

**POLICY 433, ATTACHMENT A,  
TABLE OF REQUIREMENTS**

	AHCCCS DIRECT CONTRACTORS			BEHAVIORAL HEALTH	PROGRAM SUBCONTRACTORS
<i>REQUIREMENT</i>	<i>ACUTE, ALTCS, CRS</i>	<i>CMDP</i>	<i>DDD</i>	<i>INTEGRATED RBHA (FOR MEMBERS DIAGNOSED WITH SMI)</i>	<i>DDD SUBCONTRACTORS</i>
<b>PROGRAM REQUIREMENTS</b>					
Format Must be Reviewed and Approved By:	AHCCCS	AHCCCS	AHCCCS	ADHS	DDD
12 Business Days to Mail New ID Card	X	X	X	X	X
Five Business Days to Mail Replacement ID Card	X	X	X	X	X
Timeliness Overseen by:	<b>Contractor</b>	<b>Contractor</b>	<b>Contractor</b>	<b>Contractor</b>	<b>Contractor</b>
Wholesale ID Card Replacement two Weeks Prior to Going Into Effect	X	X	X	X	X
Data Provided Via 834 Transaction	X	N/R	X	X	X
AHCCCS Logo *	F	N/R	F	F	F
AHCCCS Name	F	N/R	F	F	F
Member Name *	F	F	F	F	F
ID Number *	F	F	F	F	F

	AHCCCS DIRECT CONTRACTORS			BEHAVIORAL HEALTH	PROGRAM SUBCONTRACTORS
<i>REQUIREMENT</i>	<i>ACUTE, ALTCS, CRS</i>	<i>CMDP</i>	<i>DDD</i>	<i>INTEGRATED RBHA (FOR MEMBERS DIAGNOSED WITH SMI)</i>	<i>DDD SUBCONTRACTORS</i>
AHCCCS Direct Contractor Name*	F	F	F	N/R	N/R
Program Subcontractor Name*	N/R	N/R	N/R	F	F
AHCCCS Direct Contractor Ph#*	F	F	F	N/R	N/R
Program Subcontractor Ph#*	N/R	N/R	N/R	F	F
Behavioral Health Services Phone Number 1*	F	F	F	F	F
"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	B/H	B/H

	AHCCCS DIRECT CONTRACTORS			BEHAVIORAL HEALTH	PROGRAM SUBCONTRACTORS
REQUIREMENT	ACUTE, ALTCS, CRS	CMDP	DDD	INTEGRATED RBHA (FOR MEMBERS DIAGNOSED WITH SMI)	DDD SUBCONTRACTORS
"To help protect your identity and prevent fraud, AHCCCS is adding pictures to its on-line verification tool the 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 MVD. <sup>1</sup> "	B/H	N/R	B/H	B/H	B/H
Contractor Free to Add Other Information	F/B/H	F/B/H	F/B/H	F/B/H	F/B/H

KEY	
<b>X</b>	<b>REQUIRED APPLIES</b>
<b>N/R</b>	<b>NOT REQUIRED FOR THAT RESPONSIBLE CONTRACTOR</b>
<b>F</b>	<b>REQUIRED ON FRONT OF ID CARD</b>
<b>B</b>	<b>REQUIRED ON BACK OF ID CARD</b>
<b>H</b>	<b>CARD HOLDER</b>
<b>F/B/H, B/H</b>	<b>REQUIRED, BUT CAN BE ON ANY OF THE NOTED LOCATIONS</b>
<b>*</b>	<b>DENOTES A REQUIREMENT FOR COMBINED MEDICARE/AHCCCS DUAL ENROLLEE ID CARDS</b>
<b>1</b>	<b>NOT ALWAYS REQUIRED UNDER SPECIFIC CIRCUMSTANCES AS DIRECTED IN ACOM 433.</b>