



**SERIOUS MENTAL ILLNESS (SMI)
PORTAL
USER MANUAL**

Client Information Systems
File Layout and Specifications Manual
v.1

Section 1

SMI Determination Process
Effective October 01, 2017

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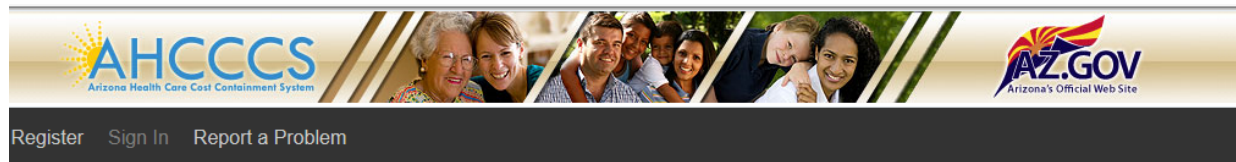
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ABH SMI Portal

SMI Determinations are entered into a secure web-based portal by the third-party SMI vendor for processing. This portal is maintained and administered by Arizona Health Care Cost Containment System (AHCCCS). The following sections of this document serve as a guide for data entry into the SMI Portal by the third-party SMI vendor, including the rules and logic edits incorporated into the Portal necessary to ensure an acceptable level of data integrity.

Accessing the Portal

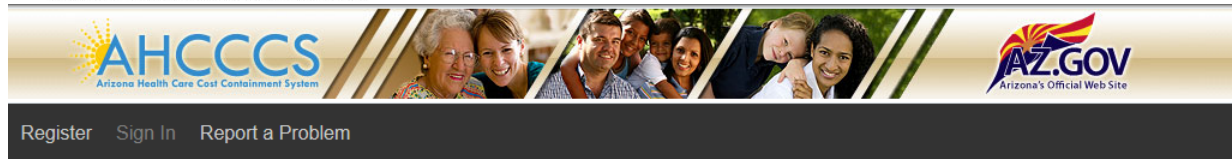
The SMI Portal is located at <https://abhportal.azahcccs.gov>. All users must first register and be approved by AHCCCS prior to accessing this site (select “Register” on the top left of the screen to proceed). Users will receive an email notification from AHCCCS once their request has been approved and finalized.



User Agreement

You are about to access a system within the Arizona Health Care Cost Containment System (AHCCCS) computer network. Use of this System constitutes the user's consent to permit AHCCCS monitoring of the user's activities. Evidence of unauthorized activities obtained during monitoring can and will be used by AHCCCS for criminal prosecution as permitted by law.

After registration, users are to review and agree to the above terms, and then supply their unique username and password, prior to accessing the Portal.



Please Login

You are required to login if you wish to access this AHCCCS applications. This is a requirement to access any information that is considered either sensitive or covered under HIPAA. Please provide your User ID and password so that you can be authenticated.

This Web Site allows password recovery. If you have forgotten your password please enter your User ID and select the Forgot Password link.

Login User ID:

Password:

Login

[Forgot/Change Password](#)

The main screen of the ABH Portal is displayed on the following page. All users granted access to the SMI portal are also permitted limited rights to the Client Information System (CIS) member eligibility look-up tool; these applications are accessible from the banner at the top of the screen. This is necessary to complete the full SMI Determination process, beginning with member identification and continuing through any potential appeal of the decision.



AHCCCS DIVISION OF BEHAVIORAL HEALTH

Initiating a New Case

Once the SMI vendor receives a referral for determination from a provider they are to access the SMI Portal and initiate a case for that request. The user will select "SMI" from the main screen (above) to begin this process.



SMI CIS Sign Out Report a Problem

REPORTS

SEARCH BY CLIENT INFORMATION

- Search By:**
- AHCCCS ID and DOB
 - LAST NAME, DOB and SSN
 - AHCCCS ID, NAME and DOB
 - AHCCCS ID, LAST and FIRST NAME and DOB
 - LAST and FIRST NAME & DOB
 - LAST and FIRST NAME, DOB & SSN
 - ALT ID and DOB

Search Fields (* indicates required fields)

AHCCCS ID:*	<input type="text"/>	(A#####) or (S#####)
Date of Birth:*	<input type="text"/>	(MM/DD/YYYY)
	<input type="button" value="Search"/> <input type="button" value="Clear"/>	

SEARCH BY CASE ID

CASE ID:

“Search by Client Information” uses seven possible combinations of search criteria to help find the appropriate member. Listed below are seven different combinations available to search:

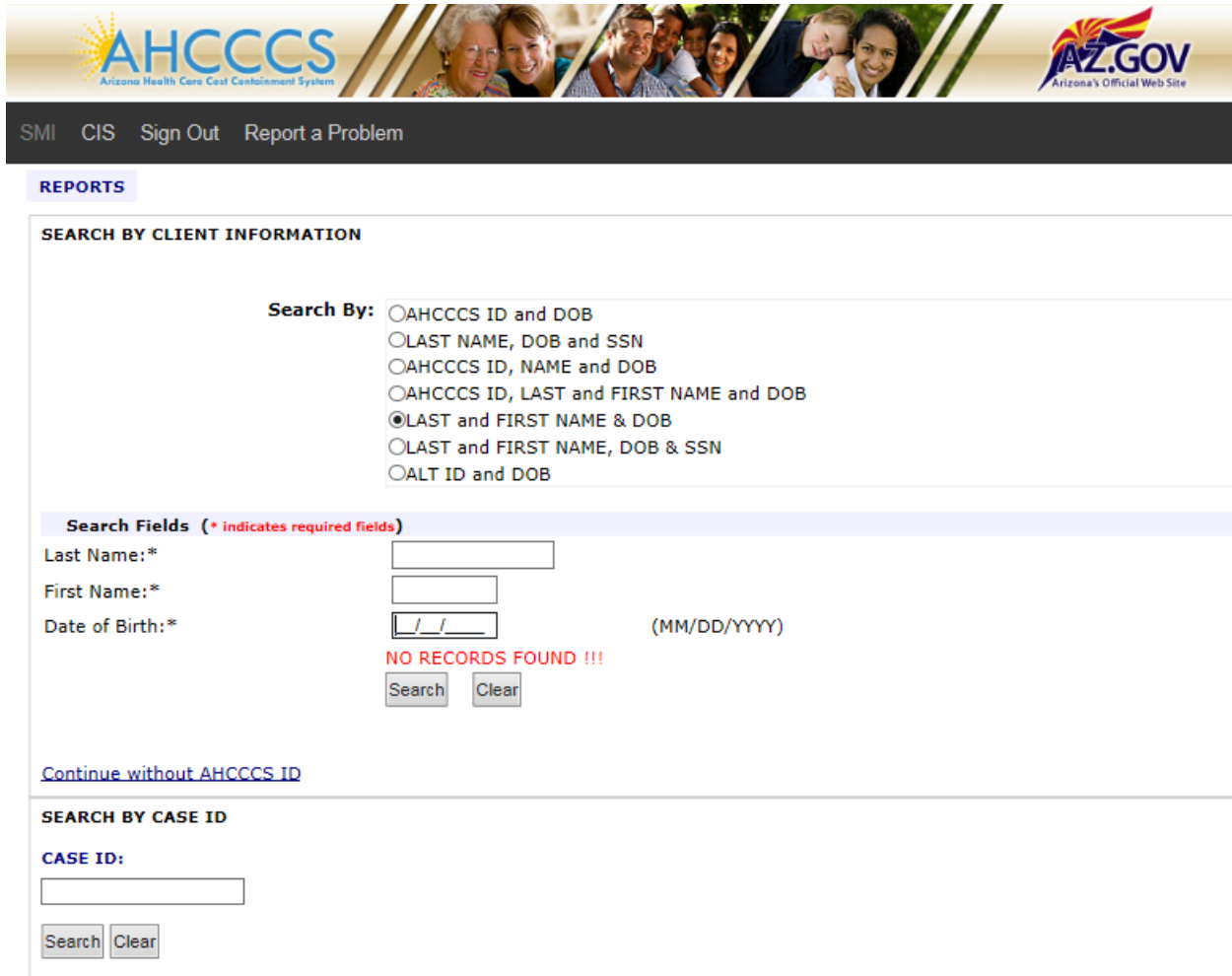
1. AHCCCS ID and Date of birth
2. Last name, Date of birth and Social security number
3. AHCCCS ID, Last name and Date of birth
4. AHCCCS ID, Last name, First Name and Date of birth
5. Last name, First name and Date of birth
6. Last name, First name, Date of birth and Social security number
7. Alternate ID (Client ID) and Date of birth

Note: Lower part of the search screen will change according to option user chose.

Below the Search Fields there are two buttons that are used for executing the search (Search) and clearing the fields and search results (Clear). Almost all fields shown in the Search fields form are required, and this is indicated by asterisk (*).

If search is executed, and any of the fields are left empty or with a wrong format, process will display on the screen list of the errors, indicating problems found.

After entering members data in the search form, if one is not found in PMMIS using available information on that person, the following message appears **“NO RECORDS FOUND !!!”** an additional link will be displayed with the text **“Continue without AHCCCS ID”** to allow user to proceed to the next step.



The screenshot shows the top navigation bar with the AHCCCS logo and AZ.GOV logo. Below the navigation bar are links for SMI, CIS, Sign Out, and Report a Problem. The main content area is titled "REPORTS" and contains a search section for "SEARCH BY CLIENT INFORMATION".

Search By:

- AHCCCS ID and DOB
- LAST NAME, DOB and SSN
- AHCCCS ID, NAME and DOB
- AHCCCS ID, LAST and FIRST NAME and DOB
- LAST and FIRST NAME & DOB
- LAST and FIRST NAME, DOB & SSN
- ALT ID and DOB

Search Fields (* indicates required fields)

Last Name:*

First Name:*

Date of Birth:* (MM/DD/YYYY)

NO RECORDS FOUND !!!

[Continue without AHCCCS ID](#)

SEARCH BY CASE ID

CASE ID:

Proceeding without Member ID

In case member is not found, additional link “Contact AHCCCS-DHCM” is displayed below the search portion of the screen to allow sending email message to AHCCCS DHCM in order to facilitate necessary follow-up. Clicking on the link will bring up modal pop-up containing search fields prepopulated with current search criteria, allowing user to type any information that may help in further search process.

SEARCH BY CLIENT INFORMATION

PROCEED WITHOUT AHCCCS ID

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	SSN	<input type="text"/>
AHCCCS ID	<input type="text"/>	CIS ID	<input type="text"/>
ADDRESS <input type="text"/>			
CITY	<input type="text"/>	ZIP	<input type="text"/>
Message (optional): <input type="text"/>			

SMI Determinations Entered with No ID will be Monitored by AHCCCS Compliance for Appropriate Use.

[Continue without AHCCCS ID](#)

SEARCH BY CASE ID

CASE ID:

Both of the search paths may return one or multiple members. In this case, search results are displayed below the Search Fields in the separate table under “CLIENT INFORMATION”. Table contains some additional fields, so the user can confirm and choose the correct one by clicking on the “Select” link in the first column of the table.

After filling out form and submitting, a new record will be created in the SMI/CIS system with a missing AHCCCS ID. These Cases will be in “PENDING” status and will not be sent to PMMIS for evening processing, as that process will not include Cases without AHCCCS ID.

An email with all submitted information will be sent to AHCCCS-DHCM (Lori Petre and David Rudnick) for further research.

After research, AHCCCS-DHCM team may come to two conclusions:

1. Member exists in the PMMIS system, personal data is not correct.

In this instance SMI VENDOR will be informed about findings and member information including AHCCCS ID will be communicated to them.

On the Report page of the CIS SMI portal, under the link “**View cases open or submitted with no id**” where Cases are listed with missing AHCCCS ID, SMI VENDOR will be able to add a Case by selecting appropriate one and clicking on the button “**Add missing AHCCCS ID**” located on the “**CASE DETAILS**” form.

That process will automatically request all necessary member information from PMMIS and update SMI/CIS system. Updated record will be sent to the PMMIS in the next evening cycle.



SMI CIS Sign Out Report a Problem

[BACK TO REPORTS](#)

OPEN OR SUBMITTED WITH NO ID

	CASE ID	AHCCCS ID	LAST NAME	DOB	CASE CREATION DATE	SMI DETERMINATION	DETERMINATION DATE	CASE STATUS
Select	24455		Simpson	01/01/1991	11/04/17			SAVED/OPEN FOR UPDATE
Select	24451		Storm	08/07/1984	10/16/17	SMI	10/03/17	SAVED/OPEN FOR UPDATE
Select	24450		Skywalker	01/05/1952	10/13/17			SAVED/OPEN FOR UPDATE
Select	24449		Spinner	05/07/1955	11/02/17	SMI	09/13/17	SUBMITTED
Select	24448		Hudson	06/08/1962	11/02/17	Not SMI	08/24/17	SUBMITTED
Select	23388		Wipeout	12/07/1991	04/08/16			SAVED/OPEN FOR UPDATE
Select	23383		Builder	04/14/1983	04/08/16			SAVED/OPEN FOR UPDATE
Select	23381		Leadfoot	03/26/1972	04/08/16			SAVED/OPEN FOR UPDATE
Select	23372		McQueen	09/21/1958	04/08/16			SAVED/OPEN FOR UPDATE

CASE DETAILS

Case Id: **23388** Ahcccs Id:

Status: **SAVED/OPEN FOR UPDATE**



Pre-Determination Information:

Health Plan:	06
Date CRN Received Determination Packet:	04/07/2016
Referral Source:	Bayless
Was Member Inpatient During Time of Evaluation Request:	N

- Member does not exist in PMMIS and requested T/RBHA or Health Plan will be informed to undertake all necessary steps to add member to PMMIS system.

For these instances, a new daily process will be established to retry matching Cases in the “PENDING” status and missing AHCCCS ID with PMMIS data. If member is found, record will be updated with the returned AHCCCS ID and other necessary information, and will be sent to PMMIS in the next evening cycle.

All Cases having “PENDING” status will be outdated and removed from the CIS SMI system after 90 days of their SMI VENDOR submission date.

[SMI](#) [CIS](#) [Opt Out Form](#) [New Users](#) [New User Roles](#) [User Admin](#) [Sign Out](#) [Report a Problem](#)

REPORTS

SEARCH BY CLIENT INFORMATION

Search By:

- AHCCCS ID and DOB
- LAST NAME, DOB and SSN
- AHCCCS ID, NAME and DOB
- AHCCCS ID, LAST and FIRST NAME and DOB
- LAST and FIRST NAME & DOB
- LAST and FIRST NAME, DOB & SSN
- ALT ID and DOB

Search Fields (* indicates required fields)

Last Name:*

First Name:*

Date of Birth:* (MM/DD/YYYY)

CLIENT INFORMATION

PRIMARY AHCCCS ID	FULL NAME	DOB	GENDER	SSN	COUNTY	ADDRESS
Select						
Select						

SEARCH BY CASE ID

CASE ID:

Selecting the member will then make another inquiry about member enrollment/eligibility data, displaying it together with some general member data on the page with a form to enter/update evaluation record.

In cases when member does not have ABH enrollment, it will not have Client ID assigned, and one will not be created for the purpose of recording SMI evaluation. To allow submission without acquiring Client ID, Health plan dropdown is prepopulated with a record found in the current member behavioral services enrollment segment. This value is also used to determine where evaluation packages and reports will be sent in the further processing.

[BACK TO SEARCH](#) [REPORT](#)

[Qualifying DSMIV Diagnosis Codes](#)

Member Information:


notreal, lam DOB:02/12/1912 Site: CIS Id: AHCCCS Id:

Member Eligibility:

Case Id:	
Status:	
Pre-Determination Information:	
Health Plan:	*** Please select Health Plan ***
* Date CRN Received Determination Packet:	<input type="text"/>
* Referral Source:	<input type="text"/>
* Was Member Inpatient During Time of Evaluation Request:	<input type="checkbox"/>
Date the SMI Evaluation Request was Received:	<input type="text"/>
Time the SMI Evaluation Request was Received: (HH:MM AM/PM)	<input type="text"/>
* Date the SMI Evaluation was Completed:	<input type="text"/>
Time the SMI Evaluation Request was Completed: (HH:MM AM/PM)	<input type="text"/>
Pend or Extension Status:	
Pended Status:	<input type="text"/>
** Pended Status Date:	<input type="text"/>
** Pended Status Reason:	<input type="text"/>
Date of Extension Request:	<input type="text"/>
** Extension End Date:	<input type="text"/>
Determination Results:	
* Is This a Decertification?:	<input type="radio"/> Yes <input type="radio"/> No
* SMI Determination Date:	<input type="text"/>
Date of First Redetermination/Appeal:	<input type="text"/>
Date of Second Redetermination/Appeal:	<input type="text"/>
Date of Third Redetermination/Appeal:	<input type="text"/>
* SMI Eligibility Determination:	<input type="text"/>
** Reason for SMI Eligibility Denial:	<input type="text"/>
* Diagnosis CD 1:	<input type="text"/>
Diagnosis CD 2:	<input type="text"/>
Diagnosis CD 3:	<input type="text"/>
Diagnosis CD 4:	<input type="text"/>
Diagnosis CD 5:	<input type="text"/>
Diagnosis CD 6:	<input type="text"/>
Diagnosis CD 7:	<input type="text"/>
* Global Assessment of Functioning Score:	<input type="text"/>
* First Name of Person who conducted assessment:	<input type="text"/>
* Last Name of Person who conducted assessment:	<input type="text"/>
* First Name of Behavioral Health Medical Practitioner:	<input type="text"/>
* Last Name of Behavioral Health Medical Practitioner:	<input type="text"/>
* License:	<input type="text"/>
Member Assignment:	
Preferred Clinic:	<input type="text"/>
Reason for Preference:	<input type="text"/>
Case Notes:	
<input type="text"/>	
Insert Cancel	

-
- * - Field required for record submission
 - ** - Pended Status date is required if Pended Status is populated.
 - Pended Status reason is required if Pended Status is populated.
 - Reason for denial is required if member is not SMI eligible.
 - Extension date is required if Extension Request date is populated.
 - Date and Time the SMI evaluation was received are required only for inpatient members.
 - Time the SMI evaluation request was completed is required only for inpatient members.
-

The member's identifying information will be displayed at the top of the page, as seen in the preceding image. A new case requires two pieces of data to be initiated – those being the "Date [SMI Vendor] Received Determination Packet" and the "Referral Source", which are located in the section titled "Pre- Determination Information".



SMI CIS Sign Out Report a Problem

[BACK TO SEARCH](#) [REPORT](#)

[Qualifying DSMIV Diagnosis Codes](#)

Member Information:
 Simpson, Bart DOB: 01/01/1991

Member Eligibility:

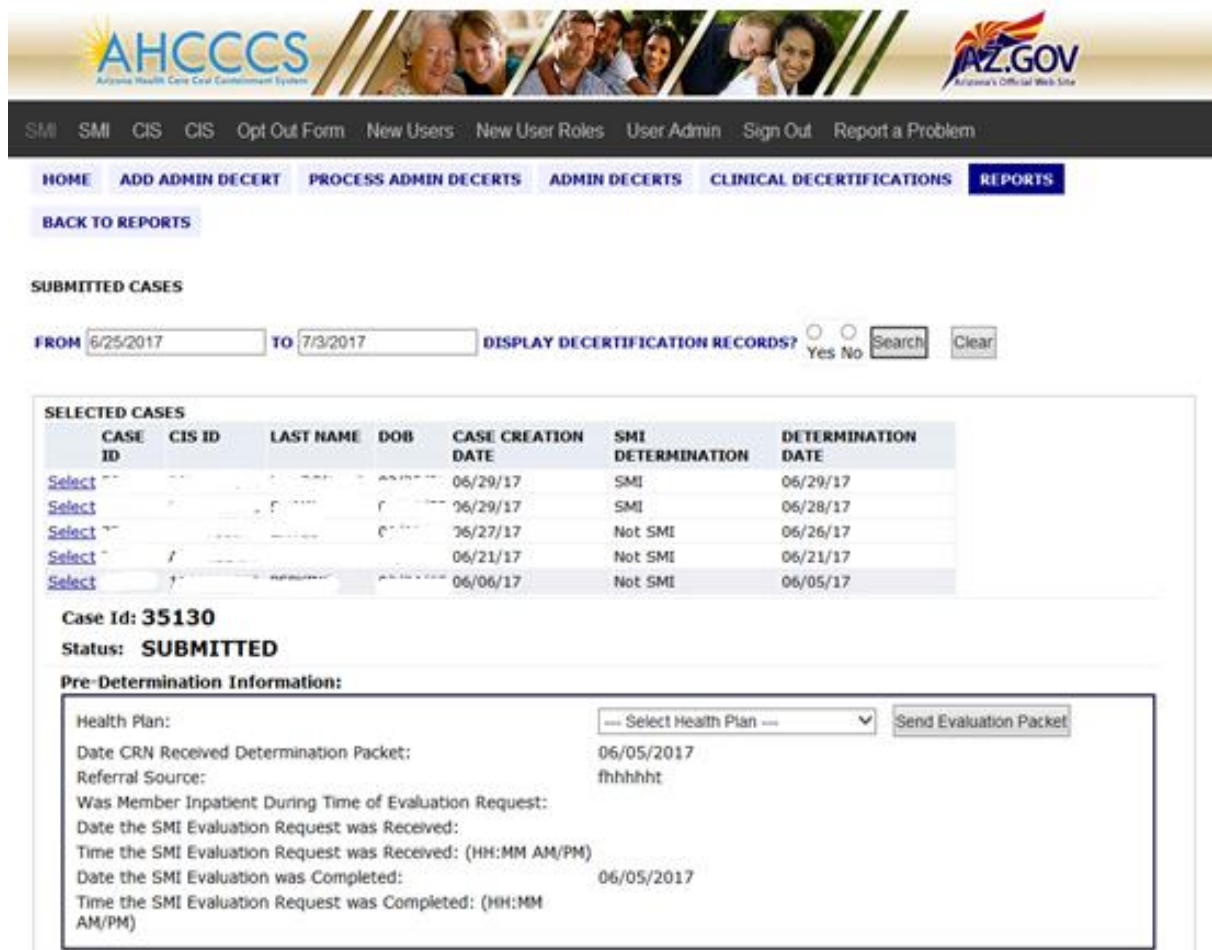
Case Id: 24455

Status: SAVED/OPEN FOR UPDATE

Pre-Determination Information:

Health Plan:	010166 - DCS/CMDP
* Date CRN Received Determination Packet:	10/17/2017
* Referral Source:	cdcdd
* Was Member Inpatient During Time of Evaluation Request:	
** Date the SMI Evaluation Request was Received:	
** Time the SMI Evaluation Request was Received: (HH:MM AM/PM)	
* Date the SMI Evaluation was Completed:	
** Time the SMI Evaluation Request was Completed: (HH:MM AM/PM)	

Other is located on the **Reports** page, under “View Case Submitted” section.



The screenshot shows the AHCCCS SMI Portal interface. At the top, there are navigation links: SMI, CIS, Opt Out Form, New Users, New User Roles, User Admin, Sign Out, and Report a Problem. Below these are menu items: HOME, ADD ADMIN DECERT, PROCESS ADMIN DECERTS, ADMIN DECERTS, CLINICAL DECERTIFICATIONS, and **REPORTS**. A "BACK TO REPORTS" link is also present.

The "SUBMITTED CASES" section includes search filters: FROM 6/25/2017 TO 7/3/2017, and a "DISPLAY DECERTIFICATION RECORDS?" section with radio buttons for Yes and No, and Search and Clear buttons.

SELECTED CASES	CASE ID	CIS ID	LAST NAME	DOB	CASE CREATION DATE	SMI DETERMINATION	DETERMINATION DATE
Select					06/29/17	SMI	06/29/17
Select					06/29/17	SMI	06/28/17
Select					06/27/17	Not SMI	06/26/17
Select					06/21/17	Not SMI	06/21/17
Select					06/06/17	Not SMI	06/05/17

Case Id: **35130**
Status: **SUBMITTED**

Pre-Determination Information:

Health Plan:

Date CRN Received Determination Packet: 06/05/2017
Referral Source: fhhhht
Was Member Inpatient During Time of Evaluation Request:
Date the SMI Evaluation Request was Received:
Time the SMI Evaluation Request was Received: (HH:MM AM/PM)
Date the SMI Evaluation was Completed: 06/05/2017
Time the SMI Evaluation Request was Completed: (HH:MM AM/PM)

Process is initiated by simply choosing health plan from the Dropdown control and clicking button “Send Evaluation Packet”.

“Preferred Clinic” field is changed to show dropdown allowing user to choose from a list of sites. If the chosen Health plan is T/RBHA and a text box appears, this will allow user to type in preferred site. If Health plan is not a T/RBHA, there will be no values in the lookup table.

In case Health plan field is left blank, SMI evaluation will still be submitted to PMMIS, but determination packages will not be sent. Only way to send packages, will be by using Internal SMI part of the application. For that purpose, on two different pages that displays detailed evaluation records, Dropdown – Button combination is added to the user interface. One is located on the **Home** page that appears after searching for the client information. If the chosen Health Plan is different from the one we got in the open ABH enrollment segment, evaluation package will be sent to both parties.

Entering Determination Information

Once the case has been initiated, the SMI Vendor may complete the evaluation review process and enter the required information (notated by an “*”) into the portal for completion. The Portal is divided into four distinct sections:

- Pre-Determination Information;
- Pend or Extension Status;
- Determination Results, and;
- Member Assignment

There is also a section at the bottom where any case-specific notations can be added. This is a free text field.

The SMI Vendor may update the various case sections as the data becomes available and progress may be saved by selecting “Update” at the bottom of the screen. However, the case may not be submitted until all required fields are populated with valid information (see rules, pages 17-19).

Pre-Determination Information:

The Pre-Determination section is designed to capture information largely focused on the activities that occurred prior to the SMI Vendor receiving the evaluation packet. This information is critical for monitoring and assessing the timeliness of the evaluation and determination process.

¹ Not all fields will be populated in instances where the member in question has no SMI or AHCCCS ID

Pend or Extension Status:

Information in this section is not required for successful submission – as not all cases will pend or need an extension. However - should the case in question require a 20 or 90-day pend, or an extension, and this has been approved by the member and documented in the file, this **must** be entered into this section of the Portal. This allows the Department, as well as the SMI vendor, to account for cases that were not successfully completed and submitted within the required timeframes.

Determination Results:

This section includes all pertinent data elements that substantiate the SMI Vendor’s conclusion as to the member’s SMI status. The vendor must populate all fields marked with an asterisk (*) upon completion of the review process in order to finalize the submission. This includes the determination date, determination result, reason for any denial, diagnoses and functional score, as well as the names of the individuals who performed the SMI assessment and the reviewing BHMP.

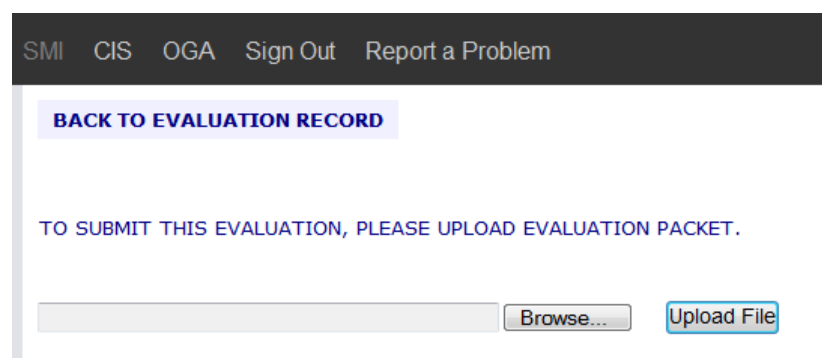
Member Assignment:

During the SMI evaluation process, and prior to determination review, the member is asked which SMI clinic they would like to be assigned to if they are subsequently determined SMI. This preferred clinic should be chosen from the drop down list, the SMI portal will automatically display that clinic’s street address. Additionally, the SMI vendor should include why that clinic was selected by the member, for example, the geographic location, or familiarity with said provider agency. The T/RBHA will use this preference when assigning the member to their primary clinic if they are determined SMI.

Submitting a Case

Once all required documentation has been entered into the SMI Portal the case can be submitted to AHCCCS for processing. This is done by selecting “Submit Case” at the bottom of the data entry screen. The Portal performs a series of pre-submission logic edits that prevent the user from entering invalid or illogical data into SMI. The user will receive notification should any field flag an error – this must be corrected prior to submission. Once the record is validated, the user will receive a prompt indicating that the case is about to be submitted and will no longer be available for editing.

The user will then be instructed to attach the evaluation packet. The evaluation material must be provided in one file and is not to exceed 10MB. AHCCCS will rename this file to include the case ID and submittal date, and subsequently forward this file to the T/RBHA for the clinic’s records.



SMI CIS OGA Sign Out Report a Problem

[BACK TO EVALUATION RECORD](#)

TO SUBMIT THIS EVALUATION, PLEASE UPLOAD EVALUATION PACKET.

Opening a Submitted Case

As noted in the preceding section, once a case is submitted to AHCCCS it is locked to prevent any accidental or inadvertent changes to the record. However, in certain circumstances it may be necessary to reopen and change the determination finding, or other information, within a previously submitted case. This is most commonly attributed to cases that are overturned after an appeal. In order to safeguard this process, only select individuals at AHCCCS and the SMI Vendor are permitted to reopen a case. Users with this privilege may search the Portal by case ID (main screen) and then select “Open Case” at the bottom of the data entry screen. They will then be allowed to make any needed changes and resubmit the case to AHCCCS.

Field Definitions and Rules

Field Title	Definition	Allowable Options	Edits / Rules	Required to Submit
Case ID	Unique Record ID	NA	<i>System Generated</i>	
Received Date	The initial date the SMI Vendor received the SMI Determination Packet for review	MM/DD/YYYY	Must be less than or equal to system date	Yes
Referral Source	Name of Evaluating Provider submitting SMI Determination Packet for review	Free Text	Character Limited	Yes
Evaluation Request Date	Date the SMI Evaluation Request was Received by the Evaluating Provider	MM/DD/YYYY	Must be less than or equal to Received Date	Yes
Evaluation Request Time	Time the SMI Evaluation Request was Received Evaluating Provider	(HH:MM)	Required if Inpatient Status is ‘Yes’	Yes if Inpatient Status is ‘Yes’
Evaluation Date	Date the Evaluating Provider completed the SMI Evaluation Assessment	MM/DD/YYYY	Must be less than or equal to Received Date	Yes
Evaluation Time	Time the Evaluating Provider completed the SMI Evaluation Assessment	(HH:MM)	Required if Inpatient Status is ‘Yes’	Yes if Inpatient Status is ‘Yes’
Inpatient Status	Was Member Inpatient During Time of Evaluation Request?	Drop Down (Yes/No)	None	Yes
Pended Status	The length of time the selected case's determination has been pended	Null	Must be Null if case is not pended; Pended Status Date and Reason must be Null	No
		20-day	Pended Status Date and Pend Status Reason cannot be Null	No

Field Title	Definition	Allowable Options	Edits / Rules	Required to Submit
		90-day	Pended Status Date and Pend Status Reason cannot be Null	No
Pended Status Date	Date the selected case was placed in pended status	MM/DD/YYYY	Default to Null if Pended Status is Null; must be greater than or equal to Received Date; cannot be greater than system date	Yes - if Pended Status is Not Null
Pended Status Reason	Reason selected case was pended	Null	Default to Null if Pended Status is Null; cannot be Null if Pended Status is populated	Yes - if Pended Status is Not Null
		Need Additional Information/ Records	NA	
		Need for Further Evaluation	NA	
		Substance Abuse evaluation/ abstinence	NA	
Date of Extension Request	Date the Individual agreed to an extension in determining their SMI status	MM/DD/YYYY	Must be greater than or equal to Received Date; cannot be greater than system date	No
Extension End Date	Date the extension ended	MM/DD/YYYY	Default to Null	No
SMI Eligibility Determination	Result (Finding) of Vendor's review of SMI Determination Packet	SMI	1) At least one of the Diagnosis (DX) Code (CD) disorders must equate to an SMI-approved diagnosis.	Yes
		Not SMI	1) No DX CD disorders equate to an SMI-approved diagnosis - GAF Score greater than 50	
		Withdrawn	SMI Determination Date must be populated; DX CD, GAF Score, Assessor and BHMP Names, License Type can be Null	
Reason for SMI Eligibility Denial	Reason the member was not Determined to be SMI	Null	Default to Null if SMI Eligibility Determination is 'SMI' or 'Withdrawn'	Yes if SMI Eligibility equals Not-SMI
		Individual Does not Meet Functional Requirements	GAF Score must be greater than 50	

Field Title	Definition	Allowable Options	Edits / Rules	Required to Submit
		Individual does not meet Diagnosis Qualifications	No DX CD disorders equate to an SMI-approved diagnosis	
		Individual Does not Meet Either Functional or Diagnosis Requirements	GAF Score must be greater than 50 -AND - No DX CD disorders equate to an SMI-approved diagnosis	
SMI Determination Date	Date the SMI Determination for the selected case was completed	MM/DD/YYYY	Must be greater than or equal to Received Date; cannot be greater than system date; If SMI Eligibility Determination equals "Withdrawn", this field must reflect the date the request for determination was withdrawn.	Yes
Diagnosis CD 1 - 7	Developmental and Personality Disorders	DSM-IV-TR format	Per policy, at least one of the DX CD disorders must equate to an SMI-approved diagnosis if SMI Eligibility Determination equals 'SMI'	DX CD1 Yes; all others required if supplied by provider
Global Assessment of Functioning (GAF) Score	Member's level of functioning	0-100 point scale		Yes
First Name of Person who Conducted SMI Assessment	Free Text	Free Text	Character Limited	Yes
Last Name of Person who Conducted SMI Assessment	Free Text	Free Text	Character Limited	Yes
First Name of Behavioral Health Medical Practitioner	Free Text	Free Text	Character Limited	Yes
Last Name of Behavioral Health Medical Practitioner	Free Text	Free Text	Character Limited	Yes
License	BHMP / BMP	Drop Down		Yes

Web-Based Reports

The SMI Portal has an integrated reporting feature which permits users to readily review the status of current and historical determination cases, including:

- Cases Open, not yet Submitted to AHCCCS
- Cases Submitted to AHCCCS
- Cases Open or Submitted with no SMI ID

This feature is accessed by selecting “Report” at the top of the Portal’s member/case search screen.

Post-Submission Processing

Once the SMI Vendor has completed the determination and submitted the case to AHCCCS, the record status is updated to ‘Submitted’ and staged for enrollment processing via the nightly Change File generation package.

Furthermore, the nightly process will review all cases submitted for members with no AHCCCS ID and append the ID(s) to the record if found in SMI Portal. The system *must* first match 100% of the member’s identifying information prior to appending an ID to the record. Once completed, the case record is then reviewed against the above rules and processed appropriately.

All records submitted to the SMI Portal are reviewed for the above criteria every night and processed accordingly.

Daily Status Files

AHCCCS produces three status reports that occurs every night Monday through Friday and provides these files to the SMI Vendor.

1. Open Not Submitted (OPENNOTSUBMITTED_{health_plan_id}_{yymmdd}.DAT) – which select all evaluations that are open, but still not submitted to PMMIS.
2. SMI Submitted report (SMI-SUBMITTED_{health_plan_id}_{yymmdd}.DAT) – which selects all evaluations that are submitted to PMMIS that day,
3. SMI Status report (SMI-STATUS_{health_plan_id}_{yymmdd}.DAT) – which also selects all evaluations changed and submitted that day, but with more information,

OPENNOTSUBMITTED_{health_plan_id}_{yymmdd}.DAT file layout

Field Name	Size	Record Position	
		From	To
Case Id	10	1	10
Client Id	10	11	20
AHCCCS Id	9	21	29
Last Name	20	30	49
First Name	20	50	69
Record Creation Date (YYYYMMDD)	8	70	77
Days between Current Date and Record Creation Date	4	78	81
Evaluator First Name	10	82	91
Evaluator Last Name	20	92	111
Record Creation Info	30	112	141
Decertification	1	142	142

SMI-SUBMITTED_{health_plan_id}_{yymmdd}.DAT file layout

Field Name	Size	Record Position	
		From	To
Case Id	10	1	10
Client Id	10	11	20
AHCCCS Id	9	21	29
Last Name	20	30	49
First Name	20	50	69
Referral Date (YYYYMMDD)	8	70	77
Review Decision Date (YYYYMMDD)	8	78	85
SMI Eligibility Determination	1	86	86
Record Creation Info	30	87	116
Decertification	1	117	117

SMI-STATUS_{health_plan_id}_{yymmdd}.DAT file layout

Field Name	Size	Record Position	
		From	To
Case Id	10	1	10
RBHA Id	2	11	12
Client Id	10	13	22
AHCCCS Id	9	23	31
Last Name	20	32	51
First Name	20	52	71
Date Of Birth (YYYYMMDD)	8	72	79
Referral Source	30	80	109
Record Evaluation Date (YYYYMMDD)	8	110	117
SMI Eligibility Determination	1	118	118
SMI Denial Reason	1	119	119
Review Decision Date (YYYYMMDD)	8	120	127
Diagnosis CD 1	8	128	135
Diagnosis CD 2	8	136	143
Diagnosis CD 3	8	144	151
Diagnosis CD 4	8	152	159
Diagnosis CD 5	8	160	167
Diagnosis CD 6	8	168	175
Diagnosis CD 7	8	176	183
Evaluator First Name	10	184	193
Evaluator Last Name	20	194	213
Decision Taker First Name	10	214	223
Decision Taker Last Name	20	224	243
EOC Start Date (YYYYMMDD)	8	244	251
Demographics ECN	15	252	266
Days between Record Creation Date and Record Change Date	4	267	270
OGA Appeal	1	271	271
Site Description	35	272	306
Site Choice	35	307	341
Decertification	1	342	342
Inpatient State	1	343	343
Request Received Date (YYYYMMDD)	8	344	351
Request Received Time	8	352	359
Request Completed Time	8	360	367
Days between Record Evaluation Date and Request Received Date	4	368	371

T/RBHA Responsibilities

Once a case has been submitted to the SMI Portal the T/RBHA is responsible for ensuring that the member's status in SMI Portal and PMMIS is appropriately updated. **Additionally, if the member is non-Medicaid eligible, the T/RBHA must transmit an 834 enrollment add or change record to AHCCCS with the correct mental health category documented.**