



*One Goal. One Priority. Your Healthcare.*

# AZ Connect

## Quick Reference Guide

<https://azconnect.azprioritycare.com/production/default.asp>

Version 4.18.2017

For questions or concerns, please contact your PR Rep or email us at:  
[providerrelations@azprioritycare.com](mailto:providerrelations@azprioritycare.com)

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## How to verify Member Eligibility

### 1. Verifying member eligibility

a. Click on Eligibility in the menu under Search Tools or from the list:

The screenshot shows the website's navigation structure. On the left is a vertical menu with items: Home, Search Tools, Eligibility, Display Member, Display Authorization, Search Authorization, Provider Search, Diagnosis, Procedure, Submit Authorization Request, Work Lists, Messages/Email, Support, Information, Useful Links, Health Plan Links, and Sign Off. On the right is the 'MAIN MENU' with the text 'Please select from the following list:' followed by a list of options including Search Tools, Submit Authorization Request, Work Lists, Messages/Email, and Support. A red arrow points to 'Eligibility' under 'Search Tools', and another red arrow points to 'Eligibility' in the 'MAIN MENU' list.

b. Enter the member ID# or search by First and Last name

The screenshot shows the 'SEARCH ELIGIBILITY' form. It has two options: 'OPTION I: SEARCH BY MEMBER ID' with a 'Member ID' input field and a 'SEARCH' button; and 'OPTION II: SEARCH BY MEMBER DEMOGRAPHICS' with 'Last Name' and 'First Name' input fields, a 'DOB' input field with a '(mm/dd/yyyy)' placeholder, and two dropdown menus for 'Health Plan' and 'PCP'. A 'SEARCH' button is at the bottom. Red arrows point to the 'Member ID' field and the 'Last Name' and 'First Name' fields.

c. Select your member from the list by clicking on their name (will be a blue hyperlink)

SELECT MEMBER

IPA	Member Name	DOB	Sex	Health Plan	Member ID	EffDate
AZPCP	[REDACTED]	[REDACTED]	F	HEALTH NET OF ARIZONA, INC.	[REDACTED]	1/1/2016
AZPCP	[REDACTED]	[REDACTED]	M	HEALTH NET OF ARIZONA, INC.	[REDACTED]	1/1/2016

<< FIRST < PREV > NEXT >> LAST >> (Page 1 of 1. Total Records: 2)

- d. Member's eligibility will be shown with their effective date, PCP name, demographics, and term date (when applicable). If the member is eligible, proceed to Step 2. If the member does not show eligible please call Customer Service for additional information and direction.

[ [View authorizations](#) ] [ [Search authorizations](#) ] [ [Submit request to eligibility dept](#) ] [ [View eligibility history](#) ]  
[ [View PCP capitation payments](#) ] [ [View claims](#) ]

**MEMBER DEMOGRAPHICS**

Name	[REDACTED]
Date of Birth	[REDACTED]
Age	[REDACTED]
Sex	F
Address / Phone	[REDACTED]
Medical Group	ARIZONA PRIORITY CARE 585 NORTH JUNIPER DRIVE, STE 200, CHANDLER, AZ 85226 1 (480) 499-8700
Languages	Primary Written - ENGLISH
PCP	<a href="#">SURESH V BALENALLI MD</a>
PCP Eff Date	6/1/2016

**PLAN INFORMATION**

Health Plan Name	HEALTH NET OF ARIZONA, INC.
Effective Date	1/1/2016
Termination Date	
Member ID	[REDACTED]
Health Plan Option	[REDACTED]

Coverage Notes

### Submitting a Prior Authorization on AZ Connect

2. On the left navigation bar click "Submit Authorization Request". Click on "Outpatient Request" OR – click on "Outpatient Request" from the Main Menu

FILE EDIT VIEW FAVORITES TOOLS HELP



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Home

Search Tools

Submit Authorization Request

- Outpatient Request
- Inpatient Request

Work Lists

Messages/Email

Support

Information

Useful Links

Health Plan Links

Sign Off

**MAIN MENU**

Please select from the following list:

- Search Tools
  - [Eligibility](#) (Look up member)
  - [Display Member](#) (Displays Auths for most recent member file accessed)
  - [Display Authorization](#) (Look up authorizations for current member)
  - [Search Authorization](#) (Search based on date, number, etc)
  - [Provider Search](#) (Look up Providers/Specialties)
  - [Diagnosis](#) (Look up Diagnosis/Codes)
  - [Procedure](#) (Look up Procedure/Codes)
- Submit Authorization Request
  - [Outpatient Request](#) (Outpatient Pre-Auth)
  - [Inpatient Request](#) (Elective and Urgent Hospital Admits)
- Work Lists

- Click “Please Select a Member”, then enter the Member ID or First name and Last Name of the patient and search

**Referral Request**

**SUBMIT** \* Required Field

\* Member: **PLEASE SELECT A MEMBER**

Member's PCP:

Patient Requested:

Category: **ROUTINE** [Outpatient referrals](#)

**SEARCH ELIGIBILITY**

[ [Health Net](#) ]

**OPTION I: SEARCH BY MEMBER ID**

Member ID:  **SEARCH**

**OPTION II: SEARCH BY MEMBER DEMOGRAPHICS**

Last Name:  First Name:

DOB:  (mm/dd/yyyy)

Health Plan: -- All HealthPlans --

PCP: -- All PCPs in your Office --

**SEARCH**

- From here, you will click on the hyperlinked Member’s name to select your member and return to the authorization request screen.

**SELECT MEMBER**

IPA	Member Name	DOB	Sex	Health Plan	Member ID
AZPCP	<a href="#">[REDACTED]</a>	[REDACTED]	F	HEALTH NET OF ARIZONA, INC.	[REDACTED]
AZPCP	<a href="#">[REDACTED]</a>	[REDACTED]	M	HEALTH NET OF ARIZONA, INC.	[REDACTED]

<< FIRST < PREV NEXT > LAST >> (Page: 1 of 1. Total Records: 2)

- Once the member has been chosen, the PCP field and the Referred From field will auto-populate with the PCP name

\* Member: **[REDACTED]** **SELECT DIFFERENT MEMBER**

Member's PCP: **SURESH V BALENALLI MD**

Patient Requested:

Category: **ROUTINE** [Outpatient referrals](#)

\* Referred from: **SURESH V BALENALLI MD / INTERNAL MEDICINE / PO BOX 13308**

- To choose the physician to which you are referring the patient, click “Other Physician” next to the Referred To field.

\*\* Referred to: **-- Select a physician --** **OTHER PHYSICIAN**

- Here, you can search by a specific physician first name and last name separated by an asterisk. (for example: John\*Smith), last name only, group name, or you may search by Specialty from the drop down box if you are looking for network providers close to the patients home.

**SELECT PROVIDER**

**SEARCH BY DEMOGRAPHICS**

Name:

Office/Facility Name:

Specialty:

City:

Medical Group:

From Zipcode:  current member zipcode = 85122-0377

**Note: If you can not find the provider, use the provider name "Provider Not Listed"**

- The list is in order of provider closest to the patient first (including specialty, address, city, miles, and phone#). When you locate the provider you are searching for, click on the provider name. This will add that provider to the authorization.
- If you are unable to locate your provider or know that they are not in the AZPC network, you may click on the Specialty drop down box and choose "Provider Not Listed". You will then need to fill out the required fields with the provider's information that could not be found in Connect.

**SELECT PROVIDER NOT LISTED**

\* Required Field

Enter Provider Not Listed information here:

Please Note: Every attempt should be made to find a provider in the provider search screen; however if a provider can't be found then please use this screen to enter the provider demographic information.

Recent List:

\* Name:

\* Phone Number:  (nnn) nnn-nnnn

Fax Number:  (nnn) nnn-nnnn

Street Address:

\* City:  State:  Zip:

\* Specialty:

Note:

- To choose the facility (if applicable), click on Other Facility/Company

Facility/Company:

- Enter part of the facility name and click search. The list will be in order of closest contracted facility to the patient. Click on the name of the facility to add them to the authorization.

**SELECT PROVIDER**

**SEARCH BY DEMOGRAPHICS**

Name:

Office/Facility Name:

Specialty: -- Select Specialty --

City:

Medical Group: AZPCP - Arizona Priority Care

From Zipcode: 85122-037 current member zipcode = 85122-0377

**SELECT PROVIDER**

IPA	Name	Specialty	Address	City	Miles
AZPCP	<a href="#">BANNER CASA GRANDE MED CNTR #0/P</a>	HOSPITAL	1800 E FLORENCE BLVD	CASA GRANDE	0
AZPCP	<a href="#">BANNER CASA GRANDE URGENT CARE</a>	URGENT CARE	1676 E MCMURRAY BLVD STE 1	CASA GRANDE	0

- Select the Place of Service (POS) from the drop down box

\* **Place of Service:**  - or -  ? - UNKNOWN

- To add a diagnosis code, click on Select Diagnosis 1, then enter the ICD-10 and click Search – the diagnosis code will be added to the authorization. If you do not have the ICD-10 code you may also enter a description and search – see example below for “atrial”. Simply click on the ICD-10 code you choose and it will be added to the authorization. Note that secondary and tertiary diagnoses may be added once the first diagnosis has been selected.

\* **Diagnosis 1:**

**SELECT DIAGNOSIS**

Diagnosis Code:

Description:

Include Inactive Codes:

Code Type: --All--

Inactive codes not included (Based on Today's Date: 2/27/2017)

Code	Description	Effective Date	Term Date
<a href="#">I48</a>	ATRIAL FIBRILLATION AND FLUTTER	10/01/2015	12/31/9999
<a href="#">I48.0</a>	PAROXYSMAL ATRIAL FIBRILLATION	10/01/2015	12/31/9999
<a href="#">I48.1</a>	PERSISTENT ATRIAL FIBRILLATION	10/01/2015	12/31/9999
<a href="#">I48.2</a>	CHRONIC ATRIAL FIBRILLATION	10/01/2015	12/31/9999
<a href="#">I48.3</a>	TYPICAL ATRIAL FLUTTER	10/01/2015	12/31/9999
<a href="#">I48.4</a>	ATYPICAL ATRIAL FLUTTER	10/01/2015	12/31/9999
<a href="#">I48.9</a>	UNS ATR FIBRILLATION ATRIAL FLUTTER	10/01/2015	12/31/9999
<a href="#">I48.91</a>	UNSPECIFIED ATRIAL FIBRILLATION	10/01/2015	12/31/9999
<a href="#">I48.92</a>	UNSPECIFIED ATRIAL FLUTTER	10/01/2015	12/31/9999
<a href="#">I49.1</a>	ATRIAL PREMATURE DEPOLARIZATION	10/01/2015	12/31/9999

<< First < Prev 1 2 Next > Last >> Page: 1 of 2 (Viewing 1 - 10 of 14 Total Records)

\* **Diagnosis 1:**

**Diagnosis 2:**

14. Follow the same steps as above to add the Procedure(s). You may use the code you have or search for the correct code. Note that additional CPT codes may be added to the authorization once the first procedure has been selected.

\* **Procedure 1:**

---

**SELECT PROCEDURE**

Procedure Code:

Description:

Include Inactive Codes:

Code Type:

Inactive codes not included (Based on Today's Date: 2/27/2017)

Code	Description	Effective Date	Term Date
99212	OFFICE/OUTPATIENT VISIT EST	01/01/2012	12/31/9999
99213	OFFICE/OUTPATIENT VISIT EST	01/01/2012	12/31/9999
99214	OFFICE/OUTPATIENT VISIT EST	01/01/2012	12/31/9999
99215	OFFICE/OUTPATIENT VISIT EST	01/01/2012	12/31/9999

15. Type any additional pertinent information needed to process the request in this field – Note that anything typed in this field does print on the authorization letter.

\* **Reason:** Please Provide Pertinent Clinical Information (Included in Auth Letter to Provider)

(Max length: 255; Remaining: 255)

16. Additional space is available in the Notes section and will not print on the authorization letter.

**Notes:** Additional Comments for Medical Director to help evaluate request (Does not print in Auth Letter)

(Max length: 6000; Remaining: 6000)

17. Once all required fields are filled out, click on the Submit button. An Authorization number (approved or pending) will generate.

SELECTED AUTHORIZATION

Your authorization has been processed. Please check status below.

[Printer version](#)

Member / Current Address:	[REDACTED]		
Medical Group:	ARIZONA PRIORITY CARE		
Plan / Current Member ID:	HEALTH NET OF ARIZONA, INC. / [REDACTED]		
Date of Birth:	[REDACTED]		
PCP:	SURESH V BALENALLI MD / 520-836-6636 Fax:		
System Input Date:	2/27/2017		
Authorization Number:	20170227AZ100001		
Expiration Date:	5/28/2017		
Patient Requested?:	No		
Category:	ROUTINE		
Referred From:	SURESH V BALENALLI MD PO BOX 13308 / CHANDLER, AZ 85248 / Fax: 520-233-7000		
Referred To:	DAVID M SMITH DO CARDIOVASCULAR DISEASES 3805 E BELL RD STE 3100 / PHOENIX, AZ 85032 / 602-867-8644 Fax: 602-795-5698 <a href="#">map</a>		
Facility:			
Place of Service:	11 - OFFICE		
Diagnosis:	1) I48 - ATRIAL FIBRILLATION AND FLUTTER		
Procedures:	1) 99213 - OFFICE/OUTPATIENT VISIT EST	Modifier: None	Requested Units: 1
Reason:	TEST		
Notes:	No Public Notes Available		
Status:	Pended		
Decision Date:			
Type:	Referral Request		

[\[ Send Email about Authorization \]](#) [\[ View/Add Notes \]](#) [\[ Upload Attachments \]](#) [\[ View Letter History \]](#)

18. **REQUIRED** - To upload the clinical documentation for Pended Authorization requests, click on the Upload Attachments hyperlink at the bottom of the page. Here you will browse your files to select the correct record. Enter a description of the notes in the field below with the date of service (i.e. see #19) and click Upload. This will attach the records to the authorization request for AZPC review.

No attachments currently exist

**Upload New Attachment**

File:

Description:

- Permitted file extensions are: bin, doc, docx, efx, gif, htm, html, jpeg, jpg, pdf, tif, tiff, txt, xls, xlsx
- File size limit is: 10000 KB

19. Below are examples for how to name the attached files:

Specialty Notes	<p>Step 1: Start with Specialty Name (i.e. Cardio, Pulm, GI, GYN, URO, PT, ST, OT, etc)</p> <p>Step 2: then the date of the note 00000000</p>	<p>CardioNotes-04032016</p> <p>SNF-PTNotes-04032016 (for IP SNF Services) PT-Notes-04032016</p>
PCP Notes	<p>Step 1: Start with PCP Note;</p> <p>Step 2: then the date of the note 00000000</p>	<p>Examples: PCPNotes-04032016</p>
Hospital Documents	<p>Step 1: Start with HOSP Note;</p> <p>Step 2: then the date of the note 00000000</p>	<p>Examples: HospNotes-04032016</p>
LAB Results	<p>Step 1: Start with Lab</p> <p>Step 2: then the date of the note 00000000</p>	<p>Examples: LAB-04032016</p>
Radiology Results	<p>Step 1: Start with Type of Radiology (i.e. MRI, CT, X-Ray, Ultrasound, PET, etc)</p> <p>Step 2: then part of the body (i.e. Head, Abdomen, Hip, Knee, Neck, etc)</p> <p>Step 3: then the date of the note 00000000</p>	<p>Examples: MRI-Head-04032016</p>
Other Notes	<p>Step 1: Start with Type of Note;</p> <p>Step 2: then the date of the note 00000000</p>	<p>Examples: EKG-04032016 SNFNotes-04032016</p>

- \*\*For additional documents you would continue to use the (+) sign. If the same diagnostic test is received for two different dates of service you would it would be saved by date range (e.g. EKG-101310-101510) (e.g. MRI-head-101310-101510).
- For diagnostic studies where two different body parts are indicated you would save them separately (e.g. MRI-head-101310+MRI-foot-101510)
- If the same diagnostic study is done for multiple body parts on the same day you would indicate the abbreviation for that specific procedure once and use the (-) sign to add each body part, finally you would use the (-) sign and add the date (e.g. MRI-head-foot-arm-101310).
- \*\*\*If there is no abbreviation for the specialty or diagnostic test to be saved, then use the complete name in lower case letters (e.g. hospice-101310-101510).

- Do not deviate from the above examples for attaching; don't use all capitals. It must be exact. Do not use spaces between words use the minus symbol on the numeric key pad (-). See above for example
- Document the date using six spaces, two for the month, two for the date and two for the year. Do not use slashes or single digits.

20. Once a determination has been made on your request, you will receive a New Message within the Connect system advising of the determination.

Category: -- All -- Sub-Category: -- All --

<input type="checkbox"/>	Urgent From	SendDate	Subject
<input checked="" type="checkbox"/>	<a href="#">SYSTEM (DO NOT REPLY)*</a>	2/28/2017 10:57:24 AM	[ATTN: SURESH V BAL 20170221AZ10000:

\* Message sent to a physician at your site.

<< First < Prev Next > Last >> (Page: 1 of 1. Total Records: 1)

Inbox >>>>  
 • [Online Notifications](#)  
 - [Online Letter](#)  
[Deliveries](#)  
[Saved Items](#)  
[Deleted Items](#)  
[Sent Items](#)  
[New Message](#)

21. Within the authorization itself, the date/time that the notification of determination was sent to you, as well as the date it was viewed, will be below the PCP's name:

PCP:	SURESH V BALENALLI MD / 520-836-6636 Fax: 520-836-6846 <b>Auth Notification sent: 2/28/2017 10:57:03 AM - Viewed</b>
------	--

22. You may check status at any time by clicking on “Search Authorizations” from the Main Menu using any of the available criteria to get a list of authorization requests for all of your patients or you may search by individual.

**AUTH SEARCH**

**OPTION I: BASIC SEARCH**

*Criteria:*

- Referred from here
- Referred to here
- This office is listed as PCP

*Date Submitted:*

- Today
- Yesterday
- Within the last  Days

*Provider Filter:*

-- Search All Providers In Site --

*Current Status:*

- All
- Approved
- Denied
- Pended
- Cancelled

*Urgent Authorizations Only*

---

**OPTION II: SEARCH BY NUMBER**

Authorization #

---

**OPTION III: SHOW ALL PENDED AUTHORIZATIONS**

Show all pended authorizations for my office

*Provider Filter:*

-- Search All Providers In Site --

**SEARCH**

23. You may also communicate about a specific authorization to a Prior Auth team member within the authorization request by clicking “Send Email About Authorization” at the bottom of the authorization page

Facility:	
Place of Service:	11 - OFFICE
Diagnosis:	1) I48 - ATRIAL FIBRILLATION AND FLUTTER
Procedures:	1) 99213 - OFFICE/OUTPATIENT VISIT EST
Reason:	TEST
Notes:	No Public Notes Available
Status:	<b>Pended</b>
Decision Date:	
Type:	Referral Request

[Back](#)

[Send Email about Authorization](#) | [View/Add Notes](#) | [Upload/View Attachments](#) | [View Letter History](#)

**CREATE MESSAGE**

*Recipients:*

*Attachments:*

Regarding patient: [REDACTED] Authorization Number: [REDACTED]

*Subject:*

Regarding patient: [REDACTED] Authorization Number: [REDACTED]

*Message:*

*Mark as Urgent:*



# FREQUENTLY ASKED QUESTIONS

- 1) If my request is denied, can I attach additional clinical notes to the denial for reconsideration?
  - a. No. Once a determination has been made, a new prior auth submission with the clinical notes is required.
- 2) Do I have to attach clinical notes to all prior auth requests?
  - a. Yes. Clinical notes are required to determine the medical necessity of your request. These can be attached by clicking “Upload Attachments” at the bottom of your screen. See #18 for directions on how to upload your clinical notes. Not attaching clinical notes will delay the determination.
  - b. We will make 3 attempts to contact you for additional clinical notes. After the third attempt, your request will be sent for medical necessity review as is.
- 3) Is the Prior Auth Request form still required?
  - a. No. If you are submitting the request online, the PA form is not required. The form is still required if you are faxing the request.
- 4) How do I know if I have a message in Connect?
  - a. On the menu choose “Support” and click on Preferences. Check the box under Application Settings. This will send an email to the email address we have on file for you to notify that you have unread messages in Connect.

**Application Settings:**

<input checked="" type="checkbox"/> If I have unread messages that are more than <input type="text" value="0"/> hours old, send a reminder email. <b>Reminder emails may be sent earlier for messages marked as Urgent.</b> <b>For message reminder emails to be sent, a valid email address must be specified above.</b>
<input checked="" type="checkbox"/> This office (AZPC INTERNAL SITE) can receive general messages from other Online users <b>You will receive a popup reminder alert and be taken to your inbox if you have unread messages more than 72 hours old.</b>

- 5) How do I know if my auth is pending, approved, or denied?
  - a. Within the authorization, the Status section will advise of the current status of your auth request. 

Status:	<b>Approved</b>
---------	-----------------
  - b. We will also send you a message within Connect once a determination has been made.
- 6) How do I know if my request requires prior authorization?
  - a. Our most current list of services that do not require prior authorization is on our website: [http://www.azprioritycare.com/Provider/Frequently used forms](http://www.azprioritycare.com/Provider/Frequently_used_forms)

## **HELPFUL TIPS**

- ❖ Durable Medical Equipment
  - This is delegated to Health Net, please fax your request to them at 800-840-1097
- ❖ Home Health
  - Our vendor is OnPointe. Please contact them with your request at 480-621-7388 or by fax at 480-621-7485
  - The Dr's order, patient demographic's/facesheet, and H&P are required
- ❖ Part D drugs
  - This is delegated to Health Net, please call them with your request at 800-410-6565
- ❖ Behavioral Health Services
  - This is delegated to MHN, please call them with your request at 800-977-0281