Helpful information

Mercy Maricopa Member Services
602-586-1841 or 1-800-564-5465; (TTY/TDD) 711
24 hours a day, 7 days a week

Behavioral Health Crisis Line
602-222-9444 or 1-800-631-1314
TTY/TDD: 1-800-327-9254

Maricopa Peer Operated Warm Line
A telephone support line operated by trained peer counselors who have similar life experiences as you. Available 24/7 at 602-347-1100.

Rally Point Arizona Veteran Help Line
If you need help at any time, for any kind of emergency, call us and talk to a veteran who understands where you’ve been and where you are now. You can call the Rally Point Hotline 24/7 at 1-855-RALLY4U or 1-855-725-5948.

Personal information and contact information

My member ID number _______________________________________________________________________________________

Name Phone Number

My Primary Care Provider (PCP) ____________________________________________

Hospital ____________________________________________

Pharmacy ____________________________________________

Case manager ____________________________________________

My psychiatrist or nurse ____________________________________________

This handbook contains general health information and shouldn’t replace the advice or care from your provider. You should always ask your health care provider about your own health care needs.

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Welcome to Mercy Maricopa Integrated Care

Connecting you to care, services and support for living well
You have many benefits and services available to you as member of Mercy Maricopa Integrated Care (Mercy Maricopa). You have access to a variety of health care providers and community resources. You can count on us to connect you to the care you need, when and where you need it.

As a member, you can also use many different supports and services. These services can help when you’re having a behavioral health crisis or issue with substance use. They can help if you need guidance from someone with lived experiences or if you’re experiencing homelessness. Supports can also mean help finding and keeping a job or a home.

Your physical, behavioral and social needs affect your overall health. And that’s why our focus is the whole person. To meet your needs, we get to know you. We help you achieve your physical and behavioral health goals. We engage others around you. This includes your family, friends, providers and others in the community - anyone you choose to walk alongside you on your path to recovery.

Behavioral health challenges can affect people of any age, gender, income, race or religion. These challenges can affect how you think, feel and act. Sometimes, symptoms are mild. Other times, they’re more serious and longer lasting. Either way, feeling better is always possible. If you’re experiencing a behavioral health challenge, you’re not alone.

We’re here to help.

Mercy Maricopa Member Services

Member Services is available to help answer your questions. Member Services can help you:
- Learn about the services you can get
- Find a provider, including providers that offer services after normal business hours
- Get answers to your questions
- Make a complaint or give positive feedback about services

Mercy Maricopa Member Services is available **24 hours a day, 7 days a week.** You can call **602-586-1841** or **1-800-564-5465;** (TTY/TDD) **711**; email **contactmercymaricopa@mercymaricopa.org.** Our offices are located at 4350 E. Cotton Center Blvd., Bldg. D, Phoenix, AZ 85040.

Member identification card
Your ID card has a phone number to access behavioral health and substance abuse services. Some members can also access medical care services. (See page 5 for details.) If you have questions or need help getting behavioral health services, you can call the number on your card.

You should protect your identification (ID) card. You shouldn’t give it to anyone except those providing your health care services. If you loan, sell or give your ID card to anyone else, you may lose your AHCCCS benefits and/or legal action may be taken.

If you lose eligibility, don’t throw away your member ID card. You will not be given another card if you become eligible again.

Delivering services to members
Mercy Maricopa Integrated Care is a managed care plan. This means we provide health services to our members through a selected group of providers, called a provider network. Your provider helps you manage your care. They’ll work with you to develop a treatment plan and can refer you to other services to improve your health and wellness.
Arizona has Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs). These organizations have a contract with the State of Arizona to serve certain areas of the state. Based on where you live, your RBHA is Mercy Maricopa. RBHA’s have to make sure that behavioral health services are available to their members. They also have to oversee:

- The quality of care members receive
- The appropriate use of services
- Manage the cost associated with providing needed services

To find out more about Arizona’s behavioral health service delivery system you can visit the Arizona Health Care Cost Containment System website at https://www.azahcccs.gov/.

**Your local connection**

Mercy Maricopa is the RBHA for Geographic Service Area (GSA) 6, which includes all of Maricopa County and a small portion of northern Pinal County. We’re a local, not-for-profit health plan sponsored by Mercy Care Plan and Maricopa Integrated Health System (MIHS).

Mercy Care Plan is an Arizona not-for-profit company providing innovative Medicaid managed care administration since 1985. Dignity Health and Carondelet Health Network sponsor Mercy Care Plan. MIHS is a public health care system. It has served as a health care safety net for the citizens of Maricopa County for more than 135 years. Aetna administers Mercy Maricopa Integrated Care. Aetna also provides plan management for Mercy Care Plan.

**Your member handbook**

You should read this handbook carefully. You can learn about:

- Your rights and responsibilities
- Getting health care services
- Your health care privacy
- Services that are covered
- Services that aren’t covered
- The difference between routine, urgent and emergency care
- What you can do if you disagree with a decision about your treatment
- And much more!

This handbook is available in other languages and formats. You can find information on how to get this handbook in other languages and formats in the section, “Getting information in a language and format you understand.” That section starts on page 3.

The handbook has different sections. This will make it easier to read and find information.

**Section 1**, which starts on page 5, describes behavioral health services offered through Mercy Maricopa. These are the services that people who qualify for Arizona Health Care Cost Containment System (AHCCCS) Acute Care and Developmentally Disabled (DD) can receive. Persons with a serious mental illness (SMI) determination also may qualify for these services.

**Section 2**, which starts on page 44, describes the medical services covered through Mercy Maricopa. We provide integrated services -- medical and behavioral health services -- to people with an SMI determination. AHCCCS Acute Care and DD members receive their physical care through their assigned Acute Care contractor.

**Section 3**, which starts on page 66, has important information about health privacy, fraud and behavioral health and medical resources. You’ll also find information about providers that offer low-cost and sliding scale health care services in Maricopa County and parts of Pinal County.
This handbook has some words that might be difficult to understand. To help you, we have a section with definitions for words used in:

- Behavioral health care
- Medical health care
- Maternity care

**Culturally competent care**

Your traditions, heritage, religious/spiritual beliefs, language and other aspects of life that you and your family value most are part of your “culture.” Mercy Maricopa encourages its providers to understand the culture of each individual to better understand, communicate with and treat the people Mercy Maricopa serves. Your provider will ask you to share cultural information with them so they can help you determine the best treatment plan for you or your family member. It’s important that you help your provider understand what’s important to you and your family. This will help tailor services for your specific needs.

Be sure to discuss with your provider what you and your family believe is most important when determining your treatment and discussing your goals. If your provider understands what your goals are, your provider can better help you to reach those goals.

**Getting information in a language and format you understand**

You should ask your provider or Mercy Maricopa to give you information in a language and format that you understand. Some of these include Spanish translation, sign language interpretation, auxiliary aids and printed information for the visually impaired. You can call Mercy Maricopa Member Services at **602-586-1841** or **1-800-564-5465**; **TTY/TDD 711**.

**Translation and oral interpreter services**

You can ask for help from Mercy Maricopa to make sure:

- Written information is either available in your language or can be translated in your language so you can understand it
- You can find providers who speak your language

You can call Mercy Maricopa Member Services at **602-586-1841** or **1-800-564-5465**; **TTY/TDD 711**.

If you’re eligible for benefits under AHCCCS and/or you’re a person determined to have a serious mental illness (SMI), oral interpreter services are available at no cost to you.

You can contact Member Services at **602-586-1841** or **1-800-564-5465**; **TTY/TDD 711** to ask for translation and oral interpreter services.

Mercy Maricopa puede ayudarle si usted no habla o entiende el inglés.

- Tenemos este folleto en español
- Podemos conseguiré un traductor para su cuidado medico
- Podemos darle una copia de los reglamentos en español

**Sign language interpreters and auxiliary aids**

If you’re deaf or hard of hearing, you can ask that your provider provide auxiliary aids or schedule a sign language interpreter to meet your needs. Your provider has to provide these services.
Auxiliary aids include computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning, and other effective methods of making aurally delivered materials available to individuals with hearing loss.

Sign language interpreters are skilled professionals certified to provide interpretation, usually in American Sign Language, to the deaf. To find a listing of sign language interpreters and for the laws regarding the profession of interpreters in the State of Arizona, you can visit the Arizona Commission for the Deaf and the Hard of Hearing at www.acdhh.org or call 602-542-3323 (V); 602-364-0990 (TTY); 800-352-8161 (V/TTY); 480-559-9441 (Video Phone).

**Printed information for visually impaired members**

If you have a visual impairment and you need this Member Handbook or other materials, such as notices and consent forms, in a large print format, you can contact your provider or Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. You can receive your materials in an alternative format. You can also visit www.mercymaricopa.org/members/handbook to view the handbook in other languages.

### Changes in your family size, address or eligibility

If you move, you should tell your provider and Mercy Maricopa right away. You can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. This will help make sure you continue to receive your services and/or medications. You may need to change to a new provider and/or T/RBHA. If that happens, your provider will ask you to sign a release of information so the new provider and/or T/RBHA can transfer your services. Once you give written permission, your provider and Mercy Maricopa can give your records to the new provider. Mercy Maricopa or your provider can help you with a referral to a new provider and/or T/RBHA. You call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If you’re moving out-of-state or out of the country, the T/RBHA may be able to help you link to services in your new location. However, if you move out of the state or out of the country, you’ll become ineligible for AHCCCS services.

If you’re Title 19 or Title 21 eligible, you must report all changes in your family, including births and deaths. You should also report changes to your home or mailing address, your income, a household member’s job. You should report these changes to your provider, Mercy Maricopa and to the agency where you applied for your benefits. You can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If you’re Title 19 or Title 21 eligible, call the agency where you applied for those benefits to let them know you moved and/or had a change in family size and give them your new address. This agency could be:

* AHCCCS: 602-417-7100 in Maricopa County or 1-800-334-5283 outside of Maricopa County. You can also update your address on the HEAplus website at www.healthearizonaplus.gov.
* Arizona Department of Economic Security: 602-542-5065 or 1-800-352-8168
* Social Security Administration: 1-800-772-1213

If you lose your AHCCCS eligibility, we want you to be able to get care. In Section 3, which starts on page 66, we provide a list of clinics that offer low-cost or no-cost medical care. You can call the clinics to find out about services and costs. If you have questions or need help, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
Section 1: Behavioral Health Services

Eligibility for behavioral health services

The following members are eligible for behavioral health services:

- Persons eligible for AHCCCS through either Title 19 (Medicaid) or Title 21
- Persons determined to have a serious mental illness
- Special populations who are eligible to receive services funded through federal block grants

Title 19 (Medicaid; may also be called AHCCCS) is insurance for low-income adults and children. It pays for medical, dental (for children and youth up to 21 years of age) and behavioral health services.

Title 21 (may also be called AHCCCS) is insurance for children under the age of 19 who don’t have insurance and aren’t eligible for Title 19 benefits. It pays for medical, dental and behavioral health services.

Mercy Maricopa or your provider will ask you questions to find out if you could be eligible for AHCCCS benefits. If so, they can help you complete an AHCCCS application. If you’re not eligible for AHCCCS, Mercy Maricopa or your provider can help you apply for medical coverage on the Federal Health Care Marketplace. You can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

A serious mental illness (SMI) is a mental disorder in persons 18 years of age or older that’s severe and persistent. Persons may be so impaired that they cannot remain in the community without treatment and/or services. Crisis Response Network, a provider that has a contract with Mercy Maricopa, will make a determination of serious mental illness upon referral or request.

Individuals eligible for behavioral health services through AHCCCS are assigned to a T/RBHA based on where they live. American Indian members can receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

AHCCCS assigned you to Mercy Maricopa because you live within the Mercy Maricopa service area. You will continue to receive services from Mercy Maricopa - as long as you’re eligible - unless you move to an area where Mercy Maricopa doesn’t oversee services. Adults who aren’t AHCCCS eligible but who are determined to have SMI will be enrolled with a T/RBHA for behavioral health services.

Member’s behavioral health rights and responsibilities

As a Mercy Maricopa member you have certain rights and responsibilities. Below is a list of those rights and responsibilities. It’s important that you understand each one. If you would like to talk to someone about these rights and responsibilities, you can contact Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Your rights as a behavioral health member

- Respect and dignity
  - Get your services in a safe environment.
  - Be treated fairly and with respect regardless of your race, ethnicity, national origin, religion, mental or physical disability, gender, sex, age, sexual orientation, ability to pay or ability to speak English.
  - Get behavioral and medical services that support your personal beliefs, medical condition and background in a language you understand.
  - Get interpretation services at no cost to you if you don’t speak English or have a hearing impairment. You may ask for materials in other formats. Call Member Services for assistance at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
• Treatment decisions
  - Choose a provider within the Mercy Maricopa Provider Network and change your assigned providers.
  - Have your protected health information kept private, unless there is a reason to share your health information (see page 66 for limits to confidentiality).
  - Get a second opinion from a qualified health care professional within the network, or have a second opinion arranged outside of the network at no cost to you if there are no other in-network options.
  - Receive information on treatment options and alternatives, appropriate to your condition, in a way that you are able to understand and that allows you to participate in decisions about your health care.
  - Decide who you want with you during treatment and agree to or refuse treatment services, unless the services are court ordered.
  - Know the cost for a service that you choose but Mercy Maricopa doesn’t cover
  - Receive, inspect and amend your medical records at no cost to you (see page 66 for more information).
  - Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
• Complaint and legal rights
  - File a complaint, grievance or appeal about AHCCCS, Mercy Maricopa and/or Mercy Maricopa’s providers without penalty. You can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
  - Make an advance directive and know how to have medical decisions made for you if you are not able to make them for yourself.
  - The same civil and legal rights as anyone else.
• Know more about
  - Your rights and protections.
  - The amount, duration and scope of your benefits.
  - The criteria used to make decisions about your care and your coverage.
  - Limits on your choice among network providers and the extent to which, and how, you may get benefits from out-of-network providers.
  - How and where to access services including any cost sharing or copayments required.
  - The process for getting services including approval requirements and criteria used to make decisions about the services you can get.
  - The complaint, grievance, appeal and fair hearing procedures and timeframes.
  - Emergency services:
    • To use any hospital or emergency care facility without prior approval.
    • A description of what an emergency medical condition is and how to get emergency and post-stabilization services.
    • How afterhours and emergency coverage is provided and the rules for post-stabilization care.
  - The structure and operation of the AHCCCS or AHCCCS contractors (applicable to all AHCCCS members).
  - Physician incentive plans (PIP), including the plan’s effect on the use of referral services, the types of compensation arrangements the plan uses, whether stop-loss insurance is required and a summary of the member survey results.

You also have the right to request an updated member handbook annually and a current provider directory at any time and at no cost to you. The provider directory will contain the name, location, telephone number and hours of operation for all:
• Current providers in your service area
• Providers that speak a language other than English and the language(s) spoken
• Providers in your service area that aren’t accepting new members
• Providers and hospitals that offer emergency and post-stabilization services
• Urgent cares and hospitals that offer afterhours, weekend and holiday services
To request any of this information, contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Your responsibilities as a member

- Respect
  - Respect the doctors, pharmacists, staff and people providing services to you.
- Share information
  - Show your member ID card or identify yourself as a Mercy Maricopa member to health care providers before getting services. If you have other insurance in addition to Mercy Maricopa, show your doctor or pharmacist both insurance ID cards.
  - Ask your doctor to explain if you don’t understand your health condition or treatment plan.
  - Tell your doctors and/or your case manager about any other insurance you may have and apply for other benefits you may be eligible for.
  - Give your doctors and case manager all the facts about your health problems, past illnesses, hospital stays, all medications, shots and other health concerns.
  - Notify Mercy Maricopa any time you feel a provider or another member isn’t using health plan benefits correctly. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
  - Report changes such as your family size, address, telephone number and/or assets and other matters that could affect your eligibility to your case manager, Mercy Maricopa Member Services and/or the interviewer at the office where you applied for AHCCCS. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

- Participate in recovery
  - Know the name of your doctors and/or your case manager.
  - Participate in creating your Service Plan.
  - Follow the instructions that you and your doctors have agreed on, including the instructions of nurses and other health care professionals.
- Appointments
  - Schedule appointments during office hours when possible, instead of using urgent or emergency care.
  - Keep appointments and come on time. Call your PCP’s office ahead of time when you cannot keep your appointments. You may also contact Mercy Maricopa if you would like help making, changing or canceling your appointments. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
- Title 19/21 eligible persons are also responsible for:
  - Protecting your identification (ID) card
  - Not misusing your ID card, including loaning, selling or giving your card to others, which may result in the loss of your eligibility or legal action
  - Keeping, not discarding, your ID card

Designated representative or an advocate

Advocating for your rights can be hard work. Sometimes it helps to have a person with you to support your point of view. If you’ve been determined to have a serious mental illness, you have the right to have a designated representative help you in protecting your rights and voicing your service needs.

Who is a designated representative or advocate?
A designated representative may be a parent, guardian, friend, peer advocate, relative, human rights advocate, member of a Human Rights Committee, an advocate from the State Protection and Advocacy system or any other person who may help you protect your rights and voice your service needs.
When can a designated representative help me?
You have the right to have a designated representative help you protect your rights and voice your service needs during any meetings about your Service Plan or Inpatient Treatment and Discharge Plan. Your designated representative must also receive written notice of the time, date and location of Service Plan and Inpatient Treatment and Discharge Plan meetings. Your designated representative must be invited to the Individual Treatment and Discharge Plan meetings.

You have the right to have a designated representative help you file an appeal about decisions affecting your treatment, your Service Plan or Inpatient Treatment and Discharge Plan. You also have the right to have your representative attend the informal conference or administrative hearing with you to protect your rights and voice your service needs.

You have the right to have a designated representative help you file a grievance. A designated representative may also go to the meeting with the investigator, the informal conference or an administrative hearing with you to protect your rights and voice your service needs.

How can I designate a representative?
If you have questions about designated representatives, or if you would like to designate a representative, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711, or the AHCCCS Office of Human Rights at 602-364-4585 or 1-800-421-2124. Deaf or hard of hearing individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting AHCCCS.

Building a clinical team

After you become eligible for services through Mercy Maricopa, you will develop a “team” to help you identify your behavioral health needs and get behavioral health services. We call these clinical teams, or more specifically, Child and Family Teams or Adult Recovery Teams. You can choose a behavioral health clinic. Mercy Maricopa can also assign you to a clinic based on where you live. The clinic is where you receive your primary outpatient mental health services. Some clinics also offer physical health care.

At your initial appointment, you will help identify who you want on your clinical team. The team will work with you on your goals and provide 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 family members, guardians, friends, clergy and other supportive people from the community. Many times the assessment that’s done at the first appointment won’t be complete. You’ll be working with members of your team to continue that assessment process. This allows you and your team to continuously review progress and needs so that you get the best care. Your treatment plan, also called an Individual Service Plan (ISP), should include all the services that you need, such as housing, counseling and transportation. The team should update the plan at least once a year, according to your needs.

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/or out-of-home caregiver, a behavioral health representative and any individuals important in the child’s life identified and invited to participate by the child and family. This may include, for example, teachers, extended family members, friends, family support partners, health care providers, coaches, community resource providers, representatives from religious affiliations or representatives from other service systems like the 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 the resources needed to develop an effective service plan. People can join or leave the team, as needed, to make sure the child gets the best care.
**Adult Recovery Team**

The Adult Recovery Team is a group of individuals working together who’re 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. (For more on those principles, see page 71.)

At a minimum, the team consists of the person, their 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 of other agencies serving the person; professionals representing disciplines related to the person’s needs; or other persons identified by the enrolled person.

You can change your team if you want to. You can create a team that will best support your needs and help you achieve the goals that you’ve set.

**Sharing your information with your family, team**

Your friends and family play an important role your care. They often have important information to share with health care professionals. The treatment team should encourage input from friends and family. Providers should consult with loved ones whenever possible.

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

- Federal privacy law requires people who receive physical or mental health services to sign a Release of Information (ROI) form if they want certain people to consult with and receive information from their treatment team. This law is the Health Insurance Portability and Accountability Act (HIPAA).
- Each provider needs a signed ROI form to share health information. (There are exceptions. See page 66 for details.)
- Inpatient and outpatient providers in the behavioral health system have ROI forms available for their members to sign. Mercy Maricopa also has a form you can sign to allow us to talk with your friends or family. You can get more information by calling Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
- If you want your treatment team to share health information with your friends or family, you must sign an ROI for each provider you see.

**Provider network**

A provider network is a group of providers who contract with Mercy Maricopa to provide behavioral and/or physical health services. Mercy Maricopa will help you choose providers from within its provider network. If you’d like to select a provider based on convenience, location or cultural preference, you can tell Mercy Maricopa Member Services. You will need to contact the provider to make, change or cancel your appointments. You can also contact Mercy Maricopa member services if you’d like help making, changing or canceling your appointments.

If you need help scheduling or canceling an appointment or if you aren’t happy with your current provider, or you want to change providers for any reason, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 to discuss other options.

You can find a listing of all available providers, their locations, telephone numbers and the languages they speak at [www.mercymaricopa.org/find-provider](http://www.mercymaricopa.org/find-provider). If you don’t have access to the Internet at home, no cost Internet service is usually available at public libraries. You can also get a paper copy of the provider listing at no charge by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Some providers may not be taking new members. You can find out which providers in the Mercy Maricopa network aren’t accepting new members by contacting the provider or Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
You can choose any hospital or other setting for emergency care. However, there are certain emergency settings within the Mercy Maricopa network that may be easier for you to use. These include:

**Adult psychiatric emergencies**

*Psychiatric urgent care centers*

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

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

**Community Bridges Community Psychiatric Emergency Center (CPEC)**  
358 E. Javelina Ave.  
Mesa, AZ 85210  
**Phone:** 1-877-931-9142

*Adult crisis respite services*

**RI International Recovery Crisis Respite Program (RRCRP)**  
11361 N. 99th Ave, Ste. 107  
Peoria, AZ 85345  
**Phone:** 602-636-4380

*Detox centers*

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

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

*Crisis inpatient*

**Southwest Behavioral Health Crisis Recovery Units I & II**  
1424 S. 7th Ave.  
Phoenix, AZ 85007  
**Phone:** 602-257-8970

**Time-limited crisis residential**

**Community Bridges West Valley Transition Point**  
824 N. 99th Ave.  
Avondale, AZ 85323  
**Phone:** 1-877-931-9142

**24/7 outpatient**

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

**23-hour psychiatric observation**

**Banner Psychiatric Observation**  
575 E. Earll Dr.  
Scottsdale AZ 85251  
**Phone:** 480-448-7600

**St. Luke’s Behavioral Health Center**  
1800 E. Van Buren St.  
Phoenix, AZ 85006  
**Phone:** 602-251-8535

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

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

**Community Bridges Community Psychiatric Emergency Center (CPEC)**  
358 E. Javelina Ave.  
Mesa, AZ 85210  
**Phone:** 1-877-931-9142
Urgent care centers

If you aren’t having an emergency, but you need care afterhours, on the weekend or on a holiday and you cannot wait to see your doctor, you should go to a covered urgent care facility. These include:

Phoenix

**Urgent Care Plus**
1002 E. McDowell Rd., Ste. 120
Phoenix, AZ 85006
Phone: 602-258-7051
Fax: 602-258-5638

**FastMed Urgent Care**
2301 N. 44th St.
Phoenix, AZ 85008
Phone: 602-808-8786
Fax: 602-808-8704

**Cigna Medical Group Urgent Care**
3003 N. 3rd St.
Phoenix, AZ 85012
Phone: 602-282-9848
Fax: 602-282-5486

**Good Night Pediatrics Central Phoenix**
3600 N. 3rd Ave., Ste. B
Phoenix, AZ 85013
Phone: 602-412-4033
Fax: 602-412-4032

**Express Urgent Care- Phoenix**
333 W. Thomas Rd, Ste. 100
Phoenix, AZ 85013
Phone: 602-368-1400
Fax: 602-368-3939

**Quick Visit Urgent Care- Phoenix**
2040 W. Bethany Home Rd., Ste. 105
Phoenix, AZ 85015
Phone: 602-850-0000
Fax: 602-346-9999

**FastMed Urgent Care**
5201 N. 19th Ave., Ste. 100
Phoenix, AZ 85015
Phone: 602-795-1411
Fax: 602-242-3519

**NextCare Urgent Care- Thomas**
1701 E. Thomas Rd., Suite A104
Phoenix, AZ 85016
Phone: 888-381-4858
Fax: 602-277-9360

**FastMed Urgent Care**
3302 W. Thomas Rd., Suite 10
Phoenix, AZ 85017
Phone: 602-233-2900
Fax: 602-233-3897

**NextCare Urgent Care- Arcadia**
4730 E. Indian School Rd., Ste. 211
Phoenix, AZ 85018
Phone: 602-354-3491
Fax: 602-595-8567

**FastMed Urgent Care**
2423 W. Dunlap Ave., Ste. 150
Phoenix, AZ 85021
Phone: 602-216-6862
Fax: 302-216-9745

**FastMed Urgent Care**
401 E. Bell Rd., Ste. 18
Phoenix, AZ 85022
Phone: 602-368-1403
Fax: 602-368-1413

**Quick Visit Urgent Care Center and Walk-in Clinic**
1930 W. Thunderbird Rd., Ste. 102
Phoenix, AZ 85023
Phone: 602-850-0000
Fax: 602-346-9999

**Valle Del Sol Urgent Care**
4338 W. Thomas Rd., Ste. 116-117
Phoenix, AZ 85031
Phone: 623-385-7950
Fax: 623-792-1232

**Urgent Care Extra- Phoenix**
3247 E. Bell Rd., Ste. PB-1
Phoenix, AZ 85032
Phone: 602-996-1316
Fax: 602-569-0905

**NextCare Urgent Care- Greenway**
3229 E. Greenway Rd., Ste. 102
Phoenix, AZ 85032
Phone: 888-381-4858
Fax: 602-788-3284
Scottsdale Healthcare Urgent Care Plus
13843 N. Tatum Blvd., Ste. 1
Phoenix, AZ 85032
Phone: 480-323-3366
Fax: 480-323-3399

FastMed Urgent Care
8260 W. Indian School Rd., Ste. 1
Phoenix, AZ 85033
Phone: 623-846-7122
Fax: 623-846-7027

NextCare Urgent Care
5920 W. McDowell Rd.
Phoenix, AZ 85035
Phone: 888-381-4858
Fax: 623-245-0439

Advantage Urgent Care
9515 W. Camelback Rd., Ste. 136
Phoenix, AZ 85037
Phone: 602-530-6189
Fax: 623-245-0439

Express Urgent Care – Estrella
9250 W. Thomas Rd., Ste. 100
Phoenix, AZ 85037
Phone: 623-322-5900
Fax: 623-322-6667

West Valley Urgent Care– Phoenix
4110 N. 108th Ave., Ste. 101
Phoenix, AZ 85037
Phone: 623-218-0780
Fax: 623-218-0786

Good Night Pediatrics South Mountain
325 E. Baseline Rd.
Phoenix, AZ 85040
Phone: 602-824-4228
Fax: 602-276-1102

Jesse Owens Urgent Care
325 E. Baseline Rd.
Phoenix, AZ 85040
Phone: 602-824-4352
Fax: 602-824-5942

NextCare Urgent Care– Tatum
20950 N. Tatum Blvd., Ste. 190
Phoenix, AZ 85050
Phone: 888-381-4858
Fax: 480-776-0026

Accu Care Urgent Care LLC
7041 N. 35th Ave.
Phoenix, AZ 85051
Phone: 602-336-0700
Fax: 602-336-0800

Mesa

FastMed Urgent Care
835 W. University Dr.
Mesa, AZ 85201
Phone: 480-664-6007
Fax: 480-664-6017

Urgent Care Extra
1955 W. Guadalupe Rd., Ste. 101
Mesa, AZ 85202
Phone: 480-207-2990
Fax: 480-838-1541

NextCare Urgent Care– North Mesa
535 E. Mckellips Rd., Ste. 101
Mesa, AZ 85203
Phone: 888-381-4858
Fax: 480-615-4444

Cigna Medical Group
1840 S. Stapley Dr., Ste. 101
Mesa, AZ 85204
Phone: 480-464-6969
Fax: 480-464-6979

Urgent Care Extra– Mesa
1120 S. Gilbert Rd.
Mesa, AZ 85204
Phone: 480-558-5278
Fax: 480-558-5187

NextCare Urgent Care– Dana Landing
3130 E. Baseline Rd., Ste. 105
Mesa, AZ 85204
Phone: 888-381-4858
Fax: 480-558-4922

NextCare Urgent Care
1066 N. Power Rd., Ste. 101
Mesa, AZ 85205
Phone: 888-381-4858
Fax: 480-966-0566
Tempe

Urgent Care Extra– Tempe McClintock
3141 S. McClintock Rd., Ste. 1 & 2
Tempe, AZ 85282
Phone: 480-389-3756
Fax: 480-491-1653

Urgent Care Extra– Tempe Rural
6323 S. Rural Rd., Ste. 107
Tempe, AZ 85283
Phone: 480-775-2657
Fax: 480-755-0290

FastMed Urgent Care
1804 W. Elliot Rd.
Tempe, AZ 85284
Phone: 480-456-0444
Fax: 480-456-0449

Urgent Care Extra– Tempe Elliot
931 E. Elliot Rd., Ste. 115
Tempe, AZ 85284
Phone: 480-389-5630
Fax: 480-491-2264

Scottsdale

Urgent Care Extra– Scottsdale
6501 E. Greenway Pkwy., Ste. 3-104
Scottsdale, AZ 85254
Phone: 480-948-3314
Fax: 480-948-3588

PCMG Scottsdale Urgent Care
6990 E. Shea Blvd., Ste. 104
Scottsdale, AZ 85254
Phone: 602-933-0004
Fax: 480-922-5438

Scottsdale Family and Urgent Care
9767 N. 91st St., Ste. 103
Scottsdale, AZ 85258
Phone: 480-314-2200
Fax: 480-314-3455

NextCare Urgent Care– Shea
7425 E. Shea Blvd., Ste. 108
Scottsdale, AZ 85260
Phone: 888-381-4858
Fax: 480-348-1059

Chandler

Urgent Care Extra– Chandler
3200 S. Gilbert Rd.
Chandler, AZ 85286
Phone: 480-471-6404
Fax: 480-219-4915

Gilbert

Health First Urgent Care
888 S. Greenfield Rd., Ste. 101
Gilbert, AZ 85296
Phone: 480-892-1300
Fax: 480-507-7477

Urgent Care Extra– Gilbert Higley
1355 S. Higley Rd., Ste. 104
Gilbert, AZ 85296
Phone: 480-840-6600

Urgent Care Extra– Gilbert
3126 S. Higley Rd., Ste. 109
Gilbert, AZ 85297
Phone: 480-436-8102
Fax: 480-209-1974

Glendale

NextCare Urgent Care
10240 N. 43rd Ave., Ste. 3
Glendale, AZ 85302
Phone: 888-381-4858
Fax: 623-742-2061

Cigna Medical Group
5891 W. Eugie Ave.
Glendale, AZ 85304
Phone: 602-588-6703
Fax: 602-588-6906

NextCare Urgent Care– Northern
9494 W. Northern Ave., Ste. 101
Glendale, AZ 85305
Phone: 888-381-4858
Fax: 623-872-1018

Advantage Urgent Care
5410 W. Thunderbird Rd., Ste. 101
Glendale, AZ 85306
Phone: 602-530-6189
Fax: 602-548-2292
Now Care Urgent Care Clinic
8251 W. Union Hills Dr., Ste. 140
Glendale, AZ 85308
Phone: 623-875-7900
Fax: 623-875-7919

NextCare Urgent Care - 59th
18589 N. 59th Ave., Ste. 101
Glendale, AZ 85308
Phone: 888-381-4858
Fax: 602-547-8700

Urgent Care Extra - Phoenix
4232 W. Bell Rd., Ste. C1
Glendale, AZ 85308
Phone: 602-639-4535
Fax: 623-492-9420

PCMG NW Valley Urgent Care
20325 N. 51st Ave., Ste. 116
Glendale, AZ 85308
Phone: 623-972-5437
Fax: 623-492-9420

West Valley Urgent Care
17218 N. 72nd Dr., Ste. 100
Glendale, AZ 85308
Phone: 623-334-8670
Fax: 623-334-8675

Avondale
Good Night Pediatrics Avondale
10320 W. McDowell Rd., Bldg. L
Avondale, AZ 85323
Phone: 623-643-9233
Fax: 623-643-9234

PCMG Southwest Valley Urgent Care
1665 N. Avondale Blvd.
Avondale, AZ 85392
Phone: 602-933-0005

NextCare Urgent Care - McDowell
13075 W. McDowell Rd., Ste. D106
Avondale, AZ 85392
Phone: 888-381-4858
Fax: 623-547-0521

Sun City
NextCare Urgent Care - 98TH
9745 W. Bell Rd., Ste. 105
Sun City, AZ 85351
Phone: 888-381-4858
Fax: 623-742-2985

Express Urgent Care
10249 W. Thunderbird Blvd., Ste. 300
Sun City, AZ 85351
Phone: 623-889-7285
Fax: 623-889-7286

Tolleson
Alliance Urgent Care
9897 W. McDowell Rd., Ste. 100
Tolleson, AZ 85353
Phone: 623-474-2300
Fax: 480-505-3348

Surprise
Advantage Urgent Care
14800 W. Mountain View Blvd., Ste. 190
Surprise, AZ 85374
Phone: 602-530-6189
Fax: 602-548-2292

West Valley Urgent Care
14811 W. Bell Rd., Ste. 101
Surprise, AZ 85374
Phone: 623-815-9073
Fax: 623-815-9201

Peoria
Urgent Care Extra
7611 W. Cactus Rd.
Peoria, AZ 85381
Phone: 623-242-0049
Fax: 623-486-6642

We Care Urgent Care Centers
7615 W. Thunderbird Rd., Ste. 106
Peoria, AZ 85381
Phone: 623-773-2273
Fax: 623-773-2274

NextCare Urgent Care - Sun City
20470 N. Lake Pleasant Rd., Ste. 102
Peoria, AZ 85382
Phone: 888-381-4858
Fax: 623-825-0231
Pharmacy

The Mercy Maricopa network also includes pharmacies where you can fill your prescriptions for medications. These include CVS Caremark pharmacies. You can find a list of pharmacies on the Mercy Maricopa website at www.mercymaricopa.org/find-pharmacy.

If you go to a pharmacy that’s on the Mercy Maricopa list to fill a prescription but get turned away by the pharmacy, you should call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Choosing a provider

Mercy Maricopa will help you choose a provider from within the provider network. If you’d like to select a provider based on convenience, location or cultural preference, you can tell Mercy Maricopa Member Services. You’ll need to contact the provider to make, change or cancel your appointments. You can also contact Mercy Maricopa if you’d like assistance with making, changing, or canceling your appointments. If you need help scheduling your appointments, you can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

After selecting and contacting a provider, you should be seen within seven (7) working days for an intake assessment. The first behavioral health service should occur no later than 23 working days after the initial assessment and within 45 working days for ongoing appointments.

For children in the custody of DCS and/or children who are adopted, in the event clinically necessary services are not provided within 21 calendar days after intake assessment, the adoptive parent or the out-of-home caregiver (e.g., foster parent, kinship or group home) should contact the Mercy Maricopa Single Point of Contact at 602-453-8095 and the AHCCCS Customer Service line at 602-364-4558. The caregiver may then contact any AHCCCS-registered providers directly, regardless of whether they are a part of the Mercy Maricopa provider network, to schedule an appointment.

If you’re getting substance abuse services that are funded by the Substance Abuse Block Grant (SABG), you have the right to get services from a provider whose religious character you don’t object to. If you object to the religious character of your substance abuse provider, you can ask for a referral to another provider of substance abuse treatment. You’ll get an appointment with the new provider within 7 days of your request for a referral, or earlier if your behavioral health condition requires it. The new provider must be available to you and provide substance abuse services that are similar to the services that you were receiving at the first provider.
Contacting your case manager

If you need to reach your case manager between visits for any reason, you can call your provider or your clinic directly. You may have questions about your services or need to talk with your case manager about how you’re doing. You may want to request new services or ask about community resources. Your provider can help connect you with your case manager. Mercy Maricopa Member Services can also help connect you with your case manager. You can call us at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Referral to another provider

You or your provider may feel that you need specialized care from another behavioral health provider. If that happens, your provider will give you a “referral” to go to another provider for specialized care.

You can contact Mercy Maricopa or your provider if you feel you need a referral for specialized care. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Title 19/21 eligible persons can get a second opinion. Upon a Title 19/21 eligible person’s request, Mercy Maricopa must provide for a second opinion from a qualified health care professional within the Mercy Maricopa network. If one isn’t available in the network, Mercy Maricopa must arrange for the person to get a second opinion outside the network, at no cost to the member. For more information, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Approval of services and notification rights

You and your provider or clinical team will work together to make decisions about the services you need. You don’t have to get approval for emergency services needed for an emergency medical condition.

Some services need to be approved before you can get them. Some examples include:
• Non-emergency hospital admission
• Behavioral health inpatient facility
• Behavioral health residential facility
• Home Care Training to Home Care Clients (HCTC)
• Psychological and neuropsychological testing
• Electroconvulsive Therapy (ECT)
• Non emergency out of network single case agreements
• Some physical health services

Your provider or clinical team must ask for approval of these services through Mercy Maricopa’s Prior Authorization Team. If Mercy Maricopa denies, reduces or terminates a Title 19/21-covered service in your service plan, you’ll receive notice and have the right to file an appeal. We describe the process for filing an appeal in the section called, “Appeals for Title 19/21 AHCCCS Eligible Members” (See page 39).

Only a physician trained to treat your condition can deny a service that your provider or clinical team want approved.

Not all services are available to all members. Your provider needs to submit their request for approval for certain services. If they are unsure how to do that, they can call our Provider Relations Department toll-free at 1-866-796-5598 for assistance. If you’d like to see the guidelines used to determine inpatient admission, continued stay and discharge, you can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
If a Title 19/21 covered service included in your Service Plan is denied, reduced or terminated, you will receive notice and have the right to file an appeal. The process for filing an appeal is described in the section called, “Appeals for Title 19/21 AHCCCS Eligible Members” on page 39.

**Title 19/21 eligible persons**
Mercy Maricopa will send you a written notice telling you if they didn’t approve the services your provider or clinical team requested. You’ll get this notice within 14 calendar days of your provider or clinical team asking for approval for a standard approval request, or within 3 calendar days for an expedited approval request. Expedited means that a decision is needed sooner due to your behavioral health needs.

The timeframes in which the T/RBHA or the provider must give you written notice of their decision about the requested services can be extended for up to 14 calendar days. This means that a decision may take up to 28 calendar days for the standard approval process. The expedited approval process may not take more than 17 calendar days. You, Mercy Maricopa or the provider can ask for more time. If Mercy Maricopa or the provider asks for more time, you’ll get a written notice, called a Notice of Extension of Timeframe for Service Authorization Decision, telling you why it will take longer.

If you disagree with the extension, you can file a complaint with Mercy Maricopa by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. If Mercy Maricopa doesn’t make a decision about your requested services within the maximum allowable time, including extensions, the request for approval (authorization) shall be considered denied on the date the timeframe expires.

If Mercy Maricopa denies your covered behavioral health services, or terminates, suspends or reduces your services, you’ll get a Notice of Action. The Notice of Action is a written document that will tell you:
- What service(s) will be denied, reduced, suspended or terminated
- The reason the service(s) will be denied, reduced, suspended or terminated and the legal basis for the action
- The date the service(s) will be reduced, suspended or terminated
- About your right to file an appeal
- How to exercise your right to file an appeal
- When and how you can ask for an expedited decision if you file an appeal
- How to ask that your services continue during the appeal process

You’ll get a Notice of Action, 10 days before the effective date, if Mercy Maricopa is reducing, suspending or terminating services you were getting.

If the Notice of Action doesn’t tell you what you asked for, what was decided and why the decision was made in language you can understand, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for help.

If the Notice of Action is not enough, Mercy Maricopa will issue new Notice of Action. If that Notice of Action still doesn’t give you enough information and Mercy Maricopa doesn’t resolve the issue, you can call AHCCCS at 602-417-7000 to make your complaint. The Notice of Action is also available in other languages and formats if you need it.

**Exceptions to the 10-day Notice of Action requirement**
- If fraud is suspected, the notice will be sent to you 5 days before the reduction, suspension or termination of services
- If non-emergency inpatient services are terminated because of the denial of a continued stay request, you’ll be sent a Notice of Action in 2 days.

You may also get a Notice of Action less than 10 days from the effective date if:
- You told your provider on paper that you no longer want services
• Your mail is returned and the provider doesn’t know where you are
• You enter a facility that makes you ineligible for services
• You move and get Medicaid services outside of Arizona
• Your physician prescribes a change in the level of your behavioral health care

Persons determined to have a serious mental illness
If you’re a person determined to have a serious mental illness (SMI), you may get notices besides the Notice of Action. This may include a Notice of Decision and Right to Appeal. You would get this notice when:
• The initial determination of serious mental illness is made
• A decision about fees or a waiver from fees is made
• The Assessment, Service Plan or Inpatient Treatment and Discharge Plan are developed or reviewed
• Your Service Plan is changed and any services you have been receiving are reduced, suspended or terminated
• It’s determined that you don’t have a serious mental illness

Based upon the behavioral health services you get, you may get other notices about the Grievance and Appeal process, about your legal rights and about the fact that discrimination isn’t allowed.

You can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 with questions about the approval of services and your notification rights.

Behavioral health “best practices”
Both AHCCCS and Mercy Maricopa create and support “best practices” in behavioral health care. Best practices are ways of delivering services to you that - through research and evaluations - have proven helpful to members. You can learn more about these best practices by going to the AHCCCS and Mercy Maricopa websites. You can find links to Clinical Practice Guidelines and Clinical Practice Protocols online at https://www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/guidesandmanuals.html. Mercy Maricopa’s website also includes clinical guidelines for the treatment of children and adults at www.mercymaricopa.org/providers/resources/guidelines.

If you’d like to receive this information by mail, you can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. Best practices change over time. You can refer to the AHCCCS and Mercy Maricopa websites for updates, or contact Mercy Maricopa for more information.

How to get services

Consent to treatment
You have the right to accept or refuse behavioral health services offered to you. If you want to get the behavioral health services offered, you or your legal guardian must sign a “Consent to Treatment” form. This form gives you or your legal guardian’s permission for you to get behavioral health services. When you sign a “Consent to Treatment” form, you’re also giving AHCCCS permission to access your records.

To give you certain services, your provider needs to get your permission. Your provider may ask you to sign a form or to give verbal permission to get a specific service. Your provider will give you information about the service so you can decide if you want that service or not.

This is called informed consent. Informed consent means advising a patient of a proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure; alternatives to the treatment surgical procedure, psychotropic drug or diagnostic procedure; associated risks and possible complications; and getting documented authorization, or approval for the proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure from the patient or the patient’s representative.
An example would be if your provider prescribes a medication. Your provider will tell you about the benefits and risks of taking the medication and other options for treatment. Your provider will ask you to sign a consent form or give verbal permission if you want to take the medication. Let your provider know if you have questions or don’t understand the information your provider gave you. You have the right to withdraw your consent at any time. Your provider will explain to you what will happen if you choose to withdraw your consent.

**Consent for Children in the Custody of the Arizona Department of Child Safety**
A foster parent, group home staff or other person or agency in whose care the child has been placed by the Department of Child Safety (DCS) can consent to evaluation and treatment for routine medical and dental treatment and procedures, including behavioral health services.

If someone other than the child’s parent intends to provide general and, when applicable, informed consent to treatment, the following documentation must be obtained and filed in the child’s comprehensive clinical record:

<table>
<thead>
<tr>
<th>Individual/Entity</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal guardian</td>
<td>Copy of court order assigning custody</td>
</tr>
<tr>
<td>Relative</td>
<td>Copy of power of attorney document</td>
</tr>
<tr>
<td>Other person/agency</td>
<td>Copy of court order assigning custody</td>
</tr>
<tr>
<td>DCS Placements (for children removed from the home by DCS), such as: Foster parents/Group home staff/Foster home staff/ Relatives/Other person/agency in whose care DES/DCS has placed the child</td>
<td>Copy of Notice to Provider – Educational and Medical (DCS Form FC-069)</td>
</tr>
</tbody>
</table>

**Covered behavioral health services**

This handbook and the table on pages 20, describe the services you can get. You will get a notice if there are changes to these services.

**Emergency and crisis services**

If you’re experiencing a life-threatening situation, always call 911.

In non-life threatening behavioral health situations, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Transportation for a behavioral health emergency may be available by contacting Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Your ID card has a phone number you can call to access behavioral health and substance abuse services. Members are assigned to a provider based on where they live. If you have questions or need help getting behavioral health services, you should call the number on your card.

You may need behavioral health services while you’re away from home and out of Mercy Maricopa’s service area. This is called “out of area care.” Out of area care only includes emergency behavioral health services unless Mercy Maricopa approves other services. You have a right to use any hospital or other setting for emergency care. If you want to get non-emergency behavioral health services out of Mercy Maricopa service area, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
If you need out of area care:
- Go to a hospital or crisis center and ask for help
- Ask the hospital or crisis center to call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711
- The hospital or crisis center will contact Mercy Maricopa for approval to continue behavioral health services.

If you experience an emergency medical condition, emergency services are available to you. Emergency services don’t require approval.

Available behavioral health services

Behavioral health services help people think, feel and act in healthy ways. There are services for mental health problems and there are services for substance abuse.

You can get services based on three things:
- Your need
- Your insurance coverage
- Your provider’s approval, if required

You decide with your provider or clinical team¹ what services you need. Your provider or clinical team can ask Mercy Maricopa for approval of a service for you, but Mercy Maricopa may deny the request for approval. If Mercy Maricopa denies the request for services, you can file an appeal. For more information on filing an appeal, see the section, “Member complaints, grievances and appeals.” (page 36 or 63.)

You and your provider may not agree about the services you need. If you feel you need a service, and your provider does not, you can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

The table below lists the available behavioral health services and any limits they may have. Mercy Maricopa must pay only for the available behavioral health services listed.

¹ Clinical teams include both Child and Family Teams and Adult Recovery Teams

### Available behavioral health services

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>TITLE 19/21 CHILDREN AND ADULTS</th>
<th>NON-TITLE 19/21 PERSONS DETERMINED TO HAVE SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health counseling and therapy</td>
<td>Individual Available</td>
<td>Provided based on available funding **</td>
</tr>
<tr>
<td></td>
<td>Group Available</td>
<td>Provided based on available funding **</td>
</tr>
<tr>
<td></td>
<td>Family Available</td>
<td>Provided based on available funding **</td>
</tr>
<tr>
<td>Behavioral health screening, mental health assessment and specialized testing</td>
<td>Behavioral health screening Available</td>
<td>Provided based on available funding **</td>
</tr>
<tr>
<td></td>
<td>Mental health assessment Available</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Specialized testing Available</td>
<td>Provided based on available funding **</td>
</tr>
<tr>
<td>SERVICES</td>
<td>TITLE 19/21 CHILDREN AND ADULTS</td>
<td>NON-TITLE 19/21 PERSONS DETERMINED TO HAVE SMI</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Other professional</td>
<td>Traditional healing</td>
<td>Provided based on available funding***</td>
</tr>
<tr>
<td></td>
<td>Provided based on available</td>
<td>Provided based on available funding***</td>
</tr>
<tr>
<td></td>
<td>funding***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Auricular acupuncture</td>
<td>Provided based on available funding***</td>
</tr>
<tr>
<td></td>
<td>Provided based on available</td>
<td>Provided based on available funding***</td>
</tr>
<tr>
<td></td>
<td>funding***</td>
<td></td>
</tr>
<tr>
<td>REHABILITATION SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills training and development</td>
<td>Individual</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Available</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group</td>
<td>Available</td>
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<tr>
<td></td>
<td>Available</td>
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<tr>
<td></td>
<td>Extended</td>
<td>Available</td>
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<tr>
<td></td>
<td>Available</td>
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<tr>
<td>Cognitive rehabilitation</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Behavioral health prevention/promotion education</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Psycho educational services and ongoing support to maintain employment</td>
<td>Psycho educational services</td>
<td>Available</td>
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<tr>
<td></td>
<td>Available</td>
<td></td>
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<tr>
<td></td>
<td>Ongoing support to maintain</td>
<td>Available</td>
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<tr>
<td></td>
<td>employment</td>
<td>Available</td>
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<tr>
<td>MEDICAL SERVICES</td>
<td></td>
<td></td>
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<tr>
<td>Medication services</td>
<td>Available</td>
<td>Available</td>
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<tr>
<td></td>
<td>Available</td>
<td></td>
</tr>
<tr>
<td>Lab, radiology and medical imaging</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Medical management</td>
<td>Available</td>
<td></td>
</tr>
<tr>
<td>Electro-convulsive therapy</td>
<td>Available</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>SUPPORT SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case management</td>
<td>Available</td>
<td>Available††</td>
</tr>
<tr>
<td>Personal care</td>
<td>Available</td>
<td></td>
</tr>
<tr>
<td>Home care training (family)</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Self-help/peer services</td>
<td>Available</td>
<td></td>
</tr>
<tr>
<td>Home Care Training to Home Care Client (HCTC)</td>
<td>Available</td>
<td>Provided based on available funding**</td>
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<tr>
<td></td>
<td>Provided based on available</td>
<td></td>
</tr>
<tr>
<td></td>
<td>funding**</td>
<td></td>
</tr>
<tr>
<td>Respite care†</td>
<td>Available†</td>
<td>Available†</td>
</tr>
<tr>
<td>Supported housing</td>
<td>Provided based on available</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td></td>
<td>funding**</td>
<td></td>
</tr>
<tr>
<td>Sign language or oral interpretive services</td>
<td>Provided at no charge to the</td>
<td>Provided at no charge to the member</td>
</tr>
<tr>
<td></td>
<td>member</td>
<td></td>
</tr>
<tr>
<td>Flex fund services</td>
<td>Provided based on available</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td></td>
<td>funding**</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>Emergency</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Limited to crisis service-related</td>
<td></td>
</tr>
<tr>
<td></td>
<td>transportation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-emergency</td>
<td>Available</td>
</tr>
</tbody>
</table>
### Available behavioral health services

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>TITLE 19/21 CHILDREN AND ADULTS</th>
<th>NON-TITLE 19/21 PERSONS DETERMINED TO HAVE SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CRISIS INTERVENTION SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis intervention – mobile</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Crisis intervention – telephone</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Crisis services – stabilization</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td><strong>INPATIENT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>Available</td>
<td>Available but limited†††</td>
</tr>
<tr>
<td>Behavioral health inpatient facility</td>
<td>Available</td>
<td>Available but limited†††</td>
</tr>
<tr>
<td><strong>RESIDENTIAL SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health residential facility</td>
<td>Available</td>
<td>Available but limited†††</td>
</tr>
<tr>
<td>Room and board</td>
<td>Provided based on available funding**</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td><strong>BEHAVIORAL HEALTH DAY PROGRAMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised day</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Therapeutic day</td>
<td>Available</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Medical day</td>
<td>Available</td>
<td>Provided based on available funding**</td>
</tr>
</tbody>
</table>

**Limitations:**

* For services available through federal block grants, you can view the Special Populations section on page 30.

** Services not available with T19/21 funding, but may be provided based upon available grant funding and approved use of general funds.

*** See the Mercy Maricopa drug list for further information on covered medications.

† Respite care – Respite care is offered as a temporary break for caregivers to take time for themselves. **A member’s need is the basis for determining the number of respite hours. The maximum number of hours available is 600 hours within a 12-month period.** The 12 months will run from October 1 through September 30 of the next year.

†† A person may be assigned a case manager, based on his/her needs.

††† Coverage is limited to 23-hour crisis observation/stabilization services, including detoxification services. Up to 72 hours of additional crisis stabilization may be covered based upon the availability of funding.
Behavioral health service/benefit descriptions

For more information, you can go to Mercy Maricopa’s covered service guide online: www.mercymaricopa.org/members/mmic/benefits

<table>
<thead>
<tr>
<th>SERVICE/BENEFIT</th>
<th>DESCRIPTION</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TREATMENT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health counseling and therapy</td>
<td>Interactive therapy designed to draw out information, identify behavioral problems or conflicts, and provide support and education for future use.</td>
<td>Can be provided to an individual, a group of people, a family or multiple families</td>
</tr>
<tr>
<td>Behavioral health screening, mental health assessment and specialized testing</td>
<td>Gathering and assessment of historical and current information, face to face with member, family or group of individuals in a written summary or report.</td>
<td></td>
</tr>
<tr>
<td>Other professional</td>
<td>Other treatment services provided by qualified individuals in order to ease symptoms and improve or maintain functioning.</td>
<td>Includes, but not limited to: Psychiatric services without face to face contact, biofeedback</td>
</tr>
<tr>
<td><strong>REHABILITATION SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills training and development</td>
<td>Teaching independent living, social and communication skills to persons and/or their families to help them live more independently and be a part of the community.</td>
<td>Includes but not limited to: Self-care, taking care of a residence, managing money and using other resources</td>
</tr>
<tr>
<td>Cognitive rehabilitation</td>
<td>Assisting in the recovery from cognitive (mental) issues to be more independent or function at the highest level possible.</td>
<td>Includes but not limited to: Relearning of certain mental abilities, making functions stronger, substituting new skills to replace lost ones</td>
</tr>
<tr>
<td>Behavioral health Prevention/ promotion education</td>
<td>Educating and training an individual or group in relation to a person’s treatment plan.</td>
<td>Includes but not limited to: Increasing knowledge of a health related topic, use of medicines for best results, stress management, parenting skills</td>
</tr>
<tr>
<td>Psycho educational services and ongoing support to maintain employment</td>
<td>Designed to assist a person or group to choose, find and keep a job or other meaningful community activity.</td>
<td>Customized to support people in a variety of settings such as part-time work, unpaid work experience or meaningful volunteer work appropriate to the person’s age, mental and physical status.</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>OTHER</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>MEDICAL SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication services</td>
<td>Drugs prescribed by a licensed physician, nurse practitioner or physician assistant to prevent, stabilize or improve symptoms that are part of a behavioral health condition or its treatment.</td>
<td>View the Mercy Maricopa drug list at <a href="http://www.mercymaricopa.org/members/mmic/pharmacy">www.mercymaricopa.org/members/mmic/pharmacy</a></td>
</tr>
<tr>
<td>Lab, radiology and medical imaging</td>
<td>Medical tests for diagnosing, screening or monitoring a behavioral health condition.</td>
<td>May include, but is not limited to: Blood and urine tests, CT scans, MRI, EKG and EEG</td>
</tr>
<tr>
<td>Medical management</td>
<td>Assessment and management services that are provided by a licensed medical professional (i.e., physician, nurse practitioner, physician assistant or nurse) to a person as part of their medical visit for ongoing treatment purposes.</td>
<td>Includes use of medicines for best results, which includes learning about the effects and side effects of medications and how new medicines can make you feel when you first start taking them.</td>
</tr>
<tr>
<td>Electro-convulsive therapy</td>
<td>A treatment where a brief electric current is passed through a person’s brain, most often used for major depression.</td>
<td>Services must be provided by a licensed physician with anesthesia support in a hospital.</td>
</tr>
<tr>
<td><strong>SUPPORT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case management</td>
<td>A supportive service provided to boost treatment goals and effectiveness.</td>
<td>Includes but not limited to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assistance using and continuing to use covered services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Telephone or face-to-face contacts with a person, or family to help improve and keep a person functioning well</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assistance in finding help to meet basic needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Communication and coordination of care with the person’s family, care providers, community and other State agencies</td>
</tr>
<tr>
<td>Personal care</td>
<td>Support activities to assist a person carry out daily living tasks and other activities needed to live in a community.</td>
<td>Includes but not limited to: Assistance with homemaking, personal care, taking medicines properly.</td>
</tr>
<tr>
<td>Home care training (Family)</td>
<td>Home care training family services (family support) involves face-to-face contact with family member(s) with a goal to rebuild, improve or keep the family functioning so the person can stay in the home and community.</td>
<td>May involve support activities such as:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assisting the family adjust to the person’s disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Building skills to help guide the person</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Help with understanding the causes and treatment of behavioral health issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Understanding and being able to use system services.</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION                                                                                                                                                                                                 DIFFERENT</td>
<td>OTHER</td>
</tr>
<tr>
<td>--------------------------------------</td>
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<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Self help/peer services</td>
<td>Help using services such as building care plans, identifying needs, finding supports, working with professionals, getting past barriers, understanding and coping with the stress that is part of the disability (e.g., support groups), coaching, role modeling and mentoring.</td>
<td>For members and/or their families who need more structure and services than those you can get through community-based recovery fellowship groups.</td>
</tr>
<tr>
<td>Home Care Training to Home Care Client (HCTC)</td>
<td>Services provided by staff of a behavioral health therapeutic home to a person who lives in the home to help and support the person to meet their service plan goals, stay in the community setting and stay out of residential care.</td>
<td>Includes but not limited to: Behavioral health support services such as personal care, community living, skills training, and transportation to scheduled therapy or treatment appointments.</td>
</tr>
<tr>
<td>Respite care</td>
<td>Short-term behavioral health services or general supervision that provides rest or relief to a family member or others caring for the member.</td>
<td>Services may be provided on a short-term basis (i.e., few hours during the day) or for longer periods involving overnight stays.</td>
</tr>
<tr>
<td>Supported housing</td>
<td>Support to obtain and maintain housing in an independent community setting including the person’s own home or apartment, or homes owned or leased by a subcontracted provider.</td>
<td>May include living skills, rent and utility assistance, and help moving so members and their families can find and keep a home.</td>
</tr>
<tr>
<td>Sign language or oral interpretive services</td>
<td>Services are available to members at no cost; services for all non-English languages and the D/deaf or hard of hearing must be available to potential members, at no cost, when requested.</td>
<td>Sign language or oral interpretive services are provided to persons and/or their families with limited language skills or other communication barriers (e.g., sight or sound) during instructions on how to access services, counseling and treatment activities that will help them get the mental health services they need.</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>OTHER</td>
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<td>-----------------------</td>
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<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Flex fund services</td>
<td>T/RBHAs may access flex funds to purchase any of a variety of one-time or occasional goods or services needed for members (children or adults) and their families, when the goods and/or services cannot be purchased by any other funding source, and the service or good is directly related to the member’s service plan.</td>
<td>The funds are intended to promote wellness, comfort and safety for vulnerable children and adults returning to the community in a respectful, individualized manner. Non-medically necessary covered services and/or supports</td>
</tr>
<tr>
<td>Transportation</td>
<td>Assisting members in going from one place to another to help them get services and achieve their service plan goals.</td>
<td>This includes both emergency and non-emergency transportation. Emergency transportation does not require prior authorization. Non-emergency transportation must be provided for persons and/or families who are unable to arrange or pay for their transportation or who do not have access to no-cost transportation in order to access medically necessary covered behavioral health services.</td>
</tr>
<tr>
<td><strong>CRISIS INTERVENTION SERVICES</strong></td>
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</tbody>
</table>
| Crisis intervention – mobile | Services provided by a mobile team or individual who travels to the place where the person is having the crisis (e.g., person’s place of residence, emergency room, jail or community setting). | Includes services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress. The purpose of this service is to:  
  • Stabilize acute psychiatric or behavioral symptoms  
  • Evaluate treatment needs  
  • Develop plans to meet the needs of the person |
<p>| Crisis intervention- telephone | Services to provide triage, referral and telephone-based support to people in crisis; often providing the first place of access to the behavioral health system. | The service may also include a follow-up call to ensure the person is stabilized. |</p>
<table>
<thead>
<tr>
<th>SERVICE/Benefit</th>
<th>Description</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis intervention-stabilization</td>
<td>Immediate and unscheduled behavioral health service provided: (a) In response to an individual’s behavioral health issue to prevent imminent harm, to stabilize or resolve an acute behavioral health issue and (b) At an inpatient facility or outpatient treatment center.</td>
<td>Crisis intervention services (stabilization) must be provided by facilities licensed by the Division of Licensing Services. Individuals providing these services must be behavioral health professionals, behavioral health technicians or behavioral health para-professionals.</td>
</tr>
</tbody>
</table>

**INPATIENT SERVICES**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Inpatient services (including room and board)</th>
<th>Provides continuous treatment that includes general psychiatric care, medical detoxification and/or forensic services in a general hospital or a general hospital with a distinct part or a freestanding psychiatric facility. Also includes 24-hour nursing supervision and physicians on site and on call.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health inpatient facility</td>
<td>Inpatient psychiatric treatment, which includes an integrated residential program of therapies, activities, and experiences provided to persons who are under 21 years old and have severe or acute behavioral health symptoms. There are two types of residential treatment centers: Secure: A residential treatment center that generally employs security guards and uses monitoring equipment and alarms. Non-secure: An unlocked residential treatment center.</td>
<td>Continuous treatment to a person who is experiencing acute and severe behavioral health and/or substance abuse symptoms. Services may include emergency reception and assessment; crisis intervention and stabilization; individual, group and family counseling; detoxification; and referral. Also includes 24-hour nursing supervision and physicians on site or on call.</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>OTHER</td>
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</tr>
<tr>
<td><strong>RESIDENTIAL SERVICES</strong></td>
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<td></td>
</tr>
<tr>
<td>Behavioral health residential facility</td>
<td>Residential services are provided by a licensed behavioral health agency. These agencies provide a structured treatment setting with 24-hour supervision and counseling or other therapeutic activities for persons who do not require on-site medical services, under the supervision of an on-site or on-call behavioral health professional.</td>
<td>Room and board is not covered by Title 19/21 for persons residing in behavioral health residential facilities.</td>
</tr>
<tr>
<td>Room and board</td>
<td>The provision of lodging and meals to a person residing in a residential facility or supported independent living setting.</td>
<td>Includes but is not limited to services such as food and food preparation, personal laundry and housekeeping.</td>
</tr>
<tr>
<td><strong>BEHAVIORAL HEALTH DAY PROGRAMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised day</td>
<td>A regularly scheduled program of individual, group and/or family activities/services related to the enrolled person’s treatment plan designed to improve the ability of the person to function in the community.</td>
<td>May include the following rehabilitative and support services: Skills training and development, behavioral health prevention/promotion, medication training and support, ongoing support to maintain employment, and self-help/peer services.</td>
</tr>
<tr>
<td>Therapeutic day</td>
<td>A regularly scheduled program of active treatment modalities.</td>
<td>Includes but not limited to services such as: Individual, group and/or family behavioral health counseling and therapy; skills training and development; behavioral health prevention/promotion; medication training and support; ongoing support to maintain employment; home care training family (family support); medication monitoring; case management; and self-help/peer services.</td>
</tr>
<tr>
<td>Medical day</td>
<td>A regularly scheduled program of active treatment modalities, including medical interventions, in a group setting.</td>
<td>May include: Individual, group and/or family behavioral health counseling and therapy; skills training and development; behavioral health prevention/promotion; medication training and support; ongoing support to maintain employment; home care training for families (family support); and/or other nursing services such as medication monitoring, methadone administration and medical/nursing assessments.</td>
</tr>
</tbody>
</table>
Medication coverage (pharmacy services)

Mercy Maricopa has a list of medications, called a drug list, which includes medications available to you through Mercy Maricopa. You can find the Mercy Maricopa drug list online at [www.mercymaricopa.org/members/mmic/pharmacy](http://www.mercymaricopa.org/members/mmic/pharmacy). You may need medication that isn’t on the Mercy Maricopa drug list, or you may need approval for your medication. If your medicine isn’t on an approved-drug list, your prescriber can:

- Prescribe a similar drug that is on the list
- Ask Mercy Maricopa to make an exception and cover the medically necessary drug. Your provider will go through the prior authorization process.

If Mercy Maricopa denies, reduces or terminates your medication, you and your provider will receive a notice in the mail and have the right to file an appeal. The letter will explain the process for filing an appeal, along with any additional rights and rules that apply. You can learn more about this process in the section called “Member appeals” on page 38.

If you go to a pharmacy that’s in the Mercy Maricopa network to fill a prescription but get turned away by the pharmacy, you should call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If you need to get medication from a pharmacy after hours or on a weekend or holiday, many pharmacies are open 24 hours, 7 days a week. You can find a list of pharmacies on the Mercy Maricopa website at [www.mercymaricopa.org/find-pharmacy](http://www.mercymaricopa.org/find-pharmacy). You can call Mercy Maricopa Member Services if you need help finding an open pharmacy near you.

Transportation to behavioral health appointments (rides)

You may be able to get a ride to and from non-emergency services for covered behavioral health services, such as medication appointments. You can contact your case manager or Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465, (TTY/TDD) 711 and ask if you can get a ride.

You don’t need prior approval for transportation during an emergency. Call 911 or contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for transportation in an emergency or crisis.

HIV/AIDS testing

AHCCCS-enrolled pregnant women should speak with their PCP or OB-GYN about Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) testing. Women who receive positive test results should also ask about counseling services.

Voluntary, confidential HIV/AIDS testing services are available, as well as counseling for members who test positive. Mercy Maricopa can help. Call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for information about confidential testing and counseling services.

Service coverage for American Indian persons

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. This includes receiving services through a Regional Behavioral Health Authority (RBHA) that serves the ZIP code you live in or Tribal Regional Behavioral Health Authority (TRBHA) that serves a specific tribe, Indian Health Services (IHS), and/or 638 tribal facilities with behavioral health programs. If you receive services through a RBHA or TRBHA, those services are paid for through the Arizona Health Care Cost Containment System (AHCCCS). If you’re Title 19/21 (AHCCCS) eligible and receive services through an IHS or 638 tribal facility, AHCCCS pays for those services. Regardless of which agency pays for the services, your RBHA or TRBHA and/or IHS or 638 tribal facilities will coordinate your care to ensure you receive all necessary behavioral health services.
A 638 tribal facility means a facility owned and operated by an American Indian tribe authorized to provide services according to Public Law 93–638, as amended. A 638 tribal facility may not provide all covered behavioral health services, so AHCCCS is responsible for covering certain services:

- Behavioral health services for persons referred off reservation from an IHS or 638 tribal facility
- Emergency services rendered at a non-IHS or non-638 tribal facility to American Indian behavioral health recipients

If you are unsure about your choices or if you have questions about how your behavioral health services are coordinated, you can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for additional information.

**Children in the custody of DCS**

For any child who has been removed from the home by DCS, the foster parent, group home staff, relative or other person or agency in whose care the child is currently placed can consent to evaluation and treatment for routine medical and dental treatment and procedures, including behavioral health services.

Examples of behavioral health services to which out-of-home caregivers can give consent include:

- Assessment and service planning
- Counseling and therapy
- Rehabilitation services
- Medical Services
- Psychiatric evaluation
- Psychotropic medication
- Laboratory services
- Support Services
- Case Management
- Personal Care Services
- Family Support
- Peer Support
- Respite
- Sign Language or Oral Interpretive Services
- Transportation
- Crisis Intervention Services
- Behavioral Health Day Programs

DCS must consent to inpatient psychiatric acute care services, residential treatment services, therapeutic group homes and Home Care Training to Home Care Client (HCTC).

**Service coverage for special populations**

Special populations include groups of individuals who are eligible to receive services funded by federal block grants. These federal block grants include the Substance Abuse Block Grant (SABG), Project for Assistance in Transition from Homelessness (PATH) and Mental Health Block Grant (MHBG). SABG 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
- As funding is available, to all other persons with a substance use disorder, regardless of gender or route of use

The PATH Grant provides funds for services to persons or families who:

- Are homeless or at imminent risk of becoming homeless
- Are suffering from serious mental illness
- Have a substance abuse disorder and are suffering from a serious mental illness
Expanded outreach efforts include the following populations:
- Victims of domestic violence
- Elderly individuals
- Families
- Abandoned and/or runaway youth

The PATH Grant provides the following services and assistance:
- Outreach and community education
- Field assessment and evaluations
- Intake assistance/emergent and non-emergent triage
- Transportation assistance
- Hotel vouchers in emergency situations
- Assistance in meeting basic needs (e.g., applications for AHCCCS, SSI/SSDI, food stamps, coordination of health care, etc.)
- Transition into a behavioral health case management system
- Assistance in getting prescriptions filled
- Assistance in locating cooling or heating and water stations during extreme heat and winter alerts
- Moving assistance
- Housing referrals, both transitional and permanent placements

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).

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**Service coverage for members ineligible for AHCCCS**

**Crisis services**
You are able to get crisis services, even if you are not Title 19/21 eligible (i.e., not eligible for AHCCCS) or determined to have a serious mental illness. Crisis services available to you include:
- Crisis intervention phone services, including a toll-free number, are available 24 hours per day, 7 days a week by calling the Maricopa County Behavioral Health Crisis Line at **602-222-9444 or 1-800-631-1314**; (TTY/TDD) **1-800-327-9254**
- Mobile crisis intervention services, available 24 hours a day, 7 days a week
- 23-hour crisis observation/stabilization services, including detoxification services, and as funding allows, up to 72 hours of additional crisis stabilization
- Community information and referral services (support groups, sliding-fee scale behavioral health providers and benefit eligibility information)
- Substance abuse-related crisis services, including follow-up services for stabilization

**Services for Non-Title 19/21 persons determined to have a serious mental illness (SMI)**
If you are a Non-Title 19/21 person determined to have SMI, you are eligible for an array of services based on available funding, as appropriated by the Arizona Legislature. You can see a list of these services on page 20.

You can contact Mercy Maricopa Member Services at **602-586-1841 or 1-800-564-5465**; (TTY/TDD) **711** if you have questions about what services are available to you.

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

AHCCCS-eligible persons cannot be billed for covered behavioral health services. If you ask for a service that isn’t a covered benefit and sign a statement agreeing to pay the bill, then you will have to pay the bill. If you receive a bill for a covered behavioral health service, you should immediately call the provider who sent you the bill and give them the Mercy Maricopa billing address:

Mercy Maricopa Integrated Care
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

Some members will be required to pay copayments for certain services as described below. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 at any time if you need help resolving ongoing or unresolved billing issues.

Copayments

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

(Note: Copayments referenced in this section mean copayments charged under Medicaid (AHCCCS). It doesn’t mean a person is exempt from Medicare copayments.

The following persons are not asked to pay copayments:
• People under age 19
• People determined to be seriously mentally ill (SMI)
• An individual eligible for the Children’s Rehabilitative Services program under A.R.S. §36-2906(E)
• Acute care members who are residing in nursing facilities or residential facilities such as an Assisted Living Home and only when member’s medical condition would otherwise require hospitalization. The exemption from copayments for these members is limited to 90 days in a contract year
• People who are enrolled in the Arizona Long Term Care System (ALTCS)
• People who are Qualified Medicare Beneficiaries
• People who receive hospice care
• American Indian members who are active or previous users of the Indian Health Service, tribal health programs operated under Public Law 93-638, or urban Indian health programs
• People in the Breast and Cervical Cancer Treatment Program (BCCTP)
• People receiving child welfare services under Title IV-B on the basis of being a child in foster care or receiving adoption or foster care assistance under Title IV-E regardless of age
• People who are pregnant and throughout postpartum period following the pregnancy
• 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:
1. They are receiving one of the services above that cannot be charged a copay, or
2. They are in one of the groups above that cannot be charged a copay.

Non-mandatory copays are also called optional copays. If a member has a non-mandatory copay, then a provider cannot deny the service if the member states that he or she is unable to pay the copay. Members in the following programs may be charged non-mandatory copays by their provider:
• AHCCCS for Families with Children (1931)
• Young Adult Transitional Insurance (YATI) for young people in foster care
• State Adoption Assistance for Special Needs Children who are being adopted
• Receiving Supplemental Security Income (SSI) through the Social Security Administration for people who are age 65 or older, blind or disabled
• SSI Medical Assistance Only (SSI MAO) for individual who are age 65 or older, blind or disabled
• Freedom to Work (FTW)

Ask your provider to look up your eligibility to find out what copays you may have. You can also find out by calling Mercy Maricopa Member Services. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. You can also check Mercy Maricopa’s website for more information, www.mercymaricopa.org.

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

Optional (non-mandatory) copayment amounts for some medical services

<table>
<thead>
<tr>
<th>Service</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2.30</td>
</tr>
<tr>
<td>Out-patient services for physical, occupational and speech therapy</td>
<td>$2.30</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
<td>$3.40</td>
</tr>
</tbody>
</table>

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

People with required (mandatory) copayments

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

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

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

Pharmacists and medical providers can refuse services if the copayments aren’t made.

### 5% limit on all copayments

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

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

AHCCCS  
801 E. Jefferson St.  
Mail Drop 4600  
Phoenix, Arizona 85034

If you’re 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.

### Copayments for Non-Title 19/21 members

Non-Title 19/21 persons determined to have a serious mental illness (SMI) may have to pay copayments for behavioral health services. The copayment amount is $3. Prior to your appointment for services, Mercy Maricopa or your provider will discuss with you any payments you will have to pay.

If you have Medicare or private insurance, you’ll pay the $3 copayment for services covered by Mercy Maricopa, or the copayment that your insurance requires (if it’s less than $3) for those services. In other words, you won’t have to pay a higher payment for Mercy Maricopa covered services just because you have other insurance. However, if you’re getting services through your insurance for services or medications that Mercy Maricopa doesn’t cover (see the Covered Medical Services Matrix on page 20), you’ll be responsible for paying the copayment or other fees that your insurance requires.

You may have to pay for non-covered services. Examples of non-covered services may include:

1. A service that your provider did not set up or approve
2. A service that is not listed on the Covered Medical Services Matrix (See page 20.)
3. A service that you receive from a provider outside of the provider network without a referral

### Medicare and health insurance through the Federal Health Insurance Marketplace

You must report any health insurance that you have, other than AHCCCS, to Mercy Maricopa or your provider. This includes Medicare and health insurance obtained using the Federal Health Insurance Marketplace. Persons with health insurance must use the benefits of that health insurance before Mercy Maricopa will pay for services. At times, Mercy Maricopa may pay for the cost of copayments for you, while the cost of the covered service is paid for by your health insurance. This may occur even if you get services outside the Mercy Maricopa network of providers.

If there are any changes to your health insurance, you must report the change to Mercy Maricopa or your provider right away.
Medicare coverage

Some people have Medicare and AHCCCS health insurance. If you have Medicare and AHCCCS health insurance, you must tell Mercy Maricopa or your provider. You may get some services from Medicare providers and some services from Mercy Maricopa providers. You may have to use Medicare for some behavioral health services before you can use your AHCCCS health insurance. If you are in a Medicare Savings Program (MSP) program, your Medicare copayments, premiums and/or deductibles may be covered for you. Mercy Maricopa or your provider can help you find out what services Medicare will cover and what services your AHCCCS health insurance will cover.

Sometimes people with Medicare want to get services from a provider that does not work with Mercy Maricopa. This is called getting services outside the Mercy Maricopa network of providers. If you choose to get services from a provider outside the Mercy Maricopa network, you may have to pay for your Medicare copayment, premium and/or deductible. This does not apply to emergency or other prescribed services. Call Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for more information on out of network providers.

AHCCCS does not pay for prescription drugs available with Medicare Part D for persons who have AHCCCS and Medicare. Medicare eligible persons must get their prescription drugs through a Medicare Part D Prescription Drug Plan (PDP) or Medicare Advantage Prescription Drug Plan (MA-PD). These plans will pay for both brand name and generic drugs. If you have Medicare, but you are not enrolled in a Medicare Part D drug plan, AHCCCS will not pay for any prescription drugs that would be paid for by Medicare Part D. You may have to pay for your prescription drugs. If you have questions about this change, you can call 1-800-MEDICARE (TTY: 1-877-486-2048) or visit www.medicare.gov. If you want help in picking a plan, you can call Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 or visit www.mercymaricopa.org.

Medicare Part D and AHCCCS may not pay for some prescription drugs. Mercy Maricopa can help you get prescription drugs not covered by Medicare Part D. Contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 to ask about getting help with requesting medication from your Medicare Part D plan.

AHCCCS covers drugs that are medically necessary, cost effective and allowed by federal and state law. For AHCCCS recipients with Medicare, AHCCCS does NOT pay for any drugs paid by Medicare or for the cost sharing (coinsurance, deductibles and copayments) for these drugs.

AHCCCS doesn’t pay for barbiturates to treat epilepsy, cancer, or mental health problems or any benzodiazepines for members with Medicare. This is because federal law requires Medicare to pay for these drugs. Some of the common names for benzodiazepines and barbiturates are:

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam</td>
<td>Xanax</td>
</tr>
<tr>
<td>Diazepam</td>
<td>Valium</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>Ativan</td>
</tr>
<tr>
<td>Clorazepate Dipotassium</td>
<td>Tranxene</td>
</tr>
<tr>
<td>Clordiazepoxide Hydrochloride</td>
<td>Librium</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>Klonopin</td>
</tr>
<tr>
<td>Oxazepam</td>
<td>Serax</td>
</tr>
<tr>
<td>Temazepam</td>
<td>Restoril</td>
</tr>
<tr>
<td>Flurazepam</td>
<td>Dalmane</td>
</tr>
<tr>
<td>Phenobarbital</td>
<td>Phenobarbital</td>
</tr>
<tr>
<td>Mebaral</td>
<td>Mephobarbital</td>
</tr>
</tbody>
</table>

AHCCCS pays for barbiturates for Medicare members that are NOT used to treat epilepsy, cancer or chronic mental health conditions.
For information about copayments for drugs that AHCCCS covers, you can read the section about copayments beginning on page 32.

**The Low Income Subsidy (LIS) Program**

The Social Security Administration (SSA) has a Low Income Subsidy (LIS) Program that will help pay for the costs of the Medicare Part D prescription drug benefit. This program, also known as “extra help,” will pay all or part of the monthly premium, annual deductible and coinsurance. However, the “extra help” does not pay the copayments for Medicare Part D prescription drugs.

If you have both AHCCCS and Medicare, you do not have to apply for the “extra help.” You will get a notice from the Centers for Medicare and Medicaid Services (CMS) telling you that you get the “extra help” and you do not have to apply.

If you are in a Medicare Savings Program (MSP) program, you do not have to apply for the “extra help.” MCS programs include the following:

- QMB Only (Qualified Medicare Beneficiary)
- SLMB Only (Specified Low Income Medicare Beneficiary)
- QI-1 (Qualified Individual)

You will also get a notice from CMS telling you that you get the “extra help” and you do not have to apply.

Other persons may be able to get the “extra help.” If your income is below 150% of the Federal Poverty Level (FPL) and you do not have AHCCCS or an MCS program, you have to apply for the “extra help.” You can apply a few ways. The Social Security Administration (SSA) has a paper application in English and Spanish. You can fill out a paper application and mail it to SSA. You can also apply by calling 1-800-772-1213 (TTY: 1-800-325-0778). Finally, you can apply on-line on the SSA Web site: www.socialsecurity.gov. Online applications are available in 14 languages. If you need help applying for the “extra help,” you can contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**Complaints, grievances and appeals**

**Complaints about member care**

If you aren’t happy with the care you are getting, try to solve any issues at the lowest possible level by talking with your provider or Mercy Maricopa. You can contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**What is a formal complaint and how do I make one?**

A formal complaint is a documented statement that you are not happy with any aspect of your care. Reasons for complaints could include such things as:

- The quality of care or services you got
- A disagreement with the denial to process an appeal as expedited
- The failure of a provider to respect a person’s rights
- A provider or employee of a provider being rude to you

You can make a formal complaint either on the phone or in writing. You can call or write to:

**Mercy Maricopa Member Services**

602-586-1841 or 1-800-564-5465; (TTY/TDD) 711

Hours of operation: 24 hours a day, 7 days a week
Mailing address
Mercy Maricopa Integrated Care
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

If you make your complaint by phone, it will be acknowledged at that time. For written complaints, you will be notified that your complaint was received within 5 working days. A decision regarding the results of your complaint must be given to you in a timely manner. Most complaints will be resolved within 10 business days, but in no case longer than 90 days.

Some issues require you to file an appeal instead of a formal complaint. This process is described in the section called, “Member appeals” on page 38. These issues include:
- The denial or limited approval of a service asked for by your provider or clinical team
- The reduction, suspension, or termination of a service you were receiving
- The denial, in whole or part, of payment for a service
- The failure to provide services in a timely manner
- The failure to act within timeframes for resolving an appeal or complaint
- The denial of a request for services outside of the provider network when services are not available within the provider network.

If you are a person determined to have a serious mental illness (SMI), you can file a grievance/ request for investigation if you feel that your rights have been violated. See “Grievance/Request for Investigation for persons determined to have a serious mental illness” for more information.

Grievance/Request for Investigation for members determined to have a serious mental illness

The SMI Grievance/Request for Investigation process applies only to adult persons who have been determined to have a serious mental illness and to any behavioral health services received by the member.

You can file a Grievance/Request for Investigation if you feel:
- Your rights have been violated
- You have been abused or mistreated by staff of a provider
- You have been subjected to a dangerous, illegal, or inhumane treatment environment

You have 12 months from the time that the rights violation happened to file an SMI Grievance/Request for Investigation having to do with any behavioral health services that you received. You may file a Grievance/Request for Investigation orally or in writing. Grievance/Request for Investigation forms are available at Mercy Maricopa and providers of behavioral health services. You may ask staff for help in filing your grievance.

Contact the following to make your oral or written Grievance/Request for Investigation: Mercy Maricopa Grievance System Department, 602-586-1719 or 1-866-386-5794

To file a written appeal, mail the appeal to:
Mercy Maricopa Integrated Care
Attn: Grievance and Appeals
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

Grievances concerning physical abuse, sexual abuse or a person’s death are investigated by AHCCCS. To file an oral or written grievance concerning physical abuse, sexual abuse or a person’s death, contact AHCCCS Office of Grievance and Appeals, 801 E. Jefferson, MD 3400, Phoenix, AZ 85034, or call 602-417-7000. Deaf or hard of hearing individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting AHCCCS.
AHCCCS or Mercy Maricopa will send you a letter within 5 days of getting your Grievance/Request for Investigation form. This letter will tell you how your Grievance/Request for Investigation will be handled.

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

Within 35 days of an investigator being assigned, unless an extension has been asked for, you will get a written decision of the findings, conclusions and recommendations of the investigation. You will also be told if you have the right to appeal the decision if you do not agree with the conclusions of the investigation.

If you file a Grievance/Request for Investigation, the quality of your care will not suffer.

### Notice of Action

You will be sent a Notice of Action letter if Mercy Maricopa decides that a requested service cannot be approved, or if an existing service is reduced, suspended or ended. The letter will tell you:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a fair hearing with AHCCCS and how to do it
- Your right to ask for an expedited resolution and how to do it
- Your right to ask that your benefits be continued during the appeal, how to do it and when you may have to pay the costs for the services

If you receive a Notice of Action letter that does not tell you the above information, you can call Mercy Maricopa or file a complaint about the quality of the letter. You can contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

We will look at the letter and if needed, write a new letter that better explains the action. If you still don’t understand the letter, you have the right to contact AHCCCS Medical Management at 602-417-7000 or DHCMClinical@azahcccs.gov.

### Member appeals

**What is an appeal?**

An appeal is a formal request to review an action or decision related to your behavioral health services.

There are 3 types of appeals depending on what is being appealed and who is filing the appeal. The 3 types of appeals are:

- Appeals for Title 19/21 AHCCCS eligible members, page 39
- Appeals for members determined to have a serious mental illness, page 41
- Appeals for members who are not enrolled as a person with serious mental illness and are Non-Title 19/21 eligible, page 42

**Medicare Part D exceptions and appeals**

Every Medicare Part D plan must have an exception and appeal process. If you have Medicare Part D Prescription Drug coverage and you file an exception or appeal, you may be able to get a prescription drug that is not normally covered by your Part D plan. Contact your Part D plan for help in filing an exception or appeal regarding your prescription drug coverage.
How do I file an appeal?
Appeals can be filed orally or in writing with Mercy Maricopa within 60 days after the date of a Notice of Action or Notice of Decision and Right to Appeal (enrolled members) and within 60 days of a receipt of a Notice of Action (FFS members). “FFS” or Fee for Service Members are those members receiving services from a TRBHA. All other members receiving services from a RBHA are “enrolled members.” A Notice of Action and Notice of Decision and Right to Appeal are written letters that tell you about a change in your services. An expedited appeal will be resolved sooner than a standard appeal due to the urgent behavioral health needs of the person filing the appeal. Contact Mercy Maricopa Member Services or your provider to see if your appeal will be expedited. You can contact Mercy Maricopa at 602‑586‑1841 or 1‑800‑564‑5465; (TTY/TDD) 711.

You or your legal representative can file an appeal. An authorized representative, including a provider, can also file an appeal for you with your written permission. You can also get help with filing an appeal by yourself.

To file an appeal orally or for help with filing a written appeal, call Mercy Maricopa Grievance System Department at 602‑586‑1719 or 1‑866‑386‑5794.

To file a written appeal, mail the appeal to:
Mercy Maricopa Integrated Care
Attn: Grievance and Appeals
Mercy Maricopa Integrated Care
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

You will get written notice that your appeal was received within 5 working days. If your appeal is expedited, you will get notice that your appeal was received within 1 working day. If Mercy Maricopa has decided that your appeal does not need to be expedited, your appeal will follow the standard appeal timelines. Mercy Maricopa will make reasonable efforts to give you prompt oral notice of the decision not to expedite your appeal and follow up within 2 calendar days with a written notice.

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

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

What happens after I file an appeal?
As part of the appeal process, you have the right to give evidence that supports your appeal. You can provide the evidence to Mercy Maricopa or AHCCCS in person or in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process, as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or Mercy Maricopa. The evidence you give to Mercy Maricopa or AHCCCS will be used when deciding the resolution of the appeal. You can contact Mercy Maricopa at 602‑586‑1841 or 1‑800‑564‑5465; (TTY/TDD) 711.

How is my appeal resolved?
Mercy Maricopa or AHCCCS must give you a decision, called a Notice of Appeal Resolution, in person or by certified mail within 30 days of getting your appeal for standard appeals, or within 3 working days for expedited appeals. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.
The time frames in which the RBHA or AHCCCS must give you the Notice of Appeal Resolution may be extended up to 14 days. You, Mercy Maricopa or AHCCCS can ask for more time in order to gather more information. If Mercy Maricopa or AHCCCS asks for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:
• The results of the appeal process and
• The date the appeal process was completed

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:
• How you can ask for a State Fair Hearing
• How to ask that services continue during the State Fair Hearing process, if applicable
• The reason why your appeal was denied and the legal basis for the decision to deny your appeal
• That you may have to pay for the services you get during the State Fair Hearing process if your appeal is denied at the State Fair Hearing

What can I do if I am not happy with my appeal results?
You can ask for a State Fair Hearing if you are not happy with the results of an appeal. If your appeal was expedited, you can ask for an expedited State Fair Hearing. **YOU HAVE THE RIGHT TO HAVE A REPRESENTATIVE OF YOUR CHOICE ASSIST YOU AT THE STATE FAIR HEARING.**

How do I ask for a State Fair Hearing?
You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. This includes both standard and expedited requests for a State Fair Hearing. Requests for State Fair Hearings for decisions issued by Mercy Maricopa should be mailed to:

Mercy Maricopa Integrated Care
Attn: Grievance and Appeals
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

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

What is the process for my State Fair Hearing?
You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:
• The time, place and nature of the hearing
• The reason for the hearing
• The legal and jurisdictional authority that requires the hearing
• The specific laws that are related to the hearing

How is my State Fair Hearing resolved?
For standard State Fair Hearings, you will receive a written AHCCCS Director’s Decision no later than 90 days after your appeal was first filed. This 90-day period does not include:
• Any timeframe extensions that you have requested
• The number of days between the date that you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted

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

For expedited State Fair Hearings, you will receive a written AHCCCS Director’s Decision within 3 working days after the date that AHCCCS receives your case file and appeal information from Mercy Maricopa. AHCCCS will also try to call you to notify you of the AHCCCS Director’s Decision.
Will my services continue during the Appeal/State Fair Hearing process?
You may ask that the services you were already getting continue during the appeal process or the State Fair Hearing process. If you want to keep getting the same services, you must ask for your services to be continued in writing. If the result of the appeal or State Fair Hearing is to agree with the action to either end or reduce your services, you may have to pay for the services received during the appeal or State Fair Hearing process.

Appeals for members determined to have a serious mental illness

Persons asking for a determination of serious mental illness and persons who have been determined to have a serious mental illness can appeal the result of a serious mental illness determination.

Persons determined to have a serious mental illness may also appeal the following adverse decisions:
- Initial eligibility for SMI services
- A decision regarding fees or waivers
- The assessment report, and recommended services in the service plan or individual treatment or discharge plan
- The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title 19/21 funds¹
- Capacity to make decisions, need for guardianship or other protective services or need for special assistance
- A decision is made that the person is no longer eligible for SMI services
- A PASRR determination in the context of either a preadmission screening or an annual resident review, which adversely affects the person

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

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

If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date that the resolution will be implemented. If there is no resolution of the appeal during this informal conference, and if the appeal doesn’t relate to your eligibility for behavioral health services, the next step is a second informal conference with AHCCCS. This second informal conference must take place within 15 days of filing the appeal. If the appeal needs to be expedited, the second informal conference must take place within 2 working days of filing the appeal. You have the right to skip this second informal conference.

If there is no resolution of the appeal during the second informal conference, or if you asked that the second informal conference be skipped, you will be given information that will tell you how to get an Administrative Hearing. Appeals of serious mental illness eligibility determinations move directly to the Administrative Hearing process if not resolved in the first informal conference and skip the second informal conference. The Office of Grievance and Appeals at AHCCCS handles requests for Administrative Hearings.

¹ Persons determined to have a serious mental illness cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.
Will my services continue during the appeal process?
If you file an appeal you will continue to get any services you were already getting unless a qualified clinician decides that reducing, terminating services is best for you, or you agree in writing to reducing or terminating services. If the appeal is not decided in your favor, Mercy Maricopa may require you to pay for the services you received during the appeal process.

Appeals for members who aren’t determined to have serious mental illness and aren’t Title 19/21 eligible

If you are Non-Title 19/21 (AHCCCS) eligible and not determined to have serious mental illness you may appeal actions or decisions related to decisions about behavioral health services you need that are available through Mercy Maricopa.

What happens after I file an appeal?
As part of the appeal process, you have the right to give evidence that supports your appeal. You can give the evidence to Mercy Maricopa or AHCCCS in person or in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or Mercy Maricopa. The evidence you give to the Mercy Maricopa or AHCCCS will be used when deciding the resolution of the appeal. You can contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

How is my appeal resolved?
Mercy Maricopa or AHCCCS must give you a Notice of Appeal Resolution in person or by certified mail within 30 days of getting your appeal. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal. The time frames in which Mercy Maricopa or AHCCCS must give you the Notice of Appeal Resolution may be extended up to 14 days. You, Mercy Maricopa or AHCCCS can ask for more time in order to gather more information. If Mercy Maricopa or the provider asks for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:
• The results of the appeal process
• The date the appeal process was completed

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:
• How you can request a State Fair Hearing
• The reason why your appeal was denied and the legal basis for that decision

What can I do if I am not happy with my appeal results?
You can ask for a State Fair Hearing if you are not happy with the results of an appeal.

How do I ask for a State Fair Hearing?
You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. Requests for State Fair Hearings should be mailed to:

Mercy Maricopa Integrated Care
Attn: Grievance and Appeals
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040
Instructions for appealing a decision issued by AHCCCS will be contained in the Notice of Appeal Resolution.

What is the process for my State Fair Hearing?
You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:
• The time, place and nature of the hearing
• The reason for the hearing
• The legal and jurisdictional authority that requires the hearing
• The specific laws that are related to the hearing

How is my State Fair Hearing resolved?
For standard State Fair Hearings, you will receive a written decision from the AHCCCS director’s decision no later than 90 days after your appeal was originally filed. This 90-day period does not include:
• Any timeframe extensions that you have requested
• The number of days between the date you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted

The AHCCCS director’s decision will tell you the outcome of the State Fair Hearing and the final decision about your services.
Section 2: Medical Services

Eligibility

This section describes the benefits that come with receiving medical services through Mercy Maricopa. The benefits described in this section are for members who are receiving behavioral health services through Mercy Maricopa and have a serious mental illness (SMI) determination.

These members are eligible to receive integrated care.

Integrated care

Integrated care is when a member gets physical and behavioral health care and wellness services. Providers that offer integrated care make sure to focus on the whole person. A team of health professionals work to empower members and improve their health and well-being.

Why is integrated care important?
Studies show that people with severe mental illness die, on average, 25 years earlier than the general population. This is because they aren’t getting the health care they need for preventable medical conditions. For example, heart disease, diabetes or infectious diseases. Integrated care provides care for a person’s mind and body.

How does integrated care work?
Fully integrated care means that a member is getting physical health, behavioral health, health promotion and wellness services. Providers may offer these services at one location. These sites are called Integrated Health Homes. To put it simply, integrated care provides a ‘one person, one place, one plan’ approach to care. Integrated care works because it takes away many barriers to care. Some of these barriers are:

- Having to go to many places to get care
- Telling your story many times
- Poor communication among providers

Integrated Health Homes (IHH)

This is a one-stop-shop where a member can see both a primary care provider and behavioral health provider. The providers work with other health care team members. Other team members can include:
- Registered nurse
- Case manager
- Peer support specialist
- Supported employment specialist
- Counselor

Some IHHs can have other types of providers such as a pharmacist, nutritionist, recreational therapist or health coach. The IHH team will work with the member to identify individual health needs and create a plan to achieve health and wellness.

Co-located practices

A co-located practice is a site where medical and behavioral health professionals are in the same building. This provides members with easier access to medical services. These providers don’t always share the same health record and may have separate treatment plans. Many of the additional health and wellness services offered in an IHH may not be available in a co-located practice.
Member rights and responsibilities

You will find a copy of the Privacy Rights notice in your welcome packet. The notice tells how we use your records, including information that identifies you, for health plan activities and to pay for your services. It also tells how you can look at your records, get a copy of them or change them, at no cost to you. Your health care information will be kept private and confidential, and will be given out only with your permission or if allowed by law.

In addition to the behavioral health member rights and responsibilities listed in Section I, you also have rights and responsibilities specific to your medical care. These are listed below. It’s important that you read and understand each one. If you have questions, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Your rights as a member
Information you can get:
• The name of your primary care physician (PCP) and/or case manager.
• Changes to your services or what to do if your PCP leaves Mercy Maricopa.

Treatment decisions
• You can choose a Mercy Maricopa PCP to coordinate your health care.
• You can change your PCP if you need to.
• You can be informed about which procedures you will have and who will do them.
• You can have a female in the room for breast and pelvic exams.
• You will be told in writing by Mercy Maricopa when any of your health care services requested by your PCP are reduced, suspended, terminated or denied. You must follow the instructions in your notification letter.
• Know how Mercy Maricopa evaluates new technology to include as a covered service.
• You will have your protected health information kept private, unless there is a reason to share your health information (see page 66 for limits to confidentiality).

Emergency care and specialty services
• You have the right to get emergency treatment at any hospital or medical setting without prior approval.
• You may get behavioral health services without the approval of your PCP or Mercy Maricopa.
• You can see a specialist with a referral from your PCP.
• You can refuse care from a doctor you were referred to and ask for a different doctor.
• You have a right to talk to health care professionals privately.

Your responsibilities as a member
• Protect your member ID card. Do not lose it or share it with anyone.
• Bring your child’s shot record to all your child’s PCP visits.

Transferring your physical health services to an AHCCCS plan

Members who are determined to have a serious mental illness and who are enrolled in one plan for both physical health and behavioral health services may request a different plan for their physical health services. This is called an opt-out process. A member can only request to opt-out for certain reasons.

To ask for an opt-out, the member must show harm or unfair treatment in:
1. Getting healthcare,
2. Receiving quality healthcare,
3. Protecting member privacy and rights, or
4. Choosing a provider.
If you would like to ask for an opt-out, contact Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Before you are moved to another AHCCCS healthcare plan Mercy Maricopa will try to resolve your concerns. If Mercy Maricopa is not able to resolve your concerns, you or your designated representative may apply for a change in your health plan by contacting Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If you are requesting a change because you have been discriminated against, unfairly treated, or you believe that there is a possibility that discrimination or unfair treatment could occur, you will be asked to show proof. Simply being enrolled in an integrated RBHA does not prove actual or potential discrimination or unfair treatment.

Mercy Maricopa’s review process will follow these steps:
1. Mercy Maricopa will confirm that you are enrolled in the integrated plan.
2. Mercy Maricopa Member Service’s representative will record your claims of actual harm or possible discrimination or unfair treatment caused by enrollment in the RBHA plan.
3. Mercy Maricopa Member Service’s representative will complete the “Transfer of a SMI member enrolled in an RBHA to an AHCCCS Acute Care Contractor” form and include any evidence that you or your representative provide.

You will be provided the approval or denial in writing within ten (10) calendar days of your request. If your request is approved, Mercy Maricopa will work with your new AHCCCS healthcare plan to ensure there are no interruptions in your care. If your request is denied, you will be provided with the reasons for the denial and you will be informed of your right to make an appeal.

**How to get medical services**

**Your service area**
You must get your health care services in the area near your home. If there are no PCPs available in your area, we will help you find the PCP closest to you.

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.

**Provider directory**
A provider directory is a listing of all available providers, urgent cares, and hospitals as well as their locations, telephone numbers, and languages spoken. The provider directory can be found online at www.mercymaricopa.org/find-provider-mmic. If you don’t have access to the Internet at your home, no cost Internet service is usually available at libraries. You can also get a paper copy of the provider listing, at no charge, by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. Member Services can also help you find a provider.

**Your assigned primary care physician (PCP)**
You’re assigned a primary care physician (PCP) from Mercy Maricopa. You’re notified of your PCP and how to change your PCP assignment, if you want to, when you get your identification card. Your PCP is the doctor who will manage your health care. Your PCP will act as “gatekeeper” for your physical health care. This means you will work together with your PCP to determine your health care needs. Your PCP will help figure out if you need to see a specialist or have additional care. Your PCP will work with Mercy Maricopa to find the best provider available to you.

All services, except behavioral health, dental, vision and well-women’s services must be ordered and approved by your PCP. You can get emergency health care services without the approval of your PCP or Mercy Maricopa when you have a medical emergency.
You may get behavioral health services without the approval of your PCP or Mercy Maricopa.

You can see a specialist with a referral from your PCP. In some cases, Mercy Maricopa must also approve your services. Your PCP will let you know which ones these are.

Making the most of your doctor’s visit:
• Ask Me 3™ is a quick, effective tool that was created to help you talk with your health care provider and better understand your health care needs.

Every time you talk to your doctor or pharmacist use the Ask Me 3™ questions listed below. Everyone needs help understanding medical information. Asking these questions will help you stay well or get better. Take a pen and paper when you visit your health care provider, and write down all the information given to you.
• What is my main problem?
• What do I need to do?
• Why is it important for me to do this?

Changing your PCP
We hope that you stay with one PCP because this will help your doctor get to know you and your health care needs. However, sometimes you may need to change. Some reasons why you may need to change are:
• You do not understand what your PCP says
• You do not feel comfortable talking to your PCP
• Your PCP’s office is too far away

Member Services will help you change your PCP and will send you a letter confirming the change. The change will take place the first of the following month.

Try talking to your PCP first before changing to another PCP. You and your doctor might be able to solve the problem without you having to change. If you decide to change three (3) or more times, Member Services will work with you and your doctor before making any more changes.

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

Quick tips about appointments
If you are seeing your PCP for the first time, call your PCP’s office first to make sure they are accepting new patients and to verify their address. If Mercy Maricopa has assigned a PCP to you, that means they are accepting new patients.
• Call your PCP early in the day to make an appointment
• Tell the staff person your symptoms
• Take your member ID card with you
• If you are a new patient, go to your appointment 15 minutes early
• Let the office know when you arrive
• If you need to change or cancel an appointment, call your doctor’s office as soon as you know you cannot make it to your appointment

Person-centered medical home (PCMH)
Would you like to have some help in planning and coordinating your health care needs?
For most people getting their health care needs or their family member’s needs taken care of can be hard to manage. This can be especially difficult when you are helping a close family member. Mercy Maricopa understands and is offering a type of care that might be right for you.

Mercy Maricopa is providing a new way to deliver and coordinate your health care through providers who are using the person-centered medical home (PCMH) care model. This model focuses on you working with a health care team. YOU are the most important person on the health care team. Together with your health care team, your primary care is planned and coordinated for you.

Get more information on why the PCMH model might be right for you.

To find out more about how to participate in a PCMH, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

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**Dental home**

Your dental home is just as important as your medical home. A dental home creates an ongoing relationship between the dentist and you for dental care. It includes all parts of oral health care, and takes care of all your dental needs. It’s delivered in a complete, coordinated and family-centered way. Care is continuously accessible to you.

You will be assigned to a Mercy Maricopa dental home nearest to you. You have the right to choose a dentist of your choice. You can change your dentist at any time, for any reason, by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. If you already have a dentist that you would like to continue to see, you can call Mercy Maricopa Member Services to update our records with the name of your dentist.

You do not need a referral. Two routine/preventative dental visits are covered each year for members 18-20 years of age at no cost to you. The second visit must occur six months and one day after the first visit.

- Untreated cavities (decay) and gum disease can lead to some medical illnesses such as heart disease and diabetes.
- In addition, untreated gum disease can cause tooth loss, and can create problems with your ability to eat and speak properly.
- If you are a woman, and become pregnant, poor oral health may cause your baby to be born too soon and underweight.

You will need to contact your dentist to make, change or cancel your appointments. You may also contact Mercy Maricopa Member Services if you would like help making, changing or canceling your appointments. You can contact Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

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**Medical referrals**

Your PCP may refer you to other providers to get special services. A referral is when your PCP sends you to a specialist for a specific problem. A referral can also be to a lab or hospital, etc. Mercy Maricopa may need to review and approve certain referrals and special services first before you can get the services. Your PCP will know when to get Mercy Maricopa’s approval. If your referral needs to be approved by Mercy Maricopa, your PCP will coordinate the referral and will let you know what is happening.

You can also request a second opinion from another Mercy Maricopa doctor. If an in-network provider is not available or appropriate, you can have a second opinion arranged outside of the network at no cost to you.

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**Medical authorizations**

An authorization is an approval from Mercy Maricopa for you to get the special services your PCP has referred you to. Mercy Maricopa may take up to 14 calendar days to approve a standard authorization request and three (3) working
days to approve an expedited request. If Mercy Maricopa needs additional information to authorize the request, a 14-day extension may be requested. If Mercy Maricopa does not receive the information they requested from your doctor, Mercy Maricopa must deny the request. You will receive a notice of action letter that explains your rights. If your doctor sends in an expedited authorization request and it does not meet the criteria for an expedited request, Mercy Maricopa will send you a letter and let you know that it will be processed as a standard request. You can file a grievance if you disagree with an extension of time. You can go to the section on grievances beginning on page 36 for more information. If you have questions about whether your service has been authorized, call your PCP. **You never need approval from Mercy Maricopa to get emergency services.**

Practice guidelines are the standards that Mercy Maricopa providers are expected to follow when giving our members care. Practice guidelines can be seen by going to [www.guideline.gov](http://www.guideline.gov). If you need help understanding any of these guidelines, you can call Mercy Maricopa and ask to speak to a nurse who can help you. You can contact Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**Types of care: Routine, urgent and emergency**

There are three different kinds of care you can get: Routine, urgent, and emergency. Always check with your doctor if you have questions about your care.

**Routine:** This is regular care to keep you healthy. Examples of routine care include:
- Checkups
- Screenings
- Yearly exams
- Immunizations

**What to do?**
Call your doctor to make an appointment for routine preventive care.

**When will a doctor see you?**
You can expect to be seen by your PCP within 21 days after calling for an appointment. You can see a specialists or dentists within 45 days.

**Urgent/sick visit:** Care you need right away but you’re not in danger of lasting harm or of losing your life. Examples of urgent care:
- Sore throat
- Flu
- An injury that may need stitches
- Migraines

**What to do?**
Call your doctor for an appointment or other instructions. Even if it’s late at night or on the weekends, your doctor has an answering service that will get a message to your doctor. Your doctor will call you back and tell you what to do. You can go to an urgent care center when your doctor cannot see you right away. Look in your provider directory to find the center closest to you, or look on the Mercy Maricopa website at [www.mercymaricopa.org](http://www.mercymaricopa.org). You should NOT go to the emergency room for urgent/sick care.

**When will a doctor see you?**
For urgent care, you can expect to be seen by your PCP within two (2) days of calling for an appointment. To see a specialist or dentist, you can be seen within three (3) days of calling for an appointment.
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. Examples of emergency care:
- Sudden chest pains such as a heart attack or trouble breathing
- Car accident
- Convulsions
- Very bad bleeding, especially if you are pregnant
- Broken bones
- Serious burns
- Poisoning
- Overdose

Some medical conditions that aren’t usually considered emergencies include:
- The flu
- Colds
- Sore throats
- Earaches
- Urinary tract infections
- Prescription refills or requests
- Health conditions that you have had for a long time
- Back strain
- Migraine headaches

What to do in case of an emergency?
Call 911 or go to the nearest emergency room. You can go to any emergency room. You do not have to call your doctor or Mercy Maricopa first. You do not need prior approval to call 911. If you can, show them your Mercy Maricopa ID card and ask them to call your doctor.

After-hours care

Except in an emergency, if you get sick after the doctor’s office is closed or on a weekend, call the office anyway. You can even call your PCP in the middle of the night. An answering service will make sure your doctor gets your message. Your PCP will call you back to tell you what to do. Be sure your phone accepts blocked calls. Otherwise, the doctor may not be able to reach you.

You can also go to an Urgent Care Center for urgent health care problems and your doctor cannot see you right away. Look in your Provider Directory to find the Urgent Care Center closest to you, or look on the Mercy Maricopa website at www.mercymaricopa.org/find-provider-mmic.

Out-of-area coverage

Mercy Maricopa doesn’t cover emergency services outside of the United States.

If you need physical or behavioral health services in another county or state in the U.S., Mercy Maricopa will only pay for emergency services. If you have an emergency while away, go to the closest emergency room or call 911.

Show your member ID card to the hospital and tell them you are a Mercy Maricopa member. Ask the hospital to send the bill to Mercy Maricopa for payment. Do not pay the bill yourself.
Follow-up/routine care that is not related to an emergency is not covered while you are away. This includes prescriptions. You should get follow-up care from your PCP. Mercy Maricopa may approve physical and behavioral health care services that are only available away from where you live. If this happens, we may pay for your transportation, lodging and food costs. Mercy Maricopa will only pay for these services if they are approved by the plan first. You can call Mercy Maricopa before your trip so we can help you make arrangements.

### Covered medical services

<table>
<thead>
<tr>
<th>All members</th>
<th>Additional covered services members 18,19 and 20 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospital care (limitations apply)</td>
<td>• Identification, evaluation and rehabilitation of hearing loss</td>
</tr>
<tr>
<td>• Doctor office visits, including specialist visits</td>
<td>• Medically necessary personal care. This may include help with bathing, toileting, dressing, walking and other activities that the member is unable to do for medical reasons</td>
</tr>
<tr>
<td>• Health risk assessments and screenings</td>
<td>• Routine preventive dental services, including oral health screenings, cleanings, oral hygiene education, X-rays, fillings, extractions and other therapeutic and medically necessary procedures</td>
</tr>
<tr>
<td>• Nutritional assessments</td>
<td>• Vision services, including exams and prescriptive lenses (a limited selection of lenses and frames are covered)</td>
</tr>
<tr>
<td>• Identification and evaluation of hearing loss</td>
<td>• Outpatient speech, occupational and physical therapy</td>
</tr>
<tr>
<td>• Laboratory visits and X-rays</td>
<td>• Conscious sedation</td>
</tr>
<tr>
<td>• Durable medical equipment and supplies</td>
<td>• Children’s Rehabilitation Services (CRS) (Limitations apply.)</td>
</tr>
<tr>
<td>• Medications on Mercy Maricopa’s list of covered medicines. Members with Medicare will receive their medications through Medicare Part D.</td>
<td>• Additional Services for Qualified Medicare Beneficiaries (QMB)</td>
</tr>
<tr>
<td>• Emergency care</td>
<td>• Respite services</td>
</tr>
<tr>
<td>• Follow-up care after an emergency</td>
<td>• Chiropractic services</td>
</tr>
<tr>
<td>• Home health services (such as nursing and home health aide) instead of hospitalization</td>
<td>• Any services covered by Medicare but not by AHCCCS</td>
</tr>
<tr>
<td>• Nursing home, when used instead of hospitalization, up to 90 days a year</td>
<td></td>
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<tr>
<td>• Inpatient rehabilitation services, including occupational, speech and physical therapy</td>
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</tr>
<tr>
<td>• Respiratory therapy</td>
<td></td>
</tr>
<tr>
<td>• Routine immunizations</td>
<td></td>
</tr>
<tr>
<td>• AHCCCS-approved organ and tissue transplants and related prescriptions (Limitations apply.)</td>
<td></td>
</tr>
<tr>
<td>• Kidney dialysis</td>
<td></td>
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<tr>
<td>• Medically necessary foot care (Limitations apply)</td>
<td></td>
</tr>
<tr>
<td>• Foot and ankle services performed by a licensed podiatrist, when the service is ordered by a primary care physician or primary care practitioner.</td>
<td></td>
</tr>
<tr>
<td>• Maternity care (prenatal, labor and delivery, postpartum)</td>
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<tr>
<td>• Family planning services</td>
<td></td>
</tr>
<tr>
<td>• Pregnancy termination (including Mifepristone [Mifeprex or RU-486]). See Family Planning Services beginning on page 60 for more information.</td>
<td></td>
</tr>
<tr>
<td>• Behavioral health services</td>
<td></td>
</tr>
<tr>
<td>• Medically necessary and emergency transportation</td>
<td></td>
</tr>
<tr>
<td>• Routine preventive dental services, including oral health screenings, cleanings, oral hygiene education, X-rays, fillings, extractions and other therapeutic and medically necessary procedures</td>
<td></td>
</tr>
<tr>
<td>• Vision services, including exams and prescriptive lenses (a limited selection of lenses and frames are covered)</td>
<td></td>
</tr>
<tr>
<td>• Outpatient speech, occupational and physical therapy</td>
<td></td>
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<tr>
<td>• Conscious sedation</td>
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</tr>
<tr>
<td>• Children’s Rehabilitation Services (CRS) (Limitations apply.)</td>
<td></td>
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<tr>
<td>• Additional Services for Qualified Medicare Beneficiaries (QMB)</td>
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<tr>
<td>• Respite services</td>
<td></td>
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<tr>
<td>• Chiropractic services</td>
<td></td>
</tr>
<tr>
<td>• Any services covered by Medicare but not by AHCCCS</td>
<td></td>
</tr>
</tbody>
</table>
### All members

- Medical foods, with limitations
- Urgent care
- Hospice
- Preventative services which include, but are not limited to, screening services such as cervical cancer screening including pap smear, mammograms, colorectal cancer, and screening for sexually transmitted infections
- Well-visits (well-exams) such as, but not limited to, well-woman exams, breast exams, and prostate exams, are covered for members 21 years of age and older. Most well-visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling and medically necessary immunizations. (See EPSDT on page 55 for well exams for members under 21 years of age)
- Incontinence briefs, with limitations

### Medical services not covered

<table>
<thead>
<tr>
<th>All members</th>
<th>Other services that are not covered for adults (age 21 and over).</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Services from a provider who is NOT contracted with Mercy Maricopa (unless prior approved by the health plan)</td>
<td>• Hearing aids</td>
</tr>
<tr>
<td>• Cosmetic services or items</td>
<td>• Routine eye examinations for prescriptive lenses or glasses</td>
</tr>
<tr>
<td>• Personal care items such as combs, razors, soap etc.</td>
<td>• Routine dental services</td>
</tr>
<tr>
<td>• Any service that needs prior authorization that was not prior authorized</td>
<td>• Chiropractic services (except for Medicare QMB members)</td>
</tr>
<tr>
<td>• Services or items given at no cost, or for which charges are not usually made</td>
<td>• Outpatient speech and occupational therapy (except for Medicare QMB members)</td>
</tr>
<tr>
<td>• Services of special duty nurses, unless medically necessary and prior authorized</td>
<td></td>
</tr>
<tr>
<td>• Physical therapy that is not medically necessary</td>
<td></td>
</tr>
<tr>
<td>• Routine circumcisions</td>
<td></td>
</tr>
<tr>
<td>• Services that are determined to be experimental by the health plan medical director</td>
<td></td>
</tr>
<tr>
<td>• Pregnancy termination and pregnancy termination counseling, unless medically necessary, pregnancy is the result of rape or incest, or if physical illness is related to the pregnancy endangers the health of the mother</td>
<td></td>
</tr>
<tr>
<td>• Health services if you are in prison or in a facility for the treatment of tuberculosis</td>
<td></td>
</tr>
</tbody>
</table>
All members

- Experimental organ transplants, unless approved by AHCCCS
- Sex change operations
- Reversal of voluntary sterilization
- Medications supplies without a prescription
- Treatment to straighten teeth, unless medically necessary and approved by Mercy Maricopa
- Prescriptions not on our list of covered medications, unless approved by Mercy Maricopa
- Physical exams for qualifying for employment or sports activities.

Other services that are not covered for adults (age 21 and over).

Limited and excluded medical services

<table>
<thead>
<tr>
<th>Benefit/Service</th>
<th>Service Description</th>
<th>Service Exclusions Or Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin pumps</td>
<td>A machine that is worn to give insulin through the day to a person as needed.</td>
<td>AHCCCS will not pay for insulin pumps. Supplies, equipment maintenance (care of the pump), and repair of pump parts will be paid for.</td>
</tr>
<tr>
<td>Percussive vests</td>
<td>This vest is placed on a person’s chest and shakes to loosen mucous.</td>
<td>AHCCCS will not pay for percussive vests. Supplies, equipment maintenance (care of the vest), and repair of the vest will be paid for.</td>
</tr>
<tr>
<td>Bone-anchored hearing aid</td>
<td>A hearing aid that is put on a person’s bone near the ear by surgery. This is to carry sound.</td>
<td>AHCCCS will not pay for Bone- Anchored Hearing AID (BAHA). Supplies, equipment maintenance (care if the hearing aid) and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>Cochlear implant</td>
<td>A small device that is put in a person’s ear by surgery to help you hear better.</td>
<td>AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant), and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>Lower limb microprocessor controlled joint/ prosthetic</td>
<td>A device that replaces a missing part of the body and uses a computer to help with the moving of the joint.</td>
<td>AHCCCS will not pay for a lower limb (leg, knee, or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Service Description</td>
<td>Service Exclusions Or Limitations</td>
</tr>
<tr>
<td>----------------------</td>
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</tr>
<tr>
<td>Orthotics</td>
<td>A support or brace for weak joints or muscles. An orthotic can also support a deformed part of the body.</td>
<td>Orthotic devices for members under the age of 21 are provided when prescribed by the member’s primary care provider, attending physician, or practitioner. Orthotic devices are covered for members who are 21 years of age and older when: a. The orthotic is medically necessary as the preferred treatment based on Medicare Guidelines, and b. The orthotic costs less than all other treatments and surgery procedures to treat the same condition, and c. The orthotic is ordered by a Physician (doctor) or Primary Care Practitioner (nurse practitioner or physician assistant). Medical equipment may be rented or purchased only if other sources, which provide the items at no cost, are not available. The total cost of the rental must not exceed the purchase price of the item. You can find more information in the “Orthotic Devices” section on page 61.</td>
</tr>
<tr>
<td>Emergency dental service</td>
<td>Emergency services are when you have a need for care immediately like a bad infection in your mouth or pain in your teeth or jaw.</td>
<td>AHCCCS will not cover dental services (including emergency dental services) unless the care needed is a medical or surgical service related to dental (oral) care. Covered dental services for members 21 years of age and older must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examining the mouth, X-rays, care of fractures of the jaw or mouth, giving anesthesia, and pain medication and/or antibiotics. Certain pre-transplant services and prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck, or head are also covered.</td>
</tr>
<tr>
<td>Inpatient hospital stays</td>
<td>A stay in an Acute Care hospital including a Specialty Care Hospital and a Rehabilitation Hospital.</td>
<td>AHCCCS will no longer pay for inpatient hospital stays for adults aged 21 years or older past the 25th day for Acute, ALTCS and DDD members. The limit applies for stays within a 12-month period running from October 1 to September 30 of the following year.</td>
</tr>
<tr>
<td>Services by podiatrist</td>
<td>Any service that is done by a doctor who treats feet and ankle problems.</td>
<td>AHCCCS will not pay for services provided by a podiatrist or podiatric surgeon for adults. Contact your health plan for other contracted providers who can perform medically necessary foot and ankle procedures, including reconstructive surgeries.</td>
</tr>
<tr>
<td>Respite care</td>
<td>Short-term or continuous services provided a temporary break for caregivers and members to take time for themselves.</td>
<td>The number of respite hours available to adults and children under ALTCS benefits or behavioral health services is being reduced from 720 hours to 600 hours within a 12-month period. The 12 months will run from October 1 to September 30 of the next year.</td>
</tr>
<tr>
<td>Transplants</td>
<td>A transplant is when an organ or blood cells are moved from one person to another.</td>
<td>Approval is based on the medical need and if the transplant is on the “covered” list. Only transplants listed by AHCCCS as covered will be paid for.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Service Description</td>
<td>Service Exclusions Or Limitations</td>
</tr>
<tr>
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</tr>
<tr>
<td>Physical therapy</td>
<td>Exercises taught or provided by a Physical Therapist to make you stronger or help improve movement.</td>
<td>Beginning March 1, 2014, the AHCCCS Program allows additional outpatient physical therapy benefit for adult members 21 years of age or older. Currently, all AHCCCS adult members get 15 outpatient physical therapy visits to restore to a level of function. The new benefit also covers physical therapy sessions to keep a level of function or help get to a level of function. The outpatient physical therapy visits are covered during each benefit year.</td>
</tr>
</tbody>
</table>

*These services may be available when medically necessary for children up to age 21. If your child’s practitioner thinks these services are needed, the service should be requested from the plan.*

**EPSDT services**

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

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

EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment and follow-up care of physical and behavioral health conditions for AHCCCS members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in federal law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

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

Amount, Duration and Scope: The Medicaid Act defines EPSDT services to include screening services, vision services, dental services, hearing services and “such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the (AHCCCS) state plan.”

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

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

Two routine and preventive dental visits are covered per year for integrated health care members 18, 19 and 20 years of age. It’s important to see your dentist twice a year to keep your teeth healthy. Visits to the dentist must take place 6 months and 1 day after the previous visit. We will send you a postcard when you are due for a dental checkup. A complete listing of dental providers is available on the Mercy Maricopa website at www.mercymaricopa.org and in the provider directory.

EPSDT covers the following dental services:

Emergency dental services including:
• Treatment for pain, infection, swelling and/or injury
• Extraction of symptomatic (including pain), infected and non-restorable primary and permanent teeth, as well as retained primary teeth (extractions are limited to teeth which are symptomatic)
• General anesthesia, conscious sedation or anxiolysis (minimal sedation, members respond normally to verbal commands) when local anesthesia is contraindicated or when management of the member requires it.

Preventive dental services, including:
• Diagnostic services including comprehensive and periodic examinations. Two oral examinations and two oral prophylaxis and fluoride treatments per member per year (i.e., one every six months) for members 12 months to 21 years of age.
• Radiology services screening for diagnosis of dental abnormalities and/or pathology, including panoramic or full-mouth x-rays, supplemental bitewing x-rays, and occlusal or periapical films, as medically necessary and following the recommendations by the American Academy of Pediatric Dentistry.
• Oral prophylaxis performed by a dentist or dental hygienist that includes self-care oral hygiene instructions to member, if able, or to the parent/legal guardian.
• Application of topical fluorides. The use of a prophylaxis paste containing fluoride or fluoride mouth rinses do not meet the AHCCCS standard for fluoride treatment.
• Dental sealants for first and second molars are covered every three years up to 15 years of age, with a two-time maximum benefit. Additional applications must be deemed medically necessary and require PA through the Contractor.
• Space maintainers when posterior primary teeth are lost and when deemed medically necessary through the Contractor’s PA process.

All therapeutic dental services will be covered when they are considered medically necessary and cost effective. These services include, but are not limited to:
• Periodontal procedures, scaling/root planing, curettage, gingivectomy, and osseous surgery.
• Crowns
  - When appropriate, stainless steel crowns may be used for both primary and permanent posterior teeth; composite, prefabricated stainless steel crowns with a resin window or crowns with esthetic coatings should be used for anterior primary teeth, or
  - Precious or cast semi-precious crowns may be used on functional permanent endodontically treated teeth, except third molars, for members who are 18 to 21 years of age.
• Endodontic services including pulp therapy for permanent and primary teeth, except third molars (unless a third molar is functioning in place of a missing molar).
• Restoration of carious permanent and primary teeth with accepted dental materials other than cast or porcelain restorations, unless the member is 18 to 21 years of age and has had endodontic treatment.
• Restorations of anterior teeth for children under the age of five, when medically necessary. Children, five years and over with primary anterior tooth decay should be considered for extraction, if presenting with pain or severely broken down tooth structure, or be considered for observation until the point of exfoliation as determined by the
dental provider.
- Removable dental prosthetics, including complete dentures and removable partial dentures.
- Orthodontic services and orthognathic surgery are covered only when these services are necessary to treat a handicapping malocclusion. Services must be medically necessary and determined to be the primary treatment of choice or an essential part of an overall treatment plan developed by both the PCP and the dentist in consultation with each other. Orthodontic services are not covered when the primary purpose is cosmetic. Examples of conditions that may require orthodontic treatment include the following:
  - Congenital craniofacial or dentofacial malformations requiring reconstructive surgical correction in addition to orthodontic services
  - Trauma requiring surgical treatment in addition to orthodontic services, or
  - Skeletal discrepancy involving maxillary and/or mandibular structures.

Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.

You should call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 if you need a provider directory. You don’t need a referral from your PCP to get dental services. You can choose any general dentist from Mercy Maricopa’s list of contracted dentists and call directly to make an appointment. If you need to change your dentist, just choose a new one from the same list.

**Vision services**

Routine and emergency vision services are covered for integrated health care members 18, 19 and 20 years of age. You do not need a referral from your PCP to get vision services. If you need eye care or glasses, call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 to get a list of doctors. Once you choose your eye doctor, call for an appointment.

Coverage for members 21 and over includes emergency and some medically necessary vision services only.

A complete listing of the dental and vision providers is available on the Mercy Maricopa website, [www.mercymaricopa.org](http://www.mercymaricopa.org) and in the provider directory. You can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 if you don’t have a Mercy Maricopa Provider Directory.

**Well-visits**

Well-visits (well-exams) such as, but not limited to, well-woman exams, breast exams, and prostate exams are covered for members 21 years of age and older. Most well visits (also called checkup or physical) include medical history, physical exam, health screenings health counseling and medically necessary immunizations. (See EPSDT services, page 55 for well exams for members less than 21 years of age).

**Medication coverage (pharmacy services)**

**Prescriptions**

Mercy Maricopa has a list of covered medications for your doctor to use. The list is reviewed and updated regularly by doctors to make sure you receive safe, effective medicines. If you want a copy of the list, call Member Services or go to our website at [www.mercymaricopa.org](http://www.mercymaricopa.org) for the most up-to-date list.

If you need medicine, your doctor will choose one from Mercy Maricopa’s list of covered drugs and write you a prescription. Ask your doctor to make sure the medicine is on the Mercy Maricopa list of covered drugs. Some over-the-counter medicines are covered when your PCP orders them.

If the medicine is not on the list of covered drugs and you cannot take any other medicines except the one prescribed, your doctor may ask Mercy Maricopa to make an exception.
All prescriptions must be filled at a pharmacy listed in your provider directory. Many pharmacies are open 24 hours. Refer to your Provider Directory or online at www.mercymaricopa.org for a complete list. If you are turned away at the pharmacy, you should call Member Services for help. If you need to get medication from a pharmacy after hours or on a weekend or holiday, many pharmacies are open 24 hours, 7 days a week. You can find a list of pharmacies on the Mercy Maricopa website at www.mercymaricopa.org/find-pharmacy. You can also call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 if you need help finding a pharmacy near you.

You may have to pay a part of the cost of the prescription (copayment) based on your AHCCCS eligibility. Copayments are described in the section titled “Medicare copayments, coinsurance and deductibles” beginning on page 62.

If you have other insurance (not Medicare), Mercy Maricopa will pay the copays only if the drug is also on the Mercy Maricopa drug list. The pharmacy should process the prescriptions through Mercy Maricopa. Do not pay any copayments yourself. Mercy Maricopa may not be able to pay you back.

What you need to know about your prescription
Your doctor or dentist may give you a prescription for medication. If you live in a nursing home or Alternative Residential Setting, staff will take care of managing your medications for you and getting refills.

Be sure to let the staff know about any medications you get from another doctor or medications that are non-prescription or herbal you buy on your own. Before you leave the office, ask these questions:
- Why am I taking this medication? What is it supposed to do for me?
- How should the medicine be taken? When? For how many days?
- What are the side effects of the medication and what should you do if a side effect happens?
- What will happen if I do not take this medication?
- Carefully read the drug information the pharmacy will give you when you fill your prescription. It will explain what you should and shouldn’t do and possible side effects. If you have questions, you should ask your pharmacist.

Refills
The label on your medication bottle tells you how many refills your PCP has ordered for you. If your doctor has ordered refills, you may only get refills one at a time for each prescription.

If your doctor has not ordered refills for you, be sure to call them at least five days before your medicine runs out and talk to them about getting a refill. Your PCP may want to see you before giving you a refill.

Mail order prescriptions
If you take medicine for an ongoing health condition, you can have your medicines mailed to your home. Mercy Maricopa works with a company to give you this service, which you can get at no cost to you.

If you choose this option, your medicine comes right to your door. You can schedule your refills and reach pharmacists if you have questions. Here are some other features of home delivery.
- Pharmacists check each order for safety.
- You can order refills by mail, by phone, online, or you can sign up for automatic refills.
- You can talk with pharmacists by phone 24 hours a day, 7 days a week. Member Services can help connect you: 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Transportation to medical appointments (rides)
Mercy Maricopa can help you get to your AHCCCS covered health care visits if necessary. Before you call Mercy Maricopa for help, see if a family member, friend or neighbor can give you a ride. If not, call us as soon as you make your appointment so we can set up a ride for you. If you can ride the bus, we will send you bus tickets or passes at no cost to you.
Call Member Services at **602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711** to schedule transportation to your health care visits. You must call at least 3 days in advance to get a ride. If you call the same day, we will not be able to arrange a ride for you in time, unless it’s urgent. You may have to reschedule your appointment. If you have many appointments scheduled, or if you have regular appointments for visits like dialysis, Mercy Maricopa can set up rides all at once. After your appointment, call your transportation provider to arrange a ride home.

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

**Women’s services**

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

It’s very important for women who are sexually active to see their PCP or a Mercy Maricopa obstetrician/gynecologist (OB/GYN) every year. Pap tests and mammograms are important tests that can help save your life.

A Pap test checks for cervical cancer and a mammogram checks for breast cancer. A Pap test is recommended every year for women who are sexually active. After three successive normal exams, the frequency of testing can be reduced. Mercy Maricopa members can see their PCP or a Mercy Maricopa obstetrician/gynecologist (OB/GYN) for a Pap test.

If you want to see an OB/GYN doctor, you do not need to see or ask your PCP first. You can find OB/GYN doctors in your Provider Directory or by visiting [www.mercymaricopa.org](http://www.mercymaricopa.org).

Mercy Maricopa also recommends a mammogram every one to two years for women age 40 and over. You can call your doctor for a mammogram order. You can then schedule your mammogram with the radiology facility. Mammograms can also be ordered when they are considered medically necessary, even if you’re not age 40 and over. You can find a list of radiology facilities in your area in your Provider Directory or by visiting [www.mercymaricopa.org](http://www.mercymaricopa.org).

**Resources for Women, Infants and Children (WIC)**

Arizona Women, Infants, and Children (WIC) program is available as a community resource. WIC provides food, breastfeeding education and information on healthy diet to women who are pregnant, infants, and children under five years old. For more information, refer to the “Community Resources” beginning on page 72 or call Mercy Maricopa Member Services at **602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711**.

**Maternity services**

If you’re not sure whether you’re pregnant, make an appointment with your PCP for a pregnancy test. As soon as you know you’re pregnant and have chosen your OB doctor or nurse midwife, make an appointment right away. It’s important to make and keep all your appointments during and after your pregnancy. (See page 29 for information on HIV/AIDS testing for pregnant women.)

**Your PCP and OB/GYN or certified nurse midwife**

Pregnant women need special care. It’s important to start prenatal care within the first trimester or as soon as you know you’re pregnant. If you’re pregnant, you should call Member Services at **602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711** as soon as possible. We can help you choose an OB/GYN or certified nurse midwife.

You can go directly to a Mercy Maricopa OB doctor for care. You don’t need to see or ask your PCP first. Your PCP will manage your routine non-OB/GYN care and your OB/GYN will manage your pregnancy care. You can choose to have an OB/GYN as your PCP during your pregnancy.
Your doctor’s appointment: How long should it take to see your OB/GYN doctor?
If you think you have a problem with your pregnancy, or have a high-risk pregnancy, your doctor will see you within three (3) days after placing your call for an appointment. Your doctor will see you right away in case of an emergency. Otherwise, you will be able to get an appointment within these timeframes:
- First trimester: within 14 days of calling the doctor.
- Second trimester: within 7 days of calling the doctor.
- Third trimester: within 3 days of calling the doctor.

Your first doctor’s visit: What should you expect?
If you are taking any medicine, tell your doctor or nurse midwife at your first visit. During your first visit, you will have a complete checkup. The doctor or nurse will test your urine and blood to check for:
- Anemia (low iron)
- Tuberculosis (TB)
- High blood sugar (diabetes)
- Infections
- Sexually transmitted infections

Labor
If you’re in labor and need a ride to the hospital, you should call Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. We will send you a ride right away. If you need immediate medical care or emergency transportation, call 911.

Postpartum (after you have your baby)
Schedule and keep all of your postpartum visits. Postpartum visits should be scheduled within 60 days after delivering your baby. Also, be prepared when you leave the hospital by making sure you have a car seat to take your baby home in.

Family planning services
Family planning services are covered at no cost and are available to men and women of reproductive age. Talk to your PCP if you need help with family planning. Covered services include:
- Contraceptive counseling
- Pills
- Depo Provera
- IUD (Intra-uterine devices)
- Diaphragms
- Condoms
- Foams and suppositories
- Male and female sterilization (members must be 21 or older to have tubal ligations and vasectomies)
- Natural family planning
- Post coital emergency oral contraception - no prior authorization is required
- Medical and lab exams, including ultrasounds related to family planning
- Treatment of complications resulting from contraceptive use
- Hysteroscopic tubal sterilization
- Cervical rings

The following are NOT covered family planning services:
- Infertility services, including diagnostic testing, treatment or reversal of surgical infertility
- Pregnancy termination counseling
- Pregnancy terminations and hysterectomies
Medically necessary pregnancy terminations

Pregnancy terminations are an AHCCCS-covered service only in special situations. AHCCCS covers pregnancy termination if one of the following criteria is present:

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

Services for special health needs

Mercy Maricopa has many health programs to help members with special health needs. For example, we have disease management programs for members with HIV/AIDS, asthma, diabetes, congestive heart failure, chronic obstructive pulmonary disease and transplants. Mercy Maricopa staff can help you manage your health care by working with community agencies and your doctors. You can get more information by calling Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

HIV/AIDS testing

Voluntary, confidential HIV/AIDS testing services are available, as well as counseling for members who test positive. Mercy Maricopa can help. Call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for information about confidential testing or counseling services.

Diabetes testing supplies

If you have diabetes, Mercy Maricopa covers certain blood glucose meters and test strips. You can review Mercy Maricopa’s drug list for meters and test strips that are covered. If you need a meter and test strips, ask your doctor to write you a prescription. You can pick up your meter and test strips at a pharmacy listed in your Provider Directory.

Orthotic devices

Orthotic devices for members under the age of 21 are provided when prescribed by the member’s primary care provider, attending physician or practitioner. Orthotic devices are covered for members who are 21 years of age and older when:

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

If you have any questions, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
Medical equipment may be rented or purchased only if other sources, which provide the items at no cost, are not available. The total cost of the rental must not exceed the purchase price of the item.

Reasonable repairs or adjustments of purchased equipment are covered for all members over and under the age of 21 to make the equipment serviceable and/or when the repair cost is less than renting or purchasing another unit. The component will be replaced if at the time authorization is sought documentation is provided to establish that the component is not operating effectively.

## Paying for your services

### Medicare copayments, coinsurance and deductibles

If you have Medicare, QMB, or Medicare HMO, they will pay for your services first. Mercy Maricopa will share in the cost for AHCCCS covered services and for certain Medicare services not covered by AHCCCS, like chiropractic.

Mercy Maricopa will pay your coinsurance, deductible or copayment amounts to your doctor. Don’t pay your copayments yourself. Ask your doctor to bill Mercy Maricopa for these copayments.

You should know that if you have Medicare, you’re responsible for your pharmacy copayments for Medicare Part D. If you go for non-emergency care to a provider for who isn’t a Mercy Maricopa approved doctor or not with your Medicare HMO, then you will be responsible for paying your Medicare coinsurance, deductibles or copayments. You can check the Provider Directory to find an approved Mercy Maricopa provider. You should call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 if you have any questions.

### Medicare Part D exceptions and appeals

Every Medicare Part D plan must have an exception and appeal process. If you have Medicare Part D Prescription Drug coverage and you file an exception or appeal, you may be able to get a prescription drug that is not normally covered by your Part D plan. Contact your Part D plan for help in filing an exception or appeal regarding your prescription drug coverage.

### If you have other health insurance

Call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 to provide Mercy Maricopa with the name, address and phone number of your primary insurance provider.

You should also give pharmacies, doctors and hospitals your other health insurance information and your Mercy Maricopa information. Your health care expenses are FIRST paid by your other health insurance. After they pay, Mercy Maricopa will pay its part.

### Getting bills for services

**Can I be billed for services?**

You can get billed for services that are not covered services. Talk to your doctor about payment options before getting any health care services that are not covered. If you ask for a service that is not a covered benefit and sign a statement agreeing to pay the bill, then you will have to pay the bill.
What do you do if you get billed for services?
If you receive a bill for a covered service:
• Call the provider right away
• Give them your insurance information and Mercy Maricopa’s address:
  Mercy Maricopa Integrated Care
  4350 E. Cotton Center Blvd., Bldg. D
  Phoenix, AZ 85040

Do not pay the bill yourself.
If you still get bills after giving the provider your health care information, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for help.

Sometimes you may be eligible for covered benefits back to the date you applied for AHCCCS. If you already paid for services during this time, you should first ask the provider to bill Mercy Maricopa and then to pay you back. If they will not, Mercy Maricopa may be able to help you. You can send your paid receipts to Member Services with a detailed note explaining why you paid for services. Receipts must be received by Mercy Maricopa within six months from the date you received the service.

You should not pay for covered services or medicines after you have joined Mercy Maricopa. We cannot pay you back.

Complaints, grievances and appeals

Member grievances

If you have a grievance or problem with a provider or a concern about the quality of care or services you have received, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. We will do our best to answer your questions or help you solve your problem.

Filing a grievance will not affect your health care services. We want to know your concerns. This will help us improve our services to you. You can call Member Services for help with problems with authorizations, covered services, payment for services or quality of services. If you call to report a complaint that isn’t about quality of care, we’ll try to solve it right away. If we cannot solve your problem right away, we will solve it within two days. If we need to get more information, we may take up to seven days to solve the problem.

If you have a quality of care grievance, our Quality Management Department will investigate your grievance. We will send you a letter within 90 days to tell you the result of our investigation.

Denials, reduction, suspension or termination of services and request for appeal

Actions
An action by Mercy Maricopa means:
• The denial or limited authorization of a service you or your doctor has asked for
• The denial of payment for a service, either all or part
• Failure to provide services in a timely manner
• Failure to act within certain timeframes for grievances and appeals
• Denial of a rural member’s request to get services out of the network when Mercy Maricopa is the only health plan in the area
• The reduction, suspension, or ending of an existing service
Timeframes for denials, reduction, suspension or termination of services

<table>
<thead>
<tr>
<th>Denial of services</th>
<th>Reduction, suspension or termination of services</th>
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<tr>
<td>Mercy Maricopa doctors must first review and approve member requests for many services. If Mercy Maricopa decides it cannot approve the services, we will write to you within 14 calendar days and tell you why. We’ll let you know why within 3 business days for an expedited or quick request. We will also let your doctor know. You can discuss it with your doctor.</td>
<td>If a reduction, suspension or ending of your services happens, we will write to you at least 10 days before the change to let you know.</td>
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Notice of Action (NOA)

Mercy Maricopa will notify you if the requested service cannot be approved, or if a service is reduced, suspended or ended. You’ll get a “Notice of Action” (NOA) letter. The NOA letter lets you know:

- What action was taken and the reason
- Your right to file an appeal and how to do it
- Your right to ask for a fair hearing with AHCCCS and how to do it
- Your right to ask for an expedited resolution and how to do it
- Your right to ask that your benefits be continued during your appeal, how to do it and when you may have to pay the costs for the services
- You have the right to request an extension to give us information to help us make a decision

If you receive a Notice of Action letter that does not tell you what you asked for you can call Mercy Maricopa or file a complaint about the quality of the letter. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

We will look at the letter and if needed write a new letter that better explains the action. If you still do not understand the NOA letter, you have the right to contact AHCCCS Medical Management.

You have the right that Mercy Maricopa must reply within 30 days to your request for a copy of the records. The response may be the copy of the record or a written denial that includes the basis for the denial and information about how to seek review of the denial in accordance with 45 CFR Part164. (AMPM 930-1-4). The criteria that decisions are based on are available upon request.

Appeals process

If you disagree with Mercy Maricopa’s action about your health care services, you may file an appeal either in writing or over the phone. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. If you need an interpreter, one will be provided. Mercy Maricopa cannot retaliate against you or your provider for filing an appeal.
You, your representative or a provider acting with your written permission may file an appeal within 60 days from the date of your denial, suspension, reduction or termination letter (notification letter). To file an appeal, you must call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. Or, you can send a letter to:

**Mercy Maricopa**  
Attn: Grievance and Appeals  
40 Mercy Maricopa Integrated Care  
4350 E. Cotton Center Blvd., Bldg. D  
Phoenix, AZ 85040

When Mercy Maricopa gets your appeal, we will send you a letter within five days. We will let you know that we have received your appeal and how you may give us more information - in person or writing. If you wish services to continue while your appeal is reviewed, you must file your appeal no later than 10 days from the date of Mercy Maricopa’s Notice of Action letter to you.

The Appeals Department will review your appeal and send a decision in writing to you within 30 days. The letter will tell you what Mercy Maricopa’s decision and the reason for the decision. If Mercy Maricopa denies your appeal, then you may request a fair hearing with AHCCCS by following the steps described in our decision letter to you.

If you request a hearing, AHCCCS will send you information on your next steps. Mercy Maricopa will forward its file and documentation to AHCCCS at the Office of Administrative Legal Services.

After the hearing, if AHCCCS decides that Mercy Maricopa's decision was correct, then you may be responsible for payment of the services you received while your appeal was being reviewed. If AHCCCS decides that Mercy Maricopa's decision was incorrect, then Mercy Maricopa will approve and promptly provide the services.

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**Request for expedited resolution**

You may file an appeal within 60 days from the date of your notification letter and request that Mercy Maricopa review its action within three days (expedited resolution). You may request an expedited resolution by writing or calling Mercy Maricopa at the address and number listed under “Appeals Process.” If you file your request within 10 days from receiving the letter from Mercy Maricopa, then you may request that your services be continued during your appeal.

Developmentally Disabled members should file their request for expedited resolution directly with Mercy Maricopa. If Mercy Maricopa decides that it’s not medically necessary to issue a decision in three days from the day we receive your appeal, your appeal will be resolved within the standard 30 days. We will try and call you to let you know we will follow the standard 30-day process, and we will send you a written notice within two calendar days. If Mercy Maricopa denies your request for services, you may request a fair hearing with AHCCCS by following the steps in your decision letter.

If after the hearing AHCCCS decides that Mercy Maricopa’s decision was correct, you may be responsible for payment of the services you received while your appeal was being reviewed.

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**Quick tips about denial**

**Reduction, suspension or termination of services and appeals**  
You will be sent a letter (Notice of Action) when a service has been denied or changed. If you want to ask for a review (appeal) of Mercy Maricopa’s action, follow the directions in your letter. To request that services be continued, you must file your appeal no later than 10 days from the date of your notice, or within the time frame in your letter.
Section 3: Important information

Health care privacy

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:

• Physicians and other agencies providing health, social, or welfare services
• Your medical primary care provider
• Certain state agencies and schools following the law, involved in your care and treatment, as needed
• Members of the clinical team* involved in your care

At other times, it may be helpful to share your behavioral health information with other agencies, such as schools. Your written permission may be required before your information is shared.

There may be times that you want to share your behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information Form, which states that your medical records, or certain limited portions of your medical records, may be released to the individuals or agencies that you name on the form. For more information about the Authorization for the Release of Information Form, contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

You have the right to see the behavioral health information in your medical record. You can also request changes to the record if you don’t agree with its contents. You can also receive one copy per year of your medical record at no cost to you.

Contact your provider or Mercy Maricopa to ask to see or get a copy of your medical record. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. You must receive a response to your request for your medical records within 30 days. If you receive a written denial to your request, you’ll be provided with information about why your request to obtain your medical record was denied and how you can seek a review of that denial.

You can reach Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for help.

Exceptions to confidentiality

There are times when we cannot keep information confidential. The law doesn’t protect the following information:

• If you commit a crime or threaten to commit a crime at the provider’s office or clinic or against anyone who works there, the provider must call the police.
• If you’re going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police.
• We must also report suspected child abuse to local authorities.
• If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other counselors) to protect you. We’ll only share information necessary to keep you safe.

* Clinical Teams include both Child and Family Teams and Adult Recovery Teams
There are other times when providers can share certain health information with family members and others involved in your care. For example, if:

- You verbally agree to share the information.
- You have an opportunity to object to sharing information, but don’t object. For example, if you allow someone to come into an exam room during an appointment, the provider can assume that you don’t object to sharing information during that visit.
- It’s an emergency, or you don’t have the capacity to make health care decisions, and the provider believes disclosing information is in your best interest.
- The provider believes you’re a serious and imminent threat to your health or safety, or someone else’s health and safety.
- The provider uses the information to notify a family member of the member’s location, general condition or death.
- The provider is following other laws requiring they share information.

**Advance directives**

You have the right to make an advance directive. An advance directive tells a person’s wishes about what kind of care he or she does or does not want to get when the person cannot make decisions because of his or her illness.

- 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.

One type of a mental health advance directive is a Mental Health Care Power of Attorney that gives an adult person, not under legal guardianship, the right to name another adult person to make behavioral health care treatment decisions on his or her behalf.

- The person named, the designee, may make decisions on behalf of the adult person if she or he cannot make these types of decisions.
- The designee, however, must not be a provider directly involved with the behavioral health treatment of the adult person at the time the Mental Health Care Power of Attorney is named.
- The designee may act in this capacity until his or her authority is revoked by the adult person a legal guardian, or by court order.
- The designee has the same right as the adult person to get information, to review the adult person’s medical records about possible behavioral health treatment, and to give consent to share the medical records.
- The designee must follow the wishes of the adult person, or a legal guardian, as stated in the Mental Health Care Power of Attorney. If, however, the adult person’s wishes are not stated in a Mental Health Care Power of Attorney and are not known by the designee, the designee must act in good faith and consent to treatment that she or he believes to be in the adult person’s best interest. The designee may consent to admitting the adult person to a behavioral health inpatient facility licensed by the Department of Health Services if this authority is stated in the Mental Health Care Power of Attorney.

In limited situations, some providers may not uphold an advance directive as a matter of conscience. If your behavioral health provider does not uphold advance directives as a matter of conscience, the provider must give you written policies that:

- State institution-wide conscience objections and those of individual physicians
- Identify the law that permits such objections
- Describe the range of medical conditions or procedures affected by the conscience objection

Your provider cannot discriminate against you because of your decision to make or not make an advance directive. If you want to find out whether or not a provider in the Mercy Maricopa network doesn’t uphold aspects of advance directives, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
Tell your family and providers if you have made an advance directive. Give copies of the advance directive to:

- All providers caring for you, including your primary care provider (PCP)
- People you have named as a Medical or Mental Health Care Power of Attorney
- Family members or trusted friends who could help your doctors and behavioral health providers make choices for you if you cannot do it

Contact Mercy Maricopa Member Services to ask more about advance directives or for help with making one. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**Fraud, waste and program 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.”

Members need to use behavioral health services properly. It’s considered fraud if a member or provider is dishonest in order to:

- Get a service not approved for the member
- Get AHCCCS benefits that they aren’t eligible for

Waste is defined (per the Centers for Medicare & Medicaid Services) as the “...overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.”

Program 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.”

Program abuse happens if a member causes unnecessary costs to the system on purpose, for example:

- Loaning an AHCCCS card or the information on it to someone else
- Selling an AHCCCS card or the information on it to someone else

Provider fraud and program abuse happens if a provider:

- Falsifies claims/encounters, such as double billing or submitting false data
- Performs administrative/financial actions, such as kickbacks or falsifying credentials
- Falsifying services, such as billing for services not provided, or substituting services

Misuse of your AHCCCS identification card, including loaning, selling or giving it to others, could result in your loss of AHCCCS eligibility. Fraud and program abuse are felony crimes and are punishable by legal action against the member or provider.

For all AHCCCS members who have an Arizona driver’s license or a state-issued Identification (ID) card, AHCCCS will get their picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). When providers use the online member verification tool and enter a member’s social security number, the member’s picture, if available from MVD, will be shown on the verification screen along with other AHCCCS coverage information. The picture will help providers to quickly confirm the member’s identity.
If you think that somebody is committing fraud or program abuse, contact:
- Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711
- AHCCCS Member Fraud Line at 602-417-4193 or 1-888-487-6686
- AHCCCS Provider Fraud Line at 602-417-4045 or 1-888-487-6686
- D/deaf or hard of hearing individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting AHCCCS.

Arizona’s vision for the delivery of behavioral health services

All behavioral health services are delivered according to the following system principles. AHCCCS supports a behavioral health delivery system that includes:
1. Easy access to care
2. Behavioral health recipient and family member involvement
3. Collaboration with the greater community
4. Effective innovation
5. Expectation for improvement
6. Cultural competency

The 12 principles for the delivery of services to children

1. Collaboration with the child and family:
   a. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and
   b. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.
2. Functional outcomes:
   a. Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults, and
   b. Implementation of the behavioral health services plan stabilizes the child’s condition and minimizes safety risks.
3. Collaboration with others:
   a. When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented,
   b. Client-centered teams plan and deliver services, and
   c. Each child’s team includes the child and parents and/or any out-of-home caregiver, any individual important in the child’s life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child’s teacher, the child’s DCS and/or DDD caseworker, and the child’s probation officer.
   d. The team:
      i. Develops a common assessment of the child’s and family’s strengths and needs
      ii. Develops an individualized service plan,
      iii. Monitors implementation of the plan, and
      iv. Makes adjustments in the plan if it is not succeeding.
4. Accessible services:
   a. Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need,
   b. Case management is provided as needed,
   c. Behavioral health service plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided, and
   d. Behavioral health services are adapted or created when they are needed but not available.
Best practices:
   a. Behavioral health services are provided by competent individuals who are trained and supervised,
   b. Behavioral health services are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based “best practices.”
   c. Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class members’ lives, especially class members in foster care, and
   d. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

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.

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

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.

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

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

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

Connection to natural supports:
   a. The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents’ own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.
Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems

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

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

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

4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure - A person in recovery finds independence through exploration, experimentation, evaluation, contemplation and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.

5. Integration, collaboration, and participation with the community of one’s choice - A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

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

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

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

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

Local and national resources for behavioral health communities

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

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

AHCCCS
801 E. Jefferson, MD 3400
Phoenix, AZ 85034
Phone: 602-417-7000
Website to apply/review AHCCCS coverage: Health-e-Arizona PLUS www.healthearizonaplus.gov

Health-e-Arizona PLUS
Health-e-Arizona is a secure and easy to use website open 24 hours a day/7 days a week. It allows you to apply for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance benefits and to connect to the Federal Insurance Marketplace. Health-e-Arizona allows individuals and families to apply and reapply for benefits as well as report changes and submit requests/documents to AHCCCS and DES. You can also use the website to find the location of Community Assistors (people who are trained to help you apply for benefits) and State Offices.
Website: www.healthearizonaplus.gov

Office of Human Rights*C:
The Office of Human Rights provides advocacy to individuals with a serious mental Illness (SMI) to help them understand, protect and exercise their rights. It also helps individuals be their own advocates through education and access to behavioral health services.

- Maricopa, Pinal, or Gila County: 602-364-4585 or 1-800-421-2124; Pima, Santa Cruz, Cochise, Graham, Greenlee County, Yuma or La Paz County: 520-770-3100 or 1-877-524-6882; Mohave, Coconino, Yavapai, Navajo or Apache County: 1-928-214-8231 or 1-877-744-2250
- Human Rights Committee Coordinator: 602-364-4577 or 1-800-421-2124

*C NOTE: Tribal members should contact the Office of Human Rights location that provides services to their county of residence.

Arizona Department of Health Services, Division of Licensing Services
The Division of Licensing Services licenses and monitors behavioral health facilities statewide. They investigate complaints against behavioral health facilities and conduct inspections of facilities.
150 N. 18th Ave.
Phoenix, AZ 85007
Phone: 602-364-2536
Website: www.azdhs.gov/als/index.htm
Arizona Department of Child Safety (DCS)
The Arizona Department of Child Safety receives, screens, and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.
P.O. Box 44240
Phoenix, AZ 85064-4240
Hotline: 1-888-SOS-CHILD (1-888-767-2445); 602-530-1831 (TDD)
Website: www.dcs.az.gov

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

To get assistance and talk to staff, contact the Area Agency on Aging (for older adults and seniors), Center for Independent Living (persons with disabilities), or Caregiver Resource Line (for families and caregivers).

- **Area Agency on Aging**
  - Phone: 602-264-HELP (4357), or 1-888-783-7500
  - Website: www.aaaphx.org

- **Center for Independent Living**
  - Phone: 602-262-2900
  - Website: www.azsilc.org/independent-living/

- **Caregiver Resource Line**
  - Phone: 1-888-737-7494
  - Website: www.azcaregiver.org

Arizona Smokers Helpline (ASHLine) and Tobacco Free Arizona
Many people have quit smoking through programs by the Arizona Smokers Helpline (ASHLine) and other resources available at Tobacco Free Arizona. The ASHLine has several valuable and no cost resources. If you want more information to help quit tobacco, you can call the Arizona Smokers Helpline (ASHLine) at 1-800-556-6222, or visit www.ashline.org or talk to your PCP. ASHLine also offers information to help protect you and your loved ones from second hand smoke.
ASHLine: 1-800-556-6222
Website: www.ashline.org

Tobacco Free Arizona
Website: www.azdhs.gov/tobaccofreeaz/

Arizona Center for Disability Law - Mental Health
The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems throughout the United States assure that the human and civil rights of persons with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of persons with disabilities to ensure the enforcement of their constitutional and statutory rights.
Phone: 602-274-6287 (Phoenix/voice or TTY); 1-800-927-2260 (statewide except Phoenix)
Website: www.acdl.com/mentalhealth.html
NAMI Arizona (National Alliance on Mental Illness)
NAMI Arizona has a HelpLine for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education and advocacy to people of all ages affected by mental illness.
Phone: 602-244-8166
Website: www.namiaz.org

Mental Health America of Arizona
Mental Health America of Arizona educates the community and advocates for individuals and families impacted by mental illness.
Phone: 480-982-5305
Information and referral: 480-994-4407
Website: www.mhaarizona.org

Arizona Suicide Prevention Coalition
Survivors, professionals, supporters and anyone who is interested in the issues surrounding suicide can go to our site for additional information. Coalition meetings are held the second Tuesday of every month.
Phone: 602-248-8337
Website: www.azspc.org

National Hope Line Network
Free 24-hour hotline for anyone in crisis
1-800-442-4673

National Suicide Prevention Lifeline
Offers free 24 hour hotline available to anyone in suicidal crisis or emotional distress.
Phone: 1-800-273-8255
Website: www.suicidepreventionlifeline.org

Teen Lifeline
Peer counseling suicide hotline from 3–9 p.m. daily. Life skills development training for teens interested in becoming peer counselors. Awareness, education, prevention materials and training opportunities available.
Phone: 602-248-8336
Website: www.teenlifeline.org

If you would like to know more about these resources, including all residential placement options within the RBHA Geographic Service Area (GSA) that are available in your community, you can contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
Medical health and wellness resources

**Arizona Women Infants and Children (WIC)**
WIC provides food, breastfeeding education and information on healthy diet to women who are pregnant, infants, and children under five years old.
150 N. 18th Ave., Ste. 310
Phoenix, AZ 85007
**Phone:** 1-800-252-5942
**Website:** www.azdhs.gov/azwic
To find a clinic near you, visit clinicsearch.azbnp.gov/

**Arizona Family Health Partnership**
This federally funded program offers family planning, women’s health services and education to Arizonans, regardless of their ability to pay. Call or go online to find a qualified health center near you.
**Phone:** 602-258-5777
**Website:** www.arizonafamilyhealth.org

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

**North Phoenix**
2850 N. 24th St.
Phoenix, AZ 85008

**South Phoenix**
4041 N. Central Ave.
Phoenix, AZ 85012
**Phone:** 602-224-1740
Teen Outreach Pregnancy Services (TOPS)
TOPS is designed for pregnant and parenting teens. The nurses and social workers understand the challenges teens face, and help to make sure the pregnant mother and baby are healthy. There are classes about having a healthy pregnancy, childbirth and parenting. The classes are for teens only. Services also include helping teen moms get things needed for pregnancy and new baby.
Website: www.teenoutreachaz.org

West Valley
6610 N. 47th Ave., Ste.12
Glendale, AZ 85301
Phone: 623-334-1501

East Valley
931 E. Southern Ave., Ste111
Mesa, AZ 85204
Phone: 480-668-8800

Pinal County
Pinal Gila Community Child Services, Inc. (PGCCS)
1750 S. Arizona Blvd.
Coolidge, AZ 85128
Phone: 520-723-5321
Website: www.pgccs.org

Crisis Nursery
402 N. 24th St.
Phoenix, AZ 85008
Phone: 602-889-6165
Website: www.crisisnurseryphx.org

City of Phoenix Human Services Head Start
200 W. Washington, 19th Floor
Phoenix, AZ 85003
Phone: 602-262-4040
Website: www.phoenix.gov/humanservices/programs/head-start

Maricopa County Head Start Zero- Five Program
234 N. Central Ave.
Phoenix, AZ 85004
Phone: 480-464-9669
Website: www.hsd.maricopa.gov/headstart

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

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

Booker T. Washington Child Development Center
1519 E. Adams
Phoenix, AZ 85034
Phone: 602-252-4743
Website: www.btwcharl.org

Catholic Charities Westside Head Start
7400 W. Olive, Ste. 10
Peoria, AZ 85345
Phone: 623-486-9868
Website: www.CatholicCharitiesAz.org

Deer Valley Head Start
20402 N. 15th Ave.
Phoenix, AZ 85027
Phone: 623-445-4991
Website: www.dvusd.org

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

Greater Phoenix Urban League Head Start
PO Box 45483
Phoenix, AZ 85064
Phone: 602-276-9305
Website: www.gphxul.org

Murphy Head Start
2615 W. Buckeye Rd.
Phoenix, AZ 85009
Phone: 602-353-5181
Website: www.msdaz.org

Roosevelt School District Head Start
4615 S. 22nd St.
Phoenix, AZ 85040
Phone: 602-232-4915
Website: www.rsd.k12.az.us

Washington Elementary School District
8430 N. 39th Ave.
Phoenix, AZ 85051
Phone: 602-347-2206
Website: www.wesdschools.org
Wilson Head Start
500 N. 30th Pl.
Phoenix, AZ 85008
Phone: 602-231-0373
Website: www.wsd.k12.az.us

Migrant and seasonal program services
Chicanos Por La Causa Early Childhood Development
1242 E. Washington St., Ste. 200
Phoenix, AZ 85034
Phone: 602-307-5818
Website: www.cplc.org

Tribal program services
Gila River Head Start
P.O. Box 97 Sacaton, AZ 85147
Phone: 520-562-3423
Website: www.gilariver.org

Salt River Pima-Maricopa Indian Community Early Childhood Education Center
10005 E. Osborn Rd.
Scottsdale, AZ 85256
Phone: 480-362-2200
Website: ecec.srpmic-ed.org

Healthy Families Arizona
This program helps mothers have a healthy pregnancy and helps with child development, nutrition, safety and other things. A community health worker will go to the pregnant member’s home to give her information and help with any concerns that she might have. The program starts while the member is pregnant, and can continue through the time that the baby is 5 years old.
1789 W. Jefferson St.
Phoenix, AZ 85007
Phone: 602-427-4725
Website: www.azdes.gov

Arizona Early Intervention Program (AzEIP)
The Arizona Early Intervention Program (AzEIP, pronounced Ay-zip), helps families of children with disabilities or developmental delays age birth to three years old. They provide support and can work with their natural ability to learn. To get help or learn more about AzEIP resources, call Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 and ask for the Mercy Maricopa AzEIP coordinator.
3839 N. 3rd St., Ste. 304
Phoenix, AZ 85012
Phone: 602-532-9960
Website: www.azdes.gov/AzEIP

Arizona Head Start
Head Start is a great program that gets preschoolers ready for kindergarten. Preschoolers enrolled in Head Start will get healthy snacks and meals too. Head Start offers these services and more at no cost to you.
Website: www.azheadstart.org

Community Information and Referral
Community Information and Referral is a call center that can help you find many community services, including: Food banks, clothes, shelters, help to pay rent and utilities, health care, pregnancy health, help when you or someone else is in trouble, support groups, counseling, help with drug or alcohol problems, financial help, job training, transportation, education programs, adult daycare, meals on wheels, respite care, home health care, transportation, homemaker services, child care, after school programs, family help, summer camps and play programs, counseling, help with learning, protective services.
Phone: 2-1-1
Website: www.cir.org

Child and Family Resources
Website: www.childfamilyresources.org
Child and Family Resources Programs include:
- Child Care Resource & Referral, where parents can get a list of child care centers
- The Center for Adolescent Parents, where teen mothers can earn their high school diploma or GED while receiving no cost, onsite child care

Maricopa County
2830 W. Glendale Ave.
Phoenix, AZ 85051
Phone: 602-234-3941

Pinal County
105 S. Delaware Dr., Ste. 10
Apache Junction, AZ 85120
Phone: 520-881-8940

Child Care Resource and Referral
Statewide program that helps families find child care
Phone: 1-800-308-9000
Website: www.arizonachildcare.org

Mercy Maricopa Integrated Care
Low Cost/Sliding Scale Health Care Providers in Maricopa County

Adelante Healthcare  
**Phone:** 1-877-809-5092  
**Website:** www.adelantehealthcare.com

Avondale  
3400 Dysart Rd., Ste. F-21  
Avondale, AZ 85392

Buckeye  
306 E. Monroe Ave.  
Buckeye, AZ 85326

Gila Bend  
100 N. Gila Blvd.  
Gila Bend, AZ 85337

Mesa  
1705 W. Main St.  
Mesa, AZ 85201

Phoenix  
7725 N. 43rd Ave., Ste. 510  
Phoenix, AZ 85201

Surprise  
15351 W. Bell Rd.  
Surprise, AZ 85374

Wickenburg  
811 N. Tegner St., Ste. 113  
Wickenburg, AZ 85390

John C. Lincoln Community Health Center  
9201 N. 5th St.  
Phoenix, AZ 85020  
**Phone:** 602-331-5779  
**Website:** www.desertmission.com

Maricopa Integrated Health System Family Health Centers  
**Website:** www.mihs.org/centers/family-health-centers

West Valley  
El Mirage Family Health Center  
12428 W. Thunderbird Rd.  
El Mirage, AZ 85335  
**Phone:** 623-344-6500

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

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

Maryvale Family Healthcare  
4011 N. 51st Ave.  
Phoenix, AZ 85031  
**Phone:** 623-344-6900

East Valley  
Chandler Family Health Center  
811 S. Hamilton St.  
Chandler, AZ 85225  
**Phone:** 480-344-6100

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

Guadalupe Family Health Center  
5825 Calle Guadalupe  
Guadalupe, AZ 85283  
**Phone:** 480-344-6000

Central Valley  
McDowell Healthcare Center  
1144 E. McDowell Rd.  
Phoenix, AZ 85006  
**Phone:** 602-344-6550

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

Comprehensive Healthcare Center  
2525 E. Roosevelt St.  
Phoenix, AZ 85008  
**Phone:** 602-344-1015
South Central Family Health Center
33 W. Tamarisk St.
Phoenix, AZ 85041
Phone: 602-344-6400

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

7th Avenue Walk In Clinic
1201 S. 7th Ave.
Phoenix, AZ 85007
Phone: 602-344-6655

Mountain Park Health Centers
Website: www.mountainparkhealth.org

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

Tempe
1492 S. Mill Ave., 312
Tempe, AZ 85281
Phone: 602-243-7277

Goodyear
140 N. Litchfield Rd.
Goodyear, AZ 85338
Phone: 602-243-7277

East Phoenix/Gateway
690 N. Cofco Center Ct., Ste. 230
Phoenix, AZ 85008
Phone: 602-243-7277

Maryvale
6601 W. Thomas Rd.
Phoenix, AZ 85033
Phone: 602-243-7277

Maricopa County Health Care For The Homeless
220 S. 12th Ave.
Phoenix, AZ 85007
Phone: 602-372-2100
Website: www.maricopa.gov/publichealth/Services/Homeless/

Native American Community Health Center
4041 N. Central Ave., Bldg. C
Phoenix, AZ 85012
Phone: 602-279-5262
Website: www.nativehealthphoenix.org

Armadillo Pediatric
515 W. Buckeye Rd.
Phoenix, AZ 85003
Phone: 602-257-9229

OSO Medical
378 N. Litchfield Rd.
Goodyear, AZ 85338
Phone: 623-925-2622

St. Vincent De Paul Medical Clinic
420 W. Watkins Rd.
Phoenix, AZ 85003
Phone: 602-261-6868
Website: www.stvincentdepaul.net/programs/medical-clinic

Emergency shelter

Andre House
Emergency food boxes and other supports.
213 S. 11th Ave.
Phoenix, AZ 85007
Phone: 602-252-9023

Church on Fillmore
745 W. Fillmore St.
Phoenix, AZ 85007
Call for availability: 602-252-1423

UMOM New Day Centers
3333 E. Van Buren St.
Phoenix, AZ 85008
Phone: 602-275-7852 x230

Homeward Bound
2302 W. Colter St.
Phoenix, AZ 85015
Phone: 602-263-7654
Central Arizona Shelter Services (CASS)
230 S. 12th Ave.
Phoenix, AZ 85007
Phone: 602-256-6945 x3059

Phoenix Rescue Mission
1801 S. 35th Ave.
Phoenix, AZ 85009
Phone: 602-233-3000

Save the Family
450 W. 4th Pl.
Mesa, AZ 85201
Phone: 480-898-0228

House of Refuge Sunnyslope
700 N. Central Ave.
Phoenix, AZ 85020
Phone: 602-678-0223

Salvation Army Family Service Center
2707 E. Van Buren St.
Phoenix, AZ 85008
Phone: 602-267-4130

Ozanam Manor
1730 E. Monroe St.
Phoenix, AZ 85034
Phone: 602-254-6785

Family Promise of Greater Arizona
7221 E. Bellevue St.
Scottsdale, AZ 85257
Phone: 480-659-5227

Transitional Living Centers
24 S. McDonald St.
Mesa, AZ 85201
Phone: 480-833-0143

I-HELP Chandler
345 S. California St.
Chandler, AZ 85225
Phone: 480-963-1423

East Valley Women’s Shelter (A New Leaf)
149 N. Mesa Dr.
Mesa, AZ 85201
Phone: 480-969-1691

Tumbleweed Center for Youth
3707 N. 7th St., Ste. 305
Phoenix, AZ 85014
24-hour crisis Hotline: 602-841-5799
Phone: 602-271-9904 or 1-866-SAFE703

Community Housing Resources
4020 N. 20th St., Ste. 20
Phoenix, AZ 85016
Phone: 602-631-9780

Phoenix Shanti Group
2345 W. Glendale Ave.
Phoenix, AZ 85021
Phone: 602-279-0008

La Mesita Family Homeless Shelter
651 E. Commonwealth Ave.
Chandler, AZ 85225
Phone: 480-834-8723

MANA House (Marines, Army, Navy, Air Force)
755 E. Willetta St.
Phoenix, AZ 85006
Phone: 602-254-6785

Dana Center
731 W. Dana
Mesa, AZ 85210
Phone: 480-461-1033

Food and clothing resources

Chicanos Por La Causa Senior Center
Hot meals for older adults, delivered for homebound
1617 N. 45th Ave.
Phoenix, AZ 85035
Phone: 602-272-0054

Cultural Cup Food Bank
Free emergency food boxes, sack lunches and more
342 E. Osborn Rd.
Phoenix, AZ 85012
Phone: 602 266-8370
Website: www.culturalcup.com

Mercy Maricopa Integrated Care
First Pentecostal Church Community Center  
Canned foods, meals and more  
2709 E. Marguerite Ave.  
Phoenix, AZ 85040  
**Phone:** 602-276-2126

Highways and Hedges Ministries  
Monday–Friday 9:30 a.m. – 5: p.m.  
2515 E. Thomas Rd.  
Phoenix, AZ 85016  
**Phone:** 602-212-0850

ICM Food and Clothing Bank  
Monday–Saturday, 9–11 a.m.  
501 S. 9th Ave.  
Phoenix, AZ 85007  
**Phone:** 602-254-7450

St. Mary's Food Bank  
Collects and distributes food throughout the state, provides emergency food boxes, mobile pantry, child nutrition programs and a community kitchen.  
2831 N. 31st Ave.  
Phoenix AZ 85009  
**Phone:** 602-242-3663

United Food Bank  
245 S. Nina Dr.  
Mesa, AZ 85210  
**Phone:** 480-926-4897

Foothills Food Bank and Resource Center  
6038 E. Hidden Valley Dr.  
Cave Creek, AZ 85331  
**Call for eligibility:** 480-488-1145

St. Vincent de Paul dining rooms  
Phoenix Family Dining Room  
420 W. Watkins Road  
Phoenix, AZ 85003  
**Phone:** 602-266-4673

Sunnyslope  
9227 N. 10th Ave.  
Phoenix, AZ 85021

**Mesa**  
67 W. Broadway Road  
Mesa, AZ 85210

**Human Services**  
**Human Services Campus**  
1075 W. Jackson St.  
Phoenix, AZ 85007

**El Mirage**  
14016 N. Verbena St.  
El Mirage, AZ 85335

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**Domestic violence resources**

**Arizona Coalition Against Sexual and Domestic Violence**  
Provides education and training, technical assistance, advocacy, legal advocacy hotline and legal hotline  
**Phone:** 602-279-2900; 1-800-782-6400; TTY 602-279-7270  
**Website:** www.azcadv.org

**Rape, Abuse and Incest National Network**  
Information, referrals and telephone or online support for victims of rape or abuse  
**Phone:** 1-800-656-4673  
**Website:** www.rainn.org

**Sojourner Center**  
Offers 24-hour crisis line with information about shelters and safety planning, emergency food, housing, clothing and other support services for families affected by domestic violence. Offers transitional housing for families leaving shelters. Also provides advocacy services, lay legal advocacy and family enrichment programs.  
**Crisis Hotline:** 602-244-0089; 602-889-1610, 602-244-0997  
**Website:** www.sojournercenter.org
National Domestic Violence Hotline
Hotline advocates are available for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information and referrals to agencies in all 50 states. Information offered in English and Spanish.
**Phone:** 1-800-799-7233; TTY 1-800-787-3224
**Website:** www.thehotline.org

Organization for Non-Violence Education
Provides individual and group counseling for anger management and domestic violence for $180/12 sessions, up to 52 weeks. Sessions are gender specific and court-ordered. Men’s groups on Mondays in the East Valley and Wednesdays in Glendale; women’s groups offered Thursdays in Glendale.
**Phone:** 623-934-0696
**Website:** www.oneincusa.org

Benefits and employment assistance

**Disability Benefits 101**
Disability Benefits gives you tools and information on health coverage, benefits and employment.
**Phone:** 1-866-304-WORK (9675)
**Website:** www.az.db101.org

**My Family Benefits**
Information about medical, cash and nutrition assistance
**Phone:** 1-855-432-7587 or 1-855-HEAplus
**Website:** www.azdes.gov/myfamilybenefits

**Arizona Self Help**
Online access to 40 different health and human services programs
**Website:** www.arizonaselfhelp.org

**Arizona Workforce Connection**
Employment tools designed for job seekers, students, case managers, employers, training providers, workforce professionals and others seeking benefits and services
**Phone:** 602-542-2460
**Website:** www.arizonaworkforceconnection.com

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

Low-fee dental services in Maricopa County

**Mountain Park Health Center**
Provides dental services to established patients at the Baseline and Maryvale clinics.
**Website:** www.mountainparkhealth.org/our-services/dental

**Baseline Clinic**
635 E. Baseline Rd.
Phoenix, AZ 85042
**Phone:** 602-243-7277
**Website:** www.mountainparkhealth.org/locations/baseline/
Maryvale Clinic
6601 W. Thomas Rd.
Phoenix, AZ 85033
**Phone:** 602-243-7277
**Website:** http://mountainparkhealth.org/locations/maryvale/

**Native American Community Health Centers**
Provides holistic, patient-centered, culturally sensitive health and wellness services, including dental and behavioral health care, health promotion and disease prevention.

**Central**
4041 N. Central Ave., Bldg. C
Phoenix, AZ 85012
**Phone:** 602-279-5262
**Website:** www.NativeHealthPhoenix.org

**West**
2423 W. Dunlap Ave., Ste. 140
Phoenix, AZ 85021
**Phone:** 602-279-5351

**Phoenix College Dental Hygiene Clinic**
Offers preventive and therapeutic dental services to qualified patients, performed by students under the supervision of instructors.
1202 W. Thomas Rd., Bldg. R
Phoenix, AZ 85013
**Phone:** 602-285-7323
**Website:** www.pc.maricopa.edu

**St. Vincent de Paul**
Free medical and dental clinic based on need and availability. Medical equipment loan program for low income individuals. By appointment.
420 W. Watkins
Phoenix, AZ 85003
**Phone:** 602-261-6868
**Website:** www.stvincentdepaul.net

**Carrington College Dental Clinic**
Offering free dental care to children ages 12-17, conducted by supervised students in the college’s dental-hygiene program, including X-rays, cleaning and polishing.
1300 S. Country Club Dr.
Mesa, AZ 85210
**Phone:** 480-717-3510

**Chandler Care Center**
Provides free medical, dental, counseling and social services for children and families through the Chandler Unified School District.
777 E. Galveston Rd.
Chandler, AZ 85225
**Phone:** 480-812-7900
**Website:** www.mychandlerschools.org
**Bob and Renee Parsons Dental Clinic**
Low cost dental care for children ages 5-18 who do not qualify for AHCCCS or private insurance. Open Tuesday through Friday. Parents must bring proof of income.
1601 W. Sherman St.
Phoenix, AZ 85007
**Phone:** 602-271-9961
**Website:** www.bgcmp.org/dental.htm

**First Teeth First – Maricopa County Office of Oral Health**
First Teeth First provides dental screenings, parent education, fluoride varnish and referrals to children under 6 years old in Maricopa County.
**Phone:** 602-506-6842
**Website:** www.firstteethfirst.org
Behavioral health terms

**638 Tribal Facility** means a facility operated by an Indian tribe authorized to provide services pursuant to Public Law 93-638, as amended.

**Action** is the denial or limited approval of a requested service, including the type or level of service, a reduction, suspension or termination of a service someone has been receiving, the denial, in whole or part of payment for a service, the failure to provide services in a timely manner, the failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties, and , the denial of the Title 19/21 eligible person’s request to get services outside the network when services are not available within the provider network.

**Advance Directive** is a written instruction telling your wishes about what types of care you do or do not want.

**Appeal** is a formal request to review an action or decision related to your behavioral health service that you could file if you are not happy with an action, or adverse decision for persons determined to have a Serious Mental Illness, taken by a provider or Mercy Maricopa.

**Approval of services** is the process used when certain non-emergency services require approval before you can get them.

**Arizona Health Care Cost Containment System (AHCCCS)** is the state agency that oversees the use of federal and state funds to provide behavioral health services, Title 19 (Medicaid), Title 21 and Arizona Long Term Care Services (ALTCS) programs.

**Auricular Acupuncture** is provided by a certified acupuncturist practitioner, who uses auricular acupuncture needles to treat alcoholism, substance abuse or chemical dependency.

**Behavioral health provider** is whom you choose to get behavioral health services from. It can include doctors, counselors, other behavioral health professionals/technicians and behavioral health treatment centers.

**Clinical team** is a Child and Family Team or Adult Recovery Team.

**Complaint** is the expression of dissatisfaction with any aspect of your care that isn’t an action you can appeal.

**Consent to treatment** is giving your permission to get services.

**Cost sharing** refers to a RBHA’s responsibility for payment of applicable premiums, deductibles and copayments.

**Emergency medical condition** is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

a) Placing the patient’s health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
b) Serious impairment to bodily functions
c) Serious dysfunction of any bodily organ or part

**Enrolled** is the process of becoming eligible to receive public behavioral health services.

**Expedited appeal** is an appeal that is processed sooner than a standard appeal in order to not seriously jeopardize the person’s life, health or ability to attain, maintain or regain maximum functioning.

**Grievance/Request for Investigation** is for persons determined to have a serious mental illness when they feel their rights have been violated.
Indian Health Service (IHS) means the bureau of the United States Department of Health and Human Services that is responsible for delivering public health and medical services to American Indians and Alaskan Natives throughout the country. The federal government has direct and permanent legal obligation to provide health services to most American Indians according to treaties with Tribal Governments.

Member is a person enrolled with a RBHA to get behavioral health services.

Notice of Action is the notice you get of an intended action or adverse decision made by the RBHA or a provider regarding services.

Power of Attorney is a written statement naming a person you choose to make health care or mental health decisions for you if you cannot do it.

Provider network is a group of providers that contract with the RBHAs to provide behavioral health services. Some counties may have a limited number of providers in their provider network to choose from.

Provider preventable conditions are complications or mistakes caused by hospital conditions, hospital staff or a medical professional that negatively affect the health of a member. These conditions are listed in the AHCCCS Medical Policy and Manual, Chapter 1000.

Referral is the process (oral, written, faxed or electronic request) by which your provider will “refer” you to a provider for specialized care.

Regional Behavioral Health Authority (RBHA) is the agency under contract with AHCCCS to deliver or arrange for behavioral health services for eligible persons within a specific geographic area.

Restraint means personal restraint, mechanical restraint or drug used as a restraint. Personal restraint is the application of physical force without the use of any device, for restricting the free movement of a behavioral health recipient’s body. Mechanical restraint is any device, article or garment attached or adjacent to a behavioral health recipient’s body that the person cannot easily remove and that restricts the person’s freedom of movement or normal access to the person’s body. Drug used as a restraint is a pharmacological restraint that is not standard treatment for a behavioral health recipient’s medical condition or behavioral health issue and is administered to manage the behavioral health recipient’s behavior in a way that reduces the safety risk to the person or others or temporarily restrict the behavioral health recipient’s freedom of movement.

Seclusion is the involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave or which a person reasonably believes prevents him/her from leaving.

Serious mental illness (SMI) is a condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. § 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons, mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

Service prioritization is the process by which the RBHAs must determine how available state funds are used.

Title 19 (Medicaid; may also be called AHCCCS) is medical, dental and behavioral health care insurance for low-income persons, children and families.

Title 21 (may also be called AHCCCS) is medical, dental and behavioral health care insurance for children under 19 years of age with low income, no other insurance and who are not eligible for Title 19 (Medicaid).

Traditional Healing Services for mental health or substance abuse problems are provided by qualified traditional healers. These services include the use of routine or advanced techniques aimed to relieve the emotional distress that may be evident by disruption of the person’s functional ability.
Tribal Regional Behavioral Health Authority (TRBHA) is an American Indian tribe under contract with AHCCCS to deliver or arrange for behavioral health services for eligible persons who are residents of the federally recognized Tribal Nation.

Medical definitions

**Action**, an action by Mercy Maricopa means:
- The denial or limited authorization of a service you or your doctor have asked for
- The reduction, suspension or ending of an existing service
- The denial of payment for a service, either all or part
- Failure to provide services in a timely manner
- Failure to act within certain timeframes for grievances and appeals
- Denial of a rural member’s request to get services out of the network when Mercy Maricopa is the only health plan in the area

**AHCCCS (Arizona Health Care Cost Containment System)** is the state agency that manages the Medicaid program in Arizona using federal and state funds. AHCCCS contracts with managed care health plans to deliver medical services to eligible members.

**Appeal resolution** is the written determination by Mercy Maricopa about an appeal.

**Authorization** is an approval from your doctor and/or health plan before getting other health care services including, but not limited to, laboratory and radiology tests and visits to specialists and other health care providers (see referral).

**Copayment** is a small amount of money you pay when you get certain covered services.

**Emergency** is a medical situation that could cause serious health problems or even death if not treated immediately.

**Durable Medical Equipment (DME)** equipment which:
- May be used over and over
- Is primarily used to serve a medical purpose
- Usually is not useful to a person when they are not sick or hurt
- Is easily used in the home
Some examples are crutches, wheelchairs and walkers.

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

**Grievance** is any written or verbal expression of dissatisfaction over a matter other than an action, as defined in this Handbook, by a member or provider authorized in writing to act on the member’s behalf. A grievance may be submitted orally or in writing to any Mercy Maricopa staff person. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. Grievances include, but are not limited to, issues regarding:
- Quality of care or services
- Accessibility or availability of services
- Interpersonal relationships (e.g. rudeness of a provider or employee, cultural barriers or insensitivity)
- Claims or billing
- Failure to respect a member’s rights

**Grievance System** is a system that includes a process for enrollee grievances, enrollee appeals, provider claim disputes and access to the State Fair Hearing system.

**Maternity care** includes medically necessary preconception counseling, pregnancy, testing prenatal care, labor and delivery services and postpartum care.
Medically necessary is a covered service that will prevent disease, disability and other poor health conditions or their progress, or prolong life.

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

Notice of Action is an action taken if Mercy Maricopa decides that the requested service cannot be approved, or if an existing service is reduced, suspended or ended, a member will receive a “Notice of Action” telling them what action was taken and the reason for it; their right to file an appeal and how to do it; their right to ask for a fair hearing with AHCCCS and how to do it; their right to ask for an expedited resolution and how to do it; and, their right to ask that their benefits be continued during the appeal, how to do it and when they may have to pay the costs for the services.

Obstetrician/Gynecologist (OB/GYN) is a doctor who cares for women during pregnancy, childbirth, postpartum and well-women exams.

OB case management is an obstetrical case manager link for expectant mothers with appropriate community resources such as the Women, Infants and Children’s (WIC) nutritional program, parenting classes smoking cessation, teen pregnancy case management, shelters and substance abuse counseling. They provide support, promote compliance with prenatal appointments and prescribe medical treatment plans.

Out-of-network provider is a provider who is neither contracted with nor authorized by Mercy Maricopa to provide services to Mercy Maricopa members.

Postpartum care is health care provided up to 60 days post-delivery.

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

Prenatal care is health care provided throughout the pregnancy.

Prescription is an order from your doctor for medicine. The prescription may be called in over the telephone or can be written down.

Primary care provider (PCP) is the doctor who provides or authorizes all your health care needs. Your PCP refers you to a specialist if you need special health care services.

Provider fraud and abuse
  • Falsifying claims/encounters that include the following items:
    - Alteration of a claim
    - Incorrect coding
    - Double billing
    - False data submitted
  • Administrative/financial actions that include the following items:
    - Kickbacks
    - Falsifying credentials
    - Fraudulent enrollment practices
    - Fraudulent Third Party Liability (TPL) Reporting
    - Fraudulent Recoupment Practices
  • Falsifying services that include the following items:
    - Billing for Services/Supplies Not Provided,
    - Misrepresentation of Services/Supplies
    - Substitution of Services

Qualified Medicare Beneficiaries (QMB) is for members who qualify for both AHCCCS and Medicare who have their Medicare Part A and Part B premiums, coinsurance and deductibles paid for by AHCCCS.
Regional Behavioral Health Authority (RBHA) is the behavioral health administrator contracted with the Arizona Health Care Cost Containment System (AHCCCS) to deliver behavioral health services in a certain area of the state.

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

Specialist is a doctor who treats specific health care needs. For example, a cardiologist is a specialist. You must get a referral from your doctor before seeing a specialist.

Maternity care service definitions

Certified Nurse Midwife (CNM) is certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological, and newborn care, within a health care system that provides for medical consultation, collaborative management, or referral management or referral.

High-risk pregnancy refers to a pregnancy in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High risk is determined using the Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

Licensed midwife is an individual licensed by the Arizona Health Care Cost Containment System (AHCCCS) to provide maternity care pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 6, Article 7 and Arizona Administrative Code Title 9, Chapter 16 (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

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

Maternity care coordination consists of the following maternity care related activities: determining the member’s medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.

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

Postpartum care is the health care provided for a period of up to 60 days post-delivery. Family planning services are included if provided by a physician or practitioner, as addressed in Policy 420 of this Chapter.

Preconception counseling services, as part of a well woman visit, are provided when medically necessary. This counseling focuses on the early detection and management of risk factors before pregnancy, and includes efforts to influence behaviors that can affect a fetus (even before conception is confirmed), as well as regular health care. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling does not include genetic testing.

Prenatal care is the health care provided during pregnancy and is composed of three major components:
  • Early and continuous risk assessment
  • Health education and promotion
  • Medical monitoring, intervention, and follow-up
Nondiscrimination Notice

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

Mercy Maricopa Integrated Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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

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

Address: Attn: Civil Rights Coordinator
4500 E. Cotton Center Blvd
Phoenix, AZ 85040
Telephone: 1-888-234-7358, TTY 711
Email: MedicaidCrCoordinator@mercymaricopa.org

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD).

Multi-language Interpreter Services

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

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

NAVAJO: Díí baa akóní nízdínígíí: Díí bée yánííł’ií go, saad bée áká’ áníída’ awo’ déé’, t’áá jíik’e, éí ná hóló. Nínaaltsoos níít’ íí bée nééhózíinígíí bine’déé’ béeés bée hane’í biki’ígíí bée hodíílnih doodago 1-800-385-4104 (TTY: 711) hól’né’ dooleeł.

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


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

PERSIAN: اگر به زبان فارسی صحبت می‌کنید، به صورت رایگان می‌توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره 1-800-385-4104 (TTY: 711) تماس بگیرید.

SYRIAC: ܢܘܒܐ ܕܢܘܓܡܐ ܠܪܠܦܢ ܬ.ܠܟܟܝܚܐ ܡܫܬܒܠܫܢܐ ܕܩܡܐ ܠܪܠܦܢ ܢܘܓܡܐ ܠܐ ܕܒܐܦܢܐ ܐܡܓܢܝܬܐ ܫܡܫܬܬ, ܝܝܐܪܣܘܡܠܠ ܬܕܘܢܗܐ܇ܐܬܢܘܡܥܝܪ 1-800-385-4104 (ܬܬܝ܇ 711) ܐܘ ܘܬܝ ܝܕܗܝ


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