

Submit Completed Form To: **OUTOFSERVICEAREAPLACEMENT@AZAHCCCS.GOV**

What is an Out-of-Service Area Placement: When an existing member is positively being placed to an Ot Of Area/ Geographical Service Area (GSA) (based on member’s home address in the Pre-paid Medicaid Management Information System [PMMIS] system) facility. Fill out this form and submit it to the email address above for processing.

The forms not filled out completely will be returned. If an email is sent without the form, it will be returned for submission of the form.

ACC-RHBA INFORMATION	
*ACC-RBHA NAME:	
*CONTACT NAME:	
*CONTACT PHONE NUMBER:	
*CONTACT EMAIL:	
*EFFECTIVE DATE OF TRANSFER (NOTE: The effective date will be that of notification; no retroactive dates will be performed):	
*END DATE OF TRANSFER (NOTE: The end date is required.):	
*MEMBER DOB:	
*MEMBER AHCCCS ID:	
*MEMBER COMPUTER IDENTIFICATION SYSTEM ID:	
*MEMBER HOME ADDRESS:	

**BENEFIT:** Submitting prior to any other transactions will result in a quicker turnaround time, as well as preventing the member’s ACC-RBHA assignment from automatically reverting back to the incorrect ACC-RBHA, resulting in additional coordination with the incorrect ACC-RBHA.