



# 2023-2024 Member Handbook

Because we **care.**

[www.MercyCareAZ.org](http://www.MercyCareAZ.org)



mercy care

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

**Call Mercy Care Member Services**

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

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

**Mercy Care Member Services for members with a SMI designation**

**602-586-1841** or **1-800-564-5465** (TTY **711**)

24 hours a day, 7 days a week

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

**Arizona Behavioral Health Crisis Line**

**1-844-534-4673** or **1-844-534-HOPE** (TTY **711**)

24 hours a day, 7 days a week

Text **HOPE** to **4HOPE (44673)**

**Central Region Peer Operated Warm Line**

*Serving Maricopa, Pinal and Gila counties*

Operated by trained peer counselors who have similar life experiences as you.

24 hours a day, 7 days a week at **602-347-1100**.

**Rally Point Arizona Veteran Help Line**

Call us and you can be connected to a veteran who understands where you've been and where you are now.

24 hours a day, 7 days a week at **1-855-RALLY4U** or **1-855-725-5948**.

**Grievances and Appeals**

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

Fax: **602-351-2300**

**MCGandA@mercycareaz.org**

**Office of Individual and Family Affairs (OIFA)**

Mercy Care

ATTN: OIFA- Mercy Care Committees

4750 S. 44th Place, Ste. 150

Phoenix, AZ 85040

**OIFATeam@MercyCareAZ.org**

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



Follow us @MercyCareAZ

## Personal information and contact information

My Member ID number: \_\_\_\_\_

Primary Care Provider (PCP): \_\_\_\_\_

My PCP's phone number: \_\_\_\_\_

My Pharmacy: \_\_\_\_\_

My Pharmacy's phone number: \_\_\_\_\_

My Pharmacy's address: \_\_\_\_\_

Hospital: \_\_\_\_\_

Case manager: \_\_\_\_\_

My psychiatrist or nurse: \_\_\_\_\_

You can view or download this Member Handbook at [www.MercyCareAZ.org](http://www.MercyCareAZ.org). You can also request a copy be mailed to you by calling Member Services at **602-263-3000** or **1-800-624-3879** (TTY **711**), Monday through Friday, 7 a.m. to 6 p.m. [Members with a SMI designation can call Member Services at \*\*602-586-1841\*\* or \*\*1-800-564-5465\*\* \(TTY 711\) 24 hours a day, 7 days a week.](#)

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

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

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



# Table of contents

<b>Introduction</b>	3
Welcome to Mercy Care	3
Your Member Handbook and member materials	3
Mercy Care website	4
Important contact information	4
Getting care after hours	6
Telehealth services	6
Behavioral health crisis services	6
How to get substance use disorder services and opioid information	10
Culturally competent services	11
Language, interpretation services and alternate formats	12
Nondiscrimination Notice	13
Multi-language Interpreter Services	14
Provider directory	16
About Mercy Care	16
About our providers	17
Member identification (ID) card	18
Your responsibilities as a member	18
Reporting changes in family size or address	19
Out-of-area coverage	20
Health plan changes	20
Involving family and friends in your care	21
Transition of care if you change health plans or providers	22
<b>Information about services</b>	23
Types of care	23
Transportation services (rides)	24
Smartphones at no cost to you	25
Services that are covered	26
Additional covered services and important information for members with a SMI designation	28
Designated representative or an advocate	30
Behavioral health “best practices”	31
Available behavioral health services for members with a SMI designation	31
Services that are not covered	34
Experimental services and treatments	35
Limited and excluded services	35
Access to grant-funded covered services	37
Accessing services covered under grant funds	38
Housing services	38
Information about employment services	39
Home and community-based services	41
End of life care	42
Referrals	42
Augmentative and Alternative Communication (AAC) devices	43
Accessing services not covered due to moral or religious objections	44
Information for American Indian members	44
How to obtain a primary care provider (PCP)	45

Appointment availability timelines.....	47
Well visits (well exams).....	48
Women’s services.....	49
Well-woman preventive care.....	50
EPSDT/Children’s services (same as well-child visits).....	51
Maternity services.....	55
Human Immunodeficiency Virus (HIV) testing.....	59
Family planning services and supplies.....	59
Dental services.....	60
Disease management services.....	62
Pharmacy services.....	62
Exclusive prescriber program.....	65
Referral process for obtaining a SED designation.....	65
Referral process for obtaining a SMI designation.....	66
Behavioral health services.....	66
Multi-specialty interdisciplinary clinics.....	73
Children’s Rehabilitative Services (CRS).....	73
Member Councils.....	76
<b>Important information</b> .....	76
Prior authorizations.....	76
Restrictions on freedom of choice among providers.....	78
Copayments (for ACC-RBHA members with or without a SMI designation).....	78
Getting bills for services.....	81
Low Income Subsidy (LIS) program.....	81
Other health insurance.....	82
Dual eligibility Medicare and Medicaid services.....	82
Dual-eligible members: payment for medications.....	83
Authorizations.....	83
Grievances and appeals.....	85
Filing complaints for Non-Title 19/21 members and members without a SMI designation.....	93
Opt-out process.....	94
Health plan Notices of Privacy Practices.....	95
Your rights and responsibilities.....	96
Physician Incentive Plans.....	99
Fraud, waste and abuse.....	99
Quitting tobacco.....	100
Decisions about your health care.....	101
Common questions.....	102
<b>Resources</b> .....	103
Community resources.....	103
No-cost immunization/vaccination clinics.....	126
If you lose eligibility resources.....	130
Low-fee dental services.....	133
Advocacy.....	134
Arizona Long Term Care and Supports (ALTCS) advocacy.....	137
Domestic violence resources.....	140
Definitions.....	140
Definitions for maternity care services.....	144

# Introduction

---

## Welcome to Mercy Care

---

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

You have many benefits and services available to you. You have access to a variety of health care providers and community resources. You can count on us. We’ll connect you to the care you need, when and where you need it. We’re here to help.

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

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

---

## Your Member Handbook and member materials

---

**Please read this handbook. You can learn about:**

- Your rights and responsibilities as a member
- How to get physical and behavioral health care
- How to get help with appointments
- Tips to keep you healthy
- Your health care privacy
- Services that are covered
- Services that aren’t covered
- What makes an emergency
- What to do if you disagree with a decision about your treatment
- And much more

This handbook has some words that might be hard to understand. To help you, we have a section at the end of the member handbook with definitions for words used in health care.

This handbook is available for Mercy Care members in large print, on CD or digital audio file (MP3) by request to Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\) 24 hours a day, 7 days a week.](#) If you need this handbook in a different format, you can get it at no cost to you. You can get a printed copy of this handbook mailed to you, at no cost to you. We can also send you a full-page magnifier if needed. This handbook is available in other languages, including Arabic and Vietnamese. You can also read the handbook online at [www.MercyCareAZ.org](http://www.MercyCareAZ.org).



Information specifically for members enrolled with the Division of Developmental Disabilities (DDD) is printed in this cranberry color throughout the handbook. The graphic to the left will also appear next to the text. All other text in black font also applies to DD members.



Information specifically for ACC-RBHA members with a SMI designation is printed in this purple color throughout the handbook. The graphic to the left will also appear next to the text. All other text in black font also applies to ACC-RBHA members with a SMI designation.

### Member information materials in electronic formats

Mercy Care’s member information materials are available in an electronic format. This includes the member handbook, provider directory, newsletters and much more. You can find these on our website at **www.MercyCareAZ.org**. If you receive printed documents and you prefer to get them in an electronic format, let us know. You can call Mercy Care Member Services toll-free at **602-263-3000** or **1-800-624-3879** (TTY 711) and ask for the information to be sent to you electronically, such as by email. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) 24 hours a day, 7 days a week.

### Mailed member materials

If you do not have access to the internet or email, you can get materials mailed to you at no cost to you. You can call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) to request a material to be mailed to you. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) 24 hours a day, 7 days a week.

---

## Mercy Care website

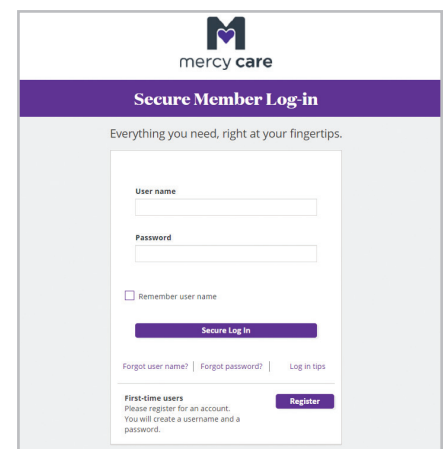
Visit our website at **www.MercyCareAZ.org**. You can view member newsletters and get the latest information on Mercy Care. You can search for a doctor, pharmacy, urgent care, telehealth provider or hospital near you. The website is available in English, Spanish and Arabic. Use the settings on your web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

### Mercy Care Web Portal

You can get your health information by going to our secure web portal. Go to **www.MercyCareAZ.org** and click on the **Mercy Care Web Portal**. If you’re a first-time user, follow the prompts to create a login. Then you can use the portal.

With your secure login, you can:

- Request a new member ID card
- View your member ID card
- Look up the status of a claim
- Check the status of a request pending authorization
- Look up your assigned Primary Care Provider (PCP)




---

## Important contact information

### Mercy Care Member Services

Mercy Care Member Services can answer questions about benefits, help you find a doctor, arrange rides to medical appointments and help you get health care services. Representatives are available to help you Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). For members with a SMI designation, Member Services is available to help you at **602-586-1841** or **1-800-564-5465** (TTY 711) 24 hours a day, 7 days a week.



Member Services can answer your questions and can help you:

- Learn about the services you can get
- Find a provider, including providers who offer services after normal business hours
- Make a complaint or give positive feedback about services

### **Medical Management**

Mercy Care’s Medical Management program assists members and providers with using the right services to help members get and stay healthy. Medical Management reviews and coordinates care for members so they get the proper treatment to improve their health. Medical Management also develops new processes as needed. They help members access high-quality care that is timely, effective, efficient and safe. Call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) and ask to speak with someone in Medical Management. **Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).**

### **Grievances and Appeals**

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

Monday through Friday 8 a.m. to 5 p.m.  
Phone: **602-586-1719** or **1-866-386-5794**  
Fax: **602-351-2300**  
**MCGandA@mercycares.org**

### **Office of Individual and Family Affairs (OIFA)**

The Office of Individual and Family Affairs (OIFA) promotes recovery, resilience and wellness for individuals with mental health and substance use challenges. OIFA builds partnerships with individuals, families of choice, youth, communities and organizations. We collaborate with key leadership and community members in the decision-making process at all levels of the behavioral health system.

Mercy Care  
ATTN: OIFA – Mercy Care Committees  
4750 S. 44th Place, Ste. 150  
**OIFATeam@MercyCareAZ.org**

### **Nurse Line**

Our nurse line is available 7 days a week, 24 hours a day to answer general medical questions. Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) and select the option for the Nurse Line. **Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) and select the option for the Nurse Line.**



### **DD and CRS Care Management and coordination**

If you need to contact your DD Support Coordinator prior to your next scheduled visit, call them directly. Your Support Coordinator’s phone number is listed on the business card they left you. You can also write it in the space provided at the front of this handbook. You should call your Support Coordinator if you have a change in diagnosis, a change in primary or commercial insurance, a change in your overall wellness requiring ongoing nursing services or if you suspect any abuse, neglect or exploitation.

You may also have a care manager from Mercy Care assigned to you for short-term acute needs. A care manager does not take the place of your assigned support coordinator. The care manager will work with the support coordinator and other members of your care team to help you get the best care possible. You are welcome to call your care manager directly between the hours of 8 a.m. and 5 p.m. You may call your support coordinator or care manager if you have a change in diagnosis, a change in your overall wellness requiring ongoing nursing services or if you suspect any abuse, neglect or exploitation. If you cannot get in touch with your care manager or do not know the name of your care manager, call Mercy Care Member Services.

If you have questions about your DD or CRS benefits or services, you can call Member Services Monday through Friday from 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711).

---

## Getting care after hours

---

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

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

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

For example:

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

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

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

---

## Telehealth services

---

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

---

## Behavioral health crisis services

---

A crisis can be any situation where someone is experiencing thoughts, feelings, or circumstances they are no longer able to deal with. A crisis can look different for different people. It may include suicidal thoughts, substance use, anxiety, psychosis or social issues. According to AHCCCS' crisis FAQs, a good sign that someone may be in crisis is a sense of urgency to resolve the situation or thoughts as quickly as possible. Not doing so may put them or others in harm's way: **<https://azahcccs.gov/BehavioralHealth/Downloads/FrequentQuestionsAboutCrisisServices.pdf>**.

Crisis services can be any number of behavioral health services that can help a person when they are experiencing a crisis. In Arizona, the crisis system includes a crisis phone line, crisis mobile teams and crisis facilities providing observation and stabilization. Each crisis provider has trained staff to help resolve the crisis as quickly as possible. While crisis experts can attempt to help a person who does not want care, services are voluntary and most effective for individuals who are willing to receive them.

There many supports and services that can help when you're having a behavioral health crisis. They can also help if you are having an issue with substance use. They can help if you need guidance from someone with lived experiences. They can help if you're experiencing homelessness. Supports can also help you find and keep a job or a home.

Your physical, behavioral and social needs affect your overall health. That's why our focus is on the whole person. We help you reach your physical and behavioral health goals. We engage others around you. This includes your family, friends, providers and others in the community – anyone you choose to walk with you on your path to recovery.

Behavioral health can affect people of any age, gender, income, race or religion. It can affect how you think, feel and act. Sometimes, symptoms are mild. Other times, they're more serious and last longer. Either way, feeling better is always possible.

### **How to get behavioral health services**

You do not need a referral from your doctor for behavioral health services. You can call Member Services and ask to connect to a behavioral health home near you. If you need a ride to an appointment, call Member Services at least three (3) days before your appointment.

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

If you think you might hurt yourself or someone else, or if you are having thoughts of suicide you can call the crisis line. You can also call the crisis line if you are feeling overwhelmed and it's hard to cope with stressful things in your life. Trained specialists are available around the clock, every day of the year to help. You may also call the crisis line if you are concerned for someone else who may be struggling.

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

State and national crisis lines:

- Arizona Behavioral Health Crisis Line: **1-844-534-4673** or **1-844-534-HOPE**, Text **HOPE** to **4HOPE (44673)**, or chat with a specialist at **<https://crisis.solari-inc.org/start-a-chat>**.
- National suicide prevention hotline: Dial **988**
- Salt River Pima Maricopa Indian Community: **1-855-331-6432**
- Gila River and Ak-Chin Indian Communities: **1-800-259-3449**
- Fort McDowell Yavapai Nation: **480-461-8888**
- San Lucy District of the Tohono O'odham Nation: **480-461-8888**
- Tohono O'odham Nation: **1-844-423-8759**
- Pascua Yaqui Tribe: Tucson **520-591-7206**; Guadalupe **480-736-4943**
- White Mountain Apache Tribe: **928-338-4811**
- Navajo Nation: **928-551-0508**
- Veterans Crisis Line: **1-800-273-8255**, press **1**

- National crisis text line: **Text HOME to 741741** about any type of crisis  
<https://www.crisistextline.org/text-us/>
- Teen Lifeline: Call or text **602-248-TEEN (8336)**

### **Warm Lines:**

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

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

**If you have a medical emergency, dial 911.**

### **Crisis Mobile Teams**

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

### **Crisis facilities in Maricopa County**

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

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

#### **Crisis observation and stabilization:**

##### **Connections AZ Urgent Psychiatric Care Center (UPC)**

###### **Adults**

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

##### **RI International Recovery Response Center (RRC)**

###### **Adults**

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

**Community Bridges Community Psychiatric Emergency Center (CPEC)**

**Adults**

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

**Community Bridges West Valley Access Point (WVAP)**

**Adults**

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

**23-Hour Psychiatric Observation operated by Mind 24/7**

**Higley**

**Adults and Youth/Children**

1138 S Higley Rd.  
Mesa, AZ 85206  
844-MIND247

**Thomas**

**Youth/Children**

2728 N 24th St,  
Phoenix, AZ 85008  
844-MIND247

**Metro**

**Adults and Youth/Children**

10046 N Metro Pkwy W,  
Phoenix, AZ 85051  
844-MIND247

**Camelback**

**Adults and Youth/Children**

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

**Detox and crisis centers:**

**Community Bridges Central City Addiction Recovery Center (CCARC)**

**Adults**

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

## **Community Bridges East Valley Addiction Recovery Center (EVARC)**

### **Adults**

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

## **Crisis Facility in Pinal County**

### **Community Bridges Casa Grande**

#### **Adults**

675 E. Cottonwood Lane  
Casa Grande, AZ 85122

## **Crisis Facility in Pima County**

### **Connections AZ Crisis Response Center (CRC)**

Adults and Youth/Children  
2802 E. District St.  
Tucson, AZ 85714  
520-301-2400

## **Adult crisis respite services**

### **RI International Recovery Crisis Respite Program (RCRP)**

11361 N. 99th Ave, Ste. 107  
Peoria, AZ 85345  
602 636 4380

## **Developing a safety plan**

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

Mercy Care's Office of Individual and Family Affairs (OIFA) is here to support you on your unique recovery journey. The OIFA team has the lived experience to support you and your family of choice. You can contact OIFA at:

Mercy Care  
ATTN: OIFA – Mercy Care Committees  
4750 S. 44th Place, Ste. 150, Phoenix, AZ 85040  
**OIFATeam@MercyCareAZ.org**

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

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

---

## **How to get substance use disorder services and opioid information**

---

You do not need a referral from your PCP to begin substance use services. To begin your recovery efforts, simply call a behavioral health provider directly to set up an appointment. There are services throughout Arizona to

help you with recovery. If you need help finding services, providers or transportation, you can also call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). **Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465** (TTY 711).

### **24/7 Access Points**

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

#### **CODAC Health, Recovery and Wellness**

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

#### **Community Bridges, East Valley Addiction Recovery Center**

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

#### **Community Medical Services**

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

#### **Intensive Treatment Systems, West Clinic**

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

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

---

## **Culturally competent services**

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

You should always use providers who are in the Mercy Care network. You can get covered services and be treated fairly regardless of:

- Payer source
- Ability to pay
- Ability to speak English
- Race
- Ethnicity
- Color
- National origin (including those with limited English proficiency)
- Religion
- Age
- Mental or physical disability

- Sexual orientation
- Gender – including but not limited to discrimination based on pregnancy, sex stereotyping and gender identity

You can get quality medical services that support your personal beliefs, medical condition and background in a language that is easier for you understand. Mercy Care values and respects all cultures. We understand that beliefs about causes, prevention and treatment of illness can vary among cultures. You have the right to learn about care or treatment choices available to you and the benefits and/or drawbacks of each choice. You can get this information in a way that helps your understanding, is appropriate to your medical condition and in a language you speak. You can contact Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

---

## **Language, interpretation services and alternate formats**

---

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

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

You can get materials in multiple languages, in American Sign Language (ASL), get auxiliary aids and get printed information for the visually impaired. You can ask for these materials at no cost to you by calling Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

### **Printed information for visually impaired members**

If you have a visual impairment and you need this Member Handbook or other materials, such as notices and consent forms, in a large print, Braille or audio format. Contact your provider or Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#) You can get materials in an alternative format at no cost to you. You can also visit [www.MercyCareAZ.org](http://www.MercyCareAZ.org) to view the handbook in large print or other languages.

### **Interpretation services**

You can get phone, on-site or video interpretation for your health care visits at no cost to you. Your Primary Care Provider (PCP) or specialist may also call an interpreter through our language line during your visit. If you need help in your language or if you have a hearing impairment, call Mercy Care Member Services Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

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

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

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



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

If you have any questions or need help, please contact Member Services. They are available Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\) 24 hours a day, 7 days a week.](#)

---

## **Nondiscrimination Notice**

---

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

### **Mercy Care:**

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

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

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

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

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



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

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

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

### **Sign language interpreters and auxiliary aids**

If you're Deaf or hard of hearing, you can ask for auxiliary aids from your provider or schedule a sign language interpreter to meet your needs. Your provider must offer these services at no cost to you.

Auxiliary aids are things like computer-aided transcriptions, written materials, assistive listening devices or systems and closed and open captioning.

Sign language interpreters are skilled professionals. They're certified to provide interpretation, usually in American Sign Language, to the Deaf. You can get a listing of sign language interpreters and the laws regarding Arizona interpreters. Visit the Arizona Commission for the Deaf and the Hard of Hearing at **www.acdhh.org**. Or call them at **602-542-3323** (Video Phone); **602-364-0990** (TTY); **1-800-352-8161** (Video Phone/TTY) or; **480-559-9441** (Video Phone).

### **Providers who meet your cultural, language needs**

You can search the online provider directory to find the right provider for you. That includes finding a provider who speaks the language most comfortable to you.

You can go to **www.MercyCareAZ.org** and click on Find a Provider at the top of the page. You can select the language you want from the choices under "Provider Language."

Member Services can also help you find a provider who speaks your language. If there isn't a provider who speaks the language you're looking for, Member Services will set up interpretive services at no cost to you.

### **Accommodating physical disabilities**

If you need a provider office that accommodate members with physical disabilities, call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). They can help you find the right provider for you.

### **How to get help coordinating complex health care or care management**

If you need help coordinating complex health care needs or if you need care management, you can contact Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#) Member Services can help find the right provider for you. They may also refer you to care management for more help.

If you go to a provider's office for an appointment, give them your Mercy Care ID card. If they tell you that they are not part of the Mercy Care network, please call Member Services right away at **602-263-3000** or **1-800-624-3879** (TTY 711). They will tell you what to do. [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

## Our affirmative statement about incentives

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

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

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

All our members should receive the right health care. If you want more information on this, call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

---

## Provider directory

---

A provider directory is a listing of Mercy Care doctors and other providers of health care services. There is a searchable online provider directory on our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org) by selecting "Find a Provider" .

You can find information about Mercy Care providers such as:

- Primary Care Providers (PCPs)
- Specialists
- Hospitals
- Pharmacies
- Urgent care centers
- Behavioral health and substance use providers

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

Mercy Care's online provider directory is the most current version of the directory. It is updated nightly. You can contact Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) for a paper copy of the provider directory at no cost to you. [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

---

## About Mercy Care

---

Mercy Care is a managed care health plan contracted with the Arizona Health Care Cost Containment System (AHCCCS), the Arizona Department of Economic Security Division of Developmental Disabilities (DDD) and the Department of Child Safety Comprehensive Health Plan (DCS CHP). AHCCCS is Arizona's Medicaid agency. Mercy Care serves AHCCCS Complete Care members living in the Central Geographic Service Area or GSA. This service area includes Maricopa, Pinal and Gila counties.



Mercy Care serves DD members in all 15 Arizona counties.



Mercy Care also provides integrated health care for members with a Serious Mental Illness (SMI) designation living in the Central GSA. However, the zip codes 85542, 85192 and 85550 are part of the South GSA.

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

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

As a managed care health plan, we provide health care to our members through a select group of doctors and other providers, hospitals and pharmacies. This is called a provider network. You will need to go to the doctors and other providers who are part of our provider network so that you don't have to pay for services yourself.

---

## About our providers

---

A provider network is a group of providers who contract with Mercy Care. They may provide behavioral or physical health services or both. Your provider helps you manage your care. They'll work with you to come up with a treatment plan. They can also refer you to other services to improve your health and wellness.

Mercy Care Member Services can help you choose providers from within the provider network. If you'd like to pick a provider because it's convenient, close to you or it's your cultural preference, just let us know when you call. Some providers may not be taking new members. You can find out whether providers in the Mercy Care network are accepting new members by calling the provider or Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465](#) (TTY 711).

A Primary Care Provider (PCP) is a doctor or other provider who will coordinate most of your care. Some PCPs are family practice, general practice, internal medicine doctors, pediatricians or OB/GYNs. PCPs may also be physician assistants or nurse practitioners. You will see your PCP for routine and preventive care. The PCP will evaluate your health during your visit and decide if you need to see a specialist or have tests performed. Provider Clinical Practice Guidelines are available at [www.MercyCareAZ.org](http://www.MercyCareAZ.org).

Your health care is important to us. Mercy Care chooses the doctors and other providers in our network very carefully. They must meet strict requirements to care for our members. We regularly check the care they give you. If you need more information about your provider, contact the organizations below:

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

---

## Member identification (ID) card

---

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

### About your ID card

- Your ID card will have your name, AHCCCS ID number and the name of your health plan – Mercy Care.
- If you have an Arizona driver's license or state issued ID, AHCCCS will get your picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). When providers pull up the AHCCCS eligibility verification screen, they will see your picture (if available) with your coverage details.
- Protect your ID card! Do not give it to anyone except those providing your health care services. If you loan, sell or give your ID card to anyone else, you may lose your AHCCCS benefits and legal action may be taken against you.
- If you do not get your ID card, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\)](#). Or you can order a replacement Mercy Care ID card through the member portal or Mercy Care's mobile app. Just log in to the portal or the app and click on "My ID Card." You can log in to the portal by going to [www.MercyCareAZ.org](http://www.MercyCareAZ.org). You can download the Mercy Care app on the Apple or Android app stores.

### Reminders: Your member ID card

- If you lose your ID card, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\)](#).
- Be sure to carry your ID card with you and show it to your health care providers every time you get services.
- Keep your ID card even if you lose eligibility.

---

## Your responsibilities as a member

---

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

### Respect

- Respect the doctors, pharmacists, staff and all people providing services to you.

### Share information

- Show your member ID card or identify yourself as a Mercy Care member to health care providers before getting services. If you have other insurance in addition to Mercy Care, show your doctor or pharmacist your other insurance ID card as well.
- If you do not understand your health condition or treatment plan, ask your PCP to explain.
- Tell your PCP the name of other insurance plans you may have. Apply for benefits for which you may be eligible through your additional insurance.
- Give your doctors, and your case manager if you have one, all the facts about your health problems. This includes past illnesses, hospital stays, all medications, shots and other health concerns. Let your doctors and/or your case manager know about any changes in your condition.
- Notify Mercy Care any time a provider or another member is not using your health plan benefits correctly.



- Report changes that could affect your eligibility to the interviewer at the office where you applied for AHCCCS. This may include address, phone number, assets and other matters.

### Follow instructions

- Know the name of your assigned PCP and doctors.



- DD members or guardians, know the name of your care manager if you have one.
- CRS members or guardians, know the name of your care manager if you have one.
- Follow the treatment instructions that you and your PCP have agreed on, including instructions from nurses and other health care professionals.
- Bring your child's shot record to all your child's PCP visits.

### Provider Appointments

- Schedule appointments during office hours instead of using urgent or emergency care.
- Keep appointments. Go to your appointments on time. Call your PCP's office ahead of time when you cannot keep your appointment.

### Members with a SMI designation

- Participate in recovery
- Know the name of your doctors and/or your case manager
- Participate in creating your Service Plan

---

## Reporting changes in family size or address

---

### Changes in family size

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

### Change of address/out-of-area moves

If Mercy Care does not have your correct address, you may not get important information we send to you. If you move to a new address within Arizona, you must report your new address to the office that helped you with your AHCCCS eligibility. You can update your address, phone number or email address at **[www.healtharizonaplus.gov](http://www.healtharizonaplus.gov)**.

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. Below is who to contact:

- If you became eligible through the AHCCCS KidsCare office, call **602-417-5437** or **1-877-764-5437**.
- If you became eligible through the Department of Economic Security (DES), call **1-855-777-8590**.
- If you became eligible through the Social Security Administration, call **1-800-772-1213**.



- If you are a member enrolled with the Division of Developmental Disabilities (DDD), call your DDD Support Coordinator to report your new address. They will help you with any changes you need to make. You may also call the DDD Customer Service Center at **1-844-770-9500, option 1**.
- **If you move, your AHCCCS services could be impacted. Please read this information about moves and AHCCCS services.** Mercy Care serves AHCCCS Complete Care members in Maricopa, Gila and Pinal counties. If you move out of the Mercy Care service area, you will no longer be able to choose Mercy Care for your AHCCCS benefits.



If you are a DD member, you may continue to receive your AHCCCS benefits through Mercy Care. Mercy Care serves DD members in all 15 counties.

- If you move outside of Arizona, you'll no longer have AHCCCS benefits.
- If you move to another state within the United States, you can sign up for their state medical benefits (Medicaid) program. Please note different states have different eligibility requirements for their Medicaid programs.
- If you move out of the United States, you are no longer eligible to receive AHCCCS benefits or any other Medicaid benefits from the United States.

If you move, you should tell your provider and Mercy Care right away. You can call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#) This will help make sure you continue to receive your services and/or medications.

You may need to change to a new provider and/or T/RBHA. If that happens, your provider will ask you to sign a release of information so the new provider and/or T/RBHA can transfer your services. Once you give written permission, your provider and Mercy Care can give your records to the new provider. Mercy Care or your provider can help you with a referral to a new provider and/or T/RBHA. You call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

If you're moving out-of-state or out of the country, the T/RBHA may be able to connect you to services in your new location. However, if you move out of the state or out of the country, you won't be eligible for AHCCCS services.

If you lose your AHCCCS eligibility, we want you to be able to get care. At the end of this handbook, we provide a list of clinics that offer low cost or no cost medical care. You can call the clinics to find out about services and costs.

---

## Out-of-area coverage

---

### **NO services are covered outside the United States.**

If you become sick in a non-Mercy Care County or another state, Mercy Care will pay only for emergency services. For a list of these services, please refer to the section "Covered Services." If you have an emergency while away, go to the closest emergency room.

Show your member ID card to the hospital and tell them you are a Mercy Care member. Ask the hospital to send the bill to Mercy Care for payment. Do not pay the bill yourself.

**Follow-up/routine care that is not related to an emergency is not covered while you are away.** This includes prescriptions. You should get follow-up care from your PCP. Mercy Care may approve health care services that are only available away from where you live. If this happens, we may pay for your transportation, lodging and food costs. Mercy Care will only pay for these services if they are approved by Mercy Care first. Please call Member Services before your trip so we can help you make arrangements.

---

## Health plan changes

---

Once a year, on the date you first enrolled with AHCCCS, you will have a chance to change your health plan. This is called Annual Enrollment Choice. AHCCCS will send you a notice and information about each health plan two (2) months before the date you can change. If you think you may want to change your health plan, please call Member Services first. We can help you with any concerns you may have about Mercy Care.



If you need to change your health plan, call AHCCCS at **602-417-7000** or **1-800-334-5283**. Below are some reasons why you might need to make a change.

1. You were not given a choice of health plans.
2. You were not notified of your Annual Enrollment Choice.
3. You got your Annual Enrollment Choice letter but were not able to change your health plan due to events out of your control.
4. Other members in your family are in another health plan (unless you were given a choice during the Annual Enrollment Choice process and did not choose to change).
5. You are a member of a special group and need to be in the same health plan as the special group.
6. You came back on AHCCCS within 90 days and were not put back on the health plan you had before.
7. You need to stay with your doctor who is not a Mercy Care network doctor because you are pregnant. If you need to change your doctor, please call Mercy Care Member Services.
8. You need to stay with your current doctor to ensure continuity of care and they are not part of Mercy Care network. If you need to change your doctor, please call Mercy Care Member Services.



Current DD members can change their DDD Health Plan during their birth month. DD members interested in changing their DDD health plan should contact their Division of Developmental Disabilities Support Coordinator or DDD Member Services at **1-844-770-9500, ext. 7**.

---

## **Involving family and friends in your care**

---

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

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

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

Mercy Care also has a form you can sign to allow us to talk with your friends or family. You can get more information by calling Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).



### **ALTCS transitional program**

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

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

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

---

## **Transition of care if you change health plans or providers**

---

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

- Annual enrollment choice.
- Open enrollment.
- Health plan changes permitted by policy, including special health care needs program. Such programs can be CRS or a SMI diagnosis.
- Changes to Fee-For-Service programs. Such programs include Tribal ALTCS, TRBHAs, DDD Tribal Health Program (THP) and the American Indian Health Plan (AIHP).
- Eligibility changes.
- SMI decertification.
- This policy is also followed to transition members in the middle of care to a different health care provider if a provider leaves Mercy Care's network.

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

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

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

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

- Assign each new member to a PCP.
- Mail Mercy Care information to each new member.
- Involve all Mercy Care staff, medical providers and other health plans as needed to ensure services continue without disruption.
- Coordinate care for members with special health care needs.
- Extend previously approved prior authorizations for a minimum of 30 days from the date of transition.
- Provide a minimum of 90 days to transition children and adults with special health care needs from an out-of-network PCP to an in-network PCP.
- Allow members in active treatment with an out-of-network provider or facility to continue through the duration of their prescribed treatment (including but not limited to chemotherapy, pregnancy, drug regime or scheduled procedure).
- Monitor the continuity and quality of care.
- Maintain confidentiality of information in documents accessed and shared during a member's transition.

# Information about services

## Types of care

There are three different kinds of care you can get: Routine, Urgent and Emergency.

The chart below gives you examples of each type of care and tells you what to do. Always check with your doctor if you have questions about your care.

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

Type of care	What to do
<p><b>Emergency</b> – This is when you have a serious medical condition and are in danger of lasting harm or the loss of your life. For example:</p> <ul style="list-style-type: none"> <li>• Poisoning.</li> <li>• Deep cuts.</li> <li>• Overdose.</li> <li>• Broken bones.</li> <li>• Car accident.</li> <li>• Serious burns.</li> <li>• A cut that may need stitches.</li> <li>• Trouble breathing.</li> <li>• Sudden chest pains (heart attack).</li> <li>• Convulsions (seizures).</li> <li>• Very bad bleeding, especially if you are pregnant.</li> <li>• Signs of stroke (numbness/weakness in face, arm, or leg, or trouble seeing with one or both eyes).</li> <li>• Suicidal or homicidal thoughts.</li> </ul> <p>In an emergency, a qualified emergency room will provide services that evaluate your condition. You will also get medical treatment to help stabilize you. This may include admission to a hospital.</p>	<p><b>Call 911 or go to the nearest emergency room. You do not have to call your doctor or Mercy Care first.</b></p> <p>You do not need prior authorization to call <b>911</b> or to get emergency services.</p> <p>If you can, show them your Mercy Care ID card and ask them to call your doctor.</p>
<p><b>What is not an emergency?</b></p> <p>Some medical conditions that are NOT usually emergencies include:</p> <ul style="list-style-type: none"> <li>• Flu, colds, sore throats, earaches.</li> <li>• Urinary tract infections.</li> <li>• Prescription refills or requests.</li> <li>• Health conditions that you have had for a long time.</li> <li>• Back pain.</li> <li>• Migraine headaches.</li> </ul>	

---

## **Transportation services (rides)**

---

If necessary, Mercy Care can help you get to your AHCCCS-covered health care visits. **Before** you call Mercy Care for help, see if a family member, friend or neighbor can give you a ride. If not, call us as soon as you make your appointment so we can set up a ride for you. If you can ride the bus, we will send you bus tickets or passes at no cost to you.

If you need a ride, call Member Services at least three (3) days in advance. **If you call the same day, we may not be able to arrange a ride for you in time, unless it is urgent. You may have to reschedule your appointment.**

If you have many appointments scheduled, or if you have regular appointments for visits like dialysis, please call Member Services to set up rides all at one time.

After your appointment, call your transportation provider to arrange a ride home.

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

## Tips for getting a ride

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

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

If you have a behavioral health emergency, call the Arizona Behavioral Health Crisis Line at **1-844-534-4673** or **1-844-534-HOPE** (TTY 711). They're available 24 hours a day, 7 days a week.

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



Title 19 members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Please note, Non-Title 19 members are only eligible for rides to behavioral health appointments.

### Transportation to behavioral health appointments (rides) for members with a SMI designation

You may be able to get a ride to and from non-emergency services for covered behavioral health services, such as medication appointments. You can contact your case manager or your behavioral health home to ask if you can get a ride to behavioral health services. Behavioral health transportation must be set up by the member's health home.

---

## Smartphones at no cost to you

You may be able to get cell service plus a smartphone at no cost to you through the government's Affordable Connectivity Program or Lifeline program. To apply, go to <https://mercyar.es/lifeline>. If you don't have access to the internet, or if you need help filling out the form, you can call Member Services to assist you. Mercy Care Member Services can be reached at **602-263-3000** or toll-free at **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#) You will have to show proof of eligibility to enroll into the Assurance Wireless phone program.

Assurance Wireless service includes:

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

For more information, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) or go to [www.MercyCareAZ.org](http://www.MercyCareAZ.org). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

## Pyx Health

No one should go through life's challenges alone. That's why Mercy Care members have access to the Pyx Health app. You can speak to helpful humans over the phone about Mercy Care and resources that are available to you. You can also chat with the compassionate robot friend, Pyxir, in the app for 24/7 when you need a friend for support. Get the app at [www.hipyx.com](http://www.hipyx.com).

## Services that are covered

All members	Additional covered services for children (under age 21)
<ol style="list-style-type: none"> <li>1. Hospital care.</li> <li>2. Doctor office visits, including specialist visits.</li> <li>3. Health risk assessments and screenings for members 21 years of age and over.</li> <li>4. Laboratory, radiology and medical imaging.</li> <li>5. Durable medical equipment and supplies including augmentative communication devices (AAC).</li> <li>6. Medications on Mercy Care's list of covered medicines – members with Medicare will receive their medications through Medicare Part D.</li> <li>7. Emergency care.</li> <li>8. Care to stabilize you after an emergency.</li> <li>9. Home health services (such as nursing and home health aide) *For DD members, these services may also be available through the Division.</li> <li>10. Nursing home, when used instead of hospitalization, up to 90 days a year.</li> <li>11. Inpatient rehabilitation services including occupational, speech and physical therapy.</li> <li>12. Respiratory therapy.</li> <li>13. Routine immunizations.</li> <li>14. AHCCCS-approved organ and tissue transplants and related prescriptions (limitations apply).</li> <li>15. Dialysis.</li> <li>16. Podiatry services (foot and ankle services).</li> <li>17. Maternity care (prenatal, labor, delivery and postpartum).</li> <li>18. Family planning services.</li> <li>19. Behavioral health services.</li> <li>20. Medically necessary and emergency transportation.</li> <li>21. Medical foods.</li> <li>22. Emergency eye exam and lens post cataract surgery.</li> <li>23. Urgent care.</li> <li>24. Hospice.</li> <li>25. Wellness exams and preventive screenings.</li> <li>26. Incontinence briefs to avoid or prevent skin breakdown, with limitations.</li> </ol>	<ol style="list-style-type: none"> <li>1. Early Periodic Screening, Diagnostic and Treatment (EPSDT) visits (same as wellness visits).</li> <li>2. Identification, evaluation and rehabilitation of hearing loss.</li> <li>3. Medically necessary personal care – This may include help with bathing, toileting, dressing, walking and other activities the member is unable to do for medical reasons.</li> <li>4. Dental services are covered for EPSDT members (under 21 years).</li> <li>5. Comprehensive and preventive dental services, including oral health screenings, cleanings, fluoride treatments, dental sealant, oral hygiene education, X-rays, fillings, extractions and other therapeutic and medically necessary procedures.</li> <li>6. Routine and emergency vision services, including screening exams and prescriptive lenses (a limited selection of lenses and frames are covered).</li> <li>7. Outpatient speech, occupational and physical therapy and nutritional therapy. <i>*For DD members, if speech, occupational and physical therapy are habilitative in nature they will be covered by the Division.</i></li> <li>8. Chiropractic services.</li> <li>9. Conscious sedation.</li> <li>10. Adaptive aids (DD members only).</li> <li>11. Acute services for AHCCCS Complete Care (ACC) and DD members enrolled in CRS.</li> </ol>

All members	Additional covered services for children (under age 21)
<p>27. Physical therapy for members 21 years of age and older up to 30 visits per contract year limit.  <i>*For DD members, habilitative physical therapy is provided by DDD for members under the age of 21.</i></p> <p>28. Custodial Nursing Facilities (SNFs) (DD members only).</p> <p>29. Emergency Alert Services (DD members only).</p> <p>30. Medically necessary practitioner visits to member's home (DD members only).</p> <p>31. Emergency dental services up to \$1,000 per year for members 21 years of age and older.  <i>*This dental limit doesn't apply to American Indian/Alaska Native (AI/AN) members when getting dental services at an Indian Health Services (IHS/638) facility.</i></p> <p>32. Medically necessary comprehensive and preventive dental services, including dentures, up to \$1,000 per year for DD members 21 years of age and older.</p> <p>33. Outpatient occupational therapy for members 21 years of age and older up to 30 visits per contract year limit  <i>*For DD members, habilitative occupational therapy is provided by DDD for members under the age of 21.</i></p> <p>34. Outpatient speech therapy for members 21 years of age and older (DD members only) <i>*For DD members, habilitative speech therapy is provided by DDD for members under the age of 21.</i></p> <p>35. Chiropractic services.</p>	<p>12. Developmental Screening and surveillance, Behavioral Health Screenings and Nutritional Screenings.</p> <p>13. Immunizations.</p> <p>14. Lab tests (Bloodspot Newborn Screening Panel, blood lead screening, TB skin testing, routine blood tests).</p> <p>15. Health education counseling and chronic disease self-management.</p> <p><b>Additional services for Qualified Medicare Beneficiaries (QMB)</b></p> <ol style="list-style-type: none"> <li>1. Chiropractic services.</li> <li>2. Outpatient occupational therapy.</li> <li>3. Any services covered by Medicare but not by AHCCCS.</li> </ol>

*\*Covered services are provided in medical offices, hospitals, pharmacies and via telehealth. Your provider will tell you where to get services.*

### **Adult immunizations are also covered at County Health Departments**

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

### **Orthotic devices**

Orthotic devices support or brace weak joints or muscles. An orthotic device can also support a deformed part of the body. Orthotic devices for members under the age of 21 are covered when prescribed by the member's Primary Care Provider (PCP), attending physician or practitioner.

### **Orthotics devices for members 21 years of age and older**

Mercy Care covers orthotic devices for members who are 21 years of age and older when all the following apply:

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



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

Reasonable repairs or adjustments of purchased equipment are covered for all members over and under age 21. This is true when making the equipment serviceable and/or when the repair cost is less than renting or purchasing another unit. Mercy Care will replace the component if you provide documentation to show it is not operating effectively.

### **Vision services**

Vision coverage for members 21 and over includes emergency eye care. It also includes some medically necessary vision services such as cataract removal. Members with diabetes should see an ophthalmologist yearly for a retinal exam. Routine and emergency vision services are covered for members under 21. See “EPSDT” for well exams for members under 21 years of age.

### **Eyeglass coverage for members under 21 years**

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

### **What if glasses are lost or broken?**

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

---

## **Additional covered services and important information for members with a SMI designation**



### **SMI eligibility for behavioral health services**

The following members are eligible for Mercy Care behavioral health services:

- Individuals with a SMI designation.
- Individuals receiving crisis services.
- Individuals receiving grant-funded services and state-only funded services. Including people eligible for Title 19 (Medicaid), Title 21, members enrolled with DCS CHP and DES/DDD for crisis services and for some services that fall under the Mental Health Block Grant that are not funded by Title 19 and Title 21.

A Serious Mental Illness (SMI) is a mental disorder in people 18 years of age or and older that’s severe and persistent. People may be so affected by their condition that they cannot remain in the community without treatment and/or services. Solari Crisis and Human Services, a provider who has a contract with Mercy Care, will make a determination of serious mental illness upon referral or request.

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

AHCCCS assigned you to Mercy Care because you are eligible and live within the Mercy Care service area. You will continue to receive services from Mercy Care – if you’re eligible – unless you move to an area where Mercy Care doesn’t oversee services.

Adults who aren’t AHCCCS eligible but who have a SMI designation will be enrolled with a T/RBHA for behavioral health services.



## **Building a clinical team**

After you become eligible for services through Mercy Care, you will develop a “team” to help you identify your behavioral health needs and get behavioral health services. We call these clinical teams. More specifically, we call them Child and Family Teams (CFT) or Adult Recovery Teams (ART). You can choose a behavioral health clinic.

Mercy Care can also assign you to a health home based on where you live. The health home is where you receive your primary outpatient mental health services. Some health homes also offer physical health care.

At your initial appointment, you will help identify who you want on your clinical team. The team will work with you on your goals. They will provide ongoing assessment and service planning. The members of the team will depend on the behavioral health professionals working with you. They’ll also work with those who you want as part of your team.

Teams can include family members, guardians, friends, clergy and other supportive people from the community. Many times, the assessment that’s done at the first appointment won’t be complete. You’ll be working with members of your team to continue that assessment process.

This allows you and your team to always review progress and needs so you get the best care. Your treatment plan, also called an Individual Service Plan (ISP), should include all the services you need, such as housing, support services, counseling and transportation. The team should update the plan at least once a year according to your needs.

## **Child and family team**

The Child and Family Team (CFT) is a defined group of people. It includes, at a minimum, the child and his/her family and/or out of home caregiver and a behavioral health representative. It also includes any individuals important in the child’s life identified and invited to participate by the child and family.

This may include, for example, teachers, extended family members, friends, family support partners, health care providers, coaches, community resource providers and representatives from religious affiliations. It can also include representatives from other service systems like the Arizona Department of Child Safety (DCS) or Division of Developmental Disabilities (DDD).

The size, scope and intensity of involvement of the team members are determined by the objectives set for the child, the needs of the family in providing for the child and the resources needed to develop an effective service plan. People can join or leave the team, as needed, to make sure the child gets the best care.

## **Adult recovery team**

The Adult Recovery Team is a group of individuals working together who 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 includes the person, their guardian (if applicable), advocates (if assigned) and a qualified behavioral health representative. The team may also include members of the enrolled person’s family; physical health, mental health or social service providers; representatives of other agencies serving the person; professionals representing disciplines related to the person’s needs or other people identified by the enrolled person.

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

## Sharing your information with your family and team

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

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

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

---

## Designated representative or an advocate

---

Advocating for your rights can be hard work. Sometimes it helps to have a person with you to support your point of view. If you have a SMI designation, you have the right to have a designated representative help protect your rights and voice your service needs.

### Who is a designated representative or advocate?

A designated representative may be a parent, guardian, friend, peer advocate, relative, human rights advocate, member of a Human Rights Committee, an advocate from the State Protection and Advocacy system or any other person who may help you protect your rights and voice your service needs.

### When can a designated representative help me?

- You have the right to have a designated representative help protect your rights and voice your service needs during any meetings about your Service Plan or Inpatient Treatment and Discharge Plan. Your designated representative must also receive written notice of the time, date and location of Service Plan and Inpatient Treatment and Discharge Plan meetings. Your designated representative must be invited to the Individual Treatment and Discharge Plan meetings.
- You have the right to have a designated representative help you file an appeal about decisions affecting your treatment, your Service Plan or Inpatient Treatment and Discharge Plan. You also have the right to have your representative attend the informal conference or administrative hearing with you to protect your rights and voice your service needs.
- You have the right to have a designated representative help you file a member grievance. A designated representative may also go to the meeting with the investigator, the informal conference or an administrative hearing with you to protect your rights and voice your service needs.

### How can I designate a representative?

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

---

## Behavioral health “best practices”

---

Both AHCCCS and Mercy Care create and support “best practices” in behavioral health care. Best practices are ways of delivering services to you that have proven helpful to members through research and evaluations. You can learn more about these best practices by going to the AHCCCS and Mercy Care websites.

You can find links to the Behavioral Health Practice Tools online at <https://www.azahcccs.gov/shared/MedicalPolicyManual/> in the AHCCCS Medical Policy Manual under Chapter 200.

Mercy Care’s website also includes clinical guidelines for the treatment of children and adults at [www.MercyCareAZ.org](http://www.MercyCareAZ.org).

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

### How to get services: Consent to treatment

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

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

This is called informed consent. Informed consent means advising a patient of a proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure; alternatives to the treatment surgical procedure, psychotropic drug or diagnostic procedure; associated risks and possible complications; and getting documented authorization or approval for the proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure from the patient or the patient’s representative.

An example would be if your provider prescribes a medication. Your provider will tell you about the benefits and risks of taking the medication and other options for treatment. Your provider will ask you to sign a consent form or give verbal permission if you want to take the medication. Let your provider know if you have questions or don’t understand the information your provider gave you. You have the right to withdraw your consent at any time. Your provider will explain to you what will happen if you choose to withdraw your consent.

---

## Available behavioral health services for members with a SMI designation

---

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 use. 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 can ask Mercy Care for approval of a service for you, but Mercy Care may deny the request for approval. If Mercy Care denies the request for services, you can file an appeal. For more information on filing an appeal, see the section “Grievances and appeals.”

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

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

**Available behavioral health services\***

SERVICES		TITLE 19/21 CHILDREN AND ADULTS	NON-TITLE 19/21 PEOPLE WHO HAVE A SMI DESIGNATION
<b>TREATMENT SERVICES</b>			
Behavioral health counseling and therapy	Individual	Available	Provided based on available funding**
	Group	Available	Provided based on available funding**
	Family	Available	Provided based on available funding**
Behavioral health screening, mental health assessment and specialized testing	Behavioral health screening	Available	Provided based on available funding**
	Mental health assessment	Available	Available
	Specialized testing	Available	Not Available
Other professional	Traditional healing	Provided based on available funding**	Provided based on available funding**
	Auricular acupuncture	Provided based on available funding**	Provided based on available funding**
<b>REHABILITATION SERVICES</b>			
Skills training and development	Individual	Available	Available
	Group	Available	Available
	Extended	Available	Available
Cognitive rehabilitation		Available	Available
Behavioral health prevention/promotion education		Available	Available
Psycho-educational services and ongoing support to maintain employment	Psycho-educational services	Available	Available
	Ongoing support to maintain employment	Available	Available

SERVICES		TITLE 19/21 CHILDREN AND ADULTS	NON-TITLE 19/21 PEOPLE WHO HAVE A SMI DESIGNATION
<b>MEDICAL SERVICES</b>			
Medication services***		Available	Available
Lab, radiology and medical imaging		Available	Available
Medical management		Available	Available
Electro-convulsive therapy		Available	Provided based on available funding**
<b>SUPPORT SERVICES</b>			
Case management		Available	Available††
Personal care		Available	Available
Home care training (family)		Available	Available
Self-help/peer services		Available	Available
Therapeutic Foster Care (TFC)		Available	Provided based on available funding**
Respite care†		Available†	Available†
Supported housing		Provided based on available funding**	Provided based on available funding**
GMH/SU and SMI Support Services		Provided based on available funding**	Provided based on available funding**
Transportation	Emergency	Available	Limited to crisis service-related transportation
	Non-emergency	Available	Available
<b>CRISIS INTERVENTION SERVICES</b>			
Crisis intervention – mobile		Available	Available
Crisis intervention – by phone		Available	Available
Crisis services – stabilization		Available	Available
<b>INPATIENT SERVICES</b>			
Hospital		Available	Available but limited†††
Behavioral health inpatient facility		Available	Available but limited†††
<b>RESIDENTIAL SERVICES</b>			
Behavioral health residential facility		Available	Available but limited†††
Room and board		Provided based on available funding**	Provided based on available funding**

SERVICES	TITLE 19/21 CHILDREN AND ADULTS	NON-TITLE 19/21 PEOPLE WHO HAVE A SMI DESIGNATION
<b>BEHAVIORAL HEALTH DAY PROGRAMS</b>		
Supervised day	Available	Available
Therapeutic day	Available	Provided based on available funding**
Medical day	Available	Provided based on available funding**

Limitations:

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

\*\* 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 Care drug list for members with a SMI designation for further information on covered medications.

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

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

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

---

## Services that are not covered

---

All members	Other services that are not covered for adults (aged 21 and over). These services are available to Mercy Care Advantage members.
<ol style="list-style-type: none"> <li>Services from a health care provider who is NOT contracted with Mercy Care (unless pre-approved by Mercy Care).</li> <li>Cosmetic services or items.</li> <li>Personal care items such as combs, razors, soap, etc.</li> <li>Any service that needs prior authorization that was not authorized prior to receiving the service</li> <li>Services or items given at no charge, or for which charges are not usually made.</li> <li>Services of special duty nurses, unless medically necessary and prior authorized.</li> <li>Physical therapy that is not medically necessary</li> <li>Routine circumcisions.</li> <li>Services that are determined to be experimental by the Mercy Care medical director.</li> </ol>	<ol style="list-style-type: none"> <li>Hearing aids</li> <li>Routine eye exams for prescriptive lenses or glasses</li> <li>Routine dental services</li> <li>Outpatient speech (ACC only)</li> </ol>

All members	Other services that are not covered for adults (aged 21 and over). These services are available to Mercy Care Advantage members.
<ol style="list-style-type: none"> <li>10. Pregnancy termination and pregnancy termination counseling, unless medically necessary, pregnancy is the result of rape or incest or if physical illness is related to the pregnancy and endangers the health of the mother.</li> <li>11. Health services if you are in prison or in a facility for the treatment of tuberculosis.</li> <li>12. Experimental organ transplants, unless approved by AHCCCS.</li> <li>13. Sex change operations and reversal of voluntary sterilization.</li> <li>14. Medications and supplies without a prescription.</li> <li>15. Treatment to straighten teeth, unless medically necessary and approved by Mercy Care.</li> <li>16. Prescriptions not on our list of covered medications, unless approved by Mercy Care.</li> <li>17. Physical exams for the purpose of qualifying for employment or sports activities.</li> <li>18. Medical marijuana.</li> </ol>	<p>For more information on Mercy Care Advantage, please contact Mercy Care Advantage Member Services at <b>602-586-1730</b> or <b>1-877-436-5288</b>, 8 a.m. – 8 p.m., 7 days a week (TTY 711). Members with a SMI designation can call Member Services at <b>602-586-1841</b> or <b>1-800-564-5465</b> (TTY 711), 24 hours a day, 7 days a week.</p>

## Experimental services and treatments

Mercy Care and AHCCCS work together to look at new medical procedures and services to make sure you get safe, up-to-date, high-quality medical care. A team of doctors reviews new health care methods to decide if they should become covered services. **Experimental services and treatments that are being researched and studied are not covered services.**

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

- Study the purpose of each technology.
- Review medical literature.
- Determine the impact of a new technology.
- Develop guidelines on how and when to use the technology.

## Limited and excluded services

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

BENEFIT/SERVICE	SERVICE DESCRIPTION	SERVICE EXCLUSIONS OR LIMITATIONS
Bone anchored hearing aid	A hearing aid that is put on a person's bone near the ear by surgery. This is to carry sound.	AHCCCS will not pay for Bone Anchored Hearing Aid (BAHA). Supplies, equipment maintenance (care if the hearing aid) and repair of any parts will be paid for.
Cochlear implant	A small device that is put in a person's ear by surgery to help them hear better.	AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant) and repair of any parts will be paid for.

BENEFIT/SERVICE	SERVICE DESCRIPTION	SERVICE EXCLUSIONS OR LIMITATIONS
Lower limb microprocessor controlled joint/prosthetic	A device that replaces a missing part of the body and uses a computer to help move the joint.	AHCCCS will not pay for a lower limb (leg, knee or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.
Emergency dental services	Emergency treatment for pain, infection, swelling and/or injury.	<p>For members 21 years of age and older, emergency dental services are covered up to \$1,000 per health plan year (October 1 to September 30). Medically necessary emergency dental care and extractions are covered for people ages 21 years and older who meet the criteria for a dental emergency. A dental emergency is an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology or trauma. Emergency dental services do not require prior authorization. There are exceptions to these limitations of service; certain pre-transplant services, prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head, and cleanings for members who are in an inpatient hospital setting and are placed on a ventilator are also covered. (Please note comprehensive and preventive dental services are covered for members under 21 years of age.)</p> <p><i>*This dental limit doesn't apply to American Indian/Alaska Native (AI/AN) members when getting dental services at an IHS/638 facility.</i></p>
Transplants	A transplant is when an organ or blood cells are moved from one person to another.	Approval is based on the medical need and if the transplant is on the "covered" list. Only transplants listed by AHCCCS as covered will be paid for.
Incontinence briefs	Incontinence briefs, including pull-ups and incontinence pads to treat a medical condition.	Incontinence supplies are available based on medical need. Members 3- 20 years of age can receive up to 240 diapers per month. Members 21 years and older can receive up to 180 briefs per month.
Physical therapy	Exercises taught or provided by a physical therapist to make you stronger or help improve movement.	<p>Outpatient physical therapy visits are limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30).</p> <p>For dual-eligible members, Mercy Care is responsible for paying the Medicare cost of share limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30).</p>



BENEFIT/SERVICE	SERVICE DESCRIPTION	SERVICE EXCLUSIONS OR LIMITATIONS
Occupational therapy	Exercises taught or provided by an occupational therapist to make you stronger or help improve movement.	Outpatient occupational therapy visits are limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30). For dual-eligible members, Mercy Care is responsible for paying the Medicare cost of share limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30).

---

## Access to grant-funded covered services

---



Some people are eligible for treatment and services through grants. These grants include the Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG).

### Substance Abuse Block Grant (SABG):

SABG Block Grant funds are used for treatment and long-term recovery support services for the following people, in order of priority:

- Pregnant women and teenagers who inject drugs
- Pregnant women and teenagers who use drugs or alcohol
- Other people who inject drugs
- Women and teenagers who use drugs or alcohol including women who are trying to regain custody of their children
- As funding is available, to any other person who use drugs or alcohol

### Mental Health Block Grant (MHBG):

MHBG provides covered behavioral health services for members who are:

- Adults (18+) with a SMI designation
- Children (17 and under) with Serious Emotional Disturbance (SED)
- People experiencing a First Episode of Psychosis (FEP)

### Covered Non-Title XIX/XXI behavioral health services can include:

- Auricular acupuncture services
- Behavioral health counseling and therapy
- Behavioral health prevention, promotion and education
- Case management
- Childcare services (also referred to as child sitting services)
- Crisis intervention services
- Living skills training
- Medication assisted treatment (MAT)
- Medication training and support services
- Mental health services, room and board
- Mental health services (traditional healing services)
- Outpatient and residential substance use or opioid use treatment
- Self-help and peer services
- Supported housing

For information on how to access these services, call Mercy Care Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). You may also visit [www.mercycareaz.org/wellness](http://www.mercycareaz.org/wellness) to learn about programs delivering services under these grants.

---

## Accessing services covered under grant funds

---

Access to Non-Title 19/21 behavioral health services are accessible to members via AHCCCS contracted health plans with a Regional Behavioral Health Agreement (RBHA). Mercy Care has a Regional Behavioral Health Agreement in the Central service area, which includes Gila, Maricopa, and Pinal Counties.

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

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

---

## Housing services

---

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

### Permanent supportive housing services

Permanent supportive housing services are available for adult AHCCCS Complete Care (ACC) members, members with a SMI designation and DD members. Permanent supportive housing can help you find and maintain independent housing within your community of choice. Permanent supportive housing services may include help with understanding tenant rights, budgeting, independent living skills and engaging in meaningful activities. Employment and education services may also be included.

Mercy Care contracts with a network of providers to meet the needs of our members. The providers cover a range of behavioral health, General Mental Health/Substance Use and rehabilitation services. These providers also have resources to help you address your housing needs and they can help connect you with community housing options.



Members with a SMI designation: There may be limited emergency housing/shelter, transitional housing, permanent supportive housing subsidies, move-in assistance, and eviction prevention funds available. Members should work with their clinical team to get a referral to providers.

### Housing point of contact

Integrated behavioral health homes have a housing point of contact. The housing point of contact serves as the

housing subject matter expert for the clinical team and member. They help you understand housing options, complete and submit housing applications, coordinate community care, locate resources and obtain referrals to community resources and programs. Mercy Care’s Housing Department can be reached at [Housing@MercyCareAZ.org](mailto:Housing@MercyCareAZ.org).

## Grants

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

If you need help connecting to providers who offer these services, you can call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). *Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).*

## AHCCCS Housing Program (AHP)

Members who have an identified housing need can apply for a housing subsidy offered by the AHCCCS Housing Program (AHP). Subsidies are issued based upon availability. Members should work with their clinical team to explore this option. Visit <https://azabc.org> for more information. You can also reach out to Mercy Care’s Housing Department at [Housing@mercycareaz.org](mailto:Housing@mercycareaz.org) or by calling Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). *Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).*

## HUD Coordinated Entry Access Points for homeless services

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

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



The Division of Developmental Disabilities has partnered with the Public Housing Authorities, the Arizona Department of Housing (ADOH), the Arizona Health Care Cost Containment System (AHCCCS), and the U.S. Department of Housing and Urban Development (HUD) to offer qualified members limited affordable housing opportunities.

For more information on this program please refer to the DES website: <https://des.az.gov/services/disabilities/developmental-disabilities/individuals-and-families/supports-and-services/housing>

---

## Information about employment services

---

### Did you know?

- Working may be an important part of a person’s life as it gives structure and routine while boosting self-esteem and improving financial independence.
- Even if you are collecting public benefits, like Social Security, you may be able to make more money and keep your medical benefits.

- For people with disabilities, Vocational Rehabilitation is an important resource to help you reach your job goals.

## Employment services

Employment services can include both pre- and post-employment services to help you get and keep a job. Some examples of the employment services you may be eligible for include:

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

For information about Mercy Care’s employment services, visit [www.mercycareaz.org](http://www.mercycareaz.org), click on “For Members” and select “Employment Services.”

To learn more about employment services and supports, or to get connected, you can call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711), Monday-Friday from 7 a.m.- 6 p.m. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) 24 hours a day, 7 days a week.



### How DD members can connect to employment services

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

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



### How to connect to employment services

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

Still need help? You may contact Mercy Care Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). They will connect you to Mercy Care’s Employment Administrator.

## Other employment resources:

### Vocational Rehabilitation (VR)

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

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

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

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

For more information and to locate the nearest VR office to you, visit <https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr>.

### **ARIZONA@WORK**

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

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

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

### **Benefits planning & education**

There are many myths related to work and benefits. There are plenty of people living with disabilities who are on benefits and work and are better off. Having a disability does not mean you cannot work. Here are some additional resources.

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

---

## **Home and community-based services**

---

### **Out of Home Placements**

- **Developmental Home:** A Developmental Home is a family home in which a licensed caregiver provides full-time care and supervision for up to three individuals with developmental disabilities. Child Developmental Homes serve members under the age of 18 and Adult Developmental Homes serve members ages 18 and over.
- **Group Home:** A community residential facility licensed by the Arizona Department of Health Services (ADHS) that provides habilitation and room and board for up to six residents.
- **Assisted Living Centers/Homes:** A residential care facility licensed by ADHS to provide supervisory care, personal care, or direct care services as defined in the Arizona Administrative Code (A.A.C.), Title 9, Chapter 10, Article 8. These settings are designed for members who are unable to live in their own home, but do not need nursing facility care.

- **Nursing Facility:** A licensed facility that provides skilled nursing care, residential care, and supervision to members who need 24-hour-a-day nursing services but do not require hospital care.
- **Intermediate Care Facilities:** An institutional setting for members with Intellectual Disabilities (ICF/ID) that requires specialized services and active treatment. Services are provided at both private and state operated facilities.

Please ask your Support Coordinator for more information about these options.

---

## End of life care

---

End of life care (EOL) involves all health care and support services provided to you at any age or stage of an illness. It focuses on a person-centered approach to comfort and quality of life while protecting your rights and dignity. With end of life care, you and your family will receive information about your illness that helps you understand and make decisions about your care. These services include advance care planning, curative care, supportive care, palliative care and hospice.

**Curative care:** Curative care provides medical treatment and/or therapies in order to improve or eliminate symptoms that you are experiencing and to cure overall medical problems. You can choose to receive curative care until you choose to receive hospice care.

**Supportive care:** Supportive care is psychological, social, spiritual and practical support to improve your comfort and quality of life. Supportive care may be arranged by your case manager. Supportive care may also be provided by friends, family or services available in the community.

**Palliative care:** Palliative care is a service that works closely with your doctor or medical provider to provide relief from the pain, symptoms and the stress of a serious illness.

**Hospice care:** Hospice care consists of health care and emotional support for a person with a terminal illness who is approaching the end of their life. Hospice services provide comfort and support, but do not focus on curing your illness. Hospice care may be provided in an individual's own home or in a facility. Members under the age of 21 may receive curative care at the same time as hospice care.

Advance care planning is a voluntary face-to-face discussion between you, your family and your doctor or medical provider. You may want to discuss your illness, health care options, social needs, psychological needs and spiritual needs. Your doctor or medical provider can work with you and your family to develop a plan of care that includes your choices for care and treatment. Your choices can be shared with your family, friends or other providers according to your wishes. Your doctor or provider can also help you with advance directives.

---

## Referrals

---



### Behavioral health specialized care

You or your behavioral health provider may feel that you need specialized care from another behavioral health provider. If that happens, your provider will give you a "referral" to go to another provider for specialized care. You can contact Mercy Care or your provider if you feel you need a referral for specialized care. You can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

### Medical

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, hospital, etc. Mercy Care may need to review

and approve certain referrals and special services before you can get the services. Your PCP will know when to get Mercy Care's approval. If your referral needs Mercy Care's approval, your PCP will let you know what's happening. You may also request a second opinion from another Mercy Care network doctor.

### **Self-referral**

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

- Dental covered services
- OB/GYN covered services
- Behavioral health and substance use services (see the "Behavioral Health" section for more information)
- Family planning services and supplies

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

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

---

## **Augmentative and Alternative Communication (AAC) devices**

---

### **What is an AAC device?**

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

### **Complete these steps to request an AAC device:**

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

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





## **AAC device treatment**

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

## **AAC device repairs**

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

## **AAC device replacements**

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

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

## **Reassessment for device changes**

A reassessment by the SLP and device modification may be allowed if:

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

If you have further questions, call Mercy Care Member Services Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). ACC-RBHA members with can call Member Services 24 hours a day, 7 days a week at **602-586-1841** or **1-800-564-5465** (TTY 711).

---

## **Accessing services not covered due to moral or religious objections**

If a provider does not cover a service, including counseling or referral services, due to moral or religious objections, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711), for help with finding a different provider. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

---

## **Information for American Indian members**

American Indian members have several options where to get health care services. American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time. American Indian members can also get health care services from Mercy Care.



American Indian members have the choice of integrated care: AHCCCS American Indian Health Program (AIHP) or an AHCCCS Complete Care (“ACC”) health plan like Mercy Care. AIHP members can choose care coordination through a Tribal Regional Behavioral Health Authority (where available). American Indian members can also choose to change enrollment between AIHP or the AHCCCS Complete Care (ACC) Plan at any time. However, a member can only change from one ACC Plan to another one time per year. American Indians/Alaska Natives (AI/AN) can choose to receive services through a DDD Health Plan or the DDD Tribal Health Program (THP).

---

## **How to obtain a primary care provider (PCP)**

---

When you sign up for Mercy Care, you are asked to select a Primary Care Provider from Mercy Care’s Provider Directory. You should choose a doctor in the area close to your home. If you do not select a PCP, Mercy Care will select one for you and let you know your provider’s name. You can find the name of your PCP in your welcome letter.

Your Primary Care Provider (PCP) is the “gatekeeper” for all services you receive. The PCP will evaluate you during your visit and determine if you need to see a specialist or have tests performed.

### **How to change your PCP**

We hope that you will stay with your assigned PCP so that you can work with someone you know and who knows you well. If you want to change doctors, we encourage you to talk with your PCP first and let them know why you would like to change. You may be able to work together to solve your problem or they may be able to suggest another provider to you. We do understand that you may wish to change doctors for reasons such as:

- You and your doctor don’t seem to understand each other.
- You are not comfortable talking with your doctor openly.
- Your doctor’s office is too far from home.

If you need or want to change your PCP, you can call Mercy Care Member Services. They will help you make the change. The change will take place the day of your request. You will also get a letter in the mail to let you know the name and address of your new doctor.

Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465](#) (TTY 711).

### **Making, changing and cancelling PCP appointments**

You should schedule a visit with your assigned PCP soon after enrollment to start a relationship. Your doctor can screen you for your health care needs. When you contact your doctor’s office to make your appointment, ask the following questions. These questions will help prepare you for future visits. If you write the answers here, they will be handy when you need them:

What are your office hours? \_\_\_\_\_

Do you see patients on the weekends or at night? \_\_\_\_\_

Will you talk to me about my problems over the phone? \_\_\_\_\_

Is there anyone else that works with you that can help me if you are not available? \_\_\_\_\_

Who should I contact if you are closed and I have an urgent situation? \_\_\_\_\_

How long do I have to wait for an appointment? \_\_\_\_\_

## **Make the most of your doctor's visit**

When visiting your doctor, consider asking the following questions. It may help you better understand your health.

### **Start, stop and continue:**

- Stop: What do I need to stop doing?
- Start: What do I need to start doing?
- Continue: What do I need to keep doing?

### **Ask your doctor these questions before you leave the office:**

- What medications do I need to take (and/or stop taking)?
- When is my next appointment?
- What else do I need to know?
- What do I need to do to get better?
- What foods should I eat?
- What foods should I stop eating?
- Are there any community resources that can help me?
- Why is it important for me to follow these directions?
- What's next? How do I get ready for my next appointment?

### **Quick tips about your PCP**

- Your PCP will manage most of your health care services.
- Call your PCP if you have questions about referrals.
- Know your PCP's office hours and what to expect for after-hours service.
- If you have a problem with your PCP, talk to them about it or call Mercy Care Member Services for help.
- If you need to change your PCP, call Member Services.
- If you want to know more about a particular PCP or dentist, call the provider directly, or visit the Mercy Care website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org) to view the Provider Directory.

### **If you cannot make it to your appointment, please call your PCP's office before the appointment time to cancel.**

If you are going to your PCP or dentist for the first time, please arrive at least 15 minutes early. They will need to get your information to start your health record. When you go to an appointment, show your member ID card to the office staff before you are seen. If you do not have your ID card, you will still be seen. You may need to show your current picture ID. Ask the office to call Mercy Care for more information.

Your PCP may have to spend extra time with another patient or may have an emergency that puts them behind schedule. When this happens, you may have to wait a little longer to be seen. If you often wait more than 45 minutes for your scheduled appointment, please notify Mercy Care Member Services.

### **Quick tips about appointments**

- If you are seeing your PCP for the first time, call your PCP's office first to make sure they are accepting new patients and to verify their address.
- Call your PCP early in the day to make an appointment.
- Tell the staff person your symptoms.
- Take your member ID card with you.
- If you are a new patient, arrive at your appointment 15 minutes early.
- Let the office know when you arrive and show them your ID card.

---

## **Appointment availability timelines**

---

### **Primary Care Provider (PCP) appointments:**

- Urgent care – As quickly as the member’s health condition requires, but no later than two (2) business days of request.
- Routine care – Within 21 calendar days of request.

### **Specialty physician appointments, including dental specialists:**

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

### **Dental provider appointments:**

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

### **Maternity care provider appointments:**

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

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

### **Behavioral health provider appointments:**

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

### **For Psychotropic Medications:**

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

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

- Integrated Rapid Response – Within the time frame indicated by the behavioral health condition, but no later than 72 hours after notification by the Arizona Department of Child Safety (DCS) that a child has been or will be removed from their home.

- Initial assessment – Within seven (7) calendar days after the initial referral or request for behavioral health services.
- Initial appointment – Within time frames indicated by clinical need, but no later than 21 calendar days after the initial assessment.
- Ongoing Behavioral Health Services – Within the time frames according to the needs of the person, but no longer than 21 calendar days from the identification of need.

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

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

### **Substance use services appointments**

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



### **Contacting your case manager**

If you need to reach your case manager between visits for any reason, you can call your provider or your clinic directly. You may have questions about your services or need to talk with your case manager about how you're doing. You may want to request new services or ask about community resources. Your provider can help connect you with your case manager. If you are unsure of who your provider is, Member Services can help connect you. You can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

---

### **Well visits (well exams)**

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

### **Tips to keep you healthy**

#### **ALL MEMBERS**

- Always go to your PCP visits. If you cannot keep your appointment, call to cancel it and make another one.
- Follow the directions your PCP gives you.
- If you take prescription medication every day, remember to get refills before you run out. You can also find out about our mail order pharmacy program by calling Mercy Care Member Services.
- Never share medication with anyone else.
- Eat right, get enough sleep and exercise.
- Brush your teeth at least two times a day.
- Wear your seat belt. It's the law in Arizona.

## PLUS, FOR CHILDREN ...

- Always put a baby to sleep on their back. Avoid using bumpers along the crib and big blankets in the crib.
- Make sure your child has his/her shots! Children and teens need shots for good health. Shots protect against many diseases. Bring your child's shot record with you to his/her PCP.
- Babies and children must ride in an age-appropriate car seat or booster seat until they are 8 years old and over 4 feet 9 inches tall. Every trip, every time. It's the law in Arizona!
- Always apply sunscreen before going outside, even when it's cloudy.
- At every EPSDT well visit, be sure to talk with your child's PCP about your child's development. That is the perfect time to ask any questions you may have.
- Make sure your child sees the dentist regularly. Members ages 1 through 20 should see a dentist twice a year.

---

## Women's services

---

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

Cervical cytology, including Pap smear testing recommendations:

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

Mercy Care members can see their PCP or a Mercy Care OB/GYN for a Pap test. If you want to see an OB/GYN, you don't need to see or ask your PCP first. You can find OB/GYN doctors in your Provider Directory or by searching the provider directory on the Mercy Care website. Go to **[www.MercyCareAZ.org](http://www.MercyCareAZ.org)** and select "Find a Provider."

Mammogram recommendations:

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

You can call your doctor for a mammogram order and then you can schedule your mammogram with the radiology facility. You can find a list of radiology facilities in your area in your Provider Directory or by using the searchable provider directory on the Mercy Care website at **[www.MercyCareAZ.org](http://www.MercyCareAZ.org)**.

---

## Well-woman preventive care

---

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

### Benefits of preventive health care

Getting regular checkups and screenings is an important part of a woman's health care. These screenings can find problems before you have any signs. Early diagnosis and treatment will generally result in a better outcome. Focusing on preventing disease and illness before they occur will help improve your health and quality of life.

### Description of well-woman preventive care services

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

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

### **Information on how to obtain well-woman preventive care services**

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

### **Assistance with scheduling of appointments**

If you need help making a well-woman appointment with your provider, please call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465](#) (TTY 711).

---

## **EPSDT/Children's services (same as well-child visits)**

---

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

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

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

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

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

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

EPSDT includes, but is not limited to, coverage of inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical equipment, medical appliances and medical supplies, orthotics, prosthetic devices, eyeglasses, transportation, family planning services and supplies, women's



preventive care services, and maternity services. EPSDT also includes diagnostic, screening, preventive, and rehabilitative services. However, EPSDT services do not include services that are experimental, solely for cosmetic purposes, or that are not cost effective when compared to other interventions.

**Health guidelines for children**

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

<b>Well-child checkups (EPSDT Visits)</b>	<ul style="list-style-type: none"> <li>• Newborn</li> <li>• 3-5 days</li> <li>• 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months</li> <li>• Annually from ages 3-20 years of age</li> </ul>
<b>Shots (Immunizations)</b>	<ul style="list-style-type: none"> <li>• Diphtheria, Tetanus, Pertussis (DTaP)</li> <li>• Haemophilus Influenzae type b (Hib)</li> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Human Papillomavirus (HPV)</li> <li>• Influenza (Flu)</li> <li>• Measles, Mumps, Rubella (MMR)</li> <li>• Meningococcal (Meningitis)</li> <li>• Pneumococcal (Pneumonia)</li> <li>• Inactivated Polio (IPV)</li> <li>• Rotavirus (RV)</li> <li>• Tetanus, Diphtheria, Pertussis (Tdap)</li> <li>• Varicella (Chickenpox)</li> <li>• COVID-19</li> </ul>

**The importance of EPSDT well-child visits**

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

- Health and developmental history as well as a comprehensive physical exam.
- Screening for age-appropriate weight gain, as well as providing nutrition education.
- Nutritional assessment and screening and making referrals if necessary.
- Behavioral health screenings and services and making referrals if necessary.
- Identifying developmental milestones.
- Developmental surveillance and screenings.
- Immunizations (shots).
- Lab and/or diagnostic testing for conditions such as Anemia, Sickle Cell Anemia, Blood Lead Poisoning, Tuberculosis (TB), etc.
- Health education, counseling and help with chronic disease self-management.
- Oral health screening and education.
- Fluoride varnish application when a child has reached six months of age with at least one tooth erupted, with applications happening every three months up to five years of age.
- Vision and hearing screenings.



- If medically necessary, the doctor will send a referral for your child to see a specialist. Some examples can be a dietician or nutritionist, a behavioral health specialist, a developmental specialist, a physical therapist or a speech therapist.
- The doctor may also offer you information on available community resources or programs.
- For teens, the doctor should also talk about:
  - Reproductive health, birth control and safe sex, including how to prevent sexually transmitted infections (STIs).
  - Avoiding risky behaviors such smoking (including e-cigarettes and vaping) as well as drug use and alcohol use.
  - How they are feeling, if they are depressed or if they have thoughts of harming themselves.
  - These are subjects you should also talk to them about.

### **Immunizations/vaccines (shots)**

The best way to protect your child from disease is to make sure your child gets their shots. Children who get shots are protected from getting 16 possible harmful diseases. Shots can keep your child safe from getting serious illnesses. Some shots are also offered in combinations to reduce the number of shots needed. If you have questions, talk to the doctor about shots at your child’s next appointment.

### **Community resources**

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

### **Dangers of lead exposure and recommended/mandatory testing**

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

### **Age-appropriate weight gain, childhood obesity and prevention measures**

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

- Eat five (5) servings a day of fruits and vegetables.
- Spend less than two (2) hours a day in front of a screen (this includes TV, video games, computers, tablets and other mobile devices).
- Be active at least one (1) hour a day.
- Do not drink sweetened beverages, including soda and juices.

### **Asthma signs and symptoms and prevention measures**

Asthma is a preventable chronic lung condition that can range from mild to severe. It’s important to recognize the signs and symptoms such as coughing, sneezing, chest tightness, shortness of breath, and/or a blue coloring to the lips. Everyone’s triggers are different and can include pollution, mold, smoke, dust, pollen, foods, stress,

physical activity and more. Asthma can be managed by understanding the medications, making sure medications are being taken and reducing triggers. If you notice any of these signs and symptoms or if your child has a flare up, call their doctor or take them to an urgent care center near you.

### **Safety tips for you and your child**

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

- Smoking cigarettes, e-cigarettes, vaping, hookahs, etc.
- Participating in sexual behavior at an early age
- Using drugs and/or drinking alcohol
- Participating in or being the victim of bullying and violence
- The dangers found on social media and the Internet

### **Dental decay prevention measures**

The care and cleaning of baby teeth are important for long-term dental health. Even though the first set of teeth (baby teeth) will fall out, tooth decay can make the teeth fall out before they are ready. That makes the adult teeth come in crooked and out of place. Tooth decay on baby teeth can also cause decay to transfer to adult teeth. Daily dental care should begin even before a baby's first tooth comes in. Wipe the baby's gums daily with a clean, damp washcloth or gauze. You can also brush the gums gently with a soft, infant-sized toothbrush and water. As soon as the first teeth appear, brush the teeth and gums with water. By the time all the baby teeth are in, brush them at least twice a day. It's also important to get children used to flossing early on. A good time to start flossing is when two (2) teeth start to touch. Talk to the child's dentist for advice on flossing tiny teeth.

### **The importance of oral health care**

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

Your child's first dentist appointment should be scheduled by age one. After that, take your child to the dentist every six months for regular visits. This is twice a year. Their dentist apply fluoride varnish at both visits until they turn 21 years old. Dental visits may also include X-rays, fillings, cleanings and sealants.

It's never too soon to start good dental health habits. Follow these simple tips when taking your child to the dentist:

- Keep the dentist's name and number handy.
- Schedule regular appointments a couple of months ahead of time.
- Make sure you have a ride to your appointment.
- Be on time for your appointment.
- Make sure to bring your child's member ID card with you to the dentist's office.
- If you must cancel the appointment, call the dentist's office as soon as you can.

### **Assistance with scheduling of appointments or transportation**

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

---

## Maternity services

---

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

Pregnant women need special care. If you are pregnant, please choose a Mercy Care Primary Care Obstetrician (OB/GYN) or certified nurse midwife. You may go directly to an OB/GYN for care. You do not need to see or ask your PCP first. Your PCP will manage your routine non-OB/GYN care and the OB/GYN will manage your pregnancy care. If you prefer, you can choose to have an OB/GYN as your PCP during your pregnancy. If you are new to Mercy Care and are in your third trimester, you can complete maternity care with your current AHCCCS registered provider. To ensure continuity of care, this may mean your current maternity care provider is not in the Mercy Care network.

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

### Assistance with scheduling of appointments or transportation

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

### Pregnancy appointments

It is important to have early and regular doctor visits. These are called prenatal care visits, which happen during your pregnancy. It's also important to go to your postpartum care visits, which happen after you deliver your baby. These visits will benefit you and your baby. Be sure to keep all your scheduled prenatal and postpartum visits, even if you feel fine.

Regular prenatal care can help you have a healthy pregnancy and a healthy baby. It will allow your provider to identify any health conditions and prevent problems before they occur. During your pregnancy, your OB/GYN provider will tell you when you need to come back. If something comes up and you need to cancel, be sure to call your provider to let them know. Then make a new appointment as soon as possible.

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

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

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

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

## First visit

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

## Is it preterm labor?

If you think you are in labor or if you think you may have a problem with your pregnancy, call your doctor immediately. Your doctor should see you within three (3) business days of your call or right away if it is an emergency. These are important symptoms that you should pay attention to. Call your doctor immediately if you have any of these symptoms. Don't wait for them to go away.

- Discharge, blood or water leaking from the vagina
- Low, dull backache
- Feeling like you're going to start your period (period-like cramping)
- Pelvic pressure (like the baby is pushing down)
- Stomach cramps (you may or may not have diarrhea with this)
- Regular contractions that last for over an hour

## Labor

If you are in labor and need a ride to the hospital, call **911**.

## Postpartum care and postpartum visits

After you deliver your baby, it is important to see your OB/GYN for a postpartum visit. You should have a postpartum visit within 1-12 weeks after having your baby. Sometimes your provider may want to see you more than once during this time to make sure you are healing appropriately. They will also discuss your emotions and feelings and answer any of your questions. At this visit, you can also discuss family planning options, services and supplies (including immediate postpartum long-acting reversible contraceptives). You can then decide what method best fits your needs until you are ready to get pregnant again.

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

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

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

## Prenatal and Postpartum Depression (PPD)

If you have feelings of sadness that last a long time, are severe and cause you to have problems doing normal daily activities, call your provider right away. They will figure out if your symptoms are caused by prenatal depression, postpartum depression (PPD) or something else. PPD is more than "feeling down" or having the "blues." It's not

because of something you did or didn't do. It's an illness and needs treatment to get better. If you need to talk to someone because you have troubling thoughts, contact your provider or nurse right away. **Do not wait to get help.** You can also get behavioral health services through behavioral health providers. You don't need a referral from your doctor.

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

### **Mental Health Hotlines**

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

### **Healthy Pregnancy Tips**

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

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

#### **Nutrition and healthy eating**

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

- Drink at least 10 cups of liquids every day. Eight (8) of these cups should be water.
- Eat healthy snacks and meals. Instead of eating three (3) big meals a day, try eating five (5) or six (6) small meals and snacks.
- Stay away from raw foods like fish and shellfish, undercooked eggs, soft cheeses, cheeses not made in the United States, unpasteurized milk, and unpasteurized juices.

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

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

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

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

**Low birth weight/very low birth weight:** Regular prenatal visits are very important. Babies whose mothers visit the doctors during pregnancy are much more likely to be born healthy, at a healthy weight and to be born full-term. Going to every OB/GYN appointments is one of the best things you can do to give the baby a healthy start in life.

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

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

**Risky behaviors:** Smoking cigarettes, e-cigarettes and vapes, drinking alcohol and using drugs can cause many problems during pregnancy. Quitting can be hard. Be sure to talk to the doctor or seek help from a local treatment center before quitting. There are also other resources available to help, such as ASHLine. For more information, refer to the “Community Resources” section at the back of this handbook.

**Prescribed medications and substance use disorders (SUD) during pregnancy:** Some prescribed medicines that people take every day are important for their physical and emotional health, even during pregnancy. Opioids are often prescribed by a doctor after an injury or surgery to help take away pain. Taking opioids during pregnancy may cause Neonatal Abstinence Syndrome (NAS). The baby can go through drug withdrawal after birth. Tell the doctor about all medications being taken, even if it is prescribed by another doctor. Babies born with NAS are more likely to have a low birth weight, breathing and feeding problems and seizures.

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

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

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

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

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



---

## **Human Immunodeficiency Virus (HIV) testing**

---

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

---

## **Family planning services and supplies**

---

Family planning services and supplies are administered by Aetna Medicaid Administrators, LLC. They are covered at no cost to you. Family planning services are available to members of reproductive age, regardless of gender, who voluntarily choose to delay or prevent pregnancy. You do not have to get a referral before choosing a family planning provider. Family planning services and supplies are often discussed during an EPSDT visit or well-check visit and should be age appropriate. Members may choose to get family planning services and supplies from any appropriate provider, whether they are in Mercy Care's provider network or not. It's important to keep these appointments to help the provider identify health conditions and prevent problems before they occur.

### **Important family planning and safe sex reminders**

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

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

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

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

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

### **Your family planning appointment**

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

1. Make an appointment with the provider. The provider can be any provider of medical services, such as a primary care physician, nurse practitioner, etc. The provider can be in the Mercy Care network, but they don't have to be. You do not need a referral for family planning services.
2. When you make the appointment, tell the office you want to talk about getting family planning services and/or supplies.
3. If you need transportation, you must call Member services three (3) days prior to your appointment.
4. Keep the appointment. Show the provider your Mercy Care member ID card.
5. At the appointment, talk about your options for family planning services or supplies.
6. You will not be billed for the visit and you do not have to pay a copay. If you are asked to pay a copay or billed for the visit, please call Member Services.
7. Your provider will tell you how to get the supplies you need. Follow their instructions to get them and to use them.

### **Assistance with scheduling of appointments or transportation**

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

### **Medically necessary pregnancy terminations**

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

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

---

## **Dental services**

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

Two (2) routine preventive dental visits and two (2) cleanings/fluoride treatments are covered per year. Fluoride treatments are covered four times per year for members six months of age with at least one tooth erupted, with applications happening every three months up to five years of age (one every three months). Visits to the dentist



must take place within six months and one day after the previous visit. Your child should have their first dental visit by one year of age or when the first tooth erupts. This early visit is known as a dental well-child checkup and it also helps to establish a Dental Home for future care. Members under 21 years of age do not need a referral for dental care and there is no copayment or other charge for covered dental services and routine preventive dental care.

### **Dental homes for members under 21 years of age**

Mercy Care assigns all members under 21 years of age to a “dental home.” A dental home is where you and a dentist work together to best meet your dental health needs. Having a dental home builds trust between you and the dentist. It is a place where you or your child can get regular, ongoing care – not just a place to go when there is a dental problem. A “dental home” may be an office or facility where all dental services are provided in one place. You can choose or change your assigned dental provider at any time. If you need help or have questions about the dental home, you can call Member Services. They can help you with the following:

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

### **\$1,000 emergency dental benefit for members 21 years of age or older**

Routine dental services are not covered for members 21 years of age or older. Covered dental services include examining the mouth, X-rays, care of fractures of the jaw or mouth, giving anesthesia and pain medication and/or antibiotics. The diagnosis and treatment of TMJ (Temporomandibular Joint Dysfunction) is not covered except to reduce trauma. There are exceptions to these limitations of service: certain pre-transplant services, prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head, and cleanings for members who are in an inpatient hospital setting and are placed on a ventilator are also covered.

*\*This dental limit doesn't apply to American Indian/Alaska Native (AI/AN) members when getting dental services at an IHS/638 facility.*



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

DD/ALTCS members 21 years of age or older may receive medically necessary dental benefits, including dentures, up to \$1,000 per contract year (October 1 to September 30).

For DD members 21 years of age or older who live in Intermediate Care Facilities (ICFs), there is no annual dollar maximum for covered dental services.

### **Dental providers**

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

### **Making, changing or cancelling dental appointments**

When making an appointment, make it with a provider. If you have questions, need help setting an appointment or if you need a ride to the appointment, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). If you need to change or cancel your dental appointment or your child's dental appointment, please call the dental provider 24-48 hours in advance.

## Emergency dental phone or video visits

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

### You can use Teledentistry.com:

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

### How does Teledentistry.com work?

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

Questions? Email [support@teledentistry.com](mailto:support@teledentistry.com) or call **866-302-0905**.

---

## Disease management services

---

Mercy Care provides information about diabetes to all members diagnosed with this condition. We also offer coordination for help with a chronic condition as an optional part of your regular benefits. It's provided at no cost to you. If you choose to participate, you may receive mailed information about your condition. One of our Care Managers may work with you and your doctor to give you more information on what your condition means to your everyday life. You will also receive the names and contact numbers for resources in your community that can help you manage your illness. The Care Manager can work with you to put together a care plan to help you meet your goal of feeling better. They can even help you with quitting tobacco.

If you would like more information about these programs, call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) between 7 a.m. and 6 p.m., Monday through Friday. [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\)](#). To leave a message for the Care Management team, call 602-453-8391 and someone will return your call the next business day.

### Care management services for special health needs

Mercy Care has many health programs to help members with special health needs. For example, we have condition management programs for members with Autism, HIV/AIDS, Neonatal Abstinence Syndrome (NAS), transplants and other chronic conditions. Care managers may reach out to coordinate care for members with behavioral health conditions, developmental issues, a high-risk pregnancy or other serious illnesses.

Mercy Care staff can help manage your health care by working with you and community and state agencies, schools and your doctor.

---

## Pharmacy services

---

### Prescriptions

If you need medicine, your doctor will choose one from Mercy Care's list of covered medications (called a formulary) and write you a prescription. Mercy Care's list of covered medicines is reviewed and updated regularly by doctors and pharmacists to make sure you receive safe, effective medicines. If you want a copy of

the list, call Mercy Care Member Services or go to our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org) for the most up to date list. Some Over-the-Counter (OTC) medicines are covered when your doctor writes you a prescription. Ask your doctor to make sure the medicine is on the Mercy Care list of covered medications.

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

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

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

### **Pharmacies**

All prescriptions must be filled at a pharmacy in Mercy Care’s network. Please note, Walgreens is not a Mercy Care network pharmacy. If you need pharmacy services after-hours, on weekends or holidays, many pharmacies are open 24 hours a day, 7 days a week. You can find a network pharmacy on our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org). Or you can call Member Services for help at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

You can find a list of pharmacies in the Mercy Care Provider Directory. Visit our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org) and select “For Members” under Mercy Care Complete Care or Developmental Disabilities. You’ll see “Find a Pharmacy” in the upper right corner of the screen.

If you have any questions or trouble filling a prescription while you are at the pharmacy, please contact Mercy Care. Mercy Care Member Services can help you with your prescriptions Monday through Friday from 7 a.m. to 6 p.m. If you have questions or problems outside the Mercy Care business hours, please call the Mercy Care 24-hour Nurse Line at **602-263-3000** or **1-800-624-3879** (TTY 711) and select the option for the Nurse Line. [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\), 24 hours a day, 7 days a week.](#)

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

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

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

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

## **e-Prescribing**

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

## **Refills**

If you live in a nursing home, group home or assisted living facility, the staff will manage your medications for you and get your 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 their office at least five (5) days before your medicine runs out to request a refill. Your doctor may want to see you before giving you a refill.

## **Diabetes testing supplies**

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

## **Mail order prescriptions**

If you take medicine for an ongoing health condition, you can have your medicines mailed to your home. Mercy Care works with a company to give you this service. You can get mail order prescription service at no cost to you.

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

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

To request a mail order refill order form, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

You can also register online with CVS Caremark at [www.caremark.com/wps/portal/REGISTER\\_ONLINE](http://www.caremark.com/wps/portal/REGISTER_ONLINE). Once registered, you will be able to order refills, renew your prescription and check the status of your order.

## **Specialty pharmacy services**

Mercy Care specialty drugs are filled by CVS Specialty Pharmacy. A specialty pharmacy fills drugs and has other services to help you. The Specialty Drug Program has special services:

- You can talk to a pharmacist 24 hours a day, 7 days a week
- Counseling about your drug and disease
- Coordination of care with your doctor
- Delivery of specialty drugs to your home or doctor's office at no cost to you
- You can drop off your prescription and pick up your drug at any CVS Pharmacy (including those inside Target stores)

You can call CVS Specialty Pharmacy toll-free at **1-800-237-2767**; TTY: **1-800-863-5488**. CVS Specialty Pharmacy will help you with filling your specialty drug.

---

## **Exclusive prescriber program**

---

Mercy Care has an exclusive prescriber program. This program is to better support members who are taking habit-forming drugs. In large amounts, habit-forming drugs can be dangerous. If you have more than one doctor prescribing habit-forming drugs, it can hurt you if the doctors don't talk with each other. You may be enrolled in the exclusive prescriber program if the following have been true for you:

- You have been seeking early refills of habit-forming drugs.
- You have had four (4) or more doctors; and have been prescribed four (4) or more different drugs that can be habit-forming; and have filled drug prescriptions at four (4) or more drug stores in a three (3) month time period.
- You have received twelve (12) or more prescriptions of habit-forming drugs in the past three (3) months.
- You have presented a forged or altered prescription to your drug store.
- You have been identified by prescription claims from Indian Health Services (IHS) when available.
- You have been identified by claims to regularly overuse or misuse habit-forming drugs.
- Your pain is not a short-term problem.
- You have had more than three (3) emergency room (ER) visits in six (6) months for pain, migraines or lumbago.
- You have been to the hospital for an overdose within the past six (6) months.
- You have violated a pain contract or care management agreement related to pain issues.
- You have asked for more than three (3) PCP changes in the past year.
- Reports by the drug store, family or someone else that you pay cash to get extra medications.

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

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

---

## **Referral process for obtaining a SED designation**

---

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

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

1. An evaluation with a qualified clinician that occurs no later than seven (7) business days after a request is made, unless there is a current (less than six months old) evaluation that supports the qualifying diagnosis and functional impairment.
2. The qualified clinician sends the required paperwork (assessment) to Solari, Inc.
3. Solari completes the determination within three (3), 20, or 60 days, depending on the individual's case.
4. Solari will send a written notice to the individual with the results of the eligibility determination and information on how to receive services (when applicable). Solari will also notify AHCCCS and/or the

Tribal Regional Health Authority (TRBHA), Tribal Arizona Long Term Care System (ALTCS) Case Manager, the appropriate ACC-RBHA health plan, and the member's provider.

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

---

## Referral process for obtaining a SMI designation

---

Serious Mental Illness (SMI) is a description used in Arizona for people who need additional support because their mental health impacts their ability to function. Additional services available to those who have a SMI designation can include housing services, assistance from human rights advocates, case management, Assertive Community Treatment (ACT) and more. The SMI diagnoses considered are:

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

To be eligible for SMI services, a person must have both a SMI qualifying condition and functional impairment caused by the qualifying condition. Providers are required to screen individuals for potential SMI. Adults receiving general mental health or substance use services must be regularly screened for SMI and Transition aged youth (TAY) must be screened as part of their transition into adulthood.

Members that do not have a PCP can call Mercy Care Member Services to set up a SMI determination screening. A member's guardian legal representative can also make the request. If a hospital requests an evaluation, it is considered an Urgent Referral and the contracted provider will go out within 24 hours to do the evaluation.

Members must be at least 17 and a half years of age to have a SMI evaluation. SMI evaluations must be completed within seven (7) business days of the SMI determination referral request. Providers then send their SMI evaluation packets to the determining entity to make the final SMI determination. Members will be sent a written notice of the SMI determination decision within three (3) business days of the initial assessment. The written notice will include information about the member's right to appeal the decision.

For more information about getting a SMI designation, you can call Mercy Care Member Services. You can also call Solari Crisis and Human Services at **602-845-3594** or **1-855-832-2866**.

---

## Behavioral health services

---

Behavioral health services can help you with personal problems that may affect you and/or your family. Problems may include but are not limited to depression, anxiety, bipolar, drug use and/or alcohol use.

Your PCP may be able to help you if you have depression, anxiety, attention deficit hyperactivity disorder (ADHD) or opioid use concerns. PCPs may give you medicine, watch how the medicine is working and order different tests to determine the best course of action to address your condition. If you would like your PCP to help if you feel you have depression, anxiety, ADHD or opioid use concerns, please call your PCP directly.

You do not need a referral from your PCP for behavioral health services. If you would like behavioral health services, call the behavioral health provider directly to set up an appointment. You can also call Member Services for help with finding a behavioral health provider.

Behavioral health services you may be eligible for include:

- Behavior management (personal care, family support/home care training, peer support)
- Behavioral health case management services
- Counseling services (individual, family, group, couples, trauma)
- Eating disorder treatment
- Emergency behavioral health care (crisis services)
- Emergency and nonemergency transportation to behavioral health appointments
- Evaluation and assessment
- Inpatient psychiatric hospital services
- Intensive outpatient treatment
- Nonhospital step-down psychiatric facilities services (subacute facilities)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Partial care (supervised day program, therapeutic day program and medical day program)
- Psychosocial rehabilitation (living skills training, health promotion, supported employment services)
- Psychotropic medication
- Psychotropic medication adjustment and monitoring
- Respite care (with limitations)  
*\*For DD members, this may be in combination with respite hours through the Division of Developmental Disabilities.*
- Substance use treatment.
- Medication Assisted Treatment (MAT) for alcohol and opioid use (combination of medications, counseling and behavioral therapies).
- Residential substance use treatment.
- Rural substance use transitional agency services.
- Therapeutic Foster Care (formally known as home care training to home care clients).



**Members enrolled with DDD ALTCS, your behavioral health services including members with a SMI designation are provided to you through Mercy Care.**



### **Getting covered behavioral health services for members with a SMI designation**

We outlined the behavioral health services earlier in this member handbook. You can get those behavioral health services based on three things:

- Your need.
- Your insurance coverage.
- Your provider's approval, if required.

You decide with your provider or clinical team what services you need. Your provider or clinical team can ask Mercy Care for approval of a service for you. Mercy Care may deny the request for approval. If Mercy Care denies the request for services, you can file an appeal. For more information on filing an appeal, see the section "Grievances and appeals."

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



## Behavioral health emergencies

If you think you might hurt yourself or someone else, call **911**. The crisis line is available for a behavioral health crisis. For example, call the crisis line if you or someone else is talking about or thinking about suicide or if you or someone else is in a violent or threatening situation.

### State and national crisis lines:

- Arizona Behavioral Health Crisis Line: **1-844-534-4673** or **1-844-534-HOPE**; TTY: **602-274-3360** or **800-327-9254**.
- National suicide prevention hotline: Dial **988**.
- Central Arizona Crisis Line (serves Maricopa County): **602-222-9444** or **1-800-631-1314** (toll-free) TTY: **602-274-3360** or **800-327-9254**.
- **Text HOPE to 4HOPE (44673)**.
- Northern Arizona Crisis Line (serves Apache, Coconino, Gila, Mohave, Navajo and Yavapai counties): **1-877-756-4090**.
- Southern Arizona Crisis Line (serves Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma counties and the San Carlos Apache Tribe): **1-866-495-6735**.
- Gila River and Ak-Chin Indian communities: **1-800-259-3449**.
- Salt River Pima Maricopa Indian community: **1-855-331-6432**.
- Tohono O'odham Nation: **1-844-423-8759**.
- Pascua Yaqui Tribe: Tucson **520-591-7206**; Guadalupe **480-736-4943**
- White Mountain Apache Tribe: **928-338-4811**
- Fort McDowell Yavapai Nation: **480-461-8888**
- San Lucy District of the Tohono O'odham Nation: **480-461-8888**
- Navajo Nation: **928-551-0508**
- Veterans Crisis Line: **988, press 1**
- National crisis text line: **Text HOME to 741741** about any type of crisis or visit <http://www.crisistextline.org>

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

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

### Quick tips about behavioral health services

- You **do not** need a referral for behavioral health services.
- If you have any questions about behavioral health services, call Mercy Care Member Services

**Pyx Health:** No one should go through life's challenges alone. That's why we're giving you access to the Pyx Health app. You can speak to helpful humans over the phone about Mercy Care and resources that are already available to you. You can also chat with the compassionate robot friend, Pyxir, in the app 24/7 when you need a friend for support. Get the app at [www.hipyx.com](http://www.hipyx.com).



## **Behavioral health advocacy resources**

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

- Arizona Coalition to End Sexual & Domestic Violence: **602-279-2900** or **1-800-782-6400**
- Arizona Center for Disability Law, Phoenix location: **602-274-6287** or **1-800-927-2260**
- Arizona Center for Disability Law, Tucson location: **520-327-9547** or **1-800-922-1447**
- Childhelp National Child Abuse Hotline: **1-800-422-4453**
- Mental Health America of Arizona: **602-214-9507**
- National Alliance on Mental Illness (NAMI): **602-244-8166**
- National Alliance on Mental Illness of Southern Arizona: **520-622-5582**
- National Alliance on Mental Illness of Payson (Gila County): **928-301-9140**
- National Alliance on Mental Illness of Pinal County: **520-414-7173**
- National Domestic Violence Hotline: **1-800-799-7233**

## **Alcoholics Anonymous:**

### **Mesa – East Valley Intergroup Inc.**

Main: **480-834-9033**

**www.aamesaaz.org**

### **Peoria – Agua Fria Intergroup**

24-hour hotline: **623-937-7770**

Main: **623-937-7836**

**www.aawestphoenix.org**

### **Phoenix – Salt River Intergroup, Inc.**

24-hour hotline: **602-264-1341**

Main: **602-264-1374**

**www.aaphoenix.org**

## **Additional meeting information can be found at:**

Narcotics Anonymous – <http://www.arizona-na.info>

Alcoholics Anonymous – <http://aaphoenix.org/meetings>

## **Arizona’s Vision for the Delivery of Behavioral Health Services**

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

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

## **The 12 Principles for the Delivery of Services to Children:**

1. Collaboration with the child and family:
  - a. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and

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

- b. Behavioral health services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child's needs.
- 7. Timeliness:
  - a. Children identified as needing behavioral health services are assessed and served promptly.
- 8. Services tailored to the child and family:
  - a. The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided, and
  - b. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.
- 9. Stability:
  - a. Behavioral health service plans strive to minimize multiple placements,
  - b. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk,
  - c. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops,
  - d. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system, and
  - e. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.
- 10. Respect for the child and family's unique cultural heritage:
  - a. Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family, and
  - b. Services are provided in Spanish to children and parents whose primary language is Spanish.
- 11. Independence:
  - a. Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management, and
  - b. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.
- 12. Connection to natural supports:
  - a. The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

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

1. Respect – Respect is the cornerstone. Meet the individual<sup>14</sup> where they are without judgment, with great patience and compassion.
2. Individuals in recovery choose services and are included in program decisions and program development efforts – An individual in recovery has choice and a voice. Their self-determination in

driving services, program decisions and program development are made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.

3. Focus on individual as a whole person, while including and/or developing natural supports – An individual in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual’s social community.
4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure – An individual in recovery finds independence through exploration, experimentation, evaluation, contemplation, and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.
5. Integration, collaboration, and participation with the community of one’s choice – An individual in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscore one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.
6. Partnership between individuals, staff and family members/natural supports for shared decision making with a foundation of trust – An individual in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants and lead to the creation of optimum protocols, and outcomes.
7. Individuals in recovery define their own success – An individual in recovery – by their own declaration – discovers success, in part, by quality of life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Individuals in recovery are the experts on themselves, defining their own goals and desired outcomes.
8. Strengths-based, flexible, responsive services reflective of an individual’s cultural preferences – An individual in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. An individual in recovery is the source of their own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.
9. Hope is the foundation for the journey towards recovery – An individual in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. An individual in recovery is held as boundless in potential and possibility.

## Multi-specialty interdisciplinary clinics

Mercy Care has contracted with multi specialty interdisciplinary clinics to provide health care for children with special needs who are enrolled in the Children’s Rehabilitative Services (CRS) program. These clinics offer primary and specialty care in a single location. The range of available specialties include Family Practice, Physical and Occupational Therapy, Speech, Audiology, Plastic Surgery, Orthopedics and Neurology.

Clinic name	Areas of specialization
<b>District Medical Group (DMG) Clinic</b> 3141 N. 3rd Ave. Phoenix, AZ 85013 <b>602-914-1520</b> <b>1-855-598-1871</b>	Audiology, Cardiology, Endocrinology, Ear Nose and Throat (ENT), Gastroenterology, Genetics, Lab & X-ray, Nephrology, Neurology, Neurosurgery, Nutrition, OT, PT, ST, Ophthalmology, Orthopedics, Pediatrician (PCP), Pediatric Surgery, Plastic Surgery, Psychology, Psychiatry, Rheumatology, Scoliosis and Urology
<b>Children’s Clinics for Rehabilitative Services</b> Square & Compass Building 2600 N. Wyatt Dr. Tucson, AZ 85712 <b>520-324-5437</b> <b>1-800-231-8261</b>	Anesthesia, Behavior Analysis/Psychology, Cardiology, Dental and Orthodontia, Development Pediatrics, Endocrinology, ENT, Gastroenterology, Genetics, Hematology, Nephrology, Neurology, Neurosurgery, Orthopedics, Ophthalmology, Optometry, Pediatrician (PCP), Pediatric Dermatology, Pediatric Palliative Care, Pediatric Surgery, Physical Medicine, Plastic Surgery, Pulmonology, Rheumatology and Urology
<b>Yuma Regional Medical Center Children’s Rehabilitative Services</b> Tuscany Medical Plaza 2851 South Avenue B Building 25 #2504 Yuma, AZ 85364 <b>928-336-2777</b> <b>1-800-837-7309</b>	Audiology, Behavioral Health, Cardiology, Comprehensive Assessments, Craniofacial (Cleft Lip & Palate), Ear, Nose and Throat, Endocrinology, Gastroenterology, Nephrology, Neurology, Nutrition, Ophthalmology, Orthopedic, Physical Therapy, Psychiatry, Speech Therapy, Urology and Wheelchair Services
<b>Flagstaff Medical Center Children’s Health Center</b> 1200 North Beaver St. Flagstaff, AZ 86001 <b>928-773-2054</b> <b>1-800-232-1018</b>	Pediatrician (PCP), Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Nephrology, Pediatric Orthopedics, PT, ST, Pediatric Urology and Wheelchair/Seating

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

## Children’s Rehabilitative Services (CRS)

### What is CRS?

Children’s Rehabilitative Services (CRS) is a designation given to certain AHCCCS members who have qualifying health conditions. Members with a CRS designation can get the same AHCCCS-covered services as non-CRS AHCCCS members. They are able to get care in the community or in clinics called Multi-Specialty Interdisciplinary Clinics (MSIC). MSICs bring many specialty providers together in one location. Your health plan will assist a member with a CRS designation with closer care coordination and monitoring to make sure special health care needs are met.

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

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

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

- Under age 21, and
- Have a qualifying CRS medical condition.

The medical condition must:

- Require active treatment, and
- Be found by AHCCCS DMS to meet criteria as specified in R9-22-1301-1305.

Anyone can fill out a CRS application including a family member, doctor or health plan representative. To apply for a CRS designation mail or fax:

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

Mercy Care will provide medically necessary care for physical and behavioral health services and care for the CRS condition.

### **What happens if you have a CRS diagnosis?**

\*Our Mercy Care CRS Liaison will get the needed medical records and send a referral to the AHCCCS CRS Enrollment Unit.

\*If enrolled into CRS, you will have a CRS designation and all your care will be provided by Mercy Care. Including but not limited to:

- Care management
- Primary care services
- Behavioral health services
- Home health specialty services
- Durable Medical Equipment (DME) services

### **CRS Multi-Specialty Interdisciplinary Clinics (MSICs)**

A Multi-Specialty Interdisciplinary Clinic (MSIC) is you or your child's assigned health home. This is one location where a CRS member can see all their medical specialists, benefit from community involvement and receive support services. At the MSIC, you and your family can meet face-to-face with your care team to get medical care, behavioral health care services and be a part of your care plan development.

Each MSIC is open Monday through Friday from 8 a.m. to 5 p.m. You will receive a welcome call from a Care Management team member to tell you more about CRS benefits and help you schedule your first CRS appointment. You can contact your assigned MSIC to schedule or cancel your appointment.

### **CRS care team**

The CRS Program uses a team approach to provide your care. Exactly who will be on your team depends on your special health care needs. Get to know who is on your team so you can talk to them about your care and services. Health providers on your team could be:

**Surgeons:**

- Cardiovascular and thoracic surgeons
- General pediatric surgeons
- Ear, nose and throat (ENT) surgeons
- Neurosurgeons
- Ophthalmology surgeons
- Orthopedic surgeons (general, hand, scoliosis or amputee)
- Plastic surgeons

**Medical specialists:**

- Cardiologists
- Neurologists
- Rheumatologists
- General pediatricians
- Geneticists
- Urologists
- Primary Care Providers

**Behavioral health care providers and services:**

- Psychiatrists
- Psychologists
- Residential care facilities
- Peer support
- Crisis services
- Inpatient services
- Counseling (individual, couples, family or group)
- Child and Family Team
- Behavioral health day program
- Community mental health centers
- Substance use (assessment, counseling or medication therapy)

**Dental providers:**

- Dentists
- Orthodontists
- Dental hygienists

You can invite others to be on your team if you would like. Talk to your specialty clinic nurse to find out how to invite someone to be on your team.

**Can I stay in CRS after age 21?**

Enrolled CRS members will lose their CRS designation the month of their 21st birthday. However, your providers and care will not change. Mercy Care will continue to be your AHCCCS Plan for all your health care needs.

If you have questions about your CRS benefits or services, you can call Member Services Monday through Friday from 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465](#) (TTY 711).



---

## Member Councils

---

Would you like to serve on a Mercy Care committee? Recruitment is open! We're looking for interested members, peers, youth, family members and community stakeholders. You can choose from several different committees. All committee members play an important role in guiding how we serve the community and how we provide care. You'll also help us come up with ways to improve services for members.

### **Governance Committee**

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

### **Member Advocacy Committee**

Serves as the voice of the member receiving physical and/or behavioral health services. Discusses accessing services and evaluates program needs from a member's perspective.

### **Cultural and Linguistically Appropriate Services (CLAS)/Cultural Competency**

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

### **Youth Leadership Council**

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

### **Foster, Adoptive Kinship Care Workgroup**

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

If you're interested in serving on a Mercy Care council or committee, email [oifateam@mercycaarez.org](mailto:oifateam@mercycaarez.org). You can also write to Mercy Care OIFA at:

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

---

## Important information

---

### **Prior authorizations**

---

In some cases, your doctor may decide that your condition requires special services. Mercy Care wants to know about these situations in advance so we can get you the care you need. These services may require approval from Mercy Care before they can be performed – this is called prior authorization. There may be times when Mercy Care doesn't have a network provider who can treat your condition or who is located a reasonable distance from your home. In order to see a provider who is not in Mercy Care's network, you will need an approved prior authorization.

### **Here's how it works:**

Your doctor will submit a request to Mercy Care explaining your condition and actions that they would like to take. If the request is approved, we will let your doctor know. If your request is denied, you will receive a written

notification (called a Notice of Adverse Benefit Determination) within 14 calendar days. The notice will tell you the request is denied and what to do next. If the request is urgent, you will receive a written notification (Notice of Adverse Benefit Determination) no later than 72 hours after Mercy Care gets the prior authorization request.

There are times Mercy Care may need additional time to review your request. If an extension is needed Mercy Care will mail you a notice. Extensions can be for up to 14 days. If we ask for an extension, you may file a complaint (also known as a member grievance). The letter will explain your rights and how to submit a complaint.

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

### **How Mercy Care determines urgency of requests:**

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

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

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

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

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

### **How do we make our decision about your request?**

We provide a list of services that require prior authorization on our website [www.MercyCareAZ.org](http://www.MercyCareAZ.org). If you would like more information about how these decisions are made, contact Member Services. They can get you the list of criteria Mercy Care uses to make these decisions. You have the right to review this list to see how we make our decisions.

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

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

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

### **Pharmacy authorizations**

If your provider makes a new request for a medication, a decision will be made no later than 24 hours from when we receive the request for prior authorization. If the request lacks enough information to make a decision for the medication, Mercy Care will send a request for additional information to your provider no later than 24 hours from when we receive the request. Mercy Care will issue a final decision no later than seven (7) working days from the initial date of the request.

---

### **Restrictions on freedom of choice among providers**

---

Although Mercy Care assigns you to a PCP, you have the freedom to choose your own provider. **You should always choose a network provider.** If you don’t see a network provider, you may have to pay for services received from a provider outside of Mercy Care’s network. And, you may have to pay for non-covered services.

Examples of non-covered services may include:

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

---

### **Copayments (for ACC-RBHA members with or without a SMI designation)**

---

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

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

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

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

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

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

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

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

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

1. They are receiving one of the services above that cannot be charged a copay, or
2. They are in one of the groups above that cannot be charged a copay.

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

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

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

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

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

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

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

**PEOPLE WITH REQUIRED (MANDATORY) COPAYMENTS**

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

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

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

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

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

**5% LIMIT ON ALL COPAYMENTS**

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

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

If you are on this program but your circumstances have changed, contact your local DES office to ask them to review your eligibility. Members can always request a reassessment of their 5% limit if their circumstances have changed.



Members with a SMI designation are not subject to copays for Medicaid services.



Members who are enrolled in DDD are not subject to copays for Medicaid services. DDD will decide what your share of cost will be based on your income and certain expenses.

**Share of cost and/or Room and Board**

AHCCCS will decide what your share of cost (SOC) will be based on your income and certain expenses. They will send you a notice telling you the amount if they determine you have this cost. If you live in a nursing home,

the nursing home will collect your SOC from you every month. If you live in an alternative residential setting or assisted living facility you will have to pay “Room and Board” to the facility each month. You may also have a SOC that AHCCCS has set. If you receive Home and Community-Based Services (HCBS) services, you live at home or an assisted living facility, and AHCCCS determines you do have a SOC, Mercy Care will collect the money from you or your representative.

---

## Getting bills for services

---

### When can you be billed for services?

Talk to your doctor about payment options before getting any health care services that are not covered. Remember, if you ask for a service that is not a covered benefit and you sign a statement agreeing to pay the bill, you will have to pay the bill.

### What if you get a bill for services?

If you receive a bill for a covered service:

- **Do not pay the bill yourself.**
- Call the provider right away.
- Give them your insurance information and Mercy Care’s address.

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

- If you still get bills after giving the provider your health care information, please call Mercy Care Member Services for help.
- Sometimes you may be eligible for covered benefits back to the date you applied for AHCCCS. If you already paid for services during this time, you should first ask the provider to bill Mercy Care. Then ask the provider to pay you back. If they refuse to pay you back, Mercy Care may be able to help you. You can send your paid receipts to Mercy Care Member Services with a detailed note explaining why you paid for services. Receipts must be received by Mercy Care within 150 days from the date you received the service.
- You should not pay for covered services or medicines after you have joined Mercy Care.

---

## 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.” MSPs include the following:

- QMB Only (Qualified Medicare Beneficiary).
- SLMB Only (Specified Low-Income Medicare Beneficiary).
- QI 1 (Qualified Individual).
- Qualified Disabled and Working Individuals (QDWI).

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

Other persons may be able to get the “extra help.” If your income is below 150% of the Federal Poverty Level (FPL) and you do not have AHCCCS or an MCS program, you must apply for the “extra help.” You can apply a few ways. The Social Security Administration (SSA) has a paper application in English and Spanish. You can fill out a paper application and mail it to SSA. You can also apply by calling **1-800-772-1213** (TTY: **1-800-325-0778**). Finally, you can apply on line on the SSA website: **www.ssa.gov**. Online applications are available in 14 languages. If you need help applying for the “extra help,” you can contact Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). *Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).*

---

## Other health insurance

---

If you have other health insurance, please call Member Services and tell us so we can work with the other insurance company. Here are some important things to know:

- Always give pharmacies, doctors and hospitals your other health insurance information as well as your Mercy Care information.
- Your other health insurance pays for your health care expenses FIRST. After they pay, Mercy Care will pay its part. Call Mercy Care Member Services to provide Mercy Care with the name, address and phone number of your primary insurance provider.
- Choose a PCP who works with both of your health plans if possible. This will help us coordinate payments.
- If your other doctor is not part of the Mercy Care provider network, we may still be able to help you with your copayments for services that are covered by AHCCCS if your doctor gets a Mercy Care prior authorization number for you to see them. We will pay copayments to your doctor.
- Do not pay your other insurance’s copayment amount yourself. Ask your doctor to bill Mercy Care for the copay amount.
- Before you receive any health care services, show the doctor or hospital your AHCCCS ID card and tell them about your other health insurance. This will help your doctor know where to send your claims.
- If you are involved in an accident and get treatment for your injuries, you must report it to Member Services.
- Be sure to tell your PCP about all health care services you receive.

---

## Dual eligibility Medicare and Medicaid services

---

If you have Medicare, Qualified Medicare Beneficiary (QMB) or Medicare HMO, they will pay for your services first. Mercy Care will share in the cost for AHCCCS-covered services and for certain Medicare services not covered by AHCCCS. Mercy Care will pay your coinsurance, deductible or copayment amounts to your doctor. Do not pay your copayments yourself. Ask your doctor to bill Mercy Care for these copayments.

Please note, if you have Medicare, you are responsible for your pharmacy copayments for Medicare Part D. Unless you have an emergency, if you choose to go to another provider who is not one of the Mercy Care approved doctors found in your Provider Directory, or not with your Medicare HMO, you will be responsible for paying your Medicare coinsurance, deductibles or copayments.

However, if you are a Qualified Medicare Beneficiary (QMB) member, Mercy Care may pay for services not covered by AHCCCS or from a provider who is not part of our network.

If you have questions, please call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). *Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).*



---

## Dual-eligible members: payment for medications

---

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



For members with a SMI designation, Mercy Care will cover applicable Medicare Part D copayments, deductibles, cost sharing amounts, and payments for coverage gap. This covers medications to treat behavioral health diagnoses for people eligible for Title 19/21 and Non-Title 19/21 coverage and a SMI designation when dispensed by an AHCCCS registered pharmacy.

---

## Authorizations

---

### Medical authorizations

In some cases, your doctor may decide that your condition requires special services. Mercy Care will review and approve these services before you get them to make sure you get the care that you need when you need it. These services may require approval from Mercy Care before they can be performed – this is called prior authorization.

### Here's how it works:

Your doctor will submit a request to Mercy Care for services that you will need and how they will help your condition. Mercy Care will review and approve these services before you get them. We want to make sure you get the care you need – when you need it. You will receive a written notification (called a Notice of Adverse Benefit Determination) within 14 calendar days telling you if the request was denied and what to do next. If the request is urgent, you will receive a written notification (Notice of Adverse Benefit Determination) no later than 72 hours after we receive the authorization request unless an extension is in effect. If we ask for an extension, you may file a member grievance. The letter will explain your rights and how to submit a complaint.

If the Notice of Adverse Benefit Determination letter does not fully address your concerns, you can contact AHCCCS Medical Management at [MedicalManagement@azahcccs.gov](mailto:MedicalManagement@azahcccs.gov).

### How Mercy Care determines urgency of requests:

**Routine** – if your physician would like a more thorough exam from a specialist, you may need to have a procedure done or a special test. You will receive a written notification (Notice of Adverse Benefit Determination) within 14 calendar days telling you if the request was denied and what to do next.

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

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

If we ask for an extension or change the urgency level of your request, you may file what is called a member grievance (see “Grievances and appeals” section in this handbook).

Please send your member grievances to:

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

### **How do we make our decision about your request?**

We provide a list of services that require prior authorization on our website [www.MercyCareAZ.org](http://www.MercyCareAZ.org). If you would like more information about how these decisions are made, contact Member Services. They can get you the list of criteria Mercy Care uses to make these decisions. You have the right to review this list to see how we make our decisions.

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

- The denial or limited authorization of a service you or your doctor has requested.
- The denial of payment for a service, either all or part.
- Failure to provide services, including crisis services, in a timely manner.
- Failure to act within certain time frames for grievances and appeals.
- Denial of a rural member’s request to get services out of the network when Mercy Care is the only health plan in the area.
- The reduction, suspension or ending of an existing service.

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

### **Pharmacy authorizations**

If your provider makes a new request for a medication that requires prior authorization, is not on the formulary, or has other limits a decision will be made no later than 24 hours from when we receive the request for prior authorization. If the request does not have enough information to make a decision for the medication, Mercy Care will send a request for additional information to your provider no later than 24 hours from when we receive the request. Mercy Care will issue a final decision no later than seven working days from the initial date of the request.

### **Notice of Adverse Benefit Determination**

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

- If you or your provider make a new request for a service, you will receive your notification within 14 calendar days (if urgent, you will receive the notification within 72 hours after we receive the authorization request).
- If a service you are already receiving is reduced, suspended or ended, you will receive a Notice of Adverse Benefit Determination 10 calendar days before the change occurs.

The Notice of Adverse Benefit Determination letter lets you know:

- What action was taken and the reason.
- Your right to file an appeal and how to do it.
- Your right to ask for a fair hearing with AHCCCS and how to do it.

- Your right to ask for an expedited resolution and how to do it.
- Your right to ask that your benefits be continued during your appeal, how to do it and when you may have to pay the costs for the services.
- You have the right to request an extension to give us information to help us make a decision.
- If you receive a Notice of Adverse Benefit Determination letter that does not tell you what you asked for, what we decided, or the reason why, you can call us.
  - We will look at the letter and, if needed, write a new letter that better explains the services and the action.

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

You have the right to receive a reply from Mercy Care within 30 calendar days of your request for a copy of the records. The response may be a copy of the record or a written denial. A written denial will include the reason for the denial and information about how to seek review of the denial. You can ask Member Services to tell you how Mercy Care makes these decisions. You can also ask Member Services to mail you a copy of the list of criteria.

---

## Grievances and appeals

---

### Appeals

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

You, your representative or a provider acting with your written permission may request an appeal with us. If you need help filing your appeal, have a hearing impairment, need an interpreter or would like the information provided in an alternate format or language, please call Mercy Care Member Services Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465](#) (TTY 711).

If you decide to file an appeal, it must be submitted within 60 calendar days from the date on your Notice of Adverse Benefit Determination letter. The appeal may be submitted in writing or by phone. We will not retaliate against you or your provider for filing an appeal.

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

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

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

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

## **Request for Standard Appeal**

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

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

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

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

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

## **Request for expedited resolution**

You or your representative can request an expedited resolution to your appeal if you believe that the time frame of a standard resolution might jeopardize your life, health or ability to attain, maintain or regain maximum function. We may ask you to send us supporting documentation from your provider. If your provider agrees, we will expedite the resolution of your appeal. We will also automatically expedite the resolution of your appeal if we believe following the standard resolution process could jeopardize your life or health.

If we decide not to expedite the resolution of your appeal, we will notify you promptly. We will attempt to call you and will mail you a written notice within two (2) calendar days that explains this outcome. For more information, please see "Request for Standard Appeal" in this handbook. If we change the urgency of your appeal from expedited to standard, you may file a member grievance. We will explain this when we call you. We will include information about how to file a member grievance in the letter we mail to you.

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

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

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

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

### **Quick tips about denial, reduction, suspension or termination of services and appeals**

- You will get a letter (Notice of Adverse Benefit Determination) when a service has been denied or changed.
- If you want to ask for a review (appeal) of Mercy Care's action, follow the directions in your notification letter.
- To request that services be continued, you must file your appeal no later than 10 days from the date of your notification letter, or within the time frame listed in the notification letter.

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

### **Grievances and appeals for Title 19/21 AHCCCS eligible members**

#### **Member Grievances**

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

The fastest way to report a member grievance is to call Mercy Care Grievance Systems Department Monday through Friday 8 a.m. to 5 p.m. at **602-586-1719** or **1-866-386-5794** (TTY 711). You may also contact Member Services if you need help filing your member grievance, have a hearing impairment, need an interpreter or would like the information provided in an alternate format or language.

A representative will document your member grievance. It is important to provide as much detail as possible. The representative will explain the member grievance resolution process and answer any other questions you may have. We may also need to call you back to provide updates or ask you for more information. We want to make sure you are receiving the care and services you need.

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

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

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

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

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

### **Quality of Care Concerns (QOC)**

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

- a. The inability to receive health care services
- b. Concerns about the Quality of Care (QOC) received
- c. Issues with health care providers
- d. Issues with health plans
- e. Timely access to services

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

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

### **Appeals for Title 19/21 AHCCCS eligible members**

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

- 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 time frames for resolving an appeal or complaint.
- The denial of a request for services outside of the provider network when services are not available within the provider network.

### **What happens after I file an appeal?**

As part of the appeal process, you have the right to give evidence that supports your appeal. You can provide the evidence to Mercy Care in writing. 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 if the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or Mercy Care. The evidence you give to Mercy Care will be used when deciding the resolution of the appeal. You can contact Mercy Care Grievance System Department at **602-586-1719** or **866-386-5794** (TTY 711).

### **How is my appeal resolved?**

Mercy Care must give you a decision, called a Notice of Appeal Resolution, by certified mail within 30 calendar days of getting your appeal for standard appeals, or, for expedited appeals, no later than 72 hours. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which Mercy Care must give you the Notice of Appeal Resolution may be extended up to 14 calendar days. You or Mercy Care can ask for more time in order to gather more information. If Mercy Care 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 your appeal was denied and the legal basis for the decision to deny your appeal.
- That you may have to pay for the services you get during the State Fair Hearing process if your appeal is denied at the State Fair Hearing.

### **What can I do if I am not happy with my appeal results?**

You can ask for a State Fair Hearing if you are not happy with the results of an appeal. If your appeal was expedited, you can ask for an expedited State Fair Hearing. You have the right to have a representative of your choice assist you at the State Fair Hearing.

### **How do I ask for a State Fair Hearing?**

You must ask for a State Fair Hearing in writing within 90 calendar days of getting the Notice of Appeal Resolution. This includes both standard and expedited requests for a State Fair Hearing. Requests for State Fair Hearings for decisions issued by Mercy Care should be mailed to:

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



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

### **What is the process for my State Fair Hearing?**

You will receive a Notice of State Fair Hearing at least 30 calendar 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 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 time frame 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 three (3) business days after the date AHCCCS receives your case file and appeal information from Mercy Care. 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 within 10 calendar days from the date of the decision letter. 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.



### **Grievance/Request for Investigation for DD members**

A member enrolled with DDD is entitled to extensive rights, including but not limited to:

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

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

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

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

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

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

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

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

**Complete Care and DD members who have received crisis services in Central Arizona may file a grievance, appeal or request for hearing for crisis services by following the above steps.**



DD members in Southern or Northern Arizona can contact one of the following health plans:

Service Area	Health plans with a Regional Behavioral Health Agreement	Contact type and phone number
Central Arizona	Mercy Care	Customer service phone: <b>602-586-1719</b> or <b>1-866-386-5794</b> (TTY 711) Crisis Line: <b>1-800-631-1314</b> <b>Arizona Behavioral Health Crisis Line:</b> <b>1-844-534-4673</b>
Southern Arizona	Arizona Complete Health	Customer service phone: <b>1-888-788-4408</b> (TTY 711) Crisis Line: <b>1-866-495-6735</b> <b>Arizona Behavioral Health Crisis Line:</b> <b>1-844-534-4673</b>
Northern Arizona	Care 1st	Customer service phone: <b>1-800-640-2123</b> (TTY 711 or <b>1-800-842-4681</b> ) Crisis Line: <b>1-877-756-4090</b> <b>Arizona Behavioral Health Crisis Line:</b> <b>1-844-534-4673</b>



## Appeals for members with a SMI designation

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

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

Members with a SMI designation may also appeal the following adverse decisions:

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

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

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

If you file an appeal<sup>1</sup>, you will get written notice that your appeal was received within five (5) business days of Mercy Care's receipt. You will have an informal conference with Mercy Care within seven (7) business days of filing the appeal.

The informal conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least two (2) working days before the conference. You can participate in the conference over the phone.

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

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

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

If there is no resolution of the appeal during the second informal conference with AHCCCS, you will be given information telling you how to get a State Fair Hearing. The Office of Grievance and Appeals at AHCCCS handles requests for State Fair Hearings upon the conclusion of second level informal conferences.

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

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

If the appeal is not decided in your favor, Mercy Care may require you to pay for the services you received during the appeal process.

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

*1 People 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.*

---

## **Filing complaints for Non-Title 19/21 members and members without a SMI designation**

---



If you are Non Title 19/21 (AHCCCS) eligible and do not have a SMI designation, you may file a complaint related to decisions about behavioral health services you need that are available through Mercy Care.

### **Appeals for members who do not have a SMI designation and aren't Title 19/21 eligible**

If you are Non Title 19/21 (AHCCCS) eligible and do not have a SMI designation, you may appeal actions or decisions related to behavioral health services you need that are available through Mercy Care.

### **What happens after I file an appeal?**

As part of the appeal process, you have the right to give evidence that supports your appeal. You can give the evidence to Mercy Care 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 if the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or Mercy Care. The evidence you give to Mercy Care will be used when deciding the resolution of the appeal. You can contact Mercy Care Grievance System Department at **602-586-1719** or **1-866-386-5794** (TTY 711).

### **How is my appeal resolved?**

Mercy Care must give you a Notice of Appeal Resolution by certified mail within 30 calendar 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 Care must give you the Notice of Appeal Resolution may be extended up to 14 calendar days. You or Mercy Care can ask for more time in order to gather more information. If Mercy Care 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 your appeal was denied and the legal basis for that decision.

### **What can I do if I am not happy with my appeal results?**

You can ask for a State Fair Hearing if you are not happy with the results of an appeal.

### **How do I ask for a State Fair Hearing?**

You must ask for a State Fair Hearing in writing within 90 calendar days of getting the Notice of Appeal Resolution. Requests for State Fair Hearings should be mailed to:

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

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

### **What is the process for my State Fair Hearing?**

You will receive a Notice of State Fair Hearing at least 30 calendar 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 related to the hearing.

### **How is my State Fair Hearing resolved?**

For standard State Fair Hearings, you will receive a written decision from the AHCCCS director's decision no later than 90 days after your appeal was originally filed. This 90 day period does not include:

- Any time frame extensions that you have requested.
- The number of days between the date you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted.

The AHCCCS director's decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

---

## **Opt-out process**

---



Members who are determined to have a Serious Mental Illness and who are enrolled in one plan for both physical health and behavioral health services may request a different plan for their physical health services. This is called an opt-out request. An opt-out will only be approved for the member under one of the following conditions:

1. The network does not allow choice from at least two PCPs, or it does not have a needed specialty provider,

2. The current treating physician says there is a need to continue a course of treatment,
3. There is evidence of harm or unfair treatment.

If you would like to ask for an opt-out, contact member services at **602-586-1841** or **1-800-564-5465** (TTY 711).

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

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

---

## Health plan Notices of Privacy Practices

---

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

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

There are laws about who can see your medical and behavioral health information with or without your permission. Substance use treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission. There may be times when you want to share your medical or behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information (ROI) Form, which states your medical records or certain limited portions of your medical records may be released to the individuals or agencies that you name on the form. For more information about the Authorization for the Release of Information Form, you can contact Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). **Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).** A member's Protected Health Information (PHI) may be used for treatment, payment and health plan operations and as permitted by law. The member or the legal guardian must give written approval for any non-health care uses of PHI.

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

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

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

---

## Your rights and responsibilities

---

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

### Your rights as a member

You have the right to exercise your rights. Exercising those rights shall not adversely affect service delivery to you. You have the right to:

- Know the name of your PCP and/or case manager.
- Receive a copy of the Mercy Care Member Handbook, which includes a description of covered services.
- Know how Mercy Care provides after-hours and emergency care.
- File a complaint about Mercy Care or its subcontractors. You can file a complaint to AHCCCS or to Mercy Care directly. See the section “Grievances and appeals” for more information.
- Request information about the structure and operations of Mercy Care or their subcontractors.
- Information about how Mercy Care pays providers, controls costs and uses services. This information includes whether Mercy Care has Physician Incentive Plans (PIP) and a description of the PIP.
- Know whether stop loss insurance is required.
- Know general grievance results and a summary of member survey results.
- Get information about your costs to get services or treatments that are not covered by Mercy Care.
- Get information about how to get services, including services requiring authorization.
- Get information about how Mercy Care evaluates new technology to include as a covered service.
- Get information about changes to your services or what actions to take when your PCP leaves Mercy Care.
- Be treated fairly and get covered services regardless of race, ethnicity, national origin, religion, gender, age, behavioral health condition, intellectual or physical disability, sexual orientation, genetic information, ability to pay or ability to speak English.
- Get information about how medical decisions can be made for you when you are not able to make them.

### Confidentiality and confidentiality limitations:

- You have a right to privacy and confidentiality of your health care information.
- You have a right to talk to health care professionals privately.
- You will find a copy of the “Privacy Rights” notice in your welcome packet. The notice has information on ways Mercy Care uses your records, including information on your health plan activities and payments for services. Your health care information will be kept private and confidential. It will be given out only with your permission or if the law allows it.
- You have a right to know about health care privacy. (See the “Health plan Notices of Privacy Practices” section.)
- You have a right to know about limits to confidentiality. There are times when we cannot keep information confidential. The law doesn’t protect the following information:
  - If you commit a crime or threaten to commit a crime at the provider’s office or clinic or against any person who works there, the provider must call the police.
  - If you’re going to hurt another person, we must let that person know so they can protect themselves. We must also call the police.
  - We must also report suspected child abuse to local authorities.
  - If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other counselors) to protect you. We’ll only share information necessary to keep you safe.
- There are other times when providers can share certain health information with family members and others involved in your care. For example, if:
  - You verbally agree to share the information.



- You have an opportunity to object to sharing information, but don't object. For example, if you allow someone to come into an exam room during an appointment, the provider can assume that you don't object to sharing information during that visit.
- It's an emergency or you don't have the capacity to make health care decisions and the provider believes disclosing information is in your best interest.
- The provider believes you're a serious and imminent threat to your health and safety or someone else's health and safety.
- The provider uses the information to notify a family member of the member's location, general condition or death.
- The provider is following other laws requiring they share information.
- To help arrange and pay for your care, there are times when your information is shared without first getting your written permission. These times could include the sharing of information with:
  - Physicians and other agencies providing health, social or welfare services.
  - Your medical Primary Care Provider.
  - Certain state agencies and schools following the law, involved in your care and treatment, as needed.
  - Members of the clinical team involved in your care.
- At other times, it may be helpful to share your behavioral health information with other agencies, such as schools or state agencies. This is done within the limits of the applicable regulations. Your written permission may be required before your information is shared.
- You have a right to get a second opinion from a qualified in-network health care professional or have a second opinion arranged outside of the network at no cost to you if there are no other in-network options. For more information, you can call Mercy Care at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)
- You have a right to receive information on treatment options and alternatives, appropriate to your condition, in a way that you can understand. It should also be shared with you in a way that allows you to participate in decisions about your health care.
- You have a right to be informed about advance directives.
- You have a right to prepare an advance directive and know how to have medical decisions made for you if you are not able to make them for yourself.

### **Treatment decisions**

- You have the right to agree to or refuse treatment and to choose other treatment options available to you. You can get this information in a way that helps your understanding and is appropriate to your medical condition.
- You can choose a Mercy Care PCP to coordinate your health care.
- You can change your PCP.
- You can talk with your PCP to get complete and current information about your health care and condition. This will help you and/or your family understand your condition and be a part of making decisions about your health care.
- Within the limits of applicable regulations, Mercy Care staff may help manage your health care by working with you, community and state agencies, schools and your doctor.
- You have the right to information about which medical procedures you will have and who will perform them.
- You have the right to a second opinion from a qualified in-network health care professional. You can get a second opinion arranged outside of the network, at no cost to you, only if there is not adequate in-network coverage.
- You have the right to know treatment choices or types of care available to you and the benefits and/or drawbacks of each choice.

- You have the right to have treatment choices presented to you in a way that you can understand.
- You can refuse care from a doctor to whom you were referred and you can ask for a different doctor.
- You can choose someone to be with you for treatments and exams.
- You can have a female in the room for breast and pelvic exams.
- Your eligibility or medical care does not depend on your agreement to follow a treatment plan. You can say “no” to treatment, services or PCPs. You will be informed about what may happen to your health if you do not have the treatment.
- Mercy Care will tell you in writing when any health care services requested by your PCP are reduced, suspended, terminated or denied. You must follow the instructions in the notification letter sent to you.



### **Members who are part of Division of Developmental Disabilities**

- You have the right to develop a plan with their caregiver provider agency to decide your preferences when your caregiver is late or does not show up.



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

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

### **Advance Directives**

- You have the right to be provided with information about creating advance directives. Advance directives tell others how to make medical decisions for you if you are not able to make them for yourself.

### **Medical records requests**

- At no cost to you, you have the right to annually request and receive one copy of your medical records and/or inspect your medical records. You may not be able to get a copy of medical records if the record includes any of the following: psychotherapy notes put together for a civil, criminal or administrative action; protected health information that is subject to the Federal Clinical Laboratory Improvements Amendments of 1988; or protected health information that is exempt due to federal codes of regulation.
- Mercy Care will reply to your request within 30 days. Mercy Care’s reply will include a copy of the requested record or a letter denying the request. The written denial letter will include the basis for the denial and information on ways to get the denial reviewed.
- You have the right to request an amendment to your medical records. Mercy Care may ask that you put this request in writing. If the amendment is made, in whole or in part, we will take all steps necessary to do this in a timely manner and let you know about changes that are made.
- Mercy Care has the right to deny your request to amend your medical records. If the request is denied, in whole or in part, then Mercy Care will provide you with a written denial within 60 days. The written denial includes the basis for the denial, notification of your right to submit a written statement disagreeing with the denial and how to file the statement.

### **Reporting your concerns**

- Tell Mercy Care about any complaints or issues you have with your health care services.
- You may file an appeal with Mercy Care and get a decision in a reasonable amount of time.
- You can give Mercy Care suggestions about changes to policies and services.
- You have the right to complain about Mercy Care.

## **Personal rights**

- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- You have the right to receive information on beneficiary and plan information.

## **Respect and dignity**

- You have the right to be treated with respect and with due consideration for your dignity and privacy.
- You have the right to participate in decisions regarding your health care, including the right to refuse treatment.
- You can get quality medical services that support your personal beliefs, medical condition and background. You can get these services in a language you understand. You have the right to know about other providers who speak languages other than English.
- You can get interpretation services if you do not speak English. Sign language services are available if you are deaf or have difficulty hearing. You may ask for materials in other formats or languages from Mercy Care Member Services.
- The type of information about your treatment is available to you in a way that helps your understanding given your medical condition.

## **Emergency care and specialty services**

- You can get emergency health care services without the approval of your PCP or Mercy Care when you have a medical emergency. You may go to any hospital emergency room or other setting for emergency care.
- You may get behavioral health services without the approval of your PCP or Mercy Care.
- You can see a specialist with a referral from your PCP.
- You can refuse care from a doctor you were referred to and you can ask for a different doctor.
- You may request a second opinion from another Mercy Care doctor.

---

## **Physician Incentive Plans**

---

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

---

## **Fraud, waste and abuse**

---

### **Fraud**

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

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

### **Examples of member fraud are:**

- Letting someone else use your Mercy Care ID card.
- Getting prescriptions with the idea of abusing or selling drugs.

- Changing information on your Mercy Care ID card.
- Changing information on a prescription.

### Examples of provider fraud are:

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

### Waste and/or abuse

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

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

### Reporting

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

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

---

## Quitting tobacco

---

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

1. You can call Mercy Care Customer Service at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)
2. If you are part of Mercy Care's Care Management program, talk to your Care Manager.
3. Talk to your PCP or other provider.
4. Call the Arizona Smokers Helpline (ASHLine) directly at **1-800-QUIT-NOW (1-800-784-8669)**. Spanish speakers can also access the ASHLine by calling **1-855-DEJELO-YA (1-855-335-3569)**. You can also visit [www.ashline.org](http://www.ashline.org).

In addition to the ASHLine, there are other resources available for you. For more information on quitting tobacco, go to Tobacco Free Arizona at <https://www.azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az/index.php> or call **1-800-556-6222**. Tobacco Free Arizona is a program to help Arizonans know the risks of tobacco use and resources for quitting.

---

## Decisions about your health care

---

### Living wills and other health care directives for adult members

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

There are four kinds of advance directives: a living will, a medical power of attorney, a mental health care power of attorney and a pre hospital medical directive. Mercy Care strongly encourages you to have one or more of these papers.

- **Living will** – A paper that tells doctors what kinds of services you do or do not want if you become ill and may die. In your living will, you might tell doctors if you want to be kept alive with machines or fed through tubes if you cannot eat or drink on your own.
- **Durable medical power of attorney** – A paper that lets you choose a person to make decisions about your health care when you cannot.
- **Mental health care power of attorney** – Names a person to make mental health care decisions if you are found incapable to do so.
- **Pre-hospital medical care directive** – States your wishes about refusing certain life saving emergency care given outside a hospital or in a hospital emergency room. You must complete a special orange form. Mercy Care has written policies to make sure advance directive wishes are followed.

You should get help writing your living will and medical power of attorney.



Members enrolled with DDD may call their Division of Developmental Disabilities Support Coordinator for help.

### Making your advance directives legal

For both a living will and a medical power of attorney, you must choose someone to be your agent. Your agent is the person who will make decisions about your health care if you cannot. They can be a family member or a close friend.

To make an advance directive legal, you must:

1. Sign and date it in front of another person who also signs it. This person cannot:
  - Be related to you by blood, marriage or adoption.
  - Have a right to receive any of your personal and private property.
  - Be appointed as your agent.
  - Be involved in paying your health care.

**OR**

2. Sign and date it in front of a notary public. The notary public cannot be your agent or any person involved in paying your health care.


If you are too ill to sign your medical power of attorney, you may have another person sign for you.

### After you complete your advance directives

1. Keep your original signed papers in a safe place.
2. Give copies of the signed papers to your doctor(s), hospital and anyone else who might become involved in your health care. Talk to these people about your wishes about health care.

3. If you want to change your papers after they have been signed, you must complete new papers. You should make sure you give a copy of the new paper to all the people who already have a copy of the old one.
4. Be aware that your directives may not be effective in the event of a medical emergency.
5. You can also have advance directives registered with the Arizona Registry at [www.azsos.gov/services/advance-directives](http://www.azsos.gov/services/advance-directives).

### Quick tips about living wills

- It is very important that you decide what treatment you do or do not want.
- Give copies of your living will and/or medical power of attorney to your doctor, hospital and any other people involved with your health care.
- You should get help writing your living will and/or medical power of attorney. Ask your doctor for help if you are not sure whom to call.
-  Members enrolled with DDD may call their Division of Developmental Disabilities Support Coordinator. You may also call the DDD Customer Service Center at **1-844-770-9500, option 1**.
- If you change any part of your living will or medical power of attorney, make sure you give a copy of the new one to all the people who already have a copy of the old one.

---

## Common questions

---

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

- A. Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). You can also order a replacement Mercy Care ID card through the member portal or Mercy Care's mobile app. Log in to the portal by going to [www.MercyCareAZ.org](http://www.MercyCareAZ.org) and then select **Mercy Care Web Portal** at the top of the page. You can download the Mercy Care app on the Apple or Android app stores. Just log in to the portal or the app and click on "My ID Card."

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

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

### Q. Can I change my PCP?

- A. Yes. Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

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

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

### Q. How do I know which services are covered?

- A. This handbook explains services that are covered and not covered. Look under the section that applies to you. You may also ask your doctor or call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). You can find more information about covered and not covered services on our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org).

**Q. What should I do if I get a bill?**

- A. If you get a bill, call the health care provider who billed you and give them your Mercy Care information. If they continue to bill you, please call Mercy Care Member Services for help at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

**Q. I need help getting to my doctor. What can I do?**

- A. Check first with neighbors, friends or relatives for a ride. If you are not able to find a ride, call Mercy Care Member Services at least three (3) days before your appointment. If you need to go to urgent care, you may call Member Services the same day to set up a ride. **Please note, there is a three-hour wait for same day rides.** Member Services is available Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). [Members with a SMI designation can call Member Services at 602-586-1841 or 1-800-564-5465 \(TTY 711\).](#)

**Q. Which hospitals can I use?**

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

**Q. What is an emergency?**

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

**Q. Does Mercy Care have urgent care centers in the provider network?**

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

## Resources

### Community resources

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

**2-1-1 Arizona Community Information and Referrals**

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

**Dial 2-1-1**

<https://211arizona.org/>



### **Arizona Health Care Cost Containment System (AHCCCS)**

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

#### **AHCCCS**

801 E. Jefferson St.  
Phoenix, AZ 85034

**602-417-4000**

**<https://azahcccs.gov>**

#### **Health-e-Arizona PLUS**

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

**1-855-432-7587**

**[www.healthearizonaplus.gov](http://www.healthearizonaplus.gov)**

### **Affirm (formerly Arizona Family Health Partnership)**

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

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

### **2-1-1 Arizona**

Community Information and Referral Services transforms lives by linking individuals and families to vital community services throughout Arizona.

**Dial 2-1-1**

**<https://211arizona.org/>**

### **Alzheimer's Association – Desert Southwest Chapter**

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

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

1028 E. McDowell Rd.

Phoenix, AZ 85006

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

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

### **American Diabetes Association**

2451 Crystal Dr., Ste. 900

Arlington, Virginia 22202

**1-800-342-2383**

**[www.diabetes.org](http://www.diabetes.org)**

### **Area Agency on Aging**

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

**Maricopa County – Region One**

1366 E. Thomas Rd., Ste. 108

Phoenix, AZ 85014

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

**[www.aaaphx.org](http://www.aaaphx.org)**

**Pima County – Region Two**

8467 E. Broadway Blvd.

Tucson, AZ 85710

**520-790-7262**

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

**Coconino, Apache Counties – Region 3**

323 N. San Francisco St., Ste. 200

Flagstaff, AZ 86001

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

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

**La Paz, Yuma Counties – Region Four**

1235 S. Redondo Center Dr.

Yuma, AZ 85365

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

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

**Mohave – Region Four**

208 N. 4th St.

Kingman, AZ 86401

**928-753-6247**

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

**Pinal and Gila Counties – Region Five**

8969 W. McCartney Rd.

Casa Grande, AZ 85194

**1-800-293-9393**

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

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

300 Collins Rd.

Bisbee, AZ 85603

**520-432-2528**

**<https://www.seago.org>**

**Navajo Nation – Region Seven**

1800 W. Deuce of Clubs, Ste. 220

Show Low, AZ 85901

**928-774-1895**

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

**Yavapai**

544 S. 6th St., Ste. 104  
Cottonwood, AZ 86326

**928-239-7435**

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

**3130 Robert Rd., Ste. 1**

Prescott Valley, AZ 86314

**928-227-0142** or **1-800-552-9257**

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

**Inter-Tribal Council of Arizona – Region Eight**

2214 N. Central Ave.

Phoenix, AZ 85004

**602-258-4822**

[http://itcaonline.com/?page\\_id=793](http://itcaonline.com/?page_id=793)

**Arizona and Drug Information Center**

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

**1-800-222-1222**

<http://www.azpoison.com/>

**Arizona Child and Family Resources**

**1-800-308-9000**

[www.AZCCRR.com](http://www.AZCCRR.com)

Programs include:

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

288 N. Ironwood Dr., Ste. 104

Apache Junction, AZ 85120

**480-983-7028**

1355 Ramar Rd., Ste. 8

Bullhead City, AZ 86442

1115 E. Florence Blvd., Ste. M

Casa Grande, AZ 85122

**520-518-5292**

1151 16th Street

Douglas, AZ 85607

**520-368-6122**

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

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

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

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

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

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

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

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

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

**Arizona Coalition for Military Families**

2929 N. Central Ave., Ste. 1550  
Phoenix, AZ 85012  
**602-753-8802**  
**[www.Arizonacoalition.org](http://www.Arizonacoalition.org)**

**Arizona Department of Health Services**

150 N. 18th Ave., Ste. 310  
Phoenix, AZ 85007  
**602-542-1025 or 1-800-252-5942**  
**[www.azdhs.gov/index.php](http://www.azdhs.gov/index.php)**

### **Arizona Department of Economic Security**

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

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

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

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

**[www.healtharizonaplus.gov](http://www.healtharizonaplus.gov)**

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

**1-800-833-4642**

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

### **Arizona Disability Benefits 101**

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

**1-866-304-WORK (9675)**

**[www.az.db101.org](http://www.az.db101.org)**

### **ARIZONA@WORK**

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

**<https://arizonaatwork.com>**

### **Arizona Opioid Assistance & Referral (OAR) Line**

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

**1-888-688-4222**

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

### **Arizona Self-Help**

Online access to 40 different health and human services programs.

**[www.arizonaselfhelp.org](http://www.arizonaselfhelp.org)**

### **Arizona Suicide Prevention Coalition**

The coalition provides resources and additional information to help reduce suicide rates in Arizona. Most suicides are preventable. These resources can help educate you on awareness, intervention and action.

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

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

**602-248-8337**

**[www.azspc.org](http://www.azspc.org)**

### **Arizona Workforce Connection**

Employment tools designed for job seekers, students, case managers, employers, training providers, workforce professionals and others seeking benefits and services.

**602-542-2460**

**<https://www.azjobconnection.gov>**

### **Arizona Youth Partnership**

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

**<https://azyp.org/program/starting-out-right/>**  
**1-877-882-2881**

### **AZ Links**

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

**[www.AzLinks.gov](http://www.AzLinks.gov)**

### **Child and Family Resources**

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

**520-230-7032**

**[www.childfamilyresources.org](http://www.childfamilyresources.org)**

### **Child Care Resource and Referral**

Statewide program that helps families find childcare.

**1-800-308-9000**

**<https://www.azccrr.com>**

### **CHR Recovery Center**

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

**602-246-7607**

**<https://azchr.org/>**

### **Coordinated Entry Access Points**

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

#### **APACHE COUNTY**

##### **Old Concho Community Assistance Center (OCCAC)**

**928-337-5047**

35432 Hwy 180A, Concho, AZ 85924

#### **COCHISE COUNTY**

##### **Good Neighbor Alliance (GNA)**

**520-439-0776**

420 N. 7th St., Sierra Vista, AZ 85635

**Bisbee Coalition for the Homeless (Tintown Shelter)**

**520-432-7839**

509 Romero St., Bisbee, AZ 85603

**COCONINO COUNTY**

**Catholic Charities Community Services (CCCS)**

**928-774-9125**

2101 N. Fourth St., Flagstaff, AZ 86004

**Flagstaff Shelter Services (FSS)**

**928-225-2533 x307**

4185 E. Huntington Dr., Flagstaff, AZ 86004

**GILA COUNTY**

**Gila County Community Action Program**

**928-425-7631**

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

514 S. Beeline Hwy., Payson, AZ 85541

**GRAHAM/ GREENLEE**

Please contact 211 Arizona for Coordinated Entry

**2-1-1**

**<https://211arizona.org/>**

**LA PAZ COUNTY**

**Regional Center for Border Health (RCFBH)**

**928-669-4436**

**(928) 256-4110**

601 W. Riverside Dr., Parker, AZ 85344

**MARICOPA COUNTY**

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

**602-229-5155**

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

**Youth Resources (aged 18-24)**

**480-868-7527**

**Family Housing Hub (Families only)**

**602-595-8700**

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



**VA Community Resource and Referral Center (CRRC) Veterans**

**602-248-6040**

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

**MOHAVE COUNTY**

**Mohave County Housing Authority**

**928-753-0723**

700 W. Beale St., Kingman, AZ 86401

**NAVAJO COUNTY**

**Re: Center**

**928-457-1707**

814 E. White Mountain Blvd.

Pinetop-Lakeside, AZ 85901

**PIMA COUNTY**

**City of Tucson**

**520-837-5329**

**Sonora House**

**520-624-5518**

1367 W Miracle Mile, Tucson, AZ 85705

**Salvation Army**

**520-622-5411**

1002 N. Main Avenue, Tucson, AZ 85705

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

**520-308-3079**

702 S. 6th Ave. Tucson, AZ 85701

**Our Family Services**

**520-323-1708**

2590 N Alvernon Way

Tucson, AZ 85712

**La Frontera RAPP**

**520-882-8422**

4554 S Palo Verde Rd.

Tucson, AZ 85714

**OPCS**

**520-546-0122**

4501 E. 5th Street

Tucson, AZ 85711

## **PINAL COUNTY**

### **Community Action Human Resources Agency (CAHRA)**

**520-466-1112**

109, N Sunshine Blvd., Eloy, AZ 85131

### **National Community Health Partners (NCHP)**

**520-876-0699**

### **CG Helps**

**520-483-0010**

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

## **Santa Cruz County**

**Please contact 211 Arizona for Coordinated Entry**

**Dial 2-1-1**

**<https://211arizona.org/>**

## **YAVAPAI COUNTY**

### **Coalition for Compassion & Justice (CCJ)**

**928-445-8382**

531 Madison Ave., Prescott, AZ 86301

### **Nations Finest**

**928-237-1095**

600 E. Gurley St., Ste F., Prescott, AZ 86301

### **Verde Valley Homeless Coalition**

**928-641-4298**

54 Main St., Cottonwood, AZ 86326

### **Catholic Charities Community Services (CCCS)**

**928-848-6011**

434 W. Gurley St., Prescott, AZ 86301

### **Prescott Area Shelter Services (PASS)**

**928-778-5933**

336 N. Rush St., Prescott, AZ 86301

## **YUMA COUNTY**

### **ACHIEVE**

**928-341-4147**

3250A East 40th Street; Yuma, AZ 85365

**Western Arizona Council of Governments (WACOG)****928-217-7116**

1235 S. Redondo Center Drive, Yuma, AZ 85365

**National Community Health Partners (NCHP)****928-726-6022**

255 W 24th St., Ste 4, Yuma, AZ 85364

**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

**602-364-2536****[www.azdhs.gov/als/index.htm](http://www.azdhs.gov/als/index.htm)****Tucson Office**

400 W. Congress, Suite 100

**Tucson, AZ 85701****520-628-6965****[www.azdhs.gov/als/index.htm](http://www.azdhs.gov/als/index.htm)****Dump the Drugs**

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

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

Contact 211 Arizona for Shelter Resources

Dial **2-1-1****<https://211arizona.org/>****Food and clothing resources****Andre House**

Emergency food boxes and other supports.

213 S. 11th Ave.

Phoenix, AZ 85007

Phone: **602-252-9023****Chicanos Por La Causa Senior Center**

Hot meals for older adults, delivered for homebound.

1617 N. 45th Ave.

Phoenix, AZ 85035

**602-272-0054**

**Cultural Cup Food Bank**

No-cost emergency food boxes, sack lunches and more.

342 E. Osborn Rd.

Phoenix, AZ 85012

**602-266-8370**

**www.culturalcup.com**

**First Pentecostal Church Community Center**

Canned foods, meals and more

2709 E. Marguerite Ave.

Phoenix, AZ 85040

**602-276-2126**

**Highways and Hedges Ministries**

Monday through Friday, 9:30 a.m. to 5: p.m.

2515 E. Thomas Rd.

Phoenix, AZ 85016

**602-212-0850**

**ICM Food and Clothing Bank**

Monday through Saturday, 9:00 a.m. to 11:00 a.m.

501 S. 9th Ave.

Phoenix, AZ 85007

**602-254-7450**

**St. Mary's Food Bank**

Collects and distributes food throughout the state, provides emergency food boxes, mobile pantry, child nutrition programs and a community kitchen.

2831 N. 31st Ave.

Phoenix, AZ 85009

**602-242-3663**

**United Food Bank**

245 S. Nina Dr.

Mesa, AZ 85210

**480-926-4897**

**Foothills Food Bank and Resource Center**

6038 E. Hidden Valley Dr.

Cave Creek, AZ 85331

Call for eligibility: **480-488-1145**

**St. Vincent De Paul dining rooms**

**602-266-4673**

**Phoenix Family dining room**

420 W. Watkins Road

Phoenix, AZ 85003

**Sunnyslope**

9227 N. 10th Ave.  
Phoenix, AZ 85021

**Mesa**

67 W. Broadway Road  
Mesa, AZ 85210

**Human Services**

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

**El Mirage**

14016 N. Verbena St.  
El Mirage, AZ 85335

**Information for caregivers**

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

**La Frontera – EMPACT**

Behavioral health services to children, adults and families. Outpatient and inpatient services are available. This includes counseling, psychiatric services, substance use treatment, trauma healing, crisis intervention, supportive services and services for adults with a SMI designation.

**[www.lafronteraempact.org](http://www.lafronteraempact.org)**

**Glendale**

4425 W. Olive Rd., Ste., 194  
Glendale, AZ 85302  
**480-784-1514**

**Maricopa**

21476 N. John Wayne Parkway, Ste. C101  
Maricopa, AZ 85139  
**480-784-1514 or 520-316-6068**

**Tempe**

618 S. Madison Dr.  
Tempe, AZ 85281  
**480-784-1514**

If you would like to know more about these resources including all residential placement options within the Geographic Service Area (GSA) available in your community, contact Mercy Care at **602-586-1841** or **1-800-564-5465** (TTY 711).

## **Maternal and Child Health Program and EPSDT – Home visitation resources**

### **Maricopa County Lead Safe Phoenix Program**

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

**602-525-3162**

**<https://www.maricopa.gov/1853/Lead-Poisoning-Prevention>**

### **Parents Partners Plus**

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

**602-633-0732**

**<https://parentpartnersplus.com/>**

### **Southwest Human Development – Healthy Families**

Healthy Families is a no cost program that works with families from pregnancy through the first 5 years of life. Their goal is to help you become the best parent you can be. A home visitor goes to the family to provide support and information to become the best parent for their child!

**877-705-KIDS**

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

### **Strong Families AZ**

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

**<https://strongfamiliesaz.com/>**

#### **Arizona Health Start**

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

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

#### **Family Spirit**

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

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

### **Healthy Families Arizona**

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

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

### **High-Risk Perinatal/Newborn Intensive Care Program**

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

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

### **Nurse-Family Partnership**

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

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

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

2850 N. 24th St.

Phoenix, AZ 85008

**602-224-1740**

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

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

4041 N. Central Ave., Suite 700

Phoenix, AZ 85012

**602-224-1740**

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

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

1101 N. 5th Ave

Tucson, AZ 85705

**520-881-0001, ext. 15112**

**<https://casadelosninos.org/>**

#### **Nurse-Family Partnership/Easter Seals Blake Foundation**

Graham, Gila, Pima and Yuma County

7750 E. Broadway Blvd., Suite A200

Tucson, AZ 85710

**520-247-3275**

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



**Nurse-Family Partnership/Pima County**

3950 S. Country Club Rd., Suite 100

Tucson, AZ 85714

**520-724-7806**

**Yavapai County Community Health Services**

1090 Commerce Dr.

Prescott, AZ 86305

**928-442-5478**

**Yavapai County Community Health Services**

Verde Valley, AZ 86326

**928-634-6851**

**Parents as Teachers**

For families with a child on the way or under 5 years old. Your children have so much potential. As a parent, you have a unique opportunity to be their first teacher. Most brain development occurs in the first few years of life and you can make a difference. Parents as Teachers will show you how. Their Home Visitors will provide you with resources appropriate for your child's stage of development. Through Parents as Teachers, you'll develop a stronger relationship with your child and help prepare them for academic success.

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

**SafeCare**

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

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

**Maternal and Child Health Program and EPSDT – additional resources****ADHS Pregnancy and Breastfeeding Helpline**

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

Available 24 hours a day, 7 days a week

**1-800-833-4642**

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

**Affirm (formerly Arizona Family Health Partnership)**

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

**602-258-5777**

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

### **Arizona Postpartum Warm Line**

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

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

**[www.psiarizona.org](http://www.psiarizona.org)**

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

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

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

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

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

### **Arizona Head Start**

Arizona Head Start is a great program that gets infants, toddlers and preschool-aged children ready for school. The program offers education preparation, healthy snacks and meals, services to promote family well-being and more. They offer two Head Start programs depending on your child's age. Early Head Start is the program for children under 3 years old. Head Start is the program for children between 3 and 5 years old. Arizona Head Start offers these services and more at no cost to you. To locate an Early Head Start or Head Start program in your area, you can visit their website and use the Find Your Head Start Flyer. You can also use the contacts listed below.

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

#### **Apache, Coconino, Navajo and Yavapai Counties**

**Northern Arizona Council of Governments (NACOG)**

**928-774-9504**

**[nacog.org](http://nacog.org)**

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

**Child Parent Centers, Inc. (CPC)**

**520-882-0100**

**[childparentcenters.org](http://childparentcenters.org)**

#### **Gila or Pinal County**

**Pinal-Gila Community Child Services, Inc. (PGCCS)**

**1-888-723-7321**

**[pgccs.org](http://pgccs.org)**

**La Paz, Mohave and Yuma Counties**

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

**Maricopa County**

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

**Chicanos Por La Causa**  
**602-716-0156**  
**cplc.org**

**Child Crisis Arizona**  
**480-304-9501**  
**childcrisisaz.org**

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

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

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

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

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

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

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

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

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

### **Birth to 5 Helpline**

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

**1-877-705-KIDS**

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

### **Children’s Rehabilitative Services (CRS)**

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

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

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

### **First Things First**

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

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

**<https://www.firstthingsfirst.org/resources/>**

### **Fussy Baby Program**

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

**1-877-705-KIDS**

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

### **Hushabye Nursery**

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

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

**<https://www.hushabyenursery.org>**

### **Jacob's Hope**

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

**480-398-7373**

**<https://jacobshopeaz.org/>**

### **Office of Children's Health**

150 N. 18th Ave.

Phoenix AZ 85007

**602-542-1025**

### **Postpartum Support International**

Postpartum Support International (PSI) is the world's leading non-profit organization dedicated to helping those suffering from perinatal mood disorders. PSI promotes treatment, prevention, education and awareness of perinatal mood disorders (PMD) affecting mothers, their families and support systems. Call the toll-free helpline for more information and volunteers will give you information, encouragement and names of resources near you.

PSI Helpline: 24 hours a day, 7 days a week call or text

English **1-800-944-4773** or Spanish **971-203-7773**

National Maternal Mental Health Hotline – call or text: **1-833-943-5746**

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

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

### **Power Me A2Z**

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

**<https://www.powermea2z.org/>**

### **Raising Special Kids**

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

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

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

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

**[www.raisingspecialkids.org](http://www.raisingspecialkids.org)**

### **Vaccines for Children (VFC) Program**

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

**602-364-3642**

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

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

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

**1-800-252-5942**

**[www.azdhs.gov/prevention/azwic](http://www.azdhs.gov/prevention/azwic)**

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

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

### **WIC online**

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

**602-506-9333**

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

### **Mentally Ill Kids in Distress (MIKID)**

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

**[www.mikid.org](http://www.mikid.org)**

810 Gemstone #3  
Bullhead City, AZ 86442

**928-704-9111**

901 E. Cottonwood Lane  
Casa Grande, AZ 85122

**520-509-6669**

2615 E. Beverly Ave.  
Kingman, AZ 86409

**928-753-4354**

1777 N. Frank Reed Rd.  
Nogales, AZ 85621

**520-377-2122**

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

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

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

### **Migrant and seasonal program services**

#### **Chicanos Por La Causa Early Childhood Development**

1402 S. Central Ave  
Phoenix, AZ 85004  
**602-716-0156**  
**[www.cplc.org](http://www.cplc.org)**

### **Tribal program services**

#### **Gila River Head Start**

P.O. Box 97  
Sacaton, AZ 85147  
**520-562-3423**  
**[www.gilariver.org](http://www.gilariver.org)**

#### **Salt River Pima Maricopa Indian Community Early**

Childhood Education Center  
4826 N Center St.  
Scottsdale, AZ 85256  
**480-362-2200**  
**<https://ecec.srpmic-ed.org/>**

### **My Family Benefits**

Information about medical, cash and nutrition assistance

**1-855-432-7587** or **1-855-heaplus**  
**[www.azdes.gov/myfamilybenefits](http://www.azdes.gov/myfamilybenefits)**

### **NAMI Arizona (National Alliance on Mental Illness)**

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

**480-994-4407**  
**[www.namiarizona.org](http://www.namiarizona.org)**

### **National Hopeline Network**

No-cost 24 hour hotline for anyone in crisis

**1-800-442-4673**



**National Suicide Prevention Hotline**

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

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

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**National Veterans Crisis Line**

**1-800-273-8255** or call **988, option 1**

[www.veteranscrisisline.net](http://www.veteranscrisisline.net)

**Nutrition Assistance (formerly the Food Stamp Program)**

Supporting families to prevent under-nutrition in Arizona.

**1-855-432-7587**

[des.az.gov/na](http://des.az.gov/na)

**Nutrition, Physical Activity and Obesity (NUPAO)**

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

**Opioid Assistance and Referral Line**

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

**1-888-688-4222**

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

**Poison Control**

Call **911** right away if the individual collapses, has a seizure, has trouble breathing or can't be awakened.

For immediate expert advice that's no cost and confidential, call 24 hours a day, 7 days a week:

**1-800-222-1222**

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

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

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

**Reach Family Services/Alcanza Servicios de Familia**

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

Postpartum Support International (PSI) is a toll-free number anyone can call to get basic information, support and resources. Volunteers will give you information, encouragement and names of resources near you.

**1-800-944-4773** or Spanish **971-203-7773**

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

<https://www.postpartum.net>

**Social Security and Disability Resource Center**

Provides information on the federal disability benefit programs, SSD (social security disability, mandated under Title II of the Social Security Act) and SSI (Supplemental Security Income, mandated under Title 16. They also answer questions about Social Security retirement benefits and provide resource links on Medicare and other topics.

[www.ssdrc.com](http://www.ssdrc.com)

### **Teen Lifeline**

Peer counseling suicide hotline from 3-9 p.m. daily. Life skills development training for teens interested in becoming peer counselors. Awareness, education, prevention materials and training opportunities available.  
**602-248-8336 (TEEN)** or **1-800-248-8336 (TEEN)**  
**[www.teenlifeline.org](http://www.teenlifeline.org)**

### **Trans Lifeline**

A peer support crisis hotline in which all operators are transgender.  
**1-877-565-8860**  
**[www.translifeline.org](http://www.translifeline.org)**

### **Veterans/Be Connected line**

Veterans' resources (and for those who support them).  
**1-866-4AZ-VETS** or **1-866-429-8387**

### **Vocational Rehabilitation (VR)**

The Arizona Department of Economic Security offers Vocational Rehabilitation. The VR program provides a variety of services to people with disabilities with the goal to prepare for, enter or retain employment.  
**1-800-563-1221** or TTY **1-855-475-8194**  
**<https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr>**

The Vocational Rehabilitation program provides services and supports in order to help people with disabilities meet their employment goals.  
**<https://des.az.gov/vr>**

---

## **No-cost immunization/vaccination clinics**

---

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

### **APACHE COUNTY**

**North Country HealthCare – Round Valley Clinic**  
928-333-0127  
<http://www.northcountryhealthcare.org>

**North Country HealthCare – Saint John's Clinic**  
928-337-3705  
<http://www.northcountryhealthcare.org>

**Saint John's Immunization Clinic**  
928-333-2415 x6509  
<https://www.co.apache.az.us/health/clinical-services/>

**Springerville Immunization Clinic**  
928-333-2415 x6509  
<https://www.co.apache.az.us/health/clinical-services/>

### **COCHISE COUNTY**

**Chiricahua Pediatric Center of Excellence**  
520-364-5437  
<http://www.cchci.org>

**Chiricahua Sierra Vista Pediatrics Clinic**  
520-459-0203  
<http://www.cchci.org>

### **COCONINO COUNTY**

**Coconino County Immunization Clinic**  
928-679-7222  
<http://www.coconino.az.gov/health>

**Lake Powel Medical Center**  
928-645-8123  
<http://www.canyonlandschc.org>

**NACA Family Health & Wellness Center**

928-773-1245

<http://www.nacainc.org>

**North Country HealthCare – Flagstaff Clinic 4th St**

928-522-9400

<http://www.northcountryhealthcare.org>

**North Country HealthCare – Flagstaff Clinic**

University Ave

928-522-1300

<http://www.northcountryhealthcare.org>

**North Country HealthCare – Grand Canyon Clinic**

928-638-2551

<http://www.northcountryhealthcare.org>

**North Country HealthCare – Williams Clinic**

928-635-4441

<http://www.northcountryhealthcare.org>

**GILA COUNTY**

**Canyonlands Healthcare – Globe**

928-402-0491

<http://www.canyonlandschc.org>

**Gila County Public Health Services Division – Globe**

928-425-3189 x8811

[https://www.gilacountyaz.gov/government/health\\_and\\_emergency\\_services/health\\_services/index.php](https://www.gilacountyaz.gov/government/health_and_emergency_services/health_services/index.php)

**Gila County Public Health Services Division – Payson**

928-474-1210

[https://www.gilacountyaz.gov/government/health\\_and\\_emergency\\_services/health\\_services/index.php](https://www.gilacountyaz.gov/government/health_and_emergency_services/health_services/index.php)

**North Country HealthCare – Payson Clinic**

928-468-8610

<http://www.northcountryhealthcare.org>

**GRAHAM COUNTY**

**Canyonlands Healthcare – Safford**

928-428-1500

<http://www.canyonlandschc.org>

**Graham County Health Department Public Health Services**

928-428-1962

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

**GREENLEE COUNTY**

**Canyonlands Healthcare – Clifton**

928-865-2500

<http://www.canyonlandschc.org>

**Canyonlands Healthcare – Duncan**

928-359-1380

<http://www.canyonlandschc.org>

**Greenlee County Public Health and Community Nursing – Clifton**

928-865-2601

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

**Greenlee County Public Health and Community Nursing – Parker**

928-359-2866

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

**LA PAZ COUNTY**

**La Paz County Health Department**

928-669-1100

<http://www.lpchd.com>

**MARICOPA COUNTY**

**Chandler Regional Medical Center Community Wellness Immunization Clinic**

480-728-2004

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

**East-Mesa clinic**

602-506-2660

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

**Mesa Immunization Clinic**

602-506-2660

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

**NHW Community Health Center**

602-279-5351

<http://nativehealthphoenix.org>**Roosevelt Immunization Clinic**

602-506-8815

<http://www.maricopa.gov/3849/public-health>**West Immunization Clinic**

602-506-5888

<http://www.maricopa.gov/3849/public-health>**MOHAVE COUNTY****Canyonlands Healthcare – Beaver Dam**

928-347-5971

<http://www.canyonlandshc.org>**North Country HealthCare – Bullhead City Clinic**

928-704-1221

<http://www.northcountryhealthcare.org>**North Country HealthCare – Kingman Clinic**

928-753-1177

<http://www.northcountryhealthcare.org>**North Country HealthCare – Lake Havasu City Clinic**

928-854-1800

<http://www.northcountryhealthcare.org>**NAVAJO COUNTY****Canyonlands Healthcare – Chilchinbeto**

928-697-8154

<http://www.canyonlandshc.org>**Holbrook Immunization Clinic**

928-524-4750

<http://www.navajocountyaz.gov/departments/public-health-services>**North Country HealthCare – Holbrook Clinic**

928-524-2851

<http://www.northcountryhealthcare.org>**North Country HealthCare – Show Low Clinic**

928-537-4300

<http://www.northcountryhealthcare.org>**North Country HealthCare – Winslow Clinic**

928-289-2000

<http://www.northcountryhealthcare.org>**Show Low Immunization Clinic**

928-532-6050

<http://www.navajocountyaz.gov/Departments/Public-Health-Services>**Taylor/Snowflake Immunization Clinic**

928-532-6050

<http://www.navajocountyaz.gov/departments/public-health-services>**PIMA COUNTY****Continental Family Medical Center**

520-407-5900

<http://www.uchcaz.org>**Continental Pediatrics Clinic**

520-407-5900

<http://www.uchcaz.org>**Desert Senita Community Health Center – Ajo**

520-387-5651

<http://www.desertsenita.org>**El Rio No-Cost Immunization Clinics**

520-670-3909

<http://www.elrio.org>**La Canada Pediatrics Clinic**

520-407-5800

<http://www.uchcaz.org>**Pima County Health Department Clinic – Tucson East**

520-724-9650

<http://www.webcms.pima.gov/health>**Pima County Health Department Clinic – Tucson North**

520-724-2880

<http://www.webcms.pima.gov/health>**Pima County Health Department**

Clinic-Tucson Southwest

520-724-7900

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

**UA Mobile Health Program**

520-349-6594

<http://www.fcm.arizona.edu/outreach/mobile-health-program>**United Community Health Center Arivaca Clinic**

520-407-5500

<http://www.uchcaz.org>**United Community Health Center at Green Valley Hospital Clinic**

520-407-5400

<http://www.uchcaz.org>**United Community health Center at Old Vail Middle School**

520-762-5200

<http://www.uchcaz.org>**United Community Health Center at Sahuarita Heights**

520-576-5770

<http://www.uchcaz.org>**United Community Health Center at Three Points Clinic**

520-407-5700

<http://www.uchcaz.org>**PINAL COUNTY****Apache Junction Clinic**

866-960-0633

<http://www.pinalcountyyaz.gov>**Casa Grande Clinic**

866-960-0633

<http://www.pinalcountyyaz.gov>**Desert Senita Community Health Center – Arizona City**

520-466-5774

<http://www.desertsenita.org>**Eloy Clinic**

866-960-0633

<http://www.pinalcountyyaz.gov>**Kearny Clinic**

866-960-0633

<http://www.pinalcountyyaz.gov>**Mammoth Clinic**

866-960-0633

<http://www.pinalcountyyaz.gov>**Maricopa Clinic**

866-960-0633

<http://www.pinalcountyyaz.gov>**SANTA CRUZ COUNTY****Mariposa Community Health Center – Nogales**

520-281-1550

<http://www.mariposachc.net>**United Community Health Center Amado Clinic**

520-407-5510

<http://www.uchcaz.org>**YAVAPAI COUNTY****North Country HealthCare – Ash Fork Clinic**

928-637-2305

<http://www.northcountryhealthcare.org>**North Country HealthCare – Seligman Clinic**

928-422-4017

<http://www.northcountryhealthcare.org>**Yavapai County Community Health Services Community Health Center – Cottonwood**

928-639-8132

<http://www.chcy.info>**Yavapai County Community Health Services Community Health Center – Prescott**

928-583-1000

<http://www.chcy.info>**Yavapai County Community Health Services Community Health Center – Prescott Valley**

928-583-1000

<http://www.chcy.info>**YUMA COUNTY****Horizon Health and Wellness Primary Care – Yuma**

833-431-4449

<http://www.hhwaz.org>

**San Luis Walk-In Clinic – San Luis Center**

928-722-6112

<http://www.slwic.org>**Yuma County Public Health Nursing Division**

928-317-4559

<http://www.yumacountyaz.gov>**San Luis Walk-In Clinic – Somerton Center**

928-236-8001

<http://www.slwic.org>

---

**If you lose eligibility resources**

---

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

**LOW-COST/SLIDING SCALE HEALTH CARE****MARICOPA COUNTY****Circle the City Health Care**

3522 N. 3rd Avenue, Phoenix AZ 85013

602-776-0776

[Circlethecity.org](http://Circlethecity.org)**Adelante Healthcare****Avondale**

Coronado Professional Plaza

3400 Dysart Rd., Ste. F 121

Avondale, AZ 85392

1-877-809-5092

**Buckeye**

306 E. Monroe Ave.

Buckeye, AZ 85326

1-877-809-5092

**Gila Bend**

100 N. Gila Blvd.

Gila Bend, AZ 85337

1-877-809-5092

**Mesa**

1705 W. Main St.

Mesa, AZ 85201

1-877-809-5092

**Phoenix**

7725 N. 43rd Ave., Ste. 510

Phoenix, AZ 85051

1-877-809-5092

**Surprise**

15351 W. Bell Rd.

Surprise, AZ 85374

1-877-809-5092

**Wickenburg**

811 N. Tegner St., Ste. 113

Wickenburg, AZ 85390

1-877-809-5092

**HonorHealth Desert Mission Healthcare Center**

(Formerly John C Lincoln Community Health Center)

9201 N. 5th St.

Phoenix, AZ 85020

602-331-5779

**Valleywise Health Centers**<https://valleywisehealth.org/>**Sunnyslope Family Health Center**

934 W. Hatcher Rd.

Phoenix, AZ 85021

602-344-6300

**Comprehensive Health Center**

2525 Roosevelt St.

Phoenix, AZ 85008

602-344-1015

**Guadalupe Family Health Center**

5825 E. Calle Guadalupe

Guadalupe, AZ 85283

480-344-6000

**South Central Family Health Center**

33 W. Tamarisk St.  
Phoenix, AZ 85041  
602-344-6400

**Mountain Park Health Center – Baseline**

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

**Maryvale Family Health Center**

4011 N. 51st Ave.  
Phoenix, AZ 85031  
623-344-6900

**Chandler Family Health Center**

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

**El Mirage Family Health Center**

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

**Avondale Family Health Center**

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

**Glendale Family Health Center**

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

**Mesa Family Health Center**

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

**Seventh Avenue Family Health Center**

1205 S. 7th Ave.  
Phoenix, AZ 85007  
602-344-6600

**Mountain Park Health Center**

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

**Mountain Park Health Center – Goodyear**

140 N. Litchfield Rd., #200  
Goodyear, AZ 85338  
602-243-7277

**Mountain Park Health Center – South Phoenix**

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

**Mountain Park Health Center – East Phoenix**

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

**Native American Community Health Center, Inc.**

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

**Panda Pediatrics**

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

**Maryvale Family Medical**

4700 N. 51 Ave., Ste. 1  
Phoenix, AZ 85031  
623-344-6900

**OSO Medical**

13851 W. Lamar Blvd., Ste. C  
Goodyear, AZ 85338  
623-925-2622

**St. Vincent De Paul/Virginia G. Piper  
Medical & Dental Clinic**

420 W. Watkins St.  
Phoenix, AZ 85003  
602-261-6868

**PIMA COUNTY****Desert Senita Community Health Center**

410 N. Malacate St.  
Ajo, AZ 85321  
520-387-4500

**El Rio Community Health Centers  
Congress Health Center**

839 W. Congress St.  
Tucson, AZ 85745  
520-670-3909

**El Rio Northwest Health Center**

320 W. Prince Rd.  
Tucson, AZ 85705  
520-670-3909

**El Rio Southwest Internal Medicine**

1510 W. Commerce Ct.  
Tucson, AZ 85746  
520-670-3909

**El Rio Health – Broadway Campus**

1101 E. Broadway Blvd.  
Tucson, AZ 85719  
520-670-3909

**El Rio Health – El Pueblo Campus**

101 W. Irvington Rd.  
Tucson, AZ 85714  
520-670-3909

**MHC Healthcare – Freedom Park Health Center**

5000 E. 29th St.  
Tucson, AZ 85711  
520-790-8500

**MHC Healthcare – Keeling Health Center**

435 E. Glenn St.  
Tucson, AZ 85705  
520-616-1560

**MHC Healthcare – Ortiz Community Health Center**

12635 W. Rudasill Rd.  
Tucson, AZ 85743  
520-682-3777

**MHC Healthcare – Flowing Wells Family Health Center**

1323 W. Prince Rd.  
Tucson, AZ 85709  
520-887-0800

**MHC Healthcare – East Side Health Center**

8181 E. Irvington Rd.  
Tucson, AZ 85709  
520-574-1551

**COCHISE COUNTY**

**Chiricahua Community Health Center – Bisbee**

108 Arizona St.  
Bisbee, AZ 85603  
520-432-3309

**Chiricahua Community Health Center – Douglas**

1100 F Ave.  
Douglas, AZ 85607  
520-364-3285

**Chiricahua Community Health Center – Elfrida**

10566 N. Hwy 191  
Elfrida, AZ 85610  
520-642-2222

**Copper Queen Medical Associates RHC – Douglas**

100 E. 5th St.  
Douglas, AZ 85607  
520-364-7659

**Copper Queen Community Hospital – Bisbee**

101 Cole Ave.  
Bisbee, AZ 85603  
520-432-2042

**Southeast Arizona Medical Center**

2174 W. Oak Ave.  
Douglas, AZ 85607  
520-364-7931 (Cochise Regional Hospital)

**GRAHAM COUNTY**

**Canyonlands Community Health Care – Safford**

2016 W. 16th St.  
Safford, AZ 85546  
928-428-1500

**GREENLEE COUNTY**

**Canyonlands Community Health Care – Duncan**

227 Main St.  
Duncan, AZ 85534  
928-359-1380



---

## Low-fee dental services

---

The following organizations offer low fee dental services:

### GILA COUNTY

#### Copper Vista Dental Care

1450 South St., Ste. 3  
Globe, AZ 85501  
928-452-8175

#### Canyonlands Healthcare

5860 S. Hospital Dr., Ste. 120  
Globe, AZ 85501  
928-402-0491

### MARICOPA COUNTY

#### Mountain Park Health Center (5 locations)

602-243-7277  
[www.MPHC.AZ.org](http://www.MPHC.AZ.org)

1840 E. Broadway  
Tempe, AZ 85282

3830 E. Van Buren St.  
Phoenix, AZ 85008

635 E. Baseline Rd.  
Phoenix, AZ 85042

6601 W. Thomas Rd.  
Phoenix, AZ 85033

140 N. Litchfield Rd. #200  
Goodyear, AZ 85338

#### Native Health Central

4041 N. Central Ave.  
Building C  
Phoenix, AZ 85012  
602-279-5262  
[www.NativeHealthPhoenix.org](http://www.NativeHealthPhoenix.org)

#### Phoenix College Clinic – dental hygiene only

1202 W. Thomas Rd.  
Phoenix, AZ 85013  
602-285-7323  
[www.pc.maricopa.edu](http://www.pc.maricopa.edu)

#### St. Vincent De Paul

420 W. Watkins St.  
Phoenix, AZ 85002  
602-261-6868  
[www.StVincentdePaul.net](http://www.StVincentdePaul.net)

### PIMA COUNTY

#### El Rio Dental Congress

839 W. Congress St.  
Tucson, AZ 85745  
520-670-3909  
[www.elrio.org](http://www.elrio.org)

#### El Rio Northwest Dental Center

340 W. Prince Rd.  
Tucson, AZ 85705  
520-670-3909  
[www.elrio.org](http://www.elrio.org)

#### El Rio Southwest Dental Center

1530 W. Commerce Ct.  
Tucson, AZ 85746  
520-670-3909  
[www.elrio.org](http://www.elrio.org)

#### Pima Community College

Hygiene School  
2202 W. Anklam Rd., Rm K-212  
Tucson, AZ 85709  
520-206-6090  
[www.pima.edu](http://www.pima.edu)

#### Desert Senita Medical Center

410 Malacate St.  
Ajo, AZ 85321  
520-387-5651  
<http://desertsenita.org/>

### COCHISE COUNTY

#### Copper Queen Community Hospital

101 Cole Ave.  
Bisbee, AZ 85603  
520-432-5383

---

## Advocacy

---

There are groups you can contact who will act as an advocate for you. Health advocacy involves direct service to you and your family, which can help promote health and access to health care. An advocate is anyone who supports and promotes your rights.

There are many advocacy resources listed below.

### **Arizona Attorney General's Office**

1275 W. Washington St.  
Phoenix, AZ 85007  
602-542-5763  
[www.azag.gov](http://www.azag.gov)

### **Arizona Attorney General's Office – Tucson**

400 W. Congress, Ste. 315  
Tucson, AZ 85701  
520-628-6504

### **Arizona Attorney General's office – outside Phoenix and Tucson**

1-800-352-8431

### **Arizona Center for Disability Law – Mental Health**

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 make sure the human and civil rights of people with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of people with disabilities to enforce their constitutional and statutory rights.  
[www.azdisabilitylaw.org](http://www.azdisabilitylaw.org)

### **Arizona Center for Disability Law – Maricopa**

5025 E. Washington, Ste. 202  
Phoenix, AZ 85034  
602-274-6287 or 1-800-927-2260

### **Arizona Center for Disability Law – Pima**

177 N. Church Ave, Ste. 800  
Tucson, AZ 85701  
520-327-9547 or 1-800-922-1447

### **Arizona Coalition Against Sexual and Domestic Violence**

Hotline and legal hotline, providing education and training, technical assistance, advocacy and legal advocacy.  
602-279-2900; 1-800-782-6400; TTY 602-279-7270  
[www.acesdv.org](http://www.acesdv.org)

### **Arizona Department of Child Safety (DCS)**

The Arizona Department of Child Safety receives, screens and investigates allegations of child abuse and neglect. They assess child safety, assess the imminent risk of harm to the children and evaluate conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

P.O. Box 44240  
Phoenix, AZ 85064 4240  
1-888-SOS CHILD (1- 888-767-2445); 602-530-1831 (TTY)  
<http://dcs.az.gov>

### **Behavioral health advocacy**

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

- Mental Health America of Arizona: 602-576-4828.
- National Domestic Violence Hotline: 1-800-799-7233.
- Arizona Coalition to End Sexual & Domestic Violence: 602-279-2900 or 1-800-782-6400.
- Childhelp National Child Abuse Hotline: 1-800-422-4453.

### **Caregiver Resource Line**

1-888-737-7494  
[www.azcaregiver.org](http://www.azcaregiver.org)

### **Center for Independent Living**

#### **Ability 360 - Maricopa**

5025 E. Washington, Ste. 200  
Phoenix, AZ 85034  
602-256-2245

### **Childhelp National Child Abuse Hotline**

1-800-422-4453

### **Department of Economic Security**

#### **Aging and Adult Administration**

1789 W. Jefferson, Site Code 950A  
Phoenix, AZ 85007  
602-542-4446  
[www.azdes.gov/DAAS](http://www.azdes.gov/DAAS)

### **Direct Center for Independence**

1001 N. Alvernon Way  
Tucson, AZ 85711  
520-624-6452

### **Disability Benefits 101 (DB101)**

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

1-866-304-WORK (9675)  
[www.az.db101.org](http://www.az.db101.org)

### **Mental Health America of Arizona**

602-576-4828

### **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.

[www.namiarizona.org](http://www.namiarizona.org)

- National Alliance on Mental Illness (NAMI): 602-244-8166.
- National Alliance on Mental Illness of Southern Arizona: 520-622-5582.

### **National Domestic Violence Hotline**

1-800-799-7233

### **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.

[www.nazcare.org/](http://www.nazcare.org/)

- 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).

### **Office of Human Rights (AHCCCS)**

The Office of Human Rights will help you if you have a serious mental illness. They can help you understand and exercise your rights. They will help you protect your rights and advocate for yourself: 1-800-421-2124.

### **Pinal-Gila Council for Senior Citizens**

8969 W. McCartney Rd.  
Casa Grande, AZ 85194  
520-836-2758

### **Wellness Connections**

Based in Southeast Arizona, Wellness Connections uses a peer run model. Through many programs, activities, training and rehabilitation services, Wellness Connections empowers its members to lead healthy and fulfilling lives.

520-452-0080

<https://recovery.org/>

### **Special assistance for members with a Serious Mental Illness (SMI)**

Special Assistance and resources are available for members with a SMI designation who also meet the following Special Assistance criteria:

- The member is unable to communicate their preferences and/or to participate effectively in the development of their service and discharge plans, the appeal process and/or grievance/investigation process.
- The member's inability described above is due to one of the following specific conditions:
  - Cognitive ability/intellectual capacity
  - Language barrier that cannot be addressed by a translator/interpreter
  - A medical condition (including severe psychiatric symptoms), and/or
  - An Arizona Court has determined Full and Permanent Legal Guardianship for the member

If you have questions, you can contact:

Special Assistance Coordinator  
Mercy Care Grievance System Department  
MCGandA@mercycaresaz.org  
602-586-1719 or 1-866-386-5794

### **Office of Human Rights (OHR) Advocate or Designated Representative**

Office of Human Rights (OHR) Advocate or Designated Representative protects the rights of members with a SMI designation during Service Planning, Inpatient Treatment Discharge Planning, the SMI grievance or investigation process and the SMI appeal process. The advocate or designated representatives are only assigned to SMI individuals who meet the Special Assistance criteria listed above. However, OHR is a resource for technical assistance for all SMI individuals. Contact the AHCCCS Office of Human Rights at 1-800-421-2124 or via email at OHRts@azahcccs.gov.

---

### **Arizona Long Term Care and Supports (ALTCS) advocacy**

---

**The following organizations provide health care directive forms and information. Your local Area Agency on Aging and Senior Center may also have forms and information.**

#### **AARP**

601 E. St., N.W.  
Washington, D.C. 20049  
1-888-687-2277  
<https://states.aarp.org/arizona/>

#### **Arizona Attorney General's Office – Phoenix**

1275 W. Washington  
Phoenix, AZ 85007  
602-542-5763 or 1-800-352-8431  
[www.azag.gov](http://www.azag.gov)

#### **Arizona Attorney General's Office – Tucson**

400 W. Congress, South Bldg., Ste. 315  
Tucson, AZ 85701  
520-628-6504

#### **Arizona Attorney General's office – outside Phoenix and Tucson**

1-800-352-8431

#### **Arizona Center for Disability Law – Maricopa**

5025 E. Washington, Ste. 202  
Phoenix, AZ 85034  
602-274-6287 or 1-800-927-2260

#### **Arizona Center for Disability Law – Pima**

177 N. Church Ave, Ste. 800  
Tucson, AZ 85701  
520-327-9547 or 1-800-922-1447

**Department of Economic Security (DES)**

Division of Aging and Adult Services  
1789 W. Jefferson, Site Code 950A  
Phoenix, AZ 85007  
602-542-4446  
[www.azdes.gov/DAAS](http://www.azdes.gov/DAAS)

**Hospice of the Valley**

1510 E. Flower St.  
Phoenix, AZ 85014  
602-530-6900  
<https://www.hov.org/>

**The following organizations provide information and answer questions about health care directives and other related legal matters.**

**Arizona Senior Citizens Law Project**

4146 N. 12th St.  
Phoenix, AZ 85014  
602-252-6710

**Community Legal Services**

602-258-3434 or 1-800-852-9075  
[www.clsaz.org](http://www.clsaz.org)

Phoenix  
305 S. 2nd Ave.  
P.O. Box 21538  
Phoenix, AZ 85036

Mesa  
20 W. First St., Ste. 101  
Mesa, AZ 85201  
480-833-1442

**Information for caregivers**

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

**Long Term Services and Supports (LTSS) advocacy****Centers for Independent Living****Ability 360 – Maricopa**

5025 E. Washington, Ste. 200  
Phoenix, AZ 85034  
602-256-2245

**Low-income housing**

This website gives you information about low-income housing.

<http://www.lowincomehousing.us>

**Southern Arizona Legal Aid (SALA)**

Administration Building

2343 E. Broadway Blvd., Ste. 200

Tucson, AZ 85719

520-623-9465 or 1-800-640-9465

**Southern Arizona Legal Aid (SALA)**

1729 N. Trell Rd., Ste. 101

Casa Grande, AZ 85122

520-316-8076 or 1-877-718-8086

**Tohono O'odham Legal Services**

A division of Southern Arizona Legal Aid

520-623-9465, Ext. 4122 or 1-800-248-6789

**White Mountain Legal Aid**

A division of Southern Arizona Legal Aid

5658 Highway 260, Ste. 15

Lakeside, AZ 85929

928-537-8383 or 1-800-658-7958

**The following national organization also provides health care directive forms and information. Your local Area Agency on Aging may also have forms and information.**

**OMBUDSMAN**

**Area Agency on Aging Region 1, Maricopa County**

**Long Term Care Ombudsman Program**

1366 E. Thomas Rd., Ste. 108

Phoenix, AZ 85014

602-264-2255

**The following organizations will provide information and answer questions about health care directives and related legal matters:**

**Arizona Senior Citizens Law Project**

1818 S. 16th St.

Phoenix, AZ 85034

602-252-6710

**Community Legal Services**

305 S. 2nd Ave.

P.O. Box 21538

Phoenix, AZ 85036

602-258-3434

[www.clsaz.org](http://www.clsaz.org)

---

## Domestic violence resources

---

### Arizona Coalition Against Sexual and Domestic Violence

Provides education and training, technical assistance, advocacy, legal advocacy hotline and legal hotline.  
602-279-2900; 1-800-782-6400; TTY 602-279-7270  
[www.acesdv.org](http://www.acesdv.org)

### National Domestic Violence Hotline

Hotline advocates are available for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information and referrals to agencies in all 50 states. Information offered in English and Spanish.  
1-800-799-7233; TTY 1-800-787-3224  
[www.thehotline.org](http://www.thehotline.org)

### Organization for Non-Violence Education

Provides individual and group counseling for anger management and domestic violence for \$180 per 12 sessions, up to 52 weeks. Sessions are gender specific and court-ordered. Men's groups are on Mondays in the East Valley and Wednesdays in Glendale; women's groups are offered on Thursdays in Glendale.  
623-934-0696

### Rape, Abuse and Incest National Network

Information, referrals and phone or online support for victims of rape or abuse.  
1-800-656-4673  
[www.rainn.org](http://www.rainn.org)

### Sojourner Center

Offers 24-hour crisis line with information about shelters and safety planning, emergency food, housing, clothing and other support services for families affected by domestic violence. Sojourner offers transitional housing for families leaving shelters. Also provides advocacy services, lay legal advocacy and family enrichment programs.  
Crisis hotline: 602-244-0089; 602-889-1610, 602-244-0997  
[www.sojournercenter.org](http://www.sojournercenter.org)

---

## Definitions

---

- 1. Appeal:** To ask for review of a decision that denies or limits a service.
- 2. Copayment:** Money a member is asked to pay for a covered health service, when the service is given.
- 3. Durable Medical Equipment:** Equipment and supplies ordered by a health care provider for a medical reason for repeated use.
- 4. Emergency Medical Condition:** An illness, injury, symptom or condition (including severe pain) that a reasonable person could expect that not getting medical attention right away would:
  - Put the person's health in danger.; or
  - Put a pregnant woman's baby in danger.; or
  - Cause serious damage to bodily functions.; or
  - Cause serious damage to any body organ or body part.
- 5. Emergency Medical Transportation:** See EMERGENCY AMBULANCE SERVICES  
**Emergency Ambulance Services:** Transportation by an ambulance for an emergency condition.



- 6. Emergency Room Care:** Care you get in an emergency room.
- 7. Emergency Services:** Services to treat an emergency condition.
- 8. Excluded Services:** See EXCLUDED  
**Excluded:** Services that AHCCCS does not cover. Examples are services that are:
  - Above a limit.
  - Experimental, or
  - Not medically needed.
- 9. Grievance:** A complaint that the member communicates to their health plan. It does not include a complaint for a health plan's decision to deny or limit a request for services.
- 10. Habilitation Services and Devices:** See HABILITATION  
**Habilitation:** Services that help a person get and keep skills and functioning for daily living.
- 11. Health Insurance:** Coverage of costs for health care services.
- 12. Home Health Care:** See HOME HEALTH SERVICES  
**Home Health Services:** Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor's order.
- 13. Hospice Services:** Comfort and support services for a member deemed by a Physician to be in the last stages (six months or less) of life.
- 14. Hospital Outpatient Care:** Care in a hospital that usually does not require an overnight stay.
- 15. Hospitalization:** Being admitted to or staying in a hospital.
- 16. Medically Necessary:** A service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.
- 17. Network:** Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.
- 18. Non-Participating Provider:** See OUTOFNETWORK PROVIDER  
**Out of Network Provider:** A health care provider that has a provider agreement with AHCCCS but does not have a contract with your health plan. You may be responsible for the cost of care for out-of-network providers.
- 19. Participating Provider:** See IN-NETWORK PROVIDER  
**In-Network Provider:** A health care provider that has a contract with your health plan.
- 20. Physician Services:** Health care services given by a licensed physician.

**21. Plan:** See SERVICE PLAN

**Service Plan:** A written description of covered health services, and other supports which may include:

- Individual goals.;
- Family support services.;
- Care coordination.;
- Plans to help the member better their quality of life.

**22. Preauthorization:** See PRIOR AUTHORIZATION

**Prior Authorization:** Approval from a health plan that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.

**23. Premium:** The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.

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

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

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

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

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

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

**29. Rehabilitation Services and Devices:** See REHABILITATION

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

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

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

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

## Additional definitions

**Appeal resolution** – The written determination by Mercy Care about an appeal.

**Arizona Health Care Cost Containment System (AHCCCS)** – Arizona's Medicaid Program, approved by the Centers for Medicare and Medicaid Services as a Section 1115 Waiver Demonstration Program and described in A.R.S. Title 36, Chapter 29.

**Authorization** – An approval from your doctor and/or health plan before getting other health care services including but not limited to laboratory and radiology tests and visits to specialists and other health care providers (see “Referral”).

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

**Expedited appeal** – As an appeal in which Mercy Care determines (for a request from a member) or the Provider indicates (when making the request for the member or in support of the member’s request) that taking the time for standard resolution could seriously jeopardize the member’s life, physical or mental health or ability to attain, maintain or regain maximum function.

**Family planning** – The provision of accurate information, counseling and discussion with a health care provider to allow a member to make informed decisions to voluntarily choose to delay or prevent pregnancy.

**Grievance system** – A system that includes a process for member grievances, member appeals, provider claim disputes and access to the State Fair Hearing system.

**Health care decision maker** – Someone who is authorized to make health care decisions for a member.

**Hospital outpatient care** – Any type of medical or surgical care performed at a hospital that your doctor does not expect will be an overnight hospital stay. In some cases, you may stay overnight in the hospital but not be admitted as an inpatient (this would still be considered outpatient service).

**Medically necessary transportation** – Transportation that takes you to and from required medical services.

**Medical Supplies** – Health care-related supplies that are needed for a medical reason, are generally not reusable and are disposable.

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

**Prescription** – An order from your doctor for medicine. The prescription may be called in over the phone or can be written down.

**Prescription drugs** – Medications ordered by a health care professional and given by a pharmacist.

#### **Provider fraud & abuse**

- Falsifying claims/encounters that include the following items:
  - Alteration of a claim.
  - Incorrect coding.
  - Double billing.
  - False data submitted.
- Administrative/financial actions that include the following items:
  - Kickbacks.
  - Falsifying credentials.

- Fraudulent enrollment practices.
- Fraudulent third-party liability (TPL) reporting.
- Fraudulent recoupment practices.
- Falsifying services that include the following items:
  - Billing for services/supplies not provided.
  - Misrepresentation of services/supplies.
  - Substitution of services.

**Qualified Medicare Beneficiaries (QMB)** – Members who qualify for both AHCCCS and Medicare who have their Medicare Part A and Part B premiums, coinsurance and deductibles paid for by AHCCCS.

**Regional Behavioral Health Authority (RBHA)** – A behavioral health center under contract with the Arizona Department of Health Services to deliver behavioral health services in a certain area of the state.

**Referral** – When the PCP sends you to a specialist for a specific, usually complex, problem.

**Room and board** – A cost Mercy Care determines you must pay for food and housing when you live in an alternative residential setting (e.g., assisted living facility).

**Service Plan** – A written description of covered health services and other supports which may include:

- Individual goals.
- Peer and recovery support.
- Family support services.
- Authorized LTC services.
- Care coordination.
- Plans to help the member better their quality of life.

**Share of cost** – The amount that AHCCCS determines a member must pay toward the cost of their care. Room and board are the amount that Mercy Care determines a member must pay toward the cost of assisted living.

**Specialty Physician** – A physician who is specially trained in a certain branch of medicine related to specific services or procedures, certain age categories of patients, certain body systems or certain types of diseases.

---

## Definitions for maternity care services

---

- 1. Certified Nurse Midwife (CNM)** – An individual certified by the American College of Nursing Midwives (ACNM) based on a national certification exam and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological and newborn care, within a health care system that provides for medical consultation, collaborative management or referral.
- 2. Free Standing Birthing Centers** – Out-of-hospital, outpatient obstetrical facilities, licensed by the Arizona Department of Health Services (ADHS) and certified by the Commission for the Accreditation of Free-Standing Birthing Centers. These facilities are staffed by registered nurses and maternity care providers to assist with labor and delivery services and are equipped to manage uncomplicated, low-risk labor and delivery. These facilities shall be affiliated with and close to an acute care hospital for the management of complications, should they arise.

- 3. High-risk pregnancy** – Refers to a condition in which the mother, fetus or newborn is or is anticipated to be at increased risk for morbidity or mortality before or after delivery. High-risk is determined by the Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.
- 4. Licensed midwife** – An individual licensed by the Arizona Department of Health Services (ADHS) to provide maternity care as specified in A.R.S. Title 36, Chapter 6, Article 7 and A.A.C. R9-16. (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).
- 5. Maternity care** – Includes identification of pregnancy, prenatal care, labor/delivery services and postpartum care.
- 6. Maternity care coordination** – Consists of the following maternity care related activities: determining the member’s medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.
- 7. Maternity care provider** – The following are provider types who may provide maternity care when it is within their training and scope of practice:
  - Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers
  - Physician Assistants
  - Nurse Practitioners
  - Certified Nurse Midwives
  - Licensed Midwives
- 8. Obstetrician/Gynecologist (OB/GYN)** – a doctor who cares for women during pregnancy, childbirth, postpartum and well-women exams.
- 9. OB case management** – obstetrical case managers link expectant mothers with appropriate community resources such as the Women, Infants and Children’s (WIC) nutritional program, parenting classes, smoking cessation, teen pregnancy case management, shelters and substance use counseling. They provide support and promote compliance with prenatal appointments and prescribed medical treatment plans.
- 10. Perinatal services** – Medical services for the treatment and management of obstetrical patients and neonates (A.A.C. R9-10-201).
- 11. Postpartum** – For individuals determined eligible for 12-months postpartum coverage, postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 12-month period following termination of pregnancy ends. For individuals determined eligible for 60-days postpartum coverage, postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends. Quality measures used in maternity care quality improvement may use different criteria for the postpartum period.
- 12. Postpartum care** – Health care provided for a period of time after delivering a baby. The time frame is based on the recommendations from the American College of Obstetricians and Gynecologists (AGOC). Family planning services and supplies are included as addressed in AMPM Policy 420.

- 13. Practitioner** – Refers to certified nurse practitioners in midwifery, physician assistant(s) and other nurse practitioners. Physician assistant(s) and nurse practitioners as specified in A.R.S. Title 32, Chapters 15 and 25, respectively.
- 14. Preconception counseling** – The provision of assistance and guidance aimed at identifying/reducing behavioral and social risks through preventive and management interventions. This counseling is available to women of reproductive age who can become pregnant, regardless of whether she is planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence behaviors that can affect a fetus prior to conception. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling is considered included in the well-woman preventive care visit and does not include genetic testing.
- 15. Prenatal care** – The provision of health services during pregnancy which is composed of three major components:
1. Early and continuous risk assessment.
  2. Health education and promotion.
  3. Medical monitoring, intervention and follow-up.





mercy care

[www.MercyCareAZ.org](http://www.MercyCareAZ.org)