

REVISION SUMMARY PROVIDER MANUAL
JANUARY 2025

Chapter 100

- **Section 1.03 – MC Policies and Procedures** – added section about collaborating with other governmental/state agencies and where to find collaborative protocols and/or MOUs.
- **Section 4.42 – Contract Enforcement** – Sanctions – sanctions updated to reference one bullet for \$5,000 per location, per issue, per sanction.
- **Section 4.42 – Contract Enforcement** – Repeat Occurrences – in the second paragraph regarding being out-of-compliance with deliverable standards, Network Management representative was replaced with appropriate Mercy Care representative.
- **Section 4.50 – Telehealth** – added section about telehealth requirements.
- **Section 14.32 – Program Integrity** – updated language on Prepayment Review process.
- **Section 16.00 – Workforce Development** – language updated throughout for clarification.
- **Section 18.04 – Provider Claim Disputes**
 - Recoupments added to the list of reasons a provider may file a claim dispute.
 - Timeframes for filing disputes has been added.
 - Information noting docket numbers was removed.
 - Claim dispute log section rewritten and clarified.

Chapter 200

- **Section 3.16 – Pre-Petition Screening, Court Ordered Evaluation, and Court Ordered Treatment** – Voluntary Inpatient or Outpatient Evaluation – last paragraph updated to clarify responsibilities inside and outside of Maricopa County.
- **Section 3.16 – Pre-Petition Screening, Court Ordered Evaluation, and Court Ordered Treatment** – Members placed on COT – title of this section and clarifying language updated for Rule 11 COT.

Chapter 300

- **Section 2.00 – MCLTC Overview** – MCLTC Services Table updated including removing Alternative Residential Facilities and adding Adult Foster Care, Assisted Living Center, Assisted Living Home, Alternative Living Settings, and Licensed Health Aide.
- **Section 2.04 – Attendant Care Services – Interruption in Services** – section updated as AMPM 1240-A allows (under limited circumstances) for the provision of attendant care and personal care services while the member is in a hospital inpatient or emergency room setting.
- **Section 4.00 – Behavioral Health Overview** – added Case management services.
- **Section 4.05 – Crisis Intervention Services** - added Text 4HOPE information.
- **Section 4.06 – Behavioral Health Consults** – updated section language for clarification.
- **Section 4.09 – Behavioral Health Appointment Standards** – timeline under Routine updated.
- **Section 4.12 – Prior Authorization Requirements and Process** – updated to clarify outpatient BH services and added subacute residential treatment requirements.
- **Section 4.17 – SMI Eligibility Determination** – updated second bullet to clarify that the member should have a

Qualifying SMI Diagnosis and Functional Impairment due to that diagnosis.

- **Section 4.17 – SMI Eligibility Determination** – Paneling of Members with SMI – language clarified.
- **Section 4.20 – Outreach, Engagement, Reengagement and Closure** – Reengagement
 - Second bullet added under safety concerns regarding contacting the assigned LTC Case Manager regarding safety issues.
 - Added letter b. under Children’s Behavioral Health provider to contact the LTC Case Manager regarding coordination of care.
 - For SMI Behavioral Health Service providers – added a second bullet regarding contacting member’s assigned LTC Case Manager for coordination of care.
- **Section 4.20 – Outreach, Engagement, Reengagement and Closure** – No Show Policy – language updated to indicate that the provider will contact the LTC Case Manager of a member’s missed appointment and the inability to reach the member to reschedule.
- **Section 4.20 – Outreach, Engagement, Reengagement and Closure** – Follow-Up After Significant and/or Critical Events – For SMI members that have a hospitalization in a behavioral health inpatient setting, under discharge policy – second bullet regarding home visit being completed within 5 days following discharge was removed. Also, the very last sentence for ACT members needing to be evaluated within 24 actual hours and see the BHMP within 72 actual hours was removed.

Chapter 400

- **Section 2.09 – Clinical Guidelines** – added language regarding contact grid updates and added language regarding supervisor-to-provider ratio.
- **Section 2.13 – Pre-Petition Screening, Court Ordered Evaluation, and Court Ordered Treatment** – Members placed on COT – title updated, and language clarified relative to Rule 11 COT.
- **Section 10.02 – Coordination of Behavioral Health Care with Other Governmental Entities:**
 - Added a sentence at the beginning of the section that Mercy Care will conduct comprehensive care coordination.
 - Added an additional paragraph noting Mercy Care collaboration with other agencies and collaborative protocols/MOUs at the beginning of the section. Added link to the Availity portal where collaborative protocols/MOUs are posted.
 - Added additional links to Availity for other protocols.
- **Section 10.02 – Coordination of Behavioral Health Care with Other Governmental Entities – ADES/ADHS Arizona Families F.I.R.S.T** – added reference to the Collaborative Protocol between Mercy Care and DCS Arizona Families F.I.R.S.T Program. Added link to the Availity portal where this is posted.

Provider Requirements for Specific Programs and Services

No updates