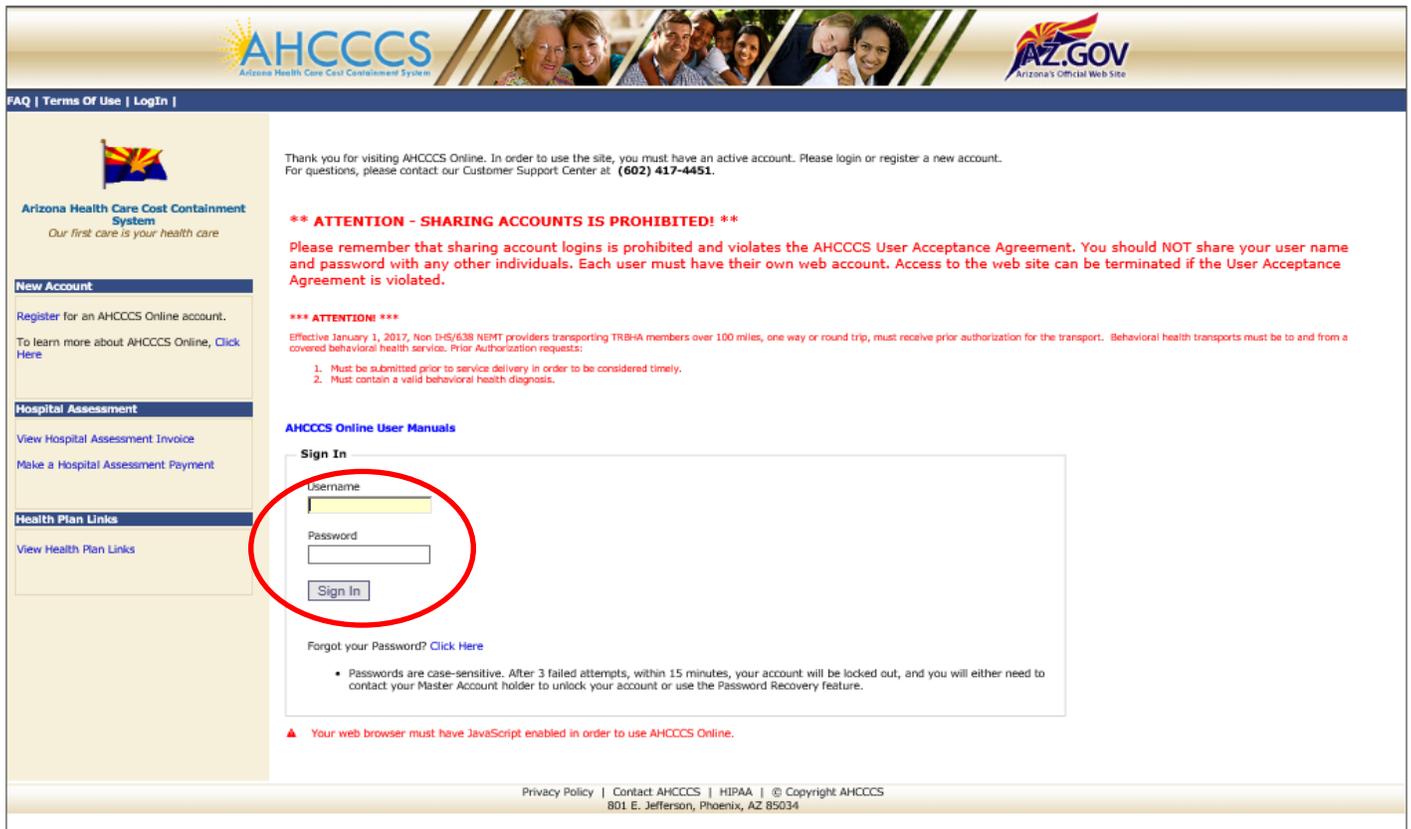


Attestation Portal Instructions

Accessing the TI Attestation Portal

- 1) Log in to **AHCCCS Online**: <https://azweb.statedemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>
- 2) Enter your username and password for your AHCCCS Online Account
- 3) Click "Sign in" to proceed



Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at **(602) 417-4451**.

**** ATTENTION - SHARING ACCOUNTS IS PROHIBITED! ****

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account. Access to the web site can be terminated if the User Acceptance Agreement is violated.

***** ATTENTION! *****

Effective January 1, 2017, Non IHS/638 NEMT providers transporting TRBHA members over 100 miles, one way or round trip, must receive prior authorization for the transport. Behavioral health transports must be to and from a covered behavioral health service. Prior Authorization requests:

1. Must be submitted prior to service delivery in order to be considered timely.
2. Must contain a valid behavioral health diagnosis.

AHCCCS Online User Manuals

Sign In

Username

Password

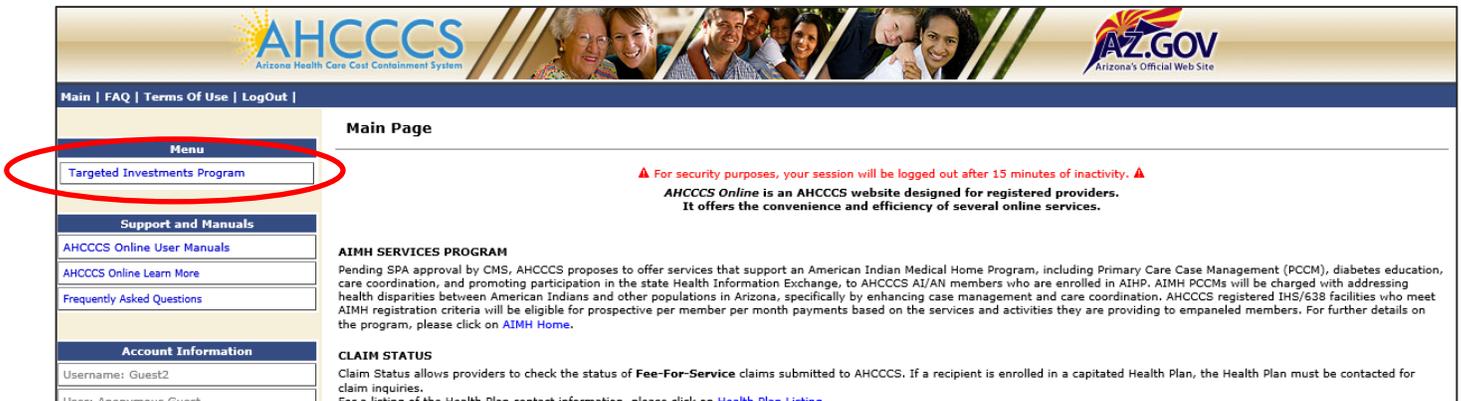
Forgot your Password? [Click Here](#)

- Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

▲ Your web browser must have JavaScript enabled in order to use AHCCCS Online.

Privacy Policy | Contact AHCCCS | HIPAA | © Copyright AHCCCS
801 E. Jefferson, Phoenix, AZ 85034

- 4) After logging into the AHCCCS Online Portal, Please click the "Targeted Investments Program" link under the Menu on the left side of the page.



Main | FAQ | Terms of Use | LogOut |

Menu

[Targeted Investments Program](#)

Support and Manuals

[AHCCCS Online User Manuals](#)

[AHCCCS Online Learn More](#)

[Frequently Asked Questions](#)

Account Information

Username: Guest2
 User: Anonymous Guest

Main Page

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲

AHCCCS Online is an AHCCCS website designed for registered providers.
It offers the convenience and efficiency of several online services.

AIMH SERVICES PROGRAM

Pending SPA approval by CMS, AHCCCS proposes to offer services that support an American Indian Medical Home Program, including Primary Care Case Management (PCCM), diabetes education, care coordination, and promoting participation in the state Health Information Exchange, to AHCCCS AI/AN members who are enrolled in AIHP. AIMH PCCMs will be charged with addressing health disparities between American Indians and other populations in Arizona, specifically by enhancing case management and care coordination. AHCCCS registered IHS/638 facilities who meet AIMH registration criteria will be eligible for prospective per member per month payments based on the services and activities they are providing to empaneled members. For further details on the program, please click on [AIMH Home](#).

CLAIM STATUS

Claim Status allows providers to check the status of **Fee-For-Service** claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan must be contacted for claim inquiries.
 For a listing of the Health Plan contact information, please click on [Health Plan Listing](#).

TI Application Search

- 5) Please read the instructions on the Targeted Investments Program page, displayed above the “Application Search” section. In the “Application Search” section, enter your AHCCCS ID or Tax ID and SPN for the site that you are attesting to. If you receive an error message; please contact the TI Team at: targetedinvestments@azahcccs.gov
- 6) If you are attesting for multiple sites, enter the SPN for the site you are attesting to. You can only attest for one site at a time. You will need to start a new attestation for each SPN you want to attest to.

- 7) Click “Search”

- 8) After you enter search, the site location you are attesting to will be displayed including Provider Name, Site Address and Contact Email Address. If you add an email address, it will ensure that the email address will receive a notification that your Targeted Investments Authorized Signature Form has been approved by AHCCCS and that you can proceed with you attestation. You can update and add email addresses on file by clicking the “Edit” link.

Provider Site

Provider Name: ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
Site Address: 801 E. JEFFERSON STREET, PHOENIX, AZ 85034
Contact Email Address: TargetedInvestments@azahcccs.gov [Edit](#)

9) Click "NEXT"

Completing the Participant Form:

10) You will need to read, print the document, sign the form, and then upload as the Targeted Investments Authorized Signature Form as PDF (**this must be uploaded as a PDF only**)

Authorization Form

Please print, sign and upload the [Targeted Investments Authorized Signature Form](#). Once approved, you will be authorized to proceed with the core components and milestones for the current measurement period.

Click to download the "Targeted Investments Authorized Signature Form"



If you cannot open the User Agreement, please try a different Internet browser. If the problem persists, please try one of the following:

1. Clear all temporary files, cookies, history and try again.
 2. Restart the computer and try again.
 3. If the “Turn on Pop-up Blocker” option is selected in Internet options, try turning off that option.
 4. Choose a different download location and see if that helps.
 5. If you receive “your current security settings do not allow this file to be downloaded” message you should ensure that file downloads are allowed on your device.
- 11) To Upload the TI Authorized Signature Form, you will need to click on the drop-down titled “Type”, select the “Authorized Signature Form” then click “browse....” to locate the form in your computer (make sure its labeled as a PDF), then click “Upload Attachment” **(it must be a PDF)**.

Authorization Form

Please print, sign and upload the [Targeted Investments Authorized Signature Form](#). Once approved, you will be authorized to proceed with the core components and milestones for the current measurement period.

Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type:

Select file to upload:

A system error has occurred. Please try again. If the problem persists, please contact AHCCCS customer support.

Max File Size: 10MB
Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png

12) If the document was not successfully uploaded, you will receive an error message (see above). If the message persists after multiple uploads, please contact the TI email address box at targetedinvestments@azahcccs.gov

13) If the Participant Agreement was successfully uploaded, you will see the message below:

Authorization Form

Thank you for submitting the authorization form. Please allow up to 2-3 business days for approval.

FileName	File Type	Upload Date
TI Year 2 user agreement_kaumaya BH.pdf	Authorized Signature Form	5/10/2018

14) AHCCCS will need **2-3** business days to review and approve the Participant Agreement. Until this document is approved, you will be unable to advance in the attestation portal. You will not be able to proceed in the attestation portal until AHCCCS approves the Participant Agreement that was uploaded. AHCCCS will be verifying that it is the proper document, with the organization listed, authorized signature, and the date.

- 15) A message will also be sent to the email associated to the site, notifying that the Participant Agreement has been accepted. If you do not have a contact email address associated with your SPN, you will have to log back in 2-3 days. See an example of the email notifying you of an approved Participant Agreement below:

***** PLEASE DO NOT RESPOND TO THIS EMAIL *****

The Targeted Investments Program Participant Agreement has been accepted for SPN xxx. Your organization is now permitted to proceed to the attestation section of the Targeted Investments Program. Please go to the AHCCCS Online website, <https://azweb.statemedicaid.us>, to complete the Core Components & Milestones. Please notify the Targeted Investments Team at TargetedInvestments@azahcccs.gov if you have any questions.

Thank you.

Arizona Health Care Cost Containment System
Targeted Investments Team
801 E. Jefferson Street
Phoenix, AZ 85034

NOTICE: This e-mail and any attachments to it may contain information that is PRIVILEGED and CONFIDENTIAL under State and Federal law and is intended only for the use of the specific individual(s) to whom it is addressed. This information may only be used or disclosed in accordance with law, and you may be subject to penalties under law for improper use or further disclosure of the information in this e-mail and its attachments. If you have received this e-mail in error, please immediately notify the person named above by reply e-mail, and then delete the one you received.

- 16) Once you log back in, and the Participant Agreement has been approved by the AHCCCS TI Team, the “Next” button will be visible and you will be able to proceed to the attestation process by clicking the “Next” button (see the image below)

- 17) If there is inaccurate provider site information that is shown below, you can email the TI Team at targetedinvestments@azahcccs.gov for assistance. AHCCCS will contact the participant for clarification and the user will have another opportunity to upload. For providers that have multiple SPNs to attest to,

The screenshot shows a form titled "Provider Site" with a blue header. Below the header, there are three lines of text: "Provider Name: ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM", "Site Address: 801 E. JEFFERSON STREET, PHOENIX, AZ 85034", and "Contact Email Address: TargetedInvestments@azahcccs.gov". To the right of the email address is a blue "Edit" link. At the bottom center of the form is a grey "Next" button.

you will have to upload this same document when attesting for your SPNs. You can upload the same signed document every time.

Starting the Attestation Process

18) After clicking next, you should see the site location and the proceeding page will look like this example:

HOSPITAL

BANNER THUNDERBIRD MED CENTER
5555 W THUNDERBIRD RD, GLENDALE, AZ 85306 (SPN 679)

The Provider acknowledges and agrees that by clicking "Yes" to an attestation statement you are affirming under penalty of law that you have the authority to make the attestation on behalf of the Provider; that the answer or information provided is true, accurate and complete; and that the Provider has completed the stated task or other scope of work identified in each Attestation Statement answered in the affirmative.

I Agree

On the left you will see the Provider Type (Hospital) and on middle, you will see address and SPN for that location.

19) Read the statement above and then click "I agree"

20) In the event you have two different Areas of Concentration, you can attest to each Area of Concentration by clicking their corresponding "Select" link, **you can only attest to one Area of Concentration at a time.**

21) If you feel there is an error in the information above (site address, SPN, or Area of Concentration), please contact the TI Team at: targetedinvestments@azahcccs.gov

BEHAVIORAL HEALTH CLINIC

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
801 E. JEFFERSON STREET, PHOENIX, AZ 85034 (SPN 825)

The Provider acknowledges and agrees that by clicking "Yes" to an attestation statement you are affirming under penalty of law that you have the authority to make the attestation on behalf of the Provider; that the answer or information provided is true, accurate and complete; and that the Provider has completed the stated task or other scope of work identified in each Attestation Statement answered in the affirmative.

I Agree

Area of Concentration

Select	Adults with Behavioral Health Needs - Mental Health Provider	
Select	Children/Youth with Behavioral Health Needs - Pediatric Mental Health Provider	Not Submitted

NOTE: To view, edit or submit the attestation, click the "select" link next to the area of concentration.

22) The status of the Attestation for each Area of concentration is displayed on the right side in red color font.

The message on the right, titled "not submitted" (see above) shows your milestone documentation has not been fully completed and submitted to AHCCCS for the identified Area of Concentration.

23) The status message will change from "not submitted" to "submitted" once you officially upload and submit your documentation to AHCCCS.

BEHAVIORAL HEALTH CLINIC

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 801 E. JEFFERSON STREET, PHOENIX, AZ 85034 (SPN 825)

The Provider acknowledges and agrees that by clicking "Yes" to an attestation statement you are affirming under penalty of law that you have the authority to make the attestation on behalf of the Provider; that the answer or information provided is true, accurate and complete; and that the Provider has completed the stated task or other scope of work identified in each Attestation Statement answered in the affirmative.

I Agree

Area of Concentration

Select	Adults with Behavioral Health Needs - Mental Health Provider	Not Submitted
Select	Children/Youth with Behavioral Health Needs - Pediatric Mental Health Provider	Submitted

NOTE: To view, edit or submit the attestation, click the "select" link next to the area of concentration.

24) To get started on completing your attestation and document upload, Click on SELECT and choose which Area of Concentration you will attest to (if you only have one Area of Concentration connected to your SPN, then only one area of concentration will appear)

Depending on which Area of Concentration you selected, their appropriate Core Components and Milestone requirements are displayed.

There is print icon on the top right corner of the screen. We recommend you print out the page after you have responded to the attestation statements for your records and audit (see image below).

25) Some Core Components may require a document to be uploaded when the participant answers "yes" to an attestation statement. If the Core Component requires a document upload, the following message will appear: "Please upload supporting documentation below." (See image below). There is print icon on the top right corner of the screen. We recommend you print out the page after you have responded to the attestation statements for your records and audit.

*Milestone Measurement Period 1
 (October 01, 2017 - September 30, 2018)*

Print

Core Component 1

A. The Provider warrants that it has selected an integration toolkit from one of the following: (i) Organizational Assessment Toolkit for Primary and Behavioral Health Integration (OATI); (ii) Massachusetts Behavioral Health Integration Toolkit; or (iii) Patient Centered Primary Care Institute Primary Care Behavioral Health Toolkit; and

B. The Provider warrants it has created a site-specific action plan by May 31, 2018;

C. The Provider attests to completing the Integrated Practice Assessment Tool (IPAT) for the site by May 31, 2018; and

D. The Provider attests to submitting an AHCCCS-required survey that identifies each site's level on the SAMHSA Six Levels of Integration Continuum by May 31, 2018.

Yes No

Core Component 2

A. The Provider site attests to implementing an integrated care plan by September 30, 2018.

Yes No Please upload supporting documentation below

Core Component 3

A. The Provider attests to identifying which SDOH screening tool is being used by the practice by September 30, 2018; and

B. The Provider attests to developing policies and procedures for intervention or referral to specific resources/agencies by September 30, 2018.

Yes No Please upload supporting documentation below

Core Component 4

A. The Provider attests to identifying the names of providers and MCO's with which the site has developed communication and care management protocols by September 30, 2018; and

B. The Provider attests to documenting that its protocols cover how to:

- Refer members,
- Conduct warm hand-offs,
- Handle crises,
- Share information,
- Obtain consent, and
- Engage in provider-to-provider consultation by September 30, 2018.

Yes No Please upload supporting documentation below

Proceed with answering either “yes” or “no” for each attestation statement.

Uploading documents

26) To upload a document, scroll to the bottom of the page where you will see the section titled “attachments”.

27) You will need to click on the “Type” drop down below to select your document type.

28) The document uploads are arranged in the order that correlate with the attestation statements.

29) Once the document is selected, click “browse” and then “Upload attachment”.

- 30) **Please Note:** the max file size for the upload is 10 MB and we recommend that PDFs be uploaded. Please do not include large images and PHI. In order to process your attestation, a single document needs to be submitted that matches for each file type.

Attachments

Please **DO NOT** upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type:

Select file to upload:

Max File Size: 10MB
Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png

FileName	File Type	Upload Date
<input checked="" type="checkbox"/> ADT Protocol_AHCCCS.pdf	ADT Protocol	5/16/2018
<input checked="" type="checkbox"/> SDOH Policy_AHCCCS.pdf	Policy on SDOH Screens Referrals	5/16/2018
<input checked="" type="checkbox"/> Procedure for Member Referral.pdf	Procedure for Member Referral	5/16/2018
<input checked="" type="checkbox"/> Communication Protocol_AHCCCS.pdf	Protocol for Communication with Other Providers	5/16/2018
<input checked="" type="checkbox"/> Integrated Care Plan_AHCCCS.pdf	Sample Integrated Care Plan	5/16/2018

- 31) As you respond to each statement, your responses and attachments will be saved automatically. You can change your response to any question at any time. To change an attachment to a Core Component, you can click “x” next to the name of the file uploaded.

Submitting your attestation/saving your uploaded information

- 32) IMPORTANT NOTE: Please do NOT upload PHI or PII information through this portal. If PHI or PII is found, the document(s) will be rejected.
- 33) **If you do not want to officially submit your attestation to AHCCCS at the time of uploading your documents, please do NOT press “Submit”. Instead, you can log out of the portal and the attachments uploaded will be saved.** When you attest to one area of concentration and did not submit the attestation, but if you need to select the second Area of Concentration for attestation, then you have to click the “Targeted Investments Program” link under the menu on the left side of the page and start over with the Application search to navigate to the Area of Concentrations page. Then you select the second area of concentration and proceed with the attestation.

The screenshot under bullet thirty seven shows what an official attestation looks like and if the participant is ready to submit their attestation to AHCCCS with their appropriate documentation, then you would click “Submit”

Attachments

Please **DO NOT** upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type:
 Select file to upload:

Max File Size: 10MB
Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png

FileName	File Type	Upload Date
<input checked="" type="checkbox"/> ADT Protocol_AHCCCS.pdf	ADT Protocol	5/16/2018
<input checked="" type="checkbox"/> SDOH Policy_AHCCCS.pdf	Policy on SDOH Screens Referrals	5/16/2018
<input checked="" type="checkbox"/> Procedure for Member Referral.pdf	Procedure for Member Referral	5/16/2018
<input checked="" type="checkbox"/> Communication Protocol_AHCCCS.pdf	Protocol for Communication with Other Providers	5/16/2018
<input checked="" type="checkbox"/> Integrated Care Plan_AHCCCS.pdf	Sample Integrated Care Plan	5/16/2018

34) Once you click “submit”, the following message will appear in red text:

Attachments

FileName	File Type	Upload Date
ADT Protocol_AHCCCS.pdf	ADT Protocol	5/16/2018
SDOH Policy_AHCCCS.pdf	Policy on SDOH Screens Referrals	5/16/2018
Procedure for Member Referral.pdf	Procedure for Member Referral	5/16/2018
Communication Protocol_AHCCCS.pdf	Protocol for Communication with Other Providers	5/16/2018
Integrated Care Plan_AHCCCS.pdf	Sample Integrated Care Plan	5/16/2018

Thank you for submitting your attestation for Year 2 of the Targeted Investments Program.

35) If you have more than one Area of Concentration under one SPN, after the successful submission of the first area of concentration Attestation, click the “OK” button. You will be navigated back to the Area of Concentration list page, where you can go ahead and select the second Area of Concentration for attestation and following the same steps outlined in this document to attest for your completed Milestones.

Menu

- Targeted Investments Program

Support and Manuals

- AHCCCS Online User Manuals
- AHCCCS Online Learn More
- Frequently Asked Questions

Account Information

Username: AlexaKaumaya
 User: Alexa Kaumaya
 Type: User
 IP: 10.205.12.84
 National Provider ID: 1073576740
 User Account

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲

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Claim Status allows providers to check the status of **Fee-For-Service** claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan must be contacted for claim inquiries. For a listing of the Health Plan contact information, please click on [Health Plan Listing](#).

CLAIM SUBMISSION

Claim Submission allows providers to submit Professional, Dental and Institutional claims to AHCCCS for nightly processing. Claims submitted prior to 4:00 PM each business day are processed that night. Claims submitted after 4:00 PM Friday will be processed the following Monday. The status of the claims can be viewed online by searching for the claim by submission date. Average processing time may take 24-72 hours, depending on the number of claims processed and the time of the submission.

MEMBER VERIFICATION

Eligibility and Enrollment Status allows providers to verify an AHCCCS recipient's eligibility and their enrollment in a Health Plan. Providers can also obtain Medicare, Share Of Cost and other third party coverage information for a recipient.

NEWBORN NOTIFICATION

Newborn Notification allows providers to submit newborn information to AHCCCS during the hours when the COM Center is not available. Status of these submissions can also be viewed from the web site within 48 business hours.

PROVIDER VERIFICATION

Provider Information allows providers to update their correspondence addresses. Providers may also view (but not update) their Service and Pay-To Addresses, Group Affiliations and Authorized Signatures.