



Banner
University Family Care

AHCCCS Complete Care

2024 Member Handbook





Banner University Family Care

Dear Member,

Thank you for being part of the Banner – University Family Care/ACC (B – UFC/ACC) family. At B – UFC/ACC, we take pride in serving our members.

We know that health insurance can be confusing and overwhelming at times. We want to help simplify it for you and provide you with all the resources you need to access timely and high-quality health care coverage. This packet includes all the details you need to access your benefits and the resources that are available to you. Look over them carefully and keep them close. You may need them in the future.

We are here to help. If you have any questions, call our Customer Care Center at (800) 582-8686, TTY 711. We are available to take your calls Monday through Friday, 7:30 a.m. to 5 p.m. Or visit us online at www.BannerHealth.com/ACC.

Best wishes in your health care journey.

Jim

James Stringham
Vice President and CEO
Making health care easier, so life can be better.

B – UFC/ACC complies with all federal and state laws, including: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80, The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91, The Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972 (*regarding education programs and activities*), Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

Covered services are funded under contract with AHCCCS.

Revision date: September 6, 2023

MK-ACC.5005.CYE24_EN



Contact Us

Address: 5255 E Williams Circle, Ste 2050, Tucson, AZ 85711

Customer Care Center: (800) 582-8686 | TTY 711

Emergency Services: Dial 911

Suicide and Crisis: Dial or Text 988

Website: www.BannerHealth.com/ACC

Stay Connected



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Follow us on Instagram @BannerHealthPlans



Download Banner's PYX Health App!
www.hipyx.com

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Important Phone Numbers

B – UFC/ACC Customer Care Center

Toll-Free (800) 582-8686

TTY 711

This toll-free number can be used to reach all departments within B – UFC/ACC, available Monday through Friday, 7:30 a.m. to 5 p.m. (*except holidays*). An answering service is available after hours.

The Customer Care Center is staffed by English and Spanish speakers. We are here to help you get the medical care you need. If you speak a language other than English or Spanish, call our Customer Care Center. We will help get an interpreter to assist with the phone call.

The Customer Care Center has representatives available to answer questions about your coverage, benefits, provider networks and complaints.

Some of the ways we can help you:

Care Management helps members coordinate their care. We can also help you take care of your health conditions, such as diabetes or heart disease.

Medical Management can help you with referrals or finding a provider that can perform the services you need.

Grievance and Appeals will review your complaints or concerns you may have about your care, providers or services.

Customer Care Center can help you:

- Answer questions about your covered services, benefits and copays.
- Understand B – UFC/ACC.
- File a complaint or problem.
- Inform you of your rights as a member.
- Change your phone number and address with AHCCCS.
- Provide information about programs available to you.
- Provide information about doctors, nurse practitioners and physician assistants. This information includes provider spoken languages.
- Provide you with dentist or specialist information.
- Provide a copy of the provider directory. Provider directories contain locations, phone numbers and languages.
- Show you how to access a provider and pharmacy directory online.
- Choose or change your Primary Care Provider or Dental Home.
- Make, change or cancel your medical appointments.
- Schedule a ride to your provider or medical appointments.
- Schedule a Sign Language Interpreter for your medical appointments if you cannot communicate with your provider. This service is provided at no cost to you.



Health Plan Information



Nurse On Call

Open 24 hours a day, seven days a week, at no cost to you. Nurses will answer your immediate health care questions, help you determine the type of care you need and assist with much more. Save the Nurse On Call line in your phone for immediate access to a nurse.

**Please Note: This service is not intended to replace the services offered by your health care provider. This service is to support the care you get from your Primary Care Provider (PCP).*

Toll-Free.....(888) 747-7990, TTY 711

AHCCCS Administration

Arizona Health Care Cost Containment System (AHCCCS) provides health care for people with low-income and behavioral health programs in Arizona.

Toll-Free.....(800) 523-0231

Health-e-Arizona Plus

Provides online enrollment applications for AHCCCS, KidsCare, Children’s Rehabilitative Services (CRS), Nutrition Assistance and Temporary Assistance for Needy Families (TANF).

Toll-Free.....(855) 432-7587

AzEIP

Statewide system of services and supports for families of children, from birth to 3 years of age with disabilities or delays.

Toll-Free(888) 592-0140

MotherToBaby Arizona

Provides up-to-date resources and evidence-based information about exposures to poison and drugs during pregnancy and lactation.

Toll-Free.....(888) 285-3410

Spanish Line(866) 626-6847

ASHline (Arizona Smokers Helpline)

Provides confidential telephone-based coaching and information services at no cost for people who want to quit using tobacco products.

Toll-Free.....(800) 556-6222

Pregnancy and Breastfeeding Hotline

A hotline to answer questions about breastfeeding provided by the Arizona Department of Health Services.

Toll-Free.....(800) 833-4642

Head Start Program

A federally funded program for preschool children from low-income families.

Toll-Free.....(866) 763-6481

Social Security

Determines eligibility for certain benefits like Medicare, retirement and disability programs.

Toll-Free (800) 772-1213

Women, Infants, and Children (WIC) Program

Provides nutritious supplemental foods, nutrition education, breastfeeding support and referrals to health and social services for pregnant women, postpartum women, infants and children from 0 to 5 years of age.

Toll-Free (800) 252-5942

Adult Protective Services

Receives and reviews reported incidents of abuse, neglect and mistreatment of vulnerable or incapacitated adults.

Toll-Free (877) SOS-ADULT, (877) 767-2385

Department of Child Safety (DCS)

Receives reports of abuse, neglect and abandonment of children.

Toll-Free (888) SOS-CHILD, (888) 767-2445

National Suicide Prevention Lifeline

Connects callers to the nearest crisis call center in the network. A hotline worker will listen to and assess problems. Call or text the new national 3-digit phone number for mental health crisis.

Toll-Free (*call or text*) 988

Toll-Free (800) 273-TALK, (800) 273-8255

Poison Control Center

Provides help for poison emergencies at no cost to you.

Toll-Free (800) 222-1222

Sexual Assault Crisis Hotline

Provides confidential and anonymous hotline for survivors of sexual assault at no cost to you.

Local (480) 736-4949

Toll-Free (866) 205-5229

AHCCCS CRS Enrollment Unit

Applications are available at www.AZAHCCCS.gov.

Toll-Free (855) 333-7828



After Hours Care

You may need care after hours. You can call our Customer Care Center, and we will help you find an urgent care location in your area. An answering service is available after hours.

Please use the following guide:

Nurse On Call (888) 747-7990

Are my symptoms serious?

Should I wait to see my provider or get care now?

Which location is closest to me?

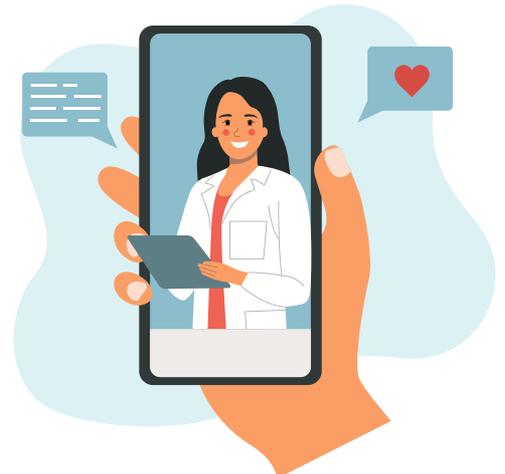
- **Health care advice 24 hours a day, seven days a week at no cost to you.** Nurses can help with your immediate health care questions and much more. This is a service just for members of B – UFC/ACC to support the care you get from your PCP.
- **Helping you get the right kind of care.** B – UFC/ACC **Nurse On Call** nurses can give you advice for care at home or help you decide if you should seek urgent or emergency care. The nurse can also assist you in finding nearby locations that offer the level of care you need. Your B – UFC/ACC **Nurse On Call** nurse will check in with you. Your PCP will be kept up to date on your condition and care recommendations.
- Call us when you are sick, injured or need care advice: **Nurse On Call (888) 747-7990.** We want to help.

Examples of urgent care symptoms

- Vomiting for more than six hours (*if young child, call PCP*)
- Diarrhea for more than six hours (*if young child, call PCP*)
- Sprains
- Minor burns and rashes
- A minor allergic reaction
- Flu, sore throat with a fever, earaches

Examples of emergency room symptoms

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



Behavioral Health Emergencies

A behavioral health emergency is when a person's behavior becomes an immediate danger to themselves or to others. When safety is the primary concern, contact 911 directly for emergency services.

A behavioral health crisis is when a person's behavior may put them at risk of hurting themselves or others. It can also include when a person's thoughts, moods or behaviors prevent the person from taking care of them self or their ability to cope.

If you or a loved one is in a behavioral health crisis, you are not alone.

Crisis lines are available 24 hours a day, 7 days a week, 365 days a year. They help with supports and resources. They provide behavioral health crisis assistance with a trained crisis specialist. They also have mobile crisis teams available that can physically come to the location for further assistance. Depending on the level of the crisis need, 23-hour crisis observation and stabilization centers are available. If the crisis is related to drug or alcohol use, the crisis line can assist with connecting to the various detox or MAT providers.

**For behavioral health emergencies, call 911 or
The National 24-Hour Crisis Hotline at 988 (*call or text*)
*988lifeline.org/talk-to-someone-now***

The National Substance Use and Disorders Referral and Treatment Hotline:
(800) 622-HELP (4357)

The Arizona Statewide Crisis Hotline:
(844) 534-HOPE (4673) or text 4HOPE (44673)
crisis.solari-inc.org/start-a-chat/

Suicide and Crisis Hotlines by Counties and Tribal Nation

Central Region

Maricopa and Pinal Counties: (800) 631-1314

Southern Region

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz,
and Yuma Counties: (866) 495-6735

Ak-Chin Indian Community: (800) 259-3449

Gila River Indian Community: (800) 259-3449

Salt River Pima Maricopa Indian Community: (855) 259-3449

Tohono O'odham Nation: (844) 423-8759

Other Resources Available

National Suicide Prevention Lifeline: (800) 273-8255

Teen Lifeline phone or text: (602) 248-TEEN (8336)

Veteran Crisis Line: 988 (**press 1**)

Be Connected: (866) 4AZ-VETS (429-8387)

Health Plan Information

Accessing Behavioral Health and Substance Use Services

B – UFC/ACC covers:

- Behavioral health.
- Help with substance use.
- Inpatient services.
- Intensive Outpatient Program (IOP).
- Residential facilities.
- Detox.
- 24/7 Medication Assisted Treatment

(refer to page 76 for additional behavioral health services).

B – UFC/ACC can help you obtain behavioral health services. A referral is not needed to access behavioral health services. For non-emergency behavioral health services, you may also call to find out where to go or who to call for help with your situation.

Call our Customer Care Center during business hours and ask for a behavioral health referral or to speak with a Behavioral Health Care Manager.

Call your provider's office and ask for a behavioral health referral.

You can also call the agency directly.

Medication Assisted Treatment (MAT) and peer support services are available for members recovering from substance use and opioid use.

Peer support is from a person who has lived experience with substance use and behavioral health. That person can walk with you on the path of recovery.

MAT is a service that helps with opioid use through medication and counseling.

Call our Customer Care Center if you need help getting substance use and opioid use information.

- **Substance Use Hotline**
Arizona Opioid Assistance and Referral (OAR) (888) 688-4222.
This line can help you answer questions about use, overdose and withdrawal.
- **National Substance Use Disorder Issues Referral and Treatment Hotline**
(800) 662-4357
- **Opioid Services Locator**
OpioidServiceLocator.AZAHCCCS.gov.

Warm Lines

A Warm Line is a confidential, non-emergency phone line for people who need to talk to someone. Their trained peer and family support teams can provide support in times of confusion and loneliness. They can also assist with assessing the situation and help connect a person to behavioral health services if needed.

Warm Lines

Gila and Maricopa Counties: **(602) 347-1100**

Pima County: **(520) 770-9909**

Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz
and Yuma Counties: **(844) 733-9912**

American Indian Community Member Tribal Warm Line: **(855) 728-8630**





If you need a provider or pharmacy directory, call our Customer Care Center, and we will mail a directory at no cost to you.

Cultural Competency

Did you know that B – UFC/ACC has a Cultural Competency Program? We value the culture of the members and communities we serve. We understand that there are many different lifestyles and ethnic backgrounds. We know that your health is affected by your beliefs, culture and values.

It is important that you maintain good health and good relationships with your health care providers. If you feel that there is an issue, please let us know. We will help you find a provider who will better understand your personal and cultural needs.

Interpretive Services

B – UFC/ACC offers language interpretive services for members at no cost. If you can't talk to your provider because they don't speak the same language, call the Customer Care Center. We can plan for a telephone interpreter to help during your visit.

Printed in Alternative Formats

Printed materials in alternative formats can be sent to you at no cost. If you need any of our documents in another language, please call our Customer Care Center. Let us know if you feel like you need the help of auxiliary aids and services. Auxiliary aids can include screen readers, audio recordings and materials in braille or larger print. Aids can provide help with better communication. Auxiliary aids and services can be provided to you at no cost.



Health Plan Information

As a B – UFC/ACC member, you can request a provider directory. A provider directory is a separate book that has information about our contracted providers, including:

- Names of providers in your area and how to contact them.
- Languages available in their office.
- If they have a skilled medical interpreter.
- If they have special skills with members who have special needs.
- If they have special physical accommodations in their office.

The provider directory is available on our website. If you need a provider directory, call our Customer Care Center. We will mail you a directory at no cost to you.

If you have complex medical needs and need help finding a provider, contact our Customer Care Center at (800) 582-8686, TTY 711. They can help guide you through the provider network.

B – UFC/ACC has a network of providers. There may be providers you would like or need to see that are out-of-network. You will need prior approval from B – UFC/ACC to see an out-of-network provider. This is called a prior authorization. Your claim may be denied if you do not receive prior approval. You may be responsible for the cost of care received.

The provider will need to submit a prior approval request to B – UFC/ACC for review. Once a decision is made, you will receive a letter in the mail. If the request is approved, you can see the out-of-network provider.

Our Customer Care Center can help you find an in-network provider.



Call our Customer Care Center and let us know about your heritage, culture and health practices. We can help you find providers who understand your values.

We can also give you information about health concerns you may have. We want you to be comfortable with the people and services that make up B – UFC/ACC.

We will also try to find you a PCP in your area that speaks the same language, if available.



Language Assistance Services

English | ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call (800) 582-8686, TTY 711.

Español (Spanish) | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 582-8686, TTY 711.

Diné Bizaad (Navajo) | Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hólǫ́, kojí' hódíłnih (800) 582-8686, TTY 711.

繁體中文 (Chinese) | 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (800) 582-8686, TTY 711.

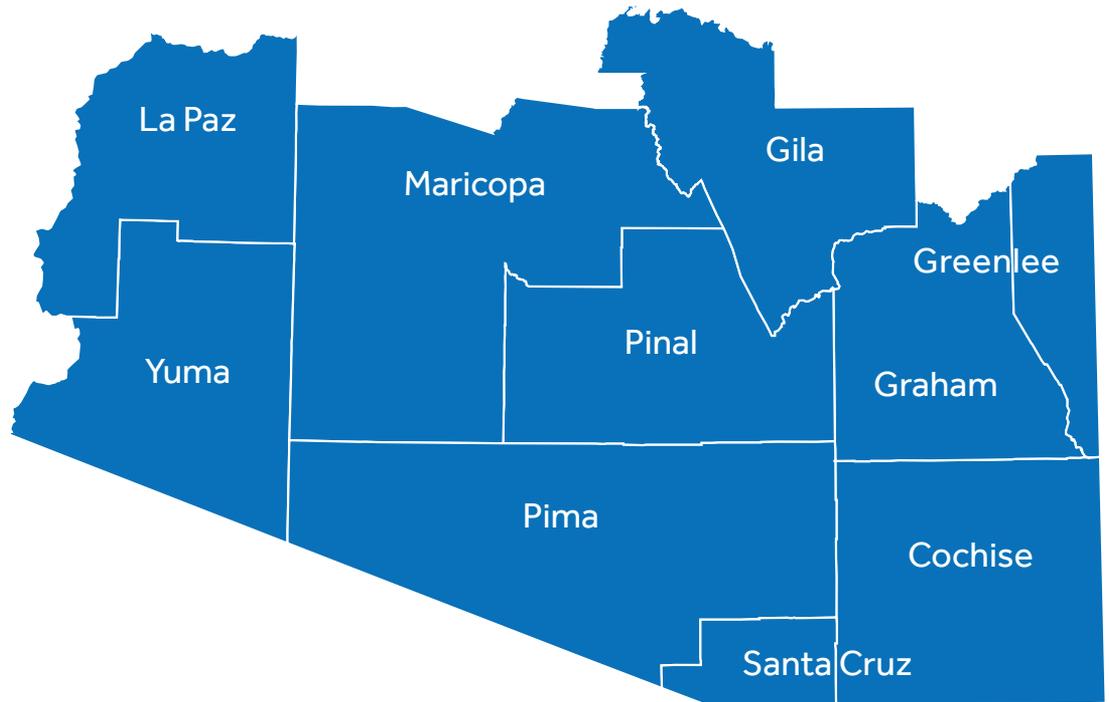
Tiếng Việt (Vietnamese) | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 582-8686, TTY 711.

آريبرعلا (Arabic) |
ةدعاسملا تامدخ نإف، ةغلل ركذا ثدحتت تنك اذا: ةظوحلم
مقرب لصتا. ناجملاب كل رفاوتت ةيوجللا (800) 582-8686,
TTY 711

Tagalog (Filipino) | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 582-8686, TTY 711.

한국어 (Korean) | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 582-8686, TTY 711. 번으로 전화해 주십시오.

Service Area



Please be sure to keep your information up to date. If you need to update your information, you can contact our Customer Care Center for assistance.

Managed Care

B – UFC/ACC is a Managed Care Plan. A Managed Care Plan is a health plan that provides care to its members through a selected group of providers, hospitals and pharmacies.

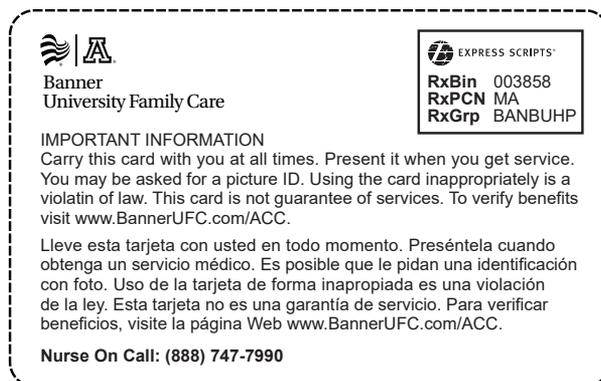
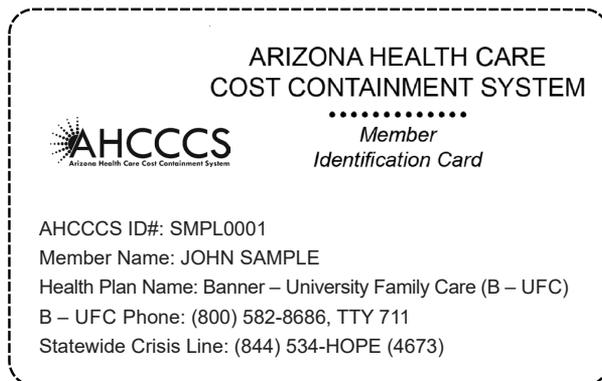
You and your provider play an important role in your managed care plan. Your provider helps decide what care you need. It is important that you see your provider and talk with them about your health. Please refer to page 55 for a more complete description of your primary care provider's role.

No matter your age, it is important you have regular checkups with your PCP. For children ages 0 to 20, please refer to page 61 for a more complete description of recommended care for your child.

Protecting Your Health Information - Member Verification

When you call our Customer Care Center, you will be asked questions to verify your account. We do this to protect your privacy. This is how we make sure we do not share your information with the wrong person.

Member Identification Cards



Once you become a B – UFC/ACC member, you will receive a member identification card. Do not throw this card away. It is very important to always carry this card with you and show it when you receive services. This card will identify you as a B – UFC/ACC member. It lists important phone numbers and information that your health care provider will need.

Only you can use your B – UFC/ACC ID card for health care services. It is very important that you never lend, sell, discard or allow someone else to use your card. This is against the law, and you might lose your AHCCCS eligibility. Legal action may also be taken against you.

You will need your B – UFC/ACC ID card to:

- Make doctor appointments.
- See your doctor or dentist.
- Get medicine and supplies.
- Get care from a hospital or other medical provider.
- Get help and information from our Customer Care Center.



AHCCCS has safety measures to protect your health information.

If you have a State of Arizona Driver's License or State issued ID, AHCCCS will get your picture from the Arizona Department of Motor Vehicle Division (MVD).

The same picture will be placed on your AHCCCS eligibility verification screen. Providers that verify your eligibility through the AHCCCS website will be able to view your eligibility, coverage information and see your picture.

Health Plan Information



If you don't have a B – UFC/ACC member ID card or if you lose your card, call our Customer Care Center at (800) 582-8686, TTY 711 to get a new one.

If you are dual eligible (*Medicare and AHCCCS*) be sure to show your provider both cards.

Member Responsibilities

1. It is your duty to provide information to the best you know how. This will help B – UFC/ACC staff care for you.
2. It is your duty to follow guidelines and rules given to you by health care givers.
3. It is your duty to know the name of your assigned PCP.
4. It is your and your family members' duty to be mindful of others. Be mindful of the rights and property of patients and staff. This includes smoking and visitor policies.
5. It is your duty to protect your member ID card. Do not lose it or share it with anyone.
6. It is your duty to pay your copayments (*if you have one*) as soon as you are able.
7. It is your duty to schedule visits during medical office hours when it is possible. Try to visit your PCP before using urgent care facilities or emergency rooms.
8. It is your duty to give your PCP all the facts about your health problems. This includes past illnesses, hospital stays, all medications, shots and other health concerns. Let your PCP and our Customer Care Center know about any changes in your health. Participate in developing mutually agreed-upon treatment goals to the degree possible.
9. It is your duty to report changes that could affect your eligibility. Changes to your address, telephone number and assets should be updated.
10. It is your duty to arrive on time. Always let the medical office know ahead of time when you cannot keep an appointment.
11. It is your duty to bring immunization records to every appointment for children ages 18 and younger.
12. It is your duty to always watch over children who are with you.
13. It is your duty to cancel your ride when you cancel your appointment.
14. It is your duty to NOT behave in a way that disrupts others or behave in a way that does not allow a provider to serve you or another patient in a safe way.
15. It is your duty to provide the information requested to verify your account. This includes your name, birth date, ID number, phone number and address.

What To Do When Your Family Size Changes

If there is a change in family size, you must report it. Changes are due to birth, death, marriage, adoption or divorce. You must call the eligibility office where you applied for AHCCCS (DES, KidsCare or Social Security or (855) HEA-PLUS (855) 432-7587). Or you can call our Customer Care Center with this information. It is important to report a new baby right after the birth. This way your baby will be eligible for services.

Moving

What if you are moving away from the service area or to a different county?

If you move out of Arizona, report this change. If you move out of your county, your current plan may no longer be valid. Before you move, call our Customer Care Center to update your address. We will help you contact the right eligibility office (*DES/Social Security administration*). We will help you make the necessary changes.

Other place you should notify include:

- Your PCP and other providers or other doctors.
- The SSI office if you are getting SSI benefits.
- KidsCare and DES, please contact Health-e-Arizona PLUS.
- The number is **(855) HEA-PLUS (855-432-7587)**.
Or create an account at www.HealtheArizonaPlus.gov.

If you move to another county, what should you do?

- Tell your current eligibility office. Then re-apply at your new eligibility office.
- Call the AHCCCS office to choose a new plan.
- Call our Customer Care Center, and we will help move your care to your new plan.

When Changing Health Plans

To ensure continued access to services, when changing from Fee For Service (FFS) to Managed Care Organization (MCO), MCO to MCO, or MCO to FFS enrolled health plans, please call our Customer Care Center. Our Customer Care Center can provide guidance to ensure continued access to service.



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

Health Plan Information



Each new person in your family may be eligible for AHCCCS. You must call the office that made you eligible for AHCCCS to discuss adding a new member or if any family member leaves. If you have any questions, call our Customer Care Center.

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*). You also have the right to involve family members or others you choose to help you make decisions about your treatment. Inform your provider of your wishes.

Health Plan Changes

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

- You were not given a choice of health plans at time of enrollment.
- You did not get your AEC letter.
- You got your AEC letter but were not able to take part in your AEC due to events out of your control.
- 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*).
- You are a member of a special group and need to be enrolled in the same health plan as the special group.
- You came back on AHCCCS within 90 days and were not put back on the health plan you had before.
- You have a medical reason why you must stay with your current provider, and your provider is not on our plan.

If you need to change your health plan due to any of the above reasons, please call AHCCCS at (855) 432-7587. If there is another reason why you must change your health plan, or you have questions about changing your health plan, please call our Customer Care Center.

- In some cases, a health plan change may be needed for continuity of care, medical or health reasons. B – UFC/ACC will review this on a case-by-case basis.
- B – UFC/ACC will check if our contracted network can offer the needed care. If not, B – UFC/ACC will assist the member with completing the required process to request the change.
- B – UFC/ACC will also check if the request is due to the quality of care or delivery of care. B – UFC/ACC will promptly address the member's concerns.

Transition of Care

If you plan to move out of your Geographic Service Area (GSA) that B – UFC/ACC covers, call our Customer Care Center. We will give you instructions to avoid your services being disrupted. If you plan to move to a facility that B – UFC/ACC does not work with, call our Customer Care Center. A change to a new contractor may be needed. Approval to change to a new health plan cannot be guaranteed. There also may be differences in services in the new health plan's service area. It is important that you call B – UFC/ACC before any move so that your services will not be disrupted.

B – UFC/ACC has a transition coordinator who forwards your health information to your new health plan. Your new health plan will be notified of any existing care you are receiving. Including services such as surgery that is planned. Your new health plan will use this information to ensure that your health care needs are met.

Your friends and family play an important role in your care if you choose to include them. They often have important information to share with health care professionals. You may allow a family member or authorized representative to participate in your treatment planning process and to represent you in decisions like changing health plans. In most cases, providers need your permission to share information about your health. Here is some important information about our health care privacy:

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

B – UFC/ACC has a form that you can sign to allow us to talk with your friends or family. You can get more information by calling our Customer Care Center at (800) 582-8686, TTY 711.

What To Do in Case of a Medical Emergency

Medical emergencies are sudden life or death conditions. They may lead to disability or death if not treated right away. No prior authorization is needed for emergency care.

If you feel your symptoms are an emergency, call 911. As a member of B – UFC/ACC you have the right to seek emergency service at any hospital or emergency facility. It can be 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 first. If you cannot make an appointment with your PCP, call our Customer Care Center. We will help you find an urgent care center in our network.

Please remember it is always very important to tell the emergency department staff that you are a B – UFC/ACC 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 B – UFC/ACC member.



If you feel your symptom is an emergency, call

911

For suicide and crisis lifeline, call or text

988



Prior authorization is not required from your health plan for emergency services.

Urgent Care and Emergency Room Use

An urgent care center is a great place to get medical help. They usually have extended hours, specialists for common problems and can see you quickly (*usually less than an hour*). Urgent care centers can help you with ear infections, sore throats, urinary tract infections, minor cuts and burns, sprains and other common health issues. The urgent care center can be used for problems your provider would normally help with. If your provider isn't able to take care of the problem, the urgent care probably can't either. Emergency rooms are good choices if you have broken bones, cannot stop bleeding or you are experiencing chest pains or shortness of breath.

How do you use the emergency room appropriately?

If your life is in immediate danger, call 911. If you need to see a provider right away, contact your PCP to make an appointment. If your PCP is unable to see you or the office is not open, urgent care is an excellent option. If you need help finding an urgent care in our network, call our Customer Care Center or visit our website.

Tips on when the emergency room should not be used:

Do not go to the emergency room for symptoms your PCP or urgent care center can treat. The emergency room is for emergencies only.

If the condition is not life threatening, contact your PCP office any time. Your PCP's office will decide the level of care you need. If you need care after office hours, on weekends or holidays, call our Customer Care Center to find an urgent care near to you.

What if you need emergency care out of our service area?

B – UFC/ACC pays for emergency care in your service area. B – UFC/ACC can also pay for emergency care when you are out of your county or out-of-state. If you need emergency care, show your AHCCCS ID so the providers can notify us.

If you're not sure whether to go to an urgent care or the emergency room, ask yourself these questions:

- Is this something my PCP can take care of in their office?
 - » If yes, call your PCP to schedule an appointment or visit an urgent care if your PCP office is not open.
 - » If no, go to the emergency room.
- Is this something that if left untreated soon, my life could be in danger, or I could lose a body part?
 - » If yes, go to the emergency room.
 - » If no, call your PCP to schedule an appointment or visit an urgent care if your PCP office is not open.
- If I do need to go to the emergency room, should I call 911 to get medical help right away?
 - » If your life is in immediate danger, please call 911.
 - » If your problem is not life threatening and can be handled by your PCP or urgent care, please go there instead.

Rides to Medical Appointments

Emergency

You have a medical emergency when your life, body parts or bodily functions are at risk. This can be a damage or loss of function to you unless you receive immediate care. In case of an emergency, call 911. We are not able to schedule a ride to the emergency room.

Medical Transportation

Rides to appointments for services covered by B – UFC/ACC are covered at no cost to you. See below for information on how and when to request rides.

Non-Emergency

Call our Customer Care Center at (800) 582-8686, TTY 711 and select the transportation option. Call at least 72 hours before your scheduled visit. Same day transport may not be available. On weekends and holidays, you can call and select the transportation option for rides to urgent care centers when you are sick. Always remember to dial 911 in a medical emergency or 988 for the Suicide and Crisis Lifeline.

Wheelchair or Stretcher

If you need a wheelchair accessible vehicle, make sure to tell us. If you have stretcher needs, please be sure to specify that when making the request.

Children, Companion or Aide

B – UFC/ACC allows a member and one extra passenger per transport. An extra passenger is allowed if the person is a minor or if the person is under the care and supervision of the member or has a medical condition.

If you are a single caregiver with more than one minor child in your care, B – UFC/ACC allows other minor children to be transported. Not all vehicles can accommodate more than three passengers. You will need to provide your own car seat for any child passengers.



Transportation Services



In cases of emergency (in a life-threatening situation), call 911 or call or text 988 for the Suicide and Crisis Lifeline.

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

- Your name, AHCCCS ID number, date of birth, address and phone number (for verification purposes).
- The date, time and address of your visit.
- If you need a ride one-way or 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 (car seats are not provided).

Canceling Rides to Your Appointments

If you cancel your provider or dentist visit, call our Customer Care Center to cancel your ride. Please cancel your transportation appointment 24 to 72 hours in advance.



Your Services

As a member of B – UFC/ACC, you are eligible for a wide array of health care benefits. Your benefits include behavioral health services and some dental. The list below does not include all possible services. All covered services are funded under contract with AHCCCS. Your PCP may provide these services, or they may make plans for you to get these services from another provider (*sometimes called a specialist*) by creating a referral.

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

- Emergency services
- Behavioral health services
- OB/GYN services
- Dental services
- Family planning services and supplies

Members with special health care needs may have direct access to specialists who can help provide the care you need. For help in finding a specialist, talk with your PCP or call our Customer Care Center.

The services listed below are covered through B – UFC/ACC. Some services may have limitations and require a prior authorization.

Contact our Customer Care Center for more information:

- Ambulance for emergency care
- Behavioral health care
(for complete list of behavioral health care covered services, go to page 76)
- Care management
- Care while you are pregnant
- Checkups for children, pregnant women, Qualified Medicare Beneficiary (QMB) and Seriously Mentally Ill (SMI) members
- Children's services, including routine dental care
- Chiropractic services for members under the age of 21 and QMB members
- Emergency medical and surgical services related to dental (*oral*) care
- Dialysis
- Disease management
- Emergency dental
- Emergency or urgent care medical treatment
- Eyeglasses (*prescriptive frames and/or lenses*) or contacts for children, or adults only after cataracts are removed
- Health care services through screenings, diagnosis and medically necessary treatments for members 21 years of age or older
- Hospice care

Covered Services

- Hospital care
- Lab work and X-rays
- Medical tests
- Medically needed foot care performed by a licensed podiatrist
(A podiatrist may provide foot care for members when ordered by a PCP or other provider.)
- Medicine from the B – UFC/ACC Drug Formulary *(the approved drug list)*
- Organ transplants
- Orthotics
- PCP office visits
- Preventative and routine gynecological services for female members
(no referral needed)
- Transportation to health care visits
- Speech, physical and occupational therapies
- Supplies and equipment, including B – UFC/ACC Drug Formulary diabetic testing equipment and supplies
- Well-child checkups, including dental, hearing, shots and vision care

Your PCP may want you to see a specialist or get special services. They will arrange for the special care listed below. Some of these may require prior authorization from B – UFC/ACC:

- Diet and health teaching
- Home health care
- Organ transplants
- Skilled nursing home care
- Rehabilitation services like physical and occupational therapy or speech therapy *(for members 20 years and younger)*
- Specialist care
- Social services
- New technology or new uses of existing technology will be referred to the Technology Assessment Committee. They will decide if research shows that the service is safe and provides positive health outcomes.

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 request a second opinion outside the network at no cost to you.

Well-Visits for Members 21 Years of Age and Older

Well-visits (*well-exams*), breast exams and prostate exams are covered for members 21 years of age and older. Most well-visits (*also called checkups or physicals*) include a medical history, physical exam, health screenings, health counseling and medically necessary immunizations. EPSDT (*Early and Periodic Screening, Diagnostic and Treatment*) visits for members up to 21 years of age are considered the same as a well-visit (*see EPSDT section for more information*).

In special cases, you may be able to get services outside of your service area. Please contact our Customer Care Center if you would like more information.

Cost Sharing

It is important to tell us if you have other insurance or Medicare. It does not change any of the services or benefits you get from B – UFC/ACC and AHCCCS. Try to choose a PCP who is with both B – UFC/ACC and your other insurance. This will help us coordinate your benefits. If you receive services from a provider that is not contracted with B – UFC/ACC you must have prior authorization, or you may be responsible for the payment.

Please see page 98 for more information regarding dual eligible members and coordination of benefits.

Billing for a Covered Service

You should not be billed or receive a bill for services covered under the plan. Please call our Customer Care Center to help fix any billing problems. The Customer Care Center will review your bill and contact your provider regarding the bill. If you are not responsible for the bill, B – UFC/ACC will issue a “Cease Billing Notice” to the provider.



Please visit the section called EPSDT on page 61 for more information.



Billing for Non-Covered Services

Please refer to Non-Covered Benefits section on page 39.

Covered Services

Benefits and Covered Services

The most recent benefits are described in the following table.

This is a partial list of covered services but does not include all AHCCCS covered services. All information below is from the AHCCCS Medical Policy Manual, chapter 300. Please refer to the manual for a complete list of covered services.

Benefit/Service	Service Description	Exclusions or Limitations
Emergency Transportation	This is use of ground or air ambulance.	These services are covered if transportation is needed due to an emergency. Dial 911 for services, and you would be taken to the nearest appropriate facility.
Dental Services	Please see page 70 of this handbook for more information.	



Covered Services

Benefit/Service	Service Description	Exclusions or Limitations
<p>Emergency Dental Service (21 years of age and older)</p>	<p>Dental emergencies happen suddenly. They result in severe pain or infection in the mouth. The problem occurred due to trauma or other medical conditions. Dental care and pulling of teeth are covered. You must meet criteria for a dental emergency.</p> <p>B – UFC/ACC limits coverage to a total amount of \$1,000. You are covered for a 12 month period. This begins October 1, 2023 and ends on September 30, 2024.</p> <p>During an emergency, coverage may include:</p> <ul style="list-style-type: none"> • Oral exam to find the problem • X-rays • Lab tests <p>Follow-up care for emergency procedures. This is covered.</p> <p>You are limited to the \$1,000 limit.</p>	<p>Dentures are not covered.</p> <p>Bridgework to replace missing teeth is not covered.</p> <p>Diagnosis and treatment of TMJ are not covered except for reduction of trauma.</p> <p>*Dental services provided to America Indian/Alaska Native members with an IHS/638 tribal facility are not subject to the emergency dental limit.</p>
<p>Dialysis</p>	<p>Dialysis treats kidney failure. It removes toxins, waste products and fluid. It filters the blood.</p> <p>B – UFC/ACC covers supplies, testing and medically necessary drugs used during dialysis.</p> <p>Outpatient treatments are covered. Inpatient treatments are only covered when you are in the hospital for another reason, and you need dialysis.</p>	<p>Admission to the hospital to only provide dialysis is not covered.</p>



Covered Services



Benefit/Service	Service Description	Exclusions or Limitations
Home Health Services	Please see page 45 of this handbook for more information.	
Maternal and Child Health Services	Please see page 65 of this handbook for more information.	
Eye Exams	Vision exams and prescriptive frames and/or lenses are covered for all members under the age of 21. For members who are 21 years of age or older, treatment of medical conditions of the eye are covered. Eye examinations for prescription lenses and the provision of prescription lenses are excluded. Cataract removal is covered for all members when there is an expectation that you will achieve improved functional ability due to cataract removal.	The removal should result in the thought that your vision will improve because the cataract was removed.
Breast Reconstruction after Mastectomy	Breast reconstruction surgery for the purpose of breast reconstruction post-mastectomy is covered. This surgery can take place at the same time as the breast removal or may choose to delay until after some healing has occurred. If it is delayed, the member must be eligible at the time of the second surgery. Medically necessary breast implant removal is covered. The unaffected breast may be rebuilt if the replacement causes the two breasts to be different in size or appearance.	Replacement of implants is not covered if the reason for the original implant was for cosmetic purposes.

Covered Services

Benefit/Service	Service Description	Exclusions or Limitations
<p>Hospice Services</p>	<p>Hospice provides support and care for members who have terminal illnesses. Members must meet specific criteria to receive hospice services.</p> <p>Hospice requires a physician's certification stating that the member's health status is terminal.</p> <p>It must state that the member is not expected to live beyond a six-month time-frame.</p> <p>The benefit can be provided beyond a six-month period. Another review will need to occur for the service to be provided after six months. Services may be provided in a home, or inpatient location (<i>hospital, nursing care institution and or independent hospice unit</i>).</p>	<p>If you are a dual eligible member, Medicare is the primary payor of these services.</p>
<p>Hysterectomy</p>	<p>This is a surgery to remove the uterus. This service is only covered if medically needed. To show this surgery is needed, other treatments had to be tried and failed to help improve the symptoms.</p>	<p>This surgery is not covered for the sole purpose of preventing pregnancy.</p>



Covered Services



Benefit/Service	Service Description	Exclusions or Limitations
<p>Immunizations</p>	<p>Immunization (<i>vaccines</i>) are shots that prevent a person from getting certain diseases. These are covered based on age, history and health risk for both adults and children. Vaccines covered for adults include but are not limited to:</p> <ul style="list-style-type: none"> • Diphtheria-tetanus (<i>breathing problems, heart problems, paralysis/lock jaw</i>) • Influenza (<i>flu</i>) • Coronavirus disease 2019 (<i>COVID-19</i>) • Pneumococcus (<i>Pneumonia</i>) • Rubella (<i>German measles</i>) • Measles • Hepatitis-A • Hepatitis-B • Pertussis (<i>whooping cough</i>) • Zoster vaccine (<i>Shingles for members 50 years of age and older</i>) • HPV vaccine (<i>for females and males up to age 26 years</i>) • Others based on medical need 	<p>Immunizations for passport, visa clearance or for travel outside of the United States are not covered.</p>
<p>Lab Services</p>	<p>Lab services must be ordered by a provider and be medically necessary. Lab tests may be needed to diagnose disease. They may be used to screen for disease. They may be used to monitor disease and treatments.</p>	

Covered Services

Benefit/Service	Service Description	Exclusions or Limitations
Genetic Testing	<p>These are tests that show the sequence of human DNA. Body fluid or tissue is used to discover changes from normal DNA. Genetic testing and counseling may be covered. For these to be covered, they must be medically necessary and help to determine the best treatment option.</p>	
Physician Services	<p>The service is covered when the providers do the following:</p> <ul style="list-style-type: none"> • Perform a medical exam. • Provide treatment. • Perform surgery in the office, hospital, home or nursing facility. Physician services are covered when there is a medical need. The provider must be trained in the type of care you receive. Members under the age of 21 are covered for allergy treatment when medically necessary. 	<p>Allergy testing is not covered for members 21 years and older unless a member has experienced a severe reaction to an unknown allergen or a severe allergic reaction where it is safe to assume more exposure to the unknown allergen could result in a life-threatening situation. Allergy therapy is not covered for members 21 years and older.</p> <p>Any office visit or service to determine if a member would benefit from medical marijuana is not covered.</p>



Covered Services



Benefit/Service	Service Description	Exclusions or Limitations
<p>Pharmacy Services</p>	<p>Medicines must be medically necessary. They must also be cost-effective. Necessary, cost-effective drugs ordered by a provider are covered.</p> <p>B – UFC/ACC has its own drug list. The list contains drugs needed to meet member needs. This list is called a drug formulary. The formulary includes all medicines approved by AHCCCS.</p> <p>It also covers drugs we believe are necessary. The list includes drug names and explains if prior authorization is needed. Your provider will need to request authorization for a drug that is not on the list. Your provider needs to explain other drugs that were tried and the reason they did not work.</p> <p>If you need additional information, please contact our Customer Care Center.</p>	
<p>Radiology and Medical Imaging</p>	<p>These are images or X-rays. They are ordered to diagnose, prevent, treat or evaluate a health problem.</p>	<p>The images must be medically necessary. They must be ordered by a provider. Authorization may be required for X-rays and images.</p>

Covered Services

Benefit/Service	Service Description	Exclusions or Limitations
<p>Rehab Therapies</p> <p>Occupational Therapy</p>	<p>Occupational therapy (OT) helps a member perform daily activities. OT can be done in a hospital or nursing facility.</p> <p>It can also be done as an outpatient or in the home.</p>	<p>OT services done in a hospital or nursing facility are covered as part of the admission.</p> <p>OT services is covered for all members who are receiving inpatient care at a hospital, nursing facility and a custodial care facility when ordered by the member's PCP or attending physician.</p> <p>For members under 21 years of age, outpatient OT is covered when medically necessary.</p> <p>For members over 21 years of age, OT is covered when medically necessary and as follows:</p> <ul style="list-style-type: none"> To restore and maintain a skill. You can have 15 OT visits per year. <p>The services must be provided by an occupational therapist or a certified OT assistant (COTA).</p> <p>If you also have Medicare, other limits may apply.</p>

Covered Services



Benefit/Service	Service Description	Exclusions or Limitations
<p>Rehab Therapies</p> <p>Physical Therapy</p>	<p>Physical therapy (PT) helps a member move and gain strength. PT can be done in a hospital or nursing facility. It can also be done as an outpatient or in the home.</p>	<p>PT services are covered for all members who are receiving inpatient care at a hospital, nursing facility and a custodial care facility when ordered by the member's PCP or attending physician.</p> <p>For members under 21 years of age, outpatient PT is covered when medically necessary.</p> <p>For members over 21 years of age, outpatient PT is covered when medically necessary as follows: To restore and maintain a skill. You can have 15 PT visits per year.</p> <p>To learn a new skill and maintain the skill, you can have 15 PT visits per year. Services received on one day are considered one visit. The services must be provided by a physical therapist.</p> <p>If you also have Medicare, other limits may apply.</p>

Covered Services

Benefit/Service	Service Description	Exclusions or Limitations
<p>Rehab Therapies</p> <p>Speech Therapy</p>	<p>Speech therapy helps a member improve speech. Speech therapy can also help with swallowing problems.</p>	<p>Speech therapy services are covered for members who are in a hospital or nursing facility.</p> <p>Speech therapy is covered as an outpatient for members receiving EPSDT services, Kids Care and ACC.</p>
<p>Respiratory Therapy (RT)</p>	<p>These services restore, maintain or improve breathing. RT must be ordered by a provider. These services are covered while in the hospital. They may also be covered as outpatient when medically necessary.</p> <p>They must be provided by a qualified respiratory therapist.</p>	
<p>Preventative Health Risk Assessments and Screen Test Services</p>	<p>These are assessments and screenings provided by a physician, PCP or another licensed practitioner.</p> <p>For members over the age of 21, it includes the following services:</p> <ul style="list-style-type: none"> • Hypertension screening <i>(annually)</i>. • Cholesterol screening <i>(once, additional tests based on history)</i>. • Routine mammography <i>(annually after age 40 and at any age if considered medically necessary)</i>. 	<p>Exams completed to meet the demands of outside public or private agencies.</p> <p>These are not covered, including, pre-employment exams, sports or physical activities, disability certification and establishing third-party liabilities.</p>

Covered Services



Benefit/Service	Service Description	Exclusions or Limitations
<p>Preventative Health Risk Assessments and Screen Test Services</p> <p><i>Continued</i></p>	<ul style="list-style-type: none"> • Cervical cytology, including pap smears (<i>annually for sexually active women; after three successive normal exams, the test may be less frequent</i>). • Colon cancer screening (<i>digital rectal exam and stool blood test, annually after age 50 as well as baseline colonoscopy after age 50</i>). • Sexually transmitted disease screening, testing and treatment are available to all members. • Confidential HIV testing is available to all members. If a member tests positive for HIV, counseling and treatment are also available. <p>For help, please contact your PCP or www.HIVAZ.org for information on testing and available counseling services.</p> <p>For help, please contact your PCP or www.HIVAZ.org for information on testing and available counseling services.</p> <ul style="list-style-type: none"> • Other screenings include tuberculosis screening (<i>once, with additional testing based on history or if you reside in a facility</i>). • Immunizations. • Prostate screening (<i>annually after age 50; screening is recommended annually for males 40 and older who are at high risk due to immediate family history</i>). • Physical examinations, including well-visits designed to provide early detection of disease and presence of injury. 	

Covered Services

Benefit/Service	Service Description	Exclusions or Limitations
<p>Inpatient Services</p>	<p>Benefits include medically necessary inpatient hospital services provided by a licensed participating hospital. Private rooms in nursing facilities require physician orders and must be medically necessary.</p> <p>Inpatient hospital services for members include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Hospital accommodation and appropriate staffing, supplies, equipment. • Routine acute medical care, intensive care, coronary care and neonatal intensive care. • Maternity care (<i>including labor, delivery, recovery rooms, birthing centers, nursery and related services</i>). • Nursery for newborns and infants. • Surgery (<i>including surgical suites, recovery rooms and anesthesiology services</i>). • Acute behavioral health emergency services. • Nursing services necessary and appropriate for the member's medical condition (<i>including assistance with activities of daily living as needed</i>). • Dietary services, medical supplies (<i>appliances and equipment consistent with the level of accommodation</i>). • Perfusion and perfusionist services. 	



Covered Services

Benefit/Service	Service Description	Exclusions or Limitations
<p>Inpatient Services</p> <p><i>Continued</i></p>	<ul style="list-style-type: none"> • Ancillary services. • Chemotherapy. • Dental surgery for members in the EPSDT program, dialysis, laboratory services, pharmacy services and prescribed drugs, radiological and medical imaging services. • Rehabilitation services (including physical, occupational and speech therapies). • Respiratory therapy services and supplies necessary to store, process and administer blood, blood derivatives and total parenteral nutrition. 	
 <p>Medical Supplies, Durable Medical Equipment (DME) and Orthotic and Prosthetic Devices</p>	<p>Medical equipment and appliances are any item, appliance or piece of equipment that is not a prosthetic or orthotic and is used to serve a medical purpose. They can withstand repeated use and can be reusable by others or removable. Medical supplies are consumable or disposable items that meet a medical purpose. DME are items or appliances that are designed to serve a medical purpose and are long-lasting.</p> <p>Prosthetics are devices prescribed by a physician to artificially replace a missing, deformed or malfunctioning portion of the body.</p> <p>Orthotics are prescribed by a physician to support a weak, deformed portion of the body or to prevent or correct a physical deformity or malfunction.</p>	

Covered Services

Benefit/Service	Service Description	Exclusions or Limitations
<p>Medical Supplies, Durable Medical Equipment (DME) and Orthotic and Prosthetic Devices</p> <p><i>Continued</i></p>	<p>Examples of medical supplies may include incontinence briefs, surgical dressings, splints, casts and other consumable items, which are not reusable and are designed specifically to meet a medical purpose. Examples of medical equipment may include wheelchairs, walkers, hospital beds and other durable items that can be rented or purchased.</p> <p>Services shall be determined to be medically necessary and cost effective. Services will need to be provided at the member's residence and based on a physician's orders as part of a care plan.</p> <p>Repairs or adjustment of purchased equipment are covered when it is necessary to make the equipment serviceable and the cost of the repair is less than the cost of the rental or purchase of new equipment.</p> <p>Prosthetic devices are covered if you are under the age of 21. If you are 21 years of age and older, devices are covered when medically necessary for rehabilitation.</p> <p>Orthotic devices are covered if you are under the age of 21. If you are 21 years of age and older, devices are covered when medically necessary as the preferred treatment option consistent with Medicare guidelines. The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. The orthotic is ordered by a PCP or specialist.</p>	

Covered Services



Benefit/Service	Service Description	Exclusions or Limitations
Transportation to AHCCCS Covered, Non-Emergency Services	<p>No cost, non-emergency transportation services are available to members who are not able to provide, secure or pay for their own transportation. Members residing in Maricopa and Pima counties can only be transported to a pharmacy within 15 miles of the pickup location. Trips to compounding or specialty pharmacies require health plan approval.</p>	
Chiropractic Services	<p>20 medically necessary visits are covered for members over the age of 21. Services must be ordered by a PCP and within the scope of chiropractic practice. Additional chiropractic services maybe covered if medically necessary.</p>	
Biomarker Testing	<p>Covered for the purpose of diagnosis, treatments, appropriate management, or ongoing monitoring of a member's disease or condition when the test is supported by medical and scientific evidence.</p>	
Diabetes Self Management Training	<p>10 program hours of diabetes outpatient self-management training services to members with new or existing diabetes diagnoses are covered annually. Must be prescribed by a PCP.</p>	

All information was taken from the AHCCCS Medical Policy Manual Chapter 300. Please refer to the manual for all full covered service information.

This is a listing of most covered services but does not include all AHCCCS covered services.

Limitations and Non-Covered Services

The following table includes a list of things that are not covered. It also includes a list of things that are limited.

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

Benefit/Service	Service Description	Service Exclusions
Bone-Anchored Hearing Aid	<p>A hearing aid that is put on a person's bone near the ear. The hearing aid is placed during surgery. This is to carry sound. AHCCCS will not pay for bone-anchored hearing aid (BAHA). Supplies, equipment maintenance (<i>care of the hearing aid</i>) and repair of any parts will be paid for.</p>	
Cochlear Implant	<p>A small device that is put in a person's ear. The implant is placed during surgery. It helps you hear better. Supplies, equipment maintenance (<i>care of the implant</i>) and repair of any parts will be paid for.</p>	<p>AHCCCS will not pay for cochlear implants.</p>
Prosthetic Lower Limb Microprocessor (Computer) Controlled Joint and Prosthetic	<p>A prosthetic replaces a missing part of the body. It may contain a computer chip to help with moving the joint.</p>	<p>AHCCCS will not pay for a leg, knee or foot prosthetic that includes a computer chip that controls the joint.</p>

Non-Covered Services

Benefit/Service	Service Description	Service Exclusions
<p>Orthotics</p>	<p>This is an item that supports or braces weak joints or muscles. An orthotic can also support a deformed part of the body.</p>	<p>B – UFC/ACC shall provide orthotic devices for AHCCCS members 21 years of age and older when all the following apply:</p> <ul style="list-style-type: none"> • The use of the orthotic is medically necessary. • It meets Medicare guidelines for use. • The orthotic is less expensive than all other treatment options. • The orthotic is less expensive than surgery for the same problem. The orthotic is ordered by a provider.
<p>Emergency Dental Service</p>	<p>Emergency dental services are when you have dental problem that need care right away. An infection or bad pain in your teeth are examples of an emergency.</p>	<ul style="list-style-type: none"> • Dental services provided by a dentist to the head, neck, jaw or face (<i>maxillofacial</i>) are not covered. • Maxillofacial dental services by a dentist are not covered. They are only covered to treat the effects of trauma. • Diagnosis and treatment of TMJ.

Non-Covered Services

Benefit/Service	Service Description	Service Exclusions
<p>Emergency Dental Service</p> <p><i>Continued</i></p>	<p>Routine restorative services (<i>treatment of missing or damaged teeth</i>) and routine root canal therapy are not considered emergency dental service. Treatment to prevent pulpal death (<i>death of the inner part of the tooth</i>) and tooth loss that will soon happen is limited. A bridge to replace missing teeth is not covered. Dentures are not covered. The \$1,000 benefit is good for only one person – the member. The \$1,000 benefit stays with the member even if they change health plans. If \$400 was used with one plan, only \$600 will remain for the second plan through to the end of the year.</p> <p>*Dental services provided to America Indian/Alaska Native members with an IHS/638 tribal facility are not subject to the emergency dental limit.</p>	
<p>Transplants</p>	<p>A transplant is when an organ or blood cells are moved from one person to another.</p>	<p>Approval is based on the medical need and if the transplant is on the “covered” list. Only transplants listed by AHCCCS are covered.</p> <p>Please remember: Some of the services listed must be approved in advance by B – UFC/ACC. B – UFC/ACC will only pay for the services that are ordered by your PCP and have been approved by B – UFC/ACC.</p> <p>For these services to be covered, they must be medically necessary.</p>



Please remember: Some of the services listed must be approved in advance by B – UFC/ACC. B – UFC/ACC will only pay for the services that are ordered by your PCP and have been approved by B – UFC/ACC. In order for these services to be covered, they must be medically necessary.

Non-Covered Services

Paying for Non-Covered Services

Providers may charge AHCCCS members for services that are not covered by AHCCCS. They can also charge for services that cost more than the AHCCCS limits if the provider gets the member's written agreement to pay for the services before providing the service. The services listed below are examples of services where a provider may bill a member:

- Non-emergency services that are not previously approved by your PCP.
- Any care, treatment or surgery that is not medically needed.
- Infertility services that include testing and treatment.
- Reversals of elective sterilization.
- Sex changes.
- Exams for hearing aids, glasses or contacts for members 21 years and older, except for certain glasses and contact lenses after cataract surgery.
- Hearing aids, eyeglasses or contacts for members 21 years and older, except for certain glasses and contact lenses after cataract surgery.
- Services or items for cosmetic reasons.
- Personal or comfort items (*only covered for EPSDT if medically needed*).
- Non-prescription drugs or supplies (*except insulin and insulin syringes*) and some over the counter medications with a prescription.
- 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.
- Lower limb microprocessor controlled joint and prosthetic for members 21 years of age and older.
- Any service found as experimental and investigational or done mainly for research or that has not been approved by regulating agencies.
- Transplants, including:
 - » Pancreas-only transplants (*total or partial*), members aged 21 or over. Islet cell transplants would be determined on an individual basis.
 - » Intestine transplants, members aged 21 or over.
 - » Any other transplant not listed by AHCCCS as covered.
- Physical exam for non-medical purposes (*for example, job, school or insurance exams*).
- Pregnancy termination counseling and pregnancy terminations (*unless medically needed per AHCCCS medical policies*).
- Any medical services outside of the country.
- Routine newborn circumcisions.
- Routine health care (*out-of-area*) should be provided in your area by your primary care provider.



You may be billed for any non-covered services you choose to receive. In special cases, you may be able to get services outside of your service area. Please contact the Customer Care Center if you would like more information about this.

Non-Covered Services

Ask your provider about the cost of services or prescriptions that are not covered by the plan. The provider will tell you what it will cost. You can decide if you want to pay for the service or medicine yourself. If you choose to do this, you will have to sign a written statement agreeing to pay for the costs yourself.

B – UFC/ACC will only pay for care approved by B – UFC/ACC.

B – UFC/ACC will pay for emergency service.

Take these steps to find out if a service will be covered:

- See your PCP first. Your provider can refer you if needed to see another provider that can provide the needed care. Some services may require approval by B – UFC/ACC before care can be given.
- Women do not need a referral to go to a network obstetrics/gynecology (OB/GYN) specialist for routine care. Women do not need a referral to an OB/GYN for services to detect and prevent health problems.
- B – UFC/ACC will not pay for care or medicines unless they are ordered by your PCP. They may also be ordered by a provider that your PCP sent you to see. This provider must be on the plans approved list. Medicines not on the B – UFC/ACC approved list will not be paid for. If you want to have a medicine not on the list to be paid for your provider will have to get it authorized. You will have to show that the medicines on the list did not work for you.
- B – UFC/ACC members do not need a referral for behavioral health services.



Notice of Adverse Benefit Determination For Services Not Approved by B – UFC/ACC

You will receive a written notice if B – UFC/ACC does not approve your request for services, items or medicines. It is called the Notice of Adverse Benefit Determination. This notice must be mailed within fourteen (14) calendar days from when the request was received. The notice will explain why this request was denied. You will receive a written notice at least ten (10) days before B – UFC/ACC 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 B – UFC/ACC within sixty (60) days from the date of the written notice. You will receive the written decision on your appeal within thirty (30) days of filing the appeal. An Expedited Request (fast request) is when a medically necessary item or procedure is needed within three (3) business days. Your PCP has asked for this request on your behalf. Your provider has determined that waiting longer than three (3) business days may affect your health or wellbeing. A fast request must be approved, denied, or pended because they need more information within three (3) business days from the date B – UFC/ACC receives the request. If not approved, B – UFC/ACC must inform you and your PCP in three (3) business days. B – UFC/ACC can request an extension for up to fourteen (14) days to allow time for the PCP to send needed medical records. If the needed records are not received, the request will be denied. If a fast request is received and does not meet the criteria for a fast request, the request may be changed to a Standard Request. If this happens the member and provider will be notified that the request was changed to a standard request. If you are not satisfied with the decision by B – UFC/ACC, you have the right to request an appeal. The letter sent by B – UFC/ACC will tell you how to request an appeal. If you are not satisfied with the decision by B – UFC/ACC, you have the right to contact AHCCCS. You may also contact AHCCCS if your issue has not been resolved.

Contact AHCCCS:
AHCCCS Medical Management
(800) 523-0231
801 E Jefferson St Phoenix, AZ 85032

Home and Community-Based Services

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 alternative 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 B – UFC/ACC.

Supportive Services

Community based wrap-around services are designed to enhance independent living skills. They connect B – UFC/ACC members with community-based services. They provide supportive services to assist our members identify independent living goals. They provide information to local resources that may help maintain housing in an independent community setting. Services may also include assistance with daily living skills, peer support, education assistance and employment skills. To access supportive services, please contact your B – UFC/ACC Care Manager.



Centers for Independent Living

Arizona Bridge to Independent Living (ABIL)

5025 E Washington St, Ste 200
Phoenix, AZ 85034
Phone: (602) 256-2245
Toll-Free: (800) 280-2245
Fax: (602) 254-6407
TTY: (602) 296-0591

Direct Center for Independence

1001 N Alvernon Way
Tucson, AZ 85711
Phone: (520) 624-6452
Fax: (520) 792-1438
Email: direct@directilc.org

New Horizons Independent Living Center

8085 E Manley Dr
Prescott Valley, AZ 86314
Voice/TTY: (928) 772-1266
Toll-Free: (800) 406-2377
Fax: (928) 772-3808

Assist To Independence

PO Box 4133
Tuba City, AZ 86045
Phone: (928) 283-6261
Toll-Free: (888) 848-1449
TTY: (928) 283-6267

Services Maximizing Independent Living Empowerment (SMILE)

1929 S Arizona Ave, Ste 12
Yuma, AZ 85364
Phone: (928) 329-6681

Cochise Ability

Phone: (520) 417-0901
Toll-Free: (877) 417-0901
Fax: (520) 417-0902

Housing Resources

If you have housing concerns, we are here to help.

- Do you need help paying your rent or utilities? We can give you local financial assistance resources.
- Do you need a place to live? We can help you find homes for rent in your area or refer you to local agencies that may be able to assist you.
- Are you experiencing homelessness? Please call a Coordinated Entry Access Point in your county. You can take a short survey that may qualify you for housing opportunities.

If you want to speak with us about your housing concern, please call your B – UFC/ACC Care Manager or call our Customer Care Center at (800) 582-8686, TTY 711 or email HealthPlanHousing@BannerHealth.com. A housing liaison will reach out to you.

Search online to find affordable housing: www.myhousingsearch.com or call (877) 428-8844.

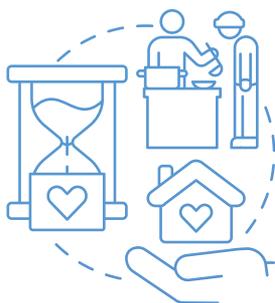
To view open Arizona housing waiting lists: www.housing.az.gov.

For more housing resources and information, you can contact the U.S. Department of Housing and Urban Development (HUD) at www.hud.gov/states/arizona or call toll-free at (800) 955-2232

AHCCCS Housing Program (AHP) Eligibility Criteria:

- At least 18 years old and legally able to enter into a binding lease or housing contract.
- Have lawful presence in the United States pursuant to A.R.S. § 1-502.
- Determined Seriously Mentally Ill (SMI) or be identified as General Mental Health and Substance Use (GMH/SU) and be considered High Needs/ High Cost (HNHC).
- Have an identified and documented housing need or instability by a contractor or provider.

For more information, visit www.azahcccs.gov/AHCCCS/Downloads/HousingPrograms/AHCCCSHousingProgramGuidebook.pdf



Housing Services and Resources

If you are currently experiencing homelessness, please contact a Coordinated Entry Access Point in your area. You can take a short survey that may qualify you for housing opportunities.

Coordinated Entry Access Points

Apache County	
Old Concho Community Assistance Center (928) 337-5047	
Cochise County	
Good Neighbor Alliance (520) 439-0776	Bisbee Coalition for the Homeless (520) 432-7839
Primavera - veterans (520) 332-4585	Southeast AZ Human Resources Council (520) 384-3120
Community Bridges or PATH (520) 224-8026	
Coconino County	
Catholic Charities (928) 774-9125	Flagstaff Shelter Services (928) 225-2533 x 307
Gila County	
Gila County Community Services (928) 474-7193	
Graham and Greenlee Counties	
Dial 2-1-1 or (877) 211-8661	
La Paz County	
WACOG (928) 782-1886	RCBH (928) 669-4436 or (928) 256-4110
Maricopa County	
Welcome Center - <i>single adults</i> (602) 229-5155	Family Housing Hub <i>families with kids</i> (602) 595-8700
Halle Women's Center <i>single women, no kids</i> (602) 362-5833	UMOM - <i>youth (18-24 years old)</i> (480) 868-7527
HomeBase Youth Services Native American Connections <i>youth (18-24 years old)</i> (602) 263-5531 or (602) 648-9739	CRRC - VA Community Resource and Referral Center - <i>veterans only</i> (602) 248-6040
Community Bridges (877) 931-9142 or CBI PATH Outreach (BH) (844) 691-5948	Phoenix Rescue Mission (602) 346-3361

Housing Services and Resources

A New Leaf - <i>East Valley Men's Center</i> (480) 610-6722	Basic Mission - <i>NW Valley</i> Mobile Outreach (602) 284-2919
HOPE Team - <i>Tempe</i> (480) 858-7993	Chandler - AZCEND (480) 963-1423 or City of Chandler (602) 222-9444
Mojave County	
Mohave County Housing Authority (928) 753-07232	
Navajo County	
ReCENTER (928) 457-1707	
Pinal County	
Community Action Human Resources Agency (520) 466-1112	
National Community Health Partners <i>veterans only</i> (520) 876-0699	Higher Heights - <i>veterans only</i> (520) 352-9988
Pima County	
La Frontera (520) 882-8422	Sullivan Jackson (520) 724-7300
Old Pueblo Community Services (520) 546-0122	Our Family Services - <i>youth</i> (520) 323-1708
Primavera (520) 308-3079	Salvation Army (520) 622-5411
Sonora House (520) 624-5518	City of Tucson (520) 837-5329 or (520) 837-5314
Santa Cruz County	
Dial 2-1-1 or (877) 211-8661	Crossroads Nogales Mission (520) 287-5828
Yavapai County	
Valley Homeless Coalition (928) 641-4298	Catholic Charities (928) 848-6011
Prescott Area Shelter Services (928) 778-5933	Coalition for Compassion and Justice (928) 445-8382
Nations Finest (928) 237-1095	US Vets (928) 583-7204 or (928) 632-6493
Yuma County	
WACOG (928) 782-1886	ACHIEVE Human Services (928) 341-4147
National Community Health Partners (928) 726-6022	

Employment Services

Did You Know?

- Working may be an important part of a person's recovery as it gives structure and routine while boosting self-esteem and improving financial independence.
- Even if you are collecting public benefits, like Social Security, you may be able to make more money and still keep your medical benefits.
- For people with disabilities, Vocational Rehabilitation is an important resource to help you reach your job goals.

AHCCCS Employment Services

You may have access to employment and rehabilitation services through your behavioral or integrated health home. This includes both pre- and post-employment services to help you get and keep a job. Some examples of the employment services you may be eligible for include:

- Career and educational counseling.
- Benefits planning and education.
- Connection to vocational rehabilitation and community resources.
- Job skills training.
- Resume preparation and job interview skills.
- Assistance in finding a job.
- Job support and job coaching.

To learn more about employment services and supports, or to get connected, ask within your behavioral or integrated health home, or contact our Customer Care Center at (800) 582-8686, TTY 711 or www.BannerHealth.com/ACC.

How to Connect to Employment Services

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

For more information about B – UFC/ACC's employment services, visit www.BannerHealth.com/ACC-EmploymentServices.

Other Employment Resources

Vocational Rehabilitation (VR)

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

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

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

Once you apply for the VR program and are determined eligible, you will work with the VR Counselor to develop a plan for employment. Plan development includes identifying a competitive employment goal and will address any disability-related barriers to employment. Ask your behavioral or integrated health home about a referral to VR or contact a local VR office directly.

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

ARIZONA@WORK

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

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

For more information and to locate the nearest ARIZONA@WORK office, visit www.arizonaatwork.com.

Housing Services and Resources

Benefits Planning and Education

There are a number of myths related to work and benefits. There are plenty of people living with disabilities who are on benefits and work and are better off. Having a disability does not mean you cannot work. Talk with your behavioral or integrated health team for more information on the following resources:

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



Non-Title XIX/XXI Services

B – UFC/ACC members have access to Non-Title XIX/XXI services through the Regional Behavioral Health Authority (RBHA). Non-Title XIX/XXI services may include, but are not limited to:

- Room and board.
- Traditional healing.
- Auricular (*ear*) acupuncture.
- Childcare for members in substance use and opioids use treatment (*if funds are available*).

For more information on these services, contact the RBHA below based on your county of residence:

Central Counties (*Maricopa and Gila*)

Mercy Care Member Services line at (800) 564-5465, TTY/TDD 711.

Southern Counties (*Pinal, Pima, Yuma, La Paz, Santa Cruz, Graham, Greenlee and Cochise*)

Arizona Complete Health Service line (888) 788-4408, TTY/TDY 711.

For further information, call our Customer Care Center at (800) 582-8686, TTY 711 at no cost.



Please see page 76 for a list of behavioral health covered services.



End of Life Care

End of Life (EOL) care is the care option available to members who have an advanced illness. EOL care focuses on comfort, dignity and quality of life. The goal is to provide physical and emotional help. You decide what the best option is for you and your family. There is no wrong choice. EOL care services include advanced care planning, palliative care and hospice services.

Advance directives are your written treatment wishes. This is done when you are able to make decisions for yourself. We respect your right to accept or deny medical care. Your providers will be able to discuss your treatment choices. You will be in charge of preparing your advance directive.

Step By Step Advance Care Planning

What do you need for Advance Care Planning?

- Make a visit with your provider.
- Talk about the care you want to get.
- Invite your family or friend to attend the visit.
- Ask your provider to explain your illness and your options.
- Put your plan into writing to make sure your choices are known.
- Plan how to share your choices with family, friends and your other providers.
- This optional advance care planning visit is covered by your health plan.

Palliative Care

Palliative care is offered to members with a serious or advanced illness. The goal is your quality of life. Supportive care services can include the following:

- Pain management
- Community resources
- Behavioral health services

Hospice

Hospice is a complete program that covers services and treatments related to terminal illness. Services do not include any treatments meant to cure the disease.

Primary Care Provider

Role of Your Primary Care Provider

Your Primary Care Provider (PCP) is your assigned provider. They play 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. If you need specialty care, your PCP will give you a referral. The network may not have an in network specialist who can take care of your needs. B – UFC/ACC will refer you to a specialist outside of the network who can take care of your problem. Specialists may be added to the network who can take care of your health needs. You may be directed to see the in-network specialist.

Specialty care may require a prior authorization from B – UFC/ACC. Your PCP will work with you, B – UFC/ACC and other providers to help get you the medical care you need. You must see your PCP before you see any other provider, unless you have an emergency, OB/GYN, family planning services or behavioral health need. If you are 21 years or younger, you will also be assigned a Primary Dental Provider (PDP). You can visit a PDP or dentist without visiting your PCP first.

Process of Referral and Self-Referral to Specialists and Other Providers

Medical Services

Some medical services and specialists need prior approval by B – UFC/ACC. If they do, your PCP must arrange for prior authorization for these services. B – UFC/ACC must review these requests. Your PCP's office will let you know if your prior authorization request is approved. You can also call our Customer Care Center to find out the status.

If your PCP's request is denied, B – UFC/ACC will let you know by mail. If you have a question about the denial, you may call our Customer Care Center. You can also write to us at the address listed at the front of this handbook. Please see page 101 for information about filing an appeal for a denied authorization. The appeal decision sent by B – UFC/ACC will also tell you how to request a State Fair Hearing.

If a B – UFC/ACC provider will not provide services because of moral or religious obligations, please contact our Customer Care Center for help. Customer Care can assist in finding another provider that is willing to perform the services you need. These type of services can include counseling or referral services.

Search for a PCP by visiting our website at www.BannerHealth.com/ACC.



NOTE

Women can have a mammogram screening once a year without a referral from their PCP. Ask your PCP about Pap smear and HPV testing at your annual visit.

Augmentative Communication Devices

Medically necessary Augmentative and Alternative Communication (AAC) evaluations and devices are a covered benefit. AAC refers to a set of devices, tools and strategies that replace or augment a person's communication, written or verbal. We have in-network providers that can evaluate members for AACs. Evaluation for an AAC does not require prior authorization. If you would like an AAC evaluation, please visit our website for a list of contracted providers. www.BannerHealth.com/ACC-AACGroups-PDF. If you have difficulty scheduling an appointment or finding a provider, please contact our Customer Care Center.

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
- B – UFC/ACC Customer Care Center at (800) 582-8686
- B – UFC/ACC Behavioral Health Care Manager of the day during business hours

Please refer to page 76 for a more complete description of services available.

How to Choose or Change a Primary Care Provider (PCP)

It is important that you choose a PCP who makes you feel comfortable. When you have a PCP that you like, your PCP will be able to help you better with your health care. This relationship is very important in providing you the care you need. You can find a list of B – UFC/ACC providers on our website at www.BannerHealth.com/ACC or by calling our Customer Care Center.

- If you wish to change your PCP, please call our Customer Care Center for help. You can also send a change request in writing to the address on the cover of this handbook.
- We encourage you not to change your PCP frequently in order to provide the best continuity of care.
- If you are having problems with your PCP such as scheduling appointments, please call our Customer Care Center or your Case Manager. We are here to help you.
- A PCP change can be made effective the same date of the request.
- A listing of B – UFC/ACC providers, dentists, specialist and participating pharmacies can also be found on our website.
- Please call the Customer Care Center if you would like to have a copy of our provider or pharmacy listing sent at no cost to you.

American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

How to Make, Change or Cancel an Appointment With a PCP or Provider

To make an appointment:

- Call your PCP or specialist to schedule your appointment.
- Tell the provider's office:
 - » Your name.
 - » Your B – UFC/ACC member ID number.
 - » Your PCP's name.
 - » The reason why you need to see this doctor.
 - » If you need an emergency or urgent appointment.

To change an appointment:

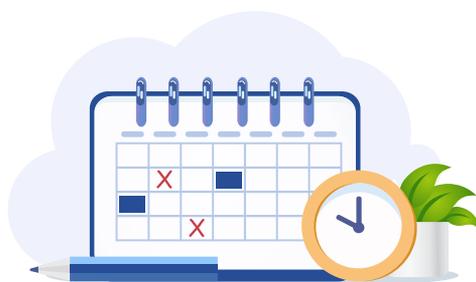
- Call your PCP's office at least 24 to 48 hours ahead of time.
- Tell the provider's office:
 - » Your name.
 - » Your B – UFC/ACC member ID number.
 - » The date of your appointment.
 - » Ask to set a new time or date to see your provider.
 - » If needed, change transportation appointment by calling our Customer Care Center.

To cancel an appointment:

- Call your PCP's office 24 hours ahead of time.
- Tell the provider's office:
 - » Your name.
 - » Your B – UFC/ACC member ID number.
 - » Date of your appointment.
 - » That you want to cancel your appointment.
 - » If needed, cancel your transportation appointment 24 to 72 hours in advance by calling our Customer Care Center at (800) 582-8686.



When calling the Customer Care Center, please have the following information ready: Your name, AHCCCS ID number, date of birth and the phone number and address on file. You will also need a pen and paper to write down important information.



Types of Care

Appointment Availability

Appointment Availability Standards

Primary Care

Urgent Care Appointments



As quickly as the member's health condition requires but no later than two business days of request

Routine Care Appointments



Within **21 calendar days** of request

Specialty Care

Urgent Care Appointments



As quickly as the member's health condition requires but no later than two business days of request

Routine Care Appointments



Within **45 calendar days** of request

Dental Care

Urgent Care Appointments



As quickly as the member's health condition requires but no later than three business days of request

Routine Care Appointments



Within **45 calendar days** of request

Wait Time



Members with an appointment shall not wait more than 45 minutes for treatment. Except when the provider is unavailable due to an emergency. If there is an emergency or delay, you should be given the option to reschedule your appointment within a reasonable period of time. B – UFC/ACC will actively monitor appointment wait times and ensure provider compliance.

Maternity Care

 <p>14</p> <p>First Trimester</p> <p>Within 14 calendar days of request</p>	 <p>7</p> <p>Second Trimester</p> <p>Within 7 calendar days of request</p>	 <p>3</p> <p>Third Trimester</p> <p>Within 3 business days of request</p>	 <p>3</p> <p>High Risk Pregnancies</p> <p>Within 3 business days of identification of high risk</p>
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High Risk Pregnancies

As the member's health condition requires and no later than three business days of identification of high risk by the contractor or maternity care provider, or immediately if an emergency exists.

Behavioral Health

 <p>Urgent Need Appointments</p> <p>As quickly as the member's health condition requires but no later than 24 hours from identification of need</p>	 <p>Routine</p> <p>I. Initial assessment</p>	 <p>Routine</p> <p>II. First behavioral health service following the initial assessment</p> <p>As expeditiously as the member's health condition requires but no later than:</p> <p>Member age 18 years and older: 23 calendar days after initial assessment</p> <p>Member age under 18 years old: no later than 21 days after initial assessment</p>	 <p>Routine</p> <p>III. All subsequent behavioral health services</p> <p>As quickly as your health condition requires but no later than 45 calendar days of request from notice of need</p>
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Types of Care

Adopted Children



Routine

I. Initial Assessment
Within **7 calendar days** after referral or request for service



Routine

II. First behavioral health service following the initial assessment

As quickly as the member's health condition requires but no later than **21 calendar days** after the initial assessment



Routine

III. All subsequent behavioral health services

As quickly as your health condition requires but no later than **45 calendar days** of request from notice of need

Children should receive care within 7 or 21 calendar days. Adoptive parents may call our Customer Care Center or AHCCCS at the numbers listed below if they have not received services within this time-frame: If needed, cancel your transportation appointment 24 to 72 hours in advance by calling our Customer Care Center at (800) 582-8686 and the AHCCCS Clinical Resolution Unit at (800) 867-5808.

Psychotropic Medications

1. Review the urgency of the need right away.
2. Get care from a provider when clinically needed.
3. Your scheduled appointment time will make sure you:
 - Do not run out of needed medications.
 - Do not decline in your condition prior to starting medication.
 - Do not wait longer than 30 calendar days from the notice of need.

EPSDT

Early and Periodic Screening, Diagnostic and Treatment Visits Are Also Known As Well-Child Visits

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

All children should see their provider for EPSDT/well-child visits regularly. A well-child visit is the same as an EPSDT visit.

B – UFC/ACC will send you a reminder about well-child visits. Make an appointment with your PCP. It is important for your child to go to all the well-child visits.

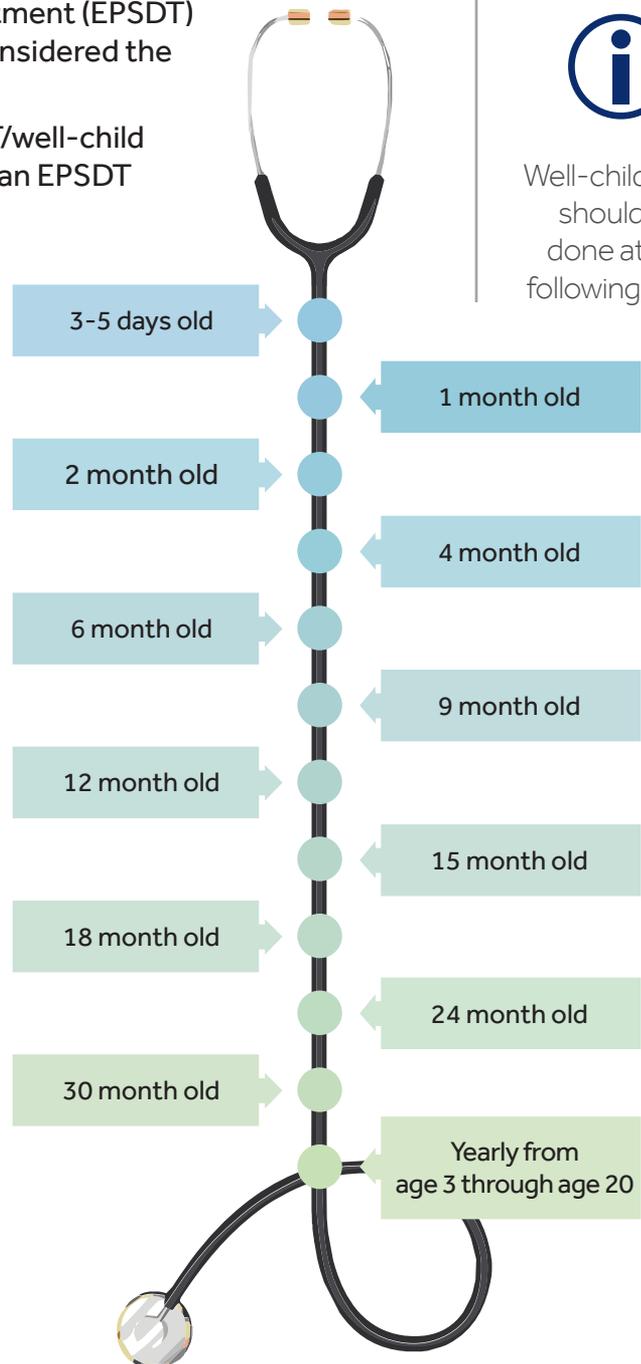
Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention and treatment, correction, and improvement (*amelioration*) of physical and behavioral health conditions for AHCCCS members under the age of 21.

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

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



Well-child visits should be done at the following ages:



Types of Care



A well-child visit is the same as an EPSDT visit.

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

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

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

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



EPSDT/Well-Child Visits Include:

- A comprehensive health and developmental history, including growth and development screening which includes physical, nutritional and behavioral assessments.
- Nutritional screening and assessment by a PCP and referrals for nutritional therapy when needed.
- Behavioral health screening and services provided by a PCP.
- Developmental surveillance with anticipatory guidance.
- Developmental screening tools used by a PCP.
- A comprehensive, unclothed physical examination.
- Appropriate immunizations, according to age and health history.
- Laboratory tests including:
 - » Blood lead screening assessment and blood lead testing appropriate to age and risk. Blood lead testing is required for all children at 12 and 24 months of age. Blood lead testing is also needed for any 2 to 6 year old child who has missed earlier tests or when medically needed.
 - » Anemia testing.
 - » Diagnostic testing for Sickle Cell Trait and Sickle Cell Disease.
- Health education, counseling and chronic disease self-management.
- Appropriate oral health screening as early as 6 months of age. This exam is intended to identify oral pathology, including tooth decay and oral lesions.
- Application of fluoride varnish conducted by a physician, physician assistant or nurse practitioner.
- Fluoride varnish may be applied for children who have reached 6 months of age with at least one tooth erupted.
- Fluoride varnish may be applied up to once every three months up to 2 years of age.
- Appropriate vision, hearing and speech screenings.
- TB testing as appropriate to age and risk.
- Eye examinations, prescriptive frames and lenses as needed.
- Ocular photo-screening for children ages 3-6 is covered when there are challenges with a child's ability to cooperate with traditional vision screening techniques. Limited to lifetime coverage of one.
- Medicines listed in the B – UFC/ACC Drug Formulary.
- Special medical foods when medically necessary.

Well-Child Visits Will Also Give You Tips 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 the Arizona Early Intervention Program (AzEIP).



If you require services from a provider that is not in network, you may contact our Customer Care Center to start the prior authorization process.

Transportation, as well as scheduling assistance for well-woman preventative care services, is available through B – UFC/ACC's Customer Care Center by calling (800) 582-8686, TTY 711.

Call us if you need help finding a provider.

Women's Health Screenings and Preventive Care

We encourage our female members to get regular preventative care services. Well-women's preventative care services and other preventative care and screening services are available without copayment or cost-sharing. An annual well-woman preventative care visit will help identify health problems and promote healthy lifestyle habits that reduce the risks of some health problems. These well-women preventative services include, but are not limited to:

- A physical wellness exam that assesses overall health.
- Clinical breast exams and mammograms (*a mammogram screens for breast cancer*).
- Pelvic exams and cervical cancer screening, including pap smear (*a pap smear tests for early stages of cervical cancer*).
- Immunization, including the availability of the Human Papillomavirus (HPV) vaccine as recommended by the CDC and your provider.
- Testing as appropriate for your age and risk factors.
- Initiating referrals for further testing, care and treatment if needed.

Additional screenings and counseling that focus on reducing health risks and keeping a healthy lifestyle. This may include topics, such as:

- Nutrition, physical activity and elevated body mass index as an indicator of possible obesity.
- Depression screening.
- Interpersonal and domestic violence.
- Sexually transmitted infections and treatment.
- Confidential HIV screening and testing. HIV counseling and treatment are available if test results are positive.
- Colorectal cancer screenings.
- Family planning services and supplies.
- Preconception counseling with discussion about a healthy lifestyle before and between pregnancies, which includes reproductive history and sexual practices.
- Healthy weight, diet, nutrition, folic acid intake and the use of nutritional supplements.
- Physical activity or exercise.
- Oral health care.
- Chronic disease management.
- Emotional wellness.
- Tobacco, substance (*caffeine, alcohol, marijuana and other drugs, including prescription drugs*) use, abuse and dependency.
- Recommended intervals between pregnancies.

Maternity Care

We want to help you have a strong, healthy baby. The first step toward having a healthy baby is to take care of you during pregnancy. It is very important that you see a maternity provider as early as possible in your pregnancy. It is also very important to go to follow-up pregnancy appointments regularly throughout your entire pregnancy.

Call our Customer Care Center right away if you have any delay in getting prenatal care of any kind. If you do not already have a maternity care provider, please call our Customer Care Center or visit our website for help in choosing one for your pregnancy care. You may get your pregnancy care from your PCP or from any of our contracted maternity care providers.

Our network includes obstetricians, certified nurse midwives and licensed midwives to choose from. Have you already started pregnancy care with a non-contracted maternity provider? It is possible to get authorization to continue seeing that provider for your pregnancy care. You may also be able to request to change health plans to help ensure continuity of care during your pregnancy.

If your pregnancy is high-risk, call our Customer Care Center. They are here to answer questions and help you with any appointments or referrals you might need.

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 or infections. Treatment is available if needed.
- Confidential HIV screening and testing. Counseling and treatment are available to those who test positive for HIV.
- Prenatal vitamins.
- Talk with your provider before delivery about birth control options, including long-acting reversible contraceptives as well as immediate postpartum long-acting reversible contraceptives.
- The delivery of your baby.
- Follow-up care for you after your baby is born.

Types of Care



If you are pregnant and have B-UFC/ACC, you must plan to give birth at any contracted hospital listed in the Provider Directory. If you experience an emergency during pregnancy, go to the nearest hospital.



Call our Customer Care Center if you need help choosing a midwife or a provider or if you need help with a ride to your appointment.

You will be given important information on:

- Having a healthy baby by eating right, exercising and resting.
- 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 services and supplies (*with the exception of pregnancy termination and pregnancy termination counseling*).

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

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

Prenatal Care

When you are pregnant, it is important to get care early and often from a provider. Provider visits while pregnant help protect your baby and help you have a healthy baby.

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

- Fourteen (14) calendar days of your request, if you are in your first trimester (0 month - 3 months pregnant).
- Seven (7) calendar days of your request, if you are in your second trimester (3 months-6 months pregnant).
- Three (3) calendar days of your request, if you are in your third trimester (6 months - 9 months pregnant).
- As quickly as possible (*no later than three (3) business days of your request*) based on your health condition if your pregnancy is high-risk.
- Immediately, if an emergency exists at any time in the pregnancy.

If you have trouble getting an appointment in these time-frames, call our Customer Care Center, and we will work with our Maternal Child Health Department to assist you in getting a timely appointment.

During your pregnancy:

- See your provider for a checkup:
 - » Every four weeks until you are 28 weeks.
 - » Every two to three weeks until you are 36 weeks.
 - » Weekly visits from 36 weeks until delivery.
 - » Your provider may need to see you more often during your pregnancy.
- Do not drink alcohol, use drugs or smoke while pregnant.
- Eat healthy foods.
- Talk with your provider before delivery about birth control options, including long-acting reversible contraceptives as well as immediate postpartum long-acting reversible contraceptives.
- Voluntary prenatal HIV testing is available. Counseling and treatment are available if the test is positive. A woman can pass HIV to her baby during pregnancy, during labor or through breastfeeding. If a pregnant woman's infection is found before she gives birth, providers can treat her with drugs that fight HIV. These drugs can greatly reduce the risk of her baby being infected with HIV. Please ask your provider about this test.
- Testing and treatment for sexually transmitted diseases and infections is available to all members

After your pregnancy:

It is very important to stay in contact with your obstetric provider after delivery of your baby. All women should have an initial follow-up within three weeks of delivery. You should make and keep any additional recommended visits. At these visits your provider will check to make sure you are healing properly, talk to you about postpartum depression and help you with family planning options. This includes reviewing available birth control options such as long-acting reversible contraceptives (LARC) and immediate postpartum long-acting reversible contraceptives (IPLARC). Your postpartum care should include a comprehensive visit no later than 12 weeks after having your baby.

B – UFC/ACC does not require you to get a referral when choosing a family planning provider.



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

Family Planning

Family planning services are available for member of reproductive age (12 - 55 years of age) regardless of gender, who voluntarily chose to delay or prevent pregnancy. Family planning services and supplies are available at no cost through any appropriate provider, regardless of network status. There is no referral required when choosing a family planning provider. There is no prior authorization requirement and no copayment or other charge for Family Planning Services and Supplies.

Family planning providers can help you review and choose birth control methods that will work for you. If you need assistance with any family planning service or supply, please contact your provider or call our Customer Care Center at (800) 582-8686, TTY 711.

Family planning services for members eligible to receive full health care coverage may receive the following services:

- Contraceptive counseling, medication and supplies, including but not limited to:
 - » Oral and injectable contraceptives.
 - » Long-acting reversible contraceptives (LARC).
 - » Immediate postpartum long-acting reversible contraceptives (IPLARC).
 - » Intrauterine devices (IUD).
 - » Subdermal implantable contraceptives.
 - » Diaphragms, condoms, foams and suppositories.
- Associated medical and laboratory examinations and radiological procedures, including ultrasound studies related to family planning.
- Treatment of complications resulting from contraceptive use, including emergency treatment.
- Natural family planning education or referral to qualified health professionals.
- Emergency oral contraception within 72 hours after unprotected sexual intercourse (*Mifepristone, Mifeprex or RU486 is not post-coital emergency contraception*).
- Pregnancy screening.
- Medications when associated with medical conditions related to family planning or other medical conditions.
- Screening and treatment for sexually transmitted infections are covered regardless of gender.
- Sterilization services for members over 21 years of age, regardless of gender.

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.
-

Medically Necessary Pregnancy Terminations

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

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

Types of Care



A Dental Home is also known as a Primary Dental Provider (PDP). At 6 months of age, children should begin to see a dentist for a checkup every six months.

Covered services may include diagnostic, therapeutic and preventive care, including dentures. Visit our website to find a PDP.

Dental Care

All B – UFC/ACC members under age 21 are assigned to a Dental Home, also known as a Primary Dental Provider (PDP). A Dental Home is a dentist's office that is visited every six months for a checkup. This dental home office manages all aspects of oral health care, in a comprehensive, continuously accessible, coordinated and family-centered way.

All dental health checkups, cleanings and treatments are covered for B – UFC/ACC members up to 21 years of age. There is no copayment or other charges for dental services for members under 21 years of age.

Children do not need to be referred by their PCP to see a dental provider. (*Go to page 72 for help on making a dental appointment.*) Members can choose or change an assigned dental provider.

At 6 months of age, children should begin to see a dentist for a checkup every six months. They may begin to see a dentist earlier (*with first tooth eruption*), but at the latest, by one year old. B – UFC/ACC sends dental checkup reminders. Dental providers can help prevent cavities. They can use dental sealants (*a coating painted on the back teeth*) and fluoride treatments. A dental provider also teaches you and your child how to care for teeth. It is important for your child to go to the dentist every six months.

Look in the B – UFC/ACC Dental Provider Directory to choose a dental clinic near you. Or call our Customer Care Center for help scheduling a visit.

Use these guidelines for scheduling appointments for your child:

- Emergency dental appointments – same day appointments for extreme pain and dental emergencies
- Urgent dental appointments – within three days, to include but not limited to lost fillings, broken tooth
- Make sure you take your child's B – UFC/ACC ID card with you to the dental appointment

Members 21 years and older can only receive emergency dental services if there is a need for immediate care. If you have a bad infection in your mouth or pain in your teeth or jaw, you may need immediate care.

Pre-transplantation members may also get treatment for oral infections, oral disease, periodontal disease, medically necessary extractions and simple restorations like a filling or crown. Call our Customer Care Center to see if you have been approved for your transplant before you seek dental care.

How To Choose or Change a Primary Dental Provider (PDP)

It is important that you choose a PDP who makes you feel comfortable. When you have a PDP that you like, your PDP will be able to help you better with your health care. This relationship is very important in providing you the care you need. You can find a list of B–UFC/ACC dentists on our website at www.BannerHealth.com/ACC or by calling our Customer Care Center.

- If you are having problems with your PDP, such as scheduling appointments, please call our Customer Care Center. We are here to help you.
- If you wish to change your PDP, please call our Customer Care Center for assistance. You can also submit a change request in writing to the address listed on the cover.
- A PDP change can be made effective on the same date as the request.
- We encourage you not to change your PDP frequently to provide the best continuity of care.
- A listing of B–UFC/ACC dentists can also be found on our website.
- Please call our Customer Care Center if you would like to have a copy of our Provider Directory sent to you at no cost.



The Customer Care Center can help you in finding your service provider. Or visit our website at www.BannerHealth.com/ACC to find a provider.



How To Make, Change or Cancel a Dental Appointment

To make an appointment:

- Call your PDP to schedule your appointment.
- Tell the dental office:
 - » Your name.
 - » Your B – UFC/ACC member ID number.
 - » Your dentist's name.
 - » Why you need to see this dentist.
 - » If you need an emergency or urgent appointment.
 - » If needed, schedule transportation for your appointment at no-cost to you by calling our Customer Care Center.

To change an appointment:

- Call your dental home at least 24 to 48 hours ahead of time.
- Tell the dentist's office:
 - » Your name.
 - » Your B – UFC/ACC member ID number.
 - » The date of your appointment.
 - » Ask to set a new time and/or date to see your dentist.
 - » If needed, change transportation appointment by calling our Customer Care Center.

To cancel an appointment:

- Call your dental office 24 hours ahead of time.
- Tell the dental office:
 - » Your name.
 - » Your B – UFC/ACC member ID number.
 - » The date of your appointment.
 - » That you want to cancel your appointment.
 - » If needed, cancel your transportation appointment 24 to 72 hours in advance by calling our Customer Care Center.

Pharmacy Services

Prescriptions

Let your provider know if you need medicine. The health plan has a list of covered drugs. Your provider will choose a drug from that list. Your provider will write you a prescription for the drug. Your provider should make sure the drug is covered by the plan. Not all drugs are on our list of covered drugs. If the drug your provider wants you to have is not on our list, your provider may request a prior authorization. You can get some drugs at the pharmacy without a prescription. Those drugs are called over-the-counter drugs. Some of those drugs are covered by our health plan, but your provider must write a prescription for them first.

The health plan has a list of in-network pharmacies. You should get your drugs at one of those pharmacies.

If you have other insurance, our health plan will pay for part of the drug. Our health plan will pay for your copay if the drug is on our list of covered drugs.

E-Prescriptions

Your provider can send your prescription to the pharmacy electronically. This is called an e-prescription. The prescription is sent directly to your pharmacy. This way, your prescription will be ready when you arrive at the pharmacy.

For pharmacy questions after hours or on holidays, you can call our Customer Care Center at (800) 582-8686, TTY 711.

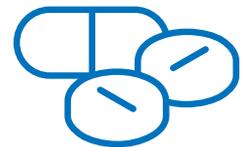
What You Need To Know About Your Prescription

Your provider may give you a prescription for medication. Be sure and let them know about any medications you get from another provider. Also, mention medications you buy on your own, including non-prescription or herbal products. Carefully read the drug information the pharmacy will give you when you fill your prescription. It will explain what your medicine is for and possible side effects. If you do not understand how to take your medicine or why you should take it, ask to speak to the pharmacist.

What Has Changed for Dual-Eligible Members?

B – UFC/ACC covers drugs which are medically necessary, cost effective and allowed by federal and state law.

For B – UFC/ACC recipients with Medicare, B – UFC/ACC does not pay for Medicare copayments, coinsurance or the deductible for Medicare Part D medications. AHCCCS covers medications excluded from coverage under Medicare Part D when medically necessary. An excluded drug is a medication that is not eligible for coverage under Medicare Part D. AHCCCS may cover some medications that are over-the-counter. For a list of products available, refer to B – UFC/ACC Over-the-Counter Drug List on our website at www.BannerHealth.com/ACC-FindaRx or call our Customer Care Center to request a printed copy.



Types of Care



If a pharmacy turns you away or will not fill your prescription, it may be due to a prior authorization. Ask if you or the pharmacist can call Customer Care Center together to find out what is happening.

Refills

The label on your medication bottle tells you how many refills your provider has ordered for you. If your provider has not ordered refills, you must call them at least five (5) days before your medication runs out. Talk to your provider about getting a refill. Your provider may want to see you before giving you a refill.

What Should I Do If the Pharmacy Denies My Prescription?

Call our Customer Care Center, and we can help you find out why your prescription is not approved to fill. Sometimes, a primary insurance may be entered incorrectly, or it may be too soon to refill. Other times the medication is not on our list of covered drugs. If a pharmacy turns you away or will not fill your prescription, ask if you or the pharmacist can call Customer Care Center together to find out what is happening. We will work with you and the pharmacy to find the best options for you. When you call for help before leaving the pharmacy, we can try to take care of the problem so you will not need to make another trip. We want to make it easy for you.

If a pharmacy turns you away or will not fill your prescription, it may be due to a prior authorization. Ask if you or the pharmacist can call Customer Care Center together to find out what is happening.

Prior authorization means your provider has requested permission for you to get a special service. B – UFC/ACC must approve these requests before the delivery of services. Prior authorization is approved based on a review of medical need. Customer Care can provide additional information if you cannot fill your prescription due to prior authorization.

Prior authorization means your provider has requested permission for you to get a special service.

B – UFC/ACC must approve these requests before the delivery of services.

Prior authorization is approved based on a review of medical need.

Customer Care can provide additional information if you cannot fill your prescription due to prior authorization.

If you are having trouble getting your medication filled, need help after business hours, on the weekends, or on holidays due to emergency, call our Customer Care Center at (800) 582-8686.

Exclusive Pharmacy and Providers Assignment

Our health plan checks members taking certain drugs to make sure they are using the right drug at a safe dose. These drugs include pain drugs and drugs for muscle pain. It includes drugs to help with sleep or anxiety, anti psychotic drugs and stimulant drugs. A check of these drugs is done every three months.

If you are taking those drugs, you may be restricted to using one pharmacy. You may also be restricted to using one provider. There are different reasons for the restriction. You will have a restriction if you are getting four or more of these drugs from four or more providers and using four or more pharmacies in a three-month period. If you fill 12 or more of those drugs in three months, you will have a restriction. If you try to fill an altered or fake prescription, you will have a pharmacy and/or provider restriction.

The restriction can be in place for 12 months. You will get a restriction notification in writing. You may not agree with the restriction. You have the right to appeal the restriction. If you need a drug in an emergency, you can call our Customer Care Center at (800) 582-8686.

Members can be excluded from restrictions. There are different reasons you can be excluded from the restrictions. One reason is if you have certain conditions. One of those conditions is cancer. You may be excluded if you are getting hospice care. You may also be excluded if you live in a skilled nursing facility.



Your primary care provider will be able to write prescriptions for these drugs. They will make sure these drugs are helping to treat your condition. These drugs treat conditions, including depression, anxiety and attention deficit hyperactivity disorder. Talk with your provider if you have one of these conditions.



Types of Care



If you are experiencing a behavioral health crisis, please call or text 988 for the Suicide and Crisis Lifeline, or call the statewide crisis line (844) 534-HOPE (4673).

Behavioral Health Services

B – UFC/ACC contracts with behavioral health providers and facilities. This is to help members with emotional or behavioral health concerns. Members can get behavioral health services through a contracted B – UFC/ACC network provider. If you are not sure if a provider is contracted with B – UFC/ACC, call our Customer Care Center. If you are having trouble getting in to see a behavioral health provider, call our Customer Care Center. Ask for the Behavioral Health Department, and we will help meet your needs.

Behavioral health providers can help you with personal and emotional problems. Sometimes these problems 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.
- 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 to receive behavioral health services.

With your written consent, B – UFC/ACC will coordinate your care with other types of programs and services, such as:

- The Department of Economic Security.
- Division of Developmental Disabilities.
- Rehabilitative Services Administration.
- Administrative Office of the Courts/Juvenile Probation.
- Arizona Department of Corrections.
- Arizona Department of Juvenile Corrections.
- Administrative Office of the Courts.
- The Department of Education includes local schools and other local health departments or community service agencies when applicable. Additional information regarding school-based services can be found at www.azahcccs.gov/AHCCCS/Initiatives/BehavioralHealthServices.

You may qualify for a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) designation. This may be requested through your behavioral health provider or PCP. They will ensure that an assessment is completed and a request sent for determination. Please call our Customer Care Center if you are unable to connect to your behavioral health provider or PCP. Also, your PCP may prescribe medications to treat conditions, such as depression, anxiety, attention deficit hyperactivity disorder and opioid use disorder.

If you are experiencing a behavioral health crisis, please call or text 988 for the Suicide and Crisis Lifeline, or call the statewide crisis line (844) 534-HOPE (4673).

If you have questions about your behavioral health services, please call our Customer Care Center at (800) 582-8686. For behavioral health emergencies, call 911.

Behavioral Health Services That You May Be Eligible for Include:

- Behavior management (*personal care, family support/home care training, peer support, applied behavior analysis*).
- Behavioral health care management services.
- Behavioral health nursing services.
- Emergency behavioral health care.
- Emergency and non-emergency transportation.
- Evaluation and assessment and referral for obtaining an SMI evaluation.
- Individual, group and family therapy and counseling.
- Inpatient hospital services.
- Non-hospital inpatient psychiatric facilities services (*level I residential treatment centers and sub-acute facilities*).
- Laboratory 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, supported employment services*). These services are designed to teach members skills, to live, learn, work and socialize within their communities (*i.e. include self-care, budgeting, household management, social skills and activities to prepare someone for getting a job*).
- Psychotropic medication.
- Psychotropic medication adjustment and monitoring.
- Respite care (*limited to 600 hours per contract year: October 1 through September 30*).
- Behavioral health substance abuse transitional facilities.
- Screening.
- Home care training to home care client.
- Supported housing (*as funds are available*).
- Auricular acupuncture (*as funds are available*).
- Child care for specialty population: substance use or opioid use disorder (*as funds are available*).
- Mental health or traditional healing (*other funds for special circumstances as funds are available*).

Behavioral Health Transportation

B – UFC/ACC provides transportation to behavioral health intake appointments. After the intake visits, if you are getting behavioral health services through a behavioral health service provider, call the behavioral health service provider if you need help getting to your appointment. Your behavioral health service provider will assist you with a bus pass or other form of transportation to your required behavioral health visits.

Arizona's Vision for the Delivery of Behavioral Health Services

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

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

The 12 Principles for the Delivery of Services to Children:

1. Collaboration with the child and family

- Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and
- Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

2. Functional outcomes

- Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults, and
- Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.

3. Collaboration with others

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

4. Accessible services

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

5. Best practices

- Behavioral health services are provided by competent individuals who are trained and supervised,
- Behavioral health services are delivered in accordance with guidelines that incorporate evidence-based “best practices”,
- Behavioral health service plans identify and appropriately address behavioral symptoms that are related to: learning disorders, substance use problems, specialized behavioral health needs of children who are developmentally disabled, history of trauma (e.g., abuse or neglect) or traumatic events (e.g., death of a family member or natural disaster), maladaptive sexual behavior, abusive conduct and risky behaviors. Service plans shall also address the need for stability and promotion of permanency in class members’ lives, especially class members in foster care, and
- Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. Most appropriate setting

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

7. Timeliness

- Children identified as needing behavioral health services are assessed and served promptly.

8. Services tailored to the child and family

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



Types of Care

9. Stability

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

10. Respect for the child and family's unique cultural heritage

- Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family, and
- Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence

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

12. Connection to natural supports

- The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

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

- 1. Respect** - Respect is the cornerstone. Meet the individual where they are without judgment, with great patience and compassion.
- 2. Individuals in recovery choose services and are included in program decisions and program development efforts** - An individual in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development are made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.
- 3. Focus on individual as a whole person, while including and/or developing natural supports** - An individual in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual’s social community.
- 4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure** - An individual in recovery finds independence through exploration, experimentation, evaluation, contemplation, and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.
- 5. Integration, collaboration, and participation with the community of one’s choice** - An individual in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscore one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.
- 6. Partnership between individuals, staff and family members/natural supports for shared decision making with a foundation of trust** - An individual in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants and lead to the creation of optimum protocols and outcomes.

Types of Care

7. **Individuals in recovery define their own success** - An individual in recovery – by their own declaration – discovers success, in part, by quality of life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Individuals in recovery are the experts on themselves, defining their own goals and desired outcomes.
8. **Strengths-based, flexible, responsive services reflective of an individual's cultural preferences** - An individual in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. An individual in recovery is the source of their own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.
9. **Hope is the foundation for the journey towards recovery** - An individual in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. An individual in recovery is held as boundless in potential and possibility.



Serious Emotional Disturbance

Serious Emotional Disturbance Referral and Designation Process

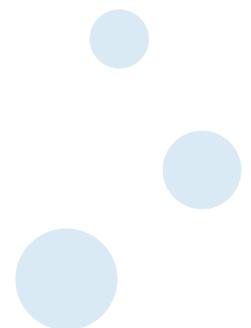
Children who are determined to have a Serious Emotional Disturbance (SED) have special health care needs. Children with an SED can receive additional services. The additional services are paid for through Mental Health Block Grant (MHBG) funds.

To be determined SED, a child must have a qualifying behavioral health diagnosis. The diagnosis must impact the child's ability to function in at least one of four areas of life. The problem with functioning must last for at least six months or at least three months and be expected to continue for another three months.

If you would like to talk to someone about the SED designation, please call our Customer Care Center at (800) 582-8686, TTY 711.

Starting on October 1, 2023, the process for SED determination will include the following steps:

1. The Health Care Decision Maker (HCDM) calls the behavioral health provider or the health plan to request an SED eligibility determination.
2. Within seven days, a clinician completes an evaluation.
3. The clinician sends the paperwork to the Solari.
4. Solari completes the determination within three, 20 or 60 days, depending on each individual case.
5. Solari contacts the HCDM with the results. Solari sends information on how to receive services (*when applicable*).





If you have questions, please call our Customer Care Center at (800) 582-8686, TTY 711.

Serious Mental Illness

Serious Mental Illness Referral and Designation Process

Serious Mental Illness (SMI) is a designation used for people who need additional support because their mental illness impacts their ability to function. Member or Health Care Decision Maker may request referral for SMI screening from a behavioral health (BH) provider. SMI screening is completed by a behavioral health provider. If you don't have a behavioral health provider, your PCP can refer you to a BH provider for screening.

Members must be at least 17.5 years of age to have an SMI evaluation. SMI evaluations must be completed within seven business days of the SMI referral request. Solari Crisis and Human Services (Solari Inc.) is responsible for reviewing all applications and making SMI determinations for the State of Arizona. Solari Inc. has three days to make the decision. Members will be sent a written notice of the SMI determination decision within three business days of the initial assessment. The written notice will include information about the member's right to appeal the decision.

If you are determined to be SMI, you will transfer health plan services to the Regional Behavioral Health Agency (RBHA) in your county for behavioral health and physical health services. You have the option to stay with B – UFC/ACC for physical health services. For additional information, contact our Customer Care Center.

Special Assistance for Members Determined To Have Serious Mental Illness

What Is Special Assistance?

Special Assistance is the support provided to members who are unable, due to a specific condition, to communicate their preferences and to participate effectively in the development of their service plan, discharge plan, the appeal process and grievance and investigation process.

If a member receiving General Mental Health or Substance Use services is unable to communicate their preferences or participate in their service planning, their General Mental Health service provider will work with the member to make a referral to the Regional Behavioral Health Authority (RBHA), Mercy Care Plan (*Central Arizona/Maricopa County*) and Arizona Complete Health (*Southern Arizona/Pima County*). The General Mental Health or Substance Use services provider will work with the RBHA to identify and assist individuals in the process of being determined to have a SMI who are unable to independently take advantage of the services and rights protections provided for by the SMI rules (*A.A.C. R9-21-101, et seq.*) that may be in need of Special Assistance. If you have questions or need help please contact our Customer Care Center at (800) 582-8686, TTY 711. Call or text the new national three-digit phone number for mental health crises at 988.

Children's Rehabilitative Services

What Is CRS?

Children's Rehabilitative Services (CRS) is a designation given to AHCCCS members who have qualifying health conditions. CRS designated members can get the same AHCCCS services as non-CRS members. They can get care from providers in the community like other members. They may also use special clinics called Multi-Specialty Interdisciplinary Clinics (MSIC). MSICs bring many specialty providers together in one location. They provide family-centered, coordinated care to meet the complex needs of children in the CRS program. MSIC locations and a list of available specialties at each clinic is on page 87.

B – UFC/ACC helps CRS designated members with care coordination and monitoring to make sure special health care needs are met. CRS eligibility is determined by the AHCCCS Division of Member Services (DMS).

Who Is Eligible for a CRS Designation?

AHCCCS members may be eligible for CRS designation if they are under 21 years old AND have a qualifying CRS condition. The medical condition must also:

- Require active treatment.
- Be found by AHCCCS Division of Member Services to meet criteria specified in Arizona law (*ARS R9-22-1301-1305*).

A CRS application can be submitted by anyone, such as a family member, health care worker, provider or health plan staff. Applications must include medical records that show a CRS qualifying condition and a need for active treatment.

B – UFC/ACC is here to help children with CRS eligible conditions. If you have questions about the CRS program, need help completing an application or would like to speak to a member of our Pediatric Care Management team, please call our Customer Care Center at (800) 582-8686, TTY 711.

More CRS information is also available by contacting the AHCCCS CRS Enrollment Unit at: (602) 417-4545 or (855) 333-7828. Applications are available at www.azahcccs.gov.

Types of Care

How To Make, Change or Cancel a CRS/MCIS Appointment

To make an appointment:

- Call your MSIC clinic to schedule your appointment.
- Tell the office:
 - » Your name.
 - » Your member ID number.
 - » Your provider's name.
 - » Why you need to see this provider.

To change an appointment:

- Call your clinic at least 24 hours ahead of time.
- Tell the office:
 - » Your name.
 - » Your member ID number.
 - » The date of your appointment.
 - » Ask to set a new date to see your provider.
 - » If needed, change transportation appointment.

To cancel an appointment:

- Call your clinic at least 24 hours ahead of time.
- Tell the office:
 - » Your name.
 - » Your member ID number.
 - » Date of your appointment.
 - » That you want to cancel your appointment.
 - » If needed, cancel your transportation appointment.



Multi-Specialty Interdisciplinary Clinics (MSIC)

Children's Clinics

2600 N Wyatt Drive
Tucson, AZ 85712
(520) 324-5437
www.childrensclinics.org

Specialties:

Audiology
Behavioral Analysis
Cardiology
Counseling
Dental and Orthodontia
Developmental
Pediatrics
Endocrinology
Ear, Nose and Throat (ENT)
Gastroenterology
Genetics
Hematology
Lab and Radiology
Nephrology
Neurology
Nutrition
Ophthalmology
Optometry
Occupational Therapy
Orthopedics
Pediatric Surgery
Physical Therapy
Plastic Surgery
Primary Care
Psychiatry
(Child and Adolescent)
Psychology
Pulmonology
Rheumatology
Speech and Language Therapy
Urology

Children's Rehabilitative Services

2851 S Avenue B,
Building 25
Yuma, AZ 85364
(928) 336-2777
www.yumaregional.org

Specialties:

Audiology
Behavioral Health
Cardiology
Comprehensive Assessment
Craniofacial
(Cleft Lip and Palate)
Ear, Nose and Throat (ENT)
Endocrinology
Gastroenterology
Nephrology
Neurology
Nutrition
Ophthalmology
Orthopedics
Psychiatry
Speech and Language Therapy
Urology
Wheelchair Services

District Medical Group

3141 N 3rd Avenue,
Ste 100
Phoenix, AZ 85013
(602) 914-1520
www.dmgcrs.org

Specialties:

Audiology
Behavioral Health
Cardiology
Dental
Endocrinology
ENT
Gastroenterology
Genetics
Lab and X-Ray
Nephrology
Neurology
Neurosurgery
Nutrition
Occupational Therapy
Ophthalmology
Orthopedics
Pediatric Surgery
Physical Therapy
Plastic Surgery
Primary Care
Psychiatry
Psychology
Pulmonology
Rheumatology
Speech and Language Therapy
Urology



Early Childhood Services

If you are concerned your child is not growing like other same age children, tell your pediatrician or provider. Your provider can refer you to specialists. Specialists can help you learn if your child is on track with the following:

- Talking
- Moving
- Using hands and fingers
- Seeing
- Hearing

If your child is behind on one or more of these areas, there are services to help your child improve. If your child is from birth to three years, there is help. The provider may refer you to the Arizona Early Intervention Program (AzEIP).

Developmental Screenings

Your PCP should use an approved screening tool for developmental screening during your child's 9, 18 and 30-month EPSDT visits. Autism Spectrum Disorder (ASD) specific screenings should also occur at the 18 and 24-month visits. These screenings help your provider find any developmental problem early. The provider will be able to assess that your child is growing and developing well.



Vaccination Schedule

When Do Children and Teens Need Vaccinations?

Please use the grid to help you schedule immunizations for children.

Birth	2-3 years
1 month	4-6 years
2 months	7-8 years
4 months	9-10 years
6 months	11-12 years
12 months	13-15 years
15 months	16-18 years
18 months	
19-23 months	

Source: www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
HepB Hepatitis B	HepB	HepB			HepB						
RV* Rotavirus			RV	RV	RV*						
DTaP Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP			DTaP			DTaP
Hib* <i>Haemophilus influenzae</i> type b			Hib	Hib	Hib*	Hib					
PCV13, PCV15 Pneumococcal disease			PCV	PCV	PCV	PCV					
IPV Polio			IPV	IPV	IPV						IPV
COVID-19** Coronavirus disease 2019					COVID-19**						
Flu[†] Influenza					Flu (One or Two Doses Yearly) [†]						
MMR Measles, Mumps, & Rubella						MMR					MMR
Varicella Chickenpox						Varicella					Varicella
HepA[‡] Hepatitis A						HepA [‡]		HepA [‡]			

FOOTNOTES

RV* **Hib***
Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

COVID-19** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu[†] Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HepA[‡] Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION

Call toll-free: **1-800-CDC-INFO (1-800-232-4636)**
Or visit: [cdc.gov/vaccines/parents](https://www.cdc.gov/vaccines/parents)

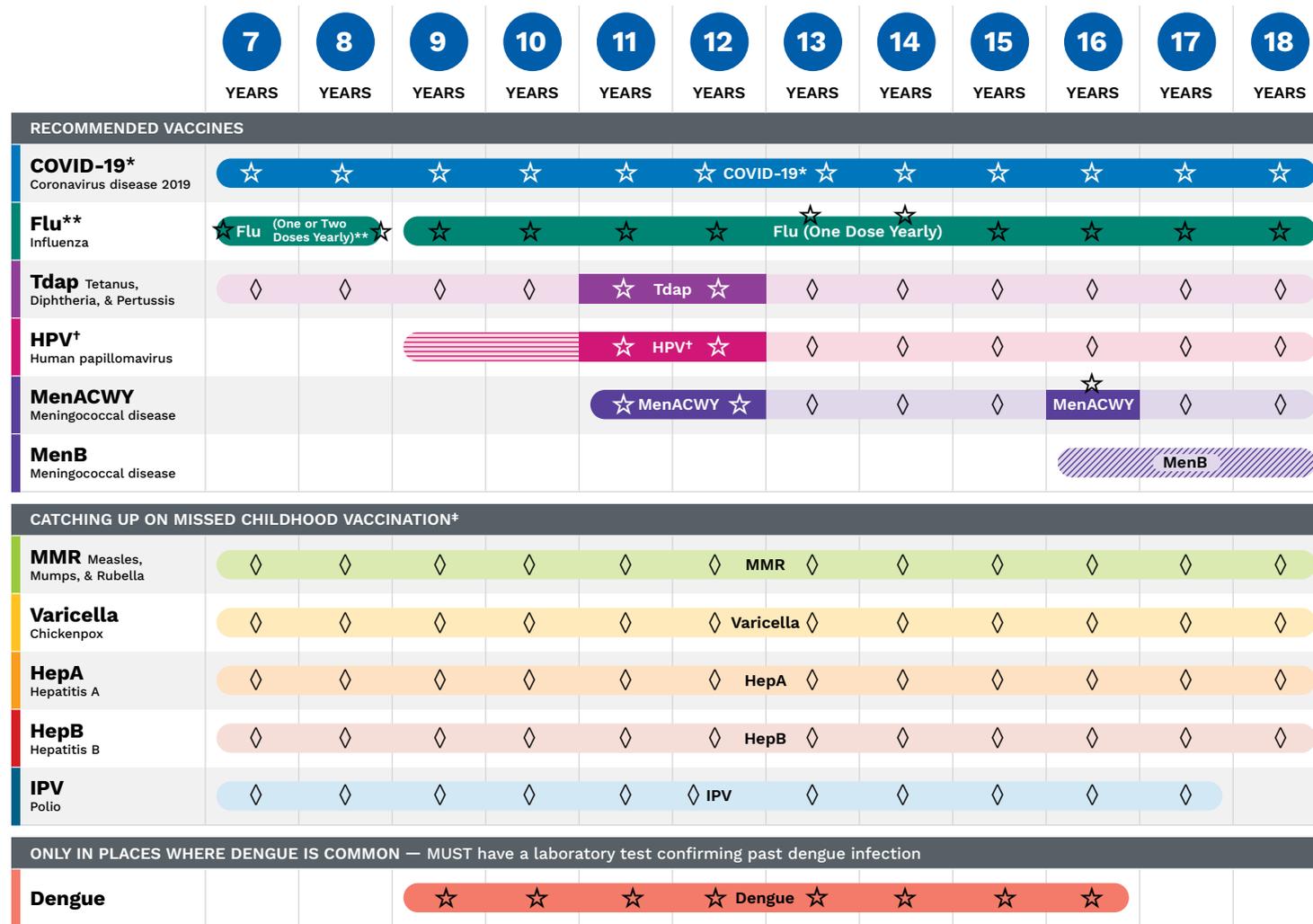


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2023 Recommended Immunizations for Children 7–18 Years Old



KEY



Indicates when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



Indicates the vaccine series can begin at this age.



Indicates the vaccine **should** be given if a child is catching up on missed vaccines. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.



Indicates children not at increased risk **may** get the vaccine if they wish after speaking to a provider.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.
2. If your child has any medical conditions that put them at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.

FOOTNOTES

COVID-19* Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu** Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HPV† Ages 11 through 12 years old should get a 2-shot series separated by 6 to 12 months. The series can begin at 9 years old. A 3-shot series is recommended for those with weakened immune systems and those who start the series after their 15th birthday.

*Originally recommended age ranges for missed childhood vaccinations: 2-dose series of **MMR** at 12–15 months and 4–6 years; 2-dose series of **Varicella** at 12–15 months and 4–6 years; 2-dose series of **HepA** (minimum interval: 6 months) at age 12–23 months; 3-dose series of **HepB** at birth, 1–2 months, and 6–18 months; and 4-dose series of **Polio** at 2 months, 4 months, 6–18 months, and 4–6 years.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION

Call toll-free: **1-800-CDC-INFO (1-800-232-4636)**
Or visit: [cdc.gov/vaccines/parents](https://www.cdc.gov/vaccines/parents)



American Academy of Pediatrics



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Office of Individual and Family Affairs

Supporting Members and Families of Choice

Our mission

Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency and wellness for individuals and families who may face physical or behavioral health as well as substance use challenges. OIFA offers support to overcome barriers that may arise in accessing care.

Recovery and supportive services

Recovery is a process of change. Individuals improve their health and wellness. Individuals live self-directed lives and strive to reach their full potential.

OIFA believes members and their families have the right to have their voices heard and to be active participants in decisions regarding their recovery, health and well-being.

Peer and family support services

Offer hope, guidance and advocacy. All AHCCCS members have the right to request peer and family support services. This could be through programs at a peer or family-run organization. These organizations are owned and operated by persons with or family members of individuals with lived experiences of

What we do and how we can help: OIFA helps you navigate the health care system. We offer support and guidance wherever and whenever. If you need help, email us at: OIFATeam@bannerhealth.com. The OIFA team will reach back out in 24 hours or less.

Our council and committee membership

Get involved and have your voice heard. Our committees include our members and families who have had their own lived experiences in the health care system. It is an opportunity to participate in making changes, such as:

- Identifying barriers to care.
- Developing solutions for members and their loved ones.
- Reducing the stigma related to a chronic illness, behavioral health or substance use challenges.
- Promoting wellness, recovery, resiliency, and community inclusion access to high-quality health care services and supports.
- Working with community-based providers and peer and family-run organizations.
- Making sure all services are provided in a responsive, respectful and culturally sensitive manner.

Join one of our Community Councils or Committees today.

www.BannerHealth.com/ACC



Member Information

Committee and Council Recruitment Is Open

We are looking for individual, youth and family members to serve on our committees and councils. We have openings on our Member Advocacy and Community Advisory Councils. All Council members play an important and deciding role in how we provide care and serve our community. Your voice is important. For more information and application email OIFATeam@bannerhealth.com.

Member Advocacy Council (MAC)

Serves as your voice or the voice of families within the communities we serve. Bring your ideas and your experiences to inform us of important decision about your care.

Community Advisory Councils (CACs)

Serves as the voice of the community. Individuals, youth and families, community stakeholders and providers work together to better understand the issues facing their community.

Why should you tell your story of hope and recovery?

- It makes recovery real.
- It helps you find your voice.
- It helps other people on their journey.
- It builds community.

The OIFA team

OIFA Administrator, Recovery and Resiliency Coordinator and Member and Community Liaisons.

OIFA brings their own unique lived experiences to their roles as peers and/or family's members. This may include involvement with justice, substance use, veteran, and adult and children's systems. As well as experience with children with special physical or behavioral health care needs.

How to reach OIFA:

Reach us anytime. We are here to help. OIFATeam@bannerhealth.com or B – UFC/ACC Customer Care Center (800) 582-8686, TTY 711.

ACC Member Advocacy Council (MAC)

- Is a partnership between B – UFC/ACC and its members and families.
- Is an opportunity for council members to discuss and share ideas and experiences with B – UFC/ACC.
- MAC meetings occur monthly.
- We ask our providers to help recognize members and families who may have an interest in participating.
- To participate please email OIFATeam@bannerhealth.com or contact our Customer Care Center at (800) 582-8686, TTY 711.

Approval and Denial Process

Prior Authorization

Some of the medical services may need prior approval by B – UFC/ACC. If they do, your provider must request prior authorization for these services. B – UFC/ACC must review these authorization requests before you can get the service. Your PCP's office will let you know when authorization is obtained. You can call our Customer Care Center to find out the status of the request as well as contact a member advocate at oifateam@bannerhealth.com if additional support is needed to better understand the process and your rights.

B – UFC/ACC will let you know by mail if prior authorization is denied. In the letter, you will have instructions on how to file an appeal. The letter will also describe the reason for the denial. If you have a question about the denial and need help, please call our Customer Care Center or write to us at the address listed on the cover of this handbook. Please see page 101 for more information about filing an appeal about a denied authorization. The criteria that decisions are based on are available upon request.

Some requested services may require additional information from your provider.

- Ending a pregnancy
- Special foods ordered by your provider

Restrictions on Freedom of Choice Among Providers

As a B – UFC/ACC member, you can choose providers from within our network. We have many skilled providers. This includes PCPs and specialists. We also have nursing facilities, assisted living facilities and home-based service agencies. If you want to change providers, please call our Customer Care Center. We will help you to make sure that the new provider is contracted with B – UFC/ACC. And can help you get the care you need.



The criteria that decisions are based on are available upon request.



Copayments

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



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

The following persons are not asked to pay copayments:

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

NOTE: For a limited time, persons who are eligible in the Adult Group will not have any copays. Members in the Adult Group include persons who were transitioned from the AHCCCS Care program as well as individuals who are between the ages of 19-64, and who are not entitled to Medicare, and who are not pregnant, and who have income at or below 133 percent of the Federal Poverty Level (FPL) and who are not AHCCCS eligible under any other category. Copays for persons in the Adult Group with income over 106 percent FPL are planned for the future. Members will be told about any changes in copays before they happen.

In addition, copayments are not charged for the following services for anyone:

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

People With Optional (*Non-Mandatory*) Copayments

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

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

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

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



Member Information

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

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

Optional (*non-mandatory*) Copayment Amounts for Some Medical Services

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

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

People With Required (Mandatory) Copayments

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

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

Required (Mandatory) Copayment Amounts for Persons Receiving TMA Benefits

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

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

5% Limit on All Copayments

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

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

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

Coordination of Benefits

If You Are Billed

If you receive a B – UFC/ACC covered service, you should not receive a bill. If you do, call your provider or health care facility right away. Tell them you have insurance with B – UFC/ACC. Make sure they have your member ID number. Tell the provider to stop billing you and to send a claim to B – UFC/ACC. If the provider continues to bill you, call the Customer Care Center number on the back of your card.

If you receive a service not covered by B – UFC/ACC, you may receive a bill. Or if you receive a service limited by AHCCCS, you may receive a bill if the provider gets the member's written agreement to pay for the services before the service is provided.

Third Party Liability

It is important to tell us if you have other insurance or Medicare. It does not change any of the services or benefits you get from B – UFC/ACC and AHCCCS.

Try to choose a PCP who works with both B – UFC/ACC and your other insurance. This will help us coordinate your benefits.

If you receive services from a provider that is not contracted with B – UFC/ACC, you must have prior authorization, or you may be billed for the service.

Dual Eligible Members

Members who have both AHCCCS and Medicare are called “dual eligible.”

B – UFC/ACC may help pay your coinsurance and deductibles if you use Medicare providers that are also contracted with B – UFC/ACC or who follow all of B – UFC/ACC's cost sharing rules. Always tell your provider if you have other insurance. Your other insurance or Medicare is considered your primary insurance. They may pay for your medical services. You must use your primary insurance plan first with a few exceptions, such as benefits through Indian Health Services. B – UFC/ACC then becomes your secondary insurance. B – UFC/ACC may help you pay copays, coinsurance or deductibles that other insurance may charge you. Do not pay the provider. Tell your provider to bill B – UFC/ACC. Make sure to show the provider your other primary insurance first if the service is covered through them. Then show your B – UFC/ACC member ID card so they can bill us. This will help them to know where to send the bill. If you do not tell your provider that you have other insurance, this may delay payment from B – UFC/ACC.

Call us if you have questions about how your primary insurance will impact all of your other insurances. This may include any other insurance coverage you may have or if the reason for your visit is due to a work-related injury coverage. Call our Customer Care Center prior to receiving services from your provider.

Special Information for Our Members Who Have Medicare Coverage

If you are a “dual eligible” member, it often means that you have additional benefits. These benefits 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 provider that is not on our plan, the services may not be covered. If you are a non-Qualified Medicare Beneficiary and you choose to do that without our approval, B – UFC/ACC will not pay for those services. This is because the services were done by a provider that is not on our plan. It is important that you work with your PCP to be referred to the right providers. *(This does not include emergency services.)*

If you are a non-Qualified Medicare Beneficiary, B – UFC/ACC will not cover copays or deductibles for services provided outside of the network. Payment may be provided if there is a prior authorization.

Important Information for AHCCCS Members With Medicare Part D Coverage

Medicaid does not cover medications that are eligible for coverage under Medicare Part D plans. Medicaid does not pay for Medicare copayments, deductibles or cost sharing for Medicare Part D medications except for persons who have an SMI designation. AHCCCS covers medications that are excluded from coverage under Medicare Part D when those covered medications are deemed medically necessary. An excluded drug is a medication that is not eligible for coverage under Medicare Part D. AHCCCS may cover some medications that are Over-the-Counter (OTC), B – UFC/ACC OTC Drug List for a list of products available on our website at www.BannerHealth.com/ACC-FindaRx or call our Customer Care Center to request a printed copy.

Prior Authorization for Medications

B – UFC/ACC will require 24 hours to review and decide from the initial date and time of receipt. If inadequate information is given to decide, the provider is notified with a request for more information within the initial 24 hours and then we have seven business days to render a final decision from initial date and time of receipt.

Expedited and Standard pharmacy prior authorization requests' decisions are made within 24 hours of receipt of the request unless more information is required. If additional information is required, we may take up to seven business days to make a final decision.



AHCCCS does not pay for any drugs that can be covered under Medicare Part D, or for cost-sharing of these drugs.

Member Rights

Concerns or Grievances About B – UFC/ACC

A grievance is defined as a member's dissatisfaction with any matter, other than an adverse benefit determination. An appeal is defined as a request to review an adverse benefit determination.

We encourage you or your designated or authorized representatives to file grievances or appeals when warranted. We use this information to improve your services, and to improve services for other members. A grievance may be needed when you are dissatisfied with services. An appeal may be needed when you disagree with a decision made with respect to our coverage of requested services.

For inquiries about any of the following questions, or to file a complaint grievance or appeal, please contact our Grievance & Appeals Department. A provider or authorized or designated representative acting on your behalf may file an appeal, grievance, or request a State Fair Hearing request.

We will maintain information regarding your designated or authorized representatives on file, but we may request your verbal and/or written consent in certain circumstances. A grievance or appeal can be written or verbal. We will provide reasonable assistance in completing forms and taking other procedural steps. Need help filing a grievance or appeal? Call our Customer Care Center at (800) 582-8686, TTY 711.

Banner – University Family Care/ACC
Attn: Grievance & Appeals Department
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711
Phone: (800) 582-8686, ask for Grievance & Appeals
Fax: (520) 874-3462 or (866) 465-8340



What if you have questions, problems or complaints about B – UFC/ACC?

Call our Customer Care Center 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. You may call our Customer Care Center to file a grievance (complaint). Or you may file your grievance in writing by mailing it to the address listed above.

If B – UFC/ACC denies a requested service, you will receive a letter called the Notice of Adverse Benefit Determination (NOABD). You can also file a complaint regarding the adequacy of the NOABD letter for a denial of service by B – UFC/ACC. If we cannot take care of your concern with the adequacy of the NOABD letter or have not effectively resolved the issue, you have the right to contact:

AHCCCS Office of Medical Management
Email: MedicalManagement@azahcccs.gov
Write: Arizona Health Care Cost Containment System (AHCCCS)
ATTN: Division of Health Care Management
801 E Jefferson St, MD 8500 Phoenix, AZ 85034

When you receive your NOABD in the mail, you will see a section in that letter called *'Facts about Your Condition or Situation That Support our Decision'*. If you do not understand the facts of the decision in this section, call our Customer Care Center at the available phone number included in the NOABD to get more specific information.

B – UFC/ACC uses the most current evidence-based medical guidelines in this country, for all clinical decision-making. You and your provider can request those guidelines or any other information that was used to make the decision. We want you and your provider to be able to fully understand the reason and evidence-based criteria that were used.

Appeal and Request for a Fair Hearing

What if you disagree with a denied service?

If you are dissatisfied with denial of services by B – UFC/ACC, you may file an "appeal". An appeal must be filed within sixty (60) days from B – UFC/ACC's Notice of Adverse Benefit Determination letter. The appeal can be written or verbal. If you need assistance with filing an appeal, call our Customer Care Center at (800) 582-8686, TTY 711.

Who may file an appeal?

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

Member Rights

What can you file an appeal for?

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 time-frame required for standard and expedited resolution of appeals and standard disposition of grievances.
- The denial of a rural enrollee's request to get services outside the contractor's network under 42 CFR 438.52 (b)(2)(ii), when the contractor is the only contractor in the rural area.

How do you file an appeal?

Appeals may be requested by telephone or in writing. You may call and ask to speak to the Grievance and Appeals Team to file an appeal. You can also mail or fax the Grievance & Appeals Department. B – UFC/ACC will provide you with a written decision within thirty (30) days of filing the appeal.

Additionally, the time-frames for standard and expedited appeals may be extended up to fourteen (14) days if you ask an extension or if we establish a need for an extension when the delay is in your best interest.

What is an expedited appeal?

You may file an expedited appeal, or it may be filed on your behalf by your provider if you need a decision more quickly than thirty (30) days. An expedited appeal will be approved if B – UFC/ACC finds 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, B – UFC/ACC will notify you within twenty-four (24) hours and transfer the appeal to the 30-day time-frame for a standard appeal. If we agree to accept your request for an expedited appeal, B – UFC/ACC will make a decision not later than seventy-two (72) hours from the receipt of the expedited appeal with a possible extension of up to fourteen (14) calendar days if the member or provider requests an extension or if B – UFC/ACC establishes a need for more information and the delay is in the member's best interest.

If you are currently receiving the services requested, can you continue to receive them during the appeal process?

Yes, but the request must be in writing and must be received by B – UFC/ACC within ten (10) days of the receipt of the Notice of Adverse Benefit Determination letter. However, you may be responsible for payment of those services if B – UFC/ACC or a State Fair Hearing decision upholds the denial.

How do you ask for a State Fair Hearing?

If you are not satisfied with the appeal decision, you may file a request for State Fair Hearing with B – UFC/ACC. This request must be made in writing to B – UFC/ACC within ninety (90) days of the date of receipt of the appeal decision. You can mail or fax your request. B – UFC/ACC will send your appeal file to AHCCCS and a hearing date will be scheduled for you to attend. AHCCCS Administration will decide if B – UFC/ACC's decision was correct. If AHCCCS decides that B – UFC/ACC's decision was incorrect, B – UFC/ACC will authorize and pay for services. 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 online at the following website: www.azlawhelp.org.

Contact information for Grievance and Appeals:
Banner – University Family Care/ACC
Attn: Grievance & Appeals Department/SFH Department
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711
Phone: (800) 582-8686, TTY 711. Ask for Grievance & Appeals
Fax: (520) 874-3462 or (866) 465-8340

How do you file a grievance, appeal or request for hearing with the RBHA regarding crisis services provided by the RBHA?

If you had crisis services provided by the Regional Behavioral Health Authority (RBHA) and want to file a grievance, submit and appeal or request for hearing, please contact the RBHA Customer Service Department below:

Mercy Maricopa Integrated Care

Attn: Customer Service
4350 E Cotton Center Blvd, Bldg D, Phoenix, AZ 85040
For complaint via phone call: (602) 586-1719 or (866) 386-5794

Care1st Health Plan

Attn: Customer Service
1870 West Rio Salado Pkwy, Tempe, AZ 85281
For complaint via phone call: (866) 560-4042

Arizona Complete Health

Attn: Customer Service
1870 West Rio Salado Pkwy, Tempe, AZ 85281
For complaint via phone call: (888) 788-4408

Member Rights and Responsibilities

Our Commitment to You

Our 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 have the right to complain to us about B – UFC/ACC and care provided.
2. You have the right to request information on the structure and operation of B – UFC/ACC or its subcontractors.
3. You have the right to information about B – UFC/ACC’s services, health care providers, admission, transfer, discharge, billing policies and members’ rights and responsibilities.
4. You have the right to the following:
 - You have the right to be treated fairly regardless of race, ethnicity, national origin, religion, gender, age, behavioral health condition (*intellectual*) or physical disability, sexual preference, genetic information or ability to pay.
 - You have the right to request information on Physician Incentive Plans that affect referral services.
 - You have the right to know that B – UFC/ACC is required to participate in a stop-loss insurance program.
 - You have the right to know the types of plans B – UFC/ACC uses for compensation.
 - You have the right to get a summary of member survey results.
5. You have the right to receive care that meets your needs in a way that doesn’t judge values, language, how much a person is able to do.
6. B – UFC/ACC and their participating providers will safeguard the confidentiality of your information as required by state and federal law, including your B – UFC/ACC specific record set and your medical (care) records kept by your provider(s).
 - B – UFC/ACC specific record set: The law states that you have the right to read or get copies of your medical claim history, pharmacy claim history, grievance and appeals documents, and your B – UFC/ACC phone call records at no cost to you from B – UFC/ACC.
 - To receive those records, B – UFC/ACC must have the request in writing.
 - You may make this request by calling our Customer Care Center. You will be sent an authorization form to complete and will return it to the Compliance Department with a copy of a picture ID, so we can make



If you request additional copies of your information, we may charge you for our costs to print the information.

sure we only send your records to you or someone you allow to receive your records. You can receive your records in paper form or by email (encrypted or not) if you prefer. There is some level of risk that a third party could access your Protected Health Information (PHI) without your consent when electronic media or email is unencrypted.

- We are not responsible for unauthorized access to unencrypted media or email or for any risks (e.g., Virus) potentially introduced to your computer/device when receiving PHI in an electronic format or email.
7. Coordination of care with schools and state agencies may occur within the limits of applicable regulations.
 8. You have the right to a second opinion from a qualified health care professional within B – UFC/ACC’s network. If an in-network second opinion is not available, you have the right to have a second opinion arranged outside of the B – UFC/ACC network at no cost to you.
 9. You have the right to receive information on available treatment options and alternatives regardless of cost or benefit coverage in a manner that is appropriate to your condition and is easy to understand.
 10. You can make advance directives and appoint someone to make health care decisions for you. You or your representative can change your advance directives at any time. You have the right to be provided with information about formulating advance directives.
(B – UFC/ACC must ensure involvement by you or your representative in decisions to withhold resuscitative services, or to forgo or withdraw life-sustaining treatment within the requirements of federal and state law with respect to advance directives [42 C.F.R. 438.6]). For members in a HCBS or a behavioral health residential setting that have completed an advance directive, the document must be kept confidential, but be readily available. For example, in a sealed envelope attached to the refrigerator.
 11. Medical Care Records: The law states that you have the right to read, or annually request and receive a copy of your medical care records at no cost to you *(from any provider who provides care for you)*. Contact your provider to ask to see or get a copy of your medical record. You will receive a response to your request within thirty (30) days. However, your right to access medical care records may be denied if the information is psychotherapy notes, compiled for, or in a reasonable anticipation of a civil, criminal or administrative action, protected health information subject to the Federal Clinical Laboratory Improvement Amendments of 1988 or exempt pursuant to 42 C.F.R.493.3(a)(2), or a licensed health care professional has determined that receiving or accessing your records would likely endanger the life or safety of you or another person. If your access is denied for some of these reasons, you have the right to have the denial reviewed. Providers must allow you to review your records



Member Rights

by reading them at the provider's office or giving you a copy or both. If your provider does not give you the records or does not respond to your request within thirty (30) days, please contact our Customer Care Center at (800) 582-8686 for assistance. B – UFC/ACC must reply to your request for medical records no later than thirty (30) days. After receipt of your request. If B – UFC/ACC is unable to take any action within thirty (30) days, B – UFC/ACC may take an extra thirty (30) days. B – UFC/ACC will let you know the reason for the delay and the date the request will be completed. This response will either be a copy of your records in the manner you requested, permission for you to view your records on-site, or a reason for denying your request. If a request is denied, in whole or in part, B – UFC/ACC must give you a reason for the denial and your rights to a review of the denial of access.

12. You have the right to request to have any provider who provides care for you amend or correct your medical care records that are kept by your treating provider. You may initiate this request by calling our Customer Care Center and your response will be required in writing.
13. You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
14. You have the right to the information needed to help you make informed decisions.
15. You have the right to receive information on beneficiary and plan information.
16. 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*). This includes the right to refuse treatment.
17. You have the right to be treated with respect and with due consideration for your dignity and privacy. We understand your need for privacy and confidentiality including protection of any information that identifies you.
18. You have the right to have a list of available providers, including those who speak a language other than English, and access to a sign language interpreter for the hearing impaired.
19. You have the right to have language interpretive services from a provider who speaks your primary language, if other than English.
20. You have the right to written materials in alternate formats.
21. You have the right to seek emergency care at any hospital or other emergency room facility (in or out of network).
22. You have the right to be treated in a safe, supportive and smoke-free environment.
23. You have the right to choose your PCP within the B – UFC/ACC network.

24. You or someone who represents you can take part in resolving problems about your health care decisions.
25. You have the right to involve family members or other people you choose to help you make decisions about your treatment plans.
26. You have the right to request a copy of the Notice of Privacy Practices at no cost to you. The notice describes B – UFC/ACC’s privacy practices and how we use health information about you and when we may share that health information with others.
27. You have the right to request the criteria that decisions are based on.
28. American Indian members can receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.
29. You have the right to exercise your rights and that the exercise of those rights shall not negatively affect service delivery to you [42 CFR 438.100(c)].
30. You have the right to file a complaint and B – UFC/ACC will provide you with assistance in filing your complaint. If you have a complaint against B – UFC/ACC, you can file the complaint with B-UFC/ACC or with AHCCCS. To file the complaint with AHCCCS, please call the Clinical Resolution Unit within Maricopa County at (602) 364-4558 or statewide at (800) 867-5808.
31. You have the right to appeal any denial of services you feel B – UFC/ACC should pay for. We will also assist you in filing an appeal.
32. You have the right to make recommendations regarding the organization’s member right and responsibility policy.



Member Rights

Who can report Fraud, Waste and Abuse?

Absolutely anyone can report Fraud, Waste and Abuse.

There are no restrictions.

What Is Fraud, Waste and Abuse?

Fraud is purposely giving wrong or misleading information to receive a benefit or some type of service. Waste is over-using services or misusing resources or practices. Abuse of the program is provider practices or member practices that result in an unnecessary cost to the AHCCCS or Medicare program. Unfortunately, Fraud, Waste and Abuse are not as uncommon as you would think. Please see some of the most common examples.

Member Fraud, Waste and Abuse include, but are not limited to:

- Lending or selling your AHCCCS Identification Card to anyone.
- Not stating true income or living arrangements.
- Providing false materials or documents.
- Leaving out important information.
- Failing to report another insurance that you have.
- Continuing to use AHCCCS for services when you move out of the state or out of the country.

Provider Fraud, Waste and Abuse include, but are not limited to:

- Billing for a service they didn't provide.
- Ordering test, lab work or X-rays that aren't needed.
- Charging for medical services not provided.
- Billing multiple payers and receiving double payments.
- Using billing codes that pay higher rates to get more money.
- Billing for services under a member that is not their member.

Not reporting household changes to AHCCCS could be considered fraud

How do I report changes?

If you need to report a change of where you live, mailing address, your income, number of household members, or change of job, contact the place where you applied for AHCCCS, see list below or call B – UFC/ACC at (800) 582-8686, TTY 711.

- DES www.healthearizonaplus.gov
(855) HEA-PLUS (855) 432-7587
- KidsCare www.healthearizonaplus.gov
(855) HEA-PLUS (855) 432-7587
- SSI MAO www.healthearizonaplus.gov
(602) 417-5010/(800) 528-0142 outside of Maricopa County
- Social Security Administration
(800) 772-1213

Be on the lookout for phone scams

There are a lot of phone scam calls happening right now. One type is the caller will be able to describe your ID card and will ask you to give them your ID number

to “Start” your services. If you give your ID number to the caller, someone other than you may be able to use your services.

What you need to know:

- Someone including your provider will not call you and ask you for something (*ID number or address information*).
- Check your caller ID.
- Listen to the tone of voice and/or if the caller is pushy or in a hurry.
- If it seems too good to be true, it most likely is a scam.

What can you do:

- Just hang up.
- Don't answer phone numbers you don't know.
- Block phone numbers you don't know.
- Call AHCCCS (888) 487-6686 or B – UFC/ACC Customer Care at (800) 582-8686.
- Ask the caller questions to get information about the caller.
- Tell them you want to call them back. Real companies will want you to call them back.

What can you do? Anyone can report fraud - there are no restrictions. Fraud, Waste and Abuse hurts everyone. If you suspect a possible case, please report it immediately.

How To Report Fraud, Waste and Abuse

If you suspect a B – UFC/ACC provider or member of fraud, waste or abuse, please contact us at any of the following:



B – UFC/ACC Customer Care Center Phone
(800) 582-8686



B – UFC/ACC Compliance Officer's Phone
(520) 874-2847 or (520) 548-7862 Mobile



B – UFC/ACC Compliance Department Fax
(520) 874-7072



B – UFC/ACC Compliance Department Email
BHPCompliance@bannerhealth.com



B – UFC/ACC Compliance Department Mailing Address
Banner – University Family Care/ACC
Compliance Department
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711



Confidential and Anonymous Compliance (ComplyLine) Hotline
(888) 747-7989



You will not lose your health benefits for reporting fraud, waste or abuse. We will keep your report private to the extent allowed under the law.

Member Rights

You can also report directly to AHCCCS Office of the Inspector General at:



Provider Fraud

(602) 417-4045 or (888) 487-6686



Member Fraud

(602) 417-4193 or (888) 487-6686 *(Toll-free outside of Arizona)*



AHCCCS Reporting Email

AHCCCSFraud@azahcccs.gov.



Online

www.azahcccs.gov clicking on "Fraud and Abuse"



Mail

Inspector General
801 E Jefferson St. MD 4500
Phoenix, AZ 85034

For members of the Dual-Special Needs Plan, Banner Medicare Advantage Dual HMO D-SNP, you can also report Fraud, Waste and Abuse directly to the Federal Government:



Mail

US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026



Phone

(800) HHS-TIPS (300) 447-8477
TTY: (800) 377-4950



Fax

(800) 223-8164



Website

www.oig.hhs.gov

Penalties

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

You will not lose your health benefits for reporting Fraud, Waste and Abuse. We will keep your report private to the extent allowed under the law.

AHCCCS Freedom to Work Program Health Insurance for Working Individuals With Disabilities

If you have a disability and are working, AHCCCS has a program for you. This is known as the Freedom to Work Program. It gives you coverage for a small premium. If you have a disability and are working and paying taxes, you may qualify.

You must also meet the other criteria:

- Ages 16 to 64.
- Arizona resident.
- U.S. citizen or qualified immigrant.
- Have a Social Security number or apply for it.
- Apply for other income such as unemployment or Social Security.
- Receive Social Security disability or have been determined disabled.
- Not eligible for any other AHCCCS program.
- Have countable monthly earned income under \$3,038 per month.
- Earnings of family members do not count towards your total income. AHCCCS also does not count social security income. Only about half of your income is counted.
- Members pay a premium of up to just \$35 per month for this benefit.

Apply by calling the AHCCCS Freedom to Work Unit at (602) 417-6677 or (800) 654-8713, option 6.





Learn more about Tobacco Cessation at: www.azdhs.gov/prevention/tobaccochronic-disease/tobacco-freeaz/index.php or call our Customer Care Center.

Tobacco Education and Prevention

Using tobacco raises your chances of getting mouth, throat or lung cancer. Some studies say smoking can cause breast and prostate cancer. Smoking also raises your chances of getting a serious lung disease. It can also cause you to have a heart attack or a stroke.

Half of Americans who keep smoking will likely die from one or more of these diseases. However, you can save your life by quitting tobacco. And there are many ways to help you quit.

The B – UFC/ACC Tobacco Cessation Program offers many products you can use instead of nicotine. This includes patches, lozenges, gum. There are also medications to help you quit tobacco. You can only try one product at a time. You can get a prescription for twelve (12) weeks every six (6) months. Talk to your provider to help decide which one is best for you.

Members can also call the Arizona Smokers' Helpline (ASHLine). The ASHLine is sponsored by the Arizona Department of Health Services and Prevention Program (AZDHS-TEPP). The ASHLine is a no cost service to support you. It can also help you set a quit date. If you would like more information about quitting tobacco, please call the ASHLine at (800) 556-6222. You can also visit their website at www.ashline.org.

These websites and phone numbers can also help you quit:

Freedom From Smoking - American Lung Association

www.lung.org. This is a program to help adult smokers quit.

Freedom From Smoking® has a group clinic, an online program, and a self-help book. You can also talk to a smoking cessation counselor by calling the Lung HelpLine at (800) LUNG-USA or (800) 586-4872.

Learn more about Tobacco Cessation at: www.azdhs.gov/prevention/tobaccochronic-disease/tobacco-freeaz/index.php.

Arizona Health Care Cost Containment System

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

AHCCCS
801 E Jefferson St
Phoenix, AZ 85034
Phone: (602) 417-4000
www.azahcccs.gov

Family Support Information

There may be times when you need help, resources, support and services from a community-based organization. For example: advocacy services, legal help, food resources and utility or housing help. Here is a list of some resources that can help.

Ability 360

ABIL advocates and empowers people with disabilities by helping them achieve self-sufficiency. Visit www.ability360.org or call (602) 256-2245 or (800) 280-2245 for more information.

Alzheimer's Association

The Alzheimer's Association provides education and resources to those affected by Alzheimer's disease. Visit www.alz.org or call (800) 272-3900 for more information.

Area Agencies on Aging (AAA)

The AAA provides advocacy, home and community-based services and family caregiver support. For adults aged 60+ and adults aged 18+ with disabilities and long-term care needs. Contact your local AAA office or visit www.azdes.gov/daas/aaa for more information.

Cochise, Graham, Greenlee and Santa Cruz Counties - Southeastern Arizona Governments Organization (SEAGO)

Phone: (520) 432-2528

La Paz and Yuma Counties – Western Arizona Council of Governments (WACOG) Phone: (800) 782-1886

Maricopa County – Area Agency on Aging, Region One
Phone: (888) 783-7500 or (602) 264-HELP (4357)

Pinal and Gila Counties – Pinal-Gila Council for Senior Citizens (PGCSC)
Phone: (520) 836-2758

Pima County – Pima Council on Aging (PCOA)
Phone: (520) 790-7262

Yavapai County – Northern Arizona Council of Governments (NACOG)
Phone: (877) 521-3500 or (928) 213-5215

Arizona 2-1-1 Community Information and Referral Services

Arizona 2-1-1 provides up-to-date information on community, health and human service resources in Arizona. Visit www.211arizona.org or call 2-1-1 or (877) 211-8661.

988 Suicide and Crisis Lifeline

Connecting you with crisis counselors for emotional support and other services by web chat or texting 988. Visit www.988lifeline.org.

Arizona Poison and Drug Information Center

No cost, confidential, 24 hours a day, seven days a week (800) 222-1222

Resources

Arizona Opioid Assistance and Referral (OAR) Line

A no-cost, confidential hotline that offers opioid advice, resources, and referrals 24 hours a day, seven days a week. This hotline is staffed with local medical experts. It offers patients, family members, and providers opioid information.

Visit www.azdhs.gov/oarline or call (888) 688-4222.

Dump the Drugs AZ

Website: www.azdhs.gov/gis/dump-the-drugs-az

General and public information: (602) 542-1025

Find drop box locations to dispose unused or unwanted prescription drugs. This application shows all drop off locations in Arizona. Users enter their address to get directions to the location closest to them.

Arizona Coalition to End Sexual and Domestic Violence (ACESDV)

ACESDV gives advocacy and support services to victims and survivors of sexual and domestic violence. Visit www.acesdv.org or call the Legal Advocacy Hotline (800) 782-6400 or (602) 279-2900, TTY (602) 279-7270.

Arizona@Work

Brings together the state's leading sources to help you find the employment and labor market information you need. Visit www.arizonaatwork.com for more information.

Arizona Department of Health Services (AZDHS) – Breastfeeding Program

Pregnancy and Breastfeeding Hotline provides many resources to assist with the care of both moms and babies. Visit www.azdhs.gov/prevention/nutrition-physical-activity/breastfeeding or call (800) 833-4642 for the 24-hour Breastfeeding Hotline.

Arizona Disability Benefits 101 (AZDB101)

Thinking about working but unsure about how it will affect your benefits? AZDB101 provides valuable information and tools for learning how work impacts benefits such as Social Security and AHCCCS coverage. Visit www.az.db101.org for more information.

Arizona Early Intervention Program (AzEIP)

AzEIP (pronounced Ay-zip) provides early intervention support and services for families of children birth to age three with disabilities or developmental delays. Visit www.azdes.gov/services/disabilities/developmental-infant or call (602) 532-9960, (888) 592-0140 for more information.

Arizona Department of Health Services (AZDHS)

The AZDHS mission is to protect and improve the public's health through health education, assistance, and prevention programs. Visit www.azdhs.gov/phs or call (602) 542-1025 or (800) 252-5942 to locate your local health department office.

Food and Clothing Resources

Andre House

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

Cultural Cup Food Bank

No-cost emergency food boxes, sack lunches, Arizona Heat Relief Network summer hydration stations, recipes, hygiene kits (when available), Supplemental Nutrition Assistance (SNAP), appointments, information and referral support.
342 E Thomas Rd
Phoenix, AZ 85012
Phone: (602) 266-8370
Website: www.culturalcup.com/services

Association of Arizona Food Banks (Statewide)

Help you find a food bank near you. You can access the most current and largest provider directory of food pantries and human services agencies statewide.
Phone: (602) 528-3434
Website: www.azfoodbanks.org

Community Food Bank of Southern Arizona (Pima, Santa Cruz, Cochise, Graham and Greenlee)

Provides food and program services to Southern Arizona and food banks near you.
Phone: (520) 622-0525
Website: www.communityfoodbank.org

Nourish Phoenix (Formerly ICM Food and Clothing Bank)

Community Hub serving individuals and families by offering a food pantry and a clothing closet. No appointment needed. Bring ID with you. If transportation is needed, call 2-1-1.
Website: www.nourishphx.org/our-services

Harvest Compassion Center, HCC (Maricopa)

Offering families; groceries, hygiene items, clothing, and baby items at no cost. No appointment needed. Bring ID and utility bill.
Website: www.harvestcompassioncenter.org



Resources

HCC North Phoenix

4744 E Thunderbird Rd Suite 9
Phoenix, AZ 80532
Phone: (602) 788-2444

HCC West Phoenix

5608 N 27th Ave
Phoenix, AZ
Phone: (602) 841-7110

HCC Maryvale

4002 N 67th Ave
Phoenix, AZ 85033
Phone: (623) 247-0039

St. Vincent de Paul

Services for homeless families, food assistance, clothing, and housing
Phone: (602) 266-4673
Website: www.stvincentdepaul.net

Phoenix Family Dining Room

420 W Watkins Road
Phoenix, AZ 85003

Sunnyslope

9227 N 10th Ave
Phoenix, AZ 85021

Mesa

67 W Broadway Road
Mesa, AZ 85210

United Food Bank

245 S Nina Dr
Mesa, AZ 85210
Phone: (480) 926-4897

St. Mary's Food Bank

Find food near you, distribution hours, home delivery program and get meals for kids.
Website: www.firstfoodbank.org

Kid's Café (St. Mary's Food Bank)

Provides nutritious meals in a safe place, served at after school programs.
Phone: (602) 242-3663

Foothills Food Bank and Resource Center

6038 E Hidden Valley Dr
Cave Creek, AZ 85331
Call for eligibility: (480) 488-1145

New Life Pregnancy Center

Provides pregnancy services, newborn clothing and diapers.
Phone: (602) 243-1614
Website: www.newlifepregnancy.com/locations/new-life-pregnancy-center-phoenix-south

Paz De Cristo

Provides meals, clothing, hygiene resources and employment assistance.
Phone: (480) 464-2370
Website: www.pazdecristo.org

WHEAT's Clothes Silo

A women's boutique that distributes women's clothing, shoes, and accessories to women in need.
Phone: (602) 264-2262
Website: www.hungerhurts.org/empower/wheats-clothes-silo

Community Education and Outreach

Provides education regarding lead hazards and lead poisoning prevention to target populations. The target population is pregnant women and households with children under 6 years of age within the Lead Safe Phoenix eligible zip codes. Education to home visiting program staff working within the Lead Safe Phoenix target zip codes.

Phone: (602) 525-3162

Website: www.maricopa.gov/1853/Lead-Poisoning-Prevention

Home Visitation:

- Lead blood testing for children under 6 years of age.
- Environmental assessment of the home to enhance the health and safety of the children in the home.
- Education on the prevention of lead poisoning.
- Screening and referral to community resources as needed.

First Things First

Partners with families and communities to help young children be ready for success in kindergarten and beyond.

Phone: (602) 771-5100 or (877) 803-7234

Website: www.firstthingsfirst.org

Fussy Baby Program

The Fussy Baby program is a component of the Birth to Five Helpline. It provides support for parents who are concerned about their baby's temperament or behavior during the first year of life. Clinicians will work with you to find more ways to soothe, care for, and enjoy your baby. They also offer ways to reduce stress while supporting you in your important role as a parent. Additional home visits if needed are available in Maricopa County only.

Phone: (877) 705-KIDS

Website: www.swhd.org/programs/health-and-development/fussy-baby

Jacob's Hope

Jacob's Hope is a clinic for newborns who are suffering with withdrawals from prenatal exposure to drugs. Their medically nurturing facility cares for these infants in a home-like environment until they are ready for discharge.

Phone: (480) 398-7373

Website: www.jacobshopeaz.org

Southwest Human Development

Work with families from pregnancy through the first 5 years of life to help you become the best parent you can be.

Phone: (602) 266-5976

Website: www.swhd.org/programs/health-and-development/healthy-families

Resources

Aviva Children's Services

Provides support and services to the children and families who are in the Arizona's Foster Care System. Support and services consist of behavioral health services, tutoring, supervised visitation, parent training, parent peer support and a specialized visitation program for mothers, newborns and a community resource center for kinship and foster families. Aviva offers clothing, shoes, blankets and personal care items.

153 S Palmer Ave

Tucson, AZ 85719

Website: www.avivatucson.org

Child and Family Resources

Offers programs that help parents be the best they can be and allows children to thrive. Programming offered: Healthy Families, Parents as Teachers, Prevention, Childcare resources, professional programs and a Great Things thrift store.

Website: www.childfamilyresources.org

Child Care Resource and Referral

Statewide program that helps families find childcare.

Phone: (800) 308-9000

Website: www.azccrr.com

Arizona Smokers' Helpline (ASHLine)

ASHLine offers coaching, medication assistance and support to anybody who wants to quit using tobacco. Visit www.ashline.org or call (800) 556-6222 for more information.

Arizona Workforce Connection

Employment tools designed for job seekers, students, case managers, employers, training providers, workforce professionals and others seeking benefits and services.

Phone: (602) 542-2460

Website: www.azjobconnection.gov

AZLinks.gov

AZ Links is the website for Arizona's Aging and Disability Resource Consortium (ADRC). AZ Links provides help finding resources and services for seniors, people with disabilities, caregivers, and family members. Visit www.azlinks.gov for more information.

Birth to 5 Helpline

The Birth to 5 Helpline supports parents and caregivers with children ages 0-5, with child development, and fussy baby experts. They can also provide referrals to valuable community resources. Call (877) 705-5437 for more information.

Centers for Medicare and Medicaid Services Region 990

7th Street Suite 5-300

San Francisco, CA 94103

Phone: (415) 744-3501 or (800) 633-4227

Children's Rehabilitative Services (CRS)

CRS provides health services for children from birth through 20 years old with certain chronic or disabling health conditions. Call the Maternal Child Health Program at (800) 582-8686 for more information about CRS.

Early Head Start

The Early Head Start program provides services for pregnant people and families with infants from birth to 3 years of age. Services include Center Based, Home Based, Combination (*Home and Center Based*) or Family Child Care, through an individualized approach to deliver quality services for low-income pregnant women and children.

Website: www.strongfamiliesaz.com/program/early-head-start.

Head Start

The Head Start program offers high quality early childhood education, individualized child development, parent education, nutrition, health, mental health, disabilities and social services to families and children aged 3 to 5.

Visit www.azheadstart.org or call (866) 762-6481 for more information.

Health-e-Arizona Plus (HEAPlus)

Use HEAPlus to apply for or renew your AHCCCS, KidsCare, Nutrition Assistance, TANF and Cash Assistance benefits. You can also use HEAPlus to find out if you qualify for Tax Credits and Cost Sharing Reduction programs.

Visit www.healthearizonaplus.gov or call (855) 432-7587 for more information.

Low Cost Dental Services Mountain Park Dental Clinic (*five locations*)

Phone: (602) 243-7277 (*scheduling for all locations*)

Website: www.mountainparkhealth.org

Vaccines For Children (VFC)

The Vaccines For Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. Visit www.cdc.gov/vaccines/programs/vfc/index.html for more information.

Low-fee Dental Services in Maricopa County

Mountain Park Health Center *(five locations)*

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

Baseline Clinic 635

Services offered: Pediatrics, Dental, Internal Medicine, On-Site Pharmacy, On-Site lab and Integrated Healthcare

635 E Baseline Rd

Phoenix, AZ 85042

Phone: (602) 243-7277 *(scheduling for all locations)*

Website: www.mountainparkhealth.org/location/baseline-635

Baseline Clinic 303

Services offered: Women's Health, WIC, On-Site Lab and Integrated Healthcare

303 E Baseline Rd

Phoenix, AZ 85042

Website: www.mountainparkhealth.org/location/baseline-303

Gateway Clinic

Services offered: Pediatrics, Family Medicine, Women's Health, WIC, On-Site Lab and Integrated Healthcare

3830 E Van Buran St

Phoenix, AZ 85008

Website: www.mountainparkhealth.org/location/gateway-clinic

Goodyear Clinic

Services offered: Pediatrics, Family Medicine, Women's Health, WIC, On-Site Lab, and Integrated Healthcare

140 N Litchfield R Suite #106

Goodyear, AZ 85338

Website: www.mountainparkhealth.org/location/goodyear-clinic

Maryvale Clinic

Services offered: Pediatrics, Dental, Family Medicine, Women's Health, WIC, On-Site Pharmacy, On-Site Lab and Integrated Healthcare

6601 W Thomas Rd

Phoenix, AZ 85033

Website: www.mountainparkhealth.org/location/maryvale-clinic

Tempe Clinic

Services offered: Pediatrics, Dental, Family Practice, Women's Health, WIC, Lab, and Integrated Healthcare

1840 E Broadway Rd

Tempe, AZ 85281

Website: www.mountainparkhealth.org/location/tempe-clinic

Atkinson Pediatric Clinic

Services offered: Pediatrics and WIC

4222 N 51st Ave

Phoenix, AZ

Website: www.mountainparkhealth.org/location/tempe-clinic.

Balsz Pediatric Clinic

Services offered: Pediatrics and Dental

1300 N 48th Street

Phoenix, AZ 85008

Website: www.mountainparkhealth.org/location/balsz-pediatric-clinic

Christown Pediatric Clinic

Services offered: Pediatrics, Dental, and Integrated Healthcare

5517 N 17th Ave

Phoenix, AZ 85015

Website: www.mountainparkhealth.org/location/christown-pediatric-clinic

Bob and Renee Parsons Dental Clinic

Low-cost dental care for children ages 5-18 who do not qualify for AHCCCS or private insurance. Open Tuesday through Friday. Parents must bring proof of income.

1601 W Sherman St

Phoenix, AZ 85007

Phone: (602) 271-9961

Website: www.bgcmp.org/dental.htm

Carrington College Dental Clinic

Offering no-cost dental care to children ages 12-17. Conducted by supervised students in the college's dental-hygiene program. It includes X-rays, cleaning, and polishing.

1300 S Country Club Dr

Mesa, AZ 85210

Phone: (480) 717-3510

Chandler Care Center

Provides no-cost medical, dental, counseling, and social services for children through the Chandler Unified School District.

777 E Galveston Rd

Chandler, AZ 85225

Phone: (480) 812-7900

Website: www.mychandlerschools.org

First Teeth First

Maricopa County Office of Oral Health First Teeth First provides dental screenings, parent education, fluoride varnish and referrals to children under 6 years old in Maricopa County.

Phone: (602) 506-6842

Website: www.firstteethfirst.org

Resources

Native American Community Health Centers

Provides holistic, patient-centered, culturally sensitive health and wellness services. It includes dental and behavioral health care, health promotion and disease prevention.

Central

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

West

2423 W Dunlap Ave Ste 140
Phoenix, AZ 85021
Phone: (602) 279-5351

Phoenix College Dental Hygiene Clinic

Offers preventive and therapeutic dental services to qualified patients. It's performed by students under the supervision of instructors.

1202 W Thomas Rd Bldg R
Phoenix, AZ 85013
Phone: (602) 285-7323
Website: www.pc.maricopa.edu

St. Vincent de Paul

No-cost medical and dental clinic based on need and availability. Medical equipment loan program for low-income individuals. By appointment.

420 W Watkins
Phoenix, AZ 85003
Phone: (602) 261-6868
Website: www.stvincentdepaul.net

Postpartum Support International (PSI)

Provides resources and learning materials about Postpartum Depression. For help and more information about Postpartum Depression, call the PSI Helpline at (800) 944-4773 or text at (800) 944-4773 (*English*), (971) 203-7773 (*Spanish*). You can also visit their website at www.postpartum.net.

Power Me A2Z

Provides vitamins for women at no cost from the Arizona Department of Health Services for women. Website: www.powermea2z.org

Raising Special Kids

Raising Special Kids is a program that helps improve the lives of children with disabilities, from birth to 26 years of age. They offer support, training, information, and assistance for families. To learn more, visit www.raisingpecialkids.org or call (800) 237-3007.

Social Security Administration

Find your local Social Security Office to apply for Medicare, Disability and Supplemental Security Income (SSI) benefits or to obtain a new, replacement or corrected Social Security Card or Medicare Card.

Phone: (800) 772-1213 or TTY (800) 325-0778

Website: www.SSA.gov.

Strong Families AZ

Network of at no cost to you home visiting programs for pregnant women and families with children up to age 5. These programs help families raise children who are ready to succeed in both school and in life.

Website: www.strongfamiliesaz.com.

Arizona Health Start

For women who are pregnant or have a child under 2 years old. Arizona Health Start home visitors can connect you with a variety of community organizations that provide health care, education, parenting resources, and application assistance for other programs. The home visitors will get to know you and your family, making sure you get the resources you need.

Website: www.strongfamiliesaz.com/program/arizona-health-start

Arizona Youth Partnership

Offers health education and supportive services to pregnant and parenting adolescents. 21 years old and younger, regardless of their financial situation.

Phone: (877) 882-2881

Website: www.azyp.org/program/starting-out-right

Trans Lifeline

A peer-support crisis hotline in which all operators are transgender.

Phone: (877) 565-8860

Website: www.translifeline.org

Teen Lifeline

Help for teens, parents, family members, caregivers, and educators regarding topics such as depression, suicidality, bullying, relationships, and other needs for teens.

Phone: (602) 248-8336, statewide (800) 248-8336

Website: www.teenlifeline.org.

Vocational Rehabilitation Program

Provides services and supports to help persons with disabilities to meet their employment goals. | Website: www.des.az.gov/vr

Text4Baby

Get three messages a week, at no cost to you, to guide you through your pregnancy and baby's first year. Text4baby delivers tips and info-through text messages and an app. It covers a wide range of pregnancy and baby health topics, including safety, immunizations, nutrition, safe sleep, developmental milestones and more. You can also get appointment reminders at no cost.

Simply text BABY (or BEBE for Spanish) to 511411.

Resources

Women, Infants and Children (WIC)

Provides nutrition education, breastfeeding support, nutritious foods, and health referrals. Services are for pregnant, postpartum and breastfeeding women as well as those with, infants and children under age 5.

Phone: (800) 252-5942

Website: www.azwic.gov

Advocacy Centers

An Advocacy Center is a comprehensive, victim focused program based in a facility where professionals work together to ensure those who are or have been victims of Domestic Violence, Sexual Assault, Elder Abuse, and Human Trafficking may go to receive services in a safe environment.

Amberly's Place (Yuma)

1310 S 3rd Ave

Yuma, AZ 85364

Phone: (928) 373-0849

Hours of Operation: 8 a.m. to 5 p.m.

Staff are available on call 24 hours, seven days a week

Website: www.amberlyspplace.com

Children's Advocacy Center of Southern Arizona (Tucson)

2329 E Ajo Way

Tucson, AZ 85713

Phone: (520) 724-2119

Hours of Operation: 8 a.m. to 5 p.m.

Staff available on call 24 hours, seven days a week

Website: www.cacsoaz.org

Nogales Family Safety Center (Nogales)

2170 N Congress Dr

Nogales, AZ 85621

Phone: (520) 724-2119

Hours of Operation: 8 a.m. to 5 p.m.

Staff available on call 24 hours, seven days a week

Website: www.cacsoaz.org

Lori's Place Family Advocacy Center (Sierra Vista)

214 Tacoma Street

Sierra Vista, AZ 85635

Phone: (520) 515-4444

Hours of Operation: 8 a.m. to 5 p.m.

Staff available on call 24 hours, seven days a week

Website: www.lorisplaceaz.org

Pinal County Attorney's Family Advocacy Center (Eloy)

4045 Coolidge Ave

Eloy, AZ 85123

Phone: (520) 866-7500

Hours of Operation: 8 a.m. to 5 p.m.

Staff available on call 24 hours, seven days a week

Website: pinalcountyattorney.org/criminal-justice/family-advocacy-centers

Pinal County Attorney's Family Advocacy Center (San Tan)

31505 N Schnepf Road

San Tan Valley, AZ 85140

Phone: (520) 866-7020

Hours of Operation: 8 a.m. to 5 p.m.

Staff available on call 24 hours, seven days a week

Website: pinalcountyattorney.org/criminal-justice/family-advocacy-centers

Pinal County Attorney's Family Advocacy Center (Maricopa)

18860 N John Wayne Parkway

Maricopa, AZ 85138

Phone: (520) 866-3920

Hours of Operation: 8 a.m. to 5 p.m.

Staff available on call 24 hours, seven days a week

Website: pinalcountyattorney.org/criminal-justice/family-advocacy-centers

Chandler Family Advocacy Center (Chandler)

250 E Chicago Street

Chandler, AZ

Phone: (480) 782-2000

Hours of Operation: 8 a.m. to 5 p.m.

Staff available on call 24 hours, seven days a week

Website: www.chandleraz.gov/blog/category/family-advocacy-center

Mesa Family Advocacy Center (Mesa)

225 E 1st Street

Mesa, AZ 85201

Phone: (480) 644-4075

Hours of Operation: 8 a.m. to 5 p.m.

Staff available on call 24 hours, seven days a week

Website: www.mesafamilyadvocacycenter.com/contact-us

Scottsdale Family Advocacy Center (Scottsdale)

10225 E Via Linda

Scottsdale, AZ 85258

Phone: (480) 312-6300

Hours of Operation: 7 a.m. to 7 p.m.

Staff available on call 24 hours, seven days a week

Website: www.scottsdaleaz.gov/human-services/advocacy-center

Resources

Salt River Pima Maricopa Indian Community Family Advocacy Center (*Tribal*)

10177 E Osborn Rd
Scottsdale, AZ 85256
Phone: (480) 362-5425
Hours of Operation: 8 a.m. to 5 p.m.
Staff available on call 24 hours, seven days a week
Website: www.srpmic-nsn.gov/government/fa

Phoenix Family Advocacy Center (*Phoenix*)

2120 N Central Ave Suite 250
Phoenix, AZ 85004
Phone: (602) 534-2120
Hours of Operation: 8 a.m. to 5 p.m.
Staff available on call 24 hours, seven days a week
Website: www.phoenix.gov/humanservices/programs/victims/fac

Child Help

2120 N Central Ave Suite 130
Phoenix, AZ 85004
24/7 Hotline
Phone: (800) 422-4453, (4-A-Child)
Hours of Operations: 8 a.m. to 5 p.m.
Staff available on call 24 hours, seven days a week
Website: www.childhelp.org

Glendale Family Advocacy Center (*Glendale*)

6830 N 57th Drive
Glendale, AZ 85301
Phone: (623) 930-3720
Hours of Operation: 8 a.m. to 5 p.m.
Staff available on call 24 hours, seven days a week
Website: www.glendaleaz.com/live/city_services/public_safety/police_department/about_us/glendale_family_advocacy_center

Southwest Family Advocacy Center

2333 N Pebble Creek Pkwy
Goodyear, AZ 85395
Phone: (623) 333-7900
Hours of Operation: 8 a.m. to 5 p.m.
Staff available on call 24 hours, seven days a week
Website: www.swfac.org

Migrant and Seasonal Program Services

Chicanos Por La Causa Early Childhood Development

1402 S Central Ave

Phoenix, AZ 85004

Phone: (602) 716-0156

Website: www.cplc.org

Salt River Pima-Maricopa Indian Community Early Childhood Education Center

4826 N Center St

Scottsdale, AZ 85256

Phone: (480) 362-2200

Website: www.ecec.srpmic-ed.org

My Family Benefits

Information about medical, cash and nutrition assistance.

Phone: (855) 432-7587 or 1-855 (HEAPLUS)

Website: www.azdes.gov/myfamilybenefits



Family Planning Community Resources

Cochise County

Bisbee

Chiricahua Community
Health Center
108 Arizona St
Bisbee, AZ 85603
Phone: (520) 432-3309

Douglas

Jennifer "Ginger" Ryan Clinic
1205 F Ave
Douglas, AZ 85607
Phone: (520) 364-3285

Elfrida

Chiricahua Community
Health Center
10566 N Hwy 191
Elfrida, AZ 85610
Phone: (520) 642-2222

Gila County

Globe/Miami

Hope Family Care
285 N Broad St #B
Globe, AZ 85501
Phone: (928) 425-8200

Red Rock Health Care
5990 S Hospital Dr
Globe, AZ 85501
Phone: (928) 425-8151

Payson

Payson Christian Clinic
701 S Ponderosa St #D
Payson, AZ 85541
Phone: (928) 468-2209

Young

Pleasant Valley Community
Medical Center
288 Tewksbury Dr
Young, AZ 85554
Phone: (928) 462-3435

Graham County

Canyonlands Healthcare – Safford
2016 W 16th St
Safford, AZ 85546
Phone: (928) 428-1500

Greenlee County

Canyonlands Healthcare - Clifton
10 Ward Canyon Rd
Clifton, AZ 85533
Phone: (928) 865-2500

Canyonlands Healthcare – Duncan
227 Main St
Duncan, AZ 85534
Phone: (928) 359-1380

La Paz County

Bouse

LPRH Bouse Medical Clinic
Rural Health Clinic
44031 E Plumosa Rd
Bouse, AZ 85325
Phone: (928) 851-2177

Quartzsite

La Paz Medical Services
Rural Health Clinic
150 E Tyson Rd
Quartzsite, AZ 85359
Phone: (928) 927-8747

Salome

LPRH Tri-Valley Medical Clinic
Rural Health Clinic
39726 Harquahala Rd
Salome, AZ 85348
Phone: (928) 927-8747
Maricopa County

Avondale

Adelante Healthcare Avondale
3400 Dysart Rd #F121
Avondale, AZ 85392
Phone: (623) 583-3001

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

Buckeye

Adelante Healthcare Buckeye
306 E Monroe Ave
Buckeye, AZ 85326
Phone: (877) 809-5092

Chandler

Chandler Family Health Center
811 S Hamilton St
Chandler, AZ 85225
Phone: (480) 344-6100

El Mirage

El Mirage Family Health Center
12428 W Thunderbird Rd
El Mirage, AZ 85335
Phone: (602) 655-2220

Gila Bend

Adelante Healthcare Gila Bend
100 N Gila Blvd
Gila Bend, AZ 85337
Phone: (887) 809-5092

Glendale

Glendale Family Health Center
5141 W Lamar St
Glendale, AZ 85301
Phone: (602) 655-2220

NOAH Copperwood Health Center
6677 W Thunderbird Road Suite A124
Glendale, AZ 85306
Phone: (480) 882-4545

Terros Health
6153 W Olive Avenue
Glendale, AZ 85302
Phone: (602) 389-3560

Goodyear

**Mountain Park Health Center
Goodyear Clinic**
140 N Litchfield Rd
Goodyear, AZ 85338
Phone: (602) 243-7277

Guadalupe

Guadalupe Family Health Center
5825 E Calle
Guadalupe, AZ 85283
Phone: (480) 344-6000

Laveen

**Gila River Health Care - Komatke
Health Center**
17487 S Health Care Dr
Laveen, AZ 85339
Phone: (520) 550-6000
Tribal members only

Mesa

Adelante Healthcare Mesa
1705 W Main St
Mesa, AZ 85201
Phone: (877) 809-5092

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

**Whole Health Home Clinic
PIR East Valley**
4330 E University Drive
Mesa, AZ 85205
Phone: (602) 344-2504

Peoria

Adelante Healthcare
15525 N 83rd Ave #104
Peoria, AZ 85382
Phone: (877) 809 5092

Phoenix

Adelante Healthcare West Phoenix
7725 N 43rd Ave Ste 510
Phoenix, AZ 85051
Phone: (877) 809-5092

Adelante Healthcare Central Phoenix
500 W Thomas Rd
Phoenix, AZ 85013
Phone: (877) 809-5092

Resources

Comprehensive Health Center

2525 Roosevelt St
Phoenix, AZ 85008
Phone: (602) 344-1015

**Desert Mission Community
Healthcare Center**

9201 N 5th St
Phoenix, AZ 85020
Phone: (602) 331-5792

Maryvale Family Medical

4700 N 51 Ave Ste. 1
Phoenix, AZ 85031
Phone: (623) 344-6900

McDowell Family Health Center

1101 N Central Ave #201
Phoenix, AZ 85004
Phone: (602) 344-6550

Midtown Health Center

3330 N 2nd St #500
Phoenix, AZ 85012
Phone: (480) 882-4545

**Mountain Park Health Center
Baseline**

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

Mountain Park Gateway Clinic

3830 E Van Buren Rd
Phoenix, AZ 85009
Phone: (602) 889-9401

Mountain Park Cristown YMCA

5517 N 17th Ave
Phoenix, AZ 85015
Phone: (602) 243-7277

Mountain Park Maryvale

6601 W Thomas Rd
Phoenix, AZ 85033
Phone: (602) 243-7277

Mountain Park South Phoenix

635 E Baseline
Phoenix, AZ 85042
Phone: (602) 243-7277

Mountain Park East Phoenix

3830 E Van Buren St
Phoenix, AZ 85008
Phone: (602) 243-7277

**Native American Community Health
Center, Inc.**

4041 N Central Ave Building C
Phoenix, AZ 85012
Phone: (602) 279-5262

NOAH Palomino Health Center

15833 N 29th St
Phoenix, AZ 85008
Phone: (480) 882-4545

NOAH Venado Valley Health Center

20440 N 27th Ave
Phoenix, AZ 85027
Phone: (480) 882-4545

NHW Community Health Center

2423 W Dunlap Ave #140
Phoenix, AZ
Phone: (602) 279-5351

Palomino Health Center

16251 N Cave Creek Rd
Phoenix, AZ 85032
Phone: (480) 882-4545

Sunnyslope Family Health Center

934 W Hatcher Rd
Phoenix, AZ 85021
Phone: (602) 344 2500

Valleywise Health Center

2601 E Roosevelt St
Phoenix, AZ 85008
Phone: (602) 344-5011

**Valleywise - Sunnyslope Family
Health Center**

934 W Hatcher Rd
Phoenix, AZ 85021
Phone: (602) 344-5011

**Valleywise Maryvale Family
Health Center**

4011 N 51st Ave
Phoenix, AZ 85031
Phone: (623) 344-6900

Valleywise - South Central Family Health Center

33 W Tamarisk St
Phoenix, AZ 85041
Phone: (602) 344-2503

Wesley Health Center

1300 S 10th St
Phoenix, AZ 85034
Phone: (602) 257-4323

Wesley Health Center Golden Gate

1625 N 39th Ave
Phoenix, AZ 85009
Phone: (602) 257 4323

Queen Creek

Horizon Health and Wellness
22711 S Ellsworth Rd #G105
Queen Creek, AZ 85142
Phone: (480) 983-0065

Surprise

Adelante Healthcare Surprise
15351 W Bell Rd
Surprise, AZ 85374
Phone: (887) 809-5092

Tempe

**Mountain Park Tempe Community
Health Center**
Tempe 1492 S Mill Ave #312
Tempe, AZ 85281
Phone: (602) 243-7277

Wickenburg

Adelante Healthcare Wickenburg
811 N Tegner St Ste 113
Wickenburg, AZ 85390
Phone: (877) 809-5092

Community Hospital Clinic

Wickenburg
519 Rose Lane
Wickenburg, AZ 85390
Phone: (928) 668-1833

Pima County

Ajo

Pima County Department of Public Health

120 Estrella
Ajo, AZ 85321
Phone: (520) 387-7207

Desert Senita Community Health Center

410 N Malacate St
Ajo, AZ 85321
Phone: (520) 387-5651

Green Valley and Sahuarita

United Community Health Center

81 W Esperanza Blvd #201
Green Valley, AZ 85614
Phone: (520) 407-5600

UCHC at Continental Family Medical Center

1260 S Campbell Rd
Green Valley, AZ 85614
Phone: (520) 407-5900

UCHC at Presidio Pointe

275 W Continental Rd #141,
Green Valley, AZ 85614
Phone: (520) 407-5400

UCHC at Sahuarita School Wellness Center (*Intermediate School*)

350 W Sahuarita Rd
Sahuarita, AZ 85629
Phone: (520) 625-3502 ext 1211

Marana

Dove Mountain Health Center and MHC Urgent Care

5224 W Dove Centre Rd
Marana, AZ 85658
Phone: (520) 616-1445

Marana Main Health Center

13395 N Marana Main St
Marana, AZ 85653
Phone: (520) 682-4111

Resources

UCHC at Three Points
15921 W Ajo Way
Tucson, AZ 85735
Phone: (520) 407-5700

Tucson

**Pima County Department
of Public Health**
355 n 1st Ave
Tucson, AZ 85719
Phone: (520) 724-2850

**Pima County Department
of Public Health**
3950 S Country Club Rd #100
Tucson, AZ 85714
Phone: (520) 724-7770

**El Rio Health Center
Cherrybell Clinic**
1230 S Cherrybell Stravenue
Tucson, Arizona 85713
Phone: (520) 670-3909

**El Rio Health Center
Congress Clinic**
839 W Congress St
Tucson, AZ 85745
Phone: (520) 670-3909

El Rio Health Center – Pueblo Clinic
101 W Irvington Rd Building 10
Tucson, Arizona 85714
Phone: (520) 670-3909

El Rio's HealthOn Broadway
1 W Broadway Blvd Suite 151
Tucson, AZ 85701
Phone: (520) 309-4200

El Rio's HealthOn University
434 E University Blvd Suite 100
Tucson, AZ 85705
Phone: (520) 309-4250

**El Rio Health Center
Northwest Clinic**
320 W Prince Rd
Tucson, AZ 85705
Phone: (520) 670-3909

**El Rio Health Center
OB/GYN Associates**
225 W Irvington Rd
Tucson, AZ 85714
Phone: (520) 670-3909

**El Rio Health Center
Pascua Yaqui Clinic**
7490 S Camino De Oeste
Tucson, AZ 85746
Phone: (520) 879-6225

**El Rio Health Center
Southeast Clinic**
6950 E Golf Links
Tucson, AZ 85730
Phone: (520) 670-3909

**El Rio Health Center
Southwest Clinic**
1500 W Commerce Court Building 1
Tucson, AZ 85746
Phone: (520) 670-3909

St. Elizabeth's Clinic
140 W Speedway Blvd #100
Tucson, AZ 85705
Phone: (520) 670-3909

Clinica Del Alma Health Center
3690 S Park Ave Suite 805
Tucson, AZ 85713
Phone: (520) 616-6760

MHC East Side Health Center
8181 E Irvington Rd
Tucson, AZ 85709
Phone: (520) 574-1551

Ellie Towne Health Center
1670 W Ruthrauff Rd
Tucson, AZ 85705
Phone: (520) 616-6797

Flowing Wells Family Health Center
1323 W Prince Rd
Tucson, AZ 85705
Phone: (520) 887-0800

Freedom Park Health Center

5000 E 29th St
Tucson, AZ 85711
Phone: (520) 790-8500

MHC Westside

1707 W Saint Mary's Rd Suite 175
Tucson, AZ 85745
Phone: (520) 616-6790

Keeling Health Center

435 E Glenn St
Tucson, AZ 85705
Phone: (520) 616-1560

MHC OB and Women's Health

2055 E Hospital Dr Suite 115
Tucson, AZ 85704
Phone: (520) 797-0011

MHC Integrated Care

2325 N Wyatt Dr
Tucson, AZ 85711
Phone: (520) 616-1511

Pinal County

Casa Grande

Sun Life Family Health Center
865 N Arizola Rd
Casa Grande, AZ 85222
Phone: (520) 836-3446

Coolidge

Sun Life Family Health Center
Coolidge Satellite
1284 N Arizona Blvd
Coolidge, AZ 85228
Phone: (520) 723-9131

Eloy

Sun Life Family Health Center
Eloy Satellite
205 N Stuart Blvd
Eloy, AZ 85131
Phone: (520) 466-7883

Maricopa

Sun Life Family Health Center
Maricopa Satellite
44765 W Hathaway Ave
Maricopa, AZ 85239
Phone: (520) 568-2245

Oracle

Sun Life Family Health Center
Oracle Satellite
1870 W American Way
Oracle, AZ 85623
Phone: (520) 896-2092

San Manuel

Sun Life Family Health Center
San Manuel Satellite
23 S McNab Pkwy
San Manuel, AZ 85631
Phone: (520) 385-2234

Santa Cruz County

Nogales

Mariposa Nogales West
1209 W Target Range Rd
Nogales, AZ 85621
Phone: (520) 287-4747

Mariposa Community Health Center
1852 N Mastick Way
Nogales, AZ 85621
Phone: (520) 281-1550

Rio Rico

Mariposa CHC – Rio Rico
1103 Circulo Mercado
Rio Rico, AZ 85648
Phone: (520) 281-1550

Yuma County

San Luis

Sunset Community Health Center
Arizona Desert Elementary
1245 N Main St
San Luis, AZ 85349
Phone: (928) 627-3822

Resources

San Luis Medical Clinic
815 E San Juanrez Sanchez Blvd
San Luis, AZ 85349
Phone: (928) 627-3822

San Luis Walk-In Clinic
1896 E Babbitt Ln Ste D
San Luis, AZ 85349
Phone: (928) 627-3822

Somerton

**Sunset Community Health Center
Somerton Medical and Dental Clinic**
15 N Somerton Ave
Somerton, AZ 85350
Phone: (928) 627 2051

Yuma

**Sunset Community HC-Yuma
Medical Clinic**
2060 W 24th St
Yuma, AZ 85364
Phone: (928) 539-3140

**Sunset Community Health Center
Pecan Grove Elementary**
600 21st Ave
Yuma, AZ 85364
Phone: (928) 539-3140

**Sunset Community Health Center
North Yuma Medical Clinic**
675 S Avenue B
Yuma, AZ 85364
Phone: (928) 539-3140

**Sunset Community Health Center
Rancho Viejo - Crane Elementary**
930 S Avenue C
Yuma, AZ 85364
Phone: (928) 539-3140

Primary and Preventative Care - Should You Lose Your Eligibility

Arizona's Community Health Center Network

If you or a loved one lose your benefit eligibility, you can still access primary and preventative care through Arizona's Community Health Center network.

Arizona's Community Health Centers (CHCs) serve as medical homes offering access to services throughout diverse communities in the state of Arizona. They offer high-quality primary care and complementary health care services such as dental, ophthalmology, behavioral health, social services, immunizations and other initiatives.

CHC's are non-profit medical clinics located throughout Arizona. They share a mission of making comprehensive primary and preventative care accessible to anyone regardless of insurance status or your ability to pay. CHC's accept most insurance plans as well as offer services on a Sliding Fee Scale, based on your income, if you do not have insurance.

A Sliding Fee Schedule (SFS) is used by medical providers offering discounted fees for services to persons without health insurance. The SFS determines, based on gross family income, the percentage or portion of billed charges that an individual who does not have health insurance will be responsible for.

Community Health Centers are not insurance plans. They can help you determine what you may be eligible for, such as AHCCCS or CHC's can help set up affordable medical visits at their clinics for you if you do not have insurance or do not qualify.

Some of the services provided by CHC's include primary care, behavioral health, pediatrics, specialty care, pharmacy, lab services, OB/Gyn, women, infant and children services, immunizations, eyes and vision, dental services, radiology, physical therapy, nutrition counseling, domestic and sexual violence intervention, wellness classes, transportation and interpretation services.

There are numerous CHC's and SFS clinics throughout Arizona that provide at no cost or low-cost services to persons without health insurance.

Use the interactive SFS Clinics map below to find a clinic in your neighborhood or download a complete listing of primary care or behavioral health SFS providers below.

- www.aachc.org/communityhealthcenters/map
- www.azdhs.gov/gis/sliding-fee-schedule/index.php

Advocacy Services

There may be times when you need assistance, resources, support and services from a community-based organization. For example, you may need legal assistance, ombudsman and housing assistance. Here are some resources that may help.



Legal Help

Cochise County

Southern Arizona Legal Aid 2

400 Arizona Street

Bisbee, AZ 85603

Phone: (520) 432-1639 or (800) 231-7106

Website: www.sazlegalaid.org

Gila County

Southern Arizona Legal Aid - White Mountain Legal Aid Office

5658 Highway 260 Suite 15

Lakeside, AZ 85929

Phone: (928) 537-8383 or (800) 658-7958

Graham County | Greenlee County

Southern Arizona Legal Aid 2

400 Arizona Street

Bisbee, AZ 85603

Phone: (520) 432-1639 or (800) 231-7106

Website: www.sazlegalaid.org

La Paz County

Community Legal Services

204 S 1st Avenue

Yuma, AZ 85364

Phone: (928) 782-7511 or (800) 424-7962

Website: www.claz.org/index.html

Maricopa County

Community Legal Services

305 S 2nd Ave

Phoenix, AZ 85036

Phone: (602) 258-3434 or (800) 852-9075

Website: www.clsaz.org

Community Legal Services East Side Office

1220 S Alma School Road #206
Mesa, AZ 85210
Phone: (480) 833-1442 or (800) 896-3631
Website: www.clsaz.org

Pinal County

Southern Arizona Legal Aid

1729 N Trekell Road Suite 101
Casa Grande, AZ 85122
Phone: (520) 316-8076 or (877) 718-8086
Website: www.sazlegalaid.org

Four Rivers Indian Legal Services

(Division of Southern Arizona Legal Aid, Inc.)
403 Seed Farm Road
PO Box 68
Sacaton, AZ 85147
Phone: (520) 562-3369 or (866) 312-2290
Website: www.sazlegalaid.org

Pima County

Southern Arizona Legal Aid (SALA) Community Legal Services

2343 E Broadway Boulevard Suite 200
Tucson, AZ 85719
Phone: (520) 623-9465 or (800) 640-9465
Website: www.sazlegalaid.org

Santa Cruz County

Southern Arizona Legal Aid

274 W View Point Dr
Nogales, AZ 85621
Phone: (520) 287-9441 Ext. 4141 or (800) 640-9465 Ext. 414
Website: www.sazlegalaid.org

Yuma County

Community Legal Services

204 S 1st Avenue
Yuma, AZ 85364
Phone: (928) 782-7511 or (800) 852-9075
845 E B Street, Ste 1
San Luis, AZ 85349
Phone: (928) 627-8023 or (800) 852-9075
Website: www.claz.org/index.html

Resources

Statewide

Arizona Center for Disability Law

5025 E Washington Street Suite 202

Phoenix, AZ 85034

Phone: Maricopa (602) 274-6287 or Tucson (520) 327-9547

Toll-Free: (800) 927-2260

Arizona Senior Citizens Law Project

1818 S 16th Street

Phoenix, AZ 85034

Phone: (602) 252-6710

Website: www.azlawhelp.org

Arizona Attorney General's Office

1275 W Washington Street

Phoenix, AZ 85007

Phone: (602) 542-5025

Website: www.azag.gov

Arizona Attorney General's Office - Tucson

400 W Congress South Building, Ste 315

Tucson, AZ 85701

Phone: (520) 628-6504

Website: www.azag.gov

Ombudsman

Disability Benefits 101

Phone: (866) 304-WORK (9675)

Website: www.az.db101.org

Area Agency on Aging

1366 E Thomas Rd Suite 108

Phoenix AZ, 85014

Phone: (602) 264-2255

Toll-Free: (888) 783-7500

Fax: (602) 230-9132

Website: www.aaaphx.org

Arizona Center for Disability Law-Maricopa County

5025 E Washington Street Suite 202

Phoenix, AZ 85034

Phone: (602) 274-6287 or (800) 927-2260

Website: www.acdl.com/contact.html

Ability 360

5025 E Washington St

Phoenix, AZ 85034

Phone: (602) 256-2245

LTC Ombudsman - Maricopa Division of Aging and Adult Services

Code 950A

Phoenix, AZ 85007

Phone: (602) 542-4446

Website: www.azdes.gov/daas/litco

LTC Ombudsman - Pinal and Gila

8969 W McCartney Road

Casa Grande, AZ 85194

Phone: (520) 836-2758 or (800) 293-9393

Website: www.pgscs.org

LTC Ombudsman - Graham, Greenlee and Cochise Southeastern Arizona

Governments Organization (SEAGO)

300 Collins Road

Bisbee, AZ 85603

Phone: (520) 432-2528

Website: www.seago.org

Southern Arizona Legal Aid (SALA) - Community Legal Services

2343 E Broadway Boulevard, Ste 200

Tucson, AZ 85719

Phone: (520) 623-9465 or (800) 640- 9465

Website: www.sazlegalaid.org

Tohono O'odham Legal Services (division of SALA)

2343 E Broadway Boulevard Suite 200

Tucson, AZ 85719

Phone: (520) 623-9465 or (800) 248-6789



Resources



Behavioral Health Advocacy

Advocating for your rights can be hard work. Sometimes it helps to have a person with you to support your point of view. Below are resources for you to use when you feel like you need someone to help you advocate for your rights.

Office of Human Rights

Pinal County: (520) 866-6231

Pima, Santa Cruz, Cochise, Graham, Greenlee, Yuma or La Paz County:
(520) 770-3100

Human Rights Committee Coordinator: (602) 364-4577 or (800) 421-2124

Area Agencies on Aging - Information and Referral

Maricopa County: (602) 264-2255

Pima County: (520) 790-0504

La Paz and Yuma Counties: (928) 782-1886

Pinal and Gila Counties: (800) 293-9393

Cochise, Graham, Greenlee, Santa Cruz Counties: (520) 432-2528

Arizona Center for Disability Law - Mental Health

The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems throughout the United States assure that the human and civil rights of persons with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of persons with disabilities to ensure the enforcement of their constitutional and statutory rights.

Phone: (602) 274-6287 (Phoenix) - voice or TTY

Toll-Free: (800) 927-2260 (statewide except Tucson)

Website: www.azdisabilitylaw.org

Arizona Coalition to End Sexual and Domestic Violence

2800 N Central Ave Suite 1570

Phoenix, AZ 85004

Phone: (602) 279-2900

Toll-Free: (800) 782-6400 or TTD/TTY: (602) 279-7270

Arizona Suicide Prevention Coalition

Website: www.azspc.org

Lifeline Chat: www.suicidepreventionlifeline.org/chat

Ability 360

5025 E Washington St, Ste 200

Phoenix, AZ 85034

Phone: (602) 256-2245 - voice or TDD | (800) 280-ABIL (2245)

Website: www.ability360.org

Ability 360 - Pinal and Gila County Office

1419 N Arizona Blvd
Coolidge, AZ 85128
Phone: (520) 424-2834, TTY 711
Website: www.ability360.org

Centers for Independent Living - Disability Rights and Advocacy

Centers for Independent Living (CILs) are typically non-residential, private, non-profit, consumer-controlled, community-based organizations providing services and advocacy by and for persons with all types of disabilities. Their goal is to assist individuals with disabilities to achieve their maximum potential within their families and communities. Independent Living Centers also serve as a strong advocacy voice on a wide range of issues. They work to assure physical and programmatic access to housing, employment, transportation, communities, recreational facilities and health and social services.

S.M.I.L.E. (Services Maximizing Independent Living and Empowerment)

1931 S Arizona Avenue Ste 4
Yuma, AZ 85364
Phone: (928) 575-6671 or Voice/TDD (928) 782-7458
Website: www.smile-az.org

DIRECT Advocacy and Resource Center

1001 N Alvernon Way
Tucson, AZ 85711
Phone: (800) 342-1853
Website: www.directilc.org

Arizona Relay 711

100 N 15th Ave, Ste 104
Phoenix, AZ 85007
Phone: (800) 676-3777
Website: www.acdhh.org/telecommunications/relay-services/711-information/

Family Involvement Center

Family Involvement Center (FIC) is a not-for-profit, family-run organization. FIC was established to serve as a partner in developing a new system of care for children with emotional, physical and/or behavioral health care needs in Arizona.

Phone: (877) 568-8468
Email: info@familyinvolvementcenter.org
Website: www.familyinvolvementcenter.org



Resources



If you are having difficulty receiving services from the provider of your choice, please contact B – UFC/ACC's Office of Individual and Family Affairs (OIFA) for assistance in connecting to these services and supports.

Mentally Ill Kids In Distress (MIKID)

MIKID provides support and help to families in Arizona with behaviorally challenged children, youth, and young adults. MIKID offers information on children's issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement and parent-to-parent volunteer mentors.

MIKID Casa Grande: (520)509-6669

MIKID Nogales: (520) 377-2027

MIKID Phoenix: (602) 253-1240

MIKID Tucson: (520) 882-0142

MIKID Yuma: (928) 344-1983

Website: www.mikid.org

NAMI (National Alliance on Mental Illness) Arizona

NAMI Arizona has a HelpLine for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education and advocacy to people of all ages who are affected by mental illness.

Phone: (602) 244-8166

Website: www.namiaz.org

Raising Special Kids

Raising Special Kids is a 501 (c)3 non-profit organization that provides support and information for parents of children, from birth to age 26, with a full range of disabilities and special health care needs. Programs are offered at no cost to families. Available in English and Spanish.

5025 E Washington St, Ste 204

Phoenix, AZ 85034

Phone: (800) 237-3007

Email: info@raisingspecialkids.org

Website: www.raisingspecialkids.org

HOPE Incorporated

Based in Southeast Arizona, HOPE Incorporated uses a peer-run model. Through many programs, activities, training and rehabilitation services, HOPE Incorporated empowers its members to lead healthy and fulfilling lives.

Phone: (520) 452-0080

Website: www.hopearizona.org

Teen Lifeline

Help for teens, parents, family members, caregivers and educators regarding topics such as depression, suicidality, bullying, relationships and other needs for teens.

Phone: (602) 248-8336 or statewide (800) 248-8336

Website: www.teenlifeline.org

Peer and Family-Run Organizations

Peer-run organizations are service providers owned, operated and administrated by persons with lived experiences of mental health and substance use disorders. These organizations are based in the community and provide support services. AHCCCS members have the right to request services provided by and participate in programs at a peer-run organization.

Services and Supports Available at a Peer-Run Organization:

- One-on-one peer support
- Daily support groups
- Social outings
- Meals
- Employment programs
- Learning opportunities
- Health and exercise programs
- Creative arts
- Resources
- Advocacy
- Volunteer opportunities
- Youth and young-adult programs
- Meeting new people
- Personal development
- Empowerment
- Extended hours and weekends

How To Access Services From a Peer-Run Organization:

1. Members can contact a peer-run organization in their area to learn what services they offer.
2. Request the service be added to your service plan at the peer-run organization of your choice.
3. Once the service has been requested, services should be initiated within 45 days. If you are having difficulty accessing timely services at the peer-run organization of your choice. Please contact B – UFC/ACC Office of Individual and Family Affairs (OIFA) at OIFATeam@bannerhealth.com for assistance in getting connected to these community-based services and supports.

Family-Run Organizations Providing Children's Services

What is a family-run organization?

Family-run organizations employ parents (*biological, foster, kinship or adopted parents*) who have real life experience in the behavioral, medical and/or DCS systems. They specialize in providing family support services and can provide one-on-one support to you.

Family support services can help you:

- Know that you are not alone.
- Navigate the child serving systems.
- Locate services and resources that are the "right fit" for the child's and family's needs.
- Learn to be an advocate.
- Gain new skills to care for your child.
- Identify formal and informal support systems.
- Develop an individualized service plan.
- Manage hospital discharge planning.
- Feel supported during child and family team meetings (CFT), foster care review boards (FCRB) and court hearings.
- Maintain consistency in your child's care when case managers or therapists change.
- Understand notices of action, denials of care and how to submit appeals.
- Advocate when an agency's needs and funding conflict with the needs of the child.
- Find classes, trainings, support groups and much more.

How to access services from a family-run organization:

1. Choose a provider from the list of family-run organizations in the Community Resources sections below.
1. Ask your child's Case Manager to add "Family Support Services" provided by the family-run organization of your choice to your child's service plan. You have the right to receive services from the provider of your choice.

Glossary

Terms

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

ACC	AHCCCS Complete Care
AHCCCS	Arizona Health Care Cost Containment System
AHCCCSA	Arizona Health Care Cost Containment System Administration
BHS	Behavioral Health Services
B – UFC/ACC	Banner – University Family Care/AHCCCS Complete Care
CRS	Children’s Rehabilitative Services
DES	Department of Economic Security
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
GMH/SA	General Mental Health/Substance Abuse
MCH	Maternal Child Health
MSIC	Multi-Specialty Interdisciplinary Clinic
OB/GYN	Obstetrics/Gynecology
PCP	Primary Care Provider
PDP	Primary Dental Provider <i>(also known as Dental Home)</i>
QMB	Qualified Medicare Beneficiary
RBHA	Regional Behavioral Health Authority
SEABHS	Southeastern Arizona Behavioral Health Services, Inc.
SED	Serious Emotional Disturbance
SOBRA	Sixth Omnibus Budget Reconciliation Act
SMI	Serious Mental Illness
SSI	Supplemental Security Income
TANF	Temporary Assistance to Needy Families
TRBHA	Tribal Regional Behavioral Health Authority

Resources

Definitions

Appeal: To ask for review of a decision that denies or limits a service.

Copayment: Money a member is asked to pay for a covered health service when the service is given.

Durable Medical Equipment (DME): Equipment and supplies ordered by a health care provider for a medical reason for repeated use.

Emergency Ambulance Services: Transportation by an ambulance for an emergency condition.

Emergency Medical Condition: An illness, injury, symptom or condition (*including severe pain*) that a reasonable person could expect that not getting medical attention right away would:

- Put the person's health in danger.
- Put a pregnant person's baby in danger.
- Cause serious damage to bodily functions.
- Cause serious damage to any body organ or body part.

Emergency Medical Transportation: See *Emergency Ambulance Services*.

Emergency Room Care: Care you get in an emergency room.

Emergency Services: Services to treat an emergency condition.

Excluded: Services that AHCCCS does not cover. Examples are services that are:

- Above a limit.
- Experimental.
- Not medically needed.

Excluded Services: See *Excluded*.

Grievance: A complaint that the member communicates to their health plan. It does not include a complaint for a health plan's decision to deny or limit a request for services.

Habilitation: Services that help a person get and keep skills and functioning for daily living.

Habilitation Services and Devices: See *Habilitation*.

Health Insurance: Coverage of costs for health care services.

Home Health Care: See *Home Health Services*.

Home Health Services: Nursing, home health aide and therapy services; medical supplies, equipment and appliances a member receives at home based on a provider's order.

Hospice Services: Comfort and support services for a member deemed by a physician to be in the last stages (*six months or less*) of life.

Hospital Outpatient Care: Care in a hospital that usually does not require an overnight stay.

Hospitalization: Being admitted to or staying in a hospital.

In-Network Provider: A health care provider that has a contract with your health plan.

Medically Necessary: A service given by a doctor, or licensed health practitioner, which helps with health problem, stops disease, disability, or extends life.

Network: Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.

Non-Participating Provider: See *Out-of-Network Provider*.

Out-of-Network Provider: A health care provider that has a provider agreement with AHCCCS but does not have a contract with your health plan. You may be responsible for the cost of care for out-of-network providers.

Participating Provider: See *In-Network Provider*.

Physician Services: Health care services given by a licensed physician.

Plan: See *Service Plan*.

Preauthorization: See *Prior Authorization*.

Premium: The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.

Prescription Drug Coverage: Prescription drugs and medications paid for by your health plan.

Prescription Drugs: Medications ordered by a health care professional and given by a pharmacist.

Primary Care Physician: A doctor who is responsible for managing and treating the member's health.

Primary Care Provider (PCP): A person who is responsible for the management of the member's health care. A PCP may be a:

- Person licensed as an allopathic or osteopathic physician.
- Practitioner defined as a physician assistant licensed.
- Certified nurse practitioner.

Prior Authorization: Approval from a health plan that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.

Provider: A person or group who has an agreement with AHCCCS to provide services to AHCCCS members.

Rehabilitation: Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

Resources

Rehabilitation Services and Devices: See *Rehabilitation*.

Service Plan: A written description of covered health services, and other supports which may include:

- Individual goals.
- Family support services.
- Care coordination.
- Plans to help the member better their quality of life.

Skilled Nursing Care: Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

Specialist: A provider who practices a specific area of medicine or focuses on a group of patients.

Urgent Care: Care for an illness, injury or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

Maternity Care Definitions

The following maternity care definitions align with the AHCCCS Contract and Policy Dictionary.

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

Free-Standing Birthing Center: Out-of-hospital, outpatient obstetrical facilities, licensed by the AZDHS and certified by the Commission for the Accreditation of Free-Standing Birthing Centers. These facilities are staffed by registered nurses and maternity care providers to provide assistance with labor and delivery services. They are equipped to manage uncomplicated, low-risk labor and delivery. These facilities shall be affiliated with, and in close proximity to, an acute care hospital for the management of complications should they arise.

High-Risk Pregnancy: Refers to a condition in which the mother, fetus or newborn is anticipated to be at increased risk for morbidity or mortality before or after delivery. High risk is determined with the Medical Insurance Company of Arizona (MICA), or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tool.

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

Maternity Care: Includes identification of pregnancy, prenatal care, labor and delivery services, postpartum care, medically necessary preconception counseling, education and treatment of pregnancy-related conditions.

Maternity Care Coordination: Consists of the following maternity care related activities:

- Determining the member's medical or social needs through a risk assessment evaluation.
- Developing a plan of care designed to address those needs.
- Coordinating referrals of the member to appropriate service providers and community resources.
- Monitoring referrals to ensure the services are received.
- Revising the plan of care as appropriate.

Maternity Care Provider: The following are provider types who may provide maternity care when it is within their training and scope of practice:

- Arizona licensed allopathic and osteopathic physicians who are obstetricians or general practice and family practice providers
- Physician assistants
- Nurse practitioners
- Certified nurse midwives
- Licensed midwives

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

Postpartum: For individuals determined eligible for 12-months postpartum coverage, postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 12-month period following termination of pregnancy ends. For individuals determined eligible for 60-days postpartum coverage, postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends.

Postpartum Care: For individuals determined eligible for 12-months postpartum coverage, postpartum care is health care provided for a period that begins on the last day of pregnancy and extends through the end of the month in which the 12-month period following termination of pregnancy ends. For individuals determined eligible for 60-days postpartum coverage, postpartum care is health care provided for a period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends. Family Planning Services and Supplies are included in postpartum care, if provided by a physician or practitioner.

Resources

Preconception Counseling: The provision of assistance and guidance aimed at identifying and reducing behavioral and social risks, through preventive and management interventions, in women of reproductive age who can become pregnant, regardless of whether they are planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy. It includes efforts to influence behaviors that can affect a fetus prior to conception. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling is considered included in the well woman preventative care visit and does not include genetic testing.

Prenatal Care: Health care provided during pregnancy, which is composed of three major components:

- Early and continuous risk assessment
 - Health education and promotion
 - Medical monitoring, intervention and follow-up
-

Advance Directives

The law requires providers 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.

These forms can be found at two (2) state approved websites:
Arizona Attorney General's Office - Life Care Planning
www.azag.gov
and Arizona Secretary of State
www.azsos.gov/services/advance-directives

Even though you have made advance directives, your PCP may still choose whether to follow your wishes. You cannot be denied care without these documents. 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.

Notice of Privacy Practices

Effective date: October 1, 2023

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

At B – UFC, we take the privacy of your health information seriously. This notice explains how to protect health information for current and former members. By law, we must maintain the privacy of your health information. We must also provide you with a description of our legal duties and privacy practices. We must abide by the terms of this notice and notify you if your health information is subject to a breach of unsecured protected health information. Our Customer Call Center can answer questions about this notice or send another copy. Our phone number is listed at the end of this notice.

Our Privacy Practices

This notice tells you how we use your health information and when we may share it with others. It also explains your rights regarding your health information. The law says we must keep your health information private, give you a copy of this Privacy Practices Notice and follow the practices listed in this notice.

We may get information related to your race, ethnicity, language, sexual orientation and gender identity. We protect this information as described in this notice.

We may use this information to:

- Make sure you get the care you need.
- Create programs to improve health outcomes.
- Create and send health education information.
- Let doctors know about your language needs.
- Address health care disparities.
- Provide interpretation and translation services.

Health Information Covered by This Notice

B – UFC keeps health information about you that we get from you, your doctors and your other health care providers. This may include any information, such as your name, address and date of birth. It also includes information that describes your current or past health condition and the care received. We need this information to ensure you receive appropriate health care services and to abide with the law.

How We Use and Disclose Your Health Information

This notice tells how we use and share your health information. We explain each way and give you some examples to help you understand each of them. We will not use or share your health information in any way that is not mentioned in this Notice of Privacy Practices unless we get your written permission.

Resources

We do not use this information to:

- Issue health insurance.
- Decide how much to charge for services.
- Discriminate against members for any reason.
- Determine benefits.
- Determine health care or administrative service availability or access.
- Share with unapproved users.

For Treatment

We may share your health information with your doctors and other health care providers who you see for medical treatment and services. For example, we may give a pharmacist or your doctor information about your past prescriptions. This may help them decide if a new prescription may be harmful to you.

For Payment of Health Care Services

We may use your health information to decide if you are eligible for plan benefits, to pay providers for treatment and services you receive or to handle benefits with your other health care coverage if you have it. For example, this may include telling your health care provider about your medical history. This can help to determine if a treatment is medically necessary and whether the plan will cover the cost of the treatment. We may also share your health information with another health plan to handle coordination of benefits between the health plans.

For Health Care Operations

We may use and share your health information for health care operations. This can include any activities necessary to operate our health plan and to make sure all our members receive quality care. Health care operations may include:

- Reviewing quality of care and ways we can improve our service.
- Reviewing provider and health plan performance.
- Carrying out medical reviews to define medical needs, level of care and to decide if there was a good reason for the services.
- Performing audit functions.
- Fixing internal complaints, such as problems or complaints about your access to care or satisfaction with services.
- Making a benefit decision, managing a benefit plan and providing customer services.
- Other uses approved by law.

We may also use and share health information with other people or companies, which we call "Business Associates." We do this to help carry out payments or health care operations. These Business Associates only receive information for what they need to perform their job. Before sending the information, we require them to agree in writing to protect the privacy of that information.

For information about our quality improvement projects, please visit:

www.BannerHealth.com/Medicaid.

Federal law says we must tell you what the law says we have to do to protect Protected Health Information (PHI) that's told to us, in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

On paper (*called physical*), we:

- Lock our offices and files.
- Destroy papers with health information so others can't get it.

Saved on a computer (*called technical*), we:

- Use passwords so only the right people can get in.
- Use special programs to watch our systems.

Used or shared by people who work for us, doctors, or the state, we:

- Make rules for keeping information safe (*called policies and procedures*).
- Teach people who work for us to follow the rules.

To Keep You Informed

We may use your health information when we need to contact you about appointment reminders or to describe or suggest treatments. Also, we may use it to give you other information about health-related topics that may interest you. For example, we may tell you about a class or seminar we offer when it relates to a condition your records say you have, such as diabetes. We may also inform you about changes to your health plan coverage.

Individuals Involved in Your Care or Payment for Your Care

We may tell a friend or family member involved in your care or who helps pay for your care some details from your health information. If you cannot tell us not to share your information, we may use our professional judgment to determine if it is in your best interest. Remember, you can tell us to keep this information private by calling our Customer Care Center.

Special Situations

Special situations may require sharing your health information. For example, we may release your information for any of the following reasons:

- When the disclosure or use is required to comply with state, federal or local law.
- To report information to state and federal agencies who manage our business. These include the U.S. Department of Health and Human Services, the Arizona Health Care Cost Containment System (AHCCCS) and other federal and state regulatory agencies. We may release information for audits, research, inspection and licensure purposes. Also, it may include reports to patient registries for conditions, such as tumors, traumas and burns. The government requires this to monitor the health care system, the outbreak of disease, government programs, compliance with civil rights laws and to improve patient outcomes.

To Prevent a Serious Threat to Health or Safety and for Public Health Purposes

When necessary, we may use and share your health information to prevent serious health and safety threats to you or the public. This may include disaster relief efforts. We may also share your health information to help with public health activities. These might include:

- Preventing or controlling disease, injury or disability.
- Reporting births and deaths.
- Reporting abuse or neglect.
- Reporting reactions to medications or problems with a product to the Food and Drug Administration or to a product manufacturer.
- Notifying people of product recalls of items they may be using.
- Telling a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.
- Telling government authorities if we believe you have been the victim of abuse, neglect or domestic violence. We will only share this if you agree or when we are required by law.

Research

We may allow researchers to use and disclose your health information when we have your written authorization. When this happens, we have a special process to protect the confidentiality of your health information. The institutional review board, which is an ethics board, reviews all research proposals to ensure your privacy of information we approve for research. We may also use your information to contact you about your interest in participating in research studies. We may also permit researchers to review your information to prepare for research studies as long as they do not remove or take a copy of your information.

Organ and Tissue Donation

If you are an organ donor, we may share health information with places that receive organs, eye or tissue transplantation. This may include an organ donation bank, as needed, to fulfill your donation wishes.

Military and Veterans

If you are a member of the armed forces, we may share your health information with military personnel when needed. We may also share health information about foreign military personnel with the correct military authority.

Workers' Compensation

We may share your health information if you get sick or hurt on the job. Typically, the state's workers' compensation laws require this.

Lawsuits and Disputes

We may share your health information in response to a court or administrative order, subpoena or discovery request. It may also include other lawful means by someone involved in the dispute.

Law Enforcement

We may share your health information if asked to do so by a law enforcement official. Specific reasons we will do this include:

- If we are required by law to do so.
- In response to a court order, subpoena, warrant, summons or similar process.
- For the reporting of certain types of wounds.
- To identify or locate a suspect, fugitive, material witness or missing person.
- To inform them about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- To inform them about a death we believe may be the result of criminal conduct.
- To inform them about criminal conduct on our premises.
- In the case of an emergency, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may share your health information with a coroner or medical examiner. This may be necessary, for example, to identify someone who has died or to decide the cause of death. We may also share your health information with funeral directors as needed to carry out their duties.

National Security and Intelligence Activities

By law, we may share your health information with authorized federal officials. This helps for intelligence, counterintelligence and other national security events.

Inmates

An inmate does not have any of the rights in this notice or the right to receive this notice. We may release your health information to a correctional facility or law enforcement official when you are incarcerated. This release ensures inmates and those under custody receive needed health care. This also protects the health and safety of others.

Information Not Personally Identifiable

We may use or share your health information when it cannot be used to identify you. We may also use a "limited data set" that does not contain any information that can directly identify you. We only use this for the purposes of research, public health matters or health care operations. For example, a "limited data set" may include your city, county and zip code but not your name or street address.

Your Rights Regarding Your Health Information

The following are your health information rights. If you would like to use the following rights, please call our Customer Care Center to request the forms or to get further information.

- Review and Copy Your Record. You have the right to review and get copies of your own health information annually. B – UFC has a specific record set. This includes your medical claims history, pharmacy claims history, grievance and appeals documents and your B – UFC phone call record. You can receive these at no cost to you.
- You can contact our Customer Care Center to initiate the request, and the Compliance Department will respond.
- We will send you an authorization form to complete. Please return it to the Compliance Department with a copy of a picture ID so we can make sure we only send your records to you or someone you allow to receive your records. You can receive your records in paper form or by email (*encrypted or not*) if you prefer.
- Remember, a third party can gain access to Protected Health Information (PHI) without your consent when electronic media or email is unencrypted. We are not responsible for unauthorized access to unencrypted media or email or for any risks, such as a computer virus, potentially introduced to your computer/device when receiving PHI in electronic format or email.
- We must reply to your request for medical records no later than thirty (30) days after receipt of your request. If we cannot act within 30 days, we may take any additional 30 days after telling you of the reason for the delay. In that case, we will provide you with a new date the request will be completed. This response will either be a copy of your records in the manner you requested, permission for you to view your records on-site or a reason for denying your request. If a request is denied, in whole or in part, we must give you a reason for the denial. We must also explain your rights to a review of the denial of access.
- If you request additional copies of your information, we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.
- Under very limited situations, your request may be denied, such as a request for psychotherapy notes. You may request a review of a denial by contacting our Customer Care Center.
- Request an Amendment of Your Record. If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep your information. We require you to provide a request in writing to our Customer Care Center, and it must provide a reason supporting your request. We may deny your request if it is not in writing or does not include a reason to support the request. We also may deny your request if you ask us to amend information created by someone else, is not part of the record

used to make decisions about you, is not part of the information you are permitted to inspect or copy or is inaccurate or incomplete.

- **Accounting of Disclosures.** You have the right to receive a list of disclosures of your health information for any purposes other than our treatment, payment or health care operations. You may request disclosures for up to six years prior to the date of your request. We will provide the first list to you at no cost. We may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost. You must submit your request for an Accounting of Disclosures to our Customer Care Center in writing on an authorization form we will provide to you.
- **Request Restrictions on Use or Disclosure of Your Health Information.** You have the right to ask us not to use or disclosure of your health information in times we would normally would. Examples include cases where the information is needed for treatment, payment or health care operations. We are not required to agree to your request. However, if we do agree, we will comply with that agreement unless the information is needed to provide you emergency treatment. Your request for restriction must be made in writing to our Customer Care Center. You must tell us what information you want to limit and to who you want it limited. You must also tell us; if you want to limit our use, our disclosure or both.
- **Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. For example, you may ask us to contact you at work instead of your home. Your request for confidential communications must be made in writing to our Customer Care Center.

Right to a Paper Copy of This Notice

You may request a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may download a copy of our current notice from our website at www.BannerHealth.com/Medicaid.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by calling our Customer Care Center. You may also choose to write us at:

Banner – University Family Care
Customer Care Center
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711

Additionally, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services or the Office of Civil Rights, www.hhs.gov/ocr. All complaints must be sent in writing. You will not receive a penalty if you decide to file a complaint.

Disclosures That Require Your Authorization

We require written authorization for certain uses and disclosures of your health information. For example, we must obtain your authorization to use or disclose your psychotherapy notes in all situations, except the following:

- When the person who wrote the notes is using or disclosing for treatment.
- To do certain training programs.
- To use for defense if a legal action was made by you.
- If the disclosure is to you regarding your request under HIPAA, the disclosure is required by law or is to the Department of Health and Human Services.
- The use or disclosure is for health oversight for the person who wrote the notes.
- The use or disclosure is to the coroner, medical examiner or funeral director as described in this notice.
- The use or disclosure is needed to stop or lessen a serious and real threat to health or safety.

We must also obtain your written authorization to use or disclose your information for certain marketing activities or if we sell your information. You may revoke your authorization as described in the following paragraph.

Other Uses and Disclosures

If we wish to use or disclose your health information for a purpose that is not discussed in this Notice, we will seek your permission.

If you give your permission, you may take back that permission any time unless we have already relied on it to use or disclose the health information. We are unable to take back any disclosures we have already made with your permission.

To take back your permission, please contact Customer Care Center. We must also continue to keep certain records in our files even if you leave our health plan.

Changes to This Notice

Please note we can change this notice at any time. We can revise or change this notice effective for health information we already have about, you or you may get in the future. We will post a copy of the current notice on our website at www.BannerHealth.com/Medicaid.

Customer Care Center

If you have any questions, please call our Customer Care Center, Monday through Friday, 7:30 a.m. to 5 p.m.

Banner – University Family Care/ACC: (800) 582-8686, TTY 711

Banner – University Family Care/ALTCS: (833) 318-4146, TTY 711

Is my behavioral health information private?

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

You should know that your health information may not be protected if you include it in an email. It is always better to talk by phone with your provider.

At times, your permission is not needed to share your behavioral health information to help arrange and pay for your care. These times could include the sharing of information with:

- Physicians and other agencies providing health, social or welfare services.
- Your medical primary care provider.
- Certain state agencies involved in your care and treatment, as needed, and members of the clinical team involved in your care.

At other times, it may be helpful to share your behavioral health information with other agencies, such as schools. Your written permission may be required before your information is shared. There may be times that you want to share your behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information Form, which states that your medical records, or certain limited portions of your medical records, may be released to the individuals or agencies that you name on the form.

You can ask to see the behavioral health information in your medical record. You can also ask that the record be changed if you do not agree with its contents. You can also receive one copy per year of your medical record at no cost to you. Contact your provider to ask to see or get a copy of your medical record. You will receive a response to your request within 30 days. If you receive a written denial to your request, you will be provided with information about why your request to obtain your medical record was denied.

Exceptions to Confidentiality

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

- If you commit a crime or threaten to commit a crime at the program or against any person who works at the program, we must call the police.
- If you are going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police. We must also report suspected child abuse to local authorities.
- If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (*e.g., hospitals and other counselors*) to protect you. Only necessary information to keep you safe is shared.

Authorized Contact

An Authorized Contact is a person you trust and have given permission to ask or make changes on your account. You make this official by notifying B – UFC/ACC of people you give permission to call Customer Care Center for more information. We will ask your authorized contact for personal information so we can verify their identity each time they call.

B – UFC/ACC only gives your medical information to people you trust and give permission to receive your private health information. If a friend or family member calls, and we do not have them listed as an Authorized Contact, we will not give them information about your account. We do this to protect your medical information. If a friend or family member calls and we have permission, we will verify their information and yours to protect your account. Then we can answer any questions they may have.

If you would like to add someone to your account, please call us. You can also write to us at the address on the cover. We will add this person and give them permission to access your account information for up to a year. They can call and ask questions about your medical information. You can remove an Authorized Contact at any time. Other documents you can mail to add an Authorized Contact include notarized letters, court guardianship papers, court custody papers or a power of attorney.





Authorized Contact Form

Fax the completed form to our Customer Care Center to (520) 874-5555 or mail to:

B – UFC/ACC, Attention Customer Care Center
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711

I, _____
(member name)

ID, _____ am giving written permission to

(Friend, family, other name)

so that he/she can have access to my medical information with my health plan. I am also including information about this person so that B – UFC/ACC can verify this person when they speak on my behalf.

Required Information

Name of Authorized Contact: _____

Date of Birth: _____

Relationship: Friend Family Other

Address: _____

Phone Number: _____

I give this person permission to access **my health information**.

(Example: The name of my PCP or the status of a referral.)

I give this person permission **to make changes** on my behalf.

(Example: Changing my PCP or setting up transportation.)

Signature of Member

Date



If you are a dual eligible member, B – UFC/ACC additional authorization forms may be required.

Valid for one (1) year from date of signature.

My Information

Emergency or Life Threatening: Call 911

My Member ID #: _____

My Primary Care Provider: _____

Phone: _____

My Care Manager: _____

Phone: _____

My Behavioral Health Provider: _____

Phone: _____

My Eye Doctor: _____

Phone: _____

My Dentist: _____

Phone: _____

My Pharmacy: _____

Phone: _____

Notes

A vertical line on the left side of the page is followed by 15 horizontal grey bars, providing a structured area for taking notes.

Banner – University Family Care/ACC
(800) 582-8686, TTY 711

www.BannerHealth.com/ACC