



Provider communication

General information and system updates

May 17, 2023

Requests for Coverage Determinations, Appeals, Grievances and Complaints

Applicable to: Mercy Care Complete Care, Mercy Care DD, Mercy Care ACC-RBHA, Mercy Care Long Term Care, Mercy Care DCS CHP and Mercy Care Advantage

Providers participating in the Mercy Care and Mercy Care Advantage network contractually agree, in accordance with applicable law, to cooperate with Mercy Care and its delegated entities to provide information required to support requests for coverage determinations, appeals, grievances, and/or complaints filed directly with Medicare.

When providers initiate a coverage determination request for medical services, items, and/or a drug on behalf of a patient, it is very important to include complete medical record documentation to support the service, item or drug request based on medical necessity. There may be instances when more information is necessary for a coverage determination or appeal request, which requires our health plan and/or delegated entity staff to reach out to providers to try to obtain the additional information before a decision is rendered. Providers responding timely to additional information requests is critical because it helps the health plan and its delegated entities to process requests for coverage determinations and appeals based on complete medical necessity documentation and to comply with our Medicare and Medicaid contract requirements.

Please don't hesitate to contact your [Mercy Care Network Management Representative](#) with any questions or comments. You can find this [Notice](#) and all other provider notices on our Mercy Care website.

Thanks for all you do!

[Sign up for our email list](#)

Mercy Care | 4500 E. Cotton Center Blvd., Phoenix, AZ 85040

STAY CONNECTED

