

CHAPTER 31 TRANSITIONING MEMBERS BETWEEN DDD HEALTH PLANS

REVISION DATES: 6/15/2022, 5/26/2017, 4/16/2014

REVIEW DATES: 11/24/2025, 5/1/2023

EFFECTIVE DATE: March 29, 2013

REFERENCES: A.R.S. § 36-2944

Purpose

To outline the process of when and how responsible parties must notify the Division's Member Services Unit of their wish to change Acute Care Health Plans

Definitions

A. Open Enrollment

1. The Division reserves the right to conduct an open enrollment, if deemed necessary, by Division Administration. Members or their responsible parties must notify the Division if they wish to change contractors during open enrollment.
2. If the member does not participate in the annual birth month enrollment choice, and
 - a. the member's eligibility is maintained, the member will remain with his/her current Acute Care Health Plan.

B. Change Request

1. A member may request Contractor changes at the following times by calling the DDD member services phone number (see also the AdSS Operations Manual, Policy 401) [42 CFR 438.56(c)(1); 42 CFR 438.56(c)(2)(i)-(iii)]:
 - a. With cause, at any time, which includes
 - i. poor quality of care,
 - ii. lack of access to services covered under the Contract, or
 - iii. lack of access to providers experienced in addressing the member's care needs [42 CFR 438.56(d)(2)(v)];
 - b. Without cause
 - i. ninety (90) days after initial enrollment or during the ninety (90) days following notification of enrollment, whichever is later;
 - ii. at least once every twelve (12) months; or
 - iii. upon re-enrollment if a temporary loss of enrollment has caused the member to miss the annual disenrollment period.
2. If it becomes necessary to change the Acute Care Health Plan outside of the open/annual birth month enrollment timeframe,
 - a. the member/responsible party must contact the Division'

- i. Liaison for the current health plan or
 - ii. the Division's Member Services Unit.
 - b. This includes facilitating
 - i. continuity of care,
 - ii. quality of care,
 - iii. efficient and effective program operations, and
 - iv. in responding to administrative issues regarding member notification and errors in assignment.
- C. AHCCCS Contractor Operations Manual (ACOM) Policy 402 documents and delineates the rights, obligations and responsibilities of:
- 1. The member
 - 2. The member's current health plan
 - 3. The requested health plan
 - 4. The Division.

Signature: *Sondra Fields* **Date:** 24/11/2025