Quick Training Guide
Behavioral Health Providers
How To Attach Documentation Using the 275 Transaction Insight Portal (TIBCO)

This training guide is designed for (Behavioral Health Outpatient Clinic (PT 77), Clinic (05) and Integrated Clinics (IC) who are required to submit the consent to treat form, treatment plan, progress notes and medical documentation for behavioral health service codes.

Before we begin,

- Any HCPCS codes that are on the behavioral health code list that requires the consent to treat, treatment plan, progress notes and medical documentation, the supporting documentation must be received within 7 Calendar days of the receipt of the claim.
- Providers that are registered with a NPI, it is mandatory that you use the NPI number to attach the documentation.
- The NPI must match the billing NPI from the claim submission.
- When you access the 275 Claim Attachments Page for the first time, all fields are blank. After you've submitted a 275 Claim Attachments Page once, the form will be pre-populated with the values you used previously.
- Providers must have a valid user account for TIBCO > to request an account email: Servicedesk@azahcccs.gov

Navigate to the Transaction Insight Portal (TIBCO)
https://tiwebprd.statemedicaid.us/AHCCCS/default.aspx?ReturnUrl=%2fAHCCCS%2f

1. On the **Sign In page**, select **Files**. Then click on the *"275 Attachments"* box.

2. **Selecting the File(s) to Upload:** Before uploading the documents we suggest inserting a "separator" sheet for each document type, ie. consent form, progress notes, etc.

3. Browse to your file: Click "Browse" and select *Choose File* to browse your device for the file you want to upload. Next, click *Upload Attachment*. Look for the **"Successfully uploaded file"** message.

After uploading your file select the **Set Purpose Code** based on the following criteria.

Transaction Insight Portal (TIBCO) Set Purpose Codes

There are only two set purpose codes to choose from based on if the initial claim was submitted via the AHCCCS Online Provider portal or if the submission was by paper or EDI.

Set Purpose Code 02 - (Unsolicited) can only be used when the claim is submitted on the AHCCCS Online Provider portal and the provider has created the Provider Work Number (PWK) during the initial claim submission. The PWK number provides the 'linkage' between a claim submitted on the Online portal and TIBCO. The Paper Work number (PWK) can only be created on the AHCCCS Online claims **"Attachment"** tab.

Set Purpose Code 11 (Solicited) must be used when one of the following events below applies. The only way to attach documentation via TIBCO when set purpose code 11 is used is to use the AHCCCS assigned 12-digit claim reference number to attach the documentation to the existing claim that is on file.

 (1) The claim was submitted on the AHCCCS Online Provider portal, but the submitter did not create a PWK number during the initial claim creation.

(2) The claim was submitted by electronic data interchange (EDI), either by a billing company, clearinghouse or provider's own software.

(3) The claim was a Paper submission and documentation was not submitted with the original claim.

After selecting the appropriate Set Purpose Code, complete the details section of the TIBCO form.

Review the training examples below that shows how to complete the TIBCO form based on each set purpose code.

Training Resources: https://www.azahcccs.gov/Resources/Training/DFSM_Training.html

Questions regarding this training email: ***ProviderTrainingFFS@azahcccs.gov***

**How to Complete the 275 Attachment Page when using
Set Purpose Code 11 (Solicited)**

Browse to your file: (maximum file size limit 64MB) [Choose File] No file chosen   [Upload Attachment]

Transaction Set Purpose Code	11 - Response ⌄ *
Submitter Last or Organization Name	ENTER ORGANIZATION'S NAME *
Provider Entity Type Qualifier	○ Person (1) ● Non-Person Entity (2) *
Provider Last or Organization Name	ENTER ORGANIZATION'S NAME *
Provider First Name	
Provider Primary Identifier Qualifier	XX - NPI ⌄
Provider Primary Identifier	ENTER PROVIDER NPI NUMBER
Provider Secondary Identifier	LEAVE THIS FIELD BLANK WHEN XX-NPI IS SELECTED
Provider Address	801 E. JEFFERSON *
Provider City	PHOENIX *
Provider State	AZ - Arizona ⌄ *
Provider Zip Code	85034 *
Patient Last Name	ENTER PATIENT'S LAST NAME *
Patient First Name	ENTER PATIENT'S FIRST NAME
Patient Primary Identifier	ENTER THE MEMBER'S AHCCCS ID *
Patient Control Number	ENTER THE PATIEN'TS ACCOUNT NUMBER ASSIGNED BY YOUR OFFICE *
Medical Record Identification Number	LEAVE THIS FIELD BLANK
Claim Service Period Start Date	COMPLETE 🗓 *
Claim Service Period End Date	N/A 🗓
Payer Claim Control Number or Provider Attachment Control Number	ENTER THE AHCCCS 12-DIGIT CRN / ICN *
Claim Status Category Code	R4 - Documentation Request ⌄
Additional Information Request Code	11503-0 ⌄
Code List Qualifier Code	LOI - LOINC Codes ⌄

* - Required Fields

[Submit Attachment] [Cancel]

Click on the **Submit Attachment** tab to finalize the documentation submission process. Once the entire upload process is completed or finalized, you will receive the updated message *"275 attachment file and details uploaded successfully!"* at the top of the page.

**How to Complete the 275 Attachment Page when using
Set Purpose Code 02 (Unsolicited)**

Browse to your file: (maximum file size limit 64MB) [Choose File] No file chosen   [Upload Attachment]

Field	Value
Transaction Set Purpose Code	02 - Add ▼ *
Submitter Last or Organization Name	ENTER ORGANIZATION'S NAME *
Provider Entity Type Qualifier	○ Person (1) ● Non-Person Entity (2) *
Provider Last or Organization Name	ENTER ORGANIZATION'S NAME *
Provider First Name	
Provider Primary Identifier Qualifier	XX - NPI ▼
Provider Primary Identifier	ENTER PROVIDER NPI NUMBER
Provider Secondary Identifier	LEAVE THIS FIELD BLANK WHEN XX-NPI IS SELECTED
Provider Address	ENTER YOUR ORGANIZATION'S ADDRESS *
Provider City	ENTER THE CITY *
Provider State	Select a value ▼ *
Provider Zip Code	ENTER THE ZIP CODE *
Patient Last Name	ENTER PATIENT'S LAST NAME *
Patient First Name	ENTER PATIENT'S FIRST NAME
Patient Primary Identifier	ENTER THE MEMBER'S AHCCCS ID *
Patient Control Number	ENTER THE PATIENT'S ACCOUNT NUMBER ASSIGNED BY YOUR OFFICE *
Medical Record Identification Number	LEAVE THIS FIELD BLAND
Claim Service Period Start Date	COMPLETE 📅 *
Claim Service Period End Date	📅
Payer Claim Control Number or Provider Attachment Control Number	MUST ENTER THE SAME PWK NUMBER FROM THE CLAIMS ATTACHMENT TAB *
Claim Status Category Code	Select a value ▼
Additional Information Request Code	Select a value ▼
Code List Qualifier Code	Select a value ▼

* - Required Fields

[Submit Attachment]   [Cancel]

Click on the **Submit Attachment** tab to finalize the documentation submission process.

Once the entire upload process is completed or finalized, you will receive the updated message *"275 attachment file and details uploaded successfully!"* at the top of the page.

Transaction Insight Portal File Size and Types

When submitting files on the Transaction Insight Portal, only one file can be uploaded at a time and any
additional filles that are uploaded will replace the previously loaded file. If there are multiple pages to the document providers can scan them as a single file and then upload them to the Transaction Insight Portal.

The maximum file size is limited to **64 MB**.

The following is a list of the types of files that can be uploaded on the Transaction Insight Portal.

.TXT – text file	**.PNG** – portable networks graphic
.HTM, .HTML – hypertext markup language	**.GIF** – graphics interchange file
.JPEG, .JPG – Joint Photographic Experts Group image	**.RTF** – rich text format
.PDF – portable document file	**.TIFF** – tagged image file format