

510 – PRIMARY CARE PROVIDERS

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I. PURPOSE

This Policy applies to ~~Acute Care~~ AHCCCS Complete Care (ACC)³, ALTCS/EPD, ~~CRS~~⁴, DCS/CMDP (CMDP), DES/DDD (DDD), RBHA Contractors, and Fee-For-Services (FFS) Programs delineated within this Policy including: Tribal ALTCS, TRBHAs, and the American Indian Health Program (AIHP), and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). ~~The purpose of this Policy is to outline medication/ pharmacy coverage requirements and limitations of the AHCCCS pharmacy benefit.~~⁵ This Policy establishes guidelines-requirements⁶ regarding regarding Primary Care Providers ~~(PCP) participating in AHCCCS programs.~~

II. DEFINITIONS

MEDICATION ASSISTED TREATMENT (MAT)

The use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders, and can help some people to sustain recovery.

NON-CONTRACTING PROVIDER⁷

An individual or entity that provides services as prescribed in A.R.S. §36-2901 who does not have a subcontract with an AHCCCS Contractor.

¹ Date policy becomes effective

² Date presented at APC

³ Replacing Acute with ACC

⁴ Removed CRS

⁵ Removed erroneous statement in introduction

⁶ Replacing guidelines with requirements for consistency

⁷ Added contract definition for clarity

PRIMARY CARE PROVIDER (PCP)

An individual who meets the requirements of A.R.S. §36-2901, and who is responsible for the management of the member's health care. A PCP may be a physician defined as ~~a person an~~ individual licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of ~~persons~~individuals, such as a clinic.

III. POLICY

A. PCP ROLE AND RESPONSIBILITIES

The primary role and responsibilities of ~~primary care providers~~PCPs participating in AHCCCS programs include, but are not be limited to:

1. Providing initial and primary care services to assigned members,
2. Initiating, supervising, and coordinating referrals for specialty care and inpatient services and maintaining continuity of member care, and
3. Maintaining the member's medical record.

B. PROVISION OF INITIAL AND PRIMARY CARE SERVICES

The PCP is responsible for rendering, or ensuring the provision of, covered preventive and primary care services to the member. These services ~~will~~ include, at a minimum, the treatment of routine illness, maternity services if applicable, immunizations, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for eligible members under age 21, adult health screening services as described in AMPM Policy 310 and medically necessary treatments for conditions identified in an EPSDT or adult health screening. Each EPSDT member ~~must~~shall⁸ receive health screening/examination services as specified in AMPM Policy 430.

C. BEHAVIORAL HEALTH ~~MEDICATIONS PRESCRIBED~~SERVICES PROVIDED BY THE ⁹PCP ~~FOR THE TREATMENT OF ANXIETY, DEPRESSION, ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD), AND OPIOID USE DISORDER (OUD)~~

~~The~~ AHCCCS ~~Administration~~¹⁰ and its Contractors shall provide coverage for medically necessary, cost-effective, and federally and state reimbursable behavioral health

⁸ Replacing must with shall throughout policy for consistency

⁹ Post APC Change: Header Revised - Not specific to Medication management – broadened to BH services within Scope of Practice

¹⁰ Removed 'Administration' for consistency

~~medications prescribed services provided¹¹ by a PCP within their scope of practice, when used to treat anxiety, depression (including postpartum depression), ADHD, and/or Opioid Use Disorder (OUD). This includes the monitoring and adjustments of behavioral health medications. For the antipsychotic class of medications, prior authorization may be required.¹² For OUD the PCP must shall refer the member to a behavioral health provider for the psychological and/or behavioral therapy component of the Medication Assisted Treatment (MAT) model and coordinate care with the behavioral health provider.¹³~~

D. PCP CARE COORDINATION RESPONSIBILITIES

PCPs in their care coordination role serve as the referral agent for specialty and referral treatments and services provided to AHCCCS assigned members ~~assigned to them~~, and ~~attempt to~~ ensure coordinated quality care that is efficient and cost effective. Coordination responsibilities include, but are not limited to:

1. Referring members to providers or hospitals within the Contractor network, as appropriate, and if necessary, referring members to out-of-network specialty providers,
2. Coordinating with the Contractor in prior authorization procedures for members,
3. Conducting follow-up (including maintaining records of services provided) for referral services that are rendered to their assigned members by other providers, specialty providers and/or hospitals, and
4. Coordinating the medical care of the AHCCCS members assigned to them, including at a minimum:
 - a. Oversight of drug regimens to prevent negative interactive effects,
 - b. Follow-up for all emergency services,
 - c. Coordination of inpatient care,
 - d. Coordination of services provided on a referral basis, and
 - e. Assurance that care rendered by specialty providers is appropriate and consistent with each member's health care needs.

5. Coordinating care for Behavioral Health Medication Management¹⁴

When a PCP has initiated medication management services for a member to treat a behavioral health disorder, and it is subsequently determined by the PCP that the member should be referred to a behavioral health provider for evaluation and/or continued medication management services, Contractors shall require and ensure that the PCP coordinates the referral. If a member is determined to have a Serious Mental

¹¹ Post APC Change: Not specific to Medication management – broadened to BH services within Scope of Practice

¹² POST APC Change: To include statement regarding antipsychotic medications

¹³ Revised to align with Contract regarding PCP services and performance of services within PCP scope of practice rather than listing of each service able to be provided

¹⁴ Language moved from AMPM Policy 520

Illness (SMI), the PCP shall coordinate the transfer of the member to a RBHA or TRBHA, as applicable.¹⁵ All affected subcontracts shall include this provision.

Policies and procedures shall address, at a minimum, the following:

- a. Guidelines for PCP referral to a behavioral health provider for medication management.¹⁶
- b. Guidelines for transfer of a member with an SMI determination to a RBHA or AIHP¹⁷ and/or TRBHA for ongoing treatment, as applicable.¹⁸
- c. Protocols for notifying entities of the member's transfer, including reason for transfer, diagnostic information, and medication history.
- d. Protocols and guidelines for the transfer or sharing of medical records information and protocols for responding to requests for additional medical record information.
- e. Protocols for transition of prescription services, including but not limited to notification to the appropriate entities of the member's current medications and timeframes for dispensing and refilling medications during the transition period. This coordination must ensure at a minimum, that the member does not run out of prescribed medications prior to the first appointment with the behavioral health provider prescriber and that all relevant member medical information including the reason for transfer is forwarded to the behavioral health provider prior to the member's first scheduled appointment, and¹⁹
- f. Contractor monitoring activities to ensure that members are appropriately transitioned for care.

E. MAINTENANCE OF THE MEMBER'S MEDICAL RECORD

Refer to AMPM Policy 940 for information regarding the maintenance of the member's medical record.

F. PCP ASSIGNMENT AND APPOINTMENT STANDARDS

Contractors mustshall make provisions to ensure that newly enrolled members are assigned to a PCP and notified after the assignment within 12 calendar days of the enrollment notification. Contractors mustshall ensure that PCPs under contract with them

¹⁵ Revised to clarify referral to BH provider and include statement for members with SMI who transfer to a RBHA or TRBHA.

¹⁶ Added to clarify policies are needed for PCP referrals

¹⁷ POST APC CHANGE: removed AIHP

¹⁸ Revised to specify transfers for members with an SMI

¹⁹ Revised to remove RBHA AIHP and TRBHA references and replace with BH provider.

register with AHCCCS ~~Administration~~ as an approved service provider and receive an AHCCCS provider ID number. AHCCCS allows licensed providers from several medical disciplines to qualify as PCPs. These medical disciplines include physicians and certified nurse practitioners in the specialty areas of general practice, family practice, pediatrics, internal medicine and obstetrics and gynecology. In addition, physician assistants under physician supervision may serve as PCPs. There also may be circumstances when it is appropriate for the specialist ~~is to serve as~~ the PCP (e.g., a member is designated with special health care needs).

Refer to Chapter 600 for information regarding specific AHCCCS requirements for participating providers.

Contractors ~~are required to keep~~ shall maintain a current file of member PCP assignments. It is critical that ~~each~~ Contractors maintains accurate tracking of PCP assignments in order to facilitate continuity of care, control utilization and obtain encounter data.

~~The~~ Contractors ~~will~~ shall allow the member freedom of choice of the PCPs available within their network. If the member does not select a PCP, the member ~~will~~ shall ~~be~~ automatically be assigned to a PCP by the Contractor. Contractors ~~must~~ shall ensure that their network of PCPs is sufficient to provide members with available and accessible service within the time frames specified in ACOM Policy 417.

Contractors ~~must~~ shall develop procedures to ensure that newly enrolled pregnant members are assigned to a PCP who provides obstetrical care or are referred to an obstetrician, in accordance with AHCCCS policy regarding maternity care (Refer to AMPM Policy 410). Women may elect to use a specialist in obstetrics and/or gynecology for well woman services.

G. PHYSICIAN EXTENDER VISITS IN A NURSING FACILITY (NF)

Both initial and any or all subsequent visits to ~~an AHCCCS-enrolled~~ a member in a NF or Skilled Nursing Facility (SNF), made by a physician extender, are covered services when the following criteria are met:

1. The physician extender is working in collaboration with a physician,
2. The physician extender is not an employee of the facility, and
3. The source of payment for the SNF/NF stay is Medicaid.

H. MEDICAL RESIDENT VISITS UNDER SPECIFIC CIRCUMSTANCES

Residents providing service without the presence of a teaching physician ~~must~~ shall have completed more than six months (post graduate) of an approved residency program. Medical residents may provide low level evaluation and management services to members in designated settings without the presence of the teaching physician.

I. REFERRALS AND APPOINTMENT STANDARDS FOR SPECIALTY CARE

Contractors mustshall have adequate referral procedures in place in order to ensure appropriate availability and monitoring of health care services. Referral procedures mustshall include the following:

1. Utilization of a Contractor specific referral form,
2. Definition of who is responsible for writing referrals, authorizing referrals, and adjudicating disputes regarding approval of a referral (referral to either a contracting or non-contracting provider),
3. Specifications addressing the timely availability of specialty referral appointments as specified in ACOM Policy 417, and
4. Specifications and procedures for linking specialty and other referrals to the financial management system, such as through the prior authorization process.

Refer to AMPM Policy 420 for family planning services information.