



FROM



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# Summary of Benefits

## 2021

Allwell Dual Medicare (HMO D-SNP) H5590: 008

Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal,  
Santa Cruz and Yuma Counties, AZ

This booklet provides you with a summary of what we cover and the cost-sharing responsibilities. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us at the number listed on the last page, and ask for the "Evidence of Coverage" (EOC), or you may access the EOC on our website at [allwell.azcompletehealth.com](http://allwell.azcompletehealth.com).

You are eligible to enroll in Allwell Dual Medicare (HMO D-SNP) if:

- You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.
- You must be a United States citizen, or are lawfully present in the United States and permanently reside in the service area of the plan (in other words, your permanent residence is within the Allwell Dual Medicare (HMO D-SNP) service area counties). Our service area includes the following counties in Arizona: Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz and Yuma.
- For Allwell Dual Medicare (HMO D-SNP), you must also be enrolled in the AZ Medicaid plan. Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. Your Part B premium is paid by the State of Arizona for full-dual enrollees. Please contact the plan for further details.

The Allwell Dual Medicare (HMO D-SNP) plan gives you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit [allwell.azcompletehealth.com](http://allwell.azcompletehealth.com). (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor Allwell Dual Medicare (HMO D-SNP) will be responsible for the costs.)

This Allwell Dual Medicare (HMO D-SNP) plan also includes Part D coverage, which provides you with the ease of having both your medical and prescription drug needs coordinated through a single convenient source.

# Summary of Benefits

JANUARY 1, 2021 – DECEMBER 31, 2021

Benefits	Allwell Dual Medicare (HMO D-SNP) H5590: 008 Premiums / Copays / Coinsurance
<p>Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive</p>	
<p><b>Monthly Plan Premium</b></p>	<p>You pay \$0 - \$36.10 based on your level of Medicaid eligibility</p> <p>(You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)</p>
<p><b>Deductibles</b></p>	<ul style="list-style-type: none"> <li>• \$0 or \$198 deductible for covered medical services. \$198 is the 2020 Part B deductible. This amount may change for 2021.</li> <li>• \$445 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5)</li> </ul>
<p><b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)</p>	<p>\$3,450 annually</p> <p>This is the most you will pay in copays and coinsurance for covered medical services for the year.</p>
<p><b>Inpatient Hospital Coverage*</b></p>	<p>\$0 or \$1,350 copay per stay</p>
<p><b>Outpatient Hospital Coverage*</b></p>	<ul style="list-style-type: none"> <li>• Outpatient Hospital: 0% or 20% coinsurance per visit</li> <li>• Observation Services: 0% or 20% coinsurance per visit</li> </ul>
<p><b>Doctor Visits (Primary Care Providers and Specialists)</b></p>	<ul style="list-style-type: none"> <li>• Primary Care: 0% or 20% coinsurance per visit</li> <li>• Specialist: 0% or 20% coinsurance per visit</li> </ul>
<p><b>Preventive Care</b> (e.g. flu vaccine, diabetic screening)</p>	<p>\$0 copay for most Medicare-covered preventive services</p> <p>Other preventive services are available.</p>
<p><b>Emergency Care</b></p>	<p>\$0 or \$120 copay per visit</p> <p>You do not have to pay the copay if admitted to the hospital immediately.</p>
<p><b>Urgently Needed Services</b></p>	<p>0% or 20% coinsurance (up to \$65) per visit</p> <p>Copay is not waived if admitted to the hospital.</p>
<p><b>Diagnostic Services/ Labs/Imaging*</b> (including diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)</p>	<p>COVID-19 testing and specified testing-related services at any location are \$0.</p> <ul style="list-style-type: none"> <li>• Lab services: \$0 copay</li> <li>• Diagnostic tests and procedures: 0% or 20% coinsurance</li> <li>• Outpatient X-ray services: 0% or 20% coinsurance</li> <li>• Diagnostic Radiology services (such as, MRI, MRA, CT, PET): 0% or 20% coinsurance</li> </ul>

Services with an \* (asterisk) may require prior authorization from your doctor.

<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H5590: 008 Premiums / Copays / Coinsurance</b>
<b>Hearing Services</b>	<ul style="list-style-type: none"> <li>• Hearing exam (Medicare-covered): 0% or 20% coinsurance</li> <li>• Routine hearing exam: \$0 copay (1 every calendar year)</li> <li>• Hearing aid: \$0 copay (2 hearing aids total, 1 per ear, per calendar year)</li> </ul> <p><b>Technology level I:</b> You pay a \$0 copay per hearing aid.</p>
<b>Dental Services</b>	<ul style="list-style-type: none"> <li>• Dental services (Medicare-covered): 0% or 20% coinsurance per visit</li> <li>• Preventive Dental Services: \$0 copay (including oral exams, cleanings, fluoride treatment, and X-rays)</li> <li>• Comprehensive dental services: Additional comprehensive dental benefits are available.</li> </ul> <p>There is a maximum allowance of \$4,000 every calendar year; it applies to all comprehensive dental benefits.</p>
<b>Vision Services</b>	<ul style="list-style-type: none"> <li>• Vision exam (Medicare-covered): 0% or 0% to 20% coinsurance per visit</li> <li>• Routine eye exam: \$0 copay per visit (up to 1 every calendar year)</li> <li>• Routine eyewear: up to \$250 allowance every calendar year</li> </ul>
<b>Mental Health Services</b>	Individual and group therapy: 0% or 20% coinsurance per visit
<b>Skilled Nursing Facility*</b>	<p>In 2020, the amounts for each benefit period were: \$0 or,</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, days 1 through 20</li> <li>• \$176 copay per day, days 21 through 100 (may change for 2021)</li> </ul>
<b>Physical Therapy*</b>	0% or 20% coinsurance per visit
<b>Ambulance</b>	0% or 20% coinsurance (per one-way trip) for ground or air ambulance services
<b>Ambulatory Surgery Center*</b>	Ambulatory Surgery Center: 0% or 20% coinsurance per visit
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• \$0 copay for each one-way trip</li> <li>• Up to 24 one-way trips to plan-approved health-related locations every calendar year. Mileage limits may apply.</li> </ul>
<b>Medicare Part B Drugs*</b>	<ul style="list-style-type: none"> <li>• Chemotherapy drugs: 0% or 20% coinsurance</li> <li>• Other Part B drugs: 0% or 20% coinsurance</li> </ul>

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## Part D Prescription Drugs

<b>Deductible Stage</b>	<p>\$445 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5).</p> <p>The Deductible Stage is the first payment stage for your drug coverage. This stage begins when you fill your first prescription in the year. When you are in this payment stage, you must pay the full cost of your Part D drugs until you reach the plan's deductible amount.</p> <p>Once you have paid the plan's deductible amount for your Part D drugs, you leave the Deductible Stage and move on to the next payment stage (Initial Coverage Stage). If you receive "Extra Help" to pay for your prescription drugs, your deductible amount will be either \$0 or \$92 depending on the level of "Extra Help" you receive.</p>	
<b>Initial Coverage Stage</b> (after you pay your Part D deductible, if applicable)	<p>After you have met your deductible (if applicable), the plan pays its share of the cost of your drugs and you pay your share of the cost. "Total drug costs" is the total of all payments made for your covered Part D drugs. It includes what the plan pays and what you pay. Once your "total drug costs" reach \$4,130 you move to the next payment stage (Coverage Gap Stage).</p>	
	<b>Standard Retail Rx 30-day supply</b>	<b>Mail Order Rx 90-day supply</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$0 copay	\$0 copay
<b>Tier 2: Generic Drugs</b>	\$20 copay	\$60 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$47 copay	\$141 copay
<b>Tier 4: Non-Preferred Drugs</b>	50% coinsurance	50% coinsurance
<b>Tier 5: Specialty</b>	25% coinsurance	Not available

## Part D Prescription Drugs

<b>Coverage Gap Stage</b>	<p>During this payment stage, you receive a 70% manufacturer's discount on covered brand name drugs and the plan will cover another 5%, so you will pay 25% of the negotiated price and a portion of the dispensing fee on brand-name drugs. In addition the plan will pay 75% and you pay 25% for generic drugs. (The amount paid by the plan does not count towards your out-of-pocket costs).</p> <p>You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$6,550. "Out of pocket costs" includes what you pay when you fill or refill a prescription for a covered Part D drug and payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs). Once your "out-of-pocket costs" reach \$6,550, you move to the next payment stage (Catastrophic Coverage Stage).</p> <p>If you qualify for "Extra Help" this stage doesn't apply-If you are not eligible for "Extra Help", call the plan or refer to the Evidence of Coverage (EOC), Chapter 6, for outpatient prescription drug cost-sharing information.</p>
<b>Catastrophic Coverage Stage</b>	<p>During this payment stage, the plan pays most of the cost for your covered drugs. For each prescription, you pay whichever of these is greater: a payment equal to 5% coinsurance of the drug, or a copayment (\$3.70 for a generic drug or a drug that is treated like a generic, \$9.20 for all other drugs).</p>
<b>Important Info:</b>	<p>Cost-sharing may change depending on the level of help you receive, the pharmacy you choose (such as Standard Retail, Mail Order, Long-Term Care, or Home Infusion) and when you enter any of the four stages of the Part D benefit.</p> <p>For more information about the costs for Long-Term Supply, Home Infusion, or additional pharmacy-specific cost-sharing and the stages of the benefit, please call us or access our EOC online.</p> <p>Low income subsidy (LIS) is extra help you receive from Medicare. To find out if you qualify, visit Medicare.gov or call Member Services at 1-800-977-7522 (TTY: 711).</p>

<b>Additional Covered Benefits</b>	
<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H5590: 008 Premiums / Copays / Coinsurance</b>
<b>Additional Telehealth Services</b>	The cost share of Medicare-covered additional telehealth services with primary care physicians, specialists, individual/group sessions with mental health and psychiatric providers and other health care practitioners within these practices will be equal to the cost share of these individual services' office visits.
<b>Opioid Treatment Program Services</b>	<ul style="list-style-type: none"> <li>• Individual setting: 0% to 20% coinsurance per visit</li> <li>• Group setting: 0% to 20% coinsurance per visit</li> </ul>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay (\$355 allowance per quarter) for items available via mail and at participating CVS retail Pharmacy locations.</p> <p>There is a limit of 9 per item, per order, with the exception of certain products which have additional limits. You are allowed to order once per quarter and any unused money does not carry over to the next quarter.</p> <p>You can also purchase OTC products at participating CVS locations. Participating locations vary by area. Refer to the Store Locator link on <a href="https://www.cvs.com/otchs/allwell">cvs.com/otchs/allwell</a> for a list of participating locations.</p> <p>Please visit the plan's website to see the list of covered over-the-counter items.</p>
<b>Meals</b>	<p>\$0 copay</p> <p>Plan covers home-delivered meals (up to 2 meals per day for 14 days) following discharge from an inpatient facility or skilled nursing facility. Services are contingent on medical necessity and Case Management review and prior authorization to the vendor.</p>
<b>Chiropractic Care</b>	Chiropractic services (Medicare-covered): 0% or 20% coinsurance per visit
<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>• Acupuncture services for chronic low back pain (Medicare-covered): 0% or 20% coinsurance per visit in a chiropractic setting</li> <li>• Acupuncture services for chronic low back pain (Medicare-covered): 0% or 20% coinsurance per visit in a Primary Care Provider's office</li> <li>• Acupuncture services for chronic low back pain (Medicare-covered): 0% or 20% coinsurance per visit in a Specialist's office</li> </ul>
<b>Medical Equipment/Supplies*</b>	<ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen): 0% or 20% coinsurance</li> <li>• Prosthetics (e.g., braces, artificial limbs): 0% or 20% coinsurance</li> <li>• Diabetic supplies: \$0 copay</li> </ul>
<b>Foot Care (Podiatry Services)</b>	Foot exams and treatment (Medicare-covered): 0% or 20% coinsurance per visit

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<b>Additional Covered Benefits</b>	
<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H5590: 008 Premiums / Copays / Coinsurance</b>
<b>Virtual Visit</b>	Teladoc™ plan offers 24 hours a day/7days a week/365 days a year virtual visit access to board certified doctors to help address a wide variety of health concerns/questions.
<b>Wellness Programs</b>	<ul style="list-style-type: none"> <li>• Fitness program: \$0 copay</li> <li>• 24-hour Nurse Connect: \$0 copay</li> <li>• Supplemental smoking and tobacco use cessation (counseling to stop smoking or tobacco use): \$0 copay</li> </ul> <p>For a detailed list of wellness program benefits offered, please refer to the EOC.</p>
<b>Routine Annual Exam</b>	\$0 Copay
<b>Special Supplemental Benefits for the Chronically Ill*</b>	<p>The following services are available for members with chronic conditions</p> <ul style="list-style-type: none"> <li>• Coverage for one Personal Emergency Medical Response Device per lifetime. \$0 copay</li> <li>• Companion Care (monthly calls with an Outreach representative): \$0 copay</li> </ul> <p>For a detailed list of benefits offered, please refer to the EOC.</p>
<b>Additional Services that are covered for the Chronically Ill*</b>	<p>The following services are available for members with chronic conditions</p> <ul style="list-style-type: none"> <li>• Remote Vital Signs Monitoring (monitoring services for blood pressure, glucose, pulse ox, and/or weight measurements depending on your individual needs.): \$0 copay</li> <li>• Nutritional Shakes: \$0 copay Supplemental nutritional shakes are formulated to target both situational conditions and disease states such as diabetes, ESRD, cancer and wound care. Upon case management authorization and referral, 24 shakes per month, up to 3 months, will be shipped to the members home</li> </ul> <p>For a detailed list of benefits offered, please refer to the EOC.</p>

Services with an \* (asterisk) may require prior authorization from your doctor.



## Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Medicare Advantage plan. For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Allwell Dual Medicare (HMO D-SNP) will cover the benefits described in the Premium and Benefit section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Arizona Health Care Cost Containment System (AHCCCS) toll-free at 1-855-432-7587 (TDD: 1-800-367-8939).

Our source of information for Medicaid benefits is [www.azahcccs.gov](http://www.azahcccs.gov). All Medicaid covered services are subject to change at any time. For the most current AZ Medicaid coverage information, please visit [www.azahcccs.gov](http://www.azahcccs.gov) or call Member Services for assistance. A detailed explanation of AZ Medicaid benefits can be found in the AZ Summary of Services online at [www.azahcccs.gov](http://www.azahcccs.gov)

### MEDICARE ADVANTAGE D SNP HEALTH PLAN AGREEMENT

BETWEEN AHCCCS AND Participant Bridgeway Health Solutions of Arizona, Inc. d/b/a Arizona Complete Health Medicare Advantage, an Arizona corporation (a corporate affiliate of Contractor Health Net Access, Inc., an Arizona corporation)

### ATTACHMENT 2 – AHCCCS COVERED SERVICES – PHYSICAL HEALTH SERVICES

#### AHCCCS AGREEMENT # YH20-0010-01

Details of medically necessary AHCCCS-Covered physical health services under the terms of this Agreement are further described in paragraph 2.2 of the Agreements and the AHCCCS Complete Care Act (ACC) contract YH19-0001, as amended:

Section D, Paragraph 9: Scope of Services.

<https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/contracts.html>

PHYSICAL HEALTH SERVICES (IN ACCORDANCE WITH APPLICABLE CONTRACT AND POLICY TERMS, CONDITIONS AND LIMITATIONS)	TITLE XIX	
	<21	≥21
<b>Audiology</b>	X	X
<b>Behavioral Health</b>	See Attachment 3	
<b>Breast Reconstruction After Mastectomy</b>	X	X
<b>Chiropractic Services</b>	X	
<b>Cochlear Implants</b>	X	

PHYSICAL HEALTH SERVICES (IN ACCORDANCE WITH APPLICABLE CONTRACT AND POLICY TERMS, CONDITIONS AND LIMITATIONS)	TITLE XIX	
	<21	≥21
Diagnostic Testing	X	X
Emergency Dental Services	X	ALTSC only
Preventive & Therapeutic Dental Services	X	
Limited Medical and Surgical Services by a Dentist (for Members Age 21 and older)		X
Dialysis	X	X
Emergency Services	X	X
Emergency Eye Exam	X	X
Vision Exam/Prescriptive Lenses	X	
Lens Post Cataract Surgery	X	X
Treatment for Medical Conditions of the Eye	X	X
Health Risk Assessment & Screening Tests (for Members Age 21 and Older)		X
Preventive Examinations in the Absence of any Known Disease or Symptom	X	X
HIV/AIDS Antiretroviral Therapy	X	X
High Frequency Chest Wall Oscillation Therapy	X	X
Home Health Services	X	X
Hospice	X	X
Hospital Inpatient	X	X
Hospital Observation	X	X
Hospital Outpatient	X	X
Hysterectomy (Medically Necessary)	X	X
Immunizations	X	X
Laboratory	X	X
Maternity Services	X	X
Family Planning	X	X
Early and Periodic Screening, Diagnosis and Treatment (Medical Services)	X	
Medical Foods	X	X
Medical Equipment and Appliances	X	X
Medical Supplies	X	X
Prosthetic	X	X
Orthotic Devices	X	X

PHYSICAL HEALTH SERVICES (IN ACCORDANCE WITH APPLICABLE CONTRACT AND POLICY TERMS, CONDITIONS AND LIMITATIONS)	TITLE XIX	
	<21	≥21
Negative Pressure Wound Therapy	X	X
Nursing Facilities (up to 90 days)	X	X
Non-Physician First Surgical Assistant	X	X
Physician Services	X	X
Foot and Ankle Services	X	X
Prescription Drugs	X	X
Primary Care Provider Services	X	X
Private Duty Nursing	X	X
Radiology and Medical Imaging	X	X
Occupational Therapy – Inpatient	X	X
Occupational Therapy – Outpatient	X	X
Physical Therapy – Inpatient	X	X
Physical Therapy – Outpatient	X	X
Sleep Studies (Polysomnography)	X	X
Speech Therapy – Inpatient	X	X
Speech Therapy – Outpatient	X	ALTCS only
Respiratory Therapy	X	X
Total Outpatient Parental Nutrition	X	X
Non-Experimental transplants approved for Title XIX reimbursement (See Policy Regarding Specific Transplant Coverage)	X	X
Transplant Related immunosuppressant drugs	X	X
Transportation – Emergency	X	X
Transportation - Non-emergency	X	X
Triage	X	X

**MEDICARE ADVANTAGE ORGANIZATION AGREEMENT**

BETWEEN AHCCCS AND Participant Bridgeway Health Solutions of Arizona, Inc. d/b/a Arizona Complete Health Medicare Advantage, an Arizona corporation (a corporate affiliate of Contractor Health Net Access, Inc., an Arizona corporation)

AHCCCS AGREEMENT # YH20-0010-01

**ATTACHMENT 3 – AHCCCS COVERED BEHAVIORAL HEALTH SERVICES**

Details of medically necessary AHCCCS-covered behavioral health services under the terms of this Agreement are further described in paragraph 2.2 of this Agreement and:

- AHCCCS Complete Care (ACC) contract YH19-0001, as amended:

- o Section D, Paragraph 9: Scope of Services

- o Section D, Paragraph 11: Behavioral Health Services Delivery

<https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/contracts.html>

- ALTCS Elderly and Physically Disabled (E-PD) contract YH18-0001, as amended:

- o Section D, Paragraph 11: Scope of Services

- o Section D, Paragraph 13: Behavioral Health Services Delivery

<https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/contracts.html>

<b>BEHAVIORAL HEALTH SERVICES (IN ACCORDANCE WITH APPLICABLE CONTRACT AND POLICYTERMS, CONDITIONS AND LIMITATIONS, INCLUDING THOSE SERVICES LISTED IN THE AHCCCS BEHAVIORAL HEALTH SERVICES MATRIX ON THE AHCCCS WEBSITE)</b>	<b>ACC</b>		<b>ALTCS</b>	
	<b>TITLE XIX</b>		<b>TITLE XIX</b>	
	<b>&lt;21</b>	<b>&gt;21</b>	<b>&lt;21</b>	<b>&gt;21</b>
<b>Behavioral Health Counseling and Therapy - Individual</b>	X	X	X	X
<b>Behavioral Health Counseling and Therapy – Group and Family</b>	X	X	X	X
<b>Behavioral Health Screening Services</b>	X	X	X	X
<b>Behavioral Health Assessment Services</b>	X	X	X	X
<b>Behavioral Health Testing Services</b>	X	X	X	X
<b>Behavioral Health Evaluation Services</b>	X	X	X	X
<b>Other Professional Services – Alcohol and/or Drug Services</b>	X	X	X	X
<b>Other Professional Services – Multi-systemic Therapy for Juveniles</b>	X		X	
<b>Other Professional Services – Mental Health Services (fka Traditional Healing)</b>	Non-TXIX funds if available	Non-TXIX funds if available	Non-TXIX funds if available	Non-TXIX funds if available
<b>Other Professional Services – Auricular Acupuncture</b>	Non-TXIX funds if available	Non-TXIX funds if available	Non-TXIX funds if available	Non-TXIX funds if available
<b>Skills, Training and Development, and Psychosocial Rehabilitation (Living Skills Training)</b>	X	X	X	X
<b>Cognitive Rehabilitation</b>	X	X	X	X

<b>BEHAVIORAL HEALTH SERVICES (IN ACCORDANCE WITH APPLICABLE CONTRACT AND POLICYTERMS, CONDITIONS AND LIMITATIONS, INCLUDING THOSE SERVICES LISTED IN THE AHCCCS BEHAVIORAL HEALTH SERVICES MATRIX ON THE AHCCCS WEBSITE)</b>	<b>ACC</b>		<b>ALTCS</b>	
	<b>TITLE XIX</b>		<b>TITLE XIX</b>	
	<b>&lt;21</b>	<b>&gt;21</b>	<b>&lt;21</b>	<b>&gt;21</b>
<b>Health Promotion Services (Behavioral Health Prevention/Promotion Education, Medication Training, and Support Services)</b>	X	X	X	X
<b>Psycho Educational Services and Ongoing Support to Maintain Employment</b>	X	X	X	X
<b>Medical Services</b>	X	X	X	X
<b>Laboratory, Radiology and Medical Imaging</b>	X	X	X	X
<b>Medical Management</b>	X	X	X	X
<b>Electro-Convulsive Therapy</b>	X	X	X	X
<b>Case Management</b>	X	X	X	X
<b>Personal Care Services</b>	X	X	X	X
<b>Home Care Training – Family</b>	X	X	X	X
<b>Home Care Training – to Home Care Client</b>	X	X	X	X
<b>Self-Help/Peer Services</b>	X	X	X	X
<b>Unskilled Respite Care</b>	X	X	X	X
<b>Supported Housing</b>	Non-TXIX funds if available	Non-TXIX funds if available	Non-TXIX funds if available	Non-TXIX funds if available
<b>Sign Language or Oral Interpretation Services</b>	X	X	X	X
<b>Transportation – Emergency</b>	X	X	X	X
<b>Transportation – Non-Emergency</b>	X	X	X	X
<b>Crisis Intervention Services – Mobile</b>	X	X	X	X
<b>Crisis Intervention Services – Facility-Based</b>	X	X	X	X
<b>Hospital Services</b>	X	X	X	X
<b>Sub-Acute Facility</b>	X	X	X	X
<b>Residential Treatment Center</b>	X	X	X	X
<b>Behavioral Health Residential Facility (without Room and Board)</b>	X	X	X	X
<b>Mental Health Services NOS (Room and Board)</b>	Non-TXIX funds if available	Non-TXIX funds if available	Non-TXIX funds if available	Non-TXIX funds if available
<b>Supervised Behavioral Health Treatment and Day Programs</b>	X	X	X	X
<b>Therapeutic Behavioral Health Services and Day Programs</b>	X	X	X	X
<b>Community Psychiatric Supportive Treatment and Medical Day Programs</b>	X	X	X	X
<b>Community Psychiatric Supportive Treatment and Medical Day Programs – by telephone</b>	X	X	X	X

MEDICARE ADVANTAGE ORGANIZATION AGREEMENT

BETWEEN AHCCCS AND Participant Bridgeway Health Solutions of Arizona, Inc. d/b/a Arizona Complete Health Medicare Advantage, an Arizona corporation (a corporate affiliate of Contractor Health Net Access, Inc., an Arizona corporation)  
AHCCCS AGREEMENT # YH20-0006-01

ATTACHMENT 4 – ALTCS COVERED ELDERLY and PHYSICALLY DISABLED MLTSS

Details of medically necessary AHCCCS-covered managed long-term support services (MLTSS) under the terms of this Agreement are further described in paragraph 2.2 of this Agreement and the ALTCS Elderly and Physically Disabled (E-PD) contract YH18-0001, as amended:

- Section D, Paragraph 11: Scope of Services (including long-term support services)
- Section D, Paragraph 13: Behavioral Health Services Delivery

<https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/contracts.html>

**INSTITUTIONAL SERVICES**

Intermediate Care Facility (DD Dual Eligible Members only)

Nursing Facility – Level I

Nursing Facility – Level II

Nursing Facility – Level III

Nursing Facility – Level IV

Nursing Facility – Respite

Bed Hold – Therapeutic Leave

Bed Hold – Hospital Admission

**ALTERNATIVE RESIDENTIAL SETTINGS**

Assisted Living Home

Assisted Living Center

Adult Foster Care

Habilitation – Residential (DD Group Homes only)

Level II Behavioral Health Residential  
(May be appropriate for stays of any length)

Behavioral Health Therapeutic Home

- Home Care Training to Home Care Client (Child)
- Home Care Training to Home Care Client (Adult)
- Home Care Training to Home Care Client (Adult Geriatric)

## **HOSPICE SERVICES**

Routine Home Care

Continuous Home Care

Inpatient Respite Care

General Inpatient Care

## **HOME AND COMMUNITY BASED SERVICES**

Adult Day Health Care

Attendant Care

Companion Care

Community Transition Service

Emergency Alert System

Habilitation

- Day Treatment & Training
- Supported Employment

Home Delivered Meals

Home Health Services/Nursing

Home Health Services/Home Health Aide

Homemaker

Home Modification

Personal Care

Respite

- Short Term In-Home
- Continuous In-Home
- Group Respite

**For more information, please contact:**

Allwell Dual Medicare (HMO D-SNP)  
PO Box 10420  
Van Nuys, CA 91410

[allwell.azcompletehealth.com](http://allwell.azcompletehealth.com)

Current members should call: 1-800-977-7522 (TTY: 711)

Prospective members should call: 1-800-333-3930 (TTY: 711)

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

This information is not a complete description of benefits. Call 1-800-977-7522 (TTY: 711) for more information.

"Coinsurance" is the percentage you pay of the total cost of certain medical and/or prescription drug services.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This document is available in other formats such as Braille, large print or audio.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-977-7522 (TTY: 711)

Contract services are funded in part under contract with the State of Arizona.

Allwell is contracted with Medicare for an HMO D-SNP plan and with the state Medicaid program. Enrollment in Allwell depends on contract renewal.