

**PIMA HEALTH SYSTEM  
MEMBER SERVICES  
STANDARDS AND PROCEDURES**

<b>SUBJECT: Plan Change Requests</b>	<b>Member Services Administration MS-I-0010</b>
<b>APPLICABLE TO: Acute Care</b>	
<b>EFFECTIVE DATE: 10/2005    APPROVED BY: Mary Kaehler by signature</b>	
<b>SUPERSEDES: 6/92, 6/97, 10/98, 2/01, 12/01</b>	

**I.     STATEMENT OF PURPOSE:**

To provide a process for members to request a Plan change from one contractor to another contractor, apart from the AHCCCS Annual Enrollment period.

**II.    STANDARDS:**

A. Pursuant to AHCCCS OMD Policy and Procedures, 402 Change of Plan Policy, plan change requests will be granted for members if certain conditions are met.

B. AHCCCS will process Plan changes under specific non-medical conditions. Those conditions encompass:

1. A member was entitled to freedom of choice but was not given a Pre-enrollment Notice or sent an Auto-Assignment/Freedom of Choice Notice.
2. A member was entitled to participate in an Annual Enrollment Choice, but:
  - a. was not sent an Annual Enrollment Choice notice, or
  - b. was sent an Annual Enrollment Choice notice but was unable to participate in the Annual Enrollment Choice due to circumstances beyond the member’s control.
3. Family members were inadvertently enrolled on different health plans. A member who is enrolled in a health plan through the auto-assignment process may inadvertently be enrolled in a different health plan than other family members. In this case, the member who was inadvertently enrolled, will be disenrolled from the health plan of assignment and enrolled in the health plan where the other family members are enrolled when AHCCCS is made aware of the problem. The member who was most recently auto-assigned will be the member who will be enrolled with the health plan where the other family members are enrolled. Other family members will not be permitted to change to the health plan that the new member was auto-assigned to. However, this

condition will not apply if the member was afforded an enrollment choice during their Annual Enrollment Choice period.

4. Special circumstances will apply when member(s) who are part of a special group (e.g., Boy's Ranch or a Group Home) need to be enrolled in the same Health Plan as the group. AHCCCS maintains a list of special group arrangements.
  5. A member who was enrolled in a health plan, lost eligibility and was dis-enrolled, was subsequently re-determined eligible and was then re-enrolled in a different health plan within 90 days from the date of dis-enrollment. In this case the member will be re-enrolled in the health plan the member was enrolled in prior to the loss of eligibility. Upon notification that this did not occur, AHCCCS, will enroll the member in the correct health plan.
  6. A Title XIX applicant made a pre-enrollment choice and was denied Title XIX, but determined Title XXI (KidsCare) eligible and was not granted the Title XIX pre-enrollment choice. The applicant has 16 days to make the Title XXI choice.
  7. A newborn who was not automatically assigned to the mother's health plan. Mother's who are Title XIX or Title XXI will have 16 days to select another plan for their newborn.
  8. A categorically eligible member who is entitled to freedom of choice but becomes eligible and is auto-assigned prior to having the full choice period of 16 days.
  9. A member whose eligibility category changes from SOBRA to the SOBRA Family Planning Extension Program and their PCP will not be providing Family Planning Extension Program services.
- C. Health Plans can process Plan Change requests that encompass the following when the medical directors of both health plans concur with the plan change:
1. Medical Continuity of Prenatal Care.
    - a. A pregnant member who is enrolled in a health plan through auto-assignment or freedom of choice but who is receiving or has received prenatal care from a provider who is affiliated with another health plan.
    - b. Eligible and enrolled AHCCCS members of the pregnant member's family have the option to remain with the current plan or go to the new plan if the medical continuity of prenatal care plan change is granted.
    - c. The member will be transitioned within the requirements and protocols in the AHCCCS Medical Policy Manual, Chapter 500, Policy 520 and

PHS Standard and Procedure: Annual Enrollment Choice (AEC)/Open Enrollment/Member Transition Between Contractors UM-ADMIN-0015.

2. Medical Continuity of Care

- a. A member who is enrolled in a health plan through auto-assignment or freedom of choice but is receiving continued medical care from a provider who is affiliated with another health plan.
  - b. The member's PCP must provide documentation to both health plans that supports the need for the health plan change.
  - c. The member is transitioned within the requirements and protocols in the AHCCCS Medical Policy Manual, Chapter 500, Policy 520 and PHS Standard and Procedure: Annual Enrollment Choice (AEC)/Open Enrollment/Member Transition Between Contractors UM-ADMIN-0015.
- D. Health Plans must submit a quarterly report of all continuity of care plan change requests to AHCCCSA to enable AHCCCSA to monitor the plan change process. The report is due to AHCCCSA 15 days after the close of each quarter.

**III. PROCEDURES:**

- A. The Plan change procedure will be incorporated in the Member Handbook, that is distributed to members within ten (10) days from the date of enrollment.
- B. Plan change requests that meet the conditions of Standard B, will be referred directly to AHCCCS Administration. The member will be notified to call the AHCCCS Verification Unit at 417- 7000 or 1-800-962-6690, to request the change of Plan. If the member submits the request in writing, and their condition meets Standard B, they will be sent a notice of instructions to call AHCCCSA, (EXHIBIT A).
- C. Plan change requests for continuity of medical or prenatal care, will be reviewed by the Plan's Medical Director. The Plan change requests will be processed within AHCCCS Standards as follows:
  1. Both Plans must sign the mandated Plan Change form, (EXHIBIT B). This form must be received by AHCCCS within ten (10) working days from the date of the plan change request, for medical continuity of care.
  2. Both Plans must sign the mandated Plan Change form, (EXHIBIT B). This form must be received by AHCCCS within two (2) working days from the date of the plan change request, for prenatal continuity of care.

D. In cases where the Plan change is deemed necessary by both plans, the medical services shall be coordinated by the current Health Plan's Medical Director along with the Medical Director of the receiving Health Plan. This coordination may be facilitated through the current Health Plan's referral process and until such time that the receiving Health Plan's Medical Director determines that care may be handled solely within the receiving Health Plan's network. At that time, all necessary medical records shall be forwarded to the appropriate PCP at the receiving Health Plan and the member will be transitioned in accordance with PHS Standard & Procedure: Annual Enrollment Choice (AEC)\Open Enrollment\Member Transition Between Contractors UM-ADMIN-0015. Cooperation and communication between health Plans, Medical Directors, and providers, is essential to ensure that continuity of medical care needs are met.

1. Completed plan change request forms are submitted to the AHCCCS Division of Member Services (DMS) Enrollment unit.
2. The member is notified verbally or in writing (EXHIBIT C) of the plan change approval and informed to contact their new Plan to ensure PCP assignment and coordination of medical services.

E. In cases where PHS deems that the Plan change request does not meet the criteria as indicated in Standard C, the member will be informed of such in writing (EXHIBIT D/EXHIBIT D-SPANISH). The letter will address the members issue and offer a resolution if applicable, advise the member of the availability to change their Plan during their AHCCCS Annual Enrollment period and it will also address their grievance/appeal rights.

Plan change requests for non-medical issues will be documented, reviewed and processed through the informal resolution process. PHS will address the members concerns regarding availability and accessibility of service, quality of medical care and service delivery issues arising from the change of Plan request. PHS will explore all options available to the member such as resolving transportation problems, provider availability issues, or allowing the member to choose another PCP with the Plan. Non-medical issues include, but are not limited to:

1. Transportation convenience
2. Transportation service availability
3. Physician preference
4. Physician recommendation
5. Physician or provider office hours
6. Timing of appointments and service
7. Office waiting time

F. Plan change requests identifying quality of care and delivery of medical services issues, will remain confidential, and will be forwarded directly to the QM Division for review.

- G. The QM Division will respond to the member with their findings and corrective action plan, if applicable. The notice will also address the member's grievance rights should they not be satisfied with the response.
- H. The Plan Change Coordinator will log all plan change requests that meet the criteria as indicated in Standard C on the AHCCCS plan change log (EXHIBIT E).
  - 1. The report will be submitted no later than 15 days after the close of each quarter to:

AHCCCSA  
Connie Williams  
Office of Health Care Management  
Mail Drop #6500  
701 E Jefferson  
Phoenix, AZ 85034  
Fax: 1-(602) 256-6421

**EXHIBIT A**

(Date)

(Member Name)

(Address)

(City, State Zip Code)

Dear (Member Name),

Pima Health System received your request for a plan change from PHS to (Receiving Plan ) on (Date Req Rcvd). Your request can be generated through AHCCCS Administration.

Call the AHCCCS Verification Unit at 417-7000 or 1-800-962-6690 and request your plan change.

If you have any questions or problems, please call me at 243-8322.

Sincerely,

Margie Molina  
Plan Change Coordinator

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Estimado Miembro,

Pima Health System recibio su petición para cambiar su plan de salud a (Receiving Plan) el (Date Req Rcvd). La Administración de AHCCCS puede completar su petición.

Llame a AHCCCS al 417-7000 o 1-800-962-6690 para solicitar su cambio de plan.

Si tiene alguna pregunta llame al 243-8322.

Sinceramente,

Margarita Molina  
Coordinadora de Cambios de Plan

(Date)

(Member Name)

(Address)

(City, State Zip Code)

Dear (Member Name),

Pima Health System received your request for a plan change from PHS to (Receiving Plan) on (Date Req Rcvd). PHS and (Receiving Plan) approved your request.

Your request was sent to State AHCCCS for final processing on (DATE). You should contact (Receiving Plan) at (Receiving Plan #) to select your PCP and to coordinate your medical care.

If you have any questions or problems, please call me at 243-8322.

Sincerely,

Margie Molina  
Plan Change Coordinator

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Estimado Miembro,

Pima Health System recibió su petición para cambiar su plan de PHS a (Receiving Plan) el (Date Req Rcvd). Su petición fue aprobada por PHS y (Receiving Plan).

Su petición esta en el proceso final con AHCCCS. Comuníquese con (Receiving Plan) al (Receiving Plan#) para escoger su PCP y cordinar sus servicios medicios.

Sinceramente,

Margarita Molina  
Coordinadora de Cambios de Plan

**EXHIBIT D**

(Date)

(Member Name)

(Address)

(City, State Zip Code)

Dear (Member Name),

You requested a plan change from Pima Health System to (OTHERPLAN ) on (REQDATE). The Medical Director reviewed your request and found that you do not meet the medical/prenatal continuity of care criteria for a plan change. A request for

- \_\_\_\_\_ physician preference;
- \_\_\_\_\_ physician recommendation;
- \_\_\_\_\_ transportation convenience;
- \_\_\_\_\_ transportation service availability;
- \_\_\_\_\_ timing of appointments and service;
- \_\_\_\_\_ office waiting time;

does not qualify for a plan change. You can change your plan for this reason during your AHCCCS Annual Enrollment Choice period.

(Offer suggestions and/or resolution to issue addressed in plan change request.)

Our records show that Dr. (PCP) is your PCP. It is important that you have a PCP with Pima Health System. He/she will coordinate your care and refer you to a specialist when necessary. You can call your PCP at (PCPPHONE) to make an appointment when necessary.

If you wish to change your PCP, contact Member Services. All PCP changes are effective the first of the following month, unless you have a medical condition which requires an immediate PCP change. Call Member Services at 243-8060 or 1-800-423-3801 if you want to change your doctor, or if you have any questions.

You have the right to appeal this decision. Mail a written appeal within 60 days from the date of this letter directly to PHS, Grievance Coordinator, 5055 E. Broadway Suite A-200, Tucson, AZ 85711.

Sincerely,

Margie Molina  
Plan Change Coordinator

**EXHIBIT D-SPANISH**

(Date)

(Member Name)

(Address)

(City, State Zip Code)

Estimado/a (Member Name),

Usted solicitó el cambio de plan de salud de Pima Health System a (OTHERPLAN) el (REQDATE). El Director Médico examinó su solicitud y encontró que no satisfajo el criterio médico por cuidado continuo para un cambio de plan. La solicitud por

- preferencia médica
- recomendación de doctor
- conveniencia por medio de transportación
- servicios de transportación disponibles
- horario de citas y servicios
- tiempo de espera en la oficina

no califica para un cambio de plan de salud. Puede cambiar su plan por esta razón durante el periodo anual de selección de AHCCCS (Annual Enrollment choice period).

(Offer suggestions and/or resolution to issue addressed in plan change request.)

Nuestros registros muestran que su PCP es el/la Dr./a (PCP). Es importante que tenga un PCP con Pima Health System. El/ella coordinará sus cuidados y lo/a enviará a un especialista cuando sea necesario. Hable con su PCP al (PCPPHONE) para hacer una cita.

Si desea cambiar su PCP, hable a Servicios para Miembros. Todos los cambios de PCP toman efecto el día primero del siguiente mes, al menos que tenga una condición médica que requiera un cambio inmediato. Hable a Servicios para Miembros al 243-8060 o al 1-800-423-3801 si quiere cambiar su doctor o si tiene preguntas.

Tiene el derecho de apelar esta decisión. Mande la apelación dentro de 60 días del día de esta carta directamente a PHS, Grievance Coordinator, 5055 E Broadway Suite A-200, Tucson, AZ 85711.

Sinceramente,

Margarita Molina  
Coordinadora de Cambios de Plan