













#### **AHCCCS Solutions Center – Provider Guidance**

General User Guide for Providers September 2024



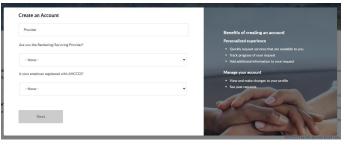
#### **Quick Start**

Go to the AHCCCS Solutions Center:

https://servicenow.azahcccs.gov/gsp



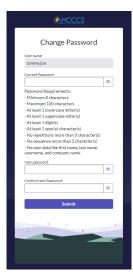
4 Follow the prompts to create your account.



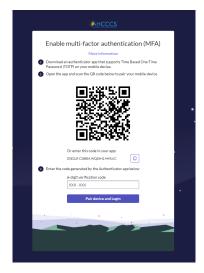
5 Check your email for login credentials and use them to login to your account.



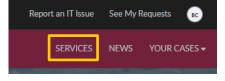
6







8 Submit FFS Provider Claims Disputes and Provider Service Appeals.





#### **FAQs**

#### • How do I log in?

- To access the AHCCCS Solutions Center, navigate to <a href="https://servicenow.azahcccs.gov/gsp">https://servicenow.azahcccs.gov/gsp</a>. On the top right corner of the screen, select "Create an Account", then select "Provider". You can create an account as a Provider Representative (biller, coder, etc.) or as the rendering/servicing provider. By using your employer's AHCCCS Provider ID and Tax ID to create the account, you will be able to access services specific to registered providers.
- Once you have created the account, you will receive a confirmation email with account credentials. Use those credentials to login. You will be asked to change your password and set up multi-factor authentication (MFA).

#### Is this login different from AHCCCS Online and APEP?

Yes, this will allow you to submit various service requests to AHCCCS.

#### What can I do on the AHCCCS Solutions Center?

Currently, you can submit FFS Provider Claim Disputes and Provider Service Appeals to the Office of General Counsel (OGC).
 You can also report an IT issue.

#### What email should I use to set up my account?

Use an individual email (ideally a personal email account) that you have the ability to check easily. It does not have to be
the same email that you use for your AHCCCS Online or APEP accounts.

#### • How do I get help from tech support?

On the top right corner of the AHCCCS Solutions Center home page, click "Report an IT Issue"



## Learning Objectives

This comprehensive user guide will help you:



• Navigate the AHCCCS Solutions Center homepage



Create, confirm & update an account



View the menu of services available to you



View your requests



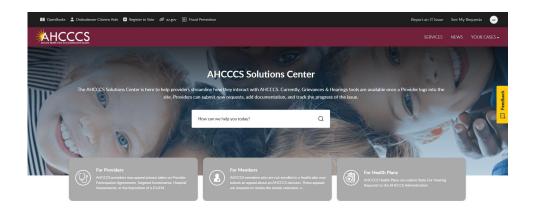
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#### What is the AHCCCS Solutions Center?

- The AHCCCS Solution Center is the website where AHCCCS's customers (Providers, Health Plans, and Members) can submit requests.
- Content is accessible depending on the user's permissions within the AHCCCS Solutions Center, therefore, you should create an account to access information and services relevant to you.



Everyone sees general news and helpful articles.

Everyone can report an IT Issue.

Providers see provider options.

Members see member options.

Health Plans see health plan options.



# Navigation





#### Website Address

Link to the AHCCCS Solutions Center: https://servicenow.azahcccs.gov/gsp

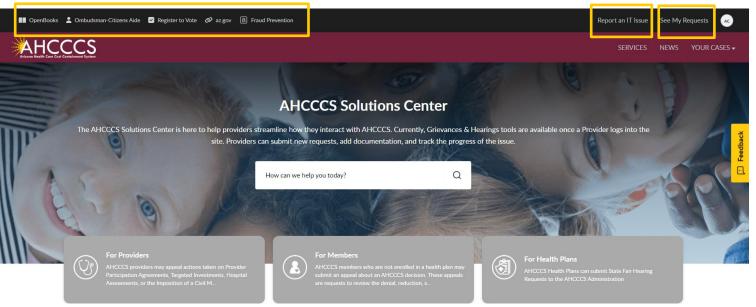
Anyone (Providers, Health Plans, Members, the general public) can access the website. Certain content is only accessible to individuals logged in as a specific audience.

This disclosure message will appear when you first access the site.



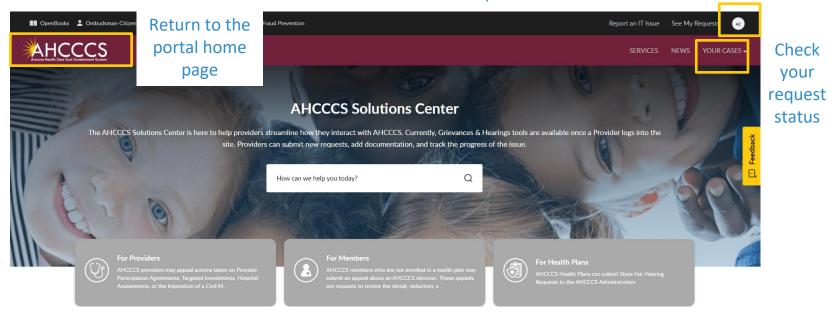


AZ quick links Get IT help Check request status

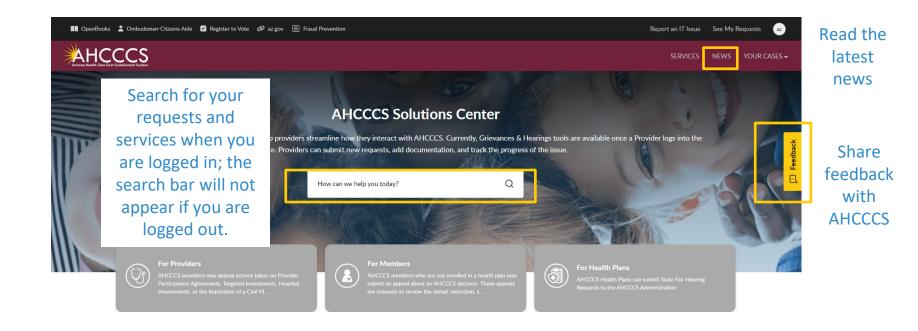




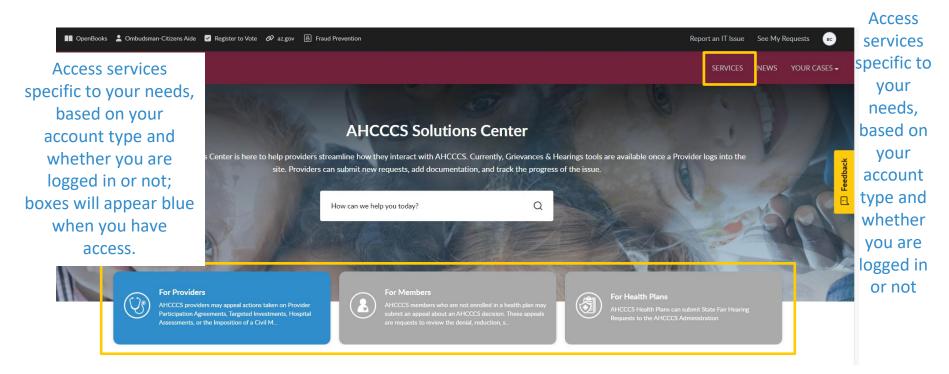
Account information: Login, logout, update profile





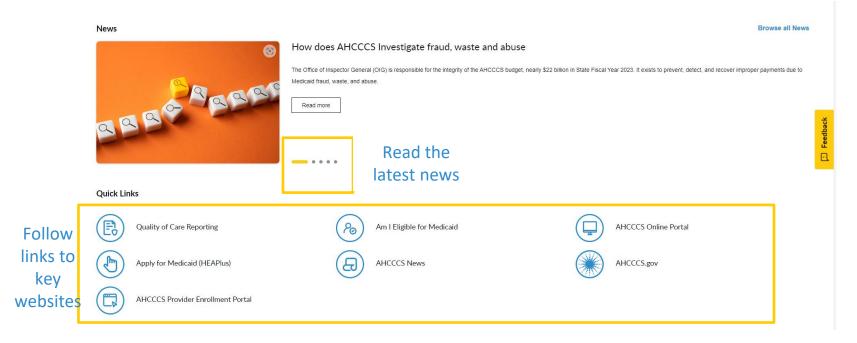








#### Scroll down to...

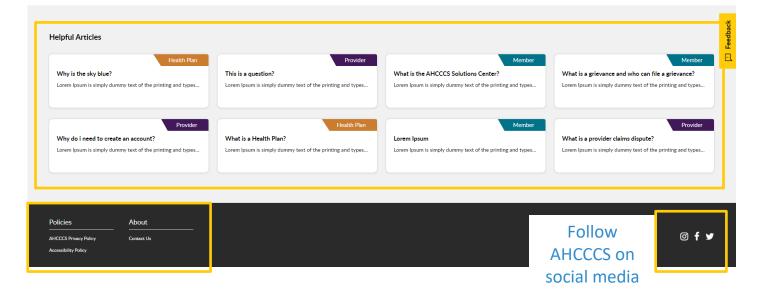




#### Keep scrolling to...



Read helpful articles



Learn about AHCCCS



## Create an account



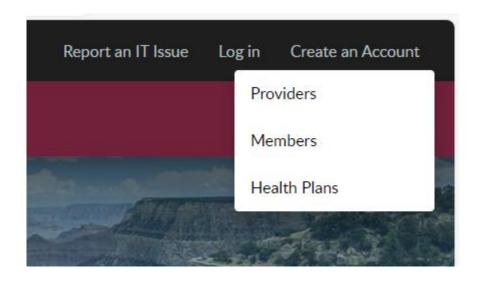


#### Website Address

Link to the AHCCCS Solutions Center: <a href="https://servicenow.azahcccs.gov/gsp">https://servicenow.azahcccs.gov/gsp</a>

Anyone (Providers, Members, Health Plans) can access the website. You may need to create an account to access certain services.

To create an account, navigate to the top right corner of the site and click "Create an Account". Then select the appropriate account type for you: Providers, Members, Health Plans





## Creating Accounts – Email

Regardless of the type of account you set up, you will be asked to provide an email address to associate with the account. This email address serves as a unique identifier linking you to the account and to your requests. Use an email address that:

- Is individual to you personally. Do <u>not</u> use a group email.
- Ideally, is a personal email vs a work email, so that you can transition your account easily if you switch jobs.
- Is an email you where can receive and check for automated messages regarding your account and requests. For example, you will receive an email at this address with instructions regarding account set up.
- Is an email you can receive requests from a with Multifactor Authentication app (Ex: verification code)

**NOTE**: You do <u>not</u> have to use the same email as your AHCCCS Online or APEP accounts.



What email should I use?



You will be asked two questions to set up your account:

- 1. Confirm whether you are the individual Rendering/Servicing Provider or if you are representing the Provider.
- 2. Confirm your employer is registered with AHCCCS, meaning they have an AHCCCS Provider ID via APEP.

Regardless of your answers, you can create an account, however, your account will be slightly different based on the answers.

Provider	Benefits of creating an account
	Personalized experience
Are you the Rendering/Servicing Provider?	Quickly request services that are available to you
	Track progress of your request
None	Add additional information to your request
Is your employer registered with AHCCCS?	Manage your account
	View and make changes to your profile
None	See past requests
	-11-6



Question 1: Are you the Rendering/Servicing Provider?

#### Options:

#### I am the Rendering/Servicing Provider

- Select this option to create a "Provider" account, with your individual AHCCCS Provider ID and associated contact identified as the primary account holder.
- Ex: If you are the actual individual servicing provider, or if you are the sole proprietor of a private practice

#### I represent the Provider

- Select this option to create a "Provider Representative" account, where your individual contact information is separate from the provider(s) you represent
- Ex: If you are a biller, coder, credentialist, attorney representing a provider, or any other healthcare professional seeking assistance on behalf of a provider, such as a group or facility
- You can serve as a provider representative to more than one provider, but you need to associate your account with a single employer

#### Create an Account

Provider

Are you the Rendering/Servicing Provider?

--None--

--None--

I am the Rendering/Servicing Provider

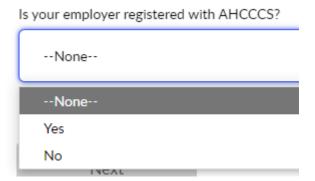
I represent the Provider



Question 2: Is your **employer** registered with AHCCCS? Options:

#### Yes

- This means your employer has been enrolled with APEP and has an active AHCCCS Provider ID.
- When you provide the employer's AHCCCS Provider ID and the associated Tax ID Number, then you will be able to access service requests specific to registered providers
- You, as an individual, do not have to be enrolled; your employer does.

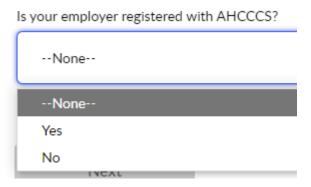




Question 2: Is your <u>employer</u> registered with AHCCCS? Options:

#### No

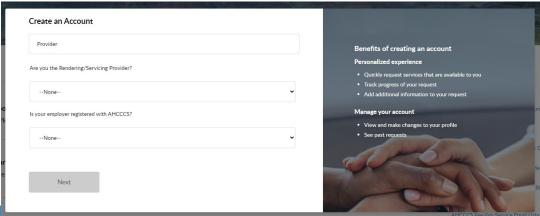
- Use this option if your employer is not yet enrolled with APEP and does not have an AHCCCS Provider ID
- Ex: If you are seeking enrollment and need help with the Provider Enrollment process.
- Ex: If you are an attorney or biller working on behalf of a provider and not directly employed by the provider
- Options for Fee For Service Claim Disputes and Provider Appeals for the Office of General Counsel (OGC) will be available to providers regardless if their employer is registered with AHCCCS





We'll review all the account options based on the possible answers to the first two questions (shown in the image below) that start the provider registration process:

- Rendering/Servicing Provider, with employer AHCCCS ID
  - a. Using your personal Provider AHCCCS ID
  - b. Without a personal Provider AHCCCS ID
- 2. Rendering/Servicing Provider, without employer AHCCCS ID
- 3. Provider Representative, with employer AHCCCS ID
- 4. Provider Representative, without employer AHCCCS ID





## 1. Rendering/Servicing Provider, with employer AHCCCS ID

You will be asked:

Do you have an AHCCCS ID assigned to yourself?

#### Yes

You can use your AHCCCS Provider ID to provide the associated contact information with the AHCCCS Solutions Center account you are creating.

#### No

You will be asked to input your contact information.

## Provider Are you the Rendering/Servicing Provider? I am the Rendering/Servicing Provider Is your employer registered with AHCCCS? Do you have an AHCCCS ID assigned to yourself? We can quickly build your profile from our records --None----None--

Create a Provider Account

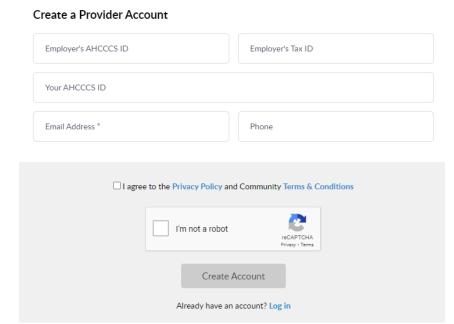


# 1.a: Rendering/Servicing Provider, with employer AHCCCS ID, with AHCCCS Provider ID assigned to self

When you select **yes**, to "Do you have an AHCCCS ID assigned to yourself?"

You will be asked to provide:

- Your employer's AHCCCS ID
- Your employer's Tax ID Number
- Your AHCCCS ID
- The email address you would like to be associated with this account and receive relevant notifications.
- Your phone number





# 1.b: Rendering/Servicing Provider, with employer AHCCCS ID, without AHCCCS Provider ID assigned to self

When you select **no**, to "Do you have an AHCCCS ID assigned to yourself?"

You will be asked to provide:

- Your employer's AHCCCS ID
- Your employer's Tax ID Number
- Your name
- The email address you would like to be associated with this account and receive relevant notifications.
- Your phone number
- Your street address

#### Create a Provider Account

Employer's AHCCCS ID	Employer's Tax ID						
First Name *	Last Name *						
Email Address *	Phone						
Street *							
City * State *	Zip *						
☐ I agree to the Privacy Policy and Community Terms & Conditions							
I'm not a robot reCAPTCHA Privacy - Terms							
Create Account							
Already have an account? Log in							



## 2. Rendering/Servicing Provider, with<u>out</u> employer AHCCCS ID

You will be asked to enter:

- Your name
- The email address you would like to be associated with this account and receive relevant notifications.
- Your phone number
- Your street address

This account will prevent you from seeing content and services that are exclusive to registered, APEP-enrolled Providers.

#### Create a Provider Account

First Name *		Last Name *					
Email Address *		Phone					
Street *							
City *	State *		Zip *				
☐ I agree to the Privacy Policy and Community Terms & Conditions							
	I'm not a robot	reCAPTCH Privacy - Ten					
	Create A	Account					
	Already have an	account? Log in					

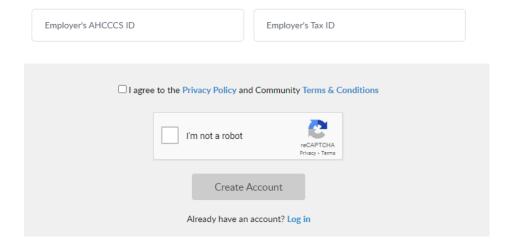


## 3. Provider Representative, with employer AHCCCS ID

You will be asked to enter:

- Your employer's AHCCCS ID
- Your employer's Tax ID Number

#### Create a Provider Representative Account





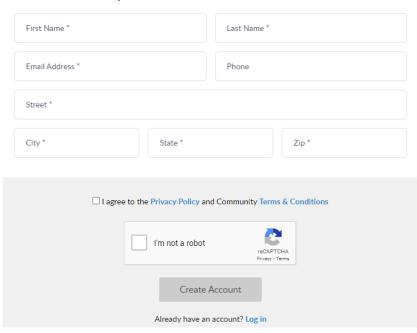
## 4. Provider Representative, with<u>out</u> employer AHCCCS ID

You will be asked to enter:

- Your name
- The email address you would like to be associated with this account and receive relevant notifications.
- Your phone number
- Your street address

This account will prevent you from seeing content and services that are exclusive to registered, APEP-enrolled Providers.

#### Create a Provider Representative Account





## Confirm your account





#### **Email Confirmation**

Once you have submitted the required information, you'll get an email from IT Service Desk, <a href="mailto:ahcccsprod@servicenowservices.com">ahcccsprod@servicenowservices.com</a> with account credentials and be directed to use those to login to the AHCCCS Solutions Center.

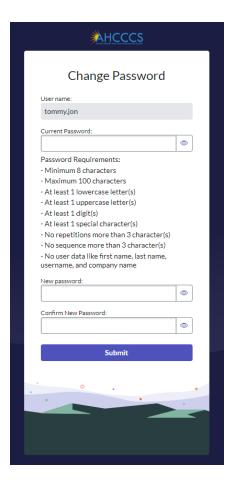
Once you log in, you'll be prompted to change your password and enable multi-factor authentication (MFA).





## Change your password

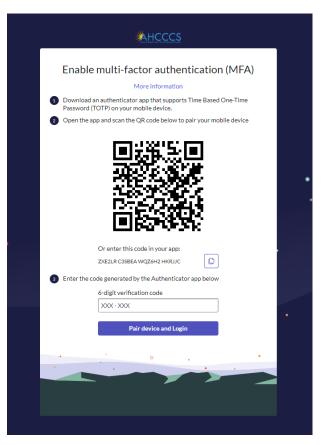
Once you login initially, you will be prompted to change your password.





## Multi-factor Authentication (MFA)

Follow the steps to enable multifactor authentication (MFA). You can use any authenticator app (Microsoft, Google, etc).





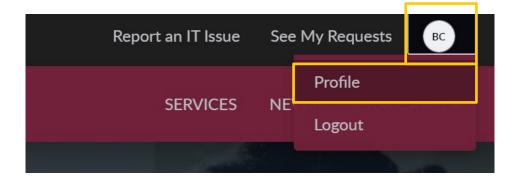
## Update your account Profile





#### Profile Orientation - 1

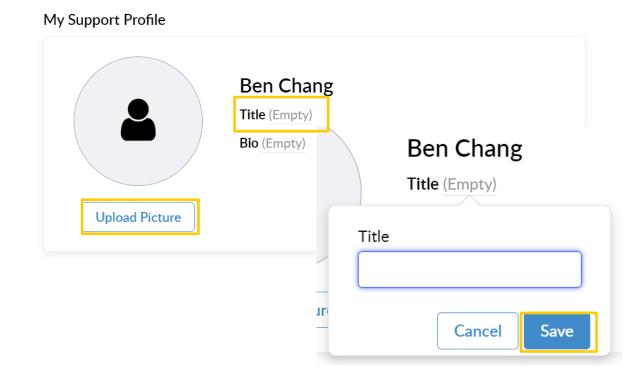
When you are logged in, go to the top right corner of the homepage to select the round icon with your initials. You will have the option to view your Profile.





#### Profile Orientation - 2

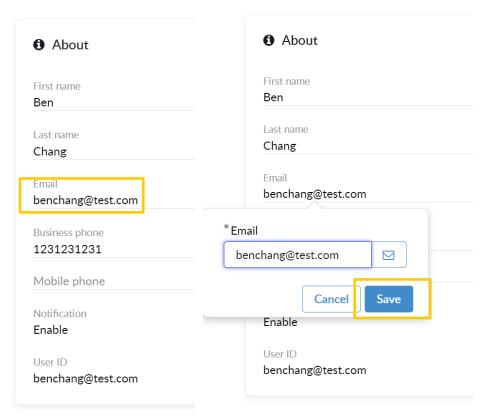
You can complete your profile by uploading a picture, adding a title and bio. Select "Empty" to add your title and bio; then click "Save".





#### **Profile Orientation - 3**

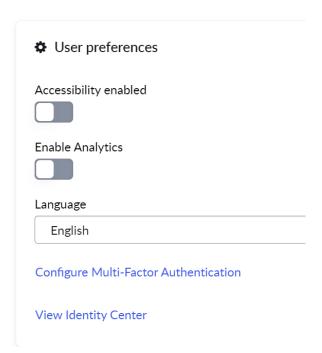
You can update your contact information by clicking on a field, making the change, and then clicking "Save".





#### Profile Orientation - 4

You can update your user preferences as desired.

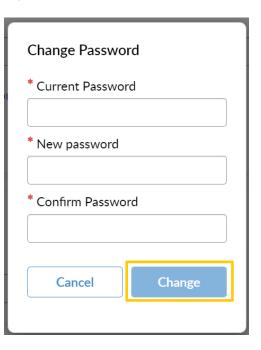




#### Profile Orientation - 4

You can change your password by clicking "Change Password" then entering the required information and clicking "Change".







# View your menu of Services





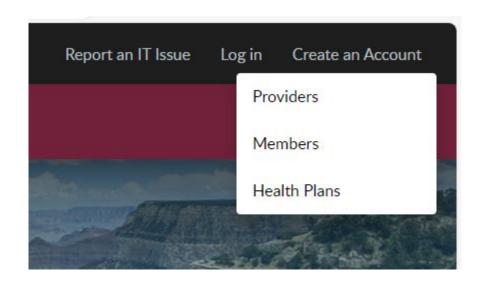
#### Website Address

Link to the AHCCCS Solutions Center: <a href="https://servicenow.azahcccs.gov/gsp">https://servicenow.azahcccs.gov/gsp</a>

Anyone (Providers, Members, Health Plans) can access the website.

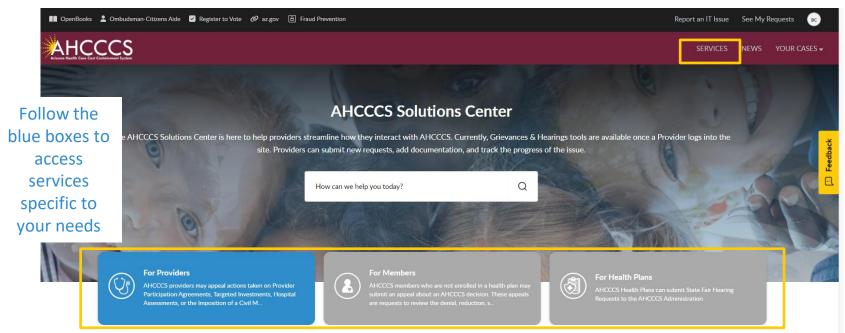
In order to see the menu of services available to you, you need to first create an account that identifies you as a provider, health plan, or member.

Then, once you are logged in, you can click "Services" or the appropriate box on the home page to see the menu of services that apply to you.





#### Two Avenues to Services on the Home Page



Click
"Services"
to access
services
specific to
your
needs



#### Log-in Prompt

When you are not logged in and try to access part of the portal that requires a log-in, you will see this prompt asking for your login information.

The login information should be specific to the AHCCCS Solutions Center – this is different from AHCCCS Online and APEP.

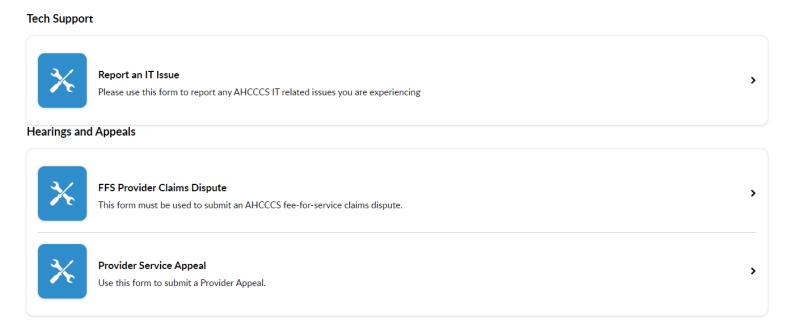
NOTE: AHCCCS Call Center staff do not have Provider access and therefore <u>cannot</u> view, access, or submit requests on behalf of Providers.





#### **Provider Services**

All Provider type accounts\* can currently access the following services:



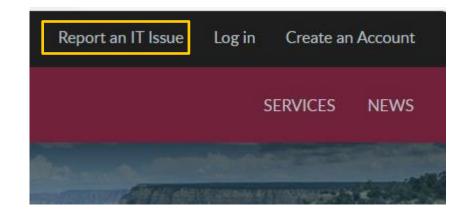
<sup>\*</sup>Registered Providers & Provider Representatives as well as Unregistered Providers & Provider Representatives should all have access to these services.



#### Report an IT Issue

All Provider types can report an IT Issue by clicking on "Report an IT Issue" on the home page.

You have this ability whether you are logged in or logged out of the AHCCCS Solutions Center, regardless of if you have created an account or not.

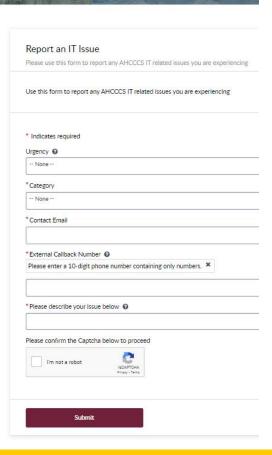




#### Report an IT Issue

To report any AHCCCS IT related issue, complete the information requested and press submit.

As with all requests, you can go to "Your Cases" or "See My Requests" on the homepage to track the status of the case.





This section walks through how to submit a FFS Provider Claims Dispute via the AHCCCS Solutions Center.



#### FFS Provider Claims Dispute

This form must be used to submit an AHCCCS fee-for-service claims dispute.



This form must be used to submit an AHCCCS fee-for-service claims dispute. The first section of contact information will auto populate based on your account information.

FFS Provider Claims Dispute  This form must be used to submit an AHCCCS fee-for-service claims dispute.		
A claim dispute means a dispute involving a payment or denial of a claim. A claim dispute shall specify in detail the factual and legal basis for the claim dispute and the relief requested. AHCCCS shall deny a claim dispute if the factual and legal basis is not detailed.		
* Indicates required Provider Information First name  Ben  Last name  Chang  Street  sidkfjasdf	Email ❷  benchang@test.com  Phone number	
asdifikj State		
VA Zip Code 22222		

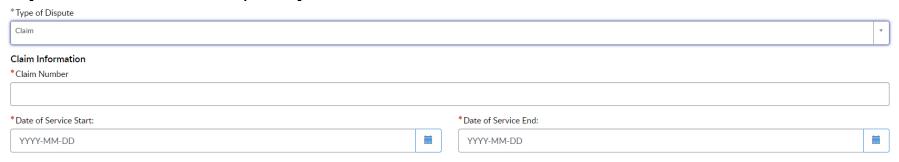


Identify the type of dispute, Claims or Prior Authorization. The information required to submit the form will change based on your response.

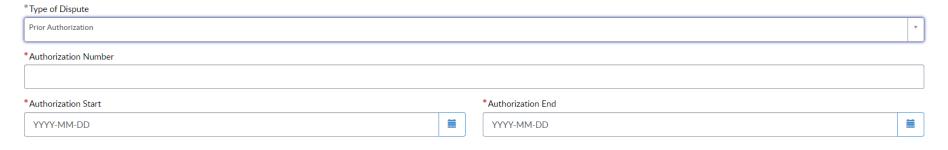
*Type of Dispute
None
None
Claim
Prior Authorization



If you select "Claims" dispute, you will be asked to enter claims information:

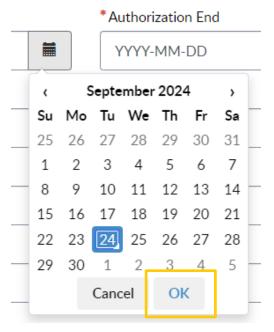


If you select "Prior Authorization" dispute, you will be asked to enter Prior Authorization information:



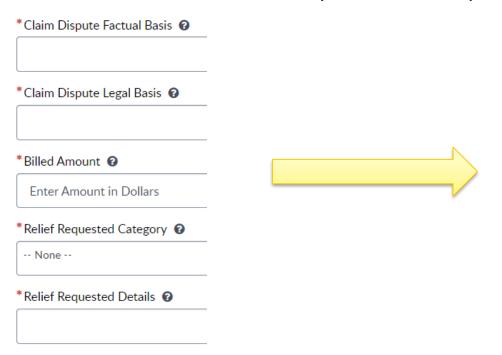


Be sure to select "OK" in order to submit a date. If your screen/window is small, you may have to scroll down to see the "OK" option.





Click the "?" icon to reveal the help text for each question.



*Claim Dispute Factual Basis 🔞			
What has been paid or denied incorrectly 🗶			
*Claim Dispute Legal Basis 🛭			
Why was the payment or denial incorrect 🗶			
*Billed Amount 😯			
Billed amount of claim 🗶			
Enter Amount in Dollars			
*Relief Requested Category 🕡			
Relief Requested Categories			
Capped Fee			
"Capped fee-for-service" means the payment mech with an upper or capped limit established by the Di			



Click the check box if the provider is represented by an attorney. Then provide the contact information for the attorney.

Is the provider represented by an	attorney?	
	☑ Is the provider represented by an attorney?	
	Provider Company/Law Firm :	
	Company/Law Firm	
	Provider Representative :	
	*First Name	*Email 🕢
		Use a unique email address
	*Last Name	*Phone Number
	*Street	*State
	*City	*Zip Code

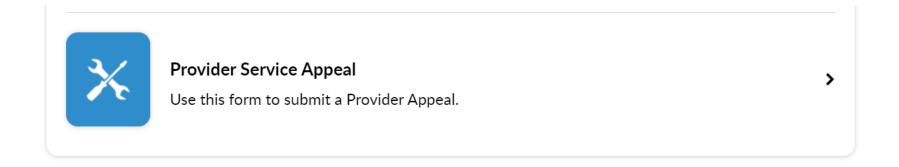


Provide the member information associated with the dispute. Click the paper clip icon on the bottom right to upload any attachments associated with the request. Complete the Captcha and click "Submit" to submit the request.

Member Information	
*First Name	*Last Name
Email	*AHCCCS Member ID
Please confirm the Captcha below to proceed	
I'm not a robot reCAPTCHA Privacy - Terms	
Submit	Add attachments



This section walks through how to submit a Provider Service Appeal via the AHCCCS Solutions Center.





This form is for Provider Service Appeals **ONLY**. The FFS Provider Claims dispute form is for claim disuptes.

#### **Provider Service Appeal**

Use this form to submit a Provider Appeal.

This form can be used by a provider to appeal a decision made by AHCCCS that is not related to a claim. Appeals related to a fee-for-service claim decision must be submitted using the FFS Provider Claims Dispute form. Any appeals related to a decision made by an AHCCCS health plan must be submitted directly to the health plan and not be submitted through this form.



The first section of contact information will auto populate based on your account information.

Provider Information	
First name	Email ②
Ben	benchang@test.com
Last name	Phone number
Chang	
Street	
asldkfjasdf	
City	
asdlfkj	
State	
VA	
Zip Code	
22222	



Select the type of Provider Appeal. Your options are:

-- None --

Civil Monetary Penalty

Overpayment

Denial

**CAF** Suspension

Termination

Exclusion

**HEAplus Agreement Termination** 

Hospital Assessment

Targeted Investment



Click the "?" icon to reveal the help text for each question.

*Issue to be Heard at Hearing ②	Reason for the hearing request	
*Appeal legal basis ②	*Appeal legal basis 😯	
	Legal basis for the appeal	

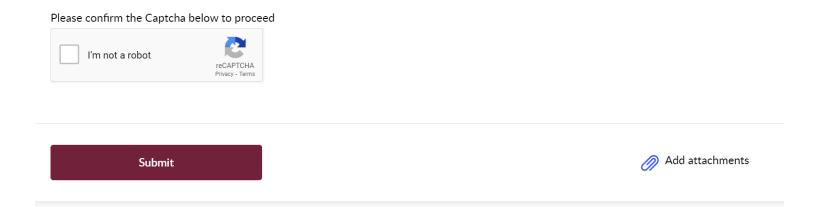


Click the check box if the provider is represented by an attorney. Then provide the contact information for the attorney.

	Is the provider represented by an	attorney?		
		Is the provider represented by an attorney?		
		Provider Company/Law Firm : Company/Law Firm		
		Provider Representative :		
		*First Name	*Email 🕝	
			Use a unique email address	
		*Last Name	*Phone Number	
	,			
		*Street	*State	
		*City	*Zip Code	



Click the paper clip icon on the bottom right to upload any attachments associated with the request. Complete the Captcha and click "Submit" to submit the request.





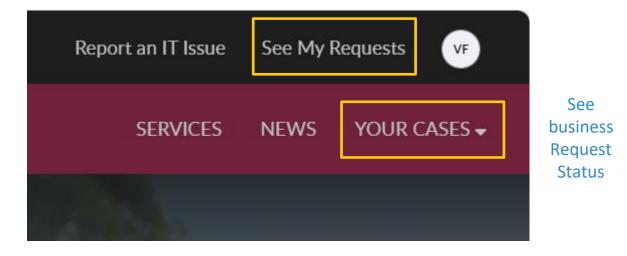
# View your requests





From the AHCCCS Solutions Center, customers will be able to see the status of their business requests by clicking on "Your Cases". They will be able to see the status of their IT issue requests by clicking "See My Requests".

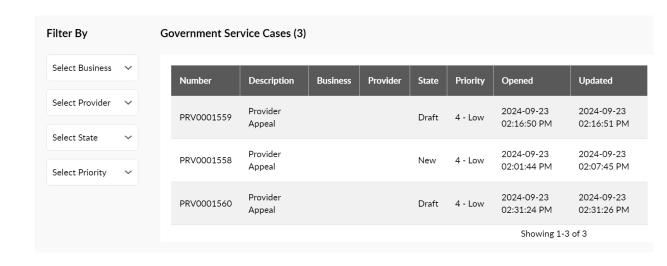
See IT Issue Requests





Customers can view all of the requests (cases) they have submitted, see relevant details, and check the status via the "State" column.

They can also click into the active cases and see more details about the case.





Below are the various status options that displayed the "State" column and the stages they occur during the workflow process.



#### Beginning

- Draft
- Open
- New



#### Middle

- Work in Progress
- Awaiting Info
- Inspection in progress
- -Work Assignment in Progress
- -Ready for Decision



#### End

- -Cancelled
- -Closed
- -Resolved



Customers can select the down arrows in the "Filter By" section to select the specific type of requests to display.

For example, a Provider Representative may filter by "Provider" to view the requests submitted on behalf of a specific provider that are resolved.

