AHCCCS
Arizona Health Care Cost Containment System

Committed to excellence in health care

AHCCCS
Electronic Remittance Advice Setup Requirements

December, 2003

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OBJECTIVE & SCOPE

The purpose of this document is to define the requirements for receiving the AHCCCS Fee-for Service Remittance Advice in electronic format. Each provider will have the option of receiving files through the Internet. All providers who wish to receive remits electronically will be required to submit the appropriate forms relating to security and provider information. Providers will also need to contact AHCCCS to provide and/or receive additional information. Any problem encountered in the electronic remittance advice from AHCCCS should be directed to the AHCCCS Customer Support Center. ***Please note that this does not include any questions regarding this manual or any issues which may arise during the testing process***. These questions should be directed to the Electronic Claims Submission Unit. Please see the *Testing* section of this manual for further information in this area.

AHCCCS CUSTOMER SUPPORT CENTER: (602) 417-4451

Please be prepared to supply the following information:

- Topic of call ("Electronic Remittance Advice")
- Name
- Organization
- Phone number
- Nature of problem (dial-up, receipt status, etc.)

This information will be logged, assigned a Ticket Number, and the Support Center will assign the ticket to the appropriate staff member to answer your question. Your call will be returned as soon as possible. Please reference the Ticket Number assigned to your original call on any subsequent call to the Customer Support Center, which deal with the same issue.

The AHCCCS Customer Support Center should ***not*** be contacted for issues dealing with the testing process (receipt of claims, status of test, etc.). Please see the *Testing* section of this manual for further information on the testing process.

The AHCCCS Customer Support Center is staffed from 8:00 a.m. until 5:00 p.m. (Arizona time), Monday through Friday

SETUP REQUIREMENTS

All providers will receive remittance advice files through the Internet, utilizing the HIPAA 835 transaction.

There are three forms that will be discussed later in this chapter. All forms must be completed by the provider and returned to AHCCCS prior to the initiation of testing. They include:

A. AHCCCS-Electronic Data Exchange Request

B. Arizona Health Care Cost Containment System User Affirmation Statement

C. Electronic Transmission of AHCCCS Fee-For-Service Remittance Advice

All forms can be mailed to:

AHCCCS ECS Unit
MD 8600
701 E. Jefferson Street
Phoenix, AZ 85034

or

Faxed to:

AHCCCS Electronic Claims Submission Unit
(602) 253-5472

FUNCTIONAL REQUIREMENTS

Updated Remittance Process

Using the upgraded AHCCCS remittance process, you can download your remittances directly from a secure AHCCCS Internet Web site and store them in either electronic or hardcopy format, depending on your preference.

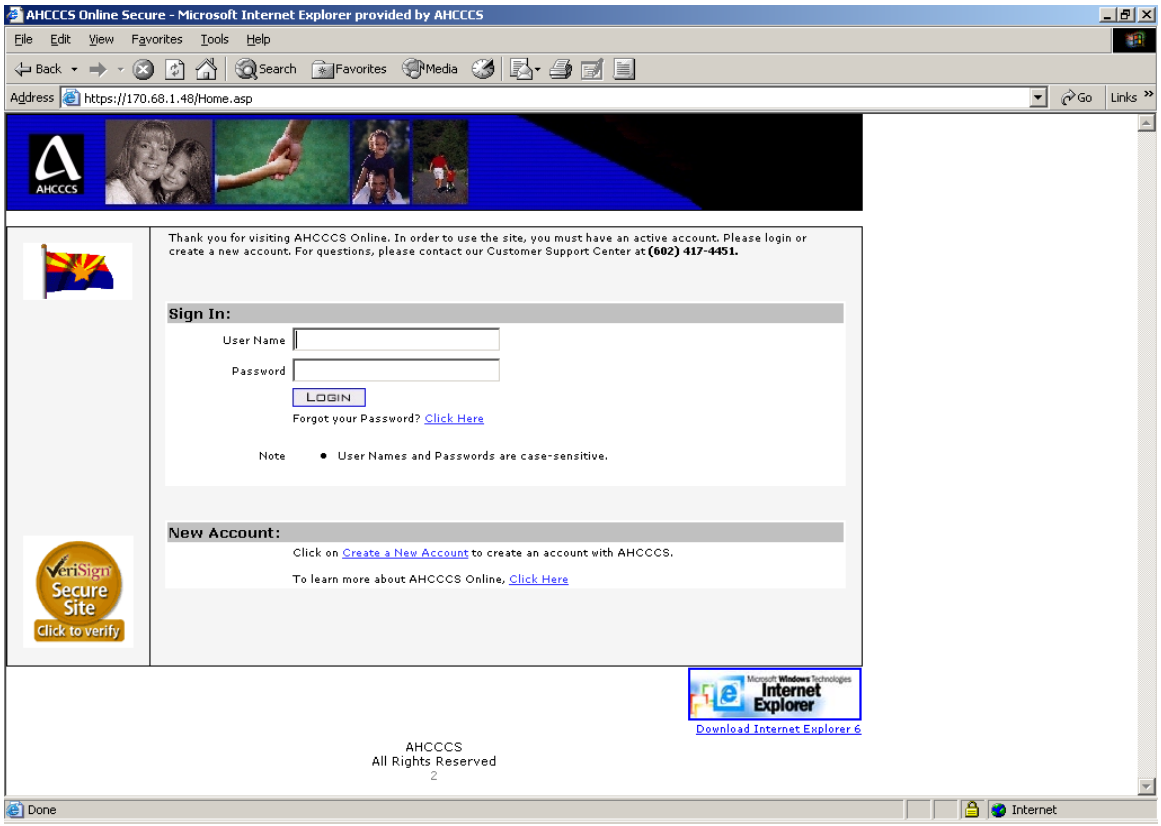
If you already have an active username and password to the AHCCCS Online Web site, please disregard the first section of this document and proceed directly to the "Accessing Your Remittances" section.

Accessing the AHCCCS Online Web site

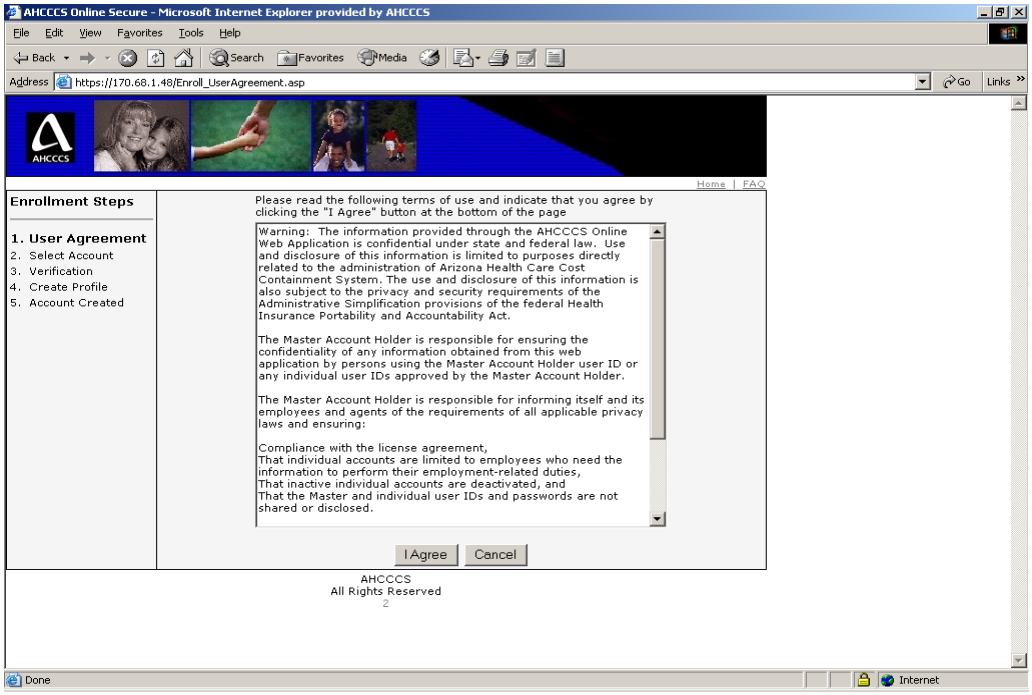
In order to access this site, you will need a use name and password approved by AHCCCS. If you do not currently have an active account, you can sign up for one in the following manner:

1. Access the AHCCCS Web site:
   Production: https://scertsrv.ahcccs.state.az.us/Home.asp

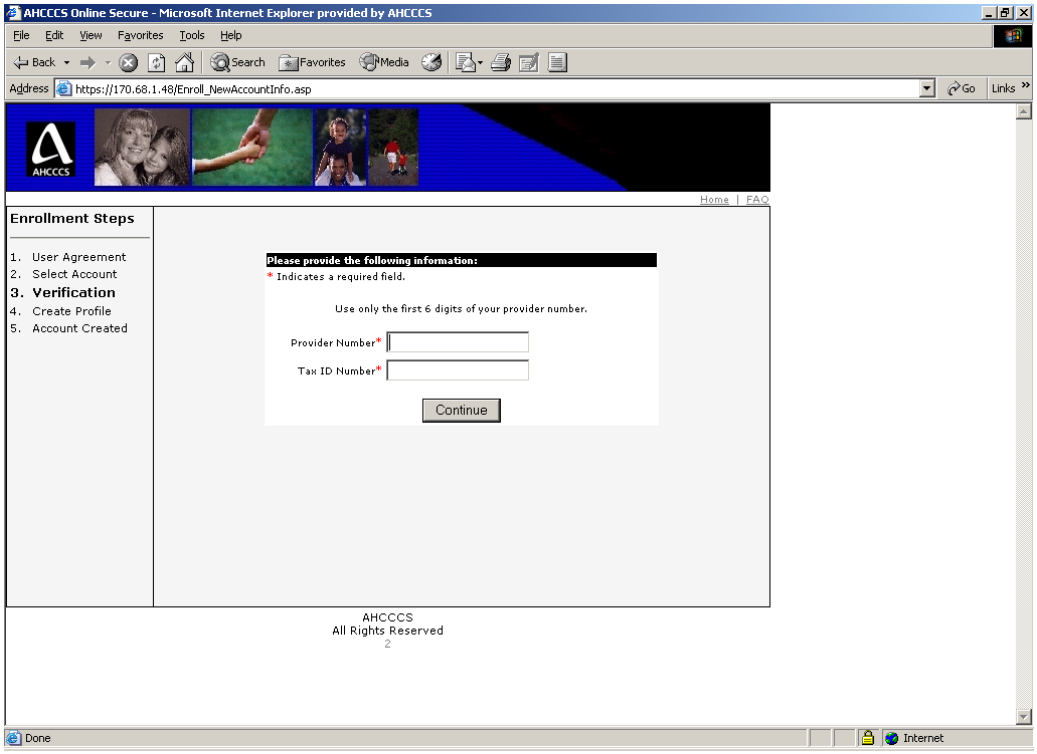
2. Click on the "Create a New Account" link the "New Account" section of the page.



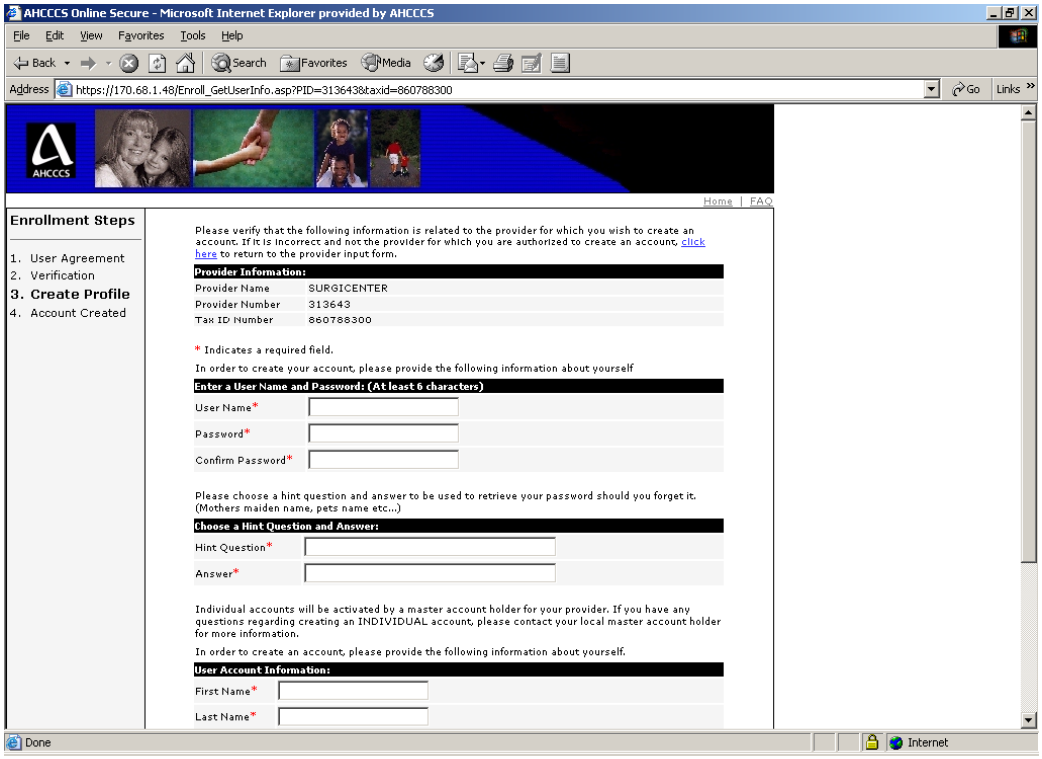
3. Read and agree to the AHCCCS End User Agreement (if you do not agree, you can not complete the account creation process).



4. Enter your provider number and tax ID number into the fields as requested.



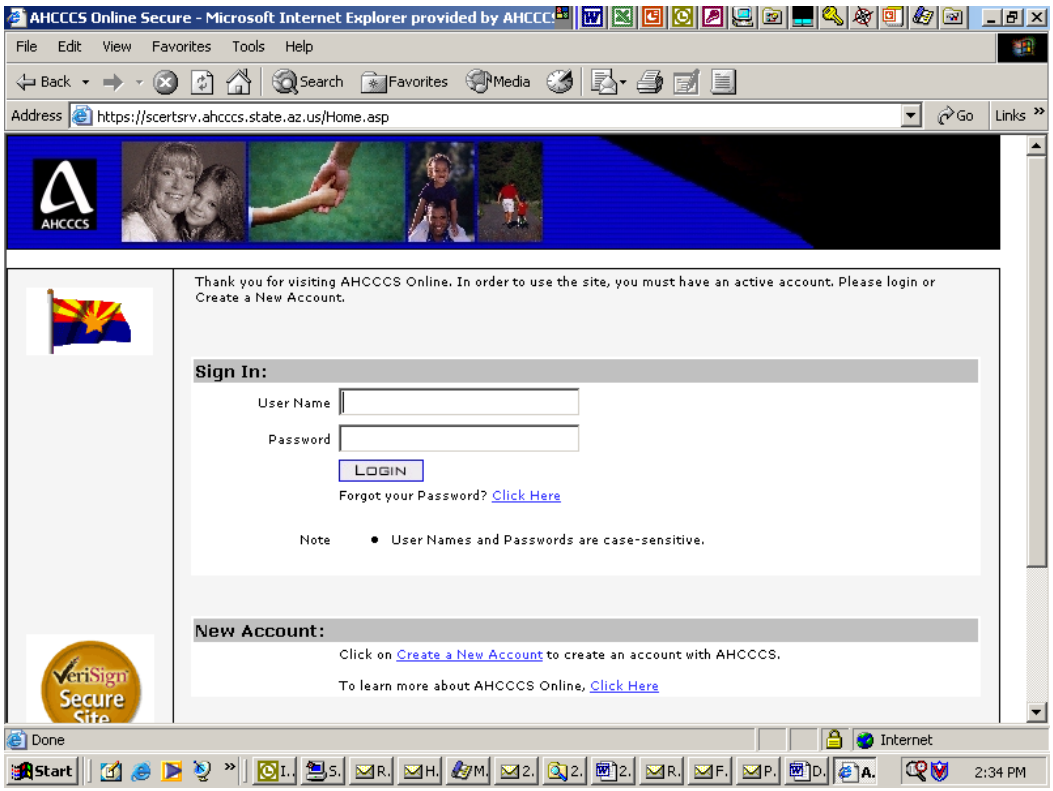
5. Create your user profile (including your user name, password, hint question and answer, account type selection, and contact information).



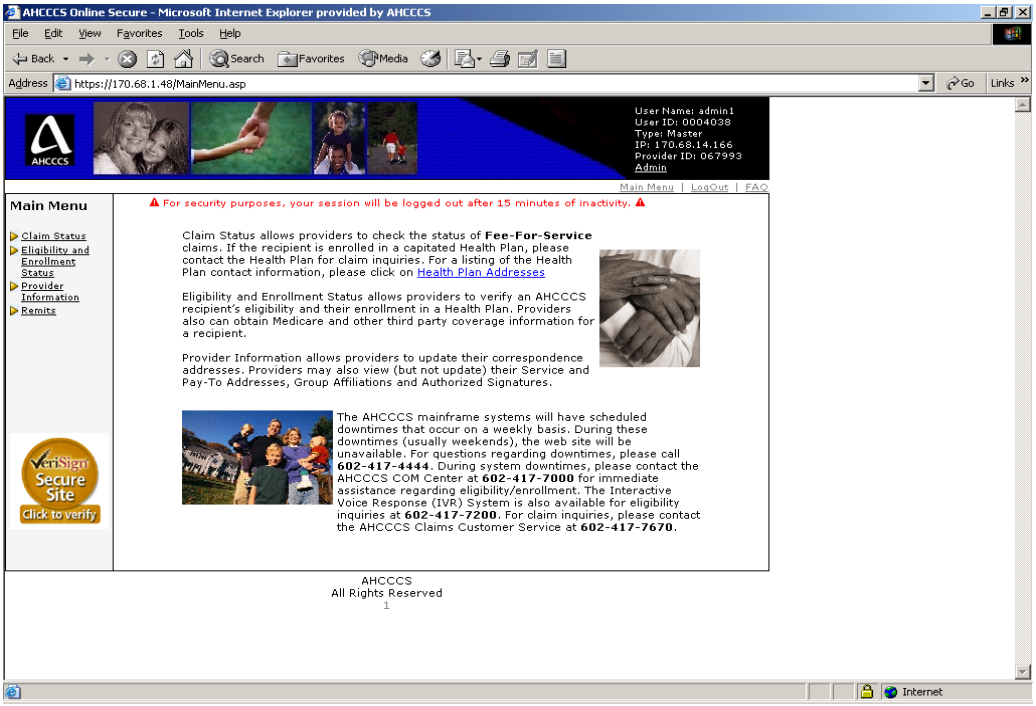
6. Successful completion of the Web-based account request process will be followed by a letter sent to you via US mail containing your account activation code. You cannot access the Web site without first completing your account setup with this activation code.

ACCESSING YOUR REMITTANCE

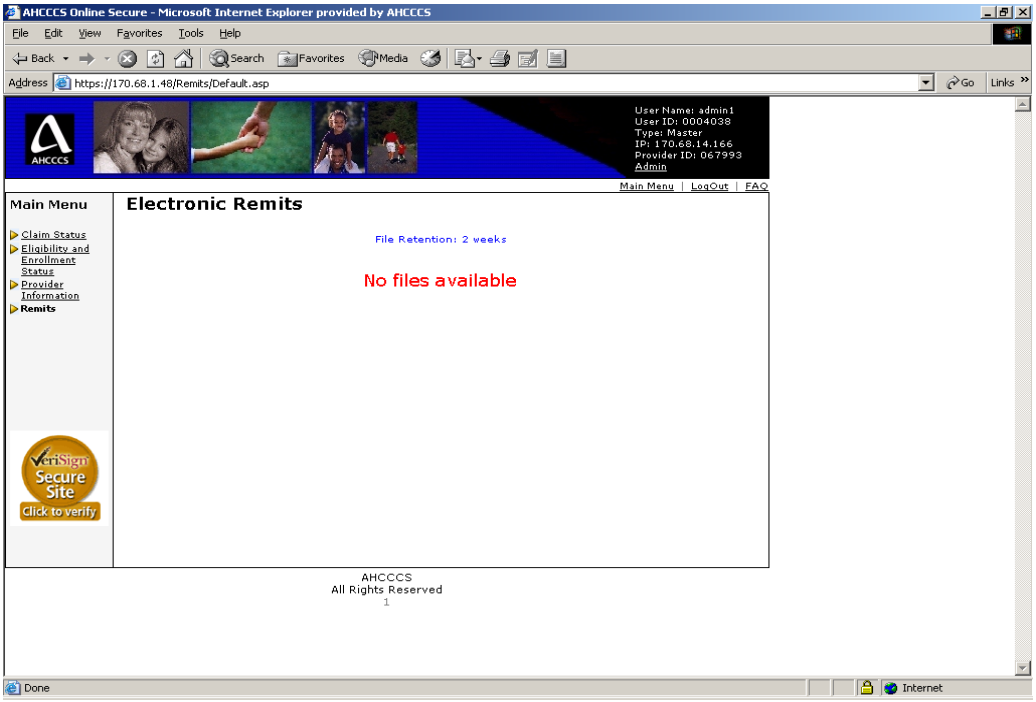
1. Use the user name and password from your activated account to gain access to the AHCCCS Online Web site.



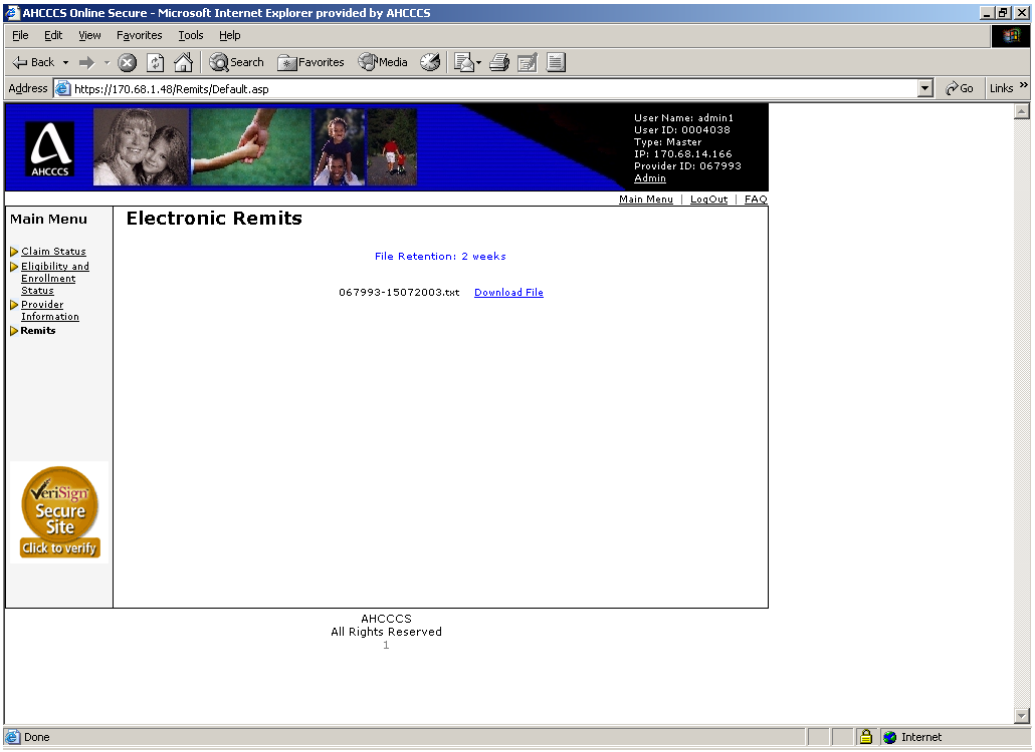
2. Access the Remittances site functionality by clicking on the “Remits” link on the left side of the page (bottom link available in the Main Menu on the left side of the page).



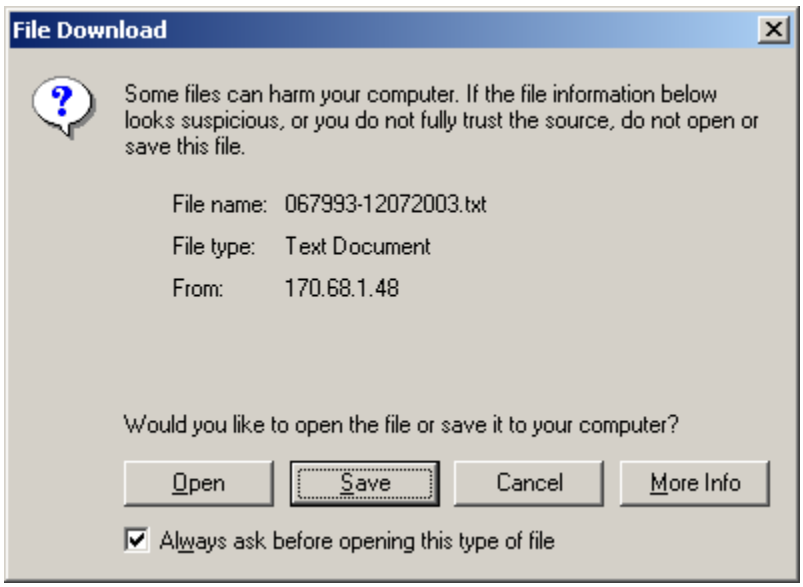
3. If you have no available remittance files, you will instead receive the following page advising you of the lack of available files.



4. If you have any available remittance files, they will be listed on the next page.



5. To download a remittance file, click the "download file" link to the right of the filename corresponding to the file that you wish to download. You will then see this popup box appear on the screen.



6. Click the “Save” button. You will then be provided a window in which to specify where you wish the remit file saved.

7. Specify a location and click the “Save” button. The file has been saved and can be accessed directly from there, and displayed in any text editor (Notepad, Wordpad, Winword, etc.)

Note: Remittance files are retained by AHCCCS Online for two weeks. After two weeks, they will no longer be available via AHCCCS Online.

SIGN UP PROCEDURES

Sign Up Overview

Before a provider or vendor can receive a remittance file, the provider or vendor must register and obtain a copy of the Trading Partner Agreement (TPA) and Electronic Remittance Advice Manual.

The receiver must complete the TPA, including each applicable provider ID. AHCCCS will validate the TPA and update the provider ERA indicator, and forward the information to the AHCCCS Information Systems Division (ISD) Testing Unit, which will update the 835 Trading Partner Table.

The receiver will notify AHCCCS Electronic Claim Submission Unit of their readiness to test. At this time an automated ERA test job will be ran and create a generic test file. The ECS Unit will track the testing and provide technical assistance to receiver and coordinate with ISD as necessary.

Once the receiver has passed testing requirements, the ECS unit will notify the receiver of their readiness to receive 835 Remittance Advice in production.

Documents

Forms 1 through 3 should be completed and returned to the ECS Unit for processing.

Form A	*User Affirmation Statement*
Form B	*Electronic Data Exchange Request*
Form C	*Electronic Transmission of AHCCCS Fee-For-Service Remittance Advice*

Form A

User Affirmation Statement

Form A-Internet
Arizona Health Care Cost Containment System

USER AFFIRMATION STATEMENT

I have been made aware and understand that all personnel who have access to AHCCCS data are bound by applicable laws, rules and AHCCCS directives. I agree to abide by all applicable laws, rules and AHCCCS directives, and I pledge to:

1. Reveal AHCCCS data only to those persons, whether outside or within AHCCCS, who have been specifically authorized to receive such data.

2. Only access AHCCCS data germane to my assigned job duties.

3. Never enter/alter/erase AHCCCS data for direct or indirect personal gain or advantage.

4. Never enter/alter/erase AHCCCS data maliciously or in retribution for real or imagined abuse, or for personal amusement.

5. Use AHCCCS computer programs, e-mail, terminals, printers, and/or other equipment only for work related purposes.

6. Never use another employee's AHCCCS Logon ID and password or ask another employee to reveal his/her personal AHCCCS Logon ID and password.

7. Never reveal my AHCCCS Log on ID and password except to the Assistant Director of my division, the Agency Director or Deputy Director, upon request.

In addition, I recognize that:

1. AHCCCS licenses the use of computer software from a variety of outside companies. Neither AHCCCS not its employees own this software or its related documentation and, unless authorized by the software developer, do not have the right to reproduce or alter the software of the documentation.

2. AHCCCS employees should not acquire or use unauthorized copies of computer software.

3. When used on a local area network or on multiple machines, AHCCCS employees shall use the software in accordance with the license agreement.

4. AHCCCS employees who know of any misuse of software or related documentation within the agency shall promptly notify their manager/supervisor or Assistant Director.

5. According to U.S. Copyright Law, 17 USC Sections 101 and 506, illegal reproduction of software can be subject to criminal damages up to $250,000 and/or up to five (5) years imprisonment.

6. The Arizona Attorney General's Office will not represent and the agency will not provide legal representation to an employee who is sued or prosecuted for the illegal reproduction of software.

Appropriate action will be taken to ensure that applicable federal and state laws, regulations, and directives governing confidentiality and security are enforced. A breach of procedure occurring pursuant to this policy or misuse of AHCCCS property including computer programs, e-mail, equipment and/or data may result in disciplinary action up to and including dismissal, and/or prosecution I accordance with any applicable provision of law, including Arizona Revised Statutes, Section 13-2316.
My signature below confirms that I have read this form and understand it. I accept responsibility for adhering to all applicable laws, rules and AHCCCS directives. Failure to sign this statement will mean that it will be denied access to AHCCCS data, computer equipment, and software.

NAME OF EMPLOYEE (Last, First, M.I.) Print or type	SIGNATURE	MAIL DROP	DATE

Form B
AHCCCS ELECTRONIC DATA EXCHANGE REQUEST

Form B-VPN Only

AHCCCS ELECTRONIC DATA EXCHANGE REQUEST

I. Contract Entity Information (Provider/Vendor/Other Entity) ID Number: _____

Entity Name: _____

Street Address: _____ City, State, Zip: _____

Telephone: _____ FAX: _____

E-mail Address: _____

Contact person: _____ Phone: _____

Contract Entity Authorization: (Person authorized to request adds or changes in Electronic Data Exchange)

Name	Position	Signature	Date

II. Submitter Information: (Submitters exchange data on behalf of one or more Contract Entities)

Submitter Name: _____ ID Number: _____

Street Address: _____ City, State, Zip: _____

Telephone: _____ FAX: _____

E-mail Address: _____

Contact person: _____ Phone: _____

3. Data Exchange Information Types: AHCCCS Information Owner Authorization

Membership rosters	AHCCCS Authorization: _____
Provider Affiliation	AHCCCS Authorization: _____
Provider Reference Information	AHCCCS Authorization: _____
Encounter Submission	AHCCCS Authorization: _____
Claims Submission	AHCCCS Authorization: _____
CMPI-Service Plan Data	AHCCCS Authorization: _____
Electronic Remittance Advice	AHCCCS Authorization: _____
Other:	AHCCCS Authorization: _____

Affirmation Statement: ☐ Attached ☐ On File

4. AHCCCS ISD Information

Mode of access: ☐ Tape ☐ FTP via Internet ☐ FTP via VPM

User ID: _____ Password: _____

Setup By: _____ Date: _____ Moved to Prod: _____

Form C
Electronic Transmission
of AHCCCS Fee-for-Service Remittance Advice

Form C
Electronic Transmission
Of AHCCCS Fee-for-Service
Remittance Advice

I am interested in receiving the AHCCCS Fee-for-Service Remittance Advice in the HIPAA 835 transaction code set format.

I understand that although my Remittance Advice will be transmitted electronically, my reimbursement check(s) will continue to be delivered by the U.S. Postal Service to the pay-to address(s) on file with the AHCCCS Administration Provider Registration Unit.

Provider/Group Name: _____

AHCCCS Provider Identification Number: _____

Tax ID: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: ( ) _____ Fax: ( ) _____

Names of Contact Persons: _____

Email Address: _____

Name of Provider Or
Authorized Representative: _____

Signature of Provider Or
Authorized Representative: _____

Date: _____

Mail this form to: AHCCCS Electronic Claims Unit
MD 8600
701 E. Jefferson Street
Phoenix, AZ 85034

Or Fax to: AHCCCS Electronic Claims Unit
(602) 253-5472

TESTING PROCEDURES

Each entity interested in receiving electronic remittance advices from AHCCCS must successfully test prior to receiving weekly production data. All testing will be performed according to the following procedures:

Test File Submission

Testing maybe accomplished via the following options:

Generic file created by AHCCCS
Entry of submitted paper test claims
Processing of submitted test electronic file

You must notify the ECS Unit of the option you select.

Testing Contact

The point of contact for all testing will be the ECS Unit. This unit may be reached at (602) 417-4706 or (602) 417-4892. The ECS Unit must be contacted prior to the submission of test file. The ECS Unit will coordinate all testing activities. The unit also is responsible for granting production status to a submitting entity when testing has been successfully completed.

Feedback

The results of each test should be communicated back from the receiver of the transmission to the ECS Unit.

TESTING REQUIREMENTS

The following testing requirements must be satisfied before any production electronic remit files will be sent. Each requirement must be met for each form type being submitted. As with the production requirement, different form types may not be submitted in a single transmission.

Number of Test Transmissions

Minimum of two (2).

Transmission Volume

Each successful transmission will contain at least five claims, where a claim is defined, for testing purposes, as “claim line” for the CMS 1500 and “claim” for the UB-92.

At least one transmission with multiple providers (if vendor will be receiving for multiple providers) must be successfully received and processed.