



# STATE ONLY ENROLLMENT INPUT FILE PROCESS

**Effective 10/1/2024**

Revised 4/10/2025

# I. INTRODUCTION

The State Only Enrollment (SOE) Process enrolls non-Medicaid eligible individuals receiving State Only (SO) eligible Behavioral Health (BH) services with the contracted Regional Behavioral Health Authority (RBHA) in their home's Geographical Service Area (GSA) to deliver required information to AHCCCS.

The enrollment process is initiated by providers submitting required enrollment data to the RBHA on a SOE Input File.

## FACTS:

1. **All examples in training process documents will use the test Provider name of 'XYZ, Inc.' and Provider ID of 'XYZ'. Providers should use their assigned Provider ID found in the file specifications in place of 'XYZ' for Test and Production.**
2. AzCH-CCP only accepts 'add' SOE transactions. 'Add' transactions are new SOE enrollment span dates for new or previously enrolled members that meet the SOE validation requirements on your requested SOE span dates.
  - a. If you have a "change" or "term" transaction, please see the Technical Assistance section on how to request on of these two transactions.
    - i. Please note that ACC-RBHA Contractors can only send changes to AHCCCS for active SOE that were initiated by them.
  - b. "Change" and "term" transactions through the SOE input process will be a post Go-Live enhancement (ETA TBD).
3. State Only eligible services can include, but not limited to, BH Crisis, jail release planning services, services covered by SUBG, MHBG and CBHSF funds. See AHCCCS Covered Services for additional information.
4. SOE spans submitted to AHCCCS will be visible on AHCCCS Online Behavioral Health enrollment tab once AHCCCS has approved the submission. Use AzCH-CCP Provider Portal and SOE Status reports to determine when SOE has fully processed..
5. Also known as Non-Title, NTXIX/XXI, N19, NT.

6. AzCH-CCP's RBHA GSA is:
  - a. Southern AZ RBHA service area which includes counties: Pima, Santa Cruz, Cochise, Greenlee, Graham, Yuma and La Paz
    - i. The Southern AZ service area also includes the San Carlos Tribal Area Zip Codes: 85542, 85192 and 85550
  - b. Northern AZ RBHA service area which includes counties: Apache, Coconino, Mohave, Navajo and Yavapai.

**TIP:** Utilize AHCCCS Online and available RBHA Provider Portals to verify that member meets SOE requirements!

7. State Only members with an active enrollment span are enrolled in the pharmacy system under a default group with very limited benefits if ACC-RBHA Contractors do not have the proper data to identify them as part of a special SO pharmacy group. Please ensure that proper and timely identifying data is submitted for members to ensure they are enrolled with the proper pharmacy group. Below are the special groups a SO member can be enrolled under and the data sources AzCH-CCP uses for the identifiers.
  - a. **Serious Emotional Disturbance (SED) children aged 0-17.**
    - i. Data Source: AHCCCS receives the BHC data for State Only SED members from the SOE Input process (hence why it's important to populate the "SMI Indicator" field on the SOE Input file with a 'Z' if submitting for a re-enrolled SED member to us!) and the SED determination process.
  - b. **Serious Mental Illness (SMI) Adults aged 18+**
    - i. Data Source: AHCCCS receives the BHC data for State Only SMI members from the SOE Input process (hence why it's important to populate the "SMI Indicator" field with an 'S' on the SOE Input file to us!) and the SMI determination process.
  - c. **Substance Use Disorder (SUD)**
    - i. Data Source: DUGless data that providers submit to AHCCCS and claims data submitted to AzCH-CCP.
  - d. **Children's Behavioral Health Services Fund (CBHSF) aka Jake's Law for students up to age 21.9. Note: As funds may be limited, please verify with AzCH-CCP's Program Management team if funds are available in the member's service area.**
    - i. Data Source: Reporting data that providers submit to RBHAs
8. Claims should only be submitted after verifying that the enrollment request has fully processed into AzCH-CCP Complete Care enrollment systems using the provider web portal or daily status report provided in this process.

9. Members can be enrolled with the SOE input process if:

**LINK: See Section VIII for examples of the below scenarios: [SOE Eligibility Examples](#)**

- a. The SOE begin date with AzCH-CCP must be  $\geq 10/1/2022$  in the Southern Service Area and  $\geq 10/1/2024$  in the Northern Service Area.
- b. Their physical/home address is within the AzCH-CCP service area.
- c. The services being billed are SO Eligible services.
- d. They are not enrolled with any of the AHCCCS Plan types listed below on the SOE dates being requested.
  1. Any AHCCCS Complete Care (ACC) Plan
  2. AHCCCS Fee For Service (FFS) other than Medicare Savings Program
  3. Any AHCCCS Long Term Care (LTC) Plan
  4. Any AHCCCS Tribal Regional Behavioral Health Authority (T/RBHA) or American Indian Health Program (AIHP)
  5. Any AHCCCS RBHA (for SMI Opt Outs, State Only, etc.)
- e. If member has Serious Mental Illness (SMI), they must undergo a financial screening. If member refuses screening, they are not eligible for SO. Please see AMPM 650 for additional information.
- f. There are certain situations where a member will appear already enrolled with AHCCCS, but would be eligible for SOE.
  - i. SOE dates in these scenarios must align with the enrollment dates with one of the below Health Plan types and member home address requirement.

**PLEASE ALSO NOTE: In the following scenarios, the SOE process should be used in lieu of the “Crisis” process when an enrollment covering your DOS does not exist on the Behavioral Health Enrollment screens in AHCCCS Online (RP216 screen for PMMIS users).**

**The “Crisis” Enrollment process can be followed to cover services for the below scenarios when another ACC-RBHA Contractor has opened an SOE for your DOS that need to be covered by AzCH-CCP.**

1. Incarcerated Member with suspended AHCCCS Medicaid Enrollment (e.g. CTYPRI or DOCMAT Health Plan)
2. AHCCCS Medicare Savings Program (e.g. QMB, SLMB, QI1)

## II. TESTING

AzCH-CCP Providers who need to begin submitting State Only Enrollments for the first time will be required to successfully pass SOE Input File testing before being permitted to submit in production.

Former Care1st Providers that previously passed testing will not be required to re-test in anticipation of the 10/1/2024 migration however will be expected to begin submitting their SOE files using the AzCH-CCP requirements outlined in this manual.

### FACTS:

1. **All examples in training process documents will use the test Provider name of ‘XYZ, Inc.’ and Provider ID of ‘XYZ’. Providers should use their assigned Provider ID found in the file specifications in place of ‘XYZ’ for Test and Production.**
2. Providers requesting to be onboarded to begin submitted SOE files should reach out to their Provider Engagement Rep to verify that they are eligible for SOE submission and to set up testing.
3. 25 Test Members per SOE and “Crisis” Input file
  - a. SOE members can be created by provider.
  - b. AzCH-CCP will provide a list of Test members for “Crisis.”
  - c. At least 5 of these members on each file must be “negative” test scenarios so providers can test reaction to error messages.
    - i. SOE Examples – missing required data, start date after end date, etc.
    - ii. Crisis Examples – members not on Test member list, missing required data, start date after end date, etc.
4. 95% successful submission of ‘positive’ test scenarios for each file will be considered passing for file ingestion.
  - a. At least 19/20 ‘positive’ test records should process without issue on each file and received on a Test Status report (with a non “Error Pending” status requiring resubmission for SOE.)
  - b. This is cumulative, so rejected records can be resubmitted on a new test file if needed.

5. Email SOE Input Test files to AzCH-CCP Enrollment team inbox ([AZCHEnrollment2@azcompletehealth.com](mailto:AZCHEnrollment2@azcompletehealth.com)) for processing **NOT SFTP**.
  - a. Email header: AC SOE Testing\_XYZ\_Test Attempt #[]
  - b. File Name: Add “T[attempt #] at the end of file.  
Example:  
AC SOE\_XYZ\_20230501\_T1  
AC SOE\_XYZ\_20230503\_T2

**Tip:** Follow the Work Process steps in section V below skipping any reference to SFTP and just send files to Enrollment team inbox during testing.

6. AzCH-CCP will provide Status files for SOE Test submissions like production, however these will be exchanged via secure email as well rather than SFTP in test.
7. In the same email you receive your test results, AzCH-CCP will also provide your current testing status. If you have successfully passed input file testing with at least a 95% success rate, AzCH-CCP will also ask you to attest that all response files have been integrated into your processes successfully.

**Tip:** This can just be a response to the email we send your results with.

8. Once attestation is received, your testing will be complete for that process.
9. You must pass testing for both “Crisis” and SOE processes to be permitted to submit files through production.

### III. SFTP

AzCH-CCP is utilizing a Secure File Transfer Protocol (SFTP) process to exchange SOE files securely with providers in production after Go-Live. This will include the provider exchanging the initial SOE Input file with AzCH-CCP and AzCH-CCP exchanging Status Reports with the providers.

*Please note that any mention of specific directories going forward in the document are referencing the standard Centene directory setup. Some providers may have had access to the SFTP prior to this standard going live and have a different SFTP directory setup. Please see the SFTP Crosswalk supplemental document for exact locations for each provider group.*

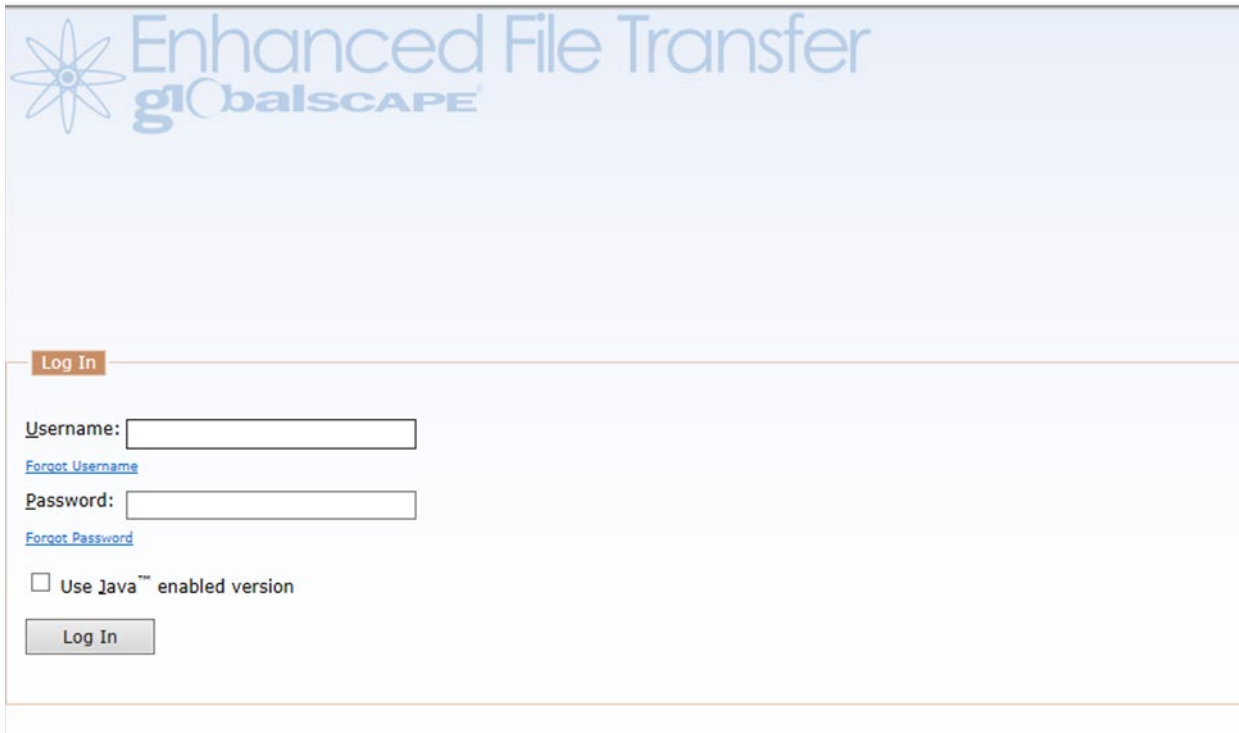
#### FACTS:

1. Former Care1st providers that are submitting files through AzCH for the first time, please continue to use your current Care1st sftp log in and drop locations. We will begin picking up the AzCH-CCP branded SOE files from this same location. This is to avoid additional log in and directories needing to be created.
  - a. If you are a provider that submitted files for BOTH AzCH-CCP and Care1st prior to the migration, please continue to use both SFTP logins to drop your files.
2. For examples of the SFTP and how it integrates with the full process, see the Work Process portion of Section V.
3. SOE Input File Process will depend on exchanging data files (in Excel format) through SFTP.
4. User accounts become disabled after 90 days of non-use.
5. Files sitting on SFTP will be deleted after 14 days.

**TIP:** Please be sure to pull your response files to avoid them being deleted!

6. Reminder, SFTP will be used for PRODUCTION ONLY.

7. If additional users need access to sftp or you are locked out of your account, please reach out to AzCH-CCP Enrollment team for assistance using the Technical Assistance Process detailed below.
8. If you need to connect to the sftp via a web browser. Log in with provided credentials: <https://sftp.centene.com/>



Enhanced File Transfer  
g1CalsCAPE

Log In

Username:

[Forgot Username](#)

Password:

[Forgot Password](#)

☐ Use Java™ enabled version

Log In

9. If you are connecting via FTP App (e.g CoreFTP, WinSCP, FileZilla) use the below connection properties (as necessary) when connecting:
  - a. Host/IP/URL: sftp.centene.com
  - b. Port: 22
  - c. Connection Type: SSH/SFTP

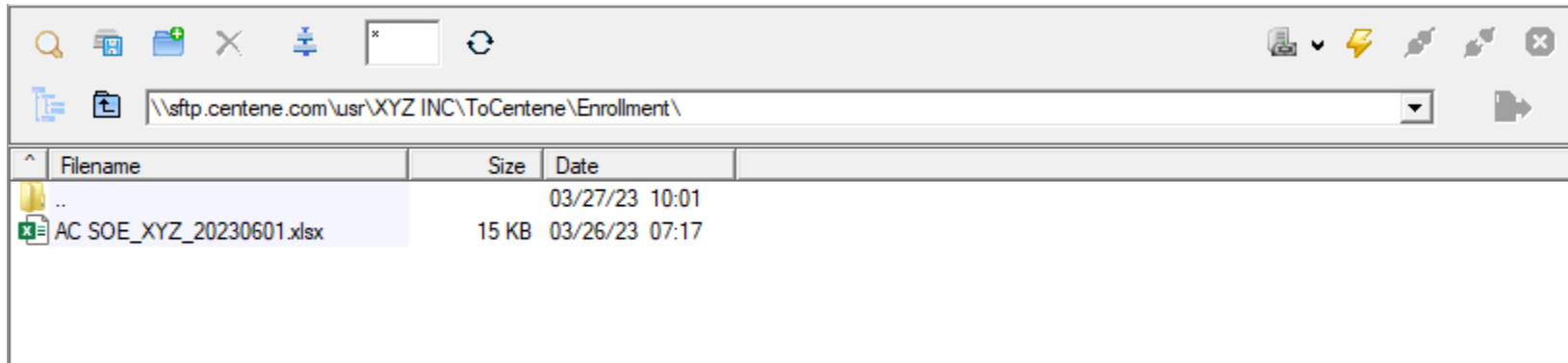
The image shows a configuration window for an SFTP connection. It includes fields for Site Name, Host / IP / URL (set to sftp.centene.com), Username (set to your username), Password (masked with dots), Port (22), Timeout (61), and Retries (2). There are checkboxes for Anonymous, Don't save password, and Retry On. The Connection Type is set to SSH/SFTP. The SSL Options section has checkboxes for SSL Listings, SSL Transfers, Clear (CCC), OpenSSL, and Windows SSL. At the bottom are buttons for Connect, Connect Manager, and Close.

Site Name	Site Name	
Host / IP / URL	sftp.centene.com	Advanced
Username	your username	<input type="checkbox"/> Anonymous
Password	.....	<input type="checkbox"/> Don't save password
Port	22	Timeout 61 Retries 2 <input type="checkbox"/> Retry On
<input checked="" type="checkbox"/> PASV <input type="checkbox"/> Use Proxy		
Connection Type	SSH/SFTP	
SSL Options		
<input checked="" type="checkbox"/> SSL Listings <input checked="" type="checkbox"/> SSL Transfers <input type="checkbox"/> Clear (CCC)		
<input type="checkbox"/> OpenSSL <input type="checkbox"/> Windows SSL		
Connect	Connect Manager	Close

#### 10. Dropping Files on SFTP:

- a. All users will be granted access to **ONLY** their associated Provider directory.
  1. **Inbound SOE Files**– Use the SFTP Crosswalk supplemental document for exact locations for each provider group to drop their inbound SOE files as directory set up may not be the same for each provider.
    - a. The **Inbound SOE file** directory for each provider will be swept once every business day at 7:00PM CST to pick up pending SOE input files.
    - b. Input files are deleted from directory after they are swept.

**TIP:** Examples included are from using the CoreFTP application and each user's view may vary. If using other application or web, the same directory structure will exist.



2. **Outbound SOE Reports** – Use the SFTP Crosswalk supplemental document for exact locations for each provider group to pick up their SOE related reports from AzCH-CCP as directory set up may not be the same for each provider.
  - a. SOE Status Reports will be dropped into each provider's listed Outbound SOE reports directory on the following schedule. **Please note exact delivery time of day is approximate depending on delivery volume.**
    - a. See section VI for more detail:
      - SOE Status Report – Every business day at 7:00PM CST
      - SOE Fatal Errors – Every Friday at 7:00PM CST
      - SOE Admin Term – Last business day of each month at 7:00PM CST

<div> <input type="text"/> </div> <div> <input type="text" value="\\sftp.centene.com\usr\XYZ INC\FromCentene\Responses\"/> </div>			
Filename	Size	Date	
..		03/27/23 10:01	
AC SOE ADMIN TERM_XYZ_20230...	9 KB	08/02/22 08:32	
AC SOE FATAL ERRORS_XYZ_202...	12 KB	03/26/23 07:07	
AC SOE STATUS_XYZ_20230601.x...	13 KB	03/26/23 07:08	

## IV. PROVIDER SOE INPUT FILE SPECIFICATIONS

**File Name Format:** AC SOE\_[Provider Id found in Valid Values list]\_YYYYMMDD.xlsx

*Example:*

AC SOE\_XYZ\_20230601.xlsx

**File Format:** Excel

**SFTP Drop Location:** See SFTP Crosswalk for exact location

**Daily AzCH-CCP File Pick Up:** 7:00PM CST

**Sample File Included with Training Documents:** AC SOE\_XYZ\_20230601.xlsx

**TIP:** Sample file can also be used as an input file template! Just replace the sample data and be sure to change the file name and contents to fit requirements!

### FACTS:

1. If using provided sample file as Template, all fields with an ORANGE colored column name are REQUIRED. GREY are optional or situational. Otherwise, use below input file specifications to determine which fields are required on each submission.
  - a. Note AHCCCS ID is only required if known upon submission. Providers SHOULD NOT create a dummy AHCCCS ID for new members or unknown AHCCCS IDs. The field should be left blank in these scenarios.

2. Please limit file submissions to one SOE file per provider group per day. If necessary, you can add a unique identifier to the end of your SOE file if multiple files need to be submitted per day, but this should be rare.

- a. Example of file unique identifier:

AC SOE\_XYZ\_20230601\_Tucson

AC SOE\_XYZ\_20230601\_Yuma

3. File names must be unique from all previous file submissions.
4. Please see section below on each field's requirements. Input Excel file will require a column header row.
  - a. **Field Name listed in specs should be exact column names (in order listed) on submitted Input File.**

#### INPUT FILE SPECIFICATIONS:

**\*Asterisk indicates special criteria**

Field Name	Max Field Size	Field Details	Requirement
Provider ID	3	-Provider group identifier. This will tie submitted record to a provider in order to send response files via SFTP.  -See Valid Values list below.	Required

Field Name	Max Field Size	Field Details	Requirement
Provider Internal System ID	*10	<p>-Unique ID created by the provider.</p> <p>-ID will be sent back on response files so provider can update their systems.</p> <p>-Each member should have a unique ID per provider to avoid submission issues.</p> <p>-Providers should use their provider ID at beginning of ID to avoid duplication issues. Example - Community Bridges starts all Provider Internal System IDs with 'CBI%%%%%%%%'</p> <p><b>-*Provider Internal System ID <u>MUST</u> be 10 characters in length. They should begin with the Provider ID as noted above and end with 7 additional characters (numbers or letters).</b></p>	Required
Submission Reason	1	<p>"A" for adds.</p> <p>-All submissions from providers will be considered 'Adds' until further notice.</p>	Required
Enrollment Begin Date	8	Date enrollment span begins in YYYYMMDD format	Required
Enrollment End Date	8	Date enrollment span ends in YYYYMMDD format	Required if end date is known, otherwise should be blank for open-ended enrollments.

Field Name	Max Field Size	Field Details	Requirement
AHCCCS ID	9	-Member's Medicaid ID (if known)  -Must begin with 'A' (case sensitive) and followed by 8 numbers	Required if known. MUST be blank if unknown or ID doesn't exist yet.
Last Name	20	Member's last name	Required
Suffix	4	Member Name Suffix	Optional
First Name	12	Member First Name	Required
Middle Initial	1	Member Middle Initial	Optional
Sex	1	Member Sex  M= Male F= Female	Required
Date of Birth	8	Member's DOB in YYYYMMDD format	Required
Residential Address 1	25	Member's Residential/Home address line 1	Required
Residential Address 2	25	Member's Residential/Home address line 2 Residential Address Line 1 must also be provided	Optional
Residential Address City	20	Member's Residential/Home address City	Required
Residential Address State	2	Member's Residential/Home address State.  2 digit State Code only! E.g. 'AZ'	Required
Residential Address Zip	5	Member's Residential/Home address zip code	Required
Residential Address Zip+4	4	Member's Residential/Home address zip code + 4 code	Optional
Residential Address County	2	Member's Residential/Home address county. See Valid Values list below.	Required

Field Name	Max Field Size	Field Details	Requirement
SSN	9	Member's SSN. Digits Only. If known, leave blank. Do not include a dummy id.	Optional
Race	3	Member's Race. See Valid Values list below.	Optional
Citizen Code	2	Member's Citizen Code. See Valid Values list below.	Optional
Ethnicity	2	Member's Ethnicity. See Valid Values list below.	Optional
Mailing Address 1	25	Member's Mailing address line 1 Residential Address must also be provided	Optional
Mailing Address 2	25	Member's Mailing address line 2 Mailing Address Line 1 must be provided	Optional
Mailing Address City	20	Member's Mailing address City	Optional
Mailing Address State	2	Member's Mailing address State 2-digit State Code only! E.g. 'AZ'	Optional
Mailing Address Zip	5	Member's Mailing address zip code	Optional
Mailing Address Zip + 4	4	Member's Mailing address zip code + 4 code	Optional
Residential Phone	10	-Member's Residential/Home Phone Number -Digits Only	Optional
Emergency Phone	10	-Member's Emergency Phone Number -Digits Only	Optional
Spoken Language	4	-Member's Spoken Language. -See Valid Values list below.	Required if Reading Language provided, otherwise optional

Field Name	Max Field Size	Field Details	Requirement
Reading Language	4	-Member's Written Language. -See Valid Values list below.	Required if Spoken Language provided, otherwise optional
Email Address	200	Member's email address	Optional
Care Of	35	Emergency Contact name for member e.g. guardian, fiduciary, etc.	Optional
SMI Indicator	1	-Indicates an adult with an AHCCCS approved SMI determination or a child with an AHCCCS approved SED determination.  <b>S = SMI</b> -Only sent for SMI adults aged $\geq 18$ .  <b>Z = SED</b> -Only sent for SED children aged $< 18$ . -Only sent for effective dates $\geq 20231001$	Optional

**VALID VALUES LIST:**

**Provider ID**

Input Value	Description
BAN	BANNER-UNIVERSITY HEALTH CARE
BLA	EASTERSEALS BLAKE FOUNDATION
CBI	COMMUNITY BRIDGES
CDL	CASA DE LOS NINOS
CHA	COMMUNITY HEALTH ASSOC
CIH	CHANGEPOINT INTEGRATED HEALTH
CMS	COMMUNITY MEDICAL SERVICES

Input Value	Description
COD	CODAC
CON	CONNECTIONS SOUTHERN AZ
COP	COPE INC.
CPI	COMMUNITY PARTNERS INTEGRATED HEALTHCARE
CPR	CRISIS PREPARATION AND RECOVERY
CRO	CROSSROADS MISSION
HAV	THE HAVEN
HHW	HORIZON HEALTH AND WELLNESS
HOP	HOPE INC
LFC	LAFRONTERA CENTER, INC.
MHC	MARANA HEALTH CARE
MMH	MOHAVE MENTAL HEALTH CLINIC INC
PAT	CLARVIDA
POL	POLARA
SBH	SOUTHWEST BEHAVIORAL HEALTH
SEA	SEABHS
SOL	SOLARI
SPE	SPECTRUM
TER	TERROS
TGC	THE GUIDANCE CENTER
TOU	TOUCHSTONE

**Residential Address County**

Input Value	County
01	Apache
03	Cochise
05	Coconino
09	Graham
11	Greenlee
15	Mohave
17	Navajo
19	Pima
23	Santa Cruz
25	Yavapai
27	Yuma
29	La Paz

**Race**

Input Value	Description
56	ASIAN INDIAN
58	OTHER ASIAN
2	ASIAN/PAC ISLAND
49	ASIAN UNKNOWN
4	BLACK
98	CUBAN/HAITIAN
38	CHINESE
6	CAUCASIAN/WHITE
37	FILIPINO
57	GUAM/CHAMORRO
9	NATIVE HAWAIIAN

Input Value	Description
7	HISPANIC
40	JAPANESE
41	KOREAN
99	MEXICAN AMERICAN (ADC ONLY)
100	MEXICAN NATIONAL (ADC ONLY)
8	NATIVE AMERICAN
20	NAT HAW OR OTHER PAC ISLND UNKNOWN
59	OTHER PACIFIC ISLANDER
15	OTHER
42	SAMOAN
82	UNKNOWN
92	UNSPECIFIED
46	VIETNAMESE

### **Citizen Code**

Input Value	Description
17	HOUSE BILL
18	NOT A CITIZEN
19	UNDOCUMENTED
5	US CITIZEN

### **Ethnicity**

Input Value	Description
57	CHICANO
6	CUBAN
58	MEXICAN-AMERICAN
10	MEXICAN
3	NON-HISPANIC

Input Value	Description
29	OTHER HISPANIC
13	PUERTO RICAN
54	UNKNOWN

**Languages (same code set for Written and Spoken fields)**

Input Value	Description
8309	ALBANIAN
8908	AMERICAN SIGN LANGUAGE
8311	AMHARIC
8313	ARABIC
8317	ARMENIAN
8798	CANTONESE
8358	CHINESE
8373	CROATIAN
8391	ENGLISH
8800	FARSI
8401	FILIPINO
8404	FRENCH
8915	GERMAN
8535	GREEK
8425	HAITIAN/CREOLE
8431	HINDI
8434	HMONG
8892	HOPI
8435	HUNGARIAN
8943	INDIAN (INDIA)
8449	ITALIAN
8450	JAPANESE
8923	KHMER

Input Value	Description
8479	KOREAN
8872	LAOTIAN
8821	MANDARIN
8701	MON-KHMER
8929	NATIVE AMERICAN
8928	NAVAJO
8842	OTHER
8898	POLISH
8581	PORTUGUESE
8591	RUSSIAN
8603	SERBIAN
8617	SOMALI
8623	SPANISH
8634	TAGALOG
8695	UNKNOWN/UNSPECIFIC
8672	VIETNAMESE
8941	YIDDISH

## V. PROVIDER SOE INPUT FILE SUBMISSION PROCESS (PRODUCTION)

Providers will initiate the SOE Process by submitting a SOE Input file to AzCH-CCP via SFTP.

### **FACTS:**

1. AzCH-CCP only accepts “add” SOE transactions. “Add” transactions are new SOE enrollment span dates for new or previously enrolled members that meet the SOE validation requirements on your requested SOE span dates.
  - a. If you have a “change” or “term” transaction, please see the Technical Assistance section on how to request on of these two transactions.
    - i. Please note that ACC-RBHAs can only send changes or terms to AHCCCS for active SOE that were opened by them.
  - b. “Change” and “term” transactions through the SOE input process will be a post Go-Live enhancement (ETA TBD).
2. It is expected that you will ensure that proper validation as described in the **FACTS** portion of Section I is being completed using AHCCCS Online to avoid invalid submissions which lead to production delays.
3. It is expected that AzCH-CCP will provide resolution on each submitted record via reporting on the SFTP within 10 business days whether the record was fully processed or rejected due to error. We will only send records that you have submitted and other providers will not see your submission statuses.
4. AzCH-CCP turnaround times for SOE Input file status and resolution begin the business day after you submit the input file.
  - a. If an input file is dropped on SFTP on Monday, the turnaround time would begin Tuesday.

## WORK PROCESS:

**LINK:** See Section VIII for examples of how a provider would work this process: [Provider SOE Input File Work Process](#)

Providers will use the SOE Input file to request enrollment spans for eligible State Only services. See File Specifications section for more information on file layouts and processing edits. AzCH-CCP will also provide a SOE Input File template for any providers that will be managing this process manually.

1. You will drop your SOE input file onto the designated SFTP directory.
2. AzCH-CCP automated jobs will sweep SFTP and pull any SOE input files at 7:00PM CST every business day.
3. AzCH-CCP Enrollment team will review files and submit any accepted records to AHCCCS for processing.
4. AHCCCS will send response files back to AzCH-CCP within 2 business days.
5. AzCH-CCP will load any AHCCCS accepted records to systems for Claims submissions within 48 hours of notification from AHCCCS.
6. AzCH-CCP will provide Status Report(s) to you for each submitted record in their designated SFTP directory. You will use Reports to update statuses in your system and/or perform further action. See Status Reports section for more information and specifications for Status Reports.
7. If record needs to be resubmitted due to an 'Error Pending' or 'Rejected' message on the status file, resend record on your next file with the corrected data if needed!
  - a. Ensure you are using the same Provider ID and Provider Internal ID to match your previous submission!

## VI. SOE STATUS REPORTS SPECIFICATIONS

AzCH-CCP will provide frequent SOE Status Reports for providers to utilize in their processes. Each of the three reports are described below.

### SOE Input File Status Report

**File Name Format:** AC SOE STATUS\_[Provider ID]\_YYYYMMDD.xlsx

**File Format:** Excel

**SFTP Drop Location:** See SFTP Crosswalk for exact location

**File Drop Schedule:** Monday-Friday 7:00PM CST

### **FACTS:**

1. Report provides a status of each provider's submitted SOE records.
2. Allow 2 business days for submissions to show on their first SOE Status Report.
3. Allow 2 business days for submissions to fall off future reports once they show up in an Accepted, Error Pending or Rejected status.
4. Other than Status and Error Message, all data on report is generated from the input file the record was received on.
5. Any active 'Error Pending' record will be voided in the system if no action is taken within 10 business days. Provider and their assigned AzCH-CCP Provider Engagement rep will be notified via email in case additional training is needed. Record will not process any further.

**REPORT SPECIFICATIONS:**

Report field list	Report field note
Provider ID	
Provider Internal System ID	
Submission Reason	“A” = Add “C” = Change (from provider email requests, not input files!) “T” = Term (from provider email requests, not input files!)
Enrollment Begin Date	YYYYMMDD
Enrollment End Date	YYYYMMDD
AHCCCS ID	Member Medicaid ID
Last Name	
First Name	
Sex	
Date of Birth	YYYYMMDD
SOE Status	See Valid Values List Below
Error Message	-Received on 'Rejected' and 'Error Pending' statuses -Any special notes from AzCH-CCP for other statuses to provider may also be included in this field if needed

**VALID VALUES LIST:**

SOE Status	Description	Responsible for Next Steps
New Pending	Add record received by AzCH-CCP that is new to our internal systems and is pending RBHA review.	AzCH-CCP
Change Pending	Add record received by AzCH-CCP that is being reinstated or inserted to an existing member in our internal systems and is pending RBHA review.	AzCH-CCP
Error Pending	<ul style="list-style-type: none"> <li>– Record rejected by AzCH-CCP due to missing data (with error message describing error.)</li> <li>-Providers are required to resubmit corrected enrollment request on future file.</li> <li>-Ensure that same Provider ID and Provider Internal System ID are used on resubmission to tie submissions together.</li> </ul>	Provider
Approved	Record approved by AzCH-CCP and pending submission to AHCCCS.	AzCH-CCP
Rejected	<ul style="list-style-type: none"> <li>-Record rejected by AzCH-CCP during RBHA review.</li> <li>-Rejections by RBHA are typically due to qualification issues (e.g. member already enrolled with AzCH-CCP, enrolled with another plan, etc.)</li> <li>-Record cannot be resubmitted unless member's AHCCCS enrollment status changes and becomes SOE eligible.</li> </ul>	Provider
Sent	Record sent to AHCCCS and awaiting approval.	AHCCCS
Accepted	<ul style="list-style-type: none"> <li>-Record passed AHCCCS review and has successfully been loaded to AzCH-CCP systems.</li> <li>-Claims can be submitted for approved enrollment period.</li> </ul>	Provider

## SOE Input Fatal Errors Report

**File Name Format:** AC SOE FATAL ERRORS\_[Provider ID]\_YYYYMMDD.xlsx

**File Format:** Excel

**SFTP Drop Location:** See SFTP Crosswalk for exact location

**File Drop Schedule:** Friday 7:00PM CST

### **FACTS:**

1. There are instances when a record will not be loaded at all to the AzCH-CCP system but will not show on the SOE Status report. These are due to issues that would not allow an enrollment/member record to be built, such as:
  - Enrollment Start Date Missing
  - SOE Enrollment date overlaps an existing current enrollment span
  - Provider ID and Provider Internal System ID not matching an existing 'Error Pending' upon re-submission.
  - Provider ID and Provider Internal System ID empty
2. You will need to determine next steps for member enrollment.
3. No file will be provided if provider does not have Fatal Errors that week.

**REPORT SPECIFICATIONS:**

Field Names	Details
PROVIDER ID	
PROVIDER INTERNAL SYSTEM ID	
AHCCCS ID	If available
LAST NAME	
FIRST NAME	
SEX	
DOB	YYYYMMDD
ENROLLMENT BEGIN DATE	YYYYMMDD
ENROLLMENT END DATE	YYYYMMDD
ERROR MESSAGE	

## SOE Administrative Termination Report

**File Name Format:** AC SOE ADMIN TRM\_[Provider ID]\_YYYYMMDD.xlsx

**File Format:** Excel

**SFTP Drop Location:** See SFTP Crosswalk for exact location

**File Drop Schedule:** Last business day of each month at 7:00PM CST.

### **FACTS:**

1. AHCCCS requires RBHAs to administratively term any active SO member without utilization in the past 120 days.
2. AzCH-CCP will term any active SO member without claims activity within the past 120 days monthly.
3. List to be provided to you for informational purposes after enrollments have been terminated.
4. List will only include SOE that were submitted by your provider group.

### **REPORT SPECIFICATIONS:**

Field Names	Details
AHCCCS ID	
LAST NAME	
FIRST NAME	
SEX	
DOB	YYYYMMDD
ENROLLMENT BEGIN DATE	YYYYMMDD

Field Names	Details
ENROLLMENT END DATE	YYYYMMDD
LAST CLAIM DOS	YYYYMMDD (will be blank if none exist)
LAST PHARMACY DOS	YYYYMMDD (will be blank if none exist)

## VII. TECHNICAL ASSISTANCE

If technical assistance is needed for SOE Input File submission or any other enrollment data related concern, please send an email to the AzCH-CCP Enrollment team for assistance.

### FACTS:

1. [AzCHEnrollment2@Azcompletehealth.com](mailto:AzCHEnrollment2@Azcompletehealth.com)
  - a. Please ensure that this inbox is in the 'To' line.
2. Ensure all messages are sent securely to protect PHI.
3. For production, this inbox is only to be used for technical assistance for following issues. All other requests will be sent back to sender to reach out to Provider Network Management for assistance if necessary.
  - a. **SOE Input file submission issue**
    - i. Subject line should begin with "AzCH-CCP SOE Issue"
    - ii. Be sure to provide below information for ALL records/members.
      1. Member AHCCCS ID (If Known)
      2. Provider Internal System ID
      3. Provider ID
      4. Member First/Last Name
      5. Member DOB
      6. SOE Start Date
      7. SOE End Date
      8. SOE Input File Name record submitted on (if relevant to issue)
      9. Error/Rejection message received back on SOE Status report that you need assistance with (If relevant to issue)
      10. Detail on issue you are experiencing
  - b. **SOE Input file Change request.** If you need to make any changes to an ACTIVE AzCH-CCP SO Member's demographics (Name, DOB, etc.), please send request via email.
    - i. Subject line should begin with "AzCH-CCP SOE Change"
    - ii. Be sure to provide below information for ALL records/members.
      1. Member AHCCCS ID

2. Provider Internal System ID
3. Provider ID
4. Member Current AHCCCS First/Last Name
5. Member Current DOB
6. SOE Start Date
7. Detail what change is needed
- iii. All changes will be made effective the date of submission.
- iv. Change can only be made by provider that submitted initial SOE request. AzCH-CCP will advise if this is not the case in the email response and which provider to coordinate the change with.
- c. **SOE Input file Term request.** If you need to terminate any ACTIVE AzCH-CCP SO Member, please send request via email.
  - i. Subject line should begin with “AzCH-CCP SOE Term”
  - ii. Be sure to provide below information for ALL records/members.
    1. Member AHCCCS ID
    2. Provider Internal System ID
    3. Provider ID
    4. Member Current AHCCCS First/Last Name
    5. Member Current DOB
    6. SOE Start Date
    7. SOE End Date – only same day terminations are allowed.
  - iii. Term request can only be made by provider that submitted initial SOE request. AzCH-CCP will advise if this is not the case in the email response and which provider to coordinate the change with.
- d. **“Crisis” Input file submission issue**
  - i. Subject line should begin with “AzCH-CCP Crisis”
  - ii. Be sure to provide below information for ALL records/members.
    1. Member AHCCCS ID (If Known)
    2. Provider Internal System ID
    3. Member First/Last Name
    4. Member DOB
    5. “Crisis” Start Date
    6. “Crisis” End Date
    7. “Crisis” Input File Name record submitted on (if relevant to issue)

8. Error/Rejection message received back on Crisis Status report that you need assistance with (if relevant to issue)
  9. Detail on issue you are experiencing
- e. **AHCCCS/AzCH-CCP Enrollment Portal discrepancies**
- i. Subject line should begin with “AHCCCS/AzCH-CCP Enrollment Portal Issue”
  - ii. Be sure to provide below information for ALL records/members.
    1. Member AHCCCS ID (If Known)
    2. Member First/Last Name
    3. Member DOB
    4. Enrollment Start Date
    5. Enrollment End Date
    6. Detail on issue you are experiencing
- f. **SFTP New User Request:** For users that will need to submit SOE or “Crisis” input files.
- i. Subject line should begin with “AzCH-CCP SFTP New User”
  - ii. Be sure to provide below information for ALL records/members.
    1. New user’s first and last name
    2. New user’s email address
    3. New user’s associated Provider
    4. New user’s business phone number
  - iii. New user will receive log in credentials from ‘GlobalScape’ email once completed.
- g. **SFTP Account Password Reset Request:** To be used to refresh user log in due to inactivity or too many incorrect login attempts.
- i. Subject line should begin with “AzCH-CCP SFTP Password Reset”
  - ii. Be sure to provide below information for ALL records/members.
    1. User’s first and last name
    2. User’s email address (this can be a group email address and does not need to be an individual’s email)
    3. User’s associated Provider
    4. User’s business phone number
    5. User’ login/username (do not send password!)
  - iii. New user will receive new password from ‘GlobalScape’ email once completed.

4. Please only send one email per specific issue type.
  - a. You can include multiple members in each individual email for a specific issue type. Just add all the required data per issue into an Excel spreadsheet for easier access and review!
5. Expect a response from an Enrollment team representative within 5 business days.
  - a. Are any processing or email responses not meeting promised turn around?
    - i. Escalate to your assigned Provider Engagement Representative so it can be routed appropriately.

## VIII. REFERENCES

See below for screen prints and examples of topics discussed in this Process Guide.

### 1. SECTION I – INTRODUCTION

#### A. SOE Eligibility Examples

##### *a. Scenario: Member Not Found on AHCCCS Online Portal – Non -SED member*

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/1/2022 for SMI Member Michael Smith, DOB 1/2/1995, M.

**Research:** Member searched in Name/DOB search using data provided and adjusting name (Mike, Smith Jr, Smith II, etc) with no matches

## Member Eligibility Verification: Recipient Search

\* indicates required fields

Recipient Search

Search For:

☒ RECIPIENT☐ NEWBORN

Search By:

☐ AHCCCS ID and DOB  
☐ LAST NAME, DOB and SSN  
☐ AHCCCS ID, NAME and DOB  
☐ AHCCCS ID, LAST and FIRST NAME and DOB  
☒ LAST and FIRST NAME & DOB  
☐ LAST and FIRST NAME, DOB & SSN  
☐ LAST and FIRST NAME, DOB & MEDICARE CLAIM NUMBER

Search Fields

Last Name:\*

First Name:\*

Date of Birth:\*(MM/DD/YYYY)

Date of Services (DOS)

Begin Date:

End Date:

INVALID/MISSING SUBSCRIBER/INSURED ID

•The verification will be p  
•The Begin Date of Servic  
•The End Date of Service  
•For hospital provider typ  
•For all other provider tyg

**Result:** SOE request can be submitted to AzCH-CCP.

b. Scenario: Member Not Found on AHCCCS Online Portal – SED member

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/1/2024 for SED Member Jane Smith, DOB 1/2/2015, F.

**Research:** Member searched in Name/DOB search using data provided with no matches

Member Eligibility Verification: Recipient Search

\* indicates required fields

Recipient Search

Search For:

☒ RECIPIENT
 ☐ NEWBORN

Search By:

☐ AHCCCS ID and DOB
 ☐ LAST NAME, DOB and SSN
 ☐ AHCCCS ID, NAME and DOB
 ☐ AHCCCS ID, LAST and FIRST NAME and DOB
 ☒ LAST and FIRST NAME & DOB
 ☐ LAST and FIRST NAME, DOB & SSN
 ☐ LAST and FIRST NAME, DOB & MEDICARE CLAIM NUMBER

Search Fields

Last Name:\*

SMITH

First Name:\*

JANE

Date of Birth:\*

01/02/2015

(MM/DD/YYYY)

Date of Services (DOS)

Begin Date:

10/01/2024

End Date:

10/29/2024

INVALID/MISSING SUBSCRIBER/INSURED ID

Search

Clear

•The verification will be processed for today's date, if dates of services are not provided.  
 •The Begin Date of Service must be less than or equal to today.  
 •The End Date of Service can be in the past or up to 30 days in the future.  
 •For hospital provider types: Begin Date of Service to End date of service can have an unlimited date range.  
 •For all other provider types: The Begin Date of Service can be 36 months prior to today's date. Begin Date of !

**Result: As Member is SED and does not have an active SOE, provider should not submit SOE. AzCH-CCP will submit the SOE to AHCCCS.**

c. *Scenario: Member Found on AHCCCS Online Portal, but no active eligibility*

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/1/2022 for member found on AHCCCS Online portal.

**Research:** Member searched by AHCCCS ID/DOB and found termed effective 7/31/2022.

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Eligibility Renewal Date					
Eligibility Renewal Date:	05/31/2023				

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
ACUTE	MC MEDICAID	05/01/2021	07/31/2022	04/18/2021	

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
010422 AZ COMPLETE HEALTH CARE	05/01/2021	07/31/2022	3716 - ADULT <40% EXP MALE 21-44 NO MDC	A ACC/CAP	HM HEALTH MAINTENANCE ORGANIZATION (HMO)
<a href="#">+ Service Type Codes</a>					

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	05/16/2020	07/31/2022	51 ARIZONA COMPLETE HEALTH	CH MENTAL HEALTH FACILITY - OUTPATIENT

**Result: SOE request can be submitted to AzCH-CCP.**

d. Scenario: Member Found on AHCCCS Online Portal with active eligibility with an ACC Plan

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/1/2022 for member found on AHCCCS Online portal.

**Research:** Member searched by AHCCCS ID/DOB and found active enrollment with an ACC plan effective 8/1/2022

Eligibility Renewal Date					
Eligibility Renewal Date:	08/31/2023				

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
ACUTE	MC MEDICAID	07/01/2022		06/03/2022	

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
010306 MERCY CARE PLAN	08/01/2022		3918 - NEWLY ELIGIBLE M&F 45-64 NO MDC	A ACC/CAP	HM HEALTH MAINTENANCE ORGANIZATION (HMO)
<a href="#">+ Service Type Codes</a>					

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	08/01/2022		54 MERCY CARE PLAN	CH MENTAL HEALTH FACILITY - OUTPATIENT

**Result:** SOE request should not be submitted to AzCH-CCP as member is enrolled with ACC Plan. Work with RBHA of record for claims submission or determine if “Crisis” enrollment request needs to be submitted to AzCH-CCP for DOS instead.

e. Scenario: Member Found on AHCCCS Online Portal with active FFS eligibility

**Test Member Case:** Provider wants to submit SOE effective 5/1/2022-5/31/2022 for member found on AHCCCS Online portal.

**Research:** Member searched by AHCCCS ID/DOB and found FFS Enrollment span effective 5/23/2022-5/31/2022

Eligibility Renewal Date	
Eligibility Renewal Date:	08/31/2022

Eligibility				
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	12/01/2021		11/19/2021

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
008690 FFS TEMPORARY <a href="#">+ Service Type Codes</a>	05/23/2022	05/31/2022	3517 - ADULT 40-100% FEMALE 21-44 NO MDC	E ACC/FFS	MC MEDICAID

Behavioral Health Services	
NO BHS ENROLLMENT	

**Result:** SOE request should not be submitted to AzCH-CCP with the dates provided as member is FFS for part of the requested enrollment dates. Provider would need to submit services with DOS 5/23/2022-5/31/2022 through the AHCCCS FFS process. Provider would also want to adjust SOE enrollment dates to not overlap the FFS enrollment. SOE could be submitted with SOE dates of 5/1/2022-5/22/2022. Also, since the requested DOS is prior to 10/1/2022, the request would also be rejected for this reason.

f. Scenario: Member Found on AHCCCS Online Portal with active eligibility with an LTC Plan

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/1/2022 for member found on AHCCCS Online portal.

**Research:** Member searched by AHCCCS ID/DOB and found active enrollment with an LTC plan effective 3/22/2018.

Eligibility Renewal Date				
Eligibility Renewal Date:	01/31/2023			

Eligibility				
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
LTC	LC LONG TERM CARE	10/01/2017		03/22/2018

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
190033 TOHONO O'ODHAM	03/22/2018		2210 - SSI DISABLED NON-MEDICARE	P LTC/CAP/PAR	MC MEDICAID
+ Service Type Codes					

Behavioral Health Services	
NO BHS ENROLLMENT	

**Result:** SOE request should not be submitted to AzCH-CCP as member is enrolled with ACC Plan. Work with Plan of record for claims submission or determine if “Crisis” enrollment request needs to be submitted to AzCH-CCP for DOS instead.

g. *Scenario: Member Found on AHCCCS Online Portal with active eligibility with T/RBHA*

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/1/2022 for member found on AHCCCS Online portal.

**Research:** Member searched by AHCCCS ID/DOB and found active enrollment with a T/RBHA effective 3/1/2019.

Eligibility Renewal Date					
Eligibility Renewal Date:	02/28/2023				

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
ACUTE	MC MEDICAID	03/01/2022		02/09/2022	

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP <a href="#">+ Service Type Codes</a>	03/01/2022		1128 - TANF EXPANDED 45-64 M&F W/QMB	E ACC/FFS	MC MEDICAID

Behavioral Health Services					
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type	
S SMI	03/01/2019		14 NAVAJO NATION	CH MENTAL HEALTH FACILITY - OUTPATIENT	

**Result:** SOE request should not be submitted to AzCH-CCP as member is enrolled with a T/RBHA for BH Services. Work with T/RBHA for claims submission or determine if “Crisis” enrollment request needs to be submitted to AzCH-CCP for DOS instead.

*h. Scenario: Member Found on AHCCCS Online Portal with active eligibility with AIHP*

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/1/2022 for member found on AHCCCS Online portal.

**Research:** Member searched by AHCCCS ID/DOB and found active enrollment with an AIHP effective 7/29/2022.

Eligibility Renewal Date					
Eligibility Renewal Date:	08/31/2023				

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
ACUTE	MC MEDICAID	07/01/2019		08/02/2019	

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP <a href="#">+ Service Type Codes</a>	07/29/2022		1016 - TANF 21-44 MALE NON-MEDICARE	E ACC/FFS	MC MEDICAID

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	07/29/2022		98 AMERICAN INDIAN HLTH PROGRAM	CH MENTAL HEALTH FACILITY - OUTPATIENT

**Result:** SOE request should not be submitted to AzCH-CCP as member is enrolled with AIHP. Work with AIHP for claims submission or determine if “Crisis” enrollment request needs to be submitted to AzCH-CCP for DOS instead.

- i. Scenario: Member Found on AHCCCS Online Portal with active State Only eligibility with a RBHA.

**Test Member Case:** Provider wants to submit SOE effective 8/1/2022 for member found on AHCCCS Online portal.

**Research:** Member searched by AHCCCS ID/DOB and found active State Only enrollment with a RBHA effective 7/28/2022.

Eligibility Renewal Date	
Eligibility Renewal Date:	

Eligibility				
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
BEHAVIORAL HEALTH STATE O	MC MEDICAID	07/24/2022		07/28/2022

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
NONAHC NON-AHCCCS	07/28/2022		S000 - STATE-ONLY BHS	9 NON/AHC	MC MEDICAID

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	07/28/2022		39 CIC<10-1/AZCOMPHTH NON19>10-1	CH MENTAL HEALTH FACILITY - OUTPATIENT

**Result:** SOE request should not be submitted to AzCH-CCP as member is enrolled with AzCH-CCP as State Only. Claims can be submitted for member without an additional enrollment.

- j. Scenario: Incarcerated Member Found on AHCCCS Online Portal with Active Eligibility

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/1/2022 for member found on AHCCCS Online portal.

**Research:** Member searched by AHCCCS ID/DOB and found ACC enrollment from 3/11/2022-7/28/2022. Member enrollment was suspended on 7/29/2022 due to incarceration.

Eligibility Renewal Date					
Eligibility Renewal Date:	02/28/2023				

Eligibility				
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	02/01/2020		02/20/2020

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
CTYPRI NO PAYMENT	07/29/2022		3718 - ADULT <40% EXP M&F 45-64 NO MDC	1 NO/PMT	OT OTHER
<b>CTYPRI indicates:</b> <ul style="list-style-type: none"> <li>This AHCCCS member's enrollment was temporarily suspended.</li> <li>This member will be automatically re-enrolled with the previous health plan upon reinstatement.</li> <li>Reinstatement typically occurs within 24-48 hours from the time AHCCCS receives information that the member can be reinstated and the effective date is retro to the date the member file is received.</li> <li>If you have questions or concerns about this member's enrollment, please note the reinstated status will appear on the online enrollment once received and processed</li> </ul>					
010422 AZ COMPLETE HEALTH CARE	03/11/2022	07/28/2022	3717 ADULT <40% EXP FEMALE 21-44 NO MDC	A ACC/CAP	HM HEALTH MAINTENANCE ORGANIZATION (HMO)
<a href="#">+ Service Type Codes</a>					

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	03/11/2022	07/28/2022	51 ARIZONA COMPLETE HEALTH	CH MENTAL HEALTH FACILITY - OUTPATIENT

**Result:** SOE can be submitted with start date of 10/1/2022 as SOE can be submitted while the member enrollment is suspended due to incarceration.

k. *Scenario: Member Found on AHCCCS Online Portal with Active QMB Medicare Savings Eligibility*

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/1/2022 for member found on AHCCCS Online portal.

**Research:** Member searched by AHCCCS ID/DOB and found active QMB enrollment effective 12/26/2021.

Eligibility Renewal Date				
Eligibility Renewal Date:	02/28/2023			

Eligibility				
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
QMB	QM QUALIFIED MEDICARE BENEFICIARY	03/01/2020		02/12/2020

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
008715 AHCCCS QMB - ONLY <a href="#">+ Service Type Codes</a>	12/26/2021		8020 - QMB ONLY	8 NON/PAY	MP MEDICARE PRIMARY

Behavioral Health Services	
NO BHS ENROLMENT	

**Result:** SOE request can be submitted to AzCH-CCP as SOE can be submitted when member is enrolled in QMB Medicare Savings Program.

1. *Scenario: Member Found on AHCCCS Online Portal with suspended TXIX eligibility due to incarceration and SED (Z) BHS Category*

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/1/2024 for member found on AHCCCS Online portal.

**Research:** Member searched by AHCCCS ID/DOB and found termed effective 9/30/2024

			Medical Enrollment
Health Plan ID/Description	Period Start	Period End	Rate Code
CTYPRI NO PAYMENT	10/01/2024		2210 - SSI DISABLED NON-MEDICARE
CTYPRI indicates: <ul style="list-style-type: none"> <li>This AHCCCS member's enrollment was temporarily suspended.</li> <li>This member will be automatically re-enrolled with the previous health plan upon reinstatement.</li> <li>Reinstatement typically occurs within 24-48 hours from the time AHCCCS receives information that the member can be reinstated and the effective date is retro to the date the member file is received.</li> <li>If you have questions or concerns about this member's enrollment, please note the reinstated status will appear on the online enrollment once received and processed</li> </ul>			
010422 AZ COMPLETE HEALTH CARE	04/13/2024	09/30/2024	2210 SSI DISABLED NON-MEDICARE
<a href="#">+ Service Type Codes</a>			

			Behavioral Health Services
BHS Category	Begin Date	End Date	BHS Site
Z SED CHILDREN	05/29/2024	09/30/2024	51 ARIZONA COMPLETE HEALTH
AZ State Behavioral Health Services NO SBH FOUND			

**Result:** SOE request can be submitted to AzCH-CCP by provider as member has lapse in eligibility and was previously determined SED in the current SED determination process as seen with the BHS category of 'Z'

m. *Scenario: Member undergoing SED Determination Found on AHCCCS Online Portal with termed TXIX eligibility and C BHS Category*

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/22/2024 for member that is currently undergoing an SED determination and is found on AHCCCS Online portal.

**Research:** Member searched by AHCCCS ID/DOB and found termed effective 10/21/2024

		Eligibility
Eligibility Group Description	Insurance Type	
ACUTE	MC MEDICAID	

			Medical Enrollment
Health Plan ID/Description	Period Start	Period End	Rate Code
010422 AZ COMPLETE HEALTH CARE	05/01/2024	10/21/2024	4312 - SOBRA CHILD 01-05 M & F NON-MEDICARE
<a href="#">+ Service Type Codes</a>			

Behavioral Health Services		
<b>BHS Category</b>	<b>Begin Date</b>	<b>End Date</b>
C CHILDREN SERVICES	04/15/2023	10/21/2024
		<b>BHS Site</b>
		51 ARIZONA COMPLETE HEALTH

**Result: Provider should not submit SOE as member is undergoing SED determination. This SOE will be submitted to AHCCCS by AzCH-CCP.**

## 2. PROVIDER SOE INPUT FILE WORK PROCESS

- a. *Scenario: Provider needs to send SOE input file to AzCH-CCP after validating that all records on file pass validation requirements.*

*Sample files displayed will be provided with training materials.*

- i. Provider will create a SOE Input file to submit to AzCH-CCP. *Example file name AC SOE\_XYZ\_20221001.xlsx*

AutoSave

FileHomePivotChart AnalyzeInsertDrawPage LayoutFormulasDataReviewViewDeveloperDesignFormatHelp

Calibri11A<sup>+</sup>A<sup>-</sup>

General

NormalBadGoodNeutralCalculation

Check cellExplanatory...Followed by...HyperlinkInput

InsertDeleteFormat

AutoSumFillFilterClear

Sort & FilterFind & Select

Analyze DataSensitivity

AnalysisSensitivity

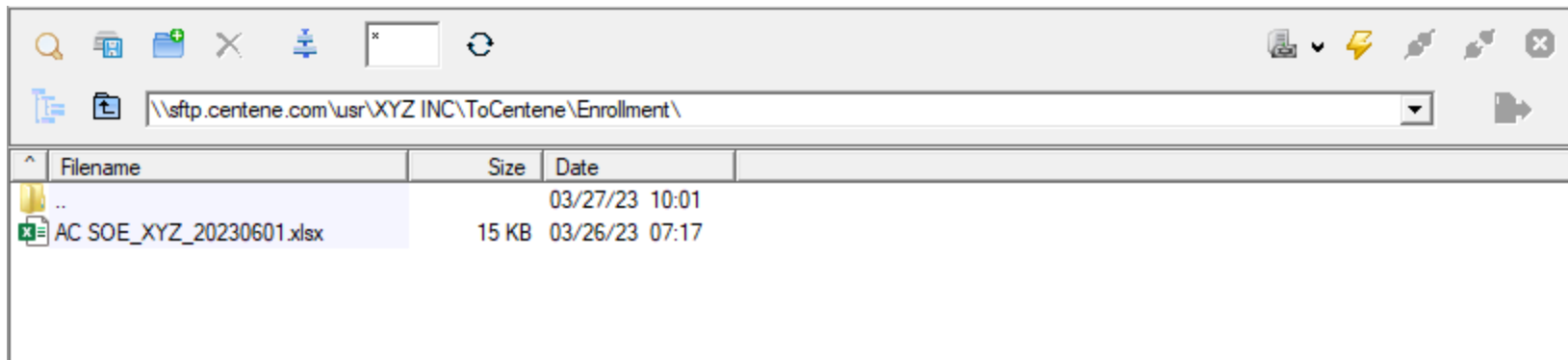
CommentsShare

A2

XYZ

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	
1	Provider ID	Provider Internal System ID	Submission Reason	Enrollment Begin Date	Enrollment End Date	AHCCCS ID	Last Name	Suffix	First Name	Middle Initial	Sex	Date of Birth	Residential Address 1	Residential Address 2	Residential Address City	Residential Address State	Residential Address Zip	Residential Address Zip+4	Residential Address County	SSN	Race	Citizen Code	Ethnicity	Mailing Address 1
2	XYZ	XYZ20000001		20230601		A20330237	ARCHTEST		XELP		M	20100112	5677 Burnett Road		TUCSON	AZ	85705	19		43				
3	XYZ	XYZ20000002		20230601			FLAGTEST		TAG		M	19870527	766 North Broadway Street		TUCSON	AZ	85705	19		57				
4	XYZ	XYZ20000003		20230901			APPLETEST		YESH		F	20081222	432 South Highway		NOGALES	AZ	85621	23		55550611	6	17		232 Calle Real
5	XYZ	XYZ20000004		20230601			TRIMTEST		GRAB		F	19880304	78 El Camino Real		SAFFORD	AZ	85546	03		5			10	
6	XYZ	XYZ20000005		20230601		A20330220	BLINKTEST		ZARN		M	19890518	935 French Camp Turnpike Road		YUMA	AZ	85364	27		18				
7	XYZ	XYZ20000006		20230601			BOXKRETEST		YALLN	A	M	20051229	87 North Ventu Park Road			AZ	85346	29		40				
8	XYZ	XYZ20000007		20230601			OWLTEST		KRAIN		M	19840425	987 Cabrillo Highway		CLIFTON	AZ	85533	11		41			3	
9	XYZ	XYZ20000008		20230601			OTHERTEST		KORR		F	19841231	345 Katella Avenue		SIERRA VISTA	AZ	85613	03		62				89 Carpinteria Nor
10	XYZ	XYZ20000009		20230601			BRICKTEST		ZUCK		F	19891003	56 Carpinteria Avenue		TUCSON	AZ	85705	19		15			19	
11	XYZ	XYZ20000010		20230601			CRASHTEST		WELT		M	20110213	89 Carpinteria North		TUCSON	AZ	85705	19		6				
12	XYZ	XYZ20000011		20230601			BLINKTEST		ZARN		M	19890518	935 French Camp Turnpike Road		TUCSON	AZ	85705	19		7			5	

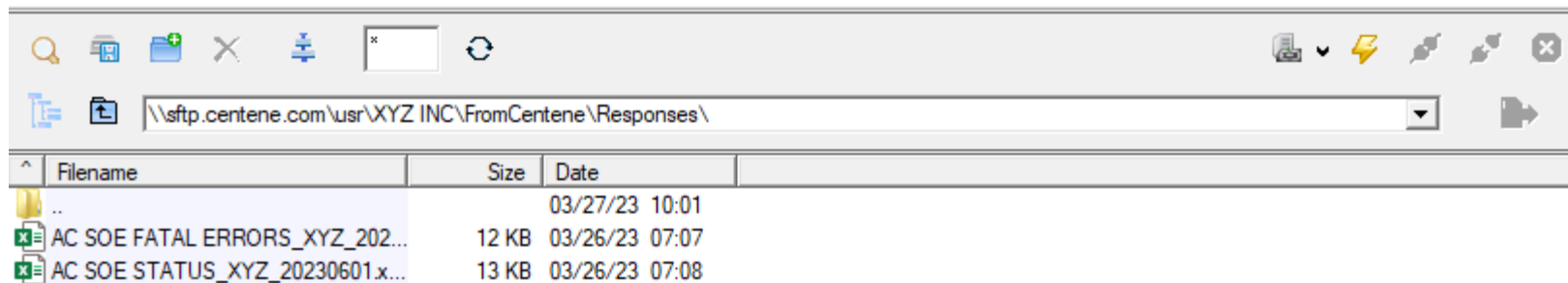
- ii. Provider will drop input file onto designated SFTP directory.



The screenshot shows an SFTP client interface. The address bar displays the path: \\sftp.centene.com\usr\XYZ INC\ToCentene\Enrollment\. Below the address bar is a table listing files and directories.

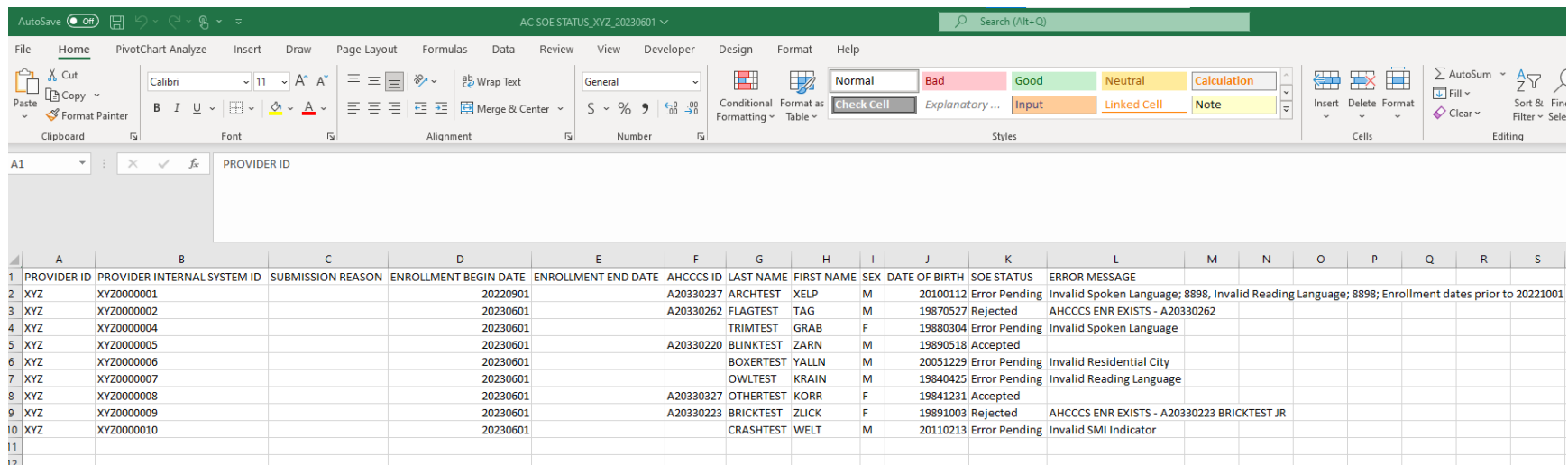
Filename	Size	Date
..		03/27/23 10:01
AC SOE_XYZ_20230601.xlsx	15 KB	03/26/23 07:17

- iii. AzCH-CCP automated jobs will sweep SFTP every business day at 7:00PM CST to pull any submitted files.
- iv. AzCH-CCP Enrollment team will process submitted Input files into internal enrollment systems and review/validate all received records in the AHCCCS systems.
  - i. Records that pass validation, will be forwarded to AHCCCS for review and processing on their end.
  - ii. Records that fail validation will not be forwarded to AHCCCS and will be sent back to provider on SOE Status Report.
- v. AHCCCS will review and process received SOE records in their system and send response files back to AzCH-CCP typically within 2 business days.
- vi. AzCH-CCP will load response files to internal Enrollment systems.
- vii. AzCH-CCP will provide response reports to providers on designated directory.



Filename	Size	Date
..		03/27/23 10:01
AC SOE FATAL ERRORS_XYZ_202...	12 KB	03/26/23 07:07
AC SOE STATUS_XYZ_20230601.x...	13 KB	03/26/23 07:08

- SOE Status – Daily report will contain the current status of any pending SOE records that were submitted by the provider. *Example file name AC SOE STATUS\_XYZ\_20230601.xlsx*



PROVIDER ID	PROVIDER INTERNAL SYSTEM ID	SUBMISSION REASON	ENROLLMENT BEGIN DATE	ENROLLMENT END DATE	AHCCCS ID	LAST NAME	FIRST NAME	SEX	DATE OF BIRTH	SOE STATUS	ERROR MESSAGE
XYZ	XYZ0000001		20220901		A20330237	ARCHTEST	XELP	M	20100112	Error Pending	Invalid Spoken Language; 8898, Invalid Reading Language; 8898; Enrollment dates prior to 20221001
XYZ	XYZ0000002		20230601		A20330262	FLAGTEST	TAG	M	19870527	Rejected	AHCCCS ENR EXISTS - A20330262
XYZ	XYZ0000004		20230601			TRIMTEST	GRAB	F	19880304	Error Pending	Invalid Spoken Language
XYZ	XYZ0000005		20230601		A20330220	BLINKTEST	ZARN	M	19890518	Accepted	
XYZ	XYZ0000006		20230601			BOXERTEST	YALLN	M	20051229	Error Pending	Invalid Residential City
XYZ	XYZ0000007		20230601			OWLTEST	KRAIN	M	19840425	Error Pending	Invalid Reading Language
XYZ	XYZ0000008		20230601		A20330327	OTHERTEST	KORR	F	19841231	Accepted	
XYZ	XYZ0000009		20230601		A20330223	BRICKTEST	ZLUCK	F	19891003	Rejected	AHCCCS ENR EXISTS - A20330223 BRICKTEST JR
XYZ	XYZ0000010		20230601			CRASHTTEST	WELT	M	20110213	Error Pending	Invalid SMI Indicator

- SOE Fatal Errors – Weekly report will contain any records that rejected in the initial file ingestion (Step iv.) due to missing required data or overlapping submission and will not be processed further. Provider will need to determine next steps. *Example file name AC SOE FATAL ERRORS\_XYZ\_20221007.xlsx*

AutoSave **Off** AC SOE FATAL ERRORS\_XYZ\_20230601 Search (Alt+Q)

File Home PivotChart Analyze Insert Draw Page Layout Formulas Data Review View Developer Design Format Help

Clipboard Font Alignment Number Styles

Clipboard: Paste, Cut, Copy, Format Painter

Font: Calibri, 11, Bold, Italic, Underline, Color, Background Color

Alignment: Left, Center, Right, Top, Bottom, Wrap Text, Merge & Center

Number: General, Currency, Percentage, Decimals, Fractions

Styles: Normal, Bad, Good, Neutral, Calculation, Check Cell, Explanatory..., Input, Linked Cell, Note

	A	B	C	D	E	F	G	H	I	J	K
1	PROVIDER ID	PROVIDER INPUT ID	AHCCCS ID	LAST NAME	FIRST NAME	SEX	DOB	ENROLLMEI	SOE END	ERROR MESSAGE	
2	XYZ	XYZ0000003		APPLETEST	YESH	F	20081222	20220901		Start date prior to 10/1/2022	
3	XYZ	XYZ0000011		BLINKTEST	ZARN	M	19890518	20221001		AHCCCS ENR EXISTS - A0000000 BLINKTEST JR ZARNY	
4											
5											
6											
7											

- viii. Provider will review SOE Status report to gather the status of their submitted records. A part of this review is the ‘Error Pending’ and ‘Rejected’ status on the report. Provider will be required to resubmit any missing data for these records if needed (see step below on Resubmissions.)

Below is a grid of the Provider submissions from step i, which status report they would be received on and which next steps the provider would take for each record.

PROVIDER INTERNAL ID	RESPONSE FILE	SOE STATUS	ERROR MESSAGE	Cause	Next Steps
XYZ000000 1	SOE STATUS	Error Pending	Invalid Spoken Language; 8898, Invalid Reading Language; 8898	Incorrect values submitted	Resubmit with corrected values (see next steps in this process.)
XYZ000000 2	SOE STATUS	Rejected	AHCCCS ENR EXISTS - A20330262	AzCH-CCP discovered active AHCCCS enrollment during validation.	Provider to update system with corrected provided data and determine next steps.
XYZ000000 3	SOE FATAL ERRORS	N/A	Enrollment start date less than 10/1/2022	Enrollment start date less than 10/1/2022	Provider will need to determine next steps. Either record will need to be sent to Health Choice or the start date will need to be adjusted.

PROVIDER INTERNAL ID	RESPONSE FILE	SOE STATUS	ERROR MESSAGE	Cause	Next Steps
XYZ000000 4	SOE STATUS	Error Pending	Invalid Spoken Language;	Record Missing required field(s)	Resubmit with corrected values (see next steps in this process.)
XYZ000000 5	SOE STATUS	Accepted			SOE transaction complete! Submit claims.
XYZ000000 6	SOE STATUS	Error Pending	Invalid Residential City;	Record Missing required field(s)	Resubmit with corrected values (see next steps in this process.)

PROVIDER INTERNAL ID	RESPONSE FILE	SOE STATUS	ERROR MESSAGE	Cause	Next Steps
XYZ000000 7	SOE STATUS	Error Pending	Invalid Reading Language;	Record Missing required field(s)	Resubmit with corrected values (see next steps in this process.)
XYZ000000 8	SOE STATUS	Accepted			SOE transaction complete! Submit claims.
XYZ000000 9	SOE STATUS	Rejected	AHCCCS ENR EXISTS - A20330223 BRICKTEST JR	AzCH-CCP discovered active AHCCCS enrollment during validation.	Provider to update system with corrected provided data and determine next steps.

PROVIDER INTERNAL ID	RESPONSE FILE	SOE STATUS	ERROR MESSAGE	Cause	Next Steps
XYZ000001 0	SOE STATUS	Error Pending	Invalid SMI Indicator; S	SMI Indicator submitted for child, should be blank.	Resubmit with corrected values (see next steps in this process.)
XYZ000001 1	SOE FATAL ERRORS	N/A	SOE Enrollment date overlaps an existing enrollment span	Duplicate to XYZ000000 5.	Provider to update systems to remove any duplicates. Enrollment will be tracked under record. XYZ 0000005. No further action for XYZ 0000011.

- ix. Resubmission – the following steps will detail how a provider would resubmit any ‘Error Pending’ records found on the SOE Status report on a future SOE Input file.
- a. After reviewing the SOE report (detailed in steps vii-viii above), add the records you will be resubmitting on a new input file.
    - i. **Ensure you use the same Provider Internal System ID provided on initial submission to avoid overlapping Fatal Errors!**

ii. Ensure you send a full record not just what was missing on the initial submission, otherwise you will just additional errors for missing data.

iii. Example file name AC SOE\_XYZ\_20230611.xlsx

Provider ID	Internal System ID	Submission Reason	Enrollment Begin Date	Enrollment End Date	AHCCCS ID	Last Name	First Name	Middle Initial	Sex	Date of Birth	Residential Address 1	Residential Address 2	Residential Address City	Residential Address State	Residential Address Zip	Residential Address Zip+4	Residential Address County	SSN	Race	Citizen Code	Ethnicity
XYZ	XY20000001		20220901		A20330237	ARCHTEST	XELP		M	20100112	5677 Burnett Road		TUCSON	AZ	85705	19			43		
XYZ	XY20000004		20230601			TRIMTEST	GRAB		F	19880304	78 El Camino Real		SAFFORD	AZ	85546	03			9		10
XYZ	XY20000006		20230601			BOXERTEST	YALLN	A	M	20051229	87 North Ventu Park Road		QUARTZSITE	AZ	85346	29			40		
XYZ	XY20000007		20230601			OWLTEST	KRAIN		M	19840425	987 Cabrillo Highway		CLIFTON	AZ	85533	11			41		5
XYZ	XY20000010		20230601			CRASHTTEST	WELT		M	20110213	89 Carpinteria North		TUCSON	AZ	85705	19			6		

x. Follow step i. and drop new SOE Input file on SFTP.

Filename	Size	Date
..		03/27/23 10:01
AC SOE_XYZ_20230611.xlsx	14 KB	03/26/23 07:21

xi. Repeat steps ii-x again to follow resubmissions through process.