

ACHANGE REASON:

☐ MEDICAL CONTINUITY OF PRENATAL CARE

☐ MEDICAL CONTINUITY OF CARE

INSTRUCTIONS FOR SUBMISSION:

If the Medical Directors of both the Receiving and Relinquishing Contractors agree to the change of Contractor, Attachment A shall be faxed to AHCCCS Member Contact and Data Unit (MCDU) Attention: Medical Director at 602-252-6536.

If the Medical Directors of both the Receiving and Relinquishing Contractors have discussed the request and have not been able to come to an agreement, the Relinquishing Contractor shall fax Attachment A to AHCCCS Medical Management (MM) Manager at 602-252-2180.

MEMBER INFORMATION			
MEMBER NAME: _____	AHCCCS ID: _____	PHONE #: _____	- -
ADDRESS: _____	APT/SPACE #: _____	DOB: _____	- - SEX: _____
CITY: _____	STATE: _____	ZIP: _____	
MEMBER'S PCP: _____		PHONE #: _____	- -

RELINQUISHING CONTRACTOR	RECEIVING CONTRACTOR
CONTRACTOR NAME: _____	CONTRACTOR NAME: _____
CONTRACTOR ID #: _____	CONTRACTOR ID #: _____
CONTACT NAME: _____	CONTACT NAME: _____
CONTACT PHONE: _____	CONTACT PHONE: _____
CONTACT FAX: _____	CONTACT FAX: _____

PROVIDER REQUESTED FOR CONTINUITY
PROVIDER NAME: _____ AHCCCS ID: _____ PHONE # _____ - -

DOCUMENTATION OF MEDICAL CONTINUITY

(INCLUDE ALL INFORMATION SUPPORTING THE NEED FOR THE CHANGE)

MEMBER REQUESTS CHANGE OF CONTRACTOR TO: _____

MEMBER'S EFFECTIVE DATE IS: _____ - _____ - _____ RATE CODES: _____

☐ APPROVED ☐ DENIED

☐ APPROVED ☐ DENIED

MEDICAL DIRECTOR'S SIGNATURE/RELINQUISHING CONTRACTOR

MEDICAL DIRECTOR'S SIGNATURE/RECEIVING CONTRACTOR

REASON STATED FOR DENIAL BY RECEIVING CONTRACTOR:

**FAMILY MEMBERS INCLUDED IN THE CHANGE
PROVIDE: FAMILY MEMBER NAME, AHCCCS ID, DOB**

**ATTACH ANY RELEVANT DOCUMENTATION
DOCUMENTATION ATTACHED**

SECTION BELOW TO BE FILLED OUT BY AHCCCS

AFTER REVIEW BY AHCCCS THIS CONTRACTOR CHANGE HAS BEEN:

☐ APPROVED ☐ DENIED

AHCCCS DESIGNEE

DATE

ANY CONTRACTOR CHANGE REQUEST PROCESSED BY THE CONTRACTOR MUST INVOLVE CONTINUITY OF CARE ISSUES. IF A CONTRACTOR CHANGE IS REQUESTED FOR ANY OTHER REASON, THE REQUEST SHOULD BE MANAGED ACCORDING TO ACOM POLICY 401.