AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 6:

Claim Status (All Claims)

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Arizona Health Care Cost Containment System

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Click on

Claim Status

Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission
- Provider Verification

Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.37
- AHCCCS Provider ID
- User Account

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sion will be logged out after 15 minutes of inactivity.

Claim Status allows pro **ervice** claims. If the recipient is enrolled in a capitated Health Plan, p nquiries. For a listing of the Health Plan contact information, please click

Claim Submission allows providers to submit **Fee-For-Service** claims to AHCCCS for nightly processing. Professional, Institutional and Dental claims will be accepted.

Prior Authorization Inquiry will allow providers to verify the status of previously submitted Prior Authorization requests.

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

Newborn Notification allows providers to submit newborn information to AHCCCS during the hours when the COM Center is not available.

Provider Information allows providers to update their correspondence addresses. Providers may also view (but not update) their Service and Pay-To Addresses, Group Affiliations and Authorized Signatures. For further information, please click on AHCCCS Provider Registration.

The AHCCCS mainframe systems will have scheduled downtimes that occur on a weekly basis. During these downtimes (usually weekends), the web site will be unavailable. For questions regarding downtimes, please call **602-417-4444**. During system downtimes, please contact the AHCCCS COM Center at **602-417-7000** for immediate assistance regarding eligibility/enrollment. The Interactive Voice Response (IVR) System is also available for eligibility inquiries at **602-417-7200**. For claim inquiries, please contact the AHCCCS Claims Customer Service at **602-417-7670**. For a full list of contacts, please click on AHCCCS Contacts

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Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.37
- AHCCCS Provider ID: .....
- User Account

Recipient Search

You must first identify a Recipient in order to search for a claim. * Indicates a require

SEARCH BY:* AHCCCS ID

AHCCCS ID:*

- AHCCCS ID
- SSN
- Name, DOB & Gender

Submit

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Click on the down arrow to specify search criteria then click on desired criteria

Search criteria

AHCCCS ID

SSN

Name, DOB & Gender

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Account Information

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- Type: Individual
- IP: 170.68.241.37
- AHCCCS Provider ID
- User Account

Recipient Search

You must first identify a Recipient in order to search for a claim. * Indicates a required field.

SEARCH BY:* AHCCCS ID

AHCCCS ID:*

Submit Clear

Enter the Members AHCCCS ID number

Click

Submit

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After clicking on submit scroll down to

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- User ID: 0000020
- Type: Individual
- IP: 170.68.241.37
- AHCCCS Provider ID
- User Account

Recipient Search

You must first identify a Recipient in order to search for a claim. * Indicates a required field.

SEARCH BY:* SSN

SSN:*

Submit Clear

If searching by SSN

Enter Members SSN.

Click

Submit

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- User ID: 0000020
- Type: Individual
- IP: 170.68.241.37
- AHCCCS Provider ID
- User Account

Recipient Search

You must first identify a Recipient in order to search for a claim. * Indicates a required field.

SEARCH BY:* Name, DOB & Gender

LAST NAME:*

FIRST NAME:*

MIDDLE INITIAL:

DATE OF BIRTH:*

GENDER:*

Submit Clear

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Searching by Name:

Enter Last Name

Enter First Name

Enter Date of Birth

Enter Gender

Note you can click on the down arrow and click on gender

Click on

Submit

After clicking on submit, scroll down to

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- AHCCCS Provider ID. .....
- User Account

Claim Status Request

Recipient Search

AHCCCS ID A12345678 | NAME: Doe, Jane | DOB: 9/30/2006 | GENDER: F

SERVICE PROVIDER ID:*

BEGIN DATE OF SERVICE:* 04/01/2007

END DATE OF SERVICE:

FORM TYPE:

STATUS:

CLAIM NUMBER:

PATIENT ACCOUNT NUMBER:

Submit Clear

Enter Beginning Date of Service

Click Submit

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The Claim Status screen should come up if the date entered is valid.

User Name: sygomez
User ID: 0007940
Type: Individual
IP: 170.68.14.234
Provider ID: 002791
Change Password

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Main Menu

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Claim Status Response

Recipient Search | Claim Search | Help

Claim Status | Accounting Details | Edit History | Status History |

Service Provider ID:	123456	AHCCCS ID:	A12345678
Name:	Dr. John	Name:	Doe, Jane
Status:	ACTIVE	DOB:	03/04/1937
		Gender:	F

Claim Header

Claim Number:	071111111111	Medical Record #:		Rcvd. Recipient ID	A12345678
Claim Status:	APPROVED	Patient Acct. #:	01045519	Bill Type.	
Status Date:	02/08/1999	Patient Status:		Service Prov ID:	123456

Price Accounting Summary

Line #	Claim Status	Srv Beg Date	Srv End Date	Srv Code	Billed Amount	Payment Amount
01	APPROVED	04/01/2007	04/01/2007	71010	$48.00	$15.97
				Totals:	$48.00	$15.97

VeriSign Secure Site Click to verify

Record: 1 of 2

Internet

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