*Integration of Physical and Behavioral Health Services occurred on October 10, 2018
Information on AHCCCS Complete Care (ACC) is available at:
www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSCompleteCare/
Frequently Asked Questions

View General FAQs (.pdf)

View American Indian Member FAQs (.pdf)

View Provider FAQs - AHCCCS Complete Care For American Indians (.pdf)

View FAQs for Members with CRS Conditions (.pdf)

View Crisis Service FAQs (.pdf)  (Updated 10/6/2020)

View FAQs for Providers (.pdf)

Download the ACC Provider Flyer (.pdf)

View Non-Title XXII ACC FAQs (.pdf)

View CDIE-COT FAQs (.pdf)  (Updated 5/6/2019)

General Questions

Q1: What is an AHCCCS Complete Care Health Plan (ACC Plan) and how is it different from my current health plan?

Q2: When is the change to ACC Plans happening?

Q3: Who will be affected by this change?

Q4: How will an ACC Plan benefit me?

Q5: Will covered services change?

Q6: What are the geographic service areas (GSA) to be served by ACC Plans?

Q7: What are the available ACC Plans in each geographic service area (GSA)?

Q8: Will I be assigned to an ACC Plan or will I have choice of available ACC Plans?

ACC FAQ webpage:
https://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSCompleteCare/faq.html
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

- Providers
  - Health Plan (physical health)
  - Health Plan/RBHA (behavioral health)

AHCCCS

AHCCCS COMPLETE CARE (ACC)
DELIVERY SYSTEM

- Providers
  - ACC Health Plans

AHCCCS

Arizona Health Care Cost Containment System
Who Is Affected and When?

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

It did not affect:

- Members on ALTCS (EPD and DES/DD)
- Adult members with a serious mental illness (SMI)
- Most Comprehensive Medical Dental Plan (CMDP)
2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION

This represents a change only for SMI/OD members.

**NO CHANGE**

- **American Indians**
- **American Indians/SMI**
- **American Indians/CRS**

**NO CHANGE**

- **American Indian Children in Foster Care**

**NO CHANGE**

- **American Indian Children in Foster Care**

---

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

**Planned for 10/1/20**

---

**Rev. 7/12/18**
AHCCCS Complete Care (ACC) Health Plans

Who and Where?
ACC Plan Geographic Service Areas

Note: Zip codes 85342, 85192, 85530 representing San Carlos Tribal area are included in the South GSA.
# AHCCCS Complete Care (ACC) Plans

<table>
<thead>
<tr>
<th>North GSA (Apache, Coconino, Mohave, Navajo and Yavapai Counties)</th>
<th>Central GSA (Maricopa, Gila and Pinal Counties)</th>
<th>South GSA (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma counties)</th>
</tr>
</thead>
</table>
| • Care 1<sup>st</sup>  
• Health Choice Arizona | • Banner University Family Care  
• Care 1<sup>st</sup>  
• Health Choice Arizona  
• Arizona Complete Health  
• Magellan Complete Care  
• Mercy Care  
• United Healthcare Community Plan | • Banner University Family Care  
• Arizona Complete Health  
• United Healthcare Community Plan (Pima County only) |
# AHCCCS Complete Care (ACC) Plans

<table>
<thead>
<tr>
<th>ACC Health Plan</th>
<th>Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care 1&lt;sup&gt;st&lt;/sup&gt; Health Plan</td>
<td><a href="http://www.care1staz.com">www.care1staz.com</a></td>
<td>1-866-560-4042</td>
</tr>
<tr>
<td>Magellan Complete Care</td>
<td><a href="http://www.mccofaz.com">www.mccofaz.com</a></td>
<td>1-800-424-5891</td>
</tr>
<tr>
<td>Mercy Care</td>
<td><a href="http://www.mercycareaz.org">www.mercycareaz.org</a></td>
<td>1-800-624-3879</td>
</tr>
<tr>
<td>Banner-University Family Care</td>
<td><a href="http://www.bannerufc.com/acc">www.bannerufc.com/acc</a></td>
<td>1-800-582-8686</td>
</tr>
<tr>
<td>United Healthcare Community Plan</td>
<td><a href="https://www.uhcommunityplan.com">https://www.uhcommunityplan.com</a></td>
<td>1-800-348-4058</td>
</tr>
<tr>
<td>Arizona Complete Health-Complete Care Plan</td>
<td><a href="http://www.azcompletehealth.com/completecare">www.azcompletehealth.com/completecare</a></td>
<td>1-888-788-4408</td>
</tr>
</tbody>
</table>
Current Care Delivery System

Pre 10/1

*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/DO adults with general mental health and substance abuse needs (GMHSA) and children.
Care Delivery System as of Oct. 1, 2018

**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 Critical Access)
- Mercy Care (Currently MMIC)
- Steward Health Choice Arizona (Currently HCIC)

**AHCCCS Complete Care**
(physical, behavioral health and CRS services)
- Arizona Complete Health
- Mercy Care
- Steward Health Choice Arizona
- United HealthCare Community Plan

**Arizona Long Term Care System**
ALTCS – E/PD and DD
(physical, behavioral health, long term care services)
- Banner University Family 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.*

**Dept. of Child Safety (DCS)/CMDP**
What’s Next?
# RBHA Affiliated ACC Plans

<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
CRS Members

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

• AIHP continues to:
  o Pay for and manage care for physical and behavioral health services
  o Pay for and manage care for CRS services
  o Have RBHAs continue to serve American Indian members with SMI
  o Manage care with TRBHAs when available and the member is enrolled with the TRBHA
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 continue to have the 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.
Resources

Policy changes and updates related to Integration are reflected in the following manuals:

• AHCCCS Medical Policy Manual (AMPM)
  o https://www.azahcccs.gov/shared/MedicalPolicyManual/

• AHCCCS FFS Provider Billing 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
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)
Continuity of Care – Plan Provider Transitions

• For members who transitioned, the ACC Plans had to:
  o Allow members receiving BH treatment continued access to specific providers as listed in their treatment plan (if agreed to by provider) for the duration of their treatment or 6 months; whichever occurred first
  o Allow members with CRS qualifying conditions undertaking an active course of treatment on plan (if agreed to by provider) for the duration of their treatment or 6 months; whichever occurred first
American Indian Health Program (AIHP)

What is AIHP and who does it serve?
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?
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:

- Medical services are needed because of a medical emergency,
- Member needs treatment that they can only get in another state, or
- 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/FFSPreManual/FFS_Chap08PriorAuthorizatio ns.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: https://www.azahcccs.gov/PlansProviders/Downloads/FFSPROVIDERMANUAL/FFS_Chap08PriorAuthorizations.pdf*
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.
Preferred Method of Submission

• 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/
Select Plans/Providers tab
Log in to AHCCCS online

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

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

Enter all required information marked with the red asterisk.

Next click “search”

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

<table>
<thead>
<tr>
<th>Enter Case Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Indicates a required field.</td>
</tr>
<tr>
<td>AHCCCS ID:*</td>
</tr>
<tr>
<td>Service Provider ID:*</td>
</tr>
<tr>
<td>Provider Contact Name:*</td>
</tr>
<tr>
<td>Contact Phone Number:*</td>
</tr>
<tr>
<td>Effective Begin Date:*</td>
</tr>
<tr>
<td>Effective End Date:*</td>
</tr>
<tr>
<td>Description:*</td>
</tr>
</tbody>
</table>

- 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>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS ID</td>
<td>A12345678</td>
</tr>
<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>Casa 2018</td>
</tr>
</tbody>
</table>

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

<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 2016</td>
</tr>
</tbody>
</table>

Each case list will be assigned a case number

Select the “Case No” of the PA request that you added

Select the “Case No” of the PA request that you added
Click on the “Add New Event” tab to begin the process of entering an event.

<table>
<thead>
<tr>
<th>Event List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service provider</td>
</tr>
<tr>
<td>Provider ID: 007835</td>
</tr>
<tr>
<td>Recipient</td>
</tr>
<tr>
<td>AHCCCS ID:</td>
</tr>
<tr>
<td>Case No: 000000157</td>
</tr>
</tbody>
</table>

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

Enter Event Information

* Indicates a required field.

- **Case No:** 000064909
- **Event Type:** BEHAVIORAL HEALTH INPATIENT
- **Recipient AHCCCS ID:** A12345678
- **Provider Contact Name:** Albert Ferrado
- **Contact Phone Number:** 602-417-4562
- **Requested Begin Date:** 06/19/2019
- **Requested End Date:** 06/21/2019
- **Admit Date:** 06/19/2019
- **Discharge Date:**
- **Diagnosis Code:** F41
- **Description:**

Choose from the list of Event Types:
- ACUTE PSYCHIATRIC INPATIENT
- BEHAVIORAL HEALTH INPATIENT
- BEHAVIORAL TRANSPORT
- DURABLE MEDICAL EQUIPMENT/SUPPLIES
- EXTENDED SERVICES
- INPATIENT
- MEDICAL
- OFF RESERVATION
- OTHER TRANSPORT
- OUTPATIENT
- PHARMACY
- PHYSICAL THERAPY
- RESERVATION TO RESERVATION
- SPECIAL RATE

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

<table>
<thead>
<tr>
<th>Case No:</th>
<th>000864909</th>
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</thead>
<tbody>
<tr>
<td>Event Type:</td>
<td>Behavioral Health Inpatient</td>
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<tr>
<td>Recipient AHCCCS ID:</td>
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<tr>
<td>Provider Contact Name:</td>
<td>Albert Escobedo</td>
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<tr>
<td>Contact Phone Number:</td>
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<tr>
<td>Requested Begin Date:</td>
<td>06/19/2018</td>
</tr>
<tr>
<td>Requested End Date:</td>
<td>06/21/2018</td>
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<td>Admit Date:</td>
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<tr>
<td>Description:</td>
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</tr>
</tbody>
</table>

Verify that the information is correct, if not click on the edit button to make changes. Verify that the information is correct, and select “Submit.”
Event List

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

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

Click on “attachments” to submit attachments if needed.
Select from the “Request Types” available

Click “Browse” to find your document on your computer

Click the “Upload Attachment” tab
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.
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)

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

Use the Note field to provide additional information about your PA request including:

Choose from the list of Activity Types:
- DRG
- HCPCS
- NDC - PHARMACY
- REVENUE CODE
- SPECIAL RATE
- TIER
- HCPCS & REVENUE CODE

* Indicates a required field.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>Provider Contact Name*</td>
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<tr>
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<tr>
<td>Activity Type*</td>
<td>REVENUE CODE</td>
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<tr>
<td>Activity Code*</td>
<td>0124</td>
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<tr>
<td>Allowed Units*</td>
<td>5</td>
</tr>
<tr>
<td>Note</td>
<td></td>
</tr>
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</table>
Verify

Verify Activity Information

<table>
<thead>
<tr>
<th>Case Number</th>
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</thead>
<tbody>
<tr>
<td>Provider Contact Name</td>
<td>Albert Escobedo</td>
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<tr>
<td>Contact Phone Number</td>
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<tr>
<td>Sequence Number</td>
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<td>Activity Type</td>
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<td>Modifier</td>
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<td>Allowed Units</td>
<td>5</td>
</tr>
<tr>
<td>Note:</td>
<td>Testing</td>
</tr>
</tbody>
</table>

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

Verify that the information is correct, and select “Submit”
PRIOR AUTHORIZATION REQUEST IS COMPLETE!
Verifying Status

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

Prior Authorization: PA Search

<table>
<thead>
<tr>
<th>Search System*</th>
<th>ACUTE</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Provider ID*</td>
<td>007835</td>
<td>□</td>
</tr>
<tr>
<td>Recipient AHCCCS ID:</td>
<td></td>
<td></td>
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<tr>
<td>Case Number:</td>
<td></td>
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<td>Begin Date of Service*</td>
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<td></td>
</tr>
<tr>
<td>End Date of Service*:</td>
<td>09/13/2018</td>
<td></td>
</tr>
</tbody>
</table>

**Enter all required fields marked with a red asterisk ***

* indicates required fields

- **Search System**
- **Service Provider ID**
- **Recipient AHCCCS ID**
- **Case Number**
- **Begin Date of Service**
- **End Date of Service**

**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”
Each PA will have an assigned Case No.

Click on Case NO to see further details.
Case No: 000864909
Case Type: PRIOR AUTHORIZATION

Case Status: P-PENDED
Effective Dates: 04/01/2010 12/31/2010

Provider ID: 007835
Provider NPI: 81

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

AHCCCS ID: 007835
Name: 
Date of Birth: 03/02/1982
Gender: FEMALE

Total events found: 1

<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>Diagnostic Code</th>
<th>Class Cat.</th>
<th>Cnt No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>P-PENDED</td>
<td>81</td>
<td>06/19/2018</td>
<td>06/21/2018</td>
<td>06/19/2018</td>
<td></td>
<td>D4008-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 done using the AHCCCS Online Portal at: https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f
Verifying Eligibility

<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>

**Medical Enrollment**

**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></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
- Institutional Claims
- Dental Claims
## 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>
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</tr>
<tr>
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<td>Claims are submitted directly to the ACC plan.</td>
</tr>
</tbody>
</table>
Resources and Training
Resources

AHCCCS Medical Policy Manual

- Chapter 300, Medical Policy for Covered Services

AHCCCS Provider Billing Manuals

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

- AHCCCS IHS/Tribal Provider Billing Manual
Resources

Member Handbooks

• AIHP/TRBHA Member Handbook

Other Resources

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

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