

AHCCCS COMPLETE CARE FOR AMERICAN INDIANS

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. Effective October 1, 2018, American Indian Fee-for-Service (“FFS”) members will have the choice of integrated care: the American Indian Health Program (“AIHP”) or an AHCCCS Complete Care (“ACC”) health plan. AIHP members will also be able to choose care coordination for behavioral health care through a TRBHA (when available). AIHP and ACC Plans provide integrated physical and behavioral health services for most eligible American Indian adults and children, as well as pay for services related to a Children’s Rehabilitative Services condition.

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

- **Statewide:** American Indian Health Program
- **North GSA:** Care 1st, Steward Health Choice (Apache, Coconino, Mohave, Navajo and Yavapai Counties)
- **Central GSA:** Arizona Complete Health - Complete Care Plan, Banner University Family Care, Care 1st, Magellan Complete Care, Mercy Care, Steward Health Choice, UnitedHealthcare Community Plan (Maricopa, Gila and Pinal Counties)
- **South GSA:** Arizona Complete Health-Complete Care Plan, Banner University Family Care, UnitedHealthcare Community Plan* (Pima, Cochise, Graham, Greenlee, La Paz, Santa Cruz and Yuma Counties). Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

**Pima County Only*



3 HOW DOES THIS AFFECT RBHA TRBHA MEMBERS?

Effective October 1, 2018, AIHP will provide both physical and behavioral health care for most members. However, American Indian members with a Seriously Mentally Ill (SMI) determination will continue to receive behavioral health services from the RBHA or TRBHA (where available). There is no change in service delivery or choice.



American Indian members can also choose to change enrollment between AIHP or the ACC Plan at any time. However, a member can only change from one ACC Plan to another one time per year. American Indian members may continue to choose to receive services at any time from an IHS facility, or a tribally owned or operated organization.

4 WILL PROVIDERS CONTRACT WITH AIHP AND ALL ACC PLANS?

Any AHCCCS registered provider may choose to serve AIHP members, and there is no separate contractual requirement. All AHCCCS registered providers may pursue a contract with any or all of the ACC Plans. For more information, please refer to the Fee for Service Provider Manual and AHCCCS Medical Policy Manual (AMPM).

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

AHCCCS sent notification letters to impacted members to assist in transitioning to a new health plan. Members may call AHCCCS for assistance, from area codes (480), (602), and (623) call 602-417-7100, and from area codes (520) and (928) call 1-800-334-5283.



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