

403 - ENROLLMENT CHOICE IN A COUNTY WITH CHOICE AND CHANGE OF CONTRACTOR: ARIZONA LONG TERM CARE SYSTEM CONTRACTORS

EFFECTIVE DATES: 10/01/00, 01/01/17, 04/01/17, 01/25/19

APPROVAL DATES: 08/01/01, 02/02/17, 01/11/19

I. PURPOSE

This policy applies to ALTCS E/PD Contractors. This policy establishes guidelines, criteria, and timeframes for how, when, and by whom enrollment choice in a county with member choice and Contractor change requests shall be processed for members enrolled with an ALTCS E/PD Contractor.

II. DEFINITIONS

ALTCS LOCAL OFFICE The ALTCS local office currently responsible for the member's financial eligibility case record.

ANNIVERSARY DATE The anniversary date is 12 months from the date the member is enrolled with the Contractor and annually thereafter. In some cases, the anniversary date will change based on the last date the member changed Contractors or the last date the member was given an opportunity to change.

ANNUAL ENROLLMENT CHOICE (AEC) The opportunity for a member to change Contractors every 12 months.

COUNTY OF FISCAL RESPONSIBILITY The Arizona county that is responsible for paying the state's funding match for the member's ALTCS services. The county of physical presence (the county in which the member physically resides) and the county of fiscal responsibility may be the same county or different counties.

COUNTY WITH CHOICE A county or GSA with more than one ALTCS Contractor.

CURRENT CONTRACTOR The Contractor with whom the member is enrolled at the time the change request is generated.

DAY Day means a calendar day unless otherwise specified.

GEOGRAPHIC SERVICE AREA (GSA) An area designated by AHCCCS within which a Contractor of record provides, directly or through subcontract, covered health care service to a member enrolled with that Contractor of record, as defined in 9 A.A.C. 22, Article 1.

III. POLICY

A. ENROLLMENT CHOICE IN A COUNTY WITH CHOICE

1. Enrollment choice is available when:
 - a. An applicant resides in a county with choice and a county with choice is the County of Fiscal Responsibility,
 - b. A member moves from another county to his or her own home in a county with choice, unless the member's Current Contractor is available in that county,
 - c. A member moves from another county to a nursing facility or alternative residential setting in a county with choice and the Current Contractor has chosen to negotiate an enrollment change,
 - d. A member is currently enrolled with a Contractor serving a county with choice, but a valid condition exists (see Section B) for requesting an enrollment change to another Contractor serving in that county,
 - e. A former member resides in a county with choice and reestablishes eligibility that results in reenrollment more than 90 Days after disenrollment, or
 - f. A member reaches the annual Anniversary Date.

2. Enrollment choice is not available for:
 - a. An American Indian member with on-reservation status,
 - b. A member whose County of Fiscal Responsibility is not a county with choice (unless the Current Contractor chooses to negotiate a change),
 - c. A member who was disenrolled from a Contractor in a county with choice, but subsequently reestablishes ALTCS eligibility that results in reenrollment within 90 Days from disenrollment, or
 - d. A member who moves to a county with choice and his or her Current Contractor is available in that county.

B. REQUESTS FOR CONTRACTOR CHANGES WITHIN A COUNTY OF CHOICE

An enrollment change from one Contractor to another, in a county with choice, can be made outside of a member's Annual Enrollment Choice (AEC) for the following reasons.

1. Medical Continuity of Care Requests.

Contractor changes may be approved on a case-by-case basis to ensure the member's access to care. In order to provide continuity of care on a temporary basis for the member's period of illness, the Current Contractor may agree to a reimbursement schedule with the member's provider rather than approve a Contractor change.

- a. If the Medical Directors of both Contractors approve the change request:
 - i. The Current Contractor sends the completed Program Contractor Change Request (PCCR) Form to the requested Contractor and the AHCCCS Central Office. Refer to AMPM Exhibit 1620-8, and
 - ii. The current Contractor notifies the member in writing of the approved change, and in advance of the effective date of the change,

- b. If the requested Contractor denies the request:
 - i. The PCCR Form is returned to the Current Contractor,
 - ii. The Current Contractor shall notify the member in writing when the change request is denied at the Contractor level. The denial notice shall include the Contractor's grievance and appeal system policy and timeframes for filing a grievance,
 - iii. The Current Contractor may forward the PCCR Form to the AHCCCS Chief Medical Officer (CMO) or designee for a final decision,
 - iv. If the AHCCCS CMO or designee approves the change, the PCCR Form is returned to the Current Contractor for submission to the AHCCCS Central Office, and
 - v. If the change request is denied by the AHCCCS CMO or designee, AHCCCS will provide written notice of the denial including notice of appeal rights to the member and to both the current and requested Contractors.

2. Erroneous network information or agency error.

The applicant or representative made an enrollment choice based on erroneous information regarding facility, residential setting, PCP, or other provider contracting with the chosen Contractor based on information supplied by the network database, marketing materials, or agency error. Erroneous information includes omissions or failure to divulge network limitations and restrictions in the Contractor's marketing material or database submissions. The Current Contractor shall submit a Member Change Report for these requests.

3. Lack of initial enrollment choice.

An ALTCS applicant residing in a County with Choice is, for any reason, not offered a choice of Contractors during the application process. The Current Contractor shall submit a Member Change Report for these requests.

4. Lack of Annual Enrollment Choice.

The member was entitled to participate in an AEC but was not sent an AEC notice or the notice was not received, or was sent an AEC notice but was unable to participate in the AEC due to circumstances beyond the member's control (i.e., member or representative was hospitalized, Anniversary Date fell within a 90 Day disenroll/reenroll period). The Current Contractor shall submit a Member Change Report for these requests.

5. Family continuity of care.

The member, either through auto-assignment or the choice process, is not enrolled with the same Contractor as the other family members. The Current Contractor shall submit a Member Change Report for these requests.

6. Continuity of providers.

The Contractor's contract with the institutional, residential or employment supports provider from which the member receives services is terminated, and the member or the member's representative requests to change to a Contractor who contracts with their provider (42 CFR 438.56 (d)(2)(iv)). The member shall be receiving services from the provider at the time of the contract termination. The Current Contractor shall submit a Member Change Report for these requests.

7. Failure to correctly apply the 90-Day reenrollment policy.

A member who lost ALTCS eligibility and was disenrolled, then was subsequently reapproved for ALTCS eligibility within 90 Days of the disenrollment date, but was enrolled with a different Contractor. The Current Contractor shall submit a Member Change Report for these requests.

C. MEMBER MOVES TO OWN HOME IN ANOTHER COUNTY

1. When a member resides in his or her own home the following policies apply:

- a. The County of Fiscal Responsibility is the county where the member's home is located,
- b. Enrollment is with a Contractor serving the Geographic Service Area (GSA) (or fiscal county) where the home is located, and
- c. When the member moves to his or her own home in a County with Choice, and is not already enrolled with a Contractor serving that county, the member shall be given an opportunity to choose a Contractor. The member will be enrolled with the Contractor selected through the enrollment choice process.

2. The member is responsible for reporting a move or anticipated move to the Current Contractor and to AHCCCS.

3. The Current Contractor is responsible for:

- a. Notifying AHCCCS that the member moved by sending a Member Change Report,
- b. Explaining service limitations and exclusions to a member who moves out of the Contractor's service area, and
- c. Transitioning the member to the new Contractor according to the requirements and protocols in AMPM Policy 520.

D. MEMBER MOVES TO A NURSING FACILITY OR ALTERNATIVE RESIDENTIAL SETTING IN ANOTHER COUNTY

When a Contractor places a member in a nursing facility or alternative residential setting in a different county (either to receive specialized treatment or because of lack of beds in the Contractor's county), the County of Fiscal Responsibility and enrollment do not change.

When the Current Contractor chooses to contract with the nursing facility or alternative residential setting in another county, the enrollment and County of Fiscal Responsibility do not change.

When the member moves to a County with Choice, the enrollment choice process shall be completed before the Current Contractor can initiate negotiations with a requested Contractor.

1. Current Contractor Responsibilities:

- a. When the Current Contractor is notified that a member has moved to another county or plans to move to another county, and the member resides or plans to reside in a nursing facility or alternative residential setting, and the current Contractor does not serve the other county, the Current Contractor has the following options:
 - i. Retain the member and contract with an out of county provider,
 - ii. Negotiate an enrollment change for the member, or
 - iii. Negotiate a single case agreement with the facility while plans are being made to move the member to a contracted facility.
- b. When enrollment change is the preferred option, the Current Contractor is responsible for:
 - i. Completing a PCCR Form and sending it to the Contractor serving the GSA or the requested Contractor in a County with Choice, and
 - ii. Transitioning the member when a change is approved.

2. Requested Contractor's Responsibilities

When a PCCR Form is received the requested Contractor is responsible for:

- a. Approving or denying the change request by completing the PCCR Form, and
- b. Transitioning the member when the change request is approved or the AHCCCS CMO or designee directs the change.

E. ADDITIONAL CONTRACTOR RESPONSIBILITIES

1. The Contractor is responsible for providing information on the Contractor change policy in:
 - a. The Member Handbook, and
 - b. The Provider Manual.
2. The Current Contractor is responsible for promptly addressing a member's concerns including but not limited to:
 - a. Availability and accessibility of services,
 - b. Quality of care,
 - c. Case management responsiveness,
 - d. Transportation service availability,
 - e. Institutional care issues,
 - f. Physician or provider office hours,
 - g. Office waiting time, and

- h. Network limitations and restrictions.
- 3. When quality of care and delivery of medical service issues raised by the member cannot be solved through the normal case management process, the Current Contractor shall refer the issue for review to:
 - a. The Current Contractor's Quality Management Department, and/or
 - b. The AHCCCS Quality Management Department.
- 4. When an enrollment change occurs while the member is hospitalized, the Current Contractor shall notify the hospital of the member's disenrollment prior to the enrollment with the receiving Contractor.

If the current Contractor fails to provide such notice to the hospital, the Current Contractor will continue to be responsible for payment of hospital services provided to the member until the date notice is provided to the hospital as required in the AMPM Policy 520.

- 5. When an enrollment change requested by the member is denied at the Contractor level (not by the AHCCCS CMO), the Current Contractor is responsible for processing any resulting member grievances or hearing requests.