

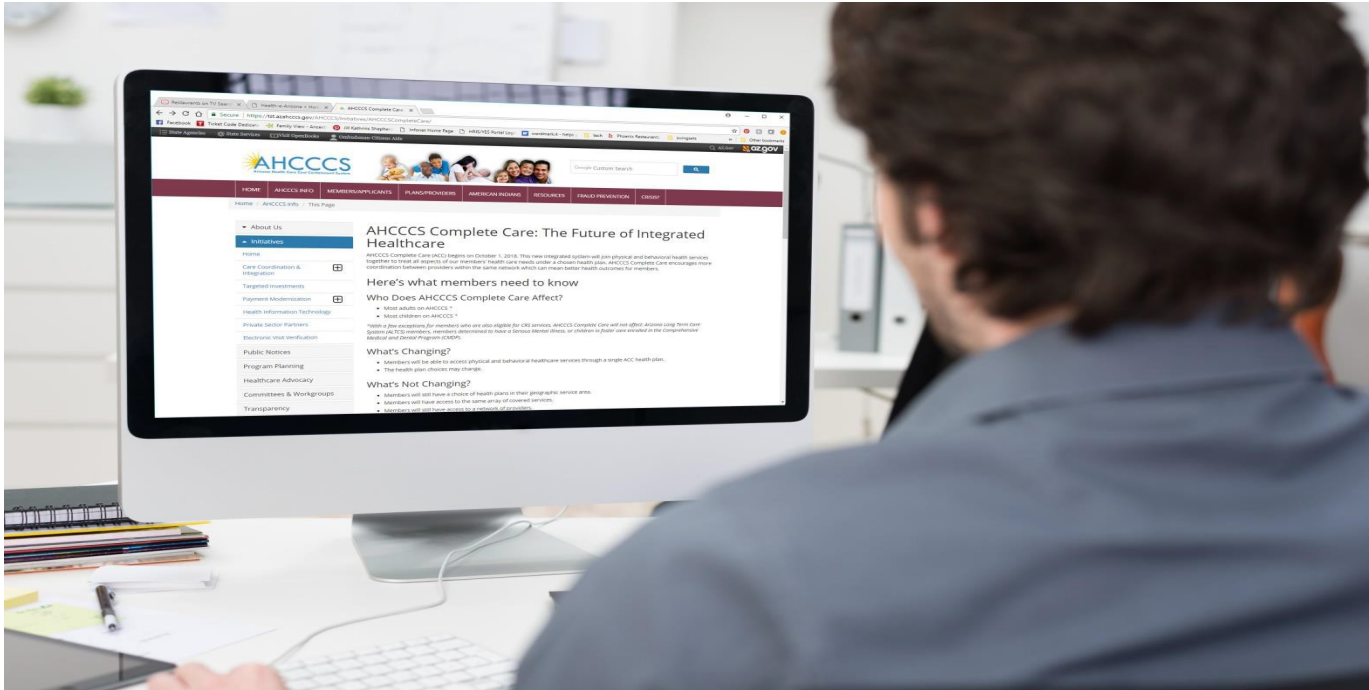


AHCCCS Complete Care (ACC)

June 2021

*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/





ENHANCED BY Google



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Home

Accessing Behavioral Health Services in Schools

AHCCCS Whole Person Care Initiative (WPCI)

AHCCCS Works Community Engagement Program

Building an Integrated Health Care System

Electronic Visit Verification

Emergency Triage, Treat and Transport (ET3)

Health Equity Committee

Payment Modernization

Private Sector Partners

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 XIX/XXI FAQs \(.pdf\)](#)

[View COE-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 than 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)

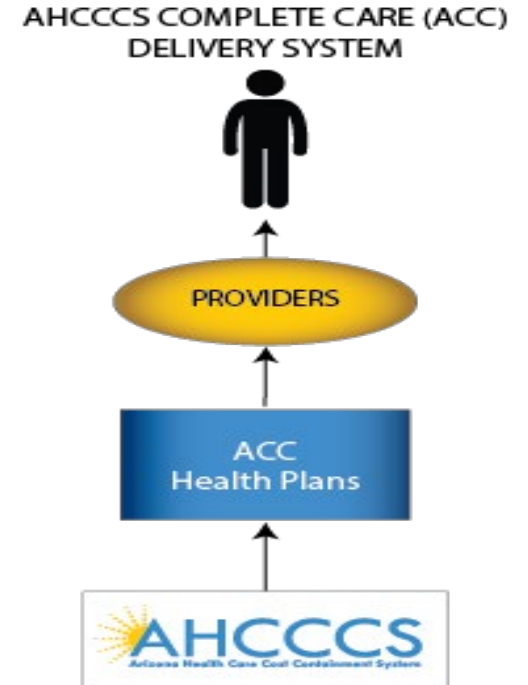
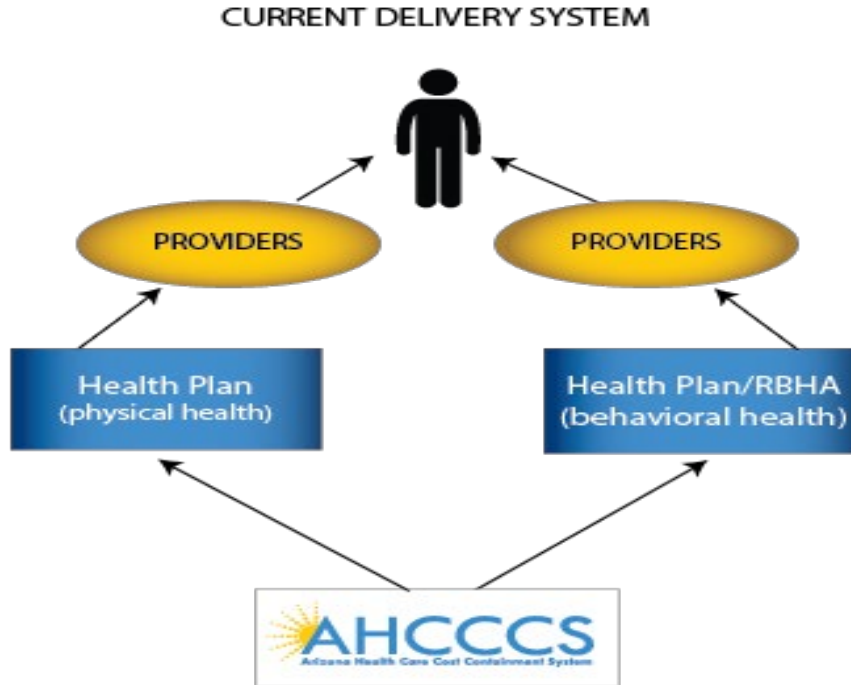
What, Who, and When?

The Benefits of Integration

1

- 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



Who Is Affected and When?

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

It did not affect:

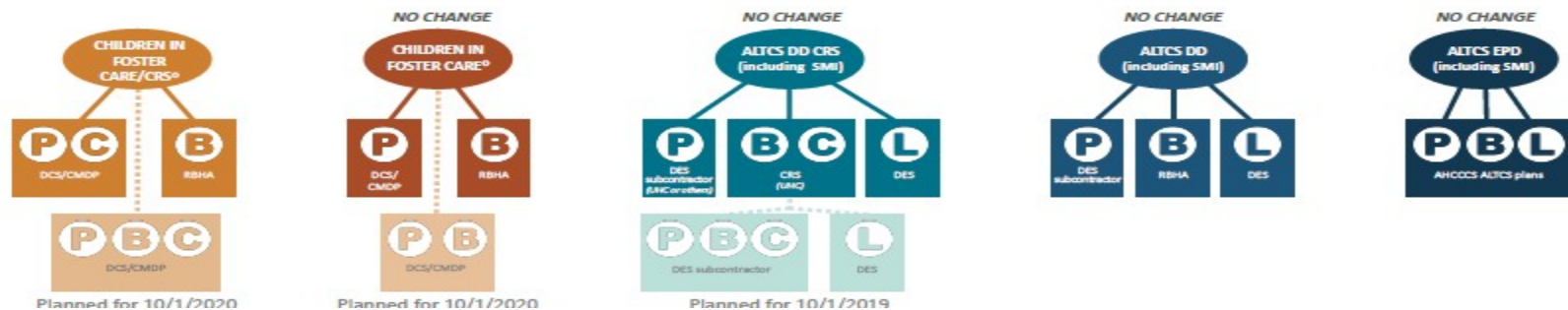
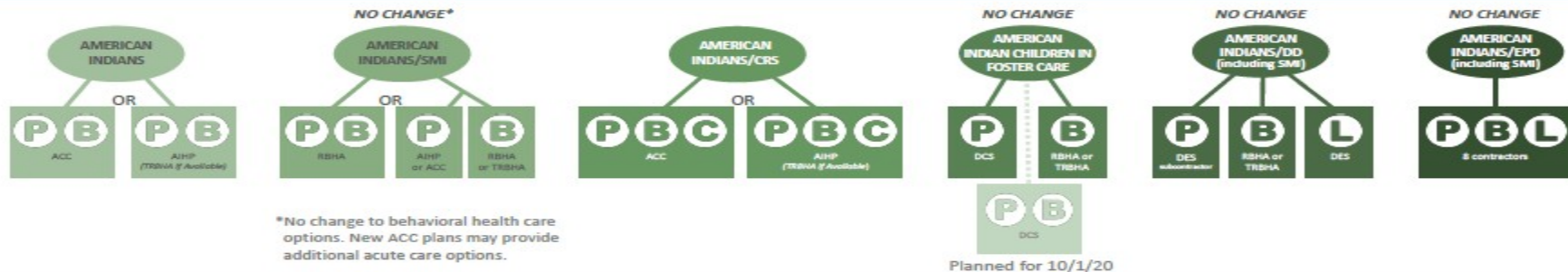
- Members on ALTCS (EPD and DES/DD)
- Adult members with a serious mental illness (SMI)
- Most Comprehensive Medical Dental Plan (CMDP)

2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION



This represents a change only for SMI/CRS members.

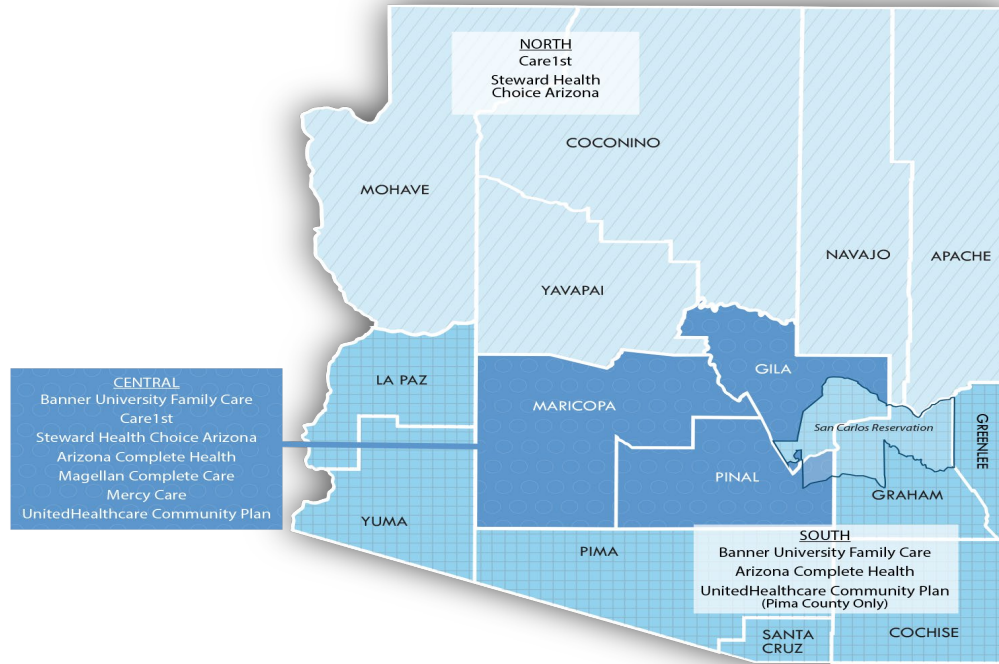
KEY		Population Group
P	PHYSICAL SERVICES	Plan
B	BEHAVIORAL SERVICES	
C	CHILDREN'S REHABILITATIVE SERVICES (if applicable)	
L	LONG TERM CARE SERVICES	
UHC: UnitedHealthcare		Future Integration
+ Including CRS members		
# Excluding SMI & CMDP		
0 Excluding ALTCS		



AHCCCS Complete Care (ACC) Health Plans

Who and Where?

ACC Plan Geographic Service Areas



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

AHCCCS Complete Care (ACC) Plans

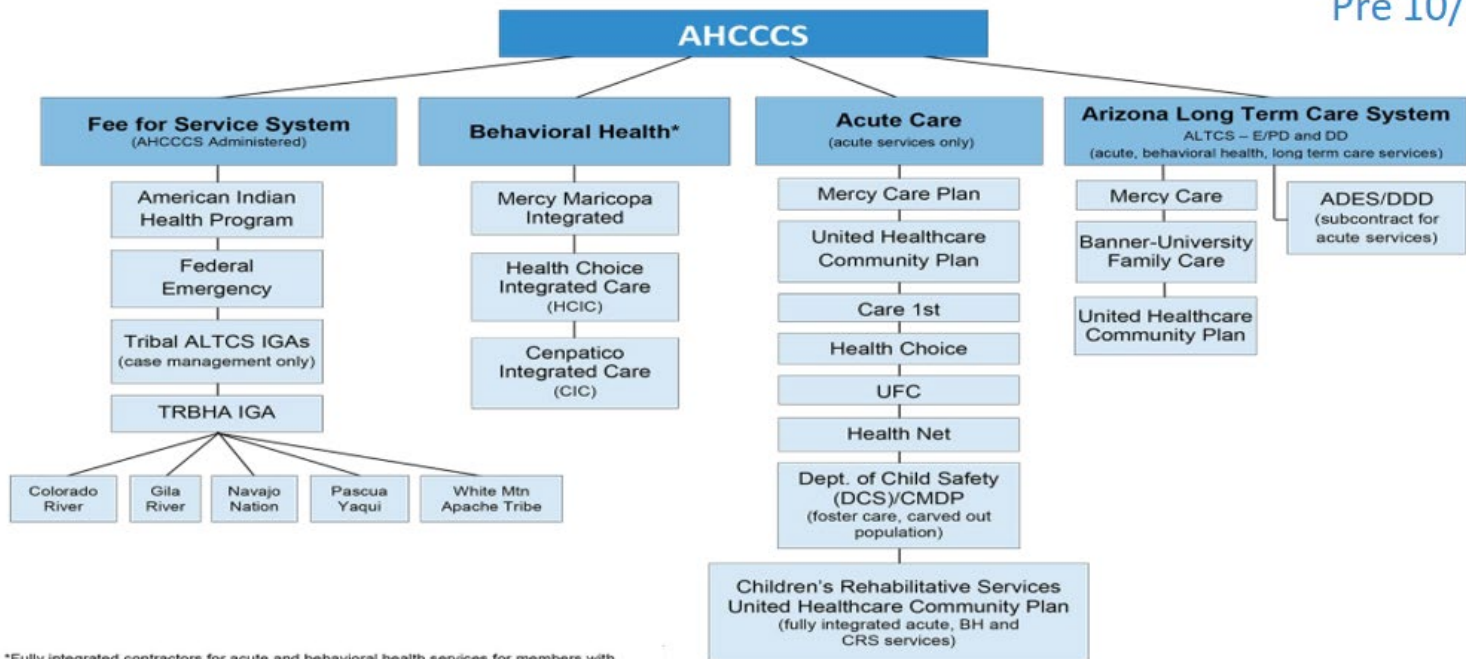
North GSA (Apache, Coconino, Mohave, Navajo and Yavapai Counties)	Central GSA (Maricopa, Gila and Pinal Counties)	South GSA (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma counties)
<ul style="list-style-type: none">• Care 1st• Health Choice Arizona	<ul style="list-style-type: none">• Banner University Family Care• Care 1st• Health Choice Arizona• Arizona Complete Health• Magellan Complete Care• Mercy Care• United Healthcare Community Plan	<ul style="list-style-type: none">• Banner University Family Care• Arizona Complete Health• United Healthcare Community Plan (Pima County only)

AHCCCS Complete Care (ACC) Plans

ACC Health Plan	Website	Phone Number
Care 1 st Health Plan	www.care1staz.com	1-866-560-4042
Health Choice Arizona	www.HealthChoiceAZ.com	1-800-322-8670
Magellan Complete Care	www.mccofaz.com	1-800-424-5891
Mercy Care	www.mercycareaz.org	1-800-624-3879
Banner-University Family Care	www.bannerufc.com/acc	1-800-582-8686
United Healthcare Community Plan	https://www.uhcommunityplan.com	1-800-348-4058
Arizona Complete Health-Complete Care Plan	www.azcompletehealth.com/completecare	1-888-788-4408

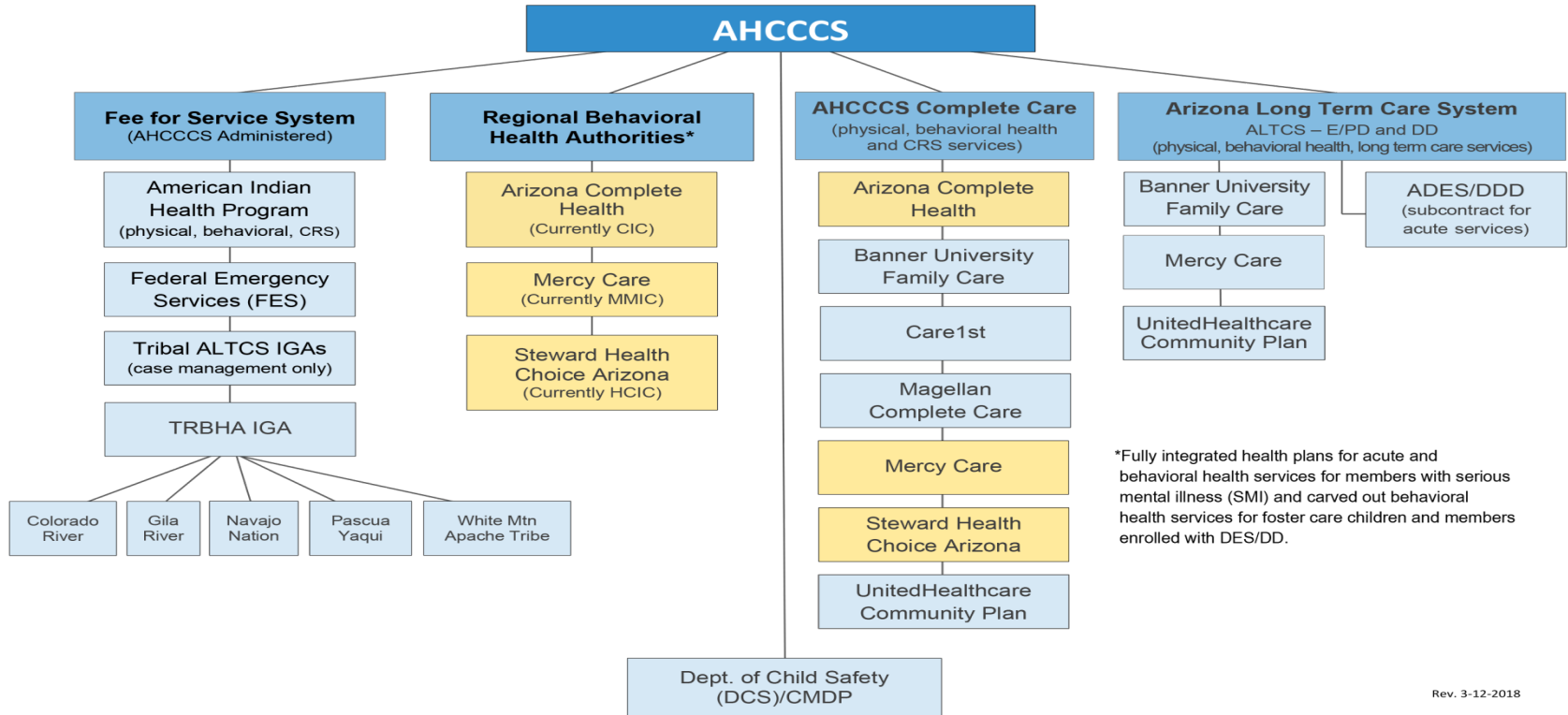
Current Care Delivery System

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/DD adults with general mental health and substance abuse needs (GMH/SA) and children.

Care Delivery System as of Oct. 1, 2018



*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.

Rev. 3-12-2018

What's Next?

RBHA Affiliated ACC Plans

GSA	RBHA (current)	RBHA Affiliated ACC
North	Health Choice Integrated Care	Steward Health Choice Arizona
Central	Mercy Maricopa Integrated Care	Mercy Care
South	Cenpatico Integrated Care	Arizona Complete Health

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.

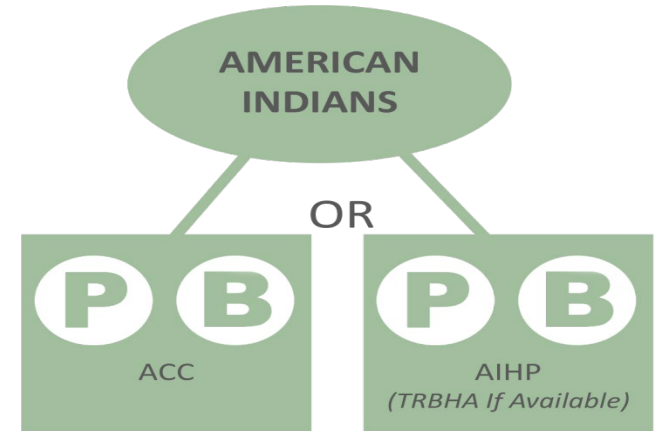
American Indian Health Program (AIHP) Changes

Changes for American Indian Health Program (AIHP)

- AIHP continues to:
 - Pay for and manage care for physical and behavioral health services
 - Pay for and manage care for CRS services
 - Have RBHAs continue to serve American Indian members with SMI
 - 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.

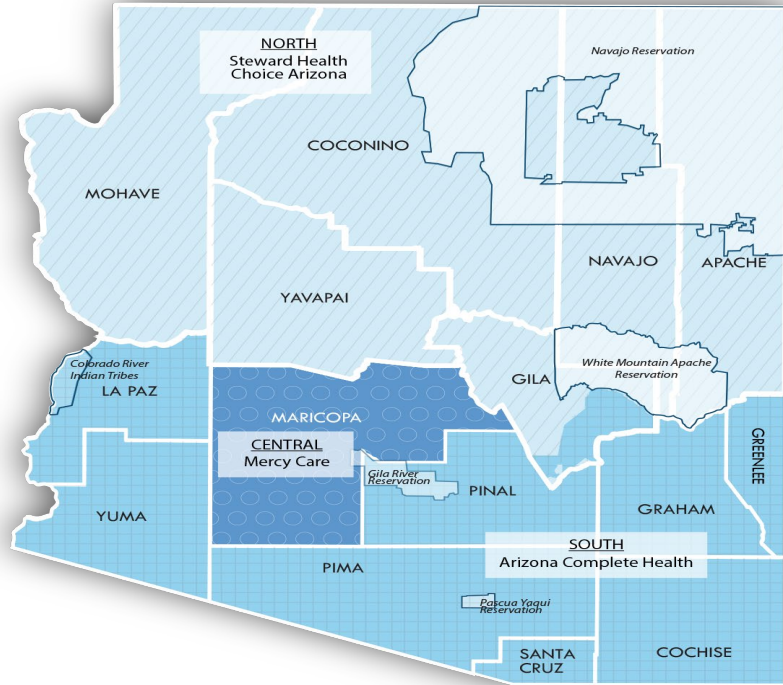
Resources

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

- AHCCCS Medical Policy Manual (AMPM)
 - <https://www.azahcccs.gov/shared/MedicalPolicyManual/>
- AHCCCS FFS Provider Billing Manual
 - <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>
- AHCCCS IHS/Tribal Provider Billing Manual
 - <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)

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

Continuity of Care – Plan Provider Transitions

- For members who transitioned, the ACC Plans had to:
 - 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
 - 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.
 - In addition, members are able to receive services from any provider that is a part of their AHCCCS Complete Care plans network.

Services Continued...

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/FFSProviderManual/FFS_Chap08PriorAuthorizationns.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/>



Google Custom Search



HOME	AHCCCS INFO	MEMBERS/APPLICANTS	PLANS/PROVIDERS	AMERICAN INDIANS	RESOURCES	FRAUD PREVENTION	CRISIS?
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Grant Funds Expand Access to Opioid Treatment Programs

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.

Select Plans/Providers
tab



Google Custom Search



HOME

AHCCCS INFO

MEMBERS/APPLICANTS

PLANS/PROVIDERS

AMERICAN INDIANS

RESOURCES

FRAUD PREVENTION

CRISIS?

AHCCCS Online

Health Plans

- MCO Update Meetings
- Minimum Subcontract Provisions
- Reporting Third-Party Liability
- ALTCS Electronic Member Change Request (EMCR)
- Solicitations & Contracts
- Encounters
- Reinsurance
- Quality Assessment and Performance Improvement Strategy

New Providers

- Freestanding Emergency Department
- Provider Registration
- Provider Reenrollment
- Treat and Refer
- Minimum Subcontract Provisions
- Enrollment Fee

Current Providers

- Provider Website
- Provider Reenrollment
- CRS Referrals
- ALTCS Electronic Member Change Request (EMCR)
- Self Directed Attendant Care
- Direct Care Workers
- Nursing Facility Information
- Hospital Assessment
- Provider Survey
- Non-Emergency Medical Transportation
- EHR Incentive Program
- Data Access
- Proposition 206

Guides - Manuals - Policies

Rates and Billing

- Managed Care
- Fee-for-Service
- Copayments
- FQHC & RHC
- Hospital Presumptive Eligibility
- Hospital Reimbursement
- PCP Parity

Pharmacy

Targeted Investments

Log in to AHCCCS online

The screenshot shows the AHCCCS online login page. At the top, there is a banner with the AHCCCS logo (Arizona Health Care Cost Containment System) on the left, a photo of a diverse group of people in the center, and the AZ.GOV logo (Arizona's Official Web Site) on the right. Below the banner is a navigation bar with links for 'FAQ | Terms Of Use | LogIn |'. The main content area is divided into a left sidebar and a main body. The sidebar contains the Arizona state flag, the AHCCCS logo, the tagline 'Our first care is your health care', and three menu sections: 'New Account' (with a link to register), 'Hospital Assessment' (with links for invoices and payments), and 'Health Plan Links' (with a link to view links). The main body contains a welcome message, a warning about sharing accounts, a notice about NEMT services, a notice about terms of use updates, and a 'Sign In' section. The 'Sign In' section includes a form with 'Username' and 'Password' fields, a 'Sign In' button (circled in red), and a 'Forgot your Password?' link. A blue callout box with white text and arrows points to the 'Sign In' button, containing the text 'Enter Username and Password and click "Sign In"'. Below the form, there is a note about JavaScript being required for the site to function.

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

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

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

***** ATTENTION! *****

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

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

***** 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 THE WEBSITE.

AHCCCS Online User Manuals

Sign In

Username

Password

Forgot your Password? [Click Here](#)

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

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

From the Menu toolbar, select prior authorization submission.

Menu
AIMH Services Program
Claim Status
Claims Submission
EFT Enrollment
Member Verification
Newborn Notification
Prior Authorization Inquiry
Prior Authorization Submission
Provider Verification
Provider Re-Enrollment/Revalidation
Targeted Investments Program

For additional information regarding prior authorizations, see the information posted on the screen, to move forward, select the “Prior Authorization

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 1100 in the AHCCCS MEDICAL POLICY MANUAL (AM/PM)

Services that require Prior Authorization:

- Tribal ALTCS Acute Inpatient Behavioral Health.
- Durable Medical Equipment (DME) consumable >\$100.00 and durable > \$300.00 and all rentals.
- Elective (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 Retroactive 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 Scans, X-rays, Labs, colonoscopy, 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
- Prenatal 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 PBM).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

[Prior Authorization Submission](#)

Prior Authorization Search Screen

Prior Authorization Search

PA Recipient/Case Search

* Indicates a required field.

Enter all required information marked with the red asterisk.

Search System:* ACUTE

Search By:* AHCCCS ID

AHCCCS ID:* A98734947 (Ex. A12345678)

Service Provider ID:* 007835

Search By:* AHCCCS ID
Provider
Case Number

Begin Date Of Service: (Format: MM/DD/YYYY)

End Date Of Service: (Format: MM/DD/YYYY)

Search **Clear**

Next click "search"

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

Case List Screen

Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

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.

Service provider							
Provider ID: 007835	Provider Name: NEMT TEST	NPI:					
Search Dates							
Begin Date: N/A	End Date: N/A						
Case List							
Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	Update
00000157	A98734947	01/01/2017	12/31/2017	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update
00000158	A98734947	01/01/2016	12/31/2016	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update

[Add New Case](#)

- 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:*	<input type="text" value="A12345678"/>
Service Provider ID:*	<input type="text" value="007835"/>
Provider Contact Name:*	<input type="text" value="Albert Escobedo"/>
Contact Phone Number:*	<input type="text" value="602-417-4562"/>
Effective Begin Date:*	<input type="text" value="01/01/2018"/>
Effective End Date:*	<input type="text" value="12/31/2018"/>
Description:*	<input type="text" value="Case 2018"/>
	<input type="button" value="Next"/> <input type="button" value="Clear"/>

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

Verify Case Information

AHCCCS ID: A12345678
Provider ID: 007835
Service Provider NPI:
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

Submit

Edit

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"

Case List Screen

The phrase "Transaction Succeeded" will appear in red indicating that a new case list for this member was completed.

Case List [PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

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.

Service provider

Provider ID: 007835 **Provider Name:** NEMT TEST **NPI:**

Search Dates

Begin Date: N/A **End Date:** N/A

Case List

Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
000864909		04/01/2018	12/31/2018	PENDED	PRIOR AUTHORIZATION	CASE 2018	Update

Each case list will be assigned a case number

Select the "Case No" of the PA request that you added

Adding a New Event (Step 2)

Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

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:	Gender:
Case No: 000000157	Begin Date:	End Date:	Status:
Event List			
No Records Found.			

Add New Event

Click on the "Add New Event" tab to begin the process of entering an event

Add New Event Screen

Enter Event Information

* Indicates a required field.

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 . 0

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

Once all the information has been entered, click "Next"

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

Behavioral Health Inpatient Now Available!

Verify

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:

Submit

Edit

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

Verify that the information is correct, and select "Submit"

Event List

Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

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

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	BI	06/19/2018	06/21/2018		PENDED	PH009	F41.0	Update	Attachments

[Add New Event](#)

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.

Attachments

https://azwebstst.statemedicaid.us/PriorAuthorizationSubmission/Attachment.aspx?CaseId=... AZ AHCCCS ONLINE

File Edit View Favorites Tools Help

Suggested Sites Web Slice Gallery

AHCCCS Arizona Health Care Cost Containment System

Arizona's Official Web Site

Main | FAQ | Terms Of Use | LogOut |

PA Case Search | Case List | Event List | Activity List | Help

Attachments

AHCCCS will accept up to 9 files per Event. After files have been uploaded, they will be available for download. NOTE: Once the files are submitted to AHCCCS, they can no longer be deleted.

AHCCCS ID: A00526957 Name: JONES, DEVINA

Case No: 000864909 Begin Date: 04/01/2018

Sequence No: 01 Service Begin Date: 06/19/2018 Service End Date: 06/21/2018 Status: PENDING

Request Type:

- BH AIHP
- Dental
- DME
- GR TRBHA
- Home Health
- Home Infusion
- Hospice
- Lodging/Meals
- Medical (IP)
- Medical (OP)
- NN TRBHA
- Observation
- PY TRBHA
- Reconsideration
- SNF
- Surgical Request
- Transport
- Transport Behavioral Health
- Transport Medical
- UR-Concurrent
- UR-Retro
- WM TRBHA

File to upload:

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

Attachments

Attachment(s) Found ***	Submitted Attachments
	2018 W-4 5.1.18.pdf 8/8/2018

Protect AHCCCS | HIPAA | © Copyright AHCCCS
E. Jefferson, Phoenix, AZ 85034

Click "Browse" to find your document on your computer

Click the "Upload Attachment" tab

Select from the "Request Types" available

Attachment Continued...

Request Type: Select file to upload: Browse...

File successfully uploaded.

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

Pending Attachments	Submitted Attachments
TEST.pdf	2018 W-4 5.1.18.pdf 8/8/2018

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.

Attachments

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

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

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	BI	06/19/2018	06/21/2018		PENDED	PH009	F41.0		

Add New Event

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

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

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.

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 Detail			
Sequence No: 01	Srv Begin Date: 06/19/2018	Srv End Date: 06/21/2018	Status: PENDED
Activity List			
No Records Found.			

Add New Activity

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 Activity Information

* Indicates a required field.

Case Number: *	000864909
Provider Contact Name: *	Albert Escobedo
Contact Phone Number: *	602-417-4562
Sequence Number: *	01
Activity Type: *	REVENUE CODE
Activity Code: *	0124
Modifier:	
Allowed Units: *	5
Note:	

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

Choose from the list of Activity Types

- DRG
- HCFCS
- NDC - PHARMACY
- REVENUE CODE
- SPECIAL RATE
- TIER
- HCFCS & REVENUE CODE

Enter an Activity Code

Modifier if applicable

Amount of units being requested

Verify

Verify Activity Information

Case Number: 000864909
Provider Contact Name: Albert Escobedo
Contact Phone Number: 602-417-4562
Sequence Number: 01
Activity Type: R (REVENUE CODE)
Activity Code: 0124
Modifier:
Allowed Units: 5
Note: Testing



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.

Menu
AIMH Services Program
Claim Status
Claims Submission
EFT Enrollment
Member Verification
Newborn Notification
Prior Authorization Inquiry
Prior Authorization Submission
Provider Verification
Provider Re-Enrollment/Revalidation
Targeted Investments Program

PA Search

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

Search System: *	ACUTE	▼
Service Provider ID: *	007835	▼
Recipient AHCCCS ID:		
Case Number:		
Begin Date of Service: *	03/19/2018	
End Date of Service: *	09/19/2018	
	<input type="button" value="Search"/>	<input type="button" value="Clear"/>

Enter all required fields marked with a red asterisk *

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

Once all the information has been entered, select "Next"

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

PA Search

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

Search System:* ACUTE

Service Provider ID:* 007835

Recipient AHCCCS ID: Ex. A12345678
9 Digit Number

Case Number: Format: MM/DD/YYYY

Begin Date of Service:* 03/19/2018 Format: MM/DD/YYYY

End Date of Service:* 09/19/2018 Format: MM/DD/YYYY

Each PA will have an assigned Case No.

Case List

Total cases found: 1

Case NO	Recipient ID	Provider ID	Case Type	Case Status	Begin Date	End Date	Description
000864909		007835	PRIOR AUTHORIZATION	P-PENDED	04/01/2018	12/31/2018	CASE 2018

Click on Case NO to see further details.

Prior Authorization: PA Case Detail

Printable

PA Search | PA Case Detail | Help |

Case Detail

Case NO: 000864909
Case Type: PRIOR AUTHORIZATION

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

Service Provider

Provider ID: 007835
Provider NPI:

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

Recipient

AHCCCS ID:
Name:

Date of Birth: 03/02/1982
Gender: FEMALE

Event List

Total events found: 1

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

Activity List for Seq=01

Line No	Activity Type	Activity Code	Status	HCPCS	Reason	Allowed Units	Unit Price
01	H	A0120	PENDED		PA REVIEW REQUIRED	2	\$6.64
02	H	S0215	PENDED		PA REVIEW REQUIRED	105	\$1.28

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

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP	05/01/2018		3718 - ADULT <40% EXP M&F 45-64 NO MDC	E ACU/FFS	MC MEDICAID
+ Service Type Codes					

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	08/01/2018		98 AMERICAN INDIAN HLTH PLAN AIHP	CH MENTAL HEALTH FACILITY - OUTPATIENT
G GENERAL MENTAL HEALTH SERVICES	05/01/2018	07/31/2018	38 HEALTH CHOICE	CH MENTAL HEALTH FACILITY - OUTPATIENT

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

Claim Submission

Paper claims	HIPAA-compliant 837 electronic	AHCCCS Online (Provider Portal)
<p>AHCCCS Claims P.O. Box 1700 Phoenix, AZ 85002</p>	<p>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.</p>	<p>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.</p>

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

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

Resources and Training

Resources

AHCCCS Medical Policy Manual

- Chapter 300, Medical Policy for Covered Services
 - <https://www.azahcccs.gov/shared/MedicalPolicyManual/#310>

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
 - <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHSTribalBillingManual.html>

Resources

Member Handbooks

- AIHP/TRBHA Member Handbook
 - https://www.azahcccs.gov/AmericanIndians/Downloads/AHCCCS_AIHP_Guide.pdf

Other Resources

- FFS Website
 - <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/>
- Tribal ALTCS
 - <https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/>