ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

# Enhanced Claim Prepayment Review Process

# Webinar Agenda

- Review Enhanced Claim Prepayment Review Process
  - What is changing with AHCCCS Program Integrity and why?
  - Informational update about the New System
  - Impacts on Providers
- Overview of Available Support, Resources and Reference Materials
- Wrap Up and Next Steps

# Target Webinar Audience

- Registered providers being reimbursed directly by AHCCCS.
- The initial go live is focused on:
  - Claims submitted directly to AHCCCS
    - Non-emergency transportation
    - Behavioral health claims

# What does this mean for providers?

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# What is Changing?

- AHCCCS is modernizing its program integrity approach through the implementation of an AI-enabled platform that integrates both pre-payment and post-payment review to more effectively prevent, detect, and respond to fraud, waste, and abuse (FWA).
  - More proactive approach
  - Strengthen AHCCCS ability to conduct prepayment review
  - Reducing administrative burden for providers and AHCCCS staff
  - More efficient, data-informed program integrity operations

# Why is AHCCCS making these changes?

- AHCCCS is making these updates as part of a broader effort to address Medicaid fraud.
- New AI-enabled tool helps prevent money from going to noncompliant providers before the claim is paid.
- Robust analytics to better identify emerging trends, adapt to evolving fraud schemes, and focus review efforts where the risk is greatest.

# About the New System

- What is the new solution AHCCCS is implementing?
  - AHCCCS is deploying the Alivia 360 Platform, an AI-enabled analytics solution that supports:
    - Pre-payment review
    - Pre-adjudication identification of potential fraud
    - Improved claim editing and advanced analytics.
- The new solution uses behavior adaptive analytics to go beyond static, code-based, and flag emerging provider patterns that target fraud before payment.
- Most claims will still be reviewed by AHCCCS to maintain a human in the loop and validate the output from the solution.

# Impact on Providers

- This is limited to claims reimbursed directly by AHCCCS Fee For Service.
- This does not impact any claims processing through a managed care organization.
- Human review will continue to play an important role in evaluating many claims.
- No changes will be made to the customer service portal, provider call center, or most claims submission process for providers.
- This information is provided for awareness only, and no action is required from providers.

# Frequently Asked Questions

## When I submit claims to managed care organizations, will those claims be impacted?

No.

## Does this change my process?

The impact on providers is minimal as this is an internal system within AHCCCS and is not an external-facing system. Providers will continue with current processes to receive claims adjudication data and the processes for submitting claims or medical documentation. Providers are encouraged to revisit the approved billing manuals to check for adherence to all AHCCCS requirements for appropriate claims submission.

## How does this affect providers?

An initial go live release occurred June 29, 2026. There was no impact as part of the go-live. A second release is scheduled for July 20, 2026. Following this release, there is minimal impact expected to providers. The pre-pay review system is used internally by AHCCCS and does not introduce any direct interface for providers.

## Will payments be delayed?

Payments will continue to be processed as usual. Providers can help ensure timely payment by submitting complete and accurate claims.

# Additional Updates for NEMT Providers

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# Enhanced Processes for NEMT Claims

***Errors within trip report that may trigger a denied claim***

- Trip report handwriting is illegible
- Trip report was not submitted on the official AHCCCS Daily Trip Report
- The official trip report format is altered.
    - *Ex: sections have been erased, or modifications are made to any of the required fields or spaces.*
- Multiple administrative errors are detected
    - *Ex: the submitted trip report includes missing page numbers, the members name is not located on a page(s), or the vehicle color is missing.*

# Trip Reports Requiring Corrections and Resubmission

Reminders for resubmitting a corrected trip report:

1. When submitting a corrected trip report, submit the original trip report with corrections.
2. A new trip report containing corrections will not be accepted.
3. When corrections are made do not use white out or similar correction type methods. Simply cross out the error, enter the correct information, add initials or full name of the staff member that made the correction and the date correction(s) were made.

**Important Note!** Trip reports that are denied upon initial submission, due to using an incorrect or altered form, cannot be resubmitted. The entire claim will need to be resubmitted with new attached documents.

# One Trip Report Per Claim

- All services occurring on the same date of service for a member's transport must be billed on a single claim and using a single trip report.

- If multiple transports occurred on the same date of service, the provider would document these individual transports on the same trip report, then the provider must bill the total number of trips (base rate) on the first line and the total loaded mileage on the second line of the claim.
    - The base rate must be billed on the first line, the loaded mileage on the second line, and the wait time (if wait time is billed ) on the third line. Any additional lines will be denied.

# Denied Claims

- All denied claims **MUST** be voided and replaced.
  - Provider is required to void all denied claims and submit a new replacement claim for another review to be conducted.
  - New claim must contain all corrections relating to each denial error given during the first claim submission review, if applicable.

# Claim Dispute Process

- There has been **NO** change to the claim dispute process.
  - To file a claims dispute with AHCCCS Office of the General Council, please visit the AHCCCS Website Provider Claims Page.

# Support, Resources and Reference Materials

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# Reference Materials

- Recommended to reference policy: AMPM 310 BB, FFS Provider Billing Manual, IHS/Tribal Provider Billing Manual, Transportation sections.
- Additional clarification or support for denial codes:
  - AHCCCS FFS Claims Denial Edit Resolution Guide
  - Review your claims remittance advice for denial error information
- Provider Assistance:
  - AHCCCS Solutions Center
  - Provider Services
  - Phone: (602) 417-7670