



MERCY
PROVIDER



CARE
NEWSLETTER

News & Updates for Mercy Care Providers • Summer 2023



Request for Proposals: ALTCS

Every seven years, AHCCCS issues an Arizona Long Term Care System (ALTCS) Request for Proposal (RFP). Health plans (Offerors) can **bid to**



Mercy Care Seeks NCQA Accreditation

Mercy Care is in the process of attaining NCQA Health Care Accreditation in order to...

- *Improve operational efficiencies.* The standards provide a framework for implementing best

become an ALTCS plan for the following 7 years. Mercy Care has been diligently preparing for the RFP as we want to win the bid. AHCCCS will issue the RFP on August 1, 2023.

There is a change in this RFP related to Regions compared to previous RFPs. Mercy Care ALTCS is currently in the Central Region and Pima County. For the new contract, there will be three Geographic Service Areas (GSAs): North, South, and Central with Pima County being included in the Southern GSA. Each Offeror must submit a single bid proposal that includes all GSAs – meaning Mercy Care and other health plans will be bidding on all three GSAs.

Proposals are due to AHCCCS by October 2, 2023, with the awards being announced on December 13, 2023. The new contracts will be implemented on October 1, 2024.

Mercy Care looks forward to continuing and expanding our important service to the ALTCS community.

practices to apply a QI process to improve key operational areas.

- *Satisfy state requirements.* The standards align with many state requirements and highlight areas of importance to the state, including access to care and prevention services.

The National Committee for Quality Assurance (NCQA) exists to improve the quality of health care.

Attaining NCQA Accreditation will:

- *Keep patients happy and healthy.* The standards provide a framework for improving key impact areas: care coordination, access, and member connections—availability of health resources such as wellness services and self-management tools for chronic disease management.
 - The requirements provide guidelines to ensure that members’ rights are protected and their voices are heard.
- *Demonstrate commitment to quality.* NCQA is the:
 - Most widely recognized accreditation program in the United States.
 - Most comprehensive evaluation in the industry.
 - Only assessment that bases results of clinical performance (i.e., HEDIS measures) and consumer experience (i.e., CAHPS measures).

Mercy Care anticipates we will receive our accreditation at the end of September 2023. We will keep you informed as this rolls out.



Personal Medicine Guides

Dr. Pat Deegan, founder of Personal Medicine, teaches us that Personal Medicine are the things we do to get well and stay well. Personal Medicine supports recovery-oriented practice, is evidence-based, and will increase activation, which leads to more robust health outcomes. The practice of Personal Medicine meets SAMHSA's criteria for recovery-based practice and the core competencies of peer support.

Each clinical team is required to have a Certified Personal Coach (CPMC) and the Rehabilitation Specialist is designated to be the CPMC. Rehabilitation Specialists are required to be certified in Personal Medicine and need to complete annual recertification. Any exceptions need written approval by Mercy Care. Rehabilitation Specialists need to become a Certified Personal Medicine Coach (CPMC) within 120 days after starting their new role. Each provider should have one Personal Medicine Coach Champion who can train others unless otherwise designated by Mercy Care.

Personal Medicine is a required domain goal on each member's Individual Service Plans; however, if a member declines to have a personal medicine goal, that can simply be stated in the personal medicine domain as the practice encourages member empowerment, choice, and personal wisdom.

Providers are required to coordinate and get approvals for their staff's CPMC training with Mercy Care's Adult System of Care. [Reach out via email](#) to coordinate. If there is a lack of appropriate coordination or if the rehabilitation specialist fails to pass their certification successfully, the providers may be held responsible for the cost of the training not approved by Mercy Care or for the certification cost.



2023 Mercy Care Advantage Model of Care Training & Attestation

We would like to remind you about **your contractual responsibility to complete the 2023 Model of Care (MOC) Training and Attestation**. The 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 efforts applied to address enrollee needs result in a comprehensive and integrated model of care.



Dual Eligible Special Needs Plan MOC Training

Under our Medicare contract, MCA is required to implement a MOC and must provide ongoing training to health plan staff and network providers who contribute to the effectiveness of the MOC. The MCA MOC training provides education on the elements and goals established by the health plan and the role 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 (on or before December 31st of every year).

Network providers can access the MCA MOC training and attestation via the [Mercy Care website](#) by clicking on the Mercy Care Advantage For Providers button and scrolling down to the Model of Care Training button. You may also access the 2023 MCA MOC Training and Attestation by [clicking here](#).

The training includes an attestation that must be completed by network providers. In addition, Network Management Representatives are able to provide a copy of the MCA 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 will follow up with network providers as required to comply with this MCA contract requirement.



[Complete the Training](#)



Preparing for the End of COVID-19: Return to Regular Renewals

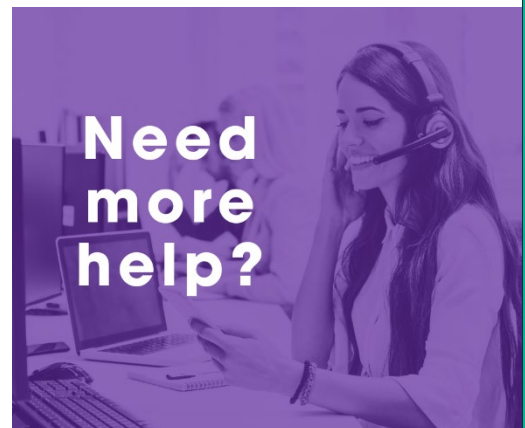
Since the start of the COVID-19 pandemic in 2020, Mercy Care, in accordance with AHCCCS, had not disenrolled most AHCCCS members, regardless of eligibility.

The Consolidated Appropriations Act (CAA) enacted in December 2022 required AHCCCS and Mercy Care to reinstate the regular renewal process for all Medicaid and KidsCare members. As of April 1, 2023, Mercy Care began disenrolling members who no longer meet eligibility criteria.

Mercy Care is working with community partners, advocates, and members to make sure eligible members remain covered, and that those who are no longer eligible are referred to sources for other healthcare coverage options.

To ensure that members do not experience any gap in health care coverage, we ask all members to:

- Make sure their mailing address, phone number, and email address on file are correct in www.healtharizonaplus.gov. Login or call Health-e-Arizona Plus at **1-855-HEA-PLUS (1-855-432-7587)**, Monday through Friday, 7:00 a.m. - 6:00 p.m. Review the Updating Your Contact Information flier **English / Spanish** to



Contact Mercy Care's Member Services department at **1-800-624-3879** or a [community assistor organization](#) to help you with AHCCCS or KidsCare renewals.

Approximately 75% of eligibility determinations are able to be completed automatically and members will not need to take

learn how to update your contact information in [Health-e-Arizona PLUS](#).

ALTCS members need to call **1-888-621-6880** to update their contact information or to get help with renewals.

- Check their mailbox for a letter from AHCCCS about renewal of coverage.
- Respond to any requests from AHCCCS for more information so the agency can accurately
- determine eligibility.

Sign up for text or email alerts from AHCCCS – learn how by downloading a flyer below.

[Download English Flyer](#)

[Download Spanish Flyer](#)

any action. If their eligibility is continued, then they will remain enrolled and will receive a summary letter that says, “If the information on the summary is correct, you do not need to do anything. You do not need to call or contact AHCCCS.”

Individuals who no longer qualify for AHCCCS or KidsCare may have other healthcare coverage options through the HealthCare Marketplace. Visit [HealthCare.gov](#) or call **2-1-1** for help.

Important information for dual eligible members covered by both Medicare & Medicaid

Mercy Care, in accordance with AHCCCS, continues developing integration initiatives to increase alignment and improve service delivery for individuals covered by both Medicare and Medicaid. These individuals, commonly referred to as “dual eligible members,” navigate multiple health systems to receive care. This health system fragmentation often results in poor communication, uncoordinated healthcare decisions and a lack of a patient-centered perspective.

Both Mercy Care and AHCCCS have moved toward increasing the coordination of health service delivery between these two health programs by contracting with Medicare Advantage Dual Special Needs Plans (D-SNPs) that are each affiliated with its partner AHCCCS Complete Care (ACC) Medicaid health plan. Requiring each ACC Medicaid health plan to offer a partner Medicare D-SNP promotes the enrollment or alignment of dual eligible members in the same health plan for both Medicare and Medicaid services to the greatest possible extent. Enrolling in specialized Medicare plans allows dual eligible members to receive all of their health care services, including prescription drug benefits, from a single, integrated health plan.

For more information regarding enrollment in an aligned Medicare D-SNP for 2023, please contact Mercy Care as listed on the [AHCCCS CY2023 D-SNP Reference Table](#).

Where to Find Important Pharmacy Information

You can access important pharmacy information [on our website](#) by clicking “**For Providers**” and then scrolling down to “**Pharmacy**” in the left sidebar to find:

- **Formulary (covered medication list)** - Download the Mercy Care Formulary or use our Formulary search tool to find specific medications that are on the formulary drug list. You can search by drug name or drug class.
- **Formulary Updates** – See a monthly list of all formulary changes.
- **Pharmacy Prior Authorization Guidelines** – includes all pharmacy prior authorization guidelines.
- **Pharmacy Prior Authorization Fax Forms** – Includes the Universal Pharmacy Prior Authorization Request form and drug/drug class specific forms along with how to submit a PA request.
- **Electronic Prior Authorization (ePA) Information** – Learn how to save time by submitting ePA requests.
- **Over-the-counter Product List** – Includes a list of OTC medications that are covered under Medicaid including for our dual eligible members.
- **Specialty Drugs** - Includes the Specialty Drug List for our preferred specialty pharmacy, CVS Caremark Specialty Pharmacy, and how to order specialty drugs for your patients.
- **Adding a New Drug to the Formulary** – Learn how to request a drug be added to the Mercy Care Formulary.
- **Controlled Substance Prescription Monitoring Program (CSPMP)** – Information on how to register and create an account for the Arizona Board of Pharmacy’s CSPMP.
- **Pharmacy Newsletters** – Stay up to date on important medication-related topics.

Formulary (covered medication list)	+
Formulary updates	+
Pharmacy prior authorization guidelines	+
Pharmacy prior authorization forms	+
Electronic Prior Authorization (ePA)	+
E-Prescribing	+
Drug monitoring and informed consent	+
Over-the-counter product list	+
Specialty drugs	+
Adding a new drug to the formulary	+
Controlled Substance Prescription Monitoring Program (CSPMP)	+
Pharmacy Newsletters	+
Drug safety alerts	+
Machine readable formulary files	+

[See Pharmacy Information](#)

Leadership Changes at Mercy Care

We’ve experienced some leadership changes since our last update and would like to introduce our newest members. Please click on each person's name to find out additional information.



**Dr. Gagandeep Singh -
Chief Medical Officer**



**Brad Hargens -
Chief Operating Officer**



**Vickie Payan -
Vice President, Health Plan
Operations**



**Cynthia Leach -
Vice President, Mercy Care Long Term Care**



**Jessica Clemens -
Director, Network Manager
Contracting and Sufficiency**

Mercy Care Key Contact List for Providers

Mercy Care General Contact

[Visit the Mercy Care website](#)

Phone Numbers:

602-263-3000

800-624-3879 (toll-free)

Network Management

[Email us](#)

Phone Numbers:

602-263-3000

800-624-3879 (toll-free)

860-975-3201 (fax)

Follow the prompts to get you to the area you need to contact.

Follow the prompts to get you to Network Management.

Representative Look-Up

- [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](#)

Claims Inquiry/Claims Research (CICR)

Phone Numbers:

800-624-3879 (Mercy Care Complete Care and Other Lines of Business)
800-564-5465 (Mercy Care ACC-RBHA)

Claim Disputes/Appeals

Phone Numbers:

602-453-6098
800-624-3879 (toll-free)
860-907-3511 (fax)

Dental

[Visit the Dentaquest website](#)

Phone Number:
844-234-9831

Member Services

Phone Numbers:

602-263-3000
800-624-3879 (toll-free)

Follow the prompts for Member Services.

For a more concise list of contacts, please refer to our [Chapter 100 – General Terms Provider Manual](#) under Chapter 2 – Mercy Care Contact Information.

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

