



## GENERAL AHCCCS COMPLETE CARE FAQs

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**Q: Will my foster child's coverage with Comprehensive Medical Dental Program (CMDP) change?**

**Q: What is an AHCCCS Complete Care Health Plan (ACC Plan) and how is it different than my current health plan?**

A: Today most AHCCCS members have one health plan for physical healthcare services, and one health plan for behavioral healthcare services. An ACC Plan will give members access to a network of physical and behavioral healthcare providers for services. An ACC Plan will provide services for members with Children's Rehabilitative Services (CRS) conditions. The ACC Plan will manage the network and all covered services. A member's chosen ACC Plan will be the only Medicaid payer to providers for enrolled members.

**Q: When is the change to ACC Plans happening?**

A: AHCCCS Complete Care (ACC) starts on October 1, 2018.

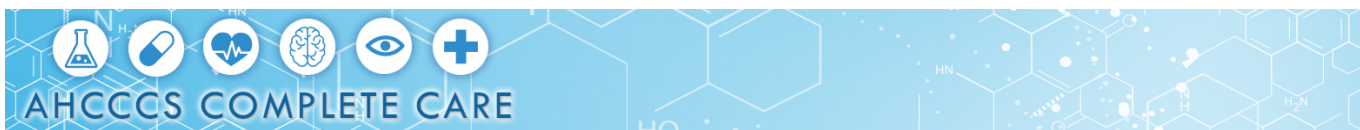
**Q: Who will be affected by this change?**

A: Most adults and children on AHCCCS will be enrolled with ACC Plans, including members currently enrolled in CRS.

ACC will not affect members in the Arizona Long Term Care System (ALTCS), including those enrolled with DES/DDD. There are a few exceptions for members who are also eligible for CRS services. For more information about members enrolled with CRS, see <https://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSCompleteCare/crs/>.

ACC will not affect members determined to have a Serious Mental Illness (SMI).

With the exception of foster care children currently enrolled in CRS, ACC will not affect most children in foster care enrolled in the Comprehensive Medical and Dental Program (CMDP).



**Q: How will an ACC Plan benefit me?**

A: The ACC Plan will join physical and behavioral health services together. Members will benefit by only having one health plan. The ACC Plan will help coordinate care for better outcomes and improved whole health for the member.

The ACC Plan offers choice of health plans for children in CRS.

**Q: Will covered services change?**

A: Members will still have access to the same AHCCCS covered services with ACC Plans as they do with current health plans and Regional Behavioral Health Authorities (RBHAs).

**Q: What are the geographic service areas (GSA) to be served by ACC Plans?**

A: More than one ACC Plan will be available in each GSA:

- The Central GSA will serve Pinal, Gila, and Maricopa counties.
- The South GSA will serve Pima, Santa Cruz, Graham, Yuma, Cochise, Greenlee, and LaPaz counties.
- The North GSA will serve Mohave, Yavapai, Coconino, Apache, and Navajo counties.

Note: ZIP codes 85542, 85192, 85550 are part of the South GSA to keep the San Carlos tribal reservation in one GSA.

**Q: What are the available ACC Plans in each geographic service area (GSA)?**

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**Q: Will I be assigned to an ACC Plan or will I have choice of available ACC Plans?**

A: Members in an acute health plan that will also be an ACC Plan in their service area will stay with their current health plan. These members will have choice of other ACC Plans in their annual enrollment choice month.

Members in a health plan that will not be an ACC Plan in their service area will be assigned an ACC Plan. Members in the same household will be assigned to the same ACC Plan. AHCCCS will send letters to tell members their assigned ACC Plan by the end of June, 2018. Members will be allowed to choose a different ACC Plan in their service area in July, 2018. ACC Plans will begin on October 1, 2018.

Some members in an acute plan that will also be an ACC Plan (not affiliated with their assigned RBHA) in their service area, who received behavioral health services through the RBHA in 2017, will be given a one-time choice to move to an ACC Plan that is affiliated with the RBHA in their service area. These members will be notified in late June 2018 and will be allowed to make their choice during the month of July, 2018.

**Q: Can I continue to access the same providers?**

A: Members should review the network of each ACC Plan to see each plan's providers.

All ACC Plans must give at least a 90-day transition period for members who have an established relationship with a primary care provider (PCP) who does not work with the new ACC Plan. During



that time, the member may continue to get care from their PCP while the member and/or ACC Plan find a PCP in the ACC Plan. However, even with this ACC Plan requirement, a provider may choose not to see a member enrolled with a plan the provider does not participate with.

Plans must also allow members who are getting active treatment for a serious and chronic physical, developmental or behavioral health condition to keep getting services from their provider until the treatment ends, or six months, whichever happens first. This will be allowed even if the provider does not participate in the member's new ACC Plan. However, even with this ACC Plan requirement, a provider may choose not to see a member enrolled with a plan the provider does not participate with.

**Q: What will Regional Behavioral Health Authorities (RBHAs) continue to provide?**

A: RBHAs will no longer serve most adults and children. This is because behavioral health services will be provided by the ACC Plan. RBHAs will continue to serve:

- Foster children enrolled in CMDP, including those CMDP members who have a CRS condition.
- Members enrolled with DES/DDD.
- Individuals determined to have a Serious Mental Illness.

RBHAs will continue to provide crisis, grant funded and state-only funded services.

**Q: Will current CRS members have to change health plans?**

A: Yes, most CRS members will be enrolled in ACC Plans. Today most members with CRS conditions are enrolled with UnitedHealthcare Community Plan for all or part of their services. CRS members getting physical health services from UnitedHealthcare Community Plan will have choice of ACC Plans. The ACC Plan will be responsible for providing all covered services for persons with CRS qualifying conditions. Some exceptions apply.

See [www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSCompleteCare/crs/](http://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSCompleteCare/crs/) for more information for members with CRS conditions who are enrolled in other programs.

**Q: Will my ACC Plan offer a Medicare Advantage Plan?**

A: Each ACC Plan is required to have a Medicare Advantage Dual Special Needs Plan. This will allow members to align their Medicare and ACC Plans. Members should contact their new ACC Plan for more information. Members that change health plans may need to make future changes to Medicare enrollment to continue to be aligned.

**Q: Will my foster child's coverage with Comprehensive Medical Dental Program (CMDP) change?**

A: CMDP will continue to serve foster care children for physical health services. The RBHA will continue to provide behavioral health services. Children in Foster Care with CRS qualifying conditions will get physical health services, including services for their CRS condition, through CMDP and behavioral health services through the RBHA.