

401 - CHANGE OF CONTRACTOR: AHCCCS COMPLETE CARE CONTRACTORS

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I. PURPOSE

This Policy applies to the ACC Contractors. This Policy establishes requirements and timeframes for how, when, and by whom the Contractor change requests will be processed for AHCCCS members outside of the Contractor choice offered upon initial enrollment and the Annual Enrollment Choice (AEC) period. This Policy delineates the rights, obligations, and responsibilities of the following parties when such changes are made:

1. The relinquishing Contractor.
2. The receiving Contractor.
3. The member.
4. AHCCCS.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy ACOM and AMPM Dictionary¹](#) for common terms found in this Policy.

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

FREEDOM OF CHOICE

~~The opportunity given to each member who does not specify a Contractor preference at the time of enrollment to choose between the Contractors available within the Geographic Service Area (GSA) in which the member is enrolled.~~

RECEIVING CONTRACTOR

~~The Contractor with which the member will become enrolled as a result of Annual Enrollment Choice, open enrollment, a Contractor change or a change in eligibility.~~

RELINQUISHING CONTRACTOR

~~The Contractor in which the member will be leaving as a result of Annual Enrollment Choice, open enrollment, a Contractor change or a change in eligibility.²~~

¹ [Update title and link.](#)

² [Removed definitions found in AHCCCS Contract and Policy Dictionary, terms removed, changes made throughout Policy.](#)

III. POLICY

A. CRITERIA FOR CHANGE OF CONTRACTOR OUTSIDE OF INITIAL ENROLLMENT OR AEC PERIOD

The Contractor change requests outside of the initial enrollment period or the member's AEC period will be granted for members if certain conditions are met ([452 CFR 155.410438.56³](#)). These conditions include the Administrative Actions that may merit a Contractor change:

1. A member was entitled to freedom of choice but was not sent a choice letter.
2. A member was entitled to participate in an AEC but:
 - a. Was not sent a choice postcard, or
 - b. Was sent a choice postcard but was unable to participate in the AEC due to circumstances beyond the member's control.
3. The family members were inadvertently enrolled with different Contractors. A member who is enrolled with a Contractor through the auto-assignment process may inadvertently be enrolled with a different Contractor than other family members. Upon receipt of notification by AHCCCS, the member who was inadvertently enrolled will be disenrolled from the Contractor of assignment and enrolled in the Contractor where the other family members are enrolled. Other family members will not be permitted to change to the Contractor to which the new member was auto assigned. This process shall not apply if a member was afforded an enrollment choice during their AEC period.
4. A member loses eligibility and regains eligibility within 90 days. The member shall be reenrolled with the Contractor that the member was enrolled with prior to the loss of eligibility. If this does not occur, AHCCCS, upon notification, will enroll the member with the previous Contractor.
5. A newborn will automatically be assigned to the mother's ACC or ACC-RBHA Contractor, except as noted in subsection f. below. If the mother is Title XIX or Title XXI eligible, she will be given 90 days from notification to select another Contractor for the newborn.
6. A newborn born to a mother enrolled in the Federal Emergency Services Program (FESP), or newborns born ineligible for Comprehensive Health Plan (CHP), will be auto-assigned to an ACC Contractor, and the mother will be given 90 days from notification to select another Contractor.
7. A request to change Contractor within 90 days of notification by a guardian who is eligible for adoption subsidy for a child who was auto-assigned, the child will be auto-assigned and the guardian will be given 90 days from notification to select another Contractor.
8. A Title XIX eligible member who is entitled to freedom of choice but becomes eligible and is auto-assigned prior to having the full choice period of 90 days will be given an opportunity to request a Contractor change following auto-assignment. The member will be given 90 days from the date of the choice letter to request a Contractor change.

³ Updated Code of Federal Regulation (CFR) to align with disenrollment requirements and limitations.

A member who does not make a selection within 90 days will remain with the auto-assigned Contractor.

B. MEDICAL CONTINUITY OF CARE

AHCCCS has standards for network composition that result in uniform availability and accessibility of services from all Contractors serving a specific geographic area. In unique situations, Contractor changes may be approved on a case-by-case basis, if necessary, to ensure the member access to care.

A plan change for medical continuity is not an automatic process. The member's Primary Care Provider (PCP), or other medical provider, shall provide documentation to both the receiving and relinquishing Contractors that support the need for a Contractor change. The Contractors shall be reasonable in the request for documentation, however, the burden of proof that a Contractor change is necessary rests with the member's medical provider. The Contractor change shall be approved by both Contractor's Medical Directors.

A pregnant member who is enrolled with a Contractor through auto-assignment or freedom of choice and is currently receiving or has previously received prenatal care from a provider who is affiliated with another Contractor, may be granted a medical continuity Contractor change if agreed to by the Medical Directors of both Contractors. If there are other individuals in the pregnant member's family who are also AHCCCS eligible and enrolled, they have the option to remain with the current Contractor or transition to the new Contractor if the medical continuity plan change is granted. The member may not return to the original Contractor or change to another Contractor after the medical continuity Contractor change has been granted except during the AEC period.

When 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 may request the case be reviewed by the AHCCCS Medical Management Manager or designee. Within 14 calendar days from the date of the original request, the relinquishing Contractor shall submit Attachment A and supporting documentation to the AHCCCS Medical Management Manager for review.

The results of the review shall be shared with both Contractors' Medical Directors. The relinquishing Contractor shall be responsible for issuing a final decision to the member. If the request is denied, the relinquishing Contractor shall notify the member in writing. The letter shall also advise the member of the AHCCCS and Contractor Grievance and Appeal System policy and include timeframes for filing a grievance.

Upon approval of a change in Contractor for medical continuity, the member shall be transitioned within the requirements and protocols in ACOM Policy 402 and in AMPM Policy 520.

C. THE CONTRACTOR RESPONSIBILITIES FOR PLAN CHANGE REQUESTS

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.⁴

2. The Contractor shall follow the grievance process for making a determination on a plan change request including but not limited to:-
 - a. The Contractor shall issue a decision on the plan change request⁵ no later than 30 days from the date of the member's request,
 - b. If, as a result of the grievance process, the Contractor approves of the members' request, AHCCCS is not required to make a determination in accordance with 42 CFR 438.56(d)(5)(iii). The approval of the member request must take effect no later than the first day of the second month after the members' request or the Contractor sent the request to AHCCCS as specified in 42 CFR 438.56,⁶
 - c. If, as a result of the grievance process, the Contractor denies the plan change request, the Contractor shall notify the member of the determination and their right to request a State Fair Hearing. The Contractor shall allow the member ~~no later than 30~~90 days to file a State Fair Hearing from the date of the determination notice as specified in 42 CFR 431.221, and⁷
 - d. If the Contractor or AHCCCS (whichever is responsible) does not make a determination within the timeframes, the request is considered approved for the effective date that would have been established had the Contractor or AHCCCS complied with the requirements as specified in 42 CFR 438.56.

D. THE CONTRACTOR RESPONSIBILITIES WHEN A CONTRACTOR CHANGE IS NOT WARRANTED

The current Contractor has the responsibility to promptly address the member's concerns regarding availability and accessibility of service and quality of medical care or delivery issues that may have caused a Contractor change request to be initiated. These issues include, but are not limited to:

1. Quality of care delivery.
2. Care management responsiveness.
3. Transportation convenience and service availability.
4. Institutional care issues.
5. Physician or provider preference.

⁴ Added in alignment with ACOM Policy 403.

⁵ Updated to align with the AHCCCS memo issued on February 12, 2026 that provided clarity surrounding the timeframe that the Contractor shall issue a decision.

⁶ Added to align with 42 CFR 438.56.

⁷ Revised to align with 42 CFR 431.221.

6. Physician or provider recommendation.
7. Physician or provider office hours.
8. Timing of appointments and services.
9. Office waiting time.
10. Network limitations and restrictions.

When quality of care and delivery of care and service issues raised by the member are identified, the Contractor shall refer to the issue for review by the Contractor's Quality Management Department, who will follow the Contractor's established Quality Management process for timely resolution.

Additionally, the Contractor shall explore all options available to the member, such as resolving transportation problems, provider availability issues, allowing the member to choose another PCP, or to see another medical provider, if appropriate.

The delivery of covered services remains the responsibility of the current Contractor if a Contractor change for medical continuity of prenatal or other medical care is not approved.

The current Contractor shall notify the member, in writing, that a Contractor change is not warranted. If the Contractor change request was the result of a member concern, as defined in this Policy, the letter shall include the Contractor's resolution of this concern. The letter shall also advise the member of the AHCCCS and Contractor Grievance and Appeal System policy and include timeframes for filing a grievance.

The Contractors may reach an agreement with an out-of-network provider, to care for the member on a temporary basis, for the members' period of illness and/or pregnancy in order to provide continuity of care.

E. RELINQUISHING CONTRACTOR, RECEIVING CONTRACTOR AND AHCCCS RESPONSIBILITIES WHEN A CONTRACTOR CHANGE IS WARRANTED

1. Relinquishing Contractor Responsibilities

If a member contacts the current Contractor, verbally or in writing, and states that the reason for the plan change request is due to situations defined in this Policy, the relinquishing Contractor shall advise the member to telephone the AHCCCS Member Contact and Data Unit (MCDU) at 602-417-7100 (Phoenix area) or 1-800-334-5283 (all other areas) in order for AHCCCS to process the change.

If the member contacts the relinquishing Contractor, verbally or in writing, to request a plan change for medical continuity of care as defined in this Policy, the following steps shall be taken:

- a. The relinquishing Contractor shall contact the receiving Contractor to discuss the request. If a plan change is indicated for medical continuity of care, Attachment A shall be completed. All members impacted by the change request shall be indicated on the form. The form shall be signed by the Medical Directors of both Contractors. The signed form shall be submitted to AHCCCS as indicated on Attachment A. To facilitate continuity of prenatal care for the member, Contractors shall sign off and submit Attachment A to AHCCCS within two business days of the member's Contractor change request. The timeframe for other continuity of care changes as expeditiously as the member's health care condition requires or no later than 10 business days, and
- b. AHCCCS will review the Contractor change documentation and process accordingly.

2. Receiving Contractor Responsibilities

The member shall be transitioned within the requirements and protocols in ACOM Policy 402 and in AMPM Policy 520.

3. AHCCCS Responsibilities

AHCCCS shall process change of Contractor requests identified in this Policy and shall send notification of the change via the daily recipient roster to the relinquishing and receiving Contractors. It is the Contractor's responsibility to identify members from the daily recipient roster who are leaving the Contractor.

If AHCCCS denies a Change of Contractor request, AHCCCS will send the member a denial letter. The member will be given 60 days to file a grievance.

If AHCCCS receives a letter or verbal request from a member requesting a Contractor change, for reasons defined in this Policy, that also references other concerns (e.g. transportation, accessibility or availability of services), that information will be sent to the current Contractor who shall follow the Policy requirements as outlined above.