





How To Verify Member Eligibility Using The AHCCCS Online Provider Portal

July 2023

AHCCCS
Arizona Health Care Cost Containment System

About This Training

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

- This presentation is for AHCCCS registered providers and their staff. This presentation provides general information regarding the importance of verifying a member's enrollment and how to check a member's enrollment using the AHCCCS Online Provider Portal and other available resources.

- Questions about this presentation email: Providertrainingffs@azahcccs.gov

Importance of Verifying A Member's Eligibility

It is important that providers verify member eligibility on the date of service every time they provide services. Viewing a member's ID card alone does not ensure member eligibility.

Arizona Health Care Cost Containment (AHCCCS) provides multiple health plan enrollment options to members; based on the member's eligibility.

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:

      https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/availa blehealthplans.html

Importance of Verifying a Member's Eligibility

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. AHCCCS does not process claims for members enrolled in an ACC Health Plan.

- If a provider submits a claim to AHCCCS DFSM for a member enrolled in an ACC Health Plan, the claim will deny.
- The denial reason code will show on the remittance advice and on the Online Portal, identifying the health plan the member is enrolled with on the date of service.
- Verifying a member's enrollment accurately, allows a provider to know where to submit the claim.

AHCCCS Complete Care Health Plans

AHCCCS contracts with several health plans to provide covered services. The AHCCCS Health Plans are called AHCCCS Complete Care (ACC) Health Plans and operate like a Health Maintenance Organization (HMO).

- ACC plans are managed by private insurance payers that have been contracted as a Medicaid payer.
- ACC plans are offered based on geographical service areas.
- Members can choose a health plan that covers their zip code area.
- ACC programs may have different rules regarding covered services, billing and policies.

- To view the list of Available Health Plans




Member Health Plan Changes And Options

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When Can a Member Change Their Enrollment

American Indian AHCCCS or KidsCare members can switch their enrollment between AHCCCS American Indian Health Program (AIHP) and an (ACC) plan and back again at any time.

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.

However, an AI/AN member can only change from one managed health care plan to another (for example, Mercy Care Plan to Magellan Complete

Information health plan changes: American Indian Health Program

When Can a Member Change Their Enrollment (cont.)

Verifying the member's enrollment also ensures that the providers are following the appropriate rules and regulations, such as claim submission and prior authorization requirements for the member's enrolled health plan.

- i.e., the prior authorization requirements for members enrolled in an AHCCCS FFS Health Plan, such as AIHP may vary from the PA requirements for an ACC plan.


Health Plan Types and Plan ID Numbers

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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 ID Numbers

Arizona Long Term Care Programs	Health Plan ID
Gila River Indian Community	190025
Hopi	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




Medicaid Cost Sharing Plans

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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.

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

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

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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

Healthcare providers are responsible for verifying the eligibility of a member.

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

Health care providers must 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).

- https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFSChapter2Eligibility.pdf




Eligibility and Enrollment Verification Options

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Eligibility Verification Options

Providers are responsible for verifying eligibility every time a member is seen in the office.

Member eligibility can be verified through:

- ✓ AHCCCS Online Provider Portal
- ✓ Interactive Voice Response
- ✓ Medical Electronic Verification System (MEVS)
- ✓ AHCCCS Batch 270/271 Eligibility Verification Request and Response

AHCCCS Online Provider Portal

AHCCCS registered providers can verify the following information using the AHCCCS Online Provider portal:

- 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 https://azweb.statemedicaid.us.

Interactive Voice Response System (IVR)

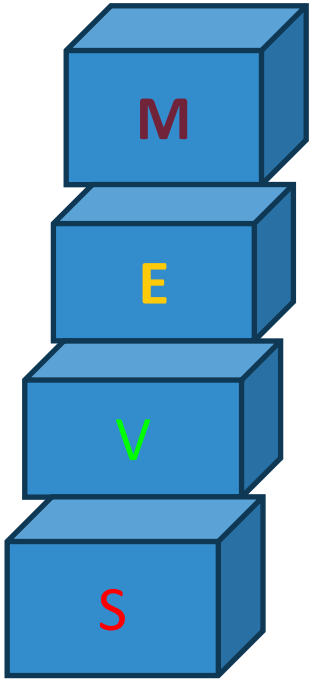
The IVR allows an unlimited number of phone verifications by entering information on a touch-tone telephone.

- Providers may call IVR at:
  - Phoenix: (602) 417-7200
  - All others: 1-800-331-5090

Medical Electronic Verification System (MEVS)

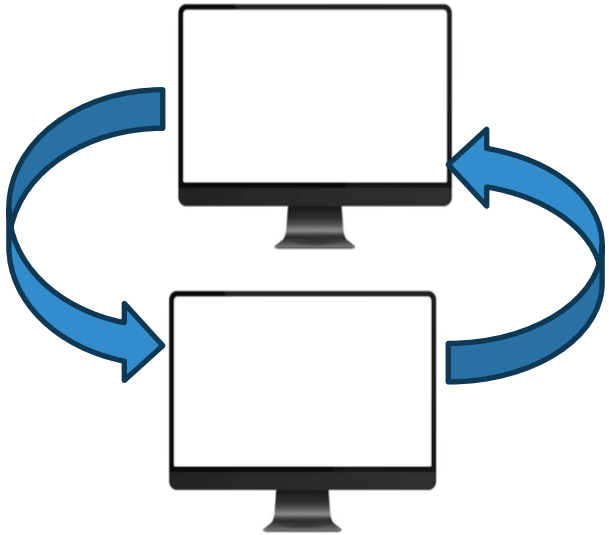
The MEVS option uses a variety of applications to provide member information to providers.

- For information on MEVS, please contact EMDEON at:
- https://www.changehealthcare.com/



Member Eligibility 270/271 Verification

- Providers can also verify information through a batch process referred to as (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 this process can be obtained by calling the AHCCCS Help Desk at (602) 417-4451.






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 www.azahcccs.gov
    - Select - Plans & Providers > AHCCCS Online *(found on the left side of the page)*

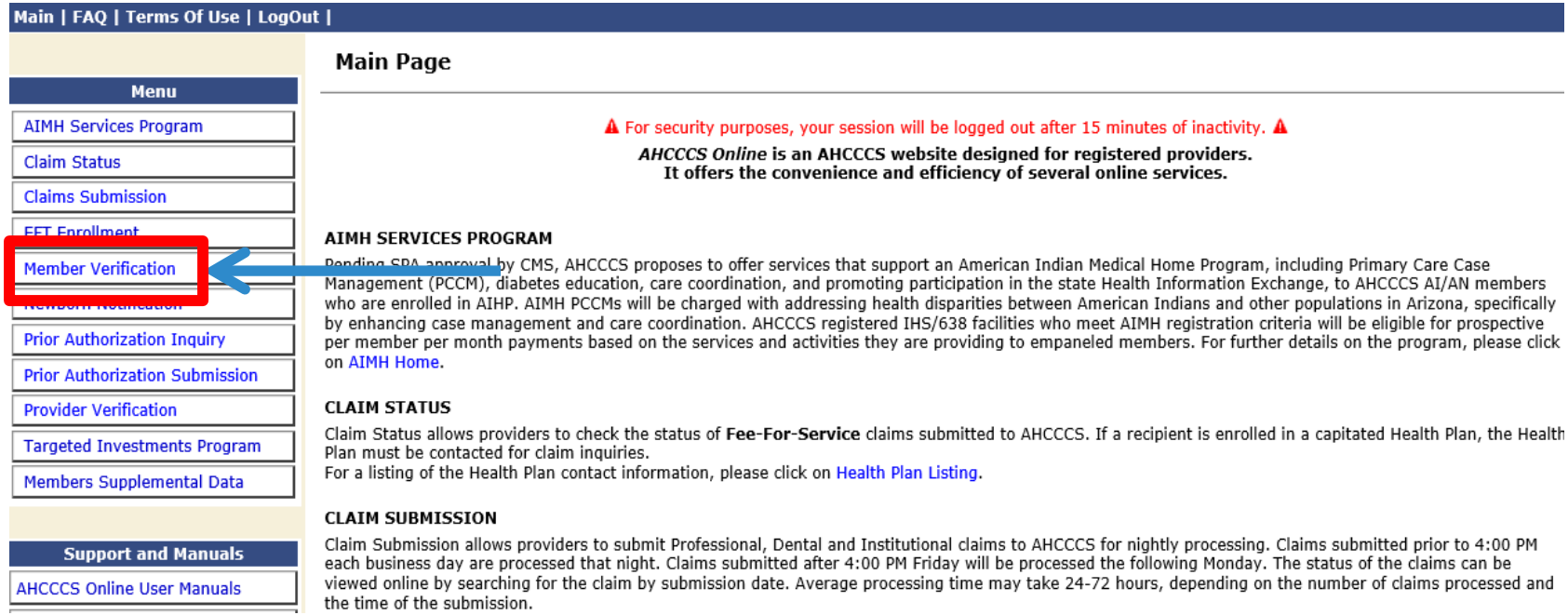
2. URL https://azweb.statemedicaid.us

- 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

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

Step 2: Select ***Member Verification***



Member Verification Page

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

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

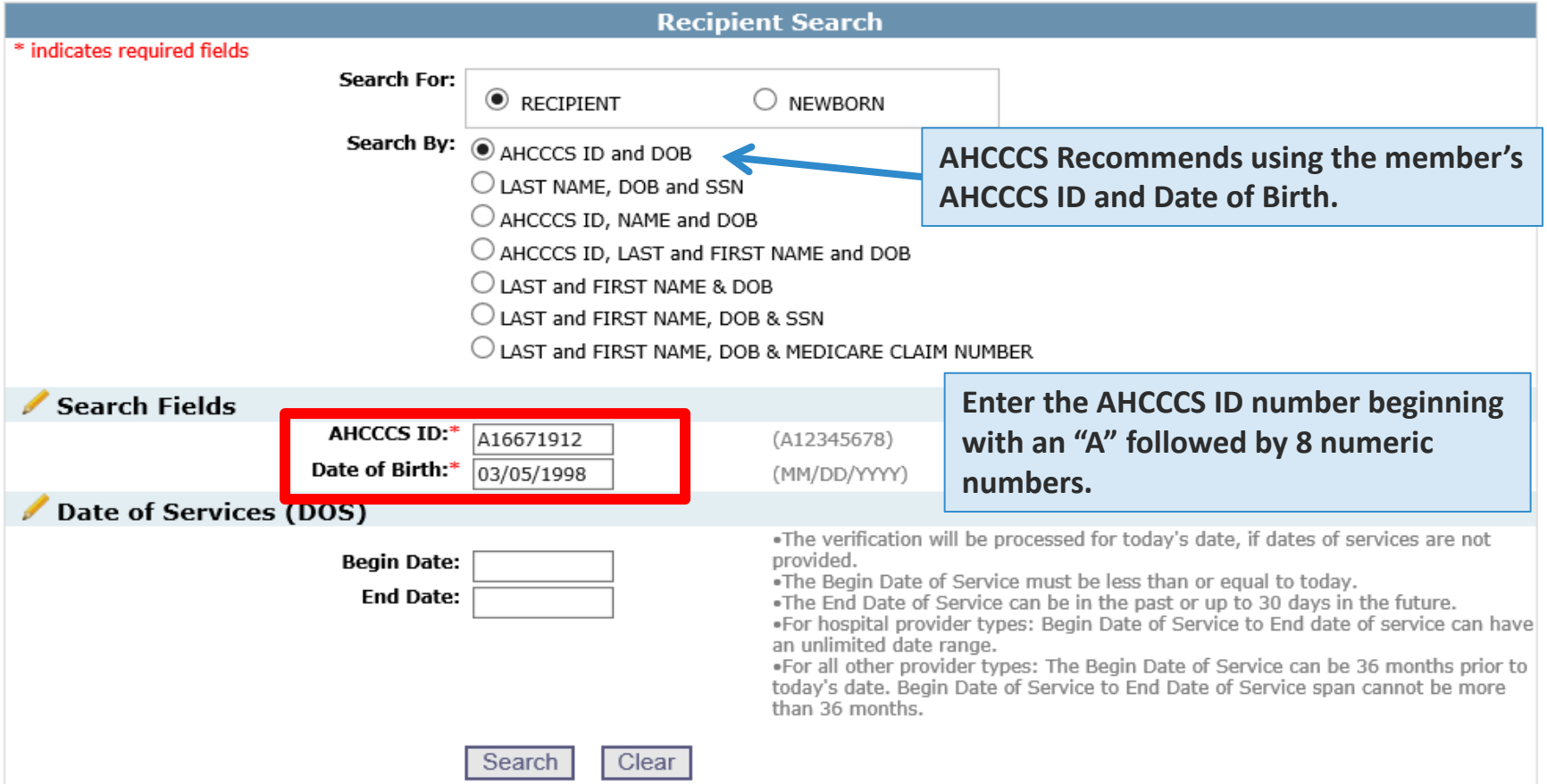
Step 5: Under ***Search Fields*** that criteria you selected under the ***Search By*** section will self-populate. (i.e. if you select AHCCCS ID and Date of Birth, fields for the AHCCCS ID and Date of Birth will populate under the ***Search Fields*** section)

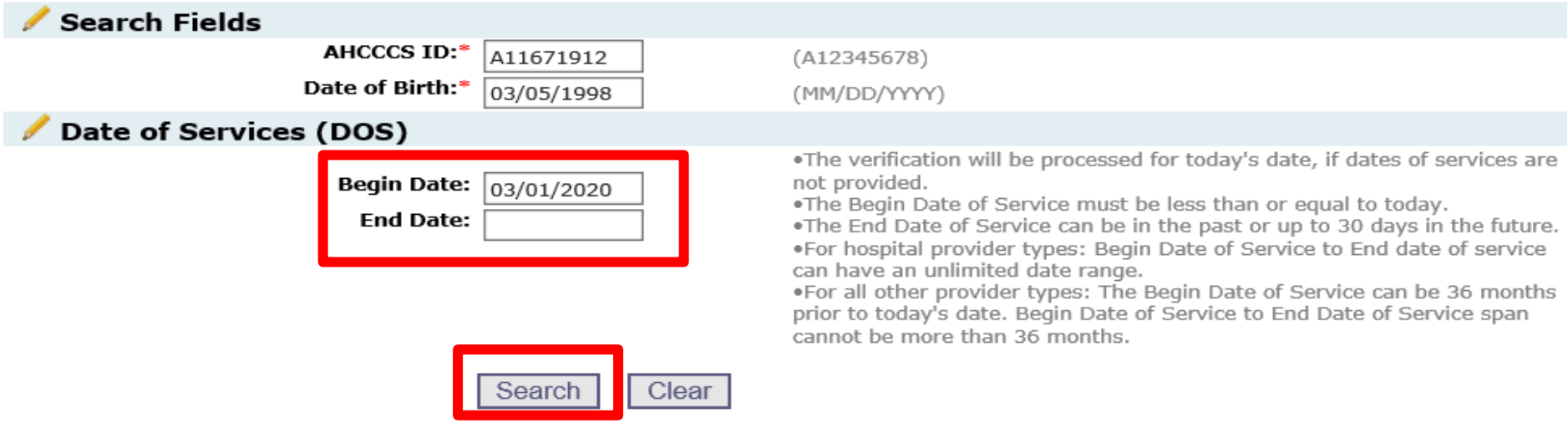
- Enter the information requested here.

Step 6: ***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.

Member Eligibility Verification: Recipient Search



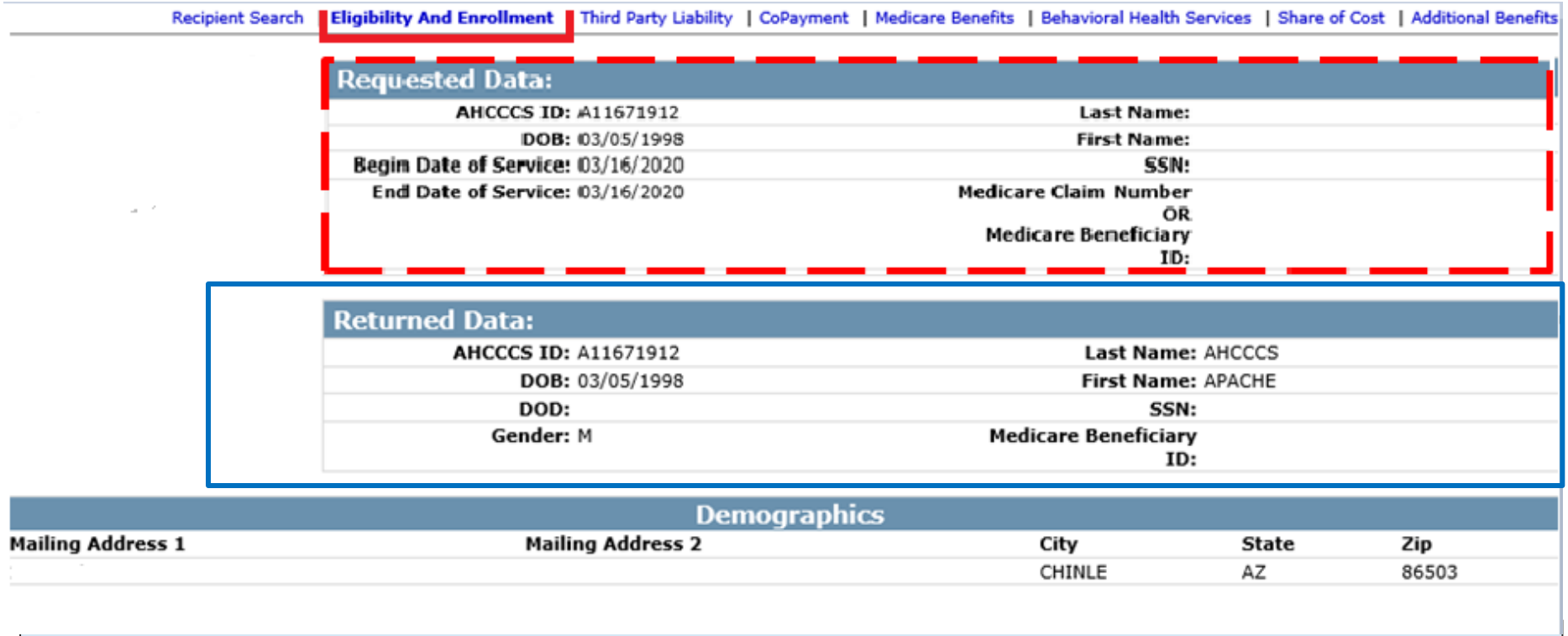


Date of Services (DOS): The verification will be processed for today's date, if dates of services *are not* provided.

<u>Begin Date:</u> Must be less than or equal to today's date.

<u>End Date:</u> Can be in the past or up to 30 days in the future.

Click "Search" box.



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

Requested Data:

AHCCCS ID:	A11671912	**Last Name:**	
DOB:	03/05/1998	**First Name:**	
Begin Date of Service:	03/16/2020	**SSN:**	
End Date of Service:	03/16/2020	**Medicare Claim Number OR Medicare Beneficiary ID:**	

Returned Data:

AHCCCS ID:	A11671912	**Last Name:**	AHCCCS
DOB:	03/05/1998		
DOD:			
Gender:	M		

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

Demogra

Mailing Address 1	Mailing Address 2			
154 E CHINLE AVE		CHINLE	AZ	86503

Eligibility Renewal 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	03/13/2020		1016 - TANF 21-44 MALE NON-MEDICARE	E ACC/FFS	MC MEDICAID

Service Type Codes

Returned Data:

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

Demographics

Mailing Address 1	Mailing Address 2	City:	State	Zip
154 E CH				

Eligibilit

The Begin Date of eligibility indicates the date the recipient is eligible for insurance.

End Date indicates the date the insurance coverage has expired.

The Add-On section will show when the record was added to the database.

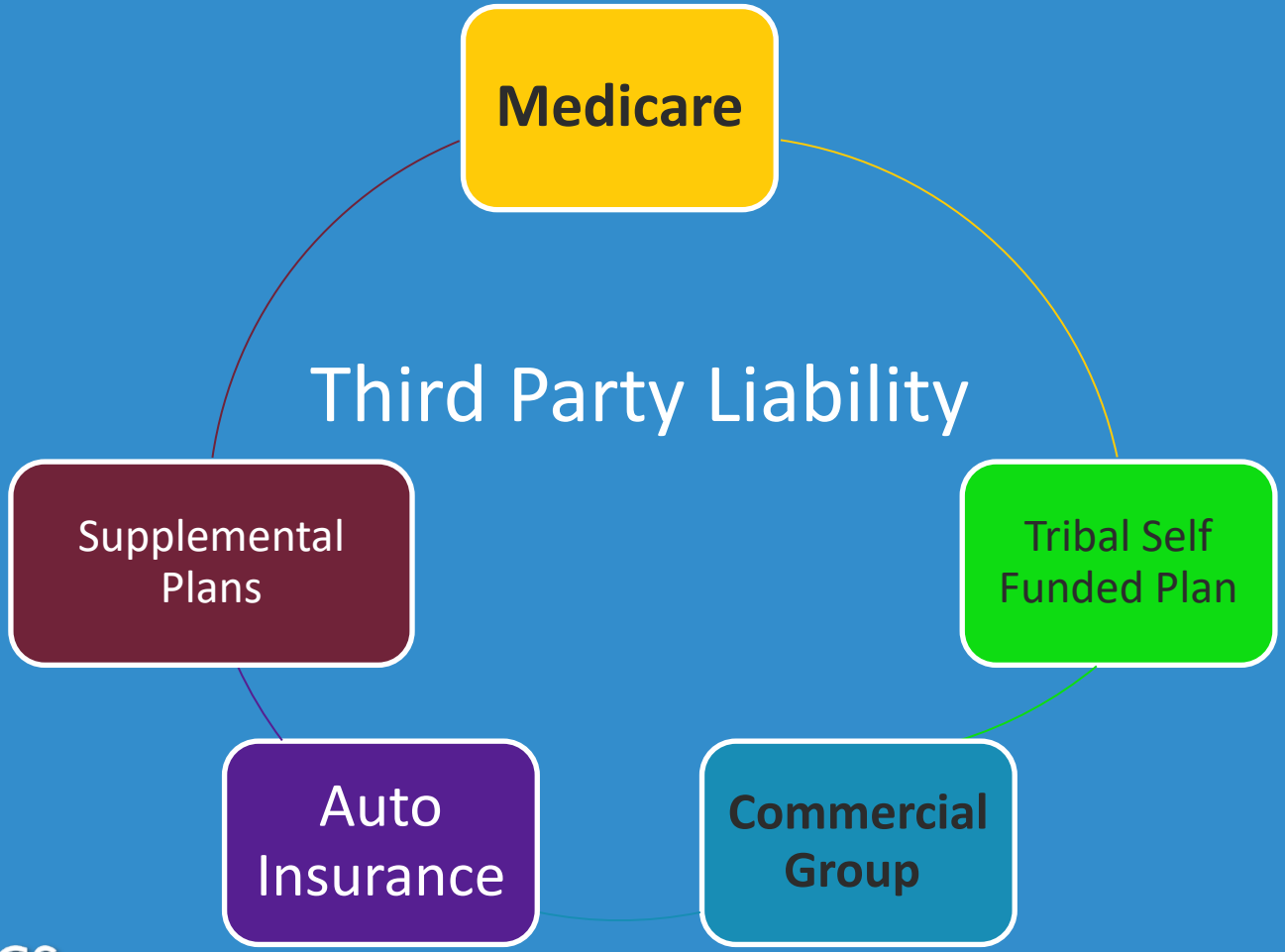
Eligibility

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	03/13/2020		1016 - TANF 21-44 MALE NON-MEDICARE	E ACC/FFS	MC MEDICAID

⊞ Service Type Codes



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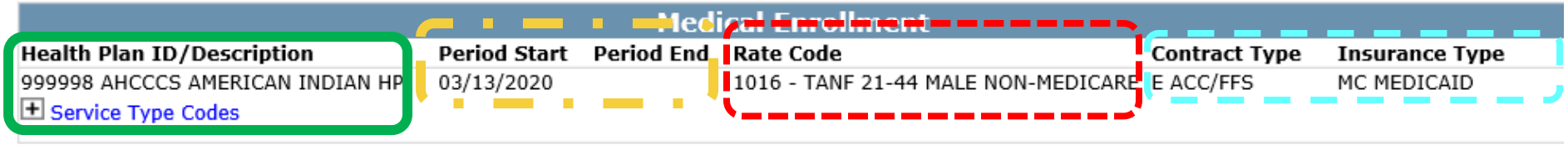


Medical Enrollment

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

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.

Rate Code:
Indicates the capitation payment method at the time payment was made.

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




Third Party Liability Verification

Definitions Third Party Liability

Third-Party

This 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

This 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.

Important

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.

Exceptions to the Payer of Last Resort Rule

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 (Foster Care); 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.

Payment Exceptions to the Payer of Last Resort Rule

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:

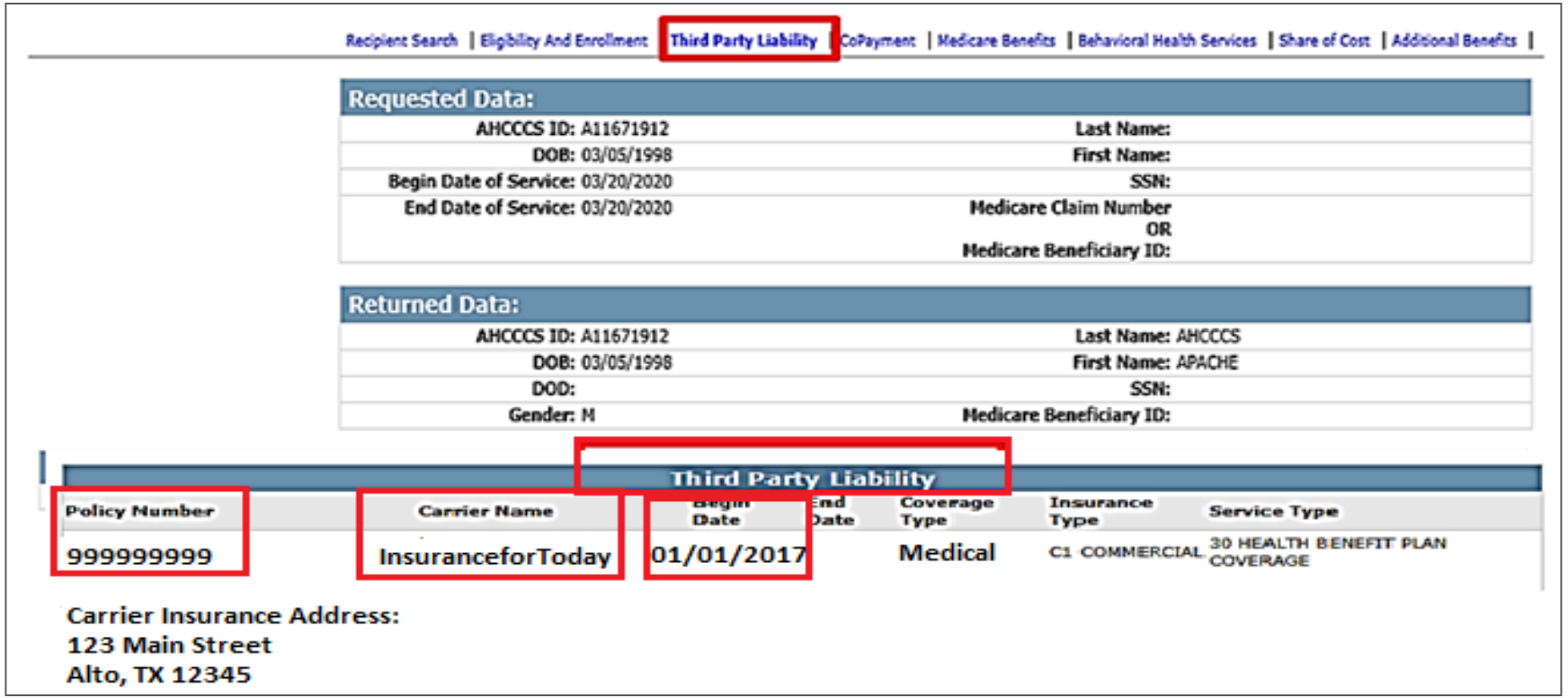
1. Preventive pediatric services, including EPSDT services and administration of vaccines under the Vaccines For Children (VFC) Program; or
2. The liability is from an absent parent whose obligation to pay support is being enforced by Division of Child Support Enforcement.

Third Party Liability

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.
- The following slides will show how TPL information is presented on the AHCCCS Online Provider portal.

Example of a Member with Third Party Liability



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

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:

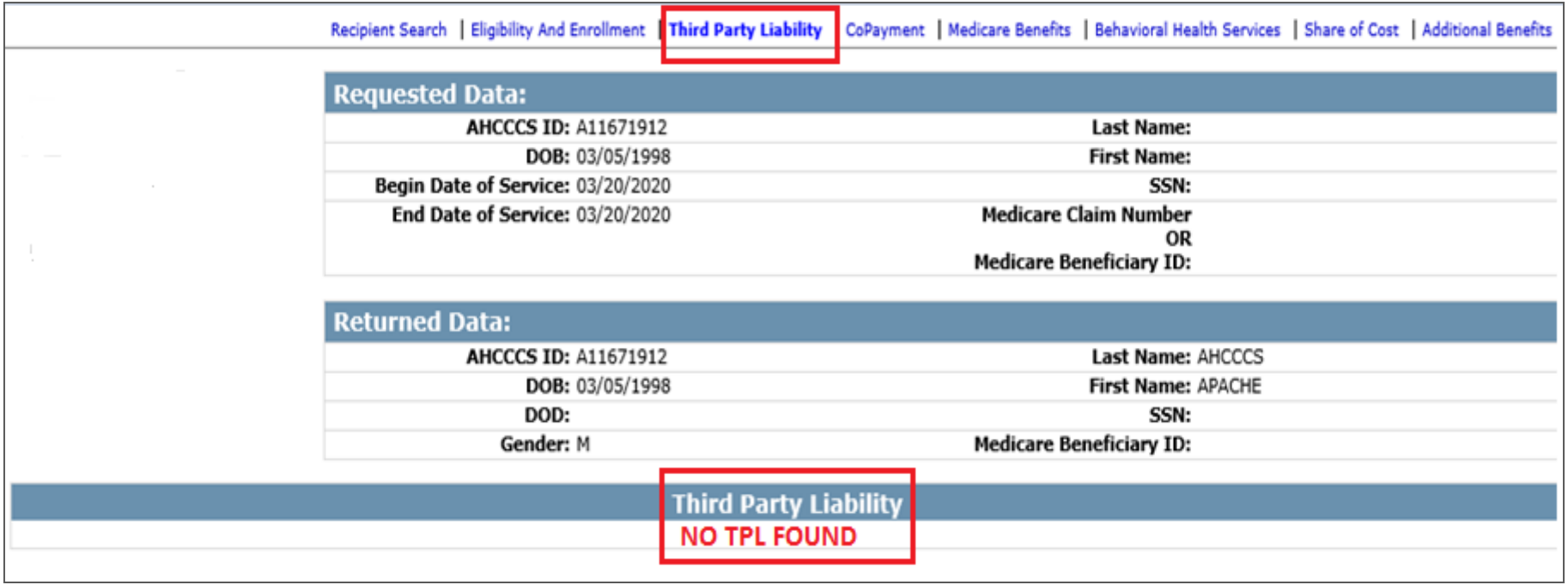
AHCCCS ID: A11671912	Last Name: AHCCCS
DOB: 03/05/1998	First Name: APACHE
DOD:	SSN:
Gender: M	Medicare Beneficiary ID:

Third Party Liability

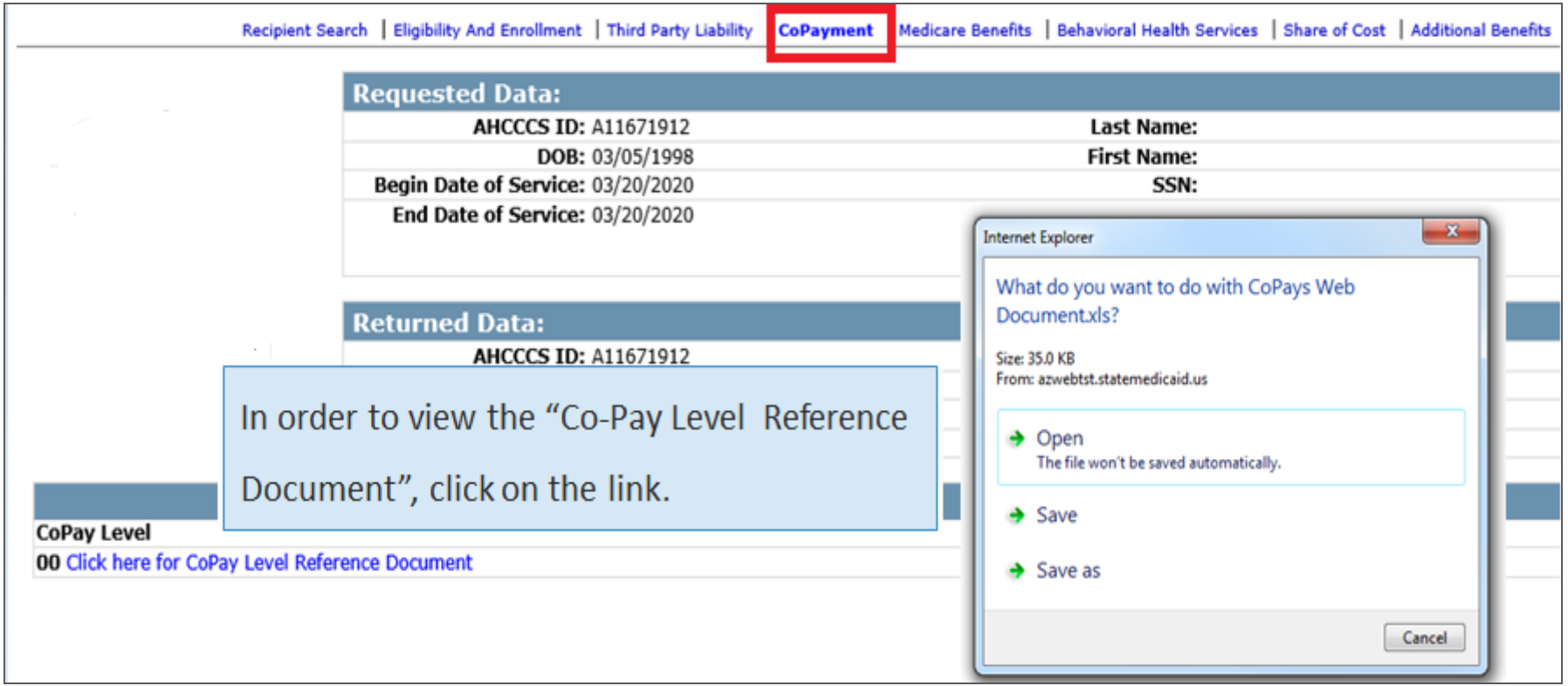
Policy Number	Carrier Name	Begin Date	End Date	Coverage Type	Insurance Type	Service Type
999999999	InsuranceforToday	01/01/2017		Medical	C1 COMMERCIAL	30 HEALTH BENEFIT PLAN COVERAGE

Carrier Insurance Address:
123 Main Street
Alto, TX 12345

Example of Member Without Third Party Liability



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



Member Who Does Not Have Medicare Coverage

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

Requested Data:			
AHCCCS ID:		**Last Name:**	
DOB:		**First Name:**	
Begin Date of Service:	06/01/2023	**SSN:**	
End Date of Service:	07/12/2023	**Medicare Claim Number OR Medicare Beneficiary ID:**	

Returned Data:			
AHCCCS ID:		**Last Name:**	
DOB:		**First Name:**	
DOD:		**SSN:**	
Gender:		**Medicare Beneficiary ID:**	

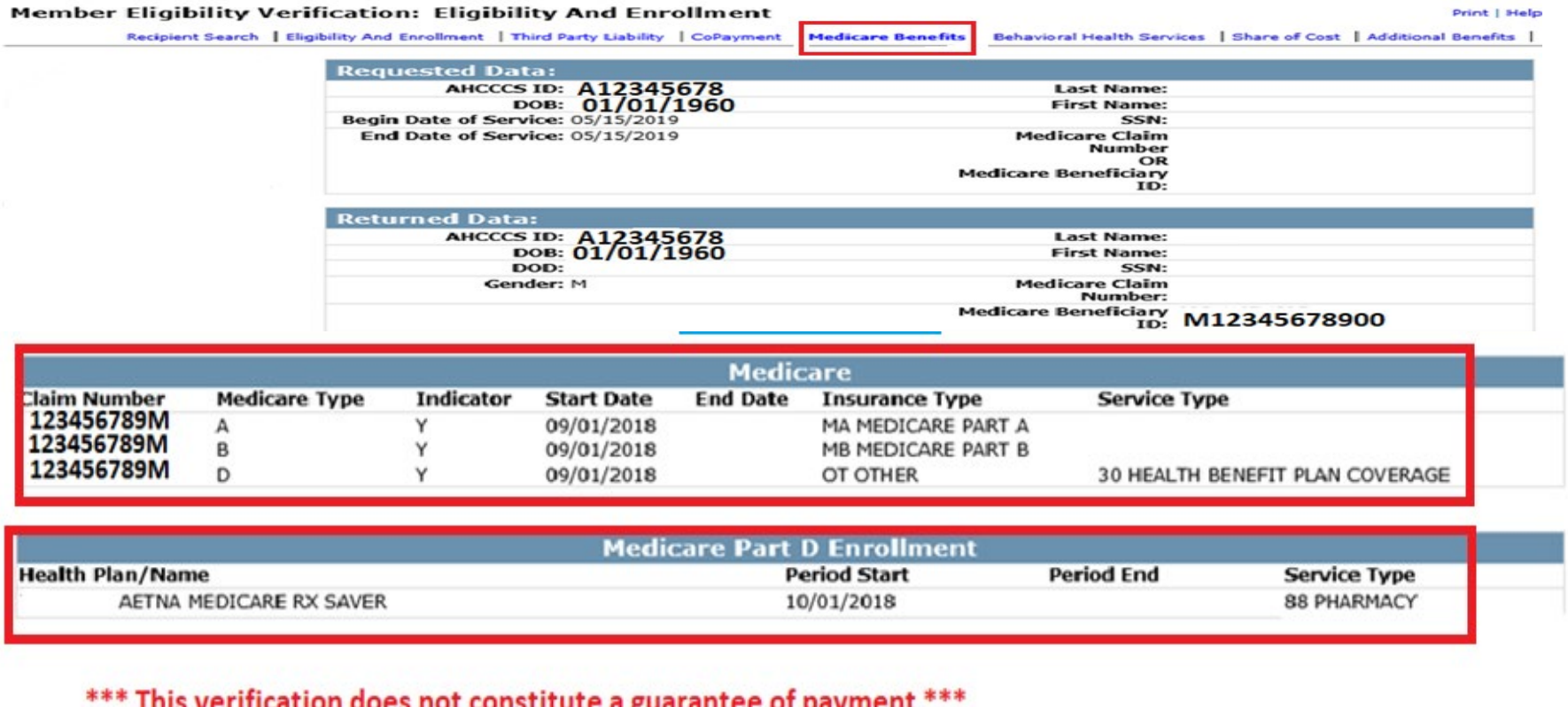
AHCCCS does not show Medicare coverage on file for this member. However, because enrollment information can change at any time, this information must always be verified with the member as well.

Medicare HMO
NO MEDICARE HMO

Medicare
NO MEDICARE PART A
NO MEDICARE PART B
NO MEDICARE PART D

Medicare Part D Enrollment
NO DRUG PLAN

Member Who Has Medicare Coverage



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 |

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

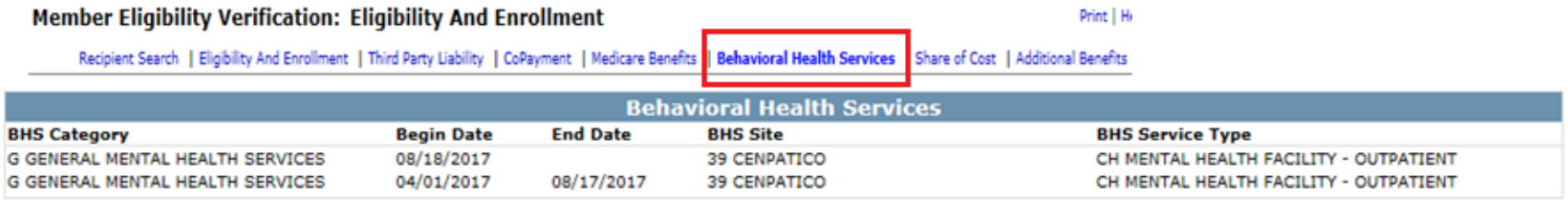
Claim Number	Medicare Type	Indicator	Start Date	End Date	Insurance Type	Service Type
123456789M	A	Y	09/01/2018		MA MEDICARE PART A	
123456789M	B	Y	09/01/2018		MB MEDICARE PART B	
123456789M	D	Y	09/01/2018		OT OTHER	30 HEALTH BENEFIT PLAN COVERAGE

Medicare Part D Enrollment

Health Plan/Name	Period Start	Period End	Service Type
AETNA MEDICARE RX SAVER	10/01/2018		88 PHARMACY

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

Behavioral Health Services Enrollment



Member Eligibility Verification: Eligibility And Enrollment

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

Behavioral Health Services

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 Enrolled Member – With Share of Cost

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

Requested Data:			
AHCCCS ID:		**Last Name:**	
DOB:		**First Name:**	
Begin Date of Service:	06/01/2023	**SSN:**	
End Date of Service:	07/12/2023	**Medicare Claim Number OR Medicare Beneficiary ID:**	

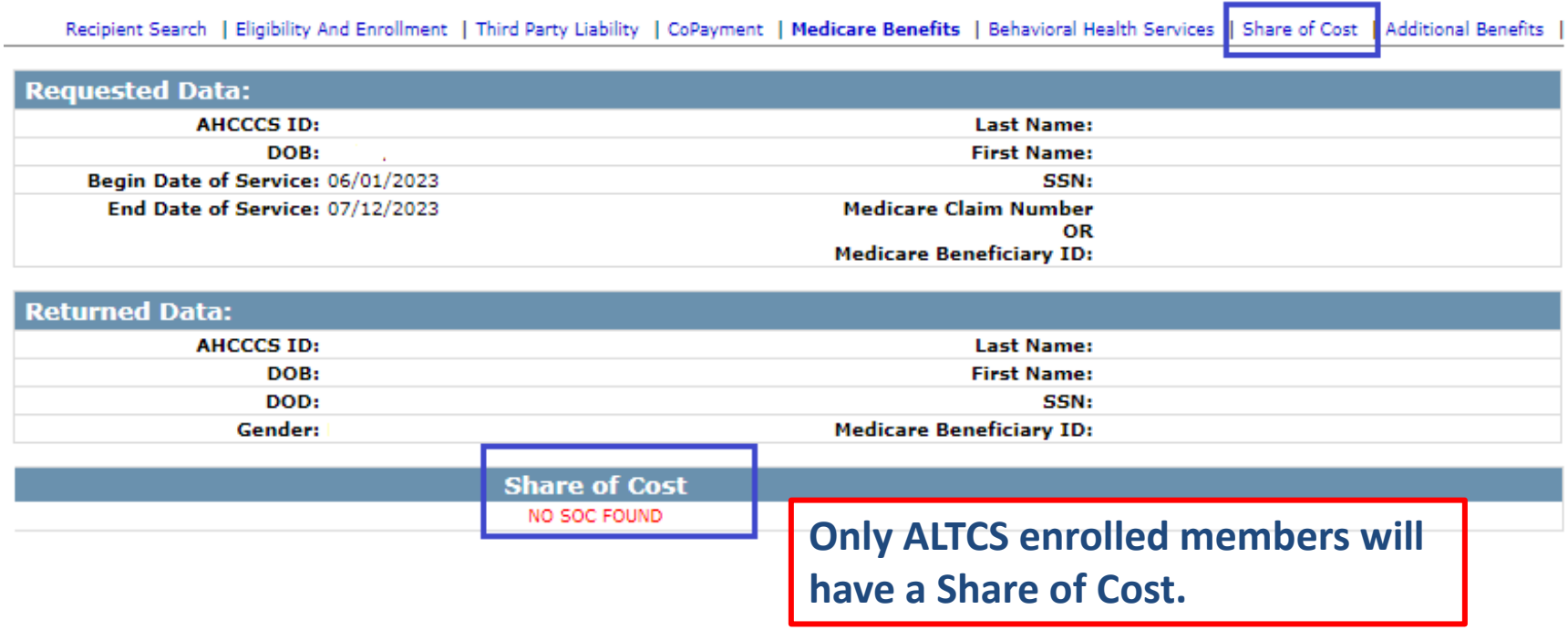
Returned Data:			
AHCCCS ID:		**Last Name:**	
DOB:		**First Name:**	
DOD:		**SSN:**	
Gender:		**Medicare Beneficiary ID:**	

Share of Cost

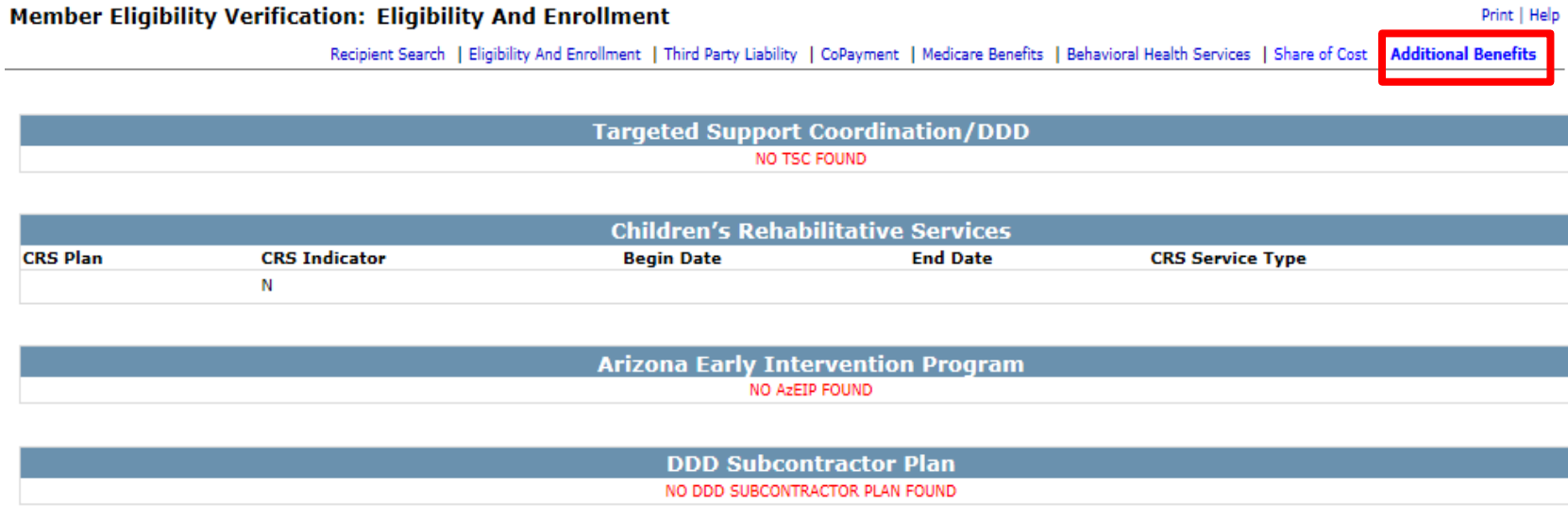
Please direct any questions regarding share of cost data to the member's program contractor

Share of Cost	Share of Cost Month
.00	06/2023
.00	05/2023
.00	04/2023
.00	03/2023
796.90	02/2023

Non-ALTCS Member Will Not Have a Share of Cost



Additional Benefits Tab



Member Eligibility Verification: Eligibility And Enrollment

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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

The Additional Benefits tab will list any special programs or coverage the member may have.


DFSM Provider Training Unit

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DFSM Provider Education and Training

The AHCCCS Provider Training Unit can assist providers with the following:

- AHCCCS Online Provider Portal Training:
  - How to submit and status claims and prior authorization using the AHCCCS Online Provider Portal;
- How to use the Transaction Insight Portal (for the submission of accompanying documentation);
- Provide clarification on AHCCCS policies and system updates;
- Changes to the program; and
- Other details.

For training requests please contact the DFSM Provider Training Team at **ProviderTrainingFFS@azahcccs.gov**

DFSM Provider Education and Training

Note: The provider training and medical coding teams cannot instruct providers on how to code or bill for a particular service. For example, questions regarding the use of modifiers, billing combination of codes, place of service etc., should be directed to your organization's coder/biller for guidance.

Note: Questions regarding the processing of claims by the AHCCCS Complete Care (ACC) Health Plans should be directed to the appropriate ACC Health Plan.

Who to contact?

- Questions on AHCCCS Fee-for-Service rates email **FFSRates@azahcccs.gov**
- Questions on AHCCCS Coding email: **CodingPolicyQuestions@azahcccs.gov**

Need Help!

If you need assistance with the following:

Questions about warrants, paper EOBs, or EFTs please contact the Division of Business & Finance (DBF) at ahcccswarrantinquiries@azahcccs.gov or call **(602) 417-5500. Hours: 10:00 AM – 4:00 PM Arizona Time.**

To check the status of your EFT, please email the Division of Business & Finance (DBF) at ahcccsfinanceeft@azahcccs.gov

Questions related to electronic transactions or to request an ERA transaction setup email servicedesk@azahcccs.gov or contact **(602) 417-4451. Hours: 7:00 AM – 5:00 PM Arizona Time.**

Providers should use the AHCCCS Online website as the first step in checking the status of the prior authorizations and claims. Our Provider Services representatives are skilled to provide help to many *basic* prior authorization and claims questions. To reach **Provider Services call (602) 417-7670.**

Provider Services Call Center Operation Hours: **Monday-Friday from 7:30 A.M. - 5:00 P.M.**

Providers should not call the Provider Services if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims. Providers should refer to the AHCCCS Website Plans/Providers for more information.

Questions?

Thank You.