



Welcome to Mercy Care: Back to Basics

Featured speakers



Laura Nguyen

- Manager, Network Management



Erika Bowman

- Manager, Network Management

Agenda

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 - Provider manuals
 - Provider assignments
- Mercy Care lines of business
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- Claims submissions
- Claims resubmission vs. appeals
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- Claims inquiry claims research
- Provider rosters
- Network Management mailbox
 - Data protection and security
 - Medicare and Medicaid overview
 - Demographic updates
- Arizona Association of Health Plans (AzAHP) credentialing forms
- Electronic Remittance Advice (ERA)
- Electronic Funds Transfer (EFT)
- Model of Care (MOC) training
- Appointment Availability Audit (AAA)

Welcome to Mercy Care - www.MercyCareAZ.org

Mercy Care has a comprehensive website that provides resources, manuals (an extension of your contract), guides, forms, references, webinars, trainings and forms.

Mercy Care's website has provider notices that include Mercy Care updates/changes. You can sign up through the Notices page to have the notice emailed directly to you).

The image shows the MercyCareAZ.org website with a grid of service sections and a detailed view of the 'Notices' page.

Service Sections:

- Mercy Care Complete Care:** Acute, GMH/SU, Children. Includes a purple 'Become a member' button and green 'For Members' and 'For Providers' buttons.
- Mercy Care RBHA:** SMI. Includes a purple 'Become a member' button and green 'For Members' and 'For Providers' buttons.
- DCS Comprehensive Health Plan (C):** CMDP. Includes a purple 'Learn more' button and green 'For Members' and 'For Providers' buttons.
- Mercy Care Advantage:** Medicare/Medicaid. Includes a purple 'Become a member' button and green 'For Members' and 'For Providers' buttons.
- Mercy Care Long Term Care:** EPD/ALTCS. Includes a purple 'Become a member' button and green 'For Members' and 'For Providers' buttons.
- Developmental Disabilities:** DDD/ALTCS. Includes a purple 'Become a member' button and green 'For Members' and 'For Providers' buttons.

Notices Section:

Complete Care For Providers (dropdown menu)

- Provider Manual
- Applied Behavior Analysis
- Care (Disease) Management
- Claims
- Clinical Guidelines
- Cultural Competency
- Dental
- Electronic Visit Verification (EVV)
- Fraud, Waste And Abuse
- Health Information Exchange
- Language And Translation
- News And Events
- Notices

Notices

Mercy Care publishes provider notices with up-to-the-minute information you may need from our regulators, new coding/claims processing rules or any other new plan information to keep you as well informed about our plan as possible. You can receive provider notices via email. [Click here to sign up for our mailing list.](#)

Our Claims Processing Manual is located on our Claims web page. Many of our provider notifications are related to claims processing and have been incorporated into the Claims Processing Manual.

Complete Care Current Notices

Complete Care Archived Notices

Complete Care AHCCCS Minimum Subcontract Provisions

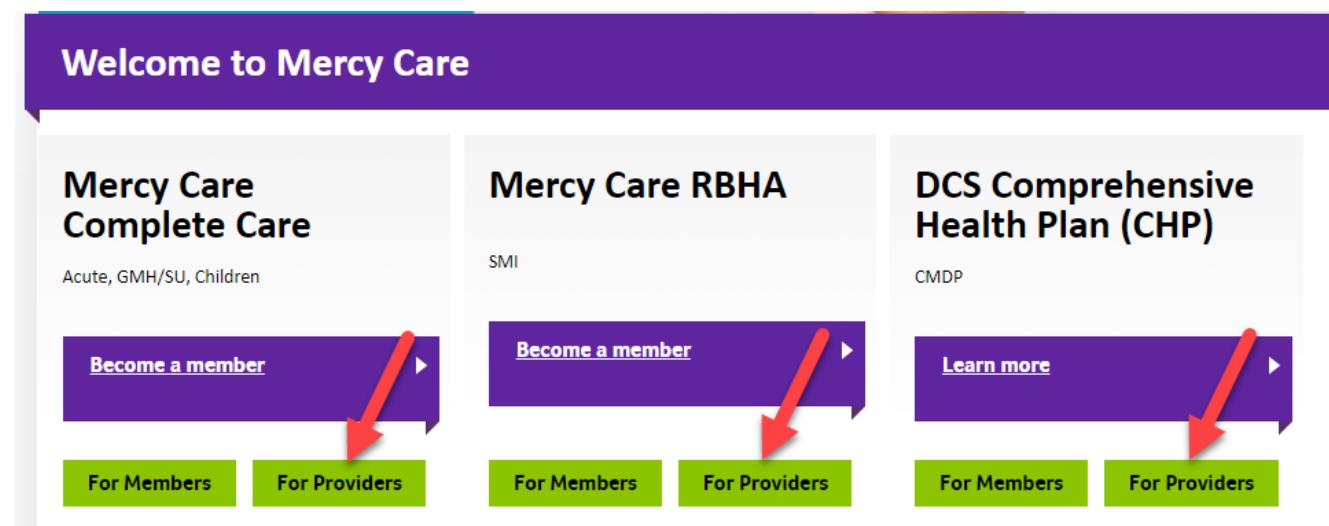
Medicaid Regulatory Compliance Addendum

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.

You can find your provider rep by county, line of business or contract status. You can also view a list of managers.

You can contact your provider rep for ALL status updates (i.e., provider loads, credentialing, etc.).

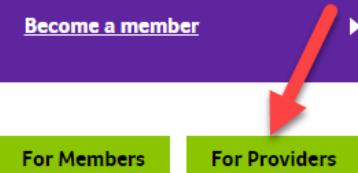


Welcome to Mercy Care

Mercy Care Complete Care
Acute, GMH/SU, Children

Mercy Care RBHA
SMI

DCS Comprehensive Health Plan (CHP)
CMDP

Become a member 

For Members **For Providers**

Learn more 

For Members **For Providers**

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 may access the portal by clicking on the link in the top upper right hand corner of this web page under Find A Provider. 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 **860-975-3201** 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 - ALTCS](#)
- [Network Management Assignments - Pima County](#)
- [Network Management Assignments - All Other Counties](#)
- [Network Management Assignments - Out of State and Non-Contracted](#)
- [Network Management - Managers](#)

Mercy Care contracted lines of business

ACC, ALTCS, DDD, MCA, DCS CHP claims

Bill to Mercy Care Payor ID 86052

RBHA claims

Bill to Mercy Care Payor ID 33628

ACC

AHCCCS Complete Care

Regulator: AHCCCS



Physical and Behavioral Care for Adults and Children Medicaid Members
Serving since 1985

Members – 389,759

ALTCS

Arizona Long Term Care System

Regulator: AHCCCS



Physical and Behavioral Care for Long Term Care Members
Serving since 2000

Members – 11,018

MCA

Mercy Care Advantage

Regulator: CMS



Physical and Behavioral Care for Medicare Advantage Dual Special Needs Plan
Serving since 2006

Members – 16,065

DD

Developmentally Disabled

Regulator: DDD



Physical and Behavioral Care for Developmentally Disabled Members
Serving since 1991

Members – 14,703

RBHA

Regional Behavioral Health Authority

Regulator: AHCCCS



Physical and Behavioral Care for Persons with Serious Mental Illness, BH for Foster Care Kids and Crisis
Serving since 2014

Members – 26,942

DCS CHP

Comprehensive Health Program

Regulator: DCS



Physical and Behavioral Care for Children in foster care
Serving since 2014

Members – 14,662

September 2021 Enrollment – Total Mercy Care Enrollment = 473,149

Proprietary and Confidential

Claims submissions

New claim submissions:

- Claims must be filed on a valid claim form within **150 days (5 months) from the date services** were performed or from the date of eligibility posting, whichever is later, unless there is a contractual exception. (Effective July 1, 2019)
- For hospital inpatient claims, date of service is the date of discharge of the patient.

You should submit claims electronically or through the mail:

Mercy Care Claims:

Mercy Care Claims Department
P.O. Box 52089
Phoenix, AZ 85072-2089

Mercy Care RBHA Claims:

Mercy Care RBHA Claims Department
P.O. Box 64835
Phoenix, AZ 85082-4835

Failure to submit claims in a timely manner could result in your claim being denied for timely filing.

Claims resubmission

Claims resubmission:

- If a claim denied or an original claim needs to be fixed, you will submit a claims resubmission – not a new claim
- Claim resubmissions must be filed within 365 days (one year) from the date of provision of the covered service or eligibility posting deadline, whichever is later.
 - The only exception is, if a claim is recouped, the provider is given an additional 60 days from the recoupment date to resubmit a claim.
 - You should submit any additional documentation that may effectuate a different outcome or decision.

You should submit claims electronically or through the mail:

Mercy Care Resubmission Claims:
Mercy Care Claims Department
Attn: Resubmission
P.O. Box 52089
Phoenix, AZ 85072-2089

Mercy Care RBHA Resubmission Claims:
Mercy Care RBHA Claims Department
Attn: Resubmission
P.O. Box 64835
Phoenix, AZ 85082-4835

Appealing a claim

A claim appeal, or dispute, involves the payment of a claim, denial of a claim, imposition of a sanction or reinsurance. A provider may file a claim dispute based on:

- Claim denial
- Recoupment
- Dissatisfaction with claims payment

You must submit your claims dispute in writing with supporting documentation.

- You should submit your claims dispute to the following:
- Fax: 602-351-2300 (preferred method)
- Mail:

Mercy Care
Attn: Appeals Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

Claims submission address changes

Effective **January 14, 2022**, Mercy Care will be changing the vendor that receives and scans all paper claims and claims correspondence submitted through the mail. Changing the vendor resulted in changing the P.O. Box address. Please make note of the below new addresses:

Mercy Care	Mercy Care Advantage	Mercy Care RBHA	Aetna Family Planning
Mercy Care Claims Department P.O. Box 982975 El Paso, TX 79998-2975	Mercy Care Advantage Claims Department P.O. Box 982975 El Paso, TX 79998-2975	Mercy Care RBHA Claims Department P.O. Box 982976 El Paso, TX 79998-2975	Aetna Family Planning Claims Department P.O. Box 982978 El Paso, TX 79998-2975

Secure web portals

Mercy Care strongly encouraged each provider office to enroll in one or both of our secure web portals for easy and quick access to health plan information:

✓ Fee schedules	✓ Claim status, payment information and remits	✓ Prior authorizations assigned to your group	✓ Some deliverables
✓ Verify member eligibility	✓ PCP panel roster	✓ Add/remove portal users	✓ And more....

The administrator of a provider's web portal account **CANNOT** be a 3rd party billing company; however, the provider group administrator can grant additional user's access; including office staff and 3rd party billing companies.

ACC/DDD/ALTCS/MCA/DCS CHP Secure Web Portal Form:	www.MercyCareAZ.org > Mercy Care Complete Care For Providers Tab > Provider Forms > Mercy Care Web Portal Registration Form
RBHA Secure Web Portal Form:	www.MercyCareAZ.org > Mercy Care RBHA For Providers Tab > Provider Forms > Mercy Care Web Portal Registration Form

Claims inquiry claims research (CICR)

Assistance with claims status should be handled through the following resources:

- Check the secured web portal
- Call CICR for a claim inquiry:
 - Mercy Care Complete Care: 800-624-3879
 - Includes Mercy Care Advantage and family planning
 - Mercy Care RBHA: 800-564-5465

✓ Check Claims Status	✓ Check Claims Appeal Status	✓ Claim Denial/Edit Questions
✓ Request EFT & ERAs	✓ Check Credentialing Status	✓ Check Payment Status/Issue Tracer
✓ Secure Portal Issues/Password Reset		

Provider rosters: adds, terms and changes

- Mercy Care has a comprehensive provider directory which is reviewed regularly to ensure accuracy.
- Routine audits are conducted by Mercy Care regulators; as such, it is the provider's responsibility to notify Mercy Care of any provider/facility terminations within the group.
- Contractually, 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.
- The provider directory can be accessed using the “Find a provider/Pharmacy” link at the top of the Mercy Care website: www.MercyCareAZ.org



Network Management department mailbox

Mercy Care Network Development has an email address for already contracted provider groups to submit the type of requests below:

- Submit **NEW** AzAHP credentialing individual practitioner data form and AzAHP organization/facility credentialing applications with all the required supporting documents for processing.
- Submit **NEW** registration forms for granted access to the Mercy Care and/or Mercy Care RBHA secure web portals for easy and quick access to health plan and member information.
- Submit provider rosters or already credentialed individual practitioner requests for **ADDS, TERMS or CHANGES**.

MercyCareNetworkManagement@MercyCareAZ.org

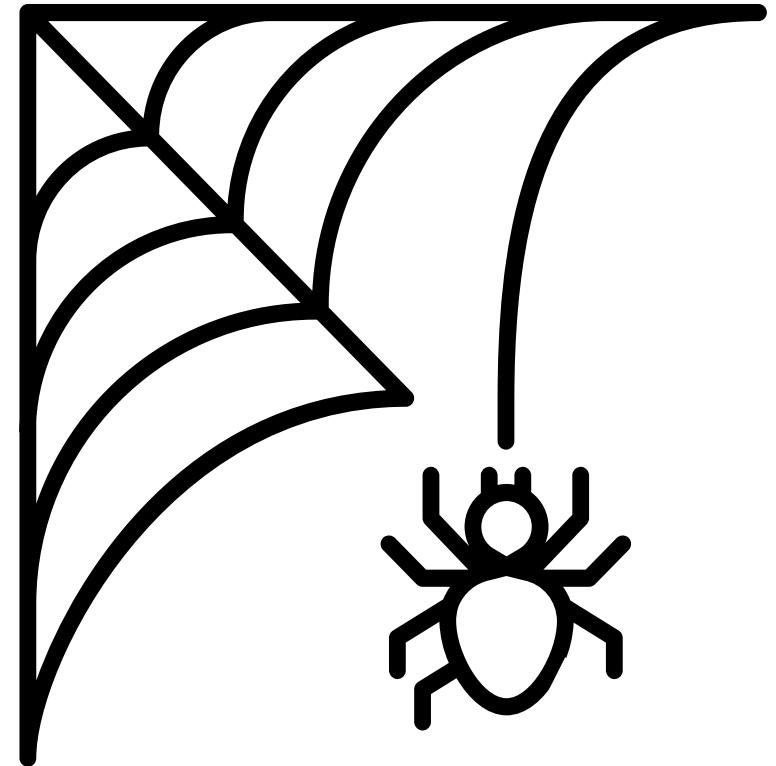
Data protection and security

It is important to always protect and secure the personal information of our providers and members. Below are a few trends that we have observed and want to address.

- DO NOT include provider information (i.e., TIN, AHCCCS ID or NPI) protected by The Health Insurance Portability and Accountability Act of 1996 (HIPAA) in the subject line of emails sent to the Network Management mailbox. You will not receive an auto-confirmation email due to the security violation.
- DO NOT include links or access to your practice or business server. Giving Mercy Care unnecessary access to other individual's confidential data compromises the integrity and confidentiality of their data.

Medicare and Medicaid overview

Body	Think of Center for Medicaid & Medicare (CMS) as the body of the spider. CMS is the foundation, or core, which is responsible for implementing laws passed by Congress related to Medicare and Medicaid healthcare programs. CMS also issues federal regulatory guidance and compliance standards.
Head	Think of the Arizona Health Care Cost Containment System (AHCCCS) as the head. AHCCCS is the state's government agency that oversees and provides direction to contracted health plans that administer and coordinate physical and behavioral health benefits across the state. AHCCCS also ensures that health plans operate according to CMS federal and State of Arizona regulatory guidance and compliance standards.
Legs	Think of Mercy Care as one of the seven legs. Mercy Care is one of seven health plans awarded contracts by AHCCCS to administer and coordinate physical and behavioral health benefits according to all CMS federal and State of Arizona regulatory guidance and compliance standards.



Demographic updates

- Demographic updates must be submitted when adding a new service location, updating an existing practitioner's profile (name change, new service location, etc.), or updating a "Pay To" address.
- Update requests must be submitted on company letterhead, in an email body with a professional group/organization signature, a completed AzAHP roster, or a completed AzAHP credentialing form
- The following two slides outline the required information and supplemental document for each type of update request.

Demographic updates (con't)

Update requests to include a new location

- ✓ Group TIN
- ✓ Location NPI
- ✓ Full address (city, state, zip code and county)
- ✓ Phone number
- ✓ Fax number
- ✓ Effective date
- ✓ Provider schedule at new and other active locations
- ✓ Current W-9 with “Pay To” address – signed within last year
- ✓ Completed AzAHP assessment pages for each location (if the information is different). If accommodations are the same, in place of the address you can write: “ALL.”

Demographic updates (con't)

Update existing practitioner profile

- ✓ Name Change (if applicable)
- ✓ Group TIN
- ✓ Group NPI
- ✓ Practitioner NPI
- ✓ Effective date
- ✓ Provider schedule at new and other active locations

Update “pay-to” address

- ✓ Group TIN
- ✓ Group NPI
- ✓ Effective date

- ✓ Current W-9 with “Pay To” address – signed within last year

AzAHP credentialing forms

There is a new AzAHP Practitioner Data Form and a new combined AzAHP Organizational Facility Application. (Effective October 1, 2021) Old Forms will no longer be accepted. You can find the new forms on our website.

www.MercyCareAZ.org > Mercy Care Complete Care For Providers Tab > Provider Forms

New forms can be identified with this footer:

REVISED 2021

Mercy Care reviews all submitted AzAHP Practitioner Data Forms and AzAHP Organization Facility Applications to ensure each form is filled out completely and to validate some data fields. Many forms are considered incomplete because they're missing information and emailed back to the senders. This delays the processing, and ultimately, the credentialing process of your practitioner, organization and/or facility.

The next few slides provide examples of why most forms are returned.

AzAHP credentialing forms reminders

Practitioner's Name and Degree: (Last) (First) (M.I.) (Degree)	CAQH #	<input type="checkbox"/> Female <input type="checkbox"/> Male
		DOB:
1099 Registered Name (Required)		Tax ID #:
Group Practice Name (DBA) if applicable:		
Practitioner's Effective Date w/Practice		
Group Type (check all that apply)		Practitioner Type:
<input type="checkbox"/> FQHC/RHC <input type="checkbox"/> IC <input type="checkbox"/> Multi Spec <input type="checkbox"/> Other		<input type="checkbox"/> PCP <input type="checkbox"/> OBGYN <input type="checkbox"/> Specialist <input type="checkbox"/> BH <input type="checkbox"/> Dentist <input type="checkbox"/> Other _____
Lines of Business:		Does provider participate in Medicare?
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial		<input type="checkbox"/> YES <input type="checkbox"/> NO
		Is provider Hospital Based Only?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
SSN:	Individual NPI#	Organizational NPI# AHCCCS I.D. #

CAQH #	Must include all eight characters. Can be a combination of letters and/or numbers.
AHCCCS I.D. # On both forms	Must include all six numbers. Submit the individual practitioner's ID# on that specific form and the organization/facility's ID on that specific application.
Make sure that all individual practitioners are linked to the group TIN with AHCCCS provider registration. Failing to do so may delay provider loading.	

Want Contract as PCP? <input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Hygienist Affiliated Dentist # _____
Accepting New Patients: <input type="checkbox"/> YES <input type="checkbox"/> NO	Patient Age Range: _____
Do you provide services to individuals with special needs/chronic conditions? (check all that apply)	Patient Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both
<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Behavioral <input type="checkbox"/> Emotional <input type="checkbox"/> None	Physician Assistant Supervising Physician Name _____

Patient Age Range	Must specify adult (18-99), pediatric (0-21), or all (0-99).
Patient Gender	Must specify male, female or both.

AzAHP credentialing forms reminders

Do you treat any of the following diagnoses? (check all that apply): <input type="checkbox"/> Anxiety <input type="checkbox"/> AHDS <input type="checkbox"/> EPSDT <input type="checkbox"/> Depression <input type="checkbox"/> HIV <input type="checkbox"/> Substance Abuse <input type="checkbox"/> None							
PCPs and OBS ONLY: Do you provide any of the following services? <input type="checkbox"/> EPSDT <input type="checkbox"/> OB <input type="checkbox"/> None							
Do you participate in VFC (Vaccines for Children)? (PCPs seeing AHCCCS members 18 & < must participate)		<input type="checkbox"/> YES <input type="checkbox"/> NO		VFC PIN CODE:		Do you E-Prescribe? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Names of Practitioners in Call Group (Must be contracted with plan) Space for additional names at end of application		Hospital & Ambulatory Surgery Center(s) where practitioner has privileges. Space for additional names at end of application					

VFC Participation	Must be completed by all PCPs that treat pediatric (0-18) members.
VFC PIN Code	Must include all four numeric digits.

PRIMARY ADDRESS (Physical location where services are performed) <input type="checkbox"/> Supplemental sheet attached for additional addresses	Address:	City:	State:	Zip Code:
	Phone:	Fax:	County:	
	Provider Office Hours (highlight all that apply) S M T W TH F S		Time Open:	Time Closed:
	Special considerations (s) (i.e. closed for lunch, etc)			
	List Practitioner in Directories at this address? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Patient Provider Office Hours	Must specify the days worked at every service location. Must specify the hours worked (not hours of operation) at every service location. If provider works regular days and hours, the documented hour of availability cannot overlap. DO NOT indicate M-F, 8 to 5 for all locations. If provider workdays and hours vary across multiple locations, response can be "Varies."
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AzAHP credentialing forms reminders

License #:	State:	Exp Date:	DEA #	State:	Exp Date:	If MAT Prescriber XDEA# State: _____ Exp Date: _____
Primary Practicing Specialty:		Board Certification: <input type="checkbox"/> YES <input type="checkbox"/> NO		New Graduate: <input type="checkbox"/> YES <input type="checkbox"/> NO		Graduation/Completion Date (licensed to practice dentistry for the first time in your career and/or completed post-graduate training for the first time within the last 6 months .)
Secondary Practicing Specialty:		Board Certification: <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of Exam:		
Want Contract as PCP? <input type="checkbox"/> YES <input type="checkbox"/> NO		Dental Hygienist Affiliated Dentist Name: _____				

License #, DEA #, and/or XDEA # Expiration Date	All licenses and registrations must be current. Do not submit applications with “Pending” or “Expired” license or registrations.
Want contract as PCP?	Only mark “YES” if you are registered as a PCP.

Provider Assessment of Cognitive and Physical Disabilities Accommodations

Please identify what accommodations you provide at **each of your practice locations** for members with cognitive or physical disabilities. If accommodations are the same at all locations, on Practice Location Address, please state ALL. Please, complete a separate Assessment for each location if accommodations vary.

Organizational/Facility Assessment of Cognitive and Physical Disabilities Accommodations

Please identify what accommodations you provide at **each of your organizational facility locations** for members with cognitive or physical disabilities. If accommodations are the same at all locations, on Practice Location Address, please state ALL. Please, complete a separate Assessment for each location if accommodations vary.

Cognitive and Physical Disabilities Accommodations *On Both Forms*

Must complete all pages of the assessments for each location, if accommodations are different. If accommodations are the same, in place of the address you can write: “ALL.” Do not leave blank.

AzAHP credentialing forms – insurance requirements

The AzAHP Credentialing Forms include a checklist that outlines the different **AHCCCS insurance required language and minimum amounts of coverage** that MUST be included in the Commercial General Liability, Personal Liability, Business Automobile Liability, and Worker's Compensation and Employers' Liability policy and certificate of insurance.

Requirements:

Endorsement—The policy shall be endorsed (Blanket Endorsements are not acceptable) to include the following insure language: *"The State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor"*. Such additional insured shall be covered to the full limits of liability purchased by the Subcontractor, even if those limits of liability are in excess of those required by this contract.

Waiver of Subrogation—The policy shall contain a waiver of subrogation endorsement (Blanket Endorsements are not acceptable) in favor of the *"State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees"* for losses arising from work performed by or on behalf of the Subcontractor.

Sexual Abuse and Molestation coverage (SAM)—If direct services are provided to children and/or vulnerable adults as defined by A.R.S. 46-451(A)(9), the policy shall include coverage for SAM. This SAM coverage may be sub-limited to no less than \$500,000. The limits may be included within the General Liability limit, provided by separate endorsement with its own limits.

The following statement must provide on their Certificate(s) of Insurance: *"Sexual Abuse and Molestation coverage is included"* or *"Sexual Abuse and Molestation coverage is not excluded."*

If you are unable to obtain SAM coverage under your General Liability because the insurance market will not support it, it should be included with the Professional Liability

Endorsement	Endorsement is required for Commercial General Liability and Business Automobile insurance certificates (if applicable). DO NOT submit blank endorsements.
Waiver of Subrogation	Waiver is required for Commercial General Liability, Business Automobile Policies (if applicable), and Worker's Compensation & Employer Liability insurance certificates.
Sexual Abuse & Molestation Coverage (SAM)	SAM is required for Commercial General Liability and Professional Liability insurance certificates.

AzAHP credentialing forms – additional tips

- These AzAHP Credentialing Forms are official documents. Mercy Care cannot alter provider submissions. If the document is returned for a missing information, you should make sure to edit the form and resubmit it with all documentation as a completed packet.
- Ensure that all information on the AzAHP Practitioner Data Form and/or AzAHP Organizational/Facility Practitioner Application matches the AHCCCS provider registration.
- Submit a **COMPLETE CREDENTIALING PACKET** with **ALL** applicable supporting documentation.
- The following slide will outline the required information for each application.

AzAHP credentialing forms – additional tips

AzAHP Practitioner Data Form

1. IRS 941 voucher or accurate W-9
2. Copy of your board certification (if applicable)
3. Copy of date of board certification examination
 - If not board certified, provide documentation of CMEs.
4. Copy of your Certificates of Insurance information that includes the minimum requirements:
 - See page 6 for the Insurance Requirement Checklist.
 - See pages 7 and 8 for complete details regarding AHCCCS Insurance Requirements

AzAHP Organizational/Facility Application

1. Current state license and/or business license for each location (if applicable)
2. Medicare certification letter (if applicable)
3. CLIA certificate (if applicable)
4. Current Professional Malpractice and Comprehensive General Liability Insurance Policy
5. IRS form 941 voucher or accurate W-9
6. Behavioral health facilities only: If you employ behavioral health technicians (BHTs) and/or behavioral health paraprofessionals (BHPP), provide your policies and procedures that outlines your process for monitoring/supervising BHTs and the BHPPs.
7. Accreditation documentation (if applicable)

Electronic Remittance Advice (ERA)

Mercy Care offers Electronic Remittance Advice through our secure web portals.

- The benefits of ERA include:
 - Electronic file of processed claims from Mercy Care
 - Electronically post payments to your practice management system
 - Faster and easier reconciliation of account receivables
 - Simplified reconciliation process
 - Can usually be seen in portal the day after electronic funds transfer

www.MercyCareAZ.org > For Providers > Provider Forms > Electronic Remittance Advice (ERA) Enrollment/Change/Cancellation

Electronic Funds Transfer (EFT)

Mercy Care offers Electronic Funds Transfer which allows providers to receive payments deposited directly to their bank account and results in a more expeditious payment process.

- Mercy Care Complete Care check runs occur every Tuesday and EFT will generally appear in the provider's bank account on the Wednesday following the check run.
- If a holiday falls on Monday, the money will not appear in the provider's account until Thursday.

www.MercyCareAZ.org > For Providers > Provider Forms > Electronic Fund Transfer (EFT) Form

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 Provider Training.
- An attestation is built into this presentation that enables you to email the attestation directly to our Network Management department.
- Click the Mercy Care Advantage “For Providers” button, then scroll all the way to the bottom to find the link to the Mercy Care Advantage Model of Care Training.
- Follow the instructions outlined in the presentation: [2021 Model of Care Training](#)
- The following slide will demonstrate how to navigate to the presentation.

Model of Care (MOC) training

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 management program with enhanced assessment and management for enrolled dual eligible enrollees. The processes, oversight committees, provider management, care management, and coordination of care applied to address enrollee needs result in a comprehensive and integrated model of care.

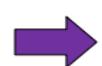
Under our Medicare contract, MCA is required to implement a MOC and must provide ongoing education to health plan staff and network providers who contribute to the effectiveness of the MOC. MOC training provides education on the elements and goals established by the health plan that our network providers play in its delivery to members.

Network providers are required to complete the MOC Training within 90 days of contracting and 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 follow up with network providers as required to comply with this MCA contract requirement.

[2021 Mercy Care Advantage Model of Care Training Document Date: 04/19/2021](#)

[Additional information about Mercy Care Advantage](#)

3. To begin, click the Submit Attestation button



[Submit Attestation](#)

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)

Appointment Availability Audit (AAA)

- All AHCCCS health plans are required to ensure providers can provide member physical and behavioral health services in a timely manner.
- A Mercy Care team member will call your office quarterly to complete a quick questionnaire designed to assess your appointment availability for members.
- Any member of your scheduling team can answer this questionnaire.
 - Questionnaire takes about 3-5 minutes or less once you have completed a few and get to know the questions.

Go to the AHCCCS website for complete AHCCCS Standards Appointment Availability for all AHCCCS members:

- [Standards Appointment Availability](#)

Q&A

Reminders and upcoming sessions

November 17

- DCS CHP: Where we are and where we are going (2 – 2:30 p.m.)

We will send post surveys to all participants. We hope you'll take a few minutes to provide your feedback.

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Thank you

