

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, 10/01/24¹

APPROVAL DATES: 08/01/01, 02/02/17, 01/11/19, 05/07/24²

I. PURPOSE

This ~~p~~Policy applies to ALTCS E/PD Contractors only³. This ~~P~~policy establishes guidelines, criteria, and timeframes for ~~how, when, and by whom~~ enrollment choice in a county ~~with~~ where the member has a choice of Contractor and how a⁴ Contractor change requests shall be processed ~~for members enrolled with an ALTCS E/PD Contractor.~~

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy:⁵

<u>ARIZONA LONG TERM CARE SERVICES (ALTCS) LOCAL OFFICE</u>	<u>ANNIVERSARY DATE</u>	<u>ANNUAL ENROLLMENT CHOICE (AEC)</u>
<u>COUNTY OF FISCAL RESPONSIBILITY</u>	<u>DAY</u>	<u>GEOGRAPHIC SERVICE AREA (GSA)</u>
<u>MEMBER</u>		

For purposes of this Policy, the following terms are defined as⁶:

- ~~**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.~~

¹ Date Policy is effective.

² Date Policy is approved.

³ Revised for clarity that Policy only applies to the ALTCS E/PD Contractors.

⁴ Revised, removed ‘when and by whom,’ to clarify requirement.

⁵ Adding an identification table of terms used in this Policy that can be found in the AHCCCS Contract and Policy Dictionary.

⁶ Moved common terms to box that identifies terms found in the AHCCCS Contract and Policy Dictionary.

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 ⁷ with more than one ALTCS <u>E/PD</u> ⁸ Contractor <u>s</u> .
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's County of Fiscal Responsibility ~~resides in~~ a County Wwith Cchoice ~~and a county with choice is the County of Fiscal Responsibility~~⁹,
 - b. A member moves from ~~another one C~~ county to ~~their~~¹⁰ his or her own home in a different C county that is a County Wwith Cchoice, unless the member's Ccurrent Contractor is available in that new County-county,
 - c. A member moves from ~~another one C~~ county to a nursing facility or alternative residential setting in a different County that is a C county Wwith Cchoice and the member's Ccurrent Contractor has chosen to negotiate an enrollment change,
 - d. A member is currently enrolled with a Contractor in a County where the Contractor is serving as a C county Wwith Cchoice, but a valid condition exists (see Section B) for requesting the member to request an enrollment change to another Contractor serving in that C county,
 - e. A former member resides in a C county Wwith Cchoice and the member reestablishes eligibility that results in their reenrollment more than 90 dDays after disenrollment, or
 - f. A member reaches their annual aAnniversary dDate¹¹.

⁷ Choice as used in this policy is determined by County not Geographic Service Area

⁸ Revised for consistency. Capitalized dictionary term, modified throughout Policy.

⁹ Revised sentence to clarify choice is based on an applicant's County of Fiscal Responsibility.

¹⁰ Updated pronouns, modified throughout Policy.

¹¹ Grammatical revisions made through policy with acronyms.

2. Enrollment choice is not available for:

~~a. An American Indian member with on-reservation status,¹²~~

~~b.a.~~ A member whose ~~c~~County of ~~f~~Fiscal ~~r~~Responsibility is not a ~~C~~ounty ~~W~~with ~~C~~hoice (unless the ~~E~~urrent Contractor chooses to negotiate an enrollment change),

~~e.b.~~ A member who was disenrolled from a Contractor in a ~~C~~ounty ~~W~~with ~~C~~hoice, but subsequently reestablishes ALTCS E/PD eligibility that results in reenrollment within 90 ~~D~~ays from disenrollment, or

~~d.c.~~ A member who moves to a ~~C~~ounty ~~W~~with ~~C~~hoice and the member's his or her ~~E~~urrent Contractor is available in that new ~~C~~ounty.

B. REQUESTS FOR CONTRACTOR CHANGES WITHIN A COUNTY OF CHOICE

An enrollment change from one Contractor to another, in a ~~C~~ounty ~~W~~with ~~C~~hoice, 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 member's ~~E~~urrent Contractor may agree to a reimbursement schedule with the member's provider rather than approve a member's change of Contractor ~~change~~.

a. If the Medical Directors of both Contractors **approve** the change request:

i. The ~~E~~urrent Contractor sends the completed ~~Program~~ Contractor Change Request (~~PCCR~~) Form (Form)¹³ to the ~~requested~~ Receiving Contractor and ~~the~~ AHCCCS at PCCRS@azahcccs.gov.¹⁴ ~~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, ~~;~~ or¹⁵

b. If the requested Contractors **denies** the request:

i. The ~~PCCR~~ Form is returned to the ~~E~~urrent Contractor,

ii. The ~~E~~urrent Contractor shall notify the member in writing when the change request is denied at the Contractor level. The denial notice shall include the requested Contractor's grievance and appeal system policy and timeframes for filing a grievance,

iii. The ~~C~~urrent 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 ~~E~~urrent Contractor for submission to the AHCCCS ~~C~~entral ~~O~~ffice, 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 Contractor and requested Contractor~~s~~.

¹² AI/AN members do have a choice between Managed Care Organizations and Fee For Service, but this policy is not referencing that type of choice, only the ALTCS E/PD choice between Managed Care Organizations.

¹³ Form name was changed to remove 'Program' revised throughout

¹⁴ Changed to reflect more specifically where form is sent

¹⁵ Added 'or' to clarify the distinction.

2. Erroneous provider network information or agency error.

The applicant or representative made an enrollment choice based on erroneous information regarding facility, residential setting, Primary Care Provider (PCP), or other provider contracting with the chosen Contractor based on information supplied by the Contractor's network database, marketing materials, or agency error. Erroneous information includes omissions or failure to divulge network limitations ~~and or~~ restrictions in the Contractor's marketing materials or network database ~~submissions~~. The member's Current Contractor shall submit an Electronic Member Change Report (eMCR) for these requests. Refer to the AHCCCS ALTCS Member Change Report User Guide for MCR instructions.¹⁶

3. Lack of initial enrollment choice.

An ALTCS E/PD applicant residing in a County With Choice is, for any reason, not offered a choice of Contractors during the application process. The member's Current Contractor shall submit ~~a Member Change Report~~ an eMCR 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 the member 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~~ an eMCR 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~~ an eMCR 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~~ an eMCR 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~~ an eMCR for these requests.

¹⁶ Added reference to the AHCCCS guide on how to submit EMCR requests

C. MEMBER MOVES TO OWN HOME IN ANOTHER COUNTY

1. When a member resides in their ~~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 their ~~his or her~~ own home in a County Wwith 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~~ an eMCR,
 - 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 ~~a~~ Nursing ~~f~~ Facility (NF) or alternative residential setting in another eCounty, the enrollment and County of Fiscal Responsibility for that member do not change.

When the member moves to a County Wwith 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 Contractor Change Request PCCR-Form and sending it to the Contractor serving the GSA-County 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 Contractor Change Request 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 Contractor's Member Handbook, and
 - b. The Contractor's 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. Provider 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~~ is approved while ~~the a~~ 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.