Eligibility and Enrollment Status (AHCCCS Online)

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<th></th>
<th>4010 VERSION</th>
<th>5010 VERSION</th>
<th>5010 NOTES &amp; RULES</th>
</tr>
</thead>
</table>
| **SEARCH CRITERIA** | • AHCCCS ID & DOB  
• AHCCCS ID or SSN & DOB  
• NAME & DOB | • AHCCCS ID, FN, LN & DOB  
• AHCCCS ID, LN & DOB  
• AHCCCS ID, FN, & LN  
• AHCCCS ID & DOB  
• LN, FN, DOB & SSN  
• LN, FN, DOB & MCN (Medicare Claim Number) | Name and DOB are no longer an option in the 5010 version.  
If a search is conducted using an SSN, the SSN will be returned as part of the search as long as it matches what is stored in our DB.  
A message will be displayed if the secondary AHCCCS ID is used to search for member. |
| **DATE OF SERVICE** | Begin Date of Service to End Date of Service span is unlimited  
End Date of Service can be in past or future (unlimited), | Begin Date of Service must be less than or equal to today.  
Allow a requested date span to only go back as far as 24 months in the past and only up to 30 days in the future.  
If the End Date of Service is not entered it will default to the Begin Date of Service entered; single day. | If the date of service is for a single day then only the information for that day will be returned; begin and end date will have the same date.  
If no dates of service are entered then the date will default to system date. |
| **SEARCH RESULTS** | Demographics including  
• Name  
• Gender  
• DOB  
• Primary ID  
• Member Residential Address | Demographics including:  
• Name  
• Gender  
• DOB  
• Primary ID  
• Member Mailing Address | Only one address is allowed; we will return the mailing address instead of the residential address. |
<p>| <strong>SERVICE PROVIDER</strong> | Displays the Name, NPI and Type of provider who initiated the search | This is not included in the 5010 version | The information displayed in the 4010 version is information from the PMMIS provider database on the provider doing the search in the AHCCCS On-line application. It was never the intention as a verification of member PCP. |</p>
<table>
<thead>
<tr>
<th><strong>ELIGIBILITY</strong></th>
<th><strong>4010 VERSION</strong></th>
<th><strong>5010 VERSION</strong></th>
<th><strong>5010 NOTES &amp; RULES</strong></th>
</tr>
</thead>
</table>
|                | Eligibility Key code / description  
Provide as many eligibility segments as is covered in the date of service range  
Open eligibility end date if the End Date of Service is not entered | Eligibility Group description  
Provide as many eligibility segments as is covered in the date of service range  
Eligibility (combined)-including begin/end dates, date added and Description.  
If the begin and end dates are completely within the date of service range requested, we will use the actual begin and end dates. | The Eligibility key code is being replaced by a more general eligibility group description in the 5010 version. For more specific program information the provider can use the rate code in the enrollment segment. |

| **ENROLLMENT** | Provide as many segments as is covered in the date of service range.  
Enrollment including begin/end dates, HPID, rate code and contract type | Provide as many segments as is covered in the date of service range.  
Enrollment including begin/end dates, HPID, rate code and contract type |  |

| **OTHER ENROLLMENT** | Medicare Claim ID, Part A, B & D  
Part D and plan description  
Third Party Liability carrier & policy number  
If enrolled into HP then provide URL for copay info, otherwise don't  
Eligibility key code & description | Medicare Claim ID, Part A, B & D  
Part D and plan description  
Third Party Liability carrier & policy number  
If enrolled into HP then provide URL for copay info, otherwise don't  
The eligibility key code will not be displayed; however, the rate code will be presented along with a description  
BHS indicator, category and description  
CRS indicator  
TSC indicator  
AzEIP indicator  
Medicare HMO plan ID number  
SOC (amount and month) if the request is from a Nursing Home (provider type = 22) and member is Long Term Care (LTC) | Begin and end dates are included in each of these enrollments. |


<table>
<thead>
<tr>
<th>4010 VERSION</th>
<th>5010 VERSION</th>
<th>5010 NOTES &amp; RULES</th>
</tr>
</thead>
</table>
| ADDITIONAL RESULTS INFORMATION | CRS (Children's Rehabilitative Services)  
TSC (Targeted Support Coordination/DDD)  
AzEIP (Arizona Early Intervention Program)  
If the member had two records and they have been linked together, the responsible health plan will be displayed | |
| NEWBORNS  
All newborns, 12 months and under, linked to the mother's AHCCCS ID will be displayed | Allow the provider to search for the mother; and if a newborn exists, all newborns, 12 months and under will be displayed along with their gender and DOB  
The mother's data will not be displayed. | |
Login Screen

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or create a new account. For questions, please contact our Customer Support Center at (602) 417-4431.

**ATTENTION**
Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You must not share your user name and password with any other individuals. Each user must have their own web account. Access to the web site can be terminated if the User Acceptance Agreement is violated.

Enter your
User Name
Password
Click on Login

This screen is presented upon initial access to the AHCCCS Online website. A user name and password are required to login.
Main Menu

The Main Menu will come up
Click on
Eligibility & Enrollment Status

This screen is presented after signing into the AHCCCS Online website. The menu options that appear depend on the permissions of the logged on user. This screen allows menu selection of the various applications. If a menu option does not appear, it means the user has no permissions for that application.
Recipient Search

- Enter one of the Search combinations (Name & DOB are no longer a valid search combination)
- Enter a date range or default to today’s date; verification will be processed for a single day (today) if no dates of services are provided
- Press Search button to locate member
- Press Clear button to clear screen and start over

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Validation</th>
<th>Validation Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS ID</td>
<td>Optional; 9 characters</td>
<td>AHCCCS ID is optional. AHCCCS ID must be 9 characters and allows numeric and alpha numeric characters.</td>
</tr>
<tr>
<td>Date Of Birth (DOB)</td>
<td>Optional</td>
<td>DOB is optional. Invalid DOB format. Please enter DOB in the following format MM/DD/YYYY. DOB cannot be greater than today’s date</td>
</tr>
<tr>
<td>Field Name</td>
<td>Validation</td>
<td>Validation Messages</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Last Name</td>
<td>Optional</td>
<td>Last Name is optional.</td>
</tr>
<tr>
<td>First Name</td>
<td>Optional</td>
<td>First Name is optional.</td>
</tr>
<tr>
<td>SSN</td>
<td>Optional</td>
<td>SSN is optional. 9 Digits. Invalid SSN format. Please enter SSN in the following format 123456789 (no dashes)</td>
</tr>
<tr>
<td>Medicare Claim Number</td>
<td>Optional</td>
<td>Medicare Claim Number is optional.</td>
</tr>
<tr>
<td>Begin Date of Service</td>
<td>Optional</td>
<td>Enter the begin date of service in the following format MM/DD/YYYY.</td>
</tr>
<tr>
<td>End Date of Service</td>
<td>Optional</td>
<td>Enter the end date of service in the following format MM/DD/YYYY.</td>
</tr>
</tbody>
</table>

**Member Found – Name does not match**

- This screen will be displayed when a member matches using the search criteria.
- If demographics does not match but the member is still found then the correct demographics data is returned and hi-lighted (see example above).
- SSN is only returned if SSN was used as part of search and matches SSN in our database
- A message will be displayed if the secondary AHCCCS ID is used to search for member
Requests for deemed newborns will require the request to contain the Mother’s identifying information in addition to the DOB and Gender of newborn.

- Enter one of the Search combinations
- Press Search button to locate member
- Press Clear button to clear screen and start over
Once the appropriate Newborn record is identified you can return to the Recipient Search and use the newborn’s AHCCCS ID and DOB to retrieve the member detail data.

Some newborns may be linked by ‘Case ID’ instead of by mother’s AHCCCS ID. If you are unable to find a newborn using the mother’s AHCCCS ID, please follow contact AHCCCS (see red box above).
- Response data divided by tabs – click on tab to see verification data
- The mailing address is returned instead of the residential address
Eligibility and Enrollment

Message displayed if all available data for dates of service cannot be displayed. Modify dates of services to see.
**Medical enrollment**

- Service Provider & NPI no longer displayed – This was the provider doing the search in AHCCCS On-line. AHCCCS does not store the PCP information.
### Service Type Code

#### Eligibility And Enrollment

**Eligibility Renewal Date:** 01/31/2013

**Eligibility**

<table>
<thead>
<tr>
<th>Eligibility Group Description</th>
<th>Insurance Type</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Added On</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUTE</td>
<td>MC MEDICAID</td>
<td>09/01/2009</td>
<td>08/21/2009</td>
<td></td>
</tr>
</tbody>
</table>

**Medical Enrollment**

<table>
<thead>
<tr>
<th>Health Plan ID/Description</th>
<th>Period Start</th>
<th>Period End</th>
<th>Rate Code</th>
<th>Contract Type</th>
<th>Insurance Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS AMERICAN INDIAN HP</td>
<td>11/21/2012</td>
<td>01/21/2013</td>
<td>1017</td>
<td>E ACU/FFS</td>
<td>MC MEDICAID</td>
</tr>
</tbody>
</table>

**Service Type Codes**

- AL - VISION (OPTOMETRY)
- BY - PHYSICIAN VISIT - OFFICE: SICK
- BZ - PHYSICIAN VISIT - OFFICE: WELL
- MH - MENTAL HEALTH
- PT - PHYSICAL THERAPY
- UC - URGENT CARE
- 1 - MEDICAL CARE
- 2 - SURGICAL
- 33 - CHIROPRACTIC
- 35 - DENTAL CARE
- 47 - HOSPITAL
- 82 - FAMILY PLANNING
- 86 - EMERGENCY SERVICES
- 88 - PHARMACY
- 93 - PODIATRY
- 98 - PROFESSIONAL (PHYSICIAN) VISIT - OFFICE
### Third Party Liability

**Policy Number**: 1599966666
**Insurance Carrier Address**: PO BOX 14068, LEXINGTON, KY 40512
**Ph No**: 859-899-1111

#### Third Party Liability

- **Policy Number**: The number assigned by the carrier to uniquely identify a recipient’s insurance plan.
- **Carrier Name**: The name of the recipient’s insurance carrier.
- **Begin Date**: The date the recipient is eligible for insurance coverage for the specified carrier.
- **End Date**: The date the recipient’s insurance coverage expires for the specified carrier.
- **Coverage Type**: The type of services that are covered under the policy.
- **Insurance Type**: The classification of the specified carrier.
- **Service Type**: A description of the types of services covered under the policy.
- **TPL Address**: The address for the specified insurance carrier.
- **TPL Phone Number**: The phone number for the specified insurance carrier.
CoPayment

- Only the current co-payment information is displayed – regardless of dates of services entered by user. Historical co-payment information will not be displayed.
- CoPay Level – Click on link to see CoPay Level Reference Document – example on next page.
## Behavioral Health Services

### AHCCCS - Arizona's Medicaid Agency

| Requested Data: | | | | |
|-----------------|-----------------|-----------------|-----------------|
| AHCCCS ID       | A83792151       | Last Name       | CLAUS           |
| SSN             | Medicare Claim Num | First Name       | SANTA           |
|                 |                  | Begin Date of Service | 12/12/2012      |
|                 |                  | End Date of Service | 12/12/2012      |

| Returned Data: | | | | |
|----------------|-----------------|-----------------|-----------------|
| AHCCCS ID       | A83792151       | Last Name       | ELF             |
| SSN             | Medicare Claim Num | First Name       | LITTLE          |
|                 |                  | DOB              |                 |

### Behavioral Health Services

<table>
<thead>
<tr>
<th>BHS Category/Description</th>
<th>Period Start</th>
<th>Period End</th>
<th>BHS Site/Description</th>
<th>BHS Service Type</th>
<th>BHS Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILDREN SERVICES</td>
<td>07/01/2012</td>
<td>07 MAGELLAR HEALTH SERVICES</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**Behavioral Health Services**

- **BHS Category/Description** indicates the category of Behavioral Health Enrollment.
- **Period Start** indicates the effective start date of the recipient’s coverage under Behavioral Health Services.
- **Period End** indicates the date the recipient’s coverage under Behavioral Health Services expired.
- **BHS Site/Description** is the name of the Tribal or Regional Behavioral Health agency where the recipient is enrolled.
- **BHS Service Type** indicates a description of the types of services covered under the specified Behavioral Health Services enrollment.
- **BHS Indicator** indicates whether the recipient has the specified type of Behavioral Health coverage. Y=Yes, N=No.
**Share of Cost**

The **Share of Cost** is the amount of money the recipient is required to pay for Long Term Care services. The **Share of Cost Month** is the benefit month for which a share of cost is due.

<table>
<thead>
<tr>
<th>Share of Cost</th>
<th>Share of Cost Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>190.30</td>
<td>12/2012</td>
</tr>
<tr>
<td>190.30</td>
<td>11/2012</td>
</tr>
<tr>
<td>190.30</td>
<td>10/2012</td>
</tr>
<tr>
<td>190.30</td>
<td>09/2012</td>
</tr>
</tbody>
</table>

Please direct any questions regarding share of cost data to the member’s program contractor.
Additional Benefits

Targeted Support Coordination/DDD

- **TSC Indicator**
  - **Begin Date**: 07/01/2012
  - **End Date**: N/A
  - **TSC Service Type**: CO CASE MANAGEMENT

Children’s Rehabilitative Services

- **CRS Indicator**
  - **Begin Date**: 07/01/2012
  - **End Date**: N/A
  - **CRS Service Type**: AS REHABILITATION

Arizona Early Intervention Program

- **AeEP Indicator**
  - **Begin Date**: N/A
  - **End Date**: N/A
  - **AeEP Service Type**: N/A

**Targeted Support Coordination/DDD**

The TSC Indicator indicates that there is TSC enrollment.
The **Begin Date** indicates the effective start date of the recipient’s enrollment with TSC.
The **End Date** is the date the recipient’s enrollment with TSC expired.
The **TSC Service Type** indicates a description of the type of services covered under the Targeted Support Coordination/DDD (TSC/DDD) enrollment.

**Children’s Rehabilitative Services**

The CRS Indicator indicates that there is Children’s Rehabilitative Services (CRS) enrollment.
The **Begin Date** indicates the effective start date of the recipient’s enrollment with CRS.
The **End Date** is the date the recipient’s enrollment with CRS expired.
The **CRS Service Type** indicates a description of the types of services covered under the specified Children’s Rehabilitative Services (CRS) enrollment.

**Arizona Early Intervention Program**

The AeEP Indicator is the indicator that there is AeEP enrollment.
The **Begin Date** indicates the effective start date of the recipient’s enrollment with AeEP.
The **End Date** is the date the recipient’s enrollment with AeEP expired.
The **AeEP Service Type** indicates a description of the types of services covered under the specified AeEP enrollment.
THE FOLLOWING CHANGES HAVE BEEN IMPLEMENTED FOR WEB VERIFICATIONS

ADDITIONAL INFORMATION WILL BE AVAILABLE

If the member had two records and they have been linked together, the responsible health plan will be displayed.

Enrollment into Children's Rehabilitation Service (CRS), Targeted Special Needs Children (TSC), and Arizona Early Intervention and Prevention (AzEIP) will be displayed.

The Newborn's information can be found using the mother's information.

THIS IS THE FIRST STEP IN HAVING ALL VERIFICATION TOOLS FOLLOW THE SAME RULES AND RETURN THE SAME RESULTS ACCORDING TO THE NEW HIPAA 5010 REGULATIONS

The verification will be processed for today’s date if dates of services are not provided. The response is based on the eligibility and enrollment during the dates of service rather than eligibility begin and end dates.

Begin Date of Service to End Date of Service span can not be more than 24 months. There is a 24 months limit due to new requirements which will speed up the response and satisfy most inquiries. If more than 24 months is needed, the health plan or AHCCCS will need to be contacted.

The Begin Date of Service must be less than or equal to the date of inquiry. This is because the future begin dates can be inactivated.

The End Date of Service can be in the past.

The End Date of Service can not be more than 30 days in the future. The further out in the future, the bigger the possibility that the eligibility may end prior to that end date. AHCCCS cannot guarantee coverage in the future.
Eligibility and Enrollment Tab

Eligibility Renewal Date
The Eligibility Renewal Date is the date the eligibility redetermination is due. The eligibility source will discontinue the eligibility if the member does not comply with the redetermination process. There are times when the Renewal date will be blank. For example; Social Security does not provide a Renewal date for SSI-Cash members.

Eligibility
The Eligibility Group Description is the type of coverage the recipient is eligible to receive.
The Insurance Type indicates the type of coverage the recipient is eligible to receive.
The Begin Date indicates the date the recipient is eligible for insurance coverage depending on the service date entered.
The End Date indicates the date the recipient's insurance coverage expires.
The Added On date indicates the date the record was added to the database.

Medical Enrollment
The Health Plan ID/Description is the name of the recipient's Health Plan.
The Period Start indicates the effective start date of the recipient's coverage under the specified Health Plan.
The Period End indicates the date the recipient's coverage under the specified Health Plan has expired.
The Rate Code indicates the capitation payment method at the time the payment was made.
The Contract Type indicates the type of contract or service the Health Plan is covering.
The Insurance Type indicates the type of health plan.

Third Party Liability Tab

Third Party Liability
The Policy Number is the number assigned by the carrier to uniquely identify a recipient’s insurance plan.
The Carrier Name is the name of the recipient's insurance carrier.
The Begin Date indicates the date the recipient is eligible for insurance coverage for the specified carrier.
The End Date indicates the date the recipient's insurance coverage expires for the specified carrier.
The TPL Coverage Type Description indicates the type of services that are covered under the policy.
The TPL Insurance Type indicates the classification of the specified carrier.
The TPL Service Type indicates a description of the types of services covered under the policy.
The TPL Address indicates the address for the specified insurance carrier.
The TPL Phone Number indicates the phone number for the specified insurance carrier.
Co-Payment Tab

CoPayment

The **CoPay Level** indicates the type of service and whether a co-payment is required. The **Period Start** indicates the effective date the recipient is expected to pay the specified co-payment amount. The **Period End** indicates the date the recipient is no longer expected to pay the specified co-payment amount.

**NOTE:** The recipient's current co-payment information is displayed regardless of the eligibility dates entered by the user. Historical co-payment information will not be displayed.

Medicare Benefits Tab

Health Benefit Plan Coverage

The **Medicare HMO Plan ID/Description** is the code number and name of the Medicare Managed Care plan the recipient is enrolled in. The **Start Date** indicates the date the recipient's HMO coverage became effective for the specified plan. The **End Date** indicates the date the recipient's HMO coverage expired for the specified plan. The **Medicare HMO Service Type** indicates a description of the types of services covered under the policy.

Medicare

The **Claim Number** is a twelve character number used to uniquely identify a claim in the AHCCCS claims processing system. It consists of: (1) a five character Julian date that is the claim receipt date; (2) a one character indicator of the medium by which the claim was received; (3) a one character type indicator for the source of claims received on tape; and (4) a five character sequence number. The **Medicare Type** indicates the type of the category of Medicare coverage. A=Hospital, B=Supplemental, D=Pharmacy The **Indicator** indicates whether the recipient has the specified type of Medicare coverage. Y=Yes, N=No. The **Start Date** indicates the date the recipient is eligible for the specified Medicare type. The **End Date** indicates the date the recipient's Medicare coverage expires under the specified Medicare type. The **Medicare Insurance Type** indicates the classification of the specified Medicare type. The **Medicare Service Type** indicates a description of the types of services covered under the specified Medicare type.

Medicare Part D Enrollment

The **Health Plan/Name** is name of the Part D plan the recipient is enrolled in. The **Period Start** indicates the effective start date of the recipient’s coverage with the Part D plan. The **Period End** indicates the date the recipient’s coverage under the Part D plan expires. The **Part D Drug Service Type** indicates a description of the types of services covered under the specified Medicare type.
Behavioral Health Services Tab

Behavioral Health Services
The **BHS Category/Description** indicates the category of Behavioral Health Enrollment.
The **Period Start** indicates the effective start date of the recipient’s coverage under Behavioral Health Services.
The **Period End** indicates the date the recipient’s coverage under Behavioral Health Services expired.
The **Site/Description** is name of the Tribal or Regional Behavioral Health agency where the recipient is enrolled.
The **BHS Service Type** indicates a description of the types of services covered under the specified Behavioral Health Services enrollment.
The **BHS Indicator** indicates whether the recipient has the specified type of Behavioral Health coverage. Y=Yes, N=No.

Share of Cost Tab

Share of Cost
The **Share of Cost** is amount of money the recipient is required to pay for Long Term Care services.
The **Share of Cost Month** is the benefit month for which a share of cost is due.

Additional Benefits Tab

Targeted Support Coordination/DDD
The **TSC Indicator** indicates that there is TSC enrollment.
The **Begin Date** indicates the effective start date of the recipient’s enrollment with TSC.
The **End Date** is the date the recipient’s enrollment with TSC expired.
The **TSC Service Type** indicates a description of the type of services covered under the Targeted Support Coordination/DDD (TSC/DDD) enrollment.

Children’s Rehabilitative Services
The **CRS Indicator** indicates that there is Children’s Rehabilitative Services (CRS) enrollment.
The **Begin Date** indicates the effective start date of the recipient’s enrollment with CRS.
The **End Date** is the date the recipient’s enrollment with CRS expired.
The **CRS Service Type** indicates a description of the types of services covered under the specified Children’s Rehabilitation Services (CRS) enrollment.

Arizona Early Intervention Program
The **AzEIP Indicator** is the indicator that there is AzEIP enrollment.
The **Begin Date** indicates the effective start date of the recipient’s enrollment with AzEIP.
The **End Date** is the date the recipient’s enrollment with AzEIP expired.
The **AzEIP Service Type** indicates a description of the types of services covered under the specified AzEIP enrollment.
### Requested Data:

<table>
<thead>
<tr>
<th>AHCCCS ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>A83792151</td>
<td>CLAUS</td>
<td>SANTA</td>
<td>12/25/2002</td>
</tr>
<tr>
<td></td>
<td>Medicare Claim Num</td>
<td>Begin Date of Service</td>
<td>12/12/2012</td>
</tr>
</tbody>
</table>

| SSN | Medicare Claim Num | End Date of Service | 12/12/2012 |

### Returned Data:

<table>
<thead>
<tr>
<th>AHCCCS ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>A83792151</td>
<td>ELF</td>
<td>LITTLE</td>
<td>12/25/2002</td>
</tr>
<tr>
<td></td>
<td>Medicare Claim Num</td>
<td>DOD</td>
<td>Gender F</td>
</tr>
</tbody>
</table>

### Demographics

<table>
<thead>
<tr>
<th>Mailing Address 1</th>
<th>Mailing Address 2</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>801 JEFFERSON ST</td>
<td></td>
<td>PHOENIX</td>
<td>AZ</td>
<td>85034</td>
</tr>
</tbody>
</table>

### Eligibility Renewal Date

**Eligibility Renewal Date:**

### Eligibility

<table>
<thead>
<tr>
<th>Eligibility Group Description</th>
<th>Insurance Type</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Added On</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUTE DISABLED</td>
<td>MC MEDICAID</td>
<td>07/01/2012</td>
<td>12/10/2012</td>
<td></td>
</tr>
</tbody>
</table>
### Medical Enrollment

<table>
<thead>
<tr>
<th>Health Plan ID/Description</th>
<th>Period Start</th>
<th>Period End</th>
<th>Rate Code</th>
<th>Contract Type</th>
<th>Insurance Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>010158 ARIZONA PHYSICIANS IPA</td>
<td>12/10/2012</td>
<td></td>
<td>2200 - SSI DISABLED WITH MEDICARE</td>
<td>A ACU/CAP</td>
<td>HM HEALTH MAINTENANCE ORGANIZATION (HMO)</td>
</tr>
</tbody>
</table>

**Service Type Codes**

Code: 30 - HEALTH BENEFIT PLAN COVERAGE

### Third Party Liability

**NO TPL FOUND**

### CoPayment

<table>
<thead>
<tr>
<th>CoPay Level</th>
<th>Period Start</th>
<th>Period End</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>12/10/2012</td>
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</table>

### Medicare HMO

**NO MEDICARE HMO**

### Medicare

<table>
<thead>
<tr>
<th>Claim Number</th>
<th>Medicare Type</th>
<th>Indicator</th>
<th>Start Date</th>
<th>End Date</th>
<th>Insurance Type</th>
<th>Service Type</th>
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<tbody>
<tr>
<td>381991234</td>
<td>A</td>
<td>Y</td>
<td>12/01/2004</td>
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<td>MA MEDICARE PART A</td>
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<tr>
<td>381991234</td>
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<td>12/01/2004</td>
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<td>MB MEDICARE PART B</td>
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</table>

**NO MEDICARE PART D**

### Medicare Part D Enrollment

**NO DRUG PLAN**

29
### Behavioral Health Services

<table>
<thead>
<tr>
<th>BHS Category/Description</th>
<th>Period Start</th>
<th>Period End</th>
<th>BHS Site/Description</th>
<th>BHS Service Type</th>
<th>BHS Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>C CHILDREN SERVICES</td>
<td>07/01/2012</td>
<td></td>
<td>07 MAGELLAN HEALTH SERVICES</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Share of Cost

Please direct any questions regarding share of cost data to the member's program contractor

<table>
<thead>
<tr>
<th>Share of Cost</th>
<th>Share of Cost Month</th>
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</thead>
</table>

### Targeted Support Coordination/DDD

<table>
<thead>
<tr>
<th>TSC Indicator</th>
<th>Begin Date</th>
<th>End Date</th>
<th>TSC Service Type</th>
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</thead>
<tbody>
<tr>
<td>Y</td>
<td>07/01/2012</td>
<td></td>
<td>CQ CASE MANAGEMENT</td>
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</tbody>
</table>

### Children’s Rehabilitative Services

<table>
<thead>
<tr>
<th>CRS Indicator</th>
<th>Begin Date</th>
<th>End Date</th>
<th>CRS Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>07/01/2012</td>
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<td>A9 REHABILITATION</td>
</tr>
</tbody>
</table>

### Arizona Early Intervention Program

NO AzEIP FOUND

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

30
AHCCCS Online User Manuals

<table>
<thead>
<tr>
<th>Document</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to sign in to AHCCCS Online</td>
<td>The manual describes how to login to the AHCCCS Online secured provider site.</td>
</tr>
<tr>
<td>Create an ID and Password</td>
<td>This guide steps you through creating an AHCCCS online account. Below you can create an account you must be set up in the provider system. Please contact provider registration for more information.</td>
</tr>
<tr>
<td>Check Eligibility and Enrollment Status</td>
<td>The eligibility manual walks you through searching the system for resident eligibility and enrollment status.</td>
</tr>
<tr>
<td>Prior Authorization Guide</td>
<td>A step-by-step guide for submitting online FFS prior authorizations. The prior authorization guide includes:</td>
</tr>
<tr>
<td></td>
<td>• How to Sign on to AHCCCS Online</td>
</tr>
<tr>
<td></td>
<td>• Add a New Case</td>
</tr>
<tr>
<td></td>
<td>• Update a Pending Case</td>
</tr>
<tr>
<td></td>
<td>• Update an Event</td>
</tr>
<tr>
<td></td>
<td>• Update an Authority</td>
</tr>
<tr>
<td></td>
<td>• Transportation</td>
</tr>
<tr>
<td>Claim Submission Guide</td>
<td>A step-by-step guide for submitting online FFS claims. The claims submission guide includes:</td>
</tr>
<tr>
<td></td>
<td>• Claim Submission</td>
</tr>
<tr>
<td></td>
<td>• Professional (PPO)</td>
</tr>
<tr>
<td></td>
<td>• Professional (HMO)</td>
</tr>
<tr>
<td></td>
<td>• Inpatient (Hospital)</td>
</tr>
<tr>
<td></td>
<td>• Outpatient (Office)</td>
</tr>
<tr>
<td></td>
<td>• APCP (Therapy)</td>
</tr>
<tr>
<td></td>
<td>• Adjustments (CMS 1500)</td>
</tr>
<tr>
<td></td>
<td>• Adjustments (UB)</td>
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<tr>
<td></td>
<td>• Adjustments (ADA)</td>
</tr>
<tr>
<td>View Status Online Claim</td>
<td>The View Claim Status manual gives a step-by-step guide for providers to check the status of FFS claims.</td>
</tr>
<tr>
<td>Claim Status</td>
<td>The Claim Status manual gives a step-by-step guide for providers to check the status of FFS claims.</td>
</tr>
</tbody>
</table>