

Attestation Portal Instructions Year 3

Accessing the TI Attestation Portal

- 1) Log in to AHCCCS Online: <https://azweb.statedicaid.us/Account/Login.aspx?ReturnUrl=%2f>
- 2) Enter your username and password for your AHCCCS Online Account
- 3) Click "Sign in" to proceed

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at (602) 417-4451.

**** ATTENTION - SHARING ACCOUNTS IS PROHIBITED! ****

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account. Access to the web site can be terminated if the User Acceptance Agreement is violated.

***** ATTENTION *****

Effective January 1, 2017, Non IHS/638 NEHT providers transporting TRBHA members over 100 miles, one way or round trip, must receive prior authorization for the transport. Behavioral health transports must be to and from a covered behavioral health service. Prior Authorization requests:

1. Must be submitted prior to service delivery in order to be considered timely.
2. Must contain a valid behavioral health diagnosis.

AHCCCS Online User Manuals

Sign In

Username
Password
Sign In

Forgot your Password? [Click Here](#)

- Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

▲ Your web browser must have JavaScript enabled in order to use AHCCCS Online.

Privacy Policy | Contact AHCCCS | HIPAA | © Copyright AHCCCS
801 E. Jefferson, Phoenix, AZ 85034

- 4) After logging into the AHCCCS Online Portal, Please click the "Targeted Investments Program" link under the Menu on the left side of the page.

Main | [FAQ](#) | [Terms Of Use](#) | [LogOut](#)

Main Page

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲

AHCCCS Online is an AHCCCS website designed for registered providers. It offers the convenience and efficiency of several online services.

AIMH SERVICES PROGRAM

Pending SPA approval by CMS, AHCCCS proposes to offer services that support an American Indian Medical Home Program, including Primary Care Case Management (PCCM), diabetes education, care coordination, and promoting participation in the state Health Information Exchange, to AHCCCS AI/AN members who are enrolled in AIHP. AIMH PCCMs will be charged with addressing health disparities between American Indians and other populations in Arizona, specifically by enhancing case management and care coordination. AHCCCS registered IHS/638 facilities who meet AIMH registration criteria will be eligible for prospective per member per month payments based on the services and activities they are providing to empaneled members. For further details on the program, please click on [AIMH Home](#).

CLAIM STATUS

Claim Status allows providers to check the status of **Fee-For-Service** claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan must be contacted for claim inquiries. For a listing of the Health Plan contact information, please click on [Health Plan Listing](#).

Username: Guest2
User: Anonymous Guest

TI Application Search

- 5) Please read the instructions on the Targeted Investments Program page, displayed above the “Application Search” section. In the “Application Search” section, enter your AHCCCS ID or Tax ID and SPN for the site that you are attesting to. If you receive an error message; please contact the TI Team at: targetedinvestments@azahcccs.gov
- 6) If you are attesting for multiple sites, enter the SPN for the site you are attesting to. You can only attest for one site at a time. You will need to start a new attestation for each SPN you want to attest to.

Targeted Investments Program

Participants in the Targeted Investments (TI) Program receive incentive payments based on the areas of concentration for which they applied and were accepted, and the completion of the associated core component activities and milestones. Participants demonstrate that they have accomplished the requirements to qualify for TI year 3 incentive payments by attesting to the completion of each individual Core Component and Milestone activity within the required time frames.

Participants will upload select milestone-required documents that will be reviewed and validated by AHCCCS and in some instances through on-site review. By attesting to the milestone completion, TI participants certify that the requirements stated in that specific Core Component and milestone have been met. Attesting to lacking or incomplete milestones may result in civil and criminal penalties against the person submitting the attestation and/or the provider. In addition, civil and criminal penalties and other administrative remedies may be imposed for any material misrepresentation or false statement made to obtain a TI incentive payment.

Self-Audit Clarification: For all Milestones that require self-audits, the requirement is to conduct record reviews for a random sample of at least 20 members (n) at the participating site. If a TI site has fewer than 20 records identified for a specific Milestone [the denominator], then the TI participant should include all the identified records in the review. The target percentage required for the Milestone applies regardless of the size of “n”.

If the “n” is zero for any of the Milestones, i.e. if there are no members that meet the denominator description, the Milestone is considered to have failed and the participant site will not receive the incentive payment associated with that Milestone.

If you have questions or concerns, please email TargetedInvestments@azahcccs.gov.

Please enter the AHCCCS Provider ID or Tax ID used on your TI application. In addition, enter the Site Participant Number (SPN) used to identify the address you wish to attest to. The SPN was provided by AHCCCS in the application acceptance letter.

The screenshot shows a web form titled "Application Search". It contains the following fields and options:

- * Identifier:** Two radio buttons: "AHCCCS Provider ID" (selected) and "Federal Tax ID".
- * AHCCCS Provider ID:** A text input field with a placeholder "6 digit numeric value".
- * Site Participant Number (SPN):** A text input field with a placeholder "2 or 3 digit numeric value".
- Search:** A button located below the input fields.

A red oval is drawn around the "AHCCCS Provider ID" and "Site Participant Number (SPN)" input fields.

7) Click “search”

Application Search

* Identifier: AHCCCS Provider ID Federal Tax ID

* AHCCCS Provider ID: 6 digit numeric value

* Site Participant Number (SPN): 2 or 3 digit numeric value

8) After you click “search”, the site location you are attesting to will be displayed including Provider Name, Site Address and Contact Email Address. If you add an email address (click “edit” first), it will ensure that the TI Team has the contact information for the individual involved in the attestation process.

Provider Site

Provider Name: ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Site Address: 801 E. JEFFERSON STREET, PHOENIX, AZ 85034

Contact Email Address: TargetedInvestments@azahcccs.gov [Edit](#)

9) If there is inaccurate provider site information that is shown above, you can email the TI Team at targetedinvestments@azahcccs.gov for assistance.

10) Click “Next”

Starting the Attestation Process

- 11) After clicking “next”, you should see the site location and the proceeding page will look like this example:

BEHAVIORAL HEALTH CLINIC - YEAR 2

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
801 E. JEFFERSON STREET, PHOENIX, AZ 85034 (SPN 825)

The Provider acknowledges and agrees that by clicking “Yes” to an attestation statement you are affirming under penalty of law that you have the authority to make the attestation on behalf of the Provider; that the answer or information provided is true, accurate and complete; and that the Provider has completed the stated task or other scope of work identified in each Attestation Statement answered in the affirmative.

I Agree

On the left you will see the Provider Type and on middle, you will see address and SPN for that location.

- 12) Read the statement above and then click “I agree”
- 13) In the event you have two different Areas of Concentration, you can attest to each Area of Concentration by clicking their corresponding “Select” link, **you can only attest to one Area of Concentration at a time.**
- 14) If you feel there is an error in the information above (site address, SPN, or Area of Concentration), please contact the TI Team at: targetedinvestments@azahcccs.gov

BEHAVIORAL HEALTH CLINIC - YEAR 2

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 801 E. JEFFERSON STREET, PHOENIX, AZ 85034 (SPN 825)

The Provider acknowledges and agrees that by clicking "Yes" to an attestation statement you are affirming under penalty of law that you have the authority to make the attestation on behalf of the Provider; that the answer or information provided is true, accurate and complete; and that the Provider has completed the stated task or other scope of work identified in each Attestation Statement answered in the affirmative.

I Agree

AREA OF CONCENTRATION - YEAR 2

AREA OF CONCENTRATION	ATTESTATION STATUS	AUDIT STATUS
Select Adults with Behavioral Health Needs - Mental Health Provider	Submitted	Under Review
Select Children/Youth with Behavioral Health Needs - Pediatric Mental Health Provider	Submitted	-

NOTE: To view the attestation, click the "select" link next to the area of concentration.

BEHAVIORAL HEALTH CLINIC - YEAR 3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 801 E. JEFFERSON STREET, PHOENIX, AZ 85034 (SPN 825)

The Program Participant acknowledges and agrees that by clicking "Yes" to an attestation statement you are affirming under penalty of law that you have the authority to make the attestation on behalf of the Program Participant; that the answer or information provided is true, accurate and complete; and that the Program Participant has completed the stated task or other scope of work identified in each Attestation statement answered in the affirmative and will continue to uphold the Terms of Use outlined in the Targeted Investments Program Participant Agreement signed and uploaded in year 2 of the Program.

I Agree

AREA OF CONCENTRATION - YEAR 3

AREA OF CONCENTRATION	ATTESTATION STATUS
Select Adults with Behavioral Health Needs - Mental Health Provider	Not Submitted
Select Children/Youth with Behavioral Health Needs - Pediatric Mental Health Provide	Not Submitted

NOTE: To view, edit or submit the attestation, click the "select" link next to the area of concentration.

- 15) The status of the attestation for each Area of Concentration is displayed on the right side in red color font. If you submitted attestations last year, your audit status for year 2 documentation will be displayed as well.

The message on the right, titled "not submitted" (see above) shows your Milestone documentation has not been fully completed and submitted to AHCCCS for the identified Area of Concentration.

- 16) The status message will change from "not submitted" to "submitted" once you officially upload and submit your documentation to AHCCCS.

BEHAVIORAL HEALTH CLINIC

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 801 E. JEFFERSON STREET, PHOENIX, AZ 85034 (SPN 825)

The Provider acknowledges and agrees that by clicking "Yes" to an attestation statement you are affirming under penalty of law that you have the authority to make the attestation on behalf of the Provider; that the answer or information provided is true, accurate and complete; and that the Provider has completed the stated task or other scope of work identified in each Attestation Statement answered in the affirmative.

I Agree

Area of Concentration

Select	Adults with Behavioral Health Needs - Mental Health Provider	Not Submitted
Select	Children/Youth with Behavioral Health Needs - Pediatric Mental Health Provider	Submitted

NOTE: To view, edit or submit the attestation, click the "select" link next to the area of concentration.

- 17) To get started on completing your attestation and document upload process, click on "Select" and choose which Area of Concentration you will attest to (if you only have one Area of Concentration connected to your SPN, then only one area of concentration will appear).

Depending on which Area of Concentration you applied for, the appropriate Core Components and Milestone requirements are displayed.

- 18) Some Core Components may require a document to be uploaded when the participant answers "yes" to an attestation statement (see image below on next page). If the Core Component requires a document upload, the following message will appear: "Please upload supporting documentation below." Or "please enter the self-audit values" (see image below). There is print icon on the top right corner of the screen. We recommend you print out the page after you have responded to the attestation statements for your records.

Unlike last year, you will be inputting your IPAT scores for CC #1 (for all areas of concentration *except* hospitals).

Core Components & Milestones (Adults with Behavioral Health Needs - Mental Health Provider) - YEAR 3

Print

Milestone Measurement Period 2
 (October 01, 2018 - September 30, 2019)

Core Component 1

- A. The Participant warrants that the practice has demonstrated substantive progress on the practice-specific action plan and identifies barriers to, and strategies for, achieving additional progress by updating the practice action plan by December 31, 2018; and
- B. The Participant warrants it has reported on the progress that has been made since January 1, 2019 and identifies barriers to, and strategies for, achieving additional progress by July 31, 2019; and
- C. The Participant attests to completing the Integrated Practice Assessment Tool (IPAT) between August 1, 2019 and September 30, 2019 for the site and reporting the results by September 30, 2019.

Selecting 'Yes' indicates that **all** requirements for this Core Component Milestone are completed.

Yes No

* Please enter the IPAT Score (1-6):

Core Component 2

- A. The Participant attests to sampling a random sample of at least 20 members who had integrated treatment plans created, that the integrated treatment plan includes the established data elements and is documented in the electronic health record 70% of the time by September 30, 2019.

Selecting 'Yes' indicates that **all** requirements for this Core Component Milestone are completed.

Yes No

* # of members that met the criteria:

* # of members sampled:

Percentage: 88.9%

Core Component 3

- A. The Participant attests to sampling a random sample of at least 20 members, and 85% of members were screened using the identified tool and that the care manager/case manager connected the member to the appropriate community resource and documented the intervention/referral in the care plan for those who scored positively on the screening tool by September 30, 2019.

Selecting 'Yes' indicates that **all** requirements for this Core Component Milestone are completed.

Yes No

Core Component 4 Please enter the self-audit values

- A. The Participant attests to sampling a random sample of at least 20 members whom the practice has identified as having received primary care services during the past 12 months, attest that a warm hand-off, consistent with the practice's protocol, occurred 85% of the time by September 30, 2019.

Selecting 'Yes' indicates that **all** requirements for this Core Component Milestone are completed.

Yes No

* # of members that met the criteria:

* # of members sampled:

Percentage:

Core Component 5

- A. The Participant attests the practice is transmitting data on a core data set for all members to Health Current by September 30, 2019; and
- B. The participant attests to implementing policies and procedures that describe how longitudinal data received from Health Current are routinely accessed and used to inform care management of high-risk members by September 30, 2019.

Selecting 'Yes' indicates that **all** requirements for this Core Component Milestone are completed.

Yes No Please upload supporting documentation below

Proceed with answering either "yes" or "no" for each attestation statement.

Uploading documents

26) To upload a document, scroll to the bottom of the page where you will see the section titled “attachments”.

27) You will need to click on the “Type” drop down below to select your document type. The document uploads are arranged in the order that correlate with the attestation statements.

29) Once the document is selected, click “browse” and then “Upload Attachment”.

FileName	File Type	Upload Date
<input checked="" type="checkbox"/> member and family survey summary and plan.pdf	Policy & Procedure	7/16/2019
<input checked="" type="checkbox"/> HIE Policy.pdf	Policy & Procedure	7/16/2019
<input checked="" type="checkbox"/> 2019 Member and family tabulation results.docx.xlsx	Survey results summary and plan	7/16/2019

Please Note: the max file size for the upload is 10 MB and we recommend that PDFs be uploaded. Please do not include large images and PHI. In order to process your attestation, a single document needs to be submitted that matches for each file type.

30) As you respond to each statement, your responses and attachments will be saved automatically. You can change your response to any question at any time. To change an attachment to a Core Component, you can click “x” next to the name of the file uploaded.

Submitting your attestation/saving your uploaded information

- 31) IMPORTANT NOTE: Please do NOT upload PHI or PII information through this portal. If PHI or PII is found, the document(s) will be rejected.
- 32) If you do not want to officially submit your attestation to AHCCCS at the time of uploading your documents, please do NOT press “Submit”. Instead, you can log out of the portal and the attachments uploaded will be saved.

Attachments

Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type:

Select file to upload: No file chosen

Max File Size: 10MB
 Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png, xls, xlsx

FileName	File Type	Upload Date
<input checked="" type="checkbox"/> member and family survey summary and plan.pdf	Policy & Procedure	7/16/2019
<input checked="" type="checkbox"/> HIE Policy.pdf	Policy & Procedure	7/16/2019
<input checked="" type="checkbox"/> 2019 Member and family tabulation results.docx.xlsx	Survey results summary and plan	7/16/2019

- 33) Once you click “submit”, the following message will appear in red text:

Thank you for submitting your attestation for Year 3 of the Targeted Investments Program.

- 34) If you have more than one Area of Concentration under the same SPN, after the successful submission of the first Area of Concentration Attestation, click the “Close” button. You will be navigated back to the Area of Concentration list page, where you can go ahead and select the second Area of Concentration for attestation and following the same steps outlined in this document to attest for your completed Milestones.

Please email us at targetedinvestments@azahcccs.gov if you have questions.