

Provider Reference Guide

Crisis/State-only Membership Services Online

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 RBHA must have enrollment information for the member.

Providers rendering crisis and/or state-only services to persons having behavioral health coverage through an ACC or another RBHA will share basic 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.

AHCCCS Crisis Service FAQs are available to assist in answering additional questions.

Crisis/State-only Membership Submission

A new left-hand panel link (Crisis/State-only Membership) will be available to providers to identify individuals requiring crisis and/or state-only services. 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.

This document describes the online submission process and includes links and embedded information to assist providers.

Medicaid Web Portal

To submit membership information, users must have permissions to the Mercy Care RBHA Web

<u>Portal</u>. 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 <u>Provider Relations Representative</u> if you need help identifying the Administrator for your organization.

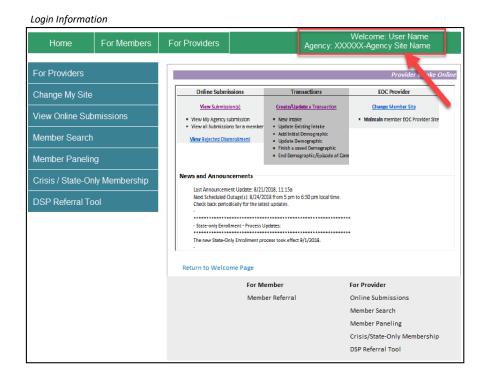
Provider Intake

Several tools are available on the Mercy Care RBHA Web Portal, but 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.



The link will open the Provider Intake landing page in a new browser window. From this page you may submit Non-Title enrollment records and view online submissions.

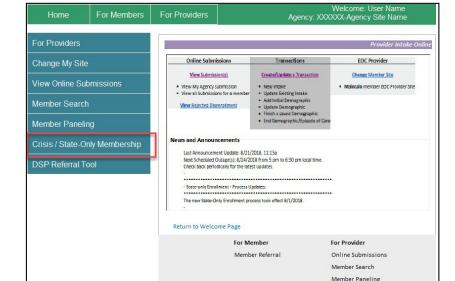
Take note of the agency information under the user name at the top of the page. This indicates the location/site you are representing. Users may change the site by selecting a value from the Change my Agency function in the upper left-hand menu. The sites displayed in drop-down box are those affiliated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



Crisis/State-Only Membership Entry Page

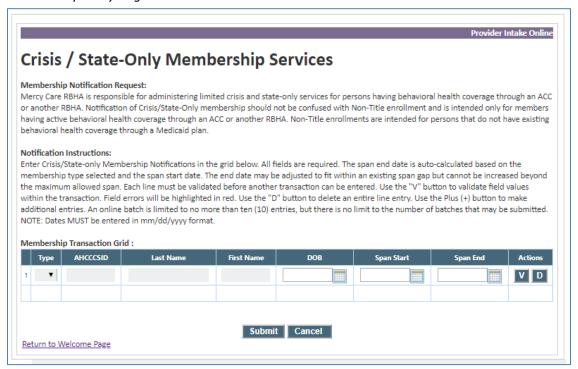
Selection Links

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



Crisis/State-Only Membership DSP Referral Tool

Membership Entry Page



Several changes were made to the Membership Entry page based on user input to allow the span end date to be adjusted to avoid span overlaps with existing RBHA enrollment segments.

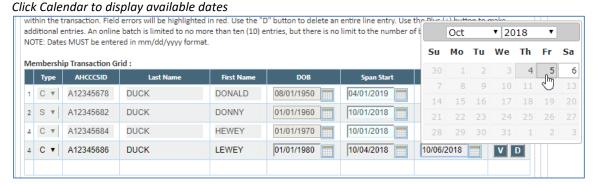
- Although the date of birth may be keyed in, the span start and span end dates must be selected from the available calendars.
- The span end date is still auto-calculated based on the membership type and the span start date. However, it may be adjusted to any date within the allowable span for the membership type, i.e., 3 days for crisis memberships and 30 days for state-only memberships. The allowable span is shown on the pop-up calendar.
- Each transaction line must be validated before the next line can be entered. Data elements
 are evaluated and fields with missing data or errors are highlighted in red. The span is also
 checked against any existing Mercy Care RBHA enrollment segments and if an overlap is
 found, a pop-up of the existing segments is displayed for your convenience.
- Individual transaction lines may be deleted.
- Up to 10 ten membership requests may be entered at one time.

Crisis/State-Only Membership Submission

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. The date of birth may be entered as MM/DD/YYYY or selected from the available 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. Adjust the Span End Date, as necessary. The Span End Date is auto-calculated to the maximum span allowed for the type of membership requested. The submitted may adjust the end date to decrease the span, but the span cannot be increased beyond its maximum. Notice how invalid dates are "grayed out" on the calendar.

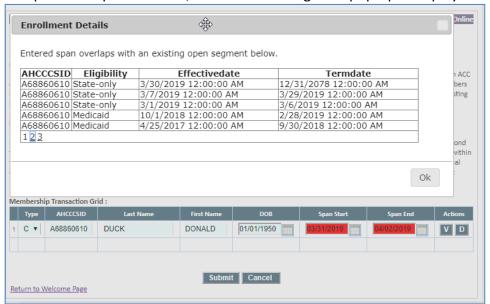


Select a date and value will be returned to the transaction grid Membership Transaction Grid: AHCCCSID First Name 1 C ▼ A12345678 DUCK DONALD 08/01/1950 04/01/2019 04/03/2019 D A12345682 DUCK DONNY 01/01/1960 10/01/2018 10/30/2018 D A12345684 DUCK HEWEY 01/01/1970 10/01/2018 10/03/2018 D 4 C ▼ A12345686 DUCK LEWEY 01/01/1980 10/04/2018 10/05/2018 V D Submit Cancel

- 8. Validate the requested transaction. Once all data has been entered for a single request, click the "V" button to validate the line.
 - Errors and incomplete data fields are highlighted in red.



If a span overlap is detected, an enrollment segment pop-up is displayed.



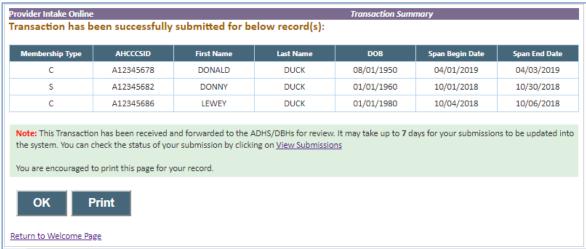
• If no errors are detected, the line will be locked against further edit and a plus sign (+) will be displayed immediately below the validated line to allow additional membership request entries.



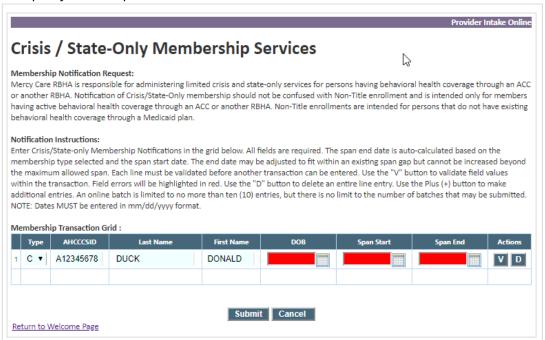
- 9. To submit additional membership requests, click on the plus sign (+) and enter data on the displayed line.
- 10. Repeat steps 1 thru 9 for up to 10 members. Note: Both crisis and state-only memberships may be submitted at the same time. If adding additional members, additional 'batches' may be submitted by returning to the Crisis/State-only Membership Services entry page.

NOTE: At any time, a line entry may be deleted from the submission grid by clicking on the "D" button.

11. Click the Submit button to submit all your validated entries. A record of your submitted transactions will be displayed.

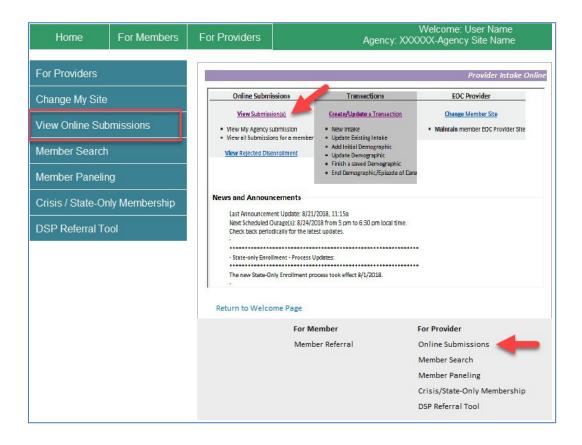


Example of an incomplete submission

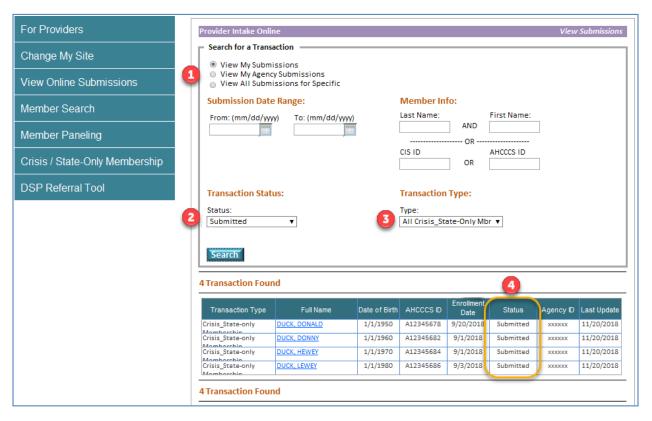


VIEW SUBMISSIONS

Online submissions can be monitored through the View Submissions module of the Provider Intake Application. The View Submissions module can be accessed in one of three ways: 1) via the left-hand panel, 2) home page link and 3) page footer link. NOTE: Electronic File submissions cannot be viewed in the View Submission module.



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 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 Data Management.

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

Common Errors

The following list are some of the more common errors you may encounter and how to resolve.

- **Submitted AHCCCS ID format is invalid**: The AHCCCS ID must be a total of 9 characters in length with the first character being an "A". All other characters must be numerals.
- Submitted enrollment span overlaps an existing enrollment span: The submitted span overlaps an existing Mercy Care RBHA enrollment. Check the existing Mercy Care RBHA enrollments and adjust the submitted dates as necessary.
- Segment span overlaps another client span in same validation cycle: The validation cycle is defined as the process that pulls together all the eligible submitted transactions for validation and batching to the state. Multiple client transactions are allowed, however, spans from each transaction cannot overlap. This is similar to the above error, except overlaps are checked within all the submitted transactions. Transactions from *all* providers are considered.
- Previous transaction for client is still in process: A transaction was submitted and another transaction was previously submitted but has not been accepted or rejected.

 Hold your transaction and re-submit once the "pending" transaction is accepted or rejected.
- No State Response/Unable to reconcile with AHCCCS. Check client eligibility: This error is set if after 7-days, Mercy Care RBHA has not received a response from AHCCCS or cannot reconcile the provider submission with an AHCCCS response. This allows the submitter to re-submit the transaction.
- Enrollment not found for entire period requested: This is an AHCCCS-generated error. The submitted client does not have an enrollment for the entire submitted span. Review AHCCCS eligibility, adjust the requested span and resubmit.
- **Member not found in PMMIS**: The submitted AHCCCS ID does not exist in the AHCCCS system. Check the submitted AHCCCS ID, correct and resubmit.