitted as a component of the Material Change even if previously submitted as Member Information Material, iii. Draft provider notifications, including timeline, iv. Draft Member Handbook updates/inserts, v. Draft Provider Manual updates, vi. Draft website updates, vii. Draft provider fax blasts, viii. Provider education and training, ix. Member education, x. Member Newsletter communication, and xi. Call scripts.								

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11.	Provide a Contractor Staff Training Plan that includes but is not limited to training for all affected staff such as Member Services, Provider Services, Case Management, any applicable staff from an Administrative Services Subcontractor etc. Include: a. Training material including applicable AHCCCS requirements, b. Call scripts, and c. FAQs.	X	X					
12.	Pharmacy Benefit Manager changes shall also include: a. Strategy for meeting specialty pharmacy needs of members including any gaps in the provision of pharmaceutical care, b. If the change involves a third-party provider, how the Contractor will educate the third-party staff on applicable AHCCCS requirements,	X	X					

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	c. Strategy for meeting member needs regarding mail order prescriptions, and d. A plan for educating providers on the necessary requirements on the claims adjudication process.							
13.	An explanation of any change to encounter submission processes.	X	X					
14.	If the change involves a change in a subcontractor submitting encounters, identify if the subcontractor needs to create a new Transmission Submitter Number (TSN). Refer to AHCCCS Encounter Manual, Chapter 2.		X					

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15.	An explanation of any change or impact to member grievances, member appeals, and provider claims disputes processes.	X	X					
16.	An explanation of any change or impact to the prior authorization process, including Notice of Adverse Benefit Determination (NOA) letters found in ACOM Policy 414.	X	X					
17.	An explanation of any change in the Contractor's ability to meet any other performance standards.	X	X					