ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Claims Dashboard

Reporting Guide

Effective: October 1, 2026

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Purpose

The AHCCCS Claims Dashboard Reporting Guide applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP, and DES DDD Contractors. The purpose of the Guide is to provide instructions to Contractors on how to complete the Claims Dashboard Report for submission to and review by AHCCCS, as required by contract.

DES DDD reports Long Term Care data directly as well as separate reports received from its Subcontracted Health Plans. DCS CHP reports data received from its Subcontracted Health Plan.

Definitions

For purposes of the AHCCCS Claims Dashboard Reporting Guide:

ELECTRONIC DATA INTERCHANGE (EDI)	Claims that are submitted to the Contractor electronically through a clearinghouse or the Contractor's web site.
OVERPAYMENT	Any case in which an individual/entity receives a payment, all or in part of which payment the individual/entity is not entitled to receive. Overpayments include recoupments.
PENDED CLAIMS	Claims that are manually or electronically suspended awaiting review and/or instruction for adjudication.
PROCESSING	The steps that a Contractor puts a claim through from receipt, up to and including, mailing of the remittance advice or final execution of the payment or denial. The time to process a claim is calculated in calendar days from the date of receipt of the clean claim to the date of the check, the date of the remittance advice for denied claims, **or** the date the electronic payment occurs.
SPECIAL PROJECT	Non-routine, high priority, and/or strategically significant claims processing activities that fall outside the standard day-to-day claims adjudication activities.

Additional definitions are located on the AHCCCS website at: AHCCCS Contract and Policy Dictionary.

General Instructions

The Contractor shall submit a Claims Dashboard, along with all attachments, as specified in the AHCCCS Contract Section F, Attachment F3, Contractor Chart of Deliverables.

A Claims Dashboard report must be submitted for each line of business. Information must be provided on the dashboard for a rolling 12-month period of reporting data.

The Claims Dashboard shall be submitted on a quarterly basis, reporting data for the three months immediately preceding the deliverable due date. Should AHCCCS have concerns regarding the content reported during the quarter, or the Contractor reports non-compliance with any standards, AHCCCS may require the Contractor to submit the Claims Dashboard monthly. After three consecutive months of compliance have been achieved, the Contractor may submit a request to the designated AHCCCS Operations Compliance Officer (OCO) to return to quarterly reporting.

Cover Letter

The Contractor shall submit the Claims Dashboard with an accompanying cover letter. The cover letter shall be submitted using the Attachment A Claims Dashboard Cover Letter Template and shall include explanations for any identified variances and trending (positive or negative) from prior reporting periods as outlined in the Guide below. Refer to the AHCCCS Claims Dashboard Reporting Guide web page for the Attachment A: Claims Dashboard Cover Letter Template.

Claims Dashboard Reporting Template

Claims Dashboard Instructions

The Claims Dashboard workbook includes a Claims Dashboard worksheet for each of the following claim form types:

- All Claim Types: All claim form types combined,
- Institutional: UB-04 or 837I claim form types,
- Professional: CMS 1500 or 837P claim form types, and
- Dental: ADA or 837D claim form types.

If the Contractor has a subcontract with a Third Party Administrator (TPA) to process claims, a Dashboard worksheet for each of the TPA's claim form types, as listed above, must be submitted.

Pharmacy Benefit Management (PBM) claims are the exception and shall not be reported in the Contractor's Claims dashboard(s).

Refer to the AHCCCS Claims Dashboard Reporting Guide web page for Attachment B: Claims Dashboard Template.

The Contractor shall report Claims Dashboard data as outlined in the table below.

FIELD NUMBER	FIELD LABEL	REPORTING GUIDELINE
A1	MEMBERSHIP	Reported as membership as of the first day of the month, following the month for which data is reported. Data can be found on the AHCCCS website, in the Resources section of the website under Enrollment Reports by Health Plan.
A2	TOTAL CLAIMS RECEIPTS	Reported as the month's accumulated total of claims received.
A3	TOTAL ELECTRONIC CLAIMS	Reported as the month's accumulated total of claims submitted via electronic means (e.g., claims submitted in Electronic Data Interchange (EDI) format).
A4	% ELECTRONIC CLAIMS *(Field is Auto-Populated)*	Reported as the month's accumulated total percentage of claims submitted in electronic format, including Electronic Data Interchange (EDI) format, calculated as: $\frac{\text{Total Electronic Claims Receipts}}{\text{Total Claims Receipts}}$ *Highlight field and provide an explanation in the cover letter if this falls below contract performance minimum of 85% of claims receipts for All Claim Types and 60% for Institutional, Professional, and Dental Claims Types.*

FIELD NUMBER	FIELD LABEL	REPORTING GUIDELINE
A5	% Claims Paid via Electronic Methods	Reported as the month's accumulated total percentage of claims paid via electronic methods, including Electronic Funds Transfer (EFT), calculated as: Total number of claims paid electronically Total number of claims paid *Highlight field and provide an explanation in the cover letter if this falls below contract performance minimum of 85% of claims payments.*
A6	% Electronic Claims Remittances	Reported as the month's accumulated total percentage of claims remittance advices issued electronically, either through an 835 transaction or data equivalent electronic format (e.g., web, download), calculated as: Claims Remittance Advice Issued Electronically Total Claims Remittance Advice *Highlight field and provide an explanation in the cover letter if this falls below contract performance minimum of 75% of claims remittances.*
A7	Claims Pending 0 to 30 Days Old	Reported as of the last day of the month, the total number of claims in this age band.
A8	Claims Pending 31 to 60 Days Old	Reported as of the last day of the month, the total number of claims in this age band.
A9	Claims Pending 61+ Days Old	Reported as of the last day of the month, the total number of claims in this age band. *Highlight field and provide an explanation in the cover letter if there is a 10% increase, from the previous reporting period.*
A10	Total Claims Pending	Reported as of the last day of the month the total number of pending claims, excluding special claims projects. *Highlight field and provide an explanation in the cover letter if there is a 5% increase, from the previous reporting period.*
A11	TOTAL CLAIMS PROCESSED EOM	Reported as the accumulated total number of claims processed in the reporting month.
A12	Total Claims Denied	Reported as the month's accumulated total number of claims denied in the month.

FIELD NUMBER	FIELD LABEL	REPORTING GUIDELINE
A13	% Claims Denied *(Field is Auto-Populated)*	Reported as the month's accumulated total percentage of claims denied, calculated as: Total number of claims denied in the month Total number of claims processed in the month *Highlight field and provide an explanation in the cover letter if there is a 15% increase, from the previous reporting period.*
A14	Total Dollars Denied	Reported as the month's accumulated total dollars denied.
A15	Average Time to Process all Claims	Reported as the month's accumulated total average time to process all claims, calculated as: Sum of the ages of each processed claim (including denials) in the month Total number of claims processed (including denials) in the month
A16	% of Claims Processed in 0 to 30 Days	Reported as the percentage of total clean claims that were adjudicated within 30 days of receipt of the clean claim. *Highlight field and provide an explanation in the cover letter if this falls below contract performance minimum of 95%.*
A17	% of Claims Processed in 0 to 60 Days	Reported as the percentage of total clean claims that were adjudicated 60 days of receipt of the clean claim. *Highlight field and provide an explanation in the cover letter if this falls below contract performance minimum of 99%.*
A18	EDI Auto-Processing Rate	Reported as the month's accumulated total of claims that are received via electronic format and adjudicated in the claims system without manual review or manual intervention, calculated as: Total number of electronic claims auto-processed Total number of electronic claims processed

FIELD NUMBER	FIELD LABEL	REPORTING GUIDELINE
A19	AUDITED % OF CORRECTLY ADJUDICATED CLAIMS	Reported as the month's accumulated total percentage of claims adjudicated correctly, for the reporting period, as determined by internal audit procedures. *Highlight field and provide an explanation in the cover letter if there is a 5% decrease from the previous reporting period.*
A20	AMOUNT OF INTEREST PAID	Reported as the month's accumulated total of interest paid, if no interest has been paid during the month enter "0". *Highlight field and provide an explanation in the cover letter if there is a 10% increase from the previous reporting period.*

TO BE REPORTED ON THE ALL CLAIM TYPES WORKSHEET ONLY		
FIELD NUMBER	**FIELD LABEL**	**REPORTING GUIDELINE**
B1 – B5	TOP FIVE CLAIM DENIAL REASONS	List the top five claim denial reasons by volume, including: • Denial Code • Denial Description • Total number of claims denied for each listed denial code
C1 – C5	TOP FIVE PROVIDERS FOR CLAIM DENIALS	List the top five providers with the most claim denials by volume, including: • Provider Name • AHCCCS Provider ID # • Total number of claims denied for each provider listed

Special Project Instructions

The Contractor shall submit a Special Projects worksheet with each Claims Dashboard submission. The report shall include all Special Projects the Contractor has worked on during the reporting quarter.

The Contractor shall report Special Projects data as outlined in the table below.

FIELD NUMBER	FIELD LABEL	REPORTING GUIDELINE
D1	Total Number of Special Projects Completed	Total number of special projects completed during the reporting quarter.
D2	Total Number of Special Projects in Process	Total number of special projects in process at the end of reporting quarter.
D3	Total Number of Claims Impacted by Special Projects	Total number of claims impacted by special projects worked on during the reporting quarter.
D4	Total Number of Providers Impacted by Special Projects	Total number of providers impacted by special projects worked on during the reporting quarter.
D5	Top Five Reasons for Special Projects	List the top five reasons special projects have been opened, calculated by volume of claims impacted by each special project reason.
D6a-e	Top Five Providers for Special Projects	List the top five providers impacted by special projects, calculated by the volume of claims impacted by special projects, including: • Provider Name • AHCCCS Provider ID # • Total number of claims impacted by special projects

Identified Overpayment Instructions

The Contractor shall submit an Identified Overpayment worksheet, inclusive of all overpayments identified during the Contract year. The report shall include any previously recouped or recovered amounts that have been identified, even if the overpayment amount has already been repaid in full. Overpayments include those made to providers directly by the Contractor or from a subcontractor who pays providers directly (e.g., dental benefit providers, NEMT brokers). Overpayment reporting shall not include any potential or confirmed fraud, waste, or abuse that is otherwise reported to The Office of Inspector General (OIG), nor any overpayments made to AHCCCS.

Reporting of Identified Overpayments is required with the final submission of the Claims Dashboard for the Contract Year.

The Contractor shall report Identified Overpayment data as outlined in the table below.

FIELD NUMBER	FIELD LABEL	REPORTING GUIDELINE
E1	Provider Name	The provider's name to whom the overpayment has been made.
E2	AHCCCS Provider ID	The Provider's AHCCCS ID (XXXXXX) to whom the identified overpayment has been made.
E3	Date Identified	The date (XX/XX/XX) the overpayment was originally identified.
E4	Source of Identified Overpayment (Contractor or Provider)	How the overpayment was identified, whether the Contractor identified the overpayment or the provider advised the Contractor of the overpayment.
E5	Amount of Overpayment	The total amount of the overpayment.
E6	Total Amount Recovered	The amount of overpayment that has been recovered as of the date of the report.
E7	Date of Last Recovery Payment	The date (XX/XX/XX) of the last recovery payment made towards the overpayment.
E8	Notes	Any details the Contractor would like to provide regarding the overpayment.