



# STATE ONLY ENROLLMENT INPUT FILE PROCESS

AzCH Complete Care State Only Enrollment Input File Process

**Effective 10/1/2023**

Revised 9/8/2023

# 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.

AzCH Complete Care providers will be expected to successfully test and be ready to begin submitting production files by 6/1/2023.

## FACTS:

1. AzCH Complete Care 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 RBHAs can only send changes 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. State Only eligible services can include (not limited to) BH Crisis, jail release planning services, services covered by SABG, MHBG and CBHSF funds. See AHCCCS Covered Services.
3. Most SOE spans submitted to AHCCCS will be visible on AHCCCS Online enrollment tabs once AHCCCS has approved the submission. Some SOE spans may not show if submission falls under section 3c scenarios below as AHCCCS Medical Enrollment is priority over State Only in AHCCCS portals. Use RBHA Provider Portals to determine if SOE is needed.
4. Also known as Non-Title, NTXIX/XXI, N19, NT.
5. AzCH Complete Care's RBHA GSA is the Southern AZ counties: Pima, Santa Cruz, Cochise, Greenlee, Graham, Yuma and La Paz

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

6. State Only members with an active enrollment span are enrolled in the pharmacy system under a default group with very limited benefits if RBHAs 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 Complete Care uses for the identifiers.
  - a. **Serious Emotional Disturbance (SED) children aged 0-17.**
    - i. Data Source:
      1. *Pre 10/1/2023:* Diagnosis codes from claims data
      2. *Post 10/1/2023:* Via the SED determination process using a Behavioral Health Category (BHC) like the SMI process below.  
[https://www.azahcccs.gov/PlansProviders/Downloads/HealthPlans/2022/SED\\_EligibilityDeterminationsFAQs.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/HealthPlans/2022/SED_EligibilityDeterminationsFAQs.pdf)
  - b. **Serious Mental Illness (SMI) Adults aged 18+**
    - i. Data Source: AHCCCS receives the BHC data for SMI members from the SOE Input process (hence why it's important to populate this field on the SOE Input file to us!) and the SMI determination process.
  - c. **Substance Use**
    - i. Data Source: DUGless data that providers submit to AHCCCS and claims data submitted to RBHAs.
  - d. **Children's Behavioral Health Services Fund (CBHSF) aka Jake's Law for students up to age 21.9**
    - i. Data Source: Reporting data that providers submit to RBHAs
7. Claims should only be submitted after verifying that the enrollment request has fully processed into AzCH Complete Care Complete Care enrollment systems using the provider web portal or daily status report provided in this process.
8. 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 Complete Care must be  $\geq$  10/1/2022.
- b. Their physical/home address is within the AzCH Complete Care 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 NOTE: Enrollments may be submitted for BOTH enrollment types for the following scenarios.**

**Best Practice:**

- Use a “Crisis” process for any short term services (any services that you know have an end date to them – e.g. Crisis) and/or qualifying BH services provided for a member that is enrolled with any other plan.
- Use SOE process for ongoing/long term services for members meeting all other validation requirements in these two enrollment scenarios.

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

## II. TESTING

AzCH Complete Care Providers who need to submit State Only Enrollments will be required to successfully pass SOE Input File testing before being permitted to submit in production.

### 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 for Test and Production.
2. Testing for both SOE and “Crisis” Input file processing will begin 4/24/2023. Providers will be notified as to which weekly testing wave they will be a part of.
3. 25 Test Members per SOE and “Crisis” Input file
  - a. SOE members can be created by provider.
  - b. AzCH Complete Care will provide a list of Test members for “Crisis” no later than 4/20/2023.
  - 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 Complete Care Enrollment team inbox ([AZCHEnrollment2@azcompletehealth.com](mailto:AZCHEnrollment2@azcompletehealth.com)) and copy Jack Sneed ([jsneed@azcompletehealth.com](mailto:jsneed@azcompletehealth.com)) for processing ***NOT SFTP***.
  - a. Email header: AC SOE Testing\_XYZ\_Test Attempt #[]
  - b. File Name: Add “T[attemp #] 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 Complete Care 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 Complete Care will also provide your current testing status. If you have successfully passed input file testing with at least a 95% success rate, AzCH Complete Care 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 Complete Care 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 Complete Care and AzCH Complete Care exchanging Status Reports with the providers.

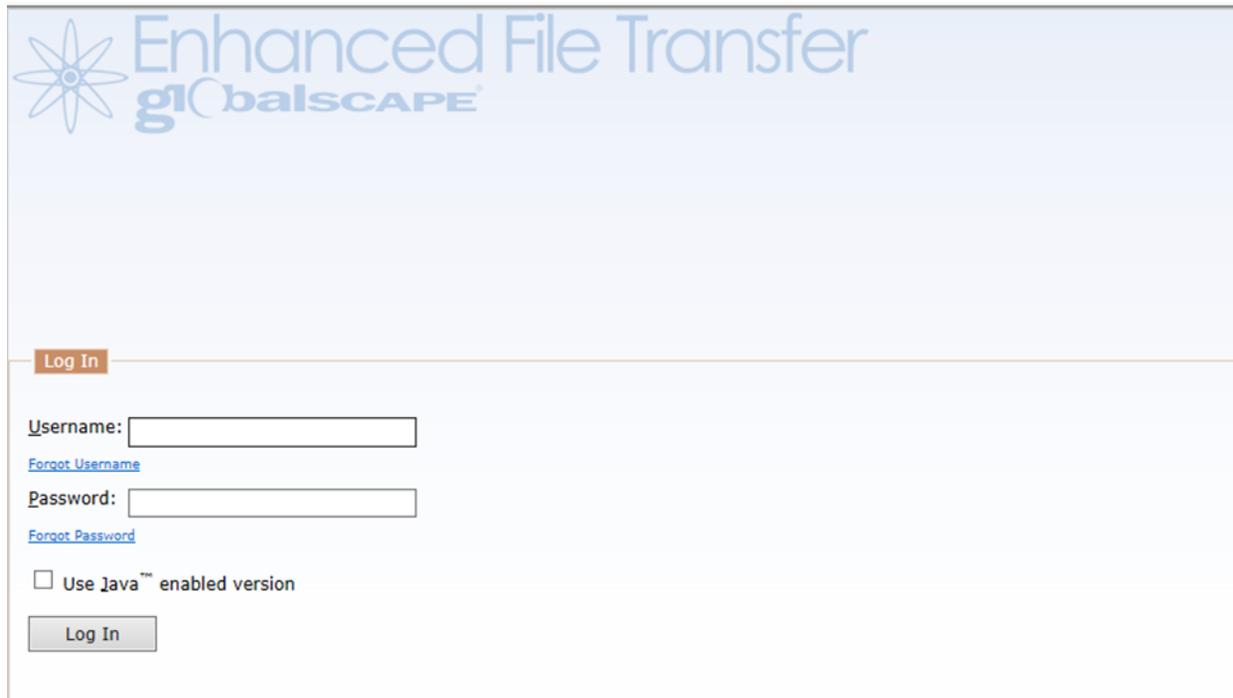
*Please note that any mention of specific directories going forward in the document are referencing the standard Centene directory setup. Some providers may have had access to the SFTP prior to this standard going live and have a different SFTP directory setup. Please see the SFTP Crosswalk supplemental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

#### **FACTS:**

1. For examples of the SFTP and how it integrates with the full process, see the Work Process portion of Section V.
2. SOE Input File Process will depend on exchanging data files (in Excel format) through SFTP.
3. February 2023 – AzCH Complete Care outreached to gather SFTP log in credentials for providers that will be participating in exchanging SOE and/or “Crisis” files.
  - a. 123 individual user requests received from all providers
  - b. Staff with existing SFTP credentials will continue to log in using these credentials once our IT team validates current credentials.
  - c. New SFTP users will receive two emails once credentials are created from ‘GlobalSCAPE\_SFTP@centene.com.’ One email with user name and how to connect and a second email with a password.
  - d. **Note that if a user already has SFTP credentials for Care1st, but are a new user for AzCH Complete Care, they will have a second log in created for AzCH Complete Care.**
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. Please do not use SFTP (other than logging in to validate credentials work) until Go-Live unless advised by AzCH Complete Care.
7. You should not drop files onto SFTP until notification is received from AzCH Complete Care to do so after Go-live.
8. If additional users need access to sftp or you are locked out of your account, please reach out to AzCH Complete Care Enrollment team for assistance using the Technical Assistance Process detailed below.
9. If you need to connect to the sftp via a web browser. Log in with provided credentials: <https://sftp.centene.com/>



Enhanced File Transfer  
globalscape

Log In

Username:

[Forgot Username](#)

Password:

[Forgot Password](#)

Use Java™ enabled version

Log In

10. 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

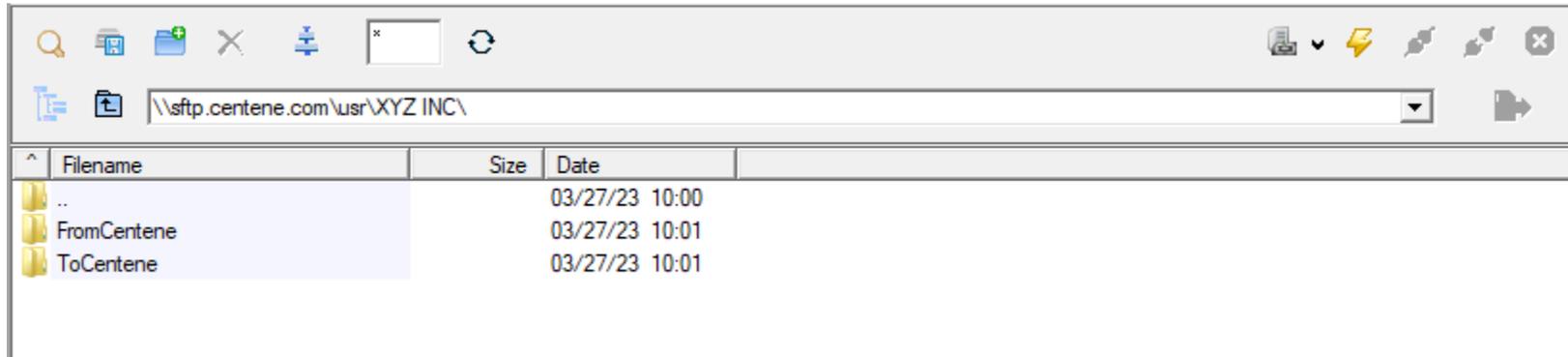
The image shows a screenshot of a file transfer client's connection dialog box. The fields are filled with the following information:

- Site Name: Site Name
- Host / IP / URL: sftp.centene.com
- Username: your username
- Password: [Redacted]
- Port: 22
- Timeout: 61
- Retries: 2
- Connection Type: SSH/SFTP

Additional options include checkboxes for Anonymous, Don't save password, PASV, Use Proxy, SSL Listings, SSL Transfers, Clear (CCC), OpenSSL, and Windows SSL. The dialog has buttons for Connect, Connect Manager, and Close.

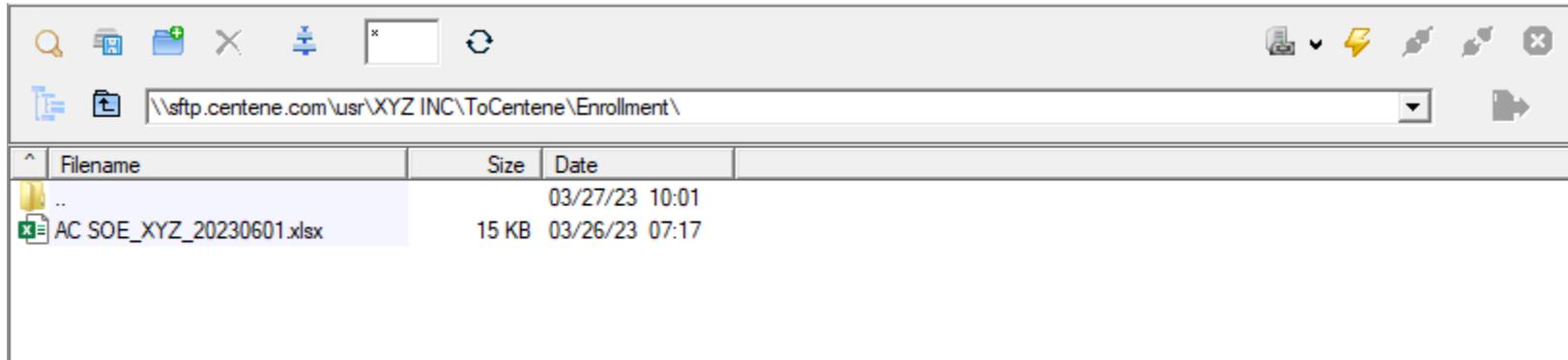
11. Go – Live Activity:

- a. All users will be granted access to ONLY their associated Provider directory. When you log in, they you see you main directory of: **\usr\[ Provider Identifying Directory Name]**. In this directory you will see two sub-directories:



**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.

- 1. ToCentene Or Inbound– This is the main directory for inbound submissions from providers. SOE Input files should be dropped to the specified directory below.
  - a. **ToCentene/Enrollment** or **Inbound/Enrollment** is where providers will drop inbound SOE files
  - b. The **ToCentene/Enrollment** or **Inbound/Enrollment** directory for each provider will be swept once every business day at 7:00PM CST to pick up pending SOE input files.
  - c. Input files are deleted from directory after they are swept.



2. FromCentene – This directory will be used for picking up status files for SOE records. Pick up reports from the specified directory below.
  - a. **FromCentene/Responses or Outbound/Responses** is where providers will pick up SOE status reports.
  - b. SOE Status Reports will be dropped on the **FromCentene/Responses or Outbound/Responses** directory on the following schedule. **Please note exact delivery time of day is approximate depending on delivery volume.**
    - i. See section VI for more detail:
      1. SOE Status Report – Every business day at 7:00PM CST
      2. SOE Fatal Errors – Every Friday at 7:00PM CST
      3. SOE Admin Term – Last business day of each month at 7:00PM CST

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 Complete Care 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 (including name) name 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, field should be left blank.
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
Provider Internal System ID	*10	-Unique ID created by the provider.  -ID will be sent back on response files so provider can update their systems.  -Each member should have a unique ID per provider to avoid submission issues.  -Providers should use their provider ID at beginning of ID to avoid duplication issues. Example - Community Bridges starts all Provider Internal System IDs with ' <b>CBI</b> %%%%%%%%'	Required

Field Name	Max Field Size	Field Details	Requirement
		<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>	
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.
AHCCCS ID	9	<p>-Member's Medicaid ID (if known)</p> <p>-Must begin with 'A' (case sensitive) and followed by 8 numbers</p>	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

Field Name	Max Field Size	Field Details	Requirement
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
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

Field Name	Max Field Size	Field Details	Requirement
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
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

Field Name	Max Field Size	Field Details	Requirement
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 $\geq 20221001$	Optional

**VALID VALUES LIST:**

**Provider ID**

Input Value	Description
BAN	BANNER-UNIVERSITY HEALTH CARE
BLA	EASTERSEALS BLAKE FOUNDATION
CAR	CARING CONNECTIONS
CBI	COMMUNITY BRIDGES
CDL	CASA DE LOS NINOS
CHA	COMMUNITY HEALTH ASSOC
CMS	COMMUNITY MEDICAL SERVICES
COD	CODAC
CON	CONNECTIONS SOUTHERN AZ
COP	COPE INC.
CPI	COMMUNITY PARTNERS INTEGRATED HEALTHCARE
CPR	CRISIS PREPARATION AND RECOVERY

Input Value	Description
CRO	CROSSROADS MISSION
HAV	THE HAVEN
HHW	HORIZON HEALTH AND WELLNESS
HOP	HOPE INC
LFC	LAFRONTERA CENTER, INC.
MHC	MARANA HEALTH CARE
PAT	PATHWAYS
SEA	SEABHS
SOL	SOLARI
SPE	SPECTRUM
TOU	TOUCHSTONE

**Residential Address County**

Input Value	County
03	Cochise
09	Graham
11	Greenlee
19	Pima
23	Santa Cruz
27	Yuma
29	La Paz

**Race**

Input Value	Description
56	ASIAN INDIAN
58	OTHER ASIAN

Input Value	Description
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
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

Input Value	Description
5	US CITIZEN

**Ethnicity**

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

Input Value	Description
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
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 Complete Care via SFTP.

### **FACTS:**

1. AzCH Complete Care 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 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 Complete Care 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 Complete Care 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 Complete Care 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 Complete Care automated jobs will sweep SFTP and pull any SOE input files at 7:00PM CST every business day.
3. AzCH Complete Care Enrollment team will review files and submit any accepted records to AHCCCS for processing.
4. AHCCCS will send response files back to AzCH Complete Care within 2 business days.
5. AzCH Complete Care will load any AHCCCS accepted records to systems for Claims submissions within 48 hours of notification from AHCCCS.
6. AzCH Complete Care 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 FILES SPECIFICATIONS

AzCH Complete Care 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 Complete Care 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 Complete Care 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 Complete Care that is new to our internal systems and is pending RBHA review.	AzCH Complete Care
Change Pending	Add record received by AzCH Complete Care that is being reinstated or inserted to an existing member in our internal systems and is pending RBHA review.	AzCH Complete Care
Error Pending	<ul style="list-style-type: none"> <li>- Record rejected by AzCH Complete Care 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 Complete Care and pending submission to AHCCCS.	AzCH Complete Care
Rejected	<ul style="list-style-type: none"> <li>-Record rejected by AzCH Complete Care during RBHA review.</li> <li>-Rejections by RBHA are typically due to qualification issues (e.g. member already enrolled with AzCH Complete Care, enrolled with another plan, etc.)</li> <li>-Record can not 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 Complete Care 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 Complete Care 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 Complete Care will term any active SO member without any claims activity within the past 120 days on a monthly basis.

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
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 Complete Care 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 Complete Care 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 Complete Care SO Member's demographics (Name, DOB, etc.), please send request via email.
  - i. Subject line should begin with "AzCH Complete Care 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 Complete Care 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 Complete Care SO Member, please send request via email.
  - i. Subject line should begin with "AzCH Complete Care 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. Indicate if you would like a current day or end of month term? AHCCCS only allows these two options.
  - iii. Term request can only be made by provider that submitted initial SOE request. AzCH Complete Care 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 Complete Care 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 Complete Care Enrollment Portal discrepancies**
- i. Subject line should begin with “AHCCCS/AzCH Complete Care 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 Complete Care 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 Complete Care 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
    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 – Francesca Douglas, Senior Manager Enrollment, [francesca.douglas@centene.com](mailto:francesca.douglas@centene.com) and Bennie Johnson, Enrollment Supervisor, [bennie.johnson@centene.com](mailto:bennie.johnson@centene.com) and copy Jack Sneed, Health Plan Business Analyst, [jsneed@azcompletehealth.com](mailto:jsneed@azcompletehealth.com)

## 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*

**Test Member Case:** Provider wants to submit open-ended SOE effective 10/1/2022 for 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

**Recipient Search**

\* indicates required fields

**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

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**Search Fields**

**Last Name:\***

**First Name:\***

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

---

**Date of Services (DOS)**

**Begin Date:**

**End Date:**

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

INVALID/MISSING SUBSCRIBER/INSURED ID

**Result: SOE request can be submitted to AzCH Complete Care.**

b. *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.

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 Complete Care.**

c. 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 Complete Care 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 Complete Care for DOS instead.**

d. 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	05/23/2022	05/31/2022	3517 - ADULT 40-100% FEMALE 21-44 NO MDC	E ACC/FFS	MC MEDICAID
<a href="#">+ Service Type Codes</a>					

Behavioral Health Services
NO BHS ENROLLMENT

**Result: SOE request should not be submitted to AzCH Complete Care 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.**

e. 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 Complete Care 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 Complete Care for DOS instead.

f. 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 Complete Care 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 Complete Care for DOS instead.**

g. 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 Complete Care as member is enrolled with AIHP. Work with AIHP for claims submission or determine if “Crisis” enrollment request needs to be submitted to AzCH Complete Care for DOS instead.**

*h. 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 Complete Care as member is enrolled with AzCH Complete Care as State Only. Claims can be submitted for member without an additional enrollment.**

*i. 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.**

j. *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 Complete Care as SOE can be submitted when member is enrolled in QMB Medicare Savings Program.**

## 2. PROVIDER SOE INPUT FILE WORK PROCESS

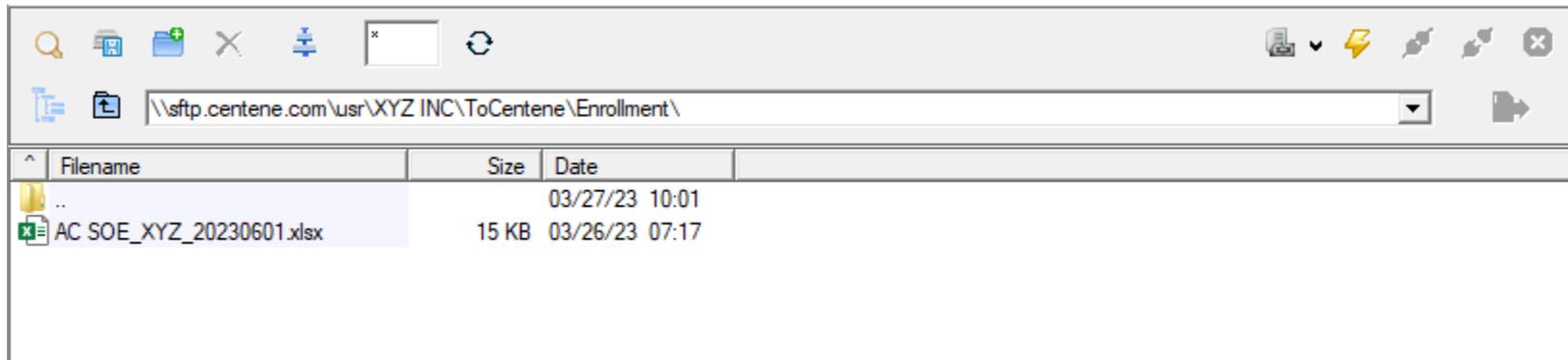
- a. Scenario: Provider needs to send SOE input file to AzCH Complete Care after validating that all records on file pass validation requirements.

Sample files displayed will be provided with training materials.

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

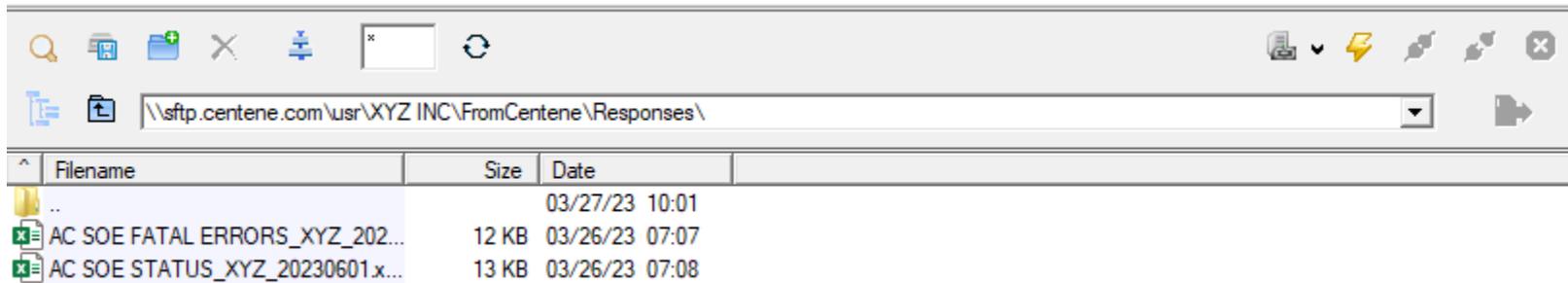
Provider ID	Internal System ID	Submission Reason	Enrollment Begin Date	Enrollment End Date	AHCCCS ID	Last Name	Suffix	First Name	Middle Initial	Sex	Date of Birth	Residential Address 1	Residential Address 2	Residential Address City	Residential Address State	Residential Address Zip	Residential Address Zip-4	Residential Address County	SSN	Race	Citizen Code	Ethnicity	Mailing Address 1
XYZ	XYZ0000001		20230601		A20330237	ARCHTEST		XELP		M	20100112	5677 Burnett Road		TUCSON	AZ	85705	19			43			
XYZ	XYZ0000002		20230601			FLAGTEST		TAG		M	19870227	768 North Broadway Street		TUCSON	AZ	85705	19			57			
XYZ	XYZ0000003		20230601			APPLETEST		YESH		F	20081222	412 South Highway		NOGALLES	AZ	85621	51		555550611	17			232 Calle Real
XYZ	XYZ0000004		20230601			TRIMTEST		GRAB		F	19880304	78 El Camino Real		SAFFORD	AZ	85546	03			5		10	
XYZ	XYZ0000005		20230601		A20330220	BLINKTEST		ZARN		M	19890518	935 French Camp Turnpike Road		YUMA	AZ	85364	27			18			
XYZ	XYZ0000006		20230601			BOXERTEST		YALLN	A	M	20051229	87 North Ventu Park Road			AZ	85346	29			40			
XYZ	XYZ0000007		20230601			OWLTEST		KRAIN		M	19840425	987 Cabrillo Highway		CLIFTON	AZ	85533	11			41		5	
XYZ	XYZ0000008		20230601			OTHERTEST		KORR		F	19841231	345 Katella Avenue		SIERRA VISTA	AZ	85613	03			82			89 Carpinteria Nor
XYZ	XYZ0000009		20230601			BRICKTEST		ZLICK		F	19891003	56 Carpinteria Avenue		TUCSON	AZ	85705	19			15		19	
XYZ	XYZ0000010		20230601			CRASHTEST		WELT		M	20110213	89 Carpinteria North		TUCSON	AZ	85705	19			6			
XYZ	XYZ0000011		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.



- iii. AzCH Complete Care automated jobs will sweep SFTP every business day at 7:00PM CST to pull any submitted files.
- iv. AzCH Complete Care 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 Complete Care typically within 2 business days.
- vi. AzCH Complete Care will load response files to internal Enrollment systems.
- vii. AzCH Complete Care will provide response reports to providers on designated directory.



- 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*

AutoSave **Off** AC SOE STATUS\_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 Cells Editing

PROVIDER ID

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	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							
2	XYZ	XYZ0000001		20220901		A20330237	ARCHTEST	XELP	M	20100112	Error Pending	Invalid Spoken Language; 8898, Invalid Reading Language; 8898; Enrollment dates prior to 20221001							
3	XYZ	XYZ0000002		20230601		A20330262	FLAGTEST	TAG	M	19870527	Rejected	AHCCCS ENR EXISTS - A20330262							
4	XYZ	XYZ0000004		20230601			TRIMTEST	GRAB	F	19880304	Error Pending	Invalid Spoken Language							
5	XYZ	XYZ0000005		20230601		A20330220	BLINKTEST	ZARN	M	19890518	Accepted								
6	XYZ	XYZ0000006		20230601			BOXERTEST	YALLN	M	20051229	Error Pending	Invalid Residential City							
7	XYZ	XYZ0000007		20230601			OWLTEST	KRAIN	M	19840425	Error Pending	Invalid Reading Language							
8	XYZ	XYZ0000008		20230601		A20330327	OTHEREST	KORR	F	19841231	Accepted								
9	XYZ	XYZ0000009		20230601		A20330223	BRICKTEST	ZLUK	F	19891003	Rejected	AHCCCS ENR EXISTS - A20330223 BRICKTEST JR							
10	XYZ	XYZ0000010		20230601			CRASHTEST	WELT	M	20110213	Error Pending	Invalid SMI Indicator							
11																			
12																			

- 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)

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	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 Complete Care 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
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.
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.

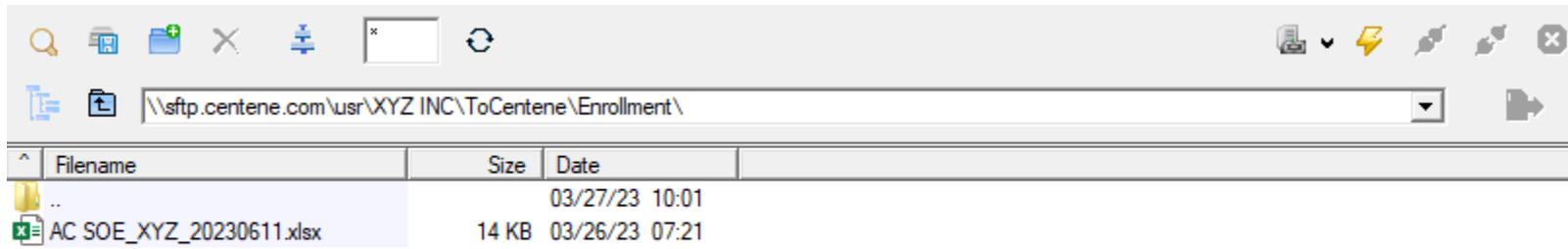
PROVIDER INTERNAL ID	RESPONSE FILE	SOE STATUS	ERROR MESSAGE	Cause	Next Steps
XYZ000000 6	SOE STATUS	Error Pending	Invalid Residential City;	Record Missing required field(s)	Resubmit with corrected values (see next steps in this process.)
XYZ000000 7	SOE STATUS	Error Pending	Invalid Reading Language;	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 Complete Care discovered active AHCCCS enrollment	Provider to update system with corrected provided data and

PROVIDER INTERNAL ID	RESPONSE FILE	SOE STATUS	ERROR MESSAGE	Cause	Next Steps
				during validation.	determine next steps.
XYZ0000010	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.)
XYZ0000011	SOE FATAL ERRORS	N/A	SOE Enrollment date overlaps an existing enrollment span	Duplicate to XYZ0000005.	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	Provider 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		5			10
XYZ	XY20000006		20230601			BOXLTEST	YRALL	A	M	20051229	87 North Ventu Park Road		QUARTZSITE	AZ	85546	29		5			5
XYZ	XY20000007		20230601			OWLTEST	KRAIN		M	19840425	987 Cabrillo Highway		CLIFTON	AZ	85533	11		5			5
XYZ	XY20000010		20230601			CRASHTEST	WELT		M	20110213	89 Carpinteria North		TUCSON	AZ	85705	19		5			5

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



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