

**INSTRUCTIONS ON HOW TO COMPLETING THE FILLABLE FORM
REINSURANCE ACTION REQUEST**

REQUESTOR FIELD

This section is to be filled out with the Requestor's Name, Phone#, Email Address, and Fax number.

All fields are text formatted and have limited maximum number of characters to be entered.

CONTRACTOR FIELD

Drop-Down Text: Use the drop down menu to select a Contractor.

RECIPIENT FIELD

Recipient's Name, AHCCCS ID and a Linked ID need to be entered as it appears in PMMIS.

All fields are text formatted and have limited maximum number of characters to be entered.

RI CASE FIELD

Manually enter:

Case Type, Case#, CRN, DOS and Encounter CRN Status Date in PMMIS.
Dates are set up as two digits Month/Date/Year

Drop-Down Text: Use the Drop-Down menu in each of the following fields to make your selection:

Form Type
Subcap Code
Encounter CN1 Indicator
RI CRN Status in PMMIS

All fields are text formatted and have limited number of characters to be entered.

Detail The Reason For Your Request

This section is to be filled out by the person submitting the form with an explanation of the reason for submission.

All fields are text formatted but have limited maximum number of characters to be entered.

Documentation Attached & Number of Pages

Use your mouse by clicking in the Yes or No box to place an X.

Enter the number of pages attached to the RAR

All fields are text formatted but have limited maximum number of character to be entered.

Total Value of Action Request

Enter a dollar amount in this field.

This field is text formatted and has limited number of characters to be entered.

Due to Grievance & Date

Use your mouse by clicking in the Yes or No box to place an X.
Enter Date of Grievance Decision

All fields are text formatted but have limited maximum number of character to be entered.

AHCCCS Reviewer & Date

This section is to be completed by AHCCCS Reinsurance.

All fields are text formatted but have limited maximum number of character to be entered.

Important Notes:

Use the Tab key to move through the fillable fields. You can also use your mouse to move to a field and then click on it to activate the field.

Some fields limit the maximum number of characters you can enter and may automatically advance to the next field.

Use your mouse by clicking in the Yes or No box to place an X.

To go to the previous field, press Shift + Tab or use your mouse to click on the previous form field.

Once you have completed your form, print a copy for submission and for your records.