

What services does AHCCCS Medical Assistance cover?

- Prescription medication*
- Doctor's office visits
- Hospital services
- Dialysis
- 90 days of nursing care services
- Medical supplies
- Chemotherapy
- Behavioral health care
- Immunizations (shots)
- Emergency medical care
- Medically necessary transportation
- Medically necessary specialist care
- Laboratory and X-ray services
- Rehabilitation services

* AHCCCS prescription coverage is limited for people who have Medicare.

What does AHCCCS Medical Assistance cost?

Premiums

Most people do not have to pay a monthly premium for AHCCCS Medical Assistance. Some people with income too high to qualify for AHCCCS Medical Assistance with no monthly premium may be able to get it by paying a monthly premium. If you have to pay a premium, the monthly premium amounts are:

- \$10 - \$70 for KidsCare
- \$10 - \$35 per person for employed people with disabilities

American Indians and Alaskan Natives: Per federal law, American Indians enrolled with a federally recognized tribe, children and grandchildren of American Indians enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. To get AHCCCS Medical Assistance at no cost, you must give us proof of tribal enrollment.

Co-payments

A co-payment is the amount you pay a health care provider when you receive a medical service. Your co-payment amount will vary depending on which AHCCCS program you are enrolled in and the services you need. For some AHCCCS programs, the provider can deny services if the co-payments are not made. Co-payments for services are:

- \$2.30 to \$10.00 for prescriptions
- \$0 to \$30.00 for non-emergency use of an emergency room
- \$2.30 to \$3.00 for physical, occupational or speech therapy
- \$3.40 to \$5.00 for outpatient visits for evaluation and management services including doctor's office visits

Remember to report any changes in income because this may change your co-payment amount.

The following people are never asked to pay co-payments:

- Children under age 19.
- Individuals up through age 20 eligible to receive services from the Children's Rehabilitative Services (CRS) program.
- People who receive hospice care.
- People determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services.
- 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 who are acute care members and who are residing in nursing homes or residential facilities such as an Assisted Living Home and only when the acute care member's medical

condition would otherwise require hospitalization. The exemption from copayments for acute care members is limited to 90 days per contract year.

In addition, co-payments are never charged for the following services for anyone:

- Hospitalizations
- Emergency services
- Family planning services and supplies
- Services paid for on a fee-for-service basis
- Pregnancy-related health care including tobacco cessation treatment for pregnant women

How does AHCCCS Medical Assistance work?

If you are approved for AHCCCS Medical Assistance, you will receive your health care from an AHCCCS health plan unless:

- You are American Indian and you choose American Indian Health Program as your health plan.
- You are approved for one of the Medicare Savings Programs.
- AHCCCS can only pay for your emergency services because of your status with United States Citizenship and Immigration Services. If you are approved for emergency services only, you may receive medical services from any provider (doctor, hospital, etc.) that has an agreement to bill AHCCCS for covered emergency services.

How does a health plan work?

- The health plan works with health care providers (doctors, hospitals, pharmacies, etc.) to provide all AHCCCS covered services.
- The health plan will send you a member handbook once you are enrolled.
- You can call the health plan if you have any questions about your benefits or services or if you need an accommodation because of a disability or interpreter services. The phone number for your health plan's member or customer services can be found on your AHCCCS ID Card and in your Member Handbook.

How can I get behavioral health services?

- You can go through your primary doctor, or
- Call the behavioral health telephone number on your AHCCCS ID Card.

What if I have Medicare or other health insurance?

- Be sure to tell your health plan that you have Medicare or any other health insurance.
- If your doctor does not contract with your AHCCCS health plan, your doctor must call the AHCCCS health plan to coordinate care or you may be responsible for any Medicare or other health insurance co-payments or deductibles.
- If you are in an HMO, you should pick a primary doctor who works with both your HMO and your AHCCCS health plan.
- If you have Medicare, your prescription coverage under AHCCCS is limited. If you have questions about prescriptions, call 1-800-MEDICARE (633-4227), or your AHCCCS health plan.

What do primary doctors and specialists do?

Once enrolled, you will get a list of primary doctors in your area from the health plan. You must choose your primary doctor or one will be assigned to you. You have the right to change your primary doctor at any time by calling your health plan's member or customer services. Your primary doctor will:

- Take care of your health care.
- Be responsible for authorizing your non-emergency medical services.
- Be the first person you go to for non-emergency medical care.
- Send you to a specialist when needed.

How to choose a health plan

You need to choose a health plan that serves your county.

- All AHCCCS health plans provide the same covered medical services.
- Before choosing a health plan, check with your doctor, pharmacy or hospital to see if they work with the plan that you want. If you want more information about the doctors, specialists or hospitals that work with a health plan that serves your county, call the number listed below for the health plan or visit the plan's website.
- American Indian members may choose from American Indian Health Program or an AHCCCS health plan.
- If you do not choose a health plan, one will be assigned to you.
- If you have been enrolled in an AHCCCS health plan within the past 90 days, you may be enrolled with your previous health plan.
- If you need help selecting a health plan you may speak to a Beneficiary Support Specialist by calling (602) 417-7100 from area codes (480), (602), and (623) or 1-(800)-334-5283 from area codes (520) and (928).

Geographic Service Area (GSA)	Available Health Plans
<p><u>North</u></p> <ul style="list-style-type: none"> • Apache • Navajo • Coconino • Yavapai • Mohave 	<ul style="list-style-type: none"> • Care1st Health Plan • Steward Health Choice Arizona (formerly Health Choice AZ) • American Indian Health Program
<p><u>Central</u></p> <ul style="list-style-type: none"> • Maricopa • Gila • Pinal, excluding ZIP codes 85542, 85192, and 85550 	<ul style="list-style-type: none"> • Arizona Complete Health - Complete Care Plan (formerly Health Net Access) • Banner-University Family Care • Care1st Health Plan • Magellan Complete Care • Mercy Care • Steward Health Choice Arizona (formerly Health Choice AZ) • UnitedHealthcare Community Plan • American Indian Health Program
<p><u>South</u></p> <ul style="list-style-type: none"> • Cochise • Santa Cruz • Graham • Yuma • Greenlee • ZIP codes 85542, 85192, and 85550 • La Paz • Pima 	<ul style="list-style-type: none"> • Banner-University Family Care • Arizona Complete Health - Complete Care Plan (formerly Health Net Access) • UnitedHealthcare Community Plan (Pima County Only) • American Indian Health Program

Health Plan Name	Phone Number	Website
American Indian Health Program	Maricopa County: 602-417-7100 All other counties: 1-800-334-5283	www.azahcccs.gov/AmericanIndians/AIHP/
Arizona Complete Health - Complete Care Plan (formerly Health Net Access)	1-888-788-4408	www.azcompletehealth.com/completecure
Banner-University Family Care	1-800-582-8686	www.bannerufc.com/acc
Care1st Health Plan	1-866-560-4042	www.care1staz.com
Magellan Complete Care	1-800-424-5891	www.mccofaz.com
Mercy Care	1-800-624-3879	www.mercycareaz.org
Steward Health Choice Arizona (formerly Health Choice AZ)	1-800-322-8670	www.StewardHealthChoiceAZ.com
UnitedHealthcare Community Plan	1-800-348-4058	www.uhccommunityplan.com

Changing a Health Plan

When a customer has a choice in his or her AHCCCS health plan, he or she may change health plans:

- Any time there is cause. Cause means:
 - The customer moves outside of the area the health plan services;
 - The health plan does not cover services the customer needs because of the health plan's moral or religious beliefs;
 - There is needless risk to the customer when related medical services cannot be given at one time, and the health plan cannot give all medical services at one time;
 - Provider changes would cause a disruption to home residency or employment; or
 - Other reasons, like the member cannot get medical services, or poor quality of care.
- Without cause:
 - During the first 90 calendar days after the customer is auto-enrolled in a health plan;
 - During the annual open enrollment period; or
 - When the State notifies the customer he or she may change health plans without cause.

When a customer is eligible to change health plans **without cause**, they are notified by the State via mail. Customers should follow the directions on the written notifications to be able to change health plans without cause.

To change health plans with cause, the customer or his or her representative must:

- Submit a written request to:
 - AHCCCS
PO Box 25520
Phoenix, AZ 85002; or
 - The health plan that the customer is currently enrolled in.
- Submit a verbal request by speaking to a Beneficiary Support Specialist by calling (602) 417-7100 from area codes (480), (602), and (623) or 1-(800)-334-5283 from area codes (520) and (928).

The request to change health plans **with cause** must contain the following information:

- The current health plan the customer is enrolled in;
- The name of the plan that the customer would like to be enrolled in instead; and
- A detailed statement about the reason that the customer wants to change health plans.

If you need help you may visit www.azahcccs.gov/choice or speak to a Beneficiary Support Specialist by calling (602) 417-7100 from area codes (480), (602), and (623) or 1-(800)-334-5283 from area codes (520) and (928).

The Arizona Health Care Cost Containment System doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by AHCCCS directly or through a contractor or any other entity with which AHCCCS arranges to carry out its programs and activities.

If you believe you have been subjected to discrimination in an AHCCCS program or activity, you can file a complaint with the AHCCCS Administration or the U.S. Department of Health and Human Services, Office for Civil Rights. You can submit a written complaint to AHCCCS anytime within 180 days of the date you believe you were discriminated against by AHCCCS staff or any AHCCCS contractor. Please provide as much detail as you can in your written complaint about what happen, when it happened, who was involved, and how we can resolve your complaint. You can send the complaint to: Office of Administrative Legal Services, Arizona Health Care Cost Containment System Attn.: General Counsel 701 E. Jefferson St., Mail Drop 6200, Phoenix, AZ 85034.

A complaint may be filed with the U.S. Department of Health and Human Services Office for Civil Rights:

- online at <http://www.hhs.gov/ocr/civilrights/complaints>;
- by calling 1-800-368-1019 (TDD users should call 1-800-537-7697); or
- by writing to:
Office for Civil Rights, U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201