

# **SECTION A INTRODUCTION**

## **BACKGROUND**

Abrazo Advantage Health Plan (AAHP) is a Medicare Advantage Organization (MAO) that was created January 1, 2006. AAHP is contracted with the Centers for Medicare and Medicaid (CMS) to provide medical services to select counties of the Arizona Medicare population. AAHP administers two lines of business; Abrazo Advantage Plus and Abrazo Advantage.

- Abrazo Advantage Plus is a Special Needs Plan (SNP) that manages the health services of people residing in Maricopa and Pinal counties with Medicare and AHCCCS.
- Abrazo Advantage is a Medicare Advantage Plan offered to beneficiaries residing in Maricopa County. The AAHP provider network includes participating providers in these two counties in addition to providers in the contiguous county of Pima, contracted to serve the needs of members residing in southern Pinal County.

## **DEPARTMENTAL STRUCTURE**

### **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 and meets the needs of the business units. The BAA group develops databases, queries and reports to assist in tracking data and monitoring activities for all departments. The BAA department 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 CMS and AHCCCS as appropriate. 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.

### **Compliance/Appeals**

The Compliance department is responsible for compliance with all state, federal and other regulatory agency requirements. It is also responsible for member grievance, appeals and provider claim disputes.

### **Enrollment Department**

The Enrollment department is responsible for all aspects of the member enrollment, billing and payment reconciliation. The Enrollment and Billing Specialist will enter all enrollments, set up the billing, if applicable, and send out all member correspondence relating to the member's enrollment. The Reconciliation Specialist will ensure that members with special statuses are reflected correctly in the system and tracked. In addition, the Reconciliation Specialist will validate our CMS payment is correct.

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### **Finance**

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

### **Marketing and Sales**

Abrazo Advantage Health Plan has a Marketing and Sales department that is responsible for all Medicare Advantage advertising and brochures and sales and enrollment of potential Members.

AAHP follows and adheres to all CMS marketing guidelines according to the CMS Health Plan Manual.

If you have questions or would like more information regarding Abrazo Advantage and Abrazo Advantage Plus, please contact your provider relations representative.

### **Medical Services**

Medical Services is responsible for medical and dental services to PHP members including utilization review, case management, disease management, prior authorization, as well as a twenty-four (24) hour Nurse Line for members. Case management helps physicians and members with coordination and management of complex disease states. Disease management coordinates health care interventions and communications for members with conditions in which patient self-care efforts are significant.

### **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.

### **Network Management**

Network Management is made up of the areas comprising of Provider Services, Credentialing and Contracting and is responsible for credentialing, developing, maintaining, educating and contracting with AAHP's 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 AAHP.

### **Quality Management**

Quality Management is responsible for the evaluation of quality improvement activities.

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### Provider Phone Menu

**602.824.3900 / 1.888.864.1114**  
*Choose Option 3 for Provider Menu*

<b>Claims Customer Service</b>
<b>Prior Authorization</b>
<b>Pharmacy Prior Authorization</b>
<b>Medical Services</b>
➤ <b>Disease Management</b>
➤ <b>Quality Management</b>
➤ <b>Inpatient Concurrent Review</b>
➤ <b>Behavioral Health</b>
<b>Network Management</b>
<b>Member Services</b>

### Provider Fax Menu

<b>Appeals/Compliance</b>	<b>602.674.6673</b>
<b>Case Management</b>	<b>602.674.6674</b>
<b>Claims</b>	<b>602.674.6651</b>
<b>Credentialing</b>	<b>602.674.6671</b>
<b>Dental Prior Authorization</b>	<b>602.674.6677</b>
<b>Grievance</b>	<b>602.674.6673</b>
<b>Inpatient Notification</b>	<b>602.674.6650</b>
<b>Medical Prior Authorization</b>	<b>602.674.6627</b>
<b>Member Services</b>	<b>602.674.6613</b>
<b>Network Management</b>	<b>602.674.6670</b>
<b>Pharmacy Prior Authorization</b>	<b>602.674.6652 or 888.887.9982</b>

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### Website

**[www.abrazoadvantage.com](http://www.abrazoadvantage.com)**

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

- Communications and Mailings
- Cultural Diversity information
- EFT
- EDI
- Forms
- Formulary
- On-Line Directory and Physician look up
- Practice Guidelines
- Prior Authorization Guidelines
- Provider Manual

For those providers and office staff who have registered for security 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
- Real-time Prior Authorization Status Inquiry
- Prior Authorization On-Line submissions (COMING SOON)