Mercy Care Annual Provider Forum

October 4, 2022
Opening remarks

Pat Weidman, Director, Network Management
Agenda

- Welcome
- AHCCCS Updates
- DCS CHP Updates
- DDD Updates
- Contexture’s Role in the HIE
- Focus Areas and Community Impact
- Unwinding the Public Health Emergency
- NCQA Updates
- Quality Management Updates
- Health Equity Strategy
- Health Disparities
- ACC-RBHA Implementation
- ALTCS Updates
- Medicare Advantage
- Transportation
- Workforce Development
- Claims Inquiry/Claims Research Overview
- Network Management
Welcome

Tad Gary, Deputy Chief Executive Officer
# 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 thought 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.
Strategic initiatives

VISION

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

Jami Snyder, Director of AHCCCS
Jami Snyder
Director of AHCCCS

Jami Snyder serves as the director of AHCCCS, overseeing Arizona’s Medicaid and CHIP program, including the provision of acute, behavioral health and long-term care services and supports to more than 1.8 million Arizona residents at an annual cost of $14 billion. She was appointed by Governor Doug Ducey on January 5, 2019 after having served as the agency’s deputy director since December 2017.

With more than 20 years of public and private sector experience in the health and human services industries, Ms. Snyder’s areas of expertise include regulatory oversight, policymaking and leadership development. Prior to joining AHCCCS, Ms. Snyder served as Medicaid Director for the state of Texas, managing a program covering 4.7 million enrollees at a cost of $29 billion. She held posts as Chief Operating Officer of the University of Arizona Health Plans, an Operations Administrator at AHCCCS, and a Bureau Chief at the Arizona Department of Health Services.

Ms. Snyder is the 2020 President-Elect of the National Association of Medicaid Directors, an organization she has been an active member of since 2016. She is a 2013 Finn-Brown Civic Leadership Academy Fellow and holds master’s degree in political science from Arizona State University as well as a bachelor’s degree in political science from Gustavus Adolphus College in St. Peter, Minnesota.
Department of Child Safety Comprehensive Health Plan (DCS CHP) Updates

Karla Mouw, Assistant Director/CEO, Department of Child Safety
Sean Seeger, Network Administrator, Department of Child Safety
Comprehensive Health Plan
Karla Mouw
Assistant Director/CEO

Karla is an Assistant Director/CEO at the Department of Child Safety (DCS) with oversight of the Comprehensive Health Plan (CHP) formerly known as Comprehensive Medical & Dental Program (CMDP). She is responsible for the provision of health services for children in foster care. Karla has served more than 20 years working on behalf of children in both the health and human services and education sectors. Prior to joining Arizona’s public sector, Karla served in leadership positions at the Minnesota Department of Education overseeing program, policy, compliance and financial areas for federal grant programs and early learning programs including Early Childhood Family Education, Early Childhood Special Education, Head Start and child care.

Sean Seeger
Network Administrator

Sean is Network Administrator for the Department of Child Safety (DCS) Comprehensive Health Plan (CHP). He leads a team responsible for the oversight of DCS CHP’s delegated network management activities. In this role, Sean works closely with Mercy Care to develop and maintain network capacity to accommodate the diverse needs of children and youth in foster care. Sean started his career completing contract audits for University Physicians Health Plan (Banner) in 2008 and has served in various leadership positions in Network Services and Contracting, including Provider Data Manager and Operations Manager for Health Choice of Arizona.
Division of Developmental Disabilities (DDD) Updates

Sherri Wince, Chief Strategy Officer
Sherri Wince
Chief Strategy Officer

Sherri Wince serves as the Division of Developmental Disabilities Chief Strategy Officer.

She has worked for the Division for nearly 26 years and started as a Case Manager (Support Coordinator).

In her current role, she assists the Division in identifying strategic initiatives and works with teams to implement strategies to achieve those initiatives.
Contexture

Jayme Pina, Director, Recruitment and Engagement
Focus areas and community impact

Debbie Hillman, Chief Administrative Officer
Community health **focus areas**

- Managing chronic conditions
- Supporting mental health and well-being
- Addressing housing security
- Empowering recovery from substance use
• Began in 2016 with the RBHA line of business
• Supports AHCCCS’ contractual requirement to reinvest a designated portion of profits (6%) into the local community
• Aligns with the AHCCCS Whole Person Care Initiative
• Grants range from $20,000 - $500,000 in 2022
• Mercy C.A.R.E.S. has allocated more than $15 million to date, to 129 projects
Community Reinvestment

- $4,167,335
- 24 nonprofits supported to date

Community Relations Activities

- Sponsorships: 93
- Community Outreach: 58

Employee Engagement Impact

- 33 activities
- 332 hours volunteered
Unwinding the Public Health Emergency & Clinical Impact of the Public Health Emergency

Debbie Hillman, Chief Administrative Officer
Dr. Singh, Chief Medical Officer
Background

At the beginning of the COVID-19 pandemic in 2020, the federal government declared a public health emergency (PHE). For the duration of the PHE, states are required to continue health care coverage for all medical assistance programs, even if a member’s eligibility changes.

AHCCCS will soon return to normal Medicaid enrollment and renewal processes. We’re working with community partners, advocates and members to make sure eligible Arizonans are able to continue receiving high quality health care coverage.

After a renewal is completed for each member, coverage will end for members who are no longer eligible. AHCCCS has up to 12 months to initiate a renewal for members whose eligibility was continued due to the public health emergency.

The PHE has been renewed, this renewal will be effective Friday, July 15, and is authorized through October 13, 2022.
What can Members do now to prepare?

• Make sure your mailing address, phone number, and email address is correct by logging into www.healthearizonaplus.gov, or by calling Health-e-Arizona Plus at 1-855-HEA-PLUS (1-855-432-7587), Monday through Friday 7:00 am - 6:00 pm.

• Check your mailbox for a letter from AHCCCS about renewal of coverage.

• Respond to any requests from AHCCCS for more information so the agency can accurately determine your eligibility.
Additional Resources

AHCCCS Website
https://azahcccs.gov/AHCCCS/AboutUs/Return_to_Normal.html

• Resources for Communities
• Member and Provider Messaging
• Frequently Asked Questions
Unwinding the PHE-UM and provider requirements

**UM unwinding**

Following will resume similar to pre-PHE time

**Prior Authorizations** will resume for the following services:
- Dental
- Post-acute services (SNF/LTAC/IPR /Assisted living admissions)
- Outpatient
- Pharmacy

**Concurrent Review** Concurrent review will resume for all admissions

Following will continue as implemented during PHE time

No Prior auth for the following services:
- DME/Home based supports ordered at time of hospital discharge
- Admissions related to COVID-19 confirmed or suspected or related
- Labs done in physician's in-office lab

**Provider requirements unwinding**

- Back to pre-PHE terms
- Removing flexibilities with fee, site visits, licensure requirements
# Clinical Impact of the PHE: Preventative Care

## Delayed or reduced preventative care

<table>
<thead>
<tr>
<th>Service</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well child visit W30:</td>
<td>68.9%</td>
<td>66.9%</td>
<td>64.3%</td>
</tr>
<tr>
<td>Breast cancer screening:</td>
<td>63.4%</td>
<td>54.8%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Timeliness of prenatal care:</td>
<td>92.7%</td>
<td>87.6%</td>
<td>84.2%</td>
</tr>
</tbody>
</table>

**Well Child Visits by 15 Months (6+)**

- 2017: 64.4%
- 2018: 69.1%
- 2019: 68.9%
- 2020: 68.5%
- 2021: 64.4%

**Breast Cancer Screening**

- 2017: 61.5%
- 2018: 63.6%
- 2019: 63.4%
- 2020: 54.8%
- 2021: 52.0%

**Timeliness of Prenatal Care**

- 2017: 94.0%
- 2018: 84.1%
- 2019: 92.7%
- 2020: 87.6%
- 2021: 84.5%

**Significant technical specification changes in 2019**
Clinical impact of the PHE

- Continue to see impacts on PCP engagement
- Acute admission are still lower than pre-PHE but acuity is high
- ED visits are still high
- ED visits classified as non-emergent or PCP treatable are still high
- Increased **vaccine hesitancy** COVID and non-COVID
- Increase in **mental health** and substance use disorder care needs
- Continued issues with **health inequities**
Clinical impact of PHE - Telehealth

- Seeing an increase in in-person office visits since March. Mercy Care has seen a growth in Telehealth Service of between $15M and $18M per month since the beginning of the Pandemic, with significant decreases in utilization in recent months.
- Biggest area continues to be BH
- We continue to cover telehealth services
Clinical impact of PHE - Risks and Opportunities

RISKS
• Additional COVID waves with new variants
• Members with long COVID
• Increased in ED and inpatient volume
• Surge in MH and SUD care needs
• Increased impact of SDOH: Housing, food insecurity, isolation on health care utilization

OPPORTUNITIES
• Shift to flu-like annual effort as endemic status is entrenched
• Maintain appropriate advances in innovation:
  • Reaching members through nontraditional means: telehealth, digital and retail
  • Leveraging care management
  • Leverage PCPs and health homes
  • Hospital at home and Mobile resources
• Increased openness to mental health and substance use disorder care with reduced stigma
NCQA updates

Dr. Gagandeep Singh, Chief Medical Officer
What is NCQA?

- National Committee for Quality Assurance (NCQA).
- NCQA Health Plan Accreditation provides a framework for essential quality improvement and measurement. It is the only program in the industry that bases results on clinical performance and consumer experience (HEDIS®[1] and CAHPS®[2]).
- NCQA’s Health Plan Accreditation is considered the gold standard for evaluation programs across the industry.
- NCQA awards Accreditations and Health Plan Ratings.

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
Planned NCQA activities and Impact

• **NCQA, First Health Plan Accreditation**, inclusive of the **NCQA Medicaid Module**, specific to Medicaid Line of Business by **October 1, 2023**.

• Survey is planned for **June 2023** with a look back period starting **mid-Dec 2022**

• **ALTCS**: Mercy Care shall also obtain the **NCQA Long-Term Services and Supports Distinction** prior to October 1, 2024.

• **Provider impact**: Limited

• Some enhancements to G&A, NOA, clinical guidelines and credentialing etc.
Quality Management – Reporting Quality of Care (QOC) issues, AMPM Reporting Guidelines

Micah Stackhouse, Senior Manager of Quality Management
AHCCCS Quality Management portal

Thank you for visiting QM Portal. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at (602) 417-4451 or contact 15DCustomerSupport@azahcccs.gov.

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account. Access to the website can be terminated if the Terms of Use are violated.

External User Log In

- **User Name**: Enter user name
- **Password**: Enter password

![Sign In]

Forgot your Password? Click Here
Create new account? Click Here

Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

AHCCCS User Log In

- **If you are an AHCCCS employee**
  - AND you are currently logged onto the AHCCCS network
  - AND you are accessing this application from a browser on your workstation
  - Then click the button below to use this application with your network login credentials

![AHCCCS Sign In]
Reportable events
Two business days

- Allegations of abuse, neglect, or exploitation of a member
- Death of a member
- Delays or difficulties in accessing care
- Serious injury
- Injury resulting from the use of a personal, physical, chemical, or mechanical restraint or seclusion
- Medication error occurring at a licensed residential Provider site
- Missing person from a licensed Facility
- Member suicide attempt
- Suspected or alleged criminal activity
- Any other incident that causes harm or has the potential to cause harm to a member
Sentinel events
One business day

• Member death or serious injury associated with
  • Missing person
  • Medication error
  • Fall while being cared for in a healthcare setting
  • Use of seclusion and/or restraints while being cared for in a healthcare setting
• Member suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting
• Any stage 3, stage 4, and any unstageable pressure ulcers acquired after admission or presentation to a healthcare setting
• Sexual abuse/assault on a member during the provision of services
• Death or serious injury of a member resulting from a physical assault that occurs during the provision of services
• Homicide committed by or allegedly committed by a member
Additional information

• Return to provider
  • 24 hours to return to Mercy Care QM
• QOC investigation timelines
  • 24 hours
  • 7 days
  • 30 days
  • 60 days
• AMPM Chapter 900 Policy 960-961
Health Equity Strategy

Blythe FitzHarris, Chief Clinical Officer
Health Equity Strategy

Mercy Care has an established Health Equity Engagement team focused on

1. Building an informed and whole person approach to addressing health disparities and Social Determinates of Health.

2. Creating an inclusive, culturally competent, diverse provider network and staff to better serve our members from a cultural lens.

Mercy Care addresses health equities through a multiprong strategy based on a five core goals centered on:

Addressing health equity through data driven decisions

• Gathering input from stakeholders, members and the community
• Inclusion of Health Equity across the agency
Health Equity Goals

**Goal 1** – Strengthen data collecting infrastructure and improve data collection, data systems and data accessibility of health equity and social determinate of health information.

**Goal 2** – Strengthen Provider capacity to deliver culturally competent services and implement evidence-based programs to improve health equities.

**Goal 3** – Engage Stakeholders and community partners to strengthen capacity to address health equities at the community level.

**Goal 4** – Identify, address, and resolve health disparities/social determinates of health and gaps in care.

**Goal 5** – Ensure an organizational culture and infrastructure that advances health equity at the organizational level and delivery of culturally competent care.
Health Disparities

Colleen Soeder, Director, Performance Management and Quality Management
“When it comes to expanding opportunities for health, thinking the same approach will work universally is like expecting everyone to be able to ride the same bike”
- Robert Wood Johnson Foundation
Health equity purpose

Reduce health inequalities by conducting analysis to:

• Identify disparities
• Implementing targeted interventions to address identified disparities
• Ensuring access to comprehensive, high-quality health care services for all Mercy Care members regardless of race, color, religion, ethnicity, national origin, sex, sexual orientation, gender identify, age, or disability
Mercy Care identified a statistically significant disparity in the rate of annual dental visits for:

- Black/African American members (47.1%) as compared to Caucasian members (56.6%)
- Alaskan/American Indian/Native American members (44.6%) as compared to Caucasian members (56.5%)
- Members ages 2-3 (47.6%), ages 15-18 (50.4%), and ages 19-20 (33.6%) as compared to the total membership of ages 2-20 (55.3%)
Breast cancer screening

Rate of mammograms to screen for breast cancer for members residing in the following zip codes, as compared to the total membership (34.2%)

- 85201 (16.7%), 85323 (16.7%), 85705 (12.5%), 85741 (15.5%)
Annual well child visits

Rate of annual well child visits for

- Black/African American members (39.6%) as compared to Caucasian members (47.9%)
- Alaskan/American Indian/Native American members (33.3%) as compared to Caucasian members (47.9%)
- Members aged 18-21 (23.8%) as compared to members aged 3-17 (51.9%)
Rate of cervical cancer screening for Alaskan/American Indian/Native American members (25.0%) as compared to Caucasian members (58.1%)
Adherence to antipsychotic medications for individuals with schizophrenia

Rate of adherence to antipsychotic medications for individuals with schizophrenia for African American/Black members (54.1%) as compared to Caucasian members (64.3%)
## Health disparity interventions

<table>
<thead>
<tr>
<th>Screening</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Dental Visits</td>
<td>• Member outreach that is culturally and age appropriate</td>
</tr>
<tr>
<td></td>
<td>• Member Gap List sent to Native Health</td>
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<tr>
<td></td>
<td>• VBS Provider Presentation</td>
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<tr>
<td></td>
<td>• Integrated Educational Hour Presentation</td>
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<td></td>
<td>• LTC CM Education</td>
</tr>
<tr>
<td></td>
<td>• ALTCS Member Council Presentation</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>• Member Incentives</td>
</tr>
<tr>
<td></td>
<td>• Member Gap List sent to Native Health</td>
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<td></td>
<td>• LTC CM Education</td>
</tr>
<tr>
<td></td>
<td>• ALTCS Member Council Presentation</td>
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<tr>
<td></td>
<td>• Care &amp; Case Manager Outreach</td>
</tr>
<tr>
<td></td>
<td>• Coordination with Pop Health Care</td>
</tr>
<tr>
<td></td>
<td>• Measure added to VBS contracts</td>
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<tr>
<td>Annual Well Child Visits</td>
<td>• Digital Member Outreach</td>
</tr>
<tr>
<td></td>
<td>• Member Gap List sent to Native Health</td>
</tr>
<tr>
<td></td>
<td>• VBS Provider Presentation</td>
</tr>
<tr>
<td></td>
<td>• Integrated Educational Hour Presentation</td>
</tr>
<tr>
<td></td>
<td>• Care Management monitoring of gaps in care</td>
</tr>
<tr>
<td>Hemoglobin A1c Control</td>
<td>• LTC CM given access to SQL portal</td>
</tr>
<tr>
<td></td>
<td>• Integrated Educational Hour Presentation</td>
</tr>
<tr>
<td></td>
<td>• ALTCS Member Council Presentation</td>
</tr>
<tr>
<td>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</td>
<td>• Best Practice Identification - RBHA Health Home CMO, CEO &amp; VBS Provider Presentations</td>
</tr>
<tr>
<td>Screening for Depression and Follow-Up</td>
<td>• VBS Provider Presentation</td>
</tr>
<tr>
<td>SDoH Z-codes on claims</td>
<td>• Provider guidance and technical assistance</td>
</tr>
<tr>
<td></td>
<td>• VBS Incentives</td>
</tr>
</tbody>
</table>
Health disparity requirements and best practices

- Deliver health care services to patients in a culturally effective manner, including:
  - those with limited English proficiency (LEP) or reading skills,
  - those with diverse cultural and ethnic backgrounds,
  - individuals experiencing homeless,
  - individuals with physical and mental disabilities, and
  - regardless of sex.
- Understand what social factors may have played a part in someone’s emotional trauma and/or behavioral health issues including racism, discrimination, war, violence, migration, and systems of oppression.
- Communicate with patients in a way that respects their language, customs, beliefs, and values.
- Utilize language interpretation services whenever needed.
- Consider treatment options specific to a person’s race, ethnicity, or culture as necessary.
- Understand that accepted medical practices may differ for someone based on their culture, beliefs, race, or ethnicity.
- Involve any existing family, peer or community supports the patient has that can help them be comfortable with receiving care.
- Participate in trainings and educational opportunities offered by Mercy Care or other entities related to identifying and reducing health disparities.
AHCCCS Complete Care - Regional Behavioral Health Agreement (ACC-RBHA) implementation

Blythe FitzHarris, Chief Clinical Officer
Pre 10/1: Mercy Care serves the Central GSA, or geographic service area. (Maricopa County and a few zip codes in Pinal County.)

As of Oct. 1: The Central GSA expands to include Maricopa, Gila and Pinal counties.
One Arizona Behavioral Health Crisis Line

- As of Oct. 1, there is one Arizona Behavioral Health Crisis Line.
- The existing crisis lines will stay open for at least a year. That means, if you call an 'old' number, your call will get routed to the right place.
- The crisis lines operated by tribal communities will not change.
- 988 is now available to all communities in Arizona.

Join the Crisis Breakout on Wednesday, October 5th from 10:30 am - 12:00 pm to hear more
## Incoming Membership for Expansion Areas

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pinal</td>
<td>2495</td>
</tr>
<tr>
<td>Gila</td>
<td>514</td>
</tr>
<tr>
<td>Mohave</td>
<td>1</td>
</tr>
<tr>
<td>Yavapai</td>
<td>1</td>
</tr>
<tr>
<td>Maricopa</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3015</strong></td>
</tr>
</tbody>
</table>
ACC-RBHA updates

- Successful implementation of ACC-RBHA including launch of the statewide crisis line
- Daily monitoring of transition to ensure smooth transition and address any barriers in accessing care
- Future areas of focus
  - Implementation of Evidence Based Practices of Assertive Community Treatment, Supported Employment, Permanent Supportive Housing and Peer and Family Services
  - Launch of crisis bed board and evaluation of crisis services in expansion areas
  - Continued partnerships in the expansion areas with the County, stakeholders, providers and members in understanding regional needs
ALTCS updates

Brad Hargens, Chief Operating Officer
ALTCS Update

- ALTCS RFP – RFP is forth coming in August 2023. Results to be announced the following November with an implementation date of 10/1/24.

- Case Managers returned to in person assessments April 1st and are excited to be able to be out
  - For members preferring virtual meetings we are accommodating

- ALTCS started the Flu season campaign in August
  - Please encourage members to take advantage of this opportunity

- Provider Fair/Picnic – Our first in a couple years, all our welcome to attend. Please come meet the case managers and ALTCS team.
  - Pima – 10/27 - Gene C. Reid Park
  - Maricopa – 11/3 - Kiwanis Park
ALTCS Update

- Mercy Pets – have started a pilot program for selected members with diagnosis of Alzheimer’s/Dementia to determine if they make a difference in members lives to decrease anxiety/loneliness
- VRI – offered to members living at home as a safety alert system that now includes the members to be able to communicate with a person
- LGBTQ Visibility Matters Program
Medicare Advantage

Brad Hargens, Chief Operating Officer
MCA updates

Mercy Care Advantage (MCA) is our D-SNP plan that is available for all our Medicare eligible members.

Benefits of Alignment are numerous – but most notable for our provider partners is automated secondary claim functionality

- Administration Simplification – Single claim submission; Mercy Care will coordinate payment for both Medicare and Medicaid internally
- Timeliness – Decrease in revenue cycle, awaiting payment from Medicare payor prior to submitting to Mercy Care

**MEMBER**
- One point of contact for questions and concerns
- Better health outcomes vs. unaligned
- One network, one membership card, and reduced billing confusion
- Better care coordination

**PROVIDER**
- Ease of COB
- One point of contact
- Improved quality outcomes
- Comprehensive individualized care plan
- Streamlined Prior Authorizations, RX exceptions, etc.
**MCA updates**

Our new supplemental benefits effective January 1, 2023

<table>
<thead>
<tr>
<th>Provides all the benefits and services covered by AHCCCS and Medicare PLUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Dental - $5,000 in Comprehensive coverage and (new for 2023) Dentures</td>
</tr>
<tr>
<td>✓ Vision - $300 each year for contacts or eyeglasses</td>
</tr>
<tr>
<td>✓ Over-the-counter items - $100 each month</td>
</tr>
<tr>
<td>✓ Transportation – 42 one-way rides/year to MCA additional benefits</td>
</tr>
<tr>
<td>✓ Telehealth</td>
</tr>
<tr>
<td>✓ Meals – 28 home delivered meals after hospital discharge</td>
</tr>
</tbody>
</table>
### 2023 Mercy Care Advantage (MCA) Supplemental Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>42 one-way routine rides per calendar year to MCA supplemental benefits</td>
</tr>
<tr>
<td>Vision</td>
<td>Up to 1 supplemental routine eye exam every calendar year; $300 limit every year for supplemental eyewear</td>
</tr>
<tr>
<td>Preventive Dental</td>
<td>Up to 1 oral exam; cleaning; and fluoride treatment every 6 months</td>
</tr>
<tr>
<td>Dental X-Ray</td>
<td>1 per calendar year. 1 full mouth/Panorex x-ray every 3 years</td>
</tr>
<tr>
<td>Comprehensive Dental</td>
<td>$5,000 limit per calendar year for comprehensive dental benefits, now including dentures</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>$1,900 limit every 2 years for supplemental hearing aids + 1 hearing exam</td>
</tr>
<tr>
<td>Podiatry Services</td>
<td>Up to 1 supplemental routine visit every 3 months</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>Up to 12 supplemental routine visits per year</td>
</tr>
<tr>
<td>Over-the-Counter (OTC) Items</td>
<td>Up to $100 per month for OTC items and personal health and wellness products</td>
</tr>
<tr>
<td>Health/Wellness Classes</td>
<td>Nutritional training, smoking cessation, diabetic educator</td>
</tr>
<tr>
<td>Telehealth</td>
<td>Online doctors for a variety of medical conditions</td>
</tr>
<tr>
<td>Nursing Hotline</td>
<td>After-hours health line available to talk with a registered nurse</td>
</tr>
<tr>
<td>Meals</td>
<td>28 home-delivered meals upon each hospital discharge</td>
</tr>
</tbody>
</table>
Transportation updates
Brad Hargens, Chief Operating Officer
Transportation updates

Capacity
- Expanded our Specialty Transportation (e.g., Wheelchair, Stretcher, Bariatric) network on July 1st
  - 49 Wheelchair vehicles (294 trips daily)
  - 9 Stretcher vehicles (54 trips daily)
- Incentivizing existing NEMT provider network to increase capacity levels
- Increased network in Gila and Pinal counties in preparation for ACC RBHA implementation

Scheduling and Trip Status
- Rolling out web-based scheduling application
  - On-line scheduling and management of trips
  - Real-time tracking of patient rides
- SMS trip status updates for members

Oversight and Monitoring
- Twice daily reporting of trips requiring fulfillment
- Dedicated Mercy Care team works on aligning trips to contracted vendor
  - Includes Trip Rescues
Workforce Development

Sarah Hauck, Manager/Administrator of Workforce Development
Workforce Development Update

Az Healthcare Workforce Goals and Metrics Assessment (AHWGMA)

• Statewide (collaborative) initiative across all lines of business
  • ACC
  • ACC-RHA
  • ALTCS
  • DCS CHP
  • DES/DDD
  • Click Here: Required Provider Types

• Purpose: Strengthen and forecast the future needs of the AZ workforce, meet AHCCCS Contract requirements (ACOM 407)
  • Results will be published in 2023
  • Click Here to learn more
Workforce Development update continued

• Modify job descriptions
  • Realistic job previews, video vignettes, include ALL benefits, list competencies/key skills

• Speed up your time to hire
  • Engage candidate within 24 hours of application, virtual interviews, increased engagement

• Sell your company during the interview process

• Re-think your on-boarding
  • Adult Learning Principles, “test-out” options, Competency Evaluations

• Creative pay structures
  • Weekly, emergency fund, pay for time worked

Results based upon Long Term Care Pilot Project
Jan. 2018 – Dec 2022
Workforce Development recruitment and retention

• Training = retaining
  • Organizations that invest in learning and development have more engaged employees, higher retention and higher quality delivery of services to members

• Continuous recognition
  • In the moment, meaningful, frequent

• Address burnout, stress management and compassion fatigue
  • Not only with your direct care, but also with managers and supervisors

• Model a culture of diversity, equity, inclusion, and belonging

• Create succession plans
  • Especially for “difficult to fill” positions

Results based upon Long Term Care Pilot Project
Jan. 2018 – Dec 2022

Proprietary and Confidential
Claims Inquiry Claims Research (CICR) overview

Hiram Carroll III, Operations Supervisor, Medicaid CICR
Claims Inquiry/Claims Research (CICR)

• CICR in-bound call center is staff with highly-trained individuals that work to support Mercy Care providers.

• CICR leadership and staff work closely with the Network Management department.

• Assist providers by
  • Answering questions
  • Researching issues
  • Providing issue resolution

• If necessary, escalates inquiries to their assigned Network Management representative
<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate on self-service tools and resources</td>
<td>Check claims appeals status</td>
</tr>
<tr>
<td>Address remittance advice and negative balance questions</td>
<td>Request EFT and ERA status</td>
</tr>
<tr>
<td>Address general adjudication questions</td>
<td>Reset secure web portal issues/password</td>
</tr>
<tr>
<td>Check claims status</td>
<td>Address coordination of benefits questions</td>
</tr>
<tr>
<td>Address claim denial/edit questions</td>
<td>Address general payment and provider set-up questions</td>
</tr>
<tr>
<td>Address remittance advice and negative balance questions</td>
<td>Request EFT and ERA status</td>
</tr>
<tr>
<td>Reset secure web portal issues/password</td>
<td>Address general payment and provider set-up questions</td>
</tr>
</tbody>
</table>

How can CICR staff assist providers
Contacting CICR

Mercy Care providers can call CICIR:

- Monday – Friday, excluding holiday’s
- 8:00am – 6:00pm MST
- Callers must call the correct phone number, as listed below

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC, MCA, LTC, DCS CHP, and DDD</td>
<td>1-800-624-3879</td>
</tr>
<tr>
<td>ACC-RBHA</td>
<td>1-800-564-5465</td>
</tr>
</tbody>
</table>
Network Management overview

Erika Bowman, Manager, Network Management
Mercy Care has a comprehensive website in the “For Providers” section, providers can find resources, manuals, guides, forms, references, webinars, trainings and forms. Mercy Care sends out Provider Notices (AKA “Constant Contact”) that includes policy and procedures updates and information from our regulators. You can sign up through the Notices page to have the notice emailed directly to you).
Provider assignments

Each provider has an assigned Network Management representative (Provider Rep) to help you navigate Mercy Care. You can find your provider rep on our website in any of the “For Providers” tabs.

- by county,
- line of business,
- contract status.

Welcome to Mercy Care

Mercy Care Complete Care
Acute, O&M/SU, Children

Mercy Care RBHA
SMI

DCS Comprehensive Health Plan (CHP)
CMOP

Network Management Department

Our Network Management department serves as a liaison between Mercy Care and the provider community. Network Management is responsible for training, maintaining and strengthening the provider network in accordance with regulations.

If you need to check on the status of a claim, please use our secure web portal. You can access the portal by clicking on the link in the top upper right hand corner of this web page. You must be a registered user to access it. To register, please fill out our Registration Form (PDF). Please fax to the below number to start the process.

If you have questions regarding a processed claim, either paid or denied, please feel free to contact our Customer Service department at 602-263-3000 or 800-624-3879. Non-participating providers should contact our Customer Service department for all issues, in addition to claims issues.

You can fax directly to Network Management at 866-975-3201 the following information:

- Notifying the plan of changes to your practice
- Tax ID changes
- Recent practice or provider updates
- Termination from practice
- Web Portal Registration Form

Please feel free to contact our Network Management department for the following:

- Questions regarding the web portal Registration Form (PDF) or to check on enrollment status
- Credentialing requirements
- Provider Education

You can reach our Network Management department by calling 602-263-3000 or 800-624-3879. For your convenience, below you can find a listing of your assigned Network Management representative, as well as their detailed contact information:

- Network Management Assignments - Maricopa County
- Network Management Assignments - AITCS
- Network Management Assignments - Pima County
- Network Management Assignments - All Other Counties
- Network Management Assignments - Out Of State and Non-Contracted
- Network Management - Managers
Provider manual

Mercy Care has a Provider Manual for general information, one for each line of business.

- All Manuals with Mercy Care are an extension of your contract and need to be referenced and followed.
- Manuals are updated throughout the year, and we recommend that you save the Mercy Care website link to find the manuals rather than saving the document.
- On our website you can go into any “For Provider” tab and select the “Provider Manual” tab on the left side.
- Pay Special attention to MC Chapter 4 – Provider Responsibilities
- Please note that the Mercy Care Advantage Provider Manual can only be accessed going to the main website and selecting “For Providers’ under Mercy Care Advantage.

Mercy Care’s Provider Manual: [https://www.mercycareaz.org/providers/completecare-forproviders/manual](https://www.mercycareaz.org/providers/completecare-forproviders/manual)
Mercy Care 101 Training Vignettes

Mercy Care expanded our new provider in-service presentation, with the intention it can serve as a reference guide for our providers beyond the onboarding process. The presentation was broken down into segments and each one was recorded as a separate vignette that’s now available on the Mercy Care website.

<table>
<thead>
<tr>
<th>Mercy Care 101 Training</th>
<th>Vignette Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Provider Training</td>
<td><a href="https://www.youtube.com/watch?v=Yuu8YixURpl">https://www.youtube.com/watch?v=Yuu8YixURpl</a></td>
</tr>
<tr>
<td>Network Management Mailbox</td>
<td><a href="https://www.youtube.com/watch?v=6aJMWOUOW78">https://www.youtube.com/watch?v=6aJMWOUOW78</a></td>
</tr>
<tr>
<td>Member-Related Information</td>
<td><a href="https://www.youtube.com/watch?v=6gpVxXT4GAE">https://www.youtube.com/watch?v=6gpVxXT4GAE</a></td>
</tr>
<tr>
<td>Claims Overview</td>
<td><a href="https://www.youtube.com/watch?v=2wRrs4xaESM">https://www.youtube.com/watch?v=2wRrs4xaESM</a></td>
</tr>
<tr>
<td>Arizona Association of Health Plans (AzAHP) Credentialing Forms</td>
<td><a href="https://www.youtube.com/watch?v=4KW65sxIGDc&amp;feature=youtu.be">https://www.youtube.com/watch?v=4KW65sxIGDc&amp;feature=youtu.be</a></td>
</tr>
<tr>
<td>AHCCCS Information</td>
<td><a href="https://www.youtube.com/watch?v=Z8WiyFesgcw">https://www.youtube.com/watch?v=Z8WiyFesgcw</a></td>
</tr>
<tr>
<td>Additional Provider Information &amp; References</td>
<td><a href="https://www.youtube.com/watch?v=rBsauu2QFSg">https://www.youtube.com/watch?v=rBsauu2QFSg</a></td>
</tr>
</tbody>
</table>
Model of Care (MOC) training (con’t)

1. **Mercy Care Advantage**
   - Medicare/Medicaid
   - Become a member
   - For Members   For Providers

2. **Mercy Care Advantage Model of Care Training**
   - The Model of Care (MOC) for the MCA Special Needs Plan (SNP) offers an integrated care program with enhanced assessment and management for enrolled dual eligible enrollees. The processes, oversight committees, provider management, care management, and coordination applied to address enrollee needs result in a comprehensive and integrated model of care.
   - Under our Medicare contract, MCA is required to implement a MOC and must provide ongoing education to health plan staff and network providers who contribute to the effectiveness of the MOC. MOC training provides education on the elements and goals established by the health plan that our network providers play in its delivery to members.
   - Network providers are required to complete the MOC Training within 90 days of contracting annually thereafter. The training includes an attestation that must be completed by network providers. In addition, Network Management Representatives are able to provide a copy of MOC training to network providers who prefer to conduct in-office or virtual training for their staff. Network Management Representatives monitor timely MOC training completion and 2021 Mercy Care Advantage Model of Care Training Document Date: 04/19/2021

3. **Submit Attestation**
   - To begin, click the Submit Attestation button
   - To ensure you receive credit for this course, please be sure to include the following information in your attestation e-mail:
     - Individual Name (for individual practitioner attestation) Or
     - Contract Holder/Administrator Name (when conducting group training)*
     - Printed Clinic/Practice Name
     - Tax ID (TIN)
Model of Care (MOC) training

• Providers are required to review a PowerPoint presentation available on our website for the current year’s Model of Care (MOC) Provider Training within 90-days from the effective date of the contract and there after annually, or when available on the website.

• Click the “For Providers” button under Mercy Care Advantage, then scroll to the bottom to find the link to the Mercy Care Advantage Model of Care Training.

• Providers are required to complete the training annually - on or before December 31st of every year.

• An attestation is built into the MOC presentation and enables providers to email the completed attestation directly to our Network Management department.

• The following slide will demonstrate how to navigate to the presentation.
Timely notification of adds, terms and changes

- Contractually, all providers should give a 90-day notice to allow Mercy Care enough time to update the administrative tasks associated with terms/additions and ensure member continuity of care.
- Providers are required to issue a 90-day notice when adding/changing a provider/location.
- Mercy Care Network Development has an email address for already contracted provider groups to submit the type of requests below:

<table>
<thead>
<tr>
<th><a href="mailto:MercyCareNetworkManagement@mercycareaz.org">MercyCareNetworkManagement@mercycareaz.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>• NEW AzAHP credentialing individual practitioner data form and AzAHP organization/facility credentialing applications with all the required supporting documents for processing.</td>
</tr>
<tr>
<td>• Add/change/term individual providers w/ AzAHP Individual Practitioner Data forms or AzAHP organization/facility credentialing applications (already credentialed providers or those that do not require credentialing).</td>
</tr>
<tr>
<td>• NEW registration forms for granted access to the Mercy Care and/or Mercy Care ACC-RBHA secure web portals for easy and quick access to health plan and member information.</td>
</tr>
<tr>
<td>• Change &quot;Pay-To&quot; address and W-9 on file</td>
</tr>
<tr>
<td>• 2022 Model of Care (MOC) Attestation</td>
</tr>
<tr>
<td>• Electronic Remittance Advice (ERA) form</td>
</tr>
<tr>
<td>• Provider Service Profiles (PSP) file</td>
</tr>
</tbody>
</table>
Closing and upcoming sessions

Pat Weidman, Director, Network Management
Upcoming sessions

• Tuesday, October 4th
  • Transportation breakout session
    o 4:00 – 5:00 p.m.

• Wednesday, October 5th
  • Crisis services breakout session
    o 10:30 a.m. – 12:00 p.m.
  • Innovation breakout session
    o 1:00 – 2:30 p.m.
Follow us
@MercyCareAZ
Thank you