**Email to AHCCCS/DMPS, OCARE:** mcdumemberescalations@azahcccs.gov

The circumstances listed below require that a member’s copay status be manually set to exempt and that the Contractor provide notification to the AHCCCS. Therefore, the Contractor shall complete the form and e-mail to AHCCCS/DMPS, OCARE within five days of admission or services being provided and upon discharge from the below settings.

* AHCCCS Complete Care members who are placed in nursing facilities or residential facilities such as an Assisted Living Home when such placement is made as an alternative to hospitalization. This exemption from copayments for these members is limited to 90 days in a contract year.
* Members receiving hospice services.

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AHCCCS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

Mark one that applies:

Nursing home

Residential facility such as assisted living

Hospice

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provider Name: |  | | | | |
| Provider Address: | | | |  | |
| Provider Phone Number: | | | | |  |
| Provider Number: | | |  | | |
| Admission Date: | |  | | | |
| Discharge Date: | |  | | | |
|  | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Contractor name: | | |  |
| Contact person: | |  | |
| Phone number: |  | | |
| Date submitted: | |  | |