

SECTION A INTRODUCTION

BACKGROUND

Phoenix Health Plan (PHP) is a managed care organization that has been providing services since 1983. PHP is contracted with the Arizona Health Care Cost Containment System (AHCCCS) to provide medical and dental services to the Arizona Medicaid population. PHP and its provider network include participating providers to provide care in all of the following counties:

- Apache
- Coconino
- Gila
- Maricopa
- Mohave
- Navajo
- Pima
- Pinal
- Yavapai

DEPARTMENTAL STRUCTURE

Appeals

The Appeals department manages the processing of member appeals and provider claims disputes (collectively referred to as “Appeals”).

Business Applications and Analysis

Business Applications and Analysis (BAA) acts as the liaison between the IT organization and the Business Units. BAA works with various business units and vendors to implement system changes. This encompasses gathering requirements, reviewing the system designs, monitoring the progress of projects, and performing tests to ensure the enhancement(s) function according to the specifications needs of the business units. BAA develops databases, queries and reports to assist in tracking data and monitoring activities for all departments. BAA also handles the processing and loading of claims data via EDI files, and works with the clearing house and imaging vendors to ensure quality data is received. BAA is responsible for the maintenance of the provider database, loading the provider pricing information and benefits configuration.

Claims

The Claims department is responsible for the adjudication of claims, coordination of benefits, third party liability, and for reporting encounter data to AHCCCS. The Claims department also offers a customer service phone line, which is staffed by individuals trained to answer claims questions and research and resolve claims payment related issues.

Finance

Finance is responsible for overseeing all financial and accounting related activities including the issuing of payments to the provider network.

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Government Program Compliance

The Government Program Compliance department is responsible for directing and administering the health plan compliance and associated programs. The department provides education and training on compliance program resources and reporting mechanisms, including information about federal and state rules and regulations, such as the False Claims Act, Deficit Reduction Act and the AHCCCS acute care program requirements. In addition, the department conducts routine monitoring and auditing activities to verify compliance with regulatory, legal and contractual requirements and identify best practices and areas in need of process improvements.

Marketing and Outreach

The marketing and outreach objective is to grow the membership of Phoenix Health Plan. This is done by providing awareness of AHCCCS through community outreach events which markets Phoenix Health Plan as an AHCCCS plan of choice. Health education is used as a conduit for selection and partnering with community organizations.

Medical Services

Medical Services is responsible for all medical, pharmacy and dental services to PHP members including utilization review, prior authorization, as well as a twenty-four (24) hour Information / Nurse Line for members and providers.

Member Services

Member Services is responsible for coordinating all membership activities including eligibility verification, responses to member inquiries, member education, translation services, scheduling doctor appointments, transportation services and documentation of member complaints. Member Services also manages the primary care assignment process for those members who opt not to choose a primary care physician and prepares monthly member rosters for providers that are also available online at www.phoenixhealthplan.com.

Network Management

Network Management is made up of the areas of provider services, contracting and credentialing and is responsible for developing, maintaining, educating and contracting with the provider network. Provider Services Representatives (PSRs) are the primary points of contact for providers who require assistance. PSRs provide information and serve as a liaison to other departments within the health plan.

Quality Management

Quality Management is responsible for the evaluation monitoring and implementation of quality improvement activities that include general preventive health education and health promotion, as well as interventions to improve care for women, men, pregnant women, newborns and children, tracking of clinical quality concerns and quality improvement activities such as process improvement projects (PIPs) and performance measures.

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Provider Phone Menu

602.824.3700 / 1.800.747.7997
Select Option for Provider Menu

Claims Customer Service
Prior Authorization
Pharmacy Prior Authorization
Medical Services
➤ Case Management
➤ Medical Services Administration
➤ Inpatient Concurrent Review
➤ Behavioral Health
Network Management
Member Services
Quality Department
➤ MCH/EPSTD/Immunizations

Provider Fax Menu

Appeals/Compliance	602.674.6673
Case Management	602.674.6674
Claims	602.674.6651
Credentialing	602.674.6671
Dental Prior Authorization	602.674.6677
Grievance	602.674.6673
Inpatient Notification	602.674.6650
Medical Prior Authorization	602.674.6678
Member Services	602.674.6613
Network Management	602.674.6670
Pharmacy Prior Authorization	602.674.6652 or 888.887.9982

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Website www.phoenixhealthplan.com

Our website is an excellent source of information and resources to providers and office staff on the following:

- Provider and Member Communications including faxes and letters
- Cultural Diversity information
- EFT – Electronic Funds Transfer information
- EDI – Electronic claims submission information
- Forms
- Formulary
- On-Line Directory and Provider Search
- Practice Guidelines
- Prior Authorization Guidelines
- Provider Manual
- Behavioral Health Information
- Community Resources
- Link to AHCCCS and other health care websites

Providers and office staff who have registered for secured access to the website's Provider Portal will have availability to the following:

- Primary Care Physician Membership Roster (PCP only)
- Real-time Eligibility Verification
- Real-time Claims Status inquiry
- Review Claims Remit with downloading capability
- Prior Authorization Status inquiry

REGISTRATION FOR WEBSITE SECURED ACCESS

To register for secured access to the Provider Portal, contact Network Management for a Website Registration Form or download the form at our website at:

➤ <http://www.phoenixhealthplan.com/pdf/RegistrationWebForm.pdf>

To complete the online form, go to:

➤ https://www.phoenixhealthplan.com/provider_registration.aspx