


CHANGE IS COMING FOR CRS MEMBERS

Your health plan will be changing on October 1, 2018



Most AHCCCS members with CRS conditions are enrolled with a single statewide health plan (UnitedHealthcare Community Plan) for all or a portion of health care services. Beginning on October 1, 2018, CRS members will be enrolled with, and will have choice of an AHCCCS Complete Care (ACC) plan for all services (including CRS, other non-CRS physical health services, and all covered behavioral health services).

If your child currently sees a provider for a CRS condition, they will still have access to the same array of covered services with ACC health plans.

Can members and families continue to access Multi-Specialty Interdisciplinary Clinics (MSICs)?

Yes, families can use MSICs in their area and community based providers in the plan's network. Health plans will be required to offer current MSICs in their network in the geographic area they are serving. If a plan is not successful with a long-term contract with an MSIC and the MSIC agrees, the ACC Plan shall allow members to use the MSICs for non-emergency conditions while the health plan contracts with a new MSIC.

Can my child continue to receive services from current providers?

Parents and members should review the network of each ACC plan to determine which plan to enroll with to ensure continued access to current providers.

Transition requirements for all ACC plans require that members who are receiving an active course of treatment, identified in the service plan for a serious and chronic physical, developmental or behavioral health condition, be allowed to receive the services from their established provider for the duration of their treatment or six months; whichever occurs first, regardless of whether or not the specialist participates in the health plan's provider network. However, it should be noted that even with this above requirement, a provider may choose not to see a member enrolled with a plan the provider does not participate with.



What are the available ACC Plans in each geographic service area (GSA)?

See the ACC Plans in each service area at <http://www.azahcccs.gov/ACC>.

Will I be assigned to an ACC health plan or will I have choice of ACC Plan?

Members will initially be assigned to an available ACC plan or a plan with other family members assigned to it. Members will be notified of that assignment by the end of June 2018, and can elect to change plans during the month of July.

How will CRS conditions be determined and will members still have a CRS designation?

The CRS application and referral process will remain essentially the same. Members will continue to be referred to the AHCCCS for CRS determination. ACC health plans will be notified when a member has been determined to have a CRS condition, and should ensure first provider visit within 30 days of CRS designation