

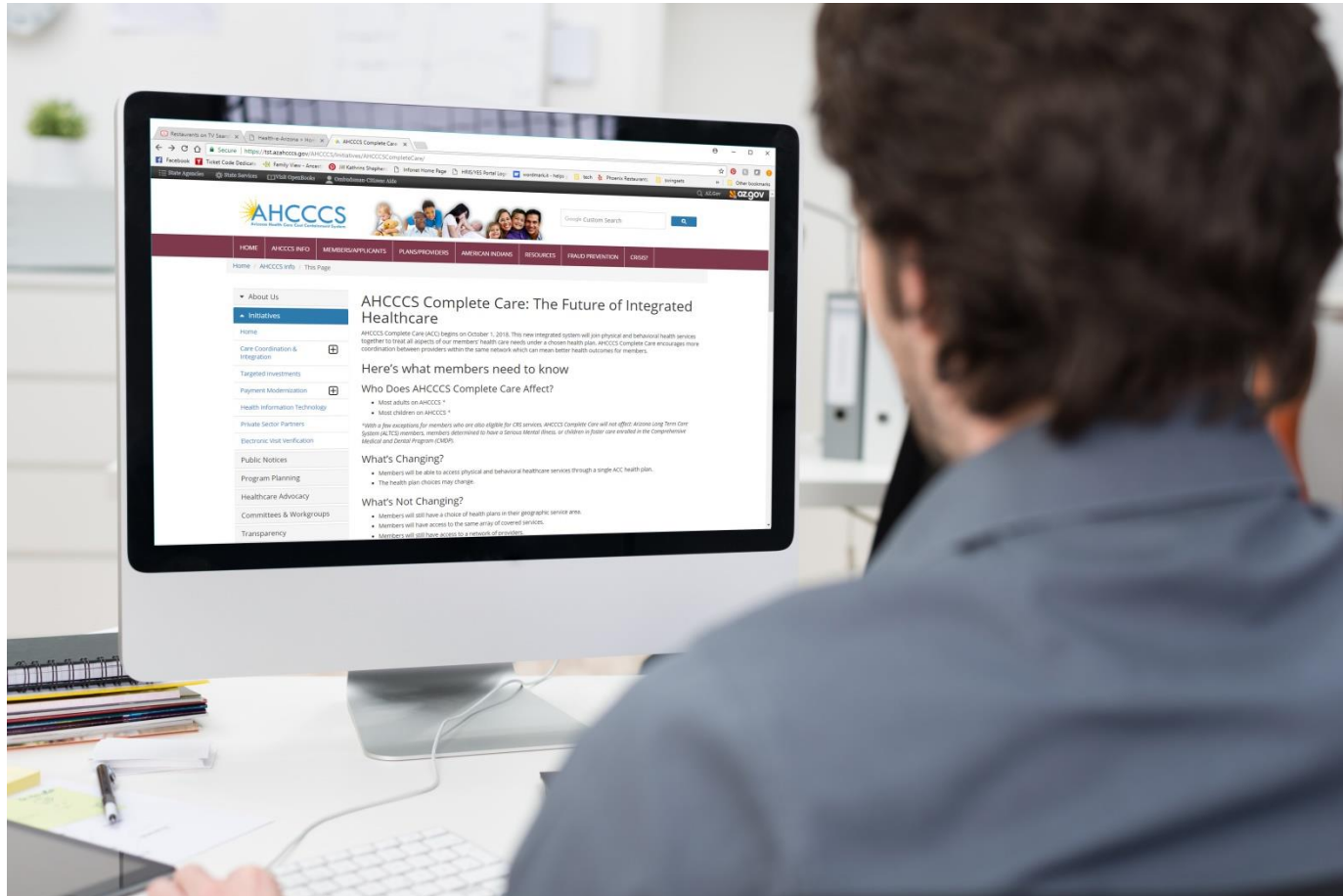


# Welcome

## AHCCCS Complete Care



This presentation and more is available at:  
[www.azahcccs.gov/ACC](http://www.azahcccs.gov/ACC)





- ▼ About Us
- ▲ Initiatives
- Home
- AHCCCS Complete Care
- Care Coordination & Integration +
- Targeted Investments
- Payment Modernization +
- Health Information Technology
- Private Sector Partners
- Electronic Visit Verification
- Public Notices
- Program Planning
- Healthcare Advocacy
- Committees & Workgroups
- Transparency

## Frequently Asked Questions

- Q: Will covered services change?
- Q: Will CRS members have to change health plans?
- Q: What are the geographic service areas (GSA) to be served by ACC Plans?
- Q: What are the available ACC Plans in each geographic service area (GSA)?
- Q: Will my foster child's coverage with Comprehensive Medical Dental Program (CMDP) change?
- Q: If my child is enrolled in AIHP, how will she/he receive CRS services?
- Q: What will happen to members with CRS qualifying conditions that are being served through DES/DDD?
- Q: How will CRS members who are determined to have a serious mental illness (SMI) and who are not enrolled with DES/DDD receive services?
- Q: Will I be assigned to an ACC health plan or will I have choice of ACC Plan?
- Q: How will CRS conditions be determined and will members still have a CRS designation?
- Q: How will the plan ensure that members with CRS Special Health Care Needs get the comprehensive care they need?
- Q: Can members and families continue to access Multi-Specialty Interdisciplinary Clinics (MSICs)?
- Q: Can my child continue to receive services from current providers?
- Q: Will anything change at age 21 for a member with a CRS designation?
- Q: Will there be any changes to how other insurance coverage is handled?

**Q: Will covered services change?**

A: Members will still have access to the same array of covered services with ACC Plans (and other plans as noted) as they do under a single statewide health plan.

**Q: Will CRS members have to change health plans?**

A: Currently most members with CRS conditions are enrolled with a single statewide health plan for all or a portion of their services. Effective October 1, 2018, CRS members receiving fully integrated services from the current AHCCCS Statewide CRS health plan (UnitedHealth Care Community Plan) will be enrolled with and have choice of AHCCCS Complete Care (ACC) plans for all services including CRS, other non-CRS physical health services, and all covered behavioral health services. The ACC plan will be responsible for providing all medically necessary covered services for persons with CRS qualifying conditions.

when?

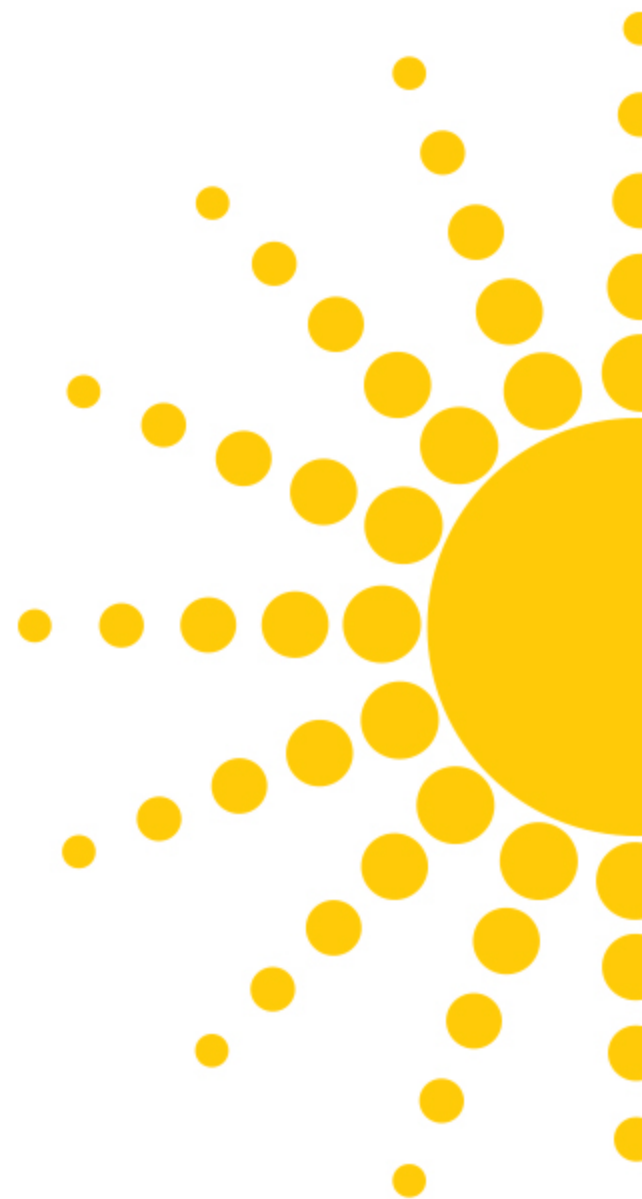
who?

what?

where?

# AHCCCS Complete Care (ACC)

## What, Who and When?





# The Benefits of Integration

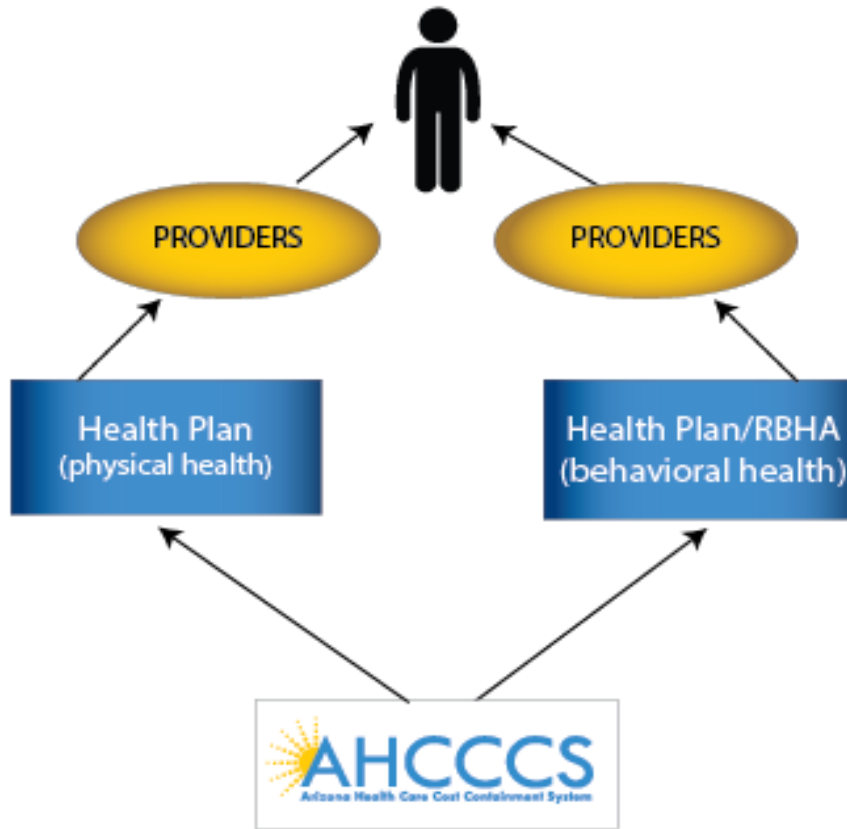
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# 1

- One Plan
- One Payer
- One Provider Network
- Easier to Navigate
- Streamline care coordination to get better outcomes
- Improve a person's whole health

# Vision - Integration at all 3 Levels

CURRENT DELIVERY SYSTEM



AHCCCS COMPLETE CARE (ACC) DELIVERY SYSTEM



# Who Is Affected and When?

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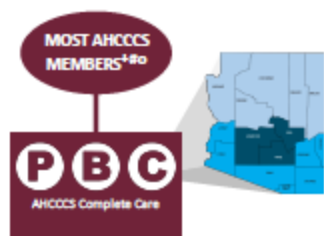
- Affects most adults and children on AHCCCS
- Members enrolled in Children's Rehabilitative Services (CRS)

## It does not affect:

- Members on ALTCS (EPD and DES/DD)
- Adult members with a serious mental illness (SMI)
- Most Comprehensive Medical Dental Plan (CMDP)

**Starts on October 1, 2018!**

# 2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION



This represents a change only for SMI/CRS members.

**KEY**

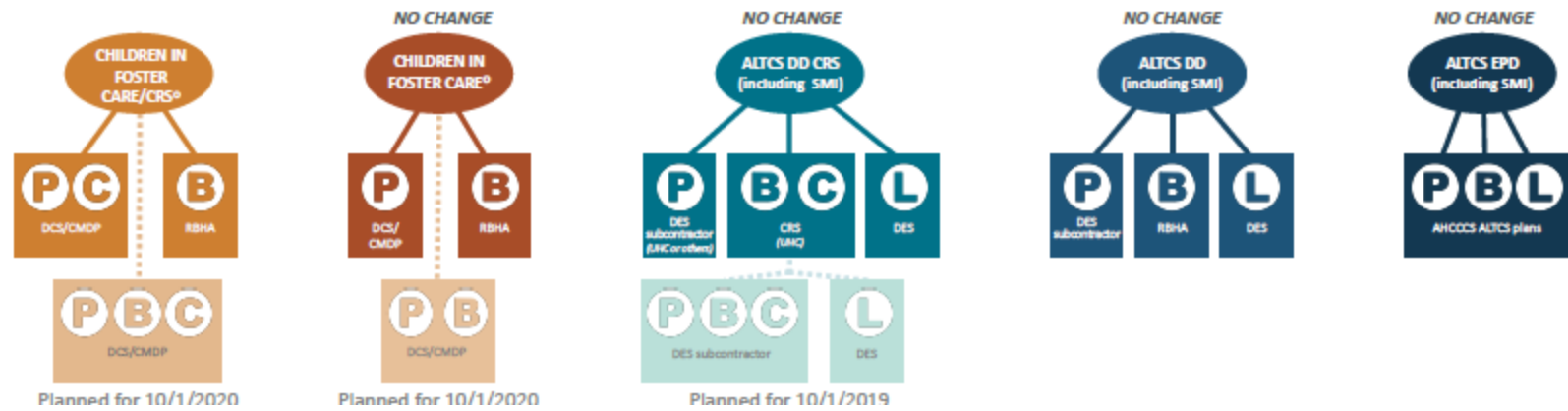
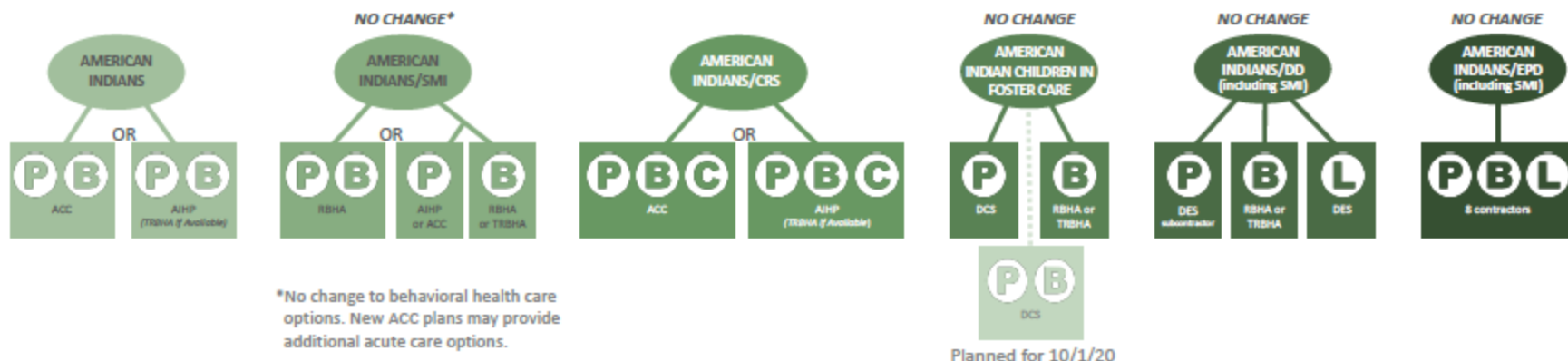
- P** PHYSICAL SERVICES
- B** BEHAVIORAL SERVICES
- C** CHILDREN'S REHABILITATIVE SERVICES (if applicable)
- L** LONG TERM CARE SERVICES

UHC UnitedHealthcare  
 + Including CRS members  
 # Excluding SMI & CMDP  
 O Excluding ALTCS

**Population Group**

**Plan**

Future Integration

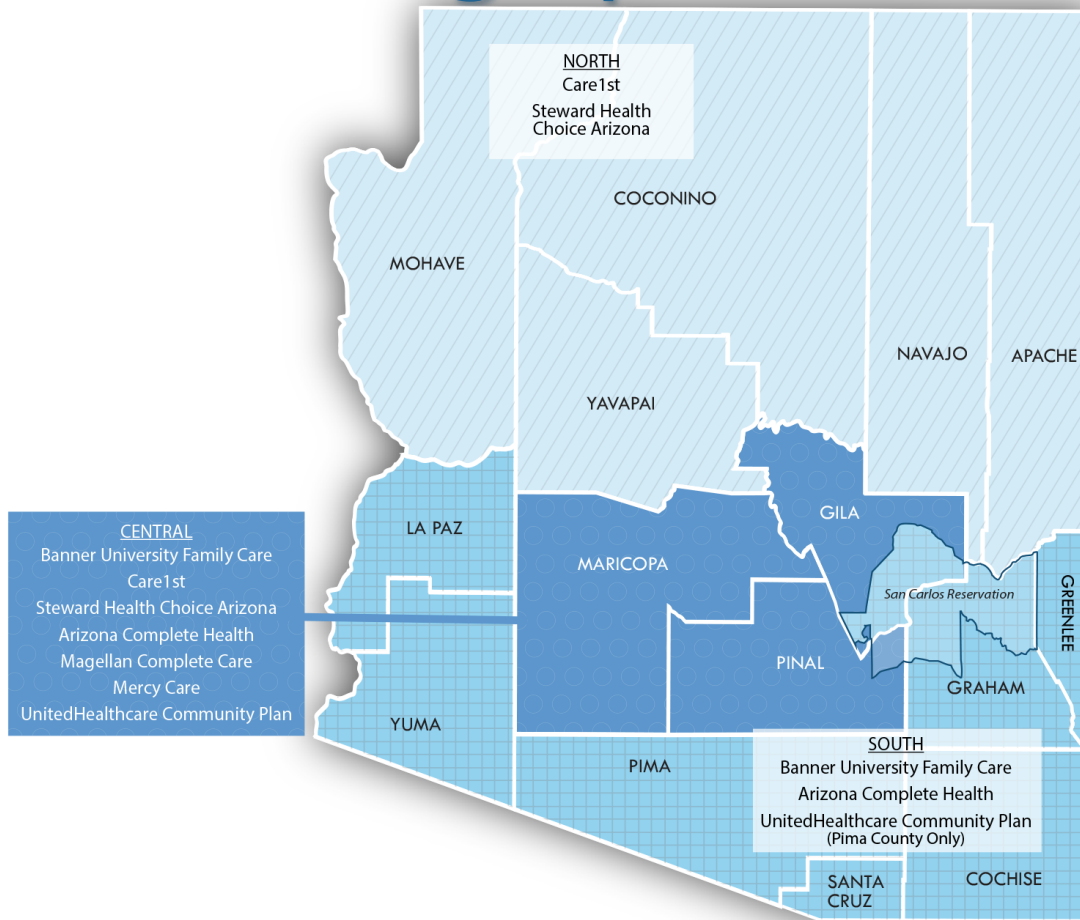


# AHCCCS Complete Care Health Plans (ACC Plans)

Who and Where?



# ACC Plan Geographic Service Areas



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

# AHCCCS Complete Care (ACC) Plans

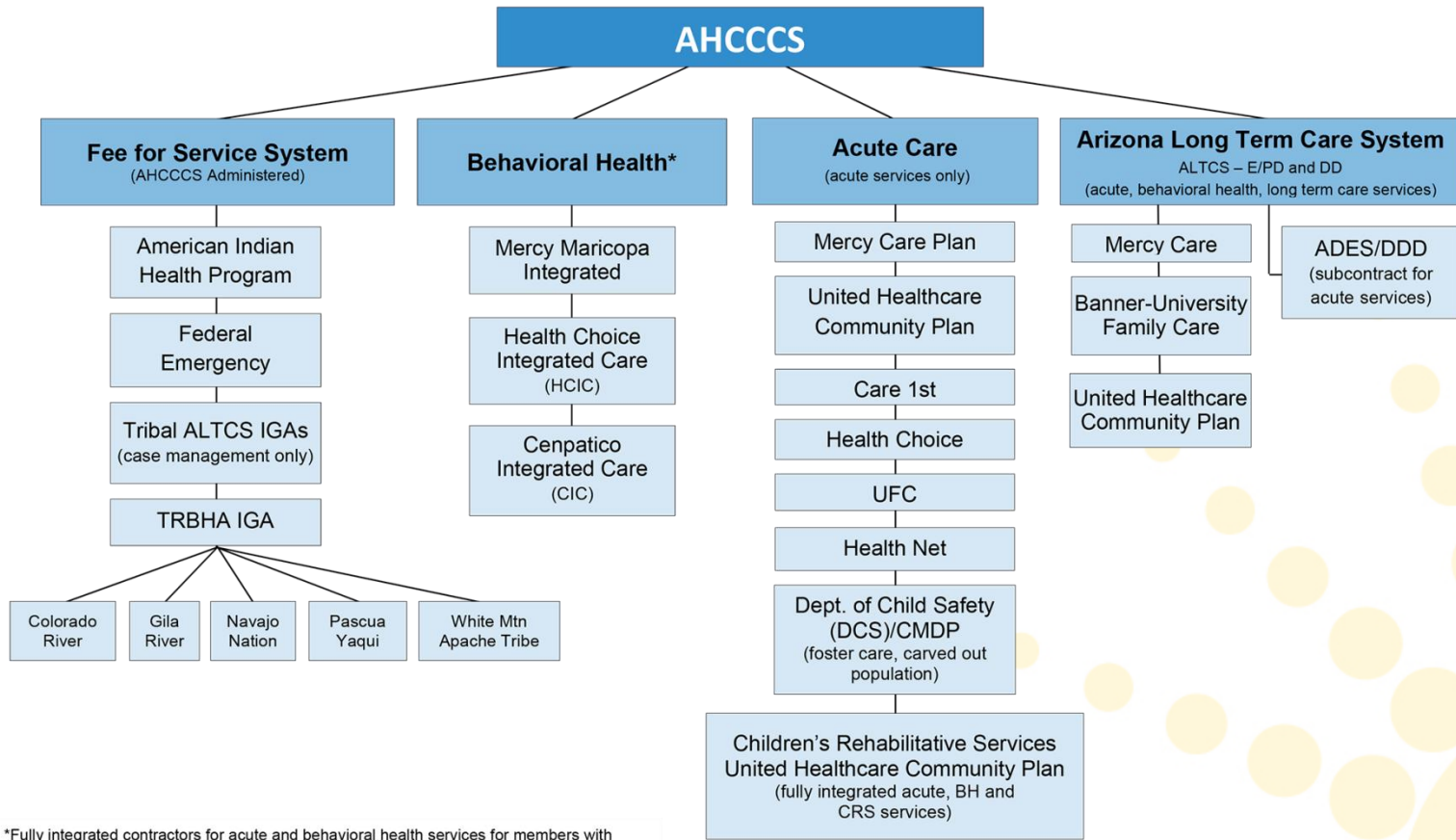
as of Oct. 1, 2018

Central GSA	South GSA	North GSA
Banner University Family Care	Banner University Family Care	
Care1st		Care1st
Steward Health Choice Arizona		Steward Health Choice Arizona
Arizona Complete Health	Arizona Complete Health	
Magellan Complete Care		
Mercy Care		
UnitedHealthcare Community Plan	UnitedHealthcare Community Plan (Pima County Only)	



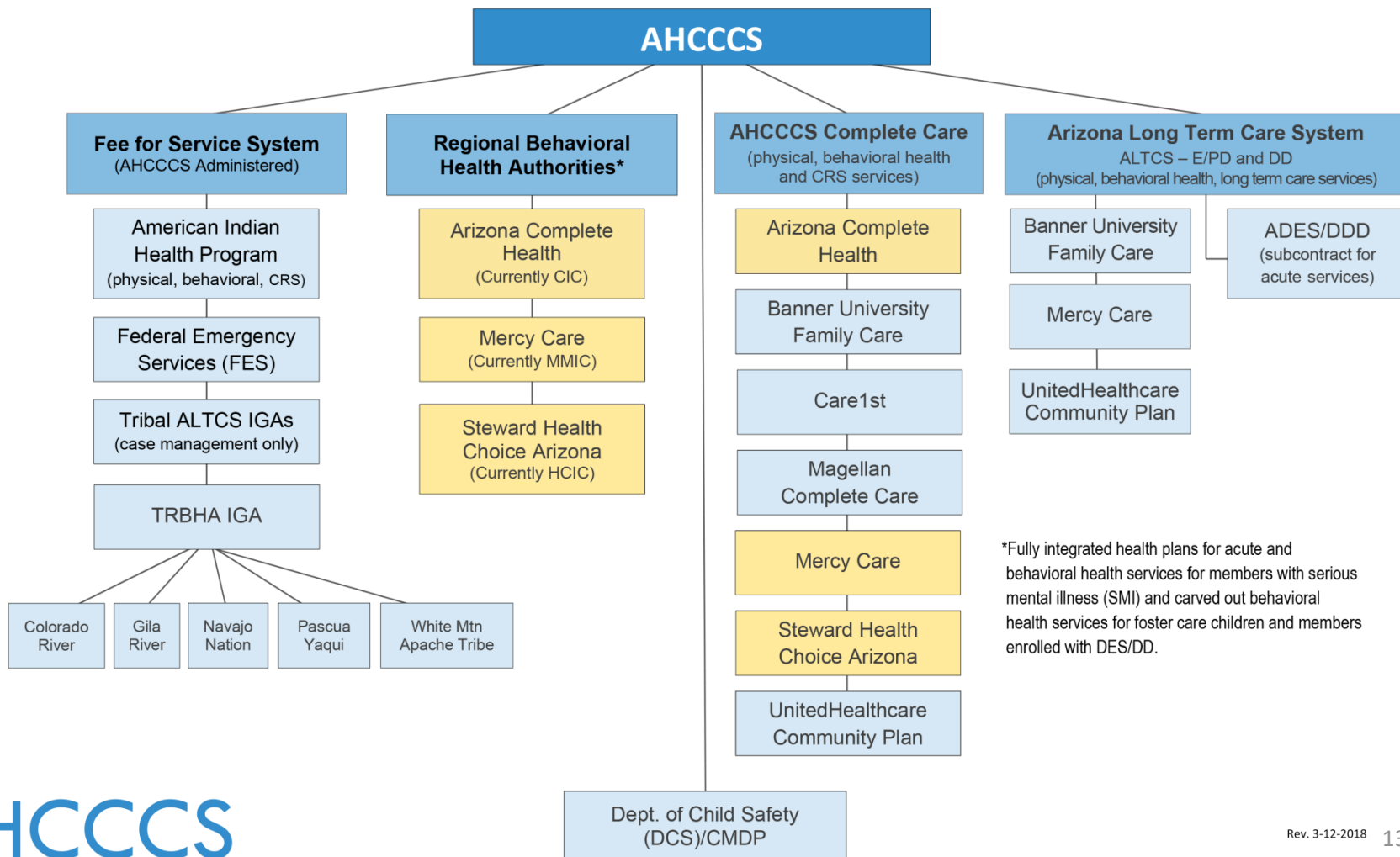
# Current Care Delivery System

Pre 10/1



\*Fully integrated contractors for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for Acute Care/DD adults with general mental health and substance abuse needs (GMH/SA) and children.

# Care Delivery System as of Oct. 1, 2018



\*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.

# What's Next?



# RBHA Affiliated ACC Plans

GSA	RBHA (current)	RBHA Affiliated ACC
North	Health Choice Integrated Care	Steward Health Choice Arizona
Central	Mercy Maricopa Integrated Care	Mercy Care
South	Cenpatico Integrated Care	Arizona Complete Health

# Children's Rehabilitative Services (CRS) Changes

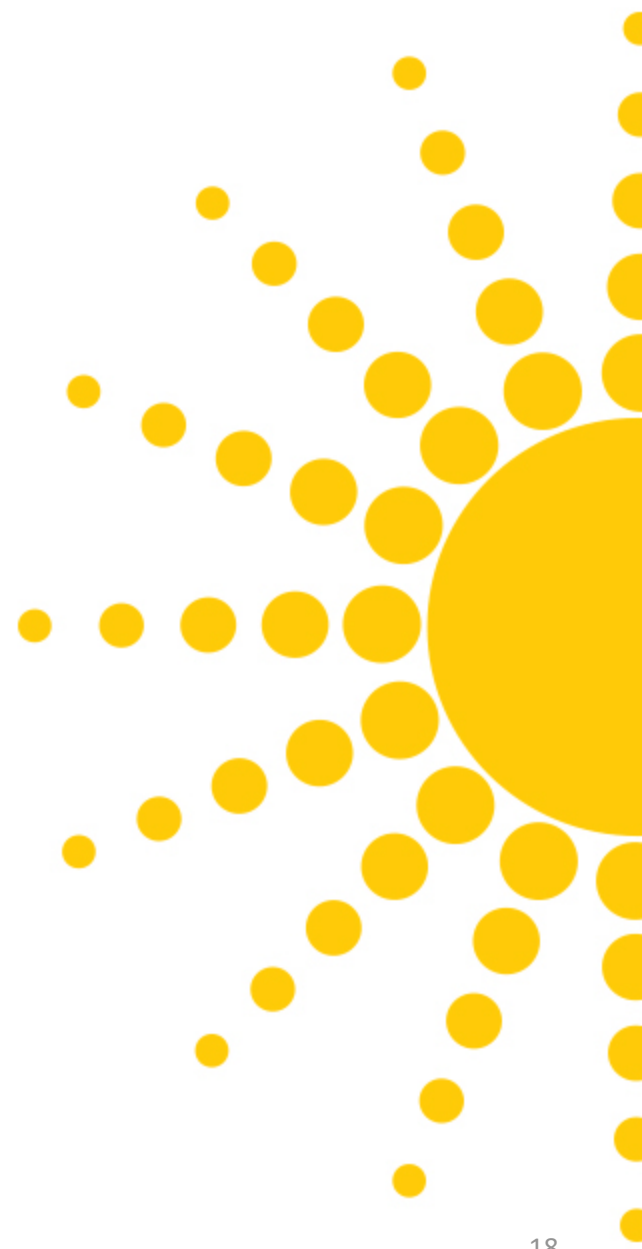


# CRS Members

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- CRS members will have choice of ACC Plan
- Members currently enrolled with CRS will receive all physical health and behavioral health services from an ACC Plan.
- CRS members will continue to be identified and designated by AHCCCS.

# American Indian Health Program (AIHP) Changes





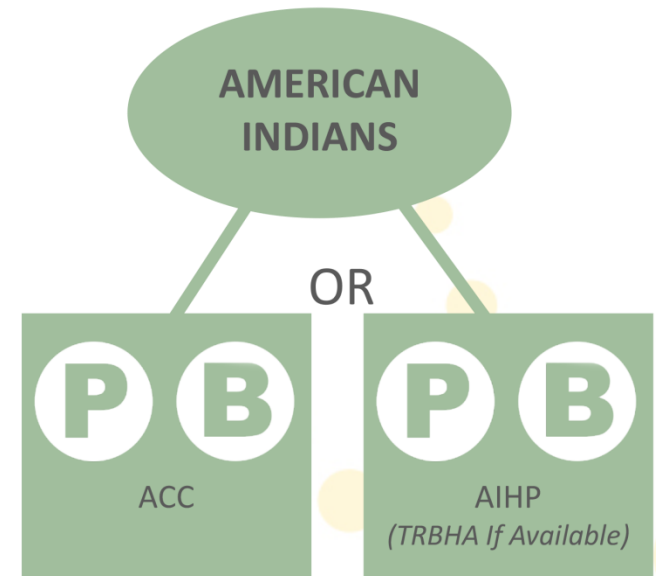
# Changes for American Indian Health Program (AIHP)

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- AIHP will:
  - Pay for and manage care for physical and behavioral health services
  - Pay for and manage care for CRS services
  - RBHA will only continue to serve American Indian members with SMI
  - Manage care with TRBHAs when available and member enrolled

# Supporting Choice for American Indian Members

- Integrated choices for the Non-SMI populations will be available within:
  - AIHP or AIHP and TRBHA; or
  - An ACC Plan
  - AI members can still access services from an IHS/638 facility at anytime regardless of enrollment



# Choice for American Indian Populations

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- Tribal members will continue same frequency of choice options
- Enrollment options continue
- American Indian members can still choose to change enrollment between AIHP or the AHCCCS Complete Care (ACC) Plan at any time. However, a member can still only change from one ACC Plan to another once a year.

# Provider Participation Agreement (PPA)

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- As stated in the PPA, with respect to Fee-For-Service eligible persons, the Provider agrees to bill and accept payment in accordance with the terms of this Agreement, state and federal rules and regulations, and all pertinent documents incorporated by reference.
- All AHCCCS registered providers, do not require a separate contract with AIHP.

# Resources

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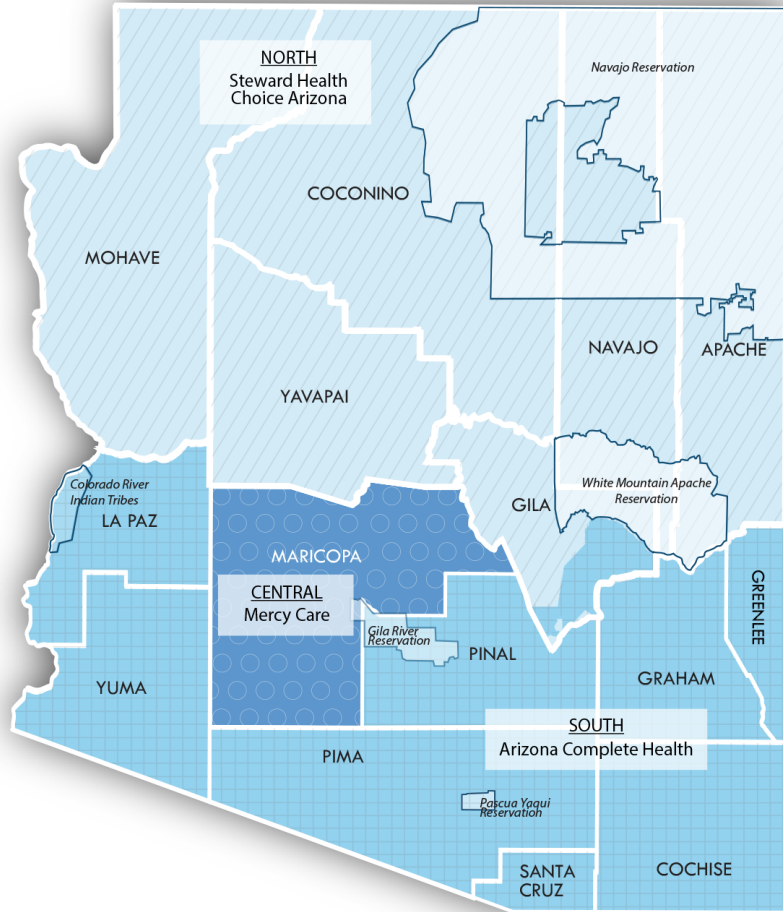
Policy changes and updates related to Integration are reflected in the following manuals:

- AHCCCS Medical Policy Manual (AMPM)
  - <https://www.azahcccs.gov/shared/MedicalPolicyManual/>
- AHCCCS FFS Provider Billing Manual
  - <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>
- AHCCCS IHS/Tribal Provider Billing Manual
  - <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

# Other things to be aware of...



# RBHA/TRBHA and Crisis Services



- The Crisis system responsibilities will remain with the RBHA (in their respective GSA areas)



# Continuity of Care – Plan Provider Transitions

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- For transitioning members, ACC Plans must:
  - Allow members receiving BH treatment continued access to specific providers as listed in treatment plan (if agreed by provider) for duration of treatment or 6 months; whichever occurs first
  - Allow members with CRS qualifying conditions in active course of treatment on plan (if agreed by provider) for duration of treatment or 6 months; whichever occurs first

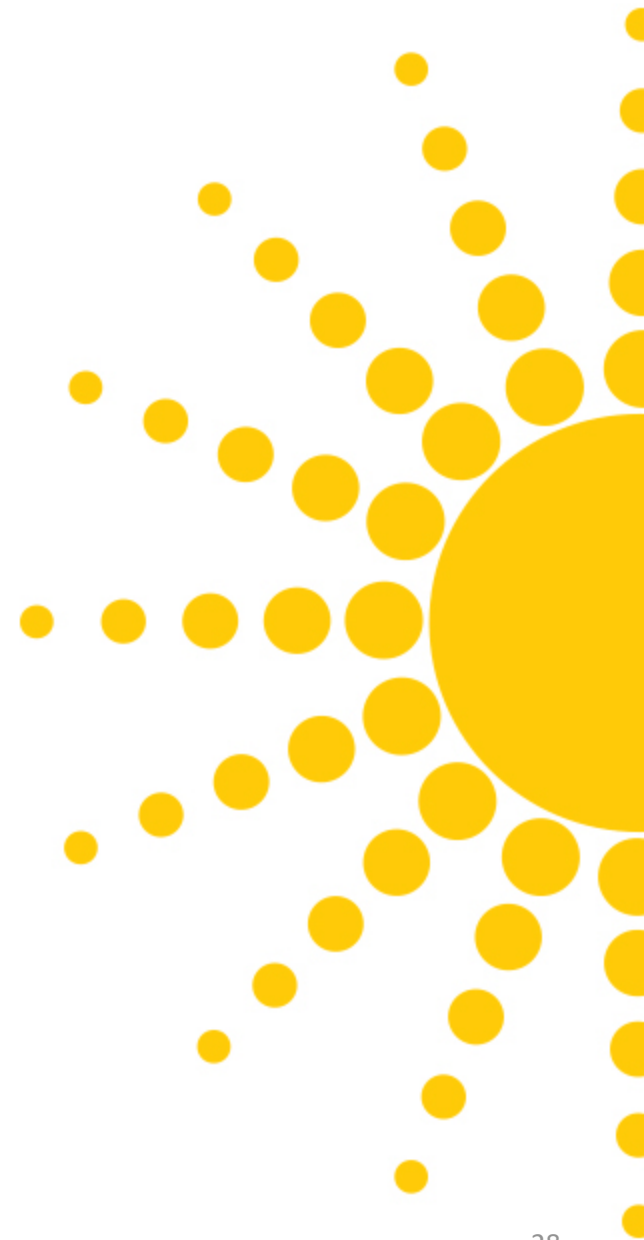


# American Indian Health Program (AIHP)



# AIHP

What is AIHP and who does it serve?



# What is AIHP?

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The AHCCCS American Indian Health Program (AIHP) provides medically necessary services for enrolled members. The program also provides coverage for preventive and behavioral health care services.

American Indians and Alaska Natives (AI/AN) enrolled in AHCCCS or Children's Health Insurance Program (KidsCare) may choose to receive their coverage through the *AHCCCS American Indian Health Program (AIHP)* or one of the AHCCCS-contracted managed health plans.

**Health Plan ID #999998**

# Enrollment

What options are available?



# Enrollment Options

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Members have the option to choose a health plan to receive both their physical and behavioral health services and may enroll in either:

- The AHCCCS American Indian Health Program (AIHP);
- AIHP and a TRBHA if available; or
- An AHCCCS Complete Care Plan of their choice.

# Unique Program Changes

- AI/AN members can switch their enrollment between AHCCCS AIHP and an AHCCCS Complete Care plan and back again at any time. However, a member can change from one AHCCCS Complete Care plan to another (for example, Steward Health Choice Arizona to Care1st) only once a year.



# Services

Where can AIHP members obtain services from?



# Services

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- Regardless of health plan enrollment, physical and behavioral health services may always be received at *any* IHS or tribally owned and/or operated 638 facility.
- A member enrolled in AIHP may also receive services at any AHCCCS-registered provider that sees fee-for-service members.
- If an AI/AN member chooses an AHCCCS Complete Care plan, they are still able to receive physical and behavioral health services from IHS providers and tribally owned and/or operated 638 facilities.
  - In addition, members are able to receive services from any provider that is a part of their AHCCCS Complete Care plans network.

# Services Continued...

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AHCCCS **does not** pay for:

- Physical exams needed by outside public or private agencies such as:
  - Exams for insurance,
  - Pre-employment physical examinations,
  - Sports exams or exams for exercise programs (except for children under the age of 21),
  - Pilot's examinations,
  - Disability exams, or
  - Evaluation for lawsuits.

# Medications

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AHCCCS pays for medicines prescribed by providers. There are three places AIHP members can go to get their medicines:

- Indian Health Service facilities,
- Tribal Facilities, or
- Pharmacies that are part of the AHCCCS Pharmacy Benefit Manager (PBM).
  - AIHP Pharmacy Information
    - [AIHP FFS Pharmacy Network](#)

# Coverage Outside of Arizona

- As an AIHP or TRBHA member, they may be covered by AHCCCS if temporarily out of the state, but still an Arizona resident. A member may receive services if:
  - Medical services are needed because of a medical emergency,
  - Member needs treatment that they can only get in another state, or
  - Member has a chronic illness and their condition must be stabilized before returning to Arizona.



# Prior Authorization

Online submission through the  
AHCCCS Online Provider Portal.



# Authorization of Acute Services

Providers shall obtain PA from AHCCCS for medically necessary:

- Non-emergency transportation when the distance exceeds 100 miles
- Non-emergent/elective inpatient hospital admissions
- Inpatient hospital admissions for behavioral health (BH) treatment
- Elective surgeries
- Ambulatory surgery facilities services;
- Skilled nursing facility admissions
- Hospice services
- Home health services under A.R.S. §36-2907(D);
- Total parenteral nutrition services.
- Purchase of medical equipment >\$300.00 and supplies >\$100.00
- Services rendered at a non-IHS/638 facility by an IHS/638 provider are subject to FFS authorization requirements.

*Note: This is **not** a comprehensive list. For additional information please see:*

[https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS\\_Chap08PriorAuthorizations.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap08PriorAuthorizations.pdf)

# Authorization of Acute Services

The following **do not** require Prior Authorization:

- Emergency services
- Elective sterilization;
- Routine diagnostic imaging (X-rays, MRI, ultrasound)
- Evaluation and management services (physician office visits, specialist office visits)
- Outpatient dialysis
- Rehabilitative Therapies
- Services provided at an IHS or Tribal 638 facility to Title XIX members
- Non-pharmacy services provided at an IHS or Tribal 638 facility to Title XXI (KidsCare) members;
- There is a primary payer (Medicare, third party liability (TPL), or commercial insurance); or
- Services provided during periods of member retroactive eligibility.

*Note: This is **not** a comprehensive list. For additional information please see:*

[https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS\\_Chap08PriorAuthorizations.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap08PriorAuthorizations.pdf)



# Preferred Method of Submission

- Use of the **AHCCCS Online Provider Web Portal** is the preferred method of authorization submission for Fee for Service authorization requests for acute services. Online submission allows PA staff to process authorization requests for NEMT, medical, and BH level 1 facility admission requests more efficiently.
- Providers may directly enter their authorization requests through the AHCCCS Online portal, receive a pended authorization number, and use the attachment feature to upload the supporting documents directly with their requests. Facility face sheets and history and physical documentation must accompany all hospital requests.
- The status of prior authorizations should be checked using the Web Portal. To manage the volume of incoming authorization calls the area receives, prior authorization staff no longer provides authorization status or issues standard authorizations over the phone.
- Providers are encouraged to use the web portal to enter authorization requests for immediate access to a provisional authorization number that can be used to track authorization status. The ability to view authorization status online is delayed pending authorization entry for faxed authorization requests.
- **Note:** If submission of a Prior Authorization request or documentation is not possible due to internet outage or other unforeseen events, then it can be done through the fax method. If the documents are faxed, the Prior Authorization Request Form must continue to be utilized.

# Submission

Begin on the AHCCCS website at <https://www.azahcccs.gov/>



Google Custom Search



HOME

AHCCCS INFO

MEMBERS/APPLICANTS

PLANS/PROVIDERS

AMERICAN INDIANS

RESOURCES

FRAUD PREVENTION

CRISIS?

Grant Funds Expand Access to Opioid Treatment Programs



Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.



Reaching across Arizona to provide comprehensive quality health care for those in need

Select  
Plans/Providers tab



Google Custom Search



HOME

AHCCCS INFO

MEMBERS/APPLICANTS

PLANS/PROVIDERS

AMERICAN INDIANS

RESOURCES

FRAUD PREVENTION

CRISIS?

AHCCCS Online

## Health Plans

- MCO Update Meetings
- Minimum Subcontract Provisions
- Reporting Third-Party Liability
- ALTCS Electronic Member Change Request (EMCR)
- Solicitations & Contracts
- Encounters
- Reinsurance
- Quality Assessment and Performance Improvement Strategy

## New Providers

- Freestanding Emergency Department
- Provider Registration
- Provider Reenrollment
- Treat and Refer
- Minimum Subcontract Provisions
- Enrollment Fee

## Current Providers

- Provider Website
- Provider Reenrollment
- CRS Referrals
- ALTCS Electronic Member Change Request (EMCR)
- Self Directed Attendant Care
- Direct Care Workers
- Nursing Facility Information
- Hospital Assessment
- Provider Survey
- Non-Emergency Medical Transportation
- EHR Incentive Program
- Data Access
- Proposition 206

## Guides - Manuals - Policies

## Rates and Billing

- Managed Care
- Fee-for-Service
- Copayments
- FQHC & RHC
- Hospital Presumptive Eligibility
- Hospital Reimbursement
- PCP Parity

## Pharmacy

## Targeted Investments



Reaching across Arizona to provide comprehensive quality health care for those in need

# Log in to AHCCCS online

The screenshot shows the AHCCCS online login page. At the top, there is a navigation bar with the AHCCCS logo, a photo of diverse people, and the AZ.GOV logo. Below the navigation bar, there are links for FAQ, Terms Of Use, and Log In. The main content area is divided into several sections:

- Arizona Health Care Cost Containment System**: Includes the state flag and the tagline "Our first care is your health care".
- New Account**: Contains links to register for an account and learn more about the system.
- Hospital Assessment**: Contains links to view hospital assessment invoices and make payments.
- Health Plan Links**: Contains a link to view health plan links.

The right side of the page contains several important notices:

- A thank you message and contact information for the Customer Support Center at (602) 417-4451.
- A red warning: **\*\* ATTENTION - SHARING ACCOUNTS IS PROHIBITED! \*\***. It states that sharing account logins is prohibited and violates the User Acceptance Agreement.
- A red warning: **\*\*\* ATTENTION! \*\*\***. It provides information about transport authorization for TRBHA members, effective January 1, 2017.
- A red warning: **\*\*\* ATTENTION! TERMS OF USE UPDATE \*\*\***. It states that users must read the updated Terms of Use and agree to the amended agreement.

The **AHCCCS Online User Manuals** section contains a **Sign In** form. The form has two input fields: **Username** and **Password**. A blue callout box with arrows points to these fields, containing the text: "Enter Username and Password and click 'Sign In'". The **Sign In** button is circled in red. Below the form, there is a link for "Forgot your Password? Click Here" and a list of password requirements:

- Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

At the bottom of the page, there is a red warning: **▲ Your web browser must have JavaScript enabled in order to use AHCCCS Online.**

From the Menu toolbar, select prior authorization submission.

Menu
<a href="#">AIMH Services Program</a>
<a href="#">Claim Status</a>
<a href="#">Claims Submission</a>
<a href="#">EFT Enrollment</a>
<a href="#">Member Verification</a>
<a href="#">Newborn Notification</a>
<a href="#">Prior Authorization Inquiry</a>
<a href="#">Prior Authorization Submission</a>
<a href="#">Provider Verification</a>
<a href="#">Provider Re-Enrollment/Revalidation</a>
<a href="#">Targeted Investments Program</a>

For additional information regarding prior authorizations, see the information posted on the screen, to move forward, select the “Prior Authorization Submission” tab.

## Welcome to the FEE-FOR-SERVICE Prior Authorization Web Portal

To facilitate Prior Authorization requests, guidelines are provided to assist you in determining whether Prior Authorization is required. This is not an exhaustive list. For more detail, see Chapters 300, 400, 800, and 1100 in the AHCCCS MEDICAL POLICY MANUAL (AM/PM)

### Services that require Prior Authorization:

- Tribal ALTCS Acute Inpatient Behavioral Health.
- Durable Medical Equipment (DME) consumable >\$100.00 and durable > \$300.00 and all rentals.
- Elective (scheduled) Hospitalizations
- Home Health
- Hospice
- Skilled Nursing Facility
- Non – Emergency Outpatient Procedures
- Non – Emergency Surgery
- Podiatry
- Acute Inpatient Rehabilitation
- Outpatient Physical Therapy for Members > 21 years old.
- Non – Emergency Transportation > 100 miles

### Services that do not require Prior Authorization:

- Services performed during a Retroactive Eligibility Period.
- When another coverage is primary, e.g.: Medicare or Commercial Insurance.
- Emergency Hospitalization < 24 hours; ICU and Non – ICU < 72 hours.
- Diagnostic procedures, e.g.: EKG, MRI, CT Scans, X-rays, Labs, colonoscopy, EGD, Sleep Studies.
- Non – Surgical Procedures, e.g. PICC Line removal or placement, Central Line removal or placement, PEG removal, Blood Transfusions.
- Outpatient Chemotherapy and Radiation.
- Emergency Dental and Dental Services for Members < 21 years old (see AM/PM chapter 400 ).
- Eye Glasses for members < 21 years old.
- Family Planning Services
- Physician Consultations and Office Visits
- Prenatal Care
- Emergency Transportation

### Services that are not managed by AHCCCS FFS Prior Authorization Unit: You must contact the appropriate entity for authorization.

- Non-Acute Services for Tribal ALTCS members (contact Case Manager)
- Transplant Services (contact Transplant Coordinator in the Division of Health Care Management at AHCCCS).
- Prescription Medication (contact the contracted PBM).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

Prior Authorization Submission

# Prior Authorization Search Screen

## Prior Authorization Search

**PA Recipient/Case Search**

\* Indicates a required field.

Enter all required information marked with the red asterisk.

**Search System:**\* ACUTE ▾

**Search By:**\* AHCCCS ID ▾

**AHCCCS ID:**\* A98734947 (Ex. A12345678)

**Service Provider ID:**\* 007835 ▾

**Search By:**\* AHCCCS ID  
Provider Case Number

**Begin Date Of Service:** (Format: MM/DD/YYYY)

**End Date Of Service:** (Format: MM/DD/YYYY)

**Search** **Clear**

Next click "search"

**HINT:** To obtain the maximum number of search results, provide data only for required fields.

# Case List Screen

## Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. Approved PA cases cannot be updated online. Please contact PA Group to update approved PA cases.

Service provider		
<b>Provider ID:</b> 007835	<b>Provider Name:</b> NEMT TEST	<b>NPI:</b>

Search Dates	
<b>Begin Date:</b> N/A	<b>End Date:</b> N/A

Case List							
Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	Update
00000157	A98734947	01/01/2017	12/31/2017	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	<a href="#">Update</a>
00000158	A98734947	01/01/2016	12/31/2016	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	<a href="#">Update</a>

[Add New Case](#)

- There will either be no cases (if member is new) or several case numbers depending on the begin/end dates.
- If there are no cases listed, the same steps are taken as adding a new case when clicking "Add New Case"
- If you are requesting a PA and there are existing cases listed, you will select the case that falls within the time frame for the DOS.

# Adding a New Case (Step 1)

Fill in all required information (marked with red asterisks \*)

## Enter Case Information

\* Indicates a required field.

AHCCCS ID:*	<input type="text" value="A12345678"/>
Service Provider ID:*	<input type="text" value="007835"/>
Provider Contact Name:*	<input type="text" value="Albert Escobedo"/>
Contact Phone Number:*	<input type="text" value="602-417-4562"/>
Effective Begin Date:*	<input type="text" value="01/01/2018"/>
Effective End Date:*	<input type="text" value="12/31/2018"/>
Description:*	<input type="text" value="Case 2018"/>

Enter the date you want the case to begin

Automatically defaults to end of year from begin date

Enter a description for the case being entered

Next

Clear

Once all the information has been entered, select "Next"



# Verify

## Verify Case Information

**AHCCCS ID:** A12345678  
**Provider ID:** 007835  
**Service Provider NPI:**  
**Provider Contact Name:** Albert Escobedo  
**Contact Phone Number:** 602-417-4562  
**Effective Begin Date:** 01/01/2018  
**Effective End Date:** 12/31/2018  
**Description:** Case 2018

Submit

Edit

Verify that the information is correct, if not click on the edit button to make changes

Verify that the information is correct, and select "Submit"

# Case List Screen

The phrase **“Transaction Succeeded”** will appear in red indicating that a new case list for this member was completed.

**Case List** [PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. Approved PA cases cannot be updated online. Please contact PA Group to update approved PA cases.

**Service provider**

**Provider ID:** 007835      **Provider Name:** NEMT TEST      **NPI:**

**Search Dates**

**Begin Date:** N/A      **End Date:** N/A

**Case List**

Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
000864909	-----	04/01/2018	12/31/2018	PENDED	PRIOR AUTHORIZATION	CASE 2018	<a href="#">Update</a>

Each case list will be assigned a case number

Select the “Case No” of the PA request that you added

# Adding a New Event (Step 2)

## Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

**NOTE:** Approved events cannot be updated online. Please contact the PA Group to update approved events.

Service provider			
<b>Provider ID:</b> 007835	<b>Provider Name:</b> NEMT TEST	<b>NPI:</b>	

Recipient			
<b>AHCCCS ID:</b>	<b>Name:</b>	<b>DOB:</b>	<b>Gender:</b>

Case Detail			
<b>Case No:</b> 000000157	<b>Begin Date:</b>	<b>End Date:</b>	<b>Status:</b>

Event List			
No Records Found.			

Add New Event

Click on the "Add New Event" tab to begin the process of entering an event

Reaching across Arizona to provide comprehensive quality health care for those in need

# Add New Event Screen

## Enter Event Information

\* Indicates a required field.

Case No:\* 000864909

Event Type:\* BEHAVIORAL HEALTH INPATIENT

Recipient AHCCCS ID:\* A12345678

Provider Contact Name:\* Albert Escobedo

Contact Phone Number:\* 602-417-4562

Requested Begin Date:\* 06/19/2018

Requested End Date:\* 06/21/2018

Admit Date: 06/19/2018

Discharge Date:

Diagnosis Code:\* F41 . 0

Description:

Next Clear

Choose from the list of Event Types

ACUTE PSYCHIATRIC INPATIENT  
BEHAVIORAL HEALTH INPATIENT  
BEHAVIORAL TRANSPORT  
DURABLE MEDICAL EQUIPMENT/SUPPLIES  
EXTENDED SERVICES  
INPATIENT  
MEDICAL  
OFF RESERVATION  
OTHER TRANSPORT  
OUTPATIENT  
PHARMACY  
PHYSICAL THERAPY  
RESERVATION TO RESERVATION  
SPECIAL RATE

Use the Description field to provide additional information about your PA request

Once all the information has been entered, click "Next"

Insert the date you are requesting the event to begin

Enter the date you are requesting the event to end

Enter the date the member was admitted

Enter a valid behavioral health diagnosis code

Behavioral Health  
Inpatient Now Available!

# Verify

## Verify Event Information

**Case No:** 000864909  
**Event Type:** BI(BEHAVIORAL HEALTH INPATIENT )  
**Recipient AHCCCS ID:** -----  
**Provider Contact Name:** Albert Escobedo  
**Contact Phone Number:** 602-417-4562  
**Requested Begin Date:** 06/19/2018  
**Requested End Date:** 06/21/2018  
**Admit Date:** 06/19/2018  
**Discharge Date:**  
**Diagnosis Code:** F41.0  
**Description:**

Submit

Edit

Verify that the information is correct, if not click on the edit button to make changes

Verify that the information is correct, and select "Submit"

# Event List

## Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

**NOTE:** Approved events cannot be updated online. Please contact the PA Group to update approved events.

Service provider			
Provider ID: 007835	Provider Name: NEMT TEST	NPI:	

Recipient			
AHCCCS ID:	Name:	DOB: 03/02/1982	Gender: F

Case Detail			
Case No: 000864909	Begin Date: 04/01/2018	End Date: 12/31/2018	Status: PENDED

Event List									
------------	--	--	--	--	--	--	--	--	--

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	BI	06/19/2018	06/21/2018		PENDED	PH009	F41.0	<a href="#">Update</a>	<a href="#">Attachments</a>

[Add New Event](#)

Lists of entered events will appear under the event list and is assigned a number which is placed in "sequence" order.

The phrase "Transaction Succeeded" will appear in red indicating that a new event list for this member was completed.

Click on "attachments" to submit attachments if needed.

# Attachments

https://azwebst.statedmedicaid.us/PriorAuthorizationSubmission/Attachment.aspx?CaseId=... AZ AHCCCS ONLINE

File Edit View Favorites Tools Help

Suggested Sites Web Slice Gallery

**AHCCCS**  
Arizona Health Care Cost Containment System

**AZ.GOV**  
Arizona's Official Web Site

Main | FAQ | Terms Of Use | LogOut |

**Attachments** PA Case Search | Case List | Event List | Activity List | Help

AHCCCS will accept up to 9 files per Event. After files have been submitted, you will not be able to edit them. For assistance, contact the AHCCCS Helpdesk.

**NOTE:** Once the files are submitted to AHCCCS, they can no longer be deleted.

<b>AHCCCS ID:</b> A00526957	<b>Name:</b> JONES, DEVINA	
<b>Case No:</b> 000664909	<b>Begin Date:</b> 04/01/2018	
<b>Sequence No:</b> 01	<b>Service Begin Date:</b> 06/19/2018	<b>Service End Date:</b> 06/21/2018
		<b>Status:</b> PENDING

**Event Detail**

**Request Type:** [Dropdown Menu]

**File to upload:** [Browse...] **Upload Attachment**

Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png  
Max File Size: 10MB

Attachments	Submitted Attachments
ATTACHMENT(S) FOUND ***	2018 W-4 5.1.18.pdf 8/8/2018

Contact AHCCCS | HIPAA | © Copyright AHCCCS  
E. Jefferson, Phoenix, AZ 85034

Click "Browse" to find your document on your computer

Click the "Upload Attachment" tab

Select from the "Request Types" available

# Attachment Continued...

Request Type:  Select file to upload:  Browse... Upload Attachment

**File successfully uploaded.**

Max File Size: 10MB  
Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png

Pending Attachments	Submitted Attachments
TEST.pdf	2018 W-4 5.1.18.pdf 8/8/2018

Submit

If successful, you will receive a message that states “File successfully uploaded”

To continue the prior authorization submission, click “event list” at the top of the screen.

Attachments

PA Case Search | Case List | **Event List** | Activity List | Help



Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

**NOTE:** Approved events cannot be updated online. Please contact the PA Group to update approved events.

**Service provider**  
**Provider ID:** 007835      **Provider Name:** NEMT TEST      **NPI:**

**Recipient**  
**AHCCCS ID:**      **Name:**      **DOB:** 03/02/1982      **Gender:** F

**Case Detail**  
**Case No:** 000864909      **Begin Date:** 04/01/2018      **End Date:** 12/31/2018      **Status:** PENDED

**Event List**

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	BI	06/19/2018	06/21/2018		PENDED	PH009	F41.0	<a href="#">Update</a>	<a href="#">Attachments</a>

Add New Event

Click on the "Sequence" number assigned to the event you entered.

*\*Note: There may be more than one event but to complete the current PA request, select the event you recently created.*

This will take you to the "Activity List Screen"

# Add New Activity (Step 3)

## Activity List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity. Approved activities cannot be updated online. Please contact [PA Group](#) to update an approved activity.

Service provider			
<b>Provider ID:</b> 007835	<b>Provider Name:</b> NEMT TEST	<b>NPI:</b>	

Recipient			
<b>AHCCCS ID:</b>	<b>Name:</b>	<b>DOB:</b> 03/02/1982	<b>Gender:</b> F

Case Detail			
<b>Case No:</b> 000864909	<b>Begin Date:</b> 04/01/2018	<b>End Date:</b> 12/31/2018	<b>Status:</b> PENDED

Event Detail			
<b>Sequence No:</b> 01	<b>Srv Begin Date:</b> 06/19/2018	<b>Srv End Date:</b> 06/21/2018	<b>Status:</b> PENDED

Activity List			
No Records Found.			

Add New Activity

To add activity details, select "add new activity"

If this is the first time adding an activity for this event, no records will appear.

# Enter Activity Information

## Enter Activity Information

\* Indicates a required field.

The form contains the following fields and callouts:

- Case Number:** \* 000864909
- Provider Contact Name:** \* Albert Escobedo
- Contact Phone Number:** \* 602-417-4562
- Sequence Number:** \* 01
- Activity Type:** \* REVENUE CODE (dropdown menu) - Callout: "Choose from the list of Activity Types"
- Activity Code:** \* 0124 - Callout: "Enter an Activity Code"
- Modifier:** - Callout: "Modifier if applicable"
- Allowed Units:** \* 5 - Callout: "Amount of units being requested"
- Note:** - Callout: "Use the Note field to provide additional information about your PA request including description requirements."

Buttons: Next, Clear

Dropdown Menu Options:

- DRG
- HCPCS
- NDC - PHARMACY
- REVENUE CODE
- SPECIAL RATE
- TIER
- HCPCS & REVENUE CODE

# Verify

## Verify Activity Information

**Case Number:** 000864909  
**Provider Contact Name:** Albert Escobedo  
**Contact Phone Number:** 602-417-4562  
**Sequence Number:** 01  
**Activity Type:** R (REVENUE CODE)  
**Activity Code:** 0124  
**Modifier:**  
**Allowed Units:** 5  
**Note:** Testing

Submit

Edit

Verify that the information is correct, if not click on the edit button to make changes

Verify that the information is correct, and select "Submit"

---

# PRIOR AUTHORIZATION REQUEST IS COMPLETE!

# Verifying Status

Once logged in to AHCCCS online, click on “Prior Authorization Inquiry” in the menu bar.



Menu
<a href="#">AIMH Services Program</a>
<a href="#">Claim Status</a>
<a href="#">Claims Submission</a>
<a href="#">EFT Enrollment</a>
<a href="#">Member Verification</a>
<a href="#">Newborn Notification</a>
<a href="#">Prior Authorization Inquiry</a>
<a href="#">Prior Authorization Submission</a>
<a href="#">Provider Verification</a>
<a href="#">Provider Re-Enrollment/Revalidation</a>
<a href="#">Targeted Investments Program</a>

# PA Search

## Prior Authorization: PA Search

### Prior Authorization Search

- HINT: To obtain the maximum number of search results, provide data only for required fields.

\* indicates required fields

Search System:	* ACUTE	▼
Service Provider ID:	* 007835	▼
Recipient AHCCCS ID:		
Case Number:		
Begin Date of Service:	* 03/19/2018	
End Date of Service:	* 09/19/2018	

Enter all required fields marked with a red asterisk \*

Ex. A12345678

9 Digit Number

Format: MM/DD/YYYY

Format: MM/DD/YYYY

Once all the information has been entered, select "Next"

Note: You are not required to enter the AHCCCS ID #, if you are not looking for a specific member.

# PA Search

## Prior Authorization: PA Search

**Prior Authorization Search**

• HINT: To obtain the maximum number of search results, provide data only for required fields.

\* indicates required fields

Search System:	* ACUTE	▼	
Service Provider ID:	* 007835	▼	
Recipient AHCCCS ID:			Ex. A12345678
Case Number:			9 Digit Number
Begin Date of Service:	* 03/19/2018		Format: MM/DD/YYYY
End Date of Service:	* 09/19/2018		Format: MM/DD/YYYY

Each PA will have an assigned Case No.

**Case List**

Total cases found: 1

Case NO	Recipient ID	Provider ID	Case Type	Case Status	Begin Date	End Date	Description
000864909		007835	PRIOR AUTHORIZATION	P-PENED	04/01/2018	12/31/2018	CASE 2018

Click on Case NO to see further details.



Prior Authorization: PA Case Detail

Printable

[PA Search](#) | [PA Case Detail](#) | [Help](#) |

Case Detail

Case NO: 000864909  
Case Type: PRIOR AUTHORIZATION

Case Status: P-PENDE  
Effective Dates: 04/01/2018 12/31/2018

Service Provider

Provider ID: 007835  
Provider NPI:

Provider Name: NEMT TEST  
Provider Type: 28 NON-EMERGENCY TRANSPORTATION PROVIDERS

Recipient

AHCCCS ID:  
Name:

Date of Birth: 03/02/1982  
Gender: FEMALE

Event List

Total events found: 1

Seq No	Status	Type	Svc Begin Date	Svc End Date	Adm. Date	Requestor	Reason	Diag Code	Class Cat.	Cmt No.
01	P-PENDE	BI	06/19/2018	06/21/2018	06/19/2018		PH009-PA REVIEW REQUIRED	F41.0		

Activity List for Seq=01

Line No	Activity Type	Activity Code	Status	HCPCS	Reason	Allowed Units	Unit Price
01	H	A0120	PENDE		PA REVIEW REQUIRED	2	\$6.64
02	H	S0215	PENDE		PA REVIEW REQUIRED	105	\$1.28

Status



# Claim Submission

Eligibility and types of submission.



# Member Eligibility

Per the AHCCCS Billing Manual, even if a member presents an AHCCCS ID card or a decision letter from an eligibility agency, the provider ***must always*** verify the member's eligibility and enrollment status.

- Verification may be verified using the AHCCCS Online Portal at: <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>

# Verifying Eligibility

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP	05/01/2018		3718 - ADULT <40% EXP M&F 45-64 NO MDC	E ACU/FFS	MC MEDICAID
+ <a href="#">Service Type Codes</a>					

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	08/01/2018		98 AMERICAN INDIAN HLTH PLAN AIHP	CH MENTAL HEALTH FACILITY - OUTPATIENT
G GENERAL MENTAL HEALTH SERVICES	05/01/2018	07/31/2018	38 HEALTH CHOICE	CH MENTAL HEALTH FACILITY - OUTPATIENT

**Note:** Claims for BHS Site 98 American Indian Health Plan AIHP are submitted to the AHCCCS Administration (DFSM).

# Claim Submission

<u>Paper claims</u>	<u>HIPAA-compliant 837 electronic</u>	<u>AHCCCS Online (Provider Portal)</u>
AHCCCS Claims P.O. Box 1700 Phoenix, AZ 85002	AHCCCS also accepts HIPAA-compliant 837 electronic Fee-For-Service claims from all certified submitters. Providers and clearinghouses must successfully complete testing to be certified to submit 837 transactions.	Claims may also be submitted through the AHCCCS Online claim submission process. Document attachments may be submitted through the web upload attachment process in the Transaction Insight (TI) Portal or through batch 275.

# AHCCCS Online Provider Portal

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Trainings on claim submission through the AHCCCS Online Provider Portal is posted on the AHCCCS website.

Professional Claims: [click here](#)

Institutional Claims: [click here](#)

Dental Claims: [click here](#)

# Where to Send Claims

If...	Then...
If a member is a Title XIX/XXI member enrolled with AIHP or AIHP/TRBHA...	Claims are submitted to the AHCCCS Division of Fee-for-Service Management (DFSM).
If a member is a Title XIX member enrolled with an ACC plan and seen at a <b>non</b> -IHS/Tribal 638 facility ...	Claims are submitted directly to the ACC plan.
If a member is a Title XIX member enrolled with an ACC plan and seen at an IHS/Tribal 638 facility...	Claims are submitted to the AHCCCS Division of Fee-for-Service Management (DFSM).
If a member is a Title XXI member enrolled in an ACC plan and seen at a <b>non</b> -IHS/Tribal 638 facility...	Claims are submitted directly to the ACC plan.
If a member is a Title XXI member enrolled in an ACC plan and seen at an IHS/Tribal 638 facility...	Claims are submitted directly to the ACC plan.

# Resources

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## AHCCCS Medical Policy Manual

### Chapter 300, Medical Policy for Covered Services

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/#310>

## AHCCCS Fee-For-Service Provider Manual

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

## AHCCCS IHS/Tribal Provider Billing Manual

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

## AIHP/TRBHA Member Handbook

- [https://www.azahcccs.gov/AmericanIndians/Downloads/AHCCCS\\_AIHP\\_Guide.pdf](https://www.azahcccs.gov/AmericanIndians/Downloads/AHCCCS_AIHP_Guide.pdf)

## FFS Website

- <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/>

## Tribal ALTCS

- <https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/>



# Provider Training

- AHCCCS Provider Training offers both in person and online training to Fee-For-Service (FFS) providers on how to submit claims, prior authorization requests, additional documentation (i.e. the AHCCCS Daily Trip report or requested medical records), etc. using the AHCCCS Online Provider Portal and the Transaction Insight Portal.
- The AHCCCS Provider Training team also offers periodic trainings whenever there are significant changes in AHCCCS policy or to the AHCCCS billing manuals.
- Training questions may be directed to:  
[ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

# Questions?



Thank you!

