

# AHCCCS AND PHS PROVIDER REGISTRATION

## A. AHCCCS Provider Registration

Any individual or business that receives AHCCCS reimbursement through Pima Health System must be registered with AHCCCS and receive an AHCCCS Provider Identification Number. Payment for services can only be made to registered providers. Providers who already have an active AHCCCS Provider Identification Number are only required to complete the PHS Registration Form.

To obtain an AHCCCS Provider Identification Number, providers are required to:

- Complete an AHCCCS Registration Form,
- Sign an AHCCCS Provider Participation Agreement,
- Submit documentation of applicable licenses and/or certificates.

The AHCCCS Provider Registration Unit (1-800-794-6862, option # 5) is available to assist any provider in obtaining an AHCCCS Provider Registration Packet. To initiate the registration process, the AHCCCS Provider Registration Packet must be completed, signed, and returned to AHCCCS. Upon receipt of all the necessary forms, AHCCCS will assign a provider identification number. Call PHS Provider Services at 520-243-8500 if you need further assistance. AHCCCS' website address is [www.azahcccs.gov](http://www.azahcccs.gov).

## B. PHS Provider Registration

All providers must complete the PHS Provider Registration Form. This form is needed to process the providers' initial credentialing and to ensure prompt processing of claims. Return completed PHS Registration Forms to:

Pima Health System  
Provider Services  
3950 S. Country Club Rd., Suite 400  
Tucson, AZ 85714

For assistance in completing the registration forms or questions regarding the registration process, please call PHS Provider Services Department at (520) 243-8500.

## **RESPONSIBILITIES OF PRIMARY CARE PROVIDERS**

Each PHS member will be assigned to a Primary Care Provider (PCP) either through their choice or by assignment by PHS, in accordance with the PCP Assignment Standard and Procedure. With this arrangement the member has the benefit of a continuing relationship with one provider and the PCP can serve as the **gatekeeper** for all services. PHS will monitor the system to ensure that each member has a PCP assignment and that caseloads are within AHCCCS limits. The basic responsibilities of the PCP and all Providers are noted below.

### **RESPONSIBILITIES:**

Each PHS Primary Care Provider (PCP) is responsible for:

- Maintain continuity of care for assigned members by providing or arranging all covered services as defined in his/her contract, and complying with all PHS standards and procedures and applicable Omnibus Reconciliation Act (OBRA) regulations for Skilled Nursing Facilities.
- Providing appropriate preventive and primary services to each assigned member to include the treatment of episodic and chronic illness, maternity services, immunizations, EPSDT screening for eligible members under 21, adult health screening and medically necessary treatment for conditions identified in an EPSDT or adult health screening.
- Serving as the gatekeeper for each assigned member by acting as the referral agent for specialty treatments and services, and attempting to ensure quality care that is efficient, cost effective and medically appropriate.
- Coordinating the medical care of assigned members including at a minimum:
  - Oversight of drug and treatment regimens to prevent negative interactive effects;
  - Follow-up for all emergency services;
  - Coordination of inpatient care when applicable;
  - Coordination of the provision of medically necessary dentures;
  - Coordination of services provided on a referral basis;
  - Assurance that care rendered by specialty providers is appropriate and consistent with member's medical needs.
- PHS has established appointment standards that comply with AHCCCS requirements. These standards will ensure that members receive services in a timely manner that is appropriate to their medical condition. Each provider is required to adhere to these standards in an effort to maintain member satisfaction and reduce unnecessary use of alternative services such as the emergency room. PHS appointment standards are included in your contract. A copy of the PHS' Appointment Standards is included in the Policy and Procedure section of this manual.
- Complying with PHS referral procedures and utilizing only contracted PHS specialists and services when available and appropriate and obtaining prior authorization when required.
- Maintaining admitting privileges at designated hospitals if inpatient services are required by the contract.
- When applicable, maintaining each assigned member's medical record including documentation of all services provided by the PCP, as well as any specialty or referral services, medications, authorized DME, dental services, EPSDT services, emergency care and hospitalizations. Medical records must be maintained in accordance with AHCCCS and PHS standards.
- Participating in all required Quality Management and NCQA accreditation activities and annual reviews to assure compliance with AHCCCS and PHS standards.
- Prescribing medications and other pharmacy items in accordance with the PHS Formulary.

## RESPONSIBILITIES OF ALL PROVIDERS

### A. Contracted Providers:

Contracted providers who provide care for Pima Health System (PHS) members are expected to abide by all terms specified in their contract with Pima Health System. The contract includes general and special provisions, reimbursement rates, claim submission requirements, and work statements specifying contracted services. Providing appropriate, quality healthcare to all PHS members is the overriding factor in determining types and levels of medical and medically related care to be provided. Providers should communicate freely with members regarding member's health care, medical needs and treatment options even if needed services are not covered by PHS. Should a contracting provider determine that the terms of their contract contradict the delivery of appropriate care; the contractor should discuss this issue with the Provider Services Representative at PHS.

### B. Non-Contracted Providers:

Non-contracted providers are expected to be registered as AHCCCS providers to be eligible for payment of services provided to Pima Health System members. Non-contracted providers are only used in emergencies or when there are no contracted Pima Health System providers available. Non-contracted providers are expected to comply with all AHCCCS Rules and Regulations pertaining to their category of service.

### C. Providers are responsible for the following:

- Deliver quality, cost-effective care and services.
- Advise and advocate on behalf of members regarding the following:
  - 1) The member's health status, medical care or treatment options, including any alternative treatment that may be self-administered;
  - 2) Any information the member needs in order to decide among all relevant treatment options;
  - 3) The risks, benefits, and consequences of treatment or non-treatment;
  - 4) The member's right to participate in decisions regarding his or her health care, including the right to refuse treatment and to express preferences about future treatment decisions.
- Identify members' primary/secondary insurance and bill prior to billing PHS, when appropriate.
- Maintain thorough member documentation in patient charts including:
  - 1) Physician or practitioner orders for the service;
  - 2) Applicable diagnostic or evaluation documentation;
  - 3) A plan of treatment;
  - 4) Periodic summary of member's progress toward treatment goals;
  - 5) Date and description of service modalities provided; and
  - 6) Signature/initials of the provider for each service.
- Notify case managers in the event of significant changes in a member's condition.
- Obtain prior authorization per the PHS Prior Authorization Standards and Procedures.
- Provide services in accordance with the provisions of your contract and work statement.
- Refer members within the PHS contracted Provider Network.
- Submit claims for payment according to PHS claims policy.

- Report any known or suspected fraud and/or abuse to the PHS Fraud and Abuse Coordinator within one working day of the incident.
- Provide the same standard of care to all members. Each provider must also ensure that no barriers or practices exist that may be discriminatory to PHS members. A copy of PHS' Cultural Competency Policy and Procedure is included in the Policy and Procedure section of this manual.
- Comply with all applicable provisions of the American with Disabilities Act (Public Law 101-336, 42 U.S.C. 12101-12213) and all applicable federal regulations under the Act including 28 CFR Parts 35 and 36.
- Comply with the Federal and State law, and PHS Standards on Advanced Directives.
- Comply with the provisions of the federal False Claims Act which is part of the Deficit Reduction Act (Public Law 109-171) to eliminate fraud, waste and abuse in the Medicaid program. On-line training on the False Claims Act is available on the PHS website at [www.phs.pima.gov](http://www.phs.pima.gov).

**D. Provider Grievance and Appeal of Action:**

Pima Health System has established standards and procedures which according to AHCCCS rules and regulations, define the rights of provider regarding the right to appeal any adverse action, decision or policy made by PHS. PHS believes in the philosophy to address concerns on an informal basis whenever possible. You may contact Provider Services at (520) 243-8500 for assistance.

If an informal process fails to resolve the issue, the provider has the right to pursue the Appeal of an Action. Please see the Provider Grievance and Appeal of Action Procedure within this manual. Or contact PHS' Appeal Manager at the location noted below.

PHS Appeals Manager  
 3950 S. Country Club Rd., Suite 400  
 Tucson, AZ 85714  
 (520) 243-8006

**ADVANCE DIRECTIVES  
(PATIENT SELF-DETERMINATION ACT)**

The patient Self-Determination Act of 1990, requires that PHS provide adult members with written information about their right to have an Advance Directive. Advance Directives are oral or written statements that outline a member's right to choose or deny medical treatment and/or naming an individual, who will make these choices, if the member loses the ability to make decisions. Each PCP, hospital, nursing facility, home health agency, hospice and each organization providing personal care services is responsible for complying with all of the requirements outlined in the PHS Advance Directives information which is included in this section for your use.

Providers shall comply with the Federal and State law, and PHS Standards on Advance Directives. At a minimum, the Provider shall:

- a. maintain written policies for adult members receiving care through their organization regarding the member's right to make decisions about medical care, including the right to accept or refuse medical care and the right to execute an advance directive. The information must contain an explanation of any conscientious objection the Provider may have in carrying out the advance directive. (Provider is not prohibited from making such objection when pursuant to ARS-36-3205(C.1).
- b. provide written information to adult members regarding an individual's rights under State law to make decisions regarding medical care and the Provider's written policies concerning advance directives.
- c. require documentation in the member's medical record as to whether the adult member has executed an advance directive.
- d. not condition the provision of care or discriminate against a member because of his or her decision to execute or not execute an advance directive.
- e. provide education for staff on issues concerning advance directives.
- f. ensure compliance with requirements of Federal and State law regarding advance directives.

Provider shall maintain policies and procedures on advance directives with respect to all adult members. These policies and procedures must contain the same information described immediately above.

Hospitals, nursing facilities, home health agencies, hospices and other agencies providing personal care are encouraged to provide a copy of the member's executive advance directive or documentation of refusal to the member's PCP for inclusion in the member's medical record.

**See the PHS Standards and Procedure Section for information concerning the following:**

- Corporate Compliance**
- Cultural Competency - Health Care Services**

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