



AHCCCS Update: Minimum Subcontract Provisions

June 1, 2015
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Dear Care1st Providers and Staff:

AHCCCS updated the Minimum Subcontract Provisions slightly to remove the wording “Blanket Endorsements are not acceptable” from the Commercial General Liability, Business Automobile Liability and Worker’s Compensation and Employers’ Liability Insurance Requirements. This change is effective July 1, 2015.

Although this change doesn’t impact the insurance requirements for providers, AHCCCS mandates that we notify you of any change to the AHCCCS Minimum Subcontract Provisions.

As a reminder, if you have not yet submitted the required insurance information, please review the attached checklist, complete it, and return it along with the Certificates of Liability with required coverage levels, endorsements and waivers to Provider Network Operations via fax at **602.778.1875** or via email to PNOaz@care1st.com.

We encourage you to review the updates, which can be found on the AHCCCS website <http://www.azahcccs.gov/>:

Choose “Plans Providers Contractors” > “Minimum Subcontract Provisions” > Select the option for the Minimum Subcontract Provisions Effective 7/1/15.

If you have any questions or need assistance in downloading the information please contact Provider Network Operations at the numbers below.

Thank you!

Provider Network Operations
Phone 602.778.1800 or 866.560.4042 (Options in order: 5, 7)
Email PNOaz@care1st.com
Fax 602.778.1875

Visit our website at www.care1st.com/az

FAX

To: Provider Network Operations Fax To: 602.778.1875
 From: _____ Group: _____
 Phone: _____ Date: _____
 Re: AHCCCS Insurance Requirements

Prior to submitting your insurance information complete this checklist, use it as a tool to address everything that's required and send it on top of your insurance document(s).

Commercial General Liability [REQUIRED]	Business Auto Liability	Worker's Comp Liability
<input type="checkbox"/> ATTACHED	<input type="checkbox"/> ATTACHED <input type="checkbox"/> N/A	<input type="checkbox"/> ATTACHED <input type="checkbox"/> N/A
<input type="checkbox"/> General Aggregate \$2,000,000 <input type="checkbox"/> Products Ops Aggregate \$1,000,000 <input type="checkbox"/> Personal & Adv. Injury \$1,000,000 <input type="checkbox"/> Damage to Rented Premises \$50,000 <input type="checkbox"/> Each Occurrence \$1,000,000 <i>Your document must address all of the above items and minimum amounts</i>	<input type="checkbox"/> Combined Single Limit \$1,000,000 <i>Your document must address all of the above items and minimum amounts</i>	<input type="checkbox"/> Each Accident \$500,000 <input type="checkbox"/> Disease – Each Employee \$500,000 <input type="checkbox"/> Disease – Policy Limit \$1,000,000 <i>Your document must address all of the above items and minimum amounts</i>

Endorsement – Required for Commercial General and Business Auto Liability

The policy shall be endorsed to include the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor.

Waiver of Subrogation – Required for all

The policy contains a waiver of subrogation endorsement 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.