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| **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 AHCCCS Member Contact and Data Unit (MCDU) Attention: Medical Director at 602-252-6536.

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/Medical Management (MM) Manager at 602-252-2180.

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| Member Information |
| Member Name: |  | AHCCCS ID: |  | Phone #: |  | - |  | - |  |
| Address: |  | Apt/Space #: |  | DOB: |  | - |  | - |  | Sex: |  |
| City: |  | State: |  | ZIP: |  |  |  |  |
| Member’s PCP: |  |  |  | Phone #: |  | - |  | - |  |
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| **Relinquishing Contractor** | **Receiving Contractor** |
| Contractor Name: |  | Contractor Name: |  |
| Contractor ID #: |  | Contractor ID #: |  |
| Contact Name: |  | Contact Name: |  |
| Contact Phone: |  | Contact Phone: |  |
| Contact Fax: |  | Contact Fax: |  |
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| **Provider Requested for Continuity** |
| Provider Name: |  | AHCCCS ID: |  | Phone # |  | - |  | - |  |
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| 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: |  |
|  |  |  |  |  |  |  |  |

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| [ ] Approved [ ] Denied |  | [ ] Approved [ ] Denied |
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|  |
| *Medical Director’s Signature/Relinquishing Contractor* |  | *Medical Director’s Signature/Receiving Contractor* |

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| Reason stated for denial by Receiving Contractor: |  |
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| Family Members Included in the Change**Provide: Family Member Name, AHCCCS ID, DOB** |
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| Attach Any Relevant Documentation**Documentation attached** |

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| Section below to be filled out by AHCCCS |
|  |  |  |  |
| After review by AHCCCS this Contractor change has been: |  [ ]  Approved [ ]  Denied |
|  |  |  |
| *AHCCCS Designee* |  | *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.* |