



**The Handbook for Members of the
American Indian Health Program
and/or the Tribal Regional Behavioral
Health Authorities**



Member Information

February 2019

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Welcome to AHCCCS

We will work with you to help you stay healthy and to get the care you need.

Please keep this Member Information booklet in a place where you can find it easily.

ID Cards

When you become a member of the AHCCCS American Indian Health Program, you will receive an ID card from AHCCCS.



AHCCS ID #:

Member Name:

Health Plan Name: AHCCCS American Indian HP

Telephone #:

Always carry your ID card with you. You will need to show this card when you get medical care.

When you get your card, make sure your information is correct. If there is a problem with your card or if you lose your card, please call AHCCCS Member Services.

Visit AHCCCS online at <https://www.azahcccs.gov/>.

IMPORTANT!
Do not let anyone else use your ID card!

Phone Numbers

**If you need emergency care,
go to the nearest emergency room (ER) or Dial 911.**

AHCCCS Member Services

1-800-654-8713

In Maricopa County, call

(602) 417-4000

Crisis Hotlines

If you or someone you know is experiencing a behavioral health crisis, please contact:

24-Hour Crisis Hotlines – National

1-800-273-TALK (8255) - National Suicide Prevention Lifeline

1-800-662-HELP (4357) - National Substance Use and Disorder Issues Referral and Treatment Hotline

Text the word “HOME” to 741741

Suicide/Crisis Hotlines by County

Maricopa County:

1-800-631-1314 or 602-222-9444

Cochise, Graham, Greenlee, La Paz, Pima, Pinal, 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:

1-602-248-TEEN (8336)

Enrollment Options

As an American Indian or Alaskan Native member you can receive physical and behavioral health services. Your enrollment choice may affect what services are covered and what providers are in your plan's network.

You have the option to choose a health plan and may enroll in either:

- The AHCCCS American Indian Health Program (AIHP); or
- The AHCCCS Complete Care (ACC) plan of your choice.
 - A list of ACC plans can be found on the AHCCCS website at:
<https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/availablehealthplans.html>

You may switch your enrollment between AHCCCS AIHP and an AHCCCS Complete Care plan. There are two ways for you to change your AHCCCS enrollment:

- Online: www.healtharizonaplus.gov
- Phone:
 - In Maricopa County: 602-417-7100
 - Outside Maricopa County: 1-800-962-6690

Tribal Regional Behavioral Health Authority (TRBHA)

You may enroll to receive your behavioral health care through a Tribal Regional Behavioral Health Authority (TRBHA). You may only choose a TRBHA if you live within the geographic service area the TRBHA serves.

- A list of TRBHAs in your area can be found on the AHCCCS website at:
<https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/behavioralhealthservicesmap.html>

Refer to your AHCCCS Medical Identification Card to identify your behavioral health coverage.

If you are unsure about your choices or have questions about how your behavioral health services are coordinated, contact AHCCCS Member Services at 1-800-654-8713.

*** Members with a serious mental illness (SMI) designation may receive behavioral health care through either a TRBHA or a Regional Behavioral Health Authority (RBHA). Additional information regarding SMI determination can be found on page 16.

Where Can I Get Health Care Services?

Regardless of health plan enrollment, physical and behavioral health services may always be received at any IHS or tribally owned and/or operated 638 facility.

If you are enrolled in the AIHP you may also receive services at any AHCCCS-registered provider that sees fee-for-service members.

If you choose an AHCCCS Complete Care (ACC) plan you are still able to receive physical and behavioral health services from IHS providers and tribally owned and/or operated 638 facilities. *In addition*, you are able to receive services from **any provider that is a part of your ACC plan's network**.

- If you are unsure which providers are in your ACC plan's network, you can contact your ACC plan.

American Indian Medical Home

AHCCCS is partnering with IHS and tribally owned and/or operated 638 facilities to provide a new benefit for AIHP members called the American Indian Medical Home (AIMH). An AIMH is a qualifying IHS or tribally owned and/or operated 638 facility that provides case management services and access to your care team 24 hours/7 days a week. Members may choose any IHS/638 facility that is a registered medical home. Find the list of Medical Homes on the AHCCCS website.

If you choose an AIMH, a nurse care manager will be assigned to you to coordinate all of your health care needs.

The AIMH program is voluntary. AIHP members may leave the program or change AIMH sites at any time. Enroll at the AIMH facility of your choice, or call AHCCCS Member Services to request enrollment.

<https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>

Ask First

When is Prior Authorization Needed?

To receive some services from a non-IHS/638 provider, you first must have approval from your health plan provider. This is called prior authorization. The need for prior authorization will depend on your health plan.

If you are in the American Indian Health Program (AIHP) and/or enrolled in a TRBHA, your health care provider should contact AHCCCS before you receive the following services:

- Non-emergency medical or behavioral health inpatient admissions,
- Non-emergency and elective surgeries,
- Nursing home placements,
- Home health services,
- Admission to a Residential Treatment Center (for children only),
- Non-emergency transportation over 100 miles (one-way or round trip),
- Medical equipment and medical supplies,
- Hospice services, and
- Medically necessary eyeglasses for adults.

Members enrolled in an AHCCCS Complete Care (ACC) plan should contact the ACC plan with questions about prior authorization.

Am I Covered Outside of Arizona?

As an AIHP and/or TRBHA member you may be covered by AHCCCS if you are temporarily out of the state, but still an Arizona resident. You may receive services if:

- Medical services are needed because of a medical emergency,
- You need treatment that you can only get in another state, or
- You have a chronic illness and your condition must be stabilized before returning to Arizona.

Members enrolled in an AHCCCS Complete Care (ACC) plan should contact the ACC plan with questions about coverage outside of Arizona.

Rights & Responsibilities as a Member

Members have the following rights and responsibilities, listed below. It is important that you understand each one.

Your rights as a member are to:

- Be treated with respect and with recognition of your dignity and need for privacy;
- Not be discriminated against in the delivery of health care services based on race, ethnicity, national origin, religion, gender, gender identity, age, behavioral health condition, intellectual or physical disability, sexual orientation, genetic information, or source of payment;
- Receive an annual member handbook and provider directory;
- Have services provided in a culturally competent manner;
- Have the opportunity to choose a Primary Care Provider (PCP);
- Have the right to refuse;
- Participate in decision-making regarding your health care;
- Have the right to be free from any form of restraint or seclusion used as means of coercion, discipline, convenience or retaliation;
- Be provided with information about formulating Advance Directives;
- Receive information, in a language and format that you understand;
- Be provided with information regarding grievances, appeals, and requests for hearing;
- Have the right to complain about the contractor, TRBHA or Tribal ALTCS;
- Have access to review your medical records in accordance with applicable Federal and State Laws;
- Have the right to request and receive annually at no cost, a copy of your medical records; and
- Have the right to amend or correct your medical records.

Your responsibilities as a member are to:

- Share information;
- Show your member ID card or identify yourself as an AHCCCS member to health care providers before getting services;
- Ask your provider to explain if you don't understand your health condition or treatment plan;
- Give your health care providers and case managers all the facts about your health problems, past illnesses, hospital stays, all medications, shots and other health concerns;
- Follow instructions that you and your health care providers have agreed on, including the instructions of nurses and other health care professionals;
- Schedule appointments during office hours when possible, instead of using urgent or emergency care; and
- Keep appointments and come on time. Call your provider's office ahead of time when you cannot keep your appointments.

What Services Will AHCCCS Pay For?

AHCCCS covers medically needed preventative, acute and behavioral health care when it is provided by an AHCCCS registered provider. AHCCCS also offers limited coverage of rehabilitative services, home health care and long term care services.

If you have questions about whether or not a service is covered, please check with your health care provider. Your health care provider can contact AHCCCS to verify whether or not a service is covered.

As of October 1st, 2018 children with a Children's Rehabilitative Services (CRS) designation will have their physical and behavioral health services covered under AIHP.

Emergency Care

AHCCCS covers emergency care 24 hours a day, 7 days a week, both in-state and out of state. An emergency is when something happens **suddenly**, with serious symptoms. Some examples of an emergency are:

- Chest pain
- Car accident
- Bleeding
- Problems breathing
- Poisoning
- Broken bones

**If you need emergency care,
go to the nearest emergency room (ER) or Dial 911.**

Emergencies can lead to disability or death if not treated, so seek care immediately.

Prior authorization is not required for emergency care. If there is an emergency **CALL 911**.

Emergency Transportation

Transportation to the nearest appropriate facility for emergency services is covered 24 hours a day, 7 days a week. **CALL 911**.

You do **not** need prior authorization for emergency transportation. **If there is an emergency CALL 911**.

Preventative Care

The AHCCCS American Indian Health Program pays for health assessments, screening tests, immunizations, and health education like:

- Well Exams and Physical Exams
- Laboratory Tests
- Cancer Screenings
 - Breast (mammogram)
 - Cervical (Pap tests)
 - Colon (colonoscopy)
 - Prostate (PSA test)
- Heart Disease Screenings
 - High blood pressure screening
 - Cholesterol screening
- Other Diseases
 - HIV screening
 - Sexually transmitted disease screening
 - Tuberculosis screening

Immunizations such as:

- Flu shots, and
- Pneumonia shots.

AHCCCS **does not** pay for:

- Physical exams needed by outside public or private agencies such as:
 - Exams for insurance,
 - Pre-employment physical examinations,
 - Sports exams or exams for exercise programs (except for children under the age of 21),
 - Pilot's examinations,
 - Disability exams, or
 - Evaluation for lawsuits.

Office Visits

The AHCCCS American Indian Health Program pays for medically needed office visits for the diagnosis and treatment of illness and injury.

Services for Children

The AHCCCS American Indian Health Program pays for health care for members under age 21 through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. This program helps keep your children healthy.

Take your children for well child visits, not just when they are sick. Also, take your children to the dentist for regular checkups.

EPSDT screenings include:

- Health, nutrition, and developmental history;
- Screening for immunizations;
- Laboratory tests;
- Vision, speech, and hearing screening;
- Dental screening; and
- Behavioral health screening.

Immunizations

The AHCCCS American Indian Health Program pays for recommended immunizations for adults and children. Covered immunizations include, but are not limited to:

- Diphtheria-Tetanus-Pertussis (DTP);
- Influenza;
- Pneumococcus;
- Rubella;
- Measles;
- Hepatitis B;
- Pertussis, as currently recommended by the Centers for Disease Control and Prevention (CDC) or ACIP;
- Zoster vaccine, for members 60 and older;
- HPV vaccine, for females and males up to age 26 years; and
- All child and adolescent immunizations, as recommended by the CDC childhood immunization schedules.

All American Indian children can get immunizations under the Vaccines for Children (VFC) program.

Hospital Inpatient Services

The AHCCCS American Indian Health Program pays for medically needed inpatient hospital care in licensed participating hospitals. This can include Indian Health Service and Tribal facilities.

Covered services include, but are not limited to:

- Routine (regular) hospital care;
- Intensive care;
- Intensive care for newborns;
- Maternity care, including labor and delivery, recovery rooms, and birthing centers;
- Nursery for newborns and infants;
- Surgery, including anesthesiology; and
- Emergency services.

Outpatient Services

The AHCCCS American Indian Health Program pays for medically needed outpatient treatment and surgeries.

Family Planning Services

The AHCCCS American Indian Health Program offers family planning services, which help you to decide if and when you want to have a baby.

AHCCCS will pay for:

- Birth control counseling (advice), exams, medicines, and supplies such as:
 - Pills,
 - Shots,
 - Diaphragms,
 - Intrauterine devices (IUDs), and
 - Foams.
- Voluntary permanent sterilization, and
- Natural family planning education or referrals.

AHCCCS will **NOT** pay for:

- Infertility diagnosis or treatment; or
- Abortion, unless:
 - A provider says there is a physical disorder, injury, or illness, including a physical condition that could endanger your life; or
 - The pregnancy was a result of rape or incest.

Having a Baby

As soon as you know that you are pregnant, you should set up your first visit with a provider that specializes in caring for pregnant women such as an obstetrician (OB) or a midwife. The sooner you see your provider, the more likely you will have a healthy pregnancy and baby.

AHCCCS wants to make sure that your baby has the best chance to be strong and healthy. Your provider will set up a visit plan for you, which will include a schedule of your prenatal visits.

The provider will talk about:

- Eating healthy foods, taking vitamins, and what to avoid during your pregnancy;
- What to expect as the baby grows inside of you and when it is born; and
- What tests you should have to make sure both you and the baby are healthy.

Hysterectomy Services

The AHCCCS American Indian Health Program pays for medically needed hysterectomies. This is covered only if there is a medical need, according to a medical provider.

Note: You and your provider must sign a hysterectomy consent form before this is done.

Dental Services

The AHCCCS American Indian Health Program covers dental services provided by a licensed dentist.

Covered Dental Services for **children** under 21 years of age include:

- Check-ups and sealants (prevention against cavities);
- Emergency dental services; and
- All medically necessary therapeutic dental services, including fillings.

Covered Dental Services for **adults** 21 year of age and over include:

AHCCCS covers medical and surgical services furnished by a dentist for adults only to the extent that such services:

- Are emergency dental services, up to an \$1,000 annual limit; or
- Are medically needed treatments prior to a transplant; or

- Are medically needed treatments prior to cancer treatments (cancer of the jaw, neck or head).

Dialysis Services

When a person experiences kidney failure, a dialysis treatment may be needed to clean the blood. The AHCCCS American Indian Health Program pays for dialysis at certain Medicare-certified hospitals and Medicare-certified end stage renal disease (ESRD) facilities. AHCCCS pays for all medically necessary services, supplies, and testing (including regular laboratory testing).

Podiatry Services

Podiatry services are covered for adults 21 years of age and older when ordered by the member's primary care provider and services are provided by a licensed podiatrist.

Rehabilitative Services

AHCCCS pays for physical, occupational, speech, and respiratory (breathing) therapy services as well as audiology (hearing testing). This must be:

- Ordered by a provider, and
- Provided by (or under the direct supervision of) a licensed therapist.

Occupational therapy and physical therapy sessions are limited to 30 sessions each per therapy type, per benefit year.

Note: Outpatient speech services are covered only for children under 21 and members covered under the Arizona Long Term Care Services (ALTCS) program. AHCCCS does not pay for physical therapy if no improvement is expected.

Vision Services

The AHCCCS American Indian Health Program pays for eye care services provided by eye care professionals (ophthalmologists and optometrists). There are limits based on the member's age and eligibility:

Vision Services for children under 21 years of age:

- Routine eye exams and eyeglasses are covered.

Vision Services for **adults** 21 years of age and over:

- Treatment of medical conditions of the eye are covered.
- Routine eye examinations for prescription lenses are **not** covered.
- Eyeglasses may be considered medically needed for adults following cataract surgery.

Transportation for Medical & Behavioral Health Appointments

Non-Emergency Medical Transportation (NEMT)

AHCCCS pays for medically needed non-emergency medical transportation (NEMT) to and from covered medical and behavioral health appointments. This service is available for members who are unable to provide or pay for their own transportation, when free transportation services are not available. Your health care provider may need to obtain approval (prior authorization) from AHCCCS before the transport occurs.

AHCCCS pays for NEMT to the **nearest** IHS/Tribal 638 medical or behavioral health facility *or* to the **nearest** medical or behavioral health provider capable of meeting your needs.

Transportation from a Hospital to another Facility

Round-trip ground ambulance transportation may be covered if you are hospitalized and need to be taken to the nearest appropriate facility for special services if:

- Use of any other type of transportation may be unsafe, or
- You cannot get the needed services at the hospital where you are staying.

Behavioral Health Services

AHCCCS covers behavioral health services provided at an Indian Health Service (IHS) facility, at a tribally owned and/or operated 638 facility, or at an AHCCCS registered provider who accepts fee-for-service. AHCCCS pays for mental health, substance (drug and alcohol) abuse, and crisis services. As of October 1st, 2018 AIHP will be extended to cover both physical and behavioral health services.

All AHCCCS members have access to behavioral health services, including:

- Persons determined to have a serious mental illness (SMI); and
- Members who are eligible to receive services funded through federal block grants.

A member determined to have a serious mental illness (SMI) is 18 years or older with a mental, behavioral, or emotional disorder that severely and negatively affects their daily life. The member may not be able to remain in the community without treatment and/or services. A referral or request can be coordinated with the member's behavioral health provider or TRBHA to assess and determine if a member is eligible to receive SMI services. If a member is determined to have an SMI, they may receive SMI services through either a TRBHA or a RBHA.

AHCCCS pays for:

- Inpatient services in a hospital and other facilities;
- Partial care (supervised, treatment or medical day programs);
- Individual, group, and/or family counseling and therapy;
- Emergency/crisis services;
- Behavior management (behavioral health personal assistance, family, and peer support);
- Evaluation and diagnosis;
- Medicine and monitoring of medicine;
- Psychosocial rehabilitation (living skills training, health promotion, pre-job training, education and development, job coaching, and employment support);
- Laboratory and radiology services;
- Screening;
- Emergency transportation;
- Non-emergency transportation; and
- Respite care (with limits).

Crisis Hotlines

If you or someone you know is experiencing a behavioral health crisis, please contact:

24-Hour Crisis Hotlines – National

1-800-273-TALK (8255) National Suicide Prevention Lifeline

1-800-662-HELP (4357) National Substance Use and Disorder Issues Referral and Treatment Hotline

Text the word “HOME” to 741741

Suicide/Crisis Hotlines by County

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1-800-631-1314 or 602-222-9444

Cochise, Graham, Greenlee, La Paz, Pima, Pinal, 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:

1-602-248-TEEN (8336)

Medicines

AHCCCS pays for medicines prescribed by your provider. There are three places you can go to get your medicines:

- Indian Health Service facilities,
- Tribal Facilities, or
- Pharmacies that are part of Optum’s network.

Please work with your physician, dentist, or other health care provider to get your prescriptions through the appropriate pharmacy. It is best to have your prescriptions filled at the same pharmacy each time. AHCCCS uses a list of preferred medicines. If your provider prescribes a medicine that is not on the preferred list, the pharmacy will work with your provider to change to a preferred medicine. If your provider disagrees with the change, your provider may need to request prior authorization for the non-preferred medicine in order for AHCCCS to pay for it.

Medicines filled outside of an IHS or 638 pharmacy will have their scripts filled through Optum, AHCCCS’ Pharmacy Benefit Manager (PBM).

If you have questions about your prescription benefits, please call **1-855-577-6310**. You can get information about your prescription benefits 24 hours a day every day of the week. You may also visit our website at:

<https://ahcccs.rxportal.mycatamaranrx.com/rxclaim/portal/preLogin>

Other Covered Services

AHCCCS may cover additional services, when there is a medical need. Please remember that many services do have limits. Please check with your provider to find out what services are available to you.

Tribal ALTCS - Arizona Long Term Care Services

The Arizona Long Term Care System (ALTCS) provides culturally competent care for disabled and elderly American Indians who are living on-reservation or who have lived on a reservation prior to admission into a nursing facility located outside of the reservation. ALTCS provides institutional care and home and community based services to AHCCCS members who are at risk of institutionalization. A complete list of covered services can be found in the ALTCS member handbook.

Advance Directives

There may be a time when you are unable to make medical decisions for yourself. An Advance Directive is a legal document that you sign to protect your right to refuse any health care that you do not want, and to receive any health care you do want.

The following are different types of Advance Directives:

- A *living will* tells providers what types of services you do or do not want if you become sick.
- A *medical power of attorney* lets you choose a person to make decisions about your health care when you cannot do it yourself.
- A *pre-hospital medical care directive* tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital emergency room.

Other Insurance

Please be sure to tell your health care provider about all medical insurance that you have. Other insurance may pay for some or all of your medical care. This may affect what AHCCCS can pay for.

Fraud and Abuse

Fraud or abuse of any type is not allowed. If you suspect fraud or abuse, please contact the AHCCCS Office of Inspector General at (602) 417-4193.

Fraud is when a person lies or misleads on purpose in order to receive benefits or services for themselves or another person that would not otherwise be covered.

Abuse means actions that result in unnecessary cost to AHCCCS.

Examples of fraud and abuse are:

- Giving someone else your AHCCCS ID card so that they can get health care services, or
- Using someone else's ID card to get services.

For questions regarding your AHCCCS membership and covered healthcare services, visit AHCCCS online at <https://www.azahcccs.gov/> or contact AHCCCS Member Services.

AHCCCS Member Services

1-800-654-8713

In Maricopa County, call

(602) 417-4000

Notice of Non-Discrimination

Arizona Health Care Cost Containment System (AHCCCS) complies with applicable Federal civil rights laws, does not discriminate, and does not treat people differently on the basis of race, color, national origin, age, disability, or sex.

If you believe that AHCCCS, or an AHCCCS-registered contractor or provider, failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the AHCCCS Office of Administrative Legal Services.

You can file a grievance in person or by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the

grievance becomes aware of what is believed to be discrimination. Submit your grievance to:

General Counsel, AHCCCS Administration
Office of Administrative Legal Services, MD 6200
701 E. Jefferson
Phoenix, AZ 85034
Fax: 602 253 9115
Email: EqualAccess@azahcccs.gov.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

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

Or by mail at:

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

Or by phone at:

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.