

Provider Newsletter

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All New Website for Mercy Care!

Effective June 2, 2011, Mercy Care Plan, Mercy Care Advantage and Mercy Care Long Term Care's new websites have gone live!

The new design makes it much easier for you to find any necessary health plan information for which you may be looking. Highlights include:

- Information Specific to Health Plan
- MercyOneSource Secure Portal
- Clear Claim Connection
- Provider Tools: News and Announcements, Provider Notifications, Provider Manuals and Forms
- Health and Wellness Tools
- Prior Authorization
- Prescription Drug Info
- Behavioral Health

- DDD
- Dental
- Member Quick Links
- Medline Plus
- Podcasts for Members
- Plus Much More

The new websites may be accessed by using the same URLs you have accessed in the past:

Mercy Care Plan (MCP) and

Mercy Care Long Term Care (MCLTC):

www.MercyCarePlan.com

Mercy Care Advantage (MCA):

www.MercyCareAdvantage.com

The Mercy Care Healthcare Group (MHG) website has not changed and is still found at:

www.MercyHealthcareGroup.com

ALTCS Contract Award - MCLTC

Mercy Care is extremely pleased to announce that effective June 14, 2011 we were awarded a contract that will provide services to Arizonans enrolled in the Arizona Long Term Care System (ALTCS) in Pima County. This is in addition to the Maricopa County contract that was awarded to Mercy Care on May 9, 2011. Evercare Select was also awarded a contract in Pima County. The contracts were awarded by AHCCCS for up to five years, beginning October 1, 2011.

Mercy Care Plan, a nonprofit health plan established in 1985, is a joint venture of St. Joseph's Hospital and Medical Center in Phoenix (Catholic Healthcare West) and Carondelet Health Network in Tucson

(Ascension Health). Mercy Care Plan currently serves over 8,500 ALTCS members in Maricopa County. With the

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ALTCS Contract Award - MCLTC (continued from page 1)

addition of Pima County, an additional 2,000 ALTCS members will be served by Mercy Care.

Mercy Care Plan and Carondelet Health Network are collaborating with the Community Partnership of Southern Arizona (CPSA) to form a unique partnership in Pima County. All three of our organizations recognize the value of integrating health and behavioral health-care to ensure that any member has access to all needed services.

The ALTCS program serves individuals who are low income, at risk of

institutionalization and either elderly (age 65 and over), blind, or disabled. ALTCS members also receive medical care under the long term care program including doctor's office visits, hospitalization, prescriptions, lab work and behavioral health services. ALTCS has been viewed as a national model for its success in supporting over 70 percent of its members in the home or community based residential facilities rather than placing members in more costly nursing home settings.

If you are a provider who may be inter-

ested in contracting with Mercy Care Plan for ALTCS services, we would be very happy to hear from you. Please send a letter of interest to:

Mercy Care Plan

Attention: Charlotte Hunsaker

**4350 E. Cotton Center, Building D
Phoenix, AZ 85040**

Mercy Care Long Term Care welcomes the opportunity to work with you in order to better serve our ALTCS members in the Pima and Maricopa County communities.

Ask Me 3™

What is Ask Me 3™?

According to the Ask Me 3™ website, Ask Me 3™ is a patient education program designed to promote communication between health care providers and patients in order to improve health outcomes. The program encourages patients to understand the answers to three questions:

- 1. What is my main problem?**
- 2. What do I need to do?**
- 3. Why is it important for me to do this?**

Patients should be encouraged to ask their providers these three simple but essential questions in every health care interaction. Likewise, providers should always encourage their patients to understand the answers to these three questions.

Studies show that people who understand health instructions make fewer mistakes when they take their medicine or prepare for a medical procedure.

How Can Ask Me 3™ Help?

- It encourages clear health communication between providers and patients.

- It helps patients understand health instructions better.
- Patients who understand health instructions make fewer medication mistakes and manage chronic conditions better.

What Else Can Providers Do?

- Use plain language instead of technical or medical jargon.
- Ask patients to “teach back” the care instructions to show they fully understand.
- Use drawings or models to illustrate a procedure or condition.
- Encourage patients to use the Ask Me 3™ approach by explaining to them what it is and model the use of it in your conversation.
- Limit information to two or three main points at a time.
- Sit down to achieve eye level when speaking with patients.
- Create a safe environment where patients feel comfortable talking to their doctor.



Where Providers Can Obtain Additional Information?

Additional information can be obtained at the Ask Me 3™ National Patient Safety Foundation website:

<http://www.npsf.org/askme3/>

Provider Relation Representatives will be distributing Ask Me 3™ posters to hang in provider offices. If you don't have a poster and would like one, please feel free to contact your Provider Relations Representative.

Behavioral Health Coordination of Care - MCP

It is very important that Primary Care Physicians (PCPs) and behavioral health providers develop a strong communication link to help ensure positive outcomes for members receiving service. When changes in a member's health status have been identified by the member's PCP, there should be coordination of care with the behavioral health provider within a timely manner. PCPs should update the behavioral health provider regarding diagnosis of chronic conditions, all medications prescribed and support for the petitioning process.

Primary Care Physicians are reminded to establish a medical record when behavioral health information is received from a member's behavioral health provider, even if the PCP has not yet

seen the assigned member. In lieu of establishing a medical record, such information may be kept in an appropriately labeled file associated with the member's medical record once established. Behavioral health providers may request medical information including current diagnosis, medications, pertinent laboratory results, last PCP visit, Early Periodic Screening, Diagnosis and Treatment (EPSDT) screening results and last hospitalizations. These requests should be responded to within 24 hours if marked "Urgent" and within 10 days for routine requests.

Likewise, for members referred to behavioral health services by the PCP and determined to have a Serious Mental Illness and/or diagnosis of a

chronic medical condition on Axis III, the behavioral health providers must provide the member's PCP the member's diagnosis, prescribed medications, and information regarding any Pervasive Developmental Disorders. Mercy Care Plan's Behavioral Health Coordinator can serve as a contact person and resource for behavioral health providers when problems arise concerning a person's medical care or any other health plan related issue. To reach a Behavioral Health Coordinator for assistance, please contact Mercy Care Plan at (602) 263-3000.

Additional detail regarding Behavioral Health is available in the Mercy Care Plan Provider Manual under Chapter 7 – Behavioral Health.

CAHPS® 2010 Survey – High Member Satisfaction Results

The Results are In...

Mercy Care Plan participated in the 2010 Consumer Assessment of Health Providers and Systems (CAHPS®) survey of our Medicaid adult members and children. The survey assesses the member's satisfaction with Mercy Care Plan. **The results indicate that Mercy Care Plan members are very satisfied with their health plan and their overall healthcare.** In fact in comparison to other Medicaid health plans nationwide, Mercy Care Plan's member satisfaction exceeds 75 percent of the other health plans.

The survey asks the members about their overall satisfaction with their personal doctor, the specialist they saw most often, their rating of their over-



all health care and how they rated the health plan. The CAHPS® survey compares our member's satisfaction to those from other Medical plans nation-

wide in the following categories:

- Rating of doctor (adult)
- Rating of specialist (adult)
- Rating of all health care (adult/child)
- Rating of health plan (adult/child)
- Getting needed care (adult/child)
- Getting care quickly (adult)
- How well doctors communicate (adult)
- Customer service (adult/child)

Thank you for working with us to provide a quality health care experience for the members we serve.

Contract with Phoenix Children's Hospital

Mercy Care Plan is pleased to announce that effective June 1, 2011 we have contracted with Phoenix Children's Hospital and its affiliated physician group. Phoenix Children's Hospital is one of the largest children's hospitals in

the country and provides specialty and sub-specialty inpatient, outpatient, trauma, emergency and urgent care to children and families. Adding Phoenix Children's Hospital to Mercy Care Plan's network will serve to enhance our al-

ready robust network.

For additional information, please view the Provider Notification on our website titled "Contract with Phoenix Children's Hospital".

Covered Family Planning Services and Appropriate Billing - MCP

Family Planning Benefits are administered by Schaller Anderson, LLC for Mercy Care Plan members.

Family Planning services are covered in accordance with the AHCCCS Medical Policy Manual for all members (male and female) who voluntarily choose to delay or prevent pregnancy. These include medical, surgical, pharmacological and laboratory services, as well as contraceptive devices. Covered services also include the provision of accurate information and counseling to allow members to make informed decisions about specific family planning methods available. Members may choose to obtain family planning services and supplies from providers within the Mercy Care network.

Family planning services for members eligible to receive full health care coverage and members eligible for the SOBRA Family Planning Extension Program may both receive the following medical, surgical, pharmacological and laboratory services:

- Contraceptive counseling, medication, and/or supplies, including, but not limited to: oral and inject-table contraceptives, subcutaneous implantable contraceptives, intrauterine devices, diaphragms, condoms, foams and suppositories;

- Associated medical and laboratory examinations and radiological procedures, including ultrasound studies, related to family planning;
- Treatment of complications resulting from contraceptive use, including emergency treatment;
- Natural family planning education or referral to qualified health professionals; and
- Postcoital emergency oral contraception within 72 hours after unprotected sexual intercourse (RU 486 is not postcoital emergency oral contraception).

The following are not covered for the purpose of family planning or SOBRA family planning extension services:

- Infertility services including diagnostic testing, treatment services or reversal of surgically induced fertility;
- Pregnancy termination counseling; or
- Pregnancy terminations (including Mifepristone [Mifeprex or RU 486]) and hysterectomies.

Mercy Care has recently updated the Covered Family Planning Services and Appropriate Billing Codes Provider Notification which is available on our website. The Provider Notification

contains more detailed information, including:

- [Accepted Family Planning ICD-9 Codes](#)
- [Accepted Principal Procedure Codes](#)
- [Family Planning CPT/HCPCS Codes](#)

Please submit your claims as you normally would, either electronically or via mail by sending to:

Mercy Care Plan

Attention: Claims Department

P.O. Box 52089

Phoenix, AZ 85072-2089

Family Planning services may be billed with other services on the same claim. When billed on the same claim though, a provider will receive two remits, one for family planning services from Schaller Anderson, LLC and one for non-family planning services from Mercy Care Plan, as these services are paid by separate entities and separate funds.

Additional details regarding Family Planning may be found in the Mercy Care Provider Manual under Chapter 8 – Family Planning and the MCLTC Provider Manual under Chapter 9 – Family Planning.

Direct Care Workers - MCLTC

Important information regarding Direct Care Workers was recently published in the [April 2011 AHCCCS Claims Clues](#) as follows:

“Effective July 1, 2012, AHCCS will be implementing new specific training and testing requirements for agency employed ALTCS in-home caregivers, referred to as Direct Care Workers (DCW). This new requirement will be in addition to the existing requirement that caregivers have Cardio-Pulmonary resuscitation (CPR) and First Aid training before they begin care to members.

All DCWs, including those who are family members, will be required to demonstrate skills, knowledge and ability **prior** to providing care as a paid caregiver to ALTCS members. The specific knowledge and skills that will be required is dependent on the type of care a particular member needs. The basis for the required training and testing is a curriculum, created through the Arizona Direct Care Workforce Initiative, called “Principles of Caregiving”. Links to the training and testing material can

be found at:

<http://www.azahcccs.gov/dcw>

under “Policy and Support Documents”.

A DCW who was working for a home care agency prior to January 1, 2011 will be deemed to meet the training and testing requirements at the agency with whom they are currently employed. However, if the DCW changes employment to another agency or is newly hired by a home care agency on

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Direct Care Workers – MCLTC (continued from page 4)

or after January 1, 2011, the DCW will have until July 1, 2012 to meet the training and testing requirements through an AHCCCS approved training and testing site. These individuals can continue to provide care until the training and testing is completed.

Direct Care Workers hired on or after

July 1, 2012 however, must have completed the AHCCCS approved training and testing prior to providing care as a paid caregiver to ALTCS members.

Please note this training and testing requirement does not apply to Attendant Care providers who are indepen-

dently registered with AHCCCS (Provider Type 24) and those caregivers not employed by a home care agency.

Questions about this requirement should be submitted via email to

dcw@azahcccs.gov.”

Don't Get Dropped AZ

Don't Get Dropped AZ is a grassroots joint campaign by Keogh Health Connections and the Arizona Association of Community Health Centers that encourages AHCCCS members to renew coverage online. A recent flyer addressed to members contains the following important information:

“AHCCCS has announced an enrollment freeze of adults without children. After July 8, 2011, no new adults without children will be accepted.

Adults without children, who are

currently enrolled in AHCCCS will be able to continue enrollment, but will not be able to re-enter the program if they fail to renew on time, or if they fail to make required co-payments. When you receive your AHCCCS renewal notice, don't delay. Don't get dropped.”

Additional information regarding renewal is available at the following website:

www.HealththeArizona.org

For a list of groups that will provide renewal assistance and additional information regarding the Don't Get

Dropped AZ campaign, please reference the following website:

www.DontGetDroppedAZ.org

Renewal date information is available by calling (602) 542-9935 (Phoenix area) or by calling (800) 352-8401 (outside Phoenix area).

The enrollment freeze of adults without children was originally scheduled for July 1, 2011, however, has been pushed back to July 8, 2011, pending CMS approval.

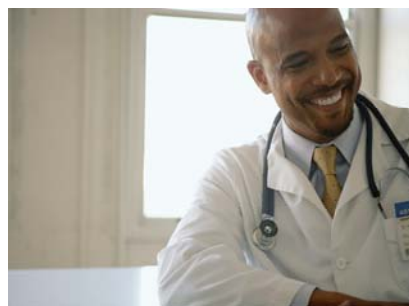
EHR Provider Incentive Program - MCP

A recent communication was received from AHCCCS on 6/29/11 regarding approval from Centers for Medicare and Medicaid to launch the Arizona Medicaid EHR Provider Incentive Program. AHCCCS has indicated that they will launch the program in two phases – the first phase is Registration and the second phase is Attestation.

The AHCCCS electronic Provider Incentive Program (e-PIP) website for Arizona Medicaid EHR incentive payments will be open for **Registration** to all Medicaid Eligible Providers (EPs) and Eligible Hospitals (EHs) on **Monday, July 25, 2011**.

The ePIP website will be open for Adopt/Implement/Upgrade (AIU) **Attestation** activities for all EPs and EHs on **Thursday, September 1, 2011**.

AHCCCS is going to continue to work



behind the scenes with their pilot program participants. Meeting times will be set with each of the pilot hospitals and professionals to help them go through their data and ensure all administrative aspects of the Medicaid incentive program are ready and tested.

Additional information will be available on the AHCCCS EHRS Incentive Program website at:

<http://azahcccs.gov/HIT/default.aspx>

Updates including posting the final provider toolkits and worksheets will be completed by July 1, 2011.

Flu Season is Coming!!

On average, 62 percent of Mercy Care Plan's (MCP) members state they have had a flu shot since September 1, 2009. We at MCP believe that an annual flu shot is important for all our members based on recommendations from the Advisory Committee on Immunization Practices (ACIP) 2010. This year we will outreach to our members by tele-



phone and mail and encourage them to get a flu shot. We are asking that you also encourage our members to obtain an annual flu shot. By working together, we can keep our patients healthier and out of the hospital. Please join us in ensuring that the flu shot is given to as many people as possible.

Language Line Services – No Cost Interpretation Services

Language Line Services, Mercy Care's interpretation vendor, is available at no cost to you or the member for interpretation services during a member visit to your office. Language Line Services provides interpreter services in more than 170 languages.

As a Language Line customer, you have access to over-the-phone interpretation 24 hours a day, 7 days a week. A

Language Line Services Identification Card is available for your use in face-to-face situations, to determine which language a person speaks. The Language Identification Card lists the languages most frequently encountered in North America, grouped by geographical region where they are commonly spoken.

If you do not have the Language Line

Services Identification Card, please contact your Provider Relations Representative to get one. Language Line Services can be contacted directly at (800) 523-1786, or interpretation services can be coordinated through Mercy Care's Member Services Department by calling (602) 263-3000 or (800) 624-3879, Express Service Code 629.

Mail Order Rx Initiative – MCP and MCA

Your patient may get a letter about the benefits of using the mail-order program over the next few weeks. The information below was taken from the standard notification letters that will be going out to Mercy Care Plan and Mercy Care Advantage members who appear to be filling prescriptions for long-term use at a retail pharmacy.

The mail-order program is for maintenance medications only. Your patient may bring in the order form and ask for a prescription to get started. You will need to write a prescription quantity for a 90-day supply. A representative from the Express Scripts Pharmacy may contact you to obtain or verify prescription information.

If you have additional questions or concerns, or want more information about this program, please contact your Mercy Care Provider Relations Representative.

The letter sent to members includes the

following helpful information:

When it comes to decisions regarding your health, we know you want the highest quality care at the lowest possible cost delivered your way. Now join the millions who enjoy the convenience, safety and peace of mind that comes with Express Scripts Pharmacy.

Your Health, Your Way. At Express Scripts, it's our job to manage your prescription-drug benefit. We want to tell you about a useful benefit with Mercy Care Advantage (HMO SNP) – home delivery from the Express Scripts Pharmacy. When you choose Express Scripts Pharmacy, you call the shots. We send your medicine right to your home. You have your choice of payment options. You can schedule your prescriptions for Auto Refills. And you have confidential access to pharmacists any time, day or night.

Time to Choose... Join the millions of people who trust the Express Scripts

Pharmacy. Here are three easy ways to start:

1. **Mail in the enclosed order form**, your 90-day prescription and copayment to Express Scripts.
2. **Visit StartHomeDelivery.com.**
3. **Call (866) 833-2325 (voice) or (800) 955-8770 (TTY)**, Monday to Friday between 7:30 a.m. and 5:00 p.m., Central.

With your permission, the Express Scripts Pharmacy will make the transition easy by contacting your doctor to get a new 90-day prescription for home delivery.

The Express Scripts Pharmacy offers you a better way to get the prescriptions you currently fill at a retail pharmacy:

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Mail Order Rx Initiative (continued from page 6)

- **Savings** – with lower copayments, you'll see your savings add up quickly.
- **Safety** – every order is checked for accuracy by registered pharmacists who are available 24/7.
- **Convenience** – you'll receive a 90-day supply, free standard ship-

ping, flexible payment options and Auto Refills.

If your doctor prescribed this medication for short-term use, it may not be appropriate to receive through the Express Scripts Pharmacy.

When you fill a prescription through Express Scripts Pharmacy for the first

time, you can expect delivery of your order within two weeks from the time we receive the prescription from your doctor. We recommend that you have a 30-day supply of your medication on hand at the time of your order. Refills typically take three to five days to process and ship.

Mammograms for Breast Cancer Screening - MCA

Mammograms continue to be an important part of preventive screening for women.

The Centers for Medicare and Medicaid Services (CMS) monitor health plans to ensure that they meet Medicare's quality standards. A variety of key HEDIS measures are monitored to determine health plan effectiveness, including breast cancer screening.

Mercy Care Advantage is working hard to be one of the plans with the highest percentage of members who receive a mammogram, which is clinically appropriate.

Our Quality Management team provides educational information through mailed materials and outreach calls to our members who have not had a mammogram in 2010 or 2011.

We would like to continue to partner with our contracted Primary Care Physicians to ensure our members receive a referral for a mammogram. In March, order forms were mailed to providers

who had one or more members who did not have a mammogram in 2010 or 2011. MCA will soon be sending another mailing to providers, listing members still in need of a mammogram.

Thank you for your continued support in encouraging your MCA patients to schedule a mammogram.



MCA members are also eligible for a Medicare-covered annual physical exam for \$0.00 copay.

Mercy Care Advantage covers one Medicare-covered mammogram with \$0.00 copay:

- One screening every 12 months for women age 40 and older.
- One baseline exam between the ages of 35 and 39.

MCA is contracted with many radiology providers who can complete a mammogram. Our preferred network includes:

- Simon Med Imaging
- Insight Health Corp
- Radiology LTD, PLLC
- AZ Tech Radiology and Open MRI
- SW Diagnostic Imaging/Valley Radiology

MCA has a Registered Nurse who is dedicated to ensuring that our members receive mammograms. For more information, please contact Colleen Soeder, RN at (623) 214-1337.

Please refer to MCA's Provider Manual, Chapter 4, Section 4.17 – Women's Health Specialists for additional detail.

Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act that was signed into law on March 23, 2010 include provisions to fight healthcare fraud, waste and abuse. The law contains new tools to improve and enhance efforts to prevent, detect and take enforcement action against fraud, waste and abuse related to Medicare, Medicaid and private health insurance.

In an effort to fully comply with the provisions of this law, Mercy Care Plan and Mercy Care Advantage are implementing additional steps to detect and prevent fraud, waste and abuse. Mercy Care reviews claims data routinely and may audit medical records to ensure the documentation supports the submitted claims.

One area of concentration is inappropriate billing practices such as up-coding, unbundling, improper use of modifiers, billing for services rendered by a Physician Assistant or Nurse Practitioner (or other practitioner) under the physician's name.

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Patient Protection and Affordable Care Act (continued from page 7)

The purpose of this article is to educate and remind providers of proper coding and billing practices. Listed below are coding/billing guidelines that are of particular interest.

Evaluation and Management (E/M) Services

Five levels of E/M services are recognized by CPT for both new and established office visits. Descriptions of each level of service are taken from the American Medical Association's CPT manual. Seven Components are recognized for the levels of E/M services, six of which are used in determining the appropriate level of E/M services. The components are:

- History
- Examination
- Medical Decision Making
- Counseling
- Coordination of Care
- Nature of Presenting Problem
- Time

The first three of these components (i.e., history, examination and medical decision making) should be considered the key components in selecting the level of E/M services. The nature of the presenting problem and time are provided in some levels to assist the physician in determining the appropriate level of E/M service.

The next three components (counseling, coordination of care, and the nature of the presenting problem) are considered contributory factors in the majority of encounters. The final component – time – is predominantly included to assist the physician and is considered a key component only if counseling/coordination of care composed more than 50 percent of the physician-patient face-to-face encounter.



The CPT manual defines a new patient as one who has not received any professional services from the physician, or another physician of the same specialty in the same group, within the past three years. Otherwise, the patient is considered “established.”

In reviewing claims data, we have noticed that some physicians bill 99214 at a much higher rate than other physicians within their specialty.

CPT 99214 is appropriate for the evaluation and management of an established patient, which requires at least two of these three components.

- A detailed history (chief complaint; extended history of present illness; problem pertinent system review extended to include a review of a limited number of additional systems; pertinent past, family and/or social history directly related to the patient's problems)
- A detailed examination (an extended examination of the affected body area(s) and other symptomatic or related organ systems(s))
- Medical decision making of moderate complexity (two of the three of the following: multiple diagnoses or management options; moderate amount or complexity of data to be reviewed; moderate risk of complications or morbidity/ mortality)

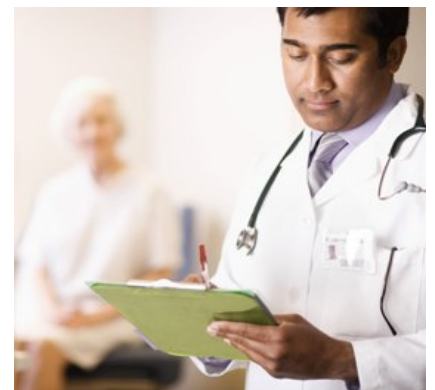
Usually the presenting problem(s) is moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

Proper Use of Modifier 25

Modifier 25 is to be used when a “significant, separately identifiable evaluation and management service by the physician on the same day of the procedure or other service. It may be necessary to indicate that on the same day a procedure or service identified by CPT codes was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual pre-operative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported.”

Billing Under Correct Provider Name

Services rendered by mid-level providers (Physician Assistants, Nurse Practitioners, etc.) should be billed under their individual name and provider ID, not the name or ID of the supervising physician. AHCCCS registration is mandatory for payment consideration and Mercy Care Plan requires that all service providers be credentialed. Submission of claims for services not rendered by the billing provider may be fraud.



Pressure Ulcer Stage Code Billing

Mercy Care Plan would like to inform you of correct ICD-9 coding for pressure ulcer codes. According to ICD-9 Guidelines, two codes are required to completely describe a pressure ulcer:

The primary code is required from subcategory 707.0 (Pressure Ulcer) that identifies the site of the pressure ulcer.

These codes range from 707.00 – 707.09.

The secondary code that needs to be billed is from subcategory 707.2 (Pressure Ulcer Stages). The specific code billed identifies the Pressure Ulcer Stage. These codes range from 707.20 – 707.25. Codes 707.20 – 707.25 are to

be used as an additional diagnosis. Codes from this subcategory may not be assigned as a principal or first-listed diagnosis.

Payment for claims not billed in the above manner will be denied by Mercy Care. A corrected claim will need to be submitted for payment reconsideration.

Provider Participation – Termination for Inactivity - MCP

Important information regarding Provider Participation and Termination for Inactivity was recently published in the **April 2011 AHCCCS Claims Clues** as follows:

An AHCCCS provider's participation in the AHCCCS program may be terminated for several reasons, including inactivity.

Provider participation may be terminated if the provider has not submitted a claim

to the AHCCCS Administration; one of the AHCCCS contracted health plans or program contractor within the past 24 months. If AHCCCS has not received a claim or an encounter for the past 24 months, providers will be terminated effective April 2011.

A new registration packet will be required to reactivate providers who reapply following termination for inactivity.

Providers should refer to Chapter 3 of the AHCCCS FFS Provider Manual for information on provider participation.

Mercy Care will be following this direction.

Additional detail regarding Provider Responsibilities can be found in the MCP Provider Manual under Chapter 4, the MCA Provider Manual under Chapter 4, and the MCLTC Provider Manual under Chapter 5.

Rheumatoid Arthritis – MCA



Early intervention is the key for the best possible patient outcomes!

When initiated early, disease-modifying anti-rheumatic drugs (DMARD) have been proven to greatly improve outcomes, before the development of erosive disease or deformities.

Benefits of early initiation include decrease in pain, minimization of joint damage and disability, and enhance-

ment of physical function and quality of life. Because cartilage damage and bony erosions frequently occur within the first two years of the disease, it is recommended that DMARDs be implemented as soon as a diagnosis of Rheumatoid Arthritis (RA) is confirmed.

Primary Care Providers – Did You Know?

The Quality Management team at Mercy Care Advantage is working to ensure that members diagnosed with RA receive a DMARD. Each month we send a fax to providers assigned to members identified as having RA, who have no pharmacy claims for a DMARD.

We appreciate your continued care and oversight of RA patients and the prompt responses to these faxes which help us in our outreach efforts.

DMARDs on the MCA formulary include:

Do not require prior authorization (PA):

- Sulfasalazine
- Hydroxychloroquine
- Leflunomide
- Auranofin (Ridaura)
- Etanercept (Enbrel)
- Minocycline

Require prior authorization (PA):

- Methotrexate – required for 25 mg/ml vial only
- Cyclosporine
- Cyclophosphamide
- Adalimumab (Humira)
- Anakinra (Kineret)
- Infliximab (Remicade)
- Azathioprine

For more information, please contact Colleen Soeder, RN at (623) 214-1337.

Transplant Restoration - MCP

The following communication was received from AHCCCS on April 7, 2011 regarding transplant coverage. Mercy Care Plan will be following and implementing the criteria outlined in the AHCCCS memo from Dr. Marc Leib, Chief Medical Officer, regarding Transplant Restoration effective April 1, 2011:

“As part of the recently enacted budget, the Arizona Legislature adopted Governor Brewer’s Medicaid Reform Plan which restores funding of previously covered transplants for adults that were eliminated effective October 1, 2010. Retroactive to April 1, 2011, AHCCCS will once again cover the following transplants for members 21 years of age and older:

- *Pancreas-after-kidney transplant*
- *Liver transplants in patients with Hepatitis C*

- *Allogeneic unrelated hematopoietic cell transplants*
- *Heart transplants in patients with non-ischemic cardiomyopathies*
- *Lung transplants*
- *Heart-lung transplants*

Transplants that were not covered by AHCCCS prior to October 1, 2010, including pancreas only transplants, partial pancreas transplants and pancreas islet cell transplants, are not affected by this legislation. Those transplants remain non-covered, consistent with AHCCCS policies. In addition to the medically necessary transplants covered for adults, AHCCCS continues to cover all medically necessary, non-experimental transplants for members under the age of 21 years as required by EPSDT.

Coverage criteria for restored transplants will be the same as the criteria in place prior to October 1, 2010. Physicians with patients they believe meet the criteria for any AHCCCS covered transplant should contact the AHCCCS health plan in which the patient is enrolled to refer the patient for transplant evaluation.

For more information, please see the AHCCCS website at:

<http://www.azahcccs.gov/reporting/legislation/sessions/2010/BenefitChanges.aspx#TransplantRestoration>



Wellness Program – MCA



Mercy Care Advantage (HMO SNP) makes sure our members get the extras they need to be healthy and well. We offer a variety of programs at no charge to help our members remain healthy and active at every stage of life.

We have arranged through the **Foundation for Senior Living** (www.fsl.org) to offer Mercy Care Advantage members a unique **Wellness Program** that focuses on:

- Exercise
- Smoking Cessation

- Nutrition
- Diabetes Education

The Wellness Program is offered at multiple locations throughout Maricopa, Pima and Santa Cruz counties.

Updated flyers describing the Zero Copay program were mailed to all Mercy Care Advantage members in June.

Please contact your Provider Relations Representative if you would like a copy of the brochure for your office.

Mercy Care is Proud to Introduce...



Mark Fisher

CEO of Mercy Care Plan

When Mark Fisher became chief executive officer of Mercy Care Plan in June, 2009, he set as a first priority “creating a positive, proactive relationship with AHCCCS and our provider community.”

Mark had spent a year as chief operating officer for Mercy Care after 30 years of experience in management

positions in managed health care for both public and private sector businesses. As part of his goal as the new CEO, he pledged to increase transparency, recognize issues and promptly correct them for MCP’s 10,000-plus providers, while at the same time maintaining and enhancing MCP’s excellent performance in member services and quality management.

Today, Mercy Care has developed strong relationships with its providers, is recognized by AHCCCS as a better plan than it was two years ago and continues its commitment to work hard to maintain good relationships with its providers.

Mark’s experience prior to coming to Mercy Care included the implementation and operation of medical and behavioral health managed care programs in several states. Most immediately, before joining MCP, he was senior vice president and chief operating officer of Fallon Community Health Plan in Worcester, Massachusetts, the fourth largest health plan in that state.

MERCY CARE PLAN MERCY CARE ADVANTAGE MERCY HEALTHCARE GROUP

Address:

4350 E. Cotton Center Boulevard,
Building D
Phoenix, AZ 85040

Phone Numbers:

(602) 263-3000 or
(800) 624-3879

Web Site Addresses:

www.MercyCarePlan.com
www.MercyCareAdvantage.com
www.MercyHealthcareGroup.com

Our Mission

Southwest Catholic Health Network Corporation (SCHN) d/b/a Mercy Care Plan is a not-for-profit corporation founded by Carondelet Health Network and St. Joseph’s Hospital & Medical Center, a Catholic Healthcare West facility. SCHN is **committed** to promoting and facilitating quality health care services with special concern for the values upheld in Catholic social teaching, especially of the poor and for persons with special needs.

Our Vision

SCHN will lead the transformation of the care delivery model by:

- Enhancing care coordination and collaboration across the continuum (Sponsors, SCHN, provider network).
 - Enhancing health literacy and patients’ accountability in their health.
- Seeks a long-term partnership with our provider network by offering effective and personalized services.
 - Impacting the care and outcome of high risk/complex patients.
- Applying learning and capabilities to other patient populations to improve community health outcomes.

Our Values

Passion: SCHN will pursue its mission with enthusiasm, optimism and diligence.

Stewardship: SCHN will act prudently, focusing on the interests of those we serve.

Teamwork: SCHN will collaborate with others to create exceptional results.

Advocacy: SCHN will work on behalf of the underserved to improve health outcomes.