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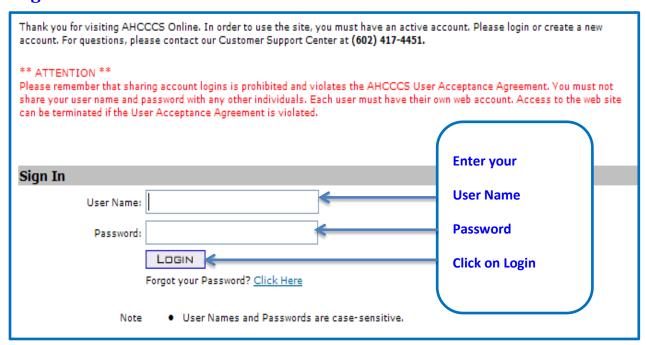
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Summary of Differences - 4010 vs. 5010 - 270/271 Eligibility and Enrollment via the Web (AHCCCS Online)

	4010 VERSION	5010 VERSION	5010 NOTES & RULES
270			
SEARCH CRITERIA	• AHCCCS ID & DOB • AHCCCS ID or SSN & DOB • NAME & DOB	• AHCCCS ID, FN, LN & DOB • AHCCCS ID, LN & DOB • AHCCCS ID, FN, & LN • AHCCCS ID & DOB • LN, FN, DOB & SSN • LN, FN, DOB & MCN (Medicare Claim Number)	Name and DOB are no longer an option in the 5010 version. If a search is conducted using an SSN, the SSN will be returned as part of the search as long as it matches what is stored in our DB. A message will be displayed if the secondary AHCCCS ID is used to search for member.
DATE OF SERVICE	Begin Date of Service to End Date of Service span is unlimited End Date of Service can be in past or future (unlimited),	Begin Date of Service must be less than or equal to today. Allow a requested date span to only go back as far as 24 months in the past and only up to 30 days in the future. If the End Date of Service is not entered it will default to the Begin Date of Service entered; single day.	If the date of service is for a single day then only the information for that day will be returned; begin and end date will have the same date. If no dates of service are entered then the date will default to system date.
271			
SEARCH RESULTS	Demographics including • Name • Gender • DOB • Primary ID • Member Residential Address	Demographics including: • Name • Gender • DOB • Primary ID • Member Mailing Address	Only one address is allowed; we will return the mailing address instead of the residential address.
SERVICE PROVIDER	Displays the Name, NPI and Type of provider who initiated the search	This is not included in the 5010 version	The information displayed in the 4010 version is information from the PMMIS provider database on the provider doing the search in the AHCCCS On-line application. **It was never the intention as a verification of member PCP.**

	4010 VERSION	**5010 VERSION**	**5010 NOTES & RULES**
ELIGIBILITY	• Eligibility Key code / description Provide as many eligibility segments as is covered in the date of service range Open eligibility end date if the End Date of Service is not entered	• Eligibility Group description Provide as many eligibility segments as is covered in the date of service range Eligibility (combined)-including begin/end dates, date added and Description. If the begin and end dates are completely within the date of service range requested, we will use the actual begin and end dates.	The Eligibility key code is being replaced by a more general eligibility group description in the 5010 version. For more specific program information the provider can use the rate code in the enrollment segment.
ENROLLMENT	Provide as many segments as is covered in the date of service range. Enrollment including begin/end dates, HPID, rate code and contract type	Provide as many segments as is covered in the date of service range. Enrollment including begin/end dates, HPID, rate code and contract type	
OTHER ENROLLMENT	• Medicare Claim ID, Part A, B & D • Part D and plan description • Third Party Liability carrier & policy number • If enrolled into HP then provide URL for copay info, otherwise don't • Eligibility key code & description	• Medicare Claim ID, Part A, B & D • Part D and plan description • Third Party Liability carrier & policy number • If enrolled into HP then provide URL for copay info, otherwise don't • The eligibility key code will not be displayed; however, the rate code will be presented along with a description • BHS indicator, category and description • CRS indicator • TSC indicator • AzEIP indicator • Medicare HMO plan ID number • SOC (amount and month) if the request is from a Nursing Home (provider type = 22) and member is Long Term Care (LTC)	Begin and end dates are included in each of these enrollments.

	4010 VERSION	**5010 VERSION**	**5010 NOTES & RULES**
ADDITIONAL RESULTS INFORMATION		CRS (Children's Rehabilitative Services) TSC (Targeted Support Coordination/DDD) AzEIP (Arizona Early Intervention Program) If the member had two records and they have been linked together, the responsible health plan will be displayed	
NEWBORNS	All newborns, 12 months and under, linked to the mother's AHCCCS ID will be displayed	Allow the provider to search for the mother; and if a newborn exists, all newborns, 12 months and under will be displayed along with their gender and DOB The mother's data will not be displayed.	

Login Screen

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or create a new account. For questions, please contact our Customer Support Center at **(602) 417-4451.**

** ATTENTION **
Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You must not share your user name and password with any other individuals. Each user must have their own web account. Access to the web site can be terminated if the User Acceptance Agreement is violated.

Sign In

User Name:

Password:

LOGIN

Forgot your Password? Click Here

Enter your

User Name

Password

Click on Login

Note   • User Names and Passwords are case-sensitive.

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

Main Menu

The Main Menu will come up

Click on

Eligibility & Enrollment Status

Main Menu
- Eligibility And Enrollment Status
- Provider Information
- Claim Status
- Prior Authorization Inquiry
- Newborn Notification
- Provider Verification
- Claim Submission
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- HealthPlan Address Changes
- Provider Verification_New
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- AHCCCS Online User Manuals

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

Claim Status allows ... recipient is enrolled in a capitated Health Plan, please contact the ... tact information, please click on Health Plan Listing.

Claim Submission allows providers to submit **Fee-For-Service** claims to AHCCCS for nightly processing. Professional, Institutional and Dental claims will be accepted.

Prior Authorization Inquiry will allow providers to verify the status of previously submitted Prior Authorization requests.

Member Eligibility Verification allows providers to verify an AHCCCS recipient's eligibility and their enrollment in a Health Plan. Providers also can obtain Medicare and other third party coverage information for a recipient.

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

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

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

Provider Verification allows providers to update their correspondence addresses. Providers may also view (but not update) their Service and Pay-To Addresses, Group Affiliations and Authorized Signatures. For further information, please click on AHCCCS Provider Registration.

The AHCCCS mainframe systems will have scheduled downtimes that occur on a weekly basis. During these downtimes (usually weekends), the web site will be unavailable. During system downtimes, please contact the AHCCCS COM Center at **602-417-7000** for immediate assistance regarding eligibility/enrollment. The Interactive Voice Response (IVR) System is also available for eligibility inquiries at **602-417-7200**. For claim inquiries, please contact the AHCCCS Claims Customer Service at **602-417-7670**. For a full list of contacts, please click on AHCCCS Contacts.

This screen is presented after signing into the AHCCCS Online website. The menu options that appear depend on the permissions of the logged on user. This screen allows menu selection of the various applications. If a menu option does not appear, it means the user has no permissions for that application.

Recipient Search

- Enter one of the Search combinations (Name & DOB are no longer a valid search combination)
- Enter a date range or default to today's date; verification will be processed for a single day (today) if no dates of services are provided
- Press Search button to locate member
- Press Clear button to clear screen and start over

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

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

Member Found – Name does not match

- This screen will be displayed when a member matches using the search criteria.
- If demographics does not match but the member is still found then the correct demographics data is returned and hi-lighted (see example above).
- SSN is only returned if SSN was used as part of search and matches SSN in our database
- A message will be displayed if the secondary AHCCCS ID is used to search for member

Newborn Search

- Requests for deemed newborns will require the request to contain the Mother's identifying information in addition to the DOB and Gender of newborn.
- Enter one of the Search combinations
- Press Search button to locate member
- Press Clear button to clear screen and start over

Newborn Display

- Once the appropriate Newborn record is identified you can return to the Recipient Search and use the newborn's AHCCCS ID and DOB to retrieve the member detail data.
- Some newborns may be linked by 'Case ID' instead of by mother's AHCCCS ID. If you are unable to find a newborn using the mother's AHCCCS ID, please follow contact AHCCCS (see red box above)

Demographics

- Response data divided by tabs – click on tab to see verification data
- The mailing address is returned instead of the residential address

Eligibility and Enrollment

Requested Data:

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

Returned Data:

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

Change in identifying data elements

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

Eligibility Renewal Date

Eligibility Renewal Date: 01/31/2013

Eligibility

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

Medical Enrollment

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

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

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

Eligibility Renewal Date
The **Eligibility Renewal Date** is the date the eligibility redetermination is due. The eligibility source will discontinue the eligibility if the member does not comply with the redetermination process. There are times when the Renewal date will be blank. For example; Social Security does not provide a Renewal date for SSI-Cash members.

Eligibility
The **Eligibility Group Description** is the type of coverage the recipient is eligible to receive.
The **Insurance Type** indicates the type of coverage the recipient is eligible to receive.
The **Begin Date** indicates the date the recipient is eligible for insurance coverage depending on the service date entered.
The **End Date** indicates the date the recipient's insurance coverage expires.
The **Added On** date indicates the date the record was added to the database.

Medical enrollment

- Service Provider & NPI no longer displayed – This was the provider doing the search in AHCCCS On-line. AHCCCS does not store the PCP information.

Service Type Code

Service Types

Third Party Liability

Requested Data:

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

Returned Data:

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

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

Third Party Liability

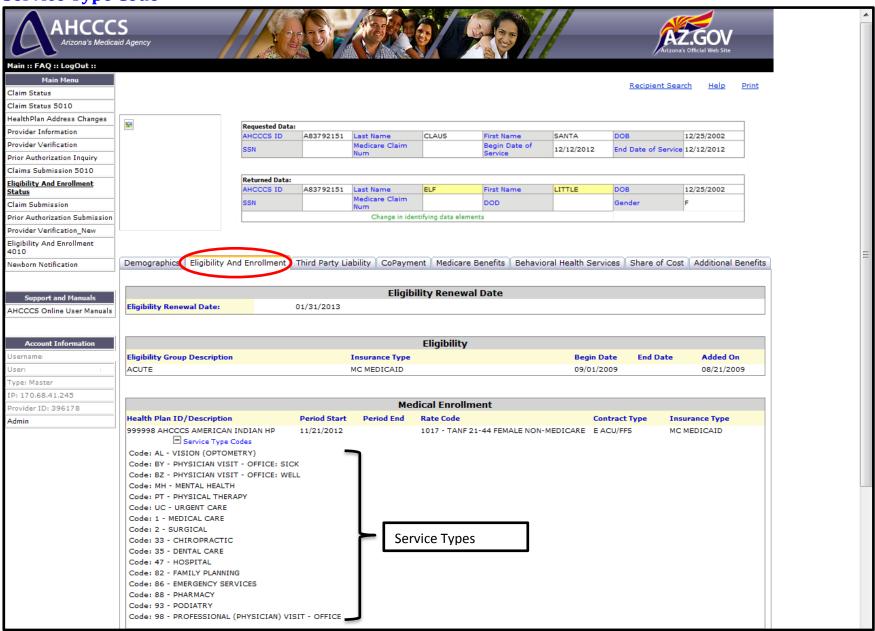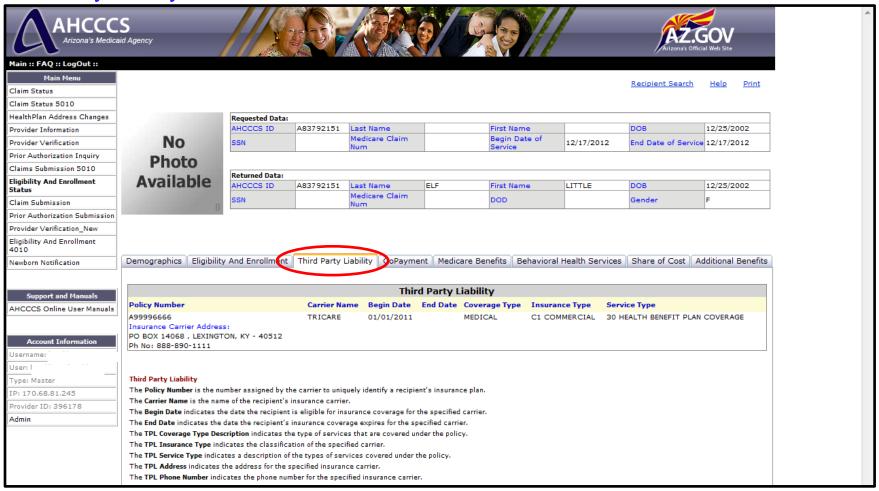| Policy Number	Carrier Name	Begin Date	End Date	Coverage Type	Insurance Type	Service Type
A99996666	TRICARE	01/01/2011		MEDICAL	C1 COMMERCIAL	30 HEALTH BENEFIT PLAN COVERAGE
Insurance Carrier Address:						
PO BOX 14068 , LEXINGTON, KY - 40512						
Ph No: 888-890-1111						

Third Party Liability

The **Policy Number** is the number assigned by the carrier to uniquely identify a recipient's insurance plan.
The **Carrier Name** is the name of the recipient's insurance carrier.
The **Begin Date** indicates the date the recipient is eligible for insurance coverage for the specified carrier.
The **End Date** indicates the date the recipient's insurance coverage expires for the specified carrier.
The **TPL Coverage Type Description** indicates the type of services that are covered under the policy.
The **TPL Insurance Type** indicates the classification of the specified carrier.
The **TPL Service Type** indicates a description of the types of services covered under the policy.
The **TPL Address** indicates the address for the specified insurance carrier.
The **TPL Phone Number** indicates the phone number for the specified insurance carrier.
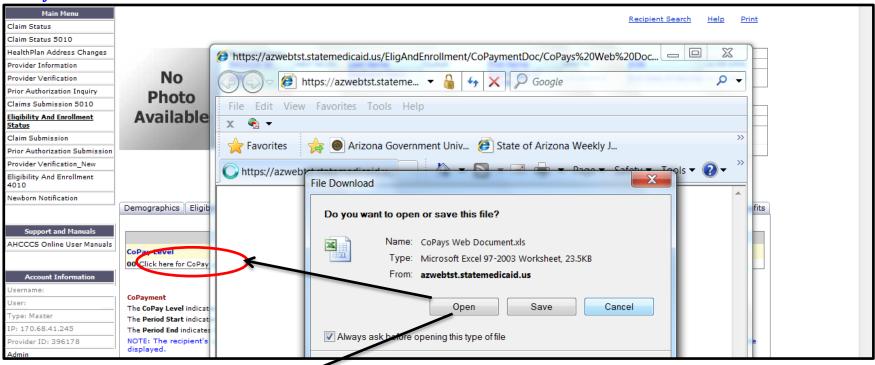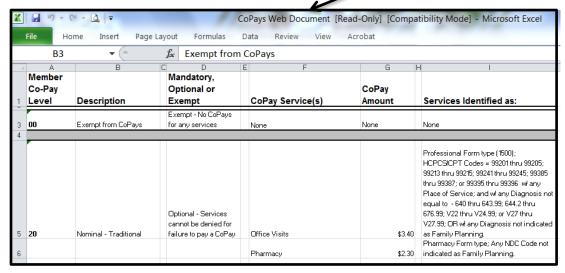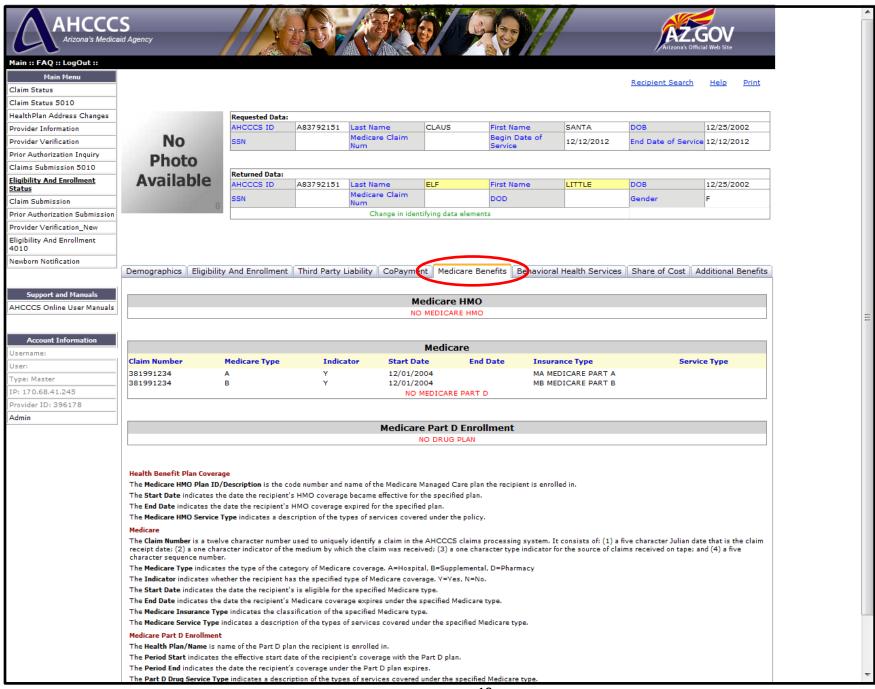
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CoPayment

- Only the current co-payment information is displayed – regardless of dates of services entered by user. Historical co-payment information will not be displayed
- CoPay Level – Click on link to see CoPay Level Reference Document – example on next page

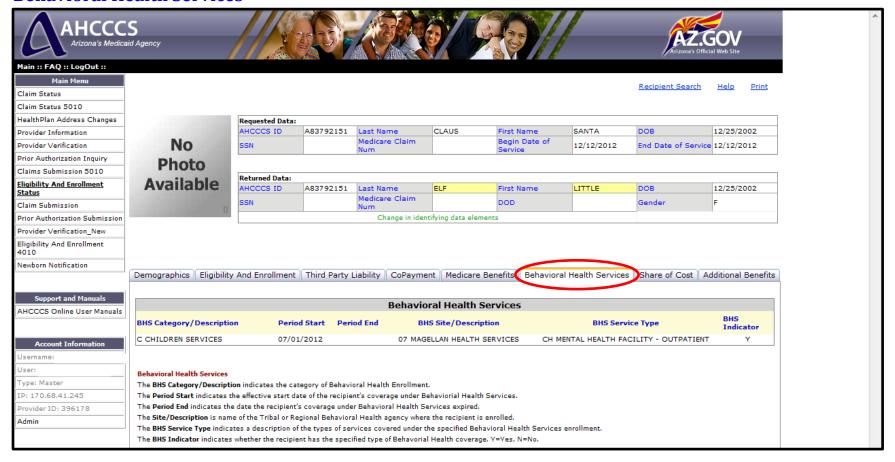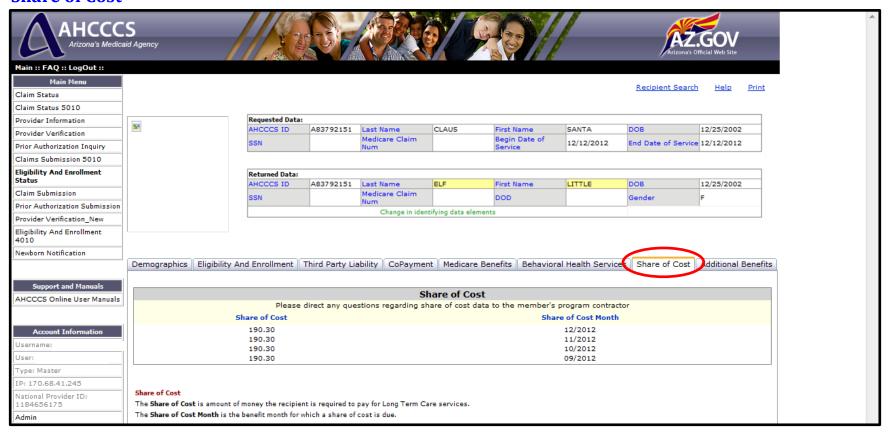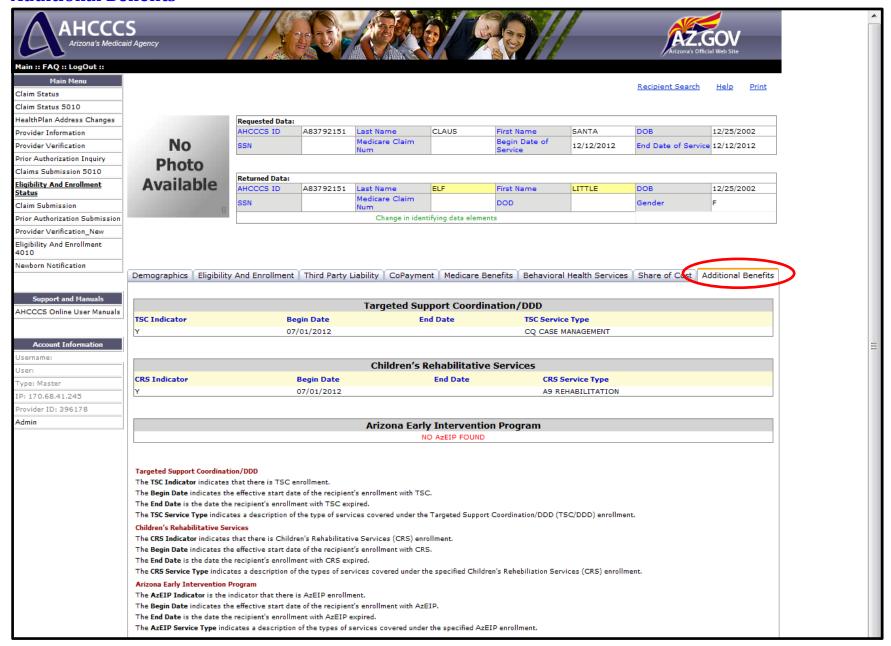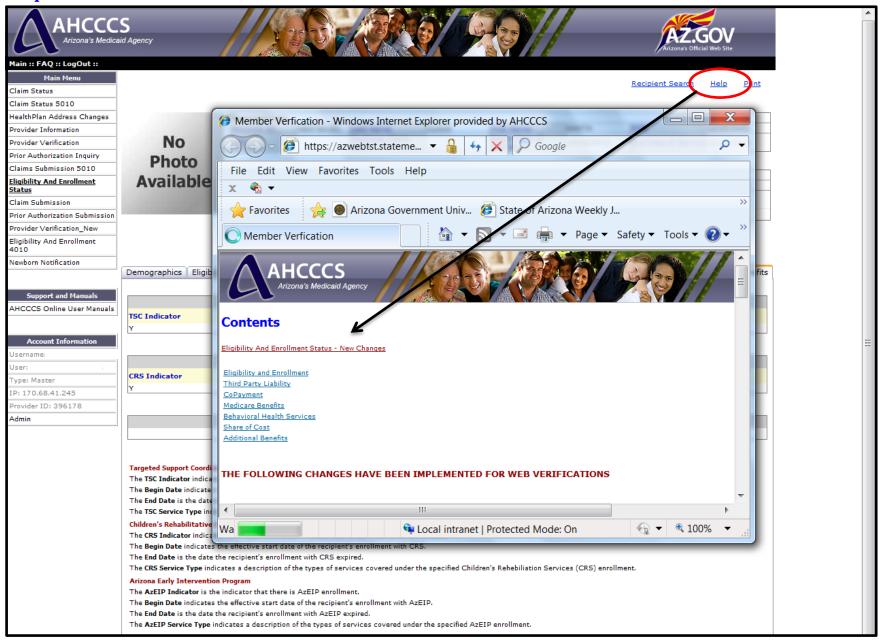# CoPay Level Reference Document Link

Medicare Benefits

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Account Information

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

Recipient Search   Help   Print

No Photo Available

Requested Data:

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

Returned Data:

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

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

Medicare HMO
NO MEDICARE HMO

Medicare

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

Medicare Part D Enrollment
NO DRUG PLAN

Health Benefit Plan Coverage
The **Medicare HMO Plan ID/Description** is the code number and name of the Medicare Managed Care plan the recipient is enrolled in.
The **Start Date** indicates the date the recipient's HMO coverage became effective for the specified plan.
The **End Date** indicates the date the recipient's HMO coverage expired for the specified plan.
The **Medicare HMO Service Type** indicates a description of the types of services covered under the policy.

Medicare
The **Claim Number** is a twelve character number used to uniquely identify a claim in the AHCCCS claims processing system. It consists of: (1) a five character Julian date that is the claim receipt date; (2) a one character indicator of the medium by which the claim was received; (3) a one character type indicator for the source of claims received on tape; and (4) a five character sequence number.
The **Medicare Type** indicates the type of the category of Medicare coverage. A=Hospital, B=Supplemental, D=Pharmacy
The **Indicator** indicates whether the recipient has the specified type of Medicare coverage. Y=Yes, N=No.
The **Start Date** indicates the date the recipient's is eligible for the specified Medicare type.
The **End Date** indicates the date the recipient's Medicare coverage expires under the specified Medicare type.
The **Medicare Insurance Type** indicates the classification of the specified Medicare type.
The **Medicare Service Type** indicates a description of the types of services covered under the specified Medicare type.

Medicare Part D Enrollment
The **Health Plan/Name** is name of the Part D plan the recipient is enrolled in.
The **Period Start** indicates the effective start date of the recipient's coverage with the Part D plan.
The **Period End** indicates the date the recipient's coverage under the Part D plan expires.
The **Part D Drug Service Type** indicates a description of the types of services covered under the specified Medicare type.

Behavioral Health Services

AHCCCS
Arizona's Medicaid Agency

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- Newborn Notification

Support and Manuals

- AHCCCS Online User Manuals

Account Information

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

Recipient Search   Help   Print

No Photo Available

Requested Data:

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

Returned Data:

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

Change in identifying data elements

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

Behavioral Health Services

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

Behavioral Health Services

The **BHS Category/Description** indicates the category of Behavioral Health Enrollment.

The **Period Start** indicates the effective start date of the recipient's coverage under Behaviorial Health Services.

The **Period End** indicates the date the recipient's coverage under Behavioral Health Services expired.

The **Site/Description** is name of the Tribal or Regional Behavioral Health agency where the recipient is enrolled.

The **BHS Service Type** indicates a description of the types of services covered under the specified Behavioral Health Services enrollment.

The **BHS Indicator** indicates whether the recipient has the specified type of Behaviorial Health coverage. Y=Yes, N=No.

Share of Cost

Requested Data:

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

Returned Data:

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

Change in identifying data elements

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

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

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

Share of Cost

The **Share of Cost** is amount of money the recipient is required to pay for Long Term Care services.
The **Share of Cost Month** is the benefit month for which a share of cost is due.

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Additional Benefits

![AHCCCS - Arizona's Medicaid Agency / AZ.GOV - Arizona's Official Web Site]

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Account Information
- Username:
- User:
- Type: Master
- IP: 170.68.41.245
- Provider ID: 396178
- Admin

Recipient Search   Help   Print

No Photo Available

Requested Data:

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

Returned Data:

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

Change in identifying data elements

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

Targeted Support Coordination/DDD

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

Children's Rehabilitative Services

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

Arizona Early Intervention Program

NO AzEIP FOUND

Targeted Support Coordination/DDD
The **TSC Indicator** indicates that there is TSC enrollment.
The **Begin Date** indicates the effective start date of the recipient's enrollment with TSC.
The **End Date** is the date the recipient's enrollment with TSC expired.
The **TSC Service Type** indicates a description of the type of services covered under the Targeted Support Coordination/DDD (TSC/DDD) enrollment.

Children's Rehabilitative Services
The **CRS Indicator** indicates that there is Children's Rehabilitative Services (CRS) enrollment.
The **Begin Date** indicates the effective start date of the recipient's enrollment with CRS.
The **End Date** is the date the recipient's enrollment with CRS expired.
The **CRS Service Type** indicates a description of the types of services covered under the specified Children's Rehebiliation Services (CRS) enrollment.

Arizona Early Intervention Program
The **AzEIP Indicator** is the indicator that there is AzEIP enrollment.
The **Begin Date** indicates the effective start date of the recipient's enrollment with AzEIP.
The **End Date** is the date the recipient's enrollment with AzEIP expired.
The **AzEIP Service Type** indicates a description of the types of services covered under the specified AzEIP enrollment.

Help

THE FOLLOWING CHANGES HAVE BEEN IMPLEMENTED FOR WEB VERIFICATIONS

ADDITIONAL INFORMATION WILL BE AVAILABLE

If the member had two records and they have been linked together, the responsible health plan will be displayed.

Enrollment into Children's Rehabilitation Service (CRS), Targeted Special Needs Children (TSC), and Arizona Early Intervention and Prevention (AzEIP) will be displayed.

The Newborn's information can be found using the mother's information.

THIS IS THE FIRST STEP IN HAVING ALL VERIFICATION TOOLS FOLLOW THE SAME RULES AND RETURN THE SAME RESULTS ACCORDING TO THE NEW HIPAA 5010 REGULATIONS

The verification will be processed for today's date if dates of services are not provided. The response is based on the eligibility and enrollment during the dates of service rather than eligibility begin and end dates.

Begin Date of Service to End Date of Service span can not be more than 24 months. There is a 24 months limit due to new requirements which will speed up the response and satisfy most inquiries. If more than 24 months is needed, the health plan or AHCCCS will need to be contacted.

The Begin Date of Service must be less than or equal to the date of inquiry. This is because the future begin dates can be inactivated.

The End Date of Service can be in the past.

The End Date of Service can not be more than 30 days in the future. The further out in the future, the bigger the possibility that the eligibility may end prior to that end date. AHCCCS cannot guarantee coverage in the future.

Eligibility and Enrollment Tab

Eligibility Renewal Date

The **Eligibility Renewal Date** is the date the eligibility redetermination is due. The eligibility source will discontinue the eligibility if the member does not comply with the redetermination process. There are times when the Renewal date will be blank. For example; Social Security does not provide a Renewal date for SSI-Cash members.

Eligibility

The **Eligibility Group Description** is the type of coverage the recipient is eligible to receive.

The **Insurance Type** indicates the type of coverage the recipient is eligible to receive.

The **Begin Date** indicates the date the recipient is eligible for insurance coverage depending on the service date entered.

The **End Date** indicates the date the recipient's insurance coverage expires.

The **Added On** date indicates the date the record was added to the database.

Medical Enrollment

The **Health Plan ID/Description** is the name of the recipient's Health Plan.

The **Period Start** indicates the effective start date of the recipient's coverage under the specified Health Plan.

The **Period End** indicates the date the recipient's coverage under the specified Health Plan has expired.

The **Rate Code** indicates the capitation payment method at the time the payment was made.

The **Contract Type** indicates the type of contract or service the Health Plan is covering

The **Insurance Type** indicates the type of health plan.

Third Party Liability Tab

Third Party Liability

The **Policy Number** is the number assigned by the carrier to uniquely identify a recipient's insurance plan.

The **Carrier Name** is the name of the recipient's insurance carrier.

The **Begin Date** indicates the date the recipient is eligible for insurance coverage for the specified carrier.

The **End Date** indicates the date the recipient's insurance coverage expires for the specified carrier.

The **TPL Coverage Type Description** indicates the type of services that are covered under the policy.

The **TPL Insurance Type** indicates the classification of the specified carrier.

The **TPL Service Type** indicates a description of the types of services covered under the policy.

The **TPL Address** indicates the address for the specified insurance carrier.

The **TPL Phone Number** indicates the phone number for the specified insurance carrier.

Co-Payment Tab

CoPayment

The **CoPay Level** indicates the type of service and whether a co-payment is required.

The **Period Start** indicates the effective date the recipient is expected to pay the specified co-payment amount.

The **Period End** indicates the date the recipient is no longer expected to pay the specified co-payment amount.

NOTE: The recipient's current co-payment information is displayed regardless of the eligibility dates entered by the user. Historical co-payment information will not be displayed.

Medicare Benefits Tab

Health Benefit Plan Coverage

The **Medicare HMO Plan ID/Description** is the code number and name of the Medicare Managed Care plan the recipient is enrolled in.

The **Start Date** indicates the date the recipient's HMO coverage became effective for the specified plan.

The **End Date** indicates the date the recipient's HMO coverage expired for the specified plan.

The **Medicare HMO Service Type** indicates a description of the types of services covered under the policy.

Medicare

The **Claim Number** is a twelve character number used to uniquely identify a claim in the AHCCCS claims processing system. It consists of: (1) a five character Julian date that is the claim receipt date; (2) a one character indicator of the medium by which the claim was received; (3) a one character type indicator for the source of claims received on tape; and (4) a five character sequence number.

The **Medicare Type** indicates the type of the category of Medicare coverage. A=Hospital, B=Supplemental, D=Pharmacy

The **Indicator** indicates whether the recipient has the specified type of Medicare coverage. Y=Yes, N=No.

The **Start Date** indicates the date the recipient's is eligible for the specified Medicare type.

The **End Date** indicates the date the recipient's Medicare coverage expires under the specified Medicare type.

The **Medicare Insurance Type** indicates the classification of the specified Medicare type.

The **Medicare Service Type** indicates a description of the types of services covered under the specified Medicare type.

Medicare Part D Enrollment

The **Health Plan/Name** is name of the Part D plan the recipient is enrolled in.

The **Period Start** indicates the effective start date of the recipient's coverage with the Part D plan.

The **Period End** indicates the date the recipient's coverage under the Part D plan expires.

The **Part D Drug Service Type** indicates a description of the types of services covered under the specified Medicare type.

Behavioral Health Services Tab

Behavioral Health Services

The **BHS Category/Description** indicates the category of Behavioral Health Enrollment.

The **Period Start** indicates the effective start date of the recipient's coverage under Behavioral Health Services.

The **Period End** indicates the date the recipient's coverage under Behavioral Health Services expired.

The **Site/Description** is name of the Tribal or Regional Behavioral Health agency where the recipient is enrolled.

The **BHS Service Type** indicates a description of the types of services covered under the specified Behavioral Health Services enrollment.

The **BHS Indicator** indicates whether the recipient has the specified type of Behavioral Health coverage. Y=Yes, N=No.

Share of Cost Tab

Share of Cost

The **Share of Cost** is amount of money the recipient is required to pay for Long Term Care services.

The **Share of Cost Month** is the benefit month for which a share of cost is due.

Additional Benefits Tab

Targeted Support Coordination/DDD

The **TSC Indicator** indicates that there is TSC enrollment.

The **Begin Date** indicates the effective start date of the recipient's enrollment with TSC.

The **End Date** is the date the recipient's enrollment with TSC expired.

The **TSC Service Type** indicates a description of the type of services covered under the Targeted Support Coordination/DDD (TSC/DDD) enrollment.

Children's Rehabilitative Services

The **CRS Indicator** indicates that there is Children's Rehabilitative Services (CRS) enrollment.

The **Begin Date** indicates the effective start date of the recipient's enrollment with CRS.

The **End Date** is the date the recipient's enrollment with CRS expired.

The **CRS Service Type** indicates a description of the types of services covered under the specified Children's Rehabilitation Services (CRS) enrollment.

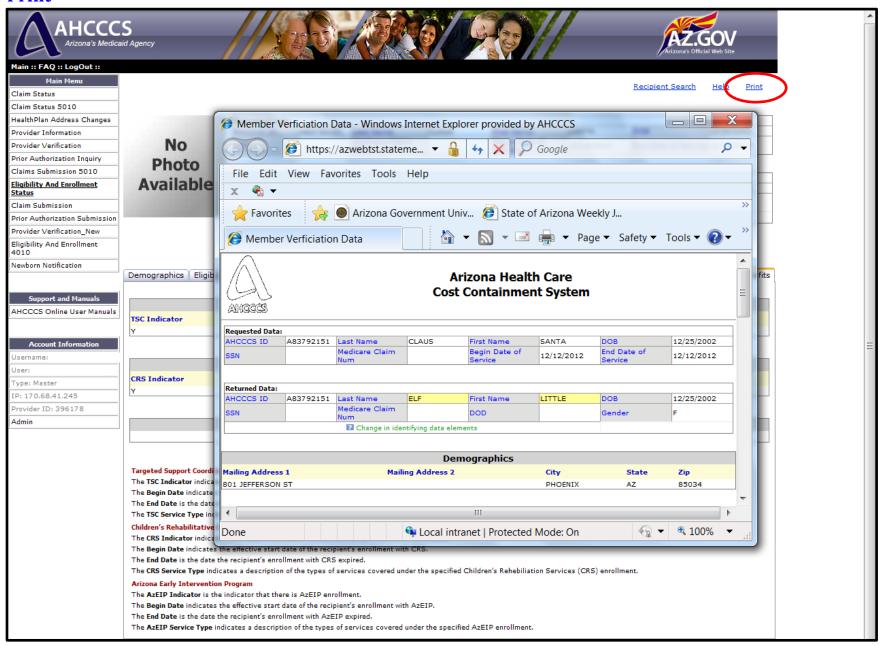**Arizona Early Intervention Program**

The **AzEIP Indicator** is the indicator that there is AzEIP enrollment.

The **Begin Date** indicates the effective start date of the recipient's enrollment with AzEIP.

The **End Date** is the date the recipient's enrollment with AzEIP expired.

The **AzEIP Service Type** indicates a description of the types of services covered under the specified AzEIP enrollment.

Print

Arizona Health Care
Cost Containment System

Requested Data:

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

Returned Data:

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

? Change in identifying data elements

Demographics

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

Eligibility Renewal Date

Eligibility Renewal Date:

Eligibility

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

Medical Enrollment

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

Service Type Codes

Code: 30 - HEALTH BENEFIT PLAN COVERAGE

Third Party Liability

NO TPL FOUND

CoPayment

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

Medicare HMO

NO MEDICARE HMO

Medicare

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

NO MEDICARE PART D

Medicare Part D Enrollment

NO DRUG PLAN

Behavioral Health Services

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

Share of Cost

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

Share of Cost	Share of Cost Month

Targeted Support Coordination/DDD

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

Children's Rehabilitative Services

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

Arizona Early Intervention Program

NO AzEIP FOUND

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

AHCCCS Online User Manuals

Thank you for visiting AHCCCS Online. The **FFS** (Fee for Service) **technical documents** provided below are intended to help registered AHCCCS providers use the AHCCCS Online website. In order to use the site, you must have an active account. Please login or create a new account. For questions, please contact our Customer Support Center at **(602) 417-4451.**

Adobe Acrobat is required for viewing user manuals.

AHCCCS Online User Manuals

	Document	Description
📄	How to sign in to AHCCCS Online	The manual describes how to login to the AHCCCS Online secured provider site.
📄	Create an ID and Password	This guide steps your through creating an AHCCCS online account. Before you can create an account you must be set up in the provider system. Please contact provider registration for more information.
📄	Check Eligibility and Enrollment Status	The eligibility manual walks you through searching the system for recipient eligibility and enrollment status.
📄	Prior Authorization Guide	A step-by-step guide for submitting online FFS prior authorizations. The prior authorization guide includes • How to Sign on to AHCCCS Online • Add a New Case • Update a Pending Case • Update an Event • Update an Activity • Transportation
📄	Claims Submission Guide	A step-by-step guide for submitting online FFS claims. The claims submission guide includes • Claim Submission • Professional (1500) • Institutional (Inpatient UB) • Institutional (Outpatient/Clinic UB) • ADA (Dental) • Adjustments (CMS 1500) • Adjustments (UB) • Adjustments (ADA)
💻	FFS On-line Claim Submission Manual	Download Entire FFS On-line Claim Submission Manual [Zip 5.64MB]
📄	View Status (Online Claim)	The View Claim Status manual gives a step-by-step guide for providers to check the status of FFS claims.
📄	Claim Status	The Claim Status manual gives a step-by-step guide for providers to check the status of FFS claims.

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