Your 2016 Member Handbook

Everything you need to know about your plan:
Covered Services • Pharmacy Benefits • Emergency Services

For more information, visit BridgewayHS.com
Welcome to Bridgeway Health Solutions

*Your Care is Our Commitment.*

Bridgeway holds firm to the belief that our highest calling is to do everything possible to make sure our members are healthy and safe. The care we show to our members isn’t about a “job” - it is our passion to help people.
How to Contact Us

Bridgeway Health Solutions
1850 W Rio Salado Parkway Suite 201
Tempe, AZ 85281

Hours of Operations
Monday through Friday 8:00AM to 5:00PM

Member Services (866) 475-3129

If you are deaf or have difficulty hearing, call TDD/TTY 711

Member Services Fax (866) 687-0518

Dental/Vision (866) 475-3129

Behavioral Health (866) 475-3129

Non-Emergency Transportation (877) 986-7420

24 Hour Nurse Advice Line (866) 475-3129

Emergency Services DIAL 9-1-1

Member Services 24/7 Nurse Advice Line (866) 475-3129

BridgewayHS.com

Your Care is Our Commitment.
Member Information

MEDICAL EMERGENCY or LIFE THREATENING: Call 9-1-1

Your Member ID # ________________________________

Effective Date: ________________________________

Your Doctor (PCP): ______________________________

Phone:______________________________

Your Case Manager: ______________________________

Phone:______________________________

Your Pharmacy: ______________________________

Phone:______________________________

Your Eye Doctor: ______________________________

Phone:______________________________

Your Dentist: ______________________________

Phone:______________________________

Covered services are funded under agreement with the State of Arizona.

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About Bridgeway

Bridgeway Health Solutions (Bridgeway) is a managed health care plan. As a managed care plan, we provide health care to our members through our network of doctors, hospitals and pharmacies. You will have a Primary Care Provider (PCP) that will act as the “gatekeeper” of your services. We are contracted with the Arizona Health Care Cost Containment System (AHCCCS) to provide long term care services. AHCCCS is Arizona’s Medicaid agency.

Bridgeway provides long term care services to members in the following counties:

- Maricopa
- Pinal
- Gila
- Cochise
- Graham
- Greenlee

Your Member Handbook

This Member Handbook will help you understand your healthcare benefits. It will explain your rights, benefits, and responsibilities as a Bridgeway Member. Please read this book carefully to learn about:

- What is covered by Bridgeway
- What is not covered by Bridgeway
- How to get the care you need
- How to get your prescriptions filled
- What to do if you can a compliant about your doctor or your health plan
- Materials you will receive from Bridgeway

Primary Care Providers (PCP)

Your PCP is the “gatekeeper” to your care. You will see your PCP for routine and preventive care. Your PCP will send you to a specialist or coordinate Prior Authorization for care when needed.

Your Provider Directory

You will receive a Provider Directory of Bridgeway providers and pharmacies. If you need a new copy of the directory, Bridgeway will send it to you at no cost. Use this directory if want to find a new doctor or specialist. This directory will also tell you what languages the doctor speaks.
You can also use the “Find a Provider” function on our website www.BridgewayHS.com. There you will be able to search by location, zip code and specialty. Your search will give you a list of providers that match your needs along with their address, phone number, office hours, gender, and languages spoken.

24/7 Nurse Advice Line

Our Nurse Advice line makes it easy to get answers to your health questions. Staffed by registered nurses, the Nurse Advice line is here for you 24 hours a day, 7 days a week. Call (866) 475-3129 (TDD/TTY 711) if you have questions about:

- Your health, medicine, or a chronic condition
- Whether you should go to the emergency room (ER) or see your doctor
- Health education
- How to handle a condition in the middle of the night

Bridgeway Member Website

You can find information about your benefits and services at www.BridgewayHS.com

The Bridgeway website has resources and features that make it easy for you to access care. You can view:

- The Member Handbook
- The Provider/Pharmacy Directory
- Member Newsletters
- Community Resources
- Member Advisory Council Calendar
- Health Education
- Survey Results

Call the Nurse Advice line for questions about after-hours care.
Member Advisory Council

Bridgeway has a Member Advisory Council (MAC). The council, made up of members like you, meets four (4) times a year. The council meetings offer you the chance to share your concerns and ideas about health care. MAC members regularly talk about plan policies, programs, network issues and changes with the ALTCS program. Bridgeway also brings in speakers and presents education on topics that impact you.

The council is open to all members. You can view the yearly calendar of dates and locations for the Member Council meetings on our website (www.BridgewayHS.com). Let your case manager know if you plan on attending. Your case manager can help you get a ride to the meetings.

Change of address/Out-of-Area moves

Bridgeway and Arizona Long Term Care System (ALTCS) need your correct address. If you are moving, call your case manager with your new address before you move. You must also call the ALTCS office in the county you applied to give them your new address.

If you plan to move to a new county in Arizona, other than Maricopa, Graham, Greenlee, Cochise, Pinal or Gila counties, or to the Indian Reservation, call your case manager. Your Case Manager can help coordinate your care and services with the health plan in the new county.

If you do not let your case manager know, you may not get the services you need.

If we do not have your correct address, you may not get important information from us.

Only emergency medical services are allowed without prior authorization when you are outside of Maricopa, Pinal, Gila, Cochise, Graham, and Greenlee counties.

Member Services

Our Member Services Department can answer questions about benefits and help you find a doctor. They can also help you:

- Schedule an appointment with your PCP
- Get a new ID card
- Get a list of health plan providers
- Report fraud or abuse
• Request new member materials
• with emergency issues
• arrange for transportation to see your PCP

Member Service representatives are available Monday through Friday, 8:00 a.m. to 5:00 p.m. toll free at (866) 475-3129 (TDD/TTY 711). Calls after business hours are answered by our Nurse Advice line.

Your Privacy is Protected

You can read a copy of the Bridgeway Privacy Notice on our website www.BridgewayHS.com. This notice has information on ways Bridgeway uses your records (including information on health plan activities and payments for services related to your care). Your health care information is kept private and confidential. Your health care information is only given out with your permission or if the law allows it.

If you have any questions or concerns please talk to your Case Manager or Member Services. If you would like a copy of the Bridgeway Privacy Notice mailed to you, please call Bridgeway Member Services at (866) 475-3129, TDD/TTY users call 711.

Culturally Competent Care

You have the right to receive care in a way that is sensitive to your beliefs, values, religion, race or cultural background. Bridgeway believes members who receive care that respects their beliefs and practices are more apt to seek out care when needed and to stay healthier!

Members need to be able to talk to their doctors about health concerns in a way that they understand best. A doctor who understands your culture can offer care that is respectful to your needs.
Call Member Services if you need help to find a doctor that understands your specific beliefs

Language and interpretation Services

Bridgeway has many health care providers who speak languages other than English. Check your Provider Directory or the Bridgeway website (www.BridgewayHS.com) to find a doctor that speaks your language. Interpreter services are provided at no cost to you. Bridgeway has a telephone language line available 24 hours a day, 7 days a week. These services can also be used to help you talk to your provider.
This is what to do when you call Bridgeway:

- Call Bridgeway Member Services at (866) 475-3129, TDD/TTY users call 711.
- Tell the representative the language you want to speak. Bridgeway will make sure that an interpreter is called.

The law also says you have the right to get translations at health visits at no cost to you.

This is what to do when you call a provider’s office to make an appointment:

- Tell the provider you need help with translations. You should tell them which language you speak.
- Call Member Services prior to your appointment if you need help with getting a translator at your doctor visit.
- If you have any problems getting a translator, please call Bridgeway Member Services at (866) 475-3129.

All printed materials are available in alternative formats, such as in a different language, audio format, or large print. Call Member Services if you need materials in a different format.

English: We have interpreter services at no cost to the member to answer any questions you may have about our health plan. To get an interpreter, just call us at 1-866-475-3129. Someone who speaks English and your language can help you. There is no cost for this service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-475-3129. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我提供免费的翻译服务，解答于健康或物保的任何疑。如果需要此翻服，致 1-866-475-3129。我 的中文工作人很 意助 。是一 免 服 。

Chinese Cantonese: 對我們的健康或藥物保險可能存有疑問，此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-475-3129。我們講中文的人員將樂意提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika,
tawagan lamang kami sa 1-866-475-3129. Maaari kayong tulungan ng isang nakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d’interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d’assurance-médicaments. Pour accéder au service d’interprétation, il vous suffit de nous appeler au 1-866-475-3129. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.


Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-475-3129번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-475-3129. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic :
إذا كنت تحتاج إلى مترجم أو داير في مجالات الممرضات والعلاجات، فنقدم لك خدماتنا مجانًا. إذا كنت تحتاج إلى مترجم فرنسي، فنحن نقدم خدماتنا مجانًا. إذا كنت تحتاج إلى مترجم بريطاني، فنحن نقدم خدماتنا مجانًا.

Hindi1: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-475-3129 पर फोन करें। कोई व्यक्ति जो हिंदी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।
Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-475-3129. Un nostro incaricato che parla Italiano fornirà l’assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-475-3129. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan mediikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-475-3129. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-475-3129. Ta usługa jest bezpłatna.

Japanese: 社の健康 健康保 と 品 方 プラン に する ご 質問 に お 答えする ため に、無料の通 サ ビス があ ります ご ざ います。通 を ご用 命 にする には、1-866-475-3129 にお 電話 く ださ い。日本 語 を話す人 者 が 支援 いたします。これは 無料の サ ビ スです。

Medical record requests

You have the right to annually request and receive a copy of your medical records and/or inspect medical records at no cost. Bridgeway will reply to any request for a copy of records within 30 days. The response may be the copy of the record or a written denial. If Bridgeway denies a request for records, the denial will include the basis for the denial and information about how to seek review of the denial.

You may also contact the Secretary of the United States Department of Health and Human Services to file a complaint:

Office for Civil Rights- Region X
US Department of Health & Human Services
50 United Nations Plaza- Room 322 San Francisco, CA 94102
(415) 437-8310
(415) 437-8311 (TDD)
(415) 437-8329 Fax
Member Rights

As a Bridgeway member, you have rights and responsibilities. If you have questions, please ask your case manager. Bridgeway provides covered services to all enrolled members without regard to:

- Age
- Disability
- Marital Status
- Race
- Sex
- Arrest or Conviction
- Religion
- Sexual Preference
- Record
- Color
- Birth Nation
- Military Participation
- Language
- Ability to Pay

As a Bridgeway member, you, your family, your guardian or other authorized representatives have the right to:

- The name of your PCP
- The name of your Case Manager
- One copy of your medical records at no cost to you
- The name, location and telephone numbers of currently contracted providers in your service area that speak a language other than English (including identification of the languages spoken)
- The amount, duration, and scope of all services and benefits, service providers and services that are part of your enrollment with Bridgeway.
- Ask Bridgeway to amend or correct your medical records
- Inspect your medical records- you may not be able to get a copy of medical records that contain psychotherapy notices put together for a civil, criminal or administrative action
- A copy of the Bridgeway Member Handbook
- Any restrictions on your freedom of choice among network providers
- A description of your rights and responsibilities as Bridgeway member
- Information on how Bridgeway provides after hours and emergency care
- The location of providers and hospitals that furnish emergency and post stabilization services.
• Information on how Bridgeway pays providers, controls costs and uses services (including whether or not Bridgeway has a Physician Incentive Plan and associated information)
• Request information on the structure and operation of Bridgeway and our subcontractors
• Request information on Physician Incentive Plans (PIP) that affect use of referral services
• Know the types of compensation arrangements used by Bridgeway
• Know whether stop loss insurance is required
• General grievance results
• A summary of member survey results
• Information on how Bridgeway evaluates new technology to include as a covered service
• Information on Advance Directives
• Information on how medical decisions can be made for you when you are not able to make them yourself
• Actions to take if your PCP leaves the Bridgeway network
• Your costs to get a service that Bridgeway does not cover
• Be informed in writing when any of your services are reduced, suspended, terminated or denied (must follow instructions in the written notification)

Respect and Dignity

• Be treated fairly and with respect regardless of race, ethnicity, religion, mental or physical disability, sex, age, sexual preference or ability to pay
• Get quality medical services that support your personal beliefs, medical condition(s) and background in a language that you understand
• Get information in your own language, or have it translated
• Receive information in an alternative format
• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation

Treatment Decisions

• Participate in decision making regarding your health care
• Know treatment choices or types of care available to you and the benefits and drawbacks of each choice [in a way that you understand and is appropriate for your medical condition(s)]
• You can say “no” to treatments and services and PCPs
  ▪ You have the right to be told what may happen by not having the treatment- your medical care DOES NOT depend on your
agreement to follow a treatment plan
- You can say “no” to tasks that a provider may ask you to perform that are NOT part of your care plan.
- You can say “no” to drugs or restraints, except for times when your doctor thinks these actions are needed to protect you or others from harm.
- Include any family and caregivers you wish in your treatment.
- Agree or refuse treatment services (unless they are court ordered).
- Refuse care from a doctor you were referred to.
- Have someone be with you for treatments and exams.
- Have a female in the room for breast and pelvic exams.
- Information on how to get services and submit authorizations for services.
- Choose your PCP.
- Change your PCP.
- Talk to your PCP about your current health condition(s).
- Get information from your PCP about your current health condition(s).
- Get information on medical procedures and who will perform them.
- A second opinion from a doctor outside of the Bridgeway network at no cost to you (if a Bridgeway network provider is not available or appropriate).
- Transfer or leave a long-term care home because of medical reasons, for your own good or the good of others, or for not paying.
- If you have an emergency, you can get emergency health care services without the approval of your PCP or Bridgeway (you may go to any emergency room or other setting for emergency care).
- You may get behavioral health services without the prior approval of your PCP or Bridgeway.
- You can see a specialist with a referral from your PCP.

Confidentiality and Privacy
- Have your protected health information kept private.
- You have the right to privacy and confidentiality of your health care information.
- You have the right to talk to health care professionals in a private manner.
- Unless its allowed by the law, Bridgeway will get your permission to share your records.

Reporting Your Concerns to the Health Plan
- Contact Bridgeway’s Grievance Department at (866) 475-3129 with any complaints or issues you have about your health care services.
• File an appeal and get a decision from Bridgeway within the required timeframes
• Contact Bridgeway about any potential fraud, waste or abuse concerns
• Give Bridgeway feedback on policies and services

Personal Rights

• Receive services in a safe place
• For Nursing Home residents (or other alternative settings), you have the right to choose to share your room with your spouse when appropriate
• If you reside in a Nursing Home (or other alternative setting), you have the right to keep and use your personal clothing and belongings (as long as there is room and the items are not prohibited for medical reasons)
• For Assisted Living Center residents, the choice to reside in a single occupancy unit
• You can choose to remain in your home
• The right to manage your own finances, or have someone you trust be responsible for your finances
• You have the right to be free from any restraints or seclusion used as a mean of coercion, discipline, convenience or retaliation

Member Responsibilities

As a Bridgeway member, your family, guardians and representatives have the following responsibilities:

Respect

• Do not lose or share your Member ID card with anyone
• Respect the doctors, pharmacists, office staff, facilities and Bridgeway staff providing services to you
• Be considerate of the people living in the same place as you
• Be respectful of property including equipment loaned to you (like wheelchairs)
• Be respectful of the items belonging to the facility where you live

Sharing of Information

• Tell your Case Manager about all of the insurance that you have (like Medicare)
• When you get services or prescriptions, show all member ID card(s) before you get the services or prescriptions
Tell the ALTCS office where you applied for coverage, your Case Manager or Member Services about any changes that could impact your eligibility (like address, phone numbers, assists, etc.)

Talk to your doctor about all of your health problems (be sure to tell them about past illnesses, hospital stays, medications and shots you have had)

If something changes about your health condition(s) tell your doctor

If you don’t understand your health condition or care plan ask your PCP to explain

**Following Instructions**

- Know the name of your Case Manager
- Know the name of your assigned primary care physician (PCP)
- Follow the treatment instructions that you and your PCP agreed upon
- Ask your treating physician what will happen if you don’t follow instructions
- Pay your share of cost each month
- Pay your room and board at the start of each month (if applicable)

**Appointments**

- Schedule appointments during office hours (only use urgent or emergency care when necessary)
- Keep your appointments
- Arrive at appointments on time
- Call your doctor’s office to cancel and reschedule anytime you cannot make an appointment

**Your Member Identification (ID) Card**

As a recipient of AHCCCS Medicaid benefits, Bridgeway will send you a member ID card within 12 days of enrollment. Always carry your ID card(s) with you. If you have other health insurance coverage, bring those card(s) with you too. Show all card(s) every time you get care or fill prescriptions. You may have problems getting care or prescriptions if you do not have your ID card(s). You are responsible for your card(s). DO NOT throw it away until you receive a new card(s).
Here is an example of your Bridgeway Health Solutions ID card:

If you lose your card, Bridgeway will send you a new Member ID Card. Call us at (866) 475-3129 for a new ID card.

Do NOT give your ID card to anyone except those giving you healthcare services.

Unauthorized use of this ID card (loaning, selling or giving it to others) is a violation of federal and state law and may result in loss of eligibility and/or criminal prosecution.

If you, as a member, have a state issued identification card or Arizona Driver’s License, AHCCCS will get your picture from the Arizona Department of Transportation Motor Vehicle Division (MVD).

When providers pull up the AHCCCS eligibility verification screen, they will see your picture (if available) with your coverage details.

American Indian Member Rights

American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

Your Case Manager

As a member of Bridgeway, you never need to feel alone. A Case Manager (CM) will be assigned to you within 5 days after you enroll with Bridgeway. Your CM will get to know your personal and special needs. Your CM will also work with you, your family, friends and your Primary Care Physician (PCP) to make sure you get the medical and long term care services that are best for you.

Your CM will come to visit you regularly. At each visit, your CM will complete an “Assessment Tool”. The tool helps your CM learn more about
you. Your CM will use this tool to talk to you about your strengths and what you can do to take care of yourself. Your CM will also work with your family to decide what services you need. If you have questions or need your services changed, call your CM.

If you need to talk to your CM between your visits, you can call the CM’s cell phone. If the issue is urgent and your CM is not able to take your call right away, you will be connected to a backup CM who can help you.

Call your case manager if:
- You are admitted into the hospital
- You are unhappy with your PCP
- You are concerned about abuse or neglect

If you cannot get a hold of your CM and the issue is urgent, Bridgeway Member Services and/or Nurse Advice line staff is available to help you. They will make sure you get the health, social and community services you need. Member Services is available from 8:00AM to 5:00PM Monday through Friday. Nurse Advice line staff is available 24 hours a day, 7 days a week.

To make sure the care you get is paid for, your CM must approve your Arizona Long Term Care System (ALTCS) services before you get them. If you arrange for services without your Case Manager’s help, you may have to pay for them.

**Call your CM with any questions about this handbook. They will review this handbook with you in person and answer all of your questions and concerns.**

Your CM can help you:
- Coordinate your healthcare (doctor visits, home health, nursing, therapy, medical equipment, etc.)
- Schedule interpreters
- Choose or change a doctor
- Understand your health plan
- Get healthcare services that are covered by Bridgeway
- Find community resources and educational programs (including low-cost or no-cost planning services)
- Obtain referrals and authorizations
- Understand the difference between “emergency” and “urgentcare”
- Schedule health screenings

If you are not sure who your CM is, call Member Services at (866) 475-3129.
Major Life Changes

Life changes might impact your eligibility with Bridgeway. If you had a major change in your life, your Case Manager needs to know. If you have a life change, tell your Case Manager and the ALTCS office where you applied for Medicaid. Some examples of major changes include:

- You change your name
- You change your address
- You change your phone number
- You get coverage with another insurance carrier
- You have a change to your income
- Your family got bigger because of a birth or marriage
- Your family got smaller because of a move or death

Covered Services

Long term care and medical covered services and benefits

Your PCP and Case Manager can help you get the medical and long term care services that you need. Below is a list of covered services. There may be some limitations based on AHCCCS rules and policies. If you have Medicare, read the Medicare handbook called “Other Things You Should Know About Medicare” to find out which services are covered.

Covered Long Term Care Services

Nursing Homes

Home and Community Based Services

- Adult Day Health Care
- Attendant Care (including agency with choice and self-directed attendant care)
- Spousal Attendant Care
- Emergency Alert Systems
- Habilitation (including day treatment and training)
- Home Delivered Meals
- Home Health Services
- Homemaker Services
- Home Modifications
- Personal Care
- Respite Care
- Hospice Care
Alternative Residential Settings

• Adult Foster Care
• Assisted Living Home
• Assisted Living Center
• Alzheimer’s Treatment Assisted Living
• Behavioral Health Residential
• Substance Abuse Transitional Facility
• Behavioral Health Supportive Homes
• Traumatic Brain Injury Homes

Covered Medical Services

• Hospital care
• Diabetes Care
• Flu shots
• Doctor office visits (including specialists)
• Health risk assessments and screenings
• Nutritional assessments
• Laboratory and X-rays
  • Durable Medical Equipment (DME) - Case Managers can assist in getting needed DME. Skilled Nursing Facilities (SNFs) are required to provide non customized DME to members while residing in SNFs. A customized DME is medical equipment that is made special for one member and cannot be used by other members.
• Medications (Members with Medicare coverage, received their medications from Medicare Part D)
• Emergency care
• Post emergency stabilization services
• Rehabilitation services (occupational therapy, speech therapy, physical therapy and respiratory therapy) *
• Routine immunizations
• Kidney dialysis
• Medically necessary, AHCCCS approved organ and tissue transplants and related prescriptions
• Pre transplant dental services
• Dental services (adults 21 and older) – treatment of a medical condition (like acute pain, infection, or fracture of the jaw) and medically necessary transplant services
• Dental services (children under 21) - routine care and emergency care
• Medically necessary foot care; foot and ankle services (including wound care, treatment of pressure ulcers, fracture care, reconstructive surgeries, and limited bunionectomy services); medically necessary routine foot care services are only available for members with a severe systemic disease that prohibits care by a...
nonprofessional person *(services are not covered for members 21 years of age and older, when provided by a podiatrist or podiatric surgeon)*

- Incontinence briefs (adult diapers and pullups) for members on the Arizona Long Term Care Program when necessary to treat a medical condition like a rash or infection. *(Prior approval is needed.)* Incontinence briefs are also covered to avoid or prevent skin breakdown for members in the ALTCS program for members 21 years of age or older when you have a medical condition which causes incontinence *(when the body is not able to control going to the bathroom).* Your doctor must give you a prescription for the briefs. The prescription will say why you need them, and how much you need. If your doctor shows that you need them, Bridgeway can cover up to 180 briefs per month. Sometimes you may need more than 180 briefs in a month. When this happens, a doctor must show why more than 180 briefs are needed. Bridgeway will need to review your doctor’s note to see if you can be approved for more than 180 briefs per month.

- Behavioral health services and settings
- Medically necessary audiology services to evaluate hearing loss for all members, on both an inpatient and outpatient basis *(hearing aids are covered only for members under the age of 21 receiving EPSDT services).*
- Medically necessary non emergent transportation to and form required medical services
- Emergency transportation (call 9-1-1)
- Outpatient surgery and anesthesia
- Medical foods *
- Urgent Care
- Limited Vision *(members 21 and over includes emergency care and some medically necessary vision services like cataract removal)-members with diabetes recommended to see an ophthalmologist yearly for a retinal exam
- Treatment of sexually transmitted diseases
- Wellness Screenings *(for example cervical cancer, pap smear, mammograms, colorectal cancer, sexually transmitted diseases)*
- Medically necessary podiatry services are covered when they are ordered by a primary care provider or primary care practitioner and the services are performed by a licensed podiatrist.

**Additional Covered Services** *(ONLY APPLIES TO CHILDREN UNDER 21 YEARS OF AGE)*

- Routine preventative dental services (oral health screenings,
cleanings, fluoride treatments, dental sealants, x-rays, fillings, extractions, other medically necessary procedures, therapeutic services, emergency dental services and oral hygiene education

• Vision services (exams and prescriptive lenses)
• EPSDT visits (same as wellness visits and includes regular checkups and immunizations)
• Chiropractic services
• Conscious sedation
• Incontinence briefs (limited coverage and requires prior authorization)*
• Services covered by Medicare but not by AHCCCS *

*limitations may apply, contact Bridgeway for more information

Long term care and medical covered Services and benefits Not Covered by Bridgeway

Below is a list of services that are not covered. This list is not all inclusive. Please call your case manager if you need help finding community resources in your area for services that are not covered.

• Services from a provider who is not in the Bridgeway network (unless emergent and/or prior authorized by Bridgeway)
• Personal comfort items
• Cosmetic services or items
• Any service requiring prior authorization not prior authorized
• Services or items given free of charge (or for which charges are not usually made)
• Services of “special duty” nurses, unless medically necessary and prior authorized
• Physical therapy that is NOT medically necessary
• Routine circumcisions
• Routine dental services (members ages 21 and older)
• Experimental services as determined by the health plan medical director
• Health services when the member is in a prison
• Experimental organ transplants
• Sex change operations and reversal of voluntary sterilization
• Drugs and supplies without a prescription
• Treatment to straighten teeth (unless medically necessary)
• Hearing aids (members over 21)
• Routine eye exams for prescriptive lenses or glasses (members over 21)
• Chiropractic services (except for QMB members)
Exclusions and Limitations

Respite Care Hour Limit

Respite care is offered as a temporary break for caregivers to take time for themselves. The number of respite hours available to adults and children receiving benefits is 600 hours within a 12 month period of time. The 12 months run from October 1st through September 30th of each year.

Percussive Vests

Percussive vests are placed on a person’s chest and shakes to loosen mucous. Percussive vests are not covered. Supplies, equipment maintenance (care of the vest) and repair of the vest are covered.

Bone-Anchored Hearing Aid

A bone-anchored hearing aid is put on a person’s bone near the ear by surgery to carry sound. Bone-anchored hearing aids (BAHA) are not covered. Supplies, equipment maintenance (care of the hearing aid) and repair of any parts are covered.

Cochlear Implant

A Cochlear Implant is a small device that is put in a person’s ear by surgery to help a person hear better. Cochlear Implants are not covered. Supplies, equipment maintenance (care of the implant) and repair of any parts are covered.

Lower Limb Micro Process or Controlled Joint/ Prosthetic

Lower limb micro process or controlled joint/ prosthetic is a device that replaces missing parts of the body and uses a computer to help with the moving of the joint. Lower limb micro process or controlled joint/ prosthetics are not covered for members 21 years of age and older.

Orthotics

Orthotic Devices for members UNDER the age of 21

Orthotic devices for members under the age of 21 are provided when prescribed by the member’s Primary Care Provider, attending physician, or practitioner.
Orthotics Devices for Members Who Are 21 Years of Age and Older

Starting August 1, 2015, Bridgeway covers orthotic devices for members who are 21 years of age and older when:

- The orthotic is medically necessary as the preferred treatment based on Medicare Guidelines AND
- The orthotic costs less than all other treatments and surgery procedures to treat the same condition AND
- The orthotic is ordered by a Physician (doctor) or Primary Care Practitioner (nurse practitioner or physician assistant).

If you have any questions, please call Bridgeway Member Services at 1-866-475-3129.

Medical equipment may be rented or purchased only if other sources, which provide the items at no cost, are not available. The total cost of the rental must not exceed the purchase price of the item.

Reasonable repairs or adjustments of purchased equipment are covered for all members over and under the age of 21 to make the equipment serviceable and/or when the repair cost is less than renting or purchasing another unit. The component will be replaced if at the time authorization is sought documentation is provided to establish that the component is not operating effectively.

Transplants

A transplant is when an organ or blood cells are moved from one person to another. Only approved transplants are covered. Transplant services must be prior authorized.

Covered transplants for members under 21 may include:

- heart;
- lung (single and double);
- heart/lung; liver;
- Kidney (cadaveric and living donor);
- Simultaneous Liver/Kidney (SLK);
- Simultaneous Pancreas/Kidney (SPK);
- Pancreas After Kidney (PAK);
- Pancreas Only and
- Visceral Transplantation.
Covered transplants for members ages 21 and older may include:

- heart; lung (single and double);
- heart/lung; liver;
- Kidney (cadaveric and living donor);
- Simultaneous Liver/Kidney (SLK);
- Simultaneous Pancreas/Kidney (SPK) and
- Pancreas After Kidney (PAK).

Hematopoietic Stem Cell Transplants are covered.

Partial pancreas (including islet cell transplants) is not covered.

**Physical Therapy**

Effective 02/01/2016, outpatient physical therapy for adults is limited to 30 visits per contract year for persons age 21 years and older to:

a. Restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored

b. Attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired

**Home and Community Based Services (HCBS) Settings**

Home and community based support services help you keep your independence while you live in your own home or community setting. HCBS services are covered based on AHCCCS rules and policies. Not all HCBS services will be right for you. Your Case Manager works with you and your family (or representative) and PCP to find the right kinds of service, including the right amount of services, and for the right amount of time. Once services are decided, your Case Manager will approve the services and help arrange delivery of the services.

**Critical Care Services**

Critical services include tasks such as bathing, toileting, dressing, feeding, transferring to or from bed or wheelchair, and assistance with similar daily activities.

If you receive attendant care, personal care, homemaker or respite services, your Case Manager will create a backup plan with you. This plan will include the name and numbers to call if your caregiver does not show up as scheduled. If your caregiver does not come as scheduled, call the numbers on your backup plan. You have the right to get a replacement
caregiver for “critical services” within 2 hours of your request for help. If you need assistance with a replacement caregiver, call your CM.

HCBS services may include:

- **Adult Day Health Care**: health care and personal services that you get in an adult day center. Meals, health checks and therapies may be offered.
- **Attendant Care Services**: a trained person from a certified caregiver agency comes into your home to help you with a combination of services like personal care, housekeeping and meal preparation.
- **Community Transition Program**: provides financial assistance to members moving from a nursing home to a home in the community. Your Case Manager can explain this program for you.
- **Emergency Alert System**: equipment that gives you 24 hour access to emergency help when you need it.
- **Habilitation**: provides training of independent living skills; speech therapy, occupational therapy or physical therapy may be included. Day Treatment and Training/Supportive Employment are included.
- **Home Delivery Meals**: healthy meals are prepared and brought to your home.
- **Home Health Services**: provides part time care in your home to keep you from being hospitalized again. May include nursing care, a health aide, equipment or therapy.
- **Homemaker**: helps with household needs like cleaning, shopping and running errands.
- **Home Modification**: makes adaptive changes to your home to increase independence.
- **Hospice Care**: helps members who need health care and emotional support during the final stages of life.
- **Personal Care**: offers help with bathing and dressing.
- **Private Duty Nursing**: for members who need more individual and continuous care.
- **Respite**: provides personal care to give your unpaid family caregiver a rest. This service can be provided in your home, assisted living facility, or skilled nursing home.
- **Spousal Attendant Care**: your spouse can become your paid attendant caregiver while you are living at home. State guidelines must be followed. If you are interested in this service, let your Case Manager know.

Member Directed Care Options

Member directed care allows more control over how services are provided
like attendant care, personal care and housekeeping. The models define the way in which services are developed. Member-directed options are available to most ALTCS members who live in their own home. These options are not available to members who live in an alternative residential setting or nursing facilities. Contact your Case Manager for more information on member-directed options. The following are descriptions of the different options available:

**Agency with Choice (AWC):** an option offered to ALTCS members who reside in their own home. A member or the member’s Individual Representative (IR) may choose to participate in the Agency with Choice option (the IR cannot be the DCW). Under the Agency with Choice option, the provider agency and the member/IR enter into a partnership agreement. The provider agency serves as the legal employer of the Direct Care Worker (DCW) and the member/IR serves as the day-to-day managing employer of the DCW. If a member has a legal guardian or "Active" Power of Attorney (POA) (Active POA: Member is currently unable to make their own decisions), that guardian or Active POA automatically serves in the capacity of an Individual Representative.

**Self-Directed Attendant Care (SDAC):** a service delivery option for members who want to be in charge of their attendant caregiver service. Member’s using this service will hire, fire, train and be in charge of his/her own caregivers. Members have more control and responsibilities in this service delivery option. Members can hire anyone that has the basic skills needed. Members also give work and make weekly schedules that are determined in meetings with your Case Manager.

**Skilled Staff Directed Attendant Care:** this option is available to members that have self-directed attendant care and want the attendant to be trained on specific skilled services like bowel care, or giving insulin shots. Your Case Manager can provide you with details on the options available with this program.

**Alternative Living Settings**

Bridgeway offers different types of living arrangements for members who need them. Members residing in these settings are responsible for their room and board payment. Room and Board are not covered. Room and Board is the amount paid for food and/or shelter. Bridgeway will set the amount for the Room and Board based upon your income. You will receive a letter to let you know the amount you must pay. Your Case Manager will explain the cost to you. Types of residential settings include:
• **Adult Developmental Home**: an alternative residential setting for adults 18 or older with developmental disabilities which is licensed by DES to provide room, board, supervision and coordination of habilitation and treatment for up to three (3) residents.

• **Adult Foster Care**: up to four (4) residents that provide special care for you when you are living in a licensed foster care home.

• **Assisted Living Home**: provides care and supervision for up to ten (10) people.

• **Assisted Living Center**: provides apartments and includes a private sleeping area, kitchen and bathroom areas. Other services are provided as needed.

• **Alzheimer’s Treatment Assistive Living Facility**: provides special care and services to members with Alzheimer’s disease.

• **Behavioral Health Residential**: provide behavioral health treatment with 24 hour supervision. May include onsite medical services and intensive behavioral health treatment programs.

• **Child Developmental Foster Home**: an alternative residential setting for children with developmental disabilities to provide room, board, supervision and coordination of habilitation and treatment for up to three residents.

• **Behavioral Health Supportive Homes (Adult)**: provides behavioral health and additional services for at least one and up to three (3) people.

• **Behavioral Health Supportive Homes (Child)**: licensed by the Department of Economic Security (DES) as a professional foster care home.

• **Traumatic Brain Injury Treatment Facility**: provides treatment and services for people with traumatic brain injuries.

• **Substance Abuse Transitional Facility**: an agency providing behavioral health services.
Transitional Program

- The transitional program helps members transition (move) from an institutional setting to a home and community based setting. The program is offered to ALTCS members who show improvements in their condition or health but still need long term care services.
- If you are enrolled in the Transitional Program, you are able to receive home and community based services or residential services in an adult foster home, assisted living home, or assisted living center.
- If your condition worsens and nursing facility care for more than 90 days becomes necessary, a medical reassessment can be requested. Members in the transitional program may not remain in a skilled nursing home longer than 90 consecutive days.
- AHCCCS Eligibility Workers places members on, and takes them off the transitional program after evaluating the member’s current functional and medical status.

Nursing Home Care

Nursing homes provide room, board, and nursing services for members who need all three (3) services all the time, but who do not need to be in a hospital or need daily care from a doctor. Many homes also offer special services of several levels of care for special needs.

Behavioral Health Settings

Bridgeway offers various settings to members with behavioral health needs. These settings have special services that include staff members who are licensed or certified to provide behavioral health services. Talk to your Case Manager if you have any questions on behavioral health settings. The following is a description of different behavioral health settings available:

- **Behavioral Health Supportive Homes**: provides behavioral health and ancillary services for at least one person- licensed by DES as a professional foster care home.
- **Behavioral Health Residential**: provides a structured residential setting the 24 hour supervision, counseling, behavior management, psychosocial rehabilitation, 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 institutional behavioral health facility.
- **Inpatient Psychiatric Residential**: 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

- **Institution for Mental Disease (IMD):** facilities that provide diagnosis, care and treatment services to members under the age of 21 and 65 years and older with mental illness/substance abuse disorders. Services include room and board, medical care, nursing services and other health related services.

- **Skilled Nursing Facility:** provides skilled nursing care for members who need medical or nursing care, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

- **Assisted Living Centers:** provides apartments and includes a private sleeping area, kitchen and bathroom areas. Other services are provided as needed.

**Disease Management**

Bridgeway provides additional support for all ALTCS members through our Disease Management program. The program provides tools to help you manage your health and certain medical conditions. Some of the programs include:

- Asthma
- Congestive Heart Failure
- Diabetes
- High Blood Pressure
- Coronary Artery Disease
- Chronic Obstructive Pulmonary Disease

Bridgeway Case Managers want to help you! Bridgeway Case Managers can help you understand major health problems and arrange care with your doctors. A Case Manager will work with you, your family and your PCP to help get you the care you need. Please call your Case Manager to discuss any health concerns or needs.

**Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and behavioral/mental health conditions 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 conditions 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 29 optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 29 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, laboratory and x-ray services, physician services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical supplies, prosthetic devices, eyeglasses, transportation, and family planning services. 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.
Oral Health

Dental Home Program

A Dental Home is a dentist you see every six months for a check-up. If you are under 21, Bridgeway Health Solutions will assign you to a dental home. Bridgeway Health Solutions covers dental check-ups that include a cleaning and fluoride treatment every 6 months and more. Your Dental Home dentist will help you get the care you need. Dental care is very important for your overall health. It is important to go back to the same Dental Home for each appointment. If you would like to change your Dental Home or if you need help to make an appointment, call Bridgeway Health Solutions at 866-475-3129. TDD/TTY 711. Remember: It is important to keep all of your Dental Home appointments and always arrive on time.

Emergency Dental Service

Emergency dental services are given for immediate care like a bad infection or pain in the teeth or jaw. Dental services (including emergency dental services) are not covered for members 21 years of age and older. Medical or surgical services related to dental (oral) care are covered. Covered dental services for members age 21 and older must be related to the treatment of a medical condition.

Multi-Specialty Interdisciplinary Clinic (MSIC)

Multi-Specialty Interdisciplinary Clinics (MSICs) are clinic where members under the age of 21 can see their specialists and any others involved in their care, all at one location. At the MSIC, you and your family can meet face-to-face with the members of your team of providers to get medical care, plan your treatment, and receive other services that you may need. Each MSIC is open from the hours of 8:00am to 5:00pm Monday through Friday. Specific clinics, such as the cardiac clinic, may be held on certain days and times. Contact your MSIC for a schedule of clinics. To make, change, or cancel appointments at the MSIC, contact the MSIC at the clinic phone number listed below.

If you need any help accessing services at the MSICs (including making, changing or canceling appointments), please call the Bridgeway Member Services line toll free at (866) 475-3129 Monday through Friday from 8:00AM to 5:00PM.
CRS MSICs are at the following locations: Children’s Clinic for Rehabilitative Services Square & Compass Building 2600 North Wyatt Drive Tucson, AZ 85712 Phone: (520) 324-5437 Toll Free: (800) 231-8261 www.childrensclinics.org


District Medical Group (DMG) Children’s Rehabilitative Services 3141 N. 3rd Avenue Phoenix, AZ 85013 Phone: (602) 914-1520 www.dmgcrs.org

DMG Children’s Rehabilitative Services specializes in the following services: Audiology, Cardiology, Endocrinology, ENT, Gastroenterology, Genetics, Lab and X-Ray, Neurology, Neurosurgery, Nutrition, Occupational Therapy, Ophthalmology, Orthopedics, Pediatric Surgery, Physical Therapy, Plastic Surgery, Primary Care, Psychology, Rheumatology, Scoliosis, Speech and Language Rehabilitation, and Urology.

Behavioral Health and Substance Abuse Services

Behavioral health services are a covered benefit to Bridgeway members. Covered behavioral health services can help you with personal problems you might have like substance abuse, alcohol abuse, depression (sadness), anxiety (worry), attention deficit hyperactivity disorder (ADHD), or other mental illnesses. Some services can be provided in your home, nursing home or assisted living facility. Bridgeway has behavioral health professionals that help CMs get needed behavioral healthcare for members.

Covered Behavioral Health and Substance Abuse Services Include:

- Behavior Management (behavioral health personal care, family support/home care training, self-help/peer support)
- Behavioral Health Nursing Services
- Emergency and Non – Emergency Transportation
• Individual, Group and Family Therapy and Counseling
• Non-Hospital Inpatient Psychiatric Facilities Services (Level 1 Residential treatment centers and sub-acute facilities)
• Opioid Agonist Treatment
• Psychosocial Rehabilitation (living skills training, health promotion, supportive employment services)
• Substance Abuse Transitional Facility
• Psychotropic Medication Adjustment and Monitoring
• Behavioral Health Case Management Services (limited)
• Behavioral Health Supportive Homes
• Emergency Behavioral Health Care
• Evaluation and Assessment
• Inpatient Hospital Services
• Laboratory and Radiology Services for Psychotropic Medication Regulation and Diagnosis
• Partial Care (supervised day program, therapeutic day program and medical day program)
• Psychotropic Medication
• Respite Care (with limitations)
• Screening
• Behavioral Health Settings

How to Get Behavioral Health Services

You do not need a referral from a doctor for behavioral health services. Please call your Case Manager to talk about any behavioral health needs that you have. Your Case Manager will help you get services including a ride to get services if needed. If you think you might hurt yourself or others, please call 911.

Behavioral Health Appointments

Routine Appointments: These services should be available to you within 30 days. Call Bridgeway or go to our website www.BridgewayHS.com to find a list of mental health specialists that are in the Bridgeway network. You do not need a referral from your PCP or Bridgeway but you should call your mental health specialist before going to see him/her to schedule an appointment.

Urgent Care: Sometimes you need to speak to a mental health specialist very soon. It may not be an emergency. Health workers call this “urgent care.” Urgent care is not emergency care. You should call your mental health specialist to be treated for these things. If you get care in an emergency room and it is not an emergency, you may have to pay for the care you get.

Emergency Care: These services should be available to you within 24 hours. If you have an emergency you may call 911 or go to the nearest emergency room. Sometimes you may not be sure if you need to go to the Emergency Room. Call Bridgeway at (866) 475-3129. They can help you decide where to go for care.
Behavioral Health Urgent Care

If you are in need of someone to talk to (i.e. loneliness, mild depression) you can contact the Nazcare Warm Line at 1-888-404-5530. The line operates as a friendly, supportive voice to help a person deal with stress, issues in recovery and to alleviate loneliness and isolation. The warm line operates from 5:00 pm to 10:30 pm seven (7) days a week.

Behavioral Health Emergencies

If you are experiencing a behavioral health emergency (i.e. suicidal thoughts, psychotic episode) please call the Nurse Advice Line at (866) 475-3129 to speak to someone immediately. If you are unable to call this number, a friend or family member could call on your behalf. If needed a mobile behavioral health crisis team can be dispatched to your location.

Arizona’s Vision for the Delivery of Behavioral Health Services

All behavioral health services are delivered according to the following system principles. AHCCCS supports a behavioral health delivery system that includes:

1. Easy access to care,
2. Behavioral health recipient and family member involvement,
3. Collaboration with the Greater Community,
4. Effective Innovation,
5. Expectation for Improvement, and
6. Cultural Competency.

The Twelve Principles for the Delivery of Services to Children

1. Collaboration with the child and family:
   a. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and
   b. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

2. Functional outcomes:
   a. Behavioral health services are designed and implemented to aid
children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults, and

b. Implementation of the behavioral health services plan stabilizes the child’s condition and minimizes safety risks.

3. Collaboration with others:
   a. When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented,
   b. Client-centered teams plan and deliver services, and
   c. Each child’s team includes the child and parents and any foster parents, any individual important in the child’s life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child’s teacher, the child’s DCS and/or DDD caseworker, and the child’s probation officer.
   d. The team:
      i. Develops a common assessment of the child’s and family’s strengths and needs,
      ii. Develops an individualized service plan,
      iii. Monitors implementation of the plan, and
      iv. Makes adjustments in the plan if it is not succeeding.

4. Accessible services:
   a. Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need,
   b. Case management is provided as needed,
   c. Behavioral health service plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided, and
   d. Behavioral health services are adapted or created when they are needed but not available.

5. Best practices:
   a. Behavioral health services are provided by competent individuals who are trained and supervised,
   b. Behavioral health services are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based “best practices.”
   c. Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of
a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class members’ lives, especially class members in foster care, and d. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. Most appropriate setting:
   a. Children are provided behavioral health services in their home and community to the extent possible, and
   b. Behavioral health services are provided in the most integrated setting appropriate to the child’s needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child’s needs.

7. Timeliness:
   a. Children identified as needing behavioral health services are assessed and served promptly.

8. Services tailored to the child and family:
   a. The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided, and
   b. Parents and children are encouraged and assisted to articulate their strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

9. Stability:
   a. Behavioral health service plans strive to minimize multiple placements,
   b. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk,
   c. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops,
   d. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system, and
e. Behavioral health service plans anticipate and appropriately plan for transitions in children’s lives, including transitions to new schools and new placements, and transitions to adult services.

10. Respect for the child and family’s unique cultural heritage:
   a. Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family, and
   b. Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence:
   a. Behavioral health services include support and training for parents in meeting their child’s behavioral health needs, and support and training for children in self-management, and
   b. Behavioral health service plans identify parents’ and children’s need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. Connection to natural supports:
   a. The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents’ own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems

1. Respect - Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.

2. Persons in recovery choose services and are included in program decisions and program development efforts - A person in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.
3. Focus on individual as a whole person, while including and/or developing natural supports - A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual’s social community.

4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure - A person in recovery finds independence through exploration, experimentation, evaluation, contemplation and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.

5. Integration, collaboration, and participation with the community of one’s choice - A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

6. Partnership between individuals, staff, and family members/natural supports for shared decision making with a foundation of trust - A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.

7. Persons in recovery define their own success - A person in recovery — by their own declaration — discovers success, in part, by quality of life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. Strengths-based, flexible, responsive services reflective of an individual’s cultural preferences - A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his/her own
strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

9. Hope is the foundation for the journey towards recovery - A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.

Women’s Services

Well Visits (Well Exams) such as, but not limited to, Well Woman Exams, breast exams, and prostate exams are covered for members 21 years of age and older. Most Well Visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling and medically necessary immunizations. (See EPSDT for Well Exams for members under 21 years of age).

Female members have direct access to preventive and well care services from a gynecologist within the Bridgeway’s network of providers without a referral from a primary care provider. If you have questions about your benefits, call your Case Manager. Your Case Manager can help you understand your benefits and any co pays or other out of pocket costs that you may have.

Bridgeway has special programs for women and girls to help you stay healthy and prevent medical problems. You do not need a referral from your doctor to use these services. You may make an appointment to see an OB/GYN in our network. If you need help finding an OB/GYN in your area, call your Case Manager or Bridgeway Member Services at (866) 475-3129.

Be sure to see a doctor at least once a year. Get any needed tests. These tests may include pap tests, blood pressure and lab tests. You can also get advice on a healthy diet and lifestyle.

Well Woman Exam

Female members have direct access to a gynecologist within the Bridgeway network without a referral from a PCP. Well women exams and preventative screenings are covered benefits.
Preventive Screening Services

Preventive screening services include, but are not limited to cervical cancer screening, pap smear, mammograms, colorectal cancer, and screening for sexually transmitted infections.

Pap Screening

A Pap test is recommended every one (1) to three (3) years for women who are sexually active or who are 21 years old and older. Members can see their PCP or an obstetrician/gynecologist (OB/GYN) for a Pap test. If you want to see an OB/GYN, you do not need to see or ask your PCP first. You can find an OB/GYN in your Provider/Pharmacy Directory or by visiting our website at www.BridgewayHS.com.

Mammogram

Mammograms are recommended every one (1) to two (2) years for women age 40 and over. You can call and tell your doctor you would like a mammogram. Your doctor will help to schedule you with the radiology facility. You can find a list of radiology facilities in your Provider/Pharmacy Directory or by visiting our website at www.BridgewayHS.com.

Pregnancy

Pregnant women can go directly to an OB/GYN in the Bridgeway network. A pregnant woman does not need to go to her PCP before seeing an OB/GYN.

Prenatal HIV/AIDS Testing

If you are pregnant, you will get a complete checkup at your first doctor’s visit. The doctor or nurse will check for infections and sexually transmitted diseases. Voluntary, confidential HIV/AIDS testing services are available, as well as counseling for members who test positive.

Postpartum Visits

After the delivery of a baby, it is important to see your OB/GYN for a postpartum visit. Postpartum visits should be scheduled within 60 days after the delivery of the baby.

Maternity Care and Family Planning

Pregnant women need special care. If you are pregnant, you may go directly to a Bridgeway OB/GYN doctor for care. You do not need to ask
your PCP first. If you think you are pregnant, make an appointment with your PCP for a pregnancy test. Covered services include:

- Prenatal care
- Labor and delivery
- Postpartum care (provided within 60 days of delivery)

Your OB doctor should be able to give you an appointment:

- Within 14 days if you have been pregnant less than 3 months (first trimester)
- Within 7 days if you have been pregnant for 3 to 6 months (second trimester)
- Within 3 days if you have been pregnant for 6 to 9 months (third trimester)
- High risk pregnancies - within 3 days of identification of high risk by the Contractor or maternity care doctor, or right away if an emergency exists

Your postpartum care is very important and is covered for 60 days following delivery. Your doctor will tell you when you need to be seen for this visit which is based on guidelines from the American Congress of Obstetricians and Gynecologists (ACOG). ACOG recommends a postpartum visit about 4-6 weeks after your baby is born. Your doctor may want to see you in 1-2 weeks if you had a cesarean section delivery or a difficult delivery.

Please call Member Services at (866) 475-3129 if you cannot get an appointment with your OB doctor within these times.

**Elective Deliveries:** A normal pregnancy lasts 40 weeks. If your delivery is scheduled earlier than 39 weeks for you or your doctor’s convenience, you need to know that this may be unhealthy for your baby. Staying pregnant until at least 39 weeks will give your baby a better chance of having a healthy life. Ask your doctor if there is a medical reason to deliver your baby early. If there is no medical reason, talk to him/her about waiting until 40 weeks to give your baby more time to grow before being born.

**Nutrition Referrals:** Members are referred for support services to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), as well as other community-based resources to support healthy pregnancy outcomes. In the event you lose eligibility, you may contact the Arizona Department of Health Services Hotline for referrals to low or no-
cost services. The Arizona Department of Health Services (DHS) hotline number is: 1-800-252-5942.

**Smoking and Pregnancy:** Smoking is bad for you whether you are pregnant or not. If you are pregnant, *smoking adds more risks for your baby*. If you smoke, you are more likely to have a miscarriage, have your baby too early, or have a stillborn baby. Smoking also puts your baby at risk for Sudden Infant Death Syndrome (SIDS).

**Keep your appointments:** Be sure to schedule doctor appointments with your doctor before and after your pregnancy. It is also important for you to keep your appointments with your doctor before and after your baby is born to make sure you and your baby are healthy.

**Dangers of Lead Exposure:** Exposure to high levels of lead can cause serious problems during pregnancy, including premature birth and miscarriage. If you think you’ve been exposed, tell your health care provider. He/She can check your lead levels with a blood test.

**Postpartum Depression (PPD):** It is normal to feel tired and stressed in the weeks after birth. Tell your provider if you have feelings of sadness or worry that last for a long time. This is called postpartum depression (also called PPD). It is a serious condition that can make it hard to live your life and take care of your baby, but it can be treated. Call your case manager or Member Services (866) 475-3129 if you feel you are having symptoms of PPD.

**Covered Family Planning Services**

Family planning services are available to both male and female members of reproductive age. Covered services include the following:

- Birth control counseling
- Birth control methods including:
  - Birth control pills
  - Depo-Provera
  - Implantable contraceptives
  - IUD (intra-uterine devices)
  - Condoms
  - Diaphragms
  - Foams and suppositories
  - Post-coital emergency contraception (morning afterpill)
  - Sterilization for both male and female (members must be 21 to receive these services)
• Natural family planning
• Male and female screening and treatment for sexually transmitted infections

HIV Testing and Counseling

You can get HIV testing and counseling any time you have family planning services. You do not need a referral from your PCP. Make sure to make an appointment with a family planning provider. Bridgeway will provide any medically necessary services.

Family Planning Services NOT Covered

Family planning services NOT covered include the following:

• Infertility services
• Pregnancy termination counseling (unless medically necessary—See below, “Pregnancy Termination and Pregnancy Termination Counseling”)
• Pregnancy termination and hysterectomies (except in certain situations that must be approved by a doctor and Bridgeway)

Pregnancy Termination and Pregnancy Termination Counseling

Pregnancy Termination and Pregnancy Termination counseling are not covered unless medically necessary according to the medical judgment of a licensed physician who confirms that pregnancy could pose a serious physical or mental health problem for the pregnant member, seriously impair bodily function of the pregnant member, cause dysfunction of a bodily organ or part of the pregnancy member, make a health problem worse, or prevent the member from getting treatment for a health problem.

Pregnancy terminations are an AHCCCS covered service only in special situations. AHCCCS covers pregnancy termination if one of the following criteria is present:

a. The pregnant member suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would, as certified by a physician, place the member in danger of death, unless the pregnancy is terminated.
b. The pregnancy is a result of incest.
c. The pregnancy is a result of rape.
d. The pregnancy termination is medically necessary according to the medical judgment of a licensed physician, who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or behavioral health problem for the pregnant member by:

e. Creating a serious physical or behavioral health problem for the pregnant member
f. Seriously impairing a bodily function of the pregnant member
g. Causing dysfunction of a bodily organ or part of the pregnant member
h. Exacerbating a health problem of the pregnant member, or
i. Preventing the pregnant member from obtaining treatment for a health problem.

**Women, Infants and Children (WIC)**

WIC is a community resource available to pregnant women, infants and children under five (5) years of age. This resource can help with food, breast feeding education and tools for healthy diets. For more information about WIC, see the Community Resources section at the end of your handbook. You can also talk to your Case Manager.

**Quit Smoking**

Quitting smoking is one of the most important things you can do for your health. We know it is not an easy thing to do. It takes effort, willpower, and commitment. We want to help you stop smoking or using tobacco and we can refer you to an in network provider that has a cessation program to help you STOP!

It can be hard to give up the habit because nicotine is addictive. Many people feel cravings and have withdrawal symptoms when they try to stop smoking.

Tell your doctor that you want to quit. Your doctor may prescribe a medicine to reduce cravings that make it hard to stop smoking.

Arizona Department of Health Services (http://azdhs.gov/tobaccofreeaz/) has programs to help you quit smoking, stay smoke free, and help others quit. ASHline – Arizona Smoker’s Helpline (www.ashline.org) offers online and phone support. Call 1-800-55-66-222 and talk to a Quit Coach. There is no cost for this program. Call today!
If needed, Bridgeway can help you get a ride to your covered healthcare visits. If you live in a nursing home or an assisted living home, their staff will arrange a ride for you. This includes ambulance services if you need it. If you live at home you should first ask a relative, friend or neighbor if they can give you a ride.

Call the transportation provider at least three (3) days before your appointment or scheduled visit. If you have an urgent need, or need a ride on the same day you are asking for a ride, we will do everything we can to help arrange a ride for you. If you call the same day, we may not be able to arrange a ride for you unless it is urgent. This may require you to reschedule your appointment. To schedule non-emergent transportation you can:

- Call the transportation vendor directly at (877) 986-7420 or
- Bridgeway’s Member Services Department at (866) 475-3129

Here are some important things you will need to tell the representative:

- The date of your appointment
- The time of your appointment
- The address of your appointment
- If you need a ride home after your appointment
- If you have special needs that affect the type of transportation you will need (like a wheelchair or oxygen)

Please make sure that your prescription(s) is ready for pick up before calling for a ride.

If you cannot keep your appointment, please call Member Services at (866) 475-3129 or the transportation vendor directly at (877) 986-7420 to cancel your ride.

If you have a medical emergency, call 9-1-1. Emergency transportation is for emergencies only!

**Special Medical Vehicle (SMV)**

Bridgeway covers transportation by special vehicle for those in wheelchairs. We may also cover this service for other reasons if your doctor asks for it. Call Bridgeway’s Member Services Department at (866) 475-3129 if you need this service.
Urgent Care-After Hours Care

Urgent Care is needed when you have an injury or illness that must be treated within 24 hours. It is usually not life threatening, yet you can’t wait for a routine doctor’s office visit. Urgent Care is not emergency care.

When you need urgent care, follow these steps:

• Call your PCP. There is a place for you to write the name and phone number of your PCP at the front of this handbook so you can find it easily if needed. Your PCP might also have after hours numbers for you to use.
• If it is after hours and you cannot reach your PCP, call the Nurse Advice line at (866) 475-3129, TDD/TTY users call 711. You will speak to a registered nurse. Have your Bridgeway ID card number handy. The nurse may direct you to other care. The nurse may help you over the phone. You may have to give the nurse your phone number.
• If you are told to see another doctor or go to the nearest hospital emergency room, bring your AHCCCS ID card. Ask the doctor to call your PCP or Bridgeway.

You can check your Provider/Pharmacy Directory, or our website at www.BridgewayHS.com for the nearest urgent care center.

Emergency Care

An emergency is when you have severe pain, illness or injury. An emergency is a medical condition that could cause serious health problems or even death if not treated immediately. If you have an emergency call 9-1-1.

You do not need to get approval from your doctor before you go to the emergency room. If you are not sure if your condition is an emergency, call your PCP. Your PCP will tell you what to do. If your PCP is not available, there may be another doctor taking calls that can help you, or there may be a message telling you what to do.

Go to the ER if you have:

• Broken bones
• Gun or knife wounds
• Bleeding that will not stop
• You are in labor – or bleeding if you are pregnant
• Severe chest pain or heart attack
• Drug overdose
• Poisoning
• Bad burns
• Shock (you may sweat, feel thirsty or dizzy or have pale skin)
• Convulsions or seizures
• Trouble breathing
• Suddenly unable to see, move or speak

Don’t go to the ER for:
• Flu, colds, sore throats and earaches
• Sprains or strains
• cuts or scrapes that do not need stitches
• Urinary tract infections
• more medicine or have a prescription refilled
• Headache
• Diaper rash

If you are unsure if your condition is an emergency, you can also call Bridgeway’s 24-hour Nurse Advice line at (866) 475-3129, TDD/TTY users call 711. Be sure to get care after your emergency.

ERs Are For Emergencies Only

If you go to the ER when you do not need emergency medical treatment, you may wind up waiting a long time for care. It is important to only use the ER for real emergencies.

If you are not sure if you need to go to the emergency room, that is ok! Call your PCP first. If it is after hours, call our 24/7 Nurse Advice line at (866) 475-3129 (TDD/TTY 711).

If your condition is severe, always call 911 or go to the nearest ER. You can go to any hospital for emergency services. It is alright if the hospital is not part of our network.

Call Bridgeway as soon as you can and we will make sure you get follow up care.
Emergency Transportation Services

Bridgeway covers ambulance service for Emergency Care. We may also cover this service at other times. You must have approval from Bridgeway for all non-emergency ambulance trips. Call Bridgeway Member Services Department at (866) 475-3129 for approval.

How to Get Medical Care When You Are Out of the Service Region

You should always see a provider who is contracted with Bridgeway first if you can. If you need to see a provider that is not contracted with Bridgeway, you need to get a referral. A referral is required before getting non-emergency or non-urgent treatment from a doctor who is not in the Bridgeway network. Your PCP will need to call us to get an approval. If you are not sure if a provider is in the Bridgeway network, call Bridgeway Member Services at (866) 475-3129, TDD/TTY users call 711.

If you are out of the area and have a life-threatening (emergency) situation, go to the nearest emergency room or call 9-1-1. Show your AHCCCS ID card. You do not need prior approval. Only emergency services are paid for if you are out of the Bridgeway service areas and within the United States. *Bridgeway Health Solutions will not pay for any services outside of the United States.* Make sure to ask the hospital to send the claim to Bridgeway. DO NOT pay the bill yourself.

If you are away and have an urgent problem, go to an urgent care clinic. You may go to any primary care provider where you are. Be sure to show your AHCCCS ID card and to call Bridgeway at (866) 475-3129 to report your urgent situation within 48 hours. If you are going to be out of the Bridgeway service area for an extended amount of time, please let your Case Manager know. Your Case Manager can help to make sure you get the medications you need.

You should get follow up care from your PCP. Bridgeway must approve health services not available where you live (including transportation, lodging and food costs). Bridgeway will only pay for these services if they are prior approved (approved before the service happens). Please call your Case Manager or Member Services for any out of area care needs.
Accessing Care
Your Primary Care Provider (PCP)

Choosing Your PCP

When you sign up for Bridgeway, you will be asked to select a Primary Care Provider (PCP). A PCP can be one of the following kinds of providers:

- General Practitioner
- Family Practitioner
- Nurse Practitioner
- Pediatrician (children and adolescent)
- OB/GYN
- Internal Medicine

3 Ways you can choose a PCP

1. Use the “Find a Provider” tool online at www.BridgewayHS.com. You can search by provider type, location, and languages spoken.
2. Use the Provider/Pharmacy Directory posted on our website. Bridgeway can mail you a printed copy at no cost.
3. Call Member Services and we will help you find a doctor.

There are PCPs who are sensitive to the needs of many cultures. There are providers who speak your language and understand your family traditions and customs.

When choosing a PCP, you may want to find a doctor:

- You have seen before
- Is taking new members
- Speaks your language
- Understands your health problems
- Easy to schedule appointments with

If you do not pick a PCP, Bridgeway will pick one for you. We will notify you in writing of your PCP assignment. You can have a different PCP for each family member in a family.

It is important to call your PCP first, whenever you need care. Your PCP will manage all of your healthcare needs. Your PCP will work with you and get to know your health history. You should always call your PCP when you have a question about your healthcare.

If it is the first time you are seeing your PCP, please get to your appointment at least 15 minutes early. Make sure you show all of your
member ID cards to the front desk when you get to the office. Your doctor might ask for a picture ID so bring that with you to the appointment.

Sometimes you may need to wait to see your PCP while they are taking care of the patient before you, or if they have an emergency. If you ever wait longer than 45 minutes to see your PCP, please call Member Services at (866) 475-3129.

What Your PCP Will Do For You

Bridgeway contracts with local providers in your area to deliver quality healthcare. Bridgeway PCPs are sensitive to the needs of many cultures and some speak languages other than English. The Provider/Pharmacy Directory will show you which providers are taking new members and what languages the providers speak.

In some cases your PCP may visit you in your home, in the nursing facility, or other alternative residential setting. Your PCP should provide all of your primary care needs. Your PCP will also take care of:

- Referrals for specialty services
- Provide any ongoing care that you need
- Update your medical record (keep track of care that you get)
- Provide services in the same manner for all patients
- Give your regular physical exams as needed
- Provide Early Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under the age of 21
- Give you immunizations as needed
- Discuss Advance Directives with you

Questions to ask when making your PCP office visit to help with future visits:

- How long does it take to get an appointment with you?
- Do you see patients on the weekends and nights?
- Do you talk to patients about problems over the phone?
- Who can I talk to when you are not available?
- What do I do if I have an urgent situation?

If you cannot make it to your PCP appointment, be sure to call your PCP office before the appointment to cancel.
Changing Your PCP

Bridgeway offers members the freedom of choice in selecting doctors in our network. You may change your PCP anytime the following situations apply:

- Your PCP is no longer in your area
- Because of religious or moral reasons, the PCP does not provide the services you seek
- You want the same PCP as other family members
- You are not comfortable talking to your PCP
- Your PCP office is too far

Please call Member Services if you need help changing your PCP. Member Services will help you to address any issues you are having with your PCP. If you are not happy with your care, you can also file a grievance.

After you make three (3) PCP changes while enrolled with Bridgeway and before making any other changes, we will call you to try to help you and your PCP to resolve any issues.

Bridgeway will send you written confirmation of any PCP changes.

If you are a pregnant member who has recently enrolled with Bridgeway and you want to change your plan, please call Member Services for help. If you are in your third trimester, you have the option of keeping your current OB/GYN.

Continuity and Coordination of Care

Bridgeway will let you know if your PCP or PCP’s office is no longer in the Bridgeway network. We will help you change your PCP. We will also let you know if a specialist you see regularly leaves our network. We will help you to find a new specialist. Coordination of care with schools and state agencies may occur, within the limits of the AHCCCS guidelines.

Appointment Times

Bridgeway requires network providers to see members within certain timeframes. Below are the appointment standards for different types of providers. If you are not able to get in to see the providers listed below within the timeframe listed, please call Member Services (866) 475-3129.
Primary Care Physician (PCP)

- Routine (checkups, wellness, yearly exams, immunizations): 21 calendar days
- Urgent (sore throat, flu, cut needing stitches): Within 2 calendar days
- Emergency (poisoning, sudden chest pains, car accident, convulsions, very bad bleeding, broken bones, serious burns, trouble breathing, overdose): Same day no longer than 24 hours

Specialist

- Routine (checkups, wellness, yearly exams, immunizations): 45 calendar days
- Urgent (sore throat, flu, cut needing stitches): 3 calendar days
- Emergency (poisoning, sudden chest pains, car accident, convulsions, very bad bleeding, broken bones, serious burns, trouble breathing, overdose): 24 hours

Behavioral Health

- Routine: within 30 days of referral
- Emergency: within 24 hours of referral

Dental Appointments

- Routine: 45 calendar days
- Urgent: 3 calendar days
- Emergency: 24 hours

Maternity Care Appointments

- First trimester: 14 calendar days
- Second trimester: 7 days
- Third trimester: 3 days
- High Risk Pregnancies: 3 days or immediately if an emergency exists

If it is late at night, or on the weekends, your doctor has an answering service that will get a message to your doctor. Your doctor will call you back to let you know what to do. You can also call Bridgeway’s Nurse Advice Line 24 hours a day, 7 days a week at (866) 475-3129 and speak with a nurse. You should NOT go to the emergency room for urgent/sick care like:

- Flu
- Colds
If you cannot keep a medical appointment, please call the PCP, Specialist, or Multi-Specialty Interdisciplinary Clinic to cancel or change the appointment at least 24 hours in advance. If you need to come in on another date, they can help schedule a new appointment.

If you have problems getting an appointment or have more questions, please call Member Services (866) 475-3129.

Utilization Management

Prior Authorization

Sometimes you may have a condition that requires special services. When this happens Bridgeway wants to know in advance to help make sure you get the care you need. When a service requires prior authorization, your doctor will submit a request to Bridgeway telling what actions need to be taken. The prior authorization request will explain your condition. An authorization request can be “routine” or “urgent”. Bridgeway reviews all authorizations to determine if the request is routine or urgent.

Routine Authorization Request

A routine request means that your doctor would like a more detailed exam from a specialist, or wants a special test that can take place in a few weeks. You will receive a written notification (Notice of Action) within fourteen (14) days telling you if Bridgeway approved or denied your request.

Sometimes Bridgeway will need more information to make a decision. If this happens, Bridgeway will ask for an extension for an additional fourteen (14) days to review the request. If Bridgeway needs an extension, we will tell you and your doctor. If Bridgeway asks for an extension or if Bridgeway decides that an “urgent” request is a “routine request” you can file a grievance.

If Bridgeway does not get the additional information from your doctor(s) within fourteen (14) days, Bridgeway will deny the authorization request.

• Sore Throats
• Ear Aches
• Prescription refill requests
• Back strain
• Migraine headaches
Urgent “Expedited” Authorization Request

An urgent request means your doctor believes the request is not life threatening but the doctor thinks care should move quickly so that you do not get worse. You will receive a written notification (Notice of Action) within three (3) business days telling you if Bridgeway approves or denies the authorization and what to do next.

Bridgeway reviews all authorizations to determine if the request is routine or urgent. If the records sent by your doctor do not show that the services are urgent, Bridgeway will process the request as “Routine”.

How Bridgeway Makes a Decision about a Prior Authorization Request

Bridgeway provides a list of services that require prior authorization on our website (www.bridgewayhs.com). You have the right to review this list to see how we make our decisions. All prior authorization decisions are based on Practice Guidelines and Clinical Criteria located at http://www.guideline.gov. The list of criteria can be provided to you at no cost upon request.

Definition of “Action”

Bridgeway may take the following actions related to member care:

- The denial or limited authorization of a service you or your doctor has asked for
- The denial of payment for a service, either all, or in part
- Failure to provide services in a timely manner
- Failure to act within certain timeframes for grievances and appeals
- Denial of a rural member’s request to get services out of the network when Bridgeway is the only health plan in the area
- The reduction, suspension or ending of an existing service area

Referrals

Your PCP will evaluate your health during your visit to determine if you need to have any special test performed and if you need to see any specialists. If your PCP thinks you need to see a specialist for a problem, this is called a “referral”. A referral can be made by your PCP for specialists, hospitals, labs, etc.

To see a specialist, you must see your PCP first. He or she will refer you
to a specialist. A referral is a form of approval from your PCP. Your PCP recommends or requests these services before you can get them. Do not go to a Specialist without being referred by your PCP. The specialist will not be able to see you without approval from your PCP.

The following are services that require a referral:

- Specialist services
- Health education
- Diagnostic tests (x-ray and lab)
- Outpatient hospital services
- Clinic services
- Services for children with medical handicaps
- Renal dialysis (kidney disease)

**Self-Referrals**

The following services do NOT require prior approval and DO NOT require a referral from your PCP:

- Emergency Services
- OB/GYN Services/ GYN Services
- Chemical dependency services
- Mental health services
- Substance abuse services
- Family planning services
- Supplies from a qualified family planning provider
- Routine vision care that does not require surgery for members under 21
- Transportation services
- Emergency ambulance services
- Routine dental services (only for members who are under 21 years of age)

Be sure to get services from a Bridgeway provider. Any services from a provider who is not in the Bridgeway network must be authorized by Bridgeway ahead of time. This does NOT apply to emergency and family planning services.

**Pharmacy**

Bridgeway has a pharmacy program for all eligible members. Your doctor or specialist may give you a prescription for medicine. You must get the prescription filled at a pharmacy that is part of the Bridgeway pharmacy network. There is a list of these pharmacies in the provider/pharmacy directory.
AHCCCS covers drugs which are medically necessary, cost effective, and allowed by federal and state law. Bridgeway does NOT pay for any Medicare Part D drugs or for the cost-sharing (coinsurance, deductibles, and co-payments) for these drugs. Bridgeway is prohibited from paying for these medications or the cost-sharing (coinsurance, deductibles, and co-payments) for drugs available through Medicare Part D even if the member chooses not to enroll in the Part D plan.

Barbiturates and benzodiazepines for members with Medicare are not covered by Medicaid. This is because federal law requires Medicare to pay for these drugs. The following are some of the common names for benzodiazepines and barbiturates:

- Alprazolam/ Xanax
- Diazepam/ Valium
- Lorazepam/ Ativan
- Clorazepate Dipotassium/ Tranxene
- Clonazepam/ Klonopin
- Temazepam/ Restoril
- Phenobarbital/ Phenobarbital

Your doctor or dentist may give you a prescription for medication. If you live in a nursing home or assisted living facility, staff will take care of managing your medications for you including getting refills. If your doctor orders refills, you can only fill one refill at a time for each prescription. If your doctor does not order refills, be sure to call the doctor seven (7) – ten (10) days before you run out of medication to ask for a refill.

Be sure to talk to doctor office staff about any medications you get from other doctors as well as any nonprescription or herbal medications that you buy. Before you leave the doctor’s office, make sure you know the answers to these questions:

1. Why am I taking this medication?
2. What is the medication supposed to do for me?
3. How should the medication be taken? (when, amount, how long)
4. What are the side effects?
5. What should I do if I have side effects or other issues?
6. What will happen if I do not take the medication, or stop taking the medication?

Make sure that you read the drug information provided by the pharmacy. The pharmacist can answer any questions that you have about the medication.
Part D Medicare Coverage

If you have Medicare coverage, your prescriptions will have to be filled under the Medicare Part D benefit. If you belong to a Medicare Advantage Plan, you will have to have your prescriptions filled in their pharmacy network. Please contact your Medicare Advantage plan for more information.

Please contact your Case Manager if you have any questions or need help coordinating benefits. Your Case Manager can also help work with your doctor to make sure you are getting the most appropriate and cost-effective medications.

For dual eligible members, AHCCCS does NOT pay for any drugs paid by Medicare, or for the cost sharing (coinsurance, deductibles, and copayments) for these drugs.

AHCCCS does not pay for barbiturates to treat epilepsy, cancer or mental health problems or any benzodiazepines for members with Medicare. AHCCCS will still pay for barbiturates for Medicare members that are not used to treat epilepsy, cancer or mental health problems even if it is after January 1, 2013.

Prior Authorization or a Preferred Drug List (PDL)

Some drugs must be approved by Bridgeway before you get them. This is called a Prior Authorization (PA). Ask your doctor if your prescription requires this. If it does, ask if there is any other medication that can be used that does not require a prior authorization. A listing of drugs that require Prior Authorization can also be found on our website at www.BridgewayHS.com.

Bridgeway uses a Preferred Drug List. The Preferred Drug List is a list of drugs that is covered under your Bridgeway pharmacy benefits (Some drugs on the Preferred Drug List require Prior Authorization or may have other limitations). If the drug is not on this list, it is considered non-preferred. Your doctor can decide if it is necessary to have a non-preferred drug. If so, they must give Bridgeway a request for a prior authorization. If Bridgeway does not approve the request, we will notify you. We will give you information about the grievance and appeal process and your right to a State Fair Hearing.
Generic Drugs

Generic drugs have the same active ingredients as brand name drugs. Many brand name drugs now have FDA approved generics available. If an FDA approved generic is available, your doctor must prescribe the generic medication first. If you are unable to take a generic drug, please talk to your doctor about asking Bridgeway for authorization to take the brand name drugs.

Pharmacy Network

Bridgeway has contracted with many pharmacies. You can use these pharmacies to have your prescriptions filled. You can only use the pharmacies on the Bridgeway Pharmacy List to have your prescriptions filled. If you have any questions about filling your prescriptions after normal business hours, or on weekends or holidays, please contact Bridgeway Member Services at (866) 475-3129 (TDD/TTY 711). We can also help you if you have any trouble filling your prescriptions at the pharmacy. If you are turned away at the pharmacy, call the Nurse Advice line 24 hours a day, 7 days a week for help at (866) 475-3129 (TDD/TTY 711).

Mail Order Pharmacy

If you take many medications regularly, you may be able to have them delivered to your home by mail. Acute medications are not part of this program. Examples of acute medication are the following.

- Antibiotics
- Pain pills

Mail order pharmacy provides the following services to you at no additional cost:

- You can sign up for automatic refills
- You can request refills by mail, phone and online
- A pharmacist checks each prescription order for safety

If you are interested in using the mail order benefit, talk to your Case Manager.

Acute medications can be filled at a retail pharmacy within the Bridgeway network. To see if a pharmacy is in the Bridgeway network, you can call Bridgeway Member Services at (866) 475-3129, or check on our website at www.bridgewayhs.com.
Prescriptions Delivery

Bridgeway will arrange delivery of new and refill prescriptions from the pharmacy for eligible Bridgeway members. The Nursing Home or Facility staff will help you take your medication. They will also help you order prescription refills. The facility staff will also help you with any questions you might have about your medications. You may also talk with your Case Manager about having your medications delivered to you.

Medication Safety

Important Reminders for using Medication Safely

- Medications can be safe if you take them correctly
- Medicines can help you get better when you are sick
- Medicines can also keep a health problem under control

Medication Reminders

- Read and follow the directions on the label.
- Take the exact amount written on the label.
- Take each dose around the same time each day.
- Use the spoon, cup, or dropper included with liquid medicine.
- Use the same pharmacy for all your prescriptions.
- Do not share your medicine or take someone else’s medicine.
- Check the expiration date on the label and do not take it past that date.
- If you have out of date medicine, add water or something that smells or tastes bad (like salt or dirt). Then put it in the trash. You may also talk to your local pharmacy about how to safely get rid of it.
- Keep all medicines out of the reach of children.
- Do not keep medicine in sunlight or in a damp area.
- Keep medicine in a cool, dry place.
- Tell your doctor and pharmacist about all of the medicines you take.
- Tell them about the prescription medicine and over the counter medicine you take.

Over the counter medicines include:

- Pain medicine
- Cold medicine
- Stomach medicine
- Vitamins
- Herbal medicine
- Dietary supplements
- Other drugs you buy at the store
Tell your doctor and pharmacist about any allergies to drugs and food and about problems you had with medicines in the past. If you have questions, call your doctor or pharmacist.

Questions You Should Ask:

- What is the name of the medicine?
- Why do I need to take it?
- How much do I take?
- How often should I take it?
- How long do I keep taking it?
- Will it make me feel sleepy or feel bad?
- Can I take it with my other medicine?
- Are there any food or drinks I should avoid?
- Should I stop taking it when I feel better?
- What should I do if I forget to take it?
- What should I do if I take too much?
- Can I crush, chew or break the pill?

Filing a Grievance (Complaint)

If you have a grievance or problem with Bridgeway, a provider, or a concern about the quality of care or services you have received, please call Member Services at (866) 475-3129, TDD/TTY users call 711. We will do our best to answer your questions or help you solve your problem. If you would like a written response to your grievance, please let Member Services or your Case Manager know.

Make sure you include:

- Information telling us why you are not happy
- Your first name, last name and AHCCCS ID number
- Your mailing address and telephone number
- What you would like to see happen

Filing a grievance will not affect your health care services. We want to know your concerns so we can improve our services to you. You can call Member Services for help with problems with authorizations, covered services, payment for services or the quality of the services you are receiving.

If you call to report a complaint that is not about quality of care, we will try to solve it right away and tell you the result right then if we can.
If we cannot solve your problem right away, we will solve it as soon as we can. We will let you know the resolution within 90 days.

If you have a quality of care grievance, we will send it to our Quality Management Department for review. We will investigate your quality of care grievance and send you a written letter within 90 days to tell you the result.

You may also contact the Secretary of the United States Department of Health and Human Services to file a complaint:

Office for Civil Rights - Region X
US Department of Health & Human Services
50 United Nations Plaza - Room 322
San Francisco, CA 94102
(415) 437-8310
(415) 437-8311 (TDD)
(415) 437-8329 Fax

Bridgeway will not take any action against you for filing a complaint.

Notice of Action

When a service that you are already receiving or have requested cannot be approved, Bridgeway will send you a written notification called a Notice of Action (NOA). There are specific time-frames for when you will receive a Notice of Action:

- If you or your doctor makes a request for a new service, you will receive your notification within 14 days (if urgent, you will receive the notification in 3 days).
- If a service that you are already receiving is reduced, suspended, or ended, you will receive a Notice of Action ten (10) days before the change occurs.

The NOA letter will tell you:

- What action was taken by Bridgeway and the reason
- Your right to file an appeal
- How to file the appeal
- Your right to ask for an expedited appeal
- How to file an expedited appeal
• Your right to ask that your benefits be continued during your appeal
• How to request that benefits be continued during your appeal
• When you may have to pay the costs for the services continued during your appeal

You have the right to request an extension to give us information to help us make a decision.

If you receive a Notice of Action letter that you do not understand, you can call us. We will look at the letter and, if needed, write a new letter that better explains the services and the action. You have the right to file a complaint with Bridgeway if the NOA is not understandable (adequate). You also have the right to contact the AHCCCS Medical Management Department at 602-417-4000.

Let us know if you need the NOA provided in a different format if you still do not understand the NOA letter.

You will receive a response from Bridgeway within fourteen (14) calendar days of the request. The response will be in writing. If you are denied, the written denial will include the basis for the denial and information about how to seek review of the denial.

You can ask Bridgeway to tell you or send to you in the mail information on how decisions are made.

Sometimes Bridgeway will need more information to make a decision. If this happens, Bridgeway will ask for an extension for an additional fourteen (14) days to review the request. If Bridgeway needs an extension, we will tell you and your doctor. If Bridgeway asks for an extension or if Bridgeway decides that an “urgent” request is a “routine request” you can file a grievance (see below).

If You Disagree with Our Decision (Appeal Procedures)

If you disagree with Bridgeway’s action about your health care services, you may file an appeal either in writing or over the phone. If you need an interpreter, one can be provided to you at no cost. Bridgeway will NOT retaliate against you or your provider for filing an appeal.

You, your representative or a provider acting with your written permission may file an appeal within 60 days from the date of your denial, suspension, reduction or termination letter (notification letter). To file an appeal, you must call or send a letter to:

Bridgeway Health Solutions
Bridgeway will send you a letter within five (5) days of receiving your appeal request. The letter will explain that we have received your appeal and tell you how to give us more information either in person or in writing.

If you wish services to continue while your appeal is reviewed, you must file your appeal no later than 10 days from the date Bridgeway sends you a Notice of Action letter.

The Bridgeway Appeals Department will review your appeal and send a decision in writing to you within thirty (30) days. The letter will tell you the Bridgeway decision and the reason for the decision. If Bridgeway denies your appeal, you may then request that AHCCCS look at our decision with a request for fair hearing.

Sometimes Bridgeway will need more information to make a decision. If this happens, Bridgeway will ask for an extension for an additional fourteen (14) days to review the request. If Bridgeway needs an extension, we will tell you and your doctor. If Bridgeway asks for an extension or if Bridgeway decides that an “urgent” request is a “routine request” you can file a grievance.

You also have the right to contact AHCCCS Medical Management if you feel your concern was not resolved.

AHCCCS Medical Management Unit
Division of Health Care Management
701 East Jefferson; MD - 6700
Phoenix, AZ 85034
(602) 417-4000
FAX: (602) 252 – 2180

Expedited Appeal

You may file an appeal within sixty (60) days from the date of your NOA. You have the right to request that Bridgeway review its action within three (3) days (expedited resolution). You may request an expedited resolution by writing or calling Bridgeway (866) 475-3129 TDD/TTY users 711. You may request that your services be continued during your appeal if...
If Bridgeway decides that it is not medically necessary to issue a decision in three (3) days from the day we receive your appeal, your appeal will be resolved within the standard thirty (30) days.

Bridgeway will try to call you to let you know that we will follow the standard thirty (30) day process and send you a written notice within two (2) calendar days.

If Bridgeway denies your request for services, you may request a fair hearing with AHCCCS by following the steps in your decision letter.

If after the hearing AHCCCS decides that Bridgeway’s decision was correct, you may be responsible for payment of the services you received while your appeal was being reviewed.

**State Fair Hearing**

You can request a State Fair Hearing with AHCCCS by following the steps in the decision letter Bridgeway sends to you.

If you request a hearing, you will receive information from AHCCCS about what to do. Bridgeway will forward its file and documentation to AHCCCS at the Office of Administrative Legal Services.

You will have thirty (30) days after you receive the Bridgeway appeal decision to file a State Fair Hearing request. The request for hearing must be in writing.

If after the hearing AHCCCS decides that Bridgeway’s decision was correct, you may be responsible for payment of the services you received while your appeal was being reviewed.

If AHCCCS decides that Bridgeway’s decision was incorrect, Bridgeway will authorize and provide the services promptly.

**Important Information**

**Eligibility Questions**

The Arizona Health Care Cost Containment System (AHCCCS) is a State federally funded program. AHCCCS provides healthcare to low-income and needy people in Arizona. The Arizona Long Term Care System (ALTCS) program is for persons who are elderly and/or have physical disabilities. Bridgeway is a Medicaid, long term care health plan. Bridgeway provides
services to ALTCS members in Maricopa, Pinal, Gila, Cochise, Graham and Greenlee counties.

If you have any questions about your ALTCS eligibility, please contact the eligibility office where you applied. You can also contact AHCCCS Eligibility Verification at (602) 417-7000 or (800) 962-6690. Only the State of Arizona can determine who is eligible to receive ALTCS benefits.

Annual Enrollment Choice (AEC) – Maricopa County Residents

Once a year, AHCCCS sends each member a letter to let them know about their Annual Enrollment Choice (AEC). The letter is sent every year on the date you first enrolled with AHCCCS. The letter gives you information about each health plan there is to choose from. If you think you want to change your health plan, call us first to see if we can help answer any questions you may have about Bridgeway. If you would like to change health plans, you have one month to pick another plan.

Health plan changes

You may change your health plan once a year on the date you first became an AHCCCS member or ALTCS eligible. You may also change at any time if any of the following apply:

- You were not given a choice when you first joined
- You did not get your annual enrollment choice (AEC) letter so you could choose
- You got your AEC letter but were not able to take part in your AEC due to things out of your control
- Other members of your family are enrolled with another program contractor
- The change is required for continuity of care
- You were given incorrect information about available choices, or there was an error on the part of AHCCCS or Bridgeway
- You move to your own home in another county (other than Pima or Maricopa)
- You re-enrolled in ALTCS within 90 days and were not re-enrolled with the same plan
- You are pregnant and need to stay with your doctor who is not a Bridgeway doctor.

If you need to change doctors, please contact your Case Manager or Member Services. If you plan to move to another county outside of the Bridgeway service areas (Maricopa, Pinal, Gila and Cochise, Graham, Greenlee) please tell your Case Manager (CM). Your CM will help you
contact the ALTCS Program Contractor in your new county. Bridgeway is the only ALTCS program contractor for Pinal, Gila, Cochise, Graham, and Greenlee counties. This means that you do not need to change program contractors if you are eligible for ALTCS and continue to live in Pinal, Gila, Cochise, Graham, and Greenlee counties.

Some changes need approval from the new program contractor before you can change. An example of a change needing approval is if you move to a nursing home or assisted living home in another county. If the new Program Contractor denies your change request, you may appeal the decision. *(You may also find more information on how to file an appeal in this handbook, or you can call Bridgeway Member Services at (866) 475-3129 if you need help).*

**Share of Cost**

ALTCS members are expected to contribute toward the cost for their care; this is called “Share of Cost”. It is an amount of money you may have to pay toward the services you are getting. The amount of money you need to pay is determined during the eligibility process and based on your income and certain expenses. Some things to know about “Share of Cost” are:

- AHCCCS will tell you what your “Share of Cost” is
- “Share of Cost” depends on other income or services you may be getting, such as retirement, Medicare, or SSI/SSDI check
- If you are living in a nursing home, the nursing home will collect the “Share of Cost” from you
- If you are living in an alternative residential setting, or assisted living facility, you will have to pay “room and board” to the facility, but you may also have a “Share of Cost” that ALTCS has set

If you live at home, you may not have a “Share of Cost”. It will depend on the amount you need to pay for your living expenses. If you live at home or an assisted living facility and you do have “Share of Cost”, Bridgeway will collect the money from you or your representative. Your Case Manager can help you understand “Share of Cost”. Call your Case Manager if you have any questions.

**Copayments**

Some people who get AHCCCS Medicaid benefits are asked to pay copayments for some of the AHCCCS medical services that they receive. *(NOTE: Copayments referenced in this section means copayments)*
charged under Medicaid (AHCCCS). It does not mean a person is exempt from Medicare copayments.

**The Following Persons are Not Asked to Pay Copayments:**

- People under age 19,
- People determined to be Seriously Mentally Ill (SMI),
- An individual eligible for the Children’s Rehabilitative Services program under A.R.S. §36-2906(E),
- Acute care members who are residing in nursing facilities or residential facilities such as an Assisted Living Home and only when member’s medical condition would otherwise require hospitalization. The exemption from copayments for these members is limited to 90 days in a contract year,
- People who are enrolled in the Arizona Long Term Care System (ALTCS),
- People who are Qualified Medicare Beneficiaries,
- People who receive hospice care,
- American Indian members who are active or previous users of the Indian Health Service, tribal health programs operated under Public Law 93-638, or urban Indian health programs,
- People in the Breast and Cervical Cancer Treatment Program (BCCTP),
- People receiving child welfare services under Title IV-B on the basis of being a child in foster care or receiving adoption or foster care assistance under Title IV-E regardless of age,
- People who are pregnant and throughout postpartum period following the pregnancy, and
- Individuals in the adult Group (for a limited time**).

**NOTE:** For a limited time persons who are eligible in the Adult Group will not have any copays. Members in the Adult Group include persons who were transitioned from the AHCCCS Care program as well as individuals who are between the ages of 19-64, and who are not entitled to Medicare, and who are not pregnant, and who have income at or below 133% of the Federal Poverty Level (FPL) and who are not AHCCCS eligible under any other category. Copays for persons in the Adult Group with income over 106% FPL are planned for the future. Members will be told about any changes in copays before they happen.

**In Addition, Copayments are Not Charged for the Following Services for Anyone:**

- Hospitalizations,
- Emergency services,
• Family Planning services and supplies,
• Pregnancy related health care and health care for any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for pregnant women,
• Preventive services, such as well visits, pap smears, colonoscopies, mammograms and immunizations,
• Provider preventable services, and
• Services received in the emergency department.

People with Optional (Non-Mandatory) Copayments

Individuals eligible for AHCCCS through any of the programs below may be charged non-mandatory copays, unless:

1. They are receiving one of the services above that cannot be charged a copay, or
2. They are in one of the groups above that cannot be charged a copay.

Non-mandatory copays are also called optional copays. If a member has a non-mandatory copay, then a provider cannot deny the service if the member states that s/he is unable to pay the copay. Members in the following programs may be charged non-mandatory copay by their provider:

• AHCCCS for Families with Children (1931),
• Young Adult Transitional Insurance (YATI) for young people in foster care,
• State Adoption Assistance for Special Needs Children who are being adopted,
• Receiving Supplemental Security Income (SSI) through the Social Security Administration for people who are age 65 or older, blind or disabled,
• SSI Medical Assistance Only (SSI MAO) for individual who are age 65 or older, blind or disabled,
• Freedom to Work (FTW).

Ask your provider to look up your eligibility to find out what copays you may have. You can also find out by calling Bridgeway member services. You can also check the Bridgeway website for more information.

AHCCCS members with non-mandatory copays may be asked to pay the following non-mandatory copayments for medical services:
Optional (Non-Mandatory) Copayment Amounts for Some Medical Services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COPAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2.30</td>
</tr>
<tr>
<td>Out-patient services for physical, occupational and speech therapy</td>
<td>$2.30</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
<td>$3.40</td>
</tr>
</tbody>
</table>

Medical providers will ask you to pay these amounts but will **NOT** refuse you services if you are unable to pay. If you cannot afford your copay, tell your medical provider you are unable to pay these amounts so you will not be refused services.

**People with Required (Mandatory) Copayments**

Some AHCCCS members have required (or mandatory) copays unless they are receiving one of the services above that cannot be charged a copay or unless they are in one of the groups above that cannot be charged a copay. Members with required copays will need to pay the copays in order to get the services. Providers can refuse services to these members if they do not pay the mandatory copays. Mandatory copays are charged to persons in Families with Children that are no Longer Eligible Due to Earnings - also known as Transitional Medical Assistance (TMA)

Adults on TMA have to pay required (or mandatory) copays for some medical services. If you are on the TMA Program now or if you become eligible to receive TMA benefits later, the notice from DES or AHCCCS will tell you so. Copays for TMA members are listed below.

**Required (Mandatory) Copayment Amounts for Persons Receiving TMA Benefits**

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COPAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2.30</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
<td>$4.00</td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapies</td>
<td>$3.00</td>
</tr>
<tr>
<td>Outpatient Non-emergency or voluntary surgical procedures</td>
<td>$3.00</td>
</tr>
</tbody>
</table>
Pharmacists and Medical Providers can refuse services if the copayments are not made.

5% Limit on All Copayments
The amount of total copays cannot be more than 5% of the family’s total income (before taxes and deductions) during a calendar quarter (January through March, April through June, July through September, and October through December.) The 5% limit applies to both nominal and required copays.

AHCCCS Administration will track each member’s specific copayment levels to identify members who have reached the 5% copayment limit. If you think that the total copays you have paid are more than 5% of your family’s total quarterly income and AHCCCS has not already told you this has happened, you should send copies of receipts or other proof of how much you have paid to AHCCCS, 801 E. Jefferson, Mail Drop 4600, Phoenix, Arizona 85034.

If you are on this program but your circumstances have changed, contact your local DES office to ask them to review your eligibility. Members can always request a reassessment of their 5% limit if their circumstances have changed.

Dual Members: Members Eligible for Medicare & Medicaid
If you are enrolled in both Medicare and Medicaid, you are considered “dual eligible”.

Dual Eligible Coverage and Cost Sharing

Qualified Medicare Beneficiary (QMB)
QMB is an individual who is eligible for QMB benefits as well as Medicaid benefits. QMB Duals are entitled to all AHCCCS and Medicare Part A and B covered services. Bridgeway will pay Medicare cost sharing for all Medicare covered services even if the services are not covered by AHCCCS. The provider does not need to be in the Bridgeway network; however, the provider must be registered with AHCCCS to qualify for payment. Prior authorization is not needed.

Non-QMB Duals
Bridgeway will pay the Medicare cost sharing for AHCCCS covered services that are rendered by a Medicare provider within Bridgeway’s network.
**Limits on Cost Sharing**

Bridgeway will not pay any cost sharing if the Medicare payment exceeds Bridgeway’s contracted rate for services. The exception to the limits on payments as noted above is that Bridgeway will pay 100% of the member copayment amount for any Medicare Part A Skilled Nursing Facility (SNF) days (21 through 100) even if the Contractor has a Medicaid Nursing Facility rate less than the amount paid by Medicare for a Part A SNF day.

**Medicare Part D Coverage**

If you have Medicare coverage, your prescriptions will have to be filled under the Medicare Part D benefit. If you belong to a Medicare Advantage Plan, you will have to have your prescriptions filled in their pharmacy network.

Please contact your Case Manager if you have any questions or need help coordinating benefits. Your Case Manager can also help work with your doctor to make sure you are getting the most appropriate and cost-effective medications.

For dual eligible members, AHCCCS does NOT pay for any drugs paid by Medicare, or for the cost sharing (coinsurance, deductibles, and copayments) for these drugs.

When a dual eligible member is inpatient in a medical institution or nursing facility and that stay is funded by Medicaid for a full calendar month, the dual eligible person is not required to pay copayments for their Medicare covered prescription medications for the remainder of the calendar year. This includes:

- Members who have Medicare Part “D” only;
- Members who have Medicare Part “B” only;
- Members who have used their Medicare Part “A” life time inpatient benefit; and
- Members who are in a continuous placement in a single medical institution or any combination of continuous placements in a medical institution.

Please talk to your Case Manager if you have any questions about Medicare services and Medicare cost sharing.
Third Party Insurance/Coordination of Benefits

The following will pay for your medical care first:

- Medicare
- QMB coverage
- If you are enrolled in a Medicare Advantage Plan (HMO)
- Any other health insurance you may have

Bridgeway will always be the last payer. This means we will pay after your other insurance has paid. You must let Bridgeway and AHCCCS know if you have insurance coverage with another company. This is called your primary insurance. Your primary insurance will always pay first. We can help coordinate your AHCCCS Medicaid benefits with your primary insurance company.

Your provider must bill any other insurance for covered services before billing Bridgeway. Always give the pharmacy, doctors and hospitals all of your insurance cards and information. These providers will take care of billing your other insurance.

Always try to see a provider in the Bridgeway network. You can check with your Case Manager to see if your provider is contracted with us. If you see a doctor that is contracted with your primary insurance company, you should make sure your doctor is also contracted with us. If your doctor is not part of our network, you will need to get a prior authorization.

Bridgeway will pay most of your Medicare coinsurance, deductible and co-payment amounts to your doctor. Do not pay these amounts yourself without talking to your Case Manager. If you pay this yourself, we may not be able to pay you back. Ask your doctor to bill Bridgeway for the co-payment. If you receive a bill for a co-payment for an AHCCCS covered service, call your provider and ask them to bill us. If you continue to receive a bill for these services, let your Case Manager know. This does not apply to Medicare Part D co-pays. Please call your Case Manager if you have any questions about Medicare Part D co-payments.

Your Case Manager will answer any questions you may have about Medicare or other insurance. Bridgeway staff is trained to work with Medicare and other insurance companies to make sure all your services are billed properly.

If you are in an accident and get treatment for your injuries, you must report it to your Case Manager.
What to Do If You Get A Bill

Be sure to talk with your Case Manager about services that are covered and services that are not covered. You should not be billed for services that are covered. If you get a bill for a service that should be covered by Bridgeway, call your provider right away. Make sure your provider has all of your insurance information, and knows to bill Bridgeway.

If you still get bills from the provider after you give your insurance information, Bridgeway Member Services can help. Do not pay the bill yourself. If you pay the bill yourself, we cannot pay you back.

Sometimes you may be eligible for covered services back to the date you applied for AHCCCS. If you already paid for services during this time, you should first ask the provider to bill Bridgeway and then to pay you back. If the doctor refuses to pay you back and bill Bridgeway, please take the following steps:

- Send your paid receipts to Member Services
- Include a detailed note explaining why you paid for the services

Bridgeway Health Solutions
Member Services
1850 W. Rio Salado Parkway Suite 201
Tempe, AZ 85281

Receipts must be received by Bridgeway within six (6) months from the date you received the service. You should NOT pay for covered services or medicines after you join Bridgeway. We CANNOT pay you back.

If you ask for a service that is not covered, your doctor will ask you to sign a statement saying you will pay for the service yourself. If you sign a statement saying you will pay for the non-covered service, then you are responsible for the bill. If you have any questions about a bill, you can call Bridgeway Member Services at (866) 475-3129.

When a Member Can Get Billed for Services

If you get services that are not covered or not approved by Bridgeway, you may be billed.

Fraud and Abuse of the Program

Fraud means that a member, provider, or another person is misusing the AHCCCS program. It may include any lie told on purpose that results in someone receiving unnecessary benefits. This includes any act of fraud defined by Federal or State law.
Some examples of Member Fraud and Abuse include (but are not limited to):

- Lending or selling your AHCCCS ID card to anyone
- Changing prescriptions written by your PCP
- Giving incorrect information on your AHCCCS application
- Providing false information or leaving out important information on your application may result in unnecessary costs to the AHCCCS program.

Provider Fraud and Abuse may include (but is not limited to):

- Use of the Medicaid system by someone who is inappropriate, not qualified, unlicensed or has lost their license
- Providing unnecessary medical services
- Not meeting professional standards for health care
- Actions that are not wise business or medical practices that may result in
  - Unnecessary costs to the program
  - Payment for services that are not medically necessary
  - Not meeting the standards for health care

How to Report Fraud and Abuse

Bridgeway wants you to call us if you think a provider, member, or another person is misusing the program, or if you think someone is being abused. We will take action against anyone who does these things. Bridgeway will take your call about waste, abuse and/or fraud seriously. You can call Member Services at (866) 475-3129 or anonymously at (866) 685-8664.

You can also report Fraud and Abuse to AHCCCS.

Arizona Health Care Cost Containment System
Office of the Inspector General
701 E. Jefferson; Mail Drop 4500
Phoenix, AZ 85034
(602) 417-4045

Elder Fraud and Abuse

Elder abuse is a serious problem and it is also a serious crime. If you or someone you know is being abused, please report this to your case manager right away. There are many types of abuse such as:

- Physical abuse: causing or threatening physical pain or injury
- Psychological abuse: causing mental or emotional distress
- Financial abuse: taking, misusing or hiding money or property
• Neglect: refusing to provide food, shelter, healthcare or protection
• Abandonment: leaving someone who needs assistance all alone

If abuse puts you or your loved one in immediate danger, call 911 or the police. You can also call Arizona Adult Protective Services at (877) 767-2385, TDD (877) 815-8390, or Bridgeway at (866) 475-3129, TDD/TTY 711. Your safety and well-being are very important to us.

Physician Incentive Disclosure Statement

You have the right to ask us if we have special arrangements with doctors that can affect the use of referrals or other services you may need. You also have the right to know the types of compensation arrangements. These are called physician incentive plans (PIP). PIPs are agreements that promise certain types of rewards for certain actions. We want you to know that your health is our main concern. We make sure our decisions are based on medical need. We do not pay our panel doctors to, or encourage them to, in any way withhold or deny medically necessary care or services. Please talk to your Case Manager or Member Services at (866) 475-3129, TDD/TTY users call 711 with any questions or concerns.

Resources

Living Wills and Other Health Care Directives for Adult Members

All states have laws that allow us to make future health care treatment decisions now so that if we become incapacitated and unable to make these decisions later, our family and doctors will know what medical care we want or do not want. State laws also allow us to appoint a person to make future health care treatment decisions for us if we become incapacitated. These laws are called “advance directives” or “health care directives.

Most people communicate their health care directives by completing forms, such as the Life Care Planning forms, that are tailored to prompt decisions about treatment choices that might be needed. Before you complete these or other health care forms, you should learn and think about what medical treatments you want and/or do not want in the future.

Bridgeway encourages you to review the various types of directives that are available and to discuss your choices with your family, loved ones, physician, clergyperson, etc. Also consider who you want to appoint to
make treatment decisions for you if you become incapacitated. Once you decide which option is best for you, get help with completing your advance directives. Your Advance Directive must be in writing to be valid. Provide a copy of your directive to your PCP, doctors, hospitals and anyone else who may become involved in your health care, to ensure that your wishes are followed.

The following is a summary of the different types of directives:

1. **Living Will: (End of Life Care):** A written statement that expresses your wishes about medical treatment that would delay death from a terminal condition. A Living Will would speak for you in the event that you were unable to communicate. It gives direction and guidance to others.

2. **Durable Health Care Power of Attorney:** is a document that lets you choose another person, called an “agent,” to make health care decisions if you can no longer make those decisions for yourself. Unless the document includes specific limits, the agent will have broad authority to make any health care decision you could normally make for yourself. This could include a decision about whether or not to continue tube feeding.

3. **Durable Mental Health Care Power of Attorney:** Names a person to make mental health care decisions for you if you are found incapable of making mental health care decisions.

4. **Letter to My Agent Letter (Representative):** This form outlines what you are asking of your agent/representative. Think about who you might want as your representative to make decisions for you if you become unable to do so for yourself. This should be a person you trust to have your interests at heart – someone who can make decisions for you in a manner that is consistent with your preferences, even if he/she disagrees.

5. **Pre-Hospital Medical Care Directive:** A document signed by you and your doctor that informs emergency medical technicians (EMTs) or hospital emergency personnel not to resuscitate you. Sometimes this is called a DNR – Do Not Resuscitate. Under Arizona law, a Pre-Hospital Medical Care Directive or DNR must be on letter sized paper or wallet sized paper on an orange background to be valid. If you need help, or more information, talk to your Case Manager or your doctor. You can also find more information about Life Care Planning on the Arizona Attorney General’s website at [www.azag.gov](http://www.azag.gov).

### Making Your Advance Directives Legal

To make Advance Directives legal you must:

1. **Living Will: (End of Life Care):** A written statement that expresses your wishes about medical treatment that would delay death from a terminal condition. A Living Will would speak for you in the event that you were unable to communicate. It gives direction and guidance to others.

2. **Durable Health Care Power of Attorney:** is a document that lets you choose another person, called an “agent,” to make health care decisions if you can no longer make those decisions for yourself. Unless the document includes specific limits, the agent will have broad authority to make any health care decision you could normally make for yourself. This could include a decision about whether or not to continue tube feeding.

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1. Sign and date the directive in front of another person witness)* who also signs the directive or
2. Sign and date the directive in front of a notary public. The notary cannot be your agent or any person involved in paying for your health care.

*The witness cannot:
- Be related to you by blood, marriage, or adoption
- Have a right to receive any of your personal or private property
- Be appointed as your agent or
- Be involved with paying for any of your health care

If you are too ill to sign the Medical Power of Attorney, you can have another person sign it for you.

What to Do After You Complete Your Written Advance Directives

After you complete your written advance directive you should:
- Keep the original advance directive in a safe place.
- Give a copy of the signed advance directive to your PCP, other doctors, hospitals and anyone else who might become involved in your health care.
- Register your advance directives on the Arizona Advance Directive Registry. This is a place to electronically store a copy of your advance directive so it will be available where and when it is needed 24/7.

Access to the central database via computer helps expedite patient’s health requests. If you want to make changes to your Advance Directives after they have been signed, you must complete new Advance Directives. Make sure you give the new directive to your PCP, other doctors, hospitals and anyone else who might become involved in your health care.

ADVOCACY

There are groups you can contact who will act as an advocate for you. Health advocacy involves direct service to you and your families, which can help promote health and access to health care. An advocate is anyone who supports and promotes your rights. There are many advocacy resources listed in this section.
Health Care Directives

AARP
601 E Street, N.W.
Washington, DC 20049
(888) 687-2277
www.aarp.org/states/az

Area Agency on Aging
1366 E. Thomas Rd.
Suite 108
Phoenix AZ, 85014
Phone: (602) 264-2255
FAX: (602) 230-9132 or
Toll Free: (888) 783-7500
http://www.aaaphx.org/

Health Care Decisions
1510 E. Flower Street
Phoenix, AZ 85014
(602) 530-6900
http://www.hov.org/living-will-health-care-decisions

Department of Economic Security (DES) Division of Aging and Adult Services
1789 W. Jefferson Street, Site Code 950A
Phoenix, AZ 85007
(602) 542-4446
https://www.azdes.gov/

The following organizations provide information and answer questions about health care directives and other related legal matters.

Arizona Senior Citizens Law Project
1818 S. 16th Street
Phoenix, AZ 85034
(602) 252-6710
http://www.azlawhelp.org/resourceprofile.cfm?id=12

Community Legal Services
Central Phoenix Area
305 S. Second Avenue
Phoenix, AZ 85003
(602) 258-3434 or (800) 852-9075
www.clsaz.org

East Valley Office
1220 S. Alma School Road #206
Mesa, AZ 85210
(480) 833-1442 or (800) 852-9075

Southern Arizona Legal Aid (SALA) Community Legal Services
2343 E. Broadway Boulevard
Suite 200
Tucson, AZ 85719-6007
(520) 623-9465 or
(800) 640-9465
www.sazlegalaid.org

Southern AZ Legal Aid- Graham/ Greenlee/ Cochise
400 Arizona Street
Bisbee, AZ 85603-1504
(520) 432-1639 or (800) 231-7106
www.sazlegalaid.org

National organizations

AARP
601 “E” Street, N.W., Ste A1200
Washington, D.C. 20049
1888 687 2277
For an AARP office in Arizona, go to www.aarp.org/states/az/
Arizona Attorney General’s Office
1275 W. Washington Street
Phoenix, AZ 85007
(602) 542-5025
www.azag.gov

Arizona Attorney General’s Office- Tucson
400 West Congress
South Building, Suite 315
Tucson, AZ 85701-1367
(520) 628-6504
www.azag.gov

OMBUDSMAN

Area Agency on Aging
1366 E. Thomas Rd.
Suite 108
Phoenix AZ, 85014
Phone: (602) 264-2255
FAX: (602) 230-9132 or Toll Free: (888) 783-7500
http://www.aaaphx.org/

Arizona Center for Disability Law- Maricopa County
5025 E. Washington Street
Suite 202
Phoenix, AZ 85034
(602) 274-6287 or (800) 927-2260
http://www.acdl.com/contact.html

Ability 360
5025 E Washington St.
Phoenix, AZ 85034
(602) 256-2245

LTC Ombudsman - Maricopa Division of Aging and Adult Services
1789 W. Jefferson Street (Site Code 950A)
Phoenix, AZ 85007
(602) 542-4446
https://www.azdes.gov/daas/ltco

LTC Ombudsman - Pinal/ Gila
8969 W. McCartney Road
Casa Grande, AZ 85194
(520) 836-2758 or (800) 293-9393
www.pgcsc.org

LTC Ombudsman- Graham/ Greenlee/ Cochise
SouthEastern Arizona Governments Organization (SEAGO)
300 Collins Road
Bisbee, AZ 85603
(520) 432-2528
www.seago.org

Southern Arizona Legal Aid (SALA) Community Legal Services
2343 E. Broadway Boulevard
Suite 200
Tucson, AZ 85719-6007
(520) 623-9465 or (800) 640-9465
www.sazlegalaid.org

Tohono O’odham Legal Services (division of SALA)
2343 E. Broadway Boulevard
Suite 200
Tucson, AZ 85719-6007
(520) 623-9465 or (800) 248-6789
Community Resources

AHCCCS (Arizona Health Care Cost Containment System)
801 E. Jefferson Street
Phoenix, AZ 85034
(602) 417-4000
www.healthearizonaplus.gov

*Health-e-Arizona Plus (www.healthearizonaplus.gov) allows AHCCCS members to view their active healthcare and health plan enrollment and provides the following information:

• Two (2) year history of eligibility
• Enrollment information
• Link to active health plan websites
• Current member address

You can use Health-e-Arizona to apply online for medical assistance, Nutrition Assistance, and cash assistance. https://www.healthearizonaplus.gov.

AZLinks
www.azlinks.gov
AZLinks is the website of Arizona’s Aging and Disability Resource Consortium (ADRC). AZLinks helps Arizona seniors, people with disabilities, caregivers and family members locate resources and services.

Alzheimer’s Association Central Arizona Regional Office
The Alzheimer’s Association is the leading voluntary health organization in Alzheimer care, support and research. Resources include: care finder, help line, library, workshops and support groups, and tips for caregivers.
1028 E. McDowell Road
Phoenix, AZ 85006
(602) 528-0545 or (800) 272-3900
www.ALZ.org/dsw

Arizona Head Start
Arizona Head Start is a program that helps to prepare preschools for kindergarten. Preschoolers enrolled in Head Start get healthy snacks and meals at no cost.
234 N. Central Avenue
Phoenix, AZ 85004
(480) 464-9669
http://www.hsd.maricopa.gov/headstart

Arizona Early Intervention Program (AzEIP)
AzEIP helps families of children ages birth to three (3) with disabilities or developmental delays. They offer support and can work with their natural ability to learn.
3839 N. 3rd Street
Suite 304
Phoenix, AZ 85012
(602) 532-9960
www.azdes.gov/AzEIP

Community Information and Referral (Community I & R)
Community I&R is a call center that can help you find community services:

• Food banks, clothes, shelters
• Help to pay rent and utilities
• Health care
• Support groups when you or someone else is in trouble
• Support groups and counseling for help with drug or alcohol problems
• Financial help
• Job training
• Transportation
• Education Programs/help with learning
• Adult day care
• Meals on wheels
• Respite Care
• Home health care
• Homemaker services
• Protective services

Call 2-1-1 or visit the website at www.211Arizona.org
Centers for Independent Living (formerly ABIL)

Ability 360
Main Office
5025 E. Washington Street
Suite 200
Phoenix, AZ 85034
(602) 256-2245

Central Office
1229 E. Washington Street
Phoenix, AZ 85034
(602) 296-0551

Mesa Office
2150 S. Country Club Dr. Suite #10
Mesa, AZ 85210
(480) 655-9750

Glendale Office
6829 N. 57th Avenue
Glendale, AZ 85301
(602) 424-4100

Pinal / Gila Office
8969 W. McCartney Road
Casa Grande, AZ 85194-7432
(520) 424-2834

Pima County Office
1001 N. Alvernon Way
Tucson, AZ 85711
(520) 561-8861

Area Agency on Aging
1366 E. Thomas Rd.
Suite 108
Phoenix AZ, 85014
Phone: (602) 264-2255
FAX: (602) 230-9132 or Toll Free: (888) 783-7500
http://www.aaaphx.org/

Arizona Department of Health Services
150 N. 18th Avenue
Phoenix, AZ 85007
(602) 542-1025

400 W. Congress
Suite 100
Tucson, AZ 85701
(520) 628-6965

Disability Benefits 101
Visit this website for tools and information on health coverage benefits, and employment. Use the online Benefits and Work Calculator to see how a job may affect your total income and health coverage.
https://az.db101.org/
Social Security Administration  
250 N. 7th Avenue  
Suite 200  
Phoenix, AZ 85007  
(800) 772-1213  
www.ssa.gov

WIC (Women, Infants and Children)  
WIC services pregnant women, infants and children under five (5) years of age. WIC provides food, breastfeeding education and information on eating healthy diet. www.fns.usda.gov/wic

Centers for Medicare and Medicaid Services 
Region 9  
90 7th Street 
Suite 5-300  
San Francisco, CA 94103-6706  
(415) 744-3501 or (800) 633-4227

Low Cost Dental Services  
Mountain Park Dental Clinic (5 locations)  
(602) 243-7277 (scheduling for all locations)  
www.MPHC-AZ.org  
1492 S. Mill Ave. Suite 312  
Tempe, AZ 85281  
3930 E. Van Buren St.  
Phoenix, AZ 85008  
635 E Baseline Rd.  
Phoenix, AZ 85042  
6601 W. Thomas Rd.  
Phoenix, AZ 85033  
140 N. Litchfield Rd.  
Goodyear, AZ 85338

Native American Community Health Center  
4401 N. Central Avenue, Bld. C  
Phoenix, AZ 85012  
(602) 279-5262  
www.NativeHealthPhoenix.com  
Phoenix College Clinic  
1202 W. Thomas Rd.  
Phoenix, AZ 85013  
(602) 285-7323  
www.pc.maricopa.edu

St. Vincent de Paul  
420 W. Watkins St.  
Phoenix, AZ 85002  
(602) 261-6868  
www.StVincentdePaul.net

Sun Life Family Health Center  
865 N. Arizola Road  
Casa Grande, AZ 85222  
(520) 381-0381  
www.sunlifefamilyhealth.org

Multi-Specialty Interdisciplinary Clinics (MSIC)  
MSICs are specialty clinics that meet the unique ability to provide the health care requirements of special needs children by offering primary and specialty care in a single location. The clinics provide a full range of available specialties including; Family Practice, Physical and Occupational Therapy, Speech, Audiology, Plastic Surgery, Orthopedics and Neurology. You can make, change or cancel appointments directly with the Multi Specialty Interdisciplinary Clinics.
Children's Clinic for
Rehabilitative Services
Square & Compass Building
2600 North Wyatt Drive
Tucson, AZ 85712
Phone: (520)324-5437
Toll Free: (800) 231-8261
www.childrensclinics.org

District Medical Group (DMG)
Children's Rehabilitative Services
3141N. 3rd Avenue
Phoenix, AZ 85013
Phone: (602) 914-1520
www.dmgcrs.org

**Low Income Housing Resources**

Area Agency on Aging, Region 1
(Maricopa County)
1366 E. Thomas Road, Suite 108
Phoenix, AZ 85014
(602) 914-1520
www.dmgcrs.org

Area Agency on Aging, Region V
(Pinal/Gila Counties)
Pinal-Gila Council for Seniors
8969 W. McCartney Road
Casa Grande, AZ 85294
(520) 836-2758
(800) 293-9393
http://www.pgcsc.org/

Area Agency on Aging, Region VI (Cochise/Graham/Greenlee Counties)
300 Collins Road
Bisbee AZ 85603
(502) 432-5301
www.seago.org

Arizona Department of Housing
1700 W Washington, #210
Phoenix, Z 85007
(602) 771-1000
www.housingaz.com

Community Information and Referral Services
2200 N Central Avenue Suite 211
Phoenix, AZ 85004
(877) 211-8661
TTY 711
http://211arizona.org/

Housing and Urban Development (HUD) HUD.GOV
Online search engine to locate subsidized apartments in Arizona

HUD Wait List Information for Section 8 & Public Housing
Socialserve.com
An online search engine to help find affordable housing across Arizona
http://www.socialserve.com/

**Behavioral Health Resources**

Arizona Coalition Against Sexual and Domestic Violence
2800 N. Central Ave. #1570
Phoenix, AZ 85004
(602) 279-2900
www.acesdv.org
Arizona Suicide Prevention Coalition
Mailing address:
c/o Teen Lifeline
PO Box 10745
Phoenix, AZ 85064
(602) 248-8337
http://www.azpc.org/

Crisis Response Network, Inc.
Behavioral Health Crisis Lines
Maricopa
(602) 222-9444
TTY (602) 274-3360
Pinal
(800) 631-1314
TTY (800) 327-9254

Mentally Ill Kids in Distress (MIKID)
7816 N. 19th Avenue
Phoenix, AZ 85021
(602) 253-1240
FAX: (602) 840-3409
http://www.mikid.org/

Any member can have a mental health advocate in order to help them navigate the mental health system at any time. In order to obtain a mental health advocate, contact the National Alliance on Mental Illness (NAMI) or Marc Community Resources, Inc. Information and Referral.

Marc Community Resources, Inc – Information and Resource Line
924 N. Country Club Drive
Mesa, AZ 85201
(480) 994-4407
http://marccr.com/

National Alliance on Mental Illness (NAMI)
5025 E. Washington Street Suite #112
Phoenix, AZ 85034
(602) 244-8166
FAX: (602) 252-1349
http://namiaz.com/

Tobacco Cessation Resources

It is never too late to quit smoking!
ASHline is Arizona’s Smoker’s Helpline
Call to talk to a Quit Coach
(800) 55-66-222
www.ashline.org

Tobacco Free Arizona has programs to help you quit smoking, stay smoke free, and help others quit.
http://azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az/

Arizona Long Term Care System (ALTCS) Office Locations

Arizona Long Term Care System (ALTCS) Office Locations

Casa Grande ALTCS Office
500 N. Florence Street
Casa Grande, AZ 85222
Phone: (520) 421-1500
FAX: (877) 666-0874
Toll Free: (855) 277-0260
Chinle ALTCS Office
Tseyi Shopping Center, Hwy. 191
P.O. Box 1942
Chinle, AZ 86503
Phone: (928) 674-5439
FAX: (877) 660-3450
Toll Free: (888) 800-3804

Cottonwood ALTCS Office
1500 E. Cherry Street
Suite I
Cottonwood, AZ 86326
Phone: (928) 634-8101
FAX: (877) 666-5208
Toll Free: (855) 873-0393

Flagstaff ALTCS Office
2717 North Fourth Street, Suite 130
Flagstaff, AZ 86004
Phone: (928) 527-4104
FAX: (877) 666-5213
Toll Free: (800) 540-5042

Globe/Miami ALTCS Office
Cobre Valle Plaza
2250 Highway 60, Suite H
Miami, AZ 85539-9700
Phone: (928) 425-3165
FAX: (877) 666-5219
Toll Free: (888) 425-3165

Kingman ALTCS Office
519 E. Beale Street, Suite 130
Kingman, AZ 86401
Phone: (928) 753-2828
FAX: (877) 667-5239
Toll Free: (888) 300-8348

Lake Havasu ALTCS Office
2160 N. McCulloch Blvd., Suite 105
Lake Havasu City, AZ 86403
Phone: (928) 453-5100
FAX: (877) 664-5264
Toll Free: (800) 654-2076

Phoenix ALTCS Office
801 E. Jefferson Street, MD 1600
Phoenix, AZ 85034
Phone: (602) 417-6600
FAX: (602) 253-6385

Prescott ALTCS Office
NOTE: Prescott ALTCS staff is sharing space at the DES office.
3262 Bob Drive
Suite 11
Prescott Valley, AZ 86314
Phone: (928) 778-3968
FAX: (877) 666-5269
Toll Free: (888) 778-5600

Sierra Vista ALTCS Office
NOTE: Sierra Vista ALTCS staff is sharing space at the DES office.
Street Address: 820 E. Fry Blvd,
Sierra Vista
Mailing address: 1010 N. Finance Center, Suite 201, Tucson, AZ 85710
Phone: (520) 459-7050
FAX: (877) 660-5342
Toll Free: (888) 782-5827

Tucson ALTCS Office
1010 N. Finance Center Drive,
Suite 201
Tucson, AZ 85710
Phone: (520) 205-8600
FAX: (877) 666-5353
Toll Free: (800) 824-2656

Yuma ALTCS Office
3850 W. 16th Street, Suite A
Yuma, AZ 85364
Phone: (928) 782-0776
FAX: (877) 666-5382
Toll Free: (855) 419-6527

Member Services
24/7 Nurse Advice Line
(866) 475-3129

BridgewayHS.com
Your Care is Our Commitment.
Provider Resources

Bridgeway providers are required to meet certain requirements to care for our members. If you need more information on any particular provider, the following organizations may be able to help.

Arizona Medical Association
(602) 246-8901 or (800) 482-3480
www.azmedassn.org

Arizona Medical Board
(480) 551-2700 or (877) 255-2212
www.azmd.gov

American Board of Medical Specialties
(866) 275-2267
www.abms.org

Arizona State Board of Dental Examiners
(602) 242-1492
www.azdentalboard.org

Arizona Board of Osteopathic Examiners
(480) 657-7703
www.azdo.gov

Arizona State Board of Optometry
(602) 542-3095
https://optometry.az.gov

Maternity Care Definitions

High-risk pregnancy is a pregnancy in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High risk is determined through the use of the Medical Insurance Company of Arizona (MICA) or the American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tool.

Licensed Midwife means an individual licensed by the Arizona Department of Health Services to provide maternity care pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 6, Article 7 and Arizona Administrative Code Title 9, Chapter 16. (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board.)
Maternity care includes medically necessary preconception counseling, identification of pregnancy, prenatal care, labor and delivery services and postpartum care.

Maternity care coordination consists of the following maternity care related activities; determining the member’s medical or medical/social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers; monitoring to ensure the services are received and revising the plan of care as appropriate.

Practitioner refers to certified nurse practitioners in midwifery, physician’s assistants and other nurse practitioners. Physician’s assistants and nurse practitioners are defined in A.R.S. Title 32, Chapters 25 and 15 respectively.

Postpartum care is the health care provided for a period of up to 60 days post-delivery. Family planning services, as addressed below of this Chapter, are included if provided by a physician or practitioner.

Preconception counseling focuses on the early detection and management of risk factors before pregnancy, and includes efforts to influence behaviors that can affect a fetus (even before conception is confirmed) as well as regular health care. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling is part of the annual well woman visit and DOES NOT include genetic testing. Preconception counseling is provided when medically necessary.

Prenatal care is the health care provided during pregnancy and is composed of three major components:

1. Early and continuous risk assessment
2. Health promotion; and
3. Medical monitoring, intervention and follow-up

General Definitions

AHCCCS: Arizona Health Care Cost Containment System. The state agency that oversees the Title XIX (Medicaid), Title XXI (KidsCare) and Arizona Long Term Care Services (ALTCS) programs.

AHCCCS Contractor: Acute Care Contractors, ALTCS Contractors (like Bridgeway), the Department of Economic Security (DES) – Division of Developmental Disabilities (DDD), and the DES Comprehensive Medical Dental Program.
Advance Directives: Written statements telling your wishes about what types of care you do or do not want.

ALTCS: Arizona Long Term Care System (ALTCS), a program under AHCCCS that delivers long term, acute, behavioral health care and case management services to eligible members.

Ambulatory Care: Preventive, diagnostic and treatment services provided on an outpatient basis by physicians, nurse practitioners, physician assistants and other health care providers.

Appeal: What you can file if you are not happy with an action.

Appointment Standards: Standards for making appointments for services that are medically needed. This includes how soon a member should be able to see a certain provider based on the medical need for making the appointment.

Behavioral health provider: Someone you choose to get behavioral health services from. It can include doctors, counselors, other behavioral health professionals/technicians and behavioral health treatment centers.

Case Manager: Someone who is in charge of the oversight of your care, ensures clinical soundness of your assessment and treatment and serves as the point of contact for coordination with any persons involved in your care.

Complaint: The expression of dissatisfaction with any aspect of your care that is not an action that can be appealed.

Consent to treatment: Giving your permission to get services.

Covered Services: Health and medical services to be delivered by Bridgeway to members of the ALTCS program. Covered services are funded under contract with AHCCCS.

Disenrollment: The end of a member’s ability to receive covered services through Bridgeway.

Enrollment: The process of becoming eligible with Bridgeway to receive health services.

EPSDT: Early Periodic Screening, Diagnostic and Treatment
**Expedited appeal**: An appeal that is processed sooner than a standard appeal in order to not seriously jeopardize the person’s life, health or ability to attain, maintain or regain maximum functioning.

**Grievance system**: A process for enrollee grievances, enrollee appeals, provider claim disputes, and access to the state fair hearing system.

**High Risk Pregnancy**: A pregnancy in which the mother, fetus, or newborn, is, or may be, at risk of death or injury before birth. High risk is determined by using criteria from the Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG).

**Licensed Midwife**: An individual who is licensed by the Arizona Department of Health Services (ADHS) to provide maternity care as provided in the Arizona Revised Statutes (ARS) Title 36, Chapter 6, Article 7 and Arizona Administrative Code Title 9, Chapter 16. (This type of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

**Maternity Care**: Services that include identifying pregnancy, prenatal care, labor and delivery, postpartum care, and any counseling services that are medically needed before a women gets pregnant.

**Maternity Care Coordination**: Includes maternity care related activities such as: determining a member’s medical or medical/social needs by conducting a risk assessment evaluation; developing a plan of care that is designed to address identified needs; helping to make sure the member is referred to proper specialists; monitoring to ensure the member gets needed services and revising the plan if needed.

**Medical Necessity**: A service that is needed in order to prevent disease, disability, or other harmful health conditions that keep them from being able to get work, or is needed in order to help a person live longer.

**Member**: A person enrolled with Bridgeway to get health services.

**Notice of Action (NOA)**: The notice you get of an intended action or adverse decision made by Bridgeway or a provider regarding services that need approval.

**Postpartum care**: Health care given for up to 60 days after delivery. Family planning services are also included during this time, if the services are provided by a physician or practitioner.
PCP: Primary Care Physician - An individual who is responsible for the management of a Bridgeway member’s health care. A PCP may be a physician, a physician assistant or a certified nurse practitioner.

Power of Attorney: A written statement naming a person you choose to make health care or mental health decisions for you if you cannot do it.

Practitioner: A provider who is either a certified nurse practitioner in midwifery, a physician’s assistant, or other nurse practitioner. Physician’s assistants and nurse practitioners are defined in the Arizona Revised Statutes (ARS), Title 32, Chapters 25 and 15.

Preconception counseling: A focus on the early detection and management of areas that may be at risk during pregnancy. This also includes efforts to address behaviors that can affect the fetus (even before conception is confirmed) as well as standard or regular health care. The purpose of preconception counseling is to ensure the women is healthy before she gets pregnant.

Prenatal care: Health care provided during pregnancy and is composed of three major parts: Early risk assessments, and continuing assessments during pregnancy, promoting health, and medical monitoring, intervention, and follow-up.

Provider Network: Group of providers that contract with Bridgeway to provide health services.

Referral: Process by which your provider will “refer” you to a provider for specialized care. Often times called pre-authorization.

Timely Appointment: Appointment timeframes that, if not met, may adversely affect the health of an enrolled member.

Title XIX (Medicaid; may also be called AHCCCS): Medical, dental and behavioral health care insurance for low-income persons, children and families.

Title XXI (KidsCare; may also be called AHCCCS): Medical, dental and behavioral health care insurance for children under 19 years of age with low income, no other insurance and who are not eligible for Title XIX (Medicaid).