



# Mercy Care DDD Integrated Health Plan Presentation

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### Mission, Vision and Values

Our mission, vision and values guide everything we do at Mercy Care.

## Mission

Mercy Care exists to address and advocate for the comprehensive health of our members and families, including circumstances that impact their well-being. This includes special consideration for the underserved and those with complex health needs regardless of race, color, religion, ethnicity, national origin, sex, sexual orientation, gender identity, age or disability.

## Vision

Our members live a healthier life and achieve their full potential.

# Values

Our values guide us to approaching our work with integrity, confidence and clarity.

- Compassion: Mercy Care will pursue its mission with passion, enthusiasm, optimism and diligence.
- Innovation: Mercy Care will be innovative thought leaders transforming the care delivery system.
- Collaboration: Mercy Care will seek partners to create exceptional results.
- Advocacy: Mercy Care will work on behalf of the underserved and those with complex health needs to improve health outcomes.



# **Mercy Care Contracts**

| ACC AHCCCS Complete Care                                               | ALTCS Arizona Long Term Care System                                      | Mercy Care Advantage                                                                                   | DD  Developmentally Disabled                                                                    | RBHA Regional Behavioral Health Agreement                                                                        | CHP Comprehensive Health Plan                                |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Integrated health care for<br>Medicaid-eligible adults<br>and children | Integrated health care for adults and children with long-term care needs | Integrated health care for adults and children eligible for Medicare Advantage Dual Special Needs Plan | Integrated health care for adults and children with developmental and intellectual disabilities | Integrated health care for<br>adults with a serious<br>mental illness designation,<br>crisis services and grants | Integrated health care for children and youth in foster care |
| 381,314                                                                | 10,499                                                                   | 11,847                                                                                                 | 17,513                                                                                          | 28,429                                                                                                           | 9,664                                                        |
| Maricopa, Gila and Pinal counties                                      | Maricopa, Gila, Pima and<br>Pinal counties                               | Statewide                                                                                              | Statewide                                                                                       | Maricopa, Gila and Pinal counties                                                                                | Statewide                                                    |

As of February 2024, membership report



# American Indian/Alaska Native (AI/AN) Health Care Options

| American Indian/Alaska Native<br>(AI/AN) Healthcare Options by<br>DDD Member Category                                                                                                | DDD ALTCS AHCCCS +ALTCS eligible | Targeted AHCCCS but not ALTCS eligible | DDD Only Not eligible for AHCCCS or ALTCS | Agency Program<br>or Plan Type |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------|-------------------------------------------|--------------------------------|
| DDD LTCSS (Long-Term Services and Supports including HCBS)                                                                                                                           | Y                                | N                                      | N                                         | DDD MCO                        |
| DDD Tribal Health Program (DDD THP)                                                                                                                                                  | Y                                | N                                      | N                                         | DDD FFS                        |
| DDD Health Plan (Mercy Care or United Healthcare)                                                                                                                                    | Υ                                | N                                      | N                                         | DDD MCO                        |
| Tribal Regional Behavioral Health<br>Authority (TRBHA)                                                                                                                               | Υ                                | Y                                      | N                                         | AHCCCS FFS                     |
| AHCCCS American Indian Health<br>Program (AIHP)                                                                                                                                      | N                                | Y                                      | N                                         | AHCCCS FFS                     |
| AHCCCS Complete Care (ACC)                                                                                                                                                           | N                                | Υ                                      | N                                         | AHCCCS MCO                     |
| Tribal ALTCS                                                                                                                                                                         | N                                | N                                      | N                                         | AHCCCS FFS                     |
| <ul> <li>American Indian Health Facilities</li> <li>Indian Health Service Facilities</li> <li>Tribally Operated 638 Health Programs</li> <li>Urban Indian Health Programs</li> </ul> | Y                                | Y                                      | Y                                         | N/A                            |

American Indian/Alaska Native members can choose where they want to receive health care. In addition to receiving health care services from Mercy Care DDD providers, American Indian/Alaska Native members can receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.



# Sample of Covered Services

# Integrated Care Services (Covered by Mercy Care)

- Care Management (short term)
- Physical Health
- Behavioral Health including SMI
- Skilled & Custodial Nursing Facility
- Life Alert
- Dental
- Augmentative and Alternative
   Communication Devices
- >21 Hab/Rehab Physical Therapy
- Rehabilitative Therapies
- Home Nursing short term
- Behavioral Health Respite

#### Additional Resources:

Mercy Care Member Handbook
DDD Supports and Services

# Long Term Care Services (Covered by DDD)

- Support Coordination/Case Mgt (long term)
- Attendant Care
- Habilitation
- Day Treatment and Training
- Employment Services
- Home Modifications
- Out of Home Placements
- Intermediate Care Facilities (ICF)
- Habilitative Therapy (Speech, Occupation & Physical)
- Home Nursing long term
- Respite



# Services not covered

Vision is not a covered benefit for members ages 21+.

### **Exceptions**:

- Members diagnosed with diabetes receive an annual diabetic vision exam.
- Glasses are covered one time upon removal of a cataract.
- Orthodontia is not a standard AHCCCS covered benefit, unless medically necessary.
- Medical coverage outside of the United States.
- Transportation and Interpretation benefit for DDD authorized ALTCS services (Covered through DDD).



# **Augmentative and Alternative Communication Devices**

#### **Initial Process:**

- Member's physician writes a prescription/referral for an assessment from an in network, licensed speech-language pathologist (SLP). The prescription is valid for 12 months from the date the prescription is written. The prescription is shared with the selected SLP.
- The family can work with any of Mercy Care's contracted SLP providers to conduct the AAC evaluation.
- Once the physician signs off on the recommended AAC device, the SLP will submit a PA to the health plan for the device.
- If the AAC device, training and accessories are approved, the order will be sent to the AAC device manufacturer.
- The device will be delivered directly to the member including on tribal land



# Augmentative and Alternative Communication Devices – cont.

#### **Preferred AAC Vendor:**

MedOne – serves counties statewide

Phone: 480-835-9100

Fax: 480-835-9104

https://www.medoneaz.com/

PRC:

Phone: (800) 262-1990

Saltillo:

General Information Phone: 330-262-3193

Technical Support/Service Toll Free: 800-382-8622 option 1

#### **Repairs and Replacements:**

Please contact the original vendor that supplied the device

#### **Additional Resources:**

Member AAC device brochure: <a href="https://www.mercycareaz.org/content/dam/mercycare/pdf/AAC%20Device%20Brochure%20Digital-Final-ENG-ua.pdf">https://www.mercycareaz.org/content/dam/mercycare/pdf/AAC%20Device%20Brochure%20Digital-Final-ENG-ua.pdf</a>
Provider AAC guide: <a href="https://www.mercycareaz.org/content/dam/mercycare/pdf/aacproviderguide">https://www.mercycareaz.org/content/dam/mercycare/pdf/aacproviderguide</a> ua.pdf



# **Augmentative and Alternative Communication Device SLPs**

#### **Advanced Therapy Solutions:**

690 E Warner Rd #105

Gilbert, AZ 85296

480-820-6366

Counties Served: Maricopa, Pinal, Gila, Yavapai,

Cochise, Pima and Yuma

https://atsaz.net/

#### **District Medical Group CRS:**

3141 N 3rd Ave, Suite 100

Phoenix, AZ 85013

602-470-5532

Counties Served: Maricopa

https://www.dmgcrs.org/pediatric/aac/

#### **Northern Arizona University:**

912 E. Riordan Ranch Rd., Bldg.27 A

Flagstaff, AZ 86011

928-523-4628

Counties Served: Statewide

https://nau.edu/ihd/community-services/

#### **Therapy One:**

108 W University Drive

Mesa AZ 85201

480-668-1917

Counties Served: Statewide

http://www.therapyone.com/

#### **United Cerebral Palsy of Central Arizona**

1802 West Parkside Lane

Phoenix, AZ 85027

602-682-1893

Counties Served: Maricopa

https://ucpofcentralaz.org/



# Incontinence briefs benefit

The PCP must submit a prescription with a documented diagnosis of incontinence of bowel/bladder, number of refills, diaper quantity, and notes of medical necessity to the Durable Medical Equipment (DME) vendor. Prior to the age 21, members will be notified of the benefit change including information on how to request a prior authorization.

| Ages 3 - 20                                                                                                                                                                                        | Ages 21 and Over                                                                                                                            |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Members can receive up to 240 diapers per month (approx. 8 a day). If more are medically needed, a prior authorization must be submitted.                                                          | Members can receive up to 180 briefs per month (approx. 6 a day). If more are medically needed, a prior authorization must be submitted.    |  |  |
| Pull-ups are available.                                                                                                                                                                            | Pull-up briefs are available.                                                                                                               |  |  |
| Gloves, wipes and under pads are not covered by the Integrated Health Plans.                                                                                                                       | Gloves, wipes and under pads are not covered by the Integrated Health Plans.                                                                |  |  |
| Changes in size or address must be called into the appropriate vendor.                                                                                                                             | Changes in size or address must be called into the appropriate vendor.                                                                      |  |  |
| MedOne: P: 480-835-9100 F: 480-835-9104<br>Home Care Delivered: P: 800-565-5644 F: 888-565-4411<br>Byram: P: 877.902.9726 F: 1-866-992-6331<br>Preferred Homecare: P: 480-285-1296 F: 480-505-5053 | MedOne: P: 480-835-9100 F: 480-835-9104<br>Home Care Delivered: P: 800-565-5644 F: 888-565-4411<br>Byram: P: 877.902.9726 F: 1-866-992-6331 |  |  |





# **Provider network**

- If there are questions, contracted providers for behavioral health and physical health services may be found through the health plan's webpage at:
  - Mercy Care Physical and Behavioral Health Provider Search:
    - <a href="https://www.mercycareaz.org/find-a-provider">https://www.mercycareaz.org/find-a-provider</a>
  - Mercy Care Contracted Pharmacy Search:
    - <a href="https://www.caremark.com/v2/pharmacy-locator?fastStyle=OE&logintype=oe&tokenl">https://www.caremark.com/v2/pharmacy-locator?fastStyle=OE&logintype=oe&tokenl</a> D=CD0791794EAA31398E5D094E8C361ABC
    - \*Walgreens is no longer a contracted pharmacy with Mercy Care members with primary coverage are NOT impacted.
  - Mercy Care DentaQuest Dental Provider Search:
    - <a href="https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&state=&postalCode=&country=&i=nsurerCode=DENTAQUEST\_I&brandCode=DENTAQUEST">https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&state=&postalCode=&country=&i=nsurerCode=DENTAQUEST\_I&brandCode=DENTAQUEST\_I
    - \*Tip for searching for a dental provider experienced in special needs:
      - Click on the "Dentist by Specialty", then click the magnifying glass, scroll down on the left side, select from the list of "Special Needs Experience In" and click to expand to see all specialties.

# **BH Pharmacy tips**

- Coordination should always occur with the assigned behavior health clinic. First line of contact should be the assigned case manager. Please provide clinics up to 24 hours to respond.
- If the member is assigned to a BH clinic and you are unable to reach the case manager within 24 hours:
  - Request the supervisor (clinical coordinator/ clinical director) by calling the clinic.
  - If the issue has not been resolved, escalate it to the BH coordinator at Mercy Care.
- If you require same day assistance and have not received assistance from the BH clinic's CM or clinical leadership, reach out to the BH coordinator at Mercy Care.



# **Provider network - continued**

#### Labs

Sonora Quest Laboratories

https://www.sonoraquest.com/

#### **Enteral Feeding**

Aveanna Healthcare Medical Solutions

P: 833-896-7003

F: 866-883-1188

https://www.aveanna.com/

#### Vision

Nationwide

P: 1-800-393-2273

https://nationwidevision.com/



# **Non-Emergency Medical Transportation (NEMT)**

- Medical Physical Health Services the member can call the Mercy Care Member Services to set up transportation.
- Behavioral Health Services the member can work with the BH clinic or case manager to set up transportation
- Please call Member Services as soon as possible or at least three (3) days in advance. If you call the same day, we may not be able to arrange a ride for you in time, unless it is urgent. You may have to reschedule your appointment.
- Mercy Care Member Services
  - 602-263-3000 or 1-800-624-3879 (TTY 771), Monday through Friday, 7 a.m. to 6 p.m.
  - Press 2
  - Say "schedule transportation" or press 2



# **Behavioral Health services**

- All members with a BH condition may receive certain BH services through their primary care physician (PCP) or a BH provider.
- Behavior health services may be received at our assigned BH clinic or referred out to another agency. Services are available based on the AHCCCS covered services guide and are individualized to meet each member's needs.
- Members should be screened by their PCP for BH needs during routine and preventive visits.
- If the family would like to schedule an intake with a behavioral health provider, they can reach out to member services.
- An intake will be scheduled based on the AHCCCS timelines.



# Release of Information (ROI)

- The Health Insurance Portability and Accountability Act (HIPAA) governs how Covered Entities (CEs) protect and secure Protected Health Information (PHI).
- HIPAA also provides regulations that describe the circumstances in which CEs are permitted to use and disclose PHI for certain activities without first obtaining an individual's authorization.
- These circumstances include treatment and health care operations related to members services and should be the minimum amount necessary to achieve the disclosure purpose.
- Please note, this memorandum does not include disclosure of Part 2, HIV, or communicable disease related data and information as these have added privacy protections under federal or state law.



# **Behavioral Health Crisis Information**

**Statewide Crisis Lines:** 

1-844-534-4673 or 844-534-HOPE

1-800-662-HELP (4357)

Call or text 988 Nationwide

**Text HOME to 741741 Nationwide** 

Text 4HOPE (44673) AZ specific

**Gila River and Ak Chin Indian Communities** 

1-800-259-3449

**Salt River Pima Maricopa Indian Community:** 

1-855-331-6432

Ft. McDowell Yavapai Nation and San Lucy District of the Tohono

O'odham Nation:

480-461-8888

**Tohono O'odham Nation:** 

1-844-423-8759

**Teen LifeLine:** 

602-248-8336



# **Mercy Care - Care Management Program**

- What is Care Management Addresses short-term acute needs
- Members can receive care management based on their needs and willingness to participate.
- Referrals for Care Management can be submitted by anyone and at any time – "no wrong door" by calling Mercy Care's member services 602-263-3000 or 1-800-624-3879



# **Mercy Care resources**

- Member Services: 602-263-3000 or 1-800-624-3879
  - PCP changes
  - ID card requests
  - Transportation
  - Provider directory questions
- Website: <a href="https://www.mercycareaz.org/">https://www.mercycareaz.org/</a>
  - Member Handbook
  - Provider Directory
  - Mercy Care Member Web Portal (review claims or authorizations, validate member eligibility)
- Mercy Care Phone App: iOS and Android
  - Review claims or authorizations
  - Validate member eligibility
  - View and request ID card



# **Mercy Care Contacts**

| Name            | Title                          | Phone        | Email                         |
|-----------------|--------------------------------|--------------|-------------------------------|
| Faron Jack      | Tribal Relations Administrator | 480-825-3284 | JackF@mercycareaz.org         |
| Betty John      | Tribal Liaison                 | 602-315-0437 | JohnB2@mercycareaz.org        |
| Janet Holtz     | DDD Liaison                    | 602-453-6026 | holtzj@mercycareaz.org        |
| Vacant Position | Behavioral Health Coordinator  | N/A          | N/A                           |
| Wendy Herring   | DDD and CRS Advocate OIFA      | 480-670-6191 | Wendy.Herring@mercycareaz.org |



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# Thank you

