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- Q12:** Will these ALTCS-EPD Medicaid changes impact my Medicare plan?
- Q13:** Since both plans (Arizona Complete Health-Complete Care Plan and UnitedHealthcare Community Plan) are statewide starting October 1, 2024, will members be able to choose which plan they want to go with or will that be decided by AHCCCS? What is the timeframe for a member to make a choice of health plan?

**Q1:** Which health plans will cover ALTCS-EPD services starting 10/1/24?

**A1:** Health Net Access, Inc. (dba Arizona Complete Health-Complete Care Plan) and Arizona Physicians IPA, Inc. (dba UnitedHealthcare Community Plan) were awarded contracts to provide ALTCS-EPD services on a statewide basis starting Oct. 1, 2024.

**Q2:** Why is AHCCCS making changes to the EPD health plans?

**A2:** State statute requires that AHCCCS issue a Request for Proposal and procure health care services for its members on a regular basis.

**Q3:** When will changes occur?

**A3:** The ALTCS-EPD contracts which were awarded through this procurement are to begin October 1, 2024.

**Q4: Does this change affect other health plan contracts that serve other members?**

**A4:** Only AHCCCS members in the ALTCS-Elderly and/or Physically Disabled (EPD) program will be affected by this contract change. There will be no changes for AHCCCS members in the ALTCS-Developmentally Disabled (ALTCS-DD) program, nor for members served by AHCCCS Complete Care (ACC) or the ACC-Regional Behavioral Health Agreements (RBHAs).

**Q5: How will AHCCCS ensure that the health plans are ready?**

**A5:** To ensure awarded health plans meet AHCCCS requirements for comprehensive delivery of services, along with other operational requirements, AHCCCS conducts a comprehensive series of activities to assess the health plans' operational readiness in critical areas such as service delivery, provider network capacity, health care operations and administration, financial management, member and provider communication, and continuity of member care.

**Q6: How will AHCCCS ensure continuity of care for ALTCS-EPD members who change plans? Will EPD members lose their providers?**

**A6:** AHCCCS will review each member's use of services in order to maintain continuity of care with the same provider as much as possible. Members assigned to a new plan will be offered the choice of health plan enrollment. Additionally, health plans are required to continue services for a period of time after the transition (depending on the service) regardless of network status of the provider. [Details on transition requirements can be found on the AHCCCS website.](#)

**Q7: What is AHCCCS doing to educate members about the choice they will have between the two awardees?**

**A7:** For members enrolled in plans not providing ALTCS-EPD services under the new ALTCS-EPD contracts, AHCCCS will send enrollment notices to members approximately four months prior to the contract start date to notify them of the health plan they will be assigned to beginning 10/1/24. These notices will also provide important information regarding the transition, and will explain to members their new choice of health plans. AHCCCS will provide information about health plan readiness and transition activities in regularly-scheduled community meetings beginning in February and throughout the year.

**Q8: What is AHCCCS planning to do to maintain the current provider network for EPD members and, as a provider, what do I do to ensure I am contracted with the awarded EPD MCOs?**

**A8:** AHCCCS is creating utilization data files for the awarded MCOs and will encourage the awarded MCOs to use these files to support their efforts in provider contracting. The data includes a list of the top 100 providers based on member utilization of services related to physical health, behavioral health, ALTCS facilities, and in-home HCBS services in each county for ALTCS-EPD members.

Additionally, AHCCCS will begin meeting with the awarded MCOs in spring 2024, and will regularly review member transitions and MCO readiness to ensure MCOs are prepared to begin offering services October 1, 2024.

The awarded ALTCS-EPD health plans have provided a point of contact for provider network inquiries. Reach Arizona Complete Health-Long Term Care at [azchnetdevaltcs@azcompletehealth.com](mailto:azchnetdevaltcs@azcompletehealth.com). Reach UnitedHealthcare Community Plan at [lshah\\_whipple@uhc.com](mailto:lshah_whipple@uhc.com).

Email general feedback or concerns regarding the EPD transition to AHCCCS at [MCOTransitions@azahcccs.gov](mailto:MCOTransitions@azahcccs.gov).

**Q9: What is AHCCCS planning to do to help me, a member, keep my current ALTCS Case Manager? Will I be able to keep my current HCBS services and providers, including the place I live if I don't live at home?**

**A9:** AHCCCS began meeting with the awarded MCOs in spring 2024 and will regularly review member transitions and MCO readiness to ensure that the MCOs are prepared to begin offering services October 1, 2024.

AHCCCS will selectively assign members to a health plan based upon consideration of various factors, including MCO provider networks for in-home service providers, alternative HCBS providers, and nursing facility providers.

AHCCCS will also be encouraging collaboration between the awarded and exiting MCOs to identify opportunities for awarded MCOs to hire current experienced ALTCS Case Managers and to assist with maintaining current ALTCS Case Manager/member assignments. All MCOs are held accountable to comply with the same standards including case manager qualifications, training, and caseload ratios.

AHCCCS encourages members, stakeholders, and the general public to provide feedback to [MCOTransitions@azahcccs.gov](mailto:MCOTransitions@azahcccs.gov).

**Q10: Do ALTCS EPD members with an SMI designation have the same rights as members with an SMI Designation in other Medicaid programs like the ACC-RBHA?**

**A10:** Yes, members in the ALTCS-EPD program who have an SMI designation have the same rights as members with an SMI designation who are enrolled in other AHCCCS programs. These include the SMI Grievances and SMI Appeals processes, technical support from the AHCCCS Office of Human Rights (OHR), and Special Assistance for those individuals who meet specific criteria. OHR advocates work with the members and families to promote self-advocacy and behavioral health education. The advocate's goal is to empower the member and/or the member's natural support to navigate the behavioral health system independently. Refer to the [Office of Individual and Family Affairs Empowerment Tools](#) for more information.

**Q11: Who do I contact if I have questions about ALTCS eligibility or the ALTCS eligibility Pre-Admission Screening (PAS) process used by AHCCCS to determine medical/functional eligibility for the ALTCS EPD program?**

**A11:** For information on eligibility for the long term care EPD program please refer to information on [our website](#) and the [PAS Appendix-EPD in the AHCCCS Eligibility Policy Manual](#).

If you need more information after reviewing this information please call 1-888-621-6880 for assistance.

**Q12: Will these ALTCS EPD Medicaid changes impact my Medicare plan?**

**A12:** The changes to ALTCS-EPD will change the Dual Special Needs Plans (D-SNP) available for ALTCS-EPD members. Effective January 1, 2025, the two D-SNP plans available to ALTCS-EPD members will be Arizona Complete Health's (AZCH) and UnitedHealthcare Community Plan's (UHCCP) affiliated D-SNP plans, *Wellcare by Allwell* and *UnitedHealthcare Dual Complete* (respectively). Therefore, ALTCS-EPD members who enroll in a D-SNP Plan will have a choice of the above two plans. However, ALTCS-EPD members still have the option to choose other Medicare plans including Original Medicare (a fee for service program) and Medicare Advantage plans. Medicare offers choice to members of Medicare plan from Oct. 2024 to Dec. 2024 for a January 1, 2025 start date. Refer to <https://www.medicare.gov/basics/get-started-with-medicare> for more information.

**Q13:** Since both plans (Arizona Complete Health-Complete Care Plan and UnitedHealthcare Community Plan) are statewide starting October 1, 2024, will members be able to choose which plan they want to go with or will that be decided by AHCCCS? What is the timeframe for a member to make a choice of health plan?

**A13:** Members who are assigned a new health plan by AHCCCS have the opportunity to choose a different plan. Members will receive notification from AHCCCS with instructions on how to choose a different health plan during a 30-day time period. Members will continue to have the option to choose a health plan on the anniversary of their initial enrollment date each year.