

PCCN Quick Guide for Providers

Phoenix Children’s Care Network (PCCN) is a clinically integrated network (CIN). A CIN is a network of providers who look to coordinate care for patients across a continuum of care. This coordination ensures that patients are receiving the highest quality of care while keeping network costs low and preventing the administration of duplicative tests or services.

PCCN’s mission is to improve the health and well-being of children by delivering high-quality, coordinated, cost-effective pediatric care through the support and dedication of community providers in partnership with all we serve.

PCCN Integrated Care Coordination is designed to support patient, families, and care teams.

Integrated Care Coordination goals are to:

<ul style="list-style-type: none"> • Support families with complex medical needs 	<ul style="list-style-type: none"> • Provide disease management education and support
<ul style="list-style-type: none"> • Link families with community resources and programs 	<ul style="list-style-type: none"> • Assist families to navigate multiple healthcare sectors: primary care, sub-specialties, homehealth, government programs, education system, and mental health system. Assist with SDoH concerns.
<ul style="list-style-type: none"> • Guide families to be self-sufficient and confident in managing their child’s healthcare 	<ul style="list-style-type: none"> • Manage patients’ needs proactively

Eligibility Requirements:

Patients must be:

- Enrolled in a PCCN-contracted health plan:
 - Mercy Care (ALTCS and DDD are included)
 - United Healthcare Community Plan (ALTCS and DDD are included)
 - Health Choice Arizona (ALTCS and DDD are included)
 - ACN Connected Care (Intel)
 - Cigna CAC Open Access Plus
 - Medica
 - Employers Health Network (EHN)
- **AND** -
- Attributed to a PCP in the Phoenix Children’s Care Network

Who to refer:

- Patients / Families who meet the eligibility requirements, and would benefit from assistance coordinating care, for example:
 - Patients with a new diagnosis of a chronic condition, such as Asthma or Type 1 Diabetes
 - Patients with a new mobility or cognitive baseline, such as post-trauma or neurological event
 - Medically fragile children whose parents need assistance advocating and navigating the healthcare system; especially those with home health needs or multiple sub-specialty referrals
 - Families needing assistance to access government programs, education accommodations, or mental health services
 - Patients recently discharged from the hospital with a high-likelihood of barriers, difficulties, or non-compliance to the discharge plan

How to refer:

A Referral Form is requested but not required and can be found on the PCCNProvider.org website:
<http://pccnprovider.org/wecare/#1475181541973-3432e536-0bc2>

We want to make referrals easy for you! Feel free to email, fax or call - whatever works best for your practice!

- Email: PCCNCareManagement@PhoenixChildrens.com
- Fax: 602-933-4331
- Call: 602-933-7226

PCCN Integrated Care Coordination Referral Form

Please complete this form with as much information as possible.
 FAX to (602) 933-4331 or EMAIL to pccncaremanagement@phoenixchildrens.com
 Please CALL 602-933-7226 for questions or additional information.

Referral Details

Referring Provider name:	Referral Date:
Practice Name/Division:	
Name of Contact at Practice:	Practice Contact #:
Contact Email:	
Reason for Referral: What support does the family need? (i.e. needs assistance coordinating specialty care, non-compliance, SDoH concerns, mental health services, disease management, education support, primary care coordination, etc.)	

Patient Information

Patient's Name:	DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Insurance ID #:		
Address:		
PCP Name:	Phone #:	Fax:
Insurance Plan: (Must be one of these PCCN Contracted Plans): <input type="checkbox"/> Mercy Care* <input type="checkbox"/> UHCCP* <input type="checkbox"/> Health Choice Arizona* <input type="checkbox"/> Cigna CAC Open Access Plus <input type="checkbox"/> Medica <input type="checkbox"/> EHN <input type="checkbox"/> ACN Connected Care (Intel) <i>* Includes ALTCS and DDD eligible Children</i>	Is the Patient/Family/Legal Authorized Representative aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No We find families are much more willing to engage with the PCCN Integrated Care Coordination Team if the practice lets the family know ahead of time that we will be calling. **If there is <i>MPOA or Temporary Custody Orders</i> please send with referral**	

Legal Parent/Guardian

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship to Patient:	Relationship to Patient: