

IMPORTANT PROVIDER NOTICE REGARDING AHCCCS ELIGIBILITY AND ENROLLMENT VERIFICATION



Starting September 30, 2018 through the first week of October, with the transition to AHCCCS Complete Care (ACC), there may be a delay in posting of updates to eligibility and enrollment information to the AHCCCS Health Plans' verification systems.

In order to reliably verify AHCCCS member eligibility and enrollment, it is recommended that providers utilize and/or double check against available eligibility and enrollment verification options provided directly by AHCCCS as outlined below:

Providers may use any one of several verification processes to obtain eligibility, enrollment, CRS, and Medicare/TPL information (if available).

- AHCCCS encourages verifications through a batch process (270/271), in which the provider sends a file of individuals to AHCCCS, which AHCCCS returns with information the following day. Information on that process can be obtained by calling the AHCCCS Help Desk at (602) 417-4451.
- AHCCCS has developed a Web application that allows providers to verify eligibility and enrollment using the Internet. Providers also can obtain Medicare/TPL information for a member.

To create an account and begin using the application, providers must go to <https://azweb.statemedicaid.us>. For technical support when creating an account, providers should call (602) 417-4451.

- The Medical Electronic Verification System (MEVS) uses a variety of applications to provide member information to providers. For information on MEVS, please contact EMDEON at www.changehealthcare.com/contact-us.
- The Interactive Voice Response system (IVR) allows an unlimited number of verifications by entering information on a touch-tone telephone.

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

If during regular business hours a provider is unable to obtain eligibility or enrollment from the IVR system, they will be automatically routed to the AHCCCS Verification Unit.

If a provider cannot use the AHCCCS batch or web processes, IVR or EMDEON, for verification of eligibility or enrollment, the provider may call the *AHCCCS Verification Unit*.

The unit is staffed from 8:00 a.m. to 5:00 p.m., Monday through Friday.

Providers should be prepared to give the operator the following information:

- a. *Provider* NPI (if applicable) or the AHCCCS Provider Registration number; and
- b. *Member's* name, date of birth, and AHCCCS ID number or Social Security number; and
- c. Date(s) of service.

AHCCCS Complete Care

Effective October 1, 2018, approximately 1.5 million AHCCCS members will be enrolled in an AHCCCS Complete Care (ACC) Health Plan that will give them access to a single plan and network of physical and behavioral healthcare providers for services. All ACC Plans will also provide services for members with Children's Rehabilitative Services (CRS) conditions. The ACC Plan will manage the network and all covered physical and behavioral health services. A member's ACC Plan will be the only Medicaid payer to providers for ACC enrolled members.

For additional helpful ACC information including FAQs and information regarding services for American Indian members, please visit www.azahcccs.gov/ACC