

# PHS

Pima Health System  
Always Here For You!

## LONG TERM CARE PROGRAM



Member Handbook

October 2009

# PHS

Pima Health System

Always Here For You!

**Welcome to  
Pima Health System Long Term Care (PHS LTC).  
This book will answer questions about  
the Long Term Care Program.  
It will help you to learn how to  
get the care that you need.**

**AL VOLTEAR EL MANUAL ALREVES  
EMPIEZA EL TEXTO EN ESPAÑOL**

**FOR A VERSION OF THIS HANDBOOK  
IN LARGE PRINT, CALL YOUR CASE MANAGER  
AT 243-8122 OR MEMBER SERVICES AT  
(520) 243-8060 OR 1-800-423-3801.**

October 2009

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*An approved Arizona Long Term Care System provider.  
Contract services funded in part under contract with the State of Arizona.*  
**[www.phs.pima.gov](http://www.phs.pima.gov)      [www.azahcccs.gov](http://www.azahcccs.gov)**

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## ► TABLE OF CONTENTS

Important Phone Numbers.....	4
Welcome to PHS Long Term Care.....	6
About Pima Health System .....	6
Cultural Diversity .....	6
Definitions .....	7
About Your Case Manager .....	8
About Member Services .....	9
Program Contractor Changes .....	9
Long Term Care Services .....	10
Long Term Care Residential Settings .....	11
Transitional Care .....	13
About Your Primary Care Provider (PCP) .....	13
Changing your PCP .....	14
Medical Visits – Appointments.....	14
Specialty Care .....	15
Medicines.....	15
Medical Equipment & Supplies .....	15
Summary of Covered Services .....	16
Non-Covered Services.....	19
Behavioral Health Services .....	20
Women’s Health Services.....	21
Medical Care for Children–EPSDT.....	22
How to Stay a Healthy Adult.....	24
Dental Services .....	24
Transportation .....	26
Urgent Care.....	26
Emergency Care.....	26
Out-of-Area Care.....	28
Payment for Care – Member Share of Cost .....	28
What To Do If You Have A Complaint.....	29
Your Rights & Responsibilities.....	31
Medicare and Other Insurance .....	34
Decisions About Your Health Care (Advanced Directives).....	35
Community Resources.....	35
Disenrollment.....	36
Moves Out-of-County & Out-of-State .....	37
How To Report Abuses Of The System – Fraud & Abuse.....	37

## ► LONG TERM CARE MEMBER HANDBOOK

This book will help you use Pima Health System Long Term Care (LTC) to meet all your medical needs. If you have any questions about benefits or services, please call your Case Manager or Member Services.

## ► IMPORTANT TELEPHONE NUMBERS

### PIMA HEALTH SYSTEM

	<b>Tucson Office</b>	<b>Nogales Office</b>
Case Manager .....	(520) 243-8122.....	(520) 377-0643 or 1-888-483-8700
Transportation .....	(520) 243-8060.....	1-888-483-8700
Member Services.....	(520) 243-8060 or 1-800-423-3801 .....	1-888-483-8700
After hours Help .....	(520) 243-8000.....	1-888-483-8700
<b>ALTCS ELIGIBILITY .....</b>	<b>(520) 205-8600 .....</b>	<b>1-888-782-5827 ext. 78258</b>

### MEDICAL CENTER

### URGENT CARE

### EMERGENCY CARE

El Rio Urgent Care .....

(520) 670-3909

839 W. Congress

(El Rio assigned members only)

University Physicians Hospital at Kino .....

(520) 874-4101 .....

(520) 874-2800

2800 E. Ajo Way

Northwest Medical Center .....

(520) 469-8000

6200 N. La Cholla Boulevard

Northwest Medical Center Oro Valley .....

(520) 901-3500

1551 E. Tangerine Road

Northwest Medical Center .....

(520) 219-6616

Ina & Shannon

2945 W. Ina Road

Northwest Medical Center .....

(520) 818-2000

Rancho Vistoso/Oro Valley

13101 N. Oracle Road

Northwest Medical Center Marana .....

(520) 202-7700

Silverbell & Continental Reserve Loop

8333 N. Silverbell

St. Joseph's Hospital .....

(520) 721-3840

350 N. Wilmot Road

**MEDICAL CENTER**

**URGENT CARE**

**EMERGENCY CARE**

St. Mary’s Hospital.....(520) 620-4901  
1601 W. St. Mary’s Road

Tucson Medical Center.....(520) 324-2040  
5301 E. Grant Road

Holy Cross Hospital.....(520) 287-8020  
1171 W. Target Range Road  
Nogales, AZ

Urgent Care Associates ..... (520) 795-8888  
3102 E. Bellevue

Urgent Care Associates ..... (520) 382-8000  
8045 E. Rita Road

University Medical Center ..... (520) 694-4750 .....(520) 694-6093  
1501 N. Campbell Avenue

<b>Primary Care Provider (PCP)</b> _____	<b>Phone</b> _____
<b>Case Manager</b> _____	<b>Phone</b> _____
<b>Pharmacy</b> _____	<b>Phone</b> _____
<b>Medical Supplies</b> _____	<b>Phone</b> _____
<b>Case Manager On Call &amp; After Hours Help</b> _____	<b>Phone (520) 243-8000</b>
<b>Important Web Site Addresses:</b>	
<b>PHS:</b>	<a href="http://www.phs.pima.gov">www.phs.pima.gov</a>
<b>AHCCCS:</b>	<a href="http://www.azahcccs.gov">www.azahcccs.gov</a>
<b>Medicare:</b>	<a href="http://www.medicare.gov">www.medicare.gov</a>

## ► WELCOME TO PHS LONG TERM CARE

We are happy to give you the best in health care. As a PHS LTC member, you will have your own Case Manager and Primary Care Provider (PCP). They will give you all the covered care you need. Your PCP will arrange all of your medical care and medicines. Your Case Manager will order non-medical care and arrange your care needs. He/she is the person who will help you with any questions you have about your care plan.

The rest of this book tells you more about our Plan. **PLEASE READ IT.** It will help you get the care and services you need. If you have questions about benefits or services, please call your Case Manager at (520) 243-8122 or Member Services at (520) 243-8060 or 1-800-423-3801 in Tucson. In Nogales you can reach your Case Manager at 1-888-483-8700.

## ► ABOUT PIMA HEALTH SYSTEM

PHS is the ALTCS program contractor in Pima and Santa Cruz Counties. Our doctors, nursing homes, hospitals, specialists, pharmacies and other medical providers work together to give you the quality health care you deserve.

Our main business office is located at 3950 S. Country Club Road, Suite 400, Tucson, AZ 85714. PHS runs the majority of its business from our office in Tucson. PHS' Santa Cruz County office is located at 857 W. Bell Road, Suite #5, Nogales, AZ 85621. Our regular business hours for both offices are from 8:00 A.M. to 5:00 P.M., Monday through Friday. In Tucson, you can reach a Member Services associate at (520) 243-8060 or 1-800-423-3801. To reach your Case Manager or a Member Services associate in Nogales call (520) 377-0643 or 1-888-483-8700.

As a PHS LTC member, you can choose your own primary care provider (PCP) that is not far from your home or service area, to provide and arrange your total health care needs. Our PCP's offer a wide choice of medical services and locations to meet your needs. If you need special medical care, your PCP and Case Manager will set it up for you with PHS' okay. PHS keeps track of our PCP's special language skills and can often assist you in choosing a PCP that speaks your language.

Members do not need a referral or authorization for all services. PHS members can self refer for the following services: gynecology, family planning, PCP services, behavioral health services and routine dental (only covered for members less than 21 years of age) among others. For more information on which PHS services do and do not require a referral or authorization, refer to page 16.

**If you choose to get your medical care from a non-PHS provider, you may have to pay that provider for the care, medicines, services and/or equipment supplied.**

## ► CULTURAL DIVERSITY

PHS works hard to improve the quality of life for our members. We understand that each of you come from different backgrounds and we are sensitive to your cultural differences. We know that our members speak different languages and have different

customs and beliefs. We want you to receive health services from us and our providers in a way that respects your culture. We know how important it is that we understand each other.

One way PHS is meeting some of our members needs is by providing you with this handbook and all of our other printed member materials in both English and Spanish. PHS can also help you if you need an interpreter. We can make arrangements for a Sign Language interpreter to go with you to your medical appointments. If you need an interpreter in another language, our telephone interpretation service can help when you communicate with PHS staff and with your doctor if he/she is not able to provide an interpreter for you. All your doctor needs to do is contact PHS when you go to your PHS appointment and we will connect him/her to our language interpreter service.

To request any of our printed materials in another language, larger print, on audio tape, or in another format call your Case Manager at (520) 243-8122 in Tucson or (520) 377-0643 in Nogales. You can also call the Member Services Department at (520) 243-8060 or 1-800-423-3801 in Tucson or 1-888-483-8700 in Nogales and make your request. Oral interpretation services are available to you at no cost. Your provider may also assist you with interpretation needs when you obtain services.

## ► DEFINITIONS

ALH	Assisted Living Home (aka Adult Care Home or ACH)
AFC	Adult Foster Care
AHCCCS	Arizona Health Care Cost Containment System
ALTCS	Arizona Long Term Care Services
DME	Durable Medical Equipment
Formulary	A list or book of medicines covered by PHS with details of their use and dosage.
HCBS	Home and Community Based Services
ID Card	AHCCCS and PHS identification card
LTC	Long Term Care
PCP	Primary Care Provider—medical provider that will order all of your medical care.
PHS	Pima Health System—the Long Term Care health plan of which you are a member.
ALC	Assisted Living Center (aka Supportive Residential Living Center or SRL)
CMS	Centers for Medicare and Medicaid Services

Medicare Managed Care Plan	A managed care group that has a Medicare contract with CM to provide services to Medicare members, including Medicare Advantage Prescription Drug Plan (MAPDP), MAPDP Special Needs Plan, or Medicare Prescription Drug Plan (PDP). Medications covered under these benefits are not covered by AHCCCS. Refer to page 34 for more Medicare Managed Care Plan information.
Medicare Part D	The Prescription Drug Plan option for Medicare members, including those also eligible for Medicaid/AHCCCS. Medications covered under this benefit are not covered by AHCCCS. Refer to page 15 for more Medicare prescription information.
Medicare Part D Excluded Drugs	Drugs that are excluded from coverage by Medicare, and will continue to be covered by AHCCCS. Excluded medications are barbiturates, benzodiazepines, and over the counter medications as defined by AHCCCS. Prescription drugs that are covered under Medicare, but are not on a Part D Health Plan's formulary are not considered excluded drugs, and will not be covered by AHCCCS. Refer to page 15 for more Medicare prescription information.
Title XIX	Member enrolled with AHCCCS under Temporary Assistance to Needy Families (TANF), SOBRA, Supplemental Security Income (SSI) or SSI related groups, the freedom to Work program and the Breast & Cervical Cancer Treatment Program.

## ► ABOUT YOUR CASE MANAGER

Your Case Manager is the person who will arrange your care needs and order all covered non-medical care such as home delivered meals, attendant care services and housekeeping in addition to other services you may need. Your Case Manager will call or meet you within 7-12 working days from the date of your enrollment. He/she will work with you to make a care plan. This care plan will tell you what services you will receive. You, your representative, and, or your primary care provider (PCP), will help with your care plan. Your Case Manager will schedule regular follow up visits with you after your first meeting to discuss your care needs and any changes that may be necessary. If you have any questions about your care, call your Case Manager at (520) 243-8122 in Tucson. In Nogales call (520) 377-0643 or 1-888-483-8700.

Before you get any care under PHS (other than in an emergency), you need to get an okay from your PCP and/or Case Manager. Some medical services do not require an authorization. See page 16 for more information about the services that do and do not require an authorization from PHS.

## ► ABOUT MEMBER SERVICES

Our Member Services Department is here to help you. We have bilingual (English/Spanish) Member Representatives to give you the help you need. Our main concern is that you are happy with our Plan, services and providers. We can help you:

- Choose or change your PCP
- Select a PHS PCP that speaks your preferred language when one is available
- Understand your benefits
- Make appointments
- Schedule transportation to your medical appointments if you have no other transportation available
- With any problems that you may have with your services. Call your Case Manager first, and if they are not able to help you, call Member Services.
- With information about PHS LTC
- Report suspected cases of fraud and abuse
- Find services in the community if you are no longer enrolled with PHS. This can happen if you no longer qualify for ALTCS.

If you need our help, call us at (520) 243-8060 or 1-800-423-3801 in Tucson, or in Nogales at 1-888-483-8700. The Member Services Department is open from 8:00 A.M. to 5:00 P.M., Monday through Friday.

## ► PROGRAM CONTRACTOR CHANGES

Pima Health System is the only ALTCS program contractor for residents of Pima and Santa Cruz County. This means a program contractor change is not required if you are eligible for ALTCS and continue to reside in either Pima or Santa Cruz County. In unusual situations a PHS member may temporarily be placed in a facility in another county without the need for a program contractor change. The following situations may or may not require a program contractor change:

### **Placement Change Made by PHS**

- In the event that a member needs to receive specialized treatment that is not available in Pima or Santa Cruz County or if there is a lack of beds in Pima or Santa Cruz County, you may be placed in a nursing facility or alternative residential setting in another county. In this type of situation your enrollment with PHS will not change. A program contractor change is not required.

### **Move Requested by Member**

#### **or Member's Family Representative and Coordinated Through PHS**

- When a member moves to a county other than Pima or Santa Cruz County, to live in his or her own home, a program contractor change is required. The member will be granted enrollment choice prior to the enrollment with a new program contractor if the move is to a county where there is more than one program contractor.

- When the member moves to a county other than Pima or Santa Cruz County, to live in a nursing facility or an alternative residential setting, the program contractor will remain the same unless the current program contractor and the program contractor in the new county agree to a program contractor change. The member will be granted enrollment choice prior to the enrollment with the new program contractor if the move is to a county where there is more than one program contractor.

### **Move Made by Member**

#### **or Member's Family Representative and Not Coordinated Through PHS**

- When a member moves to another County without reporting the move or the anticipated move to PHS and ALTCS, PHS will only pay for emergency services and services authorized by the member's case manager. Each member will be informed of service limitations and exclusions due to their move to another county by their case manager.

Members may request a program contractor change directly with PHS or AHCCCS Administration.

For more information on Program Contractor Changes, please talk to your case manager at (520) 243-8122 in Tucson or 1-888-483-8700 in Nogales.

## ➤ **LONG TERM CARE SERVICES**

### **SERVICES YOU MAY RECEIVE WHEN YOU ARE LIVING AT HOME**

Under the HCBS (Home and Community Based Services) program, members may receive certain services while they are living in their own home. These services include:

- **Adult Day Health** provides planned care and supervision, recreation and social events, living skills training, group meals, health guidance and various preventive, and healing health care services.
- **Attendant Care** is a service provided by a trained attendant for members who live in their own homes. Services may include homemaker services, personal care, general supervision and help, socialization and skills development. This program offers a choice to those who do not want to go to a nursing home. Careful matching of caregivers with members assures that your needs are met. Skilled nursing visits and other help can be arranged.

Self Directed Attendant Care (SDAC) is a service option within Attendant Care. This option was implemented on August 1, 2008. When medically necessary and cost effective, this option allows members independence and personal choice. Members will actively manage their own health care.

Spouses as Paid Caregivers is a service option within Attendant Care which allows a member to choose to have attendant care services provided by his/her spouse as a paid caregiver subject to AHCCCS conditions and limitations.

- **Emergency Alert System** provides monitoring devices or systems for members who are unable to access help in an emergency.

- **Group Respite** is a service similar to Adult Day Health. It is provided as a substitute when Adult Day Health services are not available.
- **Habilitation** is a service that includes training in independent living skills or special developmental skills; sensory-motor development; orientation and mobility and behavioral intervention.
- **Home Delivered Meals** provides a healthy meal delivered to the member's own home.
- **Homemaker Services** provides help doing routine household duties such as shopping, cooking, running errands, etc.
- **Home Modifications** provide some home and safety adaptations that let members function as independently as possible in their own homes.
- **Partial Care** is a program that provides activities that promote coping, problem solving and social actions.
- **Personal Care** is a service that provides assistance with personal physical needs such as washing hair, bathing and dressing.
- **Private Duty Nursing** provides nursing services by a registered or licensed practical nurse. Services are for the members that need more individual and ongoing care than is available from a nurse that provides intermittent care.
- **Respite Care** provides short-term care and supervision to relieve primary caregivers.

## SERVICES YOU MAY RECEIVE IN YOUR HOME AND/OR OTHER HCBS SETTINGS

- **Behavior Management** services involve direct patient behavior management related to the member's rehabilitative behavioral health needs. For a complete list of all covered behavioral health services please refer to page 20.
- **Home Health Services** provide part-time or intermittent care for members who do not need hospital care. Services may include skilled nursing, therapies, supplies and home health aide services. This service is under the order of your PCP to prevent re-hospitalization or the need to be placed in a nursing home.
- **Hospice** provides care to ill members who have six months or less to live. In-patient routine care in an Assisted Living Facility or nursing home and in-home services may be available under Hospice care.

## ➤ LONG TERM CARE RESIDENTIAL SETTINGS

Members who cannot care for themselves at home may choose from three different residential settings. PHS does not cover room and board for members residing in one of these settings.

### HCBS RESIDENTIAL SETTINGS

- **Assisted Living Facilities** are certified to provide supervisory care services, personal care services or directed care services on an ongoing basis. There are three types of covered facilities:
  - a) *Adult Foster Care, (AFC)* provides room, board, personal care, help with medicines,

and arrangement of needed services in a family type atmosphere for up to four adult residents.

- b) *Assisted Living Home, (ALH)* provides room, board, personal care, help with medicines, and socialization to ten or fewer residents.
- c) *Assisted Living Centers, (ALC)* provide a private apartment, unless otherwise requested by a resident, that includes a living and sleeping space, kitchen area, private bathroom and storage area.

Your Case Manager will discuss other specialized HCBS placement options with you as they become available.

## **BEHAVIORAL HEALTH SETTINGS**

Members with behavioral health problems who need 24 hour care may be eligible for one of the following three programs. The type of program available depends on the member's needs.

- **Behavioral Health Level I**

A behavioral health service that provides a structured treatment setting with 24-hour on-site medical services and an intensive behavioral health treatment program. This facility is the highest level of inpatient behavioral health services (other than psychiatric hospitalization) and when considered an alternative residential setting may provide mental health crisis stabilization and/or substance abuse detoxification.

- **Behavioral Health Level II**

A behavioral health service that provides a structured residential setting with 24-hour care and counseling or other healing activities for members who do not need the intensity of treatment services or on-site medical services found in a Level I behavioral health facility.

- **Behavioral Health Level III**

A behavioral health service that provides a residential setting with 24 hour supervision and supportive protective oversight, behavior management or psycho-social rehabilitation and assures that members receive required medications, obtain needed treatment and have transportation to outside treatment agencies if necessary. Life skills training, social and recreational activities may be provided directly or by referral to outside treatment agencies.

## **INSTITUTIONAL SETTINGS**

- **Nursing Homes**

Nursing Homes provide room, board and nursing services for members who need these services on an on-going basis but who do not need hospital care or direct daily care from a physician. Nursing Home services are for members who have chronic medical problems or who need 24-hour-a-day care and treatment by a nurse under the order of a medical provider.

- **Institution for Mental Disease (IMD)**

Facilities that provide diagnosis, care and treatment services to members under the age of 21 and 65 years of age or over with mental illness or substance abuse disorders. Services in an IMD also include room and board, medical care, nursing services and other health related services. Benefits are limited for members between the ages of 21 through 64 years.

- **Inpatient Psychiatric Residential Center**

A licensed psychiatric hospital, or a residential treatment center (RTC) that provides room and board, diagnosis of, and treatment for behavioral health problems, to Title XIX members under the age of 21.

## ➤ **TRANSITIONAL CARE**

- **LTC Transitional Program**

The LTC Transitional Program is available to LTC members who show an improvement in their condition, but still need assistance with some daily living activities. This program offers members HCBS services and up to 90 days of nursing home care.

Contact your case manager at (520) 243-8122 in Tucson or at (520) 377-0643 in Nogales, for more information on the Transitional Program.

## ➤ **ABOUT YOUR PRIMARY CARE PROVIDER**

PHS uses medical providers who are family practitioners, general practitioners, pediatricians, general internists, obstetricians, gynecologists, certified nurse practitioners and physician's assistants. One of these will be your primary care provider (PCP). All members are assigned to a PCP on the date you are enrolled with PHS. You will receive a letter by mail or by hand from your Case Manager with your assigned PCP's name, address and phone number. Your PCP will order all of your medical care and medicines to meet your health care needs. If you meet the requirements your Case Manager may determine that a PCP who does home visits is right for you. Talk to your Case Manager to find out more about the availability of a PCP who does home visits.

PHS LTC members may request information regarding any of our providers' qualifications by contacting Member Services at (520) 243-8060 or 1-800-423-3801 in Tucson or at 1-888-483-8700 in Nogales.

## **NURSING HOMES**

A PCP is assigned to each Nursing Home by PHS. If you have no other insurance he or she will provide the medical care you need. If you do not know who your PCP is, call your Case Manager at (520) 243-8122 in Tucson or if you are in the Nogales area call (520) 377-0643 or 1-888-483-8700, or ask the staff at your nursing home.

## HOME AND COMMUNITY BASED SERVICES

If you live at home, in an Adult Foster Care Home, or in some other HCBS setting, and you have no other insurance, you will receive your care from an assigned PCP near your home or from a PCP who will see you in your home. If you live in a rural area outside of metro Tucson or Nogales, you will be assigned to a PCP that can provide services in your rural area.

### ➤ CHANGING YOUR PRIMARY CARE PROVIDER

You have the right to change your PCP to another PCP in your area if you are not happy with the PCP assigned to you. You can request a PCP change by phone, in person or in writing by contacting your Case Manager or our Member Services Department. We will help you choose a new PCP to meet your needs. All PCP changes will start the first day of the next month.

All members may obtain a current PHS PCP listing by contacting their Case Manager at (520) 243-8122 or a Member Services Representative at (520) 243-8060 in Tucson. In Nogales members can reach their Case Manager at (520) 377-0643 or 1-888-483-8700. The provider listing will be provided to you at no cost. Members may also obtain a copy of the PHS PCP list on our website, [www.phs.pima.gov](http://www.phs.pima.gov). The PHS PCP listing also identifies which PHS PCP's are open to new patients, if they speak languages other than English and information that determines if a provider has any limitations or restrictions.

### ➤ MEDICAL VISITS – APPOINTMENTS

#### NURSING HOMES

If you live in a Nursing Home, your PCP will visit you within 21 days of being enrolled, then at **least** every 60 days, or more often if needed. The staff at your nursing home will tell you when your PCP will visit. You, a family member or representative can call your PCP. You can also call your Case Manager in Tucson at (520) 243-8122 or in Nogales at (520) 377-0643 or 1-888-483-8700.

#### HOME AND COMMUNITY BASED SERVICES

If you are in the HCBS Program, your Case Manager will help you set up your first visit with your PCP. If you have a question or need to visit your PCP, you or your caregiver can call your PCP's office directly. Your PCP's phone number is listed on the PHS List of Providers that is included with this handbook. If your PCP does not give you an appointment within three weeks, please call Member Services at (520) 243-8060 or 1-800-423-3801.

**To make sure all members are seen when they should be, we ask that you show up "ON TIME" for all your appointments.**

If you cannot keep a medical appointment, or you need to change an appointment, please call your PCP or doctor's office to cancel/change the appointment at least 24

hours in advance. If PHS is transporting you to your appointment, you must call our Transportation Unit at (520) 243-8060 in Tucson to cancel/change the transport. Members who live in Nogales should call (520) 377-0643 or 1-888-483-8700 to cancel/change transportation arrangements.

## ► SPECIALTY CARE

**Members can obtain routine and preventive gynecological services and dental services for children (0-20 years of age) without a referral from a PCP or an authorization from PHS.**

If your PCP thinks that you need to see a medical specialist, he/she will determine if the specialty service requires an authorization from PHS. Many specialty services do not require a special authorization from PHS if your PCP gives you a referral to a specialist in our PHS network. If the specialty service you need must be approved, we will let you and the specialist know if we approve the service and then make sure an appointment is made for you. If we do not approve it, you will get a letter stating why and how you may appeal our decision.

If the specialist gives you a prescription, you can take it to any one of the PHS pharmacies listed on the PHS List of Providers. If you live in a nursing home, your nursing home PCP will review the suggestions made by the specialist and order the medicines you need.

## ► MEDICINES

**Non-Medicare Members:** Your PHS PCP is the only person who can write an order for your regular medicines. He or she can answer any questions you may have about certain medicines, or about the amount you should take. If you live in a Nursing Home or residential setting, your medicines will usually be brought to you. If you live in your own home, you may pick up your medicines at any PHS Pharmacy. If you have any questions, please call your Case Manager at (520) 243-8122 in Tucson. Members in Nogales can call their Case Manager at (520) 377-0643 or 1-888-483-8700.

**Medicare Members:** You have to obtain your medicines through your Medicare Managed Care Plan or Prescription Drug Plan. Contact your Case Manager for more information at (520) 243-8122 or 1-800-423-3801 in Tucson or (520) 377-0643 or 1-888-483-8700 in Nogales. PHS does not pay for Medicare covered medications or medication co-payments for members on Medicare.

PHS will only pay for Medicare excluded medications, such as barbiturates, benzodiazepines, and over the counter medications as defined by AHCCCS.

## ► MEDICAL EQUIPMENT & SUPPLIES

If you and your PCP agree you need medical equipment and/or supplies, you need to have your PCP request PHS' okay. You will get the item from one of our suppliers. The item(s) will usually be brought to you. If you purchase the items on your own, you will not be reimbursed.

## ► SUMMARY OF COVERED MEDICAL SERVICES

With your PCP's order and/or PHS' okay, a number of medical services are offered to you. To be covered by PHS, you must get these services from a PHS provider. The services **MUST** be medically necessary and some of the services must be okayed by PHS. If you get services without the okay from your PCP and PHS, we may **not** pay for those bills! (Except in a true medical emergency when you cannot safely reach your PHS provider.)

As a PHS LTC member, you are not liable for PHS' debts for covered services provided to you by PHS. **The services that require a PHS authorization have a check mark (3) to the left side of the bullet.**

PHS has 14 days from the date we receive an authorization request for services to make a decision on a routine authorization request. This is a standard authorization request. If you have a serious health problem PHS has three (3) business days from the date of an expedited authorization request for services to make a decision. In some cases PHS may need more information to decide if a service will be authorized. If more information is needed to make a decision on your request, we will send you and your doctor a Notice of Extension (NOE). The NOE gives us 14 more calendar days to make a decision on a standard and expedited request if the delay is in your best interest. If we do not receive the additional information on a routine or expedited request within the timeframe we indicated, the request will be considered denied, and you will receive a Notice of Action (NOA). For more information on NOA's, please refer to page 29. You do not need a PHS referral or authorization for the services that do not have a check mark (✓) to the left side.

### YOU ARE COVERED FOR:

- All PHS LTC Primary Care Provider (PCP) and routine OB/GYN services
- ✓ • Audiology (hearing) services for children under age 21, including hearing loss identification, evaluations and rehabilitation (hearing aids) (authorization is required for hearing aids)
- ✓ • Behavioral health services including in-patient services (see page 20 for details)(an authorization is not required for emergency behavioral health services)
- Blood transfusions (authorization is required when provided as an outpatient service)
- ✓ • Chemotherapy (authorization is required when provided as an outpatient service)
- Chiropractic Services - are covered for all Title XIX members under age 21 and for Qualified Medicare Beneficiaries "QMB" with limitations when ordered by the PCP
- ✓ • Colonoscopy (examination of the colon) (authorization is not required if done in physician office)
- Dental – full dental care for members under age 21; two oral exams per year; see page 24 for more details

- ✓ • Dentures, for members less than 21 years of age, when determined medically necessary by the PCP and the dentist, to improve the member's health problem (per AHCCCS guidelines)
- ✓ • Diabetic management by certified Diabetic Educator
- ✓ • Diagnostic and therapeutic radiation therapy
- ✓ • Diagnostic testing with non-contracted facility
- Dialysis including supplies, diagnostic testing and medicines
- Early and Periodic Screening, Diagnosis and Treatment services (E.P.S.D.T.) for Members under the age of 21, see page 22
- ✓ • EGD/Esophagogastroduodenoscopy (an examination of the esophagus, stomach, and part of the intestine with a fiber optic device (authorization is not required if done in physician office)
- Emergency Care
- Emergency dental care for members 21 years and older
- Emergency hospitalization
- Emergency transportation – ambulance (only to be used in a true medical emergency)
- Eye examination, eyeglasses and emergency eye care for members less than 21 years of age.
- Eye examination and eyeglasses or external contacts for members 21 and older when medically needed after cataract removal and emergency care for other emergency medical eye conditions (authorization is required for eyeglasses and contacts)
- Family planning, including contraceptive drugs, supplies or devices and voluntary sterilization (authorization is required for sterilization surgery)
- ✓ • Genetic counseling (other than during pregnancy)
- HCBS Services see page 10-12 for details
- Health risk assessments and screenings
- ✓ • Home health skilled nursing visits
- ✓ • Home uterine monitoring
- ✓ • Home intravenous therapy
- ✓ • Hospice
- ✓ • Hospital based observation services
- Identification and evaluation of hearing loss for members age 21 and older. (Additional services are covered if hearing loss is due to an accident or injury-related emergent condition)
- Immunizations
- ✓ • Incontinence Briefs (diapers), including pull ups for members over age 3 and under the age of 21 who have a documented disability that causes loss of bowel and/or bladder control (limited to 240 diapers per month except in

cases where the member has a chronic bowel or bladder problem)

- ✓ • Inpatient and outpatient hospital care
- ✓ • Inpatient and outpatient surgical services and anesthesiology as needed
- Laboratory (an authorization is required when services will be provided by a non-contracted facility)
- ✓ • Limited treatment and service is available for alcoholism or drug addiction
- ✓ • Maternity care (see page 21 for more details) (an authorization is required for an OB services package, the OB package includes all the services and care related to your pregnancy, including labor and delivery)
- Medical care by a medical specialist
- ✓ • Medical Foods – with limits when ordered by the PCP, including metabolic formula and varied low protein foods
- ✓ • Medical supplies, durable medical equipment (DME) and repairs
- ✓ • Non-experimental organ and tissue transplants and related immunosuppressant drugs which are approved by AHCCCS
- Nutritional evaluations and assessments
- ✓ • Nutritional therapy on an enteral, parenteral or oral basis when determined medically necessary
- ✓ • Outpatient specialty health services
- ✓ • Oxygen and oxygen therapy other than in a hospital
- Pharmacy/prescription medicines (see page 15 for more information on prescription coverage for Medicare and Non-Medicare members)
- Podiatry services (non-routine medical care of the foot) (an authorization is required when Medicare guidelines are not met)
- ✓ • Pregnancy Termination – is covered if the member suffers from a medical condition or physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or as a result of the pregnancy itself, that would, as certified by a physician, place the pregnant member in danger of death unless the pregnancy is terminated, or if the pregnancy is caused by rape or incest
- Pre-transplant (organ or tissue) dental services when necessary
- Preventive care and health education services
- ✓ • Prosthetic (man made body part) devices and services
- Radiology (x-ray) and medical imaging
- ✓ • MRI (magnetic resonance imaging)
- ✓ • Rehabilitation Services
- ✓ • Routine foot care for members with a severe systemic disease and nail care for members with a systemic condition or fungal infection (limited)
- ✓ • Sonograms

- ✓ • Surgical Inpatient and Outpatient Procedure – Elective
- ✓ • TENS (transcutaneous electrical nerve stimulation )Unit
- ✓ • Therapies which include physical, respiratory, speech, occupational, respiratory and radiation therapies, when medically needed
- ✓ • Therapy beds
- ✓ • Total Parenteral Nutrition (TPN)
- ✓ • Transportation – non-emergency transportation when medically needed and okayed by PHS, see page 26
  - Triage screening and evaluation (exams and tests provided in a hospital or urgent care center to determine the need and urgency for treatment of a member’s medical condition)
  - Urgent Care services
- ✓ • Ventilators
- ✓ • Wheelchairs – custom and electric

Call your Case Manager at (520) 243-8122 or Member Services at (520) 243-8060 or 1-800-423-3801 in Tucson or at (520) 377-0643 or 1-888-483-8700 in Nogales, if you have any questions about covered services.

## ➤ **NON-COVERED SERVICES**

**The following are not covered for all members:**

- Abortion counseling
- Acupuncture (treatment of disorders with needles)
- Any service or item that needs prior approval, where prior approval was not given
- Any care or treatment that is not medically needed
- Artificial or mechanical hearts and xenografts (graft transferred from an animal of one species to one of another species)
- Circumcisions – unless it is determined to be medically necessary; authorization is required
- Cosmetic services or items
- Experimental and research services
- Infertility services
- Massage and relaxation
- Reversals of voluntary sterilization
- Sex change operations
- Penile implants
- Cosmetic breast implants
- Personal comfort items
- Non-prescription or experimental drugs and supplies (over the counter medicines may be prescribed when it is a lower-cost option to a prescription medicine)

- Private or special duty nurses, unless it is determined medically necessary
- Physical exams and screenings for employment, travel, third party liability, disability claims or benefits and insurance coverage.

**The following are not covered for members 21 years and older:**

- Eye exams for contact lenses and eyeglasses (unless post cataract surgery and when medically necessary)
- Hearing aids
- Non-emergency dental services
- Orthognathic surgery
- Services in an institution for TB or mental disorders (Arizona State Hospital) for those under age 65. Title XIX members age 21 years through 64 years old may receive services in an Institution for Mental Disease (IMD) for up to 30 days per admission and 60 cumulative days per year (July - June).

PHS will not pay non-contracted doctors, hospitals or any other provider unless a true medical emergency exists or the medically necessary covered service is not available within the PHS network and PHS has authorized the service. (See definition of “emergency medical condition” on page 27.)

## ➤ BEHAVIORAL HEALTH SERVICES

Behavioral health services help members to think, feel, and act in healthy ways. Behavioral health services are available to all PHS LTC Members. These services are provided by the PHS Behavioral Health Team or a PHS contracted provider. You can make a direct referral for a behavioral health evaluation or the referral can be made by any health care provider in coordination with your Case Manager and PCP. The following is a list of available behavioral health services. Most of these services do require a prior authorization:

- Behavior Management (personal care, family support/home care training, self help/peer support)
- Behavioral Health Case Management services (limited)
- Behavioral Health nursing services
- Emergency Behavioral Health Care (a prior authorization is not required for emergency services)
- Emergency Transportation (no authorization required)
- Evaluation, Screening and Assessment
- Inpatient Hospital Services
- Non-Hospital Inpatient Psychiatric facility services (Level 1 residential treatment-centers and sub-acute facilities)
- Institution for Mental Disease (with limitations)
- Lab and Radiology services for medication regulation and diagnosis
- Medically Necessary Non-Emergency Transportation
- Medication and medication monitoring and adjustment

- Opioid Agonist Treatment
- Partial Care (supervised day program, therapeutic day program and medical day-program)
- Psychosocial Rehabilitation (living skills training, health promotion, supported employment services)
- Respite Care (with limitations)
- Rural substance abuse transitional agency services
- Behavioral Health Therapeutic Home Care Services
- Therapy and Counseling (individual, group and family)

Emergency and crisis services are defined as services that require immediate and unscheduled behavioral health services provided in response to a member's behavioral health issue. These services are necessary to prevent imminent harm or to stabilize or resolve an acute behavioral health issue which may or may not need to be provided at a psychiatric hospital or agency.

If the behavioral health emergency/crisis occurs between 8:00 A.M. and 5:00 P.M., Monday through Friday, and it is not life threatening, contact the PHS Clinical Supervisor at (520) 546-4465. For assistance after hours call Southern Arizona Mental Health Corporation (SAMHC) Crisis Services at (520) 622-6000. For life threatening behavioral health emergency/crisis services call 911.

If you have any questions or need more information, call your Case Manager at (520) 243-8122 in Tucson or at (520) 377-0643 or 1-888-483-8700 in Nogales. PHS also has a Behavioral Health Coordinator that can assist members and their Case Manger to arrange and obtain these services. You can reach the Behavioral Health Coordinator at 546-4465.

## ➤ WOMEN'S HEALTH SERVICES

### GYNECOLOGY – GYN

All preventive and routine GYN care and exams are covered. **You should have a GYN exam at least once a year. Preventive and routine GYN services do not need to be authorized by PHS.** You can choose to go to any GYN provider that is listed in our provider listing. Just call and make an appointment for a routine exam, you do not need a referral or authorization.

### MATERNITY CARE

For your health and the health of your baby, our doctors and midwives offer excellent prenatal care. Your prenatal care should start as soon as possible. Our PHS List of Providers will list the OB providers you can choose for your prenatal care.

#### You will get:

- All physician or midwife services
- Office visits
- Delivery of baby
- Newborn nursery care

- All tests and lab work
- Childbirth & parenting classes
- Sonograms when needed
- Voluntary prenatal HIV testing and counseling
- Follow-up care after delivery
- Rides to appointments
- Hospital/Birthing Center care

If you are pregnant, PHS encourages you to have a prenatal HIV test for your safety and the safety of your newborn. Contact your OB/GYN and discuss with him/her if you should have this test.

After delivery of your baby, you should schedule your post partum care visit with your OB provider. Post partum services are covered for up to 60 days after your delivery. It's very important that you make and keep your post partum appointments. At your post partum visit you can also establish your family planning services with your OB provider.

## **FAMILY PLANNING**

Family planning services include contraceptive drugs, supplies or devices and voluntary sterilization for both men and women. Members must be at least 21 years of age for voluntary sterilization. These services are available to all members who choose to delay or prevent pregnancy. You can choose any GYN or family planning services provider from the PHS list of providers. All you need to do is call and schedule an appointment. You do not need a referral to see a provider for family planning services.

The following types of birth control (contraception) are covered (most do not need prior authorization):

- Birth control pills
- Birth control shots
- Diaphragms and cervical cap
- Foams, jellies, creams, and suppository capsules
- IUD (Intrauterine devices)
- Natural Family Planning – rhythm method
- Post-coital emergency oral contraceptive (morning after pill)
- Rubbers (Condoms)
- Sterilization – members must be at least 21 years of age, vasectomy (male), and tubal ligation (female)
- The Patch (needs prior authorization)
- The Ring (needs prior authorization)

If you have questions about family planning services or need more information, call your Case Manager at (520) 243-8122 or Member Services at 1-800-423-3801 in Tucson or at 1-888-483-8700 in Nogales.

## **► MEDICAL CARE FOR CHILDREN – EPSDT**

An important part of PHS LTC is the Early and Periodic Screening, Diagnosis and

Treatment services offered to children and young adults. 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 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.

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.

Amount, Duration and Scope: 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.

EPSDT includes, but is not limited to, coverage of:

- inpatient and outpatient hospital services
- physician services
- medications
- therapy services
- medical supplies
- eyeglasses
- family planning services.
- laboratory and x-ray services
- nurse practitioner services
- dental services
- behavioral health services
- prosthetic devices
- transportation

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.

## ► HOW TO STAY A HEALTHY ADULT

PHS and your PCP are here to help you stay healthy. Adults are members who are 21 years of age and older.

To help you stay healthy, PHS offers the following services:

- screening for hypertension, elevated cholesterol, colon cancer, sexually transmitted diseases, tuberculosis and HIV/AIDS
- mammography and prostate screenings
- pap smears
- physical exams and diagnostic work-ups
- immunizations which include diphtheria-tetanus, influenza, pneumococcus, rubella, measles and hepatitis-B or others as medically indicated.

Call your PCP or GYN today to make an appointment...your health is important. You do not need a referral or an authorization from PHS for these services.

## ► DENTAL SERVICES

Listed in this section are covered dental services for member less than 21 year of age. Members 21 years of age and older are only eligible for emergency dental services. Call your Case Manager at (520) 243-8122 or Member Services at (520) 243-8060 if you have any questions.

You may choose a dentist from the PHS list of providers, and then call the dentist to make an appointment. If you do not get a regular appointment within 45 days, an urgent appointment within 3 days or an emergency appointment within 24 hours, please call your Case Manager at (520) 243-8122 or 1-800-423-3801 in Tucson or 1-888-283-8700 in Nogales. For a current list of dental providers at no cost to you, please call Member Services.

**To make sure all members are seen when they should be, please show up “ON TIME” for your appointment.**

If you cannot keep an appointment, call your dentist’s office to cancel at least 24 hours in advance.

### **Covered Dental Services for member’s ages 0-20:**

- Dental exam – dental screening twice a year
- Dental sealants (only covered for members 0-15 years of age and for non-carious permanent first and second molars)
- Dentures – only if medically necessary
- Diagnosis (x-rays with some limitations based on member’s age)
- Education (teaching in self care oral hygiene)
- Emergency care
- Filings
- Fluoride treatments

- Local anesthesia (general anesthesia is covered when local anesthesia is contraindicated)
- Orthodontics – braces (when medically needed and prior approved by PHS. Braces must be determined to be the primary treatment of choice or an essential part of an overall treatment plan designed by the PCP in consultation with the dentist.)
- Plastic or acrylic crowns for permanent teeth
- Prescription medications
- Preventive care
- Pulp therapy
- Removable prosthesis (man made body part) (limited)
- Root canals
- Therapeutic services when medically needed
- Tooth re-plantation in original socket when loss of tooth is caused by trauma

**Non-Covered Dental Services for Children ages 3-20:**

- Extractions of teeth that have no sign of infection or disease including third molars
- TMJ – diagnosis and treatment of temporomandibular joint dysfunction are not covered except when services are medically necessary for the reduction of trauma

**Covered Dental Services for Adults ages 21 and older, only in an emergency (see page 27 for the definition of emergency medical condition):**

- Anesthesia
- Emergency exams
- Extractions for immediate relief of severe pain: oral maxillofacial conditions and extractions
- Initial treatment for acute infections
- X-rays for emergency care
- Prefabricated crowns (only to eliminate pain due to recent tooth fracture)
- Pre-organ transplant services (not only in an emergency)
- Re-cementation of inlays, crowns and bridges
- Tooth re-plantation in original socket when loss of tooth is caused by trauma
- Root canals: limited to six (6) anterior teeth (uppers and lowers) only, and only when needed as treatment for an acute infection or to eliminate severe pain
- Treatment of fractures

**Non-Covered Dental Services for Adults ages 21 & older:**

- Caps/Crowns
- Dentures
- Non-emergency extractions
- Routine dental screenings and fillings

- Routine restorative procedures
- Routine root canal therapy
- TMJ – diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma

## ➤ TRANSPORTATION

PHS provides rides to medically necessary services only when a member is unable to provide their own ride. Before you call PHS for a ride, see if a family member, friend or neighbor can give you a ride to your appointment.

### MEDICALLY NECESSARY

When you need to get to your appointment or you need a ride home from your appointment, the Nursing Home staff, facility staff, home sponsor, your Case Manager or you can set up your medically needed rides. Transportation **MUST** be requested at least 3 working days before your appointment or sooner if you know you will need transportation. Call a Transportation Representative in Tucson at (520) 243-8060 to request a ride. Members who live in Santa Cruz County may call (520) 377-0643 or 1-888-483-8700 for medically necessary transportation. We need to know if you have special needs or equipment like oxygen, wheelchair, walker, or stretcher and if you will have an escort. We will pick you up at your place of residence and return you to that original pick up place. Only under special circumstances will we authorize for you to be transported to a place other than your original pick up place. One family member or escort is allowed to go with the member on each trip, unless there are special circumstances and it is prior approved. Also, please note: a car seat is needed for every child less than 5 years of age.

### EMERGENCY TRANSPORTATION

Ambulance transports are only covered if you have an emergency medical condition as explained in the Emergency Care section on page 26. Call **911** or call Southwest Ambulance at (520) 795-1211. **If it is not a true medical emergency PHS will not pay for the ambulance.** You, or the person who called for you may have to pay for the ambulance.

## ➤ URGENT CARE

PHS offers urgent care services at a center near your home. If you have an urgent medical problem, **ALWAYS** call your PCP **first**. Your PCP will make you an appointment in his/her office, or send you to a PHS Urgent Care Center listed on page 4.

## ➤ EMERGENCY CARE

**Coverage** — PHS will only cover your care if you have a **true emergency medical condition**. You may go to any hospital or other setting for emergency care. Emergency services will be provided until you are stabilized and released, or moved to a PHS provider. An authorization is not required for you to obtain emergency services.

PHS will decide whether your emergency condition was a **true medical emergency** by determining if, at the point the emergency services were requested, your understanding and knowledge of your symptoms were those that any person would consider an emergency.

**Emergency Medical Condition** — means a medical condition of severe symptoms (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: a) placing your health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; b) serious impairment of bodily functions; or c) serious dysfunction of any bodily organ or part.

**What To Do In An Emergency** — If you live at home and if you have an emergency and your condition is life threatening, go to the nearest emergency room or call **911** for help. The medical facility will decide if you need immediate care, or if your condition can wait until you can return to a PHS provider. Remember to only use an emergency room in a TRUE medical emergency.

If you live in a Nursing Home or an Assisted Living Facility or Center, the staff knows how to respond to an emergency and will make sure you get the medical care you need. Your PCP will also be called for help in an emergency.

Emergency Phone Numbers .....	911
University Physicians Hospital at Kino .....	(520) 874-2800
Northwest Medical Center .....	(520) 469-8000
Northwest Medical Center Oro Valley.....	(520) 901-3500
St. Joseph’s Hospital.....	(520) 721-3840
St. Mary’s Hospital .....	(520) 620-4901
Tucson Medical Center .....	(520) 324-2040
University Medical Center.....	(520) 694-6093
Holy Cross Hospital (Nogales) .....	(520) 287-8020

**Always follow these steps in an emergency:**

1. Tell the emergency care provider you are a Pima Health System LTC Member.
2. Tell the emergency provider to let PHS know of your hospital admission within 24 hours by calling (520) 243-8062. When you are not admitted the emergency provider has 10 days to let PHS know that you received services in the emergency-room.
3. Ask that charges for services be sent to PHS Claims Division (3950 S. Country Club Road, Suite 350, Tucson, AZ 85714) for review.
4. If you get billed for covered services, show the bill to your case manager. Your case manager will help you resolve the bill. You can also send the bill to PHS, to the same address shown in #3 above.
5. Do not pay for any services. PHS cannot refund members directly.

You will not be responsible for AHCCCS covered emergency care charges if the emergency provider fails to notify PHS of your emergency treatment. If you need care for a

condition that is not life threatening, you **MUST** first call your PCP for help. They will tell you what to do and where to go.

## ► **OUT-OF-AREA CARE**

Call your Case Manager and your PCP to make plans for your medical care and find out how to get care from PHS before you go outside of Pima or Santa Cruz County. If you do not and you get sick (minor illness or injury) while you are away, your doctor's bill and medicines may not be paid.

When you get medical care outside of Pima or Santa Cruz County, PHS only pays for services related to an emergency medical condition. (See definition of emergency medical condition on page 27.) Your health care provider will need to register with AHCCCS to receive payment.

If you are uncertain about your out-of-area benefits or if a certain service is covered, call your Case Manager **BEFORE** you get services.

When you get emergency medical care, always tell them that you are a PHS LTC Member. If you are put in a hospital (as an in-patient) while you are away from home, the hospital must call PHS (520) 243-8062 within 24 hours of admission. You are covered for hospital services (emergencies) until you can be safely transferred to a hospital used by PHS LTC.

Any time you have to get out-of-area emergency medical care from a non-PHS provider, follow the same steps as in Numbers 1 to 5 listed in the Emergency Care Section on page 27.

## ► **PAYMENT FOR CARE – MEMBER SHARE OF COST**

If you live in a Nursing Home, you have to pay towards the cost of your care. The amount that you must pay is set by AHCCCS/ALTCS Administration when you are accepted into the program. This amount is called the "Member Share of Cost" and it may change over time. After you and your Case Manager make your care plan and decide if you will live in a nursing home, you will be told where and how to pay your share of cost.

If you live in an Assisted Living Facility or Behavioral Health Alternative Residential Setting you will pay a monthly amount for room and board. This amount is calculated by your Case Manager. Some members in an HCBS setting may also have a Share of Cost. If you live in your own home, you must use your own money to meet your daily living needs.

Failure to pay your member share of cost or room and board could result in a 30 day notice of eviction.

## ► WHAT TO DO IF YOU HAVE A COMPLAINT

PHS cares about your questions, concerns, and complaints. All PHS employees and providers will do whatever they can to respond to your concerns. Here are some answers to questions you may have.

### **You have a *question* about PHS or your medical care.**

If you have a question, please call your Case Manager at (520) 243-8122 in Tucson or (520) 377-0643 or 1-888-483-8700 in Nogales. You can also call (520) 243-8060 or 1-800-423-3801 and ask to talk to a Member Representative in Tucson. Someone will help you.

### **You want to *complain* because you are unhappy with any part of your care, or with the services you receive from any PHS provider or employee. You want to *complain* because you feel PHS has not been respectful of your rights.**

You can call your Case Manager at (520) 243-8122 in Tucson or (520) 377-0643 or 1-888-483-8700 in Nogales. In Tucson you can call (520) 243-8060 or 1-800-423-3801 and ask to talk to a Member Representative. This is called a grievance. They will help you. We will call you with our answer within 10 days, but no longer than 90 days from when you called us. If you are not happy with the answer you receive from your Case Manager or the Member Representative, you can write to the PHS Grievance & Appeals Manager at 3950 S. Country Club Road, Suite 400, Tucson, AZ 85714. You can call (520) 243-8006 or our toll free number 1-800-423-3801. You can even fax your grievance/complaint to (520) 243-8314. You cannot appeal a grievance with PHS or AHCCCS. We will do everything we can to help you with your grievance.

## ***NOTICE OF ACTION***

**You received a *Notice of Action* Letter that a service was denied, reduced, suspended, or terminated, and you want to know what you can do about it. An “Action” is defined by AHCCCS as: (a) denial or limited authorization of a requested service, including the type or level of service; (b) reduction, suspension, or termination of a previously authorized service; (c) denial, in whole or in part, of payment for a service; (d) failure to provide services in a timely manner; (e) failure to act within the timeframes required for standard and expedited resolution of appeals and standard disposition of grievances; or (f) denial of a rural enrollee’s request to obtain services outside the contracted network when the contractor is the only contractor in the area.**

If you are not happy with the decision PHS made on the letter you got, you can write to the PHS Grievance & Appeals Manager at 3950 S. Country Club Road, Suite 400, Tucson, AZ 85714. You can also call (520) 243-8006, or use our toll free number 1-800-423-3801. You can even fax us at (520) 243-8314. You have up to 60 days from the date on the ***Notice of Action*** to let us know. **This is called an appeal.** You can also appeal if we fail to provide services in a timely manner or if we fail to act within the timeframes for a grievance or appeal. We will send you a letter within 5 days to let you know we got your appeal. Within 30 days we will send you a ***Letter of Appeal Resolution***. If we need more time, we will let you know. The ***Letter of Appeal Resolution*** will tell you about our final decision and the reason. The letter will also tell you how to file a State fair hearing if you are not happy with our final decision.

If you do not understand the Notice of Action or believe it is inadequate in any form, you may file a complaint with the PHS Grievance & Appeals Manager at 243-8006. If you do not get resolution to your complaint about the Notice of Action, you may complain directly to AHCCCS at 1-800-654-8713.

In some appeal cases we may need more time to make a decision on your appeal. If more time is needed we will send you a Notice of Extension letting you know why we need more time and how the additional time is helpful to you. If the extension is given, a decision to your appeal will be made in 44 days rather than 30 days. You have the right to request a 14 day extension to the appeal process in writing or orally to the Grievance & Appeals Manager

**You can't wait 30 days for our decision.**

If your doctor's records show you have a serious health problem, and waiting 30 days would cause you harm, you can let us know. This is called an expedited appeal. The request can be from the member or provider and must include documentation to support the request. We may be able to make our decision within 3 days if taking more than the standard time to make a decision will seriously affect your life or health, or ability to attain, maintain or regain your best function. We will call you with our decision.

**You want to keep your services during your appeal.**

In some cases you may be able to keep your services during your appeal. You may ask us not to stop them during your appeal if we made a decision to stop or reduce your services before their end date. You must ask us in writing within 10 days of the **Notice of Action** for an appeal. If the appeal decision was not in your favor and you want to file a State fair hearing and you want to keep your services while the hearing decision is made, you must ask us in writing within 10 days of our **Letter of Appeal Resolution**. We will tell you how to do this in the letter. If PHS or the State stays with the first decision, you may have to pay back the cost of these services.

**Other things you may want to know when you file an appeal with PHS.**

- If you need help with the appeal, we will help you. You can have your legal representative or your health care provider help you. Your health care provider must have your written permission.
- You have the right to look at your file and tell us what you want us to know.
- You have the right to contact AHCCCS if PHS does not resolve your complaint.
- For details on what criteria PHS uses to make decisions contact Medical Management at 243-8062.
- You cannot be retaliated against for filing an appeal
- We will do everything we can to give you the information in the language you speak. Let our Member Services department know if you speak another language. You can call (520) 243-8060 or 1-800-423-3801.

We will send you a copy of our entire Grievance System Standards and Procedures, if you ask us. You can call (520) 243-8006 for a copy.

## ► YOUR RIGHTS & RESPONSIBILITIES

### YOUR RIGHTS

As a PHS LTC member and patient of medical care, you have many rights. The right to your own expression, decision making, and actions. These rights include, but are not limited to, the following:

#### **You have the right to:**

- be treated with respect and in a courteous manner.
- be informed of providers who speak a language other than English.
- your own personal dignity and privacy.
- confidentiality of all discussions and records about your health care. No medical records will be released without your written consent, except to approved agencies.
- report a complaint or grievance about PHS or the care provided and expect a response within a short period of time.
- receive a written notice when a service is being denied, reduced or terminated and the right to grieve or appeal that decision. See page 29 for more information on how to appeal our decision.
- talk about your medical record with your PCP and to get a review of that record when you ask for it. This is required under Federal and State laws.
- request and receive annually a copy of your medical record, with certain exclusions, at no cost to you. The right to access your medical record may be denied if the information is psychotherapy notes, compiled for, or in reasonable anticipation of a civil, criminal or administrative action, protected health information subject to the Federal Clinical Laboratory Improvement Amendments of 1988 or exempt pursuant to state guidelines.
- information about PHS, its services and providers in a language you understand.
- have services provided in a culturally competent manner, with consideration of limited English proficiency, reading skills, cultural and ethnic backgrounds as well as visual and auditory limitations.
- choose a PCP from PHS available providers, with the right to change your PCP if you are not happy with the assigned PCP. (some limitations)
- talk with a medical provider or anyone in charge of your medical care.
- refuse care from any provider.
- participate in your health care decisions.
- make advance decisions about your health care and have them carried out.
- be treated fairly and be provided covered services, regardless of race, religion, gender, sexual orientation, age, color, creed, national origin, ancestry, marital status, physical or mental handicap (except where medically indicated) or ability to pay.
- request information including on whether PHS has Physician Incentive Plans

(PIP) that affect the use of referral services. (PHS currently does not have PIP's.)

- a summary of member survey results.
- fair access to treatment or accommodations.
- free and private speaking with persons of your own choice.
- share a room with your spouse, if you both live at the same home.
- manage your personal financial affairs or to delegate the task.
- obtain complete information, from a provider, concerning your medical condition unless medically opposed.
- the freedom to refuse to do anything for the medical provider that is not part of his or her care plan.
- information about the nature and reason a procedure will be done, as well as who will do the procedure.
- keep and use your own personal clothing and items as space allows, unless this disturbs the rights of other persons or is medically opposed.
- keep your rights as a citizen.
- the freedom from chemical and physical restraints or seclusion, used as a means of coercion, discipline, convenience or retaliation, except when the use of restraints are okayed in writing by a physician for a specified time period and when needed to protect you from self injury
- transfer or discharge only for medical reasons, for your welfare, or for the welfare of other residents.
- privacy during visits by a spouse.
- access to complete information about the services available through the provider, and about related charges, including any fees for services not covered by a third-party payor before or at the time of admission and during the stay.
- know the types of compensation the plan uses.
- know whether stop-loss insurance is required.
- to refuse to talk with or see anyone.
- go to any hospital or other setting for emergency care.
- a second opinion, at no cost to you, from a qualified health care provider within the network, or outside the network when an in network provider is not available.
- receive information on available treatment options and alternatives in a manner appropriate to your condition and ability to understand.
- file a complaint directly with AHCCCSA.
- obtain services outside of your plan's service area when medically necessary.
- seek review if access to inspect or request to obtain a copy of medical record information is denied.
- amend or correct your medical records. PHS requires all requests to amend or correct your medical record be made in writing.

## YOUR RESPONSIBILITIES

Each PHS LTC Member must meet his or her responsibilities as a member and a patient of health care. Your responsibilities include, but are not limited to, the following:

### You have the responsibility to:

- treat others with respect and in a courteous manner.
- not interfere with other's personal dignity and privacy.
- know the name of your assigned PCP.
- use a PHS LTC provider for all your health care needs unless your Case Manager is notified of your choice to use another primary insurance and their PCP/network.
- tell your provider and PHS LTC if you have other health insurance (including Medicare).
- read all information and materials distributed by PHS LTC regarding procedures, benefits and services.
- schedule appointments during regular office hours whenever possible instead of using urgent care or an emergency room (except in life threatening situations).
- **arrive at your appointments on time.**
- **cancel medical appointments and transportation in advance and reschedule as needed.**
- give your medical provider immunization and other needed medical records.
- provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses and hospitalizations, medicines, and other matters relating to your health care needs.
- follow the advice of your PCP regarding your treatment plan for medicines, diet, exercise and referrals.
- ask your PCP questions about your health, medicines and treatment. Make it known whether you clearly understand what is expected of you regarding your health care.
- refrain from abusive verbal or physical behavior toward all medical providers, PHS staff providing services and fellow patients.
- say you are a PHS LTC member before you receive ANY medical care.
- keep your plastic AHCCCS/ALTCS and PHS ID cards safe. **Do not throw them away.** Do not lend, sell or give your cards to other people. If you do this, your AHCCCS/ALTCS coverage may be taken away or you may have legal action taken against you.
- promptly report changes in your health to the medical provider.
- be responsible for your actions if treatment is refused or if the medical provider's instructions are not followed.
- follow facility and ALTCS policies and procedures about member care and conduct. This includes following the orders of nurses and other health providers

as they carry out your plan of care and the medical provider's orders.

- be thoughtful of the rights of other residents and facility personnel and for his/her personal behavior in the control of noise and number of visitors.
- be respectful of the property of other persons and of the facility.
- report a move or anticipated move from one county to another to your case manager and the local ALTCS office.
- take care of any medical equipment we provide you making sure to only use it as it is intended to be used.
- treat home care providers with respect and ensure other members of the household treat care providers with respect.
- offer home care providers a safe working environment.

## ➤ WHAT IF I HAVE MEDICARE OR OTHER INSURANCE?

If you have Medicare, QMB Coverage, are enrolled in a Medicare Advantage Plan, or have any other health insurance, **that insurance must pay for your medical care first.** AHCCCS and PHS LTC will always be the last payor after your other coverage has paid. For more information, you can pick up the Medicare handbook "Other Things You Should Know About Medicare" at your local Social Security Office.

PHS will pay for medical co-payments, co-insurance and deductibles for members enrolled with a Medicare FFS (Fee For Service) plan, Medicare Supplemental plan, Medicare QMB (Qualified Medicare Beneficiary), or Medicare Advantage Plan, **when the member obtains services from a PHS network provider.** PHS network providers must bill PHS for medical co-payments, deductibles and co-insurance. If you choose to receive services from a non-PHS provider you will have to pay for all your co-payments, co-insurance and deductibles if the service has not been prior approved by PHS. Also, Medicare Part D pharmacy co-payments are not covered.

**Medicare Fee For Service (FFS) and Supplemental Plans:** If you have Medicare coverage, PHS LTC will pay according to contract for all your Medicare coinsurance and deductibles, for those services that are covered by both Medicare and AHCCCS. **If you get your service from a PHS provider, PHS will always pay.**

**Medicare QMB:** If you are a member who is a Qualified Medicare Beneficiary (QMB), PHS LTC will pay according to contract Medicare coinsurance and deductibles for any Medicare services that are not covered by AHCCCS, or have different ranges or limits of coverage. Those services are:

- Chiropractic care for adults
- Inpatient and outpatient occupational therapy coverage for adults
- Inpatient psychiatric services (Medicare has a lifetime benefit maximum)
- Psychological services
- Respite services
- Any services covered by or added to the Medicare program that are not covered by AHCCCS/ALTCS

**Medicare Advantage Plan:** If you are enrolled in a Medicare Advantage Plan, you must receive your Medicare covered services from your Medicare Advantage Plan. **PHS will pay for your Medicare medical co-payments and deductibles as a secondary payer, for AHCCCS covered services only if provided by a PHS contracted provider.** The PHS contracted provider must bill PHS directly for co-payments and deductibles. PHS may also pay for AHCCCS covered services which are not covered by your Medicare Advantage Plan, if they are provided by a PHS contracted provider. Services provided by a non-contracted provider must be prior approved by PHS for PHS to pay the co-payment, co-insurance or deductible. PHS does not pay for Medicare Advantage Plan premiums.

Medicare enrolled members are eligible for pharmacy benefits under the Medicare Part D Pharmacy Program. Medicare Part D pharmacy co-payments are not covered.

**Other Insurance:** AHCCCS is always the payer of last resort, so your medical provider must bill any other insurance for covered services before billing PHS LTC.

PHS will pay for co-payments, co-insurance and deductibles for AHCCCS covered benefits for members enrolled in any other insurance, not relating to Medicare. Providers should bill PHS for claims to be considered for payment of co-payment, co-insurance and deductible. Members who obtain services from non contracted providers that do not want to bill PHS should pay for their own co-payment, co-insurance and deductibles and submit a request for reimbursement to PHS.

**If you receive a bill for your co-payment for an AHCCCS covered service, provided by a PHS network provider, you should request your provider to bill PHS directly. If you continue to receive a bill for these services, contact your Case Manager at (520) 243-8122 in Tucson or at (520) 377-0643 in Nogales.**

## ➤ DECISIONS ABOUT YOUR HEALTH CARE

### ADVANCED DIRECTIVES

We have enclosed a pamphlet that gives you information about your rights to make or control your own health care decisions. If you live in a nursing home, the home will also provide this information to you. Please read it carefully and discuss it with your family, your PCP, and anyone else who could help you in these matters.

## ➤ COMMUNITY RESOURCES

Members have many services available to them throughout the community. These services will help you stay informed as well as obtain services that AHCCCS does not cover or when you do not have AHCCCS coverage anymore. Here are just a few of the resources available to you:

- **Arizona Department of Health Services Tobacco Education & Prevention Program (ADHS-TEPP)** – The ADHS-TEPP along with the Arizona Smoker’s Helpline (ASH-Line) understand that it’s difficult to quit smoking. They are available to help you if you are thinking about quitting. They can help you at no cost to you with setting a quit date, medication information, and provide support and referrals to

intensive programs or services. For more information about the benefits of quitting tobacco, please call the ASHLine at 1-800-556-6222 or visit their website at [www.ashline.org](http://www.ashline.org). You should also talk to your doctor for more information and support.

- **Pima Council on Aging** – Provides several direct services and advocates promoting the development of local programs for older adults and their families. Services range from eldercare assistance, home repair, adaptation and renovation as well as others. For more information about the services Pima Council on Aging provides, contact them at 790-7262 or 790-0504 or visit their website at [www.pcoa.org](http://www.pcoa.org).
- **Alzheimer’s Association** – Provides education, advocacy and information through meetings, written materials and conferences. They offer support services for caregivers of people suffering from Alzheimer’s or dementia. For more information about their services contact them at 322-6601 or their helpline at 1-800-272-3900.
- **Community Information & Referral** – This is a website that offers information on health and human services as well as advice on health care, housing, child care, jobs, safety, transportation, food, nutrition, and legal and financial help and more. The site is called Community Information & Referral and you can go to it at [www.cir.org](http://www.cir.org).
- **Emergency Preparedness** – Will you be prepared when you encounter an emergency? The Federal Emergency Management Agency (FEMA) has a website where you can get information on how to prepare for a disaster or emergency. They provide information on preparedness for seniors, persons with disabilities, people with pets, etc. The materials provided by FEMA are easy to view, print or order at no cost to you. You can also watch short and educational videos. Visit FEMA at [www.ready.gov](http://www.ready.gov). You may also want to visit Pima County’s new alert system at <http://www.safetyalertgpc.com/> to be alerted to a number of different hazards. Go on-line and register or register by calling 837-7381. In Pima County there is also a Voluntary Registration for people who might need assistance in an evacuation or emergency. You can register for this assistance at 798-0600. Members that live in Santa Cruz County should contact the Office of Emergency Management and Homeland Security in Santa Cruz at 520-375- 8000

There are many resources available to you throughout the community. Find out more by calling Information & Referral Services at 881-1794. There is also a lot of information related to health care and community services available to you on the web. Visit these two websites for information: [www.myazhealthandwellness.com](http://www.myazhealthandwellness.com) and [www.MyAHCCCS.com](http://www.MyAHCCCS.com).

## ➤ **DISENROLLMENT**

In order to remain enrolled in PHS LTC, you must maintain your eligibility. If your eligibility expires or you become ineligible, you will no longer be part of the program. You will not receive any services through PHS LTC. Remember that your ALTCS financial eligibility needs to be re-determined at least every twelve months. You must also meet the medical criteria set by ALTCS. If you no longer need LTC services, you will no longer be included in PHS LTC. Your Case Manager will be able to discuss this with you if you have questions.

## ► MOVES OUT-OF-COUNTY & OUT-OF-STATE

If you wish to move to another county or state, you should contact the local AHCCCS ALTCS Office at (520) 205-8600 in Tucson or 1-888-782-5827 ext. 78258 in Nogales and your Case Manager. Your Case Manager may be able to help with any changes if necessary. PHS LTC will approve only emergency medical services when you are outside of Pima or Santa Cruz County and we are notified of the service. Services are not covered if you move out of the country.

## ► HOW TO REPORT ABUSES OF THE SYSTEM

### FRAUD & ABUSE

PHS has a way for you to let us know when you think a case of fraud or abuse of the AHCCCS/ALTCS program has taken place.

We have a special form that you can fill out or you can call us and give us the details over the phone. Our Compliance Hot Line number is (520) 419-0317.

ALL reported cases will be kept **CONFIDENTIAL**. You can feel safe to know that your name, if you decide to give it to us, will only be given to the proper official(s).

### CASES TO REPORT

Here are some examples of fraud and abuse that you should report to us. These are not all the cases that could happen, so if you suspect that something has taken place that might be fraud and it is not on this list, please call us.

- People who may have lied about the money they make or have or their medical condition when they applied for AHCCCS or other financial programs. Programs such as: T.A.N.F. (Temporary Assistance to Needy Families), General Assistance Food Stamps and Supplemental Security Income.
- You think that an AHCCCS/ALTCS member who is in a hospital, nursing home, foster home or other health care place is a possible victim of physical or verbal abuse, or wrongful death.
- You think that an AHCCCS/ALTCS member who lives in his/her own home may be a victim of physical or verbal abuse.
- If a doctor, hospital, dentist, pharmacy, lab or other medical provider charges or sends a bill for care that you or someone else did not receive.
- You think a medical provider charges more for AHCCCS patients than he/she does for other patients, for the same service.
- Someone who uses another person's AHCCCS/ALTCS plastic ID card to get medical care.
- Someone who gives, loans, or sells their AHCCCS/ALTCS plastic ID card for other people to use.

- A medical provider who does not give you the medical care that you need. Examples are:
  - a) does not give you an appointment when you need one
  - b) will not order needed medical tests or procedures
  - c) will not send you to a specialist when needed
- Your caregiver is not working all the authorized hours but is getting paid for all the hours.

### **HOW TO REPORT A CASE:**

To report a case of fraud or abuse, or if you want to know more about this program, call our Compliance Hot Line at (520) 419-0317 or the PHS Compliance Officer at (520) 243-8032. He/she will send you a form to fill out with a return-addressed stamped envelope. Or if you like, you can give us the details over the phone. You can also report a case by mail at P.O. Box 27895, Tucson, AZ 85726.

### **DO YOUR PART:**

Remember . . . everything that you tell us is CONFIDENTIAL! Do your part to help other members. With your help, AHCCCS can cut out waste and make sure that all members receive the best care possible.