

SECTION D ELIGIBILITY AND ENROLLMENT

AHCCCS ELIGIBILITY

Individuals are determined to be eligible for AHCCCS through requirements set forth in state and federal guidelines. Phoenix Health Plan (PHP) is not involved in eligibility determination. Eligibility for AHCCCS benefits are determined by the Department of Economic Security (DES), the AHCCCS KidsCare Eligibility Unit, or the Social Security Administration.

After an individual becomes eligible for AHCCCS benefits, they either choose a health plan or are assigned to one of the AHCCCS contracted health plans. Persons applying for KidsCare must choose a health plan at the time of application. Members who have a choice of health plans and do not exercise this right within a specified time period, are automatically assigned to an AHCCCS health plan. Members are assigned to PHP by AHCCCS on a daily basis. Members with a break in coverage of 90 days or less are not given a choice of AHCCCS health plans and are automatically reassigned to the previous plan and PCP from which they disenrolled.

Providers are responsible for verifying member eligibility prior to providing medical services. It is the Provider's responsibility to verify the eligibility status of all members prior to providing Covered Services on the date of service. There are several options available to providers to verify eligibility:

| | | |
|-----------------------|--|--|
| PHP Eligibility | Website: http://www.phoenixhealthplan.com/log_in.aspx | <ul style="list-style-type: none"> • If you are registered, click on link to log in • If you are not registered, click on link to request a User ID and password |
| | Automated Voice Response System (AVRS) (602) 824-3700 Option 3, option 1 <u>or</u> (800) 747-7997 Option 3, option 1 | <ul style="list-style-type: none"> • AHCCCS ID number required for access • Search by either member ID or member name and DOB |
| | Member Services Representative (602) 824-3700 Option 3, option 7 <u>or</u> (800) 747-7997 Option 3, option 7 | <ul style="list-style-type: none"> • You will need your AHCCCS provider ID or NPI number • Member Name, DOB, AHCCCS ID |
| AHCCCS Eligibility | Website: https://azweb.statemedicaid.us/Home.asp | <ul style="list-style-type: none"> • If you are a new user, click on link to create a new account |
| | Interactive Voice Response System (IVR) (602) 417-7200 (800) 331-5090 | |
| | On-line Eligibility Verification System (EVS) For more information on EVS, contact: Web MD (800) 366-5716 MediFAX EDI (900) 444-4336 | <ul style="list-style-type: none"> • EVS allows providers to use a PC to access eligibility and enrollment information |
| | AHCCCS Verification Unit (602) 417-7000 (800) 962-6690 | <ul style="list-style-type: none"> • You will need your AHCCCS provider ID or NPI number • Member Name, DOB, AHCCCS ID • Date of Service |

SECTION D ELIGIBILITY AND ENROLLMENT

RATE CODES

The rate codes are important to capitated PCPs because they determine how much capitation payment will be received for the member. The rate codes indicate whether a member does or does not have Medicare. They do not indicate if a member has Medicare Part A and/or Part B or other insurance. All eligibility categories listed may or may not presently be active; rate codes are subject to change by AHCCCS.

| | |
|-----------|---|
| HIFA: | Health Insurance Flexibility and Accountability Act |
| KIDSCARE: | KidsCare |
| QMB: | Qualified Medicare Beneficiary |
| SOBRA: | Sixth Omnibus Budget Reconciliation Act, for pregnant women with incomes above the poverty levels |
| SSI: | Supplemental Security Income, for the Blind, Aged, and Disabled |
| TANF: | Temporary Assistance to Needy Families |
| TTW: | Ticket To Work (Freedom To Work) |

The rate codes, which reflect the eligibility categories under which members qualify for AHCCCS benefits can be found on the AHCCCS website at:

➤ <http://www.azahcccs.gov/commercial/ContractorResources/capitation/capitation.aspx>

SELECTING A PCP

A list of contracted PCPs is included in new member packets so members may choose their own PCP. However, if a member does not choose a PCP, member services will assign the member. Assignment is based on the member's home zip code, and also takes into consideration the PCPs capacity and if the PCP is accepting new patients. Other considerations include the member's age and special needs.

MEMBER IDENTIFICATION CARDS

Each AHCCCS eligible member is provided an AHCCCS identification card that shows the member name and ID number. The card also will show the health plan name and phone number. Services may not be denied if a member does not have their ID card. Providers can access www.phoenixhealthplan.com or member services to verify eligibility.

The member's ID card or eligibility determination notice should be presented to the provider when receiving services. However, the identification card does not guarantee that a member is still eligible for AHCCCS benefits. If there are any questions regarding eligibility, please utilize the resources detailed above.

CO-PAYMENTS

Members are to pay only one (1) co-payment for all services rendered on the same day. Co-payments **cannot** be requested or required for the following services:

- EPSDT visits
- Family Planning Visits
- Obstetrical visits (Prenatal Care)
- Physician visits requested by a Physician (including all follow-up visits)

SECTION D ELIGIBILITY AND ENROLLMENT

- Physician visits to members at Long Term Care facilities
- Prescriptions requested by a Physician
- Specialist visits (including Dentist)

MEMBER REASSIGNMENT

Occasionally, it may be necessary for a PCP to request that a member be removed from their panel. PHP encourages PCPs to manage all members and to limit transfers as much as possible, and is willing to provide assistance. If it is absolutely necessary to request removal of a member from a panel, a written request detailing the issues must be mailed or faxed to the Member Services department. All requests to remove a member must be signed by the PCP. The releasing physician is responsible for the member for a maximum up to thirty (30) days for emergency care and until such transition of care occurs.

Documentation that is requested by PHP in the reassignment letter is as follows:

- Member's Name and ID number.
- Detailed explanation of circumstances. For example: Noncompliance by itself is not considered detailed. You must state why the member is noncompliant.
- Statement to acknowledge the provider's responsibility to provide healthcare in the event of an emergency for a maximum of 30 days from the date of removal.
- Signature of the Primary Care Provider.

MEMBER RIGHTS

A Member Handbook describing the rights and responsibilities of PHP members is sent to enrolled members within 10 days of the member's effective date of coverage.

As a member of PHP, each individual is entitled to the following rights:

- **Polite and Courteous Care:** Members must be treated with respect regardless of race, color, religion, sex, physical handicap, national origin, or ability to pay.
- **Confidentiality:** Members have the right to be treated with respect and dignity, with recognition of the need for privacy and confidentiality (i.e. medical records and information about their health is private and confidential).
- **Information:** Members have the right to be provided information about PHP, its services, its providers, and about member rights and responsibilities. Members also have the right to information regarding diagnosis, treatment, and risks related to illness and treatment. This information must be conveyed in a manner understandable to the member.
- **Informed Consent:** Members have the right to participate in decisions regarding their health, and/or have a representative facilitate care or treatment decisions if the member is unable.
- **Choice:** PHP members have the right to choose a PCP from the PHP network.. Members have the right to make decisions about their health care and treatment, including the right to refuse treatment. Members must be educated to the consequences of refusing treatment.
- **Medical Records:** Members are allowed access to their medical records as determined by federal and state laws.
- **Translation Services:** Members have the right to have translation services (including sign language) available to them at their medical appointments to help them understand their health plan benefits and

SECTION D ELIGIBILITY AND ENROLLMENT

medical care. This service is provided to all PHP health plan members free of charge.

- **Grievance:** Members have the right to have issues/complaints about PHP or the care they have experienced, heard and resolved in a timely manner.
- **Advance Directives:** Members have the right to determine their treatment by issuing advance directives.
- **Restraint and Seclusion:** Members have the right be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

MEMBER GRIEVANCES

If a member calls PHP to file a grievance (complaint) regarding a provider, PHP may ask for the provider's assistance in resolving the issue. When a grievance coordinator contacts an office to follow-up on a grievance, the intent is to clarify the situation, conduct fact-finding, and provide appropriate direction to the member. It may also be necessary to educate the provider's office on AHCCCS and PHP policies and procedures.

Member satisfaction relies upon the provider's cooperation with these activities. PHP works in partnership with their contracted providers to maintain high member satisfaction and retention.

MEMBER RESPONSIBILITIES

As a member of PHP, each member has the responsibility to behave according to the following standards:

- **Provision of Information:** Members must give true and complete facts regarding their health. Members have the responsibility of providing a complete medical history including past illnesses, treatments, and medications.
- **Compliance with Instructions:** Members are responsible for following the treatment plan recommended by their PCP and for asking any questions they have regarding the treatment plan. Members are responsible for keeping their medical appointments and notifying the office ahead of time of a cancellation. Members are expected to make appointments with their PCP during normal office hours instead of using the emergency room for non-emergencies.
- **Refusal of Treatment:** Members are responsible for the consequences of refusing treatment or not following recommended treatment.
- **Eligibility:** Members are responsible for keeping their AHCCCS eligibility appointments and for keeping their eligibility up to date. Members are responsible for carrying and presenting their ID card. However, services cannot be denied due to members not having their ID card. Providers can access www.phoenixhealthplan.com or call Member Services to verify eligibility.
- **Respect and Consideration:** Members are responsible for being considerate of the rights of other patients, personnel, and providers.

SECTION D ELIGIBILITY AND ENROLLMENT

ADVANCED DIRECTIVES

Members have the right to formulate advanced directives, which may include a Living Will or a Health Care Power of Attorney. Documentation is required in the medical record as to whether or not an adult member has completed Advanced Directive.

The Patient Self-Determination Act, passed by Congress in 1991, requires that health care providers educate patients on issues related to Advance Directives. The Act requires all Medicare and Medicaid providers to furnish timely information so patients have the opportunity to express their wishes regarding the refusal of medical care. PHP and AAHP as well as AHCCCS and CMS must comply with this Act, and request your cooperation in helping us become compliant. Documentation is required in the medical record as to whether or not an adult member has completed an Advanced Directive.

Below are suggestions to assist in bringing your medical records into compliance with this standard:

1. Add a line to your initial patient assessment record stating
 - a. Advance Directive discussed - Yes or No
 - b. Do you have a Living Will or Power of Attorney - Yes or No
2. Stamp the front of the member's chart or provide a "sticker" on the chart with the above statements(s). Please be sure to address the above questions with the member. A number of providers have implemented the questions but they are left unanswered. If you would like more information on health care directives, you may contact the following organizations listed under the Advanced Directive Resource List in this section.

Living Will

A living will is a document that allows a member to express what types of services they do or do not want should they become ill.

In order for the living will to be legal, the following conditions **MUST** be met:

- The living will must be signed and dated in front of two other people. The two other people must also sign the document.
- The witnesses must NOT be designated to make medical decisions for the member.
- The witnesses must NOT be directly involved in providing the member's health care.
- The witnesses must NOT be related to the member by blood, marriage, or adoption.
- The witnesses must NOT have a right to receive any part of the member's estate.

Health Care Power of Attorney

Members have a right to be informed so that they understand and are able to make decisions about their health care. However, there may be a time when a member is not able to make these decisions. A Health Care Power of Attorney allows a member to choose another person to make decisions about the member's health care if the member is unable to make the decisions for himself/herself.

Health Care Power of Attorney **MUST** do the following:

SECTION D ELIGIBILITY AND ENROLLMENT

- State the name of the individual the member authorizes to make their medical decisions.
- State that the person named can only make health care decisions for a member while the member is unable to make or communicate health care decisions.
- Be dated and signed by the member.
- Include signatures of witnesses or a Notary Public.

ADVANCE DIRECTIVES RESOURCE LIST

Organization:

Available Resource:

Aging and Adult Administration
Arizona State Government
1789 W. Jefferson
Site Code 950A
Phoenix, AZ 85007
602.542.4446

Advanced directives forms and information

Attorney General Website
www.azag.gov/life_care/index.html

Advance directives kits

Arizona Senior Citizens Law Project
1818 S. 16th St.
Phoenix, AZ 85034
602. 252.-6710

Free legal assistance for senior citizens;
house calls provided upon request

Dorothy Garske Center
Web-based only (effective 8/2009)
www.dgcenter.org
2140 E 5th St
Tempe, AZ 85281
(480) 966-2674

Advance directives forms and information