

Provider Webinar

Molina Healthcare of Arizona
July 23, 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
- Karen Sesmas, Primary Care & FQHC Provider Representative
- William Hernandez, Non-Par Provider Representative

Molina Healthcare of Arizona

News, alerts & updates



Referring, Ordering, Attending (ROPA) Providers Required to Register with AHCCCS

Key Policy Update:

Beginning July 1, 2025, fee-for-service claims submitted by a referring, ordering, or attending (ROA) provider not registered with AHCCCS will be denied.

Background:

The ACA and 21st Century Cures Act require ROA providers to be registered with AHCCCS. Previously, an NPI was sufficient; now, registration is mandatory under the ROPA(Referring, Ordering, Prescribing, Attending) rule.

Who Must Register:

- Any healthcare provider who refers, orders, prescribes, or acts as an attending for AHCCCS members.
- Providers must either:
 - Register with AHCCCS, or Qualify as an "Exception non-registerable provider"

- AHCCCS Provider Enrollment Portal: [APEP Provider Enrollment Portal](#)

Southwestern Provider Services, Inc. (SPSI) Claim Clearinghouse Closure

This communication is for providers who use SPSI as their claim clearinghouse.

AHCCCS was notified that Southwestern Provider Services, Inc. (SPSI) will close its organization effective July 31, 2025.

SPSI is working with providers to assist them in transitioning from SPSI to an alternative claim clearinghouse. Please contact SPSI directly for additional information.



Second quarter 2025 Provider Newsletter



[Provider Newsletter](#)

Reminder: Verify AHCCCS Exclusion List

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."

Recommended Screening for Lead Screening

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

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](#)

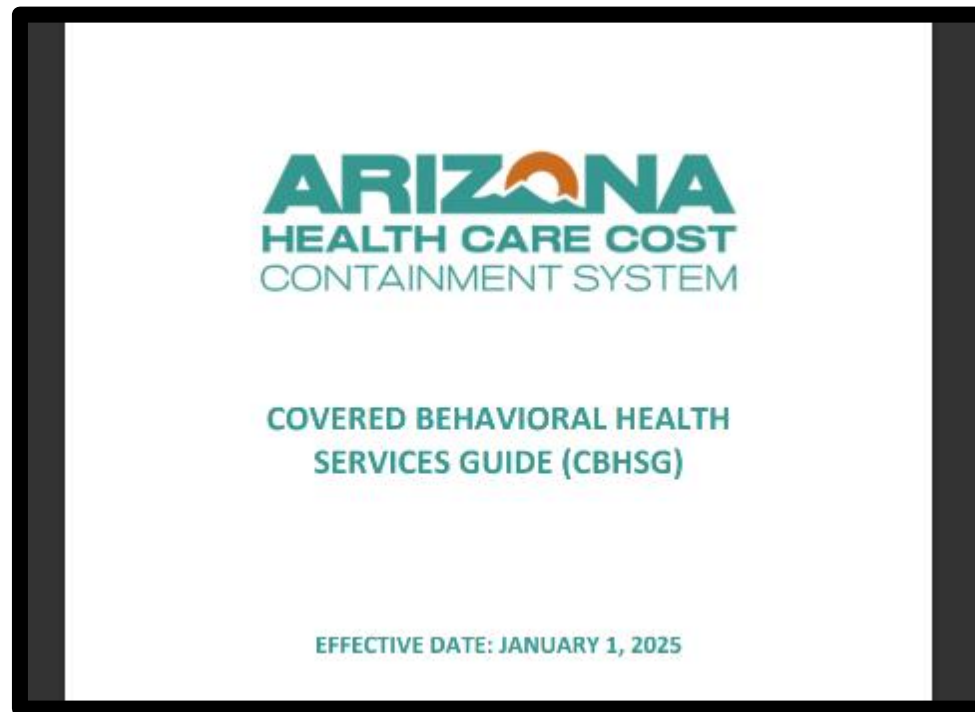
[Molina Medicare Model of Care](#)

[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 **April 15, 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	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 displays two forms from the AZ+AHP Credentialing Alliance. The top form is the 'AZAHP PRACTITIONER DATA FORM' and the bottom form is the 'ORGANIZATIONAL/FACILITY APPLICATION'.

AZAHP PRACTITIONER DATA FORM:

- To:** [Blank]
- File:** [Blank]
- Post the following, if applicable:**
 - IRS 561 coupon or other Medical required by
 - DENTAL PROVIDERS OR
 - General Anesthesia P
- Practitioner's Name and Address:** [Blank]
- 1009 Registered Name (Required):** [Blank]
- Group Practice Name (DBA):** [Blank]
- Practitioner's Effective Date:** [Blank]
- Group Type (check all that apply):**
 - ☐ FQHC/RHC
- Lines of Business:**
 - Medicaid ☐ Medicare ☐ Commercial ☐
- Is Facility a Medicare participating provider?**
 - ☐ YES ☐ NO
- AHCCCS Provider Type:** [Blank]
- AHCCCS ID#:** [Blank]
- Organization NPI#:** [Blank]
- 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"/> Habilitation 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 10/15/2025

Please complete the following template for your Providers serving members with Autism Spectrum Disorder (ASD). It is based on the correct tabs, Diagnosing ASD and Treating ASD. For all contracted providers, this is due 10/15/2025.

Please submit completed templates to:

- Kelley Pavkov, Kelley.Pavkov@MolinaHealthCare.Com

AND

- MCCAZ-Provider@MolinaHealthCare.Com

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

Diagnosing ASD

Treating ASD

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:

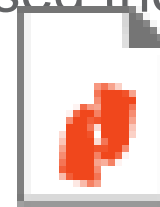
- [Domain access in APEP](#)
- [Provider FAQ](#)
- Provider Chat Bot <https://chat.azahcccs.gov/>
- And so much more!

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

Victoria Bullen – Molina Healthcare of Arizona Senior Data Analyst

Victoria.Bullen@molinahealthcare.com

Claim Denials and Rejections

- **Top Denials**

- **This provider type/provider specialty may not bill this service.**
 - Ensure you are registered with the appropriate category of service for the codes that being billed.
- **Missing Explanation of Benefits**
 - Ensure to submit primary carrier EOBs with the claim submission when a member has a primary insurance.
- **Missing/Incomplete/Invalid/Inappropriate place of service**
 - See telehealth updates on slide 31. Place of service 02 and 10 cannot be utilized for AHCCCS primary members currently.
- **Claim Line Submission Window Exceeded**
 - Please see slide 41 for timely filing guidelines.

- **Top Rejections**

- **Invalid Participating Provider**
 - Ensure requirements are being followed as outlined on the following AHCCCS site: [Exhibit10-1.pdf](#)
- **Invalid School ID**
 - Ensure requirements are being followed as outlined on the following AHCCCS site: [Exhibit10-1.pdf](#)
- **Invalid Rendering Provider**
 - Ensure provider is registered with AHCCCS.
- **Member Not Found**
 - Ensure AHCCCS ID is being utilize with no additional characters added or removed.

Did You Know?!

- Only one rendering provider can be submitted on a single claim form. If multiple rendering providers are submitted, the claim will be denied within the claim adjudication system. If more than one rendering has to be billed, separate claim forms for each rendering provider must be submitted. Additional information can be found here: [JuneJuly2025ClaimsClues.pdf](#)
- AHCCCS has increased the annual limit for H0031 from 5 units to 12, effective for DOS 1/1/2025 - present. Molina configuration is currently reviewing our systems to ensure they're properly updated and will review any impacted claims.
- Availability can be utilized for authorization requests. Requests can be uploaded and submitted for review via the portal.
- Per AHCCCS communications, Health Plans are not able to pay more than the maximum allowed amount for VFC administration codes, regardless of contract reimbursement or DAP qualifications.
- When billing for Labor and Delivery, ASA code 01967 can only be billed for a maximum of 180 minutes.

AHCCCS Updates

- **Telehealth Updates:**

- Currently, place of service 02 and 10 can only be utilized for claim submissions where the member is a dual insurance member.
- AHCCCS is currently targeting a go live date of 10/1/2025 for place of service 02 and 10 to be utilized for claims submissions for AHCCCS only members.
- For additional information, utilize the following AHCCCS link: [TelehealthCodeSet.xlsx](#)
- AHCCCS Telehealth Utilization Dashboard: [Telehealth Utilization Dashboard](#)

- **Covered Behavioral Health Services Guide (CBHSG) Updates:**

- The CBHSG Manual can be found at the following location: [AHCCCSCoveredBHServicesManual.pdf](#)
- Same Day Disallowable Table can be found at the following location: [SameDayDisallowTable.xlsx](#)
- AHCCCS Training Overview can be found at the following location: [Copy of CBHSG_OverviewTrainingPart B. UPDATED 10.30.24.pptx](#)

Electronic Visit Verification (EVV)

- AHCCCS is targeting a go live date of 10/1/2025 to transition the EVV process in-house.
- With this transition, AHCCCS has announced that they will not be renewing their contract with Sandata for verification.
- Providers that currently utilize Sandata for their EVV process will need to have a contract in place with your vendor of choice prior to the 10/1/2025 go live.
- Webinar was held by AHCCCS on 7/9/2025 regarding Live In Caregiver Data and Alternative Vendor Technical Specification Updates.
- **Helpful AHCCCS EVV Links:**
 - For general information, visit the following site: [Electronic Visit Verification \(EVV\) Website](#)
 - Access the latest AHCCCS webinar information here: [EVV 2.0 Webinar](#)
 - Utilize the following link to post any questions regarding the process: [EVV In-house Aggregator Questions](#)
 - Technical Specifications: [AddendumAZALTEVV.pdf](#)

Sign up for EVV Updates through AHCCCS [Here](#)

Claims Information Resources

Claim Submission



Claims submission options

- Paper/mail
- Electronic submission



Clearing house options

- The SSI Group
 - Use Payer ID MCC01
- Availity



Claims address

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



EFT/ERA or EDI Assistance

Phone: 888-834-3511 or edi@echohealthinc.com

- EFT/ERA enrollment questions (status of enrollment)
- EDI questions (835 clearinghouse delivery, how to access or use the provider payments portal to download 835s)

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.

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 corrections and/or with the Medicare/Other Insurance payment Remit/EOB/EOMB, if applicable. This **must** occur within 12 months of the date of service, which is the clean claim time frame.

**Subject to contract/SCA agreements*

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

Medical Coding Resources

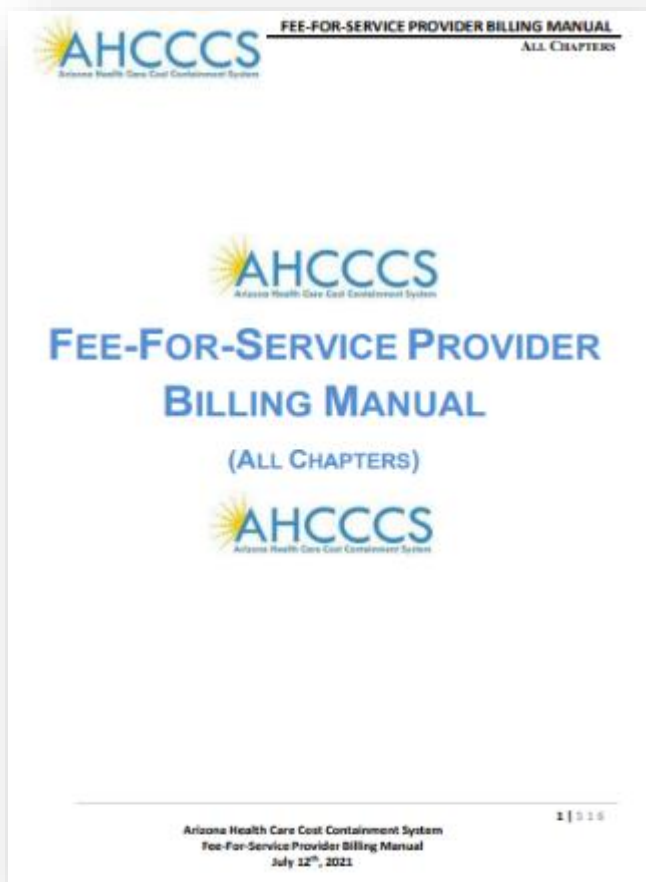
AHCCCS has updated various codes such as the following listed below.
Please be sure to register for Email Notifications using the following link below.



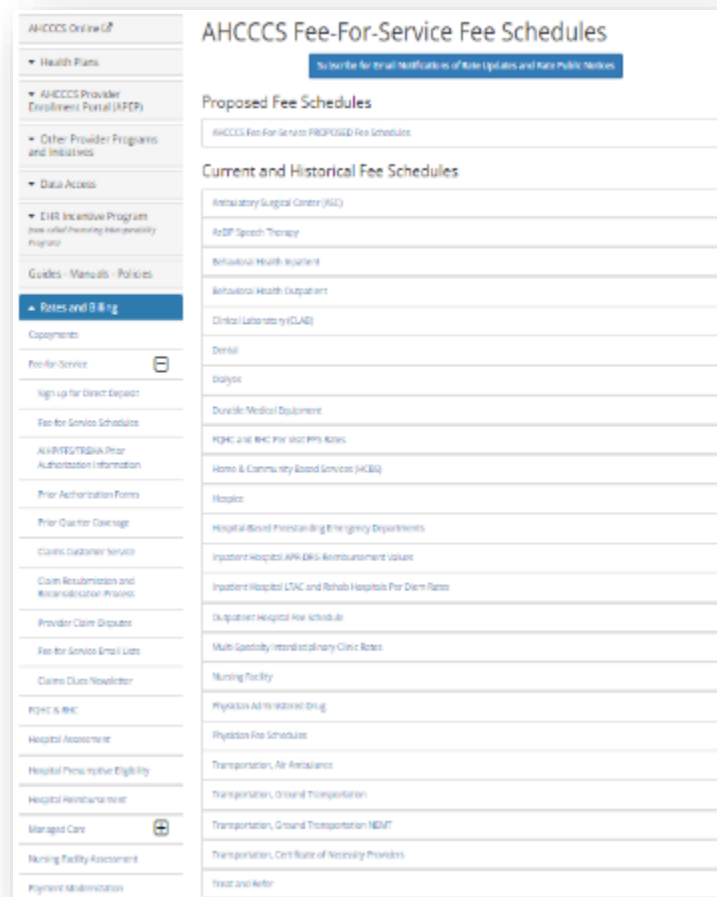
Subscribe for Email Notifications for Medical Coding Resources Updates

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

Helpful AHCCCS Claim Resources



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



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

Helpful AHCCCS Encounter Resources



ENCOUNTER MANUAL

(Revised Date: 10/31/2024)

Effective Date: 10/1/2022

[EncounterManualMaster.pdf](#)

- AHCCCS Encounter Resources: [AHCCCS Encounter Resources](#)
- AHCCCS Encounter Keys Newsletter: [AHCCCS Encounter Keys Newsletter](#)
- AHCCCS Encounter Adjudication Resources: [Encounter Adjudication Resources](#)
- AHCCCS Encounter Technical Documents: [Encounter Technical Documents](#)

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
- ☐ Authorization Requests



<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/>

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

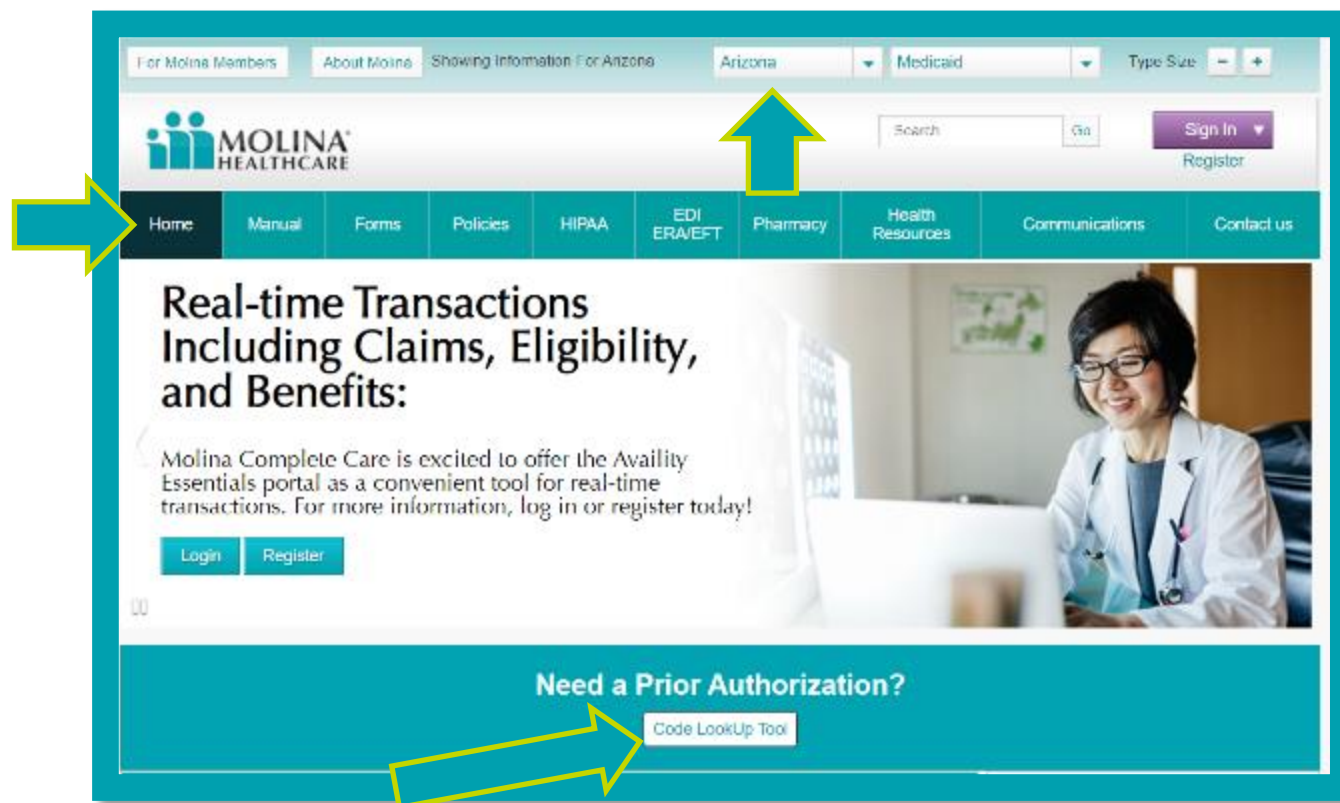
If you have any questions, please call us at 1-800-424-5891
Monday - Friday from 8 a.m. to 6 p.m., (PST)

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		
<input type="text"/>		
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	Health Plan Benefit	LOB
Arizona ▼	Molina Complete Care of Ariz ▼	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.

https://www.molinahealthcare.com/providers/az/medicaid/resource/utilized_mgt.aspx

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.

EPSDT/Maternity

Forms must be submitted for the following:

EPSDT

- Per AHCCCS AMPM 430 Use of AHCCCS Clinical Sample templates Current Version on:

AHCCCS Medical Policy Manual (AMPM)
(azahcccs.gov)

- Completion of templates in full to include PCP signature who completed Well Visit.

- EPSDT Forms received via:

– Email:

MCCAZ-

EPSDTFormsFax@MolinaHealthCare.Com

- Mailed: Molina Healthcare of Arizona Inc.
5055 E Washington Ste 210 Phoenix, AZ
85034 ATTN EPSDT

- All age-appropriate assessments and screenings must be completed as indicated on the AHCCCS Periodicity schedules.

- 430 AttachmentA.docx (live.com)

[illegible]

Be on the lookout for updated requirements around **Syphilis screenings**
Age 15-20

EPSDT/Maternity

Newborn Notification

- Per AHCCCS AMPM 410 Maternity Care Services Notifications to HealthPlan:
 - Newborn Notification Forms
 - [Newborn Notification Form \(molinahealthcare.com\)](https://www.molinahealthcare.com/providers/az/medicaid/forms/fuf.aspx)
 - Fax 888-656-7541



Pregnancy & Family Planning

- Per AHCCCS AMPM 410 Maternity Care Services & AMPM 420 Family Planning Notifications to HealthPlan:
 - <https://www.molinahealthcare.com/providers/az/medicaid/forms/fuf.aspx>
- Pregnancy Notification/Sterilization/Termination:
 - Fax: 888-656-7541
 - MCCAZ-PregnancyTerm@MolinaHealthCare.com

Well Women's Preventative Care Services

Covered services included as part of a well-woman preventive care visit: An annual well-woman preventive care visit is intended for the identification of risk factors for disease, identification of existing physical/behavioral health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes. As such, the well-woman preventive care visit is inclusive of a minimum of the following:

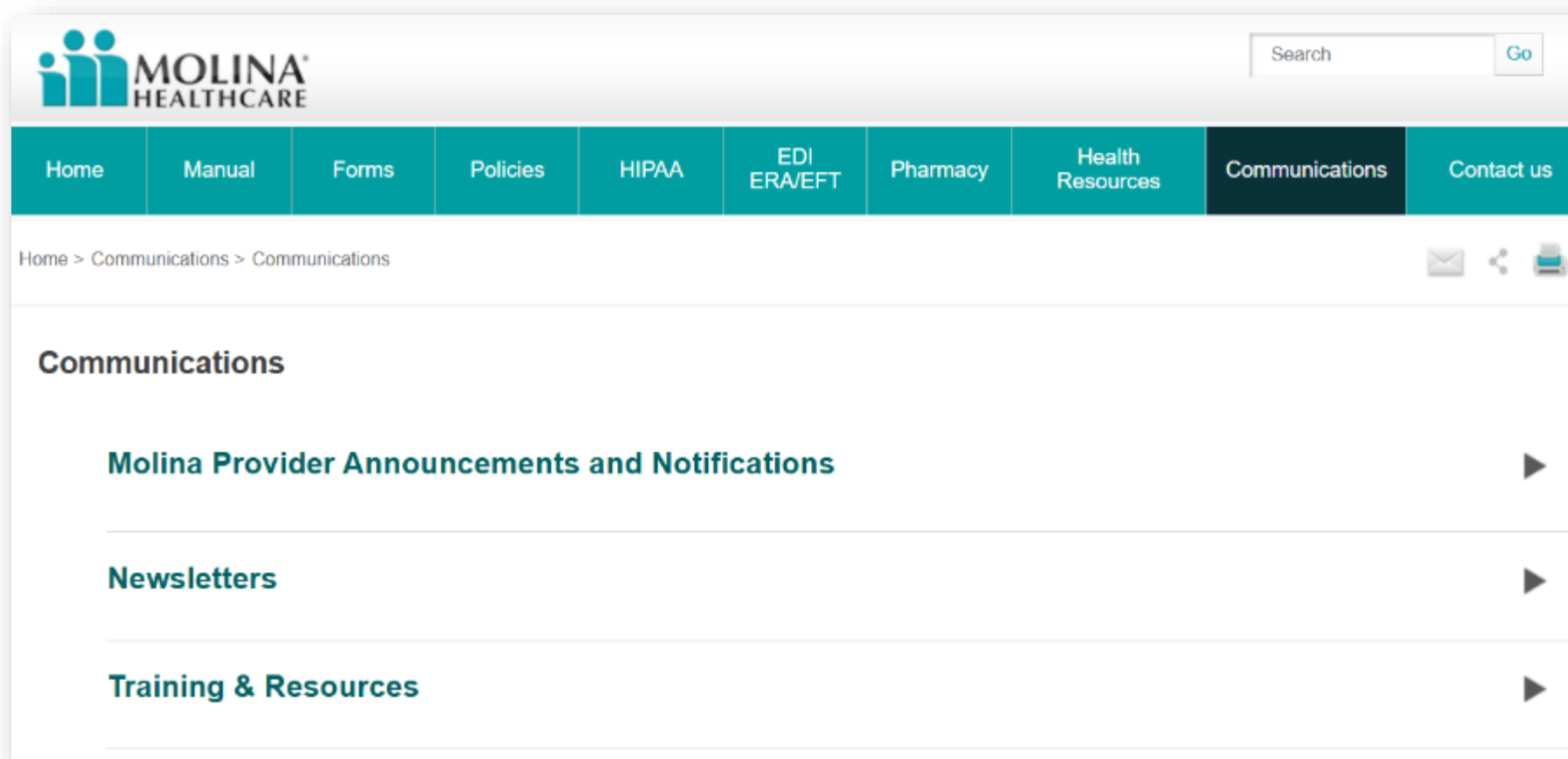
- Availability of Well Women's Preventative Care Services, Visit inclusive of a minimum of the following: Reference AMPM 411 [AMPM Policy 411 \(azahcccs.gov\)](https://www.azahcccs.gov/AMPM-Policy-411)
 - A physical exam (Well Exam) that assesses overall health
 - Clinical Breast Exam
 - Pelvic Exam(as necessary, according to current recommendations and best standards of practice)
 - Review of Immunizations and Screenings, and testing as appropriate for age and risk factors as specified in AMPM Chapter 300
 - Screening and counseling related to a healthy lifestyle and minimizing health risks and addresses at a minimum the following:
 - Proper nutrition,
 - Physical activity,
 - Elevated BMI indicative of obesity,
 - Tobacco/substance use, abuse, and/or dependency,
 - Depression screening,
 - Interpersonal and domestic violence screening, that includes counseling involving elicitation of information from women and adolescents about current/past violence and abuse, in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems,
 - Sexually transmitted infections,
 - Human Immunodeficiency Virus (HIV),
 - Family Planning Services and Supplies, (refer to AMPM Policy 420)

Well Women's Preventative Care Services

Preconception Counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:

- Reproductive history and sexual practices,
 - Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake
 - Physical activity or exercise,
 - Oral health care,
 - Chronic disease management,
 - Emotional wellness,
 - Tobacco and substance use (caffeine, alcohol, marijuana, and other drugs), including prescription drug use, and
 - Recommended intervals between pregnancies, and
 - Initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified.
-
- Genetic Screening & Testing *are not* covered, except as specified in AMPM Policy 310-II
 - Immunizations: AHCCCS covers immunizations recommended by the Advisory Committee on Immunization Practices Recommended Schedule as specified on the CDC website <https://www.cdc.gov/vaccines/schedules/index.html>
 - Providers are required to coordinate with The Arizona Department of Health Services (ADHS) Vaccines for Children (VFC) Program in the delivery of immunization services if providing vaccinations to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members less than 19 years of age and register immunizations with ASIIS.

Did you miss a Molina Healthcare of Arizona communication?



[Communications | Molina Healthcare](#)

Quality Management

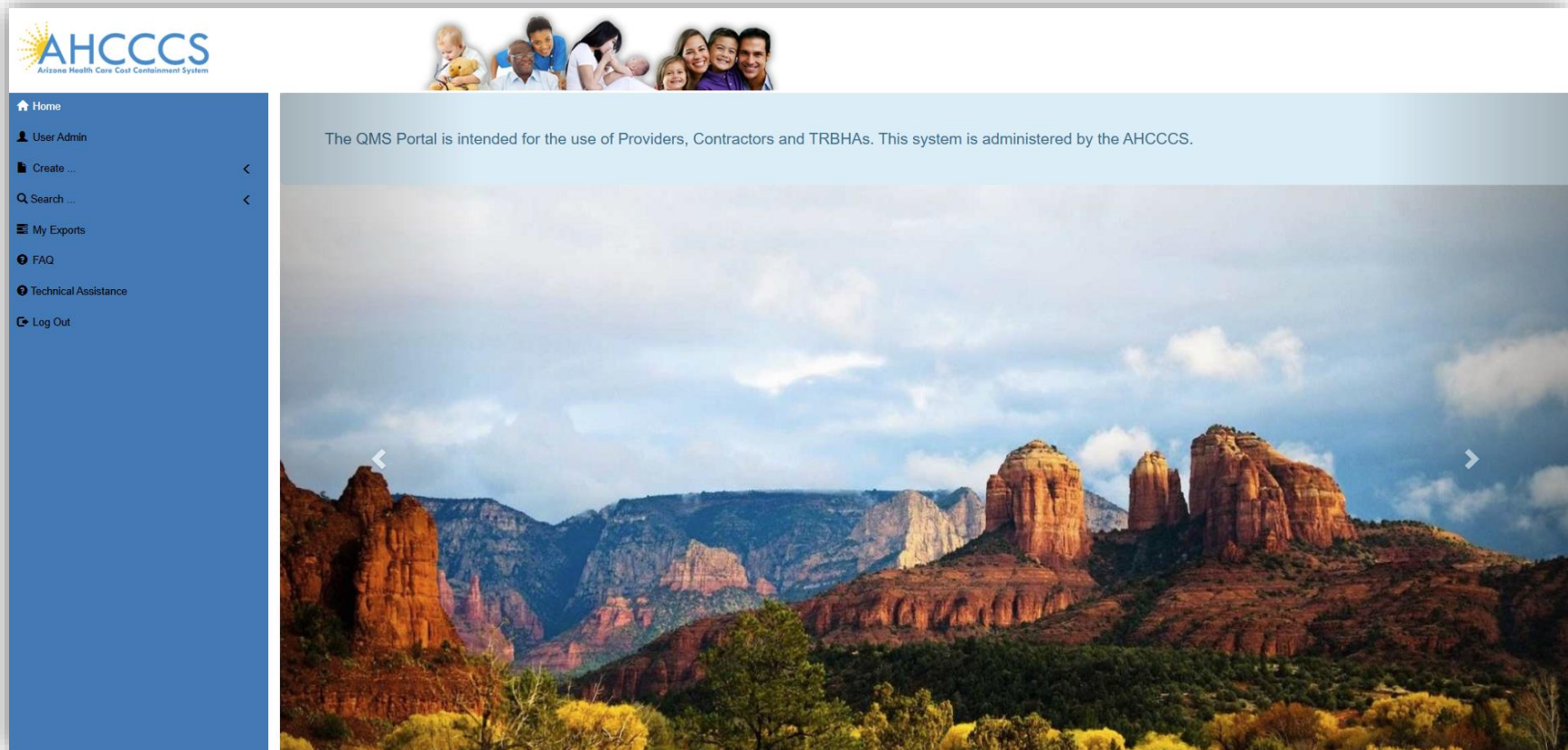
Itzel Cordova
Specialist, Quality Management

Quality Management Topics

- AHCCCS Quality Management (QM) Portal Registration Requirements
- Incident, Accident, and Death (IAD) Reporting Requirements
- Quality of Care (QOC) Investigative Framework
- Reporting and Monitoring of Seclusion and Restraint (SAR)
- Site Visits and Auditing Activities
- Molina Quality Management Contact Information

AHCCCS QM Portal Registration Requirements

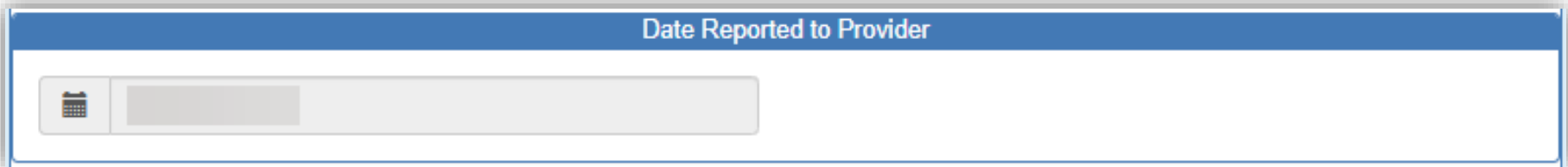
- AHCCCS QM Portal: <https://qmportal.azahcccs.gov/>
- All providers shall register an account in the AHCCCS QM Portal within 30 days of becoming an AHCCCS registered provider.
- Molina QM: MCCAZ-QOC@MolinaHealthcare.com



AMPM Policy 961

Incident, Accident, and Death (IAD) Reporting Requirements

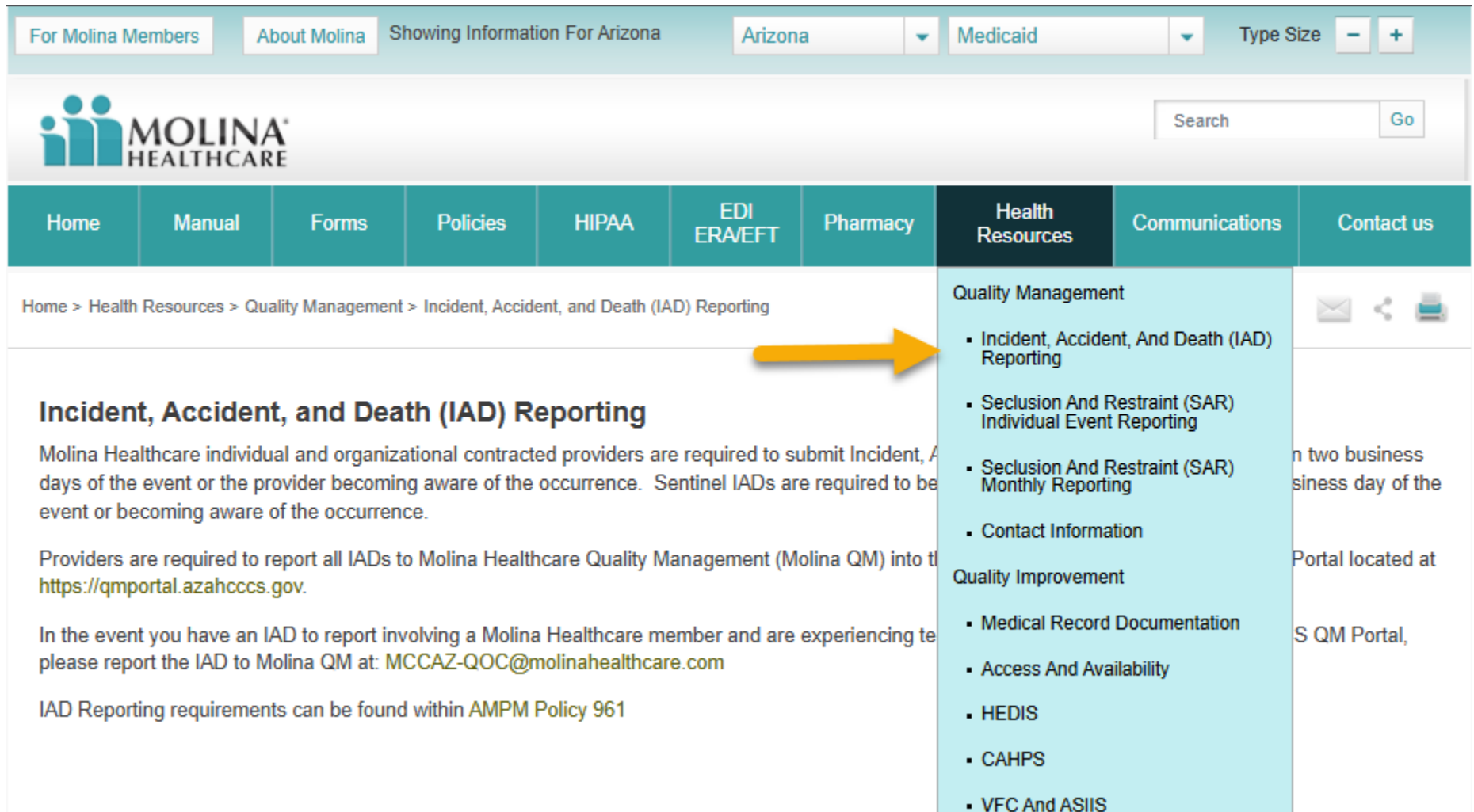
- Reportable IADs shall be submitted by the provider into the AHCCCS QM Portal within two business days of the event or two business days of becoming aware of the event.
- Sentinel IADs shall be submitted into the AHCCCS QM Portal within one business day of the event or within one business day of becoming aware of the event
- IAD Date Reported to Provider
 - AHCCCS QM Portal *Basic Incident Information*

A screenshot of a web form titled "Date Reported to Provider". The form has a blue header bar with the title. 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.

- Appropriate Use of Incident Category/Sub-Category: Other, Other
- Clear and detailed documentation is critical

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", "Showing Information For Arizona", "Arizona" (dropdown), "Medicaid" (dropdown), and "Type Size" (dropdown). Below these is the Molina Healthcare logo and a search bar. The main navigation bar includes links for Home, Manual, Forms, Policies, HIPAA, EDI ERA/EFT, Pharmacy, Health Resources, Communications, and Contact us. The "Health Resources" dropdown menu is open, showing a list of links: 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, and VFC And ASIIS. A yellow arrow points to the "Incident, Accident, And Death (IAD) Reporting" link. The breadcrumb trail reads: Home > Health Resources > Quality Management > Incident, Accident, and Death (IAD) Reporting. The main content area is titled "Incident, Accident, and Death (IAD) Reporting" and contains the following text:

Molina Healthcare individual and organizational contracted providers are required to submit Incident, Accident, and Death (IAD) Reporting within 10 business days of the event or the provider becoming aware of the occurrence. Sentinel IADs are required to be reported within 2 business days of the event or becoming aware of the occurrence.

Providers are required to report all IADs to Molina Healthcare Quality Management (Molina QM) into the QM 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](#)

AMPM Policy 960 and AMPM Policy 961


QOC Investigative Framework

- Molina QM addresses all member concerns received internally within the organization or externally from anywhere in the community including provider IAD reports entered directly into the AHCCCS QM Portal as specified in AMPM Policy 961.
- IAD reports may result in a QOC investigation.
- Molina QM ensures the QOC investigative framework, and resolution process is member-centric and prioritizes the member experience and member outcomes and evaluates if there are systemic concerns to be addressed as part of a QOC investigation.
- Molina QM will implement technical assistance/corrective action plans to safeguard the health, safety, and welfare of Molina members.

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.
- SAR 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
Arizona Health Care Cost Containment System

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	
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)

When submitting a SAR to Molina QM, providers are required to:

- Complete all data fields on the AMPM Policy 962, Attachment A
 - 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, SAR initiating orders, flowsheets and/or monitoring logs
- If corrections are required, strikethrough the error with a single line and add initials and date
- All SAR reporting shall be submitted to: MCCAZ-QOC@MolinaHealthcare.com

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

Monthly Reporting and Monitoring of Seclusion and Restraint (SAR)

When submitting SAR Monthly report to Molina QM, providers are required to:

- Submit monthly SAR data by the 5th of each month
- Utilize the Molina QM *Seclusion and/or Restraint (SAR) Monthly Reporting Form*
- List individual member SAR events reported to Molina QM the month prior or indicate no SAR events occurred
- For any questions and/or requests involving SAR reporting, education, and training, please email: MCCAZ-QOC@MolinaHealthcare.com.

The screenshot shows the 'Seclusion and/or Restraint (SAR) Monthly Reporting' form from Molina Healthcare. The form includes fields for Agency Name, Agency SAR Contact Name, and Agency SAR Contact Email, each with a 'Click or tap here to enter text' prompt. Below these is a section for 'Complete SECTION 1 or SECTION 2 Below'. SECTION 1 is a table with 6 columns: Date of SAR, SAR Location, AHCCCS ID, SAR Type, Injury?, and Associated IAD Number (if applicable). SECTION 2 is a statement: 'I attest there were no SAR events for review this month:'. Both sections have lines for 'Medical Director or Designee Signature' and 'Date'. At the bottom, there is a note: '*Please submit completed form to MCCAZ-QOC@molinahealthcare.com by the 5th of every month*' and another line: 'For questions, please contact Molina Quality Management (QM) at MCCAZ-QOC@molinahealthcare.com'.

MOLINA HEALTHCARE MolinaHealthcare.com

Seclusion and/or Restraint (SAR) Monthly Reporting

Month and Year: Click or tap to enter a date.

Agency Name: Click or tap here to enter text.

Agency SAR Contact Name: Click or tap here to enter text.

Agency SAR Contact Email: Click or tap here to enter text.

Complete SECTION 1 or SECTION 2 Below

SECTION 1:

Date of SAR	SAR Location	AHCCCS ID	SAR Type	Injury?	Associated IAD Number (if applicable)

I attest that the above event(s) have been reviewed and reported timely per Arizona Health Care Cost Containment System (AHCCCS) Medical Policy Manual (AMPM) Policy 962:

Medical Director or Designee Signature _____ Date _____

SECTION 2:

I attest there were no SAR events for review this month:

Medical Director or Designee Signature _____ Date _____

Please submit completed form to MCCAZ-QOC@molinahealthcare.com by the 5th of every month

For questions, please contact Molina Quality Management (QM) at MCCAZ-QOC@molinahealthcare.com

AMPM Policy 962

Reporting and Monitoring of Seclusion and Restraint (SAR)

The screenshot shows 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 this is the Molina Healthcare logo and a search bar. A horizontal menu 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. The "Seclusion and Restraint (SAR) Monthly Reporting" link is highlighted with a yellow arrow. The main content area displays the title "Seclusion and Restraint (SAR) Monthly Reporting" and a paragraph explaining that Molina Healthcare Quality Management (Molina QM) reinstated monthly SAR reporting for organizational contracted providers. It states that providers licensed to administer SAR events must report them in alignment with AMPM Policy 962. A yellow arrow points to the first paragraph. Below the paragraph, it mentions that the "Seclusion and/or Restraint Monthly Reporting Form" can be found under "Other" within the "Frequently Asked Questions" section. It also states that providers are required to submit the form by the 5th of the month to Molina QM. Finally, it notes that if an individual SAR event was not previously reported, Molina QM will work with the provider to submit it.

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

MOLINA HEALTHCARE

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

Seclusion and Restraint (SAR) Monthly Reporting

Molina Healthcare Quality Management (Molina QM) reinstated monthly Seclusion and Restraint (SAR) reporting for organizational contracted providers who are licensed to administer Seclusion and/or Restraints are follow up on SAR events in alignment with AMPM Policy 962.

The Molina QM *Seclusion and/or Restraint Monthly Reporting Form* shall be utilized by providers to list SAR events that were reported to Molina Healthcare in the month prior or indicate no SAR events occurred. This allows Molina QM to be reported as outlined in AMPM Policy 962.

The *Seclusion and/or Restraint Monthly Reporting Form* can be found under *Other* within the *Frequently Asked Questions* section.

Providers are required to submit the Monthly Reporting Form by the 5th of the month to Molina QM at [redacted].

If it is determined that an individual SAR event was not previously reported, Molina QM will work with the provider to submit it.

- 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
- Clinical Practice Guidelines

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

ACC Contract and AMPM Policy 910

Site Visits and Auditing Activities

Molina QM will conduct unannounced, urgent, and unscheduled site visits:

- Wellness Checks
- Health & Safety
- Immediate Jeopardy

Behavioral Health Clinical Chart Audit (BHCCA):

- Provider Type: Behavioral Health Outpatient (Type 77), Integrated Care Clinic (IC)
- In collaboration with AzAHP and constituent ACC health plans
- May be conducted onsite or remote

Upcoming audits:

- Electronic Visit Verification (EVV)
- Peer Recovery Support Services (PRSS)
- Behavioral Health Residential Facility (BHRF)



Quality Management Contact Information

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

MCCAZ-QOC@MolinaHealthcare.com

MCCAZ-Quality@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

- 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*

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Email: lakeisha.drayton@molinahealthcare.com

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

Email: tatjana.pudja@molinahealthcare.com

Tribal and Cultural Competency Program

Cassandra Peña

Tribal Liaison & Cultural Competency Coordinator

Molina Healthcare 3rd Annual Tribal Health Symposium



MOLINA HEALTHCARE 3RD ANNUAL
TRIBAL HEALTH SYMPOSIUM

WALKING IN SACRED HARMONY

WELLNESS THROUGH UNITY OF
MIND, BODY, SPIRIT, AND COMMUNITY

October 14, 2025 • 8 am to 4 pm
Harrah's Ak-Chin Casino • Maricopa, AZ
Registration: Coming Soon



CEU's Available

For more information contact: Cassandra.Pena@MolinaHealthcare.com

Questions?



Cassandra.Pena@MolinaHealthcare.com



(480) 589-0680

From The Molina Healthcare of Arizona Network Team:

