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

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

PERSONAL INFORMATION

My Member ID number: ____________________________________________

My PCP: _________________________________________________________

My PCP’s phone number: __________________________________________

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/TDD 711), Monday through Friday, 7 a.m. to 6 p.m.

Contract 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.”

Handbook revision date: October 1, 2018
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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
Introduction

Welcome to Mercy Care

For more than 30 years, 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 is a value shared by all of us.

Your Member Handbook

Please read this handbook. You can learn about:

- Your rights and responsibilities as a member
- How to get health care and mental health services
- How to get help with appointments
- Tips to keep you healthy
- Which services are covered and which are not
- Definition of terms

This handbook is also available for Mercy Care members on audiocassette, large print, CD or digital audio file (MP3), upon request to Member Services at 602-263-3000 or 1-800-624-3879 (TTY/TDD 711). We can also send you a full-page magnifier if needed. This handbook is also available in other languages, including Arabic and Vietnamese. You can also read the handbook online at www.MercyCareAZ.org.

All Mercy Care printed materials are available in other formats. For access to these other formats, please contact Mercy Care Member Services. These materials (including the Member Handbook and Provider Directory) are provided at no cost to you.

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

Mercy Care website

Visit our website at www.MercyCareAZ.org. You can get updated information on Mercy Care. You can search for a doctor, pharmacy, urgent care or hospital near you. The website is also available in English, Spanish and Arabic. To increase the font size of the website, click on the larger “A” in the top right corner of the website. To make the font smaller, click on the smaller “A” in the top right corner of the website. Our website is also compatible with common screen readers.

Mercy Care Web Portal

You can access 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.

With your secure login, you can:

- 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/TDD **711**). You can also reach Member Services at [www.MercyCareAZ.org](http://www.MercyCareAZ.org) and select “Contact Us.”

Nurse Line
Our nurse line is available seven 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 “speak to a nurse” option.

DD and CRS Case Management
If you need to contact your case manager prior to your next scheduled visit, call him or her directly. Your case manager’s telephone number is listed on the business card that he or she left you. You can also write it in the space provided at the front of this handbook. You can call your case manager directly between the hours of 8 a.m. and 5 p.m. You should call your case 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 case manager or do not know the name of your case manager, call Mercy Care Member Services.

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/TDD **711**).

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 problem with a doctor or felt that office staff treated you poorly. The Grievances and Appeals team can help. Please see the “Appeals” and “Grievances” sections in this handbook for more information.
Phone: **602-453-6098** or **1-800-624-3879**
Fax: **602-230-4503**

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. We build partnerships with individuals, families of choice, youth, communities, organizations and we collaborate with key leadership and community members in the decision making process at all levels of the behavioral health system. **602-453-8416** or OIFATeam@MercyCareAZ.org.
Urgent care
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:
- Bad sore throat or earache
- Flu
- Migraine headaches
- Back pain
- Medication refill or request
- Sprains

Call your doctor before going to an urgent care center. 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.

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.

If you think you might hurt yourself or someone else, call 911. You can also call our crisis line if you feel 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 triage and support services.

State and national crisis lines:
- Central Arizona: 1-800-631-1314, 602-222-9444, TTY/TDD: 1-800-327-9254
- Southern Arizona:
  - Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma counties: 1-866-495-6735
  - Pima County: 520-622-6000
- Northern Arizona:
  - Gila, Apache, Coconino, Mohave, Navajo and Yavapai counties: 1-877-756-4090
- 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/how-it-works

National suicide prevention hotline: 1-800-273-8255

Warm Lines: Warm Line specialists offer peer support for callers who just need to talk.
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. Warm Line specialists offer peer support for callers who just need someone to talk to.
- Maricopa County: 602-347-1100
- Pima County: 520-770-9909
- All Arizona: 1-888-404-5530

If you have a medical emergency, dial 911.
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/TDD 711).

Language and interpretation services

All Mercy Care printed materials are available in alternative formats. For access to these alternative formats, please contact Member Services at 602-263-3000 or 1-800-624-3879 (TTY/TDD 711). These materials (including the Member Handbook and Provider Directory) are provided at no cost to you. If you need information in a language other than English, please call Mercy Care Member Services.

You can also get telephone, onsite or a sign language interpreter for your health care visits at no cost to you. Your primary care provider (PCP) or specialist may also call an interpreter through our interpretation 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/TDD 711).

For onsite 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.

Mercy Care has many health care providers who speak languages in addition to English. Check the Provider Directory or the Mercy Care website (www.MercyCareAZ.org) to find a provider who speaks your language. Auxiliary aids are services or devices that help people with impaired sensory, manual, or speaking skills to communicate. Auxiliary aids may be provided at no cost to you. If you need additional help to communicate with auxiliary aids, contact Member Services.
Wax kale oo aad ku helo turjumaha telefon, onlayn ama turjumaanka dhagoo layaasha boqashooyinkaaga
daryeela caafimaadka kaas oo aan adiga kharash kugu joogin. Daryeel bixiyahaaga koowaad ee caafimaadka (PCP)
amo takhususka ayaa u wici kara turjumaan iyaga oo u maraya khadkayaga turjumaadda muddada boqashada. Haddii
aad caawimo uga baahato luqadaada ama aad qabto naafino xaggoo maqalka ah, ka wac Adeegyada Xubinta Mercy
Care Isniin ilaaj Jimce, 7 a.m. ilaaj 6 p.m. lambarka 602-263-3000 ama 1-800-624-3879 (TTY/TDD 711).

Услуги перевода по телефону, на месте, а также услуги судопровода предоставляются во время
посещения врача бесплатно. Основной лечащий врач и врачи-специалисты могут позвонить переводчику
по телефону во время приема. Если вам нужен переводчик или вы страдаете нарушениями слуха, звоните
в отдел обслуживания участников компании Mercy Care с понедельника по пятницу с 7:00 до 18:00 по
телефону 602-263-3000 или 1-800-624-3879 (TTY/TDD 711).

You can also request a phone, or hand interpreter, to help you receive medical care. Your primary care
provider (PCP) or specialty doctor can also help you during your appointment by speaking through
an interpreter. If you need language assistance, please call Mercy Care Member Services from
7 am to 6 pm, Monday through Friday, at 602-263-3000 or 1-800-624-3879 (TTY/TDD 711).

Para obtener servicios de interpretación en el sitio, puede llamar al Departamento de Servicios para miembros
de Mercy Care. Debe llamar al menos 3 días antes de su consulta. Esté preparado para informar la fecha, hora y
ubicación de su cita. Tenga a mano su identificación de miembro en caso de que necesitemos obtener información
adicional acerca de usted. Si también necesita traslado para su cita, pidale al representante que se lo programe.

Mercy Care tiene muchos proveedores de atención médica que hablan idiomas distintos al inglés. Consulte el
Directorio de proveedores o el sitio web de Mercy Care (www.MercyCareAZ.org) para encontrar un proveedor
que hable su idioma. La ayuda auxiliar incluye servicios o dispositivos que brindan asistencia en la comunicación
da personas con deficiencias sensoriales o en sus habilidades manuales o del habla. Es posible que estas ayudas
auxiliares se le proporcionen sin cargo. Si necesita asistencia adicional para comunicarse con las ayudas
auxiliares, comuníquese con el Departamento de Servicios para miembros.

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.
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 free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - 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 grievance in person or by mail or email. If you need help filing a 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/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

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
**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).

**NAVAJO:** Díí baa Akóninizí: Díí baa yáníííííí go, saad bée aká’áníída’ ao’ déé’, t’óó át’í’éé, éí ná hóló. Níí aatsoos níí t’íí bíí níí zhéézhééhí bine’ déé’ béésh bée hane’ íí bika’iigíí bée hodilíníh doodago 1-800-385-4104 (TTY: 711) hólíí’ doolee.”

**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)。

**VIETNAMESE:** CHỦ Y: Nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc 1-800-385-4104 (TTY: 711).

**ARABIC:** 
ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجمل. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على 1-800-385-4104 (النص والإلكترونات: 711).

**TAGALOG:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa 1-800-385-4104 (TTY: 711).

**KOREAN:** 주의: 한국어를 사용하시기 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).

**GERMAN:** ACHTUNG: Wenn Sie deutsch sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder 1-800-385-4104 (TTY: 711) an.

**RUSSIAN:** ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру 1-800-385-4104 (TTY: 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 CARD** 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。

**SYRIAC:** 
أگر به ژبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره ذرح شده در پشت کارت شناسایی یا شماره 1-800-385-4104 (TTY: 711) تماس بگیرید.

**PERSIAN:** 
اجمل آنها را وارد کنید، در پشت کارت شناسایی، شماره 1-800-385-4104 (TTY: 711) را وارد کنید.

**SERBO-CROATIAN:** OBAVESTENJE: Ako govorite srpski, usluge jezičke pomoći dostupne su vam besplatno. Pozovite broj na poleđini vaše identifikacione kartice ili broj 1-800-385-4104 (TTY – telefon za osobe sa oštećenim govorom ili slušom: 711).

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

**THAI:** ข้อควรระวัง: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทรด้วยหมายเลขที่อยู่ด้านหลังบัตร ID ของคุณ หรือหมายเลข 1-800-385-4104 (TTY: 711)

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
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 listing on our website at 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.

You can contact Mercy Care Member Services for a paper copy of the provider directory at no cost to you. You can also ask your case manager for a paper provider directory.

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/TDD 711). They will tell you what to do.

About Mercy Care

Mercy Care is a managed care health plan contracted with the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS is Arizona’s Medicaid agency. Contract services are funded under contract with the State of Arizona. Mercy Care serves AHCCCS Complete Care members in Maricopa, Pinal and Gila counties. Mercy Care also serves DDD members in Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz and Yuma counties. Mercy Care follows federal and state laws that apply under the contract with AHCCCS. 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 and internal medicine doctors, pediatricians and OB/GYNs. PCPs may 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.

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>1-800-482-3480</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>1-866-275-2267</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>602-542-3095</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.

About your ID card

- Your ID card will have your name, ID number and the name of your health plan – Mercy Care.
- Your ID card has a phone number to access behavioral health and substance abuse services. Services are assigned to a provider based on where you live. If you have questions or need help getting behavioral health services, please call the number on your card.
- 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 lose your card, call Member Services and ask for a new card.
- If you do not get your ID card, call Mercy Care Member Services at 602-263-3000 or 1-800-624-3837 (TTY/TDD 711).

Reminders: Your member ID card

- If you lose it, call Mercy Care Member Services at 602-263-3000 or 1-800-624-3837 (TTY/TDD 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.
- Protect your member ID card. Do not lose it or share it with anyone.

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.
• DDD members or guardians, know the name of your case manager if you have one.
• CRS members or guardians, know the name of your case 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. When you move to a new state, sign up for the state medical program. If you move out of the United States, your AHCCCS eligibility will end. 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 602-542-9935 or 1-800-352-8401.
• 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. He/she will help you with any changes you need to make.
• **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. Mercy Care also serves DDD members in Cochise, Gila, Graham, Greenlee, Maricopa, Pima, Pinal, Santa Cruz, La Paz and Yuma 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 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.

www.MercyCareAZ.org
• 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.

### 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.

If you have other health insurance:

- 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 copay 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.

### Health plan changes

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.

DD members should contact their Division of Developmental Disabilities Support Coordinator or DDD Member Services at 602-542-0419 or 1-866-229-5553.

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.

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. You need to provide this information in writing to your health plan to document your choice.

**Transition of care policy**

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.

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**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></td>
</tr>
<tr>
<td>Checkups (also known as wellness exams)</td>
<td>Call your doctor to make an appointment for preventive care. You can expect to be seen by:</td>
</tr>
<tr>
<td>Health conditions you have had for a long time such as asthma, COPD or diabetes</td>
<td>• Your PCP within 21 days</td>
</tr>
<tr>
<td>Yearly exams</td>
<td>• A specialist or dentist within 45 days</td>
</tr>
<tr>
<td>Immunizations</td>
<td></td>
</tr>
<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>
<td>Call your doctor before going to an urgent care center.</td>
</tr>
<tr>
<td>Flu</td>
<td>Look in your Provider Directory to find the center closest to you or look on the Mercy Care website at <strong><a href="http://www.MercyCareAZ.org">www.MercyCareAZ.org</a></strong>.</td>
</tr>
<tr>
<td>Migraine headaches</td>
<td>You can expect to be seen by:</td>
</tr>
<tr>
<td>Back pain</td>
<td>• Your PCP within two (2) days</td>
</tr>
<tr>
<td>Medication refill or request</td>
<td>• A specialist or dentist within three (3) days</td>
</tr>
<tr>
<td>Sprains</td>
<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>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of care</td>
<td>What to do</td>
</tr>
<tr>
<td>--------------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| **Emergency** - This is when you have a serious medical condition and are in danger of lasting harm or the loss of your life. For example:  
  • Poisoning  
  • Deep cuts  
  • Overdose  
  • Broken bones  
  • Car accident  
  • Serious burns  
  • A cut that may need stitches  
  • Trouble breathing  
  • Sudden chest pains-heart attack  
  • Convulsions (seizures)  
  • Very bad bleeding, especially if you are pregnant  
  • Signs of stroke (numbness/weakness in face, arm, or leg, trouble seeing with one or both eyes)  
  • Suicidal or homicidal thoughts | **Call 911 or go to the nearest emergency room. You do not have to call your doctor or Mercy Care first.**  
You do not need prior authorization to call 911.  
If you can, show them your Mercy Care ID card and ask them to call your doctor. |

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.

**What is not an emergency?**
Some medical conditions that are NOT usually emergencies include:  
  • Flu, colds, sore throats, earaches  
  • Urinary tract infections  
  • Prescription refills or requests  
  • Health conditions that you have had for a long time  
  • Back pain  
  • Migraine headaches

**Getting care after business 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.

To find the urgent care center closest to you, you can look on the Mercy Care website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org). You can also look in the Mercy Care Provider Directory.
If you need sick care in the evening or on weekends, you can get care at Walgreens Healthcare Clinics in Phoenix and Tucson.

- To find the Walgreens Healthcare Clinic nearest you, visit [www.walgreens.com/pharmacy/healthcare-clinic/locations.jsp](http://www.walgreens.com/pharmacy/healthcare-clinic/locations.jsp).
- You can also search for these locations via [www.MercyCareAZ.org](http://www.MercyCareAZ.org).

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

### 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.

### 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/TDD 711).

### Smartphones at no cost to you

You may be able to get Lifeline cell service plus a Smartphone at no cost to you. Call Mercy Care Member Services at **602-263-3000** or toll-free at **1-800-624-3879** (TTY 711) and ask about the Assurance Wireless Lifeline program. You will have to show proof of eligibility to enroll into the Lifeline phone program.

Assurance Wireless Lifeline service includes:

- Data each month
- Unlimited text messages
- Voice minutes each month
- Android Smartphone

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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.
Extra Mercy Care benefits include:
- Health tips and reminders by text
- Calls to Member Services that won’t count against your monthly minutes
- One-on-one texting with your healthcare team
For more information, call Mercy Care Member Services at **602-263-3000 or 1-800-624-3879** (TTY/TDD **711**).

### 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. Routine 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>5. Durable medical equipment and supplies</td>
<td>5. Vision services, including exams and prescriptive lenses (a limited selection of lenses and frames are covered)</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. Outpatient speech, occupational and physical therapy</td>
</tr>
<tr>
<td>7. Emergency care</td>
<td>7. Chiropractic services</td>
</tr>
<tr>
<td>8. Care to stabilize you after an emergency</td>
<td>8. Conscious sedation</td>
</tr>
<tr>
<td>9. Home health services (such as nursing and home health aide)</td>
<td>9. Adaptive aids (DD members only)</td>
</tr>
<tr>
<td>10. Nursing home, when used instead of hospitalization, up to 90 days a year</td>
<td>10. Medically necessary practitioner visits to member’s home (DD members only)</td>
</tr>
<tr>
<td>11. Inpatient rehabilitation services, including occupational, speech and physical therapy</td>
<td>11. Acute services for DDD Members enrolled in CRS</td>
</tr>
<tr>
<td>12. Respiratory therapy</td>
<td>Additional services for Qualified Medicare Beneficiaries (QMB)</td>
</tr>
<tr>
<td>13. Routine immunizations</td>
<td>- Chiropractic services</td>
</tr>
<tr>
<td>14. AHCCCS-approved organ and tissue transplants and related prescriptions (limitations apply)</td>
<td>- Outpatient occupational therapy</td>
</tr>
<tr>
<td>15. Dialysis</td>
<td>- Any services covered by Medicare but not by AHCCCS</td>
</tr>
<tr>
<td>16. Podiatry services – foot and ankle services</td>
<td>- Medical foods</td>
</tr>
<tr>
<td>17. Maternity care (prenatal, labor and delivery, postpartum)</td>
<td>- Emergency eye exam and lens post cataract surgery</td>
</tr>
<tr>
<td>18. Family planning services</td>
<td>- Urgent care</td>
</tr>
<tr>
<td>19. Behavioral health services</td>
<td>- Hospice</td>
</tr>
<tr>
<td>20. Medically necessary and emergency transportation</td>
<td>- Wellness exams and preventive screenings</td>
</tr>
<tr>
<td>21. Medical foods</td>
<td>- Incontinence briefs to avoid or prevent skin breakdown, with limitations</td>
</tr>
<tr>
<td>22. Emergency eye exam and lens post cataract surgery</td>
<td></td>
</tr>
<tr>
<td>23. Urgent care</td>
<td></td>
</tr>
<tr>
<td>24. Hospice</td>
<td></td>
</tr>
<tr>
<td>25. Wellness exams and preventive screenings</td>
<td></td>
</tr>
</tbody>
</table>

*Covered services are provided in medical offices, hospitals and pharmacies. Your provider will let you know where to access services.*
## 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 Mercy Care (unless prior approved by Mercy Care)</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 prior to receiving the service</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 usually made</td>
<td>5. Outpatient speech and occupational therapy</td>
</tr>
<tr>
<td>6. Services of special duty nurses, unless medically necessary and prior authorized</td>
<td></td>
</tr>
<tr>
<td>7. Physical therapy that is not medically necessary</td>
<td></td>
</tr>
<tr>
<td>8. Routine circumcisions</td>
<td></td>
</tr>
<tr>
<td>9. Services that are determined to be experimental by the Mercy Care medical director</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>11. Health services if you are in prison or in a facility for the treatment of tuberculosis</td>
<td></td>
</tr>
<tr>
<td>12. Experimental organ transplants, unless approved by AHCCCS</td>
<td></td>
</tr>
<tr>
<td>13. Sex change operations and reversal of voluntary sterilization</td>
<td></td>
</tr>
<tr>
<td>14. Medications and supplies without a prescription</td>
<td></td>
</tr>
<tr>
<td>15. Treatment to straighten teeth, unless medically necessary and approved by Mercy Care</td>
<td></td>
</tr>
<tr>
<td>16. Prescriptions not on our list of covered medications, unless approved by Mercy Care</td>
<td></td>
</tr>
<tr>
<td>17. Physical exams for the purpose of qualifying for employment or sports activities</td>
<td></td>
</tr>
<tr>
<td>18. Orthotic devices</td>
<td></td>
</tr>
</tbody>
</table>

### 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/TDD 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.

**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>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>Emergency dental services are covered for members under the age of 21. Covered emergency dental services for members 21 years of age and older are limited to $1,000 per adult member per contract year.</td>
</tr>
</tbody>
</table>
Transplants
A transplant is when an organ or blood cells are moved from one person to another.
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.

Physical therapy
Exercises taught or provided by a physical therapist to make you stronger or help improve movement.
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).

Services covered under grant funds
Members will continue to work with their providers or direct care teams to access Non-Title 19/21 Substance Use or Opioid Use services for which they’re eligible. These services are provided by your local Regional Behavioral Health Authority (RBHA) and can include the following:
• Behavioral Health Counseling and Therapy
• Outpatient and residential substance use or opioid use treatment
• Medication assisted treatment (MAT)
• Medication training and support services
• Living skills training
• Behavioral health prevention, promotion and education
• Case management
• Self-help and peer services
• Crisis intervention services

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

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Regional Behavioral Health Authorities (RBHAs)</th>
<th>Contact type and phone number*</th>
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</table>
| Maricopa County    | Mercy Care RBHA                               | Customer service phone: 1-800-564-5465 (TTY/TDD 711)  
                      Crisis Line: 1-800-631-1314 |
| Southern Arizona   | Arizona Complete Health                        | Customer service phone: 1-888-788-4408 (TTY/TDD 711)  
                      Crisis Line: 1-866-495-6735 |
| Northern Arizona   | Health Choice Integrated Care                  | Customer service phone: 1-800-640-2123 (TTY/TDD 711, or 1-800-842-4681)  
                      Crisis Line: 1-877-756-4090 |

Housing 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. Safe, stable, and familiar living arrangements are critical to a person’s ability to benefit from treatment and support services.

www.MercyCareAZ.org
Supported Housing is a service for individuals determined to have a serious mental illness that helps them find and stay in independent, safe housing. Supported Housing services may include help with rent, gas and electric payments, and help in avoiding eviction. Title 19/21 eligible and Non-Title 19/21 persons determined to have SMI who receive housing services in residential facilities may be asked to help pay for the cost of room and board.

Mercy Care contracts with a large network of providers to meet the needs of our GMH/SU members. There are 43 total providers. The providers cover a range of behavioral health and rehabilitation services. These providers also have resources to help you address your housing needs and they can also help connect with community housing options.

**Housing services offered include:**
- Transitional Housing
- Supportive Housing Subsidies
- Supportive Housing Services
- Move-in Assistance
- Eviction Prevention
- Housing assessments
- Employment and Financial education

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/TDD 711).

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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 a terminal 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 doctor.

Self-referral
You do not need a referral from your PCP for the following services:
• Dental, if you are under 21 years of age
• OB/GYN covered services
• Behavioral health and substance use services (see the “Behavioral Health” section for more information)

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 are available to male and female members of reproductive age. You are not required to obtain a referral before choosing a family planning provider.

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 billed for the visit, please call Member Services at 602-263-3000 or 1-800-624-3879 (TTY/TDD 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.

American Indian members can choose where they want to receive health care. 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.

Effective October 1, 2018, American Indian members will 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 (when 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.

How your primary care provider (PCP) helps you get services
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.

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 be effective on the first day of the month AFTER you call. You will also get a letter in the mail to let you know the name and address of your new doctor. If you request three (3) or more PCP changes while you are with Mercy Care, our Member Services representatives will try and work with you and your doctor before making another change.

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

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 - no later than two business days of request
- Routine care - within 21 calendar days of request

Specialty provider referrals:
- Urgent care - no later than three business days from the request
- Routine care - within 45 calendar days of referral

Dental provider appointments:
- Urgent appointments - no later than three 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 seven calendar days of request
- Third trimester - within three days business of request
- High risk pregnancies - no later than three business days of identification of high risk

Behavioral health provider appointments:
- Urgent need appointments - no later than 24 hours from identification of need

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
• Routine care appointments:
  - Initial assessment - within seven calendar days of referral or request for service
  - The first behavioral health service following the initial assessment - no later than 23 calendar days after the initial assessment
  - Ongoing behavioral health appointments - no later than 45 calendar days from identification of need

Behavioral health appointments for persons in legal custody of the Department of Child Safety (DCS) and adopted children:
• Rapid response - no later than 72 hours after notification by DCS that a child has been or will be removed from their home
• Initial assessment - within seven calendar days after referral or request for behavioral health services
• Initial appointment - no later than 21 calendar days after the initial evaluation
• Ongoing behavioral health services - no longer than 21 calendar days from the identification of need

Well visits (well exams)
Well visits (well exams) such as, but not limited to, well woman exams, breast exams, and prostate exams are covered for members 21 years of age and older. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling and medically necessary immunizations. (See “EPSDT” for well exams for members under 21 years of age.)

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.

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 mental health problems 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. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in federal law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the 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.

Amount, Duration and Scope: The Medicaid Act defines EPSDT services to include screening services, vision services, 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.”

This means that EPSDT covered services include services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within one of the 29 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, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical supplies, 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 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.

| Well-child checkups (EPSDT Visits) | • Newborn  
| • 3-5 days  
| • 1 month  
| • 2, 4, 6, 9, 12, 15, 18 and 24 months  
| • Annually from ages 3-20 years of age  

| Shots (Immunizations) | • Diphtheria, Tetanus, Pertussis (DTaP)  
| • Haemophilus Influenzae type b (Hib)  
| • Hepatitis A  
| • Hepatitis B  
| • Human Papillomavirus (HPV)  
| • Influenza (Flu)  
| • Measles, Mumps, Rubella (MMR)  
| • Meningococcal (Meningitis)  
| • Pneumococcal (Pneumonia)  
| • Inactivated Polio (IPV)  
| • Rotavirus (RV)  
| • Tetanus, Diphtheria, Pertussis (Tdap)  
| • Varicella (Chickenpox)  

[www.MercyCareAZ.org](http://www.MercyCareAZ.org)
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. 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 and 2 that live in a high-risk ZIP code. Your child may be at risk for having lead poisoning if your child lives in a high-risk ZIP code. According to the Arizona Department of Health Services, some of the ZIP codes that are considered high risk for lead are 85051, 85013, 85041, 85003, and 85053. To learn if your zip code is high risk, visit https://azdhs.gov and search for “lead poisoning.”

If your child has lead poisoning in his or her 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 his or her 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 (6) months. 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/TDD 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.

Women’s services
Female members have direct access to preventive and well care services from a gynecologist within Mercy Care’s network without a referral from a primary care provider.

It is very important for women who are sexually active 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 medical/mental health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes. Female members 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.

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
The well-woman preventive care visit includes:

- 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)
• Immunizations, screenings and tests as appropriate for your age and risk factors
• Screening and counseling for help maintaining a healthy lifestyle and minimizing health risks. This includes screening for and counseling about:
  - Proper nutrition
  - Physical activity
  - Elevated Body Mass Index (BMI)
  - Tobacco use and/or dependency
  - Substance abuse and/or dependency
  - Depression
  - Interpersonal and domestic violence
  - Sexually transmitted infections
  - Human Immunodeficiency Virus (HIV)
  - Family planning
  - Preconception counseling
    • Reproductive history
    • Sexual practices
    • Healthy weight, diet and nutrition
    • Physical activity
    • Oral health care
    • Chronic disease management
    • Emotional wellness
    • Tobacco and substance use, including prescription medications
    • Recommended time between pregnancies
• Referrals when further evaluations or treatment is needed

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/TDD 711).

Maternity services
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.

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/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.

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 days of calling the doctor.
- Second trimester-months 4-6, or weeks 13-27: you should be seen within seven (7) days of calling the doctor.
- Third trimester-months 7-9, or weeks 28-40: you should be seen within three (3) days of calling the doctor.

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) 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 diseases.
- 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 women 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 3-8 weeks (60 days) 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 with your provider. 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.

**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/TDD **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 swallow. 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 diseases: We encourage every pregnant woman to be tested for sexually transmitted diseases (STDs) 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 STD 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.

**Family planning services**

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 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 if you need help with family planning. Covered services include:

- Natural family planning and contraceptive counseling
- Birth control pills
- Emergency oral contraceptives
- Injectable contraceptives
- Intrauterine devices (IUDs)
- Vaginal rings
- Subdermal implantable contraceptive (implanted under the skin)
- Spermicidal foams, jellies, suppositories, and creams
- Condoms
- Diaphragms
- Sterilization (tubal ligation or vasectomy) for members 21 and older only
- Testing for sexually transmitted infections (STIs)
- Pregnancy testing
- STI treatment
- 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 and hysterectomies

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 billed for the visit, please call Member Services at 602-263-3000 or 1-800-624-3879 (TTY/TDD 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.

**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.

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**Dental services**

**Dental services for members under 21 years of age**

Two (2) routine preventive dental visits 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 his or her first dental visit by one year of age. Members under 21 years of age do not need a referral for 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

**Dental services 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. Certain pre-transplant services and prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head are also covered.

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

**Dental services for DD members 21 years of age or older**

DD members 21 years of age or older may receive medically necessary dental benefits up to $1,000 per contract year (October 1- September 30). This coverage includes dentures.
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). You may seek behavioral health care, well-women’s care or vision services without your PCP’s approval.
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.

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

The condition 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 will 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 will 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/TDD 711) between 7 a.m. and 6 p.m., Monday through Friday. To leave a message for the Care Management team, call 6024538391 and someone will return your call the next business day.

Condition 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 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.

If you need medicine, your doctor will choose one from Mercy Care’s list of covered medications and write you a prescription. Some over-the-counter medicines are covered when your PCP orders them. 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. Some medications have limits or require the doctor to get approval.

**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 and select “Find a Provider” in the upper right corner of the screen. Then select “Find a Pharmacy.”

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 nurse line. Call Mercy Care Member Services and select the “speak to a nurse” option.

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 copays 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 Medicare copayment for more information.

**What you need to know about your prescription**

Your doctor or dentist may give you a prescription for medication. If you live in a nursing home or assisted living facility, staff will take care of managing your medications for you and getting refills.

Be sure to let the staff know about any medications you get from another doctor or non-prescription 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**

The label on your medication bottle tells you the number of refills your PCP 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 them at least five (5) days before your medicine runs out and talk to them about getting a refill. Your PCP 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 refill order form**
Call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY/TDD 711), or go to www.MercyCareAZ.org and select “Contact Us.” You can 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.

**Exclusive prescriber program**
Mercy Care has an exclusive prescriber program. This program is to better support members who are taking medications that could be dangerous in large amounts, without good communication with the prescribers. You may be enrolled in this program if the following have been true for you in a three (3) month time period:

- You have had four (4) or more prescribers; and
- You have been prescribed four (4) or more different drugs that can be habit forming; and
- You have filled drug prescriptions at four (4) or more pharmacies.

You may also be enrolled in this program if:

- You have received 12 or more prescriptions of habit forming drugs in the past three (3) months.
- You have presented a forged or altered prescription to your pharmacy.

Mercy Care will notify you 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. This doctor will be responsible for the prescribing and oversight of habit forming drugs. Mercy Care will only pay for habit forming drug prescriptions written by this one (1) doctor. This applies to medications written at discharge from the emergency room.

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 assignment to the doctor 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 an active oncology (cancer) diagnosis, 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.

**Behavioral health services**
Behavioral health services can help you with personal problems that may affect you and/or your family. Some problems may 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
- Behavioral health nursing services
- Counseling services (individual, group, couples, trauma)
- Eating disorder
- Emergency behavioral health care
- Emergency and non-emergency transportation
- Evaluation and assessment
- Individual, group and family therapy and counseling
- Inpatient hospital services
- Non-hospital inpatient psychiatric facilities services (level I residential treatment centers and sub-acute facilities)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Opioid agonist treatment (Medically Assisted Treatment for Alcohol and Opioid Use)
- Partial care (supervised day program, therapeutic day program and medical day program)
- Psychosocial rehabilitation (living skills training, health promotion, supportive employment services)
- Psychotropic medication
- Psychotropic medication adjustment and monitoring
- Respite care (with limitations)
- Residential Substance Use Treatment
- Rural substance abuse transitional agency services
- Screening
- Substance Use Treatment
- Home care training to home care client

Members enrolled with DDD, your behavioral health services are provided to you through your local Regional Behavioral Health Authority (RBHA). This includes medications to treat your behavioral health condition. You may call your local RBHA to set up an appointment with a behavioral health provider. Refer to the list below for the RBHA in your County.

<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: <strong>1-800-564-5465</strong> (TTY/TDD <strong>711</strong>)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crisis Line: <strong>1-800-631-1314</strong></td>
</tr>
<tr>
<td>Southern Arizona</td>
<td>Arizona Complete Health</td>
<td>Customer service phone: <strong>1-888-788-4408</strong> (TTY/TDD <strong>711</strong>)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crisis Line: <strong>1-866-495-6735</strong></td>
</tr>
<tr>
<td>Northern Arizona</td>
<td>Health Choice Integrated Care</td>
<td>Customer service phone: <strong>1-800-640-2123</strong> (TTY/TDD <strong>711</strong>, or <strong>1-800-842-4681</strong>)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crisis Line: <strong>1-877-756-4090</strong></td>
</tr>
</tbody>
</table>

*Calls to 1-800, 1-866 and 1-877 numbers are toll-free.
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.
Trained crisis intervention specialists are available around the clock, every day of the year to provide triage and support services. They can help you in many ways, including:
• Talking and helping you calm down
• Talking about your worries about a loved one
• Helping you deal with difficult relationships
• Stabilizing violent or threatening situations
• Presenting options for dealing with other urgent situations

State and national crisis lines
• Central Arizona: 602-222-9444, TTY: 602-274-3360
• Southern Arizona:
  • Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma counties: 1-866-495-6735
  • Pima County: 520-622-6000
• Northern Arizona:
  • Apache, Coconino, Gila, Mohave, Yavapai, and Navajo counties: 1-877-756-4090
• 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/how-it-works
• National suicide prevention hotline: 1-800-273-8255

Warm Lines: Warm Line specialists offer peer support for callers who just need to talk. 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. Warm Line specialists offer peer support for callers who just need someone to talk to.
• Maricopa County: 602-347-1100
• Pima County: 520-770-9909
• All Arizona: 1-888-404-5530

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

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
Alcoholics Anonymous:
Mesa – East Valley Intergroup Inc.
Main: 480-834-9033
www.aamesaaz.org

Peoria – Agua Fria Intergroup
24 hour hotline: 623-937-7770
Main: 623-937-7836
www.aawestphoenix.org

Phoenix – Salt River Intergroup, Inc.
24 hour hotline: 602-264-1341
Main: 602-264-1374
www.aaphoenix.org

Additional meeting information can be found at:
Alcoholics Anonymous – http://aaphoenix.org/meetings

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 Twelve 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, and
   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 DCS and/or DDD caseworker, and the child’s probation officer.
   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 adopted by ADHS that incorporate evidence-based “best practices.”
   c. Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote 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. 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 below. The range of available specialties include: Family Practice, Physical and Occupational Therapy, Speech, Audiology, Plastic Surgery, Orthopedics and Neurology.

Metro Phoenix Region
DMG Children’s Rehabilitative Services
3141 N. 3rd Ave.
Phoenix, AZ 85013
602-914-1520
1-855-598-1871

Southern Region
Children’s Clinics
Square & Compass Building
2600 N. Wyatt Dr.
Tucson, AZ 85712
520-324-5437
1-800-231-8261

Children’s Rehabilitative Services
Tuscany Medical Plaza
2851 South Avenue B
Building 25 #2504
Yuma, AZ 85364
928-336-7095
1-800-837-7309

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 multi-specialty 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 healthcare 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:
- Case 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.

**CRS MSICs are at the following locations:**
DMG Children’s Rehabilitative Services
3141 North 3rd Ave.
Phoenix, AZ 85013
602-914-1520
1-855-598-1871
Children’s Clinics
Square & Compass Building
2600 North Wyatt Dr.
Tucson, AZ 85712
520-324-5437
1-800-231-8261

Children’s Rehabilitative Services
1200 North Beaver St.
Flagstaff, AZ 86001
928-773-2054
1-800-232-1018

Children’s Rehabilitative Services
Tuscany Medical Plaza
2851 South Ave. B
Building 25 #2504
Yuma, AZ 85364
928-336-7095
1-800-837-7309

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, Family, Group)
• Child and Family Team
• Behavioral Health Day Program
• Community Mental Health Centers
• Substance Abuse (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 healthcare 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/TDD 711).

Member Advisory Council
Mercy Care has a Member Advisory Council (MAC). The council is made up of members, just like you, who are concerned about health care and want to make health care better. Members volunteer to serve on the council at least two years. New council members may be chosen each year. Family members, member representatives, providers and advocacy groups may also be part of the council. The MAC advises Mercy Care on issues that are important to members. If you are not on the council, you may still suggest changes to policies and services by calling Mercy Care Member Services. You may also call Mercy Care Member Services for more information about how to join the council. Mercy Care Member Services can be reached at 602-263-3000 or 1-800-624-3879 (TTY/TDD 711).

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 if the request unless an extension is in effect. If we ask for an extension, you may file a 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 Grievance (see “Grievances” in this handbook).

Please send your grievances to:
Mercy Care
4755 S. 44th Place
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. Our prior authorization decisions are based on Practice Guidelines and Clinical Criteria that are found on the internet (www.guideline.gov).

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 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).

*Mercy Care does not have any restrictions on freedom of choice among providers.
**Important information**

**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.

**THE FOLLOWING PERSONS ARE NOT ASKED TO PAY COPAYMENTS:**

- People under age 19,
- People determined to be Seriously Mentally Ill (SMI),
- An individual eligible for the Children’s Rehabilitative Services program under A.R.S. §36-2906(E),
- Acute care 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% 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% 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 s/he is 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:

### Optional (Non-Mandatory) Copayment Amounts for Some Medical Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2.30</td>
</tr>
<tr>
<td>Out-patient services for physical, occupational and speech therapy</td>
<td>$2.30</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
<td>$3.40</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 DES or AHCCCS will tell you so. Copays for TMA members are listed below.

### Required (Mandatory) Copayment Amounts for Persons Receiving TMA Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2.30</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
<td>$4.00</td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapies</td>
<td>$3.00</td>
</tr>
<tr>
<td>Outpatient Non-emergency or voluntary surgical procedures</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

Pharmacists and Medical Providers can refuse services if the copayments are not made.
5% LIMIT ON ALL COPAYMENTS
The amount of total copays cannot be more than 5% 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% limit applies to both nominal and required copays.

AHCCCS Administration will track each member’s specific copayment levels to identify members who have reached the 5% copayment limit. If you think that the total copays you have paid are more than 5% 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.

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/TDD 711).

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
  4755 S. 44th Place
  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 six months from the date you received the service.
- You should not pay for covered services or medicines after you have joined Mercy Care. We cannot pay you back.

**Other health insurance**

If you have other insurance, 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.

**Dual-eligible members: payment for medications**

This section on medication payment is for those members with both Medicaid (AHCCCS) and Medicare. AHCCCS covers medications, which are medically necessary, cost effective and allowed by federal and state law.

- For AHCCCS recipients with Medicare, AHCCCS **does NOT pay** for any prescription paid by Medicare or for the cost-sharing (coinsurance, deductibles and copayments) for these medications. AHCCCS and its contractors are prohibited from paying for these medications or the cost-sharing (coinsurance, deductibles and copayments) for medications available through Medicare Part D, even if the member chooses not to enroll in the Part D plan.

**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.

**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/TDD 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
Appeals Department
4755 S. 44th Place
Phoenix, AZ 85040
Phone: 602-453-6098 or 1-800-624-3879
Fax: 602-230-4503

**Request for Standard Appeal**

When we get your appeal, we will send you a letter within five (5) calendar 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 grievance. The letter will explain your rights and how to submit a complaint. If we don’t receive the additional information within this timeframe, 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 120 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.

Members enrolled in the Division of Developmental Disabilities (DDD) should follow the process described in this section and submit an appeal request to Mercy Care. We will conduct a review of the appeal and then forward our findings to the DDD Compliance and Review Unit. The DDD Compliance and Review Unit will examine our findings and issue a decision on the appeal. They will mail the decision letter within 30 calendar days, or within 44 calendar days when an extension was requested. The letter will explain the reason for the decision and the way you may request a fair hearing with AHCCCS if you are still not happy.

**Request for expedited resolution**

You or your representative can request an expedited resolution to your appeal if you believe that the timeframe of a standard resolution might jeopardize your life, health or ability to attain, maintain or regain maximum 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 request that you send us supporting documentation from your provider but do not receive it, your appeal will be resolved within 30 calendar days. When 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 grievance. We will explain this when we call you. We will include information about how to file a grievance in the letter we mail to you.

When we expedite the resolution of your appeal, we will resolve your appeal within three (3) calendar days. 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 timeframe, 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 120 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.

DD members should file their request for expedited resolution directly with Mercy Care.
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

A grievance is any expression of dissatisfaction related to the delivery of your health care that is not defined as an appeal. A grievance is also called a complaint. You may have a problem 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 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 grievance is to 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/TDD 711). You may also contact Member Services if you need help filing your 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 grievance. It is important to provide as much detail as possible. The representative will explain the 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 grievance in writing, please send your complaint to:
Mercy Care
Grievance Department
4755 S. 44th Place
Phoenix, AZ 85040

Filing a 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.

- When you call to report a grievance, we will try to help resolve any concerns you have right away. If you submit your grievance in writing, we will send you a letter within five (5) calendar days. The letter acknowledges our receipt of your grievance and explains how you will be notified of the resolution.
- If you submit a grievance by telephone, we may be able to resolve your concerns and tell you the resolution during the call.
- If your 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 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 grievance is complete, we will notify you of the resolution.
- If your 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 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 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 or you may submit concerns about quality of care by email at CQM@azahcccs.gov.

Member 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

- The member has the right to exercise his or her rights and that the exercise of those rights shall not adversely affect service delivery to the member.
- The name of your PCP and/or case manager.
- A copy of the Mercy Care Member Handbook, which includes a description of covered services.
- How Mercy Care provides after hours and emergency care.
- The right to file a complaint about Mercy Care.
- The right to request information about the structure and operations of Mercy Care or their subcontractors.
- 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.
- The right to know whether stop-loss insurance is required.
- General grievance results and a summary of member survey results.
- Your costs to get services or treatments that are not covered by Mercy Care.
- How to get services, including services requiring authorization.
- How Mercy Care evaluates new technology to include as a covered service.
- Changes to your services or what actions to take when your PCP leaves Mercy Care.
- You have the right to 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 or ability to pay or speak English.

Confidentiality and privacy

- 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.

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 on which 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 decide who you want 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 get a replacement caregiver for “critical services” within two hours.

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.

Fraud and abuse

Fraud
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.

Fraud and abuse also means loaning, selling or giving your member ID card to someone, inappropriate billing by a provider or any action intended to defraud the AHCCCS program.

Fraud is a dishonest act done on purpose.

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

Abuse
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 cost 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 a refund 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 upper right corner. 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](http://www.azahcccs.gov/Fraud/ReportFraud). You can also call AHCCCS Fraud Reporting at 602-417-4193 or 1-888-487-6686.

### Tobacco cessation

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 PCP. Your PCP 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, you can call:

1. Mercy Care Customer Service
2. If you are part of Mercy Care, Care Management program, talk to your Case Manager
3. Talk to your PCP
4. Call the Arizona Smokers Helpline (ASHLine) directly at 1-800-556-6222, visit [www.ashline.org](http://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 [http://azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az](http://azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az). 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 DD may call their Division of Developmental Disabilities Support Coordinator for help.](http://wwwMercyCareAZ.org)

### 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.

[www.MercyCareAZ.org](http://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
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. DD members may call their Division of Developmental Disabilities Support Coordinator.
- 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/TDD 711).

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. Please call Mercy Care Member Services at 602-263-3000 or 1-800-624-3837 (TTY/TDD 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: Mercy Care 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 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 Mercy Care Member Services. If you have access to the Internet, 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.

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, please 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/TDD 711).

Q. What hospitals can I use?
A. Mercy Care uses many hospitals. You can find a list of 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,” 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. If you have to be hospitalized, for any reason, you may go to the hospital your doctor sends you to.

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 your health plan, enter the city, state and ZIP code, and select “Urgent Care Facility” under “Specialty.”
Resources

Community resources

AHCCCS (Arizona Health Care Cost Containment System)
801 E. Jefferson St.
Phoenix, AZ 85034
602-417-4000
www.healthearizonaplus.gov

www.healthearizonaplus.gov
This website helps connect individuals and families to coverage, benefits and services.

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

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.azcadv.or

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: www.clinicsearch.azbnp.gov/

Arizona Department of Health Services
www.azdhs.gov/index.php
150 N. 18th Ave.
Phoenix, AZ 85007
602-542-1025
1-800-252-5942

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.
www.AZLinks.gov
1-888-737-7494

Community Information and Referral Services
www.211arizona.org
American Diabetes Association
2451 Crystal Dr., Suite 900
Arlington, Virginia 22202
1-800-342-2373
www.diabetes.org

Arizona Coalition for Military Families
www.Arizonacoalition.org

Nurse-Family Partnership
The Nurse-Family Partnership is a program for first time mothers who are less than 28 weeks pregnant in North or South Phoenix or Tucson. A registered nurse will come to the home of a pregnant member. They will help to make sure that she has a healthy pregnancy. There is no cost for this service for Mercy Care’s pregnant members.

Phoenix Nurse-Family Partnership/Southwest Human Development
2850 N. 24th St.
Phoenix, AZ 85008
602-224-1740

Tucson Nurse-Family Partnership/ Casa de los Niños
1120 N. 5th Ave.
Tucson, AZ 85705
520-624-5600 ext. 506

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 5 years old!

Maricopa County
602-427-4725

Pima County
520-321-3754

Cochise County
520-458-7348

Teen Outreach Pregnancy Services
Teen Outreach Pregnancy Services (TOPS) is a program designed for pregnant and parenting teens. The nurses and social workers understand the challenges teens face and help to make sure the pregnant mother and baby are healthy. There are classes about having a healthy pregnancy, childbirth and parenting. The classes are for teens only! Services also include helping teen moms get items they need for their pregnancy and new baby.

West Valley
6610 N. 47th Ave., Suite 12
Glendale, AZ 85301
623-334-1501
Arizona Postpartum Warm Line
www.psiarizona.org
Providing support for new mothers and families and improving access to postpartum screenings, treatment options, and resources.
1-888-434-MOMS
(1-888-434-6667)

Arizona Suicide Prevention Coalition
www.azspc.org

Mentally Ill Kids in Distress (MIKID)
www.mikid.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

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

If you live in one of the cities or counties below, call to find a facility near you.
Phoenix: 602-262-4040 or 602-506-5911
Maricopa County (East Valley): 480-464-9669
Maricopa County (West Valley): 623-486-9868
Other areas within Maricopa County or if you have questions: 602-262-4040 or 602-506-5911

Arizona Early Intervention Program (AzEIP)
www.azdes.gov/AzEIP
The Arizona Early Intervention Program (AzEIP, pronounced Ayzip), helps families of children ages birth to 3 years old who have disabilities or developmental delays. They provide support and can work with the child’s natural ability to learn. To get help, or learn more about AzEIP resources, call Member Services and ask for the Mercy Care AzEIP coordinator.
Community Information and Referral (I&R)
Call 211 or go to www.cir.org for information on this program. Community I&R is a call center that can help you find many community services including:
- Food banks, clothes, shelters, help to pay rent and utilities
- Health care, pregnancy health, help when you or someone else is in trouble, support groups, counseling and help with drug or alcohol problems
- Financial help, job training, transportation, education programs
- Adult day care, Meals on Wheels, respite care, home health care, transportation, homemaker services
- Child care, after school programs, family help, summer camps and play programs, counseling, help with learning, protective services

Child and Family Resources
www.ChildFamilyResources.org
1-800-308-9000
Programs include:
- Child Care Resource & Referral, where parents can call to get a list of child care centers
- The Center for Adolescent Parents where teen mothers can earn their high school diploma or GED while receiving no-cost, on-site child care
- In-home support for families with babies under the age of 3 months

2830 W. Glendale Ave.
Phoenix, AZ 85051
602-234-3941

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

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

301-B E. 4th St.
Safford, AZ 85546
928-428-7231

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

Dump the Drugs
https://azdhs.gov/gis/dump-the-drugs-az
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.
**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, Suite 315
Tucson, AZ 85701
520-628-6504

**Arizona Attorney General’s Office - outside Phoenix and Tucson**
1-800-352-8431

**Department of Economic Security**

Aging and Adult Administration
1789 W. Jefferson, Site Code 950A
Phoenix, AZ 85007
602-542-4446
www.azdes.gov/DAAS

Your local Area Agency on Aging may also have forms and information.

**The following national organization also provides health care directive forms and information:**

**AARP**
601 E. St., N.W.
Washington, D.C. 20049
1-888-687-2277
www.aarp.org/states/AZ

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

- Mental Health America of Arizona: 602-214-9507
- National Domestic Violence Hotline: 1-800-799-7233
- Arizona Coalition to End Sexual & Domestic Violence: 602-279-2900 or 1-800-782-6400
- Childhelp National Child Abuse Hotline: 1-800-422-4453

Arizona Center for Disability Law Mental Health
www.acdl.com/mentalhealth.html
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, 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

NAMI Arizona (National Alliance on Mental Illness)
www.namiaz.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

If you lose eligibility resources
We also want you to be able to get medical care if you do 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

<table>
<thead>
<tr>
<th>Adelante Healthcare</th>
<th>Gila Bend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avondale</td>
<td></td>
</tr>
<tr>
<td>Coronado Professional Plaza</td>
<td>100 N. Gila Blvd.</td>
</tr>
<tr>
<td>3400 Dysart Rd., Suite F-121</td>
<td>Gila Bend, AZ 85337</td>
</tr>
<tr>
<td>Avondale, AZ 85392</td>
<td>1-877-809-5092</td>
</tr>
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<td>1-877-809-5092</td>
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<tr>
<th>Buckeye</th>
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<tr>
<td>306 E. Monroe Ave.</td>
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<tr>
<td>Buckeye, AZ 85326</td>
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<td>1-877-809-5092</td>
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<tr>
<th>Mesa</th>
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<tbody>
<tr>
<td>1705 W. Main St.</td>
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<tr>
<td>Mesa, AZ 85201</td>
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<tr>
<td>1-877-809-5092</td>
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<table>
<thead>
<tr>
<th>Phoenix</th>
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</thead>
<tbody>
<tr>
<td>7725 N. 43rd Ave., Suite 510</td>
</tr>
<tr>
<td>Phoenix, AZ 85051</td>
</tr>
<tr>
<td>1-877-809-5092</td>
</tr>
</tbody>
</table>

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
Adelante Healthcare (Cont’d.)

Surprise
15351 W. Bell Rd.
Surprise, AZ 85374
1-877-809-5092

Wickenburg
811 N. Tegner St., Suite 113
Wickenburg, AZ 85390
1-877-809-5092

HonorHealth Desert Mission Healthcare Center
(formerly John C Lincoln Community Health Center)
9201 N. 5th St.
Phoenix, AZ 85020
602-331-5779

Maricopa Integrated Health System
McDowell Healthcare Center
1101 N. Central Ave., Suite 204
Phoenix, AZ 85004
602-344-6550

Sunnyslope Family Health Center
934 W. Hatcher Rd.
Phoenix, AZ 85021
602-344-6300

Comprehensive Health Center
2525 Roosevelt St.
Phoenix, AZ 85008
602-344-1015

Guadalupe Family Health Center
5825 E. Calle Guadalupe
Guadalupe, AZ 85283
480-344-6000

South Central Family Health Center
33 W. Tamarisk St.
Phoenix, AZ 85041
602-344-6400

Mountain Park Health Center - Baseline
635 E. Baseline Rd.
Phoenix, AZ 85042
602-243-7277

Maryvale Family Health Center
4011 N. 51st Ave.
Phoenix, AZ 85031
623-344-6900

Maricopa County Health Care for the Homeless
220 S. 12th Ave.
Phoenix, AZ 85007
602-372-2100

Chandler Family Health Center
811 S. Hamilton St.
Chandler, AZ 85225
480-344-6100

El Mirage Family Health Center
12428 W. Thunderbird Rd.
El Mirage, AZ 85335
623-344-6500

Avondale Family Health Center
950 E. Van Buren St.
Avondale, AZ 85323
623-344-6800

Glendale Family Health Center
5141 W. Lamar St.
Glendale, AZ 85301
623-344-6700

Mesa Family Health Center
59 S. Hibbert
Mesa, AZ 85210
480-344-6200

Seventh Avenue Family Health Center
1205 S. 7th Ave.
Phoenix, AZ 85007
602-344-6600

Mountain Park Health Center
Tempe Community Health Center
1840 E. Broadway
Tempe, AZ 85282
602-243-7277

Mountain Park Health Center - Goodyear
140 N. Litchfield Rd. #200
Goodyear, AZ 85338
602-243-7277
Mountain Park Health Center - South Phoenix  
635 E. Baseline  
Phoenix, AZ 85042  
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., Suite 402  
Phoenix, AZ 85003  
602-257-9229

Maryvale Family Medical  
4700 N. 51 Ave., Suite 1  
Phoenix, AZ 85031  
623-344-6900

OSO Medical  
13851 W. Lamar Blvd., Suite 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

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., Bldg. 10  
Tucson, AZ 85706  
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
### COCHISE COUNTY

<table>
<thead>
<tr>
<th>Health Center</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiricahua Community Health Center - Bisbee</td>
<td>108 Arizona St. Bisbee, AZ 85603</td>
<td>520-432-3309</td>
</tr>
<tr>
<td>Chiricahua Community Health Center - Douglas</td>
<td>1100 F Ave. Douglas, AZ 85607</td>
<td>520-364-3285</td>
</tr>
<tr>
<td>Chiricahua Community Health Center - Elfrida</td>
<td>10566 N. Hwy 191 Elfrida, AZ 85610</td>
<td>520-642-2222</td>
</tr>
<tr>
<td>Copper Queen Medical Associates RHC - Douglas</td>
<td>100 E. 5th St. Douglas, AZ 85607</td>
<td>520-364-7659</td>
</tr>
<tr>
<td>Copper Queen Community Hospital - Bisbee</td>
<td>101 Cole Ave. Bisbee, AZ 85603</td>
<td>520-432-2042</td>
</tr>
<tr>
<td>Copper Queen Community Hospital - Douglas</td>
<td>2174 W. Oak Ave. Douglas, AZ 85607</td>
<td>520-364-7931</td>
</tr>
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### GRAHAM COUNTY

<table>
<thead>
<tr>
<th>Health Care</th>
<th>Address</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Canyonlands Community Health Care Safford</td>
<td>2016 W. 16th St. Safford, AZ 85546</td>
<td>928-428-1500</td>
</tr>
</tbody>
</table>

### GREENLEE COUNTY

<table>
<thead>
<tr>
<th>Health Care</th>
<th>Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Canyonlands Community Health Care Duncan</td>
<td>227 Main St. Duncan, AZ 85534</td>
<td>928-359-1380</td>
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### GILA COUNTY

<table>
<thead>
<tr>
<th>Dental Care</th>
<th>Address</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Copper Vista Dental Care</td>
<td>1450 South St., Suite 3 Globe, AZ 85501</td>
<td>928-4525-8175</td>
</tr>
<tr>
<td>Canyonlands Healthcare</td>
<td>5860 S. Hospital Dr., Suite 120 Globe, AZ 85501</td>
<td>928-402-0491</td>
</tr>
</tbody>
</table>

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**Low-fee dental services**

The following organizations offer low-fee dental services:

- Canyonlands Community Health Care Duncan
- Copper Vista Dental Care
- Canyonlands Healthcare

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**Contact Information**

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
MARICOPA COUNTY

Mountain Park Health Center (5 locations)  
6022437277
www.MPHCAZ.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

PIMA COUNTY

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
520-387-4250
www.ajochc.org

COCHISE COUNTY

Copper Queen Community Hospital
101 Cole Ave.
Bisbee, AZ 85603
520-432-5383
Definitions

**Appeal** - to ask for review of a decision that denies or limits a service.

**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”).

**Copayment** - money a member is asked to pay for a covered health service, when the service is given. (R9-22-711).

**Durable Medical Equipment (DME)** - equipment and supplies ordered by a health care provider for a medical reason for repeated use.

**Emergency** - an emergency is a medical condition that could cause serious health problems or even death if not treated immediately.

**Emergency Ambulance Services** - transportation by an ambulance for an emergency condition.

**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

**Emergency medical transportation** - see EMERGENCY AMBULANCE SERVICES

**Emergency room care** - care you get in an emergency room.

**Emergency services** - services to treat an emergency condition.

**Excluded** - Services that AHCCCS does not cover. Examples are services that are:
- Above a limit,
- Experimental, or
- Not medically needed.

**Excluded services** - See Excluded.

**Expedited appeal** - See Excluded

**Family planning** - education and treatment services for a member who voluntarily chooses to delay or prevent pregnancy.

**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.

**Grievance system** - a system that includes a process for enrollee grievances, enrollee appeals, provider claim disputes and access to the State Fair Hearing system.
Habilitation - services that help a person get and keep skills and functioning for daily living.

Habilitation services and devices - see HABILITATION

Health insurance - coverage of costs for health care services.

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.

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.

Hospital outpatient care - care in a hospital that usually does not require an overnight stay.

Hospitalization - being admitted to or staying in a hospital.

In-Network Provider - A health care provider that has a contract with your health plan.

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 - includes medically necessary preconception counseling, pregnancy, testing prenatal care, labor and delivery services and postpartum care.

Medically necessary - a service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.

Medically necessary transportation - transportation that takes you to and from required medical services.

Network - physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.

Non-participating provider - see OUT OF NETWORK PROVIDER

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 wellwomen 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.

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.

Participating provider - see IN-NETWORK PROVIDER
Physician services - health care services given by a licensed physician.

Plan - see SERVICE PLAN

Postpartum care - health care provided up to 60 days postdelivery.

Preauthorization - see PRIOR AUTHORIZATION

Preconception counseling - the goal is to uncover any highrisk issues and help a woman become healthy before becoming pregnant.

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.

Prenatal care - health care provided throughout the pregnancy.

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.

Prescription drug coverage - prescription drugs and medications paid for by your health plan.

Primary care physician - a doctor who is responsible for managing and treating the member’s health.

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.

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.

Provider - a person or group who has an agreement with AHCCCS to provide services to AHCCCS members.

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
  - 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.

Rehabilitation - Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

Rehabilitation services and devices - see REHABILITATION

Referral - when the PCP sends you to a specialist for a specific, usually complex, problem.

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.

Skilled nursing care - skilled services provided in your home or in a nursing home by licensed nurses or therapists.

Specialist - a doctor who practices a specific area of medicine or focuses on a group of patients.

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.

Urgent care - care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

**Definitions for maternity care services**

1. **Certified Nurse Midwife (CNM)** is 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. **Highrisk pregnancy** refers to a pregnancy 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.

3. **Licensed midwife** means an individual licensed by the Arizona Department of Health Services to provide maternity care pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 6, Article 7 and Arizona Administrative Code Title 9, Chapter 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).

4. **Maternity care** includes identification of pregnancy, prenatal care, labor/delivery services and postpartum care.
5. **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.

6. **Practitioner** refers to certified nurse practitioners in midwifery, physician’s assistants and other nurse practitioners. Physician’s assistants and nurse practitioners are defined in A.R.S. Title 32, Chapters 25 and 15 respectively.

7. **Postpartum** is the period beginning the day pregnancy terminates and ends the last day of the month in which the 60th day following pregnancy termination occurs.

8. **Postpartum care** is the health care provided for a period of up to 60 days postdelivery. Family planning services are included if provided by a physician or practitioner.

9. **Preconception counseling** services, as part of a well-woman visit, are provided when medically necessary. 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 (even before conception is confirmed), as well as regular health care. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling does not include genetic testing.

10. **Prenatal care** is the health care provided during pregnancy and is composed of three major components:
    a. Early and continuous risk assessment
    b. Health education and promotion, and
    c. Medical monitoring, intervention and follow-up.