

AHCCCS Appointment Availability Standards

In accordance to ACOM 417 Appointment Availability, Monitoring and Reporting, AHCCCS providers must be able to meet Appointment Availability Standards. The Managed Care Organization (MCO) is responsible for monitoring Appointment Availability Standards on a quarterly basis for contracted providers. When appointment standards are not met, the provider may receive ongoing education, technical assistance and monitoring until the standards are met. The MCO is responsible for the development of corrective action plans in collaboration with the provider when appropriate.

Below are the appointment standards for Physical Health and Behavioral Health Providers:

1. For Primary Care Provider Appointments:

- Urgent Care Appointments as expeditiously as the member's health condition requires but no later than two business days of request, and
- Routine care appointments within 21 calendar days of request.

2. For Specialty Provider Appointments, including Dental Specialty:

- Urgent Care Appointments as expeditiously as the member's health condition requires, but no later than two business days from the request, and
- Routine care appointments within 45 calendar days of referral.

3. For Dental Provider Appointments:

- Urgent appointments as expeditiously as the member's health condition requires, but no later than three business days of request, and
- Routine care appointments within 45 calendar days of request

4. For Maternity Care Provider Appointments, initial prenatal care appointments for enrolled pregnant members shall be provided as follows:

- First trimester - within 14 calendar days of request,
- Second trimester within seven calendar days of request,
- Third trimester within three days business of request, and
- High risk pregnancies as expeditiously as the member's health condition requires and no later than three business days of identification of high risk by the Contractor or maternity care provider, or immediately if an emergency exists

5. For Behavioral Health Provider Appointments:

- Urgent need appointments as expeditiously as the member's health condition requires but no later than 24 hours from identification of need,
- Routine care appointments:
- Initial assessment within seven calendar days of referral or request for service,
- The first behavioral health service following the initial assessment as expeditiously as the member's health condition requires but no later than 23 calendar days after the initial assessment, and
- All subsequent behavioral health services, as expeditiously as the member's health condition requires but no later than 45 calendar days from identification of need.

THIS UPDATE APPLIES TO THE FOLLOWING **AzCH-Complete Care Plan** PROVIDER TYPES:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers
- Behavioral Health Physicians
- FQHC

PROVIDER SERVICES

AzCHProviderEngagement
@azcompletehealth.com
1-866-796-0542
azcompletehealth.com

PROVIDER DISPUTES

AzCH-Complete Care Plan Provider
Disputes
1870 W. Rio Salado Parkway, Ste. 2A
Tempe, AZ 85281

STATE FAIR HEARINGS

AzCH-Complete Care Plan Provider
State Fair Hearings
1870 W. Rio Salado Parkway, Ste. 2A
Tempe, AZ 85281

6. For Psychotropic Medications:

- Assess the urgency of the need immediately, and
- Provide an appointment, if clinically indicated, with a Behavioral Health Medical Professional within a timeframe that ensures the member a) does not run out of needed medications, or b) does not decline in their behavioral health condition prior to starting medication, but no later than 30 calendar days from the identification of need.

7. For Behavioral Health Appointments for persons in legal custody of the Department of Child Safety (DCS) and adopted children in accordance with A.R.S. §8-512.01:

- Rapid response when a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home,
- Initial assessment within seven calendar days after referral or request for behavioral health services,
- Initial appointment within timeframes indicated, by clinical need, but no later than 21 calendar days after the initial assessment, and
- Subsequent Behavioral Health Services within the timeframes according to the needs of the person, but no longer than 21 calendar days from the identification of need.

ADDITIONAL INFORMATION

For additional information regarding AHCCCS Appointment Availability Standards, review ACOM 417:

https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/417_Appointment_Availability_Monitoring_and_Reporting.pdf.

If you have questions regarding the information contained in this update, please contact your Provider Engagement Specialist or email AzchProviderEngagement@azcompletehealth.com.