

# ACC Message From the Director

September 14, 2018

As we approach October 1st, I wanted to take this opportunity to thank you – members, families, providers, health plans and stakeholders – for your partnership over the last several months in preparing for the AHCCCS Complete Care (ACC) transition. As you know, ACC marks the largest and most impactful stage of our delivery system reform effort that began in earnest in 2013.

Over the course of the last several years, with your support, we have endeavored to establish a groundbreaking delivery model – one of the first of its kind in the nation – which seeks to attend to the full continuum of needs that an AHCCCS member may have when accessing health care services and supports. As is often the case with a transformation of this magnitude, the process has exposed us to new opportunities (who would have thought, when we started this journey, that we would one day be the third largest housing authority in the state), while also serving as a vehicle for learning. And though this transition has not been without challenges, undoubtedly our prior integration efforts have helped us to refine our approach and have laid the groundwork for the system change that is now only 2½ weeks away.

Understanding the magnitude of this transition, AHCCCS has established a series of critical protections aimed at allowing members continued access to services regardless of whether or not specific providers participate in the ACC plan's provider network. Those protections extend for the duration of treatment or six months, whichever occurs first, and include:

- Members receiving behavioral health services from a specialist (treatment must be identified in the member's service plan)
- Members receiving an active course of treatment or ongoing care from a specialist for a serious and chronic physical, developmental or behavioral health condition (treatment must be identified in the member's service plan)

Furthermore, ACC plans must:

- Provide, at a minimum, a 90- day transition period for members who have an established relationship with a Primary Care Physician
- Allow members with CRS conditions to continue receiving services through their previous Multispecialty Interdisciplinary Clinic (when the receiving ACC plan has not been successful in contracting with the MSIC)
- Ensure pregnant women in the third trimester or anticipated to deliver within 30 days of the transition are authorized to receive services from their OB provider and deliver at their chosen delivery site
- Honor previously approved authorizations for a minimum of 30 days

These protections are reliant upon the cooperation of all parties. In order for a member to access care from their established provider during the transition period, the member's provider must agree to serve the member and bill the member's health plan. Moreover, in order for the member to access ongoing services from the provider, beyond the transition period, the provider must

ultimately agree to participate in the health plan's network or sign a single case agreement with the member's health plan.

In addition to extending member protections, over the last six months, AHCCCS has carefully monitored the ACC plans' readiness activity, including, but not limited to the plans' work in building networks which include those providers that have historically served Arizona's Medicaid population, their efforts to ensure the recruitment of high caliber staff with expertise in the full continuum of services and supports offered by integrated care products as well as their adherence to the contractual mandate requiring the availability of nurse triage services 24 hours a day, 7 days a week.

The success of this transition both on October 1st and beyond will ultimately rely on our shared commitment to ensuring that those we serve remain at the center of all decision-making. While we have taken extraordinary steps to mitigate issues over the course of the transition, challenges will invariably surface. And it is in those moments that we must commit to taking every step necessary to ensure members are able to seamlessly access care – understanding that, in certain instances, that may mean working through the details of a situation after-the-fact. Undoubtedly, our willingness to put members first will play an instrumental role, not only in the success of this transition, but also in the success of the delivery system reform effort more generally.

Should you need assistance over the course of the transition, I have included the contact information for AHCCCS as well as each of the ACC plans:

[AHCCCS](#)

Member Services

602-417-7100 (Maricopa County)

1-800-962-6690 (Outside of Maricopa County)

[American Indian Health Program](#)

Prior authorization technical assistance: 602-417-4400

Claims customer service:

602-417-7670 option 4

[Arizona Complete Health - Complete Care Plan](#)

1-888-788-4408

[Banner University Family Care](#)

1-800-582-8686

[Care1st Health Plan](#)

1-866-560-4042

[Magellan Complete Care](#)

1-800-424-5891

[Mercy Care](#)

1-800-624-3879

[Steward Health Choice Arizona](#)

1-800-322-8670

[UnitedHealthcare Community Plan](#)

1-800-348-4058

