



404 – MEMBER INFORMATION

Effective Date: 06/01/12, 08/17/12, 11/01/12, 10/01/13

Revision Date: 06/09/09, 01/28/10, 08/12/10, 08/11/11, 05/18/12, 6/28/12, 10/24/12, 02/07/13

Staff responsible for policy: DHCM Operations

I. Purpose

This policy applies to Acute, Behavioral Health Services (BHS), Arizona Long Term Care Elderly and Physically Disabled System (ALTCS/EPD), Children’s Rehabilitative Services (CRS), Comprehensive Medical and Dental Program (CMDP), and ALTCS Division of Developmental Disabilities (DDD) Contractors. This policy establishes guidelines for AHCCCS Contractors regarding member information requirements and the approval process for member information materials developed by or used by the Contractor. This policy pertains to oral communication to members and written materials, including outreach materials that are disseminated to a Contractor’s own members. It also pertains to the content of a Contractor’s website. It does NOT pertain to marketing outreach or incentive materials, which are disseminated to potential members, as described in ACOM Policy 101, unless the materials meet the description in III.A.2 below. The exception is the written and oral information specifically mentioned in this policy.

All member information materials developed by the Contractor that may also be disseminated to non-members must also meet the requirements of ACOM 101 and shall specify: "Contract services are funded in part under contract with the State of Arizona."

II. Definitions

Member/Recipient Information Materials

Any materials given to the Contractor’s membership. This includes, but is not limited to: member handbooks, member newsletters, surveys, on hold messages and health related brochures/reminders and videos, form letter templates, and website content. It also includes the use of other mass communication technology such as e-mail and voice recorded information messages delivered to a member’s phone.



III. Policy

A. Oral Information

1. The Contractor must make oral interpretation services available to its members free of charge. Services for all non-English languages and the hearing impaired must be available.
2. The Contractor must make oral interpretation services available to potential members, free of charge, when oral information is requested for use in choosing among Contractors. Services for all non-English languages and the hearing impaired must be available.

B. Printed Information

1. Materials Requiring Approval by the Administration

All member/recipient information materials developed by the Contractor and disseminated to its own members must be submitted to AHCCCS for approval, prior to dissemination, unless otherwise specified in contract. All materials must be labeled with the Contractor's name and/or logo; this includes member material that is located on the Contractor's website, e-mail messages and voice recorded phone messages delivered to a member's phone. Once member materials are approved by AHCCCS, the Contractor must ensure that the information contained within the material item is updated regularly and appropriately based on such changes as benefit, contractual, policy or other relevant updates.

2. Materials Not Requiring Approval by the Administration

Customized letters for individual members need not be submitted for approval. Health related brochures developed by a nationally recognized organization (see Attachment A) do not require submission to AHCCCS for approval. Attachment A is not an all-inclusive list. Contractors may submit names of other organizations to AHCCCS to determine if they should be added to the list. Contractors will receive an updated copy of this Attachment, as necessary.

The Contractor will be held accountable for the content of materials developed by the organizations listed in Attachment A. AHCCCS suggests that the Contractor review the materials to ensure that: 1) the services are covered under the AHCCCS program; 2) the information is accurate; and 3) the information is culturally sensitive.

It is important to note that in all instances where the Contractor is required by its contract with AHCCCS to educate its members, brochures developed by outside entities must be supplemented with informational materials developed by the Contractor which are customized for the Medicaid population.



3. Reading Level and Language Requirements

All materials shall be translated when the Contractor is aware that a language is spoken by 3,000 or 10% (whichever is less) of the Contractor's members who also have limited English proficiency (LEP) in that language.

All vital materials shall be translated when the Contractor is aware that a language is spoken by 1,000 or 5% (whichever is less) of the Contractor's members who also have LEP in that language. Vital materials must include, at a minimum, notices for denials, reductions, suspensions or terminations of services, consent forms, communications requiring a response from the member, detailed description of Early Periodic Screening, Diagnostic and Treatment (EPSDT) services, informed consent and all grievance and request for hearing information as described in the "Enrollee Grievance System Standards" section of the applicable contract.

All written notices informing members of their right to interpretation and translation services in a language, shall be translated when the Contractor is aware that 1,000 or 5% (whichever is less) of the Contractor's members speak that language and have LEP.

The Contractor is not required to submit to AHCCCS the member material translated into a language other than English, however, it is the Contractor's sole responsibility to ensure the translation is accurate and culturally appropriate.

The Contractor shall make every effort to ensure that all information prepared for distribution is written in an easily understood language and format. The reading level and methodology used to measure it should be included with the submission.

The materials shall be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

4. Review of Materials

All proposed Contractor member materials will be reviewed by the Division of Health Care Management. Information shall be submitted via electronic mail (unless the material is not available in an electronic format). Proposed materials shall be submitted to:

Operations and Compliance Officer (or her/his designee)
AHCCCS, Division of Health Care Management
701 E. Jefferson, Mail Drop 6100
Phoenix, AZ 85034



Unless otherwise indicated, proposed materials must be submitted 30 days before the intended publication date. AHCCCS will notify the Contractor in writing within fifteen (15) working days of receipt of the complete materials packet whether or not the materials have been approved, denied or require modification.

5. New Member Information

All Contractor(s) shall produce and provide the following information to each member/representative or household within twelve (12) business days of receipt of notification of the enrollment date. Contractors have the option of providing the Member Handbook and Network Description/Provider Directory with the new member packet, or providing written notification that the information is available on the Contractor's website, by electronic mail or by postal mailing. Should the Contractor elect to provide notification that the information available using the latter approach refer to the requirements listed under subsections A and B.

ALTCS EPD and DDD Contractors must continue to provide a printed copy of the Member Handbook and Network Description/Provider Directory. ALTCS Case Managers must also review the Handbook with the member annually.

C. Member Handbook

The Acute, ALTCS EPD, DDD, BHS, CMDP and CRS member handbooks shall contain the information provided in Attachment C.

Contractors who elect to provide notification that the information is available on their website, by electronic mail or by postal mailing, must submit the request along with a comprehensive list of all changes to the Member Handbook to AHCCCS for review and approval a minimum of sixty (60) days in advance of the effective date of the changes. The Contractor must also ensure that:

1. The Handbook is available electronically and may be printed from the Contractor's website, if the enrollee elects to do so;
2. The enrollee is provided the option of obtaining a printed version of the Handbook upon request;
3. Enrollees receive written notice of changes, considered to be significant by AHCCCS (see 42 C.F.R. §438.10), at least thirty (30) days in advance of the intended effective date and annually thereafter. Examples include but are not limited to:
 - a. Contractor service hours and availability
 - b. Changes to the Provider network
 - c. Benefit changes



D. Network Description/Provider Directory

Acute, CMDP, ALTCS EPD and DDD Network Description

The description shall, at a minimum, contain information about primary care providers, specialists, hospitals and pharmacies. ALTCS Contractors shall also include skilled nursing facilities and alternative residential settings. The description will include:

- a. Provider name
- b. Provider address
- c. Provider telephone number
- d. Non-English languages spoken
- e. Whether or not the provider is accepting new patients

The information will also include any restrictions on the member's freedom of choice among network providers. This information must be current and can be in the same form as typical correspondence to members.

Contractors who elect to provide notification that the information is available for the Network Description/Provider Directory information on their website, by electronic mail or by postal mailing must follow the same submission requirements as delineated for the Member Handbook under subsection A.

CRS Network Description

The description shall, at a minimum, contain information about CRS providers, specialists, hospitals and pharmacies. The description will include:

- a. Specialty Provider and Clinic names
- b. Specialty Clinic address
- c. Specialty Clinic telephone number
- d. Clinic Provider telephone number
- e. Non-English languages spoken by clinic providers
- f. Whether or not the specialty provider is accepting new patients

The information will also include any restrictions or an explanation of the recipient's freedom of choice among clinic providers. The materials can be in the same form as typical correspondence to members.

BHS Network Description

ADHS shall provide a description of the provider network ensuring the following information is provided to all behavioral health recipients:

- a. Names, locations, telephone numbers of, and non-English languages spoken by current contracted providers in the behavioral health recipient's service area, including identification of providers that are not accepting new referrals.



- b. The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post stabilization services covered under the contract.
- c. The fact that the behavioral health recipient has a right to use any hospital or other setting for emergency care.
- d. The names and locations of the pharmacies to be used for filling prescriptions for psychotropic medications.

E. Website Content

Acute, CMDP, CRS, ALTCS EPD, DDD, and BHS

The Contractor must include the following member related information on its website. All of the information must be located on the Contractor's website in a manner that members can easily find and navigate (e.g. "Consumer Page" from the Contractor's home page).

- a. A current member handbook.
- b. The current and past three member newsletters.
- c. AHCCCS member and provider survey results via link to AHCCCS website.
- d. Performance measure results via link to AHCCCS website.
- e. Contractor member and provider survey results, as available.
- f. Formulary, which must be updated within 30 days of a change being made. The following shall be available in a user friendly format:
 - A medication formulary listing by the Brand name and/or Generic name of the medication, including notations for all medications that require a prior authorization.
 - A medication formulary listing by drug class.
 - A specific (individual) drug look-up capability.
- g. Tobacco Cessation Information, as described in the member handbook. A link to the Tobacco Education and Prevention Program (TEPP) website should be included.
- h. A user friendly, searchable provider directory. The directory must include the following search functions and be updated at least monthly, if necessary:
 - Name
 - Specialty/Service
 - Languages spoken by Practitioner
 - Office Locations (e.g. county, city or zip code)
- i. Information on community resources that is applicable to the Contractor's population and geographic service area. Examples of acute care resources are WIC, Head Start and AzEIP. ALTCS resources may include Area Agency on Aging and the Alzheimer's Association. The following links should be provided: www.MyAHCCCS.com and www.azlinks.gov.



- j. Services for which prior authorization is required and prior authorization criteria.
- k. Best practice guidelines.

In addition, any information that is not listed above, that is directly related to members or potential members must be prior approved by the Division of Health Care Management.

The Contractor will submit annually forty-five (45) days after the start of the contract year the Contractor's Annual Website Certification form (see Attachment B) verifying that all required information is available and current on the Contractor's website.

The Division of Health Care Management will review the content of the Contractor's website to ensure the Contractor is in compliance with this policy and the AHCCCS contract.

BHS and its subcontractors must have a website with links to the following information:

- Formulary
- Provider manual
- Member handbook
- Provider listing

ADHS must ensure that its subcontractors' websites have a fully operational claims inquiry function.

IV. References

- Title 42 of the Code of Federal Regulations (42 CFR) Part 438
- Arizona Administrative Code R9-22, Article 5
- Acute Care contract, Section D
- CRS contract, Attachment J
- ALTCS EPD contract, Section D
- ADHS/DBHS contract, Section D
- ALTCS DDD contract, Section D
- CMDP contract, Section D



Attachment A

NATIONAL ORGANIZATIONS RECOGNIZED BY AHCCCS

- Ambulatory Pediatric Association
- American Academy of Allergy, Asthma, and Immunology
- American Academy of Child and Adolescent Psychiatry
- American Academy of Ophthalmology
- American Academy of Pediatrics
- American Association of Cancer Education
- American Association of Poison Control Centers
- American Association of Psychiatric Services for Children
- American Association of Public Health Physicians
- American College of Allergy & Immunology
- American College of Cardiology
- American College of Emergency Physicians
- American College Health Association
- American College Medical Quality
- American College of Nutrition
- American College Obstetricians and Gynecologists
- American College of Physicians
- American College of Preventative Medicine
- American Dental Association
- American Diabetes Association
- American Dietetic Association
- American Gynecological and Obstetrical Society
- American Heart Association
- American Hospital Association
- American Institute of Ultrasound in Medicine
- American In Vitro Allergy/Immunology Society
- American Lung Association
- American Medical Association
- American Medical Directors Association
- American Medical Women’s Association
- American Pediatric Society
- American Public Health Association
- American Society for Adolescent Psychiatry
- American Society of Anesthesiologists
- American for Clinical Nutrition
- American Society for Reproductive Medicine
- American Venereal Disease Association
- Arizona Department of Health Services
- Bright Futures
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys
- Centers for Disease Control and Prevention
- Channing Bete Company
- Environmental Protection Agency (EPA)
- Health Wise
- La Leche League USA
- March of Dimes
- Maricopa County Department of Health Services
- National Domestic Violence Hotline
- National Perinatal Association
- Nemour’s Kids Health
- Pima County Department of Health Services
- Produce for Better Health Foundation
- Susan G. Komen for the Cure
- The Arizona Partnership for Immunization (TAPI)
- U.S. Department of Agriculture (USDA)
- U.S. Department of Health & Human Services
- U.S. State Health Departments World Medical Association



Attachment B

CONTRACTOR ANNUAL WEBSITE CERTIFICATION

Contractor: _____

Date Submitted: _____

| # | Requirement | URL of Page Where Information Is Found | Contractor Notes/Comments | AHCCCS Comments |
|---|--|--|---------------------------|-----------------|
| <i>MEMBER INFORMATION – ACOM Policy 404</i> | | | | |
| | A Program member specific link from the Contractor’s home page | | | |
| A | A current member handbook | | | |
| B | Current and past 3 member newsletters | | | |
| C-1 | AHCCCS member survey results via link to AHCCCS website | | | |
| C-2 | AHCCCS Provider survey results via link to AHCCCS website | | | |
| D | Performance measure results via link to AHCCCS member website. | | | |
| E-1 | Contractor member survey results, as available. | | | |
| E-2 | Contractor provider survey results, as available. | | | |



| # | Requirement | URL of Page Where Information Is Found | Contractor Notes/Comments | AHCCCS Comments |
|--|---|--|---------------------------|-----------------|
| <i>MEMBER INFORMATION – ACOM Policy 404, continued</i> | | | | |
| F | <p>Formulary, which must be updated within 30 days of a change being made. The following shall be available in a user friendly format:</p> <ul style="list-style-type: none"> • A medication formulary listing by the Brand name and/or Generic name of the medication, including notations for all medications that require a prior Authorization. • A medication formulary listing by drug class • A specific (individual) drug look-up capability | | | |
| G | <p>Tobacco Cessation Information, as described in the member handbook. A link to the Tobacco Education and Prevention Program (TEPP) website should be included</p> | | | |
| H | <p>A user friendly, searchable provider directory (including specialists for referrals). The directory must include the following search functions and be updated at least monthly, if necessary:</p> <ul style="list-style-type: none"> • Name • Specialty/Service • Languages spoken by Practitioner • Office Locations (e.g. county, city) | | | |



| # | Requirement | URL of Page Where Information Is Found | Contractor Notes/Comments | AHCCCS Comments |
|--|--|--|---------------------------|-----------------|
| <i>MEMBER INFORMATION – ACOM Policy 404, continued</i> | | | | |
| I | Information on community resources that is applicable to the Contractor’s population and geographic service area. Examples of acute care resources are WIC, Head Start, AzEIP. ALTCS resources may include Area Agency on Aging, Alzheimer’s Association. The following links should be provided: <input type="checkbox"/> www.MyAHCCCS.com <input type="checkbox"/> www.azlinks.gov | | | |
| J | Services for which prior authorization is required and prior authorization criteria. | | | |
| K | Best Practice Guideline | | | |
| L | (BHS ONLY) BHS and its subcontractors must have a website with links to the following information: <ul style="list-style-type: none"> • Formulary • Provider manual • Member handbook • Provider listing | | | |

Additional Member Information that Has been Approved by AHCCCS

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|--|--|--|--|--|
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| # | Requirement | URL of Page Where Information Is Found | Contractor Notes/Comments | AHCCCS Comments |
|--|--|--|---------------------------|-----------------|
| <i>PROVIDER INFORMATION – ACOM POLICY 416</i> | | | | |
| A | Formulary (both Searchable and Comprehensive Listings) | | | |
| B | Provider Manual | | | |
| C | Provider Directory (including specialists for referral) | | | |
| D-1 | Performance measure results -Contractor Specific | | | |
| D-2 | Performance measure results via link to AHCCCS member website (AHCCCS Program) | | | |
| E | Medical Determination Criteria and Practice Guidelines | | | |
| F | Contractor provider survey results, as available. | | | |
| The following functionality is available to providers (Indicate compliance by typing “Yes” under Contractor notes/comments column) | | | | |
| A | Enrollment Verification | | | |
| B | Claims Inquiry (adjustments requests; information on denial reasons) | | | |
| C | Accept HIPAA compliant electronic claims transactions | | | |
| D | Display Reimbursement Information | | | |



- Explain (describe) what actions have been taken to determine that members who access your website can easily find and navigate the required member website content.

Contact Person: _____ Phone #: _____ E-mail Address: _____

Approved By: _____ Title: _____ Phone #: _____

DRAFT



CRS Contractor Member Handbooks must include the items from both the Acute and the CRS columns below:

| Member Handbook Requirements | ACUTE & CMDP | ALTCS EPD & DDD | CRS | BHS |
|--|--------------|-----------------|-----|-----|
| Table of Contents | X | X | X | X |
| A general description about how managed care works, particularly in regards to member responsibilities, appropriate utilization of services and the PCP's roll as gatekeeper of services. | X | X | X | |
| A description of all available covered services and an explanation of any service limitations or exclusions from coverage. The description should include a brief explanation of the Contractor's approval and denial process. | X | X | X | X |
| How to obtain and change a PCP. | X | X | | |
| The handbook revision date. | X | X | X | X |
| How to make, change and cancel appointments with a PCP/Provider. | X | X | | X |
| How to make, change and cancel appointments with a CRS Clinic Provider/Provider. | | | X | |
| List of applicable co-payments, what to do if a member is billed, and under what circumstances a member may be billed for non-covered services. | X | X | X | X |
| Dual eligibility (Medicare and Medicaid) services received in and out of the Contractor's network and coinsurance and deductibles. See Section D, "Medicare Services and Cost Sharing" in the contract. | X | X | X | X |
| Inform Dual eligible members that AHCCCS does NOT pay for any drugs paid by Medicare, or for the cost sharing (coinsurance, deductibles, and copayments) for these drugs. | X | X | X | X |
| The process of referral and self-referral to specialists and other providers, including access to behavioral health services. | X | X | X | |



| Member Handbook Requirements | ACUTE & CMDP | ALTCS EPD &DDD | CRS | BHS |
|--|--------------|----------------|-----|-----|
| How to file a complaint with the Contractor. This must include the member's right to file a complaint to the Contractor regarding the adequacy of Contractor's Notice of Action letters. Further, it must include the member's right to contact AHCCCS if the Contractor does not resolve the member's concern of adequacy with the Notice of Action letter. | X | X | X | X |
| What to do in case of an emergency and instructions for receiving advice on getting care in case of an emergency. In a life-threatening situation, the member handbook should instruct members to use the emergency medical services (EMS) available and /or activate EMS by dialing 9-1-1. The handbook should contain information on proper emergency service utilization. It must also state that a member has a right to obtain emergency services at any hospital or other emergency room facility (in or out of network). | X | X | X | X |
| How to obtain emergency transportation and medically necessary transportation. | X | X | X | X |
| <p>The handbook must state the following verbatim:</p> <p>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</p> | X | X | | |



| Member Handbook Requirements | ACUTE & CMDP | ALTCS EPD &DDD | CRS | BHS |
|---|--------------|----------------|-----|-----|
| <p>listed in federal law 42 USC 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.</p> <p>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.</p> <p><u>Amount, Duration and Scope:</u> 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 USC 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 28 optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 28 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.</p> <p>EPSDT includes, but is not limited to, coverage of: inpatient and outpatient hospital services, laboratory and x-ray services, physician</p> | | | | |



| Member Handbook Requirements | ACUTE & CMDP | ALTCS EPD &DDD | CRS | BHS |
|--|--------------|----------------|-----|-----|
| 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. | | | | |
| Maternity and family planning services. This must include information on the importance of making, keeping, and the availability of postpartum services, and an explanation regarding choosing a Primary Care Obstetrician. The ability to change Contractors for Continuity of Care reasons should be included (This is not applicable if there is only one Contractor in a GSA). | X | X | | |
| Description of all covered behavioral health services and how to access these services. | X | X | | X |
| Out of Country/out of state/out of geographic service area moves. | X | X | | X |
| All grievance and request for hearing information included in the Contractor's Enrollee Grievance System Policy as described in the "Grievance System" section of the contract. | X | X | X | X |
| Contributions the member can make towards his/her own health, member responsibilities, appropriate and inappropriate behavior, and any other information deemed essential by the Contractor. This shall include a statement that the member is responsible for protecting his or her ID card and that misuse of the card, including loaning, selling or giving it to others could result in loss of the member's eligibility and/or legal action. A sentence shall be included that stresses the importance of members keeping, not discarding, the ID card. | X | X | X | X |
| Advance Directives. | X | X | X | X |



| Member Handbook Requirements | ACUTE & CMDP | ALTCS EPD & DDD | CRS | BHS |
|--|--------------|-----------------|-----|-----|
| Use of other sources of insurance. See Section D, “Coordination of Benefits/Third Party Liability” in the contract. | X | X | X | X |
| A description of fraud and abuse, including instructions on how to report suspected fraud or abuse. | X | X | X | X |
| A statement that informs the member of their right to request information on whether or not the Contractor 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. | X | X | X | X |
| The right to be treated fairly regardless of race, religion, gender, age, ability to pay. | X | X | X | X |
| Instructions for obtaining culturally competent materials and/or services, including translated member materials. | X | X | X | X |
| The availability of printed materials in alternative formats and how to access such materials. | X | X | X | X |
| The availability interpretation services for oral information at no cost to the member and how to obtain these services. | X | X | X | X |
| Information regarding prenatal HIV testing counseling services. | X | X | X | |
| The right to know about providers who speak languages other than English. | X | X | X | X |
| How to obtain, at no charge, a directory of providers. | X | X | X | |
| The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee’s condition and ability to understand the information. | X | X | X | X |
| Preventative services include, but are not limited to, screening services such as cervical cancer screening including pap smear, | X | X | | |



| Member Handbook Requirements | ACUTE & CMDP | ALTCS EPD &DDD | CRS | BHS |
|--|--------------|----------------|-----|-----|
| mammograms, colorectal cancer, and screening for sexually transmitted infections. | | | | |
| Female members, 21 years of age and over, have direct access to 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. A well woman exam is not a covered benefit. | X | X | | |
| Female members under the age of 21 years 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. | X | X | | |
| The right to a second opinion from a qualified health care professional within the network, or have a second opinion arranged outside the network, only if there is not adequate in-network coverage, at no cost to the enrollee. | X | X | X | X |
| The right to request a copy of his/her medical record and /or inspect medical records at no cost. | X | X | X | X |
| The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation. | X | X | X | X |
| The right to participate in decisions regarding his or her health care, including the right to refuse treatment. | X | X | X | X |
| Tobacco Cessation information. This should include, but is not limited to, information regarding the availability/accessibility of community support groups, information regarding the Arizona Smokers Helpline, and how members can seek tobacco cessation treatment, care and services. | X | X | | |



| | | | | |
|---|---|---|---|---|
| Information on community resources that is applicable to the Contractor's population and geographic service area. Examples of acute care resources are WIC, Head Start and AzeIP. ALTCS resources may include Area Agency on Aging and the Alzheimer's Association. The following link must be provided: www.MyAHCCCS.com | X | X | X | |
| Information on what to do when family size or other demographic information change. | X | | | |
| How to contact Member Services and a description of its function. | X | | X | X |
| Description of all covered dental services and how to access these services, including the process form making dental appointments. | X | | | |
| How to access afterhours care (urgent care). | X | X | | X |
| How to change Contractors. | X | X | | |
| Information on where no cost/low cost family planning benefit and primary care coverage for members losing AHCCCS/Family Planning Services eligibility are available. | X | | | |



| ALTCS | | | | |
|---|--|---|---|--|
| How to contact the case manager, including information on why and how to contact the Case Manager in between visitations. | | X | | |
| Member's share of cost. | | X | | |
| Explanation of the Transition Program and services available. | | X | | |
| Detailed descriptions of all current residential placement options. | | X | | |
| Explanation of when Program Contractor changes may occur. | | X | | |
| Information about advocates and advocacy systems and how to access those supports. Include at a minimum the following advocates/advocacy systems: -Centers for Independent Living -Arizona Center for Disability Law -Long Term Care Ombudsman -Legal Aid | | X | | |
| CRS | | | | |
| How to contact the CRS Contractor. | | | X | |
| A description of CRS/Parent Advisory Council. | | | X | |
| Advocacy Information. | | | X | |
| A description of each clinic's specialties. | | | X | |
| Information to facilitate family members as decision-makers in the treatment planning process. | | | X | |
| Information regarding the unique needs of children with CRS Conditions and the CRS program for public/private health care insurers, health care insurers, health care providers, and students, regional and national health organizations, community groups and organizations and public health and school personnel. | | | X | |



| BHS | | | |
|--|--|--|---|
| Confidentiality and confidentiality limitations. | | | X |
| Information that coordination of care with schools and state agencies may occur, within the limits of applicable regulations. [42 CFR 438.10(e)(2)(i)(c)] | | | X |
| Statement of the Arizona Vision and information regarding the J.K. Principles. | | | X |
| A statement that TXIX and Title XXI covered services are funded under contract with AHCCCS. | | | X |
| Member's right to request information on the structure and operation of ADHS or subcontractors. [42 CFR 438.10 (g)(3)(i)] | | | X |

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