



2008–2009 Member Handbook



Mercy Care. Always There.

www.mercycareplan.com

Member Services

(602) 263-3000
(800) 624-3879
24 hours a day, 7 days a week

Finding a Provider
Changing a Provider
Covered Services
Information on Mercy Care Plan

(602) 263-3000
(800) 624-3879

24 Hour Emergency Number

(800) 624-3879

TTY/TDD

(866) 602-1982
24 hours a day, 7 days a week

Transportation

Transportation to a medical appointment or pharmacy pick up.

(602) 263-3000
(800) 624-3879

Telephone and Sign Language Interpreters

You have the right to have someone help you with any language, accommodation or communication issue you might have, at no cost to you.

(602) 263-3000
(800) 624-3879

Emergency

If you have a medical condition which could cause serious health problems or even death if not treated immediately.

Call 911

Urgent Care

For more information on urgent care centers in Maricopa or Pima counties.

(602) 263-3000
(800) 624-3879

Grievances (Complaints)

To file a grievance by phone.

(602) 263-3000
(800) 624-3879

Appeals

To write a letter or file an appeal by mail.

4350 E. Cotton Center Blvd.
Bldg D
Phoenix, AZ 85040

Claims

For questions about claims or bills.

(602) 263-3000
(800) 624-3879

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WELCOME TO MERCY CARE PLAN!



20 Years of Commitment and Caring

For more than 20 years, 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. With the Mercy Care doctors and hospitals, we all work together for you. We take the extra steps to reach you, your loved ones and your community. “Care” is more than just a part of our name—it is a value shared by all of us at Mercy Care.

And, because we care, we’re always there.

YOUR MEMBER HANDBOOK

Please read this handbook. It tells you:

- Your rights and responsibilities as a member
- How to get health care services
- How to get help with appointments
- Tips to keep you healthy
- Which services are covered and which are not

And more...

The handbook is available on audiocassette or CD from Member Services for members with a visual impairment. It is also available in text format on the Mercy Care Plan Web site at www.MercyCarePlan.com. Both the Member Handbook and Provider Directory are provided at no cost to you

YOUR PROVIDER DIRECTORY

Along with your Member Handbook, you will receive a list of Mercy Care Plan doctors to choose from. You may find PCP and specialist information, such as languages spoken and whether a provider is accepting new members, in this Directory. You can find the same information on the Mercy Care Plan Web site at www.MercyCarePlan.com.

PERSONAL INFORMATION

My Member ID Number

My PCP (Primary Care Physician)

My PCP’s Phone Number

MERCY CARE PLAN ADDRESS, OFFICE HOURS AND PHONE NUMBERS

MERCY CARE PLAN
 4350 E. Cotton Center
 Bldg D
 Phoenix, AZ 85040
www.MercyCarePlan.com

Hours: 24 hours a day, 7 days a week

Member Services: (602) 263-3000
 (800) 624-3879

Hearing Impaired (TDD/TTY):
 24 hours a day, 7 days a week (866) 602-1982

MEMBER SERVICES

Mercy Care Plan's Member Services Department will answer your questions about benefits, help you find a doctor, arrange rides to medical appointments, solve problems in getting health care services and go out of our way to help you!

(602) 263-3000 or (800) 624-3879

MEMBER ADVISORY COUNCIL

Mercy Care Plan has a Member Advisory Council (MAC). The council is made up of members just like you who are concerned about health care. The MAC advises Mercy Care Plan on issues that are important to members. Members volunteer to serve at least one year. New council members may be chosen each year. Even if you are not on the council, you may still suggest changes to policies and services by calling Member Services. You may also call Member Services for more information on how to join the council.

CHANGE OF ADDRESS

If you have a new address, report it to the office who helped you with your eligibility. Below is information on where to call:

- If you became eligible through the AHCCCS KidsCare office, call (602) 417-5437 or (877) 764-5437.
- If you became eligible through the Department of Economic Security (DES), call (602) 542-9935 or (800) 352-8401.
- If you became eligible through the Social Security Administration, call (800) 772-1213.
- If you move to a new county in Arizona, call your eligibility agency office to report your new address.
- If you move out of state, call your eligibility agency office to report your new address.
- **If you are a member enrolled with DD, call your Division of Developmental Disabilities Support Coordinator (DDD SC) to report your new address. He/she will help you with any changes you need to make.**

*If we do not have your correct address, you may not get important information from us. **If you move out of state, country or the MCP service area, you will need to choose a new health plan.***

LANGUAGE AND INTERPRETATION SERVICES

Mercy Care Plan has many health care providers who speak languages other than English. Check the Provider Directory or the Web site to find a doctor who speaks your language.

Mercy Care Plan can also help you get a telephone or sign language interpreter if you need one for your health care visits at no cost to you. Your Primary Care Physician (PCP) or specialist may also use our interpretation line during your visit. If you need help in your language or if you have a hearing impairment, call Member Services for an interpreter. (602) 263-3000 or (800) 624-3879.

If you need information in this language, please call Member Services and tell us.

- **Somali**

Haddii aad u baahan tahay macluumaad luqadan ah fadlan, soo wac xubin ka mid ah adeegayaasha isla markaana noo soo sheeg.

- **Arabic**

إذا كنت بحاجة إلى معلومات بهذه اللغة، فمن فضلك اتصل بـ Member Services وقل لنا ما هي لغتك.

- **Farsi**

اگر اطلاعات را به این زبان نیاز دارید، لطفاً با Member Services (خدمات اعضا) تماس گرفته و زبان خود را به ما بگویید.

- **Russian**

Если вам нужна информация на этом языке, позвоните в Отдел по работе с клиентами (Member Services) и скажите нам, на каком языке вы хотели бы получить ее.

- **Vietnamese**

Neáu muoán coù tin tức baèng ngoân ngöõ cuûa quí vò, vui lòng gọi dòch vui cho hoải vieãn vaø cho chuùng toái bieát ngoân ngöõ cuûa quí vò.

Benefits are funded primarily under contract with AHCCCS and the State of Arizona. Mercy Care Plan follows federal and state laws that apply under the contract with AHCCCS.

NEW MEDICAL PROCEDURES

Mercy Care Plan 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 and decides if they should become covered services. Investigational 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 Plan 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

ABOUT YOUR PROVIDERS

Your health care is important to us, so Mercy Care Plan's doctors and dentists are chosen very carefully. They must meet strict requirements to care for our members, and we regularly check the care they give you. If you need more information about your doctor, you may contact the organizations below:

NAME OF ORGANIZATION	TELEPHONE NUMBER	WEB SITE
Arizona Medical Association	(800) 482-3480	www.azmedassn.org
Arizona Medical Board	(480) 551-2700 or (877) 255-2212 (toll-free)	www.azmd.gov
American Board of Medical Specialties	(866) 275-2267	www.abms.org
Arizona State Board of Dental Examiners	(602) 242-1492	www.azdentalboard.org
Arizona Board of Osteopathic Examiners	(480) 657-7703	www.azosteoboard.org
Arizona State Board of Optometry	(602) 542-3095	www.asbo.state.az.us

TIPS FOR USING MERCY CARE PLAN

1. When you join Mercy Care Plan, you may choose your own **Primary Care Physician (PCP)** or we will give you one near your home. Your PCP is the doctor who manages your health care services. Some services may need a referral from your PCP. You can choose a PCP from your Provider Directory.
2. The name and phone number of your PCP is included in your welcome letter. Write the name and phone number in the "Personal Information" section on Page 2 of this handbook.
3. **If we do not have your correct address, you may not get important information from us. Be sure to keep your address up to date with your eligibility worker.**
4. If necessary, you may change your PCP by calling Member Services. We hope that you stay with one doctor so that he/she can get to know you and your health care needs.
5. If you are pregnant or think you may be, call us at (602) 263-3000 or (800) 624-3879 to choose a pregnancy doctor (OB/GYN) or nurse midwife. Early pregnancy care is best for you and your baby.

6. AHCCCS will send you a member identification (ID) card. **Members enrolled with the Division of Developmental Disabilities (DD) will receive an ID card from Mercy Care Plan.** Show this card whenever you get health care services. If you do not have it, you will still be able to get care. Be sure to tell your doctor that you are a Mercy Care Plan member.
7. If you need a ride to get covered services, please see “Transportation (Rides)” (Page 18).
8. If you have questions, concerns or need help getting health care services, please call Member Services at (602) 263-3000 or (800) 624-3879.

Information for members enrolled with the Division of Developmental Disabilities is printed in this color.

COMMON QUESTIONS

- Q. What should I do if I lose my member ID card or don't get one?**
- A.** Call AHCCCS at (602) 417-7000 or (800) 962-6690 to get a new ID card. **DD members can call Member Services at (602) 263-3000 or (800) 624-3879 to get a new card.**
- Q. How will I know the name of my PCP?**
- A.** Mercy Care Plan will send you a welcome packet when you join. Your welcome letter will have the name and telephone number of your assigned PCP.
- Q. Can I change my PCP if I need to?**
- A.** Yes. Please call Member Services for help.
- Q. How can I check the status of my authorization?**
- A.** Call your PCP. Your PCP will call Mercy Care Plan to check the status of your authorization and get back to you.
- Q. How do I know which services are covered and which are not?**
- A.** Lists of services that are covered and not covered are found on Pages 11 and 12 in this handbook. Look under the section that applies to you. You may also ask your doctor, or call Member Services. If you have access to the Internet, you can find them on our Web site at www.MercyCarePlan.com.
- Q. What should I do if I get a bill?**
- A.** If you get a bill, call the health care provider and give them your Mercy Care Plan information. If they continue to bill you, please call Member Services for help.
- 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, please call Member Services for help.

Q. What hospitals can I use?

A. Mercy Care Plan uses many hospitals. Check your Provider Directory. You can get emergency health care services without the approval of your PCP or Mercy Care Plan when you have a medical emergency. You may go to any emergency room or other setting for emergency care. If you have to be hospitalized for any reason, you may go to the hospital your doctor sends you to.

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. Do you have urgent care if I need it?

A. Mercy Care Plan has urgent care centers in Maricopa, Pima and Yuma counties.

MEMBER CONFIDENTIALITY AND OUR PRIVACY PRACTICES

You will find a copy of the Privacy Rights notice in your welcome packet.

The notice tells how we use your records, including information that identifies you, for health plan activities and to pay for your services. It also tells how you can look at your records, get a copy of them or change them.

Your health care information will be kept private and confidential and will be given out only with your permission or if the law allows it.

MEMBER INFORMATION

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

Your Rights as a Member

Information you can get:

- The name of your PCP and/or case manager.
- One copy of your medical records at no cost to you. You may not be able to get a copy of medical records that are psychotherapy notes put together for a civil, criminal or administrative action.
- A description of covered services.
- Information about Mercy Care Plan, its services, providers and your rights and responsibilities as a member.
- How Mercy Care Plan provides for after hours and emergency care.
- How Mercy Care Plan pays providers, controls costs and uses services.
- General grievance results and a summary of member survey results.
- The cost to you if you choose to pay for a service that Mercy Care Plan does not cover.
- What treatment choices or other types of care are available to you and the benefits and/or drawbacks of each choice.
- How to get services, including authorization requirements.
- How MCP evaluates new technology to include as a covered service.
- Changes to your services or what to do if your PCP leaves Mercy Care Plan.

Respect and Dignity

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

Treatment Decisions

- You can choose a Mercy Care Plan PCP to coordinate your health care.
- You can change your PCP if you need to.
- You can talk with your PCP to get complete and current information about your health care and condition so that you and/or your family understand and can be a part of making decisions about your health care.
- You can be informed about which procedures you will have and who will do them.
- You can get a second opinion arranged outside of the network at no cost to you.
- You can decide who you want to be with you for treatments and exams.
- You can have a female in the room for breast and pelvic exams.
- You can say no to treatment, services or PCPs and be told what may happen if you do not have the treatment. Your eligibility or medical care does not depend on your agreement to follow a treatment plan.
- You can ask MCP to amend or correct your medical records.
- You will be told in writing by Mercy Care Plan when any of your health care services requested by your PCP are reduced, suspended, terminated or denied. You must follow the instructions in your notification letter.
- You can say no to drugs or restraints, except for times when your doctor thinks it is needed to protect you or others from harm.
- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

Emergency Care and Specialty Services

- You can get emergency health care services without the approval of your PCP or Mercy Care Plan when you have a medical emergency. You may go to any emergency room or other setting for emergency care.
- You may get behavioral health services without the approval of your PCP or Mercy Care Plan. See Page 16.
- You can see a specialist with a referral from your PCP.
- You can refuse care from a doctor you were referred to and ask for a different doctor.
- You may request a second opinion from another of Mercy Care Plan doctor.

Confidentiality and Privacy

- You have a right to privacy and confidentiality of your health care information.
- You have a right to talk to health care professionals privately.

Reporting Your Concerns to Mercy Care Plan

- Tell us about any complaints or issues you have with your health care services.
- You may file an appeal and get a decision in a reasonable amount of time.
- You can give Mercy Care Plan suggestions on changes to policies and services.

Your Responsibilities as a Member

Respect

- Respect the doctors, pharmacists, staff and other people providing services to you.
- Protect your member ID card. Do not lose it or share it with anyone.

Share Information

- Show your member ID card or identify yourself as a Mercy Care Plan member to health care providers **before** getting services. If you have other insurance in addition to Mercy Care Plan, show your doctor or pharmacist your other insurance ID card as well.
- If you do not understand your health condition or treatment plan, ask your PCP to explain.
- Tell your PCP and/or your case manager about any other insurance you may have and apply for other benefits you may be eligible for.
- Give your PCP all the facts about your health problems, past illnesses, hospital stays, all medications, shots and other health concerns. Let your PCP and/or your case manager know about any changes in your condition.
- Notify Mercy Care any time you feel a provider or another member is not using health plan benefits correctly.
- **Report changes like your address, telephone number and/or assets**, and other matters that could affect your eligibility to your case manager and/or the interviewer at the office where you applied for AHCCCS.

Follow Instructions

- Know the name of your assigned PCP and/or your case manager.
- Follow the instructions that you and your PCP have agreed on, including the instructions of nurses and other health care professionals. Ask what can happen if you don't follow these instructions.
- Bring your child's shot record to all your child's PCP visits.

Appointments

- Schedule appointments during office hours when possible, instead of using urgent or emergency care.
- Keep appointments, and come on time. Call your PCP's office ahead of time when you cannot keep your appointments.

MEMBER IDENTIFICATION CARD

AHCCCS will send you a member identification (ID) card when you join Mercy Care Plan. Your ID card will have your name, ID number and the name of your health plan. If you do not get your card, call AHCCCS at (602) 417-7000 or (800) 962-6690. If you lose your card, call AHCCCS for a new one.

If you are a DD member, Mercy Care Plan will send your member ID card with your welcome packet. If you lose your card, call Member Services for a new one.

Protect your ID card! Do not give it to anyone except those giving you health care services. If you loan, sell or give your ID card to anyone else, you may lose your AHCCCS benefits and/or legal action may be taken.

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

QUICK TIPS ABOUT YOUR MEMBER ID CARD

- AHCCCS will send you a member ID card. If you lose it, call AHCCCS at (602) 417-7000 or (800) 962-6690 for a new one.
- **If you are a DD member, Mercy Care Plan will send you a card. If you lose it, call Member Services at (602) 263-3000 or (800) 624-3879.**
- 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.

SERVICES THAT ARE COVERED

All Members

1. Hospital care
2. Doctor office visits, including specialist visits
3. Routine physical exams
4. Health risk assessments and screenings
5. Nutritional assessments
6. Identification and evaluation of hearing loss
7. Laboratory visits and x-rays
8. Durable medical equipment and supplies
9. Medications on Mercy Care Plan's list of covered medicines. Members with Medicare will receive their medications through Medicare Part D.
10. Emergency care
11. Care to stabilize you after an emergency
12. Home health services (such as nursing and home health aide) instead of hospitalization
13. Nursing home, when used instead of hospitalization, up to 90 days a year
14. Inpatient rehabilitation services, including occupational, speech and physical therapy
15. Respiratory therapy
16. Routine immunizations
17. AHCCCS-approved organ and tissue transplants and related prescriptions
18. Cochlear implants
19. Kidney dialysis
20. Emergency dental services, medically necessary dentures and pre-transplant dental services
21. Medically necessary foot care
22. Maternity care (prenatal, labor and delivery, postpartum)
23. Family planning services
24. Behavioral health services
25. Medically necessary and emergency transportation
26. Medical foods (with limitations)
27. Emergency care for eye conditions; cataract removal
28. Urgent care
29. Hospice care

Additional Services for Children (under age 21)

1. Identification, evaluation and rehabilitation of hearing loss
2. Medically necessary personal care. This may include help with bathing, toileting, dressing, walking and other activities that the member is unable to do for medical reasons.
3. Routine 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.
4. Vision services, including exams and prescriptive lenses (a limited selection of lenses and frames are covered)
5. Outpatient speech, occupational and physical therapy
6. Chiropractic services
7. Conscious sedation
8. **Adaptive aids (DD members only)**
9. **Medically necessary practitioner visits to member's home (DD members only)**
10. Incontinence briefs, with limitations
11. Children's Rehabilitation Services (CRS) Services

Additional Services for Qualified Medicare Beneficiaries (QMB)

1. Respite services
2. Chiropractic services
3. Outpatient occupational therapy
4. Any services covered by Medicare but not by AHCCCS

SERVICES THAT ARE NOT COVERED

All Members

1. Services from a provider who is NOT contracted with Mercy Care Plan (unless prior approved by the Health Plan)
2. Cosmetic services or items
3. Personal care items such as combs, razors, soap, etc.
4. Any service that needs prior authorization that was not prior authorized
5. Services or items given free of charge, or for which charges are not usually made
6. Services of special duty nurses, unless medically necessary and prior authorized
7. Physical therapy that is not medically necessary
8. Routine circumcisions
9. Services that are determined to be experimental by the health plan medical director
10. Abortions and abortion counseling, unless medically necessary, pregnancy is the result of rape or incest, or if physical illness is related to the pregnancy endangers the health of the mother
11. Health services if you are in prison or in a facility for the treatment of tuberculosis
12. Experimental organ transplants, unless approved by AHCCCS
13. Sex change operations and reversal of voluntary sterilization
14. Medications and supplies without a prescription
15. Treatment to straighten teeth, unless medically necessary and approved by Mercy Care Plan
16. Prescriptions not on our list of covered medications, unless approved by Mercy Care Plan
17. Physical exams for the purpose of qualifying for employment or sports activities

Other Services That are Not Covered for Adults (age 21 and over). These services are available to Mercy Care Advantage members.

1. Hearing aids
2. Routine eye examinations for prescriptive lenses or glasses
3. Routine dental services.
4. Chiropractic services (except for Medicare QMB members)
5. Outpatient speech and occupational therapy (except for Medicare QMB members)

CHILDREN'S SERVICES

Mercy Care Plan has a children's program for members under 21 called EPSDT. Children may get checkups and covered health and dental services at no cost. Checkups are the best way to make sure your child is healthy and stays healthy. Follow-up treatment for any problems found during the checkup is also covered. We will send you a postcard when your child is due for a checkup.

Checkups may include:

1. Complete unclothed physical exam
2. Developmental history and behavioral health screening
3. Oral health and dental screening
4. Immunizations (shots)
5. Tuberculosis test
6. Speech, hearing and eye exams
7. Lab work
8. Health education and guidance about your child's health care and development
9. Nutritional assessments
10. Talking about your child's behaviors; referrals if there are problems

CHILDREN'S REHABILITATIVE SERVICES (CRS)

The Children's Rehabilitative Services (CRS) program provides family centered medical treatment, rehabilitation, and related support services for children under age 21 with certain qualifying chronic and disabling conditions. Some of these conditions are, but not limited to:

- spina bifida,
- congenital heart defects,
- cleft lip and/or palate,
- neurofibromatosis,
- cerebral palsy,
- certain skin or eye conditions,
- certain birth defects.

Arizona requires AHCCCS members (with no other insurance) to enroll with CRS if a child has a qualifying condition. Evaluation and treatment for a Mercy Care Plan member's CRS qualifying condition will be provided through APIPA-CRS, but the child will continue to receive all other health care services through Mercy Care Plan.

DENTAL SERVICES

Two (2) routine and preventive dental services are covered per year for members under the age of 21. It is important to take your child(ren) to the dentist at least once a year to keep their teeth healthy. We will send you a postcard when your child is due for a dental checkup.

You do not need a referral from your child's PCP to get dental services. You may choose any general dentist from Mercy Care Plan's list of dentists. If you need to change your dentist, just choose a new one from the same list.

Coverage for all members 21 and over includes emergency and pre-transplant dental services and some medically necessary dentures ONLY.

VISION SERVICES

Routine and emergency vision services are covered for members under 21. You do not need a referral from your child's PCP to get vision services. If your child needs eye care or glasses, call Member Services to get a list of doctors. Once you choose your eye doctor, call for an appointment.

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

WOMEN'S SERVICES

It is very important for women who are sexually active or who are 18 and older to see their PCP or a Mercy Care Plan **ob**stetrician/**gyn**ecologist (OB/GYN) for a well-woman exam every year. A Pap test is recommended every one to three (1-3) years. Check with your doctor. Make your appointment around the same time every year to help you remember it.

Either your PCP or an OB/GYN doctor can do your well-woman exam. You do not need a referral from your PCP. If you want to see an OB/GYN doctor, you don't need to see or ask your PCP first. You can find OB/GYN doctors in your Provider Directory.

FAMILY PLANNING SERVICES

Talk to your PCP if you need help with family planning. Covered services include:

- Contraceptive counseling
- Pills
- Depo Provera
- IUD (Intra-uterine devices)
- Diaphragms
- Condoms
- Foams and suppositories
- Male and female sterilization (members must be 21 or older to have tubal ligations and vasectomies)
- Natural family planning
- Post coital emergency oral contraception – no prior authorization is required
- Medical and lab exams, including ultrasounds related to family planning
- Treatment of complications resulting from contraceptive use

The following are not covered family planning services:

- Infertility services, including diagnostic testing, treatment or reversal of surgical infertility
- Pregnancy termination counseling
- Pregnancy terminations and hysterectomies
- Hysteroscopic tubal sterilization

If you are a SOBRA member, you may be eligible for family planning services for up to two (2) years after you deliver your baby. This is called the family planning services extension program. Call your local eligibility office for more information. If you lose eligibility for family planning services, call Member Services for assistance. Mercy Care Plan may be able to refer you to low or no cost family planning services.

PREGNANCY SERVICES

Pregnant women need special care. If you are pregnant, please call us to choose an OB/GYN or certified nurse midwife as soon as possible. We will also send you a pregnancy booklet with a lot of information just for you.

You may go directly to a Mercy Care Plan OB doctor for care. You do not need to see or ask your PCP first. Your PCP will manage your routine non-OB/GYN care and your OB/GYN will manage your pregnancy care. Or, you can also choose to have an OB/GYN as your PCP during your pregnancy. If you are not sure you are pregnant, make an appointment with your PCP for a pregnancy test.

First Appointment

As soon as you know you are pregnant and have chosen your OB doctor or nurse midwife, make an appointment right away. Mercy Care Plan can help if you need help. You should be able to get an appointment inside of the following timeframes:

- If you are in your first trimester, you should be seen within 14 days of calling the doctor.
- If you are in your second trimester, you should be seen within seven (7) days of calling the doctor.
- If you are in your third trimester, you should be seen within three (3) days of calling the doctor.
- If you think you may have a problem with your pregnancy, your doctor should see you within three (3) days of your call, or right away if it is an emergency.

First Visit

- At your first visit, you will have a complete checkup. The doctor or nurse will do a urine test and a blood test to check for anemia (low iron), tuberculosis (TB) and high blood sugar (diabetes).
- They will also check for infections and sexually transmitted diseases. Voluntary, confidential HIV/AIDS testing services are available, as well as counseling for members who test positive.
- If you are taking any medicine, tell your doctor or nurse midwife at your first visit.

Stay Healthy Tips for Pregnant Women

- During your pregnancy, your OB doctor or nurse midwife will tell you when you need to come back. **It is important to keep your appointments so that you and your baby stay healthy.**
- Childbirth classes can help with your pregnancy and delivery. These classes are available at no cost to members. Ask your doctor or nurse midwife about the classes or call to sign up for them at the hospital where your baby will be born.
- **It is important that you do not smoke, drink alcohol or take drugs while pregnant because these harm you and your baby.** If you have a problem with any of these, please talk to your doctor or nurse midwife. If you do not feel comfortable talking to your doctor or nurse midwife about your problem, call Member Services for help.

Labor

If you are in labor and need a ride to the hospital, please call Mercy Care Plan at (602) 263-3000 or (800) 624-3879. We will send you a ride right away.

Postpartum

It is important to schedule and keep all of your postpartum visits. Postpartum visits should be scheduled within 60 days after delivery.

WIC is available as a community resource. It is a group that provides food, breast feeding education, and information on healthy diet to women who are pregnant, infants, and children under five years old.

For more information, refer to the “Community Resources” section at the back of this book or call Mercy Care Plan Member Services.

QUICK TIPS FOR PREGNANT WOMEN

- If you are pregnant, call us to choose a Mercy Care Plan doctor or nurse midwife.
- Follow the guidelines for making your first appointment.
- Make and keep appointments during your pregnancy.
- Take childbirth classes at the hospital where your child will be born.
- Do not smoke, drink alcohol or take drugs during your pregnancy.
- Plan ahead for someone to take care of your other children while you are in the hospital.
- Make sure you have a car seat to take your baby home in.

BEHAVIORAL HEALTH SERVICES

Behavioral health services can help you with personal problems that may affect you and/or your family. These problems may be from depression, anxiety or from using drugs or alcohol. You can get behavioral health services at your local **Regional Behavioral Health Authority (RBHA)**. You do not need a referral from your PCP for behavioral health services.

Your PCP may be able to help you if you have depression, anxiety or attention deficit hyperactivity disorder (ADHD). PCPs may give you medicine, watch how the medicine is working and order different tests for your illness.

If it is not an emergency, call your local RBHA provider to set up an appointment. You can find the phone number of the RBHA provider closest to you on page ii of your Provider Directory. When you contact the RBHA provider, they will tell you what services you are eligible for. If you need to change your behavioral health doctor, talk to the RBHA provider.

Drugs ordered by your RBHA provider are part of your benefit and the RBHA provider pays for them. Refer to your Provider Directory for a list of RBHA pharmacies.

Behavioral health services you may be eligible for include:

- Behavior management (behavioral health personal care, family support/home care training, self-help/peer support)
- Behavioral health case management (limited)
- Behavioral health nursing services
- Emergency/crisis services
- Emergency and non-emergency transportation*
- Evaluation and assessment
- Individual/family/group therapy and counseling
- Inpatient hospital
- Institutions for mental diseases (with limitations)
- Non-hospital inpatient psychiatric facilities (Level 1 residential treatment centers; sub-acute facilities)
- Lab and radiology services for psychotropic medication regulation and diagnosis
- Opioid agonist treatment
- Partial care (supervised day program, therapeutic day program and medical day program)
- Psychosocial rehabilitation (living skills training, health promotion, supportive employment, etc.)

- Psychotropic medication, adjustment and monitoring
- Respite care (with limitations)
- Rural substance abuse transitional agency services
- Screening
- Therapeutic home care services (formerly known as therapeutic foster care)

***Note:** If you need a ride to an appointment, call your RBHA. Mercy Care Plan may help you with a ride to your **first visit**, if necessary.

If you are not enrolled with the RBHA, Mercy Care Plan covers up to three (3) days of inpatient emergency crisis services each event (not to exceed 12 days per year). After that, if you are eligible, you may be covered through the RBHA.

If you require further assistance accessing behavioral health services, please contact the MCP Behavioral Health Coordinators at (602)-263-3000 or (800) 624-3879.

DD members of all ages are also eligible for the same services from the RBHA. Refer to your Provider Directory for the RBHA closest to you.

Behavioral Health Emergencies

If you are in a crisis situation and think you might hurt yourself or someone else, please call 911. You can also get help calling the **RBHA crisis line:**

Maricopa County: (602) 222-9444
Cochise/Graham/Greenlee Counties: (520) 622-6000 or (800) 586-9161
Pima County: (520) 622-6000

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 your local RBHA. Numbers are on page ii of your Provider Directory. If you are in a crisis situation, call 911.

PHARMACY SERVICES

Prescriptions

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

Some over-the-counter medicines are also covered when requested by your PCP. All prescriptions should be filled at a pharmacy listed in your Provider Directory. There are no copayments for medicines. Do not pay any copayments as Mercy Care Plan cannot pay you back. If you have other insurance, Mercy Care Plan will only pay the copays if the drug is also on the Mercy Care Plan drug list.

Pharmacy benefits are covered by Mercy Care Plan only for members that do NOT have Medicare.

- If you have both Medicare and Medicaid and ARE enrolled in Mercy Care Advantage, Mercy Care Advantage will pay for your pharmacy benefits.
- If you have both Medicare and Medicaid and are NOT enrolled in Mercy Care Advantage, your other Medicare drug plan will pay for your pharmacy benefits.

AHCCCS will pay your Medicare Part D pharmacy copayments as long as you remain eligible for both Medicare and Medicaid.

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.

Mail Order

If you take medications regularly for conditions like high blood pressure or arthritis, you may be able to join Mercy Care Plan's mail order maintenance medication program. Call Member Services if you have questions or need more information.

QUICK TIPS ABOUT PHARMACY SERVICES

- Ask if your prescription is covered by Mercy Care Plan before leaving your doctor's office.
- Take your prescription to a pharmacy on the Mercy Care Plan list to get it filled.
- If your doctor has not ordered refills, call him/her at least five (5) days before you need a refill.

You can get a list of covered medications by calling Member Services or visiting our Web site www.MercyCarePlan.com.

TRANSPORTATION SERVICES (RIDES)

Mercy Care Plan can help you get to your health care visits if necessary. **Before** you call Mercy Care Plan 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.

For non-urgent appointments call at least three (3) days in advance.

If you have many appointments scheduled, or if you have regular appointments for visits like physical therapy or dialysis, Mercy Care Plan can set up rides all at once.

After your appointment, call your transportation provider to arrange a pick up time.

If you call the same day, we will not be able to arrange a ride for you in time, unless it is urgent. You may have to reschedule your appointment.

Do's and Don'ts for Getting a Ride

DO

- **DO** call Mercy Care Plan as soon as you make your appointment.
- **DO** call Mercy Care Plan at least three (3) hours before an appointment that you made on the same day for urgent care.
- **DO** let us know if you have special needs, like a wheelchair, oxygen or child car seat.
- **DO** make sure your prescription is ready for pick up before calling for a ride.

DON'T

- **DON'T** schedule a ride with Mercy Care Plan if you are not going to be at your pick-up place.
- **DON'T** be late for your pick up time.
- **DON'T** forget to call Mercy Care Plan to cancel your ride if you find another one or if you change your appointment.

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

SERVICES FOR SPECIAL HEALTH NEEDS

Mercy Care Plan has many health programs to help members with special health needs. For example, we have disease management programs for members with HIV/AIDS, asthma, diabetes, congestive heart failure, chronic obstructive pulmonary disease and transplants. Mercy Care Plan staff can help you manage your health care by working with community agencies and your doctors.

TIPS TO KEEP YOU HEALTHY

ALL MEMBERS

See your PCP for regular checkups. Guidelines on when to go for checkups are included on the next page.

- 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. Or, find out about our mail order pharmacy program by calling Member Services.
- Never share medication with anyone else.
- Eat right, get enough sleep and exercise.
- Brush your teeth at least two (2) times a day.
- Wear your seat belt. It's the law in Arizona!

PLUS, FOR CHILDREN...

Make sure your child has his/her shots! Children and teens need shots for good health because they protect against many diseases. Bring your child's shot record with you to his/her PCP.

- Keep your baby in a car seat. It's the law in Arizona!
- Make sure your child sees the dentist every year. Members ages 3 through 20 should be seen by a dentist at least once a year.

HEALTH GUIDELINES FOR CHILDREN

ALL children, not just babies, should have well child checkups and immunizations. Checkups help find problems **before** your child gets sick. Make appointments with your child’s PCP at the following ages to keep your child (and teen) healthy.

EPSDT VISITS (CHECKUPS)

- Newborn
 - 2-4 days
 - 1 month
 - 2, 4, 6, 9, 12, 15, 18 and 24 months
 - 3, 4, 5, 6, 8 years
 - Annually 10 through 20 years of age

IMMUNIZATIONS (SHOTS)

- | | |
|---------------------------------------|----------------------------|
| • Diphtheria, Tetanus, Pertussis | • Measles, mumps, rubella |
| • Haemophilus Influenzae type b (Hib) | • Meningococcal |
| • Hepatitis A | • Pneumococcal (pneumonia) |
| • Hepatitis B | • Polio |
| • Human Papillomavirus (HPV) | • Varicella (chickenpox) |
| • Influenza (flu) | • Rotavirus |

HEALTH GUIDELINES FOR ADULTS

Adults need regular checkups to stay healthy, too. Here are some important tests and checkups for adults.

HEALTH MAINTENANCE EXAMS

- 18-25 every 5 years
- 26-39 every 5 years
- 40-49 every 3 years
- 50-65 every 1-2 years
- 65 and older every 1-2 years

PAP TESTS

(Cervical cancer screening) – Every one to three (1-3) years starting at age 18 or when sexually active. Frequency may decrease when there is no history of abnormal Pap tests and three (3) or more tests are normal.

DIABETES SCREENING

Test at age 45 for adults with no symptoms and then every 3 years.

MAMMOGRAMS

Every year beginning at age 40.

IMMUNIZATIONS (Check with your doctor to see if you need any of these immunizations.)

- | | |
|-------------------|------------------------------------|
| • Hepatitis A | • MMR (measles, mumps and rubella) |
| • Hepatitis B | • Pneumococcal (pneumonia) |
| • Influenza (flu) | • TD (tetanus and diphtheria) |
| • Meningococcal | • Varicella |

HOW TO GET SERVICES

ASKME3™

AskMe3™ is a quick, effective tool that was created to help you talk with your Health Care Provider and better understand your health care needs.

Every time you talk to your doctor or pharmacist use the AskMe3™ questions listed below. Everyone needs help understanding medical information. Asking these questions will help you stay well or get better. Take a pen and paper when you visit your health care provider, and write down all the information given to you.

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

YOUR SERVICE AREA

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

YOUR ASSIGNED PCP

Your assigned **Primary Care Physician (PCP)** is the doctor who will manage your health care. The PCP orders your health care services and decides when you need to see a specialist. All services, except behavioral health, dental, vision and well-women's services, must be ordered and approved by your PCP. See the dental, behavioral health and women's services sections for more information.

In some cases, Mercy Care Plan must also approve your services. Your PCP will let you know which ones these are.

What You Need to Know About Your PCP's Office

Ask your doctor and his/her staff these questions. By knowing the answers, you will be better prepared.

- What are your office hours?
- Do you see patients on weekends and/or at night?
- Will you talk about problems with me over the phone?
- Is there anyone else who works with you that can help me?
- Who should I contact after hours if I have an urgent situation? (see page 23)
- How long do I have to wait for an appointment?

Changing Your PCP

We hope that you stay with one PCP because this will help your doctor get to know you and your health care needs. However, sometimes you may need to change. Some reasons why you may need to change are:

- You do not understand what your PCP says.
- You do not feel comfortable talking to your PCP.
- Your PCP's office is too far away.

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

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

QUICK TIPS ABOUT YOUR PCP

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

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 get there at least 15 minutes early. They will need to get information about you 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 with you, you will still be seen. You may need to show a current picture ID. Ask the office to call Mercy Care Plan for more information.

Your PCP or dentist may have to spend extra time with another patient or may have an emergency that puts him/her behind schedule. When this happens, you may have to wait a little longer to be seen. But, if you usually have to wait more than 45 minutes for scheduled appointments, please call Member Services and let us know.

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.

REFERRALS

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

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

AUTHORIZATIONS

An authorization is an approval from Mercy Care Plan for you to get the special services your PCP has referred you to. Mercy Care Plan may take up to 14 days to approve a routine authorization request and three (3) business days to approve an urgent request. If Mercy Care Plan needs additional information to authorize the request, a 14 day extension may be requested. If Mercy Care Plan does not receive the information they requested from your doctor, Mercy Care Plan must deny the request. You will receive a notice of action letter that explains your rights. If your doctor sends in an urgent authorization request and it does not meet the criteria for an urgent request, MCP will send you a letter and let you know that it will be processed as a regular request.

If you have questions about whether your service has been authorized, call your PCP. You do not need approval from Mercy Care Plan to get emergency services.

TYPES OF CARE

There are three different kinds of care you can get: **Preventive**, **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.

Kind of Care	What to do
<p>Preventive – This is regular care to keep you healthy. For example:</p> <ul style="list-style-type: none"> • Checkups • Yearly exams • Immunizations 	<p>Call your doctor to make an appointment for preventive care. You can expect to be seen by:</p> <ul style="list-style-type: none"> • Your PCP within 21 days • A specialist within 45 days • A dentist within 45 days
<p>Urgent/Sick Visit – This is when you need care right away but you are not in danger of lasting harm or of losing your life. For example:</p> <ul style="list-style-type: none"> • Sore throat • Flu • A cut that may need stitches • Migraines 	<p>Call your doctor for an appointment or other instructions.</p> <p>If you live in Maricopa, Pima or Yuma County, you can also go to an urgent care center if you have an urgent problem and your doctor cannot see you right away. Look in your Provider Directory to find the center closest to you, or look on the Mercy Care Plan Web site at www.MercyCarePlan.com.</p> <p>You can expect to be seen by:</p> <ul style="list-style-type: none"> • Your PCP within two (2) days • A specialist or dentist within three (3) days <p>Even 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.</p> <p>You should NOT go to the emergency room for urgent/sick care.</p>
<p>Emergency – This is when you have a <u>serious</u> medical condition and are in danger of lasting harm or the loss of your life if you do not get help right away. For example:</p> <ul style="list-style-type: none"> • Poisoning • Sudden chest pains - heart attack • Car accident • Convulsions • Very bad bleeding, especially if you are pregnant • Broken bones • Serious burns • Trouble breathing • Overdose 	<p>Call 911 or go to the nearest emergency room. You do not have to call your doctor or Mercy Care Plan first.</p> <p>If you can, show them your Mercy Care Plan ID card and ask them to call your doctor.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>What is Not an Emergency?</p> <p>Some medical conditions that are NOT usually emergencies:</p> <ul style="list-style-type: none"> • Flu, colds, sore throats, earaches • Urinary tract infections • Prescription refills or requests • Health conditions that you have had for a long time • Back strain • Migraine headaches </div>

AFTER-HOURS CARE

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

You can 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.

OUT-OF-AREA COVERAGE

NO services are covered outside of the United States.

If you become sick in another county or state, Mercy Care Plan will only pay for **emergency 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 Plan member. Ask the hospital to send the bill to Mercy Care Plan for payment. **Do not pay the bill yourself.**

Follow-up care is not covered while you are away. You should get follow-up care from your PCP.

Mercy Care Plan 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 Plan will only pay for these services if they are approved by the Plan first. Please call Member Services before your trip so we can help you make arrangements.

AHCCCS COPAYMENTS

A copayment is a monetary amount you pay when you get covered services.

The following groups **do not** have any copayments for services:

- Members under the age of 19, including KidsCare
- Pregnant women
- ALTCS members
- Members getting RBHA services for a Serious Mental Illness
- Members getting services through Children's Rehabilitative Services (CRS)
- SOBRA Family Planning Services Only members and other members getting family planning services or supplies
- **DD members**
- Native American members

There are no copayments for specialists, medicines, family planning, prenatal, well baby and children's services.

Standard

Standard copayments apply for the following groups: Title XIX Waiver group, including RBHA general mental health and substance abuse members, AHCCCS for Families with Children and Supplemental Security Income (SSI), with or without Medicare. These groups have a copayment of \$1 for regular office visits. If you cannot pay your copayment, your PCP will still see you.

If you go to the emergency room when you do not have an emergency, you will have a \$1 copayment.

With the exception of Native American members, parents of KidsCare and SOBRA children have a \$1 copay for non-emergency use of the emergency room, but the copayment is not mandatory.

MEDICARE COPAYMENTS, COINSURANCE AND DEDUCTIBLES

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

Unless you have an emergency, if you choose to go to another provider who is not one of the Mercy Care Plan 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.

Please call Member Services if you have questions.

CHILDREN'S REHABILITATIVE SERVICES (CRS) COPAYMENTS AND DEDUCTIBLES

If you are a CRS eligible member and have private insurance or Medicare, you are not required to use CRS services for a CRS covered condition. If you choose to use your private insurance or Medicare for a CRS covered condition, Mercy Care Plan will pay all applicable deductibles and copayments.

However, when your private insurance or Medicare is exhausted, or certain annual or lifetime limits are reached, Mercy Care Plan will refer you to CRS to determine whether you are eligible for CRS services. If you choose to enroll in CRS for services, CRS will pay all applicable deductibles and copayments. If you choose to not enroll with CRS, and it is determined that you have a CRS eligible condition, Mercy Care Plan will not pay for services to treat that condition.

IF YOU HAVE OTHER HEALTH INSURANCE

If you have other insurance, here are some important things to know.

- Always give pharmacies, doctors and hospitals your other health insurance information **and** your Mercy Care Plan information.
- Your other health insurance pays for your health care expenses **FIRST**. After they pay, Mercy Care Plan will pay its part.

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:

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

If you still get bills after giving the provider your health care information, please call 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 Plan and then to pay you back. If they won't, Mercy Care Plan may be able to help you. You can send your paid receipts to Member Services with a detailed note explaining why you paid for services. Receipts must be received by Mercy Care Plan within six months from the date you received the service.
- You should not pay for covered services or medicines after you have joined Mercy Care Plan. We cannot pay you back.

IMPORTANT INFORMATION

MEMBER GRIEVANCES

If you have a grievance or problem with a provider or a concern about the quality of care or services you have received, please call Member Services. We will do our best to answer your questions or help you solve your problem.

Filing a grievance will not affect your health care services. We want to know your concerns so we can improve our services to you. You can call Member Services for help with problems with authorizations, covered services, payment for services or the quality of the services you are receiving.. If you call to report a complaint that is not about quality of care, we will try to solve it right away and tell you the result right then if we can. If we cannot solve your problem right away, we will solve it within two (2) days. If we need to get more information, we may take up to seven days to solve the problem.

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

ACTIONS

An action by Mercy Care Plan means:

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

DENIALS, REDUCTION, SUSPENSION OR TERMINATION OF SERVICES AND REQUEST FOR APPEAL

<i>Denial of Services</i>	<i>Reduction, Suspension or Termination of Services</i>
Member requests for many services must be reviewed and approved first by Mercy Care Plan doctors. If Mercy Care Plan decides the services cannot be approved, we will write to you within 14 working days and tell you why or within 3 business days for an expedited or quick request. We will also let your doctor know. You can discuss it with your doctor.	If a reduction, suspension or ending of your services happens, we will write to you at least 10 days before the change to let you know.

NOTICE OF ACTION

If Mercy Care Plan decides that the requested service cannot be approved, or if a service is reduced, suspended or ended, you will get a “Notice of Action” which will tell you:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a fair hearing with AHCCCS and how to do it
- Your right to ask for an expedited resolution and how to do it
- Your right to ask that your benefits be continued during your appeal, how to do it and when you may have to pay the costs for the services
- You have the right to request an extension to give us information to help us make a decision
- If you receive a Notice of Action that does not tell you what you asked for, what we decided and why, you can call us. We will look at the letter and write a new letter if needed to better explain the services and what the action is
- You have the right to contact AHCCCS if we can’t explain the letter so you can understand

APPEALS PROCESS

If you disagree with Mercy Care Plan's action about your health care services, you may file an appeal either in writing or over the phone. If you need an interpreter, one will be provided. Mercy Care Plan cannot retaliate against you or your provider for filing an appeal.

You, your representative or a provider acting with your written permission may file an appeal within 60 days from the date of your denial, suspension, reduction or termination letter (notification letter). To file an appeal, you must call or send a letter to:

Mercy Care Plan
Appeals Department
4350 E. Cotton Center Blvd.
Bldg D
Phoenix, AZ 85040
(602) 263-3000 or (800) 624-3879

When Mercy Care Plan gets your appeal, we will send you a letter within five (5) days telling you that we have your appeal and how you may give us more information either in person or in writing. If you wish services to continue while your appeal is reviewed, you must file your appeal no later than **10 days** from the date of Mercy Care Plan's Notice of Action letter to you.

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

If you request a hearing, you will receive information from AHCCCS about what to do. Mercy Care Plan will forward its file and documentation to the AHCCCS Office of Administrative Legal Services.

If after the hearing AHCCCS decides that Mercy Care Plan's decision was correct, you may be responsible for payment of the services you received while your appeal was being reviewed. If AHCCCS decides that Mercy Care Plan's decision was incorrect, Mercy Care Plan will authorize and provide the services promptly.

Members enrolled in DD must file their appeal with the Division of Developmental Disabilities Compliance and Review Unit within 60 days of the date of the action, decision or incident with which they were unhappy. Appeals may be phoned in or mailed to the following address:

**Department of Economic Security
Division of Developmental Disabilities
Compliance and Review Unit, Site Code 791A
1789 W. Jefferson, 4th Floor
Phoenix, AZ 85007
(800) 624-4964**

The Division of Developmental Disabilities Compliance and Review Unit will investigate the appeal and make a decision. A letter will be mailed to you stating the decision, the reason for the decision, and the way you may request a fair hearing with AHCCCS if you are still not happy.

REQUEST FOR EXPEDITED RESOLUTION

You may file an appeal within 60 days from the date of your notification letter and request that Mercy Care Plan review its action within three (3) days (expedited resolution). You may request an expedited resolution by writing or calling Mercy Care Plan at the address and number listed under "Appeals Process" at the front of this handbook. You may request that your services be continued during your appeal if you file your request within **10 days** from the date of the letter from Mercy Care Plan.

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

If Mercy Care Plan decides that it is not medically necessary to issue a decision in three (3) days, your appeal will be resolved within the standard **30 days**. We will try and call you to let you know we will follow the standard 30 day process, and we will send you a written notice within two (2) calendar days. If Mercy Care Plan denies your request for services, you may request a fair hearing with AHCCCS by following the steps in your decision letter.

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

QUICK TIPS ABOUT DENIAL, REDUCTION, SUSPENSION OR TERMINATION OF SERVICES AND APPEALS

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

FRAUD

Your health benefits are given to you based on your health and financial status. You should not share your benefits with anyone. Providers must report any misuse of benefits to Mercy Care Plan. We then report this information to AHCCCS. 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 Member Services or AHCCCS.

Fraud and abuse also means loaning, selling or giving your member ID card to someone, inappropriate billing by a provider or any action intended to defraud the AHCCCS program.

Mercy Care Fraud Hotline: 1-(800) 810-6544

AHCCCS Fraud Reporting: (602) 471-4193 or 1-(888) 487-6686

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 (800) 331-5090.

OTHER HEALTH INSURANCE

If you have other health insurance, please call Member Services so we can work with your other health care providers.

If you have other health insurance:

- 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 Mercy Care Plan, 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 Plan prior authorization number for you to see him/her. We will pay copayments to your doctor.
- Do not pay your other insurance's copayment amount yourself. Ask your doctor to bill Mercy Care Plan for the 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 of the health care services you receive.

HEALTH PLAN CHANGES

If you need to change your health plan for any of the reasons below, call AHCCCS at (602) 417-7000 or (800) 334-5283.

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 are pregnant, but need to stay with your doctor who is not a Mercy Care Plan doctor. If you need to change your doctor, please call Mercy Care Plan Member Services.

DD members should contact their Division of Developmental Disabilities Support Coordinator or DDD Member Services at (602) 238-9028

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 would like to help you with any concerns you may have about Mercy Care Plan.

DECISIONS ABOUT YOUR HEALTH CARE

Living Wills and Other Health Care Directives for Adult Members

There may be a time when you are so ill you cannot make decisions about your health care. If this happens, advance directives are documents that 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 Plan 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 Plan has written policies to ensure advance directive wishes are followed.

You should get help writing your Living Will and Medical Power of Attorney. **Members enrolled with DD 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. He/she 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, or
 - Be involved with the paying of 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 with the paying of 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/adv_dir.

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. **DD members may call their Division of Developmental Disabilities Support Coordinator.**
- 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.

SOURCES OF ADDITIONAL INFORMATION AND FORMS

The following organizations provide health care directive forms and information:

Arizona Attorney General's Office
1275 W. Washington
Phoenix, AZ 85007
(602) 542-5025
www.azag.gov

**Department of Economic Security
Aging and Adult Administration**
1789 W. Jefferson, Site Code 950A
Phoenix, AZ 85007
(602) 542-4446

**Dorothy Garske Center
Your Health Care Choices Program**
4250 E. Camelback Rd. Suite 185K
Phoenix, AZ 85018
(480) 966-2674

Your local Area Agency on Aging and Senior Center may also have forms and information.

The following national organization also provides health care directive forms and information:

AARP
601 "E" St, N.W.
Washington, D.C. 20049
(202) 434-2277 (AARP)
(888) 687-2277

The following organization 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

Prepared by the Patient Self-Determination Act Committee of the State Bar of Arizona

The **Tobacco Education and Prevention Program (TEPP)** can help people stop using tobacco. They can help you find a program to stop using tobacco, care, and other services. They also offer information to help protect you and your loved ones from secondhand smoke.

For more information, and to find community support groups, visit <http://www.azdhs.gov/phs/tepp/pdf> or call The Arizona Smokers' Helpline at (800) 556-6222.

Community Resources:

WIC (Women, Infants and Children)

WIC provides food, breast feeding education, and information on healthy diet to women who are pregnant, infants, and children under five years old.

www.fns.usda.gov/wic

AZ Department of Health Services

150 N. 18th Avenue, Suite 310
Phoenix, AZ. 85007
(602) 542-0022

150 W. Congress, Room 227
Tucson, AZ 85701
(520) 740-8267

820 W. Main Street
Safford, AZ. 85546
(928) 428-7690

1415 W. Melody Lane, Bldg. A
Bisbee, AZ 85603
(520) 432-9400

Arizona Head Start

Head Start is a program that helps preschoolers get ready for kindergarten. Preschoolers enrolled in Head Start will get healthy snacks and meals too. Head Start offers these services and more at no cost to you.

3910 S. Rural Road
Tempe, AZ. 85282
(480) 829-8868
www.azheadstart.org

Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP, pronounced Ay-zip), helps families of children with disabilities or developmental delays age birth to three years old. They provide support and can work with their natural ability to learn.

3839 N. 3rd Street, Suite 304
Phoenix, AZ 85012
(602) 532-9960 or (888) 439-5609
www.azdes.gov/AzEIP

AZ 2-1-1

AZ 2-1-1 online can help you find resources like child care, jobs, health care, and insurance. You can also find State and local emergency bulletins and alerts that are vital in times of disaster or emergency.

<http://www.az211.gov>

Community Information and Referral

Community I&R is a call center that can help you find many community services.

- food banks, clothes, shelters, help to pay rent and utilities.
- health care, pregnancy health, help when you or someone else is in trouble, support groups, counseling, help with drug or alcohol problems.
- financial help, job training, transportation, education programs.
- adult day care, Meals on Wheels, respite care, home health care, transportation, homemaker services.

- childcare, after school programs, family help, summer camps and play programs, counseling, help with learning, protective services.

2200 N. Central Avenue, Suite 601
Phoenix, AZ 85004
(602) 263-8856 or (800) 352-3792
<http://www.az211.gov>

Healthwise

My AZ Health and Wellness

Healthwise provides on-line tools to help AHCCCS members and their families improve their health and prevent illness. Some of the website tools include:

- Health Information
- Health Events
- Health and Fitness Tools (for example, “Which immunizations does your child need?” and “Are you at risk for a heart attack?”)
- Lifestyle Check-up Tools (for example, “Are you ready to quit smoking?” and “What is your stress level?”)
- Pregnancy Tools

www.myazhealthandwellness.com

AHCCCS

My AHCCCS online (allows AHCCCS members to view their own active healthcare and health plan enrollment for the following services:

- View a two-year history of eligibility
- enrollment information
- Link to their active health plan websites
- Verify AHCCCS has their correct address

801 E. Jefferson Street
Phoenix, AZ 85034
(602) 417-4000 or (800) 654-8713
www.MyAHCCCS.com

Child and Family Resources

Programs include:

- Child Care Resource & Referral, where parents can call and get a list of child care centers
- The Center for Adolescent Parents where teen mothers can earn their high school diploma or GED while receiving free, on-site child care
- KIDLINe, where school age children can call a free hotline for information and a lot of other in-home programs that teach parents better coping skills

www.ChildFamilyResources.org

700 W. Campbell, Suite 3
Phoenix, AZ 85013
(602) 234-3941

2800 E. Broadway Blvd.
Tucson, AZ 85716
(520) 881-894

855 Cochise Avenue
Douglas, AZ 85607
(520) 364-5150

999 E. Frye Blvd., Suite 222
Sierra Vista, AZ 85635
(520) 458-7348

301-B E. 4th Street
Safford, AZ 85546
(928) 428-7231

DEFINITIONS

Action – an action by Mercy Care Plan means:

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

AHCCCS – **A**rizona **H**ealth **C**are **C**ost **C**ontainment **S**ystem is the state agency that manages the Medicaid program in Arizona using federal and state funds. AHCCCS contracts with managed care health plans to deliver medical services to eligible members.

Appeal Resolution – the written determination by MCP about an appeal.

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).

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

Emergency – an emergency is a medical condition that could cause serious health problems or even death if not treated immediately.

Durable Medical Equipment (DME) – equipment which:

- may be used over and over;
- is primarily used to serve a medical purpose;
- usually is not useful to a person when they are not sick or hurt;
- is easily used in the home.

Some examples are crutches, wheelchairs, walkers, etc.

Grievance – Any written or verbal expression of dissatisfaction over a matter other than an action, as defined in this Handbook, by a member or provider authorized in writing to act on the member's behalf. A grievance may be submitted orally or in writing to any Mercy Care Plan staff person. Grievances include, but are not limited to, issues regarding:

- Quality of care or services
- Accessibility or availability of services
- Interpersonal relationships (e.g. rudeness of a provider or employee, cultural barriers or insensitivity)
- Claims or billing
- Failure to respect a member's rights

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

Maternity Care – Includes medically necessary preconception counseling, pregnancy testing, prenatal care, labor and delivery services and postpartum care.

Medically Necessary – a covered service that will prevent disease, disability and other poor health conditions or their progress, or prolong life.

Medically Necessary Transportation – transportation that takes you to and from required medical services.

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

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

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 abuse counseling. They provide support, promote compliance with prenatal appointments, and prescribed medical treatment plans.

Out-of-Network Provider – a provider who is neither contracted with nor authorized by Mercy Care Plan to provide services to Mercy Care Plan members.

Post Partum Care – Health care provided up to 60 days post delivery.

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

Prenatal Care – Health care provided throughout the pregnancy.

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

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

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 your PCP sends you to a specialist for a specific, usually complex, problem.

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

