The Contractor is responsible for adhering to the following information when developing their Identification (ID) Cards. All text shall be in Ariel font no smaller than 8-Point Font, unless otherwise specified.

KEY	
NR	Not Required for that Responsible Contractor
F	Required on the front of ID Card
B	Required on back of ID Card
H	Card Holder
F/B	Required on front or back of ID Card
F/B/H, B/H	Required, but can be on any of the noted locations
*	Denotes a Requirement for combined Medicare/AHCCCS Member ID Cards for dually enrolled members, if issued
1	Not always required under specific circumstances as directed in ACOM Policy 433

REQUIREMENTS	ACC, ACC-RBHA, ALTCS E/PD	CHP SUBCONTRACTED HEALTH PLAN	DDD SUBCONTRACTED HEALTH PLANS
FORMAT SHALL BE REVIEWED AND APPROVED BY:	**AHCCCS**	**CHP**	**DDD**
AHCCCS Logo/ Name*	F	NR	F
Member Name*	F	F	F
AHCCCS ID Number*	F	F	F
AHCCCS Contractor Name*	F	F	NR
Subcontracted Health Plan Name*	NR	F	F
AHCCCS Contractor Telephone Number*	F	F	F (DDD Telephone Number)
TTY/TDY	F/B/H	F/B/H	F/B/H
Subcontracted Health Plan Telephone Number*	NR	F	F

REQUIREMENTS	ACC, ACC-RBHA, ALTCS E/PD	CHP SUBCONTRACTED HEALTH PLAN	DDD SUBCONTRACTED HEALTH PLANS
Statewide Crisis Telephone Number*	F	F	F
Nurse Triage Telephone Number	F/B	F/B	F/B
Pharmacy Help Desk Telephone number, RxBIN, RxPCN, and RxGRP	F/B	F/B	F/B *Refer to Policy for DDD FFS members*
In no smaller than Ariel 7 font "Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of the law. This card is not a guarantee for services. To verify benefits visit <name of website>"*	B/H	B/H	B/H
In no smaller than Ariel 7 font "To help protect your identity and prevent fraud, AHCCCS is adding pictures to its online verification tool that providers use to verify your coverage. If you have an Arizona driver's license or State issued ID, AHCCCS will get your picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). When providers pull up the AHCCCS eligibility verification screen, they will see your picture (if available) with your coverage details.[1]*	B/H	NR	B/H

REQUIREMENTS	ACC, ACC-RBHA, ALTCS E/PD	CHP SUBCONTRACTED HEALTH PLAN	DDD SUBCONTRACTED HEALTH PLANS
Contractors may add other information; however, all information is subject to the approval requirements of this Policy.	F/B/H	F/B/H	F/B/H

Integrated Member ID Card Model

The Contractor shall use the Centers for Medicare and Medicaid Services (CMS) Integrated Model as a guide for the Member ID Card. Blue text fields in the model Member ID Card are optional. Items listed in the table above that are not addressed in model shall be included as part of the Member ID Card or Card Holder.

Front of Model Member ID Card

<Health Plan Name and/or Logo> <AHCCCS Logo>

MedicareRx Prescription Drug Coverage

Member Name: <Cardholder Name>
Member ID: <Cardholder ID#>
Medicaid ID: <Cardholder ID#>

PCP Group/Name: <PCP/Group Name>
PCP Phone: <PCP Phone>

MEMBER CANNOT BE CHARGED[2]
Copays: PCP/Specialist: $0 ER: $0

<CMS Contract #> <Plan Benefit Package #>

RxBIN: <RxBIN#[1]>
RxPCN: <RxPCN#[1]>
RxGRP: <RxGRP#[1]>
RxID: <RxID#[1]>

[1] *RxBIN is always required. RxPCN and RxGRP are required when needed by the drug plan. RxID is required only when different from the medical plan Cardholder ID#.*
[2] *Plans may add this statement along with copay information on the next line to increase provider awareness of the prohibition of inappropriate or improper billing of dually eligible enrollees.*

Back of Model Member ID Card

[Card reader may go here]

[Instructions for what to do in case of an emergency, including contact information for alternatives to the Emergency Department (ex. BH ESP)]

Member Services[3]:	<Member Services toll-free phone and TTY numbers>
Statewide Crisis:	<Statewide crisis phone number>
Pharmacy Help Desk:	<Pharmacy Help Desk phone number>
Nurse Triage:	<Nurse Triage phone number>
Website:	<Health plan web address>
Send Claims To:	<Claims submission name and address>
Claim Inquiry:	<Claim inquiry phone number>

[3] *If plans do not use the term "Member Services," plans should replace this label with the term the plan uses. Also include phone numbers for Dental, Vision, and/or Provider Services when different from Member Services. Plans should have one Member Services phone number for both Medicare and AHCCCS services.*

[4] *If space permits, plans may include other phone numbers as needed using appropriate labels. Font size and spacing may not be reduced in order to accommodate additional fields.*