

How to Use the AHCCCS Online Provider Portal to Verify Member Eligibility and Enrollment

Fall 2020





These materials are designed for the AHCCCS Fee-For-Service programs, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).



AHCCCS Health Plan Options

AHCCCS contracts with several health plans to provide covered services. An AHCCCS health plan works like a Health Maintenance Organization (HMO). The health plan works with doctors, hospitals, pharmacies, specialists, etc. to provide care. A member can choose a health plan that covers their zip code area.

- AHCCCS Health Plans are called AHCCCS Complete Care (ACC) Health Plans. These are managed by private insurance payers that have been contracted as a Medicaid payer. ACC programs may have different rules regarding covered services, billing and policies.
- A list of available ACC Health Plans can be found on the AHCCCS website at: <u>https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/availablehealthpla</u> <u>ns.html</u>

Additionally, there are Fee-for-Service Health Plans, managed by the Division of Fee-for-Service Management (DFSM), such as the American Indian Health Program (AIHP).



AHCCCS Health Plan Options

American Indians and Alaskan Native (AI/AN) members enrolled in AHCCCS or the Children's Health Insurance Program (KidsCare) have the option to choose a health plan and may enroll in either:

- 1. The AHCCCS American Indian Health Program (AIHP); or
- 2. The AHCCCS Complete Care (ACC) Health Plan of their choice.
 - A list of ACC plans can be found on the AHCCCS website at: <u>https://www.azahcccs.gov/Members/ProgramsAndCoveredServices</u> /availa blehealthplans.html



Why is it important to verify a member's enrollment?

It is vital to verify a member's enrollment *accurately*, to ensure the following:

- That a claim is submitted to the **<u>correct</u>** health plan.
 - i.e. While AHCCCS' Division of Fee-for-Service Management (DFSM) processes claims for members enrolled in a Fee-for-Service (FFS) program, such as the American Indian Health Program (AIHP), Tribal ALTCS, or a TRBHA, it does not process claims for members enrolled in an ACC Health Plan.
 - If a claim for a member enrolled in an ACC Health Plan is sent to AHCCCS DFSM, the claim will deny. Verifying a member's enrollment accurately, allows a provider to know where to submit the claim.



Why is it important to verify a member's enrollment?

Continued...

It is vital to verify a member's enrollment *accurately*, to ensure the following:

- That you, as the provider, are following the appropriate rules and regulations, such as prior authorization requirements, of the member's enrolled health plan.
 - i.e. Prior Authorization requirements may vary amongst AHCCCS Complete Care (ACC) Health Plans, and these may be different from the Prior Authorization requirements for members enrolled in an AHCCCS FFS Health Plan, such as AIHP.



Why is it important to verify a member's enrollment?

It is vital to verify a member's enrollment *accurately*, prior to each visit, since some AHCCCS members qualify to change their health plan of enrollment at any time.

• This means that a member's enrollment may change from one visit to the next, even if you have seen and provided services to the member recently.

American Indian AHCCCS or KidsCare members can switch their enrollment between AHCCCS American Indian Health Program (AIHP) and an AHCCCS Complete Care (ACC) Health Plan (a managed health care plan) and back again at any time.

- However, an AI/AN member can only change from one managed health care plan to another (for example, Mercy Care Plan to Magellan Complete Health) only once a year.
- For additional information please visit: <u>https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/ProgramsAndPopula</u> <u>tions/AIHP.html</u>





Health Plan Types and IDs



FFS Health Plan Types and IDs

AHCCCS Fee-for-Service Plans	Plan ID Number
American Indian Health Program (AIHP)	999998
FFS Regular	003335
FFS Temporary	008690
FFS Prior Quarter	008800
FFS DD Prior Quarter	007700
Hospital Presumptive Eligibility	000675
Federal Emergency Services	000850



ALTCS Program IDs

Arizona Long Term Care Programs	Health Plan ID
Gila River Indian Community	190025
Норі	190091
Navajo Nation	190017
Pascua Yaqui	190075
San Carlos Apache Tribe	190083
Tohono O'Odham Nation	190033
White Mountain Apache	190009



Tribal Regional Behavioral Health Authority (TRBHA)

TRBHA	Plan ID	BHS Site
Gila River	990010	11
Navajo Nation	990030	14
Pascua Yaqui	990040	25
White Mountain Apache	990020	28



Fee-For-Service Medicare Savings Programs

There are three Medicare Savings Programs. The links below will direct you to additional information for each Medicare Savings program.

- <u>Specified Low-Income Medicare Beneficiary (SLMB)</u>,
- Qualified Individual-1 (QI-1), and
- <u>Qualified Medicare Beneficiary (QMB)</u>.

Medicare Saving Program	Plan ID
Specified Low-Income Medicare Beneficiary (SLMB) Program	008040
Qualified Individual-1 (QI-1) Program	008050
Qualified Medicare Beneficiary (QMB) Program	008715





Provider Responsibility and Available Options for Verifying Member Eligibility



Fee-For-Service Member Enrollment Verification

There are many programs that individuals may qualify for to receive medical and or behavioral health services including ALTCS coverage.

Effective dates of eligibility can only be verified through the AHCCCS system and may change as updates are added.

Eligibility categories also may change or be overridden by other eligibility categories.



Fee-for-Service Member Enrollment and Eligibility

Health care providers are responsible for verifying the eligibility of a member:

- 1. Each time the member schedules an appointment, and
- 2. At the time when any physical or behavioral health service is provided.

Health care providers <u>must</u> verify the member's eligibility and enrollment status, including when a member presents an AHCCCS ID card or a decision letter from an eligibility agency.



Fee-for-Service Member Enrollment and Eligibility

Health care providers may use any one of several verification processes to obtain eligibility and enrollment information for a Medicaid member, including any information regarding their Medicare or Third Party Payer Liability (if available).

 <u>https://www.azahcccs.gov/PlansProviders/Downloads/FFSProv</u> iderManual/FFSChapter2Eligibility.pdf



Fee-for-Service Member Enrollment and Eligibility

Verification Processes Available to Providers Include:

- 1. AHCCCS Online Provider Portal
- 2. Interactive Voice Response
- 3. Medical Electronic Verification System (MEVS)
- 4. AHCCCS Batch 270/271 Eligibility Verification Request and Response



1. AHCCCS Online Provider Web Portal

- This allows AHCCCS providers to verify eligibility and enrollment status.
- AHCCCS providers can view ,Third Party Liability , Copayments (if applicable), Medicare Coverage, Behavioral Health Services, Share of Cost, Special Program enrollment and Additional Benefits information.

To create an online account and begin using the application, providers must go to <u>https://azweb.statemedicaid.us.</u>



- 2. The Interactive Voice Response System (IVR)
 - This allows an unlimited number of phone verifications by entering information on a touch-tone telephone.
 - Providers may call IVR at:
 - Phoenix: (602) 417-7200
 - All others: 1-800-331-5090



- 3. The Medical Electronic Verification System (MEVS)
 - This uses a variety of applications to provide member information to providers.
 - For information on MEVS, please contact EMDEON at: <u>https://www.changehealthcare.com/contact-us</u>



- 4. AHCCCS Batch 270/271 Eligibility Verification Request and Responses
 - Providers can also verify information through a batch process (270/271), in which the provider sends a file of individuals to AHCCCS. AHCCCS returns this file with its responses the following day.
 - Information on that process can be obtained by calling the AHCCCS Help Desk at (602) 417-4451.





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AHCCCS Online Provider Portal



How to Access the AHCCCS Online Provider Portal

There are two ways to access the AHCCCS Online Provider Portal:

1. Main AHCCCS website <u>www.azahcccs.gov</u>



2. URL https://azweb.statemedicaid.us

 If a provider does not have an online account, you can register by clicking on the above link. Under the heading "New Account" click on *Register for an AHCCCS Online Account* and follow the instructions to submit a request.



Main Page

<u>Step 1</u>: Sign In. The user **<u>must</u>** have a valid Username and Password.

Step 2: On the Main Page, select Member Verification

Main FAQ Terms Of Use Log(Out
	Main Page
Menu	·
AIMH Services Program	▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲
Claim Status	AHCCCS Online is an AHCCCS website designed for registered providers. It offers the convenience and efficiency of several online services.
Claims Submission	
EET Enrollment	AIMH SERVICES PROGRAM
Member Verification	Pending SPA approval by CMS, AHCCCS proposes to offer services that support an American Indian Medical Home Program, including Primary Care Case Management (PCCM), diabetes education, care coordination, and promoting participation in the state Health Information Exchange, to AHCCCS AI/AN members
	who are enrolled in AIHP. AIMH PCCMs will be charged with addressing health disparities between American Indians and other populations in Arizona, specifically
Prior Authorization Inquiry	by enhancing case management and care coordination. AHCCCS registered IHS/638 facilities who meet AIMH registration criteria will be eligible for prospective per member per month payments based on the services and activities they are providing to empaneled members. For further details on the program, please click
Prior Authorization Submission	on AIMH Home.
Provider Verification	CLAIM STATUS
Targeted Investments Program	Claim Status allows providers to check the status of Fee-For-Service claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan must be contacted for claim inquiries.
Members Supplemental Data	For a listing of the Health Plan contact information, please click on Health Plan Listing.
	CLAIM SUBMISSION
Support and Manuals	Claim Submission allows providers to submit Professional, Dental and Institutional claims to AHCCCS for nightly processing. Claims submitted prior to 4:00 PM each business day are processed that night. Claims submitted after 4:00 PM Friday will be processed the following Monday. The status of the claims can be
AHCCCS Online User Manuals	viewed online by searching for the claim by submission date. Average processing time may take 24-72 hours, depending on the number of claims processed and the time of the submission.

Member Verification Page

Step 3: Select whether you are looking for a "Recipient" (an AHCCCS member) or a "Newborn".

<u>Step 4:</u> Select your search criteria under *Search By.* AHCCCS recommends using the AHCCCS ID and Date of Birth as shown on the next screen.

<u>Step 5:</u> Under *Search Fields* that criteria you selected under the *Search By* section will selfpopulate. (i.e. if you select AHCCCS ID and Date of Birth, fields for the AHCCCS ID and Date of Birth will populate under the *Search Fields* section)

• Enter the information requested here.

<u>Step 6:</u> *Date of Service* – Make sure to enter the *Date of Service* that a member is receiving an AHCCCS covered service on. Since member eligibility changes from time-to-time, this ensures that you are seeing the correct eligibility on the correct date.

• If a date is not provided, it will tell you the member eligibility for the date you are conducting the search on.



Ith Care Cost Containment System

		Re	cipient Search	
* indicates required fields	Search For:		0	
	Search By:	RECIPIENT AHCCCS ID and DOB		
		 AHCCCS ID and DOE LAST NAME, DOB an AHCCCS ID, NAME a 	d SSN	AHCCCS Recommends using the member's AHCCCS ID and Date of
		-	nd FIRST NAME and DOB	Birth
		 LAST and FIRST NAM LAST and FIRST NAM LAST and FIRST NAM 		
Search Fields				Enter the AHCCCS ID number beginning
	AHCCCS ID:*	A16671912	(A12345678)	with an "A" followed by 8 numeric
	Date of Birth:*	03/05/1998	(MM/DD/YYYY)	numbers.
Date of Services	(DOS)			
	Begin Date: End Date:		provided. •The Begin Date •The End Date of •For hospital pro an unlimited date •For all other pro	will be processed for today's date, if dates of services are not of Service must be less than or equal to today. Service can be in the past or up to 30 days in the future. vider types: Begin Date of Service to End date of service can have e range. vider types: The Begin Date of Service can be 36 months prior to jin Date of Service to End Date of Service span cannot be more
		Search Clear]	
HCCCS				

🖊 Search Fields	
AHCCCS ID:* A11671912	(A12345678)
Date of Birth:* 03/05/1998	(MM/DD/YYYY)
Date of Services (DOS)	
Begin Date: 03/01/2020 End Date: Search Clear	 The verification will be processed for today's date, if dates of services are not provided. The Begin Date of Service must be less than or equal to today. The End Date of Service can be in the past or up to 30 days in the future. For hospital provider types: Begin Date of Service to End date of service can have an unlimited date range. For all other provider types: The Begin Date of Service can be 36 months prior to today's date. Begin Date of Service to End Date of Service span cannot be more than 36 months.

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's date.

End Date: Can be in the past or up to 30 days in the future.

Click "Search" box.



a. 4	End Date of Service: 03/16/2020	Medicare Claim Number ÖR	
		Medicare Beneficiary	
		ID:	
	Returned Data:		
	Returned Data: AHCCCS ID: A11671912	Last Name: AHCCCS	
		Last Name: AHCCCS First Name: APACHE	
	AHCCCS ID: A11671912		
	AHCCCS ID: A11671912 DOB: 03/05/1998	First Name: APACHE	

The system will display the member's *Name, Gender, DOB, AHCCCS ID, and Demographics associated* with the request.



	Requested Data:	
No	AHCCCS ID: A11671912	Last Name:
No	DOB: 03/05/1998	First Name:
Distant	Begin Date of Service: 03/16/2020	SSN:
Photo	End Date of Service: 03/16/2020	Medicare Claim Number
		OR
Available		Medicare Beneficiary ID:
0	Returned Data:	
	AHCCCS ID: A11671912	Last Name: AHCCCS
	DOB: 03/05/1998	
	DOD:	The Date the eligibility redetermination is due, if the
	Gender: M	
		member does not comply with the redetermination

			· · · · · · · · · · · · · · · · · · ·		
		Demogra	the eligibility source will	discontinue.	
Mailing Address 1	Ma	ailing Address 2			
154 E CHINLE AVE			CHINLE	AZ	86503
		Eligibility Ren	ewal Date		
Eligibility Renewal Date:	02/28/2023				

	Eligibility			
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	01/01/2020		03/13/2020

Medical Enrollment						
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type	
999998 AHCCCS AMERICAN INDIAN HP Service Type Codes	03/13/2020		1016 - TANF 21-44 MALE NON-MEDICARE	E ACC/FFS	MC MEDICAID	
					29	

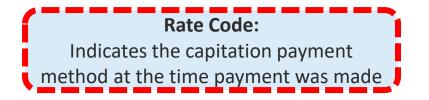
Returned Data:	
AHCCCS ID: A11671912	Last Name: AHCCCS
DOB: 03/05/1998	First Name: APACHE
DOD:	SSN:
Gender: M	Medicare Beneficiary ID:

Demographics									
Mailing 7 154 E CH The Begin Date of eligibility indicates the date the recipient is eligible for insurance. End Date indicates the date the insurance coverage has expired. Eligibilitit Look at the Add-On section to view when the record was added to the database.									
Eligibility Group Description ACUTE		rance Type EDICAID	Begin Date End E	Date Added On 03/13/2020					
Medical Enrollment									
Health Plan ID/Description	Period Start Pe	riod End Rate Code	Contract Type	Insurance Type					
999998 AHCCCS AMERICAN INDIAN HP Service Type Codes	03/13/2020	1016 - TANF 21-44 MALE NON- MEDICARE	E ACC/FFS	MC MEDICAID					
AHCCCCS				3					

👝 🔹 🛶 🚥 🔹 🛶 tedigat Enrollment ======>							
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type		
999998 AHCCCS AMERICAN INDIAN HP	03/13/2020		1016 - TANF 21-44 MALE NON-MEDICARE	E ACC/FFS	MC MEDICAID		
E Service Type Codes			`\				

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

Health Plan ID/Description: Name of the Recipients Health Plan



Period Start/End:

Indicates the effective date coverage began or the discontinuation date

Contract Type: Indicates the service the Health Plan is covering. **Insurance Type:** The type of Health Plan





"Third-party" means a person, entity or program that is, or may be, liable to pay all or part of the medical cost of injury, disease, or disability of an applicant or member.

"Third-party liability" means any individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical assistance furnished to a member under a state plan."

**AHCCCS Medicaid is the "payer of last resort", unless specifically prohibited by State or Federal law.



AHCCCS Medicaid is the "payer of last resort", unless specifically prohibited by State or Federal law. This means AHCCCS shall be used as a source of payment for covered services only after all other sources of payment have been exhausted per A.R.S. §36-2946.

Per R9-22-1002, AHCCCS is not the payer of last resort (AHCCCS will be the primary payer) when the following entities are the third-party:

- 1. The payer is Indian Health Services contract health (IHS/638 tribal plan); or
- 2. Title IV-E; or
- 3. Arizona Early Intervention Program (AZEIP); or
- 4. Local educational agencies providing services under the Individuals with Disabilities Education Act under 34 CFR Part 300; or
- 5. Entities and contractors of entities providing services under grants awarded as part of the HIV Health Care Services Program under 42 USC 300ff et. seq. payer.



Under state and federal law and R9-22-1003 (E), AHCCCS must pay the full amount of the claim according to the Capped Fee-For-Service schedule and then seek reimbursement from the First- or Third-Party payer (Post-Payment Recovery) when the claim is for:

- 1. Preventive pediatric services, including EPSDT services and administration of vaccines under the Vaccines For Children (VFC) Program; or
- 2. The liability is from an absent parent whose obligation to pay support is being enforced by Division of Child Support Enforcement.



AHCCCS has liability for payment of benefits *after* other first- and third-party payer benefits have been paid.

 Providers must determine the extent of the first- and third-party coverage and bill Medicare and all other coverage plans, including HMOs, prior to billing AHCCCS.



Example of a Member with Third Party Liability

Recipient Search | Eligibility And Enrolment | Third Party Liability | CoPayment | Medicare Benefits | Behavioral Health Services | Share of Cost | Additional Benefits |

quested Data:		
AHCCCS ID: A11671912	Last Name:	
DOB: 03/05/1998	First Name:	
Begin Date of Service: 03/20/2020	SSN:	
End Date of Service: 03/20/2020	Medicare Claim Number	
	OR	
	Medicare Beneficiary ID:	

Returned Data:	
AHCCCS ID: A11671912	Last Name: AHCCCS
DOB: 03/05/1998	First Name: APACHE
DOD:	SSN:
Gender: M	Medicare Beneficiary ID:

			Third Part	iy Lial	oility		
Policy Number	Carrier Name	Т	Date	ind Date	Coverage Type	Insurance Type	Service Type
9999999999	InsuranceforToday	,	01/01/2017	/	Medical	C1 COMMERCIAL	30 HEALTH BENEFIT PLAN COVERAGE

Carrier Insurance Address: 123 Main Street Alto, TX 12345



Example of Member without Third Party Liability

Recipient Search Eligibility And Enrollment	hird Party Liability CoPayment Medicare Benefits Behavioral Health Services Share of Cost Additional Benef
Requested Data:	
AHCCCS ID: A11671912	Last Name:
DOB: 03/05/1998	First Name:
Begin Date of Service: 03/20/2020	SSN:
End Date of Service: 03/20/2020	Medicare Claim Number OR Medicare Beneficiary ID:

Returned Data:			
AHCCCS ID: A11671912	2	Last Name: AHCCCS	
DOB: 03/05/1998	8	First Name: APACHE	
DOD:		SSN:	
Gender: M		Medicare Beneficiary ID:	
	Third Party Liability		
	NO TPL FOUND		



Co-Payment Tab: The FFS program does not have copays ACC plans may have copays for some services.

	Requested Data:		
	AHCCCS ID: A11671912		Last Name:
	DOB: 03/05/1998		First Name:
	Begin Date of Service: 03/20/2020		SSN:
	End Date of Service: 03/20/2020		Internet Explorer
	Returned Data:		What do you want to do with CoPays Web Document.xls?
	AHCCCS ID: A11671912		Size: 35.0 KB From: azwebtst.statemedicaid.us
	order to view the "Co-Pay Level Reference		Open The file won't be saved automatically.
Pay Level	ument", click on the link.		→ Save



Cancel

Member Verification with Medicare Coverage

Recipient Se	earch Eligibility And Enrollment Third Party Liability CoPayment	Medicare Benefits Behavioral Health Serv	ices Share of Cost Additional Bene
	· · · · · · · · · · · · · · · · · · ·		
	Requested Data:		
	AHCCCS ID: A12345678	Last Name:	
	DOB: 01/01/1960	First Name:	
	Begin Date of Service: 05/15/2019	SSN:	
	End Date of Service: 05/15/2019	Medicare Claim Number OR Medicare Beneficiary ID:	
	Returned Data:		
	AHCCCS ID: A12345678	Last Name:	
	DOB: 01/01/1960	First Name:	
	DOD:	SSN:	
	Gender: M	Medicare Claim Number:	
		Medicare Beneficiary ID:	M12345678900

Medicare						
Claim Number	Medicare Type	Indicator	Start Date	End Date	Insurance Type	Service Type
123456789M	A	Y	09/01/2018		MA MEDICARE PART A	
123456789M	В	Y	09/01/2018		MB MEDICARE PART B	
123456789M	D	Y	09/01/2018		OT OTHER	30 HEALTH BENEFIT PLAN COVERAGE

Medicare Part D Enrollment		
Period Start	Period End	Service Type
10/01/2018		88 PHARMACY
	Period Start	

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



Member Verification without Medicare Benefits

	Verification: Eligibility And Enrollment	Print
Recipient Search I	Eligibility And Enrollment Third Party Liability CoPayment Mer	dicare Benefits Behavioral Health Services Share of Cost Additional Benefit
	Requested Data:	
	AHCCCS ID:	Last Name:
	DOB	First Name:
	Begin Date of Service: 07/01/2020	SSN:
	End Date of Service: 08/07/2020	Medicare Claim Number OR
		Medicare Beneficiary ID:
	Returned Data:	
	AHCCCS ID:	Last Name:
	DOB:	First Name:
	DOD:	SSN:
	Gender: M	Medicare Beneficiary ID:
	Medicare I	
	No Med	icare Found
	Medica	r0
	No Me	dicare Found
	Medicare Part D	
	No Me	dicare Found

******This verification is not a guarantee of payment.



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

Medicare HMO					
Medicare HMO Plan ID	Medicare HMO Plan Name	Start Date	End Date	Service Type	
H9999	HEALTH NET OF ARIZONA	01/01/2014		30 HEALTH BENEFIT PLAN COVERAGE	

Medicare							
Claim Number	Medicare Type	Indicator	Start Date	End Date	Insurance Type	Service Type	
999999999A	A	Y	01/01/2004		MA MEDICARE PART A		
999999999A	в	Y	04/01/1999		MB MEDICARE PART B		
999999999A	D	Y	01/01/2006		OT OTHER	30 HEALTH BENEFIT PLAN COVERAGE	

	Medicare Part D Enrollment		
Health Plan/Name	Period Start	Period End	Service Type
H9999999 HEALTH NET JADE CARDIOVAS	01/01/2014		88 PHARMACY
Member with Medicare coverage		Member with no	o Medicare
	Medicare HMO	coverage	
	NO MEDICARE HMO		
	Medicare NO MEDICARE PART A NO MEDICARE PART B NO MEDICARE PART D	Coverage of However, thi with t	oes not show Medicare on file for this member. is must always be verified he member as well
	Medicare Part D Enrollm	ent	
	NO DRUG PLAN		
AHCCCS			

Member with Medicare Coverage

Member Eligibility Veri	fication: Eligibility And Enrollment			Print Help
	Recipient Search Eligibility And Enrollment Thi	ird Party Liability CoPaymer	Medicare Benefits	B havioral Health Services Share of Cost Additional Benefits
		Medicare HM)	
Medicare HMO Plan ID	Medicare HMO Plan Name	Start Date	End Date	Service Type
Н9999	HEALTH NET OF ARIZONA	01/01/2014		30 HEALTH BENEFIT PLAN COVERAGE

				Medi	care	
Claim Number	Medicare Type	Indicator	Start Date	End Date	Insurance Type	Service Type
999999999A	A	Y	01/01/2004		MA MEDICARE PART A	
999999999A	В	Y	04/01/1999		MB MEDICARE PART B	
999999999A	D	Y	01/01/2006		OT OTHER	30 HEALTH BENEFIT PLAN COVERAGE

	Medicare Part D Enrollment		
Health Plan/Name	Period Start	Period End	Service Type
H9999999 HEALTH NET JADE CARDIOVAS	01/01/2014		88 PHARMACY



Member with NO Medicare Coverage

ember Eligibility Veri	fication: Eligibility A	nd Enrollme	ent		Print
Recipient Search Eligibility	And Enrollment Third Party Lia	bility CoPayment	Medicare Benefits	Behavioral Health Services Share of 0	Cost Additional Benefit
	Requested Data:				
	AHCCCS ID:			Last Name:	
	DOB:			First Name:	
	Begin Date of Service: 07/			SSN:	
	End Date of Service: 08/	07/2020	м	Medicare Claim Number OR Iedicare Beneficiary ID:	
	Returned Data: AHCCCS ID:			Last Name:	
	DOB:		First Name: SSN:		
	DOD:				
	Gender: M		M	edicare Beneficiary ID:	
Note: Providers verify with the n there has been a change to this in	nember if a update or	No N Med	are HMO Aedicare Fou dicare Medicare Fo		
	ч		rt D Enrollment Medicare Fo		

******This verification is not a guarantee of payment.



Behavioral Health Services Enrollment

Member Eligibility Verification: Eligibility And Enrollment				Print Hi
Recipient Search Eligibility And Enrollment	Third Party Liability	CoPayment Medicare Benefit	s Behavioral Health Services	Share of Cost Additional Benefits
		Behav	vioral Health Servi	ces
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	08/18/2017		39 CENPATICO	CH MENTAL HEALTH FACILITY - OUTPATIENT
G GENERAL MENTAL HEALTH SERVICES	04/01/2017	08/17/2017	39 CENPATICO	CH MENTAL HEALTH FACILITY - OUTPATIENT

BHS Category	Indicates the category of Behavioral Health Enrollment
Begin Date	The effective start date of the recipient's coverage under Behavioral Health Services.
End Date	The date the recipient's coverage under Behavioral Health Services expired.
BHS Site	Name of the TRBHA or RBHA behavioral health agency the recipient is enrolled.
BHS Service Type	Description of the types of services covered under the specified Behavioral Health Services Enrollment.



ALTCS Member - Share of Cost

Member Eligibility Verification: Eligibility And Enro	llment	_	Print
Recipient Search Eligibility And Enr	ollment Third Party Liability CoPayment Medicare Benefits Behavioral Health Se	ervices Share of Cost	Additional Benefit
	Share of Cost No SOC Found		
	ALTCS members ONLY who receive long term care services may be responsible for paying a portion of the cost of their care. This payment liability is called Share of Cost (SOC).		



Additional Benefits Tab

Member Eligibility Verification: Eligibility And Enrollment

Print | Help

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

Targeted Support Coordination/DDD
NO TSC FOUND

		Children's Rehabilitative	Services	
CRS Plan	CRS Indicator	Begin Date	End Date	CRS Service Type
	N			

Arizona Early Intervention Program
NO AZEIP FOUND

DDD Subcontractor Plan
NO DDD SUBCONTRACTOR PLAN FOUND

Additional Benefits Any other coverage/services the member may have .





DFSM Provider Training Unit



DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.



Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates Questions on AHCCCS FFS rates should be directed to the rates team at <u>FFSRates@azahcccs.gov</u>
- Coding Questions on AHCCCS Coding should be directed to the coding team at <u>CodingPolicyQuestions@azahcccs.gov</u>
 - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at ProviderTrainingFFS@azahcccs.gov



Questions?



Thank You.

