AHCCCS Tutorial for Pre-Paid Medical Management Information Systems Interface for ALTCS Case Management

June 01, 2017

TABLE OF CONTENTS

I. PURPOSE

This Policy applies to ALTCS/EPD, DES/DDD (DDD), and Tribal Contractors, hereafter referred to as ALTCS Contractors. This Policy provides a tutorial on access to and data entry into the Client Assessment and Tracking System (CATS) sub-system of the AHCCCS mainframe computer system, Pre-Paid Medical Management Information Systems (PMMIS) for Arizona Long Term Care System (ALTCS) Case Management.

II. DEFINITIONS

AHCCCS CUSTOMER ELIGIBILITY (ACE)	A computer system that determines eligibility for ALTCS, SSI MAO and other AHCCCS programs.
ARIZONA LONG TERM CARE SYSTEM (ALTCS)	An AHCCCS program which delivers long-term, acute, behavioral health and case management services as authorized by A.R.S. §36-2931 et seq., to eligible members who are either elderly and/or have physical disabilities, and to members with developmental disabilities, through contractual agreements and other arrangements.
CLIENT ASSESSMENT AND TRACKING SYSTEM (CATS)	A component of AHCCCS' data management information system that supports ALTCS and that is designed to provide key information to, and receive key information from ALTCS Contractors.
DIVISION OF HEALTH CARE MANAGEMENT (DHCM)	The division responsible for Contractor oversight regarding AHCCCS Contractor operations, quality, maternal and child health, behavioral health, medical management, case management, rate setting, encounters, and financial/operational oversight.
PRE-PAID MEDICAL MANAGEMENT INFORMATION SYSTEM (PMMIS)	An integrated information infrastructure that supports AHCCCS operations, administrative activities and reporting requirements.

III. GENERAL INSTRUCTIONS

PMMIS is made up of several sub-systems, each with a distinct function. The sub-systems, however, are interrelated and share common data and many rules of processing.

ALTCS eligibility information is recorded within the AHCCCS Customer Eligibility (ACE) system and transmits eligibility and enrollment data to PMMIS via an interface.

ALTCS Contractors have primary access to the CATS sub-system in PMMIS for purposes of recording and storing case management related data about ALTCS members.

ALTCS Contractors are required to either directly input data or transmit the information via electronic interface. Comments must be directly entered on the CATS comment screens; they cannot be transmitted electronically. If the ALTCS Contractor does not do direct data input, they are not required to enter comments in CATS. Tribal Contractors are required to do direct data input, including comments.

IV. USER ID AND SECURITY ACCESS REQUESTS

All individuals needing access to PMMIS must complete and submit the following two forms to AHCCCS in order to obtain a UserID#:
- User Access Request Form
- External User Affirmation Statement

These forms are available in the AHCCCS Data Access Forms section of the AHCCCS website. The completed forms for ALTCS case management staff should be faxed to the AHCCCS DHCM Medical Management/Case Management at (602) 252-2180 or by email at ALTCSCaseManagement@azahcccs.gov

AHCCCS will provide each approved user with a permanent seven digit UserID and a temporary password following completion of these forms. The first time the user signs on, s/he will be prompted to change the password before continuing with the sign-on. Passwords must be six-eight digits and contain a combination of alpha and numeric characters, ending with a number. Passwords must then be changed approximately every 30 days thereafter. Users are prompted when the password needs to be changed.

Even if ALTCS Case Managers will not be directly accessing PMMIS for data entry, they will need a six-digit Case Manager Identification Number for use in assigning members to their caseloads. This process requires the Case Manager to be affiliated, in PMMIS, to an ALTCS Contractor. The instructions for Case Manager Affiliation can be found in Section M.

SIGNING-ON/OFF

```
                        A D O A    D A T A    C E N T E R
                        INFORMATION SERVICES DIVISION
****************************************************************************
*                             WARNING NOTICE                              *
* THIS SYSTEM IS RESTRICTED SOLELY TO STATE OF ARIZONA AUTHORIZED USERS FOR *
* LEGITIMATE STATE BUSINESS PURPOSES ONLY.  STATE OF ARIZONA STRICTLY       *
* PROHIBITS THE ACTUAL OR ATTEMPTED UNAUTHORIZED ACCESS, USE OR MODIFICATION*
* OF THIS SYSTEM.  UNAUTHORIZED USAGE AND/OR USERS ARE SUBJECT TO           *
* DISCIPLINARY PROCEEDINGS AND/OR CRIMINAL AND CIVIL PENALTIES UNDER STATE, *
* FEDERAL,OR OTHER APPLICABLE DOMESTIC AND FOREIGN LAWS.  THE USE OF THIS   *
* SYSTEM MAY BE MONITORED AND RECORDED FOR ADMINISTRATIVE AND SECURITY      *
* REASONS.  ANYONE ACCESSING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH         *
* MONITORING AND IS ADVISED THAT IF MONITORING REVEALS POSSIBLE EVIDENCE OF *
* CRIMINAL ACTIVITY, STATE OF ARIZONA MAY PROVIDE THE EVIDENCE OF SUCH      *
* ACTIVITY TO LAW ENFORCEMENT OFFICIALS.  ALL USERS MUST COMPLY WITH STATE  *
* OF ARIZONA SECURITY POLICIES REGARDING THE PROTECTION OF STATE OF ARIZONA *
* INFORMATION ASSETS.                                                       *
****************************************************************************
PLEASE ENTER APPLICATION REQUEST: cicsacp

                IP ADDRESS = 170.68.17.115   - IP PORT = 01839
                ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
                        DATE = 05/19/06 - TIME = 10:53:53
                        THE HELP DESK TEL. (602) 364-4444
```

On the ADOA Data Center screen shown above, the user must type "**cicsacp**" in the Application Request field and press <Enter>.

The screen pictured below will then be displayed.

```
                        Signon to CICS                          APPLID
CICSACPR

 WELCOME TO CICS/TS


 Type your userid and password, then press ENTER:

        Userid . . . . abcde12
        Password . . . *******
        Language . . .

     New Password . . .




 DFHCE3520 PLEASE TYPE YOUR USERID.
 F3=Exit
```

On the screen shown above, the user must type the seven digit UserID and their Password and then press <Enter> to proceed with the sign-on.
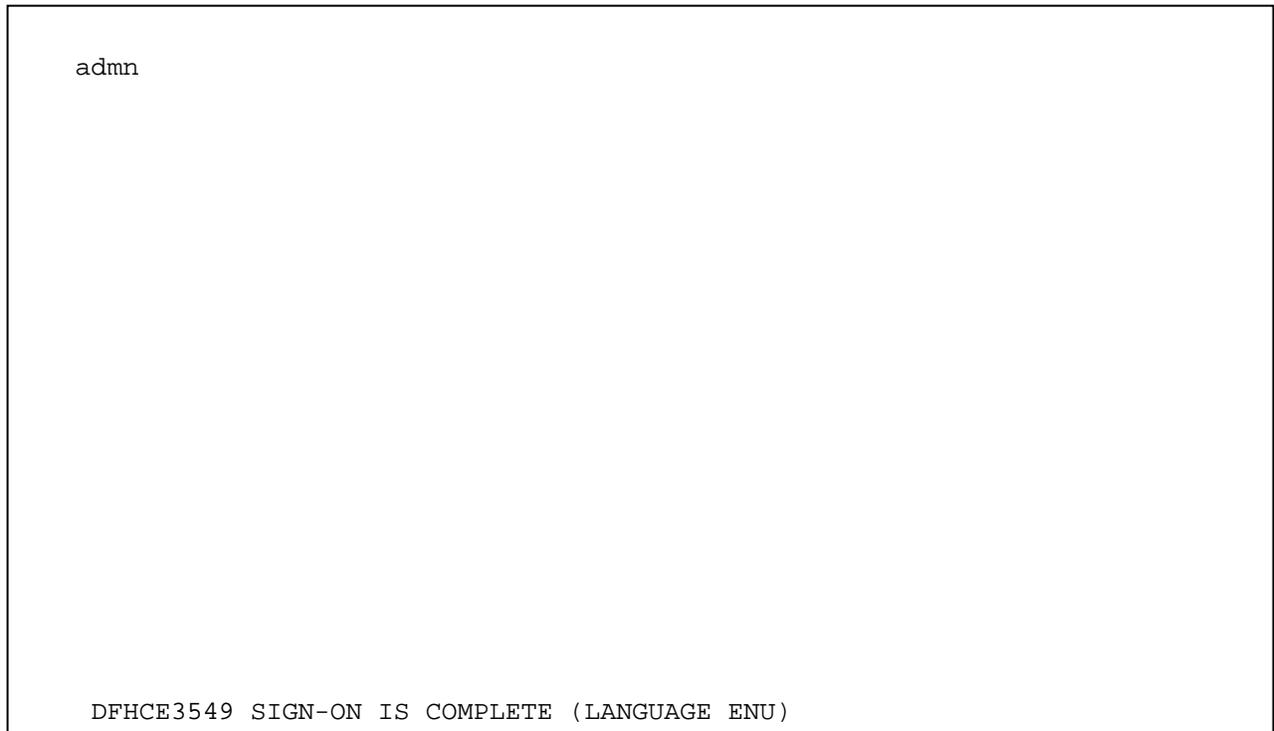
```
   admn


















   DFHCE3549 SIGN-ON IS COMPLETE (LANGUAGE ENU)
```

The user must then type "admn" on the screen shown above and press <Enter> to complete the sign-on process. The PMMIS Main Menu (shown on next page) will be displayed.

SIGNING-OFF

Users sign-off PMMIS by pressing the F12 key until the ADOA Data Center screen shown in the previous section.

V. PMMIS MAIN MENU

```
TR: AH000                    AHCCCS - PMMIS                     05/19/06
NTR: _____    MAIN MENU                      09:13:07
                                                                AH00M000

      1. CASE MANAGEMENT          11. ALTCS MEDICAL ELIGIBILITY(CATS)
      2. ENCOUNTERS               12. ALTCS FINANCIAL ELIGIBILITY(LEDS)
      3. SYSTEM SERVICE REQUEST   13. ALTCS GENERAL INQUIRY/MAINTENANCE
      4. HEALTH PLAN              14. ELIGIBILITY QUALITY CONTROL/FRAUD
      5. INFORMATION MANAGEMENT   15. REINSURANCE
      6. PROVIDER                 16. (AVAILABLE)
      7. RECIPIENT                17. FINANCE
      8. REFERENCES               18. CLAIMS
      9. UR/QA                    19. SVES - WTPY REQUEST/RESPONSE
     10. SECURITY                 20. KIDS CARE (KEDS)




                    ENTER SELECTION: 11



PF: 1=HLP      3=CLR 4=MSG                                       12=ESC
```

Pictured above is the first screen users will see after completing the sign-on procedure for the AHCCCS system. From this screen users may access a variety of subsystems, including the Client Assessment and Tracking System (CATS) which is the focus of this policy.

Users may either enter "11" in the Selection field as shown above, or type the screen name of the specific screen the user wishes to access, in the NTR field at the top right of the screen and press Enter. Entering "11" will take the user to the CATS main menu which is shown in the next section.

VI. CLIENT ASSESSMENT AND TRACKING SYSTEM (CATS) SCREENS

Each of the screens described in this section share common features for access and movement within them. The following provides information about some of those common features:

The top of all PMMIS screens will look similar to this:

```
TR: SCREEN # HERE            AHCCCS - LONG TERM CARE                DATE
HERE
 NTR:      I                 SCREEN NAME HERE                       TIME
```

➢ "**TR**" – This field displays the 2-digit Alpha and 3-digit Numeric "name" of the screen or "Transaction" the user is currently accessing. For example: CA160.

➢ "**NTR**" – The 2-digit Alpha and 3-digit Numeric "name" of the screen that the user wishes to access next may be entered in the 1st position of this field as the "Next Transaction".

The user may access any of the screens described in this section directly by entering the screen name here or s/he may use the Transaction Keys described below to "transaction travel" through them in sequential order.

➢ **FUNCTION CODES**: these single digit codes, entered in the 2nd position of the "NTR" field, indicate the action the user will take on the screen.

- **I** - Used to inquire into a record, no changes will be made to the data
- **C** - Used to change a record. Users may not have "Change" security access to all the screens described in this section.

See the Cost Effectiveness Study (CA160) section of this policy for information regarding 2 additional Function Codes that apply to that screen only.

➢ **AHCCCS ID#**: Most of the member data screens described in this policy are accessed by entering the member's 9-digit AHCCCS ID# in the 3rd position of the "NTR" field, to the right of the Function Code described above.

➢ **TRANSACTION KEYS**: These keys (described on the next page) allow the user to maneuver between the screens and within the system. As the user "transaction travels" with these keys, the data for the member whose AHCCCS ID# was last entered will be displayed until the user changes the AHCCCS ID# in the NTR field as noted above.

TRANSACTION KEYS

F2	From any CATS screen described in this chapter, returns the user to the CATS main menu (CA000) OR from a Comments screen, returns the user to the CATS screen from which they entered the Comments screen.
F3	Takes the user to a Comments screen from those CATS screens that have a Comments feature.
F5	Takes the user to the screen that immediately **precedes** the current one (for example, F5 from CA161 will take the user to CA160).
F6	Takes the user to the screen that immediately **follows** the current one (for example, F6 from CA160 will take the user to CA161).
F7	Takes the user backward, on the same screen, to information from previous dates (e.g., prior CES dates)
F8	Takes the user forward, on the same screen, to information from later dates (e.g., more CES dates)
F9	Scrolls the user back to lines of data (e.g., more placement lines on CA161) or Comments that precede those which are visible on the current screen.
F10	Scrolls the user forward to additional lines of data or comments on the current screen.
F11	Clears data entry errors so the user may proceed without having to resolve the edits first. Changes will not be saved until the edits are resolved.
F12	From any screen except Comments, begins to back the user out of PMMIS by either first returning to the sub-system main menu or going directly to the PMMIS main menu. Pressing F12 from the PMMIS main menu returns the user to the ADOA Data Center sign-on screen.

There are some exceptions to the above Transaction Keys. The user should note the directional information specific to each screen listed at the bottom of each screen.

The following screens that the ALTCS Contractors have access to for inquiry and/or direct data input of member information will be covered in this Policy:

A. CATS Main Menu (CA000)
B. Case Management Name Search (CA105)
C. Cost Effectiveness (CA160)
D. Placement Maintenance (CA161)
E. Community First Choice (CA162)
F. Case Management Service Plan (CA165)
G. ACE Critical Data (CA166)
H. Member Income (CA167)
I. Case Manager Reviews Tracking List (CA225)
J. Inquire Part D Drug Plan (RP214)
K. Inquire FYI Data (RP215)
L. Inquire Eligibility and Enrollment (RP285)

All ALTCS Contractors will use this system to record the Cost Effectiveness Study and Placement History for all enrolled members. Tribal Contractors must also enter service plan authorization data for ALTCS Fee-For-Service members. The remaining screens in this Policy provide inquiry access to other member or case management related data.

A. CATS MAIN MENU (CA000)

```
 TR: CA000                    AHCCCS - LONG TERM CARE                  05/19/06
 NTR: _____ _ _____ MEDICAL ELIGIBILITY MENU             09:16:59
 ASSESS DATE: _____                        WORKER ID: 605636  LT03L820


 A  PAS ADD SCREEN          (CA005)   L  PAS ASSIGNMENT TRACKING  (CA220)
 B  PAS INTAKE SCREEN       (CA010)   M  CASE MGMT NAME SEARCH    (CA105)
 C  OLD PAS MENU            (CA100)   N  COST EFFECTIVENESS STUDY (CA160)
 D  EPD PAS MENU            (CA500)   O  PLACEMENT MAINTENACE     (CA161)
 E  DD PAS MENU             (CA700)   P  SERVICE PLAN             (CA165)
 F  ASSESSMENT SUMMARY      (CA070)   Q  ACE CRITICAL DATA        (CA166)
 G  PAS REOPEN/DELETE       (CA075)
 H  TRANSITIONAL PGM MAINT. (CA080)   R  SHARE OF COST            (CA175)
 I  PAS SIMULATED SCORE MENU (CA600)  S  CASE MANAGER REVIEW      (CA225)

 J  PAS REFERRAL TRACKING   (CA210)   T  AMADC ERROR MESSAGES     (CA230)
 K  REASSESSMENT TRACKING   (CA215)


                  SELECT LETTER:  _  AND PRESS ENTER


           ENTER=PROCESS      1=HELP     12=SECURITY DRIVER
```

To access the CATS screens used by ALTCS case managers (bolded above), users may either enter the letter code indicated for the screen (M, N, O, P, Q or S) in the space at the middle bottom of this screen (Select Letter) or type the screen name of the specific screen the user wishes to access in the NTR field at the top right of the screen and press Enter.

CA167/Member Income can not be accessed directly from this menu because the user needs to have designated the AHCCCS ID# of the desired member prior to entering CA167. See detailed instructions about CA167 begin in subsection G of this policy for more information.

An example and description of each of the bolded screens follows in this section.

B. CASE MANAGEMENT NAME SEARCH (CA105)

```
TR: CA105                    AHCCCS - LONG TERM CARE                01/10/03
 NTR: _____ I _____   CASE MGMT NAME SEARCH
09:13:24
 WORKER ID: 605636
LT02L105


 NAME: CAMPBELL              _____   DOB: _____   SEX: _

 SEL              NAME                AHCCCS ID   CASE ID   BIRTHDATE   SEX
 ---  ------------------------------  ---------  ---------  ----------  ---
  S   CAMPBELL          ED            A12345678  100043562  01/01/1949   M
  _   CAMPBELL          SUE           A98765432  110430905  02/01/1925   F




 PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP  8=DWN 9=CNF
12=ESC
```

This screen allows the user to search for an ALTCS member by name and/or date of birth.

When searching by name, the system will seek to match the exact spelling of the last name, so the user must either enter the last name in its entirety or an asterisk after as many letters as the user is sure of. For example, if the user entered "CAMPB*", the system would bring up all names beginning with "CAMPB" but if the user had just entered "CAMP", the name CAMPBELL would not have appeared.

A name and/or date of birth search may be narrowed by entering an "M" or "F" to indicate the sex of the member sought.

From the list of names provided in the search, the user may enter an "S" to the left of the name and press **F9** to bring up the same demographic screen as shown on page **411- 35 of this policy**.

C. COST EFFECTIVENESS STUDY (CA160)

The purpose of the Cost Effectiveness Study (CES) is to compare the cost of Home and Community Based Services (HCBS) to the cost of institutionalization for each ALTCS member. AHCCCS considers HCBS to be cost effective if the cost is at or below 100% of the cost of institutionalization. The CES must be completed prior to the initiation of HCBS services in order to determine if those services will be cost effective and can be provided.

The CES is a projection of HCBS costs so it should be completed based on the services and amounts that the member **needs**, including any services which are expected to be authorized but may not be authorized currently. In order to determine the ongoing cost effectiveness of services the member needs, the units in each of the three months should reflect the units the member would receive for the entire month, not just the amount from the CES date until the end of the month.

```
TR: CA160                    AHCCCS - LONG TERM CARE                  09/01/04
NTR: _____  1  ___2_____  CMP - COST-EFFECTIVENESS STUDY        15:28:25
                                                                      LT02L110

CES DATE:_____3_____   ASSESS DATE: _____
NAME: _____ _        AHCCCS ID: _____
WORKER ID: 605636    CURR CSMGR: _____     LATEST ACN: _____


 LOC: A INST GRS COST: $ ____4_____   SOC: $ ___B_____  NET COST: $ ____C_____
       HCBS GRS COST: $ _____D_____   SOC: $ __E_____  NET COST: $ _____F_____
SERVICE    UNIT           MONTH 1          MONTH 2          MONTH 3       AVG COST
 CODE MOD  COST     UNITS  COST     UNITS  COST     UNITS   COST       PER MONTH
__5__ _6_ __7_____  _8__ __G_____  _9_ __G_____  _10__ ___G_____     ___H_____
_____ __ _____  ____ _____  ____ _____  ____ _____     _____
_____ __ _____  ____ _____  ____ _____  ____ _____     _____
_____ __ _____  ____ _____  ____ _____  ____ _____     _____
_____ __ _____  ____ _____  ____ _____  ____ _____     _____
_____ __ _____  ____ _____  ____ _____  ____ _____     _____


              COMMENTS: I  CUR PLACEMENT: _  DATE: ___J_____  REASON: __
HCBS PRCNT : __K___    SSI PRCNT: _____

                                     Z037 NO APPLICATION FOUND
1=HLP 2=CA000 3=COM 4=EDSUM 5=CA070 6=CA161 7=SBK 8=SFD 9=SUP 10=SDN 11=CLR/ADD
```

The **Numbered** fields shown on the screen above are for data entry. The **Lettered** fields above are information-only, the data cannot be changed in these fields.

Instructions for completion of the **Numbered** fields are as follows:

(1) Function Code - Enter the appropriate function code from the options below:

- **A** − Used to <u>add</u> a new CES date. This function code is unique to CA160.
- **C** − Used to <u>change</u> an existing CES. All data except the date can be changed.
- **I** − Used to <u>inquire</u> into a record. No changes can be made to the screen in this function.
- **D** − Used to <u>delete</u> an entire CES record, including the date. This function code is unique to CA160

HINT: If a CES already exists for a member and the case manager wants to create a new one, with a new date, s/he can either:

1. Change the function code to an **"A"**, add a new CES date and type over the existing service/cost data with the desired changes, or

2. Press F11 which will bring up a blank CES screen for the member and automatically change the function code to an **"A"** so that a new CES date can then be added

   Do **NOT** use a function code **"C"** if a new CES needs to be created. An **"A"** function must be used to add a new CES date. The Change function should be used to make changes to an existing CES only. If the user uses a **"C"** and types over the existing data with current information, all the historical CES data will be lost. This is <u>not</u> the appropriate method for making a new CES.

(2) AHCCCS ID – This unlabeled line is where the user enters the AHCCCS ID# of the member whose CES information the user wishes to access. CES information is saved by AHCCCS ID# so data from any prior ALTCS enrollments will be available for each member.

(3) CES DATE - The date of the most recent CES will appear, if one already exists for the member. If there is no previously established CES, the message "NO CES RECORDS EXIST" will appear at the bottom right of the screen.

   If there are prior CES dates, press F7 to scroll backward to view these. Press F8 to scroll forward again.

   Enter the date in this field, along with an "A" Function code to add a new CES. The format is MM/DD/YYYY.

(4) INST GRS COST - The anticipated monthly <u>institutional gross cost</u> should be entered here.

(5) SERVICE CODE - Enter the appropriate five character service codes for the services that the member needs. If more services will be entered than there are lines on the screen, pressing

---

F10 (after the 1st screen is entered) will provide additional lines. F9 will return the user to the 1st screen after additional line data is entered or viewed.

The word "NONE" may be typed on the 1st service line under the following circumstances:

- Members residing in a Nursing Facility who have no potential for HCBS placement
- Members who are receiving only Hospice services
- Members residing in a Nursing Facility because HCBS would not be cost effective
- Members with Acute Care Only status

(6) MOD - Enter the two character modifier for the service, as needed. A list of all available modifiers can be found on RF114 and the valid modifiers for a specific procedure code can be found via RF122. The following are the most common modifiers:

- U2 − Used to designate Attendant Care provided as Self-Directed Attendant Care.
- U3 − Used to designate Attendant Care provided by the member's spouse.
- U4 − Used to designate Attendant Care provided by a family member who does NOT live with the member.
- U5 − Used to designate Attendant Care provided by a family member who DOES live with the member.
- U6 − Used to designate Self Directed Attendant Care when skilled services are being provided by the caregiver.
- U7 − Used to designate when services are provided through the Agency with Choice delivery model.

(7) UNIT COST - Enter the cost per unit of the service. This is entered as dollars and cents, with a maximum of six digits ($9999.99).

(8) (9) and (10) UNITS - Enter the units of service that are needed per month for each of the three months. The units should reflect the units the member would receive for a whole month, not just the amount from the CES date until the end of the month. The units may vary from month to month if the member's service needs are expected to change over time. The number entered in this field cannot exceed four digits (9999). **A zero must be entered in the field if no units of service are expected for one or more months.**

Below is an explanation of the **Lettered, information-only** fields:

(A) LOC – This field will generally be blank but it may show a Level of Care code from the last PAS. Since no LOC is assessed from the PAS process anymore, this information might be very old and most likely will be irrelevant to the member's current status. If a code does appear, the following explains the codes used:

CODE	DESCRIPTION
I	Class 1
P	Class 2
S	Class 3
T	ALTCS Transitional

(B) SOC - The member's anticipated monthly Share of Cost, if s/he were to be placed in a Nursing Facility, will be displayed here, based on the date of the CES. The member's monthly SOC history may be found via the CA166 screen (see information on this screen beginning on page 411-28 of this chapter). The SOC amount will change over time with the member's income and deductions. If the member is not currently known, by ALTCS eligibility staff, to be in a NF, the amount shown in the "CES SOC AMT" field on CA166 is the SOC amount that the member would be expected to pay if s/he were in a NF.

(C) NET COST - The system will display the net institutional cost (gross cost minus SOC) after the CES is entered by the user.

(D) HCBS GRS COST - The system will display the total average cost of the HCB services. This is the sum of the three month average for each service entered on the CES.

(E) HCBS SOC – If the member will have a Share of Cost in an HCBS setting (usually due to an Income-Only Trust), the amount, based on the date of the CES, will be displayed here. The SOC amount will change over time with the member's income and deductions.

(F) NET COST - The system will display the net HCBS cost (gross cost minus SOC) after the CES is entered by the user.

(G) COST - The system will display the total monthly cost (unit cost X units) for each service.

(H) AVG COST - The system will calculate and display the average monthly cost of each service (total cost divided by 3).

(I) COMMENTS - A "Y" or "N" is displayed here to indicate if comments are present or not. F3 will bring up the comments screen for CA160 so that the user may review or enter comments. The user must be in a "C" (Change) function on CA160 prior to moving to the Comments screen in order to be able to enter comments on that screen. F2 will return the user to the CA160 screen.

HINT: The beginning of the comments is usually brought up when you first go to this screen. Pressing the **Shift key and F10** together will immediately bring up the end of the file so new comments can be added.

(J) CUR PLACEMENT/DATE/REASON - This information is read from the most recent line on CA161/Placement Maintenance.

(K) HCBS PRCNT - The system calculates the HCBS percentage based on the services entered above compared to the cost of an institutional placement. The figure is the HCBS net cost (F) divided by the institutional net cost (C).

NOTE: The "SSI PRCNT" field is no longer used and no data/information will appear in this field.

NOTE: Errors can be cleared from this screen by pressing F11. This allows the user to either move out of the screen or start over again without having to resolve the errors created first.

D. PLACEMENT MAINTENANCE (CA161)

```
TR: CA161                    AHCCCS - LONG TERM CARE                 10/14/03
NTR: _____  1  ___2_____     PLACEMENT MAINTENANCE               11:29:47
                                              WORKER ID:         LT02L115
NAME: _____ _____ _      AHCCCS ID: _____
LAST CES DATE: ___A_____  CURR CSMGR: ___3___   LATEST ACN: _____
LAST REVIEW DATE: ____4_____  NEXT REVIEW DATE: ____B_____
LATEST PC: __C___        ENROLL DATE: ___D_____  DISENROLL DATE: ____E____
CTRT TYPE:  F                        BEHAVIORAL HEALTH CODE:  5
 PLACEMENT   RES   PLACEMENT    PLACEMENT     PLACEMENT     WORKER    DATE LAST
   CDE       CDE    REASON      BEG DATE      END DATE        ID      MODIFIED
    6        7        8       ___9_____    ___10_____     __G___    ___H_____
    _        _       __       _____    _____     _____    _____
    _        _       __       _____    _____     _____    _____
    _        _       __       _____    _____     _____    _____
    _        _       __       _____    _____     _____    _____
    _        _       __       _____    _____     _____    _____
    _        _       __       _____    _____     _____    _____
    _        _       __       _____    _____     _____    _____

                        COMMENTS: I

                                          Z037 NO APPLICATION FOUND
 1=HELP 2=CA000 3=COM 4=EDSUM 5=CA160 6=CA165 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```

The **Numbered** fields shown on the screen above are for data entry. The **Lettered** fields above are information-only and the data cannot be changed from these fields.

Instructions for completion of the **Numbered** fields are as follows:

(1) Function Code - Enter the appropriate function code from the options below:

- **C** – Used to change placement information, including adding new placement data.
- **I** – Used to inquire into a record. No changes can be made to the screen in this function.

The Function Code must be a "C" in order to enter or change any data on this screen.

(2) AHCCCS ID – This unlabeled line is where the user enters the AHCCCS ID# of the member whose placement history the user wishes to access. Placement information is saved by AHCCCS ID# so data from any prior ALTCS enrollments will be displayed for each member.

(3) CURR CSMGR - Enter the 6-digit ID# of the Case Manager currently assigned to the case. This field **must** be changed when a new case manager is assigned to a case. It is this field that is read by the system as the current case manager for all reports generated by AHCCCS. This field is also used by the system to generate the information on CA225/CM Review Tracking List.

(4) LAST REVIEW DATE – The date of the last on-site service review with the member should be entered here.

(5) BEHAVIORAL HEALTH CODE – The Behavioral Health code that describes the member's current BH status should be entered here. The code entered must correspond to the member's current Placement and Residence code (see matrix of appropriate combinations shown on the next page). This field must be reviewed and updated, as needed, at the time of each service review to ensure it reflects the member's current BH status, even if the member's Placement has not changed. **This field may not be left blank.**

The following provides a description of the Behavioral Health codes to be used:

CODE	DESCRIPTION
A	**PSYCHOTROPIC MEDICATIONS ONLY** Includes only medications used to modify behavioral health symptoms. Does not include Sedative-Hypnotics when used to treat insomnia or on a PRN basis prior to a procedure, Anti-anxiety medications used for muscle spasms or Anticonvulsants used to treat a seizure disorder. Medication monitoring by the prescribing physician is not considered a separate service so if the member receives no other BH "services", s/he would be included in this category.
B	**BEHAVIORAL HEALTH SERVICES ONLY**. This category would apply to members who receive any Behavioral Health services but who take no psychotropic medications. Does not include members who have only received a Behavioral Health evaluation but do not receive on-going BH services.
C	**BEHAVIORAL HEALTH SERVICES AND PSYCHOTROPIC MEDICATIONS**. See A and B above. Includes members receiving psychotropic medication monitoring by a nurse.
D	**BEHAVIORAL HEALTH PLACEMENT WITHOUT PSYCHOTROPIC MEDICATIONS**. Includes RTC, Behavioral Health Residential facilities and Alternative Residential Settings that are licensed to provide Behavioral Health. Also includes Behavioral Health units within nursing facilities but excludes Wandering/Dementia units in nursing facilities.
E	**BEHAVIORAL HEALTH PLACEMENT WITH PSYCHOTROPIC MEDICATIONS**. See A and D above.
F	**NO BEHAVIORAL HEALTH NEEDS**.

The table below shows appropriate combinations of Placement, Residence and Behavioral health codes. Descriptions of the available Placement and Residence codes can be found following this table.

PLACEMENT	RESIDENCE	BEHAVIORAL HEALTH
H	8, F, K, R	D OR E
H	5, 6, 9, B, E, G	A – F
H	1	A – C, F
Q	2, 4	A – F
Q	W	A – C, F
Q	7, C, J	D OR E
D	1, 2	A – C, F
Z	1	F

(6) PLACEMENT CODE - enter the code for the placement that corresponds to services authorized by the Case Manager. These codes are shown below.

CODE	DESCRIPTION
Z	**NOT PLACED** – A member must not remain in this placement for more than 30 consecutive days following ALTCS enrollment. No active services can be approved on the service plan during any "not placed" period.
H	**HCBS** – Members residing in their own home or an approved alternative residential setting. Members residing in their own home must receive at least one of the following LTC services to qualify for an HCBS placement:
	- Adult Day Health - Attendant Care - Behavior Management - Emergency Alert System - Habilitation - Home Delivered Meals - Home Health Services - Homemaker - Home Modifications - Partial Care - Personal Care - Psychosocial Rehabilitation - Respite - Supported Employment
Q	**INSTITUTIONALIZED** – Members residing in an AHCCCS registered Nursing Facility, ICF-ID, Institution for Mental Disease (IMD) or Behavioral Health inpatient facilities for individuals under age 21 (RTCs).
D	**ACUTE CARE ONLY** - Members who reside in their own homes but receive no LTC services, members who reside in an uncertified facility, members who reside in alternative residential settings not registered with AHCCCS and/or members who have been disqualified from LTC benefits due to an uncompensated transfer of resources. Acute care services include: physician services, medical equipment and supplies, prescription drugs, medically necessary transportation, rehabilitative therapies (physical, speech, occupational and/or respiratory) and behavioral health services.

(7) RESIDENCE CODE – Enter the code that best describes the type of placement setting the member resides in. The Residence code must correspond with both the current Placement and Behavioral Health codes (see matrix of appropriate combinations on preceding page). A new Placement line must be started if the Residence code changes, even if the Placement code has not changed. Residence codes are shown below.

CODE	DESCRIPTION
1	Home
2	Nursing Facility
4	ICF/ID
5	Adult Foster Care
6	Group home for DD
7	Residential Treatment Center
8	Traumatically Brain Injured
9	Assisted Living Centers
B	Assisted Living Home
C	Institute for Mental Disease
E	Adult Developmental Home
F	Adult Behavioral Health Therapeutic Home
G	Child Developmental Foster Home
J	Behavioral Health Inpatient Facility
K	Behavioral Health Residential Facilities
R	Substance Abuse Transitional Facility
W	Wandering Dementia Unit in NF

(8) PLACEMENT REASON - Enter the 2-digit code for the reason the placement was authorized by the case manager. Reason codes are shown below – the most commonly used codes are bolded.

DE	DESCRIPTION
01	HCBS not appropriate or cost effective
02	HCBS not available in member's community
03	**Member/rep desires nursing facility placement**
04	Member voluntarily withdraws/awaiting disenroll
05	**Member in NF with no discharge potential**
06	HCBS recommended, cost expected to decrease
07	HCBS - Ventilator Dependent
08	Member hospitalized prior to initial placement
10	**Hospice – used with HCBS and NF placement codes**
11	Other (**Comments required**)
12	**Acute Care only**
13	**HCBS is available and cost effective**

Placement Reason code "**23**" may be used to delete a placement line if entered in error. This code will remove the entire placement line from the screen.

Reason code "11" should only be used if none of the other reason codes adequately describes the member's circumstances. When Reason code "11" is used, comments to describe those special circumstances are <u>required</u> (there will be a system error if comments are not entered).

(9)   PLACEMENT BEG DATE - Enter the start date of the placement. Format is MM/DD/YYYY.

(10) PLACEMENT END DATE - Enter the end date of the placement, if applicable. Format is MM/DD/YYYY. The end date will be left blank for the member's current placement. This field must be completed before a new placement can be entered. There cannot be an overlap between the end date and a subsequent placement start date.

Below is an explanation of the **Lettered, information-only** fields:

(A)   LAST CES DATE - The date of the most recent CES from CA160 is displayed.

(B)   NEXT REVIEW DATE – The system will calculate the date the member's next on-site service review is due based on the "Last Review Date" entered and the member's current placement. Members in "H" and "D" placement will be due in 90 days and members "Q" placement will be due in 180 days. Members still in "Z" placement when a "Last Review Date" is entered will show a Next Review Date in 30 days.

(C)   LATEST PC - The 6-digit ID# of the ALTCS Contractor the member was last, or is currently, enrolled with, is displayed here. A list of AHCCCS Contractor ID Numbers can be found in Section N.

(D)   ENROLL DATE - The date the member was enrolled with the ALTCS Contractor shown in "Latest PC" field is displayed. The current Placement begin date cannot precede this date.

(E)   DISENROLL DATE - If the member is not currently enrolled with an ALTCS Contractor, the date the member was last disenrolled is displayed. The last Placement End date must match this date.

(F)　CTRT TYPE – The member's current Contract Type will be displayed here. The following shows the applicable Contract types:

CODE	DESCRIPTION
ALTCS/EPD and DDD Contractors	
J	LTC, Capitated
L	LTC, Capitated, Acute Care Only
M	LTC, Prior Period Coverage
O	LTC, Prior Period Coverage, Acute Care Only
TRIBAL CONTRACTORS	
P	LTC, Partially Capitated
T	LTC, Fee For Service, Acute Care Only

(G)　WORKER ID# - The ID# of the worker who last updated the line is displayed.

(H)　DATE LAST MODIFIED - The date the line was last updated is displayed.

(I)　COMMENTS - A "Y" or "N" is displayed here to indicate if comments are present or not. F3 will bring up the comments screen for CA161 so that the user may review or enter comments. The user must be in a "C" (Change) function on CA161 prior to moving to the Comments screen in order to be able to enter comments on that screen. F2 will return the user to the CA161 screen.

System comments should be used to explain special circumstances or miscellaneous codes that the data on the corresponding screen does not explain adequately.

HINT:　The beginning of the comments is usually brought up when you first go to this screen. Pressing the Shift key and F10 together will immediately bring up the end of the file so new comments can be added.

Note:　Errors can be cleared from this screen by pressing F11. This allows the user to either move out of the screen or start over again without first having to resolve the errors created.

CA161 Provider Search Instructions

On CA161/Placement Maintenance, users can do a "provider" search to determine who the "CURR CSMGR" (Field 3) or "WORKER ID" (Field G) indicated on this screen belong to. The user may place the curser in either Field 3 or Field G (bolded in the screen example below) and press F1.

```
TR: CA161                    AHCCCS - LONG TERM CARE                    07/17/06
NTR: _____ C _____  PLACEMENT MAINTENANCE                  11:39:54
                                              WORKER ID: 605636    LT02L115
NAME: SMITH              RICHARD              AHCCCS ID: A12345678
LAST CES DATE: 01/26/2006  CURR CSMGR: 605636   LATEST ACN:
LAST REVIEW DATE:  04/27/2006  NEXT REVIEW DATE:  07/26/2006
LATEST PC: 999999          ENROLL DATE: 07/28/2003  DISENROLL DATE: _____
CTRT TYPE:  J                            BEHAVIORAL HEALTH CODE:  F
PLACEMENT   RES   PLACEMENT   PLACEMENT      PLACEMENT     WORKER   DATE LAST
  CDE       CDE    REASON      BEG DATE      END DATE        ID     MODIFIED
   H         1      13       07/28/2003    _____     605636   07/17/2006
   _         _      __       _____   _____     _____   _____
   _         _      __       _____   _____     _____   _____
   _         _      __       _____   _____     _____   _____
   _         _      __       _____   _____     _____   _____
   _         _      __       _____   _____     _____   _____
   _         _      __       _____   _____     _____   _____
   _         _      __       _____   _____     _____   _____

                          COMMENTS: N

                       Z171 ACTIVE IN ACE        Z011 END OF FILE
1=HELP 2=CA000 3=COM 4=EDSUM 5=CA160 6=CA165 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```

A screen such as the one shown below will be displayed. The provider information from the ID chosen on the screen will be at the top of the list shown. Pressing F2 will return the user to CA161.

```
 TR: CA161 ACT: C      AHCCCS - INFORMATION REFERENCING          07/17/06
                          PROVIDER ID/NAME                       12:54:45
                                                                 AH05L012
 S   SORTED BY PROVIDER ID
 E
 L PR ID  NPI       PROVIDER NAME             -----PROVIDER TYPE------------
 _____ _____ _____
 _ 605636            SANDERS, CAROL           98 CASE MANAGER
 _ 605644            SURBER/SANDRA            98 CASE MANAGER
 _ 605652            GONZALES DOLORES         98 CASE MANAGER
 _ 605660            SALM, JANICE             98 CASE MANAGER
 _ 605678            SULLIVAN MARIE           98 CASE MANAGER
 _ 605686            HUMPHRIES FRED           98 CASE MANAGER
 _ 605694            HEGLUND/MARILYN          98 CASE MANAGER
 _ 605701            HERREID SUSAN            98 CASE MANAGER
 _ 605719            LANGLEY SHEVA            98 CASE MANAGER
 _ 605727            NORRIS/SUSAN             98 CASE MANAGER
 _ 605735            PHILLIPS/WANDALEE        98 CASE MANAGER
 _ 605743            SKERTICH/OLIVE           98 CASE MANAGER
 _ 605751            WINOGRAD ROCHELLE        98 CASE MANAGER
 _ 605769            YANNO/RICHARD            98 CASE MANAGER
PF:      2=RTN                    7=UP  8=DWN      10=TOP 11=BOT
```

E. COMMUNITY FIRST CHOICE (CA162)

```
   TR: CA162                 AHCCCS - LONG TERM CARE               03/14/14
NTR: _____  I               COMMUNITY FIRST CHOICE               14:18:47
                                                                  LT02L117
NAME: _____ _____ _        AHCCCS ID: _____


AGENCY WITH CHOICE (Y/N): _
SELF-DIRECTED ATTENDANT CARE (Y/N): _
EMPLOYMENT STS (A-F): _ _____
EDUCATION LEVEL (A-I): _ _____
LEVEL OF CARE (1-7): _ _____
INCONTINENCE STS (C/I): _ _____
ANTIPSYCHOTIC MEDICATIONS (Y/N): _
MAJOR DIAGNOSIS (A-T) 1: _ _____
                      2: _ _____
                      3: _ _____



1=HELP 2=CA000     4=MSG   5=CA161 6=CA165                11=CLR    12=ESC
```

By pressing <**F1**> with the cursor on one of the fields, a selection screen like the example below will be displayed (F1 was pressed from the Education Level field)

```
 TR: LT075               AHCCCS - LONG TERM CARE            03/14/14
                       DETAIL REFERENCE TABLE LIST           14:26:09
                                                             LT03L091


TABLE NUMBER: 0829   DESCRIPTION: CFC EDUCATION LEVEL
S
E
L  CODE       TITLE/DESCRIPTION
_  A          ATTENDED GRADE/ELEMENTARY SCHOOL
_  B          SOME HIGH SCHOOL
_  C          GRADUATED HIGH SCHOOL/GED
_  D          SOME COLLEGE/TECHNICAL SCHOOL
_  E          COMPLETED TECHNICAL SCHOOL PROGRAM
_  F          BACHELOR'S DEGREE
_  G          ASSOCIATES DEGREE
_  H          GRAD COLLEGE DEGREE (MASTERS, DR)
_  I          CONSIDER/INTEREST IN RETURNING TO SCHOOL
S  J          NO SCHOOL HISTORY
_  K          NO INFO AVAILABLE



                                          Z024 END OF TABLE
1=HELP  2=RETURN                          9=SUP    10=SDN
```

Select a value on this Referencing screen (by entering an "**S**") and then press <Enter>, the value chosen will be transferred to CA162.

F. CASE MANAGEMENT SERVICE PLAN (CA165)

This screen is used by Tribal Contractors to Authorize ALTCS services.

```
 TR: CA165               AHCCCS - LONG TERM CARE            11/04/03
 NTR: _____  1 ___2_____    CMP - SERVICE PLAN            14:57:18
 KEY DATE: ____3_____               WORKER ID:      LT02L120
 NAME: _____ _____ _   AHCCCS ID: _____
 LAST CES DATE: ___A_____   CURR CSMGR: ___B___   LATEST ACN: _____
 LAST PC: ___C___ ENR DT: ____D_____ DISEN DT: ___E_____ LST RVW DT: ____F____
 CUR: LOC: G_   PLACEMENT: _H_  DATE: _____   RSN __   NXT RVW DT: ___I____
 PAS DIAG CDS: _____ __J____ _____   DIAG 1: _____
 DIAG 2: _____ DIAG 3: _____
 A SER  MOD RES EFF DT    END DT    UNITS UNIT COST TOT COST TOT USED  PROV RSN
 4 __5__ 6_ _ ____7_____ ____8_____ __9__ __10_ __ ___K_____ ___L____ _11___ 12
 _ ____ __ _ _____ _____ ____ _____ __ _____ _____ ____ __
 _ ____ __ _ _____ _____ ____ _____ __ _____ _____ ____ __
 _ ____ __ _ _____ _____ ____ _____ __ _____ _____ ____ __
 _ ____ __ _ _____ _____ ____ _____ __ _____ _____ ____ __


                    COMMENTS: M


 1=HELP 2=CA000 3=COM 4=EDSUM 5=CA161 6=CA175 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```

The **Numbered** fields shown on the prior screen are for <u>data entry</u>. The **Lettered** fields above are <u>information-only</u> and the data cannot be changed from these fields.
Instructions for completion of the **Numbered** fields are as follows:

(1) FUNCTION CODE - Enter the appropriate function code from the options below:

- **C** − Used to <u>change</u> information, including adding service authorizations.
- **I** − Used to <u>inquire</u> into a record. No changes can be made to the screen in this function.

The Function Code must be a "C" in order to enter or change any data on this screen.

(2) AHCCCS ID – This unlabeled line is where the user enters the AHCCCS ID# of the member whose service plan history the user wishes to access. Service authorizations are saved by AHCCCS ID# so data from any prior ALTCS enrollments will be displayed for each member.

(3) KEY DATE – This **optional** field may be used to quickly display previous service plan entries beginning with a specific date by entering that date in this field. Format is MM/DD/YYYY. Services with that begin date or later will be displayed. This avoids having to scroll through screens of entries to find a specific service or time period. This field may be left blank if the user does not wish to review previous entries.

HINT: Usually, the end of the file (last authorized services) is brought up when you first go to this screen. F9 will scroll backward to previous authorizations and F10 scrolls forward again.

Pressing the **Shift key and F9** together will immediately bring up the beginning of the file (first screen of authorized services) and the **Shift key and F10** together will immediately bring up the end of the file.

(4) ACT - Enter the appropriate action code from the options below:

- **I** − Used to <u>initiate</u> a new service authorization.
- **C** − Used to make <u>changes</u> to an existing service authorization.
- **T** − Used to <u>terminate</u> an existing service authorization that has unclaimed units. This Action code requires a Reason code at the end of the service line (see table of Termination Reason codes beginning on the next page).

(5) SERV - Enter the appropriate procedure 5-digit HCPCS or 4-digit Revenue code for the service being authorized.

(6) MOD - enter the second character modifier for applicable services. Durable Medical Equipment and medical supplies <u>must</u> have a modifier to be authorized. Fee-For-Service

(FFS) Transportation intended as "Rural" will need a modifier entered in order for AHCCCS to pay the rural rate. The following are the most common modifiers:

- **U2** − Used to designate Attendant Care provided as Self-Directed Attendant Care.
- **U3** − Used to designate Attendant Care provided by the member's spouse.
- **U4** − Used to designate Attendant Care provided by a family member who does NOT live with the member.
- **U5** − Used to designate Attendant Care provided by a family member who DOES live with the member.
- **U6** − Used to designate Self Directed Attendant Care when skilled services are being provided by the caregiver.
- **U7** − Used to designate when services are provided through the Agency with Choice delivery model.
- **NU** − Used for a DME or medical supply purchase.
- **RR** − Used for a DME rental.
- **RA** − Replacement of a DME item.
- **RB** − Replacement of a part of DME furnished as part of a repair.
- **TN** − Used for rural transportation.

All valid modifiers for a specific procedure code may be found in the PMMIS Reference subsystem, on RF122.

(7)   EFF DT - Enter the start date for the service authorization. Format is DD/MM/YYYY.

(8)   END DT - Enter the end date for the service authorization. The end date of an authorization must not exceed 90 days for an HCBS service or 180 days for an institutional service.

Service authorization begin and end dates must not overlap Placement begin and end dates on CA161/Placement Maintenance.

(9)   UNITS - Enter the number of units being authorized for the dates of service indicated. Information about maximum units allowed for a specific procedure code can be found in the PMMIS Reference subsystem, on RF113.

(10) UNIT COST - Enter the unit cost of the service being authorized. The system will not allow this cost to exceed the AHCCCS FFS rate (if one has been set) for ALTCS FFS members. The maximum allowable charge for a specific procedure code can be found in the PMMIS Reference subsystem, on RF112.

(11) PROV - Enter the 6-digit ID# of the Provider authorized to render the service. The provider must be eligible to provide the specific type of service authorized. Refer to PR035, in the PMMIS Provider subsystem, for the Categories of Service a specific provider is registered to provide.

NOTE: The following "dummy" Provider codes should be used to show that ALTCS covered services are provided but they are <u>not</u> paid for with AHCCCS funds:

029108 - Signifies any service paid completely by another payer source, for example Tribal or private pay. In these cases, the appropriate service code would be used (for example, G0154 for Home Health Nursing), however, 029108 would be used as the provider number and the unit cost would be $0.00 to indicate the service will not be paid by AHCCCS.

042490 - Signifies services provided in an uncertified facility.

(12) RSN – When a service line is being <u>terminated</u>, a Reason Code must be entered in this field. The termination of a service authorization should be rare. Changes in service code, begin or end dates, units and unit cost should be made using the (C)hange action code instead and no Reason Code is needed for these types of changes. Terminations Reason Codes are listed below.

CODE	DESCRIPTION
01	Member does not meet medical/functional PAS criteria of AHCCCS
02	Member becomes financially ineligible
03	Member becomes financially and medically ineligible
04	Member's needs have been met and service is no longer required
05	Member's request for suspension or termination of service
06	Member moved out of provider's service area
07	Member died
08	Member moved out of state
09	Contact with member has been lost
10	Provider has been changed
11	No service is available
12	Another source is available
13	Member's caregiver/family is able to take over care
14	Member discharged to home
15	Member left against medical advice
16	Member discharged to other
17	Member needs a higher level of care
18	Member needs a lower level of care
19	Hospitalization
20	Covered by Medicare
21	Member refused services
22	Assessment only – completed
23	Delete - This code may be used to delete a service line if entered in error. The entire service line will be removed from the screen as long as AHCCCS has not paid any claims from that authorization.

Below is an explanation of the **Lettered, information-only** fields:

(A) LAST CES DATE - The most recent CES date from CA160 will be displayed here.

(B)   CURR CSMGR - the 6-digit ID# of the case manager currently assigned to the case on CA161 will be displayed here.

(C)   LAST PC - The 6-digit ID# of the Contractor the member was last or is currently enrolled with is displayed. A list of AHCCCS Contractor ID Numbers can be found in Section N.

(D)   ENR DAT - The date the member was enrolled with the Contractor shown in "LAST PC" field is displayed.

(E)   DISEN DAT - If the member is not currently enrolled with an ALTCS Contractor, the date the member was last disenrolled is displayed. **If a date appears in this field, the member is not currently enrolled and no service can be authorized beyond the date shown.**

(F)   LST RVW DT - The last date the case manager has entered in "LAST REVIEW DATE" field on CA161/Placement Maintenance will be displayed here. The field will be blank if no reviews or placement data has been entered.

(G)   LOC – This field is currently not used. It used to show either the member's Level of Care from the most recent PAS or the Level of Care, for members in a nursing facility, based on the Nursing Facility service/revenue code authorized by the case manager on this screen.

(H)   PLACEMENT/DATE/RSN - The Placement/Reason codes and begin date from the current placement on CA161 will be displayed here.

(I)   NXT RVW DT - The date the next service review is due, as calculated based on the date entered in the "LAST REVIEW DATE" field on CA161/Placement Maintenance, is displayed here. Members in "H" and "D" placement will be due in 90 days and members "Q" placement will be due in 180 days. Members still in "Z" placement when a "Last Review Date" is entered will show a Next Review Date in 30 days.

(J)   PAS DIAG CDS - Up to three diagnostic (ICD-9) codes from the last PAS will be displayed. The three lines next to and below this, labeled "DIAG 1/2/3", will display the definition of those codes.

(K)   TOTL COST - The total cost of the service authorized on the line (units X unit cost).

(L)   TOT USED - The total number of units AHCCCS has paid to the provider to date will be displayed. The number in this field will not exceed the number of units authorized but may be less.

(M)   COMMENTS - A "Y" or "N" is displayed here to indicate if comments are present or not. F3 will bring up the comments screen for CA165. The user must be in a "C" (Change) function on CA165 prior to moving to the Comments screen in order to be able to enter comments on that screen. The oldest comments saved for the member are displayed when the screen is first accessed. F9 will scroll backward to prior comments and F10 will scroll forward. Pressing the **Shift key and F9** together will take you immediately to the

beginning of the comments and the **Shift key and F10** together will take you immediately to the end of the comments. F2 will return the user to the CA165 screen.

System comments should be used to explain special circumstances or miscellaneous codes that the data on the corresponding screen does not explain adequately.

CA165 Provider Search Instructions

On CA165/Service Plan, users can do a provider search to determine who the Provider ID# on any service authorization line and/or who the Case Manager ID# on this screen belong to. The user may place the curser on either the Provider ID# (one at a time) or the Current Case Manager ID# (examples shown bolded in the screen example below) and press F1.

```
TR: CA165                    AHCCCS - LONG TERM CARE                    05/30/06
NTR: _____  I _____     CMP - SERVICE PLAN                 07:41:43
KEY DATE: _____                          WORKER ID: 605636    LT02L120
NAME: BROWN            SAMUEL              AHCCCS ID: A23456789
LAST CES DATE: 04/13/2006  CURR CSMGR: 124412   LATEST ACN:
LAST PC: 999999 ENR DT: 11/01/2005 DISEN DT:        LST RVW DT: 05/16/2006
CUR: LOC: _   PLACEMENT: H   DATE: 11/01/2005   RSN 13  NXT RVW DT: 08/14/2006
PAS DIAG CDS:  3449                    DIAG 1:  PARALYSIS, UNSPECIFIED
DIAG 2: _____           DIAG 3: _____
A SER  MOD RES EFF DT     END DT    UNITS UNIT COST TOT COST TOT USED  PROV RSN
_ 97113 __ _ 04/20/2006 06/22/2006    28   31.74   888.72     0.00 020876 __
_ 97535 __ _ 04/20/2006 06/22/2006    28   29.87   836.36     0.00 020876 __
_ S5125 __ _ 05/08/2006 06/30/2006   960    3.88  3724.80   312.00 076433 __


                            COMMENTS: Y

              Z171 ACTIVE IN ACE      Z022 MORE DATA AVAILABLE
1=HELP 2=CA000 3=COM 4=EDSUM 5=CA161 6=CA166 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```

A screen such as the one shown below will be displayed. The provider information from the ID chosen on the screen will be at the top of the list shown. Pressing F2 will return the user to CA165.

```
TR: CA165 ACT: I     AHCCCS - INFORMATION REFERENCING            05/30/06
PROVIDER ID/NAME                        07:43:08
                                                            AH05L012
S   SORTED BY PROVIDER ID
E
L PR ID  NPI       PROVIDER NAME          -----PROVIDER TYPE-------------

_____ _____ _____ _____
_ 076433              LA CASA HEALTH CARE, INC  24 PERSONAL CARE ATTENDANT
_ 076442              HARTNER/SHEILA A.          93 SCHOOL BASED ATTENDANT CARE
_ 076449              VOIGHTLANDER/GEORGE        08 MD-PHYSICIAN
_ 076455              BENNETT/DENISE             93 SCHOOL BASED ATTENDANT CARE
_ 076457              MICKLE/RICHARD ALAN        31 DO-PHYSICIAN OSTEOPATH

PF:      2=RTN                     7=UP  8=DWN     10=TOP 11=BOT
```

G. AHCCCS CUSTOMER ELIGIBILITY (ACE) CRITICAL DATA (CA166)

Information available about a member through the ACE Critical Data screen is accessed in the same way as the previously described CATS screens, via member AHCCCS ID# entered in the field labeled **(A)** below. This screen is inquiry only; no information can be changed on this screen.

---

1. Main screen:

```
TR: CA166          AHCCCS - LONG TERM CARE              09/07/04
NTR: _____ I ___A_____  ACE CRITICAL DATA            07:54:48
WORKER ID: 605636                              LT02L130
NAME: CAMPBELL          ED     STATUS: A  EFF TERM DAT: _____
AHCCCS-ID: A12345678  ACE ID: 900000000 TRIBE CD: 07  RES CD: 07  NET TEST: F
CASE MANAGER: 123456 MANAGER, CASEY          OFFICE: 12A  PAS LOC: I
FIN REDE DUE DATE: 07/13/2005   MED REASS DUE DATE: NONE     DD STATUS: 4


LIVING ARRANGEMENT(LAR): HS  LAR PROVIDER: _____  LAR BEG DATE: 07/23/2004
MOST RECENT TRANSITIONAL PERIOD BEGIN DATE: 12/01/1999  END DATE: 05/31/2001
 MAJOR DIAG 1: 03B(7169 )  MAJOR DIAG 2: 06G(3109 )  MAJOR DIAG 3: 12C(    )


 AUTH REP: CAMPBELL        MARY     _      RELATION: SP
    STREET ADDRESS: 1234 E NORTHVIEW AVE      _____
  CITY: PHOENIX        ST: AZ  ZIP: 85034 ____  RES PHO: 602 555 5555
                       BUS PHO: ___ ___ ____
LEGAL REP: _____ _____ _     RELATION: __
    STREET ADDRESS: _____  _____
  CITY: _____  ST: __  ZIP: _____ ____  RES PHO: ___ ___ ____
                       BUS PHO: ___ ___ ____
            Z171 ACTIVE IN ACE     Z008 RECORD FOUND
1=HLP  2=CA000  3=ADD  4=ERR  5=CA165  6=CA225  (7=DEM  8=SOC  9=VER  10=MHS)
11=CLEAR
```

The following tables provide information regarding codes that appear on the CA166 screen:

ALTCS ELIGIBILITY SITE CODES	
14	Phoenix
21	Tucson
22	Sierra Vista
31	Flagstaff
32	Prescott
33	Metro
34	Chinle
35	Cottonwood
41	Yuma
42	Lake Havasu City
43	Kingman
51	Casa Grande
52	Globe
92	ALTCS Call Center
93	PSE Development

DD STATUS CODES	
1	Potential DD member
2	DD member In ICF/MR or Home/Group Home
3	DD member in Nursing Facility
4	EPD member

STATUS CODES	
A	Active enrollment
I	Inactive enrollment

TRIBE/RESERVATION CODES					
01	Ak Chin	08	Havasupai	15	Salt River Pima-Maricopa
02	Camp Verde Yavapai	09	Hopi	16	San Carlos Apache
03	Cocopah	10	Hualapai	17	Yavapai-Apache
04	Colorado River	11	Kaibab Paiute	18	Fort Mohave
05	White Mountain Apache	12	Navajo	19	Quechan
06	Fort McDowell	13	Tohono O'Odham	20	Pascua Yaqui
07	Gila River	14	Tonto Apache	21	San Juan Southern Paiute

More Codes from CA166 Main Screen

LIVING ARRANGEMENT CODES	
AH	CLIENT IS IN ACUTE HOSPITAL BED
HA	CLIENT IS IN AN ASSISTED LIVING HOME
HB	BEHAVIORAL HEALTH RESIDENTIAL FACILITY
HC	DD CHILD IN DD CHILD DEVELOPMENT FOSTER HOME
HF	LIVES IN AN ADULT FOSTER CARE HOME
HG	LIVES IN A GROUP HOME
HI	LIVES AT HOME AND INTENDS TO RECEIVE SERVICES
HL	CLIENT IS IN AN ASSISTED LIVING CENTER
HN	LIVES AT HOME AND DOESN'T RECEIVE IN-HOME SERVICES
HO	QMB-ONLY LIVING ARRANGEMENT (SERVICES N/A)
HR	SUBSTANCE ABUSE TRANSITIONAL FACILITY
HS	LIVES AT HOME AND RECEIVES IN-HOME SERVICES
HT	LIVES IN AN ADULT BEHAVIORAL HEALTH THERAPEUTIC HOME
HZ	ALZHEIMER ASSISTED LIVING FACILITIES
LH	A/R IN LTC HOSPITAL BED OR ACUTE PSYCHIATRIC HOSPITAL
LT	CLIENT IS IN LTC FACILITY OR RTC
OS	CLIENT IN OUT-OF-STATE FACILITY (HOSPITAL OR LTC)
RH	CLIENT REFUSING LTC SERVICES
SC	ALTERNATE ACUTE LIVING ARRANGEMENT

RELATIONSHIP CODES (FOR AUTHORIZED AND/OR LEGAL REPRESENTATIVE)			
AU	AUNT	NB	NEIGHBOR
BR	BROTHER	NO	NONE
CH	CHILD	NR	NOT RELATED
CO	COUSIN	OT	OTHER
DA	DAUGHTER	PA	PARENT
FA	FATHER	PO	PARENT OF ADULT
FF	FOSTER FATHER	PS	STEP PARENT
FM	FOSTER MOTHER	NO	NONE
GD	GRANDDAUGHTER	SI	SISTER
GF	GRANDFATHER	SO	SON
GM	GRANDMOTHER	SP	SPOUSE
GS	GRANDSON	UN	UNCLE
MO	MOTHER		

2. Pressing **F7** will bring up the Demographic screen shown below. **F2** will return the user to CA166.

```
 TR: CA166 ACT: I                 AHCCCS - RECIPIENT   USER-ID: 57N   10/27/11
                              DEMOGRAPHIC INQUIRE                     15:19:32
                                                                     RP01L035
 A12345678 CAMPBELL ED                        SEX F DOB 12/04/1966 DOD


       HOME ADDRESS           RES CTY: MARICOPA          HEAD OF HOUSE?: N
 SOUTH MOUNTAIN CARE          FIS CTY: MARICOPA          ON RESERVATION?: N
 6420 S. 22ND ST                 SSN: 555-55-5555
 PHOENIX                     CASE ID: 555555555            OTHER RECORDS?
 AZ 85040                       RACE: CAUCASIAN/WHITE       SPECIAL PGMS:
                            TRIBE ID:                          MEDICARE: Y
     MAILING ADDRESS         MAR STA: SINGLE           THIRD PTY CHG: Y
 SOUTH MOUNTAIN CARE            LANG: ENGLISH           ALTERNATE ID: Y
 6420 S. 22ND ST            LANG SRC: ON-LINE, DMS
 PHOENIX                     CITIZEN: US CITIZEN        MEDICAL COND:
 AZ 85040               CITIZEN SRC: AZ                CORRESPONDENCE: Y
                           CARE LVL:
                           FACILITY:                            CO-PAY: N
 HOME PH: (602) 555-0000  ATTN:
  EMG PH: (   )   -        EMAIL SRC: WB
 E-MAIL: MYNAME@NETZERO.NET
 PF: 1=HLP 2=RTN                   6=NXT                            12=ESC
         14=MDC 15=TPL 16=ALT      18=COR
```

NOTE: The F14, F15 and F16 options above will only appear on the screen if there is data to report (i.e. F14 will not appear on this screen if the member does not have Medicare).

3. If "F14=MDC" is shown as an option on the demographic screen (#2), pressing **Shift and F2** will bring up the Medicare Coverage screen shown below. **F2** will return the user to the demographic screen.

```
 TR: CA166 ACT: I                 AHCCCS - RECIPIENT   USER-ID: 57N   05/19/06
                          INQUIRE MEDICARE COVERAGE                   13:21:30
                                                                     RP01L050
 A12345678 CAMPBELL ED                        SEX M DOB 01/01/1949 DOD _____

      MEDICARE     PAYER  BEGIN     END        CHG    DATE      LAST MOD
 PART  CLAIM NO.    ID    DATE      DATE     SRC RSN  REC ADDED DATE      USR
  A  123456789A   FREE 05/01/1995              AS     01/13/1995 09/07/2005 BAT
  B  123456789A   030  05/01/1995              SI     01/13/1995 01/12/2001 BAT
  C  123456789A        07/01/2005              AS     06/14/2005 06/14/2005 BAT
  D  123456789A        01/01/2006              MS     12/15/2005 12/15/2005 BAT



 PF: 1=HLP 2=RTN                       7=UP  8=DWN     10=TOP 11=BOT 12=ESC
```

If this screen indicates the member has "Part C" as shown in the example above, this means the member is eligible for the Qualified Medicare Beneficiaries (QMB) program.

If the screen indicates that the member has "Part D' as shown in the example on the preceding page, refer to the RP214 screen (instructions on page 411-42 of this chapter) to determine which Part D drug plan the member is enrolled with.

4. If "F15=TPL" is shown as an option on the demographic screen (#2), pressing **Shift and F3** will bring up the Third Party Coverage Summary screen shown below. **F2** will return the user to the demographic screen.

```
 TR: CA166 ACT: I              AHCCCS - RECIPIENT   USER-ID: 57N  01/13/03
                    INQUIRE THIRD PARTY COVERAGE SUMMARY      10:48:56
                            RP01L055
A12345678 CAMPBELL ED               SEX M DOB 01/01/1949 DOD _____


    CARRIER                              COV CHG
 SRC NUM   NAME             POLICY NUMBER  BEGIN DATE  END DATE TYP RSN
S OA     BCBS         1234-5678    07/10/2002



 PF: 1=HLP 2=RTN            7=UP  8=DWN            12=ESC

```

For more information on any TPL listed in the screen above, put an **"S"** in the selection field to the left of the policy and press Enter. The Third Party Coverage Detail screen shown in #5 below will be displayed.

5. Pressing **F2** from this Third Party Coverage Detail screen will return the user to the TPL screen shown in #4.

```
TR: RP155 ACT: I          AHCCCS - RECIPIENT  USER-ID: 57N   01/13/03
                 INQUIRE THIRD PARTY COVERAGE DETAIL       10:49:17
                            RP02L055
A12345678 CAMPBELL ED           SEX M DOB 01/01/1949 DOD _____
        SOURCE: OA
   CARRIER NUMBER:       CARRIER NAME: BCBS
  STREET ADDRESS-1: 123.W EAST ST
  STREET ADDRESS-2:
        CITY: PHX          STATE: AZ   ZIP: 85223
   CARRIER PHONE: (    )    -
    GROUP NUMBER:
    POLICY NUMBER: 1234-5678       COVERAGE TYPE:
  POLICY BEGIN DATE: 07/10/2002       DATE VERIFIED:
   POLICY END DATE:
    CHANGE REASON:
POLICY HOLDER'S NAME: CAMPBELL ED
 POLICY HOLDER'S SSN: 555-55-5555
        EMPLOYER:
RELATIONSHIP OF POLICY HOLDER TO RECIPIENT: SELF
DATE RECORD ADDED: 07/10/2002  LAST MOD. DATE: 07/10/2002 LAST MOD. USER: 067


PF: 1=HLP 2=RTN                          12=ESC
```

6. If "F16=ALT" is shown as an option on the demographic screen (#2), pressing **Shift and F4** will bring up the Alternate ID screen shown below. **F2** will return the user to the demographic screen.

```
TR: CA166 ACT: I          AHCCCS - RECIPIENT    USER-ID: 57N    01/13/03
NTR: _____  INQUIRE ALTERNATE ID              10:49:51
                          RP01L085
A12345678 CAMPBELL ED           SEX M DOB 01/01/1949 DOD _____

  ALTERNATE ID  ID   ID DESCRIPTION  BEGIN     LAST MOD     DAT REC
       TYPE              DATE  SRC DATE    USR   ADDED

 90014760     AC APPLICATION CONT 06/19/2002 OA 06/19/2002 0A1 06/19/2002
 100555555    AS ACE SYSTEM ID NU 07/23/2002 OA 07/23/2002 0A1 07/23/2002
 123456780A   MC MEDICARE CLAIM I 01/01/2002 OA 07/10/2002 067 07/10/2002
 555-55-5555  SN UNVERIFIED SSN/P 06/19/2002 OA 06/19/2002 0A1 06/19/2002
```

7. From CA166 (#1), pressing **F8** will bring up the Share of Cost screen shown below. **F2** will return the user to CA166. The "CES SOC AMT" field indicates the SOC amount an HCBS member would have to pay if s/he were admitted to an institutional placement.

```
TR: CA166 ACT: I        AHCCCS - RECIPIENT        USER-ID: 57N   04/23/04
NTR: _____     INQUIRE SHARE OF COST              09:42:15
                                RP03L075
A12345678 CAMPBELL ED               SEX   DOB 19490101   DOD


                    T ORIGINAL   DATE    USER
  SOC     SOC     SOC     SOC    CES  Y POSTING   LAST    LAST
  DATE   AMOUNT  ADJ AMT USED AMT SOC AMT P  DATE      MOD    MOD

 04/2004   .00      .00   963.69 I 03/29/2004 03/29/2004 BAT
 03/2004   .00      .00   963.69 I 02/27/2004 02/27/2004 BAT
 02/2004   .00      .00   963.69 I 01/26/2004 01/26/2004 LC*
 01/2004   .00      .00   946.49 I 12/26/2003 12/26/2003 LC*
 12/2003   .00      .00   946.53 I 11/28/2003 11/28/2003 BAT
 11/2003   .00      .00   946.53 I 10/29/2003 10/29/2003 BAT
 10/2003   .00      .00   946.53 I 09/28/2003 09/28/2003 BAT
 09/2003   .00      .00   946.53 I 08/29/2003 08/29/2003 BAT
 08/2003   .00      .00   946.53 I 07/29/2003 07/29/2003 BAT
 07/2003   .00      .00   946.53 I 06/28/2003 06/28/2003 BAT
 06/2003   .00      .00   946.53 I 05/29/2003 05/29/2003 BAT
 05/2003   .00      .00   946.53 I 04/28/2003 04/28/2003 BAT

PF: 1=HLP 2=RTN 3=CLR 4=MSG       7=UP  8=DWN            12=ESC
```

8. From CA166 (#1), pressing **F9** will bring up the Verification screen shown below. The user must enter a date in "DOS FROM DATE" field in order for eligibility/enrollment data to appear. This date can be the specific date for which eligibility or enrollment information is sought or the current date.

```
TR: CA166 ACT: I         AHCCCS - RECIPIENT     USER-ID: 57N     01/13/03
 NTR:                  VERIFICATION                  11:38:29
                                       RP07L050
 A12345678 CAMPBELL ED              SEX M DOB 01/01/1949 DOD


 AS OF DATE 01/13/2003 DOS FROM DATE _____ DOS THRU DATE _____ FYI
 THE RECIPIENT'S ELIGIBILITY IS:                     ADDED ON
              BEGIN ON:       ENDED ON
              BEGIN ON:       ENDED ON


 THE RECIPIENT'S ENROLLMENT IS: BEGIN  END    RATE
    HEALTH PLAN     CTRT TYP   DATE    DATE   CODE CSA  ADDED ON


 PART A BEGINS:        AND ENDS:        MEDICARE CLAIM #:
 PART B BEGINS:        AND ENDS:
 THE RECIPIENT HAS THIRD PARTY COVERAGE WITH:
 THE POLICY NO IS         BEGINNING ON        ENDING ON


 PF: 1=HLP 2=RTN 3=CLR 4=MSG       7=UP  8=DWN            12=ESC
```

9. Entering a "DOS FROM DATE" brings up information as shown below. **F2** will return the user to CA166.

```
TR: CA166 ACT: I         AHCCCS - RECIPIENT    USER-ID: 57N    01/13/03
NTR:                VERIFICATION                 10:39:17
                                    RP07L050
A12345678 CAMPBELL ED           SEX M DOB 01/01/1949 DOD


AS OF DATE 01/13/2003 DOS FROM DATE 11/01/2002 DOS THRU DATE _____ FYI N
THE RECIPIENT'S ELIGIBILITY IS:                    ADDED ON
L SD MAO          BEGIN ON: 11/01/2000 ENDED ON        06/19/2002
             BEGIN ON:      ENDED ON


THE RECIPIENT'S ENROLLMENT IS:    BEGIN    END    RATE
   HEALTH PLAN        CTRT TYP   DATE    DATE   CODE CSA  ADDED ON
ANY LTC PLAN        LTC/CAP    08/01/2002       2200 13 07/24/2002
ANY LTC PLAN        LTC/CAP    06/19/2002 07/31/2002 2210 13 06/19/2002
ANY LTC PLAN        LTC/PPC    10/01/2000 06/18/2002 221Z 13 06/19/2002


PART A BEGINS: 01/01/2002 AND ENDS:      MEDICARE CLAIM #: 555555555A
PART B BEGINS:      AND ENDS:
THE RECIPIENT HAS THIRD PARTY COVERAGE WITH: BCBS
THE POLICY NO IS 1234-5678    BEGINNING ON 07/10/2002 ENDING ON


PF: 1=HLP 2=RTN 3=CLR 4=MSG      7=UP  8=DWN          12=ESC
        15=TPL
```

10. From CA166 (#1), pressing **F10** will bring up the BHS/FYI Data screen shown below. Pressing **F2** from this screen will generate an error. **F12 must be used to return the user to CA166 from the BHS/FYI Data screen.**

```
 TR: CA166 ACT: I          AHCCCS - RECIPIENT   USER-ID: 57N   06/04/04
 NTR: _____     INQUIRE BHS/FYI DATA          07:36:10
                                RP04L016
A12345678 CAMPBELL       ED     SEX  M  DOB 19490101  DOD _____


     BHMIS ID: XXXXXXXXXX
  TYPE               CHG              LAST MOD
   ID  BEGIN DATE END DATE  STA RSN SITE CAT  DATE ADDED  DATE   USER

  079999 09/01/1994 06/20/2002  A  CH   23  S    09/24/2003 09/24/2003 CNV
  079999 06/01/1994 07/31/1994  A  RO   23  S    09/24/2003 09/24/2003 CNV
  079999 04/19/1994 04/30/1994  A  RO   23  S    09/24/2003 09/24/2003 CNV




 PF: 1=HLP 2=RTN 3=CLR 4=MSG     6=DSP 7=UP  8=DWN     10=TOP 11=BOT 12=ESC
```

"BHMIS ID" is an identification number assigned by ADHS/BHS for their tracking purposes only.
"TYPE ID" should be 079999 which indicates enrollment with ADHS/BHS.
"CHG RSN" (Change Reason) codes may be found on RF525 in PMMIS.

SITE CODES	
11	GILA RIVER INDIAN TRIBE
14	NAVAJO NATION
25	PASCUA YAQUI TRIBE
28	WHITE MOUNTAIN APACHE
33	CHILDREN'S REHAB SERVICES
37	MERCY MARICOPA
38	HEALTH CHOICE
39	CENPATICO
50	CARE 1ST
51	HEALTH NET
52	HEALTH CHOICE
53	MARICOPA HEALTH PLAN
54	MERCY CARE PLAN
55	PHOENIX HEALTH PLAN
56	UNITED HEALTH PLAN
57	UNIVERSITY FAMILY CARE
58	UNITED HEALTH CARE – LTC
59	MERCY CARE – LTC
60	BRIDGEWAY HEALTH SOLUTIONS LTC
77	MERCY MARICOPA INTEGRATED
78	HEALTH CHOICE INTEGRATED
79	CENPATICO INTEGRATED

MENTAL HEALTH CATEGORIES	
C	CHILDREN SERVICES
D	SUBSTANCE/ALCOHOL ABUSE MENTAL HEALTH SERVICES
G	GENERAL MENTAL HEALTH SERVICES
S	SMI
Z	SED CHILDREN

CA166 Provider Search Instructions

On CA166/ACE Critical Data, users can do a provider search to determine who the Provider ID# in the "LAR Provider" (Living Arrangement) field belongs to, if applicable. The Provider ID# that appears in this field will reflect only the Nursing Facility or Assisted Living Facility provider that AHCCCS eligibility has recorded as the member's current living arrangement in ACE.

```
TR: CA166                AHCCCS - LONG TERM CARE                05/30/06
NTR: _____ I _____  ACE CRITICAL DATA               07:53:31
WORKER ID: 605636                                                LT02L130
NAME: JONES          ALICE          STATUS: A  EFF TERM DAT: _____
AHCCCS-ID: A87654321  ACE ID: 100000000 TRIBE CD: 15  RES CD: __  NET TEST: P
CASE MANAGER: 123456 MANAGER, CASEY              OFFICE: 13A  PAS LOC: I
FIN REDE DUE DATE: 10/31/2006   MED REASS DUE DATE: NONE      DD STATUS: 4


LIVING ARRANGEMENT(LAR): LT   LAR PROVIDER: 355752   LAR BEG DATE: 07/22/2000
MOST RECENT TRANSITIONAL PERIOD BEGIN DATE: _____   END DATE: _____
 MAJOR DIAG 1: 3109      MAJOR DIAG 2: 582      MAJOR DIAG 3: _____

  AUTH REP: JONES              PHYLLIS     _         RELATION: OT
        STREET ADDRESS: 12345 E THOMAS
    CITY: ANYWHERE            ST: AZ  ZIP: 85256 ____  RES PHO: ___ ___ ____
                                                       BUS PHO: 555 555 5555
 LEGAL REP: _____ _____ _      RELATION: __
        STREET ADDRESS: _____ _____
    CITY: _____ ST: __  ZIP: _____ ____  RES PHO: ___ ___ ____
                                                       BUS PHO: ___ ___ ____


                                    Z026 RETURN FROM HELP
1=HLP 2=CA000 3=ADD 4=ERR 5=CA165 6=CA167 (7=DEM 8=SOC 9=VER 10=MHS) 11=CLEAR
```

The user should place the curser on the Provider ID# in the LAR Provider field (bolded in the screen example above) and press F1. A screen such as the one shown below will be displayed. The provider information from the ID chosen on the screen will be at the top of the list shown. Pressing F2 will return the user to CA166.

```
TR: CA166 ACT: I       AHCCCS - INFORMATION REFERENCING          05/30/06
                            PROVIDER ID/NAME                      07:54:14
                                                                 AH05L012
S   SORTED BY PROVIDER ID
E
L PR ID  NPI        PROVIDER NAME              -----PROVIDER TYPE-------------

  _____  _____  _____
_ 355752            PLAZA HEALTHCARE            22 NURSING HOME
_ 355760            DUNKIN/MARTHA(BETH)         50 ADULT FOSTER CARE
_ 355778            JOHNSON/LEONILA(MILA)       50 ADULT FOSTER CARE
_ 355786            WHITE MNTN REG MED CENTER   22 NURSING HOME
_ 355794            LEAR/LISA A.                07 DENTIST
_ 355801            CARDOZA/MARTY               50 ADULT FOSTER CARE
_ 355819            THE WILLOWS                 50 ADULT FOSTER CARE


PF:      2=RTN                       7=UP  8=DWN      10=TOP 11=BOT
```

H. MEMBER INCOME (CA167)

Monthly income data for a member is displayed on this screen. Data is available by the Budget Months recorded in the AHCCCS Customer Eligibility (ACE) system, not necessarily for every calendar month. This data is made available to case managers for purposes of determining Room & Board charges if/when the member is admitted to an Assisted Living Facility.

Users may not designate or switch between members on the CA167 screen. Users can access CA167 from any of the other member data screens (CA160, CA161, CA165 or CA166) as long as the member's AHCCCS ID# has already been entered on that previous screen. For example, if the user is viewing John Smith's CA160/CES, s/he may type "CA167" in the NTR field and bring up CA167 for John Smith but could not travel to CA167 from John Smith's CA160 and plan to view Mary Jones' Income data. To switch between members for income data, the user may press F5 to return to CA166, enter another member's AHCCCS ID and then return to CA167 for that member's income data by either pressing F6 or by typing "CA167" in the NTR field.

Upon entering CA167 for a specific member, the current month will appear in the Budget Month field (e.g. March 2006 = Budget Month 200603) but the user must press the Enter key in order for any income data available for that month to be displayed. As eligibility does not record income data for every month, if the member's income has not changed since it was last recorded, income data may not appear for the current month. The F7 key will scroll the user backward, month by month, to view data for prior months. If there is no data recorded for a particular month, the message "NOT FOUND IN ACE" will appear at the top of the screen. Users may continue to scroll until income data is displayed or a specific Budget Month can be entered to bring the user directly to that month.

```
2519 NOT FOUND IN ACE
TR: CA167                    AHCCCS - LONG TERM CARE              04/12/06
NTR:      I                     MEMBER INCOME                     09:38:21
BUDGET MONTH: 200604                                              LT02L135

NAME: BUNNY            BUGS            ACN:          AHCCCS ID: A12345678

 TYPE OF INCOME          SOURCE OF INCOME           REPORTED AMOUNT




 1=HLP 2=CA000      5=CA166 6=CA225                        12=AH000
```

In the example below, the last Budget Month for which income was recorded in ACE is March 2006. All Earned and Unearned income for the member will be displayed, including the Type, Source and Amount. Up to 14 income types/sources may be displayed for a member as applicable.

```
 TR: CA167                    AHCCCS - LONG TERM CARE              03/09/06
 NTR:      I                     MEMBER INCOME                     08:41:32
 BUDGET MONTH: 200603                                              LT02L135

 NAME: BUNNY            BUGS            ACN:          AHCCCS ID: A12345678

  TYPE OF INCOME          SOURCE OF INCOME           REPORTED AMOUNT
  SOCIAL SECURITY         SOCIAL SECURITY ADMINISTR      227.00
  NO EARNED INCOME                                         0.00




  1=HLP 2=CA000      5=CA166 6=CA225                        12=AH000
```

I. CASE MANAGER REVIEWS TRACKING LIST (CA225)

```
TR: CA225                AHCCCS - LONG TERM CARE                10/01/03
 NTR: _____  I _____  CASE MANAGER REVIEWS TRACKING LIST   08:01:59
              FROM MONTH: ____1_____ THRU MONTH: ____2_____        LT02L170
 CASE MANAGER: ___3__   _____  WORKER ID: 605636
                                                          CURRENT
  DUE DATE               CLIENT NAME       AHCCCS ID PLC LOC   FACILITY
____A_____  _____B_____  _____  _____C__  D_ E  ___F__  _____
_____  _____  _____  _____  __ _  _____  _____
_____  _____  _____  _____  __ _  _____  _____
_____  _____  _____  _____  __ _  _____  _____
_____  _____  _____  _____  __ _  _____  _____
_____  _____  _____  _____  __ _  _____  _____
_____  _____  _____  _____  __ _  _____  _____
_____  _____  _____  _____  __ _  _____  _____
_____  _____  _____  _____  __ _  _____  _____
_____  _____  _____  _____  __ _  _____  _____


  ENT=PROCESS   1=HELP   2=CA000   6=CA165   9=SUP  10=SDN  11=CLEAR  12=CA000
```

This screen is designed to provide the user with a list of member service assessment/review due dates within a specified time period for a specific case manager. This information is obtained from the "CURR CSMGR" (current case manager) and "Next Review Date" fields on CA161. This screen is one of only 2 CATS screens that is not accessed with a member's AHCCCS ID# (CA105 is the other).

The **Numbered** fields shown on the screen above are for data entry. The **Lettered** fields above are information-only, the data cannot be changed in these fields.

Instructions for completion of the **Numbered** fields are as follows:

(1)   FROM MONTH - This field will contain the current month/year when the user enters this screen. If the user wants to view an earlier time period, that month/year should be entered (for example if, in April 2006, the user wants to see if there are any overdue cases back to January 2006, 01/2006 would be entered in this field). The format is MM/YYYY.

(2)   THRU MONTH - This field will contain the current month/year when the user enters this screen. If the user wants to view a later time period, that month/year should be entered. The format is MM/YYYY.

(3)   CASE MANAGER - Enter the 6-digit ID# of the case manager for whom case review information is sought. Only review information about enrolled members who are currently assigned to this case manager on CA161 will appear when this ID# is entered.

Below is an explanation of the **Lettered, information-only** fields:

(A) DUE DATE - The date from the "NEXT REVIEW DATE" field on CA161 will be displayed here. The system calculates the date the member's next on-site service review is due based on the "Last Review Date" entered on CA161 and the member's current placement. Members in "H" and "D" placement will be due in 90 days and members "Q" placement will be due in 180 days. Members still in "Z" placement when a "Last Review Date" is entered will show a Next Review Date in 30 days.

(B) CLIENT NAME - The member's name (last, first) will be displayed here.

(C) AHCCCS ID - The member's AHCCCS ID# will be displayed here.

(D) CURRENT PLC - The member's current placement code will be displayed here. This information is read from CA161.

(E) CURRENT LOC - The information in this field is inconsistent and should not be relied on. This field used to display the Level of Care from either the most recent PAS or as updated by the case manager on CA165.

(F) FACILITY - The provider ID# and name of the nursing facility the member resides in, if applicable, will be displayed here. This information is read from CA165/Service Plan. If there is no open service authorization for the facility on CA165, this field will be blank.

J. INQUIRE PART D DRUG PLAN (RP214)

```
 TR: RP214 ACT: I                AHCCCS - RECIPIENT   USER-ID: MA3   10/25/10
NTR: _____   INQUIRE PART D DRUG PLAN                16:35:40
  (A)          (B)                        (C)         (D)     (E)      RP01L014
A12345678  BEET VICTORY H               SEX F DOB 01/01/1900  DOD
    (F)
ALTERNATE DOB:
  (F)                                                (L)
  S  (G)   (H)         (I)             (J)     (K)    DATE          (M)
  T EN    DRUG                        BEGIN   END     REC     LAST MOD
  A TP    PLAN ID    PLAN NAME        DATE    DATE    ADDED   DATE   USER

  A EC   S5678001  HEALTH NE/HEALTH N 01/01/09        12/27/08 12/27/08 BAT
  A EC   S5884086  HUMANA IN/HUMANA S 01/01/07 12/31/08 11/27/07 12/27/08 BAT
  A AA   S5960028  UNICARE L/MEDICARE 01/01/06 12/31/06 03/24/06 09/25/08 CV*




 PF: 1=HLP 2=RTN 3=CLR 4=MSG           7=UP  8=DWN     10=TOP 11=BOT 12=ESC
```

The RP214/Inquire Part D Drug Plan screen may be used to determine which Medicare Part D drug plan the member is enrolled with and whether this was an enrollment choice or an auto-assignment by CMS. This information may be used by Contractors to determine if the member has Medicare Part D coverage so that this can be coordinated with the member's other AHCCCS benefits. AHCCCS does not cover prescriptions or the copayments when a member has Medicare Part D drug coverage.

Below is an explanation of the **Lettered** fields. This is an **information-only** screen for Contractors – no data can be added or changed on this screen by users.

(A)   This is the member's AHCCCS ID number. If you scroll to this screen on a case you are already looking at, the information displayed will be for the same member. If you want to look at a different case, enter the appropriate AHCCCS ID and press ENTER. This is the only field on this screen that allows entry.

(B)   This is the member's last name, first name and middle initial.

(C)   This is the member's gender.

(D)   This is the member's date of birth.

(E)   This is the member's date of death, as applicable.

(F)   This is the status of the line. This is almost always (A)ctive. It will only be (I)nactive if the enrollment segment was totally inactivated.

(G)   This is the enrollment type. "EC" is enrollment choice by the member. "AA" is auto-assignment to the plan by CMS (Centers for Medicare and Medicaid Services).

(H)   This is the drug plan ID# for the Medicare Part D plan the member is assigned to. RF568 provides a reference table of plan IDs. This reference table will show you the full name of the Part D plan and the effective dates of the plan availability.

(I)   This is the abbreviated name of the Medicare Part D drug plan.

(J)   This is the begin date of the member's coverage with the specific Medicare Part D drug plan. In the example on the screen, you can see the begin and end dates of three different Medicare Part D drug plans.

(K)   This is the end date of the member's coverage with the specific Medicare Part D drug plan.

(L)   This is the date the record was added to the system.

(M) This is the date the particular record was last modified and how it was modified. If there is a "*CV", this record is a result of conversion. If there is a "BAT", this is record is a result of the batch process.

K. INQUIRE FYI DATA (RP215)

```
 TR: RP215 ACT: I                AHCCCS - RECIPIENT    USER-ID: MA3    10/26/10
NTR: _____      INQUIRE FYI DATA                     16:52:29
(PRIMARY)                                                              RP02L015
  (A)        (B)                              (C)        (D)           (E)
A12345678 BALDMAN GERM                       SEX M DOB 06/01/1982 DOD

         CRS CLIENT ID:   (F)                     TSC CLIENT ID:  (G)
       AZEIP CLIENT ID:    (H)
    (I)      (J)         (K)      (L)  (M)              (N)              (O)
   TYPE                            CHG                              LAST MOD
    ID    BEGIN DATE  END DATE   STA RSN SITE CAT  DATE ADDED     DATE     USR

  H7352  03/01/2008              A                 06/09/2010  06/09/2010 BAT
  999222 01/01/2008              A                 01/04/2008  10/03/2010 BAT
  999222 07/01/1999 12/31/2007   A                 12/22/2004  12/03/2007 BAT
```

The RP215/Inquire FYI Data screen is used to show special enrollments. This information is used by Contractors to determine if the member is enrolled with a Medicare HMO, Children's Rehabilitative Services (CRS), AzEIP (Arizona Early Intervention Program) or TSC (Targeted Support Coordination).

Below is an explanation of the **Lettered** fields. This is an **information-only** screen for Contractors – no data can be added or changed on this screen by users.

(A) This is the member's AHCCCS ID number. If you scroll to this screen on a case you are already looking at, the information displayed will be for the same member. If you want to look at a different case, enter the appropriate AHCCCS ID and press ENTER. This is the only field on this screen that allows entry.

(B) This is the member's last name, first name and middle initial.

(C) This is the member's gender.

(D) This is the member's date of birth.

(E) This is the member's date of death, as applicable.

(F) This is the member's Children's Rehabilitative Services client ID number, if applicable.

(G)   This field was created to display the member's Targeted Support Coordination client ID number, as applicable.   Since the Department of Economic Security (DES) uses the member's AHCCCS ID number instead, this field will be blank.

(H)   This is the member's Arizona Early Intervention Program (AzEIP) client ID number, as applicable. Since the Department of Economic Security (DES) uses the member's AHCCCS ID number instead, this field will be blank.

(I)   The type ID will show the member's special enrollment as follows.

Medicare HMO enrollment shows a Type ID starting with an "H". The reference table to look up the Medicare HMO plan names is RF517.

010115 = CRS Fully Integrated

010145 = CRS Partially Integrate-Acute

999125 = CRS Partially Integrated-Behavioral Health

999135 = CRS Only

999555 = AzEIP

999222 = TSC

(J)   This is the begin date of the member's special enrollment.

(K)   This is the end date of the member's special enrollment. If there is no end date, the member's enrollment in that special category continues. Members can have more than one special enrollment active at one time. In the example on the screen, the member has a Medicare HMO enrollment and TSC enrollment active.

(L)   This is the status of the line. This is almost always (A)ctive. It will only be (I)nactive if the special enrollment segment was totally inactivated.

(M)   If there is a change to the Medicare HMO enrollment, there will be a change reason in this field. Refer to RF525 for a list of change reasons.

The "Site" and "CAT" fields on this screen are no longer used.

(N)   This is the date the record was added to the system.

(O)   This is the date the particular record was last modified and how it was modified. This information is updated by daily/monthly electronic matches between DES and PMMIS so this

field will usually show "BAT". This means that the record was updated in that the batch process.

L. INQUIRE ELIGIBILITY AND ENROLLMENT (RP285)

```
TR: RP285 ACT: I              AHCCCS - RECIPIENT  USER-ID: MA3 11/12/10
 NTR: _____   INQUIRE ELIGIBILITY AND ENROLLMENT    15:12:58
                                        RP02L085
 A12345678 JOHNS WILBUR              SEX M DOB 07/18/1929 DOD
        (A)
        ELG        COMB BEG      COMB END
        KEY         DATE          DATE
        140      02/01/2009
        587      07/01/2008    01/31/2009
        587      10/01/2005    08/31/2007




  (B) (C)                     (E)     (F)
  HEALTH PLAN/  ENROLLMENT   ENROLLMENT   RATE    ENRL
  CSA/CTRT TYP (D) BEGIN DATE   END DATE   CODE    TYP    STA
  110015 19 J   10/28/2010              2210    MA    A
  110306 13 J   07/01/2010  10/27/2010  2210    EC    A
  110088 13 J   03/16/2009  06/30/2010  2210    EC    A
  110088 13 M   03/01/2009  03/15/2009  221Z    RA    A
  010497 05 A   12/11/2008  02/28/2009  3618    RE    A
 PF: 1=HLP 2=RTN 3=CLR 4=MSG        7=UP  8=DWN     10=UP  11=DWN 12=ESC
```

The Inquire Eligibility and Enrollment (RP-285) screen is used to review the combined eligibility and enrollment history for a specific member. The top half of the screen contains eligibility data and the bottom half of the screen contains enrollment information. This screen is useful to quickly reference which AHCCCS Program a member is eligible for, the dates of that enrollment and their health plan.

The only entry field on this screen is the member's AHCCCS ID number. Enter the number for the member you wish to inquire about and press ENTER. The member's information will appear on the screen.

Below is an explanation of the **Lettered** fields. This is an **information-only** screen for Contractors – no data can be added or changed on this screen by users.

(A)   ELIGIBILITY KEY: Use RF534 to determine what each eligibility key code means. Enter the code you are looking for on RF534 and press ENTER. A full description of the code will be displayed.

(B)   HEALTH PLAN: See Section N for a list of current AHCCCS Contractors.

(C)   COUNTY: Use the following table for Arizona County codes:

CODE	COUNTY
01	APACHE
03	COCHISE
05	COCONINO
07	GILA
09	GRAHAM
11	GREENLEE
13	MARICOPA
15	MOHAVE
17	NAVAJO
19	PIMA
21	PINAL
23	SANTA CRUZ
25	YAVAPAI
27	YUMA
29	LA PAZ

(D)   Contract Type: RF410 displays a list of contract types. The most common contract types for Long Term Care are:

CODE	COUNTY
J	Long Term Care Capitated
L	Long Term Capitated Acute Care Only
P	Long Term Care Partially Capitated (for FFS members)
T	Long Term Care FFS Acute Care Only

(E)   Rate Code: RF401 displays a list of rate codes.

(F)   Enrollment Type: RF513 displays a list of enrollment types.

M. ALTCS CONTRACTOR CASE MANAGER AFFILIATION

PURPOSE: The purpose of the following information is to provide the procedures to follow regarding the affiliation of case managers with ALTCS Contractors. These procedures are necessary to assign case managers their 6-digit Case Manager ID#.

- **PROCEDURE ONE, NEW CASE MANAGER, NEVER AFFILIATED** includes the steps to follow to affiliate a case manager who has never before been affiliated with an ALTCS Contractor.

- **PROCEDURE TWO, TRANSFERRED CASE MANAGER, PRIOR AFFILIATION STILL ACTIVE** includes the steps to follow to affiliate a case manager who was affiliated previously with another ALTCS Contractor and that affiliation is still active. The prior affiliation must be terminated before a new one can be initiated.

- **PROCEDURE THREE, REINSTATED CASE MANAGER** includes the steps to follow to affiliate a case manager who was affiliated previously with an ALTCS Contractor and that affiliation has been terminated.

- **PROCEDURE FOUR, TERMINATING A CASE MANAGER** includes the steps to follow to terminate a case manager's affiliation when s/he no longer works for the ALTCS Contractor.

- **PROCEDURE FIVE, CHANGING A CASE MANAGER'S NAME** includes the steps to follow to change a case manager's name.

PROCEDURE ONE

```
7338 NO MATCH FOUND FOR SEARCH CRITERIA
 TR: PR800 ACT: A            AHCCCS - PROVIDER              05/17/11
NTR: _____  CASE MANAGER SEARCH          07:58:48
                                                            PR01L091

   CASE MANAGERS ARE HIGHLIGHTED WHEN THEIR SSNS MATCH NON-CASE MANAGER SSNS

CASE MANAGER NAME: _____     SSN: 234-23-2345
    PROVIDER TYPE:

SEL          NAME                        ID    STATUS    SSN      PR TYPE






 PF: 1=HLP 2=RTN 3=CLR 4=MSG      6=NXT  7=UP  8=DWN     10=TOP 11=BOT 12=ESC
```

NEW CASE MANAGER, NEVER AFFILIATED

1. Go to the PR800A AHCCCS - PROVIDER CASE MANAGER SEARCH screen.

```
7337 ENTER SEARCH CRITERIA - OR - PRESS PF6 TO ADD NEW CASE MANAGER
 TR: PR800 ACT: A            AHCCCS - PROVIDER              05/17/11
NTR: _____  CASE MANAGER SEARCH          07:54:18
                                                            PR01L091

   CASE MANAGERS ARE HIGHLIGHTED WHEN THEIR SSNS MATCH NON-CASE MANAGER SSNS

CASE MANAGER NAME: _____     SSN: _____
    PROVIDER TYPE:

SEL          NAME                        ID    STATUS    SSN      PR TYPE






 PF: 1=HLP 2=RTN 3=CLR 4=MSG      6=NXT  7=UP  8=DWN     10=TOP 11=BOT 12=ESC
```

2. Search for the case manager by last name.

```
7337 ENTER SEARCH CRITERIA - OR - PRESS PF6 TO ADD NEW CASE MANAGER
 TR: PR800 ACT: A            AHCCCS - PROVIDER                    05/17/11
NTR: _____ CASE MANAGER SEARCH                07:54:18
                                                                 PR01L091

   CASE MANAGERS ARE HIGHLIGHTED WHEN THEIR SSNS MATCH NON-CASE MANAGER SSNS

CASE MANAGER NAME: doe_____          SSN: _____
    PROVIDER TYPE:

SEL           NAME                     ID     STATUS     SSN       PR TYPE




 
 
PF: 1=HLP 2=RTN 3=CLR 4=MSG    6=NXT  7=UP  8=DWN    10=TOP 11=BOT 12=ESC
```

3. If the search by last name does not find a listing for the case manager, then search for the case manager by Social Security Number (SSN).

4. If the above name search does not result in a listing for the case manager and with the SSN number displayed, press the <F6> key to go to the PR800A AHCCCS – PROVIDER CASE MANAGER DEMOGRAPHICS SCREEN.

```
TR: PR800 ACT: A            AHCCCS - PROVIDER                    05/17/11
NTR: _____       CASE MANAGER DEMOGRAPHICS            08:00:10
                                                                  PR01L193
      CASE MANAGER  ID:      NAME: _____ SSN: 234-23-2345



 ENROLLMENT BEGIN DATE: _____


CORRESPONDENCE ADDRESS:
        STREET LINE 1: _____
        STREET LINE 2: _____
       CITY/STATE/ZIP: _____  __  _____
          COUNTY CODE: __                COUNTRY CODE: __
       BUSINESS PHONE:( ___ ) ___ - ____ EMERGENCY PHONE:( ___ ) ___ - ____
         ATTENTION TO: _____




 PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI                              12=ESC
```

5. The case manager's Social Security Number will be transferred from the previous screen. Complete the screen as follows. For "Name", enter the case manager's last name (comma) (space) case manager's first name. For Enrollment Begin Date, enter the employment begin date with the new ALTCS Contractor. For Street Line 1, enter the new ALTCS Contractor name. For Street Line 2, enter the ALTCS Contractor office address where the case manager is located. For City/State/Zip, enter the ALTCS Contractor office information. For County Code, enter the ALTCS Contractor office county location (must agree with zip code). For Country Code, enter "01". For Business Phone, enter the case manager's phone number. Optional entries can be entered for both "Emergency Phone" and "Attention To".

```
TR: PR800 ACT: A              AHCCCS - PROVIDER                 05/17/11
NTR: _____  CASE MANAGER DEMOGRAPHICS         14:37:44
                                                                PR01L193
     CASE MANAGER  ID:      NAME: doe, john_____ SSN: 234-23-2345


 ENROLLMENT BEGIN DATE: 03/01/2008


CORRESPONDENCE ADDRESS:
       STREET LINE 1: ANY ALTCS CONTRACTOR
       STREET LINE 2: 1111 w. elm st_____
       CITY/STATE/ZIP: phoenix_____       az  85034
         COUNTY CODE: 13              COUNTRY CODE: 01
       BUSINESS PHONE:( 602 ) 555 - 5555 EMERGENCY PHONE:( 602 ) 555 - 5556
         ATTENTION TO: _____




 PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI                              12=ESC
```

6. Press the <ENTER> key. In the upper left portion of the screen, the following message will be displayed: "RECORD(S) SUCCESSFULLY ADDED". The ID assigned to the case manager will be displayed on the screen.

```
9200 RECORD(S) SUCCESSFULLY ADDED
 TR: PR800 ACT: A              AHCCCS - PROVIDER                05/17/1
NTR: _____  CASE MANAGER DEMOGRAPHICS        14:41:0
                                                                PR01L19
      CASE MANAGER  ID: 606962 NAME: DOE, JOHN         SSN: 234-23-234
         PROVIDER TYPE: 98  CASE MANAGER
 CURRENT ENRLMT STATUS: 16  PENDING-AFFILIATION MISSING


 ENROLLMENT BEGIN DATE: 03/01/2008
   ENROLLMENT END DATE: 99/99/9999

CORRESPONDENCE ADDRESS:
        STREET LINE 1: ANY ALTCS CONTRACTOR
        STREET LINE 2: 1111 W. ELM ST
        CITY/STATE/ZIP: PHOENIX                    AZ  85034
          COUNTY CODE: 13 MARICOPA      COUNTRY CODE: 01 UNITED STATES OF
        BUSINESS PHONE:( 602 ) 555 - 5555 EMERGENCY PHONE:( 602 ) 555 - 5556
          ATTENTION TO:




 PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT                        12=ESC
```

7. Press the <F6> key to go to the PR800A AHCCCS - HEALTH PLAN CASE MANAGER AFFILIATIONS screen. For ALTCS Contractor, enter the ALTCS Contractor ID. For County, enter the appropriate county code. For Affiliation Start Date, enter the employment begin date.

```
TR: PR800 ACT: A              AHCCCS - HEALTH PLAN            05/17/11
NTR: _____    CASE MANAGER AFFILIATIONS       14:56:21
                                                              HP07L690

   ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
     CASE MANAGER'S NAME: DOE, JOHN
   CURRENT ENRLMT STATUS: 16 PENDING-AFFILIATION MISSING

ALTCS
AFFILIATION
CONTRACTOR                    COUNTY            START DATE   END DATE

110007                       13                03 01 08     __ __ __
_____                       __                __ __ __     __ __ __
_____                       __                __ __ __     __ __ __
_____                       __                __ __ __     __ __ __
_____                       __                __ __ __     __ __ __
_____                       __                __ __ __     __ __ __
_____                       __                __ __ __     __ __ __
_____                       __                __ __ __     __ __ __

PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT      8=DWN            12=ESC
```

8. Press the <ENTER> key. In the upper left portion of the screen, the following message will be displayed: "RECORD(S) SUCCESSFULLY ADDED".

```
9200 RECORD(S) SUCCESSFULLY ADDED
 TR: PR800 ACT: A              AHCCCS - HEALTH PLAN            05/17/11
NTR: _____     CASE MANAGER AFFILIATIONS       14:57:47
                                                               HP07L690

   ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
     CASE MANAGER'S NAME: DOE, JOHN
   CURRENT ENRLMT STATUS: 01 ACTIVE

 ALTCS
 AFFILIATION
 CONTRACTOR                    COUNTY            START DATE   END DATE

 110007 LTC DD DES            13 MARICOPA       03 01 08
 _____                       __                __ __ __     __ __ __
 _____                       __                __ __ __     __ __ __
 _____                       __                __ __ __     __ __ __
 _____                       __                __ __ __     __ __ __
 _____                       __                __ __ __     __ __ __
 _____                       __                __ __ __     __ __ __
 _____                       __                __ __ __     __ __ __

 PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT      8=DWN            12=ESC
```

9. Press the <F6> key to go to the PR800A AHCCCS – PROVIDER CASE MANAGER ENROLLMENT STATUS screen.

```
TR: PR800 ACT: A                 AHCCCS - PROVIDER                  05/17/11
NTR: _____  CASE MANAGER ENROLLMENT STATUS       14:59:38
                                                                   PR01L295
        CASE MANAGER ID: 606962  DOE, JOHN            SSN: 234-23-2345
          PROVIDER TYPE: 98      CASE MANAGER
CURRENT ENRLMT STATUS: 01        ACTIVE

 CHANGE ENROLLMENT STATUS:  __  BEGIN DATE: _____  END DATE: _____

ENR ENR                   REPLACEMENT
STA STA                   PROVIDER REC  BEGIN       END        SYSTEM     SYSTEM
TYP COD DESCRIPTION       NUMBER  STA   DATE        DATE       BEG DATE   END DATE

 P  16 PENDING-AFFILIATIO         A 03/01/2008 05/16/2011 05/17/2011
 A  01 ACTIVE                     A 05/17/2011            05/17/2011







 PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 7=UP 8=DWN     10=TOP 11=BOT 12=ESC
```

10. For "Change Enrollment Status", enter "01". For "Begin Date", enter employment begin date. For "End Date", enter 99/99/9999.

```
 TR: PR800 ACT: A                 AHCCCS - PROVIDER                  05/17/11
 NTR: _____  CASE MANAGER ENROLLMENT STATUS       14:59:38
                                                                    PR01L295
         CASE MANAGER ID: 606962  DOE, JOHN            SSN: 234-23-2345
           PROVIDER TYPE: 98      CASE MANAGER
 CURRENT ENRLMT STATUS: 01        ACTIVE

  CHANGE ENROLLMENT STATUS:  01  BEGIN DATE: 03/01/2008  END DATE: 99/99/9999

 ENR ENR                   REPLACEMENT
 STA STA                   PROVIDER REC  BEGIN       END        SYSTEM     SYSTEM
 TYP COD DESCRIPTION       NUMBER  STA   DATE        DATE       BEG DATE   END DATE

  P  16 PENDING-AFFILIATIO         A 03/01/2008 05/16/2011 05/17/2011
  A  01 ACTIVE                     A 05/17/2011            05/17/2011







  PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 7=UP 8=DWN     10=TOP 11=BOT 12=ESC
```

11. Press the <ENTER> key. In the upper left portion of the screen, the following message will be displayed: "RECORD(S) SUCCESSFULLY CHANGED". The screen will display "Enr Sta Type/Enr Sta Cod/Description" of "A 01 ACTIVE" and for "Begin Date" the employment begin date.

12. To confirm case manager affiliation with the new ALTCS Contractor, go to the HP014I

```
TR: HP014 ACT: I              AHCCCS - HEALTH PLAN              05/17/11
NTR: _____  INQUIRE   CASE   MANAGER   AFFILIATIONS
15:08:33

HP07L190

   ENTER CASE MANAGER ID: 606962 OR SSN: ___ __ ____
     CASE MANAGER'S NAME:
   CURRENT ENRLMT STATUS:

DISPLAY:  S CURRENT AFFILIATIONS    _ OLD AFFILIATIONS    _ ALL AFFILIATIONS

ALTCS                                              AFFILIATION
CONTRACTOR                        COUNTY           START DATE   END DATE




PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP  8=DWN     10=TOP 11=BOT 12=ESC


 PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 7=UP 8=DWN    10=TOP 11=BOT 12=ESC
```

AHCCCS - HEALTH PLAN INQUIRE CASE MANAGER AFFILIATIONS screen.

13. Enter the case manager ID and press the <ENTER> key. The screen will display the "ALTCS Contractor", "County" and "Affiliation Start Date".

```
TR: HP014 ACT: I              AHCCCS - HEALTH PLAN              05/17/11
NTR: _____ INQUIRE CASE MANAGER AFFILIATIONS   15:12:16
                                                                HP07L190

   ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
     CASE MANAGER'S NAME: DOE, JOHN
   CURRENT ENRLMT STATUS: 01 ACTIVE

DISPLAY:  S CURRENT AFFILIATIONS   _ OLD AFFILIATIONS   _ ALL AFFILIATIONS

ALTCS                                             AFFILIATION
CONTRACTOR                       COUNTY        START DATE   END DATE

110007 LTC DD DES                13 MARICOPA   03/01/2008




PF: 1=HLP 2=RTN 3=CLR 4=MSG        7=UP  8=DWN     10=TOP 11=BOT 12=ESC


```

PROCEDURE TWO

TRANSFERRED CASE MANAGER, PRIOR AFFILIATION STILL ACTIVE

1. Go to the PR800A AHCCCS – PROVIDER CASE MANAGER SEARCH screen. Search for the case manager first by last name. If the search by last name does not find a listing for the case manager, then search for the case manager by Social Security Number (SSN).

2. If the name search provides a listing for the case manager, place an "S" in the "SEL" field at the beginning of this line.

```
7342 PLACE 'S' BESIDE DESIRED NAME AND PRESS ENTER
 TR: PR800 ACT: A            AHCCCS - PROVIDER                    05/23/11
NTR: _____ CASE MANAGER SEARCH                15:29:15
                                                                 PR01L091


   CASE MANAGERS ARE HIGHLIGHTED WHEN THEIR SSNS MATCH NON-CASE MANAGER SSNS

CASE MANAGER NAME: DOE                              SSN: _____
    PROVIDER TYPE:

SEL          NAME                      ID     STATUS     SSN        PR TYPE

 S    DOE, JOHN                      606962   A 01   234-23-2345      98
 _    DOHANYOS, MEREDITH             123456   A 01   000-00-0000      98
 _    DOHERTY TOM                    456789   T 30   111-22-3333      98
 _    DOLLEY, SYLVIE                 987654   T 30   222-33-4444      98
 _    DOLORES JOSSE                  654321   T 30   333-44-5555      98

PF: 1=HLP 2=RTN 3=CLR 4=MSG      6=NXT  7=UP  8=DWN    10=TOP 11=BOT 12=ESC
```

3. Press the <ENTER> key. This action will bring up the PR810C AHCCCS – PROVIDER CASE MANAGER DEMOGRAPHICS screen.

```
 TR: PR810 ACT: C               AHCCCS - PROVIDER                05/17/11
NTR: _____   CASE MANAGER DEMOGRAPHICS         15:29:06
                                                                  PR01L293
       CASE MANAGER  ID: 606962 NAME: DOE, JOHN          SSN: 234-23-2345
          PROVIDER TYPE: 98  CASE MANAGER
 CURRENT ENRLMT STATUS: 01  ACTIVE
    STATUS BEGIN DATE: 03/01/2008  STATUS END DATE: 99/99/9999

 ENROLLMENT BEGIN DATE: 03/01/2008
   ENROLLMENT END DATE: 99/99/9999

CORRESPONDENCE ADDRESS:
        STREET LINE 1: ANY ALTCS CONTRACTOR
        STREET LINE 2: 1111 W. ELM ST
        CITY/STATE/ZIP: PHOENIX                    AZ  85034
          COUNTY CODE: 13 MARICOPA      COUNTRY CODE: 01 UNITED STATES OF
        BUSINESS PHONE:( 602 ) 555 - 5555 EMERGENCY PHONE:( 602 ) 555 - 5556
          ATTENTION TO: _____



PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT                        12=ESC
```

4. If the PR810C screen displays a former ALTCS Contractor with a current enrollment status of **_01 Active_**, go to the HP014C AHCCCS – HEALTH PLAN CHANGE CASE MANAGER AFFILIATIONS screen.

```
TR: HP014 ACT: C               AHCCCS - HEALTH PLAN            05/17/11
NTR: _____ CHANGE CASE MANAGER AFFILIATIONS   15:31:36
                                                                 HP07L490

   ENTER CASE MANAGER ID: 606962 OR SSN: ___ __ ____
     CASE MANAGER'S NAME:
   CURRENT ENRLMT STATUS:

DISPLAY:  S CURRENT AFFILIATIONS    _ OLD AFFILIATIONS    _ ALL AFFILIATIONS

ALTCS
AFFILIATION
CONTRACTOR                        COUNTY            START DATE   END DATE




PF: 1=HLP 2=RTN 3=CLR 4=MSG           7=UP  8=DWN     10=TOP 11=BOT 12=ESC
```

5. Enter the case manager ID and press the <ENTER> key.

```
TR: HP014 ACT: C                    AHCCCS - HEALTH PLAN                    05/17/1
NTR: _____  CHANGE CASE MANAGER AFFILIATIONS            15:32:4
                                                                          HP07L49

    ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
      CASE MANAGER'S NAME: DOE, JOHN
    CURRENT ENRLMT STATUS: 01 ACTIVE

DISPLAY:  S CURRENT AFFILIATIONS    _ OLD AFFILIATIONS   _ ALL AFFILIATIONS

ALTCS                                                    AFFILIATION
CONTRACTOR                          COUNTY          START DATE   END DATE

110007 LTC DD DES                   13 MARICOPA       03 01 08     __ __ __




PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP  8=DWN       10=TOP 11=BOT 12=ESC
```

6. Enter the Affiliation End Date one day prior to the employment begin date with the new ALTCS Contractor.

```
 TR: HP014 ACT: C                    AHCCCS - HEALTH PLAN                   05/23/11
 NTR: _____  CHANGE CASE MANAGER AFFILIATIONS           14:37:40
                                                                          HP07L490

    ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
      CASE MANAGER'S NAME: DOE, JOHN
    CURRENT ENRLMT STATUS: 01 ACTIVE

DISPLAY:  S CURRENT AFFILIATIONS    _ OLD AFFILIATIONS   _ ALL AFFILIATIONS

ALTCS
AFFILIATION
CONTRACTOR                          COUNTY          START DATE   END DATE

110007 LTC DD DES                   13 MARICOPA       03 01 08    04 30 11




 PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP  8=DWN       10=TOP 11=BOT 12=ESC
```

7. Press the <ENTER> key. In the upper left of the screen the following message will be displayed: "RECORD(S) SUCCESSFULLY CHANGED".

```
9202 RECORD(S) SUCCESSFULLY CHANGED
 TR: HP014 ACT: C                    AHCCCS - HEALTH PLAN               05/23/11
NTR: _____ CHANGE CASE MANAGER AFFILIATIONS         14:39:31
                                                                       HP07L490

   ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
     CASE MANAGER'S NAME: DOE, JOHN
   CURRENT ENRLMT STATUS: 16 PENDING-AFFILIATION MISSING

DISPLAY:  S CURRENT AFFILIATIONS    _ OLD AFFILIATIONS   _ ALL AFFILIATIONS

ALTCS
AFFILIATION
CONTRACTOR                          COUNTY              START DATE   END DATE

110007 LTC DD DES                   13 MARICOPA         03 01 08    04 30 11




PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP  8=DWN     10=TOP 11=BOT 12=ESC
```

8. Go to the PR815C AHCCCS – PROVIDER CASE MANAGER ENROLLMENT STATUS screen. Enter the case manager ID and press the <ENTER> key.

```
 TR: PR815 ACT: C                    AHCCCS - PROVIDER                  05/23/11
NTR: _____  CASE MANAGER ENROLLMENT STATUS          14:40:44
                                                                       PR01L295
       CASE MANAGER ID: 606962                        SSN:
        PROVIDER TYPE:
CURRENT ENRLMT STATUS:

 CHANGE ENROLLMENT STATUS:        BEGIN DATE:          END DATE:

 ENR ENR                  REPLACEMENT
 STA STA                  PROVIDER REC  BEGIN      END      SYSTEM     SYSTEM
 TYP COD DESCRIPTION      NUMBER STA  DATE       DATE     BEG DATE   END DATE




 PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP 8=DWN     10=TOP 11=BOT 12=ESC
```

9. For Current Enrollment Status, enter "30". For Begin Date, enter the date following the enrollment end date indicated on the HP014C screen. For End Date, enter 99/99/9999.

```
TR: PR815 ACT: C                 AHCCCS - PROVIDER                    05/23/11
NTR: _____  CASE MANAGER ENROLLMENT STATUS         14:42:02
                                                                     PR01L295
        CASE MANAGER ID: 606962  DOE, JOHN               SSN: 234-23-2345
          PROVIDER TYPE: 98      CASE MANAGER
CURRENT ENRLMT STATUS: 16        PENDING-AFFILIATION MISSING

 CHANGE ENROLLMENT STATUS:    30  BEGIN DATE: 05/01/2011  END DATE: 99/99/9999

ENR ENR                    REPLACEMENT
STA STA                    PROVIDER REC  BEGIN       END        SYSTEM      SYSTEM
TYP COD DESCRIPTION         NUMBER  STA  DATE        DATE       BEG DATE    END DATE

 A  01 ACTIVE                       A 03/01/2008 05/22/2011 05/17/2011
 P  16 PENDING-AFFILIATIO           A 05/23/2011            05/23/2011




PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP  8=DWN        10=TOP 11=BOT 12=ESC
```

10. Press the <ENTER> key. In the upper left of the screen the following message will be displayed: "RECORD(S) SUCCESSFULLY CHANGED". The screen will display "Enr Sta Type/Enr Sta Cod/Description" of "T 30 TERMINATION-OTHER" and for "BEGIN DATE" the date previously entered.

```
9202 RECORD(S) SUCCESSFULLY CHANGED
 TR: PR815 ACT: C                 AHCCCS - PROVIDER                    05/23/11
 NTR: _____  CASE MANAGER ENROLLMENT STATUS        14:44:00
                                                                     PR01L295
        CASE MANAGER ID: 606962  DOE, JOHN               SSN: 234-23-2345
          PROVIDER TYPE: 98      CASE MANAGER
CURRENT ENRLMT STATUS: 30        TERMINATION-OTHER

 CHANGE ENROLLMENT STATUS:  __  BEGIN DATE: _____  END DATE: _____

ENR ENR                    REPLACEMENT
STA STA                    PROVIDER REC  BEGIN       END        SYSTEM      SYSTEM
TYP COD DESCRIPTION         NUMBER  STA  DATE        DATE       BEG DATE    END DATE

 A  01 ACTIVE                       A 03/01/2008 04/30/2011 05/17/2011
 T  30 TERMINATION-OTHER            A 05/01/2011            05/23/2011




PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP  8=DWN        10=TOP 11=BOT 12=ESC
```

11. Go to the PR810C AHCCCS – PROVIDER CASE MANAGER DEMOGRAPHICS screen.

```
  TR: PR810 ACT: C                 AHCCCS – PROVIDER                05/23/11
 NTR: _____  CASE MANAGER DEMOGRAPHICS            15:10:50
                                                                     PR01L293
       CASE MANAGER  ID: 606962 NAME: DOE, JOHN            SSN: 234-23-2345
          PROVIDER TYPE: 98  CASE MANAGER
 CURRENT ENRLMT STATUS: 30  TERMINATION-OTHER
     STATUS BEGIN DATE: 05/01/2011  STATUS END DATE: 99/99/9999


 ENROLLMENT BEGIN DATE: 03/01/2008
   ENROLLMENT END DATE: 99/99/9999


 CORRESPONDENCE ADDRESS:
         STREET LINE 1: ANY ALTCS CONTRACTOR
         STREET LINE 2: 1111 W. ELM ST
        CITY/STATE/ZIP: PHOENIX                    AZ   85034
           COUNTY CODE: 13 MARICOPA        COUNTRY CODE: 01 UNITED STATES OF
         BUSINESS PHONE:( 602 ) 555 - 5555 EMERGENCY PHONE:( 602 ) 555 - 5556
           ATTENTION TO: _____




 PF: 1=HLP 2=RTN 3=CLR 4=MSG                                        12=ESC
```

12. For Enrollment Begin Date, enter the employment begin date with the new ALTCS Contractor. For Street Line 1, enter the new ALTCS Contractor name. For Street Line 2, enter the ALTCS Contractor office address where the case manager is located. For City/State/Zip, enter the ALTCS Contractor office information. For County Code, enter the ALTCS Contractor office county location (must agree with zip code). For Country Code, enter "01". For Business Phone, enter the case manager's phone number. Optional entries can be entered for both "Emergency Phone" and "Attention To".

```
 TR: PR810 ACT: C                 AHCCCS – PROVIDER                05/23/1
 NTR: _____  CASE MANAGER DEMOGRAPHICS            15:10:5
                                                                     PR01L29
       CASE MANAGER  ID: 606962 NAME: DOE, JOHN            SSN: 234-23-234
          PROVIDER TYPE: 98  CASE MANAGER
 CURRENT ENRLMT STATUS: 30  TERMINATION-OTHER
     STATUS BEGIN DATE: 05/01/2011  STATUS END DATE: 99/99/9999

 ENROLLMENT BEGIN DATE: 03/01/2008
   ENROLLMENT END DATE: 99/99/9999

 CORRESPONDENCE ADDRESS:
         STREET LINE 1: NEW ALTCS CONTRACTOR
         STREET LINE 2: 5555 E. oak ST
        CITY/STATE/ZIP: PHOENIX                    AZ   85034
           COUNTY CODE: 13 MARICOPA        COUNTRY CODE: 01 UNITED STATES OF
         BUSINESS PHONE:( 602 ) 555 - 1111 EMERGENCY PHONE:( 602 ) 555 - 1112
           ATTENTION TO: _____




 PF: 1=HLP 2=RTN 3=CLR 4=MSG                                        12=ESC
```

13. Press the <ENTER> key. In the upper left of the screen the following message will be displayed:
"RECORD(S) SUCCESSFULLY CHANGED".

```
9202 RECORD(S) SUCCESSFULLY CHANGED
 TR: PR810 ACT: C              AHCCCS - PROVIDER                05/23/11
NTR: _____  CASE MANAGER DEMOGRAPHICS        15:14:29
                                                                PR01L293
       CASE MANAGER  ID: 606962 NAME: DOE, JOHN         SSN: 234-23-2345
          PROVIDER TYPE: 98  CASE MANAGER
 CURRENT ENRLMT STATUS: 30  TERMINATION-OTHER
     STATUS BEGIN DATE: 05/01/2011  STATUS END DATE: 99/99/9999

 ENROLLMENT BEGIN DATE: 03/01/2008
   ENROLLMENT END DATE: 99/99/9999

CORRESPONDENCE ADDRESS:
        STREET LINE 1: NEW ALTCS CONTRACTOR
        STREET LINE 2: 5555 E. OAK ST
        CITY/STATE/ZIP: PHOENIX                     AZ  85034
          COUNTY CODE: 13 MARICOPA      COUNTRY CODE: 01 UNITED STATES OF
        BUSINESS PHONE:( 602 ) 555 - 1111 EMERGENCY PHONE:( 602 ) 555 - 1112
          ATTENTION TO: _____




 PF: 1=HLP 2=RTN 3=CLR 4=MSG                                    12=ESC
```

14. Go to the HP014A AHCCCS – HEALTH PLAN ADD CASE MANAGER AFFILIATIONS screen. Enter
the case manager ID and press the <ENTER> key.

```
 TR: HP014 ACT: A              AHCCCS - HEALTH PLAN             05/23/11
NTR: _____  ADD CASE MANAGER AFFILIATIONS    15:16:20
                                                                HP07L690

  ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
    CASE MANAGER'S NAME: DOE, JOHN
  CURRENT ENRLMT STATUS: 30 TERMINATION-OTHER

ALTCS
AFFILIATION
CONTRACTOR                       COUNTY          START DATE   END DATE

_____                          __              __ __ __     __ __ __
_____                          __              __ __ __     __ __ __
_____                          __              __ __ __     __ __ __
_____                          __              __ __ __     __ __ __
_____                          __              __ __ __     __ __ __
_____                          __              __ __ __     __ __ __
_____                          __              __ __ __     __ __ __

 PF: 1=HLP 2=RTN 3=CLR 4=MSG                8=DWN               12=ESC
```

15. For ALTCS Contractors, enter the new ALTCS Contractor ID. For County, enter the appropriate county code. For Affiliation Start Date, enter the employment begin date.

```
 TR: HP014 ACT: A              AHCCCS - HEALTH PLAN            05/23/11
NTR: _____  ADD CASE MANAGER AFFILIATIONS   15:17:28
                                                               HP07L690


   ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
     CASE MANAGER'S NAME: DOE, JOHN
   CURRENT ENRLMT STATUS: 30 TERMINATION-OTHER

ALTCS
AFFILIATION
CONTRACTOR                       COUNTY             START DATE   END DATE

110065 PINAL/GILA LTC            21                 05 01 11      __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __


 PF: 1=HLP 2=RTN 3=CLR 4=MSG           8=DWN                    12=ESC
```

16. Press the <ENTER> key. In the upper left portion of the screen, the following message will be displayed: "RECORD(S) SUCCESSFULLY ADDED".

```
9200 RECORD(S) SUCCESSFULLY ADDED
 TR: HP014 ACT: A              AHCCCS - HEALTH PLAN            05/23/11
NTR: _____  ADD CASE MANAGER AFFILIATIONS   15:20:11
                                                               HP07L690


   ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
     CASE MANAGER'S NAME: DOE, JOHN
   CURRENT ENRLMT STATUS: 30 TERMINATION-OTHER

ALTCS
AFFILIATION
CONTRACTOR                       COUNTY             START DATE   END DATE

110065 PINAL/GILA LTC            21 PINAL           05 01 11
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __
_____                           __                 __ __ __     __ __ __


 PF: 1=HLP 2=RTN 3=CLR 4=MSG           8=DWN                    12=ESC
```

17. Go to the PR815C AHCCCS – PROVIDER CASE MANAGER ENROLLMENT STATUS screen. Enter the case manager ID and press the <ENTER> key.

```
TR: PR815 ACT: C              AHCCCS - PROVIDER               05/23/1
NTR: _____ CASE MANAGER ENROLLMENT STATUS   15:21:2
                                                              PR01L29
        CASE MANAGER ID: 606962  DOE, JOHN            SSN: 234-23-2345
           PROVIDER TYPE: 98    CASE MANAGER
CURRENT ENRLMT STATUS: 30      TERMINATION-OTHER

 CHANGE ENROLLMENT STATUS:  ___  BEGIN DATE: _____  END DATE: _____

ENR ENR                  REPLACEMENT
STA STA                  PROVIDER REC  BEGIN      END        SYSTEM     SYSTEM
TYP COD DESCRIPTION      NUMBER STA  DATE        DATE        BEG DATE   END DATE

 A  01 ACTIVE                    A 03/01/2008 04/30/2011 05/17/2011
 T  30 TERMINATION-OTHER         A 05/01/2011            05/23/2011




PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP 8=DWN      10=TOP 11=BOT 12=ESC
```

18. For "CHANGE ENROLLMENT STATUS", enter "01". For "BEGIN DATE", enter employment begin date. For "END DATE", enter 99/99/9999.

```
 TR: PR815 ACT: C              AHCCCS - PROVIDER               05/23/11
NTR: _____ CASE MANAGER ENROLLMENT STATUS   15:21:21
                                                              PR01L295
         CASE MANAGER ID: 606962  DOE, JOHN           SSN: 234-23-2345
            PROVIDER TYPE: 98    CASE MANAGER
CURRENT ENRLMT STATUS: 30      TERMINATION-OTHER

 CHANGE ENROLLMENT STATUS:  01  BEGIN DATE: 05/01/2011  END DATE: 99/99/9999

ENR ENR                  REPLACEMENT
STA STA                  PROVIDER REC  BEGIN      END        SYSTEM     SYSTEM
TYP COD DESCRIPTION      NUMBER STA  DATE        DATE        BEG DATE   END DATE

 A  01 ACTIVE                    A 03/01/2008 04/30/2011 05/17/2011
 T  30 TERMINATION-OTHER         A 05/01/2011            05/23/2011




 PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP 8=DWN      10=TOP 11=BOT 12=ESC
```

19. Press the <ENTER> key. In the upper left portion of the screen, the following message will be displayed: "RECORD(S) SUCCESSFULLY CHANGED". The screen will display "Enr Sta Type/Enr Sta Cod/Description" of "A 01 ACTIVE" and for "BEGIN DATE" the employment begin date.

```
9202 RECORD(S) SUCCESSFULLY CHANGED
 TR: PR815 ACT: C              AHCCCS - PROVIDER              05/23/11
NTR: _____  CASE MANAGER ENROLLMENT STATUS  15:24:18
                                                              PR01L295
        CASE MANAGER ID: 606962  DOE, JOHN            SSN: 234-23-2345
          PROVIDER TYPE: 98    CASE MANAGER
 CURRENT ENRLMT STATUS: 01     ACTIVE

 CHANGE ENROLLMENT STATUS:  __   BEGIN DATE: _____  END DATE: _____

ENR ENR                REPLACEMENT
STA STA                PROVIDER REC  BEGIN     END       SYSTEM     SYSTEM
TYP COD DESCRIPTION     NUMBER  STA  DATE      DATE      BEG DATE   END DATE

 A  01 ACTIVE                     A 03/01/2008 04/30/2011 05/17/2011
 A  01 ACTIVE                     A 05/01/2011            05/23/2011




 PF: 1=HLP 2=RTN 3=CLR 4=MSG        7=UP 8=DWN     10=TOP 11=BOT 12=ESC
```

20. To confirm case manager affiliation with the new ALTCS Contractor, go to the HP014I AHCCCS – HEALTH PLAN INQUIRE CASE MANAGER AFFILIATIONS screen. Enter the case manager ID and press the <ENTER> key. The screen will display the "ALTCS CONTRACTOR", "COUNTY" and "AFFILIATION START DATE".

```
 TR: HP014 ACT: I              AHCCCS - HEALTH PLAN          05/23/1
NTR: _____  INQUIRE CASE MANAGER AFFILIATIONS  15:25:3
                                                              HP07L19

   ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
     CASE MANAGER'S NAME: DOE, JOHN
   CURRENT ENRLMT STATUS: 01 ACTIVE

DISPLAY:  S CURRENT AFFILIATIONS   _ OLD AFFILIATIONS   _ ALL AFFILIATIONS

ALTCS                                          AFFILIATION
CONTRACTOR                     COUNTY          START DATE   END DATE

110065 PINAL/GILA LTC          21 PINAL        05/01/2011




 PF: 1=HLP 2=RTN 3=CLR 4=MSG        7=UP  8=DWN     10=TOP 11=BOT 12=ESC
```

PROCEDURE THREE

REINSTATED CASE MANAGER

1. Go to the PR800A AHCCCS – PROVIDER CASE MANAGER SEARCH screen. Search for the case manager first by last name. If the search by last name does not find a listing for the case manager, then search for the case manager by Social Security Number (SSN).

2. If the name search provides a listing for the case manager, place an "S" in the "SEL" field at the beginning of this line.

```
7342 PLACE 'S' BESIDE DESIRED NAME AND PRESS ENTER
 TR: PR800 ACT: A            AHCCCS - PROVIDER                08/22/11
NTR: _____  CASE MANAGER SEARCH             14:44:35
                                                              PR01L091


   CASE MANAGERS ARE HIGHLIGHTED WHEN THEIR SSNS MATCH NON-CASE MANAGER SSNS

CASE MANAGER NAME: DOE                          SSN: _____
    PROVIDER TYPE:

SEL           NAME                    ID     STATUS    SSN         PR TYPE

S   DOE, JOHN                       606962   A 01   234-23-2345     98
_   DOHANYOS, MEREDITH              123456   A 01   000-00-0000     98
_   DOHERTY TOM                     456789   T 30   111-22-3333     98
_   DOLLEY, SYLVIE                  987654   T 30   222-33-4444     98
_   DOLORES JOSSE                   654321   T 30   333-44-5555     98


 PF: 1=HLP 2=RTN 3=CLR 4=MSG      6=NXT  7=UP  8=DWN    10=TOP 11=BOT 12=ESC
```

3. Press the <ENTER> key. This action will bring up the PR810C AHCCCS – PROVIDER CASE MANAGER DEMOGRAPHICS screen.

```
 TR: PR810 ACT: C              AHCCCS - PROVIDER                 08/22/11
NTR: _____  CASE MANAGER DEMOGRAPHICS         14:43:12
                                                                PR01L093
      CASE MANAGER  ID: 606962 NAME: DOE, JOHN         SSN: 234-23-2345
         PROVIDER TYPE: 98  CASE MANAGER
 CURRENT ENRLMT STATUS: 30  TERMINATION-OTHER
     STATUS BEGIN DATE: 10/26/2007  STATUS END DATE: 99/99/9999

 ENROLLMENT BEGIN DATE: 10/25/2006
   ENROLLMENT END DATE: 99/99/9999

CORRESPONDENCE ADDRESS:
        STREET LINE 1: EVERCARE SELECT
        STREET LINE 2: 3141 N. 3RD AVE STE100
        CITY/STATE/ZIP: PHOENIX                    AZ   85013
          COUNTY CODE: 13 MARICOPA      COUNTRY CODE: 01 UNITED STATES OF
        BUSINESS PHONE:( 602 ) 331 - 5100 EMERGENCY PHONE:( 602 ) 745 - 7992
         ATTENTION TO:


PF: 1=HLP 2=RTN 3=CLR 4=MSG                                     12=ESC
```

4. If the PR810C screen displays a former ALTCS Contractor with a current enrollment status of *__30 TERMINATION-OTHER__*, do the following. For Enrollment Begin Date, enter the employment begin date with the new ALTCS Contractor. For Street Line 1, enter the new ALTCS Contractor name. For Street Line 2, enter the ALTCS Contractor office address where the case manager is now located. For City/State/Zip, enter the ALTCS Contractor office information. For County Code, enter the ALTCS Contractor office county location (must agree with zip code). For Country Code, enter "01". For Business Phone, enter the case manager's phone number. Optional entries can be entered for both "Emergency Phone" and "Attention To".

5. Press the < ENTER > key. In the upper left portion of the screen, the following message will be displayed: "RECORD(S) SUCCESSFULLY CHANGED".

```
9202 RECORD(S) SUCCESSFULLY CHANGED
 TR: PR810 ACT: C              AHCCCS - PROVIDER                08/22/11
 NTR: _____  CASE MANAGER DEMOGRAPHICS       15:01:29
                                                                PR01L293
        CASE MANAGER  ID: 606962 NAME: DOE, JOHN         SSN: 234-23-2345
          PROVIDER TYPE: 98  CASE MANAGER
 CURRENT ENRLMT STATUS: 30  TERMINATION-OTHER
     STATUS BEGIN DATE: 10/26/2007  STATUS END DATE: 99/99/9999

  ENROLLMENT BEGIN DATE: 10/01/2011
    ENROLLMENT END DATE: 99/99/9999

 CORRESPONDENCE ADDRESS:
         STREET LINE 1: NEW ALTCS CONTRACTOR
         STREET LINE 2: 5555 E. OAK ST.
        CITY/STATE/ZIP: PHOENIX                    AZ  85034
          COUNTY CODE: 13 MARICOPA       COUNTRY CODE: 01 UNITED STATES OF
        BUSINESS PHONE:( 602 ) 555 - 1111 EMERGENCY PHONE:( 602 ) 555 - 1112
          ATTENTION TO: _____



 PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT                        12=ESC
```

6. Press the <F6> key to go to the HP014A AHCCCS – HEALTH PLAN CASE MANAGER AFFILIATIONS screen.

```
  TR: HP014 ACT: A              AHCCCS - HEALTH PLAN            08/22/1
 NTR: _____  ADD CASE MANAGER AFFILIATIONS   15:05:5
                                                                HP07L69

    ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
      CASE MANAGER'S NAME: DOE, JOHN
    CURRENT ENRLMT STATUS: 30 TERMINATION-OTHER

 ALTCS                                            AFFILIATION
 CONTRACTOR                       COUNTY        START DATE   END DATE

 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __

 PF: 1=HLP 2=RTN 3=CLR 4=MSG              8=DWN               12=ESC
```

7. For ALTCS Contractor, enter the ALTCS Contractor ID. For County, enter the appropriate county code. For Affiliation Start Date, enter the employment begin date.

8. Press the < ENTER > key. In the upper left portion of the screen, the following message will be displayed: "RECORD(S) SUCCESSFULLY ADDED".

```
 9200 RECORD(S) SUCCESSFULLY ADDED
  TR: HP014 ACT: A              AHCCCS - HEALTH PLAN            08/22/11
 NTR: _____  ADD CASE MANAGER AFFILIATIONS   15:10:58
                                                                HP07L690

    ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
      CASE MANAGER'S NAME: DOE, JOHN
    CURRENT ENRLMT STATUS: 30 TERMINATION-OTHER

 ALTCS
 AFFILIATION
 CONTRACTOR                       COUNTY        START DATE   END DATE

 110044 NEW ALTCS CONTRACTOR    13 MARICOPA     10 01 11     __ __ __
 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __
 _____                            __           __ __ __    __ __ __

 PF: 1=HLP 2=RTN 3=CLR 4=MSG              8=DWN               12=ESC
```

9. Press the <F6> key to go to the PR815C AHCCCS – PROVIDER CASE MANAGER ENROLLMENT STATUS screen.

10. For "CHANGE ENROLLMENT STATUS", enter "01". For "BEGIN DATE", enter employment begin date. For "END DATE", enter 99/99/9999.

```
TR: PR815 ACT: C                AHCCCS - PROVIDER                    08/22/11
NTR: _____  CASE MANAGER ENROLLMENT STATUS       15:15:42
                                                                    PR01L295
        CASE MANAGER ID: 606962  DOE, JOHN            SSN: 234-23-2345
          PROVIDER TYPE: 98      CASE MANAGER
 CURRENT ENRLMT STATUS: 30       TERMINATION-OTHER

 CHANGE ENROLLMENT STATUS:   01  BEGIN DATE: 10/01/2011  END DATE: 99/99/9999

ENR ENR                  REPLACEMENT
STA STA                  PROVIDER REC  BEGIN      END       SYSTEM     SYSTEM
TYP COD DESCRIPTION       NUMBER STA   DATE       DATE      BEG DATE   END DATE

 T  30 TERMINATION-OTHER          A 10/26/2007            10/25/2007
 A  01 ACTIVE                     A 10/01/2011 10/25/2007 08/22/2011




PF: 1=HLP 2=RTN 3=CLR 4=MSG           7=UP 8=DWN      10=TOP 11=BOT 12=ESC
```

11. Press the < ENTER > key. In the upper left portion of the screen, the following message will be displayed: "RECORD(S) SUCCESSFULLY CHANGED". The screen will display "Enr Sta Type/Enr Sta Cod/Description" of "A 01 ACTIVE" and for "BEGIN DATE" the employment begin date.

```
9200 RECORD(S) SUCCESSFULLY ADDED
 TR: PR815 ACT: C                AHCCCS - PROVIDER                08/22/11
NTR: _____  CASE MANAGER ENROLLMENT STATUS         15:19:19
                                                                       PR01L295
        CASE MANAGER ID: 606962  DOE, JOHN            SSN: 234-23-2345
          PROVIDER TYPE: 98     CASE MANAGER
CURRENT ENRLMT STATUS: 01       ACTIVE

 CHANGE ENROLLMENT STATUS:   __   BEGIN DATE: _____   END DATE: _____

ENR ENR                  REPLACEMENT
STA STA                  PROVIDER REC  BEGIN       END        SYSTEM      SYSTEM
TYP COD DESCRIPTION       NUMBER  STA  DATE        DATE       BEG DATE    END DATE

 T  30 TERMINATION-OTHER          A 10/26/2007 09/30/2011 10/25/2007
 A  01 ACTIVE                     A 10/01/2011            08/22/2011




PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP 8=DWN       10=TOP 11=BOT 12=ESC
```

12. To confirm case manager affiliation with the new ALTCS Contractor, go to the HP014I AHCCCS – HEALTH PLAN INQUIRE CASE MANAGER AFFILIATIONS screen.

13. Enter the case manager ID and press the < ENTER > key. The screen will display the "ALTCS CONTRACTOR", "COUNTY" and "AFFILIATION START DATE".

```
 TR: HP014 ACT: I                AHCCCS - HEALTH PLAN               08/22/1
NTR: _____  INQUIRE CASE MANAGER AFFILIATIONS      15:25:1
                                                                       HP07L19

  ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
    CASE MANAGER'S NAME: DOE, JOHN
  CURRENT ENRLMT STATUS: 01 ACTIVE

DISPLAY:  S CURRENT AFFILIATIONS    _ OLD AFFILIATIONS    _ ALL AFFILIATIONS

ALTCS                                                AFFILIATION
CONTRACTOR                          COUNTY          START DATE   END DATE

110044 NEW ALTCS CONTRACTOR      13 MARICOPA        10/01/2011




PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP  8=DWN       10=TOP 11=BOT 12=ESC
```

PROCEDURE FOUR

TERMINATING A CASE MANAGER

1. If the case manager's current CM ID is not known, go to the PR800A AHCCCS – PROVIDER CASE MANAGER SEARCH screen to search for the individual by last name. As shown below, the ID is displayed on this screen once the case manager is found.

```
7342 PLACE 'S' BESIDE DESIRED NAME AND PRESS ENTER
 TR: PR800 ACT: A            AHCCCS - PROVIDER                 08/22/11
NTR: _____  CASE MANAGER SEARCH             14:44:35
                                                              PR01L091


   CASE MANAGERS ARE HIGHLIGHTED WHEN THEIR SSNS MATCH NON-CASE MANAGER SSNS

CASE MANAGER NAME: DOE                            SSN: _____
    PROVIDER TYPE:

SEL           NAME                    ID     STATUS     SSN        PR TYPE

S   DOE, JOHN                        606962   A 01    234-23-2345    98
_   DOHANYOS, MEREDITH               123456   A 01    000-00-0000    98
_   DOHERTY TOM                      456789   T 30    111-22-3333    98
_   DOLLEY, SYLVIE                   987654   T 30    222-33-4444    98
_   DOLORES JOSSE                    654321   T 30    333-44-5555    98


 PF: 1=HLP 2=RTN 3=CLR 4=MSG    6=NXT  7=UP  8=DWN    10=TOP 11=BOT 12=ESC
```

2. If the case manager's CM ID is known, go to the HP014C AHCCCS – HEALTH PLAN CHANGE CASE MANAGER AFFILIATIONS screen. Enter the case manager ID and press the < ENTER > key.

```
TR: HP014 ACT: I               AHCCCS - HEALTH PLAN              05/23/1
NTR: _____ INQUIRE CASE MANAGER AFFILIATIONS   15:25:3
                                                                 HP07L19

    ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
      CASE MANAGER'S NAME: DOE, JOHN
    CURRENT ENRLMT STATUS: 01 ACTIVE

DISPLAY:  S CURRENT AFFILIATIONS    _ OLD AFFILIATIONS   _ ALL AFFILIATIONS

ALTCS                                                    AFFILIATION
CONTRACTOR                        COUNTY            START DATE   END DATE

110065 PINAL/GILA LTC             21 PINAL          05 01 09




PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP  8=DWN     10=TOP 11=BOT 12=ESC
```

3. Enter the Affiliation End Date as the day the individual's employment with the ALTCS Contractor ended.

```
 TR: HP014 ACT: C               AHCCCS - HEALTH PLAN              05/23/11
NTR: _____ CHANGE CASE MANAGER AFFILIATIONS    12:22:03
                                                                 HP07L490

   ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
     CASE MANAGER'S NAME: DOE, JOHN
   CURRENT ENRLMT STATUS: 01 ACTIVE

DISPLAY:  S CURRENT AFFILIATIONS   _ OLD AFFILIATIONS   _ ALL AFFILIATIONS

ALTCS                                                    AFFILIATION
CONTRACTOR                        COUNTY            START DATE   END DATE

110065 PINAL                      21 PINAL          05 01 09    08 31 11




PF: 1=HLP 2=RTN 3=CLR 4=MSG          7=UP  8=DWN     10=TOP 11=BOT 12=ESC
```

4. Press the < ENTER > key. In the upper left of the screen the following message will be displayed: "RECORD(S) SUCCESSFULLY CHANGED".

```
9202 RECORD(S) SUCCESSFULLY CHANGED
 TR: HP014 ACT: C                 AHCCCS - HEALTH PLAN            09/06/1
NTR: _____ CHANGE CASE MANAGER AFFILIATIONS    12:30:1
                                                                 HP07L49

   ENTER CASE MANAGER ID: 606962 OR SSN: 234 23 2345
    CASE MANAGER'S NAME: DOE, JOHN
   CURRENT ENRLMT STATUS: 16 PENDING-AFFILIATION MISSING

DISPLAY:  S CURRENT AFFILIATIONS   _ OLD AFFILIATIONS    _ ALL AFFILIATIONS

ALTCS                                              AFFILIATION
CONTRACTOR                     COUNTY           START DATE   END DATE

110065 PINAL                   21 PINAL          05 01 09    08 31 11




 PF: 1=HLP 2=RTN 3=CLR 4=MSG        7=UP  8=DWN    10=TOP 11=BOT 12=ESC
```

5. Go to the PR815C AHCCCS – PROVIDER CASE MANAGER ENROLLMENT STATUS screen. Enter the case manager ID and press the < ENTER > key.

6. For Current Enrollment Status, enter "30". For Begin Date, enter the date following the enrollment end date indicated on the HP014C screen. For End Date, enter 99/99/9999.

```
TR: PR815 ACT: C                  AHCCCS - PROVIDER                  09/06/11
NTR: _____  CASE MANAGER ENROLLMENT STATUS         12:33:48
                                                                     PR01L295
        CASE MANAGER ID: 606962  DOE, JOHN              SSN: 234-23-2345
          PROVIDER TYPE: 98      CASE MANAGER
CURRENT ENRLMT STATUS: 16        PENDING-AFFILIATION MISSING


 CHANGE ENROLLMENT STATUS:   30  BEGIN DATE: 09/01/2011  END DATE: 99/99/9999


ENR ENR                  REPLACEMENT
STA STA                  PROVIDER REC  BEGIN      END        SYSTEM      SYSTEM
TYP COD DESCRIPTION      NUMBER   STA  DATE       DATE       BEG DATE    END DATE

 A  01 ACTIVE                     A 12/13/1999 08/31/2011 12/22/1999
 P  16 PENDING-AFFILIATIO         A 09/01/2011            09/06/2011






PF: 1=HLP 2=RTN 3=CLR 4=MSG           7=UP 8=DWN     10=TOP 11=BOT 12=ESC
```

7. Press the < ENTER > key. In the upper left of the screen the following message will be displayed: "RECORD(S) SUCCESSFULLY CHANGED. The screen will display "Enr Sta Type/Enr Sta Cod/Description" of "T 30 TERMINATION-OTHER" and for "BEGIN DATE" the date previously entered.

```
9202 RECORD(S) SUCCESSFULLY CHANGED
 TR: PR815 ACT: C              AHCCCS - PROVIDER                    09/06/
 NTR: _____  CASE MANAGER ENROLLMENT STATUS       12:44:
                                                                    PR01L2
       CASE MANAGER ID: 606962  DOE, JOHN                SSN: 234-23-2345
          PROVIDER TYPE: 98     CASE MANAGER
 CURRENT ENRLMT STATUS: 30      TERMINATION-OTHER

 CHANGE ENROLLMENT STATUS:  __   BEGIN DATE: _____   END DATE: _____

 ENR ENR                REPLACEMENT
 STA STA                PROVIDER REC  BEGIN      END       SYSTEM     SYSTEM
 TYP COD DESCRIPTION     NUMBER STA   DATE       DATE      BEG DATE   END DATE

  A  01 ACTIVE                    A 12/13/1999 08/31/2011 12/22/1999
  T  30 TERMINATION-OTHER         A 09/01/2011            09/06/2011




 PF: 1=HLP 2=RTN 3=CLR 4=MSG           7=UP 8=DWN     10=TOP 11=BOT 12=ESC
```

PROCEDURE FIVE

CHANGING A CASE MANAGER'S NAME

1. Go to the PR810C AHCCCS – PROVIDER CASE MANAGER DEMOGRAPHICS screen using the Case Manager's ID. Type over the existing name with the changed name.

```
TR: PR810 ACT: C              AHCCCS - PROVIDER                    10/14/1
NTR: _____       CASE MANAGER DEMOGRAPHICS            11:11:5
                                                                   PR01L29
        CASE MANAGER  ID: 123456 NAME: BROWN, MARY        SSN: 123-45-6789
           PROVIDER TYPE: 98  CASE MANAGER
 CURRENT ENRLMT STATUS: 01  ACTIVE
      STATUS BEGIN DATE: 08/27/2010  STATUS END DATE: 99/99/9999

 ENROLLMENT BEGIN DATE: 08/27/2010
   ENROLLMENT END DATE: 99/99/9999

CORRESPONDENCE ADDRESS:
        STREET LINE 1: MERCY CARE PLAN
        STREET LINE 2: 4350 E COTTON CTR BLVD #4
       CITY/STATE/ZIP: PHOENIX                    AZ  85040
         COUNTY CODE: 13 MARICOPA        COUNTRY CODE: 01 UNITED STATES OF
       BUSINESS PHONE:( 602 ) 555 - 0000 EMERGENCY PHONE:( 602 ) 263 - 3000
          ATTENTION TO: MARY BROWN



PF: 1=HLP 2=RTN 3=CLR 4=MSG                                         12=ESC
```

2. Press the <ENTER> key. In the upper left of the screen the following message will be displayed: "RECORD(S) SUCCESSFULLY CHANGED".

```
9202 RECORD(S) SUCCESSFULLY CHANGED
 TR: PR810 ACT: C            AHCCCS - PROVIDER                    10/14/11
NTR: _____ CASE MANAGER DEMOGRAPHICS          11:02:15
                                                                 PR01L293
       CASE MANAGER  ID: 123456 NAME: SMITH, MARY       SSN: 123-45-6789
          PROVIDER TYPE: 98  CASE MANAGER
 CURRENT ENRLMT STATUS: 01  ACTIVE
     STATUS BEGIN DATE: 08/27/2010  STATUS END DATE: 99/99/9999

 ENROLLMENT BEGIN DATE: 08/27/2010
   ENROLLMENT END DATE: 99/99/9999

CORRESPONDENCE ADDRESS:
        STREET LINE 1: MERCY CARE PLAN
        STREET LINE 2: 4350 E COTTON CTR BLVD #4
        CITY/STATE/ZIP: PHOENIX                    AZ  85040
          COUNTY CODE: 13 MARICOPA        COUNTRY CODE: 01 UNITED STATES OF
        BUSINESS PHONE:( 602 ) 555 - 0000 EMERGENCY PHONE:( 602 ) 263 - 3000
          ATTENTION TO: MARY SMITH



 PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT                            12=ESC

```

N. AHCCCS CONTRACTOR ID NUMBERS

ID	NAME	ID	NAME
ACUTE CARE CONTRACTORS		**DES/DDD**	
010422	Health Net Access, Inc.	110007	DES/DDD
010158	United Healthcare Community Plan	**ALTCS/EPD CONTRACTORS**	
010166	DES/CMDP	110050	United Healthcare Community Plan - LTC
010254	Care1st Arizona	110306	Mercy Care Plan - LTC
010299	Phoenix Health Plan	110314	University Family Care-LTC
010306	Mercy Care Plan	**TRIBAL CONTRACTORS**	
010314	University Family Care	190000	Native American Community Health
010383	Maricopa Health Plan	190009	White Mountain Apache Tribe
010497	Health Choice Arizona	190017	Navajo Nation
999998	American Indian Health Program (AIHP)	190025	Gila River Indian Community
000850	Federal Emergency Services	190033	Tohono O'Odham Nation
002220	AHCCCS Non-Pay	190075	Pasqua Yaqui Tribe
003335	FFS Regular	190083	San Carlos Apache Tribe
008040	SLMB - Part B Buy-In Only	190091	Hopi Tribe
008050	QI1 - Part B Buy-In Only	**CRS CONTRACTOR – UNITED HEALTHCARE COMMUNITY PLAN**	
008690	FFS Temporary		
008715	AHCCCS QMB Only	010115	CRS Fully Integrated
888886	FFS LTC (Residual)	010145	CRS Partially Integrated - Acute
007700	FFS DD Prior Quarter	099125	CRS Partially Integrated – Behavioral Health
008800	FFS Prior Quarter	099135	CRS Only
010795	Mercy Maricopa Integrated		
010715	Health Choice Integrated		
010735	Cenpatico Integrated		
CTYPRI	County Prisoners		
DOCMAT	DOC Matched Recipient		