

Prior Authorization Requirements

Effective October 1, 2018, the prior authorization requirements for Health Net Access and Cenpatico Integrated Care for the AHCCCS Medicaid programs will be consolidated under the single entity of Arizona Complete Health-Complete Care Plan. Please note, this change only affects Medicaid members - it does not affect Ambetter, Allwell, or Commercial Group members.

We are notifying providers of this change and asking them to start utilizing the Arizona Complete Health-Complete Care Program prior authorization list on October 1, 2018. Providers can access the AZCH-Complete Care Plan provider portal for direct prior authorization entry or utilize the new prior authorization forms.

PLEASE NOTE

Arizona Complete Health-Complete Care Plan has integrated physical health and behavioral health services reflected on the new prior authorization (PA) guidelines. Health Net Access and Cenpatico Integrated Care providers will encounter changes in the PA guidelines, as follows:

- Inpatient/Observation admits require notification to the health plan within 24 hours of admission
- Children's Rehabilitative Services (CRS) requirements – AzCH-Complete Care Plan is contracted with Multi-Specialty Integrated Clinics (MSIC) in Pima, Maricopa and Yuma Counties
- Durable Medical/Medical Supplies/Prosthetics/Orthotics - PA required if exceeds \$2500.00
- Pain Management Interventional Procedures (Epidural Steroid Injections, Facet Injections e.g.) requires PA
- Sleep Studies require PA
- Radiology - scheduled CT, MRI, Ultrasounds require PA

We encourage all providers to utilize our online Pre-Auth Check Tool located at: www.azcompletehealth.com/providers/preauth-check.html to verify prior authorization requirements.

TRANSITION AUTHORIZATIONS

During the transitional period of October 1 - December 31, 2018 AzCH-Complete Care Plan will honor continuity of care authorizations issued by the member's previous health plan. If you received an approved prior authorization number from the member's previous health plan and the member's care is extending from September through December you are not required to submit an authorization request to ACH-CCP. **However, if you see the member after October 1, 2018 and new services/treatments are identified, these services/treatments will require authorization from AzCH-Complete Care Plan.**

THIS UPDATE APPLIES TO THE FOLLOWING **AzCH-Complete Care Plan** PROVIDER TYPES:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

AzCHProviderEngagement
@azcompletehealth.com
1-866-796-0542 *Effective 10/1/18*
azcompletehealth.com

PROVIDER DISPUTES

AzCH-Complete Care Plan Provider
Disputes
1870 W. Rio Salado Parkway, Ste. 2A
Tempe, AZ 85281

STATE FAIR HEARINGS

AzCH-Complete Care Plan Provider
State Fair Hearings
1870 W. Rio Salado Parkway, Ste. 2A
Tempe, AZ 85281

REMINDER: Our name is changing! Starting October 1, Health Net of Arizona will be changing its name to Arizona Complete Health.



HOSPITALIZATIONS

Beginning September 24, 2018 hospitals will receive notification from the relinquishing AHCCCS health plan identifying members who are transferring AHCCCS health plans on October 1, 2018. Letters are being sent to the hospital and the attending physician indicating the new AHCCCS health plan the member is assigned to. During this period of transition, the relinquishing and receiving AHCCCS health plans will be working together to ensure continuity of care is maintained during discharge planning and a safe transition plan is made for the member. Receiving health plans will be responsible for hospital and physician payment if the member remains hospitalized after October 1, 2018.

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, please contact your Provider Engagement Specialist or email: AzCHProviderEngagement@azcompletehealth.com.

Thank you for your participation in our network and for your dedication to the health of our patients.