Introductions
American Indian Medical Home (AIMH)
American Indian Medical Home

• AHCCCS State Plan Amendment (SPA) for the AIMH Program was approved by Centers for Medicare and Medicaid Services (CMS) June 2017

• Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination

• Program for American Indians/Alaskan Natives (AI/AN) members enrolled in the American Indian Health Program (AIHP)
AIMH Eligible Provider Types

- As of October 1, 2017 IHS and Tribal 638 Facilities serving AHCCCS Members enrolled with the American Indian Health Program (AIHP) are able to submit the AIMH application.
- Phoenix Indian Medical Center (PIMC) and Chinle Hospital recently established as AHCCCS’ first two American Indian Medical Homes.
AIMH Eligible Provider Types

- Eligible IHS/638 Provider Types:
  - 02 – Hospital
  - 05 – Clinic (excluding Dental Providers)
  - IC – Integrated Clinic
  - C2 – Federally Qualified Health Center (FQHC)
  - C5 – 638 Federally Qualified Health Center (FQHC)
  - 29 – Community/Rural Health Center (RHC)
AIMH Provider Requirements

• Be an IHS or Tribal 638 facility
• Enter into an AIMH IGA
• Primary Care Case Management (PCCM) accreditation
  o National Committee for Quality Assurance (NCQA) or another appropriate accreditation body, OR
  o National IHS Improving Patient Care (IPC) program annual attestation
• Provide 24 hour telephonic access to the care team
• Dependent on selected tier level, provide diabetes education and/or bi-directional participate in the State Health Information Exchange (HIE)
AIMH Service Tier Levels

First Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team

Second Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education

Third Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team
- Bi-directional participation in State HIE

Fourth Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education
- Bi-directional participation in State HIE

Note: There will be an annual renewal process every October at which time the medical home can select a new tier level. The medical home provider will be required to include the appropriate supporting documents with their application.
AIMH Reimbursement Per Tier Level
Calendar Year 2018

- Prospective Per Member Per Month (PMPM) payments based on service tier level provided.

First Tier Level AIMH
PMPM Rate: $13.87

Second Tier Level AIMH
PMPM Rate: $15.96

Third Tier Level AIMH
PMPM Rate: $21.71

Fourth Tier Level AIMH
PMPM Rate: $23.81
Services to Members

- Medicaid services are provided to AI/AN through the American Indian Health Program (AIHP) under the Fee for Service Program (FFS)
- The AIMH program is a voluntary program for AIHP members. Members who choose to participate may dis-enroll or change AIMH sites at any time.
- AIMH allows for improved coordination of services through the use of a Primary Care Case Manager (PCCM) who is able to assist members in coordinating the health care services they receive
AIMH Member Requirements

- Title XIX only; not for KidsCare (AZ’s Children’s Health Insurance Program)
- AIHP enrolled members only
- Tribal ALTCS not included
- Participation is voluntary
- Member may discontinue at any time
- Member may switch AIMHs at any time
- Facility must keep signed AIMH form on file
AIMH Web Page & AIMH email

• IHS/638 Providers can send questions to AIMH@azahcccs.gov

• Review AIMH information at https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/

• State Plan Amendment (SPA) https://www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html
Questions?

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

https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/
Questions?

Reaching across Arizona to provide comprehensive quality health care for those in need
Transaction Insight (TI) Portal Web Upload Attachment Guide
Enter your TI Portal Username/Email and password. Click on Sign In

**NOTICE**

Due to scheduled nightly maintenance, files processed after 5:00 p.m. will not be available for viewing in Transaction Insight until the next business day.
Click on Files and select 275 Attachments

* * * NOTICE * * *

Due to scheduled nightly maintenance, files processed after 5:00 p.m. will not be available for viewing in Transaction Insight until the next business day.
The 275 Attachments page have three parts:

**Part 1:** Upload Attachment
**Part 2:** Details
**Part 3:** Save Attachment

* Required Fields

**NOTE:**
Provider Primary or Secondary Identifier/Qualifier are also required fields.
PART 1: 275 CLAIM ATTACHMENT UPLOAD

Click Browse to find the file to be uploaded.

Once you have found the file, select the file and click Open. The file will then be shown in the browse file box.

Click Upload Attachment

If you have successfully uploaded the file, you should see a message in green that states: Successfully uploaded file: filename

If you have uploaded the incorrect file, click Remove This File and then browse/upload the correct file.
TRANSACTION SET PURPOSE CODE, SELECT 02 - Add OR 11 - Response

02 - Add (Unsolicited), is used when submitting an electronic claim and attachment at the same time. This is an automated process and the fastest way for the claim and attachment to link. If an electronic claim comes in with a PWK number, the system will hold the claim for 15 days to give you time to upload the attachment to TI Portal. Once the attachment has been uploaded and successfully linked to the claim, the claim will drop for processing.

11 - Response (Solicited), is used when you receive a letter that the claim has been denied for no documentation. In this case you must use the CRN (Claim Reference Number) of the denied claim in the Payer Claim Control Number. Only upload the file required to TI Portal. DO NOT RESUBMIT THE CLAIM.

When 11 - Response is selected, you have to make sure that the following codes are selected from the drop down list, as shown below:

- Claim Status Category Code: R4 - Documentation Request
- Additional Information Request Code: 11503-0
- Code List Qualifier Code: LOI - LOINC Codes

NOTE: For an 11 – Response (Solicited) using the CRN, this requires a manual linking process. It can take up to 4 to 6 weeks to link the attachment to the claim.
SUBMITTER LAST OR ORGANIZATION NAME (REQUIRED)

Enter the Submitter’s Last Name or the Organization (Company) Name. 
NOTE: You can enter your Company Name or the person who logged in.

PROVIDER ENTITY TYPE QUALIFIER: PERSON (1) OR NON-ENTITY PERSON (2)
PROVIDER LAST OR ORGANIZATION NAME (REQUIRED), PROVIDER FIRST NAME (OPTIONAL)

If using Provider Entity Type Qualifier: Person (1), Enter the Provider’s Last Name. You can enter the Provider’s First Name or leave it blank.

If using Provider Entity Type Qualifier: Non-Person Entity (2), only enter the Organization Name (Company).
PROVIDER PRIMARY IDENTIFIER QUALIFIER AND PRIMARY OR SECONDARY IDENTIFIER

If you are **billing using an NPI number**, you must select **XX-NPI** from the Provider Primary Identifier Qualifier drop down list. Enter your valid 10 digit National Provider Identifier (NPI) in the Provider Primary Identifier field.

**NOTE:** The Provider Secondary Identifier must be left blank.

If you are **billing using the AHCCCS assigned 6 digit Provider ID**, leave Provider Primary Identifier Qualifier default value of **Select a value**, as shown below. Enter your AHCCCS assigned 6 digit Provider ID in the Provider Secondary Identifier field.

**NOTE:** The Provider Primary Identifier must be left blank.
PROVIDER ADDRESS, CITY, STATE, ZIP CODE – REQUIRED

<table>
<thead>
<tr>
<th>Provider Address</th>
<th>801 EAST JEFFERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider City</td>
<td>PHOENIX</td>
</tr>
<tr>
<td>Provider State</td>
<td>AZ - Arizona</td>
</tr>
<tr>
<td>Provider Zip Code</td>
<td>85034</td>
</tr>
</tbody>
</table>

Provider Address:  Enter the provider or company address
Provider City:     Enter the provider or company city
Provider State:    Enter the provider or company state
Provider Zip Code:  Enter the provider or company zip code
PATIENT (AHCCCS MEMBER’S) LAST NAME, FIRST NAME, PRIMARY IDENTIFIER, AND PATIENT CONTROL NUMBER

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Last Name</td>
<td>DOE</td>
</tr>
<tr>
<td>Patient First Name</td>
<td>JANE</td>
</tr>
<tr>
<td>Patient Primary Identifier</td>
<td>A12345678</td>
</tr>
<tr>
<td>Patient Control Number</td>
<td>P123123</td>
</tr>
</tbody>
</table>

**Patient Last Name (required):** Enter the AHCCCS member’s last name

**Patient First Name (optional):** Enter the AHCCCS member’s first name or leave blank

**Patient Primary Identifier (required):** This is the AHCCCS member’s 9-character AHCCCS ID. The AHCCCS ID must always start with an uppercase A. For example: A12345678

**Patient Control Number (required):** Enter the Patient Control (Account) Number. This would be your own internal/company patient account number. If you do not have a patient control number, enter the AHCCCS member’s 9-character AHCCCS ID.
MEDICAL RECORD IDENTIFICATION NUMBER
(OPTIONAL – CAN BE LEFT BLANK)

Claim Service Period Start Date (REQUIRED) AND
Claim Service Period End Date (OPTIONAL – CAN BE LEFT BLANK)

Claim Service Period State Date (Required): You can enter the date manually using the MM/DD/YYYY format or you can click on the Date icon and then select the date from the calendar.

Claim Service Period End Date (Optional): You can enter the date manually using the MM/DD/YYYY format or you can click on the Date icon and then select the date from the calendar. You can leave this blank.
PAYER CLAIM CONTROL NUMBER
OR PROVIDER ATTACHMENT CONTROL NUMBER REQUIRED

Depending on which Transaction Set Purpose Code was selected will determine which value will be entered:
02 - Add (enter PWK) or 11 - Response (CRN)

02 - Add (Unsolicited), is used when submitting an electronic claim and attachment at the same time. This is an automated process and the fastest way for the claim and attachment to link. If an electronic claim comes in with a PWK number, the system will hold the claim for 15 days to give you time to upload the attachment to TI Portal. Once the attachment has been uploaded and successfully linked to the claim, the claim will drop for processing.

NOTE: If you are using the 9-character AHCCCS ID in your PWK, the A must be in uppercase or the link process will fail.

Sample below using PWK:

| Payer Claim Control Number or Provider Attachment Control Number | A1234567801032018 |

11 - Response (Solicited), is used when you receive a letter that the claim has been denied for no documentation. In this case you must use the CRN (Claim Reference Number) of the denied claim in the Payer Claim Control Number. Only upload the required file to TI Portal. DO NOT RESUBMIT THE CLAIM.

NOTE: Using the PWK is an automatic process, and the claim will process quickly. Using the CRN is a manual process, and can take up to 2 to 4 weeks to process.

Sample below using CRN:

| Payer Claim Control Number or Provider Attachment Control Number | 180030000123 |

Reaching across Arizona to provide comprehensive quality health care for those in need
CLAIM STATUS CATEGORY STATUS, ADDITIONAL INFORMATION REQUEST CODE, AND CODE LIST QUALIFIER CODE (DROP DOWN VALUES)

If the Transaction Set Purpose Code is set to 02 - Add, leave the default value of Select a value as shown below:

- **Transaction Set Purpose Code**: 02 - Add
- **Claim Status Category Code**: Select a value
- **Additional Information Request Code**: Select a value
- **Code List Qualifier Code**: Select a value

If the Transaction Set Purpose Code is set to 11 – Response, you must select from the drop down list. Select the values as shown below:

- **Transaction Set Purpose Code**: 11 - Response
- **Claim Status Category Code**: R4 - Documentation Request
- **Additional Information Request Code**: 11503-0
- **Code List Qualifier Code**: LOI - LOINC Codes
The example shown is the completed details part of the 275 Claim Attachment Upload.

**NOTE:** When you log off and sign back on to TI Portal, your last data entry in the details will be kept.

Before you click on Submit Attachment, please always double check that the correct file was uploaded and the correct information was entered in the details part.

If everything looks good, click on **Submit Attachment**.

If there are no errors on your detailed information, you will see a message that states:

**275 Attachment file and details uploaded successfully, as shown below:**

![275 Claim Attachment Upload](image-url)
# 275 CLAIM ATTACHMENT UPLOAD – SAMPLE DATA IN DETAILS SECTION

## This is an 02 – Add (Unsolicited), using 6 digit Provider ID and PWK

<table>
<thead>
<tr>
<th>Transaction Set Purpose Code</th>
<th>02 - Add</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitter Last or Organization Name</td>
<td>MEDICAL TRANSPORTATION COMPANY</td>
</tr>
<tr>
<td>Provider Entity Type Qualifier</td>
<td>Person (1) ◆ Non-Person Entity (2)</td>
</tr>
<tr>
<td>Provider Last or Organization Name</td>
<td>MEDICAL TRANSPORTATION COMPANY</td>
</tr>
<tr>
<td>Provider First Name</td>
<td></td>
</tr>
<tr>
<td>Provider Primary Identifier Qualifier</td>
<td>Select a value</td>
</tr>
<tr>
<td>Provider Primary Identifier</td>
<td>123456</td>
</tr>
<tr>
<td>Provider Secondary Identifier</td>
<td>123456</td>
</tr>
<tr>
<td>Provider Address</td>
<td>991 EAST JEFFERSON</td>
</tr>
<tr>
<td>Provider City</td>
<td>PHOENIX</td>
</tr>
<tr>
<td>Provider State</td>
<td>AZ - Arizona</td>
</tr>
<tr>
<td>Provider Zip Code</td>
<td>85034</td>
</tr>
<tr>
<td>Patient Last Name</td>
<td>DOE</td>
</tr>
<tr>
<td>Patient First Name</td>
<td>JANE</td>
</tr>
<tr>
<td>Patient Primary Identifier</td>
<td>A12345678</td>
</tr>
<tr>
<td>Patient Control Number</td>
<td>P123456</td>
</tr>
<tr>
<td>Medical Record Identification Number</td>
<td>12345678</td>
</tr>
<tr>
<td>Claim Service Period Start Date</td>
<td>1/1/2018</td>
</tr>
<tr>
<td>Claim Service Period End Date</td>
<td>1/31/2018</td>
</tr>
<tr>
<td>Payer Claim Control Number or Provider Attachment Control Number</td>
<td>A1234567890102019</td>
</tr>
<tr>
<td>Claim Status Category Code</td>
<td>Select a value</td>
</tr>
<tr>
<td>Additional Information Request Code</td>
<td>Select a value</td>
</tr>
<tr>
<td>Code List Qualifier Code</td>
<td>Select a value</td>
</tr>
</tbody>
</table>

* - Required Fields

**NOTE:** It is very important that the billing provider data and PWK/Control Number in your claim submission (through 837 or AHCCCS Online) MUST MATCH to what you entered in the provider qualifier/identifier and Payer Claim Control Number in TI Portal. If the data matches, then the claim and attachment will automatically be linked. For a Solicited/11-Reponse (CRN), this will require a manual linking process. It can take up to 4 to 6 weeks to link the attachment to the claim.

## This is an 11-Response (Solicited) using 10 digit NPI and CRN

<table>
<thead>
<tr>
<th>Transaction Set Purpose Code</th>
<th>11 - Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitter Last or Organization Name</td>
<td>MEDICAL TRANSPORTATION COMPANY</td>
</tr>
<tr>
<td>Provider Entity Type Qualifier</td>
<td>Person (1) ◆ Non-Person Entity (2)</td>
</tr>
<tr>
<td>Provider Last or Organization Name</td>
<td>MEDICAL TRANSPORTATION COMPANY</td>
</tr>
<tr>
<td>Provider First Name</td>
<td></td>
</tr>
<tr>
<td>Provider Primary Identifier Qualifier</td>
<td>Select a value</td>
</tr>
<tr>
<td>Provider Primary Identifier</td>
<td>Y234567890</td>
</tr>
<tr>
<td>Provider Secondary Identifier</td>
<td>Y234567890</td>
</tr>
<tr>
<td>Provider Address</td>
<td>991 EAST JEFFERSON</td>
</tr>
<tr>
<td>Provider City</td>
<td>PHOENIX</td>
</tr>
<tr>
<td>Provider State</td>
<td>AZ - Arizona</td>
</tr>
<tr>
<td>Provider Zip Code</td>
<td>85034</td>
</tr>
<tr>
<td>Patient Last Name</td>
<td>DOE</td>
</tr>
<tr>
<td>Patient First Name</td>
<td>JANE</td>
</tr>
<tr>
<td>Patient Primary Identifier</td>
<td>A12345678</td>
</tr>
<tr>
<td>Patient Control Number</td>
<td>123456</td>
</tr>
<tr>
<td>Medical Record Identification Number</td>
<td>12345678</td>
</tr>
<tr>
<td>Claim Service Period Start Date</td>
<td>1/1/2018</td>
</tr>
<tr>
<td>Claim Service Period End Date</td>
<td>1/31/2018</td>
</tr>
<tr>
<td>Payer Claim Control Number or Provider Attachment Control Number</td>
<td>A1234567890102019</td>
</tr>
<tr>
<td>Claim Status Category Code</td>
<td>Select a value</td>
</tr>
<tr>
<td>Additional Information Request Code</td>
<td>Select a value</td>
</tr>
<tr>
<td>Code List Qualifier Code</td>
<td>Select a value</td>
</tr>
</tbody>
</table>

* - Required Fields
NOTE: Once you have uploaded the file, completed the details part and click on Submit Attachment, system will validate your data. If there are invalid data entered, it will show the error message and asterisk will turn red. You must correct the invalid data before you can submit attachment successfully.

The Provider Primary Identifier errored because the invalid 10 digit NPI number was entered.

You can search or verify the NPI through this website: [https://npiregistry.cms.hhs.gov](https://npiregistry.cms.hhs.gov)
The NPI Registry Public Search is a free directory of all active National Provider Identifier (NPI) records.

This errored because the 6 digit AHCCCS Provider ID was entered when the qualifier was set to XX-NPI. This created a mismatch of qualifier to identifier. To correct this, it will depend on how you billed the claim.

If claim was billed using the 10 digit NPI, then enter the 10 digit NPI under the Provider Primary Identifier only. Leave the Provider Secondary blank.

If claim was billed using 6 digit AHCCCS Provider ID, then, Select a value (default) must be selected as the qualifier.
PWK NUMBER

The PWK number is used when submitting an electronic claim and its corresponding attachment at the same time. There is a system auto linking process where it finds the PWK number to its corresponding attachment. If a match is found, then it will be linked and will drop for processing.

The PWK number is a unique number that you will create for each claim and its corresponding attachment which will be used for the auto linking process.

The PWK number on the claim must match exactly with the one entered on the corresponding attachment (275 attachment upload). Failure to do so will result in attachment not linking with the claim, and the claim will be denied.

If a claim requires an attachment and a PWK number is entered on the electronic claim, the system will hold the claim for 15 days to allow you to submit the attachment at a later day.

If after 15 days the attachment has not been uploaded, the attachment linking process will fail. The claim will be denied.

At this point you can upload the attachment again, but instead of using a PWK you will use the CRN to upload the attachment. You do not need to re-submit the claim.

Keep in mind that by using the CRN it makes the linking process a manual process, which can take 2 to 4 weeks for the claim to be re-processed.
**Example of a PWK number using a member’s AHCCCS ID and the Date of Service**

<table>
<thead>
<tr>
<th>AHCCCS ID (9-character AHCCCS ID)</th>
<th>A12345678</th>
</tr>
</thead>
<tbody>
<tr>
<td>The A in AHCCCSID must be in uppercase</td>
<td></td>
</tr>
<tr>
<td>Date of Service</td>
<td>01/03/18</td>
</tr>
<tr>
<td>PWK for Claim 1, Document 1</td>
<td>A1234567801032018</td>
</tr>
</tbody>
</table>

**Different AHCCCS ID member with the Same Date of Services**

<table>
<thead>
<tr>
<th>AHCCCS ID (9-character AHCCCS ID)</th>
<th>A87654321</th>
</tr>
</thead>
<tbody>
<tr>
<td>The A in AHCCCSID must be in uppercase</td>
<td></td>
</tr>
<tr>
<td>Date of Service</td>
<td>01/03/18</td>
</tr>
<tr>
<td>PWK for Claim 2, Document 2</td>
<td>A8765432101032018</td>
</tr>
</tbody>
</table>

The combination of the member’s AHCCCS ID and the Date of Service is what makes the PWK number unique to each claim.
Q: Can you use lower case alpha on a PWK number?
A: If you are using the AHCCCS ID in your PWK number, make sure the A is in uppercase. For example: A123456781130173

Q: If I have a valid NPI number (10 digit ID) do I have to use it or can I use my 6 digit AHCCCS Provider ID?
A: If you have a valid NPI number you must use it when billing the claim and on the 275 attachment TI portal. If you use your NPI in your claim and use your 6 digit Provider ID in the 275 TI Portal, the attachment will not link and will result in a denied claim.

Q: Can I make correction to the trip report?
A: Original Trip Report must be completed in pen. If an error is made, draw a single line through the error and rescan the trip report.

Q: Is there a file size limitation on the 275 claim attachments?
A: There is a 64 MB file size limit.

Q: Can multiple attachments be loaded at one time?
A: No. You can only upload one attachment/file a time. However, you can scan multiple pages of trip reports and save this as one file.

Q: How do I reset my password?
A: You can call AHCCCS ISD Customer Support at 602.417.4451 to get your TI Portal password reset.

Q: How do I add other user(s)?
A: Email a request for TI account setup to EDICustomerSupport@azahcccs.gov and required to provide the following: 6 digit AHCCCS Provider ID or 10 digit NPI, Full Name and correct email address. 
NOTE: TI Portal Users who have not accessed TI Portal in 90 days will be automatically deleted. User will need to request TI account set up again.

Q: What size should the document be?
A: 8 ½ by 11

Q: Can you upload color documents?
A: The documents should be in black and white

Q: What should the DPI (resolution) be?
A: They should be 300 DPI
**REMEMBERS/COMMON ERRORS**

- **NEVER SHARE YOUR TI PORTAL USERNAME AND PASSWORD.** Doing so is a security violation.
  - Any user/staff that will be uploading to TI Portal must email a request for TI account setup to EDICustomerSupport@azahcccs.gov and required to provide the following:
    - 6 digit AHCCCS Provider ID or 10 digit NPI, Full Name and correct email address
  - Provider Identifier Type:
    - Provider **Primary** Identifier MUST be the **10 digit NPI Number**
    - Provider **Secondary** Identifier MUST be the **6 digit AHCCCS Provider ID**
  - 
  - Do not use the CRN/Claim# as the Provider ID
  - 9-character AHCCCS ID, beginning with an A, for example, A12345678
  - The PWK submitted in your claim (837) or Control Number through AHCCCS Online must be the same PWK (Payer Claim Control Number) entered in TI Upload. **This mismatch will cause your claim to be denied for missing documentation.**
  - Always verify your data before you click on Submit Attachment.
  - Always verify that the correct attachment has been selected before you click on Upload Attachment.
  - Leave the fields blank if they are not required
  - Please be careful when tabbing through the field make sure you didn’t accidentally hit the space bar. The cursor should always be in the first entry when entering data
  - Make sure you subscribe to the AHCCCS Email Notifications/Updates in order to receive important notification pertaining to the 275 process or Transaction Insight (TI) Portal.
    - **AHCCCS Email Notifications/Updates Sign Up Form:**
      - https://visitor.r20.constantcontact.com/manage/optin?v=001YVFzdwcJnTCjxhymZCzqm9rGeGhOIGK_c68j79SkAuymNF8Z8wqww-9elFoFBWx3wTuzeaSCSGJq_c4h7M6GoBKrL9j_ryvwwwyFKBqC6CQ8%3D
      - Complete the required fields and check the following email lists:
        - ISD-275-CLAIMS-ATTACHMENT-NOTIFICATION
        - ISD-EDI-TI-USERS-NOTIFICATION
      - An email will be sent to the user to confirm the subscription request. Users wanting to unsubscribe from a particular list can do so by clicking on the “Unsubscribe **Email address**” option from one of the email notifications you have received.
Questions?

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

• 2018 Second Quarter Training Schedule is posted on the AHCCCS Website at Second QTR Training Schedule

• Additional details are sent out via Constant Contact 7 days prior to the scheduled training.

• Please feel free to submit your training questions to: ProviderTrainingFFS@azahcccs.gov
Thank you!
Online Behavioral Health Prior Authorization Submission
Update

• The online PA submission process is now available for Tribal Regional Behavioral Health Authority (TRBHA) member inpatient admissions to Level 1 facilities.

• With AHCCCS Online authorization submissions, it is **not** necessary to fax an Authorization Request Form to AHCCCS.

• 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.
AHCCCS Online

• Providers may register for an AHCCCS Online account at: https://azweb.statemedicaid.us/Account/Register.aspx

• Online Prior Authorization Submission Training will be held on May 17, 2018.

• For additional information, please email ProviderTrainingFFS@azahcccs.gov
Questions?
Attending Provider Requirements, in accordance with 42 CFR 455.410

• Federal regulation 42 CFR 455.410 requires that all providers be registered with AHCCCS as a participating provider in order to be reimbursed for any service provided to an AHCCCS member. If a provider is not registered, claims will deny.

• This requirement extends to all providers including, but not limited to, the ordering and referring physicians, attending and servicing providers, out-of-state providers, and any other professional providing service to a member either within or outside of a hospital setting under the State plan or under a waiver of the plan.
Questions?
Thank you!
Questions & Answers
Thank you for joining us!

Next IHS/638 Quarterly Forum will take place
July 27, 2018 at 2:00 PM