

# 2024 - 2025

Member  
Handbook /  
Manual de  
Miembro



## AHCCCS Complete Care / AHCCCS Cuidado Completo



Serving Apache, Coconino, Gila, Maricopa, Mohave,  
Navajo, Pinal, and Yavapai counties.



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Health  
Choice

# INTRODUCTION TO BCBSAZ HEALTH CHOICE

Welcome to BCBSAZ Health Choice! We are happy to offer you and your family the quality health care services you need.

**BCBSAZ Health Choice is an AHCCCS Complete Care health plan.**

We provide health care services for persons who live in Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties.

This Member Handbook helps you understand your health plan. You can learn about our services, how to get care, and who to talk to if you have questions. If you would like a copy of this Member Handbook mailed to you, please call us. We will send you a copy at no cost to you.

You can reach us toll-free at **1-800-322-8670, TTY: 711**. Our Member Services team is always happy to assist. This phone number is at the bottom of every page in this handbook so you can find it easily.

**¿Necesitas este manual en español? Vea el reverso de este libro para la traducción en español. Si necesita ayuda con traducciones de interpretación, llame a Servicios para Miembros al 1-800-322-8670.**

**Want to learn more about us?**

Visit [HealthChoiceAZ.com](http://HealthChoiceAZ.com) to learn more, and to view resources for you.

***BCBSAZ Health Choice is a subsidiary of Blue Cross<sup>®</sup> Blue Shield<sup>®</sup> of Arizona, an independent licensee of the Blue Cross Blue Shield Association.***

Covered Services are funded under contract with AHCCCS.

*Revised 7/2024*

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# GETTING SERVICES

## MEMBER SERVICES

We always want to assist you. Our Member Services team can answer all types of questions. We are open Monday – Friday, 8 a.m. – 5 p.m. (except holidays). Please see our contact information at the bottom of every page in this handbook.

We can assist you with questions like these:

- How do I change my provider?
- What is a covered service?
- What pharmacies can I use?
- Do I currently have coverage?
- What do I do if I move from my service area?
- Can I change to a different plan?

You can also get assistance on our website at [azblue.com/health-choice-az](http://azblue.com/health-choice-az)

## ABBREVIATIONS

**Below are some abbreviations you will see in this handbook and what they mean:**

AHCCCS	Arizona Health Care Cost Containment System
ACC	AHCCCS Complete Care
ALTCS	Arizona Long Term Care System
AzEIP	Arizona Early Intervention Program
CRS	Children Rehabilitative Services
DDD	Division of Developmental Disabilities
DES	Department of Economic Security
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
HIPAA	Health Insurance Portability and Accountability Act
PCP	Primary Care Provider
PPC	Prior Period Coverage – member was or is in a transitional period regarding coverage while AHCCCS completes the enrollment process
QMB	Qualified Medicare Beneficiary
RBHA	Regional Behavioral Health Agreement
SOBRA	Sixth Omnibus Budget Reconciliation Act
TRBHA	Tribal Regional Behavioral Health Authority
WIC	Women, Infant and Children (nutritional program)

**IMPORTANT PLAN RELATED PHONE NUMBERS**

BCBSAZ Health Choice Member Services	Call us if you need help finding a PCP in your area, changing your PCP, benefit information, or to request a Member Handbook.	<b>1-800-322-8670</b> <b>TTY: 711</b>
24/7 Nurse Advice Line	Speak to a nurse to answer health questions and provide advice on next steps. A nurse is available to talk to you 24 hours a day, 7 days a week.	<b>1.888.267.9037 TTY: 711</b>
Crisis Hotlines	Speak to a specialist who can help you or a family member with a behavioral health crisis.	<b>Arizona Statewide Crisis Hotline:</b> Phone: <b>1-844-534-HOPE (4673)</b> Text: <b>4HOPE (44673)</b> Chat: <a href="https://www.solari-crisis-response-network.com/">Start a Chat - Solari Crisis Response Network (solari-inc.org)</a>  <b>National Suicide and Crisis Line:</b> 988
Transportation	Call us to schedule a ride to a medical appointment.	<b>602-386-3447</b> <b>TTY: 711</b>
Pharmacy/Prescription Drugs	Call us if you need help filling your medications.	<b>1-800-322-8670</b> <b>TTY: 711</b>
Medical Management (Such as Inpatient or Outpatient services and Prior Authorization)	Call us if you need help with submitting a request for services or medications.	<b>1-800-322-8670</b> <b>TTY: 711</b>

**URGENT CARE AND AFTER-HOURS CARE**

If you have questions about your health, call your provider first. Your provider can answer many of your questions. Even if your provider’s office is closed, you can call their office. An answering service will make sure your provider gets your message. This means weekends and holidays, too.

It may take a little while for your provider to get back to you, but your provider will call you back. Your provider will speak with you about next steps. The provider’s office may tell you to go to an urgent care center as a next step. You can call us to find an urgent care center or after- hours care center near you. You can also find a care center by checking our Provider Directory. Provider Directories are available to you at no cost. Call us to have one mailed to you, or you can visit our website to use our Find a Doctor/Pharmacy tool.

### **When to go to an urgent care**

- Common reasons to go to an urgent care or after-hours care include:
- Common cold, flu symptoms or a sore throat
- Earache or toothache
- Back strain
- Migraine headaches
- Prescription refills or requests
- Stomachache
- Deep cut or scrape

### **24/7 NURSE ADVICE LINE**

Questions about your health or your family's health can come up any time. Our Nurse Advice Line is here for you 24 hours a day, 7 days a week – at no cost.

When you call, a registered nurse will answer health questions and provide health information or advise you where to get health services. Nurses can also tell you how to take care of yourself at home when you do not feel well, but do not need to see a PCP.

You can call our Nurse Advice Line anytime, including on weekends and holidays at 1.888.267.9037. This number is at the bottom of every page in this Member Handbook so you can find it easily.

When calling the Nurse Advice Line, be ready to give your name, Member ID number, and symptoms. The 24- hour Nurse Advice Line is open when you need health advice.

### **CRISIS HOTLINE**

If you are having a mental health crisis or know someone who is at risk of hurting themselves or someone else, call a behavioral health crisis hotline immediately. Here are some warning signs:

- Hopelessness; feeling like there is no way out.
- Anxiety, agitation, sleeplessness, mood swings
- Feeling like there is no reason to live.
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug use
- Withdrawing from family and friends

**For medical emergencies, always call 911.**

When you call the crisis hotline, specialists can help by:

- Talking with you to help you feel at ease
- Talking about your concerns for a loved one
- Helping you deal with difficult relationships

BCBSAZ Health Choice 1-800-322-8670, TTY: 711, Monday – Friday, 8 a.m. – 5 p.m.

24/7 Nurse Advice Line: 1-888-267-9037

[www.azblue.com/hca](http://www.azblue.com/hca)



- Talking about thoughts of suicide
- Helping you get to safety
- Helping you arrange counseling
- Connecting to a community resource near you
- Talking through aggressive situations
- Presenting options for dealing with urgent situations
- Helping you identify resources for care

Crisis services are available to any individual, regardless of insurance. The crisis hotline connects people in crisis and their families and friends with information and qualified caring health care professionals. The crisis hotline is completely confidential and is open to anyone who needs help regardless of insurance. Crisis services may include 24/7 telephonic services, mobile crisis services, and facility-based services.

<b>NATIONAL CRISIS LINE</b>	<b>PHONE NUMBER</b>
988 Suicide & Crisis Line	988 (call or text)

<b>AZ STATEWIDE CRISIS LINE</b>	<b>PHONE NUMBER</b>
Statewide Crisis Hotline	Call: 1-844-534-HOPE (1-844-534-4673) Text: 4HOPE (44673) Chat: <a href="#">Start a Chat - Solari Crisis Response Network (solari-inc.org)</a>

<b>TRIBAL NATION CRISIS LINES INFORMATION</b>	<b>PHONE NUMBERS</b>
<b>AK-Chin Indian Community</b>	1-800-259-3449
<b>Gila River Indian Community</b>	1-800-259-3449
<b>Salt River Pima Indian Community</b>	480-850-9230
<b>Tohono O’odham Nation</b>	1-844-423-8759

<b>WARM LINE (PEER SUPPORT)</b>	<b>PHONE NUMBER</b>
<b>NAZCARE</b>	1-888-404-5530, 4:00 p.m. – 10:30 p.m.

<b>VETERANS CRISIS LINE</b>	<b>PHONE NUMBER</b>
Veterans Crisis	1-800-273-8255 (press 1) or Text 838255
<b>TEEN CRISIS LINE</b>	<b>PHONE NUMBER</b>
Teen Lifeline	1-800-248-8336 (TEEN) or Text 602-248-8336 (TEEN), 3:00 p.m. - 9:00 p.m.

## **HOW TO ACCESS ADDICTION TREATMENT, SUBSTANCE USE DISORDER SERVICES, AND OPIOID INFORMATION**

Services to help you stop the use of alcohol, drugs or gambling are available to you at no cost. Getting treatment can help you change your thoughts, feelings, and actions. Many different types of treatment are available, including counseling, groups, peer support, case management, and medication assisted treatment. Regardless of your benefits, if you are pregnant, parenting, a person who injects drugs, or uses any type of substance, these services are available to you.

Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. For those with an opioid use disorder (OUD), medication addresses the physical difficulties that one experiences when they stop taking opioids. MAT can help to reestablish normal brain function, reduce substance cravings and prevent relapse. The longer in treatment, the more the individual will be able to manage their dependency and move toward recovery.

We have services specifically available for individuals who are struggling with opioid use. Treatment is available, including inpatient hospitalization, outpatient clinics, intensive outpatient programs (IOP), and residential treatment facilities. We have providers who will talk to you about all your treatment options and which one may be best for you. Medications for Opioid Use Disorder (MOUD) are available at no cost through our specially trained providers and programs to ensure best outcomes for you. Medication and behavioral health services such as counseling, therapy, peer and recovery support services, motivational interviewing and Twelve Step Programs can help you to be more successful in overcoming your disorder.

If your provider starts you on a medication for your opioid use disorder, we will ensure you are able to continue that treatment upon release, discharge or transfer. Please remember, you may also be eligible for transportation assistance in getting to and from your appointments.

If you need help, a BCBSAZ Health Choice Behavioral Health Specialist can assist you with referrals and appointments. Call our member services team and ask for a behavioral health care manager. You can also find opioid use disorder services in your area by using the AHCCCS locator. Visit [opioidservicelocator.azahcccs.gov](http://opioidservicelocator.azahcccs.gov).

See page 27 for more information on services available through Substance Use Block Grant (SUBG) and Mental Health Block Grant (MHBG) funding.

## **HEALTH EQUITY**

We are committed to helping you achieve your highest level of health and well-being. We honor our members' differences in age, race, ethnicity, language, culture, gender identity, gender expression, sexual orientation, veteran status, disability status, and more. We understand each member may have social, behavioral health, and physical health needs. We know these factors

can impact your health and health care choices. When you share this information with us we can better serve you. We strive to address your unique needs, eliminate disparities, and advance health equity.

If you need support or resources, our team is prepared to assist. For resources, please call our Member Services team or visit our website at [healthchoiceaz.com/community-resources/overview/](https://healthchoiceaz.com/community-resources/overview/). We can also assist you find a provider who will provide you with quality care to meet your needs. To find a provider, visit our Provider Search tool on our website <https://providerdirectory.healthchoiceaz.com/Provider/ShowProviders/en/hca> or call our Member Services team.

## LANGUAGE SERVICES

It may be hard to understand your care when English is not your first language, or if you have difficulty hearing. Services are available for you at no cost.

- **Interpreter Services (Oral Interpretation):** If you need an interpreter during your provider visit, let your provider know before your visit. If you need an interpreter when speaking with someone at BCBSAZ Health Choice, call BCBSAZ Health Choice Member Services.
- **Translation Services (Written Communication):** All BCBSAZ Health Choice member materials are translated in English and Spanish. If you would like our printed information in another language or a different format, such as large print or audio, let us know. You can contact Member Services. We will send you what you need at no cost to you.
- **Sign Language and Auxiliary Aids:** If you are deaf or hard of hearing, you may ask your provider to offer auxiliary aids or schedule an American Sign Language Interpreter. American Sign Language (ASL) interpreters are licensed professionals who provide interpretation, usually in ASL, to the deaf. Auxiliary aids include computer-aided transcriptions, large print materials, written materials, materials written in Braille, assistive listening devices, or systems, closed and open captioning, and other effective methods of making delivered materials are available to members with hearing loss.
  - If you need a sign-language interpreter or auxiliary aids, these are offered by your provider for your appointments at no charge to you. BCBSAZ Health Choice Member Services will coordinate these services when you need to communicate with BCBSAZ Health Choice staff. These will be provided to you at no charge.
- **TTY/TDD services** are available at no cost to members. Arizona relay services 7-1-1: Telecommunications Relay Service allows persons with hearing or speech disabilities to place and receive telephone calls. If you require the use of telecommunication relay services, dial 7-1-1 to be connected to a specially trained communications assistant.
- **Relay Conference Captioning:** Relay Conference Captioning (RCC) through Arizona Relay Service (AZRS) administered by Arizona Commission for the Deaf and the Hard of Hearing. Relay Conference Captioning (RCC) is a free service available for Deaf and Hard of Hearing residents of Arizona. The service allows these individuals to participate in

meetings (in-person or remote), phone calls, video conferences and multi-party teleconference calls. For more information you can contact Arizona relay services:

- For TTY: 1-800-347-1695
- Voice: 1-866-259-1768
- Email: [info@azrelay.org](mailto:info@azrelay.org)
- ACDHH Website: [www.acdhh.org](http://www.acdhh.org); RCC Website: [www.arizonarcc.com](http://www.arizonarcc.com); AZ Relay Website: [www.azrelay.org](http://www.azrelay.org)

### **Cultural and Diversity Council**

BCBSAZ Health Choice complies with 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), Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act. We also stress the importance of the member's right to be treated regardless of race, ethnicity, national origin, religion, gender, age, behavioral health condition, intellectual or physical disability, sexual orientation, genetic information, or ability to pay.

We know our members represent many cultures, races, and ethnicities. Culture shapes how we act, think, and communicate. It also has an impact on how health needs are met.

We need your input to make sure your culture and diversity needs are met. One way to achieve this is by joining our Culture and Diversity Council to share more about you and your community. This way we can improve how healthcare services are delivered to you and others.

By joining this council, you will help us find ways to address:

- Our cultural competency projects and communication
- Member and family-centered care including member experiences.
- How we work with our providers, agencies, and communities to meet member needs

Interested in joining or have questions? Please contact Member Services.

### **Finding a Provider Who Speaks Your Language and Accommodates Physical Disabilities**

Our Provider Directory shows languages our providers speak. It has an index of providers by language. Our Provider Directory is on our website. You can search the online Provider Directory by language. If you would like a printed copy of the directory, call us and we will send you a copy at no cost to you.

If you need a provider who accommodates physical disabilities, you can call us, and we will help you find a provider who meets your needs.

### **Members with High Acuity Illnesses Seeking Care**

Individual health care needs vary from person to person, and BCBSAZ Health Choice will work with you to help determine the appropriate level of care and type of provider that can address your needs and concerns. Should you have questions about the type of provider or care you are seeking, please reach out to Member Services, and we will help you navigate the provider network. Should more specialized care be needed, you will be referred to our Care Managers.

### **Seeing an Out of Network Provider**

BCBSAZ Health Choice has a large network of providers to meet your needs. Those providers can be identified by calling member services or searching for providers on our website. In the event you must seek care from a non-contracted provider please call us directly or work with your PCP to find a contracted alternative. In an emergency, please seek medical care immediately regardless of whether the provider is within the contracted network or not.

### **Out of Service Area**

If you are traveling out of the BCBSAZ Health Choice service area or move out of state and have an emergency visit the nearest Emergency Department. If the need is non-emergent contact us for assistance.

### **BCBSAZ HEALTH CHOICE AND YOUR CARE**

BCBSAZ Health Choice provides health care to people registered with the Arizona Health Care Cost Containment System (AHCCCS). This is Arizona’s Medicaid program. This means we have a contract with the State of Arizona to provide Medicaid covered services.

We provide health care and behavioral health services to eligible members who live in the following counties:

Maricopa, Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai

BCBSAZ Health Choice is a managed care plan. This means we provide health care to our members through a selected group of providers, hospitals, and drug stores. You and your provider play an important role in your managed care plan. Your PCP will guide your health care. This means you will work together with your PCP to address your health care needs. Your PCP will talk to you about your health care needs. They will help determine if you need to see a specialist or need additional care. Your PCP and behavioral health home will work with BCBSAZ Health Choice to find the best provider available to you.

BCBSAZ Health Choice members may be assigned to an “behavioral health home” where you can get behavioral health services.

Some behavioral health homes also have primary care providers so you can receive all of your physical and behavioral health care in one location. You can change to a new behavioral health

home at any time.

Your PCP and integrated health home will:

- Be the first person you go to for care
- Authorize your non-emergency physical and behavioral health services, if needed
- Send you to a specialist when needed

Being a BCBSAZ Health Choice member means you:

- Qualify for Medicaid services (and are eligible to choose BCBSAZ Health Choice as your Medicaid Health Plan)
- Live in our service area (one of the counties where we provide services)

Our mission is to help our members reach their health and wellness potential in a fair and equitable way. We provide exceptional customer service and culturally competent support through:

- Our compassionate Member Services team
- Working with providers who help you get the care you need
- Cultural awareness, language, and special services
- Programs to help you and your family stay healthy
- Care management

If you have any questions, please call us.

### **MEMBER ID CARDS**

Look in your mail for your Member ID card. Each family member enrolled in BCBSAZ Health Choice will get a card. The cards are unique to you and will have your member ID number. Check your ID card. Make sure your information is correct. If the information is not correct, please call us.

NOTE: If you have an Arizona driver's license or a state-issued ID, AHCCCS will get your picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). When providers look at the AHCCCS information, they will see your picture (if available) with your coverage details.

You need to show your Member ID Card to get physical and behavioral health services. You must also show your ID card to get prescription drugs. Bring your card with you when you go to your provider or pharmacy.



*This is a sample of the front of a BCBSAZ Health Choice ID card.*

Protect your Member ID card:

- You are responsible for your Member ID Card.
- Keep your card with you at all times. Do not throw your card away.
- Never let someone else use your card.
- Misuse of your card by selling, loaning, or giving your card to someone else could cause you to lose your AHCCCS benefits. It may also result in legal action.

If you lose your card, call us. We will help you get a new one.

It is important for you to keep your ID card and not discard it.

# MEMBER RESPONSIBILITIES

## **As a BCBSAZ Health Choice Member, you have the responsibility to:**

- Know the name of your primary care provider (PCP). This is your assigned provider.
- Tell your provider about your health history. Be sure to include any medical problems or concerns. This will help you get the best possible care.
- Try to see your provider for routine care.
- Follow your provider's instructions and treatment plan for care that you have agreed to with your provider. This includes:
  - Taking all of your medicines as directed
  - Talking with your provider about your medical care
  - Understand, participate, and agree to your treatment plan.
- Use the hospital emergency room for true emergencies only. Go to your provider or urgent care centers for all other care.
- Protect your Member ID card at all times. Do not throw your ID card away. Show your ID card before you get services. If your ID card is lost or stolen, report it to AHCCCS right away.
- Get to your appointments on time. Arrive at the office early if you are seeing the provider for the first time.
- If you need a ride to your appointment, call 602-386-2447 at least three (3) days before your appointment.
- Call your provider at least one (1) day in advance if you cannot make your appointment. Remember to cancel your transportation.
- Bring records of your children's immunizations to every appointment. This includes all members who are 18 years of age or younger.
- Tell AHCCCS if you have any changes to your personal information, such as address or family size.
- Tell AHCCCS if you get a new health insurance plan (primary insurance) or if you cancel a health insurance plan you were covered under when you enrolled in AHCCCS.
- Tell BCBSAZ Health Choice or the AHCCCS Office of Inspector General (OIG) if you suspect fraud, waste, or abuse by a provider, member, or other person. To report fraud, call 602-417-4193.

## **Examples of appropriate and inappropriate behaviors include:**

### **Appropriate behaviors:**

- Arriving to your scheduled appointment as directed by the provider's staff.
- Following the recommended steps to improve your health and wellness.
- Providing your provider with all the relevant facts and not leaving out information that may impact your treatment plan i.e. drug and alcohol use, other medications, living arrangements, etc.



**Inappropriate behaviors:**

- Not treating Health Plan or Provider staff with respect and dignity.
- Not showing up to scheduled appointments.
- Using the Emergency Department for non-life-threatening care.

**CHANGES TO YOUR PERSONAL INFORMATION**

Did you recently have a change? Tell us and AHCCCS so we have your correct information. Call our Member Services team about any of these changes:

- Address
- Adoption
- Birth or a death in the family.
- Guardianship
- Marriage or divorce
- Move out of the state or country.
- Phone number.

**What If I Move?**

If you move to another county in Arizona, out of state or out of the country, you must call AHCCCS to notify them of the change.

If you need to update your residence or mailing address, you can make this change online. Visit [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov), then log-in or sign up for an account to change your address.

**How to Tell AHCCCS about your Changes**

To tell AHCCCS about changes in your household, contact the office where you first applied for AHCCCS:

- DES (602-542-9935 or 1-800-352-8401 outside Maricopa County) or visit, <https://azdaars.getcare.com/consumer/>
- KidsCare (602-417-5437 or 1-877-764-5437 outside Maricopa County)
- SSI MAO (602-417-5010 or 1-800-528-0142 outside Maricopa County)
- Social Security Administration (1-800-772-1213)

**CAN I CHANGE MY HEALTH PLAN?**

Yes, but we hope you will tell us if you have any problems with your services. Once a year you may change your health plan. This is called the Annual Enrollment Choice (AEC) process. You will get AEC information two months before your enrollment anniversary date.

**Changing Your Health Plan Outside of the Annual Enrollment Choice Period**

You can change your plan if:

- You did not get a choice of health plans.
- You did not get your AEC letter from AHCCCS.
- You got your AEC letter, but you were not able to take part in your AEC.

- Other members in your family are enrolled with another health plan.
- You are a member of a special group who qualifies for another type of health plan such as Long-Term Care.
- You lost your AHCCCS status and came back within 90 days, but you did not return to the health plan you had before.
- You have medical reasons why you must stay with your current provider and the provider is not in the BCBSAZ Health Choice network. This is called continuity of care.
- You are pregnant and receiving prenatal care from a provider who is with another AHCCCS health plan.

If you need to change your health plan for medical continuity of care reasons, please call Member Services.

If you need to change your health plan, please call AHCCCS at 1-800-962-6690, or in Maricopa County call 602-417-4000. If you have questions, please call us. We always want to assist you.

### **FAMILY MEMBERS AND TREATMENT PLANNING PROCESS**

BCBSAZ Health Choice recognizes and respects that families are important. We want to provide family-centered care. This means you can include your family in the decisions you make.

This can include:

- Helping you make decisions about your physical and behavioral health care
- Giving you and your family support services
- Being a part of your clinical team
- Involving your family during the final stages of illness

We will only discuss your care with your family if you give us permission. This can be done by contacting Member Services.

### **Transition to a Different Health Plan**

If you change your health plan, we will make sure your new health plan has information about what services you need and your past treatment. We will also help your new health plan get you the services you need so you do not have a gap in care or medications. A BCBSAZ Health Choice Transition Coordinator will coordinate transition activities to ensure continuity of care, continued access to services and that your needs can be met with your new health plan.

Examples of health plan transition can include:

- Changing from another AHCCCS health plan to Health Choice
- Changing from BCBSAZ Health Choice to another AHCCCS health plan
- Changing from a Fee for Service (FFS) status to BCBSAZ Health Choice

If you have questions about which health plan you are assigned to, please call Member Services for help.

### **WHAT IS AN EMERGENCY?**

This is when you have a serious medical condition and are in danger of lasting harm or the loss of your life if you do not get help right away.

If you are having an emergency, call 911 right away.

Emergencies can include:

- Poisoning
- Overdose
- Life threatening injuries
- Severe burns
- Severe chest pains
- Pregnant with bleeding and/or pain
- Bad bleeding
- Loss of consciousness
- Suddenly not being able to move or speak
- Not being able to breathe

Most illnesses are not emergencies and can be treated at your provider's office. You can also get treatment at an urgent care site.

You should go to an urgent care if you have the following symptoms:

- Common cold, flu symptoms or a sore throat
- Earache or toothache
- Back strain
- Migraine headaches
- Prescription refills or requests
- Stomachache
- Cut or scrape

### **Tips about Emergencies**

- Go to the emergency room only when you have an emergency.
- If you are sick, but it is not an emergency, call your provider.
- If you are not sure if your problem is a true emergency, call your provider for advice.
- You can also call the BCBSAZ Health Choice Nurse Advice Line at 1-888-267-9037, 24 hours a day, 7 days a week.

## **What to do in an Emergency**

When you have a true emergency, call 911 or go to the nearest emergency room. You can use any hospital or emergency provider for these services.

You do not need prior approval or a referral. The hospital or emergency provider does not have to be in our network. You will receive emergency services until you are stabilized and released from the emergency room, or you are admitted to a hospital.

## **TRANSPORTATION**

### **Emergency Transportation**

If you are having a true emergency, call 911 right away. We cover emergency transportation for you.

### **Non-Emergency Transportation (NEMT)**

If you need help getting to an appointment, we can help get to your covered health care visits. Before you call for help, see if a family member, friend, or neighbor can give you a ride. If not, call us as soon as you make your appointment to set up a ride. We cover rides to appointments that are medically necessary and covered by us. Be sure to call us to see if your appointment qualifies. You must call three (3) days before your appointment. **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.**

### **For members living in Maricopa and Pinal Counties:**

NEMT services to and from a pharmacy are only covered for trips within 15 miles of the pick-up location, except for trips to (1) compounding or specialty pharmacies and (2) pharmacies in an MSIC or IHS/638 facilities.

The 15 miles is calculated from the pick-up location to the drop-off location, for one direction. Trips to compounding or specialty pharmacies over 15 miles may be covered if your health plan gives prior authorization for the transportation.

Trips to a pharmacy in a Multispecialty Interdisciplinary Care Clinic or IHS/638 facility, can go over 15 miles without getting a prior authorization from your health plan.

The 15-mile distance does not apply to members who do not live in Maricopa or Pinal County. Non-emergency transportation of a family member or caregiver, without the member in the vehicle, is a covered service when it is for the purpose of conducting medically necessary services listed in the member's service or treatment plan.

### **Here is how to get a ride:**

- Call: 602-386-3447
- Have the following information ready when you call:

- Your appointment time and date (if you have more than one provider visit in a week, please try to schedule them for the same day).
- Your pick-up address and correct phone number
- The name, address, and phone number of the office where you need to go.
- Tell us if you have special needs such as help with a wheelchair, stretcher, or oxygen tank.

**Please be ready for your ride:**

- Your ride may pick you up at least one hour before your appointment.
- If traveling a long distance, you may be picked up more than an hour before your appointment. This is to make sure you arrive on time.
- If you need a ride home after your appointment, you may have to wait up to an hour for a pick-up.
- If you need to cancel your appointment, please call us.

**More Transportation Tips**

- You can only get transportation for medically necessary services. The services must be covered by your health plan. These include behavioral health services.
- You cannot get transportation for personal business such as shopping, hair appointments, or food.
- Transportation must be to a BCBSAZ Health Choice provider such as your provider, drug store or lab.
- We can provide transportation to local community-based support groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and National Alliance for the Mentally Ill (NAMI).
- If you want transportation to a provider who is not in our network, you must get prior approval. This is also called “prior authorization.” Call us if you need prior approval.
- If a friend or family member who does not live with you drives you in their car to an appointment, we may reimburse them. The appointment must be for a covered service. Please call us for more information.
- Members or riders under 5 years old must have their own appropriate car seat. Members or riders must comply with Arizona car seat laws and must provide their own car seat.
- Members under the age of 16 must be accompanied by an adult for all transports.
- Sometimes you may ride with other members to your appointment. Only one other passenger or caregiver can go with the member to their appointment.
- For non-narcotic routine drugs, a driver may pick-up and deliver the drugs to the member’s address on file.
- You can only get non-emergency transportation to the Emergency Room if your provider calls us to arrange it.

## COVERED SERVICES

We want to assist you to get the care you need. BCBSAZ Health Choice provides all AHCCCS covered services. We will only pay for covered services. All services must be medically necessary. A provider who is part of the BCBSAZ Health Choice network must offer covered services if they are available. Your PCP and your integrated health home can help you get the covered services you need in your area. If you have any questions about covered services, please see your PCP, your integrated health home, or call Member Services. If you are unable to locate a BCBSAZ Health Choice provider who can provide a covered service in your area, Member Services will help you find a provider. To follow is a list of covered services:

### BENEFITS

**As a Health Choice member, you may receive the following health care benefits:**

- Behavioral health services, including inpatient, outpatient, counseling, and detoxification. (For more covered behavioral health services see page 56).
- Breast reconstruction after mastectomy
- Chemotherapy and radiation
- Emergency dental services
  - Dental limit does not apply for American Indian/Alaska Native (AI/AN) members, when receiving dental services at an IHS/638 facility and behavioral health services [42 CFR 457.1207, 42 CFR 438.10].
- Diabetes testing and testing supplies
- Dialysis
- Providers office visits and services (your PCP and specialists)
- Durable Medical Equipment (DME) and supplies, including augmentative communication devices.
- Emergency services for life-threatening medical problems
- End of Life Care (including Advance Directives)
- Family planning services (birth control, contraceptives, and family planning counseling)
- Hearing loss evaluation
- HIV/AIDS testing, counseling services, and treatment
- Home health services
- Hospice services
- Hospital services (inpatient, outpatient, and observation)
- Immunizations (shots)
- Incontinence briefs can be provided to members over the age of 21
- Inpatient speech therapy, occupational therapy, and physical therapy
- Outpatient physical therapy and occupational therapy (when medically necessary)
- Insulin pumps
- Laboratory and Radiology services
- Podiatry
- Pregnancy care

- Transportation to medically necessary services
- Nutritional assessments, medical foods
- Outpatient surgery services
- Prescription drugs (not covered if you have Medicare)
- Preventive screenings and tests (Pap tests, mammograms, colonoscopies)
- Respiratory services
- Smoking cessation
- Transplants (organ and tissue) that are approved by AHCCCS.
- Urgent care services
- Well woman services

This list does not include all possible services. You can view a larger list at <https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/>.

If you are a dual-eligible member who has Medicare and Medicaid, you may have other benefits. Be sure to check what other covered services you may have with your Medicare plan.

If you have any questions, please call us. We always want to assist you.

#### **ADULT PREVENTIVE CARE**

In addition to well visits, BCBSAZ Health Choice provides routine health screenings for men and women.

Screenings for women include:

- Yearly mammogram
- Pap test (also called Pap smear)
- Colonoscopy
- Chlamydia screening
- Bone density test
- Interpersonal and domestic violence screening

Screenings for men include:

- Prostate cancer screening
- Colonoscopy

We want to help you get the screenings you need. For more information, see your provider, or call Member Services.

#### **Well Woman Preventive Care Services include:**

- A physical exam (Well Exam) that assesses overall health
- Clinical Breast Exam

- Pelvic exam (as necessary, according to current recommendations and best standards of practice)
- Review and administration of immunizations, screenings, and testing as appropriate for age and risk factors
- Screening and counseling focused on maintaining a healthy lifestyle and minimizing health risks and addresses at a minimum the following:
  - Proper nutrition
  - Physical activity
  - Healthy weight
  - Tobacco/substance use, abuse, and/or dependency
  - Depression screening
  - Interpersonal and domestic violence screening that includes counseling involving elicitation of information from women and adolescents about current/past violence and abuse, in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems
  - Sexually transmitted infections
  - Human Immunodeficiency Virus (HIV)
  - Family Planning Services and Supplies
  - Preconception Counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:
    - Reproductive history and sexual practices
    - Healthy weight, including 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 (caffeine, alcohol, marijuana, and other drugs)
      - including prescription drug use, and recommended intervals between pregnancies, and initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified.

### Health Tips

- Please talk to your provider about the COVID-19 vaccine
- Referrals to other providers are also given when there is a need for further evaluation and treatment.
- Transportation is at no cost to you for your well visits. If you need a ride to your appointment, call 602-386-2447 at least three (3) days before your appointment.
- EPSDT visits for members under 21 years of age are considered the same as a well visit.

We want to help you get the screenings you need. For more information, see your provider, or contact Member Services.



**COVERED SERVICES FOR MEMBERS UNDER AGE 21**

**Members under age 21 may receive the following benefits:**

- Dental care (preventive, routine, and emergency)
- EPSDT / well child visits and screenings
- Immunizations for children under age 21
- Hearing exams and hearing aids
- Physical, occupational and speech therapy
- Orthotic devices when prescribed by the member’s Primary Care Provider, attending provider, or practitioner.
- Vision exams and glasses
- Nutrition/Dietician referrals when ordered by a provider.
- Children’s Rehabilitative Services with qualified condition

**ADDITIONAL SERVICES WITH SPECIFIC LIMITATIONS**

Home and community-based services	Instead of a nursing home
Nursing Home/Skilled Nursing Facility	Up to 90 days per contract year (Oct. 1 to Sept. 30)
Personal care items	To treat a medical condition
Vision care	Medical conditions of the eye Eye exams and glasses for children under age 21 Eyeglasses for adults after cataract surgery
Orthotic Devices	BCBSAZ Health Choice covers orthotic devices for members who are 21 year of age and older when: <ul style="list-style-type: none"> <li>• The orthotic is medically necessary as the preferred treatment based on Medicare Guidelines AND</li> <li>• The orthotic costs less than all other treatments and surgery procedures to treat the same condition AND</li> <li>• The orthotic is ordered by your provider (doctor).</li> </ul>

**SERVICES NOT COVERED**

BCBSAZ Health Choice does not cover the following medical services:

- Pregnancy termination and counseling (unless the provider tells us that the mother’s life is in danger or the pregnancy is due to a rape, incest, or if termination is medically necessary)
- Cosmetic surgery (such as breast enlargement or reduction)
- Experimental procedures or treatments for research purposes
- Infertility services (to help someone have children)
- Reversal of any permanent birth control method
- Routine circumcisions
- Services that need prior authorization that were not authorized, including certain medicines
- Gender reassignment (sex change) operations
- TMJ disorders except when due to a recent trauma
- Treatment to straighten teeth (orthodontic oral health care)
- Immunotherapy for adults
- Medical marijuana
- Outpatient Speech Therapy over the age of 21
- Penile implants and vacuum devices
- Services that are not medically necessary
- Services that you agreed to pay for yourself
- Services from a provider that is not in the BCBSAZ Health Choice network, unless approved by us
- Services provided in a facility for the treatment of tuberculosis

In addition, AHCCCS does not pay for certain medical care for members aged 21 or older.

If you are a Qualified Medicare Beneficiary (QMB), we will pay your Medicare deductible and coinsurance for these services.

**AHCCCS EXCLUDED BENEFITS TABLE (ADULTS AGED 21 YEARS AND OLDER)**

BENEFIT/ SERVICE	SERVICE DESCRIPTION	SERVICE EXCLUSIONS OR LIMITATIONS
Bone-Anchored Hearing Aid	A hearing aid put on a person’s bone near the ear by surgery to carry sound	AHCCCS will not pay for Bone-Anchored Hearing Aid (BAHA). AHCCCS will pay for supplies, care of the hearing aid, and repair of any parts.

Cochlear Implant	A small device put in a person's ear by surgery to help them hear better	AHCCCS will not pay for cochlear implants. AHCCCS will pay for supplies, care of the implant and repair of any parts.
Lower Limb Microprocessor controlled joint/ Prosthetic	A device that replaces a missing part of the body and uses a computer to help move 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.
<b>BENEFIT/ SERVICE</b>	<b>SERVICE DESCRIPTION</b>	<b>SERVICE EXCLUSIONS OR LIMITATIONS</b>
Respite Care	Short-term or continuous services as a temporary break for caregivers	The number of respite hours available to adults and children under ALTCS benefits or behavioral health services is 600 within a 12-month period. The 12 months is from October 1 to September 30 of the next year.
Physical and Occupational Therapy	Exercises taught or provided by a physical or occupational therapist to make you stronger or help improve movement.	Outpatient physical & occupational therapy visits are limited to 15 rehabilitative visits and 15 habilitative visits per contract year (Oct. 1 – Sept. 30). If you have Medicare, call us to find out how the visits will be counted.

**AVAILABLE RBHA SERVICES**

The Regional Behavioral Health Agreement (RBHA) in each region will continue to manage Non-Title XIX/XXI services and members who are determined Seriously Mentally Ill (SMI). Non-Title XIX services include, but are not limited to:

- Room and board
- Traditional healing
- Auricular acupuncture
- Childcare
- Supported housing.
- Crisis services for non-Title XIX
- Counseling
- Case management
- Support services

**Here is a list of contact information for the RBHAs. Find one based in the county where you live.**

Service Area	RBHA	Phone #
Central (Maricopa, Gila, and Pinal Counties)	Mercy Care AZ	1-800-564-5465
South (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma Counties)	Arizona Complete Health	1-888-788-4408
North (Apache, Coconino, Mohave, Navajo, and Yavapai Counties)	Care1st Health Plan	1-866-560-4042

If you need assistance finding mental health services or have questions about services for people determined to be seriously mentally ill, contact Member Services or our Care Management department.

**Grant Funded Support Services**

Special populations include groups of individuals who are eligible to receive services funded by federal block grants. These federal block grants include the Substance Use Block Grant (SUBG) and Mental Health Block Grant (MHBG). SUBG Block Grant funds are used for treatment and long-term recovery support services for the following persons, in order of priority:

- Pregnant women/teenagers who use drugs by injection.
- Pregnant women/teenagers who use substances.
- Other persons who use drugs by injection
- Substance using women and teenagers with dependent children and their families, including women who are attempting to regain custody of their children; and
- *As Funding Is Available* - all other persons with a substance use disorder, regardless of gender or route of use.

The Mental Health Block Grant (MHBG) provides funds to establish or expand community-based services for non-Title 19/21 reimbursable mental health services to children with Serious Emotional Disturbances (SED) and adults with Serious Mental Illness (SMI).

**HOUSING SERVICES**

Through our network of integrated providers, BCBSAZ Health Choice provides access to housing services and resources for you to access safe, stable, and affordable housing options. These services may include funding for move-in/eviction prevention, housing locator services, and referrals to desired housing programs. Housing subsidy options are also available.

In addition, BCBSAZ Health Choice has a Housing Specialist who works with our care management team to provide coordination for members with housing needs. Our Housing Specialist, Rose Kent, and our care management team can be contacted at [HChousingsupport@azblue.com](mailto:HChousingsupport@azblue.com). You

may also contact our Member Services team at **1-800-322-8670 TTY: 711** for more information about assistance and services for supported housing. For network provider housing specialists, contact your assigned behavioral health home.

Some housing resources are listed below.

### Statewide

- 211 Arizona, <https://211arizona.org/>
  - Call 211 or visit website to be connected to housing resources in your area
- AHCCCS Housing Program (AHP), <https://azabc.org/ahp>
  - AHP offers vouchers for rental assistance and eviction prevention. Applications can be submitted through your behavioral health home for qualifying members who are SMI or general mental health with high-cost/high-needs, are over 18 and a United States citizen, and have an identified housing need.
- AHCCCS Housing and Health Opportunities (H2O)  
<https://www.azahcccs.gov/Resources/Federal/HousingWaiverRequest.html>
  - New housing program for individuals with Serious Mental Illness (SMI) experiencing homelessness, to be administered by Solari Crisis and Human Services.
- Arizona Department of Housing (ADOH): 602-771-1000, <https://housing.az.gov/>
  - ADOH offers rental assistance and eviction programs, and homebuyer assistance programs
- Coordinated Entry Points,  
<https://housing.az.gov/sites/default/files/documents/files/AZBOSCOG%20Homelessness%20Entry%20Points.pdf>
  - Coordinated entry is a system that provides access to housing and other resources for people who are experiencing or at risk of homelessness.
- Department of Economic Security: 1-833-912-0878, <https://des.az.gov/ARAP>
  - Arizona Rental Assistance alleviates housing instability for eligible low income seniors and families with children.
- Housing Search Arizona: 1-877-428-8844, <https://housingsearch.az.gov/>
  - Search engine for finding affordable housing rentals, accessible units, and more for seniors, veterans, and more.
- Housing Choice Voucher Program (HCV or Section 8):
  - HCV allows low-income families to apply to be on the waitlist for voucher-assisted rentals. Applications and waitlists not always available, check back by county for open application dates.
    - Coconino - <https://www.flagstaff.az.gov/2347/Section-8>

- Gila - [https://www.gilacountyaz.gov/government/community/housing\\_services/section\\_8\\_housing\\_choice\\_voucher.php](https://www.gilacountyaz.gov/government/community/housing_services/section_8_housing_choice_voucher.php)
- Maricopa - <https://maricopahousing.org/>
- Mohave - [https://www.publichousing.com/details/mohave\\_county](https://www.publichousing.com/details/mohave_county)
- Navajo - <https://www.winslowaz.gov/page/public-housing>
- Pinal - <https://www.pinal.gov/616/Section-8-Housing>
- Yavapai - <https://housing.az.gov/general-public/arizona-public-housing-authority-section-8-0>
- Roommates.com, <https://www.roommates.com/>
  - Search engine for finding rooms for rent in your area, can filter to adjust cost.
- Oxford House, Inc., <https://www.oxfordvacancies.com/>
  - Offers housing options for individuals with substance use disorders in recovery through peer-run homes, including homes for women with children.
- U.S. Housing and Urban Development (HUD): 1-800-955-2232, <https://www.hud.gov/states/arizona>,
  - HUD offers programs to support homeowners with hardships, low-income homebuyers, eviction prevention assistance, and low income rentals, as well Native American Programs.

#### **Apache County**

- Northern Arizona Council of Governments (NACOG), 928-774-1895, <https://nacog.org/>,
  - Offers rental and utility assistance through community services application.
- Old Concho Community Assistance Center (OCCAC), 928-337-5047, <https://housing.az.gov/old-concho-community-assistance-center-occac>
  - Offers coordinated entry Mon-Thu, 9am-2pm for intake
- Southern Arizona Legal Aid, Inc., 520-623-9461, <https://www.sazlegalaid.org/>
  - Legal aid provides free or low-cost legal help, including eviction prevention, housing discrimination, and other housing related issues

#### **Coconino County**

- Catholic Charities, 1-855-316-2229, <https://www.catholiccharitiesaz.org/homeless-services>
  - Offers coordinated entry Mon-Fri, 9am-5pm for intake
  - Rapid re-housing offers support to transition families into their own permanent housing with reduced rent for individuals with disabilities including substance use disorders.
- DNA People’s Legal Services, 928-871-4151, <https://dnalegalservices.org/>

- Legal aid provides free or low-cost legal help, including eviction prevention, housing discrimination, and other housing related issues
- Flagstaff Shelter Services, 928-225-2533, <https://flagshelter.org/emergencysHELTER/>, <https://frontdoorofcoconino.org/>
  - Offers coordinated entry Mon-Fri, 9am-5pm for intake
  - Emergency shelter services for adults with options for transitional housing
- Hope Cottage, 928-774-9270, <https://www.srm-hc.org/hope-cottage>
  - Emergency shelter for women and children with meals served daily
- Housing Solutions of Northern Arizona, 928-214-7456, <https://www.housingnaz.org/>
  - Offers various programs such as credit counseling, affordable rentals, and transitional living, including Sharon’s Manor for domestic violence and Jojo’s Place
- Northern Arizona Council of Governments (NACOG), 928-774-1895, <https://nacog.org/>,
  - Offers rental and utility assistance through community services application
- Sunshine Rescue Mission, 928-774-3512, <https://www.srm-hc.org/mensHELTER>
  - Faith-based emergency shelter for men with meals served daily

#### **Gila County**

- Gila County Community Services, [https://www.gilacountyaz.gov/government/community/community\\_action\\_program.php](https://www.gilacountyaz.gov/government/community/community_action_program.php)
  - Offers coordinated entry for Mon-Fri 8am-5pm, in Globe call 928-425-7631 and in Payson call 928-474-7192 for intake
- Gila House, Inc., 928-200-9238, <https://gilahouseinc.com/>
  - Housing options for families that have been victims of catastrophic events or homelessness
- Southern Arizona Legal Aid, Inc., 520-623-9461, <https://www.sazlegalaid.org/>
  - Legal aid provides free or low-cost legal help, including eviction prevention, housing discrimination, and other housing related issues
- Time Out, Inc., 928-472-8007, <https://timeoutshelter.org/>
  - 28 bed temporary shelter with safety planning, food, clothing, and additional services, including transitional housing

#### **Maricopa County**

- A New Leaf, 1-877-211-8661, <https://www.turnanewleaf.org/services/housing-and-shelter/>
  - East Valley Men’s Center – 110 beds available for men in need, including employment & transportation assistance, and substance abuse support group referrals
  - La Mesita Family Shelter - 16 beds available for families in need, including employment and after school program

- Brian Garcia Welcome Center, 602-229-5155, <https://keystochangeaz.org/>
  - Offers coordinated entry for single adults, call or visit the Human Services Campus at 206 S. 12th Ave., Phoenix, AZ 85007 Mon-Fri, 7:30am-11am, 12:30pm-5pm for intake
- Catholic Charities, 855-316-2229, <https://housingforhopeaz.org/>
  - Through Housing for Hope program families can find a safe, affordable home
- Central Arizona Shelter Services, 602-229-5155, <https://www.cassaz.org/>
  - Downtown Phoenix - 600-bed emergency shelter for single adults
  - Family Haven offers emergency shelter for up to 150 families nightly, 602-595-8700
- Community Legal Services, 1-800-852-9075, <https://clsaz.org/>
  - Legal aid provides free or low-cost legal help, including eviction prevention, housing discrimination, and other housing related issues
- Family Housing Hub, 602-595-8700, <https://www.fhhub.org/>
  - Offers coordinated entry for families, call Mon 8am-7pm, Tue & Thu 8am-4pm, and Fri 10am-4pm for intake
- Homeward Bound, 1-877-211-8661, <https://homewardboundaz.org/>
  - Shelter and transitional housing for families offering food assistance, employment services, teen center, and more. 76 fully furnished apartments.
- House of Refuge, 480-988-9242, <https://houseofrefuge.org/>
  - Transitional housing and supportive services for families experiencing homelessness
- I-HELP Emergency Shelter, 480-389-1277, <https://tempeaction.org/get-help/housing-stability/>
  - Emergency shelter, housing navigation, and rent & utility assistance
- Justa Center, 602-254-6524, <https://www.justacenter.org/>
  - Day center and housing/shelter navigation for seniors over age 55
- Maggie's Place, 602-262-5555, <https://www.maggiesplace.org>
  - Transitional and permanent housing options for women with infants, young children, or pregnant
- Maricopa County Rental Assistance, 602-506-0589, <https://www.maricopa.gov/5582/Rental-Assistance>
  - Applications for rental and utility assistance for cities in Maricopa County
- Phoenix Rescue Mission, 602-688-6211, <https://phoenixrescuemission.org/contact/>
  - Changing Lives Center for Women & Children, emergency shelter and housing navigation
  - Transforming Lives Center for Men, emergency shelter and housing navigation, employment services, and justice re-entry
- Shared Housing Initiative of Maricopa County, <https://www.sharedhousinginstitute.com/>



- Program that matches members with roommates based on location, rent cost, and other preferences. Managed by ASU, [amaiber1@asu.edu](mailto:amaiber1@asu.edu)
- Silvernest, <https://homeshareonline.org/>
  - Shared housing website to look up affordable rentals in your areas. Targeted towards seniors and older adults.
- St. Vincent de Paul, 602-266-HOPE (4673), <https://www.stvincentdepaul.net/locations>
  - Washington Street Shelter offers 260 beds for adults with wraparound support
  - Ozanam Manor offers transitional housing options with 60 beds for seniors, veterans and adults with disabilities.
  - UMOM New Day Centers <https://www.umom.org/findhelp> Permanent supportive housing, rapid re-entry, and subsidized housing options for families and single women.
- UMOM Youth Resource Center, 480-868-7527, <https://oppforyouth.org/partners-2020/umom>
  - Coordinated entry for youth, call or visit Mon-Fri, 8am-5pm for intake

### **Mohave County**

- Catholic Charities, 928-774-9125, <https://www.catholiccharitiesaz.org/bhc-shelter>
  - Bullhead City Shelter offers emergency shelter for adults with options for transitional housing
- Community Legal Services, 1-800-852-9075, <https://clsaz.org/>
  - Legal aid provides free or low-cost legal help, including eviction prevention, housing discrimination, and other housing related issues
- Cornerstone Mission Project, 928-757-1535, <https://cornerstonemissionaz.com/>
  - Faith-based emergency shelter in Kingman for men with meals served daily
- Mohave County Community Services, 928-753-0723, <https://housing.az.gov/mohave-county-housing-authority>
  - Offers coordinated entry, call or visit Mon-Fri, 8am-5pm for intake
- Western Arizona Council of Governments (WACOG), 928-753-6247, <https://www.wacog.com/>
  - Offers rental and homelessness counseling in Mohave, Yuma, and La Paz Counties. For counseling appointment call 1-866-559-2264 or email [housingcounseling@wacog.com](mailto:housingcounseling@wacog.com)

### **Navajo County**

- Northern Arizona Council of Governments (NACOG), 928-774-1895, <https://nacog.org/>,
  - Offers rental and utility assistance through community services application
- Re:Center, 928-457-1707, <https://www.rcaz.us/>
  - Offers coordinated entry, call or visit Mon-Thu, 9am-4pm for intake

- Southern Arizona Legal Aid, Inc., 520-623-9461, <https://www.sazlegalaid.org/>
  - Legal aid provides free or low-cost legal help, including eviction prevention, housing discrimination, and other housing related issues

### **Pinal County**

- CG Helps, 520-483-0010, <https://cghelps.com>
  - Resource center with navigation to shelter and housing services
- Community Action Human Resources Agency, 520-466-1112, <https://www.cahra.org/>
  - Offers coordinated entry, call or visit Mon-Fri, 8am-5pm for intake
- Southern Arizona Legal Aid, Inc., 520-623-9461, <https://www.sazlegalaid.org/>
  - Legal aid provides free or low-cost legal help, including eviction prevention, housing discrimination, and other housing related issues

### **Yavapai County**

- Agape House, 928-910-1089, <https://agapehouseprescott.org/>
  - Family-inclusive transitional housing community, serving up to 16 families at the Prescott location and 28 families at the Prescott Valley location
- Angie’s House, 928-301-2169, <https://angieshouseaz.com/about-us/>
  - 11 different pet-friendly homes within the Cottonwood area, offering different levels of support for residents impacted by addictions, mental illness & homelessness, including recovery homes, affordable housing, and homeless shelter.
- Catholic Charities, 1-855-316-2229, <https://housingforhopeaz.org/>
  - Through Housing for Hope program families can find a safe, affordable home
- Coalition for Compassion and Justice, 928-445-8382, <https://yavapaiccj.org/>
  - Offers coordinated entry, call or visit Tue-Fri, 9am-5pm for intake
  - Second Chance Housing offers affordable and transitional housing options and rental properties
- Community Legal Services, 1-800-852-9075, <https://clsaz.org/>
  - Legal aid provides free or low-cost legal help, including eviction prevention, housing discrimination, and other housing related issues
- Northern Arizona Council of Governments (NACOG), 928-774-1895, <https://nacog.org/>,
  - Offers rental and utility assistance through community services application
- Prescott Area Shelter Services (PASS), 928-778-5933, <https://prescottshelters.org/>
  - Emergency shelter for women and children with transitional housing options for adults and children transitioning out of the PASS shelter
- Project Aware Men’s Shelter, 928-778-7744, <https://housing.az.gov/project-aware-men%E2%80%99s-shelter-0>
  - Emergency shelter for men in Prescott

- Salvation Army, 928-778-0150, [https://prescott.salvationarmy.org/prescott\\_corps/provide-shelter/](https://prescott.salvationarmy.org/prescott_corps/provide-shelter/)
  - Emergency shelter for men during winter months only
- Yavapai Territorial Gospel Rescue Mission, 928-443-8779, <https://www.ytgrm.com/>
  - Faith-based transitional housing for women and children in Prescott

## Veterans

- Community Resource and Referral Center, Phoenix, 602-248-6040, <https://www.va.gov/HOMELESS/crrc.asp>
  - Offers coordinated entry Mon-Fri, 7:30am-4pm for intake. First come, first served, must have picture ID and be registered with VA
  - One-stop access to community-based, multiagency services to promote permanent housing, health and mental health care, career development and access to VA and non-VA benefits.
- Emerald Isle Veteran’s House, Surprise, 1-855-613-0620, <https://emeraldislehealthandrecovery.com/>
  - 60-to-90-day intensive outpatient treatment for mental health and substance use with supported housing options
- Nation’s Finest, Northern Arizona, <https://nationsfinest.org/locations/>
  - Providing Veteran’s case management and housing resources.
  - Coconino, Navajo, Gila, and Apache Counties - [modonnell@nationsfinest.org](mailto:modonnell@nationsfinest.org)
  - Yavapai County - [nwood@nationsfinest.org](mailto:nwood@nationsfinest.org)
  - Mohave County - [rwhite@nationsfinest.org](mailto:rwhite@nationsfinest.org)
- UMOM New Day Centers, Phoenix, 602-862-5833, <https://www.umom.org/>
  - Emergency shelter and permanent supportive housing for families of military veterans
- US Vets, Prescott, 928-583-7204, <https://usvets.org/locations/prescott/>
  - Offers coordinated entry Mon-Fri, Mon-Fri, 8am-5pm for intake
  - Veterans seeking housing should contact Justin Price to inquire about emergency housing, transitional housing, our Long-Term Supportive Housing Program (LTSHP), [jprice@usvets.org](mailto:jprice@usvets.org)

## 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.

### **AHCCCS EMPLOYMENT SERVICES**

You may have access to employment and rehabilitation services through your behavioral or integrated health home. 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)

To learn more about employment services and supports, or to get connected, ask within your behavioral or integrated health home, or contact our Member Services at 1-800-322-8670 TTY: 711.

### **HOW TO CONNECT TO EMPLOYMENT SERVICES**

Most behavioral or integrated health homes have dedicated employment staff ready to assist you. These staff can connect you with employment services and supports that meet your needs. Staff will work with you to determine the best services necessary based on your job goal. Ask if your behavioral or integrated health home has this dedicated employment staff and if so, set up a meeting to discuss your job goals. If your behavioral or integrated health home does not have a dedicated employment staff, speak with your case manager/care manager, or other staff, to ask about getting connected.

You may contact our Member Services at 1-800-322-8670 TTY: 711 who will connect you to BCBSAZ Health Choice’s Vocational Services 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 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. Ask your behavioral or integrated health home about a referral to VR or contact a local VR office directly.

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 AND EDUCATION**

There are a number of myths related to work and benefits. Having a disability does not mean you cannot work. Talk with your behavioral or integrated health home 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](mailto:b2w@ability360.org), and see if you might qualify for this service at no cost.

### **END OF LIFE CARE AND ADVANCE DIRECTIVES**

Planning for what kind of care you might want if you are currently or are expected to experience declining health due to age or to a chronic, complex, or terminal illness is important. This kind of planning is called Advance Care Planning. You can work with your provider or family members to develop a written plan called an “advance directive.” You have the right to make an advance directive.

You have the right to make decisions about your health. There may be a time when you cannot make a decision about your own health care. It is best to have your wishes planned in advance.

These are called Advance Directives.

An advance directive describes what kind of care someone does or does not want to get when they can't make decisions .

- A medical advance directive tells the doctor a person's wishes if the person cannot state his/her wishes because of a medical problem.
- A mental health advance directive tells the behavioral health provider a person's wishes if the person cannot state his/her wishes because of a mental illness.

Your providers can help you make an advance directive. [Advance Directives Forms](#) are available on the AZ Attorney General's website (<https://www.azag.gov/seniors/life-care-planning>) under Life Care Planning.

The term Advance Directives refers to legal papers that protect your right to refuse health care you do not want. It may also tell people about health care you do want. You can ask someone to help you make these decisions. This person is your agent. You or your agent have the right to make decisions to give or withhold life-sustaining care. You also have the right not to have life-sustaining care within the requirements of Federal and State law.

There are four types of Advance Directives:

- Living Will
- Medical Power of Attorney
- Mental Healthcare Power of Attorney
- Pre-Hospital Medical Directive, also called "Do Not Resuscitate" (DNR)

BCBSAZ Health Choice respects your right to make decisions about your health care. We think it is important for you to have one or more of these directives. This helps protect your rights and your wishes for how you want to be treated.

Below is a detailed description of each type:

- **A Living Will** tells providers what types of services you do or do not want if you become very sick and near death and cannot make decisions yourself. For example, it might tell doctors you do not want machines or feeding tubes.
- **A Medical Power of Attorney** lets you choose a person to make decisions about your health care if you cannot do it yourself.
- **A Mental Health Care Power of Attorney** names a person to make decisions about your mental health care if you cannot make decisions on your own.
- **A Pre-Hospital Medical Care Directive or Do Not Resuscitate (DNR)** tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital emergency room. This might include CPR. It might also include care provided by other emergency response providers, such as firefighter or police officers. To have a DNR, you must complete a special orange form. You should keep the completed orange form

where it can be seen. You can get a free copy of this form by calling the Bureau of Emergency Medical Services at 602-364-3150.

We suggest you get help writing your Living Will and Medical Power of Attorney. Ask your provider for help if you are not sure who to call.

### **Making Your Advance Directives Legal**

For both a Living Will and a Medical Power of Attorney, you must choose someone who will make decisions about your health care if you cannot. This should be someone you know and trust. This person might be a family member or a close friend.

The person you choose is your agent. This person will act on your behalf if you cannot. To make an Advance Directive legal, you must:

- 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 upon death.
  - Be your agent.
  - Be your health care provider.
- Sign and date it in front of a Public Notary. The Public Notary cannot be your agent, or any person involved with the paying of your health care.
- If you are too sick to sign your Medical Power of Attorney, you may have another person sign for you.

### **After you complete your Advance Directives:**

- Keep your original signed papers in a safe place.
- Give copies of the signed papers to your provider(s) and your hospital. Include anyone else who might become involved in your health care like a family member, neighbor, or close friend. Talk to these people about your wishes. This will help them act on your behalf if you become too ill to make decisions for yourself.
- Be aware that your directives may not be effective in a medical emergency.

### **Changing Your Advance Directives**

You can change your advance directives any time. If you want to change your advance directives, you must complete new papers.

Once you complete your papers, make sure you give a copy of them to all the people who need to know about your wishes. This may include the people who had a copy before you updated them.



# PROVIDERS

## REFERRAL AND SELF-REFERRAL TO SPECIALISTS AND OTHER DOCTORS

Some medical services or specialists need prior approval by BCBSAZ Health Choice. If prior approval is needed, your Primary Care Provider (PCP) must arrange for prior authorization of these services. This might include services provided by providers such as hospitals or labs. Your PCP's office will let you know if your prior authorization request is approved.

If your PCP's request is denied, BCBSAZ Health Choice will let you know by mail. If you have a question about the denial, you can call Member Services. You may also refer to the section of this handbook for information about filing an appeal.

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

- Dental Services
- OB/GYN covered services
- Behavioral health services

Female members, or members assigned female at birth have direct access to preventive and well care services from a gynecologist within BCBSAZ Health Choice's network without a referral from a primary care provider.

## AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) EVALUATIONS AND DEVICES PROVIDERS

BCBSAZ Health Choice's website includes information regarding Augmentative and Alternative Communication (AAC) Evaluations and Devices for providers and members to identify available speech therapy providers who perform evaluations for AAC devices for Health Choice members. To view our list of AAC providers visit us at: [healthchoiceaz.com/providers/augmentative-and-alternative-communication-aac-providers/](http://healthchoiceaz.com/providers/augmentative-and-alternative-communication-aac-providers/)

### What is a Specialist?

A specialist is a provider who has advanced training in certain medical care. Specialists can give advanced care if a condition needs more than general treatment from your PCP. If you need to see a specialist, your PCP can help you find one. Your provider's office will call the specialist and help you get an appointment. Examples of specialists include pulmonologists (lung), orthopedics (bone), and nephrologists (kidney).

Services offered by specialists may need prior approval by us. Your PCP will submit the request for you.

BCBSAZ Health Choice members have direct access to behavioral health services. You do not need a referral from a primary care provider. Ask your PCP if you have any questions about a prior approval.



BCBSAZ Health Choice does not have any providers in our network who refuse to provide services due to moral or religious objections. If you have questions about services that are a covered benefit, you can also call Member Services for help.

### **AMERICAN INDIAN MEMBERS**

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.

### **PRIMARY CARE PROVIDER (PCP)**

When you enroll with BCBSAZ Health Choice, you are asked to choose a Primary Care Provider from the BCBSAZ Health Choice Provider Directory. You should choose a provider in the area close to your home. If you do not select a PCP, Health Choice will select one for you and let you know your provider's name. You can find the name of your PCP in your welcome letter.

Your Primary Care Provider (PCP) is the guide for all services you receive. This means your PCP will help you get the medical care and services you need. The PCP will evaluate you during your visit and determine if you need to see a specialist or have tests performed.

A PCP:

- Manages your medical needs
- Knows you and your medical history
- Helps you get the care you need
- Helps you get prior authorization for services when needed
- Helps you find a specialist or other providers when needed
- Sends your medical information to those who need it to provide you with the best care.

Having a PCP is important for people with special health care needs. Other benefits of having a PCP include:

- Care for chronic health problems
- Coordination of care
- Disease management

Members with special health care needs may have direct access to specialists who can help provide the care you need. For help in finding a specialist, talk with your PCP or call Member Services.

If you want help finding a PCP or if you want to change your PCP, please call us as soon as possible. If you would like help choosing a PCP, please call Member Services. You can find a PCP on our website: [HealthChoiceAZ.com](http://HealthChoiceAZ.com). Click on "Find a Doctor/Pharmacy." If you would like a printed Provider Directory, please call us and we will send one to you at no cost.

### **How to Change Your PCP**

BCBSAZ Health Choice 1-800-322-8670, TTY: 711, Monday – Friday, 8 a.m. – 5 p.m.  
24/7 Nurse Advice Line: 1-888-267-9037

[www.azblue.com/hca](http://www.azblue.com/hca)

It is important to stay with one PCP so they can get to know you and your health care needs. You may change providers if you are unhappy with your provider. To change your PCP, choose a PCP from the BCBSAZ Health Choice Provider Directory or our website at HealthChoiceAZ.com. Call us and we will change your PCP for you.

If you change your PCP, it is important for you to have your medical records sent to your new PCP. This way your new provider can give you the best care possible. You can request one copy of your medical records from each of your providers. Call your provider's office to find out how to send your records to your new provider. There is no cost for these records. Please call us if you need help.

### **Seeking Second Opinions**

As a member, you have the right to get a second opinion. You can get a second opinion from a provider in our network, at no cost to you. If there is not a provider in our network, then you may be able to get a second opinion from an out-of-network provider. Call us if you have questions. For help finding a specialist or hospital, ask your PCP. You can also go to our website to find a specialist or hospital by using our Find a doctor tool: <https://providerdirectory.healthchoiceaz.com/Provider/ShowProviders/en/hca>

### **APPOINTMENTS**

Please schedule all appointments before you go to the provider's office. Even if you feel you need to be seen right away, call your provider first. All appointments must be set up during your provider's business hours. Let your provider know you are a BCBSAZ Health Choice member and provide the member ID number on your BCBSAZ Health Choice ID card. Tell your provider about any problems you are having.

There are three types of appointments you may need to make with your provider:

**Same Day:** You or a family member need to see a provider today for a problem like an earache or a high fever.

**Urgent:** You or a family member has a problem like a cough, mild upset stomach, or a rash. You need to see a provider in the next one to two days.

**Routine:** You or a family member need to see a provider within three (3) weeks for a well-baby, well child or immunization visit.

#### **Tips about appointments:**

- If you have not seen the provider before, get there 15 minutes early.
- Take your member ID card with you to every appointment.
- If you need transportation, call us at least three (3) days before your appointment. We will help you get a ride to your appointment.

#### **Canceling or Changing Appointments**

It is important you go to your appointments, but we know things come up. Please tell your provider if you cannot go to your appointment. Try to tell them at least one day before the

appointment. Note that you may not get another appointment right away. If you asked BCBSAZ Health Choice for a ride or an interpreter, please call us right away to cancel.

If you have an appointment with a Multispecialty Interdisciplinary Clinic (MSIC) and would like to cancel or change your appointment, please contact the clinic directly.

### **Waiting at the Provider's Office**

Sometimes you may have to wait at the office while the provider sees other patients. You should never have to wait more than 45 minutes (unless your provider has an emergency). If you feel you had to wait too long, please call Member Service to let us know.

### **Appointment Availability Standards**

Making an appointment in advance with your provider is important. Be sure to let them know why you are making an appointment as you might be able to be seen sooner. Here is a list of appointment availability standards:

For Primary Care Provider Appointments:

- Urgent care – as fast as your health condition requires, but no later than two (2) business days of request.
- Routine care – within 21 calendar days of request

For Specialty Provider Appointments, including Dental Specialty:

- Urgent care – as fast as your health condition requires, but no later than two (2) business days of request for specialty provider appointments.
- Routine care – within 45 calendar days of referral

For Dental Provider Appointments:

- Urgent care – as fast as your health condition requires, but no later than three (3) business days of request.
- Routine care – within 45 calendar days of request

For Maternity Care Provider Appointments, initial prenatal care appointments for enrolled pregnant members shall be provided as follows:

- Urgent care – high-risk pregnancies are seen as fast as your health condition requires (immediately if an emergency exists) and no later than three (3) business days of identification of high risk by your provider.
- 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.

For Behavioral Health Provider Appointments:

- Urgent: As fast as your condition requires, but no later than 24 hours from identification of need
- Routine:
  - Initial assessment within seven (7) calendar days of the referral or request for service

- The first behavioral health service following the initial assessment as soon as your condition requires but:
  - For members aged 18 years or older, no later than 23 calendar days for services to begin after the initial assessment.
  - For members under the age of 18 years old, no later than 21 days after the initial assessment
- All the following behavioral health services should be no later than 45 calendar days from identification of need:
  - For psychotropic medications:
    - You should receive an assessment of the urgency of the need immediately; and
    - You should have an appointment (if clinically indicated) with a Behavioral Health Medical Professional who can prescribe medications within a time frame that ensures you:
      - Do not run out of needed medications; or
      - Do not experience a decline in your behavioral health functioning prior to starting medication, but no later than 30 days from identification of need.

For persons in legal custody of the Arizona Department of Child Safety and Adopted Children (see A.R.S. § 8-512.01):

- Rapid response: When a child enters out-of-home placement 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 seven (7) calendar days of the referral or request for service,
- Initial appointment within time frames indicated by clinical need, but no later than 21 calendar days after the initial assessment, and
- Subsequent services within the time frames according to the needs of the person, but no longer than 21 calendar days from the identification of need.

# SERVICES FOR CHILDREN & YOUNG ADULTS

## EPSDT PROGRAM

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is the name of the Medicaid benefit that ensures AHCCCS members under the age of 21 receive comprehensive health care through prevention, early intervention, diagnosis, correction, amelioration (improvement), and treatment for physical and behavioral health conditions.

The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist EPSDT-aged members and their parents or guardians in effectively utilizing these resources.

**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.

This means services covered under EPSDT include all 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.

Some additional examples of services covered under EPSDT includes, but are not limited to, well-child (preventive) visits, inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, therapy services, behavioral health services, medical equipment, appliances and supplies, orthotics, prosthetic devices, transportation to medical appointments, family planning services and supplies, and maternity services. EPSDT also includes diagnostic, screening, preventive, and rehabilitative services. However, EPSDT does not include services that are experimental, solely for cosmetic purposes, or that are not cost effective when compared to other interventions. Well-child visits for EPSDT-aged members, even when they are healthy, are important because they include all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules and can identify problems early.

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

Women's preventive care services are also covered for members. An annual well-woman preventive care visit is important to your health and can serve as a well visit for adolescents and

young adult women. Your visit may include:

- A physical exam (Well Exam) that assesses overall health
- Clinical Breast Exam
- Pelvic exam (as necessary, according to current recommendations and best standards of practice)
- Review and administration of immunizations, screenings, and testing as appropriate for age and risk factors.
- Screening and counseling focused on maintaining a healthy lifestyle and minimizing health risks and addresses at a minimum the following:
  - Proper nutrition
  - Physical activity
  - Healthy weight
  - Tobacco/substance use, abuse, and/or dependency
- Depression screening
- Interpersonal and domestic violence screening, which includes counseling involving elicitation of information from women and adolescents about current/past violence and abuse, in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems.
- Sexually transmitted infections
- Human Immunodeficiency Virus (HIV)
- Family Planning Services and Supplies
- Preconception Counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:
  - Reproductive history and sexual practices
  - Healthy weight, including 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 (caffeine, alcohol, marijuana, and other drugs) including prescription drug use, and recommended intervals between pregnancies, and initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified.

**EPSDT Services are covered until a member turns 21 years old.**

#### **EPSDT/Well Child Visits**

Taking your child to the provider for well child visits and immunizations is one of the most important things you can do to keep your child healthy and find problems before your child gets sick.

At each well child visit, your provider will check your child's health and growth. The provider will also make sure your child gets the immunizations needed. . You should take your child to the provider for an EPSDT visit as follows:

- 3-5 days old
- 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months old
- Yearly between the ages 3 through 20 years old

**What to Expect at an EPSDT/Well Child Visit:**

- Measure your child's weight and height
- Listen to your child's heart and lungs
- Look at your child's eyes, ears, nose, mouth, and teeth
- Give your child needed immunizations
- Talk to you about preventing injuries and keeping your child healthy
- Talk to you about your concerns and your child's health needs
- Routine oral evaluation and fluoride varnish, when applicable
- A complete unclothed physical exam
- Developmental screening
- Lab tests
- Evaluation for rehabilitation services
- Any treatment for a physical or mental illness found during your child's visit will be covered, if medically necessary

At the well child visit, your provider may evaluate your child for rehabilitation services such as occupational, speech, and physical therapy. This may include referral to Children's Rehabilitative Services (CRS), a special program for children who have certain conditions or special health care needs.

To make sure your child is safe from lead poisoning, your provider will test your child's blood for lead during the well child visit. Testing the blood for lead is required for all children ages 1 and 2.

Your child may receive fluoride varnish by their PCP during the well child visit starting 6 months of age with at least one tooth and may be repeated every 3 months until age 5. The fluoride varnish applied by a PCP does not replace the need for an oral health visit.

There is no charge for these visits, and they will help your child's PCP find and treat health problems before they become serious.

We will send you reminders about your child's well child visits and immunizations. Be sure to make an appointment with your child's provider for well child visits.

**Provider Visits: Birth to 2 Years**

Your baby should see their provider for regular checkups. Babies also need to get their immunizations at the right time.

**Recommended well child visits for children from birth to 2 years:**

- 3-5 days old
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months

**Provider Visits for Children and Youth through 20 Years**

Well visit checkups are not just for babies. Even older children and teens need checkups every year. Regular provider visits, dental visits and immunizations are important to keep children and teens healthy, too.

Always take each child's immunization records with you when you visit your child's PCP.

Many people think children can only get immunizations when they are well. Children can get their shots when they have slight illnesses such as colds, ear infections or mild fevers.

**Recommended well child visits for children 3 to 20 Years:**

- Provider Visits: Schedule a well-visit every year
- Dental Visits: Schedule dental visits twice a year

**Tips about appointments:**

- Make the appointment for the next well child visit while you are in the office for the current visit.
- Take your child's Member ID card to all appointments.
- Keep your child's provider appointments.
- Be on time for your appointment.
- Call the provider's office at least one day before your appointment if you need to reschedule.
- Make sure your child gets all immunizations.
- Bring your child's immunization record with you to his or her well visit appointment.



- If we set up a ride for you to your provider and you cannot make the appointment, call us to cancel the ride.
- There are no co-payments for well child visits.

Call your child’s provider if you need a referral to check your child’s development.

Developmental Screening Tools are questions the provider will ask to check how your baby is growing and developing. These tools are used at 9, 18, 24, and 30 months of age. The provider may order tests and make referrals to other providers to ensure your child receives a complete evaluation and treatment, if needed.

**What you can do to make sure your child’s health care needs are met:**

- Take your child to all well child visits.
- Tell your provider if you have concerns about your child.
- Ask for Care Management assistance if needed.
- Assistance with getting a ride to your child’s appointment if needed.

**VISION SERVICES FOR CHILDREN AND YOUNG ADULTS**

Routine and emergency vision services are covered for ages 0-21. You do not need a referral for vision services. Vision services include:

- Eye exams
- Eye tests
- Prescription eyeglasses
- Repair or replacement of broken or lost eyeglasses

This service has some limits. Coverage depends on your status with BCBSAZ Health Choice. These providers can help with vision services:

- Licensed Ophthalmologists
- Optometrists
- Opticians
- Optical clinic

You do not need to wait until the next regularly scheduled eye exam to replace or repair eyeglasses.

You must see a provider who is in the BCBSAZ Health Choice network. See a list of vision providers in your provider directory. Call us if you have questions or need help.

**Note: Vision aids are covered for ages 0-21. This includes frames and eyeglasses.**

## **BEHAVIORAL HEALTH SERVICES FOR CHILDREN**

Do you have any concerns about your child's behavior at home or at school? Be sure to talk to your child's PCP about any concerns you may have. As an AHCCCS member, your child has covered behavioral health services. If you have questions, please call us. We always want to assist you.

## **IMMUNIZATIONS (Shots)**

The best way to protect your child from disease is to make sure that your child gets his/her shots. Children who get these shots are protected from 16 serious diseases.

- Hepatitis A
- Hepatitis B
- Diphtheria, Tetanus, Pertussis (DTaP)
- Haemophilus Influenza type B (Hib)
- Measles, Mumps, Rubella (MMR)
- Pneumococcal (Pneumonia)
- Meningococcal (Meningitis)
- Human Papillomavirus (HPV)
- Rotavirus (RV)
- Tetanus, Diphtheria, Pertussis (Tdap)
- Inactivated Polio (IPV)
- Varicella (Chicken Pox)
- Influenza (Flu)
- COVID-19

If you have questions, talk to your provider about shots at your child's next appointment.

## **FAQS about Immunizations**

### **Is my child behind on immunizations?**

- Check with your provider to find out which immunizations your child needs.
- It is not too late to catch up.
- Remember, teenagers need them too!
- Annual flu shots help kids stay healthy during flu season.

### **What if my child is sick?**

Many people think children can only get them when they are well. Children can get their immunizations when they have slight illnesses such as colds, ear infections or mild fevers. They will not make your child sicker.

### **Are immunizations safe for my child?**

- It is rare for a child to have a serious reaction to one.
- Some children may experience a mild fever or soreness where the immunization is given. This usually goes away quickly.

- The safety of immunizations has been thoroughly tested. According to the CDC, there is no scientific link between vaccines and autism.
- Thimerosal (a mercury containing preservative) was removed from baby immunizations in 2000.

**Does my child really need immunizations?**

- Failure to get them can lead to outbreaks of disease.
- Even though we do not see these diseases, children and adults who do not get vaccines can still get the diseases and spread them to others.
- Baby vaccines help a child’s immune system work as it is supposed to.

**How do I keep track of my child’s immunizations?**

- All children are required to show a complete immunization record before entering school or childcare.
- Your doctor will give you a Lifetime Immunization Record. Write down all immunizations in the record.
- Take your child’s record to every doctor visit.

**For more information, talk to your child’s provider or call the Centers for Disease Control and Prevention: 1-800-CDC-INFO.**

## **Tips for Keeping Children Healthy**

This simple countdown is all you need to remember to keep your kids healthy. A healthy lifestyle includes:

**5:** Eat at least five servings a day of fruits and vegetables

- Choose fresh fruit instead of juice.
- Try a new fruit or vegetable each week and/or eat them for snacks.

**2:** Spend less than 2 hours a day in front of a screen

- Keep TVs, video games and computers out of the bedroom; plan your TV time (stick to it)
- Don't eat in front of the TV.

**1:** Spend at least 1 hour every day doing something active

- Involve the family – take a walk, go to the park, walk the dog, etc.
- Ride a bike, take a hike, or try a new sport.

**0:** Limit sweetened drinks (zero if possible)

- Drink more water and low-fat milk.
- Did you know that sports drinks and energy drinks are loaded with sugar?

Get enough sleep.

## PREGNANCY/MATERNITY CARE SERVICES

Healthy moms have healthy babies. BCBSAZ Health Choice wants you to stay healthy while your baby grows. You can start planning for your baby's health even before you are pregnant. See your provider when you start thinking about having a baby.

Female members, or members assigned female at birth, have direct access to preventive and well care services from a Primary Care Provider (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 call us to choose a primary care obstetrician, certified nurse midwife, or licensed nurse midwife as soon as possible.

You may go directly to a BCBSAZ Health Choice Maternity Care Provider for your prenatal and postpartum care. You do not need to see or ask your Primary Care Provider (PCP) first. Your PCP will manage your routine non-pregnancy related care. Your maternity provider will manage your pregnancy care.

If you prefer, you can choose to have a maternity provider as your PCP during your pregnancy. If you are not sure you are pregnant, make an appointment with your PCP for a pregnancy test. If you need help scheduling an appointment, call Member Services.

If you are pregnant:

- Members who transition to a new health plan or become enrolled during their third trimester are allowed to complete maternity care with their current AHCCCS registered provider, regardless of contractual status, to ensure continuity of care.
- Make an appointment with your maternity provider as soon as you think you are pregnant.
- Notify your local DES office as soon as you find out that you are pregnant.
- Keep your eligibility and Medicaid benefits.
- If you do not have a maternity provider, call Member Services so we can help you choose one

**Note: If you just joined BCBSAZ Health Choice and you have a medical reason to stay with your current provider, and your provider is not in our network, you can change plans. Or we can work with your provider to continue your care for the pregnancy. You would need to choose a BCBSAZ Health Choice provider for any future pregnancies or well woman care.**

High-risk pregnancy care should begin no later than 3 business days after you are told you are high risk, or immediately if an emergency occurs.

**Maternity services include:**

BCBSAZ Health Choice 1-800-322-8670, TTY: 711, Monday – Friday, 8 a.m. – 5 p.m.

24/7 Nurse Advice Line: 1-888-267-9037

[www.azblue.com/hca](http://www.azblue.com/hca)

- Freedom to choose your PCP who provides prenatal and postpartum care or a maternity provider within your county and our network of providers.
- Pre-conception counseling before you become pregnant.
- Pregnancy testing
- Counseling, testing, and treatment for sexually transmitted infections (STIs), including HIV. If you test positive, talk to your provider about counseling and treatment options for you and your infant. Your maternity provider can refer you to providers who specialize in HIV treatment known as infectious disease doctors. Your maternity provider and HIV provider will work together throughout your pregnancy.
- All prenatal visits and all medically necessary services a woman needs for her pregnancy.
- Care for 6-8 weeks after the baby is born, including birth control counseling.
- Labor, delivery, and postpartum services

### **Tips for Pregnant Moms**

- See your provider regularly for prenatal care. Your provider can help answer questions as your baby develops. This also helps you and your baby to stay healthy.
- Talk to your provider about the COVID-19 vaccine.
- Plan ahead and talk to your provider about available family planning options, including immediate postpartum long-acting reversible contraceptives (LARC)
- Keeping your scheduled prenatal and postpartum appointments is important to the health of both you and your growing baby.
- It is important to make and keep all scheduled appointments. If you need to reschedule your appointment due to a conflict, please contact your provider at least three (3) business days in advance.
- Arrive at the office early if you are seeing the maternity provider for the first time.
- If you need a ride to your appointment, call 602-386-2447 at least three (3) days before your appointment.
- It is important to make and keep all scheduled appointments. If you need to reschedule your appointment due to a conflict, please contact your provider at least three (3) business days in advance.
- BCBSAZ Health Choice Maternal Care Managers can assist you throughout your pregnancy and postpartum period providing education specific to your needs, community resource information, benefits of breastfeeding, information on how to obtain a breast pump, and coordination of care for physical, behavioral health, and or substance use conditions. Call our Member Services team to learn more.

### **Making Your First Appointment**

Call to schedule an appointment to be seen by your provider during your first trimester (the first 12 weeks) or as soon as you join BCBSAZ Health Choice.

Members who join BCBSAZ Health Choice in the last three (3) months of pregnancy should call Member Services right away. We can help you choose a maternity provider and talk to you about prenatal care. It is important to keep all your prenatal and postpartum appointments.

## **PRENATAL PROVIDER VISITS**

### **Pregnant less than three months (first trimester):**

You should be seen within 14 calendar days of calling for your appointment.

### **Pregnant three to six months (second trimester):**

You should be seen within seven calendar days of calling for your appointment.

### **Pregnant six to 10 months (third trimester):**

You should be seen within three business days of calling for your appointment.

**Please note: If you have a scheduled appointment, you should not have to wait any longer than 45 minutes to see your provider (unless the provider is addressing an emergency).**

**If your pregnancy is identified as high risk, you will be seen by a maternity care provider within 3 business days, or immediately if an emergency exists.**

## **POSTPARTUM PROVIDER VISIT**

### **Six to twelve weeks after your delivery:**

After you have your baby, call your provider's office as soon as you are discharged to make a postpartum appointment. Postpartum services are covered within 84 days of your delivery.

Why should you go to a postpartum visit?

- Ask questions that may have come up since you left the hospital. Writing questions down before your appointment can be helpful.
- Tell your provider about any physical symptoms you may be having such as bleeding or pain. Be screened for thyroid problems and urinary problems.
- Get an emotional check-up. Postpartum depression and anxiety are common. Treatment can help.
- Get help with breastfeeding, if needed
- Discuss family planning options. Getting pregnant too soon after the birth of a child may increase your risk for a premature birth.
- Discuss when it is okay to have sex again.

## FAMILY PLANNING SERVICES AND SUPPLIES

Family planning services and supplies, when provided by the appropriate family planning providers, are covered for members, regardless of gender, who voluntarily choose to delay or prevent pregnancy. Maternity care providers also provide family planning services and supplies. Prior authorization is not required to obtain family planning services and supplies from an out-of-network provider. Members may choose to obtain family planning services and supplies from any appropriate provider regardless of whether the family planning services providers are network providers. A referral or prior authorization is not required before choosing a family planning provider.

### **Covered family planning services and supplies for members include the following:**

- Pregnancy Screening
- Pre-conceptive and contraceptive counseling, medication, and/or supplies, including, but not limited to oral and injectable contraceptives, LARC (Long-Acting Reversible Contraceptive) including placement of Immediate Postpartum Long-Acting Reversible Contraceptives [IPLARC]), diaphragms, condoms, foams, and suppositories,
- Screening, counseling, and treatment, for Sexually Transmitted Infections (STI) including HIV, regardless of gender.
- Associated medical and laboratory examinations and radiological procedures, including ultrasound studies related to family planning,
- Treatment of complications resulting from contraceptive use, including emergency treatment,
- Natural family planning education or referral to qualified health professionals,
- Post-coital emergency oral contraception within 72 hours after unprotected sexual intercourse (mifepristone, also known as Mifeprex or RU-486, is not post-coital emergency oral contraception).
- Sterilization, regardless of gender, which includes hysteroscopic tubal ligation or vasectomy for members age 21 years and older. Medicaid does not pay for reverse sterilization. Prior authorization from BCBSAZ Health Choice is required.

Hysteroscopic tubal sterilizations are not immediately effective upon insertion of the sterilization device. It is expected the procedure will be an effective sterilization procedure three months following insertion. Therefore, members need to continue another form of birth control for the first three months following insertion. It is expected that a hysterosalpingogram will be performed confirming that the member is sterile. (A hysterosalpingogram is an X-Ray which takes images of your fallopian tubes while they are filled with a special dye. A small catheter is inserted in your vagina and filled with the dye to identify if your tubes are blocked). After the confirmatory test, the member is considered sterile.

The following are not covered for the purpose of Family Planning Services and Supplies:



- Infertility services including diagnostic testing, treatment services and reversal of surgically induced infertility,
- Pregnancy termination counseling,
- Pregnancy terminations except as specified in AMPM Policy 410, and
- Hysterectomies for the purpose of sterilization

### **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:

- 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.
- The pregnancy is a result of incest.
- The pregnancy is a result of rape.
- 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:
  - Creating a serious physical or behavioral health problem for the pregnant woman,
  - Seriously impairing a bodily function of the pregnant woman,
  - Causing dysfunction of a bodily organ or part of the pregnant woman,
  - Exacerbating a health problem of the pregnant woman, or
  - Preventing the pregnant woman from obtaining treatment for a health problem.

### **STERILIZATIONS**

BCBSAZ Health Choice covers permanent sterilization for members regardless of gender 21 years of age and older. Please note this form of birth control needs prior authorization.

The following criteria must be met for sterilization to occur:

- The member is at least 21 years of age at the time the consent is signed.
- Mental competency is determined.
- Voluntary consent was obtained without coercion.
- 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery. Member may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since they gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

Any member requesting sterilization must sign an appropriate consent form. Prior to signing you must be presented with the following requirements of the consent form:

- Answers to any questions you may have regarding the specific procedure to be performed.
- Notification that withdrawal of consent can occur at any time prior to surgery without affecting future care and/or loss of federally funded program benefits.
- Advice that the sterilization procedure is considered to be irreversible.
- A thorough explanation of the specific sterilization procedure to be performed.
- A description of available alternative methods
- A full description of the discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type of possible effects of any anesthetic to be used.
- A full description of the advantages or disadvantages that may be expected as a result of the sterilization.
- Notification that sterilization cannot be performed for at least 30 days post consent. You may not sign a consent when:
  - You are in labor or childbirth.
  - If you are seeking to obtain, or are obtaining, a pregnancy termination.
  - Are under the influence of alcohol or other substances that affect your state of awareness.

Medicaid does not pay for reversing sterilization.

# DENTAL

## ADULT DENTAL CARE

### **Emergency Dental Services Coverage for Members Ages 21 Years and Older**

Medically necessary emergency dental care is covered for members ages 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** due to pathology or trauma. Emergency dental services are allowed up to \$1,000 per member per contract year (October 1st to September 30th). Follow up procedures necessary to stabilize teeth as a result of the emergency service are covered and subject to the \$1,000 limit.

If you are an AI/AN member who receives dental treatment at an I.H.S/638 Tribal facility you are not subject to this \$1,000 per member contract year limit. Services performed outside of the IHS/638 Tribal facilities for AI/AN members (by BCBSAZ Health Choice contracted providers) remain limited to the \$1,000 Emergency Dental Benefit for members 21 years of age and over.

The following services and procedures are covered as emergency dental services:

- Emergency oral diagnostic examination (limited oral examination – problem focused)
- Radiographs and laboratory services, limited to the symptomatic teeth.
- Composite resin due to recent tooth fracture for anterior teeth
- Prefabricated crowns, to eliminate pain due to recent tooth fracture only.
- Recementation of clinically sound inlays, onlays, crowns, and fixed bridges
- Pulp cap, direct or indirect plus filling, limited to the symptomatic teeth.
- Root canals and vital pulpotomies when indicated for the treatment of acute infection or to eliminate pain.
- Apicoectomy performed as a separate procedure, for treatment of acute infection or to eliminate pain, with favorable prognosis.
- Immediate and palliative procedures, including extractions if medically necessary, for relief of pain associated with an oral or maxillofacial condition.
- Tooth reimplantation of accidentally avulsed or displaced anterior tooth, with favorable prognosis.
- Temporary restoration which provided palliative/sedative care (limited to the tooth receiving emergency treatment)
- Initial treatment for acute infection, including, but not limited to, periapical and periodontal infections and abscesses by appropriate methods.
- Preoperative procedures and anesthesia appropriate for optimal patient management
- Cast crowns limited to the restoration of root canal treated teeth only

## **Limitations for Adult Emergency Dental Services Limitations for Members aged 21 Years and Older**

- Maxillofacial dental services provided by a dentist are not covered except to the extent prescribed for the reduction of trauma, including reconstruction of regions of the maxilla and mandible.
- Diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma.
- Routine restorative procedures and routine root canal therapy are not emergency dental services.
- Treatment for the prevention of pulpal death and imminent tooth loss is limited to non-cast fillings, crowns constructed from pre-formed stainless steel, pulp caps, and pulpotomies only for the tooth causing pain or in the presence of active infection.
- Fixed bridgework to replace missing teeth is not covered.
- Dentures are not covered.

If you have any questions about dental services, please call us.

## **DENTAL SERVICES FOR CHILDREN (AGES 0-20)**

BCBSAZ Health Choice covers routine preventive dental care and treatment for members under the age of 21. A PCP referral is not needed to see a dentist. We will assign a dentist to your child right away, so they can give your child the dental care they need. The first examination is encouraged by age 1. After that, take your child to the dentist every six (6) months or twice a year. Your child's dentist applies fluoride at both visits until they turn 21. Dental visits may also include dental checkup, x-rays, cleaning, dental sealants, and fillings for cavities.

Seeing one dentist for your child will provide a comfortable environment for ongoing services as your child grows. We call this a "dental home." You may choose a dentist from our listing of network providers. If you need help choosing a dentist, Member Services can help you find one. If you do not choose your dental provider, we will assign you to a dental home. You can change your dental home at any time by calling Member Services.

## **DENTAL APPOINTMENTS**

### **Making Dental Appointments**

- **Urgent** – Your child needs to be seen as soon as possible but no later than three (3) business days due to pain, infection, a lost filling, or a broken tooth.
- **Routine** – Your child needs to be seen within 45 days for a cleaning and checkup or dental fillings.

### **Cancelling or Changing Appointments**

It is important your child goes to their appointments, but we know things come up. Please tell your child's dentist if you cannot go to your appointment. Try calling them at least one day in

advance. If you asked BCBSAZ Health Choice for a ride, call us right away to cancel. When rescheduling, you may not get another one right away.

### **Tips about Dental Appointments**

- Bring your child's Member ID card with you to the appointment.
- Be on time for your appointment.
- If your child is a new patient, go to the dentist office 15 minutes before the appointment.
- Make sure you have a ride to your appointment.
- Make your child's appointment for the next dental check-up while you are in the dental office.
- Keep the appointment. If you cannot keep the appointment, call your dental office to change your appointment.

# OTHER SERVICES

## CARE MANAGER SERVICES

A care manager is a professional who can assist you, your family, and your providers in coordinating your health care needs. The care manager may be a nurse or social worker.

If you have special needs, we may assign you to a care manager. You may be eligible for a care manager if you:

- Have a health condition like, heart disease, COPD, diabetes, or high blood pressure
- Have a high-risk pregnancy.
- Are getting or had a transplant.
- Use the emergency department or hospital frequently.
- Were readmitted to a hospital less than 30 days after a discharge.
- Use a high dosage of pain medicines or anxiety medicines for more than 90 days.
- Have warning signs of a potential medication overdose.
- Have an opioid or substance use disorder.
- Are transferring between different care settings. This can include discharges from the Arizona State Hospital or release from jail or prison.
- Made multiple grievances or complaints and need help getting the right care.
- Have been referred to us by someone on your care team.

### How to use these Services:

When you agree to work with your care manager, they will coordinate with your provider, family and the rest of your clinical team. Working with a care manager is voluntary and you can opt in or out at any time.

### The care manager may help you:

- Get support and educational resources to help you stay healthy and safe.
- Understand your medication(s)
- Understand your treatment plan.
- Get help from medical and behavioral health providers.
- Identify resources for things such as food, housing, and clothing.

The care manager will assist you in getting the resources and information specifically for you. Please contact Member Services if you have questions. Our representatives can help you:

- Request a Care Manager
- Opt out of Care Management.

## PRESCRIPTION DRUGS

You must have your prescription drugs filled by a drug store in the BCBSAZ Health Choice network. We can help you find a drug store near you. Call us if you would like assistance. You can also find a drug store near you in the Pharmacy Directory. If you need a printed copy of the directory, call us. We will send you a copy at no cost. You can also find the Pharmacy Directory on our website, and you can search for pharmacies using our Find a Doctor/Pharmacy tool.

If you need a pharmacy that is open 24 hours or on holidays, see the Pharmacy Directory, find a Doctor/Pharmacy tool, or call Member Services.

You must tell the pharmacist you are a BCBSAZ Health Choice member. Bring all your Member ID cards to the drug store.

### **BCBSAZ HEALTH CHOICE FORMULARY**

A formulary is a list of covered drugs. BCBSAZ Health Choice has a “closed” drug formulary. If a drug is not on the list, we must approve it before we can pay the drug store. For a current list of covered drugs, please visit our website. You can also call us to ask if a drug is on the formulary. If there is a drug not on our formulary, you can request the drug be reviewed for an exception based on medical need. If you would like to request an exception, please contact your provider, or call us. If your pharmacist cannot fill the prescription, they can call your provider or BCBSAZ Health Choice for help. We have a 24-hour helpline for pharmacists. In emergency situations, we will allow you to have a short-term supply of medicine while we review your drugs.

Our formulary is subject to change. We have a list of formulary changes throughout the year. It is located on our website, or you can call us toll-free at 1-800-322- 8670 TTY: 711, 8 a.m. – 5 p.m., Monday-Friday (except holidays).

Website Location: <https://www.healthchoiceaz.com/members/prescription-drugs/>

AHCCCS health plans are required to use a generic drug substitution policy. Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand name product. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984. For more information on generics please see our formulary.

There are certain medications on our formulary and available to our members that require extra special attention called Specialty medications. Access to Specialty medications requires a prior authorization request from your provider with information to support the request.

For members on Specialty medications, BCBSAZ Health Choice uses a Specialty pharmacy called CVS Specialty Pharmacy to provide certain medically necessary Specialty medications. These medications are used to treat chronic conditions such as multiple sclerosis, cystic fibrosis, rheumatoid arthritis, and hepatitis C, as well as complex conditions like cancer. Pharmacists and

staff at CVS Specialty Pharmacy will work with you to make sure you have easy access to medications you need and are on track with your drug therapy.

### **TIPS ABOUT PRESCRIPTION DRUGS**

- A provider must give prescriptions to you or send them to your pharmacy electronically. Many providers can now electronically send prescriptions directly to pharmacies. This can help save you time and an extra trip. Ask your provider if ePrescribing is an option for you.
- Your provider may prescribe over-the-counter medicine
- Avoid missing your provider visits so they can approve refills when your prescriptions expire.
- AHCCCS covers drugs that are medically needed, cost effective and allowed by federal and state law.
- AHCCCS does not pay for any drugs paid by Medicare. AHCCCS also does not pay for the cost sharing (co-insurance, deductibles, and copays) for these drugs. This is because these drugs are covered by Medicare Part D.

### **TROUBLE FILLING YOUR PRESCRIPTIONS?**

If you are having trouble filling your prescriptions and are turned away at the pharmacy Point of Sale (POS) ask the pharmacy staff for help and the reason they cannot fill it. Do not pay out of your own pocket for your medicine. Check below for what to do:

- If the drug requires prior authorization, contact your medical provider to fax a prior authorization request to BCBSAZ Health Choice.
- If the prior authorization has expired, the pharmacy can try to call us for approval, but your provider will still have to fax a request to renew the prior authorization before the plan will pay for more refills.
- If you are filling your prescription too soon, you must wait until your next fill date.
- Quantity limit - The pharmacy can usually fill for a smaller quantity but contact your medical provider for prior authorization for the larger quantity.
- Medication or prescriber restrictions, contact Member Services.
- During business hours, the pharmacy or provider may contact BCBSAZ Health Choice Member Services.
- For Pharmacy help after hours, on weekends or holidays, call Member Services at 1-800-322-8670.

Please contact us at 480-968-6866 or 1-800-322-8670 if you have any trouble or questions about filling your prescriptions. Your pharmacy can also call the number on the front of your member ID card.



## PHARMACY RESTRICTIONS/ASSIGNMENT

BCBSAZ Health Choice may assign members to an exclusive pharmacy and/or single prescriber for up to a 12-month period. If you are assigned to an exclusive pharmacy and/or prescriber, you will be provided with a written notice letting you know why along with information on how to file an appeal and the time frame and process for doing so. This is called the Selected Provider Program. You can view the evaluation parameters in the table:

EVALUATION PARAMETER	MINIMUM CRITERIA FOR INITIATING INTERVENTIONS
Over-utilization	Member utilized the following in a three-month time period: > 4 prescribers; and > 4 different abuse potential drugs (e.g., opiates, muscle relaxers, benzodiazepines); and > 4 Pharmacies.  OR  Member has received 12 or more prescriptions of the medications of concern (abuse potential drugs) in the past three months.
Fraud	Member has presented a forged or altered prescription to the pharmacy

BCBSAZ Health Choice will notify you in writing 30 days before you are enrolled in the Selected Provider Program. When you are enrolled in the Selected Provider Program, you will be assigned to one (1) pharmacy for abuse potential drugs (e.g., opiates, muscle relaxers, benzodiazepines, ADHD meds, hypnotics, and antipsychotics). We will only pay for abuse potential drugs when filled at the exclusive pharmacy. You may also be assigned to a single prescriber for a class of abuse potential drugs. We will only pay for the drugs when written or approved by a single prescriber. The single prescriber's oversight includes a review of those drugs written from the emergency room. A single prescriber will help make safe choices about the use of a drug as a treatment option.

We will also work with you and the providers who order your drugs to make sure you are only taking the drugs you need. This will be in effect for up to a 12-month period. We will review your records after 12 months and let you know if the assignment to the pharmacy and/or provider will be continued. If you do not agree with this decision, you may submit a written request for a State Fair Hearing.

If you are currently receiving treatment for an active oncology diagnosis, are in hospice care,

reside in a skilled nursing facility for custodial care, or if you have Medicare the Selective Provider Program will not apply to you.

### **REIMBURSEMENT FOR PRESCRIPTION DRUGS**

We may reimburse you for the cost of drugs if you purchased your medications during “Prior Period Coverage” before joining BCBSAZ Health Choice. Prior Period Coverage is the time between when you became eligible for AHCCCS and when you joined BCBSAZ Health Choice. We can only reimburse you for the cost of the drugs through BCBSAZ Health Choice, which may be less than what you paid at the drug store.

If you have a problem getting your drugs, ask the pharmacy to call the 24-hour BCBSAZ Health Choice Pharmacy Help Line at 1-800-322-8670. We can answer any questions.

Do not pay the full cost of prescription drugs. Only pay your copay if you have one. If you paid for prescription drugs and you think you should not have to, send your receipts and the pharmacy labels to BCBSAZ Health Choice. We must receive the receipts and labels within six (6) months from the date you paid for the drugs. We will review your reimbursement request. After we review the paperwork, we will let you know if we can reimburse you.

# COVERED BEHAVIORAL HEALTH SERVICES

Some personal problems such as stress, depression, anxiety, drug or alcohol use, or other mental health issues can affect your health. These issues can also affect your family. Services that can assist you with your mental health are called behavioral health services.

## BEHAVIORAL HEALTH SERVICES

**Behavioral health services include, but are not limited to:**

- Services to evaluate your problems
- Crisis services
- Counseling and other kinds of therapy for personal, family and substance issues
- Behavior management (behavioral health home care training, behavioral health self-help/peer support)
- Inpatient hospital services, including detoxification.
- Doctor services
- Nursing services
- Medication and services to monitor your medication.
- Laboratory, radiology, and medical imaging services for diagnosis and psychotropic medication regulation
- Emergency and non-emergency medically necessary transportation
- Stabilization services in community, urgent, or emergency settings
- Care management
- Residential treatment
- Vocational and employment support
- Rehabilitation services
- Respite care
- Peer and family support services

If you need behavioral health services, call Member Services to find a provider near you. We can also assist you set up an appointment.

BCBSAZ Health Choice members may be assigned to a behavioral health provider where you can get behavioral health services.

Some integrated providers also have primary care providers so you can receive your physical and behavioral health in one location. You can change to a new provider at any time.

If you need behavioral health services, we will develop a team to assist you with identifying your behavioral health needs and obtaining behavioral health services. These teams are referred to as Clinical Teams, or more specifically, Child and Family Teams or Adult Recovery Teams. The team will then work with you on your goals, ongoing assessment, and service planning. The members of the team will depend on the behavioral health professionals working with you and who you want as part of your team. Teams can include members, guardians, friends, clergy, and other

supportive people from the community. Your individual service plan and assessment will be started with your first appointment. As you continue with treatment, you will be working with members of your team to continue the assessment process and develop the services that best meet your needs and preferences. This allows you and your team to continuously review progress and needs so that you get the best care.

### **Child and Family Team**

The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, and a behavioral health representative. The team will also include any individuals important in the child's life who are identified and invited to participate by the child and family. This may include, for example, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from religious affiliations like churches, synagogues or mosques, or agents from other service systems like Arizona Department of Child Safety (DCS) or Division of Developmental Disabilities (DDD). The size, scope, and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and resources needed to develop an effective service plan. The Child and Family Team can add or remove team members as necessary to be successful on behalf of your child.

### **Adult Recovery Team**

The Adult Recovery Team is a group of individuals working together who are actively involved in a person's assessment, service planning and service delivery by following the nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems. At a minimum, the team consists of the person, their support person and/or guardian (if applicable), advocates (if assigned), and a qualified behavioral health representative. The team may also include members of the enrolled person's family, physical health, mental health or social service providers, representatives or other agencies serving the person, professionals representing disciplines related to the person's needs, or other persons identified by the enrolled person. You will be able to change your team to best support your needs and achieve the goals that you have set.

### **REFERRAL PROCESS FOR SERIOUS EMOTIONAL DISTURBANCE (SED)**

Serious Emotional Disturbance (SED) is a term used for people under the age of 18 who need additional support because their mental health diagnosis impacts their ability to function. An individual, their guardian, designated representative, or family member can request that a SED determination be made. You can talk to your behavioral health provider about starting this process. If you are not currently connected to a behavioral health provider and want an SED assessment, you can call BCBSAZ Health Choice Member Services.

Your behavioral health provider will complete an evaluation and an SED Assessment Packet within seven (7) business days of the request. If there has been an evaluation completed less than 6 months prior which supports, the qualifying diagnosis and functional impairment it may be used.

Solari Crisis and Human Services (Solari) is responsible for reviewing all applications and making SED determinations for the state of Arizona. Solari has a specific time frame based upon your individual needs to make the determination. The decision may be made within three, 20 or 60 days depending upon each individual case.

After the decision has been made, a notice will be sent to you with the results of the determination, how to start receiving services if applicable, and/or how to appeal the SED eligibility decision. An SED designation will result in a change of health plan to the RBHA in your region.

If you would like to learn more about this process, can you visit Solari's website at <https://community.solari-inc.org/eligibility-and-care-services/what-is-smi-determination/> or you can call our Member Services team.

### **REFERRAL PROCESS FOR SERIOUS MENTAL ILLNESS**

Serious Mental Illness (SMI) is a term used for people who need additional support because their mental illness impacts their ability to function.

An individual, their guardian, designated representative, or family member can request that a SMI determination be made. You can talk to your behavioral health provider about starting this process. If you are not currently connected to a behavioral health provider and want an SMI assessment, you can call BCBSAZ Health Choice Member Services.

Your behavioral health provider will complete an evaluation and an SMI Assessment Packet within seven (7) days of the request. Solari Crisis and Human Services (Solari) is responsible for reviewing all applications and making SMI determinations for the state of Arizona. Solari has a specific time frame based upon your individual needs to make the determination. After the decision has been made, a notice will be sent to you with the results of the determination, how to start receiving services if applicable, and/or how to appeal the SMI eligibility decision. An SMI designation will result in a change of health plan to the RBHA in your region.

If you would like to learn more about this process, can you visit Solari's website at <https://community.solari-inc.org/eligibility-and-care-services/what-is-smi-determination/> or you can call our Member Services team.

Sometimes individuals need an urgent SMI determination while they are in a hospital. The behavioral health provider works with the individual and the hospital to complete the evaluation and SMI Assessment Packet. In Maricopa County, when the individual is in a hospital, Crisis Preparation and Recovery, Inc. assists the individual and their care team to complete the initial assessments in the hospital.

## **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. Person-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. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided, and
  - c. Behavioral health services are adapted or created when they are needed but not available.
5. Best practices:
  - a. Competent individuals who are adequately trained and supervised provide behavioral health services.,
  - b. Behavioral health services utilize treatment modalities and programs that are evidenced based and supported by Substance Abuse and Mental Health Services Administration (SAMSHA) or other nationally recognized organizations,
  - c. Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in member's lives, especially 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 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 the child and family’s primary language.
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, shall 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 individual 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.

## MULTISPECIALTY INTERDISCIPLINARY CLINIC (MSIC)

A multispecialty interdisciplinary clinic (MSIC) is a facility bringing specialty providers together in one location to provide interdisciplinary services to treat members and their families.

Our contracted MSIC's offer a wide range of specialties to meet specific needs. Below is a listing of MSIC's:

District Medical Group Clinic 3141 N. 3rd Ave. Phoenix, AZ 85013	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, Urology
Children's Clinics for Rehabilitative Services 2600 N. Wyatt Dr. Tucson, AZ 85712	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, Urology
Flagstaff Medical Center Children's Health Center 1215 N. Beaver St. Flagstaff, AZ 86001	Pediatrician (PCP), Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Nephrology, Pediatric Orthopedics, PT, ST, Pediatric Urology, Wheelchair/ Seating
Yuma Regional Medical Center Children's Rehabilitative Services 2851 S. Avenue B. Yuma, AZ 85364	Audiology, Cardiology, Comprehensive Assessment, Craniofacial (Cleft Lip and Palate), ENT, Endocrinology, Gastroenterology, Neurology, Nutrition and Feeding, Ophthalmology, Orthopedics, Orthotics Services, Psychiatry, Speech and Language Evaluation and Therapy, Urology, Wheelchair Services

\* Some specialty providers and services may not be available in all areas. Contact the MISC to review what services and supports are available. For additional support, contact Member Services.

### Making an Appointment

Making an appointment with your provider in advance is important. Be sure to let them know why you are making an appointment as you might be able to be seen sooner. You can call your provider directly to make an appointment. If you need support, you can also call Member Services.

### Cancelling or Changing Appointments

It is important you go to your appointments, but we know things come up. Call your provider directly to cancel or change your appointment. Try to tell them at least one day before the appointment. If you asked BCBSAZ Health Choice for a ride or an interpreter for you, please call

us right away to cancel.

### **CHILDREN’S REHABILITATIVE SERVICE (CRS) – What is CRS?**

Children’s Rehabilitative Services (CRS) is a designation given to certain AHCCCS members who have a qualifying health condition. Members with a CRS designation can get the same AHCCCS covered services as non-CRS AHCCCS members and are able to get care in the community, or in clinics called multispecialty interdisciplinary clinics (MSIC). MSICs bring many specialty providers together in one location. BCBSAZ Health Choice Care Managers can assist with the CRS application process, making appointments at the MSIC or with other providers, and provide education and support.

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

### **Who is Eligible for a CRS Designation?**

AHCCCS members may be eligible for a CRS designation when they are:

- Under age 21
- Have a qualifying CRS medical condition

The medical condition must:

- Require active treatment
- 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, provider, or health plan representative. To apply for a CRS designation mail or fax:

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

### **MEMBER ADVOCACY COUNCIL**

Your health plan has developed a Member Advocacy Council (MAC) that is open to all members, designated caregivers, guardians, peer support specialist, recovery centers, health homes, contracted providers, community stakeholders, Independent Oversight Committee members, NAMI, tribal members, veterans and their families, and veteran affiliated organizations.

The Member Advocacy Council is a community-based effort focused on member voice facilitated by BCBSAZ Health Choice’s Member Advocate/Veterans’ Liaison.

Feedback from attendees at the council meetings will impact system changes focused on member voice. The council meetings will provide a platform for members, tribal members, veterans, families of members, and community partners to share a voice in their overall experience and understanding of services provided by BCBSAZ Health Choice.

The MAC meetings are held bi-monthly and information about the meetings can be found at HealthChoiceAZ.com. If you would like to participate or learn more about the Member Advocacy Council, please contact Member Services at 1-800-322-8670, TTY: 711, Monday – Friday, 8 a.m. to 5 p.m.

## PRIOR AUTHORIZATION

Some services need approval before AHCCCS or BCBSAZ Health Choice can pay for them. This is called prior authorization. The following list shows some of the services that need prior approval:

- Hospital inpatient and outpatient stays (non-emergency)
- Surgery
- Some office procedures
- Some x-rays and lab tests
- Home health care
- Medical equipment and supplies
- Long-term care (such as nursing homes or rehab hospitals)
- Physical, occupational and speech therapy
- Certain prescription drugs
- Pregnancy terminations in which the mother's life is in danger or the pregnancy is due to a rape, incest, or if termination is medically necessary. (Prior authorization is not required if services are determined to be emergent in nature).
- AzEIP (Arizona Early Intervention Program) when criteria are met

For a list of all services that need prior approval visit our website at [www.azblue.com/hca/](http://www.azblue.com/hca/).

Before you get any of these services, your provider must get approval from BCBSAZ Health Choice. You can call your provider to find out if they have received prior approval.

We decide within 14 calendar days after we receive the request. If you have a serious, life-threatening health issue, your provider may ask for a faster decision. In this case, your provider can send us a request for approval within 72 hours. For prescriptions, we make the decision within 24 hours. We will tell your provider about our decision as soon as it is made. If we do not approve the request, you will receive a letter. The letter is called a Notice of Adverse Benefit Determination. The letter will explain why we did not approve the request.

If you do not agree with the decision, you can file an appeal. If you want to know how we made a decision, you can contact us. We can also give you information about the criteria for a prior approval decision. Call us, we are always here for you. Prior Authorization staff are available between 8:00 a.m. to 5:00 p.m. by calling the main BCBSAZ Health Choice number at 480-968-6866 or toll-free at 1-800-322-8670, TTY 711. Communications received after normal business hours are returned on the next business day, and communications received after midnight on Monday–Friday are responded to on the same business day.

# APPEALS

BCBSAZ Health Choice may not approve services your provider asks for, or we may limit the services. If this happens, you will get a letter from us. This is called a Notice of Adverse Benefit Determination letter.

The Notice of Adverse Benefit Determination will explain the decision and why we made it. It will tell you the law, rule or policy that was used to make the decision. It will give you the date the decision was made.

The Notice of Adverse Benefit Determination will explain how to ask for a second review if you do not agree with our decision. This review is called an appeal. We will tell you how to continue getting services during the appeal process. The Notice of Adverse Benefit Determination will also explain that if you lose the appeal, you will have to pay for care you got during the appeals process.

Before you file an appeal, check with your provider. They have the option to request a discussion with the BCBSAZ Health Choice Medical Director within 10 business days of the date that provider is made aware of the decision. Your doctor could have a different plan of care that may be covered. The plan may include other treatment you can get that will have the same result for you.

If you would like to know the criteria that benefit decisions are based upon, that information is available to you upon request. This information is provided at no cost.

## REQUESTING AN APPEAL

You can ask for an appeal by calling Member Services, or by writing a letter to BCBSAZ Health Choice. This includes appeals about crisis services provided by the RBHA to members NOT designated to have a Serious Mental Illness.

### To file an appeal by phone:

- Call Member Services at 1-800-322-8670 and a representative will help you
- Have your Notice of Adverse Benefit Determination letter with you when you call. This will help us get all of the information necessary to start your appeal

### To file an appeal in writing:

Your appeal letter must be sent directly to BCBSAZ Health Choice. Do not send your appeal to AHCCCS.

Mail your letter to:

BCBSAZ Health Choice  
Attn: Member Appeals  
8220 N 23rd Ave.  
Phoenix Arizona 85021

BCBSAZ Health Choice 1-800-322-8670, TTY: 711, Monday – Friday, 8 a.m. – 5 p.m.  
24/7 Nurse Advice Line: 1-888-267-9037

[www.azblue.com/hca](http://www.azblue.com/hca)

You have 60 calendar days from the date of BCBSAZ Health Choice’s Notice of Adverse Benefit Determination or the date of any adverse action to file your appeal. BCBSAZ Health Choice will send you a letter stating we received your request. This will be sent to you within five (5) business days.

You may ask to look at the information we are reviewing to make our decision. You may ask to see records at any time during the appeal process.

You can also give us any information you think is helpful. This can include written notes, files, or other important information. You can ask us to set up a meeting so that you can give us the information in person. Or you can give it to us in writing.

You can have anyone you choose to help you appeal: your practitioner, other health care practitioner, guardian/representative, attorney, or other representative can appeal for you. If you want someone to help, you will need to write us giving them permission. If you would like legal help with this decision, you can contact the legal aid program in your county. There is a list of programs in Attachment B, Legal Services Program. You can also contact the State Protection and Advocacy System, the Arizona Center for Disability Law, at 1-800-927-2260. Persons determined to have a Serious Mental Illness (SMI) may also ask for help by contacting an Advocate at the AHCCCS Office of Human Rights at 1-800-421-2124 or 602-364-4585.

BCBSAZ Health Choice will have someone review your file who had nothing to do with your first Notice of Adverse Benefit Determination that denied, limited, or stopped care we said you could have.

We will make a decision about your appeal within 30 days.

After we have looked at your appeal, we will send you a letter to tell you, our decision. This letter is called a Letter of Appeal Resolution.

**REQUESTING AN APPEAL FOR CRISIS SERVICES PROVIDED BY THE RBHA**

The RBHA processes all grievances/appeals/requests for fair hearing regarding crisis services.

Please find information on how to do so for the RBHA in your region:

Service Area	RBHA	Phone #
Central (Maricopa, Gila, and Pinal Counties)	Mercy Care AZ	1-800-564-5465
South (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma Counties)	Arizona Complete Health	1-888-788-4408

North (Apache, Coconino, Mohave, Navajo, and Yavapai Counties)	Care1st Health Plan	1-866-560-4042
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**FREEDOM OF CHOICE**

You have the freedom of choice among providers within the BCBSAZ Health Choice network. You can choose a primary care provider (PCP) and other providers from the BCBSAZ Health Choice network list. This also includes the right to refuse care from providers. You also have the right to a second opinion.

**EXPEDITED APPEAL**

If you cannot wait 30 days for a decision, you can ask BCBSAZ Health Choice to make a decision faster. You can ask for a faster decision if waiting 30 days could cause serious harm to your health, life or your ability to reach, get back to or keep functioning at a maximum level. This is called an Expedited Appeal. This process follows the same steps as a standard appeal, except the decision is made in 72 hours, rather than 30 days.

When BCBSAZ Health Choice makes a fast decision, we will try to call you within 72 hours. You will also receive a Notice of Expedited Appeal Resolution letter. This letter will tell you, our decision.

If BCBSAZ Health Choice does not agree that a fast decision has to be made, then a decision will be made within 30 days. You will receive a Notice of Appeal Resolution Letter, which will tell you, our decision.

**NOTICE OF EXTENSION**

BCBSAZ Health Choice will answer your appeal request as quickly as we can. However, sometimes it is in your best interest for us to take more time to decide.

We will send you a letter if we need more time. That letter is called a Notice of Extension. This means BCBSAZ Health Choice has 14 more days to decide. We will also let you know how you can file a complaint if you do not agree that we should take more time.

If you need more time, you can request an extension. This may help you get all the information you need for your appeal.

**USING A REPRESENTATIVE**

If you choose to appeal the Notice of Adverse Benefit Determination, you have the right to give someone permission to help you. The person helping you is called your “representative.” This person can be a family member, friend, a provider, or an attorney if you wish. The process is the same whether you file the appeal yourself or have someone help you. The time frame is also the same in either case.



When BCBSAZ Health Choice sends you the Notice of Adverse Benefit Determination, we also send a list of agencies that may help you file your appeal. If you need another list, please call Member Services. If you want someone to help you, you must send us a letter telling us the name of the person who is helping you file an appeal.

If you need help to file an appeal, but do not have anyone to help you, please let us know. You can let us know by writing us a letter.

To tell us about your representative, please mail your letter to:

BCBSAZ Health Choice  
Attn: Member Appeals  
8220 N 23rd Ave.  
Phoenix Arizona 85021

# PAYMENT FOR SERVICES

## COPAYMENTS

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

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

### The following persons are not asked to pay copayments:

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

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

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

- Hospitalizations
- Emergency services
- Family Planning services and supplies

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

**PEOPLE WITH OPTIONAL (NON-MANDATORY) COPAYMENTS**

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

- They are receiving one of the services above that cannot be charged a copay.
- They are in one of the groups above that cannot be charged a copay.

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

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

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

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

**OPTIONAL (NON-MANDATORY) COPAYMENT AMOUNTS FOR SOME MEDICAL SERVICES**

SERVICE	COPAYMENT
Prescriptions	\$2.30
Out-patient services for physical, occupational and speech therapy	\$2.30
Doctor or other provider outpatient office visits for evaluation and management of your care	\$3.40

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

**PEOPLE WITH REQUIRED (MANDATORY) COPAYMENTS**

Some AHCCCS members have required (or mandatory) copays unless they are receiving one of the services above that cannot be charged a copay or unless they are in one of the groups above that cannot be charged a copay. Members with required copays will need to pay the copays in order to get the services. Providers can refuse services to these members if they do not pay the mandatory copays. Mandatory copays are charged to persons in families with children that are no longer eligible due to earnings - also known as Transitional Medical Assistance (TMA)

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

**REQUIRED (MANDATORY) COPAYMENT AMOUNTS FOR PERSONS RECEIVING TMA BENEFITS**

SERVICE	COPAYMENT
Prescriptions	\$2.30
Doctor or other provider outpatient office visits for evaluation and management of your care	\$4.00
Physical, Occupational and Speech Therapies	\$3.00
Outpatient non-emergency or voluntary surgical procedures	\$3.00

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

**5% LIMIT ON ALL COPAYMENTS**

The amount of total copays cannot be more than 5% of the family’s total income (before taxes and deductions) during a calendar quarter (January through March, April through June, July through September, and October through December.) The 5% limit applies to both nominal and required copays.

AHCCCS will track each member’s specific copayment levels to identify members who have reached the 5% copayment limit. If you think that the total copays you have paid are more than 5% of your family’s total quarterly income and AHCCCS has not already told you this has happened, you should send copies of receipts or other proof of how much you have paid to AHCCCS, 801 E. Jefferson, Mail Drop 4600, Phoenix, Arizona 85034.

If you are on this program but your circumstances have changed, contact your local DES office to

ask them to review your eligibility. Members can always request a reassessment of their 5% limit if their circumstances have changed.

### **PAYING FOR COVERED SERVICES BY BCBSAZ HEALTH CHOICE**

We have many providers for you to choose from in our network. If you have Medicare or other insurance, please choose a provider in the BCBSAZ Health Choice network.

Providers who are not in our network will need to call us for prior approval. If we do not approve the care or service, we may not be able to pay the out-of-network providers. You will only have to pay your mandatory copay for all covered services. For more information about copays, see page 70.

Your provider should send all bills for covered services to BCBSAZ Health Choice. If you get a bill for a covered service:

- Call the provider right away.
- Give them all of your insurance information.
- Make sure the provider has the billing address for BCBSAZ Health Choice.
- Do not pay the bill yourself. We cannot pay you back for covered services. If you get non-emergency services outside of Arizona, you may have to pay for them.

If you still get bills after giving the provider your health plan information, call Member Services. We will review your charges. We will work with your provider to stop billing you.

**NOTE:** You should not pay for covered services after you have been enrolled in BCBSAZ Health Choice because we cannot pay you back. We can only pay providers directly for services.

Let us know if you get a bill or you have paid for covered services. We will work with your provider to bill us and get your money back to you.

### **PAYING FOR SERVICES NOT COVERED BY BCBSAZ HEALTH CHOICE**

You can ask a provider about a service that is not a covered benefit. The provider will tell you the cost of the service. You can decide if you want to pay for the service yourself.

If you choose to pay for the service, you will have to sign a written statement agreeing to pay for the costs yourself. BCBSAZ Health Choice will not reimburse you for services that are not a covered benefit.

If you have to pay a copay to get a service that is not a covered benefit, you must pay this yourself. BCBSAZ Health Choice will not pay this copay.

### **OTHER INSURANCE**

You may have other insurance in addition to AHCCCS. This is called primary insurance. By law, AHCCCS is the payer of last resort. You must tell AHCCCS and BCBSAZ Health Choice if you have

other insurance. This includes Medicare.

If you get other insurance while you are on the plan, you must tell AHCCCS and BCBSAZ Health Choice. Your other insurance will always pay first. Then BCBSAZ Health Choice will pay its part. This means your provider will bill the other insurance first. BCBSAZ Health Choice will help coordinate your AHCCCS benefits with your other insurance. Other insurance or Medicare may affect your copay, co-insurance, or deductible amounts.

If you have Medicare or other insurance, please choose a provider in the BCBSAZ Health Choice network. Providers who are not in our network will need to call us for prior approval. If you get services from a provider not in our network, you must pay the copay, co-insurance, or deductible. Bring all of your insurance cards with you to your provider visits. Tell your provider and us if you or your family has other medical insurance, including Medicare. This helps your provider's office know who to bill.

### **MEDICARE BENEFICIARIES (DUAL ELIGIBILITY)**

People who have both AHCCCS and Medicare are called "dual eligible." If you have Medicare, BCBSAZ Health Choice may help pay your Medicare coinsurance and deductibles (also called "cost sharing"). However, 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 BCBSAZ Health Choice Pathway HMO SNP OTC Drug List for a list of products available on our website at [www.healthchoicepathway.com/members/supplemental-benefits/](http://www.healthchoicepathway.com/members/supplemental-benefits/) or call Member Services to request a printed copy.

If you are enrolled with a Medicare Managed Care Plan (HMO), please find a PCP who is part of both your Medicare HMO and the BCBSAZ Health Choice network. You should use a BCBSAZ Health Choice provider for any other services you get.

If you need help finding a PCP or provider who is part of the BCBSAZ Health Choice network, please call us. We are happy to help you.

If you have Medicare, BCBSAZ Health Choice may now be your behavioral health provider. If you have any questions, call us. We are happy to help you.

### **QUALIFIED MEDICARE BENEFICIARIES (QMB)**

Some dual-eligibles are eligible as Qualified Medicare Beneficiaries (QMB). If you are a QMB member, you may get more help with cost sharing for services that are not usually covered by

AHCCCS, and/or are not given by a BCBSAZ Health Choice provider. Call us and we can help you understand your benefits.

**PHARMACY AND MEDICAL SERVICES PRIOR AUTHORIZATION TIMEFRAMES**

All pharmacy prior authorization requests are reviewed within 24 hours of receipt. Decisions are issued within 24 hours for those requests with complete information from the prescriber. If more information is needed from the prescriber to make our decision, we will contact the prescriber and issue a decision within 7 calendar days of when the case was first received. A Notice of Extension may be issued if BCBSAZ Health Choice needs additional information to decide.

For medical services prior authorizations, we can decide within 14 calendar days after we receive the request. If you have a serious, life-threatening health issue, your provider may ask for a faster decision. In this case, your provider can send us an expedited request for approval within 72 hours.

# GRIEVANCES (COMPLAINTS)

If you have a concern with any part of your health care, or you would like to complain about BCBSAZ Health Choice, please contact Member Services. The problem or concern you are calling about will be handled as a grievance (another word for complaint).

## FILING A GRIEVANCE

If you are not happy with any health care you received, you or the person you have designated as your Health Care Decision Maker, have the right to file a grievance. You can also file a grievance or complaint about BCBSAZ Health Choice. This gives you a chance to tell us about your concerns. You can file a grievance at any time.

You can file a grievance about issues related to your health care such as:

- Issues with health care providers
- The inability to receive health care services.
- Concerns about the Quality of Care (QOC) received.
- Timely access to services
- Staff attitude
- Rudeness
- Adequacy of Notice of Adverse Benefit Determination Letters
- Crisis services provided by the RBHA.
- Any other kind of problem you may have had with your health care service.
- Any other kind of problem you may have with your health plan.

You can file a grievance either over the phone or in writing.

### To file a grievance by phone:

- Call Member Services and we will help you.
- The representative will ask you about the concern. This will help us get the information necessary to address your matter.
- Tell the representative the date the problem happened and any other facts about the issue.

### To file a grievance in writing, send a letter to:

BCBSAZ Health Choice  
Attn: Member Grievances  
8220 N 23rd Ave.  
Phoenix, Arizona 85021

BCBSAZ Health Choice will carefully look into your concern. We are here to help you. We may contact you for more information or talk to others involved in your care. Once the review is complete, we will send you a letter within 10 business days telling you the outcome.



Please note: Upon receipt of the letter if you do not feel that BCBSAZ Health Choice has resolved your concerns about the adequacy of a Notice of Adverse Benefit Determination letter (also described under “Appeals”) you can contact us to discuss the resolution and file an appeal as outlined in the decision letter.

Members, community members, and Health Care Decision Makers may also submit concerns directly to the BCBSAZ HC Quality Management Department via the following methods:

**Email:**

hchhcicqoc@azblue.com

**Telephone:**

928-214-2205

**Mail:**

BCBSAZ Health Choice  
Attn: Quality Management  
8220 N 23rd Ave  
Phoenix, Arizona 85021

You also have the right to contact the AHCCCS Medical Management Department. The AHCCCS Medical Management Department can be reached by email at [MedicalManagement@azahcccs.gov](mailto:MedicalManagement@azahcccs.gov).

# STATE FAIR HEARING

## **MEMBER'S RIGHT TO REQUEST A STATE FAIR HEARING**

If you do not like the appeal decision made by BCBSAZ Health Choice, you have the right to request a hearing. This is called a State Fair Hearing.

Information about how to ask for a state fair hearing will be included in the Notice of Appeal Resolution (or the Notice of Expedited Appeal Resolution) letter.

The State Fair Hearing process offers a chance to have your request heard by an Administrative Law Judge. You must ask for the State Fair Hearing in writing. You have 90 days from the date you receive the Notice of Appeal Resolution (or Notice of Expedited Appeal Resolution) letter to ask for a State Fair Hearing. You can request to continue receiving services throughout the appeals process when requesting your hearing.

To ask for a State Fair Hearing in writing, send a letter to:  
BCBSAZ Health Choice  
Attention: Member Appeals  
8220 N 23rd Ave.  
Phoenix Arizona 85021

After you ask for a State Fair Hearing, you will receive a Notice of Hearing. The notice will tell you the law, rule or policy that will be used at the hearing. The notice will tell the location and time of the hearing.

You will receive information about the hearing process. You will have the right to speak for yourself at the hearing.

You can give permission in writing to a lawyer, a relative, a friend or anyone else to speak for you at the hearing. Before, and during the hearing, you (and the person helping you) can look at all the paperwork that will be used at the hearing.

You can bring someone to the hearing that knows about your case. You can also bring information about your case to the hearing.

## **WHAT TO EXPECT AT THE STATE FAIR HEARING**

An Administrative Law Judge will hold the State Fair Hearing. The judge will listen to everything said at the hearing. The judge will also read all the documents. You have the right to designate a Health Care Decision Maker (HCDM), who can submit concerns on your behalf.

After the hearing, the judge will send a Recommended Decision to AHCCCS. AHCCCS will read the Recommended Decision and agree with it, change it, or reject it. AHCCCS will then send you a letter telling you the decision. This letter is called a "Director's Decision."

The Director's Decision will tell you if you have won or lost at the hearing. The letter will tell you why AHCCCS made the decision. The letter will tell you if you have more appeal rights.

AHCCCS will send the Director's Decision about 90 days after your State Fair Hearing. For a fast appeal, you will get the Director's Decision three working days after AHCCCS gets all the information from BCBSAZ Health Choice. The Director's Decision will tell you if you have to pay for the care you got during the State Fair Hearing process.

### **RECEIVING CONTINUED BENEFITS**

You can keep getting medical care during the Appeal and State Fair Hearing process if **all** listed below are true:

- BCBSAZ Health Choice stops, or limits care already approved before
- Your doctor ordered the care.
- The length of time from when we approved your care is not over.
- You ask to keep getting your care.
- You send us your appeal before we stop or limit your treatments, or within ten days of the date on the Notice of Adverse Benefit Determination, whichever is later.

You will continue to get the care **until**:

- You ask to stop the appeal or hearing.
- You do not ask for continued care or a hearing within 10 days from the date we sent you the Notice of Appeal Resolution
- You lost the State Fair Hearing
- The length of time for your care we approved ends.

**Note: You will have to pay for the care that you get if you lose the appeal or the State Fair Hearing.**

# MEMBER RIGHTS

## COMPLIANCE WITH FEDERAL AND STATE LAWS

BCBSAZ Health Choice complies with all federal and state laws, including:

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

Please note: Complaints should go to the Clinical Resolution Unit (CRU). To file a complaint with AHCCCS, please call the Clinical Resolution Unit within Maricopa County at 602-364-4558 or statewide at 1-800-867-5808.

### **As a BCBSAZ Health Choice member, you have the right to:**

- You have the freedom of choice among providers within the BCBSAZ Health Choice network.
- Choose a primary care provider (PCP) and other providers from the BCBSAZ Health Choice network list. This also includes the right to refuse care from providers.
- Use any hospital or other setting for emergency care.
- Get a second opinion from a qualified health care professional within the network or have a second opinion arranged outside of the network, only if there is not adequate in-network coverage, at no cost.
- Privacy and to be treated with respect and dignity.
- Your care:
  - The member's right to be treated fairly regardless of disability, race, color, ethnicity, national origin, religion, gender, age, sex, gender identity, behavioral health condition (intellectual) or physical disability, sexual orientation, genetic information, or ability to pay.
  - The member's right to develop a contingency plan with their provider agency to decide their preferences for each service, subject to Electronic Visit Verification (EVV) and provided by the provider when a service visit is short, late, or missed.
  - Receive and discuss information on available treatment options and alternatives, regardless of cost or benefit coverage; presented in a manner appropriate to your condition and in a way you can understand.
  - Get health care services in accordance with access to care and quality standards.
  - Create a plan that tells health care providers what kind of treatment you do or do not want if you become too sick to make your own health care decisions. These are advance directives.

- Be free from any form of control or isolation used as a means of force, authority, convenience, or retaliation. You cannot be held against your will. You cannot be forced to do something you do not want to do. This also means you have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
  - Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible
  - Make decisions about your health care. This includes agreeing to treatment. It can also include the right to refuse treatment.
- You have the right to get other information, such as:
    - Covered services and how to get covered services that are not offered or available through the health plan.
    - How to get after-hours and emergency services.
    - Available treatment options (including the option of no treatment).
    - Beneficiary and plan information.
    - Prior authorization, referrals or any special procedures needed to get medical services.
    - How to get mental health or substance abuse services.
    - How to get services outside the BCBSAZ Health Choice service area.
    - Its practitioners and providers.
    - The plan's provider incentive program: This means you can ask about ways that the health plan pays our providers. Providers or other health care professionals are not financially rewarded based on denial of care or for limiting services.
    - Its quality improvement program including member survey results for the health plan.
  - The right to family planning services from an appropriate registered provider.
  - A description of how the organization evaluates the appropriate use of new developments in medical technology and new applications of existing technologies for inclusion as a covered benefit.
  - New medical devices and procedures are evaluated by BCBSAZ Health Choice medical management team to:
    - Keep abreast of ongoing changes in medical technology.
    - Ensuring our members have safe, effective, and evidence-based care.
    - Review information from the appropriate governmental regulatory bodies such as U.S. Food and Drug Administration (FDA)
    - Obtain input from specialists and professionals with unique knowledge about the specific technology reviewed.
  - Structure and operation of BCBSAZ Health Choice or its subcontractors.
  - Whether or not BCBSAZ Health Choice has Physician Incentive Plans (PIP) that affect the use of referral services and the right to a summary of member survey results, in accordance with PIP regulation.

- Whether stop-loss insurance is required.
- Grievances, appeals and requests for a State Fair Hearing.
- Medical Records:
  - Inspect your medical records at any time. You have the right to ask for a copy of your medical records at least annually. There is no cost to you.
  - You have the right to a written reply from BCBSAZ Health Choice within 30 days of your request for medical records.
  - If denied, you have the right to information about why your request was denied.
  - You have the right to seek review of a denial in accordance with 45 CFR Part 164.
  - You have the right to change or correct your medical records.
  - Request restrictions.
- Private communications.
- Accounting of disclosures.
- Have services and materials provided in a way that helps you understand. This may include help with:
  - Language Needs: Language services are available to you at no cost. This includes interpretation and translation. It also includes having materials translated into your own language. This includes having materials translated into your own language. We can help you find providers who speak your language. If your provider does not speak your language, they will arrange an interpreter for your medical appointments. This is provided at no cost to you. Talk to your provider about language services.
  - Visual Needs: This may include recorded materials, such as a CD, or materials in Braille. You can also ask for larger print. This is provided at no cost to you. Call Member Services for more information.
  - Hearing Needs: If you are deaf or hard of hearing, you can call Arizona Relay Services at 711. This telephone relay, or TTY/TDD, is a free public service. There is no cost to you. We can also get you a sign language interpreter for your medical appointments. This is provided at no cost to you. Call Member Services for more information.
- To maintain compliance with all Federal and State regulatory bodies and Accrediting agencies applicable to BCBSAZ Health Choice plans.
- Complain about BCBSAZ Health Choice. This complaint or appeal can be filed with BCBSAZ Health Choice or AHCCCS. You cannot be denied services if you file a complaint.
- A paper copy of the Notice of Privacy Practices. See the “Your Privacy” section of this handbook for more information.
- You have the right to make recommendations regarding the organization’s member rights and responsibilities policy.
- Confidentiality and your privacy are important to us. Please see the Notice of Privacy Practices included in the next section or in your Member Welcome Kit for information on how we handle medical information.

- Be sure BCBSAZ Health Choice will not hold it against you if you choose to use any of your rights.

## **YOUR PRIVACY**

The privacy of your medical information is very important to us. We make every effort to keep your records private and confidential.

For example, we verify the identity of all incoming callers. Our Member Services staff will only talk to you or an authorized person about your care. An authorized person is someone you tell us we can talk to, such as a family member, a close friend, legal guardian, or someone with medical power of authority.

Help us know with whom we can talk about your care. Please call Member Services with this information about a family member or friend. Or send us copies of any court orders or other legal papers showing who is authorized. We will update our records to include the people you identify. You can get more information about how to get documents showing someone can act for you. Please review the “Advance Directives” section in this handbook.

In addition, BCBSAZ Health Choice has policies in place to protect your privacy. One of these policies describes our Notice of Privacy Practices (Notice). This Notice tells you how we manage and protect your medical information. The Notice also explains your rights about your medical information. You can see the Notice on our website. Or call Member Services to tell us if you want a paper copy. We will send you one at no cost to you.

BCBSAZ Health Choice will only use your personal information to help you get access to covered benefits as part of your enrollment with BCBSAZ Health Choice. We do not sell, trade, or give away your personal information to anyone. We also use industry-leading technologies to ensure the security and confidentiality of the personal information you provide us.

### **Protected Health Information (PHI)**

BCBSAZ Health Choice has privacy and security processes in place to help protect your personal health information (PHI). These are some of the ways we protect your PHI:

- Train our staff to follow our privacy and security processes.
- Require our business associates to follow privacy and security processes.
- Keep our offices secure.
- We only talk about your PHI if needed for a business reason. We also only talk about your PHI with people who need to know in order to help you with covered services.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

### **Race, Ethnicity, Language (REaL), Sexual Orientation/Gender Identity (SOGI), and Social Needs Information**

BCBSAZ Health Choice also has processes in place to help keep your race/ethnicity, language, sexual orientation, gender identity (SOGI), and social needs information confidential. Some of the ways ensure protection of your information include:

- Keeping paper documents in locked file cabinets
- Making sure only authorized staff can access your information or documents.
- Requiring that electronic information remain on physically secure media.
- Maintaining your electronic information in password-protected files

We may use or disclose your REaL, SOGI, and social needs information as part of our standard operations. These activities may include:

- Creating intervention programs
- Designing and distributing outreach materials
- Informing health care practitioners and providers about your language needs
- Assessing health care disparities

We will never use your REaL, SOGI, and social needs information for underwriting, rate setting or benefit determinations or disclose your REaL, SOGI, and social needs information to unauthorized individuals. You may also opt in or out of sharing your REaL, SOGI, and social needs data.

### **Is My Behavioral Health Information Private?**

There are laws about who can see your behavioral health information with or without your permission. Substance abuse treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission.

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:

- Providers 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 state agencies, such as schools. Your written permission may be required before your information is shared.



# FRAUD, WASTE AND ABUSE (FWA)

BCBSAZ Health Choice is committed to detecting, reporting, and preventing fraud and abuse.

**Fraud** is defined by Federal law (42 CFR 455.2) as "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law."

An example of **provider fraud** is a doctor billing for services that were not given to you or that you did not need. An example of **member fraud** is sharing, selling, or giving an AHCCCS ID card to others.

**Waste** is not defined in Federal Law, but per the National Association of Medicaid Directors' letter to CMS, dated March 2012, the working concept is "the over-utilization or inappropriate utilization of service and misuse of resources, and typically is not a criminal or intentional act."

**Abuse** is defined by Federal law (42 CFR 455.2) as "provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program."

Abuse includes any practices that do not follow the rules or laws. Payment for items or services when there is no legal right to that payment and the person has not knowingly and/or intentionally falsified facts to receive payment. Abuse includes any practices that do not follow the rules or laws. It can also mean physical, mental, sexual abuse or neglect of a member.

If you commit Fraud, Waste and/or Abuse (FWA), you could be subject to penalty under the law.

If you suspect Fraud, Waste and/or Abuse (FWA) by a provider, member, or other person, please tell us. You can report suspected FWA through any of these options:

- Call Member Services and ask to talk to the Compliance Department, such as the BCBSAZ Health Choice Corporate Compliance Officer - Nicole Larson or any other representative from the BCBSAZ Health Choice Compliance Department
- Refer suspected FWA by email to address:  
<https://www.azahcccs.gov/Fraud/ReportFraud/onlineform.aspx>
- Refer suspected FWA by sending an email to [AHCCCSFraud@azahcccs.gov](mailto:AHCCCSFraud@azahcccs.gov).
- Calling any one or more of these hotlines:
  - 602-417-4045 (AZ: Suspected Medicaid Provider Fraud - In Maricopa County) or 1-888-ITS-NOT-OK or 1-888-487-6686 if calling from outside of Arizona; or

- 602-417-4193 (AZ: Suspected Medicaid fraud by an AHCCCS member if calling from within Maricopa County) or 1-888-ITS-NOT-OK or 1-888-487-6686 if calling from outside of Arizona).

You will not lose your health benefits for reporting Fraud, Waste or Abuse (FWA). We will keep your report private to the extent allowed under the law.

# RESOURCES

Use this section to find information about tobacco cessation, community programs and resources, access to low cost or no cost services, and advocacy resources.

## **WANT TO QUIT SMOKING OR KICK THE TOBACCO HABIT?**

If you smoke or use tobacco, one of the best ways to get healthy is to quit. Tobacco use puts you at high risk for cancer, heart attack, stroke, and even sexual problems. The risks are even greater if you have diabetes, are overweight, or have other health problems.

A pregnant mom who smokes is also risking the health of her unborn baby. Studies show drugs, stop-smoking aids, counseling, support, and habit changes can help you quit.

### **Take that First Step:**

- Decide to stop smoking and set a date.
- Get support from family and friends.
- Quit with a friend or partner.
- Get help from your doctor.
- Call BCBSAZ Health Choice Arizona and Arizona Smoker's Helpline (ASHLine) 1-800-556-6222 or visit <https://www.azdhs.gov/ashline/>
- The ASHLine can give you free samples of stop-smoking aides. The ASHLine can also give you counseling and support to help you kick the habit.

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/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.

Tobacco cessation services, including medications such as nicotine gum, patches and lozenges are available at no cost to help in your efforts to quit tobacco. Call us to talk with a care manager for help quitting tobacco.

## **COMMUNITY PROGRAMS**

### **Head Start Program**

Head Start is a preschool program for children. Head Start can help prepare your child for kindergarten.

Children who are 3 to 5 years old are eligible for Head Start services. Pregnant women and children from birth to 3 years of age are eligible for Early Head Start services.

These programs provide:

BCBSAZ Health Choice 1-800-322-8670, TTY: 711, Monday – Friday, 8 a.m. – 5 p.m.

24/7 Nurse Advice Line: 1-888-267-9037

[www.azblue.com/hca](http://www.azblue.com/hca)

- Early childhood education
- Nutritious meals and snacks
- Social service for families
- Help for children with special needs

For more information about Head Start, visit the Head Start website at [AZHeadStart.org](http://AZHeadStart.org).

### **Arizona Early Intervention Program (AZEIP)**

This program provides support and services for families of children, birth to 3 years of age, with disabilities or developmental delays. The goal of the program is to support the children's growth, development, and learning.

Talk to your child's doctor if you have concerns about how your child plays, learns, communicates, moves, sees, or hears.

What will AzEIP do? The Arizona Early Intervention Program will:

- Listen to your family's concerns, hopes, priorities and questions.
- Answer your questions and give you more information about early intervention.
- Assist in discovering how your child best learns, communicates, moves, and plays.
- Provide information and support to meet the unique needs of your family.
- Identify resources in your community that match your priorities and concerns.

### **Women, Infants and Children (WIC) Program**

WIC is a nutrition program that helps your family learn about eating well and staying healthy. WIC is for pregnant or breast-feeding women, women who just had a baby, infants, and children up to 5 years. WIC can also help provide healthy food for you and your child. For more information, call 1-800-252-5942. WIC can help you find an office near you. You can also go to the WIC website at [www.azwic.gov](http://www.azwic.gov).

### **Area Agency on Aging**

The Area Agency on Aging is a resource for adults aged 60 years and older, adults 18 and older living with HIV/AIDS, disabilities and long-term care needs, and family caregivers. They offer many programs and services to enhance the quality of life. For more information, visit [www.aaaphx.org](http://www.aaaphx.org).

### **AZLinks.gov**

[AZLinks.gov](http://AZLinks.gov) is an online resource that offers assistance and information on aging and disability. You can use this tool to find support groups, food services, recreation services and more.

**COMMUNITY RESOURCES**

<b>AGENCY</b>	<b>PHONE NUMBER</b>	<b>WEBSITE</b>
Arizona Adult Protective Services (Adult Abuse Hotline)	1-877-SOS-ADULT (1-877-767-2385)	<a href="https://des.az.gov/services/basic-needs/adult-protective-services">https://des.az.gov/services/basic-needs/adult-protective-services</a>
Alzheimer's Association	24/7 HELPLINE 1-800 272-3900	<a href="http://alz.org">alz.org</a>
Arizona Early Intervention Program (AzEIP)	Central Office 602-532-9960 Central Referral Line 1-888-592-0140 (toll-free)	<a href="https://des.az.gov/services/disabilities/developmental-infant">https://des.az.gov/services/disabilities/developmental-infant</a>
Arizona 2-1-1 Community Information and Referral Services	2-1-1 or 1-877-211-8661 (toll-free)	<a href="http://211arizona.org">211arizona.org</a>
AZLinks.gov	N/A	<a href="http://azlinks.gov">azlinks.gov</a>
Arizona Job Connection	602-542-2460	<a href="http://azjobconnection.gov">azjobconnection.gov</a>
Arizona Head Start	602-338-0449	<a href="http://azheadstart.org">azheadstart.org</a>
AZ Suicide Prevention Coalition	602-248-8337	<a href="http://azspc.org">azspc.org</a>
AZ Dept. of Health Services Bureau of Women's and Children's Health	602-542-1025	<a href="https://www.azdhs.gov/prevention/womens-childrens-health/index.php">https://www.azdhs.gov/prevention/womens-childrens-health/index.php</a>
Arizona Department of Health Services (ADHS)	602-542-1025	<a href="http://azdhs.gov">azdhs.gov</a>

Arizona ASHLine Tobacco Quit Line	800-556-6222 (toll-free)	<a href="https://www.azdhs.gov/ashline/">https://www.azdhs.gov/ashline/</a>
AZ Department of Economic Security	602-542-4791	<a href="des.az.gov">des.az.gov</a>
AZ@WORK	N/A	<a href="arizonaatwork.com/">arizonaatwork.com/</a>
The Arizona Partnership for Immunization (TAPI)	602-288-7568	<a href="whyimmunize.org">whyimmunize.org</a>
AGENCY	PHONE NUMBER	WEBSITE
Arizona Coalition to End Sexual and Domestic Violence	1-800-782-6400 TTD/ TTY: 602-279- 7270	<a href="acesdv.org">acesdv.org</a>
Birth and Death Certificates	602-364-1300 1-888-816-5907 (toll- free)	<a href="https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records/index.php">https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records/index.php</a>
Birth to Five Helpline	1-877-705-KIDS (5437)	<a href="https://www.swhd.org/programs/health-and-development/birth-to-five-helpline/">https://www.swhd.org/programs/health-and-development/birth-to-five-helpline/</a>
Breastfeeding Hotline	24-hour hotline: 1-800-833-4642	<a href="https://www.azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php#24-hr-bf-hotline">https://www.azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php#24-hr-bf-hotline</a>
Count the Kicks	Nationwide 1- <a href="tel:5156508685">515-650-8685</a>	<a href="#">Arizona - Count the Kicks</a>
Division of Developmental Disabilities (DDD)	1-844-770-9500 (toll-free)	<a href="https://des.az.gov/services/disabilities/developmental-disabilities">https://des.az.gov/services/disabilities/developmental-disabilities</a>
Disability Benefits 101 (DB101)	1-866-304-WORK (9675)	<a href="az.db101.org">az.db101.org</a>
Dump the Drugs	General and Public Information: (602) 542-1025	<a href="https://azdhs.gov/gis/dump-the-drugs-az/">https://azdhs.gov/gis/dump-the-drugs-az/</a>

KidsCare - Arizona Children's Health Insurance Program (CHIP)	Maricopa County: 602-417-5437 Statewide: 1-855-432-7587 (toll-free)	<a href="https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html">https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html</a>
Health-e-Arizona Plus	1-855-432-7587 (toll-free)	<a href="http://healthearizonaplus.gov">Health-e-Arizona (healthearizonaplus.gov)</a>
Medicaid – AHCCCS (Arizona Health Care Cost Containment System)	Maricopa County: 602-417-4000: Statewide (toll-free): 1-800-962-6690 TDD: 602-417-4191	<a href="http://www.azahcccs.gov">www.azahcccs.gov</a>
Mentally Ill Kids in Distress (MIKID)	N/A	<a href="http://mikid.org">mikid.org</a>
National Suicide/Prevention Lifeline	988	<a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a>
Opioid Assistance and Referral (OAR) Line	1-888-688-4222	<a href="http://www.azdhs.gov/oarline">www.azdhs.gov/oarline</a>
<b>AGENCY</b>	<b>PHONE NUMBER</b>	<b>WEBSITE</b>
Postpartum Support International	Helpline: 1-800-944-4773	<a href="http://www.postpartum.net">www.postpartum.net</a>
Power Me A2Z (Free vitamins for women program through ADHS)	N/A	<a href="http://www.powermea2z.org">www.powermea2z.org</a>
Poison and Drug Information Center	1-800-2221222 (toll-free)	<a href="http://www.azpoison.com">www.azpoison.com</a>
Prevent Child Abuse Arizona	928-445-5038 or 602-255-5540	<a href="http://www.pcaaz.org">www.pcaaz.org</a>

Raising Special Kids	1-800-237-3007	<a href="http://www.raisingpecialkids.org">www.raisingpecialkids.org</a>
Strong Families (AZ website for home visitation programs)	N/A	<a href="http://www.strongfamiliesaz.com">www.strongfamiliesaz.com</a>
Supplemental Nutrition Assistance Program (SNAP)	855-777-8590 (toll-free)	<a href="https://des.az.gov/services/basic-needs/food/nutrition-assistance-formerly-food-stamp-program">https://des.az.gov/services/basic-needs/food/nutrition-assistance-formerly-food-stamp-program</a>
Teen LifeLine	602-248-8336 (TEEN) or 1-800-248-8336 (TEEN)	<a href="http://www.teenlifeline.org">www.teenlifeline.org</a>
Unemployment Insurance Benefits	Phoenix: 602-364-2722 Tucson: 520-791-2722 1-877-600-2722 (toll-free) TDD/TTY: 711	<a href="https://des.az.gov/services/employment/unemployment-individual">https://des.az.gov/services/employment/unemployment-individual</a>
Vaccines for Children	602-542-1025	<u>Vaccines for Children (VFC) Program</u>
WIC (Women, Infants and Children)	1-800-252-5942	<a href="http://www.azdhs.gov/azwic/">www.azdhs.gov/azwic/</a>

**ACCESS TO LOW OR NO COST SERVICES**

Should an AHCCCS member lose their AHCCCS eligibility, they If you lose AHCCCS eligibility you may be eligible to receive low or no cost primary care services from providers identified on the Bureau of Health Systems Development (HSD) website at <https://www.azdhs.gov/prevention/health-systems-development/index.php>



The HSD supports a variety of programs and services meant to improve access to high quality primary health care, for those uninsured and other vulnerable populations. You may also call the HSD at 602-542-1219, Monday through Friday, 8 a.m. to 5 p.m., except holidays.

## ADVOCACY RESOURCES

There are groups that can support you or advocate for you. Below is a list of agencies you can contact for additional support:

AGENCY	PHONE NUMBER	WEBSITE
Division of Aging and Adult Services – Aging and Disability Services	602-542-4446	<a href="https://des.az.gov/services/older-adults/home-community-based-services">https://des.az.gov/services/older-adults/home-community-based-services</a>
Division of Aging and Adult Services – Long Term Care	602-542-6454	<a href="https://des.az.gov/services/older-adults/long-term-care-ombudsman">https://des.az.gov/services/older-adults/long-term-care-ombudsman</a>
Area Agency on Aging	24-hour senior help line: 602-264-HELP(4357) 1-888-783-7500 (toll -free)	<a href="http://aaaphx.org">aaaphx.org</a>
Ability360	602-256-2245 1-800-280-2245 (toll-free)	<a href="http://ability360.org">ability360.org</a>
National Alliance on Mental Illness (NAMI), Arizona	480-994-4407	<a href="http://namiarizona.org">namiarizona.org</a>
Arizona Coalition Against Sexual and Domestic Violence	602-279-2900 1-800-782-6400 (toll-free)	<a href="http://acesdv.org">acesdv.org</a>

## LEGAL ASSISTANCE

AGENCY	PHONE NUMBER	WEBSITE
Arizona Center for Disability Law	602-274-6287 1-800-927-2260 (toll-free)	<a href="http://azdisabilitylaw.org">azdisabilitylaw.org</a>
Division of Aging and Adult Services – Aging and Disability Services	602-542-4446	<a href="https://des.az.gov/services/older-adults/home-community-based-services">https://des.az.gov/services/older-adults/home-community-based-services</a>

Community Legal Services, Inc.	1-800-852-9075	<a href="http://clsaz.org">clsaz.org</a>
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# GLOSSARY

## MANAGED CARE TERMINOLOGY

**Appeal:** To ask for review of a decision that denies or limits a service.

**Copayment:** Money a member is asked to pay for a covered health service, when the service is given. (Also called a copay.)

**Durable Medical Equipment:** Equipment and supplies ordered by a health care provider for a medical reason for repeated use.

**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.
- Put a pregnant woman's baby in danger.
- Cause serious damage to bodily functions.
- Cause serious damage to any body organ or body part.

**Emergency Medical Transportation:** See **EMERGENCY AMBULANCE SERVICES**

**Emergency Ambulance Services:** Transportation by an ambulance for an emergency condition.

**Emergency Room Care:** Care you get in an emergency room.

**Emergency Services:** Services to treat an emergency condition.

**Excluded Services:** See **EXCLUDED:**

**Excluded:** Services that AHCCCS does not cover. Examples are services that are:

- Above a limit,
- Experimental, or
- Not medically needed.

**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.

**Habilitation Services and Devices:** See **HABILITATION:**

**Habilitation:** Services that help a person get and keep skills and functioning for daily living.

**Health Insurance:** Coverage of costs for health care services.

**Home Health Care:** See **HOME HEALTH SERVICES**

**Home Health Services:** Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor's order.

**Hospice Services:** Comfort and support services for a member deemed by a Provider to be in the last stages (six months or less) of life.

**Hospital Outpatient Care:** Care in a hospital that usually does not require an overnight stay.

**Hospitalization:** Being admitted to or staying in a hospital.

**Medically Necessary:** A service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.

**Network:** Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.

**Non-Participating Provider: See OUT OF NETWORK PROVIDER**

**Out of Network Provider:** A health care provider who has a provider agreement with AHCCCS but does not have a contract with your health plan. You may be responsible for the cost of care for out-of-network providers.

**Participating Provider: See IN NETWORK PROVIDER**

**In-Network Provider:** A health care provider who has a contract with your health plan.

**Physician Services:** Health care services given by a licensed physician.

**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.
- Plans to help the member better their quality of life

**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.

**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.

**Prescription Drug Coverage:** Prescription drugs and medications paid for by your health plan.

**Prescription Drugs:** Medications ordered by a health care professional and given by a pharmacist.

**Primary Care Physician:** A doctor who is responsible for managing and treating the member's health.

**Primary Care Provider (PCP):** A person who is responsible for the management of the member's health care. A PCP may be a:

- Person licensed as an allopathic or osteopathic physician.
- Practitioner defined as a physician assistant licensed.
- Certified nurse practitioner

**Provider:** A person or group who has an agreement with AHCCCS to provide services to AHCCCS members.

**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.

**Skilled Nursing Care:** Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

**Specialist:** A doctor who practices a specific area of medicine or focuses on a group of patients.

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

## **MATERNITY CARE DEFINITIONS**

**For more definitions, visit the AHCCCS website at [azahcccs.gov](http://azahcccs.gov).**

**Maternity care:** Any covered services related to pregnancy.

**Maternity care coordination:** Support and services to help a pregnant mom stay healthy.

**Maternity Care Provider:** A provider who has special training to provide maternity care.

**Practitioner:** This term refers to certified nurse practitioners in midwifery, physician assistants and other nurse practitioners.

**Postpartum:** The 12-month timeframe following the end of a pregnancy.

**Postpartum care:** Health care provided after a mom delivers or a pregnancy ends.

**Preconception Counseling:** Makes sure a woman is healthy prior to pregnancy. This does not include genetic testing.

**Perinatal Services:** Care for pregnant moms and babies.

**Prenatal Care:** Health services during pregnancy to keep mom and baby healthy.. 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.

**High Risk Pregnancy:** Refers to a condition in which the mother or baby before and after birth is at risk for serious problems.

**Free Standing Birthing Centers:** Places staffed by registered nurses and maternity care providers to assist with labor and delivery services outside a hospital.

**Low Birth Weight Infant:** A baby weighing 5 lbs. 8 oz. or less.

**OB Case Manager:** This is doctor who specializes in treating pregnant women who have high-risk medical conditions during their pregnancy.

**Obstetrician:** This is a doctor who takes care of women while they are pregnant, during delivery and after the baby is born.

**Maternal Fetal Medicine Doctor:** This is doctor who specializes in treating pregnant women who have high- risk medical conditions during their pregnancy.

**Certified Nurse Midwife (CNM):** A Certified Nurse Midwife is licensed as a nurse and a midwife. A CNM helps a woman during labor and delivery.

**Licensed Midwife:** A person licensed to help a woman during labor and delivery.

## IMPORTANT INFORMATION

### Member Services / Servicios Para Miembros:

**Need help finding a provider or help with transportation?**

Call BCBSAZ Member Services:

**1-800-322-8670, TTY/TDD: 711**

Monday – Friday, 8 a.m. – 5 p.m.

[azblue.com/hca](http://azblue.com/hca)

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Choice