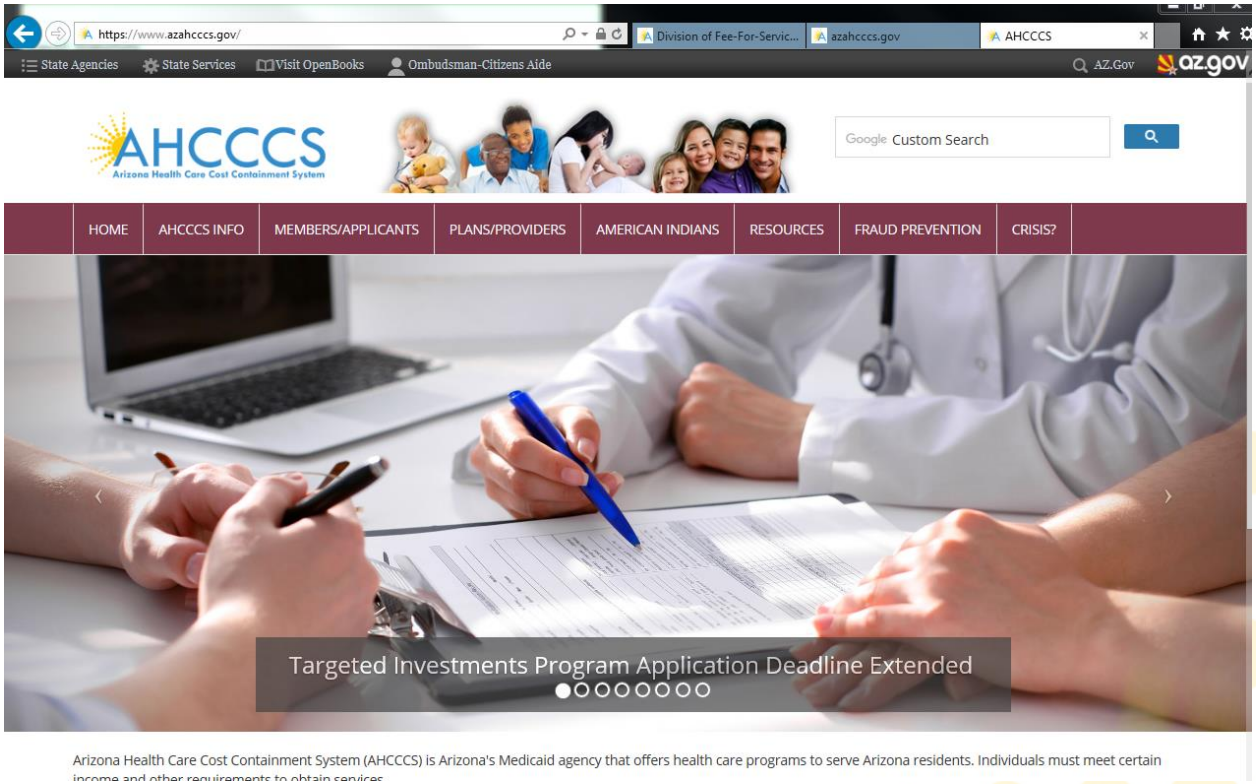
AHCCCS
Arizona Health Care Cost Containment System

# Online Claims Submission: Professional Claim Type

February 8, 2018

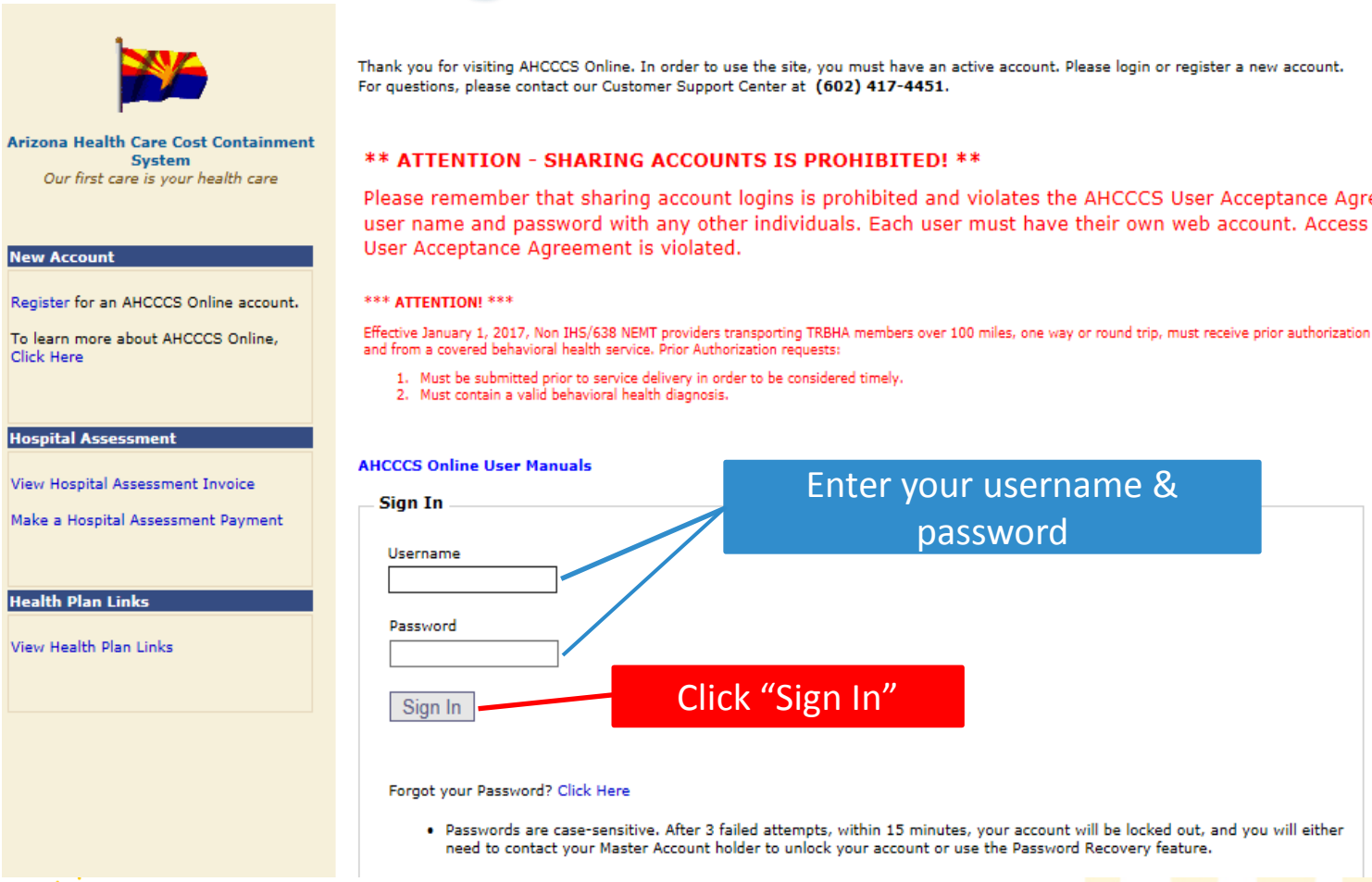
# Start at the AHCCCS Website

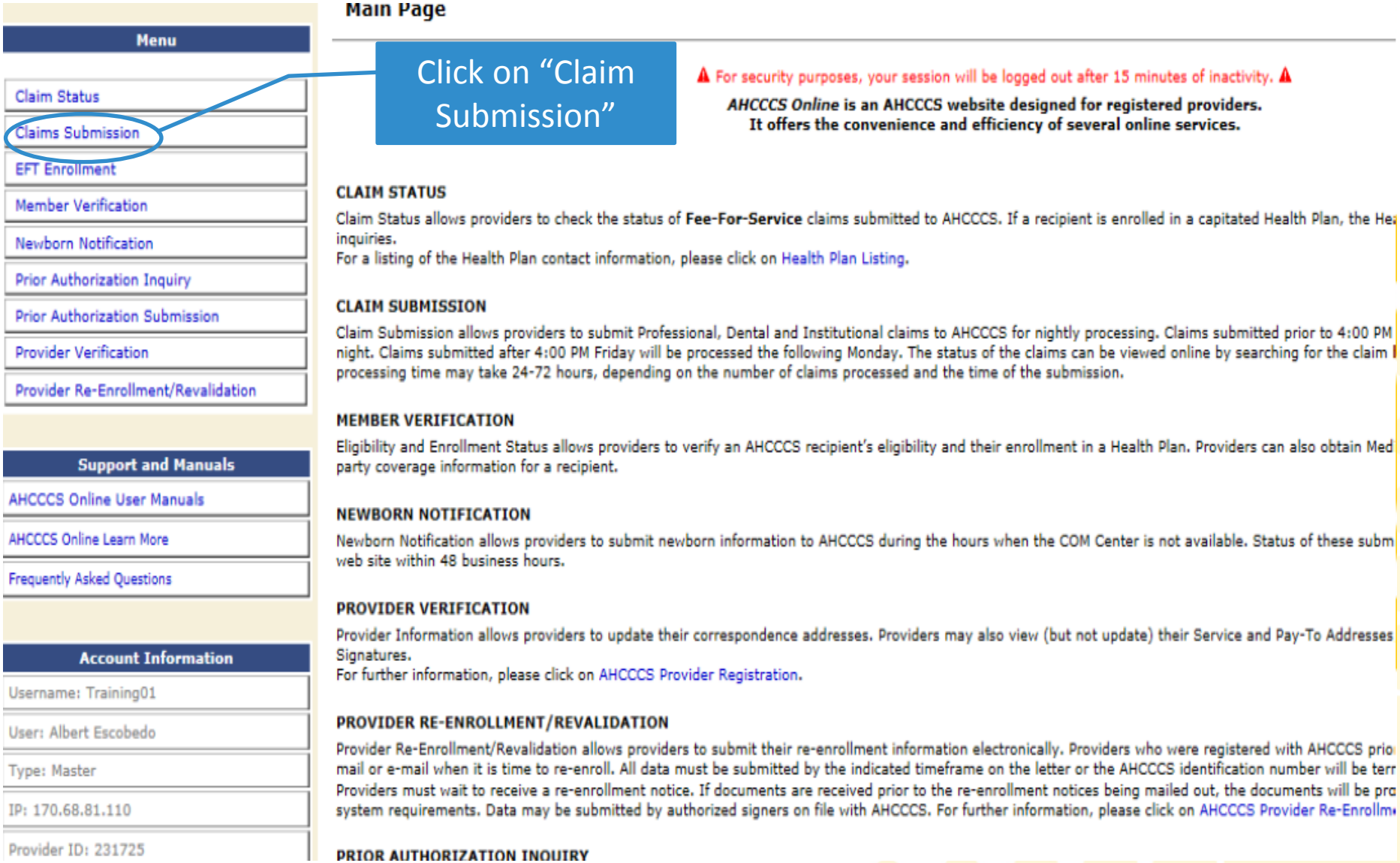
https://www.azahcccs.gov/




- From the toolbar at the top of the page, click **Plans/Providers**
- Once the drop down appears, click on **AHCCCS Online**

# Log in to AHCCCS Online

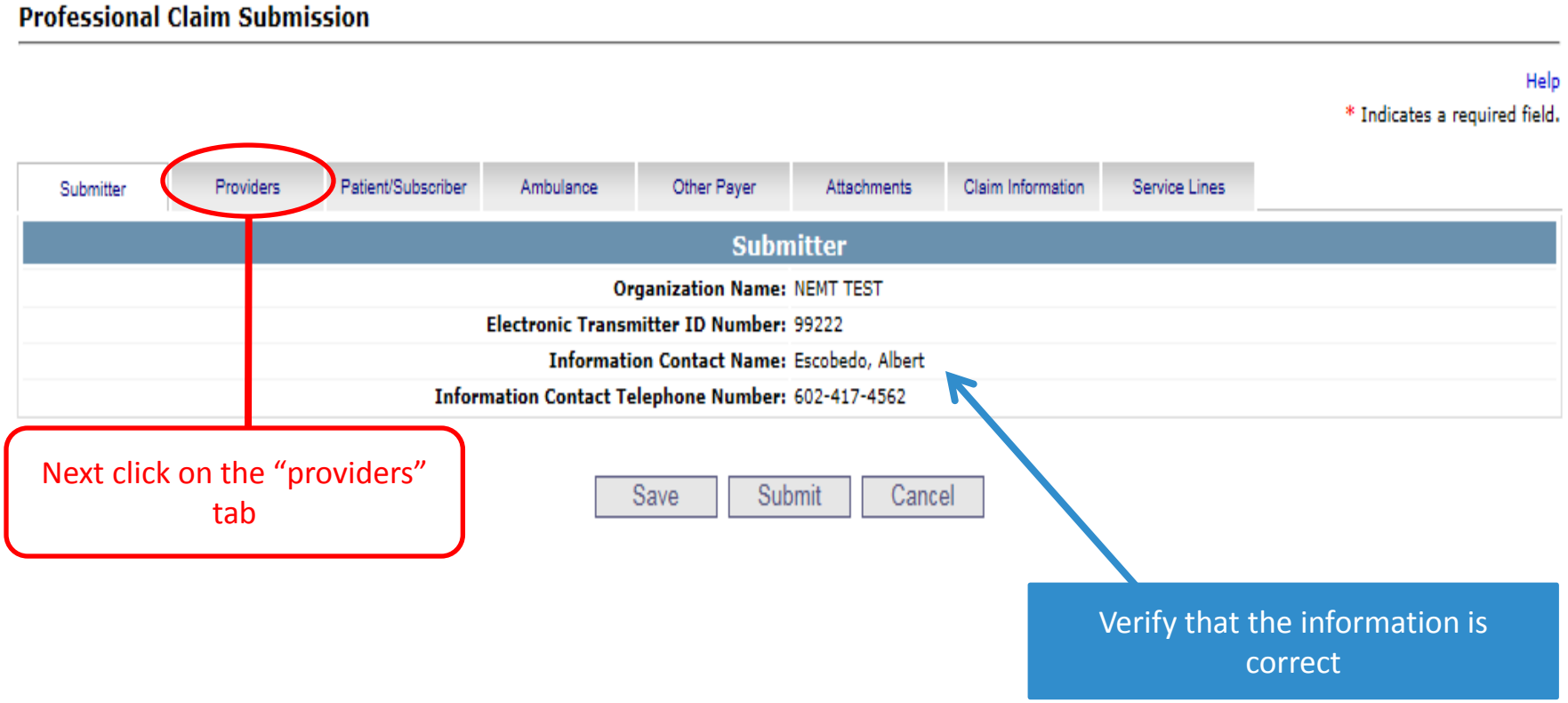



Main Page
Menu
Claim Status
Claims Submission
EFT Enrollment
Member Verification
Newborn Notification
Prior Authorization Inquiry
Prior Authorization Submission
Provider Verification
Provider Re-Enrollment/Revalidation
Support and Manuals
AHCCCS Online User Manuals
AHCCCS Online Learn More
Frequently Asked Questions
Account Information
Username: Training01
User: Albert Escobedo
Type: Master
IP: 170.68.81.110
Provider ID: 231725
Click on "Claim Submission"
For security purposes, your session will be logged out after 15 minutes of inactivity.
AHCCCS Online is an AHCCCS website designed for registered providers.
It offers the convenience and efficiency of several online services.
CLAIM STATUS
Claim Status allows providers to check the status of Fee-For-Service claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the He
inquiries.
For a listing of the Health Plan contact information, please click on Health Plan Listing.
CLAIM SUBMISSION
Claim Submission allows providers to submit Professional, Dental and Institutional claims to AHCCCS for nightly processing. Claims submitted prior to 4:00 PM
night. Claims submitted after 4:00 PM Friday will be processed the following Monday. The status of the claims can be viewed online by searching for the claim
processing time may take 24-72 hours, depending on the number of claims processed and the time of the submission.
MEMBER VERIFICATION
Eligibility and Enrollment Status allows providers to verify an AHCCCS recipient's eligibility and their enrollment in a Health Plan. Providers can also obtain Med
party coverage information for a recipient.
NEWBORN NOTIFICATION
Newborn Notification allows providers to submit newborn information to AHCCCS during the hours when the COM Center is not available. Status of these subm
web site within 48 business hours.
PROVIDER VERIFICATION
Provider Information allows providers to update their correspondence addresses. Providers may also view (but not update) their Service and Pay-To Addresses
Signatures.
For further information, please click on AHCCCS Provider Registration.
PROVIDER RE-ENROLLMENT/REVALIDATION
Provider Re-Enrollment/Revalidation allows providers to submit their re-enrollment information electronically. Providers who were registered with AHCCCS prio
mail or e-mail when it is time to re-enroll. All data must be submitted by the indicated timeframe on the letter or the AHCCCS identification number will be terr
Providers must wait to receive a re-enrollment notice. If documents are received prior to the re-enrollment notices being mailed out, the documents will be pro
system requirements. Data may be submitted by authorized signers on file with AHCCCS. For further information, please click on AHCCCS Provider Re-Enrollm
PRIOR AUTHORIZATION INQUIRY

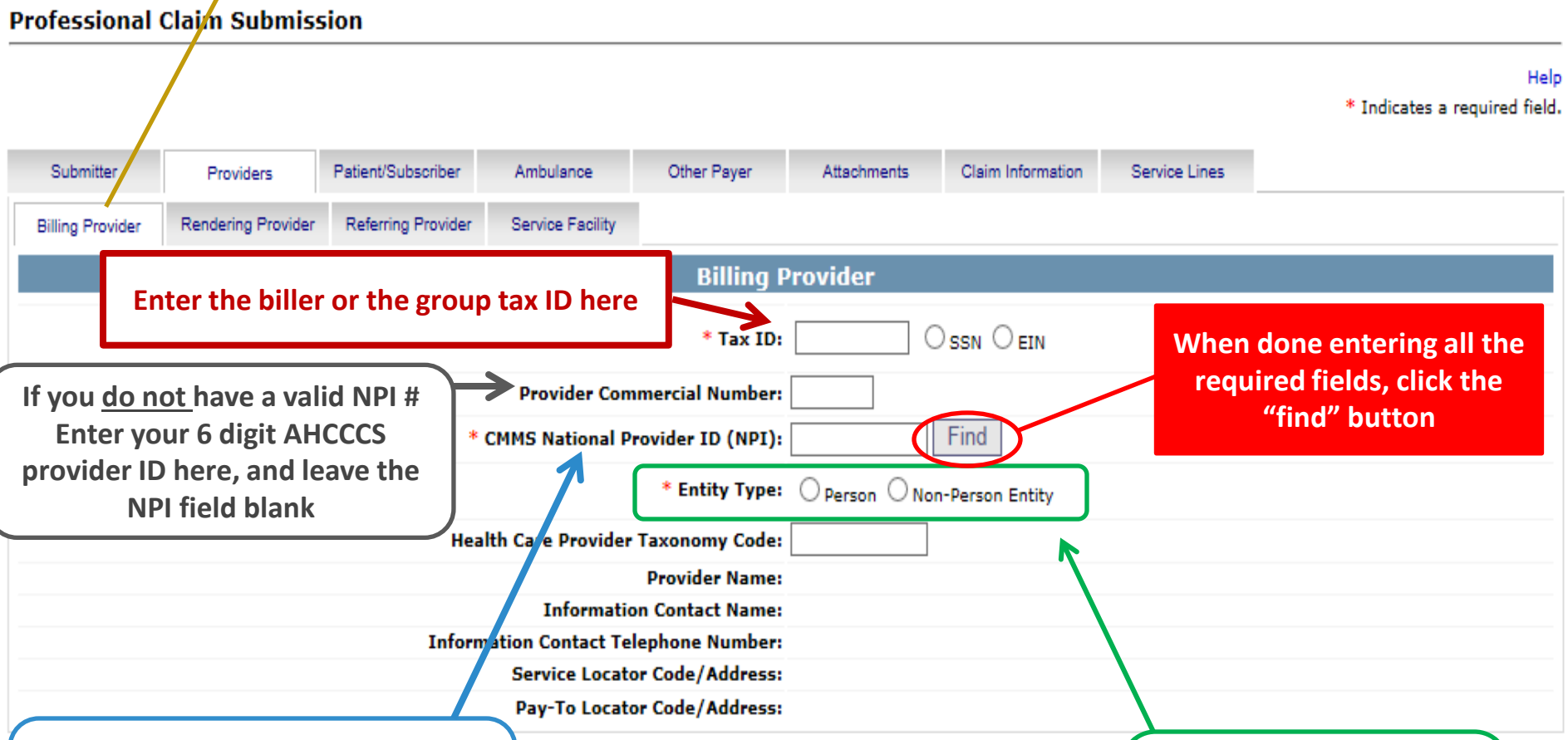
# Claim Submission Screen

- Under “enter new claim”, click on the drop down and select **Professional**
- Click “Go”

# Submitter Screen



This is where you will enter the provider or group billing information




Enter the biller or the group tax ID here

If you do not have a valid NPI # Enter your 6 digit AHCCCS provider ID here, and leave the NPI field blank

When done entering all the required fields, click the "find" button

If you have a valid NPI you must enter it here and leave the provider commercial field # blank

Click person (if the ID number comes up as a person's name or Non-person (if the ID comes up with a company's name)

Do not click submit

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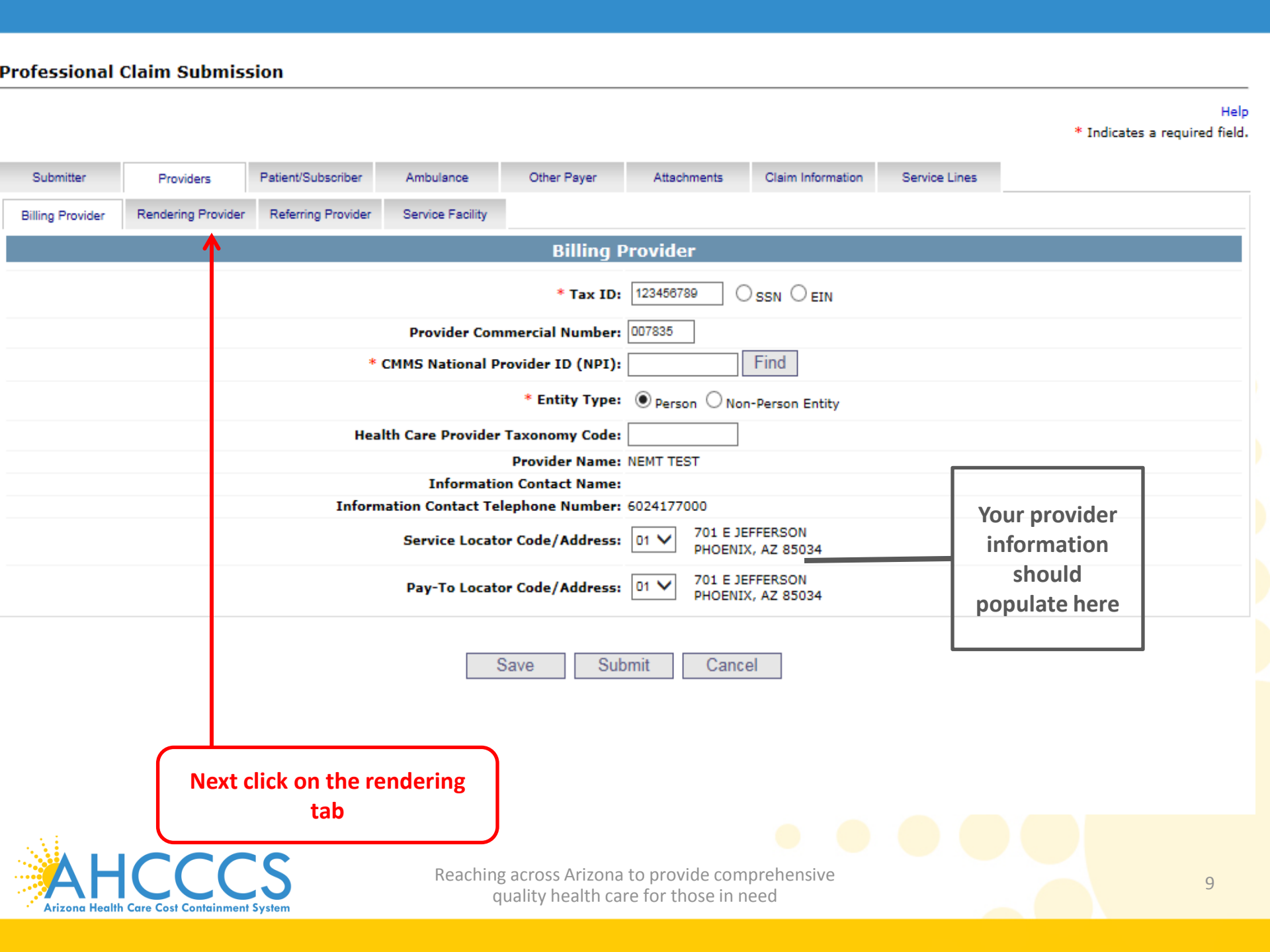
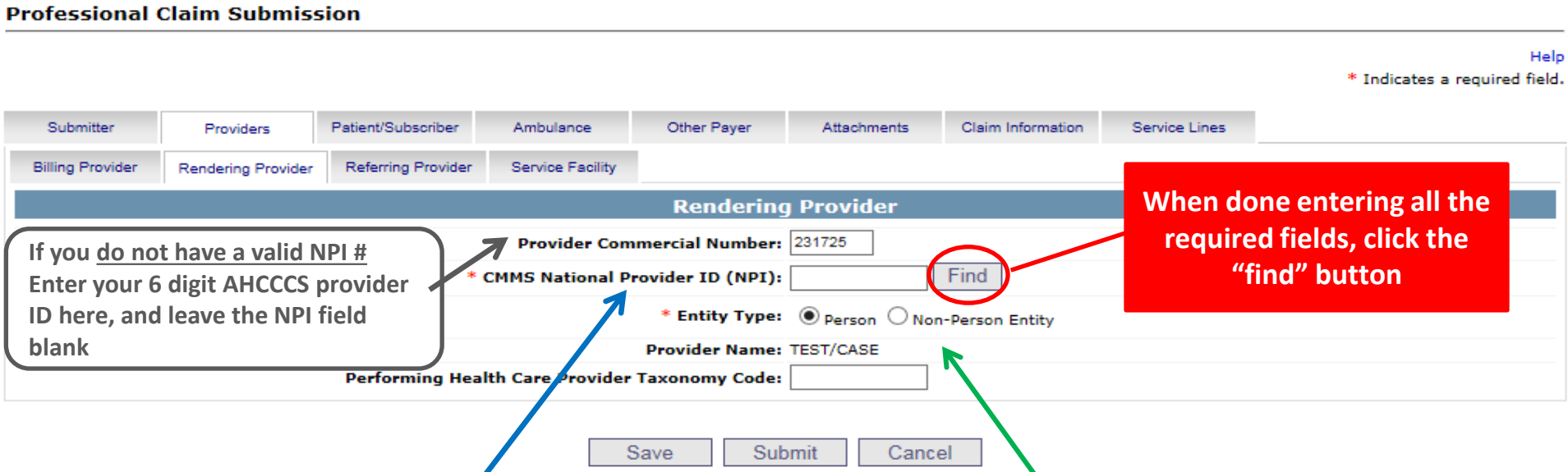

Professional Claim Submission
Help
* Indicates a required field.
Submitter
Providers
Patient/Subscriber
Ambulance
Other Payer
Attachments
Claim Information
Service Lines
Billing Provider
Rendering Provider
Referring Provider
Service Facility
Billing Provider
* Tax ID: 123456789 SSN EIN
Provider Commercial Number: 007835
* CMMS National Provider ID (NPI): Find
* Entity Type: Person Non-Person Entity
Health Care Provider Taxonomy Code:
Provider Name: NEMT TEST
Information Contact Name:
Information Contact Telephone Number: 6024177000
Service Locator Code/Address: 01 701 E JEFFERSON PHOENIX, AZ 85034
Pay-To Locator Code/Address: 01 701 E JEFFERSON PHOENIX, AZ 85034
Your provider information should populate here
Save
Submit
Cancel
Next click on the rendering tab

# Rendering Provider Screen



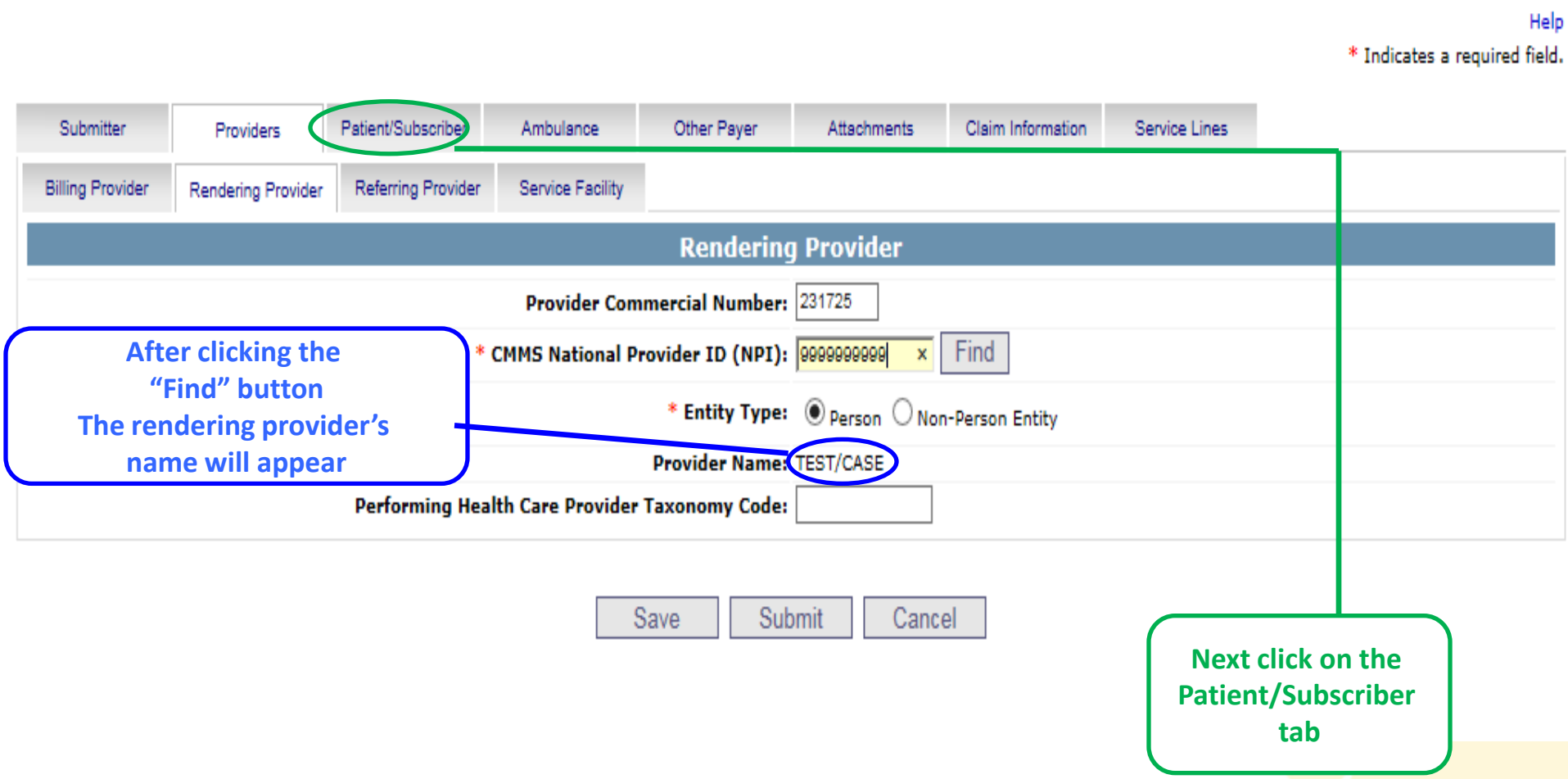

If you do not have a valid NPI # Enter your 6 digit AHCCCS provider ID here, and leave the NPI field blank

When done entering all the required fields, click the "find" button

If you have a valid NPI # you must enter it here and leave the Provider Commercial field # blank

Click person (if the ID number comes up as a person's name
or
Non-person (if the ID comes up with a company's name)

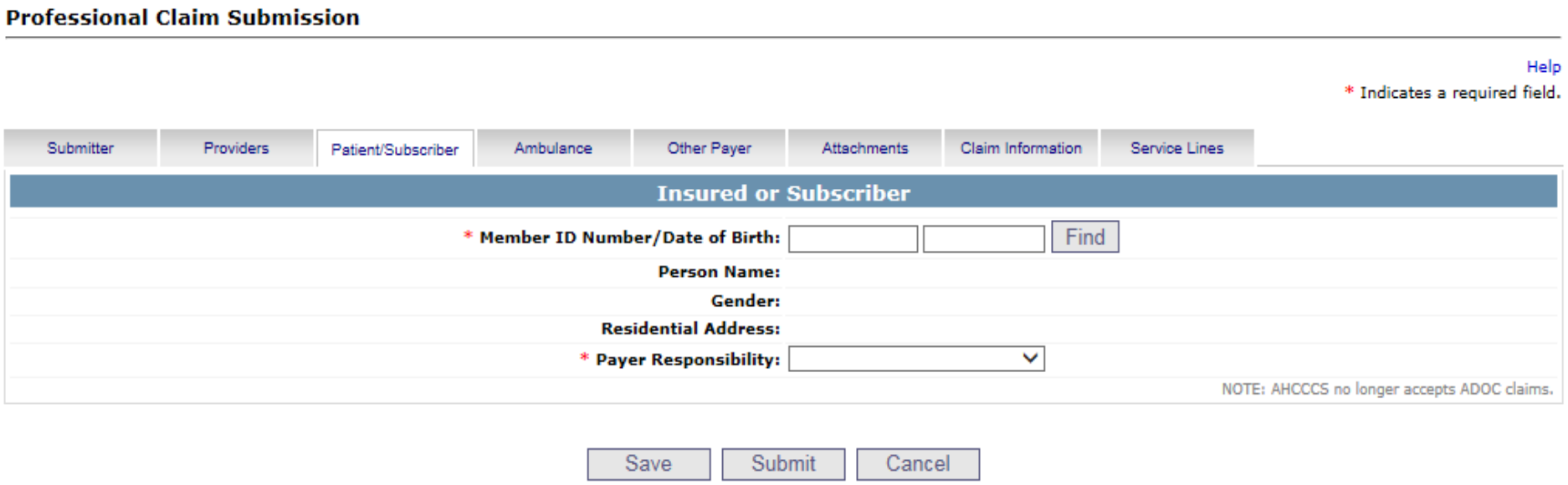
## Professional Claim Submission




After clicking the "Find" button The rendering provider's name will appear

Next click on the Patient/Subscriber tab

# Insured or Subscriber Screen




**The Patient/subscriber screen will come up, this is where you will enter the member's AHCCCS information**

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# Professional Claim Submission

Help

* Indicates a required field.

Submitter | Providers | Patient/Subscriber | Ambulance | Other Payer | Attachments | Claim Information | Service Lines

## Insured or Subscriber

Enter the members AHCCCS ID and date of birth (MM/DD/YYYY)

* Member ID Number/Date of Birth: A12345678 01/01/1995 Find

When done entering all the required fields, click the "find" button

Person Name:

Gender:

Residential Address:

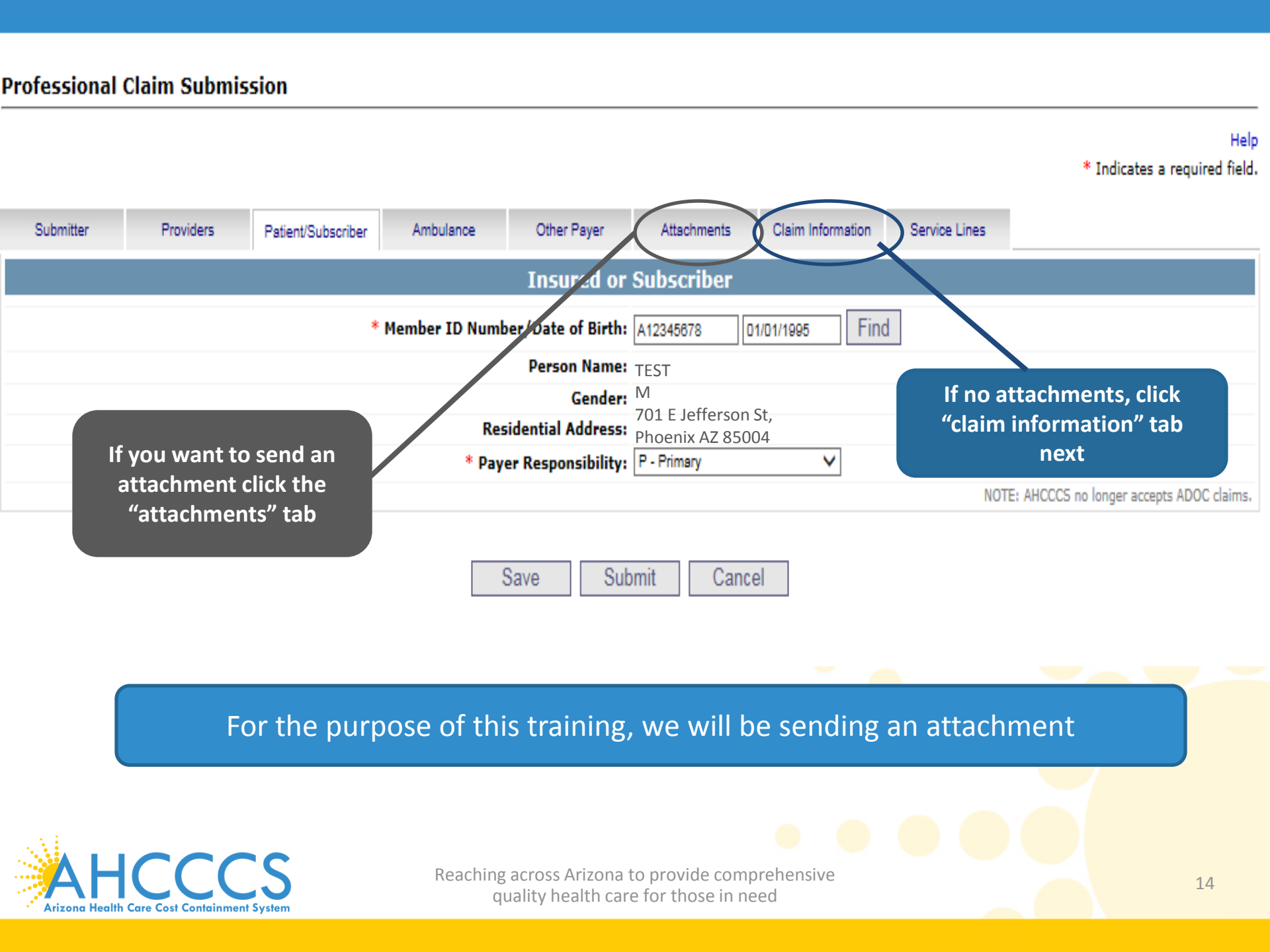
Click on the down arrow and make your Payer Responsibility selection

* Payer Responsibility: P - Primary

NOTE: AHCCCS no longer accepts ADOC claims.

A - Payer Responsibility Four
B - Payer Responsibility Five
C - Payer Responsibility Six
D - Payer Responsibility Seven
E - Payer Responsibility Eight
F - Payer Responsibility Nine
G - Payer Responsibility Ten
H - Payer Responsibility Eleven
P - Primary
S - Secondary
T - Tertiary
U - Unknown

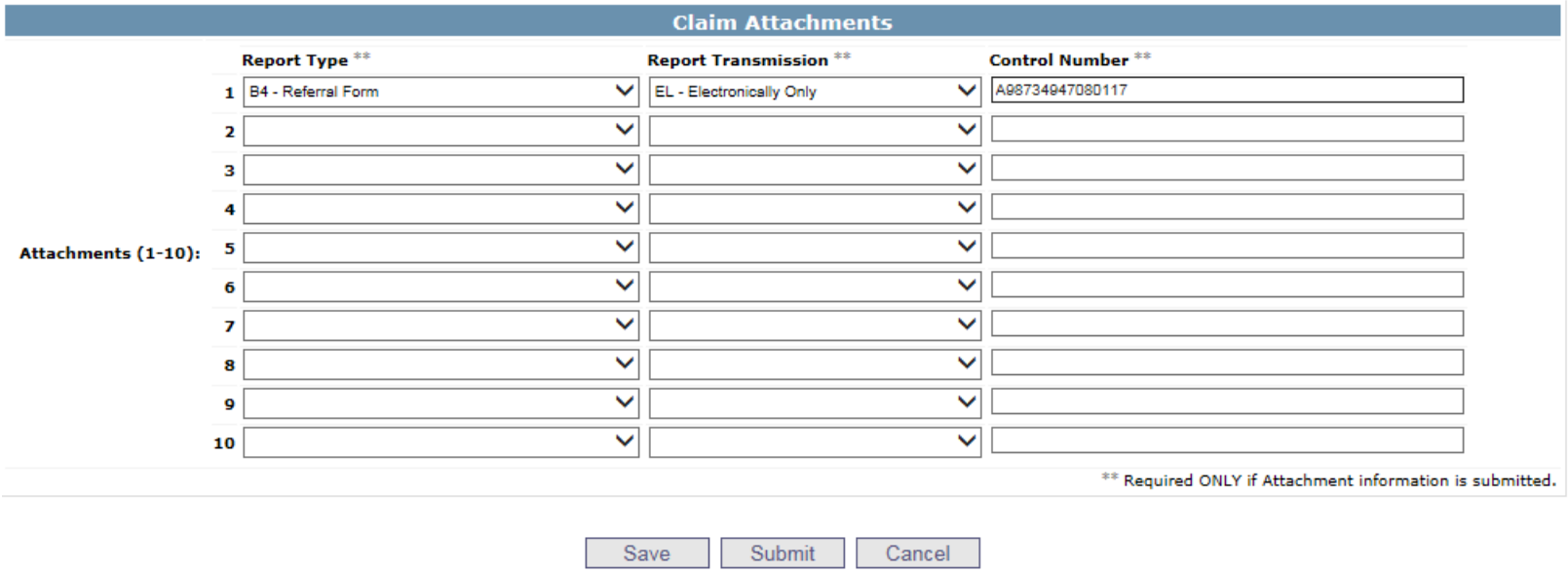
Save Submit Cancel




For the purpose of this training, we will be sending an attachment

# Claim Attachments Screen

- **Report Type** – Click the drop down and select type of attachment
- **Report Transmission** – Click the drop down and select EL – Electronically Only
- **Control Number** – Enter the **PWK number**. We recommend you use the members AHCCCS ID followed by the Date of Service, making sure the “A” in the AHCCCS ID is capitalized



**PWK?** The PWK is a number that you will create for each document you want to submit. This number will allow the system to link the attachment to the appropriate claim. Ensure there are no spaces and you use a capital letter.

## Example of a PWK number using a member's AHCCCS ID and the Date of Service

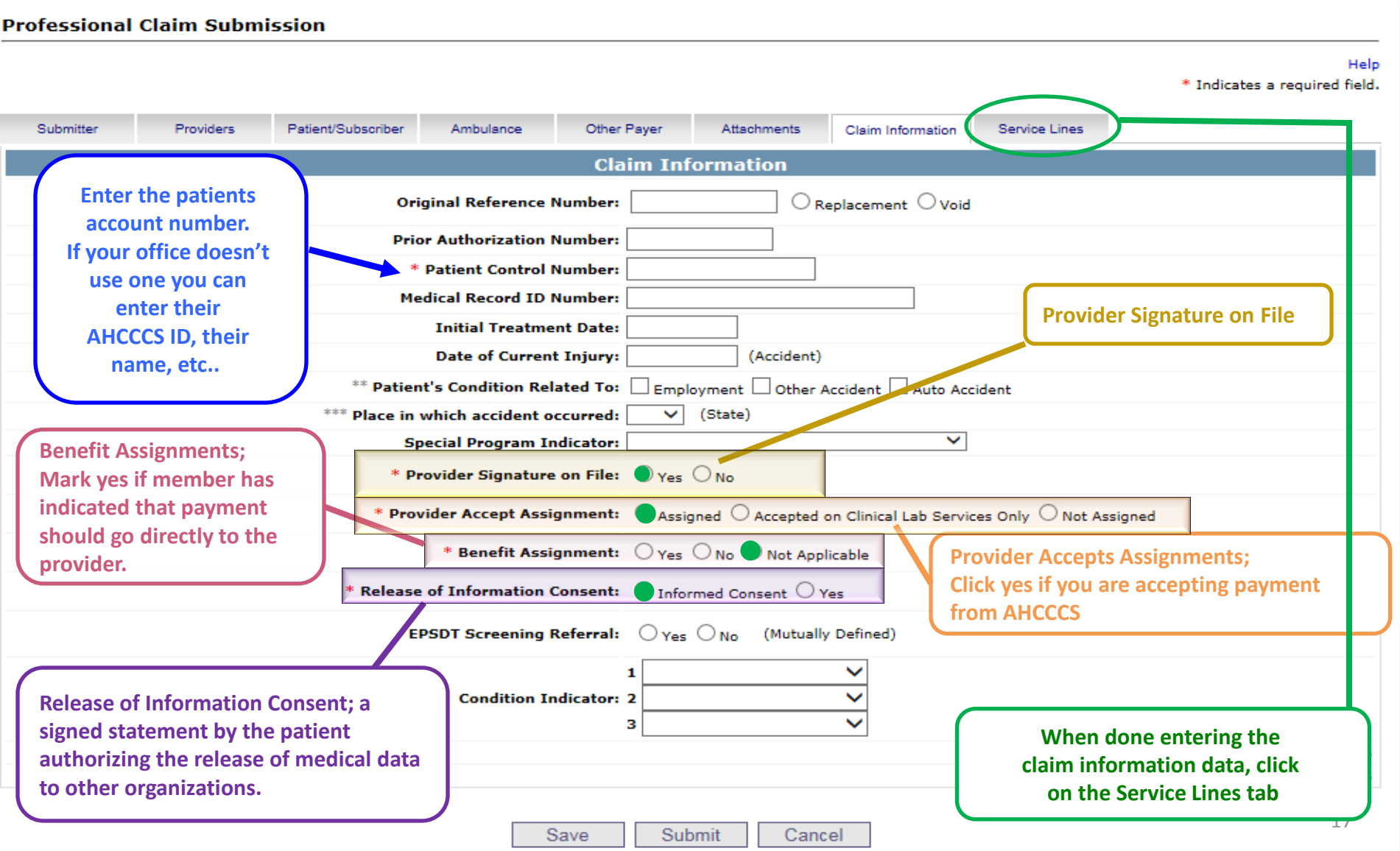
| | |
|---|---|
| AHCCCS ID ( 9 – character AHCCCS ID)<br>*Note: The A in AHCCCS ID must be a capital letter* | A12345678 |
| Date of Service | 08/05/15 |
| PWK for Claim 1, Document 1 | A12345678080515 |

## Different AHCCCS ID member with the same date of services

| | |
|---|---|
| AHCCCS ID ( 9 – character AHCCCS ID)<br>*Note: The A in AHCCCS ID must be a capital letter* | A87654321 |
| Date of Service | 08/05/15 |
| PWK for Claim 2, Document 2 | A87654321080515 |

The combination of the member's AHCCCS ID and the Date of service is what makes the PWK number unique to each claim.

# Claim Information Screen




Enter the patients account number. If your office doesn't use one you can enter their AHCCCS ID, their name, etc..

Provider Signature on File

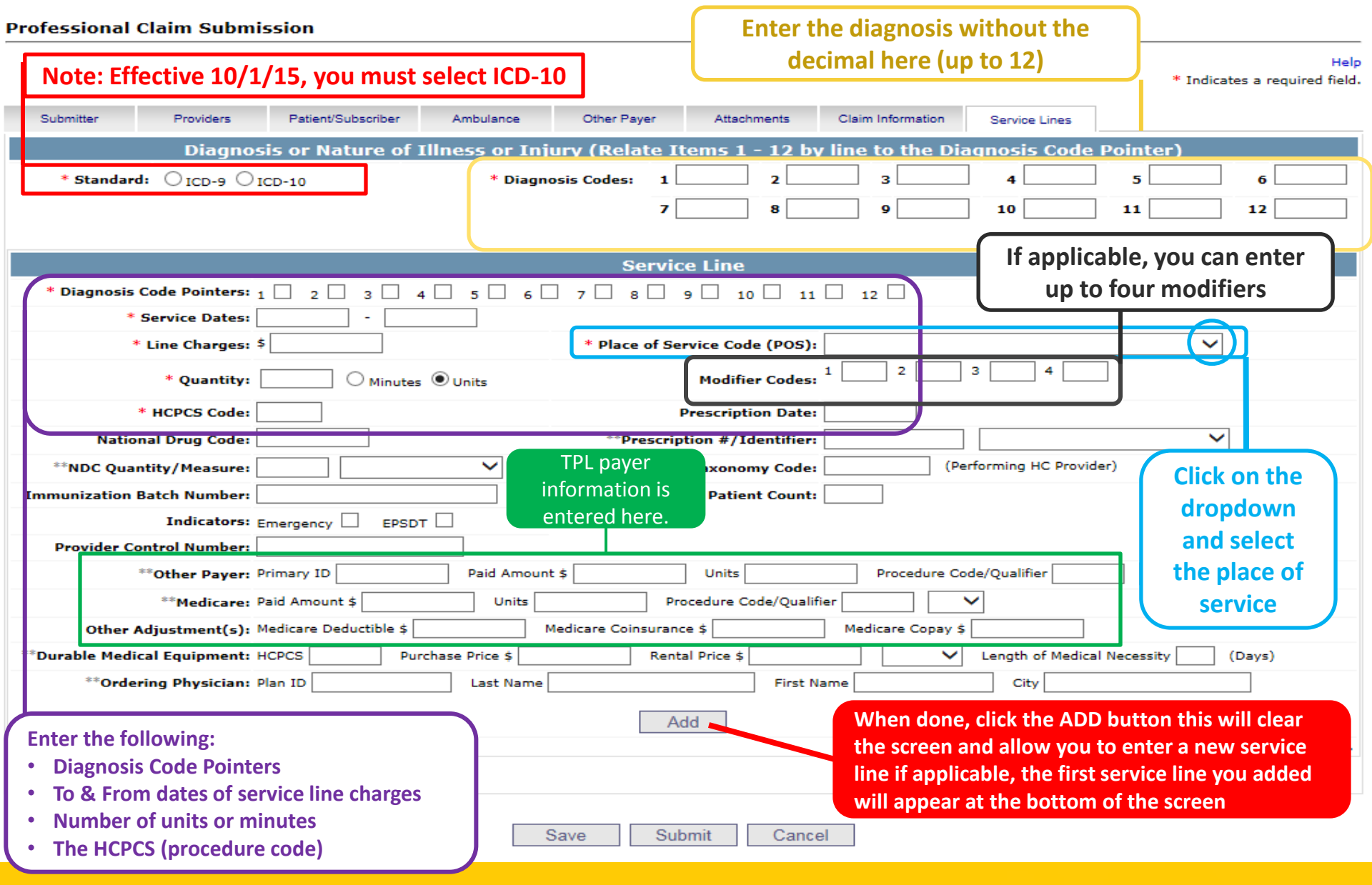
Benefit Assignments; Mark yes if member has indicated that payment should go directly to the provider.

Provider Accepts Assignments; Click yes if you are accepting payment from AHCCCS

Release of Information Consent; a signed statement by the patient authorizing the release of medical data to other organizations.

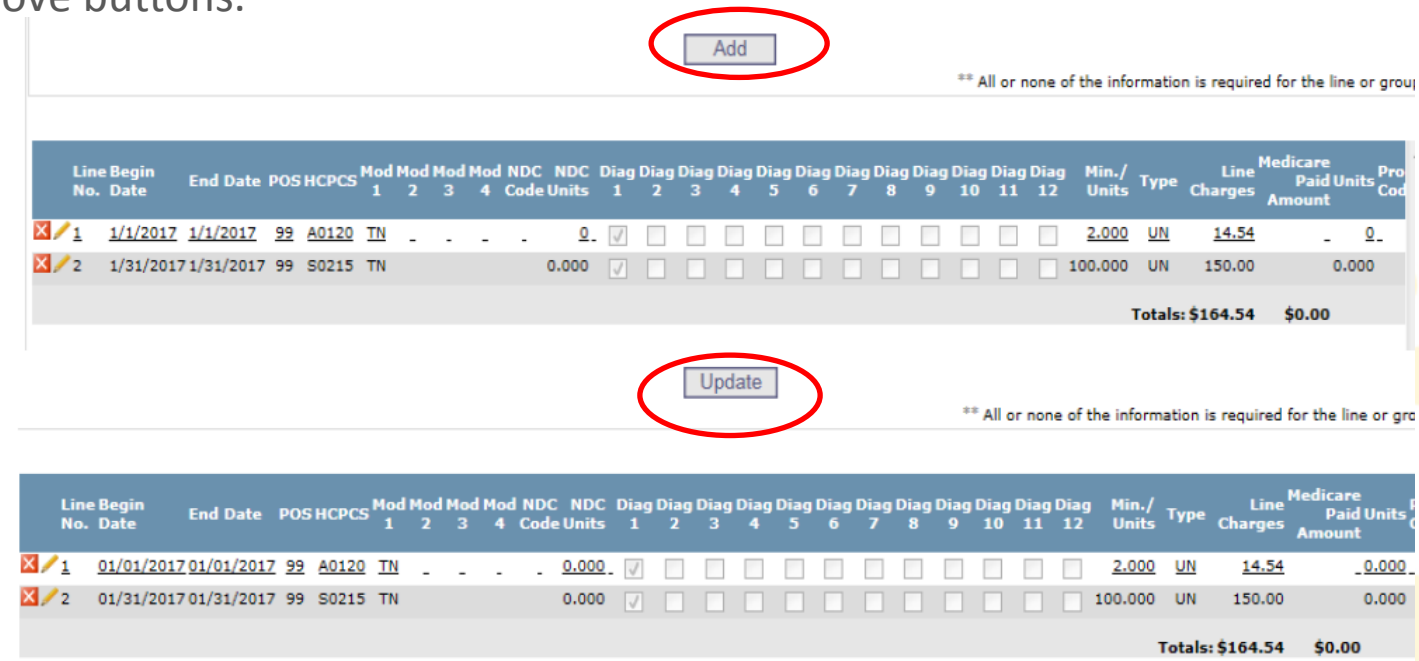
When done entering the claim information data, click on the Service Lines tab

# Service Line Screen



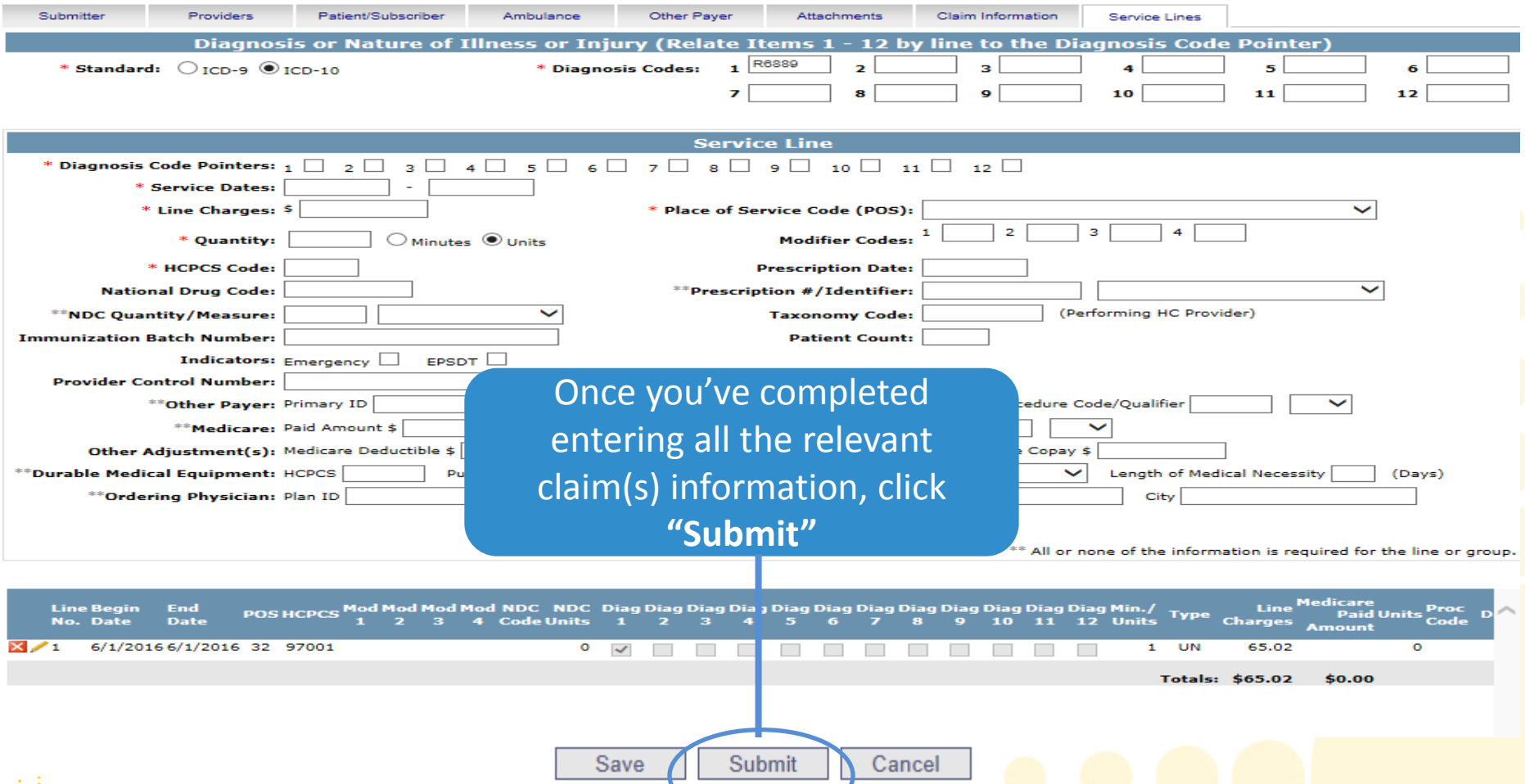
# Service Lines Add and Updates

The service line will allow you to continue to “ADD” more lines, unless you click edit or remove buttons.



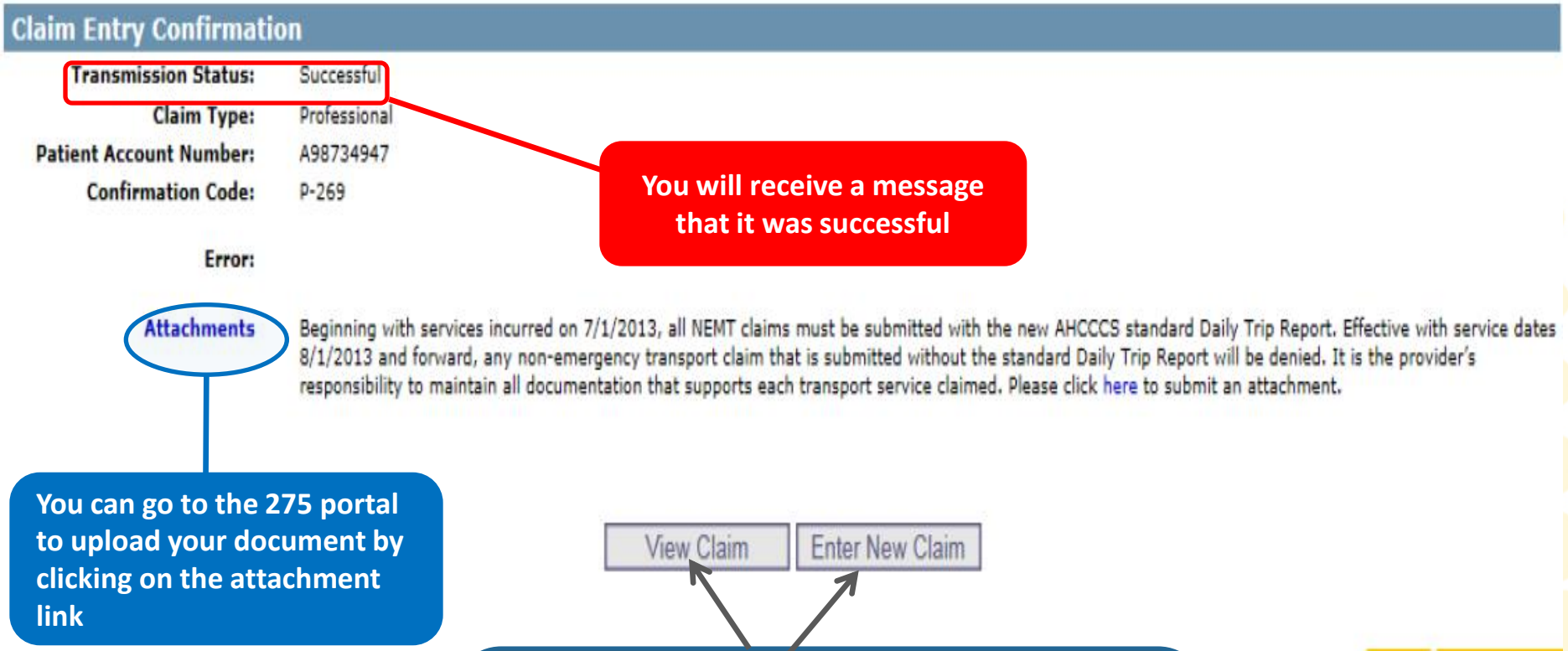

Once you’ve entered all services lines (edited or removed), you will have the option to update the changes.

# Submit




Once you've completed entering all the relevant claim(s) information, click **"Submit"**

# Claim Entry Confirmation Screen




You will receive a message that it was successful

You can go to the 275 portal to upload your document by clicking on the attachment link

Here you will have two choices:
View Claims or Enter New Claims

Clicking on View Claim will give you a summary of the information that will be sent over to AHCCCS and will allow you to edit the claim if needed

Clicking on Enter New Claims allows you to enter a new claim.

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# Please send your questions regarding this training to:

ProviderTrainingFFS@azahcccs.gov

# Thank you!