



# Overview

# AHCCCS Online Website

*The purpose of this presentation is to provide details about AHCCCS Medicaid and an overview of the AHCCCS Web site.*

**September 27, 2019**

# AHCCCS Values

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- **Mission:** Reaching across Arizona to provide comprehensive, quality health care to those in need.
- **Vision:** Shaping tomorrow's managed care...from today's experience, quality and innovation.
- **Values:** Passion, Community, Quality, Respect, Accountability, Innovation, Teamwork, Leadership
- **Credo:** Our first care is your health care.

# What is AHCCCS?

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- Founded in 1982, the Arizona Health Care Cost Containment System (written as AHCCCS and pronounced 'access') is Arizona's Medicaid program, a federal health care program jointly funded by the federal and state governments for individuals and families who qualify based on income level.
- Built on a system of competition and choice, AHCCCS is a \$14 billion program that operates under an integrated managed care model, through a Research and Demonstration 1115 Waiver. Contracted health plans coordinate and pay for physical and behavioral health care services delivered by more than 80,000 health care providers to 1.8 million Arizonans.

# AHCCCS

## Fee-For-Service Programs and Populations

<b>Programs / Populations</b>	<b>Programs / Populations</b>
<b>American Indian Health Plan</b>	<b>American Indian Medical Home</b>
<b>Tribal Regional Behavioral Health Authority</b>	<b>Tribal ALTCS Program</b>
<b>Federal Emergency Services</b>	<b>Hospital Presumptive Eligibility</b>
<b>Fee for Service Regular</b>	<b>School Based Claiming (SBC)</b>
<b>Fee for Service Temporary</b>	<b>Pharmacy Benefit Manager (PBM)</b>
<b>Fee for Service Prior Quarter</b>	<b>Arizona Department of Corrections (ADOC)</b>

# AHCCCS MILESTONES



**AHCCCS Complete Care (ACC)** Integration launched on **October 1, 2018.**

This new integrated system joined physical and behavioral health services together to treat all aspects of our members' health care needs under a chosen health plan.

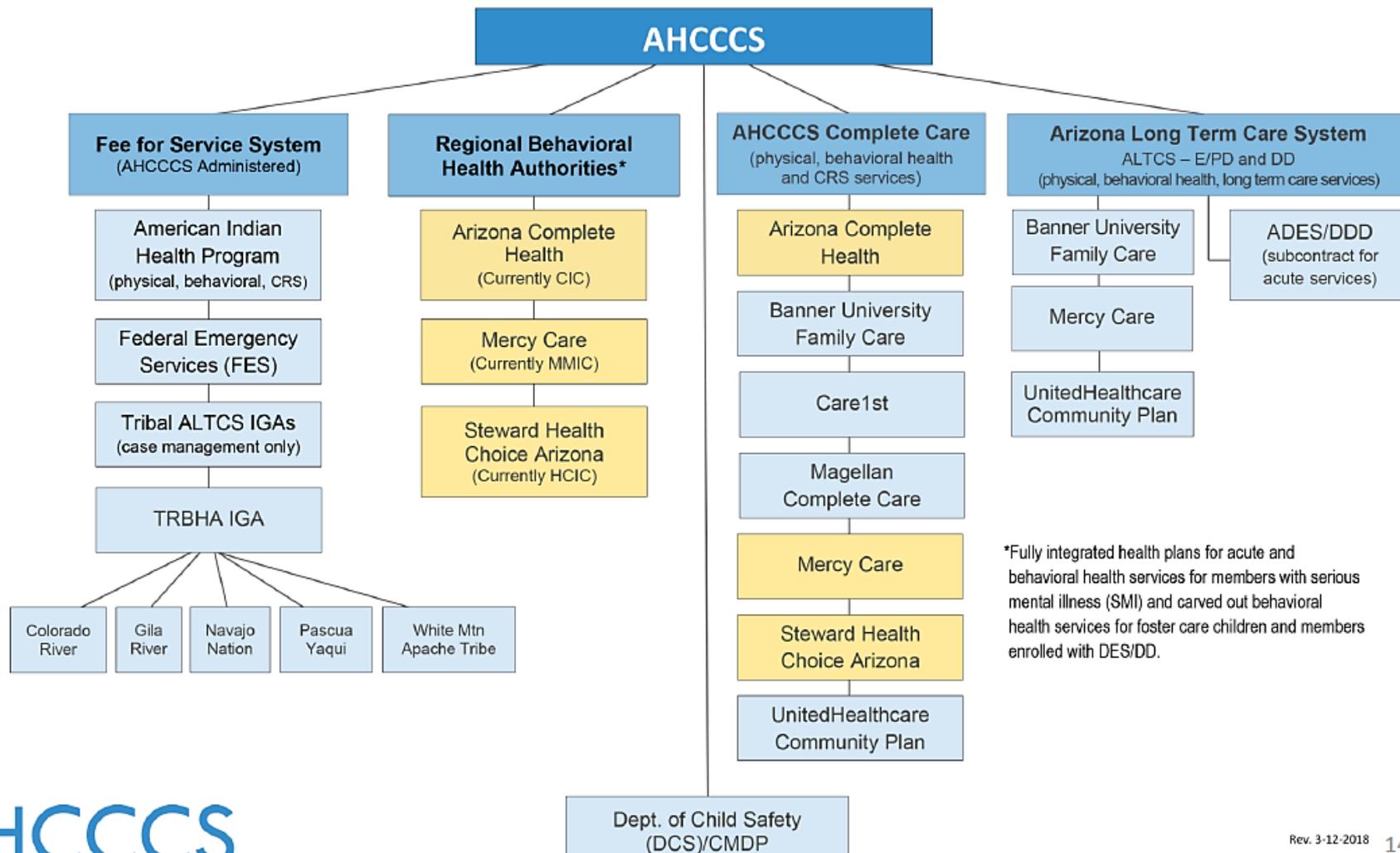
AHCCCS Complete Care encourages more coordination between providers within the same network which can mean better health outcomes for members.

# The Benefits of Integration

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- One Plan
- One Payer
- One Provider Network
- Easier to Navigate
- Streamline care coordination to get better outcomes
- Improve a person's whole health

# ACC Care Delivery System 10/01/2018



\*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.

# AHCCCS Divisions and Contact Information



# AHCCCS Divisions

**DFSM**

**Claims  
Customer  
Service**

**AHCCCS FFS  
Fee Schedules**

**Prior  
Authorization**

**FFS Provider  
Training**

**DBF**

**AHC Direct  
Deposit**

**Remittance  
Advice**

**Payments**

**DCAIR**

**The Office of  
Human Rights  
(OHR)**

**The Office of  
Individual and  
Family Affairs  
(OIFA)**

**The Office of  
Federal Relations  
and  
Communications**

**DHCM**

**Quality &  
Performance**

# AHCCCS Divisions

**DMS**

**Member  
Services**

**Eligibility  
Determinations**

**Enrollment**

**ISD**

**Application  
Services**

**Infrastructure  
Services**

**Administration  
Services**

**OALS**

**Appeals**

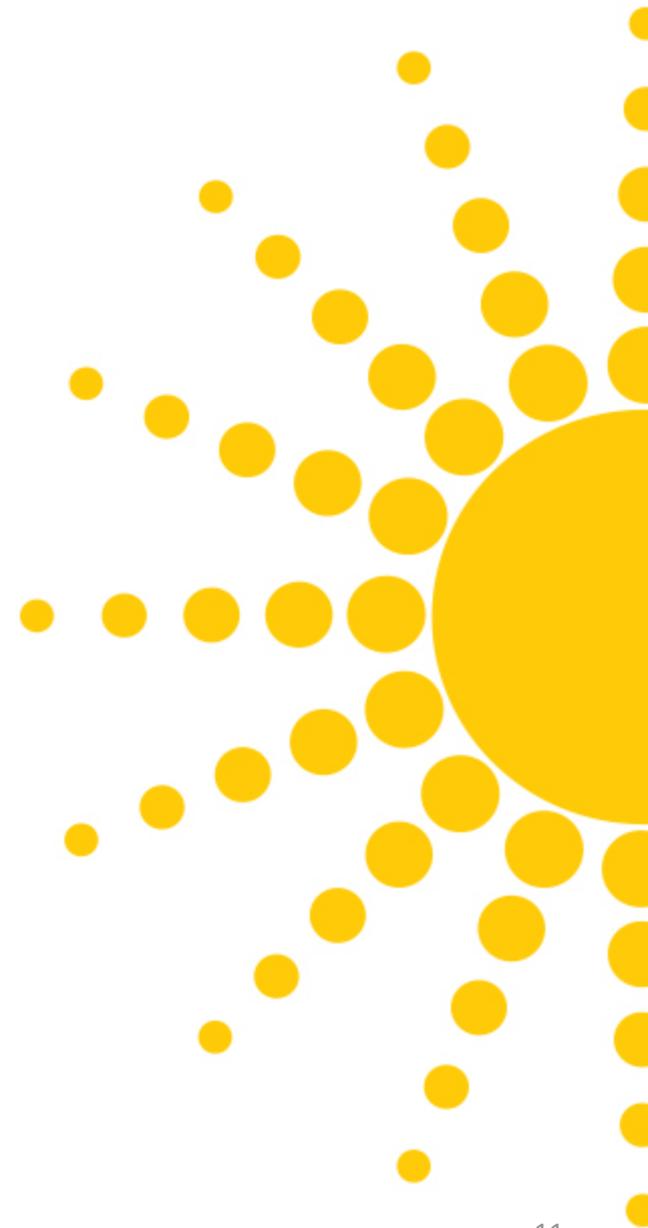
**OIG**

**Fraud**

**Waste**

**Abuse**

# AHCCCS Claims Customer Service Department



# Claims Customer Service

The Claims Customer Service Unit assists providers with complex claim inquiries, benefits and policy information.

Providers may submit and review the status of claims using the AHCCCS Online provider portal.

Contact: Monday-Friday from 7:30 AM – 4:00 PM (MST) (602) 417-7670 Option 4.

AHCCCS Website at <https://azweb.statemedicaid.us/>



# AHCCCS Fee For Service Provider Schedules and Rates



# AHCCCS Fee-For-Service Provider Schedules and Rates Information

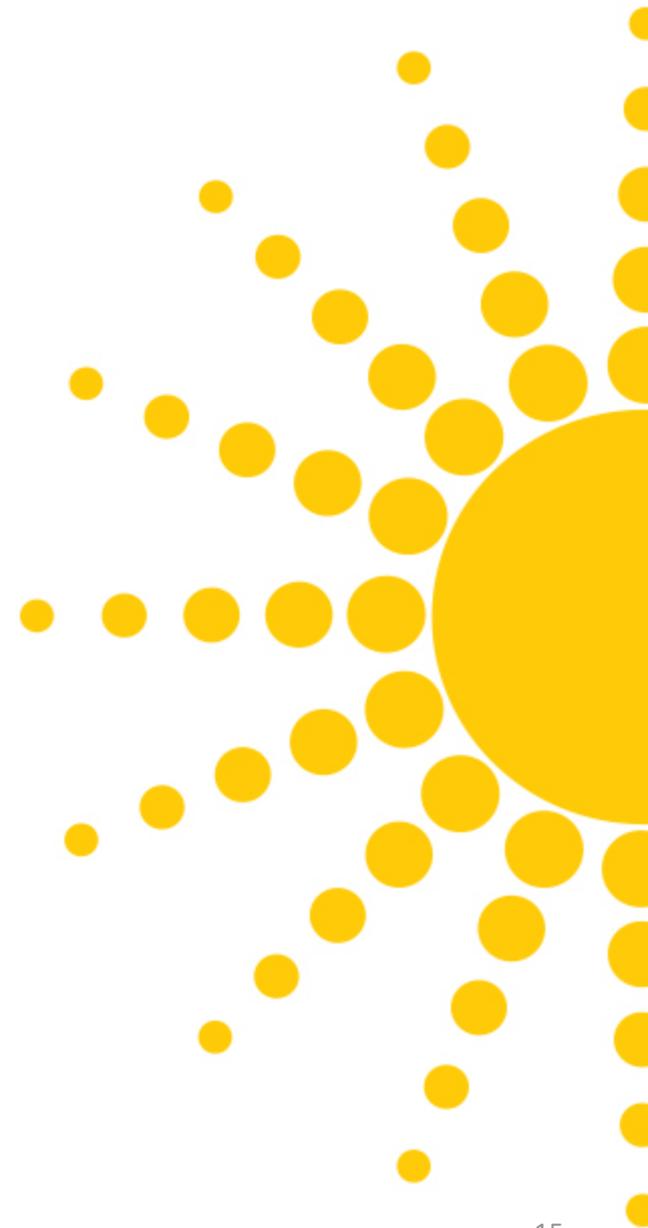
- AHCCCS covered procedures can be viewed in the [AHCCCS Medical Policy Manual \(AMPM\)](#). AHCCCS covered services can differ based upon enrollment.
- AHCCCS Fee-For-Service Fee Schedules
- The appearance on the website of a code and rate is not an indication of coverage, nor a guarantee of payment.

Have a question about AHCCCS Fee-for-Service reimbursement rates?

Email us at [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov)



# AHCCCS Prior Authorization Process



# What is a Prior Authorization?

Prior Authorization (PA) is a process by which the AHCCCS Division of Fee-For-Service (FFS) Management (DFSM) determines in advance whether a service that requires prior approval will be covered, based on the initial information received.

A prior authorization may be granted provisionally (as a temporary authorization) pending the receipt of required documentation to substantiate compliance with AHCCCS criteria.

- i. A Prior Authorization does not guarantee payment.
- ii. Reimbursement is based on the accuracy of the information received with the original PA, on whether or not the service is substantiated through concurrent and/or medical review, and on whether the claim meets claims submission requirements.

# Programs and Services that do not Require a Prior Authorization

The following services are **not** authorized by the AHCCCS Care Management System Unit (CMSU). Providers must contact the appropriate entity for authorization of certain services.

- Non-Acute Services for Tribal ALTCS Program members – Please contact the Tribal ALTCS Case Manager.
- Transplant Services – Please contact Medical Management in the AHCCCS Division of Health Care Management (DHCM).
- Prescription Medications – Please contact the Pharmacy Benefit Manager (PBM), OptumRx at (855) 577-6310.
- Behavioral Health PA Requests for Acute FFS members that are assigned to a Regional Behavioral Health Authority – Please contact the RBHA.

# Primary PA Submission Method

The primary method of submission is the [AHCCCS Online Provider Portal](#). You can also find the link to the AHCCCS Online Provider Portal in the Plans/Providers menu. [Getting Started!](#)

1. New users shall set up an AHCCCS online account.
2. Enter the authorization request via the PA submission link in the AHCCCS online web portal.
3. Attach required clinical documentation via the online attachment feature.
4. An authorization number is generated automatically, which will remain in a pending status until an authorization decision is made. A PA confirmation letter is then mailed to the provider indicating the pending authorization status.
5. After documentation submitted by the provider has been reviewed and an authorization decision is made, a PA confirmation letter is mailed to the provider indicating the updated authorization status.

Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link.

# Secondary PA Submission Methods

## Telephone Option:

This option is Reserved for **urgent requests** after submitting documents through AHCCCS Online Provider Portal or hospital discharges.

An urgent request, as defined in **A.A.C. R9-34-306 (B)**, is one in which following the standard time frame for a request could seriously jeopardize the FFS member's life or health, or ability to attain, maintain, or regain maximum function.

Following submission of the online urgent request with the required documentation, provider must call the PA line (listed above) to inform PA staff of submission of an urgent request, and After documentation submitted by the provider is reviewed and an authorization determination is made, a PA confirmation letter is mailed to the provider indicating the authorization status.

### Telephone Numbers

1-602-417-4400 (Phoenix Area)  
1-800-433-0425 (Arizona)  
1-800-523-0231 (Out of state; ask for PA area)

### Mail

AHCCCS-Division of Fee-for-Service  
Management  
Care Management System Unit (CMSU),  
Mail Drop 8900  
701 East Jefferson Street  
Phoenix, AZ 85034



# Using the Prior Authorization Request Form

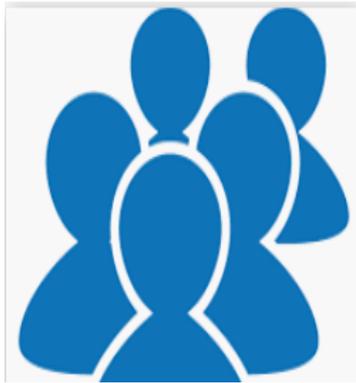
In limited circumstances AHCCCS may allow providers to submit a Prior Authorization Request via Fax.

Provider must submit the fax request with the required FFS PA request form as the first page of the fax, and include the required clinical documentation.

An authorization number is faxed to the provider after information is reviewed, and A PA confirmation letter indicating the authorization status is mailed to the provider.

- PA** – 602-256-6591
- UR** – 602-254-2304
- LTC** – 602-254-2426
- BH** – 602-253-6695
- Transport** – 602-254-2431

# Provider Training Unit



# Provider Training

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AHCCCS Provider Training offers both in person and online training to Fee-For-Service (FFS) providers on how to submit claims, prior authorization requests, additional documentation (i.e. the AHCCCS Daily Trip report or requested medical records), etc. using the [AHCCCS Online Provider Portal](#) and the [Transaction Insight Portal](#)

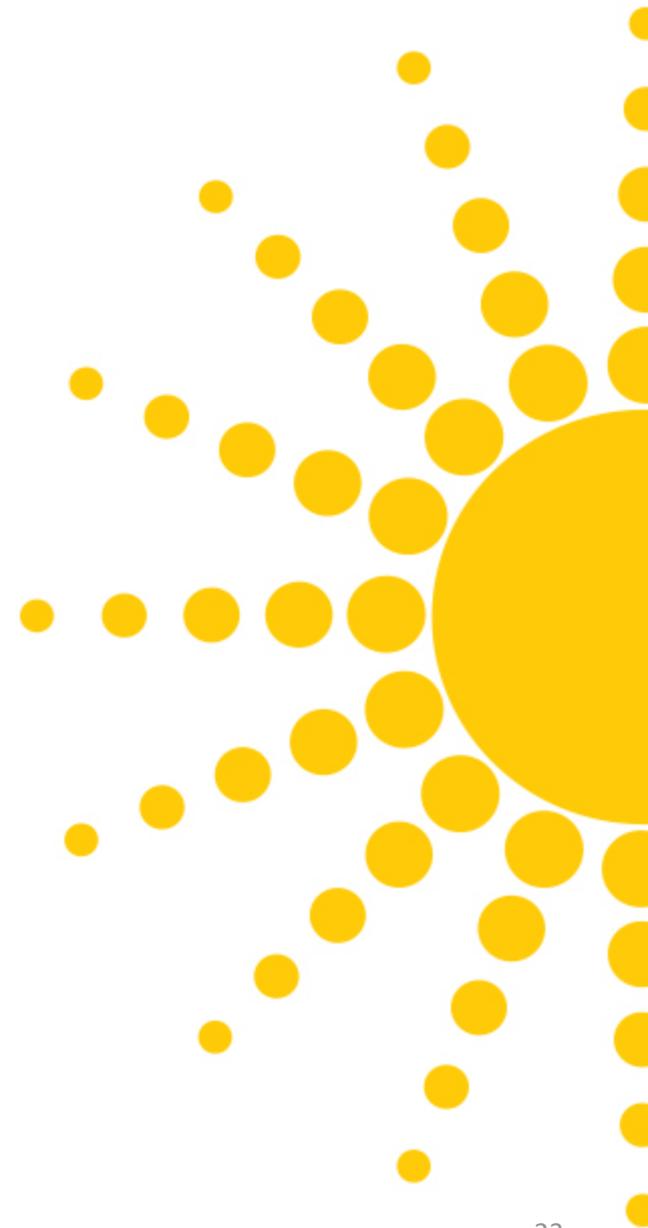
The AHCCCS Provider Training team also offers periodic trainings whenever there are significant changes in AHCCCS policy or to the AHCCCS billing manuals.

**The Provider Training team is unable to assist with medical billing and coding questions in preparation of claims submittal for services/procedures rendered.**

## Contact Information:

The DFSM Provider Training team can be reached at: [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)





# Sign Up for Direct Deposit

The electronic payment option processes payments using the Automated Clearing House (ACH). This method enables providers to receive reimbursement more quickly than issuing a check. The Arizona Clearing House Association (ACHA) processes the payment directly to the provider's bank account through Bank of America, which functions as the State servicing bank.

## The benefits of receiving payments electronically are:

- Immediate availability of funds
- Fully traceable payments
- Elimination of mail and deposit delays
- Elimination of lost, stolen, or misplaced checks

The ACH Vendor Authorization form is used by providers to begin receiving electronic FFS reimbursement. You may complete and submit the form yourself by going to [AHCCCS Online](#). This is where providers go to check claims' status or to submit claims electronically. Once logged in, click on EFT ENROLLMENT on the top-left of the screen.



# Payment Notifications 835 Remittance Advice



# 835 Remittance Advice

## Who may request ERA setup?

AHCCCS considers the provider their trading partner, and a request for electronic remittance advice (ERA) or 835 transaction setup must come from an authorized individual from within the provider's organization; **it cannot be initiated by the provider's clearinghouse, software vendor, or billing service.**

## How can a provider request ERA setup?

The AHCCCS Information Services Division, EDI Customer Support, is the first point of contact for questions related to electronic transactions or to request transaction setup. The preferred method of contact is email.

**Note:** If providing PHI data, please make sure your email is secured.

All inquiries will result in the assignment of a Service Request or Incident for AHCCCS reporting purposes contact:

[EDICustomerSupport@azahcccs.gov](mailto:EDICustomerSupport@azahcccs.gov) (602) 417-4451

**Hours of Operation: Monday-Friday from 7:00 AM – 5:00 PM (MST)**

# Setting up the 835 Remittance Advice

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## What information will AHCCCS need?

AHCCCS will require the following information from providers, in order to set them up for the Electronic Transaction Process:

- Customer Name    Provider Name    Customer Email Address
- AHCCCS 6 digit Provider ID and/or National Provider Identification number

If the provider has approved the clearing house to receive the ERA/835 Remittance notice on the provider's behalf, the name of the clearinghouse must be included in the request.

# Paper Remittance Advice

## Duplicate Paper Copy

Providers who would like to request a duplicate paper copy of the remittance advice may contact the Division of Business and Finance (DBF) at:

- Please note that there is a charge for a duplicate remittance advice of **\$4.00 per page**. Duplicate paper copies are only available to providers receiving paper remittances.

### Contact:

Metro Phoenix (602, 480, & 623 area codes) 602-417-5500

Toll Free: 877-500-7010

**Note:** Providers receiving the Electronic 835 remittance, who would like to request a duplicate 835, must contact the ISD Help Desk at (602) 417-4451 for assistance.

# Payment Inquires

Providers who have questions on delayed payments, checks, or the remittance advice may contact DBF at:

- Metro Phoenix (602, 480, & 623 area codes): 602-417-5500
- Toll Free: 877-500-701

## References:

835 Claim Remittance Advice Companion Guide:

<https://www.azahcccs.gov/Resources/EDI/EDITEchnicaldocuments.html>

# Division of Community Advocacy and Intergovernmental Relations (DCAIR)



## Division of Community Advocacy and Intergovernmental Relations (DCAIR)

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The Division of Community Advocacy and Intergovernmental Relations houses all of the functions that interface with our members, family members and other stakeholders. This division consists of three distinct divisions.

- The Office of Human Rights (OHR)
- The Office of Individual and Family Affairs (OIFA)
- The Office of Federal Relations and Communications (OFRC)

# Advocacy & Stakeholder Groups

## Office of Human Rights (OHR)

- OHR provides advocacy to individuals determined to have a Serious Mental Illness (SMI) to help them understand, protect and exercise their rights, facilitate self-advocacy through education and obtain access to behavioral health services in the publicly funded behavioral health system in Arizona.

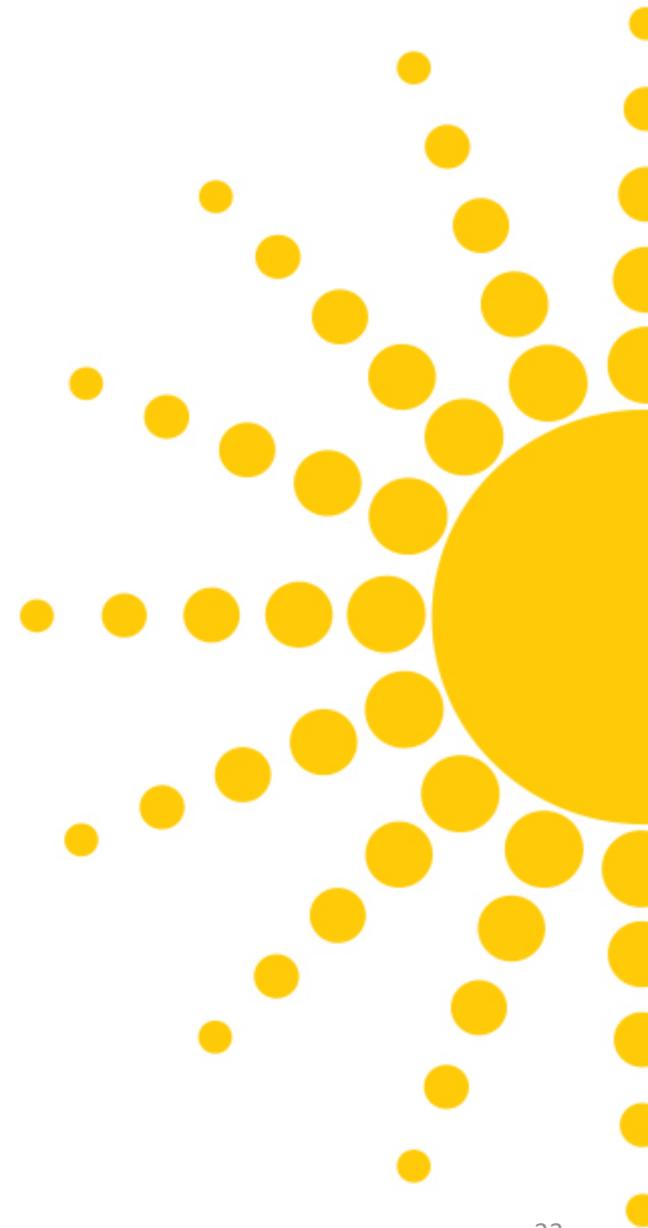
## Office of Individual and Family Affairs (OIFA)

- OIFA promotes recovery, resiliency and wellness for individuals with mental health and substance use challenges and their families. OIFA builds partnership with individuals, families, youth, communities, organizations and key stakeholders.

## Office of Federal Relations and Communications (OFRC)

- OFRCA is responsible for the development of AHCCCS state and federal legislative initiatives and legislation.

# Division of Health Care Management (DHCM)



# Division of Health Care Management

DHCM is responsible for procuring contracts and the ongoing performance management of Managed Care Organizations serving more than 1.4 million members with expenditures exceeding \$10 billion annually. DHCM oversees 15 Managed Care Contractors (16 after 10/1/18) who purchase services from more than 90 Arizona hospitals and thousands of health care providers.

For questions about the AHCCCS Quality Assessment & Performance Improvement Strategy:

- Call: 602-417-4229
- Email: [Jakenna.Lebsock@azahcccs.gov](mailto:Jakenna.Lebsock@azahcccs.gov)
- Write: Arizona Health Care Cost Containment System (AHCCCS)  
ATTN: Division of Health Care Management  
701 E. Jefferson St., MD-8500  
Phoenix, AZ 85034



# Division of Member Services (DMS)



# AHCCCS Member Services Unit

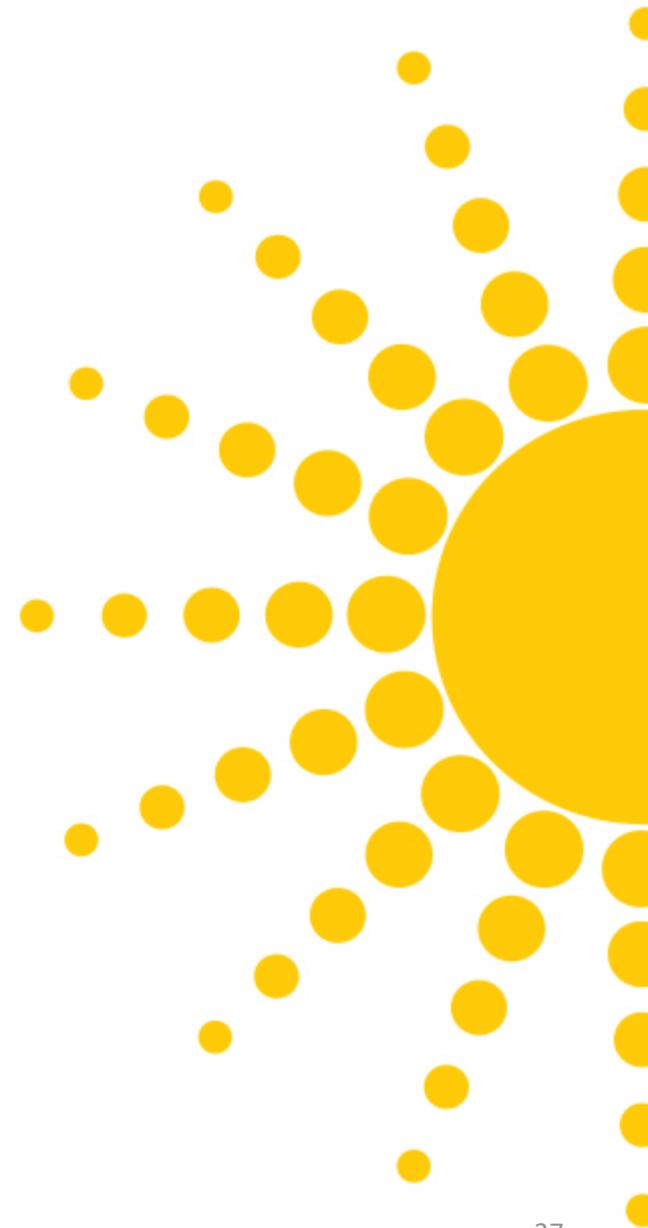
The Division of Member Services (DMS) is responsible for AHCCCS eligibility and for the enrollment of members into health plans. DMS is also responsible for the accuracy of eligibility determinations, including oversight of Medicaid eligibility completed at Department of Economic Security (DES), as well as the integrity of member data stored in our automated systems. DMS has primary responsibility for communication with AHCCCS members

## AHCCCS Administration Member Services Unit:

- 1(855)HEA-PLUS (1-855-432-7587)
- Calls Answered Monday through Friday 8 a.m. – 5 p.m.
- AZ Relay Service for the hearing impaired 1-800-367-8939



# Information Services Division (ISD)



# Information Services Division

**Information Services Division (ISD)** is responsible for providing and/or securing all information technology services necessary to support the administrative and programmatic functions of the agency, and for safeguarding agency electronic data, technical infrastructure, communications networks, and application systems.

- Electronic Payment
- Electronic Remittance Advice
- EDI Customer Support
- Technical assistance with Transaction Insight Portal (TI) & Online Provider Portal

## Contact:

Email: [ISDCustomerSupport@azahcccs.gov](mailto:ISDCustomerSupport@azahcccs.gov) Email: [EDICustomerSupport@azahcccs.gov](mailto:EDICustomerSupport@azahcccs.gov)

Telephone Number: (602) 417-4451

Hours: Monday – Friday 7:00 AM – 5:00 PM Arizona Time



# Office of Administrative Legal Services (OALS)



# Office of Administrative Legal Services

AHCCCS providers of health care services may file a *Claim Dispute* to challenge payments or denials of claims. The request for a claim dispute should indicate the facts and the relief requested.

- Requirements for Filing a Claim Dispute:
  - Within twelve months after the date of service
  - Within twelve months after the date that eligibility is posted or
  - Within sixty days after the date of the denial of a timely claim submission, whichever is later

All claim disputes must comply with the requirements of Arizona Revised Statutes ([A.R.S. 36-2903.01.B.4](#)) and Arizona Administrative Code ([A.A.C. R9-34-401 et seq.](#))

# Office of Administrative Legal Services

Filing a Claim Dispute Involving Fee For Service member, the written dispute must be filed with the Office of Administrative Legal Services (OALS).

AHCCCS

Office of Administrative Legal Services  
701 E. Jefferson, MD-6200  
Phoenix, AZ 85034

For questions concerning a Fee-For-Service claim dispute:

- Within Maricopa County 602-417-4232
- Statewide 1-800-654-8713 ext. 74232



# Office of Inspector General (OIG)



# Office of Inspector General

The Office of Inspector General (OIG) is the office charged with the responsibility for conducting criminal investigations and investigative audits for all AHCCCS programs involving state and/or federal tax dollars. This office is also responsible for overseeing provider enrollment functions. The OIG is also responsible for handling reports of fraud, waste, and abuse of the AHCCCS program.

The OIG is designated as a criminal justice agency and is authorized by the FBI and the Arizona Department of Public Safety to access criminal justice information relevant to official investigations.

The office has statutory authority to issue subpoenas and place persons under oath to obtain evidence for investigations. Additionally, the unit works closely with Federal, State and local law enforcement agencies in the detection, investigation and prosecution of any provider, subcontractor, member or employee involved in fraudulent activity involving the program.

In addition to criminal investigation OIG also issues and collects civil monetary penalties in accordance with Federal and State statutes, rules and regulations.

# Office of Inspector General

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Definition of Fraud: Fraud is defined by Federal law ([42 CFR 455.2](#)) as "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law."

## Contact Information

**General Questions Contact:** OIG Administrative Assistant (602) 417-4193

**Fraud Reporting Contact:** (602) 417-4193

**General AHCCCS Information Contact:** (602) 417-4000

# Thank You!



We hope that you found this overview informative. Our primary goal was to increase your understanding of the AHCCCS Fee for Service Medicaid program and to introduce you to the resources that are available on our website.

