Introduction

Welcome!

The AHCCCS Reinsurance System Training Manual is designed to help facilitate your passage through the PMMIS* Reinsurance System, via the Arizona Department of Administration (DOA) mainframe.

* Prepaid Medical Management Information System

Objectives

By the time you have completed this manual, you’ll be able to do the following:

- Complete the PMMIS sign on process
- Effectively maneuver through the Reinsurance system
- Understand pend reasons and how to appropriately audit associated Reinsurance Cases and associated encounters

Overview

In the following sections, you will be presented information set up in a standard format. The various screens you will be using will be displayed, along with detailed information about each screen.
Sign on procedure
The screen below is the first screen that will appear when signing onto the PMMIS system, at this point you enter your application request sign on. (Please note that PMMIS has been switched to black and white for the sake of clarity, stock colors may be seen further below.)

* Pressing the ENTER key either executes a function or initiates a confirmation dialog for any information you altered on a screen. Be aware of any changes you make prior to pressing enter.

* In case of log in issues call AHCCCS help desk (602) 417-4451

Next Step
Then you will enter your User ID and Password

* New PMMIS users will enter their AHCCCS Security Sign-on as their Password and follow system instructions
EXTRA FORMAT
The extra system is based on various menu lists. Each menu has its own list of screens that can be accessed regarding that menu title. Your security level will only allow you to access certain screens.

There are certain elements that are consistent across several screens. These elements are detailed below as well as further in this manual. (Please note that the background color as well as the color of various text fields will vary depending on your display settings, colors represented below are stock settings.)

**WHITE TEXT MAY NOT BE TYPED OVER, IS MEANT TO DRAW ATTENTION, AND IS OFTEN SITUATIONAL**

**UNDERLINES DENOTE FIELDS YOU CAN TYPE IN, ADDITIONALLY, GREEN OR RED TEXT, OR FIELDS HIGHLIGHTED IN GREEN, MAY BE TYPED OVER AS WELL**

**BLUE TEXT MAY NOT BE ALTERED AND IS INFORMATIONAL**

**PF MEANS “PROGRAM FUNCTION”, THE NUMBERS REPRESENT THE FUNCTION KEYS ON YOUR KEYBOARD (F1, F2, ETC.), AND WHAT FOLLOWS THE “=” SYMBOL IS A SHORT HAND DESCRIPTION OF WHAT THAT KEY DOES ON THIS SCREEN.**
After logging into the system you will see the menu listed below.

<table>
<thead>
<tr>
<th>1. CASE MANAGEMENT</th>
<th>11. ALTCS MEDICAL ELIGIBILITY (CATS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. ENCOUNTERS</td>
<td>12. ALTCS FINANCIAL ELIGIBILITY (LEDS)</td>
</tr>
<tr>
<td>3. SYSTEM SERVICE REQUEST</td>
<td>13. ALTCS GENERAL INQUIRY/MAINTENANCE</td>
</tr>
<tr>
<td>4. HEALTH PLAN</td>
<td>14. ELIGIBILITY QUALITY CONTROL/FAUXD</td>
</tr>
<tr>
<td>5. INFORMATION MANAGEMENT</td>
<td>15. REINSURANCE</td>
</tr>
<tr>
<td>6. PROVIDER</td>
<td>16. (AVAILABLE)</td>
</tr>
<tr>
<td>7. RECIPIENT</td>
<td>17. FINANCE</td>
</tr>
<tr>
<td>8. REFERENCES</td>
<td>18. CLAIMS</td>
</tr>
<tr>
<td>9. UN/QA</td>
<td>19. SVES - WIPF REQUEST/RESPONSE</td>
</tr>
<tr>
<td>10. SECURITY</td>
<td>20. KIDS CARE (REDS)</td>
</tr>
</tbody>
</table>

**ENTER SELECTION: 15**

**TYPE 15, HIT ENTER**

**TRANSACTION SCREEN NUMBER**

**ENTER SELECTION NUMBER HERE (1, 2, 3, 4, 5)**

**PRESS F12 TO ESCAPE**

* HELP SCREEN

* See the next page for details regarding the help screen.
HELP SCREEN

Below you can see an example help screen for RI105. The subjects will vary but the layout is consistent. See below for details.

* The screen number you’re currently on is displayed next to “TR.” To go to a specific screen you can enter the screen number you want to go to next to the “NTR:” line or type the selection number next to the screen description in the “ENTER SELECTION” field.
* The “s” key consistently stands for “select” and is found on many screens. Please remember this for future reference.
MANUALLY TYPE IN THE CASE NUMBER HERE

F10 WILL TAKE YOU TO RI130, RI PAYMENT SUMMARY

F11 WILL TAKE YOU TO RI106, RI CASE COMMENTS

F6 WILL TAKE YOU TO RI120, UNLESS YOUR CASE IS A TRANSPLANT, IF WHICH CASE IT LEADS TO RI110

* Case Status
A=Active
C=Closed
I=Inactive
H=Hold
P=Pend
R=Reactivated

ACT, SHORT FOR ACTION, I STANDS FOR INQUIRY AND C FOR CHANGE. YOU MAY ONLY VIEW NOTES IN INQUIRY MODE, TO ADD OR CHANGE NOTES, SWITCH TO CHANGE MODE. TO CHANGE MODES TYPE OVER EITHER “I” OR “C” AND PRESS ENTER.

CASE NOTES WILL BE SEEN HERE

PF KEYS (F KEYS) AND THEIR FUNCTIONS, AS MENTIONED PREVIOUSLY
REFER TO RF754 FOR FORM TYPE

REPORTED CONTRACTORS PAID AMOUNT, APPROVED AMOUNT, OR AHCCCS ALLOWED BASED ON ENCOUNTERED INFORMATION

THE LETTER SURROUNDED BY PARENTHESES CAN BE TYPED IN THIS FIELD IN ORDER TO PERFORM THE ACTIONS SEEN HERE.

* Press enter once to reprocess the associated reinsurance encounter through encounters edits ensuring the 31/78 status. Press enter again to process through reinsurance edits and audits.

THE RI SCREEN YOU ARRIVE AT AFTER SELECTING THE ENCOUNTER ON THE PREVIOUS SCREEN IS DEPENDENT ON THE FORM TYPE. IT MAY BE RI215 FOR PHARMACY, RI205 FOR PROFESSIONAL, RI810 FOR ANY UB92 FORM, OR RI203 FOR DENTAL.
The error screen, for your viewing pleasure.

F1=Help Screen
F2=Return to Previous Screen
F3=Clear (if you’ve typed something)
F4=Error Message Screen (error inception)
F7=Page UP
F8=Page Down

Transplant Screen
The following screen is seen when advancing from RI105 to a transplant case.

HELP SCREEN

ERROR CODE AND DESCRIPTION

STAGE DATE PARAMETER

STAGE ORDER, SEQUENCE NUMBER, NAME, AND DESCRIPTION

REFER TO RF778 FOR STAGE NAME DESCRIPTION IF NECESSARY

THESE ACTIONS CAN BE APPLIED TO A STAGE.
(S)SELECT = SELECTS THE STAGE, GOES TO RI115
(E)EDIT = GOES TO EDIT SCREEN, RI113
(D)ENY = DENIES THE STAGE
(R)ECOUP = RECOUP PREVIOUSLY PAID FUNDS
After selecting the (E)DIT option on RI110.

Outlier Calculation (After keying F6 on RI113)
After selecting a stage from RI110.

You can sort encounters by claim type.

A = Professional
B = All UB type claims (Inpatient, outpatient, Skilled Nursing Facility)
C = Pharmacy
D = Dental
I = Inpatient
O = Outpatient
L = Skilled Nursing Facility

Return to RI105

Type "S" to select an invoice and go to RI135

Help screen

Return to RI105
Recoupment Details

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
<th>SEQ</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRN</td>
<td>ERROR</td>
<td>ERROR</td>
<td>OVRD</td>
</tr>
<tr>
<td>17</td>
<td>2720</td>
<td>EXACT DUPLICATE FOUND</td>
<td>0015</td>
</tr>
<tr>
<td>17</td>
<td>A623</td>
<td>STATUS CODE B ALREADY PAID</td>
<td>0015</td>
</tr>
<tr>
<td>16</td>
<td>H583</td>
<td>REINSURANCE CLAIM RECEIVED</td>
<td>0015</td>
</tr>
<tr>
<td>18</td>
<td>H583</td>
<td>REINSURANCE CLAIM RECEIVED</td>
<td>0015</td>
</tr>
<tr>
<td>18</td>
<td>H583</td>
<td>REINSURANCE CLAIM RECEIVED</td>
<td>0015</td>
</tr>
</tbody>
</table>

PF: 1-HLP 2-RTN 3-CLR 4-MSG 5-105 7-UP 8-DWN 9-CN1 10-TOP 11-BOT 12-ESC

THIS SCREEN IDENTIFIES WHEN THERE WAS AN ADJUSTMENT TO AN RI CASE FROM AN AUDIT REVIEW

RI Override Summary

<table>
<thead>
<tr>
<th>CRN/SEQ</th>
<th>ERROR CODE</th>
<th>ERROR DESC</th>
<th>OVRD CODE</th>
<th>REASON CODE</th>
<th>PAYMENT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>2720</td>
<td>EXACT DUPLICATE FOUND</td>
<td>0015</td>
<td>20171204</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>A623</td>
<td>STATUS CODE B ALREADY PAID</td>
<td>0015</td>
<td>20171204</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>H583</td>
<td>REINSURANCE CLAIM RECEIVED</td>
<td>0015</td>
<td>20180118</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>H583</td>
<td>REINSURANCE CLAIM RECEIVED</td>
<td>0015</td>
<td>20180118</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>H583</td>
<td>REINSURANCE CLAIM RECEIVED</td>
<td>0015</td>
<td>20180216</td>
<td></td>
</tr>
</tbody>
</table>

PF: 1-HLP 2-RTN 3-CLR 4-MSG 5-105 7-UP 8-DWN 9-CN1 10-TOP 11-BOT 12-ESC
RI Covered Services

<table>
<thead>
<tr>
<th>CASE TYPE/CVG PKG:</th>
<th>FORM TYPE:</th>
<th>ACTIVITY TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**ENTER AN ACTIVITY TYPE HERE**

**R=REVENUE CODES**

**H=HCPC/CPT CODES**

**D=DENTAL CODES**

**N=NDC CODES**

HELP SCREEN

An example of a completed RI325 screen.

* What you can see here is that for a HEM case type the I , inpatient, claim type is a covered service and that all revenue codes between 0000 to 0999 are accepted as of 10/01/1994.
RI Approved Amount Determination

* This screen details the RI approved amount for a specific CRN, except for transplants.

Prior Authorization Screen

CHOOSE "1" HERE
1. PA CASE
2. AUTHORIZATION EVENT

CHOOSE "B" FOR BROWSE
Prior Authorization screen RI410

ENTER “V” TO VIEW

YOU MUST POPULATE THE ERROR CODE FIELD TO GET ANY RESULTS
Audit Screens

```
Audit Screens

ONLY THESE OPTIONS ARE AVAILABLE TO CONTRACTORS
```

**Audit Screens**

```
TR: R1900  AHCCCS - REINSURANCE SYSTEM  03/02/18
MTR: _______ -- ____ AUDIT FUNCTIONS  12:20:50
R1061900

(R1901) 1. RI CASE
(R1902) 2. RI ENCOUNTERS
(R1903) 3. TRANSPANT STAGE
(R1904) 4. TRANSPANT STAGE ENCOUNTERS
(R1905) 5. CASE ADJUSTMENT
(R1906) 6. HEALTH PLAN YEAR
(R1907) 7. HEALTH PLAN PARAMETERS
(R1908) 8. TRANSPANT STAGE CONTRACT
(R1909) 9. COVERED SERVICES
(R1910) 10. LINKED HEALTH PLAN IDS
(R1911) 11. SPECIAL DEDUCTIBLES
(R1912) 12. RI CASE TYPE MAINTENANCE
(R1913) 13. TRANSPANT STAGE TYPES
(R1914) 14. FACTOR COVERAGE
(R1915) 5. RI-CROSS CALCULATION

ENTER SELECTION: __ ACT: I
PF: 1=HLP 2=RTN 12=ESC
```

**RI Case Audit Trail**

```
RI Case Audit Trail

THE DATE OF THE MOST RECENT ACTION

BROWSE THROUGH PRIOR ACTIONS BY PRESSING F8
```

```
TR: R1901  ACT: I  AHCCCS - REINSURANCE USER-ID:  03/02/18
MTR: _______ -- ____ RI AUDIT TRAIL  12:43:05
RI CASE  R1219001

CASE:
STATUS: A
HEALTH PLAN ID:
CONTRACT YEAR:
CASE TYPE:
AHCCCS ID:
BEGIN DATE: 10/01/2016
END DATE: 09/30/2017
PAYMENT PCT: .75
DEDUCTIBLE: 25000.00
TOTAL VALUE: 34154.40
PAID YTD: 6865.86
FFS IND: N
PER PLAN AMT: .00
RI PA NUM:
MM RNW DATE:
MODIFICATION: 02/07/2018 06:44:37PM 015 01/03/2018 11:21:23PM 015

PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DN 12=ESC
```
**RI Encounter Audit Trail**

### The Date of the Most Recent Action

**Browse through prior actions by pressing F8**

<table>
<thead>
<tr>
<th>TR: R1902</th>
<th>ACT: I</th>
<th>AHCCCS - REINSURANCE</th>
<th>USER-ID: 03/02/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTR: ___ _</td>
<td>RI AUDIT TRAIL</td>
<td>RI ENCOUNTER</td>
<td>R1211902</td>
</tr>
<tr>
<td></td>
<td>CASE: CRN:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATUS: PY</td>
<td>PY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORM TYPE: I</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPROVED AMOUNT: 11659.88</td>
<td>11659.88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAID AMOUNT: 2343.91</td>
<td>281.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVERRIDE AMOUNT: .00</td>
<td>.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RATE CODE: 2210</td>
<td>2210</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATUS EFFECTIVE: 04/05/2017</td>
<td>04/05/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MODIFICATION: 11/10/2017 05:50:30PM 015</td>
<td>10/10/2017 05:56:12PM 015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DOWN 10=263 12=ESC

<table>
<thead>
<tr>
<th>TR: R1905</th>
<th>ACT: I</th>
<th>AHCCCS - REINSURANCE</th>
<th>USER-ID: 03/02/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTR: ___ _</td>
<td>CASE ADJUSTMENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CASE: ADJUSTMENT TYPE: _</td>
<td>SEQUENCE: (&quot;A&quot;QUIT OR &quot;O&quot;THER) (001-005)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMOUNT:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MODIFICATION:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DOWN 10=263 12=ESC |
|-----------|--------|-----------------------|-------------------|

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**THE DATE OF THE MOST RECENT ACTION**

**BROWSE THROUGH PRIOR ACTIONS BY PRESSING F8**
Audit Trail For Transplant Stages

<table>
<thead>
<tr>
<th>Case</th>
<th>Stage</th>
<th>Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

**Status:**

**Service Beg Date:**

**Service End Date:**

**Contract Provider:**

**Billing Provider:**

**Billing Amount:**

**Approved Amount:**

**Paid Amount:**

**Override Amount:**

**Rate Code:**

**Pay Authorization:**

**Modification:**

**PP:** 1-HLP 2-RTN 3-CLR 4-MSG 7-UP 8-DWN 12-ESC
Reports available via the AHCCCS SFTP Server for Contractor use and reference:

Reinsurance Pend Report RI91L205
Reinsurance Remittance Advice RI81L310
Reinsurance Case Summary RI91L105
Reinsurance Case Initiation RI91L100
Reinsurance Case Reconciliation RI91L315
(Available in Comma Delimited format or Report Text Format)

RI_COMMAFIL.RI91L100.INIT.HP______.CSV
RI_COMMAFIL.RI91L105.SUMM.HP______.CSV
RI_COMMAFIL.RI91L315.RECON.HP______.CSV
RI_COMMAFIL.RI91L205.PEND.HP______.CSV
RI_COMMAFIL.RI91L310.REMIT.HP______.CSV
RI_91M100.INITIATION.______.TXT
RI_91M105.SUMMARY.______.TXT
RI_91M315.RECONCILIATION.______.TXT
RI_91M310.REMITTANCE.______.TXT

RI91L100 – Case Initiation Report
This report is a basic summary of case information for all cases created during the previous month’s Reinsurance Case Creation cycle. It reports and details all Encounters that associated to those cases initiated within the reporting period.

RI91L105 – Case Summary Report
This report is a summary of case information for all cases active during the monthly RI cycle and lists Reinsurance Encounter status information for all Encounters associated to the case. It reports summary totals of Case Allowed, Liability, Premium Tax, and Paid amounts as well as detailed descriptions of each Encounter applied to the Reinsurance case.

RI91L315 – Case Reconciliation Report
This report is a basic summary of case information with a detailed listing of all Encounters that potentially apply to an active Reinsurance case but are not yet associated to the case. It includes Encounters in the Edit/Audit process to permit reconciliation of Encounter records with Reinsurance records.

RI91L205 – Pended RI Encounters
This report is a summary of case information for all active cases that have pending Reinsurance Encounters during that reporting period. It lists the edit codes, edit descriptions and edit counts.

RI91L310 – Remittance Advice
This report is generated after the monthly Reinsurance payment cycle. It is a summary of all financial activity applied to only those Reinsurance cases that were included in the payment run. Financial activity and Reinsurance Encounters detailed in the Remittance Advice include payments, replacements, voids and denials.