# STATE ONLY ENROLLMENT INPUT FILE PROCESS

Care1st RBHA

**Effective 10/1/2023**

Revised 9/8/2023

# I.  INTRODUCTION

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

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

Care1st providers will be expected to successfully test and be ready to begin submitting production files by 9/30/2022.

## FACTS:

1. Care1st only accepts 'add' SOE transactions. Add' transactions are new SOE enrollment span dates for new or previously enrolled members that meet the SOE validation requirements on your requested SOE span dates.
    a. If you have a "change" or "term" transaction, please see the Technical Assistance section on how to request on of these two transactions.
        i.  Please note that RBHAs can only send changes to AHCCCS for active SOE that were opened by them.
    b. "Change" and "term" transactions through the SOE input process will be a post Go-Live enhancement (ETA TBD).

2. State Only eligible services can include (not limited to) BH Crisis, jail release planning services, services covered by SABG, MHBG and CBHSF funds. See AHCCCS Covered Services.

3. Most SOE spans submitted to AHCCCS will be visible on AHCCCS Online enrollment tabs once AHCCCS has approved the submission. Some SOE spans may not show if submission falls under section 3c scenarios below as AHCCCS Medical Enrollment is priority over State Only in AHCCCS portals. Use RBHA Provider Portals to determine if SOE is needed.

4. Also known as Non-Title, NTXIX/XXI.

5. Care1st's RBHA GSA is the Northern AZ counties: Apache, Coconino, Mohave, Navajo, Yavapai

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

6. State Only members with an active enrollment span are enrolled in the pharmacy system under a default group with very limited benefits if RBHAs do not have the proper data to identify them as part of a special SO pharmacy group. Please ensure that proper and timely identifying data is submitted for members to ensure they are enrolled with the proper pharmacy group. Below are the special groups a SO member can be enrolled under and the data sources Care1st uses for the identifiers.
   a. **Serious Emotional Disturbance (SED) children aged 0-17**.
      i. Data Source:
         1. *Pre 10/1/2023:* Diagnosis codes from claims data
         2. *Post 10/1/2023:* Via the SED determination process using a Behavioral Health Category (BHC) like the SMI process below.
            https://www.azahcccs.gov/PlansProviders/Downloads/HealthPlans/2022/SED_EligibilityDeterminationsFAQs.pdf
   b. **Serious Mental Illness (SMI) Adults aged 18+**
      i. Data Source: AHCCCS receives the BHC data for SMI members from the SOE Input process (hence why it's important to populate this field on the SOE Input file to us!) and the SMI determination process.
   c. **Substance Use**
      i. Data Source: DUGless data that providers submit to AHCCCS and claims data submitted to RBHAs.
   d. **Children's Behavioral Health Services Fund (CBHSF) aka Jake's Law for students up to age 21.9**
      i. Data Source: Reporting data that providers submit to RBHAs

7. Claims should only be submitted after verifying that the enrollment request has fully processed into Care1st enrollment systems using the provider web portal or daily status report provided in this process.

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

**LINK: See Section VIII for examples of the below scenarios:** *SOE Eligibility Examples*

   a. The SOE begin date with Care1st must be ≥ 10/1/2022.
   b. Their physical/home address is within the Care1st service area.
   c. The services being billed are SO Eligible services.
   d. They are not enrolled with any of the AHCCCS Plan types listed below on the SOE dates being requested.
      1. Any AHCCCS Complete Care (ACC) Plan
      2. AHCCCS Fee For Service (FFS) other than Medicare Savings Program
      3. Any AHCCCS Long Term Care (LTC) Plan

4. Any AHCCCS Tribal Regional Behavioral Health Authority (T/RBHA) or American Indian Health Program (AIHP)
5. Any AHCCCS RBHA (for SMI Opt Outs, State Only, etc.)

e. If member has Serious Mental Illness (SMI), they must undergo a financial screening. If member refuses screening, they are not eligible for SO. Please see AMPM 650 for additional information.
f. There are certain situations where a member will appear already enrolled with AHCCCS, but would be eligible for SOE.
   ii. SOE dates in these scenarios must align with the enrollment dates with one of the below Health Plan types and member home address requirement.

   **PLEASE NOTE: Enrollments may be submitted for BOTH enrollment types for the following scenarios.**

   **Best Practice:**
   - **Use a "Crisis" process for any short term services (any services that you know have an end date to them – e.g. Crisis) and/or qualifying BH services provided for a member that is enrolled with any other plan.**

   - **Use SOE process for ongoing/long term services for members meeting all other validation requirements in these two enrollment scenarios.**

      1. Incarcerated Member with suspended AHCCCS Medicaid Enrollment (e.g. CTYPRI Health Plan)
      2. AHCCCS Medicare Savings Program (e.g. QMB, SLMB, Q1)

# II. TESTING

Care1st Providers will be required to successfully pass SOE Input File testing before being permitted to submit in production.

## FACTS:

1. All examples in training process documents will use the test Provider name of 'XYZ, Inc.' and Provider ID of 'XYZ'. Providers should use their assigned Provider ID found in the file specifications for Test and Production.

2. Testing for both SOE and "Crisis" Input file processing will begin 9/6/2022.

3. 25 Test Members per SOE and "Crisis" Input file
   a. SOE members can be created by provider.
   b. Care1st will provide a list of Test members for "Crisis" no later than 9/1/2022.
   c. At least 5 of these members on each file must be "negative" test scenarios so providers can test reaction to error messages.
      i. SOE Examples – missing required data, start date after begin date, etc.
      ii. Crisis Examples – members not on Test member list, missing required data, start date after begin date, etc.

4. 95% successful submission of 'positive' test scenarios for each file will be considered passing for file ingestion.

   a. At least 19/20 'positive' test records should process without issue on each file and received on a Test Status report (with a non "Error Pending" status requiring resubmission for SOE.)
   b. This is cumulative, so rejected records can be resubmitted on a new test file if needed.

5. Email SOE Input Test files to Care1st Enrollment team inbox for processing *NOT SFTP.*

   a. Email header: C1 SOE Testing_XYZ_Test Attempt #[]
   b. File Name: Add "T[attempt #] at the end of file.
      Example:
      C1 SOE_XYZ_20220901_T1
      C1 SOE_XYZ_20220903_T2

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

6. Care1st will provide Status files for SOE Test submissions like production, however these will be exchanged via secure email as well rather than SFTP in test.

7. In the same email you receive your test results, Care1st will also provide your current testing status. If you have successfully passed input file testing with at least a 95% success rate, Care1st will also ask you to attest that all response files have been integrated into your processes successfully.

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

8. Once attestation is received, your testing will be complete for that process.

9. You must pass testing for both "Crisis" and SOE  processes to be permitted to submit files through production.

# III. SFTP

Care1st is utilizing a Secure File Transfer Protocol (SFTP) process to exchange SOE files securely with providers in production after Go-Live. This will include the provider exchanging the initial SOE Input file with Care1st and Care1st exchanging Status Reports with the providers.
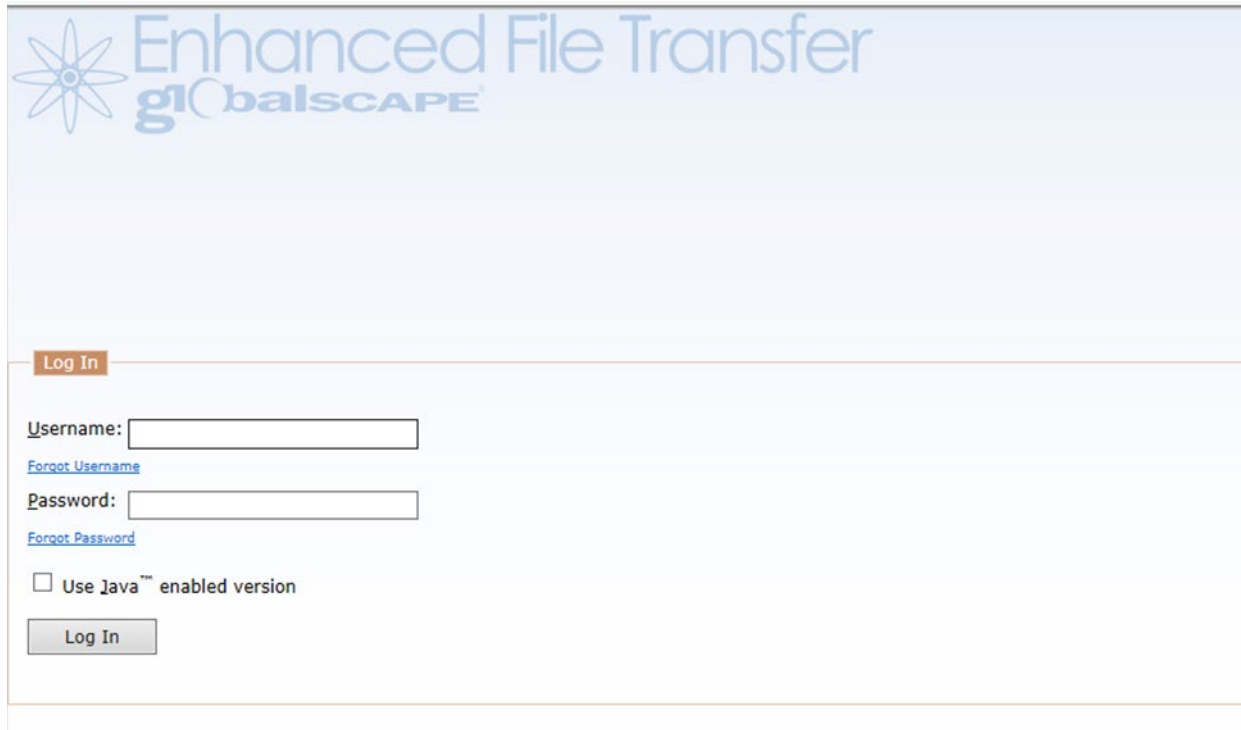
## FACTS:

1. For examples of the SFTP and how it integrates with the full process, see the Work Process portion of Section V.

2. SOE Input File Process will depend on exchanging data files (in Excel format) through SFTP.

3. June 2022 – Care1st outreached to gather SFTP log in credentials for providers that will be participating in exchanging SOE and/or "Crisis" files.
   a. 77 individual user requests received from all providers
   b. Care1st IT currently creating user login and SFTP directories to exchange data
   c. Users will receive two emails once created from 'GlobalSCAPE_SFTP@centene.com.' One email with user name and how to connect and a second email with a password.
   d. **If user also has access to AzCH sftp, they will receive a separate user name and password for Care1st where their user name will begin with 'C1_'**

4. User accounts become disabled after 90 days of non-use.

5. Files sitting on SFTP will be deleted after 14 days.

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

6. Reminder, SFTP will be used for PRODUCTION ONLY. Please do not use SFTP (other than logging in to validate credentials work) until Go-Live.

7. You should not drop files onto SFTP until notification is received from Care1st to do so after Go-live.

8. If additional users need access to sftp or you are locked out of your account, please reach out to Care1st Enrollment team for assistance using the Technical Assistance Process.

9. If you need to connect to the sftp via a web browser. Log in with provided credentials: https://sftp.centene.com/



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

Site Name

Site Name

Host / IP / URL

sftp.centene.com          Advanced

Username

your username          ☐ Anonymous

Password

••••••••••••••••••••          ☐ Don't save password

Port          Timeout          Retries
22          61          2          ☐ Retry On
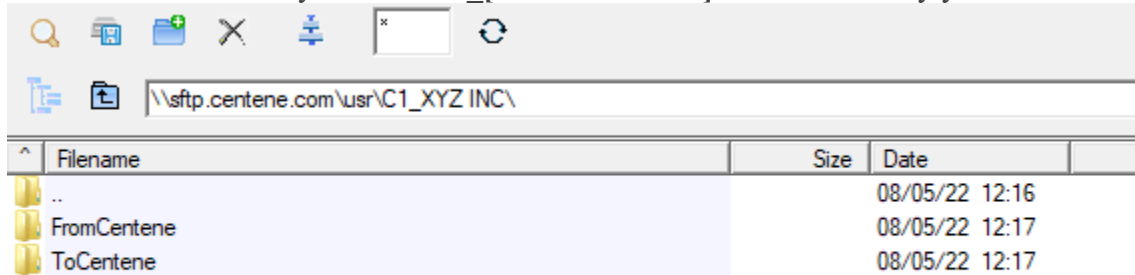
☑ PASV          ☐ Use Proxy

Connection Type

SSH/SFTP          ▼

SSL Options
☑ SSL Listings    ☑ SSL Transfers    ☐ Clear (CCC)

☐ OpenSSL          ☐ Windows SSL

Connect          Connect Manager          Close

11. Go – Live Activity:
    a. All users will be granted access to ONLY their associated Provider directory. When you log in, they you see you main directory of: **\usr\C1_[Provider Name].** In this directory you will see two sub-directories:
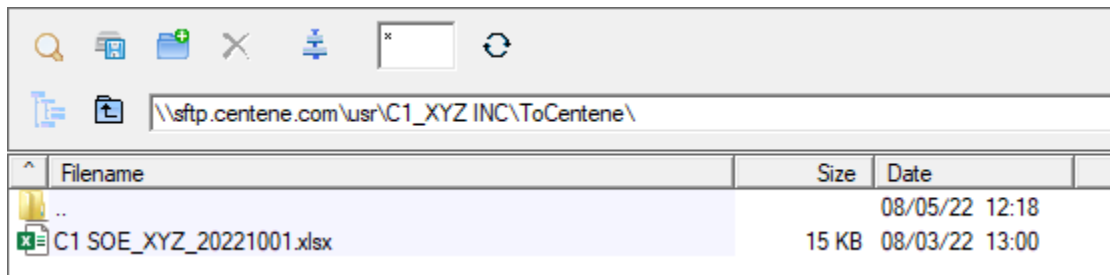


**TIP:** Examples included are from using the CoreFTP application. If using other application or web, the same directories will exist.

1. ToCentene – This directory will be used for providers to drop their SOE input files.

    i. The ToCentene directory for each provider will swept once every business day at 7:00PM CST to pick up pending SOE input files.
        1. Input files are deleted from directory after they are swept.
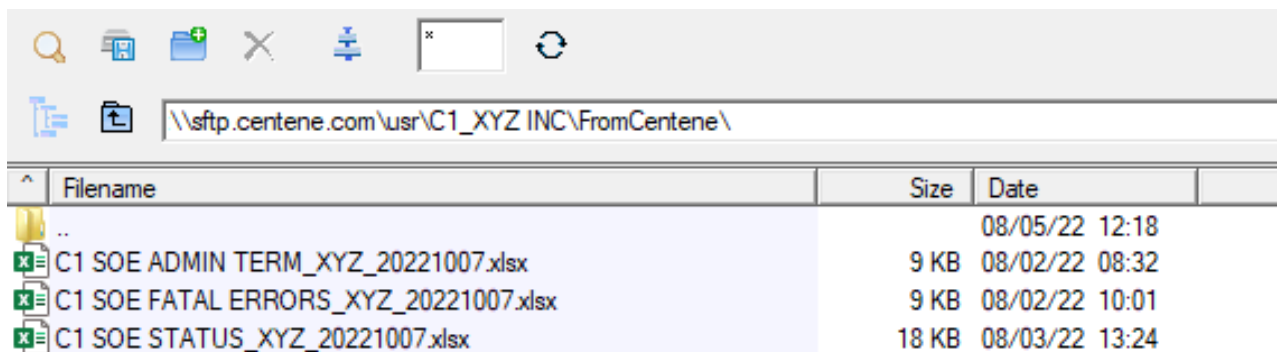
2. FromCentene – This directory will be used for Care1st to drop status reports for previous SOE input file submissions.

 ii. SOE Status Reports will be dropped on the FromCentene directory on the following schedule. **Please note exact delivery time of day is approximate depending on delivery volume.**

See section VI for more detail:
1. SOE Status Report – Every business day at 7:00PM CST
2. SOE Fatal Errors – Every Friday at 7:00PM CST
3. SOE Admin Term – Last business day of each month at 7:00PM CST.

\\sftp.centene.com\usr\C1_XYZ INC\FromCentene\

| Filename | Size | Date |
|---|---|---|
| .. | | 08/05/22 12:18 |
| C1 SOE ADMIN TERM_XYZ_20221007.xlsx | 9 KB | 08/02/22 08:32 |
| C1 SOE FATAL ERRORS_XYZ_20221007.xlsx | 9 KB | 08/02/22 10:01 |
| C1 SOE STATUS_XYZ_20221007.xlsx | 18 KB | 08/03/22 13:24 |

# IV.   PROVIDER SOE INPUT FILE SPECIFICATIONS

*File Name Format:* C1 SOE_[Provider Id found in Valid Values list]_YYYYMMDD_[file differentiator if sending multiple files per day].xlsx

*Example:*
C1 SOE_XYZ_20221001_A1.xlsx
C1 SOE_ XYZ_20221001_B1.xlsx
C1 SOE_XYZ_20221002.xlsx

*File Format:* Excel

*SFTP Drop Location:* \\centene.sftp.com\usr\C1_[Provider Name]\ToCentene

*Daily Care1st File Pick Up:* 7:00PM CST

*Sample File Included with Training Documents:* C1 SOE_XYZ_20221001

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

## FACTS:

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

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

C1 SOE_XYZ_20230601_Flagstaff
C1 SOE_XYZ_20230601_1

3. File names must be unique from all previous file submissions.

4. Please see section below on each field's requirements. Input Excel file will require a column header row.
   a. **Field Name listed in specs should be column names on submitted Input File.**

**INPUT FILE SPECIFICATIONS:**

**\*Asterisk indicates special criteria**

| Field Name | Max Field Size | Field Details | Requirement |
|---|---|---|---|
| Provider ID | 3 | -Provider group identifier. This will tie submitted record to a provider in order to send response files via SFTP.<br><br>-See Valid Values list below. | Required |
| Provider Internal System ID | *10 | -Unique ID created by the provider.<br><br>-ID will be sent back on response files so provider can update their systems.<br><br>-Each member should have a unique ID per provider to avoid submission issues.<br><br>-It is suggested that each provider use the provider ID at beginning of ID to avoid issues. | Required |

| Field Name | Max Field Size | Field Details | Requirement |
|---|---|---|---|
| | | Example - Community Bridges starts all Provider Internal System IDs with **'CBI%%%%%%'**  **-\*Provider Internal System ID _MUST_ be 10 characters in length. They should begin with the Provider ID as noted above and end with 7 additional characters (numbers or letters).** | |
| Submission Reason | 1 | -Leave blank.  -All submissions from providers will be considered 'Adds' until further notice. | Required |
| Enrollment Begin Date | 8 | Date enrollment span begins in YYYYMMDD format | Required |
| Enrollment End Date | 8 | Date enrollment span ends in YYYYMMDD format | Required if end date is known, otherwise should be blank for open-ended enrollments. |
| AHCCCS ID | 9 | -Member's Medicaid ID (if known)  -Must begin with 'A' (case sensitive) and followed by 8 numbers | Required if known. MUST be blank if unknown or ID doesn't exist yet. |
| Last Name | 20 | Member's last name | Required |
| Suffix | 4 | Member Name Suffix | Optional |
| First Name | 12 | Member First Name | Required |
| Middle Initial | 1 | Member Middle Initial | Optional |

| Field Name | Max Field Size | Field Details | Requirement |
|---|---|---|---|
| Sex | 1 | Member Sex<br><br>M= Male<br>F= Female | Required |
| Date of Birth | 8 | Member's DOB in YYYYMMDD format | Required |
| Residential Address 1 | 25 | Member's Residential/Home address line 1 | Required |
| Residential Address 2 | 25 | Member's Residential/Home address line 2<br>Residential Address Line 1 must also be provided | Optional |
| Residential Address City | 20 | Member's Residential/Home address City | Required |
| Residential Address State | 2 | Member's Residential/Home address State<br><br>2 digit State Code only! E.g. 'AZ' | Required |
| Residential Address Zip | 5 | Member's Residential/Home address zip code | Required |
| Residential Address Zip+4 | 4 | Member's Residential/Home address zip code + 4 code | Optional |
| Residential Address County | 2 | Member's Residential/Home address county. See Valid Values list below. | Required |
| SSN | 9 | Member's SSN. Digits Only. | Optional |
| Race | 3 | Member's Race. See Valid Values list below. | Optional |
| Citizen Code | 2 | Member's Citizen Code. See Valid Values list below. | Optional |
| Ethnicity | 2 | Member's Ethnicity. See Valid Values list below. | Optional |
| Mailing Address 1 | 25 | Member's Mailing address line 1<br>Residential Address must also be provided | Optional |

| Field Name | Max Field Size | Field Details | Requirement |
|---|---|---|---|
| Mailing Address 2 | 25 | Member's Mailing address line 2<br>Mailing Address Line 1 must be provided | Optional |
| Mailing Address City | 20 | Member's Mailing address City | Optional |
| Mailing Address State | 2 | Member's Mailing address State<br><br>2 digit State Code only! E.g. 'AZ' | Optional |
| Mailing Address Zip | 5 | Member's Mailing address zip code | Optional |
| Mailing Address Zip + 4 | 4 | Member's Mailing address zip code + 4 code | Optional |
| Residential Phone | 10 | -Member's Residential/Home Phone Number<br><br>-Digits Only | Optional |
| Emergency Phone | 10 | -Member's Emergency Phone Number<br><br>-Digits Only | Optional |
| Spoken Language | 4 | -Member's Spoken Language.<br><br>-See Valid Values list below. | Required if Reading Language provided, otherwise optional |
| Reading Language | 4 | -Member's Written Language.<br><br>-See Valid Values list below. | Required if Spoken Language provided, otherwise optional |
| Email Address | 200 | Member's email address | Optional |
| Care Of | 35 | Emergency Contact name for member e.g. guardian, fiduciary, etc. | Optional |

| Field Name | Max Field Size | Field Details | Requirement |
|---|---|---|---|
| | | -Indicates an adult with an AHCCCS approved SMI determination or a child with an AHCCCS approved SED determination.<br><br>**S = SMI**<br>-Only sent for SMI adults aged ≥ 18.<br><br>**Z = SED**<br>-Only sent for SED children aged < 18. | |
| SMI Indicator | 1 | -Only sent for effective dates ≥ 20221001 | Optional |

**VALID VALUES LIST:**

**Provider ID**

| Input Value | Description |
|---|---|
| CBI | Community Bridges, Inc. |
| CFS | Child and Family Support Services |
| CHA | Community Health Associates |
| CIH | ChangePoint Integrated Health |
| CMS | Community Medical Services |
| EHS | Encompass Health Services |
| MMH | Mohave Mental Health Clinic, Inc. |
| POL | Polara |
| SBH | Southwest Behavioral & Health |
| SOL | Solari |
| SPE | Spectrum |
| TER | Terros |
| TGC | The Guidance Center |

**Residential Address County**

| Input Value | County |
|---|---|
| 01 | Apache |
| 05 | Coconino |
| 15 | Mohave |
| 17 | Navajo |
| 25 | Yavapai |

**Race**

| Input Value | Description |
|---|---|
| 43 | ASIAN INDIAN |
| 58 | OTHER ASIAN |
| 2 | ASIAN/PAC ISLAND |
| 49 | ASIAN UNKNOWN |
| 4 | BLACK |
| 98 | CUBAN/HAITIAN |
| 38 | CHINESE |
| 6 | CAUCASIAN/WHITE |
| 37 | FILIPINO |
| 57 | GUAM/CHAMORRO |
| 9 | NATIVE HAWAIIAN |
| 7 | HISPANIC |
| 40 | JAPANESE |
| 41 | KOREAN |
| 99 | MEXICAN AMERICAN (ADC ONLY) |
| 100 | MEXICAN NATIONAL (ADC ONLY) |
| 8 | NATIVE AMERICAN |
| 20 | NAT HAW OR OTHER PAC ISLND UNKNOWN |

| Input Value | Description |
|---|---|
| 59 | OTHER PACIFIC ISLANDER |
| 15 | OTHER |
| 42 | SAMOAN |
| 82 | UNKNOWN |
| 92 | UNSPECIFIED |
| 46 | VIETNAMESE |

**Citizen Code**

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

**Ethnicity**

| Input Value | Description |
|---|---|
| 57 | CHICANO |
| 6 | CUBAN |
| 58 | MEXICAN-AMERICAN |
| 10 | MEXICAN |
| 3 | NON-HISPANIC |
| 29 | OTHER HISPANIC |
| 13 | PUERTO RICAN |
| 54 | UNKNOWN |

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

| Input Value | Description |
|---|---|
| 8309 | ALBANIAN |

| Input Value | Description |
| --- | --- |
| 8908 | AMERICAN SIGN LANGUAGE |
| 8311 | AMHARIC |
| 8313 | ARABIC |
| 8317 | ARMENIAN |
| 8798 | CANTONESE |
| 8358 | CHINESE |
| 8373 | CROATIAN |
| 8391 | ENGLISH |
| 8800 | FARSI |
| 8401 | FILIPINO |
| 8404 | FRENCH |
| 8915 | GERMAN |
| 8535 | GREEK |
| 8425 | HAITIAN/CREOLE |
| 8431 | HINDI |
| 8434 | HMONG |
| 8892 | HOPI |
| 8435 | HUNGARIAN |
| 8943 | INDIAN (INDIA) |
| 8449 | ITALIAN |
| 8450 | JAPANESE |
| 8923 | KHMER |
| 8479 | KOREAN |
| 8872 | LAOTIAN |
| 8821 | MANDARIN |
| 8701 | MON-KHMER |
| 8929 | NATIVE AMERICAN |
| 8928 | NAVAJO |
| 8842 | OTHER |
| 8898 | POLISH |

| Input Value | Description |
|---|---|
| 8581 | PORTUGUESE |
| 8591 | RUSSIAN |
| 8603 | SERBIAN |
| 8617 | SOMALI |
| 8623 | SPANISH |
| 8634 | TAGALOG |
| 8695 | UNKNOWN/UNSPECIFIC |
| 8672 | VIETNAMESE |
| 8941 | YIDDISH |

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

Providers will initiate the SOE Process by submitting a SOE Input file to Care1st via SFTP.

## FACTS:

1. Care1st will accepts "add" SOE transactions. "Add" transactions are new SOE enrollment span dates for new or previously enrolled members that meet the SOE validation requirements on your requested SOE span dates.
   a. If you have a "change" or "term" transaction, please see the Technical Assistance section on how to request on of these two transactions.
      i. Please note that RBHAs can only send changes or terms to AHCCCS for active SOE that were opened by them.
   b. "Change" and "term" transactions through the SOE input process will be a post Go-Live enhancement (ETA TBD).

1. It is expected that you will ensure that proper validation as described in the **FACTS** portion of Section I is being completed using AHCCCS Online to avoid invalid submissions which lead to production delays.

2. It is expected that Care1st will provide resolution on each submitted record via reporting on the SFTP within 10 business days whether the record was fully processed or rejected due to error. We will only send records that you have submitted, other providers will not see your submission statuses.

3. Care1st turn around times for SOE Input file status and resolution begin the business day after you submit the input file.
   a. If an input file is dropped on SFTP on Monday, the turn around time would begin Tuesday.

# WORK PROCESS:

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

Providers will use the SOE Input file to request enrollment spans for eligible State Only services. See File Specifications section for more information on file layouts and processing edits. Care1st will also provide a SOE Input File template for any providers that will be managing this process manually.

1. You will drop your SOE input file onto the designated SFTP directory ([Provider Name]/ToCentene)

2. Care1st automated jobs will sweep SFTP and pull any SOE input files at 7PM CST every business day.

3. Care1st Enrollment team will review files and submit any accepted records to AHCCCS for processing.

4. AHCCCS will send response files back to Care1st within 48 hours.

5. Care1st will load any AHCCCS accepted records to systems for Claims submissions within 48 hours of notification from AHCCCS.

6. Care1st will provide Status Report(s) to you for each submitted record in the designated SFTP directory ([Provider Name]//FromCentene). You will use Reports to update statuses in your system and/or perform further action. See Status Reports section for more information and specifications for Status Reports.

7. If record needs to be resubmitted due to an 'Error Pending' or 'Rejected' message on the status file, resend record on your next file with the corrected data if needed!
   a. Ensure you are using the same Provider ID and Provider Internal ID to match your previous submission!

# VI.  SOE STATUS REPORTS FILES SPECIFICATIONS

Care1st will provide frequent SOE Status Reports for providers to utilize in their processes. Each of the three reports are described below.

## SOE Input File Status Report

*File Name Format:* C1 SOE STATUS_[Provider ID]_YYYYMMDD.xlsx

*File Format:* Excel

*SFTP Drop Location:* \\centene.sftp.com\usr\[Provider Name]\FromCentene

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

## FACTS:

1. Report provides a status of each provider's submitted SOE records.

2. Allow 2 business days for submissions to show on their first SOE Status Report.

3. Allow 2 business days for submissions to fall off future reports once they show up in an Accepted or Rejected status.

4. Other than Status and Error Message, all data on report is generated from the input file the record was received on.

5. Any active 'Error Pending' record will be voided in the system if no action is taken within 10 business days. Provider and their assigned Care1st Provider Network Management rep will be notified via email in case additional training is needed. Record will not process any further.

**REPORT SPECIFICATIONS:**

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

**VALID VALUES LIST:**

| SOE Status | Description | Responsible for Next Steps |
|---|---|---|
| New Pending | Record received by Care1st that is pending RBHA review. | Care1st |

| SOE Status | Description | Responsible for Next Steps |
|---|---|---|
| Error Pending | – Record rejected by Care1st due to missing data (with error message describing error.)<br>-Providers are required to resubmit corrected enrollment request on future file.<br>-Ensure that same Provider ID and Provider Internal System ID are used on resubmission to tie submissions together. | Provider |
| Approved | Record approved by Care1st and pending submission to AHCCCS. | Care1st |
| Rejected | -Record rejected by Care1st during RBHA review.<br>-Rejections by RBHA are typically due to qualification issues (e.g. member already enrolled with Care1st, enrolled with another plan, etc.)<br>-Record can not be resubmitted unless member's AHCCCS enrollment status changes and becomes SOE eligible. | Provider |
| Sent | Record sent to AHCCCS and awaiting approval. | AHCCCS |
| Accepted | -Record passed AHCCCS review and has successfully been loaded to Care1st systems.<br>-Claims can be submitted for approved enrollment period. | Provider |

# SOE Input Fatal Errors Report

**File Name Format:** C1 SOE FATAL ERRORS_[Provider ID]_YYYYMMDD.xlsx

**File Format:** Excel

**SFTP Drop Location:** \\centene.sftp.com\usr\[Provider Name]\FromCentene

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

## FACTS:

1. There are instances when a record will not be loaded at all to the Care1st system but will not show on the SOE Status report. These are due to issues that would not allow an enrollment/member record to be built, such as:
   - Enrollment Start Date Missing
   - SOE Enrollment date overlaps an existing current enrollment span
   - Provider ID and Provider Internal System ID not matching an existing 'Error Pending' upon re-submission.
   - Provider ID and Provider Internal System ID empty

2. You will need to determine next steps for member enrollment.

3. No file will be provided if provider does not have Fatal Errors that week.

**REPORT SPECIFICATIONS:**

| Field Names | Details |
|---|---|
| PROVIDER ID | |
| PROVIDER INTERNAL SYSTEM ID | |
| AHCCCS ID | If available |
| LAST NAME | |

| | |
|---|---|
| FIRST NAME | |
| SEX | |
| DOB | YYYYMMDD |
| ENROLLMENT BEGIN DATE | YYYYMMDD |
| ENROLLMENT END DATE | YYYYMMDD |
| ERROR MESSAGE | |

## SOE Administrative Termination Report

**File Name Format:** C1 SOE ADMIN TERM_[Provider ID]_YYYYMMDD.xlsx

**File Format:** Excel

**SFTP Drop Location:** \\centene.sftp.com\usr\[Provider Name]\FromCentene

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

## FACTS:

1.  AHCCCS requires RBHAs to administratively term any active SO member without utilization in the past 120 days.

2.  Beginning March 2023, Care1st will term any active SO member without any claims activity within the past 120 days on a monthly basis.

3.  List to be provided to you for informational purposes and to determine if back log of claims exists and/or if a new SOE input record needs to be submitted.

4.  List will only include SOE that were submitted by your provider group.

**REPORT SPECIFICATIONS:**

| Field Names | Details |
| --- | --- |
| AHCCCS ID | |
| LAST NAME | |
| FIRST NAME | |
| SEX | |
| DOB | YYYYMMDD |
| ENROLLMENT BEGIN DATE | YYYYMMDD |
| ENROLLMENT END DATE | YYYYMMDD |
| LAST CLAIM DOS | YYYYMMDD |
| LAST PHARMACY DOS | YYYYMMDD |

# VII.   TECHNICAL ASSISTANCE

If technical assistance is needed for SOE Input File submission, please send an email to the Care1st Enrollment team for assistance.

## FACTS:

1. **Care1stEnrollment@care1staz.com**
   a. Please ensure that this inbox is in the 'To' line.

2. Ensure all messages are sent securely to protect PHI.

3. For production, this inbox is only to be used for technical assistance for following issues. All other requests will be sent back to sender to reach out to Provider Network Management for assistance.
   a. **SOE Input file submission issue**
      i. Subject line should begin with "Care1st SOE Issue"
      ii. Be sure to provide below information for ALL records/members.
         1. Member AHCCCS ID (If Known)
         2. Provider Internal System ID
         3. Provider ID
         4. Member First/Last Name
         5. Member DOB
         6. SOE Start Date
         7. SOE End Date
         8. SOE Input File Name record submitted on (if relevant to issue)
         9. Error/Rejection message received back on SOE Status report that you need assistance with (If relevant to issue)
         10. Detail on issue you are experiencing
   b. **SOE Input file Change request.** If you need to make any changes to an ACTIVE Care1st SO Member's demographics (Name, DOB, etc.), please send request via email.
      i. Subject line should begin with "Care1st SOE Change"
      ii. Be sure to provide below information for ALL records/members.
         1. Member AHCCCS ID
         2. Provider Internal System ID

3. Provider ID
4. Member Current AHCCCS First/Last Name
5. Member Current DOB
6. SOE Start Date
7. Detail what change is needed
   iii. All changes will be made effective the date of submission.
   iv. Change can only be made by provider that submitted initial SOE request. Care1st will advise if this is not the case in the email response and which provider to coordinate the change with.

c. **SOE Input file Term request.** If you need to terminate any ACTIVE Care1st SO Member, please send request via email.
   i. Subject line should begin with "Care1st SOE Term"
   ii. Be sure to provide below information for ALL records/members.
1. Member AHCCCS ID
2. Provider Internal System ID
3. Provider ID
4. Member Current AHCCCS First/Last Name
5. Member Current DOB
6. SOE Start Date
7. Indicate if you would like a current day or end of month term? AHCCCS only allows these two options.
   iii. Term request can only be made by provider that submitted initial SOE request. Care1st will advise if this is not the case in the email response and which provider to coordinate the change with.

d. **"Crisis" Input file submission issue**
   i. Subject line should begin with "Care1st Crisis"
   ii. Be sure to provide below information for ALL records/members.
1. Member AHCCCS ID (If Known)
2. Provider Internal System ID
3. Member First/Last Name
4. Member DOB
5. "Crisis" Start Date
6. "Crisis" End Date
7. "Crisis" Input File Name record submitted on (if relevant to issue)
8. Error/Rejection message received back on Crisis Status report that you need assistance with (if relevant to issue)

9. Detail on issue you are experiencing

e. **AHCCCS/Care1st Enrollment Portal discrepancies**
    i. Subject line should begin with "Care1st Enrollment Portal Issue"
    ii. Be sure to provide below information for ALL records/members.
        1. Member AHCCCS ID (If Known)
        2. Member First/Last Name
        3. Member DOB
        4. Enrollment Start Date
        5. Enrollment  End Date
        6. "Crisis" Input File Name record submitted on (if relevant to issue)
        7. Error/Rejection message received back on Crisis Status report that you need assistance with (if relevant to issue)
        8. Detail on issue you are experiencing

f. **SFTP New User Request:** For users that will need to submit SOE or "Crisis" input files.
    i. Subject line should begin with "Care1st SFTP New User"
    ii. Be sure to provide below information for ALL records/members.
        1. New user's first and last name
        2. New user's email address
        3. New user's associated Provider
        4. New user's business phone number
    iii. New user will receive log in credentials from 'GlobalScape' email once completed.

g. **SFTP Account Password Reset Request:** To be used to refresh user log in due to inactivity or too many incorrect login attempts.
    i. Subject line should begin with "Care1st SFTP Password Reset"
    ii. Be sure to provide below information for ALL records/members.
        1. User's first and last name
        2. User's email address
        3. User's associated Provider
        4. User's business phone number
        5. User' login/username (do not send password!)
    iii. New user will receive new password from 'GlobalScape' email once completed.

4.  Please only send one email per specific issue type.
    a.  You can include multiple members in each individual email for a specific issue type. Just add all the required data per issue into an Excel spreadsheet for easier access and review!

5.  Expect a response from an Enrollment team representative within 5 business days.
    a.  Are any processing or email responses not meeting promised turn around?
        i.  Escalate to – Francesca Douglas, Senior Manager Enrollment, francesca.douglas@centene.com and Bennie Johnson, Enrollment Supervisor, bennie.johnson@centene.com and copy Jack Sneed, Health Plan Business Analyst, jsneed@azcompletehealth.com

# VIII. REFERENCES

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

## 1. SECTION I – INTRODUCTION

    A.   SOE Eligibility Examples

    *a.   Scenario: Member Not Found on AHCCCS Online Portal*

**Test Member Case:** Provider wants to submit open-ended SOE effective 8/1/2022 for Michael Smith, DOB 1/2/1995, M.

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

**Member Eligibility Verification: Recipient Search**

| | **Recipient Search** |
|---|---|
| * indicates required fields | |

**Search For:**
- ● RECIPIENT
- ○ NEWBORN

**Search By:**
- ○ AHCCCS ID and DOB
- ○ LAST NAME, DOB and SSN
- ○ AHCCCS ID, NAME and DOB
- ○ AHCCCS ID, LAST and FIRST NAME and DOB
- ● LAST and FIRST NAME & DOB
- ○ LAST and FIRST NAME, DOB & SSN
- ○ LAST and FIRST NAME, DOB & MEDICARE CLAIM NUMBER

🖊 **Search Fields**

| | |
|---|---|
| **Last Name:**\* | SMITH |
| **First Name:**\* | MICHAEL |
| **Date of Birth:**\* | 01/02/1995    (MM/DD/YYYY) |

🖊 **Date of Services (DOS)**

| | | |
|---|---|---|
| **Begin Date:** | 08/01/2022 | •The verification will be p |
| | | •The Begin Date of Servic |
| **End Date:** | 08/01/2022 | •The End Date of Service |
| | | •For hospital provider typ |
| | | •For all other provider typ |

INVALID/MISSING SUBSCRIBER/INSURED ID

[ Search ]  [ Clear ]

**Result: SOE request can be submitted to Care1st.**

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

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

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

35

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

### Eligibility

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

### Medical Enrollment

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

### Behavioral Health Services

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

**Result: SOE request can be submitted to Care1st.**

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

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

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

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

### Eligibility

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

### Medical Enrollment

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

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

**Result: SOE request should not be submitted to Care1st as member is enrolled with ACC Plan. Work with RBHA of record for claims submission or determine if "Crisis" enrollment request needs to be submitted to Care1st for DOS instead.**

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

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

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

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

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

| Medical Enrollment | | | | | |
|---|---|---|---|---|---|
| **Health Plan ID/Description** | **Period Start** | **Period End** | **Rate Code** | **Contract Type** | **Insurance Type** |
| 008690 FFS TEMPORARY | 05/23/2022 | 05/31/2022 | 3517 - ADULT 40-100% FEMALE 21-44 NO MDC | E ACC/FFS | MC MEDICAID |
| ⊞ Service Type Codes | | | | | |

| Behavioral Health Services |
|---|
| NO BHS ENROLMENT |

**Result: SOE request should not be submitted to Care1st with the dates provided as member is FFS for part of the requested enrollment dates. Provider would need to submit services with DOS 5/23/2022-5/31/2022 through the AHCCCS FFS process. Provider would also want to adjust SOE enrollment dates to not overlap the FFS enrollment. SOE could be submitted with SOE dates of 5/1/2022-5/22/2022.**

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

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

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

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

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

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

| Behavioral Health Services |
|---|
| NO BHS ENROLMENT |

**Result: SOE request should not be submitted to Care1st as member is enrolled with ACC Plan. Work with Plan of record for claims submission or determine if "Crisis" enrollment request needs to be submitted to Care1st for DOS instead.**

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

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

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

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

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

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

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

**Result: SOE request should not be submitted to Care1st as member is enrolled with a T/RBHA for BH Services. Work with T/RBHA for claims submission or determine if "Crisis" enrollment request needs to be submitted to Care1st for DOS instead.**

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

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

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

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

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

| Medical Enrollment | | | | | |
|---|---|---|---|---|---|
| Health Plan ID/Description | Period Start | Period End | Rate Code | Contract Type | Insurance Type |
| 999998 AHCCCS AMERICAN INDIAN HP | 07/29/2022 | | 1016 - TANF 21-44 MALE NON-MEDICARE | E ACC/FFS | MC MEDICAID |
| ⊞ Service Type Codes | | | | | |

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

**Result: SOE request should not be submitted to Care1st as member is enrolled with AIHP. Work with AIHP for claims submission or determine if "Crisis" enrollment request needs to be submitted to Care1st for DOS instead.**

h. *Scenario: Member Found on AHCCCS Online Portal with active State Only eligibility with another RBHA.*

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

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

| Eligibility Renewal Date | |
|---|---|
| **Eligibility Renewal Date:** | |

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

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

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

**Result: SOE request should not be submitted to Care1st as member is enrolled with another RBHA as State Only. Work with RBHA of record for claims submission or determine if "Crisis" enrollment request needs to be submitted to Care1st for DOS instead.**

i. *Scenario: Incarcerated Member Found on AHCCCS Online Portal with Active Eligibility*

**Test Member Case:** Provider wants to submit open-ended SOE effective 7/1/2022 for member found on AHCCCS Online portal.

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

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

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

| Medical Enrollment | | | | | |
| --- | --- | --- | --- | --- | --- |
| Health Plan ID/Description | Period Start | Period End | Rate Code | Contract Type | Insurance Type |
| CTYPRI NO PAYMENT | 07/29/2022 | | 3718 - ADULT <40% EXP M&F 45-64 NO MDC | 1 NO/PMT | OT OTHER |

**CTYPRI indicates:**
- This AHCCCS member's enrollment was temporarily suspended.
- This member will be automatically re-enrolled with the previous health plan upon reinstatement.
- Reinstatement typically occurs within 24-48 hours from the time AHCCCS receives information that the member can be reinstated and the effective date is retro to the date the member file is received.
- If you have questions or concerns about this member's enrollment, please note the reinstated status will appear on the online enrollment once received and processed

| | | | | | |
| --- | --- | --- | --- | --- | --- |
| 010422 AZ COMPLETE HEALTH CARE | 03/11/2022 | 07/28/2022 | 3717 ADULT <40% EXP FEMALE 21-44 NO MDC | A ACC/CAP | HM HEALTH MAINTENANCE ORGANIZATION (HMO) |

➕ Service Type Codes

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

**Result: SOE request should not be submitted to Care1st with the dates provided as member is enrolled with an ACC plan for part of the requested enrollment dates. Work with ACC Plan for 7/1/2022-7/28/2022 claims or determine if "Crisis" needs to be submitted to Care1st for any of these DOS instead!**

**Provider would also want to adjust SOE enrollment dates to not overlap the ACC enrollment. SOE can be re-submitted with SOE start date of 7/29/2022 as SOE can be submitted while the member enrollment is suspended due to incarceration. FYI Care1st/AHCCCS will admin term the active SOE span once the enrollment is reinstated in the AHCCCS systems.**

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

**Test Member Case:** Provider wants to submit open-ended SOE effective 7/1/2022 for member found on AHCCCS Online portal.

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

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

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

| Medical Enrollment | | | | | |
|---|---|---|---|---|---|
| Health Plan ID/Description | Period Start | Period End | Rate Code | Contract Type | Insurance Type |
| 008715 AHCCCS QMB - ONLY | 12/26/2021 | | 8020 - QMB ONLY | 8 NON/PAY | MP MEDICARE PRIMARY |
| ⊞ Service Type Codes | | | | | |

| Behavioral Health Services |
|---|
| NO BHS ENROLMENT |

**Result: SOE request can be submitted to Care1st as SOE can be submitted when member is enrolled in QMB Medicare Savings Program.**

## 2. PROVIDER SOE INPUT FILE WORK PROCESS

a. *Scenario: Provider needs to send SOE input file to Care1st after validating that all records on file pass validation requirements.*

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

    i.    Provider will create a SOE Input file to submit to Care1st. *Example file name C1 SOE_XYZ_20221001.xlsx*

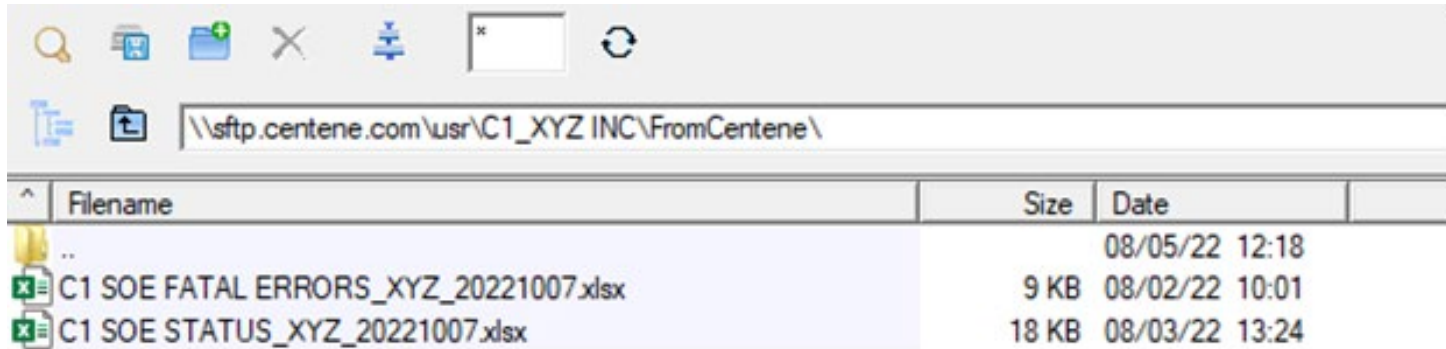| Provider ID | Provider Internal System ID | Submission Reason | Enrollment Begin Date | Enrollment End Date | AHCCCS ID | Last Name | Suffix | First Name | Middle Initial | Sex | Date of Birth | Residential Address 1 | Residential Address 2 | Residential Address City | Residential Address State | Residential Address Zip | Residential Address Zip+4 | Residential Address County |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| XYZ | XYZ0000001 | | 20221001 | | A20330237 | ARCHTEST | | XELP | | M | 20100112 | 5677 Burnett Road | | FLAGSTAFF | AZ | 86004 | | 05 |
| XYZ | XYZ0000002 | | 20221001 | | | FLAGTEST | | TAG | | M | 19870527 | 768 North Broadway Street | | FLAGSTAFF | AZ | 86004 | | 05 |
| XYZ | XYZ0000003 | | 20220901 | | | APPLETEST | | YESH | | F | 20081222 | 432 South Highway | | ST JOHNS | AZ | 85936 | | 01 |
| XYZ | XYZ0000004 | | 20221001 | | | TRIMTEST | | GRAB | | F | 19880304 | 78 El Camino Real | | HOUCK | AZ | 86506 | | 01 |
| XYZ | XYZ0000005 | | 20221001 | | A20330220 | BLINKTEST | | ZARN | | M | 19890518 | 935 French Camp Turnpike Road | | PRESCOTT | AZ | 86301 | | 25 |
| XYZ | XYZ0000006 | | 20221001 | | | BOXERTEST | | YALLN | A | M | 20051229 | 87 North Ventu Park Road | | | AZ | 86326 | | 25 |
| XYZ | XYZ0000007 | | 20221001 | | | OWLTEST | | KRAIN | | M | 19840425 | 987 Cabrillo Highway | | SHOW LOW | AZ | 85901 | | 17 |
| XYZ | XYZ0000008 | | 20221001 | | | OTHERTEST | | KORR | | F | 19841231 | 345 Katella Avenue | | SHOW LOW | AZ | 85901 | | 17 |
| XYZ | XYZ0000009 | | 20221001 | | | BRICKTEST | | ZLICK | | F | 19891003 | 56 Carpinteria Avenue | | COLORADO CITY | AZ | 86021 | | 15 |
| XYZ | XYZ0000010 | | 20221001 | | | CRASHTEST | | WELT | | M | 20110213 | 89 Carpinteria North | | BULLHEAD CITY | AZ | 86442 | | 15 |
| XYZ | XYZ0000011 | | 20221001 | | | BLINKTEST | | ZARN | | M | 19890518 | 935 French Camp Turnpike Road | | PRESCOTT | AZ | 86301 | | 25 |

ii.    Provider will drop input file onto SFTP ToCentene directory.

\\sftp.centene.com\usr\C1_XYZ INC\ToCentene\

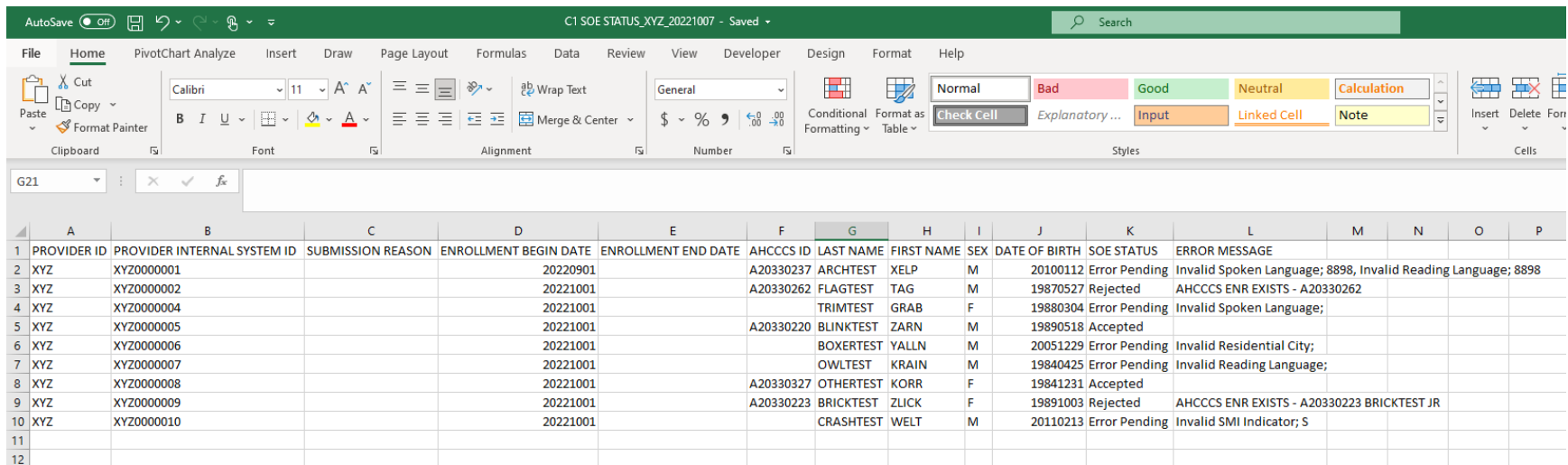| Filename | Size | Date |
|---|---|---|
| .. | | 08/05/22  12:18 |
| C1 SOE_XYZ_20221001.xlsx | 15 KB | 08/03/22  13:00 |

iii.    Care1st automated jobs will sweep SFTP every business day at 7:00PM CST to pull any submitted files.

iv.    Care1st Enrollment team will process submitted Input files into internal enrollment systems and review/validate all received records in the AHCCCS systems.

    i.    Records that pass validation, will be forwarded to AHCCCS for review and processing on their end.

    ii.    Records that fail validation will not be forwarded to AHCCCS and will be sent back to provider on SOE Status Report.

   v.  AHCCCS will review and process received SOE records in their system and send response files back to Care1st typically within 2 business days.

   vi.  Care1st will load response files to internal Enrollment systems.

   vii.  Care1st will provide response reports to providers on FromCentene directory.



   ▪  SOE Status – Daily report will contain the current status of any pending SOE records that were submitted by the provider. *Example file name C1 SOE STATUS_XYZ_20221007.xlsx*



| | A | B | C | D | E | F | G | H | I | J | K | L |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | PROVIDER ID | PROVIDER INTERNAL SYSTEM ID | SUBMISSION REASON | ENROLLMENT BEGIN DATE | ENROLLMENT END DATE | AHCCCS ID | LAST NAME | FIRST NAME | SEX | DATE OF BIRTH | SOE STATUS | ERROR MESSAGE |
| 2 | XYZ | XYZ0000001 | | 20220901 | | A20330237 | ARCHTEST | XELP | M | 20100112 | Error Pending | Invalid Spoken Language; 8898, Invalid Reading Language; 8898 |
| 3 | XYZ | XYZ0000002 | | 20221001 | | A20330262 | FLAGTEST | TAG | M | 19870527 | Rejected | AHCCCS ENR EXISTS - A20330262 |
| 4 | XYZ | XYZ0000004 | | 20221001 | | | TRIMTEST | GRAB | F | 19880304 | Error Pending | Invalid Spoken Language; |
| 5 | XYZ | XYZ0000005 | | 20221001 | | A20330220 | BLINKTEST | ZARN | M | 19890518 | Accepted | |
| 6 | XYZ | XYZ0000006 | | 20221001 | | | BOXERTEST | YALLN | M | 20051229 | Error Pending | Invalid Residential City; |
| 7 | XYZ | XYZ0000007 | | 20221001 | | | OWLTEST | KRAIN | M | 19840425 | Error Pending | Invalid Reading Language; |
| 8 | XYZ | XYZ0000008 | | 20221001 | | A20330327 | OTHERTEST | KORR | F | 19841231 | Accepted | |
| 9 | XYZ | XYZ0000009 | | 20221001 | | A20330223 | BRICKTEST | ZLICK | F | 19891003 | Rejected | AHCCCS ENR EXISTS - A20330223 BRICKTEST JR |
| 10 | XYZ | XYZ0000010 | | 20221001 | | | CRASHTEST | WELT | M | 20110213 | Error Pending | Invalid SMI Indicator; S |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |

- SOE Fatal Errors – Weekly report will contain any records that rejected in the initial file ingestion (Step iv.) due to missing required data or overlapping submission and will not be processed further. Provider will need to determine next steps. *Example file name C1 SOE FATAL ERRORS_XYZ_20221007.xlsx*



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

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

| PROVIDER INTERNAL ID | RESPONSE FILE | SOE STATUS | ERROR MESSAGE | Cause | Next Steps |
|---|---|---|---|---|---|
| XYZ0000001 | SOE STATUS | Error Pending | Invalid Spoken Language; 8898, Invalid Reading Language; 8898 | Incorrect values submitted | Resubmit with corrected values (see next steps in this process.) |
| XYZ0000002 | SOE STATUS | Rejected | AHCCCS ENR EXISTS - A20330262 | Care1st discovered active AHCCCS enrollment during validation. | Provider to update system with corrected provided data and determine next steps. |
| XYZ0000003 | SOE FATAL ERRORS | N/A | Enrollment start date less than 10/1/2022 | Enrollment start date less than 10/1/2022 | Provider will need to determine next steps. Either record will need to be sent to Health Choice or the start date will need to be adjusted. |

| XYZ0000004 | SOE STATUS | Error Pending | Invalid Spoken Language; | Record Missing required field(s) | Resubmit with corrected values (see next steps in this process.) |
|---|---|---|---|---|---|
| XYZ0000005 | SOE STATUS | Accepted | | | SOE transaction complete! Submit claims. |
| XYZ0000006 | SOE STATUS | Error Pending | Invalid Residential City; | Record Missing required field(s) | Resubmit with corrected values (see next steps in this process.) |
| XYZ0000007 | SOE STATUS | Error Pending | Invalid Reading Language; | Record Missing required field(s) | Resubmit with corrected values (see next steps in this process.) |

| XYZ0000008 | SOE STATUS | Accepted | | | SOE transaction complete! Submit claims. |
|---|---|---|---|---|---|
| XYZ0000009 | SOE STATUS | Rejected | AHCCCS ENR EXISTS - A20330223 BRICKTEST JR | Care1st discovered active AHCCCS enrollment during validation. | Provider to update system with corrected provided data and determine next steps. |
| XYZ0000010 | SOE STATUS | Error Pending | Invalid SMI Indicator; S | SMI Indicator submitted for child, should be blank. | Resubmit with corrected values (see next steps in this process.) |

| XYZ0000011 | SOE FATAL ERRORS | N/A | SOE Enrollment date overlaps an existing enrollment span | Duplicate to CBI0000005. | Provider to update systems to remove any duplicates. Enrollment will be tracked under record. CBI0000005. No further action for CBI0000011. |
|---|---|---|---|---|---|

*ix.* <u>*Resubmission*</u> – the following steps will detail how a provider would resubmit any 'Error Pending' records found on the SOE Status report on a future SOE Input file.

    *a.* After reviewing the SOE report (detailed in steps vii-viii above), add the records you will be resubmitting on a new input file.

        *i.* **Ensure you use the same Provider Internal System ID provided on initial submission to avoid overlapping Fatal Errors!**

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

        *iii.* *Example file name C1 SOE_XYZ_20221011.xlsx*

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



\\sftp.centene.com\usr\C1_XYZ INC\ToCentene\

| ^ Filename | Size | Date |
|---|---|---|
| .. | | 08/05/22 12:18 |
| C1 SOE_XYZ_20221011.xlsx | 15 KB | 08/03/22 13:31 |

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