January 5, 2023

Director Jami Snyder
Arizona Health Care Cost Containment System
801 E. Jefferson
Phoenix, AZ 85034

Dear Director Snyder:

Thank you for the opportunity to comment on the AHCCCS Medical Policy Manual (AMPM) Policy 950 – Credentialing and Recredentialing Process. I am responding on behalf of the Arizona Hospital and Healthcare Association (AzHHA). AzHHA is a statewide association of more than 75 hospital, healthcare and affiliated health system members, representing short-term acute care, behavioral health, post-acute care and critical access hospitals, as well as their affiliated clinics and staff.

The Arizona Hospital and Healthcare Association has been convening a Managed Care Committee to help us identify ways hospitals and health plans can work together to improve health and healthcare in Arizona. Some of the items hospitals have identified include requiring health plans to reimburse providers back to the submission of the credentialing application if the provider becomes credentialled, improving transparency and streamlining communications.

AzHHA is extremely appreciative that AHCCCS is updating the AMPM Policy 950 and fully supports requiring contractors to reimburse providers back to the date of the completed application. Doing so is particularly important in rural areas where there are often a limited number of specialists. If a community only has one specialist in a particular area, it may take three months before the new specialist is credentialed and receives payments for services. Rural hospitals may not have the resources to backfill this pay and the community could lose access to these specialist services. Changing this policy helps rural communities retain specialists and increases access to care. It also reaffirms that providers deserve to be paid for the work they are doing, caring for their patients.

While AzHHA fully supports the changes to the policy, there are a number of changes we recommend to further strengthen and clarify this policy, thereby improving transparency. Suggested changes are as follows:

1. AzHHA recommends having uniform requirements for items needed for a completed application. Including the words “at least” in the completed application allows health plans to add additional requirements. Moving to uniform requirements for an application, or at least including all items needed in one location will ensure that providers are aware of what is required in the application, increase the likelihood that health plans would receive everything needed in the original submission and reduce the administrative burden for both the provider and the hospital.
2. AzHHA recommends adding a clarification to III(A)(11) to state: “The Contractor shall reimburse providers back to the date of submission of the Completed Application (as defined in this Policy) for covered services provided to members during the credentialing process, if the provider is subsequently approved through the credentialing committee.” The current language could be interpreted as the date the health plan deems that the application is complete. Since a health plan may take weeks, or in some cases months, to determine whether an application is complete, this clarification will require providers to get paid for services they provide after the submission of the completed application and ensure that providers are paid for work that they do.

3. Finally, AzHHA recommends that AHCCCS specify a timeline, such as five business days, to confirm with providers that they have received the needed information. This will improve the communication process between health plans and providers and allow providers to know that the all of the needed information has been received.

AzHHA would be happy to discuss potential options in more detail. We appreciate your consideration of this request. Please do not hesitate to contact me if you have any questions, or if I can provide additional information.

Sincerely,

Amy Upston
Director of Financial Policy and Reimbursement