

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 providers.

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 • Assist with BH Services • Support/Advocate IEP/504 plans 	<ul style="list-style-type: none"> • Assist families to navigate multiple healthcare entities: primary care, sub-specialties, homehealth, government programs, education system, and mental health system.
<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"> • Assist in coordination and PA of DME • Identify and manage patients needs proactively

Eligibility Requirements: Patients must be:

1. Enrolled in a PCCN-contracted health plan:
 - Mercy Care (ALTCS and DDD is included)
 - United Healthcare Community Plan (ALTCS and DDD are included)
 - Health Choice Arizona
 - ACN Connected Care (Intel)
 - Cigna CAC Open Access Plus

- **AND** -

2. 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 care coordination services, for example:
- Patients with a chronic diagnosis, such as Asthma or Gastrointestinal conditions
- Patients with a progressive conditions with increased needs, such as Cerebral Palsy
- Medically complex patients who need assistance advocating and navigating the healthcare systems
- Families needing assistance to access community resources/programs, education accommodations, or mental health services
- Patients recently discharged from the hospital or ED with a high-likelihood of barriers, difficulties, or non-compliance to the discharge plan

How to refer:

Go to the PCCN website to access the PDF or electronic referral forms: <https://phoenixchildrens.org/healthcare-professionals/phoenix-childrens-care-network-pccn/integrated-care-coordination>

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 #:
Practice Contact Email:	
Reason for Referral: What support does the family need? (i.e. needs assistance coordinating specialty/complex care, non-compliance, mental health services, disease management, provider lists, school/education support, primary care coordination, community resources, 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"/> ACN Connected Care (Intel) <i>* Includes ALTCS and DDD eligible Children</i>	Is the Patient/Parent/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**	

Parent/Legal Guardian

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