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MARICOPA
HEALTH PLAN

Count on us to care.



Member Handbook

Member Services: Statewide 1-800-582-8686 • www.mhpaz.com
2502 E. University Drive, Suite 125 • Phoenix, AZ 85034

Contract services are funded in part under contract with the state of Arizona

Welcome and Thank You

Welcome and thank you for choosing Maricopa Health Plan (MHP) as your Arizona Health Care Cost Containment System (AHCCCS) Health Plan provider.

Maricopa Health Plan is managed by University Physicians Healthcare (UPH). University Physicians Healthcare is a group of doctors who care for patients, teach and do research through the University of Arizona College of Medicine.

Through Maricopa Health Plan, you will be able to see a network of primary and specialty care providers. Maricopa Health Plan doctors take care of you and your family when you are sick and when you are well. Your medical office and Primary Care Physician (PCP) will provide the health services you need. Your health care team may include doctors, nurse practitioners and physician assistants. They work as a team to provide your care.

Maricopa Health Plan is proud to have members with different languages and cultures. As a member of MHP, you have access to a service that offers interpretive services for 150 different languages so that if you need this handbook or any other information in another language other than English, on audiotape, or in American Sign Language, please contact Member Services at 1-800-582-8686. Thank you.

- Arabic:** إذا كنت تحتاج إلى هذا الكتيب أو أي معلومة أخرى بلغة أخرى غير الإنجليزية، أو على شريط سمعي، أو بلغة الإشارة الأمريكية، يرجى الاتصال بأحد أعضاء فريق الخدمة على تليفون رقم 1-800-582-8686. شكرا لك.
- Chinese:** 如果您需要以英语之外的语言出版、或者以录音磁带或美国手语呈现的手册或任何其他资讯，请拨电 1-800-582-8686 与我们的会员服务部门接洽。谢谢。
- Farsi:** چنانچه به این کتاب راهنما یا اطلاعات دیگری به زبانی غیر از انگلیسی، به صورت نوار صوتی، یا به زبان اشاره نیاز دارید، لطفاً با بخش خدمات اعضاء با شماره 1 800-582-8686 تماس بگیرید. متشکریم.
- French:** Si vous avez besoin de ce manuel ou si vous désirez obtenir un cassette audio avec plus d'information, dans une autre langue que l'anglais, ou en langue américaine des signes, contactez le service des membres au 1-800-582-8686. Merci.
- Russian:** Если Вам нужен этот справочник или любая другая информация на языке, отличном от английского, на аудио носителе или на американском языке жестов, используемом глухими по всей Северной Америке, пожалуйста, свяжитесь со Службой Поддержки Клиентов по телефону 1-800-582-8686. Благодарим за внимание.
- Somali:** Haddii aad rabtid buugan macluumaadka ama macluumaad kale oo ku qoran of aan english ahayn, ama iyadoo hadal ah ku duuban cajalad, ama iyadoo ah luuqad tilmaameedka gacanta (American Sign Language), fadlan kala soo xiriir xafiska adeegyada xubnaha nambarkan 1-800-582-8686. Mahadsanid.
- Vietnamese:** Nếu quý vị cần số tay hướng dẫn này hoặc bất kỳ thông tin nào khác bằng ngôn ngữ khác không phải là tiếng Anh, trong băng audio, hay bằng Ngôn ngữ Cử chỉ Mỹ, xin hãy liên hệ Dịch vụ Thành viên tại 1-800-582-8686. Cảm ơn bạn.

Interpretation Services

Maricopa Health Plan offers interpretive services and printed materials to our members who need it. Please call Member Services to arrange interpretive services in time for scheduled appointments. If you need this handbook or any other information in a language other than English, on audiotape, or in American Sign Language you may also call us. There is no cost for interpretation services.

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Important Phone Numbers Here:

Primary Care Physician (PCP) Name

Address

Phone Number

MHP Member Services: Statewide **1-800-582-8686**

MHP is a Managed Care Plan. A Managed Care plan is a health plan that provides health care to its members through a selected group of doctors and hospitals. You and your doctor play an important role in a managed care plan. Your doctor helps decide what care you need, so it is important you see your doctor and talk with him or her about your health. You and your family need to have regular checkups with your doctor. Regular checkups will help keep you and your children healthy.

Terms

You will see the following terms used in this handbook. Here is what they mean:

AHCCCS	Arizona Health Care Cost Containment System
AHCCCSA	Arizona Health Care Cost Containment System Administration
CPSA	Community Partnership of Southern Arizona
CRS	Children's Rehabilitative Services
DES	Department of Economic Security
EPSDT	Early and Periodic Screening, Diagnosis & Treatment
MCH	Maternal Child Health
MHP	Maricopa Health Plan
PCP	Primary Care Physician
RBHA	Regional Behavioral Health Authority
SOBRA	Sixth Omnibus Budget Reconciliation Act
SSI	Supplemental Security Income
TANF	Temporary Assistance to Needy Families

Key Points for Members

REMEMBER — Your responsibility as a member is to make sure you always follow these steps when you need health care:

- 1) **always carry and show your AHCCCS ID Card**
- 2) call your PCP's office for preventive care, regular check-ups and when you need care,
- 3) keep your medical appointments,
- 4) make sure you have a referral when you need to see a specialist, and
- 5) follow your PCP's orders.

Role of your Primary Care Physician (PCP)

Your Primary Care Physician (PCP) is your assigned doctor and he/she plays an important role in your health care. Your PCP will get to know you, your health needs and medical history. Your PCP will provide routine health care and arrange for any specialty care you may need. You must see your PCP before you see any other doctor, unless you have an emergency, behavioral health problem, or need to see a dentist and are under 21 years of age. For more information on emergency room use, please see the section titled "Urgent Care and Emergency Room Use" on page 15.

NOTE: Women 18 and older can have a well-woman exam through a contracted provider once a year without a referral.

How to Choose a Primary Care Physician (PCP)

It is important that you choose a PCP who makes you feel comfortable. You should stay with that provider so you get the best possible care. Please call the Member Services Department and we will help you. You may also change your PCP by sending us your request in writing to the address shown on the cover.

- When you select a doctor please call the Member Services Department at 1-800-582-8686.
- We encourage you to not change your PCP more than 3 times a year.
- If you are having problems with your PCP, please call the Member Services Department. We are here to help you.

A listing of Maricopa Health Plan doctors and participating pharmacies can be found on our website at www.mhpaz.com. Please call Member Services if you would like to have a copy of the provider listing sent to you at no cost.

How to Change your Primary Care Physician (PCP)

If you would like to change your PCP, please call the Member Services Department and we will help you. You may also change your PCP by sending us your request in writing to the address shown on the cover.

- Changes you make will normally begin on the 1st of the month after you call the Member Services Department.
- We encourage you to not change your PCP more than 3 times a year.
- It is very important that you get to know your PCP. If you are having problems with your PCP, please call the Member Services Department. We are here to help you.

A listing of Maricopa Health Plan doctors and participating pharmacies can be found on our website at www.mhpaz.com. Please call Member Services if you would like to have a copy of the provider listing sent to you at no cost.

How To Make, Change, or Cancel an Appointment

To Make an Appointment:

- Call your PCP or dentist to schedule your appointment
- Tell the provider's office:
 - Your name
 - That you are a member of Maricopa Health Plan
 - Your AHCCCS ID number
 - Your PCP's name
 - Why you need to see your PCP or dentist

To Change an Appointment:

- Call your PCP or dentist's office at least 24 hours ahead of time
- Tell the provider's office:
 - Your name
 - That you are a member of Maricopa Health Plan
 - The date of your appointment
 - Ask to set a new date to see your PCP or dentist

To Cancel your Appointment:

- Call your PCP or dentist's office 24 hours ahead of time
- Tell the provider's office:
 - Your name
 - That you are a member of Maricopa Health Plan
 - Date of your appointment
 - That you want to cancel your appointment

If you need help making, changing or canceling your appointment, please call the Member Services Department.

Membership Cards

Shortly after you became AHCCCS eligible, you should have received your membership card. Do not throw this card away. It is very important to carry this card with you at all times and show it when you receive medical services. This card will identify you as a Maricopa Health Plan member and lists important phone numbers and information.

Never give, lend, or sell your AHCCCS identification card to anyone. This is against the law, and you might lose your AHCCCS eligibility. Legal action may also be taken.

You will need your AHCCCS member ID card to:

- Make PCP appointments
- See your PCP
- Get medicine
- Get care from a hospital or other medical provider
- Access service information from Member Services

If you don't have an AHCCCS ID card or if you lose your card, call AHCCCS at 602-417-4000 or 1-800-654-8713 outside of Maricopa County to get a new one.

Member Services Department

The Member Services Department is staffed by bilingual representatives who are here to help you get the medical care you need.

You can call the Member Services Department at 1-800-582-8686 or, if you are a TTY user you can contact the Arizona Relay System, at 1-800-367-8939. Representatives are available Monday through Friday from 7:30 a.m. to 5:00 p.m.

Some of the ways we can help you are:

- Answer questions about your covered services or benefits
- Provide information about doctors, nurse practitioners, and physician assistants
- Provide information about programs available to members
- Help you choose or change your PCP
- Help you understand Maricopa Health Plan
- Help you with a ride to your doctor appointments
- Help you make, change or cancel your medical appointments
- Provide you with dental provider information
- Help you if you have a complaint or problem

- Help you with your rights as a member
- Help you schedule an interpreter for your medical appointments if you do not speak English or are deaf. This service is provided at no cost to you.

If you are currently being treated for conditions such as diabetes, cancer, asthma, behavioral health, HIV/AIDS, or any disability, call Member Services.

Annual Enrollment Choice (AEC)

Once a year on your AHCCCS enrollment anniversary date, you may change your health plan during AEC (annual enrollment choice). AHCCCS will send you information two months before your anniversary date. We value you. If you are thinking about leaving MHP, please call Member Services. We will try to help solve any problems you may be having.

Health Plan Changes

There are certain reasons why you may change your health plan outside of your normal Annual Enrollment Choice (AEC) period.

1. You were not given a choice of health plans.
2. You did not get your AEC letter.
3. You got your AEC letter but were not able to take part in your AEC due to things out of your control.
4. Other members in your family are enrolled with another health plan (unless you were given a choice during the AEC process and did not change.)
5. You are a member of a special group and need to be enrolled 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 have a medical reason why you must stay with your current provider and he/she is not on our plan.

If you need to change your health plan due to any of the above reasons, please call AHCCCS at 1-800-962-6690 or 1-800-654-8713 if outside Maricopa County. If there is another reason why you must change your health plan, please call Member Services.

If you have questions regarding changing your AHCCCS health plan, please call Member Services.

Cultural Competency

We value the many kinds of people who live in Maricopa County. We understand that there are many different lifestyles and ethnic backgrounds of people in Maricopa County.

MHP wants to help members have a good health care experience. A difference in values can be a problem. If you feel that there is a problem, please contact us. We will help you find a doctor who will better understand your personal needs.

MHP provides interpretive services for members at no cost to you. If you cannot speak to your provider because of a language problem, please contact Member Services. We will help arrange for an interpreter for your appointment.

If you need this or any of our other printed materials in another language, please call Member Services.

Call us and let us know if we have overlooked anything that is important to you. We will try to help. We want you to be comfortable with the people and services that make up Maricopa Health Plan.

Ask Me 3

Maricopa Health Plan offers an exciting program called **Ask Me 3**. It will help you talk with your doctor.

Use the **Ask Me 3** questions to better understand your health:

- 1) What is my main problem?
- 2) What do I need to do?
- 3) Why is it important for me to do this?

Let your PCP, nurse, or pharmacist know if you still don't understand what you need to do.

Like all of us, doctors have busy schedules. Yet your PCP wants you to know:

- All you can about your condition.
- Why this is important for your health.
- Steps to take to keep your condition under control.

(Partnership for Clear Health Communication)

Please call Member Services if you would like to talk to someone about Ask Me 3.

How can your Doctor help you stay Healthy

- See your doctor at least once a year for a regular exam
- Keep your appointment for tests that your doctor has ordered for you
- Know why it is important for you to have the test done and what could happen if you don't have it done
- Ask your doctor to help you learn how to take better care of yourself

Covered Services, including Dental and Behavioral Health

As a member of Maricopa Health Plan, you may receive the following health care benefits. The list below does not include all possible services. Your PCP may be providing you these services or he/she may make plans for you to get these services from another PCP (sometimes called a specialist).

You must see your PCP before you see any other provider or attempt to get outside services. Unless you are having an emergency, a behavioral health problem, need ob/gyn services or need a dental checkup (under 21 years of age).

Please remember that KidsCare members have benefits through the age of 18.

Approval and Denial Process:

Some of the medical services listed below may need approval by your PCP. If they do, your provider will arrange for authorization for these services. MHP must review these authorization requests.

Your PCP's office will let you know when authorization is obtained. You can also call Member Services to find out the status.

MHP will let you know by mail if authorization is denied. If you have a question about the denial, you may call Member Services or write to us at the address listed on the cover of this handbook. Please see page 16 for more information about filing an appeal about a denied authorization. The letter sent by MHP will also tell you how to file an appeal.

Please remember: Some of the services listed below must be approved by MHP. MHP will only pay for the services that are ordered by your PCP and have been approved by MHP. In order for these services to be covered, they must be medically necessary. Medically necessary means a covered service is provided by a physician or other licensed practitioner of the healing arts within the scope of practice under state law to prevent disease, disability or other adverse health conditions or their progression, or prolong life.

Covered Services

For our members, the care listed below will be covered by MHP. Call or write MHP Member Services for more facts about these services:

- Ambulance for emergency care
- Behavioral health
- Care while you are pregnant
- Case management
- Checkups

- Children's services including routine dental care (under 21 years of age)
 - Chiropractic services only for Qualified Medicare Beneficiaries (QMBs) and for members under age 21
 - Dental visits (no referral needed for members under age 21)
 - Dialysis
 - Disease management
 - Emergency dental care
 - Emergency medical treatment
 - Eyeglasses or contacts after cataracts are removed, for those 21 years of age and older
 - Family planning/birth control
 - Health care services through screenings, diagnosis and medically necessary treatment for members 21 years of age and older.
 - Hospital care
 - Hospice services
 - Lab work and x-rays
 - Medical tests
 - Medically needed foot care
 - Medicine from approved drug list, the MHP Drug Formulary
 - PCP office visits
 - Preventive and routine gynecological (GYN) services for female members (direct access, no referral needed)
 - Rides to health care visits
 - Second opinions: You have the right to have a second opinion from a qualified health care professional within the network. If one is not available in the network, you have the right to arrange for a second opinion outside the network at no cost to you.
 - Supplies and equipment, including MHP Drug Formulary diabetic testing equipment and supplies
 - Urgent care
 - Well-child checkups/EPSTD (include shots, hearing and vision care for members under 21 years of age).
- Your PCP may want you to see a specialist or get special services. He or she will arrange for the special care listed below. Some of these may require prior approval from MHP.
- Diet and health teaching
 - Home health care
 - Organ transplants

- Skilled nursing home care including Christian Science Sanatoria
- Rehabilitation services like physical therapy, occupational therapy or speech therapy
- Specialist care
- Social services

In special cases you may be able to get services outside of your service area. Please contact Member Services if you want more information.

Home and Community Based Services (HCBS)

There may be a time when your PCP decides that you need services that are usually provided in a hospital or a nursing home. Instead of these facilities, your PCP may request an assisted living facility or Home and Community Based Services (HCBS) to care for you. These arrangements are covered by your plan for a maximum of 90 days per year, and must be approved by MHP.

Hospital Care

- Blood and blood plasma
- Intensive care
- Laboratory, x-ray and imaging services
- Medicines
- Nursing care
- Operating room and hospital care
- Services of doctors, surgeons, specialists

Case Management

Case management is a benefit MHP offers at no cost to you. Our goal is to help you be healthy through education and your own health care planning. A staff of nurses will help you and/or a family member get the health care you need, understand your medicines and work with you and your PCP to get any other services you need to keep you healthy. For more information please call 1-877-874-3933.

Disease Management

Disease management is another service offered at no cost to MHP members. If you have a health problem such as diabetes or asthma, or if you are looking for ways to stay healthy, our Disease Managers are here to help you. We are always working to help you take care of your health care needs. We will be adding more disease programs soon. As we do this, we will send them to you in the mail. Call 1-877-874-3933 for more information.

Tobacco Education and Prevention

The Maricopa Health Plan Tobacco Cessation Program offers a number of nicotine replacement products (patches, lozenges, gum) and medications to help you quit tobacco. When you and your doctor decide which product is best for you, a twelve week supply is available by prescription every six months as necessary. Only one product can be selected at a time. Members may also have free telephone support from the Arizona Smokers Hotline (ASHline) sponsored by the Arizona Department of Health Services and Prevention Program (ADHS-TEPP). ASHline can help you at no cost with setting a quit date and give you support. If you would like more information about quitting tobacco, please call the ASHLine at 1-800-556-6222, visit their website at www.ashline.org, or call Maricopa Health Plan Member Services at 1-800-582-8686.

Dental Care

- All dental health checkups and treatments are covered for health plan members under the age of 21.
- Children do not need to be referred by their PCP to a dentist.
- At 12 months of age, children should begin to see a dentist for a checkup twice each year. MHP sends dental checkup reminders often. Make an appointment with your dentist. It is important for your child to go to the dentist two times every year.

Look in the Plan's Provider Directory to choose a dental clinic near you. Please call Member Services to schedule a visit.

- Dentists can help prevent cavities by using fluoride treatments. Dentists also teach you and your child how to care for teeth.
- Dental appointments – You can contact your dentist directly to make an appointment. Appointments are scheduled based on the dental need.
- Emergency dental appointments – same day appointments; for extreme pain and dental emergencies
- Urgent dental appointments – within 3 days for lost fillings, broken tooth
- Routine dental appointments – within 45 days, for routine checkups and dental cleanings
- Make sure you take your AHCCCS ID card with you to your dental appointment.

Members age 21 and over:

Members age 21 and over are eligible for emergency dental services and pre-transplantation dental services ONLY.

Members age 21 and over MUST ALWAYS have authorization before receiving any dental services other than emergency dental services.

Pharmacy Services

Prescriptions

If you need medicine, your doctor will choose one from Maricopa Health Plan's list of covered drugs and write you a prescription. Ask your doctor to verify that the medication is on the Maricopa Health Plan list of covered drugs.

If the medicine your doctor feels you need is not on our list and you can't take any other medication except the one prescribed, he/she may request an exception from Maricopa Health Plan.

Some over-the-counter medicines are also covered when a prescription is written by your PCP. All prescriptions should be filled at a pharmacy listed in your Provider Directory. If you have other insurance, Maricopa Health Plan will only pay the copays if the drug is also on the Maricopa Health Plan drug list.

What You Need to Know About Your Prescription

Your doctor or dentist may give you a prescription for medication. Be sure and let him/her know about any medications you get from another doctor or medications that are non-prescription or herbal you buy on your own. **Before you leave the office**, ask these questions:

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

Carefully read the drug information the pharmacy will give you when you fill your prescription. It will explain what you should and should not do and possible side effects.

Refills

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

If your doctor has not ordered refills, you must call him/her at **least five (5) days** before your medication runs out. Talk to him/her about getting a refill. The doctor may want to see you before giving you a refill.

For Pharmacy issues after hours or on holidays, please contact Member Services.

Behavioral Health Services

Maricopa Health Plan members are eligible for behavioral health services (except SOBRA Family Planning Members). Behavioral Health Providers can help you with personal problems that may affect you and your family. Examples of situations when behavioral health services can help are when you are feeling anxious or depressed more days than not; when you have experienced a trauma, such as a major accident, or you were the victim of a crime, or physical, emotional or sexual abuse; when you have lost a loved one; or if you are in a domestic violence situation. If you think you or your family member may have problems with a mental illness or substance abuse, behavioral health services can be very helpful. You do not need a referral from your PCP to receive behavioral health services.

Behavioral Health Emergencies

A behavioral health emergency includes any situation where, because of your mood or thinking, you believe you might hurt yourself or somebody else. You should call 911 immediately and ask them to help determine the best course of action for you in these situations. Behavioral health emergencies also occur when someone's thinking changes rapidly to the point where that person is not able to recognize reality from fantasy. Usually the person in situations like these does not realize what is happening and may not want help, but help is available through a 911 call or a local emergency room visit.

Magellan of Arizona Health Services (MHS) offers a 24-hour crisis line that is available to all members and residents of or visitors to the local area. If you are experiencing a crisis and need someone to talk to, you may call 1-800-631-1314 to reach a mental health professional 24 hours a day, 7 days a week. MHS can make referrals and help enroll you to receive behavioral health services.

For non-emergency behavioral health services call any of the following people or organizations to find out where to go or who to call for help with your situation:

- Call Member Services during business hours and ask for the MHP Behavioral Health Coordinator or Behavioral Health Case Manager
- Call Magellan of Arizona Health Services at 1-800-564-5465
- Call Magellan of Arizona Crisis Line 1-800-631-1314
- Call your PCP

Behavioral Health Services that you may be eligible for include:

- a. Behavior Management (behavioral health personal care, family support/home care training, self-help/peer support)

- b. Behavioral Health Case Management Services (limited)
- c. Behavioral Health Nursing Services
- d. Emergency Behavioral Health Care
- e. Emergency and Non-Emergency Transportation
- f. Evaluation and Assessment
- g. Individual, Group and Family Therapy and Counseling
- h. Inpatient Hospital Services
- i. Institutions for Mental Diseases
- j. Non-Hospital Inpatient Psychiatric Facilities Services (Level I residential treatment centers and sub-acute facilities)
- k. Laboratory and Radiology Services for Psychotropic Medication Regulation and Diagnosis
- l. Partial Care (supervised day program, therapeutic day program and medical day program)
- m. Psychosocial Rehabilitation (living skills training; health promotion; supportive employment services)
- n. Psychotropic Medication
- o. Psychotropic Medication Adjustment and Monitoring
- p. Respite Care (with limitations)
- q. Rural Substance Abuse Transitional Agency Services
- r. Screening
- s. Therapeutic Home Care Services (formerly known as Therapeutic Foster Care)
- t. Opioid Agonist Treatment

Your PCP will be able to prescribe for you and monitor medication if you have some types of depression, anxiety, or attention deficit hyperactivity disorder (ADHD). If you have a serious mental illness or you want counseling, behavioral health benefits are provided through Regional Behavioral Health Authority (RBHA). Magellan of Arizona Health Services is the RBHA for Maricopa County.

When you contact Member Services, the Behavioral Health Coordinator, or MHS, they will tell you how to go about getting the care that you need.

Behavioral Health Transportation

If you are receiving behavioral health services from MHS in Maricopa County, please call your behavioral health clinic for help in getting to your appointment. You can call Member Services or Maricopa Health Plan's Behavioral Health Case Manager if you need help in arranging transportation to your first Magellan of Arizona Health Services appointment.

Medically Necessary Pregnancy Terminations

Pregnancy terminations are an AHCCCS covered service only in special situations. Pregnancy termination is covered if the life of the mother is in danger due to the pregnancy or the pregnancy is due to rape or incest.

Well-Women Checkups

It is important that women get a well-woman checkup each year. These exams may include a pap smear and a mammogram. A pap smear tests for early stages of cervical cancer. A mammogram tests for breast cancer.

MHP members can go directly to a network Obstetrics/Gynecology doctor for preventive and routine women's health care services. No referral is needed from your PCP.

Family Planning

Family Planning services are available to both male and female members. Family planning will help you decide when to have children. Our providers can help you choose birth control methods that will work for you. Family Planning services require no co-payment and are offered at no cost to you. You may seek family planning services from any network PCP or Gynecologist. No referral is needed.

You may not want to get pregnant if you:

- Are not ready to have a child
- Already have the number of children you want

The following birth control methods are provided at no cost to you:

- Birth control pills or shots, condoms, diaphragms, foams
- Natural family planning and referral to qualified health professionals
- Post-coital emergency contraception (also known as the morning after pill)
- Sterilization (male and female) only for members 21 years of age or older

The following services are covered under Family Planning:

- Medical exams including ultrasound for family planning
- Laboratory tests for family planning
- Treatment for complications from birth control use including emergency treatment

The following services are not covered under Family Planning:

- Infertility services including testing, treatment, or reversal of a tubal sterilization or vasectomy
- Pregnancy termination counseling
- Pregnancy termination – unless you meet the conditions described in the Pregnancy Termination Section
- Hysterectomies if done for family planning only

Family Planning Extension Program

Members who lose AHCCCS/SOBRA eligibility can receive no cost/low cost family planning and primary care services through the Family Planning Extension program for up to 24 months. Services available through the Family Planning Extension program include primary care services, STD treatment, and contraception. Services are available at:

CARE Partnership

466 S. Bellview, Mesa, AZ 85024

480-833-8987

*No cost family planning for teens with no income

Maricopa County Department of Health

1645 E. Roosevelt St., Phoenix, AZ 85006

602-506-6635

Buckeye Family Care Center

306 E. Monroe, Buckeye, AZ 85326

623-386-4814

Tidwell Family Care Center

16560 N. Dysart Rd., Surprise, AZ 85374

623-546-2294

Maricopa County Health Care for the Homeless

220 S. 12th Ave, Phoenix, AZ 85007

602-372-2100

*Must be homeless to use services

East Valley Family Care

2204 Dobson Road, #101, Mesa, AZ 85202

480-491-6235 (main office)

Adelante Women's Health Care

14300 W. Granite Valley Drive, Sun City West, AZ 85375

623-544-3214

Maternity Care

Maternity Care Definitions

High-risk pregnancy is a pregnancy where the mother or baby is at risk for death or serious illness before or after delivery. Your doctor will determine if you or your baby are at risk.

Maternity care includes medically necessary service such as counseling before you get pregnant, pregnancy testing, prenatal care, labor and delivery services and post-partum care.

Maternity care coordination is making sure that during your pregnancy all your medical and social needs are assessed and a plan is in place for you to get the services you need to be healthy and have a healthy baby.

Practitioner refers to Certified Nurse Practitioners in midwifery, physician assistants and other nurse practitioners.

Post-partum care is the health care provided to you up to 60 days after you have your baby.

Preconception counseling focuses on taking care of your health before you get pregnant. If you are in good health before you get pregnant, it can help you have a healthy baby.

Prenatal care is the health care you get during your pregnancy. It includes assessing you and your baby's risk during pregnancy, promoting health, and monitoring you through your pregnancy.

We want to help you have a strong, healthy baby. The first step toward having a healthy baby is to take care of yourself during pregnancy. In order for us to help you, it is VERY IMPORTANT that you see a maternity provider or Certified Nurse Midwife early in your pregnancy. Call Member Services immediately if you experience any delay in getting prenatal care of any kind. If you do not already have a maternity care provider, please contact member services for assistance in choosing a provider. You may choose from any of our contracted maternity providers. If you are currently under the care of a non-contracted network provider, you can request to change health plans to ensure continuity of care during your pregnancy.

Pregnant MHP women must plan to give birth at any contracted hospital listed in the network directory. If you experience an emergency during pregnancy, go to the nearest hospital.

If your pregnancy is high-risk, MHP offers OB case management to our members at no cost to you. Our case management staff is specially trained to help you through your pregnancy and after you delivery. They are here to answer questions and help you with any appointments or referrals you might need. If you have any concerns or would like to talk to one of our case managers, please call 1-877-874-3933.

Call Member Services if you need help choosing a midwife or a doctor or if you need help with a ride to your appointment.

Please call your provider to schedule your first appointment.

Your provider will offer you the following important services while you are pregnant:

- Checkups (including blood pressure check, monitor weight gain, check baby's movement and growth and listen to baby's heartbeat)
- Tests you may need, including lab tests
- Check for infections, including sexually transmitted diseases and HIV/AIDS. NOTE: Confidential counseling is available to those members who test positive.
- Prenatal vitamins
- The delivery of your baby
- Follow-up care after your baby is born

You will be given important information on:

- Having a healthy baby by eating right, exercising and rest
- Things to do or not to do while pregnant
- Normal changes to expect during pregnancy
- Preparing for the birth of your baby
- Childbirth classes
- Preparing for the care of your baby
- Family planning (with the exception of abortions and abortion counseling)

Let us help you get the health care you need to have a healthy baby!

Prenatal Care

When you are pregnant, it is important to get care early and often from a doctor. Doctor visits while pregnant help protect your baby and help you have a healthy baby. If you need help scheduling an appointment with a doctor, please call the Maternal Child Health OB Case Manager at 1-877-874-3933.

Members who have a high risk or problem pregnancy can get case management help from MHP. Please contact Member Services if you need help with your pregnancy.

If you think you are pregnant call your doctor (PCP) for a test.

If you are pregnant, your doctor must see you within:

- Fourteen (14) days if you are in your first trimester
- Seven (7) days if you are in your second trimester
- Three (3) days if you are in your third trimester
- Three (3) days if your pregnancy is high-risk or immediately if it is an emergency.

If you experience difficulty getting an appointment in these time frames, call Members Services so we can assist you in getting a timely appointment.

During your pregnancy:

- See your doctor for a checkup each month, more frequently as pregnancy progresses. It may be more often if your doctor wishes. Your checkups will find any health problems early. Finding problems early will protect you and your unborn baby.
- **Do not drink alcohol, use drugs or smoke.**
- Eat healthy foods.
- Voluntary prenatal HIV testing is available. You will get counseling if the HIV test is positive. Please ask your PCP about this test.

After your pregnancy:

It is very important to make and keep your post-partum visit. Your doctor will check to make sure you are healing properly, talk to you about post-partum depression and help you with family planning issues. You should see your maternity provider within 6 weeks of having your baby.

Women, Infants and Children (WIC)

As a member of Maricopa Health Plan, you may be eligible for the WIC program. WIC helps families with young children get food, formula and even offers nutrition classes. For more information or help finding a WIC office near you, please call the Maternal Child Health OB Case Manager at 1-877-874-3933.

Well-child Care / Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

MHP wants to help your children grow up healthy. Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and mental health problems for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in federal law 42 USC 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.

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

Amount, Duration and Scope: The Medicaid Act defines EPSDT services to include screening services, vision services, dental services, hearing services and “such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 USC 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the (AHCCCS) state plan.” This means that EPSDT covered services include services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within one of the 28 optional and

mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 28 categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

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

There is no co-pay for these services. Every growing child should have each of these well-child checkups. These are routine exams especially for healthy children. These checkups can help find some health problems early so that they can be treated. Treatment will keep them from becoming more serious.

All medically necessary services to treat a physical or mental illness found during a well-child care exam are covered. If your child needs behavioral help, talk to your PCP.

The Well-child program includes:

A. Checkups

- A complete unclothed physical exam
- Developmental/behavioral screenings
- Growth measurements
- Nutrition information
- Oral health screening
- Education about healthy living
- Immunizations – Documentation of all immunizations is required.
- TB (Tuberculosis) Screening

B. Tests

- Eye test and glasses/contacts, if needed
- Hearing test and hearing aid(s), if needed
- Lab tests (including lead screening tests)

C. Services (including, but not limited to)

- Case management
- Chiropractic care if your PCP orders this service and under certain conditions
- Care by specialists, if needed

D. Medicines listed in the MHP Drug Formulary

E. Special medical foods when medically necessary

Well-child care will also give you ideas about how to:

- Keep your child well
- Protect your child from getting hurt
- Spot health problems early
- Apply for services like WIC, Head Start, Children’s Rehabilitative Services [CRS], and Arizona Early Intervention Program [AzEIP]

All children should see their doctor for well-child visits regularly. Well-child checkups should be done at the following ages:

- Newborn
- 2-4 days old
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 24 months old
- Yearly from age 3 to age 21

MHP sends a reminder about well-child checkups. Make an appointment with your PCP. It is important for your child to go to all the well-child checkups.

Children with Special Health Care Needs

As of July 1, 2006, MHP began coverage for incontinence briefs (diapers), including pull-ups for members age 3 years to 20 years old with a documented medical health need. Any approval for incontinence briefs is good for one year. MHP will help children with Special Health Care Needs receive additional help with services that may be provided by Children’s Rehabilitative Services (CRS). If you have questions about these benefits, please call the Maternal Child Health Program at 1-877-874-3933.

Early Childhood Services

If you are concerned that your child is not growing like other children of the same age, tell your pediatrician or family doctor. Your doctor can refer you to specialists to learn if your child is on track with talking, moving, using hands and fingers, seeing and hearing. If your child is behind in one or more of these areas, services are available to help you help your child improve in these areas. The doctor may refer you to the Arizona Early Intervention Program (AzEIP) if your child is birth to three years of age and has a delay. To learn more about other community programs for children with special needs call the Maternal Child Health Program at 1-877-874-3933.

Head Start

Arizona Head Start Programs provide high quality programs for preschool age children that include early childhood education, nutrition, health, mental health, disabilities and social services. There are Head Start Services at over 500 locations throughout the state of Arizona. MHP will help you enroll your child in a Head Start Program near your home if needed. If you need additional information about Head Start, please contact our Maternal Child Health Project Coordinator at 602-344-8355.

Parental Evaluation of Developmental Status (PEDS) Tool

If your child was in a neonatal intensive care unit (NICU) after birth, your PCP should use the PEDS tool at your child's EPSDT visit. The PEDS tool checks growth and development for children that may have been born early or were sick when they were born. If your child was in a NICU, talk to your provider about the PEDS tool.

Additional Community Resources

Please visit the following website links to find out more information that can help you and your family stay healthy.
www.myhealthandwellness.com,
www.myahcccs.com

Co-payments

There may be a small fee for some services.

Exempt Co-pays

The following members will not be charged a fee for services (\$0 co-pay):

- Members under the age of 19 including all KidsCare members
- Pregnant women
- Members with Serious Mental Illness who receive RBHA services
- Members who receive CRS services

- SOBRA Family Planning Services Only members

No member will be asked to make a co-payment for family planning services or supplies.

Standard Co-pays

Services to these members may not be denied for failure to pay the co-payment:

- AHCCCS for families with children
- Social Security Income with and without Medicare
- Title XIX Waiver Group, including RBHA General Mental Health and Substance Abuse service recipients

Standard Co-pays Grid

Service	Co-payment
Generic prescriptions or brand name if generic not available.....	\$0
Brand name prescriptions when generic is available.....	\$0
Non-emergency use of emergency room	up to \$1.00
Doctor office visits	up to \$1.00
<i>Copayment is not mandatory</i>	

Other Co-pays

Services to these members may not be denied for failure to pay the co-payment:

- SOBRA Children
- **EXCEPTION:** Native American Contractor Enrolled Parents are exempt from any copayment

Non-covered Services

- Services requiring prior authorization and not yet approved by MHP
- Non-emergency services that are not prior approved by your PCP
- Any care, treatment, or surgery that is not medically necessary
- Infertility services, which include testing and treatment
- Reversals of elective sterilization
- Sex changes
- Routine dental care for members 21 years and older
- Exams to establish the need for hearing aids, glasses, or contacts for members 21 years and older
- Eye glasses, hearing aids, or contacts for members 21 years and older, except after cataract surgery

- Services or items for cosmetic reasons
- Personal or comfort items (only covered for EPSDT, if medically indicated)
- Private or special duty nurses
- Services given in an institution for the treatment of tuberculosis (TB)
- Medical service given to an inmate or to a person in the custody of a state mental health institution
- Outpatient speech and occupational therapy for persons 21 years and older
- Any service determined as experimental/investigational or done mainly for research or that has not been approved by regulating agencies
- Physical exam for non-medical purposes (for example, job or insurance exams)
- Chiropractic services except for Qualified Medicare Beneficiaries and EPSDT services
- Abortion counseling and abortions (unless medically necessary per AHCCCS medical policies)
- Any medical services outside of the country
- Routine/newborn circumcisions
- Norplant
- Routine health care (out-of-area)

You may be billed for any non-covered services you receive.

In special cases you may be able to get services outside of your service area. Please contact the Member Services Department if you would like more information about this.

Paying for Non-Covered Services

If you ask about a service that is not a covered benefit, you will be told what it would cost. You can then decide if you want to pay for the service yourself. If you choose to do this, you will have to sign a written statement agreeing to pay for the service costs yourself.

MHP will only pay for care approved by MHP

- You must see your PCP first. You can then be referred by your PCP to see another doctor. Some services may require additional approval by MHP before care can be given.
- Women do not need a referral to go to a network Obstetrics/Gynecology specialist for preventive and routine services.
- MHP members 21 years and under do not need a referral for dental services.

- MHP will not pay for care or medicines unless they are ordered by your PCP or by a doctor you were referred to by your PCP and they are in the Plan's approved list. Medicines not on the MHP-approved list will not be paid for unless a doctor or PCP obtains prior authorization and after it has been shown that the drugs on the approved list will not work for you.
- MHP members do not need a referral for Behavioral Health services.

Services not approved by MHP

If MHP does not approve care or medicine ordered by your PCP, you will receive a written notice of action. The notice of action will be mailed within fourteen (14) working days of the decision. The notice will explain why this service was denied. MHP can approve a 14 day extension to your doctor for additional information. If MHP does not receive the requested information from your doctor within the required time, the request will be denied. You will receive a written notice at least 10 days before MHP reduces, stops or ends a service that you have been getting. The notice you receive will tell you how to appeal this decision if you do not agree. You may file an appeal either verbally or in writing. It must be done through MHP within sixty (60) days from the date of the notice of action. MHP will provide you with a written decision within 30 days of filing the appeal. Your PCP may ask on your behalf for an expedited request for care or medicine. In an expedited request, MHP must reply to the PCP in less than 3 business days. If not approved MHP must inform you and your PCP in 3 business days. MHP can approve an extension to the request for up to 14 days for additional information. MHP can deny an expedited request when the request does not meet the requirements of an expedited request. If you are not satisfied with the decision by MHP you have the right to complain to AHCCCS, Division of Health Care Management, Medical Management Unit. As a MHP member you have the right to get information on why you were denied a service.

Billing for a covered service

You should not be billed or receive a bill for services covered under the plan. Please call MHP Member Services to help fix any billing problems.

Referrals to Specialists

Medical Services:

Some medical services need approval by MHP. If they do, your PCP will arrange for a prior authorization for these services. MHP must review these requests. Your PCP's office will let you know if your prior authorization request is approved. You can also call Member Services to find out the status.

If your PCP's request is denied, MHP will let you know by mail. If you have a question about the denial, you may call Member Services or write to us at the address listed on the front of this handbook. Please see page 16 for more information about filing an appeal for a denied authorization. The letter sent by MHP will also tell you how to request a hearing directly with AHCCCS.

NOTE: Women 18 and older can have a well woman exam through a contracted provider once a year without a referral.

Behavioral Health Services:

If you feel that you need help with an emotional, alcohol or drug problem, you do not need a referral. For non-emergency help, you may call the following people:

- Your PCP
- Member Services
- MHP Behavioral Health Coordinator during business hours

Please refer to page 7 for a more complete description of services available.

Coordination of Benefits (COB)

If you are a member with "other insurance" or are "dual eligible" (which means that you also have Medicare coverage), please take a moment to call Member Services to let us know. When you call us, we will make sure we have the other insurance listed in our system. You may also call the AHCCCS eligibility office to let them know. AHCCCS will then pass the information on to us. Remember, this also includes insurance coverage by divorce or if your child had insurance that is paid by your former spouse.

Sometimes, members with other types of insurance such as Tricare or other commercial plans are approved for AHCCCS. Maricopa Health Plan is responsible for making any co-payment, coinsurance or deductibles, even if the services are provided outside of the Maricopa Health Plan Network.

If a third party insurer (other than Medicare) requires the member to pay any co-payment, coinsurance or deductible, MHP is responsible for paying the lesser of the difference between:

- The Primary Insurance Paid amount and the Primary Insurance Rate (i.e., the member's copayment required under the Primary Insurance.
- OR
- The Primary Insurance Paid amount and the AHCCCS Fee for Service Rate.

even if the services are provided outside of the network.

MHP is not responsible for paying coinsurance and deductibles that are more than MHP would have paid for the entire service per the contract with the provider performing the service, or the AHCCCS equivalent.

Special Information for our Members who have Medicare Coverage:

If you are a "dual eligible" member, it often means that you have additional benefits that may not be covered under AHCCCS. When we know about your other insurance, it helps us coordinate the care you receive with the other plan.

If you have Medicare coverage and you see a doctor that is not on our plan, the charges may not be covered. If you choose to do that without our approval, Maricopa Health Plan may not pay for those services because they were done by a doctor that is not on our plan. It is important that you work with your PCP to be referred to the right doctors. (This does not include emergency services.) Maricopa Health Plan will not cover co-pays or deductibles for services provided outside of the network without authorization.

So why should you call Member Services and let us know? Because it will help you get the maximum benefits from both insurance plans!

NOTE: If you are on a Medicare HMO and have MHP, you **MUST** choose a PCP that is contracted with both plans in order for medical services to be covered.

Rides to Medical Appointments

Emergency

Medical emergencies are sudden conditions, which are life or death situations. They may lead to disability or death if not treated as soon as possible. No prior authorization is necessary for emergency care.

- In cases of emergency (in a life-threatening situation) call 911.

Non-Emergency

There are several ways in which members can get rides to doctor appointments. The easiest way is to find a ride with a family member or a friend. If necessary, MHP can give you bus tickets or may schedule taxi rides.

Bus Tickets

You can get bus tickets to go to medically necessary visits. Call your PCP and ask about a bus ticket to get a ride to your visit. If your PCP does not offer bus tickets, you may call Member Services, Monday through Friday, 7:30 a.m. to 5:00 p.m.

Taxi Rides

If you cannot use the bus service for health reasons, you may be able to get a taxi ride. Call Member Services at least three to four days before your scheduled visit.

On weekends and holidays, you can call Member Services for taxi rides to urgent care centers and hospitals when you are sick. Always remember to dial 911 in a true medical emergency.

Wheelchair or Stretcher

If you need a wheelchair or a stretcher for your ride to a routine doctor's visit, Patient Transport Services vans can take you there and bring you back.

You must call Member Services to set up these rides at least three to four working days before your appointment date. Please call Member Services.

If you call to get a ride to a medical appointment, please be ready to tell the representative the following:

- Your AHCCCS ID number
- Your name, address and phone number
- The date, time and address of your medical visit
- If you need a ride just for one way or for a round trip
- Your travel needs (wheelchair, stretcher or other)
- Any special needs (oxygen, IVs, someone who needs to travel with you, an extra-wide or electric wheelchair, a high-top vehicle, etc.)
- Children under the age of 5 require a car seat. Let the representative know if you do not have a car seat.

Canceling rides to your appointments

If you cancel your PCP or dentist visit, you must also call Member Services to cancel your ride to your visit.

What to Do When Your Family Size Changes

If there is a change in family size due to birth, death, marriage, adoption or divorce, you must call your eligibility office (DES or Social Security) to make sure all family members are covered by Maricopa Health Plan.

If you are a KidsCare member, please call the AHCCCS KidsCare Unit toll free at 1-877-764-5437 to report these changes.

Please remember it is important to report a new baby immediately after the birth so that your baby will be eligible for services.

Urgent Care and Emergency Room Use

Do not go to the Emergency Room for normal health care. The Emergency Room is for emergencies only!

If you need urgent care but the condition is not life threatening, contact your PCP office any time. Your PCP's office will decide the level of care you need. In addition, if you need care after office hours, on weekends or holidays call Member Services.

Examples of urgent symptoms (non-emergencies) are:

- Vomiting for more than 6 hours (if young child, call PCP)
- Diarrhea for more than 6 hours (if young child, call PCP)
- Sprained ankle
- Minor burns
- A minor allergic reaction
- Rashes
- Flu
- Sore throat with a fever
- Earache

What to do in Case of an Emergency

Medical emergencies are sudden conditions, which are life or death situations. They may lead to disability or death if not treated as soon as possible. No prior authorization is necessary for emergency care.

Examples of medical emergencies

- Extreme shortness of breath
- Fainting
- Poisoning
- Chest pains
- Uncontrolled bleeding
- Seizures

If you experience any of the above, go to the nearest Emergency Room. As a member of MHP you have the right to seek Emergency Service at any hospital or other Emergency Room facility (in or out of network).

The Emergency Room is not the place to treat earaches, colds or the flu. For these conditions, contact your PCP's office.

Please remember it is always very important to tell the Emergency Department staff that you are a Maricopa Health Plan member and show your AHCCCS Identification Card. If you are unable to do this, have a family member or friend tell the Emergency Department staff that you are a Maricopa Health Plan member.

Emergency Services Out of Area

While you are out of the county or state, Maricopa Health Plan will pay for emergency care only. If you need emergency care while out of the county or state, please show your AHC-CCS Identification Card to the doctor/hospital so they can call your PCP to let him or her know of your situation.

Concerns or Grievances about Maricopa Health Plan

Q. What if I have questions, problems or complaints about Maricopa Health Plan?

- A. Call Member Services if you have a specific grievance or dissatisfaction with any aspect of your care. Examples of grievances are: service issues, transportation issues, quality of care issues and provider office issues. Interpretation services are available in any language at no cost to you. You may call Member Services to file a grievance (complaint). You may also file your grievance in writing by mailing it to the address listed below. Your grievance will be reviewed and a response will be provided in no longer than 90 days from the date that you contact us.

You can also file a complaint regarding the adequacy of the Notice of Action letter, a denial of service by MHP. If we cannot take care of your concern with the adequacy of the Notice of Action letter, you can also call AHCCCS.

You can mail your grievance to:
Maricopa Health Plan
Attention: Grievance & Appeals Dept.
2701 E. Elvira Road
Tucson, Arizona 85756

Appeal and Request for Fair Hearing

Q. What if I disagree with a denied service?

- A. If you are dissatisfied with an “action” or denial of services by MHP you may file an “appeal”.

Q. What is an Appeal?

- A. An appeal is a request to reconsider or change a decision, also known as an action.

An action includes any denial, reduction, suspension, or termination of a service or benefit, or a failure to act in a timely manner.

An appeal must be filed in writing within 60 days from MHP’s Notice of Action letter. You may request a standard or expedited appeal orally or in writing.

Q. Who may file an appeal?

- A. You, as the enrollee, your representative, or a legal representative of a deceased enrollee’s estate, may file an appeal. A provider, acting on behalf of an enrollee and with the enrollee’s written consent, may file an appeal.

Q. What can I file an appeal for?

- A. The reasons you may file an appeal are:
- denial or limited authorization of a requested service, including the type or level of service
 - reduction, suspension, or termination of a previously authorized service
 - denial, in whole or in part, of payment for a service
 - failure to provide services in a timely manner
 - failure to act within the timeframe required for standard and expedited resolution of appeals and standard disposition of grievances
 - the denial of a rural enrollee’s request to obtain services outside the contractor’s network under 42CFR 438.52 (b)(2)(ii), when the contractor is the only contractor in the rural area.

Q. How do I file an appeal?

- A. You may write to: Maricopa Health Plan, Attention: Grievance & Appeals Dept., 2701 E. Elvira Road, Tucson, AZ 85756 or you may call and ask to speak to an Appeals Department representative. You may also fax in your request to 1-866-465-8340. Maricopa Health Plan will provide you with a written decision within 30 days of filing the appeal.

Q. How long does an appeal take?

- A. Standard appeals can take up to 30 days to resolve. A 14 day (extension) may be taken if it is needed for a standard or expedited appeal and if you request it or it is in your best interest to extend the time to resolve. Expedited appeals are resolved within 3 working days.

Q. What is an Expedited Appeal?

- A. You may file an expedited appeal, or it may be filed on your behalf by your provider. It will be approved if MHP determines that the time to process a standard appeal would seriously jeopardize your health, life or ability to attain, maintain or regain maximum function. If an expedited appeal request is not approved, MHP will notify you within two (2) days.

Q. If I am currently receiving the services requested, can I continue to receive them during the appeal process?

A. Yes, but the request must be in writing and be received by MHP within 10 days of the receipt of the notice of action letter. However, you may be responsible for payment of those services if MHP upholds the denial.

Q. How do I request a State Fair Hearing?

A. If you are not satisfied with the appeal decision, you may file a request for State Fair Hearing with MHP. This request must be made in writing to MHP within 30 days of the date of receipt of the appeal decision. MHP will send your appeal file to AHCCCS and a hearing date will be scheduled for you to attend. You may submit your request for a hearing to: Maricopa Health Plan, Attention: Grievance & Appeals Dept., 2701 E. Elvira Road, Tucson, AZ 85756. You may also fax in your request to 1-866-465-8340. Additionally, there are Legal Services Programs in your area that may be able to help you with the hearing process. General legal information about your rights can also be found on the internet at the following website: www.azlawhelp.org.

Member Rights and Responsibilities

Our Commitment to You

Maricopa Health Plan's goal is to provide high-quality medical care and advanced medical treatment. We also promise to listen, treat you with respect, and understand your individual needs. Members have rights and responsibilities. The following is a description of your rights and responsibilities.

Member Rights

1. You will receive care that meets your needs in a way that doesn't judge race, gender, religious beliefs, values, language, how much a person is able to do, age, handicap, or ability to pay.
2. You will be treated with respect and dignity. We understand your need for privacy and confidentiality including protection of any information that identifies you.
3. You will be treated in a safe, supportive and smoke-free environment.
4. You have the right to information about Maricopa Health Plan's services, health care providers, admission, transfer, discharge, billing policies, and members' rights and responsibilities.
5. You have the right to choose your primary care physician within the limits of the Maricopa Health Plan network.

6. The law states that you have the right to read or get copies of your medical records at no cost to you. However, your right to access medical records may be denied for the following reasons: 1) if the information is psychotherapy notes, 2) compiled for, or in reasonable anticipation of a civil, criminal or administrative action, 3) protected health information subject to a) the Federal Clinical Laboratory Improvement Amendments of 1988 or b) exempt pursuant to 42 CFR 493.3(a)(2).
 - You have the right to have MHP amend or correct your medical records.
 - You have the right to review your medical records if you are denied access to inspect or obtain a copy.
7. You have the right to help in decision making about your health care and Advance Directives (decisions about what kind of care you would like to receive if you become unable to make medical decisions).
8. You have the right to complain about Maricopa Health Plan and/or care provided.
9. You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
10. Your wishes are important. You have the right to the information needed to help you make informed decisions. Here is a list of some, but not all of your rights:
 - You can accept or refuse any treatment. You will be informed of any consequences of refusing treatment.
 - You can receive information on available treatment options and alternatives.
 - You can make Advance Directives and appoint someone to make healthcare decisions for you. You or your representative can change your Advance Directives at any time.
 - You or someone who represents you can take part in resolving problems about your care decisions.
11. You have the right to the following:
 - You can be told about Physician Incentive Plans that affect referral services.
 - You can be told the types of plans Maricopa Health Plan uses for compensation.
 - You have the right to know that MHP is required to participate in a stop-loss insurance Program.
 - You can get a summary of member survey results.
12. You have the right to have interpretive services from a provider who speaks your primary Language, if other than English.

13. You have the right to have a list of available PCPs.
14. You have the right to a second opinion from a qualified health care professional within MHP's network. If an in-network second opinion is not available, you have the right to have a second opinion arranged outside of the MHP network at no cost to you.
15. You have the right to request a copy of the Notice of Privacy Practices at no cost to you. The notice describes Maricopa Health Plan's privacy practices and how we use health information about you and when we may share that health information with others.

Member Responsibilities

1. It is your responsibility to provide, to the best of your knowledge, information to help the Maricopa Health Plan staff care for you.
2. It is your responsibility to follow instructions and guidelines given by those providing health care.
3. It is your responsibility to know the name of your assigned PCP.
4. It is your and your family members' responsibility to be considerate of the rights and property of patients and staff. This includes smoking and visitation policies.
5. It is your responsibility to pay your co-payments for care received as soon as possible.
6. It is your responsibility to schedule appointments during medical office hours whenever possible before using urgent care.
7. It is your responsibility to arrive on time and to let the medical office know in advance when you can't keep an appointment.
8. It is your responsibility to bring immunization records to every appointment for children under 21 years of age.
9. It is your responsibility to watch over children with you at all times.
10. It is your responsibility to cancel your ride when you cancel your appointment.
11. It is your responsibility to NOT behave in a way that disrupts and/or does not allow a doctor to serve you or another patient in a safe way.

Advance Directives

The law requires doctor and health care facilities to inform you, in writing, of your right to create "Advance Directives" relating to your medical care. Advance Directives are used to allow you to make medical decisions about yourself should you no longer be able to do so. The two most common Advance Directives are the Living Will and the Durable Power of Attorney.

The Living Will gives information about whether you want or don't want life sustaining procedures if you have a condition that cannot be cured or improved.

A Medical Power of Attorney allows you to name a person you trust to decide what type of treatment you will receive if you are unable to decide for yourself.

Even though you have made Advance Directives, your PCP may still choose whether or not to follow your wishes. You cannot be denied care without these documents, but without written instructions, a judge may have to make a personal and medical decision for you. Tell your family and PCP where you keep your Advance Directives. Ask your PCP to make the Advance Directive a part of your medical record.

Moving

Moving away from the service area

If you move out of the country, the state of Arizona or out of your county services area, you will not be eligible for any AHCCCS plans.

Before you move, tell:

- Maricopa Health Plan, by calling Member Services.
- Your PCP.
- The AHCCCS eligibility office.
- Your SSI office, if you are receiving SSI benefits.
- DES, if you receive TANF, food stamps or are on SOBRA.
- For KidsCare (Title XXI) members, please call AHCCCS at 602-417-5437 or the toll-free statewide number, 1-877-764-5437.

You could lose your care paid for by AHCCCS if you do not tell these offices you are moving.

Call Member Services if you have questions about your enrollment, or call AHCCCS at 602-417-4000 or if outside of Maricopa County at 1-800-654-8713.

If you move to another county you should:

- Tell the eligibility office.
- Call the AHCCCS office to choose a new plan if you are AHCCCS-eligible.
- Call your new plan and choose a provider.

Call MHP Member Services if you have any questions about what to do or call AHCCCS at 1-800-654-8713.

Family Size Changes

Each new person in your family must be made eligible for AHCCCS. You must call the office that made you eligible for AHCCCS to add a new member or if any family member leaves and your family becomes smaller. If you have any questions, call MHP Member Services.

Renewing AHCCCS Coverage

AHCCCS members are required to renew their eligibility at least once every year. You will receive a letter when it is time to renew. The letter will tell you who to contact to renew your benefits and when your coverage ends. Please take the time to update your eligibility information and continue your AHCCCS coverage. Your renewal will be processed by AHCCCS if you are enrolled in KidsCare. All other MHP members should first contact the Department of Economic Security at 1-800-352-8401 to renew coverage. You can call MHP Member Services if you have questions or need assistance with the renewal process. We are happy to answer any questions you might have.

Your enrollment in MHP can end if you are no longer eligible for AHCCCS or KidsCare (Title XXI) or if you:

- Stop getting TANF
- Stop getting food stamps
- Stop getting SOBRA

If you don't know why you are no longer enrolled, call AHCCCS at 602-417-4000 or if outside of Maricopa County at 1-800-654-8713.

If your address or phone number changes, it is very important that you report it.

- Call your local D.E.S. eligibility office with your new address and phone number.
- Call Member Services with your new address and phone number.
- KidsCare members can call 1-877-764-5437 toll free.

Fraud and Abuse

Definitions:

Abuse by a Provider: Actions that are not wise business or medical practices and result in:

- unnecessary costs to the program
- payment for services that are not medically necessary
- not meeting professional standards for health care

Abuse by a Member: Unnecessary costs to the program because of:

- providing false materials or documents
- leaving out important information

Fraud: Any lie told on purpose that results in you or some other person receiving unnecessary benefits. This includes any act of fraud defined by Federal or State law.

Examples of member fraud and abuse include but are not limited to:

- Lending or selling your AHCCCS Identification Card to anyone.
- Changing prescriptions written by any Maricopa Health Plans provider.
- Giving incorrect information on your AHCCCS application.

Examples of provider fraud and abuse include but are not limited to:

- Use of the Medicaid system by someone who is inappropriate, unqualified, unlicensed or has lost their license.
- Providing unnecessary medical services.
- Not meeting professional standards for health care.

How to Report Fraud and Abuse:

If you suspect a Maricopa Health Plan provider or member of fraud and abuse, please call MHP Member Services or AHCCCS at (602) 417-7000 or 1-800-962-6690 outside Maricopa County.

Penalties: A person who is suspected of fraud and/or abuse of the AHCCCS system will be reported to AHCCCS. Penalties for people involved in fraud and/or abuse may be both civil and criminal.