



# Provider Registration Request

## PROVIDER ADMINISTRATION AND ROLE OF THE PROVIDER

### Provider Types That May Serve as PCPs

Providers who may serve as primary care providers (PCP) include Family Medicine, Family Medicine-Adolescent Medicine, Family Medicine-Geriatric Medicine, Family Medicine-Adult Medicine, General Practice, Pediatrics, Pediatrics-Adolescent Medicine, Internal Medicine, Internal Medicine-Adolescent Medicine, Internal Medicine-Geriatric Medicine, Internist, Physician Assistants, Advanced Practice Registered Nurse, and Nurse Practitioners that practice under the supervision of the above specialties.

With prior written approval, ABC Network may allow a specialist provider to serve as a PCP for beneficiaries with special health care needs, multiple disabilities, or with acute or chronic conditions as long as the specialist is willing to perform the responsibilities of a PCP as outlined in the Policy Manual.

### Beneficiary Selection or Assignment of PCP

ABC Network beneficiaries will be directed to select a participating Primary Care Provider at the time of enrollment. In the event an ABC Network beneficiary does not make a PCP choice, ABC Network will usually select a PCP based on previously received medical services.

### PCP Coordination of Care to Specialists

When medically necessary care is needed beyond the scope of what the PCP can provide, PCPs are encouraged to initiate and coordinate the care beneficiaries receive from specialist providers. Beneficiaries are allowed to seek care from any Medicare enrolled provider and they do not have a requirement to stay in network. **Referrals are not required.**

In accordance with federal and state law, providers are prohibited from making referrals for designated health services to healthcare providers with which the provider, the beneficiary, or a beneficiary of the provider's family or the beneficiary's family has a financial relationship.

### Specialist Provider Responsibilities

Specialist providers must communicate with the PCP regarding a beneficiary's treatment plan and referrals to other specialists. This allows the PCP to better coordinate the beneficiary's care and ensures that the PCP is aware of the additional service request.

To ensure continuity and coordination of care for the beneficiary, every specialist provider must:

- Maintain contact and open communication with the beneficiary's referring PCP
- Coordinate the beneficiary's care with the referring PCP
- Provide the referring PCP with consultation reports and other appropriate patient records within five business days of receipt of such reports or test results
- Be available for or provide on-call coverage through another source 24 hours a day for management of beneficiary care
- Maintain the confidentiality of patient medical information
- Actively participate in and cooperate with all quality initiatives and programs

### Provider Data Updates and Validation

ABC Network believes that providing easy access to care for our beneficiaries is extremely important. When information (for instance address, office hours, specialties, phone number, languages spoken in your office, etc.) about your practice, your locations, or your practitioners' changes, it is your responsibility to provide timely updates to ABC Network. ABC Network will ensure that our systems are updated quickly to provide the most current information to our beneficiaries.

Changes to your data may be sent to the following email address: [ContactUs@AZBestCare.org](mailto:ContactUs@AZBestCare.org).

Additionally, ABC Network will perform regular audits of our provider data. This may be done through outreach to confirm your practice information. We need your support and participation in these efforts. CMS may also be auditing provider data throughout the year.

## 24-Hour Access to Providers

PCPs and specialist providers are required to maintain sufficient access to needed health care services on an ongoing basis and must ensure that such services are accessible to beneficiaries as needed 24 hours a day, 365 days a year as follows:

- A provider's office phone must be answered during normal business hours; and
- A beneficiary must be able to access their provider after normal business hours and on weekends; this may be accomplished through the following:
  - A covering physician;
  - An answering service;
  - A triage service or voicemail message that provides a second phone number that's answered; or
  - If the provider's practice includes a high population of Spanish speaking beneficiaries, it is recommended that the message be recorded in both English and Spanish.
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Examples of unacceptable after-hours coverage include, but are not limited to:

- Calls received after-hours are answered by a recording telling callers to leave a message;
- Calls received after-hours are answered by a recording directing patients to go to an emergency room for any services needed; or
- Not returning calls or responding to messages left by patients after-hours within 30 minutes.

The selected method of 24-hour coverage chosen by the provider must connect the caller to someone who can render a clinical decision or reach the PCP or specialist provider for a clinical decision. Whenever possible, PCP, specialist providers, or a covering professional must return the call within 30 minutes of the initial contact. After-hours coverage must be accessible using the medical office's daytime telephone number.

Provider First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Provider Type \_\_\_\_\_ Provider License # \_\_\_\_\_

Individual NPI \_\_\_\_\_ Organization NPI \_\_\_\_\_

Organization Billing TIN \_\_\_\_\_ Organization CCN \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Office Phone \_\_\_\_\_

Email \_\_\_\_\_ Specialty \_\_\_\_\_

Please contact me in regards to my Provider Registration Request:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fax this complete Registration to: Arizona Best Care Network at 602-649-1601

