AHCCCS Online Provider Portal Password Reset Requests

The provider training team cannot assist with reseting a password. Password reset requests must be sent to Servicedesk@azahcccs.gov or providers may use the "Password" reset option.

Receive DFSM Email News Updates and Provider Training Notifications

Providers are invited to subscribe to DFSM email news alerts regarding changes to the program, claims and billing updates and requirements, system changes, upcoming trainings, forums and other business news.

Subscribe to receive notifications about upcoming trainings, forums, and important business updates.

Behavioral Health Outpatient Clinic (77), Integrated Clinic (IC), Non-Emergency Medical Transportation (28), Community Service Agency (A3) and Behavioral Health Residential Facility (B8)

In accordance with Section 42 CFR 455.470, I, Carmen Heredia, Director of the Arizona Health Care Cost Containment System (AHCCCS), will implement for 6 months a statewide moratorium on the enrollment of Behavioral Health Outpatient Clinic (IC), Integrated Clinic (IC), Non-Emergency Medical Transportation (28), Community Service Agencies (A3), and Behavioral Health Residential Facility (B8) providers.

This moratorium will **expire on December 9, 2023**. At the Director's (or designee) discretion, this moratorium exempts provider enrollment applications under any of the following circumstances:

1. Medically Underserved Service Area and access to care with review and approval by State Medicaid Agency,

2. Service expansion in support of a State Medicaid Agency initiative,

3. At the request of an AHCCCS contracted managed care plan to ensure that access to care standards (i.e., time and distance) are not out of compliance, or

4. Additional exemptions as appropriate and as needs are identified. This moratoria was approved by the Centers for Medicare and Medicaid Services (CMS) and shall be effective on **June 9, 2023.**

This action is necessary to safeguard AHCCCS members, public funds and to maintain the fiscal integrity of the AHCCCS program.

The DFSM Claims Clues is a monthly newsletter that provides information about changes to the program, system changes/updates, billing and FFS policies.

Claims, Prior Authorization and Provider Enrollment inquires: The Division of Member and Provider Services (DMPS) manages the service calls for AHCCCS Fee-for-Service. DMPS can assist providers with prior authorizations, claim inquires and status and provider registration (APEP) questions and processes.

The hours of operation are Monday – Friday, 7:30am-5:00pm (602-417-7670).

AHCCCS Provider Enrollment Portal (APEP): Questions regarding provider-related enrollment, policy, or APEP user issues email APEPTrainingQuestions@azahcccs.gov . Your email will automatically create a service ticket to Provider Enrollment for assistance.

AHCCCS Warrents - For questions about Warrants, paper EOBs or Electronic Fund Transfers (EFT), contact the Division of Business & Finance (DBF) at (602) 417-5500.

835 Electronic Remittance Payment Sign Up (Remittance Advice Sign Up/835) Contact: ServiceDesk@azahcccs.gov or call (602) 417-4451

Transaction Insight Portal (TIBCO/TI) users, for account creation, to add additional users, or for password resets please make sure to use the following email address: servicedesk@azahcccs.gov

Training materials for FFS Providers and upcoming Provider Training Sessions can be found on the DFSM Provider Training Web Page .

For provider training questions please outreach the Provider Training Team via email at ProviderTrainingFFS@azahcccs.gov

COVID FAQ: FAQ COVID Fact Sheet

Important Master Account Holder Changes

Master account holders who are planning to leave the organization should make sure **BEFORE** they leave to designate another account holder to a Master Account status to prevent disruption in service for the provider.

Notification of Account Access by the United States Postal Service (USPS)

When a **MASTER** account is created you will be prompted to select the address from the drop-down list which contains the valid addresses on record with AHCCCS for your provider ID number.

- You must select the address for the location in which you receive mail.

- The authentication code will be mailed to you via **USPS the following business day**.

The authentication code is necessary to activate the Master account for the first time, without this code you cannot sign on to the Online portal. If you have not received the letter with your authentication code within five to seven business days, please submit an service ticket request to Customer Support Center at servicedesk@azahcccs.gov. Please do not include personal or sensitive information such as usernames or passwords.

*(NOTE: As a security protocol, AHCCCS will **NOT** provide the activation code via text, email, phone call or fax).*

15 Day Activation Time Limit

The **authentication code** must be entered exactly as it appears in the letter (upper/lower case/numbers/ special characters). If the Master account is not activated within 15 days of creation, it will be deleted from our system. During this time, no other Master accounts can be created and do not attempt to create a Master account unless you are authorized to do so as

90 Day Account Lockout

If the Master account is not accessed for more than 90 days, the account will automatically be locked. The master account holder will receive email alerts that will be sent to the email address registered with the account, prior to the account being locked.

Creating Multiple Master Accounts

To create additional Master accounts, an existing Master account holder simply promotes an Individual account to a Master. Once the Master account is activated, the Master account holder will have the ability to activate new Individual accounts.

- All Master account holders will receive an email each time an Individual account is created. This email is sent to notify the Master that the account was created and is awaiting activation.

- If an active Master account does not exist for a given provider, Individual accounts cannot be created.

Individual Account Information

Individual accounts can be created regardless of whether a master account already exists for a provider. However, you cannot use an individual account until a master account holder activates it.

When the registration process is completed for an Individual account holder, **an email will be sent to the Master account holder(s) for the same provider**, if a Master account exists. The purpose of the email is to notify the Master account holder(s) that a new Individual account has been created and is awaiting activation.

- The account will remain inactive for up to 120 days unless it is activated by a Master account holder.

    If the 120 days expires without activating the account, it will be deleted from our system.

AHCCCS Restricts Providers' Ability to Bill on Behalf of Others

Effective May 18, 2023, AHCCCS has made system updates to the AHCCCS Online Claims Submission system that restrict a provider's ability to bill on behalf of other providers. This change increases system integrity and reduces the risk of fraudulent billing.

Providers may only submit claims for IDs associated with affiliated providers. Approved affiliated providers will display in a drop-down list. If an affiliated provider is not listed, the billing provider must create a new AHCCCS Online account for the provider they wish to bill for. Only providers registered with AHCCCS can create an AHCCCS Online account.

AHCCCS Online Provider portal is the portal that registered providers use for several types of transactions, including electronic FFS claims submission. Along with the change described above, AHCCCS has taken aggressive action to prevent fraudulent billing, including creating additional claims flags, disallowing retroactive billing, and increasing provider registration requirements for three behavioral health provider types.

AHCCCS Provider Services representatives are able to answer basic claims questions. **Call (602) 417-7670, Monday through Friday 7:30 a.m to 5:00 p.m. MST.**

To reset an AHCCCS Online password, click "Forgot your Password?" and follow the Password Recovery link directions or contact the master account holder. For any additional information regarding accounts, please click the FAQ link on the AHCCCS Online website.

Tribal Self-Insurance and Required Documentation

AHCCCS 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. Medical services provided through schools under the federal 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.

Once the provider has identified the member's plan is a tribal self-insurance plan, the provider must submit a letter/document from the TPL plan. The letter/document must confirm the plan is a tribal self-insurance and must identify the member by name and identification number.

A new claim is not required for processing, the provider can attach a copy of the documentation to the existing claim using the Transaction Insight Portal.

Important Note: A copy of the tribal insurance confirmation letter must be submitted with each claim submission. **Important Note:** A copy of the tribal insurance confirmation letter must be submitted with **each** claim submission.

835 Electronic Remittance Advice Requests

AHCCCS considers the provider their trading partner, and a request for 835/ERA setup must come from an authorized individual from **within the provider's organization** that has the authority to accept/sign the electronic Trading Partner Agreement (TPA). The Trading Partner Agreement (TPA) is a contractual agreement between the provider and AHCCCS.

The provider's CM account activation cannot be done by the provider's clearinghouse, software vendor, or billing service.

Service Ticket requests cannot be initiated by the provider's clearinghouse/software vendor/billing service.

Requests for ERA/835 set up can only be requested by someone from the provider's office. To submit a ERA/835 request email servicedesk@azahcccs.gov and provide the following below.

1. Type of EDI transactions requested: 835
2. Provider Name:
3. AHCCCS 6-digit Provider ID:
4. Provider NPI:
5. Provider TAX-ID:
6. Please provide the name of the clearinghouse or if provider is retrieving their own 835 files.

275 Transaction Insight Portal Batch Option

Did you know that your billing company or clearing house can request to become a 275 Transaction Insight Portal Trading Partner with AHCCCS. The AHCCCS Information Services Division (ISD) Service Desk is the first point of contact for all questions related to submission of electronic transactions and data.

The preferred method of contact is email. All inquiries/requests will result in a Customer Support Ticket Number assignment. Contact information: Email: servicedesk@azahcccs.gov

If you are interested in signing up to become a 275 Trading Partner, review the guide below: www.azahcccs. gov/Resources/Downloads/EDIchanges/CCICompanionGuide.pdf

DFSM Prior Authorization Quick Training Guides

The Division of Fee-for-Service Management (DFSM) provider training unit has a variety of training topics relating to prior authorization, claim submission and (TIBCO) documentation and more. We have added several new training resources for Fee-for-Service (FFS) providers to use.

These quick guides will provide direct "How to" step by step instructions that are user friendly with more training updates to come. We invite you to participate in our live webinars and as new topics are added to check the DFSM Provider Training Web Page often for updates.

Quick Training Guide - How to Upload/Attach Documents to an Existing Prior Authorization

Quick Guide - How to Add the Missing Activity Information on the Prior Authorization

Behavioral Health Claims - Missing Documentation Denial Reason Codes

Checking claim status via the AHCCCS Online Portal is the most effective option. Providers are able to review when an action is initiated by AHCCCS in "real time".

During the review process providers should not submit a replacement/correction claim if there are no corrections required for the existing claim. *Submitting an unnecessary replacement claim will extend the time period to complete the review process.*

The AHCCCS denial reason code will explain exactly what document is needed. Providers should use the Transaction Insight Portal to submit the missing documentation using the claim number as the attachment number

- A replacement claim is never required to submit missing documentation, unless there is a change in billing/coding.
- Since the denial reason codes are specific, providers do not need to contact provider services to verify which document is missing or needed.
- The provider training team does not verify the document type that is missing or needed.

For behavioral health claims, if the required documents are missing, the claim will deny with one of the following missing records denial reason codes:

Denial Reason Code and Descriptions
AD364 No records submitted with claim.
AD075 Documentation does not support services/charges.
AD963 Missing Progress Notes/Report
AD964 Missing Plan of Treatment
AD965 Missing Mental Health Assessment
AD966 Missing Consent Form

Provider Type 02 Hospital - Prior Authorization Submission Reminders

Hospitals must submit a complete prior authorization request and receive a provisional affirmation decision as a condition of payment. DFSM has noticed an increase in prior authorization submissions from acute care hospitals that are **Incomplete**. An incomplete PA request is one that is missing the *Event and or Activity information or both.*

The Prior Authorization submission process has three steps that must be completed.

- **Case Creation**
- **Event Type**
- **Activity Type**

Providers must submit prior authorization requests via the AHCCCS Online Provider portal and include all relevant medical documentation that will allow the PA team to make a decision.

Memo Release Date October 24, 2023: Fee for Service Prior Authorization Review Times

Fee for Service Authorization Submission

Providers shall submit FFS authorization requests via the **AHCCCS Online Provider Portal**. Submission of PA requests that meet criteria for expedited/urgent review should be marked as expedited/urgent AND shall be followed up with an email to provide notification of the request for expedited review to the DFSM Care Management team.

Notification of the need for expedited review shall be emailed to FFS Care Managers at: **CareManagers@AZAHCCCS.gov**

Expedited PA requests are requests for which the provider indicates or AHCCCS determines that following the standard processing timeframe could seriously jeopardize the FFS member's life or health, or ability to attain, maintain, or regain maximum function. Requests that are submitted as expedited/urgent but are determined not to meet expedited criteria will be processed within standard processing times. AHCCCS shall make an expedited authorization decision not later than three working days after receipt of the request for service.

Checking FFS Authorization Status

FFS providers can verify authorization status via the **AHCCCS Online Provider Portal** 24/7. The status of expedited/urgent requests should be checked 24-72 hours following submission. The status of standard requests should be checked 7-10 days after submission.

It is important for providers to use the AHCCCS Online Provider Portal to check authorization status as reviewers will document requests for additional information via the Portal.

Please note that prior authorization is not a guarantee of payment.

Common Prior Authorization Submission Errors

AHCCCS has identified several common PA submission errors that include but are not limited to:

- PA request entered for CPT/HCPCS code that does not require a PA.
- Incorrect Date of Service(s).
- Incorrect Event type.
- Failure to complete the Event Tab.
- Failure to complete the Activity Tab.
- PA request entered under the incorrect provider NPI number.

To learn more about procedures that may or may not require a prior authorization view the Fee for Service Prior Authorization Guide

Reminder: Participating Provider Reporting Requirements
Edit Denial Codes H482.1 and H482.7

The following provider types, Outpatient Behavioral Health Clinic (77), Clinic (05) and Integrated Clinic (IC) must report on all claims submitted to FFS the individual providers participating in the care/services. Claims that do not include the required participating provider information will deny and the submitter must correct the fields and submit a replacement claim and include all required documenation with the replacement claim.

H482.1 NPI Missing or invalid; field is missing.

H482.7 NPI Missing or invalid; not valid for provider.

Providers can refer to the Quide Guide "How to Complete the Participating Provider Reporting Information.

Prior Authorization Tips

The AHCCCS processing system will automatically search for an prior authorization based on the following elements, Member ID, Provider NPI, Date of service(s), Event type, CPT/HCPCS codes and service units. It is not necessary to add the PA Case number on the claim.

The AHCCCS Online Provider portal **will not allow** a change or modification to an existing PA when the status has been changed from Pending to **Approved, Denied or Revoked**.

If the PA has been Revoked in error or Denied due to lack of information, the provider can submit any supporting documentation for reconsideration of the PA Case.

Providers may use the Prior Authorization Correction form to request a change or update to an existing prior authorization. The PA correction form can be linked to the PA by using the **Attachment** feature located on the Event tab.

If the PA status shows **Pending** the submitter can make any changes to the existing PA, for example, date of service, units, CPT/HCPCS, etc.

How to Add the Missing Event Information To An Existing PA

There are three steps to properly submit a prior authorization request, Case Creation, Event and Activity. If any of these steps are missed the PA team will add comments advising you to complete the necessary fields.

1. On the PA submission tab, navigate to the PA case.

2. Select the case number.

3. The Event page will open. If the message "No Records Found", click on the "Add New Event tab.

4. Complete the required fields and select "Next" to accept the new information and Submit to finalize the action.

How to Add the Missing Activity Information To An Existing PA

1. Select **Prior Authorization Submission** on the sign in page of the AHCCCS Online Provider Portal.

2. Search for the PA request by entering the required information on the Case Search screen.

3. Select the **Case Number** from the search results that you would like to add the activity information and select the **Update** feature on the right-hand side.

4. Next, click on the **Event List** tab on the upper right of the page.

5. Click on the **sequence number** next to the date span you wish to update. You can also add **attachments** on the Event List page using the attachment feature.

6. To add the Activity information, click on **Add New Activity** at the bottom on the Event List page.

7. On the **Enter Activity Information** page complete all required fields as indicated by the red asterisks.

8. Click on the **Next** button to go to the **Verify Activity Information** page.

Once you verify information is correct, click on **Submit** to finalize your PA request.