CYE09 RFP Minimum Network Standards Excel Spreadsheet Instructions

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DEFINITION OF TERMS

- National Provider Identifier (NPI)
 A unique standard identification number assigned to the provider by CMS. Included is a list of provider types that require NPI (see Attachment 1).
- Service Provider AHCCCS
 An AHCCCSA assigned number identifying the provider on the AHCCCS provider database.
- Service Provider Type
 An AHCCCSA assigned code that identifies services that may be rendered by the provider. For example, 07 (Dentist), 08 (Physician, Allopath), 10 (Podiatrist), 19 (Registered Nurse Practitioner), and 31 (Physician, Osteopath). (see Attachment 2)
- Service Provider Type Specialty
 AHCCCSA assigned codes that are subsets of the Service Provider Type. (see Attachment 3)
- Service Street Address The physical street address where the provider renders services. <u>PO Boxes must not be used</u>. Providers who are Hospitalist should use the hospital address as their service street address. This field is for physical service location only. Information regarding practice names or the names of ancillary providers must not be entered into this field.
- Service City The city where the provider renders services.
- ◆ ZIP Code The ZIP code where the provider renders services.

INTRODUCTION/OVERVIEW

For each of the GSA's that the Offeror is bidding, the following information must be entered into the Attachment A *CYE09 RFP Minimum Network Standards Excel Spreadsheet.* The Offeror must submit three (3)compact disks containing the entire network as part of Network Submission Requirement 1.

Column A NPI

The Offeror must insert the NPI number of each provider within its network in if a provider is not required to obtain an NPI the Offeror must leave Column A blank.

Column B Service Provider AHCCCS ID

The Offeror must insert the Service Provider AHCCCS ID number of each provider within its network, if a provider does not have this ID the Offeror must leave Column B blank. Please note, that all providers must be registered with AHCCCS prior to rendering services to AHCCCS members.

Column C Service Provider Name

The Offeror must insert the name of each provider within its network.

Column D Provider Service Type

The Offer must insert the Provider Service Type for each provider within its network.

Columns E, F and G Service Provider Type Specialty

The offer must insert a minimum of 1 and maximum of 3 Service Provider Type Specialty codes that each provider has been contracted to render within its network. The three should include the Primary, Secondary and Tertiary specialties that the provider has been contracted to render.

Column H Service Street Address

The Offeror must enter the physical street address where the provider renders services for each provider within its network.

Column I Service City

The Offeror must enter the City where the provider renders services for each provider within its network.

Column J Service ZIP Code

The Offeror must enter the ZIP Code where the provider renders services for each provider within its network.

Attachment 1 **Provider types Requiring an NPI**

| Code | Description |
|------|--|
| A2 | LEVEL III BEHAVIORAL HTH RESIDENTIAL |
| A3 | COMMUNITY SERVICE AGENCY |
| A4 | LIC INDEP SUBSTANCE ABUSE COUNS (LISAC) |
| A5 | THERAPEUTIC FOSTER CARE PROVIDER |
| A6 | RURAL SUBSTANCE ABUSE TRANSITIONAL AGCY |
| B1 | RESID TRTMENT CTR-SECURE (17+BEDS)(IMD) |
| B2 | RESID TRTMENT CTR-NON-SECURE (1-16 BEDS) |
| B3 | RESID TRTM CTR-NON-SECURE (17+BEDS)(IMD) |
| B5 | SUBACUTE FACILITY (1-16 BEDS) |
| B6 | SUBACUTE FACILITY (17+BEDS)(IMD) |
| B7 | CRISIS SERVICES PROVIDER |
| C2 | FEDERALLY QUALIFIED HEALTH CENTER (FQHC) |
| C3 | FAMILY PLANNING SERVICES |
| DG | DOC GENERAL PROVIDER |
| DN | DOC NON-PAY PROVIDER |
| D1 | DENTIST-ENDODONTIST |
| D2 | DENTIST-PEDODONTIST |
| D3 | DENTIST-ORAL SURGEON |
| D4 | CLINIC - DENTAL SERVICES |
| E1 | INDEPENDENT TESTING FACILITIES |
| 02 | HOSPITAL |
| 03 | PHARMACY |
| 04 | LABORATORY |
| 05 | CLINIC |
| 06 | EMERGENCY TRANSPORTATION |
| 07 | DENTIST |
| 08 | MD-PHYSICIAN |
| 09 | CERTIFIED NURSE-MIDWIFE |
| 10 | PODIATRIST |
| 11 | PSYCHOLOGIST |
| 12 | CERTIFIED REGISTERED NURSE ANESTHETIST |
| 13 | OCCUPATIONAL THERAPIST |
| 14 | PHYSICAL THERAPIST |
| 15 | SPEECH/HEARING THERAPIST |
| 16 | CHIROPRACTOR |
| 17 | NATUROPATH |
| 18 | PHYSICIANS ASSISTANT |
| 19 | REGISTERED NURSE PRACTITIONER |
| 20 | RESPIRATORY THERAPIST |
| 22 | NURSING HOME |

| Code | Description |
|------|--|
| 23 | HOME HEALTH AGENCY |
| 26 | MIPS SPEECH THERAPIST/AUDIOLOGISTS |
| 29 | COMMUNITY/RURAL HEALTH CENTER |
| 30 | DME SUPPLIER |
| 31 | DO-PHYSICIAN OSTEOPATH |
| 33 | REHABILITATION CENTER |
| 35 | HOSPICE |
| 41 | DIALYSIS CLINIC |
| 43 | AMBULATORY SURGICAL CENTER |
| 46 | NURSE (PRIVATE-RN/LPN) |
| 54 | DENTAL HYGENIST |
| 59 | DENTAL LAB |
| 62 | AUDIOLOGIST |
| 63 | DRUG AND ALCOHOL REHAB |
| 64 | DETOX CENTER |
| 67 | PERFUSIONIST |
| 68 | HOMEOPATHIC |
| 69 | OPTOMETRIST |
| 71 | PSYCHIATRIC HOSPITAL |
| 74 | ALTERNATIVE RESIDENTIAL FACILITY |
| 77 | MENTAL HEALTH REHABILITATION |
| 78 | MENTAL HEALTH RESIDENTIAL TREATMENT CNTR |
| 79 | VISION CENTER |
| 82 | SURGICAL FIRST ASSISTANT |
| 83 | FREE-STANDING BIRTHING CENTER |
| 84 | LICENSED MIDWIFE |
| 85 | LICENSED CLINICAL SOCIAL WORKER (LCSW) |
| 86 | LICENSED MARRIAGE & FAMILY THERAPIST LMFT |
| 87 | LICENSED PROFESSIONAL COUNSELOR (LPC) |
| 89 | SCHOOL BASED CERTIFIED SCHOOL PSYCHOLOGIST |
| 90 | QMB ONLY PROVIDER |
| 94 | SCHOOL BASED NURSE (RN/LPN) |
| 97 | AIR TRANSPORTATION |
| 99 | EVS/NON-SERVICE PROVIDER |

Attachment 2 Service Provider Type Codes (Partial list)

| Code | Description |
|------|--|
| 02 | ACUTE HOSPITAL |
| 03 | PHARMACY |
| 04 | LABORATORY |
| 06 | EMERGENCY TRANSPORTATION (AMBULANCE) |
| 07 | DENTIST |
| 08 | PHYSICIANS (MD) |
| 09 | NURSE-MIDWIFE (CNM) |
| 10 | PODIATRIST |
| 11 | PSYCHOLOGIST (PHD, PSYD., ED.D) |
| 13 | OCCUPATIONAL |
| 14 | PHYSICAL THERAPIST |
| 15 | SPEECH/HEARING THERAPIST |
| 18 | PHYSICIANS ASSISTANT |
| 19 | REGISTERED NURSE PRACTITIONER |
| 28 | NON-EMERGENCY TRANSPORTATION PROVIDERS |
| 30 | DME SUPPLIER |
| 31 | OSTEOPATH (DO) |
| 41 | DIALYSIS CLINIC |
| 43 | AMBULATORY SURGICAL CENTER |
| 62 | AUDIOLOGIST |
| 69 | OPTOMETRIST |
| 82 | SURGICAL ASSISTANT |
| 83 | FREE-STANDING BIRTHING CENTER |

Attachment 3 Service Provider Type Specialty Codes

| Code | DESCRIPTION |
|------|---------------------------------|
| 010 | ALLERGIST/IMMUNOLOGIST |
| 011 | ALLERGIST |
| 012 | IMMUNOLOGIST |
| 020 | ANESTHESIOLOGIST |
| 030 | SURGERY-COLON/RECTAL |
| 040 | DERMATOLOGIST |
| 050 | FAMILY PRACTICE |
| 055 | GENERAL PRACTICE |
| 060 | INTERNAL MEDICINE |
| 062 | CARDIOVASCULAR MEDICINE |
| 063 | ENDOCRINOLOGIST |
| 064 | GASTROENTEROLOGIST |
| 065 | HEMATOLOGIST |
| 066 | INFECTIOUS DISEASES |
| 067 | NEPHROLOGIST |
| 068 | PULMONARY DISEASES |
| 069 | RHEUMATOLOGIST |
| 070 | SURGERY-NEUROLOGY |
| 075 | NEUROLOGIST |
| 076 | PEDIATRIC NEUROLOGIST |
| 080 | NUCLEAR MEDICINE |
| 082 | GERONTOLOGIST |
| 083 | PSYCHOLOGIST |
| 084 | RN FAMILY NURSE PRACTITIONER |
| 085 | RN SCHOOL NURSE PRACTITIONER |
| 086 | RN PEDIATRIC NURSE ASSOCIATE |
| 087 | RN PEDIATRIC NURSE PRACTITIONER |
| 088 | RN GERIATRIC NURSE PRACTITIONER |
| 089 | OBSTETRICIAN AND GYNECOLOGIST |
| 090 | GYNECOLOGIST |
| 091 | OBSTETRICIAN |
| 092 | MATERNAL AND FETAL MEDICINE |
| 093 | REPRODUCTIVE ENDOCRINOLOGIST |
| 094 | RN MIDWIFE |
| 095 | WOMEN'S HC/OB-GYN NP |
| 096 | NEONATAL NURSE PRACTITIONER |
| 097 | RN ADULT NURSE PRACTITIONER |
| 100 | OPHTHALMOLOGIST |
| 110 | SURGERY-ORTHOPEDIC |
| 120 | OTOLARYNGOLOGIST |

| Code | DESCRIPTION |
|------|---|
| 122 | LARYNGOLOGIST |
| 124 | OTOLOGIST |
| 125 | RHINOLOGIST |
| 150 | PEDIATRICIAN |
| 151 | PEDIATRIC CARDIOLOGIST |
| 152 | PEDIATRIC HEMATOLOGIST |
| 153 | SURGERY-PEDIATRIC |
| 154 | PEDIATRIC NEPHROLOGIST |
| 155 | PEDIATRIC NEONATAL/PERINATAL |
| 156 | PEDIATRIC ENDOCRINOLOGIST |
| 157 | PEDIATRIC ALLERGIST |
| 158 | RADIOLOGY PEDIATRIC |
| 159 | PEDIATRIC PULMONARY |
| 160 | PHYSICAL MEDICINE/REHABILITATION |
| 161 | OSTEOPATHIC MANIPULATIVE THERAPY |
| 165 | THERAPIST-SPEECH |
| 166 | THERAPIST-OCCUPATIONAL |
| 167 | THERAPIST-PHYSICAL |
| 170 | SURGERY-PLASTIC |
| 171 | SURGERY-PLASTIC, OTOLARYNGOLOGICAL FACIAL |
| 175 | ACUPUNCTURIST |
| 176 | ADOLESCENT MEDICINE |
| 181 | SURGERY-OBSTETRICAL |
| 182 | PREVENTIVE MEDICINE |
| 183 | OCCUPATIONAL MEDICINE |
| 187 | NUTRITIONIST |
| 188 | PHARMACOLOGIST |
| 189 | PSYCHOSOMATIC MEDICINE |
| 191 | PEDIATRIC-PSYCHIATRIST |
| 192 | PSYCHIATRIST |
| 195 | PSYCHIATRIST AND NEUROLOGIST |
| 200 | RADIOLOGY |
| 201 | RADIOLOGY-DIAGNOSTIC |
| 205 | RADIOLOGY-THERAPEUTIC |
| 210 | SURGERY |
| 211 | SURGERY-ABDOMINAL |
| 212 | SURGERY-CARDIOVASCULAR |
| 213 | SURGERY-HAND |
| 214 | SURGERY-HEAD AND NECK |
| 215 | SURGERY-MAXILLOFACIAL |
| 216 | SURGERY-TRAUMA |
| 217 | SURGERY-UROLOGICAL |
| 218 | SURGERY-VASCULAR |

| Code | DESCRIPTION |
|------|-------------------------------|
| 219 | SURGERY-GYNECOLOGICAL |
| 220 | SURGERY-THORACIC |
| 230 | UROLOGIST |
| 241 | ONCOLOGIST |
| 250 | EMERGENCY MEDICINE |
| 251 | CRITICAL CARE MEDICINE |
| 441 | SURGERY-OPHTHALMOLOGICAL |
| 484 | SURGERY-PODIATRIST |
| 490 | IMMUNOHEMATOLOGY |
| 503 | PHYSIOLOGICAL TESTING |
| 600 | OPTOMETRIST |
| 650 | PODIATRIST |
| 714 | EYE (LOW VISION SPECIALIST) |
| 798 | PHYSICIAN ASSISTANT |
| 800 | DENTIST-GENERAL |
| 801 | DENTIST-ORTHODONTURE |
| 802 | DENTIST-ENDODONTIST |
| 803 | DENTIST-ORAL PATHOLOGIST |
| 804 | DENTIST-PEDODONTIST |
| 805 | DENTIST-PROSTHODONTIST |
| 806 | DENTIST-PERIODONTIST |
| 808 | DENTIST-ORAL SURGEON |
| 809 | DENTIST-ANESTHESIOLOGIST |
| 900 | PROCEDURES-ANY CERTIFIED LAB |
| 901 | EMERGENCY ROOM PHYSICIANS |
| 925 | AUDIOLOGIST |
| 927 | CARDIOLOGIST |
| 935 | OTORHINOLARYNGOLOGIST (ENT) |
| 943 | PEDIATRIC ORTHOPEDIST |
| 950 | ORTHOPEDIST |
| 958 | GYNECOLOGICAL ONCOLOGY |
| 963 | PEDIATRIC HEMATOLOGY-ONCOLOGY |
| 999 | OTHER |