

REQUIREMENTS	ACC, ACC-RBHA, ALTCS E/PD	CHP SUBCONTRACTED HEALTH PLAN	DDD SUBCONTRACTED HEALTH PLANS
FORMAT SHALL BE REVIEWED AND APPROVED BY:	AHCCCS	CHP	DDD
AHCCCS Logo*	F	N/R	F
AHCCCS Name	F	N/R	F
Member Name*	F	F	F
ID Number*	F	F	F
AHCCCS Contractor Name*	F	F	N/R
Subcontracted Health Plan Name*	N/R	F	F
AHCCCS Contractor Telephone Number*	F	F	F (DDD Telephone Number)
TTY/TDY	F/B/H	F/B/H	F/B/H
Subcontracted Health Plan Telephone Number*	N/R	F	F
Statewide Crisis Phone Number*	F	F	F
Nurse Triage Telephone Number	F/B	F/B	F/B

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<p>"Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of the law. This card is not a guarantee for services. To verify benefits visit <name of website>"*</p>	B/H	B/H	B/H
<p>"To help protect your identity and prevent fraud, AHCCCS is adding pictures to its online verification tool that providers use to verify your coverage. If you have an Arizona driver's license or State issued ID, AHCCCS will get your picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). When providers pull up the AHCCCS eligibility verification screen, they will see your picture (if available) with your coverage details.^{1*}</p>	B/H	N/R	B/H

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Contractors may add other information; however, all information is subject to the approval requirements of this Policy.	F/B/H	F/B/H	F/B/H

KEY	
N/R	Not Required for that Responsible Contractor
F	Required on front of ID Card
B	Required on back of ID Card
H	Card Holder
F/B	Required on front or back of ID Card
F/B/H, B/H	Required, but can be on any of the noted locations
*	Denotes a Requirement for combined Medicare/AHCCCS Member ID Cards for dually enrolled members, if issued
1	Not always required under specific circumstances as directed in ACOM Policy 433