

AHCCCS COMPLETE CARE

COMING
OCTOBER 1, 2018



FACTS FOR PROVIDERS

1 WHAT CHANGES WITH AHCCCS COMPLETE CARE (ACC)?

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 single plan and network of physical and behavioral healthcare providers for services. All ACC Plans will also provide services for members with Children's Rehabilitative Services (CRS) conditions. The ACC Plan will manage the network and all covered physical and behavioral health services. A member's ACC Plan will be the only Medicaid payer to providers for ACC enrolled members.

2 WHAT ACC PLANS ARE IN EACH GEOGRAPHIC SERVICE AREA (GSA)?

- North GSA: Apache, Coconino, Mohave, Navajo and Yavapai Counties
- Central GSA: Maricopa, Gila and Pinal Counties
- South GSA: Pima, Cochise, Graham, Greenlee, La Paz, Santa Cruz and Yuma Counties

Arizona Complete Health-Complete Care Plan (Central and South)

Banner University Family Care (Central and South)

Care1st (Central and North)

Magellan Complete Care (Central)

Mercy Care (Central)

Steward Health Choice Arizona (Central and North)

UnitedHealthcare Community Plan (Central and Pima County)



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

3 HOW DOES THIS AFFECT RBHA MEMBERS?

Effective October 1, 2018, members who do not have a Serious Mental Illness (SMI) diagnosis will now receive behavioral health care through the ACC Plan's network. ACC will have no effect on members diagnosed with SMI (unless CRS), and the members will continue to receive integrated care through the Regional Behavioral Health Authorities (RBHAs). RBHAs will also continue to serve members that are developmentally disabled who are enrolled with DES/DDD and foster care children enrolled in CMDP.

4 WILL PROVIDERS CONTRACT WITH ALL ACC PLANS?

All AHCCCS registered providers are free to pursue a contract with any or all of the ACC Plans. To ensure a smooth transition for members, if non-contracted providers agree to continue to serve an established patient, ACC Plans must reimburse PCPs for services provided before January 1, 2019 or Specialists before April 1, 2019. Also see [provider FAQ](#) on our website. Any AHCCCS registered provider, regardless of type, may choose to serve American Indian Health Program (AIHP) members under FFS, and there is no separate contractual requirement.

5 WHAT HAPPENS TO MY PATIENTS AFTER 10/1/18 IF THEIR HEALTH PLAN IS NO LONGER IN THEIR SERVICE AREA?

In June, AHCCCS sent notification letters to impacted members to assist in transitioning to a new health plan. These members with choice were assigned a plan and had the month of July to choose a different ACC Plan. In order to continue to see the member, providers should pursue a contract with the member's new plan.



For additional ACC information, FAQs and information regarding American Indian members, please visit www.azahcccs.gov/ACC