POLICY 401, ATTACHMENT A - AHCCCS COMPLETE ~~ACUTE~~ CARE CHANGE OF CONTRACTOR FORM

OPEN UNTIL 01/02/19

CHANGE REASON: ☐ MEDICAL CONTINUITY OF PRENATAL CARE ☐ MEDICAL CONTINUITY OF CARE

INSTRUCTIONS FOR SUBMISSION:

If the Medical Directors of both the Receiving and Relinquishing Contractors agree to the change of Contractor, Attachment A shall be faxed to MCDU Attention: Medical Director at 602-252-6536[1]

If the Medical Directors of both the Receiving and Relinquishing Contractors have discussed the request and have not been able to come to an agreement, the Relinquishing Contractor shall fax Attachment A to AHCCCS/MM Manager at 602-252-2180[2]

MEMBER INFORMATION

MEMBER NAME:		~~MEMBER~~ AHCCCS[3] ID:		PHONE #:	- -
ADDRESS:		APT/SPACE #:		DOB: - -	SEX:
CITY:		STATE:		ZIP:	
MEMBER'S PCP:		~~AHCCCS ID #:~~		PHONE #:	- -

RELINQUISHING CONTRACTOR~~:~~		RECEIVING CONTRACTOR~~:~~	
CONTRACTOR NAME:		CONTRACTOR NAME:	
CONTRACTOR ID #:		CONTRACTOR ID #:	
CONTACT NAME:		CONTACT NAME:	
CONTACT PHONE:		CONTACT PHONE:	
CONTACT FAX:		CONTACT FAX:	

PROVIDER REQUESTED FOR CONTINUITY

PROVIDER NAME: ____________ AHCCCS ID : ____________ PHONE # ____ - ____ - ____

DOCUMENTATION OF MEDICAL CONTINUITY

(INCLUDE ALL INFORMATION SUPPORTING THE NEED FOR THE CHANGE)

MEMBER REQUESTS CHANGE OF CONTRACTOR TO: ____________

MEMBER'S EFFECTIVE DATE IS: ____ - ____ - ____ RATE CODES: ____________

☐ APPROVED ☐ DENIED	☐ APPROVED ☐DENIED
MEDICAL DIRECTOR'S SIGNATURE/RELINQUISHING CONTRACTOR	*MEDICAL DIRECTOR'S SIGNATURE/RECEIVING CONTRACTOR*

REASON STATED FOR DENIAL BY RECEIVING CONTRACTOR:

[1] Included instructions
[2] Included MM's Fax number to submit Attachment A (when Contractors disagree)
[3] REMOVED MEMBER ID; replaced with AHCCCS ID

FAMILY MEMBERS INCLUDED IN THE CHANGE:[4]

Provide: Family Member Name, AHCCCS ID, DOB

PLEASE ATTACH ANY RELEVANT DOCUMENTATION

☐ DOCUMENTATION ATTACHED

☐ ADDITIONAL FAMILY MEMBERS LISTED ON ATTACHED PAGE[5]

AFTER REVIEW BY AHCCCS THIS CONTRACTOR CHANGE HAS BEEN:

☐ APPROVED ☐ DENIED

AHCCCS MEDICAL DIRECTORCHIEF MEDICAL OFFICER (OR DESIGNEE)[6]

DATE

ANY CONTRACTOR CHANGE REQUEST PROCESSED BY THE CONTRACTOR MUST INVOLVE CONTINUITY OF CARE ISSUES. IF A CONTRACTOR CHANGE IS REQUESTED FOR ANY OTHER REASON, THE REQUEST SHOULD BE MANAGED ACCORDING TO ACOM POLICY 401.

SECTION BELOW TO BE FILLED OUT BY AHCCCS:[7]

AFTER REVIEW BY AHCCCS THIS CONTRACTOR CHANGE HAS BEEN: ☐ APPROVED ☐ DENIED

AHCCCS DESIGNEE[8] *DATE*

ANY CONTRACTOR CHANGE REQUEST PROCESSED BY THE CONTRACTOR MUST INVOLVE CONTINUITY OF CARE ISSUES. IF A CONTRACTOR CHANGE IS REQUESTED FOR ANY OTHER REASON, THE REQUEST SHOULD BE MANAGED ACCORDING TO ACOM POLICY 401.

OPEN UNTIL 01/01/19

[4] Included text field for additional family members information

[5] Added section above

[6] Revised to align with Policy

[7] Section added for signature line

[8] Revised from CMO to AHCCCS Designee to align with policy