



# Welcome to the **community.**

## **Arizona**

AHCCCS Complete Care and Developmentally Disabled (DD)  
Member Handbook

Covered services are funded under contract with  
AHCCCS and DDD.

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# Important Information

## Member Services:

Available 8:00 a.m. – 5:00 p.m., Monday – Friday, excluding state holidays.

Toll-Free ..... 1-800-348-4058

TTY/TDD (for the hearing impaired) ..... 711

## Urgent or emergency care:

If you need urgent care, your PCP should see you within 48 hours. Urgent Care Centers are also available in our network of providers. If you need emergency care, your PCP should see you that day. For life-threatening emergencies, call 911 or go to the nearest emergency room.

## Websites [UHCCommunityPlan.com](http://UHCCommunityPlan.com)

This is the site for members of UnitedHealthcare Community Plan.  
Visit this site if you have UnitedHealthcare Community Plan.

### [www.HealtheArizonaPlus.gov](http://www.HealtheArizonaPlus.gov)

This website will introduce people to the new requirements for AHCCCS Health Insurance and KidsCare eligibility, and connect to the Federal Insurance Marketplace.

# Your Health Providers

Be sure to fill in the blanks so you will have these numbers ready.

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

Behavioral Health Crisis: \_\_\_\_\_

My Doctor: \_\_\_\_\_

My Doctor's Phone Number: \_\_\_\_\_

My Doctor's Address: \_\_\_\_\_

My Dentist: \_\_\_\_\_

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

Behavioral Health Providers: \_\_\_\_\_

# Member Services

**8:00 a.m. – 5:00 p.m., Monday – Friday, excluding state holidays.**

Member Services can:

- Answer questions about your physical and behavioral health benefits.
- Help solve a problem or concern you might have with your doctor or any part of the health plan.
- Help you find a doctor or dentist.
- Tell you about our doctors, their backgrounds, and the care facilities in our network.
- Help you if you get a medical bill.
- Tell you about community resources available to you.
- Help you if you speak another language, are visually impaired, need interpreter services, or sign language services.

## **When you call us ...**

We ask questions to check your identity. We do this to protect your privacy. This is federal and state law.

Gather the following information before you call:

- Member ID number.
- Current address and phone number on file with AHCCCS.
- Date of birth.

## **Member Services is here to help you.**

Call **1-800-348-4058, TTY/TDD 711**, 8:00 a.m. – 5:00 p.m., Monday – Friday, excluding state holidays.

## **NurseLine:**

**1-877-440-0255, TTY/TDD 1-800-855-2880**, available 24 hours per day/7 days a week.

# Care Management

A care manager may be assigned to you if your physician believes your needs require additional coordination or if your medical needs are complex or require special attention. A care manager will help you by providing timely information and resources about your medical needs. Your care manager will make sure you get the services you need. They will also show you how to find and get other services. Our care managers include experienced nurses and social workers who will help you with services such as:

- Asthma.
- Behavioral Health.
- Diabetes.
- Getting needed services.
- Multiple hospital and emergency room visits.
- Pregnancy-related problems.
- Transplants.
- Transportation and lodging.

If you need to reach out to your care manager or if you would like more information about the care management program, contact Member Services at **1-800-348-4058**.

AHCCCS Complete Care and DD Members with Children's Rehabilitative Services (CRS) Designation contact the MSIC listed on your ID card for more information about services related to a CRS condition.

# Urgent and After-Hours Care

If you are sick, or have a sudden health problem, but it is not an emergency, call your PCP. Even if the office is closed, an answering service will take your call. Tell the answering service or the PCP what is wrong and listen to their instructions. They may send you to another doctor or tell you to go to an urgent care center that is contracted with UnitedHealthcare Community Plan. If you need help finding an urgent care center or you cannot contact your PCP, call Member Services at **1-800-348-4058** or go to the UnitedHealthcare Community Plan website at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) to locate the nearest urgent care center.

## What if I am Experiencing a Behavioral Health Crisis?

If you are experiencing a behavioral health crisis, it is important to get help right away. Remember, you should always call **911** if you are experiencing a medical, police and/or fire emergency situation.

## Crisis Hotlines:

If you are experiencing a behavioral health crisis call one of the phone numbers below that matches the county you live in.

## Crisis Hotlines by County:

Phone:

|   |                                |
|---|--------------------------------|
| Maricopa County   | 602-222-9444 or 1-800-631-1314 |
| Cochise, Graham, Greenlee, La Paz, Pima, Pinal,<br>Santa Cruz and Yuma Counties | 1-866-495-6735                 |
| Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties                     | 1-877-756-4090                 |
| Gila River and Ak-Chin Indian Communities                                       | 1-800-259-3449                 |

## Especially for Teens:

Teen Life Line phone or text 602-248-TEEN (8336)

## National 24-Hour Crisis Hotlines:

Phone:

|  |                       |
|--|-----------------------|
| National Suicide Prevention Lifeline   | 1-800-273-TALK (8255) |
| National Substance Use and Disorder Issues<br>Referral and Treatment Hotline | 1-800-662-HELP (4357) |

Text:

Text the word "HOME" to 741741

Online: <https://suicidepreventionlifeline.org>

## Veterans Crisis Line/Be Connected Line:

Veterans Crisis (and those who support them) 1-866-4AZ-VETS or 1-866-429-8387

# Language and Cultural Services

Clear communication is important to get the health care you need. UnitedHealthcare Community Plan provides member materials to you in a language or format that may be easier for you to understand. We also have interpreters for you to use if your doctor does not speak your language. If your doctor does not understand your cultural needs, we can help. We will work with your doctor or help you pick a new doctor.

## **English:**

Call Member Services at **1-800-348-4058** for interpreter services, to find a doctor who understands your cultural needs, or for materials in another language or format. These services are provided at no cost to you.

## **Español:**

Llame a Servicios para Miembros al **1-800-348-4058** para obtener servicios de interpretación, para encontrar a un doctor que entienda sus necesidades culturales o por materiales impresos en otro idioma o formato. Estos servicios son provistos gratuitamente.

## **Somali:**

Adeegyada turjumaanka ka wac Adeegga Xubnaha lambarka 1-800-348-4058, si aad u hesho dhakhtar fahmaya baahiyahaaga dhaqaneed, ama waxyaabo ku qoran luqad ama qaab kale. Adeegyadaas kuguma joogaan adiga wax kharash ah.

## **Simplified Chinese:**

请致电会员服务部（电话：1-800-348-4058）以获得口译服务、寻找了解您的文化需求的医生、或获得其他语言或格式的材料。上述服务均免费为您提供。

## **Serbian:**

Pozovite Službu za usluge za članove na broj 1-800-348-4058 za usluge prevodioca, da pronađete lekara koji razume vaše kulturne potrebe ili za materijale na drugom jeziku ili u drugom formatu. Ove usluge vam se pružaju besplatno.

## **Traditional Chinese:**

請致電會員服務部（電話：1-800-348-4058）以獲得口譯服務、尋找瞭解您的文化需求的醫生、或獲得其他語言或格式的材料。上述服務均免費為您提供。

## **Romanian:**

Sunați departamentul Servicii destinate membrilor la numărul 1-800-348-4058 pentru servicii de interpretariat, pentru a găsi un medic care înțelege necesitățile dvs. culturale sau pentru materiale în altă limbă sau în alt format. Aceste servicii vă sunt oferite gratuit.



**Vietnamese:**

Gọi Dịch Vụ Hội Viên theo số 1-800-348-4058 cho dịch vụ thông dịch, để tìm các bác sĩ hiểu rõ nhu cầu văn hóa của quý vị, hoặc các tài liệu bằng ngôn ngữ hoặc dạng khác. Các dịch vụ được cung cấp miễn phí cho quý vị.

**Hungarian:**

Hívja a tagsági szolgáltatásokat az 1-800-348-4058-as számon tolmácsszolgáltatásokhoz, hogy egy olyan orvost találjon, aki megérti az Ön kulturális igényeit, illetve más nyelvű vagy formátumú anyagokért. Ezek a szolgáltatások az Ön számára ingyenesek.

**Farsi:**

برای برخورداری از خدمات ترجمه شفاهی، یافتن دکتری که نیازهای فرهنگی شما را درک کند، یا دریافت اطلاعات به زبان یا فرمت دیگر با شماره 1-800-348-4058 با قسمت خدمات اعضا تماس بگیرید. این خدمات بصورت مجانی در اختیار شما قرار می گیرد.

**Swahili:**

Pigia Huduma za Mwanachama katika nambari 1-800-348-4058 ili kupata huduma za mkalimani, kupata daktari anayeelewa mahitaji yako ya kitamaduni, au kwa nyenzo katika lugha au mfumo mwingine. Huduma hizi zinatolewa bila malipo yoyote kwako.

**Albanian:**

Telefonojuni shërbimeve për anëtarët në 1-800-348-4058 për shërbime interpretimi, për të gjetur një mjek që i kupton nevojat tuaja kulturore ose për materiale në gjuhë apo format tjetër. Këto shërbime ju sigurohen falas.

**Arabic:**

اتصل بقسم خدمات الأعضاء على الرقم 1-800-348-4058 لخدمات الترجمة الشفهية أو العثور على طبيب يفهم احتياجاتك الثقافية أو طلب مواد بلغة أخرى أو بتنسيق آخر. تُقدّم هذه الخدمات لك مجاناً.

If you require additional assistance to communicate, such as auxiliary aids, contact Member Services. Auxiliary Aids are services or devices that help people with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in the health plan. Auxiliary Aids may be provided at no cost to you.

**Visit our website or contact Member Services to obtain a copy of the UnitedHealthcare Community Plan Provider Directory at no cost to you.** Our directory contains information about how our providers can meet your cultural, language, or accessibility needs.

If you choose to see a provider who is not contracted with UnitedHealthcare Community Plan, you will need to verify the provider is registered with AHCCCS, show the provider your ID card, and make sure the provider obtains an authorization for services to be performed. For services to be paid, the provider must be registered with AHCCCS and authorization must be obtained by the provider from us.

# Welcome to **UnitedHealthcare Community Plan**

## **Making a difference, one member at a time.**

UnitedHealthcare Community Plan serves many different programs in Arizona.

### **AHCCCS Complete Care.**

AHCCCS Complete Care is an integrated health insurance plan for Arizona residents who meet certain income and other requirements. It offers physical and behavioral health services together to treat all aspects of your health care needs including doctor visits, hospitalization, prescription drugs, and services specific to CRS conditions.

AHCCCS Complete Care is available for UnitedHealthcare members residing in Gila, Maricopa, Pima, and Pinal Counties.

### **AHCCCS Complete Care Members with Children's Rehabilitative Services (CRS) Designation.**

Some AHCCCS Complete Care members have been diagnosed with a CRS condition and are designated as CRS.

Members who are designated CRS may receive specialized care at a Multi-Specialty Interdisciplinary Clinic (MSIC) in Phoenix or Tucson. At these clinics primary and behavioral health services may also be offered.

### **Developmentally Disabled (DD).**

Developmentally Disabled programs address the specific health care needs of children and adults with conditions such as autism, cerebral palsy, epilepsy or other cognitive disabilities. This program combines physical and behavioral services with community resources to help you care for yourself or to help your family care for you.

DD is available for UnitedHealthcare members statewide.

### **Developmentally Disabled with Children's Rehabilitative Services (CRS) Designation.**

Some DD members have been diagnosed with a CRS condition and are designated as CRS.

Members who are designated CRS may receive specialized care at one of four Multi-Specialty Interdisciplinary Clinics (MSICs) in Phoenix, Tucson, Flagstaff or Yuma. At these clinics primary and behavioral health services may also be offered.

### **Dual Special Needs Plans (Dual SNP). UnitedHealthcare® Dual Complete™ (HMO SNP) H0321-002.**

This Special Needs Plan is for people who have Medicare Parts A & B and Medicaid. It offers more benefits and features than original Medicare. Plus, your Medicaid benefits stay the same. Along with extra benefits, the plan covers hospitals, doctors and drugs.

For those receiving AHCCCS Complete Care (ACC) benefits, this plan is available in the following counties: Maricopa, Pima, and Pinal.

For those receiving ALTCS-DD benefits or CRS benefits, this plan is available in the following counties: Apache, Cochise, Coconino, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, or Yuma.

### **Dual Special Needs Plans (Dual SNP). UnitedHealthcare® Dual Complete™ ONE (HMO SNP) H0321-004.**

This Special Needs Plan is for people who have Medicare Parts A & B and Medicaid. It offers more benefits and features than original Medicare. Plus, your Medicaid benefits stay the same. Along with extra benefits, the plan covers hospitals, doctors and drugs.

This plan is available in the following counties: Maricopa and Pinal.

### **UnitedHealthcare Dual Complete® (HMO SNP) H5008-012.**

This Special Needs Plan is for people who have Medicare Parts A & B and Medicaid. It offers more benefits and features than original Medicare. Plus, your Medicaid benefits stay the same. Along with extra benefits, the plan covers hospitals, doctors and drugs.

This plan is available in Gila county.

### **KidsCare.**

AHCCCS offers health insurance through KidsCare for eligible children (under age 19) who are not eligible for other AHCCCS health insurance. For those who qualify, there are monthly premiums.

### **Long Term Care (LTC).**

Long Term Care programs help people who are age 65 or older, blind, or disabled and need ongoing services at a nursing facility level of care. A case manager assesses your needs and arranges for the services you require to stay in your home, such as attendant care, home modifications and meal delivery.

# Your Member Handbook

This Member Handbook is for members of UnitedHealthcare Community Plan who receive benefits for AHCCCS Complete Care, KidsCare, or Developmentally Disabled (DD). Our AHCCCS Complete Care and KidsCare products are available in the following counties: Gila, Maricopa, Pima, and Pinal. Our DD product is available in all Arizona counties.

Please read this handbook. It will tell you:

- Your rights and responsibilities as a member.
- How to get health care services.
- What services are covered and not covered.
- How to use your benefits.
- Where to go for help.
- Information about UnitedHealthcare Community Plan.

You can also view your Member Handbook on our website at [UHCCommunityPlan.com](https://UHCCommunityPlan.com) or request a printed handbook be mailed to you at no cost.

## UnitedHealthcare Community Plan: Managed Care Programs to Keep You Healthy

UnitedHealthcare Community Plan is a managed care plan. This means that all of the medical care and service you receive must be requested and provided by a doctor or health care provider that is in the UnitedHealthcare Community Plan network.

UnitedHealthcare Community Plan understands that current members have relationships with their doctors and health care providers. To maintain these relationships, UnitedHealthcare Community Plan may allow a non-participating doctor or health care provider to treat a member if approval is provided by UnitedHealthcare Community Plan. This is called a preauthorization. UnitedHealthcare Community Plan will work with your health care providers to make sure you receive the care you need.

### **DD members:**

Look for this box throughout the Member Handbook. It will tell you details about your unique benefits and services.

## Your ID Card

When you join our plan, you will receive an ID card from UnitedHealthcare Community Plan. Your ID card is your key to getting health care services including behavioral health. It has your ID number, your name, and other important information. Your ID card identifies you as a UnitedHealthcare Community Plan member. Your ID card has a phone number to access behavioral health and substance use services. Services are assigned to a provider based on where you live. If you have questions or need help getting behavioral health services, please call the number on your card.

When you get your card, check it carefully. Call Member Services right away if any of the information on your card or your child's card is wrong.

### Quick tips.

- Your ID card is for your use only. Don't let others use it.
- Carry your ID card at all times and keep it in a safe place.
- Do not lose your card or throw it away.
- You will need your card when you get medical care or when you pick up medicine at the pharmacy.
- Misusing your medical ID number, like loaning or selling the card or the information on it, is against the law.
- Misusing your card or medical ID number may result in legal actions and you could lose your AHCCCS eligibility, benefits and health care services.
- If you notice others getting benefits they are not eligible for or someone misusing the medical ID card, please tell us right away. You can call or write AHCCCS or UnitedHealthcare Community Plan Member Services. AHCCCS also has a Member Fraud Hotline you can call at 1-888-ITS NOT OK (1-888-487-6686) or 602-417-4193.
- You may also call AHCCCS or UnitedHealthcare Community Plan to report any provider you believe may be giving services to members that are not needed or should not be given.
- If you have an Arizona driver's license or state issued ID, AHCCCS will obtain your picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). The AHCCCS eligibility verification screen viewed by providers contains your picture (if available) and coverage details.

# Member Responsibilities

## You have the responsibility to:

- Read and follow this handbook.
- Treat all UnitedHealthcare Community Plan staff and health care providers with respect and dignity.
- Protect your ID card and show it before you get services. Do not throw your card away.
- Know the name of your Primary Care Physician (PCP). Your PCP is your doctor that coordinates your health care needs.
- See your PCP for your health care needs.
- Use the emergency room for life-threatening care only. Go to your PCP for all other care. If you have an urgent problem and your doctor can't see you right away, you could go to an urgent care center.
- Follow your doctor's instructions and treatment plan, and tell your doctor if their explanations are not clear.
- Bring your child's immunization records with you to appointments until the child is 18 years old.
- Make an appointment before you visit your PCP or any other UnitedHealthcare Community Plan health care provider.
- Schedule appointments during office hours to avoid the need to use urgent care centers or emergency rooms.
- If you need a ride, call 1-888-700-6822 at least three days before your appointment.
- Arrive on time for appointments.
- Notify your provider in advance if you need to cancel your appointment.
- Please call the office at least one day in advance if you must cancel an appointment. If you cancel your appointments, be sure to cancel your transportation at 1-888-700-6822.
- Be honest and direct with your PCP. Give them health history on you or your child.
- Call AHCCCS if you have changes in address, family size or questions about eligibility.
- Tell your doctor, AHCCCS, and UnitedHealthcare Community Plan if you have other insurance, such as Medicare. Failure to disclose information may result in denial of claims and services.
- Give a copy of your Living Will to your PCP.

## **DD members:**

### **With the help of your DES/DDD Support Coordinator, your responsibilities include:**

- Keep your ALTCS eligibility predetermination appointments.
- Select a PCP within 10 days of notification of plan enrollment.
- Coordinate all necessary covered medical services through your PCP.
- Notify the DES/DDD support coordinator of changes in your address or phone number or if your private insurance has changed.
- Arrive on time for your appointments or call ahead if you can't make it.
- Provide all the information to your PCP that is requested by the PCP.
- Notify your DDD support coordinator and UnitedHealthcare Community Plan with all the information, including changes in private and public insurance, third party liability, financial assistance, or other benefits received by you.
- Pursue eligibility with Children's Rehabilitative Services (CRS). Direct any complaints or problems to DES/DDD, Health Care Services, Member Services or your UnitedHealthcare Community Plan DD Liaison as soon as possible.
- Participate in family-centered consultations at the request of UnitedHealthcare Community Plan, your Support Coordinator or other personnel.

Contact your DDD Support Coordinator at any time if you have any questions. Your DDD Support Coordinator can be reached by calling 1-800-624-4964 or 602-771-8080.

## Changes in Information

Before you move to another county, state, or country report this change to the agency that helped you with your eligibility and to UnitedHealthcare Community Plan right away. If you move to a county that is not served by UnitedHealthcare Community Plan, you will need to change your health plan. Changes you must report include:

- Adoption.
- Marriage.
- Birth.
- Moving to a new county.
- Death.
- Divorce.
- Moving to a new state.
- Guardianship.
- Address.
- Phone number.

### Contact the agency that helped you with eligibility to request changes.

**DES** — 1-855-HEA-PLUS (1-855-432-7587)

**KidsCare** — 1-855-HEA-PLUS (1-855-432-7587)

**SSI MAO** — 602-417-5010 or 1-800-528-0142 outside Maricopa County

**Social Security Administration** — 1-800-772-1213

### **DD members:**

Call your DDD Support Coordinator and ask to have a member change report submitted to correct your information. Your DDD Support Coordinator can be reached by calling 1-800-624-4964 or 602-771-8080.

## What Care Is Available Outside My Service Area?

When you are outside your service area, UnitedHealthcare Community Plan only pays for emergency care. If you have an emergency, go to the nearest emergency room or hospital. Tell them you are a member of UnitedHealthcare Community Plan or show your ID Card. Any service you get that is not an emergency will not be covered by UnitedHealthcare Community Plan. You may be charged for services that are not an emergency. If you need care, but it is not an emergency, call your PCP or Member Services. UnitedHealthcare Community Plan will not pay for any services received outside of the country including emergency care.



# Changing Health Plans

Every year you have the option to change plans during Annual Enrollment Choice (AEC). This is the date you enrolled with AHCCCS. AHCCCS will send you a notice two months before the date you can change. If you want to change health plans, call UnitedHealthcare Community Plan Member Services. We want to help with any problems you have first.

If you want to change health plans and it is not your AEC period, you may still be able to change plans in special cases. You may be able to change your health plan if:

- You weren't given a choice of plan, weren't notified of your AEC period or couldn't make a choice because of a reason that you could not control.
- You were not enrolled in the same health plan as other family members.
- You lost eligibility for 90 days or less and were not re-enrolled with the same health plan.
- A newborn or adoption subsidy child may have up to 90 days following auto-assignment to change plans. A Title XIX eligible member who is auto-assigned prior to having the full choice period of 90 days will be given 90 days from the date of the choice letter to request a plan change.

If you meet any of the reasons above, you may request a plan change from AHCCCS by calling 1-800-654-8713, or calling 602-417-4000 in Maricopa County.

You may also be able to request a change to another health plan if you:

- Have a medical continuity of care issue for a pregnancy. This means you have already been seeing a doctor outside of our network for your current pregnancy.
- Have another medical continuity of care issue.

If you meet either of these reasons, you must request your plan change from your current health plan. If you are a UnitedHealthcare Community Plan member, you may contact Member Services to request this change. Member Services will fill out the required paperwork and send it to the other health plan. You may file an appeal with UnitedHealthcare Community Plan if your request is denied. You may call Member Services at any time to help with this process.

If you change plans for any reason, your current health plan and new health plan will work together to make sure you have no delay in services and have continued access to care in services.

## **DD members:**

If you think you need to change health plans, call your DDD Support Coordinator at any time to help with the process at 1-800-624-4964 or 602-771-8080.

# Treatment Planning

The member's PCP/MSIC, Specialists, and/or care manager collaborate to ensure the member and family/representative of adult members and children are partners in the treatment planning process and development of the service plan. This partnership is expected to result in a mutually agreed upon service plan that meets the medical, functional, social and behavioral health needs of the member.

## **DD members:**

The ALTCS Transitional Program is available for members (both institutional and HCBS) who, at the time of medical reassessment, have improved either medically, functionally or both, where they no longer need institutional care, but who still need long-term care services and supports. ALTCS Transitional members are entitled to all ALTCS covered services except for institutional custodial care. UnitedHealthcare Community Plan will work closely with the DDD Support Coordinator to ensure members transition to the most appropriate care setting.

If you change plans for any reason, your current health plan and new health plan will work together to make sure you have no delay in services and have continued access to care in services.

# Emergency Care

An emergency is a sickness that is sudden and puts your life in danger or can cause harm to you if not treated right away. In an emergency, it is very important to get care right away. If you have an emergency, call 911 or go to the nearest emergency room. You have the right to go to any hospital emergency room or other setting for emergency services, such as an urgent care center when your doctor's office is closed. Not all health problems are an emergency. Some reasons to call 911 or go to the emergency room include:

- Sudden loss of feeling, or not being able to move.
- Chest pain.
- Severe pain in your stomach area.
- Poisoning.
- A serious accident.
- Severe shortness of breath.
- Severe burns.
- Severe wound or heavy bleeding.
- Damage to your eyes.
- Severe spasms/convulsions.
- Broken bones.
- Choking or being unable to breathe.
- Throwing up (vomiting) blood.
- Miscarriage (when a pregnant woman loses her baby).
- Strong feeling that you might hurt yourself or another person.
- Faint or pass out for no reason (will not wake up).

If you are not sure it's a real emergency, call your PCP. If you do go to an emergency room, call your PCP as soon as you can after your visit so you can get the right care. Preauthorization is not required for emergency care.

## **When not to use the emergency room.**

Most sicknesses are not emergencies and can be treated at your doctor's office. You can also be treated at an urgent care site. You should not use an emergency room if you have one of these minor problems:

- A sprain or strain.
- A cut or scrape.
- An earache.
- A sore throat.
- A cough or cold.

If you have questions about whether your situation requires treatment in an urgent care center or an emergency room, call your PCP or NurseLine at 1-877-440-0255, TTY/TDD 1-800-855-2880. NurseLine is available 24 hours per day/7 days a week.

# Non-Emergency Transportation

If you need a ride to an appointment, ask a friend, family member or neighbor first. If you cannot get a ride, UnitedHealthcare Community Plan will help you. AHCCCS Complete Care and DD members may receive non-emergency transportation services through UnitedHealthcare Community Plan for AHCCCS covered services. You are responsible for setting up your own transportation. Following these simple rules will help you get a ride:

- Call at least 72 hours before your health care visit.
- Call **1-888-700-6822** or **602-889-1777, TTY/TDD 711** to set up your ride.
- If you cancel your visit, call **1-888-700-6822** or **602-889-1777** to cancel your ride.
- Rides are only for covered services.
- Know the address of your health care provider.
- Be specific about where you need a ride to.
- After your visit, call for a ride home.
- Let us know if you have special needs like a wheelchair.
- Members 14 years of age and younger must have a parent or guardian with them. Members between the ages of 15 and 17 must be accompanied by a parent or guardian unless MTBA has received a signed waiver of consent from the member's parent or guardian.
- Transportation may be limited to a provider near you.

If you need transportation to an **urgent care center**, you may call at any time, any day of the week. You do not need to give advance notice for urgent care transportation.

Transportation is available to local community based support programs if documented in your service plan with your behavioral health provider. Transportation is limited to transporting you to the nearest program capable of meeting your needs. For more information contact your behavioral health provider.

**If you have a life-threatening emergency, call 911. Non-emergent transportation is not for emergencies.**

## **DD members:**

If you are getting behavioral health services through a TRBHA, you are covered to receive transportation services only to your first TRBHA appointment by your health plan. After your first visit, your TRBHA should transport you for behavioral health services.

## Covered Health Care Services

These are many of the AHCCCS covered services you can receive if they are medically necessary. Your PCP or primary specialist will help you decide if you need them. If you receive services that are not covered by AHCCCS, you may be required to pay for them.

| Covered Service   | AHCCCS Complete Care | DD |
|---|----------------------|----|
| <b>All Members</b>  |                      |    |
| Adaptive aids   | X                    | X  |
| AHCCCS-approved organ and tissue transplants and related prescriptions  | X                    | X  |
| Behavioral health services  | X                    | X  |
| Certain specialized durable medical equipment   | X                    | X  |
| Counseling services   | X                    | X  |
| Dental care – Emergency (members 21 and older have a \$1,000/year limit)                                      | X                    | X  |
| Dental care – Routine preventive and therapeutic services (DD members 21 and older have a \$1,000/year limit) |                      | X  |
| Dialysis  | X                    | X  |
| Doctor office and specialist visits   | X                    | X  |
| Durable medical equipment and supplies  | X                    | X  |
| Emergency care and services   | X                    | X  |



| Covered Service  | AHCCCS Complete Care | DD |
|--|----------------------|----|
| Emergency eye care. Cataract removal and follow-up services                                      | X                    | X  |
| Family planning services   | X                    | X  |
| Health risk assessments and screenings   | X                    | X  |
| Hearing exams  | X                    | X  |
| HIV/AIDS therapy   | X                    | X  |
| Home health services (such as nursing and home health aide)                                      | X                    | X  |
| Hospice services   | X                    | X  |
| Hospital care  | X                    | X  |
| Immunizations (shots)  | X                    | X  |
| Incontinence briefs (available for ages 3 years and older when certain medical criteria are met) | X                    | X  |
| Laboratory   | X                    | X  |
| Maternity care (prenatal, labor and delivery, postpartum)  | X                    | X  |
| Medical foods (total parenteral nutrition)   | X                    | X  |
| Medically necessary surgical services*   | X                    | X  |

\* **Medical Necessity:** Health care or products that a prudent, or wise, doctor would give to a patient to prevent, diagnose, or treat an illness, injury, disease or its symptoms in a way that follows generally accepted standards for medicine and is not just for the convenience of the patient, physician or other health care provider.



| Covered Service  | AHCCCS Complete Care | DD |
|--|----------------------|----|
| Medically necessary transportation*  | X                    | X  |
| Nursing home up to 90 days a year  | X                    | X  |
| Nutritional assessments  | X                    | X  |
| Orthotics are covered for <b>members under the age of 21</b> when prescribed by the member's Primary Care Provider, attending physician, or practitioner   | X                    | X  |
| Orthotics are covered for <b>members who are 21 years of age and older</b> when: <ul style="list-style-type: none"> <li>• The orthotic is medically necessary as the preferred treatment based on Medicare guidelines AND</li> <li>• The orthotic costs less than all other treatments and surgery procedures to treat the same condition AND</li> <li>• The orthotic is ordered by a physician (doctor) or Primary Care Practitioner (nurse practitioner or physician assistant)</li> </ul> | X                    | X  |
| Personal emergency alert system  |                      | X  |

\* **Medical Necessity:** Health care or products that a prudent, or wise, doctor would give to a patient to prevent, diagnose, or treat an illness, injury, disease or its symptoms in a way that follows generally accepted standards for medicine and is not just for the convenience of the patient, physician or other health care provider.



| Covered Service   | AHCCCS Complete Care | DD |
|---|----------------------|----|
| Podiatry Services AHCCCS covers medically necessary foot and ankle care, including reconstructive surgeries, provided by a licensed podiatrist or other qualified licensed practitioner or physician when ordered by a member's Primary Care Physician or Primary Care Practitioner | X                    | X  |
| Prescriptions and some over-the-counter medicines to meet special needs   | X                    | X  |
| Prescriptions on UnitedHealthcare Community Plan's list of covered medicines and prescribed by your doctor  | X                    | X  |
| Preventive services including, but not limited to, screening services such as cervical cancer screening including pap smear, mammograms, colorectal cancer, and screening for sexually transmitted infections   | X                    | X  |
| Radiology and medical imaging   | X                    | X  |
| Respiratory therapy   | X                    | X  |
| Urgent care   | X                    | X  |





| Covered Service  | AHCCCS Complete Care  | DD                               |
|--|---|----------------------------------|
| <p>Well visits (well exams) such as, but not limited to, well woman exams, breast exams, and prostate exams, are covered for members 21 years of age and older. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling and medically necessary immunizations. (See EPSDT for well exams for members under 21 years of age.)</p> | X   | X                                |
| <b>Therapies Covered for Members Who Are 21 Years of Age and Older</b>   |   |                                  |
| Occupational therapy<br>Inpatient  | Covered when medically necessary  | Covered when medically necessary |
| Occupational therapy<br>Outpatient   | <ul style="list-style-type: none"> <li>• 15 visits per benefit year (10/01 – 09/30) to restore a skill or function the member had but lost due to injury or disease and maintain that function once restored; and</li> <li>• 15 visits per benefit year (10/01 – 9/30) to reach or obtain a skill or function never learned or developed and maintain that function once developed</li> </ul> | Covered when medically necessary |
| Physical therapy<br>Inpatient  | Covered when medically necessary  | Covered when medically necessary |



| Covered Service   | AHCCCS Complete Care  | DD  |
|---|---|---|
| Physical therapy<br>Outpatient  | <ul style="list-style-type: none"> <li>• 15 visits per benefit year (10/01 – 09/30) to restore a skill or function the member had but lost due to injury or disease and maintain that function once restored; and</li> <li>• 15 visits per benefit year (10/01 – 9/30) to reach or obtain a skill or function never learned or developed and maintain that function once developed</li> </ul> | <ul style="list-style-type: none"> <li>• 15 visits per benefit year (10/01 – 09/30) to restore a skill or function the member had but lost due to injury or disease and maintain that function once restored; and</li> <li>• 15 visits per benefit year (10/01 – 9/30) to reach or obtain a skill or function never learned or developed and maintain that function once developed</li> </ul> |
| Speech therapy<br>Inpatient   | Covered when medically necessary  | Covered when medically necessary  |
| Speech therapy<br>Outpatient  | Not a covered benefit   | Covered when medically necessary  |
| Additional Services for Children Under 21   |   |   |
| Chiropractic services   | X   | X   |
| Cochlear implants and maintenance   | X   | X   |
| Conscious sedation (medicine to relieve pain during a medical procedure while the patient is awake) | X   | X   |
| Hearing aids  | X   | X   |
| Health risk assessments and screening (including EPSDT services)                                    | X   | X   |
| Outpatient and inpatient speech, occupational, and physical therapy                                 | X   | X   |



| Covered Service  | AHCCCS Complete Care | DD |
|--|----------------------|----|
| Routine preventive and therapeutic dental services   | X                    | X  |
| Vision services, including exams, prescriptive lenses and cataract removal, and follow-up services if approved | X                    | X  |
| <b>Additional Services for Qualified Medicare Beneficiaries (QMB)</b>  |                      |    |
| Any services covered by Medicare but not by AHCCCS (see your Medicare handbook)                                | X                    | X  |
| Chiropractic services  | X                    | X  |
| Outpatient occupational therapy (therapy used to regain the ability to return to work or care for one's self)  | X                    | X  |
| Respite services (temporary services to give a primary caregiver a break)                                      | X                    | X  |

# Non-Covered Health Care Services

## All members.

- Cosmetic services or items (except for CRS conditions).
- Experimental treatments.
- Medical services for those in an institution for TB (tuberculosis) treatment.
- Over-the-counter medicines and medical supplies (except under certain conditions).
- Personal care items such as combs, razors, soap, etc.
- Pregnancy termination unless the pregnancy is the result of rape or incest, a physician decides that it is medically necessary because the pregnancy will cause a serious physical or mental health problem for the pregnant member, or continuing the pregnancy is life-threatening.
- Prescriptions not on our list of covered medications, unless approved.
- Reversal of voluntary sterilization.
- Routine circumcisions.
- Services from a provider who is not contracted with UnitedHealthcare Community Plan (unless prior approved by the health plan). If you have other insurance, you can see a non-contracted provider. If you are unsure, call UnitedHealthcare Community Plan Member Services.
- Services that are determined to be experimental by the health plan Medical Director.
- Sex change operations.
- Treatment to straighten teeth, unless medically necessary and approved by UnitedHealthcare Community Plan.

## Other non-covered services for adults (age 21 and over).

- Chiropractic services (except for QMB members).
- Cochlear implant.
- Hearing aids and bone-anchored hearing aids.
- Lower limb micro-processor controlled joint.
- Routine dental services except for DD members. See *Dental Care* section for more information.
- Routine eye examinations for prescriptive lenses or glasses.

If you have any questions if a service is covered or not, talk to your PCP or call Member Services.

## Accessing Non-Title XIX/XXI Services

Some members may qualify for Non-Title XIX/XXI services such as: room and board, mental health services (formerly known as traditional healing), auricular acupuncture, and supported housing rent/utility subsidies and relocation services. These services are available to members through a referral to the RBHA located in the member's county.

## Housing Services

Members are assessed for their health care needs and social determinants of health by their PCP, behavioral health provider, or care manager. A member's assessment may indicate a housing need. Supported housing services are designed to assist individuals or families to obtain and maintain housing in various settings depending on member need, with emphasis on independent community settings including the person's own home or apartments and homes owned or leased by a subcontracted provider.

## Residential Placement

### **Out of Home Placements:**

#### **Institution for Mental Diseases (IMD):**

A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases (including substance use disorders), including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. An institution for Individuals with Intellectual Disabilities is not an institution for mental diseases.

#### **Nursing facility, including religious nonmedical health care institutions:**

The nursing facility must be licensed and Medicare/Medicaid certified by ADHS to provide inpatient room, board and nursing services to members who require these services on a continuous basis but who do not require hospital care or direct daily care from a physician.

  
**Behavioral health inpatient facility:**

A health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:

1. Have a limited or reduced ability to meet the individual's basic physical needs,
2. Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality,
3. Be a danger to self,
4. Be a danger to others,
5. Be a person with a persistent or acute disability, or
6. Be a person with a grave disability.

**Behavioral Health Residential Facility:**

Health Care institution that provides treatment to an individual experiencing a behavioral health issues that:

- a. Limits the individuals ability to be independent, or
- b. Causes the individual to require treatment to maintain or enhance independence.

**Home Care Training to Home Care Client (HCTC or Therapeutic Foster Care):**

Are delivered to members who's behavioral health needs are of such a critical nature that in the absence of such services the member would be at risk of transitioning into a more restrictive residential setting such as a hospital, psychiatric center, correctional facility, residential treatment program or a therapeutic group home.

**DD members:**

DD members may be eligible for Alternative Home and Community Based Services (HCBS) please work with your support coordinator to qualify and obtain these services. Your DDD Support Coordinator can be reached by calling 1-800-624-4964 or 602-771-8080.

## End of Life Care

End of Life (EOL) care is a member-centered approach with the goal of preserving member rights and maintaining member dignity while receiving any other medically necessary covered services. EOL care includes providing you and your family with information about your illness and treatment choices. EOL care allows you to receive Advance Care Planning, palliative care, supportive care and hospice services. Members who receive EOL care can choose to receive curative care until they choose to receive hospice care.

### **DD members:**

If you need assistance with End of Life Care (EOL) or Advance Care Planning, call your DDD support coordinator to coordinate. Your DDD Support Coordinator can be reached by calling 1-800-624-4964 or 602-771-8080.

## Seeing a Specialist or Other Providers

Your PCP is in charge of ALL your covered health care needs. If you need specialty care, your PCP may refer you to a specialist or another doctor. For urgent specialty care appointments member will be seen no later than 2 business days from the request and routine care appointments are within 45 calendar days of the referral. There are three exceptions to this:

- Members with special health care needs may directly access a specialist as appropriate for the condition and identified needs. Preventive services are covered including well exams and screenings.
- Women can make an appointment with an in-network Obstetrician/Gynecologist (OB/GYN) for preventive or routine services without a referral from their PCP. (Please see the UnitedHealthcare Community Plan Provider Directory for a list of doctors.)
- Members under 21 years of age can self-refer for dental and vision screenings.

**Visit our website or contact Member Services to obtain a copy of the UnitedHealthcare Community Plan Provider Directory at no cost to you.** Our directory contains information about how our providers can meet your cultural, language, or accessibility needs.

UnitedHealthcare Community Plan does not restrict access to services based upon moral or religious principles. This includes counseling or referral services. If a provider refuses to provide services they find objectionable because of moral or religious grounds, we will assist you to get access to another provider who is willing to provide these services. For help, contact Member Services.

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

# Your Primary Care Physician (PCP)

Your health care is important to us. We carefully screen and pick our doctors so you receive the best care. When you enroll, you will be assigned a Primary Care Physician (PCP). Your PCP is your personal care doctor. Your PCP will provide or arrange the covered services you need. Make sure you talk to your PCP about any health problems you have. That way, your PCP gets to know you and your medical history. Always follow your PCP's instructions and get approval before you get any medical services. **If you are pregnant, you may choose your Primary Care Obstetrician (PCO) as your primary physician.**

## **Changing your PCP.**

Your PCP is an important part of your health care team. You and your PCP need to work together. If for any reason you want to change your PCP, call Member Services. If you change your PCP, you must choose another PCP from the UnitedHealthcare Community Plan Provider Directory. We can help you choose a new PCP or tell you more about the PCPs in our network. If you are pregnant, contact Healthy First Steps at 1-800-599-5985. Member Services can send you a list of our providers at no cost to you. **If your PCP does not speak your language, call Member Services. UnitedHealthcare Community Plan will provide you with interpreter services at no cost to you.**

## **Making appointments.**

It is important for you to set up an appointment before you arrive at your PCP's office. When you call the PCP's office, tell them you are a UnitedHealthcare Community Plan member and why you need an appointment. If you don't make an appointment and just show up, your PCP may not be able to see you. Routine appointments can be scheduled with your PCP within 21 calendar days of request. Once you get to the office, your doctor will try to see you within 45 minutes. You may have to wait longer if there is an emergency. If you need urgent care, your PCP should see you within 2 business days of request. If you need emergency care, your PCP should see you that day. For life-threatening emergencies, call 911 or go to the nearest emergency room.

## **Canceling or changing appointments.**

If you need to cancel or change your appointment, tell your PCP's office at least one day before the appointment. This lets the doctor see other patients. If you cancel an appointment, be sure to make another appointment for a different time.

## **Well visits.**

Well visits (well exams) such as, but not limited to, well woman exams, breast exams, and prostate exams are covered for members 21 years of age and older. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling and medically necessary immunizations. (See EPSDT for well exams for members under 21 years of age.)



# Children's Care

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

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

EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in federal law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

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

Amount, Duration and Scope: The Medicaid Act defines EPSDT services to include screening services, vision services, dental services, hearing services and “such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 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.”

This means that EPSDT covered services include services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within one of the 29 optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 29 categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

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

# Women's Health and Pregnancy Services

UnitedHealthcare Community Plan knows that healthy moms have healthy babies. That is why we take special care of all our moms-to-be. UnitedHealthcare Community Plan has a program called Healthy First Steps for UnitedHealthcare Community Plan members. Healthy First Steps provides information, education and support to help reduce problems while you are pregnant. If you think you may be pregnant or as soon as you know you are pregnant, call Healthy First Steps at 1-800-599-5985.

Female members have direct access to preventive and well care services from a gynecologist within the Contractor's network without a referral from a primary care provider. Preventive services such as cervical cancer screening or referral for a mammogram are covered.

## As a member, UnitedHealthcare Community Plan will help you:

- Choose a Primary Care Obstetrician (PCO), nurse practitioner, physician assistant, or Certified Nurse Midwife (CNM) for pregnancy care.
- Get information about Healthy First Steps — a maternity program for you and your baby. You can call Healthy First Steps at 1-800-599-5985.
- Access the Maternal Child Health Home Visiting Programs for pregnant women and families with children birth to age 5. There is no cost and a trained home visitor comes to the home to help families with education on topics such as: parenting, breastfeeding, employment and child care solutions, child abuse/child neglect prevention, child development, and school readiness.
- Schedule appointments and exams.
- Choose a pediatrician (child's doctor) for your new baby.
- Choose a PCP for you after the birth or return to the PCP you had before your pregnancy. Call Member Services after your delivery.
- Get information on community programs such as WIC (Women, Infants, and Children). You can call WIC at 1-800-252-5942.
- Get information on community programs such as Children's Information Center for car seats, child care, breastfeeding, and other resources. You can call the Office for Children with Special Health Care Needs at **1-800-232-1676** or [OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov).
- Get answers to your breastfeeding questions 24 hours a day by calling the Arizona Department of Health Services' **24-Hour Breastfeeding Hotline** at **1-800-833-4642** or by visiting [www.gobreastmilk.org](http://www.gobreastmilk.org).

### **Your doctor will give you:**

- Care before and after your baby is born (no copayments).
- Information about having a healthy pregnancy, such as good nutrition, quitting smoking, and exercise.
- Information about childbirth options and childbirth classes.
- Help with family planning choices and services after your baby's birth (including but not limited to birth control pills, condoms, and sterilizations).

### **Prenatal care appointment time frames.**

- First Trimester — Within 14 days of request for appointment.
- Second Trimester — Within 7 days of request for appointment.
- Third Trimester — Within 3 days of request for appointment.
- High-Risk Pregnancy — Within 3 days or immediately if it is an emergency.

Your appointments are very important to your health and the health of your baby. You should see your doctor during pregnancy even if you feel good. If you need to change your appointment, contact your doctor before your appointment. You should also see your doctor within 60 days after your baby's birth (postpartum care). If you had a cesarean section, your doctor may want to see you sooner.

At your postpartum checkup, your doctor will:

- Check to make sure you are healing well.
- Screen you for postpartum depression.
- Do a pelvic exam to make sure reproductive organs are back to pre-pregnancy condition.
- Answer questions about breastfeeding and examine your breasts.
- Address questions about having sex again and birth control options.

If you are pregnant, you can have an HIV test. If your test is positive, you can get specialty treatment and medical counseling. Talk to your PCP or contact your local department of public health for testing.

If you are pregnant and you have been seeing a doctor that is not in our network, you may be able to change plans. This is because you may have a medical continuity of care issue during your pregnancy. Please see "Changing Health Plans" earlier in this handbook.

If you find out you are no longer pregnant, call Member Services. They will help you arrange any health care services or changes you may need.

If you have questions or need help getting behavioral health services, please call the number on your ID card. Please see page 7 of this handbook for behavioral health crisis information and pages 41 – 43 for additional information about behavioral health services.

### **Substance Use Disorder Helpline: 855-780-5955**

The Substance Use Disorder Helpline is a **free, anonymous** resource for pregnant women and women in their **postpartum period** (up to one year) who are seeking help for themselves or a loved one who need help with Substance Use Disorder, Alcohol Use Disorder, or Opiate Use Disorder.

The Substance Use Disorder Helpline is available **24 hours a day, 7 days a week** and offers direct access to a licensed Behavioral Health Clinician/Specialized Substance Use Recovery Advocate (SURA) who can provide assistance and provider referrals. Substance use disorders occur when the recurrent use of alcohol, tobacco, or drugs (including opioids, marijuana, stimulants, and hallucinogens) causes significant impairment—such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

Some examples of when to call the Substance Use Disorder Helpline:

- You may be using substances inappropriately and are at risk of abuse or addiction.
- You are looking for help, but are too embarrassed to ask for it.
- You have concerns about your substance use, or the substance use of a friend or loved one.
- You have questions about the treatment of addiction, and what your insurance plan will cover.
- You are seeking providers who specialize in the treatment of substance use disorders.

**Substance Use Disorder is a disease.** Those suffering from any form of Substance Use Disorder need emotional support, empathy, and evidence-based treatment in order to recover — just like any other serious illness.

# Family Planning Services


Family planning services help you protect yourself from having an unwanted pregnancy and/or contracting a sexually transmitted disease. Both men and women of reproductive age are eligible to receive family planning services. Family planning services are available from your primary care physician or from any Planned Parenthood (1-800-230-7526) office statewide. Family Planning services do not require a referral.

Women may also see an OB/GYN to receive these services without a referral from their PCP. The OB/GYN must be contracted with UnitedHealthcare Community Plan. These services are offered at no cost to you and may be supplied by non-contracted providers. Family planning includes the following services:

- Birth control pills: Pill taken every day.
- Condoms (rubbers).
- Depo Provera: Shot given every three months for women.
- Diaphragm: Vaginal removable barrier worn by women.
- Emergency Contraceptive Pill (ECP): Pill taken after unplanned sex to prevent pregnancy.
- Family planning counseling.
- Family planning lab services.
- Hysteroscopic tubal sterilization.
- Intrauterine device (IUD), a device placed in the uterus.
- Medical and laboratory exams.
- Natural family planning education.
- Screening for Sexually Transmitted Infections (STIs).
- Spermicidal jelly, cream, or foam: Vaginal medication.
- Subdermal (under the skin) implantable contraceptives.
- Tubal ligation: Surgical procedure for women 21 and older.
- Vasectomy: Surgical procedure for men 21 and older.

The following are not covered for the purpose of family planning services:

- Infertility services including diagnostic testing, treatment services or reversal of surgical infertility.
- Pregnancy termination counseling.
- Pregnancy terminations (see section below for situations when medically necessary pregnancy terminations are covered).
- Hysterectomies.



If you lose eligibility for AHCCCS services, UnitedHealthcare Community Plan can help you find low-cost or no-cost family planning services, or you may call the Arizona Department of Health Services Hotline at 1-800-833-4642. Planned Parenthood provides low-cost family planning services. You can call 1-800-230-7526 for the office closest to you. Arizona Family Health Partnership can also help you find low- or no-cost family planning services. Contact Arizona Family Health Partnership at 602-258-5777 or 1-888-272-5652 if you live outside of the Phoenix area.

If you need treatment for a sexually transmitted infection (STI), contact your doctor or the Arizona Department of Health Services at 602-542-1025. Services provided by the Arizona Department of Health Services are also available to you if you lose AHCCCS coverage. We can also help you find low-cost or no-cost primary care services if you lose eligibility. If you need help finding these services, call Member Services.

**Pregnancy terminations are an AHCCCS covered service only in special situations.**

AHCCCS covers pregnancy termination if one of the following criteria is present:

1. The pregnant 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.
2. The pregnancy is a result of incest.
3. The pregnancy is a result of rape.
4. The pregnancy termination is medically necessary according to the medical judgment of a licensed physician, who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or behavioral health problem for the pregnant member by:
  - a. Creating a serious physical or behavioral health problem for the pregnant member,
  - b. Seriously impairing a bodily function of the pregnant member,
  - c. Causing dysfunction of a bodily organ or part of the pregnant member,
  - d. Exacerbating a health problem of the pregnant member, or
  - e. Preventing the pregnant member from obtaining treatment for a health problem.

## Dental Care

We feel that dental care is just as important as other care you receive. That's why we assign our members under the age of 21 to a dental home. This is like your PCP, but for dental care. You would see this dentist for your routine dental care. Your dental home assignment will be mailed to you. Call this dentist to make, cancel, or change an appointment. If you did not receive or have misplaced your dental home assignment information, you can call Member Services.

Our Member Services team can provide your dental home information to you. They can also help you change your dental home assignment.

For urgent dental appointments members will be seen no later than 3 business days of the request. Routine appointments are within 45 calendar days of request. To find a dentist or specialist visit [UHCommunityPlan.com](http://UHCommunityPlan.com) or call Member Services at **1-800-348-4058**.

Routine dental services are covered for members under the age of 21.\* Some of these services include:

- Dental exams, two per year.
- Application of topical fluoride.
- Fillings for cavities.
- Dental sealants.
- Dental cleanings.
- Emergency dental services.
- X-rays to screen for dental problems.

Members 21 years of age and older may receive emergency dental services of up to \$1,000 for each 12-month period beginning October 1st through September 30th.

### **\*DD members:**

Age 21 and over have a \$1,000 benefit for routine dental services including dentures and a \$1,000 benefit for emergency dental services for each 12-month period beginning October 1st through September 30th. We also assign DD members age 21 and over to a dental home. You can see this dentist for your routine dental care. You can change your dental home by calling Member Services at **1-800-348-4058**.

# Getting Your Prescriptions (Medications)

Getting your prescription medications is an important part of your health care. Prescription medications on UnitedHealthcare Community Plan’s medication list that are prescribed by your doctor are covered.

You can get your prescriptions filled at any contracted UnitedHealthcare Community Plan network pharmacy. Many are available 24 hours a day, seven days a week. For a list of pharmacies, use your provider directory or go to [UHCommunityPlan.com](https://www.uhc.com).

If you have a problem getting your prescription during normal business hours, call Member Services. If you have a problem getting your prescriptions after normal business hours, on weekends, or holidays, have your pharmacist call the pharmacy help desk. This number is on the back of your ID card.

## 90 day supply benefit.

Members can fill a 90 day supply of select maintenance medication at the retail pharmacy. Maintenance medications are typically those medications you take on a regular basis for a chronic or long term condition. With a 90 day supply, you won’t need to get a refill every month. To find out more details, talk to your doctor or pharmacist. For a complete list of medications included in this benefit call Member Services.

You have the ability to get maintenance medications by mail order. Maintenance medications are typically those medications you take on a regular basis for a chronic or long term condition. If you qualify, you can get a 90-day supply of your maintenance medications by mail and you won’t need to get a refill every month. Call Member Services for more information and to request a Mail Order Enrollment form.

## Prescription restrictions.

There may be situations where the plan feels it’s necessary to limit a member to a single pharmacy or prescribing physician due to inappropriate prescription use. You will be provided with a written letter explaining the reasons for this limitation before it happens. This letter will also include your right to appeal. The situations that can result in limiting a member to a single pharmacy or prescribing physician are listed below:

|                  |   |
|------------------|---|
| Over-utilization | Member utilized the following in a 3 month time period: <ul style="list-style-type: none"><li>• 4 or more prescribers; and</li><li>• 4 or more abuse potential drugs (e.g. opioids, muscle relaxers, tranquilizers); and</li><li>• 4 or more pharmacies.</li></ul> <b>OR</b><br>Member has received 12 or more prescriptions of the medications of concern (drugs with abuse potential) in the past three months. |
| Fraud            | Member has presented a forged or altered prescription to the pharmacy.  |



# Behavioral Health Services

We are concerned about how you feel. Behavioral health services can help you with personal problems that may affect you and/or your family. These problems may be stress, depression, anxiety or using drugs or alcohol.

AHCCCS Complete Care and DD members assigned to UnitedHealthcare Community Plan will receive all of their behavioral health care from UnitedHealthcare Community Plan with the exception of the first 23 hours of crisis care (see page 7) and some care for members determined to have serious mental illness.

**If you have questions or need help getting behavioral health services, please call the number on your ID card.**

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

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

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

Members are assessed for their health care needs and social determinants of health by their PCP, behavioral health provider, or care manager. A member’s assessment may indicate a housing need. Supported housing services are designed to assist individuals or families to obtain and maintain housing in various settings depending on member need, with emphasis on independent community settings including the person’s own home or apartments and homes owned or leased by a subcontracted provider.

Some members may qualify for Non-Title XIX/XXI services such as: room and board, mental health services (formerly known as traditional healing), auricular acupuncture, and supported housing rent/utility subsidies and relocation services. These services are available to members through a referral to the RHBA located in the member’s county.

A Serious Mental Illness (SMI) eligibility evaluation can be obtained at any qualifying AHCCCS behavioral health intake provider. Please call Member Services at **1-800-348-4058** for more information on how to be connected with a qualified AHCCCS behavioral health provider.

Members who are determined to have a Serious Mental Illness may be eligible to receive Special Assistance. Special Assistance is support provided to an individual who is unable due to a specific condition to communicate his/her preferences and/or to participate effectively in the development of his/her service plan, discharge plan, the appeal process and/or grievance/investigation process. If you need Special Assistance please speak with your behavioral health provider, care manager, or contact AHCCCS Office of Human Rights at 1-800-421-2124.

**The chart below will show you who provides your Behavioral Health Services.**

| Program                            | Behavioral Health Provider               |
|------------------------------------|--|
| AHCCCS Complete Care               | UnitedHealthcare Community Plan          |
| AHCCCS Complete Care (SMI Opt-Out) | RBHA or TRBHA                            |
| Developmentally Disabled           | UnitedHealthcare Community Plan or TRBHA |

All members are covered for behavioral health services in a crisis or emergency situation.

Behavioral Health Appointments are to be scheduled as expeditiously as the member’s health condition requires but no later than the following:

Urgent Behavioral Health Appointments are within 24 hours from the identification of need.

Routine care appointments: the initial assessment to be completed within 7 calendar days of referral or request. The first behavioral health service following the initial assessment is within 23 days. All other behavioral health services to be completed no later than 45 calendar days.

For Psychotropic Medications the need will be immediately assessed. An appointment will be scheduled no later than 30 calendar days from the identification of the need or sooner if the member is going to run out of medication or does not have a decline in the member’s behavioral health condition prior to starting the medication.

### **Behavioral health services you may be eligible for include, but are not limited to:**

- Behavioral health case management services.
- Behavioral health medicines, monitoring, and adjustment.
- Behavioral health therapeutic home care services.
- Behavioral management.
- Doctor services.
- Emergency and non-emergency transportation.
- Emergency or crisis services.
- Individual, group and family therapy and counseling.
- Inpatient hospital services, detoxification, and behavioral health residential services.
- Inpatient psychiatric facility services.
- Lab and radiology services.
- Peer and family support.
- Psychosocial rehabilitation.
- Psychotropic medications, adjustments and monitoring.
- Rehabilitation services.
- Respite care.
- Screening, evaluation, and diagnosis.
- Substance use (drug and alcohol) counseling, medication assisted treatment.
- Support services.
- Treatment planning.

You may self-refer to a behavioral health provider, or be referred by providers, schools, State agencies, or other parties. You may see a behavioral health counselor, addiction specialist, psychologist, or psychiatrist without a referral from your PCP. To access behavioral health services call the behavioral health number on your ID card, use your provider directory or visit our website at [UHCCommunityPlan.com](https://www.uhc.com/communityplan).

### **What if I am experiencing a behavioral health crisis?**

If you are experiencing a behavioral health crisis it is important for you to get help right away. Please call the crisis phone number for your area located on page 7 of this handbook.

**Substance Use Disorder Helpline 855-780-5955** — is a **free, anonymous** resource for **pregnant** women and women in their **postpartum period** (up to one year) who are seeking help for themselves or a loved one who need help with Substance Use Disorder. For more information see page 36 of this handbook or call the Substance Use Disorder Helpline directly.

# Arizona's Vision for the Delivery of Behavioral Health Services

All behavioral health services are delivered according to the following system principles. AHCCCS supports a behavioral health delivery system that includes:

1. Easy access to care,
2. Behavioral health recipient and family member involvement,
3. Collaboration with the Greater Community,
4. Effective Innovation,
5. Expectation for Improvement, and
6. Cultural Competency.

## The Twelve Principles for the Delivery of Services to Children:

### 1. Collaboration with the child and family:

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

### 2. Functional outcomes:

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

### 3. Collaboration with others:

- a. When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented,
- b. Client-centered teams plan and deliver services, and
- c. Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's DCS and/or DDD caseworker, and the child's probation officer.

d. The team:

- i. Develops a common assessment of the child's and family's strengths and needs,
- ii. Develops an individualized service plan,
- iii. Monitors implementation of the plan, and
- iv. Makes adjustments in the plan if it is not succeeding.

**4. Accessible services:**

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

**5. Best practices:**

- a. Behavioral health services are provided by competent individuals who are trained and supervised,
- b. Behavioral health services are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practices,"
- c. Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class members' lives, especially class members in foster care, and
- d. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

**6. Most appropriate setting:**

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

**7. Timeliness:**

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

## **8. Services tailored to the child and family:**

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

## **9. Stability:**

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

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

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

## **11. Independence:**

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

## **12. Connection to natural supports:**

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

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

## 1. **Respect.**

Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.

## 2. **Persons in recovery choose services and are included in program decisions and program development efforts.**

A person in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development is 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.**

A person 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 toward independence and allowing risk taking without fear of failure.**

A person 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.**

A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores 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.**

A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.

**7. Persons in recovery define their own success.**

A person 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. Persons 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.**

A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his or her 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 toward recovery.**

A person 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. A person in recovery is held as boundless in potential and possibility.



# Multi-Specialty Interdisciplinary Clinics

Multi-Specialty Interdisciplinary Clinics (MSICs) are clinics where members who have been designated as having a Children’s Rehabilitative Services (CRS) diagnosis can see their medical and behavioral health specialists and any others involved in their care, all at one location. At the MSIC, you and your family can meet face-to-face with the members of your team of providers to get medical care, plan your treatment, and receive other services that meet your unique needs. Each MSIC is open from the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday. Specific clinics, such as the cardiac clinic, may be held on certain days and times. Contact your MSIC for a schedule of clinics. To make, change or cancel appointments at the MSIC, contact the MSIC at the clinic phone number listed below.

Medical providers on your team could be:

## Surgeons

General pediatric surgeons  
Cardiovascular and thoracic surgeons  
Ear, Nose and Throat (ENT) surgeons  
Neurosurgeons  
Ophthalmology surgeon  
Orthopedic surgeons (general, hand, scoliosis, amputee)  
Plastic surgeons

## Medical Specialists

Cardiologists  
Neurologists  
Rheumatologists  
General Pediatricians  
Geneticists  
Urologists  
Metabolocists

## Dental Providers

Dentists  
Orthodontists

## MSICs are at the following locations:

### DMG Children’s Rehabilitative Services

3141 North 3rd Avenue  
Phoenix, AZ 85013  
**602-914-1520**  
**855-598-1871**

### Children’s Clinics

Square & Compass Building  
2600 North Wyatt Drive  
Tucson, AZ 85712  
**520-324-5437**  
**800-231-8261, ext. 45437**

### Children’s Rehabilitative Services

1200 North Beaver  
Flagstaff, AZ 86001  
**928-773-2054**  
**800-232-1018**

### Children’s Rehabilitative Services

2851 South Avenue B  
Building 25 #2504  
Yuma, AZ 85364  
**928-336-2777**  
**800-837-7309**

# Children's Rehabilitative Services (CRS)

## What is CRS?

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

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

## Who is Eligible for a CRS Designation?

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

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

The medical condition must:

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

Anyone can fill out a CRS application including a family member, doctor, or health plan representative. The CRS Unit can also help with completing the application. You can contact the CRS Unit at: 602-417-4545 or 1-855-333-7828.

For more information visit: <https://www.azahcccs.gov/PlansProviders/CurrentProviders/CRSreferrals.html>.

To apply for a CRS designation mail or fax:

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

UnitedHealthcare Community Plan will provide medically necessary care for physical and behavioral health services and care for the CRS condition.



### **The Member Advocacy Council (MAC).**

The Member Advocacy Council is a partnership between UnitedHealthcare Community Plan, our members, member families, and community advocacy organizations. MAC members meet quarterly to provide input about service delivery, member communications and materials, and person-centered resources. Members and member families from UnitedHealthcare Community Plan are recruited for membership on the MAC. The MAC provides the opportunity for members or their families to meet with other UnitedHealthcare Community Plan members and staff to share and discuss ideas and information on how they are experiencing care as a member.

If you would like to become involved in MAC activities, please send an email to [advocate.OIFA@uhc.com](mailto:advocate.OIFA@uhc.com) or contact Member Services at **1-800-348-4058**.

# Preauthorization Process

## **How will I know if a service has been approved (authorization) or denied?**

UnitedHealthcare Community Plan reviews the service request from you, your PCP, or your specialist. Your doctor will tell you if the service is approved. If the service has been denied, UnitedHealthcare Community Plan will send you a letter, called a Notice of Adverse Benefit Determination. You have a right to know the criteria that are used to make decisions. Normal authorization decisions will be made within 14 calendar days from the date the request is received. Extensions of up to 14 calendar days can be received if it is in your best interest. For example, we may be waiting to receive your medical records from your doctor. Instead of making a decision without those records, we may ask you if it's okay to get more time to receive the records. That way, the decision can be made with the best information. We will send you a letter asking for the extension.

Expedited (Rush) decisions in urgent, life-threatening situations should be made in no later than 72 hours following the receipt of the authorization request unless an extension is in effect. For more information, call Member Services on Notice of Adverse Benefit Determination letters and actions you can take.

Call Member Services for more information about filing an appeal.

UnitedHealthcare Community Plan: **1-800-348-4058**

TDD (for the hearing impaired): **1-800-367-8939** or **711**

## **Prior approval for an out-of-network provider.**

UnitedHealthcare Community Plan is a managed care plan. You should use the providers in our contracted network. However, there may be times when you need care from a provider that's not in our network. An out-of-network provider can request preauthorization to treat you. If the request is approved, you may see the out-of-network provider.

# Freedom of Choice

A provider network is a group of providers who contract with UnitedHealthcare Community Plan to provide services. If you'd like to select a provider based on convenience, location or cultural preference, you call Member Services. If our provider network is unable to provide medically necessary services required that you need, then these services can be covered through an out-of-network provider until a network provider is contracted. If you choose a provider not in our network, the provider will need to obtain prior authorization for services. All out-of-network providers must also be registered with AHCCCS.

# 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:**

- People under age 21,
- People determined to be Seriously Mentally Ill (SMI),
- An individual designated eligible for Children's Rehabilitative Services (CRS) pursuant to as Title 9, Chapter 22, Article 13,
- ACC, CMDP, and RBHA 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 and 64, and who are not entitled to Medicare, and who are not pregnant, and who have income at or below 133% 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% FPL are planned for the future. Members will be told about any changes in copays before they happen.



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

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

## People With Optional (Non-Mandatory) Copayments

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

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

Non-mandatory copays are also called optional copays. If a member has a non-mandatory copay, then a provider cannot deny the service if the member states that he or she is 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 individuals who are age 65 or older, blind or disabled.
- Freedom to Work (FTW).

Ask your provider to look up your eligibility to find out what copays you may have. You can also find out by calling UnitedHealthcare Community Plan Member Services. You can also check the UnitedHealthcare Community Plan 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    |
| Outpatient 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 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 Administration 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, AZ 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.

## **Member Share of Cost**

People who are enrolled in Arizona Long Term Care System (ALTCS) are not asked to pay copayments. This applies to copayments charged under Medicaid (AHCCCS). It does not mean a person is exempt from Medicare copayments.

Under ALTCS, you may pay for part of the cost of your services. If you have a monthly income, ALTCS will figure how much you need to pay. If you are living in a nursing center, you pay your “share of cost” to the center. ALTCS will tell you your “Member share of cost.” You may ask your ALTCS Eligibility Worker for these amounts at any time.

## **If You Are Billed**

If you receive a service covered under UnitedHealthcare Community Plan, you should not receive a bill. If you do, call your provider (doctor or hospital) right away. Tell them you have insurance with UnitedHealthcare Community Plan and make sure they have your ID number. Tell the provider to stop billing you and to send a claim to UnitedHealthcare Community Plan.

If you keep getting bills, send us a letter and a copy of your bill to:

UnitedHealthcare Community Plan  
Member Services  
Attn: Billing  
1 East Washington Street  
Phoenix, AZ 85004

We will contact the provider and tell them to stop billing you. If you agree to receive services that are not covered by UnitedHealthcare Community Plan, you may have to pay the bill.

### **When can members be billed for benefits that are not covered by AHCCCS?**

If you agree to receive services that are not covered by UnitedHealthcare Community Plan or agree to receive services that are in excess of what is allowed by the plan, you may have to pay the bill.

AHCCCS allows a provider to charge a member if:

1. The member requests a benefit that is not covered or not authorized by the health plan or AHCCCS; and
2. The provider provides the member with a document describing the benefits and the approximate cost; and
3. The member signs the document prior to getting the benefits, showing that the member understands and accepts responsibility for payment.

## **Other Insurance and Medicare**

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 UnitedHealthcare Community Plan and AHCCCS. Try to choose a PCP who works with both UnitedHealthcare Community Plan and your other insurance. This will help us coordinate your benefits. If you receive services from a doctor that is not contracted with UnitedHealthcare Community Plan, you must have preauthorization or you will be responsible for payment, including copays, coinsurance, and deductibles.

Members who have both AHCCCS and Medicare are called “dual eligible.” UnitedHealthcare Community Plan may help pay your coinsurance, deductible, and copayment amounts for Medicare Part A and B covered services if you use Medicare providers that are also contracted with UnitedHealthcare Community Plan or who follow all of UnitedHealthcare Community Plan’s cost-sharing rules.

Always tell your doctor 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. UnitedHealthcare Community Plan is your secondary insurance. UnitedHealthcare Community Plan may help you pay copays, coinsurance or deductibles that other insurance may charge you.

**Do not pay the doctor directly.** If you pay for AHCCCS-covered services directly, we cannot pay you back. **Tell your doctor to bill UnitedHealthcare Community Plan.** Make sure to show the doctor your UnitedHealthcare Community Plan ID card and your other insurance. This will help them to know where to send the bill. If you do not tell your doctor that you have other insurance, this may delay payment from UnitedHealthcare Community Plan.

If you have questions about how your primary insurance will impact your UnitedHealthcare Community Plan coverage, call Member Services prior to receiving services from your doctor.

# Medicare Drug Coverage for Barbiturates and Benzodiazepines

AHCCCS covers drugs which are medically necessary, cost-effective, and allowed by federal and state law.

For AHCCCS members with Medicare, AHCCCS does NOT pay for any drugs paid by Medicare or for the cost-sharing (coinsurance, deductibles, and copayments) for these drugs. AHCCCS and its contractors are prohibited from paying for these medications or the cost-sharing (coinsurance, deductibles, and copayments) for drugs available through Medicare Part D, even if the member chooses not to enroll in the Part D plan.

Some of the common names for benzodiazepines and barbiturates are:

| Generic Name                   | Brand Name    |
|--------------------------------|---------------|
| Alprazolam                     | Xanax         |
| Diazepam                       | Valium        |
| Lorazepam                      | Ativan        |
| Clorazepate Dipotassium        | Tranxene      |
| Chlordiazepoxide Hydrochloride | Librium       |
| Clonazepam                     | Klonopin      |
| Oxazepam                       | Serax         |
| Temazepam                      | Restoril      |
| Flurazepam                     | Dalmane       |
| Phenobarbital                  | Phenobarbital |
| Mebaral                        | Mephobarbital |

For information about copayments for drugs that are covered by AHCCCS, please read the section about copayments.

# Member Complaints

## **Grievances.**

If you have questions or concerns about your medical care, you should talk about them with your PCP or the provider that is treating you first. If you are not happy about UnitedHealthcare Community Plan, your doctor, or any part of your health care, you can file a grievance (complaint). There is not a filing limit for a grievance. You may file a grievance at any time. We will provide assistance to you in completing forms and taking other procedural steps related to filing a grievance. You can call UnitedHealthcare Community Plan Member Services to file a grievance over the phone or you can send your grievance in writing. Call **1-800-348-4058** for UnitedHealthcare Community Plan.

Send your written grievance to:

**UnitedHealthcare Community Plan**  
**Attn: Grievance Coordinator**  
**1 East Washington Street**  
**Phoenix, AZ 85004**

When we receive your grievance, UnitedHealthcare Community Plan will look into the problem and decide what to do. If your provider has your written permission they can file a grievance on your behalf. Most grievances are resolved within 10 days but not more than 90 days.

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

If UnitedHealthcare Community Plan decides that a requested service cannot be approved or if a service is reduced or ended, you will receive a letter called a Notice of Adverse Benefit Determination. This letter will tell you:

- What your doctor asked for.
- What action was taken and why.
- Your right to file an appeal, ask for a State Fair Hearing, or ask for an expedited resolution.
- Your right to have your benefits continue during your appeal and how to do it.

If you do not understand your Notice of Adverse Benefit Determination, call Member Services. You have a right to know the criteria that are used to make decisions. You can also file a grievance if you do not feel the letter was clear enough for you. If you are still not happy about the notice, you may contact AHCCCS Medical Management. Call 602-417-4000 or 1-800-654-8713 outside of Maricopa County or email [MedicalManagement@azahcccs.gov](mailto:MedicalManagement@azahcccs.gov).

## **DD members:**

### **Grievances/Requests for Investigation for a Serious Mental Illness (SMI) Reason.**

The SMI Grievance/Request for Investigation process applies only to adult persons who have been determined to have a serious mental illness and to any behavioral health services received by the member.

You can file a Grievance/Request for Investigation if you feel:

- Your rights have been violated.
- You have been abused or mistreated by staff of a provider.
- You have been subjected to a dangerous, illegal, or inhuman treatment environment.

You have 12 months from the time that the rights violation happened to file an SMI Grievance/Request for Investigation having to do with any behavioral services that you received. You may file a Grievance/Request for Investigation orally or in writing. Grievance/Request for Investigation forms are available at UnitedHealthcare Community Plan and providers of behavioral health services. You may ask staff for help in filing your grievance.

Contact Member Services at **1-800-348-4058, TTY 711** to make your oral or written Grievance/Request for Investigation.

To file a written Grievance/Request for Investigation directly, mail to:

UnitedHealthcare Community Plan  
Attn: Grievance and Appeals  
1 East Washington, Suite 900  
Phoenix, AZ 85004

Within 5 days of receiving the Grievance/Request for Investigation UnitedHealthcare Community Plan will respond in writing to the person filing the Grievance/Request for Investigation confirming that the Grievance/Request for Investigation has been received.

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## **DD members:**

### **Grievances/Requests for Investigation for a Serious Mental Illness (SMI) Reason.**

*(continued from previous page)*

Grievances concerning physical abuse, sexual abuse or a person's death are investigated by AHCCCS. To file an oral or written grievance concerning physical abuse, sexual abuse or a person's death, contact:

AHCCCS Office of Grievance and Appeals  
701 E. Jefferson St., MD6200  
Phoenix, AZ 85034

Or call 602-364-4575  
or fax 602-364-4591

Deaf or hard-of-hearing individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting AHCCCS.

AHCCCS will send you a letter within 5 days of getting your Grievance/Request for Investigation. This letter will tell you how your Grievance/Request for Investigation will be handled. If there will be an investigation, the letter will tell you the name of the investigator. The investigator will contact you to hear more about your Grievance/Request for Investigation. The investigator will then contact the person that you feel was responsible for violating your rights. The investigator will also gather any other information they need to determine if your rights were violated.

Within 35 days of an investigator being assigned, unless an extension has been asked for, you will get a written decision of the findings, conclusions and recommendations of the investigation. You will also be told if you have the right to appeal the decision if you do not agree with the conclusions of the investigation.

If you file a Grievance/Request for Investigation, the quality of your care will not suffer.

## **Appeals.**

If UnitedHealthcare Community Plan has denied a service that you think you should receive, you can file an appeal. The appeal can be written or verbal. Unless you need an expedited appeal, these must be requested in writing. If you want to file a verbal appeal, call Member Services. Call **1-800-348-4058** for UnitedHealthcare Community Plan.

UnitedHealthcare Community Plan can help you file an appeal. Your provider or representative can also file an appeal on your behalf with your written permission. You or your representative must file an appeal within 60 days from the date of the notice letter. You or your provider can't be retaliated against for filing an appeal. This means UnitedHealthcare Community Plan will not be upset at you or your provider or attempt to get back at either of you for filing an appeal.

Reasons for filing an appeal include:

- A denied authorization.
- A denied payment for a service either in whole or in part.
- The denial of your request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.
- UnitedHealthcare Community Plan reducing or terminating services.
- UnitedHealthcare Community Plan failing to provide services to you in a timely manner.
- UnitedHealthcare Community Plan failing to act within the time frame given for grievance and appeals.
- A denied request to obtain services outside the UnitedHealthcare Community Plan network.  
(Limited to residents of rural areas with only one health plan choice.)

You may send information by mail to:

**UnitedHealthcare Community Plan**  
**1 East Washington Street**  
**Phoenix, AZ 85004**  
**Attn: Appeals Department**

When UnitedHealthcare Community Plan gets your appeal, we will send you a letter telling you that we received your appeal. We may ask for more information to make a decision. If you want to continue your services during the appeal process, you must tell us no later than 10 days from the date of the Notice of Adverse Benefit Determination letter. If AHCCCS agrees with UnitedHealthcare Community Plan's decision, you may have to pay for these services.

## **DD members:**

### **Appeals for SMI Determination and for Other SMI Reasons.**

A serious mental illness (SMI) is a mental disorder in persons 18 years of age or older that's severe and persistent. Crisis Response Network (CRN), a provider that has a contract with UnitedHealthcare Community Plan, will make a determination of serious mental illness upon referral or request.

Members asking for a determination of serious mental illness and members who have been determined to have a serious mental illness can appeal the result of a serious mental illness determination.

CRN will send you a letter by mail to let you know the final decision on your SMI determination. This letter is called a Notice of Decision. The letter will include information about your rights and how to appeal the decision. To file an appeal, you can call CRN at 1-855-832-2866.

Persons who have been determined to have a serious mental illness can also appeal certain aspects of their treatment plan.

Persons determined to have a serious mental illness may also appeal the following adverse decisions:

- A decision regarding fees or waivers.
- The assessment report and recommended services in the service plan or individual treatment or discharge plan.
- The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title XIX/XXI funds.\*
- Capacity to make decisions, need for guardianship or other protective services or need for special assistance.

*\* Persons determined to have a serious mental illness cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.*

*(continues on next page)*



## **DD members:**

### **Appeals for SMI Determination and for Other SMI Reasons.**

*(continued from previous page)*

#### **What happens after I file an SMI appeal?**


If you file an appeal, you will get written notice that your appeal was received within 5 working days of UnitedHealthcare Community Plan's receipt. You will have an informal conference with UnitedHealthcare Community Plan within 7 working days of filing the appeal. The informal conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least 2 working days before the conference. You can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 working day of UnitedHealthcare Community Plan's receipt, and the informal conference must occur within 2 working days of filing the appeal. If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date that the resolution will be implemented. If there is no resolution of the appeal during this informal conference, the next step is a second informal conference with AHCCCS. You may waive the second level informal conference and proceed to a State Fair Hearing, however. If you waive the second level informal conference with AHCCCS, UnitedHealthcare Community Plan will assist you in filing a request for State Fair Hearing at the conclusion of the UnitedHealthcare Community Plan informal conference.

If there is no resolution of the appeal during the second informal conference with AHCCCS, you will be given information that will tell you how to get a State Fair Hearing. The Office of Grievance and Appeals at AHCCCS handles requests for State Fair Hearings upon the conclusion of second level informal conferences.

#### **Will my services continue during the appeal process?**

If you file an appeal, you will continue to get any services you were already getting unless a qualified clinician decides that reducing or terminating services is best for you, or you agree in writing to reducing or terminating services. If the appeal is not decided in your favor, UnitedHealthcare Community Plan may require you to pay for the services you received during the appeal process.



UnitedHealthcare Community Plan will make every effort to investigate your appeal within 30 days. Sometimes we need more information like medical records. If we need more time to get this information, UnitedHealthcare Community Plan will ask you for up to 14 more days to respond. This is called a Member Appeal Extension letter. The extra information and time will help us to completely look into your appeal. In addition, you or your representative may request a 14-day extension.

UnitedHealthcare Community Plan will mail a letter to you with our decision. This letter will tell you the decision, and what to do if you are unhappy with the decision. You can request a state fair hearing by following the steps in the Notice of Appeal Resolution letter.

**Expedited appeals.**

If you need a decision more quickly than 30 days, you may ask for an expedited (rushed) appeal. With your written permission, your provider or representative can also file an expedited appeal on your behalf. We will call you with our decision within 72 hours of getting your request for an expedited appeal. If we decide that your appeal does not need a fast decision, we will call you to let you know that your appeal will be handled within 30 calendar days. Within 2 days of our call to you we will also send you a letter explaining this.

If we approve your expedited appeal request the time frame may be extended up to 14 days. You will receive a Member Appeal Extension letter. The extra information and time will help us to completely look into your appeal. In addition, you or your representative may request a 14-day extension. If you don't agree with our decision, you can request an expedited State Fair Hearing.

**State Fair Hearings.**

If you do not agree with UnitedHealthcare Community Plan's decision on your appeal, you can request a State Fair Hearing. Your request for a State Fair Hearing must be in writing and received within 120 days from the date you receive the appeal resolution letter. AHCCCS will send you information on how your State Fair Hearing will be handled. The AHCCCS Administration will decide if UnitedHealthcare Community Plan's decision was correct. If AHCCCS decides that UnitedHealthcare Community Plan's decision was correct, you may have to pay for services you received during the State Fair Hearing. If AHCCCS decides that UnitedHealthcare Community Plan's decision was not correct, UnitedHealthcare Community Plan will authorize and pay for services promptly.

## **DD members:**

If you have questions or concerns about your medical care, you should talk about them with your PCP or the provider that is treating you first.

If you are not happy about UnitedHealthcare Community Plan, your doctor, or any part of your health care, you can file a grievance (a complaint). Member Services will take your grievance, and then UnitedHealthcare Community Plan will look into the problem and decide what to do.

If you are not satisfied with an action UnitedHealthcare Community Plan has taken or if UnitedHealthcare Community Plan has denied a service that you think you should receive, you may file a formal complaint (appeal) with UnitedHealthcare Community Plan. You can call Member Services or write to the address listed on page 60. You can also file with the DDD Compliance and Review Unit. You must file an appeal within 60 days of UnitedHealthcare Community Plan's action or decision. DDD will look into your appeal and send you a letter with the decision. The letter will also give you information on how to request a State Fair Hearing if you are not happy with DDD's decision. You must contact DDD within the time stated in the letter.

Contact the DDD Compliance and Review Unit by calling: **1-866-229-5553** or writing to:

**Division of Developmental Disabilities  
Office of Compliance and Review  
Site Code 791A  
1789 West Jefferson, Fourth Floor  
Phoenix, AZ 85007**

# Member Rights

## You have the right to:

- File a complaint about your health plan.
- Request information about the structure and operation of the health plan and its subcontractors.
- Request information on whether or not UnitedHealthcare Community Plan has Physician Incentive Plans (PIP) that affect the use of referral services, the right to know the types of compensation arrangements the Contractor uses, the right to know whether stop-loss insurance is required and the right to a summary of member survey results, in accordance with PIP regulation.
- Be treated fairly and receive covered benefits and services regardless of race, ethnicity, color, gender, religion, age, national origin, ability to speak English, ability to pay, marital status, sexual preference, genetic information, behavioral health condition, intellectual or physical disability.
- Have services given in a way that respects your culture, language, background, and abilities.
- Receive interpreter services at no charge.
- Get this information in a language or format that you understand, including sign language or Braille.
- Privacy during medical visits, appointments, and treatments.
- Privacy and protection of your health information.
- Change your doctor that is contracted with UnitedHealthcare Community Plan.
- Have freedom of choice to see any in-network provider. Members cannot obtain services from a provider who is not contracted with UnitedHealthcare Community Plan (unless prior approved by the health plan). If you have other insurance, you can see a non-contracted provider. If you are unsure, call UnitedHealthcare Community Plan Member Services.
- Know the professional background of any person involved in your care.
- Know the name of your doctor.
- Know that at times the health plan may coordinate care with schools and state agencies as allowed.
- Talk to your doctor about your health care and how to get covered services. Call Member Services if you have questions that your doctor did not answer.
- Get a replacement caregiver for critical services within 2 hours.
- Request a second opinion from a qualified health care professional within UnitedHealthcare Community Plan's network, at no cost to you. A second opinion may be received from an out-of-network provider, at no cost to you, if there is no in-network coverage.
- Get information on available treatments and treatment options and the right to refuse treatment appropriate to your condition in language that you understand.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand the information.
- Get information on Advance Directives.

- Access to your medical records or child's medical records at no cost to you as allowed by law.
- Request an annual copy of your medical records, at no cost to you, and be told how long it will take UnitedHealthcare Community Plan (UHCCP) to get the record to you. UHCCP must respond in 30 days with a copy of the record or a written denial. The denial has to include information on how to get a review of the denial.
- Member has the right to request their medical records be amended or corrected as allowed by law.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Receive information about your benefits and health plan.
- Be treated with respect and dignity by UnitedHealthcare Community Plan staff and health care providers.
- Receive information on beneficiary and plan information.
- Be involved in decisions about your health care, or have a representative facilitate care or help make decisions if you are not able to do so.
- Refuse care or refuse care from certain doctors.
- Know the languages spoken by each contracted UnitedHealthcare Community Plan doctor.
- Receive emergency care at any hospital or other setting without approval from your doctor or UnitedHealthcare Community Plan.
- Get information on how to get mental health care, substance abuse services, or a referral for specialty services not provided by your PCP.
- Know how UnitedHealthcare Community Plan evaluates new technology and decides to cover new treatments.
- Know if you need insurance for very large claims (stop-loss insurance).
- Know how UnitedHealthcare Community Plan compensates doctors.
- Receive a summary of member survey results.
- Request information about grievances, appeals and requests for hearings.
- Request information about getting services outside UnitedHealthcare Community Plan's contracted service area.
- Request the criteria used to make decisions about your care.

# Fraud and Abuse

## **Fraud.**

UnitedHealthcare Community Plan provides services to people who are in need and qualify for services. It is important to make sure that our members and providers follow the rules for getting and billing for covered services. If the rules aren't followed, a member or provider might be committing fraud. Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable State or Federal law, as defined in 42 CFR 455.2. Report anything you see that doesn't look right. This includes:

- Using someone else's ID card or allowing someone to use yours.
- Giving a wrong address in order to qualify for AHCCCS.
- A doctor or facility billing you for covered services.
- A doctor giving you services you don't need.
- A provider offering inappropriate services.

## **Abuse.**

Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the AHCCCS program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the AHCCCS Program. 42 CFR 455.2.

## **Abuse of member.**

Abuse of a member is defined by Arizona law (A.R.S. 46-451 and 13-3623). It means any intentional, knowing or reckless infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, emotional or sexual abuse, or sexual assault.

## **Reporting fraud and abuse.**

Fraud and abuse are serious offenses. There can be penalties under the law. You can report fraud or abuse by calling Member Services. You can also call AHCCCS at 1-888-487-6686 or 602-417-4193. Or, go to their website, [azahcccs.gov](http://azahcccs.gov). You do not have to give your name. You will not get in trouble for reporting fraud or abuse.

# Family Support Information and Community Resources

## **Member Advocacy/Liaisons/Coordination.**

UnitedHealthcare Community Plan supports our members by having member advocates to support members' needs where unique community resources are available. These advocates can be reached by emailing [advocate.OIFA@uhc.com](mailto:advocate.OIFA@uhc.com) or calling Member Services at **1-800-348-4058**. Examples of these supports are listed below:

### ***Adult Behavioral Member Advocate.***

A member advocate with adult behavioral health experience works with adult members with special healthcare needs, their families, member advocates and others within the community. The Adult Behavioral Member Advocate will assist members navigate between their physical, behavioral health and social needs. They will make certain that request, complaints, and concerns are addressed and followed up to completion for the member.

### ***Child Behavioral Member Advocate.***

A member advocate with child behavioral health experience working with children with special healthcare needs, their families, member advocates and other within the community. The Child Behavioral Member Advocate will assist members/parent(s)/guardian(s) to navigate between their child's physical, behavioral health and social needs. They will make certain that request, complaints, and concerns are addressed and followed up to completion for the member/parent(s)/guardian(s).

### ***Court Coordinator.***

A single point of contact for information specific to the court's disposition for eligible members (e.g. Drug Court, Mental Health Court, Criminal Proceedings), coordination of court ordered evaluation and treatment, and who assist to assure court related follow-up.

### ***CRS Liaison.***

Your single point of contact for members with a CRS designation. This person works with the members assigned Multi-Specialty Interdisciplinary Clinic (MSIC) to help members/parent(s)/guardian(s) navigate between their child's physical, specialty care, behavioral health and social needs. They will make certain that request, complaints, and concerns are addressed and followed up to completion for the member/parent(s)/guardian(s). For more information email [CRS\\_SpecialNeeds@UHC.com](mailto:CRS_SpecialNeeds@UHC.com).

### ***Justice System Liaison.***

Your single point of contact for communication with the justice system; This person works with the Arizona Department of Corrections (ADOC), County Jails, Sherriff's Office, Correctional Health Services, Arizona Department of Juvenile Corrections (ADJC), Arizona Office of the Courts (AOC) and Probation Departments.

### ***Tribal Coordinator.***

Coordinates care and service for American Indian members with tribal nations and tribal providers, promoting services and programs to improve the health of American Indian members. The Tribal Coordinator assist to assure American Indian members request, complaints, and concerns are addressed and followed up to completion.

### ***Veterans Advocate.***

The Veterans Advocate is experienced in working with Veterans and family members of veterans, advocates and providers. The Advocate provides education and support to our veterans to help them through the health system to assure their medical needs are met. Additionally, they provide assistance to members needs such as employment and housing. Their goal is to provide one-on-one support to our Veteran members. For more information email the Veteran Advocate at [milvet\\_advocate@uhc.com](mailto:milvet_advocate@uhc.com).

### **Ability 360.**

Ability 360 offers and promotes programs designed to empower people with disabilities to take personal responsibility so that they may achieve or continue independent lifestyles within the community.

Disability Benefits 101 (AZ DB101) is an online tool to help Social Security beneficiaries make informed decisions about going to work.

[www.az.db101.org](http://www.az.db101.org)

If you live outside of Maricopa county call the 800 number below.

### **Main Office**

5025 East Washington Street

Phoenix, AZ 85034

**1-602-256-2245**

**1-800-280-2245**

<http://ability360.org/>

### **ABLE National Resource Center.**

ABLE accounts are tax-advantaged savings accounts for individuals with disabilities and their families.

Phone: **202-683-6094**

<http://www.ablenrc.org/state-review/arizona>



### **Area Agency on Aging.**

The goal of an Area Agency on Aging (AAA) is to enable older people to maintain maximum independence and dignity within their own homes and communities as long as possible by developing a system of coordinated, comprehensive services to meet their needs. The programs offered are designed to enhance the quality of life of residents and caregivers. AAA advocate, plan, coordinate, develop and deliver numerous programs and services.

The AAA provides education about Medicare and the different Medicare Plan options. In addition, they have a Long Term Care Ombudsman Program. The primary purpose of the Long Term Care Ombudsman Program is to identify, investigate and resolve complaints made by or on behalf of residents of long term care facilities. If you have a complaint, concern or would like more information, contact your local AAA. The AAAs are listed below by county:

#### **MARICOPA COUNTY**

<http://www.aaaphx.org/>

Phone: 602-264-2255

Toll-Free: 1-888-783-7500

#### **COCONINO, YAVAPAI, APACHE, AND NAVAJO COUNTIES**

<http://nacog.org/>

Phone: 928-213-5226

Toll-Free: 1-877-521-3500

#### **LA PAZ, MOHAVE, AND YUMA COUNTIES**

<http://www.wacog.com/>

Phone: 1-800-782-1886

#### **Arizona 211.**

This website helps you find resources from child care, jobs, health care, and insurance. It shows bulletins and alerts for disaster or emergency. It partners with government, tribal, non-profit and community groups to help you find resources.

Phone: 2-1-1 within Arizona or 1-800-367-8939 TDD

<https://211arizona.org/>

#### **MOHAVE COUNTY**

Phone: 928-753-6247

#### **GILA AND PINAL COUNTIES**

Phone: 520-836-2758

Toll-Free: 1-800-293-9393

#### **PIMA COUNTY**

<http://www.pcoa.org/>

Phone: 520-790-7262

### **Arizona's Aging and Disability Resource Center (ADRC).**

ADRC was created to help Arizona seniors, people with disabilities, caregivers and family members locate resources and services that meet their needs.

Phone: **602-542-4446** or toll-free **1-888-737-7494**,  
hearing impaired (TTY/TDD) **1-866-602-1982**  
[www.azlinks.gov](http://www.azlinks.gov)

### **Arizona Alzheimer's Association.**

**1-800-272-3900** for the Alzheimer's Association 24-hour helpline.  
<http://www.alz.org/dsw>

### **Arizona Association of Community Health Centers.**

Is a membership of non-profit public primary care centers. For more information, visit the website at <http://www.aachc.org/>, call **602-253-0090** or send an email to [info@aachc.org](mailto:info@aachc.org).

### **Arizona Center for Disability Law.**

Arizona Center for Disability Law is a non-profit law firm that assists Arizonans with disabilities to promote and protect their legal rights to independence, justice, and equality.

Phone: **1-800-927-2260** (Phoenix) or **1-800-922-1447** (Tucson)  
[azdisabilitylaw.org](http://azdisabilitylaw.org)

### **Arizona Coalition Against Sexual and Domestic Violence.**

Phone: **1-800-782-6400**  
[acesdv.org](http://acesdv.org)

### **Arizona Department of Health Services – Bureau of Women and Children's Health.**

**Office for Children with Special Health Care Needs (OCSHCN)** — The Office for Children with Special Health Care Needs (OCSHCN) continues working to improve systems of care; provide information and referral to families who would like assistance in finding the services available to their child; provide training to families and professionals on best practices related to medical home, cultural competence, transition to adulthood and family and youth involvement; and support telemedicine to provide services in remote areas of the state. You may contact OCSHCN by calling **1-800-232-1676** or sending an email to [OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov). Their website is <https://www.azdhs.gov/prevention/womens-childrens-health/ocshcn/index.php>.

### **Arizona Department of Health Services, Health Systems Development.**

Offers programs and services to improve access to primary health care for underserved and vulnerable populations. For more information, visit the website at [http://www.azdhs.gov/hsd/sfs\\_provider.htm](http://www.azdhs.gov/hsd/sfs_provider.htm) or call **602-542-1219**.

### **AzEIP.**

The Arizona Early Intervention Program (AzEIP) is a statewide system of supports and services for families and children birth to age 3, with disabilities or developmental delays. For more information about AzEIP, call **602-532-9960**, call toll-free at **1-888-439-5609**, or visit the website at [des.az.gov/services/disabilities/developmental-infant](http://des.az.gov/services/disabilities/developmental-infant). If AzEIP services are provided by UnitedHealthcare Community Plan, call **1-800-348-4058**, or visit the website [UHCommunityPlan.com](http://UHCommunityPlan.com).

### **AZ Suicide Prevention Coalition.**

To change those conditions that result in suicidal acts in Arizona through awareness, intervention, and action.

<http://www.azspc.org>

**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.

### **Ability 360**

5025 E. Washington St., Suite 200  
Phoenix, AZ 85034  
Phone: **602-256-2245**, Toll-Free: **1-800-280-2245**  
<http://ability360.org/>

### **DIRECT Center for Independence**

1001 N. Alvernon Way  
Tucson, AZ 85711  
Phone: **1-800-342-1853**  
<http://directilc.org/>

### **New Horizons Disability Empowerment Center**

9400 E. Valley Road  
Prescott Valley, AZ 86314  
Phone: **928-772-1266**  
[www.nhdec.org](http://www.nhdec.org)

### **ASSIST! to Independence**

P.O. Box 4133  
Tuba City, AZ 86045  
Phone: **928-283-6261**, Toll-Free: **1-888-848-1449**  
<http://www.assistti.org/>

### **S.M.I.L.E. (Services Maximizing Independent Living and Empowerment)**

1929 S. Arizona Ave., Suite 12  
Yuma, AZ 85364  
Phone: **928-329-6681**  
[www.smile-az.org](http://www.smile-az.org)

### **Dump the Drugs AZ.**

Prescriptions Drug Drop-Off Locations:

<https://azdhs.gov/gis/dump-the-drugs-az/>

### **Family Involvement Center.**

Family Involvement Center is a not-for-profit, family-directed run organization that was founded in 2001. The majority of employees and Board of Directors have personal life experience raising children with emotional, behavioral, and/or mental health challenges. Services include parent training, resources and support.

#### **Family Involvement Center**

5333 N 7th Street, Suite A-100

Phoenix, AZ 85014

Parent Assistance: **602-288-0155**

**1-877-568-8468** Toll-Free

Administration: **602-412-4095**

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

### **Family planning services and HIV testing.**

Please contact your primary health care provider for information about family planning and HIV/STI testing. For additional information about family planning services and HIV testing, call the ADHS Bureau of Women's and Children's Health Hot Line at **1-800-833-4642** or visit the website at [www.azdhs.gov/phs/owch/index.htm](http://www.azdhs.gov/phs/owch/index.htm). Family planning services and HIV/STI testing are available at the Arizona Family Partnership **602-258-5777** or **1-888-272-5652** or visit the website at [www.arizonafamilyhealth.org](http://www.arizonafamilyhealth.org). Planned Parenthood also offers testing and services. Call **1-800-230-7526**. You may also get additional information from your AHCCCS or ALTCS health plan.

### **Head Start.**

Head Start is a program that provides health, educational, nutritional, social, and other services to low-income children and families. Head Start programs create learning environments that support a child's growth in language, literacy, mathematics, science, social and emotional functioning, creative arts, and physical skills. To learn more about the Head Start program or to find a program in your area, call **1-866-763-6481** or visit the Head Start locator at <http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartoffices>.

### **HealthArizonaPlus.gov.**

Get information about AHCCCS coverage and apply online at [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov) or call **1-855-432-7587**, 7:30 a.m. – 5:00 p.m., Monday – Friday.

### **Help to Stop Smoking.**

Would you like to make a plan to quit smoking?

There are community support groups, cessation treatment, care and services available to members at <http://www.azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az/index.php>. Or contact ASHLine Arizona Smokers' Helpline.

**1-800-55-66-222**

For Prescription to Quit, ASHLine will call you back within three days. If you're ready to QUIT NOW do not wait, call now **1-800-55-66-222**.

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

### **Information and referral services.**

The Children's Information Center Hotline can help you find resources in your community. The statewide toll-free number is **1-800-232-1676**. For people with hearing loss or impairment, there is a State Telecommunication Device (TTY/TDD) at **1-800-367-8939**. The hotline operates 8:00 a.m. – 5:00 p.m., Monday – Friday.

### **Legal Aid.**

[www.azlawhelp.org/legalaidlisting.cfm](http://www.azlawhelp.org/legalaidlisting.cfm)

### **Low-Income Housing.**

For information on low-income housing and shelter:

<https://211arizona.org/>

### **Mental Health America of Arizona (MHAAZ).**

<http://www.mhaarizona.org/>

Contact Mental Health America of Arizona weekdays by calling **1-480-994-4407**, outside Maricopa County, **1-800-MHA-9277**.

### **Mentally Ill Kids in Distress (MIKID).**

MIKID improves the behavioral health and wellness of children and youth through a family-centered approach.

<http://www.mikid.org>

### **National Alliance on Mental Illness (NAMI).**

NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

[NAMI.org](http://NAMI.org)

### **Pilot Parents of Southern Arizona.**

Provides services for children and adults with developmental disabilities and their families. Services include parent training and parent leadership development. For more information call **1-877-365-7220** or **520-324-3150**, or email [ppsa@pilotparents.org](mailto:ppsa@pilotparents.org).  
[www.pilotparents.org](http://www.pilotparents.org)

### **Raising Special Kids — Arizona’s family-to-family health information center.**

Raising Special Kids is a non-profit organization of families helping families of children with disabilities and special health needs in Arizona. They provide information, training and materials to help families understand and navigate systems of care. Parents are supported in their leadership development as they learn to advocate for their children. Raising Special Kids promotes opportunities for improving communication between parents, youth with disabilities, educators and health professionals. All programs and services are provided to families at no cost.

### **Raising Special Kids**

5025 East Washington Street, Suite 204  
Phoenix, AZ 85034

**1-800-237-3007** Toll-Free

**602-242-4366**

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

### **Residential Options.**

Public Housing (HUD):

<https://portal.hud.gov/hudportal/HUD?src=/states/arizona/renting/hawebsites>

Privately Owned Subsidized Housing Program:

<http://www.hud.gov/apps/section8>

Housing Choice Voucher Program:

<https://portal.hud.gov/hudportal/HUD?src=/states/arizona/renting/hawebsites>

### **WIC.**

The Arizona Women, Infants, and Children Program (WIC) provides Arizona residents with nourishing supplemental foods, nutrition education, and referrals. People who use WIC are women who either are pregnant, breastfeeding, or have just had a baby; and infants and children who have nutritional needs and meet income guidelines. Call the WIC hotline at **1-800-252-5942** for more information.

# Immunizations (Shots)

Immunizations (shots) can keep you and your child from getting sick in the future. Talk with your child's PCP about the immunizations that are needed and when they are needed. You should use an immunization schedule and have the schedule updated when you visit your child's doctor.

Here are the essentials to know about each of these vaccines.

**DTaP** protects against diphtheria, tetanus, and pertussis (whooping cough). It requires five doses during infancy and childhood. DTaP boosters are then given during adolescence and adulthood.

**HepA** protects against hepatitis A. This is given as two doses between 1 and 2 years of age.

**HepB** protects against hepatitis B (infection of the liver). HepB is given in three shots. The first shot is given at the time of birth.

**Hib** protects against *Haemophilus influenzae* type b. This infection used to be a leading cause of bacterial meningitis. Hib vaccination is given in three or four doses.

**HPV** protects against cancers caused by Human papillomavirus. Children 11 or 12 years of age should get two shots of HPV, six to 12 months apart.

**Influenza (flu)** protects against the flu. This is a seasonal vaccine that is given yearly. Flu shots can be given to your child each year, starting at age 6 months. Flu season can run from September through May.

**IPV** protects against polio and is given in four doses.

**Meningococcal** protects against the bacteria that causes meningococcal disease. Children should get this vaccine at 11 or 12 years of age.

**MMR** protects against measles, mumps, and rubella (German measles). MMR is given in two doses. The first dose is recommended for infants between 12 and 15 months. The second dose is usually given between ages 4 and 6 years. However, it can be given as soon as 28 days after the first dose.

**PCV** protects against pneumococcal disease, which includes pneumonia. PCV is given in a series of four doses.

**RV** protects against rotavirus, a major cause of diarrhea. RV is given in two or three doses, depending on the vaccine used.

**Tdap** protects your child from diphtheria, tetanus and whooping cough. Children should get this vaccine at 11 or 12 years of age.

**Varicella** protects against chickenpox. Varicella is recommended for all healthy children. It's given in two doses.

# Adult Care

Getting care early may help your doctor find and treat health problems and keep you healthy. Follow the schedule below for your wellness care. Your PCP will also give you tips to stay healthy, like eating right and exercising regularly.

## Adult care schedule.

| Type of Service                  | 21 – 64 Years Old  | 65 Years Old and Over                                      |
|----------------------------------|--|--|
| <b>Blood pressure check</b>      | Every year (additional tests based on your health history) | Every year (additional tests based on your health history) |
| <b>Breast exam</b>               | Every year   | Every year   |
| <b>Cholesterol check</b>         | Once (additional tests based on history)                   | Based on history   |
| <b>Colorectal cancer</b>         | Every year from age 50                                     | Every year   |
| <b>Flu vaccine</b>               | Every year   | Every year   |
| <b>Health education</b>          | Every doctor visit   | Every doctor visit   |
| <b>HIV screening</b>             | Ask your doctor if you are at risk                         | Ask your doctor if you are at risk                         |
| <b>Immunizations (shots)</b>     | Ask your doctor if you are at risk                         | Ask your doctor if you are at risk                         |
| <b>Mammogram</b>                 | Every year for age 40 and over or based on medical need    | Every year   |
| <b>Pap smear</b>                 | Annually for sexually active women                         | See your PCP or GYN  |
| <b>Physical exam (unclothed)</b> | Every year   | Every year   |
| <b>Pneumonia vaccine</b>         |  | Once on or after age 65                                    |





| Type of Service  | 21 – 64 Years Old   | 65 Years Old and Over                 |
|--|---|---------------------------------------|
| <b>Prostate screening</b>                                | Every year after age 50<br>(additional tests based on your health history)        | Every year                            |
| <b>Sexually Transmitted Disease screening</b>            | At least once during pregnancy<br>(additional tests based on your health history) | Ask your doctor if you are at risk    |
| <b>Tdap</b> (tetanus/diphtheria/<br>acellular pertussis) | Every 10 years  | Every 10 years                        |
| <b>Testicular exam</b>                                   | Every 2 years from<br>age 18 – 39   | Not required                          |
| <b>Tuberculosis screening</b>                            | Once (additional tests based<br>on your health history)                           | Ask your doctor if you are<br>at risk |

These are general guidelines. Your PCP may want you to get these services more or less often.

# Decisions About Your Health Care (Advance Directives)

You have rights and responsibilities as a member of UnitedHealthcare Community Plan. One is the right to decide about different options for your health care and treatment. To make sure the decisions you make about your care are followed, you should write them down. This document is called an Advance Directive. Advance Directives are not difficult to write. It can be short sentences. It tells health care professionals what you want done if you become very ill and can't tell them yourself. If you are not able to express your decisions, a court may appoint a guardian to make decisions for you. Examples of Advance Directives are the Healthcare Power of Attorney and a Living Will.

## **Healthcare power of attorney.**

Someone to whom you have given the authority to make health care decisions for you if you cannot make them (usually a close friend, relative or spouse). This person is called an "agent."

## **Living will.**

A document where you write out the specific type of health care treatment(s) you do or do not want if you are not able to express your decisions to your doctor. It can also tell your doctor whether or not to make special efforts to save your life if you are seriously ill.

Give your doctor a copy of your Power of Attorney and Living Will. Keep a copy for yourself. You may change these directions anytime. If you make changes, be sure everyone has a new copy.

**UnitedHealthcare Community Plan cannot help you with these directions. The following groups can give you information and help you write directions about your health care decisions:**

**In Tucson:**

**Southern Arizona Legal Aid**

Phone: 520-623-9465

Fax: 520-620-0443

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

**Statewide:**

**Community Legal Services, Inc.**

305 South 2nd Avenue

P.O. Box 21538

Phoenix, AZ 85036-1538

Phone: 1-800-852-9075

**Arizona Attorney General:**

[www.azag.gov/seniors/life-care-planning](http://www.azag.gov/seniors/life-care-planning)

The Arizona Advance Directive Registry is a free registry you can use to electronically store and access your medical directives. Their secure and confidential program grants peace of mind to registrants and their families, and easy access to all health care providers. For more information call 1-800-458-5842 or visit <https://azsos.gov/services/advance-directives>.

**DD members:**

Your DDD Support Coordinator can assist you in developing an Advance Directive. Your DDD Support Coordinator can be reached by calling 1-800-624-4964 or 602-771-8080.

# Glossary

**Abuse:** Causing a person harm on purpose. This includes yelling, ignoring a person's need, hurting or inappropriate touching.

**Action:** The denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of previously authorized services; the denial, in whole or in part, of payment for a service; the failure to provide services in a timely manner as set forth in contract; the failure of a Contractor to act within the time frames specified in contract; and for enrollees residing in a rural area with only one Contractor, the denial of an enrollee's right to obtain services outside the Contractor's network.

**Administrative Hearing:** A hearing under A.R.S. Title 41, Chapter 6, Article 10 (also called State Fair Hearing).

**Appeal:** To ask for review of a decision that denies or limits a service.

**Arizona Health Care Cost Containment System (AHCCCS):** The state agency that manages health care programs and covered health care services provided through contracted health plans.

**Arizona Long Term Care System (ALTCS):** An AHCCCS program that delivers long term care to members. Members under ALTCS are elderly, have physical disabilities or developmental disabilities.

**Auxiliary Aid:** Services or devices that help people with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in the health plan.

**Behavioral Health Crisis:** A situation where, without immediate help, you might hurt yourself or someone else.

**Behavioral Health Services:** Behavioral health services may include behavior management, group, family and individual therapy and counseling, and emergency/crisis services.

**Certified Nurse Midwife (CNM):** 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.

**Copayment:** Money a member is asked to pay for a covered health service, when the service is given.

**Court Ordered Evaluation and Treatment:** A mental health evaluation based upon member needs is petitioned by a hospital, mental health agency or inpatient facility. Court ordered treatment is ordered by the court for a member who meets established criteria and is unwilling or unable to accept voluntary treatment.

**Department of Economic Security (DES):** The state agency that determines if a person is eligible for Medicaid.

**Developmentally Disabled (DD):** This is the DDD health plan you are enrolled with to help provide the medically necessary health care treatment and services you need.

**Durable Medical Equipment:** Equipment and supplies ordered by a health care provider for a medical reason for repeated use.

**Early Periodic Screening, Diagnostic and Treatment (EPSDT):** A health care program for children up to age 21.

**Emergency:** A situation where a person's health, or the health of an unborn baby, could be threatened. Medical help is needed right away.

**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; or
- Put a pregnant woman's baby in danger; or
- Cause serious damage to bodily functions; or
- Cause serious damage to any body organ or body part.

**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, or
- Not medically needed.

**Excluded Services:** See *Excluded*.

**Fraud:** Lying in order to receive AHCCCS benefits. This includes lying about personal information to qualify for AHCCCS benefits. Doctors may commit fraud by lying about services provided and then sending AHCCCS a bill.

**Free Standing Birthing Centers:** Out-of-hospital, outpatient obstetrical facilities, licensed by the ADHS and certified by the Commission for the Accreditation of Free Standing Birthing Centers. These facilities are staffed by registered nurses 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.

**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 Information:** Facts about a member's health care. This information may be received or created by UnitedHealthcare Community Plan or a provider. It includes information about a member's physical and mental health, as well as payments for health care.

**Health Insurance:** Coverage of costs for health care services.

**Health Insurance Flexibility and Accountability Act (HIFA):** Offers health care coverage to families with and without children who do not qualify for Medicaid.

**High-Risk Pregnancy:** Refers to a pregnancy in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High-risk is determined through the use of the Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

**Home Health Care:** See *Home Health Services*.

**Home Health Services:** Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor's order.

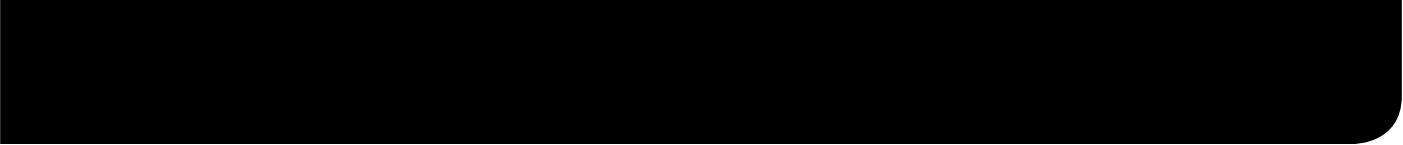
**Hospice Services:** Comfort and support services for a member deemed by a Physician to be in the last stages (six months or less) of life.

**Hospitalization:** Being admitted to or staying in a hospital.

**Hospital Outpatient Care:** Care in a hospital that usually does not require an overnight stay.

**In-Network Provider:** A health care provider that has a contract with your health plan.

**KidsCare:** AHCCCS program that provides health care coverage to children under age 19. KidsCare is for children who do not have health insurance and would not qualify for Medicaid.



**Licensed Midwife:** An individual licensed by the Arizona Department of Health Services (ADHS) to provide maternity care pursuant to A.R.S. Title 36, Chapter 6, Article 7 and A.A.C. 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).

**Living Will:** A document where you write what you want done with your health care. The doctor uses this if you are not able to express what you want. It lists specific treatments you do or do not want. It can also tell your doctor whether or not to make special efforts to save your life.

**Mammogram:** Screening exam for breast cancer. Recommended for women over the age of 35.

**Managed Care:** A health plan that works like an HMO. Covered services are provided by providers who contract with the health plan.

**Maternity Care:** Includes identification of pregnancy, prenatal care, labor/delivery services, and postpartum care.

**Maternity Care Coordination:** Consists of the following maternity care related activities: determining the member's medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.

**Medically Necessary:** A service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.

**Member:** An eligible person enrolled in AHCCCS who has selected UnitedHealthcare Community Plan as their health plan.

**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*.

**Notice of Adverse Benefit Determination:** The written notice to the member regarding an action by the Contractor.

**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*.

**Perinatal Services:** Medical services for the treatment and management of obstetrical patients and neonates (A.A.C. R9-10-201).

**Physician Services:** Health care services given by a licensed physician.

**Plan:** See *Service Plan*.

**Postpartum:** The period beginning the day of parturition and ends the last day of the month in which the 57th day following parturition occurs.

**Postpartum Care:** Health care provided for a period of up to 60 days post-delivery. Family planning services are included, if provided by a physician or practitioner, as addressed in AMPM Policy 420.

**Power of Attorney:** Someone to whom you have given the authority to make health care decisions for you if you cannot make them (usually a close friend, relative or spouse).

**Practitioner:** Refers to certified nurse practitioners in midwifery, physician assistants and other nurse practitioners. Physician assistants and nurse practitioners are defined in A.R.S. Title 32, Chapters 25 and 15, respectively.

**Preauthorization:** See *Prior Authorization*.

**Preconception Counseling Services:** The provision of assistance and guidance aimed at identifying/reducing behavioral and social risks, through preventive and management interventions, in women of reproductive age who are capable of becoming pregnant, regardless of whether she is planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence behaviors that can affect a fetus prior to conception. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling is considered included in the well-woman preventative care visit and does not include genetic testing.

**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.

**Prenatal Care:** Prenatal care is the health care provided during pregnancy and is composed of three major components:

1. Early and continuous risk assessment,
2. Health education and promotion, and
3. Medical monitoring, intervention, and follow-up.

**Prescription:** A doctor's written instructions for medication or treatment.



**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, or
- Practitioner defined as a physician assistant licensed, or
- 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.

**Provider Network:** Doctors, specialists, hospitals, pharmacies and other providers who are contracted to provide health care services to UnitedHealthcare Community Plan members.

**Referral:** Process by which your PCP requests additional care for you from a specialist.

**Rehabilitation:** Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

**Rehabilitation Services and Devices:** See *Rehabilitation*.

**Regional Behavioral Health Authority (RBHA):** Community-based organizations, known as Regional Behavioral Health Authorities (RBHAs), provide behavioral health services. DD and SMI Opt out members are assigned to an RBHA based on where they live. Each RBHA contracts with a network of service providers similar to health plans to deliver a range of behavioral health care services, treatment programs for adults with substance use disorders, adults with serious mental illness and children with serious emotional disturbance. Arizona is divided into three geographical service areas served by the RBHAs.

**Seriously Mentally Ill (SMI):** Any person who, as a result of a serious mental disorder, has emotions or behaviors that prevent them from performing everyday activities.

**Service Area:** A geographic area, usually one or two adjoining counties, where UnitedHealthcare Community Plan has a contract with AHCCCS to arrange covered health care services to members enrolled with UnitedHealthcare Community Plan.

**Service Plan:** A written description of covered health services, and other supports which may include:

- Individual goals;
- Family support services;
- Care coordination; and
- Plans to help the member better their quality of life.

**Sixth Omnibus Budget Reconciliation Act (SOBRA):** An eligibility category for pregnant women and children of certain ages. Eligibility is based on different Federal Poverty Income Levels. If you are pregnant, contact DES to see if you are eligible. Contact your DES Case Worker to help determine if any of your children are eligible.

**Skilled Nursing Care:** Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

**Special Health Care Needs:** Members who have serious and chronic physical, developmental or behavioral conditions who require a special type or amount of care.

**Specialist:** A doctor who practices a specific area of medicine or focuses on a group of patients.

**Tribal RBHA or TRBHA:** In addition to RBHAs, Arizona has agreements with five of Arizona's American Indian Tribes to deliver behavioral health services to persons living on the reservation.

**UnitedHealthcare Community Plan:** An AHCCCS contractor, which provides health care coverage. The covered services provided to you depend on your AHCCCS eligibility and the program for which we are providing you care.

**Urgent Care:** Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

**Women, Infants, and Children (WIC):** A community program that provides food, nutrition counseling, and access to health services to low-income women, infants, and children.



UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

You must send the complaint within 60 calendar days of when you found out about it. A decision will be sent to you within 30 calendar days. If you disagree with the decision, you have 15 calendar days to ask us to look at it again.

If you need help with your complaint, please call Member Services at **1-800-348-4058, TTY/TDD 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:**

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

**Phone:**

Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

**Mail:**

U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

If you need help with your complaint, please call Member Services at **1-800-348-4058, TTY/TDD 711**.

Services to help you communicate with us are provided at no cost to members, such as other languages or large print. Or, you can ask for an interpreter. To ask for help, please call Member Services at **1-800-348-4058, TTY/TDD 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

## **DD members:**

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the Americans with Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, UnitedHealthcare Community Plan prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. UnitedHealthcare Community Plan must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity.

Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means that if necessary, UnitedHealthcare Community Plan must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials.

It also means that UnitedHealthcare Community Plan will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible.

To request this document in alternative format or for further information about this policy please contact: UnitedHealthcare Community Plan Member Services at **1-800-348-4058**. Para obtener este documento en otro formato u obtener información adicional sobre esta política, comuníquese con UnitedHealthcare Community Plan.

# HEALTH PLAN NOTICES OF PRIVACY PRACTICES

**THIS NOTICE SAYS HOW YOUR MEDICAL INFORMATION MAY BE USED. IT SAYS HOW YOU CAN ACCESS THIS INFORMATION. READ IT CAREFULLY.**

Effective January 1, 2019.

By law, we<sup>1</sup> must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have to access your HI.

By law, we must follow the terms of this notice.

HI is information about your health or health care services. We have the right to change our privacy practices for handling HI. If we change them, we will notify you by mail or email. We will also post the new notice at this website ([www.uhccommunityplan.com](http://www.uhccommunityplan.com)). We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

## **How We Use or Share Your Information**

**We must use and share your HI with:**

- You or your legal representative.
- Government agencies.

**We have the right to use and share your HI for certain purposes.** This must be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** We may use or share your HI to process premium payments and claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may share your HI with your providers to help with your care.
- **For Health Care Operations.** We may suggest a disease management or wellness program. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.

- **For Underwriting Purposes.** We may use your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may use your HI to send you appointment reminders and information about your health benefits.

**We may use or share your HI as follows.**

- **As Required by Law.**
- **To Persons Involved With Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to object, we will use our best judgment. If permitted, after you pass away, we may share HI with family members or friends who helped with your care.
- **For Public Health Activities.** This may be to prevent disease outbreaks.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.
- **For Workers' Compensation.** To comply with labor laws.
- **For Research.** To study disease or disability.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law. We may give HI to funeral directors.
- **For Organ Transplant.** To help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates if needed to give you services.** Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.

- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.

1. Alcohol and Substance Abuse
2. Biometric Information
3. Child or Adult Abuse or Neglect, including Sexual Assault
4. Communicable Diseases
5. Genetic Information
6. HIV/AIDS
7. Mental Health
8. Minors' Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

We will only use your HI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain promotional mailings. If you let us share your HI, the recipient may further share it. You may take back your consent. To find out how, call the phone number on your ID card.

## Your Rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete, you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.

- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons: (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website ([www.uhccommunityplan.com](http://www.uhccommunityplan.com)).

### Using Your Rights

- **To Contact your Health Plan. Call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at **1-866-633-2446**, or **TTY 711**.
- **To Submit a Written Request.** Mail to:  
 UnitedHealthcare Privacy Office  
 MN017-E300  
 P.O. Box 1459  
 Minneapolis, MN 55440
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

**You may also notify the Secretary of the U.S. Department of Health and Human Services.** We will not take any action against you for filing a complaint.

<sup>1</sup> This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus Wisconsin Insurance; Health Plan of Nevada, Inc.; Optimum Choice, Inc.; Oxford Health Plans (NJ), Inc.; Physicians Health Choice of Texas LLC; Preferred Care Partners, Inc.; Rocky Mountain Health Maintenance Organization, Inc.; Symphonix Health Insurance, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of River Valley; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc. This list of health plans is completed as of the effective date of this notice. For a current list of health plans subject to this notice go to [www.uhc.com/privacy/entities-fn-v2-en](http://www.uhc.com/privacy/entities-fn-v2-en) or call the number on your health plan ID card.



## **Financial Information Privacy Notice**

**THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.**

Effective January 1, 2019.

We<sup>2</sup> protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

### **Information We Collect**

- We get FI from your applications or forms. This may be name, address, age and Social Security number.
- We get FI from your transactions with us or others. This may be premium payment data.

### **Sharing of FI**

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

### **Confidentiality and Security**

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

## Questions About This Notice

Please **call the toll-free member phone number on your health plan ID card** or contact the UnitedHealth Group Customer Call Center at **1-866-633-2446**, or **TTY 711**.

<sup>2</sup> For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: AmeriChoice Health Services, Inc.; CNIC Health Solutions, Inc.; Dental Benefit Providers, Inc.; gethealthinsurance.com Agency, Inc.; Golden Outlook, Inc.; HealthAllies, Inc.; LifePrint East, Inc.; Life Print Health, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; OneNet PPO, LLC; OptumHealth Care Solutions, Inc.; Optum Women’s and Children’s Health, LLC; OrthoNet, LLC; OrthoNet of the Mid-Atlantic, Inc.; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; POMCO Network, Inc.; POMCO of Florida, Ltd.; POMCO West, Inc.; POMCO, Inc.; Spectera, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Services LLC; y UnitedHealthcare Services Company of the River Valley, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. This list of health plans is completed as of the effective date of this notice. For a current list of health plans subject to this notice go to [www.uhc.com/privacy/entities-fn-v2-en](http://www.uhc.com/privacy/entities-fn-v2-en) or call the number on your health plan ID card.

**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.**

Effective Date: September 23, 2013

**Confidentiality practices:**

The Arizona Health Care Cost Containment System (AHCCCS), and the Health Care Group Administration (HCGA), will work hard to keep your health information private. This notice tells you how and when AHCCCS will use, share and protect your health information. It also tells you about your rights to keep your health information private. If we change how we use, share and protect your information, we will send you a new notice sixty (60) days before any change.

You should also get a notice like this from your Health Plan and each of your doctors and other health care providers telling you how they use, share and protect your information. Those notices should also tell you how to complain to the Health Plan or health care provider about any problems you may have with them regarding the privacy of your information.

**Using, sharing and protecting your health information:**

AHCCCS can only use or share your health information when we need to use it to do our job, when we have to share your information to run the AHCCCS program and get you the care you need, and to make sure your health care providers are paid. When we share your health information with your Health Plan and health care providers, they must keep it private. When we share health information about you with anyone else that helps us run AHCCCS, we make them promise in writing to keep your health information private.

We will ask for, use and share your health information to decide whether we will pay for your care and to see if you are getting the right care. For example, doctors and nurses employed by us might look at your doctor's treatment plan for you to make sure the care you receive is needed.

**AHCCCS and the health care group administration will use and share your health information to:**

- Decide what to pay your health plan.
- Pay your health plan and your health care providers.
- Coordinate payment for your care. We use and share your information to make sure we pay for the care we should, that we don't pay for care that another health insurance company should pay for, and to make sure your health care provider isn't paid more than once.
- Coordinate your care. We share information with your AHCCCS health plan, other health plans, your doctors and other health care providers so they can work together to help you get better health care.

- Evaluate performance of health care providers and health plans. We may use some of your information to see how well your health plan, doctors, and other health care providers are doing. For example, we review hospital medical records to check on the quality of care you get from the hospital.
- We sometimes give information to our lawyers, accountants, and consultants to help us run the program correctly and efficiently and to identify and prosecute fraud and abuse of the program.
- We may use your information to mail you helpful information about how to choose a health plan, about changes to the health care you can get, free medical exams, and consumer protection information.
- If we find that AHCCCS cannot continue to pay for your care, we may share some of your information with the federal government so that they can help you find other health insurance. They may even help pay for other health insurance.
- We sometimes share information with government agencies or organizations that provide benefits or services other than health insurance when you have told us you are interested in those benefits or services.

**The program may disclose your health information:**

- To public health agencies for activities such as stopping the spread of diseases and reporting problems with drugs or medical items.
- To law enforcement or other government agencies, if you are the victim of abuse, neglect or domestic violence.
- To other government agencies responsible for running the Medicaid Program such as the U.S. Department of Health and Human Services and its Office of Civil Rights.
- In court cases and administrative hearings when we are required by the law to do so.
- To coroners, medical examiners, and funeral directors so that they can carry out their jobs.
- To organizations involved with organ donation and transplants, and organizations that track contagious diseases and cancer.
- To groups, like universities, that the law allows to do research using your information.
- To prevent a serious threat to a person's or the public's health and safety.
- To the military if you are or have been in the armed services.
- To correctional facility or law enforcement, if you are held in jail or prison, to help keep jails and prisons healthy and safe.
- To workers' compensation programs that pay for work-related injuries or illness.
- For law enforcement or national security and intelligence and to protect the President and others as required by law.

## AHCCCS NOTICE OF PRIVACY PRACTICES

### Your rights to privacy:

Your health information will not be shared without your written permission except as listed here or when required by law. You may give permission for other people to have your information by filling out the “AHCCCS Authorization to Disclose” Form, and you may take back your permission in writing at any time. For example, we need your written permission to:

- Use or share your health information for marketing purposes.
- Share your psychotherapy notes.
- Sell your health information.

You can take back your permission at any time by writing to AHCCCS at the address listed below. We cannot use or share your genetic information to make a decision about your health insurance.

### ANY REQUEST YOU MAKE TO AHCCCS MUST BE IN WRITING

### Your other rights concerning your health information include the right to:

- See and Get Copies of Your Records. We may charge you a fee for making a copy of your records for you.
- Ask to Change or Correct Your Records if you think there is a mistake in your records. You must give us a reason for asking us to change your records.
- Get a List of when we have shared your information. This list will only include any time that we have shared your information for a reason other than to help with your treatment, to pay your doctors and other health care providers, or to help companies like your health plan with running their business. The list will not include information provided to you or your family directly, or information that was shared because you gave us your permission in writing.
- Breach Notification: If your health information is used or shared by AHCCCS incorrectly, we will let you know promptly.
- Further Restrict Uses and Disclosures of Your Health Information. You must tell AHCCCS what information you do not want to share and who you don't want us to share your information with. AHCCCS is not required to agree with your request.
- Take back permission that you gave AHCCCS to share your information. If you take back your permission that won't change any information that has already been shared.
- Choose How We Communicate with You: In a certain way or at a certain place.
- File a Complaint if you do not agree with how AHCCCS has used or shared your information.
- Get a Paper Copy of this Notice at any time.

**ANY REQUEST YOU MAKE TO AHCCCS MUST BE IN WRITING**

**How to contact AHCCCS about your privacy rights:**

Mail all written forms, requests and correspondence to:

**AHCCCS Administration**

ATTN: Privacy Officer

701 East Jefferson, MD 6200

Phoenix, AZ 85034

The Privacy Officer may not let you look at, copy or change your records. If we don't, we will send you a letter that tells you why and we will let you know if you can ask for a review of that decision. You will learn how to file a complaint with AHCCCS or with the U.S. Department of Health and Human Services – Office of Civil Rights.

**How to file a complaint:** You may file a complaint with AHCCCS or the U.S. Department of Health and Human Services – Office of Civil Rights.

**Send correspondence to:**

**AHCCCS Administration**

ATTN: Privacy Officer

701 East Jefferson, MD 6200

Phoenix, AZ 85034

**Or to:**

**Region IX, Office for Civil Rights**

Medical Privacy, Complaint Division

U.S. Department of Health and Human Services

90 – 7th Street, Suite 4-100

San Francisco, CA 94103

**For more information:**

If you have any questions about this, please contact the AHCCCS Privacy Officer.

AHCCCS may change its Privacy Practices. Any changes will apply to information we already have and any information about you that we may get later. You will be able to see a copy of any new notice at the AHCCCS Administration Office or on our website. You may ask for a copy of the current notice at any time, or get it online at [www.azahcccs.gov](http://www.azahcccs.gov).

**To contact AHCCCS call:** 602-417-4000 from Area Codes 480, 602 and 623. From the rest of Arizona call 1-800-654-8713.



# We're here for you.

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-348-4058**. You can also visit our website at [UHCCommunityPlan.com](https://UHCCommunityPlan.com).

UnitedHealthcare Community Plan  
1 East Washington  
Phoenix, AZ 85004

[UHCCommunityPlan.com](https://UHCCommunityPlan.com)

**1-800-348-4058**

