

CONTINGENCY PLAN

Contractor Name: \_\_\_\_\_  
The Contractor must submit a Contingency Plan and must address each contingency for each disruption as applicable.

		IMPACT ASSESSMENT			Resulting Response Action(s) What action(s) will the Contractor take to address the unexpected disruption.	Contractor Comments	AHCCCS Comments
		Risk Level (Low, Medium, High)	Timeline	Resources (e.g., members, providers, staff, vendors)			
Address Contingencies for Unexpected Disruptions							
1	Operational Delays						
2	AHCCCS does not approve the Material Change						
3	AHCCCS requires a delay in implementation of the Material Change						
4	Interruption or Gap in services						
5	Adverse impacts to the provider network and/or operations (including but not limited to Provider Abrasion)						
6	Adverse impacts to quality of member care						
7	Member Confusion						
8	Provider is unable to meet the Contractor's expectations for participating in the transition						
9	Other:						
10	Other:						

If Member Transition Plan is determined to not be applicable  
enter N/A with explanation:

Address the following:		Contractor Response	AHCCCS Comments
1	Description of member transition		
2	Member transition timeline		
3	Specify/describe impacted populations and the number impacted; indicate GSA and line of business		
4	Specify/describe impacted services		
5	Describe impact to member Medical Records		
6	Describe impact to member care		
7	The role of the Contractor and the provider in any member transition process (e.g., who is performing the coordination with the member)		
8	Describe how the Contractor will ensure continuity of care for all impacted members and continuity of care period(s) [e.g., service authorizations, medications]		
9	Describe how the Contractor will ensure that members are seen at their new provider in a timely manner		
10	Any provision for members with special health care needs		
11	Description of consideration(s) given for members who may present to a provider who is no longer within the provider network		
12	Monitoring of Change		
13	Members residing in a Nursing Facility (NF) and/or Alternative HCBS Setting at the time of a contract termination. Per ACOM Policy 421 - these member may continue to reside in that facility until the member's open enrollment period, at which time the member will either choose an available Contractor that is contracted with the facility or move to a setting that is contracted with their current Contractor.		
14	Comments		

The Contractor must submit a Communication Plan.

Communication Material	Key Messaging	Audience (e.g., Members, members required to transition to another vendor/provider, providers)	Method(s) (e.g., Phone, Email, Text, Fax Blast, Website, Meeting)	Name of Draft Communication Material (if Provided w/Material Change Submission)	Timeframe for Completion	Responsible Party	Frequency	Dates(s) (e.g., date sent, date published to web)	Contractor Comments	AHCCCS Comments
1 Phone Script										
2 FAQ Member										
3 FAQ Provider										
4 Member Letter/Notification										
5 Provider Letter/Notification										
6 Member Handbook										
7 Provider Manual										
8 Provider Termination Notice										
9 Provider Directory - printed										
10 Provider Directory - searchable web based										
11 Other:										
12 Other:										
13 Other:										
14 Other:										
15 Other:										

If the Contractor Staff Training Plan is determined to not be applicable enter N/A with explanation: \_\_\_\_\_

	Training Topic(s)	Staff Title/Role (e.g., Member services, provider services, Case Management, vendor, Administrative Service Subcontractor staff)	Timeframe for Completion	Responsible Party for Training	Frequency	Date(s)	Method (e.g., meetings (in-person/virtual), self-paced, on-the-job )	Member / Provider Materials Utilized	Contractor Comments	AHCCCS Comments
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If the System Change Plan is determined to not be applicable enter N/A with explanation:

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					IMPACT ASSESSMENT PROVIDE EXPLANATION OF IMPACT OR INDICATE N/A											
System Change Description	Task/Milestone (e.g., initiation, testing, monitoring)	Start Date	End Date	Status	Members	Providers	AHCCCS	Vendors	Claims & Encounters	Transmission Submitter Number (TSN) <i>Refer to AHCCCS Encounter Manual, Chapter 2</i>	Prior Authorization	Grievance & Appeals	Services	Other	Contractor Comments	AHCCCS Comments
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