Mercy Care Arizona Complete Care Regional Behavioral Health Agreement (ACC RBHA) Expansion

Mercy Care Network Management

Agenda

- About Mercy Care
- NT19 enrollments
- Crisis/State-only membership
- Crisis services
- Utilization management
- Claims
- Language access services
- Grants overview
- Network Management

- ACC RBHA Health Homes in Gila and Pinal
- Integrated Care Management
- Office of Individual and Family Affairs overview
- COE/COT
- QOC – Seclusion and restraint
- Member impact
- Questions

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About Mercy Care

Brad Hargens

Proprietary and Confidential

About Mercy Care

- Mercy Care is a not-for-profit Medicaid managed-care health plan

- Serving AHCCCS members in Arizona since 1985

- Local company sponsored by Dignity Health and Ascension Health

- Provides access to physical and behavioral health care services for Medicaid-eligible families, children, seniors, and individuals with developmental/cognitive disabilities

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Overview

For membership in Gila and Pinal, you will be transitioning to the utilizing the Mercy Care specific variable - Claims Payor IDs, Phone Numbers - CICR, PA submissions, Member Services, Enrollment submissions, QM submissions process, etc.

For the providers who do business with Mercy Care today, these are the same values, but we want to note these changes as they relate to the membership that reside in Gila and Pinal county.

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ACC-RBHA expansion award information

Counties served:

- Maricopa, Gila, Pinal

Population:

- Integrated physical and behavioral health services for member with SMI designation

- Crisis services, grant services

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NT19 Enrollments

Dana Anderson

Non-title enrollment

- Non-Title enrollments are intended for persons without a Medicaid benefit but are otherwise eligible for publicly funded behavioral health services.

Detailed information of submitting Non-Title Enrollment through Provider Intake is available at **https://www.mercycareaz.org/assets/pdf/acc-providers/ref-materials/Non-Title%20Enrollmentua.pdf**

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Crisis/State-only Membership

Dana Anderson

Crisis/State-only membership

- Mercy Care is responsible for administering limited crisis and state-only services for persons having behavioral health coverage through an ACC or another RBHA.

- To process claims for these individuals, Mercy Care RBHA must have enrollment information for the member.

- Providers rendering crisis and/or state-only services to persons having behavioral health coverage through an ACC or another RBHA share information with Mercy Care.

- Mercy Care compiles the member detail and sends it to AHCCCS in a daily file. AHCCCS processes the records and return enrollment detail in an 834 file. Once Mercy Care has this information, crisis and state-only services will be adjudicated.

Detailed information of submitting Crisis/State-only Membership is available at
https://www.mercycareaz.org/assets/pdf/acc-providers/ref-materials/Crisis-State-Only-MembershipServicesOnline%20Finalua.pdf

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Crisis Services

Shelley Curran

Crisis services overview

- Statewide crisis line implementation
  - Solari will serve as the single statewide crisis phone vendor
- Crisis services will continue to support anyone in our region
  - Crisis phone line
  - Crisis mobile teams
  - Facility-based crisis stabilization

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Utilization Management

Caroline Parkinson

Utilization Management

Utilization Management Normal business hours: Monday-Friday 8am-5pm You may contact Member Services for urgent discharge planning needs

- Mercy Care Member Services: (602) 263-3000 (listen and follow prompts)
  - o Follow the same prompts for after hours and weekends
- Mercy Care PH UM After hours: (800) 624-3879 available for urgent discharge planning needs only

Fax numbers:

- 855-773-9287 (F) – (Physical Health Medical Records, Hospital Census, SNF Admissions)
- 866-300-3926 (F) – (Physical Health Admission Face Sheets)
- 844-525-2221 (F) – (Newborn Notification)
- 855-825-3165 (F) – (Behavioral Health Admission Face Sheets, Medical Records and BH Census)

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PH/BH Acute Inpatient Concurrent Review

- The concurrent reviewer (CRN)/(BH UM Clinician) reviews each inpatient admission within 1 business day of notification

- Subsequent reviews will be determined based on the member's specific condition, medical necessity criteria and member benefit

- Discharge planning starts as part of the initial review and is monitored throughout the entire hospitalization

- Barriers to discharge should be communicated with the CRN/BH UM Clinician to assist with coordination of care

- CRN and BH UM clinicians coordinate post-acute service needs with the Hospital CM/SW and Care/Case Manager

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Behavioral Health Acute Inpatient

- Prior authorization is never applied in an emergency situation

- Behavioral Health emergency inpatient admissions require the provider to notify Mercy Care by faxed face sheet sent to Fax # (855) 825-3165 to obtain behavioral health authorization

- Providers must submit notification within 1 calendar day of admission

- Behavioral Health UM clinician conducts all initial and concurrent reviews telephonically

- Inpatient BH Services Requiring Prior Authorization:
  - Non-emergency admission to and continued stay in an inpatient medical facility; psychiatric or detoxification acute inpatient facility;
  - Non-emergency admission to and continued stay for eating disorder facilities

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Out of Home Levels of Care

- Mercy Care requires Prior Authorization and Concurrent reviews on all Behavioral Health Residential Facility (BHRF), and Adult Behavioral Health Therapeutic Home (ABHTH) levels of care

- Outpatient behavioral health clinical teams are required to submit by fax Prior Authorization Request for Adult Behavioral Health Residential Facility Services (Short Term BHRF – H0018) and Adult Behavioral Health Therapeutic Homes with all required attachments: **BHRF & ABHTH Request Form**

- The Referral Coordinator will match the members needs to in-network providers that provide services that can address these needs for all approved requests

- The requesting outpatient provider will receive a referral form via email, indicating the facilities to send referral packets

- If a request is approved, it is valid for a 60-day period, after which a new request with updated clinical information will need to be submitted to extend the authorization.

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Claims

David Vargas

Timeliness

Mercy Care RBHA maintains a great record of timeliness of claims processing. We do not anticipate any changes with the new 10/01 contract and shifts in membership. Over the last year, our averages have been as follows:

- RBHA Clean Claim Timeliness (at 30 days) = 98.47%

- RBHA Clean Claim Timeliness (at 90 days) = 99.47%

- RBHA Average time to process all claims = 10 days

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Coordination of benefits

- Mercy Care RBHA recognizes that Medicare and most commercial payers do not cover behavioral health CPT codes that begin with H, S, and T. We do not require an EOB denial if the entire claim includes these CPT codes. We consider these services as primary without requiring the provider to bill the other payor for a denial. As with the current process, if the service is payable by another payer, the provider is expected to bill the primary first so that Mercy Care can cost-share the claims and report savings to AHCCCS.

- Mercy Care RBHA can receive claims that include coordination of benefits (primary payments) via EDI submission. You are not required to submit claims via paper.

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State Only codes

The following services are non-covered under the ACC contracts and remain the responsibility of the RBHA. Payment for these services under the RBHA is dependent on available NTXIX funds.

- 97810 – 97814 Acupuncture

- H0043 Supported Housing

- H0046 Mental Health (formerly Traditional Healing Services)

- H0046/SE Mental Health (Room and Board)

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Title/Non-Title Crisis

RBHAs remain responsible for the provision of behavioral health crisis services for up to 72 hours (this does <u>not</u> include Inpatient services). Crisis Services are defined as:

- H2011 - Crisis Intervention Service, per 15 minutes
- H2011/HT - Crisis Intervention Service – multi-disciplinary team
- S9484 - Crisis Intervention – (Stabilization). Up to 5 hours in duration.
- S9485 - Crisis Intervention – (Stabilization). More than 5 hours and up to 24 hours in duration.
- H0030 – Crisis phones (Replaced T1016 effective 7/1/20)
- Additional services are available for Non-Titled members

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Title/Non-Titled Grants

- Grant funding, such as Substance Abuse (SABG), Mental Health (MHBG), and Substance Use (SUD), remain the responsibility of the RBHA.
- Mercy Care RBHA will consider these services for payment based on funding.
- Providers who qualify for these Grants receive notification of the amount of money they are awarded and will continue to bill the RBHA for those services.
- Grants are the payer of last resort; they do not apply to Titled members unless the services are non-covered (such as State Only).

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Miscellaneous

- Pre-payment:
  - Enforcement of correct coding using integrated system products and AHCCCS reference files (CPT to location, CPT to modifier, CPT to provider category of service).
  - Outlier itemization review includes unbundling; billing errors (e.g., pharmaceutical and implant markups); level of care; experimental' quality of care issues – never events and hospital-acquired conditions.
- Post-payment: Review for the appropriateness of DRG/SOI coding and additional correct coding.
- Differential Adjusted Payments (DAP) is mandated and applies to any provider who qualifies regardless of contract status.
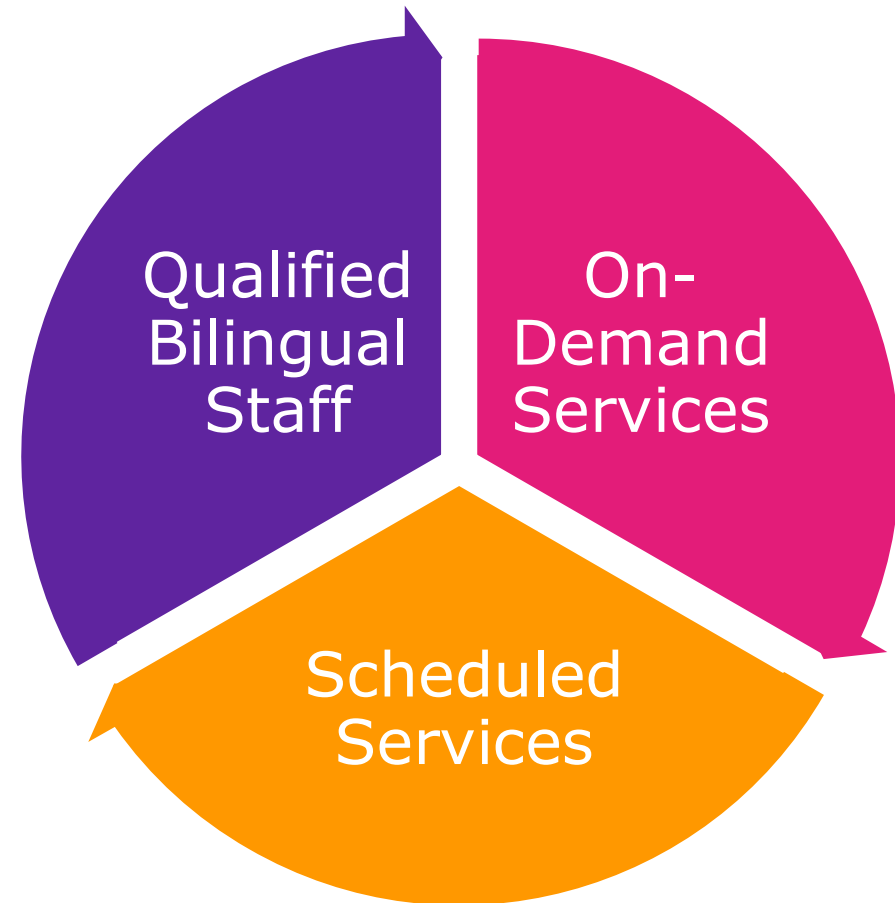
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Addresses and payor IDs – Mercy Care RBHA

Claims	Mail To	EDI Vendors
Medical and Behavioral Health	Mercy Care RBHA Claims Department PO Box 982975 El Paso, TX 79998-2976	Change Healthcare www.changehealthcare.com/ 877-363-3666, Option 1 for Sales CMS 1500 and UB-04 **Payer ID: 33628**
Dental	DentaQuest of Arizona, LLC Attention: Claims Department PO Box 2906 Milwaukee, WI 53201-2906	Relay Health www.relayhealth.com/ 866-RELAY-ME (866-735-2963 ext. 2) CMS 1500 and UB-04 **Payer ID: 33628**
Refunds	Mercy Care Attention: Finance Department PO Box 90640 Phoenix, AZ 85066	Southwestern Provider Services (SPSI) www.spsi-edi.com 817-684-8500 CMS 1500 and UB-04 **Payer ID: 33628**

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Language Access Services

Donna McHenry

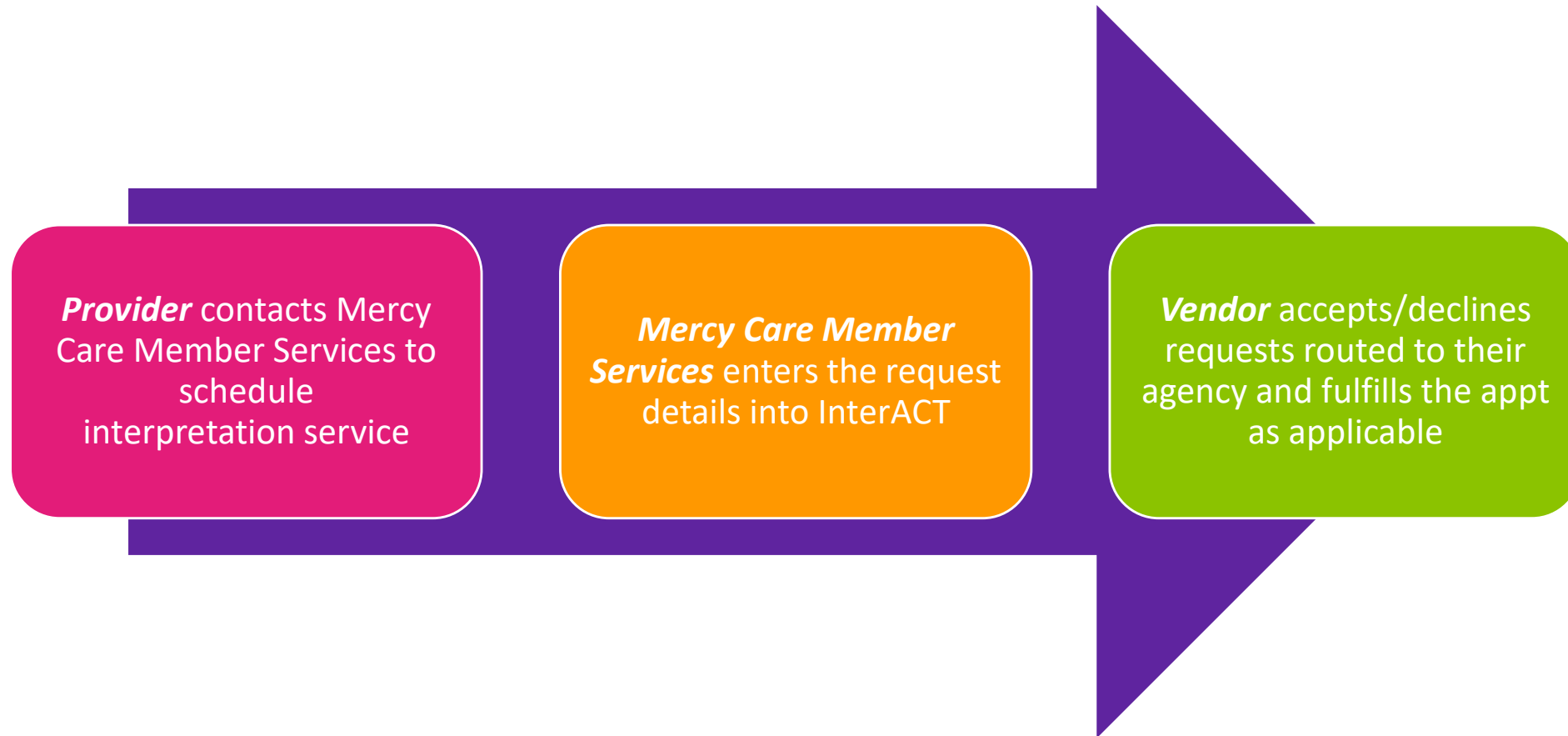# Language Access Services

- Qualified Bilingual Staff
  - T1013 Code
- On-Demand Services
  - Over the Phone
    - Spoken languages
  - Video Remote Interpreting
    - American Sign Language only
    - Prior setup required
- Scheduled Services
  - Face to Face
  - Over the Phone
  - Scheduled Virtual Interpreting
    - Video-telecommunication service

Qualified Bilingual Staff

On-Demand Services

Scheduled Services

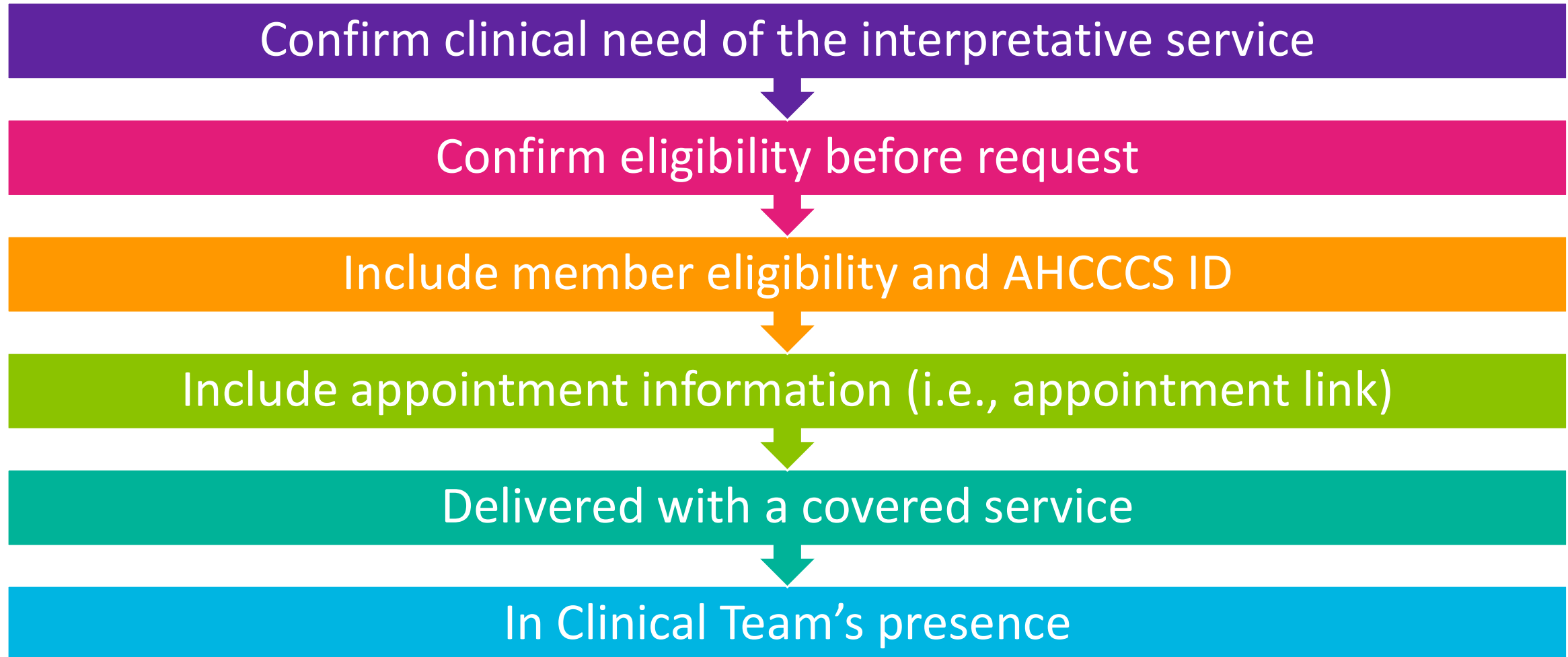mercy care

Scheduled services

- Pre-scheduled interpretation services
- Direct request to Mercy Care Member Services
  - Mercy Care ACC/DDD/ALTCS: **1-800-624-3879**
  - Mercy Care RBHA: **1-800-564-5465**
  - Mercy Care Advantage: **1-877-436-5288**
  - Mercy Care DCS CHP: **1-833-711-0776**
- Member Services **will not** schedule appointments beyond 30 days advance notice
- Requests exceeding 3 hours require clinical justification

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Interpretation services for Mercy Care members

Provider contacts Mercy Care Member Services to schedule interpretation service

Mercy Care Member Services enters the request details into InterACT

Vendor accepts/declines requests routed to their agency and fulfills the appt as applicable

Any scheduled interpretation services delivered outside of this scheduling process <u>will not</u> be paid by Mercy Care.

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Interpretation request

Confirm clinical need of the interpretative service

Confirm eligibility before request

Include member eligibility and AHCCCS ID

Include appointment information (i.e., appointment link)

Delivered with a covered service

In Clinical Team's presence

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Grants Overview

Matt Gioia

Grants department

Project Ownership					
Matt Gioia, Grants Administrator	**Devonne Like, Special Projects Manager**	**Jarrod Rice, Special Projects Manager**	**Lauren Reed, Special Projects Manager**	**Kendra Haag, Special Projects Manager**	**Lauren Rutzen, GMDP Associate**
Administrative Oversight: • MHBG • SABG • SOR • eCOVID19 • CBHSF • Go-SUDS • PPW-PLT • COP_ARPA • CRRSAA Deliverables and projects impacting all grants	• MHBG First Episode Psychosis Programming • State Opioid Response Grant • Women's Treatment Services Coordinator	• MHBG SMI Treatment Coordinator • eCOVID-19 Grant • HIV Early Intervention Services Coordinator • Go-SUDS • CEPI Lead	• Lead for SABG • Opioid Treatment Coordinator • OIFA Liaison • Liaison to Justice Functions	• MHBG SED Treatment Coordinator • Liaison to School-Based Services • Children's Behavioral Health Services Fund	• ARPA-SLFRF • Tobacco Training Specialist Lead • ACC-RBHA Expansion • Health Equity Lead

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# Provider Services Profile (PSP)

Jessica Clemens

Provider Services Profile (PSP) overview

- Document used to capture specific services offered in provider network
  - Location specific
  - Based on provider self-report
  - Initiated with historically "core" RBHA providers
  - Currently only used in the behavioral health network
  - Established through workgroups with internal Mercy Care departments
  - Used in addition to information captured on AzAHP credentialing documents
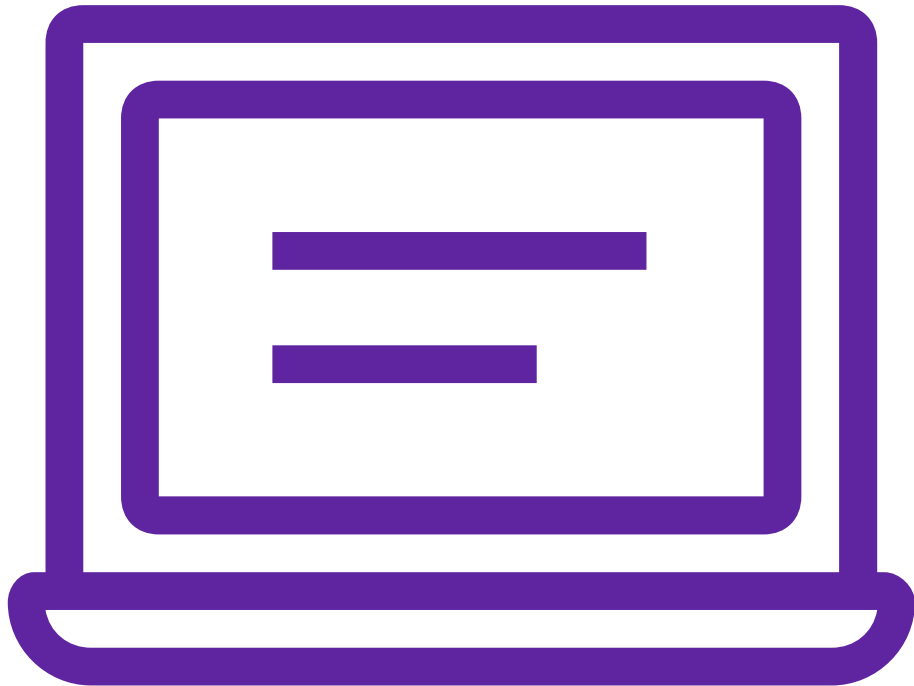
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How is the information collected?

Completed by the Network Management team

- In-service or annual update

- Tab completed for each location; services are location specific

- Licensed, certified services were applicable
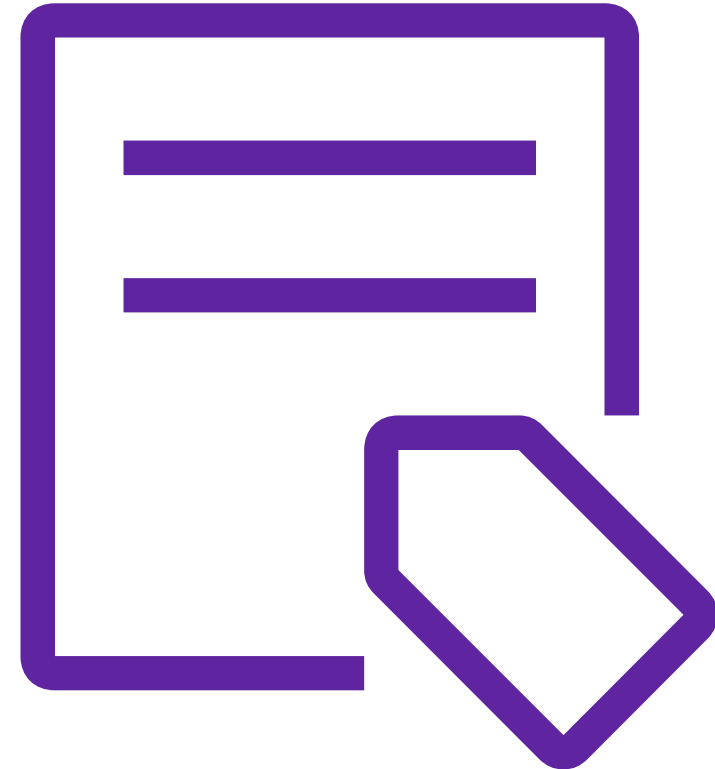
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How is the information shared?

- PSP data is entered into the Mercy Care system
- Managed through internal process for new information and updates
- Searchable by anyone with access
- PSP information added to Provider Directory

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Provider Service Profile List

Element #	Name of Element	Response	Service offered at location?	Remove element at location?	Directory Attribute
35	Ages: 22-54				Yes
36	Ages: 55 and up				Yes
37	Specific services for Ethnicity				Yes
38	Specific services for Race				Yes
39	Specific services Tribal Affiliation/ Member				Yes
40	Specific services for Veterans				Yes
41	Specific services for LGBTQIA+				Yes
42	Transition-Aged Youth Services				Yes
43	Children's Rehabilitative Services (CRS)				Yes
44	Developmental Disability-Adult				Yes
45	Developmental Disability-Child				Yes
46	Sex Offender Treatment-Adult				Yes
47	Sexually Maladaptive Behavior (SMB) Treatment - Adult				Yes
48	Sexually Maladaptive Behavior (SMB) Treatment - Child				Yes
49	Victims of Abuse Trauma Therapy - Adult				Yes
50	Victims of Abuse Trauma Therapy - Child				Yes
51	Victims of Abuse Trauma Therapy - Adolescent				Yes
52	Substance Use Disorder Treatment-Adult				Yes

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Expectations

- Updated PSPs from all providers by July 1, 2022

- Submit by emailing the Mercy Care Network Management mailbox at **MercyCareNetworkManagement@MercyCareAZ.org**

- Follow up with your Network Management representative for additional questions
  - Find you rep by visiting the Mercy Care website > For Providers > Network Management Department > Network Management Assignments

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ACC RBHA Health Homes in Gila and Pinal

Adonis Deniz Jr.

RBHA Health Home

- A health home is a location where members with an SMI designation receive their behavior health services like case management, psychiatric appointments/medication management, and rehabilitation services. Members may also receive physical health services on site depending on health home specialty

- The health home is a location that works as a hub for behavior health services and refers out for needed services, it is unable to provide internally

- Health homes can be a **behavioral health home (BHH), virtual health (VHH)** or an **integrated health home (IHH)**
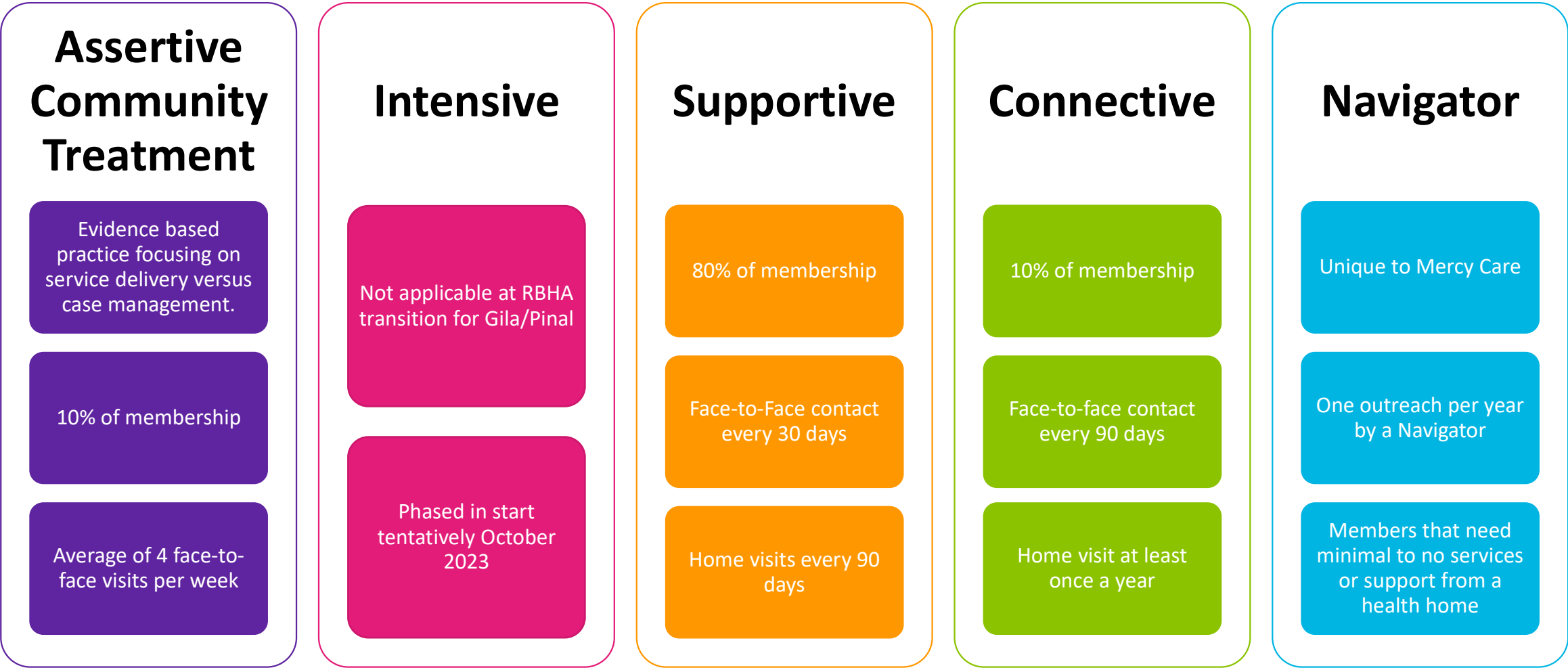
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Clinical Team composition

- Clinical Director *licensing requirements

- Case Manager (AMPM 570)

- Clinical Coordinator *dependent on census

- Psychiatrist/Behavior Health Medical Professional (BHMP)

- RN services available (injections/health assessment)

- Rehabilitation Specialist
  - Can be shared amongst locations/split duties upon approval by RBHA/AHCCCS

- Peer Support Specialist
  - In house or via referral depending on health home capabilities

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Rehabilitation/Employment Specialist

Primary responsibilities:

- Educate team members on the value of meaningful community activities, including employment, psychiatric rehabilitation, work incentives and benefits planning and facilitate member connection to employment and rehabilitation services

- Assess, coordinate, link, monitor, and provide direct supportive and skills-based services in a community setting for members

- Promote RSA/VR program and educate the member to support informed decision regarding participation in the VR Program

- Coordinate care to assist the member in obtaining and maintaining employment and other meaningful community activities

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Levels of care: Case Management

Assertive Community Treatment	Intensive	Supportive	Connective	Navigator
Evidence based practice focusing on service delivery versus case management.	Not applicable at RBHA transition for Gila/Pinal	80% of membership	10% of membership	Unique to Mercy Care
10% of membership	Phased in start tentatively October 2023	Face-to-Face contact every 30 days	Face-to-face contact every 90 days	One outreach per year by a Navigator
Average of 4 face-to-face visits per week		Home visits every 90 days	Home visit at least once a year	Members that need minimal to no services or support from a health home

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RBHA Health Home deliverables

Deliverable	Additional information
Case Manager Monthly	Caseloads, vacancies, face-to-face contacts, ISP, and assessment completion
Supervisory Care Home (SCH)	Monthly reporting
Rehabilitation Specialist Monthly	Referrals to Vocational Rehabilitation; assess vocational needs; input on ISP: learning/working; DB101 sessions
Credentialed Peer and Family Support Specialists	Quarterly report listing Peer and Family staff and the locations served, with date credentialed
Outpatient Commitment Monitoring (COT) Report	Monthly

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SAMHSA fidelity

- Gradual shift and implementation of fidelity to SAMHSA model post-October 2022 for the below evidence-based practices:
    - Assertive Community Treatment (ACT)
    - Permanent Supportive Housing (PSH)
        - Health Homes coordination with PSH Service Providers (referrals, service planning, etc.)
    - Supported Employment (SE)
    - Consumer Operated Services (COS)

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Integrated Care Management

Kim Newman

Integrated care management goals

- Identify the top tier high-risk/high-cost members with serious mental illness who would benefit from care management in an integrated care program

- Provide care coordination with all of the members external providers

- Create a Care Management Plan to share with all providers of members SDoH, Gaps in care, struggles in the community, medication compliance, etc.

- Streamline, monitor and adjust members' Care Management Plans based on progress and outcomes

- Reduce hospital admissions and unnecessary emergency department and crisis service use

- Ensure members have proper tools to self-manage care in order to safely live, work, and integrate into the community

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What does a Care Manager do?

- Care coordination assistance
- Complete a comprehensive case review that will include:
  - Medical chart review to identify member current health status, current providers, service utilization, specific gaps in care
  - Consultation with the member's treatment team
  - Review of administrative data, including claims and encounter data
  - Root cause analysis regarding over or under-utilization of services
  - Medication review
  - Placement review
  - *Note: The information form the review is used to develop a member-centered plan of care that is streamlined to support the member's physical and behavioral healthcare needs, called a care management plan*
- Attend IP and OP staffing's for challenging members (virtually)
- Act as a Mercy Care liaison

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Care management levels

Intensive Care Management	Supportive Care Management
• Highest risk for medical, inpatient, and emergency department • HRA score 55 and above • History of discharge difficulties • Highest IP/ED utilizers	• Care coordination concerns • Moderate risk for medical, inpatient, and emergency department

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The Care Management Plan and Next Steps

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Active providers

Content

- List of active providers including primary care provider, BHMP, and specialists

Next Steps

- Document in the electronic behavioral health records *all* providers, locations, and contact information

- Discuss with members at each visit when they were last seen by their providers

MEMBER DEMOGRAPHICS					
Member Name:			A #:		DOB:

CARE TEAM					
TYPE	**NAME**	**ORGANIZATION/AGENCY**	**ADDRESS**	**PHONE**	**FAX**
RBHA Care Manager	Click to select CM name	Mercy Care RBHA	4755 South 44th Place, Phoenix, AZ 85040		(844) 863-6433
PCP/PMP		Choose an item.			
Community Case Manager		Choose an item.			

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Active diagnoses

Contents

- List of active medical and behavioral diagnoses

Next Steps

- Record medical diagnoses in the EMR

- Discuss with members at each visit how they are managing their chronic medical conditions. If they have any questions, direct them to their assigned care manager, clinic nurse, or PCP

F31.64 - Bipolar disord, crnt episode mixed, severe, w psych features
F60.3 - Borderline personality disorder
K21.9 - Gastro-esophageal reflux disease without esophagitis
E11.43 - Type 2 diabetes w diabetic autonomic (poly)neuropathy
E03.9 - Hypothyroidism, unspecified
E78.5 - Hyperlipidemia, unspecified
G89.29 - Other chronic pain
I10. - Essential (primary) hypertension
M10.9 - Gout, unspecified
M79.7 - Fibromyalgia
G56.00 - Carpal tunnel syndrome, unspecified upper limb

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Interventions and needs

Content

- Interventions/Needs

Next Steps

- Coordinate with assigned personnel and care manager to complete tasks. Update assigned care manager frequently regarding progress, questions, or concerns

CLINICAL INTERVENTIONS
Action
Diabetes Intervention - Educate Lisa on importance of regular lab and screening for: Annual eye exam with dilated pupils.
Preventative Care Intervention - Educate Lisa on the importance of obtaining critical immunizations - Refer to appropriate provider for Flu vaccine
***Benefits Intervention - Educate and encourage enrollment in Medicare Advantage Plan for additional benefits. Refer to benefits specialist.

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Education and ROI

Contents

- Patient-friendly educational materials and Mercy Care Release of Information (ROI) for Part 2 information

Next Steps

- Review the education and educate the member. If you do not feel comfortable, schedule an appointment with the member and assigned care manager to assist with the education

- Educate and complete Mercy Care's ROI with member to their SMI clinic and primary care provider. This will aid in improving coordination of care pertaining to part 2 HIPPA information

How can a Care Manager help?

- Locate assigned Primary Care Providers (PCPs)

- To assist in coordination of care, locate providers that a member has recently seen (examples: cardiologist or nephrologist)

- Discover what medical or any outside psychotropic medications a member is receiving prescriptions for

- Provide the clinical team and members education and materials for *any* medical conditions

- Assist in locating members on outreach

- Locate inpatient information regarding hospitalizations or emergency departments

- Involvement in the treatment plan

Care managers cannot share third party records

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Office of Individual and Family Affairs

Laura Piontkowski

Mercy Care OIFA

OIFA supports members and families through:

- System navigation
- Advocacy
- Empowerment
- Peer and family support

We believe that members and families:

- Have a choice in the services they get
- Have a voice and valuable input to contribute to our system

If you need any support from the OIFA Team, you can reach us at **OIFAteam@mercycareaz.org**

Peer and Family Support policies

AHCCCS Medical Policy Manual (attachments to policies can be found at this link)

- **963, Peer and Recovery Support Service Provision Requirements**

- **964, Credentialed Parent Family Support Requirements**

- Quarterly deliverables are associated with these policies, reach out to **piontkowskil@mercycareaz.org** for technical assistance

RBHA Provider Manual

- RBHA Chapter 7- Pages 179-186

Mercy Care Provider Manual- General Terms

- MC Chapter 16- Workforce Development- Page 206

Clinic Advisory Councils

- Also known as "CAC's"

- Listen/learn from member and family member perspectives

- Empowers your members and promotes peer and family centered-care within your clinic

- Collaboration will guide peer and family centered-care implementation and improve policies, services and programming

- Enhance the delivery of safe and high-quality care

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Structure and reporting requirements

Structure:

- Chair, Co-Chair
- Facilitator, Notetaker
- 1 member from clinic leadership
- 2 members, 1 family member
- Monthly meetings for one hour

Reporting requirements:

- Minutes, sign-in sheets, agendas will be retained and provided to OIFA
- Meeting minutes must be kept
  - Typed and posted in lobby

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Court Ordered Treatment

Shelley Curran

T36
Court Ordered Treatment

Provider Responsibility – Medical Director or designee

- Submit Letter of Intent to Treat and Outpatient Treatment Plan to the County Attorney (Pinal and Gila).

- Assess for need to renew COT (PAD/GD) when there is between 32 and 90 days remaining on the COT to ensure time to complete process.

- Review monthly Outpatient Commitment Monitoring (COT) Report submitted each month for your agency in order to identify trends for best practices and need for improvement.

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T36
Court Ordered Treatment

Clinical Team Responsibilities

- A copy of the Court Order for Treatment, Court Ordered Evaluation, and if a non-emergent COE the pre-petition screening, will be kept in the member's record.

- Every member on COT will be assigned a Case Manager and receive services from a Supportive or Assertive Community Treatment (ACT) team.

- At a minimum, the member should have a monthly face-to-face (tele-med video is fine) with the Case Manager AND the Behavioral Health Medical Professional (BHMP).

- At the first appointment after being placed on COT, a needs assessment will be completed, and COT treatment goals will be incorporated into the member's ISP. The member's ISP will be reviewed and updated as clinically indicated.

- Provide Notice of Right to Judicial Review every 60 days after COT start date & whenever person's COT is amended to inpatient.

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QOC – Seclusion and Restraint

Micah Stackhouse

Quality Management – QOC

- Seclusion and Restraint reports AMPM 962

- Email: **MercyCareSandR@MercyCareAZ.org**

- Fax: 855-224-4908

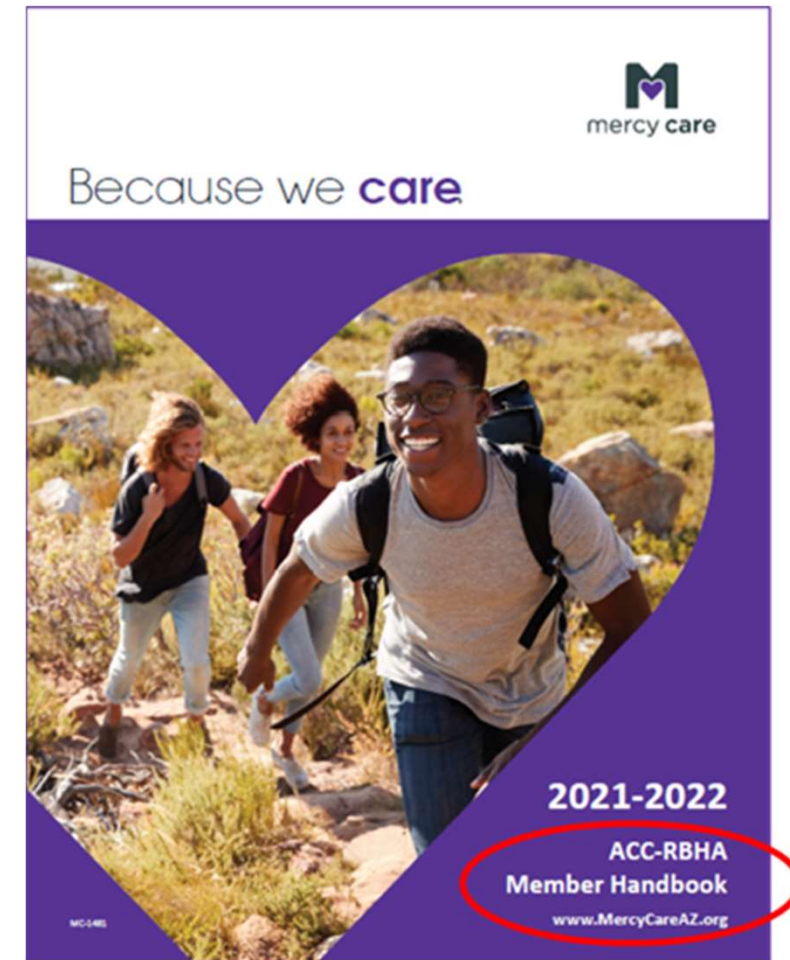- AHCCCS approved form and AHCCCS portal for incident (IAD) reporting

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Member Impact

Monica Alonzo

ACC-RBHA Member Handbook

Mercy Care will produce a separate ACC-RBHA Member Handbook.

- Available on Oct. 1

- Published in English and Spanish

- ACC-RBHA on the cover will be the only noticeable difference for current members

ACC-RBHA Member ID Card

Mercy Care will provide members their welcome packet, which includes their identification card, no later than October 1st

ACC-RBHA community information sessions

This summer, Mercy Care will host several virtual community information sessions.

We'll provide information about what's changing and what's not changing for members under the ACC-RBHA expanded contract.

We'll welcome individuals with a serious mental illness (SMI) designation living in Gila and Pinal counties who will transition to Mercy Care on Oct. 1.

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Questions

Additional Resources

Contact numbers

Contact	Telephone Number/Fax
Mercy Care Member Services	P: 602-586-1841 or 800-564-5465
Grievances and Appeals	P: 602-586-1719 or 866-386-5794
Office of Individual and Family Affairs	P: 602-453-8409
Claim Disputes/Appeals	P: 602-453-6098 or 800-624-3879 F: 602-351-2300
Medical Prior Authorization	P: 602-263-3000 or 800-624-3879 F: 800-217-9345
Utilization Management	P: 602-263-3000 or 800-624-3879 Physical Health Admission Fax: 866-300-3926 Behavioral Health Admission Fax: 855-825-3165 Concurrent Review Fax: 855-773-9287

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Resources

- Mercy Care website
    - **https://www.mercycareaz.org/**
- Provider Manual
    - **https://www.mercycareaz.org/providers/rbha-forproviders/manual**
- Provider Notices
    - **Sign-up for provider notices**
    - **https://www.mercycareaz.org/providers/rbha-forproviders/notices**
- Provider Training and Education
    - **https://www.mercycareaz.org/providers/rbha-forproviders/education**

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Thank you