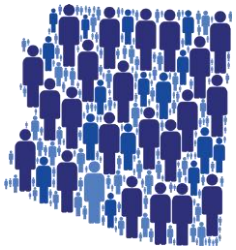
DDD health plans Effective October 1, 2019

Integrated Healthcare for DDD/ALTCS Members Statewide

- Physical Health Services
- Behavioral Health Services
- Children's Rehabilitative Services
- Limited Long Term Services and Supports



Two Contracted Health Plans Providing These Services

mercy care

UnitedHealthcare® Community Plan

Members receiving behavioral health services through a Regional Behavioral Health Authority will access those services after October 1, 2019 through their DDD Health Plan's provider network.

There is **NO** change in the services available, only how a member will access them.

Members can view DDD Health Plan providers via their websites using these links:

- https://www.mercycareaz.org/find-a-provider
- https://www.uhccommunityplan.com/az/medicaid/developmentally-disabled/lookup-tools#find-a-provider

These links are also available on the DDD website at https://des.az.gov/ddd-health-plans-info

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Providers not currently contracted with Mercy Care or UnitedHealthcare Community Plan to provide services to DDD members can contact the DDD Health Plans to inquire about contracting using these contacts:

Mercy Care:

contractingdepartment@MercyCareAZ.org

(602) 453-6148

(Fax) 860-975-3201

https://www.mercycareaz.org/providers/ddd-forproviders/

UHCCP:

Susan Saeteun BH Contracting Lead

susan.saeteun@optum.com

(619) 641-5365

Amber Verdugo BH Provider Servicing l amber.l.verdugo@optum.com

(602) 462-7216

Learn more at https://des.az.gov/ddd-health-plans

Frequently Asked Questions regarding DDD Transition from DDD Website

Q: Can DDD provide details on transition requirements between a member's old and new Health Plans related to continuity of care/coverage?

A. The member's newly selected DDD Health Plan is required to allow members to maintain their current providers for a least 180-days if the member's provider is not contracted with the new DDD Health Plan and the provider is agreeable to continue to serve the member. This time will allow members and/or their responsible party and the members new DDD Health Plan, with the help of their Support Coordinator, enough time to identify a provider that is within the new DDD's Health Plan network. The new DDD Health Plan is required to honor previously approved service authorizations for at least 180-days

Q: Who do members and families go to when they have questions regarding the new health plans?

A. Members with questions regarding the DDD Health Plans can contact their Support Coordinator, DDD Member Services at 1-844-770-9500 ext. 2, or the Customer Service Center at 1-844-770-9500 ext. 1.

Q: What happens if a member is in the middle of a treatment plan or has a scheduled surgery?

A: Members can complete the existing treatment. This includes scheduled surgeries or other previously approved procedures and treatments. The member's newly selected DDD Health Plan is required to maintain a member's current providers and service authorizations for up to 180-days in cases where a member's provider is not contracted with the new DDD Health Plan. During that time, members, their responsible party and their Support Coordinator with help from the DDD Health Plan will identify a new provider that is within the DDD Health Plan's network to provide services.

Q: What happens if my current provider is not contracted with a DDD Health Plan?

A: Members have the option to select a DDD Health Plan. If they do not choose a DDD Health Plan during open-enrollment, the member will be auto-assigned to a DDD Health Plans. DDD Health Plans are required to maintain a member's current providers and service authorizations for up to 180-days in cases where a member's provider is not contracted with the new DDD Health Plan. During that time, members, their responsible party, and their Support Coordinator with help from the DDD Health Plan will identify a new provider that is within the DDD Health Plan's network to provide services. If a member does not want to use providers that are within the chosen or assigned network, the member may be responsible for costs associated with receiving services from an out-of-network provider.

Q: How will a member get services if their current behavioral health provider is not contracted with their new DDD Health Plan?

A: DDD Health Plans are required to maintain a member's current providers and service authorizations for up to 180-days in cases where a member's provider is not contracted with the members new DDD Health Plan. During that time, members and their responsible party can identify a new provider that is within the DDD Health Plan network. Support Coordinators, and the DDD Health Plan can help members and responsible parties choose a new provider.