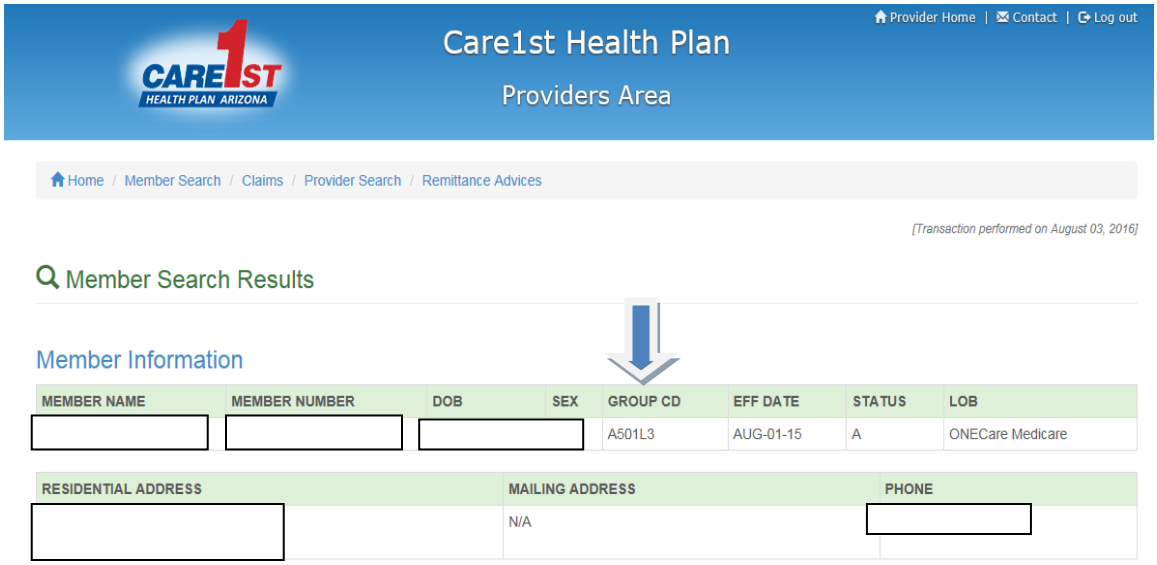
SECTION V: Eligibility and Enrollment

ELIGIBILITY DETERMINATION AND ENROLLMENT

Eligibility for ONECare is determined by the Centers for Medicare and Medicaid Services. Members must be enrolled with an AHCCCS health plan or program contractor and be covered by both Medicare Part A and Part B.

The member's group code is available via the Member Eligibility section of the secure Provider Portal.



The group code definitions are outlined in the table below and denote if the member is a QMB full dual or full dual and if Care1st is the member's AHCCCS Plan.

Group	Group Code	Medicare Plan	AHCCCS Plan	Type of Dual
"A" group	A501xx	ONECare	Care1st	Full Dual
"N" group	N501xx	ONECare	Other	Full Dual
"W" group	W501xx	ONECare	Care1st	QMB Dual
"X" group	X501xx	ONECare	Other	QMB Dual
"T" group*	T501xx	ONECare	None	NA

*"T" group members are not AHCCCS eligible. These members continue to be eligible for ONECare for no longer than 90 days. Member cost share is not taken for these members; services are reimbursed at 100% by ONECare when the service is a ONECare benefit. AHCCCS only benefits are not covered for members in a "T" group.

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MEMBER IDENTIFICATION CARDS

ONECare issues identification cards for ONECare members. **Members may not be refused service because they do not have their ID card.** The identification card does not guarantee that the member is still eligible for services. To verify eligibility providers can visit our website www.care1st.com/az or contact Member Services as outlined below.

PCP ASSIGNMENT

Directions on how to obtain a listing of contracted PCPs is included with the Member Packet so members may change their PCP. Members that do not choose a PCP at time of enrollment will be assigned a PCP based on geographic location, provider availability, the member's age, and any special medical needs of the member.

PCP ASSIGNMENT CHANGES

MEMBER INITIATED

Members may request a PCP change at any time and for any reason by contacting the Member Services Department. Each eligible member in a family may select a different PCP.

Most change requests received by the Member Services Department will be effective the same day the request is received. Members who request frequent PCP changes will be contacted by the Member Services Department to determine why they are unable to establish an ongoing relationship with a PCP.

PROVIDER INITIATED

There are infrequent occasions when a provider believes that he/she cannot continue to care for a particular member. Providers should make every effort to work with the member to resolve any issues. Providers with difficult or non-compliant members are encouraged to call the Member Services Department for assistance with these members. As a last resort, providers may request that the member be removed from his/her panel. Providers must notify the member (with a copy to the Member Services Department) in writing that they can no longer provide services to the member and must:

- Be sent on the provider's letterhead and include the member's name, ONECare ID, date of birth, the specific reason for the change request, and the signature of the Provider,
- Request that the member choose a new PCP,
- Indicate that the provider will continue to provide emergency care for 30 day period following their written request, or, until that member is reassigned to another PCP

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Upon receipt of a change request, the Member Services will contact and reassign the member considering member choice as well as geographic, linguistic, medical needs, and other member variables. The transferring provider is responsible for forwarding the member record to the new provider within ten (10) days of the re-assignment.

The following are not acceptable grounds for a provider to seek the transfer of a member:

- Member's Medical Condition
- Amount, variety, or cost of covered services required by a member
- Demographic and Cultural characteristics

ONECare does not condone discrimination against its members for any reason and will investigate any allegations or indications of such.

ELIGIBILITY VERIFICATION

To ensure payment, **all providers must verify eligibility at the time of service.** Eligibility and PCP assignment can be verified using any of the verification methods defined below.

WEBSITE - www.care1st.com/az

Our website offers member eligibility, claims status and online remittance advice viewing and printing. A one-time registration process is required in order to obtain a log on and password. To complete the registration process:

1. Choose "Login" under the Provider menu
2. Complete the Registration On-Line Form
3. You will receive your logon and temporary password via e-mail

MEMBER SERVICES

To speak with a representative from our Member Services Department dial 602.778.8345 or 1.877.778.1855 (options 5, 3)

COPAYMENTS

Copays applicable to pharmacy only and are based on the drug, where the drug is filled, and the member's subsidy level.**Service**	**Copay**
Generic Prescriptions	$0, $1.20, or $2.95
Brand Name Prescriptions when Generic is available	$0, $3.60, or $7.40