Mercy Maricopa
Doing the right thing for the right reason
Nearly 200 primary care providers recently met with Mercy Maricopa’s provider relations team to learn more about integrated care and get their questions answered before Mercy Maricopa became the RBHA for Maricopa County on April 1, 2014.

The meeting was the latest in a series of ongoing meetings that we will hold with our behavioral health and physical health providers. During our meetings will are covering everything from the front office to IT to integrated care.

*We shared this presentation during our recent meeting.*
Who is Mercy Maricopa Integrated Care?

- Carondelet Health Network, a Member of Ascension Health
- Southwest Catholic Health Network Corporation (SCHN) dba Mercy Care Plan
- Dignity Health, d/b/a St. Joseph’s Hospital and Medical Center
- Maricopa County Special Health Care District

Managed by Aetna Medicaid through a Plan Management Services Agreement
Mission statement

Mercy Maricopa Integrated Care (Mercy Maricopa) and Mercy Maricopa Advantage are dedicated to serving the health needs of its members. Everything we do starts and ends with you, our member. We’re here to give our members the support they need, when they need it.

We’re here to help the members on their path of recovery. We want members to make good choices to live a healthy life. And, we’re here to help them each step of the way.
Quality, integrated community-based care

Mercy Maricopa is dedicated to providing our members with unobstructed access to care for their behavioral and medical health needs. We focus on the whole-person. We use a holistic approach to care. We want to know your goals, use your strengths and understand your needs. We know how to give access to high-quality, integrated care to people who have complex needs. We work with the community and local health care providers.
Our values

We value our partnerships with our provider community who serve our members.
Agenda

• Introductions
• RBHA 101
• Referrals – Adult / Children’s System
• Crisis Response Network (CRN)
• Mercy Maricopa 101
• Mercy Maricopa – Secure Web Portal
• Claims and COB
• Mercy Maricopa Advantage
• Learning and Performance
• Sonora Quest
• Q & A
Regional Behavioral Health Authority (RBHA) - 101
Regional Behavioral Health Authority (RBHA)

- Who are we?
- How are we organized
- Referral process
- Children’s and Adult system of care
- Services covered
- PCP Coordination
What is the RBHA?

• Department of Behavioral Health Services (DBHS) contracts with four RBHA’s across the state of Arizona

• DBHS requires RBHA’s to maintain a comprehensive network of behavioral health services that deliver a range of behavioral health services

• Beginning April 1, 2014, Mercy Maricopa Integrated Care will serve GSA 6
The Award

Mercy Maricopa was awarded the Regional Behavioral Health Authority (RBHA) contract, one of the largest behavioral health contracts in the nation, for Maricopa County. The contact is for three years, with options for two, one-year extensions.

- Mercy Care Plan bid with Maricopa Integrated Health System (MIHS) as Mercy Maricopa Integrated Care

- Other bidders included Magellan/Phoenix Health Plan (Magellan incumbent), Cenpatico (Centene), United Community Plan, and Banner/Community Partnership of Southern AZ (CPSA)
Who is Mercy Maricopa?

Mercy Maricopa is a locally based, non-for-profit health plan sponsored by Mercy Care Plan (MCP) and Maricopa Integrated Health System (MIHS). **We focus of the whole person. We put member at the center of everything we do.**

Our story

Our sponsors have been helping Maricopa County residents get health care for more than 150 years

- **Mercy Care Plan** is an Arizona not-for-profit with 28 years of experience managing Medicaid. It’s sponsored by St. Joseph’s Hospital, a Dignity Health member, and Carondelet Health Network. MCP serves nearly half the AHCCCS SMI population for their physical health care needs

- **Maricopa Integrated Health System** is a public health care system. It has helped Maricopa County residents for 135 years.
Who do we serve?

- Title XIX adults determined to have a Seriously Mentally Illness (SMI)
- Non Title XIX adults determined to have a SMI
- Adults with General Mental Health and Substance Abuse treatment needs
- Title XIX children/adolescents
- All residents in need of crisis services
System structure at a glance

Mercy Maricopa Integrated Care (RBHA)

- Southwest Network (PNO)
  - Network of Qualified Service Providers
- CHOICES (PNO)
  - Network of Qualified Service Providers
- Quality of Care Network (PNO)
  - Network of Qualified Service Providers
- People of Color Network (PNO)
  - Network of Qualified Service Providers
- Partners in Recovery (PNO)
  - Network of Qualified Service Providers
Referrals
Adult and Children’s systems of care
Children’s and Adult System of Care

Everything we do starts and ends with our members. We give them the support they need, when they need it. We get to know our members’ goals. We help them use their strengths. We empower them on their path of recovery, to make good choices and live a healthy life.

We will work to improve the system by:
- Putting members and families first
- Helping our members coordinate care
- Improving how our members get care
- Adding more integrated care clinics for person with SMI
- Doing more and helping members get better care
- Working with peers and families to eliminate the stigma
- Working with peer-run and family-run organizations to increase support services
- Making sure all services put improving a person’s quality of life first
Children’s and Adult System of Care

Children’s System of Care

• Arizona Vision
• 12 Principles
• Child and Family Teams
• High Needs Case Management
• Collaboration with stakeholders

Adult System of Care

• Adult Clinical Case Management Team (ACT)

  - Assertive • Contact daily
  - Supportive • Contact one per month
  - Connective • Contact every 90 days

• 9 Guiding Principles
Referral Process

• Access to care
• Seven days from time of initial request from member/referral source for intake appointment to occur
• Call Mercy Maricopa Member Services at 1-800-564-5465
• Insurance verification
• Collect demographic information
• Provide choices of provider network organization (PNO) for member to choose
Referral Process for Adults (18+)

1. Contact Mercy Maricopa Member Services to make the referral
2. Member Services determines eligibility for continued referral
3. Referral is made to a Provider Network Organization (PNO)
4. Provider Network Customer Service Representative sets up initial intake
5. Member is provided with an appointment with 7 days of initial contact
6. Services being based on initial assessment
Referral Process for Children and Youth

Parent/Guardian will contact member services, Provider Network Organization, or Qualified Service Provider

Eligibility will be determined

Initial Assessment will be scheduled within 7 days from initial phone call

Child and Family Team process begins
## Covered Behavioral Health Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior management (behavioral health personal care, family support/home care training, self-help/peer support)</td>
<td>Lab and radiology services for psychotropic medication regulation and diagnosis</td>
</tr>
<tr>
<td>Behavioral health nursing services</td>
<td>Opioid Agonist treatment</td>
</tr>
<tr>
<td>Behavioral health case management services (limited)</td>
<td>Partial care (supervised, therapeutic and medical day programs)</td>
</tr>
<tr>
<td>Emergency behavioral healthcare</td>
<td>Behavioral health therapeutic home care services</td>
</tr>
<tr>
<td>Emergency and non-emergency transportation</td>
<td>Psychotropic medication</td>
</tr>
<tr>
<td>Evaluation and assessment</td>
<td>Psychotropic medication adjustment and monitoring</td>
</tr>
<tr>
<td>Individual, group and family therapy and counseling</td>
<td>Respite care (with limitations)</td>
</tr>
<tr>
<td>Inpatient hospital services</td>
<td>Rural substance abuse transitional agency services</td>
</tr>
<tr>
<td>Non-hospital inpatient psychiatric facilities services (Level I residential treatment centers and sub-Acute facilities)</td>
<td>Psychological rehabilitation (living skills training; health promotion; supportive employment services</td>
</tr>
</tbody>
</table>

**Screening**
Covered Behavioral Health Services

The complete Covered Services Guide is available on the Division of Behavioral Health Services (DBHS) website at http://www.azdhs.gov/bhs/covserv.htm.
Contact us

Mercy Maricopa Member Services
800-564-5465, TTY/TDD: 711

Adult System of Care Administrator
Blythe Fitzharris
Office: 602-453-8305
Cell: 480-532-0016
FitzharrisB@mercymaricopa.org

Children’s System of Care Administrator
Karrie Steving
Office: 602-453-8384
Cell: 480-521-5553
StevingK@mercymaricopa.org
Transfer of care to a behavioral health provider

PCPs should refer and transition care to a behavioral health provider for a members who:

• Are not progressing towards their desired recovery goals and therefore need additional behavioral health services
• Present with a behavioral health disorder other than anxiety, depression, or ADD/ADHD
• Have experienced a sentinel event (i.e. attempted suicide) or an inpatient hospitalization for a behavioral health diagnosis
• At risk to/for harm to self/others
• Substance abuse dependent
• PCP prefers to not manage the members behavioral health disorder
Transfer of care to a behavioral health provider

• PCPs need to make sure they give the member enough of his/her psychotropic medication to last through the transition so that there is no interruption in the medication regime (an appointment for a member to see a behavioral health prescriber may take up to 30 days or longer. Therefore, the PCP’s oversight is very important)

• PCPs need to transfer all applicable records to the behavioral health provider per HIPPA guidelines, including but not limited to:
  • Reason for referral/transfer
  • Diagnostic information
  • Medical history
  • Medication history and all current prescriptions provided for the member, including timeframes for dispensing and refilling medications during the transition period.

All information needs to be forwarded to the Behavioral health prescriber prior to the member’s first appointment with the behavioral health prescriber

• PCPs need to maintain documentation in the member’s medical record related to the transition
Making a Referral to the RBHA

Mercy Maricopa Integrated Care
*Serving Maricopa County and parts of Pinal County*
**Member Services:** 800-564-5465

Community Partnership of Southern Arizona (CPSA)
*Serving Pima County*
**Member Services:** 800-771-9889

Cenpatico Behavioral Health
*Serving La Paz, Yuma, Greenlee, Graham, Cochise, Santa Cruz, Gila, and Pinal Counties*
**Member Services:** 866-495-6738

Northern Arizona Regional Behavioral Health Authority (NARBHA)
*Serving Mohave, Coconino, Apache, Navajo, Yavapai Counties*
**Member Services:** 800-640-2123
Overview of Crisis Response Network, Inc.

Crisis Response Network’s Founding Partners

[Logos of the founding partners are displayed here.]
Crisis Response Network, Inc. Since 2007

Crisis Response Network, Inc., is a provider sponsored network that offers a full continuum of behavioral health crisis services throughout Maricopa County and surrounding areas, including:

- 24-Hour Crisis Line
- Mobile Teams - Specialty Teams: DD and PAD
- Crisis to Wellness (follow-up services)
- Crisis Transportation – Vans and Ambulance
- Peer Attempt Suicide Support Groups
- Connect to Care (24-Hour Hospital ER Response)
- Child Protective Services (CPS Rapid Response and Crisis Stabilization)
- Petitions for Court-Ordered Evaluations and Treatment
Crisis Response Network
Values

• Respect for all
• Customer service
• Peer and family driven
• Expectation for improvement
• Culturally responsive
• Innovation
• Flexibility in service delivery design
• Collaboration with community including fire, police and other emergency service providers
• Effective and efficient use of resources
• Knowledge based, data driven and outcomes focused
• Fiscally responsible
• Employees are proud to work for the organization
2013 Crisis Line Stats

Responded to a crisis call approximately every 2 minutes, 18 seconds

Each call answered in an average of 10 seconds

224,788 total call in FY ’13
24/7/365 Crisis Line

Telephonic crisis triage, assessment and intervention

• All calls answered by a live-person
• Triage and crisis assessments to establish risk and acuity
• Strength-based, focused interventions to resolve situation
• If telephonic intervention is not possible, mobile clinicians will be dispatched to the community.
2013 Mobile Team Stats

A total of 18,107 Mobile Crisis Intervention Teams were needed in our community.

On average, a mobile team is dispatched into the community every 26 minutes.
Mobile Crisis Teams

What happens when a mobile team is called to a home/location?

Ultimate goal & primary focus: STABILIZATION

- De-escalate the crisis behaviors immediately
- Assess the situation, the individual and his/her immediate needs
- Identify strategies and interventions
- Create safety plans, identify resources available, linkages to behavioral health system, and additional services
2013 Crisis Transportation Stats

A total of 27,790 Crisis Transports were needed in our community

On average, crisis transportation is dispatched into the community every 20 minutes
Crisis Transportation

Transport community members in crisis situations to safe locations, including:

• Psychiatric urgent care centers
• Hospitals
• Shelters
• Detoxification facilities
• Behavioral health facilities
• Home from crisis facilities
Eligibility and Care Services

On January 1, 2014, CRN began:

• Receiving completed SMI assessment packets
• Conducting all activities related to the SMI eligibility determination process:
  • Eligibility and determination criteria met
  • Administering the SMI appeals process
  • Receiving and investigating complaints relating to the process
In first 60 days of services, 1,206 applications were received
Partnerships & Collaborations

Partnerships with other child and adult serving systems to improve communication and service coordination, including:

• AHCCCS health plans
• DES/DDD (Division of Developmental Disabilities)
• DES/RSA (Rehabilitation Service Administration)
• DCSFS (Division of Child Safety and Family Services) formerly CPS
• ADOC (Arizona Department of Corrections)
• ADJC (Arizona Department of Juvenile Corrections)
• SMI Probations (special unit in Adult Probations)
• Police, fire, schools, hospitals, crisis facilities, etc.
New Services Starting in April

• **Banner Behavioral Health**
  • Inpatient and Outpatient
  • Appointment Scheduling Services
  • Help Line

• **Nurse Advice Line**
Thank you.

Crisis Network Contact
Patti Ritchie-Williams
Crisis Response Network
Director of Innovation for Crisis Services and Collaboration
602-427-4604 (Office)
Pattir@crisisnetwork.org
Mercy Maricopa 101
Website and Secure Web Portal
Mercy Maricopa 101

Together, we can improve the quality of health care. Mercy Maricopa is dedicated to high quality, cost-effective, outcome-based care for our members. You, our providers, are our ally in providing that care. We are grateful for your participation.

We are committed to supporting our providers with the best tools and information. We’re here to help you provide quality and accessible health care and medical services.

We offer Medicaid and Medicare health plans to people who qualify for RBHA services.
A Medicaid plan that covers people who qualify for RBHA services (Medicaid and non-Medicaid).

A Medicare Advantage plan that covers people who qualify for Medicare and Medicaid (often referred to as dual-eligible members).
Mercy Maricopa 101, cont.

Mercy Maricopa is a local not-for profit sponsored by Mercy Care Plan and Maricopa Integrated Health System (MIHS).

Mercy Care Plan is a local nonprofit with nearly three decades of providing innovative Medicaid managed care.

Maricopa Integrated Health System is a county-wide public health care system that has been providing a health care safety net for Maricopa County residents since before Arizona was a state.
Mercy Maricopa 101, cont.

Mercy Maricopa empowers you by giving you tools to live a healthy life. We work with families, caregivers, providers, advocates, peer and family organizations and community groups.

Our approach focuses on not just part of you, but all of you. Everything around you affects your health. That’s why it’s so important to treat behavioral and physical health together.
Website – www.mercymaricopa.org
Mercy Maricopa

For Providers

*** Important notice on your services *** Please contact Magellan of Arizona at 1-800-564-5465 or TDD/TTY 1-800-424-9831 until March 31, 2014 for current RBHA services. Mercy Maricopa will begin serving Medicare Advantage members January 1, 2014 and all other RBHA members April 1, 2014.

Together, we can improve the quality of health care

At Mercy Maricopa, we are dedicated to high quality, cost-effective, outcome-based care for our members. You are our ally in providing that care. We are grateful for your participation.

We are committed to supporting our providers with the best tools and information. We’re here to help you provide quality and accessible health care and medical services. We hope that this website will serve as an important resource for you and your office staff.

We offer Medicaid and Medicare health plans to people who qualify for RBHA services.

Mercy Maricopa

A Medicaid plan that covers people who qualify for RBHA services (Medicaid and non-Medicaid). View our Provider Manual. Get information on pharmacy, prior authorization and more.

Mercy Maricopa Advantage

A Medicare Advantage plan that covers people who qualify for Medicare and Medicaid (often referred to as dual-eligible members). View our Provider Manual. Get information on Part C and Part D.

More Information
Training

Mercy Maricopa Integrated Care’s (Mercy Maricopa) Learning and Performance department values collaborative, transparent knowledge sharing. We are dedicated to providing effective, high-quality training to our provider community. We’re here to help our providers meet the needs of our members and support them on their road to recovery and resiliency.

Mercy Maricopa Learning and Performance is made up of experienced professionals. We modify our training offerings and teaching styles to meet the roles, duties, operations, regulations and needs of those in our programs. We offer scheduled face-to-face training, scheduled conference-call trainings, and self-directed technology-based training.

Our curriculum focuses on understanding and teaching clinical and behavioral practices in prevention and treatment. We use the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration, SAMSHA-HRSA Core Competencies for Integrated Behavioral Health and Primary Care as a guide to align topics and requirements in accordance with state regulations.

Training requirements and calendar available in March

A comprehensive list of provider training requirements by role aligned to clinical and regulatory requirements will be available in March for the April – June 2014 training calendar. Mercy Maricopa will host numerous virtual orientation sessions for providers throughout April 2014. The orientation sessions will introduce the training calendar, enrollment and set-up for provider access to the learning management system Relias, training timelines for completion and reporting, along with additional support and contact information.
Website – Forms Library

Forms Library

Whether you need to file a claim, inform us of a change of address or request prior authorization for a treatment, filling out the necessary forms will help us respond to your needs quickly and efficiently. Just click on the appropriate form name below to get started. Please remember to submit EFT and ERA forms via secure e-mail or fax – do not mail EFT and ERA forms.

Integrated forms

- **AzAHP Facility Application**
- **AzAHP Important Credentialing Update**
- **AzAHP Organizational Data Form**
- **AzAHP Practitioner Data Form**
- **Electronic Funds Transfer (EFT)** – Submit form via secure e-mail EFTMailboxMMIC@aetna.com or fax 860-975-9663. Please contact Finance at 602-263-3000 or e-mail EFTMailboxMMIC@aetna.com with any questions or to check enrollment status.
- **Electronic Remit Advice (ERA)** – Submit form via secure e-mail MercyMaricopaProviderRelations@aetna.com or fax 860-975-0841. Please contact Provider Relations at 602-586-1880 or 1-888-602-1979 or e-mail MercyMaricopaProviderRelations@aetna.com with any questions or to check enrollment status.
- **Provider Assistance Program**
- **SFTP Connectivity Enrollment**
- **Waiver of Liability**
Website – Secure Web Portal

Portal features include:

• Check Member Eligibility (Inclusive of State Roster)
• Check Claims Status
• Submit Intake Requests Online
• Prior Authorization Requirements
• PRO – PAT report
• Check Prior Authorization
• SAPT Application
• Formulary
• Additional Functions will be added in the future
• Secure Web Portal logins are being processed. More information forthcoming.
Accessing the secure web portal

www.mercymaricopa.org/providers
Secure web portal

Why register for this secure web portal?

Whether you are a member or provider, you'll find helpful information and resources within this section of our website. In a secured environment, you can review your claims or authorizations, validate member eligibility or submit requests. We invite you to register and learn more about what the secure web portal can offer you. If you are already registered, please sign in.

Please register if you are a current provider or member and wish to access your account.
Thank you
Claims overview

Submitting clean claims and encounters
Claim Submission Tips

Provide complete member information:

• Member’s Name
• Member’s Date of Birth
• Member’s ID Number
• Member’s Address

It’s always important to verify that the information provided by the member matches the member’s ID card. Watch for name variations and changes. It is also important to verify eligibility prior to services being rendered, unless an urgent/emergent situation. Problems with member information could cause an unnecessary delay or possible claim denial.
Claim Submission Tips

Attach Primary Carrier’s Explanation of Benefits
• If another health plan or Medicare is the primary insurer and benefits have been provided or denied, submit a copy of the primary insurer’s Explanation of Benefits in compliance with Coordination of Benefits rules.

Include All Diagnosis Codes:
• ICD-9-CM diagnosis codes must be used when submitting claims/encounters (see the International Classification of Diseases – 9th Revision – Clinical Modification Manual).
• Be sure to bill ICD-9-CM diagnosis codes to the specificity required – i.e., 4th or 5th digit must be provided if required.
• Effective 10/1/14, the industry will be moving to ICD-10.
Timely Filing Limitations

New Claim Submissions

Claims must be filed on a valid claim form within 180 days (6 months) from the date services were performed, unless there is a contractual exception. Exceptions to this are as follows:

- Within 180 days from date of discharge of an inpatient stay;

- Within 180 days of the last day of the month or the discharge date, whichever is earlier, when billing monthly for longer treatment episodes of care;

- Within 180 days of the claim settlement for third party claims. This date is based on the date of the other carrier’s EOB that must be attached to the claim you submit to Mercy Maricopa Integrated Care.
Timely Filing Limitations

Claim Resubmissions
Resubmissions must be filed within 365 days (1 year) from the date of provision of covered services 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.

Mercy Maricopa Integrated Care is Secondary Payer
If other insurance is primary, you must submit the claim within 180 days to preserve your appeal rights. Submit the other insurance EOB along with the claim submission as soon as received from the primary insurance.

If Mercy Maricopa Integrated Care does not receive a claim within the above timelines, the claim will be denied.
Claim Resubmission Tips

Paper claim resubmissions:

• Must write “Corrected Claim” or “Resubmission” across the top of the claim.

• Mercy Maricopa has a Resubmission Form you may fill out and attach to your resubmission (available at www.MercyMaricopa.org under the Forms Section).

• When billing a claim that has more than 6 service lines and requires additional CMS 1500 (02-12) forms, please include the total charge amount on the last page of the submission (this does not apply to electronic claims).
Claim Resubmission Tips

Electronic Claim Resubmissions:

• If billing a resubmission electronically, you must submit with:
  - Professional claims - A status indicator of 7 in the submission form location and the Original Claim ID field will need to be filled out.
  - Facilities – In the Bill Type field, the last number of the 3 digit code should be a 7.

• If you need to submit attachments to your claims, please submit by paper, as we currently do not accept attachments. This is currently under testing and we will let you know when this is available.
## Claim Address

<table>
<thead>
<tr>
<th>Claims</th>
<th>Mail To</th>
<th>Electronic Submission*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical &amp; Behavioral Health</strong></td>
<td>Mercy Maricopa Integrated Care &amp; Mercy Maricopa Advantage Medical Claims&lt;br&gt;Medical Claims&lt;br&gt;P. O. Box 64835&lt;br&gt;Phoenix, AZ 85082-4835</td>
<td>Through Electronic Clearinghouse</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td>Mercy Maricopa Integrated Care &amp; Mercy Care Advantage Dental Claims&lt;br&gt;Dental Claims&lt;br&gt;P. O. Box 62978&lt;br&gt;Phoenix, AZ 85082-2978</td>
<td>Through Electronic Clearinghouse</td>
</tr>
<tr>
<td><strong>Refunds</strong></td>
<td>Mercy Maricopa Integrated Care &amp; Mercy Maricopa Advantage Attention: Finance Department&lt;br&gt;P.O. Box 64835&lt;br&gt;Phoenix, AZ 85082-4835</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
# Claim Submission Formats

<table>
<thead>
<tr>
<th>Service</th>
<th>Claim Form Type</th>
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<tbody>
<tr>
<td>Medical and professional services</td>
<td>Paper - CMS 1500 (02-12) Form Electronic – 837P</td>
</tr>
<tr>
<td>Hospital inpatient, outpatient, skilled nursing and emergency room</td>
<td>Paper - CMS UB-04 Form Electronic – 837I</td>
</tr>
<tr>
<td>General dental services</td>
<td>Paper - ADA 2006 Claim Form Electronic – 837D</td>
</tr>
<tr>
<td>Dental services that are considered medical services (oral surgery,</td>
<td>Paper - CMS 1500 (02-12) Form Electronic – 837P</td>
</tr>
<tr>
<td>anesthesiology)</td>
<td></td>
</tr>
</tbody>
</table>
Top Reasons for Claim Denials

• Missing or invalid CPT/HCPCS code
• Missing or invalid diagnosis code
• Missing or inaccurate place of service code
• Missing name and/or degree level of provider (when required)
• Missing or invalid NPI
Primary Contact Information

For Claims
Mercy Maricopa Integrated Care
800-564-5465
TTY/TDD 711

Mercy Maricopa Advantage
602-586-1843
866-277-1025
TTY/TDD 711

For Health Plan Assistance
602-586-1880
866-602-1979

CVS Caremark
855-582-2023

Provider Relations
602-586-1880
866-602-1979
860-975-0841 (F)
MercyMaricopaProviderRelations@Aetna.com

Websites
www.mercymaricopa.org
www.mercymaricopadvantage.org
Electronic Tools

Mercy Maricopa Integrated Care offers several electronic tools to help expedite payment to you:

- Electronic Claim Submission (EDI)
- Electronic Funds Transfer (EFT)
- Electronic Remittance Advice (ERA)
Electronic Claims Submission (EDI)

The benefits of electronic claims submissions include:

- Accurate submission and immediate notification of submission errors (level two report)
- Faster processing resulting in prompt payment

In order to submit electronic claims you need the following:

- Agreement with an electronic clearinghouse
- Software in your office or facility to transmit electronic claims
## EDI Vendors

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Payer ID For Mercy Care Plan</th>
<th>Payer ID for Mercy Maricopa Integrated Care</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Professional – MCP1</td>
<td></td>
<td>817-684-8500</td>
</tr>
<tr>
<td>Emdeon</td>
<td>86052</td>
<td>33628</td>
<td><a href="http://www.emdeon.com">www.emdeon.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>877-363-3666 Option 1 for Sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>866-RELAY-ME (866-735-2963 ext. 2)</td>
</tr>
</tbody>
</table>

- SPSI offers a no cost solution – no transaction fees.
- Other EDI Vendors may apply set-up and licensing fees which the provider would be responsible for.
Electronic Funds Transfer (EFT)

The benefits of electronic funds transfer include:

• Automatic deposit of payment for covered services
• Faster receipt of payment
• No paper checks to deposit
• Easier verification of payment

In order to receive electronic funds transfer you need the following:

• Submit your claims electronically (preferred)
• Bank account number
• A voided check or savings account deposit slip
• A signed Electronic Funds Transfer (EFT) enrollment form available under the Provider Forms Section of the Mercy Maricopa Integrated Care website, [www.mercymaricopa.org](http://www.mercymaricopa.org).
Electronic Remittance Advice (ERA)

The benefits of electronic remittance advice include:

• Electronic file of processed claims from Mercy Care
• Electronically post payments to your Practice Management system
• Faster reconciliation of account receivables
• Simplified reconciliation process
• Received day after electronic funds transfer

In order to receive electronic remittance advice you need the following:

• Submit your claims electronically (preferred)
• Receive electronic funds transfer (preferred)
• Ability to accept HIPAA standard 835 electronic remit transactions
• Ability to accept direct receipt of 835 transactions
ICD-10 Implementation

• Mercy Maricopa Integrated Care is on track to meet the ICD-10 implementation date of 10/1/14.
  - We will be working with high volume providers to test ICD-10 prior to the implementation date.

• Please make sure that you are in compliance with the ICD-10 implementation date of 10/1/14 in order to avoid unnecessary delays or denials of your claims.

ICD-10 Are you Ready?
CMS 1500 (02-12) Form Changes

The National Uniform Claim Committee (NUCC) recently updated the CMS-1500 form to CMS 1500 (02-12) version.

Please access the NUCC website for additional information regarding the form change, including detail on what changes were made. The NUCC website is at www.nucc.org.

Full instruction is provided on our website to fill out this form at www.mercymaricopa.org.
Changes made to CMS 1500 Form

Changes made include:
• Some field names have been changed to better reflect use.
• Some field names changed to Reserved for NUCC use, as field is not used via the 837P electronic submission.
• Diagnosis code fields:
  - Instead of 4 diagnosis codes, there are now 12 diagnosis codes that can be listed.
  - Accommodates ICD-10 change effective 10/1/14 to hold alpha characters and allow up to 7 characters.
  - The decimal points have been removed.
Transitioning to the Updated Form

NUCC has approved the following transition timeline:

- January 6, 2014: Payers begin receiving and processing paper claims submitted on the revised 1500 Claim Form (version 02/12).
- January 6 through March 31, 2014: Dual use period during which payers continue to receive and process paper claims submitted on the old 1500 Claim Form (version 08/05).
- April 1, 2014: Payers receive and process paper claims submitted only on the revised 1500 Claim Form (version 02/12).

This timeline aligns with Medicare's transition timeline.
No changes have been made to UB-04 form, as it was previously changed in 2004 to be ICD-10 compliant.

- Full instructions to fill out this form are located on our website (www.mercymaricopa.org) under Provider Notices
No changes have been made to ADA 2006 form.

- Full instructions to fill out this form are located on our website (www.mercymaricopa.org) under Provider Notices:
Questions?
Medicare Sales and Retention
Mercy Care Advantage (HMO SNP)
Additional benefits not covered by AHCCCS or Medicare

- **Dental**
  - Routine – exam, cleaning, fluoride, x-ray - $0
  - Comprehensive - $1,800/year

- **Vision** - $200/2 years for eyewear

- **Hearing** - $1,200/3 years for hearing aids

- **Van-Go Active Steps** – Group health/wellness activities

- **Podiatry** – one routine visit/3 months - $0
Additional benefits not covered by AHCCCS or Medicare

• Health/Wellness Classes - $0
  - Smoking cessation “Quit Coach”, exercise, nutrition

• Your Personal Health & Wellness Shop
  - $20/month for non-prescription products
  - Over 100 items (generic)
  - $20 does not rollover from month to month
Learning & Performance
Who we are & what we do

• Introductions – Role within Mercy Maricopa Integrated Care

• Learning philosophy

• Training requirements

• Training enrollment/calendar
Introduction to Sonoran Quest Laboratories

• Integrated laboratory system servicing over 7,000 clients throughout Arizona
• 98% of all testing is performed within our main laboratories – over 75,000 diagnostics tests per day
• More than 50 board certified pathologists
• Extensive network of 70 Patient Service Centers serving the entire State of Arizona
• A commitment to leading-edge technology and state of the art facilities provides access to the latest, most innovative, and medically pertinent tests available
• Care360® Labs & Meds, our online test order and result system, helps provide for efficient management of your patients’ lab results for additional clinical insights while letting you securely store, access, and share patient information with all-around ease
• We offer urine-based Prescription Drug Monitoring testing with highly sensitive, low cut-off levels
ANNOUNCEMENT: SONORA QUEST LABORATORIES TO BE THE EXCLUSIVE LABORATORY SERVICE PROVIDER FOR MERCY MARICOPA INTEGRATED CARE (MMIC)

We are pleased to announce that Mercy Maricopa Integrated Care (MMIC) has selected Sonora Quest Laboratories to be their exclusive laboratory services provider effective April 1, 2014. MMIC will serve all Regional Behavioral Health Authority (RBHA) members in Maricopa County beginning April 1, 2014, replacing Magellan Behavioral Health.

Effective April 1st, any laboratory test requests for behavioral health testing for MMIC patients must be routed to Sonora Quest Laboratories. This includes patients in Maricopa County who are on any State AHCCCS plan who will have MMIC as their behavioral health provider.

For a list of behavioral health diagnosis codes and tests, please visit http://www.sonoraquest.com/healthcare-professionals/ahcccs/ or contact your Account Manager.

In order for proper behavioral health testing claims processing to occur, please indicate MMIC – Mercy Maricopa (Plan ID 4310) as the primary insurance plan and submit a copy of the patient’s insurance card, indicating their primary AHCCCS plan.

Laboratory requests that contain both acute and behavioral diagnosis codes should be submitted under the patient’s primary AHCCCS plan unless a behavioral health diagnosis code is the first code listed – in which case it should be submitted under MMIC. Sonora Quest Laboratories is contracted with all AHCCCS plans in Maricopa County with the exception of UHC Community Plan, Health Choice Acute, and Phoenix Health Plan.

We look forward to serving you and your MMIC patients. Please contact your Account Manager or our Customer Solutions Department at 602.866.6266 with any questions or concerns.
# Diagnosis Codes

## Behavioral Health Dx Codes

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<tr>
<th>Code Range</th>
<th>Code</th>
<th>Description</th>
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Thank you.