



2023-2024 Long Term Care Member Handbook

Because we **care.**

www.MercyCareAZ.org

MCL-1647



mercy care

4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Call Mercy Care Member Services

Monday through Friday, 7 a.m. to 6 p.m.

602-263-3000 or **1-800-624-3879** (TTY **711**).

In a life-threatening situation, call **911**.

For email, go to **www.MercyCareAZ.org**, and select "Contact Us."

Grievances and Appeals

Phone: **602-586-1719** or **1-866-386-5794**

Fax: **602-351-2300**

MCGandA@mercycaresaz.org

Office of Individual and Family Affairs (OIFA)

OIFATeam@MercyCareAZ.org



Follow us @MercyCareAZ

PERSONAL INFORMATION

My Member ID number: _____

My PCP: _____

My PCP's phone number: _____

My Pharmacy: _____

My Pharmacy's phone number: _____

My Pharmacy's address: _____

My Case Manager's name is: _____

My Case Manager's phone number is: _____

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

Handbook revision date: **October 1, 2023.**

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

No one from Mercy Care will ever contact you and ask you for your social security number or Medicare information, and neither will Medicare. If you receive a phone call from someone claiming to be from Mercy Care or Medicare, do not give them any information about yourself. Hang up and call Member Services or report it online. Go to **www.MercyCareAZ.org** and select "Fraud and Abuse."

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Introduction

Welcome to Mercy Care

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

Your Member Handbook and member materials

In this handbook you can learn about:

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

This handbook is available in large print, on CD or digital audio file (MP3) upon request to Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). You can get a printed copy of this handbook mailed to you, at no cost to you. We can send you a full-page magnifier if needed. You can read the handbook online at www.MercyCareAZ.org.

Member materials in an electronic format

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

Mailed member materials

If you do not have access to the internet or email, you can get materials mailed to you at no cost to you. You can call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) to request a material to be mailed to you.

Mercy Care website

Visit our website at www.MercyCareAZ.org. You can get the latest information on Mercy Care. You can search for a doctor, pharmacy, urgent care, telehealth provider, or hospital near you. The website is available in English, Spanish and Arabic. Use the settings on your web browser to make the screen size and text of a page larger or smaller. Our website is compatible with common screen readers.

The image shows a screenshot of the Mercy Care website's secure member login page. At the top, there is the Mercy Care logo. Below it is a purple banner with the text "Secure Member Log-in". Underneath the banner, the text reads "Everything you need, right at your fingertips." The main content area contains a login form with the following elements: a "User name" input field, a "Password" input field, a checkbox labeled "Remember user name", and a purple "Secure Log In" button. Below the form, there are three links: "Forgot user name?", "Forgot password?", and "Log in tips". At the bottom of the form, there is a section for "First-time users" with the text "Please register for an account. You will create a username and a password." and a purple "Register" button.

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.

Mercy Care Web Portal

You can also get your own health information by going to our secure web portal. Go to www.MercyCareAZ.org. If you're a first time user, follow the prompts to create a login. Then you can use the portal.

With your secure login, you can:

- Request a new member ID card
- View your member ID card
- Look up the status of a claim
- Check the status of a 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. Member Services is available to help you Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711).

Medical Management

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

Grievances and Appeals

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

Monday through Friday 8 a.m. to 5 p.m.

602-586-1719 or **1-866-386-5794**

Fax: **602-351-2308**

MCGandA@mercycaresaz.org

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 use challenges. OIFA builds partnerships with individuals, families of choice, youth, communities, organizations and collaborates with key leadership and community members in the decision-making process at all levels of the behavioral health system.

OIFATeam@MercyCareAZ.org

Nurse line

Our nurse line is available 24 hours per day/7 days a week to answer general medical questions. Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** and select "Nurse Line."

www.MercyCareAZ.org

Long Term Services and Supports (LTSS) case management

If you need to contact your case manager prior to your next scheduled visit, call him or her directly. You can call your case manager directly between the hours of 8 a.m. and 5 p.m. Monday through Friday. Your case manager's telephone number is listed on the business card that they left you. You can also write it in the space provided at the front of this handbook. You should call your case manager if you have a changes in your health, care needs, resources, living situation or services that you may need help with. 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 at **602-263-3000** or **1-800-624-3879**.

Getting care after hours

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

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

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

For example:

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

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

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

Telehealth services

Through secure video on your phone or computer, you can meet with a doctor for treatment of common health conditions. You can see a doctor via telehealth for things like a cold, the flu, allergies, sinus problems and more. You can call your Primary Care Provider (PCP) to ask for a telehealth visit. If your PCP does not offer telehealth services, you can find a telehealth provider at **www.MercyCareAZ.org** under "Find a Provider." Mercy Care also has teledentistry service providers available.

How to get behavioral health crisis services

A crisis can be any situation where someone is experiencing thoughts, feelings, or circumstances they are no longer able to cope with. A crisis can look different for different people, however, may include struggling with suicidal thoughts, substance abuse, anxiety, psychosis, or social issues. According to AHCCCS' crisis FAQs, a good indicator that someone may be in crisis is a sense of urgency to resolve the situation or thoughts as quickly as

possible as not doing so may put them or others in harm's way.

<https://azahcccs.gov/BehavioralHealth/Downloads/FrequentQuestionsAboutCrisisServices.pdf>

Crisis services can be any number of behavioral health services that can help a person when they are experiencing a crisis. In Arizona, the crisis system includes a crisis phone line, crisis mobile teams, and crisis facilities providing observation and stabilization. Each crisis provider has trained staff to help resolve the crisis as quickly as possible. While crisis experts can attempt to engage a person who is reluctant for care, services are voluntary and most effective for individuals who are willing to receive them.

You do not need a referral from your doctor for behavioral health services. Call your case manager to discuss your behavioral health service need and they will help you get services. If you need a ride to an appointment, call Member Services at least three days before your appointment.

If you're in a behavioral health crisis, you can call the **Arizona Behavioral Health Crisis Line**. Trained staff can help 24 hours a day, 7 days a week. You can reach them at **1-844-534-4673** or **1-844-534-HOPE**; (TTY 711). You may be able to get a ride to get care for a behavioral health emergency.

If you think you might hurt yourself, or someone else, or if you are having thoughts of suicide, you can call a crisis line. You can also call a 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. You may also call the crisis line if you are concerned for someone else who may be struggling.

National Crisis hotline: Call or text **988**, or chat with a crisis counselor at <https://988lifeline.org/talk-to-someone-now>.

State and national crisis lines:

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

Warm Lines: Warm Line specialists offer peer support for callers who just need someone to talk to and/or need help finding community support services.

The Warm Line is a no-cost and confidential telephone service staffed by peers who have, themselves, dealt with behavioral health issues. Warm Line staff can relate to behavioral health situations because they have been through the similar experiences.

www.MercyCareAZ.org

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

If you have a medical emergency, dial 911.

Crisis Mobile Teams

Crisis Mobile Teams are crisis experts who travel to a person to help them during a crisis. They provide support, find community resources, and help with planning next steps to keep a person safe. They may also offer to arrange transportation to a facility like a crisis facility. Crisis mobile teams are dispatched through the Arizona Statewide Crisis Line **1-844-534-4673**. Crisis mobile teams assess safety, provide support, and help you resolve the immediate crisis.

Crisis facilities in Maricopa County

Crisis Facilities are safe places where a person in crisis may choose to go. Once there, you might see a clinician and be ready to go home in a short time, or you might choose to stay up to 24 hours, until other services can be started, or the immediate risk is over. These facilities have reclining chairs instead of beds as they are intended to be a short term stop while you and your crisis team agree on your next steps.

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

Crisis observation and stabilization:

Connections AZ Urgent Psychiatric Care Center (UPC)

Adults

1201 S. 7th Ave.
Phoenix, AZ 85007
602-416-7600

RI International Recovery Response Center (RRC)

Adults

11361 N. 99th Ave.
Peoria, AZ 85345
602-650-1212, press 2

Community Bridges Community Psychiatric Emergency Center (CPEC)

Adults

358 E. Javelina Ave.
Mesa, AZ 85210
1-877-931-9142

Community Bridges West Valley Access Point (WVAP)

Adults

824 N. 99th Ave.
Avondale, AZ 85323
1-877-931-9142

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.

23-Hour Psychiatric Observation operated by Mind 24/7

Higley

Adults and Youth/Children

1138 S Higley Rd.
Mesa, AZ 85206

Thomas

Youth/Children Only

2728 N 24th St.
Phoenix, AZ 85008

Metro

Adults and Youth/Children

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

Camelback

Adults and Youth/Children

9675 W. Camelback Rd
Phoenix, AZ 85037
844-MIND247

Detox and crisis facilities

Community Bridges Central City Addiction Recovery Center (CCARC)

2770 E. Van Buren St.
Phoenix, AZ 85008
1-877-931-9142

Community Bridges East Valley Addiction Recovery Center (EVARC)

560 S. Bellview Rd.
Mesa, AZ 85204
1-877-931-9142

Crisis facility in Pinal County

Community Bridges Casa Grande

Adults

675 E. Cottonwood Lane
Casa Grande, AZ 85122

Crisis facility in Pima County

Connections AZ Crisis Response Center (CRC)

Adults and Youth/Children

2802 E. District St.
Tucson, AZ 85714
520-301-2400

Developing a safety plan

It can be helpful to discuss and write down a safety plan or at-risk crisis plan that you can keep accessible to recognize the first signs of a crisis and what you can do to remain safe. You can create your own safety plan and share it with your supports, or you may develop a plan with your providers and supports that can help support you better in a time of crisis.

How to get substance use disorder services and opioid information

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

24/7 Access Points

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

CODAC Health, Recovery and Wellness

380 E. Ft. Lowell Road, Tucson, AZ 85705
520-202-1786

Community Bridges, East Valley Addiction Recovery Center

560 S. Bellview, Mesa, AZ 85204
480-461-1711

Community Medical Services

2806 W. Cactus Road, Phoenix, AZ 85029
602-607-4700

Intensive Treatment Systems, West Clinic

4136 N. 75th Ave #116 Phoenix, AZ 85033
623-247-1234

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

Culturally competent services

The parts of your life that are most important to you, such as your traditions, are “your culture.” Your traditions, heritage, religious and spiritual beliefs, and language also make up your culture. We encourage providers in our network to understand the culture of each individual. This will help them to better understand and communicate with Mercy Care members. Be sure to help your provider understand your culture – what’s important to you and your family. This will help you both to determine the best treatment plan for you or your family member. This will help make sure you get the right services for your needs.

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

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.

- 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 or 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, is appropriate to your medical condition, and in a language you speak. You can contact Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711).

Language, interpretation services and alternate formats

Getting information in a language and format you understand

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

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

Printed information for visually impaired members

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

Interpretation services

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

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

www.MercyCareAZ.org

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

Mercy Care cannot ensure a specific person will arrive to provide these services. This is because interpreters have different schedules. In order to help you and all members get interpretation help, Mercy Care cannot take requests for a specific person to be your interpreter.

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

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

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

Nondiscrimination Notice

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

Mercy Care:

- Provides no-cost aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides no-cost language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

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

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

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

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

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

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

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

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 AKÓNÍNÍZIN: Díí bee yánittí'go, saad bee áká'ánída'awo'déé', t'áá jiiik'eh, éí ná hóló. Ninaaltsoos nitt'izí bee nééhozinígíí bine'déé' béesh bee hane'í biká'ígíí bee hodílnih doodago **1-800-385-4104** (TTY: 711) hólne' dooleet.

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: CHÚ Ý: 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 تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: 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 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY 711) 번으로 연락해 주십시오.

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

GERMAN: ACHTUNG: Wenn Sie deutschen 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.

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How to get help coordinating complex health care or care management

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

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

Our affirmative statement about incentives

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

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

- Deny you care
- Give you less care
- Deny tests or treatments that are medically necessary

All our members should receive the right health care. If you want more information on this, call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711).

Provider directory

A provider directory is a listing of Mercy Care doctors and other providers of health care services. There is a searchable online provider directory on our website at **www.MercyCareAZ.org**. 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)
- Behavioral health providers, such as therapists and counselors
- Specialists
- Hospitals
- Nursing facilities
- Pharmacies
- Assisted Living Facilities
- Urgent Care Centers

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

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

About Mercy Care

Mercy Care is a managed care health plan contracted with the Arizona Health Care Cost Containment System (AHCCCS), the Arizona Department of Economic Security Division of Developmental Disabilities (DDD) and the Department of Child Safety Comprehensive Health Plan (DCS CHP). AHCCCS is Arizona’s Medicaid agency. Mercy Care serves members who are eligible for the Arizona Long Term Care System (ALTCS) in Gila, Maricopa, Pima, and Pinal counties. Contract services are funded under contract with the State of Arizona. Mercy Care follows State and Federal laws that apply under the contract with AHCCCS. These include, but are not limited to:

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

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 serves as a “gatekeeper.” Your PCP will coordinate most of your care. PCPs may be family practice, general practice and internal medicine doctors, physician assistants, nurse practitioners, pediatricians, and OB/GYNs. You will see your PCP for routine and preventive care. The PCP will evaluate your health during your visit and determine if you need to see a specialist or have tests performed. Provider Clinical Practice Guidelines are available upon request.

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 in the following table.

NAME OF ORGANIZATION	TELEPHONE NUMBER	WEBSITE
Arizona Medical Association	602-347-6900	www.azmed.org
Arizona Medical Board	480-551-2700 or 1-877-255-2212	www.azmd.gov
American Board of Medical Specialties	312-436-2600	www.abms.org
Arizona State Board of Dental Examiners	602-242-1492	www.dentalboard.az.gov
Arizona Board of Osteopathic Examiners	480-657-7703	www.azdo.gov
Arizona State Board of Optometry	602-542-8155	www.optometry.az.gov

Member identification (ID) card

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

About your ID card:

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

Reminders: Your member ID card

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

Your responsibilities as a member

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

Respect

- Respect the doctors, pharmacists, nurses, caregivers, staff and all people providing services to you.
- Protect your ID card. Do not lose it or share it with anyone.
- Take care of equipment loaned to you such as wheelchairs and the possessions belonging to the place where you live.
- Be considerate of the rights of staff and others who are living in the same place as you.
- Be respectful of their property.

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 additional insurance, in addition to Mercy Care, show your doctor or pharmacist your other insurance ID card.
- If you do not understand your health condition or treatment plan, ask your PCP to explain.
- Tell your doctor and/or case manager about insurance that you have. Apply for benefits for which you may be eligible through your additional insurance.
- Give your doctor all the facts about your health problems. This includes past illnesses, hospital stays, all medications, shots and other health concerns. Let your doctor and/or your case manager know about any changes in your health condition.
- **Report changes** that could affect your eligibility such as **family size, address, phone number and/or assets** to your case manager and/or to the office where you applied for AHCCCS eligibility.

Follow instructions

- Know the name of your assigned PCP and your case manager.
- Follow the treatment instructions that you and your PCP have agreed on, including the instructions from nurses and other health care professionals.

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- Pay your share of cost and/or room and board at the start of every month.

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

Mercy Care and Arizona Long Term Care System (ALTCS) need your correct address. If we do not have your correct address, you may not get important information from us.

If you are moving, call your case manager with your new address before you move. Let the ALTCS office where you applied for ALTCS know of your move.

Mercy Care serves Long Term Services and Supports (LTSS) members in Pima, Pinal, Gila and Maricopa counties. If you plan to move to a new county, other than Pima, Pinal, Gila or Maricopa counties, or to an Indian Reservation, be sure to call your Long Term Care (LTC) case manager as soon as possible. They can arrange and coordinate your care and services with the program contractor in your new county. **If you do not let your LTC case manager know, you may not get the services you need.**

Out-of-area coverage

Mercy Care provides ALTCS services in Maricopa, Pinal, Gila and Pima counties. NO services are covered outside the United States.

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 their state medical program. If you move out of the United States, your AHCCCS eligibility will end. If you have a new address, report it to the office that helped you with your eligibility. If you have an emergency while away, go to the closest emergency room and follow these steps:

- Show your member ID card to the hospital.
- 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 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 not available where you live. If this happens, we may pay for transportation, lodging and food costs. Mercy Care will only pay for these services if they approve these first (before you receive these services.) Please call Member Services before your trip to help make your arrangements.

Annual Enrollment Choice (AEC)

Mercy Care is your health plan. Annual Enrollment Choice (AEC) is the time during each year when you may choose a new health plan if you want. ALTCS will send you information about health plans in your area before your AEC time. You can look through it and decide whether you want to change or not. Before you decide to change, please call your case manager or Member Services. We may be able to help you with any problems you might be having.

Health plan changes

You may change health plans for any reason once a year on the date you first became an AHCCCS member or ALTCS eligible.

You may also request a change at any time if any of the following is true:

1. For cause at any time. Causes include poor quality of care, unable to receive medically necessary covered services or unable to access a provider who knows how to address your care needs.
2. Without cause 90 days after your initial enrollment, or during the 90 days of your notification of enrollment, whichever is later.
3. Without cause if you missed your annual disenrollment period because you were temporarily disenrolled.
4. You were not given a choice when you first joined.
5. You did not get your AEC letter so you could choose.
6. You got your AEC letter, but were not able to take part in your AEC due to things out of your control.
7. Other members of your family are enrolled with another health plan.
8. You were given wrong information about available choices, or there was an error on the part of AHCCCS or Mercy Care.
9. You move to your own home in another county other than Pima, Pinal, Gila or Maricopa County.
10. You re-enrolled in ALTCS within 90 days and were not re-enrolled with the same health plan.
11. You are pregnant or have a complex medical condition and need to stay with your doctor who is not a Mercy Care doctor. If you need to change your doctor, please call Mercy Care Member Services to ensure continuity of care.

Some changes need approval from the new health plan before you can change. An example of a change needing approval is if you move to a nursing home or assisted living home in another county.

Be sure to call your case manager before you make any changes.

Involving family and friends in your care

Your friends and family of choice play an important role in your care. They often have important information to share with health care professionals. You may allow a family member or authorized representative to participate in your treatment planning process and to represent you in decisions like changing health plans.

In most cases, providers need your permission to share information about your health. Here are some important facts about health care privacy:

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

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

Transitional program

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

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

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

Transition of care if you change health plans or providers

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

- Annual enrollment choice.
- Open enrollment.
- Health plan changes allowed by policy, including special health care needs program. Such programs can be CRS or a SMI diagnosis.
- Changes to Fee-For-Service programs. Such programs include Tribal ALTCS, T/RBHAS, DDD Tribal Health Program (THP) and the American Indian Health Plan (AHIP).
- Eligibility changes.
- SMI decertification.
- This policy is also followed to transition members in the middle of care to a different health care provider if a provider leaves Mercy Care's network.

If you change to another health plan, Mercy Care will let you know the name of the new health plan, how to contact them and their emergency phone number. Mercy Care will give you information about services and how to get them. We will also let the new health plan know of your special needs.

To ensure members have continuity and quality care when changing to a different health plan, Fee-For-Service (FFS) program or provider, Mercy Care:

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

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

- Assign each new member to a PCP
- Mail Mercy Care information to each new member
- Involve all Mercy Care staff, medical providers and other health plans as needed to ensure services continue without disruption

- Coordinate care for members with special health care needs
- Extend previously approved prior authorizations for a minimum of 30 days from the date of transition
- Provide a minimum of 90 days to transition children and adults with special health care needs from an out-of-network PCP to an in-network PCP
- Allow members in active treatment with an out-of-network provider or facility to continue through the duration of their prescribed treatment (including but not limited to chemotherapy, pregnancy, drug regime or scheduled procedure)
- Monitor the continuity and quality of care
- Maintain confidentiality of information in documents accessed and shared during a member's transition

Information about services

Case management services

When you become a member of Mercy Care Long Term Care, you are assigned a LTC case manager. You will continue to receive case management services for as long as you remain on the ALTCS program. Your case manager will work with you, your health care decision maker, and your PCP to assess your needs. Your case manager will partner with you and your family/representative to develop your plan of care.

If you live in your own home or in an alternative residential setting (example: assisted living), your case manager will have a scheduled review with you every three (3) months. If you live in a nursing home, your case manager will have a scheduled review with you every six (6) months. In most situations your case manager is required to meet with you in person.

At each visit, your case manager will complete a person centered service plan (PCSP). The PCSP will help us learn more about you and your goals. Your case manager will ask about your strengths, what you can do to take care of yourself, and areas in which you need help. The case manager will work with you and your family to help decide which services will best meet your needs.

You should contact your case manager if you:

- Move
- Change your phone number
- Go into the hospital
- Need more help
- You are having problems with your services
- Need help getting covered services
- Suspect any abuse, neglect or exploitation

You can contact your case manager by calling the number on the business card they gave to you.

If you do not know your case manager's name, or how to contact your case manager between scheduled visits, then call Member Services at **602-263-3000** or **1-800-624-3879** (TTY/TDD 711). They will be able to help you.

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.

Type of care	What to do
<p>Routine - This is regular care to keep you healthy.</p> <p>For example:</p> <ul style="list-style-type: none"> • Checkups (also known as wellness exams) • Health conditions you have had for a long time such as asthma, COPD and diabetes • Yearly exams • Immunizations 	<p>Call your doctor to make an appointment for routine care. You can expect to be seen by:</p> <ul style="list-style-type: none"> • Your PCP within 21 days • A specialist or dentist within 45 days
<p>Urgent/sick visit - This is when you need care today, or within the next couple of days, but you do not believe you are in danger of lasting harm or losing your life.</p> <p>For example:</p> <ul style="list-style-type: none"> • Bad sore throat or earache • Flu • Migraine headaches • Back pain • Medication refill or request • Sprains 	<p>Call your doctor before going to an urgent care center.</p> <p>To find the closest urgent care center, you can look on the Mercy Care website at www.MercyCareAZ.org. Select "Find a provider/Pharmacy."</p> <p>You can expect to be seen by:</p> <ul style="list-style-type: none"> • Your PCP within two (2) days • A specialist or dentist within three (3) days • An Urgent Care Center usually on the same day <p>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.</p>

Type of care	What to do
<p>Emergency - This is when you have a serious medical condition and are in danger of lasting harm or the loss of your life.</p> <p>For example:</p> <ul style="list-style-type: none"> • Poisoning • Deep cuts • Overdose • Broken bones • Car accident • Serious burns • A cut that may need stitches • Trouble breathing • Sudden chest pain-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) <p>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.</p>	<p>Call 911 or go to the nearest emergency room. You do not have to call your doctor or Mercy Care first.</p> <p>You do not need prior authorization to call 911 or to get emergency services.</p> <p>If you can, show them your Mercy Care ID card and ask them to call your doctor.</p>
<p>What is not an emergency?</p> <p>Some medical conditions that are NOT usually emergencies include:</p> <ul style="list-style-type: none"> • 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 	

Transportation services (rides)

If necessary, Mercy Care can help you get to your AHCCCS-covered health care visits. If you live in a nursing home or assisted living facility, staff will arrange a ride for you and, if needed, an ambulance.

If you live at home or in another community setting, it is important for you to find out first if a relative, friend or neighbor can give you a ride. If you can ride the bus, we will send you bus tickets or passes at no cost to you.

How to get a ride

Please call Member Services at least three (3) business days before your appointment 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 all rides at one time.

After your appointment, call your transportation provider to arrange a pick-up time.

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

Tips for getting a ride

Things to do	Things not to do
<ul style="list-style-type: none">• DO call Mercy Care Member Services as soon as you make your appointment.• DO call Mercy Care at least three (3) hours before an appointment that you made on the same day for urgent care.• DO let us know if you have special needs, like a wheelchair or oxygen.• DO make sure your prescription is ready for pick up before calling for a ride.	<ul style="list-style-type: none">• DO NOT schedule a ride if you are not going to be at your pick-up place.• DO NOT be late for your pick-up time.• DO NOT forget to call Mercy Care to cancel your ride if you find another one or if you change your appointment.• DO NOT wait until the day of your appointment to call for a ride.

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

If you need a ride to your appointment, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711).

Smartphones at no cost to you

You may be able to get cell service plus a smartphone at no cost to you through the government's Affordable Connectivity Program or Lifeline program. To apply, go to mercyar.es/lifeline. If you don't have access to the internet, or if you need help filling out the form, you can call Member Services to assist you. Mercy Care Member Services can be reached at **602-263-3000** or toll-free at **1-800-624-3879** (TTY 711). You will have to show proof of eligibility to enroll into the Assurance Wireless phone program.

Assurance Wireless service includes:

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

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

Sign up for Pyx Health and connect for a friendly chat or help with resources

No one should go through life's challenges alone. That's why we're giving you access to Pyx Health, where you can speak to helpful humans over the phone about Mercy Care and the resources that are already available to you. You can also chat with the compassionate robot friend, Pyxir, 24/7 when you need a friend for support. Sign up at www.hipyx.com or call **1-855-499-4777** if you have questions about the program.

Emergency Alert System enhanced benefits (E3)

For ALTCS members who have an emergency alert system (EAS) through Mercy Care, you have additional services called E3 that are available to you at any time. These are beyond the standard emergency access button and monitoring system. E3 stands for Engage, Educate and Empower. You will receive educational information on a

www.MercyCareAZ.org

variety of health issues and important reminders such as getting your annual flu shot. You can access your EAS any time including during the night, weekends, and holidays for emergencies. You can also access your EAS if you are feeling lonely, anxious or depressed and would like to talk with someone. The EAS call center team can also help you learn about community resources and services. They can also discuss any health goals or concerns you may have.

Long Term Services and Supports (LTSS) covered medical services and benefits

Your PCP and case manager will help you get the health care and long term services and supports you need. Below is a list of covered services. There may be some limitations based on AHCCCS rules and policies. If you have Medicare, read the Medicare handbook called “Medicare and You” to find out which services are covered. You can find this on the Medicare website at www.medicare.gov and search for “Medicare and You.”

Long term services and supports

1. Nursing home care
2. Home and community-based services
 - Adult day health care
 - Attendant care (includes agency attendants, spouse attendant care and self-directed attendant care)
 - Community transitional service
 - Companion care
 - Emergency alert system
 - End of life care
 - Habilitation (includes day treatment and training)
 - Home-delivered meals
 - Home health services
 - Homemaker services
 - Home modifications
 - Hospice
 - Licensed Health Aide
 - Personal care services
 - Palliative care
 - Home health nursing
 - Respite care
 - Supported employment
3. Alternative residential settings
 - Adult foster care (AFC)
 - Assisted living home (ALH)
 - Assisted living center (ALC)
 - Behavioral health facility
 - Substance use transitional facility

Medical Services*

- Hospital care, including inpatient medical care, observation, and outpatient medical care
- Routine immunizations, such as flu shots
- Diabetes care, including A1C screenings and eye exams for diabetes-related care
- Doctor office visits, including specialists and Primary Care Providers
- Health risk assessments and screenings, such as blood pressure testing, mammography, and colon cancer screenings

- Nutritional assessments, including evaluation and dietary recommendations
- Laboratory and x-rays, including blood work
- Durable Medical Equipment (DME) such as crutches, walkers, wheelchairs, and blood glucose monitors
- Medical supplies such as catheters and oxygen
- Medications on Mercy Care's list of covered medicines- members with Medicare will receive their medications from Medicare Part D
- Emergency medical care- when you have a serious physical or behavioral health condition and are in danger of lasting harm or the loss of your life
- Crisis Intervention Services
- Care to stabilize you after an emergency
- Rehabilitation services, including occupational, speech, physical and respiratory therapy (limitations apply)
- Kidney dialysis
- Maternity care (prenatal, labor and delivery, postpartum)
- Family planning services such as contraceptives and testing for sexually transmitted infections
- Behavioral health services and settings
- Medically necessary transportation to and from required medical services; emergency transportation
- Outpatient surgery and anesthesia
- Audiology services, including evaluation and treatment of hearing loss
- Metabolic medical foods, with limitations
- Urgent care services – for when you need care today, or within the next couple of days
- Limited vision services, for members 21 years of age or older, including: 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
- Limited dental services for members 21 years of age or older
**This dental limit doesn't apply to American Indian/Alaska Native (AI/AN) members when getting dental services at an IHS/638 facility.*
- Treatment of sexually transmitted diseases
- Incontinence briefs to avoid or prevent skin breakdown, with limitations
- Wellness exams and preventive screenings
- Foot and ankle services such as treatment for foot pain or preventive diabetic foot care
- Orthotics to support or brace weak joints or muscles
- Breast reconstruction after a mastectomy
- Prescriptive lenses after cataract surgery
- Genetic testing with limitations
- Hysterectomy with limitations
- Lung Volume Reduction Surgery with limitations
- Direct Acting Antiviral Medication Treatment with limitations
- Chiropractic services

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

Adult immunizations are also covered at County Health Departments

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

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Member Services **602-263-3000** or **1-800-624-3879** (TTY/TDD **711**) Monday- Friday, 7 a.m. to 6 p.m. 25

Additional services for children (under age 21)

- Dental homes for members under 21 years of age. A “dental home” is an office or facility where all dental services are provided in one location. This is a place where you (if you are under 21 years of age) and your children can build a relationship with your dental provider and get all of your dental needs met. All members under 21 years of age are assigned to a dental home. You can call Member Services to help you with the following activities:
 - Find out the name, address and telephone number of your dental home or your child’s dental home
 - Change/find a new dental home provider
 - Help you make your appointment or your child’s appointment, or arrange transportation to or from the appointment
 - If you need to change or cancel your appointment, or your child’s appointment, please call your dental provider 24-48 hours in advance.
- For members under 21 years of age, two (2) routine and preventive dental visits are covered per year. Visits to the dentist must take place within six months and one day after the previous visit. Members under 21 years of age do not need a referral for dental care.
- Your child should have their first dental visit by 1 year of age.
- Comprehensive medically necessary services include: oral health screenings, cleanings, fluoride treatments, dental sealants, oral hygiene education, x-rays, fillings, extractions and other medically necessary procedures and therapeutic and emergency dental services.
- Routine and emergency vision services are covered for members under 21. You do not need a referral from your child’s PCP to get vision services. Vision services include exams and prescriptive lenses.
- EPSDT visits (same as wellness visits) includes checkups and immunizations (shots). See “EPSDT.”
- Chiropractic services
- Conscious sedation
- Incontinence briefs, with limitations
- Additional services for Qualified Medicare Beneficiaries (QMBs)
- Any service covered by Medicare but not by AHCCCS

Eyeglass coverage for members under 21 years

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

What if glasses are lost or broken for members under 21 years?

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

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.** Let your PCP and case manager know if you are thinking about experimental treatment.

To decide if new technology will be a covered service, Mercy Care and AHCCCS:

- Study the purpose of each technology
- Review medical literature

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- Determine the impact of a new technology
- Develop guidelines on how and when to use the technology

Limited and excluded benefits/services: for members 21 years or older

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

BENEFIT/SERVICE	SERVICE DESCRIPTION	SERVICE EXCLUSIONS OR LIMITATIONS
Bone anchored hearing aid	A hearing aid that is put on a person's bone near the ear by surgery. This is to carry sound.	AHCCCS will not pay for Bone Anchored Hearing Aid (BAHA). Supplies, equipment maintenance (care of the hearing aid) and repair of any parts are covered.
Cochlear implant	A small device that is put in a person's ear by surgery to help them hear better.	AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant) and repair of any parts are covered.
Lower limb microprocessor controlled joint/prosthetic	A device that replaces a missing part of the body and uses a computer to help with the moving of the joint.	AHCCCS will not pay for a lower limb (leg, knee or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.
Transplants	A transplant is defined as the transfer of an organ or blood cells 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.	Coverage for outpatient physical therapy visits is limited to 15 visits to re learn a skill and 15 visits to learn a new skill per contract year (October 1 – September 30). Coverage for members who have Medicare is limited to payment of copays for 15 visits. Members who have Medicare should contact Member Services for help in determining coverage.
Respite care	Respite care is offered as a temporary break for caregivers to take time for themselves.	The number of respite hours available to adults and children receiving ALTCS benefits or behavioral health services is 600 hours within a 12 month period. The 12 months will run from October 1 through September 30 of the next year.
Dental Services	Dental services provide treatment to natural teeth and dentures.	Coverage for dental services, including dentures is limited to \$1,000 per member per contract year (October 1 – September 30). Emergency dental services are limited to \$1,000 per member per contract year (October 1 – September 30).

BENEFIT/SERVICE	SERVICE DESCRIPTION	SERVICE EXCLUSIONS OR LIMITATIONS
Community Intervener Services (*pending AHCCCS)	This service allows members who are blind and deaf to access information usually gained through vision and hearing. This service helps members develop skills to lead to self-determined lives.	Services are limited to members who have a vision and a hearing loss.
Medical Marijuana	Use of the marijuana plant or its extracts to treat health conditions.	Excluded for all.

Critical care services

Critical care services are tasks such as bathing, toileting, dressing, feeding, transferring to or from bed or wheelchair, and assistance with similar daily activities.

You and your provider agency will complete a back-up plan for you if you receive critical care services. The plan will list the names and phone numbers of people and agencies to call when your caregiver does not come as scheduled. You must choose how soon you need someone to come to your home to help you.

If your caregiver does not come as scheduled, call the phone numbers on your back up plan for help. You have the right to have another caregiver help you within two (2) hours following your request for help.

Services covered under grant funds

Access to Non-Title XIX/XXI behavioral health services may be accessible to members via a health plan with a Regional Behavioral Health Agreement. The services provided by a health plan with a Regional Behavioral Health Agreement can include:

- Auricular acupuncture services
- Mental health services (traditional healing services)
- Supported housing

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

Service Area	Health plans with Regional Behavioral Health Agreements	Contact type and phone number*
Central Arizona	Mercy Care	Customer service phone: 1-800-564-5465 (TTY 711) Crisis Line: 1-844-534-4673
Southern Arizona	Arizona Complete Health	Customer service phone: 1-888-788-4408 (TTY 711) Crisis Line: 1-844-534-4673
Northern Arizona	Care 1st	Customer service phone: 1-866-560-4042 (TTY 711, or 1-800-842-4681) Crisis Line: 1-844-534-4673

Housing services

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

Permanent Supportive Housing services are available to adult ALTCS/SMI members and can help them find and maintain independent housing within the community of their choice. Supportive housing services may include assistance with understanding tenant rights, budgeting, independent living skills, and engaging in meaningful activities.

Mercy Care contracts with a large network of providers to meet the needs of our members. 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 help connect you with community housing options. Reach out to your ALTCS case manager for assistance with a referral.

Grants

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

AHCCCS Housing Program (AHP)

Mercy Care ALTCS/SMI members with a housing subsidy need can work with their case manager to apply for a housing subsidy directly through the AHCCCS Housing Program (AHP). The AHP manages all applications, waitlists, and referrals for the state's AHCCCS housing: <https://azabc.org>.

You can also reach out to Mercy Care's Housing Department at Housing@mercycares.org or by calling Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711).

Coordinated Entry Access Points

Coordinated Entry is a process mandated by the US Department of Housing and Urban Development (HUD) to connect individuals and families experiencing homelessness with community housing and service resources. Individuals or families can be triaged, assessed, and placed on a list for possible referral to community housing resources based on priority and availability. Note, processes and resources may differ based upon region of access. To access the Coordinated Entry System in your area find the location closest to you and call or visit that location. You can view a listing of Arizona's locations in the back of this handbook. Look for the section called "Resources" and look for the "Coordinated Entry Access Points" section.

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

Information about employment services

Did you know?

- Working may be an important part of a person's life as it gives structure and routine while boosting self-esteem and improving financial independence.
- Even if you are collecting public benefits, like Social Security, you may be able to make more money and still keep your medical benefits.
- For people with disabilities, Vocational Rehabilitation is an important resource to help you reach your job goals.

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

Employment services

You may have access to employment services through the assessment made by your case manager and your planning team. This includes both pre- and post-employment services to help you get and keep a job. Some examples of the employment services you may be eligible for include:

- Career/Educational Counseling
- Benefits planning and education
- Connection to Vocational Rehabilitation and/or community resources
- Job skills training
- Résumé preparation/job interview skills
- Assistance in Finding a Job
- Job support (job coaching)

For information about Mercy Care's employment services, visit

<https://www.mercycareaz.org/members/ltc-formembers/resources> and select "Employment Services."

To learn more about employment services and supports, or to get connected, you can call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711), Monday-Friday from 7 a.m.- 6 p.m.

How to connect to employment services

All areas of the state have dedicated employment specialists ready to assist you, your case manager, and your planning team with employment resources. Your case manager can connect you with employment services and supports that meet your needs and will work with you to determine the best services necessary based on your job goal. Speak with your case manager for more information about getting connected with employment services.

Still need help? You may contact Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) who will connect you to Mercy Care's Employment Administrator.

Other employment resources:

Vocational Rehabilitation (VR)

VR is a program within the Arizona Department of Economic Security (ADES) designed to assist eligible individuals who have disabilities prepare for, get, and keep a job.

You may be eligible for VR services if you meet the following requirements:

- You have a physical or mental disability.
- Your physical or mental disability results in a significant barrier to employment.
- You require VR services in order to prepare for, get, keep, or regain employment.
- You can benefit from VR services in terms of achieving an employment outcome.

Once you apply for the VR program and are determined eligible, you will work with the VR Counselor to develop a plan for employment. Plan development includes identifying a competitive employment goal and will address any disability-related barriers to employment. Ask your case manager about a referral to VR.

For more information and to locate the nearest VR office to you, visit

<https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr>.

ARIZONA@WORK

This statewide job center offers a wide array of workforce services at no cost to connect Arizona job seekers to gainful employment. Through ARIZONA@WORK, you can connect with local employers who have immediate job openings on Arizona's largest employment database, the Arizona Job Connection website.

ARIZONA@WORK can connect you to their partners for expert advice and guidance on everything from childcare, basic needs, Vocational Rehabilitation for job seekers with disabilities, and educational opportunities.

For more information and to locate the nearest ARIZONA@WORK office, visit <https://arizonaatwork.com>.

Benefits planning & education

There are a number of myths related to work and benefits. There are many people living with disabilities who are on benefits and work and are better off. Having a disability does not mean you cannot work. Talk with your case manager or employment specialist for more information on the following resources:

- **Arizona Disability Benefits 101 (DB101)** – This no-cost, user-friendly online tool helps people work through the myths and confusion of Social Security benefits, healthcare, and employment. DB101 supports people to make informed decisions when thinking about getting a job by learning how job income and benefits go together. Visit <http://az.db101.org> to access this valuable tool.
- **ABILITY360** – Within ABILITY360 is a program called *Benefits 2 Work Arizona's Work Incentives Planning & Assistance (B2W WIPA)* that can help you understand how job income will affect your cash, medical, and other benefits through a benefits analysis. To reach an Intake Specialist, call the B2W WIPA program at **602-443-0720** or **1-866-304-WORK (9675)**, or email at b2w@ability360.org, and see if you might qualify for this service at no cost.

Home and community-based services

Home and community-based services support you in keeping your independence and living in your own home or a community setting. Your case manager will work with you, your family or guardian, and your PCP to find the right kinds of services and amount and length of those services that are right for you. These are based on AHCCCS rules and policies. Not all services will be right for you. Once these services are decided, your case manager will approve and arrange them for you.

- **Adult day health care** – This program provides planned care, supervision and activities, personal care, personal living skills training, meals, and health monitoring in a group setting.
- **Attendant care services** – A trained person from a caregiver agency comes into your home to help you with a combination of services such as personal care, housekeeping, and meal preparation.
- **Community transition program** – This service provides financial assistance to members moving from a nursing home to a home in the community. Ask your case manager to explain the AHCCCS rules for this service.
- **Emergency alert system** – Equipment that allows you 24 hour access to emergency help when you need it.
- **Habilitation** – This service provides training in independent living skills. Speech, occupational or physical therapy may be provided as part of this service. This includes habilitation services such as day treatment and training and supported employment.
- **Home-delivered meals** – Healthy meals are prepared and brought to your home.
- **Home health service** – This service provides part time care in your home to prevent you from being hospitalized again. It may include nursing care, a health aide, equipment, or therapy.
- **Homemaker** – This service helps with household jobs like cleaning, shopping, or washing clothes.
- **Home modification** – This service makes adaptive changes to your home to increase your independence.

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- **Hospice care** – Services that help members who need health care and emotional support during the final stages of life.
- **Licensed Health Aide (LHA)** – A LHA is a licensed individual who is a family member or legal guardian providing services to a single Arizona Long-Term Care System (ALTCS) enrolled member who is under 21 years of age, consistent with the patient’s plan of care.
- **Personal care** – This service offers help with eating, bathing, toileting, and dressing.
- **Private duty nursing** – Nursing services for members who need more individual and continuous care.
- **Respite** – This service provides care to give your family member or other informal caregiver(s) a rest. This service can be provided in your home, assisted living facility or skilled nursing home.
- **Spouse attendant care** – Attendant care services provided by the member’s spouse following state guidelines. Speak to your case manager if you are interested in this service.

Member directed care options

Member-directed options allow members to have more control over how certain services are provided, including services like attendant care, personal care, and housekeeping. Member-directed refers to the way in which services are delivered. Member-directed options are available to most Arizona Long Term Care System (ALTCS) members who live in their own home. The options are not available to members who live in alternative residential settings or nursing facilities. ALTCS members or their representatives are encouraged to contact their case manager to learn more about and consider member directed options:

- **Self-directed attendant care (SDAC)** – SDAC is one of the three available service delivery options for ALTCS members who receive attendant care services in their own home. Under SDAC, members will hire/ fire, train, and be in charge of their own caregivers. Members have more control and responsibilities in this service delivery option. They can hire anyone that has the basic skills needed, give work, and make schedules within the weekly hours, which are determined by meeting with the case manager.
 - **Skilled self-directed attendant care** – this option is for members who have a self-directed attendant and want this attendant to be trained on specific skilled services such as bowel care or giving insulin shots. Your case manager can tell you the skilled services that are included in this program.
- **Agency with Choice** – Under Agency with Choice, members play an active role in directing their care with support from a provider agency. Agency with Choice is one of three available service delivery options for ALTCS members who receive attendant care, personal care, habilitation, and/or homemaker services in their own home.

Alternative living settings

Besides your own home, ALTCS offers other types of living arrangements for members. These types of settings provide supervisory services, personal care or directed care, and are licensed or certified. Members are required to pay a Room and Board fee for these settings. Your case manager will let you know what you need to pay.

- **Adult foster care** – this family setting provides room and board, supervision and care for up to four (4) residents.
- **Assisted living home** – this setting provides room and board, supervision and care for up to 10 people.
- **Assisted living center** – this setting provides care in single or shared apartments and includes kitchen, bathroom and private sleeping areas.

Nursing home care

Nursing homes provide room, board and nursing services for members who need these services all of the time, but who do not need to be in a hospital or need daily care from a doctor. Many nursing homes also offer special services or different levels of care for special needs. For members residing in a nursing home AHCCCS determines whether or not the member is responsible to pay a monthly share of cost.

Advance Care Planning (End of life care)

End of life care (EOL) involves all health care and support services provided to you at any age or stage of an illness. A focus is placed on the relief of stress, pain, or the limits caused by illness. The goal is to improve your quality of life even though your health may be getting worse or you are diagnosed with a chronic, complex, or a terminal illness. A person-centered approach is used to provide 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. If you choose to do so, your case manager will help you and your family access services that are included in EOL 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 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 a person'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 face-to-face discussion between you, your family and your doctor or other 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. When your PCP asks you to see a specialist for a specific problem this is a "referral." A referral can also be made for additional services performed at a lab, hospitals, 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 approval by Mercy Care, your PCP will let you know the status of the referral. You may also request a second opinion from another Mercy Care network doctor.

Self-referral

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

- Dental and vision, if you are under 21 years of age
- OB/GYN covered services
- Behavioral health services (refer to the section on Behavioral Health for a listing of covered services)
- Most home and community-based services
- Family planning services

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

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

Augmentative and Alternative Communication (AAC) devices

What is an AAC device?

An AAC device gives a member added ways to express their wants, needs and thoughts. These devices are computer tablets that assist a person with a speech or language impairment. They can communicate using images from the tablet screen. This is a covered benefit for all Mercy Care Medicaid members with a medical necessity for an AAC device.

Complete these steps to request an AAC device:

1. Ask your Primary Care Provider (PCP) for a prescription to receive an assessment by a Speech Language Pathologist (SLP). This prescription is good for 12 months.
2. Schedule an appointment with the SLP for the assessment. You can find a list of in-network licensed and registered SLPs at mercycares.org/members/ltc-formembers/aac or by calling member services.
3. The Speech Language Pathologist will perform the evaluation. This will determine if your family member would benefit from the use of an AAC device.
4. Mercy Care must give Prior Authorization before ordering the AAC device.
5. The AAC device vendor will mail or deliver the AAC device to your home.

Scan to watch video on how to order an AAC device.



AAC device treatment

Once the member receives the AAC device, contact the SLP to schedule AAC device treatment. The first treatment should be completed no later than 90 days after Prior Authorization (PA) was given to order the AAC device.

AAC device repairs

- All repairs require Prior Authorization by Mercy Care.
- Mercy Care will cover one device repair every 12 months due to normal wear and tear unless the device is under warranty.
- You can work with the original treating Speech Language Pathologist or AAC device vendor to confirm if the device is under warranty.
- The AAC device vendor will help you to return the device if it's under warranty.
- Mercy Care won't cover the replacement of applications that have been deleted or can't be accessed due to loss of username and password.

AAC device replacements

The device and accessories typically last up to 36 months. Complete the AAC device ordering process anew by getting a prescription from your PCP for an assessment by the SLP. AAC device and/or accessories replacement will require a PA and may be replaced when:

- Lost or damaged beyond repair.
- It's been 3 years since the first prescription, and the AAC device no longer works.
- The AAC device doesn't meet the member's needs because their condition changed, and they need a re-assessment.
- The AAC device doesn't meet the member's needs despite adequate treatment.
- There is documentation, from the manufacturer, that the AAC device can't be repaired.
- Accessories that are damaged or worn.
- The AAC device is lost or stolen, and the following documentation is submitted:
 - A police report, if stolen.
 - A "Find My iPad" report from Apple (iPad only).

Re-assessment for device changes

A re-assessment by the SLP and device modification may be allowed if:

- At least 3 months of treatment is provided.
- There's a change in the member's medical condition.
- The member isn't meeting or exceeding current goals with the current AAC device.

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

Accessing services not covered due to moral or religious objections

If a provider does not cover a service, including counseling or referral services, due to moral or religious objections, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711), for help with finding a different provider.

Information for American Indian members

American Indian members can choose where they want to receive health care. In addition to receiving health care services from Mercy 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.

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How to obtain a Primary Care Provider (PCP)

When you sign up for Mercy Care, you are asked to select a Primary Care Provider (PCP) from Mercy Care's Provider Directory. Select a doctor in the area close to your home. If you do not select a PCP, Mercy Care will select one for you. The name of your PCP can be found in your welcome letter.

If you also have another medical insurance plan and that plan is your primary insurance, you will need to work with that Plan to select your PCP. You should let that Plan know you have Mercy Care, and they can help you with having a PCP who may also be in Mercy Care's network.

If you live in a nursing home, a doctor from Mercy Care's network will come to where you live and see and care for you. The staff at the nursing home will let you know when your PCP will be visiting you. They will help you coordinate your care and will call your doctor if there are any changes in your health.

Mercy Care also has PCP groups that do not see their patients at a traditional office location. Instead, you may be able to choose this type of PCP who can visit you in your own home or at your assisted living facility. Either you, your family, guardian, or caregiver can call your PCP to make or change an appointment.

How to change your PCP

We hope that you will stay with your assigned PCP so that you can work with someone who you know and knows you well. If you want to change doctors, we encourage you to talk with your PCP and case manager first and let them 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 for 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 aren't comfortable talking with your doctor openly
- Your doctor's office is too far from home

If you need or want to change your PCP, you can call Mercy Care Member Services. They will help you make the change. The change will take place the day of your request. Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). If Mercy Care is not your primary health insurance plan you will need to instead review the instructions from your primary health plan. You will get a letter in the mail to let you know the name and address of your new doctor.

Making, changing and canceling PCP appointments

You will need to schedule a visit with your assigned PCP soon after enrollment. You will want to start a relationship with them. Your PCP can screen you to find out your health care needs.

- 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, go to your appointment 15 minutes early.
- Let the office know when you arrive.

Keep appointments and get there on time. Call your provider's office ahead of time when you can't keep your appointments. You may also contact Member Services if you would like help making, changing or canceling your appointments. You can call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711).

If you need to change or cancel an appointment, call your doctor's office as soon as you know you cannot make it to your appointment.

Questions to ask when making your PCP visit

When you contact your doctor's office to make your appointment, ask the following questions. These questions will help prepare you for future visits. You can write the answers here, if you choose, so they are 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? _____

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. Show your member ID card to the office staff as soon as you arrive and before the doctor sees you. If you do not have your ID card, your doctor will still see you. You may need to show your 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 them 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 scheduled appointments, 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.

Make the most of your doctor's visit

When visiting 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?

Appointment availability timelines

Primary Care Provider (PCP) appointments:

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

Specialty physician appointments, including dental specialists:

- Urgent care – As quickly as the member's health condition requires, but no later than two (2) business days from the request
- Routine care – Within 45 calendar days of referral

Dental provider appointments:

- Urgent appointments – As quickly as the member's health condition requires, but no later than three (3) business days of request
- Routine care appointments – Within 45 calendar days of request

Maternity care provider appointments:

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

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

Behavioral health provider appointments:

- Urgent need appointments – As quickly as the member's health condition requires, but no later than 24 hours from identification of need
- Initial assessment – Within seven (7) calendar days after the initial referral or request for behavioral health services
- Initial appointment – As quickly as the member's health condition requires
 - For members aged 18 years or older, no later than 23 calendar days after the initial assessment
 - For members under the age of 18 years old, no later than 21 days after the initial assessment
- Ongoing behavioral health appointments – as quickly as the member's health condition requires, but no longer than 45 calendar days from identification of need

For Psychotropic Medications:

- Assess the urgency of the need immediately
- Provide an appointment, if clinically indicated, with a behavioral health medical professional within a time frame that ensures the member:
 - Does not run out of needed medications
 - Does not decline in his/her behavioral health condition prior to starting medication, but no later than 30 calendar days from the identification of need

Behavioral health appointments for persons in legal custody of the Department of Child Safety (DCS) and adopted children:

- Rapid response – within the time frame indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home
- Initial assessment – within 7 calendar days after the initial referral or request for behavioral health services
- Initial appointment – within time frames indicated by clinical need, but no later than 21 calendar days after the initial evaluation
- Ongoing behavioral health services – within the time frames according to the needs of the person, but no longer than 21 calendar days from the identification of need

For Non-Emergency Medical Transportation (NEMT)

A member should arrive on time for an appointment, but no sooner than one hour before the appointment. A member should not have to wait more than one hour after the end of treatment for transportation home.

Well visits (well exams)

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

Tips to keep your child healthy

ALL MEMBERS

- Always go to your PCP visits. It is recommended that you see your PCP at least once every 3 months. 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. You can also 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.
- Always wear your seat belt. It's the law in Arizona.

PLUS, FOR CHILDREN ...

- Always put a baby to sleep on their back, avoid using bumpers along the crib, and avoid using big blankets and stuffed animals in the crib.
- 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 until they are 8 years old and over 4 feet 9 inches tall. Every trip, every time. It's the law in Arizona!
- Always apply sunscreen before going outside, even when it's cloudy.
- At every EPSDT well visit, be sure to talk with your child's PCP about their development. That is the perfect time to ask any questions you may have.
- Make sure your child sees the dentist regularly. Members ages 1 through 20 should see a dentist twice a year.

Women's services

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

Cervical cytology, including Pap smear testing recommendations:

- If a woman is sexually active, then Pap tests should be done annually and after three (3) normal exams in a row, the test may be less frequent.
- If a woman is not sexually active, then Pap testing should begin at the age of 21 and occur every 3 years until the age of 30.
- At 30 years of age, women should have a Pap test and a human papillomavirus (HPV) co-test every 5 years until the age of 65. It's also acceptable to only do the Pap test by itself every 3 years.
- The age ranges listed above are recommendations. Cervical cytology and Pap testing may occur annually if the PCP or OB/GYN decides that it is medically necessary to do so.

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."

Mammogram recommendations:

- Women who are 40 to 49 years old should talk to their PCP or OB/GYN about when to start and how often to get routine mammograms.
- Women who are 50 to 74 years old and are at average risk for breast cancer should get a mammogram every two years.
- The age ranges listed above are recommendations. Mammograms can be done annually at any age if the PCP or OB/GYN decides that it is medically necessary to do so.

You can call your doctor for a mammogram order and then you can 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 visit

An annual well-woman preventive care visit is intended for the identification of risk factors for disease, identification of existing physical/behavioral health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes. Female members, or members assigned female at birth have direct access to preventive and well care services from a gynecologist within the Mercy Care's network without a referral from a Primary Care Provider. There is no copayment or other charge for covered women's preventive care services.

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

The Human Papilloma Virus (HPV) vaccine is covered and recommended for members 9 to 45 years of age. HPV is a common virus, and it can cause cancer of the cervix. Often HPV has no symptoms. This makes it hard for someone to know they have it. It is important that both males and females get the HPV vaccine. They should get the vaccine before they are sexually active.

Information on how to obtain well-woman preventive care services

Call your PCP or gynecologist (OB/GYN) and schedule an appointment for a well-woman preventive care visit. This visit is provided at no cost to you. You may seek well-woman care services without your PCP's approval.

Assistance with scheduling of appointments and transportation

If you need help making a well-woman appointment with your provider, please call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Member Services can also help you schedule a ride to your appointment if you need one.

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. 41

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

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

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

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

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

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

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

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

Health guidelines for children

All children, not just babies, should have well-child checkups and shots (immunizations). Well-child checkups help keep your child healthy and find problems before your child gets sick. Shots protect against many diseases. Make an appointment with your child’s PCP at the following ages to keep your child (and teen) healthy. There is no copayment or other charge for EPSDT well child visits, shots, or covered services. The dates listed below follow the AHCCCS EPSDT Periodicity Schedule.

Well-child checkups (EPSDT Visits)	<ul style="list-style-type: none">• Newborn• 3-5 days• 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months• Annually from ages 3-20 years of age
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Shots (Immunizations)	<ul style="list-style-type: none"> • 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) • COVID-19
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The importance of EPSDT well-child visits

We care about your child’s health. One of the best ways to keep your child healthy is to take your child each year for a well-child visit, even if your child is healthy. Well-child visits (same as an EPSDT visit or check-up) can help keep children safe from illness and catch problems early. During a well-child visit you have the chance to talk to your child’s doctor and ask questions. Things that may occur at these visits:

- Health and developmental history as well as a comprehensive physical exam
- Screening for age-appropriate weight gain, as well as providing nutrition education
- Nutritional assessment and screening, and making referrals if necessary
- Behavioral health screenings and services, and making referrals if necessary
- Identifying developmental milestones
- Developmental surveillance and screenings
- Immunizations (shots)
- Lab and/or diagnostic testing for conditions such as Anemia, Sickle Cell Anemia, Blood Lead Poisoning, Tuberculosis (TB) testing, etc.
- Health education, counseling, and help with chronic disease self-management
- Oral health screening and education
- Fluoride varnish application, when a child has reached six months of age with at least one tooth erupted. These should be happening every three months up to five years of age.
- Vision and hearing screenings
- If medically necessary, the doctor will send a referral for your child to see a specialist. Some examples can be a dietician or nutritionist, a behavioral health specialist, a developmental specialist, a physical therapist, or a speech therapist.
- The doctor may also offer you to some information on available community resources or programs.
- For teens, the doctor should also talk about:
 - Reproductive health, birth control, and safe sex, including how to prevent sexually transmitted infections (STIs).
 - Avoiding risky behaviors such smoking (including e-cigarettes and vaping), as well as drug use and alcohol use.
 - How they are feeling and if they are depressed or if they have thoughts of harming themselves.
 - These are subjects you should also talk to them about.

Immunizations/Vaccines (shots)

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 possibly harmful diseases. Shots can keep your child safe from getting serious illnesses. Some shots are also offered in combinations to reduce the number of shots needed. If you have questions, talk to the doctor about shots at your child's next appointment.

Community resources

There are some available community resources and programs that may help you and your child. During your child's EPSDT well child visit, your doctor may discuss these services with you. The doctor will also tell us which services you and your child may benefit from, and we will send you some educational information on how to obtain those services. Examples of some community programs are WIC, AzEIP, CRS, behavioral health, home visiting programs, Raising Kids, Early Head Start/Head Start, Vaccines for Children (VFC), and the Birth to Five Helpline. For more information, refer to the "Community Resources" section at the back of this handbook or call Mercy Care Member Services.

Dangers of lead exposure and recommended/mandatory testing

Lead poisoning is a problem in Arizona. Testing the blood for lead is required for all children ages 1 and 2. Additional screening may take place for children up to the age of 6 (six) if they are at risk for lead poisoning or if your child lives in a high-risk ZIP code. To learn if your ZIP code is high risk, visit <https://www.azdhs.gov/gis/childhood-lead>. If you are going to register your child for Early Head Start/Head Start, they will require proof that your child has had a blood lead test.

Age-appropriate weight gain/childhood obesity and prevention measures

During a well-child visit, the child's doctor checks their Body Mass Index (BMI) to see if they are at a healthy weight for their age, sex, and height. The higher a child's BMI, the greater the risk of future health problems. If their BMI is too high, then their doctor should provide nutritional education and they may make a referral to a dietician or a nutritionist. Here are some healthy choice suggestions to help:

- 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.

Asthma signs and symptoms and prevention measures

Asthma is a preventable chronic lung condition that can range from mild to severe. It's important to recognize the signs and symptoms such as coughing, sneezing, chest tightness, shortness of breath, and/or a blue coloring to the lips. Everyone's triggers are different and can range from pollution, mold, smoke, dust, pollen, foods, stress, physical activity, and more. Asthma can be managed by understanding the medications, making sure medications are being taken, and by helping to reduce triggers. If you notice any of these signs and symptoms or if your child has a flare up, call their doctor, or you can take them to an urgent care center near you.

Safety tips for you and your child

Protect your child (or teen) by talking with them about avoiding dangerous activities or risky behaviors and by paying attention to the warning signs of suicide and depression and to seek help if you see any. Examples of these behaviors are being withdrawn, severe changes in their mood, and/or increase in drug or alcohol use. If you are not sure how to talk with your child (or teen) you can ask your child's provider for help or you can call Member Services and we should be able to provide you with some good resources. Examples of things you should talk about are:

- Smoking cigarettes, e-cigarettes, vaping, hookahs, etc.
- Participating in sexual behavior at an early age

- Using drugs and/or drinking alcohol
- Participating in or being the victim of bullying and violence
- The dangers found on social media and the Internet

Dental decay prevention measures

The care and cleaning of baby 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. Tooth decay on baby teeth can also cause decay to transfer to adult teeth. Daily dental care should begin even before a baby's first tooth comes in. Wipe the 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 the baby teeth are in, try to brush them at least twice a day. It's also important to get children used to flossing early on. A good time to start flossing is when two (2) teeth start to touch. Talk to the child's dentist for advice on flossing tiny teeth.

The importance of oral health care

Your child's PCP should do an oral health screening at every EPSDT well child visit. They should also start applying fluoride varnish to your child's teeth once the child has reached six months of age with at least one tooth erupted. This should happen four times a year (one every three months) during their EPSDT visits, up until your child turns five years old. There is no copayment or other charge for covered EPSDT dental-related services.

Your child's first dentist appointment should be scheduled by age one. After that, take your child to the dentist every six months for regular visits. This is twice a year. Their dentist should be applying fluoride varnish at both visits until they turn 21 years old. Dental visits may also include x-rays, fillings, cleanings, and sealants. It's never too soon to start good dental health habits. Follow these simple tips when taking your child to the dentist:

- 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.

Assistance with scheduling of appointments or transportation

If you need help making an EPSDT well child visit appointment or a dental appointment, please call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Member Services can also help you schedule a ride to your appointment if you need one.

Maternity services

Female members, or members assigned female at birth, have direct access to preventive and well care services from a PCP, OB/GYN, or other maternity care provider within the Contractor's network without a referral from a Primary Care Provider.

Pregnant women need special care. If you are pregnant, please choose a Mercy Care Primary Care Obstetrician (OB/GYN) or certified nurse midwife. You may go directly to a 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 and 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're new to Mercy Care and getting prenatal care from a provider that doesn't work with us and you would like to stay with that provider, call us right away so we can give you an opportunity to change plans if you wish to do so.

There is no copayment or other charge for covered pregnancy-related services. We will also send you a pregnancy booklet with information and we will continue to send you pregnancy information throughout your pregnancy and after. If you are not sure you are pregnant, make an appointment with your PCP for a pregnancy test.

Assistance with scheduling of appointments or transportation

If you need help scheduling a prenatal or postpartum visit appointment, please call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Member Services can also help you schedule a ride to your appointment if you need one.

Pregnancy appointments

It is important to have early and regular doctor visits, called prenatal care visits, which happen during your pregnancy. It's also important to go to your postpartum care visits, which happen after you deliver your baby. These visits will benefit you and your baby. Be sure to keep all your prenatal and postpartum visits, 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. During your pregnancy, your OB/GYN provider 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.

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

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

After your first visit, a common pregnancy visit schedule is:

- Weeks 4-28: Visit at least every four (4) weeks
- Weeks 29-36: Visit at least every two (2) weeks
- Weeks 37-40: Visit at least every week

First visit

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

Is it preterm labor?

If you think you are in labor or if you think you may have a problem with your pregnancy, then call your doctor immediately. Your doctor should see you within three (3) business days of your call or right away if it is an emergency. These are important symptoms that you should pay attention to. 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)

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- 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

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 schedule these visits within 1-12 weeks after having your baby. Sometimes your provider may want to see you more than once during this time to make sure you are healing appropriately, to discuss your emotions and feelings and to answer any of your questions. At this visit, you can also discuss family planning options, services, and supplies with your provider (including immediate postpartum long-acting reversible contraceptives). You can then decide what method best fits your needs until you are ready to get pregnant again.

Make sure to pay attention to these warning signs or symptoms after you have the baby. These symptoms can happen up to a year after having a baby. If you have any of these, you should call your doctor right away:

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

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

Prenatal and 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 provider right away. They will figure out if your symptoms are caused by postpartum depression (PPD) or something else. PPD is more than "feeling down" or having 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 provider or nurse right away. **Do not wait to get help.** You can also get behavioral health services from ALTCS behavioral health providers. You don't need a referral from your doctor.

If you need help getting behavioral health services, please contact your case manager. You can also contact Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). For all emergencies, please dial 911.

Mental Health Hotlines

- Maternal Mental Health Hotline: **1-833-9 HELP4MOMS** (1-833-943-5746)
- Suicide Prevention and Crisis Line: **988**
- Postpartum Support International Warmline: **1-800-944-4773**

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Healthy Pregnancy Tips

HIV (Human Immunodeficiency Virus)/AIDS testing and sexually transmitted infection (STI) testing

At the first prenatal visit, the third trimester, and when the baby is delivered, the doctor or nurse will check for infections, such as HIV and sexually transmitted infections, such as syphilis. If the test is positive for HIV or any STI, the doctor can help with treatment and counseling services at no cost to you. The sooner these are diagnosed and treated, the better medicines work. Early treatment can help prevent passing these infections to the baby. Providing medicines early can help children with HIV live longer, healthier lives.

Nutrition and healthy eating: When pregnant, weight gain is usually about 25 to 35 pounds. If a person becomes underweight or overweight while pregnant, the doctor should provide education about ways to reach and stay at a healthy weight. Some examples are:

- Drink at least 10 cups of liquids every day. Eight (8) of these cups of liquids 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 that are raw such as fish and shellfish, or undercooked eggs, and also soft cheeses, cheeses not made in the United States, unpasteurized milk, and unpasteurized juices.

Physical activity: Physical activity does not have to stop because a person is pregnant, but the type of physical activity may have to change. Talk to the doctor about the level of physical activity that is safe while pregnant.

Getting plenty of sleep: While pregnant, it is common to feel very tired and need more sleep, especially in the first three (3) months of the pregnancy.

Childbirth classes: These classes can help with the pregnancy and delivery. These classes are available at no cost to members. Ask the doctor about available classes or call to sign up for them at the hospital where the baby will be born.

Family planning services and supplies: Ask the doctor about options for family planning services and supplies such as LARC (long-acting reversible contraceptives) and IPLARC (immediate postpartum long-acting reversible contraceptives) before leaving the hospital.

Low birth weight/very low birth weight: Regular prenatal visits are very important. 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 every OB/GYN appointments is one of the best things that can be done to give the baby a healthy start in life.

Elective labor inductions and C-section risks: Scheduling a C-section or inducing labor prior to 39 weeks without a medical need can be dangerous and have risks. Waiting until at least 39 weeks of pregnancy gives the baby the time they need to grow before being born. Major organs are still growing during that time. Sometimes an induction or C-section is medically needed. If it is, and the doctor will decide if that is the case.

Prenatal vitamins: When pregnant, the body will need extra help, such as certain vitamins and folic acid (a B vitamin). Folic acid (found in prenatal vitamins) should be taken before and during pregnancy to help prevent birth defects of the brain and spinal cord. Take the prenatal vitamins prescribed or recommended by the doctor. Do not stop taking any medicines without talking to the doctor.

Risky behaviors: Smoking cigarettes, e-cigarettes and vapes, drinking alcohol, and using drugs can cause many problems during pregnancy. Quitting can be hard. Be sure to talk to the doctor or seek help from a local

treatment center before quitting. There are also other resources available to help, such as ASHLine. For more information, refer to the “Community Resources” section at the back of this handbook.

Prescribed medications and substance use disorders (SUD) during pregnancy: Some prescribed medicines that people take every day are important for their physical and emotional health, even during pregnancy. Opioids are often prescribed by a doctor after an injury or surgery to help take away pain. Taking opioids during pregnancy may cause neonatal abstinence syndrome (NAS). The baby can go through drug withdrawal after birth. Tell the doctor about all medications being taken, 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.

Dangers of lead exposure to mother and baby: Lead exposure during pregnancy can cause miscarriage, pre-term birth, low birth weight and developmental delays. Lead poisoning can pass from a pregnant woman to their baby. A person with lead poisoning might look and feel healthy, with no signs of illness, but they still need to be treated. Talk to the doctor about getting a simple blood test used to detect lead poisoning.

Sudden Infant Death Syndrome (SIDS)/ Sudden Unexpected Infant Death (SUID): SIDS/SUID is the sudden and unexplained death of an infant. Babies put on their backs to sleep have less chance of dying from SIDS/SUID. Other ways to prevent this is to put the baby to sleep on a firm surface and to not use fluffy blankets, pillows, stuffed animals, waterbeds, sheepskins, or other soft bedding in the crib.

Breastfeeding: Breastfeeding is the best source of food that a baby can get during their first six months to one year of life. Breastfeeding can help provide immune support for the baby. A breastfeeding education packet is sent out to members once Mercy Care discovers the member is pregnant. The packet provides information, such as when and where to get help, the importance of breastfeeding, how to get started, the effects medicine can have on breastfeeding, and when to return to work or school.

Women, Infants, and Children (WIC): WIC is a program that provides food, breastfeeding education, information about healthy eating, and peer counseling. WIC has been shown to improve birth weight, reduce pre-term deliveries, and improve the weight of babies when they are born. For more information, refer to the “Community Resources” section at the back of this handbook or call Mercy Care Member Services.

Community-based resources: There are services available to help support a healthy pregnancy and a healthy baby. There are programs such as Women, Infants and Children (WIC), Strong Families AZ home visiting programs, the Arizona Department of Health Services (ADHS) Breastfeeding Hotline, the Birth to Five and Fussy Baby Program Helpline, Arizona Smokers’ Helpline (ASHLine), and more. For more information, refer to the “Community Resources” section at the back of this handbook or call Mercy Care Member Services.

Human Immunodeficiency Virus (HIV) testing

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

Family planning services and supplies

Family planning services and supplies are administered by Aetna Medicaid Administrators, LLC. These services and supplies are covered at no cost and are available to members of reproductive ages, regardless of gender, who voluntarily choose to delay or prevent pregnancy. You do not have to get a referral before choosing a family planning provider. Family planning services and supplies are often discussed during the EPSDT visit or well-check

visit and should be age appropriate. Members may choose to get family planning services and supplies from any appropriate provider, whether they work with Mercy Care or not. Keeping these appointments will help the provider identify any health conditions and prevent problems before they occur.

Important family planning and safe sex reminders

Using birth control may prevent a person from getting pregnant. Physical exams and lab tests may be needed before starting birth control. Regularly scheduled check-up appointments may also be needed. Birth control such as spermicidal foams, jellies, suppositories, or creams may help prevent pregnancy, but they do not protect a person from diseases that they can get from having sex. Condoms may prevent some diseases that people can get by having sex. If sexually active, make sure to get tested for sexually transmitted infections (STIs).

Talk to a healthcare provider about available family planning services and supplies, which include:

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

The following are **NOT** covered family planning services:

- Infertility services, including diagnostic testing, treatment, or reversal of surgical infertility
- Pregnancy termination counseling
- Pregnancy terminations
- Hysterectomies for the purpose of sterilization

Your family planning appointment

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

1. Make an appointment with the provider. The provider can be any provider of medical services, such as a primary care physician, nurse practitioner, etc. The provider can be in the Mercy Care network, or they don't have to be. You do not need a referral for family planning services.
2. When you make the appointment, tell the office you want to talk about getting family planning services and/or supplies.
3. Keep the appointment. Show the provider your Mercy Care member ID card.
4. At the appointment, talk about your options for family planning services or supplies.

5. You will not be billed for the visit, and you do not have to pay a co-pay. If you are asked to pay a co-pay or are billed for the visit, please call Member Services.
6. Your provider will tell you how to get the supplies you need. Follow their instructions to get them and to use them.

Assistance with scheduling of appointments or transportation

If you need help making a family planning visit appointment, please call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Member Services can also help you schedule a ride to your appointment if you need one.

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 woman 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 woman by:
 - a. Creating a serious physical or behavioral health problem for the pregnant woman,
 - b. Seriously impairing a bodily function of the pregnant woman,
 - c. Causing dysfunction of a bodily organ or part of the pregnant woman,
 - d. Exacerbating a health problem of the pregnant woman, or
 - e. Preventing the pregnant woman from obtaining treatment for a health problem.

Dental services

Emergency dental services for members 21 years of age or older

For members 21 years of age and older, emergency dental services are covered up to \$1,000 per health plan year (October 1- September 30). Medically necessary emergency dental care and extractions are covered for persons aged 21 years and older who meet the criteria for a dental emergency. A dental emergency is an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology or trauma. Emergency dental services do not require prior authorization. **This dental limit doesn't apply to American Indian/Alaska Native (AI/AN) members when getting dental services at an IHS/638 facility.*

Dental services for ALTCS members 21 years of age or older

Coverage for comprehensive dental services, including dentures, is limited to \$1,000 per member per contract year (October 1- September 30).

Dental homes for members under 21 years of age

Mercy Care assigns all members under 21 years of age to a dental home on enrollment. 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/your child and the dentist. It is a place where you/your child can get regular, ongoing care, not just a place to go when there is 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 at any time. If you need help or have questions about the dental home, you can call Member Services. They can help you with the following:

- Find the name, address and telephone number of the dental home
- Change the dental home provider
- Help you find a different dental home provider that is in-network
- Help you make dental appointments
- Arrange transportation to or from the appointment

Dental services for members under 21 years of age

Two (2) routine preventive dental visits and two (2) cleanings/fluoride treatments are covered per year. Fluoride treatments are covered four times per year for members six months of age with at least one tooth erupted, with applications happening every three months up to five years of age (one every three months). Visits to the dentist must take place within six months and one day after the previous visit. Your child should have their first dental visit by one year of age or when the first tooth erupts. This early visit is known as a well child checkup and it also helps to establish a Dental Home for future care. Members under 21 years of age do not need a referral for dental care and there is no copayment or other charge for covered dental services and routine preventive dental care.

Dental providers

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

Making, changing or cancelling dental appointments

If you have questions, need help setting up an appointment or if you need a ride to the appointment, please call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). If you need to change or cancel your dental appointment or your child’s dental appointment, please call the dental provider 24-48 hours in advance.

Emergency dental phone or video visits

Mercy Care members now have access to a dentist 24 hours a day, seven days a week, year-round. You can talk to a dentist by phone or video on your smart device when you need emergency dental care. A dental emergency care be a chipped or broken tooth, tooth pain, face swelling or bleeding. **Teledentistry.com** is a simple and convenient option for emergency dental care at no cost to you.

You can use Teledentistry.com:

- Whenever you need immediate dental care
- If your dentist is unavailable
- If you’re considering the emergency room or urgent care for a dental concern
- When you don’t have a ride arranged to get care

How does Teledentistry.com work?

- Call anytime at **866-302-0905**
- Have your Mercy Care member ID card ready
- Or visit bit.ly/AZ-teledentistry
- Follow the prompts to get care

Questions? Email support@teledentistry.com or call **866-302-0905**.

www.MercyCareAZ.org

Pharmacy services

Prescriptions

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

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

If you have other insurance (not Medicare), Mercy Care will pay the copayments only if the medication is also on the Mercy Care medication list. The pharmacy should process the prescriptions through Mercy Care. Do not pay any copayments yourself. Mercy Care may not be able to pay you back. Please see the section on Dual-eligible members: payment for medications, for more information.

Pharmacies

All prescriptions must be filled at a pharmacy in Mercy Care's network. Please note, Walgreens is not a Mercy Care network pharmacy. 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 network pharmacy on our website at www.mercycareaz.org. Or you can call Member Services for help at **602-263-3000** or **1-800-624-3879** (TTY 711).

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

What you need to know about your prescription

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

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

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

e-Prescribing

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

Refills

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

The label on your medication bottle tells you the number of refills you can get. You may only get one refill at a time for each prescription.

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

Diabetes testing supplies

If you have diabetes, Mercy Care covers certain blood glucose meters and test strips. Please see Mercy Care's medication list (formulary) for a list of covered meters and test strips. 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 your prescriptions mailed to you at no additional cost to you.

If you choose this option, your medicine comes right to your door. You can schedule your refills and reach pharmacists if you have questions. Here are some other features of home delivery:

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

To request a mail order refill order form, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). You can also go to www.MercyCareAZ.org, select the Long Term Plan 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 habit forming drugs. In large amounts, habit forming drugs can be dangerous. If you have more than one doctor prescribing habit forming drugs, it can hurt you if the doctors don't talk with each other. This may harm your health. You may be enrolled in the exclusive prescriber program if the following have been true for you:

- You have been seeking early refills of habit-forming drugs
- You have had four (4) or more doctors; and have been prescribed four (4) or more different drugs that can be habit forming; and have filled drug prescriptions at four (4) or more drug stores in a three (3) month time period
- You have received 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
- You have been identified by prescription claims from Indian Health Services (IHS) when available
- You have been identified by claims to regularly overuse or misuse habit forming drugs
- Your pain is not a short-term problem
- You have had more than three (3) emergency room (ER) visits in six (6) months for pain, migraines, or lumbago
- You have been to the hospital for an overdose within the past six (6) months

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- You have violated a pain contract or care management agreement related to pain issues
- You have asked for more than three (3) PCP changes in the past year
- Reports by the drug store, family, or someone else that you pay cash to get extra medications

Mercy Care will let you know in writing 30 days before you are enrolled in the exclusive prescriber program. When you are enrolled in the exclusive prescriber program Mercy Care will assign you to just one (1) doctor and one (1) pharmacy. This doctor will be responsible for the prescribing and oversight of habit-forming drugs. This pharmacy will be the only pharmacy you will be able to fill these drugs at. Mercy Care will only pay for habit forming drug prescriptions written by this one (1) doctor and filled at this one (1) pharmacy. This applies to drugs written at discharge from the emergency room or hospital.

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

Durable Medical Equipment (DME)

Members can get medically necessary Durable Medical Equipment (DME). DME is equipment and supplies ordered by a health care provider for a medical reason for repeated use. Medically necessary DME may be provided to Mercy Care members living in, or being discharged to, home and community-based settings. DME is ordered by the Primary Care Provider. If you have primary medical insurance other than Mercy Care, and the item is covered by your other insurance, you will need to use a DME provider contracted with your other insurance provider. The ordering doctor and the assigned case managers may assist in coordinating this process.

Skilled Nursing Facilities (SNF) are required to provide non-customized DME to members while residing in SNFs.

Medically necessary customized equipment and specialty beds may be provided to members by Mercy Care. Customized DME is medical equipment that is made special for one (1) member and cannot be used by other members.

Referral process for obtaining a SED designation

The Serious Emotional Disturbance (SED) designation process applies to individuals up to age 18. In the past year the individuals will need to have met criteria for a mental disorder and display functional impairment that substantially interferes or limits their functioning in a family, school, employment, or community environment.

Effective October 1, 2023, to be eligible for an SED determination an individual must have a qualifying diagnosis and functional impairment caused by the qualifying diagnosis. The process includes:

1. An evaluation with a qualified clinician that occurs no later than seven (7) business days after a request is made, unless there is a current (less than six months old) evaluation that supports the qualifying diagnosis and functional impairment.
2. The qualified clinician sends the required paperwork (assessment) to Solari, Inc.
3. Solari completes the determination within three (3), 20, or 60 days, depending on the individual's case.
4. Solari will send a written notice to the individual with the results of the eligibility determination and information on how to receive services (when applicable). Solari will also notify AHCCCS and/or the Tribal Regional Health Authority (TRBHA), Tribal Arizona Long Term Care System (ALTCS) Case Manager, the appropriate ACC-RBHA health plan, and the member's provider.

For more information about getting a SED designation, you can call your case manager or Mercy Care Member Services at **602-263-3000** or **1-800-624-3879**. You can also call Solari Crisis and Human Services at **602-845-3594** or **1-855-832-2866**.

Referral process for obtaining a SMI designation

Serious mental illness (SMI) is a description used in Arizona for people who need additional support because their mental health impacts their ability to function. Additional services available to those who have a SMI designation can include housing services, assistance from human rights advocates, and more. Your LTC Case Manager can assist you with getting these services. The SMI diagnoses considered are:

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

To be eligible for SMI services, a person must have both a SMI qualifying condition and functional impairment caused by the qualifying condition. Providers are required to screen individuals for potential SMI. Long term care case managers screen members at each visit to determine if a SMI evaluation must be offered. If a member has a qualifying SMI diagnosis and functional difficulties due to that diagnosis, a SMI evaluation will be offered. A member or health care decision maker can ask the case manager to refer the member for a SMI evaluation. If a hospital requests an evaluation, it is considered an Urgent Referral and the contracted provider will go out within 24 hours to do the evaluation.

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

Behavioral health services

Behavioral health services may help you with personal problems that may affect you and your family. Some problems may be from depression, anxiety, or using drugs or alcohol. Some services may be provided in your home, nursing home or assisted living facility. Mercy Care has a behavioral health coordinator who helps case managers arrange needed behavioral health services for our members.

Covered behavioral health services include:

- Behavior management (personal care, family support, home care training, peer support)
- Behavioral health case management services (with limitations)
- Behavioral health nursing services
- Crisis services
- Emergency behavioral health care
- Emergency and non-emergency transportation
- Evaluation and assessment

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- Individual, group and family therapy and counseling
- Inpatient hospital services
- Lab and radiology services for psychotropic medication regulation and diagnosis
- Non-hospital inpatient psychiatric facilities
- Medication assisted treatment (MAT)
- Partial care (supervised day program, therapeutic day program and medical day program)
- Psychosocial rehabilitation (living skills training, health promotion, supported employment services)
- Psychotropic medication
- Psychotropic medication adjustment and monitoring
- Respite care (with limitations)
- Substance use transitional facility
- Screening
- Therapeutic Foster Care

How to access behavioral health services

You do not need a referral from your doctor for behavioral health services. Call your case manager to discuss your behavioral health service need and they will assist you in obtaining services. If you need a ride to an appointment, call Member Services.

Behavioral health emergencies

If you think you might hurt yourself or someone else, call **911**. Or you can also call **988** the crisis line if you feel overwhelmed and it is hard to cope with stressful things in your life.

If you think you might hurt yourself or someone else or are having thoughts of suicide, call **911**. Or you can also call **988**, the crisis line if you feel overwhelmed and it is hard to cope with stressful things in your life.

State and national crisis lines:

- National suicide prevention hotline: Dial **988**
- Arizona Behavioral Health Crisis Line: **1-844-534-4673** or **1-844-534-HOPE**, TTY: **602-274-3360** or **1-800-327-9254** or **Text HOPE to 4HOPE (44673)**
- Yuma counties and the San Carlos Apache Tribe): **1-866-495-6735**
- Gila River and Ak-Chin Indian communities: **1-800-259-3449**
- Salt River Pima Maricopa Indian community: **1-855-331-6432**
- Tohono O’odham Nation: **1-844-423-8759**
- Pascua Yaqui Tribe: Tucson **520-591-7206**; Guadalupe **480-736-4943**
- White Mountain Apache Tribe: **928-338-4811**
- Ft. McDowell Yavapai Nation: **480-461-8888**
- San Lucy District of the Tohono O’odham Nation: **480-461-8888**
- Navajo Nation: **928-551-0508**
- Veterans Crisis Line: **1-800-273-8255, press 1**
- National crisis text line: **Text HOME to 741741**, about any type of crisis.
<http://www.crisistextline.org>

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

- Northern Arizona is open 7 days/week from 4:30-10:30 p.m.: **1-888-404-5530**
- Central Arizona/Maricopa County is open 24/7: **602-347-1100**

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Member Services **602-263-3000** or **1-800-624-3879** (TTY/TDD **711**) Monday- Friday, 7 a.m. to 6 p.m. 57

- Southern Arizona is open 7 days/week from 8am-10pm (Holiday hours are 8am-6pm.)
 - Pima County: **520-770-9909**
 - Cochise, Graham, Greenlee, La Paz, Pinal, Santa Cruz and Yuma counties: **844-733-9912**

Behavioral health advocacy resources

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

- Arizona Coalition Against Sexual and 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: **602-576-4828**
- National Alliance on Mental Illness (NAMI): **602-244-8166**
- National Alliance on Mental Illness of Southern Arizona: **520-622-5582**
- National Alliance on Mental Illness of Payson (Gila County): **928-301-9140**
- National Alliance on Mental Illness of Pinal County: **520-414-7173**
- National Domestic Violence Hotline: **1-800-799-7233**

Arizona’s Vision for the Delivery of Behavioral Health Services

All behavioral health services are delivered according to the following system principles. AHCCCS supports administration of a behavioral health delivery system that is consistent with AHCCCS values, principles, and goals:

1. Timely access to care,
2. Culturally competent and linguistically appropriate,
3. Promotion of evidence-based practices through innovation,
4. Expectation for continuous quality improvement,
5. Engagement of member and family members at all system levels, and
6. Collaboration with the greater community.

The 12 Principles for the Delivery of Services to Children

1. Collaboration with the child and family:
 - a. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and
 - b. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.
2. Functional outcomes:
 - a. Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults, and
 - b. Implementation of the behavioral health services plan stabilizes the child’s condition and minimizes safety risks.
3. Collaboration with others:
 - a. When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented,
 - b. Client-centered teams plan and deliver services,
 - c. Each child’s team includes the child and parents and any foster parents, any individual important in the child’s life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child’s teacher,

the child's Division of Child Safety (DCS) and/or Division of Developmental Disabilities (DDD) caseworker, and the child's probation officer, and

- d. The team:
 - i. Develops a common assessment of the child's and family's strengths and needs,
 - ii. Develops an individualized service plan,
 - iii. Monitors implementation of the plan, and
 - iv. Makes adjustments in the plan if it is not succeeding.

4. Accessible services:

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

5. Best practices:

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

6. Most appropriate setting:

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

7. Timeliness:

- a. Children identified as needing behavioral health services are assessed and served promptly.

8. Services tailored to the child and family:

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

9. Stability:

- a. Behavioral health service plans strive to minimize multiple placements,
- b. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk,

- c. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops,
 - d. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system, and
 - e. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.
10. Respect for the child and family's unique cultural heritage:
- a. Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family, and
 - b. Services are provided in Spanish to children and parents whose primary language is Spanish.
11. Independence:
- a. Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management, and
 - b. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.
12. Connection to natural supports:
- a. The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

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

1. Respect – Respect is the cornerstone. Meet the individual¹⁴ where they are without judgment, with great patience and compassion.
2. Individuals in recovery choose services and are included in program decisions and program development efforts – An individual in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development are 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 – An individual 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 – An individual 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 – An individual in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscore 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 – An individual 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. Individuals in recovery define their own success – An individual 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. Individuals 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 – An individual in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. An individual in recovery is the source of their 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 – An individual 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. An individual in recovery is held as boundless in potential and possibility.

Multi-specialty interdisciplinary clinics

Mercy Care has contracted with several multi-specialty interdisciplinary clinics to meet the unique health care requirements of special needs children by offering primary and specialty care in a single location. The clinics provide a full range of pediatric specialty care. The range of available specialties include: Family Practice, Physical and Occupational Therapy, Speech, Audiology, Plastic Surgery, Orthopedics and Neurology.

Clinic name	Areas of specialization
District Medical Group (DMG) Clinic 3141 N. 3rd Ave. Phoenix, AZ 85013 602-914-1520 1-855-598-1871	Audiology, Cardiology, Endocrinology, ENT, Gastroenterology, Genetics, Lab & X-ray, Nephrology, Neurology, Neurosurgery, Nutrition, OT, PT, ST, Ophthalmology, Orthopedics, Pediatrician (PCP), Pediatric Surgery, Plastic Surgery, Psychology, Psychiatry, Rheumatology, Scoliosis, and Urology
Children's Clinics for Rehabilitative Services Square & Compass Building 2600 N. Wyatt Dr. Tucson, AZ 85712 520-324-5437 1-800-231-8261	Anesthesia, Behavior Analysis/ Psychology, Cardiology, Dental and Orthodontia, Development Pediatrics, Endocrinology, ENT Gastroenterology, Genetics, Hematology, Nephrology, Neurology, Neurosurgery, Orthopedics, Ophthalmology, Optometry, Pediatrician (PCP), Pediatric Dermatology, Pediatric Palliative Care, Pediatric Surgery, Physical Medicine, Plastic Surgery, Pulmonology, Rheumatology, and Urology

Clinic name	Areas of specialization
Yuma Regional Medical Center Children’s Rehabilitative Services Tuscany Medical Plaza 2851 South Avenue B Building 25 #2504 Yuma, AZ 85364 928-336-2777 1-800-837-7309	Audiology, Behavioral Health, Cardiology, Comprehensive Assessments, Craniofacial (Cleft Lip & Palate), Ear, Nose and Throat, Endocrinology, Gastroenterology, Nephrology, Neurology, Nutrition, Ophthalmology, Orthopedic, Physical Therapy, Psychiatry, Speech Therapy, Urology, and Wheelchair Services
Flagstaff Medical Center Children’s Health Center 1200 North Beaver St. Flagstaff, AZ 86001 928-773-2054 1-800-232-1018	Pediatrician (PCP), Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Nephrology, Pediatric Orthopedics, PT, ST, Pediatric Urology, and Wheelchair/Seating

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

Children’s Rehabilitative Services (CRS)

What is CRS?

Children’s Rehabilitative Services (CRS) is a designation given to certain AHCCCS members who have qualifying health conditions. Members with a CRS designation can get the same AHCCCS covered services as non-CRS AHCCCS members and are able to get care in the community, or in clinics called 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 health care needs are met.

Eligibility for a CRS designation is determined by the AHCCCS Division of Member Services (DMS). However, ALTCS members already have all CRS related services and benefits included with their ALTCS and therefore do not need a CRS designation.

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.

www.MercyCareAZ.org

Member Councils

ALTCS Member Council (AMC)

Mercy Care has an ALTCS Member Council (AMC). The council is made up of ALTCS members, family members, member representatives, providers, and community partners or advocacy groups who, just like you, are concerned about health care and want to make health care and Mercy Care better. Council members volunteer to serve on the council for three (3) years. New council members may be chosen each year. The AMC advises Mercy Care on issues that are important to members and family members. If you are not on the council, you may still suggest changes to policies and services by calling Member Services. You may call Member Services or your case manager for more information about how to join the council. Member Services can be reached at **602-263-3000** or **1-800-624-3879** (TTY 711).

Additional Member Councils

Would you like to serve on additional Mercy Care committees? Recruitment is open! We're looking for interested members, peers, youth, family members and community stakeholders. You can choose from several different committees. All committee members play an important role in guiding how we serve the community and how we provide care. You'll also help us come up with ways to improve services for members. If you are interested in joining one of the councils, you can contact Member Service at **602-263-3000** or **1-800-624-3879**.

Governance Committee

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

Member Advocacy Committee

Serves as the voice of the member receiving physical and/or behavioral health services. This is a committee to discuss accessing services and evaluate program needs from a member's perspective.

Cultural and Linguistically Appropriate Services/ Cultural Competency

Makes sure CLAS standards are met. Establishes outreach strategies to increase access of services for at risk populations.

Youth Leadership Council

Brings youth from various backgrounds together to talk about care issues and outreach opportunities.

Foster, Adoptive Kinship Care Workgroup

Provides guidance and expertise on the needs and communication methods to foster/adoptive/kinship families and group homes on the provision of behavioral health services to children involved with child welfare and/or those who have been adopted

If you're interested in serving on a Mercy Care council or committee, email OIFATeam@MercyCareAZ.org. You can also write to Mercy Care OIFA at:

Attn: OIFA
Mercy Care Committees
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Important information

Prior authorizations

In some cases, your doctor may decide that your condition requires special services. Mercy Care wants to know about these situations in advance so that we can make sure that we get you the care you need. These services may require approval from Mercy Care before they can be performed – this is called prior authorization. There may be times when Mercy Care doesn't have a network provider who can treat your condition or who is located a reasonable distance from your home. When this happens, out-of-network services are covered if you get prior authorization.

Here's how it works:

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

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

How Mercy Care determines urgency of requests:

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

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

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

If we ask for an extension or change the urgency level of your request, you may file what is called a Member Grievance (see "Member Grievances" in this handbook). Please send your member grievances to:

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

www.MercyCareAZ.org

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.

If Mercy Care does not fully approve the service, one of the following reasons may be why:

- The services is not a covered benefit.
- The service is not medically needed.
- The service is experimental or investigational.
- The provider is not in Mercy Care’s provider network.
- Mercy Care does not have enough information to make a decision.

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

Freedom of choice among providers

Although Mercy Care assigns you to a PCP, you have the freedom to choose your own provider if Mercy Care is your primary insurance. You should always choose a provider in the Mercy Care network who is accepting new patients. If you don’t work with a provider in network, you may have to pay for services received from a provider outside of Mercy Care’s network. And, you may have to pay for non-covered services. Examples of non-covered services may include:

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

If you have another medical insurance other than Mercy Care, and that is your primary insurance, you must follow the directives of that insurance.

Cost sharing

People who are enrolled in ALTCS are not subject to copays for ALTCS services. However, as an ALTCS member, you may have to contribute toward the cost of your care.

What costs might you have to pay?

Share of cost and/or Room and Board

AHCCCS is prohibited from covering the cost of Room and Board for alternative Home and Community Based Services (HCBS). Because of this, a portion of the cost of this care shall be paid by you or a family member. AHCCCS will decide what your share of cost (SOC) will be based on your income and certain expenses. They will send you a notice telling you the amount if they determine you have this cost. If you live in a nursing home, the nursing home will collect your SOC from you every month. If you live in an alternative residential setting or assisted living facility you will have to pay Room and Board to the facility each month. You may also have a SOC that AHCCCS has set. If you receive Home and Community Based Services (HCBS), you live at home or an assisted living facility, and AHCCCS determines you do have a SOC, Mercy Care will collect the money from you or your representative.

Getting bills for services

When can you be billed for services?

If you get services that are not covered or not approved by Mercy Care, you may be billed.

- Talk to your doctor about payment options before getting any non-covered health care service.
- If you ask for a service that is not a covered benefit and sign a statement agreeing to pay the bill, you are responsible to pay for it.
- If you pay for a service as requested by your provider, we may not be able to pay you back.

What actions should you take if you are billed for services?

If you get a bill for a covered service:

- **Do not pay the bill yourself.**
- Call the provider right away.
- Give them all of your insurance information and Mercy Care's address.
Mercy Care
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040
- If you still get bills, after giving the provider your health care information, please call 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 and bill Mercy Care, then:
- Send your paid receipts to Member Services.
 - Include a detailed note explaining why you paid for services.
 - Receipts must be received by Mercy Care within 150 days from the date you received the service.
- You should not pay for covered services or medicines after you have joined Mercy Care.

Other health insurance

If you have other insurance, here are some important things to know.

1. Always give pharmacies, doctors and hospitals your other health insurance information as well as your Mercy Care information.
2. Your other health insurance pays for your health care expenses FIRST. After they pay, Mercy Care will pay its part. Call Member Services to provide Mercy Care with the name, address, and phone number of your primary insurance provider.

If you are in an accident and get treatment for your injuries, you must report it to your case manager.

Medicare copayments, coinsurance and deductibles

Qualified Medicare Beneficiary (QMB) copayments and deductibles

If you meet certain income and resource limits, you may be able to get into a program called Qualified Medicare Beneficiary (QMB) in addition to ALTCS. QMB members may get all ALTCS services as well as Medicare Parts A and B services. QMB members may receive Medicare services that are not covered by ALTCS. AHCCCS pays the Medicare Part B premium each month for QMB members.

If you have Medicare, QMB or Medicare HMO, they will pay for your services first.

If you are entitled to AHCCCS covered services and Medicare Parts A & B, then:

- Mercy Care is responsible for sharing in the cost for AHCCCS covered services and for certain Medicare services not covered by AHCCCS.

- Mercy Care will pay your coinsurance, deductible or copayment amounts to your doctor. **Do not pay your copayments yourself.** Ask your PCP to bill Mercy Care for the copayment.

If you have Medicare:

- You are responsible for your pharmacy copayments for Medicare Part D.

If you are a QMB member:

- Mercy Care may pay for services not covered by AHCCCS or from a provider who is not part of our network.

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 would be responsible for paying your Medicare coinsurance, deductibles or copayments. Please call Member Services if you have questions.

Dual-eligible members: payment for medications

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

Authorizations

Medical authorizations

In some cases, your doctor may decide that your condition requires special services. Mercy Care wants to know about these situations in advance so that we can make sure that we get you the care you need. These services may require approval from Mercy Care before they can be performed – this is called prior authorization.

Here's how it works:

Your doctor will submit a request to Mercy Care explaining your condition and actions that they would like to take. You will receive a written notification (called a Notice of Adverse Benefit Determination) within 14 calendar days telling you if the request is denied and what to do next. If the request is urgent, you will receive a written notification (Notice of Adverse Benefit Determination) no later than 72 hours following the receipt of the authorization 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 - A routine request for a service will be reviewed within 14 days. We will send a written notification (Notice of Adverse Benefit Determination) to you within 14 calendar days if the request is denied. The notice will tell you what to do next.

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

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

If we ask for an extension or change the urgency level of your request, you may file what is called a Member Grievance (see “Member Grievances” in this handbook). Please send your member grievances to:

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
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.

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).

Pharmacy authorizations

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

Notice of Adverse Benefit Determination

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

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- If you, your representative or your provider makes 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.
- If you or your representative request an increase in home and community-based services authorized by your case manager and your request is denied, the same process is followed.

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

You have the right to receive a reply from Mercy Care within 30 calendar days to 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. Mercy Care Member Services can be reached at **602-263-3000** or **1-800-624-3879** (TTY 711).

Grievances and appeals

Appeals

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

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

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

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040
602-586-1719 or **1-866-386-5794**
Fax: **602-351-2300**

You and your authorized representative have the following rights regarding your appeal:

- The right to examine the contents of the appeal case file during the appeal process.
- The right to examine all documents and records considered during the appeal process that are not protected from disclosure by law.

Request for Standard Appeal

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

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

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

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

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

Request for expedited resolution

You or your representative can request an expedited resolution to your appeal if you believe that the time frame of a standard resolution might jeopardize your life, health or ability to attain, maintain or regain maximum 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.

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If we decide not to expedite the resolution of your appeal, we will notify you promptly. We will attempt to call you and will mail you a written notice within two (2) 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 72 hours. Sometimes, we may need more information to make a decision. When this occurs and we believe it is in your best interest, we will request extension on your appeal. An extension allows an additional 14 calendar days to complete our review and make a decision. If we ask for an extension, we will mail you a written notice explaining this and tell you what information we need still need. If we don’t receive the additional information within this time frame, we may deny the appeal. You may also request a 14-calendar day extension if you need more time to gather information for the appeal.

Once we have completed the review your appeal, we will send you a letter with our decision. The letter tells you our decision and explains how it was made. If we deny your appeal, you may request for AHCCCS to review our decision through a State Fair Hearing. You can request this next step by following the directions we provide in the decision letter. You have 90 calendar days from the date on the appeal denial letter to request a State Fair Hearing. You have the right to request the previously authorized level of services while the State Fair Hearing is pending if requested within 10 calendar days from the date of the Notice of Appeal resolution.

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/BHGA.

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.

Appeals for members with an SMI Designation

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

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

Members determined to have an SMI designation may also appeal the following adverse decisions:

- Initial eligibility for SMI services
- A decision regarding fees or waivers
- The assessment report, and recommended services in the service plan or individual treatment or discharge plan
- The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title 19/21 funds
- Capacity to make decisions, need for guardianship or other protective services, or need for special assistance

- A decision is made that the member is no longer eligible for SMI services
- A PASRR determination in the context of either a preadmission screening or an annual resident review, which adversely affects the member

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

Mercy Care
 Grievance System Department
 4750 S. 44th Place, Ste. 150
 Phoenix, AZ 85040
602-586-1719 or **1-866-386-5794**
 Fax: **602-351-2300**

If you file an appeal¹, you will get written notice that your appeal was received within 5 business days of Mercy Care's receipt. You will have an informal conference with Mercy Care within 7 business days of filing the appeal.

The informal conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least two working days before the conference. You can participate in the conference over the telephone.

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

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

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

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

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

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

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

FOOTNOTE

¹Persons determined to have a SMI designation cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.

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Member Grievances

A member grievance is any expression of dissatisfaction related to the delivery of your health care that is not defined as an appeal. A member grievance is also called a complaint. You may have a concern with a doctor or felt that office staff treated you poorly. You may have received a bill from your specialist or had difficulty reaching the transportation company for your ride home. A provider may have failed to provide services, including crisis services, in a timely manner. A member grievance might include concerns with the quality of the medical care you received. You also have the right to file a complaint if you do not feel a Notice of Adverse Benefit Determination letter was adequate. Please let us know if you have a concern like this or need help with another problem.

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

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

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

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

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

Quality of Care Concerns (QOC)

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

- a. The inability to receive health care services,
- b. Concerns about the Quality of Care (QOC) received,

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Member Services **602-263-3000** or **1-800-624-3879** (TTY/TDD **711**) Monday- Friday, 7 a.m. to 6 p.m. 73

- c. Issues with health care providers,
- d. Issues with health plans, or
- e. Timely access to services.

To file a QOC, you must mail, call or fax the request using the following:

Mercy Care
 Grievance System Department
 4750 S. 44th Place, Ste. 150
 Phoenix, AZ 85040
 Phone: **602-586-1719** or **1-866-386-5794**
 Fax: **602-351-2300**

How to file a member grievance, appeal or request for hearing for crisis services

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

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

Service Area	Health plans with a Regional Behavioral Health Agreement	Contact type and phone number
Maricopa County	Mercy Care	Customer service phone: 602-586-1719 or 1-866-386-5794 (TTY 711) Crisis Line: 1-800-631-1314
Southern Arizona	Arizona Complete Health	Customer service phone: 1-888-788-4408 (TTY 711) Crisis Line: 1-866-495-6735
Northern Arizona	Care 1st	Customer service phone: 1-866-560-4042 (TTY 711 or 1-800-842-4681) Crisis Line: 1-844-534-4673

Grievance/Request for Investigation for members with an SMI designation

A member enrolled in the Arizona Long Term Care System (ALTCs) who have a SMI designation is entitled to extensive rights, including, but not limited to:

- The right to be free from mistreatment and abuse.
- The right to a written service plan that may include case management, crisis services, peer support, family support, medication and inpatient/outpatient services.
- The right to consent or refuse treatment unless under a court order or guardianship.
- The right to review the medical records unless a physician determines it is not in the member’s best interest.

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

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If you need help writing your grievance, contact your behavioral health provider or the AHCCCS Office of Human Rights (OHR) at **1-800-421-2124**. If you need documents, such as medical records or individual service plans, to support your grievance, you have the right to request these records.

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

AHCCCS Office of the General Counsel
801 E. Jefferson
MD 6200
Phoenix, AZ 85034
602-364-4575
Fax: **602-364-4591**

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

AHCCCS or Mercy Care RBHA will send you a letter within five (5) days of getting your Grievance/Request for Investigation form. This letter will tell you how your Grievance/Request for Investigation will be handled.

If there will be an investigation, the letter will tell you the name of the investigator. The investigator will contact you to hear more about your Grievance/Request for Investigation. The investigator will then contact the person that you feel was responsible for violating your rights. The investigator will also gather any other information they need to determine if your rights were violated.

Within 35 days of an investigator being assigned, unless an extension has been asked for, you will get a written decision of the findings, conclusions and recommendations of the investigation. You will also be told if you have the right to appeal the decision if you do not agree with the conclusions of the investigation. The written decision of the findings will tell you how to file an appeal of Mercy Care RBHA's findings to AHCCCS. This is called an administrative appeal.

AHCCCS will send you a letter regarding their findings. If you disagree with AHCCCS' findings regarding Mercy Care RBHA's SMI Investigation, you may request an administrative hearing. AHCCCS' decision letter will tell you how to request an administrative hearing.

If you file an SMI grievance/request for Investigation, the quality of your care will not suffer. Mercy Care's providers are prohibited from any acts of retaliation as a result of you filing a request for SMI Investigation.

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

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

- Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80.
- The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91.
- The Rehabilitation Act of 1973.
- Title IX of the Education Amendments of 1972 (regarding education programs and activities).

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- Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

Health plan Notices of Privacy Practices

The privacy of our members' medical information is very important to us. We want to keep member information private and confidential. Mercy Care has policies in place to ensure Mercy Care employees protect member information.

The Health Insurance Portability and Accountability Act (HIPAA) affects health care in several ways. Mercy Care is required to have safeguards for protecting members' health information. This applies to all health care providers and other stakeholders.

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

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

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

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

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

Your rights and responsibilities

As a Mercy Care member, you have rights and responsibilities. These rights are listed below. It is important you read and understand each one. If you have questions, please ask your case manager.

Your rights as a member

- You have the right to exercise your rights. Exercising those rights shall not adversely affect service delivery to you.
- The name of your PCP and/or case manager.
- A copy of the Mercy Care Member Handbook, which includes a description of covered services.
- Information about how Mercy Care provides for after hours and emergency care.
- The right to file a complaint about Mercy Care or its subcontractors. You can file this complaint with Mercy Care or with AHCCCS.
- The right to request information on the structure and operations of Mercy Care or its subcontractors.

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- Information about how Mercy Care pays providers, controls costs and uses services. This information includes whether or not Mercy Care has a Physician Incentive Plan (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/treatments that are not covered by Mercy Care.
- Information about how to get services, including services requiring authorization.
- Information on how Mercy Care evaluates new technology to include as a covered service.
- Information about changes to your services or what actions to take when your PCP leaves Mercy Care.
- You have the right to be treated fairly and get covered services regardless of race, ethnicity, national origin, religion, gender, age, behavioral health condition, intellectual or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
- Information about how medical decisions can be made for you when you are not able to make them.

Confidentiality and confidentiality limitations:

- You have a right to privacy and confidentiality of your health care information.
- You have a right to talk to health care professionals privately.
- You will find a copy of the “Privacy Rights” notice in your welcome letter. The notice has information on ways in which Mercy Care uses your records, including information on your health plan activities and payments for services. Your health care information is kept private and confidential. It is given out only with your permission or if the law allows it.
- Know about health care privacy. (See the “Health plan Notices of Privacy Practices” section.)
- Know about limits to confidentiality. There are times when we cannot keep information confidential. The law doesn’t protect the following information:
 - If you commit a crime or threaten to commit a crime at the provider’s office or clinic or against any person who works there, the provider must call the police.
 - If you’re going to hurt another person, we must let that person know so that they can protect themselves. We must also call the police.
 - We must also report suspected child abuse to local authorities.
 - If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other counselors) to protect you. We’ll only share information necessary to keep you safe.
- There are other times when providers can share certain health information with family members and others involved in your care. For example, if:
 - You verbally agree to share the information.
 - You have an opportunity to object to sharing information, but don’t object. For example, if you allow someone to come into an exam room during an appointment, the provider can assume that you don’t object to sharing information during that visit.
 - It’s an emergency, or you don’t have the capacity to make health care decisions, and the provider believes disclosing information is in your best interest.
 - The provider believes you’re a serious and imminent threat to your health or safety, or someone else’s health and safety.
 - The provider uses the information to notify a family member of the member’s location, general condition or death.
 - The provider is following other laws requiring they share information.
- To help arrange and pay for your care, there are times when your information is shared without first getting your written permission. These times could include the sharing of information with:
 - Physicians and other agencies providing health, social, or welfare services
 - Your medical Primary Care Provider

- Certain state agencies and schools following the law, involved in your care and treatment, as needed
- Members of the clinical team involved in your care
- At other times, it may be helpful to share your behavioral health information with other agencies, such as schools or state agencies. This is done within the limits of the applicable regulations. Your written permission may be required before your information is shared.
- Get a second opinion from a qualified health care professional within the network or have a second opinion arranged outside of the network at no cost to you if there are no other in network options. For more information, you can call Mercy Care at **602-263-3000** or **1-800-624-3879** (TTY 711).
- Receive information on treatment options and alternatives, appropriate to your condition, in a way that you are able to understand. It should also be shared with you in a way that allows you to participate in decisions about your health care.
- Be informed about advance directives.
- Prepare an advance directive and know how to have medical decisions made for you if you are not able to make them for yourself.

Treatment decisions

- You have the right to agree to, or refuse, treatment and to choose other treatment options available to you.
- You can get information on how to get services and authorizations for services.
- You can choose a Mercy Care PCP to plan your health care.
- You can change your PCP.
- 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 can talk with your PCP to get complete and current information about your health care and condition. This information helps you and/or your family understand your condition and be a part of making decisions about your health care.
- You have the right to information about which medical procedures you will have and who will perform them.
- You have the right to a second opinion within the Mercy Care network. You can request a second opinion from a doctor outside of Mercy Care's network, at no cost to you only if there is not adequate in network coverage.
- You can refuse care from a doctor to whom you were referred, and you can ask for a different doctor.
- You can choose someone to be with you for treatments and exams.
- You can have a female in the room for breast and pelvic exams.
- 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 have the right to develop a contingency plan with your provider agency to decide your preferences when a service is late, does not show up, or if a service is short.
- You can say, "no" to treatments, services and PCPs. You have the right to be informed about what may happen by not having the treatment. Your eligibility or medical care does not depend on your agreement to follow a treatment plan.
- You can say, "no" to tasks that a provider may ask you to perform that are not part of your care plan.
- You can say, "no" to medications or restraints, except for times when your doctor thinks these actions are needed to protect you or others from harm.
- You can transfer or leave a long-term services and supports home because of medical reasons, for your own good or the good of others, or for not paying.

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

- Mercy Care works to ensure that all staff and providers work in a manner consistent with a person centered approach that respects and enhances a member's right of choice, integration and autonomy.
- You have the right to privacy, dignity and respect, and freedom from coercion and restraint.
- You have the right to make requests in the way your services and supports are delivered.
- You have the right to reside in the least restrictive setting.
- You have the right to actively engage and participate in your community.
- 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 report your concerns about Mercy Care.

Personal rights

- If you live in a nursing facility or an alternative residential facility, you may choose to share a room with your spouse when appropriate.
- If you choose, you may remain in your home.
- You can manage your own money or choose someone you trust to manage your money on your behalf.
- You can use your rights as a citizen.
- You can choose to speak or not to speak with people.
- If you live in a nursing facility or an alternative residential facility, you can keep and use your personal clothing and belongings when there is space and no medical reasons not to.
- 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 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.
- You can get materials in alternative formats (such as large type or audio recording) or in another language.
- Mercy Care will inform you in writing when any of your health care services are reduced, suspended, terminated or denied. You must follow the instructions in your notification letter.
- 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 to whom you were referred, and you can ask for a different doctor.
- You may request a second opinion from another Mercy Care doctor.

Physician Incentive Plans

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

Fraud, waste and abuse

Fraud

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

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

Examples of member fraud are:

- Letting someone else use your Mercy Care ID card
- Getting prescriptions with the idea of abusing or selling drugs
- Changing information on your Mercy Care ID card
- Changing information on a prescription

Examples of provider fraud are:

- Billing for services that didn't happen
- Ordering and/or billing for services that are not medically necessary
- Billing for services that are not documented

Waste and/or abuse

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

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

Reporting

If you think a person, member or provider is misusing the program, please let us know. You can report to Mercy Care or to AHCCCS. You can fill out a form at www.MercyCareAZ.org. Select "Fraud & Abuse" from the Members' section of the website. You can also call the Mercy Care Fraud Hotline at **1-800-810-6544**.

You can fill out a form on the AHCCCS website at www.azahcccs.gov/Fraud/ReportFraud. You can send an email to AHCCCSFraud@azahcccs.gov. You can also call AHCCCS Fraud Reporting at **602-417-4193** if you are in Arizona or toll free at **888-ITS-NOT-OK** or **888-487-6686** if you are outside of Arizona.

Quitting tobacco

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

1. You can call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711).
2. If you are part of Mercy Care, Case Management program, talk to your Case Manager.
3. Talk to your doctor.
4. Call the Arizona Smokers Helpline (ASHLine) directly at **1-800-QUIT-NOW (1-800-784-8669)**. Spanish speakers can also access the ASHLine by calling **1-855-DEJELO-YA (1-855-335-3569)**. You can also visit www.ashline.org.

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

Decisions about your health care

Living wills and other health care directives for adult members

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

There are four (4) kinds of advance directives. Mercy Care strongly encourages you to have one or more of these papers filled out. Mercy Care has written policies to make sure your wishes are followed. You should get help writing your living will and/or health care directives. If you are not sure who to call for help, ask your case manager or doctor for help.

The four (4) kinds of health care directives include:

1. **Living will** – a document 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.
2. **Durable medical power of attorney** – a document that lets you choose a person you trust to make decisions about your health care when you cannot.
3. **Mental health care power of attorney** – names a person to make mental health care decisions if you are found incapable to do so.
4. **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.

Making your advance directives legal

For a medical power of attorney, you must choose someone you trust to be your agent. Your agent is the person who will make decisions about your health care if you cannot yourself. They can be a family member or a close friend. To make an advance directive legal, you must either:

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.

What to do after you complete writing your advance directives

- Keep your original signed papers in a safe place.
- Give copies of the signed papers to your case manager, doctor(s), hospital, and anyone else who might become involved in your health care. Talk to these people about your wishes concerning health care.
- If you want to change your papers after they have been signed, you must fill out new ones. 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.
- Be aware that your directives may not be effective in the event of a medical emergency.
- You can also have advance directives registered with the Arizona Registry at www.azsos.gov/services/advance-directives.

www.MercyCareAZ.org

Common questions

Q. What should I do if I lose my member ID card or don't get one?

A. Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Or you can order a replacement Mercy Care ID card through the member portal or Mercy Care's mobile app. You can login to the portal by going to **www.MercyCareAZ.org** and then select **Mercy Care Web Portal** at the top of the page. You can download the Mercy Care app on the Apple or Android app stores. Just log in to the portal or the app and click on "My ID Card."

Q. How will I know the name of my PCP?

A. Mercy Care sends a welcome letter to you. This welcome letter has the name and telephone number of your PCP.

Q. Can I change my PCP?

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

Q. How can I check the status of my authorization?

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

Q. How do I know which services are covered?

A. This handbook explains services that are covered and not covered. Look under the section that applies to you. You may also ask your doctor or call Mercy Care Member Services. 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 711).

Q. Which hospitals can I use?

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

Q. What is an emergency?

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

Q. Does Mercy Care have urgent care centers?

- A. Yes. You can find an urgent care center using the searchable provider directory on the Mercy Care website at www.MercyCareAZ.org. Select “Find a Provider,” then click on “Mercy Care/Mercy Care Long Term Care.” Select Mercy Care Long Term Care from the dropdown menu and then enter the city, state and ZIP code, and select “Urgent Care Facility” under “Specialty.”

Resources

Community resources

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

2-1-1 Arizona Community Information and Referrals

Community Information and Referral 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, 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.

Dial 2-1-1

<https://211arizona.org/>

988 - National suicide prevention hotline

Dial **988** or **1-800-273-8255**. Calls will be sent to the crisis line in your area code.

Arizona Health Care Cost Containment System (AHCCCS)

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

AHCCCS

801 E. Jefferson St.
Phoenix, AZ 85034

602-417-4000

<https://azahcccs.gov/>

Health-e-Arizona PLUS

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

1-855-432-7587

www.healthearizonaplus.gov

www.MercyCareAZ.org

Alzheimer’s Association – Desert Southwest Chapter

The Alzheimer’s Association is the leading voluntary health organization in Alzheimer’s care, support and research. Resources include: care finder, help line, library, workshops and support groups, and tips for caregivers.

<https://www.alz.org/dsw>

Helpline (24 hour, 7 days a week): **1-800-272-3900**

1028 E. McDowell Rd.

Phoenix, AZ 85006

602-528-0545 or 1-800-272-3900

American Diabetes Association

2451 Crystal Dr., Ste. 900

Arlington, Virginia 22202

1-800-342-2383

www.diabetes.org

Area Agency on Aging

24 hour Senior help line **602-264-HELP (4357)**

Maricopa County – Region One

1366 E. Thomas Rd., Ste. 108

Phoenix, AZ 85014

602-264-2255 or 1-888-264-2258

www.aaaphx.org

Pima County – Region Two

8467 E. Broadway Blvd.

Tucson, AZ 85710

<http://www.pcoa.org/>

520-790-7262

Coconino, Apache Counties – Region 3

323 N. San Francisco St., Ste. 200

Flagstaff, AZ 86001

<https://nacog.org/index.cfm>

928-774-1895 or 1-877-521-3500

La Paz, Yuma Counties – Region Four

1235 S. Redondo Center Dr.

Yuma, AZ 85365

<https://www.wacog.com/>

928-782-1886 or 1-800-782-1886

Mohave – Region Four

208 N. 4th St.

Kingman, AZ 86401

<https://www.wacog.com/>

928-753-6247

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.

Pinal and Gila Counties – Region Five

8969 W. McCartney Rd.

Casa Grande, AZ 85194

<https://www.info@pgcsc.org>

1-800-293-9393

Cochise, Graham, Greenlee, Santa Cruz Counties – Region Six

300 Collins Rd.

Bisbee, AZ 85603

www.seago.org

520-432-2528

Navajo Nation – Region Seven

1800 W. Deuce of Clubs, Ste. 220

Show Low, AZ 85901

<https://nacog.org/index.cfm>

928-774-1895

Yavapai

544 S. 6th St., Ste. 104

Cottonwood, AZ 86326

<https://nacog.org/index.cfm>

928-239-7435

Yavapai

3130 Robert Rd., Ste. 1

Prescott Valley, AZ 86314

<https://nacog.org/index.cfm>

928-227-0142

1-800-552-9257

Inter-Tribal Council of Arizona – Region Eight

2214 N. Central Ave.

Phoenix, AZ 85004

http://itcaonline.com/?page_id=793

602-258-4822

Arizona Child and Family Resources

www.AZCCRR.com

1-800-308-9000

Programs include:

- Child Care Resource & Referral, where parents can call to get a list of childcare centers
- The Center for Adolescent Parents where teen mothers can earn their high school diploma or GED while receiving no-cost, on-site childcare
- In-home support for families with babies under the age of 3 months

288 N. Ironwood Dr., Ste. 104

Apache Junction, AZ 85120

480-983-7028

www.MercyCareAZ.org

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

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

1151 16th St.
Douglas, AZ 85607
520-368-6122

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

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

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

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

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

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

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

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

3970 W. 24th St., Ste. 103
Yuma, AZ 85364
928-783-4003 or 1-800-929-8194

Arizona Coalition for Military Families

2929 N. Central Ave., Ste. 1550

Phoenix, AZ 85012

602-753-8802

www.arizonacoalition.org

Arizona Department of Health Services

150 N. 18th Ave., Ste. 310

Phoenix, AZ 85007

602-542-1025 or **1-800-252-5942**

www.azdhs.gov/index.php

Arizona and Drug Information Center

No-cost, confidential, 24 hours a day, 7 days a week

1-800-222-1222

<http://www.azpoison.com>

Arizona Department of Economic Security

The Arizona Department of Economic Security can assist you in identifying your needs and getting connected to an agency that can answer your questions. Link to a wide range of activities, such as reviewing Medicare/Medicaid benefits, reading about what's new in health care, searching for job opportunities, caregiver respite, housing options and more.

<https://des.az.gov>

Unemployment insurance: **1-877-600-2722**

Nutrition, cash, or medical assistance: **1-855-432-7587**

Arizona Department of Health Services (ADHS) 24-Hour Pregnancy and Breastfeeding Hotline

1-800-833-4642

<https://azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php#mom-home>

Arizona Disability Benefits 101

Disability Benefits is an online benefit planning tool that offers tools and information on health coverage, benefits and employment.

1-866-304-WORK (9675)

www.az.db101.org

ARIZONA@WORK

ARIZONA@WORK provides comprehensive statewide and locally based workforce solutions for job seekers and employers.

<https://arizonaatwork.com>

Arizona Opioid Assistance & Referral (OAR) Line

A no-cost, confidential hotline offers opioid advice, resources and referrals 24 hours a day, 7 days a week. This Hotline is staffed with local medical experts at the Arizona and Banner Poison & Drug Information Centers who offer patients, family members or providers valuable opioid information.

1-888-688-4222

<https://www.azdhs.gov/oarline>

www.MercyCareAZ.org

Arizona Self Help

Online access to 40 different health and human services programs

www.arizonaselfhelp.org

Arizona Suicide Prevention Coalition

4612 N. 12th St, Phoenix Az 85014

602-248-8336

If you need immediate help within Arizona, please call EMPACT **480-784-1500** or **866-205-5229**.

Teens can call Teen Lifeline **602-248-TEEN (8336)** or **1-800-248-TEEN (8336)**

www.azspc.org

Arizona Youth Partnership

Arizona Youth Partnership builds solid foundations for youth and families by partnering with Arizona communities. They provide youth services, prevention programs, and health education related to substance abuse, homelessness, human trafficking, mental health wellness, teen pregnancy, and challenging family dynamics.

<https://azyp.org/program/starting-out-right/>

1-877-882-2881

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

Child and Family Resources

This is a program that offers education and resources for parents, caregivers, and children.

520-230-7032

www.childfamilyresources.org

Child Care Resource and Referral

Statewide program that helps families find childcare

1-800-308-9000

<https://www.azccrr.com>

CHR Recovery Center

CHR Recovery Center is a non-profit community service agency serving adults with behavioral health challenges. They provide Recover Support Services through classes, groups, events, and on-on-one support, by state-certified Peer Support Specialists. Their primary focus is empowerment, education, and employment.

602-246-7607

<https://azchr.org/>

Coordinated Entry Access Points

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

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.

Gila County

Gila County Community Action Program

<https://www.gilacountyaz.gov>

928-425-7631

5515 S. Apache Avenue, Suite 200, Globe, AZ 85501

514 S. Beeline Hwy., Payson, AZ 85541

Maricopa County

Brian Garcia Welcome Center on the Human Services Campus (Singles)

602-229-5155

206 S. 12th Ave., Phoenix, AZ 85007

Youth Resources (age 18-24)

602-271-9904

215 E University Dr. Tempe, AZ 85281

Family Housing Hub (Families only)

602-595-8700

3307 E. Van Buren St., #108 Phoenix, AZ 85008

VA Community Resource and Referral Center (CRRC) Veterans

602-248-6040

1500 East Thomas Rd., Ste. 106 Phoenix, AZ 85014

Pima County

Sonora House

520-624-5518

1367 W Miracle Mile, Tucson, AZ 85705

Salvation Army

520-622-5411

1002 N. Main Avenue, Tucson, AZ 85705

Primavera Foundation – Homeless Intervention & Prevention (HIP) Drop-In Center

520-308-3079

702 S. 6th Ave. Tucson, AZ 85701

Our Family Services

520-323-1708

2590 N Alvernon Way, Tucson, AZ 85712

La Frontera RAPP

520-882-8422

1082 E. Ajo Way, #100 Tucson, AZ 85713

OPCS**520-546-0122**4501 E. 5th Street
Tucson, AZ 85711**Pinal County****Community Action Human Resources Agency****520-466-1112**

109, N Sunshine Blvd., Eloy, AZ 85131

National Community Health Partners (NCHP)**520-876-0699****CG Helps****520-483-0010**

350 E. 6th St., Casa Grande, AZ 85122

Dump the Drugs**<https://azdhs.gov/gis/dump-the-drugs-az>**General and Public information: **602-542-1025**

Find drop box locations to dispose unused or unwanted prescription drugs. This application displays all drop off locations in Arizona and enables the user to enter their address to receive directions to the location closest to them.

Emergency shelter**Contact 211 Arizona for Shelter Resources****2-1-1****<https://211arizona.org/>****Maternal and Child Health Program and EPSDT - Home visitation resources****Maricopa County Lead Safe Phoenix Program**

This program provides home visitation as well as community outreach and education, to people that live in the city of phoenix. There is no cost to participate in the program, but you must meet requirements. See their website for details on those requirements. Home visitors will provide blood lead testing to children under 6 years old, they will check your home for lead, educate you on lead poisoning and they will refer you to community resources if needed.

602-525-3162**<https://www.maricopa.gov/1853/Lead-Poisoning-Prevention>****Parents Partners Plus**

Parents Partners Plus is a network of home visitation support programs. They offer individualized support around every day parenting experiences and family well-being. If you have questions, concerns, or needs as far as breastfeeding, fighting postpartum depression, child-rearing or otherwise transitioning into life as a parent, our representatives can connect you with critical resources.

602-633-0732**<https://parentpartnersplus.com/>****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. 91

Southwest Human Development – Healthy Families

Healthy Families is a free program that works with families from pregnancy through the first 5 years of life. Their goal is to help you become the best parent you can be. A home visitor goes to the family to provide support and information to become the best parent for their child!

877-705-KIDS

<https://www.swhd.org/programs/health-and-development/healthy-families/>

Strong Families AZ

Strong Families AZ is a network of no-cost home visiting programs that helps families raise healthy children ready to succeed in school and life. The programs focus on pregnant woman and families with children birth to age 5. Listed below is a few of our home visitation programs that are available to you.

<https://strongfamiliesaz.com/>

Arizona Health Start

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

<https://strongfamiliesaz.com/program/arizona-health-start>

Family Spirit

For Native American families with children under 3 years old. The Family Spirit Program is a culturally tailored home-visiting intervention delivered by Native American paraprofessionals as a core strategy to support young Native parents from pregnancy to 3 years post-partum. Parents gain knowledge and skills to achieve optimum development for their preschool age children across the domains of physical, cognitive, social-emotional, language learning, and self-help.

<https://strongfamiliesaz.com/program/family-spirit-home-visiting-program>

Healthy Families Arizona

Healthy Families Arizona is a no-cost program that helps pregnant women as well as mothers and fathers become the best parents they can be. The program continues until the child turns 2 years old. A Home Visitor will get to know you and connect you with services based on your specific situation. Everyone who is having a baby can feel overwhelmed. It's important to know that it's ok to ask for help. To initiate services, please directly contact any of the service providers serving the area where you reside.

<https://strongfamiliesaz.com/program/healthy-families-arizona>

High Risk Perinatal/Newborn Intensive Care Program

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

<https://strongfamiliesaz.com/program/high-risk-perinatal-programnewborn-intensive-care-program>

Nurse-Family Partnership

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

<https://strongfamiliesaz.com/program/nurse-family-partnership>

Nurse-Family Partnership/North and West Phoenix/Maricopa County

<https://www.swhd.org/programs/health-and-development/nurse-family-partnership/>

2850 N. 24th St.

Phoenix, AZ 85008

602-224-1740

Nurse-Family Partnership/East and South Phoenix/Maricopa County

<https://www.maricopa.gov/1867/Nurse-Family-Partnership>

4041 N. Central Ave., Suite 700

Phoenix, AZ 85012

602-224-1740

Nurse-Family Partnership/Casa de los Niños/Pima County

<https://casadelosninos.org/>

1101 N. 5th Ave

Tucson, AZ 85705

520-881-0001 extension 15112

Nurse-Family Partnership/Easter Seals Blake Foundation

Graham, Gila, Pima and Yuma County

<https://www.easterseals.com/blakefoundation/>

7750 E. Broadway Blvd., Suite A200

Tucson, AZ 85710

520- 247-3275

Nurse-Family Partnership/Pima County

3950 S. Country Club Rd., Suite 100

Tucson, AZ 85714

520-724-7806

Yavapai County Community Health Services

1090 Commerce Dr.

Prescott, AZ 86305

928-442-5478

Yavapai County Community Health Services

Verde Valley, AZ 86326

928-634-6851

Parents as Teachers

For families with a child on the way or under 5 years old. Your children have so much potential. As a parent, you have a unique opportunity to be their first teacher. That's because most brain development

www.MercyCareAZ.org

occurs in the first few years of life, and you can make a difference. Parents as Teachers will show you how. Our Home Visitors will provide you with resources appropriate for your child's stage of development. Through Parents as Teachers, you'll develop a stronger relationship with your child and help prepare them for academic success.

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

SafeCare

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

<https://strongfamiliesaz.com/program/safecare>

Maternal and Child Health Program and EPSDT - additional resources

ADHS Pregnancy and Breastfeeding Helpline

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

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

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

Affirm (formerly Arizona Family Health Partnership)

This federally funded program offers family planning, women's health services and education to Arizonans, regardless of their ability to pay. Call or go online to find a qualified health center near you.

<https://www.affirmaz.org/>

Arizona Postpartum Warm Line

Offer's support for families dealing with "postpartum depression, postpartum anxiety and other mood disorders associated with pregnancy and postpartum. This is a volunteer, peer support warm line, and helpful to families dealing with postpartum.

Call or text **1-800-944-4773**

www.psiarizona.org

Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program, AzEIP, helps families of children with disabilities or developmental delays age birth to three years old. They provide support and can work with their natural ability to learn. The AzEIP website can be used to get additional information, to learn more about AZEIP resources and to submit a referral using their AzEIP Online Portal. You can also call Mercy Care Member Services Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711) and ask for the Mercy Care AzEIP coordinator.

AzEIP information: **1-888-592-0140**

AzEIP referral status check: **602-532-9960**

<https://des.az.gov/azeip>

Arizona Head Start

Arizona Head Start is a great program that gets infants, toddlers, and preschool-aged children ready for school. The program offers education preparation, healthy snacks and meals, services to promote family

www.MercyCareAZ.org

well-being, and more. They offer two Head Start programs, depending on your child's age range. Early Head Start is the program for children under 3 years old. Head Start is the program for children between 3 and 5 years old. Arizona Head Start offers these services and more at no cost to you. To locate an Early Head Start or Head Start program in your area, you can visit their website and use the Find Your Head Start Flyer. You can also use the contacts listed below.

<http://www.azheadstart.org/headstart.php>

Apache, Coconino, Navajo, and Yavapai Counties

Northern Arizona Council of Governments (NACOG)
928-774-9504
nacog.org

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

Child Parent Centers, Inc. (CPC)
520-882-0100
childparentcenters.org

Gila or Pinal County

Pinal Gila Community Child Services, Inc. (PGCCS)
1-888-723-7321
pgccs.org

La Paz, Mohave, and Yuma Counties

Western Arizona Council of Governments (WACOG)
928-782-1886
wacog.com

Maricopa County

Catholic Charities Community Service - Westside Head Start
623-486-9868
CatholicCharitiesAz.org

Child Crisis Arizona
480-304-9501
childcrisisaz.org

City of Phoenix Human Services – Head Start
602-262-4040
phoenix.gov/humanservices/programs/head-start

Maricopa County Human Services – Head Start
602-372-3700
maricopa.gov/5778/Apply-to-Head-Start-Programs

www.MercyCareAZ.org

Southwest Human Development – Head Start
602-266-5976
swhd.org/programs/head-start/

Urban Strategies - Family & Child Academy
602-718-1720
www.urbanstrategies.us

Alhambra School District - Head Start
602-246-5155
alhambraesd.org

Booker T. Washington Child Development Center, Inc.
602-252-4743
btwchild.org

Deer Valley School District - Head Start
602-467-6013
dvusd.org/headstart

Fowler School District - Head Start
623-474-7260
fesd.org/Preschool

Washington Elementary School District – Head Start Plus
602-347-4806
wedschools.org/Domain/32

Birth to 5 Helpline

No-cost service available to all Arizona families with young children, as well as parents-to-be, with questions or concerns about their infants, toddlers, and preschoolers. They work with you to understand your specific concern and they align with each family’s own parenting values, traditions, and styles. Call to speak with an early childhood specialist, Monday through Friday from 8 a.m. to 8 p.m. You can also leave a voicemail or submit your question online anytime. You can also download the Birth To Five Helpline app to your phone for fast and easy access to information.

1-877-705-KIDS

<https://www.swhd.org/programs/health-and-development/birth-to-five-helpline>

Children’s Rehabilitative Services (CRS)

Children’s Rehabilitative Services (CRS) is a designation (title) given to members who are under 21 years of age and have qualifying medical conditions. Member must complete a CRS application to see if they qualify. If approved, then Mercy Care helps to provide closer care coordination and monitoring for both physical and behavioral health services to make sure special health care needs are met. If you have questions about your CRS benefits or services, you can call Mercy Care Member Services: **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

<https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/CRS.html>

<https://www.mercycareaz.org/members/completecure-formembers/crs>

www.MercyCareAZ.org

First Things First

Partners with families and communities to help our state's young children be ready for success in kindergarten and beyond. There's no one right way to raise a child, and sometimes parenting a baby, toddler or preschooler can be a challenge. You don't need to be perfect. To help you do the best you can, we have provided some parent resources for supporting your child's healthy development and learning.

602-771-5100 or **1-877-803-7234**

<https://www.firstthingsfirst.org>

Fussy Baby Program

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

1-877-705-KIDS

<https://www.swhd.org/programs/health-and-development/fussy-baby>

Hushabye Nursery

Hushabye Nursery offers a safe and inclusive space where mothers, family members, and babies – from conception through childhood – can receive integrative care and therapeutic support that offers each child the best possible life outcomes. We provide a therapeutic and inviting environment of short-term medical care to infants suffering from Neonatal Abstinence Syndrome (NAS) and their families. We offer non-judgmental support, education, as well as provide prenatal and postpartum support groups, inpatient nursery services and outpatient therapies.

Call or text **480-628-7500**

<https://www.hushabyenursery.org>

Jacob's Hope

Jacob's Hope is a specialty care nursery providing 24-hour medical care to newborns that were exposed to drugs or alcohol and are experiencing withdrawal symptoms at birth. We provide immediate, short-term medical care between the hospital NICU and home for infants with prenatal drug exposure.

480-398-7373

<https://jacobshopeaz.org/>

Office of Children's Health

150 N. 18th Ave.

Phoenix AZ 85007

602-542-1025

Postpartum Support International

This program provides no-cost vitamins for young women. These vitamins are for strong bones and teeth, shiny hair, strong nails, a healthy immune system, and preventing anemia. Taking a daily vitamin provides enough of each nutrient if you can't get it through what you eat every day. Good vitamins are also important for women's health by reducing the risk of heart disease, colon cancer, memory loss, and prevent certain birth defects when you're ready for children. They are provided by the Arizona Department of Health Services (ADHS) for Arizona women over 18 years of age.

PSI Helpline: 24 hours a day, 7 days a week **1-800-944-4773** (English), or (Spanish) **971-203-7773**.

National crisis line text **HOME to 741741** anywhere in the US, anytime.

<https://www.postpartum.net/get-help>

www.MercyCareAZ.org

Member Services **602-263-3000** or **1-800-624-3879** (TTY/TDD **711**) Monday- Friday, 7 a.m. to 6 p.m. 97

Power Me A2Z

This program provides no-cost vitamins for young women. These vitamins are for strong bones and teeth, shiny hair, strong nails, a healthy immune system, and preventing anemia. Taking a daily vitamin provides enough of each nutrient if you can't get it through what you eat every day. Good vitamins are also important for women's health by reducing the risk of heart disease, colon cancer, memory loss, and prevent certain birth defects when you're ready for children. They are provided by the Arizona Department of Health Services (ADHS) for Arizona women over 18 years of age.

<https://www.powermea2z.org>

Raising Special Kids

Raising Special Kids is a program that helps improve the lives of children with the full range of disabilities, from birth to age 26. They provide support, training, information, and individual assistance so families can become effective advocates for their children.

Phoenix : **602-242-4366** or **1-800-237-3007**

Southern Arizona - Tucson: **520-441-4007**

Southern Arizona - Yuma: **928-444-8803**

www.raisingpecialkids.org

Vaccines for Children (VFC) Program

The Vaccines for Children (VFC) Program is a federally funded program that provides vaccines at no cost to you. They provide vaccines to children that are 18 years and under. If your child's PCP is not registered with this program, you will have to change to another PCP that is registered. For more information on the program, you can visit the Arizona Department of Health Services (ADHS) – Vaccines for Children (VFC) website. ADHS also offers an immunization (vaccine) education course and resources for you on their website that may help you if you have any questions or concerns.

<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#program-overview>

602-364-3642

WIC (Women, Infants and Children)

WIC is an Arizona nutrition program that provides nutritious foods, breastfeeding education, and information. They help pregnant, breastfeeding, and postpartum women, as well as infants and children under five years old.

www.azdhs.gov/prevention/azwic

Find out if you're eligible: **www.azdhs.gov/prevention/azwic/families/index.php#eligibility**

Find a clinic near you: **<https://clinicsearch.azbnp.gov>**

1-800-252-5942

WIC online

Families now have the option to attend some of their WIC appointments from the comfort of their homes. During a WIC@Home appointment, you'll join other parents or caregivers using a video-chat website to share tips on nutrition or breastfeeding. All you need is a smartphone, tablet or computer with a webcam to participate.

602-506-9333

<https://www.maricopa.gov/1491/Women-Infants-Children-WIC>

Information for caregivers

24-hour Senior Help Line: **602-264-HELP (4357)**

Mentally Ill Kids in Distress (MIKID)

MIKID provides support and help to families in Arizona with behaviorally challenged children, youth and young adults. MIKID offers information on children's issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.

www.mikid.org

810 Gemstone #3
Bullhead City, AZ 86442
928-704-9111

901 E. Cottonwood Ln.
Casa Grande, AZ 85122
520-509-6669

2615 E. Beverly Ave.
Kingman, AZ 86409
928-753-4354

1777 N. Frank Reed Rd.
Nogales, AZ 85621
520-377-2122

925 E. Bilby Rd.
Tucson, AZ 85706
520-882-0142

2891 S. Pacific Ave.
Yuma, AZ 85365
928-344-1983

1939 Frontage Rd, Ste. C
Sierra Vista, AZ 85635
602-253-1240

Migrant and seasonal program services

Chicanos Por La Causa Early Childhood Development

1402 S. Central Ave
Phoenix, AZ 85004
602-716-0156
www.cplc.org

www.MercyCareAZ.org

Tribal program services

Gila River Head Start

P.O. Box 97
Sacaton, AZ 85147

520-562-3423

www.gilariver.org

Salt River Pima Maricopa Indian Community Early Childhood Education Center

4826 N. Center St.
Scottsdale, AZ 85256

480-362-2200

<https://ecec.srpmic-ed.org/>

My Family Benefits

Information about medical, cash and nutrition assistance

1-855-432-7587 or 1-855-heaplus

www.azdes.gov/myfamilybenefits

NAMI Arizona (National Alliance on Mental Illness)

NAMI Arizona has a helpline for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education and advocacy to people of all ages who are affected by mental illness.

480-994-4407

www.namiarizona.org

National Hope Line Network

No-cost 24 hour hotline for anyone in crisis

1-800-442-4673

National Suicide Prevention Hotline

Offers no-cost 24-hour hotline available to anyone in suicidal crisis or emotional distress.

Dial **988** or **1-800-273-8255**

www.suicidepreventionlifeline.org

National Veterans Crisis Line

1-800-273-8255, option 1

www.veteranscrisisline.net

Nutrition Assistance (formerly the Food Stamp Program)

Supporting families to prevent under-nutrition in Arizona.

des.az.gov/na

1-855-432-7587

Nutrition, Physical Activity and Obesity (NUPAO)

For additional resources for treating obesity and nutritional information at **www.azdhs.gov/phs/bnp/nupao** and **Arizona Nutrition Network at <https://www.azhealthzone.org/>**

www.MercyCareAZ.org

Opioid Assistance and Referral Line

Local medical experts offer patients, providers, and family members opioid information, resources and referral 24 hours a day, 7 days a week. Translation services available.

1-888-688-4222

<https://www.azdhs.gov/oarline>

Poison Control

Call **911** right away if the individual collapses, has a seizure, has trouble breathing, or can't be awakened. For immediate and expert advice that's no cost and confidential call 24 hours a day, 7 days a week:

1-800-222-1222.

Get help online if you took too much medicine, swallowed or inhaled something that might be poisonous, splashed a product on your eye or skin, help identify a pill, or information about a medication.

<https://triage.webpoisoncontrol.org/#/exclusions>

<https://www.poison.org/>

Reach Family Services/ Alcanza Servicios de Familia

Reach Family Services is a non-profit family run organization in south Phoenix who offers bilingual services in both Spanish and English to help families who are raising children with behavioral and emotional health challenges. You can call them at **602-512-9000** or visit their website at **<http://www.reachfs.org>** for help.

Social Security and Disability Resource Center

Provides information on the federal disability benefit programs, SSD (social security disability, mandated under Title II of the Social Security Act) and SSI (supplemental security income, mandated under Title 16), in addition to answering questions about Social Security retirement benefits and providing resource links on Medicare and other topics.

www.ssdrc.com

Teen Lifeline

Peer counseling suicide hotline from 3-9 p.m. daily. Life skills development training for teens interested in becoming peer counselors. Awareness, education, prevention materials and training opportunities available.

602-248-8336 or **1-800-248-8336**

www.teenlifeline.org

Trans Lifeline

A peer-support crisis hotline in which all operators are transgender

1-877-565-8860

www.translifeline.org

Veterans crisis line/Be Connected line

Veterans resources (and for those who support them)

1-866-4AZ-VETS or **1-866-429-8387**

Vocational Rehabilitation (VR)

The Arizona Department of Economic Security offers Vocational Rehabilitation. The VR program provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.

1-800-563-1221 or TTY **1-855-475-8194**

<https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr>

www.MercyCareAZ.org

No cost immunization/vaccination clinics

Sometimes you may not be able to get your child in to see their PCP for vaccinations. You can go to the following clinics for your child's vaccinations. (Listed by county name)

APACHE

North Country HealthCare - Round Valley Clinic

928-333-0127

<http://www.northcountryhealthcare.org>

North Country HealthCare - Saint John's Clinic

928-337-3705

<http://www.northcountryhealthcare.org>

Saint John's Immunization Clinic

928-333-2415 x6509

<https://www.co.apache.az.us/health/clinical-services/>

Springerville Immunization Clinic

928-333-2415 x6509

<https://www.co.apache.az.us/health/clinical-services/>

COCHISE

Chiricahua Pediatric Center of Excellence

520-364-5437

<http://www.cchci.org>

Chiricahua Sierra Vista Pediatrics Clinic

520-459-0203

<http://www.cchci.org>

COCONINO

Coconino County Immunization Clinic

928-679-7222

<http://www.coconino.az.gov/health>

Lake Powel Medical Center

928-645-8123

<http://www.canyonlandschc.org>

NACA Family Health & Wellness Center

928-773-1245

<http://www.nacainc.org>

North Country HealthCare - Flagstaff Clinic 4th St

928-522-9400

<http://www.northcountryhealthcare.org>

North Country HealthCare - Flagstaff Clinic

University Ave

928-522-1300

<http://www.northcountryhealthcare.org>

North Country HealthCare - Grand Canyon Clinic

928-638-2551

<http://www.northcountryhealthcare.org>

North Country HealthCare - Williams Clinic

928-635-4441

<http://www.northcountryhealthcare.org>

GILA

Canyonlands Healthcare - Globe

928-402-0491

<http://www.canyonlandschc.org>

Gila County Public Health Services Division - Globe

928-425-3189 x8811

https://www.gilacountyaz.gov/government/health_and_emergency_services/health_services/index.php

Gila County Public Health Services Division - Payson

928-474-1210

https://www.gilacountyaz.gov/government/health_and_emergency_services/health_services/index.php

North Country HealthCare - Payson Clinic

928-468-8610

<http://www.northcountryhealthcare.org>

GRAHAM

Canyonlands Healthcare - Safford

928-428-1500

<http://www.canyonlandschc.org>

Graham County Health Department Public Health Services

928-428-1962

<http://www.graham.az.gov/254/health>

www.MercyCareAZ.org

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GREENLEE

Canyonlands Healthcare - Clifton

928-865-2500

<http://www.canyonlandschc.org>

Canyonlands Healthcare - Duncan

928-359-1380

<http://www.canyonlandschc.org>

Greenlee County Public Health and Community Nursing - Clifton

928-865-2601

<http://www.co.greenlee.az.us>

Greenlee County Public Health and Community Nursing - Parker

928-359-2866

<http://www.co.greenlee.az.us>

LA PAZ

La Paz County Health Department

928-669-1100

<http://www.lpchd.com>

MARICOPA

Chandler Regional Medical Center Community Wellness Immunization Clinic

480-728-2004

<http://www.dignityhealth.org/arizona/locations/chandlerregional/about-us/immunization-clinics>

East-Mesa clinic

602-506-2660

<http://www.maricopa.gov/3849/public-health>

Mesa Immunization Clinic

602-506-2660

<http://www.maricopa.gov/3849/public-health>

NHW Community Health Center

602-279-5351

<http://nativehealthphoenix.org>

Roosevelt Immunization Clinic

602-506-8815

<http://www.maricopa.gov/3849/public-health>

West Immunization Clinic

602-506-5888

<http://www.maricopa.gov/3849/public-health>

MOHAVE

Canyonlands Healthcare - Beaver Dam

928-347-5971

<http://www.canyonlandschc.org>

North Country HealthCare - Bullhead City Clinic

928-704-1221

<http://www.northcountryhealthcare.org>

North Country HealthCare - Kingman Clinic

928-753-1177

<http://www.northcountryhealthcare.org>

North Country HealthCare - Lake Havasu City Clinic

928-854-1800

<http://www.northcountryhealthcare.org>

NAVAJO

Canyonlands Healthcare - Chilchinbeto

928-697-8154

<http://www.canyonlandschc.org>

Holbrook Immunization Clinic

928-524-4750

<http://www.navajocountyaz.gov/departments/public-health-services>

North Country HealthCare - Holbrook Clinic

928-524-2851

<http://www.northcountryhealthcare.org>

North Country HealthCare - Show Low Clinic

928-537-4300

<http://www.northcountryhealthcare.org>

North Country HealthCare - Winslow Clinic

928-289-2000

<http://www.northcountryhealthcare.org>

Show Low Immunization Clinic

928-532-6050

<http://www.navajocountyaz.gov/Departments/Public-Health-Services>

www.MercyCareAZ.org

Member Services **602-263-3000** or **1-800-624-3879** (TTY/TDD **711**) Monday- Friday, 7 a.m. to 6 p.m. 103

Taylor/Snowflake Immunization Clinic

928-532-6050

<http://www.navajocountyaz.gov/departments/public-health-services>

PIMA

Continental Family Medical Center

520-407-5900

<http://www.uchcaz.org>

Continental Pediatrics Clinic

520-407-5900

<http://www.uchcaz.org>

Desert Senita Community Health Center - Ajo

520-387-5651

<http://www.desertsenita.org>

El Rio No-Cost Immunization Clinics

520-670-3909

<http://www.elrio.org>

La Canada Pediatrics Clinic

520-407-5800

<http://www.uchcaz.org>

Pima County Health Department Clinic - Tucson East

520-724-9650

<http://www.webcms.pima.gov/health>

Pima County Health Department Clinic - Tucson North

520-724-2880

<http://www.webcms.pima.gov/health>

Pima County Health Department Clinic - Southwest

<http://www.webcms.pima.gov/health>

UA Mobile Health Program

520-771-5570

<http://www.fcm.arizona.edu/outreach/mobile-health-program>

United Community Health Center Arivaca Clinic

520-407-5500

<http://www.uchcaz.org>

United Community Health Center at Green Valley Hospital Clinic

520-407-5400

<http://www.uchcaz.org>

United Community health Center at Old Vail Middle School

520-762-5200

<http://www.uchcaz.org>

United Community Health Center at Sahuarita Heights

520-576-5770

<http://www.uchcaz.org>

United Community Health Center at Three Points Clinic

520-407-5700

<http://www.uchcaz.org>

PINAL

Apache Junction Clinic

866-960-0633

<http://www.pinalcountyaz.gov>

Casa Grande Clinic

866-960-0633

<http://www.pinalcountyaz.gov>

Desert Senita Community Health Center - Arizona City

520-466-5774

<http://www.desertsenita.org>

Eloy Clinic

866-960-0633

<http://www.pinalcountyaz.gov>

Kearny Clinic

866-960-0633

<http://www.pinalcountyaz.gov>

Mammoth Clinic

866-960-0633

<http://www.pinalcountyaz.gov>

Maricopa Clinic

866-960-0633

<http://www.pinalcountyaz.gov>

www.MercyCareAZ.org

SANTA CRUZ

Mariposa Community Health Center - Nogales

520-281-1550

<http://www.mariposachc.net>

United Community Health Center Amado Clinic

520-407-5510

<http://www.uchcaz.org>

YAVAPAI

North Country HealthCare - Ash Fork Clinic

928-637-2305

<http://www.northcountryhealthcare.org>

North Country HealthCare - Seligman Clinic

928-422-4017

<http://www.northcountryhealthcare.org>

Yavapai County Community Health Services Community Health Center - Cottonwood

928-639-8132

<http://www.chcy.info>

Yavapai County Community Health Services Community Health Center - Prescott

928-583-1000

<http://www.chcy.info>

Yavapai County Community Health Services Community Health Center - Prescott Valley

928-583-1000

<http://www.chcy.info>

YUMA

Horizon Health and Wellness Primary Care - Yuma

833-431-4449

<http://www.hhwaz.org>

San Luis Walk-In Clinic - San Luis Center

928-722-6112

<http://www.slwic.org>

San Luis Walk-In Clinic - Somerton Center

928-236-8001

<http://www.slwic.org>

Yuma County Public Health Nursing Division

928-317-4559

<http://www.yumacountyaz.gov>

If you lose eligibility resources

We want you to be able to get health care if you lose your AHCCCS eligibility. Below is a list of clinics that offer low cost or no cost medical care. Call the clinics to find out about services and costs. If you have questions or need help call Mercy Care Member Services.

LOW COST/SLIDING SCALE HEALTH CARE

GILA COUNTY

Globe

Canyonlands Healthcare

5860 South Hospital Dr., Ste. 102

Globe, AZ 85501

928-402-0490

Payson

North Country Healthcare

708 S. Coeur D Alene Ln.

Payson, AZ 85541

928-468-8610

Payson Christian Clinic

701 S. Ponderosa, Ste. D

Payson, AZ 85541

928-468-2209

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. 105

MARICOPA COUNTY

Circle the City Health Care

3522 N. 3rd Ave.
Phoenix AZ 85013
602-776-0776
Circlethecity.org

Adelante Healthcare

Avondale

Coronado Professional Plaza
3400 Dysart Rd., Ste. F-121
Avondale, AZ 85392
1-877-809-5092

Buckeye

306 E. Monroe Ave.
Buckeye, AZ 85326
1-877-809-5092

Gila Bend

100 N. Gila Blvd.
Gila Bend, AZ 85337
1-877-809-5092

Mesa

1705 W. Main St.
Mesa, AZ 85201
1-877-809-5092

Phoenix

7725 N. 43rd Ave, Ste. 510
Phoenix, AZ 85051
1-877-809-5092

Surprise

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

Wickenburg

811 N. Tegner St, Ste. 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
602-331-5792

Valleywise Health Centers

<https://valleywisehealth.org>

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

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., Ste. 200
Goodyear, AZ 85338
602-243-7277

Mountain Park Health Center - South Phoenix

635 E. Baseline
Phoenix, AZ 85042
602-243-7277

Mountain Park Health Center - East Phoenix

3830 E. Van Buren St.
Phoenix, AZ 85008
602-243-7277

Native American Community Health Center, Inc.

4041 N. Central Ave.
Building C
Phoenix, AZ 85012
602-279-5262

Panda Pediatrics

515 W. Buckeye Rd., Ste. 402
Phoenix, AZ 85003
602-257-9229

OSO Medical

13851 W. Lamar Blvd., Ste. C
Goodyear, AZ 85338-1239
623-925-2622

**St. Vincent De Paul /Virginia G. Piper
Medical & Dental Clinic**

420 W. Watkins Rd.
Phoenix, AZ 85003
602-261-6868

PIMA COUNTY**Desert Senita Community Health Center**

410 N. Malacate St.
Ajo, AZ 85321
520-387-4500

**El Rio Community Health Centers
Congress Health Center**

839 W. Congress St.
Tucson, AZ 85745
520-670-3909

El Rio Northwest Health Center

320 W. Prince Rd.
Tucson, AZ 85705-3526
520-670-3909

El Rio Southwest Internal Medicine

1510 W. Commerce Ct.
Tucson, AZ 85746
520-670-3909

El Rio Health - Broadway Campus

1101 E. Broadway Blvd.
Tucson, AZ 85719
520-670-3909

El Rio Health - El Pueblo Campus

101 W. Irvington Rd.
Tucson, AZ 85714
520-670-3909

Marana Healthcare (MHC) - Freedom Park Health Center

5000 E. 29th St.
Tucson, AZ 85711
520-790-8500

MHC - Keeling Health Center

435 E. Glenn St.
Tucson, AZ 85705
520-616-1560

MHC - Ortiz Community Health Center

12635 W. Rudasill Rd.
Tucson, AZ 85743
520-682-3777

MHC - Flowing Wells Family Health Center

1323 W. Prince Rd.
Tucson, AZ 85709
520-887-0800

MHC - East Side Health Center

8181 E. Irvington Rd.
Tucson, AZ 85730
520-574-1551

PINAL COUNTY

Apache Junction Clinic

575 N. Idaho Rd., Ste. 301
Apache Junction, AZ 85119
1-866-960-0633

Casa Grande Clinic

1729 N. Trekell Rd., Ste. 120
Casa Grande, AZ 85122
1-866-960-0633

Coolidge Clinic

119 W. Central
Coolidge, AZ 85128
1-866-960-0633

Eloy Clinic

302 E. 5th
Eloy, AZ 85131
1-866-960-0633

Kearny Clinic

355 Alden Rd.
Kearny, AZ 85137
1-866-960-0633

Mammoth Clinic

110 Main St.
Mammoth, AZ 85618
1-866-960-0633

Maricopa Clinic

41600 W. Smith-Enke Boulevard, Building 15
Maricopa, AZ 85138
1-866-960-0633

Oracle Sunlife Family Clinic

1870 W. American Ave.
Oracle, AZ 85623
1-866-960-0633

San Manuel Clinic

Held at Sun Life Clinic
23 S. McNab Parkway
San Manuel, AZ 85631
1-866-960-0633

San Tan Clinic

36235 N. Gantzel Rd.
San Tan Valley, AZ 85142
1-866-960-0633

Superior Clinic

60 E. Main St.
Superior, AZ 85713
1-866-960-0633

Low-fee dental services

GILA COUNTY

Copper Vista Dental Care

1450 South St., Ste. 3
Globe, AZ 85501
928-425-8175

Canyonlands Healthcare

5860 S. Hospital Dr., Ste. 120
Globe, AZ 85501
928-402-0491

MARICOPA COUNTY

Mountain Park Dental Clinic

(5 locations)
602-243-7277 (scheduling all locations)
www.MPHC-AZ.org

1840 E. Broadway
Tempe, AZ 85282

3830 E. Van Buren St.
Phoenix, AZ 85008

635 E. Baseline Rd.
Phoenix, AZ 85042

6601 W. Thomas Rd.
Phoenix, AZ 85033

140 N. Litchfield Rd.
Goodyear, AZ 85338

Native American Community Health Center

4041 N. Central Ave.
Building C
Phoenix, AZ 85012
602-279-5262
www.NativeHealthPhoenix.com

Phoenix College Clinic - dental hygiene only

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.
Science Building K, Room K-212
Tucson, AZ 85709
520-206-6090
www.pima.edu

Desert Senita Health Center

410 Malacate St.
Ajo, AZ 85321
520-387-5651
<http://desertsenita.org>

PINAL COUNTY

Sun Life Family Health Center

865 N. Arizona Rd.
Casa Grande, AZ 85122
520-381-0381
www.sunlifefamilyhealth.org

www.MercyCareAZ.org

Member Services **602-263-3000** or **1-800-624-3879** (TTY/TDD **711**) Monday- Friday, 7 a.m. to 6 p.m. 109

Advocacy

There are groups you can contact who will act as an advocate for you. Health advocacy involves direct service to you and your families, 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 in this section.

There are many advocacy resources listed below.

Arizona Attorney General's Office

1275 W. Washington St.
Phoenix, AZ 85007
602-542-5763
www.azag.gov

Arizona Attorney General's Office - Tucson

400 W. Congress, Ste. 315
Tucson, AZ 85701
520-628-6504

Arizona Attorney General's office - outside Phoenix and Tucson

1-800-352-8431

Arizona Center for Disability Law Mental Health

www.azdisabilitylaw.org

The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems throughout the United States ensure that the human and civil rights of persons with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of persons with disabilities to ensure the enforcement of their constitutional and statutory rights.

- Arizona Center for Disability Law, 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

Arizona Coalition Against Sexual and Domestic Violence

Hotline and legal hotline, providing education and training, technical help, advocacy and legal advocacy.
602-279-2900; 1-800-782-6400; TTY 602-279-7270
www.acesdv.org

Center for Independent Living

Ability 360- Maricopa
5025 E. Washington, Ste. 200
Phoenix, AZ 85034
602-256-2245

Childhelp National Child Abuse Hotline

1-800-422-4453

Department of Economic Security Aging and Adult Administration

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

www.MercyCareAZ.org

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

Direct Center for Independence

1001 N. Alvernon Way
Tucson, AZ 85711
520-624-6452

Disability Benefits 101 (DB101)

Disability Benefits is an online benefit planning tool that offers tools and information on health coverage, benefits and employment.

1-866-304-WORK (9675)
www.az.db101.org

Mental Health America of Arizona

602-576-4828

NAMI Arizona (National Alliance on Mental Illness)

www.namiarizona.org

NAMI Arizona has a helpline for information on mental illness, referrals to treatment and community services, and information on local consumer and family self help groups throughout Arizona. NAMI Arizona provides emotional support, education and advocacy to people of all ages who are impacted by mental illness.

- National Alliance on Mental Illness (NAMI): 602-244-8166
- National Alliance on Mental Illness of Southern Arizona: 520-622-5582

National Domestic Violence Hotline

1-800-799-7233

Office of Human Rights (AHCCCS)

The Office of Human Rights will help you if you have a serious mental illness. They can help you understand and exercise your rights. They will help you protect your rights and advocate for yourself.

1-800-421-2124

Pima Council on Aging

8467 E. Broadway
Tucson, AZ 85710
Pima Council on Aging Helpline: 520-790-7262
Administration/Business: 520-790-0504

Pinal-Gila Council for Senior Citizens

8969 W. McCartney Rd.
Casa Grande, AZ 85194
520-836-2758

Southern Arizona Legal Aid (SALA) Administration Building

2343 E. Broadway Blvd., Ste. 200
Tucson, AZ 85719
520-623 9465 or 1 800 640 9465

Southern Arizona Legal Aid (SALA)

1729 N. Trell Rd., Ste. 101
Casa Grande, AZ 85122
520-316-8076 or 1-877-718-8086

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. 111

Special assistance for members with serious mental illness (SMI)

Special Assistance and resources are available for members with a SMI designation who also meet the following Special Assistance criteria:

- The member is unable to communicate their preferences and/or to participate effectively in the development of their service and discharge plans, the appeal process and/or grievance/investigation process.
- The member's inability described above is due to one of the following specific conditions:
 - Cognitive ability/intellectual capacity
 - Language barrier that cannot be addressed by a translator/interpreter
 - A medical condition (including severe psychiatric symptoms), and/or
 - An Arizona Court has determined Full and Permanent Legal Guardianship for the member

If you have questions, you can contact:

Special Assistance Coordinator
Mercy Care Grievance System Department
MCGandA@mercycaresaz.org
602-586-1719 or 1-866-386-5794
Fax: 602-364-4590

Office of Human Rights (OHR) Advocate or Designated Representative

Office of Human Rights (OHR) Advocate or Designated Representative protects the rights of members with a SMI designation during Service Planning, Inpatient Treatment Discharge Planning, the SMI grievance or investigation process, and the SMI appeal process. The advocate or designated representatives are only assigned to SMI individuals who meet the Special Assistance criteria listed above. However, OHR is a resource for technical assistance for all SMI individuals. Contact the AHCCCS Office of Human Rights at 1-800-421-2124 or via email at OHRts@azahcccs.gov.

Arizona Long Term Care and Supports (ALTCS) advocacy

The following organizations provide health care directive forms and information. Your local Area Agency on Aging and Senior Center may also have forms and information.

AARP

601 "E" St., N.W., Ste. A1-200
Washington, D.C. 20049
1-888-687-2277

For an AARP office in Arizona, go to <https://states.aarp.org/arizona/>

Arizona Attorney General's Office- Phoenix

1275 W. Washington
Phoenix, AZ 85007
602-542-5763 or 1-800-352-8431
www.azag.gov

Arizona Attorney General's Office - Tucson

400 W. Congress, South Bldg., Ste. 315
Tucson, AZ 85701
520-628-6504

www.MercyCareAZ.org

Arizona Attorney General's office - outside Phoenix and Tucson

1-800-352-8431

Arizona Center for Disability Law - Maricopa

5025 E. Washington, Ste. 202

Phoenix, AZ 85034

602-274-6287 or 1-800-927-2260

Arizona Center for Disability Law - Pima

177 N. Church Ave., Ste. 800

Tucson, AZ 85701

520-327-9547 or 1-800-922-1447

Department of Economic Security (DES) Division of Aging and Adult Services

1789 W. Jefferson, Site Code 950A

Phoenix, AZ 85007

602-542-4446

www.azdes.gov/DAAS

Hospice of the Valley

1510 E. Flower St.

Phoenix, AZ 85014

602-530-6900

<https://www.hov.org/>

The following organizations provide information and answer questions about health care directives and other related legal matters.

Arizona Senior Citizens Law Project

4146 N. 12th St.

Phoenix, AZ 85014

602-252-6710

Community Legal Services

602-258-3434 or 1-800-852-9075

www.clsaz.org

Phoenix

305 S. 2nd Ave.

P.O. Box 21538

Phoenix, AZ 85036

Mesa

20 W. First St., Ste. 101

Mesa, AZ 85201

480-833-1442

www.MercyCareAZ.org

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Long Term Services and Supports (LTSS) advocacy

Centers for Independent Living

Ability 360- Maricopa
5025 E. Washington, Ste. 200
Phoenix, AZ 85034
602-256-2245

Low income housing

This website gives you information about low income housing: <http://www.lowincomehousing.us/>

OMBUDSMAN

Area Agency on Aging Region 1, Maricopa County Long Term Care Ombudsman Program

1366 E. Thomas Rd., Ste. 108
Phoenix, AZ 85014
602-264-2255

Arizona Center for Disability Law - Maricopa

5025 E. Washington, Ste. 202
Phoenix, AZ 85034
602-274-6287 or 1-800-927-2260

Arizona Center for Disability Law - Pima

177 N. Church Ave, Ste. 800
Tucson, AZ 85701
520-327-9547 or 1-800-922-1447

Center for Independent Living

Ability 360 - Maricopa
5025 E. Washington, Ste. 200
Phoenix, AZ 85034
602-256-2245

Direct Center for Independence

1001 N. Alvernon Way
Tucson, AZ 85711
520-624-6452

Pima Council on Aging

8467 E. Broadway
Tucson, AZ 85701
520-790-7262

Pinal-Gila Council for Senior Citizens

8969 W. McCartney Rd.
Casa Grande, AZ 85194
520-836-2758

www.MercyCareAZ.org

Southern Arizona Legal Aid (SALA) Administration Building

2343 E. Broadway Blvd., Ste. 200
Tucson, AZ 85719
520-623-9465 or 1-800-640-9465

Southern Arizona Legal Aid (SALA)

1729 N. Trell Rd., Ste. 101
Casa Grande, AZ 85122
520-316-8076 or 1-877-718-8086

Tohono O'odham Legal Services

A division of Southern Arizona Legal Aid
520-623-9465 or 1-800-248-6789

White Mountain Legal Aid

A division of Southern Arizona Legal Aid
5658 Highway 260, Ste. 15
Lakeside, AZ 85929
928-537-8383
1-800-658-7958

Domestic violence resources

Arizona Coalition Against Sexual and Domestic Violence

Provides education and training, technical help, advocacy, legal advocacy hotline and legal hotline
602-279-2900; 1-800-782-6400; TTY 602-279-7270
www.acesdv.org

National Domestic Violence Hotline

Hotline advocates are available for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information and referrals to agencies in all 50 states. Information offered in English and Spanish.
1-800-799-7233; TTY 1-800-787-3224
www.thehotline.org

Rape, Abuse and Incest National Network (RAINN)

Information, referrals and telephone or online support for victims of rape or abuse
1-800-656-4673
www.rainn.org

Sojourner Center

Offers 24-hour crisis line with information about shelters and safety planning, emergency food, housing, clothing and other support services for families affected by domestic violence. Sojourner offers transitional housing for families leaving shelters. Also provides advocacy services, lay legal advocacy and family enrichment programs.
Crisis hotline: 602-244-0089; 602-244-0997
www.sojournercenter.org

Definitions

1. **Appeal:** To ask for review of a decision that denies or limits a service.
2. **Copayment:** Money a member is asked to pay for a covered health service, when the service is given.
3. **Durable Medical Equipment:** Equipment and supplies ordered by a health care provider for medical reasons for repeated use.
4. **Emergency Medical Condition:** An illness, injury, symptom or condition (including severe pain) that a reasonable person could expect that not getting medical attention right away would:
 - Put the person's health in danger; or
 - Put a pregnant woman's baby in danger; or
 - Cause serious damage to bodily functions; or
 - Cause serious damage to any body organ or body part.
5. **Emergency Medical Transportation:** See EMERGENCY AMBULANCE SERVICES
Emergency Ambulance Services: Transportation by an ambulance for an emergency condition.
6. **Emergency Room Care:** Care you get in an emergency room.
7. **Emergency Services:** Services to treat an emergency condition.
8. **Excluded Services:** See EXCLUDED
Excluded: Services that AHCCCS does not cover. Examples are services that are:
 - Above a limit,
 - Experimental, or
 - Not medically needed.
9. **Grievance:** A complaint that the member communicates to their health plan. It does not include a complaint for a health plan's decision to deny or limit a request for services.
10. **Habilitation Services and Devices:** See HABILITATION
Habilitation: Services that help a person get and keep skills and functioning for daily living.
11. **Health Insurance:** Coverage of costs for health care services.
12. **Home Health Care:** See HOME HEALTH SERVICES
Home Health Services: Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor's order.
13. **Hospice Services:** Comfort and support services for a member deemed by a Physician to be in the last stages (six months or less) of life.
14. **Hospital Outpatient Care:** Care in a hospital that usually does not require an overnight stay.
15. **Hospitalization:** Being admitted to or staying in a hospital.
16. **Medically Necessary:** A service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.

- 17. Network:** Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.
- 18. Non-Participating Provider:** See OUT OF NETWORK PROVIDER
Out of Network Provider: A health care provider that has a provider agreement with AHCCCS but does not have a contract with your health plan. You may be responsible for the cost of care for out-of-network providers.
- 19. Participating Provider:** See IN-NETWORK PROVIDER
In-Network Provider: A health care provider that has a contract with your health plan.
- 20. Physician Services:** Health care services given by a licensed physician.
- 21. Plan:** See SERVICE PLAN
Service Plan: A written description of covered health services, and other supports which may include:
- Individual goals;
 - Family support services;
 - Care coordination; and
 - Plans to help the member better their quality of life.
- 22. Preauthorization:** See PRIOR AUTHORIZATION
Prior Authorization: Approval from a health plan that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.
- 23. Premium:** The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.
- 24. Prescription Drug Coverage:** Prescription drugs and medications paid for by your health plan.
- 25. Prescription Drugs:** Medications ordered by a health care professional and given by a pharmacist.
- 26. Primary Care Physician:** A doctor who is responsible for managing and treating the member's health.
- 27. Primary Care Provider (PCP):** A person who is responsible for the management of the member's health care. A PCP may be a:
- Person licensed as an allopathic or osteopathic physician, or
 - Practitioner defined as a physician assistant licensed or
 - Certified nurse practitioner.
- 28. Provider:** A person or group who has an agreement with AHCCCS to provide services to AHCCCS members.
- 29. Rehabilitation Services and Devices:** See REHABILITATION
Rehabilitation: Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.
- 30. Skilled Nursing Care:** Skilled services provided in your home or in a nursing home by licensed nurses or therapists.
- 31. Specialist:** A doctor who practices a specific area of medicine or focuses on a group of patients.

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

Additional definitions

Appeal resolution – the written determination by Mercy Care about an appeal.

Arizona Health Care Cost Containment System (AHCCCS) – Arizona’s Medicaid Program, approved by the Centers for Medicare and Medicaid Services as a Section 1115 Waiver Demonstration Program and described in A.R.S. Title 36, Chapter 29.

Arizona Long Term Care System (ALTCS) – An AHCCCS program which delivers long-term, acute, behavioral health and case management services as authorized by A.R.S. §36-2931 et seq., to eligible members who are either elderly and/or have physical disabilities, and to members with developmental disabilities, through contractual agreements and other arrangements.

Authorization – an approval that you need from your doctor and/or Mercy Care 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”).

Designated Representative – A parent, guardian, relative, advocate, friend or other person designated in writing by a member and who can help protect the member’s rights and voicing the member’s service needs.

Expedited appeal – as an appeal in which Mercy Care determines (for a request from a member) or the Provider indicates (when making the request for the member or in support of the member’s request) that taking the time for standard resolution could seriously jeopardize the member’s life, physical or mental health, or ability to attain, maintain, or regain maximum function.

Grievance system – a system that includes the following processes: member grievances and appeals, provider claim disputes and access to the State Fair Hearing system.

Health care decision maker – someone who is authorized to make health care treatment decisions for a member.

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

Medical Supplies – health care related supplies that are needed for a medical reason, are generally not reusable and are disposable.

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.

Prescription – an order from your doctor for medicine, DME, therapy or other nursing services.

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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 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.

Referral – when your PCP sends you to a specialist for a specific, usually complex, problem.

Room and board – a cost Mercy Care determines you must pay for food and housing when you live in an alternative residential setting (ex: assisted living facility).

Service Plan – A written description of covered health services, and other supports which may include:

- Individual goals;
- Peer and recovery support;
- Family support services;
- Authorized LTC services
- Care coordination; and
- Plans to help the member better their quality of life.

Share of cost – the amount that AHCCCS determines a member must pay toward the cost of their care. Room and board is the amount that Mercy Care determines a member must pay toward the cost of assisted living.

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.

Special health care needs – members who have serious and chronic physical, developmental or behavioral conditions and who need medically necessary health and related services of a type or amount greater than those generally required by members. All ALTCs members are considered to have special needs.

Definitions for maternity care services

1. **Certified nurse midwife (CNM)** – An individual certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological, and newborn care, within a health care system that provides for medical consultation, collaborative management, or referral.
2. **Free Standing Birthing Centers** – Out-of-hospital, outpatient obstetrical facilities, licensed by the Arizona Department of Health Services (ADHS) and certified by the Commission for the Accreditation of Free Standing Birthing Centers. These facilities are staffed by registered nurses and maternity care providers to assist with labor and delivery services and are equipped to manage uncomplicated, low-risk labor and delivery. These facilities shall be affiliated with, and in close proximity to, an acute care hospital for the management of complications, should they arise.
3. **High-risk pregnancy** – Refers to a condition in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High-risk is determined through the use of the Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.
4. **Licensed midwife** – An individual licensed by the Arizona Department of Health Services (ADHS) to provide maternity care as specified in A.R.S. Title 36, Chapter 6, Article 7, and A.A.C. R9-16 (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).
5. **Maternity care** – Includes identification of pregnancy, prenatal care, labor/delivery services, and postpartum care.
6. **Maternity care coordination** – Consists of the following maternity care related activities: determining the member’s medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.
7. **Maternity care provider** – The following are provider types who may provide maternity care when it is within their training and scope of practice:
 - Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers.
 - Physician Assistants.
 - Nurse Practitioners.
 - Certified Nurse Midwives, and
 - Licensed Midwives.
8. **Obstetrician/Gynecologist (OB/GYN)** – a doctor who cares for women during pregnancy, childbirth, postpartum and well-women exams.
9. **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 use counseling. They provide support and promote compliance with prenatal appointments and prescribed medical treatment plans.

- 10. Perinatal services** – Medical services for the treatment and management of obstetrical patients and neonates (A.A.C. R9-10-201).
- 11. Postpartum** – For individuals determined eligible for 12-months postpartum coverage, postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 12-month period following termination of pregnancy ends. For individuals determined eligible for 60-days postpartum coverage, postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends. Quality measures used in maternity care quality improvement may use different criteria for the postpartum period.
- 12. Postpartum care** – Health care provided for a period of time after delivering a baby. The timeframe is based on the recommendations from the American College of Obstetricians and Gynecologists (AGOC). Family planning services and supplies are included as addressed in AMPM Policy 420.
- 13. Practitioner** – Refers to certified nurse practitioners in midwifery, physician assistant(s), and other nurse practitioners. Physician assistant(s) and nurse practitioners as specified in A.R.S. Title 32, Chapters 15 and 25, respectively.
- 14. Preconception counseling** – The provision of help and guidance aimed at identifying/ reducing behavioral and social risks, through preventive and management interventions, in women of reproductive age who are capable of becoming pregnant, regardless of whether she is planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence behaviors that can affect a fetus prior to conception. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling is considered included in the well-woman preventative care visit and does not include genetic testing.
- 15. Prenatal care** – The provision of health services during pregnancy which is composed of three major components:
1. Early and continuous risk assessment.
 2. Health education and promotion.
 3. Medical monitoring, intervention, and follow-up.



mercy care

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