# Arizona Long Term Care System (ALTCS)

Electronic Member Change Request (EMCR) Resources





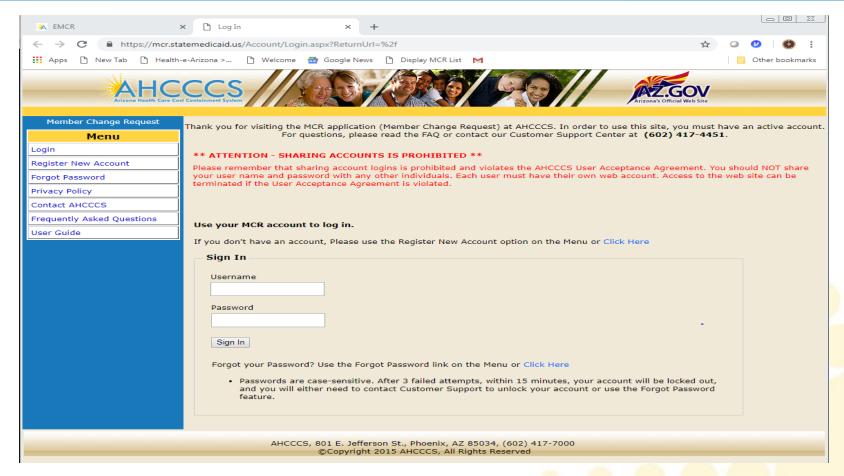
Requests to change member information (e.g. contractor type, demographics, placement, etc.) for members enrolled with a Long Term Care Tribal Plan are submitted via the EMCR process. Member Change Request Online is an internet application that allows for electronic submission of change request forms to the AHCCCS.

Here is the link to create an account and login:

https://mcr.statemedicaid.us/Account/Login.a spx?ReturnUrl=%2f



### EXTERNAL MCR Log In



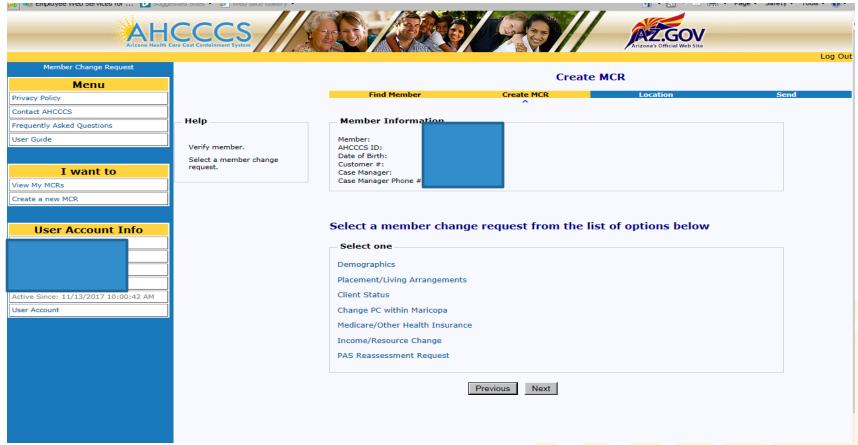


### External eMCR List



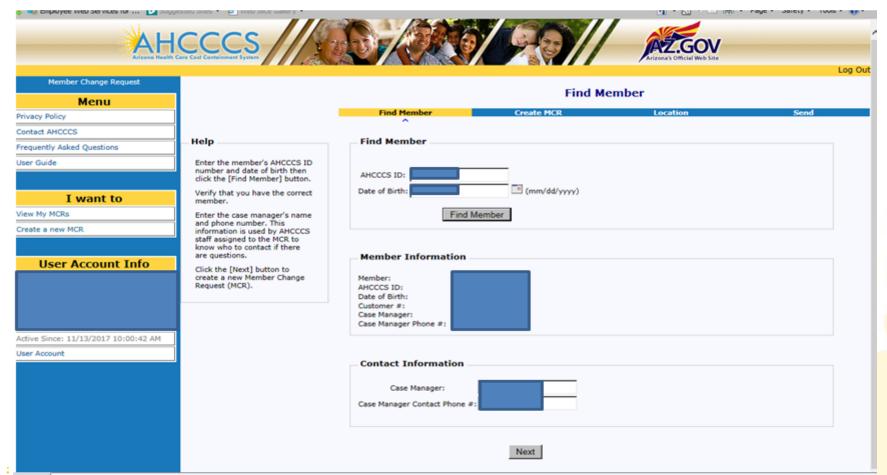


### FIND MEMBER



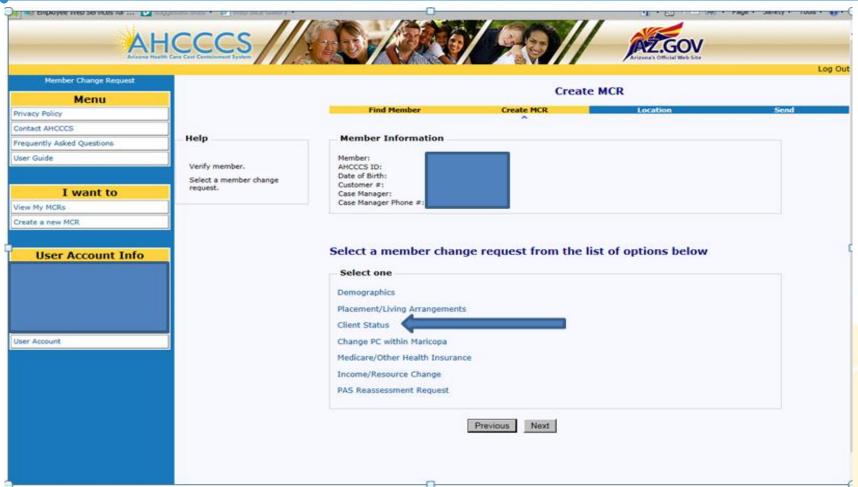


### Member Demographics Entered



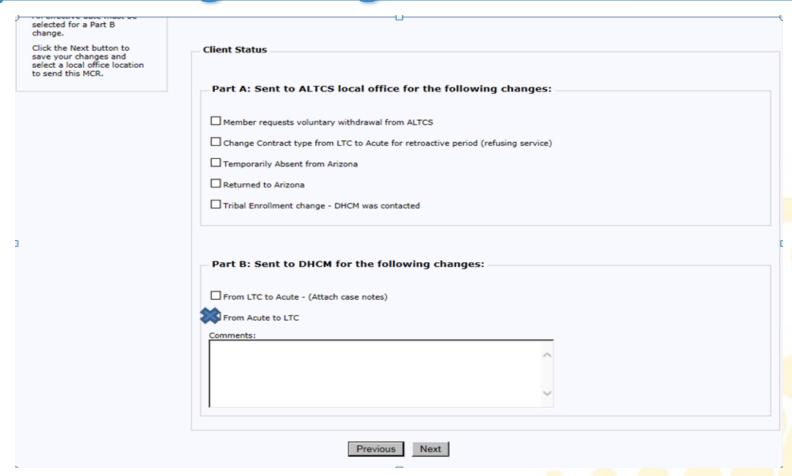


#### CREATE eMCR





# PART B eMCR Send to DFSM for the following changes ACO-LTC.





# Part B: Send to DFSM the following changes.

□ Services are available  ☑ No longer refusing services □ Back in service area  ☐ Services are available  Effective begin and end dates	☐ From LTC to Acute - (Attach case notes)  ✓ From Acute to LTC	
From Acute to LTC end date:	Services are available  No longer refusing services Back in service area  From Acute to LTC effective begin date:  04/01/2019  (mm/dd/yyyy)	must match member's CA161 or
	Comments:	^
Comments:		
Comments:		<u> </u>

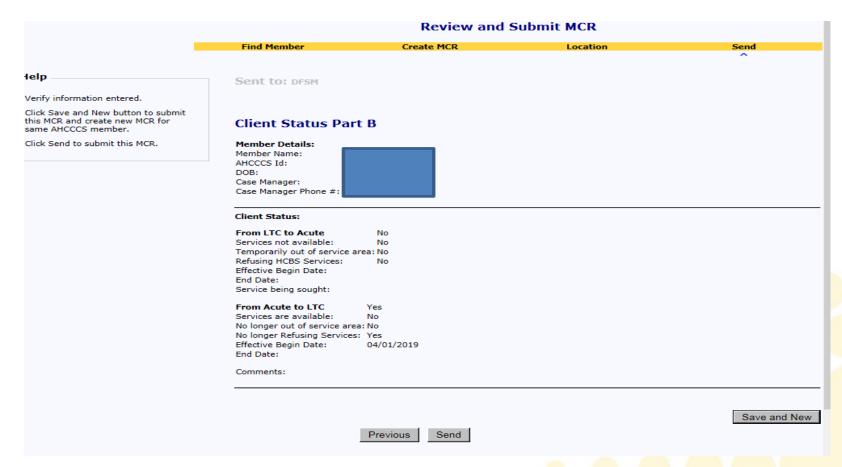


### Select Local Office To Receive eMCR

Select Local Office to Receive MCR						
DFSM Y						
Add Electronic Attachments						
Add Electronic Attachments						
Please select the documentation type:						
You will send related documentation by:						
Description:						
Select file to upload (Maximum size 2M):						
Browse (*.doc, *.pdf, *.jpg, *.gif)						
Add						
Previous Next						



#### Review and Submit eMCR





### CA161 ACO Contract Type: T

T	TR: CA161			AHCCCS - LONG TERM CARE				04/05/19	
NTR: I				PLACEMENT MAINTENANCE				07:25:43	
				WORKER ID:				LT02L115	
NAME:				AHCCCS ID:				_	
LA	ST CES D	ATE:		CURR CSMGR:	LA	TEST ACN:		BHS:	
LA	LAST REVIEW DATE: NEXT REVIEW DATE:								
LA	TEST PC:		E	NROLL DATE:		DISENROLL	DATE:		
CT	RT TYPE:	_				BEHAVIORAL	HEALTH	CODE:	
PL	ACEMENT	RES	PLACEMENT	PLACEMENT	PLACEMENT	WORKER	DATE LA	ST	
	CDE	CDE	REASON	BEG DATE	END DATE	ID	MODIFI	ED	
	D	1	12	02/18/2016	03/31/2019	9 123456	03/31/	2019	
	Н	1	13	04/01/2019		123456	04/01/	2019	



# PART B: Sent to DFSM for the following changes.





## CA161 LTC Contract Type: P

TR:	R: CA161			AHCCCS - LONG TERM CARE			04/	05/19
NTR:	: I			PLACEMENT MAINTENANCE			07:	25 <b>:</b> 43
					W	ORKER ID:	LTO	2L115
NAME:	AME:			AHCCCS ID:				
LAST	ST CES DATE:			CURR CSMGR:	LA	TEST ACN:	BHS	:
LAST	REVIEW	V DATE:		NEXT REV	JIEW DATE:	_		_
LATES	LATEST PC: P			NROLL DATE:		DISENROLL	DATE:	
CTRT	TYPE:		Γ			BEHAVIORAL	HEALTH CODE	:
PLACE	EMENT	RES	PLACEMENT	PLACEMENT	PLACEMENT	WORKER	DATE LAST	_
CI	DΕ	CDE	REASON	BEG DATE	END DATE	ID	MODIFIED	
]	2	1	12	02/18/2016	03/31/2019	123456	03/31/2019	
ŀ	4	1	13	04/01/2019		123456	04/01/2019	

