



# Verifying Member Eligibility through AHCCCS Online

January 11, 2018



# Things to Remember

- Per the AHCCCS Billing Manual, even if a member presents an AHCCCS ID card or a decision letter from an eligibility agency, the provider ***must always*** verify the member's eligibility and enrollment status.
- Verification may be verified using the AHCCCS Online Portal at: <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>

Start on the AHCCCS Website: <https://www.azahcccs.gov/>

The screenshot shows the AHCCCS website homepage. At the top, there is a navigation bar with links for State Agencies, State Services, Visit OpenBooks, and Ombudsman-Citizens Aide. A search bar is located on the right. Below the navigation bar is a banner with the AHCCCS logo and a photo of a diverse group of people. The main navigation menu is highlighted in maroon and includes: HOME, AHCCCS INFO, MEMBERS/APPLICANTS, PLANS/PROVIDERS (highlighted with a green box), AMERICAN INDIANS, RESOURCES, FRAUD PREVENTION, and CRISIS?. Below the navigation menu, the 'PLANS/PROVIDERS' section is expanded, showing several categories: 'AHCCCS Online' (with a green arrow pointing to it), 'Health Plans' (listing MCO Update Meetings, Minimum Subcontract Provisions, Reporting Third-Party Liability, ALTCS Electronic Member Change Request (EMCR), Solicitations & Contracts, Encounters, Reinsurance, and Quality Assessment and Performance Improvement Strategy), 'New Providers' (listing Freestanding Emergency Department, Provider Registration, Provider Reenrollment, Treat and Refer, Minimum Subcontract Provisions, and Enrollment Fee), 'Current Providers' (listing Provider Website, Provider Reenrollment, CRS Referrals, ALTCS Electronic Member Change Request (EMCR), Self Directed Attendant Care, Direct Care Workers, Nursing Facility Information, Hospital Assessment, Provider Survey, Non-Emergency Medical Transportation, EHR Incentive Program, Data Access, and Proposition 206), 'Guides - Manuals - Policies', 'Rates and Billing' (listing Managed Care, Fee-for-Service, Copayments, FQHC & RHC, Hospital Presumptive Eligibility, Hospital Reimbursement, and PCP Parity), 'Pharmacy', and 'Targeted Investments'. At the bottom right, there is a 'Tweets by @AZAHCCCS' section.



Arizona Health Care Cost Containment System  
*Our first care is your health care*

**New Account**

Register for an AHCCCS Online account.

To learn more about AHCCCS Online, [Click Here](#)

**Hospital Assessment**

[View Hospital Assessment Invoice](#)

[Make a Hospital Assessment Payment](#)

**Health Plan Links**

[View Health Plan Links](#)

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

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

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

**\*\*\* ATTENTION! \*\*\***

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

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

**AHCCCS Online User Manuals**

**Sign In**

Username

Password

Forgot your Password? [Click Here](#)

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

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

Insert username & password then select "sign in"



**Main Page**

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲  
**AHCCCS Online is an AHCCCS website designed for registered providers.**  
**It offers the convenience and efficiency of several online services.**

**AIMH SERVICES PROGRAM**

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

**CLAIM STATUS**

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

**CLAIM SUBMISSION**

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

**MEMBER VERIFICATION**

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

**NEWBORN NOTIFICATION**

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<a href="#">AIMH Services Program</a>
<a href="#">Claim Status</a>
<a href="#">Claims Submission</a>
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Support and Manuals
<a href="#">AHCCCS Online User Manuals</a>
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Once logged in, select the "Member Verification" tab on the left hand side of the Home Screen.

This is the "Home Screen"

## Member Eligibility Verification: Eligibility And Enrollment

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Recipient  
Search

Eligibility and  
Enrollment

Third Party  
Liability

CoPayment

Medicare  
Benefits

Behavioral  
Health  
Services

Share of Cost

Additional  
Benefits

**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**

AHCCCS ID:\*  (A12345678)

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

**Date of Services (DOS)**

Begin Date:

End Date:

•The verification will be processed for today's date, if dates of services are not provided.  
 •The Begin Date of Service must be less than or equal to today.  
 •The End Date of Service can be in the past or up to 30 days in the future.  
 •For hospital provider types: Begin Date of Service to End date of service can have an unlimited date range.  
 •For all other provider types: The Begin Date of Service can be 36 months prior to today's date. Begin Date of Service to End Date of Service span cannot be more than 36 months.

These are the different ways to search by.

Input the information requested for the member you are verifying eligibility for and click "search".

Note: Anything marked with the red asterisk (\*) MUST be filled out.

**Date of Services (DOS)**  
 The verification will be processed for today's date, if dates of services *are not* provided.  
Begin Date: Must be less than or equal to today.  
End Date: Can be in the past or up to 30 days in the future.

# Member Eligibility Verification: Eligibility And Enrollment

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Recipient Search | **Eligibility And Enrollment** | Third Party Liability | CoPayment | Medicare Benefits | Behavioral Health Services | Share of Cost | Additional Benefits |



Requested Data:	
AHCCCS ID: A12345678	Last Name:
DOB: 01/01/1989	First Name:
Begin Date of Service: 12/13/2014	SSN:
End Date of Service: 12/13/2017	Medicare Claim Num:

Returned Data:	
AHCCCS ID: A12345678	Last Name: DOE
DOB: 01/01/1989	First Name: JOHN
DOD:	SSN:
Gender: M	Medicare Claim Num:

**Requested Data**  
AHCCCS ID: Members 9 Digit ID #  
DOB: Members date of birth  
Begin date of service: Date entered on the search screen  
End date of service: Date entered on the search screen

**Returned Data**  
AHCCCS ID: Members 9 Digit ID #  
DOB: Members date of birth  
Gender: Male/Female  
 Members last name, first name

Demographics				
Mailing Address 1	Mailing Address 2	City	State	Zip
701 E Main St		San Carlos	AZ	85550

**Demographics**  
 Members mailing address on file with AHCCCS.



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**No  
Photo  
Available**

**Requested Data:**

AHCCCS ID:	
DOB:	
Begin Date of Service:	12/13/2014
End Date of Service:	12/13/2017

First Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Medicare Claim Num: \_\_\_\_\_

Demographic: \_\_\_\_\_

Address 2: \_\_\_\_\_

State: AZ

**Eligibility Renewal Date:** 02/28/2018

Eligibility				
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	08/01/2015		08/31/2015
ACUTE	MC MEDICAID	08/01/2012	07/31/2015	07/27/2012

The date the eligibility redetermination is due. The eligibility source will discontinue the eligibility if the member does not comply with the redetermination

End Date: indicates the date the recipients insurance coverage expires

Begin Date: indicates the date the recipient is eligible for insurance

Added on Date: indicates the date the record was added to the database

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP + Service Type Codes	12/01/2016		4315 - SOBRA CHILD 14-20 FEMALE NON-MEDICARE	E ACU/FFS	MC MEDICAID
999998 AHCCCS AMERICAN INDIAN HP + Service Type Codes	06/29/2016	11/30/2016	4313 SOBRA CHILD 06-13 M & F NON-MEDICARE	E ACU/FFS	MC MEDICAID
999998 AHCCCS AMERICAN INDIAN HP + Service Type Codes	03/01/2016	06/28/2016	4313 SOBRA CHILD 06-13 M & F NON-MEDICARE	E ACU/FFS	MC MEDICAID
999998 AHCCCS AMERICAN INDIAN HP + Service Type Codes	10/01/2015	02/29/2016	4313 SOBRA CHILD 06-13 M & F NON-MEDICARE	E ACU/FFS	MC MEDICAID

ADDITIONAL ENROLLMENT WAS FOUND BUT NOT ABLE TO BE DISPLAYED DUE TO THE FOUR PERIOD SPACE LIMITATION

**Health Plan ID/Description:** the name of the recipients Health Plan

**Period Start:** indicates the effective start date of the recipients coverage under the specified Health Plan

**Period End:** Indicates the date the recipient's coverage under the specified health Plan has expired.

**Rate Code:** indicates the capitation payment method at the time the payment was made.

**Contract Type:** indicates the type of contract or service the Health Plan is covering

**Insurance Type:** indicates the type of Health Plan.



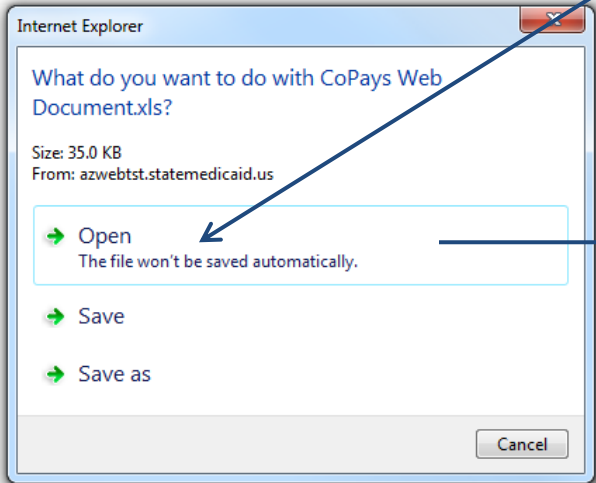
# Member Eligibility Verification: Eligibility And Enrollment

CoPayment		
CoPay Level	Period Start	Period End
00 <a href="#">Click here for CoPay Level Reference Document</a>	08/18/2017	

\*\*\* This verification does not constitute a guarantee of payment \*\*\*

Note: Only the current co-payment information will be displayed.

In order to view the CoPay Level Reference Document, click on the link.



**Member CoPayments Matrix**  
Reflects changes to Copayment services Effective 1/1/2014 (\*)

Member Co-Pay Level	Description	Mandatory, Optional or Exempt	CoPay Service(s)	CoPay Amount	Services Identified as:
00	Exempt from CoPays (note - all members will have a copay level; if copay level is not equal to one of the categories below the member will default to 00)	Exempt - No CoPays for any services	None	None	None
20	Nominal - Traditional	Optional - Services cannot be denied for failure to pay a CoPay	Pharmacy	\$2.30	Pharmacy Form type; For each NDC Code not indicated as Family Planning. For a "visit"; Professional Form type (1500); HCPCS/CPT Codes = 99201 thru 99205; 99213 thru 99215; or 99241 thru 99245; w/ any Place of Service; and w/ any Diagnosis not equal to - 640 thru 643.99;

# Member Eligibility Verification: Eligibility And Enrollment

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## Medicare HMO

Medicare HMO Plan ID	Medicare HMO Plan Name	Start Date	End Date	Service Type
H9999	HEALTH NET OF ARIZONA	01/01/2014		30 HEALTH BENEFIT PLAN COVERAGE

## Medicare

Claim Number	Medicare Type	Indicator	Start Date	End Date	Insurance Type	Service Type
999999999A	A	Y	01/01/2004		MA MEDICARE PART A	
999999999A	B	Y	04/01/1999		MB MEDICARE PART B	
999999999A	D	Y	01/01/2006		OT OTHER	30 HEALTH BENEFIT PLAN COVERAGE

## Medicare Part D Enrollment

Health Plan/Name	Period Start	Period End	Service Type
H9999999 HEALTH NET JADE CARDIOVAS	01/01/2014		88 PHARMACY

Member with Medicare coverage

Or

## Medicare HMO

NO MEDICARE HMO

## Medicare

NO MEDICARE PART A  
NO MEDICARE PART B  
NO MEDICARE PART D

## Medicare Part D Enrollment

NO DRUG PLAN

Member with no Medicare coverage

AHCCCS does not show Medicare Coverage on file for this member. **However**, this must always be verified with the member as well.

\*\*\* This verification does not constitute a guarantee of payment \*\*\*



Reaching across Arizona to provide comprehensive quality health care for those in need

### Member Eligibility Verification: Eligibility And Enrollment

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	08/18/2017		39 CENPATICO	CH MENTAL HEALTH FACILITY - OUTPATIENT
G GENERAL MENTAL HEALTH SERVICES	04/01/2017	08/17/2017	39 CENPATICO	CH MENTAL HEALTH FACILITY - OUTPATIENT

**BHS Category**  
Indicates the category of Behavioral Health Enrollment.

**Begin Date**  
The effective start date of the recipients coverage under Behavioral Health Services.

**End Date**  
The date the recipients coverage under Behavioral Health Services expired.

**BHS Site**  
Name of the Tribal or Regional Behavioral Health agency where the recipient is enrolled.

**BHS Service Type**  
Description of the types of services covered under the specified Behavioral Health Services Enrollment.

## Member Eligibility Verification: Eligibility And Enrollment

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### Share of Cost

NO SOC FOUND

\*\*\* This verification does not constitute a guarantee of payment \*\*\*

Share of Cost (SOC)  
An amount of money a member is required to pay for Long Term Care services.

If no SOC is found, the member does not have a Share of Cost.

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[Additional Benefits](#)

### Targeted Support Coordination/DDD

NO TSC FOUND

### Children's Rehabilitative Services

CRS Plan	CRS Indicator	Begin Date	End Date	CRS Service Type
	N			

### Arizona Early Intervention Program

NO AzEIP FOUND

### DDD Subcontractor Plan

NO DDD SUBCONTRACTOR PLAN FOUND

## Additional Benefits

Any other coverage/services the member may have .



# Questions?

Please email us at [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)



Thank you.

