

**406 - MEMBER HANDBOOK AND PROVIDER DIRECTORY**

EFFECTIVE DATES: 07/01/17, 10/01/18, 10/01/19, 10/01/20, [10/01/21](#)<sup>1</sup>

APPROVAL DATES: 03/02/17, 04/19/18, 07/02/19, 04/02/20, [04/29/21](#)<sup>2</sup>

**I. PURPOSE**

This Policy applies to ACC, ALTCS E/PD, DCS/~~CMDP~~ [Comprehensive Health Plan \(CMDP/CHP\)](#)<sup>3</sup>, DES/DDD (DDD), and RBHA Contractors. This Policy establishes requirements for AHCCCS Contractors regarding Contractor Member Handbooks and Provider Directories.

**II. DEFINITIONS**

**BUSINESS DAY**

For purposes of this Policy, a ~~b~~Business ~~d~~Day is defined as: A Monday, Tuesday, Wednesday, Thursday, or Friday unless a legal holiday falls on Monday, Tuesday, Wednesday, Thursday, or Friday.

**HEALTH CARE DECISION MAKER**

An individual who is authorized to make health care treatment decisions for the patient. As applicable to the particular situation, this may include a parent of an unemancipated minor or a person lawfully authorized to make health care treatment decisions pursuant to A.R.S. title 14, chapter 5, article 2 or 3; or A.R.S. §§8-514.05, 36-3221, 36-3231 or 36-3281.

**LONG-TERM SERVICES AND SUPPORTS (LTSS)**

Services and supports provided to members of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the member to live or work in the setting of their choice, which may include the individual's home, a provider-owned or controlled residential setting, a nursing facility, or other institutional setting. [42 CFR 438.2]

<sup>1</sup> [Date Policy is effective](#)

<sup>2</sup> [Date approved at APC Meeting](#)

<sup>3</sup> [Revised to apply name change for CMDP from Comprehensive Medical and Dental Program to Comprehensive Health Plan \(CHP\) effective April 1, 2021 due to CHP behavioral health integration. Refer to Laws 2019, 1st Regular Session. Change made throughout Policy and Attachments.](#)

**MACHINE READABLE**

A digital representation of data or information in a file that can be imported or read into a computer system for further processing, and is compliant with 42 CFR 438.10.<sup>4</sup>

**MEMBER**

An eligible individual who is enrolled in AHCCCS, as defined in A.R.S. § 36-2931, § 36-2901, § 36-2901.01 and A.R.S. § 36-2981. Also referred to as Title XIX/XXI Member or Medicaid Member.

**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.

**III. POLICY**

**A. GENERAL REQUIREMENTS, REVIEW, AND DISTRIBUTION OF CONTRACTOR MEMBER HANDBOOKS AND PROVIDER DIRECTORY**

1. General Requirements

- a. The Contractor shall provide annually a Member Handbook and Provider Directory to members,
- b. The Member Handbook shall contain all information required as identified in Attachment A, including definitions as required by Centers for Medicare and Medicaid Services (CMS) specified in Attachment B. The required information shall be incorporated into the Contractor's Member Handbook in the order identified on the Checklist,
- c. The Member Handbook shall be submitted as ~~described~~ specified in the Member Handbook Review Process section of this Policy "~~Member Handbook Review Process~~" below<sup>5</sup>,
- d. AHCCCS may require the Contractor to publish information when modifying or expanding the contents of the Contractor's Member Handbook, and to distribute this information in the form of inserts and supply these inserts with subsequently distributed Member Handbooks,
- e. The Contractor shall update paper provider directories at least ~~monthly~~ quarterly and electronic provider directories no later than ~~15~~ 30<sup>6</sup> calendar days after the Contractor receives updated provider information [42 CFR 457.1207, 42 CFR 438.10], and
- f. The Contractor shall ensure the electronic versions of the Member Handbook and Provider Directory ~~meet~~ the following provisions [42 CFR 457.1207, 42 CFR 438.10]:

<sup>4</sup> Added new definition to comport with 42 CFR 438.10

<sup>5</sup> Formatted to align with Policy standard

<sup>6</sup> Updated to reflect newly revised CFR requirement

- i. The format is readily accessible,
  - ii. The information is placed in a location on the Contractor's website that is prominent and readily accessible, and in a machine readable format which can be electronically retained and printed,<sup>7</sup>
  - iii. ~~The information is provided in an electronic form which can be electronically retained and printed~~<sup>8</sup>,
  - iv. The information is consistent with federal content and language requirements,
  - v. The member is informed that the information is available in paper form upon request at no cost and the information is provided to the member within five Business Days from the request, and
  - vi. Requirements as ~~delineated~~ specified in ACOM Policy 416 [42 CFR 457.1207, 42 CFR 438.10(h)].
2. Language and format requirements are as specified in ACOM Policy 404 [42 CFR 457.1207, 42 CFR 438.10].
3. Member Handbook Review Process
  - a. The Contractor's Member Handbook, along with a track changes version reflecting changes from the previous contract year,
  - ~~a.~~ b. A cover letter to include the requirements as identified on Attachment A,<sup>9</sup> shall be submitted annually as specified in the Contract or as directed by AHCCCS,
  - ~~b.~~ c. A final copy of the Member Handbook shall be submitted to AHCCCS after AHCCCS has provided approval, as specified in the Contract, and
  - ~~c.~~ d. DDD is responsible for ensuring the Member Handbooks and Provider Directories issued by its Subcontracted Health Plans align with the requirements of this Policy.
4. Distribution Requirements
  - a. Provider Directory
    - i. ACC, ALTCS E/PD, ~~CMDP~~ CHP, and DDD Contractors, shall provide a Provider Directory to each member/Health Care Decision Maker, and designated representative or household within 12 Business Days of receipt of notification of the enrollment date,
    - ii. RBHA Contractors shall:
      - 1) Provide the Provider Directory to each member/Health Care Decision Maker, and designated representative or household within 12 Business Days of receipt of notification of the enrollment date for members receiving physical health care services.
      - 2) Provide the Provider Directory to each member/Health Care Decision Maker, and designated representative or household within 12 Business Days of receipt of initial behavioral health covered services for members receiving behavioral health services only.

<sup>7</sup> Adjusted language to align with CFR requirement

<sup>8</sup> Information has been combined with the above sentence

<sup>9</sup> Added to comport with attachment A; it mentions a cover letter and the MCOs should really be including one.

- iii. Contractors have the option of providing the Provider Directory in hard copy format or providing written notification of how the Provider Directory information is available on the Contractor's website, via electronic mail, or via postal mailing. This member notification may be included in the Member Handbook or mailed separately. This notice shall be approved in accordance with ACOM Policy 404 and shall give the member the option to obtain a hard copy version of the Provider Directory.
- b. Member Handbook
  - i. ACC, ALTCS E/PD, **CMDP****CHP**, DDD Contractors shall provide the Member Handbook to each member/Health Care Decision Maker, and designated representative or household within 12 Business Days of receipt of notification of the enrollment date,
  - ii. RBHA Contractors shall:
    - 1) Provide the Member Handbook to each member/Health Care Decision Maker, and designated representative or household within 12 Business Days of receipt of notification of the enrollment date to members receiving physical health care services.
    - 2) Provide the Member Handbook to each member/Health Care Decision Maker, and designated representative or household within 12 Business Days of receipt of initial behavioral health covered services to members receiving behavioral health services only.
  - iii. ALTCS E/PD and DDD shall provide a hard copy of the Member Handbook to all members. ALTCS (E/PD and DDD) Case Managers shall also provide and review the Member Handbook with the member annually and document this review,
  - iv. ACC, **CMDP****CHP**, and RBHA Contractors have the option of providing the Member Handbook in hard copy format with the new member packet, or providing the member written notification of how the Member Handbook information is available to the member on the Contractor's website, via electronic mail or via postal mailing. Should the Contractor elect not to provide the Member Handbook in hard copy format with the member packet the following provisions apply:
    - 1) The Contractor shall submit a summary of the distribution method in accordance with Attachment A,
    - 2) The member notification shall be approved in accordance with ACOM Policy 404,
    - 3) The written notification shall give the member the option to obtain a printed version of the Member Handbook, and
    - 4) The written notification shall be sent to members within the member handbook timeframes as specified above [42 CFR 457.1207, 42 CFR 438.10].
- c. DDD may, at its discretion, require its Subcontracted Health Plans to provide written notification that the Subcontracted Health Plan's Member Handbook and Provider Directory are available on the Subcontracted Health Plan's website, or upon request via electronic mail or by postal mailing,

- d. The Contractor shall make copies of the Member Handbook available to known consumer and family advocacy organizations and other human service organizations,
- e. Member Handbook Inserts - AHCCCS may require the Contractor to update its Member Handbooks throughout the contract year to address program changes for inclusion in the Member Handbook:
  - i. These changes shall be incorporated in subsequently distributed handbooks through inserts until the handbooks are updated with the new information, and
  - ii. The Contractor shall also post the content of the insert on its website.

DDD and CHP shall ensure Member Handbook and Provider Directory requirements are delegated to its Subcontracted Health Plans. DDD and CHP<sup>10</sup> shall review its Subcontracted Health Plan Member Handbook and Provider Directories for approval in accordance with this Policy.

## **B. PROVIDER DIRECTORY CONTENT**

1. The Contractor shall have a user-friendly, searchable electronic Provider Directory (including specialists for referrals) on the Contractor's website (Refer to ACOM Policy 404, Attachment B).
2. The Contractor shall also make available in an electronic and hard copy format a Provider Directory that shall include [42 CFR 457.1207, 42 CFR 438.10]:
  - a. Provider name as well as any group affiliation,
  - b. Provider address,
  - c. Provider telephone number,
  - d. Web site URL, as appropriate,
  - e. Specialty, as appropriate
  - f. Non-English languages spoken,
  - g. Whether or not the provider is accepting new patients,
  - h. Information for the following provider types:
    - i. Physicians, including specialists,
    - ii. Hospitals,
    - iii. Pharmacies,
    - iv. Behavioral Health Providers,
    - v. Long Term Services and Supports (LTSS) Providers, as applicable,
    - vi. Community-based, peer and family support providers throughout the State, and
    - vii. Multi-Specialty Interdisciplinary Clinic (MSIC)s.
  - i. The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training,

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<sup>10</sup> [Added as this will also apply to CHP eff 4/1](#)

- j. The location of any emergency settings and other locations at which providers and hospitals furnish emergency services and post stabilization services covered under the contract,
- k. A designation identifying network offices that offer reasonable accommodations for members such as: physical access, accessible equipment and culturally competent communications and a description of how the members can obtain details of the accommodations for specific providers,
- l. Innovative service delivery mechanisms such as field clinics and virtual clinics and an Integrated Medical Record to provide Multi-Specialty, Interdisciplinary Care when needed in other areas of the State,
- m. Information on the services, offered through telemedicine and mobile providers, and how to access these services, and
- n. Physicians (including adult and child psychiatrists), laboratory, x-ray and therapy services available onsite at the MSIC.

OPEN UNTIL 06/14/21