Agenda

- Mercy Care plans
- Member Eligibility
  - Resources for checking eligibility
  - Review eligibility scenarios
  - Mercy Care eligibility quick reference grid
  - Other resources and references
- Claims
  - Addresses
  - Timely filing
  - Member IDs
  - Coordination of benefits
  - Explanation of benefits
  - EVV
  - ROPA
  - PCPs
  - Fee schedules
  - State only codes
  - Titled/non-titled crisis & grants
  - Mercy Care web portal
Mercy Care contracts

**ACC**
AHCCCS Complete Care
Regulator: AHCCCS

**ALTCS**
Arizona Long Term Care System
Regulator: AHCCCS

**MCA**
Mercy Care Advantage
Regulator: CMS

**DD**
Developmentally Disabled
Regulator: DDD

**RBHA**
Regional Behavioral Health Authority
Regulator: AHCCCS

**DCS CHP**
Comprehensive Health Program
Partner: CMDP

- Physical and Behavioral Care for Adults and Children Medicaid Members
  *Serving since 1985*
  - Members – 368K*

- Physical and Behavioral Care for Long Term Care Members
  *Serving since 2000*
  - Members - 11K*

- Physical and Behavioral Care for Medicare Advantage Dual Special Needs Plan
  *Serving since 2006*
  - Members 16K*

- Physical and Behavioral Care for Developmentally Disabled Members
  *Serving since 1991*
  - Members 14K*

- Physical and Behavioral Care for Persons with Serious Mental Illness, BH for Foster Care Kids and Crisis
  *Serving since 2014*
  - Members 34K*

- Physical and Behavioral Care for Children in foster care
  *Serving since 2014*
  - Members – 13,500

*As of January 2021
Changes effective April 1, 2021

Current

RBHA CMDP
• Mercy Care (Central)
• AZ Complete Health (South)
• Health Choice Arizona (North)

Acute CMDP
• DCS/CMDP

Future

DCS CHP
• Mercy Care

*The Comprehensive Medical and Dental Program is changing its name to Comprehensive Health Plan (CHP) effective 4/1/21

*Crisis services remain under the RBHAs
Member Eligibility

Sean Bangert
Providers can do the following:

- Via MercyCareAZ.org: This requires a confidential password to access:
  - Mercy Care Web Portal
  - Mercy Care RBHA Web Portal
    - To register, contact your Network Management representative
- AHCCCS Online
- Call AHCCCS Interactive Voice Response (IVR) at 602-417-7200 in Maricopa county or 800-331-5090 outside Maricopa county
- Call Mercy Care Member Services (ACC, ALTCS, MCA, DD): 602-263-3000
- Call Mercy Care DCS CHP Member Services: 602-212-4983
- Call Mercy Care RBHA: 800-564-5465
# Check eligibility

<table>
<thead>
<tr>
<th>Membership</th>
<th>Health Plan</th>
<th>BHS Site ID</th>
<th>Contract Type</th>
<th>Acute/Physical Health Contactor</th>
<th>Behavioral Health Contractor</th>
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</thead>
<tbody>
<tr>
<td>ACC Integrated (includes PPC)</td>
<td>010306</td>
<td>54</td>
<td>A or H</td>
<td>Mercy Care</td>
<td>Mercy Care</td>
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<tr>
<td>RBHA Integrated</td>
<td>010306</td>
<td>54</td>
<td>C, D, or W</td>
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<td>Mercy Care RBHA</td>
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<td>GMHSU Only</td>
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<td>54</td>
<td>-</td>
<td>Assigned Health Plan</td>
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<td>Non-Title</td>
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<td>-</td>
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<td>Mercy Care RBHA</td>
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<tr>
<td>DD</td>
<td>110007</td>
<td>62</td>
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<td>Mercy Care</td>
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<tr>
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<td>110007</td>
<td>62</td>
<td>-</td>
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<td>UnitedHealthcare Community Plan</td>
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<tr>
<td>ALTCS</td>
<td>110306</td>
<td>59</td>
<td>J or L</td>
<td>Mercy Care</td>
<td>Mercy Care</td>
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<tr>
<td>DCS/CHP</td>
<td>010166</td>
<td>64</td>
<td>-</td>
<td>Mercy Care</td>
<td>Mercy Care</td>
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</table>

Please note non-Medicaid DCS CHP enrollment and eligibility are only available through Mercy Care. These segments are not available or displayed in the AHCCCS Online system.
Scenario 1: Member is Medicaid Integrated (Acute and Behavioral Health) with Mercy Care

Eligibility and Enrollment Tab

<table>
<thead>
<tr>
<th>Health Plan ID/Description</th>
<th>Period Start</th>
<th>Period End</th>
<th>Rate Code</th>
<th>Contract Type</th>
<th>Insurance Type</th>
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<tbody>
<tr>
<td>010305 MERCY CARE PLAN</td>
<td>09/01/2017</td>
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<td>2620 - SSI DISABLED EXPANDED WITH QMB</td>
<td>A ACC/CAP</td>
<td>HN HEALTH MAINTENANCE ORGANIZATION (HMO)</td>
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</table>

Behavioral Health Service Tab

<table>
<thead>
<tr>
<th>BHS Category</th>
<th>Begin Date</th>
<th>End Date</th>
<th>BHS Site</th>
<th>BHS Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL MENTAL HEALTH SERVICES</td>
<td>08/25/2017</td>
<td></td>
<td>54 MERCY CARE PLAN</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
</tr>
</tbody>
</table>
Scenario 2: Member is Medicaid Integrated (Acute and Behavioral Health) with Mercy Care RBHA

Eligibility and Enrollment Tab

<table>
<thead>
<tr>
<th>Medical Enrollment</th>
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<tr>
<td>Health Plan ID/Description</td>
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<tr>
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Service Type Codes

Behavioral Health Service Tab

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<th>Behavioral Health Services</th>
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</thead>
<tbody>
<tr>
<td>BHS Category</td>
</tr>
<tr>
<td>S SMI</td>
</tr>
<tr>
<td>S SMI</td>
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</tbody>
</table>
**Scenario 3: Member is Non-Title (Behavioral Health) with Mercy Care RBHA**

Eligibility and Enrollment Tab

<table>
<thead>
<tr>
<th>Health Plan ID/Description</th>
<th>Period Start</th>
<th>Period End</th>
<th>Rate Code</th>
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<th>Insurance Type</th>
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<tbody>
<tr>
<td>NONAHC NON-DHCCS</td>
<td>10/11/2018</td>
<td></td>
<td>5000 • STATE-ONLY BHS</td>
<td>9 NON/AHC</td>
<td>MC MEDICAID</td>
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Behavioral Health Service Tab

<table>
<thead>
<tr>
<th>BHS Category</th>
<th>Begin Date</th>
<th>End Date</th>
<th>BHS Site</th>
<th>BHS Service Type</th>
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</thead>
<tbody>
<tr>
<td>G GENERAL MENTAL HEALTH SERVICES</td>
<td>10/11/2018</td>
<td></td>
<td>37 MMIC&lt;10-1/MERCYCRE NON15&gt;10-1</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
</tr>
</tbody>
</table>
Scenario 4: Member is Medicaid Acute with American Indian Health Plan and Behavioral Health with Mercy Care RBHA

Eligibility and Enrollment Tab

<table>
<thead>
<tr>
<th>Health Plan ID/Description</th>
<th>Period Start</th>
<th>Period End</th>
<th>Rate Code</th>
<th>Contract Type</th>
<th>Insurance Type</th>
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</thead>
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<tr>
<td>899999 AHCOCGS AMERICAN INDIAN HP</td>
<td>09/06/2018</td>
<td>11/06/2018</td>
<td>2220 - SSI DISABLED WITH QMB</td>
<td>ACC/FFS</td>
<td>MC MEDICAID</td>
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</table>

Service Type Codes

Behavioral Health Service Tab

<table>
<thead>
<tr>
<th>BHS Category</th>
<th>Begin Date</th>
<th>End Date</th>
<th>BHS Site</th>
<th>BHS Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>S SMI</td>
<td>10/01/2018</td>
<td></td>
<td>54 MERCY CARE PLAN</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
</tr>
</tbody>
</table>
Scenario 5: Member is Medicaid Integrated (Acute and Behavioral Health) with American Indian Health Plan

Eligibility and Enrollment Tab

<table>
<thead>
<tr>
<th>Health Plan ID/Description</th>
<th>Period Start</th>
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<th>Rate Code</th>
<th>Contract Type</th>
<th>Insurance Type</th>
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<tbody>
<tr>
<td>999998 AHCCCS AMERICAN INDIAN HP</td>
<td>02/22/2018</td>
<td>3716 - ADULT &lt;40% EXP MALE 21-44 NO MDC</td>
<td>E ACC/FFS</td>
<td>MC MEDICAID</td>
<td></td>
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</table>

Behavioral Health Service Tab

<table>
<thead>
<tr>
<th>BHS Category</th>
<th>Begin Date</th>
<th>End Date</th>
<th>BHS Site</th>
<th>BHS Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>G GENERAL MENTAL HEALTH SERVICES</td>
<td>10/01/2018</td>
<td>09/30/2018</td>
<td>AMERICAN INDIAN HLTH PROGRAM</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
</tr>
<tr>
<td>G GENERAL MENTAL HEALTH SERVICES</td>
<td>02/22/2018</td>
<td>09/30/2018</td>
<td>37 MMIC&lt;10-1/MERCYCRE NON19&gt;10-1</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
</tr>
</tbody>
</table>
Scenario 6: UnitedHealthcare Community Plan is responsible for CRS related physical health services and behavioral health services. The DDD subcontractor is responsible for physical health services not related to the CRS condition.

Eligibility and Enrollment Tab

<table>
<thead>
<tr>
<th>Health Plan ID/Description</th>
<th>Period Start</th>
<th>Period End</th>
<th>Rate Code</th>
<th>Contract Type</th>
<th>Insurance Type</th>
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<tr>
<td>110007 LTC DD DES</td>
<td>06/20/2002</td>
<td></td>
<td>2210 - SSI DISABLED NON-MEDICARE</td>
<td>J LTC/CAP</td>
<td>HM HEALTH MAINTENANCE ORGANIZATION (HMO)</td>
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</table>

Behavioral Health Service Tab

<table>
<thead>
<tr>
<th>BHS Category</th>
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<th>End Date</th>
<th>BHS Site</th>
<th>BHS Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>S SMI</td>
<td>10/01/2018</td>
<td>09/30/2018</td>
<td>62 DD - UHC CRS</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
</tr>
<tr>
<td>S SMI</td>
<td>09/24/2016</td>
<td>09/30/2018</td>
<td>33 UHCP/CHILDRENS REHAB</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
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</table>

Additional Benefits Tab

<table>
<thead>
<tr>
<th>DDD Plan</th>
<th>Begin Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>010306 - MERCY CARE PLAN</td>
<td></td>
<td>06/20/2002</td>
</tr>
</tbody>
</table>
Mercy Care RBHA is responsible for administering limited crisis and state-only services for persons having behavioral health coverage through an ACC or another RBHA. Because these members are not enrolled or assigned to Mercy Care RBHA, providers rendering crisis and/or state-only services must communicate basic member detail to Mercy Care RBHA. This detail will be used to confirm enrollment detail with AHCCCS - so we may adjudicate claims.

Beginning Monday, December 3, 2018, providers may use the new Provider Intake - Crisis/State-Only Membership screen to notify Mercy Care RBHA of persons enrolled elsewhere but receiving crisis and/or state-only services through the RBHA. The following information will be collected for each member and sent to the State for validation.

- **Membership Type:** Crisis services (C) or State-Only Services (S)
  - Span Duration Guidelines: Eligibility spans for Crisis Services (C) will be set at 3-days in duration.
  - State-only services (S) spans will be set at 30-days in duration.

- **AHCCCS ID:** Member must already be actively enrolled with another ACC or RBHA.

- **Member Last Name:** Informational only. Limited to 20 characters.

- **Member First Name:** Informational only. Limited to 10 characters.

- **Span Start Date:** The date services began.

- **Span End Date:** This data point is auto-generated based on the Membership type selected and Span Duration Guidelines.

**Please note:** Crisis/State-Only membership should NOT be confused with Non-Title enrollment. The Crisis/State-Only process is intended for only members having active behavioral health coverage through an ACC or another RBHA. Non-Title enrollments are intended for persons without existing behavioral health coverage through a Medicaid plan.
Resources

• AHCCCS application:  
  https://www.azahcccs.gov/Members/GetCovered/apply.html

• AHCCCS getting covered:  
  https://www.azahcccs.gov/Members/GetCovered/

• AHCCCS guides and manuals for health plans and providers:  

• AHCCCS resources:  
  https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/availablehealthplans.html

• AHCCCS providers:  
  https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/

• Childrens Rehabilitative Services (CRS):  
  https://www.azahcccs.gov/Members/GetCovered/Categories/CRS.html
Resources

• Covered Services Guide:

• Provider search tool:
  https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/

• Quick screener tool:
  https://www.healthearizonaplus.gov/App/Scr_Quick.aspx?QS=pJaHCUVgTg1DWDU3qb+Dsw

• Mercy Care Website:
  www.mercycareaz.org  **see Notices under each plan’s “For Providers” link**
Claims

Vickie Payan
Claims mailing address

04/01 change:
• Providers currently billing using the RBHA address will now use the Mercy Care address for DCS CHP claims
## Mercy Care Claims

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

DCS CHP will use this address effective 04/01/2021
## Mercy Care RBHA Claims

**MERCY CARE RBHA**

**DCS CHP will only use this address for services prior to 04/01/2021**

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

New claim submissions:

• Claims must be filed
  • on a valid claim form
  • within **150 days (five months) from the date services** were performed or from the date of eligibility posting, whichever is later, unless there is a contractual exception

• Hospital inpatient claims
  o date of service means the date of discharge of the patient
Timely filing

Claim resubmission:

• 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.
  o 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.
  o Please submit any additional documentation that may effectuate a different outcome or decision.

• If a claim was denied and the entire claim denied and it is within timely filing, the claims can be resubmitted as a new claim; it doesn’t need to be submitted as a corrected claim.

• If any part of the claim was paid (or if the entire claim denied but is now outside of timely filing for new claims) the resubmission need to be submitted as a corrected claim.
  o The claim should be submitted with a 7 in the submission form location and the Original Claim ID field needs to be filled out.

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

Mercy Care and Mercy Care RBHA both maintain a great record on timeliness of claims processing. We do not anticipate any changes with the new 04/01 contract and shifts in membership. Over the last year our averages have been as follows:

• Clean Claim Timeliness (at 30 days)
  o RBHA = 97.4%
  o Mercy Care = 98.6%

• Clean Claim Timeliness (at 90 days)
  o RBHA = 100%
  o Mercy Care = 99.9%
Providers

• Mercy Care has been actively working on contracting with all existing RBHA providers. The intent is that we will have providers contracted for new lines of business by 04/01/2021.

• We are currently doing comparisons of both Mercy Care and Mercy Care RBHA operating system to confirm providers are actively loaded in both systems and/or auto amended for new line of business.

• If you see an issue with your provider type(s) not loaded under Mercy Care DCS CHP please notify your Network Management Representative and he/she will have this reviewed and corrected.
AHCCCS ‘A ID’ vs. DCS CHP ‘P ID’

• Every DCS CHP member will be assigned a DCS CHP ‘P ID’

• Most members (90%+) will eventually be enrolled in AHCCCS and will get an AHCCCS ‘A ID’. However, not every member will get an AHCCCS ‘A ID’. There are circumstances that a child will remain Non-Medicaid (‘P ID’).

• For any member assigned an ‘A ID’ it is very important that provider use that ID when submitting claims. Using the ‘P ID’ when an ‘A ID’ exist could result in claim rejections.
  - Before a claim is rejected our system will attempt to match on member name and DOB; however, if either of these are not a match and only the P ID is submitted our system will reject the claim back to the provider
  - Example John Doe vs John A. Doe or DOB 01/01/2016 vs 01/10/2016
Coordination of Benefits

• Both Mercy Care and Mercy Care RBHA recognize that a large majority of primary payers do not cover behavioral health CPT codes that begin with H, S, and T.
  o Both plans do not require a primary EOB denial; we will consider these service as primary without requiring the provider to bill the primary carrier for a denial.
  o As with the current process if the service is payable by a primary payer the provider is expected to bill the primary first so that Mercy Care can cost share the claims and report savings to AHCCCS

• Both plans are capable of receiving claims that include coordination of benefits (primary payments) via EDI submission.
  o You are not required to submit claims via paper
Explanation of Benefits (EOB/385)

• EOB format will not be changing as part of the DCS CHP
  o remits will show Mercy Care for all lines of business
  o intent is that the 835 will only be separated for the RBHA line of business
    (named Mercy Care RBHA)

• For providers billing APR-DRG:
  o Both the DRG and the SOI (Severity of Illness) are included on the EOB
EVV - Electronic Visit Verification

Mercy Care is currently soft (warn) editing for EVV and providers are now seeing remit comments on their 835/paper (date to hard edit is currently TBD). EVV applies to the below provider types, services, and locations.

- https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/
- https://www.mercycareaz.org/providers/completecare-forproviders/evv
Referring, Ordering, Prescribing, Attending (ROPA) Providers

The following services require the submission of an ordering provider:

- Laboratory
- Radiology
- Medical and Surgical Supplies
- Respiratory DME
- Enteral and Parental Therapy
- Durable Medical Equipment (DME)
- Drugs (J-Codes)
- Temporary K and Q codes
- Orthotics and Prosthetics
- Vision Codes (V-Codes)
- 97001-97546 (excludes ABA 97151-97158)

Ordering Provider can be one of the following:

- MD
- DO
- Optometrist
- Physician Assistant
- Registered Nurse Practitioner
- Dentist
- Podiatrist
- Psychologist
- Certified Nurse Midwife

Claims submitted without the ordering provider listed will be denied
Primary Care Providers (PCP)

- PCP is doing more than one visit in a day
  - Mercy Care system will duplicate the claim
- More than one provider seeing the member in the day and the services are distinct and separate
  - There is a manual process to review these claims and allow separate payment
  - Services must be different and distinct
- Members PCP assignment is important and should reflect the correct assignment
  - A claim will not deny for the provider not being the member's PCP
  - If the member is being aligned with your practice going forward, we recommend that you make that change on the first business day following the appointment
- PCP's are allowed to bill BH services that fall into their category of service
  - On 04/01/2021, the goal is integrated care
  - Claims for BH diagnosis will not be required to be submitted to the RBHA
  - The DCS CHP will be able to process those payments
Fee Schedule (FS)

• Both plans will pay the contracted rate, not to exceed billed charges
  o If billed charges are less than the contracted rate the claim will be priced at billed charges
  o exceptions include, but are not limited to facility claims that pay DRG
  o Providers are encouraged to bill their usual and customary rates, when possible, to avoid being under paid for a service

• FQHC is paid using the AHCCCS PPS methodology

• Inpatient is paid using APR DRG for physical health stays and AHCCCS IP per diem rates for all behavioral health stays (non-par pays 90%)

• Outpatient facility claims are paid using the AHCCCS Outpatient Hospital Fee Schedule methodology and edits as required (non-par Pima/Maricopa pays 95%)

• Mercy Care utilizes the MCO version of the AHCCCS fee schedule and not the FFS version

• Codes that are covered services but not assigned a rate
  o Mercy Care uses AHCCCS BR (By Report) default of 58.66% of billed charges

• MSIC’s are paid per their contractual AHCCCS allowable
  o including additional payment for T1015 for CRS members
State Only Codes

- The following services are non-covered under the DCS CHP contract and remain the responsibility of the RBHA
- Payment for these services under the RBHA is dependent on available NTXIX funds
  - 97810 – 97814 Acupuncture
  - H0043 Supported Housing
  - H0046 Mental Health (formerly Traditional Healing Services)
  - H0046/SE Mental Health (Room and Board)
Titled/Non-Titled Crisis & Grants

• RBHAs remain responsible for the provision of behavioral health crisis services for up to 72 hours (this does **not** include Inpatient services)
  o The DCS CHP plan will be responsible for all other care. Crisis Services are defined as:
    ▪ H2011 - Crisis Intervention Service, per 15 minutes
    ▪ H2011/HT - Crisis Intervention Service – multi-disciplinary team
    ▪ S9484 - Crisis Intervention – (Stabilization). Up to 5 hours in duration.
    ▪ S9485 - Crisis Intervention – (Stabilization). More than 5 hours and up to 24 hours in duration.
    ▪ Additional services are available for Non-Titled members

• Grant funding, such as Substance Abuse (SABG), Mental Health (MHBG), and Substance Use (SUD) remain the responsibility of the RBHA
  o These services will be considered for payment based on funding
  o Providers who qualify for these Grants are notified of the amount of money they are awarded and will continue to bill the RBHA for those services
  o Grants are the payer of last resort and not utilized for Titled members
Provider Web Portal

• Submission of additional documentation:
  o Mercy Care has the capabilities to attach additional documents on the provider web portal in response to a denial/request for additional information
  o If your claim is on file and DENIED or partially PAID please see below notice on how to attach the required documents for additional review
    ▪ Provider Notice – Enhancement to Secure Web Portals - Attachments

• Time-out issues:
  o Due to the nature of information made available through the Medicaid Web Portal a 20-minute idle session timer is strictly applied
  o For security reasons, there are no future plans to increase this limit
Miscellaneous

• Pre-payment:
  o We enforce correct coding using system integrated products and AHCCCS reference files (CPT to location, CPT to modifier, CPT to provider category of service)
  o We have a process for Outlier review:
    ▪ Itemization review for (1) unbundling, (2) billing errors (e.g. pharmaceutical and implant markups), (3) level of care, (4) experimental, (5) Quality of care issues – never events and hospital acquired conditions

• Post-payment:
  1. Review for the appropriateness of DRG/SOI coding and
  2. Additional correct coding

• Differential Adjusted Payments (DAP) is mandated and applies to any provider who qualifies regardless of contract status
Reminders

Assistant with claims:

1. Mercy Care Web Portal
2. Call Claims Inquiry Claims Research (CICR)
   - Mercy Care (ACC, ALTCS, DD, DCS CHP, MCA) 800-624-3879
   - Mercy Care RBHA 800-564-5465
3. Network Management
   - Contact your Network Rep directly
   - Email Network Management Department at:
     - MercyCareNetworkManagement@MercyCareAZ.org
Stay up-to-date!

For more information:

• Join our email list [here](#)
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• Follow us on social media @MercyCareAZ to stay informed
Thank you