

ALTCS MEMBER CHANGE REPORT USER GUIDE

EFFECTIVE: JULY 1, 2019





TABLE OF CONTENTS

I.	PURPOSE	3	
II.	DEFINITIONS	3	
III.	ALTCS MEMBER CHANGE REPORT USER GUIDE	3	
А.	ACCESSING THE ALTCS ELECTRONIC MEMBER CHANGE REPORT		
B.	LOG-IN SCREEN (REQUIREMENTS)		
C.	CREATE A NEW ACCOUNT	6	
D.	CONTRACTOR HOME PAGE MCR Status MCR Search	10	
Ε.	CREATE A NEW MCR Find Member Part 1 – Member Information Case Manager Data Contact Information Demographic Changes Select Location and Add Attachments Placement/Living Arrangements Review and Submit MCR Client Status Changes Voluntary Discontinuance Retroactive Contract Type Change Temporary Absence from Arizona and Returned to Arizona Tribal Enrollment Change Change Contract Type from Long Term Care to Acute Care Only Change Contract Type from Acute Care Only to Long Term Care Contractor Change (Change PC) Medicare/Other Health Insurance Income/Resource Change-changes saved screen Preadmission Screening (PAS) Reassessment Request	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	
IV.	REFERENCES		



I. PURPOSE

The ALTCS Member Change Report User Guide applies to ALTCS/EPD, DES/DDD, and ALTCS Tribal Programs. The purpose of this User Guide is to provide a tutorial for the process of reporting to AHCCCS when a change needs to be made on a long term care member's eligibility or enrollment record via the electronic Member Change Report (eMCR).

II. DEFINITIONS

Arizona Long Term Care System (ALTCS):

ALTCS is the State of Arizona's Medicaid program that provides long term care services, at little or no cost, to financially and medically eligible Arizona residents who are aged, blind, disabled, or have a developmental disability.

III. ALTCS MEMBER CHANGE REPORT USER GUIDE

The electronic MCR process was implemented to increase efficiency and develop improved tracking and reporting mechanisms for both AHCCCS and the Contractors. Reference AMPM Chapter 1600, Exhibit 1620-2 for guidelines on when to use a member change report form. https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620-2.pdf

The MCR Guide provides the Contractor with examples of the screens used and the procedural steps for completing the various types of eMCRs.

A. ACCESSING THE ALTCS ELECTRONIC MEMBER CHANGE REPORT

The Electronic Member Change Report is accessed via the AHCCCS website at the following: https://mcr.statemedicaid.us

B. LOG-IN SCREEN (REQUIREMENTS)

The screen shown below is used to log-in to the Contractor's home page once a user has created an account.

1. User Name:

User Names are case sensitive and must be at least six alpha/numeric characters. It is recommended that users use their real name for this entry.

2. Password:

Passwords must be a minimum of nine characters long and can be alpha or numeric or a combination of both. Passwords are also case sensitive.



Arizona Health Care Cost Con	naismeet System
Member Change Request Menu Login Register New Account	Thank you for visiting the MCR application (Member Change Request) at AHCCCS. In order to use this site, you must have an active account. For questions, please read the FAQ or contact our Customer Support Center at (602) 417-4451 . ** ATTENTION - SHARING ACCOUNTS IS PROHIBITED **
Forgot Password Privacy Policy Contact AHCCCS	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.
Frequently Asked Questions User Guide	Use your MCR account to log in. If you don't have an account, Please use the Register New Account option on the Menu or Click Here Sign In Username Password Sign In Forgot your Password? Use the Forgot Password link on the Menu or 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 Customer Support to unlock your account or use the Forgot Password feature.

3. First Time Users:

First time users must click on the "Click Here" link to register a new account. See pages 6-10 of this guide for the steps on how to register a new account.

4. Forgot My Password:

Current users may try up to five times to enter a valid password to access a registered account before the system will lock the user out. The user will then need to have the password reset. If the user becomes locked out, the user must call AHCCCS ISD Customer Support at (602) 417–4451 to have the password reset.

It is strongly recommended for users who have forgotten their password to click on the "Forgot Password" link to request the password be emailed to the user before being locked out.

Member Change Request	Thank you for visiting the MCR application (Member Change Request) at AHCCCS. In order to use this site, you must have an active account		
Menu	For questions, please read the FAQ or contact our Customer Support Center at (602) 417-4451.		
Login	** ATTENTION - SHARING ACCOUNTS IS PROHIBITED **		
Register New Account	Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your		
Forgot Password	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		
Privacy Policy	User Acceptance Agreement is violated.		
Contact AHCCCS			
Frequently Asked Questions	Use your MCR account to log in.		
User Guide	If you don't have an account, Please use the Register New Account option on the Menu or Click Here		
	Password Password? Use the Forgot Password link on the Menu or 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 Customer Support to unlock your account or use the Forgot Password feature.		



5. Password Reset:

- 1) Go to the "Forgot Password" link in the menu or use the "Click Here" link.
- 2) Enter the Username and Email address for your account. The Email must match the one you already have defined on the account.
- 3) You will be prompted to provide the answers to your security questions.
- 4) An email message will be sent to the email address you entered. You will need the information contained in this message to reset your password.

AHCCCS Area Karas Car Car Carl Carlon System			
Member Change Request			
Menu	Password Reset		
Login			
Register New Account	1. Please provide the UserName and Email address for your account. The Email must match the one you already have defined on the account. 2. Then you will be asked to provide the answers to your security questions.		
Forgot Password	3. Finally, an email message will be sent to the address you entered. You will need the information contained in this message to reset your		
Privacy Policy	password.		
Contact AHCCCS	Enter User Information		
Frequently Asked Questions			
User Guide	Username		
	Email Address		
	Continue		
	Commoe		

- 6. The New Password Requirements:
 - Must be a minimum of 9 characters in length.
 - Must have at least one upper case alpha character (A).
 - Must have at least one lower case alpha character (a).
 - Must have at least one numeric character (1, 2, 3, etc.).
 - Must have at least one special character (!, @, #, \$, etc.).
 - The password cannot contain three or more consecutive characters. For example: "111" or "aAa" would not be accepted.
 - The password cannot have 3 consecutive characters in common with the username
 - Cannot be the same as the previous password



C. CREATE A NEW ACCOUNT

1) First time users must click the "Register New Account" on the menu or click on the "Click Here" link to create a new account before the user can access the eMCR home page.

Arizone Health Core Cost Cont	Nament System		
Member Change Request Menu	Thank you for visiting the MCR application (Member Change Request) at AHCCCS. In order to use this site, you must have an active account. For questions, please read the FAQ or contact our Customer Support Center at (602) 417-4451 .		
Login			
Register New Account			
Forgot Password	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.		
Privacy Policy			
Contact AHCCCS			
Frequently Asked Questions	Use your MCR account to log in.		
User Guide	If you don't have an account, Please use the Register New Account option on the Menu or Click Here		
	Sign In Username Password Sign In Forgot your Password? Use the Forgot Password link on the Menu or 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 Customer Support to unlock your account or use the Forgot Password feature.		

2) Before the user can proceed, the user must first read the User Acceptance Agreement and select the "*I agree*" option under the User Acceptance Agreement page, as indicated below:

Member Change Request			
Menu	User Acceptance Agreement		
Login	Please read the following terms of use and indicate that you agree by selecting the "I Agree" option at the bottom of the page.		
Register New Account	Warning: The information provided through the Member Change Request (MCR) Web Application is confidential under state and federal law. Us		
Forgot Password	and disclosure of this information is limited to purpose directly related to the administration of Arizona Health Care Cost Containment System.		
Privacy Policy	The Account Holder is responsible for ensuring the confidentiality of any information obtained from this web application. Accessing the MCR application is limited to users who need the information to perform their employment-related duties. Notifications will be sent		
Contact AHCCCS			
Frequently Asked Questions	to user accounts via e-mail prior to deactivation of accounts for non-use.		
User Guide	Violation of the terms and conditions of the agreement and/or violations of the state and federal confidentiality and privacy requirements may result in termination of your access to the MCR Web Application.		
	Tesur in remination of your access to the Pick Web Application.		
	I Disagree I Agree		
	Next Cancel		



3) The user must enter their e-mail address and the security code displayed on the users screen:

Member Change Request * Indicates required fields			
Menu	Register For a New Account		
Login	Please enter your email address. Once you press "Submit" an email message will be sent to the address you entered. You will		
Register New Account	Please enter your email address. Once you press "Submit", an email message will be sent to the address you entered. You will need the information contained in this message to complete your registration.		
Forgot Password			
Privacy Policy	-Enter Email Address		
Contact AHCCCS	-Enter Below Code		
Frequently Asked Questions	MINIK		
User Guide	I VELON (
	Submit J		
	AHCCC5, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000		
	(THIS IS ONLY AN EXAMPLE AND IS NOT AN ACTUAL CODE)		

4) Complete New Account Registration by clicking "OK":

Member Change Request	
Menu	
ster New Account	Complete New Account Registration
ot Password	
icy Policy	An email has been sent to the email address you provided. Please follow the
ct AHCCCS	instructions in the email to continue the registration process.
uently Asked Questions	OK
er Guide	

The user will receive an email similar the following:

Please click the following link, or copy/paste the link into your browser		
https://mcr.statemedicaid.us:443//Account/Register.aspx?id=oD6wP7q0%2fKn2vX3nurbCEPCrWJzej wtPF7yfIzqWuV5byEoawPfH%2bzKDO%2fmRZJid		
Your Activation code is: fbucmfGP (THIS IS NOT A PASSWORD) The Activation recovery code is only valid for 30 minutes.		
(THIS IS ONLY AN EXAMPLE AND IS NOT A PASSWORD)		



- 5) The hyper link sent to the users email will direct the user to the "New Account Registration" page.
- 6) The user must enter the activation code; Health plan ID; Health plan TIN; and verify the users email address:

Member Change Request	* indicates required fields		
Menu	Complete New Account Registration		
Login	*Enter the Activation Code:		
Register New Account			
Forgot Password	*Enter your health Plan ID:		
Privacy Policy			
Contact AHCCCS	*Enter Tax Identification Number (TIN):		
Frequently Asked Questions			
User Guide	*Enter your Email:		
	Next		
	AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000 ©Copyright 2015 AHCCCS, All Rights Reserved		

Health Plan ID (6 digits) of the Contractor

CONTRACTOR	HEALTH PLAN ID
Banner University Family Care	110313
DES/DDD	110007
Mercy Care Plan	110306
United Healthcare Community Plan	110050

TRIBAL CONTRACTORS	HEALTH PLAN ID
Gila River Indian Community	190025
Hopi Tribe	190091
Navajo Nation	190017
Pascua Yaqui Tribe	190075
San Carlos Apache Tribe	190083
Tohono O'odham Nation	190033
White Mountain Apache Tribe	190009
Native Health	190000



Sign Up for Your New Account

Users are registered with their Contractor account using an email address and a password. The email address is used to communicate with the user in the event the password is forgotten.

- 1. User Name: User Names are case and must be at least six alpha/numeric characters. It is recommended that users use their real name for this entry.
- 2. **Password:** Passwords must be a minimum of nine characters long and can be alpha or numeric or a combination of both. Passwords are also case sensitive.
- 3. E-mail: Each user can only be assigned to one Health Plan by email address.
- 4. Security Questions and Answers: The user should choose two security question from the drop down list and enter an answer to both question. These will be used to verify the user if the password is forgotten.
- 5. Click CREATE ACCOUNT

D. CONTRACTOR HOME PAGE

After logging in, a page similar to the one shown below will appear as the Home Page for that Contractor. This page lists all existing MCRs submitted by the Contractor.

The MCR list is default sorted by the Date Submitted column with the most recent appearing first. This page can be re-sorted by any column by clicking on the column header name (e.g. Member Name, Change Type, etc.).

Member Change Request								Log Get My M
Menu	:: MCR List						AHCCCS ID	Searc
rivacy Policy								
ontact AHCCCS	Date Submitted	AHCCCS ID	Member Name	Office	Phone	Status	Change Type	Actio
equently Asked Ouestions	05/18/2012	A002xx247	CARDINALS, ARIZONA	Phoenix	602-417-6600	Responded	Placement/Living Arrangement	۹ ک
ser Guide	09/30/2011	A002xx247	CARDINALS, ARIZONA	Tucson	520-205-8600	Responded	Demographic/Miscellaneous	
ser Guide	09/30/2011	A002xx247	CARDINALS, ARIZONA	Tucson	520-205-8600	Responded	Placement/Living Arrangement	۹ 🛙
	09/30/2011	A002xx247	CARDINALS, ARIZONA	Tucson	520-205-8600	Responded	Demographic/Miscellaneous	۹. (
I want to	09/30/2011	A002xx247	CARDINALS, ARIZONA	Tucson	520-205-8600	Responded	Placement/Living Arrangement	Q (
iew My MCRs	09/30/2011	A002xx247	CARDINALS, ARIZONA	Sierra Vista	520-459-7050	Responded	Demographic/Miscellaneous	
ireate a new MCR	09/30/2011	A002xx247	CARDINALS, ARIZONA	Sierra Vista	520-459-7050	Responded	Demographic/Miscellaneous	
User Account Info	09/30/2011	A002xx247	CARDINALS, ARIZONA	DHCM	602-417-4626	Responded	Client Status-PartB	٩ و
lsername: Deepak7	09/30/2011	A002xx247	CARDINALS, ARIZONA	DHCM	602-417-4626	Responded	Client Status-PartB	٩
lser: deepak Sahoo	09/30/2011	A002xx247	CARDINALS, ARIZONA	DHCM	602-417-4626	Responded	Client Status-PartB	۹ 🛯
lealthPlanID: 110015								1
mail: Deepak.Sahoo@azahcccs.gov								
ctive Since: 12/28/2016 03:09:43 PM								
lser Account								



MCR Status

The Status Column for each MCR listed will note one of the following:

- NEW Submitted by the Contractor but not yet assigned or processed by AHCCCS
- ASSIGNED The MCR has been assigned to an AHCCCS staff person to process the change but that action has not yet been taken. The assigned staff person's contact information can be viewed in the details of the MCR by clicking on the sicon.
- FORWARDED The MCR was forwarded from the AHCCCS location where the Contractor sent it to another AHCCCS location that is more appropriate to process it.
- **RESPONDED** AHCCCS has responded to the submitted MCR. Typically this will be following an action taken to process the change reported but it may also indicate that no action was taken for some reason. Comments from the AHCCCS location responding should be included to explain any non-action.

Menu Menu Privacy Policy Menu Contract ArACCCS Prevaewith Asked Questions User Guide Menu New MyRCB Manual to View MyRCB Manual to Caset a new MCR Manual to User Guide Manual to User Account Info Manual to Ubername: Despik/2 Manual to Iter devide Manual to These factors fairs Manual to MCR Ashoogaan boost Manual to Menual to the factors fairs Manual to Manual to the factors fairs Manual to Menual to the factors fairs Manual to Manual to the factors fairs Manual to Item to the fairs factors fairs Manual to Item to the fairs factors fairs Manual to Item to the fairs factors fairs Manual to Manual to the fairs Manual to<	AHCC Arizone Health Core Cost Cor	
Menu Privacy Philory Contact AHACCCS Frequently Akade Questions Liser Guide Iser Gegesk Salson HealthflanD: 110015 Imai: Deegask Salson HealthflanD: 110015 Iser Glegask Salson HealthflanD: 110015 Iser Glegask Salson HealthflanD: 110015 Iser Glegask Salson <th>Nomber Change Request</th> <th>Back Class this MCP</th>	Nomber Change Request	Back Class this MCP
Privacy Policy Contact ANACCCS Prequently Asked Questions User Guide Member Name: Product Questions User Guide I want to View My MCRs Create a new MCR User Account Info User Account Feality Status: Meticar Certified: Yes Contracted With PC: No Effective Date: 05/14/2012 Contracted With PC: No Effective Date: 05/14/2012 Contracted With PC: No Effective Date: 05/14/2012 Contracted With PC: No Itaus: Reaponded		
Contact AFCCCS Hember Details: Frequently Asked Questions Homeber liams:: MODEWIX CARDINALS Liber Guide Odd:::: ADD:::: MODEWIX CARDINALS I want to Odd:::: MODEWIX CARDINALS I want to Case Manager:: Juna Way Case Manager:: Juna Way Case Manager:: Juna Way User: degak Sahoo Headstrant: Headstrant: Headstrant: Headstrant: Headstrant: Contracted With PC:: No Effective Date:: S/J/2012 Contracted With PC:: No Effective Date:: S/July 2012 Contracted With PC:: No Load Office: Phoenix Status: Responded		MCR LIST
Nember Name: PPOBINUS Frequentily Aded Questions Ad02**247 DOB: 04/35/954 Case Manager Phone #: 520-19-6389 Image: Phone #: Thom #:		Member Details:
Liber Guide Liber		Member Name: PHOENIX CARDINALS
Case Manager: Jana Way		
I want to Vew Wy MCBs Create anew MCR User Anew MCR User Account Info State, Zip: A. 2, 8719 Phone Number: Prove Number: Prove Number: Prove Number: Prove Number: Prove Number: Prove Number: Vest Schoo@exathcos.apov Active Since: 12/28/2016 03:05:43 PM User Account Effective Date: 05/14/2012 Contracted With PC: No Effective Date: 05/14/2012 Contracted Vith PC: No Effective Date: 05/14/2012 Contracted Vith PC: No Effective Date: 05/14/2012 Contracted Vith PC: No Effective Date: 05/29/2012 Member Elipplie: Yes Inelipplie Effective Date: No Action Taken: Completed Date: 05/29/2012 Other Reason: Completed Date: 05/29/2012	User Guide	
Ver MY MCR3 Create a new MCR Placement Change Details: Pacify Type: Other Pacify Type: Ot		Case Manager Phone #: 520-419-6389
Verwinny Nucls Create a new MCR. Facility Type: Other Facility Type: Oth		Placement Change Detailer
Pacity Views: Unversive Vietaria Conter Address: 13:01. Campbell City: Tuccon State; Zir: A, 25:73 Prote Kumber: Provide ID: Prote Kumber: Prote		
Address: 150.1 N. Campbell City: T. Uccon Uccon User: Account Info User: Account State, Zgi: AZ, 85719 Provide: 10: Provide: 10: Provide: 10: Provide: 10: HadithPlan(10:110015 Facility Status: Hadito@cartfied: Yes Adves: 12/28/2016:03:09:43 PM User: Account Ffective Date: 05/14/2012 Comments: Local Office: Monix Status: Responded Kature: Case Worker: AHCCCS/DEMorrow Member Eligible: Yes Local Office: Monix Status: Responded Completed Date: 05/29/2012 Other Reson: Comments: Completed Date: 05/29/2012 Other Reson: Completed Date: 05/29/2012 Other Reson: Comments: Comme	Create a new MCR	
User Account Into User Account Comparison Into Into Into Into Into Into Into In		Address: 1501 N. Campbell
Utername: Despak/2 User: despak/2 User: despak/2 Viser: despak	User Account Info	
User: departs annoo HealthPlantic: 110015 Email: Deepak: Sahoo@arahccos.gov Active Since: 12/20/2016 03:09:43 PM User Account Feffetive Date: 05/14/2012 Contracted With PC: No Effective Date: 05/14/2012 Comments: MCR Response Local Office: Phoenix Status: Responded Case Worker: AHCCCS/DEMorrow Member Elipible: Vas Inelipible Effective Date: 05/29/2012 Other Reason:	Username: Deepak7	Phone Number:
Email: Deepak.Sahoo@azahcco.gov Active Since: 12/28/2016 03:09:43 PH User Account Feffetive Date: 05/14/2012 Comments: Feffetive Date: 05/14/2012 Completed Date: 05/29/2012 Completed Date: 05/2	User: deepak Sahoo	Provider ID:
Licensed: Yes Active Since: 12/20/2016 03:09:43 PM User Account User Account Licensed: Yes Contracted With PC: No Comments: Comments: Licel Office: Phoenix Status: Responde Licel Office: Comments: Licel Office: Comments: Licel Office: Comments: Licel Office: Comments: Licel Office: Comments: Comments: Licel Office: Comments: Licel Office: Comments: Licel Office: Comments: Licel Office: Comments:	HealthPlanID: 110015	
Addres Since: 12/23/2016 03:09:43 PM User Account Effective Date: 05/14/2012 mments: Constracted With PC: No Effective Date: 05/14/2012 Comments: Constracted With PC: No Effective Date: 05/14/2012 Constracted With PC: No MCR Response Local Office: Phoenix Status: Responded Case Worker: AHCCCS\DEMorrow Member Eligible: Yes Ineligible Effective Date: No Action Taken: Completed Date: 05/29/2012 Other Reason: Completed Date: 05/29/2012	Email: Deepak.Sahoo@azahcccs.gov	
Effective Dize: 05/14/2012 Comments: Comments: MCR Response Local Office: Phoenix Status: Responded Case Worker: AHCCCS\DEMorrow Member Eligible: Yes Ineligible Effective Date: No Action Taken: Completed Date: 05/29/2012 Other Reason:	Active Since: 12/28/2016 03:09:43 PM	
Comments: MCR Response Local Office: Phoenix Status: Responded Case Worker: AHCCCSIDEMorrow Member Eligible: Yes Ineligible Effective Date: No Action Takeni: Completed Date: 05/29/2012 Other Reason:	User Account	Effective Date: 05/14/2012
Local Office: Phoenix Status: Responded Case Worker: AHCCCSIDEMorrow Member Eligible: Ves Ineligible Effective Date: No Action Taken: Completed Date: 05/39/2012 Other: Reason:		
Local Office: Phoenix Status: Responded Case Worker: AHCCCS\DEMorrow Member Eligible: Ves Ineligible Effective Date: No Action Takeni: Completed Date: 05/39/2012 Other Reason:		
Status: Responded Case Worker: AHCCCS\DEMorrow Member Eligible: Yes Ineligible Effective Date: No Action Taken: Completed Date: 05/29/2012 Other Reason:		MCR Response
Member Elipilie: Yes Inelipilie Effective Date: No Action Taken: Completed Date: 05/29/2012 Other Reason:		
No Action Taken: Completed Date: 05/29/2012 Other Reason:		
		Response comments: Done

The Responded Screen above shows the action(s) taken by AHCCCS based on the MCR submitted by the Contractor and the AHCCCS representative's comments.

No Action Taken may be populated as the action response sent by AHCCCS if the change requested could not be made. Comments should be included to provide an explanation.

If the Contractor feels further action is still required, the case manager should contact the appropriate AHCCCS staff regarding the action. Another MCR will likely be needed, but the new MCR may need to be submitted differently or may need to include further clarification. <u>The original MCR cannot be re-submitted</u>.



To remove this completed MCR from the list of pending MCRs on the Contractor's home page, the Contractor/user should click on "Close this MCR" at the top of the screen after reviewing the response. <u>Once closed, a MCR cannot be retrieved</u>.

Action: Clicking on the \leq icon in the Action column of a specific MCR will display the details of that MCR.

Clicking on the **\Boxestyle icon** in the **Action** column of a specific MCR will **close and remove** that MCR from the Contractor's list. This should <u>only</u> be done <u>after</u> an MCR has been responded to by AHCCCS (either action taken or information to indicate why no action was or will be taken). The MCR <u>cannot</u> be retrieved once it is closed.

MCR Search

The Search button in the upper right-hand corner of the Contractor Home Page screen (see below) can be used to search by AHCCCS ID#.

Enter the Member's AHCCCS ID#:

This will search the Contractor's master list of MCRs for all MCRs submitted and not yet closed for a specific member. A filtered list (MCRs for that AHCCCS ID#) will be displayed. Clicking on Get all MCRs (top right corner) will then return the user to the unfiltered master list of all MCRs.

								Log	-
Member Change Request	:: MCR List						AHCCCS ID	Get My I Sear	
Menu	:: MCR List						ARCCUSID	Seal	IC
Privacy Policy	Date Submitted	AHCCCS ID	Member Name	Office	Phone	Status	Change Type	Acti	0
Contact AHCCCS	05/18/2012	A002xx247	CARDINALS, ARIZONA	Phoenix	602-417-6600	Responded	Placement/Living Arrangement	•	×
requently Asked Questions	09/30/2011	A002xx247	CARDINALS, ARIZONA	Tucson	520-205-8600	Responded	Demographic/Miscellaneous	•	Þ
Jser Guide	09/30/2011	A002xx247	CARDINALS, ARIZONA	Tucson	520-205-8600	Responded	Placement/Living Arrangement		Þ
	09/30/2011	A002xx247	CARDINALS, ARIZONA	Tucson	520-205-8600	Responded	Demographic/Miscellaneous		Þ
I want to	09/30/2011	A002xx247	CARDINALS, ARIZONA	Tucson	520-205-8600	Responded	Placement/Living Arrangement		D
fiew My MCRs	09/30/2011	A002xx247	CARDINALS, ARIZONA	Sierra Vista	520-459-7050	Responded	Demographic/Miscellaneous		ß
Create a new MCR	09/30/2011	A002xx247	CARDINALS, ARIZONA	Sierra Vista	520-459-7050	Responded	Demographic/Miscellaneous		Ø
	09/30/2011	A002xx247	CARDINALS, ARIZONA	DHCM	602-417-4626	Responded	Client Status-PartB		E
User Account Info									Ø
Jsername: Deepak7	09/30/2011	A002xx247	CARDINALS, ARIZONA	DHCM	602-417-4626	Responded	Client Status-PartB		-
Iser: deepak Sahoo	09/30/2011	A002xx247	CARDINALS, ARIZONA	DHCM	602-417-4626	Responded	Client Status-PartB	•	Þ
lealthPlanID: 110015									1
mail: Deepak.Sahoo@azahcccs.gov									
ctive Since: 12/28/2016 03:09:43 PM									
Iser Account									



E. CREATE A NEW MCR

Find Member Part 1 – Member Information

- 1. Choose Create a New MCR from the "I Want to" box on the left side of screen.
- 2. Enter member AHCCCS ID
- 3. Enter member Date of Birth
- 4. Click FIND MEMBER

Help information about each screen will be displayed in the column on the left.

AH	CCCS ///	AZ.GOV	
Arlosne Health	Care Cord Cambringand System	Releasesy Official Web Site	Log Out
Member Change Request			Get All MCR
Menu	:: MCR List	AMCCCS ID	Search
Privacy Policy			
Contact AHCCCS		No MCR Records Found	
Frequently Asked Questions	-		
User Guide			
Resources	-		
THE PART OF A			
I want to			
View My MCRs			
Create a new MCR			
User Account Info			
Usemame: Deepak50			
User: Deepak Sahoo			
HealthPlanID: 110050			
Email: Deepak.Sahoo@azahoocs.gov	1		
Active Since: 09/22/2016 05:09:57 PH	1		
User Account	-		

Arizona Health	CCCCS			Arizone's Official Web Site	Log O
Member Change Request			Co.d.M.		Lug of
Menu			Find Me		
rivacy Policy		Find Member	Create MCR	Location	Send
ontact AHCCCS		_			
requently Asked Questions	Help	Find Member			
ser Guide	Enter the member's AHCCCS ID number and date of birth then				
esources	click the [Find Member] button.	AHCCCS ID:			
	Verify that you have the correct member.	Date of Birth:	(mm/dd/yyyy)		
I want to	Enter the case manager's name	Find M	/lember		
iew My MCRs	and phone number. This information is used by AHCCCS				
reate a new MCR	staff assigned to the MCR to know who to contact if there are questions.	Member Information			
User Account Info	Click the [Next] button to create a new Member Change Request (MCR).	Member: AHCCCS ID:			
sername: Deepak50		Date of Birth:			
ser: Deepak Sahoo		Customer #: Case Manager:			
ealthPlanID: 110050		Case Manager Phone #:			
mail: Deepak.Sahoo@azahcccs.gov					
ctive Since: 09/22/2016 05:09:57 PM					
ser Account			Next		

Only members currently enrolled with the Contractor will be available and displayed in the "Member information" box at the bottom of the page when/if found.



Member Not Found

A message "Member not Found" will be displayed under the following conditions:

- > The member ID# entered is not recognized
- > The Date of Birth entered does not correspond to the member ID# entered
- > The member is not currently enrolled with the Contractor

If an MCR needs to be sent to AHCCCS on a member who is not currently enrolled with the Contractor, a hard copy MCR needs to be completed and submitted. Refer to AHCCCS Medical Policy Manual, Chapter 1600, Exhibit 1620-2.

Member Found

After the desired member is found, his/her information will be displayed in the "Member Information" box. The user will then be prompted to enter case manager information as shown below.

Case Manager Data Contact Information

1. Enter Case Manager Name

The person's name entered here could be the assigned case manager or anyone at the Contractor who would be able to answer questions about the member status being reported on the MCR.

2. Enter Case Manager Contact Phone #

3. Click NEXT to continue the process.

This information will be used by AHCCCS staff processing the MCR who may have a question about the MCR.

		0.1000		Arizona's Official Web Site	Log Out
Member Change Request			e: 14		Log Out
Menu			Find M		
Privacy Policy		Find Member	Create MCR	Location	Send
Contact AHCCCS					
Frequently Asked Questions	Help	Find Member			
User Guide	Enter the member's AHCCCS ID number and date of birth then click the [Find Member] button.	AHCCCS ID: A05			
I want to	Verify that you have the correct member.	Date of Birth: 04/2	(mm/dd/yyyy)		
View My MCRs	Enter the case manager's name	Find M	lember		
Create a new MCR	and phone number. This information is used by AHCCCS				
Usera Account Info Useram: DSahoohp50 Der: DSahoo hp50 Health/Hant): 010306 Email: Deepak-Sahoo@azahocos.gov Active Since: 04/20/2017 10:16:09 PM User Account	staff assigned to the MCR to know who to contact if there are questions. Click the [Hext] button to create a new Member Change Request (MCR).	Member Information Member: MARY AHCCCS ID: A03 Date of Birth: Case Manager: Case Manager: Case Manager: Case Manager: Case Manager: Case Manager: Case Manager: Case Manager:	resting		



After clicking the next button, contact info/case manager section appears at bottom of page.

Member Change Request Type

Select one of the Member Change Requests reasons listed in the "Select One" box as shown below

			Cron	te MCR	
Menu					
cy Policy		Find Member	Create MCR	Location	Send
ct AHCCCS					
uently Asked Questions	Help	Member Information			
r Guide	Verify member.	Member: MARY TESTING			
	Select a member change	AHCCCS ID: A0 Date of Birth: 04/:			
I want to	request.	Customer #: Case Manager: Ms Manager			
		Case Manager Phone #: 123-456-7890			
v My MCRs					
		-			
ate a new MCR User Account Info	-	Select a member change	request from the	list of options below	
ername: DSahoohp50			request from the	list of options below	
User Account Info rname: DSahoohp50 r: DSahoo hp50		Select a member change i	request from the	list of options below	
te a new MCR User Account Info mame: DSahoohp50 r: DSahoo hp50 thPfan(D: 010306		Select a member change i Select one Demographics	request from the	list of options below	
ite a new MCR User Account Info mame: DSahoohp50 :: DSahoo hp50 :: DSahoo (10336 :: Dsepak.Sahoo@azahccc.gov		Select a member change in Select one Demographics Placement/Living Arrangements	request from the	list of options below	
ite a new MCR User Account Info amame: DSahooh950 :: DSahoo h950 th/HanID: 010306 ii: Deepak.Sahoo@azahoccs.gov ve Since: 04/20/2017 10:16:09 PM		Select a member change in Select one Demographics Placement/Living Arrangements Client Status	request from the	list of options below	
user Account Info		Select a member change I Select one Demographics Placement/Living Arrangements Clanet Status Change PC within Maricopa	request from the	list of options below	
te a new MCR User Account Info aname: Dsahoohp50 : DSahoo hp50 ImPrantD: 01336 I: Deepak.Sahoo@azahoccs.gov e Since: 04/20/2017 10:16:09 PM		Select a member change in Select one Demographics Placement/Living Arrangements Client Status	request from the	list of options below	
ite a new MCR User Account Info mame: D:Sahooh50 r: DSahoo hp50 hb/antD: 013056 ii: Despak.Sahoo@azahcces.gov ve Since: 04/20/2017 10:16:09 PM		Select a member change I Select one Demographics Placement/Living Arrangements Clanet Status Change PC within Maricopa	request from the	list of options below	

Types of Change Requests:

- **Demographics** Address or phone number changes for member and/or representative, change of county for member, changes to name, date of birth, date of death, Social Security Number changes. This does <u>not</u> include placement changes.
- **Placement/Living Arrangements** Changes to member's placement type (for example, home to NF, ALF to home, ALF to NF, etc).
- Client Status Voluntary discontinuances, temporarily out of state, changes from Long Term Care (LTC) to Acute Care Only (ACO) and from ACO to LTC.
- Change PC within Maricopa County Changes in Contractor in Maricopa County requested by member/representative outside of Annual Enrollment Choice period.
- Medicare/Other Health Insurance Changes in enrollment in Medicare or other health insurances
- Income/Resource Change Changes in member's or spouse's income and/or resources
- **PAS Reassessment Request** To request a Preadmission Screen (PAS) reassessment due to change of member's condition (no longer appears eligible), transitional member admitted to a nursing facility or, for DDD members, when member is no longer DDD eligible.

Click NEXT to continue with the process for the Change Type selected above.



Demographic Changes

The screens below show those fields on the Demographic screen which may be completed to report a demographic change for the member and/or representative.

When accessing this screen, use the scroll bar on the right to view the entire Demographics page.

Member Change Request			Demographics
Menu	_		
cy Policy		Find Hember Cr	reate MCR Location Send
t AHCCCS	Help	Member Information	
ndy Asked Questions	nep		
uide	Verify Hember Information.	Member: MARY TESTING AHCCCS ID: A0	
	Select if this charge is for the member	Date of Birth: 04/. Customer #:	
I want to	or representative.	Case Manager: Ms. Manager	
y MCRs	For an Address Change you can not select both "Move to Home in different	Case Manager Phone #: 123-456-7890	
new MCR	county" and "Move out of state"		
	An effective date is required for any living arrangement change.		
User Account Info	Clicking the calendar 🗐 image will open a calendar window or you can simply	Demographics	
ne: DSahoshp50	a calendar window or you can simply type a date.		
Sahoo hp50	Click the [Next] button to save your changes and select a local office location	For	Address Change
in1D: 010306	to send this MCR.		
eepak.Sahoo@azahcccs.gov		O Member	Residential
ce: 04/20/2017 10:16:09 PM		O Representative	Haling
ount			Wove to Home in different county Hove out of State
		Address Cong First Name Prote (999-9990) Sec: Corg State Corg State Zip Color Zip Color	Writer Te Princip Owneyr Owneyr State Owneyr State Christ State State State
		Effective Date	m) omer

Enter the following Demographics Information:

1. Demographics:

Select who the change to be reported is for: the member or the member's representative.

2. Address Change:

Select the type of change(s) required.

Address changes can be Residential and/or Mailing, and Move to Home in a different county or Move out of State (these last two options may not be chosen together).

Note: Address changes associated with Placement changes (admissions to and discharges from residential settings) should be reported as a Placement/Living Arrangements change, not a Demographic change. Address changes in the Demographic section are limited to moves between "own home" settings.

3. Miscellaneous:

Enter applicable changes.

Note: The required format for entering a phone number and Social Security Number are noted below the text box, (e.g. Phone1 (999-999-9999)) dashes are required.

If "Move to Home in a different county" is checked, new county information must be entered in the box labeled "County".

4. Date of Birth/Date of Death:



In this bottom half of the Demographic screen, the user may enter a change of Date of Birth and/or Date of Death. Please note the required format (mm/dd/yyyy).

Note: Clicking on the calendar icon will display a calendar of the current month. The user will need to scroll backwards to find an earlier date.

Once the calendar icon is clicked, the user must pick a date from the calendar. The date chosen can be changed but <u>cannot</u> be deleted except by clicking on the "Previous" button and starting over. It is recommended that users simply enter the desired date in the format shown (mm/dd/yyyy) rather than using the calendar icon.

5. Mailing and/or Residence:

Mailing and/or Residence address changes should be entered as shown in the example above. **Note**: The system does <u>not</u> edit for misspelled street or city names, incorrect zip codes, or mismatches between zip code and city.

- Arizona will appear as the Default if/when the user simply types an "A" in the state field. Alternately, Arizona can be chosen from the drop down list. It appears at the top of that list and all other states are in alphabetical order following this.
- 6. Effective Date: Enter an effective date for the change reported.

Click NEXT to continue the MCR request process and to enter the local office location information.

Select Location and Add Attachments

The screen below will appear after the data entry screens for all Member Change Request types.

Arizona Her	Ith Care Cost Containment System				Arizona's Official Web Site	
Member Change Request						Log
			Sele	ct Locations an	d Add Attachments	
Menu	_	Find Member		Create MCR	Location	Send
ivacy Policy	_	T ind Pleniber		create FICK		Jein
ontact AHCCCS	Help	Member Informat	ion			
equently Asked Questions	Theip	- Fember Informati				
ser Guide	Verify information entered.	Member: AHCCCS ID:	MARY TESTING A0			
	Select a local office to receive the member change	Date of Birth:	04/:			
I want to	request.	Customer #: Case Manager:	Ms. Manager			
iew My MCRs	Select the type of attachment.	Case Manager Phone #:	123-456-7890			
reate a new MCR	Click the browse button to					
	attach an electronic file and click Add button to save on					
User Account Info	your computer. Click the Next button to	Select Local Office	e to Receive M	CR		
sername: DSahoohp50	save and review your changes before sending.					
ser: DSahoo hp50	changes before sending.	````	~			
lealthPlanID: 010306						
mail: Deepak.Sahoo@azahcccs.gov						
ctive Since: 04/20/2017 10:16:09 PM		Add Electronic Att	tachments			
ser Account						
		Please select the docume				
		~	-			
		You will send related docu				
		~				
		Description:				
		Select file to upload (Max	imum size 2M):			
			Browse	(*.doc, *.pdf, *.jpg,	*.gif)	
		Add				
			Previo	us Next		

This screen is the same for all types of MCR changes



Select Location

1. Choose where the MCR should be sent.

From the drop down list available in the "Select Local Office to Receive MCR" the choices available in the list will depend on the type of change being reported. For example, Demographic, Placement and Income/Resource changes can only be sent to one of the local eligibility offices whereas Client Status changes for LTC to ACO and vice versa can only be sent to the Division of Health Care Management.

2. Enter the office responsible for the case.

For changes to be reported to the local eligibility office, the user must know which office is responsible for the case. This information is available on PMMIS CATS screen CA166 (list of code definitions can be found in ACOM Policy 411).

3. Add Attachments

From this screen, the user can either add attachments or indicate attachments will be sent via fax or US Mail.

4. Click NEXT to see reviewed the MCR prior to sending it to AHCCCS.

If upon review the user finds something that needs to be changed, s/he must scroll backward to the appropriate screen to make that change as described on the following pages. The location where the MCR should be sent must be chosen again on this Select Location screen as it will not have been saved. Any attachments previously added will have been saved.

Add Attachments to MCR

This screen is used to add Attachments to the MCR.

- 1. Select the "documentation type" from the drop down, as shown above.
- 2. Enter a "Description" to explain the attachment (not required).

This screen is the same for all types of MCR changes

Arizona Health C	Care Cost Containment System			Arizona's Official Web Site	
	-	AND			Log Out
Member Change Request			Calent Lonations as	nd Add Attachments	
Menu					
Privacy Policy		Find Member	Create MCR	Location	Send
Contact AHCCCS					
Frequently Asked Questions	Help	Member Informat	ion		
User Guide	Verify information entered.	Member: AHCCCS ID:	MARY TESTING A05		
	Select a local office to receive the member change	Date of Birth:	04/		
I want to	request.	Customer #: Case Manager:	Ms. Manager		
View My MCRs	Select the type of attachment.	Case Manager Phone #:	123-456-7890		
Create a new MCR	Click the browse button to attach an electronic file and click Add button to save on your computer.				
User Account Info	Click the Next button to	Select Local Office	e to Receive MCR		
Username: DSahoohp50	save and review your changes before sending.		_		
User: DSahoo hp50	changes before sending.	``````````````````````````````````````	/		
HealthPlanID: 010306					
Email: Deepak.Sahoo@azahcccs.gov					
Active Since: 04/20/2017 10:16:09 PM		Add Electronic Att	achments		
User Account		Add Electronic Ad	definitency		
		Please select the document			
		You will send related docu	mentation but		
		Description:			
		Select file to upload (Max			
			Browse (*.doc, *.pdf, *.jpg	, *.gif)	
		Add			
			Previous Next		



Electronic Submission of Attachments

- 1. Click the "Browse" button to access available drives within their Contractor's system in order to attach any files or documents saved there that may pertain to the MCR.
- 2. Click the "Open" button in the Choose File window after highlighting the file(s) that need to be attached to the MCR.
- 3. Click the "Add" button on the MCR screen. If this button is not clicked, the document(s) will not be attached to MCR. When the document is attached, its path will appear at the bottom of the screen (see example

below).

More than one document can be added by repeating the above 3 steps for each document.
Once a document is attached in this manner it can not be deleted.

If the user back-tracks (using the "Previous" button) to make changes to the data entered on the MCR after adding an attachment, that document will still be attached when the user returns to this screen to re-select the location to send the MCR to.

4. Click NEXT to review the MCR prior to sending it to AHCCCS.

Review Screen and Send

Member Change Request Review and Submit MCR. Privacy Policy Constact APCCOS Frequently Added Questions User Guide User Guide Vriv information entered. Click Save and New button to submit this MCR. Sent To: Hain Office Wember Change X Member Tommary TESTING ArtCCS Id: AVX TESTING User ACCOUNT Info Member Name: User ACCOUNT Member Name: Member Name: Member Na		ICCCS			- AFCON	
Menu Privacy Policy Constant AHCCCS Programsity Asked Questions User Caula Nematin Marco Warn to View My HCGL Create a new HCR User Account Info User Account User Account <th>Arizons Health</th> <th>Care Cost Containment System</th> <th></th> <th></th> <th>Arizona's Official Web Site</th> <th></th>	Arizons Health	Care Cost Containment System			Arizona's Official Web Site	
Menu Privery Policy Contract AHCCCS Programsity Asked Questions User Guide Very My MCMa Create a new MCR User Account Info User Acc	Member Change Request					Log
Philogy Dilloy Create HCR Location Send Contact MXCCCS Frequently Added Questions Sent To: Hain Office Sent To: Hain Office User Guide Verify information entered. Click Save and New Nutton to submit this MCR. Member Demographic/Miscellaneous Changes User Account Info User Mano Create MCR Address: Address: User Obsolve bp50 Demographics/Miscellaneous Changes Member Details: Manor Distance Schoolps0 Demographics/Miscellaneous Change Details: For Member Freid Hampser: Me. Manger Case Manager Hone #: 123-45-7800 Demographics/Miscellaneous Change Details: For Member East Name: Freid Hampser: Me. Manger Solit Demographics/Miscellaneous Changes: Freid Name: Mainto Address: Miscellaneous Changes: Freid Name: Last Name: Master Schoolpszahecce.gov Address: Solit ODit Poore Solit Member Description: Maint Address: Address: Address: Address: Address: Address: Maint Oddress: Address: City : State, Zip: , State, Zip: , </th <th>Menu</th> <th></th> <th></th> <th>Review and</th> <th>Submit MCR</th> <th></th>	Menu			Review and	Submit MCR	
Contact AHCCCS Preguntity Added Questions Liver of Loadie Name to Contact and New AutoCCS members. Contact a new MCR Descriptions User Account Info Market AMCQC22017 10:16:09 PM Date Account Info Market Amcount		1	Find Member	Create MCR	Location	
Instruction Automation entered. Like Star and New Nations on entered. Cike Star and New Nations on entered. Cike Star and New Nations on entered. Cike Star and New Nations on entered. Cike Star and New Nations on entered. Cike Star and New Nations on entered. Cike Star and New Nations on entered. Cike Star and New Nations on entered. Cike Star and New Nations on entered. Cike Star and New Nations on entered. Diker Account Info Cike Star and New Nations on entered. Waren Dage Star Star Star Star Star Star Star Star	Contact AHCCCS	1				^
ser Guide Verify information enternel, Like Says and New Dutton to submit insom ALCCOS members. Dicks an new MCR Dicks and cover, enew MCR Dicks and New MCR <td>Frequently Asked Questions</td> <td>Help</td> <td>Sent to: Main Office</td> <td></td> <td></td> <td></td>	Frequently Asked Questions	Help	Sent to: Main Office			
I want to Mark ty MCR3 Create a new MCR Dester An to submit this MCR. Disconce at the basic to submit this MCR. Disconce at tha submit to submit this MCR.		Verify information entered				
I want to Must to Start to With VKGa Create a new MCR User Account Info User Schoolps0 User Schoolps0 User Schoolps0 User Schoolps0 User Schoolps0 User Account Info User Schoolps0 User Schoolps0 User Schoolps0 User Schoolps0 User Column Info User Schoolps0 User Account						
L want to kerw by KG2s Citick Send to submit this MCR. Member Letalls: Memore L		this MCR and create new MCR for	Member Demogra	ohic/Miscellaneous	Changes	
Member Hame: Member Hame: <td< td=""><td>I want to</td><td></td><td></td><td></td><td>5</td><td></td></td<>	I want to				5	
Date at inter Mod. DOB: OV/ User Account Info Case Mnanger: Ms. Mnanger Demographics/Miscellancous Change Details: For Member For Member Miscelancous Change Details: Email: Deepak.Sahoo@azahccs.gov Ms. Minager Mathewath DoB: Market Since: 04/20/2017 10:16:08 PM DoB: User Account Solite Market Since: 04/20/2017 10:16:08 PM DoB: Ber Account Solite Change: No Solite Change: No Salite Change: No County Change: No Salite Change: No Salite Change: No Salite Change: No C	View My MCRs	Click Send to submit this MCR.		TESTING		
User Account Info Username: DSahoohg50 User Shaho hp50 HealthPlantD: 010306 For: Kembic Mile: SSH: Sername: 04/20/2017 10:16:09 PM User Account Sinte: SSH: Series: 04/20/2017 10:16:09 PM User Account Mailing Address Change: No Series: 04/20/2017 10:16:09 PM User Account Phone Number1: More Markers: Address: Address: Address: Address: Address: Address: Address: Other Description: Effective Date: Char: State, Zip: , Wore to Home in Different County: Other Description: Effective Date: Comments:	Create a new MCR]				
User Account Info User Account Info User Dshoohp50 User: Dshoohp50 Exer: Dshooh				anager		
Username: DSahooho50 Demographic/Hiscellaneous Change Details: For Vientice' For Vientice' Wiscellaneous Change Details: For Vientice' For Vientice' SSI: Email: Depak.Sahoof@azahccos.gov Mis: SSI: Active Since: 04/20/2017 10:16:09 PM Bes: DOB: User Account Phone Number2: Phone Number2: Phone Number1: Phone Number2: Phone Number2: Phone Number2: Phone Number2: Mailing Address: Address: Address: Address: Address: Chy: State, Zip: , Other to Home In Different County: Other Exerciption: Effective Date: Comments: Effective Date: Save and	Harry & second Tarle					
Ident: DSahoo hp50 HealthFamID: 010306 First Name: Last Name: First Name: Last Name: First Name: Last Name: First Name: D08: Sex: D09: Boot Boot Boot D00: Boot Boot County: Phone Number1: State Change: No State Change: No County Change: No State Change: No Residential Address: Address: Address: Address: Chy: Chy: Chy: State, Zip: , Wore to Home in Different County: Other Description: Effective Date: Comments:						
User: Usadio fujio/ Miscillaneous Changes: First Name: Last Name: Enal: Despak.Sahoo@zahccs.gov Mit: S01: Active Since: 04/20/2017 10:16:09 PM Dore More Mumber1: User Account Seci: Sate Change: No Sate Change: No Sate Change: No Sate Change: No Sate Since: 04/20/2017 10:16:09 PM Mailing Address Change: No Sate Change: No Sate Since: 04/20/2017 10:16:09 PM Sate Change: No Sate Change: No Sate Address: Address: Address: Address: Address: Address: Capt: Sate, Zip: , Chy: Other Description: Effective Date: Comments: Sate Since: Sate Since: Sate Since:		4		us Change Details:		
MI: SSH: SSH: SSH: SSH: SSH: SSH: SSH: SS	User: DSahoo hp50		Miscellaneous Changes:			
Sex: DOB: Active Since: 04/20/2017 10:16:09 PH DOB: User Account Phone Number1: Phone Number1: Bailedential Address Change: No State Change: No County Change: No State Change: No Residential Address: Address: Address: Address: Chy: Chy: Chy: State, Zip: , Wowe to Home in Different County: Other Description: Effective Date: Comments:	HealthPlanID: 010306					
Watther Since: U42/02/11/10/16/95/94 Pione Number1: Pione Number2: Pione Number1: Pione Number2: Basidential Address Change: No State Change: No County Change: No State Change: No Residential Address: Address: Address: Address: City: State, Zip: , Wave to Home in Different County: Other Description: Effective Date: Comments:	Email: Deepak.Sahoo@azahcccs.gov					
Uter Account Besidential Address Change: No Mailing Address (Thange: No Cauthy Change: No State Change: No Residential Address: Mailing Address: Address: Address: City: City: State, Zip: , State, Zip: , Move to Home in Different County: Other Description: Effective Date: Comments:	Active Since: 04/20/2017 10:16:09 PM	1				
County Change: No State Change: No State Change: No State Change: No State Change: No Address: Address: Address: Address: Chy: Chy: Chy: Chy: Chy: Chy: Chy: State, Zip: ,		1		-		
Residential Address: Mailing Address: Address: City: Address: City: City: State, Zip: , Move to Home in Different County: Other Description: Effective Date: Comments: Save and	osci Account	<u></u>		10		
Cky: Cky: State, Zip: , State, Zip: , Move to Home in Different County: Other Description: Effective Date: Comments:			Residential Address:		Mailing Address:	
State, Zip: , State, Zip: , More to Home in Different County: Other Descrition: Effective Date: Comments: Save and						
Move to Home in Different County: Other Description: Effective Date: Comments:						
Other Description: Effective Date: Comments:						
Comments:				Lounty:		
Save and						
			Comments:			
Previous Send						Save and New
				Previous Send		

In the above example, the review screen shows the Attachment Type and how it was attached. When a document is attached electronically it will also show the path of that document. When AHCCCS receives this MCR and clicks on the path, the document will appear.

If more than one document was added, whether by electronic attachment, mail or fax or a combination of these, each should be listed separately as an attachment here.



If the user intended to attach a document and it does not appear here, the "Add" button may not have been clicked on the prior screen and the user will need to go back and try to add the document again.

Placement/Living Arrangements

The below screens show those fields on the Placement/Living Arrangements screen which need to be completed to report this type of change for the member. Screen 1 indicates the placement types to which the member may have moved.

A member who moves to their "own home" from a residential setting (or vice versa) should have that change reported as a Placement/Living Arrangement change, not a Demographic change. Demographic changes are only used when a member moves from one "own home" address to another "own home" address.

Loss of Contact with Member

The "Other" box should be used to report Loss of Contact with a member to the eligibility office.

A	ICCCS	B-ARA		AZ.GOV	
Member Change Request				Anzwisk's Gintual Web site	Log C
Menu			Place	ement	
Privacy Policy		Find Member	Create MCR	Location	Send
Contact AHCCCS	-		^		
Frequently Asked Questions	Help	Member Information			
User Guide	Verify Member Information. Enter address change.	Member: MAR' AHCCCS ID: A09 Date of Birth: 04/	TESTING		
I want to	Facility Name and Provider ID are required if anything		fanager		
View My MCRs	other than "Home" is checked.	Case Manager Phone #: 123-	456-7890		
Create a new MCR	If "DD Group Home/Adult Developmental Home",				
User Account Info User: DSahoohp50 User: DSahoo hp50 HeahPHaniD: 013036 Email: Deepak-Sahoo@azahccos.gov Active Since: 04/20/2017 10:16:09 PM User Account	Home/Large Group Setting", "Alternative Acate Living Arrangement," I will checked, the facility name is opticnal. An effective date is required for all Living Arrangement changes. Click the image to the date to select a date from the date picker or enter a date in the format mm/dd/yu. Click the [Hext] button to save your changes and so to send this MCR.	Placement/Living Arran To Living Arrangement N#/ICT-ID Adult Poster Care Home Assisted Living Center Assisted Living Center Assisted Fabrical Health Resident Adult Behavical Health Resident	it, Select Change		
		Adult Behavioral Health Th DD Group Home/Adult Dev Child Developmental Foster Alternative Acute Living Arr Loss of Contact Other	elopmental Home · Home/Large Group Setting		



Medicare Certified	
○ Not Medicare Certif	ified
O Contracted with PC	c
○ Not Contracted wit	th PC
Effective Date:	
	(mm/dd/yyyy)
To Address	
Facility Name:	Provider ID: Phone(999-999-9999):
Address:	City: State:
Zipi	
Zip:	
Zip:	
Zip:	
	^
	^
	Previous Next

- 1. Enter the "Facility Status" box if known (not required)
- 2. Enter Effective Date of the Placement change (required) Designated Format: (mm/dd/yyyy)
- 3. Enter Facility Name
- 4. Enter Provider ID
- 5. Enter Provider Phone# Designated Format: (999-99-9999)

Field is required except for the following changes:

➢ Home

- DD Group Home/Adult Developmental Home
- Child Developmental Foster Home/Large Group Setting
- Alternative Acute Living Arrangement
- ➢ Other
- 6. Enter the address information, including city, state and zip code (Required for all changes, except "Home")

7. For Loss of Contact –

Enter the last known phone number and address information for the member and a comment to explain that the case manager has been unable to contact the member at these. Eligibility may have updated information that they can send back to the case manager for contact.

8. Click NEXT to continue and select the local office location to which the MCR will be sent.

9.



Review and Submit MCR

Review screens similar to the screens below will appear after the data entry and Select Location screens for <u>all</u> member change request types.

Areas Heat			198//	AZE.GOV	
Member Change Request					Log Out
			Review and	Submit MCR	
Menu Privacy Policy		Find Member	Create MCR	Location	Send
Contact AHCCCS	-				^
Frequently Asked Questions	Help	Sent to: Main Office			
User Guide	Verify information entered.				
oser oute	Click Save and New button to submit this MCR and create new MCR for	Member Details: Member Name: MA	RY TESTING		
I want to	same AHCCCS member.	AHCCCS Id: A09			
View My MCRs	Click Send to submit this MCR.		Manager		
Create a new MCR		Case Manager Phone #: 123	3-456-7890		
		Placement Change Detail	s:		
User Account Info		Facility Type: NF/ICF-ID			
Username: DSahoohp50		Facility Name: ABC Home Address: 23 Elm St			
User: DSahoo hp50	1	City: Phoenix			
HealthPlanID: 010306		State, Zip: AZ, 85012 Phone Number: 111-111-11	11		
Email: Deepak.Sahoo@azahcccs.gov		Provider ID: 123456789			
Active Since: 04/20/2017 10:16:09 PM		Facility Status:			
User Account		Medicare Certified: Yes Licensed: No			
		Contracted With PC: No			
		Effective Date: 07/09/2019 Comments:			
		Comments:			
			Previous Send		Save and New

Submit the MCR

Click SEND to submit the MCR to selected AHCCCS location.

The user will be returned to the Contractor Home Page. The just created MCR will appear on that page in the Contractor's MCR list with Status "New".

Add additional changes types to same request

1. The "Save and New" button saves the change information already entered and allows the user to create another MCR for a different change type for the same member. For example, if the user just finished reporting an address change for the member and now wants to also report an Income/Resource change. The user is returned to the "Create MCR" page to choose the new change type to be reported (page 13 of this Policy).

When all MCRs for the same member have been created, the user will click "Send" from this screen and all will be sent as designed. Each MCR/change type for the member will be listed separately on the Contractor's "home" page.

2. If the user discovers an error in the entered data, clicking the "Previous" button will take the user, screen by screen, back through the previous screens to find the location where the data needs to be changed.

The location where the MCR should be sent must be chosen again on this Select Location screen as it will not have been saved. Any attachments previously added will have been saved.



Client Status Changes

The change types listed in Part A on the below screen are sent to the local eligibility office for processing. The change types listed in Part B are sent to the Division of Health Care Management (DHCM) for processing. The next several pages of this Guide explain how those changes are reported.

Member Change Request				and the second	
Menu			lient Status		
icy		Find Member	Create MCR	Location	Send
HCCCS					
y Asked Questions	Help	Member Information			
e	Verify Member Information.		TESTING		
	Attach an electronic Voluntary	AHCCCS ID: ADI Date of Birth: 04/			
I want to	Discontinuance on next page for "Member requests voluntary withdrawal	Customer #:			
I WAIL LO	from ALTCS".	Case Manager: Ms Mar Case Manager Phone #: 123-45	nager 16-7890		
nurks new MCR	An effective date must be selected for a Part 8 change.				
new press.	Click the Next button to save your				
	changes and select a local office location to send this MCR.	Client Status			
User Account Info					
: DSahoohp50					
ihao hp52	_	Part A: Sent to ALTCS local off	ce for the following changes:		
1D: 010306	_				
epak. Sahoo@azahcccs.gov	_	Member requests voluntary withdrawal	from ALTCS		
ce: 04/20/2017 10:16:09 PM	_	Change Contract type from LTC to Acute	e for retroactive period (refusing service)		
iunt		Temporarily Absent from Arizona			
		Returned to Arizona			
		L Returned to Arizona			
		Tribal Enrollment change - DHCM was o	ontacted		
		Part B: Sent to DHCM for the fo	ollowing changes:		
		From LTC to Acute - (Attach case notes)	5		
		From Acute to LTC			
		Comments:			
			~		
			Previous Next		

Client Status Changes Part A – Sent to ALTCS Office

- Voluntary Discontinuance
- Retroactive Contract Type Change
- > Temporary Absence from Arizona and Returned to Arizona
- Tribal Enrollment Change

Client Status Changes Part A - Sent to ALTCS Office

Voluntary Discontinuance

1. Enter the date of the member/representative signature from the Voluntary Discontinuance form (required). Designated Format: (mm/dd/yyyy).

2. Attach the Voluntary Discontinuance form (optional)

The signed form may be attached electronically if a scanned copy is available or it can be sent by mail or fax to the local eligibility office. When documents associated with an MCR are faxed or mailed to AHCCCS, the sender should clearly indicate on the document that they are related to an MCR which was submitted electronically so they can be routed and filed correctly.



3. Click NEXT and select the eligibility office for where the MCR will be sent.

Member Change Request		Client Status
Menu		
Privacy Policy		Find Hember Create HCR. Location Send
Iontact AHCCCS		Member Information
requently Asked Questions	Help	Member Information
lser Guide	Verify Member Information. Attach an electronic Voluntary Discontinuance on next page for	Hendber: HAAY TESTING AHCCCS ID: A08 Date of Berth: 04
I want to	"Member requests voluntary withdrawal from ALTCS".	Customer #: Case Manager: Ns Manager
liew My MCRs	An effective date must be selected for a	Case Manager Phone #: 123-456-7890
reate a new MCR	Part B change. Click the Next button to save your	
	changes and select a local office location	
User Account Info	to send this MCR.	Client Status
sername: DSahoohp50		
ser: DSahoo hp50		Part A: Sent to ALTCS local office for the following changes:
ealthPlanID: 010306		
imail: Deepak.Sahoo@azahcccs.gov		Member requests voluntary withdrawal from ALTCS
ctive Since: 04/20/2017 10:16:09 PM		Voluntary Discontinuance signature date:
Iser Account		07/12/2019
		Change Contract type from LTC to Acute for retroactive period (refusing service)
		Temporarily Absent from Arizona
		Returned to Arizona
		Tribal Divoliment change - DHCM was contacted
		Part B: Sent to DHCH for the following changes:
		From LTC to Acute - (Attach case notes)
		From Acute to LTC
		L Prom Acute to LTC Comments:
		Previous Next Accccs, MLE, Jarlewin Sy, Previous 2004 (1977) Convergence 2013 arXiv:10.1017.1000 Convergence 2013 arXiv:1017.1000 Convergence 2013 arXiv:

Client Status Changes Part A – Sent to ALTCS Office

Retroactive Contract Type Change

The Retroactive Contract Type change option is used, in conjunction with the Voluntary Discontinuance, when the member, who is disenrolling from ALTCS, has a retro period of time for which the member's status should be changed to Acute Care Only (ACO) because the member was not receiving long term care services prior to disenrollment.

- 1. See instructions below for cases in which the member's status needs to be changed to Acute retroactively but the member has <u>not</u> requested discontinuance from the ALTCS program.
- 2. Enter a begin date for the retroactive ACO period (required).
 > Designated Format: (mm/dd/yyyy).
- 3. Click NEXT and select the local office location to which the MCR will be sent.



Henu Client Status Maray Profile And Maray Counting And Maray Coun	Member Change Request				
Market Access	Menu			tatus	
Specify Audition I kip/ Way Match Construction Way Match Construction Name of Specify All Articles and Specify Note Account Info The Specify and Specify and Specify Note Account Info The Specify and Spe	tvacy Policy			Location	Send
Specific	ntact AHCOCS				
I want to n want to	quently Asked Questions	Help	Member Information		
I want bookstande or mote gas processes *** PK-DS. **** PK-DS. ***** PK-DS. ************************************	r Guide		AHCCCS ID: A0		
UPS MOM Case Medicar with an Aud to setting to a first constant of a method with a m	I want to	Discontinuance on next page for "Member requests voluntary withdrawal	Customer #:		
te area RC3 Priet Backgarden User Account Info Click the field balant is to are yeard to be the field within balant and the field with balant and the field within balant and the field wit					
User Account Info The Metri Status to success t		Part B change.			
User Account Info Part A: Sant to ALTCS local office for the following changes: Image: Extraordio: Image: Extraordio: Image: Extra		Click the Next button to save your changes and select a local office location			
market (Skalandold) p-Part A: Sent to ALTCS local office for the following changes: information information	User Account Info	to send this MCR.	Client Status		
Default () D					
Persents information spectra in the second		- (Part A: Sent to ALTCS local office for the following changes:		
		-	to net to net to the total granges		
server 64/20/2017 10:16:09 PM Annove		-	Mamber accuste universal withdrawal from ALTCS		
Account Account Account Account Account Account Account Account Account Account Account Account Account Account Account Account Account Account Account Account Account Accoun		-			
		-			
Pareparative data from Arguna Trimitate Environment from Arguna Trimitate Environment from Arguna Paret Bi: Seant to DHICHT for the following changes:		-			
			(maked AAAA)		
Part B: Sant to DHCM for the following changes: Part B: Sant to DHCM for the followi			Temporarily Absent from Arizona		
Part B: Sent to DHCM for the following changes:			Returned to Arizona		
Part Bi Sent to DHCM for the following changes:			Trabal Fundament designs - Dir/DLung contracted		
□rnen UC to Aulte + (Mitch case notes)			La muel proteems cange - ceca was consisted		
from UC to Acute - (Atuah case Anters) provide to UC			Part B: Sent to DUCH for the following changes		
From Assist to JTC					
			From LTC to Acute - (Attach case notes)		
			From Acute to LTC		
^			Comments:		
· · · · · · · · · · · · · · · · · · ·					
· ·					
· · · · · · · · · · · · · · · · · · ·					
			~		
			Previous Next		



Client Status Changes Part A – Sent to ALTCS Office

Temporary Absence from Arizona and Returned to Arizona

Note: "Temporary Absence from Arizona" can NOT be reported on the same MCR as "Returned to Arizona".

- **1.** Enter the effective date of the change (required). Designated Format: (mm/dd/yyyy)
- 2. Click NEXT and select the local office location to which the MCR will be sent.

If the member did or will not get any LTC services for a full calendar month while absent from the state, an MCR to request a change of contract type from LTC to Acute Care Only for that period of time will also be needed. See instructions for Client Status Part B changes below.

				AZ.GOV			
Member Change Request					Log Out		
Menu		Client Status					
Privacy Policy		Find Member	Create MCR	Location	Send		
Contact AHCCCS	-		^				
Frequently Asked Questions	Help	Member Information					
User Guide	Verify Member Information.	Member:	MARY TESTING				
	Attach an electronic Voluntary		A05 04				
I want to	Discontinuance on next page for "Member requests voluntary withdrawal	Customer #:	Ms Manager				
View My MCRs	from ALTCS*. An effective date must be selected for a	Case Manager Phone #:	123-456-7890				
Create a new MCR	Part B change.						
PRESS RECEIPTION OF THE PROPERTY OF THE PROPER	Click the Next button to save your changes and select a local office location						
User Account Info	to send this MCR.	Client Status					
Username: DSahochp50	-						
User: DSahoo hp50	-	Part A: Sent to ALTCS loc	al office for the following changes:				
HealthPlanID: 010306	1						
Email: Deepak Sahoo@azahcccs.gov	1	Member requests voluntary with	drawal from ALTCS				
Active Since: 04/20/2017 10:16:09 PM	1		to Acute for retroactive period (refusing service)				
User Account		Temporarily Absent from Arizon					
	<	Temperada Alandi Itani Itani Alandi Itani Part Bi Sant to DHCH for Part Bi Sant to DHCH for Pron UC to Acia- (Allanti cas Conservite) Conservite	The following changes:				
			Previous Next				
		AHCCCS, 801 E. Jefferson St., Phoen	Nx, AZ 85034, (602) 417-7000				



Client Status Changes Part A – Sent to ALTCS Office

Tribal Enrollment Change

This option is used to report when a Native American member either moves on or off a reservation to an "own home" placement and an enrollment change to or from a Tribal Contractor will be required. This type of enrollment change, processed via MCR, will be effective the first of the following month. <u>If the enrollment change needs to be effective</u> sooner than the first of the following month, a Program Contractor Change Report (PCCR) form should instead be used to report the change to the ALTCS local office.

Note: The AHCCCS Division of Health Care Management Case Management Unit should be contacted, <u>prior to</u> the creation of this type of MCR in order to assist with this type of transition between Program and Tribal Contractors.

- **1. Enter effective date of the move (required).** Designated Format: (mm/dd/yyyy).
- 2. Click NEXT and select the local office location to which the MCR will be sent.

Member Change Request			Log
Menu		Client Status	
Privacy Policy		Find Member Create MCR Location	Send
Initial ARCOS	-	^	
Prequently Asked Questions	Help	Member Information	
Jser Guide	Verify Member Information.	Member: MARY TESTING	
	Attach an electronic Voluntary	AHCCCS ID: AD	
	Discontinuance on next page for "Member requests voluntary withdrawal	Date of Birth: D4 Customer #:	
I want to	from ALTCS*.	Case Manager: Ms Manager Case Manager Phone #: 123-456-7890	
/iew My MCRs	An effective date must be selected for a Part B change.	Care Participal Priorite V. 22.2753971030	
Ireate a new MCR	Click the Next button to save your		
	changes and select a local office location to send this MCR.	Client Status	
User Account Info		Citeri Junua	
Isemame: DSahoohp50			
Istr: DSahoo hp50		Part A: Sent to ALTCS local office for the following changes:	
teathPlanID: 010306			
imail: Deepak.Sahoo@azahoccs.gov		Rember requests voluntary withdrawal from ALTCS	
Active Since: 04/20/2017 10:16:09 PM		Change Contract type from LTC to Acute for retroactive period (relusing service)	
Iser Account			
		Temporarily Absent from Arizona	
		Returned to Arizona	
		Tribal Enrolment change - DHCM was contacted	
		On-Reservation	
		Effective Date: (mm/dd/yyyy)	
		Part B: Sent to DHCM for the following changes:	
		From LTC to Acute - (Attach case notes)	
		From Acute to LTC	
		Comments:	
		× ·	
		Previous Next	



Client Status Changes Part B- Sent to DHCM

Change Contract Type

- Change from Long Term Care to Acute Care Only
- Change from Acute Care Only to Long Term Care

Client Status Changes Part B – Sent to DHCM

Change Contract Type from Long Term Care to Acute Care Only

LTC to Acute

Part B: Sent to DHCM for the following changes:
From LTC to Acute - (Attach case notes)
☐ Services not available ☑ Refusing HCBS Services (Voluntary Discontinuance not signed) ☐ Temporarily out of service area
From LTC to Acute effective begin date:
From LTC to Acute end date:
From Acute to LTC
Comments:

When "From LTC to Acute" is checked as above, the following three reasons/options will become available for selection:

1. Select one of the following:

Services not available –

The member requests a service(s) that the Contractor cannot provide. If this reason/option is chosen, a box will appear to enter information regarding the service(s) being requested. (See below for more information).

Refusing HCBS services –

The member will not accept a service(s) that the Contractor has available and has been offered.

> Temporarily out of service area –

The member is temporarily out of the Contractor's service area (but is expected to return) and is not receiving any LTC services during that time. If the member is still out of state at the time the MCR is being completed, a separate MCR should be sent to the local eligibility office, using the instructions above for Temporary Absence from Arizona.

2. Enter Effective Begin Date of this changed contract.

Designated Format: (mm/dd/yyyy). This date must match the begin date of the "D" placement on CA161 for the member. Reference ACOM Policy 411, Pre-Paid Medical Management Information Systems Interface for ALTCS Case Management.

3. Enter effective end date only if this date is in the past.



The end date of acute care only status should not be predicted.

4. In lieu of sending case notes, the case manager should write comments here to explain the case.

Those comments must support the reason/option chosen and describe the member's situation. **Note**: Case notes may still be sent by fax, mail or electronically as an attachment to the MCR. Fax number for DHCM is (602) 252-2180.

5. Click NEXT and select the AHCCCS location to which the MCR will be sent. Note: DHCM will be the only option for where to send this type of change.

Services not Available (Additional Information)

If the "Services not available" reason/option is chosen, a box will appear, as shown above, in which the case manager should indicate which service is being sought that is currently unavailable.

Note: If alternative services are provided to the member as a substitution for the requested service, a Client Status Change MCR is not needed since the member is receiving LTC services.

🖌 Fr	m LTC to Acute - (Attach case notes)
	Services not available
	Refusing HCBS Services (Voluntary Discontinuance not signed)
	Temporarily out of service area
	From LTC to Acute effective begin date:
	(mm/dd/yyyy)
	From LTC to Acute end date:
	(mm) od/yyyy)
	Service being sought:
Fn	m Acute to LTC
ome	ents:
	^
	~

- 1. Enter comments to explain why services are not available as well as what actions are being taken to resolve this issue.
- 2. Click NEXT and select the AHCCCS location to which the MCR will be sent. DHCM will be the only option for where to send this type of change.

Change Contract Type Retroactively

When a member's contract type needs to be changed retroactively for a specific and fixed time period, one MCR can be used to change both the LTC to ACO and the ACO to LTC at the same time instead of sending two separate MCRs.

Example: A member had been refusing services during the previous full calendar month but then began accepting services before another calendar month passed and before the LTC to ACO MCR was sent.



<u>Client Status Changes Part B – Sent to DHCM</u>

Change Contract Type from Acute Care Only to Long Term Care

Acute to LTC

Part B: Sent to DHCM for the following changes:
From LTC to Acute - (Attach case notes)
From Acute to LTC
Services are available No longer refusing services Back in service area
From Acute to LTC effective begin date:
From Acute to LTC end date:
Comments:
✓
Previous Next

When "From Acute to LTC" is checked as above the following three reasons/options will become available for selection:

Note: The reason/option checked should correspond to the reason/option that was indicated on the prior MCR that changed the member's status from LTC to Acute Care Only. For example, if "Services not available" was checked in prior MCR, "Services are available" must be checked for this MCR.

1. Select one of the following:

Services are available –

The service the member requested is now available and being provided.

- No longer refusing services The member is now accepting LTC services from the Contractor.
- Back in service area –
 The member is back in the Contractor's service area and receiving LTC services.
- 2. Enter Effective Begin Date. The date the member's status needs to be changed back to LTC should be reported as the Effective Begin date here.

No end date is needed for this type of change. This date must match the begin date of the "H" or "Q" placement on CA161 for the member. Reference ACOM Policy 411, Pre-Paid Medical Management Information Systems Interface for ALTCS Case Management.

3. Enter Comments to explain the circumstances of the case (not required).



4. Click NEXT and enter the AHCCCS location to which the MCR created will be sent. DHCM will be the only option for where to send this type of change.

LTC to ACO and ACO to LTC

Select Location and Add Attachments-DHCM is the only location option

Attachments may be added as needed prior to sending the MCR.

Member Change Request			Select Locations and	Add Attachments	
Menu				Add Attachments	
Privacy Policy		Find Member	Create MCR	Location	Send
Contact AHCCCS					
Frequently Asked Questions	Help	Member Information			
User Guide	Verify information entered.		Y TESTING		
	Select a local office to receive the member change	AHCCCS ID: A0 Date of Birth: 04/			
I want to	request. Select the type of		lanager		
View My MCRs	attachment.	Case Manager Phone #: 123-	456-7890		
Create a new MCR	Click the browse button to attach an electronic file and click Add button to save on your computer.		eceive MCR		
User Account Info	Click the Next button to	beleet Ebear office to R			
Username: DSahoohp50	save and review your changes before sending.				
User: DSahoo hp50		DHCM			
HealthPlanID: 010306					
Email: Deepak.Sahoo@azahcccs.gov					
Active Since: 04/20/2017 10:16:09 PM		Add Electronic Attachm	ients		
User Account					
		Add Attachment type: Voluntary Disc Description: test	ion by: ize 24): rowse (*.doc, *.pdf, *.jpg, *.	How Sent	: By Fax
	AF	HCCCS, 801 E. Jefferson St., Phoenix, A ©Copyright 2015 AHCCCS, All	Previous Next		

Click NEXT to review the MCR just created prior to sending it to AHCCCS.



Contractor Change (Change PC)

Artuaria Health			19011	ATZ-GOV Arizera's Official Web Site	Log Out
Member Change Request					200 00
Menu			Chan	ge PC	
Privacy Policy		Find Member	Create MCR	Location	Send
Contact AHCCCS	1				
Frequently Asked Questions	Help	Member Information			
User Guide	Verify Member Information. Enter new program contractor and select reason	AHCCCS ID: A0	ESTING		
I want to	for change.	Date of Birth: 04/ Customer #:			
View My MCRs	Click the Next button to	Case Manager: Ms Mar Case Manager Phone #: 123-45			
Create a new MCR	save your changes and select a local office location to send this MCR.	Case Hanager Phone w. 123-43	0-7050		
User Account Info Username: Dishoohp50 Usern Dishoo hp50 HealthRaniD: 010306 Email: Despak-Sahoo@azahocos.gov Active Sine: 04/20/2017 10:16:09 PM User Account		Change PC Within Marico Member Request Enrollment Chan Reason: Enrollment Information error Enrollment Information error Continuity of Placement Comments:)	

- 1. Enter the name of the Contractor that the member is requesting his/her enrollment to be changed to, as indicated in the example above.
- 2. Select one of the four reasons shown above must to indicate why the member's enrollment needs to be changed outside the Annual Enrollment Choice process. See ACOM Policy 403 and/or AHCCCS Eligibility Policy Manual for more information about these reasons.
- **3.** Enter Comments (not required)

Comments are not required on this screen but are strongly encouraged to explain the member's circumstances as best understood by the case manager in order to assist the Eligibility Specialist in determining whether the change is valid or not.

4. Click NEXT and select the local office location to which the MCR will be sent.



Medicare/Other Health Insurance

Use this screen to report Medicare and or other insurance changes.

Member Change Request								Log C
Menu					are/Other Health	Insurance		
Privacy Policy		Find Memb	er	Create MCR	Loc	ition	Send	
Contact AHCCCS								
Frequently Asked Questions	Help	Member Infor	nation					
User Guide	Verify Member Information.							
	Enter Medicare part A and B	Member: AHCCCS ID:	MARY A0	TESTING				
I want to	and/or other insurance. (Change checkbox should be checked)	Date of Birth: Customer #:	04/					
View My MCRs	Click the Next button to	Case Manager: Case Manager Phone	Ms Ma	nager 56-7890				
Create a new MCR	save your changes and select a local office location	Case Manager Phone		10-7850				
	to send this MCR.							
User Account Info								
		- Change Medica	are/Other	Health Insurance	1			
Username: DSahoohp50 User: DSahoo hp50	-							
HealthPlanID: 010306	_	Insurance	Change	Effective Date	Disenrollment Date	Medicare/Policy	Comments	Action
Email: Deepak.Sahoo@azahcccs.gov	_	Name				Number		
Active Since: 04/20/2017 10:16:09 PM	-	Medicare Part A						/ 🛛
User Account	-	Medicare Part B						/ 🛛
User Account	<u></u>							
				Previous Nex	t			
				Incompany and Announced				

Medicare Reporting

1. Enter changes to Medicare Part A and Part B information by clicking on the 🖍 icon in the Action column on the far right.

The following page shows how the screen view changes after the \swarrow icon is clicked for a Medicare change.

Other Health Insurance Reporting

1. Enter the name of the insurance in the blank cell following the Medicare rows under the "Insurance Name" header.

Note: More than one insurance change can be reported on a single MCR but each insurance change must be entered separately on this screen.



[Medicare/Other Health Insurance Continued]

Menu rivacy Policy Contact AHCCCS		Find Memb		_	are/Other Health			
		T IIIG PICIIID		Create MCR	loca	ation	Send	
ontact AHCCCS				Create HCK	LUCE		Jeilu	
	Help							
equently Asked Questions	нер	Member Inform	nation					
ser Guide	Verify Member Information.	Member:	MAD	TESTING				
	Enter Medicare part A and B and/or other insurance.	AHCCCS ID:	AO	TESTING				
I want to	(Change checkbox should be checked)	Date of Birth: Customer #:	04/					
ew My MCRs	Click the Next button to	Case Manager: Case Manager Phone		anager 456-7890				
eate a new MCR	save your changes and select a local office location	Case Manager Phone	#: 123**	+30-7890				
	to send this MCR.							
Harry & second Tarle								
User Account Info		Change Medica	are/Othe	r Health Insurance				
sername: DSahoohp50	4							
ser: DSahoo hp50 ealthPlanID: 010306	-	Insurance	Change	Effective Date	Disenrollment Date	Medicare/Policy	Comments	Action
	-	Name				Number		
	-	Medicare Pa		7/15/2019		123456789		2
	-	Medicare Part B	10					10
er Account								(h)
mail: Deepak.Sahoo@azahcccs.gov ctive Since: 04/20/2017 10:16:09 PM Iser Account		Medicare Pa	·	7/15/2019				

In the example above, the user had clicked on the \swarrow icon for a change to Medicare Part A on the previous screen. On this screen, the user must:

- 1. Select the box in the "Change" column so that a check mark appears (as shown above) next to the Medicare Part for which a change is being reported.
- 2. Enter an Effective Date and/or Disenrollment Date to indicate whether the change is the beginning or end of this type of insurance coverage.

A Policy Number will be required for all reported changes.

- 3. Enter Comments (not required)
- 4. Click the i icon in the Action column to save the changes. <u>This step must be done before additional insurance changes can be entered on the</u> <u>MCR.</u>

Note: Clicking on the ¹ icon in the Action column (for Medicare changes only) will cancel the action being entered before it is added.

- 5. Add Other Insurance changes (shown in the example above as BC/BS)
- 6. Save Other Insurance changes by clicking on the 🖄 icon in the Action column.
- 7. Click NEXT button to review the changes that were added (see following page).



[Medicare/Other Health Insurance Continued]

This screen shows the insurance changes that have been added.

If changes to entered information are needed, the user should click on \checkmark icon in the Action column for the type needing a change. In the example above, clicking on \checkmark icon in the Medicare Part B row will also allow changes to be entered now even though nothing was entered previously.

To make changes to the entered and saved Medicare/Other Insurance changes:

1. Click on the 🖾 icon in the Action column to the change entered for that row after it has been added/saved.

A message box asking if the user is sure they want to delete the entry should appear. Click "OK" when this appears.

2. Click NEXT and select the local office location to which the MCR will be sent.

Income/Resource Change-changes saved screen

Member Change Request			In	come/Resourc	a Change	
Menu				•		
Privacy Policy		Find Member	Create		Location Se	nd
Contact AHCCCS						
Frequently Asked Questions	Help	Member Informati	ion			
Jser Guide	Verify Member Information.	Member:				
	Enter Income/Resource	AHCCCS ID:	MARY TESTING A0!			
I want to	Changes. Multiple entries are allowed.	Date of Birth: Customer #:	04/			
fiew My MCRs	Click the Next button to save your changes and	Case Manager:	Ms Manager			
Create a new MCR	select a local office location to send this MCR.	Case Manager Phone #:	123-456-7890			
	to send this MCR.					
User Account Info		Income/Resource	Change			
Jsername: DSahoohp50	_					
Jser: DSahoo hp50						
HealthPlanID: 010306	-	Income/Resource	Source	Туре	Explanation of Change	Action
Email: Deepak.Sahoo@azahcccs.gov						/ 🛛
Active Since: 04/20/2017 10:16:09 PM		Income		SSI	Member received benefits	4
User Account		Resource			P	

- 1. Choose the Income or Resource change type from the drop down box as shown above. If a second Income or Resource change needs to be reported at the same time, the user may click on the ≁ icon in the Action column. Another drop down box will appear for the user to choose the type in the same way as shown above.
- 2. Enter the "Source" and "Type" (not required). The "Source" and "Type" of the income or resource are not required fields but should be used to provide information about where the income/resource is coming from, if known. *Examples: Social Security, SSI, VA income, Pension, Wages and Retirement benefits.*
- 3. Enter Comments (not required).



Note: Comments should be used to alert AHCCCS about the change in household income status when/if the member's spouse becomes the paid caregiver. Comments are not required but should be entered if information is available that would assist the Eligibility Specialist in processing the change.

- 4. Add changes: Click on the icon in the Action column to add the change entered on that line.
- 5. Click NEXT button to review the changes that were added (see following page).

[Income/Resource Change Continued]

This screen shows the income/resource changes that have been added.

Email: Deepak.Sahoo@azahccs.gov	Menu Menu Menu are Policy tact ARCCS questly Asked Questions I want to Site in norme/(kesource changes, Multiple entries are allowed. Disc of Births: a set your changes and abled a local office location Users Account Info mana: (5-Shoohp50 arr (5-Shoohp50 It is norme/(kesource Change
Hildy Yeldy	Watch MACCS Help I want to Enter Information. I want to Enter Information. I want to Enter Information. Why MCRa are allowed. Save your Alloge entities are allowed. Adv *** Customer. Fill Case Manager Save your Alloge house house Case Manager Save your Alloge house house Case Manager Save your Alloge house house Case Manager Save your Allowed house Case Ma
Help Member Information Iser Guide Verify Kember Information. I want to Complex information. I want to Complex information. I want to Complex information. Cisk the lister batton to serific ery MCR Complex information. User Account Infor berrame: DSahoohp50 teathHamD: 0.0006 None / Resource Income/Resource Source Type Explanation of Change resplex.sploop 2012 10:10:09 PM	questions Help ur Guide Verify Member Information. I Want to Case Nanages W MY MCRs Case Nanages ata a new MCR Case Manager User Account Info Case Manager resolution bp50 Income/Resource Change
Under Information Member Information I want to lear Income/Resource a new MCR Verify Hember Information. Changes, Mildiple entries are allowed. Member Information User Account Info Bernamic Dsahoohp50 Berab.Sahoo0pscahccs.gov Click the lead official Information is send this MCR. Member Information User Account Info Bernamic Dsahoohp50 Berab.Sahoo0pscahccs.gov Income/Resource Change Income/Resource Change Income/Resource Change Income/Resource Change Income/Resource Change	Guaded Stakes Questions Verify Member Information Ir Guide Verify Member Information. I want to Before Income/Resource Charling in this was an environment of this MCR. User Account Info mame: DSahoohp50 Income/Resource Change
I want to Enter Income/Resource Changes. Multiple entries are allowed. Member: All Controls. Multiple entries are allowed. Member: All Controls. All Controls. Date of Birth: Save your changes and to send the MCR. Member: All Controls. All Controls. Case Manager Prior. #1: Case Manager Prior. #1:	I want to Member: MARY TESTING Cherginal Sound: Cherginal Sound: W My MCRa Member: MARY TESTING AMCCGS ID: A0 Date of Birth: Q4''-** Customer #: Case Manager: Ms Manager Case Manager Phone #: 123-456-7890 Case Manager Phone #: 123-456-7890 User Account Info erromatic DSahoohp50 Income/Resource Change
I want to new My MCRs Others: Multiple entries are allowed. Date of Birth: Case Manager irrete a new MCR Case Manager: Berrame: DSahoohp50 Ms Hanager teath/Hamager Case Manager: Case Manager Phone #: 123-456-7890 Ms Hanager teath/Hamager Income/Resource Change Income/Resource Change income/Resource Source Type Explanation of Change mail: Despis.Sahoohp300 Income/Resource Source Type Explanation of Change mail: Despis.Sahoohp300 Income/Resource Source Type	I want to m My MCRs Changes. Multiple entries are allowed. Dub et d Bath: Customer #: Dub et d Bath: Customer #: Dub et d Bath: Customer #: User Account Info erromate: DSahoohp50 User Account Info erromate: DSahoohp50 Income/Resource Change
I want to I want to I want to I want to are allowed. Customer #: Customer #: Customer #: Case Manager Phone #: 123-456-7890 User Account Info Income/Resource Change Wername:: Dsahootgs0 Exercise Change Income/Resource Change Income/Resource Change Income/Resource Change Income/Resource Change	I want to are allowed. Customer #: w My MCRs Gik the Next button to serve your changes and sete at local frice location to send this MCR. Customer #: User Account Info Income/Resource Change emain: DSaboohp50 Income/Resource Change
term MRR as we your changes and safet a load office location to send this MCR. Case Manager Phone #: 123-456-7890 User Account Info memane: Dsahoohp60 eathPlanD: 010306 mail: Decapt.Sahoo0_azahocs.gov Income/Resource Change Income/Resource Source Type Explanation of Change Income/Resource	Why MCRs aser your changes and select a local drine location Case Manager Phone #: 123-456-7890 User Account Info Income/Resource Change email: DSahoohp50 Income/Resource Change
reate a new MCR	User Account Info User Account Info Tromko hp50 Tromko
Iserrame: DSahoohp50 Iser: DSahoo hp50 IseathFan1D: 010306 mail: Deepak.Sahoo@azahccc.agov Integ Since: 04/20/2017 10:16:09 PM	rrame: DSahoohp50 rr: DSahoo hp50 rr: DSahoo hp50
Iserrame: DSahoohp50 Iser: DSahoo hp50 IseathFan1D: 010306 mail: Deepak.Sahoo@azahccc.agov Integ Since: 04/20/2017 10:16:09 PM	rrame: DSahoohp50 rr: DSahoo hp50 rr: DSahoo hp50
ter: DSahoo hp50 leath/FamD: 010306 mail: Deepak.Saho@arahcco.gov dive Since: 04/20/2017 10:16:09 PM	rr: DSahoo hp50
HealthPfanID: 010306 Trail: DeepaK.Shoe@azahcos.gov drive Since: 04/20/2017 10:16:09 PM	
mail: DepaK.Sahoo@azahcos.gov dive Sine: 04/20/2017 10:16:09 PM	althPlanD: 010306 Tecome / Descurse Source Type Evplanation of Change Act
ctive Since: 04/20/2017 10:16:09 PM	
ser Account as a sal sal	er Account

To make changes to entered and saved Income/Resource changes:

- 1. Click on the */* icon in the Action column for the income/resource needing a change.
- 2. Click on the icon in the Action column to delete the change entered for that row.
- 3. Click NEXT and select the local office location to which the MCR will be sent.



Preadmission Screening (PAS) Reassessment Request

Member Change Request				PAS Reassessn	nent Request	
Menu		Pland Minuch and				Send
trivacy Policy		Find Member		Create MCR	Location	Send
Contact AHCCCS	Help	Member Informat	lan			
requently Asked Questions	пер	Member Informat	lion			
lser Guide	Verify Member Information.	Member:	MARY TESTING			
	Enter PAS Reassessments	AHCCCS ID: Date of Birth:	A0 04/			
I want to	Changes. Click the Next button to	Customer #:				
iew My MCRs	save your changes and	Case Manager: Case Manager Phone #:	Ms Manager 123-456-7890			
reate a new MCR	select a local office location to send this MCR.					
Isername: DSahoohp50 Iserh DSahoo hp50 Iseah ManID: 010306 Imail: Deepak: Sahoo@azahocos.gov Ictive Since: 04/20/2017 10:16:09 PM Iser Account		No longer DD eligible Inprovement in fund Transitional member Other Effective Date: Testilling	tional abilities or m now in NF, expecte		t that the member may no longer b	e medically eligible.

1. Enter the reason for the PAS Reassessment by choosing one of the choices shown on this screen.

Note: The "No longer DD eligible" option is used by DES/DDD only to indicate that a PAS needs to be completed on a member who no longer meets DDD criteria in order to determine if the individual will continue to be ALTCS eligible as an E/PD member.

2. Enter Effective Date.

An Effective Date is only required when "No longer DD" is checked and should reflect the effective date of DD ineligibility. An Effective date can be entered for other options even though they are not required. In the example above, the user entered the effective date of a Transitional member's admission to a NF. Note: Currently, if the Effective Date was left blank on the screen where the PAS Reassessment MCR was created, a default date of 01/01/1900 will automatically populate this field.

3. Enter Comments in the following circumstances:

- ➤ When a PAS is requested due to improvement in the member's status. The comments should include the type and extent of the member's improvement and/or what makes the case manager think the member may no longer be medically eligible.
- When a Transitional member is admitted to Nursing Facility (NF). The comments should include the name of the NF, admission date and information about the timeframe when a PAS needed
- Other identified circumstances requiring a PAS. The comments should explain "other" circumstances which indicate a PAS is needed.

4. Click NEXT and select the AHCCCS location to which the MCR will be sent.

The Medical QC unit in the AHCCCS Central office will be the only option for where to send this type of change.



Select Location and Add Attachment

Attachments may be added as needed prior to sending the MCR. See Section E, Select Location and Add Attachments of this Guide for instructions.

Menu Pharey Policy Coated APCCS Programmed Quantions With Information entered. Distributions Distribution entered. Distred Accountent<	Member Change Request			Select Location	is and Add Attachmen	ts
Impart volve Condexat: Allocitics Prequently Added Questions Ler Guide I want to Werty information entered. Select the member damage Detractions Detr	Menu					
Frequently Added Questions User Guide I want to Werkly information entered. Select the type of Select the type of Select the type of Other Bandom Selecton Other Bandom Selecton User Account Info User Account Info Deer olide Select the Need Selecton to save on organize Select the Need Selecton to save on organize Select the Need Selecton to save on observe 44 we show 580 User Account	Privacy Policy		Find Member	Create MCR		Send
Image: Productions Market Status Image: Productions Select a local office to prevent. Select Account Info Select Account Select and review your changes before sending. Decrement: Disaboohpsio Case Hanager Hone #: 123-456-7890 Enail: Despak-Sahoolpsio Case Hanager Hone #: 123-456-7890 Enail: Despak-Sahoolpsio Case Hanager Hone #: 123-456-7890 Descrement: Disaboohpsio Case Hanager Hone #: 123-456-7890 Descrement: Disaboohpsio Case Hanager Hone #: 123-456-7890 Enail: Despak-Sahoolpsio Case Hanager Hone #: 123-456-7890 Descrement: Disaboohpsio Case Hanager Hone #: 123-456-7890 <	Contact AHCCCS					
I want to Very NCR3 Create a new NCR Set: the local office to the prove statement of attachment. Set: the local office to the prove statement of attachment. Set: the local office to the prove statement of attachment. Set: the local office to the prove statement of attachment. Set: the local office to the local offic	Frequently Asked Questions	Нер	Member Information	on		
Description: test path: https://externalmordev.azahoccs.gov/Attachments/A09200822-To do.doox	Frequently Asked Questions User Guide I want to View My MCRa Create a new MCR User Account Info Username: DSahoohp50 User: DSahoo hp50 HealthPantD: 010306 Email: DegaSahoe@azahocos.gov Active Since: 04/20/2017 10:16:09 PH	Verify information entered. Select a local office to request. Select the type of attachment. Click the browse button to attach and electronic file and click Add button to save on your computer. Click the Keat button to save and review your	Member: ArtCCS ID: Date of Birth: Customer #: Case Manager: Case Manager: Case Manager: Phone #: Add Electronic Atta Please select the document Vou will send related document Vou will send related document Select file to upload (Maxim Add	MARY TESTING A0 04/ Ms Hanager 123-456-7990 to Receive MCR comments tation type: mentation by: mum size 2H): Browse (*.doc, *.pef,	*.jpg, *.gif)	
Previous Next			Description: test		00822-To do.docx	How Sent: by Fax
				Previous Next		

Click NEXT button to review the MCR just created prior to sending it to AHCCCS

Review and Submit MCR

Member Change Request			Review	v and Submit MCR	
Menu	_	Find Member	Create MCR	Location	Send
ivacy Policy		Find Hember	Create MCK	Location	
ontact AHCCCS			Can not c	reate this MCR. Please try again later.	
equently Asked Questions	Help	Sent to: Medi	al are then		
er Guide	Verify information entered.	SIGHT LUA Pical	car qu onic		
	Click Save and New button to submit this MCR and create new MCR for				
I want to	same AHCCCS member.	PAS Reasse	essment		
ew My MCRs	Click Send to submit this MCR.				
	-	Member Details: Member Name:	MARY TESTING		
reate a new MCR	<u></u>	AHCCCS Id: DOB:	A0		
		Case Manager:	04/ Ms Manager		
User Account Info		Case Manager Pho	ne #: 123-456-7890		
ername: DSahoohp50		PAS Reassessme	-t D-t-il-		
ser: DSahoo hp50			e: Transitional member now in NF,	expected to exceed 90 days	
ealthPlanID: 010306		Effective Date: Comments:	07/10/2019 Testing		
mail: Deepak.Sahoo@azahcccs.gov		commencs:	resury		
tive Since: 04/20/2017 10:16:09 PM		Attachment type:	/oluntary Discontinuance		How Sent: By Fax
ser Account		Description: test	malmcrdev.azahcccs.gov/Attachm		
		path: https://exte	nameruev.azaricCCS.goV/Attachm	SURV M03200055-10 00:00CX	

Click "Send" to submit the MCR to the selected AHCCCS location.



IV. REFERENCES

- ACOM Policy 403
- ACOM Policy 411
- AMPM Chapter 1600
- ALTCS/EPD Contract, Section D
- DES/DDD Contract, Section D