



Provider Reference Guide

Crisis/State-only Membership Services Request

Overview

Mercy Care is responsible for administering limited crisis and state-only services for persons having behavioral health coverage through an ACC or another RBHA. To adequately process claims for these individuals, Mercy Care must have enrollment information for the member.

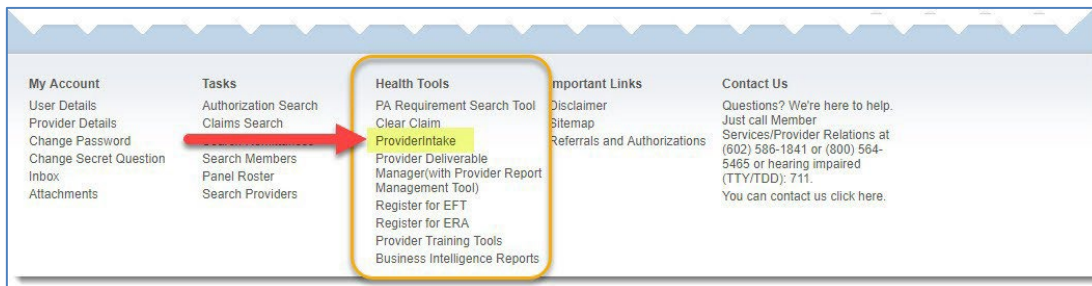
Effective Monday, December 3, 2018, providers rendering crisis and/or state-only services to persons having behavioral health coverage through an ACC or RBHA other than Mercy Care must share basic member information with Mercy Care. Mercy Care will compile the member detail and send it to AHCCCS in a daily file. AHCCCS will process the records and return enrollment detail in an 834 file. Once Mercy Care has this information, crisis and state-only services will be adjudicated.

To submit a Crisis/State-only Membership Services Request, you must first gain access to Mercy Care tools via a secure web portal using either the Medicaid Web Portal (MWP) or the Availity Essentials portal.

Medicaid Web Portal

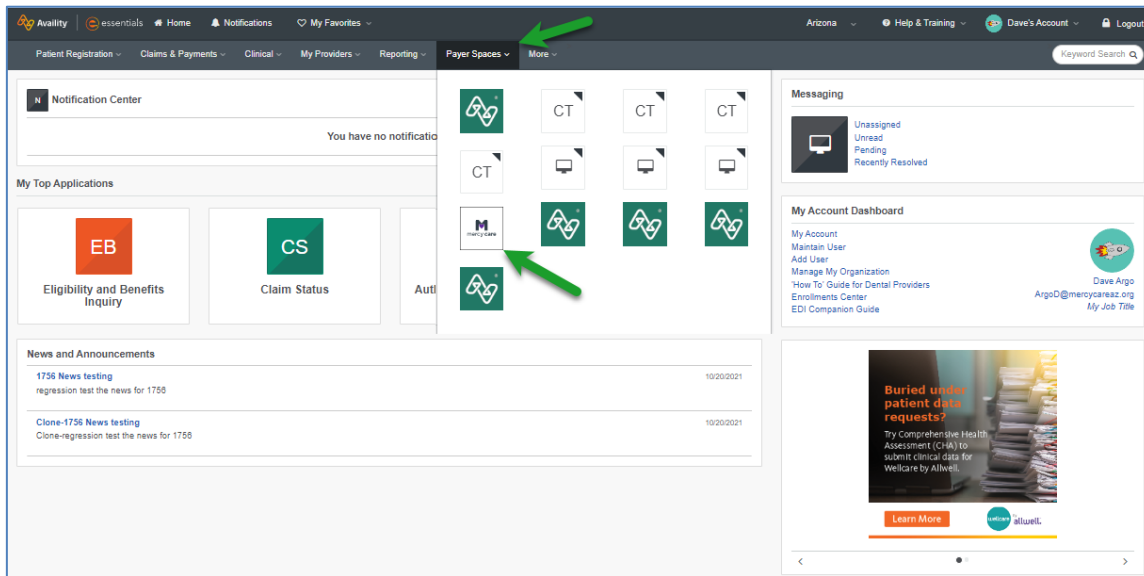
Users must have permissions to the [Medicaid Web Portal – Mercy Care](#) in order to utilize the Mercy Care provider and member tools. Each provider organization should have at least one user identified as a Portal Administrator. The Administrators are responsible for maintaining user permissions for their organization. This includes registering new users and deactivation of accounts for users that have left the organization or otherwise should no longer have permissions. Contact your [Provider Relations Representative](#) if you need help identifying the Administrator for your organization.

Provider Intake is the application used to view, manage and submit enrollment records online. The link for Provider Intake is in the Health Tools menu.

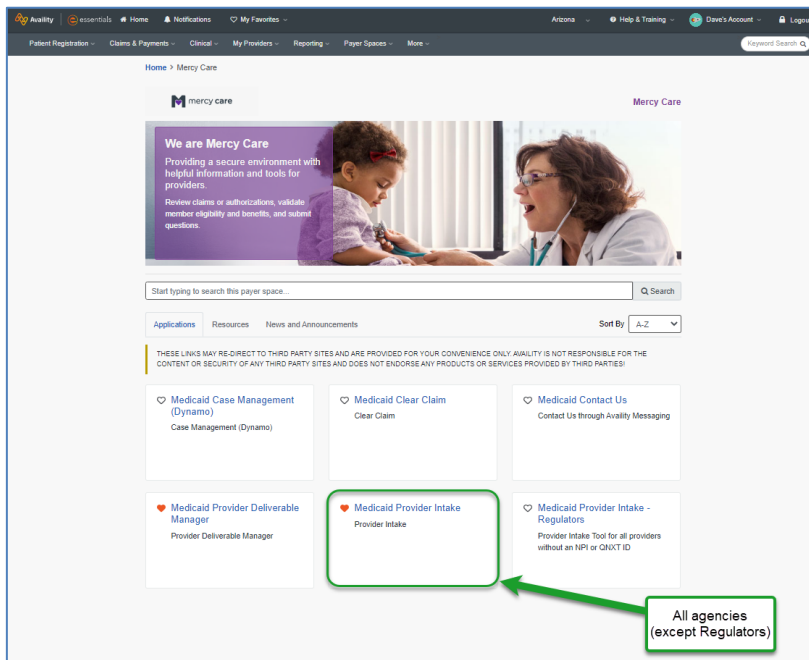


Availity Essentials

With Availity Essentials, individual agencies register with the application, set up and manage their own user profiles. It also provides the agency a single sign-on for multiple payors. All Mercy Care Services are accessed from the Payer Spaces menu item. Click on 'Payer Spaces' and select the 'Mercy Care' tile.



All the available Mercy Care applications, services and tools are displayed as 'tiles' and are arranged alphabetically, left to right. Provider Intake is the application used to view, manage and submit enrollment records online. Select the 'Medicaid Provider Intake' tile to advance to the 'Provider Intake' access screen.



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All asterisked (*) fields must be completed

The screenshot shows the 'Provider Intake' form in the Availity system. The form includes several dropdown menus, all of which are marked with an asterisk (*) to indicate they are required fields. These fields are: 'Select Organization *', 'Select Program *', 'Select a TaxID *', 'Select a NPI', and 'Select a Provider QNXT ID *'. The 'Select a Provider QNXT ID *' field has a note below it: '* = Required Field' and 'To reduce the number of available QNXT IDs, we suggest you enter an NPI'. The form also features 'Clear' and 'Submit' buttons at the bottom right.

Select your organization (Aetna Medicaid Administrators used for demonstration).

Select either 'Mercy Care RBHA' or 'Mercy Care' (ACC and Long Term Care Agencies) from the Select Program* list.

This screenshot shows the 'Provider Intake' form with the 'Select Program *' dropdown menu open. The dropdown menu lists two options: 'Mercy Care RBHA' and 'Mercy Care'. Two green arrows point to these options, indicating they are the correct selections. The 'Select Organization *' dropdown is set to 'Aetna Medicaid Administrators'. The 'Select a TaxID *' dropdown is set to 'Select...'. The 'Select a NPI' dropdown is set to 'Select...'. The 'Select a Provider QNXT ID *' dropdown is set to 'Select...'. The form also includes 'Clear' and 'Submit' buttons at the bottom right.

Complete the remaining fields and click 'Submit' to access Provider Intake.

The screenshot shows the 'Provider Intake' form in the Auality system. The form is titled 'Provider Intake' and includes a 'Give Feedback' link and the 'mercy care' logo. The form contains several required fields: 'Select Organization *' (Aetna Medicaid Administrators), 'Select Program *' (Mercy Care RBHA), 'Select a TaxID *' (139747932), 'Select a NPI' (Select...), and 'Select a Provider QNXT ID *' (PD200000190184-TERROS INC). There are 'Clear' and 'Submit' buttons at the bottom right, with a green arrow pointing to the 'Submit' button.

Provider Intake

Provider Intake will open in a new browser window. From this page you may submit a Crisis/State-only Membership Services Request.

Take note of the agency information under the user name at the top of the page. This indicates the location/site you are representing. Users may change the site by selecting a value from the Change my Agency function in the upper left-hand menu. The sites displayed in drop-down box are those affiliated with your user credentials.

Login Information

The screenshot shows the 'Provider Intake Online' page. The top navigation bar includes 'Home' and 'For Providers'. A green box highlights the 'Welcome: User Name' and 'Agency: XXXXXX - Agency Site Name' text. A red arrow points to this text. The main content area is titled 'Provider Intake Online' and contains 'News and Announcements' and 'Reporting Issues' sections.

Crisis/State-only Membership Submission

Select the Crisis/State-only Membership option from the left-hand menu, or the link at the bottom of the page, to display the Crisis/State-only Membership Submission entry page.

Selection Links

The screenshot shows the 'Provider Intake Online' interface. At the top, there is a navigation bar with 'Home' and 'For Providers' tabs, and a welcome message: 'Welcome: User Name Agency: XXXXXX - Agency Site Name'. On the left, a purple sidebar menu lists options: 'For Providers', 'Change My Site', 'View Submissions', 'Member Search', 'Member Paneling', and 'Crisis/State-Only Membership'. A red arrow points to the 'Crisis/State-Only Membership' link in this menu. The main content area is titled 'Provider Intake Online' and contains 'News and Announcements' with text about system updates and reporting issues. At the bottom, a secondary navigation bar includes 'Home', 'Contact Us', 'For Providers', 'View Submissions', 'Member Search', 'Member Paneling', and 'Crisis/State-Only Membership'. A second red arrow points to the 'Crisis/State-Only Membership' link in this bottom bar.

Membership Entry Page

The screenshot displays the 'Crisis / State-Only Membership Services' entry page. The top navigation bar is identical to the previous page. The main content area is titled 'Crisis / State-Only Membership Services' and includes a 'Membership Notification Request' section explaining the purpose of the service. Below this is a 'Notification Instructions' section with a note: 'NOTE: Data entered in the Transaction Grid MUST be validated for the transaction to be considered for submission.' The page features a 'Membership Transaction Grid' with the following columns: Type, AHCCCSID, Last Name, First Name, DOB, Span Start, Span End, and Actions. The grid is currently empty. At the bottom of the grid, there are 'Submit' and 'Cancel' buttons. A red arrow points to the 'Crisis/State-Only Membership' link in the left-hand menu.

The following data elements are required:

- Membership Type C for Crisis Services. Span will be set at 3 days. S for State-only Services. Span will be set at 30 days.
- AHCCCS ID. Absolutely required. Member must already be actively enrolled in the Medicaid system.
- Member last name. Informational only. Limited to 20 characters.
- Member first name. Informational only. Limited to 10 characters.
- Span start date. The first day services began.
- Span end date. This data point is not entered by providers; it is auto-generated based on the membership type selected.

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1. Select the Membership Type from the dropdown list: C for Crisis Services (Span will be set at 3 days) or S for State-only Services (Span will be set at 30 days)

2. Enter the member's AHCCCS ID. Members must already be actively enrolled in the Medicaid system to utilize this process.
3. Enter the member's last name, up to 20 characters. The name is required for tracking purposes only. If the name is longer than the allotted space, use the first 20 characters.
4. Enter the member's first name, up to 10 characters. The name is required for tracking purposes only. If the name is longer than the allotted space, use the first 20 characters.
5. Enter the member's date of birth. Select the appropriate date from the calendar.
6. Enter the Span Start Date. Select the appropriate date from the calendar. Once both the Membership Type and the Span Start Date are entered, the Span End Date is auto-calculated.
7. Repeat steps 1 thru 5 for up to 10 members. Note: Both crisis and state-only memberships may be submitted at the same time. If adding additional members, additional 'batches' may be submitted by returning to the Crisis/State-only Membership Services entry page.

Type	AHCCCSID	Last Name	First Name	DOB	Span Start	Span End
C	A12345678	DUCK	DONALD	1/1/1950	9/20/2018	9/22/2018
S	A12345682	DUCK	DONNY	1/1/1960	9/1/2018	9/30/2018
C	A12345684	DUCK	HEWEY	1/1/1970	9/1/2018	9/3/2018
C	A12345686	DUCK	LEWEY	1/1/1980	9/3/2018	9/5/2018
*						

8. Click the Submit button to submit your entries.
9. If there are no field errors, the acknowledgement page is displayed.

10. If any fields are missing, or there is a problem with the entered data, the problem field(s) will be highlighted in red. All submissions must be error-free to submit the batch.

Example of an incomplete submission

Type	AHCCSID	Last Name	First Name	DOB	Span Start	Span End
C	A12345693			1/10/2000		
S	A123456			3/10/2010	9/1/2018	9/30/2018
S	A12345697			3/10/2015	9/1/2018	9/30/2018
C	A12345699			3/15/2015	9/1/2018	9/3/2018
*						

Incomplete submission following Submit button click

Type	AHCCSID	Last Name	First Name	DOB	Span Start	Span End
C	A12345693	JONES	ALICIA	1/10/2000		
S	A123456	SMITH	REANNA	3/10/2010	9/1/2018	9/30/2018
S	A12345697	ARYA		3/10/2015	9/1/2018	9/30/2018
C	A12345699	STARK	JANE	3/15/2015	9/1/2018	9/3/2018
*						

VIEW SUBMISSIONS

Submissions can be monitored through the View Submissions module of the Provider Intake Application. The View Submissions module can be accessed via the left-hand panel or page footer link.

Once the View Submissions Module page is displayed, select a report type (1), select a Transaction Status (2), select a Transaction Type (3), and then click the Search button. Transaction meeting your criteria will be displayed (4).

The screenshot shows the 'View Submissions' interface. On the left is a purple navigation menu. The main area is titled 'Provider Intake Online' and 'View Submissions'. It contains several filter sections: 'Report Type' with radio buttons for 'View ALL Agency Submissions' (selected), 'View Only Site Submissions', and 'View All Agency Submissions for Specific Member'; 'Submission Type' with radio buttons for 'Online' (selected) and 'Batch'; 'Member Info' with fields for 'Last Name', 'First Name', and 'AHCCCS ID'; 'Transaction Status' with a dropdown menu set to 'Submitted' (marked with a red '1'); and 'Transaction Type' with a dropdown menu set to 'Crisis/StateOnly Merr' (marked with a red '2'). A 'Search' button (marked with a red '3') is located below the filters. Below the search area, it displays '20 Transaction Found' (marked with a red '4') and a table of results.

Transaction Type	Full Name	Date of Birth	AHCCCSID	Enrollment Date	Status	Last Update
Crisis/StateOnly	[REDACTED]	02/23/2012	A90880711	2/10/2026	Submitted	02/11/2026
Crisis/StateOnly	[REDACTED]	10/19/1938	A07530261	2/10/2026	Submitted	02/11/2026
Crisis/StateOnly	[REDACTED]	03/29/1978	A78760009	2/10/2026	Submitted	02/11/2026
Crisis/StateOnly	[REDACTED]	09/22/2010	A75712718	2/10/2026	Submitted	02/11/2026

The status of your submission will be updated throughout the entire submission process. You will initially see a status of “Submitted” as the record is awaiting backend validation prior to being sent to the state. If the record is rejected by backend validations, the status will change to “Rejected.” You can view the reasons for rejection by clicking on the member’s full name.

If the record passes backend validations, it will be batched together with all other pending records and sent to the state. The status will be set to “Sent to State” while awaiting state validation. The status of the record will change to either “Accepted” or “Rejected” based on the response from the state.

Note: A submission should have a final status of “Accepted” or “Rejected” within 7 days of submission. If you notice this is not the case, please contact Mercy Care Health Plan Solutions and Support.

Note: Screenshots may vary from actual web page displays due to production updates.