Helpful information

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

Website: www.MercyMaricopa.org
Facebook: www.Facebook.com/MercyMaricopa
Twitter: @MercyMaricopa

Emergency call: 911
Behavioral Health Crisis Line:
602-222-9444 or 1-800-631-1314;
(TTY/TDD) 1-800-327-9254

Personal information and contact list

My member ID number

<table>
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<tr>
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<th>Telephone Number</th>
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<td>Pharmacy name</td>
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<tr>
<td>My psychiatrist or nurse name</td>
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Effective April 1, 2014, Mercy Maricopa Integrated Care began operations as the Regional Behavioral Health Authority for Maricopa County. Funds for services are provided through a contract with the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) and the Arizona Health Care Cost Containment System (AHCCCS). This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

Updated March 2015

www.MercyMaricopa.org

AZR-15-03-12
Member Handbook
## How to use this handbook

This handbook is designed in two sections.

- **Section I**, beginning on page 3, describes your behavioral health services offered through Mercy Maricopa Integrated Care (Mercy Maricopa). These are the services Medicaid-acute and Developmentally Disabled (DD) members can receive. Persons determined to have a serious mental illness (SMI) also may qualify for these services.
- **Section II**, beginning on page 52, describes the medical services that are covered through Mercy Maricopa. These services are only provided for persons determined to have a SMI.

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Section I: Mercy Maricopa Integrated Care
Behavioral Health Services

Welcome to Mercy Maricopa

Helping you on your path of recovery
Welcome to Mercy Maricopa Integrated Care (Mercy Maricopa) - your Regional Behavioral Health Authority (RBHA) for Maricopa County and parts of Pinal County. Thank you for placing your trust in us. We look forward to serving you. Everything we do starts and ends with you, our member. We make every effort to make sure you get the care you need to stay healthy.

Connecting you to care
You have many benefits and services available to you. You also have access to a variety of health care providers and community resources. The information in this handbook explains your benefits and how to use them. It also tells you what to do in an emergency and explains your rights and responsibilities. Please read this material carefully.

Services and support for living well
We’re here to give you the support you need, when you need it. Your physical, behavioral and social needs affect your overall health. That’s our focus - your whole person. To meet your needs, we get to know you. We help you achieve your physical and behavioral health goals. And, we engage all those around you. This includes your family, friends, providers and community. Anyone of any age, gender, income, race or religion can have behavioral health challenges. It can affect how you think, feel and act. Sometimes, symptoms are mild. Other times, they are 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.

Your local connection
Mercy Maricopa Integrated Care is 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 providing innovative Medicaid managed care administration since 1985. Mercy Care Plan is sponsored by Dignity Health and Carondelet Health Network. 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.

Mercy Maricopa Integrated Care is administered by Aetna. Aetna also provides plan management for Mercy Care Plan.

If you would like to learn more about the information in this Member Handbook, please call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 or visit www.MercyMaricopa.org.

Statement about Terms and Resources

The Member Handbook has some words that are not always easy to understand. The “Terms” section defines some of these words. You may want to refer to the “Terms” section while reading the Member Handbook to help you better understand each section.

The “Terms” section begins on page 49 of this handbook.

Please read this handbook. It tells you:
• Your rights and responsibilities as a member
• How to get health care services
• How to get help with appointments
• Tips to keep you healthy
• Which services are covered and which are not

The handbook is available on audiocassette or CD from Mercy Maricopa. The Member Handbook and Provider Directory are provided at no cost to you. They are available in text format on the website www.MercyMaricopa.org or by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

All printed materials are available in an alternative format. For access to these alternative formats, please contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; TTY/TDD 711. Or, visit us online at www.MercyMaricopa.org.

This member handbook includes several types of resources, including organizations that provide assistance to the behavioral health community on pages 5-10, low cost/sliding scale health care providers in Maricopa County on page 73, and additional health and information resources beginning on page 75.
How can I get services in an emergency or crisis?

For life threatening situations always call 911.

If you are experiencing a behavioral health crisis, call the Crisis Line at 602-222-9444 or 1-800-631-1314; (TTY/TDD) 1-800-327-9254. The Crisis Line offers immediate and confidential help 24 hours a day, 7 days a week, 365 days a year to anyone experiencing a behavioral health crisis. The Crisis Line is operated by the Crisis Response Network.

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

Transportation

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

Services while you are away from home

You may need physical or behavioral health services while you are away from home and out of the Mercy Maricopa service area. This is called “out of area care.” Out of area care only includes emergency physical or 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 physical or behavioral health services out of the Mercy Maricopa service area, please call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. For members determined to have SMI and who have medical coverage through Mercy Maricopa, go to page 69 for more information regarding medical coverage while you are away from home.

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 physical or behavioral health services.

If you experience an emergency medical condition, emergency services are available to you. Emergency services do not require approval.

Local and national resources for the behavioral health community

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:
NAMI Arizona (National Alliance on Mental Illness)
NAMI Arizona has a Helpline for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education, and advocacy to people of all ages who are affected by mental illness.
5025 E. Washington St., Ste. 112
Phoenix, AZ 85034
Phone: 602-244-8166
Website: www.namiaz.org
Local chapter: NAMI Valley of the Sun http://namivalleyofthesun.org

NAZCARE (Northern Arizona Consumers Advancing Recovery by Empowerment)
NAZCARE is a peer-oriented agency that uses a holistic approach to recovery and wellness by addressing the whole person in mind, body and spirit. NAZCARE provides services in Wellness Planning with a Wellness Coach to assist you on your journey to better wellness.
Phone: 928-224-4506 (Winslow); 928-213-0742 (Flagstaff); 928-793-4514 (Globe); 520-876-0004 (Casa Grande); 928-532-3108 (Show Low); 928-783-4253 (Yuma); 928-758-3665 (Bullhead); 928-753-1213 (Kingman); 928-442-9205 (Prescott); 928-333-3036 (Eagar); 928-575-4132 (Parker); 928-634-1168 (Cottonwood); 520-586-8567 (Benson)
Website: http://www.nazcare.org/

Wellness Connections
Based in Southeast Arizona, Wellness Connections uses a peer-run model. Through a large number of programs, activities, training and rehabilitation services, Wellness Connections empowers its members to lead healthy and fulfilling lives.
Phone: 520-452-0080
Website: http://wellness-connections.org/

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.
5025 E. Washington St.
Phoenix, AZ 85034
Phone: 602-274-6287 (Phoenix/voice or TTY); 1-800-927-2260 (statewide except Phoenix)
Website: www.acdl.com/mentalhealth.html

Mentally Ill Kids In Distress (MIKID)
MIKID provides support and help to families in Arizona with behaviorally challenged children, youth, and young adults. MIKID offers information on children’s issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.
2642 E. Thomas Rd.
Phoenix, AZ 85016
Phone: 602-253-1240 (Maricopa); 520-882-0142 (Pima); 928-775-4448 (Yavapai); 928-726-1983 (Yuma); 928-245-4955 (Navajo and Apache counties)
Website: www.mikid.org/
Division of Behavioral Health Services

The Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) is the state agency that oversees the use of federal and state funds to provide behavioral health services.

150 N. 18th Ave., 2nd Floor
Phoenix, AZ 85007

**Phone:** 602-364-4558 or 1-800-867-5808
DBHS Member Services: 602-364-4558 or 1-800-421-2124, Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.

**Website:** [www.azdhs.gov/bhs](http://www.azdhs.gov/bhs)

**E-mail:** dbhsinfo@azdhs.gov

Some offices within DBHS may be of additional help to you:

**Office of Human Rights**
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 Committees**
Committee members are dedicated to promoting and protecting the rights of individuals who receive publicly funded behavioral health services. Committee members are made up of people who understand the needs of individuals with a mental illness. The Committees are comprised of consumers, or family members of consumers, and professionals with expertise in these areas: psychology, law, medicine, education, special education, social work, or behavioral health. To learn more and get involved, please contact the Human Rights Committee Coordinator at 602-364-4577 or 1-800-421-2124, or visit [www.azdhs.gov/bhs/advisory/humanrights/index.htm](http://www.azdhs.gov/bhs/advisory/humanrights/index.htm).

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

**The 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](http://www.azdhs.gov/als/index.htm)

**Tucson Office**
400 W. Congress, Suite 100
Tucson, AZ 85701

**Phone:** 520-628-6965

**Adult Protective Services (APS)**
Department of Economic Security Aging and Adult Administration
1789 W. Jefferson St., Site Code 950A
Phoenix, AZ 85007

**Phone:** 602-542-4446

**Website:** [www.azdes.gov/aaa/programs/aps/](http://www.azdes.gov/aaa/programs/aps/)

People can report abuse, neglect, and misuse of Arizona’s vulnerable or incapacitated adults, 24 hours a day, 7 days a week at the state’s hotline: 1-877-SOS-ADULT (1-877-767-2385); 1-877-815-8390 (TDD).
AZLinks.gov
Department of Economic Security
The website of Arizona’s Aging and Disability Resource Consortium (ADRC) helps Arizona seniors, people with disabilities, caregivers and family members locate resources and services.
Website: www.azlinks.gov

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: https://dcs.az.gov/

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 also contracts with the Division of Behavioral Health Services for behavioral health service coverage.
801 E. Jefferson, MD 3400
Phoenix, AZ 85034
Phone: 602-417-7000
Website to apply for AHCCCS coverage: Health-e-Arizona PLUS

Arizona Smokers Helpline (ASHLine)
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, please call the 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 and www.azdhs.gov

Tobacco Free Arizona
Website: www.azdhs.gov/tobaccofreeaz
Peer-Run Recovery Centers and Family-Operated Organizations

Peer-run Recovery Centers

C.H.E.E.R.S. (Center 4 Health, Enlightenment, Enrichment, and Empowerment Renewal Services)
1950 W. Heatherbrea Ave., Ste. 5
Phoenix, AZ 85015
Phone: 602-246-7607
Website: www.cheeers.org

Recovery Empowerment Network (REN)
Several locations throughout the Valley.
Call 602-248-0368 to find a location near you.
Website: www.renaz.org

STAR (Stand Together And Recover)
Website: www.thestarcenters.org

STAR East
1310 W. University Dr.
Mesa, AZ 85201
Phone: 480-649-3642

STAR Central
2144 E. Roosevelt St.
Phoenix, AZ 85006
Phone: 602-685-1295

STAR West
605 N. Central Ave.
Avondale, AZ 85323
Phone: 623-882-8463

Vive la Esperanza-Hope Lives
1016 E. Buckeye Rd., Ste. 145
Phoenix, AZ 85034
Phone: 1-855-747-6522
Website: www.vivehopelives.org

Family-Operated Organizations

Family Involvement Center
5333 N. 7th St., Ste. A-100
Phoenix, AZ 85014
Phone: 602-412-4095
Website: www.familyinvolvementcenter.org

Behavioral health hospital and other settings for emergency care

You can choose any hospital or other setting for emergency care. However, there are certain emergency settings in the Mercy Maricopa Integrated Care network that may be better suited for you. These include:

Adult Psychiatric Emergencies

Connections AZ Urgent Psychiatric Care Center (UPC)
903 N. 2nd St.
Phoenix, AZ 85004
Phone: 602-416-7600

Recovery Response Center West (PRC-West)
11361 N. 99th Ave., Ste. 402
Peoria, AZ 85345
Phone: 602-650-1212, then press 2

Adult Substance Abuse Emergencies

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)
506 S. Bellview
Mesa, AZ 85204
Phone: 1-877-931-9142

Child and Adolescent Psychiatric and Substance Use Emergencies
St. Luke's Behavioral Health Center (child and adolescent services only)
1800 E. Van Buren St.
Phoenix, AZ 85006
Phone: 602-251-8535

24/7 Adult Behavioral Health Access and Transition Points
Community Bridges West Valley Access and Transition Points
824 N. 99th Ave.
Avondale, AZ 85323
Phone: 1-877-931-9142 (24-hour access to care line) Near I-10 and 99th Ave
Intake and Assessment - a front door to the behavioral health system offering assessment for ongoing services, brief intervention and coordination of care through contracted network providers.

Community Bridges East Valley Access and Transition Points
358 E. Javelina Ave. Ste. 101
Mesa, AZ 85210
Phone: 1-877-931-9142 (24-hour access to care line) Near East Baseline Road and South Mesa Drive
Residential (3-5 days) 16 beds for individuals (18 and older) who need targeted overnight support or planning for transition back to the community.

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

How can I get written information in my language and oral interpreter services?

You may 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
• If you are eligible for benefits under AHCCCS and/or you are a person determined to have a serious mental illness, oral interpreter services are available at no cost to you

Contact Mercy Maricopa Member Services at 602-586-1841, 1-800-564-5465; (TTY/TDD) 711 or visit www.MercyMaricopa.org to ask for any of these options.

What are my rights concerning sign language interpreters and auxiliary aids if I am deaf or hard of hearing?

If you are deaf or hard of hearing, you may 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, please visit the Arizona Commission for the Deaf and the Hard of Hearing at www.acdhh.org or call 602-542-3323 (V/VP); 602-364-0990 (TTY); 1-800-352-8161 (V/TTY); 480-559-9441 (Video Phone).

What are my rights concerning printed information if I am visually impaired?

If you have a visual impairment, you may ask that your provider make available to you this member handbook or other materials, such as notices and consent forms, in large print. Your provider and Mercy Maricopa have to provide these services.

How does Mercy Maricopa ensure that my values and beliefs are being considered when services are offered to me and while I am receiving services?

Your traditions, your heritage, religious/spiritual beliefs, language and other aspects of life that you and your family value most define who you are and are part of your “culture.” Mercy Maricopa encourages our providers to understand the culture of each individual to better understand, communicate with, and treat the people we serve. 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 is important that you help your provider understand what is important to you and your family, as 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. Mercy Maricopa works with its providers to better understand various cultures and to provide services in a culturally competent manner. You can view the Mercy Maricopa Cultural Competency Plan online at www.MercyMaricopa.org.

What is Managed Care?

In Arizona, behavioral health services are provided through a managed care model. This means that persons getting behavioral health services choose a provider from within a network. The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) have to make sure that behavioral health services are available to their members. Members are persons enrolled with Mercy Maricopa Integrated Care.

In addition to making sure that services are available, Mercy Maricopa must oversee the quality of care given to members and manage the cost.

To find out more about Arizona’s behavioral health service delivery system you can visit the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) website at www.azdhs.gov/bhs/. Contract services are funded in part under contract with the State of Arizona.

How do I contact Mercy Maricopa Member Services?

Member Services is available to help answer your questions. Member Services can help you:
• Learn how to become a member and get behavioral health services
• Learn about the services you can get
• Find a provider, including providers that provide 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. Contact us at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. E-mail us by visiting our website www.MercyMaricopa.org. Mercy Maricopa’s office is located at 4350 E. Cotton Center Blvd., Bldg. D, Phoenix, AZ 85040.

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

What happens after I am assigned to or enrolled with Mercy Maricopa?

Individuals eligible for behavioral health services through AHCCCS are assigned to a T/RBHA based on where they live. American Indians, who are assigned to a TRBHA, have the option to choose to receive their services from a RBHA or TRBHA. You have been assigned to Mercy Maricopa because you live within Mercy Maricopa’s service area. You will continue to receive services from Mercy Maricopa unless you move to another area of the state where Mercy Maricopa does not provide services. Individuals who are not AHCCCS eligible will be enrolled with a T/RBHA for behavioral health services. Enrollment with a T/RBHA is also based on where a person lives.

At your initial appointment, you will help identify who you want on your Clinical Team. The team will then work with you on your goals, do 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 is done at the first appointment will not be complete. You will 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.

What is a Child and Family Team?

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

What is an Adult Recovery Team?

A group of individuals working together who are actively involved in a person’s assessment, service planning and service delivery by following the nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems. At a minimum, the team consists of the person, their guardian, advocates (if assigned) and a qualified behavioral health representative. The team may also include members of the enrolled person’s family, physical health, mental health or social service providers, representatives or other agencies serving the person, professionals representing disciplines related to the person’s needs, or others identified by the enrolled person. You will be able to change your team, if you would like, to best support your needs and achieve the goals that you have set.
What are “best practices” in behavioral health, and how do best practices affect the services I receive?

Both ADHS/DBHS and Mercy Maricopa create and support “best practices” in behavioral health care. Best practices are ways of delivering services to you that have been shown to be helpful, based on research and evaluation of these practices. You can learn more about these best practices by going to the ADHS/DBHS and T/RBHA websites. ADHS/DBHS has links to Clinical Practice Guidelines and Clinical Practice Protocols online at www.azdhs.gov/bhs/guidance/index.htm.

If you would like to receive this information by mail, please contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. E-mail us by visiting our website www.MercyMaricopa.org. Best practices change over time. Please refer to the ADHS/DBHS and your Mercy Maricopa websites for updates, or contact Mercy Maricopa for additional information.

What is a Provider Network?

Mercy Maricopa contracts with a variety of providers to meet your physical and behavioral health needs. Contracted providers are chosen very carefully. They must meet strict requirements to care for our members, and we regularly check the care they give you. Mercy Maricopa’s provider network covers a broad geographic area so that you may receive services close to where you live and work. Our provider network offers culturally sensitive, individualized and comprehensive service options for children and families, persons determined to have a serious mental illness (SMI) and those with general mental health and substance abuse issues.

A listing of all available providers, their locations, telephone numbers, and languages spoken can be found online at www.MercyMaricopa.org. If you do not 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 cost by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 or by visiting our website www.MercyMaricopa.org.

Some providers may not be taking new members. To find out which providers in the Mercy Maricopa network are accepting new members, contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

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

How do I choose a provider?

A provider network is a group of providers who work with Mercy Maricopa and are available to provide behavioral health services. Mercy Maricopa will help you choose a provider from within the provider network. If you would like to select a provider based on convenience, location, or cultural preference, please tell Mercy Maricopa Member Services. You will need to contact the provider to make, change, or cancel your appointments. You may also contact Mercy Maricopa if you would like assistance with making, changing or canceling your appointments.

If you are not happy with your current provider, call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 to discuss other available options.

If you are getting substance abuse services that are funded by the Substance Abuse Block Grant (SABG), you have the right to get services from a provider to whose religious character you do not object. If you object to the religious character of your substance abuse provider, you may ask for a referral to another provider of substance abuse.
treatment. You will get an appointment with the new provider within 7 days of your request for a referral, or earlier if your behavioral health condition requires. 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.

**How do I contact my Case Manager?**

If you need to reach your case manager between visits for any reason, call your provider or your clinic directly. Your provider can help connect you with your case manager. Mercy Maricopa Member Services can also help connect you with your case manager. Please call us at **602‑586‑1841** or **1‑800‑564‑5465**; (TTY/TDD) **711**.

**Do I have to pay for behavioral health services?**

Title 19 (Medicaid) and Title 21 covered services are paid for through the AHCCCS, the State Medicaid agency. Persons eligible for these programs are sometimes called AHCCCS eligible. AHCCCS eligible persons cannot be billed for covered behavioral health services. Some members will be required to pay copayments for certain medical services as described below.

**AHCCCS Copayments**

Some people who get AHCCCS Medicaid benefits have copayments for some of the AHCCCS medical services that they receive. Copays can be mandatory (also known as required) or optional (also known as nominal) as explained below. Some people and certain services are exempt from copays, which means that no mandatory or optional copays will be charged as explained below.

* NOTE: Copayments referenced in this section means copayments charged under Medicaid (AHCCCS). This section does not describe copay requirements under Medicare.

The following persons are never required to pay copayments:

- People under age 19
- People determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services
- Individuals up through age 20 eligible to receive services from the Children’s Rehabilitative Services program
- People who are acute care members and who are residing in nursing homes or residential facilities such as an Assisted Living Home and only when the acute care member’s medical condition would otherwise require hospitalization. The exemption from copayments for acute care 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 P.L. 93-638, or urban Indian health programs
- People who receive hospice care
- People in the Breast and Cervical Cancer Treatment Program
- 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 the postpartum period following the pregnancy
- People in the Adult Group (for limited time*)

*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 2015. Members will be told about any changes in copays before they happen.

In addition, copayments are never charged for the following services for anyone:
- Hospitalizations and services in the Emergency Department
- Emergency services
- Family planning services and supplies
- Pregnancy related health care for any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for pregnant women
- Well-visits and preventive services such as pap smears, colonoscopies, and immunizations
- Services paid on a fee-for-service basis
- Provider preventable services
- Services received in the emergency department

**People with Nominal (Optional) Copayments**

Individuals eligible for AHCCCS through any of the programs below may be charged nominal copayments, unless they are receiving one of the services above that cannot be charged a copayment or unless they are in one of the groups above that cannot be charged a copayment. Nominal copayments are also called optional copayments. If a member has a nominal copayment, then a provider cannot deny the service if the member states that s/he is unable to pay the copayment. Members in the following programs may be charged nominal copayments unless they are receiving one of the services above that cannot be charged a copayment or unless they are in one of the groups above that cannot be charged a copayment. Members in the following programs may be charged a nominal copayment by their provider:
- AHCCCS for Families with Children (1931)
- Young Adult Transitional Insurance (YATI) for young adults who were 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 individuals 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 copayments you may have. You can also find out by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. You can also visit our website [www.MercyMaricopa.org](http://www.MercyMaricopa.org) for more information.

AHCCCS members with nominal copayments may be asked to pay the following nominal copayments for services:

<table>
<thead>
<tr>
<th>Nominal copayment amounts for some services</th>
<th></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. (This excludes emergency room/emergency department visits)</td>
<td>$3.40</td>
</tr>
</tbody>
</table>

Detailed service codes and category description that comprise each of the above categories are outlined in the Mercy Maricopa Provider Manual.

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 copayment, tell your 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) copayments unless they are receiving one of the services above that cannot be charged a copayment or unless they are in one of the groups above that cannot be charged a copayment. Members with required copayments will need to pay the copayments in order to get the services. Providers can refuse services to these members if they do not pay the mandatory copayments. However, a provider may choose to waive or reduce any copayments under this section. Mandatory copayments 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) copayments for some 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. Copayments for TMA members are listed below.

<table>
<thead>
<tr>
<th>Copayments amounts for persons receiving TMA benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care. (This excludes emergency room/emergency department visits)</td>
</tr>
<tr>
<td>Outpatient Physical, Occupational and Speech Therapies</td>
</tr>
<tr>
<td>Outpatient Non-emergency or voluntary surgical procedures. (This excludes emergency room/ emergency department visits)</td>
</tr>
</tbody>
</table>

Detailed service codes and category descriptions that make up each of the above categories are outlined in the Mercy Maricopa Provider Manual.

5% Limit on All Copayments
The total amount of copayments cannot be more than 5% of the family’s total income during a calendar quarter (January through March, April through June, July through September, and October through December.) If this 5% limit is reached, no more copayments will be charged for the rest of that quarter. AHCCCS has a process to track cost sharing.

If a member thinks that the total copayments they have paid are more than 5% of the family’s total quarterly income and AHCCCS has not already been told this has happened, the member should send copies of receipts or other proof of how much they have paid to AHCCCS, 801 E. Jefferson, Mail Drop 4600, Phoenix, AZ 85034.

If you are on this program but your circumstances or income have changed, it is important to contact the eligibility office right away.

ADHS/DBHS Copayments
If you are determined to have a SMI and do not qualify for AHCCCS services (Non-Title 19/21) you may have to pay for behavioral health services. The payment amount is a fixed copayment amount of $3. If you have Medicare or private insurance, you will pay the $3 ADHS/DBHS copayment for services covered by ADHS/DBHS, or the copayment that your insurance requires (if it is less than $3) for those services. In other words, you will not have to pay a higher payment for services that ADHS/DBHS covers, just because you have other insurance. However, if you are getting services or medications through your insurance that ADHS/DBHS does not cover (see the Available Services Matrix on pages 21-24), you will be responsible for paying the copayment or other fees that your insurance requires.

A non-covered service is one that is not available to you. It is a service your provider did not set up or approve or is a service that is not covered by Mercy Maricopa. Services you get from a provider outside of the provider network are
non-covered services, unless you have been referred by your provider. If you get a non-covered service you may have to pay for it.

Prior to your appointment for services, Mercy Maricopa or your provider will discuss with you any payments you will have to pay.

**What if I have health insurance?**

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 copayments for you, while the cost of the covered service is paid 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 program Medicare Savings Program (MSP) 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** or visit **www.MercyMaricopa.org** 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 may assist you with obtaining 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 which 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 for by Medicare, or for the cost-sharing (coinsurance, deductibles, and copayments) for these drugs. AHCCCS and its Contractors are prohibited from paying for these medications or the cost-sharing (coinsurance, deductibles, and copayments) for drugs available through Medicare Part D, even if the member chooses not to enroll in the Part D plan.
AHCCCS no longer pays 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>Chlordiazepoxide 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 will still pay for barbiturates for Medicare members that are NOT used to treat epilepsy, cancer, or mental health problems.

For information about copayments for drugs that are covered by AHCCCS, please read the section about copayments beginning on page 14.

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) you do not have to apply for the extra help. MSP 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 MSP program, you have to apply for the extra help. There are a few ways you can apply. 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 online on the SSA website www.socialsecurity.gov. Online applications are available in 14 languages. If you need help applying for the extra help, please contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
Who is eligible to receive behavioral health services?

- Persons AHCCCS eligible through either Title 19 (Medicaid) or Title 21
- Persons determined to have a serious mental illness (SMI)
- 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 persons, children and families. It pays for medical, dental (for children 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 do not have insurance and are not eligible for Title 19 benefits. It pays for medical, dental and behavioral health services.

Mercy Maricopa or your provider will ask you questions to help identify if you could be eligible for AHCCCS benefits. If so, they can help you complete an AHCCCS application. If you are ineligible for AHCCCS, Mercy Maricopa or your provider can help you apply for medical coverage on the Federal Health Care Marketplace.

A serious mental illness is a mental disorder in persons 18 years of age or older that is severe and persistent. Persons may be so impaired that they cannot remain in the community without treatment and/or services. Crisis Response Network will make a determination of serious mental illness upon referral/request.

What behavioral health services can I get?

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 team which services you need. Your provider or clinical team may ask Mercy Maricopa for approval of a service for you, but the approval may be denied. If a request for services is denied, you can file an appeal. For more information on filing an appeal, see the section called “What is an appeal and how do I file an appeal?” on page 38.

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

The table on pages 23-24 lists the available behavioral health services and any limits they may have. Mercy Maricopa must pay only for the available behavioral health services listed.

Coverage for American Indian Persons

American Indian persons have choices of where to access behavioral health services, including 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 Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS). If you are Medicaid Title 19/21 eligible and receive services through an IHS or 638 tribal facilities, the Arizona Health Care Cost Containment System (AHCCCS) pays for those services. Regardless of who 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 ADHS/DBHS 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.

**Early Periodic Screening, Diagnostics and Treatment (EPSDT)**

EPSDT is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and mental health problems for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources.

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

EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in federal law 42 USC 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 USC 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 28 optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 28 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.
**Medication Coverage**

Mercy Maricopa has a list of medications, called a formulary that includes medications available to you through Mercy Maricopa. You can find the Mercy Maricopa formulary online at [www.MercyMaricopa.org/providers/mmic/pharmacy](http://www.MercyMaricopa.org/providers/mmic/pharmacy). You may need medication that is not on the Mercy Maricopa formulary, or you may need approval for your medication.

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

**Pharmacies**

All prescriptions must be filled at a pharmacy in Mercy Maricopa’s network. If you need pharmacy services after hours, on weekends or on holidays, many pharmacies are open 24 hours, 7 days a week. You can find a list of pharmacies in the Mercy Maricopa Provider Directory on our website at [www.MercyMaricopa.org](http://www.MercyMaricopa.org). Select “Find a Pharmacy” or cut and paste the following link into your browser: https://www.caremark.com/wps/portal/!ut/p/c4/04_SB8K8xLLM9MSSzPy8xBz9CP1An_z0zDz9gnRHRQDSauup/.

You may have to pay part of the cost of the prescription (copayment) based on your AHCCCS eligibility. Copayments are described in the section, “Copayments” on pages 14-16. If you are turned away at the pharmacy, please call Mercy Maricopa Member Services for help.

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. If you go to your pharmacy and you are unable to get your medication(s), call Mercy Maricopa Member Services at **602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711** or visit [www.MercyMaricopa.org](http://www.MercyMaricopa.org) for help.

**What You Need to Know About Your Prescriptions**

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

Be sure to let the staff know about any medications you get from another doctor or non-prescription or herbal medications that you buy. Before you leave the office, ask these questions:

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

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

**Refills**

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

If your doctor has not ordered refills for you, be sure to call them at least 5 days before your medicine runs out and talk to them about getting a refill. Your doctor may want to see you before giving you a refill.

**Diabetes Testing Supplies**

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

**Mail Order Prescriptions**
If you take medicine for an ongoing condition, you may be able to have your medicines mailed to your home. Mercy Maricopa works with a company to give you this service. If you have a copayment you will still need to pay that amount, but there are no additional costs.

If you choose this option your medicines come right to your door. You can schedule your refills and reach a pharmacist if you have questions. Here are some features of home delivery:
- Pharmacists check each order for safety
- You can talk with pharmacists by phone 24 hours a day, 7 days a week

If you are interested in starting this mail order service, please call Mercy Maricopa Member Services at **602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711** for help.

**Special Populations**
Special populations include groups of people 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 abuse drugs or alcohol
- Other persons who use drugs by injection
- Substance abusing women and teenagers with dependent children and their families, including women who are attempting to regain custody of their children
- As funding is available - all other persons with a substance abuse 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

Have a substance abuse disorder and are determined to have 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)
- 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).

What if I am homeless and need services?

Members who are homeless may elect to receive their PCP services from a homeless clinic. However, homeless members will not be automatically assigned to a homeless clinic. Homeless members who elect to receive PCP services from a homeless clinic and who need specialty services may be referred to an out-of-network provider for specialty services.

Available Behavioral Health Services

This handbook and the table below and on pages 25–30 have the list of the services you can get. You will get a notice if there are changes to these services.

<table>
<thead>
<tr>
<th>AVAILABLE BEHAVIORAL HEALTH 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>TREATMENT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Counseling and Therapy</td>
<td>Individual</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Group</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>Available</td>
</tr>
<tr>
<td>Behavioral Health Screening, Mental Health Assessment and Specialized Testing</td>
<td>Behavioral Health Screening</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Mental Health Assessment</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Specialized Testing</td>
<td>Available</td>
</tr>
<tr>
<td>Other Professional</td>
<td>Traditional Healing</td>
<td>Provided based on available funding</td>
</tr>
<tr>
<td></td>
<td>Auricular Acupuncture</td>
<td>Provided based on available funding</td>
</tr>
<tr>
<td><strong>REHABILITATION SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills Training and Development</td>
<td>Individual</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Group</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Extended</td>
<td>Available</td>
</tr>
<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>AVAILABLE BEHAVIORAL HEALTH 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>
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<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Psycho Educational Services and Ongoing Support to maintain employment</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Psycho Educational Services</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Ongoing Support to maintain employment</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Médical Services</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Medication Services</td>
<td>Available</td>
<td>Available</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>Available</td>
</tr>
<tr>
<td>Electro-Convulsive Therapy</td>
<td>Available</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Psycho Educational Services</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Ongoing Support to maintain employment</td>
<td>Available</td>
<td>Available</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>Available</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>Available</td>
</tr>
<tr>
<td>Home Care Training to Home Care Client (HCTC)</td>
<td>Available</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Respite Care</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Supported Housing</td>
<td>Provided based on available funding**</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Sign Language or Oral Interpretive Services</td>
<td>Provided at no charge to the member</td>
<td>Provided at no charge to the member</td>
</tr>
<tr>
<td>Flex Fund Services</td>
<td>Provided based on available funding**</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Transportation</td>
<td>Emergency</td>
<td>Limited to crisis service-related transportation</td>
</tr>
<tr>
<td>Non-emergency</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>CRISIS INTERVENTION SERVICES</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>INPATIENT SERVICES</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>Behavioral Health Residential Facilities</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>BEHAVIORAL HEALTH DAY PROGRAMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised Day</td>
<td>Available</td>
<td>Available</td>
</tr>
</tbody>
</table>
AVAILABLE BEHAVIORAL HEALTH SERVICES | TITLE 19/21 CHILDREN AND ADULTS | NON-TITLE 19/21 PERSONS DETERMINED TO HAVE SMI
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Therapeutic Day | Available | Provided based on available funding**
Medical Day | Available | Provided based on available funding**

Limitations:
*For services available through federal block grants, please see the Special Populations section on page 22.
**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 Formulary for further information on covered medications.
****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 used. 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

<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>
</tbody>
</table>

<p>| <strong>REHABILITATION SERVICES</strong> |</p>
<table>
<thead>
<tr>
<th>SERVICE/BENEFIT</th>
<th>DESCRIPTION</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills Training and Development</td>
<td>Teaching independent living, social and communication skills to persons and/or their families in order 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>Custom-made to support persons 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><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>Visit <a href="http://www.MercyMaricopa.org/members/mmic/pharmacy">www.MercyMaricopa.org/members/mmic/pharmacy</a> to view the Mercy Maricopa Formulary.</td>
</tr>
<tr>
<td>Lab, Radiology and Medical Imaging</td>
<td>Medical tests for diagnosing, screening or monitoring a behavioral health condition.</td>
<td>This may include but is not limited to blood and urine tests, CT scans, MRI, EKG, and EEG.</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>OTHER</td>
</tr>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</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>SUPPORT SERVICES</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 in using and continuing use of 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 in carrying 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) involve 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 assisting the family to adjust to the person’s disability, building skills to help guide the person, understanding the causes and treatment of behavioral health issues, understanding and being able to use system services</td>
</tr>
<tr>
<td>Self Help/Peer Services</td>
<td>Help with using services such as building care plans, identifying needs, finding supports, working with professionals, getting past barriers or understanding and coping with the stress that is part of the person’s 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>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>OTHER</td>
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<tr>
<td>----------------</td>
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</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. It also helps the person 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, 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 other individual caring for the behavioral health member.</td>
<td>Services may be provided on a short-term basis (i.e., few hours during the day) or for longer periods of time 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 apartments and homes owned or leased by a subcontracted provider.</td>
<td>May include help with paying for rent and utilities, and help with 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 that are available to members at no cost; services for all non-English languages and the hearing impaired must be available to potential members, at no cost, when asking for information.</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>Flex Fund Services</td>
<td>T/RBHAs may access flex funds to purchase any of a variety of one-time or occasional goods and/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 a member 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 free transportation in order to access medically necessary covered behavioral health services.</td>
</tr>
</tbody>
</table>

CRISIS INTERVENTION SERVICES
## SERVICE/BENEFIT | DESCRIPTION | OTHER
--- | --- | ---
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, 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; and  
• Develop plans to meet the needs of the persons served.  
|  |  |  |
Crisis Intervention - Telephone | Services to provide triage, referral and telephone-based support to persons 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.  
|  |  |  |
Crisis Intervention - Stabilization | 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 | Crisis intervention services (stabilization) must be provided by facilities that are DLS licensed facilities. Individuals providing these services must be behavioral health professionals, behavioral health technicians or behavioral health para-professionals  
|  |  |  |
### INPATIENT SERVICES

| SERVICE/BENEFIT | DESCRIPTION | OTHER
--- | --- | ---
Hospital | Inpatient services (including room and board) | 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.  
<p>| | | |
|  |  |  |</p>
<table>
<thead>
<tr>
<th>SERVICE/BENEFIT</th>
<th>DESCRIPTION</th>
<th>OTHER</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 of age and have severe or acute behavioral health symptoms. There are two types of residential treatment centers: Secure - a residential treatment center which generally employs security guards and uses monitoring equipment and alarms. Non-secure – an unlocked residential treatment center setting.</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>
</tbody>
</table>

**RESIDENTIAL SERVICES**

| Behavioral Health Residential Facility | 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. | Room and Board is not covered by Title 19/21 for persons residing in behavioral health residential facilities. |

| Room and Board | The provision of lodging and meals to a person residing in a residential facility or supported independent living setting | Includes but is not limited to services such as food and food preparation, personal laundry, and housekeeping |

**BEHAVIORAL HEALTH DAY PROGRAMS**
<table>
<thead>
<tr>
<th>SERVICE/BENEFIT</th>
<th>DESCRIPTION</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<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 family (family support), and/or other nursing services such as medication monitoring, methadone administration, and medical/nursing assessments.</td>
</tr>
</tbody>
</table>

**Can I get a ride to my appointment?**

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

Transportation during an emergency does not need prior approval. Contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for transportation in an emergency or crisis.

**What is an approval of services and what are my notification rights?**

You and your provider or clinical team will work together to make decisions about the services you need. Emergency services needed for an emergency medical condition do not need to be approved before you can get them.

Some services need to be approved before you can get them. For example non-emergency hospital admissions or other services, such as:

- 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. More information on physical health services is available starting on page 55.

Your provider or clinical team must ask for approval of these services by Mercy Maricopa’s Prior Authorization Team.
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, “What is an appeal and how do I file an appeal?” on page 38.

Only a physician trained to treat your condition may deny a service your provider or clinical team is trying to get approved.

All services are not available to all members. If you would like to see the guidelines that are used to determine admission, continued stay, and discharge, contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**Title 19/21 eligible persons**

You will get written notice telling you if the services asked for by your provider or clinical team are not approved. You will get this notice within 14 days of your provider or clinical team asking for approval for standard approval requests or within 3 working days for expedited approval requests. Expedited means that a decision needs to be made sooner due to your behavioral health needs.

The timeframes in which Mercy Maricopa or the provider must give you written notice of their decision about the requested services can be extended for up to 14 days. This means that a decision may take up to 28 days for the standard approval process, but the expedited approval process may not take more than 17 days. You, Mercy Maricopa, or the provider can ask for more time. If Mercy Maricopa or the provider asks for more time, you will 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 Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. If a decision about your requested services is not made within the maximum allowable timeframe, including extensions, the request for approval (authorization) shall be considered denied on the date the timeframe expires.

If your covered behavioral health services are denied, or if the services you have been getting are terminated, suspended or reduced, you will 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
- 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 will get a Notice of Action 10 days before the effective date if the services you were getting will be reduced, suspended or terminated. If the Notice of Action does not tell you what you asked for, what was decided and why the decision was made in language you can understand, please call Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If you disagree with the extension, you can file a complaint with Mercy Maricopa by calling Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. The Notice of Action is also available in other languages and formats if you need it. If the Notice of Action is not enough, a new Notice of Action will be issued.

If the Notice of Action still does not give you enough information and the issue is not resolved by Mercy Maricopa, you may call ADHS/DBHS at 602-364-4574 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 as a result of the denial of a continued stay request, you will be sent a Notice of Action in 2 days.

You may get a Notice of Action less than 10 days from the effective date in some other situations, such as:
- You told your provider on paper that you no longer want services
- Your mail is returned and the provider does not 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 (SMI)**

As a person determined to have a serious mental illness, 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 is determined that you do not have a serious mental illness

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

Please 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.

**What is a 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 may contact Mercy Maricopa or your provider if you feel you need a referral for specialized care.

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 or, if one is not available as part of the Mercy Maricopa network, arrange for the person to get one outside the network at no cost to the person.

Mercy Maricopa Member Services can be reached at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**What services can I get if I am not eligible for AHCCCS?**

**Crisis Services**

You are able to get crisis services, even if you are not Title 19/21 eligible (not eligible for AHCCCS) or determined to have a serious mental illness (SMI). Crisis services available to you include:

**Urgent Psychiatric Center**

903 N.2nd St.
Phoenix, AZ 85004
602-416-7600
Banner Psychiatric Center
Website: www.bannerhealth.com/Locations/Arizona/Banner+Behavioral+Health/Services/Emergency+Services+and +Behavioral+Crisis/Banner+Psychiatric+Center.htm

- Crisis intervention phone services, including a toll free number are available 24 hours a day, 7 days a week by calling the Crisis Line at 1-800-631-1314 (TTY/TDD 1-800-327-9254)
- Mobile crisis intervention services are 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
- 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 behavioral services on pages 23-24; physical services on pages 55-58. Please contact Mercy Maricopa if you have questions about which services are available to you.

Housing Services
Supported Housing is a service for individuals determined to have a serious mental illness which helps them find and stay in independent, safe housing.

Supported Housing services may include help with rent, gas and electric payments, and help to avoid eviction. Title 19/21 eligible and Non-Title 19/21 persons determined to have SMI receiving housing services in residential facilities may be asked to help pay for the cost of room and board.

Special Populations
Some people are eligible to receive behavioral health services that are funded through federal block grants. For more information about these services and who is eligible for these services, please go to page 22.

What happens if I move or have a change in family size?
If you move, tell your provider and Mercy Maricopa right away so they can 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. Your records may be given to the new provider once you give written permission Mercy Maricopa or your provider can help you with a referral to a new provider and/or T/RBHA. If you are moving out of state or out of the country, Mercy Maricopa may be able to help you find services in your new location.

If you are Title 19 or Title 21 eligible, you must report all changes in your family, like births and deaths, as well as other changes such as your residential or mailing address, your income, household member’s change of job, etc. Please report these changes to your provider and Mercy Maricopa and to the agency where you applied for your benefits.

If you are 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 could be:
- AHCCCS call 602-417-7100 in Maricopa County or 1-800-334-5283 outside of Maricopa County; or go to the HEAPlus member website at www.healthearizonaplus.gov
- Department of Economic Security call 602-542-5065 or 1-800-352-8168
- Social Security Administration call 1-800-772-1213

What is a consent to treatment?
You have the right to accept or refuse behavioral health services that are 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 giving your or
your legal guardian’s permission for you to get behavioral health services. When you sign a “Consent to Treatment” form you are also giving the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) 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. You will be given 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 obtaining documented authorization 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 do not 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.

Is my behavioral health information private?

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

To help arrange and pay for your care, there are times when your information is shared without first getting your written permission. These times could include the sharing of information with:

- 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 can ask to see the behavioral health information in your medical record. You can also ask that the record be changed if you do not 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. Call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. You will receive a response to your request within 30 days. If you receive a written denial to your request, you will 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.

Exceptions to Confidentiality

There are times when we cannot keep information confidential. The following information is not protected by the law:

- If you commit a crime or threaten to commit a crime at the program or against any person who works at the program, we must call the police.
• If you are 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 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.
• Only necessary information to keep you safe is shared.

What are my rights and responsibilities while getting behavioral health services?

You have the right to:
• Be treated fairly and with respect regardless of race, ethnicity, religion, mental or physical disability, sex, age, sexual preference, or ability to pay
• Participate in decisions regarding your behavioral health care and participate in making your Service Plan
• Include any persons you wish in your treatment
• Have your protected health information kept private
• Get your services in a safe place
• Make an advance directive
• Agree to or refuse treatment services, unless the services are court ordered
• Get information in your own language or have it translated at no cost to you
• Complain about the Arizona Department of Health Services
• Complain about the Tribal/Regional Behavioral Health Authorities (T/RBHAs)
• File a complaint, appeal, or grievance without penalty
• Receive good care from providers who know how to take care of you
• Choose a provider within the Provider Network
• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
• Use your rights with no negative action by the Arizona Department of Health Services or Mercy Maricopa
• The same civil and legal rights as anyone else

You also have the right to request and obtain the following information at any time:
• Receive a Member Handbook at least annually from Mercy Maricopa
• The name, location, and telephone number of the current providers in your service area that speak a language other than English and the name of the language(s) spoken
• The name, location, and telephone number of the current providers in your service area that are not accepting new members
• Any limits of your freedom of choice among network providers
• Your rights and protections
• A description of how after-hours and emergency coverage is provided
• A description of what is an emergency medical condition and what are emergency and post stabilization services
• The process for getting emergency services, including the use of the 911 telephone system or local emergency numbers
• The location of providers and hospitals that provide emergency and post stabilization services
• Your right to use any hospital or other setting for emergency care
• Your right to get emergency services without prior approval
• The amount, duration, and scope of your benefits
• The process for getting services, including approval requirements and criteria used to make decisions about the services you can get (See the handbook section titled “What is an approval of services and what are my notification rights?”)
• The extent to which, and how, you may get benefits from out-of-network providers
• The rules for post stabilization care services
• Cost sharing, if any
• How and where to access services including any cost sharing required and how transportation can be provided,
• Advanced directives
• The structure and operation of the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) or ADHS/DBHS contractors
• Physician incentive plans (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)
• Member survey results
• The grievance, appeal and fair hearing procedures and timeframes

To request any of this information, contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

What are my responsibilities?
You have the responsibility to:
• Give information needed for your care to your providers
• Follow instructions and guidelines from your providers
• Know the name of your provider/case manager
• Schedule appointments during regular office hours when possible limiting the use of Urgent Care and Emergency Room facilities
• Arrive on time for appointments
• Tell providers if you have to cancel an appointment before the scheduled time
• Participate in creating your Service Plan
• Be aware of your rights
• Assist in moving towards your recovery
• Take care of yourself
• Treat others with respect and work cooperatively with others

Title 19/21 eligible persons are 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 discardng, your ID card

What is a designated representative?
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 have 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?**
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, and 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 in filing an appeal of the treatment you got, your Service Plan, Inpatient Treatment and Discharge Plan or 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 in filing 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.

If you have questions about designated representatives, call Mercy Maricopa Member Services at **602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711** or the ADHS/DBHS Office of Human Rights at 602-364-4585 or 1-800-421-2124. Hearing impaired individuals may call the Arizona Relay Service at **711** or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.

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**What can I do if I have a complaint about my care?**

If you are not 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.

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

A formal complaint is when 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

Formal complaints can be made either orally or in writing. You can call Mercy Maricopa Grievance System Department at **602-586-1841** or **1-866-386-5794**, or write to:

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 should 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, “What is an appeal and how do I file an appeal?” 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 “What is a Grievance/Request for Investigation for persons determined to have a serious mental illness and how can I file one?” on page 43 for more information.

**What is an appeal and how do I file an appeal?**

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

There are three types of appeals depending on what is being appealed and who is filing the appeal. The three types of appeals are:
1. Appeals for Title 19/21 AHCCCS eligible persons (page 38)
2. Appeals for persons determined to have a serious mental illness (page 41)
3. Appeals for persons 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 the Notice of Action or Notice of Decision and Right to Appeal. 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 Grievance System Department at **602-586-1719** or **1-866-386-5794** or your provider to see if your appeal will be expedited.

You can file an appeal or your legal or authorized representative, including a provider, can 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
To file a written appeal, mail the appeal to:
ADHS/DBHS Office of Grievance and Appeals
150 N. 18th Ave., Ste. 230
Phoenix, AZ 85007

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 a 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 persons**

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 the RBHA or ADHS/DBHS 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 RBHA or ADHS/DBHS will be used when deciding the resolution of the appeal.

**How is my appeal resolved?**

The RBHA or ADHS/DBHS 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 T/RBHA or provider must give you the Notice of Appeal Resolution may be extended up to 14 days. You, Mercy Maricopa or the provider 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 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 continued to receive during the State Fair Hearing process if your appeal is denied at the State Fair Hearing
What 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 should be mailed to:
Mercy Maricopa Integrated Care
Attn: Appeals and Grievances
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

Hearing requests
ADHS/DBHS Office of Grievance and Appeals
150 N. 18th Ave., Ste. 230
Phoenix, AZ 85007

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 the RBHA or ADHS/DBHS. 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 persons determined to have a serious mental illness

Persons asking for a determination of serious mental illness (SMI) and persons who have been determined to have a serious mental illness (SMI) cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.

1Persons 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.
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 funds
- 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 2 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 does not relate to your eligibility for behavioral health services, the next step is a second informal conference with ADHS/DBHS. 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 ADHS/DBHS handles requests for Administrative Hearings.

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 or terminating services is best for you or you agree in writing to reducing or terminating services. If the appeal is not decided in your favor, Mercy Maricopa may require you to pay for the services you received during the appeal process.

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.

Appeals for persons who are not determined to have serious mental illness and Non-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 the RBHA or ADHS/DBHS 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 RBHA or ADHS/DBHS will be used when deciding the resolution of the appeal.

**How is my appeal resolved?**
The RBHA or ADHS/DBHS 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 the provider must give you the Notice of Appeal Resolution may be extended up to 14 days. You, Mercy Maricopa or the provider 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 the decision to deny your appeal

**What 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

ADHS/DBHS Office of Grievance and Appeals
150 N. 18th Ave., Ste. 230
Phoenix, AZ 85007

**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 ADHS 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 ADHS director’s decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

What is a Grievance/Request for Investigation for persons determined to have a serious mental illness and how can I file one?

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. You can make Grievance/Request for Investigation orally or by mail. 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
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

Any grievance concerning physical abuse, sexual abuse or a person’s death must be submitted to ADHS/DBHS. To file an oral or written grievance concerning physical abuse, sexual abuse or a person’s death, contact ADHS/DBHS Office of Grievance and Appeals at 1-800-421-2124 or 602-364-4575. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.

To file a written appeal, mail the appeal to:
ADHS/DBHS Office of Grievance and Appeals
150 N. 18th Ave., Ste. 230
Phoenix, AZ 85007

ADHS/DBHS 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 to investigate, 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 of your right to appeal 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.

What is fraud, waste and program abuse?

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.”

Members need to use behavioral health services properly. It is 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 are not 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.”

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 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 abuse, contact:

• Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711
• ADHS/DBHS Fraud and Abuse Hotline at 602-364-3758; or 1-866-569-4927. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services
• 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
What is an Advance Directive?

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 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 or by court order.
• The designee has the same right as the adult person to get information and 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 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, and
• 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 if Mercy Maricopa providers do not uphold aspects of advance directives, please call Mercy Maricopa Provider Relations 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 at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 to ask more about advance directives or for help with making one.

What is Arizona’s Vision for the delivery of behavioral health services?

All behavioral health services are delivered according to ADHS/DBHS system principles. ADHS/DBHS supports a behavioral health delivery system that includes:
• Easy access to care
• Behavioral health recipient and family member involvement
The 12 principles for the delivery of services to children are:

1. **Collaboration with the child and family**
   - Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes.
   - 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**
   - 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.
   - Implementation of the behavioral health services plan stabilizes the child’s condition and minimizes safety risks.

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

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

5. **Best practices**
   - Behavioral health services are provided by competent individuals who are trained and supervised.
   - Behavioral health services are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based “best practice.”
   - 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.
• Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

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

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

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

9. Stability
• Behavioral health service plans strive to minimize multiple placements.
• 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.
• Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops.
• 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.
• Behavioral health service plans anticipate and appropriately plan for transitions in children’s lives, including transitions to new schools and new placements, and transitions to adult services.

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

11. Independence
• 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.
• Behavioral health service plans identify parents’ and children’s need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. Connection to natural supports
• 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.
The Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems

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

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

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

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

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

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

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

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

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

**Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS)** is the state agency that oversees the use of federal and state funds to provide behavioral health services.

**Arizona Health Care Cost Containment System (AHCCCS)** is the state agency that oversees the 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 is not an action that can be appealed.

**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:

- Placing the patient’s health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment to bodily functions
- 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 T/RBHA to get behavioral health services.

**Notice of Action** is the notice you get of an intended action or adverse decision made by the T/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 T/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 ADHS 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 the purpose of 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 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 T/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 ADHS to deliver or arrange for behavioral health services for eligible persons who are residents of the Federally recognized Tribal Nation.
Section II: Medical Services

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

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. Your health care information will be kept private and confidential, and will be given out only with your permission or if allowed by law.

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

Your Rights as a Member

Information you can get:
- The name of your PCP and/or case manager.
- Annually get a copy of your medical records at no cost to you. You may not be able to get a copy of medical records that are psychotherapy notes put together for a civil, criminal or administrative action.
- A copy of the Mercy Maricopa Member Handbook.
- A description of covered services.
- Information about Mercy Maricopa, its services, providers and your rights and responsibilities as a member.
- The right to request information on whether or not Mercy Maricopa has physician incentive plans (PIP) that affect the use of referral services, the right to know the types of compensation arrangements Mercy Maricopa uses, the right to know whether stop-loss insurance is required and the right to a summary of member survey results, in accordance with PIP regulation.
- The cost to you if you choose to pay for a service that Mercy Maricopa does not cover.
- What treatment choices or other types of care are available to you and the benefits and/or drawbacks of each choice.
- How to get services, including authorization requirements.
- How Mercy Maricopa evaluates new technology to include as a covered service.
- Advance directives and information on how to have medical decisions made for you if you are not able to make them for yourself.
- Changes to your services or what to do if your PCP leaves Mercy Maricopa.

Respect and Dignity

- You can get covered services without concern about payer source, race, ethnicity, national origin (to include those with limited English proficiency), religion, gender, age, mental or physical disability, sexual orientation, and genetic information, ability to pay or ability to speak English.
- You can get quality medical services that support your personal beliefs, medical condition and background in a language you understand.
- You can get interpretation services if you do not speak English or have a hearing impairment to help you get the medical services you need. You may ask for materials in other formats. Call Member Services for assistance.

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 talk with your PCP to get complete and current information about your health care and condition so that you and/or your family understand and can be a part of making decisions about your health care.
• You can be informed about which procedures you will have and who will do them.
• You can get a second opinion arranged outside of the network at no cost to you.
• You can decide who you want to be with you for treatments and exams.
• You can have a female in the room for breast and pelvic exams.
• You can say no to treatment, services or PCPs and be told what may happen if you do not have the treatment. Your eligibility or medical care does not depend on your agreement to follow a treatment plan.
• You can ask Mercy Maricopa to amend or correct your medical records.
• 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.
• You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

**Emergency Care and Specialty Services**
• You can get emergency health care services without the approval of your PCP or Mercy Maricopa when you have a medical emergency. You may go to any emergency room or other setting for emergency care.
• 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 may request a second opinion from another Mercy Maricopa doctor.

**Confidentiality and Privacy**
• You have a right to privacy and confidentiality of your health care information.
• You have a right to talk to health care professionals privately.

**Reporting Your Concerns to Mercy Maricopa**
• Tell us about any complaints or issues you have with your health care services.
• You may file an appeal and get a decision in a reasonable amount of time.
• You can give Mercy Maricopa suggestions.

**Your Responsibilities as a Member**
• **Respect**
  - Respect the doctors, pharmacists, staff and people providing services to you.
  - Protect your member ID card. Do not lose it or share it with anyone.
• **Share Information**
  - Show your member ID card or identify yourself as a Mercy Maricopa member to health care providers before getting services. If you have other insurance in addition to Mercy Maricopa, show your doctor or pharmacist your other insurance ID card as well.
  - If you do not understand your health condition or treatment plan, ask your PCP to explain.
  - Tell your PCP and/or your case manager about any other insurance you may have and apply for other benefits you may be eligible for.
  - Give your PCP all the facts about your health problems, past illnesses, hospital stays, all medications, shots and other health concerns. Let your PCP and/or your case manager know about any changes in your condition.
  - Notify Mercy Maricopa any time you feel a provider or another member is not using health plan benefits correctly.
  - Report changes like your address, telephone number and/or assets, and other matters that could affect your eligibility to your case manager and/or the interviewer at the office where you applied for AHCCCS.
**Follow Instructions**
- Know the name of your assigned PCP and/or your case manager.
- Follow the instructions that you and your PCP have agreed on, including the instructions of nurses and other health care professionals. Ask what can happen if you don’t follow these instructions. Bring your child’s shot record to all your child’s PCP visits.

**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.

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**What is Managed Care?**

In Arizona, behavioral health services are provided through a managed care model. This means that persons getting behavioral health services choose a provider from within a network. The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) have to make sure that behavioral health services are available to their members. Members are persons enrolled with Mercy Maricopa Integrated Care.

In addition to making sure that services are available, Mercy Maricopa must oversee the quality of care given to members and manage the cost.

To find out more about Arizona’s behavioral health service delivery system you can visit the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) website at www.azdhs.gov/bhs/. Contract services are funded in part under contract with the State of Arizona.

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**How do I contact Mercy Maricopa Member Services?**

Member Services is available to help answer your questions. Member Services can help you:
- Learn how to become a member and get behavioral health services
- Learn about the services you can get
- Find a provider, including providers that provide 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. Contact us at 602-586-1841 or 1-800-564-5465. (TTY/TDD) 711. E-mail us by visiting our website www.MercyMaricopa.org. Mercy Maricopa’s office is located at 4350 E. Cotton Center Blvd., Bldg. D, Phoenix, AZ 85040.

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

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**Member Identification Card**

Protect your ID card! Do not give it to anyone except those giving you 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, do not throw away your member ID card. You will not be given another card if you become eligible again.
## Covered Medical Services

<table>
<thead>
<tr>
<th>All Members</th>
<th>Additonal 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</td>
</tr>
<tr>
<td>• Health risk assessments and screenings</td>
<td>bathing, toileting, dressing, walking and other activities that</td>
</tr>
<tr>
<td>• Nutritional assessments</td>
<td>the member is unable to do for medical reasons.</td>
</tr>
<tr>
<td>• Identification and evaluation of hearing loss</td>
<td>• Routine preventive dental services, including oral health</td>
</tr>
<tr>
<td>• Laboratory visits and X-rays</td>
<td>screenings, cleanings, oral hygiene education, X-rays, fillings,</td>
</tr>
<tr>
<td>• Durable medical equipment and supplies</td>
<td>extractions and other therapeutic and medically necessary</td>
</tr>
<tr>
<td>• Medications on Mercy Maricopa's list of covered medicines. Members with</td>
<td>procedures.</td>
</tr>
<tr>
<td>Medicare will receive their medications through Medicare Part D.</td>
<td>• Vision services, including exams and prescriptive lenses (a</td>
</tr>
<tr>
<td>• Emergency care</td>
<td>limited selection of lenses and frames are covered).</td>
</tr>
<tr>
<td>• Care to stabilize you after an emergency</td>
<td>• Outpatient speech, occupational and physical therapy.</td>
</tr>
<tr>
<td>• Home health services (such as nursing and home health aide) instead of</td>
<td>• Conscious sedation.</td>
</tr>
<tr>
<td>hospitalization</td>
<td>• Incontinence briefs, with limitations.</td>
</tr>
<tr>
<td>• Nursing home, when used instead of hospitalization, up to 90 days a year</td>
<td>• Children’s Rehabilitation Services (CRS) (Limitations apply.)</td>
</tr>
<tr>
<td>• Inpatient rehabilitation services, including occupational, speech and</td>
<td>• Additional Services for Qualified Medicare Beneficiaries (QMB).</td>
</tr>
<tr>
<td>and physical therapy</td>
<td>• Respite services.</td>
</tr>
<tr>
<td>• Respiratory therapy</td>
<td>• Chiropractic services.</td>
</tr>
<tr>
<td>• Routine immunizations</td>
<td>• Outpatient occupational therapy.</td>
</tr>
<tr>
<td>• AHCCCS-approved organ and tissue transplants and related prescriptions</td>
<td>• Any services covered by Medicare but not by AHCCCS.</td>
</tr>
<tr>
<td>(Limitations apply.)</td>
<td></td>
</tr>
<tr>
<td>• Kidney dialysis</td>
<td></td>
</tr>
<tr>
<td>• Medically necessary foot care (Limitations apply)</td>
<td></td>
</tr>
<tr>
<td>• Maternity care (prenatal, labor and delivery, postpartum)</td>
<td></td>
</tr>
<tr>
<td>• Family planning services</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>• Medical foods, with limitations</td>
<td></td>
</tr>
<tr>
<td>• Urgent care</td>
<td></td>
</tr>
<tr>
<td>• Hospice</td>
<td></td>
</tr>
<tr>
<td>• Preventative services which include, but are not limited to, screening</td>
<td></td>
</tr>
<tr>
<td>services such as cervical cancer screening including</td>
<td></td>
</tr>
<tr>
<td>• Well-visits (well-exams) such as, but not limited to, well-woman exams,</td>
<td></td>
</tr>
<tr>
<td>breast exams, and prostate exams are covered for members 19 years of age</td>
<td></td>
</tr>
<tr>
<td>and older. Most well-visits (also called checkups or physicals)</td>
<td></td>
</tr>
<tr>
<td>include medical history, physical exam, health screenings, health</td>
<td></td>
</tr>
<tr>
<td>counseling and medically necessary immunizations</td>
<td></td>
</tr>
</tbody>
</table>
## Medical Services Not Covered

<table>
<thead>
<tr>
<th>Members</th>
<th>Other Services That are Not Covered for Adults (age 21 and over). These services are available to Mercy Maricopa Advantage members.</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>For more information on Mercy Maricopa Advantage, please contact Member Services.</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>• Abortions and abortion 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>
<tr>
<td>• Experimental organ transplants, unless approved by AHCCCS</td>
<td></td>
</tr>
<tr>
<td>• Sex change operations</td>
<td></td>
</tr>
<tr>
<td>• Reversal of voluntary sterilization</td>
<td></td>
</tr>
<tr>
<td>• Medications supplies without a prescription</td>
<td></td>
</tr>
<tr>
<td>• Treatment to straighten teeth, unless medically necessary and approved by Mercy Maricopa</td>
<td></td>
</tr>
<tr>
<td>• Prescriptions not on our list of covered medications, unless approved by Mercy Maricopa</td>
<td></td>
</tr>
<tr>
<td>• Physical exams for the purpose of qualifying for employment or sports activities.</td>
<td></td>
</tr>
</tbody>
</table>
## 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 of 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>
</tbody>
</table>
| Orthotics                              | A support or brace for weak joints or muscles. An orthotic can also support a deformed part of the body. | 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 not covered for members over the age of 21 years, except under the following circumstances:

  a. Halos to treat cervical fracture instead of surgery
  b. Walking boots instead of surgery or serial casting
  c. Knee orthotics for crutch dependent ambulation instead of a wheelchair

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. Please see additional information in the “Orthotic Devices” section of the handbook on page 64.
<table>
<thead>
<tr>
<th>Benefit/Service</th>
<th>Service Description</th>
<th>Service Exclusions Or Limitations</th>
</tr>
</thead>
<tbody>
<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 of time 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 of time. 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>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 mental health problems for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age. Although the EPSDT program covers AHCCCS members under age 21, Mercy Maricopa Integrated Care only provides these services to AHCCCS members determined to have serious mental illness ages 18, 19, and 20.

EPSDT services include:
• Screening services
• Vision services
• Dental services
• Hearing services
• All other medically necessary mandatory and optional services listed in federal law 42 USC 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 USC 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 improve physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within one of the 28 optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 28 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 ages 18, 19 and 20. It is 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

Please call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 if you need a Provider Directory. You do not need a referral from your PCP to get dental services. You may 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 ages 18, 19 and 20. 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 years 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 and in the Provider Directory. Please call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 if you do not 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 and older. Most well-visits (also called checkups or physicals) include medical history, physical exam, health screenings, health counseling and medically necessary immunizations. (See EPSDT for well-exams for members under 21 years).

Women’s services

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

It is very important for women who are sexually active to see their PCP or a Mercy 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 one to three years for women who are sexually active or who are 21 years and older. 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 don’t need to see or ask your PCP first. You can find OB/GYN doctors in your Provider Directory or by visiting www.MercyMaricopa.org.

Mercy Maricopa also recommends a mammogram every one to two years for women 40 years and over. You can call your doctor for a mammogram order. You can then schedule your mammogram with the radiology facility. You can find a list of radiology facilities in your area in your Provider Directory or by visiting 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” section at the back of this book or call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Maternity Services

If you are not sure you are pregnant, make an appointment with your PCP for a pregnancy test. As soon as you know you are pregnant and have chosen your OB doctor or nurse midwife, make an appointment right away.

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.

Your PCP and OB/GYN or certified nurse midwife
Pregnant women need special care. It is important to start prenatal care within the first trimester or as soon as you know you are pregnant. If you are pregnant, please call us as soon as possible. We can help you choose an OB/GYN or certified nurse midwife.

You may go directly to a Mercy Maricopa OB doctor for care. You do not 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. Or, 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, 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 are in labor and need a ride to the hospital, please call Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. We will send you a ride right away.

Be prepared when you leave the hospital by making sure you have a car seat to take your baby home in.

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.
Family planning services

Family Planning Services are administered by Aetna Medicaid Administrators LLC. These services are covered at no cost and are available to men and women. 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

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 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, please call Member Services for help.

You may have to pay a part of the cost of the prescription (copayment) based on your AHCCCS eligibility. Copayments are described in the section, “Copayments.”

If you have other insurance (not Medicare), Mercy 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 should not do and possible side effects. If you have questions, please 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.

Diabetes testing supplies

If you have diabetes, Mercy Maricopa covers certain blood glucose meters and test strips. Please see 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.

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.

Medical Transportation (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.

You must call at least three 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 is urgent. You may have to reschedule your appointment. If you have many appointments scheduled, or if you have regular appointments for visits like dialysis, 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.
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 not covered for members over the age of 21 years, except under the following circumstances:

- Halos to treat cervical fracture instead of surgery
- Walking boots instead of surgery or serial casting
- Knee orthotics for crutch dependent ambulation instead of a wheelchair

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.

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.

Tobacco cessation

Arizona Smokers Helpline (ASHLine)

Many people have quit smoking through programs by the Arizona Smokers Helpline (ASHLine). The ASHLine has several valuable and no cost resources. If you want more information to help quit tobacco, please call the 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

How to Get 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.

Your assigned PCP

You are assigned a Primary Care Provider (PCP) from Mercy Maricopa. You are notified of your PCP and how to change your PCP assignment, if you choose to do so, when you get your identification card. Your PCP is the doctor who will manage your health care. The PCP orders your health care services and decides when you need to see a specialist. 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.
• 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

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. And, 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.

See a list of provider groups participating in PCMH. Note: This list is updated on a regular basis.

To find out more about how to participate in a PCMH, please call Mercy Maricopa Member Services.

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 is 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, please 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 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 pregnant, poor oral health may cause your baby to be born too soon and underweight.
**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 go 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 let you know what’s happening.

You may also request a second opinion from another Mercy Maricopa doctor.

**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 days to approve a routine authorization request and three (3) business days to approve an urgent 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 urgent authorization request and it does not meet the criteria for an urgent request, Mercy Maricopa will send you a letter and let you know that it will be processed as a regular request. You can file a grievance if you disagree with an extension of time. Please go to the section on Grievances for more information. If you have questions about whether your service has been authorized, call your PCP. You do not 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. This link is also on the Mercy Maricopa website www.MercyMaricopa.org. If you need help understanding any of these guidelines, please call Mercy Maricopa and ask to speak to a nurse who can help you.

**Types of Care**

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:
- Checkups
- Screenings
- Yearly exams
- Immunizations

**What to do?**
Call your doctor to make an appointment for 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 are not in danger of lasting harm or of losing your life. Examples of urgent care:
- Sore throat
- Flu
- A cut that may need stitches
- Migraines
What to do?
Call your doctor for an appointment or other instructions. Even if it is 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 if 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. 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

What are situations that are not considered an emergency?
Some medical conditions that are NOT usually 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 do not have to call your doctor or Mercy Maricopa first. You do not need prior authorization 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 if 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 www.MercyMaricopa.org/members/mmic/benefits.
Out-of-area coverage

NO emergency services are covered 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. Please call Member Services before your trip so we can help you make arrangements.

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. Do not pay your copayments yourself. Ask your doctor to bill Mercy Maricopa for these copayments.

Please note, if you have Medicare, you are responsible for your pharmacy copayments for Medicare Part D. If you go for non-emergency care to a provider for who is not a Mercy Maricopa approved doctor (check the provider directory) or not with your Medicare HMO, then you will be responsible for paying your Medicare coinsurance, deductibles or copayments (unless this is an emergency situation). Please call Member Services if you have questions.

If you have other health insurance

Call Member Services to provide Mercy Maricopa with the name, address, and phone number of your primary insurance provider.

Tips for if you have insurance in addition to Mercy Maricopa:
• 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
  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, please 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 won’t, 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.

**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, please call Mercy Maricopa Grievance System Department at **602-586-1719** or **1-866-386-5794** between the hours of 8 a.m. and 5 p.m.. After 5 p.m., please contact Mercy Maricopa Member Services at **1-800-564-5465**. Your concerns will be documented and forwarded to the Grievance System Department for resolution.

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 the Grievance System Department for help with any problems related to your care. We will do our best to answer your questions and solve your problem. 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 about the results of your complaint must be given to you in a timely manner. Most complaints should be resolved within 10 business days, but in no case longer than 90 days.

**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>Member requests for many services must be reviewed and approved first by Mercy Maricopa doctors. If Mercy Maricopa decides the services cannot be approved, we will write to you within 14 calendar days and tell you why or 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)

If Mercy Maricopa decides the requested service cannot be approved, or if a service is reduced, suspended or ended, you will 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, what we decided and why, you can call us.

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

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 Part 614 (AMPM 930-1-1-4). 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. 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 or send a letter to:

Mercy Maricopa Integrated Care
Appeals Department
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 authorize 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.

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

If Mercy Maricopa decides that it is 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.

**Changes in your family size or address**

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

**Change of address/out of area move**
If you move outside of Arizona, you need to close your eligibility file in Arizona. Call your eligibility office as soon as possible and tell them when you move to another county or state. When you move to a new state, be sure to sign up for the state medical program. If you move out of the United States, your AHCCCS eligibility will end.
If you lose eligibility

If you lose your AHCCCS eligibility, we want you to be able to get medical care. Here is a list of clinics that offer low cost or no cost medical care. Call the clinics to find out about services and costs. If you have questions or need help call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Low Cost/Sliding Scale Health Care Providers in Maricopa County

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.jcl.com/desert-mission/community-health-center

Maricopa Integrated Health System Family Health Centers
**Website:** www.mihs.org

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](http://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/](http://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/](http://www.nativehealthphoenix.org/)

PS Medical Group
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](http://www.stvincentdepaul.net/programs/medical-clinic)
Additional Health and Information 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/.

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.

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

South Phoenix
4041 N. Central Ave.
Phoenix, AZ 85012
Phone: 602-224-1740
Website: www.nursefamilypartnership.org

Healthy Families Arizona
This program helps mothers have a healthy pregnancy and also 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: 602-542-0218
Website: www.azdes.gov/healthy-families-arizona/

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.

West Valley
6610 N. 47th Ave., Ste12
Glendale, AZ 85301
Phone: 623-334-1501
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

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

Maricopa County 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/headstart/index.html

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.btwchild.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

Golden Gate Head Start
1625 N. 39th Ave.
Phoenix, AZ 85009
Phone: 602-233-0017
Website: www.goldengatecenter.org/headstart.htm

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: 602-232-4919
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
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 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

Community Information and Referral
Community Information and Referral is a call center that can help you find many community services.
Food banks, clothes, shelters, help to pay rent and utilities Health care, pregnancy health, help when you or someone else is in trouble, support groups, counseling, and help with drug or alcohol problems
Financial help, job training, transportation, education programs Adult day care, meals on wheels, respite care, home health care, transportation, homemaker services Childcare, 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
Child and Family Resources Programs include:
• Child Care Resource & Referral, where parents call to get a list of child care centers
• The Center for Adolescent Parents where teen mothers can earn their high school diploma or GED while receiving no cost, 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: 480-845-1445
Website: www.childfamilyresources.org

Low-Fee Dental Services in Maricopa County

Mountain Park Dental Clinics
Baseline Clinic
635 E. Baseline Rd.
Phoenix, AZ 85042

Maryvale Clinic
6601 W. Thomas Rd.
Phoenix, AZ 85033
Phone: 602-243-7277
Website: www.MPHC-AZ.org

Native American Community Health Centers Central
4041 N. Central Ave., Bldg. C
Phoenix, AZ 85012
Phone: 602-279-5262

DMG Children’s Rehabilitative Services 3
141 N. 3rd Ave.
Phoenix, AZ 85013
Phone: 602-914-1520 or 1-855-598-1871

Multispecialty Interdisciplinary Clinic Specialties

Mercy Maricopa has contracted with a multi-interdisciplinary specialty clinic to meet the unique ability to provide the health care requirements of special needs children by offering nearly primary and specialty care in a single location. The clinic provides a full range of pediatric specialty care. The range of available specialties includes family practice, physical and occupational therapy, speech, audiology, plastic surgery, orthopedics and neurology.

St. Vincent de Paul
420 W. Watkins St.
Phoenix, AZ 85003
Phone: 602-261-6868
Website: www.StVincentdePaul.net
**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. 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 prescribed 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 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 & 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 Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) 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.

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### 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 through the use of 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 Department of Health Services to provide maternity care pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 6, Article 7 and Arizona Administrative Code Title 9, Chapter 16 (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

**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