Welcome

AHCCCS Complete Care
This presentation and more is available at: www.azahcccs.gov/ACC
Frequently Asked Questions

Q: Will covered services change?
Q: Will CRS members have to change health plans?
Q: What are the geographic service areas (GSA) to be served by ACC Plans?
Q: What are the available ACC Plans in each geographic service area (GSA)?
Q: Will my foster child's coverage with Comprehensive Medical Dental Program (CMDP) change?
Q: If my child is enrolled in AHP, how will she/he receive CRS services?
Q: What will happen to members with CRS qualifying conditions that are being served through DES/DDD?
Q: How will CRS members who are determined to have a serious mental illness (SMI) and who are not enrolled with DES/DDD receive services?
Q: Will I be assigned to an ACC health plan or will I have choice of ACC Plan?
Q: How will CRS conditions be determined and will members still have a CRS designation?
Q: How will the plan ensure that members with CRS Special Health Care Needs get the comprehensive care they need?
Q: Can members and families continue to access Multi-Specialty Interdisciplinary Clinics (MSICs)?
Q: Can my child continue to receive services from current providers?
Q: Will anything change at age 21 for a member with a CRS designation?
Q: Will there be any changes to how other insurance coverage is handled?

Q: Will covered services change?

A: Members will still have access to the same array of covered services with ACC Plans (and other plans as noted) as they do under a single statewide health plan.

Q: Will CRS members have to change health plans?

A: Currently most members with CRS conditions are enrolled with a single statewide health plan for all or a portion of their services. Effective October 1, 2018, CRS members receiving fully integrated services from the current AHCCCS Statewide CRS health plan (United Health Care Community Plan) will be enrolled with and have choice of AHCCCS Complete Care (ACC) plans for all services including CRS, other non-CRS physical health services, and all covered behavioral health services. The ACC plan will be responsible for providing all medically necessary covered services for persons with CRS qualifying conditions.
AHCCCS Complete Care (ACC)

What, Who and When?
The Benefits of Integration

- One Plan
- One Payer
- One Provider Network
- Easier to Navigate
- Streamline care coordination to get better outcomes
- Improve a person’s whole health
Vision - Integration at all 3 Levels

CURRENT DELIVERY SYSTEM

AHCCCSS
Arizona Health Care Cost Containment System

Health Plan (physical health)

Health Plan/RBHA (behavioral health)

PROVIDERS

PROVIDERS

AHCCCSS
Arizona Health Care Cost Containment System

AHCCCSS COMPLETE CARE (ACC) DELIVERY SYSTEM

PROVIDERS

ACC Health Plans

Reaching across Arizona to provide comprehensive quality health care for those in need
Who Is Affected and When?

- Affects most adults and children on AHCCCS
- Members enrolled in Children’s Rehabilitative Services (CRS)

It does not affect:

- Members on ALTCS (EPD and DES/DD)
- Adult members with a serious mental illness (SMI)
- Most Comprehensive Medical Dental Plan (CMDP)

Starts on October 1, 2018!
2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION

KEY
- PHYSICAL SERVICES
- BEHAVIORAL SERVICES
- CHILDREN'S REHABILITATIVE SERVICES (if applicable)
- LONG TERM CARE SERVICES
- UHC UnitedHealthcare
  - Including CRS members
  - Excluding SMI & CMOP
  - Excluding ALTCS

Population Group
Plan
Future integration

This represents a change only for SMI/CRS members.

No Change*

*No change to behavioral health care options. New ACC plans may provide additional acute care options.

NO CHANGE

Planned for 10/1/20

NO CHANGE

Planned for 10/1/20

NO CHANGE

Planned for 10/1/20

NO CHANGE

Planned for 10/1/20

NO CHANGE

Planned for 10/1/20

Rev. 7/17/18
AHCCCS Complete Care Health Plans (ACC Plans)

Who and Where?

Reaching across Arizona to provide comprehensive quality health care for those in need
ACC Plan Geographic Service Areas

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.
<table>
<thead>
<tr>
<th>Central GSA</th>
<th>South GSA</th>
<th>North GSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner University Family Care</td>
<td>Banner University Family Care</td>
<td></td>
</tr>
<tr>
<td>Care1st</td>
<td>Care1st</td>
<td></td>
</tr>
<tr>
<td>Steward Health Choice Arizona</td>
<td>Steward Health Choice Arizona</td>
<td></td>
</tr>
<tr>
<td>Arizona Complete Health</td>
<td>Arizona Complete Health</td>
<td></td>
</tr>
<tr>
<td>Magellan Complete Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mercy Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>UnitedHealthcare Community Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Pima County Only)</td>
<td></td>
</tr>
</tbody>
</table>
Current Care Delivery System (Pre 10/1)

AHCCCS

Fee for Service System (AHCCCS Administered)
- American Indian Health Program
- Federal Emergency
- Tribal ALTCS IGAs (case management only)
- TRBHA IGA
  - Colorado River
  - Gila River
  - Navajo Nation
  - Pascua Yaqui
  - White Mtn Apache Tribe

Behavioral Health*
- Mercy Maricopa Integrated
- Health Choice Integrated Care (HCIC)
- Centpatico Integrated Care (CIC)

Acute Care (acute services only)
- Mercy Care Plan
- United Healthcare Community Plan
- Care 1st
- Health Choice
- UFC
- Health Net
- Dept. of Child Safety (DCS)/CMDP (foster care, carved out population)
  - Children’s Rehabilitative Services
  - United Healthcare Community Plan
  - (fully integrated acute, BH and CRS services)

Arizona Long Term Care System
- ALTCS – E/PD and DD (acute, behavioral health, long term care services)
  - Mercy Care
  - Banner-University Family Care
  - United Healthcare Community Plan
  - ADES/DDD (subcontract for acute services)

*Fully integrated contractors for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for Acute Care/DD adults with general mental health and substance abuse needs (GMH/SA) and children.
Care Delivery System as of Oct. 1, 2018

AHCCCS

Fee for Service System (AHCCCS Administered)
- American Indian Health Program (physical, behavioral, CRS)
- Federal Emergency Services (FES)
- Tribal ALTCS IGAs (case management only)
  - TRBHA IGA

Regional Behavioral Health Authorities*
- Arizona Complete Health (Currently CIC)
- Mercy Care (Currently MMIC)
- Steward Health Choice Arizona (Currently HCIC)

AHCCCS Complete Care (physical, behavioral health and CRS services)
- Arizona Complete Health
- Banner University Family Care
- Magellan Complete Care
- Mercy Care
- Steward Health Choice Arizona
- UnitedHealthcare Community Plan

Arizona Long Term Care System
ALTCS - E/PD and DD (physical, behavioral health, long term care services)
- Banner University Family Care
- Mercy Care
- UnitedHealthcare Community Plan
- ADES/DDD (subcontract for acute services)

*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.
What’s Next?

Reaching across Arizona to provide comprehensive quality health care for those in need
<table>
<thead>
<tr>
<th>GSA</th>
<th>RBHA (current)</th>
<th>RBHA Affiliated ACC</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Health Choice Integrated Care</td>
<td>Steward Health Choice Arizona</td>
</tr>
<tr>
<td>Central</td>
<td>Mercy Maricopa Integrated Care</td>
<td>Mercy Care</td>
</tr>
<tr>
<td>South</td>
<td>Cenpatico Integrated Care</td>
<td>Arizona Complete Health</td>
</tr>
</tbody>
</table>
Children’s Rehabilitative Services (CRS) Changes

Reaching across Arizona to provide comprehensive quality health care for those in need
CRS Members

• CRS members will have choice of ACC Plan
• Members currently enrolled with CRS will receive all physical health and behavioral health services from an ACC Plan.
• CRS members will continue to be identified and designated by AHCCCS.
American Indian Health Program (AIHP) Changes
Changes for American Indian Health Program (AIHP)

- AIHP will:
  - Pay for and manage care for physical and behavioral health services
  - Pay for and manage care for CRS services
  - RBHA will only continue to serve American Indian members with SMI
  - Manage care with TRBHAs when available and member enrolled
Supporting Choice for American Indian Members

- Integrated choices for the Non-SMI populations will be available within:
  - AIHP or AIHP and TRBHA; or
  - An ACC Plan
- AI members can still access services from an IHS/638 facility at anytime regardless of enrollment
Choice for American Indian Populations

- Tribal members will continue same frequency of choice options.
- Enrollment options continue.
- American Indian members can still choose to change enrollment between AIHP or the AHCCCS Complete Care (ACC) Plan at any time. However, a member can still only change from one ACC Plan to another once a year.
Provider Participation Agreement (PPA)

• As stated in the PPA, with respect to Fee-For-Service eligible persons, the Provider agrees to bill and accept payment in accordance with the terms of this Agreement, state and federal rules and regulations, and all pertinent documents incorporated by reference.

• All AHCCCS registered providers, do not require a separate contract with AIHP.
Policy changes and updates related to Integration are reflected in the following manuals:

- AHCCCS Medical Policy Manual (AMPM)

- AHCCCS FFS Provider Billing Manual
  - [https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html](https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html)

- AHCCCS IHS/Tribal Provider Billing Manual
Other things to be aware of...
RBHA/TRBHA and Crisis Services

- The Crisis system responsibilities will remain with the RBHA (in their respective GSA areas)

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.
Continuity of Care – Plan Provider Transitions

• For transitioning members, ACC Plans must:
  o Allow members receiving BH treatment continued access to specific providers as listed in treatment plan (if agreed by provider) for duration of treatment or 6 months; whichever occurs first
  o Allow members with CRS qualifying conditions in active course of treatment on plan (if agreed by provider) for duration of treatment or 6 months; whichever occurs first
American Indian Health Program (AIHP)
Reaching across Arizona to provide comprehensive quality health care for those in need
What is AIHP?

The AHCCCS American Indian Health Program (AIHP) provides medically necessary services for enrolled members. The program also provides coverage for preventive and behavioral health care services.

American Indians and Alaska Natives (AI/AN) enrolled in AHCCCS or Children's Health Insurance Program (KidsCare) may choose to receive their coverage through the AHCCCS American Indian Health Program (AIHP) or one of the AHCCCS-contracted managed health plans.

Health Plan ID #999998
Enrollment

What options are available?
Enrollment Options

Members have the option to choose a health plan to receive both their physical and behavioral health services and may enroll in either:

• The AHCCCS American Indian Health Program (AIHP);
• AIHP and a TRBHA if available; or
• An AHCCCS Complete Care Plan of their choice.
Unique Program Changes

• AI/AN members can switch their enrollment between AHCCCS AIHP and an AHCCCS Complete Care plan and back again at any time. However, a member can change from one AHCCCS Complete Care plan to another (for example, Steward Health Choice Arizona to Care1st) only once a year.
Services

Where can AIHP members obtain services from?
Services

• Regardless of health plan enrollment, physical and behavioral health services may always be received at *any* IHS or tribally owned and/or operated 638 facility.

• A member enrolled in AIHP may also receive services at any AHCCCS-registered provider that sees fee-for-service members.

• If an AI/AN member chooses an AHCCCS Complete Care plan, they are still able to receive physical and behavioral health services from IHS providers and tribally owned and/or operated 638 facilities.
  o In addition, members are able to receive services from any provider that is a part of their AHCCCS Complete Care plans network.
AHCCCS does not pay for:

- Physical exams needed by outside public or private agencies such as:
  - Exams for insurance,
  - Pre-employment physical examinations,
  - Sports exams or exams for exercise programs (except for children under the age of 21),
  - Pilot’s examinations,
  - Disability exams, or
  - Evaluation for lawsuits.
Medications

AHCCCS pays for medicines prescribed by providers. There are three places AIHP members can go to get their medicines:

- Indian Health Service facilities,
- Tribal Facilities, or
- Pharmacies that are part of the AHCCCS Pharmacy Benefit Manager (PBM).
  - AIHP Pharmacy Information
    - AIHP FFS Pharmacy Network
Coverage Outside of Arizona

• As an AIHP or TRBHA member, they may be covered by AHCCCS if temporarily out of the state, but still an Arizona resident. A member may receive services if:
  o Medical services are needed because of a medical emergency,
  o Member needs treatment that they can only get in another state, or
  o Member has a chronic illness and their condition must be stabilized before returning to Arizona.
Prior Authorization

Online submission through the AHCCCS Online Provider Portal.
Authorization of Acute Services

Providers shall obtain PA from AHCCCS for medically necessary:

- Non-emergency transportation when the distance exceeds 100 miles
- Non-emergent/elective inpatient hospital admissions
- Inpatient hospital admissions for behavioral health (BH) treatment
- Elective surgeries
- Ambulatory surgery facilities services;
- Skilled nursing facility admissions
- Hospice services
- Home health services under A.R.S. §36-2907(D);
- Total parenteral nutrition services.
- Purchase of medical equipment >$300.00 and supplies >$100.00
- Services rendered at a non-IHS/638 facility by an IHS/638 provider are subject to FFS authorization requirements.

Note: This is not a comprehensive list. For additional information please see: https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap08PriorAuthorizations.pdf
Authorization of Acute Services

The following **do not** require Prior Authorization:

- Emergency services
- Elective sterilization;
- Routine diagnostic imaging (X-rays, MRI, ultrasound)
- Evaluation and management services (physician office visits, specialist office visits)
- Outpatient dialysis
- Rehabilitative Therapies
- Services provided at an IHS or Tribal 638 facility to Title XIX members
- Non-pharmacy services provided at an IHS or Tribal 638 facility to Title XXI (KidsCare) members;
- There is a primary payer (Medicare, third party liability (TPL), or commercial insurance); or
- Services provided during periods of member retroactive eligibility.

*Note: This is **not** a comprehensive list. For additional information please see:*
Preferred Method of Submission

- Use of the AHCCCS Online Provider Web Portal is the preferred method of authorization submission for Fee for Service authorization requests for acute services. Online submission allows PA staff to process authorization requests for NEMT, medical, and BH level 1 facility admission requests more efficiently.

- Providers may directly enter their authorization requests through the AHCCCS Online portal, receive a pended authorization number, and use the attachment feature to upload the supporting documents directly with their requests. Facility face sheets and history and physical documentation must accompany all hospital requests.

- The status of prior authorizations should be checked using the Web Portal. To manage the volume of incoming authorization calls the area receives, prior authorization staff no longer provides authorization status or issues standard authorizations over the phone.

- Providers are encouraged to use the web portal to enter authorization requests for immediate access to a provisional authorization number that can be used to track authorization status. The ability to view authorization status online is delayed pending authorization entry for faxed authorization requests.

- **Note:** If submission of a Prior Authorization request or documentation is not possible due to internet outage or other unforeseen events, then it can be done through the fax method. If the documents are faxed, the Prior Authorization Request Form must continue to be utilized.
Submission

Begin on the AHCCCS website at https://www.azahcccs.gov/

Arizona Health Care Cost Containment System (AHCCCS) is Arizona’s Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.

Reaching across Arizona to provide comprehensive quality health care for those in need
Select Plans/Providers tab
Log in to AHCCCS online

**ATTENTION - SHARING ACCOUNTS IS PROHIBITED!**

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

***ATTENTION! TERMS OF USE UPDATE***

Effective immediately, please read the updated Terms of Use for AHCCCS Online. Your continued use of the site constitutes your acceptance of the amended agreement. IF YOU DO NOT AGREE WITH ANY PORTION of these terms, YOU MUST CEASE YOUR ACCESS AND USE OF THIS WEBSITE.

Enter Username and Password and click “Sign In”
From the Menu toolbar, select prior authorization submission.

Welcome to the FEE-FOR-SERVICE Prior Authorization Web Portal

To facilitate Prior Authorization requests, guidelines are provided to assist you in determining whether Prior Authorization is required. This is not an exhaustive list. For more detail, see Chapters 300, 400, 800, and 1200 in the AHCCCS MEDICAL POLICY MANUAL (AM/PM).

Services that require Prior Authorization:

- Tribal ALTCS Acute Inpatient Behavioral Health
- Durable Medical Equipment (DME) consumable > $200.00 and durable > $2000.00 and all rentals.
- Invasive (scheduled) Hospitalizations
- Home Health
- Hospice
- Skilled Nursing Facility
- Non - Emergency Outpatient Procedures
- Non - Emergency Surgery
- Podiatry
- Acute Inpatient Rehabilitation
- Outpatient Physical Therapy for Members > 21 years old.
- Non - Emergency Transportation > 100 miles

Services that do not require Prior Authorization:

- Services performed during a Retrospective Eligibility Period.
- When another coverage is primary, e.g., Medicare or Commercial Insurance.
- Emergency Hospitalization < 24 hours; ICU and Non - ICU < 72 hours.
- Diagnostic procedures, e.g., EKG, MRI, CT Scan, X-rays, Labs, colonscopy, EGD, Sleep Studies.
- Non - Surgical Procedures, e.g., PICC Line removal or placement, Central Line removal or placement, PEG removal, Blood Transfusions.
- Outpatient Chemotherapy and Radiation.
- Emergency Dental and Dental Services for Members < 21 years old (see AM/PM chapter 400).
- Eye glasses for members < 21 years old.
- Family Planning Services.
- Physician Consultations and Office Visits.
- Fracture Care.
- Emergency Transportation.

Services that are not managed by AHCCCS FFS Prior Authorization Unit: You must contact the appropriate entity for authorization.

- Non-Acute Services for Tribal ALTCS members (contact Case Manager).
- Transplant Services (contact Transplant Coordinator in the Division of Health Care Management at AHCCCS).
- Prescription Medication (contact the contracted PB).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

For additional information regarding prior authorizations, see the information posted on the screen, to move forward, select the “Prior Authorization Submission” tab.
Prior Authorization Search Screen

**Prior Authorization Search**

<table>
<thead>
<tr>
<th>PA Recipient/Case Search</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Search By:</strong>&lt;br&gt;Search System: <em>ACUTE</em>&lt;br&gt;Search By: <em>AHCCCS ID</em>&lt;br&gt;AHCCCS ID: A09734047&lt;br&gt;Service Provider ID: 007825&lt;br&gt;Begin Date Of Service: &lt;br&gt;End Date Of Service:</td>
</tr>
<tr>
<td><strong>AHCCCS ID:</strong>*&lt;br&gt;(Ex. A12345678)&lt;br&gt;(Format: MM/DD/YYYY)</td>
</tr>
<tr>
<td><strong>Next click “search”</strong></td>
</tr>
</tbody>
</table>

* Indicates a required field.

**Enter all required information marked with the red asterisk.**

**HINT:** To obtain the maximum number of search results, provide data only for required fields.
Case List Screen

There will either be no cases (if member is new) or several case numbers depending on the begin/end dates.

If there are no cases listed, the same steps are taken as adding a new case when clicking “Add New Case”

If you are requesting a PA and there are existing cases listed, you will select the case that falls within the time frame for the DOS.
Adding a New Case (Step 1)

Fill in all required information (marked with red asterisks *).

Enter Case Information

* Indicates a required field.

- **AHCCCS ID:** A12345678
- **Service Provider ID:** 007835
- **Provider Contact Name:** Albert Escobedo
- **Contact Phone Number:** 602-417-4562
- **Effective Begin Date:** 01/01/2018
- **Effective End Date:** 12/31/2018
- **Description:** Case 2018

- Enter the date you want the case to begin
- Automatically defaults to end of year from begin date
- Enter a description for the case being entered

Once all the information has been entered, select “Next”
Verify Case Information

<table>
<thead>
<tr>
<th>AHCCCS ID</th>
<th>A12345678</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID</td>
<td>007835</td>
</tr>
<tr>
<td>Service Provider NPI</td>
<td></td>
</tr>
<tr>
<td>Provider Contact Name</td>
<td>Albert Escobedo</td>
</tr>
<tr>
<td>Contact Phone Number</td>
<td>602-417-4562</td>
</tr>
<tr>
<td>Effective Begin Date</td>
<td>01/01/2018</td>
</tr>
<tr>
<td>Effective End Date</td>
<td>12/31/2018</td>
</tr>
<tr>
<td>Description</td>
<td>Case 2018</td>
</tr>
</tbody>
</table>

Verify that the information is correct, and select “Submit”

Verify that the information is correct, if not click on the edit button to make changes.
The phrase “Transaction Succeeded” will appear in red indicating that a new case list for this member was completed.

### Case List

<table>
<thead>
<tr>
<th>Case No</th>
<th>AHCCCS ID</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Case Status</th>
<th>Case Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000864909</td>
<td></td>
<td>04/01/2018</td>
<td>12/31/2018</td>
<td>PENDED</td>
<td>PRIOR AUTHORIZATION</td>
<td>CASE 2018</td>
</tr>
</tbody>
</table>

Each case list will be assigned a case number. Select the “Case No” of the PA request that you added.

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. Approved PA cases cannot be updated online. Please contact PA Group to update approved PA cases.
# Adding a New Event (Step 2)

## Event List

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

**NOTE:** Approved events cannot be updated online. Please contact the PA Group to update approved events.

<table>
<thead>
<tr>
<th>Service provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 007835</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS ID:</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>DOB:</td>
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<tr>
<td>Gender:</td>
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</table>

<table>
<thead>
<tr>
<th>Case Detail</th>
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<tbody>
<tr>
<td>Case No: 000000137</td>
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<tr>
<td>Begin Date:</td>
</tr>
<tr>
<td>End Date:</td>
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<tr>
<td>Status:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event List</th>
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<tbody>
<tr>
<td>No Records Found.</td>
</tr>
</tbody>
</table>

Click on the “Add New Event” tab to begin the process of entering an event.
Add New Event Screen

Enter Event Information

- **Case No:** 000864909
- **Event Type:** BEHAVIORAL HEALTH INPATIENT
- **Recipient AHCCCS ID:** A12345678
- **Provider Contact Name:** Albert Escobedo
- **Contact Phone Number:** 602-417-4562
- **Requested Begin Date:** 06/19/2018
- **Requested End Date:** 06/21/2018
- **Admit Date:** 06/19/2018
- **Discharge Date:**
- **Diagnosis Code:** F41
- **Description:**

Insert the date you are requesting the event to begin

Enter the date you are requesting the event to end

Enter the date the member was admitted

Enter a valid behavioral health diagnosis code

Use the Description field to provide additional information about your PA request

Once all the information has been entered, click “Next”

Behavioral Health Inpatient Now Available!

Reaching across Arizona to provide comprehensive quality health care for those in need
Verify Event Information

| Case No: | 000864909 |
| Event Type: | BI(BEHAVIORAL HEALTH INPATIENT) |
| Recipient AHCCCS ID: | 
| Provider Contact Name: | Albert Escobedo |
| Contact Phone Number: | 602-417-4562 |
| Requested Begin Date: | 06/19/2018 |
| Requested End Date: | 06/21/2018 |
| Admit Date: | 06/19/2018 |
| Discharge Date: | 
| Diagnosis Code: | F41.0 |
| Description: | 

Verify that the information is correct, and select “Submit”

Verify that the information is correct, if not click on the edit button to make changes
Event List

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

**NOTE:** Approved events cannot be updated online. Please contact the PA Group to update approved events.

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<tbody>
<tr>
<td>Provider ID: 007835</td>
<td>Provider Name: NEMT TEST</td>
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<table>
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<tr>
<td>AHCCCS ID:</td>
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<tbody>
<tr>
<td>Case No: 000064909</td>
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<table>
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<tbody>
<tr>
<td>Sequence</td>
<td>Event Type</td>
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<tr>
<td>01</td>
<td>BI</td>
</tr>
</tbody>
</table>

Lists of entered events will appear under the event list and is assigned a number which is placed in "sequence" order.

The phrase “Transaction Succeeded” will appear in red indicating that a new event list for this member was completed.

Click on “attachments” to submit attachments if needed.

Reaching across Arizona to provide comprehensive quality health care for those in need.
Attachments

Select from the “Request Types” available

Click the “Upload Attachment” tab

Click “Browse” to find your document on your computer

Reaching across Arizona to provide comprehensive quality health care for those in need
If successful, you will receive a message that states “File successfully uploaded”

To continue the prior authorization submission, click “event list” at the top of the screen.
Reaching across Arizona to provide comprehensive quality health care for those in need

Click the “Add New Event” button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

NOTE: Approved events cannot be updated online. Please contact the PA Group to update approved events.

Service provider

Provider ID: 007835
Provider Name: NEMT TEST
NPI:

Recipient

AHCCCS ID: 
Name: 
DOB: 03/02/1982
Gender: F

Case Detail

Case No: 000864909
Begin Date: 04/01/2018
End Date: 12/31/2018
Status: PENDED

Event List

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Event Type</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Admit Date</th>
<th>Status</th>
<th>Reason</th>
<th>Diagnosis Code</th>
<th>Update</th>
<th>Attachments</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>BI</td>
<td>06/19/2018</td>
<td>06/21/2018</td>
<td>PENDED</td>
<td>PH009</td>
<td>F41.0</td>
<td>Update</td>
<td>Attachments</td>
<td></td>
</tr>
</tbody>
</table>

Click on the “Sequence” number assigned to the event you entered.

*Note: There may be more than one event but to complete the current PA request, select the event you recently created.

This will take you to the “Activity List Screen”
Add New Activity (Step 3)

Activity List

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity. Approved activities cannot be updated online. Please contact PA Group to update an approved activity.

<table>
<thead>
<tr>
<th>Service provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 007835</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS ID:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case No: 000864909</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence No: 01</td>
</tr>
</tbody>
</table>

Activity List

No Records Found.

To add activity details, select “add new activity”

If this is the first time adding an activity for this event, no records will appear.
Enter Activity Information

Enter an Activity Code

Modifier if applicable

Amount of units being requested

Choose from the list of Activity Types

Use the Note field to provide additional information about your PA request including description requirements.
Verify that the information is correct, and select "Submit".

Verify Activity Information

<table>
<thead>
<tr>
<th>Case Number</th>
<th>000864909</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Contact Name</td>
<td>Albert Escobedo</td>
</tr>
<tr>
<td>Contact Phone Number</td>
<td>602-417-4562</td>
</tr>
<tr>
<td>Sequence Number</td>
<td>01</td>
</tr>
<tr>
<td>Activity Type</td>
<td>R (REVENUE CODE)</td>
</tr>
<tr>
<td>Activity Code</td>
<td>0124</td>
</tr>
<tr>
<td>Modifier</td>
<td></td>
</tr>
<tr>
<td>Allowed Units</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: Testing

Verify that the information is correct, if not click on the edit button to make changes.
PRIOR AUTHORIZATION REQUEST IS COMPLETE!
Verifying Status

Once logged in to AHCCCS online, click on “Prior Authorization Inquiry” in the menu bar.
Prior Authorization: PA Search

Prior Authorization Search

- HINT: To obtain the maximum number of search results, provide data only for required fields.

* indicates required fields

<table>
<thead>
<tr>
<th>Search System:</th>
<th>ACUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Provider ID:</td>
<td>007835</td>
</tr>
<tr>
<td>Recipient AHCCCS ID:</td>
<td></td>
</tr>
<tr>
<td>Case Number:</td>
<td></td>
</tr>
<tr>
<td>Begin Date of Service:</td>
<td>03/19/2018</td>
</tr>
<tr>
<td>End Date of Service:</td>
<td>09/12/2018</td>
</tr>
</tbody>
</table>

Search Clear

Enter all required fields marked with a red asterisk *

Ex. A12345678
9 Digit Number
Format: MM/DD/YYYY

Note: You are not required to enter the AHCCCS ID #, if you are not looking for a specific member.

Once all the information has been entered, select “Next”
Prior Authorization: PA Search

Each PA will have an assigned Case No.

Click on Case NO to see further details.

<table>
<thead>
<tr>
<th>Case NO</th>
<th>Recipient ID</th>
<th>Provider ID</th>
<th>Case Type</th>
<th>Case Status</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000864909</td>
<td>007835</td>
<td>PRIOR AUTHORIZATION</td>
<td>P-PENDED</td>
<td>04/01/2018</td>
<td>12/31/2018</td>
<td>CASE 2018</td>
<td></td>
</tr>
</tbody>
</table>
Case NO: 000864909
Case Type: PRIOR AUTHORIZATION

Case Status: P-PENDED
Effective Dates: 04/01/2018 12/31/2018

Provider ID: 007835
Provider NPI:
Provider Name: NEMT TEST
Provider Type: 28 NON-EMERGENCY TRANSPORTATION PROVIDERS

AHCCCS ID:
Name:
Date of Birth: 03/02/1982
Gender: FEMALE

Event List

<table>
<thead>
<tr>
<th>Seq No</th>
<th>Status</th>
<th>Type</th>
<th>Svc Begin Date</th>
<th>Svc End Date</th>
<th>Adm. Date</th>
<th>Requestor</th>
<th>Reason</th>
<th>Diag Code</th>
<th>Class Cat.</th>
<th>Cmt No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>P-PENDED</td>
<td>BI</td>
<td>06/19/2018</td>
<td>06/21/2018</td>
<td>06/19/2018</td>
<td></td>
<td>PH009-PA REVIEW REQUIRED</td>
<td>F41.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Activity List for Seq=01

<table>
<thead>
<tr>
<th>Line No</th>
<th>Activity Type</th>
<th>Activity Code</th>
<th>Status</th>
<th>HCPCS</th>
<th>Reason</th>
<th>Allowed Units</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>H</td>
<td>A0120</td>
<td>PENDED</td>
<td></td>
<td>PA REVIEW REQUIRED</td>
<td>2</td>
<td>$6.64</td>
</tr>
<tr>
<td>02</td>
<td>H</td>
<td>S0215</td>
<td>PENDED</td>
<td></td>
<td>PA REVIEW REQUIRED</td>
<td>105</td>
<td>$1.28</td>
</tr>
</tbody>
</table>

Status
Claim Submission

Eligibility and types of submission.
Member Eligibility

Per the AHCCCS Billing Manual, even if a member presents an AHCCCS ID card or a decision letter from an eligibility agency, the provider **must always** verify the member’s eligibility and enrollment status.

- Verification may be verified using the AHCCCS Online Portal at: https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f
Verifying Eligibility

Medical Enrollment

<table>
<thead>
<tr>
<th>Health Plan ID/Description</th>
<th>Period Start</th>
<th>Period End</th>
<th>Rate Code</th>
<th>Contract Type</th>
<th>Insurance Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>999998 AHCCCS AMERICAN INDIAN HP</td>
<td>05/01/2018</td>
<td></td>
<td>3718 - ADULT &lt;40% EXP M&amp;F 45-64 NO MDC</td>
<td>E ACU/FFS</td>
<td>MC MEDICAID</td>
</tr>
</tbody>
</table>

Behavioral Health Services

<table>
<thead>
<tr>
<th>BHS Category</th>
<th>Begin Date</th>
<th>End Date</th>
<th>BHS Site</th>
<th>BHS Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>G GENERAL MENTAL HEALTH SERVICES</td>
<td>08/01/2018</td>
<td>07/31/2018</td>
<td>98 AMERICAN INDIAN HLTH PLAN AIHP</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
</tr>
<tr>
<td>G GENERAL MENTAL HEALTH SERVICES</td>
<td>05/01/2018</td>
<td>07/31/2018</td>
<td>38 HEALTH CHOICE</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
</tr>
</tbody>
</table>

Note: Claims for BHS Site 98 American Indian Health Plan AIHP are submitted to the AHCCCS Administration (DFSM).
# Claim Submission

<table>
<thead>
<tr>
<th>Paper claims</th>
<th>HIPAA-compliant 837 electronic</th>
<th>AHCCCS Online (Provider Portal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS Claims P.O. Box 1700 Phoenix, AZ 85002</td>
<td>AHCCCS also accepts HIPAA-compliant 837 electronic Fee-For-Service claims from all certified submitters. Providers and clearinghouses must successfully complete testing to be certified to submit 837 transactions.</td>
<td>Claims may also be submitted through the AHCCCS Online claim submission process. Document attachments may be submitted through the web upload attachment process in the Transaction Insight (TI) Portal or through batch 275.</td>
</tr>
</tbody>
</table>
AHCCCS Online Provider Portal

Trainings on claim submission through the AHCCCS Online Provider Portal is posted on the AHCCCS website.

Professional Claims: click here

Institutional Claims: click here

Dental Claims: click here
# Where to Send Claims

<table>
<thead>
<tr>
<th>If...</th>
<th>Then...</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a member is a Title XIX/XXI member enrolled with AIHP or AIHP/TRBHA...</td>
<td>Claims are submitted to the AHCCCS Division of Fee-for-Service Management (DFSM).</td>
</tr>
<tr>
<td>If a member is a Title XIX member enrolled with an ACC plan and seen at a <strong>non</strong>-IHS/Tribal 638 facility...</td>
<td>Claims are submitted directly to the ACC plan.</td>
</tr>
<tr>
<td>If a member is a Title XIX member enrolled with an ACC plan and seen at an IHS/Tribal 638 facility...</td>
<td>Claims are submitted to the AHCCCS Division of Fee-for-Service Management (DFSM).</td>
</tr>
<tr>
<td>If a member is a Title XXI member enrolled in an ACC plan and seen at a <strong>non</strong>-IHS/Tribal 638 facility...</td>
<td>Claims are submitted directly to the ACC plan.</td>
</tr>
<tr>
<td>If a member is a Title XXI member enrolled in an ACC plan and seen at an IHS/Tribal 638 facility...</td>
<td>Claims are submitted directly to the ACC plan.</td>
</tr>
</tbody>
</table>
Resources

AHCCCS Medical Policy Manual
Chapter 300, Medical Policy for Covered Services

AHCCCS Fee-For-Service Provider Manual
  o  https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html

AHCCCS IHS/Tribal Provider Billing Manual
  o  https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHSTribalbillingManual.html

AIHP/TRBHA Member Handbook

FFS Website
  o  https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/

Tribal ALTCS
  o  https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/
Provider Training

- AHCCCS Provider Training offers both in person and online training to Fee-For-Service (FFS) providers on how to submit claims, prior authorization requests, additional documentation (i.e. the AHCCCS Daily Trip report or requested medical records), etc. using the AHCCCS Online Provider Portal and the Transaction Insight Portal.
- The AHCCCS Provider Training team also offers periodic trainings whenever there are significant changes in AHCCCS policy or to the AHCCCS billing manuals.
- Training questions may be directed to: ProviderTrainingFFS@azahcccs.gov
Questions?
Thank you!