Call Mercy Care Member Services
Monday through Friday, 7 a.m. to 6 p.m. 
602-263-3000 or 1-800-624-3879 (TTY 711)
In a life-threatening situation, call 911.

For email, go to www.MercyCareAZ.org, and select “Contact Us.”

Grievances and Appeals
Phone: 602-586-1719 or 1-866-386-5794
Fax: 602-351-2300

PERSONAL INFORMATION

My Member ID number: ____________________________________________

My PCP: _________________________________________________________

My PCP’s phone number: __________________________________________

My Pharmacy: ____________________________________________________

My Pharmacy’s phone number: _____________________________________

My Pharmacy’s address: ____________________________________________

You can view or download this Member Handbook at www.MercyCareAZ.org. You can also request a copy be mailed to you by calling Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711), Monday through Friday, 7 a.m. to 6 p.m.

Handbook revision date: October 1, 2022.

Covered services are funded under contract with AHCCCS. Mercy Care follows federal and state laws that apply under the contract with AHCCCS. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

No one from Mercy Care will ever contact you and ask you for your social security number or Medicare information, and neither will Medicare. If you receive a phone call from someone claiming to be from Mercy Care or Medicare, do not give them any information about yourself. Hang up and call Member Services or report it online. Go to www.MercyCareAZ.org and select “Fraud and Abuse.”
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**www.MercyCareAZ.org**  
Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m. 1
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[www.MercyCareAZ.org](http://www.MercyCareAZ.org)

Member Services **602-263-3000** or **1-800-624-3879 (TTY/TDD 711)** Monday- Friday, 7 a.m. to 6 p.m.
Welcome to Mercy Care

Since 1985, our members have trusted Mercy Care to be there for their families. To us, you are more than a Mercy Care member. You are a member of our family. Mercy Care network providers, including doctors and hospitals, all work together for you. “Care” is more than just a part of our name – it’s what we do.

Mercy Care follows State and Federal laws that apply under the contract with AHCCCS. These include, but are not limited to:

- Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80.
- The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91.
- Title IX of the Education Amendments of 1972 (regarding education programs and activities).
- Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

Your Member Handbook and member materials

Please read this handbook. You can learn about:

- Your rights and responsibilities as a member
- How to get physical and mental health care
- How to get help with appointments
- Tips to keep you healthy
- Which services are covered
- Which services are not covered
- Definition of words used in this handbook

This handbook is available for Mercy Care members in large print, on CD or digital audio file (MP3) upon request to Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711). If you need this handbook in a different alternative format, you can get that at no cost to you. You can get a printed copy of this handbook mailed to you, at no cost to you. We can also send you a full-page magnifier if needed. This handbook is available in other languages, including Arabic and Vietnamese. You can also read the handbook online at www.MercyCareAZ.org.

Information specifically for members enrolled with the Division of Developmental Disabilities is printed in this color throughout the handbook.

Member information materials in electronic formats

Mercy Care’s member information materials are available in an electronic format. This includes the member handbook, provider directory, newsletters and much more. You can find these on our website at www.MercyCareAZ.org. If you receive printed documents and you prefer to get these electronically, let us know. You can call Mercy Care Member Services toll free at 602-263-3000 or 1-800-624-3879 (TTY 711) and ask for the information to be sent to you electronically, such as email.

Mailed member materials

If you do not have access to the internet or email, you can get materials mailed to you. You can call Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711) to request a material to be mailed to.
Mercy Care website

Visit our website at www.MercyCareAZ.org. You can view member newsletters and get the latest information on Mercy Care. You can search for a doctor, pharmacy, urgent care, telehealth provider, or hospital near you. The website is available in English, Spanish and Arabic. To make the screen size and text of a page larger, hold down the “control” key while pressing the “+” key. To make the screen size of a page smaller, hold down the “control” key while pressing the “-” key. Our website is compatible with common screen readers.

Mercy Care Web Portal

You can get your own health information by going to our secure web portal. Go to www.MercyCareAZ.org and click on the Mercy Care Web Portal link at the top of the page. If you’re a first time user, follow the prompts to create a login. Then you can use the portal.

With your secure login, you can:
- Request a new member ID card
- View your member ID card
- Look up the status of a claim
- Check the status of a request pending authorization
- Look up your assigned primary care provider (PCP)

Important contact information

Mercy Care Member Services

Representatives can answer questions about benefits, help you find a doctor, arrange rides to medical appointments and help you get health care services. Mercy Care Member Services representatives are available to help you Monday through Friday, 7 a.m. to 6 p.m. at 602-263-3000 or 1-800-624-3879 (TTY 711).

Medical Management

Mercy Care’s Medical Management program assists members and providers with using the right services to ensure members get and stay healthy. Medical Management reviews and coordinates care for members so they get the proper treatment to improve their health. Medical Management also develops new processes as needed. They ensure members have access to high quality care that is timely, effective, efficient, and safe. Call Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711) and ask to speak with someone in Medical Management.

Grievances and Appeals

If you disagree with our decision described in the Notice of Adverse Benefit Determination letter, you have the right to request an appeal. Or you may have a concern with a doctor or felt that office staff treated you poorly. The Grievances and Appeals team can help. Please see the “Appeals” and “Member Grievances” sections in this handbook for more information.

Monday through Friday 8 a.m. to 5 p.m.
Phone: 602-586-1719 or 1-866-386-5794
Fax: 602-351-2300

Office of Individual and Family Affairs (OIFA)

The Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals with mental health and substance abuse challenges. OIFA builds partnerships with individuals, families of choice, youth, communities, organizations, and collaborates with key leadership and community members in the decision-making process at all levels of the behavioral health system.

OIFATeam@MercyCareAZ.org

www.MercyCareAZ.org

Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m.
Nurse Line
Our nurse line is available 7 days a week/24 hours per day to answer general medical questions. Call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 and select the option for the Nurse Line.

DD and CRS Care Management and coordination
If you need to contact your DD Support Coordinator prior to your next scheduled visit, call them directly. Your Support Coordinator’s telephone number is listed on the business card that they left you. You can also write it in the space provided at the front of this handbook. You should call your Support Coordinator if you have a change in diagnosis, a change in your overall wellness requiring ongoing nursing services, or if you suspect any abuse, neglect, or exploitation.

You may also have a care manager from Mercy Care assigned to you for short-term acute needs. You can call your care manager directly between the hours of 8 a.m. and 5 p.m. You should call your care manager if you have a change in diagnosis, a change in your overall wellness requiring ongoing nursing services, or if you suspect any abuse, neglect, or exploitation. If you cannot get in touch with your care manager or do not know the name of your care manager, call Mercy Care Member Services.

If you have questions about your DD or CRS benefits or services, you can call Member Services Monday through Friday from 7 a.m. to 6 p.m. at 602-263-3000 or 1-800-624-3879 (TTY 711).

Getting care after hours
Except in an emergency, if you or your child get sick when the doctor’s office is closed or on a weekend, you should still call the office. An answering service will make sure your doctor gets your message. Your PCP will call you back and tell you what to do. Be sure your phone accepts blocked calls. Otherwise, the doctor may not be able to reach you.

You can even call your PCP in the middle of the night. You most likely will have to leave a message with the answering service. It may take a while for them to get back to you, but a doctor will call you back to tell you what to do.

Urgent care clinics can also help you if you need sick care in the evening or on weekends. Urgent care is when you need care today, or within the next couple of days, but are not in danger of lasting harm or losing your life.

For example:
- Bad sore throat or earache
- Flu
- Migraine headaches
- Back pain
- Medication refill or request
- Sprains

You should NOT go to the Emergency Room for urgent/sick care.

You can find an urgent care center using the “Find a Provider” tool at www.MercyCareAZ.org. Select your health plan, enter the city, state and ZIP code, and select “Urgent Care Facility” under Provider Type.

How to get behavioral health crisis services
You do not need a referral from your doctor for behavioral health services. If you need a ride to an appointment, call Member Services at least three days before your appointment.
If you think you might hurt yourself or someone else, or if you are having thoughts of suicide you can call our crisis line. You can also call the crisis line if you are feeling overwhelmed and it is hard to cope with stressful things in your life. Trained crisis intervention specialists are available around the clock, every day of the year to provide support services.

State and national crisis lines:
- Arizona Behavioral Health Crisis Line: **1-844-534-4673** or **1-844-534-HOPE**
  Text HOPE to 4HOPE (44673)
- Salt River Pima Maricopa Indian Community: **1-855-331-6432**
- Gila River and Ak-Chin Indian Communities: **1-800-259-3449**
- Fort McDowell Yavapai Nation: **480-461-8888**
- San Lucy District of the Tohono O’odham Nation: **480-461-8888**
- Tohono O’odham Nation: **1-844-423-8759**
- Pascua Yaqui Tribe: Tucson **520-591-7206**; Guadalupe **480-736-4943**
- White Mountain Apache Tribe: **928-338-4811**
- Navajo Nation: **928-551-0508**
- Veterans Crisis Line: **1-800-273-8255**, press 1
- National crisis text line: Text HOME to 741741, about any type of crisis. [https://www.crisistextline.org/text-us/](https://www.crisistextline.org/text-us/)
- National suicide prevention hotline: Dial 988 or **1-800-273-8255**
- Teen Lifeline phone or text: **602-248-TEEN (8336)**

Warm Lines:
Warm Line specialists offer peer support for callers who just need to talk and/or need help finding community support services. The Warm Line is a no-cost and confidential telephone service staffed by peers who have, themselves, dealt with behavioral health issues. Warm Line staff can relate to behavioral health situations because many have been through the same experiences themselves.
- Northern Arizona is open 7 days per week from 4:30 p.m.-10:30 p.m.: **1-888-404-5530**
- Central Arizona/Maricopa County is open 24 hours a day, 7 days a week: **602-347-1100**
- Southern Arizona is open 7 days per week from 8 a.m.-10 p.m. (Holiday hours are 8 a.m.-6 p.m.)
  - Pima County: **520-770-9909**
  - Cochise, Graham, Greenlee, La Paz, Pinal, Santa Cruz and Yuma counties: **844-733-9912**

If you have a medical emergency, dial 911.

Crisis Resources in Maricopa County
During times of crisis, or emergencies, you can choose any hospital or other setting for emergency care. The following emergency settings may be easier for you to use:

**Psychiatric urgent care centers:**

**Connections AZ Urgent Psychiatric Care Center (UPC)**
1201 S. 7th Ave.
Phoenix, AZ 85007
602-416-7600

**RI International Recovery Response Center (RRC)**
11361 N. 99th Ave.
Peoria, AZ 85345
602-650-1212, press 2

[www.MercyCareAZ.org](http://www.MercyCareAZ.org)
Community Bridges Community Psychiatric Emergency Center (CPEC)
358 E. Javelina Ave.
Mesa, AZ 85210
1-877-931-9142

23-Hour Psychiatric Observation

Mind 24/7
1138 S Higley Rd.
Mesa, AZ 85206

2728 N 24th St,
Phoenix, AZ 85008

10046 N Metro Pkwy W,
Phoenix, AZ 85051
(844) 646-3247

Detox centers:

Community Bridges Central City Addiction Recovery Center (CCARC)
2770 E. Van Buren St.
Phoenix, AZ 85008
1-877-931-9142

Community Bridges East Valley Addiction Recovery Center (EVARC)
560 S. Bellview Rd.
Mesa, AZ 85204
1-877-931-9142

Crisis Psychiatric Outpatient 24 hours a day, 7 days a week

Community Bridges West Valley Access Point
824 N. 99th Ave.
Avondale AZ 85323
1-877-931-9142

How to connect for a friendly chat or help with resources (available to ACC members)
No one should go through life’s challenges alone. That’s why we’re giving you access to the Pyx Health app, where you can speak to helpful humans over the phone about Mercy Care and the resources that are already available to you. You can also chat with the compassionate robot friend, Pyxir, in the app 24 hours a day, 7 days a week when you need a friend for support. With the Pyx Health app, you can:

- Find resources to support your physical and mental health.
- Make the most of what Mercy Care offers.
- Feel better each day with companionship and humor.

Sign up today and go to www.HiPyx.com or search ‘Pyx Health’ in the Apple or Google Play stores. If you have questions or need help getting the Pyx Health app, call 1-855-499-4777.
How to get substance use disorder services and opioid information

You do not need a referral from your PCP to begin substance use services. To begin your recovery efforts, simply call a behavioral health provider directly to set up an appointment. If you need assistance finding providers, you can also call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711).

**24/7 Access Points**
Arizona has four 24/7 Access Point locations providing opioid treatment services 24 hours a day, 7 days a week to serve individuals seeking treatment. Medication assisted treatment is offered in various settings in the community that are commonly described as Opioid Treatment Programs (OTPs) and Office-Based Opioid Treatment (OBOTs).

- **CODAC Health, Recovery and Wellness**
  380 E. Ft. Lowell Road, Tucson, AZ 85705
  520-202-1786

- **Community Bridges, East Valley Addiction Recovery Center**
  560 S. Bellview, Mesa, AZ 85204
  480-461-1711

- **Community Medical Services**
  2806 W. Cactus Road, Phoenix, AZ 85029
  602-607-4700

- **Intensive Treatment Systems, West Clinic**
  4136 N. 75th Ave #116 Phoenix, AZ 85033
  623-247-1234

If you need help finding services, you can go to [www.MercyCareAZ.org](http://www.MercyCareAZ.org) to search for providers in your area. You can also call Member Services for help finding services. AHCCCS has search tool for treatment services at opioidservicelocator.azahcccs.gov. You can also go to [www.findtreatment.gov](http://www.findtreatment.gov).

**Culturally competent services**
You should always use providers who are in the Mercy Care network. You can get covered services and be treated fairly regardless of:

- Payer source
- Ability to pay
- Ability to speak English
- Race
- Ethnicity
- Color
- National origin (to include those with limited English proficiency)
- Religion
- Age
- Mental or physical disability
- Sexual orientation
- Gender- including but not limited to, discrimination on the basis of pregnancy, sex stereotyping and gender identity

You can get quality medical services that support your personal beliefs, medical condition and background
in a language format that may be easier for you understand. Mercy Care values and respects all cultures. We understand that beliefs about causes, prevention and treatment of illness can vary among cultures. You have the right to learn about care or treatment choices available to you and the benefits and/or drawbacks of each choice. You can get this information in a way that helps your understanding and is appropriate to your medical condition. Please contact Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

Language, interpretation services and alternate formats

Getting information in a language and format you understand
You should ask your provider or Mercy Care to give you information in a language and format that you understand. You can ask for a material in an alternate format, including the Member Handbook and Provider Directory. These materials and formats are provided at no cost to you.

You can get materials in multiple languages, in American Sign Language (ASL), get auxiliary aids and printed information for the visually impaired. You can ask for these materials at no cost to you by calling Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

Printed information for visually impaired members
If you have a visual impairment and you need this Member Handbook or other materials, such as notices and consent forms, in a large print, Braille or audio format, you can contact your provider or Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711). You can receive your materials in an alternative format at no cost to you. You can also visit www.MercyCareAZ.org to view the handbook in large print or other languages.

You can also get telephone, onsite or video interpretation for your health care visits at no cost to you. Your primary care provider (PCP) or specialist may also call an interpreter through our language line during your visit. If you need help in your language or if you have a hearing impairment, call Mercy Care Member Services Monday through Friday, 7 a.m. to 6 p.m. at 602-263-3000 or 1-800-624-3879 (TTY 711).

For interpretation services, you can call Mercy Care Member Services. You must call at least 3 days before your visit. Be prepared to share the date, time, and location of your appointment. Please have your ID card ready in case we need additional information from you. If you also need a ride to your appointment, ask the representative to schedule it for you. Interpretation services are provided at no cost to members when receiving a covered service.

Mercy Care is committed to providing quality interpretation services at no cost to you. This is to make sure you get quality health care in a way you understand. These services are available to discuss utilization management issues as well. Mercy Care cannot ensure a specific person will arrive to provide these services. This is because interpreters have different schedules. In order to help you and all members get interpretation help, Mercy Care cannot take requests for a specific person to be your interpreter.

You may request an interpreter based on gender. But Mercy Care cannot guarantee a specific person will be your interpreter.

Sometimes you may not be able to work with the interpreter that arrives. This might be because the person is part of your family or knows you personally. If that happens, ask your provider to call the language line. They can help provide interpretation for you over the telephone.

If you have any questions or need help, please contact Member Services. They are available Monday through Friday, 7 a.m. to 6 p.m. at 602-263-3000 or 1-800-624-3879 (TTY 711).
Nondiscrimination Notice

Mercy Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Mercy Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Mercy Care:

• Provides no-cost aids and services to people with disabilities to communicate effectively with us, such as:
  o Qualified sign language interpreters
  o Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides no-cost language services to people whose primary language is not English, such as:
  o Qualified interpreters
  o Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104 (TTY: 711)**.

If you believe that Mercy Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4500 East Cotton Center Boulevard
Phoenix, AZ 85040
Telephone: **1-888-234-7358 (TTY 711)**
Email: MedicaidCRCoordinator@MercyCareAZ.org

You can file a member grievance by mail or email. If you need help filing a member grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf) or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Ave., SW Room 509F, HHH Building, Washington, D.C. 20201
**1-800-368-1019, 1-800-537-7697 (TDD)**

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or 1-800-385-4104 (TTY: 711).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al 1-800-385-4104 (TTY: 711).


CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 1-800-385-4104 (TTY: 711)。


KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 1-800-385-4104 (TTY: 711) 번으로 연락해 주십시오.

FRENCH: ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le 1-800-385-4104 (ATS: 711).


JAPANESE: 注意事項: 日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または1-800-385-4104 (TTY: 711)までご連絡ください。

PERSIAN: آگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره 1-800-385-4104 (TTY: 711) تماس بگیرید.

SYRIAC: دوANGE شو دومدو ناريجن، ديدنجن مينت، دامتان، دعوطه مينت وينه. دنم شكل وحن وحن (نبي: 711).


SOMALI: FEEJIGNAAN: Haddii af-Soomaali aan ku hadasho, adeegyada gargarka luqadda, oo bilaash ah, ayaad heli kartaa. Wac lambarka ku qoran dhabarka darbee ee kaarkaaga aqoonsiga ama 1-800-385-4104 (Kuwa Maqalka ku Adag 711).

THAI: ขอแจ้งว่า: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทรติดต่อหมายเลขที่อยู่ด้านหลังบัตร ID ของคุณ หรือหมายเลข 1-800-385-4104 (TTY: 711).
Sign language interpreters and auxiliary aids
If you’re Deaf or hard of hearing, you can ask that your provider provide auxiliary aids or schedule a sign language interpreter to meet your needs. Your provider must offer these services at no cost to you.

Auxiliary aids are things like computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning.

Sign language interpreters are skilled professionals. They’re certified to provide interpretation, usually in American Sign Language, to the Deaf. You can get a listing of sign language interpreters and the laws regarding Arizona interpreters. You can visit the Arizona Commission for the Deaf and the Hard of Hearing at www.acdhh.org. Or, call them at 602-542-3323 (Video Phone); 602-364-0990 (TTY); 1-800-352-8161 (Video Phone/TTY); 480-559-9441 (Video Phone).

Providers that meet your cultural, language needs
You can search the online provider directory to find the right provider for you. That includes finding a provider that speaks the language most comfortable to you.

You can go to www.MercyCareAZ.org and click on Find a Provider on the top of the page. You can select the language you want from the choices under “Provider Language.”

You can also call Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711). They can help you find a provider that speaks your language. If there isn’t a provider who speaks the language you’re looking for, Member Services will set up interpretive services at no cost to you.

Accommodating physical disabilities
If you need a provider office that accommodate members with physical disabilities, call Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711). They can help you find the right provider for you.

How to get help coordinating complex health care or care management
If you need help coordinating complex health care needs, or if you need care management, you can contact Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711). They can help you find the right provider for you. Member Services may also refer you to care management for more help.

If you go to a provider’s office for an appointment, give them your Mercy Care ID card. If they tell you that they are not part of the Mercy Care network, please call Member Services right away at 602-263-3000 or 1-800-624-3879 (TTY 711). They will tell you what to do.

Our affirmative statement about incentives
We want you to feel sure that you’re getting the health care and services you need. To that end, we have policies our providers must follow to ensure that you get the right health care.

Our policy is to not reward providers or others to deny or give less medically necessary care to a member of our plan. This is called an “affirmative statement.” We do not reward or pay extra money to health care providers, staff or other people to:

- Deny you care
- Give you less care
- Deny tests or treatments that are medically necessary
All our members should receive the right health care. If you want more information on this, call us at 602-263-3000 or 1-800-624-3879 (TTY 711).

**Your provider directory**

A provider directory is a listing of Mercy Care doctors and other providers of health care services. There is a searchable online provider directory on our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org). Select “Find a Provider” in the upper right-hand corner of the screen.

You can find information about Mercy Care providers such as:
- Primary Care Providers (PCPs)
- Specialists
- Hospitals
- Pharmacies
- Urgent care centers
- Behavioral health and substance use providers

You can narrow your search by ZIP code, city or county. Provider information includes addresses, phone numbers, languages spoken and whether a provider is accepting new members. The provider directory has information identifying provider offices that accommodate members with physical disabilities.

Mercy Care’s online provider directory is the most current version of the directory. It is updated nightly. You can contact Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711) for a paper copy of the provider directory at no cost to you.

**About Mercy Care**

Mercy Care is a managed care health plan contracted with the Arizona Health Care Cost Containment System (AHCCCS), the Arizona Department of Economic Security Division of Developmental Disabilities (DDD) and the Department of Child Safety Comprehensive Health Plan (DCS CHP). AHCCCS is Arizona’s Medicaid agency. Mercy Care serves AHCCCS Complete Care members in Maricopa, Pinal and Gila counties. **Mercy Care also serves DD members in all 15 Arizona counties.** Mercy Care follows State and Federal laws that apply under the contract with AHCCCS and DDD. These include, but are not limited to:
- Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80.
- The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91.
- The Rehabilitation Act of 1973. o Title IX of the Education Amendments of 1972 (regarding education programs and activities).
- Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

As a managed care health plan, we provide health care to our members through a select group of doctors and other providers, hospitals and pharmacies. This is called a provider network. You will need to go to the doctors and other providers who are part of our provider network so that you don’t have to pay for services yourself.

**About our providers**

A primary care provider (PCP) is a doctor or other provider who will coordinate most of your care. Some PCPs are family practice, general practice and internal medicine doctors, pediatricians and OB/GYNs. PCPs may also be physician assistants or nurse practitioners. You will see your PCP for routine and preventive care. The PCP will evaluate your health during your visit and determine if you need to see a specialist or have tests performed. Provider Clinical Practice Guidelines are available upon request.

www.MercyCareAZ.org
Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m. 13
Your health care is important to us. Mercy Care chooses the doctors and other providers in our network very carefully. They must meet strict requirements to care for our members and we regularly check the care they give you. If you need more information about your provider, you may contact the organizations below:

<table>
<thead>
<tr>
<th>NAME OF ORGANIZATION</th>
<th>TELEPHONE NUMBER</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona Medical Association</td>
<td>602-347-6900</td>
<td><a href="http://www.azmed.org">www.azmed.org</a></td>
</tr>
<tr>
<td>Arizona Medical Board</td>
<td>480-551-2700 or 1-877-255-2212</td>
<td><a href="http://www.azmd.gov">www.azmd.gov</a></td>
</tr>
<tr>
<td>American Board of Medical Specialties</td>
<td>312-436-2600</td>
<td><a href="http://www.abms.org">www.abms.org</a></td>
</tr>
<tr>
<td>Arizona State Board of Dental Examiners</td>
<td>602-242-1492</td>
<td><a href="http://www.dentalboard.az.gov">www.dentalboard.az.gov</a></td>
</tr>
<tr>
<td>Arizona Board of Osteopathic Examiners</td>
<td>480-657-7703</td>
<td><a href="http://www.azdo.gov">www.azdo.gov</a></td>
</tr>
<tr>
<td>Arizona State Board of Optometry</td>
<td>602-542-8155</td>
<td><a href="http://www.optometry.az.gov">www.optometry.az.gov</a></td>
</tr>
</tbody>
</table>

**Member identification (ID) card**

Mercy Care will send you a member identification (ID) card when you become a member. Be sure to carry your ID card with you and show it every time you get health care services. If you do not get your ID card or if you lose it, call Mercy Care Member Services. Your Mercy Care ID card is also available on the member portal and Mercy Care’s mobile app. Just log in to the portal or the app and click on “My ID Card.” You can login to the portal by going to www.MercyCareAZ.org. You can download the Mercy Care app on the Apple or Android app stores.

**About your ID card**

- Your ID card will have your name, AHCCCS ID number and the name of your health plan – Mercy Care.
- If you have an Arizona driver’s license or state issued ID, AHCCCS will get your picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). When providers pull up the AHCCCS eligibility verification screen, they will see your picture (if available) with your coverage details.
- Protect your ID card! Do not give it to anyone except those providing your health care services. If you loan, sell or give your ID card to anyone else, you may lose your AHCCCS benefits and legal action may be taken against you.
- If you do not get your ID card, call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711). Or you can order a replacement Mercy Care ID card through the member portal or Mercy Care’s mobile app. Just log in to the portal or the app and click on “My ID Card.” You can login to the portal by going to www.MercyCareAZ.org. You can download the Mercy Care app on the Apple or Android app stores.

**Reminders: Your member ID card**

- If you lose your ID card, call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).
- Be sure to carry your ID card with you and show it to your health care providers every time you get services.
- KEEP your ID card even if you lose eligibility.

**Your responsibilities as a member**

As a member, you, your family or your guardian(s) have the following responsibilities:

**Respect**

- Respect the doctors, pharmacists, staff and all people providing services to you.

www.MercyCareAZ.org
Share information

- Show your member ID card, or identify yourself as a Mercy Care member, to health care providers before getting services. If you have other insurance in addition to Mercy Care, show your doctor or pharmacist your other insurance ID card as well.
- If you do not understand your health condition or treatment plan, ask your PCP to explain.
- Tell your PCP the name of other insurance plans you may have. Apply for benefits for which you may be eligible through your additional insurance.
- Give your PCP all the facts about your health problems: past illnesses, hospital stays, all medications, shots and other health concerns. Let your PCP and/or your case manager know about any changes in your condition.
- Notify Mercy Care any time a provider or another member is not using your health plan benefits correctly.
- Report changes that could affect your eligibility such as address, telephone number and/or assets and other matters to the interviewer at the office where you applied for AHCCCS.

Follow instructions

- Know the name of your assigned PCP.
- DD members or guardians, know the name of your care manager if you have one.
- CRS members or guardians, know the name of your care manager if you have one.
- Follow the treatment instructions that you and your PCP have agreed on, including the instructions from nurses and other health care professionals.
- Bring your child’s shot record to all your child’s PCP visits.

Provider Appointments

- Schedule appointments during office hours instead of using urgent or emergency care.
- Keep appointments. Go to your appointments on time. Call your PCP’s office ahead of time when you cannot keep your appointment.

Reporting changes in family size or address

Changes in family size
You must report all changes in your family, like births and deaths, to the agency that determined your eligibility. Newborns are put on your insurance only if you tell this agency. For more information, please call AHCCCS Eligibility Verification at 602-417-7000 or 1-800-331-5090.

Change of address/out-of-area moves
If Mercy Care does not have your correct address, you may not get important information we send to you. If you move to a new address within Arizona, you must report your new address to the office that helped you with your AHCCCS eligibility.

If you move outside of Arizona, you need to close your eligibility file in Arizona. Call your eligibility office as soon as possible and tell them when you move to another county or state. Below is who to contact:

- If you became eligible through the AHCCCS KidsCare office, call 602-417-5437 or 1-877-764-5437.
- If you became eligible through the Department of Economic Security (DES), call 1-855-777-8590.
- If you became eligible through the Social Security Administration, call 1-800-772-1213.
- If you are a member enrolled with the Division of Developmental Disabilities (DDD), call your DDD Support Coordinator to report your new address. They will help you with any changes you need to make. You may also call the DDD Customer Service Center at 1-844-770-9500, option 1.
• If you move, your AHCCCS services could be impacted. Please read this information about moves and AHCCCS services. Mercy Care serves AHCCCS Complete Care members in Maricopa, Gila and Pinal counties. If you move out of the Mercy Care service area, you will no longer be able to choose Mercy Care for your AHCCCS benefits. If you are a DD member, you may continue to receive your AHCCCS benefits through Mercy Care. Mercy Care serves DD members in all 15 counties.

• If you move outside of Arizona, you’ll no longer have AHCCCS benefits.

• If you move to another state within the United States, you can sign up for their state medical benefits (Medicaid) program. Please note: different states have different eligibility requirements for their Medicaid programs.

• If you move out of the United States, you are no longer eligible to receive AHCCCS benefits or any other Medicaid benefits from the United States.

Out-of-area coverage

NO services are covered outside of the United States.
If you become sick in a non-Mercy Care County or another state, Mercy Care will pay only for emergency services. For a list of these services, please refer to the section called, “Covered Services.” If you have an emergency while away, go to the closest emergency room.

Show your member ID card to the hospital and tell them you are a Mercy Care member. Ask the hospital to send the bill to Mercy Care for payment. Do not pay the bill yourself.

Follow-up/routine care that is not related to an emergency is not covered while you are away. This includes prescriptions. You should get follow-up care from your PCP. Mercy Care may approve health care services that are only available away from where you live. If this happens, we may pay for your transportation, lodging and food costs. Mercy Care will only pay for these services if they are approved by Mercy Care first. Please call Member Services before your trip so we can help you make arrangements.

Health plan changes

Once a year, on the date you first enrolled with AHCCCS, you will have a chance to change your health plan. This is called Annual Enrollment Choice. AHCCCS will send you a notice and information about each health plan two (2) months before the date you can change. If you think you may want to change your health plan, please call Member Services first. We would like to help you with any concerns you may have about Mercy Care.

If you need to change your health plan call AHCCCS at 602-417-7000 or 1-800-334-5283. Below are some reasons why you might need to make a change.

1. You were not given a choice of health plans.
2. You were not notified of your annual enrollment choice.
3. You got your annual enrollment choice letter but were not able to change your health plan due to events out of your control.
4. Other members in your family are in another health plan (unless you were given a choice during the annual enrollment choice process and did not choose to change).
5. You are a member of a special group and need to be in the same health plan as the special group.
6. You came back on AHCCCS within 90 days and were not put back on the health plan you had before.
7. You need to stay with your doctor who is not a Mercy Care network doctor because you are pregnant or need to ensure continuity of care. If you need to change your doctor, please call Mercy Care Member Services.
8. You need to stay with your current doctor to ensure continuity of care and they are not part of Mercy Care network.
Current DD members have the opportunity to change their DDD Health Plan during their birth month. DD members interested in changing their DDD health plan should contact their Division of Developmental Disabilities Support Coordinator or DDD Member Services at 1-844-770-9500, ext. 0.

**Involving family and friends in your care**

Your friends and family of choice play an important role in your care. They often have important information to share with health care professionals. You may allow a family member or authorized representative to participate in your treatment planning process and to represent you in decisions like changing health plans. In most cases, providers need your permission to share information about your health. Here are some important facts about health care privacy:

Federal privacy law requires people who receive physical or mental health services to sign a Release of Information (ROI) form if they want an authorized representative to consult with and receive information from their treatment team. This law is the Health Insurance Portability and Accountability Act (HIPAA). Each provider needs a signed ROI form to share health information.

Mercy Care also has a form you can sign to allow us to talk with your friends or family. You can get more information by calling Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

**Transitional program**

This program is only for members who have improved to the point where they do not need institutional care but who still need long term care services and supports. This program is not available to new members. Members in the transitional program can receive services in their home or in an assisted living facility. They also receive physical and behavioral health services and have a case manager.

Members in the transitional program may not remain in a skilled nursing home longer than 90 consecutive days.

ALTCS eligibility workers place members on and take them off the transitional program after evaluating the member’s current functional and medical status.

**Transition of care if you change health plans or providers**

The member transition process helps ensure that members don’t have delay in services when they change health plans or providers. This change can be due to:

- Annual enrollment choice.
- Open enrollment.
- Health plan changes permitted by policy, including special health care needs program. Such programs can be CRS or a SMI diagnosis.
- Changes to Fee-For-Service programs. Such programs include Tribal ALTCS, TRBHAs, DDD Tribal Health Program (THP) and the American Indian Health Plan (AIHP).
- Eligibility changes.
- SMI decertification.
- This policy is also followed to transition members in the middle of care to a different health care provider if a provider leaves Mercy Care’s network.

If you change to another health plan, Mercy Care will let you know the name of the new health plan, how to contact them and their emergency phone number. Mercy Care will give you information about services and how to get them. We will also let the new health plan know of your special needs.
To ensure members have continuity and quality care when changing to a different health plan, Fee-For-Service (FFS) program or provider, Mercy Care:

- Identifies the member leaving the health plan or changing from one provider to another
- Identifies any significant medical conditions the member may have and prior authorizations they have received
- Notifies the new health plan, FFS Program, the member’s health care provider or facilities, about members with special needs
- Provides the new health plan or health care provider and/or facilities with relevant medical records
- Maintain confidentiality of information in documents accessed and shared during a member’s transition

To ensure members have continuity and quality care when members are new to Mercy Care, we:

- Assign each new member to a PCP
- Mail Mercy Care information to each new member
- Involve all Mercy Care staff, medical providers and other health plans as needed to ensure services continue without disruption
- Coordinate care for members with special health care needs
- Extend previously approved prior authorizations for a minimum of 30 days from the date of transition
- Provide a minimum of 90 days to transition children and adults with special health care needs from an out-of-network PCP to an in-network PCP
- Allow members in active treatment with an out-of-network provider or facility to continue through the duration of their prescribed treatment (including but not limited to chemotherapy, pregnancy, drug regime or scheduled procedure)
- Monitor the continuity and quality of care
- Maintain confidentiality of information in documents accessed and shared during a member’s transition

Information about services

Types of care

There are three different kinds of care you can get: Routine, Urgent and Emergency.

The chart below gives you examples of each type of care and tells you what to do. Always check with your doctor if you have questions about your care.

<table>
<thead>
<tr>
<th>Type of care</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine</strong> - This is regular care to keep you healthy. For example:</td>
<td>Call your doctor to make an appointment for routine care. You can expect to be seen by:</td>
</tr>
<tr>
<td>Checkups (also known as wellness exams)</td>
<td>• Your PCP within 21 days</td>
</tr>
<tr>
<td>Health conditions you have had for a long time such as asthma, COPD or diabetes</td>
<td>• A specialist or dentist within 45 days</td>
</tr>
<tr>
<td>Yearly exams</td>
<td></td>
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<tr>
<td>Immunizations</td>
<td></td>
</tr>
<tr>
<td>Type of care</td>
<td>What to do</td>
</tr>
<tr>
<td>----------------------</td>
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<tr>
<td><strong>Urgent/sick visit</strong> - This is when you need care today, or within the next couple of days, but are not in danger of lasting harm or losing your life. For example:</td>
<td></td>
</tr>
<tr>
<td>• Bad sore throat or earache</td>
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<tr>
<td>• Flu</td>
<td></td>
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<tr>
<td>• Migraine headaches</td>
<td></td>
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<tr>
<td>• Back pain</td>
<td></td>
</tr>
<tr>
<td>• Medication refill or request</td>
<td></td>
</tr>
<tr>
<td>• Sprains</td>
<td>Call your doctor before going to an urgent care center.</td>
</tr>
<tr>
<td>To find the closest urgent care center, you can look on the Mercy Care website at <a href="http://www.MercyCareAZ.org">www.MercyCareAZ.org</a>. Select “Find a provider/Pharmacy” in the top right corner.</td>
<td></td>
</tr>
<tr>
<td>You can expect to be seen by:</td>
<td></td>
</tr>
<tr>
<td>• Your PCP within two (2) days</td>
<td></td>
</tr>
<tr>
<td>• A specialist or dentist within three (3) days</td>
<td></td>
</tr>
<tr>
<td>If it is late at night or on the weekends, your doctor has an answering service that will get your message to your doctor. Your doctor will call you back and tell you what to do. You should NOT go to the emergency room for urgent/sick care.</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency</strong> - This is when you have a serious medical condition and are in danger of lasting harm or the loss of your life. For example:</td>
<td></td>
</tr>
<tr>
<td>• Poisoning</td>
<td></td>
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<tr>
<td>• Deep cuts</td>
<td></td>
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<tr>
<td>• Overdose</td>
<td></td>
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<tr>
<td>• Broken bones</td>
<td></td>
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<tr>
<td>• Car accident</td>
<td></td>
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<tr>
<td>• Serious burns</td>
<td></td>
</tr>
<tr>
<td>• A cut that may need stitches</td>
<td></td>
</tr>
<tr>
<td>• Trouble breathing</td>
<td></td>
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<tr>
<td>• Sudden chest pains-heart attack</td>
<td></td>
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<tr>
<td>• Convulsions (seizures)</td>
<td></td>
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<tr>
<td>• Very bad bleeding, especially if you are pregnant</td>
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</tr>
<tr>
<td>• Signs of stroke (numbness/weakness in face, arm, or leg, trouble seeing with one or both eyes)</td>
<td></td>
</tr>
<tr>
<td>• Suicidal or homicidal thoughts</td>
<td>Call 911 or go to the nearest emergency room. You do not have to call your doctor or Mercy Care first.</td>
</tr>
<tr>
<td>You do not need prior authorization to call 911.</td>
<td></td>
</tr>
<tr>
<td>If you can, show them your Mercy Care ID card and ask them to call your doctor.</td>
<td></td>
</tr>
</tbody>
</table>

In an emergency situation, a qualified emergency room will provide services that evaluate your condition. You will also get medical treatment to help stabilize you. This may include admission into a hospital.
<table>
<thead>
<tr>
<th>Type of care</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is not an emergency?</strong></td>
<td><strong>What to do</strong></td>
</tr>
<tr>
<td>Some medical conditions that are NOT usually emergencies include:</td>
<td></td>
</tr>
<tr>
<td>• Flu, colds, sore throats, earaches</td>
<td></td>
</tr>
<tr>
<td>• Urinary tract infections</td>
<td></td>
</tr>
<tr>
<td>• Prescription refills or requests</td>
<td></td>
</tr>
<tr>
<td>• Health conditions that you have had for a long time</td>
<td></td>
</tr>
<tr>
<td>• Back pain</td>
<td></td>
</tr>
<tr>
<td>• Migraine headaches</td>
<td></td>
</tr>
</tbody>
</table>

**Transportation services (rides)**

If necessary, Mercy Care can help you get to your AHCCCS-covered health care visits. **Before** you call Mercy Care for help, see if a family member, friend or neighbor can give you a ride. If not, call us as soon as you make your appointment so we can set up a ride for you. If you can ride the bus, we will send you bus tickets or passes at no cost to you. If you need a ride, call Member Services Monday-Friday between 7 a.m. and 6 p.m.

Please call Member Services at least three (3) days in advance to get a ride. **If you call the same day, we may not be able to arrange a ride for you in time, unless it is urgent. You may have to reschedule your appointment.**

If you have many appointments scheduled, or if you have regular appointments for visits like dialysis, please call Member Services to set up rides all at one time.

After your appointment, call your transportation provider to arrange a ride home.

If your appointment gets cancelled or changed to a different day or time, call Member Services to cancel your transportation or have it changed to your new appointment time.

**Tips for getting a ride**

<table>
<thead>
<tr>
<th>Things to do</th>
<th>Things not to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>• DO call Mercy Care Member Services as soon as you make your appointment.</td>
<td>• DON’T schedule a ride if you are not going to be at your pick up place.</td>
</tr>
<tr>
<td>• DO call Mercy Care at least three (3) hours before an appointment that you made on the same day for urgent care.</td>
<td>• DON’T be late for your pick up time.</td>
</tr>
<tr>
<td>• DO let us know if you have special needs, like a wheelchair or oxygen.</td>
<td>• DON’T forget to call Mercy Care to cancel your ride if you find another one or if you change your appointment.</td>
</tr>
<tr>
<td>• DO make sure your prescription is ready for pick up before calling for a ride.</td>
<td>• DON’T wait until the day of your appointment to call for a ride.</td>
</tr>
</tbody>
</table>

**If you have a medical emergency, dial 911. Use of emergency transportation must be for emergency services only.**

If you need a ride to your appointment, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711).
Smartphones at no cost to you

You may be able to get cell service plus a smartphone at no cost to you through the government’s Lifeline program. To apply for a smartphone, go to [https://bit.ly/MercyLifeline](https://bit.ly/MercyLifeline) to fill out the online form. If you do not have access to the internet, or if you need help filling out the form, you can call Member Services to assist you. Mercy Care Member Services can be reached at **602-263-3000** or toll-free at **1-800-624-3879** (TTY 711). You will have to show proof of eligibility to enroll into the Assurance Wireless Lifeline phone program.

Assurance Wireless Lifeline service includes:
- Data each month
- Unlimited text messages
- Voice minutes each month
- Android smartphone

Extra Mercy Care benefits include:
- Health tips and reminders by text
- Calls to Member Services that don’t count against your monthly minutes

For more information, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) or go to [www.MercyCareAZ.org](http://www.MercyCareAZ.org).

## Services that are covered

<table>
<thead>
<tr>
<th>All members</th>
<th>Additional covered services for children (under age 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hospital care</td>
<td>1. EPSDT visits (same as wellness visits)</td>
</tr>
<tr>
<td>2. Doctor office visits, including specialist visits</td>
<td>2. Identification, evaluation and rehabilitation of hearing loss</td>
</tr>
<tr>
<td>3. Health risk assessments and screenings for members age 21 years of age and over</td>
<td>3. Medically necessary personal care. This may include help with bathing, toileting, dressing, walking and other activities that the member is unable to do for medical reasons</td>
</tr>
<tr>
<td>4. Laboratory, radiology and medical imaging</td>
<td>4. Dental services are covered for EPSDT members (under 21 years)</td>
</tr>
<tr>
<td>5. Durable medical equipment and supplies; This includes augmentative communication devices</td>
<td>5. Comprehensive and preventive dental services, including oral health screenings, cleanings, fluoride treatments, dental sealant, oral hygiene education, x-rays, fillings, extractions and other therapeutic and medically necessary procedures</td>
</tr>
<tr>
<td>6. Medications on Mercy Care’s list of covered medicines. Members with Medicare will receive their medications through Medicare Part D.</td>
<td>6. Routine and Emergency Vision services, including screening exams and prescriptive lenses (a limited selection of lenses and frames are covered)</td>
</tr>
<tr>
<td>7. Emergency care</td>
<td></td>
</tr>
<tr>
<td>8. Care to stabilize you after an emergency</td>
<td></td>
</tr>
<tr>
<td>9. Home health services (such as nursing and home health aide) <strong>For DDD members, these services may also be available through the Division</strong></td>
<td></td>
</tr>
<tr>
<td>10. Nursing home, when used instead of hospitalization, up to 90 days a year</td>
<td></td>
</tr>
<tr>
<td>11. Inpatient rehabilitation services, including occupational, speech and physical therapy</td>
<td></td>
</tr>
<tr>
<td>12. Respiratory therapy</td>
<td></td>
</tr>
<tr>
<td>13. Routine immunizations</td>
<td></td>
</tr>
<tr>
<td>14. AHCCCS approved organ and tissue transplants and related prescriptions (limitations apply)</td>
<td></td>
</tr>
<tr>
<td>15. Dialysis</td>
<td></td>
</tr>
</tbody>
</table>
### All members

16. Podiatry services – foot and ankle services  
17. Maternity care (prenatal, labor and delivery, postpartum)  
18. Family planning services  
19. Behavioral health services  
20. Medically necessary and emergency transportation  
21. Medical foods  
22. Emergency eye exam and lens post cataract surgery  
23. Urgent care  
24. Hospice  
25. Wellness exams and preventive screenings  
26. Incontinence briefs to avoid or prevent skin breakdown, with limitations  
27. Physical therapy for members 21 years of age and older up to 30 visits per contract year limit  
28. Custodial Nursing Facilities (SNFs) (DD members only)  
29. Emergency Alert Services (DD members only)  
30. Medically necessary practitioner visits to member’s home (DD members only)  
31. Emergency dental services up to $1,000 per year for members 21 years of age and older.  
32. Medically necessary comprehensive and preventive dental services, including dentures, up to $1,000 per year for members 21 years of age and older (DD members only).  
33. Outpatient Occupational therapy for members 21 years of age and older up to 30 visits per contract year limit  
34. Outpatient Speech therapy for members 21 years of age (DD members only)

### Additional covered services for children (under age 21)

7. Outpatient speech, occupational and physical therapy, nutritional therapy  
   **For DDD members, if speech, occupational, and physical therapy are habilitative in nature they will be covered by the Division**  
8. Chiropractic services  
9. Conscious sedation  
10. Adaptive aids (DD members only)  
11. Acute services for AHCCCS Complete Care (ACC) and DD members enrolled in CRS  
12. Developmental Screening and surveillance, Behavioral Health Screenings, Nutritional Screening  
13. Immunizations  
14. Lab tests (Bloodspot Newborn Screening Panel, blood lead screening, TB skin testing, routine blood tests)  
15. Health education counseling, and chronic disease self-management  

### Additional services for Qualified Medicare Beneficiaries (QMB)

1. Chiropractic services  
2. Outpatient occupational therapy  
3. Any services covered by Medicare but not by AHCCCS

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*Covered services are provided in medical offices, hospitals and pharmacies. Your provider will let know where to get services.*

**Adult immunizations are also covered at County Health Departments**

Mercy Care members 19 years of age and older can get their immunizations (vaccinations or shots) from a provider in the Mercy Care network. AHCCCS also covers medically necessary covered immunizations (shots) for individuals 19 years of age and older when given by AHCCCS registered providers through County Health Departments. These immunizations are covered even if the AHCCCS registered provider is not in Mercy Care’s provider network. AHCCCS covered immunizations include, but are not limited to: Hepatitis A, Hepatitis B, and Measles. Prior authorization is not required.

**Orthotic devices**

Orthotic devices support or brace weak joints or muscles. An orthotic device can also support a deformed part of the body. Orthotic devices for members under the age of 21 are covered when prescribed by the member’s primary care provider (PCP), attending physician or practitioner.
Orthotics devices for members who are 21 years of age and older
Mercy Care covers orthotic devices for members who are 21 years of age and older when all of the following apply:

- The orthotic is medically necessary as the preferred treatment based on Medicare guidelines.
- The orthotic costs less than all other treatments and surgery procedures to treat the same condition.
- The orthotic is ordered by a physician (doctor) or primary care practitioner (nurse practitioner/physician assistant).

If you have any questions, please call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711). Member Services representatives are available 7 a.m. to 6 p.m., Monday through Friday.

Reasonable repairs or adjustments of purchased equipment are covered for all members over and under the age of 21. This is true when making the equipment serviceable and/or when the repair cost is less than renting or purchasing another unit. Mercy Care will replace the component if you provide documentation to show that it is not operating effectively.

Vision services
Vision coverage for members 21 and over includes emergency eye care and some medically necessary vision services such as cataract removal. Members with diabetes should see an ophthalmologist yearly for a retinal exam. Routine and emergency vision services are covered for members under 21. See “EPSDT” for well exams for members under 21 years of age.

Eyeglass coverage for members under 21 years
Vision services are covered for members under the age of 21 years. This coverage includes regular eye exams and vision screenings, prescription eyeglasses, and repairs or replacements of broken or lost eyeglasses.

What if glasses are lost or broken?
There are no restrictions for replacement eyeglasses when they are needed to correct vision. This includes but it not limited to, loss, breakage or change in prescription. You do not need to wait until the next regularly scheduled vision screening to replace or repair eyeglasses.

Services that are not covered

<table>
<thead>
<tr>
<th>All members</th>
<th>Other services that are not covered for adults (age 21 and over). These services are available to Mercy Care Advantage members.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Services from a health care provider who is NOT contracted with</td>
<td>1. Hearing aids</td>
</tr>
<tr>
<td>2. Cosmetic services or items</td>
<td>2. Routine eye examinations for prescriptive lenses or glasses</td>
</tr>
<tr>
<td>3. Personal care items such as combs, razors, soap, etc.</td>
<td>3. Routine dental services</td>
</tr>
<tr>
<td>4. Any service that needs prior authorization that was not authorized</td>
<td>4. Chiropractic services (except for Medicare QMB members)</td>
</tr>
<tr>
<td>5. Services or items given at no charge, or for which charges are not</td>
<td>5. Outpatient speech (ACC only)</td>
</tr>
<tr>
<td>6. Services of special duty nurses, unless medically necessary and</td>
<td></td>
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<tr>
<td>7. Services of special duty nurses, unless medically necessary and</td>
<td></td>
</tr>
<tr>
<td>8. Services of special duty nurses, unless medically necessary and</td>
<td></td>
</tr>
</tbody>
</table>
All members

7. Physical therapy that is not medically necessary
8. Routine circumcisions
9. Services that are determined to be experimental by the Mercy Care medical director
10. Pregnancy termination and pregnancy termination counseling, unless medically necessary, pregnancy is the result of rape or incest, or if physical illness is related to the pregnancy and endangers the health of the mother
11. Health services if you are in prison or in a facility for the treatment of tuberculosis
12. Experimental organ transplants, unless approved by AHCCCS
13. Sex change operations and reversal of voluntary sterilization
14. Medications and supplies without a prescription
15. Treatment to straighten teeth, unless medically necessary and approved by Mercy Care
16. Prescriptions not on our list of covered medications, unless approved by Mercy Care
17. Physical exams for the purpose of qualifying for employment or sports activities
18. Medical marijuana

Other services that are not covered for adults (age 21 and over). These services are available to Mercy Care Advantage members.

For more information on Mercy Care Advantage, please contact Mercy Care Advantage Member Services 24 hours a day, 7 days a week at 602-263-3000 or 1-800-624-3879 (TTY 711).

Experimental services and treatments

Mercy Care and AHCCCS work together to look at new medical procedures and services to make sure you get safe, up to date, high-quality medical care. A team of doctors reviews new health care methods to decide if they should become covered services. Experimental services and treatments that are being researched and studied are not covered services.

To decide if new technology will be a covered service, Mercy Care and AHCCCS:
- Study the purpose of each technology
- Review medical literature
- Determine the impact of a new technology
- Develop guidelines on how and when to use the technology

Limited and excluded services

The following services are not covered for adults 21 years and older. (If you are a Qualified Medicare Beneficiary, we will continue to pay your Medicare deductible and coinsurance for these services.)

<table>
<thead>
<tr>
<th>BENEFIT/SERVICE</th>
<th>SERVICE DESCRIPTION</th>
<th>SERVICE EXCLUSIONS OR LIMITATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone anchored hearing aid</td>
<td>A hearing aid that is put on a person’s bone near the ear by surgery. This is to carry sound.</td>
<td>AHCCCS will not pay for Bone Anchored Hearing Aid (BAHA). Supplies, equipment maintenance (care if the hearing aid) and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>BENEFIT/SERVICE</td>
<td>SERVICE DESCRIPTION</td>
<td>SERVICE EXCLUSIONS OR LIMITATIONS</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cochlear implant</td>
<td>A small device that is put in a person’s ear by surgery to help you hear better.</td>
<td>AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant) and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>Lower limb microprocessor controlled joint/ prosthetic</td>
<td>A device that replaces a missing part of the body and uses a computer to help with the moving of the joint.</td>
<td>AHCCCS will not pay for a lower limb (leg, knee or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.</td>
</tr>
<tr>
<td>Emergency dental services</td>
<td>Emergency treatment for pain, infection, swelling and/or injury.</td>
<td>For members 21 years of age and older, emergency dental services are covered up to $1,000 per health plan year (October 1- September 30). Medically necessary emergency dental care and extractions are covered for persons age 21 years and older who meet the criteria for a dental emergency. A dental emergency is an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology or trauma. Emergency dental services do not require prior authorization. There are exceptions to these limitations of service; certain pre-transplant services, prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head, and cleanings for members who are in an inpatient hospital setting and are placed on a ventilator are also covered. (Please note: comprehensive and preventive dental services are covered for members under 21 years of age).</td>
</tr>
<tr>
<td>Transplants</td>
<td>A transplant is when an organ or blood cells are moved from one person to another.</td>
<td>Approval is based on the medical need and if the transplant is on the “covered” list. Only transplants listed by AHCCCS as covered will be paid for.</td>
</tr>
<tr>
<td>Incontinence Briefs</td>
<td>Incontinence briefs, including pull-ups and incontinence pads to treat a medical condition</td>
<td>Incontinence supplies are available based on medical need. Members 3-20 years of age can receive up to 240 diapers per month. Members 21 years and older can receive up to 180 briefs per month.</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>Exercises taught or provided by a physical therapist to make you stronger or help improve movement.</td>
<td>Outpatient physical therapy visits are limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30). For dual eligible members, Mercy Care is responsible for paying the Medicare cost of share limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30).</td>
</tr>
<tr>
<td>BENEFIT/SERVICE</td>
<td>SERVICE DESCRIPTION</td>
<td>SERVICE EXCLUSIONS OR LIMITATIONS</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Occupational therapy</td>
<td>Exercises taught or provided by an occupational therapist to make you stronger or help improve movement.</td>
<td>Outpatient occupational therapy visits are limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30). For dual eligible members, Mercy Care is responsible for paying the Medicare cost of share limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30).</td>
</tr>
</tbody>
</table>

**Services covered under grant funds**

Access to Non-Title XIX/XXI behavioral health services are accessible to members via the Regional Behavioral Health Authority (RBHA). The services provided by your local RBHA can include:

- Auricular acupuncture services
- Behavioral health counseling and therapy
- Behavioral health prevention, promotion and education
- Case management
- Childcare services (also referred to as child sitting services)
- Crisis intervention services
- Living skills training
- Medication assisted treatment (MAT)
- Medication training and support services
- Mental health services, room and board
- Mental health services (traditional healing services)
- Outpatient and residential substance use or opioid use treatment
- Self-help and peer services
- Supported housing

For help getting these services, you can call your local RBHA:

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Regional Behavioral Health Authorities (RBHAs)</th>
<th>Contact type and phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maricopa County</td>
<td>Mercy Care RBHA</td>
<td>Customer service phone: 1-800-564-5465 (TTY 711) Crisis Line: 1-800-631-1314</td>
</tr>
</tbody>
</table>

**Housing services**

Safe, stable, and familiar living arrangements are critical to a person’s ability to benefit from treatment and supportive services. Recovery often starts with safe, decent and affordable housing so that individuals are able...
to live, work, learn and participate fully in their communities.

Permanent Supportive Housing services are available for adult AHCCCS Complete Care (ACC) and DD members. Permanent Supportive Housing can help you find and maintain independent housing within the community of your choice. Supportive housing services may include help with understanding tenant rights, budgeting, independent living skills and engaging in meaningful activities.

Mercy Care contracts with network of providers to meet the needs of our members. The providers cover a range of behavioral health, General Mental Health/Substance Use and rehabilitation services. These providers also have resources to help you address your housing needs, and they can help connect you with community housing options.

Grants
Mercy Care seeks opportunities to secure grant funding to assist members with a wide range of housing services that may include Emergency Shelter (hotels), Rapid Rehousing and Homeless Prevention (rental assistance, utility and security deposits and moving costs). Members should work with their clinical team to explore these options.

If you need help connecting to providers that offer these services, you can call Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

AHCCCS Housing Program (AHP)
Members who have an identified housing need can apply for a housing subsidy offered by the AHCCCS Housing Program (AHP). Subsidies are issued based upon availability. Members should work with their clinical team to explore this option. You can also reach out to Mercy Care’s Housing Department at Housing@mercycareaz.org or by calling Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

DDD member housing opportunities
The Division of Developmental Disabilities has partnered with the Public Housing Authorities, the Arizona Department of Housing (ADOH), the Arizona Health Care Cost Containment System (AHCCCS), and the U.S. Department of Housing and Urban Development (HUD) to offer qualified members limited affordable housing opportunities.

For more information on this program please refer to DES website:

Coordinated Entry Access Points
Coordinated Entry is a process mandated by the US Department of Housing and Urban Development (HUD) to connect individuals and families experiencing homelessness with community housing and service resources. Individuals or families can be triaged, assessed, and placed on a list for possible referral to community housing resources based on priority and availability. Note, processes and resources may differ based upon region of access. You can view a listing of these locations at the back of this handbook in the section called “Resources” and under “Coordinated Entry Access Points.”

You can also contact the US Department of Housing and Urban Development (HUD) for more housing resources and information at www.hud.gov/states/arizona. For rental program information, you can call 1-800-955-2232 (TTY 711 or 1-800-877-8339).
Out of Home Placements

- **Developmental Home:** A Developmental Home is a family home in which a licensed caregiver provides full-time care and supervision for up to three individuals with developmental disabilities. Child Developmental Homes serve members under the age of 18 and Adult Developmental Homes serve members ages 18 and over.

- **Group Home:** A community residential facility licensed by the Arizona Department of Health Services (ADHS) that provides habilitation and room and board for up to six residents.

- **Assisted Living Centers/Homes:** A residential care facility licensed by ADHS to provide supervisory care, personal care, or direct care services as defined in the Arizona Administrative Code (A.A.C.), Title 9, Chapter 10, Article 8. These settings are designed for members who are unable to live in their own home, but do not need nursing facility care.

- **Nursing Facility:** A licensed facility that provides skilled nursing care, residential care, and supervision to members who need 24-hour-a-day nursing services, but do not require hospital care.

- **Intermediate Care Facilities:** An institutional setting for members with Intellectual Disabilities (ICF/ID) that requires specialized services and active treatment. Services are provided at both private and state operated facilities.

Please ask your Support Coordinator for more information about these options.

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**End of life care**

End of life care (EOL) involves all health care and support services provided to you at any age or stage of an illness. It focuses on a person-centered approach to comfort and quality of life while protecting your rights and dignity. With end of life care, you and your family will receive information about your illness that helps you understand and make decisions about your care. These services include advance care planning, curative care, supportive care, palliative care, and hospice.

**Curative care:** Curative care provides medical treatment and/or therapies in order to improve or eliminate symptoms that you are experiencing and to cure overall medical problems. You can choose to receive curative care until you choose to receive hospice care.

**Supportive care:** Supportive care is psychological, social, spiritual and practical support to improve your comfort and quality of life. Supportive care may be arranged by your case manager. Supportive care may also be provided by friends, family or services available in the community.

**Palliative care:** Palliative care is a service that works closely with your doctor or medical provider to provide relief from the pain, symptoms and the stress of a serious illness.

**Hospice care:** Hospice care consists of health care and emotional support for a person with a terminal illness who is approaching the end of their life. Hospice services provide comfort and support, but do not focus on curing your illness. Hospice care may be provided in an individual’s own home or in a facility. Members under the age of 21 may receive curative care at the same time as hospice care.

Advance care planning is a voluntary face-to-face discussion between you, your family and your doctor or medical provider. You may want to discuss your illness, health care options, social needs, psychological needs and spiritual needs. Your doctor or medical provider can work with you and your family to develop a plan of care that includes your choices for care and treatment. Your choices can be shared with your family, friends or other providers according to your wishes. Your doctor or provider can also help you with advance directives.
Referrals

Your PCP may refer you to other providers to get special services. A referral is when your PCP sends you to a specialist for a specific problem. A referral can also be to a lab or hospital, etc. Mercy Care may need to review and approve certain referrals and special services before you can get the services. Your PCP will know when to get Mercy Care’s approval. If your referral needs Mercy Care approval, your PCP will let you know what’s happening. You may also request a second opinion from another Mercy Care network doctor.

Self-referral

You do not need a referral from your PCP for the following services:

- Dental services
- OB/GYN covered services
- Behavioral health and substance use services (see the “Behavioral Health” section for more information)
- Family planning services

Referrals and prior authorizations are not required to see a specialist in network for members who have special health care needs. Special health care needs are defined as serious and chronic physical, developmental, or behavioral conditions requiring medically necessary health and related services of a type or amount beyond that required by members generally; that lasts or is expected to last one year or longer and may require ongoing care not generally provided by a Primary Care Provider (PCP).

Referrals and prior authorizations are not required to see a specialist in network for members who need long term services and supports (LTSS). LTSS is defined as services and supports provided to members of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the member to live or work in the setting of their choice, which may include the individual’s home, a provider-owned or controlled residential setting, a nursing facility, or other institutional setting. To be eligible for LTSS you must be age 65 or older, have a disability or require nursing facility level of care, and must be financial eligible. For more information or to apply, you can visit https://www.azahcccs.gov/Members/GetCovered/Categories/nursinghome.html.

How to get services not covered due to moral or religious objections

Family planning services are administered by Aetna Medicaid Administrators, LLC. Talk to your PCP if you need help with family planning services. These services are covered at no cost to you and available to male and female members of reproductive age. You are not required to obtain a referral before choosing a family planning provider. Contraceptive supplies are provided to you at no cost to you.

You may seek family planning services without your PCP’s approval by doing the following:

1. Make an appointment with the provider. The provider can be any provider of medical services, such as a primary care physician, nurse practitioner, etc. The provider can be in the Mercy Care network, or they don’t have to be. You do not need a referral for family planning services.
2. When you make the appointment, tell the office you want to talk about getting family planning services and/or supplies.
3. Keep the appointment. Show the provider your Mercy Care member ID card.
4. At the appointment, talk about your options for family planning services or supplies.
5. You will not be billed for the visit and you do not have to pay a co-pay. If you are asked to pay a co-pay or are billed for the visit, please call Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711) right away.
6. Your provider will tell you how to get the supplies you need. Follow their instructions to get them and to use them.

www.MercyCareAZ.org

Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m.  29
Information for American Indian members

American Indian members have several options where to get health care services.

American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time. American Indian members can also get health care services from Mercy Care.

American Indian members have the choice of integrated care: AHCCCS American Indian Health Program (AIHP) or an AHCCCS Complete Care (“ACC”) health plan like Mercy Care. AIHP members will also be able to choose care coordination through a Tribal Regional Behavioral Health Authority (where available). American Indian members can also choose to change enrollment between AIHP or the AHCCCS Complete Care (ACC) Plan at any time. However, a member can only change from one ACC Plan to another one time per year. American Indians/Alaska Natives (AI/AN) can choose to receive services through a DDD Health Plan or the DDD Tribal Health Program (THP).

How to obtain a primary care provider (PCP)

When you sign up for Mercy Care, you are asked to select a primary care provider from Mercy Care’s Provider Directory. You should choose a doctor in the area close to your home. If you do not select a PCP, Mercy Care will select one for you and let you know your provider’s name. You can find the name of your PCP in your welcome letter.

Your primary care provider (PCP) is the “gatekeeper” for all services you receive. The PCP will evaluate you during your visit and determine if you need to see a specialist or have tests performed.

How to change your PCP

We hope that you will stay with your assigned PCP so that you can work with someone you know and who knows you well. If you want to change doctors, we encourage you to talk with your PCP first and let him/her know why you would like to change. You may be able to work together to solve your problem or they may be able to suggest another provider to you. We do understand that you may wish to change doctors for reasons such as:

- You and your doctor don’t seem to understand each other
- You are not comfortable talking with your doctor openly
- Your doctor’s office is too far from home

If you need or want to change your PCP, you can call Mercy Care Member Services. They will help you make the change. The change will take place the day of your request. You will also get a letter in the mail to let you know the name and address of your new doctor.

Call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

Making, changing and canceling PCP appointments

You should schedule a visit with your assigned PCP soon after enrollment to start a relationship. Your doctor can screen you for your health care needs. When you contact your doctor’s office to make your appointment, ask the following questions. These questions will help prepare you for future visits. If you write the answers here, they will be handy when you need them:

What are your office hours?

Do you see patients on the weekends or at night?
Will you talk to me about my problems over the phone? 

Is there anyone else that works with you that can help me if you are not available? 

Who should I contact if you are closed and I have an urgent situation? 

How long do I have to wait for an appointment? 

Make the most of your doctor’s visit

When visiting with your doctor, consider asking the following questions. It may help you better understand your health.

Start, stop and continue:

- Stop: What do I need to stop doing?
- Start: What do I need to start doing?
- Continue: What do I need to keep doing?

Ask your doctor these questions before you leave the office:

- What medications do I need to take (and/or stop taking)?
- When is my next appointment?
- What else do I need to know?
- What do I need to do to get better?
- What foods should I eat?
- What foods should I stop eating?
- Are there any community resources that can help me?
- Why is it important for me to follow these directions?
- What’s next? How do I get ready for my next appointment?

Quick tips about your PCP

- Your PCP will manage most of your health care services.
- Call your PCP if you have questions about referrals.
- Know your PCP’s office hours and what to expect for after hours service.
- If you have a problem with your PCP, talk to him/her about it or call Mercy Care Member Services for help.
- If you need to change your PCP, call Member Services.
- If you want to know more about a particular PCP or dentist, use the phone numbers and/or Mercy Care website.

If you cannot make it to your appointment, please call your PCP’s office before the appointment time to cancel.

If you are going to your PCP or dentist for the first time, please arrive at least 15 minutes early. They will need to get your information to start your health record. When you go to an appointment, show your member ID card to the office staff before you are seen. If you do not have your ID card, you will still be seen. You may need to show a current picture ID. Ask the office to call Mercy Care for more information.

Your PCP may have to spend extra time with another patient or may have an emergency that puts him/her behind schedule. When this happens, you may have to wait a little longer to be seen. If you usually have to wait more than 45 minutes for your scheduled appointment, please notify Mercy Care Member Services.
Quick tips about appointments

- If you are seeing your PCP for the first time, call your PCP’s office first to make sure they are accepting new patients and to verify their address.
- Call your PCP early in the day to make an appointment.
- Tell the staff person your symptoms.
- Take your member ID card with you.
- If you are a new patient, arrive at your appointment 15 minutes early.
- Let the office know when you arrive and show them your ID card.

Appointment availability timelines

**Primary Care Provider (PCP) appointments:**

- Urgent care – as quickly as the member’s health condition requires, but no later than 2 business days of request
- Routine care – within 21 calendar days of request

**Specialty provider appointments, including dental specialty:**

- Urgent care – as quickly as the member’s health condition requires, but no later than 2 business days from the request
- Routine care – within 45 calendar days of referral

**Dental provider appointments:**

- Urgent appointments – as quickly as the member’s health condition requires, but no later than 3 business days of request
- Routine care appointments – within 45 calendar days of request

**Maternity care provider appointments:**

Initial prenatal care appointments for enrolled pregnant members shall be provided as follows:

- First trimester – within 14 calendar days of request
- Second trimester within 7 calendar days of request
- Third trimester within 3 days business of request
- High risk pregnancies – as quickly as the member’s health condition requires, but no later than 3 business days of identification of high risk pregnancy, or immediately if an emergency exists

**Behavioral health provider appointments:**

- Immediate need appointments – behavioral health services will be provided within a timeframe indicated by behavioral health condition, but no later than 2 hours from identification of need or as quickly as possible when a response within 2 hours is geographically impractical.
- Urgent need appointments – as quickly as the member’s health condition requires, but no later than 24 hours from identification of need
- Routine care appointments:
  - Initial assessment – within 7 calendar days of referral or request for service
  - The first behavioral health service following the initial assessment as quickly as the member’s health condition requires but:
    - For members age 18 years or older, no later than 23 calendar days after the initial assessment,
    - For members under the age of 18 years old, no later than 21 days after the initial assessment, and
  - Ongoing behavioral health appointments – as quickly as the member’s health condition requires, but no later than 45 calendar days from identification of need
For Psychotropic Medications:
- Assess the urgency of the need immediately
- Provide an appointment, if clinically indicated, with a behavioral health medical professional within a time frame that ensures the member:
  - Does not run out of needed medications
  - Does not decline in his/her behavioral health condition prior to starting medication, but no later than 30 calendar days from the identification of need

Behavioral health appointments for persons in legal custody of the Department of Child Safety (DCS) and adopted children:
- Integrated Rapid Response – within the time frame indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home
- Initial assessment – within 7 calendar days after referral or request for behavioral health services
- Initial appointment – within time frames indicated by clinical need, but no later than 21 calendar days after the initial assessment
- Ongoing behavioral health services – within the time frames according to the needs of the person, but no longer than 21 calendar days from the identification of need

For Non-Emergency Medical Transportation (NEMT)
A member should arrive on time for an appointment, but no sooner than one hour before the appointment. A member should not have to wait more than one hour after the end of treatment for transportation home.

Well visits (well exams)
Well visits (well exams) are covered for members. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling, and medically necessary immunizations. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) visits for members under 21 years of age are considered the same as a well visit.

Tips to keep you healthy

**ALL MEMBERS**
- Always go to your PCP visits. If you cannot keep your appointment, call to cancel it and make another one.
- Follow the directions your PCP gives you.
- If you take prescription medication every day, remember to get refills before you run out. Or, find out about our mail order pharmacy program by calling Mercy Care Member Services.
- Never share medication with anyone else.
- Eat right, get enough sleep and exercise.
- Brush your teeth at least two times a day.
- Wear your seat belt. It’s the law in Arizona.

**PLUS, FOR CHILDREN ...**
- Make sure your child has his/her shots! Children and teens need shots for good health because shots protect against many diseases. Bring your child’s shot record with you to his/her PCP.
- Babies and children must ride in an age-appropriate car seat or booster seat until they are 8 years old and over 4 feet 9 inches tall. Every trip, every time. It’s the law in Arizona!
- Make sure your child sees the dentist regularly. Members ages 1 through 20 should see a dentist twice a year.
Women’s services

It is important for women to see their PCP or a Mercy Care obstetrician/gynecologist (OB/GYN) every year. Getting the right tests is an important part of a woman’s health care. These tests can find problems before you have any signs or symptoms. Pap tests and mammograms are important tests that can help save your life. If there is a problem, there is a better chance for a cure. A Pap test checks for cervical cancer and a mammogram checks for breast cancer.

Cervical cytology, including pap smears, should be done annually for sexually active women. After three (3) successive normal exams, the test may be less frequent. Mercy Care members can see their PCP or a Mercy Care OB/GYN for a Pap test. If you want to see an OB/GYN, you don’t need to see or ask your PCP first. You can find OB/GYN doctors in your Provider Directory or by using the searchable provider directory on the Mercy Care website at www.MercyCareAZ.org and select “Find a Provider.”

Routine mammography should be done annually after age 40 and at any age if considered medically necessary. You can call your doctor for a mammogram order. You can then schedule your mammogram with the radiology facility. You can find a list of radiology facilities in your area in your Provider Directory or by using the searchable provider directory on the Mercy Care website at www.MercyCareAZ.org.

Well-woman preventive care

An annual well-woman preventive care visit is intended for the identification of risk factors for disease, identification of existing physical/behavioral health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes. Female members, or members assigned female at birth have direct access to preventive and well care services from a gynecologist within the Mercy Care’s network without a referral from a primary care provider. There is no copayment or other charge for covered women’s preventive care services. Transportation is also provided for free by calling Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

Benefits of preventive health care

Getting regular check-ups and screenings is an important part of a woman’s health care. These screenings can find problems before you have any signs. Early diagnosis and treatment will generally result in a better outcome. Focusing on preventing disease and illness before they occur will help improve your health and quality of life.

Description of well-woman preventive care services

- A physical exam (well exam) that assesses overall health
- Clinical breast exam
- Pelvic exam (as necessary, and according to current recommendations and best standards of practice)
- Review and administration of immunizations, screenings and tests as appropriate for your age and risk factors
- Screening and counseling on maintaining a healthy lifestyle and minimizing health risks. This includes, at a minimum, screening for and counseling about:
  - Proper nutrition
  - Physical activity
  - Elevated Body Mass Index (BMI)
  - Tobacco use and/or dependency
  - Substance use, abuse and/or dependency
  - Depression screening
  - Interpersonal and domestic violence screening that includes counseling involving elicitation of information from women and adolescents about current/past violence and abuse, in a culturally
- sensitive and supportive manner to address current health concerns about safety and other
current or future health problems,
  - Sexually transmitted infections
  - Human Immunodeficiency Virus (HIV)
  - Family planning services and supplies
  - Preconception counseling that includes discussion regarding a healthy lifestyle before and
  between pregnancies that includes:
    - Reproductive history
    - Sexual practices
    - Healthy weight, diet and nutrition, as well as the use of nutritional supplements and
      folic acid intake
    - Physical activity or exercise
    - Oral health care
    - Chronic disease management
    - Emotional wellness
    - Tobacco and substance use (including prescription medications, caffeine, alcohol,
      marijuana and other drugs)
    - Recommended intervals between pregnancies and
    - Referrals when the need for further evaluation, diagnosis, and/or treatment is needed

The Human Papilloma Virus (HPV) vaccine is covered by AHCCCS and recommended for members 11 to 26 years
of age.

**Information on how to obtain well-woman preventive care services**

Call your PCP or gynecologist today and schedule an appointment for a well-woman preventive care visit. This
visit is provided at no cost to you.

**Assistance with scheduling of appointments**

You may seek well-woman care services without your PCP’s approval. If you need help making a well-woman
appointment with your doctor, please call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879
(TTY 711). Assistance with medically necessary transportation and scheduling appointments is available to
obtain well-woman preventive care services.

**EPSDT/Children’s services (same as well-child visits)**

Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of
prevention and treatment, correction, and improvement (amelioration) of physical and behavioral health
conditions for AHCCCS members under the age of 21.

The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist
Medicaid recipients in effectively utilizing these resources.

EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis,
medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS
members less than 21 years of age.

Amount, Duration and Scope: The Medicaid Act defines EPSDT services to include screening services, vision
services, replacement and repair of eyeglasses, dental services, hearing services and such other necessary health
care, diagnostic services, treatment and other measures described in federal law subsection 42 U.S.C. 1396d(a)
to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.

A well child visit is synonymous with an EPSDT visit and includes all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules.

This means that EPSDT covered services include services that correct or ameliorate physical and behavioral health conditions, and illnesses discovered by the screening process when those services fall within one of the optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 29 categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

EPSDT includes, but is not limited to, coverage of: inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical equipment, medical appliances and medical supplies, orthotics, prosthetic devices, eyeglasses, transportation, and family planning services. EPSDT also includes diagnostic, screening, preventive, and rehabilitative services. However, EPSDT services do not include services that are experimental, solely for cosmetic purposes, or that are not cost effective when compared to other interventions.

**Health guidelines for children**
All children, not just babies, should have well-child checkups and shots (immunizations). Well-child checkups help keep your child healthy and find problems before your child gets sick. Shots protect against many diseases. Make an appointment with your child’s PCP at the following ages to keep your child (and teen) healthy.

<table>
<thead>
<tr>
<th>Well-child checkups (EPSDT Visits)</th>
<th>Newborn</th>
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<tr>
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<td>3-5 days</td>
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<td>1 month</td>
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<td></td>
<td>2, 4, 6, 9, 12, 15, 18, 24, and 30 months</td>
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<td>Annually from ages 3-20 years of age</td>
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<tr>
<th>Shots (Immunizations)</th>
<th>Diphtheria, Tetanus, Pertussis (DTaP)</th>
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<tbody>
<tr>
<td></td>
<td>Haemophilus Influenzae type b (Hib)</td>
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<td></td>
<td>Hepatitis A</td>
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<td>Hepatitis B</td>
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<td></td>
<td>Human Papillomavirus (HPV)</td>
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<td>Influenza (Flu)</td>
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<td>Measles, Mumps, Rubella (MMR)</td>
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<td>Meningococcal (Meningitis)</td>
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<td>Pneumococcal (Pneumonia)</td>
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<td>Inactivated Polio (IPV)</td>
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<td>Rotavirus (RV)</td>
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<td></td>
<td>Tetanus, Diphtheria, Pertussis (Tdap)</td>
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<tr>
<td></td>
<td>Varicella (Chickenpox)</td>
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**The importance of well-child visits**
We care about children’s health. One of the best ways to keep your child healthy is to take your child each year for a well-child visit. Regular EPSDT visits (same as a well-child visit or check-up) can help keep children safe from
illness. During a well-child visit you have the chance to talk to your child’s doctor and ask questions. For your child’s health, it is best that s/he see their doctor each year for a well-child visit, even if your child is healthy.

Immunizations (shots)
We care about your child’s health. Take your child to see their doctor for regular well-child visits (check-ups) and shots, even if your child is healthy. The best way to protect your child from disease is to make sure that your child gets his/her shots. Children who get shots are protected from getting 16 possible harmful diseases. Shots can keep your child safe from getting serious illnesses. Some shots are also offered in combinations to reduce the number of shots needed. If you have questions, talk to the doctor about shots at your child’s next appointment.

Dangers of lead exposure and recommended/mandatory testing
Make sure your child is safe from lead poisoning. Talk to your child’s doctor about the risks of lead poisoning during your child’s next well-child visit. Lead poisoning is a problem in Arizona. Testing the blood for lead is required for all children ages 1 year old and 2 years old. Your child may be at risk for having lead poisoning if your child lives in a high-risk ZIP code. To learn if your zip code is high risk, visit [https://www.azdhs.gov/gis/childhood-lead](https://www.azdhs.gov/gis/childhood-lead).

If your child has lead poisoning in their blood, he/she may not appear sick. Lead in your child’s blood can cause lifelong illness or even death if not treated. Call your doctor’s office and schedule a blood test for your child. If you are going to register your child for Head Start, they will require proof that your child has had a blood lead test.

Childhood obesity and prevention measures
In children, a high amount of body fat can lead to obesity, weight-related diseases, and increased risk of serious health problems. During a well-child visit, your child’s doctor checks Body Mass Index (BMI) to see if your child is at a healthy weight for their age, sex, and height. If you are concerned about your child’s weight, you should talk to the doctor about your child’s BMI. The higher a child’s BMI, the greater the risk of future health problems. Making healthy choices now can help you and your family reduce these risks.

- Eat five (5) servings a day of fruits and vegetables.
- Spend less than two (2) hours a day in front of a screen (this includes TV, video games, computers, tablets, and other mobile devices).
- Be active at least one (1) hour a day.
- Do not drink sweetened beverages, including soda and juices.

The importance of oral health care
The right oral health care as a child can lead to a lifetime of happy smiles! Good dental habits start in early childhood. Your child’s first dentist appointment should be when the first baby teeth come in. This is usually by age 1. After that, take your child to the dentist every six months for regular visits. Dental visits may include x-rays, fluoride varnish, fillings, cleanings, and sealants. It’s never too soon to start good dental health habits. Follow these simple tips:

- Keep your dentist’s name and number handy.
- Schedule regular appointments a couple of months ahead of time.
- Make sure you have a ride to your appointment.
- Be on time for your appointment.
- Make sure to bring your member ID card with you to the dentist’s office.
- If you must cancel your appointment, call the dentist’s office as soon as you can.

Do you need help finding a dentist or help getting a ride? Call Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).
Dental decay prevention measures
The care and cleaning of your baby’s teeth are important for long-term dental health. Even though the first set of teeth (baby teeth) will fall out, tooth decay can make the teeth fall out before they are ready. That makes the adult teeth come in crooked and out of place. Daily dental care should begin even before your baby’s first tooth comes in. Wipe your baby’s gums daily with a clean, damp washcloth or gauze. You can also brush the gums gently with a soft, infant-sized toothbrush and water. As soon as the first teeth appear, brush the teeth and gums with water. By the time all your baby’s teeth are in, try to brush your child’s teeth at least twice a day. It’s also important to get kids used to flossing early on. A good time to start flossing is when two (2) teeth start to touch. Talk to your dentist for advice on flossing tiny teeth.

Maternity services
Female members, or members assigned female at birth have direct access to preventive and well care services from a gynecologist or other maternity care provider within the Contractor’s network without a referral from a primary care provider.

Pregnant women need special care. If you are pregnant, please call us to choose an OB/GYN or certified nurse midwife as soon as possible. We will also send you a pregnancy booklet with a lot of information.

You may go directly to a Mercy Care Primary Care Obstetrician (or OB/GYN) for care. You do not need to see or ask your PCP first. Your PCP will manage your routine non-OB/GYN care. The OB/GYN will manage your pregnancy care. If you prefer, you can choose to have an OB/GYN as your PCP during your pregnancy. If you are not sure you are pregnant, make an appointment with your PCP for a pregnancy test. If you need help scheduling an appointment, call Mercy Care Member Services. There is no copayment or other charge for covered pregnancy-related services.

It is important to have early and regular doctor visits, called prenatal care visits, during your pregnancy. It will benefit you and your baby. Be sure to keep all of your scheduled prenatal and postpartum visits. We can get you a ride to your doctor’s appointment. Transportation for non-urgent appointments must be set up at least three (3) days in advance. Call Mercy Care Member Services.

Pregnancy and HIV (Human Immunodeficiency Virus)/AIDS testing
If you are pregnant, you will have a complete checkup at your first doctor’s visit. The doctor or nurse will check for infections and sexually transmitted diseases. Voluntary, confidential HIV/AIDS testing services are available at no cost to you. If you test positive for any sexually transmitted disease or HIV, your doctor can help you obtain counseling services and any needed treatment. Treatment is covered. The sooner HIV is diagnosed and treated, the better medicines work. Early treatment can help prevent passing HIV to your baby. Providing medicines early can help children with HIV live longer, healthier lives.

Pregnancy appointment time frames
It is important to keep seeing your health care provider during your pregnancy, even if you feel fine. Regular prenatal care can help you have a healthy pregnancy and a healthy baby. It will allow your provider to identify any health conditions and prevent problems before they occur.

You should be able to get an appointment inside of the following time frames:

• First trimester-months 1-3, or weeks 1-12: you should be seen within 14 calendar days of calling the doctor.
• Second trimester-months 4-6, or weeks 13-27: you should be seen within seven (7) calendar days of calling the doctor.
• Third trimester-months 7-9, or weeks 28-40: you should be seen within three (3) business days of calling the doctor.
• High risk pregnancies are expeditiously as the member’s health requires and no later than (3) three business days of identification of high risk by the Contractor or maternity care provider, or immediately if an emergency exists.

After your first visit, a common pregnancy visit schedule is:
• Weeks 4-28: Visit at least every four (4) weeks
• Weeks 29-36: Visit at least every two (2) weeks
• Weeks 37-40: Visit at least every week

If you think you may have a problem with your pregnancy, your doctor should see you within three (3) business days of your call or right away if it is an emergency. Call your doctor immediately if you have any of these symptoms. Don’t wait for them to go away.
• Discharge, blood or water leaking from the vagina
• Low, dull backache
• Feel like you’re going to start your period (period-like cramping)
• Pelvic pressure (like the baby is pushing down)
• Stomach cramps (you may or may not have diarrhea with this)
• Regular contractions that last for over an hour

First visit
• At your first visit, you will have a complete checkup. This checkup includes talking about your health history and the doctor giving you a physical exam. The doctor or nurse will perform routine urine and blood tests. They will also check for infections and sexually transmitted infections.
• If you are taking any medicine, tell your doctor or nurse midwife at your first visit.

Stay healthy tips for pregnant women
• During your pregnancy, your OB/GYN or nurse midwife will tell you when you need to come back. If something comes up and you need to cancel, be sure to call your provider to let them know and make a new appointment as soon as possible. It is important to keep your appointments so that you and your baby stay healthy.
• You should take folic acid (found in prenatal vitamins) before and during pregnancy to help prevent birth defects of the brain and spinal cord. Take the prenatal vitamins prescribed or recommended by your health care provider, but do not take any additional vitamins on your own. Do not stop taking any medicines without talking to your doctor.
• Smoking, drinking alcohol and using street drugs can cause many problems during pregnancy for a woman and her baby, such as premature birth, birth defects, and infant death. Neonatal abstinence syndrome (NAS) happens when a woman uses certain drugs during her pregnancy. Her baby can go through drug withdrawal after birth. NAS can also occur when a woman takes opioids during pregnancy. Opioids help take away pain and are often prescribed by your doctor after an injury or surgery. Tell your OB provider if you are taking medication for pain even if it is prescribed by another doctor. Babies born with NAS are more likely to have a low birth weight, breathing and feeding problems and seizures. If you are pregnant and drink alcohol, smoke, use street drugs or take opioids, be sure to talk to your doctor or seek help from a local treatment center before quitting. If you do not feel comfortable talking to your doctor or nurse midwife about your problem, call Mercy Care Member Services for help.
• Childbirth classes can help with your pregnancy and delivery. These classes are available at no cost to members. Ask your doctor or nurse midwife about the classes or call to sign up for them at the hospital where your baby will be born.


**Labor**
If you are in labor and need a ride to the hospital, call **911**.

**Postpartum**
After you deliver your baby, it is important to see your OB/GYN for a postpartum visit. You should have a postpartum visit within 1-12 weeks after having your baby. Sometimes your provider may want to see you more than once during this time to make sure you are healing appropriately, to discuss emotions and feelings and to answer any of your questions.

At this visit, you can also discuss family planning options, services and supplies with your provider (including immediate postpartum long-acting reversible contraceptives). You can then decide what method best fits your needs until you are ready to get pregnant again. It is important to keep all of your appointments. If you need help scheduling your postpartum appointment, call Mercy Care Member Services.

These are warning signs that you should call your doctor right away. These can happen up to a year after having your baby:

- Headache that won’t go away or gets worse over time
- Dizziness or fainting
- Thoughts about hurting yourself or baby
- Changes in your vision
- Fever of 100.4F or higher
- Trouble breathing or fast-beating heart
- Chest pain
- Severe belly pain and/or nausea
- Heavy bleeding (more than one pad/hour)
- Severe swelling, redness or pain in your leg or arm

If you feel like something just isn’t right, or aren’t sure if it’s serious, call your doctor. Be sure to tell them you were pregnant in the last year. If you are having a medical emergency, call **911**.

**Postpartum Depression (PPD)**
If you have feelings of sadness that last a long time, are severe and cause you to have problems doing normal daily activities, call your doctor right away. Your doctor will figure out if your symptoms are caused by postpartum depression (PPD) or something else. PPD is more than the “blues.” It’s not because of something you did or didn’t do. It’s an illness and needs treatment to get better. If you need to talk to someone because you have troubling thoughts, contact your doctor or nurse right away. **Do not wait to get help.** You can also get behavioral health services. You don’t need a referral from your doctor. If you need help getting behavioral health services, please contact Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). For all emergencies please dial **911**.

**Low birth weight/very low birth weight**
Regular prenatal visits are very important for your health and your baby’s health. Babies whose mothers visit the doctors during pregnancy are much more likely to be born healthy, at a healthy weight, and to be born full-term. Going to your OB/GYN appointments is one of the best things you can do to give your baby a healthy start in life. Regular prenatal visits can help prevent pre-term births and low birth weight babies.

**Risks associated with elective labor inductions/C-sections**
At least 39 weeks of pregnancy gives a baby the time he/she needs to grow before being born. Major organs, like the brain, lungs and liver, are still growing. Eyes and ears are developing. She/he is learning to suck and
It is important to carry your baby to term to make sure your baby develops fully. Scheduling a C-section or inducing labor prior to 39 weeks without a medical need can be dangerous for you and your baby. For baby, some risks with induction are breathing problems, trouble eating, learning and behavior problems, and jaundice. For you, some risks with C-section are infection and a tear in the uterus causing severe bleeding. Sometimes an induction or C-section is medically needed for you and your baby’s health. Your doctor will talk to you if there is a medical need for you to deliver early.

Healthy Pregnancy Tips

**Nutrition and healthy eating:** Your doctor will tell you how much weight to gain during your pregnancy. Most women gain about 25 to 35 pounds. Gaining too much or too little weight can be bad for you or your baby. The key to achieving and staying at a healthy weight is not about short-term changes. It is about a lifestyle that includes healthy eating and regular physical activity. If you are underweight or overweight, talk with your doctor about ways to reach and stay at a healthy weight before you get pregnant. Drink at least 10 cups of liquids every day. Eight (8) of these cups of liquid should be water. Eat healthy snacks and meals. Instead of eating three (3) big meals a day, try eating five (5) or six (6) small meals and snacks. Stay away from foods with no or low nutritional value. Stay away from foods that could make you or your baby sick, such as raw fish and shellfish, raw or undercooked eggs, soft cheeses, cheeses not made in the United States, unpasteurized milk and unpasteurized juices.

**Physical activity:** You do not have to stop all physical activity because you are pregnant, but you may have to change the type of physical activity that you do. Talk to your doctor about the level of physical activity that is safe for you.

**Getting plenty of sleep:** You may feel very tired and need more sleep than you are used to, especially in the first three (3) months of your pregnancy.

**Sexually transmitted infections:** We encourage every pregnant woman to be tested for sexually transmitted infections (STIs) and HIV (the virus that causes AIDS). Check with your doctor about how to get these tests. These tests are at no cost to you. If you test positive for any STI or HIV, your doctor can help you get counseling services and any needed treatment. Treatment is covered.

**Prescribed medicines:** Prescribed medicines that you take every day are important for your physical and emotional health. When you are pregnant, your body will need extra help, such as certain vitamins and folic acid (a B vitamin). Take the prenatal vitamins prescribed or recommended by your health care provider, but do not take any additional vitamins on your own. Do not stop taking any medicines without talking to your doctor.

**Risky behaviors:** Quitting smoking, drinking and using drugs can be hard, but these are the best things that you can do to protect your baby. Smoking, drinking alcohol and using drugs can cause many problems during pregnancy for a woman and her baby, such as premature birth, birth defects and infant death. If you are pregnant and cannot stop drinking, smoking, or using drugs — get help. Be sure to talk to your doctor or seek help from a local treatment center. If you do not feel comfortable talking to your doctor or nurse midwife about your problem, call Mercy Care Member Services for help.

**Dangers of lead exposure to mother and baby**

Lead is a toxic metal that can be used to make a variety of products and materials. Lead exposure during pregnancy can cause miscarriage, pre-term birth, low birth weight and developmental delays. Lead poisoning is a condition caused by swallowing or breathing in lead. Lead poisoning can affect children, adults, and pregnant
women who can pass it on to their unborn babies. Young children are at greatest risk since their bodies take in lead easily. Children and adults who have lead poisoning might look and feel healthy and show no signs of illness, but they still need to be treated. Many cases of lead poisoning go undiagnosed and untreated. The only way to detect lead poisoning is by asking your doctor to perform a simple blood test.

**Sudden Infant Death Syndrome (SIDS)**  
**Always place your baby on his/her back to sleep.** SIDS is the sudden and unexplained death of an infant. Babies put on their backs to sleep have less chance of dying from SIDS. Put your baby to sleep on a firm surface. Do not use fluffy blankets, pillows, stuffed animals, waterbeds, sheepskins or other soft bedding in your baby’s crib.

**Women, Infants and Children (WIC)** is a community resource for women who are pregnant, breastfeeding or postpartum, and to infants and children under 5 years of age. It is a program that provides food, breastfeeding education and information about healthy eating. Peer counseling is a core service available to all women in WIC. Women who take part in the WIC program have children with improved birth weight and fewer pre-term deliveries. Women who take part in the WIC program during pregnancy may have fewer deliveries of infants who are small for their gestational age. For more information, refer to the “Community Resources” section at the back of this handbook or call Mercy Care Member Services.

**Human Immunodeficiency Virus (HIV) Testing**

HIV is the virus that causes AIDS. Private, voluntary HIV testing services are available to all members. There is no cost for testing and treatment. The sooner HIV is diagnosed and treated, the better medicines work. You can speak to your PCP or OB-GYN to get tested. Your doctor can also help you get treatment. Counseling is available for members who test positive.

**Family planning services**

Family planning services and supplies are administered by Aetna Medicaid Administrators, LLC. Talk to your PCP or OB if you need help with family planning services or supplies. These services and supplies are covered at no cost to you and are available to male and female members of reproductive ages. You do not have to get a referral before choosing a family planning provider. The provider can be in the Mercy Care network, or they don’t have to be. Keeping your family planning appointments will help your provider identify any health conditions and prevent problems before they occur.

Talk to your PCP or OB if you need help with family planning. Covered services and supplies include:

- Natural family planning and contraceptive counseling
- Birth control pills
- Emergency oral contraceptives within 72 hours after unprotected sexual intercourse (mifepristone, also known as Mifeprex or RU-486, is not post-coital emergency oral contraception), and
- Injectable contraceptives
- Intrauterine devices (IUDs)
- LARC (long-acting reversible contraceptives)
- IPLARC ( immediate postpartum long acting reversible contraception )
- Vaginal rings
- Subdermal implantable contraceptive (implanted under the skin)
- Foams and suppositories
- Condoms
- Diaphragms
- Male and female sterilization (members must be 21 or older to have tubal ligations and vasectomies)
- Hysteroscopic tubal sterilization/vasectomy (this is not effective immediately therefore during the first three months you must continue to use another form of birth control to prevent pregnancy). At the end of three months, it is expected that a hysterosalpingogram/sperm count will be performed to confirm that the member is sterile.
- Testing for sexually transmitted infections (STIs)
- STI treatment
- Pregnancy testing
- Medical and lab exams, including x-rays and ultrasounds related to family planning
- Treatment of complications resulting from contraceptive use, including emergency treatment

The following are **NOT** covered family planning services:
- Infertility services, including diagnostic testing, treatment or reversal of surgical infertility
- Pregnancy termination counseling
- Pregnancy terminations
- Hysterectomies for the purpose of sterilization

You may seek family planning services and supplies without your PCP’s approval by doing the following:
1. Make an appointment with the provider. The provider can be any provider of medical services, such as a primary care physician, nurse practitioner, etc. The provider can be in the Mercy Care network, or they don’t have to be. You do not need a referral for family planning services.
2. When you make the appointment, tell the office you want to talk about getting family planning services and/or supplies.
3. If you need transportation you must call Member services 3 days prior to your appointment.
4. Keep the appointment. Show the provider your Mercy Care member ID card.
5. At the appointment, talk about your options for family planning services or supplies.
6. You will not be billed for the visit and you do not have to pay a co-pay. If you are asked to pay a co-pay or billed for the visit, please call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) right away.
7. Your provider will tell you how to get the supplies you need. Follow their instructions to get them and to use them.

**Medically necessary pregnancy terminations**

Pregnancy terminations are an AHCCCS covered service only in special situations. AHCCCS covers pregnancy termination if one of the following criteria is present:
1. The pregnant member suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would, as certified by a physician, place the member in danger of death, unless the pregnancy is terminated.
2. The pregnancy is a result of incest.
3. The pregnancy is a result of rape.
4. The pregnancy termination is medically necessary according to the medical judgment of a licensed physician, who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or behavioral health problem for the pregnant member by:
   a. Creating a serious physical or behavioral health problem for the pregnant member,
   b. Seriously impairing a bodily function of the pregnant member,
   c. Causing dysfunction of a bodily organ or part of the pregnant member,
   d. Exacerbating a health problem of the pregnant member, or
   e. Preventing the pregnant member from obtaining treatment for a health problem.
Dental services

Dental services for members under 21 years of age
Two (2) routine preventive dental visits and two (2) cleanings/fluoride treatments are covered per year. Visits to the dentist must take place within six months and one day after the previous visit. Your child should have their first dental visit by one year of age or when the first tooth erupts. Members under 21 years of age do not need a referral for dental care and there is no copayment or other charge for routine preventive dental care.

Dental homes for members under 21 years of age
Mercy Care assigns all members under 21 years of age to a dental home. A dental home is where you and a dentist work together to best meet dental health needs. Having a dental home builds trust between you and the dentist. It is a place where you/your child can get regular, ongoing care, not just a place to go when you/your child have a dental problem. A “dental home” may be an office or facility where all dental services are provided in one place. You can choose or change your assigned dental provider. Member Services can help you with the following:
- Find the name, address and telephone number of your dental home or your child’s dental home
- Change your dental home provider or help you find a different dental home provider
- Help you make dental appointments for you or your child
- Arrange transportation to or from the appointment

$1,000 emergency dental benefit for members 21 years of age or older
Routine dental services are not covered for members 21 years of age or older. Covered dental services include examining the mouth, x-rays, care of fractures of the jaw or mouth, giving anesthesia and pain medication and/or antibiotics. The diagnosis and treatment of TMJ (Temporomandibular Joint Dysfunction) is not covered except to reduce trauma. There are exceptions to these limitations of service; certain pre-transplant services, prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head, and cleanings for members who are in an inpatient hospital setting and are placed on a ventilator are also covered.

If you need help, please call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

Dental services for DD/ALTCS members 21 years of age or older
DD/ALTCS members 21 years of age or older may receive medically necessary dental benefits, including dentures, up to $1,000 per contract year (October 1- September 30).

For DD members over 21 years of age who live in Intermediate Care Facilities (ICFs) there is no annual dollar maximum for covered dental services.

Dental providers
Mercy Care partners with DentaQuest to provide dental benefits to our members. All dental services need to be provided by a provider contracted with DentaQuest. Sometimes, you may need approval to get some services. This is called prior authorization. If you need approval for a service, the contracted DentaQuest provider will submit the request to DentaQuest. To find a dental provider, you can visit www.MercyCareAZ.org and select “Find a provider” at the top of the screen. Then scroll down to “Find a Mercy Care dentist” and click on “Dental provider search tool.”

Making and changing appointments
When making an appointment, make it with an in-network provider. If you need help, please call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY/TDD 711). If you need to change or cancel your dental appointment or your child’s dental appointment, please call your dental provider 24-48 hours in advance.
Disease management services

Mercy Care has special programs available to members with the following conditions:
  • Asthma
  • Chronic Obstructive Pulmonary Disease (COPD)
  • Coronary Artery Disease (CAD)
  • Diabetes
  • Depression
  • Heart Failure (HF)

The disease management program is an optional part of your regular benefits and provided at no cost to you. If you enroll in one of these programs, you may receive mailed information about your condition, or one of our Care Managers may work with you and your doctor to give you more information on what your condition means to your everyday life. You will also receive the names and contact numbers for resources in your community that can help you manage your illness. The Care Manager can work with you to put together a care plan to help you meet your goal of feeling better. They can even help you with quitting tobacco.

If you would like more information about these programs, call Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711) between 7 a.m. and 6 p.m., Monday through Friday. To leave a message for the Care Management team, call 602-453-8391 and someone will return your call the next business day.

Care management services for special health needs

Mercy Care has many health programs to help members with special health needs. For example, we have condition management programs for members with Autism, HIV/AIDS, asthma, diabetes, congestive heart failure, chronic obstructive pulmonary disease, neonatal abstinence syndrome (NAS) and transplants. Care managers may reach out to offer help with care coordination to members with behavioral health conditions, developmental issues, a high-risk pregnancy, or other serious illnesses.

Mercy Care staff can help manage your health care by working with you and community and state agencies, schools and your doctor.

Pharmacy services

Prescriptions

If you need medicine, your doctor will choose one from Mercy Care’s list of covered medications (called a formulary) and write you a prescription. Mercy Care’s list of covered medicines is reviewed and updated regularly by doctors and pharmacists to make sure you receive safe, effective medicines. If you want a copy of the list, call Mercy Care Member Services or go to our website at www.MercyCareAZ.org for the most up to date list. Some over-the-counter (OTC) medicines are covered when your doctor writes you a prescription. Ask your doctor to make sure the medicine is on the Mercy Care list of covered medications.

If your medicine is not on the list of covered medications and you cannot take any other medicines except the one prescribed, your doctor may ask Mercy Care to make an exception. If you are at a pharmacy and the pharmacy tells you that Mercy Care will not pay for your medication, call Member Services right away. Do not pay out of your own pocket for this medicine. Mercy Care may not be able to pay you back. Some medications have limits or require the doctor to get approval from Mercy Care.

You may have to pay a part of the cost of the prescription (copayment) based on your AHCCCS eligibility. Copayments are described in the section, “Copayments.”
If you have other insurance (not Medicare), Mercy Care will pay the copayments only if the medication is also on the Mercy Care medication list. The pharmacy should process the prescriptions through Mercy Care. Do not pay any copayments yourself. Mercy Care may not be able to pay you back. Please see the section on “Dual-eligible members: payment for medications” for more information.

**Pharmacies**
All prescriptions must be filled at a pharmacy in Mercy Care’s network. If you need pharmacy services after hours, on weekends or holidays, many pharmacies are open 24 hours, 7 days a week. You can find a list of pharmacies in the Mercy Care Provider Directory. Visit our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org) and select “For Members” under Mercy Care Complete Care or Developmental Disabilities. You’ll locate “Find a Pharmacy” in the upper right corner of the screen.

If you have any questions or trouble filling a prescription while you are at the pharmacy, please contact Mercy Care. Mercy Care Member Services can help you with your prescriptions Monday through Friday from 7 a.m. to 6 p.m. If you have questions or problems outside the Mercy Care business hours, please call the Mercy Care 24-hour Nurse Line at 602-263-3000 or 1-800-624-3879 (TTY 711) and select the option for the Nurse Line.

**What you need to know about your prescription**
Your doctor or dentist may give you a prescription for medication. Be sure to let your doctor know about any medications you get from another doctor or nonprescription or herbal medications that you buy. Before you leave the office, ask these questions:

- Why am I taking this medication? What is it supposed to do for me?
- How should the medicine be taken? When? For how many days?
- What are the side effects of the medication, and what should you do if a side effect happens?
- What will happen if I do not take this medication?

Carefully read the medication information from the pharmacy when you fill your prescription. It has information on things you should and should not do and possible side effects of the medication. If you have questions, please ask your pharmacist.

**e-Prescribing**
Many doctors can now electronically send prescriptions directly to pharmacies. This can help save you time and an extra trip. Ask your doctor if e-Prescribing is an option for you.

**Refills**
If you live in a nursing home, group home, or assisted living facility, the staff will take care of managing your medications for you and getting your refills.

The label on your medication bottle tells you the number of refills your doctor has ordered for you. If your doctor has ordered refills, you may only get refills one at a time for each prescription.

If your doctor has not ordered refills for you, be sure to call their office at least five (5) days before your medicine runs out and request a refill. Your doctor may want to see you before giving you a refill.

**Diabetes testing supplies**
If you have diabetes, Mercy Care covers certain blood glucose meters and test strips. Please see Mercy Care’s medication list for meters and test strips that are covered. If you need a meter and test strips, ask your doctor to write a prescription for you. You can pick up your meter and test strips at a pharmacy listed in your Mercy Care Provider Directory.
Mail order prescriptions
If you take medicine for an ongoing health condition, you can have your medicines mailed to your home. Mercy Care works with a company to give you this service. You can get mail order prescription service at no cost to you. If you choose this option, your medicine comes right to your door. You can schedule your refills and reach pharmacists if you have questions. Here are some other features of home delivery:

- Pharmacists check each order for safety.
- You can order refills by mail, by phone, online, or you can sign up for automatic refills.
- You can talk with pharmacists by phone at any time – 24 hours a day, 7 days a week.

To request a mail order refill order form, call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

You can also register online with CVS Caremark at www.caremark.com/wps/portal/REGISTER_ONLINE. Once registered, you will be able to order refills, renew your prescription and check the status of your order.

Specialty pharmacy services
Mercy Care specialty drugs are filled by CVS Specialty Pharmacy. A specialty pharmacy fills drugs and has other services to help you. The Specialty Drug Program has special services:

- You can talk to a pharmacist 24 hours a day, 7 days a week
- Counseling about your drug and disease
- Coordination of care with your doctor
- Delivery of specialty drugs to your home or doctor’s office at no cost to you
- You can drop off your prescription and pick up your drug at any CVS Pharmacy (including those inside Target stores)

You can call CVS Specialty Pharmacy toll-free at 1-800-237-2767; TTY: 1-800-863-5488. CVS Specialty Pharmacy will help you with filling your specialty drug.

Exclusive prescriber program
Mercy Care has an exclusive prescriber program. This program is to better support members who are taking habit-forming drugs. In large amounts, habit forming drugs can be dangerous. If you have more than one doctor prescribing habit forming drugs, it can hurt you if the doctors don’t talk with each other. You may be enrolled in the exclusive prescriber program if the following have been true for you:

- You have been seeking early refills of habit-forming drugs
- You have had four (4) or more doctors; and have been prescribed four (4) or more different drugs that can be habit forming; and have filled drug prescriptions at four (4) or more drug stores in a three (3) month time period
- You have received twelve (12) or more prescriptions of habit-forming drugs in the past three (3) months
- You have presented a forged or altered prescription to your drug store
- You have been identified by prescription claims from Indian Health Services (IHS) when available
- You have been identified by claims to regularly overuse or misuse habit forming drugs
- Your pain is not a short-term problem
- You have had more than three (3) emergency room (ER) visits in six (6) months for pain, migraines, or lumbago
- You have been to the hospital for an overdose within the past six (6) months
- You have violated a pain contract or care management agreement related to pain issues
- You have asked for more than three (3) PCP changes in the past year
- Reports by the drug store, family, or someone else that you pay cash to get extra medications
Mercy Care will let you know in writing 30 days before you are enrolled in the exclusive prescriber program. When you are enrolled in the exclusive prescriber program Mercy Care will assign you to just one (1) doctor and one (1) pharmacy. This doctor will be responsible for the prescribing and oversight of habit-forming drugs. This pharmacy will be the only pharmacy you will be able to fill these drugs at. Mercy Care will only pay for habit forming drug prescriptions written by this one (1) doctor and filled at this one (1) pharmacy. This applies to drugs written at discharge from the emergency room or hospital.

We will also work with you and the doctors who order your drugs to make sure you are only taking the drugs you need. This will be in effect for up to a 12-month period. We will review your records after 12 months and let you know if the program will be continued. If you do not agree with this decision, you may submit a written request for a State Fair Hearing. If you are currently receiving treatment for cancer, are in hospice care, reside in a skilled nursing facility for custodial care, or if you have Medicare, you shall not be subject to the exclusive prescriber program requirements.

**SMI referral process for obtaining a SMI designation**

Serious mental illness (SMI) is a description used in Arizona for people who need additional support because their mental health impacts their ability to function. Additional services available to those who have a SMI designation can include housing services, assistance from human rights advocates, case management, Assertive Community Treatment (ACT), and more. The SMI diagnoses considered are:

- Psychotic disorders
- Bipolar disorders
- Obsessive-compulsive disorders
- Depressive disorder
- Mood disorders
- Anxiety disorder
- Post-Traumatic Stress Disorder
- Personality disorders
- Dissociative Disorder

To be eligible for SMI services, a person must have both an SMI qualifying condition and functional impairment caused by the qualifying condition. Providers are required to screen individuals for potential SMI. Adults receiving general mental health or substance use services must be regularly screened for SMI. Transition aged youth (TAY) must be screened as part of their transition into adulthood. Members that do not have a PCP can call Mercy Care Member Services to set up an SMI determination screening. A member’s guardian legal representative can also make the request. If a hospital requests an evaluation, it is considered an Urgent Referral and the contracted provider will go out within 24 hours to do the evaluation.

Members must be at least 17 and half years of age to have a SMI evaluation. SMI evaluations must be completed within 7 business days of the SMI determination referral request. Providers then send their SMI evaluation packets to the determining entity to make the final SMI determination. Members will be sent a written notice of the SMI determination decision within three business days of the initial assessment. The written notice will include information about the member’s right to appeal the decision.

**Behavioral health services**

Behavioral health services can help you with personal problems that may affect you and/or your family. Some problems may be, but are not limited to depression, anxiety, bipolar, drug use and/or alcohol use.

Your PCP may be able to help you if you have depression, anxiety, attention deficit hyperactivity disorder
(ADHD), or opioid use concerns. PCPs may give you medicine, watch how the medicine is working and order different tests in order to determine the best course of action to address your condition. If you would like your PCP to help if you feel you have depression, anxiety, ADHD, or opioid use concerns, please call your PCP directly.

You do not need a referral from your PCP for behavioral health services. If you would like behavioral health services, call the behavioral health provider directly to set up an appointment. You can also call Member Services for help with finding a behavioral health provider.

Behavioral health services you may be eligible for include:
- Behavior management (personal care, family support/home care training, peer support)
- Behavioral health case management services
- Counseling services (individual, family, group, couples, trauma)
- Eating disorder Treatment
- Emergency behavioral health care (crisis services)
- Emergency and nonemergency transportation to behavioral health appointments
- Evaluation and assessment
- Inpatient psychiatric hospital services
- Intensive outpatient treatment
- Nonhospital step-down psychiatric facilities services (subacute facilities)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Sign language or oral interpretation services
- Partial care (supervised day program, therapeutic day program and medical day program)
- Psychosocial rehabilitation (living skills training, health promotion, supported employment services)
- Psychotropic medication
- Psychotropic medication adjustment and monitoring
- Respite care (with limitations) **For DD members, this may be in combination with respite hours through the Division of Developmental Disabilities
- Substance use treatment
- Medication Assisted Treatment (MAT) for alcohol and opioid use (combination of medications, counseling, and behavioral therapies)
- Residential substance use treatment
- Rural substance abuse transitional agency services
- Therapeutic Foster Care (formally known as home care training to home care client)

**Members enrolled with DDD ALTCS, your behavioral health services including members with a SMI designation are provided to you through Mercy Care.**

**Behavioral health emergencies**
If you think you might hurt yourself or someone else, call 911. The crisis line is available for a behavioral health crisis. For example, call the crisis line if you or someone else is talking about or thinking about suicide, or if you or someone else is in a violent or threatening situation.

**State and national crisis lines:**
- Arizona Behavioral Health Crisis Line: 1-844-534-4673 or 1-844-534-HOPE
  TTY: 602-274-3360 or 800-327-9254
- Central Arizona Crisis Line (serves Maricopa County): 602-222-9444 or 1-800-631-1314 (toll-free);
  TTY: 602-274-3360 or 800-327-9254
- Text HOPE to 4HOPE (44673)
- Northern Arizona Crisis Line (serves Apache, Coconino, Gila, Mohave, Navajo and Yavapai counties): 1-877-756-4090

[www.MercyCareAZ.org](http://www.MercyCareAZ.org)
Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m.
• Southern Arizona Crisis Line (serves Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, and Yuma counties and the San Carlos Apache Tribe): **1-866-495-6735**
• Gila River and Ak-Chin Indian communities: **1-800-259-3449**
• Salt River Pima Maricopa Indian community: **1-855-331-6432**
• Tohono O’odham Nation: **1-844-423-8759**
• Pascua Yaqui Tribe: Tucson **520-591-7206**, Guadalupe **480-736-4943**
• White Mountain Apache Tribe: **928-338-4811**
• Fort McDowell Yavapai Nation: **480-461-8888**
• San Lucy District of the Tohono O’odham Nation: **480-461-8888**
• Navajo Nation: **928-551-0508**
• Veterans Crisis Line: **1-800-273-8255**, press 1
• National crisis text line: **Text HOME to 741741**, about any type of crisis; [http://www.crisistextline.org](http://www.crisistextline.org)
• National suicide prevention hotline: **Dial 988** or **1-800-273-8255**

**Warm Lines**: Warm Line specialists offer peer support for callers who just need someone to talk to and/or need help finding community support services. The Warm Line is a no-cost and confidential telephone service staffed by peers who have, themselves, dealt with behavioral health issues. Warm Line staff can relate to behavioral health situations because many have been through the same experiences themselves.

- Northern Arizona is open 7 days/week from 4:30-10:30 p.m.: **1-888-404-5530**
- Central Arizona/Maricopa County is open 24 hours a day, 7 days a week: **602-347-1100**
- Southern Arizona is open 7 days/week from 8am-10pm (Holiday hours are 8am-6pm.)
  - Pima County: **520-770-9909**
  - Cochise, Graham, Greenlee, La Paz, Pinal, Santa Cruz and Yuma counties: **844-733-9912**

**Quick tips about behavioral health services**

- You **do not** need a referral for behavioral health services.
- If you have any questions about behavioral health services, call Mercy Care Member Services

**Pyx Health**: No one should go through life’s challenges alone. That’s why we’re giving you access to the Pyx Health app. You can speak to helpful humans over the phone about Mercy Care and resources that are already available to you. You can also chat with the compassionate robot friend, Pyxir, in the app for 24/7 when you need a friend for support. Get the app at [www.hipyx.com](http://www.hipyx.com).

**Behavioral health advocacy resources**

Arizona has a number of advocacy groups and resources available to assist you with a variety of behavioral health needs. These include:

- Arizona Coalition to End Sexual & Domestic Violence: **602-279-2900** or **1-800-782-6400**
- Arizona Center for Disability Law, Phoenix location: **602-274-6287** or **1-800-927-2260**
- Arizona Center for Disability Law, Tucson location: **520-327-9547** or **1-800-922-1447**
- Childhelp National Child Abuse Hotline: **1-800-422-4453**
- Mental Health America of Arizona: **602-214-9507**
- National Alliance on Mental Illness (NAMI): **602-244-8166**
- National Alliance on Mental Illness of Southern Arizona: **520-622-5582**
- National Alliance on Mental Illness of Payson (Gila County): **928-301-9140**
- National Alliance on Mental Illness of Pinal County: **520-414-7173**
- National Domestic Violence Hotline: **1-800-799-7233**
Arizona’s Vision for the Delivery of Behavioral Health Services
All behavioral health services are delivered according to the following system principles. AHCCCS supports a behavioral health delivery system that includes:
1. Easy access to care,
2. Behavioral health recipient and family member involvement,
3. Collaboration with the Greater Community,
4. Effective Innovation,
5. Expectation for Improvement, and
6. Cultural Competency.

THE 12 PRINCIPLES FOR THE DELIVERY OF SERVICES TO CHILDREN:
1. Collaboration with the child and family:
   a. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and
   b. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

2. Functional outcomes:
   a. Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults, and
   b. Implementation of the behavioral health services plan stabilizes the child’s condition and minimizes safety risks.

3. Collaboration with others:
   a. When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented,
   b. Client-centered teams plan and deliver services,
   c. Each child’s team includes the child and parents and any foster parents, any individual important in the child’s life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child’s teacher, the
child’s Division of Child Safety (DCS) and/or Division of Developmental Disabilities (DDD) caseworker, and the child’s probation officer, and
d. The team:
i. Develops a common assessment of the child’s and family’s strengths and needs,
ii. Develops an individualized service plan,
iii. Monitors implementation of the plan, and
iv. Makes adjustments in the plan if it is not succeeding.

4. Accessible services:
a. Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need,
b. Case management is provided as needed,
c. Behavioral health service plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided, and
d. Behavioral health services are adapted or created when they are needed but not available.

5. Best practices:
a. Behavioral health services are provided by competent individuals who are trained and supervised,
b. Behavioral health services are delivered in accordance with guidelines that incorporate evidence-based “best practices”,
c. Behavioral health service plans identify and appropriately address behavioral symptoms that are related to: learning disorders, substance use problems, specialized behavioral health needs of children who are developmentally disabled, history of trauma (e.g. abuse or neglect) or traumatic events (e.g. death of a family member or natural disaster), maladaptive sexual behavior, abusive conduct and risky behaviors. Service plans shall also address the need for stability and promotion of permanency in class members’ lives, especially class members in foster care, and
d. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. Most appropriate setting:
a. Children are provided behavioral health services in their home and community to the extent possible, and
b. Behavioral health services are provided in the most integrated setting appropriate to the child’s needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child’s needs.

7. Timeliness:
a. Children identified as needing behavioral health services are assessed and served promptly.

8. Services tailored to the child and family:
a. The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided, and
b. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

9. Stability:
a. Behavioral health service plans strive to minimize multiple placements,
b. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk,
c. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops,
d. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system, and
e. Behavioral health service plans anticipate and appropriately plan for transitions in children’s lives, including transitions to new schools and new placements, and transitions to adult services.

10. Respect for the child and family’s unique cultural heritage:
   a. Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family, and
   b. Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence:
   a. Behavioral health services include support and training for parents in meeting their child’s behavioral health needs, and support and training for children in self-management, and
   b. Behavioral health service plans identify parents’ and children’s need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. Connection to natural supports:
   a. The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents’ own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems

1. Respect - Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.

2. Persons in recovery choose services and are included in program decisions and program development efforts - A person in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.

3. Focus on individual as a whole person, while including and/or developing natural supports - A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual’s social community.

4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure - A person in recovery finds independence through exploration, experimentation, evaluation, contemplation, and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.
5. Integration, collaboration, and participation with the community of one’s choice- A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

6. Partnership between individuals, staff and family members/natural supports for shared decision making with a foundation of trust- A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants and lead to the creation of optimum protocols and outcomes.

7. Persons in recovery define their own success- A person in recovery – by their own declaration – discovers success, in part, by quality of life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. Strengths-based, flexible, responsive services reflective of an individual’s cultural preferences- A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

9. Hope is the foundation for the journey towards recovery- A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.

Multi-specialty interdisciplinary clinics

Mercy Care has contracted with multi specialty interdisciplinary clinics to provide the health care requirements of children with special needs who are enrolled in the Children’s Rehabilitative Services (CRS) program by offering primary and specialty care in a single location. The range of available specialties include: Family Practice, Physical and Occupational Therapy, Speech, Audiology, Plastic Surgery, Orthopedics and Neurology.

<table>
<thead>
<tr>
<th>Clinic name</th>
<th>Areas of specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>District Medical Group (DMG) Clinic</strong></td>
<td>Audiology, Cardiology, Endocrinology, ENT, Gastroenterology, Genetics, Lab &amp; X-ray, Nephrology, Neurology, Neurosurgery, Nutrition, OT, PT, ST, Ophthalmology, Orthopedics, Pediatrician (PCP), Pediatric Surgery, Plastic Surgery, Psychology, Psychiatry, Rheumatology, Scoliosis, and Urology</td>
</tr>
<tr>
<td>3141 N. 3rd Ave. Phoenix, AZ 85013 602-914-1520 1-855-598-1871</td>
<td></td>
</tr>
<tr>
<td><strong>Children’s Clinics for Rehabilitative Services</strong></td>
<td>Anesthesia, Behavior Analysis/ Psychology, Cardiology, Dental and Orthodontia, Development Pediatrics, Endocrinology, ENT Gastroenterology, Genetics, Hematology, Nephrology, Neurology, Neurosurgery, Orthopedics, Ophthalmology, Optometry, Pediatrician (PCP), Pediatric Dermatology, Pediatric Palliative Care, Pediatric Surgery, Physical Medicine, Plastic Surgery, Pulmonology, Rheumatology, and Urology</td>
</tr>
<tr>
<td>Square &amp; Compass Building 2600 N. Wyatt Dr. Tucson, AZ 85712 520-324-5437 1-800-231-8261</td>
<td></td>
</tr>
<tr>
<td>Clinic name</td>
<td>Areas of specialization</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Yuma Regional Medical Center</td>
<td>Audiology, Behavioral Health, Cardiology, Comprehensive Assessments, Craniofacial (Cleft Lip &amp; Palate), Ear, Nose and Throat, Endocrinology, Gastroenterology, Nephrology, Neurology, Nutrition, Ophthalmology, Orthopedic, Physical Therapy, Psychiatry, Speech Therapy, Urology, and Wheelchair Services</td>
</tr>
<tr>
<td>Children’s Rehabilitative Services</td>
<td></td>
</tr>
<tr>
<td>Tuscany Medical Plaza</td>
<td></td>
</tr>
<tr>
<td>2851 South Avenue B Building 25 #2504</td>
<td></td>
</tr>
<tr>
<td>Yuma, AZ 85364</td>
<td></td>
</tr>
<tr>
<td>928-336-2777</td>
<td></td>
</tr>
<tr>
<td>1-800-837-7309</td>
<td></td>
</tr>
<tr>
<td>Flagstaff Medical Center</td>
<td>Pediatrician (PCP), Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Nephrology, Pediatric Orthopedics, PT, ST, Pediatric Urology, and Wheelchair/Seating</td>
</tr>
<tr>
<td>Children’s Health Center</td>
<td></td>
</tr>
<tr>
<td>1200 North Beaver St.</td>
<td></td>
</tr>
<tr>
<td>Flagstaff, AZ 86001</td>
<td></td>
</tr>
<tr>
<td>928-773-2054</td>
<td></td>
</tr>
<tr>
<td>1-800-232-1018</td>
<td></td>
</tr>
</tbody>
</table>

You can make, change or cancel appointments directly with the multi-specialty interdisciplinary clinic by calling them. The telephone numbers for the clinics are listed above.

**Children’s Rehabilitative Services (CRS)**

**What is CRS?**
Children’s Rehabilitative Services (CRS) is a designation given to certain AHCCCS members who have qualifying health conditions. Members with a CRS designation can get the same AHCCCS covered services as non-CRS AHCCCS members and are able to get care in the community, or in clinics called multispecialty interdisciplinary clinics (MSIC). MSICs bring many specialty providers together in one location. Your health plan will assist a member with a CRS designation with closer care coordination and monitoring to make sure special health care needs are met.

Eligibility for a CRS designation is determined by the AHCCCS Division of Member Services (DMS).

**Who is Eligible for a CRS Designation?**
AHCCCS members may be eligible for a CRS designation when they are:

- Under age 21; and
- Have a qualifying CRS medical condition.

The medical condition must:

- Require active treatment; and
- Be found by AHCCCS DMS to meet criteria as specified in R9-22-1301-1305.

Anyone can fill out a CRS application including a family member, doctor, or health plan representative. To apply for a CRS designation mail or fax:

- A completed CRS application; and
- Medical documentation that supports that the applicant has a CRS qualifying condition that requires active treatment.

Mercy Care will provide medically necessary care for physical and behavioral health services and care for the CRS condition.
What happens if you have a CRS diagnosis?
*Our Mercy Care CRS Liaison will obtain the needed medical records and send a referral to the AHCCCS CRS Enrollment Unit.

*If enrolled into CRS, you will have a CRS designation and all your care will be provided by Mercy Care. Including, but not limited to:
  - Care management
  - Primary care services
  - Behavioral health services
  - Home health specialty services
  - Durable Medical Equipment (DME) services

CRS Multi-Specialty Interdisciplinary Clinics (MSICs)
A Multi-Specialty Interdisciplinary Clinic (MSIC) is you or your child’s assigned health home. This is one location where a CRS member can see all of their medical specialists, benefit from community involvement and receive support services. At the MSIC, you and your family can meet face-to-face with your care team to get medical care, behavioral health care services and be a part of your care plan development.

Each MSIC is open Monday through Friday from 8 a.m. to 5 p.m. You will receive a welcome call from a Care Management team member to tell you more about CRS benefits and help you schedule your first CRS appointment. You can contact your assigned MSIC to schedule or cancel your appointment.

CRS care team
The CRS Program uses a team approach to provide your care. Exactly who will be on your team depends on your special health care needs. Get to know who is on your team so you can talk to them about your care and services. Health providers on your team could be:

**Surgeons:**
- Cardiovascular and thoracic surgeons
- General pediatric surgeons
- Ear, nose and throat (ENT) surgeons
- Neurosurgeons
- Ophthalmology surgeons
- Orthopedic surgeons (general, hand, scoliosis, amputee)
- Plastic surgeons

**Medical specialists:**
- Cardiologists
- Neurologists
- Rheumatologists
- General pediatricians
- Geneticists
- Urologists
- Primary care providers

**Behavioral health care providers and services:**
- Psychiatrists
- Psychologists
- Residential care facilities
- Peer support
- Crisis services
- Inpatient services
- Counseling (individual, couples, family, group)
- Child and Family Team
- Behavioral health day program
- Community mental health centers
- Substance use (assessment, counseling, medication therapy)

**Dental providers:**
- Dentists
- Orthodontists
- Dental hygienists

You can invite others to be on your team if you would like. Talk to your specialty clinic nurse to find out how to invite someone to be on your team.

**Can I stay in CRS after age 21?**
Enrolled CRS members will lose their CRS designation the month of their 21st birthday. However, your providers and care will not change. Mercy Care will continue to be your AHCCCS Plan for all of your health care needs.

If you have questions about your CRS benefits or services, you can call Member Services Monday through Friday from 7 a.m. to 6 p.m. Monday through Friday at 602-263-3000 or 1-800-624-3879 (TTY 711).

**Member Councils**

Would you like to serve on a Mercy Care committee? Recruitment is open! We’re looking for interested members, peers, youth, family members and community stakeholders. You can choose from several different committees. All committee members play an important role in guiding how we serve the community and how we provide care. You’ll also help us come up with ways to improve services for members.

**Governance Committee**
Receives feedback from all other committees to evaluate contract performance. Carries out strategic direction of the board.

**Member Advocacy Committee**
Serves as the voice of the member receiving physical and/or behavioral health services. This is a committee to discuss accessing services and evaluates program needs from a member’s perspective.

**Cultural and Linguistically Appropriate Services/ Cultural Competency**
Makes sure CLAS standards are met. Establishes outreach strategies to increase access of services for at risk populations.

**Youth Leadership Council**
Brings youth from various backgrounds together to talk about care issues and outreach opportunities.

**Foster, Adoptive Kinship Care Workgroup**
Provides guidance and expertise on the needs and communication methods to foster/adoptive/kinship families and group homes on the provision of behavioral health services to children involved with child welfare and/or those who have been adopted.
If you’re interested in serving on a Mercy Care council or committee, email oifateam@mercycareaz.org. You can also write to Mercy Care OIFA at:

Attn: OIFA
Mercy Care Committees
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

**Important information**

**Prior authorizations**

In some cases, your doctor may decide that your condition requires special services. Mercy Care wants to know about these situations in advance so that we can make sure that we get you the care you need. These services may require approval from Mercy Care before they can be performed – this is called prior authorization. There may be times when Mercy Care doesn’t have a network provider who can treat your condition or who is located a reasonable distance from your home. In order to see a provider who is not in Mercy Care’s network you will need an approved prior authorization.

**Here’s how it works:**

Your doctor will submit a request to Mercy Care explaining your condition and actions that he/she would like to take. If the request is approved we will let your doctor know. If your request is denied, you will receive a written notification (called a Notice of Adverse Benefit Determination) within 14 calendar days. The notice will tell you the request is denied and what to do next. If the request is urgent, you will receive a written notification (Notice of Adverse Benefit Determination) no later than 72 hours after Mercy Care gets the prior authorization request. There are times Mercy Care may need additional time to review your request. If an extension is needed Mercy Care will mail you a notice. Extensions can be for up to 14 days. If we ask for an extension, you may file a complaint (also known as a member grievance). The letter will explain your rights and how to submit a complaint.

If the Notice of Adverse Benefit Determination letter does not fully address your concerns, you can contact AHCCCS Medical Management at MedicalManagement@azahcccs.gov.

**How Mercy Care determines urgency of requests:**

- **Routine** - A routine request for a service will be reviewed within 14 days. We will send a written notification (Notice of Adverse Benefit Determination) to you within 14 calendar days if the request is denied. The notice will tell you what to do next.

- **Urgent** - your physician believes that your condition is not life-threatening, but it should be handled quickly to make sure it does not worsen. If the medical records or the requested services look urgent to the Mercy Care medical reviewer, we will expedite the standard process. You will receive a written notification (called a Notice of Adverse Benefit Determination) no later than 72 hours following the receipt of the authorization request if the request is denied. This letter will explain what to do next.

Sometimes, we will need more information in order to make our decision. If this is the case, we may need to ask your doctor for an extension of up to 14 calendar days. If we ask for an extension, we will let you and your doctor know what information we need to help us decide. If we do not receive the additional information within the 14-day period, we may deny the request for prior authorization.

www.MercyCareAZ.org
58 Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m.
If we ask for an extension or change the urgency level of your request, you may file what is called a Member Grievance (see “Member Grievances” in this handbook). Please send your member grievances to:

Mercy Care  
Grievance System Department  
4500 E. Cotton Center Blvd.  
Phoenix, AZ 85040

How do we make our decision about your request?
We provide a list of services that require prior authorization on our website www.MercyCareAZ.org. If you would like more information about how these decisions are made, contact Member Services. They can get you the list of criteria Mercy Care uses to make these decisions. You have the right to review this list to see how we make our decisions.

If Mercy Care does not fully approve the service, one of the following reasons may be why:
- The service is not a covered benefit.
- The service is not medically needed.
- The service is experimental or investigational
- The provider is not in Mercy Care’s provider network.
- Mercy Care does not have enough information to make a decision.

When an action takes place, Mercy Care is required to issue a Notice of Adverse Benefit Determination. (For more information, please see the “Notice of Adverse Benefit Determination” section later in this handbook).

Pharmacy authorizations
If your provider makes a new request for a medication, a decision will be made no later than 24 hours from when we receive the request for prior authorization. If the request lacks enough information to make a decision for the medication, Mercy Care will send a request for additional information to your provider no later than 24 hours from when we receive the request. Mercy Care will issue a final decision no later than seven (7) working days from the initial date of the request.

Restrictions on freedom of choice among providers
Although Mercy Care assigns you to a PCP, you have the freedom to choose your own provider. **You should always choose a network provider.** If you don’t see a network provider, you may have to pay for services received from a provider outside of Mercy Care’s network. And, you may have to pay for non-covered services.

Examples of non-covered services may include:
1. A service that your provider did not set up or approve.
2. A service that is not listed as a covered service in this handbook.
3. A service that you receive from a provider outside of the provider network without a referral or approval from Mercy Care.

Copayments
Some people who get AHCCCS Medicaid benefits are asked to pay copayments for some of the AHCCCS medical services that they receive.

*NOTE: Copayments referenced in this section means copayments charged under Medicaid (AHCCCS). It does not mean a person is exempt from Medicare copayments.*

www.MercyCareAZ.org  
Member Services **602-263-3000 or 1-800-624-3879 (TTY/TDD 711)** Monday- Friday, 7 a.m. to 6 p.m.  
59
THE FOLLOWING PERSONS ARE NOT ASKED TO PAY COPAYMENTS:

- Children under age 19,
- People determined to have a Serious Mental Illness (SMI),
- An individual designated eligible for Children’s Rehabilitative Services (CRS) pursuant to as A.A.C. Title 9, Chapter 22, Article 13,
- ACC, ACC-RBHA, and CHP members who are residing in nursing facilities or residential facilities such as an Assisted Living Home and only when member’s medical condition would otherwise require hospitalization. The exemption from copayments for these members is limited to 90 days in a contract year,
- People who are enrolled in the Arizona Long Term Care System (ALTCS),
- People who are Qualified Medicare Beneficiaries,
- People who receive hospice care,
- American Indian members who are active or previous users of the Indian Health Service, tribal health programs operated under Public Law 93-638, or urban Indian health programs,
- People in the Breast and Cervical Cancer Treatment Program (BCCTP),
- People receiving child welfare services under Title IV-B on the basis of being a child in foster care or receiving adoption or foster care assistance under Title IV-E regardless of age,
- People who are pregnant and throughout postpartum period following the pregnancy, and
- Individuals in the adult Group (for a limited time**).

**NOTE: For a limited time persons who are eligible in the Adult Group will not have any copays. Members in the Adult Group include persons who were transitioned from the AHCCCS Care program as well as individuals who are between the ages of 19-64, and who are not entitled to Medicare, and who are not pregnant, and who have income at or below 133 percent of the Federal Poverty Level (FPL) and who are not AHCCCS eligible under any other category. Copays for persons in the Adult Group with income over 106 percent FPL are planned for the future. Members will be told about any changes in copays before they happen.

IN ADDITION, COPAYMENTS ARE NOT CHARGED FOR THE FOLLOWING SERVICES FOR ANYONE:

- Hospitalizations,
- Emergency services,
- Family Planning services and supplies,
- Pregnancy related health care and health care for any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for pregnant women,
- Preventive services, such as well visits, pap smears, colonoscopies, mammograms and immunizations,
- Provider preventable services, and
- Services received in the emergency department.

PEOPLE WITH OPTIONAL (NON-MANDATORY) COPAYMENTS

Individuals eligible for AHCCCS through any of the programs below may be charged non-mandatory copays, unless:

1. They are receiving one of the services above that cannot be charged a copay, or
2. They are in one of the groups above that cannot be charged a copay.

Non-mandatory copays are also called optional copays. If a member has a non-mandatory copay, then a provider cannot deny the service if the member states that they are unable to pay the copay. Members in the following programs may be charged non-mandatory copay by their provider:

- AHCCCS for Families with Children (1931),
- Young Adult Transitional Insurance (YATI) for young people in foster care,
- State Adoption Assistance for Special Needs Children who are being adopted,
• Receiving Supplemental Security Income (SSI) through the Social Security Administration for people who are age 65 or older, blind or disabled,
• SSI Medical Assistance Only (SSI MAO) for individual who are age 65 or older, blind or disabled,
• Freedom to Work (FTW).

Ask your provider to look up your eligibility to find out what copays you may have. You can also find out by calling Mercy Care member services. You can also check the Mercy Care website for more information.

AHCCCS members with non-mandatory copays may be asked to pay the following non-mandatory copayments for medical services:

<table>
<thead>
<tr>
<th>OPTIONAL (NON-MANDATORY) COPAYMENT AMOUNTS FOR SOME MEDICAL SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE</td>
</tr>
<tr>
<td>Prescriptions</td>
</tr>
<tr>
<td>Out-patient services for physical, occupational and speech therapy</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
</tr>
</tbody>
</table>

Medical providers will ask you to pay these amounts but will NOT refuse you services if you are unable to pay. If you cannot afford your copay, tell your medical provider you are unable to pay these amounts so you will not be refused services.

PEOPLE WITH REQUIRED (MANDATORY) COPAYMENTS
Some AHCCCS members have required (or mandatory) copays unless they are receiving one of the services above that cannot be charged a copay or unless they are in one of the groups above that cannot be charged a copay. Members with required copays will need to pay the copays in order to get the services. Providers can refuse services to these members if they do not pay the mandatory copays. Mandatory copays are charged to persons in Families with Children that are no Longer Eligible Due to Earnings – also known as Transitional Medical Assistance (TMA).

Adults on TMA have to pay required (or mandatory) copays for some medical services. If you are on the TMA Program now or if you become eligible to receive TMA benefits later, the notice from Department of Economic Security (DES) or AHCCCS will tell you so. Copays for TMA members are listed below.

<table>
<thead>
<tr>
<th>REQUIRED (MANDATORY) COPAYMENT AMOUNTS FOR PERSONS RECEIVING TMA BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE</td>
</tr>
<tr>
<td>Prescriptions</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapies</td>
</tr>
<tr>
<td>Outpatient Non-emergency or voluntary surgical procedures</td>
</tr>
</tbody>
</table>

Pharmacists and Medical Providers can refuse services if the copayments are not made.

5 PERCENT LIMIT ON ALL COPAYMENTS
The amount of total copays cannot be more than 5 percent of the family’s total income (before taxes and deductions) during a calendar quarter (January through March, April through June, July through September, and October through December.) The 5 percent limit applies to both nominal and required copays.
AHCCCS will track each member’s specific copayment levels to identify members who have reached the 5 percent copayment limit. If you think that the total copays you have paid are more than 5 percent of your family’s total quarterly income and AHCCCS has not already told you this has happened, you should send copies of receipts or other proof of how much you have paid to AHCCCS, 801 E. Jefferson, Mail Drop 4600, Phoenix, Arizona 85034.

If you are on this program but your circumstances have changed, contact your local DES office to ask them to review your eligibility. Members can always request a reassessment of their 5% limit if their circumstances have changed.

Members who are enrolled in DDD are not subject to copays for Medicaid services. DDD will decide what your share of cost will be based on your income and certain expenses.

Getting bills for services

When can you be billed for services?
Talk to your doctor about payment options before getting any health care services that are not covered. Remember, if you ask for a service that is not a covered benefit and you sign a statement agreeing to pay the bill, you will have to pay the bill.

What if you get a bill for services?
If you receive a bill for a covered service:
- Do not pay the bill yourself.
- Call the provider right away.
- Give them your insurance information and Mercy Care’s address.
  Mercy Care
  4500 E. Cotton Center Blvd.
  Phoenix, AZ 85040
- If you still get bills after giving the provider your health care information, please call Mercy Care Member Services for help.
- Sometimes you may be eligible for covered benefits back to the date you applied for AHCCCS. If you already paid for services during this time, you should first ask the provider to bill Mercy Care. Then ask the provider to pay you back. If they refuse to pay you back, Mercy Care may be able to help you. You can send your paid receipts to Mercy Care Member Services with a detailed note explaining why you paid for services. Receipts must be received by Mercy Care within 150 days from the date you received the service.
- You should not pay for covered services or medicines after you have joined Mercy Care.

Other health insurance

If you have other health insurance, please call Member Services and tell us so we can work with the other insurance company. Here are some important things to know:
- Always give pharmacies, doctors and hospitals your other health insurance information as well as your Mercy Care information.
- Your other health insurance pays for your health care expenses FIRST. After they pay, Mercy Care will pay its part. Call Mercy Care Member Services to provide Mercy Care with the name, address and phone number of your primary insurance provider.
- Choose a PCP who works with both of your health plans if possible. This will help us coordinate payments.
- If your other doctor is not part of the Mercy Care provider network, we may still be able to help you with your copayments for services that are covered by AHCCCS if your doctor gets a Mercy Care prior authorization number for you to see him/her. We will pay copayments to your doctor.
- Do not pay your other insurance’s copayment amount yourself. Ask your doctor to bill Mercy Care for the co-pay amount.
• Before you receive any health care services, show the doctor or hospital your AHCCCS ID card and tell them about your other health insurance. This will help your doctor know where to send your claims.
• If you are involved in an accident and get treatment for your injuries, you must report it to Member Services.
• Be sure to tell your PCP about all of the health care services you receive.

Medicare copayments, coinsurance and deductibles
If you have Medicare, Qualified Medicare Beneficiary (QMB) or Medicare HMO, they will pay for your services first. Mercy Care will share in the cost for AHCCCS covered services and for certain Medicare services not covered by AHCCCS, like chiropractic. Mercy Care will pay your coinsurance, deductible or copayment amounts to your doctor. Do not pay your copayments yourself. Ask your doctor to bill Mercy Care for these copayments.

Please note, if you have Medicare, you are responsible for your pharmacy copayments for Medicare Part D. Unless you have an emergency, if you choose to go to another provider who is not one of the Mercy Care approved doctors found in your Provider Directory, or not with your Medicare HMO, you will be responsible for paying your Medicare coinsurance, deductibles or copayments.

However, if you are a Qualified Medicare Beneficiary (QMB) member, Mercy Care may pay for services not covered by AHCCCS or from a provider who is not part of our network.

If you have questions, please call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

Dual-eligible members: payment for medications
Medicaid does not cover medications that are eligible for coverage under Medicare Part D plans. Medicaid does not pay for Medicare copayments, deductibles or cost sharing for Medicare Part D medications except for persons who have been designated to have an SMI designation. AHCCCS covers medications that are excluded from coverage under Medicare Part D when those covered medications are deemed medically necessary. An excluded drug is a medication that is not eligible for coverage under Medicare Part D. AHCCCS may cover some medications that are Over-the-Counter (OTC), refer to the Mercy Care DCS CHP OTC Drug List for a list of products available on our website at https://www.MercyCareAZ.org/members/chp-members/pharmacy or https://www.mercycareaz.org/members/ddd-formembers/pharmacy for DD members, or call Member Services to request a printed copy.

Authorizations
Medical authorizations
In some cases, your doctor may decide that your condition requires special services. Mercy Care will review and approve these services before you get them to make sure you get the care that you need when you need it. These services may require approval from Mercy Care before they can be performed – this is called prior authorization.

Here’s how it works:
Your doctor will submit a request to Mercy Care for services that you will need and how they will help your condition. Mercy Care will review and approve these services before you get them. We want to make sure you get the care you need – when you need it. You will receive a written notification (called a Notice of Adverse Benefit Determination) within 14 calendar days telling you if the request was denied and what to do next. If the request is urgent, you will receive a written notification (Notice of Adverse Benefit Determination) no later than 72 hours following the receipt of the authorization request unless an extension
is in effect. If we ask for an extension, you may file a member grievance. The letter will explain your rights and how to submit a complaint.

If the Notice of Adverse Benefit Determination letter does not fully address your concerns, you can contact AHCCCS Medical Management at MedicalManagement@azahcccs.gov.

How Mercy Care determines urgency of requests:

Routine – if your physician would like a more thorough examination from a specialist, you may need to have a procedure done or a special test. You will receive a written notification (Notice of Adverse Benefit Determination) within 14 calendar days telling you if the request was denied and what to do next.

Urgent – your physician believes that your condition is not life-threatening but should be handled quickly to make sure it does not get worse. If the medical records, or the requested services, look urgent to the Mercy Care medical reviewer, we will expedite the standard process. You will receive a written notification (called a Notice of Adverse Benefit Determination) no later than 72 hours following the receipt of the authorization request if the request is denied and what to do next.

Sometimes, we will need more information in order to make our decision. If this is the case, we may need to ask your doctor for an extension of up to 14 calendar days. If we ask for an extension, we will let you and your doctor know what information we need to help us decide. If we don’t receive the additional information within the 14 calendar-day period, we may deny the request for prior authorization.

If we ask for an extension, or change the urgency level of your request, you may file what is called a member grievance (see “Grievances and appeals” in this handbook).

Please send your member grievances to:
Mercy Care
Grievance System Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

How do we make our decision about your request?
We provide a list of services that require prior authorization on our website www.MercyCareAZ.org. If you would like more information about how these decisions are made, contact Member Services. They can get you the list of criteria Mercy Care uses to make these decisions. You have the right to review this list to see how we make our decisions.

If Mercy Care does not fully approve the service, one of the following actions may be taken:
- The denial or limited authorization of a service you or your doctor has requested.
- The denial of payment for a service, either all or part.
- Failure to provide services, including crisis services, in a timely manner.
- Failure to act within certain time frames for grievances and appeals.
- Denial of a rural member’s request to get services out of the network when Mercy Care is the only health plan in the area.
- The reduction, suspension or ending of an existing service.

When an action takes place, Mercy Care is required to issue a Notice of Adverse Benefit Determination. (For more information, please see the “Notice of Adverse Benefit Determination” section later in this handbook).
Pharmacy authorizations
If your provider makes a new request for a medication that requires prior authorization, is not on the formulary, or has other limits a decision will be made no later than 24 hours from when we receive the request for prior authorization. If the request does not have enough information to make a decision for the medication, Mercy Care will send a request for additional information to your provider no later than 24 hours from when we receive the request. Mercy Care will issue a final decision no later than seven working days from the initial date of the request.

Notice of Adverse Benefit Determination
When a service that you are already receiving or have requested is not approved (denial), we will send you and your provider a written notification called a Notice of Adverse Benefit Determination. There are specific time frames when you will receive a Notice of Adverse Benefit Determination.

- If you or your provider make a new request for a service, you will receive your notification within 14 calendar days (if urgent, you will receive the notification within 72 hours following the receipt of the authorization request).
- If a service that you are already receiving is reduced, suspended or ended, you will receive a Notice of Adverse Benefit Determination 10 calendar days before the change occurs.

The Notice of Adverse Benefit Determination letter lets you know:
- What action was taken and the reason.
- Your right to file an appeal and how to do it.
- Your right to ask for a fair hearing with AHCCCS and how to do it.
- Your right to ask for an expedited resolution and how to do it.
- Your right to ask that your benefits be continued during your appeal, how to do it and when you may have to pay the costs for the services.
- You have the right to request an extension to give us information to help us make a decision.
- If you receive a Notice of Adverse Benefit Determination letter that does not tell you what you asked for, what we decided, or the reason why, you can call us.
  - We will look at the letter and, if needed, write a new letter that better explains the services and the action.

If the Notice of Adverse Benefit Determination letter does not fully address your concerns, you can contact AHCCCS Medical Management at MedicalManagement@azahcccs.gov.

You have the right to receive a reply from Mercy Care within 30 calendar days of your request for a copy of the records. The response may be a copy of the record or a written denial. A written denial will include the reason for the denial and information about how to seek review of the denial. You can ask Member Services to tell you about how Mercy Care makes these decisions. You can also ask Member Services to mail you a copy of the list of criteria.

Grievances and appeals
Appeals
If you disagree with our decision described in the Notice of Adverse Benefit Determination letter, you have the right to request an appeal. An appeal is a formal procedure asking us to review the request again and confirm if our original decision was correct. During this process, you may submit additional supporting documents or information that you believe would support a different outcome and decision.

You, your representative, or a provider acting with your written permission, may request an appeal with us. If you need help filing your appeal, have a hearing impairment, need an interpreter or would like the information provided in an alternate format or language, please call Mercy Care Member Services Monday through Friday,
7 a.m. to 6 p.m. at 602-263-3000 or 1-800-624-3879 (TTY 711). If you decide to file an appeal, it must be submitted within 60 calendar days from the date on your Notice of Adverse Benefit Determination letter. The appeal may be submitted in writing or by telephone. We will not retaliate against you or your provider for filing an appeal.

To file an appeal, you must mail, call or fax the request using the following:

Mercy Care
Grievance System Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040
Phone: 602-586-1719 or 1-866-386-5794
Fax: 602-351-2300

You and your authorized representative have the following rights regarding your appeal:
• The right to examine the contents of the appeal case file during the appeal process.
• The right to examine all documents and records considered during the appeal process that are not protected from disclosure by law

Request for Standard Appeal
When we get your appeal, we will send you a letter within five (5) business days. This letter will let you know that we got your appeal and how you can give us more information. If you are appealing services that you want to continue while your case is reviewed, you must file your appeal no later than 10 calendar days from the date on the Notice of Adverse Benefit Determination letter.

In most cases, we will resolve your appeal within 30 calendar days. Sometimes, we might need more information to make a decision. When this occurs and we believe it is in your best interest, we will request an extension on your appeal. An extension allows an additional 14 calendar days to complete our review and make a decision. If we ask for an extension, we will mail you a written notice explaining this and tell you what information we still need. If we ask for an extension, you may file a member grievance. The letter will explain your rights and how to submit a complaint. If we don’t receive the additional information within this time frame, we may deny the appeal. You may also request a 14-calendar day extension if you need more time to gather information for the appeal.

Once we have completed the review of your appeal, we will send you a letter with our decision. The letter tells you about our decision and explains how it was made. If we deny your appeal, you may request that AHCCCS look at our decision through a State Fair Hearing. You can request this next step by following the directions we provide in the decision letter. You have 90 calendar days from the date on the appeal denial letter to request a State Fair Hearing.

If you request a State Fair Hearing, you will receive information from AHCCCS about what to do. We will forward your appeal file and related documentation to AHCCCS at the Office of Administrative Legal Services.

After the State Fair Hearing, AHCCCS will make a decision. If they find that our decision to deny your appeal was correct, you may be responsible for payment of the services you received while your appeal was being reviewed. If AHCCCS decides that our decision on your appeal was incorrect, we will authorize and provide the services promptly.

Request for expedited resolution
You or your representative can request an expedited resolution to your appeal if you believe that the time frame of a standard resolution might jeopardize your life, health or ability to attain, maintain or regain maximum health.
function. We may ask you to send us supporting documentation from your provider. If your provider agrees, we will expedite the resolution of your appeal. We will also automatically expedite the resolution of your appeal if we believe following the standard resolution process could jeopardize your life or health.

If we decide not to expedite the resolution of your appeal, we will notify you promptly. We will attempt to call you and will mail you a written notice within two (2) calendar days that explains this outcome. For more information, please see “Request for Standard Appeal” in this handbook. If we change the urgency of your appeal from expedited to standard, you may file a member grievance. We will explain this when we call you. We will include information about how to file a member grievance in the letter we mail to you.

When we expedite the resolution of your appeal, we will resolve your appeal within 72 hours. Sometimes, we may need more information to make a decision. When this occurs and we believe it is in your best interest, we will request extension on your appeal. An extension allows an additional 14 calendar days to complete our review and make a decision. If we ask for an extension, we will mail you a written notice explaining this and tell you what information we need still need. If we don’t receive the additional information within this time frame, we may deny the appeal. You may also request a 14-calendar day extension if you need more time to gather information for the appeal.

Once we have completed the review your appeal, we will send you a letter with our decision. The letter tells you our decision and explains how it was made. If we deny your appeal, you may request for AHCCCS to review our decision through a State Fair Hearing. You can request this next step by following the directions we provide in the decision letter. You have 90 calendar days from the date on the appeal denial letter to request a State Fair Hearing.

If you request a State Fair Hearing, you will receive information from AHCCCS about what to do. We will forward your appeal file and related documentation to AHCCCS at the Office of Administrative Legal Services.

After the State Fair Hearing, AHCCCS will make a decision. If they find that our decision to deny your appeal was correct, you may be responsible for payment of the services you received while your appeal was being reviewed. If AHCCCS decides that our decision on your appeal was incorrect, we will authorize and provide the services promptly.

Quick tips about denial, reduction, suspension or termination of services and appeals
- You will get a letter (Notice of Adverse Benefit Determination) when a service has been denied or changed.
- If you want to ask for a review (appeal) of Mercy Care’s action, follow the directions in your notification letter.
- To request that services be continued, you must file your appeal no later than 10 days from the date of your notification letter, or within the time frame listed in the notification letter.

If the Notice of Adverse Benefit Determination letter does not fully address your concerns, you can contact AHCCCS Medical Management at MedicalManagement@azahcccs.gov.

Grievances and appeals for Title 19/21 AHCCCS eligible members

Member Grievances
A member grievance is any expression of dissatisfaction related to the delivery of your health care that is not defined as an appeal. A member grievance is also called a complaint. You may have a concern with a doctor or felt that office staff treated you poorly. You may have received a bill from your specialist or had difficulty reaching the transportation company for your ride home. A provider may have failed to provide services, including crisis

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Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m.

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services, in a timely manner. A member grievance might include concerns with the quality of the medical care you received. Please let us know if you have a concern like this or need help with another problem. The fastest way to report a member grievance is to call Mercy Care Grievance Systems Department Monday through Friday 8 a.m. to 5 p.m. at 602-586-1719 or 1-866-386-5794 (TTY 711). You may also contact Member Services if you need help filing your member grievance, have a hearing impairment, need an interpreter or would like the information provided in an alternate format or language. A representative will document your member grievance. It is important to provide as much detail as possible. The representative will explain the member grievance resolution process and answer any other questions you may have. We may also need to call you back to provide updates or ask you for more information. We want to ensure that you are receiving the care and services you need.

If you prefer to file your member grievance in writing, please send your complaint to:

Mercy Care
Grievance System Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

Filing a member grievance will not affect your future health care or the availability of services. We want to know about your concerns so we can improve the services we offer.

- If you submit your member grievance in writing, we will send you a letter within five (5) business days. The letter acknowledges our receipt of your member grievance and explains how you will be notified of the resolution.
- If your member grievance involves concerns about the quality of care or medical treatment you received, we will send the case to our Quality Management department.
- When we cannot resolve your member grievance right away, we will let you know and explain the next steps. During our investigation of your concerns, we will work with other departments at Mercy Care as well as your health care provider(s).
- During our investigation, we may need to speak with you again. We may have more questions, or we may want to confirm that your immediate needs are met.
- Once the review of your member grievance is complete, we will notify you of the resolution.
- If your member grievance was reviewed by our Quality Management department, you will get the resolution in writing.
- For other cases, we will call you and explain the resolution to your member grievance. If we are unable to reach you, we will send the resolution in writing.
- We are committed to resolving your concerns as quickly as possible and in no more than 90 days from the date you submitted your member grievance.

Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality behavioral health care. If you continue to have questions or difficulties accessing services, please call AHCCCS Clinical Resolution Team at 602-364-4558 or 1-800-867-5808. You may also submit concerns about quality of care by email at CQM@azahcccs.gov.

Quality of Care Concerns (QOC)
You/Health Care Decision Makers (HCDMs) or your designated representative can submit concerns that include but are not limited to:

- The inability to receive health care services,
- Concerns about the Quality of Care (QOC) received,
- Issues with health care providers,
- Issues with health plans, or
- Timely access to services.
To file a QOC, you must mail, call or fax the request using the following:

Mercy Care
Grievance System Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040
Phone: 602-586-1719 or 1-866-386-5794
Fax: 602-351-2300

Appeals for Title 19/21 AHCCCS eligible members
If you are Title 19/21 AHCCCS eligible, you have the right to ask for a review of the following actions:

• The denial or limited approval of a service asked for by your provider or clinical team
• The reduction, suspension, or termination of a service that you were receiving
• The denial, in whole or part, of payment for a service
• The failure to provide services in a timely manner
• The failure to act within time frames for resolving an appeal or complaint
• The denial of a request for services outside of the provider network when services are not available within the provider network

What happens after I file an appeal?
As part of the appeal process, you have the right to give evidence that supports your appeal. You can provide the evidence to Mercy Care in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process, as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or Mercy Care. The evidence you give to Mercy Care will be used when deciding the resolution of the appeal. You can contact Mercy Care Grievance System Department at 602-586-1719 or 1-866-386-5794 (TTY 711).

How is my appeal resolved?
Mercy Care must give you a decision, called a Notice of Appeal Resolution, by certified mail within 30 calendar days of getting your appeal for standard appeals, or, for expedited appeals, no later than 72 hours. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which Mercy Care must give you the Notice of Appeal Resolution may be extended up to 14 calendar days. You or Mercy Care can ask for more time in order to gather more information. If Mercy Care asks for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:

• The results of the appeal process
• The date the appeal process was completed

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:

• How you can ask for a State Fair Hearing
• How to ask that services continue during the State Fair Hearing process, if applicable
• The reason why your appeal was denied and the legal basis for the decision to deny your appeal
• That you may have to pay for the services you get during the State Fair Hearing process if your appeal is denied at the State Fair Hearing

What can I do if I am not happy with my appeal results?
You can ask for a State Fair Hearing if you are not happy with the results of an appeal. If your appeal was expedited, you can ask for an expedited State Fair Hearing. You have the right to have a representative of your
choice assist you at the State Fair Hearing.

**How do I ask for a State Fair Hearing?**
You must ask for a State Fair Hearing in writing within 90 calendar days of getting the Notice of Appeal Resolution. This includes both standard and expedited requests for a State Fair Hearing. Requests for State Fair Hearings for decisions issued by Mercy Care should be mailed to:

Mercy Care  
Attn: Hearing Coordinator  
Grievance System Department  
4500 E. Cotton Center Blvd.  
Phoenix, AZ 85040

Instructions for appealing a decision issued by AHCCCS will be contained in the Notice of Appeal Resolution.

**What is the process for my State Fair Hearing?**
You will receive a Notice of State Fair Hearing at least 30 calendar days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:

- The time, place and nature of the hearing
- The reason for the hearing
- The legal and jurisdictional authority that requires the hearing
- The specific laws that are related to the hearing

**How is my State Fair Hearing resolved?**
For standard State Fair Hearings, you will receive a written AHCCCS Director’s Decision no later than 90 days after your appeal was first filed. This 90-day period does not include:

- Any time frame extensions that you have requested
- The number of days between the date that you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted

The AHCCCS Director’s Decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

For expedited State Fair Hearings, you will receive a written AHCCCS Director’s Decision within 3 business days after the date that AHCCCS receives your case file and appeal information from Mercy Care. AHCCCS will also try to call you to notify you of the AHCCCS Director’s Decision.

**Will my services continue during the Appeal/State Fair Hearing process?**
You may ask that the services you were already getting continue during the appeal process or the State Fair Hearing process. If you want to keep getting the same services, you must ask for your services to be continued in writing within 10 calendar days from the date of the decision letter. If the result of the appeal or State Fair Hearing is to agree with the action to either end or reduce your services, you may have to pay for the services received during the appeal or State Fair Hearing process.

**Grievance/Request for Investigation for DD members**
A member enrolled with DDD is entitled to extensive rights, including, but not limited to:

- The right to be free from mistreatment and abuse.
- The right to a written service plan that may include case management, crisis services, peer support, family support, medication and inpatient/outpatient services.
The right to consent or refuse treatment unless under a court order or guardianship.

The right to review the medical records unless a physician determines it is not in the member’s best interest.

An SMI grievance is a request to investigate whether a member had their rights violated. This request can be filed by anyone but must be submitted within 12 months from the date of the incident. It is important to provide all details such as events, names of individuals involved, titles, agencies and dates. It is also important to focus on the facts and include the resolution you want. You may request an SMI grievance orally by contacting Mercy Care. If you would like to submit an SMI grievance in writing, please mail your request to Mercy Care at the address shown in this section.

If you need help writing your grievance, contact your behavioral health provider or the AHCCCS Office of Human Rights (OHR), at 602-364-4585 (Phoenix), 520-770-3100 (Tucson) or 928-214-8231 (Flagstaff). If you need documents, such as medical records or individual service plans, to support your grievance, you have the right to request these records.

Grievances concerning physical abuse, sexual abuse or a person’s death are investigated by AHCCCS. To file a grievance concerning physical abuse, sexual abuse or a person’s death, contact:

AHCCCS Office of Grievance and Appeals
801 E. Jefferson, MD 6200
Phoenix, AZ 85034
Phone: 602-364-4575
Fax: 602-364-4591

Deaf or hard of hearing individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting AHCCCS.

If you file an SMI grievance/request for Investigation, the quality of your care will not suffer.

Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality behavioral health care. If you continue to have questions or difficulties accessing services, please call AHCCCS Clinical Resolution Team at 602-364-4558 or 1-800-867-5808. You may also submit concerns about quality of care by email at CQM@azahcccs.gov.

How to file a grievance, appeal or request for hearing for crisis services
Members who have received crisis services may file a grievance, appeal or request for hearing. Follow the above steps for crisis services provided in Maricopa County.

For DD members in counties other than Maricopa, please contact one of the following Regional Behavioral Health Authorities (RBHAs):

<table>
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<tr>
<th>Service Area</th>
<th>Regional Behavioral Health Authorities (RBHAs)</th>
<th>Contact type and phone number</th>
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| Maricopa County    | Mercy Care ACC-RBHA                                           | Customer service phone: 602-586-1719 or 1-866-386-5794 (TTY 711)          
                     |                                                               | Crisis Line: 1-800-631-1314                                                                  
                     |                                                               | Arizona Behavioral Health Crisis Line: 1-844-534-4673                                   |

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Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m. 71
### Service Area | Regional Behavioral Health Authorities (RBHAs) | Contact type and phone number
--- | --- | ---
Southern Arizona | Arizona Complete Health | Customer service phone: 1-888-788-4408 (TTY 711)  
Crisis Line: 1-866-495-6735  
Arizona Behavioral Health Crisis Line: 1-844-534-4673

Northern Arizona | Health Choice Integrated Care | Customer service phone: 1-800-640-2123 (TTY 711, or 1-800-842-4681)  
Crisis Line: 1-877-756-4090  
Arizona Behavioral Health Crisis Line: 1-844-534-4673

**Appeals for DD members with an SMI designation**

A serious mental illness (SMI) is a mental disorder in persons 18 years of age or older that is severe and persistent. Solari Crisis and Human Services, a provider that has a contract with Mercy Care, will make a determination of serious mental illness upon referral or request. Members asking for a designation of serious mental illness and members with an SMI designation can appeal the result of a serious mental illness designation.

Solari will send you a letter by mail to let you know the final decision on your SMI determination. This letter is called a Notice of Decision. The letter will include information about your rights and how to appeal the decision. If you do not agree with the results of the SMI eligibility determination you may file an appeal. To file an appeal, you can call Solari at **1-855-832-2866**.

Members with an SMI designation may also appeal the following adverse decisions:

- Initial eligibility for SMI services
- A decision regarding fees or waivers
- The assessment report, and recommended services in the service plan or individual treatment or discharge plan
- The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title 19/21 funds
- Capacity to make decisions, need for guardianship or other protective services, or need for special assistance
- A decision is made that the member is no longer eligible for SMI services
- A PASRR determination in the context of either a preadmission screening or an annual resident review, which adversely affects the member

To file an appeal, you must call or send a letter to:

Mercy Care  
Grievance System Department  
4500 E. Cotton Center Blvd.  
Phoenix, AZ 85040  
**602-586-1719 or 1-866-386-5794**  
Fax: **602-351-2300**

If you file an appeal, you will get written notice that your appeal was received within 5 business days of Mercy Care’s receipt. You will have an informal conference with Mercy Care within 7 business days of filing the appeal.
The informal conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least two working days before the conference. You can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 business day of Mercy Care’s receipt, and the informal conference must occur within 2 business days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date that the resolution will be implemented.

If there is no resolution of the appeal during this informal conference, the next step is a second informal conference with AHCCCS. You may waive the second level informal conference and proceed to a State Fair Hearing, however. If you waive the second level informal conference with AHCCCS, Mercy Care will assist you in filing a request for State Fair Hearing at the conclusion of the Mercy Care informal conference.

If there is no resolution of the appeal during the second informal conference with AHCCCS, you will be given information that will tell you how to get a State Fair Hearing. The Office of Grievance and Appeals at AHCCCS handles requests for State Fair Hearings upon the conclusion of second level informal conferences.

If you file an appeal, you will continue to get any services you were already getting unless:

- A qualified clinician decides that reducing or terminating services is best for you,
- Or, you agree in writing to reducing or terminating services.

If the appeal is not decided in your favor, Mercy Care may require you to pay for the services you received during the appeal process.

If you or your representative still do not understand the Notice of Adverse Benefit Determination letter, you have the right to contact AHCCCS Medical Management at MedicalManagement@azahcccs.gov.

*Persons determined to have a serious mental illness cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding*

Mercy Care follows State and Federal laws that apply under the contract with AHCCCS. These include, but are not limited to:

- Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80.
- The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91.
- The Rehabilitation Act of 1973. o Title IX of the Education Amendments of 1972 (regarding education programs and activities).
- Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

**Health plan Notices of Privacy Practices**

The privacy of our members’ medical information is very important to us. We want to keep member information private and confidential. Mercy Care has policies in place to ensure Mercy Care employees protect member information.
The Health Insurance Portability and Accountability Act (HIPAA) affects health care in several ways. Mercy Care is required to have safeguards for protecting members’ health information. This applies to all health care providers and other stakeholders.

There are laws about who can see your medical and behavioral health information with or without your permission. Substance use treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission. There may be times that you want to share your medical or behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information (ROI) Form, which states that your medical records, or certain limited portions of your medical records, may be released to the individuals or agencies that you name on the form. For more information about the Authorization for the Release of Information Form, you can contact Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

A member’s Protected Health Information (PHI) may be used for treatment, payment and health plan operations and as permitted by law. The member or the legal guardian must give written approval for any non-health care uses of PHI.

We protect your health information with specific procedures, such as:

- **Administrative.** We have rules that tell us how to use your health information no matter what form it is in – written, oral or electronic.
- **Physical.** Your health information is locked up and is kept in safe areas. We protect entry to our computers and buildings. This helps us to block unauthorized entry.
- **Technical.** Access to your health information is “role-based.” This allows only those who need to do their job and give care to you to have access.

Mercy Care provides a notice of members’ rights and responsibilities on the use, disclosure and access to PHI. It is called the “Notice of Privacy Practices” (NPP). The NPP is sent to all new members with their member ID card. You can also view the NPP on our website at www.MercyCareAZ.org under “privacy.”

**Your rights and responsibilities**

As a Mercy Care member, you have rights and responsibilities. These rights are listed below. It is important that you read and understand each one. If you have questions, please call Mercy Care Member Services.

**Your rights as a member**

You have the right to exercise your rights. Exercising those rights shall not adversely affect service delivery to you. You have the right to:

- Know the name of your PCP and/or case manager.
- A copy of the Mercy Care Member Handbook, which includes a description of covered services.
- Information about how Mercy Care provides after hours and emergency care.
- File a complaint about Mercy Care or its subcontractors.
- Request information about the structure and operations of Mercy Care or their subcontractors.
- Information about how Mercy Care pays providers, controls costs and uses services. This information includes whether or not Mercy Care has Physician Incentive Plans (PIP) and a description of the PIP.
- Know whether stop loss insurance is required.
- Know general grievance results and a summary of member survey results.
- Information about your costs to get services or treatments that are not covered by Mercy Care.
- Information about how to get services, including services requiring authorization.
- Information about how Mercy Care evaluates new technology to include as a covered service.
- Information about changes to your services or what actions to take when your PCP leaves Mercy Care.

www.MercyCareAZ.org

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• Be treated fairly and get covered services without concern about race, ethnicity, national origin (to include those with limited English proficiency), religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
• Information about how medical decisions can be made for you when you are not able to make them.

Confidentiality and confidentiality limitations:
• You have a right to privacy and confidentiality of your health care information.
• You have a right to talk to health care professionals privately.
• You will find a copy of the “Privacy Rights” notice in your welcome packet. The notice has information on ways Mercy Care uses your records, which includes information on your health plan activities and payments for services. Your health care information will be kept private and confidential. It will be given out only with your permission or if the law allows it.
• You have a right to know about health care privacy. (See the “Health plan Notices of Privacy Practices” section.)
• You have a right to know about limits to confidentiality. There are times when we cannot keep information confidential. The law doesn’t protect the following information:
  - If you commit a crime or threaten to commit a crime at the provider’s office or clinic or against any person who works there, the provider must call the police.
  - If you’re going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police.
  - We must also report suspected child abuse to local authorities.
  - If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other counselors) to protect you. We’ll only share information necessary to keep you safe.
• There are other times when providers can share certain health information with family members and others involved in your care. For example, if:
  - You verbally agree to share the information.
  - You have an opportunity to object to sharing information, but don’t object. For example, if you allow someone to come into an exam room during an appointment, the provider can assume that you don’t object to sharing information during that visit.
  - It’s an emergency, or you don’t have the capacity to make health care decisions, and the provider believes disclosing information is in your best interest.
  - The provider believes you’re a serious and imminent threat to your health or safety, or someone else’s health and safety.
  - The provider uses the information to notify a family member of the member’s location, general condition or death.
  - The provider is following other laws requiring they share information.
• To help arrange and pay for your care, there are times when your information is shared without first getting your written permission. These times could include the sharing of information with:
  - Physicians and other agencies providing health, social, or welfare services
  - Your medical primary care provider
  - Certain state agencies and schools following the law, involved in your care and treatment, as needed
  - Members of the clinical team involved in your care
• At other times, it may be helpful to share your behavioral health information with other agencies, such as schools or state agencies. This is done within the limits of the applicable regulations. Your written permission may be required before your information is shared.
• You have a right to get a second opinion from a qualified health care professional within the network or have a second opinion arranged outside of the network at no cost to you if there are no other in network
options. For more information, you can call Mercy Care at 602-263-3000 or 1-800-624-3879 (TTY 711).

- You have a right to receive information on treatment options and alternatives, appropriate to your condition, in a way that you are able to understand. It should also be shared with you in a way that allows you to participate in decisions about your health care.
- You have a right to be informed about advance directives.
- You have a right to prepare an advance directive and know how to have medical decisions made for you if you are not able to make them for yourself.

**Treatment decisions**

- You have the right to agree to, or refuse, treatment and to choose other treatment options available to you. You can get this information in a way that helps your understanding and is appropriate to your medical condition.
- You can choose a Mercy Care PCP to coordinate your health care.
- You can change your PCP.
- You can talk with your PCP to get complete and current information about your health care and condition. This will help you and/or your family understand your condition and be a part of making decisions about your health care.
- Within the limits of applicable regulations, Mercy Care staff may help manage your health care by working with you, community and state agencies, schools, and your doctor.
- You have the right to information about which medical procedures you will have and who will perform them.
- You have the right to a second opinion from a qualified health care professional within the network. You can get a second opinion arranged outside of the network, at no cost to you, only if there is not adequate in network coverage.
- You have the right to know treatment choices or types of care available to you and the benefits and/or drawbacks of each choice.
- You have the right to have treatment choices presented to you in a way that you can understand.
- You can refuse care from a doctor to whom you were referred, and you can ask for a different doctor.
- You can choose someone to be with you for treatments and exams.
- You can have a female in the room for breast and pelvic exams.
- Your eligibility or medical care does not depend on your agreement to follow a treatment plan. You can say “no” to treatment, services or PCPs. You will be informed about what may happen to your health if you do not have the treatment.
- Mercy Care will tell you in writing when any health care services requested by your PCP are reduced, suspended, terminated or denied. You must follow the instructions in the notification letter sent to you.

**Members who are part of Division of Developmental Disabilities**

- You have the right to develop a plan with their caregiver provider agency to decide your preferences when your caregiver is late or does not show up.

**Your rights under the Home and Community Based Services (HCBS) Rules**

- Mercy Care works to ensure that all staff and providers work in a manner consistent with a person-centered approach that respects and enhances a member’s right of choice, integration and autonomy.
- You have the right to privacy, dignity and respect, and freedom from coercion and restraint.
- You have the right to make requests in the way your services and supports are delivered.
- You have the right to live in the least restrictive setting.
- You have the right to actively engage and participate in your community.
Advance Directives
• You have the right to be provided with information about creating advance directives. Advance directives tell others how to make medical decisions for you if you are not able to make them for yourself.

Medical records requests
• At no cost to you, you have the right to annually request and receive one copy of your medical records and/or inspect your medical records. You may not be able to get a copy of medical records if the record includes any of the following information: psychotherapy notes put together for a civil, criminal or administrative action; protected health information that is subject to the Federal Clinical Laboratory Improvements Amendments of 1988; or protected health information that is exempt due to federal codes of regulation.
• Mercy Care will reply to your request within 30 days. Mercy Care’s reply will include a copy of the requested record or a letter denying the request. The written denial letter will include the basis for the denial and information on ways to get the denial reviewed.
• You have the right to request an amendment to your medical records. Mercy Care may ask that you put this request in writing. If the amendment is made, whole or in part, we will take all steps necessary to do this in a timely manner and let you know about changes that are made.
• Mercy Care has the right to deny your request to amend your medical records. If the request is denied, whole or in part, then Mercy Care will provide you with a written denial within 60 days. The written denial includes the basis for the denial, notification of your right to submit a written statement disagreeing with the denial and how to file the statement.

Reporting your concerns
• Tell Mercy Care about any complaints or issues you have with your health care services.
• You may file an appeal with Mercy Care and get a decision in a reasonable amount of time.
• You can give Mercy Care suggestions about changes to policies and services.
• You have the right to complain about Mercy Care.

Personal rights
• You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
• You have the right to receive information on beneficiary and plan information.

Respect and dignity
• You have the right to be treated with respect and with due consideration for your dignity and privacy.
• You have the right to participate in decisions regarding your health care, including the right to refuse treatment.
• You can get quality medical services that support your personal beliefs, medical condition and background. You can get these services in a language you understand. You have the right to know about other providers who speak languages other than English.
• You can get interpretation services if you do not speak English. Sign language services are available if you are deaf or have difficulty hearing. You may ask for materials in other formats or languages from Mercy Care Member Services.
• The type of information about your treatment is available to you in a way that helps your understanding given your medical condition.

Emergency care and specialty services
• You can get emergency health care services without the approval of your PCP or Mercy Care when you have a medical emergency. You may go to any hospital emergency room or other setting for emergency care.
• You may get behavioral health services without the approval of your PCP or Mercy Care.
• You can see a specialist with a referral from your PCP.
• You can refuse care from a doctor you were referred to, and you can ask for a different doctor.
• You may request a second opinion from another Mercy Care doctor.

Physician Incentive Plans
Mercy Care provides incentive payments to Accountable Care Organizations (ACO) and other provider organizations upon successful completion or expectation of successful completion of contracted goals/measures in accordance with the Alternative Payment Measure (APM) strategy. It does not reflect payment for a direct medical service to a member. The intent of these incentive programs is to incentivize quality, health outcomes and value over volume to achieve better care, smarter spending and healthier people.

Fraud, waste and abuse

Fraud
Fraud is a dishonest act done on purpose. Fraud and abuse include things like loaning, selling or giving your member ID card to someone, inappropriate billing by a provider or any action intended to defraud the AHCCCS program.

Committing fraud or abuse is against the law. Your health benefits are given to you based on your health and financial status. You should not share your benefits with anyone. If you misuse your benefits, you could lose your AHCCCS benefits. AHCCCS may also take legal action against you. If you think a person, member or provider is misusing the program, please call Mercy Care Member Services or AHCCCS.

Examples of member fraud are:
• Letting someone else use your Mercy Care ID card
• Getting prescriptions with the idea of abusing or selling drugs
• Changing information on your Mercy Care ID card
• Changing information on a prescription

Examples of provider fraud are:
• Billing for services that didn’t happen
• Ordering and/or billing for services that are not medically necessary
• Billing for services that are not documented

Waste and/or abuse
Waste and/or abuse can mean providers that take actions resulting in needless costs to AHCCCS. This includes providing medical services that are not required. It may also mean the provider does not meet required health care standards. Abuse can also include member actions that result in extra costs to AHCCCS.

Abuse means provider practices that are inconsistent with sound financial, business, or medical practices. This can result in an unnecessary cost to the Medicaid program. Abuse can also be billing for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes member practices that result in unnecessary cost to the Medicaid program.

Reporting
If you think a person, member or provider is misusing the program, please let us know. You can report to Mercy Care or to AHCCCS. You can fill out a form at www.MercyCareAZ.org. Select “Fraud & Abuse” in the Members’ section of the website. You can also call the Mercy Care Fraud Hotline at 1-800-810-6544.
You can fill out a form on the AHCCCS website at www.azahcccs.gov/Fraud/ReportFraud. You can send an email to AHCCSFraud@azahcccs.gov. You can also call AHCCCS Fraud Reporting at 602-417-4193 if you are in Arizona or toll free at 888-ITS-NOT-OK or 888-487-6686 if you are outside of Arizona.

**Quitting tobacco**

Do you use tobacco? Quitting tobacco is one of the best things that you can do for your health. If you get medication and coaching, you can double your chance for successfully quitting tobacco. You can get help or coaching through group education, over-the-phone and text messaging. You can get medication from your doctor. Your doctor can also refer you to the Arizona Smokers Helpline (ASHLine) for coaching and resources to help quit tobacco. You do not need a referral to the ASHLine. The ASHLine also offers information to help protect you and your loved ones from secondhand smoke. Many people have quit smoking and stopped tobacco use through programs offered by the ASHLine. If you want more information to help you or someone you know quit tobacco, you have choices.

1. You can call Mercy Care Customer Service at 602-263-3000 or 1-800-624-3879 (TTY 711).
2. If you are part of Mercy Care’s Care Management program, talk to your Case Manager.
3. Talk to your PCP or other provider.
4. Call the Arizona Smokers Helpline (ASHLine) directly at 1-800-556-6222, or visit www.ashline.org.

In addition to the ASHLine, there are other resources available for you. For more information on quitting tobacco, go to Tobacco Free Arizona at https://www.azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az/index.php. Tobacco Free Arizona is a program to help Arizonans know the risks of tobacco use and resources for quitting.

**Decisions about your health care**

**Living wills and other health care directives for adult members**

There may be a time when you cannot make decisions about your health care. If this happens, doctors will follow your health care directive. Health care directives are also called advance directives. Advance directives are documents that you fill out to tell doctors what type of care you want. They protect your right to refuse health care you do not want, or to request care you do want.

There are four (4) kinds of advance directives: a living will, a medical power of attorney, a mental health care power of attorney and a pre-hospital medical directive. Mercy Care strongly encourages you to have one or more of these papers.

- **Living will** – a paper that tells doctors what kinds of services you do or do not want if you become ill and may die. In your living will, you might tell doctors if you want to be kept alive with machines or fed through tubes if you cannot eat or drink on your own.
- **Durable medical power of attorney** – a paper that lets you choose a person to make decisions about your health care when you cannot.
- **Mental health care power of attorney** – names a person to make mental health care decisions if you are found incapable to do so.
- **Pre-hospital medical care directive** – states your wishes about refusing certain life saving emergency care given outside a hospital or in a hospital emergency room. You must complete a special orange form. Mercy Care has written policies to ensure advance directive wishes are followed.

You should get help writing your living will and medical power of attorney. **Members enrolled with DDD may call their Division of Developmental Disabilities Support Coordinator for help.**
Making your advance directives legal
For both a living will and a medical power of attorney, you must choose someone to be your agent. Your agent is the person who will make decisions about your health care if you cannot. He/she can be a family member or a close friend.

To make an advance directive legal, you must:
1. Sign and date it in front of another person who also signs it. This person cannot:
   - Be related to you by blood, marriage or adoption
   - Have a right to receive any of your personal and private property
   - Be appointed as your agent
   - Be involved with the paying of your health care

   OR

2. Sign and date it in front of a notary public. The notary public cannot be your agent, or any person involved with the paying of your health care.

If you are too ill to sign your medical power of attorney, you may have another person sign for you.

After you complete your advance directives
1. Keep your original signed papers in a safe place.
2. Give copies of the signed papers to your doctor(s), hospital and anyone else who might become involved in your health care. Talk to these people about your wishes about health care.
3. If you want to change your papers after they have been signed, you must complete new papers. You should make sure you give a copy of the new paper to all the people who already have a copy of the old one.
4. Be aware that your directives may not be effective in the event of a medical emergency.
5. You can also have advance directives registered with the Arizona Registry at www.azsos.gov/services/advance-directives.

Quick tips about living wills
• It is very important that you decide what treatment you do or do not want.
• Give copies of your living will and/or medical power of attorney to your doctor, hospital and any other people involved with your health care.
• You should get help writing your living will and/or medical power of attorney. Ask your doctor for help if you are not sure whom to call. Members enrolled with DDD may call their Division of Developmental Disabilities Support Coordinator. You may also call the DDD Customer Service Center at 1-844-770-9500, option 1.
• If you change any part of your living will or medical power of attorney, make sure you give a copy of the new one to all the people who already have a copy of the old one.

Common questions

Q. What should I do if I lose my member ID card or don’t get one?
A. Call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711). Or you can order a replacement Mercy Care ID card through the member portal or Mercy Care’s mobile app. You can login to the portal by going to www.MercyCareAZ.org and then select Mercy Care Web Portal at the top of the page. You can download the Mercy Care app on the Apple or Android app stores. Just log in to the portal or the app and click on “My ID Card.”

Q. How will I know the name of my PCP?
A. Mercy Care sends a welcome letter to you. This welcome letter has the name and telephone number of your PCP.
Q. Can I change my PCP?
A. Yes. Call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

Q. How can I check the status of my authorization?
A. For a quick and easy status check, look at your personal records on our secure web portal. Go to www.MercyCareAZ.org, and then select Mercy Care Web Portal at the top of the page. Also, your PCP will call Mercy Care to check the status of your authorizations. Your PCP will let you know the status.

Q. How do I know which services are covered?
A. This handbook explains services that are covered and not covered. Look under the section that applies to you. You may also ask your doctor or call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711). You can find more information about covered and not covered services on our website at www.MercyCareAZ.org.

Q. What should I do if I get a bill?
A. If you get a bill, call the health care provider who billed you and give them your Mercy Care information. If they continue to bill you, please call Mercy Care Member Services for help at 602-263-3000 or 1-800-624-3879 (TTY 711).

Q. I need help getting to my doctor. What can I do?
A. Check first with neighbors, friends or relatives for a ride. If you are not able to find a ride, call Mercy Care Member Services at least three (3) days before your appointment. If you need to go to urgent care, you may call Member Services the same day to set up a ride. Please note, there is a three-hour wait for same day rides. Member Services is available Monday through Friday, 7 a.m. to 6 p.m. at 602-263-3000 or 1-800-624-3879 (TTY 711).

Q. Which hospitals can I use?
A. You can find a list of network hospitals in the Mercy Care Provider Directory. There is a searchable provider directory on the Mercy Care website at www.MercyCareAZ.org. Select “Find a Provider,” and then you can search by provider or by hospital. You can go to any hospital for emergency care. You can get emergency health care services without the approval of your PCP or Mercy Care when you have a medical emergency. You may go to any emergency room or other settings for emergency care.

Q. What is an emergency?
A. An emergency is a medical condition that could cause serious health problems or even death if not treated immediately.

Q. Does Mercy Care have urgent care centers?
A. Yes. You can find an urgent care center using the searchable provider directory on the Mercy Care website at www.MercyCareAZ.org. Select “Find a Provider,” then click on “Mercy Care /Mercy Care Long to Care.” Select Mercy Care Complete Care or Mercy Care Developmental Disabilities from the dropdown menu and then, enter the city, state and ZIP code, and select “Urgent Care Facility” under “Specialty.”
Resources

Community resources
There are local and national organizations that provide resources for persons with behavioral health needs, family members and caretakers of persons with behavioral health needs. Some of these are:

The Arizona Health Care Cost Containment System (AHCCCS)
The Arizona Health Care Cost Containment System is Arizona’s Medicaid program. AHCCCS oversees contracted health plans in the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs.

AHCCCS
801 E. Jefferson St.
Phoenix, AZ 85034
602-417-4000
https://azahcccs.gov

Health-e-Arizona PLUS
Health-e-Arizona is a secure and easy to use website open 24 hours a day/7 days a week. It allows you to apply for AHCCCS benefits, KidsCare, Nutrition Assistance and Cash Assistance benefits and to connect to the Federal Insurance Marketplace. Health-e-Arizona allows individuals and families to apply and reapply for benefits as well as report changes and submit requests/documents to AHCCCS and DES.

1-855-432-7587
www.healthearizonaplus.gov

2-1-1 Arizona
Community Information and Referral Services transforms lives by linking individuals and families to vital community services throughout Arizona.
Dial 2-1-1
https://211arizona.org/

Alzheimer’s Association – Desert Southwest Chapter
The Alzheimer’s Association is the leading voluntary health organization in Alzheimer’s care, support and research. Resources include: care finder, help line, library, workshops and support groups, and tips for caregivers.
https://www.alz.org/dsw
Helpline (24 hour, 7 days a week): 1-800-272-3900

1028 E. McDowell Rd.
Phoenix, AZ 85006
602-528-0545 or 1-800-272-3900

American Diabetes Association
2451 Crystal Dr., Ste. 900
Arlington, Virginia 22202
1-800-342-2383
www.diabetes.org
Area Agency on Aging
24 hour Senior help line 602-264-HELP (4357)

Maricopa County – Region One
1366 E. Thomas Rd., Ste. 108
Phoenix, AZ 85014
602-264-2255 or 1-888-264-2258
www.aaaphx.org

Pima County – Region Two
8467 E. Broadway Blvd.
Tucson, AZ 85710
http://www.pcoa.org
520-790-7262

Coconino, Apache Counties – Region 3
323 N. San Francisco St., Ste. 200
Flagstaff, AZ 86001
https://nacog.org/index.cfm
928-774-1895 or 877-521-3500

La Paz, Yuma Counties – Region Four
1235 S. Redondo Center Dr.
Yuma, AZ 85365
928-782-1886 or 1-800-782-1886
https://www.wacog.com

Mohave – Region Four
208 N. 4th St.
Kingman, AZ 86401
https://www.wacog.com
928-753-6247

Pinal and Gila Counties – Region Five
8969 W. McCartney Rd.
Casa Grande, AZ 85194
https://www.info@pgcsc.org
1-800-293-9393

Cochise, Graham, Greenlee, Santa Cruz Counties – Region Six
300 Collins Rd.
Bisbee, AZ 85603
https://www.seago.org
520-432-2528

Navajo Nation – Region Seven
1800 W. Deuce of Clubs, Ste. 220
Show Low, AZ 85901
https://nacog.org/index.cfm
928-774-1895

Yavapai
544 S. 6th St., Ste. 104
Cottonwood, AZ 86326
https://nacog.org/index.cfm
928-239-7435

Yavapai
3130 Robert Rd., Ste. 1
Prescott Valley, AZ 86314
https://nacog.org/index.cfm
928-227-0142 or 1-800-552-9257

Inter-Tribal Council of Arizona – Region Eight
2214 N. Central Ave.
Phoenix, AZ 85004
http://itcaonline.com/?page_id=793
602-258-4822
Programs include:
- Child Care Resource & Referral, where parents can call to get a list of childcare centers
- The Center for Adolescent Parents where teen mothers can earn their high school diploma or GED while receiving no-cost, on-site childcare
- In-home support for families with babies under the age of 3 months

288 N. Ironwood Dr., Ste. 104
Apache Junction, AZ 85120
480-983-7028

1355 Ramar Rd., Ste. 8
Bullhead City, AZ 86442

1115 E. Florence Blvd., Ste. M
Casa Grande, AZ 85122
520-518-5292

1151 16th Street
Douglas, AZ 85607
520-368-6122

2708 N. 4th St., Ste. C1
Flagstaff, AZ 86004
928-714-1716

2202 Hualapai Rd., Ste. 101
Kingman, AZ 86401
928-753-4410

116 S. Lake Havasu Ave., Ste. 104
Lake Havasu City, AZ 86403
928-753-4410 ext. 21

1827 N. Mastick Way
Nogales, AZ 85621
520-281-9303

1951 W. Camelback Rd., Ste. 370
Phoenix, AZ 85015
602-234-3941

1491 W. Thatcher Blvd., Ste. 106
Safford, AZ 85546
928-428-7231

3965 E. Foothills Dr., Ste. E1
Sierra Vista, AZ 85635
520-458-7348

2800 E. Broadway Blvd.
Tucson, AZ 85716
520-881-8940

3970 W. 24th St. Ste. 103
Yuma, AZ 85364
928-783-4003 or 800-929-8194

Arizona Coalition for Military Families
2929 N. Central Ave., Ste. 1550
Phoenix, AZ 85012
602-753-8802
www.Arizonacoalition.org

Arizona Department of Health Services
150 N. 18th Ave., Ste. 310
Phoenix, AZ 85007
602-542-1025 or 1-800-252-5942
www.azdhs.gov/index.php
Arizona and Drug Information Center
No-cost, confidential, 24 hours a day, 7 days a week
1-800-222-1222
http://www.azpoison.com/

Arizona Department of Economic Security
The Arizona Department of Economic Security can assist you in identifying your needs and getting connected to an agency that can answer your questions. Link to a wide range of activities, such as reviewing Medicare/Medicaid benefits, reading about what’s new in health care, searching for job opportunities, caregiver respite, housing options and more.
https://des.az.gov
Unemployment insurance: 1-877-600-2722
Nutrition, cash, or medical assistance: 1-855-432-7587
www.healthearizonaplus.gov

Arizona Department of Health Services (ADHS) 24-Hour Breastfeeding Hotline
1-800-833-4642
https://azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php#mom-home

Arizona Disability Benefits 101
Disability Benefits is an online benefit planning tool that offers tools and information on health coverage, benefits and employment.
1-866-304-WORK (9675)
www.az.db101.org

ARIZONA@WORK
ARIZONA@WORK provides comprehensive statewide and locally-based workforce solutions for job seekers and employers.
https://arizonaatwork.com

Vocational Rehabilitation (VR)
The Arizona Department of Economic Security offers Vocational Rehabilitation. The VR program provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.
1-800-563-1221 or TTY 1-855-475-8194
https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr

Arizona Early Intervention Program (AZEIP)
The Arizona Early Intervention Program (AZEIP, pronounced Ay-zip), helps families of children with disabilities or developmental delays age birth to three years old. They provide support and can work with their natural ability to learn. To get help or learn more about AZEIP resources, call Mercy Care RBHA at 602-586-1841 or 1-800-564-5465; (TTY 711) and ask for the Mercy Care RBHA AZEIP coordinator.

1789 W Jefferson St., Mail Drop 2HP1
Phoenix, AZ 85007
602-532-9960
www.azdes.gov/azeip
Arizona Head Start
www.azheadstart.org
Head Start is a great program that gets preschoolers ready for kindergarten. Preschoolers enrolled in Head Start will get healthy snacks and meals too. Head Start offers these services and more at no cost to you. To locate a Head Start program in your area visit www.azheadstart.org/head-start-programs.php
www.azheadstart.org
602-262-4040

Apache, Coconino, Navajo, and Yavapai Counties

Northern Arizona Council of Governments (NACOG)
121 E. Aspen
Flagstaff, AZ 86001
928-774-9504
nacog.org

Cochise, Graham, Greenlee, Pima, and Santa Cruz Counties

Child Parent Centers, Inc. (CPC)
602 E. 22nd St.
Tucson, AZ 85713
520-882-0100
childparentcenters.org

Gila or Pinal County

Pinal Gila Community Child Services, Inc. (PGCCS)
1183 E Cottonwood Lane, Ste. 2
Casa Grande, AZ 85122
1-888-723-7321
pgccs.org

La Paz, Mohave, and Yuma Counties

Western Arizona Council of Governments (WACOG)
1235 S. Redondo Center Drive
Yuma, AZ 85365
928-782-1886
wacog.com

For programs in Maricopa County contact

Catholic Charities Westside Head Start
7400 W. Olive Ave., Ste. 10
Peoria, AZ 85345
623-486-9868
CatholicCharitiesAz.org
Chicanos Por La Causa - Early Head Start
1402 S. Central Ave.
Phoenix, AZ 85004
602-716-0156
cplc.org

Child Crisis Arizona
402 N. 24th St.
Phoenix, AZ 85008
602-889-6165
childcrisis.org

City of Phoenix Education Division
200 W. Washington, 17th Floor
Phoenix, AZ 85003
602-262-4040
https://www.phoenix.gov/humanservices/

Maricopa County Human Services - Early Education Division
234 N. Central Ave.
Phoenix, AZ 85004
602-372-3700
www.maricopa.gov/619/Early-Education

Southwest Human Development Head Start
2850 N. 24th St.
Phoenix, AZ 85008
602-266-5976
swhd.org

Urban Strategies Family & Child Academy
1918 W. Van Buren St., Bldg. G
Phoenix, AZ 85009
602-718-1720
www.urbanstrategies.us

Alhambra School District Head Start
4510 N. 37th Ave.
Phoenix, AZ 85019
602-246-5155
alhambraesd.org

Booker T. Washington Child Development Center, Inc.
1519 E. Adams
Phoenix, AZ 85034
602-252-4743
btwchild.org

www.MercyCareAZ.org
Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m. 87
Deer Valley Head Start
20402 North 15th Ave.
Phoenix, AZ 85027
623-445-4991
dvusd.org

Fowler Head Start
6250 W. Durango
Phoenix, AZ 85043
623-474-7260
fesd.org

Greater Phoenix Urban League Head Start
1402 S. 7th Ave.
Phoenix, AZ 85007
602-276-9305
gphxul.org

Roosevelt School District Head Start
6218 S. 7th St.
Phoenix, AZ 85042
602-232-4919
rsd.k12.az.us

Washington Elementary School District
1502 W. Mountain View Rd.
Phoenix, AZ 85021
602-347-2206
wesdschools.org

For Migrant & Seasonal Program Services contact

Chicanos Por La Causa Early Childhood Development
1242 E. Washington St., Ste. 200
Phoenix, AZ 85034
602-307-5818
cplc.org

Arizona Opioid Assistance & Referral (OAR) Line
A no-cost, confidential hotline offers opioid advice, resources and referrals 24 hours a day, 7 days a week. This Hotline is staffed with local medical experts at the Arizona and Banner Poison & Drug Information Centers who offer patients, family members or providers valuable opioid information.
1-888-688-4222
https://www.azdhs.gov/oarline
Arizona Postpartum Warm Line
Offer’s support for families dealing with “postpartum depression, postpartum anxiety and other mood disorders associated with pregnancy and postpartum. This is a volunteer, peer support warm line, and helpful to families dealing with postpartum.
800-944-4773 call or text
www.psiarizona.org

Arizona Suicide Prevention Coalition
4612 N. 12th St, Phoenix Az 85014
602-248-8336
If you need immediate help within Arizona, please call EMPACT at 480-784-1500 or 866-205-5229
Teens can call Teen Lifeline at 602-248-TEEN (8336) or 800-248-TEEN
www.azspc.org

AZ Links
AZ Links is the website of Arizona’s Aging and Disability Resource Consortium (lg). AZ Links helps Arizona seniors, people with disabilities, caregivers and family members locate resources and services.
www.AzLinks.gov

Coordinated Entry Access Points
Coordinated Entry is a process mandated by the US Department of Housing and Urban Development (HUD) to connect individuals and families experiencing homelessness with community housing and service resources. At the locations listed below, individuals or families can be triaged, assessed, and placed on a list for possible referral to one of these community housing resources based on priority and availability. Note, processes and resources may differ based upon region of access.

Apache County

Old Concho Community Assistance Center (OCCAC)
928-337-5047
35432 Hwy 180A, Concho, AZ 85924

Cochise County

Good Neighbor Alliance (GNA)
520-439-0776
420 N. 7th St., Sierra Vista, AZ 85635

Bisbee Coalition for the Homeless (Tintown Shelter)
520-432-7839
509 Romero St., Bisbee, AZ 85603

Coconino County

Catholic Charities Community Services (CCCS)
928-774-9125
2101 N. Fourth St., Flagstaff, AZ 86004
Flagstaff Shelter Services (FSS)
928-225-2533 x307
4185 E. Huntington Dr., Flagstaff, AZ 86004

Gila County

Gila County Community Action Program
https://www.gilacountyaz.gov/government/community/community_action_program.php
928-425-7631
5515 S. Apache Avenue, Suite 200, Globe, AZ 85501
514 S. Beeline Hwy., Payson, AZ 85541

Graham/Greenlee

Please contact 211 Arizona for Coordinated Entry
2-1-1
https://211arizona.org/

La Paz County

Regional Center for Border Health (RCFBH)
928-669-4436
(928) 256-4110
601 W. Riverside Dr., Parker, AZ 85344

Maricopa County

Brian Garcia Welcome Center on the Human Services Campus (Singles)
602-229-5155
206 S. 12th Ave., Phoenix, AZ 85007

Youth Resources (age 18-24)
602-271-9904
215 E University Dr. Tempe, AZ 85281

Family Housing Hub (Families only)
602-595-8700
3307 E. Van Buren St., #108 Phoenix, AZ 85008

VA Community Resource and Referral Center (CRRC) Veterans
602-248-6040
1500 East Thomas Rd., Ste. 106 Phoenix, AZ 85014

Mohave County

Mohave County Housing Authority
928-753-0723
700 W. Beale St., Kingman, AZ 86401
Navajo County

Re:Center
928-457-1707
814 E. White Mountain Blvd., Pinetop-Lakeside, AZ 85901

Community Action Human Resources Agency (CAHRA)
520-466-1112
109 N. Sunshine Blvd., Eloy, AZ 85131

Pima County

Sonora House
520-624-5518
1367 W Miracle Mile, Tucson, AZ 85705

Salvation Army
520-622-5411
1002 N. Main Avenue, Tucson, AZ 85705

Primavera Foundation – Homeless Intervention & Prevention (HIP) Drop-In Center
520-308-3079
702 S. 6th Ave. Tucson, AZ 85701

Our Family Services
520-323-1708
2590 N Alvernon Way, Tucson, AZ 85712

La Frontera RAPP
520-882-8422
1082 E. Ajo Way, #100 Tucson, AZ 85713

OPCS
520-546-0122
4501 E. 5th Street
Tucson, AZ 85711

Pinal County

Community Action Human Resources Agency
520-466-1112
109 N Sunshine Blvd., Eloy, AZ 85131

National Community Health Partners (NCHP)
520-876-0699

CG Helps
520-483-0010
350 E. 6th St., Casa Grande, AZ 85122
Santa Cruz County

Please contact 211 Arizona for Coordinated Entry
Dial 2-1-1
https://211arizona.org/

Yavapai County

Coalition for Compassion & Justice (CCJ)
928-445-8382
531 Madison Ave., Prescott, AZ 86301

Nations Finest
928-237-1095
600 E. Gurley St., Ste F., Prescott, AZ 86301

Verde Valley Homeless Coalition
928-641-4298
54 Main St., Cottonwood, AZ 86326

Catholic Charities Community Services (CCCS)
928-848-6011
434 W. Gurley St., Prescott, AZ 86301

Prescott Area Shelter Services (PASS)
928-778-5933
336 N. Rush St., Prescott, AZ 86301

Yuma County

ACHIEVE
928-341-4147
3250A East 40th Street; Yuma, AZ 85365

Western Arizona Council of Governments (WACOG)
928-217-7116
1235 S. Redondo Center Drive, Yuma, AZ 85365

National Community Health Partners (NCHP)
928-726-6022
255 W 24th St., Ste 4, Yuma, AZ 85364

Dump the Drugs
General and Public information: 602-542-1025
Find drop box locations to dispose unused or unwanted prescription drugs. This application displays all drop off locations in Arizona and enables the user to enter their address to receive directions to the location closest to them.
https://azdhs.gov/gis/dump-the-drugs-az
Emergency shelter

Please contact 211 Arizona for Shelter Resources
Dial 2-1-1
https://211arizona.org/

Healthy Families
This program helps mothers have a healthy pregnancy and helps with child development, nutrition, safety and other things. A community health worker will go to the pregnant member’s home to give her information and help with any concerns that she might have. The program starts while the member is pregnant and can continue through the time that the baby is 2 years old!
https://strongfamiliesaz.com/program/healthy-families-arizona

Home visitation resources

Strong Families AZ
Strong Families AZ is a network of no-cost home visiting programs that helps families raise healthy children ready to succeed in school and life. The programs focus on pregnant woman and families with children birth to age 5.
https://strongfamiliesaz.com/

How to sign up:
1. Enter your zip code to see what no-cost home visiting programs are available in your area.
2. Click on the contact us tab at the top right of the screen.
3. Fill out your information and a program representative will contact you.

Arizona Health Start
For women who are pregnant or have a child under 2 years old. If you are pregnant or a mother facing challenges, it’s important to know that someone can help you. Arizona Health Start is here to help. Our home visitors can connect you with a variety of community organizations that provide health care, education, parenting resources, and application assistance for other programs. We will get to know you and your family, so we can help you get the resources you need. We understand your culture, because we live in your community. We also understand what you’re going through, because we’ve helped families just like yours.
https://strongfamiliesaz.com/program/arizona-health-start

Early Head Start
For families with children under 5 years old. Head Start (for children 3-5) and Early Head Start (pregnant women and children 0-3) has a variety of program and service delivery options including Center Base, Home-Base, Combination (Home & Center) or Family Child Care. Each program incorporates an individualized approach to high-quality services for low-income pregnant women and children age birth to five. Families receive support and guidance from Head Start staff to become self-sufficient.
https://strongfamiliesaz.com/program/early-head-start

Family Spirit
For Native American families with children under 3 years old. The Family Spirit Program is a culturally tailored home-visiting intervention delivered by Native American paraprofessionals as a core strategy to support young Native parents from pregnancy to 3 years post-partum. Parents gain knowledge and skills to achieve optimum development for their preschool age children across the domains of physical, cognitive, social-emotional, language learning, and self-help.
https://strongfamiliesaz.com/program/family-spirit-home-visiting-program
Healthy Families Arizona
For families with an infant under 3 months old. Everyone who is having a baby can feel overwhelmed. It’s important to know that it’s ok to ask for help, especially if you’re experiencing a number of challenges. Healthy Families Arizona is a no-cost program that helps mothers and fathers become the best parents they can be. A Home Visitor will get to know you and connect you with services based on your specific situation. To initiate services, please directly contact any of the service providers serving the area where you reside. 
https://strongfamiliesaz.com/program/healthy-families-arizona

High Risk Perinatal/Newborn Intensive Care Program
For families with newborns who have been in intensive care. The High-Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) is a comprehensive, statewide system of services dedicated to reducing maternal and infant mortality. The program provides a safety net for Arizona families, to ensure the most appropriate level of care surrounding birth as well as early identification and support for the child’s developmental needs.
https://strongfamiliesaz.com/program/high-risk-perinatal-programnewborn-intensive-care-program

Nurse-Family Partnership
For first-time mothers less than 28 weeks pregnant. Children don’t come with an instructional guide. It’s normal that new mothers face challenges and doubt. In times like these, someone is here to help you. Nurse-Family Partnership is a community health care program that will connect you with a nurse home visitor. Through the visits, you will learn how you can best care for your child.
https://strongfamiliesaz.com/program/nurse-family-partnership

Nurse-Family Partnership/North and West Phoenix
2850 N. 24th St.
Phoenix, AZ 85008
602-224-1740

Phoenix East
4041 N. Central Ave, Suite 700
Phoenix, AZ 85012
602-224-1740

Phoenix South
4041 N. Central Ave.
Phoenix, AZ 85012
602-224-1740

Nurse-Family Partnership/Casa de los Niños
1101 N. 4th Ave
Tucson, AZ 85705
520-881-0001

Nurse-Family Partnership/ Easter Seals Blake Foundation
3170 E. Ft. Lowell Rd.
Tucson, AZ 85716
520-795-4977
Parents as Teachers
For families with a child on the way or under 5 years old. Your children have so much potential. As a parent, you have a unique opportunity to be their first teacher. That’s because most brain development occurs in the first few years of life, and you can make a difference. Parents as Teachers will show you how. Our Home Visitors will provide you with resources appropriate for your child’s stage of development. Through Parents as Teachers, you’ll develop a stronger relationship with your child and help prepare them for academic success.

https://strongfamiliesaz.com/program/parents-as-teachers

SafeCare
For families with a child under 5 years old. Let professional and highly trained home visitors support you and your family on your journey to success. Utilizing the nationally recognized SafeCare model, you will receive weekly visits that are divided into core focus areas: parent-child interaction, health and home safety. In each focus area or module, you will build on and strengthen your skills through a variety of interactive sessions.

https://strongfamiliesaz.com/program/safecare

Home Visiting Programs - additional resources

ADHS Pregnancy and Breastfeeding Helpline
Provided by the Arizona Department of Health Services (ADHS) and offers information about pregnancy tests, and low-cost providers. Calls are answered by an International Board-Certified Lactation Consultant (IBCLC) to learn about the benefits of breastfeeding, mom’s diet, milk supply, or tips and tricks for successful breastfeeding for mother and child.

Available 24 hours a day, 7 days a week: 1-800-833-4642.

https://www.azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/

Birth to 5 Helpline
No-cost service available to all Arizona families with young children, as well as parents-to-be, with questions or concerns about their infants, toddlers and preschoolers. Call to speak with an early childhood specialist, on duty Monday through Friday from 8 a.m. to 8 p.m. You can also leave a voicemail or submit your question online anytime.

1-877-705-KIDS
https://www.swhd.org/programs/health-and-development/birth-to-five-helpline

First Things First
Partners with families and communities to help our state’s young children be ready for success in kindergarten and beyond.

602-771-5100 or 1-877-803-7234
https://www.firstthingsfirst.org/

Fussy Baby Program
The Fussy Baby program is a component of the Birth to Five Helpline and provides support for parents who are concerned about their baby’s temperament or behavior during the first year of life. Our clinicians will work with you to find more ways to soothe, care for, and enjoy your baby. We’ll also offer ways to reduce
stress while supporting you in your important role as a parent. Additional visit(s) to home if needed in Maricopa County only.

1-877-705-KIDS
https://www.swhd.org/programs/health-and-development/fussy-baby

Hushabye Nursery
Hushabye Nursery offers a safe and inclusive space where mothers, family members and babies – from conception through childhood – can receive integrative care and therapeutic support that offers each child the best possible life outcomes. Programs will include prenatal and postpartum support groups, inpatient nursery services and outpatient therapies.
Call or text 480-628-7500
https://www.hushabyenursery.org

CHEEERS Recovery Center
CHEEERS Recovery Center is a non-profit community service agency serving adults with behavioral health challenges. They provide Recover Support Services through classes, groups, events, and on-on-one support, by state-certified CHEEERS Peer Support Specialists. Their primary focus is empowerment, education, and employment.
602-246-7607
https://www.cheeers.org/

Jacob’s Hope
Jacob’s Hope is a clinic for newborns who are suffering with withdrawals from prenatal exposure to drugs. Their medically nurturing facility cares for these infants in a home-like environment until they are ready for discharge.
480-398-7373
https://jacobshopeaz.org/

Maricopa County Lead Safe Phoenix Partnership
Provides the following services to families enrolled in the Lead Safe Phoenix program:

- **Home visitation**
  - Lead blood testing for children under 6 years of age
  - Environmental assessment of the home to enhance the health and safety of the children in the home
  - Education on the prevention of lead poisoning
  - Screening and referral to community resources as needed

- **Community education and outreach**
  602-525-3162
  https://www.maricopa.gov/1853/Lead-Poisoning-Prevention
  - Education regarding lead hazards and lead poisoning prevention to target populations (pregnant women, households with children under six) within Lead Safe Phoenix eligible zip codes
  - Education to home visiting program staff working within the Lead Safe Phoenix target zip codes

**Office of Children’s Health**
150 N. 18th Ave.
Phoenix AZ 85007
602-542-1025
Parents Partners Plus
Partners with trusted, established nonprofit and advocacy organizations to help give your child their best possible chance at a happy, healthy future. If you have questions, concerns or needs as far as breastfeeding, fighting postpartum depression, child-rearing or otherwise transitioning into life as a parent, our representatives can connect you with critical resources. Maricopa County Referral Resource
602-633-0732
https://parentpartnersplus.com/

Postpartum Support International
Postpartum Support International (PSI) is the world’s leading non-profit organization dedicated to helping those suffering from perinatal mood disorders. PSI promotes treatment, prevention, education and awareness of perinatal mood disorders (PMD) affecting mothers, their families and support systems. PSI Helpline: 24 hours a day, 7 days a week call or text English 1-800-944-4773, or Spanish 971-203-7773. National crisis line text HOME to 741741 anywhere in the USA, anytime.
https://www.postpartum.net/get-help

Power Me A2Z
No-cost vitamins for young women for strong bones and teeth, shiny hair, strong nails, a healthy immune system, and preventing anemia. Taking a daily vitamin provides enough of each nutrient if you can’t get it through what you eat every day. Good vitamins are also important for women’s health by reducing the risk of heart disease, colon cancer, memory loss, and prevent certain birth defects when you’re ready for children. Provided from the Arizona Department of Health Services (ADHS) for Arizona women over 18 years of age.
https://www.powermea2z.org/

Southwest Human Development
Works with families from pregnancy through the first 5 years of life to help you become the best parent you can be.
602-266-5976
https://www.swhd.org/programs/health-and-development/healthy-families/

WIC online
Families now have the option to attend some of their WIC appointments from the comfort of their homes. During a WIC@Home appointment, you’ll join other parents or caregivers using a video-chat website to share tips on nutrition or breastfeeding. All you need is a smartphone, tablet or computer with a webcam to participate.
602-506-9333
https://www.maricopa.gov/1491/Women-Infants-Children-WIC

Information for caregivers
24-hour Senior Help Line: 602-264-HELP (4357)

Mentally Ill Kids in Distress (MIKID)
MIKID provides support and help to families in Arizona with behaviorally challenged children, youth and young adults. MIKID offers information on children’s issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.
www.mikid.org

www.MercyCareAZ.org
Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m. 97
NAMI Arizona (National Alliance on Mental Illness)
NAMI Arizona has a Helpline for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education and advocacy to people of all ages who are affected by mental illness.
480-994-4407
www.namiarizona.org

National Suicide Prevention Hotline
Offers no-cost 24-hour hotline available to anyone in suicidal crisis or emotional distress.
1-800-273-8255
www.suicidepreventionlifeline.org

National Veterans Crisis Line
1-800-273-8255, option 1
www.veteranscrisisline.net

Nutrition Assistance (formerly the Food Stamp Program)
Supporting families to prevent under-nutrition in Arizona.
1-855-432-7587
des.az.gov/na

Poison Control
Call 911 right away if the individual collapses, has a seizure, has trouble breathing, or can’t be awakened. For immediate and expert advice that’s no-cost and confidential call 24 hours a day, 7 days a week:
1-800-222-1222

Get help online if you took too much medicine, swallowed or inhaled something that might be poisonous, splashed a product on your eye or skin, help identify a pill, or information about a medication.
https://triage.webpoisoncontrol.org/#/exclusions
https://www.poison.org/

Raising Special Kids
www.raisingspecialkids.org
Raising Special Kids exists to improve the lives of children with the full range of disabilities, from birth to age 26, by providing support, training, information and individual assistance so families can become effective advocates for their children.
Phoenix- 602-242-4366 or 1-800-237-3007
Southern Arizona- Tucson 520-441-4007
Southern Arizona- Yuma 928-444-8803

Teen Lifeline
Peer counseling suicide hotline from 3-9 p.m. daily. Life skills development training for teens interested in becoming peer counselors. Awareness, education, prevention materials and training opportunities available.
602-248-8336 (TEEN) or 1-800-248-8336 (TEEN)
www.teenlifeline.org

Arizona Youth Partnership
Starting Out Right provides health education and supportive services to pregnant and parenting adolescents ages 21 and younger, regardless of their financial situation.
https://azyp.org/program/starting-out-right/
1-877-882-2881

Trans Lifeline
A peer-support crisis hotline in which all operators are transgender
1-877-565-8860
www.translifeline.org

Veterans crisis line/Be Connected line
Veterans resources (and for those who support them)
1-866-4AZ-VETS or 1-866-429-8387

Vocational Rehabilitation Program
The Vocational Rehabilitation program provides services and supports in order to assist persons with disabilities to meet their employment goals.
https://des.az.gov/vr

WIC (Women, Infants and Children)
WIC provides food, breastfeeding education and information on healthy diet to women who are pregnant, infants and children under five years old.
Website: www.azdhs.gov/prevention/azwic
Find out if you’re eligible at www.azdhs.gov/prevention/azwic/families/index.php#eligibility
Find a clinic near you: https://clinicsearch.azbnp.gov
1-800-252-5942

No cost immunization/vaccination clinics
Sometimes you may not be able to get your child in to see their PCP for vaccinations. You can go to the following clinics for your child’s vaccinations. (Listed by county name)

<table>
<thead>
<tr>
<th>APACHE</th>
<th>North Country HealthCare - Saint John’s Clinic</th>
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<tbody>
<tr>
<td>North Country HealthCare - Round Valley Clinic</td>
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<tr>
<td>928-333-0127</td>
<td>928-333-3705</td>
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</table>
### GILA

**Canyonlands Healthcare - Globe**  
928-402-0491  
http://www.canyonlandschc.org

**Gila County Public Health Services Division - Globe**  
928-425-3189 x8811  
https://www.gilacountyaz.gov/government/health_and_emergency_services/health_services/index.php

**Gila County Public Health Services Division - Payson**  
928-474-1210  
https://www.gilacountyaz.gov/government/health_and_emergency_services/health_services/index.php

**North Country HealthCare - Payson Clinic**  
928-468-8610  
http://www.northcountryhealthcare.org

### COCHISE

**Chiricahua Pediatric Center of Excellence**  
520-364-5437  
http://www.cchci.org

**Chiricahua Sierra Vista Pediatrics Clinic**  
520-459-0203  
http://www.cchci.org

### COCONINO

**Coconino County Immunization Clinic**  
928-679-7222  
http://www.coconino.az.gov/health

**Lake Powel Medical Center**  
928-645-8123  
http://www.canyonlandschc.org

**NACA Family Health & Wellness Center**  
928-773-1245  
http://www.nacainc.org

**North Country HealthCare - Flagstaff Clinic 4th St**  
928-522-9400  
http://www.northcountryhealthcare.org

**North Country HealthCare - Flagstaff Clinic**  
University Ave  
928-522-1300  
http://www.northcountryhealthcare.org

**North Country HealthCare - Grand Canyon Clinic**  
928-638-2551  
http://www.northcountryhealthcare.org

**North Country HealthCare - Williams Clinic**  
928-635-4441  
http://www.northcountryhealthcare.org

### GRAHAM

**Canyonlands Healthcare - Safford**  
928-428-1500  
http://www.canyonlandschc.org

**Graham County Health Department Public Health Services**  
928-428-1962  
http://www.graham.az.gov/254/health

### GREENLEE

**Canyonlands Healthcare - Clifton**  
928-865-2500  
http://www.canyonlandschc.org

**Canyonlands Healthcare - Duncan**  
928-359-1380  
http://www.canyonlandschc.org

**Greenlee County Public Health and Community Nursing - Clifton**  
928-865-2601  
http://www.co.greenlee.az.us
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<tr>
<th>County</th>
<th>Location</th>
<th>Phone Number</th>
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<tr>
<td>Greenlee</td>
<td>Greenlee County Public Health</td>
<td>928-359-2866</td>
<td><a href="http://www.co.greenlee.az.us">http://www.co.greenlee.az.us</a></td>
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<td>and Community Nursing - Parker</td>
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<td>LA PAZ</td>
<td>La Paz County Health Department</td>
<td>928-669-1100</td>
<td><a href="http://www.lpchd.com">http://www.lpchd.com</a></td>
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<td>MARICOPA</td>
<td>Chandler Regional Medical Center</td>
<td>480-728-2004</td>
<td><a href="http://www.dignityhealth.org/arizona/locations/chandlerregional/about-us/immunization-clinics">http://www.dignityhealth.org/arizona/locations/chandlerregional/about-us/immunization-clinics</a></td>
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<td></td>
<td>Wellness Immunization Clinic</td>
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<td>Mesa Immunization Clinic</td>
<td>602-506-2660</td>
<td><a href="http://www.maricopa.gov/3849/public-health">http://www.maricopa.gov/3849/public-health</a></td>
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<td>NHW Community Health Center</td>
<td>602-279-5351</td>
<td><a href="http://nativehealthphoenix.org">http://nativehealthphoenix.org</a></td>
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<td>West Immunization Clinic</td>
<td>602-506-5888</td>
<td><a href="http://www.maricopa.gov/3849/public-health">http://www.maricopa.gov/3849/public-health</a></td>
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<td>MOHAVE</td>
<td>Canyonlands Healthcare - Beaver</td>
<td>928-347-5971</td>
<td><a href="http://www.canyonlandschc.org">http://www.canyonlandschc.org</a></td>
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<td>Havasu City Clinic</td>
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<td>NAVAJO</td>
<td>Canyonlands Healthcare - Chilchinbeto</td>
<td>928-697-8154</td>
<td><a href="http://www.canyonlandschc.org">http://www.canyonlandschc.org</a></td>
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<td>Holbrook Immunization Clinic</td>
<td>928-524-4750</td>
<td><a href="http://www.navajocountyaz.gov/departments/public-health-services">http://www.navajocountyaz.gov/departments/public-health-services</a></td>
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<td>Low Clinic</td>
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<td>Show Low Immunization Clinic</td>
<td>928-532-6050</td>
<td><a href="http://www.navajocountyaz.gov/Departments/Public-Health-Services">http://www.navajocountyaz.gov/Departments/Public-Health-Services</a></td>
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<tr>
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<td>Taylor/Snowflake Immunization</td>
<td>928-532-6050</td>
<td><a href="http://www.navajocountyaz.gov/Departments/Public-Health-Services">http://www.navajocountyaz.gov/Departments/Public-Health-Services</a></td>
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<td>Clinic</td>
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<td>PIMA</td>
<td>Continental Family Medical Center</td>
<td>520-407-5900</td>
<td><a href="http://www.uchcaz.org">http://www.uchcaz.org</a></td>
</tr>
</tbody>
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[www.MercyCareAZ.org](http://www.mercycareaz.org)  
Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m.  
101
Continental Pediatrics Clinic
520-407-5900
http://www.uchcaz.org

Desert Senita Community Health Center - Ajo
520-387-5651
http://www.desertsenita.org

El Rio No-Cost Immunization Clinics
520-670-3909
http://www.elrio.org

La Canada Pediatrics Clinic
520-407-5800
http://www.uchcaz.org

Pima County Health Department Clinic - Tucson East
520-724-9650
http://www.webcms.pima.gov/health

Pima County Health Department Clinic - Tucson North
520-724-2880
http://www.webcms.pima.gov/health

Pima County Health Department
Clinic-Tucson Southwest
520-724-7900
http://www.webcms.pima.gov/health

UA Mobile Health Program
520-349-6594
http://www.fcm.arizona.edu/outreach/mobile-health-program

United Community Health Center Arivaca Clinic
520-407-5500
http://www.uchcaz.org

United Community Health Center at Green Valley
Hospital Clinic
520-407-5400
http://www.uchcaz.org

United Community health Center at Old Vail
Middle School
520-762-5200
http://www.uchcaz.org

United Community Health Center at Sahuarita Heights
520-576-5770
http://www.uchcaz.org

United Community Health Center at Three Points Clinic
520-407-5700
http://www.uchcaz.org

PINAL

Apache Junction Clinic
866-960-0633
http://www.pinalcountyaz.gov

Casa Grande Clinic
866-960-0633
http://www.pinalcountyaz.gov

Desert Senita Community Health Center - Arizona City
520-466-5774
http://www.desertsenita.org

Eloy Clinic
866-960-0633
http://www.pinalcountyaz.gov

Kearny Clinic
866-960-0633
http://www.pinalcountyaz.gov

Mammoth Clinic
866-960-0633
http://www.pinalcountyaz.gov

Maricopa Clinic
866-960-0633
http://www.pinalcountyaz.gov

SANTA CRUZ

Mariposa Community Health Center – Nogales
520-281-1550
http://www.mariposachc.net

United Community Health Center Amado Clinic
520-407-5510
http://www.uchcaz.org
If you lose eligibility resources

We also want you to be able to get health care if you lose your AHCCCS eligibility. Below is a list of clinics that offer low-cost or no-cost medical care. Call the clinics to find out about services and costs. If you have questions or need help call Mercy Care Member Services.

LOW COST/SLIDING SCALE HEALTH CARE

MARICOPA COUNTY

Circle the City Health Care
3522 N. 3rd Avenue, Phoenix AZ 85013
602-776-0776
Circlethecity.org

Adelante Healthcare

Avondale
Coronado Professional Plaza
3400 Dysart Rd., Ste. F 121
Avondale, AZ 85392
1-877-809-5092

Buckeye
306 E. Monroe Ave.
Buckeye, AZ 85326
1-877-809-5092

Gila Bend
100 N. Gila Blvd.
Gila Bend, AZ 85337
1-877-809-5092

Mesa
1705 W. Main St.
Mesa, AZ 85201
1-877-809-5092

www.MercyCareAZ.org
Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m. 103
Mountain Park Health Center - South Phoenix  
635 E. Baseline  
Phoenix, AZ 85042  
602-243-7277

Mountain Park Health Center - East Phoenix  
3830 E. Van Buren St.  
Phoenix, AZ 85008  
602-243-7277

Native American Community Health Center, Inc.  
4041 N. Central Ave.  
Building C  
Phoenix, AZ 85012  
602-279-5262

Panda Pediatrics  
515 W. Buckeye Rd., Ste. 402  
Phoenix, AZ 85003  
602-257-9229

Maryvale Family Medical  
4700 N. 51 Ave., Ste. 1  
Phoenix, AZ 85031  
623-344-6900

OSO Medical  
13851 W. Lamar Blvd., Ste. C  
Goodyear, AZ 85338  
623-925-2622

St. Vincent De Paul/Virginia G. Piper  
Medical & Dental Clinic  
420 W. Watkins St.  
Phoenix, AZ 85003  
602-261-6868

PIMA COUNTY

Desert Senita Community Health Center  
410 N. Malacate St.  
Ajo, AZ 85321  
520-387-4500

El Rio Community Health Centers  
Congress Health Center  
839 W. Congress St.  
Tucson, AZ 85745  
520-670-3909

El Rio Northwest Health Center  
320 W. Prince Rd.  
Tucson, AZ 85705  
520-670-3909

El Rio Southwest Internal Medicine  
1510 W. Commerce Ct.  
Tucson, AZ 85746  
520-670-3909

El Rio Health - Broadway Campus  
1101 E. Broadway Blvd.  
Tucson, AZ 85719  
520-670-3909

El Rio Health - El Pueblo Campus  
101 W. Irvington Rd.  
Tucson, AZ 85714  
520-670-3909

MHC Healthcare - Freedom Park Health Center  
5000 E. 29th St.  
Tucson, AZ 85711  
520-790-8500

MHC Healthcare - Keeling Health Center  
435 E. Glenn St.  
Tucson, AZ 85705  
520-616-1560

MHC Healthcare - Ortiz Community Health Center  
12635 W. Rudasill Rd.  
Tucson, AZ 85743  
520-682-3777

MHC Healthcare - Flowing Wells Family Health Center  
1323 W. Prince Rd.  
Tucson, AZ 85709  
520-887-0800

MHC Healthcare - East Side Health Center  
8181 E. Irvington Rd.  
Tucson, AZ 85709  
520-574-1551

www.MercyCareAZ.org  
Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m.  
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COCHISE COUNTY

Chiricahua Community Health Center - Bisbee
108 Arizona St.
Bisbee, AZ 85603
520-432-3309

Chiricahua Community Health Center - Douglas
1100 F Ave.
Douglas, AZ 85607
520-364-3285

Chiricahua Community Health Center - Elfrida
10566 N. Hwy 191
Elfrida, AZ 85610
520-642-2222

Copper Queen Medical Associates RHC - Douglas
100 E. 5th St.
Douglas, AZ 85607
520-364-7659

Copper Queen Community Hospital - Bisbee
101 Cole Ave.
Bisbee, AZ 85603
520-432-2042

Southeast Arizona Medical Center
2174 W. Oak Ave.
Douglas, AZ 85607
520-364-7931 (Cochise Regional Hospital)

GRAHAM COUNTY

Canyonlands Community Health Care - Safford
2016 W. 16th St.
Safford, AZ 85546
928-428-1500

GREENLEE COUNTY

Canyonlands Community Health Care - Duncan
227 Main St.
Duncan, AZ 85534
928-359-1380

Low-cost dental services
The following organizations offer low-cost dental services:

GILA COUNTY

Copper Vista Dental Care
1450 South St., Ste. 3
Globe, AZ 85501
928-452-8175

Canyonlands Healthcare
5860 S. Hospital Dr., Ste. 120
Globe, AZ 85501
928-402-0491

MARICOPA COUNTY

Mountain Park Health Center (5 locations)
602-243-7277
www.MPHC AZ.org

1840 E. Broadway
Tempe, AZ 85282

3830 E. Van Buren St.
Phoenix, AZ 85008

635 E. Baseline Rd.
Phoenix, AZ 85042

6601 W. Thomas Rd.
Phoenix, AZ 85033

140 N. Litchfield Rd. #200
Goodyear, AZ 85338

Native Health Central
4041 N. Central Ave.
Building C
Phoenix, AZ 85012
602-279-5262
www.NativeHealthPhoenix.org
Phoenix College Clinic  
1202 W. Thomas Rd.  
Phoenix, AZ 85013  
602-285-7323  
www.pc.maricopa.edu

St. Vincent de Paul  
420 W. Watkins St.  
Phoenix, AZ 85002  
602-261-6868  
www.StVincentdePaul.net

El Rio Dental Congress  
839 W. Congress St.  
Tucson, AZ 85745  
520-670-3909  
www.elrio.org

El Rio Northwest Dental Center  
340 W. Prince Rd.  
Tucson, AZ 85705  
520-670-3909  
www.elrio.org

El Rio Southwest Dental Center  
1530 W. Commerce Ct.  
Tucson, AZ 85746  
520-670-3909  
www.elrio.org

Pima Community College  
Hygiene School  
2202 W. Anklam Rd., Rm K-212  
Tucson, AZ 85709  
520-206-6090  
www.pima.edu

Desert Senita Medical Center  
410 Malacate St.  
Ajo, AZ 85321  
520-387-5651  
http://desertsenita.org/

PIMA COUNTY

Advocacy

There are groups you can contact who will act as an advocate for you. Health advocacy involves direct service to you and your family, which can help promote health and access to health care. An advocate is anyone who supports and promotes your rights.

There are many advocacy resources listed below.

Arizona Attorney General’s Office  
1275 W. Washington St.  
Phoenix, AZ 85007  
602-542-5763  
www.azag.gov

Arizona Attorney General’s Office - Tucson  
400 W. Congress, Ste. 315  
Tucson, AZ 85701  
520-628-6504

Arizona Attorney General’s office - outside Phoenix and Tucson  
1-800-352-8431

www.MercyCareAZ.org  
Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m.
Arizona Center for Disability Law - Mental Health
www.azdisabilitylaw.org
The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems throughout the United States ensure that the human and civil rights of persons with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of persons with disabilities to ensure the enforcement of their constitutional and statutory rights.

Arizona Center for Disability Law - Maricopa
5025 E. Washington, Ste. 202
Phoenix, AZ 85034
602-274-6287 or 1-800-927-2260

Arizona Center for Disability Law - Pima
177 N. Church Ave, Ste. 800
Tucson, AZ 85701
520-327-9547 or 1-800-922-1447

Arizona Coalition Against Sexual and Domestic Violence
Hotline and legal hotline, providing education and training, technical assistance, advocacy and legal advocacy.
602-279-2900; 1-800-782-6400; TTY 602-279-7270
www.acesdv.org

Center for Independent Living
Ability 360- Maricopa
5025 E. Washington, Ste. 200
Phoenix, AZ 85034
602-256-2245

Childhelp National Child Abuse Hotline
1-800-422-4453

Department of Economic Security
Aging and Adult Administration
1789 W. Jefferson, Site Code 950A
Phoenix, AZ 85007
602-542-4446
www.azdes.gov/DAAS

Direct Center for Independence
1001 N. Alvernon Way
Tucson, AZ 85711
520-624-6452

Disability Benefits 101 (DB101)
Disability Benefits is an online benefit planning tool that offers tools and information on health coverage, benefits and employment.
1-866-304-WORK (9675)
www.az.db101.org
Mental Health America of Arizona
602-576-4828

NAMI Arizona (National Alliance on Mental Illness)
www.namiarizona.org
NAMI Arizona has a Helpline for information on mental illness, referrals to treatment and community services, and information on local consumer and family self help groups throughout Arizona. NAMI Arizona provides emotional support, education and advocacy to people of all ages who are affected by mental illness.

- National Alliance on Mental Illness (NAMI): 602-244-8166
- National Alliance on Mental Illness of Southern Arizona: 520-622-5582

National Domestic Violence Hotline
1-800-799-7233

Office of Human Rights (AHCCCS)
The Office of Human Rights will help you if you have a serious mental illness. They can help you understand and exercise your rights. They will help you protect your rights and advocate for yourself.

- Maricopa, Pinal or Gila Counties: 602-364-4585 or 1-800-421-2124
- Pima, Santa Cruz, Cochise, Graham, Greenlee, Yuma or La Paz Counties: 520-770-3100 or 1-877-744-2250
- Mohave, Coconino, Yavapai, Navajo or Apache Counties: 928-214-8231 or 1-800-421-2124

Pinal-Gila Council for Senior Citizens
8969 W. McCartney Rd.
Casa Grande, AZ 85194
520-836-2758

Special assistance for members with serious mental illness (SMI)
Special Assistance and resources are available for members with a SMI determination. Special Assistance is the support provided to adult members who are unable, due to a specific condition, to communicate their preferences and/or to participate effectively in the development of their service and discharge plans, the appeal process and/or grievance/investigation process. If you have questions, you can contact:

Special Assistance Coordinator
Mercy Care Grievance System Department
MCSpecialAssistance@mercycareaz.org

Arizona Long Term Care and Supports (ALTCS) advocacy
The following organizations provide health care directive forms and information. Your local Area Agency on Aging and Senior Center may also have forms and information.

AARP
601 E. St., N.W.
Washington, D.C. 20049
1-888-687-2277
www.aarp.org/states/AZ
Arizona Attorney General’s Office - Phoenix
1275 W. Washington
Phoenix, AZ 85007
602-542-5763 or 1-800-352-8431
www.azag.gov

Arizona Attorney General’s Office - Tucson
400 W. Congress, South Bldg., Ste. 315
Tucson, AZ 85701
520-628-6504

Arizona Attorney General’s office - outside Phoenix and Tucson
1-800-352-8431

Arizona Center for Disability Law - Maricopa
5025 E. Washington, Ste. 202
Phoenix, AZ 85034
602-274-6287 or 1-800-927-2260

Arizona Center for Disability Law - Pima
177 N. Church Ave, Ste. 800
Tucson, AZ 85701
520-327-9547 or 1-800-922-1447

Department of Economic Security (DES)
Division of Aging and Adult Services
1789 W. Jefferson, Site Code 950A
Phoenix, AZ 85007
602-542-4446
www.azdes.gov/DAAS

Health Care Decisions
1510 E. Flower St.
Phoenix, AZ 85014
602-222-2229
www.Hcdecisions.org

The following organizations provide information and answer questions about health care directives and other related legal matters.

Arizona Senior Citizens Law Project
4146 N. 12th St.
Phoenix, AZ 85014
602-252-6710

Community Legal Services
602-258-3434 or 1-800-852-9075
www.clsaz.org
Phoenix
305 S. 2nd Ave.
P.O. Box 21538
Phoenix, AZ 85036

Mesa
20 W. First St., Ste. 101
Mesa, AZ 85201
480-833-1442

**Information for caregivers**
24-hour Senior Help Line: 602-264-HELP (4357)

**Long Term Services and Supports (LTSS) advocacy**

**Centers for Independent Living**
Ability 360- Maricopa
5025 E. Washington, Ste. 200
Phoenix, AZ 85034
602-256-2245

**Low-income housing**
This website gives you information about low-income housing.
http://www.lowincomehousing.us

**Southern Arizona Legal Aid (SALA)**
Administration Building
2343 E. Broadway Blvd., Ste. 200
Tucson, AZ 85719
520-623-9465 or 1-800-640-9465

**Southern Arizona Legal Aid (SALA)**
1729 N. Trekell Rd., Ste. 101
Casa Grande, AZ 85122
520-316-8076 or 1-877-718-8086

**Tohono O’odham Legal Services**
A division of Southern Arizona Legal Aid
520-623-9465, Ext. 4122, or 1-800-248-6789

**White Mountain Legal Aid**
A division of Southern Arizona Legal Aid
5658 Highway 260, Ste. 15
Lakeside, AZ 85929
928-537-8383, or 1-800-658-7958
The following national organization also provides health care directive forms and information. Your local Area Agency on Aging may also have forms and information.

OMBUDSMAN
Area Agency on Aging Region 1, Maricopa County
Long Term Care Ombudsman Program
1366 E. Thomas Rd., Ste. 108
Phoenix, AZ 85014
602-264-2255

The following organization will provide information and answer questions about health care directives and related legal matters:

Arizona Senior Citizens Law Project
1818 S. 16th St.
Phoenix, AZ 85034
602-252-6710

Community Legal Services
305 S. 2nd Ave.
P.O. Box 21538
Phoenix, AZ 85036
602-258-3434
www.clsaz.org

Domestic violence resources

Arizona Coalition Against Sexual and Domestic Violence
Provides education and training, technical assistance, advocacy, legal advocacy hotline and legal hotline
602-279-2900; 1-800-782-6400; TTY 602-279-7270
www.acesdv.org

National Domestic Violence Hotline
Hotline advocates are available for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information and referrals to agencies in all 50 states. Information offered in English and Spanish.
1-800-799-7233; TTY 1-800-787-3224
www.thehotline.org

Organization for Non-Violence Education
Provides individual and group counseling for anger management and domestic violence for $180/12 sessions, up to 52 weeks. Sessions are gender specific and court-ordered. Men’s groups on Mondays in the East Valley and Wednesdays in Glendale; women’s groups offered Thursdays in Glendale.
623-934-0696

Rape, Abuse and Incest National Network
Information, referrals and telephone or online support for victims of rape or abuse
1-800-656-4673
www.rainn.org
Sojourner Center
Offers 24-hour crisis line with information about shelters and safety planning, emergency food, housing, clothing and other support services for families affected by domestic violence. Sojourner offers transitional housing for families leaving shelters. Also provides advocacy services, lay legal advocacy and family enrichment programs. Crisis hotline: 602-244-0089; 602-889-1610, 602-244-0997
www.sojournercenter.org

Definitions

1. **Appeal:** To ask for review of a decision that denies or limits a service.

2. **Copayment:** Money a member is asked to pay for a covered health service, when the service is given.

3. **Durable Medical Equipment:** Equipment and supplies ordered by a health care provider for a medical reason for repeated use.

4. **Emergency Medical Condition:** An illness, injury, symptom or condition (including severe pain) that a reasonable person could expect that not getting medical attention right away would:
   - Put the person’s health in danger; or
   - Put a pregnant woman’s baby in danger; or
   - Cause serious damage to bodily functions; or
   - Cause serious damage to any body organ or body part.

5. **Emergency Medical Transportation:** See EMERGENCY AMBULANCE SERVICES
   **Emergency Ambulance Services:** Transportation by an ambulance for an emergency condition.

6. **Emergency Room Care:** Care you get in an emergency room.

7. **Emergency Services:** Services to treat an emergency condition.

8. **Excluded Services:** See EXCLUDED
   **Excluded:** Services that AHCCCS does not cover. Examples are services that are:
   - Above a limit,
   - Experimental, or
   - Not medically needed.

9. **Grievance:** A complaint that the member communicates to their health plan. It does not include a complaint for a health plan’s decision to deny or limit a request for services.

10. **Habilitation Services and Devices:** See HABILITATION
    **Habilitation:** Services that help a person get and keep skills and functioning for daily living.

11. **Health Insurance:** Coverage of costs for health care services.

12. **Home Health Care:** See HOME HEALTH SERVICES
    **Home Health Services:** Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor’s order.

13. **Hospice Services:** Comfort and support services for a member deemed by a Physician to be in the last stages (six months or less) of life.

www.MercyCareAZ.org
Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m.
14. Hospital Outpatient Care: Care in a hospital that usually does not require an overnight stay.

15. Hospitalization: Being admitted to or staying in a hospital.

16. Medically Necessary: A service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.

17. Network: Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.

18. Non-Participating Provider: See OUT OF NETWORK PROVIDER
   Out of Network Provider: A health care provider that has a provider agreement with AHCCCS but does not have a contract with your health plan. You may be responsible for the cost of care for out-of-network providers.

19. Participating Provider: See IN-NETWORK PROVIDER
   In-Network Provider: A health care provider that has a contract with your health plan.

20. Physician Services: Health care services given by a licensed physician.

21. Plan: See SERVICE PLAN
   Service Plan: A written description of covered health services, and other supports which may include:
   - Individual goals;
   - Family support services;
   - Care coordination; and
   - Plans to help the member better their quality of life.

22. Preauthorization: See PRIOR AUTHORIZATION
   Prior Authorization: Approval from a health plan that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.

23. Premium: The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.


25. Prescription Drugs: Medications ordered by a health care professional and given by a pharmacist.

26. Primary Care Physician: A doctor who is responsible for managing and treating the member’s health.

27. Primary Care Provider (PCP): A person who is responsible for the management of the member’s health care. A PCP may be a:
   - Person licensed as an allopathic or osteopathic physician, or
   - Practitioner defined as a physician assistant licensed or
   - Certified nurse practitioner.

28. Provider: A person or group who has an agreement with AHCCCS to provide services to AHCCCS members.
29. **Rehabilitation Services and Devices**: See REHABILITATION

  **Rehabilitation**: Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

30. **Skilled Nursing Care**: Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

31. **Special health care needs**: Serious and chronic physical, developmental, or behavioral conditions requiring medically necessary health and related services of a type or amount beyond that required by members generally; that lasts or is expected to last one year or longer and may require ongoing care not generally provided by a Primary Care Provider (PCP).

32. **Specialist**: A doctor who practices a specific area of medicine or focuses on a group of patients.

33. **Urgent Care**: Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

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**Additional definitions**

**Appeal resolution** – the written determination by Mercy Care about an appeal.

**Arizona Health Care Cost Containment System (AHCCCS)** – Arizona’s Medicaid Program, approved by the Centers for Medicare and Medicaid Services as a Section 1115 Waiver Demonstration Program and described in A.R.S. Title 36, Chapter 29.

**Authorization** – an approval from your doctor and/or health plan before getting other health care services including, but not limited to, laboratory and radiology tests and visits to specialists and other health care providers (see “Referral”).

**Emergency** – an emergency is a medical condition that could cause serious health problems or even death if not treated immediately.

**Expedited appeal** – as an appeal in which Mercy Care determines (for a request from a member) or the Provider indicates (when making the request for the member or in support of the member’s request) that taking the time for standard resolution could seriously jeopardize the member’s life, physical or mental health, or ability to attain, maintain, or regain maximum function.

**Family planning** – the provision of accurate information, counseling, and discussion with a health care provider to allow a member to make informed decisions to voluntarily choose to delay or prevent pregnancy.

**Grievance system** – a system that includes a process for member grievances, member appeals, provider claim disputes and access to the State Fair Hearing system.

**Health care decision maker** – someone who is authorized to make health care decisions for a member.

**Hospital outpatient care** – any type of medical or surgical care performed at a hospital that your doctor does not expect will be an overnight hospital stay. In some cases, you may stay overnight in the hospital, but not be admitted as an inpatient (this would be considered outpatient service).
**Maternity care** – identification of pregnancy, prenatal care, labor and delivery services and postpartum care.

**Medically necessary transportation** – transportation that takes you to and from required medical services.

**Notice of Adverse Benefit Determination** – if Mercy Care decides that the requested service cannot be approved or if an existing service is reduced, suspended or ended, a member will receive a “Notice of Adverse Benefit Determination” telling them what action was taken and the reason for it; their right to file an appeal and how to do it; their right to ask for a fair hearing with AHCCCS and how to do it; their right to ask for an expedited resolution and how to do it; and, their right to ask that their benefits be continued during the appeal, how to do it and when they may have to pay the costs for the services.

**Obstetrician/Gynecologist (OB/GYN)** – a doctor who cares for women during pregnancy, childbirth, postpartum and well-women exams.

**OB case management** – obstetrical case managers link expectant mothers with appropriate community resources such as the Women, Infants and Children’s (WIC) nutritional program, parenting classes, smoking cessation, teen pregnancy case management, shelters and substance abuse counseling. They provide support and promote compliance with prenatal appointments and prescribed medical treatment plans.

**Postpartum care** – health care provided for a period of up to 57 days post-delivery. Family planning services are included, if provided by a physician or practitioner, as addressed in AMPM Policy 420.

**Preconception counseling** – the goal is to uncover any high risk issues and help a woman become healthy before becoming pregnant.

**Prenatal care** – the provision of health services during pregnancy which is composed of three major components:

1. Early and continuous risk assessment,
2. Health education and promotion, and
3. Medical monitoring, intervention, and follow-up.

**Prescription** – an order from your doctor for medicine. The prescription may be called in over the telephone or can be written down.

**Prescription drugs** – medications ordered by a health care professional and given by a pharmacist.

**Provider fraud & abuse**

- Falsifying claims/encounters that include the following items: Alteration of a claim
  - Incorrect coding
  - Double billing
  - False data submitted
- Administrative/financial actions that include the following items:
  - Kickbacks
  - Falsifying credentials
  - Fraudulent enrollment practices
  - Fraudulent third-party liability (TPL) reporting
  - Fraudulent recoupment practices
- Falsifying services that include the following items:
  - Billing for services/supplies not provided

[www.MercyCareAZ.org](http://www.MercyCareAZ.org)

116 Member Services 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) Monday- Friday, 7 a.m. to 6 p.m.
- Misrepresentation of services/supplies
- Substitution of services

**Qualified Medicare Beneficiaries (QMB)** – members who qualify for both AHCCCS and Medicare who have their Medicare Part A and Part B premiums, coinsurance and deductibles paid for by AHCCCS.

**Regional Behavioral Health Authority (RBHA)** – a behavioral health center under contract with the Arizona Department of Health Services to deliver behavioral health services in a certain area of the state.

**Referral** – when the PCP sends you to a specialist for a specific, usually complex, problem.

**Specialty Physician** – a physician who is specially trained in a certain branch of medicine related to specific services or procedures, certain age categories of patients, certain body systems, or certain types of diseases.

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**Definitions for maternity care services**

1. **Certified Nurse Midwife (CNM)** – An individual certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological, and newborn care, within a health care system that provides for medical consultation, collaborative management, or referral.

2. **Free Standing Birthing Centers** – Out-of-hospital, outpatient obstetrical facilities, licensed by the Arizona Department of Health Services (ADHS) and certified by the Commission for the Accreditation of Free Standing Birthing Centers. These facilities are staffed by registered nurses and maternity care providers to assist with labor and delivery services and are equipped to manage uncomplicated, low-risk labor and delivery. These facilities shall be affiliated with, and in close proximity to, an acute care hospital for the management of complications, should they arise.

3. **High-risk pregnancy** – Refers to a condition in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High-risk is determined through the use of the Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

4. **Licensed midwife** – An individual licensed by the Arizona Department of Health Services (ADHS) to provide maternity care as specified in A.R.S. Title 36, Chapter 6, Article 7, and A.A.C. R9-16 (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

5. **Maternity care** – Includes identification of pregnancy, prenatal care, labor/delivery services, and postpartum care.

6. **Maternity care coordination** – Consists of the following maternity care related activities: determining the member’s medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.
7. **Maternity care provider** – The following are provider types who may provide maternity care when it is within their training and scope of practice:
   - Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers.
   - Physician Assistants
   - Nurse Practitioners
   - Certified Nurse Midwives, and
   - Licensed Midwives

8. **Perinatal services** – Medical services for the treatment and management of obstetrical patients and neonates (A.A.C. R9-10-201).

9. **Postpartum** – The period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends. Quality measures used in maternity care quality improvement may utilize different criteria for the postpartum period.

10. **Postpartum care** – Health care provided for a period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends.

11. **Practitioner** – Refers to certified nurse practitioners in midwifery, physician assistant(s), and other nurse practitioners. Physician assistant(s) and nurse practitioners as specified in A.R.S. Title 32, Chapters 15 and 25, respectively.

12. **Preconception counseling** – The provision of assistance and guidance aimed at identifying/reducing behavioral and social risks, through preventive and management interventions, in women of reproductive age who are capable of becoming pregnant, regardless of whether she is planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence behaviors that can affect a fetus prior to conception. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling is considered included in the well-woman preventative care visit and does not include genetic testing.

13. **Prenatal care** – The provision of health services during pregnancy which is composed of three major components:
   1. Early and continuous risk assessment.
   2. Health education and promotion.
   3. Medical monitoring, intervention, and follow-up.