Verifying Member Eligibility through AHCCCS Online

January 11, 2018
Things to Remember

• Per the AHCCCS Billing Manual, even if a member presents an AHCCCS ID card or a decision letter from an eligibility agency, the provider *must always* verify the member’s eligibility and enrollment status.

• Verification may be verified using the AHCCCS Online Portal at: https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f
Start on the AHCCCS Website: https://www.azahcccs.gov/
Insert username & password then select “sign in”
Once logged in, select the “Member Verification” tab on the left hand side of the Home Screen.
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Input the information requested for the member you are verifying eligibility for and click “search”.

Date of Services (DOS)

The verification will be processed for today’s date, if dates of services are not provided. 
- Begin Date: Must be less than or equal to today.
- End Date: Can be in the past or up to 30 days in the future.

Note: Anything marked with the red asterisk (*) MUST be filled out.
### Requested Data
- **AHCCCS ID**: Members 9 Digit ID #
- **DOB**: Members date of birth
- **Begin date of service**: Date entered on the search screen
- **End date of service**: Date entered on the search screen

### Returned Data
- **AHCCCS ID**: Members 9 Digit ID #
- **DOB**: Members date of birth
- **Gender**: Male/Female
- **Members last name, first name**: Doe, John

### Demographics
- **Mailing Address 1**: 701 E Main St
- **Mailing Address 2**: San Carlos, AZ 85550

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The date the eligibility redetermination is due. The eligibility source will discontinue the eligibility if the member does not comply with the redetermination.

End Date: indicates the date the recipients insurance coverage expires.

Begin Date: indicates the date the recipient is eligible for insurance.

Added on Date: indicates the date the record was added to the database.

### 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>08/01/2015</td>
<td>08/01/2012</td>
<td>07/31/2015</td>
</tr>
<tr>
<td>ACUTE</td>
<td>MC MEDICAID</td>
<td>08/01/2015</td>
<td>07/31/2015</td>
<td>07/27/2012</td>
</tr>
<tr>
<td>Health Plan ID/Description</td>
<td>Period Start</td>
<td>Period End</td>
<td>Rate Code</td>
<td>Contract Type</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------</td>
<td>------------</td>
<td>-------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>999998 AHCCCS AMERICAN INDIAN HP</td>
<td>12/01/2016</td>
<td></td>
<td>4315 - SOBRA CHILD 14-20 FEMALE NON-MEDICARE</td>
<td>E ACU/FFS</td>
</tr>
<tr>
<td>Service Type Codes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>999998 AHCCCS AMERICAN INDIAN HP</td>
<td>06/29/2016</td>
<td>11/30/2016</td>
<td>4313 SOBRA CHILD 06-13 M &amp; F NON-MEDICARE</td>
<td>E ACU/FFS</td>
</tr>
<tr>
<td>Service Type Codes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>999998 AHCCCS AMERICAN INDIAN HP</td>
<td>03/01/2016</td>
<td>06/28/2016</td>
<td>4313 SOBRA CHILD 06-13 M &amp; F NON-MEDICARE</td>
<td>E ACU/FFS</td>
</tr>
<tr>
<td>Service Type Codes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>999998 AHCCCS AMERICAN INDIAN HP</td>
<td>10/01/2015</td>
<td>02/29/2016</td>
<td>4313 SOBRA CHILD 06-13 M &amp; F NON-MEDICARE</td>
<td>E ACU/FFS</td>
</tr>
</tbody>
</table>

Additional enrollment was found but not able to be displayed due to the four period space limitation.

- **Health Plan ID/Description**: the name of the recipients Health Plan.
- **Period Start**: indicates the effective start date of the recipients coverage under the specified Health Plan.
- **Period End**: Indicates the date the recipient’s coverage under the specified health Plan has expired.
- **Rate Code**: indicates the capitation payment method at the time the payment was made.
- **Contract Type**: indicates the type of contract or service the Health Plan is covering.
- **Insurance Type**: indicates the type of Health Plan.

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**Third Party Liability**

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Carrier Name</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Coverage Type</th>
<th>Insurance Type</th>
<th>Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>A999999999999</td>
<td>HEALTH NET OF CALIFORNIA</td>
<td>01/01/2016</td>
<td></td>
<td>MEDICAL</td>
<td>C1 COMMERCIAL</td>
<td>30 HEALTH BENEFIT PLAN COVERAGE</td>
</tr>
</tbody>
</table>

**Member with TPL**

Or

**Third Party Liability**

NO TPL FOUND

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

If system shows NO TLP, AHCCCS does not have a TLP on file for the member. **However**, this must always be verified with the member as well.
**Member Eligibility Verification: Eligibility And Enrollment**

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<table>
<thead>
<tr>
<th>CoPay Level</th>
<th>Period Start</th>
<th>Period End</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>08/18/2017</td>
<td></td>
</tr>
</tbody>
</table>

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**Note:** Only the current co-payment information will be displayed.

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

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In order to view the CoPay Level Reference Document, click on the link.

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**Member CoPayments Matrix**

Reflects changes to Copayment services Effective 11/1/2014 (*)

<table>
<thead>
<tr>
<th>Member CoPay Level</th>
<th>Description</th>
<th>Mandatory, Optional or Exempt</th>
<th>CoPay Service(s)</th>
<th>CoPay Amount</th>
<th>Services Identified as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Exempt from CoPay; all members will have a copay level. If copay level is not equal to one of the categories below the member will default to 00</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Newborn - Traditional</td>
<td>Optional; Services cannot be denied for failure to pay a CoPay</td>
<td>Pharmacy</td>
<td>$2.30</td>
<td>Family Planning For a “Med” (Professional Paramedic (9000); HCPCS/HCPT Codes = 99201 thru 99205; 99213 thru 99215; or 99241 thru 99242; all Place of Service; and all Diagnosis not equal to -691 thru 693.90)</td>
</tr>
</tbody>
</table>
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**Member with Medicare coverage**

<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>
</tr>
</thead>
<tbody>
<tr>
<td>9999999999A</td>
<td>A</td>
<td>Y</td>
<td>01/01/2004</td>
<td></td>
<td>MA MEDICARE PART A</td>
<td>30 HEALTH BENEFIT PLAN COVERAGE</td>
</tr>
<tr>
<td>9999999999A</td>
<td>B</td>
<td>Y</td>
<td>04/01/1999</td>
<td></td>
<td>MB MEDICARE PART B</td>
<td>30 HEALTH BENEFIT PLAN COVERAGE</td>
</tr>
<tr>
<td>9999999999A</td>
<td>D</td>
<td>Y</td>
<td>01/01/2006</td>
<td></td>
<td>OT OTHER</td>
<td>30 HEALTH BENEFIT PLAN COVERAGE</td>
</tr>
</tbody>
</table>

**Medicare Part D Enrollment**

<table>
<thead>
<tr>
<th>Health Plan/Name</th>
<th>Period Start</th>
<th>Period End</th>
<th>Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>99999999 HEALTH NET JADE CARDIOVAS</td>
<td>01/01/2014</td>
<td></td>
<td>88 PHARMACY</td>
</tr>
</tbody>
</table>

**Member with no Medicare coverage**

- NO MEDICARE PART A
- NO MEDICARE PART B
- NO MEDICARE PART D

AHCCCS does not show Medicare Coverage on file for this member. **However**, this must always be verified with the member as well.

***This verification does not constitute a guarantee of payment***
## Behavioral Health Services

<table>
<thead>
<tr>
<th>BHS Category</th>
<th>Begin Date</th>
<th>End Date</th>
<th>BHS Site</th>
<th>BHS Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>G GENERAL MENTAL HEALTH SERVICES</td>
<td>08/18/2017</td>
<td></td>
<td>39 CENPATIOCO</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
</tr>
<tr>
<td>G GENERAL MENTAL HEALTH SERVICES</td>
<td>04/01/2017</td>
<td>08/17/2017</td>
<td>39 CENPATIOCO</td>
<td>CH MENTAL HEALTH FACILITY - OUTPATIENT</td>
</tr>
</tbody>
</table>

### Key Definitions

- **BHS Category**: Indicates the category of Behavioral Health Enrollment.
- **Begin Date**: The effective start date of the recipients' coverage under Behavioral Health Services.
- **End Date**: The date the recipients' coverage under Behavioral Health Services expired.
- **BHS Site**: Name of the Tribal or Regional Behavioral Health agency where the recipient is enrolled.
- **BHS Service Type**: Description of the types of services covered under the specified Behavioral Health Services Enrollment.
Share of Cost (SOC)
An amount of money a member is required to pay for Long Term Care services.

If no SOC is found, the member does not have a Share of Cost.

*** This verification does not constitute a guarantee of payment. ***
**Member Eligibility Verification: Eligibility And Enrollment**

*Targeted Support Coordination/DDD*
- NO TSC FOUND

*Children’s Rehabilitative Services*

<table>
<thead>
<tr>
<th>CRS Plan</th>
<th>CRS Indicator</th>
<th>Begin Date</th>
<th>End Date</th>
<th>CRS Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Arizona Early Intervention Program*
- NO A3EIP FOUND

*DDD Subcontractor Plan*
- NO DDD SUBCONTRACTOR PLAN FOUND

**Additional Benefits**

Any other coverage/services the member may have.
Questions?

Please email us at ProviderTrainingFFS@azahcccs.gov
Thank you.