Chapter 4

MEMBER SERVICES

Introduction to CMDP Member Services

The health care of our members is very important to us. To ensure their needs are met, CMDP Member Services serves as the coordinating unit for all member activities. Member Services provides assistance to members, out-of-home caregivers, and custodial agency representatives.

The primary functions of Member Services include:

- Verifying member eligibility;
- Resolving eligibility and enrollment issues;
- Primary Care Physician (PCP) assignment and changes;
- Answering questions about member benefits;
- Responding to and resolving member complaints; and
- Arranging translation services, including hearing impaired and sign language.
- Medically Necessary Non- Emergency Transportation

CMDP Member Services is available from 8:00 a.m. to 5:00 p.m., Monday through Friday. Please call (602) 351-2245 or (800) 201-1795.

Member Rights

All CMDP members have the following rights:

- To be treated with respect and recognition of the member's dignity and need for privacy.
  - The right to privacy includes protection of any information that identifies a particular member, except when otherwise required or permitted by law.
- To not be discriminated against in the delivery of health care services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.
- To have services provided in a culturally competent manner, with consideration for members with limited English proficiency or reading skills, those with diverse cultural and ethnic backgrounds, and members with visual or auditory limitations. Options include access to a language interpreter, a person proficient in sign language for the hearing impaired, and written materials available in Braille for the blind or in different formats, as appropriate.
- To have the opportunity to choose a Primary Care Provider (PCP) and Primary Dental Provider (PDP) within the limits of the provider network, and choose other providers as needed from among those affiliated with the network.
- To refuse care from specified providers.
- To participate in decision-making regarding his or her health care, including:
  - The right to refuse treatment (42 CFR 438.100); and
  - To have a representative facilitate care or treatment decisions when the member is unable to do so.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

- To be a provided with the information about formulating advance directives that involves the member or his/her representative in decisions to withhold resuscitative services, or to forgo or withdraw life-sustaining treatment within the requirements of federal and state laws with respect to advance directives (42 CFR 438.6).
- To receive information, in a language and format that the member understands, about member rights and responsibilities; the amount, duration and scope of all services and benefits; service providers, services included and excluded as a condition of enrollment; and other information including:
  - Provisions for after-hours and emergency health care services, including the right to access emergency health care services from a provider without prior authorization, consistent with the member's determination of the need for such services as prudent;
  - Information about available treatment options (including the option of no treatment) or alternative courses of care;
  - Procedures for obtaining services, including authorization requirements and any special procedures for obtaining mental health and substance abuse services, or referrals for specialty services not furnished by the member's PCP;
  - Procedures for obtaining services outside the CMDP Preferred Provider Network (PPN);
  - Provisions for obtaining AHCCCS covered services that are not offered or available through CMDP, and notice of the right to obtain family planning services from an appropriate AHCCCS registered provider; and
  - A description of how CMDP evaluates new technology for inclusion as a covered benefit.
- To be provided with information regarding grievances, appeals and requests for a hearing about CMDP or the care provided.
- To file a complaint to CMDP about inadequate *Notice of Action* letters.
- To file a complaint to AHCCCS, Division of Health Care Management, Medical Management unit if CMDP does not resolve the complaints about the *Notice of Action* letter to the member's satisfaction.
- To file a complaint about CMDP.
- To view a summary of member survey results.
- To review his/her medical records in accordance with applicable federal and state laws.
- To request annually, and receive at no cost, a copy of his/her medical records, as specified in 45 CFR 164.524:
  - The member's right of access to inspect and obtain a copy of his/her medical records may be denied if the information is:
    - Psychotherapy notes;
    - Compiled for, or in reasonable anticipation of, a civil, criminal, or administrative action; or
    - Protected health information that is subject to the Federal Clinical Laboratory Improvements Amendments of 1988, or exempt pursuant to 42 CFR 493.3(a)(2).
  - An individual may be denied access to read or receive a copy of medical record information without an opportunity for review in accordance with 45 CFR Part 164 (above) if:
  - The information meets the criteria stated in section I (1) above;
    - The provider is a correctional institution or acting under the direction of a correctional institution as defined in 45 CFR 164.501;
    - The information is obtained during the course of current research that includes treatment, and the member agreed to suspend access to the information during the

course of research when consenting to participate in the research;
    - The information was compiled during a review of quality of care for the purpose of improving the overall provision of care and services;
    - The denial of access meets the requirements of the Privacy Act, 5 United States Code (5 U.S.C.) 552a; or
    - The information was obtained from someone other than a health care provider under the protection of confidentiality, and access would be reasonably likely to reveal the source of the information.
  - Except as provided above, an individual must be informed of the right to seek review if access to inspect, or request to obtain, a copy of medical record information is denied when:
    - A licensed health care professional has determined the access requested would reasonably be likely to endanger the life or physical safety of the member or another person; or
    - The protected health information makes reference to another person and access would reasonably be likely to cause substantial harm to the member or another person.
  - CMDP must respond within 30 days to the member's request for a copy of the records. The response may be the copy of the record or, if necessary to deny the request, the written denial must include the basis for the denial and written information about how to seek review of the denial in accordance with 45 CFR Part 164.
- To request amendment or correction of his/her medical records as specified in 45 CFR 164.526. CMDP may require the request be made in writing.
- To obtain, at no charge, a directory of health care providers in the PPN.
- To receive information on available treatment options and alternatives, in a manner appropriate to the member's condition and ability to understand.
- To obtain a second opinion from a qualified health care professional within the PPN, or have a second opinion arranged outside the PPN only if there is not adequate in-network coverage, at no cost to the member.
- To receive information about providers who speak languages other than English.
- To request information about CMDP physician incentive plans, if any, that affect referrals from doctors.
- To know about the type of compensation arrangements with providers, and whether stop-loss insurance is required of providers.
- To contact Member Services if there are any questions regarding member rights.

Member and out of home Caregiver Responsibilities

Members and out of home caregivers are responsible for:

- Providing as much information as possible to professional staff working with the member;
- Following prescribed treatment instructions and guidelines given by those providing health care;
- Knowing the name of the member's PCP or doctor;
- Scheduling appointments with the doctor during office hours whenever possible, before using urgent care or a hospital emergency room;
- Scheduling appointments outside of school hours whenever possible;
- Taking the member to medical appointments, or contacting the assigned worker, or CMDP if you cannot provide transportation;

- Arriving at appointments on time;
- Notifying the provider at least one day in advance when unable to keep an appointment;
- Carrying the CMDP ID card (or *Notice to Provider* form, if the card has not arrived) at all times, and presenting it to the health care provider;
- Bringing all available immunization (shots) records and medical history information to the doctor or PCP;
- Taking the member for well child checkups;
- Taking the member for a dental exam at least twice a year;
- Using Children's Rehabilitative Services (CRS) when asked to do so by CMDP or the PCP;
- Working with CMDP, the custodial agency representative, and the PCP to make certain the member is receiving the best care possible;
- Ensuring that each member has all childhood and teenage immunizations (shots) appropriate to the child's age and health; and
- Always listing DES/CMDP as the responsible party, and the CMDP address for billing (**CMDP/C010-18 P.O. Box 29202 Phoenix, AZ 85012**).

Services Foster Caregivers Cannot Authorize

- General anesthesia
- Surgery
- Blood transfusions
- Pregnancy Terminations
- Medical treatment that is not routine
- Clinical trials, including clinical trials for HIV/AIDS treatment

Language Line Services

Language Line automated access offers a fast and efficient way to connect to a professional interpreter anytime, anywhere. This service provides interpretation in over 140 languages as well as written translation. This service is provided to CMDP members only. To access this service please call CMDP Provider Services at (602) 351-2245 or (800) 201-1795.

Member Enrollment Packets

CMDP complies with AHCCCS policy to communicate with new members by mailing a New Member Enrollment Packet to all new members.

Because CMDP members are ages 0-21 years, New Member Enrollment Packets will be mailed to the custodial agency representative.

The New Member Packet consists of:

- Welcome letter
- CMDP member ID card
- Information on choosing a health care provider
- Cultural competency information
- EPSDT notice
- Family planning notification letter (age appropriate)

- Notice of privacy practices
- CMDP Preferred Medication List
- *CMDP News* newsletter

The *CMDP Member Handbook* is revised once a year. The *Member Handbook* and CMDP Provider Directory are mailed to foster caregivers/members upon request. The *Member Handbook* and the Provider Directory are available on the CMDP website.

PCP and PDP Assignment

CMDP makes every effort to ensure a Primary Care Provider (PCP) and Primary Dental Provider (PDP) is assigned to its members. Foster caregivers, custodial agency representatives, or members may choose any AHCCCS and CMDP registered PCP who is enrolled in the Vaccine for Children (VFC) Program. CMDP prefers that members choose a PCP from the CMDP Preferred Provider Network (PPN). PCPs are generally family practitioners, general practitioners, pediatricians, internists, registered nurse practitioners, and physician assistants. A specialty provider may be assigned as a member's PCP depending upon the member's medical condition.

CMDP has methods to ensure PCPs are assigned to members. Out-of-home caregivers, custodial agency representatives, and members have the option to request PCP assignment changes at any time.

CMDP Member ID Cards

Temporary Member ID cards/documents are e-mailed to the custodial agency representative within 1 day of the enrollment notification being received by CMDP. This temporary card includes the member's name, date of birth, and identification number.

Permanent Member ID cards are included in the member's new enrollment packet and mailed in care of the custodial agency representative within approximately two weeks of the enrollment notification. This permanent card includes the following information:

- Member name
- Member ID number
- Date of birth
- Name of the Regional Behavioral Health Authority (RBHA) assigned for behavioral health services
- RBHA telephone number

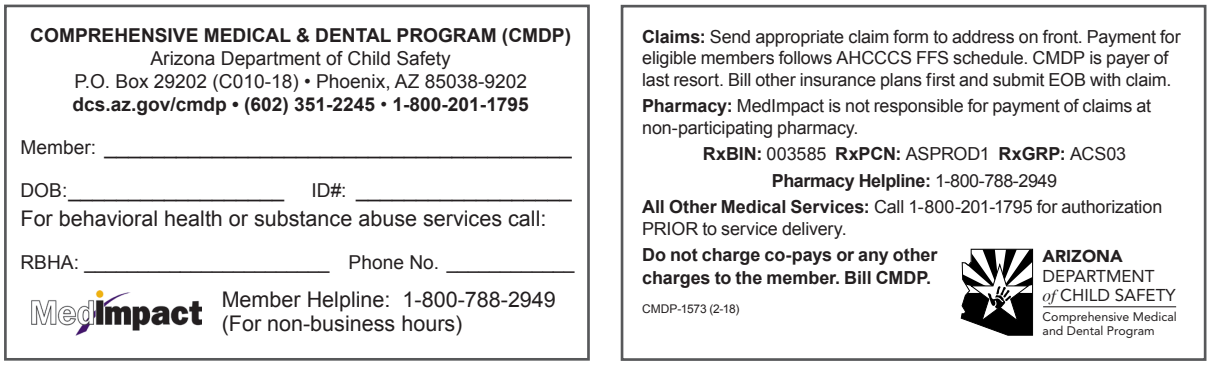
Providers should request to see the member's ID card each time the member receives services. If the member does not have his/her card available at the time of service, he/she may not be denied treatment. Call Member Services to verify enrollment. The ID card does not guarantee enrollment.

The CMDP ID number is not the same as the AHCCCS ID number. Make a copy of the member's CMDP ID card to ensure use of the correct CMDP ID number.

Other means of identification for a CMDP member may include:

- A generic ID card presented by the DCS custodial agency representative, group home, or shelter. This ID card is used to identify the member prior to the receipt of a CMDP ID card. Call CMDP Member Services during business hours to obtain the Member ID number to submit on your claim.
- An out-of-home caregiver may present a Notice to Provider form in lieu of the member's ID card. A sample of this form is included at the end of this chapter. This form contains the member's name and ID number.

CMDP Member ID Card Sample



COMPREHENSIVE MEDICAL & DENTAL PROGRAM (CMDP)
Arizona Department of Child Safety
P.O. Box 29202 (C010-18) • Phoenix, AZ 85038-9202
dcs.az.gov/cmdp • (602) 351-2245 • 1-800-201-1795

Member: _____

DOB:_____ ID#: _____

For behavioral health or substance abuse services call:

RBHA: _____ Phone No. _____

MedImpact Member Helpline: 1-800-788-2949
(For non-business hours)

Claims: Send appropriate claim form to address on front. Payment for eligible members follows AHCCCS FFS schedule. CMDP is payer of last resort. Bill other insurance plans first and submit EOB with claim.

Pharmacy: MedImpact is not responsible for payment of claims at non-participating pharmacy.

RxBIN: 003585 **RxPCN:** ASPROD1 **RxGRP:** ACS03

Pharmacy Helpline: 1-800-788-2949

All Other Medical Services: Call 1-800-201-1795 for authorization PRIOR to service delivery.

Do not charge co-pays or any other charges to the member. Bill CMDP.

CMDP-1573 (2-18)

ARIZONA DEPARTMENT *of* CHILD SAFETY
Comprehensive Medical and Dental Program

Dual Eligibility

AHCCCS members who are eligible for Medicare and Medicaid (AHCCCS) services have dual eligibility. They may be classified as a Qualified Medicare Beneficiary (QMB) or as non-QMB eligible. QMB eligible members receive coverage for all Medicaid services, inpatient psychiatry, psychology, respite, and chiropractic services.

QMB and Non-QMB members must use health care providers registered with CMDP. Medicare is always the payer of first resort for these children. CMDP pays only for deductibles and copays.

Other Insurance

For a child or children in out-of-home placement with prior health insurance, CMDP is the payer of last resort. Any other insurance coverage a member has should pay for medical care before CMDP pays. CMDP will assist in coordinating benefits. The member and the custodial agency (DCS, JPO, ADJC) should inform CMDP of any other insurance the member has at the time of enrollment.

Member Grievances

Members have the right to file a grievance. A provider may file a grievance on behalf of a member, with the written consent of the member's legal representation, which is defined by the custodial agency. A grievance is an expression of dissatisfaction about any matter, which can include but is not limited to:

- The quality of care or services provided;
- A failure to respect the member's rights; or
- An aspect of an interpersonal relationship, such as rudeness of a provider or an employee.

Grievances may be filed either orally or in writing, and a final disposition will be provided either orally or in writing within 90 days after the grievance was received. Members are not entitled to a State Fair

Hearing on a grievance.

CMDP reviews member grievances data to identify service issues and make improvements in the quality of care and service. Member satisfaction is dependent upon member cooperation with these activities. Our goal is to work in partnership with members to maintain member satisfaction.

Verifying Member Enrollment

If you have any questions about member identification, contact CMDP Member Services at (602) 351-2245 or (800) 201-1795. Contact Member Services prior to the member's appointment. This will enable us to resolve any enrollment issues so that the member may be seen as scheduled.

You can verify eligibility by logging into our website at https://dcs.az.gov/cmdp. Once you have logged into the website click on Provider Services, then click on Member Lookup. You will need to use the CMDP Member ID number, your AHCCCS ID number, and the dates of service.

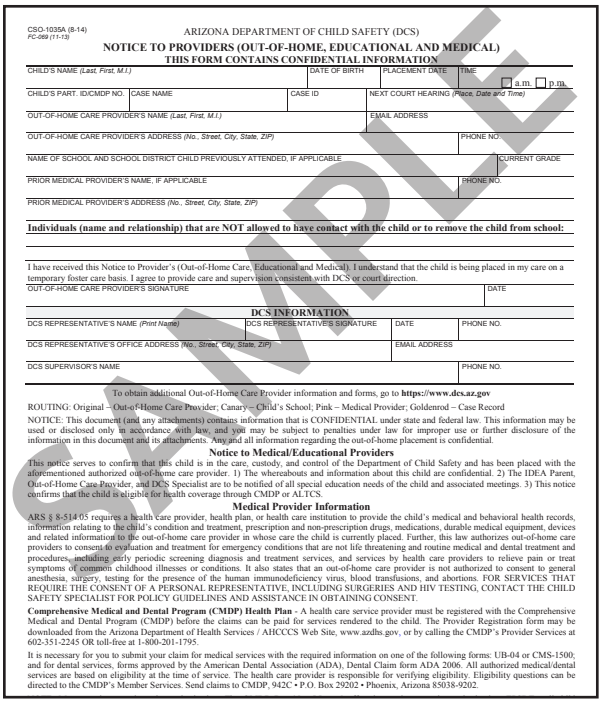
Member eligibility can also be verified by contacting Member Services. Please have the member's ID number, name, and date of birth. Document the enrollment verification information you receive over the telephone including the name of the Member Services representative, and the date and time of call.

CHAPTER APPENDIX

FC-069 Notice to Provider-Educational and Medical

www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/FC-069sample.pdf

Sample Notice to Provider



CSO-1035A (8-14)
FC-069 (11-13)

ARIZONA DEPARTMENT OF CHILD SAFETY (DCS)

NOTICE TO PROVIDERS (OUT-OF-HOME, EDUCATIONAL AND MEDICAL)
THIS FORM CONTAINS CONFIDENTIAL INFORMATION

CHILD'S NAME *(Last, First, M.I.)* | DATE OF BIRTH | PLACEMENT DATE | TIME ☐ a.m. ☐ p.m.

CHILD'S PART. ID/CMDP NO. | CASE NAME | CASE ID | NEXT COURT HEARING *(Place, Date and Time)*

OUT-OF-HOME CARE PROVIDER'S NAME *(Last, First, M.I.)* | EMAIL ADDRESS

OUT-OF-HOME CARE PROVIDER'S ADDRESS *(No., Street, City, State, ZIP)* | PHONE NO.

NAME OF SCHOOL AND SCHOOL DISTRICT CHILD PREVIOUSLY ATTENDED, IF APPLICABLE | CURRENT GRADE

PRIOR MEDICAL PROVIDER'S NAME, IF APPLICABLE | PHONE NO.

PRIOR MEDICAL PROVIDER'S ADDRESS *(No., Street, City, State, ZIP)*

Individuals (name and relationship) that are NOT allowed to have contact with the child or to remove the child from school:

I have received this Notice to Provider's (Out-of-Home Care, Educational and Medical). I understand that the child is being placed in my care on a temporary foster care basis. I agree to provide care and supervision consistent with DCS or court direction.

OUT-OF-HOME CARE PROVIDER'S SIGNATURE | DATE

DCS INFORMATION

DCS REPRESENTATIVE'S NAME *(Print Name)* | DCS REPRESENTATIVE'S SIGNATURE | DATE | PHONE NO.

DCS REPRESENTATIVE'S OFFICE ADDRESS *(No., Street, City, State, ZIP)* | EMAIL ADDRESS

DCS SUPERVISOR'S NAME | PHONE NO.

To obtain additional Out-of-Home Care Provider information and forms, go to **https://www.dcs.az.gov**

ROUTING: Original – Out-of-Home Care Provider; Canary – Child's School; Pink – Medical Provider; Goldenrod – Case Record

NOTICE: This document (and any attachments) contains information that is CONFIDENTIAL under state and federal law. This information may be used or disclosed only in accordance with law, and you may be subject to penalties under law for improper use or further disclosure of the information in this document and its attachments. Any and all information regarding the out-of-home placement is confidential.

Notice to Medical/Educational Providers

This notice serves to confirm that this child is in the care, custody, and control of the Department of Child Safety and has been placed with the aforementioned authorized out-of-home care provider. 1) The whereabouts and information about this child are confidential. 2) The IDEA Parent, Out-of-Home Care Provider, and DCS Specialist are to be notified of all special education needs of the child and associated meetings. 3) This notice confirms that the child is eligible for health coverage through CMDP or ALTCS.

Medical Provider Information

ARS § 8-514.05 requires a health care provider, health plan, or health care institution to provide the child's medical and behavioral health records, information relating to the child's condition and treatment, prescription and non-prescription drugs, medications, durable medical equipment, devices and related information to the out-of-home care provider in whose care the child is currently placed. Further, this law authorizes out-of-home care providers to consent to evaluation and treatment for emergency conditions that are not life threatening and routine medical and dental treatment and procedures, including early periodic screening diagnosis and treatment services, and services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions. It also states that an out-of-home care provider is not authorized to consent to general anesthesia, surgery, testing for the presence of the human immunodeficiency virus, blood transfusions, and abortions. FOR SERVICES THAT REQUIRE THE CONSENT OF A PERSONAL REPRESENTATIVE, INCLUDING SURGERIES AND HIV TESTING, CONTACT THE CHILD SAFETY SPECIALIST FOR POLICY GUIDELINES AND ASSISTANCE IN OBTAINING CONSENT.

Comprehensive Medical and Dental Program (CMDP) Health Plan - A health care service provider must be registered with the Comprehensive Medical and Dental Program (CMDP) before the claims can be paid for services rendered to the child. The Provider Registration form may be downloaded from the Arizona Department of Health Services / AHCCCS Web Site, www.azdhs.gov, or by calling the CMDP's Provider Services at 602-351-2245 OR toll-free at 1-800-201-1795.

It is necessary for you to submit your claim for medical services with the required information on one of the following forms: UB-04 or CMS-1500; and for dental services, forms approved by the American Dental Association (ADA), Dental Claim form ADA 2006. All authorized medical/dental services are based on eligibility at the time of service. The health care provider is responsible for verifying eligibility. Eligibility questions can be directed to the CMDP's Member Services. Send claims to CMDP, 942C • P.O. Box 29202 • Phoenix, Arizona 85038-9202.

SAMPLE