



Medicaid Enterprise System (MES) Modernization Program



June 26, 2026

AHCCCS to Launch Advanced Analytics Tool to Strengthen Program Integrity

The Arizona Health Care Cost Containment System (AHCCCS) is introducing a new advanced analytics capability tool this summer designed to enhance the accuracy and integrity of claims processing while supporting providers.

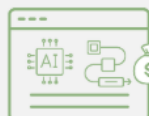
This initiative is part of AHCCCS’s ongoing commitment to improving the Medicaid program by strengthening the identification and prevention of fraud, waste, and abuse (FWA). The new capability tool is part of the broader **Alivia 360** platform, which uses advanced analytics and artificial intelligence (AI) to support smarter, more efficient program operations.

AHCCCS PROGRAM INTEGRITY



WHO

Limited to registered providers reimbursed directly by AHCCCS for members not enrolled with a Managed Care Organization (prepay only).



WHAT

The Alivia 360 Platform, an innovative, AI-powered system that detects potential Medicaid fraud and supports human decision-making to review and stop improper payments before they occur.



WHEN

July 2026, a major milestone in AHCCCS’s modernization efforts!



WHY

To detect fraud, improve accountability and efficiency, and protect Medicaid funds.



WHERE

Within AHCCCS systems, enhancing internal oversight with limited changes to provider claims submission processes.



What This Means for Providers

The new system is designed to improve how claims are reviewed and processed, helping ensure that payments are accurate and timely. By identifying potential concerns earlier in the process, AHCCCS aims to:

- Reduce delays caused by post-payment corrections
- Improve overall claims accuracy
- Provide clearer insights that can support provider education and compliance

This proactive approach helps create a more streamlined and predictable payment experience for providers.

How It Works

The new analytics capability tool enhances both pre-payment and post-payment review processes by:

- Using advanced analytics to identify unusual billing patterns
- Continuously learning from new data to improve detection and accuracy
- Integrating insights across the claims lifecycle to support better decision-making

These improvements allow AHCCCS to focus review efforts where they are most needed, while minimizing disruption to providers submitting compliant claims.

Key Benefits

Providers can expect several important benefits from this enhancement:

- **Greater accuracy in claims processing**
- **Faster resolution of potential issues**
- **Reduced administrative burden over time**
- **Improved transparency and insights to support billing practices**

Continued Improvements

An additional enhancement release is planned for **July 20, 2026**, as AHCCCS continues to refine and expand the platform’s capabilities.

Stay Informed

AHCCCS is committed to keeping providers informed throughout this rollout. For additional information, please visit the Resource tab at <https://www.azahcccs.gov/Fraud/programintegrity.html>