

Provider Webinar

Molina Healthcare of Arizona
April 9, 2025



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Welcome and Introductions

Molina Healthcare of Arizona Network Team:

- Kelley Pavkov, Director, Network Development
- Desirae Montano, Contracting Manager
- Ray Legenzoski, BH Provider Relations Representative
- Keri Lopez, Specialty Provider Relations Representative
- Beverly Diaz, Hospital Provider Relations Representative
- William Hernandez, Non-Par Provider Representative
- Robert Samaniego, Claims Educator

Molina Healthcare of Arizona

News, alerts & updates



MENTAL HEALTH DAY AT THE CAPITOL

Monday, April 14, 2025

9AM- 3PM at the Arizona State Capitol



Our valued sponsors



Our collaborative partners

Live and Learn Fun - Arizona Mad Moms - Parent Support
Arizona - PSI Arizona - Every Drop Counts Lactation - Birthing
the Magic - Autism Society of Greater Phoenix - MHA of
Arizona - Arizona Psychiatric Society

**For more information and
registration, visit**

AZMHDay.org

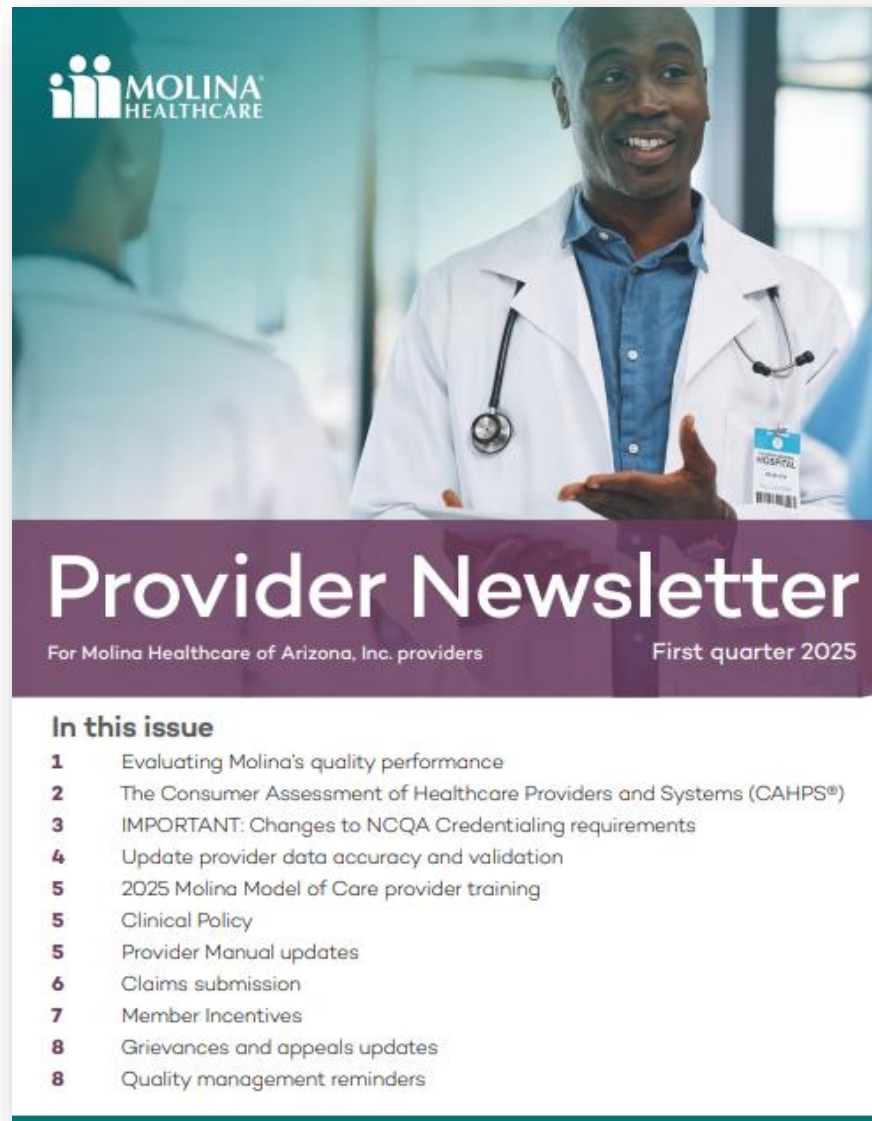


**The Arizona Peer
and Family Coalition**

f **@** **azpeerandfamily**



First quarter 2025 Provider Newsletter



[Provider Newsletter](#)

Providers are encouraged to check the AHCCCS Exclusion List regularly, and prior to hiring or contracting with staff and/or partnering with an individual or organization to provide services to AHCCCS members. **AHCCCS will deny prior authorizations or claims submitted by a provider which include the use of an excluded entity or individual.**

The AHCCCS Exclusion List and information about exclusion can be found here:
<https://www.azahcccs.gov/Fraud/Providers/StateExclusionList.html>

- Under A.R.S. § 36-2930.05, AHCCCS may exclude providers pursuant to rules adopted by AHCCCS, which are outlined in Arizona Administrative Code (A.A.C.) Title 9, Chapter 22, Article 18. AHCCCS, in its sole discretion, may exclude entities and individuals for any of the reasons outlined in A.A.C. R9-22-1802. A.R.S. Sec. 36-2930.05(E) defines "exclude" as: "items and services furnished, ordered or prescribed by a specified individual or entity will not be reimbursed by the administration, a contractor or any agent of the administration or a contractor. Exclude includes the termination of a provider agreement or the administration's refusal to enter into a provider agreement."

The Issue: Only 6.1% of children at 12 and 24 months were screened for lead in 2022. 461 children had blood lead levels ≥ 3.5 $\mu\text{g/dL}$ (CDC BLRV). Just 37% of AHCCCS beneficiaries in this age group were tested.

Why It Matters: Lead poisoning often shows no symptoms. Early detection is critical to prevent developmental harm. Low screening rates hinder public health intervention efforts.

Testing Recommendations:

ADHS:

- Test at 12 and 24 months.
- Test between 24–72 months if not previously screened.

AHCCCS (AMPM Chapter 400):

- Required testing at 12 & 24 months.
- Test ages 24 months–6 years if missed.
- Confirm fingerstick results ≥ 3.5 $\mu\text{g/dL}$ with venous draw.
- Report all results to AzCLPPP.

Refugee Children:

- Test all children ≤ 16 years within 90 days of arrival.
- Retest children ≤ 6 years 3–6 months after resettlement.

Call to Action:

- Help increase testing and protect Arizona's children.
- Lead testing is the only way to detect exposure.

Questions?

 healthyhomes@azdhs.gov

SED Identification Process Update (Effective March 28, 2025)

Due to ARPA grant termination, Solari will no longer process SED determinations.

Key Changes

- Solari will continue SMI determinations for members 17.5 years+.
- SED will now be identified, not "determined" via prior process.
- All currently identified SED members remain unchanged.

Temporary SED Identification Process

- ◆ Submit encrypted email to: systemofcare@azahcccs.gov
Subject: "SED IDENTIFICATION"
 - ◆ Include all of the following:
 - 1.Member name, DOB, AHCCCS ID#
 - 2.SED-qualifying diagnosis (from [AHCCCS coding page](#))
 - 3.CALOCUS score (ages 6+; 99 for <6 yrs or FFS)
 - 4.Provider SED identification: Yes/No
 - 5.Effective date of SED ID or removal

Ongoing Requirements

- Reassess CALOCUS every 6 months
- Notify member & document communication
- Submit removal if no BH services accessed in past 6 months Notes
- Solari packets no longer required
- Must meet diagnosis + CALOCUS (2–6) to qualify
- Updated FAQs: azahcccs.gov/systemofcare

Questions? Email:

 mccaz-systemofcare@molinahealthcare.com

Model of Care Training and Attestation

If you are a DSNP provider and have not completed model of care training and attestation, please visit the below link to complete it. You can find the model of care training and attestation form under provider materials. Links can be found here:

[2025 Model Of Care Training Attestation Mandatory Requirement](#)

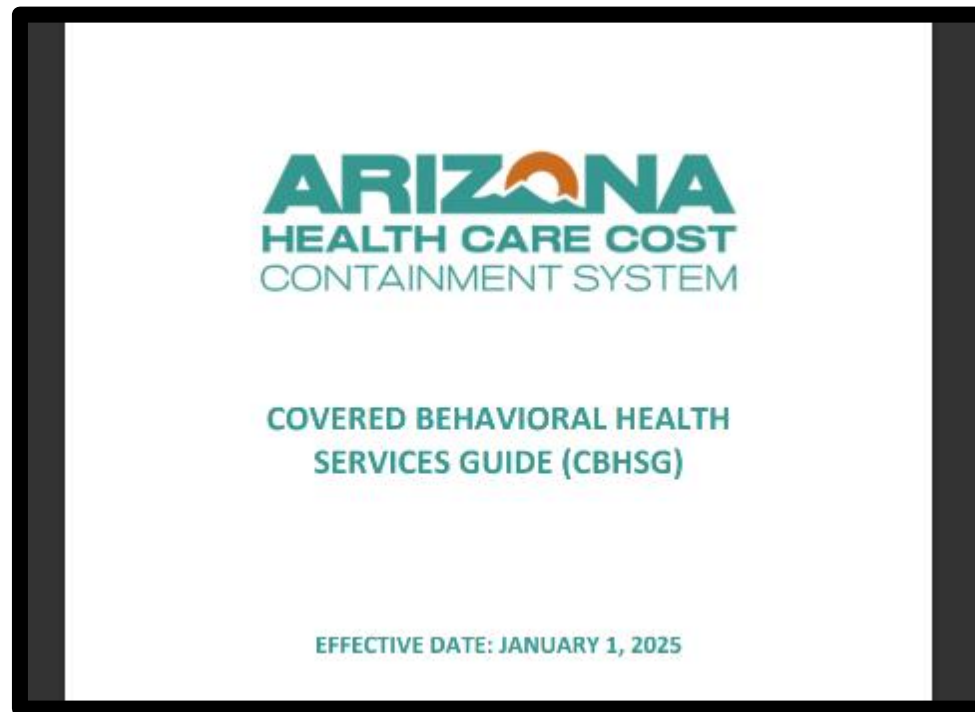
[Molina Medicare Model of Care](#)

[Model of Care Provider Training](#)



AHCCCS Covered Behavioral Health Services Guide

AHCCCS has made updates to 12 sections of the *Covered Behavioral Health Services Guide*, effective **January 1, 2025**.



[AHCCCSCoveredBHServicesManual.pdf](#)

AHCCCS Covered Behavioral Health Services Guide

Section	Change
Provision of Services - Behavioral Health Professionals (BHP)	Language revised to clarify that associate level BHPs are responsible for following supervision requirements by the Az BBHE
Telehealth services	Language noting service must be identified by applicable telehealth modifier and place of service and referencing 2025 telehealth code set changes.
Core Billing Limitations	Language clarification that AHCCCS registered providers who are independently licensed BHPs shall utilize all available CPT codes when billing for services.
Services not Covered by Medicaid	Definitions of Acupuncture codes 97811 and 97814 were updated.
Assessment, Evaluation and Screening Services	<ul style="list-style-type: none"> Added reference to the AHCCCS Telehealth Code Set. Language regarding assessments completed by BHTs aligned with ADHS licensure rules. Language clarifying that CPT codes are not limited to BHPs. They may also be used by other independently licensed qualified clinicians.
Behavioral Health Counseling, Therapy and Psychotherapy - H0004 Billing Limitations	Limitation 7.b. clarified to indicate it is applicable to BHIFs and Psychiatric hospitals
Applied Behavioral Analysis (ABA) Services	The section was updated to align with common language and future updates to AMPM Policy 320-S
Intensive Outpatient Programs - Intensive Outpatient Psychiatric Services	Group sessions revised from 12 to 15 to match Medicare standards
Intensive Outpatient Programs - Intensive Outpatient Psychiatric Services - Billing Limitations	Limitation 4 revised to clarify that documentation must support continued need based on medical necessity
Intensive Outpatient Programs - Intensive Outpatient Alcohol and/or Drug Services - Billing Limitations	Limitation 6 - group sessions revised from 12 to 15 to match Medicare standards
Behavioral Health Day Programs - Therapeutic Behavioral Health Services and Day Programs General - Billing Limitations	Added limitation 8 to clarify that the HQ group modifier is not required when H2019 or H2020 are provided in a group setting.
Rehabilitation Services - Health Promotion - Billing Limitations	Limitation 4 was corrected to indicate groups shall not exceed a 1:20 ratio.
Outpatient Residential Treatment - Behavioral Health Residential Facility Services (BHRF)	Statement added to clarify that attending community and family events with a community support or family member is not a billable service for the BHRF.
Appendix	Reference added for AHCCCS Rates and Billing information include FFS Fee Schedules.

AHCCCS Billing Code Changes For 2025

Terminated code/modifier effective 12/31/2024:

Service Code	Definition
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

Service Code	Definition	Modifiers		
		GT	93	95
99202	New Patient Office or Other Outpatient Visit with Straightforward Medical Decision Making, If Using Time, 15 minutes or more.	X	X	X
99203	New Patient Office or Other Outpatient Visit with Low Level of Medical Decision Making, If Using Time, 30 Minutes or More.	X	X	X
99204	New Patient Office or Other Outpatient Visit with Moderate Level of Medical Decision Making, If Using Time, 45 Minutes or More.	X	X	X
99205	New Patient Office or Other Outpatient Visit with A High Level of Medical Decision Making, if using time, 60 minutes or more.	X	X	X
99212	Established Patient Office or Other Outpatient Visit with Straightforward Medical Decision Making, if using time, 10 minutes or more.	X	X	X
99213	Established Patient Office or Other Outpatient Visit with Low Level of Decision Making, if using time, 20 minutes or more.	X	X	X
99214	Established Patient Office or Other Outpatient Visit with Moderate Level of Decision Making, if using time, 30 minutes or more.	X	X	X
99215	Established Patient Office or Other Outpatient Visit with High Level of Medical Decision Making, if using time, 40 minutes or more.	X	X	X

Arizona Public Health Data Portal Launch

Overview:

- ADHS has launched the **Public Health Data Portal** to centralize all public health data in one platform.
- Designed to improve access to vital health information for Arizonans.

Key Features:

- User-friendly interface with tools like reports, dashboards, maps, and search functions.
- Includes the **2024 Annual Reports**: Baby Name Report, Arizona Diabetes Action Plan, and State Hospital Fiscal Year Report.



Arizona Public Health Data Portal Launch

How to Access

- **Access the Portal:**
<https://data.azdhs.gov/>

Contact Information:
pio@azdhs.gov for inquiries.



“A major step forward in making data more accessible and transparent.”
— Wesley Kortuem, ADHS Analytics Section Lead

AHCCCS Genetic Testing & Screening Updates

Update whole Genome Sequencing: Now a covered benefit for eligible members under 2023 Arizona Senate Bill 1726. Requires prior authorization.

•**Genetic Testing PA Requests:** Must include documentation showing consistency with AHCCCS AMPM 310 II coverage. Services must be medically necessary.

•**Syphilis Screening:** Required annually starting at age 15.

•**Updated Forms:** Available on Molina Healthcare and AHCCCS websites (EPSDT forms, periodicity schedule, clinical forms).

•**Prior Authorization (PA):** Available online through Molina Healthcare website or by fax. PA codes lookup tool on Molina Arizona Providers.

•**Fax Numbers:** Different numbers for various services (e.g., Outpatient Medicaid: 888-656-7501, Pharmacy: 844-271-6887).

•**Contact:** Questions? Call Molina at (800) 424-5891 (Mon-Fri, 8 AM to 6 PM).

For more details, visit [Molina Clinical Policy](#).

Community Health Workers and Community Health Representatives

Key Updates:

Medicaid Reimbursement Implementation:

Effective April 1, 2023, certified CHWs and CHRs employed by AHCCCS-registered providers can bill for reimbursable services.

Certification Requirements:

CHWs/CHR must obtain certification through the Arizona Department of Health Services (ADHS). Certification ensures adherence to established qualifications, scope of practice, and core competencies.

Billing and Employment:

Certified CHWs/CHR can be employed by multiple AHCCCS-registered providers. Employers must submit claims using allowed codes for covered services provided by CHWs/CHR. Additional billing guidance is available in the [AHCCCS Fee-for-Service Provider Billing Manual](#).

Resources:

For CHW certification details, visit the [ADHS Community Health Worker Licensing Management System \(LMS\) page](#).

For further information, refer to the [AHCCCS CHW/CHR Frequently Asked Questions](#).

AHCCCS Doula Services Overview

Key Updates:

Medicaid Reimbursement:

As of October 2024, AHCCCS reimburses certified doulas for services provided to Medicaid members.

[azahcccs.gov](https://www.azahcccs.gov)

Certification Requirements:

Doulas must obtain certification through the Arizona Department of Health Services (ADHS). [azahcccs.gov](https://www.azahcccs.gov)

Certification ensures adherence to established qualifications, scope of practice, and core competencies.

Provider Enrollment:

Certified doulas must register with AHCCCS to bill for services. Enrollment is completed via the AHCCCS Provider Enrollment Portal.

Credentialing: Required Forms

❑ Please submit ALL pages of AzAHP forms when sending in credentialing for practitioners and new locations. Our credentialing Team will reject incomplete forms.

❑ The link to the most up-to-date Network Management Forms are hyperlinked [here](#)

The image shows two overlapping forms from AZ+AHP. The top form is the 'AZAHP PRACTITIONER DATA FORM' and the bottom form is the 'AZAHP ORGANIZATIONAL/FACILITY APPLICATION'. Both forms include the AZ+AHP logo and the text 'Credentialing Alliance'.

AZAHP PRACTITIONER DATA FORM:

- PLEASE TYPE OR PRINT CLEARLY AND COMPLETE THIS FORM IN ITS ENTIRETY INCLUDING ATTACHMENTS SO THAT WE MAY PROCESS YOUR REQUEST. This form includes Personal Information, Professional Information, and Business Information.
- Fields include: To, Fax, Pool the following, IFS-361 coupon or az Medical required by, DENTAL PROVIDERS OR, General Anesthesia P, Practitioner's Name and Address, 1099 Registered Name (Business Practice Name) (DBA), Practitioner's Effective Date, Group Type (check all that apply), Lines of Business, Medicaid, Medicare, License #, State, Exp Date, Is Facility a Medicare participating provider? (YES/NO), AHCCCS Provider Type, AHCCCS ID#, Organization NP#, Primary Practicing Specialty, Secondary Practicing Specialty, Word Contract as PCPT, Accepting New Patients, Do you provide services to (Physical/Develop), Do you provide services to (Physical/Develop) (i.e., those who), Do you treat any of the following, PCH and OB/GYN: Do you participate in WIC (PCH serving AHCCCS enrollees), Names of Practitioners in C additional names at end of

AZAHP ORGANIZATIONAL/FACILITY APPLICATION:

- 1099 Registered Name (Required):, Tax ID#:
- Organizational/Facility Name/DBA (if applicable):
- Lines of Business: Medicaid, Medicare, Commercial, License #, State, Exp Date
- Is Facility a Medicare participating provider? (YES/NO), AHCCCS Provider Type, AHCCCS ID#, Organization NP#
- ORGANIZATIONAL/FACILITY TYPE AS LISTED ON LICENSE OR ACCREDITATION: Check all that apply

<input type="checkbox"/> Acute Rehab	<input type="checkbox"/> FQHC/RHC	<input type="checkbox"/> PT/OT/ST
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Rehabilitation Providers	<input type="checkbox"/> Radiology
<input type="checkbox"/> Attendant Care Agency	<input type="checkbox"/> Home Health	<input type="checkbox"/> Sleep Center
<input type="checkbox"/> Assisted Living Center	<input type="checkbox"/> Hospice	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Assisted Living Home	<input type="checkbox"/> Hospital	<input type="checkbox"/> Transportation
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Intensive Outpatient Treatment (IOT)	<input type="checkbox"/> Transportation—Air and Non-Emergency
<input type="checkbox"/> Behavioral Health Residential Facility (BHRF)	<input type="checkbox"/> Lab	<input type="checkbox"/> Therapeutic Behavioral Health Foster Home/Group Home
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Medical/Dental Schools	<input type="checkbox"/> Urgent Care
<input type="checkbox"/> DME/Infusion	<input type="checkbox"/> Orthotics & Prosthetics	<input type="checkbox"/> Vision
<input type="checkbox"/> Enderal	<input type="checkbox"/> Outpatient Medical Rehab Center	<input type="checkbox"/> Wound Care
<input type="checkbox"/> Family Planning	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other:
- ORGANIZATIONAL/FACILITY TYPE SPECIALTIES—HSD SPECIALTY CODE AND SPECIALTY NAME: Check all that apply

<input type="checkbox"/> 040 Acute Inpatient Hospitals	<input type="checkbox"/> 046 Skilled Nursing Facilities	<input type="checkbox"/> 050 Occupational Therapy
<input type="checkbox"/> 041 Cardiac Surgery Program	<input type="checkbox"/> 047 Diagnostic Radiology	<input type="checkbox"/> 051 Speech Therapy
<input type="checkbox"/> 042 Cardiac Catheterization Services	<input type="checkbox"/> 048 Mammography	<input type="checkbox"/> 052 Inpatient Psychiatric Facility Services
<input type="checkbox"/> 043 Critical Care Services—Intensive Care Units (ICU)	<input type="checkbox"/> 049 Physical Therapy	<input type="checkbox"/> 057 Outpatient Infusion/Chemotherapy
<input type="checkbox"/> 045 Surgical Services (Outpatient or ASC)		
- ACCREDITING AUTHORITIES: Please indicate if this location has been reviewed by any of the accrediting authorities listed below and provide a copy of the most recent accreditation report for each location.

<input type="checkbox"/> Accreditation Commission for Health Care, INC.	<input type="checkbox"/> Commission on Office Laboratory Accreditation
<input type="checkbox"/> American Association for Accreditation of Ambulatory Surgery Facilities	<input type="checkbox"/> Community Health Accreditation
<input type="checkbox"/> American Association for Ambulatory Health Care	<input type="checkbox"/> Det Norske Veritas National Integrated Accreditation for Healthcare Organizations
<input type="checkbox"/> American College of Radiology	<input type="checkbox"/> Healthcare Facilities Accreditation Program
<input type="checkbox"/> American Osteopathic Association	<input type="checkbox"/> Joint Commission
<input type="checkbox"/> Commission on Accreditation of Rehabilitation Facilities	<input type="checkbox"/> Other:

Revised 2023
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Credentialing and Demographic Changes

Credentialing

- Additional practitioner added to group: Please submit AzAHP Practitioner form to your Provider Relations Representative or MCCAZProvider@molinahealthcare.com . Please ensure all pages are filled out to prevent delay in credentialing and loading. Please allow up to 60 days.
- Additional Facility added to group: Please submit AzAHP Facility form to your Provider Relations Representative or MCCAZ-Provider@molinahealthcare.com . Please ensure all pages are filled out to prevent delay in credentialing and loading. Please allow up to 60 days.

Demographic Changes

- Any demographic changes such as updated email, address, specialty, please submit the applicable form linked here to your Provider Relations Representative or MCCAZ-Provider@molinahealthcare.com . Please ensure all pages are filled out to prevent delay in loading.

<https://www.molinahealthcare.com/providers/az/medicaid/forms/fuf.aspx>

IMPORTANT: Provider Data Accuracy and Validation

It is important for providers to ensure Molina has accurate practice and business information. Accurate information allows us to better support and serve our members and provider network.

Invalid information can negatively impact:

- ✗ *member access to care*
- ✗ *member and/or PCP assignments and referrals*
- ✗ *current information is critical for timely and accurate claims processing*



Maintaining an accurate and current provider directory is a state and federal regulatory requirement, as well as an NCQA-required element.

- ✓ *Validate provider information on file with Molina at least once every 90 days*
- ✓ *Notify Molina of any changes, as soon as possible, but at a minimum 30 calendar days in advance of any changes*
- ✓ *Send an updated roster to your assigned provider services rep ever 30 days*

ASD Template Due 4/15/2025

Please complete the following template for your Autism Spectrum Disorder Providers. It is based on the correct tabs, Diagnosis ASD and Treating ASD. For all contracted providers, this is due 4/15/2025.

Please submit completed templates:

Ray Legenzoski ray.legenzoski@molinahealthcare.com

and our general provider web box

Name of Group	Tax ID	Name of Provider and Credentials	Provider NPI	Provider servicing location	Location Phone Number	Treatment Type

Diagnosing ASD

Treating ASD

MHAZ Autism Diagnosing & Treating Providers

Molina Healthcare of Arizona has published a new list of Autism Spectrum Disorder (ASD) Providers and Resources. Please open and review the lists link below.

- 📄 Autism Diagnosing Providers
- 📄 Autism Treating Providers



[Autism Spectrum Disorder Providers and Resources | Molina Healthcare Arizona](#)

Subscribe to email newsletters from AHCCCS

Subscribe to various newsletters published by AHCCCS divisions. You may unsubscribe at any time by clicking the Unsubscribe link at the bottom of every email.



<https://www.azahcccs.gov/PlansProviders/AHCCCSlistserve.html>

Reminder: AHCCCS Provider Enrollment Required

In accordance with the [21st Century Cures Act](#) and [AMPM 610 - AHCCCS Provider Qualifications](#), all health care providers who refer AHCCCS members for an item or service, who order non-physician services for members, who prescribe medications to members, and who attend/certify medical necessity for services and/or who take primary responsibility for members' medical care must be enrolled as AHCCCS providers.

As a reminder, provider enrollment applications are managed via accessing the [AHCCCS Provider Enrollment Portal](#).



Participating/Performing Provider Requirements

Contracting

- If there is a Tax ID change, please send email to MCCAZ-Provider@molinahealthcare.com with an updated W9, AzAHP form and your old Tax ID and new Tax ID. Please allow 120 days for processing.
- Requests for a copy of your contract need to be directed to MCCAZ-Provider@molinahealthcare.com
- New Contract requests should be sent to MCCAZ-Provider@molinahealthcare.com and should include the following:
 - ✓ **Current W9**
 - ✓ **AzAHP form for group**
 - ✓ **AzAHP form for each provider billing under your Group Tax ID**
 - ✓ **Extensive scope of services**
 - ✓ **List of codes to be billed**
 - ✓ **Contact information for signing authority**

AHCCCS Revalidation Reminder:

If the provider has questions about the process they are encouraged to review resources on the AHCCCS website, www.azahcccs.gov/a pep, which include:

- [Domain access in APEP](#)
- [Provider FAQ](#)
- Provider Chat Bot <https://chat.azahcccs.gov/>
- And so much more!

Tenant Eviction Assistance Program Opportunity

EVICITION NOTICE
NOTICE NON-PAYMENT OF RENT

ARE YOU AT RISK OF EVICTION?

NATIVE HEALTH, in partnership with Community Legal Services, is offering a new legal service:
Tenant Eviction Assistance Program.

This assistance will be offered on
Mondays, Tuesdays, Thursdays and Fridays,
9 a.m.-5 p.m. at NATIVE HEALTH Central
4041 North Central Avenue, Building C in Phoenix

Additional legal assistance will continue to be available Wednesdays, 9 a.m.-12 p.m. at NATIVE HEALTH Central.

First come, first serve for all legal services. NO APPOINTMENT NEEDED. Please bring any notices and your lease with you.

QUESTIONS? CALL (602) 279-5262, ext. 11042
EMAIL: kwellis@nachci.com

 **Community**
Legal Services

NATIVE  HEALTH.

AHCCCS H2O Program Eligibility

1. Eligible members must be Homeless and 18 years of age or older. In accordance with 24 CFR 91.5, the U.S. Department of Housing and Urban Development (HUD), beneficiaries must be homeless or at risk of becoming so.

2. Eligible members must also have an SMI designation and be 18 years of age or older. Recipients must have a chronic illness and a Serious Mental Illness Designation.

● Recipients who have been released from a correctional facility within the last 90 days, or who have been designated as having a Serious Mental Illness (SMI) and are presently detained in a correctional health facility with a scheduled release date within 90 days.

● When determining eligibility, a person's SMI and/or move out of an institutional setting take precedence over ongoing medical issues.

Chronic Health Conditions included are:

- Hypertension
- Heart Disease
- Heart Failure
- Liver Disease
- Diabetes
- Renal Failure
- Kidney Disease
- Kidney Transplant Failure
- Necrotizing Fasciitis
- Liver Cancer
- Skin Cancer
- Multiple Sclerosis

While this program is not currently eligible for all AHCCCS Complete Care (ACC) participants enrolled within Molina at this time, for those that are going through the Serious Mental Illness (SMI) Designation process and are approved, this program may be a benefit after that transition to SMI Services.

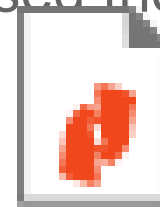
Further information can be found on the AHCCCS website at [AHCCCS Housing and Health Opportunities \(H2O\) Demonstration \(azahcccs.gov\)](http://AHCCCS Housing and Health Opportunities (H2O) Demonstration (azahcccs.gov))

IMPORTANT Update VFC Coding and Reimbursement Memo

It has come to AHCCCS' attention that there may be confusion regarding the reimbursement for immunization administration fees when Vaccines for Children (VFC) stock is administered to members.

The descriptions for 90460 and 90461 are silent as to what source of vaccine is being administered. AHCCCS is sharing this guidance for clarification and to ensure all managed care plans are reimbursing administration fees equitably when VFC stock is given to an eligible member.

Effective 10/1/24, per Contract, AHCCCS has increased the administration fee from \$15.43 to \$21.33.



Update for Skilled Nursing Facilities:

Attention Skilled Nursing Facilities:

Beginning February 15, 2024, all medications for Molina Medicaid members admitted to a Skilled Nursing Facility setting will be paid through the member's pharmacy benefit. The goal is to alleviate any barriers while taking care of our Members.

Please update your Pharmacy with the information below to adjudicate these claims:

BIN	004336
PCN	MCAIDADV
Groups	RX21EF, RX51BE, RX51BI

If you have any questions, please reach out to our Pharmacy Helpdesk : 844 910 3446 or MCCAZ-Provider@molinahealthcare.com

Claims information and Updates

Robert Samaniego- Molina Healthcare of AZ Claims Educator
Robert. Samaniego@molinahealthcare.com

Claim Submission



Claims submission options

- Paper/mail
- Electronic submission



Clearing house options

- Change Healthcare
- Availity
- SSI



Claims address

Molina Complete Care
P.O. Box 93152
Long Beach, CA 90809-9994



Molina Healthcare of Arizona

Availity Overview

Availity Essentials is a secure, multi-payer platform where healthcare providers and health plans collaborate by exchanging administrative and clinical information. Providers may use Availity to view and manage:

- ☐ Eligibility & Benefits
- ☐ Patient Search
- ☐ Attachments
- ☐ Appeals
- ☐ Claim Status
- ☐ Quick Claims
- ☐ Claims Correction
- ☐ Payer Space
- ☐ Overpayments



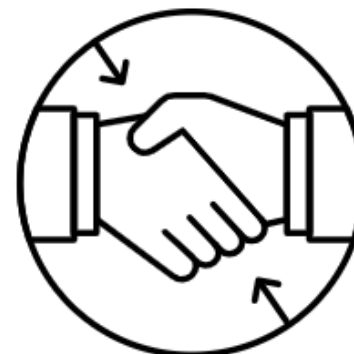
<https://www.availity.com/>

Availity Contact information

First-time users create an account following this link:

<https://apps.availity.com/web/onboarding/portal-entry/#/create-account>

If you already have an Availity Essentials account and need support, please click LOGIN below and submit a ticket. (24 hours a day, 7 days a week) or call Availity Client Services at 1-800-282-4548 between 8:00 am and 8:00 pm Eastern, Monday through Friday.



Availity - Training and Education

The following free, live and on-demand Availity training is available for all registered users:

- ❑ Webinars to introduce audiences to Availity tools
- ❑ Product demos showing how to get the most out of Availity tools
- ❑ Help topics with detailed steps for completing a transaction
- ❑ Monthly updates on new and evolving tools

How to Access

Availity Essentials (Portal)

1. Log in to Availity Essentials
2. Click Help & Training | Get Trained

Essentials Pro (Revenue Cycle Management)

1. Log in to Essentials Pro
2. Click Support | Availity Learning Center in the upper right



<https://www.availity.com/training-and-education/>

Timely Filing

The **initial claim must be submitted to Molina Healthcare of Arizona within six months of the date of service**, even if payment from Medicare or other insurance has not been received.

If a claim is originally received within the six-month time frame, the provider has up to 12 months from the date of service to correctly resubmit the claim with the Medicare/Other Insurance payment Remit/EOB/EOMB. This must occur within 12 months of the date of service, which is the clean claim time frame.

**Subject to contract/SCA agreements*

Reconsiderations

- If you receive remittance advice and believe the claim(s) was denied inappropriately or paid incorrectly, don't hesitate to contact our customer service unit or your provider representative. They can assist with having the impacted claims reviewed.
- IF you are not sure who your provider representative is, you can email the Provider Network team at MCCAZ-Provider@Molinahealthcare.com
- Resubmissions can take up to 30 days to process.
- The reconsideration request must contain the following information **Member's AHCCCS ID, Date(s) of service in question, Claim Number, and denial reason.**

Replacement Claims

To **replace** a denied CMS 1500 claim:

Enter “7” in Field 22 (Medicaid Resubmission Code) and the CRN/Claim number of the denied claim or the CRN/Claim number of the claim to be adjusted in the field labeled "Original Ref. No." Failure to replace a 1500 claim without Field 22 completed will cause the claim to be considered a “new” claim and it won’t link to the original denial/paid claim. The “new” claim may be denied as timely filing exceeded.

Replace the claim in its entirety, including all original lines if the claim contained more than one line. **Note: Failure to include all lines of a multiple-line claim will result in recoupment of any paid lines that are not accounted for on the resubmitted claim.**

To **replace** a denied UB-04, please ensure the CRN/Claim number of the denied claim or the CRN/Claim number of the claim to be adjusted is documented in field 64 of the UB-04 form.

Optum Pause and Pay

In partnership with Optum, Molina will perform prepayment medical record reviews utilizing widely acknowledged national guidelines for billing practices and to support uniform billing for all payers. The prepayment claim reviews will look for overutilization and other inappropriate billing practices by reviewing state and federal policies sourced from Medicaid and Medicare rules utilized industry-wide and then applying appropriate analytics.

If your claim is identified for review, you will receive an EOP indicating that medical records have been requested. The EOP will contain the following Remit Remark Code and Message referencing each line:

Remit Remark Code: M127 Remit Message:

“Optum is requesting Medical Records on Molina’s behalf. The allowed timeframe for Medical Record submission and any disputes is based on timely filing requirements. Please direct questions regarding this Medical Record request to Optum at (877) 244-0403.”



FC7A1BDB.pdf

AHCCCS Billing Code Changes For 2025

Please remember to review the AMA CPT Manual and all applicable AHCCCS guidance to ensure accurate code selection for billing. This will help maintain compliance and prevent potential claim issues.

- ❑ [Medical Coding Resource Newsletter December 2024](#)
- ❑ [AHCCCS Telehealth Services](#)
- ❑ [AMA CPT Codes Website](#)

Medical Coding Resources

AHCCS has updated various codes such as the following listed below.
Please be sure to register for Email Notifications using the following link below.



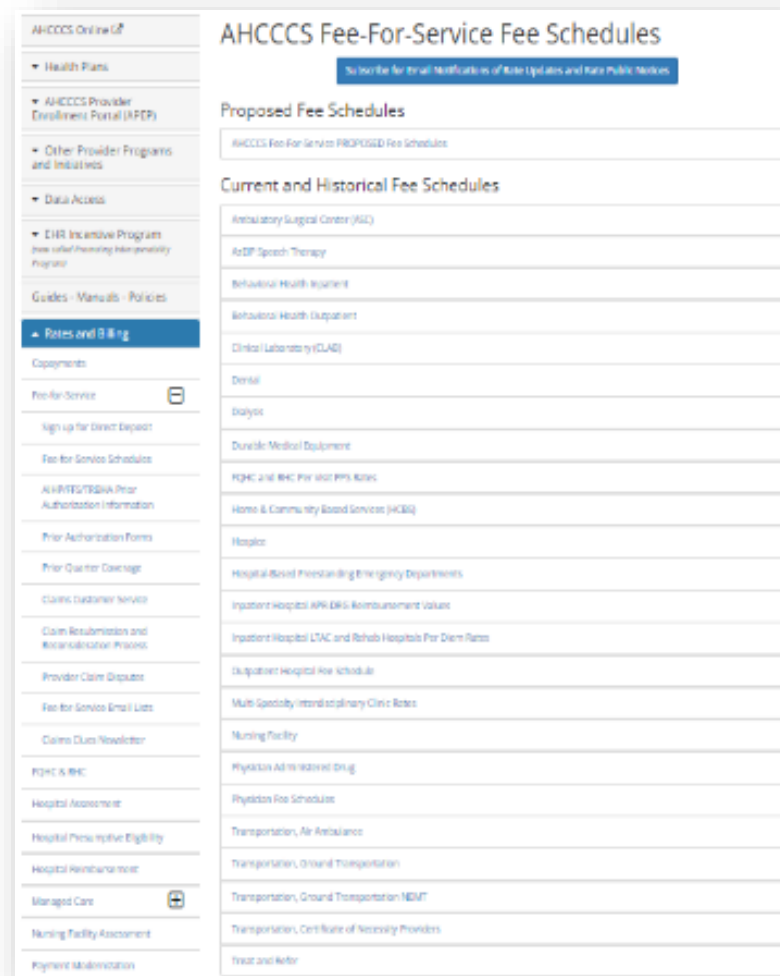
Subscribe for Email Notifications for Medical Coding Resources Updates

[Medical Coding Resources \(azahcccs.gov\)](http://azahcccs.gov)

Helpful AHCCCS Claim Resources



[MasterFFSManual.pdf \(azahcccs.gov\)](https://www.azahcccs.gov/FormsandDocuments/Manuals/FFSManual.pdf)



[Fee-For-Service \(azahcccs.gov\)](https://www.azahcccs.gov/RatesandBilling/FeeSchedules)

AHCCCS Doula Services Overview

Key Updates:

•Billing Codes:

- T1032: Services performed by a doula birth worker, per 15 minutes.
- T1033: Services performed by a doula birth worker, per diem.

•Eligible Members:

- All AHCCCS members who are pregnant or postpartum are eligible for doula services.

•Reimbursement Rates:

- T1032: \$16.28 per 15-minute increment.
- T1033: \$781.32 per diem.

•Referral Requirements:

- Doula services must be recommended by a physician or other licensed practitioner acting within their scope of practice.

Resources:

- [AHCCCS Doula Providers Page](#)
- ADHS Doula Certification Information
- AHCCCS Provider Enrollment Portal
- [AHCCCS Doula Services FAQ](#)

Molina Healthcare of Arizona Provider Resources



Molina Healthcare of Arizona 2025 Provider Manual



[Provider Manual \(molinahealthcare.com\)](http://molinahealthcare.com)

Molina Healthcare of Arizona

Contact Center

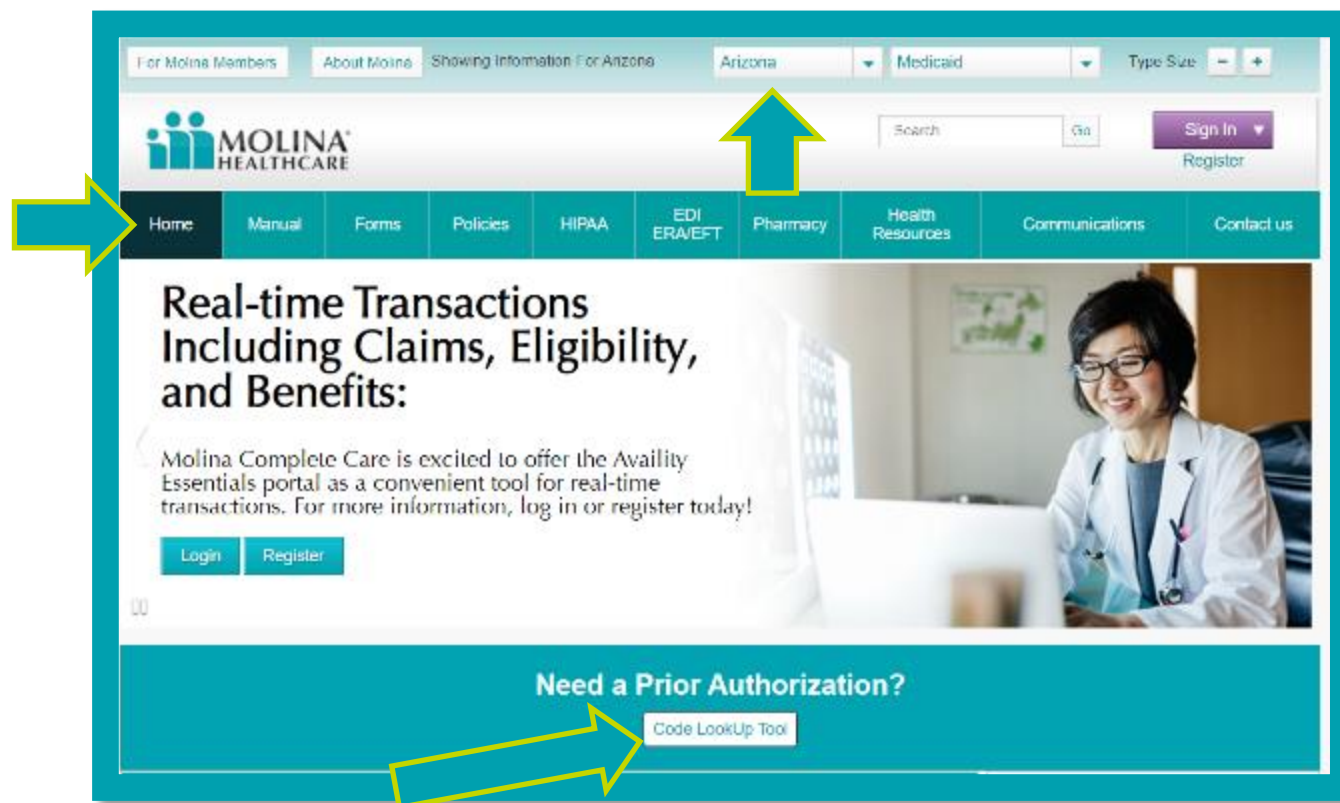
If you have any questions, please call us at 1-800-424-5891
Monday - Friday from 8 a.m. to 6 p.m., (PST)

We can help answer any questions you have regarding:

- ☐ Authorizations
- ☐ Claims
- ☐ Eligibility
- ☐ Benefit Questions

Please find our contact information hyperlinked [here](#)

Prior Authorization Look up Tool



All NON-PAR Providers require prior authorization regardless of services provided or codes submitted, except for Emergency Services.
Medicaid IP fax: 1-888-656-2201 Medicaid OP fax: 1-888-656-7501 Specialty Pharmacy fax: 1-844-271-6887 Transplant fax: 1-877-813-1206

State	Health Plan Benefit	LOB
Arizona	Molina Complete Care of Ariz	Medicaid

CPT / HCPCS Code

Lookup

The tool is hyperlinked [here](#)

Prior Authorization Look up Tool

All NON-PAR Providers require prior authorization regardless of services provided or codes submitted, except for Emergency Services.

Medicaid IP fax: 1-888-656-2201 Medicaid OP fax: 1-888-656-7501 Specialty Pharmacy fax: 1-844-271-6887 Transplant fax: 1-877-813-1206

State

Arizona

Health Plan Benefit

Molina Complete Care of Ariz

LOB

Medicaid

CPT / HCPCS Code

h0015

Lookup

Prior Authorization Status: Required

*Prior authorization required where covered.

Code Description

ALCOHL and /RX SRVC;INTENSV OP;CRISIS INTRVN and
ACTV TX

Notes

PA after 14 units

* When Prior Authorization is 'Required', click [here](#) to create Service Request/Authorization

The tool is hyperlinked [here](#)

MCG Cite AutoAuth in Availity

- ❑ Molina Healthcare of Arizona partners with MCG health to provide the Cite AutoAuth self-service method for all lines of business to submit advanced imaging prior authorization (PA)
- ❑ Cite AutoAuth can be accessed via the Availity Single Sign-on portal 24 hours per day/7 days per week.
- ❑ This submission method is strongly encouraged as your primary submission route, existing fax/phone/email processes will also be available. Molina will review clinical information submitted with the PA. This system will provide quicker and more efficient processing of your authorization request, and the status of the authorization will be available **immediately** upon completion of your submission.

MCG Cite AutoAuth in Availability

- ❑ By attaching the relevant care guideline content to each PA request and sending it directly to Molina, healthcare providers receive an expedited, often immediate, response. Through a customized rules engine, Cite AutoAuth compares Molina's specific criteria to the clinical information and attached guideline content to the procedure to determine potential for auto authorization.
- ❑ Self-services available in the Cite AutoAuth tool include, but are not limited to: MRIs, CTs, PET scans. To see the full list of imaging codes that require PA, refer to the PA code Lookup Tool at MolinaHealthcare.com.

Thank you for your partnership in caring for Molina Healthcare members.

AHCCCS E.V.V.

ELECTRONIC VISIT VERIFICATION

What is Electronic Visit Verification (EVV)?

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), also known as the 21st Century Cures Act, in order to prevent a reduction in the Federal Medical Assistance Percentage (FMAP), AHCCCS is mandated to implement Electronic Visit Verification (EVV) for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) and for in-home skilled nursing services (home health.) AHCCCS is mandating EVV for personal care and home health services beginning January 1, 2021.

Electronic Visit Verification (cont.)

Provider Description	Provider Type
Attendant Care Agency	PT 40
Behavioral Outpatient Clinic	PT 77
Community Service Agency	PT A3
Fiscal Intermediary	PT F1
Habilitation Provider	PT 39
HomeHealth Agency	PT 23
Integrated Clinic	PT IC
Non-Medicare Certified HomeHealth Agency	PT 95
Private Nurse	PT 46

Service	HCPCS Service Codes	DDD Focus Codes
Attendant Care	S5125	ATC
Companion Care	S5135 and S5136	
Habilitation	T2017	HAH, HAI
Home Health Services (aide, therapy, and part-time/intermittent nursing services)		
Nursing	G0299 and G0300	
Home Health Aide	T1021	
Physical Therapy	G0151 and S9131	
Occupational Therapy	G0152 and S9129	
Respiratory Therapy	S5181	
Speech Therapy	G0153 and S9128	
Private Duty Nursing (continuous nursing services)	S9123 and S9124	HN1, HNR
Homemaker	S5130	HSK
Personal Care	T1019	
Respite	S5150 and S5151	RSP, RSD

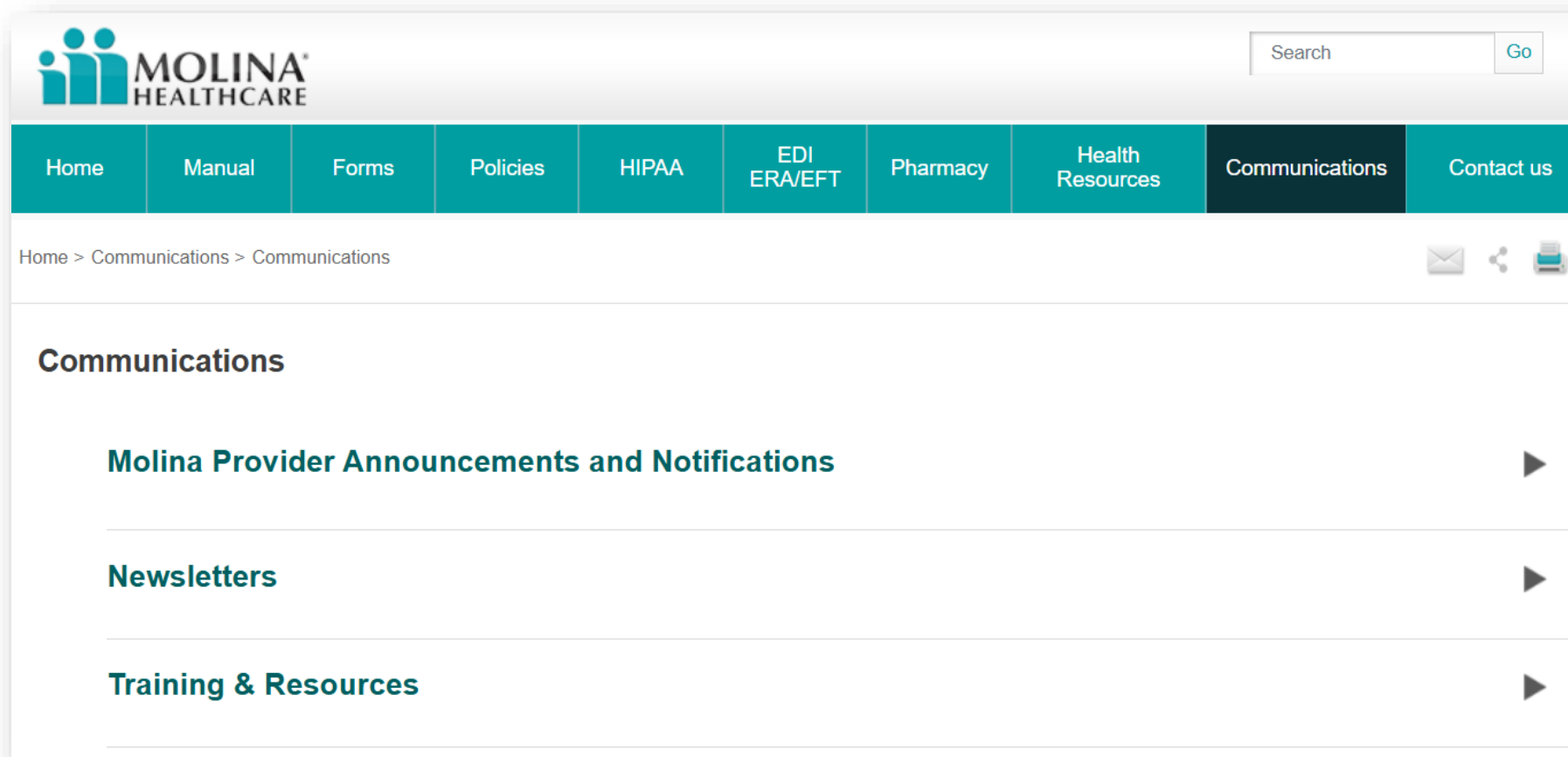
Place of Service Description	POS Code
Home	12
Assisted Living Facility	13
Other	99



For more information, please
see the link directly to
AHCCCS:

<https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/>

Did you miss a Molina Healthcare of Arizona communication?






The screenshot shows the Molina Healthcare website's 'Communications' page. At the top is the Molina Healthcare logo and a search bar. Below is a navigation menu with links to Home, Manual, Forms, Policies, HIPAA, EDI ERA/EFT, Pharmacy, Health Resources, Communications (highlighted), and Contact us. The breadcrumb trail reads 'Home > Communications > Communications'. On the right are icons for email, social media, and printing. The main content area is titled 'Communications' and lists three items: 'Molina Provider Announcements and Notifications', 'Newsletters', and 'Training & Resources', each with a right-pointing arrow.




MOLINA HEALTHCARE

Search

[Home](#) [Manual](#) [Forms](#) [Policies](#) [HIPAA](#) [EDI ERA/EFT](#) [Pharmacy](#) [Health Resources](#) **Communications** [Contact us](#)

Home > Communications > Communications   

Communications

- [Molina Provider Announcements and Notifications](#) 
- [Newsletters](#) 
- [Training & Resources](#) 

[Communications | Molina Healthcare](#)

Quality Management

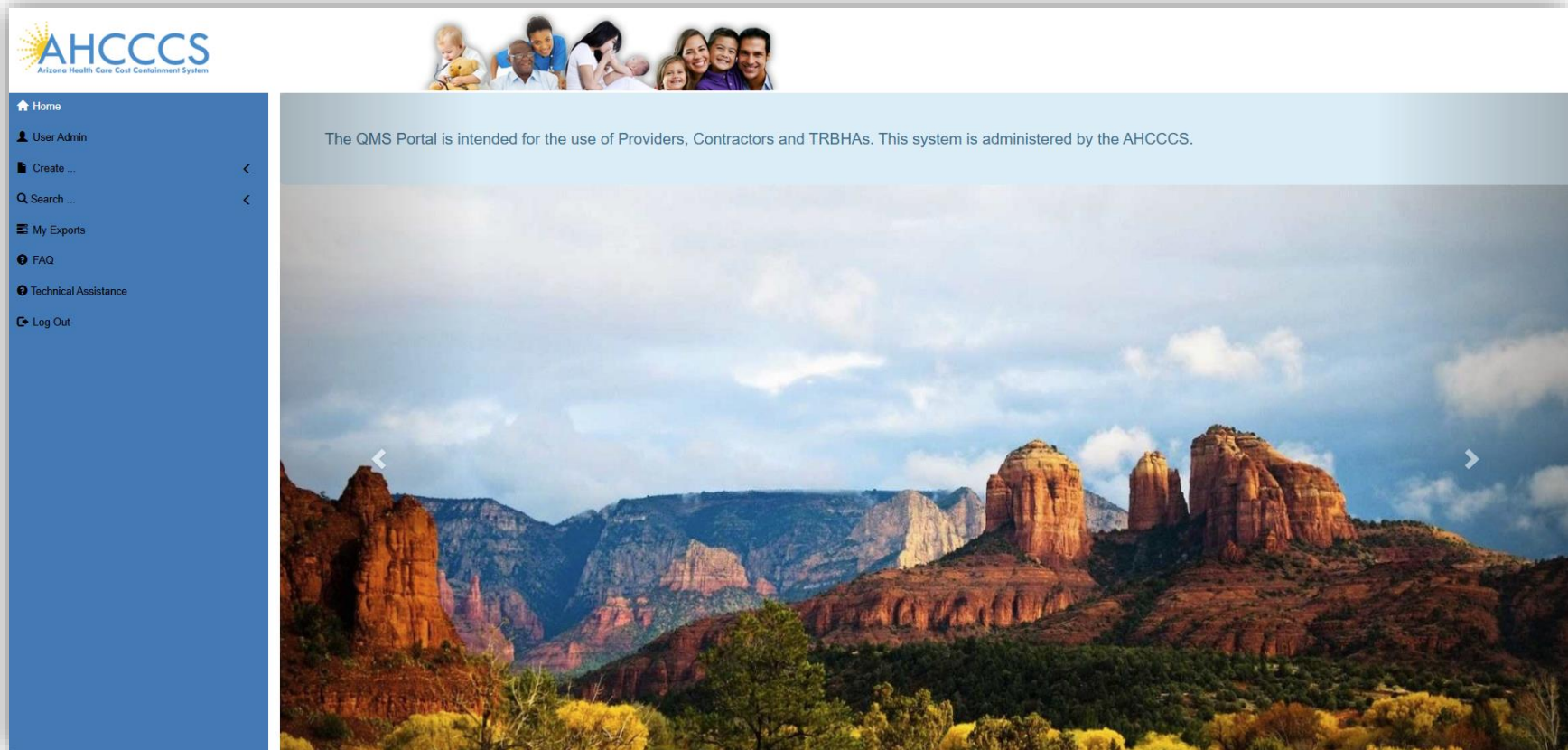
Itzel Cordova
Specialist, Quality Management

Quality Management Topics

- AHCCCS Quality Management (QM) Portal Registration
- Incident, Accident, and Death (IAD) Reporting Requirements
- Quality of Care (QOC) Reviews & Investigations
- Reporting and Monitoring of Seclusion and Restraint (SAR)
- Site Visits and Auditing
- Provider Quality Performance Monitoring (QPM)
- Molina Quality Management Contact Information

AHCCCS Quality Management (QM) Portal Registration

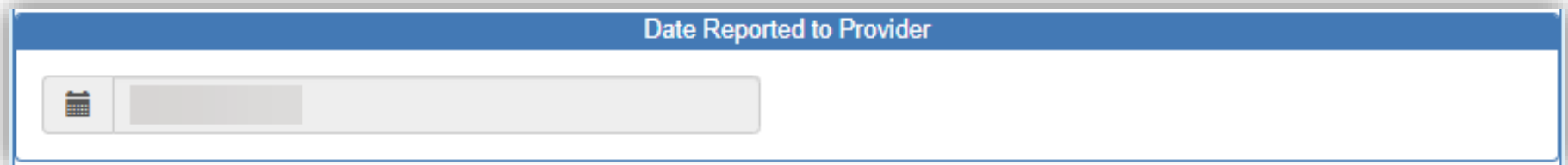
- AHCCCS QM Portal: <https://qmportal.azahcccs.gov/>
- All providers shall register an account in the AHCCCS QM Portal within 30 days of becoming an AHCCCS registered provider.
- Molina QM: MCCAZ-QOC@MolinaHealthcare.com



AMPM Policy 961

Incident, Accident, and Death (IAD) Reporting Requirements

- Reportable Events
 - Reportable Non-Sentinel IADs
 - Sentinel IADs
- Reportable Non-Sentinel IADs shall be submitted by the provider into the AHCCCS QM Portal within two business days of the event or two business days of becoming aware of the event
- Sentinel IADs shall be submitted by the provider into the AHCCCS QM Portal within one business day of the event or within one business day of becoming aware of the event
- AHCCCS QM Portal *Basic Incident Information*



The screenshot shows a web form with a blue header bar containing the text "Date Reported to Provider". Below the header is a white input area. On the left side of the input area is a small calendar icon. To the right of the icon is a grey rectangular box, likely representing a date selection or input field.

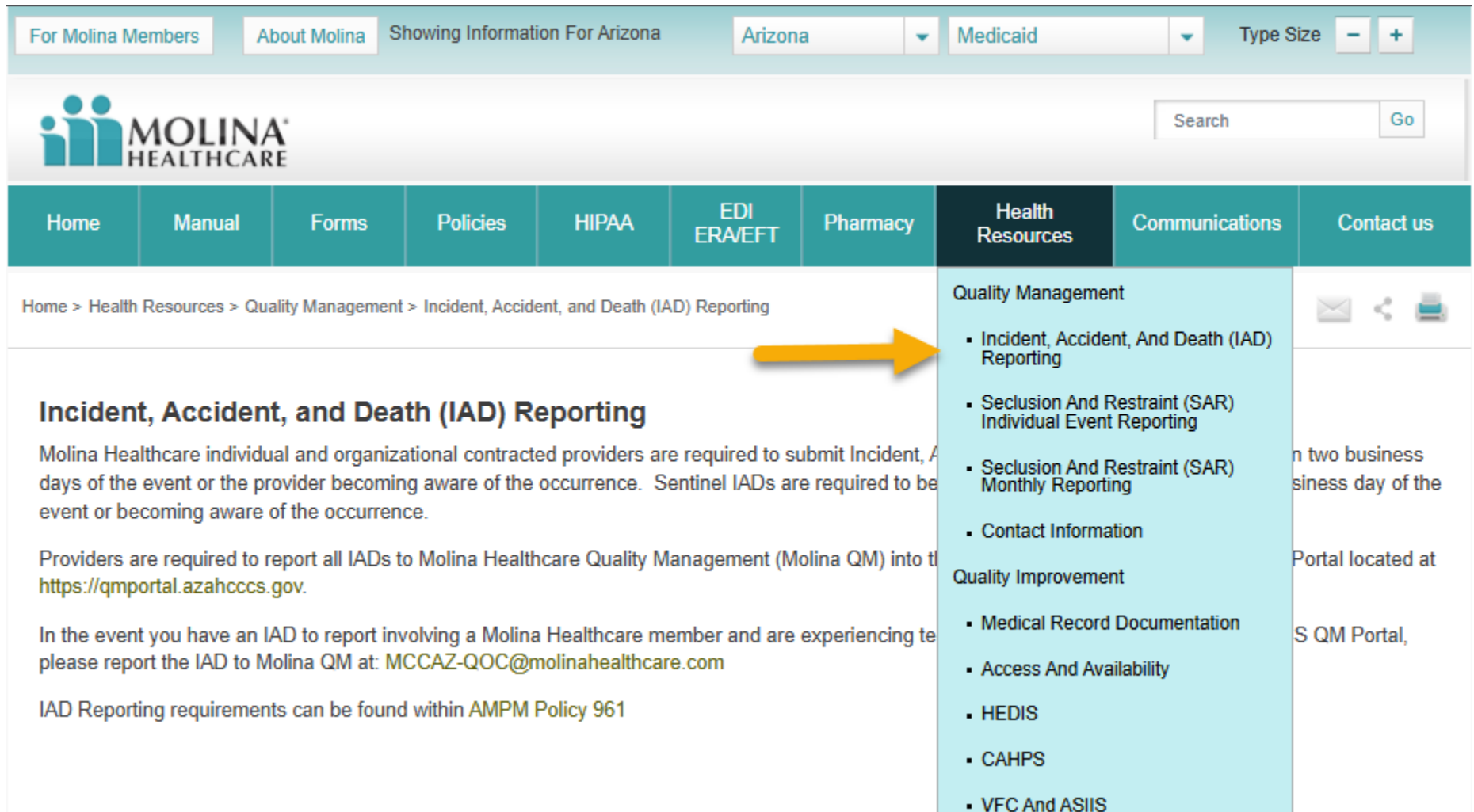
AMPM Policy 961

Incident, Accident, and Death (IAD) Reporting Requirements

- Detailed and comprehensive summary of event, including but not limited to
 - Member's current condition
 - Reporting to external agencies: Department of Child Safety (DCS), Adult Protective Services (APS), Arizona Department of Health Services (ADHS), the Attorney General's Office, Law enforcement, AHCCCS/Office of the Inspector General (OIG)
 - Review of the Office of Medical Examiner website
- Attention to Detail is critical
- Incident, Accident, and Death Reporting Guide:
www.qmportal.azahcccs.gov/UserGuides/QuickStart_IAD_Report_Submit.pdf

AMPM Policy 961

Incident, Accident, and Death (IAD) Reporting Requirements



The screenshot displays the Molina Healthcare website interface. At the top, there are navigation links: "For Molina Members", "About Molina", and "Showing Information For Arizona". Below these are dropdown menus for "Arizona" and "Medicaid", along with a "Type Size" selector. The Molina Healthcare logo is on the left, and a search bar is on the right. A teal navigation bar contains links: Home, Manual, Forms, Policies, HIPAA, EDI ERA/EFT, Pharmacy, Health Resources, Communications, and Contact us. The "Health Resources" link is highlighted, and a dropdown menu is open, showing "Quality Management" and "Quality Improvement". Under "Quality Management", the first item is "Incident, Accident, And Death (IAD) Reporting", which is highlighted by a yellow arrow. The main content area shows the breadcrumb "Home > Health Resources > Quality Management > Incident, Accident, and Death (IAD) Reporting" and the title "Incident, Accident, and Death (IAD) Reporting". The text states that Molina Healthcare individual and organizational contracted providers are required to submit Incident, Accident, and Death (IAD) reports within 10 business days of the event or the provider becoming aware of the occurrence. It also mentions that Sentinel IADs are required to be reported within 2 business days. Providers are required to report all IADs to Molina Healthcare Quality Management (Molina QM) into the portal located at <https://qmportal.azahcccs.gov>. In the event you have an IAD to report involving a Molina Healthcare member and are experiencing technical difficulties, please report the IAD to Molina QM at: MCCAZ-QOC@molinahealthcare.com. IAD Reporting requirements can be found within AMPM Policy 961.

[Incident, Accident, And Death \(IAD\) Reporting | Molina Healthcare](#)

Quality of Care (QOC) Reviews & Investigations

Molina QM:

- Performs initial review of IAD
- Prioritizes member's immediate health & safety needs; may perform on-site visits for wellness checks, health & safety concerns, immediate jeopardy, or at discretion of AHCCCS
- Requests and reviews medical records, policies and procedures, perform member and/or provider interviews, internal investigations
- Determines the need for Technical Assistance (TA) or Corrective Action Plan (CAP)
- Recommends high profile cases be referred to Molina's Professional Review Committee (PRC)


Quality of Care (QOC) Reviews & Investigations

- Providers are required to respond timely to all Molina QM inquiries, including but not limited to
 - Requests for provider quality contacts
 - Provider Acknowledgement of Receipt
 - Submission of provider policies and procedures, personnel/staff files, and/or internal investigations
 - Submission of member records
 - Submission of Technical Assistance and/or Corrective Action Plans
 - Request for additional documentation and/or clarification that may arise throughout the course of the QOC investigation

AMPM Policy 962

Reporting and Monitoring of Seclusion and Restraint (SAR)

- *"SAR shall only be used to the extent permitted by and in compliance with"...*
AZ Administrative Code.
- Providers are required to report SAR events to Molina QM within five business days of the event. Submission must include AMPM Policy 962 Attachment A.
- Any seclusion and/or restraint events resulting in injury or complication requiring medical attention must be reported (as an IAD) to Molina QM via the AHCCCS QM Portal within 24 hours of the incident.



AHCCCS MEDICAL POLICY MANUAL
POLICY 962 - ATTACHMENT A - SECLUSION AND RESTRAINT INDIVIDUAL
REPORTING FORM

PROVIDER INFORMATION	
Report Date: Click here to enter text.	Program/Facility License #: Click here to enter text.
AHCCCS Provider ID: Click here to enter text.	Program/Facility Name: Click here to enter text.
Contact Person Phone #: Click here to enter text.	Provider Address: Click here to enter text.
Contact Person and Title: Click here to enter text.	
Name/Credentials/Title of Person Authorizing the Event: Click here to enter text.	
Name/Credentials/Title of Person Re-Authorizing the Event: Click here to enter text.	

MEMBER INFORMATION	
Member Name (Last, First, M.I.): Click here to enter text.	
Date of Birth: Click here to enter text.	Age: Click here to enter text.
Gender: Click here to enter text.	
AHCCCS ID: Click here to enter text.	
TXIX/XXI Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Member Behavioral Health Category (SMI, GMH/SA, Child): Click here to enter text.
DDD: Click here to enter text.	CMDP: Click here to enter text.
Court Ordered Treatment (COT): <input type="checkbox"/> Yes <input type="checkbox"/> No	ALTCS E/PD: Click here to enter text.
Name of member's legal guardian/Health Care Decision maker (HCDM) (if applicable): Click here to enter text.	
Phone number of member's legal guardian/HCDM (if applicable): Click here to enter text.	

CURRENT DIAGNOSES	
CODE	NAME
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

962 - Attachment A - Page 1 of 6
Effective Dates: 7/01/16, 07/12/17, 10/01/18, 10/01/19, 10/01/20, 10/01/22
Approval Dates: 04/06/17, 06/13/18, 10/03/19, 05/07/20, 03/03/22

AMPM Policy 962

Reporting and Monitoring of Seclusion and Restraint (SAR)

For Molina Members | About Molina | Showing Information For Arizona | Arizona | Medicaid | Type Size - +

MOLINA HEALTHCARE Search Go

Home | Manual | Forms | Policies | HIPAA | EDI ERA/EFT | Pharmacy | **Health Resources** | Communications | Contact us

Home > Health Resources > Quality Management > Seclusion and Restraint (SAR) Individual Event Reporting

Seclusion and Restraint (SAR) Individual Event Reporting

Molina Healthcare individual and organizational contracted providers who are licensed to administer S
Molina Healthcare member Seclusion and/or Restraint events within five business days of the SAR ev
at: MCCAZ-QOC@MolinaHealthcare.com. When reporting an SAR event to Molina QM, the following

- AMPM Policy 962 - [962AttachmentA.docx](#)
- SAR Initiating Orders
- SAR Flowsheets/Monitoring Logs

Please Note: Any SAR event that results in a death, injury and/or complication requiring medical atten
(<https://qmportal.azahcccs.gov>) as an Incident, Accident, and Death (IAD) Report within 24 hours of th
AHCCCS requirements for SAR reporting to Molina QM can be found at [AMPM Policy 962](#)

Quality Management

- Incident, Accident, And Death (IAD) Reporting
- Seclusion And Restraint (SAR) Individual Event Reporting
- Seclusion And Restraint (SAR) Monthly Reporting
- Contact Information

Quality Improvement

- Medical Record Documentation
- Access And Availability
- HEDIS
- CAHPS
- VFC And ASIIS

[Seclusion and Restraint \(SAR\) Individual Event Reporting | Molina Healthcare](#)

AMPM Policy 962

Reporting and Monitoring of Seclusion and Restraint

SAR Reporting Requirements:

- Complete all data fields on the AMPM Policy 962, Attachment A
 - If a data field is not applicable, please add “N/A” or add comment clarifying why the data isn’t included.
 - Empty data fields in the Attachment A will be interpreted as incomplete and result in the SAR report being returned to the provider for clarification.
- Submit all supporting documentation, including but not limited to:
 - Copies of SAR initiating orders
 - Flowsheets/monitoring logs
- If corrections are required on any of the forms submitted; single line through the error and add initials and date.
 - Do not scratch out or write over any errors

AMPM Policy 962

Reporting and Monitoring of Seclusion and Restraint

- Molina QM has fully reinstated the requirement for monthly SAR reporting.
- All contracted and SAR licensed providers are required to submit monthly SAR data to Molina QM by the 5th of each month.
- Molina QM acknowledges AHCCCS no longer requires SAR monthly reporting, however, as a best practice we have reinstated this process for quality performance to ensure compliance with AMPM Policy 962.
- *Seclusion and/or Restraint (SAR) Monthly Reporting Form*
- For any questions and/or requests involving SAR reporting, education, and training, please email MCCAZ-QOC@MolinaHealthcare.com.

AMPM Policy 962

Reporting and Monitoring of Seclusion and Restraint (SAR)

The screenshot displays the Molina Healthcare website interface. At the top, there are navigation links: "For Molina Members", "About Molina", "Showing Information For Arizona", "Arizona" (dropdown), "Medicaid" (dropdown), and "Type Size" (dropdown). Below these is the Molina Healthcare logo and a search bar. A horizontal menu bar contains links: Home, Manual, Forms, Policies, HIPAA, EDI ERA/EFT, Pharmacy, Health Resources, Communications, and Contact us. The "Health Resources" link is highlighted, and a sidebar menu is open, showing a list of topics under "Quality Management": Incident, Accident, And Death (IAD) Reporting; Seclusion And Restraint (SAR) Individual Event Reporting; Seclusion And Restraint (SAR) Monthly Reporting (highlighted with a yellow arrow); and Contact Information. Below this, there are sections for "Quality Improvement" (Medical Record Documentation, Access And Availability, HEDIS, CAHPS, VFC And ASIIS) and "Clinical Practice Guidelines". The main content area on the left shows the breadcrumb "Home > Health Resources > Quality Management > Seclusion and Restraint (SAR) Monthly Reporting" and the title "Seclusion and Restraint (SAR) Monthly Reporting". The text explains that Molina Healthcare Quality Management (Molina QM) reinstated monthly SAR reporting for organizational contracted providers. It states that the "Seclusion and/or Restraint Monthly Reporting Form" shall be utilized by providers to list reported SAR events in alignment with AMPM Policy 962. A yellow arrow points to this text. It further states that the form shall be utilized by providers to list reported SAR events in the month prior or indicate no SAR events occurred. This allows Molina QM to be reported as outlined in AMPM Policy 962. Another yellow arrow points to the text: "The Seclusion and/or Restraint Monthly Reporting Form can be found under Other within the Frequent Questions section." It also mentions that providers are required to submit the form by the 5th of the month to Molina QM and that if an individual SAR event was not previously reported, Molina QM will work with the provider to submit it.

[Seclusion and Restraint \(SAR\) Monthly Reporting | Molina Healthcare](#)

Site Visits and Auditing

- **Unannounced, Urgent, Immediate:**
 - Wellness Checks
 - Health & Safety
 - Immediate Jeopardy
 - QOC Concern
 - Provider Performance
- **Announced, Planned, Scheduled:**
 - ACC Contract & AMPM Policy 910
 - Service & Service Site (S3)
 - Behavioral Health Clinical Chart Audit (BHCCA)
 - Ambulatory Medical Record Review (AMRR)
 - Community Service Agency (CSA)
 - Electronic Visit Verification (EVV)
 - Peer Recovery Support Services (PRSS)
 - Behavioral Health Residential Facility (BHRF)



Provider Quality Performance Monitoring (QPM)

- Molina QM evaluates a provider's Quality Performance based on the following focus areas:
 - Timeliness
 - Responsiveness
 - AMPM Compliance
 - Severity Leveling
 - Case Volume
 - Non- and Under-reporting of all case types
 - Audit Findings
- Quarterly reporting to Molina's **Quality Improvement & Health Equity Transformation Committee** for governance oversight



Quality Management Contact Information

Please contact Molina Healthcare Quality Management with any questions or concerns at:

MCCAZ-QOC@MolinaHealthcare.com

- Quality of Care Concerns
 - Medical records for QOC
 - Provider correspondence
 - Questions
- Seclusion and Restraint Reports
 - AMPM Policy 962, Attachment A
 - Supporting documentation
 - Monthly SAR reporting

MCCAZ-Quality@MolinaHealthcare.com

- Auditing communication & medical records
- Community Service Agency (CSA) documentation and correspondence

The Molina Healthcare QM Team Thanks You!

Jenny Starbuck, *Director, Quality Improvement & Risk Adjustment*

Email: jenny.starbuck@molinahealthcare.com

Jamila James-Clark, *Manager, Quality Management*

Email: jamila.james-clark@molinahealthcare.com

Itzel Cordova, *Specialist, Quality Management*

Email: itzel.cordova@molinahealthcare.com

Lakeisha Drayton, *Sr. Specialist, Quality Management RN*

Email: lakeisha.drayton@molinahealthcare.com

Tatjana Pudja, *Sr. Specialist, Quality Management RN*

Email: tatjana.pudja@molinahealthcare.com

Rebecca Robinson, *Sr. Specialist, Quality Management LPN*

Email: Rebecca.Robinson2@molinahealthcare.com

Heidi Terry, *Sr. Specialist, Quality Management RN*

Email: heidi.terry@molinahealthcare.com

Tamara Briney, *Sr. Specialist, Quality Management LPN*

Email: tamara.briney@molinahealthcare.com

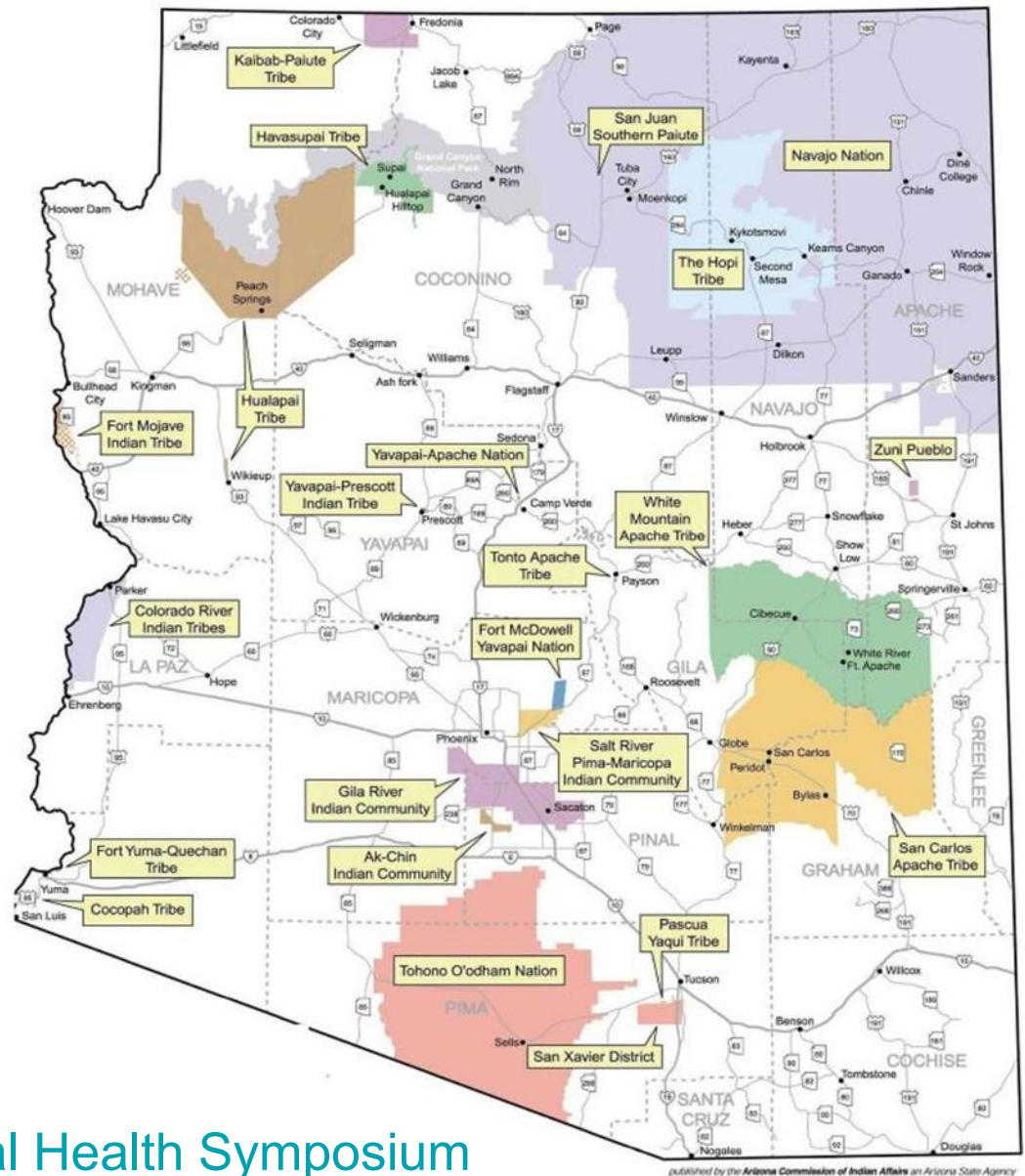
Tribal and Cultural Competency Program

Cassandra Peña

Tribal Liaison & Cultural Competency Coordinator

Tribal Program

- Interface with Tribal Nations and providers
- Care coordination for Molina members
- Identify access to care gaps and barriers
- Provide internal and external training
- Communication and collaboration



Molina Healthcare 3rd Annual Tribal Health Symposium

Save the date: **Tentative October 14, 2025**

Cultural Competency



Ensure services are provided in a culturally responsive and linguistically appropriate manner.



Collaborate with internal teams to ensure cultural humility is integrated in all we do.



Collaborate with external partners to support cultural competency initiatives throughout the system.



As requested, provide technical assistance and cultural humility training to contracted providers.



Develop and execute Molina's annual Cultural Competency Plan.

Questions?

Contact Information



Cassandra Peña



Cassandra.Pena@MolinaHealthcare.com



(480) 589-0680

Quality Improvement

Quality Improvement Topics

- Quality Measures
- Provider Tip Sheets
- Quality Improvement and Health Equity Transformation Committee
- VFC Enrollment
- Molina Days
- Supplemental Data
- EMR
- Best Practices

Quality Measures

- Quality measures assess the performance and improvement of population health, health plans, providers, and clinicians in delivering healthcare services for:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
 - Physical, mental, developmental, dental, hearing, vision, and other screening tests
 - Maternity
 - Women's Health
 - Chronic Care: Hypertension, diabetes, asthma, COPD, etc.
 - Primary Care
 - Specialists
 - Care Coordination
 - Medication Management
 - Alcohol and Drug Use/Abuse Treatment
 - Behavioral Health

Priority Measures: EPSDT

HEDIS Measure	Description
Well-Child Visits in the First 30 Months of Life (W30)	Six or more comprehensive well-care visit with a PCP from 1 month to 15 months of life.
Child and Adolescent Well-Care Visits (WCV)	At least one comprehensive well-care visit with a PCP or OB/GYN practitioner during 2024.
Childhood Immunization Status (CIS)	Children 2 years of age who had the following vaccines by their second birthday: DTaP, IPV, MMR, HiB, Hep B, VZV, Pneumococcal, Hep A, Rotavirus, Influenza
Immunizations for Adolescents (IMA)	Adolescents 13 years of age who received the following vaccines on or before the 13th birthday: Meningococcal, Tdap, HPV
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Patients 3-17 years of age who had an outpatient visit with a PCP or OB/GYN provider and who had evidence of the following during 2023: BMI percentile documentation; Counseling for nutrition or referral for nutrition education; Counseling for physical activity or referral for physical activity
Oral Evaluation Dental Services (OED)	The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation by a dental provider during the measurement year.

Priority Measures: Women's Health

HEDIS Measure	Description
Breast Cancer Screening (BCS)	At least one mammogram any time on or between October 1, 2022 and December 31, 2024.
Cervical Cancer Screening (CCS)	<p>Women who were screened for cervical cancer using either of the following criteria:</p> <ol style="list-style-type: none"> 1) Women 24-64 years of age who had cervical cytology performed within the last 3 years; 2) Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years; or 3) Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting performed within the last 5 years.
Chlamydia Screening in Women (CHL)	At least one chlamydia test during the measurement year for women identified as sexually active.

Priority Measures: Maternity

HEDIS Measure	Description
Timeliness of Prenatal Care	One prenatal visit with an OBGYN during the first trimester for existing members, or on or before the enrollment start date through 42 days after for new members.
Postpartum Care	One postpartum visit with an OBGYN practitioner or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery.

Priority Measures: All other areas

HEDIS Measure	Description
Plan All-Cause Readmission (PCR)	At least one acute readmission for any diagnosis within 30 days of discharge date (lower rates mean better performance)
Follow-Up After Hospitalization for Mental Illness (FUH)	Follow-up visit with a mental health provider with a principal diagnosis of a mental health disorder within 1-7 days of discharge
Follow-Up After Emergency Department Visit for Substance Use (FUA)	Follow-up visit within 7 days of emergency department (ED) visits for patients 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose.
Hemoglobin A1c Control for Patients With Diabetes (HBD)	Members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was below >9.0% during 2024.
Controlling High Blood Pressure (CBP)	Members 18-85 years of age, who had at least two visits on different dates of service and had a diagnosis of hypertension (HTN) on or between January 1, 2023, and June 30, 2024, and whose blood pressure (BP) was adequately controlled.

Priority Measures: All other areas (cont'd)

HEDIS Measure	Description
Antidepressant Medication Management (AMM)	Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.
Asthma Medication Ratio (AMR)	Patients 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during 2024.
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	Children or adolescents 1 - 17 years of age who had at least two or more antipsychotic prescriptions and had metabolic testing.
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Patients with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Patients 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test (glucose test or HbA1c test) during 2024.

HEDIS® Tips:

Well-Child Visits in the First 30 Months of Life (W30)

MEASURE DESCRIPTION

The percentage of patients who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. *Well-Child Visits in the First 15 Months.* Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. *Well-Child Visits for Age 15 Months-30 Months.* Children who turned 30 months old during the measurement year: Two or more well-child visits.

Note: The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

CODES INCLUDED IN THE CURRENT HEDIS® MEASURE

Description	Code
Well-Care Visits	CPT®: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 ICD-10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Codes to Identify Telehealth Appointments

Description	Code
Telehealth Modifier	95, GT with POS: 02

HOW TO IMPROVE HEDIS® SCORES

HOW TO IMPROVE HEDIS® SCORES

HOW TO IMPROVE HEDIS® SCORES

Quality Improvement and Health Equity Transformation Committee

What is the QIC?

The Quality Management/Performance Improvement (QM/PI) Committee (referred to as the Quality Improvement Committee [QIC]) is responsible for the implementation, oversight, and ongoing monitoring of Molina Healthcare of Arizona's QM/PI Program. The QIC recommends policy decisions, analyzes, and evaluates the progress and outcomes of all quality improvement activities, institutes needed action and ensures follow-up.

Who is the QIC?

The Quality Improvement Committee is chaired by the Chief Medical Officer and includes participation of key health plan leaders who are responsible for operations and clinical functional areas for all lines of business. Molina Healthcare of Arizona QIC membership includes:

- The local CMO/designated Medical Director as the chairperson of the Committee. The local CMO/designated Medical Director designates the local Associate Medical Director as her designee only when the CMO/designated Medical Director is unable to attend the meeting.
- The QM/PI Director
- Representation from the functional areas within the organization,
- Representation of contracted or affiliated providers serving AHCCCS members, and
- Clinical representatives of both Molina Healthcare of Arizona and the provider network.

Contact

If you have any questions or would like more information on the QIC and Health Equity Transformation Committee, please reach out to Molina QI at MCCAZ-HEDIS@molinahealthcare.com.

VFC Enrollment – Reenrollment

Arizona Vaccines for Children (VFC)

VFC program overview

The VFC program is a federally funded program that provides vaccines at no cost to children who might not be vaccinated because of an inability to afford vaccines. Children that are 18 years and under and meet at least one of the following criteria are eligible to receive vaccines from the VFC program:

- AHCCCS enrolled, children who are eligible for the state Medicaid program
- uninsured, children not covered by any health insurance plan
- American Indian/Alaska Native (AI/AN), this population is defined by the Indian Health Care Improvement Act (25 U.S.C. 1603). AI/AN children are VFC eligible under any circumstance
- under-insured, * children who have private insurance that does not cover some or all Advisory Committee on Immunization Practices (ACIP) recommended vaccines
 - *Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), county health departments and approved deputized providers are the only providers that are allowed to serve the VFC eligibility category of underinsured

VFC vaccines must be delivered to the facility that they will be administered at. Please review the AZDHS VFC Program Information and Enrollment website for more information about member eligibility.

VFC Enrollment – Reenrollment cont.

Re-Enrollment

All Molina Health Care primary care providers (PCPs) must complete their Vaccines for Children (VFC) program re-enrollment. 2024 TBA

This means all PCPs must be actively enrolled with the VFC program to have Arizona Health Care Cost Containment System (AHCCCS) eligible members younger than 19 assigned to them. If a PCP is not enrolled with or inactivates from the VFC program, members younger than 19 will need to be reassigned.

Questions

Please refer to the AHCCCS Medical Policy 430 for more information on the enrollment requirement. Additional program information is also available in the VFC Operations Guide.

Helpful Links

[AMPM Policy 430 \(azahcccs.gov\)](https://www.azahcccs.gov/Policy/Policy430.aspx)

[ADHS - Arizona Immunization Program - Vaccines for Children \(VFC\) - VFC Operations Guide and Resources \(azdhs.gov\)](https://www.azdhs.gov/vfc/VFC-Operations-Guide-and-Resources.aspx)

[Arizona Vaccines for Children \(VFC\) Program Operations Guide; \(azdhs.gov\)](https://www.azdhs.gov/vfc/VFC-Program-Operations-Guide.aspx)

Host a Molina day at your practice!

What are the benefits of hosting a Molina Day event?

Molina Day events offer a fun way to encourage Molina Healthcare members to obtain the health services they need while improving your HEDIS® rates and decreasing no-shows. It also improves communication between members and providers.

Molina Day Background

Molina Healthcare launched a program in 2019 to improve the health status and outcomes of our members. This program engages with providers to improve access to care for our members and your patients. Working with your practice and utilizing an outreach strategy, we target members for specific recommended health services.



We want to help you!

- Improve HEDIS® performance
- Identify and manage patient population in need of care
- Support your administrative staff to get patients engaged with your practice
- Reduce no-shows

Why does Molina Healthcare conduct Molina Days?

Molina Days are valuable because they:

- Increase HEDIS® scores
- Improve the health and quality of life of our members
- Improve engagement with your practice
- Encourage member and provider satisfaction

What support can Molina Healthcare Provide?

When hosting a Molina Day, Molina Healthcare will:

- Analyze data to identify members with care opportunities
- Empower and educate members to get engaged with their provider
- Distribute member invitations and appointment reminders
- Offer member incentives

Host a Molina day at your practice! Cont.

Where will the Molina Day take place?

The event will take place at your preferred practice location.

What will be conducted during a Molina Day event?

Molina will serve as support for the event by:

- Welcoming members with marketing activities
- Provide members with health plan benefit information and educational materials
- Help members obtain community resources

How are members identified?

While every member is very important, not all members in your practice's panel will be targeted for participation. Only members within your practice who have not completed specific health services or screenings will be targeted for the Molina Day event.

What measures are taken to discourage no-shows during a Molina Day event?

Prior to the event, Quality specialists will work with members to identify solutions to any barriers that may cause a no-show to occur.

We will help by:

- Scheduling transportation
- Reschedule appointments as needed
- Completing reminder calls in the days prior

How can your practice support the success of the Molina Day event?

- Work with Quality specialists to finalize outreach strategies
- Provide Quality specialists with updated member demographics
- Engage with Quality specialists to ensure the success of the event

Supplemental Data

Closing Gaps with Supplemental Data

Standard supplemental data are electronic files that come from providers who render services to members. Production of these files follows clear policies and procedures, and standard file layouts remain stable from year to year.

Non-standard supplemental data is data used to capture missing service data not received through administrative (claim) sources or in the standard files. Examples include patient self-reported services or the use of data abstraction forms.



How to Submit HEDIS Data to Molina

Supplemental data may be submitted to Molina through several methods:

- Fax Medical Records to Molina: Fax number:
 - Email Medical Records to Molina: MCCAZ-HEDIS@molinahealthcare.com
 - EMR or Registry data exchange (SFTP)
Upload records via the Availity
<https://availitylearning.learnupon.com/catalog/courses/2657214>
- Supplemental data documents consisting of medical records should include the following:

- Member's Name
- Member's Date of Birth
- Provider signature (electron signature acceptable)

Data Copied and pasted from medical records is NOT acceptable.

Submission deadline for Supplemental Data:

*Reporting year data must be submitted by January 15th of the following year after the reporting year.

Remote EMR Access

Provide Remote EMR Access

What is EMR Remote Access? The practice provides Molina Healthcare with off-site EMR access. Molina then utilizes a secure connection from the practice EMR system through Molina Healthcare Secure VPN to retrieve only Molina member's medical records for the purpose of closing HEDIS care gaps.

HEDIS is the *Healthcare Effectiveness Data Information Set*, a standardized set of performance measures developed by the *National Committee for Quality Assurance* (NCQA). HEDIS is a time-sensitive project and

Benefits of providing Molina with remote EMR access

- Remote EMR Access allows Molina Healthcare to effectively retrieve Molina member's records without placing an administrative burden on the practice.
- Molina's HEDIS Specialists will retrieve data and do not require onset accommodations.
- Molina HEDIS Specialists are trained to identify the necessary data required by HEDIS and yield greater outcomes.

How to grant Molina access? Contact **Katti Diaz** at katti.diaz@molinahealthcare.com to start the process.



Best Practices

- Yearly preventative Care
 - Ensure every AHCCCS member receives at least one annual wellness visit each year to check for new health issues, monitor existing conditions, medication adherence, etc.
- Breast Cancer Screening
 - Send lists of members with mammogram orders to Molina Quality Improvement (MCCAZ-HEDIS@molinahealthcare.com) to follow up on mammogram scheduling and supports for members
- All measures
 - Send lists of members who missed scheduled appointments to Molina Quality Improvement (MCCAZ-MissedAppts@MolinaHealthCare.Com) to follow up on scheduling and supports for members
- Plan All-Cause Readmissions
 - Comprehensive discharge planning, patient education, medication reconciliation, follow-up care coordination, and **effective communication** among healthcare providers.

Member Incentives

Confirmed through claims or medical records. **(both incentives live)**

- Well Child Visit – WCV
 - \$50 Gift Card for ages 3-7
 - \$50 Gift Card for ages 11-21
- Breast Cancer Screening – BCS
 - \$100 Gift Card ages 50-74

Molina Healthcare of Arizona Workforce Development

Rosa Ramos

CALOCUS-CASII

This standard is for CSOC provider agencies who have employees that facilitate/lead CALOCUS-CASII.

Updated Process

Updated process for tracking CALOCUS-CASII standards for provider agencies who serve children and adolescents in our Arizona Children's System of Care (CSOC).

The new CALOCUS training will take approximately **6 hours** to complete. The learner will receive a certificate following successful completion of the course. This certificate of completion should be uploaded into RELIAS to receive training credit.

Requirements

- All child and adolescent provider agencies who meet the requirements for the CALOCUS-CASII training will need to:
- Enroll employees in Relias named ***AWFDA – CALOCUS-CASII Completion Certificate Requirement**
 - Enrolling employees will automatically enroll them in the Requirements Tracker.

CALOCUS-CASII

Entering the Promo Code for the course:

1. Access the **American Academy of Child and Adolescent Psychiatry (AACAP)** online store to view available training courses: www.aacap.org/store-onlineEC Select the desired course “**CALOCUS-CASII**” and click on the “Add to Cart” button.
2. Click on the “Proceed to Checkout” button.
3. Existing account holders: Login using AACAP account username and password credentials
 - New AACAP Users: Create an AACAP account profile including username and password by clicking “Create a new account”.
4. When checking out, enter the promotional code **AHCCCSFREE** and click apply which will provide a 100% discount.

Accessing the Course

- Access AACAP’s learning management system, “Pathways”
- Select “Access Your Courses”
- Log in using your established credentials from your purchase.
- Your course(s) will be listed on the left side of the screen.

CALOCUS-CASII

Questions or Concerns

It is essential that every employee's Relias profile have the most up to date information, especially the contracted Health Plan field. To ensure accurate reporting, designated Relias administrators at each provider agency will need to review and update the Health Plan type on the employee's user profiles (job aid). This can be done learner by learner or by bulk upload. If your agency needs help with bulk upload, please contact [Relias at \(1-833-244-4008\)](tel:1-833-244-4008).

For any questions or issues relating to accessing the course please reach out to clinical@aacap.org

If you have questions about this new process, please contact

[Rosa Ramos, Workforce Development Specialist](mailto:rosa.ramos2@molinahealthcare.com)

rosa.ramos2@molinahealthcare.com

or email the AZAHP Workforce Development Alliance at workforce@azahp.org

2025 Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA)

The AHWGMA is a statewide data collection tool used to help the [Arizona Workforce Development Coalition \(AWFDC\)](#) by gathering organization-specific information, analyzing data, and assessing the current and future needs of the Arizona Network Workforce. The results of this process give insight for future funding opportunities, highlight where support is needed and assist with the prioritization of initiatives/projects across the network.

AHWGMA Release	AHWGMA Close
April 1, 2025	May 31, 2025

To access the Jotform:

[2025 Arizona Healthcare Workforce Goals and Metrics Assessment \(AHWGMA\)](#)

Q&A Sessions

This 30 minute Q&A session is designed to provide an opportunity to ask questions regarding the 2025 AZ Healthcare Workforce Goals and Metrics Assessment (AHWGMA).

- [Click here to register for April 16, 2025 @ 10-10:30 am AZ](#)
- [Click here to register for April 24, 2025 @ 2-2:30 pm AZ](#)
- [Click here to register for May 20, 2025 @ 10-10:30 am AZ](#)

If you have questions about this new process, please contact
Rosa Ramos, Workforce Development Specialist
rosa.ramos2@molinahealthcare.com
or email the AZAHP Workforce Development Alliance at
workforce@azahp.org

Reminder: New Courses in Relias

Developed in collaboration with the Maricopa Community College District (MCCCD), AHCCCS, Arizona Managed Care organizations, and subject matter experts from the Arizona Network of Healthcare Providers, is made possible through sponsorship from American Rescue Plan funding.

AWFDA - Case Management Basics

- **Module 1:** Define Case Management and Integrated Care
- **Module 2:** List the roles and responsibilities of a Case Manager
- **Module 3:** Apply Core Competencies, and Case Management Competencies, to a variety of contexts
- **Module 4:** Discuss the Foundational Principles of Case Management
- **Module 5:** Identify Case Management documentation and reporting requirements

AWFDA - Case Management - Advanced Skills

- **Module 1:** Specialized Populations
- **Module 2:** Advanced Case Management
- **Module 3:** Legal and Ethical Issues
- **Module 4:** Diversity, Equity, Inclusion and Belonging (DEIB)

Molina's Housing Program



Cinda Thorne, Housing Administrator

Housing Administrator

- Assists community agencies in participating and addressing the housing crisis in Pinal, Gila, and Maricopa County.
- Support the member and agencies with navigating and identifying the appropriate resource to address their specific housing need.
- Support in community efforts to address, train, and support changes to housing eligibility criteria for temporary and permanent housing solutions.
- Actively engaged in Coordinated Entry process and development.

Breaking News:

Molina has hired a new Housing Coordinator that will be reaching out to provider for housing need updates on internally tracked unsheltered members.



Provide support to Balance of State Continuum of Care and Local Coalition to End Homelessness in all 3 counties.



Assist with community agency housing referrals



Connect members to housing support agencies



Engage with Case Conferencing within Coordinated Entry in all 3 counties.



Support internal staff with housing needs within membership.



Training of member facing internal staff on housing programs and resources within the community

ACOM 448 CHANGES

Effective 10/01/24, the former ACOM Policy 448 – Permanent Supportive Housing is reserved.

Refer to AMPM Policy 1710 – AHCCCS Housing Program and Attachment A – Supportive Housing Report

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1700/1710_100124.pdf

<https://azahcccs.gov/shared/MedicalPolicyManual/>

AHCCCS Statewide Housing Program (AHP) GMH/SU Eligibility and Programs



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Eviction Prevention, Move-in Assistance, Utility Assistance

- Awarded one-time per member, per year (fiscal year 7/1-6/30)
- Must meet eligibility requirements
- Rental arrears- AHP will pay up to 2 months rental arrears not to exceed \$3,000
- Utility Arrears- AHP will pay up to 2 months utility arrears not to exceed \$1,000
- Move-in assistance- AHP will pay move-in costs including required fees and deposits, security deposits, utility deposits, and first month's rent not to exceed \$3,000.

* Move-in assistance is only available to non-subsidized members (any permanent supportive housing assistance, including permanent supportive housing and rapid rehousing, from programs like AHP, CoC, HCV, SSVF, etc.)

<https://azabc.org/ahp/>

Eviction Prevention, Move-in Assistance, Utility Assistance

Complete application and attach the following:

- Identification Documentation
- **Eviction prevention**- Include copy of eviction notice
- **Utility shut off**- Include copy of disconnect notice
- **Move-in Assistance**-
 - Copy of proposed lease
 - Move in cost sheet
 - Verification from utility company with total deposits due
- Current income verification

Scattered Site programs / Community Living Program

Be a member with an SMI
or GMH/SU
(T19/Medicaid eligible)
designation

Be a United States citizen
or have eligible immigrant
status.

Be at least 18 years old

Have an identified homeless or
housing need documented by
the member's clinical provider or
treatment team

Score and 8+ on VI-SPDAT
and be identified as
HCHN within the ACC
plan's internal criteria

Application Completion

AHCCCS approved referring agency is responsible for determining housing need. The agency will have to indicate one of the following housing need applies to the member on the application.

- **Actual Homelessness**: An individual or family who lacks a fixed, regular, and adequate nighttime residence
- **Institutional or Housing Discharge**: A person exiting an institution who is likely to be homeless
- **Other Identified Housing Need**:
 - ✓ Fleeing Domestic Violence
 - ✓ Frequent Hospitalization
 - ✓ Housing Instability

Completed Application sent to Statewide Housing Administrator

Referring Provider will need to obtain required identification and income verification documentation.

Referring Agency will complete pre-application online at [GMHSU Pre-Application – Arizona Behavioral Health Corporation \(azabc.org\)](https://www.azabc.org). Statewide Housing Administrator will outreach Molina to confirm HCHN status and then confirm if member is added to Scattered Sites waitlist.

Housing Administrator

Questions?

Contact: **Cinda Thorne**

Email: Cinda.Thorne@molinahealthcare.com

Shared Email Inbox:
mccazhousingprogram@molinahealthcare.com

Phone: 480-440-6807

From The Molina Healthcare of Arizona Network Team:



Post Webinar Survey Questions

1. What did you find valuable from this Webinar?
2. What can we add to our provider Webinar to add value?
3. What topics would you like to hear more about?
4. Do your office practitioners attend?