

Accommodation	YES	NO	Comments
Positioning and support aids, such as wedges, rolled up blankets, straps and rails			
Ceiling or floor-based patient lift			
Gurneys and/or stretchers			
Wheelchair accessible scales			
Adjustable height radiologic equipment			
Handicap parking			
Handicap accessible restroom			
Access ramps			
Accessible by bus			
Accessible by Valley Metro Rail			
Provider/Staff has completed cultural competence training			
<p data-bbox="71 716 464 743">Do you provide Field Clinic services?</p> <p data-bbox="71 842 724 1031">(A “clinic” consisting of single specialty health care providers who travel to health care delivery settings closer to members and their families than the Multi-Specialty Interdisciplinary Clinics (MSICs) to provide a specific set of services including evaluation, monitoring, and treatment for CRS-related conditions on a periodic basis)</p>			
<p data-bbox="71 1073 483 1100">Do you provide Virtual Clinic services?</p> <p data-bbox="71 1136 699 1293">(Integrated services provided in community settings through the use of innovative strategies for care coordination such as telemedicine, integrated medical records, and virtual interdisciplinary treatment team meetings)</p>			

AHCCCS Insurance Requirements

This communication outlines the additional insurance requirements and provides examples to assist you.

AHCCCS Insurance Requirements

The AHCCCS insurance requirements include Commercial General Liability, Business Automobile Liability and Worker’s Compensation and Employers’ Liability.

Your commercial general liability policy and your business automobile policy (if applicable), need to include an endorsement (see letter a. below under Commercial General Liability and letter a. below under Business Automobile Liability) and a waiver of subrogation (see letter b. below under Commercial General Liability and letter b. below under Business Automobile Liability) in the Description field of your policy.

Your worker’s compensation and employers’ liability policy requires only the waiver of subrogation language.

Outlined below are the minimum requirements. Policy examples follow.

Commercial General Liability – Occurrence Form

Policy should include bodily injury, property damage, personal and advertising injury and broad form contractual liability coverage. The amounts below are the minimum requirements.

- General Aggregate \$2,000,000
- Products – Completed Operations Aggregate \$1,000,000
- Personal and Advertising Injury \$1,000,000
- Damage to Rented Premises \$50,000
- Each Occurrence \$1,000,000

- a. The policy shall be endorsed (**Blanket Endorsements are not acceptable**) to include the following additional insured language: ***“The State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor.”*** Such additional insured shall be covered to the full limits of liability purchased by the Subcontractor, even if those limits of liability are in excess of those required by this contract.
- b. Policy shall contain a waiver of subrogation endorsement (**Blanket Endorsements are not acceptable**) in favor of the “State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees” for losses arising from work performed by or on behalf of the Subcontractor.
- c. If direct services are provided to children and/or vulnerable adults (as defined by A.R.S §46-451(A)(9)), the policy shall include coverage for Sexual Abuse and Molestation (SAM). This SAM coverage may be sub-limited to no less than \$500,000. The limits may be included within the General Liability limit, provided by separate endorsement with its own limits. If you are unable to obtain SAM coverage under your General Liability because the insurance market will not support it, it should it be included with the Professional Liability.
- d. The following statement must provide on their Certificate(s) of Insurance: “Sexual Abuse and Molestation coverage is included” or “Sexual Abuse and Molestation coverage is not excluded.”

Business Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of the services under contract. The amount below is the minimum required.

- Combined Single Limit (CSL) \$1,000,000

- a. The policy shall be endorsed (**Blanket Endorsements are not acceptable**) to include the following additional insured language: ***“The State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor.”*** Such additional insured shall be covered to the full limits of liability purchased by the Subcontractor, even if those limits of liability are in excess of those required by this contract.

- b. Policy shall contain a waiver of subrogation endorsement (**Blanket Endorsements are not acceptable**) in favor of the “State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees” for losses arising from work performed by or on behalf of the Subcontractor.

Worker’s Compensation and Employers’ Liability

- Workers' Compensation Statutory
- Employers' Liability
 - Each Accident \$500,000
 - Disease – Each Employee \$500,000
 - Disease – Policy Limit \$1,000,000

Policy shall contain a waiver of subrogation endorsement (**Blanket Endorsements are not acceptable**) in favor of the “State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Subcontractor.”

Two examples for your reference are included on pages 9-10:

1. Commercial General Liability and Business Automobile Liability – includes limits, endorsement and waiver of subrogation language
2. Worker’s Compensation and Employers’ Liability – includes limits and waiver of subrogation language

We are required to verify your adherence to these insurance requirements. We appreciate you submitting Certificates of Liability with required coverage levels, endorsements and waivers along with the attached checklist

The fax number and phone number for each participating plan is listed in the table below.

If your intent is to apply for participation in a Health Plan network, please send only to the Plan(s) you are interested in joining. NOT ALL Plans provide services in every county. Please contact the Plan directly to verify that they provide services in your county and that they are accepting new providers.

If you are adding a location/facility under an existing Health Plan contract, please only send to the Plan(s) you are contracted with.

HEALTH PLAN	PHONE	FAX/EMAIL	WEBSITE
Arizona Complete Health -Complete Care Plan	(888) 788-4408	(866)687-0514 AzCHProviderData@azcompletehealth.com	www.azcompletehealth.com
Banner University Health Plans	(520) 874-5290 or (800) 552-5656	Email is preferred method to submit completed PDFs: BUHPDATATEAM@Bannerhealth.com (520) 874-7142	www.BannerUFC.com/ACC www.BannerUFC.com/ ALTCS www.BannerUCA.com www.BannerUHP.com
Care1st Health Plan Arizona—A WellCare Company	(602) 778-1800 (options in order 5, 7)	(602) 778-1875 SM_AZ_PNO@care1stAZ.com	www.care1staz.com
Comprehensive Medical and Dental Program (CMDP)	(602) 351-2245 or (800) 201-1795 (options in order 1, 2, 3)	(602) 264-3801 CMDPProviderServices@azdcs.gov	https://dcs.az.gov.cmdp
DentaQuest	(800) 233-1468	initialproviderenrollment@dentaquest.com 262-241-7401	http://www.dentaquest.com /state- plans/regions/arizona/az- dentist-page
Magellan Complete Care Arizona	800-424-5891	888-656-0369 MCCAZProvider@MagellanHealth.com	www.mccofaz.com
Mercy Care	(602) 263-3000	Contracting: contractingdepartment@mercycaresaz.org If contracted already, email completed forms to Provider Relations at: Providerrelations@mercycaresaz.org Or fax form to (860) 975-3201	www.mercycareaz.org
Health Choice Arizona	(800) 322-8670 (options in order 4, 7)	Contracting: hchcontracting@steward.org If contracted, email your provider representative (480) 760-4975	www.healthchoiceaz.com
United Healthcare Community Plan	(877) 842-3210	(612) 234-0211	www.uhcommunityplan.com

Each plan retains the right to make their own contracting decisions (whether or not to add organizations to their network) and also will make their own credentialing committee decisions (review of the primary source verification information obtained by Aperture Credentialing, LLC resulting in approval/denial by the plan's committee). You will receive separate communication from each plan regarding the effective date of your credentialing and the effective date of your contract.