How to Use the AHCCCS Online Provider Portal to Verify Member Eligibility and Enrollment

Fall 2020

AHCCCS
Arizona Health Care Cost Containment System

These materials are designed for the AHCCCS Fee-For-Service programs, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

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Arizona Health Care Cost Containment System

AHCCCS Health Plan Options

AHCCCS contracts with several health plans to provide covered services. An AHCCCS health plan works like a Health Maintenance Organization (HMO). The health plan works with doctors, hospitals, pharmacies, specialists, etc. to provide care. A member can choose a health plan that covers their zip code area.

- AHCCCS Health Plans are called AHCCCS Complete Care (ACC) Health Plans. These are managed by private insurance payers that have been contracted as a Medicaid payer. ACC programs may have different rules regarding covered services, billing and policies.
- A list of available ACC Health Plans can be found on the AHCCCS website at: https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/availablehealthplans.html

Additionally, there are Fee-for-Service Health Plans, managed by the Division of Fee-for-Service Management (DFSM), such as the American Indian Health Program (AIHP).

AHCCCS Health Plan Options

American Indians and Alaskan Native (AI/AN) members enrolled in AHCCCS or the Children's Health Insurance Program (KidsCare) have the option to choose a health plan and may enroll in either:

1. The AHCCCS American Indian Health Program (AIHP); or
2. The AHCCCS Complete Care (ACC) Health Plan of their choice.
    - A list of ACC plans can be found on the AHCCCS website at:

      https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/availa blehealthplans.html

Why is it important to verify a member's enrollment?

It is vital to verify a member's enrollment *accurately*, to ensure the following:

- That a claim is submitted to the **correct** health plan.
  - i.e. While AHCCCS' Division of Fee-for-Service Management (DFSM) processes claims for members enrolled in a Fee-for-Service (FFS) program, such as the American Indian Health Program (AIHP), Tribal ALTCS, or a TRBHA, it does not process claims for members enrolled in an ACC Health Plan.
  - If a claim for a member enrolled in an ACC Health Plan is sent to AHCCCS DFSM, the claim will deny. Verifying a member's enrollment accurately, allows a provider to know where to submit the claim.

Why is it important to verify a member's enrollment?

Continued…

It is vital to verify a member's enrollment *accurately*, to ensure the following:

- That you, as the provider, are following the appropriate rules and regulations , such as prior authorization requirements, of the member's enrolled health plan.
  - i.e. Prior Authorization requirements may vary amongst AHCCCS Complete Care (ACC) Health Plans, and these may be different from the Prior Authorization requirements for members enrolled in an AHCCCS FFS Health Plan, such as AIHP.

Why is it important to verify a member's enrollment?

It is vital to verify a member's enrollment *accurately*, prior to each visit, since some AHCCCS members qualify to change their health plan of enrollment at any time.

- This means that a member's enrollment may change from one visit to the next, even if you have seen and provided services to the member recently.

American Indian AHCCCS or KidsCare members can switch their enrollment between AHCCCS American Indian Health Program (AIHP) and an AHCCCS Complete Care (ACC) Health Plan (a managed health care plan) and back again at any time.

- However, an AI/AN member can only change from one managed health care plan to another (for example, Mercy Care Plan to Magellan Complete Health) only once a year.
- For additional information please visit: https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/ProgramsAndPopulations/AIHP.html

Health Plan Types and IDs

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FFS Health Plan Types and IDs

AHCCCS Fee-for-Service Plans	Plan ID Number
American Indian Health Program (AIHP)	999998
FFS Regular	003335
FFS Temporary	008690
FFS Prior Quarter	008800
FFS DD Prior Quarter	007700
Hospital Presumptive Eligibility	000675
Federal Emergency Services	000850

ALTCS Program IDs

Arizona Long Term Care Programs	Health Plan ID
Gila River Indian Community	190025
Hopi	190091
Navajo Nation	190017
Pascua Yaqui	190075
San Carlos Apache Tribe	190083
Tohono O'Odham Nation	190033
White Mountain Apache	190009

Tribal Regional Behavioral Health Authority (TRBHA)

TRBHA	Plan ID	BHS Site
Gila River	990010	11
Navajo Nation	990030	14
Pascua Yaqui	990040	25
White Mountain Apache	990020	28

Fee-For-Service Medicare Savings Programs

There are three Medicare Savings Programs. The links below will direct you to additional information for each Medicare Savings program.

- Specified Low-Income Medicare Beneficiary (SLMB),
- Qualified Individual-1 (QI-1), and
- Qualified Medicare Beneficiary (QMB).

Medicare Saving Program	Plan ID
Specified Low-Income Medicare Beneficiary (SLMB) Program	**008040**
Qualified Individual-1 (QI-1) Program	**008050**
Qualified Medicare Beneficiary (QMB) Program	**008715**

Provider Responsibility and Available Options for Verifying Member Eligibility

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Fee-For-Service Member Enrollment Verification

There are many programs that individuals may qualify for to receive medical and or behavioral health services including ALTCS coverage.

Effective dates of eligibility can only be verified through the AHCCCS system and may change as updates are added.

Eligibility categories also may change or be overridden by other eligibility categories.

Fee-for-Service Member Enrollment and Eligibility

Health care providers are responsible for verifying the eligibility of a member:

1. Each time the member schedules an appointment, *and*
2. At the time when any physical or behavioral health service is provided.

Health care providers must verify the member's eligibility and enrollment status, including when a member presents an AHCCCS ID card or a decision letter from an eligibility agency.

Fee-for-Service Member Enrollment and Eligibility

Health care providers may use any one of several verification processes to obtain eligibility and enrollment information for a Medicaid member, including any information regarding their Medicare or Third Party Payer Liability (if available).

- https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFSChapter2Eligibility.pdf

Fee-for-Service Member Enrollment and Eligibility

Verification Processes Available to Providers Include:

1. AHCCCS Online Provider Portal
2. Interactive Voice Response
3. Medical Electronic Verification System (MEVS)
4. AHCCCS Batch 270/271 Eligibility Verification Request and Response

Member Verification - Available Options

1. **AHCCCS Online Provider Web Portal**
   - This allows AHCCCS providers to verify eligibility and enrollment status.
   - AHCCCS providers can view ,Third Party Liability , Copayments (if applicable), Medicare Coverage, Behavioral Health Services, Share of Cost, Special Program enrollment and Additional Benefits information.

To create an online account and begin using the application, providers must go to https://azweb.statemedicaid.us.

Member Verification - Available Options

2. **The Interactive Voice Response System (IVR)**
   - This allows an unlimited number of phone verifications by entering information on a touch-tone telephone.
     - Providers may call IVR at:
       - Phoenix: (602) 417-7200
       - All others: 1-800-331-5090

Member Verification - Available Options

3. **The Medical Electronic Verification System (MEVS)**
   - This uses a variety of applications to provide member information to providers.
   - For information on MEVS, please contact EMDEON at: https://www.changehealthcare.com/contact-us

Member Verification - Available Options

4. **AHCCCS Batch 270/271 Eligibility Verification Request and Responses**
   - Providers can also verify information through a batch process (270/271), in which the provider sends a file of individuals to AHCCCS. AHCCCS returns this file with its responses the following day.
   - Information on that process can be obtained by calling the AHCCCS Help Desk at (602) 417-4451.

AHCCCS Online Provider Portal

How to Access the AHCCCS Online Provider Portal

There are two ways to access the AHCCCS Online Provider Portal:

1. Main AHCCCS website www.azahcccs.gov

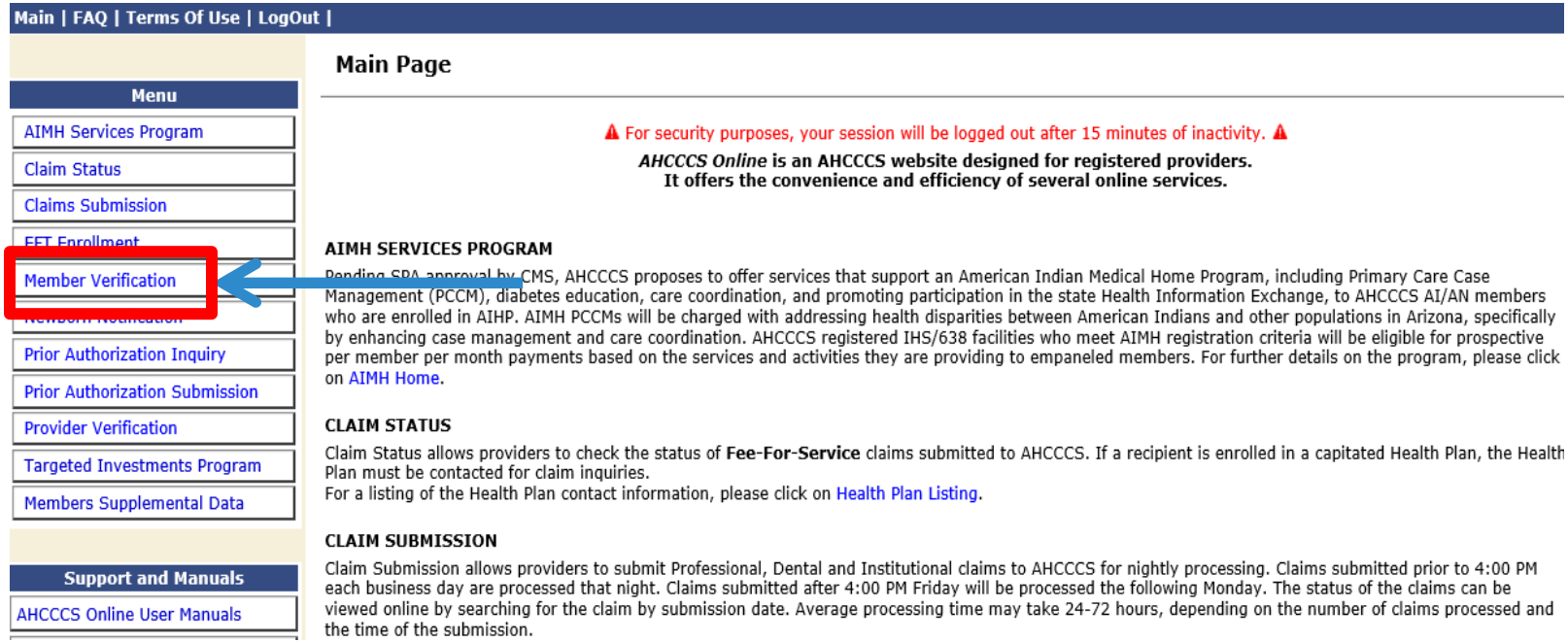
2. URL https://azweb.statemedicaid.us

- If a provider does not have an online account, you can register by clicking on the above link. Under the heading "New Account" click on ***Register for an AHCCCS Online Account*** and follow the instructions to submit a request.

Main Page

Step 1: Sign In. The user **must** have a valid Username and Password.

Step 2: On the Main Page, select ***Member Verification***



Member Verification Page

Step 3: Select whether you are looking for a “Recipient” (an AHCCCS member) or a “Newborn”.

Step 4: Select your search criteria under ***Search By.*** AHCCCS recommends using the AHCCCS ID and Date of Birth as shown on the next screen.

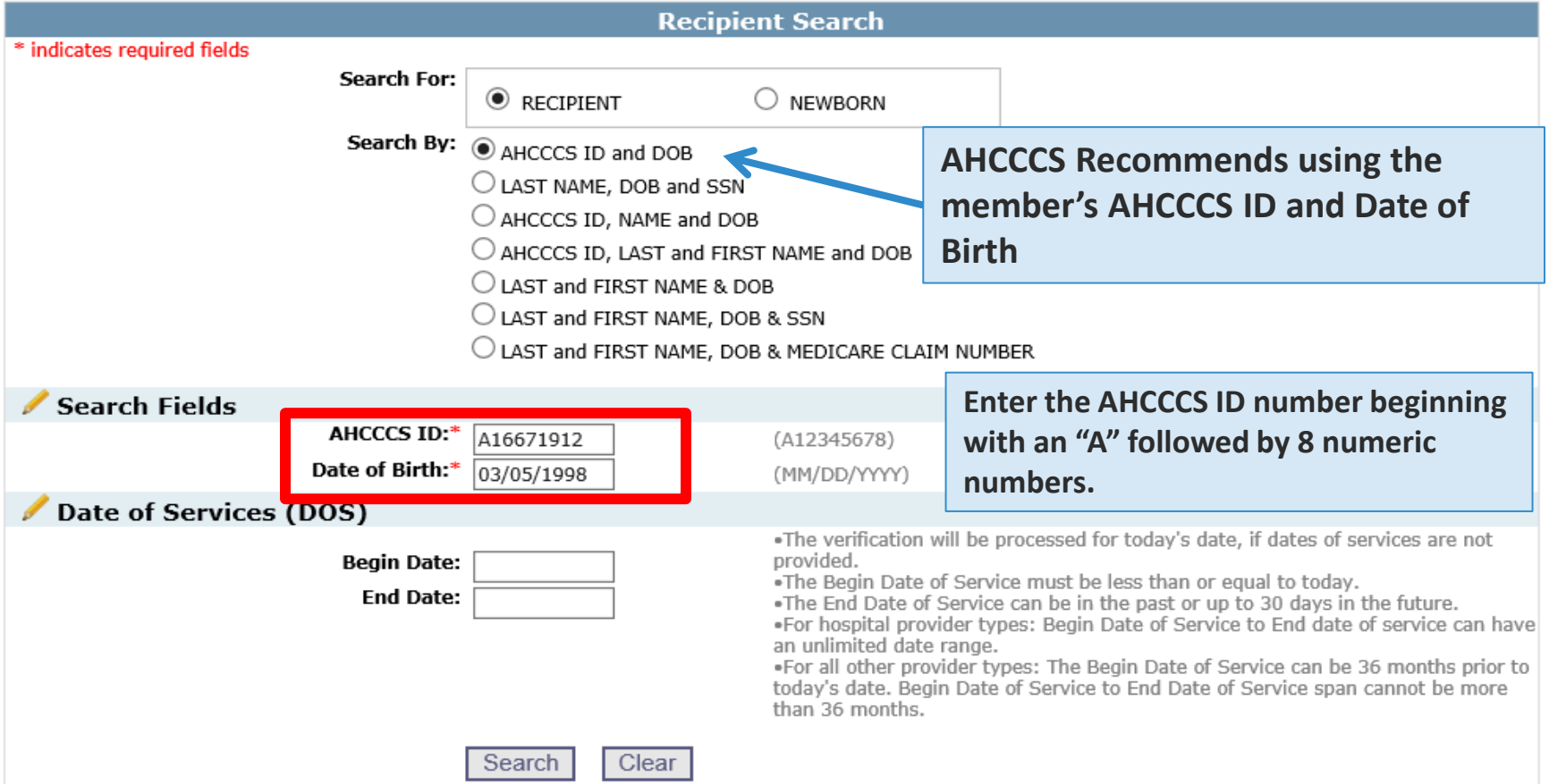
Step 5: Under ***Search Fields*** that criteria you selected under the ***Search By*** section will self-populate. (i.e. if you select AHCCCS ID and Date of Birth, fields for the AHCCCS ID and Date of Birth will populate under the ***Search Fields*** section)

- Enter the information requested here.

Step 6: ***Date of Service*** – Make sure to enter the ***Date of Service*** that a member is receiving an AHCCCS covered service on. Since member eligibility changes from time-to-time, this ensures that you are seeing the correct eligibility on the correct date.

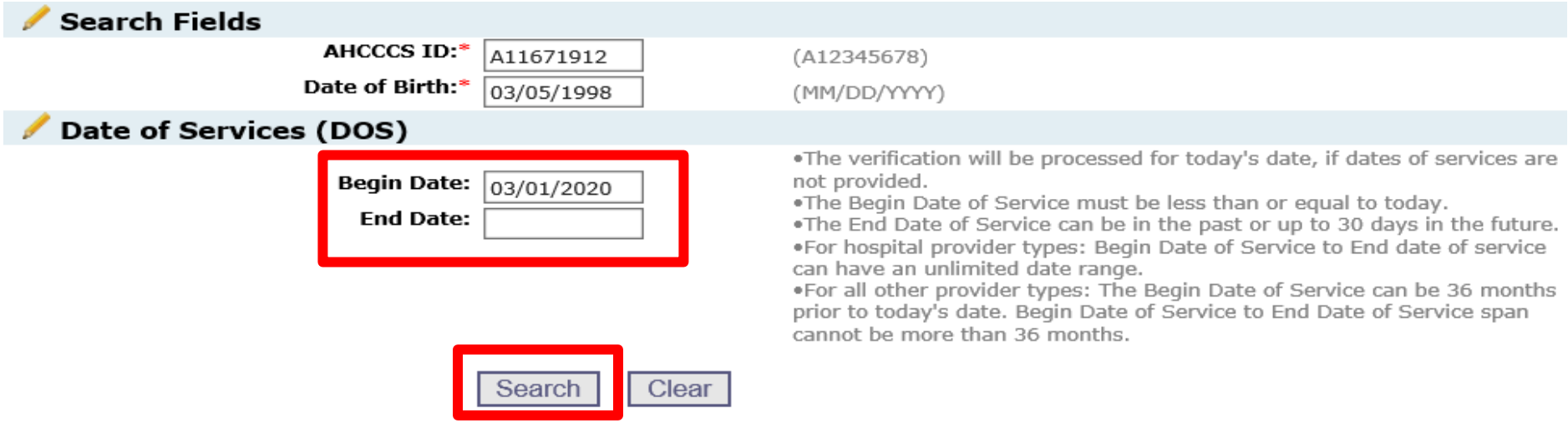
- If a date is not provided, it will tell you the member eligibility for the date you are conducting the search on.

Member Eligibility Verification: Recipient Search



AHCCCS Recommends using the member's AHCCCS ID and Date of Birth

Enter the AHCCCS ID number beginning with an "A" followed by 8 numeric numbers.

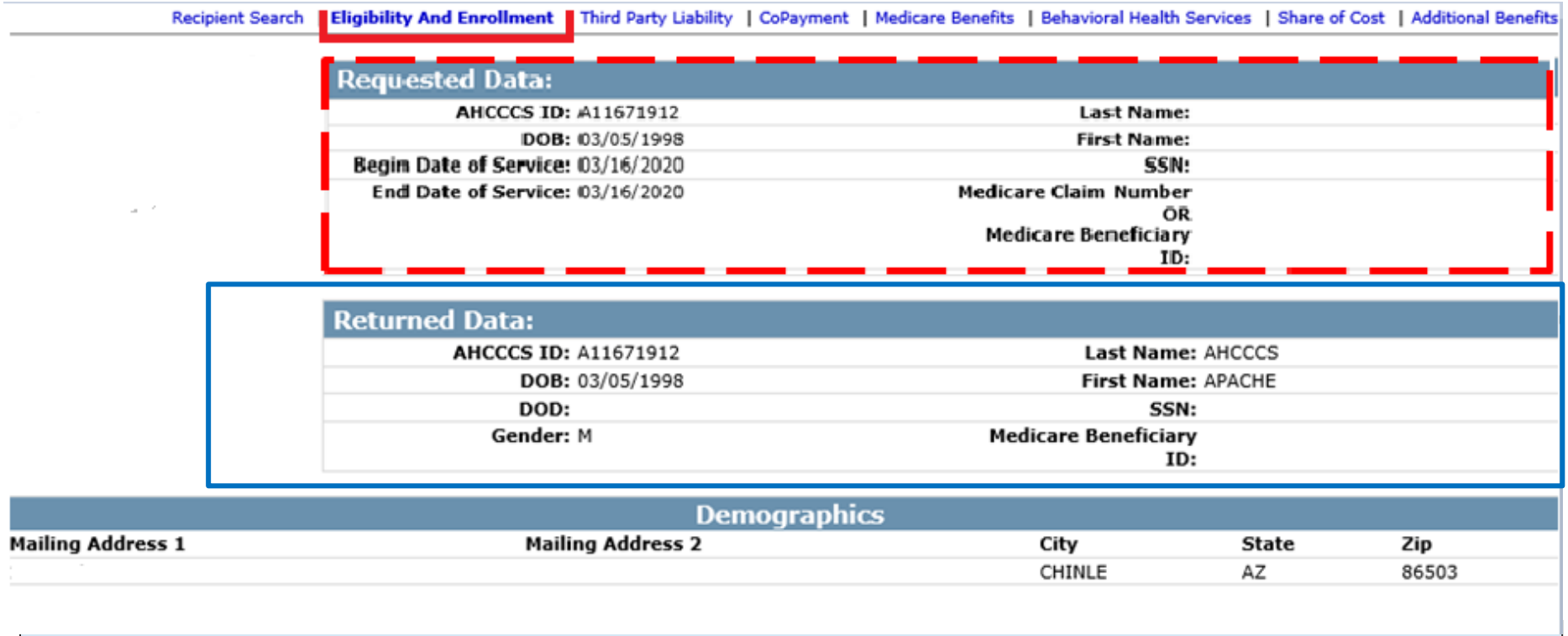


Date of Services (DOS): The verification will be processed for today's date, if dates of services *are not* provided.

<u>Begin Date:</u> Must be less than or equal to today's date.

<u>End Date:</u> Can be in the past or up to 30 days in the future.

Click "Search" box.



The system will display the member's *Name, Gender, DOB, AHCCCS ID, and Demographics associated* with the request.

Requested Data:

AHCCCS ID:	A11671912	**Last Name:**	
DOB:	03/05/1998	**First Name:**	
Begin Date of Service:	03/16/2020	**SSN:**	
End Date of Service:	03/16/2020	**Medicare Claim Number OR Medicare Beneficiary ID:**	

Returned Data:

AHCCCS ID:	A11671912	**Last Name:**	AHCCCS
DOB:	03/05/1998		
DOD:			
Gender:	M		

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

Demogra

Mailing Address 1	Mailing Address 2			
154 E CHINLE AVE		CHINLE	AZ	86503

Eligibility Renewal Date

Eligibility Renewal Date: 02/28/2023

Eligibility

Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	01/01/2020		03/13/2020

Medical Enrollment

Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP	03/13/2020		1016 - TANF 21-44 MALE NON-MEDICARE	E ACC/FFS	MC MEDICAID

Service Type Codes

Returned Data:

AHCCCS ID:	A11671912	**Last Name:**	AHCCCS
DOB:	03/05/1998	**First Name:**	APACHE
DOD:		**SSN:**	
Gender:	M	**Medicare Beneficiary ID:**	

Demographics

Mailing Address 1	Mailing Address 2	City	State	Zip
154 E CH				

The Begin Date of eligibility indicates the date the recipient is eligible for insurance.

End Date indicates the date the insurance coverage has expired.

Look at the Add-On section to view when the record was added to the database.

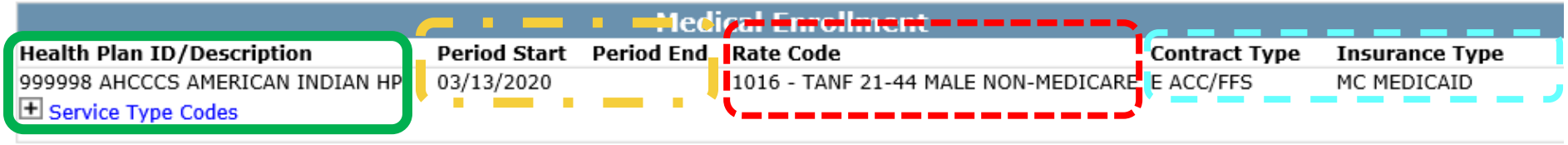
Eligibility

Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	01/01/2020		03/13/2020

Medical Enrollment

Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP	03/13/2020		1016 - TANF 21-44 MALE NON-MEDICARE	E ACC/FFS	MC MEDICAID

Service Type Codes



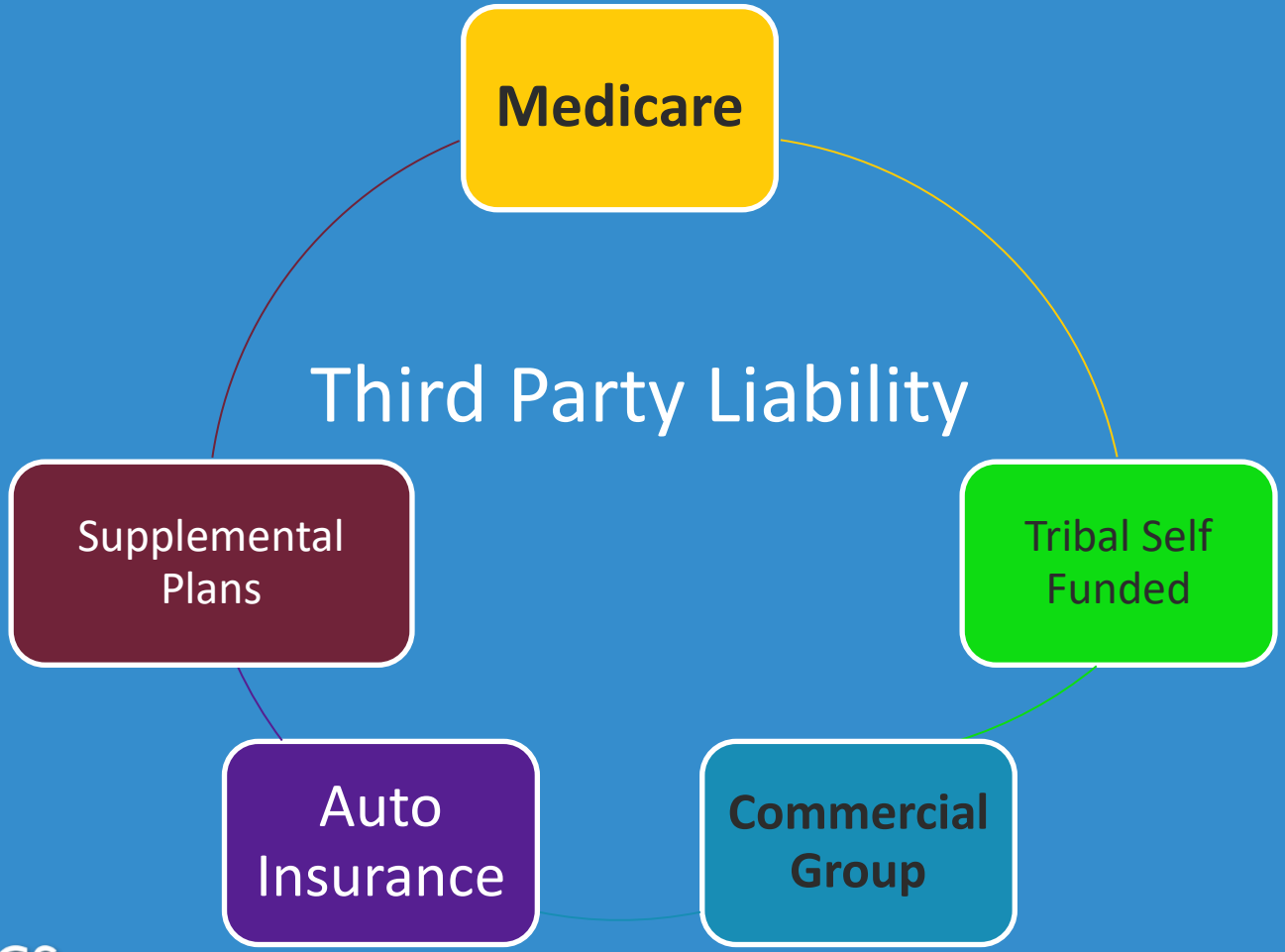
*** This verification does not constitute a guarantee of payment ***

Health Plan ID/Description:
Name of the Recipients Health Plan

Period Start/End:
Indicates the effective date coverage began or the discontinuation date

Rate Code:
Indicates the capitation payment method at the time payment was made

Contract Type: Indicates the service the Health Plan is covering.
Insurance Type: The type of Health Plan



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Third Party Liability

"Third-party" means a person, entity or program that is, or may be, liable to pay all or part of the medical cost of injury, disease, or disability of an applicant or member.

"Third-party liability" means any individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical assistance furnished to a member under a state plan."

*****AHCCCS Medicaid is the "payer of last resort", unless specifically prohibited by State or Federal law.***

Third Party Liability

AHCCCS Medicaid is the “payer of last resort”, unless specifically prohibited by State or Federal law. This means AHCCCS shall be used as a source of payment for covered services only after all other sources of payment have been exhausted per A.R.S. §36-2946.

Per R9-22-1002, AHCCCS is not the payer of last resort (AHCCCS will be the primary payer) when the following entities are the third-party:

1. The payer is Indian Health Services contract health (IHS/638 tribal plan); or
2. Title IV-E; or
3. Arizona Early Intervention Program (AZEIP); or
4. Local educational agencies providing services under the Individuals with Disabilities Education Act under 34 CFR Part 300; or
5. Entities and contractors of entities providing services under grants awarded as part of the HIV Health Care Services Program under 42 USC 300ff et. seq. payer.

Third Party Liability

Under state and federal law and R9-22-1003 (E), AHCCCS must pay the full amount of the claim according to the Capped Fee-For-Service schedule and then seek reimbursement from the First- or Third-Party payer (Post-Payment Recovery) when the claim is for:

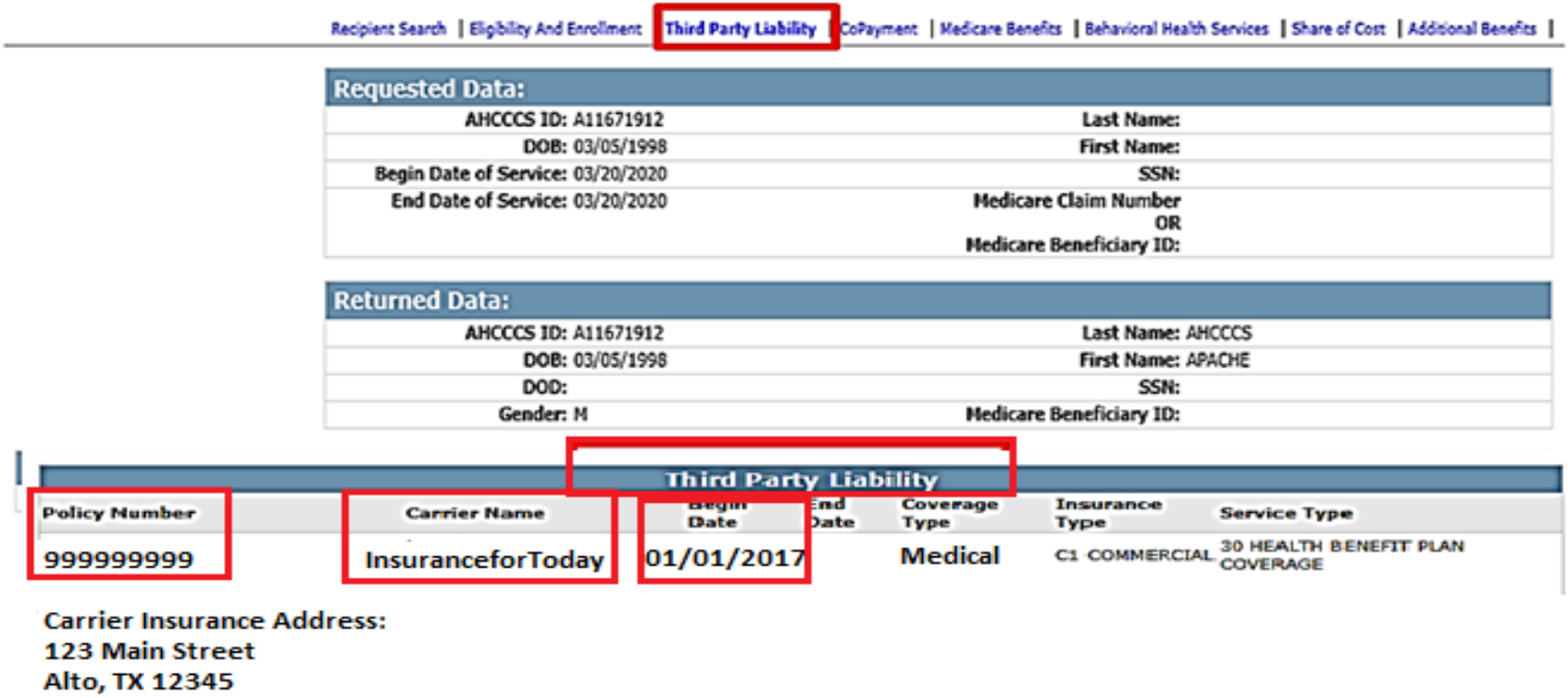
1. Preventive pediatric services, including EPSDT services and administration of vaccines under the Vaccines For Children (VFC) Program; or
2. The liability is from an absent parent whose obligation to pay support is being enforced by Division of Child Support Enforcement.

Third Party Liability

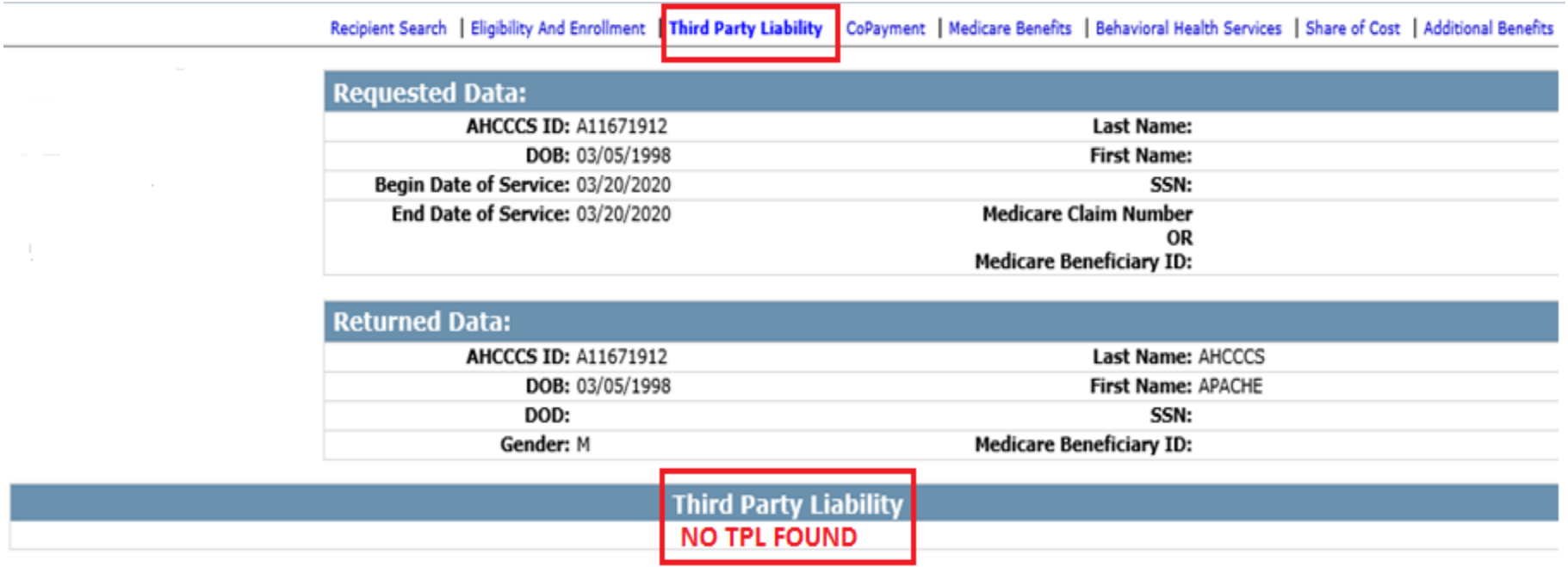
AHCCCS has liability for payment of benefits ***after*** other first- and third-party payer benefits have been paid.

- Providers must determine the extent of the first- and third-party coverage and bill Medicare and all other coverage plans, including HMOs, prior to billing AHCCCS.

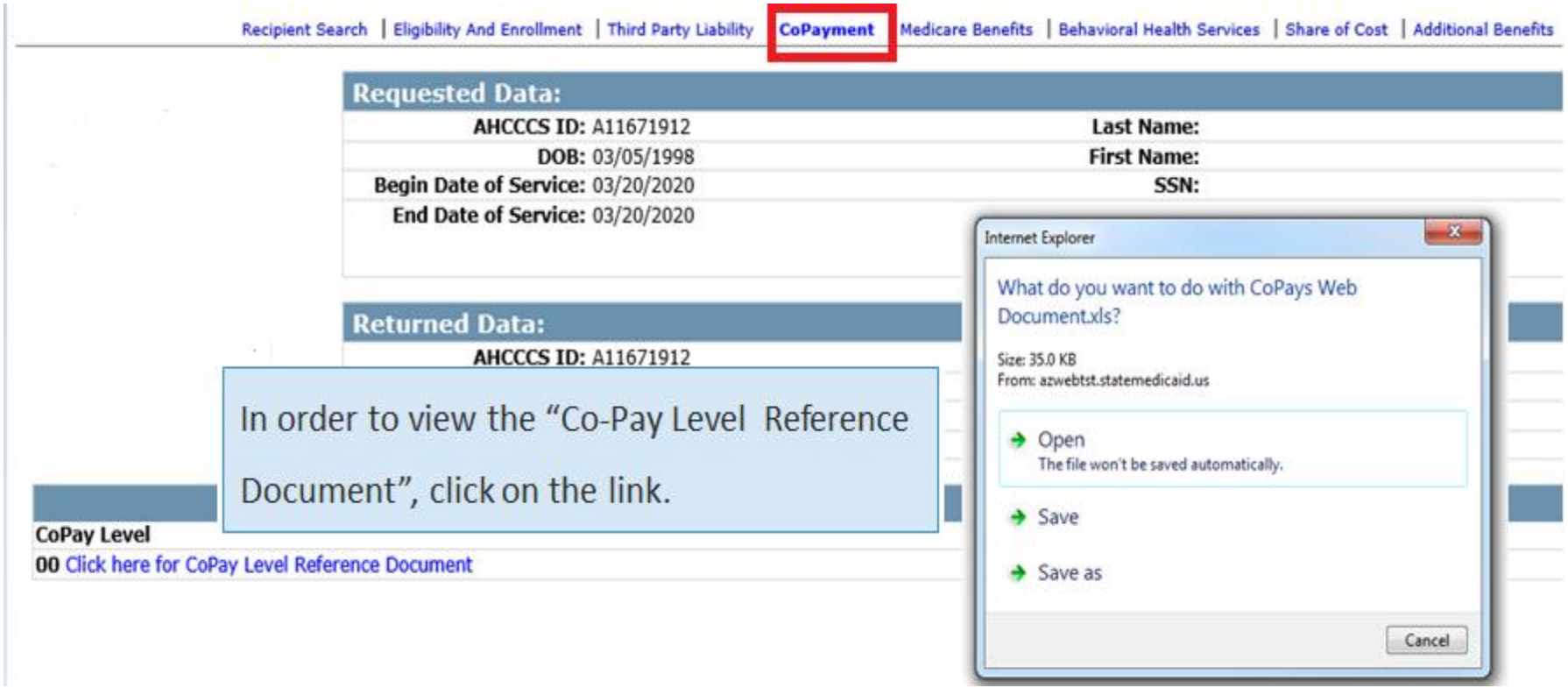
Example of a Member with Third Party Liability



Example of Member without Third Party Liability



Co-Payment Tab: The FFS program does not have copays ACC plans may have copays for some services.



Member Verification with Medicare Coverage

Member Eligibility Verification: Eligibility And Enrollment

Print | Help

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:	01/01/1960	First Name:	
Begin Date of Service:	05/15/2019	SSN:	
End Date of Service:	05/15/2019	Medicare Claim Number OR Medicare Beneficiary ID:	

Returned Data:

AHCCCS ID:	A12345678	Last Name:	
DOB:	01/01/1960	First Name:	
DOD:		SSN:	
Gender:	M	Medicare Claim Number:	
		Medicare Beneficiary ID:	M12345678900

Medicare

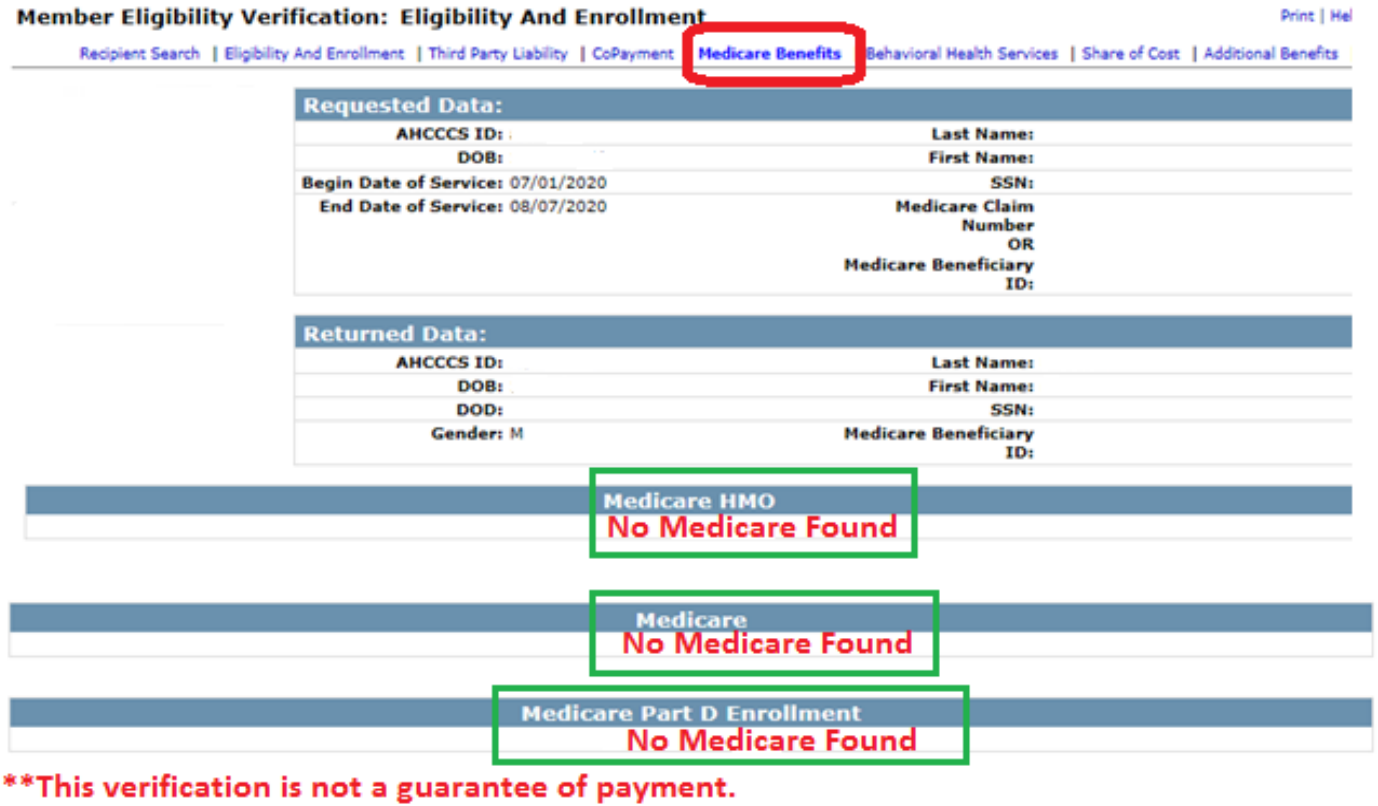
Claim Number	Medicare Type	Indicator	Start Date	End Date	Insurance Type	Service Type
123456789M	A	Y	09/01/2018		MA MEDICARE PART A	
123456789M	B	Y	09/01/2018		MB MEDICARE PART B	
123456789M	D	Y	09/01/2018		OT OTHER	30 HEALTH BENEFIT PLAN COVERAGE

Medicare Part D Enrollment

Health Plan/Name	Period Start	Period End	Service Type
AETNA MEDICARE RX SAVER	10/01/2018		88 PHARMACY

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

Member Verification without Medicare Benefits



Member Eligibility Verification: Eligibility And Enrollment

Print | Hel

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

Requested Data:

AHCCCS ID:		Last Name:	
DOB:		First Name:	
Begin Date of Service:	07/01/2020	SSN:	
End Date of Service:	08/07/2020	Medicare Claim Number OR Medicare Beneficiary ID:	

Returned Data:

AHCCCS ID:		Last Name:	
DOB:		First Name:	
DOD:		SSN:	
Gender:	M	Medicare Beneficiary ID:	

Medicare HMO
No Medicare Found

Medicare
No Medicare Found

Medicare Part D Enrollment
No Medicare Found

**This verification is not a guarantee of payment.

Member Eligibility Verification: Eligibility And Enrollment

Print | Help

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

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

Member with no Medicare coverage

Medicare HMO

NO MEDICARE HMO

Medicare

NO MEDICARE PART A

NO MEDICARE PART B

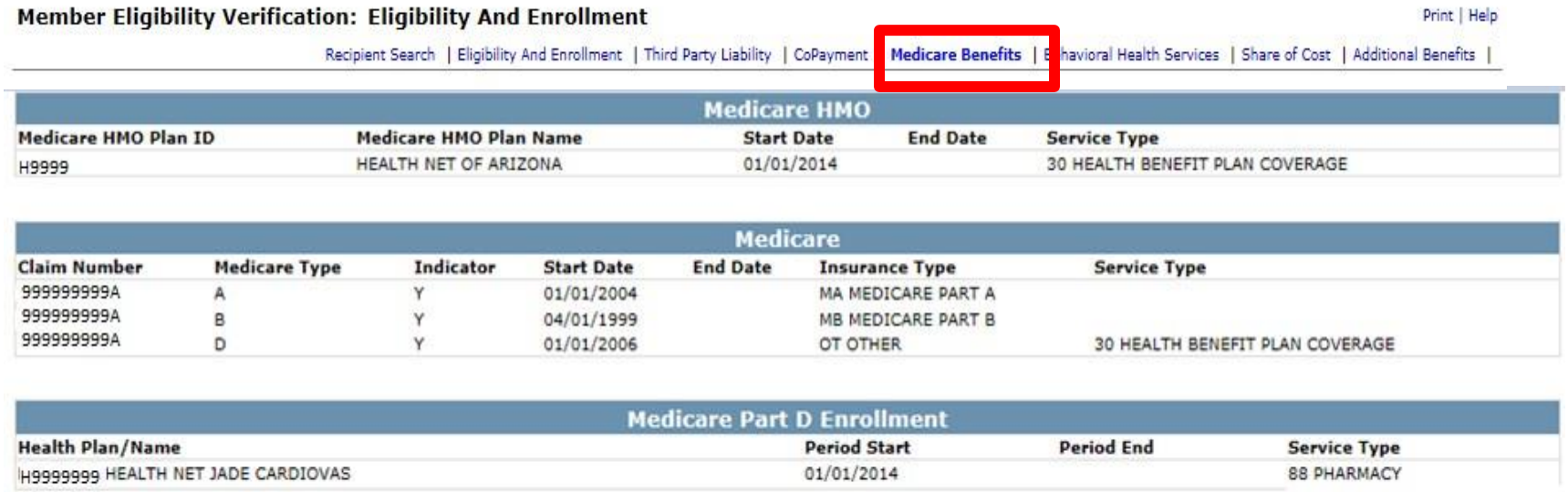
NO MEDICARE PART D

Medicare Part D Enrollment

NO DRUG PLAN

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

Member with Medicare Coverage



Member Eligibility Verification: Eligibility And Enrollment

Print | Help

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

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

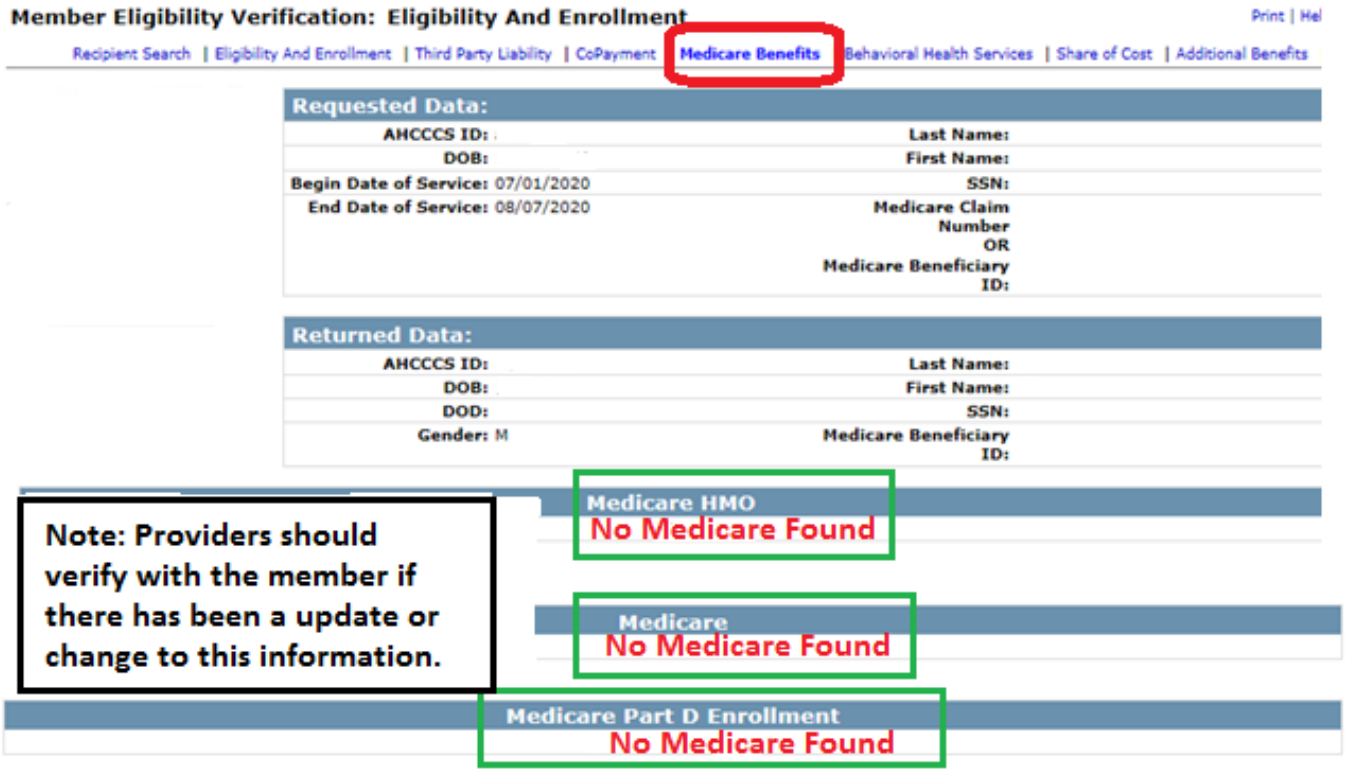
Medicare

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

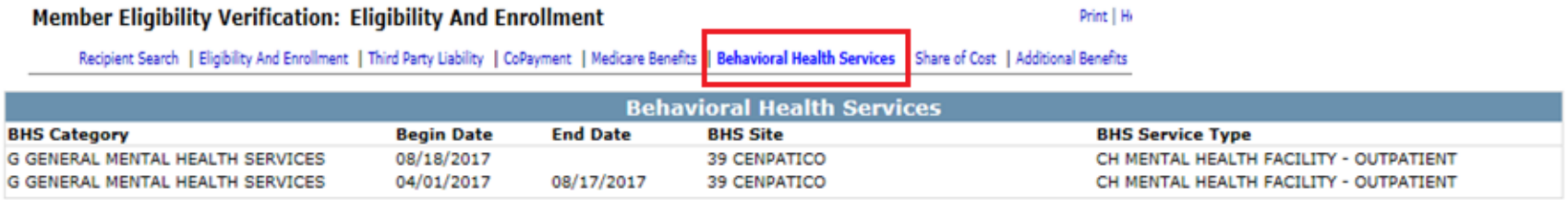
Medicare Part D Enrollment

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

Member with NO Medicare Coverage



Behavioral Health Services Enrollment



Member Eligibility Verification: Eligibility And Enrollment

Print | H

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

Behavioral Health Services

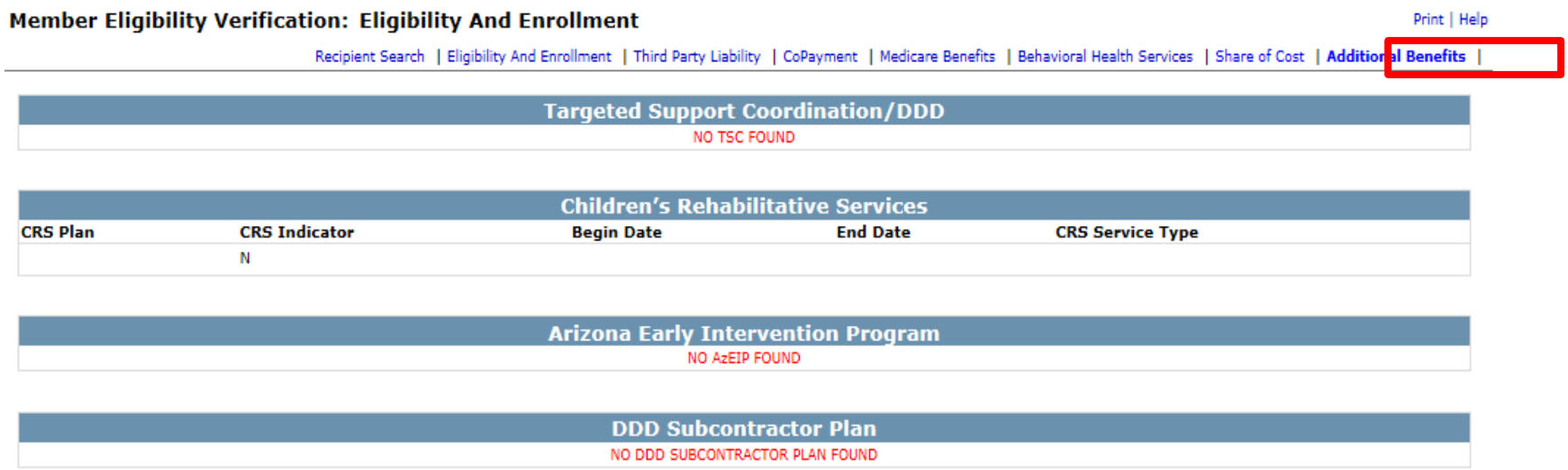
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	08/18/2017		39 CENPATICO	CH MENTAL HEALTH FACILITY - OUTPATIENT
G GENERAL MENTAL HEALTH SERVICES	04/01/2017	08/17/2017	39 CENPATICO	CH MENTAL HEALTH FACILITY - OUTPATIENT

BHS Category	Indicates the category of Behavioral Health Enrollment
Begin Date	The effective start date of the recipient's coverage under Behavioral Health Services.
End Date	The date the recipient's coverage under Behavioral Health Services expired.
BHS Site	Name of the TRBHA or RBHA behavioral health agency the recipient is enrolled.
BHS Service Type	Description of the types of services covered under the specified Behavioral Health Services Enrollment.

ALTCS Member - Share of Cost

ALTCS members ONLY who receive long term care services may be responsible for paying a portion of the cost of their care. This payment liability is called **Share of Cost (SOC).**

Additional Benefits Tab



Additional Benefits

Any other coverage/services the member may have .

DFSM Provider Training Unit

DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
- Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
    - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at ProviderTrainingFFS@azahcccs.gov

Questions?

Thank You.