

# Eligibility and Enrollment Status (AHCCCS Online)

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## Summary of Differences - 4010 vs. 5010 - 270/271 Eligibility and Enrollment via the Web (AHCCCS Online)

	<b>4010 VERSION</b>	<b>5010 VERSION</b>	<b>5010 NOTES &amp; RULES</b>
<b>270</b>			
<b>SEARCH CRITERIA</b>	<ul style="list-style-type: none"> <li>• AHCCCS ID &amp; DOB</li> <li>• AHCCCS ID or SSN &amp; DOB</li> <li>• NAME &amp; DOB</li> </ul>	<ul style="list-style-type: none"> <li>• AHCCCS ID, FN, LN &amp; DOB</li> <li>• AHCCCS ID, LN &amp; DOB</li> <li>• AHCCCS ID, FN, &amp; LN</li> <li>• AHCCCS ID &amp; DOB</li> <li>• LN, FN, DOB &amp; SSN</li> <li>• LN, FN, DOB &amp; MCN (Medicare Claim Number)</li> </ul>	<p>Name and DOB are no longer an option in the 5010 version.</p> <p>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.</p> <p>A message will be displayed if the secondary AHCCCS ID is used to search for member.</p>
<b>DATE OF SERVICE</b>	<p>Begin Date of Service to End Date of Service span is unlimited</p> <p>End Date of Service can be in past or future (unlimited),</p>	<p>Begin Date of Service must be less than or equal to today.</p> <p>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.</p> <p>If the End Date of Service is not entered it will default to the Begin Date of Service entered; single day.</p>	<p>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.</p> <p>If no dates of service are entered then the date will default to system date.</p>
<b>271</b>			
<b>SEARCH RESULTS</b>	<p>Demographics including</p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Gender</li> <li>• DOB</li> <li>• Primary ID</li> <li>• Member Residential Address</li> </ul>	<p>Demographics including:</p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Gender</li> <li>• DOB</li> <li>• Primary ID</li> <li>• Member Mailing Address</li> </ul>	<p>Only one address is allowed; we will return the mailing address instead of the residential address.</p>
<b>SERVICE PROVIDER</b>	<p>Displays the Name, NPI and Type of provider who initiated the search</p>	<p>This is not included in the 5010 version</p>	<p>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. <b>It was never the intention as a verification of member PCP.</b></p>

	<b>4010 VERSION</b>	<b>5010 VERSION</b>	<b>5010 NOTES &amp; RULES</b>
<b>ELIGIBILITY</b>	<ul style="list-style-type: none"> <li>Eligibility Key code / description</li> </ul> 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	<ul style="list-style-type: none"> <li>Eligibility Group description</li> </ul> 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.
<b>ENROLLMENT</b>	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	
<b>OTHER ENROLLMENT</b>	<ul style="list-style-type: none"> <li>Medicare Claim ID, Part A, B &amp; D</li> <li>Part D and plan description</li> <li>Third Party Liability carrier &amp; policy number</li> <li>If enrolled into HP then provide URL for copay info, otherwise don't</li> <li>Eligibility key code &amp; description</li> </ul>	<ul style="list-style-type: none"> <li>Medicare Claim ID, Part A, B &amp; D</li> <li>Part D and plan description</li> <li>Third Party Liability carrier &amp; policy number</li> <li>If enrolled into HP then provide URL for copay info, otherwise don't</li> <li>The eligibility key code will not be displayed; however, the rate code will be presented along with a description</li> <li>BHS indicator, category and description</li> <li>CRS indicator</li> <li>TSC indicator</li> <li>AzEIP indicator</li> <li>Medicare HMO plan ID number</li> <li>SOC (amount and month) if the request is from a Nursing Home (provider type = 22) and member is Long Term Care (LTC)</li> </ul>	Begin and end dates are included in each of these enrollments.

	<b>4010 VERSION</b>	<b>5010 VERSION</b>	<b>5010 NOTES &amp; RULES</b>
<b>ADDITIONAL RESULTS INFORMATION</b>		<p>CRS (Children's Rehabilitative Services)</p> <p>TSC (Targeted Support Coordination/DDD)</p> <p>AzEIP (Arizona Early Intervention Program)</p> <p>If the member had two records and they have been linked together, the responsible health plan will be displayed</p>	
<b>NEWBORNS</b>	All newborns, 12 months and under, linked to the mother's AHCCCS ID will be displayed	<p>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</p> <p>The mother's data will not be displayed.</p>	

## 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) 417-4451**.

**\*\* 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.

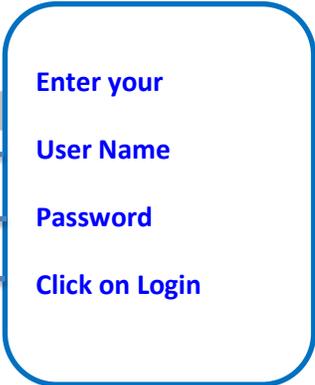
**Sign In**

User Name:

Password:

Forgot your Password? [Click Here](#)

Note • User Names and Passwords are case-sensitive.



The diagram shows a rounded rectangular box on the right side of the login form. It contains three lines of text: "Enter your", "User Name", and "Password" on the first line; "Password" on the second line; and "Click on Login" on the third line. Three blue arrows point from this box to the input fields: the top arrow points to the User Name input field, the middle arrow points to the Password input field, and the bottom arrow points to the LOGIN button.

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

# Main Menu

**AHCCCS**  
Arizona's Medicaid Agency

**AZ.GOV**  
Arizona's Official Web Site

LogOut

**Main Menu**

- Eligibility And Enrollment Status
- Provider Information
- Claim Status
- Prior Authorization Inquiry
- Newborn Notification
- Provider Verification
- Claim Submission
- Prior Authorization Submission
- Claim Status 5010
- HealthPlan Address Changes
- Provider Verification\_New
- Claims Submission\_5010
- Eligibility And Enrollment 4010

**Support and Manuals**

AHCCCS Online User Manuals

**Account Information**

User Name:  
User ID:  
Type: Master  
IP: 170.68.41.245  
AHCCCS Provider ID: 396178  
Admin

**Member Eligibility Verification** 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.

**Claim Status** allows providers to check the status of a claim. If a claim is not in a Health Plan, please contact the [Plan Listing](#).

**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.

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

**HealthPlan Address Changes** allows health plans to send address changes from members via the web.

**Prior Authorization Submission** allows providers to submit prior authorizations via the web.

**Provider Verification** 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. 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](#)

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

**Recipient Search**

Please enter any combination of valid member search options to identify a recipient and view the eligibility information and their enrollment in a health plan.

Example: AHCCCS ID, First and Last Name and DOB.

- AHCCCS ID & DOB
- AHCCCS ID, LAST NAME & DOB
- AHCCCS ID, LAST and FIRST NAME & DOB
- AHCCCS ID, LAST and FIRST NAME
- LAST and FIRST NAME & DOB
- LAST and FIRST NAME, DOB & SSN
- LAST and FIRST NAME, DOB & MEDICARE CLAIM NUMBER

• The Begin Date of Service must be less than or equal to today.  
 • The Begin Date of Service can be 24 months prior to today's date.  
 • The End Date of Service can be in the past or up to 30 days in the future.  
 • Begin Date of Service to End Date of Service span cannot be more than 24 months.  
 • The verification will be processed for today's date, if dates of services are not provided.

**Search For**  
 RECIPIENT  NEWBORN

**Search Fields**

AHCCCS ID: A83792151  
 DATE OF BIRTH: 12/25/2002 (MM/DD/YYYY)  
 LAST NAME: claus  
 FIRST NAME: santa  
 SSN:  
 MEDICARE CLAIM NUMBER:

**Dates of Services**

BEGIN DATE OF SERVICE: (Optional) 12/12/2012 (MM/DD/YYYY)  
 END DATE OF SERVICE: (Optional) 12/12/2012 (MM/DD/YYYY)

Search Clear

- 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

Field Name	Validation	Validation Messages
AHCCCS ID	Optional; 9 characters	AHCCCS ID is optional. AHCCCS ID must be 9 characters and allows numeric and alpha numeric characters.
Date Of Birth (DOB)	Optional	DOB is optional. Invalid DOB format. Please enter DOB in the following format MM/DD/YYYY. DOB cannot be greater than today's date

Field Name	Validation	Validation Messages
Last Name	Optional	Last Name is optional.
First Name	Optional	First Name is optional.
SSN	Optional 9 Digits	SSN is optional. Invalid SSN format. Please enter SSN in the following format 123456789 (no dashes)
Medicare Claim Number	Optional	Medicare Claim Number is optional.
Begin Date of Service	Optional	Enter the begin date of service in the following format MM/DD/YYYY.
End Date of Service	Optional	Enter the end date of service in the following format MM/DD/YYYY.

### Member Found – Name does not match

The screenshot shows the AHCCCS website interface. On the left is a navigation menu with categories like 'Main Menu', 'Support and Manuals', and 'Account Information'. The main content area displays a search result for a member. A large grey box on the left says 'No Photo Available'. Below it, a 'Requested Data' table shows the search criteria: AHCCCS ID (A83792151), Last Name (CLAUS), First Name (SANTA), and End Date of Service (12/12/2012). The 'Returned Data' table shows the actual member information: AHCCCS ID (A83792151), Last Name (ELF), First Name (LITTLE), and Gender (F). Red arrows point from the 'Requested Data' to the 'Returned Data', highlighting the name mismatch. A red box around the SSN field in the returned data is labeled 'Change in identifying data elements'. A callout box points to the SSN field with the text 'SSN only returned if included on search'. At the bottom, a 'Demographics' table shows the member's address (801 JEFFERSON ST, PHOENIX, AZ, 85034).

- 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

# Newborn Search

**AHCCCS**  
Arizona's Medicaid Agency

**AZ.GOV**  
Arizona's Official Web Site

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**Main Menu**

- Claim Status
- Claim Status 5010
- HealthPlan Address Changes
- Provider Information
- Provider Verification
- Prior Authorization Inquiry
- Claims Submission 5010
- Eligibility And Enrollment Status**
- Claim Submission
- Prior Authorization Submission
- Provider Verification\_New
- Eligibility And Enrollment 4010
- Newborn Notification

**Support and Manuals**

- AHCCCS Online User Manuals

**Account Information**

Username:  
User:  
Type: Master  
IP: 170.68.41.245  
Provider ID: 396178  
Admin

### Recipient Search

Please enter any combination of valid member search options for the mother to identify a newborn. Newborn's Date of Birth and Newborn's Gender are required fields.

Example: AHCCCS ID, First and Last Name and DOB.

- AHCCCS ID & DOB
- AHCCCS ID, LAST NAME & DOB
- AHCCCS ID, LAST and FIRST NAME & DOB
- AHCCCS ID, LAST and FIRST NAME
- LAST and FIRST NAME & DOB
- LAST and FIRST NAME, DOB & SSN
- LAST and FIRST NAME, DOB & MEDICARE CLAIM NUMBER

**Search For**

RECIPIENT  NEWBORN

**Search Fields**

MOTHER'S AHCCCS ID:

MOTHER'S DOB:   
(MM/DD/YYYY)

MOTHER'S LAST NAME:

MOTHER'S FIRST NAME:

MOTHER'S SSN:

MOTHER'S MEDICARE CLAIM NUMBER:

NEWBORN'S DATE OF BIRTH:   
(MM/DD/YYYY)

NEWBORN'S GENDER:  \* Indicates required fields

- 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

# Newborn Display

**AHCCCS**  
Arizona's Medicaid Agency

**AZ.GOV**  
Arizona's Official Web Site

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[Recipient Search](#) [Help](#) [Print](#)

Mother				
AHCCCS ID	Last Name	First Name	Date of Birth	Date of Death
A12345678	HOLIDAY	MARTHA	10/20/1982	

Newborn(s)				
AHCCCS ID	Last Name	First Name	Gender	Date of Birth
A87654321	ELF	LITTLE	F	05/02/2012

The purpose of the Newborn functionality is to allow providers the ability to search for newborns by the mother's identifying information. All newborns, 12 months and under, linked to the mother's AHCCCS ID will be displayed. The newborn's AHCCCS ID can then be used to search for their eligibility and enrollment status through the 'Recipient Search' page. However, some newborns may be linked by 'Case ID' instead of AHCCCS ID. If you are unable to find a newborn using the mother's AHCCCS ID, please contact the AHCCCS Communication Center at (602) 417-7000 for further assistance.

**Support and Manuals**  
AHCCCS Online User Manuals

- 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)

# Demographics

**AHCCCS**  
Arizona's Medicaid Agency

**AZ.GOV**  
Arizona's Official Web Site

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[Recipient Search](#) [Help](#) [Print](#)

**No Photo Available**

**Requested Data:**

AHCCCS ID	Last Name	First Name	DOB
A83792151	CLAUS	SANTA	12/25/2002

**Returned Data:**

AHCCCS ID	Last Name	First Name	DOB	Gender
A83792151	LITTLE		12/25/2002	F

**Demographics**

Mailing Address 1	Mailing Address 2	City	State	Zip
801 JEFFERSON ST		PHOENIX	AZ	85034

- 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

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**Main Menu**

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- Eligibility And Enrollment Status**
- Claim Submission
- Prior Authorization Submission
- Provider Verification\_New
- Eligibility And Enrollment 4010
- Newborn Notification

**Requested Data:**

AHCCCS ID	A83792151	Last Name	CLAUS	First Name	SANTA	DOB	12/25/2002
SSN		Medicare Claim Num		Begin Date of Service	12/12/2012	End Date of Service	12/12/2012

**Returned Data:**

AHCCCS ID	A83792151	Last Name	ELF	First Name	LITTLE	DOB	12/25/2002
SSN		Medicare Claim Num		DOD		Gender	F

Change in identifying data elements

Demographics | **Eligibility And Enrollment** | Third Party Liability | CoPayment | Medicare Benefits | Behavioral Health Services | Share of Cost | Additional Benefits

**Eligibility Renewal Date**

<b>Eligibility Renewal Date:</b>	01/31/2013
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**Eligibility**

Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	09/01/2009		08/21/2009

**Medical Enrollment**

Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP <a href="#">Service Type Codes</a>	11/21/2012		1017 - TANF 21-44 FEMALE NON-MEDICARE	E ACU/FFS	MC MEDICAID
999998 AHCCCS AMERICAN INDIAN HP <a href="#">Service Type Codes</a>	11/13/2012	11/20/2012	1017 TANF 21-44 FEMALE NON-MEDICARE	E ACU/FFS	MC MEDICAID
CTYPRI NO PAYMENT	09/15/2012	11/12/2012	1017 TANF 21-44 FEMALE NON-MEDICARE	1 NO/PMT	OT OTHER
999998 AHCCCS AMERICAN INDIAN HP <a href="#">Service Type Codes</a>	08/07/2012	09/14/2012	1017 TANF 21-44 FEMALE NON-MEDICARE	E ACU/FFS	MC MEDICAID

ADDITIONAL ENROLLMENT WAS FOUND BUT NOT ABLE TO BE DISPLAYED DUE TO THE FOUR PERIOD SPACE LIMITATION

**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.

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

# Medical enrollment

Arizona's Official Web Site

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- Prior Authorization Submission
- Provider Verification\_New
- Eligibility And Enrollment 4010
- Newborn Notification

**Support and Manuals**

- AHCCCS Online User Manuals

**Account Information**

Username:  
User:  
Type: Master  
IP: 170.68.41.245  
Provider ID: 396178  
Admin

**Requested Data:**

AHCCCS ID	A83792151	Last Name	CLAUS	First Name	SANTA	DOB	12/25/2002
SSN		Medicare Claim Num		Begin Date of Service	12/12/2012	End Date of Service	12/12/2012

**Returned Data:**

AHCCCS ID	A83792151	Last Name	ELF	First Name	LITTLE	DOB	12/25/2002
SSN		Medicare Claim Num		DOD		Gender	F

Change in identifying data elements

Demographics **Eligibility And Enrollment** Third Party Liability CoPayment Medicare Benefits Behavioral Health Services Share of Cost Additional Benefits

**Eligibility Renewal Date**

Eligibility Renewal Date: 01/31/2013

**Eligibility**

Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	09/01/2009		08/21/2009

**Medical Enrollment**

Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP + Service Type Codes	11/21/2012		1017 - TANF 21-44 FEMALE NON-MEDICARE	E ACU/FFS	MC MEDICAID
999998 AHCCCS AMERICAN INDIAN HP + Service Type Codes	11/13/2012	11/20/2012	1017 TANF 21-44 FEMALE NON-MEDICARE	E ACU/FFS	MC MEDICAID
CTYPRI NO PAYMENT	09/15/2012	11/12/2012	1017 TANF 21-44 FEMALE NON-MEDICARE	1 NO/PMT	OT OTHER
999998 AHCCCS AMERICAN INDIAN HP + Service Type Codes	08/07/2012	09/14/2012	1017 TANF 21-44 FEMALE NON-MEDICARE	E ACU/FFS	MC MEDICAID

ADDITIONAL ENROLLMENT WAS FOUND BUT NOT ABLE TO BE DISPLAYED DUE TO THE FOUR PERIOD SPACE LIMITATION

**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.

- 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







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- Newborn Notification

**Support and Manuals**

- AHCCCS Online User Manuals

**Account Information**

Username: \_\_\_\_\_

User: \_\_\_\_\_

Type: Master

IP: 170.68.41.245

Provider ID: 396178

Admin

Requested Data:							
AHCCCS ID	A83792151	Last Name	CLAUS	First Name	SANTA	DOB	12/25/2002
SSN		Medicare Claim Num		Begin Date of Service	12/12/2012	End Date of Service	12/12/2012

Returned Data:							
AHCCCS ID	A83792151	Last Name	ELF	First Name	LITTLE	DOB	12/25/2002
SSN		Medicare Claim Num		DOD		Gender	F

Change in identifying data elements

Demographics | **Eligibility And Enrollment** | Third Party Liability | CoPayment | Medicare Benefits | Behavioral Health Services | Share of Cost | Additional Benefits

**Eligibility Renewal Date**

<b>Eligibility Renewal Date:</b>	01/31/2013
----------------------------------	------------

**Eligibility**

Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	09/01/2009		08/21/2009

**Medical Enrollment**

Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP	11/21/2012		1017 - TANF 21-44 FEMALE NON-MEDICARE	E ACU/FFS	MC MEDICAID

[Service Type Codes](#)

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

Service Types

# Third Party Liability



**AHCCCS**  
Arizona's Medicaid Agency





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- Prior Authorization Submission
- Provider Verification\_New
- Eligibility And Enrollment 4010
- Newborn Notification

**No Photo Available**

Requested Data:							
AHCCCS ID	A83792151	Last Name		First Name		DOB	12/25/2002
SSN		Medicare Claim Num		Begin Date of Service	12/17/2012	End Date of Service	12/17/2012

Returned Data:							
AHCCCS ID	A83792151	Last Name	ELF	First Name	LITTLE	DOB	12/25/2002
SSN		Medicare Claim Num		DOD		Gender	F

Demographics   Eligibility And Enrollment   **Third Party Liability**   CoPayment   Medicare Benefits   Behavioral Health Services   Share of Cost   Additional Benefits

**Third Party Liability**

Policy Number	Carrier Name	Begin Date	End Date	Coverage Type	Insurance Type	Service Type
A99996666	TRICARE	01/01/2011		MEDICAL	C1 COMMERCIAL	30 HEALTH BENEFIT PLAN COVERAGE

**Insurance Carrier Address:**  
PO BOX 14068 , LEXINGTON, KY - 40512  
Ph No: 888-890-1111

**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.

**Support and Manuals**

AHCCCS Online User Manuals

**Account Information**

Username: \_\_\_\_\_

User: | \_\_\_\_\_

Type: Master

IP: 170.68.81.245

Provider ID: 396178

Admin

# CoPayment



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**No Photo Available**

Requested Data:							
AHCCCS ID	A83792151	Last Name	CLAUS	First Name	SANTA	DOB	12/25/2002
SSN		Medicare Claim Num		Begin Date of Service	12/12/2012	End Date of Service	12/12/2012

Returned Data:							
AHCCCS ID	A83792151	Last Name	ELF	First Name	LITTLE	DOB	12/25/2002
SSN		Medicare Claim Num		DOD		Gender	F

Change in identifying data elements

Demographics | Eligibility And Enrollment | Third Party Liability | **CoPayment** | Medicare Benefits | Behavioral Health Services | Share of Cost | Additional Benefits

CoPayment		
CoPay Level	Period Start	Period End
00 <a href="#">Click here for CoPay Level Reference Document</a>	12/10/2012	

**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.

- 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

# CoPay Level Reference Document Link

The screenshot shows a web application interface with a sidebar menu on the left. The menu includes sections like 'Main Menu', 'Support and Manuals', and 'Account Information'. A link labeled 'CoPay Level' is highlighted with a red circle. A browser window is open in the foreground, displaying a 'File Download' dialog box with the following details:

- Name: CoPays Web Document.xls
- Type: Microsoft Excel 97-2003 Worksheet, 23.5KB
- From: azwebtst.statedmedicaid.us

The dialog box has 'Open', 'Save', and 'Cancel' buttons, and a checked option for 'Always ask before opening this type of file'. A 'No Photo Available' message is visible on the left side of the web application.

CoPays Web Document [Read-Only] [Compatibility Mode] - Microsoft Excel

Member Co-Pay Level	Description	Mandatory, Optional or Exempt	CoPay Service(s)	CoPay Amount	Services Identified as:
00	Exempt from CoPays	Exempt - No CoPays for any services	None	None	None
20	Nominal - Traditional	Optional - Services cannot be denied for failure to pay a CoPay	Office Visits Pharmacy	\$3.40 \$2.30	Professional Form type (1500); HCPCS/CPT Codes = 99201 thru 99205; 99213 thru 99215; 99241 thru 99245; 99385 thru 99387; or 99395 thru 99396 w/ any Place of Service; and w/ any Diagnosis not equal to - 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning. Pharmacy Form type; Any NDC Code not indicated as Family Planning.

# Medicare Benefits







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- Eligibility And Enrollment Status**
- Claim Submission
- Prior Authorization Submission
- Provider Verification\_New
- Eligibility And Enrollment 4010
- Newborn Notification

**Support and Manuals**

- AHCCCS Online User Manuals

**Account Information**

Username:

User:

Type: Master

IP: 170.68.41.245

Provider ID: 396178

Admin

## No Photo Available

**Requested Data:**

AHCCCS ID	A83792151	Last Name	CLAUS	First Name	SANTA	DOB	12/25/2002
SSN		Medicare Claim Num		Begin Date of Service	12/12/2012	End Date of Service	12/12/2012

**Returned Data:**

AHCCCS ID	A83792151	Last Name	ELF	First Name	LITTLE	DOB	12/25/2002
SSN		Medicare Claim Num		DOD		Gender	F

Change in identifying data elements

Demographics Eligibility And Enrollment Third Party Liability CoPayment Medicare Benefits Behavioral Health Services Share of Cost Additional Benefits

**Medicare HMO**

NO MEDICARE HMO

**Medicare**

Claim Number	Medicare Type	Indicator	Start Date	End Date	Insurance Type	Service Type
381991234	A	Y	12/01/2004		MA MEDICARE PART A	
381991234	B	Y	12/01/2004		MB MEDICARE PART B	
NO MEDICARE PART D						

**Medicare Part D Enrollment**

NO DRUG PLAN

**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's 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.







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**Main Menu**

- Claim Status
- Claim Status 5010
- HealthPlan Address Changes
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- Eligibility And Enrollment Status**
- Claim Submission
- Prior Authorization Submission
- Provider Verification\_New
- Eligibility And Enrollment 4010
- Newborn Notification

[Recipient Search](#)   [Help](#)   [Print](#)

No  
Photo  
Available

**Requested Data:**

AHCCCS ID	A83792151	Last Name	CLAUS	First Name	SANTA	DOB	12/25/2002
SSN		Medicare Claim Num		Begin Date of Service	12/12/2012	End Date of Service	12/12/2012

**Returned Data:**

AHCCCS ID	A83792151	Last Name	ELF	First Name	LITTLE	DOB	12/25/2002
SSN		Medicare Claim Num		DOD		Gender	F

Change in identifying data elements

**Support and Manuals**

AHCCCS Online User Manuals

**Account Information**

Username:

User:

Type: Master

IP: 170.68.41.245

Provider ID: 396178

Admin

Demographics | 
 Eligibility And Enrollment | 
 Third Party Liability | 
 CoPayment | 
 Medicare Benefits | 
 Behavioral Health Services | 
 Share of Cost | 
 Additional Benefits

**Behavioral Health Services**

BHS Category/Description	Period Start	Period End	BHS Site/Description	BHS Service Type	BHS Indicator
C CHILDREN SERVICES	07/01/2012		07 MAGELLAN HEALTH SERVICES	CH MENTAL HEALTH FACILITY - OUTPATIENT	Y

**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

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**Main Menu**

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- Claim Submission
- Prior Authorization Submission
- Provider Verification\_New
- Eligibility And Enrollment 4010
- Newborn Notification

**Requested Data:**

AHCCCS ID	A83792151	Last Name	CLAUS	First Name	SANTA	DOB	12/25/2002
SSN		Medicare Claim Num		Begin Date of Service	12/12/2012	End Date of Service	12/12/2012

**Returned Data:**

AHCCCS ID	A83792151	Last Name	ELF	First Name	LITTLE	DOB	12/25/2002
SSN		Medicare Claim Num		DOD		Gender	F

Change in identifying data elements

Demographics | 
 Eligibility And Enrollment | 
 Third Party Liability | 
 CoPayment | 
 Medicare Benefits | 
 Behavioral Health Services | 
 Share of Cost | 
 Additional Benefits

**Share of Cost**

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

Share of Cost	Share of Cost Month
190.30	12/2012
190.30	11/2012
190.30	10/2012
190.30	09/2012

**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.

**Support and Manuals**

AHCCCS Online User Manuals

---

**Account Information**

Username:

User:

Type: Master

IP: 170.68.41.245

National Provider ID:  
1184656175

Admin

# Additional Benefits







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- Prior Authorization Submission
- Provider Verification\_New
- Eligibility And Enrollment 4010
- Newborn Notification

**Support and Manuals**

- AHCCCS Online User Manuals

**Account Information**

Username:

User:

Type: Master

IP: 170.68.41.245

Provider ID: 396178

Admin

## No Photo Available

Requested Data:							
AHCCCS ID	A83792151	Last Name	CLAUS	First Name	SANTA	DOB	12/25/2002
SSN		Medicare Claim Num		Begin Date of Service	12/12/2012	End Date of Service	12/12/2012

Returned Data:							
AHCCCS ID	A83792151	Last Name	ELF	First Name	LITTLE	DOB	12/25/2002
SSN		Medicare Claim Num		DOD		Gender	F

Change in identifying data elements

Demographics
Eligibility And Enrollment
Third Party Liability
CoPayment
Medicare Benefits
Behavioral Health Services
Share of Cost
Additional Benefits

Targeted Support Coordination/DDD			
TSC Indicator	Begin Date	End Date	TSC Service Type
Y	07/01/2012		CQ CASE MANAGEMENT

Children's Rehabilitative Services			
CRS Indicator	Begin Date	End Date	CRS Service Type
Y	07/01/2012		A9 REHABILITATION

Arizona Early Intervention Program
NO AzEIP FOUND

**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.

The screenshot displays the AHCCCS website interface. At the top left, the AHCCCS logo and 'Arizona's Medicaid Agency' are visible. The top right features the 'AZ.GOV' logo and 'Arizona's Official Web Site'. A navigation bar includes links for 'Main :: FAQ :: LogOut ::'. On the left, a 'Main Menu' lists various services such as 'Claim Status', 'Provider Information', and 'Eligibility And Enrollment Status'. A 'No Photo Available' message is prominently displayed in the center. The browser window, titled 'Member Verification - Windows Internet Explorer provided by AHCCCS', shows the URL 'https://azwebtst.state...' and the page content. The page header in the browser window matches the website's header. Below the header, a 'Contents' section lists several links: 'Eligibility And Enrollment Status - New Changes', 'Eligibility and Enrollment', 'Third Party Liability', 'CoPayment', 'Medicare Benefits', 'Behavioral Health Services', 'Share of Cost', and 'Additional Benefits'. A red circle highlights the 'Help' link in the website's top navigation bar, and a black arrow points from this circle to the 'Contents' section in the browser window. Below the 'Contents' section, a red heading reads 'THE FOLLOWING CHANGES HAVE BEEN IMPLEMENTED FOR WEB VERIFICATIONS'. The browser window also shows a status bar at the bottom with 'Local intranet | Protected Mode: On' and a zoom level of 100%.

**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's 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.

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- Newborn Notification

No Photo Available

Member Verification Data - Windows Internet Explorer provided by AHCCCS

https://azwebtst.state...

File Edit View Favorites Tools Help

Member Verification Data

### Arizona Health Care Cost Containment System

Requested Data:							
AHCCCS ID	A83792151	Last Name	CLAUS	First Name	SANTA	DOB	12/25/2002
SSN		Medicare Claim Num		Begin Date of Service	12/12/2012	End Date of Service	12/12/2012

Returned Data:							
AHCCCS ID	A83792151	Last Name	ELF	First Name	LITTLE	DOB	12/25/2002
SSN		Medicare Claim Num		DOD		Gender	F

Change in identifying data elements

Demographics				
Mailing Address 1	Mailing Address 2	City	State	Zip
801 JEFFERSON ST		PHOENIX	AZ	85034

Demographics Eligibility

**TSC Indicator**  
Y

**CRS Indicator**  
Y

**Targeted Support Coordination**  
The TSC Indicator indicates...

**Children's Rehabilitative Services**  
The CRS Indicator indicates...

**Arizona Early Intervention Program**  
The AzEIP Indicator is the indicator that there is AzEIP enrollment.

## Arizona Health Care Cost Containment System

Requested Data:							
AHCCCS ID	A83792151	Last Name	CLAUS	First Name	SANTA	DOB	12/25/2002
SSN		Medicare Claim Num		Begin Date of Service	12/12/2012	End Date of Service	12/12/2012

Returned Data:							
AHCCCS ID	A83792151	Last Name	ELF	First Name	LITTLE	DOB	12/25/2002
SSN		Medicare Claim Num		DOD		Gender	F
 Change in identifying data elements							

### Demographics

Mailing Address 1	Mailing Address 2	City	State	Zip
801 JEFFERSON ST		PHOENIX	AZ	85034

### Eligibility Renewal Date

<b>Eligibility Renewal Date:</b>
----------------------------------

### Eligibility

Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE DISABLED	MC MEDICAID	07/01/2012		12/10/2012

### Medical Enrollment

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

#### Service Type Codes

Code: 30 - HEALTH BENEFIT PLAN COVERAGE

### Third Party Liability

NO TPL FOUND

### CoPayment

CoPay Level	Period Start	Period End
00	12/10/2012	

### Medicare HMO

NO MEDICARE HMO

### Medicare

Claim Number	Medicare Type	Indicator	Start Date	End Date	Insurance Type	Service Type
381991234	A	Y	12/01/2004		MA MEDICARE PART A	
381991234	B	Y	12/01/2004		MB MEDICARE PART B	

NO MEDICARE PART D

### Medicare Part D Enrollment

NO DRUG PLAN

**Behavioral Health Services**

<b>BHS Category/Description</b>	<b>Period Start</b>	<b>Period End</b>	<b>BHS Site/Description</b>	<b>BHS Service Type</b>	<b>BHS Indicator</b>
C CHILDREN SERVICES	07/01/2012		07 MAGELLAN HEALTH SERVICES	CH MENTAL HEALTH FACILITY - OUTPATIENT	Y

**Share of Cost**

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

**Share of Cost**

**Share of Cost Month**

**Targeted Support Coordination/DDD**

<b>TSC Indicator</b>	<b>Begin Date</b>	<b>End Date</b>	<b>TSC Service Type</b>
Y	07/01/2012		CQ CASE MANAGEMENT

**Children's Rehabilitative Services**

<b>CRS Indicator</b>	<b>Begin Date</b>	<b>End Date</b>	<b>CRS Service Type</b>
Y	07/01/2012		A9 REHABILITATION

**Arizona Early Intervention Program**

NO AzEIP FOUND

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

# AHCCCS Online User Manuals



**AHCCCS**  
Arizona's Medicaid Agency





**AZ.GOV**  
Arizona's Official Web Site

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**Arizona Health Care Cost Containment System**  
*Our first care is your health care*

Thank you for visiting AHCCCS Online. The FFS (Fee for Service) **technical documents** provided below are intended to help registered AHCCCS providers use the AHCCCS Online website. 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) 417-4451**.

[Adobe Acrobat](#) is required for viewing user manuals.

## AHCCCS Online User Manuals

Document	Description
 <a href="#">How to sign in to AHCCCS Online</a>	The manual describes how to login to the AHCCCS Online secured provider site.
 <a href="#">Create an ID and Password</a>	This guide steps your through creating an AHCCCS online account. Before you can create an account you must be set up in the provider system. Please contact provider registration for more information.
 <a href="#">Check Eligibility and Enrollment Status</a>	The eligibility manual walks you through searching the system for recipient eligibility and enrollment status.
 <a href="#">Prior Authorization Guide</a>	A step-by-step guide for submitting online FFS prior authorizations. The prior authorization guide includes <ul style="list-style-type: none"> <li>How to Sign on to AHCCCS Online</li> <li>Add a New Case</li> <li>Update a Pending Case</li> <li>Update an Event</li> <li>Update an Activity</li> <li>Transportation</li> </ul>
 <a href="#">Claims Submission Guide</a>	A step-by-step guide for submitting online FFS claims. The claims submission guide includes <ul style="list-style-type: none"> <li><a href="#">Claim Submission</a></li> <li><a href="#">Professional (1500)</a></li> <li><a href="#">Institutional (Inpatient UB)</a></li> <li><a href="#">Institutional (Outpatient/Clinic UB)</a></li> <li><a href="#">ADA (Dental)</a></li> <li><a href="#">Adjustments (CMS 1500)</a></li> <li><a href="#">Adjustments (UB)</a></li> <li><a href="#">Adjustments (ADA)</a></li> </ul>
 <a href="#">FFS On-line Claim Submission Manual</a>	Download Entire FFS On-line Claim Submission Manual [Zip 5.64MB]
 <a href="#">View Status (Online Claim)</a>	The View Claim Status manual gives a step-by-step guide for providers to check the status of FFS claims.
 <a href="#">Claim Status</a>	The Claim Status manual gives a step-by-step guide for providers to check the status of FFS claims.

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