Mercy Care
Virtual
CMDP Provider Roadshow
Agenda

• Overview
• RFP award and information
• Member Highlights
• Provider Impact
  o Children’s System of Care
  o Utilization Management
  o Care Management
  o Prior Authorization
  o Quality Management
  o Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
  o Network Management
Mission, Vision and Values
Our mission, vision and values guide everything we do at Mercy Care.

Mission
Mercy Care exists to address and advocate for the comprehensive health of our members and families, including circumstances that impact their well-being. This includes special consideration for the underserved and those with complex health needs regardless of race, color, religion, ethnicity, national origin, sex, sexual orientation, gender identity, age or disability.

Vision
Our members live a healthier life and achieve their full potential.

Values
Our values guide us to approaching our work with integrity, confidence and clarity.

- **Compassion:** Mercy Care will pursue its mission with passion, enthusiasm, optimism and diligence.
- **Innovation:** Mercy Care will be innovative though leaders transforming the care delivery system.
- **Collaboration:** Mercy Care will seek partners to create exceptional results.
- **Advocacy:** Mercy Care will work on behalf of the underserved and those with complex health needs to improve health outcomes.
Mercy Care is a local company

Southwest Catholic Health Network Corporation (“Mercy Care”) is an Arizona nonprofit corporation, exempt under IRC §501(C)3, which operates under two trade names:

- Mercy Care (AHCCCS/Medicaid)
- Mercy Care Advantage (Medicare)

Mercy Care operates **five (soon to be six) health care programs in Arizona**:

- Developmentally Disabled (contract with ADES)
- AHCCCS Complete Care, or ACC
- Arizona Long Term Care System, or ALTCS
- Medicare Dual Special Needs Plan, or DSNP (contract with CMS)
- Regional Behavioral Health Authority (RBHA) in Maricopa County
- Dept. Of Child Safety Comprehensive Health Plan (DCS CHP) beginning 4/1/21
# Mercy Care contracts

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Regulator</th>
<th>Service Type</th>
<th>Members</th>
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<tr>
<td><strong>ACC</strong></td>
<td>Arizona Long Term Care System</td>
<td>AHCCCS</td>
<td>Physical and Behavioral Care for Adults and Children Medicaid Members</td>
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<td><strong>ALTCS</strong></td>
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<td>Physical and Behavioral Care for Long Term Care Members</td>
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<td>DDD</td>
<td>Physical and Behavioral Care for Medicare Advantage Dual Special Needs Plan</td>
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<td>Regional Behavioral Health Authority</td>
<td>AHCCCS</td>
<td>Physical and Behavioral Care for Persons with Serious Mental Illness, BH for Foster Care Kids and Crisis</td>
<td>34K*</td>
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<td>Comprehensive Health Program</td>
<td>CMDP</td>
<td>Physical and Behavioral Care for Children in foster care</td>
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*As of January 2021*
RFP and award information

• Arizona Department of Child Safety’s Comprehensive Medical and Dental Program currently provides physical health services to children in foster care.

• Arizona’s three Regional Behavioral Health Authorities provide behavioral health services to children in foster care.

• DCS awarded Mercy Care the CMDP contract effective April 1, 2021.

• Note that the Comprehensive Medical and Dental Program is changing its name to Comprehensive Health Plan (CHP) effective April 1, 2021.

• This is a statewide contract. Mercy Care will provide physical and behavioral health services to children in foster care.

• This will create a Mercy Care DCS CHP integrated health plan.
RFP and award information

Under the new contract, Mercy Care will offer the following services to eligible members:

• Physical health
• Behavioral health
• Dental
• Vision
• Pharmacy
Changes effective April 1, 2021

**Current**
- **RBHA CMDP**
  - Mercy Care (Central)
  - AZ Complete Health (South)
  - Health Choice Arizona (North)

- **Acute CMDP**
  - DCS/CMMDP

**Future**
- **DCS CHP**
  - Mercy Care

*Crisis services remain under the RBHAs*
Dept. of Child Safety Comprehensive Health Plan (DCS CHP)

Counties served:
• All counties

About DCS CHP:
• Children in foster care
• Integrated physical and behavioral health services
Member Highlights
Member highlights

• Care integration and seamlessness for physical and behavioral health services across the state
• New ID card
• Member handbook
• Member Services phone number will be different for DCS CHP members
• Mercy Care website
• FamilyConnect Technology Platform
• Care Management
Mercy Care DCS CHP Member Identification Card

Front

Mercy Care DCS CHP – Member Identification Card

Member Name: <MBRLAST>, <MBRFIRST> <MBRMI>
AHCCCS ID: <AHCCCSID>
RXBIN: 610591
RXPCN: ADV
RXGRP: RX8805
Health Plan Name: Mercy Care DCS CHP
602-212-4983 or 1-833-711-0776

Back

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 law. This card is not a guarantee for services. To verify benefits visit www.MercyCareAZ.org.


Member Services:
602-212-4983 | 1-833-711-0776 | TTY/TDD: 711
24-hour Nurse Line: 602-212-4983 | 1-833-711-0776
Children’s System of Care
Children’s System of Care Team

Karrie Steving
Mercy Care DCS CHP Plan/CSOC Administrator

Lindsey Zieder
Special Projects Manager

Michelle Bedinghaus
CSOC Manager

Kim Hemmersbach
Transition Age Youth Manager

Lauren Tomchak
CSOC Coordinator/Education Liaison

Open CSOC Project Manager

Randy Grover
Child Welfare Manager

Nichol Khan
Child Welfare Liaison

Lisa Lucchesi
Child Welfare/Human Trafficking Coordinator and DDD Advocate

Open CSOC Project Manager
Children’s Behavioral Health System of Care Provider Network Structure

- Assigned Behavioral Health Clinic
- Integrated Health Home
- Physical Health Providers/PCP
- High Needs Case Management (HNCM)
- Direct Support Provider (DSP)
- Specialty Provider
Children’s Assigned Behavioral Health Clinic (ABHC)

Assigned Behavioral Health Clinic (ABHC) – This Provider is the primary chart holder and is responsible for the oversight of the Youth’s Behavioral Health Treatment.

Services include but are not limited to:

• Assessment
• Screening
• Psychiatric Services
• Group and Individual Therapy
• Support Services such as Case Management

*Access to Care Requirements:

• Appointment must be offered within 7 days for initial intake
• First behavioral health service to take place within 21 days

➢ The assigned ABHC will be in the catchment area of where the removal took place. The ABHC will continue to coordinate services if the child is placed in an area that the ABHC does not serve.

➢ Assigned Behavioral Health Clinic Provider meeting will be held on March 17, 2021 at 3:00 pm on required deliverables
Direct Support and Specialty Providers

Direct Support and Specialty programs available in Mercy Care Provider Network:

- Community-based Support and Rehabilitation Services (e.g. Meet Me Where I Am)
- Evidence Based Programs
- Services for direct to address specific issues such as Eating Disorders, Sexually Maladaptive Behaviors, or Substance Abuse
- Respite
- Intensive Outpatient Programs (IOP)
- Applied Behavioral Analysis
- Family Support
- Services targeted for addressing the needs of specific populations such as
  - Birth To Five
  - Transition Age Youth
  - Developmentally Delayed (DD)/Autism Spectrum Disorder

Services are referred to the Specialty Provider and Direct Service Provider through the Child and Family Team at the ABHC.
High Needs Case Management (HNCM)

An intensive level of case management at the provider level that is specific for children and youth who have high/complex needs

• Lower caseload sizes enable high needs case managers to provide more in-depth case management

• Other support and rehabilitative services to reduce symptoms and enable a higher functionality of the child/youth, while supporting them with meeting their biopsychosocial needs.

• All youth in an Out of Home Treatment Setting (BHRF, BHIF, and Therapeutic Foster Care) should be connected to a HNCM unless the family has declined the service

• Referrals for HNCM can be made by the child/ youth's clinical team to a designated HNCM Provider

➤ The positions for this program may have been referred to DRC or DCM in other regions
Integrated Rapid Response: An in-person assessment of a child’s immediate behavioral health and physical health needs by health care provider(s) including referral(s) for further assessments or ongoing care, as needed. The Integrated Rapid Response is initiated when a child enters DCS out of home care and is completed within 72 hours of notification. Virtual Integrated Rapid Response Assessments (e.g. simultaneous live video with audio) are permitted for exceptional circumstances.

Beginning 4/1/2021, what is staying the same:

• Rapid Response Providers
• Process of identification of Rapid Response Providers and Assigned Behavioral Health Clinic
• Required Timeframes to complete the Integrated Rapid Response
• Behavioral Health Assessment
• Information/Assessments provided to DCS and the courts as applicable

➢ 5/1/2021 discussions to continue for further enhancement to process
What is changing beginning 4/1/2021:

• Crisis Response Network (CRN) will be statewide Dispatch Agency for Rapid Response Referrals from DCS
  o Reporting requirements to CRN

• Assessments to be provided to Mercy Care’s Care Management Team

• Integrated Rapid Response Assessment
  o Physical Health Screening
  o Additional coordination required and resources available:
    ▪ Support with DME
    ▪ Attaining current Medication /Prescriptions
    ▪ Identification of PCP
    ▪ Warm hand off to Assigned Behavioral Health Clinic

➤ Training for Integrated Rapid Response Providers in March 2021
Interpretation Services Available:

- Qualified Bilingual Staff
  - Utilizing the T1013 Code
- Language Line
- Vendors
- How to connect to the Language Line and Vendors listed above:
  - Instructions provided on Mercy Care Website under Language and Translation Tab or at the following link: https://www.mercycareaz.org/providers/completecare-forproviders/language
- For Support contact Cultural Competency
  - CulturalCompetency@MercyCareAZ.org
CSOC Resources

• Direct Support and Specialty Provider Directory
• Provider Manual
  o [https://www.mercycareaz.org/providers/chp-forproviders/manual](https://www.mercycareaz.org/providers/chp-forproviders/manual)
• Collaborative Protocols:
  o [https://www.mercycareaz.org/providers/rbha-forproviders/forms](https://www.mercycareaz.org/providers/rbha-forproviders/forms)
  o Collaborative Protocol with Department of Child Safety
  o Collaborative Protocol with Maricopa County Juvenile Probation Department
  o Collaborative Protocol with Arizona Department of Juvenile Corrections

➤ **Ongoing Children’s Provider Meetings will occur starting in March**
Utilization Management
Utilization Management

Utilization Management Normal business hours: Monday-Friday 8am-5pm

You may contact Member Services for urgent discharge planning needs

• Mercy Care DCS CHP Member Services: (602) 212-4983 (listen and follow prompts)
  o Follow the same prompts for after hours and weekends

• Mercy Care DCS CHP PH UM After hours: (833) 711-0776 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)
PH/BH Acute Inpatient Concurrent Review

- The concurrent reviewer (CRN)/(CCR) 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
- CRN and BH UM clinicians coordinate post-acute service needs with the Hospital CM/SW and Care/Case Manager
- The Care Manager will coordinate transitions in care with the outpatient team, DCS Specialist, and caregivers as needed
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
Out of Home Levels of Care

• Mercy Care requires Prior Authorization and Concurrent reviews on all Behavioral Health Inpatient Facility (BHIF), Behavioral Health Residential Facility (BHRF), and Therapeutic Foster Care (TFC formerly Known as HCTC) levels of care

• Outpatient behavioral health clinical teams are required to submit by fax PRIOR AUTHORIZATION REQUEST FOR CHILDREN AND ADOLESCENTS BHIF, BHRF & HCTC form with all required attachments:
  o [Link](https://www.mercycareaz.org/assets/pdf/acc-providers/forms/Prior%20Authorization%20Request%20Children%20and%20Adolescents%20BHIF%20BHRF%20HCTC%2006192020UA.pdf)

• 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 (coordination of CPC, Medical Director statement for DCS)

• 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.
Out of State Placement

All in-state Behavioral Health Inpatient Facility (BHIF) programs should be pursued and provide a denial before Out-of-State (OOS) placement

Out of State treatment in BHIF is always the last resort when no in-state BHIF’s are available

• Legal guardian should agree to pursue out-of-state BHIF
• If yes, the Medical Director for Mercy Care, (DDD or DCS CHP as applicable) will review the case and determine if OOS placement and level of care is appropriate.
• If approved, HNCM must complete the initial OOS request form and submit to the Residential Coordinator via secure email for review.
• Referrals will be sent to the appropriate OOS programs and HNCM/CM
• Residential Coordinator will assist the HNCM and/or Care Manager with coordinating travel and/or completing additions forms required.
Care Management
Objectives

- Define how Care Management will interact with DCS CHP to coordinate care
- Define how Care Management will interact with a child’s other care team members to coordinate care
- Describe the individuals and clinical teams that coordinate care with Care Managers, members, providers, and DCS CHP
What Does a Care Manager Do?

- *Identifies* high needs complex members
- *Designs* clinical interventions or alternative treatments to reduce risk and achieve positive outcomes
- *Develops* strategies to eliminate barriers and improve access to care
- *Identifies* and reduces gaps in care and SDOH (Social Determinants of Health)
- *Identifies* and reduces gaps in care
- *Facilitates* safe transitions in care
Care Management Stratification Levels

- **Intensive Management**
  - (High Risk/High Complexity)

- **Intensive Coordination**
  - (High Complexity)

- **Supportive Standard**
  - (Moderate Risk & Complexity)

- **Population Health**
  - (Service Coordination with UM Clinicians)

- **Population Health**
  - (Service Coordination with CSOC)

- **Prevention and Wellness**
  - (Service Coordination)
Integrated Care Management Collaboration with DCS CHP

• All DCS CHP members will be enrolled in some level of care coordination at the health plan
• All members will be assessed and assigned to a care management level according to complexity of care coordination needs
• Care Management staff will work with the member’s current caretaker and will engage other care team members as needed
• Care Management staff will perform a bio-psychosocial assessment with information available and will develop a member centered care plan in collaboration with the child’s care team
Integrated Care Management Collaboration with CFT & HNCM

- The CaRe Manager will support the High Needs Case Manager (HNCM) and/or Assigned Behavioral Health Clinic (ABHC) provider with care coordination as needed.
- The CaRe Manager will attend the Child and Family Team (CFT) when clinically indicated but does not replace the day-to-day activities of a HNCM or ABHC.
- As providers or CFTs identify the need, they may refer for Care Management services. Please find the current version of the Referral form here:
  - Provider Forms
Care Management Staff

Clinical Care Managers
• Arizona-licensed professionals with extensive experience in a clinical specialty or population
• May be Registered Nurses and Masters-level behavioral health clinicians
• Provide the highest level of Care Coordination, which includes a wide range of interventions

Care Management Coordinators
• Baccalaureate and Masters level health care professionals who can manage mild to moderately complex members that do not require care management by a licensed clinician
• Provide intermediate level of episodic care coordination of short duration

Care Management Associates
• Non-clinical staff that are trained to provide care coordination that is not clinical in nature.
• Provide educational material and linkage to community resources and programs
• Refer high-risk members to clinical care managers
Who Else Coordinates Care for Our DCS CHP Members?

• Mercy Care DCS CHP Medical Management Liaison
  o Liaison between DCS, DCS CHP, members’ circle of support, community and the health plan

• Mercy Care DCS CHP Behavioral Health Coordinator
  o The point of contact (POC) at the health plan as a liaison to DCS CHP BH Unit, BH providers and CSOC to assist with coordination of behavioral health care services and care transitions

• Mercy Care Children's Rehabilitative Services (CRS) Coordinator
  o Initiates CRS application and coordinates eligibility for members who may qualify and gathers information to formulate Initial Service Plan
Who Else Coordinates Care for Our DCS CHP Members? Cont’d

- **Utilization Management Clinicians**
  - Review for and manage the utilization of acute inpatient, subacute, skilled nursing, BHIF, BHRF, TFC, and BH Inpatient stays using evidence-based medical necessity criteria along with ensuring safe and appropriate discharge plans are in place

- **Prior Authorization Clinicians**
  - Perform clinical reviews for all services that require Prior Authorization by applying nationally recognized medical necessity criteria in consultation with our Medical Directors and DCS CHP CMO if indicated
Prior Authorization
Mercy Care DCS CHP Prior Authorization Department Is Responsible For:

Reviewing requests to determine medical necessity for services to entail:

- Home Health
- Home Infusion
- DME & Medical Supplies
- Prosthetics and Orthotics
- Hospice
- Surgeries (IP and OP)
- Treatments including chemotherapies and pain management
- Transplants
- Medical Foods
- Drugs covered under part D pharmaceuticals
- Outpatient Behavioral Services
- ABA Therapies
Transition of Care Prior Authorizations (PA)

- Mercy Care DCS CHP will honor all approved prior authorizations prior to 4/1/2021
- Out-of-network providers will be allowed to see our members up to one year post go live without prior authorization for purposes of transition of care
- Mercy Care DCS CHP will begin accepting new authorization requests 4/1/2021
- Providers may call Mercy Care Prior Authorization with questions
To request a Prior Authorization, be sure to:

- Always verify member eligibility prior to providing services.
- Complete the appropriate authorization form (medical or pharmacy).
- Attach supporting documentation when submitting. This could include:
  - Recent progress notes documenting the need for the service
  - Lab results
  - Imaging results (x-rays, etc.)
  - Procedure/Surgery reports
  - Notes showing previous treatment tried and failed
  - Specialty notes
DCS CHP PA Grid

• The PA Grid will be located on our website
  o https://www.mercycareaz.org/providers/chp-forproviders/priorauth

• There will be a separate PA Grid called DCS CHP

• This grid will be available 4/1/21
Requesting a Prior Authorization

- Prior Authorization Customer Service 833-711-0776
- Fax your prior authorization request to 1-800-217-9345
- Submit authorizations through Mercy Care DCS CHP Web Portal
- ALL Prior Authorization Forms Can Be Found At:
  - [https://www.mercycareaz.org/providers/chp-forproviders/priorauth](https://www.mercycareaz.org/providers/chp-forproviders/priorauth)
- To check on the status of an authorization, please visit our provider secure web portal
AHCCCS implemented EVV for both personal care and home health services simultaneously on January 1, 2021, in response to stakeholder engagement. This means that providers who deliver these services to AHCCCS members had to begin using EVV by January 1, 2021 to help ensure, track and monitor timely service delivery and access to care for members.

Please see the Mercy Care authorization/notification grid located on our website to understand which services require authorization from Mercy Care and which services require notification through the AHCCC online portal.

https://www.mercycareaz.org/providers/chp-forproviders/
• Pain management and High Tech Radiological authorizations are processed via EviCore Inc.

• A list of codes that require prior authorization are available at: https://www.mercycareaz.org/providers/chp-forproviders/priorauth
  
  o When entering PM or Radiology codes the service partner detail tab will show a piece of paper with a magnifying glass indicating that the code requires forwarding to EviCore.

  eviCore Inc.
  
  www.EviCore.com
  
  Phone 888-693-3211
  
  Fax 844-822-3862
Dental – DentaQuest

- All claims with a date of service on or after April 1, 2021 will be processed by DentaQuest
- Claims sent to DentaQuest for dates of service April 1, 2021 and after need to be sent to the following claims addresses:
  - DentaQuest of Arizona, LLC
    Attention: Claims
    P.O. Box 2906
    Milwaukee, WI 53201-2906
  - Electronically—Please contact DentaQuest for assistance in filing
Dental – DentaQuest Continued

• If you have additional questions regarding your claims for DentaQuest, you may contact them directly at 844-234-9831 and they will be happy to assist you.

• You may also utilize DentaQuest’s Interactive Voice Response (IVR) system 24 hours a day, 7 days a week. IVR provides up-to-date information regarding member eligibility, claim status and much more. Benefits associated with this program and more detailed information regarding DentaQuest can be found in their Office Reference Manual (ORM)
Dental Contact Information

• **DentaQuest Provider Services**
  P.O. Box 2906
  Milwaukee, WI 53201-2906
  844-234-9831

• **Credentialing**
  DentaQuest of Arizona, LLC – Credentialing
  P.O. Box 2906
  Milwaukee, WI 53201-2906
  800-237-9139
  Credentialing Hotline: 800-233-1468
  Fax: 262-241-4077
Dental Services and Requirements

• All Mercy Care DCS CHP members **must** have a full well visit and a dental visit within the first 30 days of removal and placement in an out-of-home care.

• Mercy Care DCS CHP members can choose a Primary Dental Provider (PDP) and Dental Home upon enrollment in Mercy Care DCS CHP. Members can change their Dental Home at any time for any reason.
Dental Services and Requirements cont.

• Mercy Care DCS CHP pays for routine dental services without Prior Authorization (PA) or predetermination. Routine dental services include:

• Dental exams and X-rays
  o Treatment for pain, infection, swelling and dental injuries
  o Cleaning and fluoride treatments
  o Fillings, extractions and medically necessary stainless-steel crowns
  o Pulp therapy and root canals
  o Fluoride varnish applied by a PCP or PDP
  o Dental education

• A dentist needs a Prior Auth for major dental services, including general anesthesia and braces.
Quality Management
Quality of Care Concerns

What is a Quality-of-Care Concern?
An allegation that any aspect of care, or treatment, utilization of behavioral health services or utilization of physical health care services, (or lack thereof), which caused or could have caused an acute medical/psychiatric condition or an exacerbation of a chronic medical/psychiatric condition and may ultimately cause the risk of harm to an AHCCCS member.

Common Types of Allegations Investigated:

- Abuse
- Absent Without Leave (AWOL)
- Coordination of Care
- Fall with Injury
- Health Care Acquired Condition (HCAC)
- Medication Errors
- Missed Transportation
- Neglect
- Seclusion & Restraint injuries (S&R)
- Unexpected Death
Quality of Care Concerns

Reporting Incident, Accident, and Death (IAD)

• Providers are required to register for the AHCCCS Quality Management System (QMS) Portal to submit IAD reports to Mercy Care QM
  o The website for registration and submission of IAD reports is
    ▪ https://qmportal.azahcccs.gov/
  o The AHCCCS QMS Portal website has several FAQ documents to assist providers and can be found at
    ▪ https://qmportal.azahcccs.gov/Account/FAQ.aspx

• For assistance contact:
  o Brandy Raymond QM Director
    RaymondB@mercycareaz.org
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
EPSDT

• All completed EPSDT forms or EMR equivalent should be submitted to MC QM timely after completion of the well child visit (not submitted to CMDP)
  • Fax: 602-431-7157
  • Mail: 4755 S. 44th Place, Phoenix, AZ 85040 - Attn: Quality Management

• EPSDT and Dental visits should be conducted timely & in accordance with the AHCCCS periodicity schedules

• All the fields on the EPSDT Tracking Forms must be completed (including member A#, Member Name, Member DOB)

• The provider name/provider office name should be documented on the EPSDT forms

• All required screenings must be completed during an EPSDT visit

• Blood lead screening must be completed at 12 and 24 months and as clinically appropriate thereafter

• During EPSDT visits, it is imperative to document if a member is underweight and provide nutritional education and referrals as needed
EPSDT Continued

• Well child visits/dental visits should be scheduled before the member & their caregiver leave the office

• PCPs should follow-up on all referrals initiated during an EPSDT visit, including referrals for BH services

• Enhanced EPSDT Screenings are recommended for CHP members:
  o Monthly for the first 3 months after removal for all ages, then by age:
    ▪ Monthly for infant’s birth to 6 months (including at 3 and 5 mo.)
    ▪ Every three months for children between 6–24 months (including at 21 mo.)
    ▪ Minimum bi-annually for children/youth 24 months to 18 years of age, though recommend 3-4 times a year and visit post placement change
Network Management
Mercy Care's expectation is to have a comprehensive, statewide provider network.

This network will be designed to meet the physical and behavioral health needs of the children in foster care throughout the state.

Current physical health and behavioral health providers have received a contract amendment adding the DCS CHP line of business to existing contract.
  - Behavioral health contract amendments began going out the first week of December.
  - Physical health contract amendments began going out early January 2021.

Targeted new physical health and behavioral health provider contract offers began going out 11/30/20.
  - List of new providers was created by completing comparison of Mercy Care provider data with AZ Complete Health and HealthChoice’s CMDP providers.
Network Management Provider Impact

• Currently contracted providers
  o Behavioral Health
    ▪ Transition from BLOCK to Fee-for-Service (FFS) effective 4/1/2021
    ▪ No contract negotiation for existing contracts at this time
  o Provider Services Profile
    ▪ Capture specialty services

• New providers
  o Network Management Representative
    ▪ Contact with any questions regarding contract
    ▪ How to find your Rep
  o Continuity of Care
    ▪ Out-of-network providers will be allowed to see our members up to one year post go live without prior authorization for purposes of transition of care
Provider Forms

*** Important notice *** ERA and EFT enrollment forms have changed. Enroll by downloading the paper forms.

Need help? For questions regarding the forms or to check on enrollment status, please contact Provider Relations at 602-263-3000.

Whether you need to file a claim, inform us of a change of address or request prior authorization for a treatment, filling out the necessary forms will help us respond to your needs quickly and efficiently. Just click on the appropriate form name below to get started.

**AzAHP Facility Application** Document Date: 02/03/2020

**AzAHP Organizational Data Form** Document Date: 02/03/2020

**AzAHP Practitioner Data Form** Document Date: 02/03/2020

**AzAHP Provider Roster Template** Document Date: 09/04/2019

**Electronic Funds Transfer (EFT) Form** Document Date: 01/11/2019

**Electronic Remittance Advice (ERA) Form** Document Date: 06/29/2018

**Mercy Care Complete Care Remit Format for Check Form** Document Date: 06/20/2018

**Mercy Care Complete Care Remit Format for EFT Form** Document Date: 06/20/2018

**Mercy Care Web Portal Registration Form** Document Date: 07/31/2019

**Mercy Care Web Portal Registration Form (Non-Par)** Document Date: 11/11/2019
Reports currently available in Tableau external reporting:

- Inpatient admissions: Near real time IP Census inclusive of BH admissions (minus CFR 42 Part 2 cases). Also shows patients post discharge for 30 days to aid in post-discharge visit planning and tracking.
- Financial reporting (member revenue and expenses by category, such as IP, OP, etc.)

Reports available for electronic delivery:

- Gaps in Care (includes well child visits, depression screening, social determinants of health, diabetes control, others)
- Jail Information
- Primary Care or Specialty practice assignment details *such as SMI Clinic or ACT Team
- Details related to opioid prescriptions (not to replace PDMP)
- Clinical high risk member reporting (using proprietary CORE methodology)

Social Determinants of Health (SDOH)

- Prioritization of capturing and reporting will be highlighted in the next year
Referring, Ordering, Prescribing or Attending providers (ROPA)
# Mercy Care Claims

<table>
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<th>Claims</th>
<th>Mail To</th>
<th>EDI Vendors</th>
</tr>
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<tbody>
<tr>
<td>Medical and Behavioral Health</td>
<td>Mercy Care or Mercy Care Advantage Claims Department&lt;br&gt;P.O. Box 52089&lt;br&gt;Phoenix, AZ 85072-2089</td>
<td>- Change Healthcare&lt;br&gt;www.changehealthcare.com/&lt;br&gt;1-877-363-3666, Option 1 for Sales&lt;br&gt;CMS 1500 and UB-04 Payer ID: 86052</td>
</tr>
<tr>
<td>Dental</td>
<td>DentaQuest of Arizona, LLC Attention: Claims&lt;br&gt;P.O. Box 2906&lt;br&gt;Milwaukee, WI 53201-2906</td>
<td>- Southwestern Provider Services (SPSI)&lt;br&gt;www.spsi-edi.com&lt;br&gt;1-817-684-8500&lt;br&gt;CMS 1500 Payer ID: MCP01&lt;br&gt;UB-04 Payer ID: MCPU</td>
</tr>
<tr>
<td>Refunds</td>
<td>Mercy Care Attention: Finance Department&lt;br&gt;P.O. Box 90640&lt;br&gt;Phoenix, AZ 85066</td>
<td>- Relay Health&lt;br&gt;www.relayhealth.com/&lt;br&gt;1-866-RELAY-ME (1-866-735-2963; ext. 2)&lt;br&gt;CMS 1500 and UB-04 Payer ID: 86052</td>
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# Mercy Care RBHA Claims

<table>
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<tr>
<th>Claims</th>
<th>Mail To</th>
<th>EDI Vendors</th>
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</thead>
</table>
| Medical and Behavioral Health | Mercy Care RBHA Claims Department  
P.O. Box 64835  
Phoenix, AZ 85082-4835 | ❑ Change Healthcare  
[www.changehealthcare.com/](http://www.changehealthcare.com/)  
1-877-363-3666, Option 1 for Sales  
CMS 1500 and UB-04 Payer ID: 33628 |
| Dental                  | Mercy Care RBHA Dental Claims Department  
P.O. Box 62978  
Phoenix, AZ 85082-2978 | ❑ Southwestern Provider Services (SPSI)  
[www.spsi-edi.com](http://www.spsi-edi.com)  
1-817-684-8500  
CMS 1500 and UB-04: 33628 |
| Refunds                 | Mercy Care  
Attention: Finance Department  
P.O. Box 90640  
Phoenix, AZ 85066 | ❑ Relay Health  
[www.relayhealth.com/](http://www.relayhealth.com/)  
1-866-RELAY-ME (1-866-735-2963; ext. 2)  
CMS 1500 and UB-04 Payer ID: 33628 |
Credentialing

In order to be a contracted provider with Mercy Care, you must have the following:

• NPI number (except atypical providers) – ALF and HCBS do not require NPI

• Providers may be credentialed concurrently with their AHCCCS registration process; AHCCCS registration shall be confirmed prior to finalizing a contract for Medicaid service
  o Have not opted out of Medicare, board certified, or actively pursuing board certification if in Maricopa or Pima County

• CAQH completed and current application

• Participate with all Mercy Care lines of business

• AzAHP Practitioner, Facility, or Organizational forms and rosters can be located on the Mercy Care website under “Forms”
  o Ensure documents are up-to-date and not expired
Credentialing

- MD, DO
- Allied Practitioners (Mid-Level)
  - Physician Assistant (PA)
  - Nurse Practitioner (NP)
  - Certified Nurse Midwives (CNM)
- Psychologists
- Board Certified Behavioral Analysts (BCBAs)
- Doctor of Chiropractic (DC)
- Optometrist (OD)

- Doctors of Podiatric Medicine (DPM)
- Therapy Providers
- Independent behavioral health professionals who have an independent relationship with MCP (i.e., LCSW, LMFT, MSW, LPC, LSAC, LAC, all social workers and or counselors)
- Assisted Living Homes / Assisted Living Centers

Send forms to Mercy Care via email:
MercyCareNetworkManagement@MercyCareAZ.org
Stay up-to-date!

For more information:

• Join our email list [here](#)
• Visit us online at [www.MercyCareAZ.org](http://www.MercyCareAZ.org)
• Follow us on social media @MercyCareAZ to stay informed
Thank you