



Dear Senior Care Action Network (SCAN) Long Term Care Member:

Welcome to SCAN® Long Term Care (SCAN®) serving Arizona Long Term Care System (ALTCS) members in Maricopa County. SCAN Health Plan® has been providing care to members for nearly thirty years.

SCAN® Long Term Care is a non-profit health plan. Our mission is to provide quality health care to persons who are elderly and/or who have physical disabilities.

This handbook will help you every step of the way as you seek health care. Please keep it handy. We suggest you read it carefully and share it with anyone who might be responsible for helping you with your health care.

English may not be your first language. SCAN® has health care providers who speak languages other than English to help you. Check the Provider Directory in your New Member Packet to find a doctor who speaks the language you need. You can also call Member Services at 1-888-540-7226. For TTY users you can call 1-800-367-8939, 24 hours a day, 7 days a week.

SCAN® can also help you get an interpreter for your health care visits at no cost to you. Your primary care physician (PCP) or specialist can also call our interpreter line during your visit. Call Member Services at 1-888-540-7226 or 1-800-367-8939 for TTY users for help.

Your New Member Packet also includes a Provider Directory and other important materials. Please keep all your materials in your packet for safekeeping.

Again, welcome to SCAN®. We are pleased to be your ALTCS health plan. If you have questions, call Member Services at 1-888-540-7226 or contact your case manager.

We also have a web site at www.scanlongtermcare.com that has a lot of good information for you. Thank you for choosing SCAN® as your health plan.

Benefits are funded primarily under contract with AHCCCS and the State of Arizona. SCAN® follows federal and state laws that apply under the contract with AHCCCS.

HOW TO CONTACT SCAN® LONG TERM CARE

For more information on SCAN® Long Term Care providers and services call:

MEMBER SERVICES

1- 888-540-7226

For TTY users: 1-800-367-8939

Monday-Friday, Per the front letter, it states the TTY line is 24 hours/7 days

To arrange for a ride to a medical appointment call:

TRANSPORTATION SERVICES

1- 877- 270- 9240 or 602-286-3930

24 hours a day / 7 days a week

You will have a personal case manager to help manage your care. To contact the SCAN® Long Term Care Case Management Department call:

CASE MANAGEMENT

602-778-3300

1- 866- 563-7321

Monday-Friday, 8:00am-5:00pm

You have the right to have someone help you with any language, physical, or cultural barriers you may face, at no cost to you. To get an interpreter or help, call:

INTERPRETER SERVICES

1-888-540-7226

Monday-Friday, 8:00am-5:00pm

If you are having an emergency (a medical condition that could cause serious health problems or even death if not treated immediately) call:

EMERGENCY NUMBER

911

To help you make the right decision about your health, call our nurse line 24 hours a day, 7 days a week at:

SCAN ONCALL® NURSE LINE

1-877-582-7226

24 hours a day / 7 days a week

To write to us :

SCAN® LONG TERM CARE

1313 E. Osborn Rd., Suite #150

Phoenix, AZ 85014

PERSONAL INFORMATION

Name: _____

Member AHCCCS ID Number: _____

PCP (Primary Care Physician): _____

PCP's Phone Number: _____

Case Manager's Name: _____

Case Manager's Phone Number: _____

In Case of Emergency, Contact: _____

Contact's Phone Number: _____

KEEP THIS HANDBOOK IN A SAFE PLACE. IF YOU HAVE A CAREGIVER, SHARE THIS HANDBOOK WITH THEM.

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GENERAL INFORMATION

Language and Interpretation Services

If you need help with any of the information in your New Member Packet, please let your case manager know or call Member Services at 1-888-540-7226.

SCAN® materials like this Member Handbook are also in Spanish. Let your case manager know if you would like this handbook and any other materials in Spanish.

If you would like the materials in a language other than Spanish or another format, call Member Services for help at 1-888-540-7226. TTY users call 1-800-367-8939. These materials are provided to you at no cost.

SCAN® also can assist in providing onsite, telephonic and sign language interpretation services at no costs to members and providers. You may call Member Services at 1-888-540-7226 or call your case manager to assist you.

Your Member Handbook

Please read this handbook. It tells you:

- Which services are covered and which are not
- How to get services
- How to get help with appointments
- Your rights and responsibilities as a member

Your Provider Directory

A listing of SCAN® providers is in your New Member Packet. The listing changes from time to time. If you want the most up to date listing, go to our web site at www.scanlongtermcare.com or call Member Services for help at 1-888-540-7226.

If you need help finding a provider or would like a copy of the latest directory at no cost, you can also call Member Services at 1-888-540-7226 or call your case manager.

If English may not be your first language, SCAN® has health care providers who speak languages other than English to help you. Your Provider Directory lists the languages a doctor speaks.

Member Confidentiality and Our Privacy Practices

You will find a copy of the Privacy Rights Notice in your New Member Packet.

Your health care information will be kept private and confidential, and will be given out only if the law allows it or with your permission. The notice tells how we use your records for health plan activities and to pay for your services. It also tells you how you can look at your medical records, get a copy of them or change them.

You may get one (1) copy of your medical records at no cost to you. Your request may be denied if you ask for records that have:

1. Psychotherapy notes about care for a mental illness
2. Records put together for a law suit, or
3. Protected records under the federal Clinical Laboratory Improvements Amendments (CLIA) of 1988 or the Code of Federal Regulations section 42 CFR 493.3(a)(2)

Member and Provider Advisory Council

SCAN® has a Member and Provider Advisory Council. This council advises SCAN® on policies, programs, network issues, quality indicators and studies for the ALTCS program.

The council meets at least four times a year and includes:

- Providers
- SCAN® members
- SCAN® member representative(s)
- Community representative(s)
- Advocate(s)
- SCAN's President or designee
- SCAN's Medical Director or designee

If you or a family member would like to join the Council or would like more information, please call us at 602-778-3300 or 1-866-563-7321.

Health Plan Changes

Annual Enrollment Choice (AEC) is the one time of year that you may choose a new health plan.

You may also change at any time if any of the following is true:

- You were not given a choice when you first joined
- You did not get your AEC letter so you could choose
- You got your AEC letter, but were not able to take part in it due to things out of your control
- Other members of your family are enrolled with another health plan
- You were given wrong information about available choices or there was an error on the part of AHCCCS or SCAN®
- You move to your own home in another county
- You re-enrolled in ALTCS within ninety (90) days and were not re-enrolled with the same health plan
- You are pregnant and need to change plans for continuity of care

Some changes need approval from the new health plan before you can change.

Before you decide to change, please call your case manager or Member Services at 1- 888-540-7226. We may be able to help you with any problems you might be having.

MEMBER SERVICES

In addition to your medical and long term care benefits, our goal is to provide you with the information you need about SCAN® when you need it. We have Member Services representatives you can call when you have questions or need information about:

- SCAN®
- Your benefits
- Finding a doctor
- The quality of care you are getting
- Appeals and grievance rights

Call 1- 888-540-7226 Monday-Friday, 8:00am-5:00pm. TTY users call 1-800-367-8939.

Member Identification Card

When you become a member of SCAN®, AHCCCS will send you a member identification (ID) card. Use this AHCCCS ID card to get covered services. Your card has important information on it like your name, ID number and the name of your health plan. Please carry your card with you at all times or keep it in a safe place. Do NOT lose it or throw it away. If you lose AHCCCS eligibility, do NOT throw away your ID card. If you become eligible again, AHCCCS will NOT send you a new card.

Do NOT let anyone else use your ID card. You are responsible for the card. Any misuse of the card, such as loaning, selling or giving it to others could result in loss of eligibility and/or legal action.

If you do not get your AHCCCS ID card, call AHCCCS at 602-417-7000. If you lose your card, call AHCCCS for a new one.

Change Of Address

If you are moving, call your case manager with your new address before you move. Also, call the ALTCS office where you applied and let them know too.

If you plan to move to another county in Arizona or an Indian Reservation, call your case manager as soon as you know about the move so they can arrange and coordinate your care and services with the health plan in your new county.

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

NEW MEDICAL PROCEDURES

SCAN® providers and AHCCCS work together to look at new medical devices and services to make sure you get safe, up to date, high quality medical care. Doctors review new health care methods and decide if they should become covered services. For your protection, SCAN® generally does not participate in or cover investigational services and treatments.

To decide if new medical devices and services will be covered, SCAN® does the following:

- Studies the purpose of each medical device and service
- Reviews medical literature
- Determines the impact of medical devices and services
- Develops guidelines on how and when to use the medical devices and services.

SERVICES THAT ARE COVERED

Your Primary Care Physician (PCP) and case manager will help you get the medical care you need. Below is a list of medical services that are covered by SCAN®. There are no copayments for ALTCS services. There may be some limitations based on AHCCCS rules and policies. If you have questions, please call your case manager.

MEDICAL (in alphabetical order)

- Audiology
- Behavioral health services and settings
- Care to stabilize you after an emergency
- Chiropractic services, limited to **Qualified Medicare Beneficiary (QMB)**
- Cochlear implants
- Dialysis
- Doctor office visits, including specialists
- Emergency care
- Early detection health risk assessments, screenings, treatment and prevention
- Family planning
- Foot care that is medically necessary
- Hospital care
- Immunizations
- Laboratory and X-ray services
- Maternity care (prenatal, labor and delivery, postpartum)
- Medical foods, with limitations
- Medical equipment and supplies -durable medical equipment, orthotics, prosthetics
- Nutritional assessments and therapy
- Outpatient surgery
- Oral health – emergency and pre-transplant dental services, medically necessary dentures
- Physical exams
- Prescriptions on SCAN's preferred drug list. Members with Medicare will receive their medications from Medicare Part D
- Rehabilitation services, including occupational, speech, physical and respiratory therapies
- Transplants approved by AHCCCS, with limitations
- Transportation to and from medically necessary services; emergency transportation
- Urgent Care
- Vision services, ophthalmology/optometry. This includes cataract removal and medically necessary vision services.

Additional Medical Services for Children (under 21)

- Checkups (well child visits/EPSTD)
- Children's Rehabilitative Services (CRS)
- Chiropractic services
- Immunizations
- Incontinence briefs, with limitations
- Oral health- emergency, therapeutic, routine and preventive services including:
 - oral health screenings
 - cleanings
 - fluoride treatments
 - dental sealants
 - oral hygiene education
 - x-rays
 - fillings
 - extractions
 - other medically necessary procedures
- Vision services, including exams and prescriptive lenses
- Behavioral health screenings or services

LONG TERM CARE

Case Management

Each SCAN® member has a case manager. Your case manager is your partner in keeping you as independent as possible. Your case manager works with you, your doctor and your guardian if you have one, to assess what you need and make a service plan. The goal of the service plan is to find the right services to allow you to be as independent as possible. Your needs and ideas are very important in deciding what will work for you.

After you agree on and sign your service plan, your case manager will approve the services so that SCAN® can pay for them. If you get services on your own, you may have to pay for them yourself.

Your case manager will meet with you at least every ninety (90) days if you live at home or in an alternative living setting or every one hundred eighty (180) days if you live in a nursing home.

We want to see how you are doing and if you need changes to your services. If changes happen or are needed in between these visits, please let your case manager know.

Also, let your case manager know if there are any problems getting your services as scheduled, such as, if the caregivers do not show up or if they leave earlier than planned.

Your case manager has given you his/her business card and a magnet with their telephone number and picture on it. You can contact your case manager directly or call Case Management at (602)778-3300 or 1-866-563-7321

Home and Community Based Services (HCBS)

SCAN® is committed to keeping our members healthy and independent. That is why we offer you a large choice of home and community based providers. Your case manager will work with you, your family or guardian, and your PCP to find the right type, amount, and length of services that are just right for you based on AHCCCS rules and policies. Not all services are right for you.

These 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 also be offered.
- **Attendant Care** – a trained person comes into your home to help you with a combination of services such as personal care, housekeeping, general supervision and meal preparation. Attendant care includes:
 - **Self-directed care.** This service option is available to members who live in their own home. The caregiver is an employee of the member who hires, trains and supervises the caregiver. Special conditions apply to this type of service. Please speak with your case manager.
 - **Spouses as paid caregivers.** A member may choose to have their attendant care provided by his/her spouse as the paid caregiver. Special conditions apply to this type of service. Please speak with your case manager.
- **Emergency Alert System** – equipment that allows you twenty four (24) hour access to emergency help when you need it.
- **Habilitation** – this service provides training in independent living skills. Speech, occupational or physical therapy may be provided as part of this service.
- **Home Delivered Meals** – this service provides healthy meals delivered to your home.

- **Home Health Service** – this service provides part-time care in your home to keep you out of the hospital. It may include nursing care, a health aide, equipment or therapy.
- **Homemaker** – this service provides help with household jobs like cleaning, shopping or running errands.
- **Home Modification** – this service makes adaptive changes to your home to increase your independence.
- **Hospice Care** – these services help members who need health care and emotional support during the final stages of life.
- **Personal Care** – this service provides help with eating, bathing and dressing.
- **Respite** – family or group. This service provides short-term breaks for your usual caregiver.

If you get services like attendant care, personal care, homemaker or respite, your case manager will complete a backup plan with you. The plan will list the names and phone numbers to call in case your caregiver does not come as scheduled.

Alternative Residential Settings

Besides your own home, ALTCS has other types of living arrangements for members who need them. These types of settings provide supervisory services, personal care or direct care. All are licensed or certified. Members are required to pay a room and board fee for these settings. Your case manager will let you know what you need to pay. These settings include:

- **Adult Foster Care** – this setting provides special care for up to four residents
- **Therapeutic Home Care (Adult)** – this setting provides behavioral health and ancillary services for at least one (1) and up to three (3) residents over the age of eighteen (18)
- **Therapeutic Home Care(Child)** – this setting provides a professional foster care home licensed by DES for up to three (3) residents under the age of eighteen (18)
- **Assisted Living Home** – this setting provides care and supervision for up to ten (10) people
- **Assisted Living Center**– this setting provides apartments for eleven (11) or more people that include private sleeping, kitchen, and bathroom areas. Members living in centers may have a choice of single occupancy
- **Behavioral Health Homes, Levels II and III** – these settings provide behavioral health treatment with twenty four (24)-hour supervision. They may include on site medical services and intensive behavioral health treatment programs
- **Traumatic Brain Injury Treatment Facility** – this setting provides treatment and services for people with traumatic brain injuries

Nursing Home Care

Nursing homes provide room, board, and nursing services for members who need these services all the time, but who do not need to be in a hospital or need daily care from a doctor.

ALTCS Transitional Program

This program is for members who have improved and no longer need long term nursing home care, but still need other long term care services. These members are able to get all ALTCS covered services to meet their needs. If nursing home placement becomes necessary, it cannot be for more than ninety (90) days in a row per admission.

BEHAVIORAL HEALTH

Behavioral health services help you with personal problems that may affect you and your family. Some services can be provided in your home, nursing home or assisted living setting. Please check with your case manager.

- Behavior management – behavioral health personal care, family, and peer support
- Behavioral health case management (with limitations)
- Behavioral health nursing services
- Emergency/crisis behavioral health services
- Emergency and non-emergency transportation
- Evaluation and assessment
- Individual/group/family therapy and counseling. Adolescent members may qualify for family therapy as well
- Inpatient hospital services
- Inpatient psychiatric facility services
- Institution for mental disease, instead of going to the hospital
- Lab and radiology services for diagnosis and psychotropic medication regulation
- Opioid agonist treatment (methadone)
- Partial care
- Psychosocial rehabilitation – living skills training, health promotion, supported employment
- Psychotropic medication
- Psychotropic medication adjustment and monitoring
- Respite care, with limitations
- Screening
- Therapeutic home care

How to Get Behavioral Health Services

If you feel you need any of these services, you may call your case manager to help you find a provider that is close to you. Or, you may find one on your own without a referral. You may look on our web site at www.scanlongtermcare.com. Click on “Find a Provider”. Or, call Member Services at 1-888-540-7226 to find one near you.

Requests for behavioral health services will be looked at within three (3) business days. If you need a referral, it will be completed within one (1) business day.

- Emergency appointments will be provided within twenty- four (24) hours of referral
- Routine appointments will occur within thirty (30) days

Your PCP may prescribe behavioral health medicines for mild anxiety, depression or attention deficit disorder (ADD). If you need medicines, you can ask your PCP. If your PCP does not want to prescribe them, we have behavioral health doctors who can assess your needs and get you the medicine you need.

Behavioral Health Emergencies

If you are in a crisis and think you might hurt yourself or someone else, please call **911**.

**You can also call EMPACT-SPC crisis line at:
480-736-4944**

OTHER COVERED SERVICES

PRESCRIPTIONS

SCAN® Long Term Care has a list of covered medicines for your doctor to use. The list (sometimes called a formulary or preferred drug list) is updated regularly by doctors and pharmacists to make sure you get safe, effective medicines. If you would like a copy of the list, call Member Services at 1-888-540-7226 or your case manager. To search the medication list online, go to www.scanlongtermcare.com and look under Current Member Information.

How to Get Your Medicines

If you need a medicine, your PCP/specialist/dentist will choose one from our list and write a prescription for you. If the drug you need is not on our list, your doctor may ask SCAN® Long Term Care to make an exception or you can ask your doctor to prescribe a similar drug that is covered by SCAN® Long Term Care. Some over the counter medicines are also covered when your doctor orders them.

All prescriptions **MUST** be filled at a pharmacy listed in your Provider Directory. If you do pay out-of-pocket for your medicines, we cannot promise that we will pay you back.

If you are denied a prescription at the point of sale, the Pharmacy Benefit Management Company, (PBM) Contact Center at 1-866-553-4125 and the Help Desk at 1-800-235-4357 operate 24 hours per day, seven days per week to resolve any issues members are experiencing. The pharmacy can also contact the PBM's Help Desk for any claims or coverage issues they encounter for resolution at point of sale.

There are no co-payments for medicines covered by ALTCS.

If you live in a nursing home or home and community based setting, the staff will take care of managing your medicines for you.

If you need pharmacy services after hours, weekends or holidays, the PBM's Contact Center at 1-866-553-4125 and Help Desk at 1-800-235-4357 are available for our members and contracted pharmacies, respectively, 365 days a year including holidays and weekends.

IMPORTANT MESSAGE TO MEMBERS WITH MEDICARE

If you have both ALTCS and Medicare, your prescription medicines are available to you through Medicare. To get your medicine, you must choose a Medicare Prescription Drug Plan. You **must** pay co-pays for your Part D covered medicines. See your Medicare Evidence of Coverage for more information.

AHCCCS covers some medicines (i.e., Over-the-counter medicines, benzodiazepines) that are not included under Part D coverage if they are ordered by your doctor or a licensed prescriber. These medicines may have prior approval requirements. Medicines that are covered by Part D, but are not on SCAN's list of covered medicines, are considered to be excluded and will not be covered by AHCCCS.

What You Need to Know About Your Prescriptions

Your PCP may give you a prescription for medicine. Your specialist or dentist may also give you prescriptions. It is important for you to let them know about **all** the medicines that you are getting from your other doctors including samples. It is also important to let them know about over the counter or herbal drugs you buy on your own.

Things to ask about medicines before you leave the doctors office:

- Does SCAN® Long Term Care cover this medicine? If not, is there one that is covered that is right for my care?
- What are the directions for taking this?
- Should I expect any side effects from my medication?
- What foods, drinks, or activities should I avoid while taking this medication? Is it safe for me to take this medication with other drugs or dietary supplements?

Refills

The label on your medicine bottle tells you how many refills you have. If your doctor has ordered refills, you will only get one refill at a time.

If your doctor has not ordered refills for you, please call him or her at least seven (7) days before you run out. Your doctor may want to see you before giving you a refill. If you live in a nursing home or an assisted living setting, the staff will get refills for you.

TRANSPORTATION (rides)

We can help you get a ride to your health care visits. If you live in a nursing home or assisted living setting, staff will arrange a ride for you if needed, including an ambulance if necessary.

If you live at home or in another community setting and a relative or friend can give you a ride, please use their help. If you are not able to find a way to get to your appointment, we will provide you with a ride.

How do You Get a Ride from Home?

SCAN® has a new number to call for a ride. The number is 602-286-3930 or 1-877-270-9240.

To schedule a ride to the doctor or pharmacy, call the number above. You have more than one provider to choose from. Ask for your choices when you call.

Tips for Rides:

- Try to schedule your ride as far ahead of your health visit as possible. Let them know if you need a wheelchair or stretcher. This will help them arrange the right ride for you.
- If you have many appointments scheduled, or if you have regular visits like physical therapy or dialysis, we can set up your rides all at once. Have the dates and times of your appointments handy when you call.
- If you need to cancel your appointment, remember to cancel your ride too. Please try to cancel your appointment and ride at least one (1) day before they are scheduled.
- After your appointment, call our transportation provider to arrange a pick-up time. Make sure you take the telephone number for the transportation line with you to your appointment.

If you have any problems with your ride we want to know about it. Please call Member Services at 1-888-540-7226.

EARLY DETECTION HEALTH ASSESSMENTS, SCREENING, TREATMENT AND PREVENTION

SCAN® has early detection and primary prevention services and treatment available for members 21 and older. These include screenings for:

- Hypertension (high blood pressure)
- High cholesterol
- Colon cancer
- Sexually transmitted diseases
- Tuberculosis (TB)
- HIV/AIDS
- Breast and cervical cancer
- Prostate cancer

Your PCP will tell you if you need any screening services and treatment.

IMMUNIZATIONS (Shots)

Immunizations are covered for members 21 and older. These include, but are not limited to:

- Diphtheria
- Tetanus
- Influenza (flu)
- Pneumovax (pneumonia)
- Rubella
- Measles
- Hepatitis B
- HPV Human Papillomavirus for women age 12-26 (Gardasil)
- Herpes Zoster Vaccine (Zostavax) to prevent Shingles
- Pertussis, as currently recommended by the CDC or ACIP

Adult Health Screenings and Immunization Schedule

One of the best ways to protect your health is through preventive health care. What this means is that you and your doctor watch for changes in your body to find problems early when they may be easier to treat.

Preventive care includes:

- Wellness exams – checkups that are done when you are healthy
- Screening tests – tests that look for signs of disease before you have any symptoms. Pap, mammogram and PSA tests are examples of screening tests
- Immunizations – shots for specific conditions, like flu or pneumonia

The right schedule of wellness exams and screening tests is one you and your doctor agree on. It will be based on your age, how healthy you are and your risk factors, like family history. Children and adults who have a chronic or long term condition may need checkups and tests more often.

References Consulted

- “GUIDELINE; Screening and Prevention Guideline for the Elderly”
- “Wellness Guide to Preventive Services for Healthy Adults” - Group U.S., Inc.
- “Preventive Screening Guidelines for Healthy Adults” – Developed by Massachusetts Quality Health Partners.
- “Adult Preventive Care Timeline” – Agency for Healthcare Research and Quality
- “General Screenings and Immunizations for Women” – US Dept. of Health and Human Services, Office on Women’s Health
- AHCCCS Medical Policy Manual; Healthwise for Life

WOMEN'S SERVICES

SCAN® has specific health programs for women.

Well-Woman Exam

It is very important for women who are eighteen (18) and older or who are sexually active to see their PCP or an obstetrician/gynecologist (OB/GYN) for a well-woman exam every year. Make your appointment around the same time every year to help you remember. Either your PCP or an OB/GYN can do your well-woman exam. You DO NOT need a referral from your PCP if you want to see an OB/GYN that participates in the SCAN® network.

You can call Member Services at 1-888-540-7226 or go to the SCAN® website at www.scanlongtermcare.com to get the most up to date provider listing.

Maternity

Pregnant women need special care. If you are not sure you are pregnant, make an appointment with your PCP for a pregnancy test. Please let your case manager know so they can help. Covered services include:

- Prenatal care
- Labor and delivery
- Postpartum care
- Confidential voluntary HIV/AIDS testing and free counseling for those who test positive

You may go directly to an OB/GYN for care. You DO NOT need a referral.

If you are pregnant, it is very important for you to let SCAN® know about your pregnancy right away. This will help you get early care. Your doctor should also tell SCAN® of the pregnancy right away. Keep all of your prenatal and post partum appointments.

You may choose an OB/GYN provider from SCAN's provider network. It is important to have the same provider for your whole pregnancy. This helps to make sure you get the right care. You do have the right to change health plans for continuity of care if you are already under the care of a provider who is not in the SCAN provider network.

You should also see your OB/GYN provider for postpartum care. This is care you get 60 days after your baby is born. It is very important to make and keep your post partum appointment. Your doctor will check you to make sure you are healing properly and can help you with family planning services.

Women, Infants and Children (WIC)

If you need nutritional supplements, educational materials and/or counseling during your pregnancy or after the birth of your baby, help is available. See section on Community Resources.

FAMILY PLANNING

Family planning services are available for male and female members who wish to prevent or delay pregnancy. Ask your PCP for help with family planning. Covered services include:

- Birth control counseling
- Birth control methods like contraceptives and condoms, including sterilization for male and female members 21 and older
- Natural family planning
- Emergency oral birth control pills – no prior approval is required
- Medical and lab exams, including ultrasounds, related to family planning
- Treatment of problems caused by contraceptive use

Family planning services that are not covered include:

- Infertility services
- Pregnancy termination
- Hysterectomies for family planning
- Hysteroscopic tubal sterilization

CHILDREN'S SERVICES (Members under 21)

Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and mental health problems for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in federal law 42 USC 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.

A well child visit is synonymous with an EPSDT visit and includes all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules.

Amount, Duration and Scope: The Medicaid Act defines EPSDT services to include screening services, vision services, dental services, hearing services and “such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 USC 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the (AHCCCS) state plan.” This means that EPSDT covered services include services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within one of the 28 optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 28 categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

EPSDT includes, but is not limited to, coverage of: inpatient and outpatient hospital services, 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.

Early - means as early as possible in a child's life. If your child becomes AHCCCS eligible after being born, it means as soon as possible after your child becomes eligible.

Periodic – means at certain times throughout your child's life. These times are chosen by AHCCCS. Your doctor will look at certain things about your child at these times.

Screening – means exams and assessments of your child's physical and behavioral growth and development. The doctor will also look at nutritional status.

Diagnosis – means the doctor will determine the nature or cause of a condition, illness or injury. The doctor will combine information from your child's health history, the physical exam of your child, the developmental and psychological exam, lab tests, x-rays or other items.

Treatment – means the services that ALTCS covers to prevent or improve a condition, illness, or injury. It may prevent or correct certain conditions or defects.

If you have questions about the EPSDT program, please contact your case manager or PCP. You can also contact the Maternal Child Health Coordinator at 602-778-3300. Please call our transportation line at 1-877-270-9240 or 602-286-3930 if you need a ride to your EPSDT appointment.

EPSDT covered shots include:

- Hepatitis B (Hep B)
- Rotavirus (RV)
- Diphtheria, Tetanus, Pertussis (DTaP)
- Haemophilus influenzae type b (Hib)
- Pneumococcal (PCV)
- Inactivated Poliovirus (IPV)
- Influenza
- Measles, Mumps, Rubella (MMR)
- Varicella
- Hepatitis A (HepA)
- Tetanus, Diphtheria, Pertussis (Tdap)
- Human Papillomavirus (HPV)
- Meningococcal (MCV)

Human papilloma virus (HPV) shots for girls are covered with age limitations. Contact your PCP for information on how to get this shot.

Children's Rehabilitative Services (CRS)

CRS provides medical services for children and youth with certain medical, disabling or potentially disabling conditions. See section on Community Resources.

INCONTINENCE BRIEFS

Briefs are covered for members when medically necessary, with very specific limitations, to prevent skin breakdown and allow a member to participate in social, community, therapeutic and educational activities. Ask your case manager for more information.

ORAL HEALTH SERVICES

You **MUST** see a SCAN® contracted dentist. You may go to any dentist listed in our provider directory or you can go to our web site at www.scanlongtermcare.com to find one. You may also call Member Services at 1-888-540-7226 to find a contracted dentist near you.

For Members under 21

Emergency, therapeutic, routine and preventive services are covered. It is important to take your child to the dentist at least once a year, including children under age three (3). You do **NOT** need a referral from your PCP to see a dentist. Your case manager will be happy to help you schedule a dental visit if you need help.

For Members 21 and Older

Emergency dental care, medically needed dentures and dental care before transplants are covered. You **MUST** get approval from SCAN® before getting medically needed dentures or dental care before transplants.

VISION SERVICES/OPHTHALMOLOGY/OPTOMETRY

Members may choose any eye care provider, including optometrists, as long as they are part of the SCAN® contracted provider network. Choose an eye doctor from the provider directory; visit our web site at www.scanlongtermcare.com or call Member Services at 1-888-540-7226 to find one near you.

For Members under 21

Your benefits include routine and emergency vision services, including eye exams and prescriptive lenses. You do **NOT** need a referral from your PCP to see an eye doctor. Your case manager will be happy to help you schedule a vision visit if you need help.

For Members 21 and Older

Your covered services include emergency and some medically necessary vision services only. You **DO** need a referral from your PCP to see an eye doctor.

OUT-OF-AREA COVERAGE (Outside of Maricopa County)

No services are covered outside of the United States.

If you become sick in another county or state, SCAN® will only pay for emergency services. If you have an emergency while away, go to the closest emergency room. Show your AHCCCS member ID card at the hospital and tell them you are a SCAN® member. Ask the hospital to send the bill to SCAN® for payment. Do NOT pay the bill yourself.

After getting your emergency services, there may be a need to have follow up medical care like removal of stitches. This follow up care is not a covered service while you are away. You should get this care from your PCP when you return.

SCAN® may approve health care services that are only available outside of Maricopa county. Please call Member Services at 1-888-540-7226 before your trip so we can help make arrangements for your transportation, lodging and food costs. SCAN® may only pay for these services, if we approve them first.

COMMUNITY RESOURCES

There are other community support services that may be able to help.

Medical

Children's Rehabilitative Services (CRS) Member Services

150 N 18th Avenue, Suite 330
Phoenix, AZ 85007-3243

602-542-1860 or 1-800-232-1676

Women, Infants and Children's Nutrition Program (WIC)

Administrative Offices
16551 N Dysart Rd, Suite 104A
Surprise, AZ 85374

623-583-3001

Arizona Head Start Association

3910 S Rural Rd
Tempe, AZ 85282

480-829-8868

Arizona Early Intervention Program (AzEIP)

3839 N Third Street, Suite 304
Phoenix, Arizona 85012

602-532-9960

Community Support Services

Area Agency on Aging

1366 E Thomas Rd, Suite 108
Phoenix, AZ 85014

Senior Help Line 602-264-4357

Alzheimer's Association – Desert Southwest Chapter

1028 E McDowell
Phoenix, AZ 85006

602-528-0545

Arthritis Foundation

1313 E Osborn, Suite 200
Phoenix, AZ 85014

602-212-9909

Muhammed Ali Parkinson Research Center

500 W. Thomas Rd., Suite 720
Phoenix, AZ 85013

602-406-4391

Web Sites

www.az211.org – was not funded and does not need to be included in the member handbook. However, this URL is now linked to the Community Information and Referral web site and I would suggest including a link to their page instead.

www.cir.org – Community Information and Referral. The key source for bringing people and services together. Easy access to information about:

- Health services, including immunizations
- Human services, including housing help and a mortgage foreclosure hotline
- Emergency services, including food banks

www.myazhealthandwellness.com – an interactive, instructive, health related education web site with information on:

- Health resources
- Health related learning topics such as Senior Health
- Preventive information
- Health News
- Wellness in Arizona

www.MyAHCCCS.com – an AHCCCS web page for AHCCCS members. Members must register to access the information. Resources include:

- A members' eligibility and enrollment information
- How to make premium payments online
- Answers to frequently asked questions
- Changing health plans
- Grievances and appeals

SERVICES THAT ARE NOT COVERED

For All Members

- Services from a provider who is NOT a SCAN® provider (unless prior approved by SCAN® or the provider performed emergency services)
- Drugs and supplies given without a prescription
- Any service that needs prior approval by SCAN® that was not prior approved
- 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 approved by SCAN®
- Cosmetic services or items
- Personal comfort items
- Physical therapy that is NOT medically necessary
- Routine circumcisions
- Experimental services as determined by the health plan Medical Director
- Abortions and abortion counseling, unless the pregnancy is the result of rape, incest or physical illness related to the pregnancy, which endangers the life of the mother
- Health services while in prison or in a facility for the treatment of tuberculosis
- Experimental organ transplants, unless approved by the AHCCCS Administration
- Sex change operations and reversal of voluntary sterilization
- Treatment to straighten teeth, unless medically necessary
- Prescriptions NOT on SCAN's preferred drug list, unless approved by SCAN®

For Members Over 21

- Chiropractic services, except for **Qualified Medicare Beneficiary (QMB)**
- Hearing aids
- Routine eye examinations; prescriptive lenses or glasses, except after cataract removal

HOW TO GET SERVICES

Your Primary Care Physician (PCP)

SCAN® will send you a welcome letter when you become a member. Your welcome letter will have the name and phone number of your assigned PCP. If you do not choose a PCP at the time you join SCAN®, we will assign one for you. We will work with you to find a PCP who meets your needs.

Your relationship with your PCP is an important one. Your PCP will work with you and your case manager to manage your health care.

SCAN® works with PCPs, specialists and other providers, who may make house calls, if you are home bound. Call your case manager if you think you need to see one of these types of providers.

If you live in a nursing home, a SCAN® doctor will see you there. The doctor will coordinate your health needs with the staff at the nursing home to make sure you get the care you need.

Choosing Your PCP

When you are choosing your PCP, ask these questions:

- Are you taking new patients?
- What are your office hours?
- Will you talk about problems with me over the phone?
- Are there other PCPs or nurses in the office who may help me when you are not there?
- How long do I have to wait for an appointment?
- Do you or any of your staff speak other languages beside English?

We suggest you choose a PCP close to your home. Having your PCP nearby makes it easier to get medical care.

Changing Your PCP

If you stay with one PCP, you have the chance to build a long-term relationship. However, sometimes you may want to change to another PCP.

If you think you need to change, please call your case manager or Member Services at 1-888-540-7226 to discuss your reasons. We will help you choose a new PCP.

If you change your PCP, we will send you a letter confirming the change. The change will take place the first day of the following month. Continue to see your current PCP until you get your letter.

Seeing a Specialist

Even though your PCP is trained to handle most common health needs, there may be times when he or she may want you to see a specialist for a specific problem.

Your PCP will refer you to a SCAN® specialist for treatment. Some referrals will need SCAN® prior approval. Your PCP will request it.

Second Opinions

If you have questions about the medical care suggested by your doctor, you may ask that another doctor review it. This is called a second opinion. There is no cost to you for a second opinion.

You have the right to ask for a second opinion from a qualified doctor who is registered with AHCCCS. The doctor may or may not be a SCAN® provider.

About Your Doctors

SCAN's mission is to provide you with quality care. We have chosen some of the best doctors in Maricopa County to serve you. We work with them carefully to make sure you get the best care. If you would like more information about your doctor, you may call Member Services at 1-888-540-7226 or the organizations below:

Name of Organization	Telephone Number	Web Site
Arizona Medical Board	480-551-2700 or 1-877 255-2212	www.azmboard.org
American Board of Medical Specialties	1-866-275-2267	www.abms.org
Arizona Board of Osteopathic Examiners	480-657-7703	www.azosteoboard.org
Arizona State Board of Dental Examiners	602-242-1492	www.azdentalboard.org
Arizona State Board of Optometry	602-542-3095	www.optometry.az.gov

ABOUT MEDICAL APPOINTMENTS

Making An Appointment

Call your PCP's office to make an appointment. Be sure to tell them you are with SCAN®. There are no special rules to follow. Appointments are scheduled based on the kind of medical care you need. Medical conditions that need attention right away will be scheduled sooner than a routine visit. If you have trouble scheduling appointments, you may call Member Services at 1-888-540-7226 or call your case manager.

If you are going to your doctor for the first time, you should get there at least fifteen (15) minutes early. They will ask you to fill out health information forms.

If you cannot make it to your appointment, please call your doctor's office at least one day before the appointment to cancel. Remember to reschedule.

SCAN® also can assist in providing onsite, telephonic and sign language interpretation services at no costs to members and providers. You may call Member Services at 1-888-540-7226 or call your case manager to assist you.

AskMe3

Everyone needs help with medical information. You are not alone if you get confused when you talk to your PCP.

You do not have to be embarrassed or rushed if you do not understand something. Understanding health information better can be as easy as 1,2,3.

Just ask these three (3) questions at every PCP or pharmacy visit.

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Write down the answers to these questions so you can remember. If you still do not understand, be sure to ask again. Do not be afraid to speak up. All your questions are important.

After-Hours Care

If you get sick after the office is closed or on a weekend, call your PCP anyway. An answering service will be available and someone will call you back to tell you what to do. Be sure your phone accepts blocked calls. Otherwise, the doctor may not be able to reach you. You may also call SCAN's OnCall® Nurse Line Program. This program lets you speak with a nurse 24 hours a day, 7 days a week. Call (877) 582-7226. The nurses will help you make the right decision about your health. On-call interpreters are also available.

Emergency Care

You do NOT have to make an appointment for emergency services. **If you have an emergency, call 911.**

You may also go to the closest emergency room for help. You do NOT need approval from SCAN® to get emergency services.

What is an Emergency?

An emergency is a medical condition that could cause serious health problems or even death if not treated immediately.

Emergencies may include:

- Poisoning/overdose
- Severe chest pain
- You cannot move your arms or legs
- Bleeding that you cannot stop
- Loss of consciousness
- Broken bones
- Deep cuts or serious burns

When Should You Call an Ambulance?

An ambulance should be called ONLY when the problem is so life threatening that you need to go to a hospital right away and there is no other way to get there. For an ambulance, call 911. Tell them you need an ambulance and why. If needed, they will send one to you.

What is Not an Emergency?

Some medical conditions that may NOT be emergencies:

- Flu, colds, sore throats, earaches
- Urinary tract infections
- Prescription refills or requests
- Back strain
- Migraine headaches

For these conditions, you should schedule an appointment with your PCP.

Urgent Care

If you have an urgent problem and your doctor or dentist cannot see you within one (1) to three (3) days, you can go to a SCAN® urgent care center. To find the urgent care center closest to you, see the listing in your Provider Directory.

Types of Appointments

Routine – Routine appointments are for general medical care, which may include preventive services and well care checkups.

Examples:

- Yearly checkup
- Follow up care from routine appointments
- Preventive tests and shots

For routine appointments, you can expect to be seen:

- By your PCP within twenty one (21) days
- By a specialist within forty five (45) days
- By a dentist within forty five (45) days

Urgent/Sick Visit - These appointments are for when you have a non-emergent condition that needs to be seen within one (1) to three (3) days of your call.

Examples:

- Shortness of breath
- Abscessed tooth
- High fever
- Earache

Maternity Care – Maternity appointments are for prenatal, labor/delivery and post partum care. For maternity appointments, you can expect to be scheduled:

- First trimester – within fourteen (14) days of the request
- Second trimester – within seven (7) days of the request
- Third trimester - within three (3) days of the request
- High risk - within three (3) days of identification of high risk by SCAN® or a maternity care provider, or right away if an emergency exists

If you cannot get an appointment in any of these time frames, please call Member Services at 1-888-540-7226.

HEALTH AND WELLNESS PROGRAMS

Special Health Programs

SCAN® is committed to keeping you healthy and independent. In addition to arranging your medical care, SCAN® provides programs for members with diabetes, congestive heart failure, chronic obstructive pulmonary disease and transplants. Please call your case manager for more information.

SCAN ONCALL® Nurse Line

This program lets you speak with a nurse 24 hours a day, 7 days a week. The nurses will help you make the right decision about your health. Call 1-877-582-7226. They also have interpreters on call if you need one.

SCAN Connections Resource Center

SCAN® values communication in all its forms, and is committed to increasing understanding and awareness of our diverse senior population and members with physical disabilities. In keeping with that commitment, SCAN® has an on-site center available for members, providers and the community called the SCAN® Connections Resource Center. The Center will provide members and their family/caregivers with information about health care, community services and resources. For more information, call 602-778-3300.

Healthwise for Life Book

This handbook offers guidelines on how to recognize and cope with more than 200 of the most common health problems. If you would like a copy of the book at no cost to you, ask your case manager.

Healthwise Knowledge Base

If you use a computer, this program is an online tool to help with everything from keeping you in good health to information on long term conditions. Go to www.scanlongtermcare.com/healthwise to see what is available.

Quitting Tobacco

If you are thinking about quitting tobacco, there is help at no cost to you. The Arizona Department of Health Services has a Tobacco Education and Prevention Program (TEPP), which offers over-the-phone counseling. If you join one of these programs, you may also be able to get medical help called Nicotine Replacement Therapy (NRT).

NRT may include:

- the patch
- gum
- lozenges
- some products that need a prescription from your doctor

If you want more information, or are ready to take the first step toward quitting, call the Arizona Smokers' Helpline at 1-800-556-6222, visit their web site at www.ashline.org or talk to your doctor.

IMPORTANT INFORMATION

Now that you know the services that are available to you and how to get them, here is some other very important information you need to know.

MEMBER RIGHTS

As a SCAN® member, you have rights. It is important that you understand each one. Please call your case manager or Member Services if you need more explanation.

What are Your Rights as A Member?

You, your family, or your guardian(s) have the right to:

- Know the name of your case manager
- Information about getting AHCCCS covered services that are not offered or available through SCAN, and notice of your right to get family planning services from an appropriate AHCCCS provider
- Get one (1) copy of your medical records at no cost
- Hear back from SCAN within 30 days of your request for a copy of your records. SCAN may send a copy of the record or a written denial telling you why your request was denied and how you can request review of the denial
- Change or correct your medical records
- A description of covered services and prior approval requirements
- Know how SCAN® provides for help after hours and emergency care
- Know how SCAN® pays providers, manages cost and uses services
- Know the cost to you if you choose to pay for a service that SCAN® does NOT cover
- Know about the treatment choices you have or other types of care you can get
- Know how SCAN® reviews new medical procedures to include as a covered service
- Know information about Advance Directives and information on how to have medical decisions made for you, if you are not able to make them for yourself
- Get general grievance results and a summary of Member Survey results

What Rights do You Have to Freedom of Choice?

You have the right to:

- Choose a SCAN® Primary Care Physician (PCP) for your health care.
- Change your PCP if you need to
- Talk with your PCP to get complete and current information about your health care and condition
- Information that you and/or your family can understand
- Be a part of making decisions about your health care
- Decide who you want to be with you for treatments and exams
- Have a female in the room for your breast and pelvic exams
- Know about providers who speak languages other than English (see Provider Directory)

What are Your Rights To Quality Care and Service?

You have the right to:

- Not be treated differently because of:
 - race
 - ethnicity
 - nationality
 - religion
 - sex
 - age
 - disability
 - sexual orientation
 - ability to pay
 - genetic information
 - ability to speak English
- Have your services and information presented to you in a way that is easy to understand and respects your personal beliefs
- Have someone interpret in a different language or through sign language. You may ask for things to be given to you in another format, such as Braille
- Decide for yourself what health care you would like. You can choose someone to make these decisions for you, including the decision not to accept care
- **Not** be restrained or made to do something you do **not** want to do, or to be punished for **not** making a decision or doing something someone wanted you to do
- Be told in writing if SCAN® is:
 - **not** going to give you service
 - giving you less service
 - stopping your services for a short time or for good

What Rights do You Have to Specialty Care?

You have the right to:

- Get emergency services without the approval of your PCP or SCAN® case manager when you have a medical emergency
- See a specialist with a referral from your PCP
- See certain specialists without a referral from your PCP
- Refuse care from a doctor and ask for a second opinion at no cost to you

What are Your Privacy Rights?

You have the right to:

- Talk to health care professionals privately
- Let your case manager know if there are any problems getting your services, such as someone not showing up

What are Your Rights on Personal Matters?

You have the right to:

- Share a room with your spouse or significant other if you want to and it is appropriate
- Remain in your home if you want to and it is appropriate
- Have a single occupancy unit if you live in an assisted-living center

- Manage your own money or choose someone you trust to do it for you
- Use your rights as a citizen
- Have the freedom to refuse to talk with or see someone
- Keep and use your personal clothing and belongings if there is space and if there are no medical reasons not to
- Say no to drugs or restraints, except for times when your doctor thinks it is needed to protect you or others from harm
- Say no when a provider asks you to do something that is not part of your care plan
- Transfer or leave a long-term care facility because of medical reasons, for your own good or the good of others, or because you wish to move to another facility

What are Your Rights to Complain or Voice Concerns?

You have the right to:

- Tell SCAN® about any complaints or issues you have with your health care services
- File a grievance or an appeal and get a decision in a reasonable amount of time
- Give SCAN® suggestions on changes to policies and services
- Ask how we pay our providers and if the way we pay our providers affects referrals to other services
- Ask for member survey results

MEMBER RESPONSIBILITIES

What are Your Responsibilities as a Member?

As a member, you, your family, or your guardian(s) have these responsibilities:

Respect and Information Sharing

- Respect the doctors, pharmacists, staff and people providing services to you
- Keep appointments and come on time
- Protect your AHCCCS ID card. Do not lose it or share it with anyone
- Be considerate of the rights of the staff and other people living in the same place. Be respectful of their property
- Know the names of your health care providers
- Take care of any medical equipment loaned to you
- Show your AHCCCS ID card and any other insurance ID cards that you might be using when you get services
- Tell your doctor and case manager about any other insurance or programs you have or may be eligible for
- Share information with your PCP, case manager and AHCCCS
- Notify SCAN® if you feel a provider or another member is not using the health plan benefits correctly
- Provide a complete medical record about past and present medical problems, medicines used and other things about your health. Let your doctor and/or your case manager know about any changes in your condition
- Understand your health condition or treatment plan or ask your doctor to explain it in words you can understand

Reporting Changes

You have the responsibility to:

- Contact your case manager if you have difficulty in doing daily living activities such as dressing, preparing meals or walking
- Contact your case manager or call Member Services at 1-888-540-7226 if your address, phone number or contact information changes
- Contact your eligibility interviewer at AHCCCS if your financial status changes. It could affect your eligibility

Listening and Following Instructions

- Know the names of your assigned PCP and case manager
- Make sure you understand all advice and instructions given to you by your health care providers
- Follow the advice and instructions of your doctor
- Follow the advice and instructions of your case manager
- Take your medicines as told to by your doctor or pharmacist
- Pay your share of cost or room and board at the start of every month

Making Appointments

You have the responsibility to:

- Schedule doctor appointments during office hours. Do not use urgent or emergency care unless it is a medical emergency
- Keep appointments and come on time. Call your doctor's office at least one (1) day ahead of time when you cannot keep your appointment
- Bring immunizations records to appointments for children 18 or younger

PRIOR AUTHORIZATIONS

Standard

Some services have to be approved by SCAN® Long Term Care before you can get them. You and your provider have a right to ask us to approve these services. We will let you know if they are approved within fourteen (14) calendar days. This is called a standard request. SCAN® can take fourteen (14) more calendar days to make a decision if more information is needed from your provider. If we do not get the information within the fourteen (14) calendar days, your request will be denied. You, your representative or provider can request an extension of up to 14 days if needed.

Fast

You and your provider also have a right to ask SCAN® to make a fast decision about services that you want. This is also called an "expedited" or urgent request. We will make a decision in three (3) business days. If we find that the request is not urgent, you will be notified by letter that your request will be handled using the standard time frame.

Sometimes, we might need more information from your provider. If we do, SCAN® may take up to

fourteen (14) calendar days to make a decision. We will notify you and your provider if we need to take more days. If we do not get the information within the fourteen (14) calendar days, your request will be denied. You can send standard and fast requests, and more information about your request, by mail, fax or phone to:

SCAN® Long Term Care
1313 E Osborn Rd. Suite 150
Phoenix, AZ 85014
Phone 602-778-3330
Fax 602-778-3331

GRIEVANCES

You have the right to make a complaint if you have concerns or problems about your coverage or care. A complaint is also called a “grievance”. Either you, your appointed representative, or provider with your written permission can make this grievance.

If you make a grievance, we will treat you fairly. We want to know your concerns so we can improve our services to you.

If your grievance is about the quality of your care, it will be sent to SCAN’s Quality Department to solve.

Examples are:

- Problems with transportation
- Concerns with quality of care
- Office wait times
- Problems understanding SCAN’S Notice of Action letter. If SCAN does not solve your complaint about the Notice of Action letter, you may call The Division of Health Care Management, Medical Management Unit at AHCCCS at (602) 417-4000.

Who do You Call When You have a Grievance?

Here is where to call to report a grievance:

Case Manager	602-778-3300
Member Services	1-888-540-7226
Grievance and Appeals Department	1-866-406-0994 or 602-778-3340
TTY users	1-800-367-8939

How Long Does it Take to Solve a Grievance?

Some can be solved right away when you talk to a staff member. Most are solved within ten (10) calendar days, but we can take up to ninety (90) calendar days.

If the grievance cannot be solved when you call, then a letter will be sent to you telling you the reason it is taking more time.

When the grievance is solved, you will get a letter telling you about the solution.

NOTICE OF ACTION

If SCAN® decides that the requested service cannot be approved, or if a service is reduced, suspended or ended, you will get a “Notice of Action”. This letter will let you know the reason for the decision, and that you can file a fast or a standard appeal and how to do it. You can request the reason why your service was denied.

APPEALS

If you or your representative do not agree with SCAN’s decisions about your health care services, you, your appointed representative, or provider with your written permission may file an appeal either in writing or over the phone.

There are two types of appeals:

- fast (expedited)
- standard

Fast Appeal	A fast appeal is used when the normal time to solve an appeal would put your health at risk
Time to solve	Three (3) business days
Standard Appeal	An appeal that is used when your health is not at risk
Time to solve	Thirty (30) days

How Long After You get a Notice of Action can You File an Appeal?

You or your representative may file an appeal any time up to sixty **(60) days** from the date of the Notice of Action. You may file it by phone, mail or e-mail. You may file either a standard or a fast appeal. SCAN cannot retaliate against you or your representative for filing an appeal.

During your appeal, you or your representative may ask to continue services after you have gotten the “Notice of Action”. You must ask for this by ten **(10) days** from the date of the Notice of Action.

If the decision on your appeal is not in your favor, you may have to pay us back for the services you got during the appeal.

How Long Does it Take to Solve a Fast Appeal?

All fast appeals are looked at by a Medical Director to see if your appeal is urgent or not.

If it is, these are the time frames for a fast appeal:

Fast Appeals	
Day 1	<ul style="list-style-type: none">○ The Medical Director decides if the appeal is a fast (urgent) appeal or not○ If it is a fast appeal, then an acknowledgement letter is sent to you or your representative○ If the Medical Director decides it is a standard appeal, then SCAN will call you or your representative to let you know that
Day 2	<ul style="list-style-type: none">○ If the Medical Director decides that the appeal is standard a “Denial of Expedited Appeal Letter” is sent to you
Day 3	<ul style="list-style-type: none">○ A fast appeal is solved and closed within three (3) working days of the day SCAN® got it○ You or your representative will be sent a letter that tells you if the service was approved or denied. If the service was approved, then SCAN® will make sure the services are authorized○ You or SCAN® may ask for fourteen (14) more calendar days if it is in your best interest. You can call or write asking for fourteen (14) more days to get more information to SCAN®.

How Long Does it Take to Solve a Standard Appeal?

Standard appeals are looked at by the Medical Director when we have all of the information needed. These are the time frames for standard appeals:

Standard Appeals	
Day 5	<ul style="list-style-type: none">○ A standard appeals acknowledgement letter is sent to you
Day 30	<ul style="list-style-type: none">○ Standard appeals are solved and closed within 30 days○ You or SCAN® may ask for fourteen (14) more calendar days, if it is in your best interest You will get a letter telling you whether the appeal is in your favor or not. If the appeal is denied, you can request the reason why your appeal was denied.

What can You do if You Don't Like the Decision from SCAN®?

If you do not like the decision that SCAN® makes, you can ask for a State Fair Hearing within 30 days from the date you received the Notice of Appeal Resolution. Your case will be sent to the AHCCCS Office of Administrative Legal Services within five (5) business days from the date you asked for a hearing.

If AHCCCS agrees with SCAN® and you continued to get services during the State Fair Hearing process, SCAN® may ask you to pay SCAN® back for the cost of those services.

If AHCCCS does NOT agree with SCAN®, then the services will be given to you as soon as your health condition requires.

FRAUD AND ABUSE

Fraud includes things like loaning, selling, or giving your member ID card to someone else, misusing benefits, wrongful billing by a provider, or any action to misuse the program.

Your health care benefits are provided to you based on your eligibility for the program. You should not share your benefits with anyone. Providers must report any misuse of benefits to SCAN®. We then report this information to AHCCCS. If you misuse your benefits, you could lose them. Also, AHCCCS may take legal action against you. If you think a person, member or provider is misusing the program, please call Member Services at 1-888-540-7226 or your case manager.

Abuse is physical, sexual or emotional harm or injury. It also means neglect or exploitation by others. Your safety and well-being are very important to SCAN®. If you or your family have any concerns, please call your case manager right away.

DECISIONS ABOUT YOUR HEALTH CARE

You have the ability to make decisions about your health care ahead of time. An Advance Directive is a document in which you give instructions about your health care and what you want done or not done when you cannot speak for yourself.

Below are four (4) kinds of Advance Directives. SCAN® strongly encourages you to have one (1) or more of these papers filled out.

- **Living Will** - This type of Advance Directive lets you tell your doctors in writing what you want to have done when you are not able to tell them.
- **Durable Medical Power of Attorney** - This type of Advance Directive lets you pick a person to make medical decisions for you when you are not able to do so.
- **Mental Health Care Power of Attorney** – This type of Advance Directive lets you pick a person to make mental health decisions for you when you are not able to do so.
- **Pre-Hospital Medical Care Directive** - This type of Advance Directive lets you tell doctors and hospitals that you want to refuse life-saving emergency care in certain situations. A special orange form must be used.

SCAN® has written policies to make sure your Advance Directive wishes are followed. Your case manager will give you a Living Will document called “Five Wishes”. You may use it to make your own Advance Directive. We provide a list of agencies that can also help you write Advance Directives at the end of this section. Either way, you should get help writing your Advance Directive.

Making Your Advance Directives Legal

For a Living Will and a Medical or Mental Health Care Power of Attorney, you should choose someone you trust to be your agent. Your agent is the person who will make decisions about your health care if you cannot. To make an Advance Directive legal, you must:

- Sign and date it in front of another person or a notary public who also signs it. This witness cannot:
 - Be related to you by blood, marriage or adoption
 - Have a right to get any of your personal and private property
 - Be appointed as your agent
 - Be involved with paying for your health care

If you are too ill to sign your Medical Power of Attorney, you may have another person sign for you.

What to do With Your Advance Directives

- Keep your original signed papers in a safe place.
- Give copies of the signed papers to your doctor(s), case manager, hospital and anyone else who might become involved in your health care. Be aware that your Advance Directive may not be effective in a medical emergency if your doctor or the hospital is not aware of your wishes.
- Talk to these people about your wishes concerning health care.
- If you want to change your papers after they have been signed, you must fill out new ones. You should make sure you give a copy of the new paper to all the people who already have a copy of the old one.

You can have your Advance Directive registered with the Arizona Registry at www.azsos.gov/advdir or call 1-800-458-5842.

Resources and Other Information

The following organizations provide Advance Directive forms and/or information:

Department of Economic Security

Aging and Adult Administration

www.azdes.gov/aaa

(602) 542-4446

Dorothy Garske Center

Your Health Care Choices Program

www.dgcenter.org

(480) 966-2674

Arizona Attorney General's Office

www.azag.gov

(602) 542-5025

Arizona Center for Disability Law

www.acdl.com

(602) 274-6287

Health Care Decisions

www.hcdecisions.org

(602) 222-2229

MEMBER COSTS

You may be required to pay some of the cost of your care in some situations.

Nursing Home – Share of Cost

You may have to pay an amount called your “Share of Cost” when you live in a nursing home. This cost is figured by ALTCS. It is based on the amount of your income and certain expenses. ALTCS lets you keep a set amount called a “personal needs allowance”. The rest of your income is paid to the nursing home. The nursing home will collect your share of cost from you or your representative each month. If your income changes, please contact AHCCCS.

Alternative Residential Setting – Room And Board

You will pay an amount called “Room and Board” if you live in an adult foster care home, behavioral health group home or an assisted living home or center. Your case manager will figure your income and expenses and let you keep a set amount called your “personal needs allowance”. The rest of your income is paid to the place where you live. You will sign an agreement that tells you the amount you will pay. Each month the home or center will collect your room and board from you or your representative.

Living in Your Own Home

If you live at home, you probably will not have a share of cost or room and board cost since you already pay for living expenses. If you have a share of cost, SCAN® will collect the money from you or your representative.

GETTING BILLS FOR SERVICES

What Should You do if You are Billed for Covered Services?

- Do NOT pay the bill yourself
- Call the provider who sent you the bill right away
- Give the provider your insurance information, including your AHCCCS member ID number
- Tell the provider to bill or call SCAN®
- If you still get bills, call Member Services for help at 1-888-540-7226 or your case manager.

Sometimes you may be eligible for covered benefits back to the date you applied for AHCCCS. If you already paid for services during this time, you should ask the provider to bill SCAN® and then to pay you back. If they will not, SCAN® may be able to help you. You must send your receipts to SCAN® within six (6) months from the date you got the service. If you need more help, call your case manager who will help you with this process.

What Should You do if You get a Bill for Services That are Not Covered or That Were Not Approved by SCAN®?

You will be billed when you get services that are not approved or covered by SCAN®. You are responsible to pay those bills. We suggest you talk to your doctor about payment options before getting any health care services that are not covered.

COORDINATION WITH MEDICARE AND OTHER INSURANCE

If you have Medicare, are a Qualified Medicare Beneficiary (QMB) or other insurance, they will pay for your services first. If you are entitled to AHCCCS covered services and Medicare Parts A and B, SCAN® is responsible for sharing in the cost for ALTCS covered services and for certain Medicare services not covered by ALTCS. SCAN® will pay your coinsurance, deductible or copayment amounts to your provider for medical services.

Do not pay your co-payments yourself. Ask your doctor to bill SCAN®.

If you are going to a doctor who is not a SCAN doctor, he/she will need to get prior authorization before providing services to you.

ALTCS health plans cannot pay claims to providers who are not registered with AHCCCS.

Medicare Part D

SCAN® will not pay for your co-payments for your prescriptions if you have Medicare Part D.

If You Have Medicare

If you have Medicare, read the Medicare handbook called "Your Medicare Benefits" to find out which services are covered and which are not. To get a copy of the book, call Medicare at 1-800-633-4227.

If You are a Qualified Medicare Beneficiary (QMB)

If you meet certain income and resource limits, you may be able to get into a program called QMB (Qualified Medicare Beneficiary) in addition to ALTCS. QMB members may get all ALTCS services, as well as Medicare Parts A and B services.

QMB members may get Medicare services that are not covered by ALTCS, like chiropractor services. AHCCCS pays the Medicare Part B premium each month for QMB members.

If You Have Other Insurance

If you have other insurance, here are some important things to know.

- Always give pharmacies, doctors, and hospitals your other health insurance information **and** your SCAN® information
- Your other health insurance pays for your health care expenses FIRST. Then SCAN® will pay its part.
- If you are in an accident and get treatment for your injuries, you must report this to your case manager

Call Member Services at 1-888-540-7226 or your case manager if you have questions.

DEFINITIONS

Action - an action by SCAN® means:

- The denial or limited authorization of a service you or your doctor have asked for
- The reduction, suspension, or ending of an existing service
- The denial of payment for a service, either all or part
- Failure to provide services in a timely manner
- Failure to act within certain timeframes for grievances and appeals

AHCCCS - (Arizona Health Care Cost Containment System) is the state agency that manages the Medicaid program in Arizona using federal and state funds. AHCCCS contracts with managed care health plans to deliver medical and long term care services to eligible members.

ALTCS - (Arizona Long Term Care System) is the AHCCCS program that provides Medicaid services to eligible persons who are elderly and/or physically disabled. SCAN® is contracted with ALTCS to provide long term care services to eligible members in Maricopa County.

Appeal Resolution – the written determination by SCAN® about an appeal.

Arizona Early Intervention Program (AzEIP) - a statewide system to support and provide services for families of children from birth to three (3) years of age with disabilities or developmental delays.

Copayment – a small amount of money that you pay for certain covered services.

Children’s Rehabilitative Services (CRS) - provides medical services for children and youth with certain medical, disabling or potentially disabling conditions.

Durable Medical Equipment (DME) - equipment which:

- Can be used over and over
- Is primarily used to serve a medical purpose
- Usually, is not useful to a person when they are not sick or hurt
- Is easily used in the home

Some examples are crutches, wheelchairs, walkers, etc.

Emergency - a medical condition that might cause serious health problems or even death if it is not treated immediately.

Grievance - any written or verbal expression of dissatisfaction over a matter other than an action, as defined in this Handbook, by a member or provider authorized in writing to act on the member’s behalf. A grievance may be submitted orally or in writing to any SCAN® staff person. Grievances include, but are not limited to, issues regarding:

- Quality of care or services
- Accessibility or availability of services
- Interpersonal relationships (e.g. rudeness of a provider or employee, cultural barriers or insensitivity)
- Claims or billing
- Failure to respect a member’s rights

Grievance System – a system that includes a process for member grievances, member appeals, provider claim disputes and access to the state Fair Hearing system.

Head Start - provides programs and services to low income children and their families.

High Risk Pregnancy – a pregnancy that has a higher risk for death for the mother or the baby, before or after the baby is born.

Licensed Midwife – a person licensed by the State to provide maternity care.

Maternity Care - medical care for women before and during their pregnancy. This includes preconception counseling, prenatal care, labor and delivery and postpartum care.

Maternity Care Coordination – working with all of a pregnant woman’s doctors and other health workers to make sure she gets all of the appropriate services she needs.

Medically Necessary - a covered service that will prevent disease, disability, and other poor health conditions or their progress or prolong life.

Notice of Action - if SCAN® decides that the requested service cannot be approved, or if an existing service is reduced, suspended or ended, you will get a “Notice of Action.” It will tell you:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a fair hearing with AHCCCS and how to do it
- Your right to ask for an expedited resolution and how to do it
- Your right to ask that your benefits be continued during the appeal, how to do it, and when you may have to pay the costs for the services

Practitioner- a health care worker that is certified as a midwife, physician’s assistant or other nurse practitioner.

Postpartum Care - health care for the mother for up to 60 days after the baby is born. This includes family planning.

Preconception Counseling – working with a woman before pregnancy to talk about what she can do to make sure she and her baby are healthy.

Prenatal Care - health care provided during pregnancy. This includes looking at:

- early health risks
- helping pregnant women and their babies stay healthy, and
- medical monitoring, intervention and follow up

Prescription – an order from your doctor for medicine, equipment, therapy or nursing services.

Primary Care Physician (PCP) – the doctor who provides or authorizes all your health care services. Your PCP refers you to a specialist if you need special health care services.

Qualified Medicare Beneficiaries (QMB) – members who qualify for AHCCCS and Medicare and who have their Medicare Part A and Part B premiums, coinsurance, and deductibles paid for by AHCCCS.

Referral – when your PCP sends you to a specialist for a specific problem, usually complex.

Room and Board - the amount members pay toward the cost of their care in an alternative residential setting. This amount is based on the member's income.

Share of Cost - usually applies to members that live in a nursing home. This amount is the member's share toward the cost of their care based on income. Some home and community based members may have a share of cost due to an income only trust.

Specialist – a doctor who treats specific health care needs. For example, a cardiologist is a specialist. You must get a referral from your PCP before seeing certain specialists.

Special Health Care Needs – members who have serious and long term physical, developmental, or behavioral conditions and who need medically necessary health and related services of a type or amount greater than those generally required by members. All ALTCS members are considered to have special needs.

Women, Infants and Children (WIC) – a program to provide members with nutritious foods, nutrition education and referrals. WIC serves women, infants and children under age five who meet eligibility guidelines.

