









Provider Webinar: Member Eligibility & Claims

March 24, 2021

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

<p>ACC</p> <p>AHCCCS Complete Care</p> <p>Regulator: AHCCCS</p> 	<p>ALTCS</p> <p>Arizona Long Term Care System</p> <p>Regulator: AHCCCS</p> 	<p>MCA</p> <p>Mercy Care Advantage</p> <p>Regulator: CMS</p> 	<p>DD</p> <p>Developmentally Disabled</p> <p>Regulator: DDD</p> 	<p>RBHA</p> <p>Regional Behavioral Health Authority</p> <p>Regulator: AHCCCS</p> 	<p>DCS CHP</p> <p>Comprehensive Health Program</p> <p>Partner: CMDP</p> 
<p>Physical and Behavioral Care for Adults and Children Medicaid Members <i>Serving since 1985</i></p> <p>Members – 368K*</p>	<p>Physical and Behavioral Care for Long Term Care Members <i>Serving since 2000</i></p> <p>Members - 11K*</p>	<p>Physical and Behavioral Care for Medicare Advantage Dual Special Needs Plan <i>Serving since 2006</i></p> <p>Members 16K*</p>	<p>Physical and Behavioral Care for Developmentally Disabled Members <i>Serving since 1991</i></p> <p>Members 14K*</p>	<p>Physical and Behavioral Care for Persons with Serious Mental Illness, BH for Foster Care Kids and Crisis <i>Serving since 2014</i></p> <p>Members 34K*</p>	<p>Physical and Behavioral Care for Children in foster care <i>Serving since 2014</i></p> <p>Members – 13,500</p>

*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

Check eligibility

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

Membership	Health Plan	BHS Site ID	Contract Type	Acute/Physical Health Contactor	Behavioral Health Contractor
ACC Integrated (includes PPC)	010306	54	A or H	Mercy Care	Mercy Care
RBHA Integrated	010306	54	C, D, or W	Mercy Care RBHA	Mercy Care RBHA
GMHSU Only	≠ 010306	54	-	Assigned Health Plan	Mercy Care RBHA
Non-Title	-	37	-	N/A	Mercy Care RBHA
DD	110007	62	-	Dependent of DDD Subcontractor: if 010306, then Mercy Care	Mercy Care
DD/CRS	110007	62	-	Dependent of DDD Subcontractor: if 010306, then Mercy Care	UnitedHealthcare Community Plan
ALTCS	110306	59	J or L	Mercy Care	Mercy Care
DCS/CHP	010166	64	-	Mercy Care	Mercy Care

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

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
010306 MERCY CARE PLAN	09/01/2017		2620 - SSI DISABLED EXPANDED WITH QMB	A ACC/CAP	HM HEALTH MAINTENANCE ORGANIZATION (HMO)
+ Service Type Codes					

Behavioral Health Service Tab

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	08/25/2017		54 MERCY CARE PLAN	CH MENTAL HEALTH FACILITY - OUTPATIENT

Scenario 2: Member is Medicaid Integrated (Acute and Behavioral Health) with Mercy Care RBHA

Eligibility and Enrollment Tab

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
010306 MERCY CARE PLAN	10/01/2018		3717 - ADULT <40% EXP FEMALE 21-44 NO MDC	C ACU/CAP/ACU	HM HEALTH MAINTENANCE ORGANIZATION (HMO)
+ Service Type Codes					

Behavioral Health Service Tab

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
S SMI	10/01/2018		54 MERCY CARE PLAN	CH MENTAL HEALTH FACILITY - OUTPATIENT
S SMI	07/17/2018	09/30/2018	77 MERCY MARICOPA INTEGRATED	CH MENTAL HEALTH FACILITY - OUTPATIENT

Scenario 3: Member is Non-Title (Behavioral Health) with Mercy Care RBHA

Eligibility and Enrollment Tab

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
NONAHC NON-AHCCCS	10/11/2018		S000 - STATE-ONLY BHS	9 NON/AHC	MC MEDICAID

Behavioral Health Service Tab

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	10/11/2018		37 MMIC<10-1/MERCYCRE NON19>10-1	CH MENTAL HEALTH FACILITY - OUTPATIENT

Scenario 4: Member is Medicaid Acute with American Indian Health Plan and Behavioral Health with Mercy Care RBHA

Eligibility and Enrollment Tab

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP	09/06/2018		2220 - SSI DISABLED WITH QMB	E ACC/FFS	MC MEDICAID
+ Service Type Codes					

Behavioral Health Service Tab

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
S SMI	10/01/2018		54 MERCY CARE PLAN	CH MENTAL HEALTH FACILITY - OUTPATIENT

Scenario 5: Member is Medicaid Integrated (Acute and Behavioral Health) with American Indian Health Plan

Eligibility and Enrollment Tab

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP	02/22/2018		3716 - ADULT <40% EXP MALE 21-44 NO MDC	E ACC/FFS	MC MEDICAID
+ Service Type Codes					

Behavioral Health Service Tab

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	10/01/2018		98 AMERICAN INDIAN HLTH PROGRAM	CH MENTAL HEALTH FACILITY - OUTPATIENT
G GENERAL MENTAL HEALTH SERVICES	02/22/2018	09/30/2018	37 MMIC<10-1/MERCYCRE NON19>10-1	CH MENTAL HEALTH FACILITY - OUTPATIENT

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

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
110007 LTC DD DES	06/20/2002		2210 - SSI DISABLED NON-MEDICARE	J LTC/CAP	HM HEALTH MAINTENANCE ORGANIZATION (HMO)
+ Service Type Codes					

Behavioral Health Service Tab

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
S SMI	10/01/2018		62 DD - UHC CRS	CH MENTAL HEALTH FACILITY - OUTPATIENT
S SMI	09/24/2016	09/30/2018	33 UHCCP/CHILDRENS REHAB	CH MENTAL HEALTH FACILITY - OUTPATIENT

Additional Benefits Tab

DDD Subcontractor Plan		
DDD Plan	Begin Date	End Date
010306 - MERCY CARE PLAN	06/20/2002	
-		

Crisis/State-Only Membership Provider Notice

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:
<https://www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/index.html>
- 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:
<https://www.azahcccs.gov/PlansProviders/Downloads/GM/CoveredServiceGuide/covered-bhs-guide.pdf>
- 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

MERCY CARE

DCS CHP will use this address effective 04/01/2021

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

Mercy Care RBHA Claims

MERCY CARE RBHA

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

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

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
 - 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.
 - 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.
 - 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.
 - 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)
 - RBHA = 97.4%
 - Mercy Care = 98.6%
- Clean Claim Timeliness (at 90 days)
 - RBHA = 100%
 - 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.
 - 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.
 - 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.
 - 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
 - remits will show Mercy Care for all lines of business
 - intent is that the 835 will only be separated for the RBHA line of business (named Mercy Care RBHA)
- For providers billing APR-DRG:
 - 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.

Provider Description	Provider Type
Attendant Care Agency	PT 40
Behavioral Outpatient Clinic	PT 77
Community Service Agency	PT A3
Fiscal Intermediary	PT F1
Habilitation Provider	PT 39
HomeHealth Agency	PT 23
Integrated Clinic	PT IC
Non-Medicare Certified HomeHealth Agency	PT 95
Private Nurse	PT 46

Place of Service Description	POS Code
Home	12
Assisted Living Facility	13
Other	99

Service	HCPCS Service Codes	DDD Focus Codes
Attendant Care	S5125	ATC
Companion Care	S5135	
Habilitation	T2017	HAH, HAI
Home Health Services (aide, therapy, and part-time/intermittent nursing services)		
Nursing	G0299 and G0300	
Home Health Aide	T1021	
Physical Therapy	G0151 and S9131	
Occupational Therapy	G0152 and S9129	
Respiratory Therapy	S5181	
Speech Therapy	G0153 and S9128	
Private Duty Nursing (continuous nursing services)	S9123 and S9124	HN1, HNR
Homemaker	S5130	HSK
Personal Care	T1019	
Respite	S5150 and S5151	RSP, RSD
Skills Training and Development	H2014	

- <https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/>
- <https://www.mercycareaz.org/providers/completecure-forproviders/evv>

Referring, Ordering, Prescribing, Attending (ROPA) Providers

https://www.azahcccs.gov/PlansProviders/Downloads/ROPA/FrequentlyAskedQuestions_ROPA.pdf

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
 - If billed charges are less than the contracted rate the claim will be priced at billed charges
 - exceptions include, but are not limited to facility claims that pay DRG
 - 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
 - Mercy Care uses AHCCCS BR (By Report) default of 58.66% of billed charges
- MSIC's are paid per their contractual AHCCCS allowable
 - 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)
 - 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
 - These services will be considered for payment based on funding
 - 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
 - Grants are the payer of last resort and not utilized for Titled members

Provider Web Portal

- Submission of additional documentation:
 - Mercy Care has the capabilities to attach additional documents on the provider web portal in response to a denial/request for additional information
 - 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:
 - Due to the nature of information made available through the Medicaid Web Portal a 20-minute idle session timer is strictly applied
 - For security reasons, there are no future plans to increase this limit

Miscellaneous

- Pre-payment:
 - We enforce correct coding using system integrated products and AHCCCS reference files (CPT to location, CPT to modifier, CPT to provider category of service)
 - 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

Assistance 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](#)
- Visit us online at www.MercyCareAZ.org
- Follow us on social media @MercyCareAZ to stay informed



Thank you



mercy care