



Arizona Priority CareTM

One Goal. One Priority. Your Healthcare.

AZ Connect Quick Reference Guide

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

Version 9.6.2018

For questions or concerns, please contact your PR Rep or email us at:

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Phone: 480-499-8700 Ext 8192

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PURPOSE

The purpose of the Arizona Priority Care web portal is to allow our contracted providers to view member eligibility, view and submit authorizations, view claims, and to have easy access to forms and reference materials pertaining to AZPC's policies and procedures.

The homepage is also frequently updated with important documents and information for our Network.

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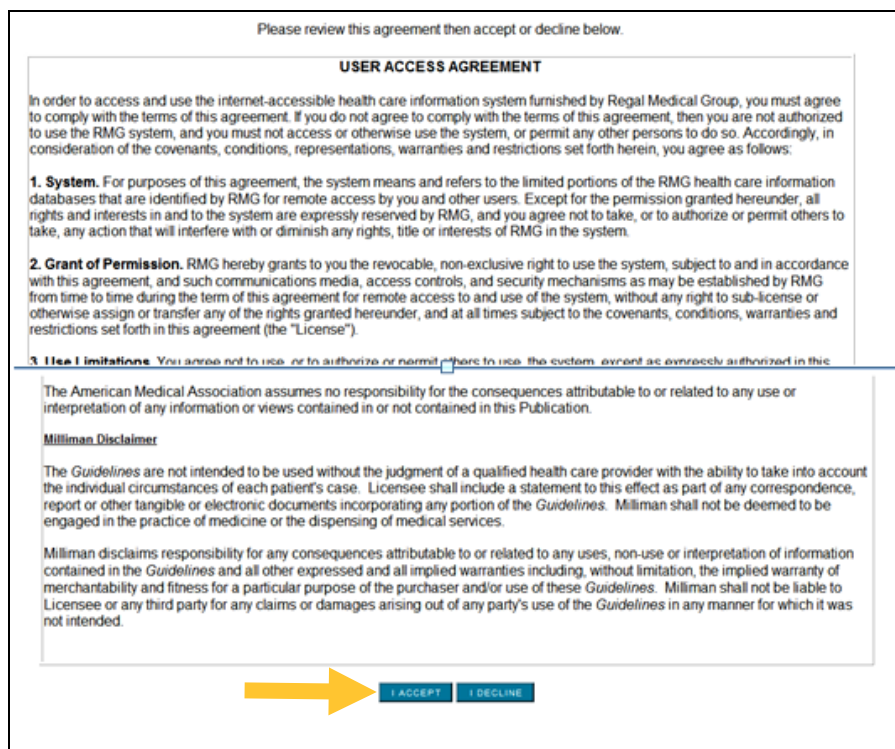
LOGIN/SETUP WALKTHROUGH

1. Sign in to the web portal using your login credentials assigned to you. Enter your individual assigned user name and password.



The screenshot shows the login page for Arizona Priority Care Connect. At the top left is the Arizona Priority Care logo with the tagline "One Goal. One Priority. Your Healthcare." Below the logo, the text "Welcome to Arizona Priority Care Connect" is centered. Underneath, there are input fields for "Username:" and "Password:". A blue "Login" button is positioned below the password field. At the bottom, there are two links: "Forgot password" and "Request access or additional information".

2. If you are a first time user, you will receive the access agreement pop-up window. You will need to click on "I ACCEPT" in order to proceed.



The screenshot displays a "USER ACCESS AGREEMENT" pop-up window. At the top, it says "Please review this agreement then accept or decline below." The agreement text includes sections on system access, grant of permission, and limitations. A yellow arrow points to the "I ACCEPT" button at the bottom right of the window. The "I DECLINE" button is also visible next to it.

3. Since you are a first-time user, the system will also prompt you to change your password. (Reminder: Please be HIPAA compliant and do not share login information).

CHANGE PASSWORD

Your password has expired. Please create a new password.

Specialist Please create a new password.

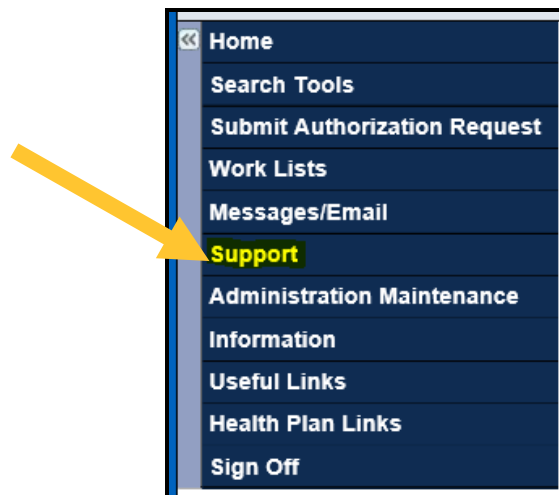
User Information:

CHANGE PASSWORD

Your password has been changed.

Please proceed to the [Main Menu](#).

4. On the menu, choose 'Support' and click on 'Preferences'. Check the box under 'Application Settings'. Type in the desired reminder time in the box (*we recommend 1 hour intervals, so notification of emails are sent timely as communication within AZ Connect requires a timely response*); This will send an email to the email address we have on file to notify that you have unread messages in Connect.



Application Settings:

☒ If I have unread messages that are more than hours old, send a reminder email.
Reminder emails may be sent earlier for messages marked as Urgent.
For message reminder emails to be sent, a valid email address must be specified above.

☒ This office (AZPC INTERNAL SITE) can receive general messages from other Online users
You will receive a popup reminder alert and be taken to your inbox if you have unread messages more than 72 hours old.

Note: To add additional new users or for login issues, please reach out to your Provider Relations Representative.

ELIGIBILITY STATUS

- i. From the Main Menu, click on the 'Eligibility' link to look up member's eligibility status.

Home
Search Tools
Submit Authorization Request
Work Lists
Messages/Email
Support
Administration Maintenance
Information
Useful Links
Health Plan Links
Sign Off

MAIN MENU

Please select from the following list:

- Search Tools
 - [Eligibility](#) (Look up member) ← Yellow arrow
 - [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
 - [AZPC Direct Referral & Prior Authorization Request Form](#) (Direct Referral Form)
 - [AZPC Services That Do Not Require Authorization List](#) (Direct Referral List)
 - [AZPC Plan Redirect Form](#) (Plan Redirect Form)
 - [Diabetic Testing Supply Order Form](#)
- Work Lists
 - [Monitor Next Review](#) (Used for Follow up "tickler" / internal only)
 - [Customer Service](#) (Customer Service for Claims, Providers, Member, Auths)
- Messages/Email
 - [Create Message](#) (Send a message to another REA user)
 - [Read Messages](#) (Send a message to another REA user)
- Support
 - [Help](#) (get general help)
 - [User Manual](#) (User manual for download/access)
 - [Member Not Found](#) (Send msg requesting research for member)
 - [Preferences](#) (Set your own preferences)
 - [Feedback](#) (Give us your input on features)

- ii. Look up a member by entering the ID number or member demographics. *Note: Member demographics require last name, first name, and date of birth.*

SEARCH ELIGIBILITY

[Allwell]

OPTION I: SEARCH BY MEMBER ID

Member ID:

OPTION II: SEARCH BY MEMBER DEMOGRAPHICS

Last Name: First Name:

DOB: (mm/dd/yyyy)

Health Plan: (mm/dd/yyyy)

PCP:

Medical Group:

* The quickest results will be returned for searches that include a Member ID, Last Name, DOB, or PCP. You must include one of these fields. [More Hints...](#)

- iii. Once the member information is displayed, always check the box that indicates 'SHOW TERMED MEMBERS', and then click on 'APPLY FILTERS'. By doing so, it will display

complete eligibility history based on the effective and term date. Select the correct one based on the date of service.

SELECT MEMBER

IPA	Member Name	DOB	Sex	Health Plan	Member ID	EffDate	TermDate
No members meet the current search criteria.							

☒ Show Termed Members:

[APPLY FILTERS](#)

[[New Search](#)] [[Modify Search](#)] [[Member not found](#)]

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

SELECT MEMBER

IPA	Member Name	DOB	Sex	Health Plan	Member ID	EffDate	TermDate
AZPCP	[Redacted]					1/1/2018	12/31/2018

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

☒ Show Termed Members:

[APPLY FILTERS](#)

[[New Search](#)] [[Modify Search](#)] [[Member not found](#)]

v. Member's eligibility will be shown with their effective date, PCP name, demographics, and term date (when applicable). From here, you can click on 'View Claims', 'View Authorization', etc.

SELECTED MEMBER

[[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	[Redacted]
Address / Phone	[Redacted]
Company ID	[Redacted]
Languages	[Redacted]
Referral Network	[Redacted]
PCP	[Redacted]
PCP Eff Date	[Redacted]

PLAN INFORMATION

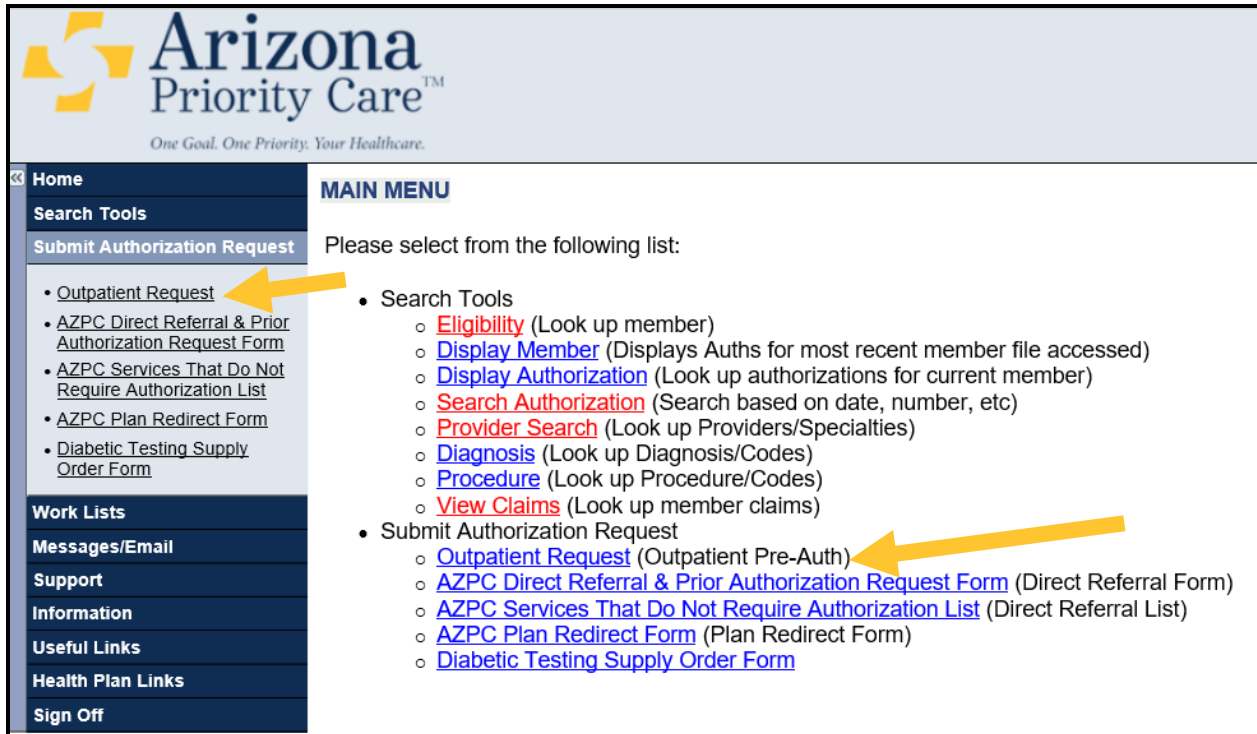
Health Plan Name	[Redacted]
Effective Date	[Redacted]
Termination Date	[Redacted]
Member ID	[Redacted]
Plan Group	[Redacted]

[[Search for another member](#)] [[Send Email about this member](#)]

PRIOR AUTHORIZATION STATUS

Submitting a Prior Authorization on AZ Connect

1. On the left navigation bar click 'Submit Authorization Request'. Then click 'Outpatient Request' OR click on 'Outpatient Request' from the Main Menu.



The screenshot shows the Arizona Priority Care AZ Connect portal. The left navigation bar includes links for Home, Search Tools, Submit Authorization Request, Work Lists, Messages/Email, Support, Information, Useful Links, Health Plan Links, and Sign Off. The Submit Authorization Request link is highlighted. The main menu area displays a list of options under the heading 'Please select from the following list:'. The options are categorized into Search Tools and Submit Authorization Request. The Outpatient Request link is highlighted in the Submit Authorization Request category.

Ariziona Priority Care™
One Goal. One Priority. Your Healthcare.

Home
Search Tools
Submit Authorization Request
• **Outpatient Request**
• [AZPC Direct Referral & Prior Authorization Request Form](#)
• [AZPC Services That Do Not Require Authorization List](#)
• [AZPC Plan Redirect Form](#)
• [Diabetic Testing Supply Order Form](#)

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)
 - [View Claims](#) (Look up member claims)
- Submit Authorization Request
 - **Outpatient Request** (Outpatient Pre-Auth)
 - [AZPC Direct Referral & Prior Authorization Request Form](#) (Direct Referral Form)
 - [AZPC Services That Do Not Require Authorization List](#) (Direct Referral List)
 - [AZPC Plan Redirect Form](#) (Plan Redirect Form)
 - [Diabetic Testing Supply Order Form](#)

2. Click 'PLEASE SELECT A MEMBER', then enter the Member ID or First name and Last Name of the patient and search.



The screenshot shows the Referral Request form. The form includes a SUBMIT button, a * Member field with a dropdown menu labeled 'PLEASE SELECT A MEMBER', a Member's PCP field, a Patient Requested checkbox, and a Category dropdown menu with 'ROUTINE' selected. The Outpatient referrals link is highlighted.

Referral Request

SUBMIT * Required Field

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

Member's PCP:

Patient Requested: ☐

Category: **ROUTINE** **Outpatient referrals**

SEARCH ELIGIBILITY

[[Allwell](#)]

OPTION I: SEARCH BY MEMBER ID

Member ID:

OPTION II: SEARCH BY MEMBER DEMOGRAPHICS

Last Name: First Name:

DOB: (mm/dd/yyyy)

Health Plan: -- All HealthPlans --

PCP: -- All PCPs in your Office --

- 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	EffDate
AZPCP	[Redacted]	[Redacted]	F	WELLCARE HEALTH PLANS, INC.	[Redacted]	1/1/2019

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

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

* Required Field

* Member:

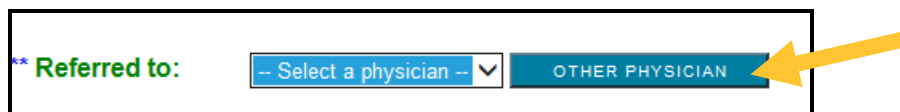
Member's PCP:

Patient Requested: ☐

Category: ROUTINE Outpatient referrals

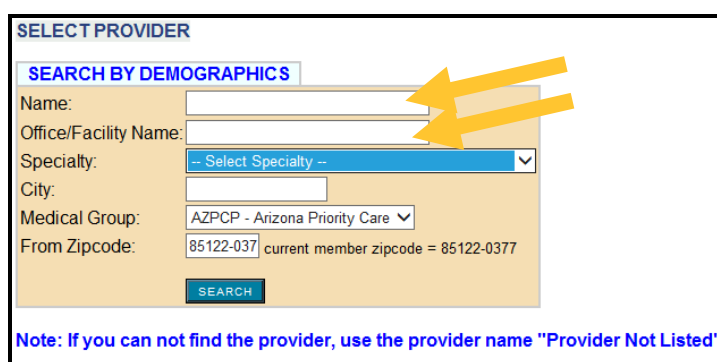
* Referred from:

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



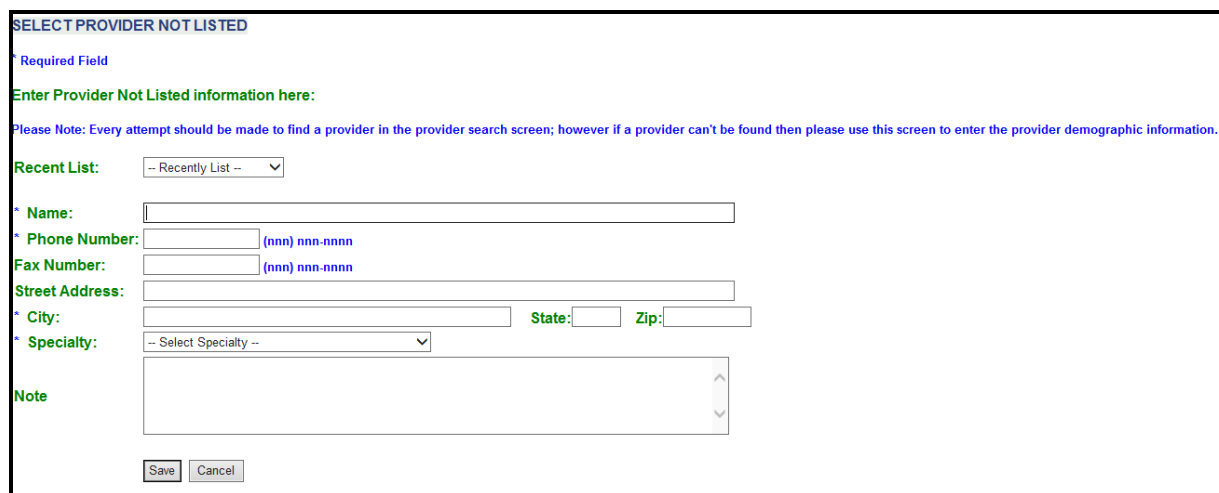
The screenshot shows a form field labeled "** Referred to:". To the right of the label is a dropdown menu with the text "-- Select a physician --" and a downward arrow. To the right of the dropdown is a blue button with the text "OTHER PHYSICIAN". A yellow arrow points from the right side of the image towards the "OTHER PHYSICIAN" button.

- Here, you can search by a specific physician first name and last name separated by an asterisk (ex: 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.



The screenshot shows a form titled "SELECT PROVIDER". Below the title is a tab labeled "SEARCH BY DEMOGRAPHICS". The form contains several input fields: "Name:" (text box), "Office/Facility Name:" (text box), "Specialty:" (dropdown menu with "-- Select Specialty --"), "City:" (text box), "Medical Group:" (dropdown menu with "AZPCP - Arizona Priority Care"), and "From Zipcode:" (text box with "85122-037" and "current member zipcode = 85122-0377"). A blue "SEARCH" button is at the bottom. A note at the bottom reads: "Note: If you can not find the provider, use the provider name 'Provider Not Listed'". Two yellow arrows point from the right side of the image towards the "Name:" and "Specialty:" fields.

- 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.



The screenshot shows a form titled "SELECT PROVIDER NOT LISTED". Below the title is a blue asterisk and the text "Required Field". A green instruction reads: "Enter Provider Not Listed information here:". A blue note reads: "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." Below this is a "Recent List:" dropdown menu with "-- Recently List --". The form contains several input fields: "Name:" (text box), "Phone Number:" (text box with "(nnn) nnn-nnnn"), "Fax Number:" (text box with "(nnn) nnn-nnnn"), "Street Address:" (text box), "City:" (text box), "State:" (text box), "Zip:" (text box), and "Specialty:" (dropdown menu with "-- Select Specialty --"). A "Note" text area is at the bottom. "Save" and "Cancel" buttons are at the bottom right.

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

Facility/Company: -- Select a Facility/Company--

10. 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

* IPA	Name	Specialty	Address	City	Miles
AZPCP	BANNER CASA GRANDE MED CNTR #0/P	HOSPITAL	1800 E FLORENCE BLVD	CASA GRANDE	0
AZPCP	BANNER CASA GRANDE URGENT CARE	URGENT CARE	1676 E MCMURRAY BLVD STE 1	CASA GRANDE	0

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

* Place of Service: -- Select POS --

12. 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 a Diagnosis --

SELECT DIAGNOSIS

Diagnosis 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
I48	ATRIAL FIBRILLATION AND FLUTTER	10/01/2015	12/31/9999
I48.0	PAROXYSMAL ATRIAL FIBRILLATION	10/01/2015	12/31/9999
I48.1	PERSISTENT ATRIAL FIBRILLATION	10/01/2015	12/31/9999
I48.2	CHRONIC ATRIAL FIBRILLATION	10/01/2015	12/31/9999
I48.3	TYPICAL ATRIAL FLUTTER	10/01/2015	12/31/9999
I48.4	ATYPICAL ATRIAL FLUTTER	10/01/2015	12/31/9999
I48.9	UNS ATR FIBRILLATION ATRIAL FLUTTER	10/01/2015	12/31/9999
I48.91	UNSPECIFIED ATRIAL FIBRILLATION	10/01/2015	12/31/9999
I48.92	UNSPECIFIED ATRIAL FLUTTER	10/01/2015	12/31/9999
I49.1	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:

13. 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

14. 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)

15. 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)

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

SELECTED AUTHORIZATION

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Member / Current Address:			
Medical Group:	ARIZONA PRIORITY CARE		
Plan / Current Member ID:	WELLCARE HEALTH PLANS, INC.		
Date of Birth:			
PCP:			
System Input Date:	1/24/2019		
Authorization Number:			
Expiration Date:	4/24/2019		
Patient Requested?:	No		
Category:	URGENT		
Referred From:			
Referred To:			
Facility:			
Place of Service:	11 - OFFICE		
Diagnosis:			
Procedures:	1) 72128 - CT CHEST SPINE W/O DYE	Modifier: None	Requested Units: 1 Authorized Units: 1
Reason:	back pain		
Notes:	No Public Notes Available		
Status:	Pended		
Decision Date:	1/24/2019 3:30:01 PM		
Type:	Referral Request		

Please note that the Expiration Date is the last date on which this Authorization can be used. After this date, the authorization will be automatically cancelled, even if all the authorized visits have not been used.

All payments are subject to the member's updated eligibility, covered benefits, Medical Policy and reimbursement schedules. This does not confirm eligibility. Payment of services is based on the member's participation in the Health Plan program at the time of visit.

[Back](#)

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

17. **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 #18) and click Upload. This will attach the records to the authorization request for AZPC review.

No attachments currently exist.

Upload New Attachment

File: Browse...

Description: **UPLOAD**

- 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

RETURN

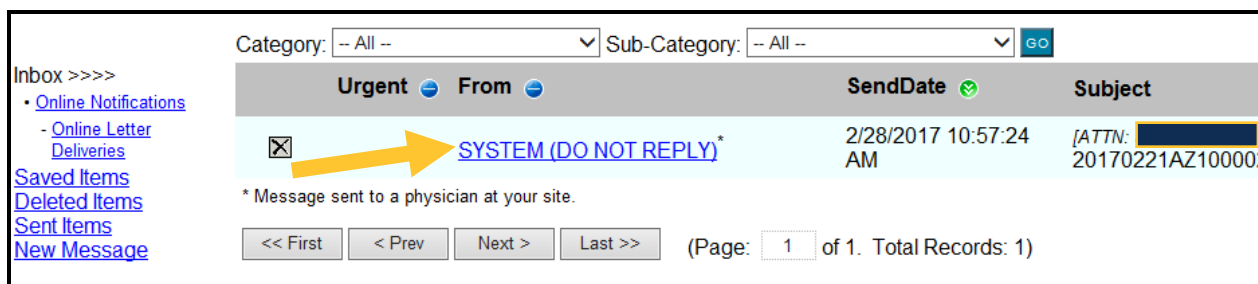
18. Below are examples for how to name the attached files:

Specialty Notes	Step 1: Start with Specialty Name (i.e. Cardio, Pulm, GI, GYN, URO, PT, ST, OT, etc)	CardioNotes-04032016
	Step 2: then the date of the note 00000000	SNF-PTNotes-04032016 (for IP SNF Services) PT-Notes-04032016
PCP Notes	Step 1: Start with PCP Note; Step 2: then the date of the note 00000000	Examples: PCPNotes-04032016
Hospital Documents	Step 1: Start with HOSP Note; Step 2: then the date of the note 00000000	Examples: HospNotes-04032016
LAB Results	Step 1: Start with Lab Step 2: then the date of the note 00000000	Examples: LAB-04032016
Radiology	Step 1: Start with Type of Radiology (i.e. MRI, CT, X-Ray,	Examples:

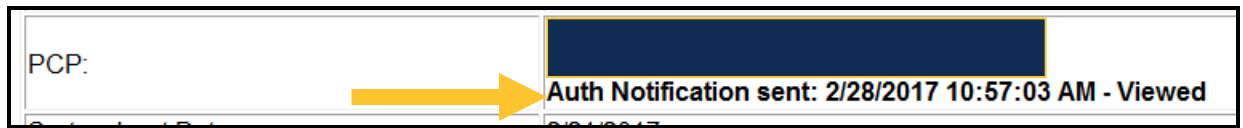
Results	Ultrasound, PET, etc) Step 2: then part of the body (i.e. Head, Abdomen, Hip, Knee, Neck, etc) Step 3: then the date of the note 00000000	MRI-Head-04032016
Other Notes	Step 1: Start with Type of Note; Step 2: then the date of the note 00000000	Examples: EKG-04032016 SNFNotes-04032016

- **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.

19. Once a determination has been made on your request, you will receive a new message within the Connect system advising of the determination.



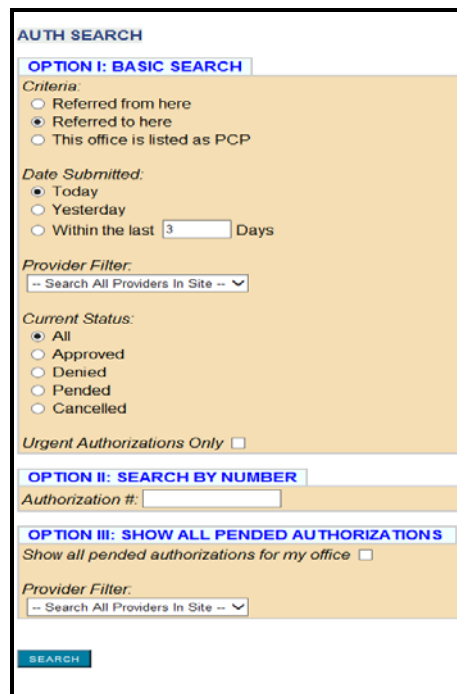
20. Within the authorization itself, the date/time that the notification of determination was sent to you, as well as the date it was viewed, will be below the PCP's name:



PCP: [Redacted]

Auth Notification sent: 2/28/2017 10:57:03 AM - Viewed

21. 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
- ☐ Pending
- ☐ Cancelled

☐ Urgent Authorizations Only

OPTION II: SEARCH BY NUMBER

Authorization #:

OPTION III: SHOW ALL PENDING AUTHORIZATIONS

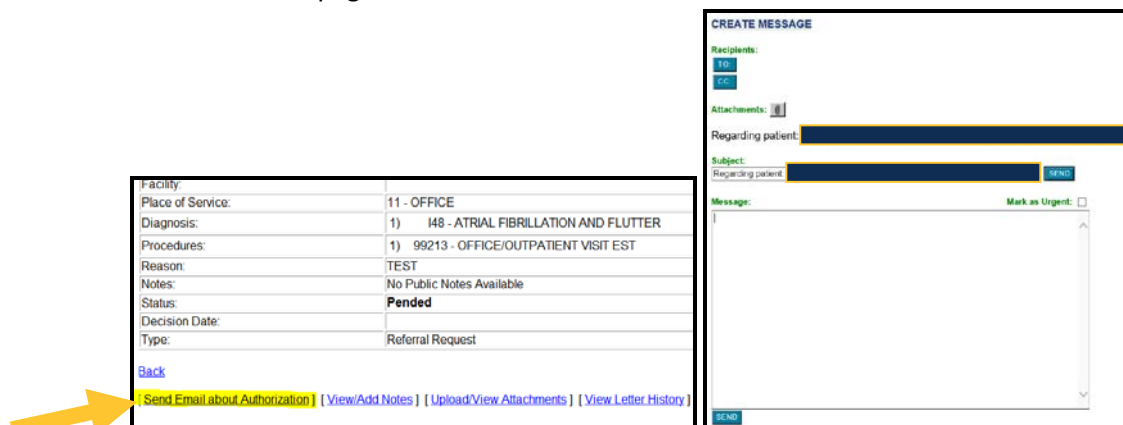
Show all pending authorizations for my office ☐

Provider Filter:

-- Search All Providers In Site --

SEARCH

22. You may also communicate about a specific authorization to a Prior Authorization team member within the authorization request by clicking 'Send Email about Authorization' at the bottom of the authorization page.



Facility: [Redacted]
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: **Pending**
Decision Date:
Type: Referral Request

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

CREATE MESSAGE

Recipients: [Redacted]
Attachments: [Redacted]
Regarding patient: [Redacted]
Subject: Regarding patient [Redacted] **SEND**
Message: **Mark as Urgent:** ☐
SEND

CLAIM STATUS

There are 2 ways to look-up claims from the Main Menu, one through 'View Claims' and the other through 'Eligibility'.

1. View Claims from the Main Menu

- i. From the Main Menu screen, click on 'View Claims' or under the 'Search Tools' Tab.

The first screenshot shows the 'Home' screen with a 'Search Tools' tab. A yellow arrow points to the 'Eligibility' link in the list. The second screenshot shows the 'MAIN MENU' with a list of search tools. A yellow arrow points to the 'Eligibility' link, which is highlighted in red. Below it, a list of search tools is shown, including 'Display Member', 'Display Authorization', 'Search Authorization', 'Provider Search', 'Diagnosis', 'Procedure', and 'View Claims'.

- ii. A list of all claims for all members will be displayed. You can narrow down your search by entering a combination of member name, provider, and/or date of service.

The 'SELECT CLAIM' screen displays search filters and a table of claims. The filters include 'User Site', 'Show Claims by Member', 'Show Claims by Provider', and 'Show Claims by DOS'. The table has columns for Member Name, Member HMO ID, Provider Name - Company ID, Claim Number, First Date of Service, Diagnosis, Billed, Pay Amount, and Status.

Member Name	Member HMO ID	Provider Name - Company ID	Claim Number	First Date of Service	Diagnosis	Billed	Pay Amount	Status
				6/2/2017	M25.561	\$125.00	\$0.00	Processed
				6/2/2017	F34.1	\$165.00	\$101.79	Processed
				6/2/2017	Z00.00	\$160.00	\$50.00	Processed

- a. If searching by Member, you can search by first name only, last name only, or first and last name.
- b. By pushing the 'Clear' button, that will clear out any text in the search bar, provider drop down, or date of service that you may have entered.

- iii. Once the claim(s) is displayed, click on the Member's name to view detail claim status.
- iv. Claims Detail screen will display the Processing timeframe based on the line of business (Medi-Cal, Medicare and Commercial/Exchange). This screen will also display other critical data such as received date, claim #, primary diagnosis code, auth/case#, billed, paid, status, check information, etc.


SELECTED CLAIM

Provider		Payor	ARIZONA PRIORITY CARE
Specialty	INTERNAL MEDICINE	Provider Claim ID	
Claim #		Place of Service	11 - OFFICE
Member ID/Name		Auth/Case #	
Carrier		Received Date	12/28/2018
Diagnosis 1		Patient Status	HOME
Diagnosis 2			
Diagnosis 3			

SEQNM	CPT	Mod	DOS	Qty/Unit	Billed	Allowed	Pay Amount	Status	Check Number	Check Date/Finalized Date
1	1) P-99214 OFFICE/OUTPATIENT VISIT EST		12/27/2018	1	\$150.00	\$107.34	\$107.34	9 - CLOSED	157917	1/16/2019
Totals					\$150.00	\$0.00	\$107.34			

[SHOW LINE DETAIL](#)
[SELECT DIFFERENT CLAIM](#)

- v. To view additional details on a particular service line such as denial/adjustment code & reason, copay, adjustment amount, etc., click on 'SHOW LINE DETAIL' at the bottom of the screen.

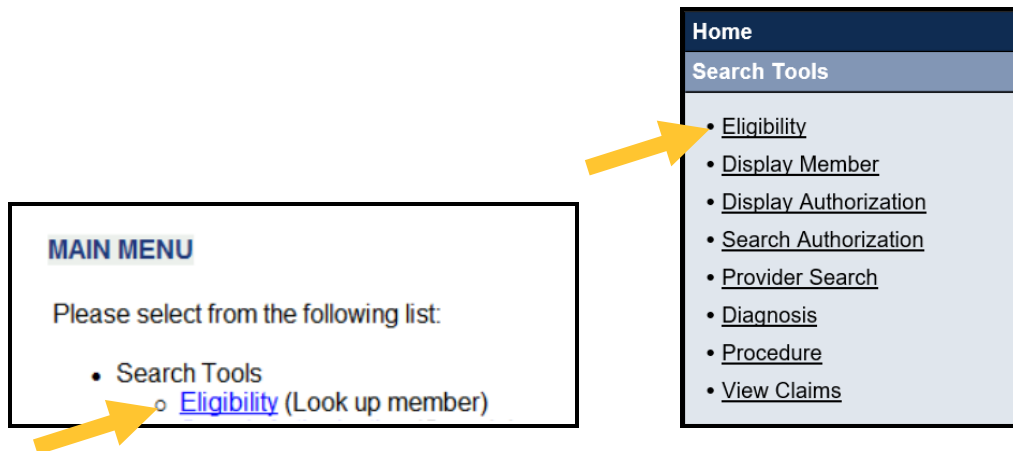


[SHOW LINE DETAIL](#) [SELECT DIFFERENT CLAIM](#)

SEQNM	CPT	Mod	DOS	Qty/Unit	Billed	Allowed	Pay Amount	Status	Check Number	Check Date/Finalized Date																						
1	1) P-99214 OFFICE/OUTPATIENT VISIT EST		12/27/2018	1	\$150.00	\$107.34	\$107.34	9 - CLOSED		1/16/2019																						
Deductible		Copay	Coinsurance	Adjustment	Adjustment Reason																											
\$0.00		\$0.00	\$0.00	\$0.00																												
Final Adj				Final Adj Reason																												
\$0.00																																
<table border="1"> <thead> <tr> <th>SEQNM</th> <th>CPT</th> <th>Mod</th> <th>DOS</th> <th>Qty/Unit</th> <th>Billed</th> <th>Allowed</th> <th>Pay Amount</th> <th>Status</th> <th>Check Number</th> <th>Check Date/Finalized Date</th> </tr> </thead> <tbody> <tr> <td colspan="5">Totals</td> <td>\$150.00</td> <td>\$0.00</td> <td>\$107.34</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											SEQNM	CPT	Mod	DOS	Qty/Unit	Billed	Allowed	Pay Amount	Status	Check Number	Check Date/Finalized Date	Totals					\$150.00	\$0.00	\$107.34			
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Totals					\$150.00	\$0.00	\$107.34																									

[HIDE LINE DETAIL](#)
[SELECT DIFFERENT CLAIM](#)

2. View claims from Eligibility screen from the Main Menu or under the Search Tools tab



- i. You can also view claims from the Eligibility screen. Search the member by entering either the Member's ID or by Name, follow steps A i. to A v.

The screenshot shows the 'SEARCH ELIGIBILITY' screen. On the left is a sidebar with a 'Search Tools' menu containing links to 'Eligibility', 'Display Member', 'Display Authorization', 'Search Authorization', 'Provider Search', 'Diagnosis', 'Procedure', and 'View Claims'. Below this is a 'Submit Authorization Request' button and a 'Work Lists' section. The main content area has a 'SEARCH ELIGIBILITY' header and a '[Allwell]' link. It features two search 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 fields for 'Last Name', 'First Name', 'DOB' (mm/dd/yyyy), 'Health Plan' (dropdown), and 'PCP' (dropdown), followed by a 'SEARCH' button. A footer note states: '* The quickest results will be returned for searches that include a Member ID, Last Name, DOB, or PCP. You must include one of these fields. [More Hints...](#)'

- ii. Click on 'View Claims' to display all claims for the member selected.

The screenshot shows the 'SELECTED MEMBER' screen. At the top, there are several links: '[View authorizations]', '[Search authorizations]', '[Submit request to eligibility dept]', '[View eligibility history]', '[View PCP capitation payments]', and '[View claims]'. A yellow arrow points to the '[View claims]' link. Below the links is a 'MEMBER DEMOGRAPHICS' section with a table of member information:

Name	[REDACTED]
Date of Birth	[REDACTED]
Age	69
Sex	F
Address / Phone	[REDACTED]
Medical Group	ARIZONA PRIORITY CARE 585 NORTH JUNIPER DRIVE, STE 200, CHANDLER, AZ 85226 1 (480) 499-8700
PCP	[REDACTED]
PCP Eff Date	1/1/2019

- iii. The Claims List screen will display all the claims for the member and it will show the Provider name, date of service, diagnosis, billed amount, paid amount and status. Locate your claim from the list and then click on it to view the details.

SELECT CLAIM

Current member: PCP:

Provider	First Date of Service	Diagnosis	Billed	Pay amount	Status
	11/27/2017	M54.2	\$198.00	\$23.39	Processed
	9/8/2017	H61.23	\$65.00	\$0.00	Processed
	9/1/2017	H61.23	\$190.00	\$0.00	Processed
	8/10/2017	R60.9	\$88.00	\$0.00	Processed
	7/12/2017	R60.9	\$88.00	\$0.00	Processed
	6/29/2017	R60.9	\$125.00	\$0.00	Processed
	5/24/2017	L30.9	\$88.00	\$0.00	Processed

(Page: of 1. Total Records: 7)

[\[Search for another member \]](#)
[\[Back to member \]](#)

- iv. Identify the claim and click on the Member's name to view detail claim status.
- v. The claims detail screen will display the processing timeframe based on the line of business (Medi-Cal, Medicare and Commercial/Exchange). This screen will also display other critical data such as received date, claim #, primary diagnosis code, billed, paid, status, check information, etc.

SELECTED CLAIM

Provider		Payer	ARIZONA PRIORITY CARE
Specialty	INTERNAL MEDICINE	Provider Claim ID	
Claim #		Place of Service	11 - OFFICE
Member ID/Name		Auth/Case #	
Carrier		Received Date	12/28/2018
Diagnosis 1		Patient Status	HOME
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SEQNM	CPT	Mod	DOS	Qty/Unit	Billed	Allowed	Pay Amount	Status	Check Number	Check Date/Finalized Date
1	1) P-99214 OFFICE/OUTPATIENT VISIT EST		12/27/2018	1	\$150.00	\$107.34	\$107.34	9 - CLOSED	157917	1/16/2019
Totals					\$150.00	\$0.00	\$107.34			

- vi. To view additional details on a particular service line such as denial/adjustment code and reason, copay, adjustment amount, etc., click on 'SHOW LINE DETAIL' at the bottom of the screen.



SEQNM	CPT	Mod	DOS	Qty/Unit	Billed	Allowed	Pay Amount	Status	Check Number	Check Date/Finalized Date
1	1) P-99214 OFFICE/OUTPATIENT VISIT EST		12/27/2018	1	\$150.00	\$107.34	\$107.34	9 - CLOSED		1/16/2019
	Deductible	Copay	Coinsurance	Adjustment	Adjustment Reason					
	\$0.00	\$0.00	\$0.00	\$0.00						
				Final Adj	Final Adj Reason					
				\$0.00						
SEQNM	CPT	Mod	DOS	Qty/Unit	Billed	Allowed	Pay Amount	Status	Check Number	Check Date/Finalized Date
Totals					\$150.00	\$0.00	\$107.34			
HIDE LINE DETAIL		SELECT DIFFERENT CLAIM								

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 Authorization submission with all clinical notes is required.

2) Do I have to attach clinical notes to all Prior Authorization 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 Authorization 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:

- ☒ If I have unread messages that are more than 2 hours old, send a reminder email.
Reminder emails may be sent earlier for messages marked as Urgent.
For message reminder emails to be sent, a valid email address must be specified above.
- ☒ This office (AZPC INTERNAL SITE) can receive general messages from other Online users
You will receive a popup reminder alert and be taken to your inbox if you have unread messages more than 72 hours old.

5) How do I know if my Prior Authorization is pending, approved, or denied?

- a. Within the authorization, the 'Status' section will advise of the current status of your Prior Authorization request.

Status: **Approved**

- 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 the Home Page of AZ Connect under 'Submit Authorization Request'.

- Submit Authorization Request
 - [AZPC Direct Referral & Prior Authorization Request Form](#) (Direct Referral Form)
 - [AZPC Services That Do Not Require Authorization List \(Direct Referral List\)](#)
 - [AZPC Plan Redirect Form](#) (Plan Redirect Form)
 - [Diabetic Testing Supply Order Form](#)

HELPFUL TIPS

- ❖ Durable Medical Equipment
 - Please contact Preferred Homecare at 800-636-2123
- ❖ Radiology
 - Our exclusive outpatient imaging provider is **Simon Med Imaging Centers**. Please note that AZPC is responsible for all Authorizations for Outpatient Imaging Services. Radiology services requiring Prior Authorization should be submitted to Arizona Priority Care either via AZ Connect or by fax on the Direct Referral and Prior Authorization Request form along with **all** supporting documentation to: (480) 499-8798.
- ❖ Part D Drugs
 - For all Part D Related requests, please contact the Health Plan directly.
- ❖ Behavioral Health Services
 - Outpatient Behavioral Health Services – Please contact AZPC Behavioral Health at 833-633-0043
 - Inpatient Behavioral Health Services – Please contact Arizona Behavioral Health at 833-633-0042 or BHC-group@premierbhc.com.