TIBCO Foresight Transaction Insight (TI) Web Upload Attachment Guide

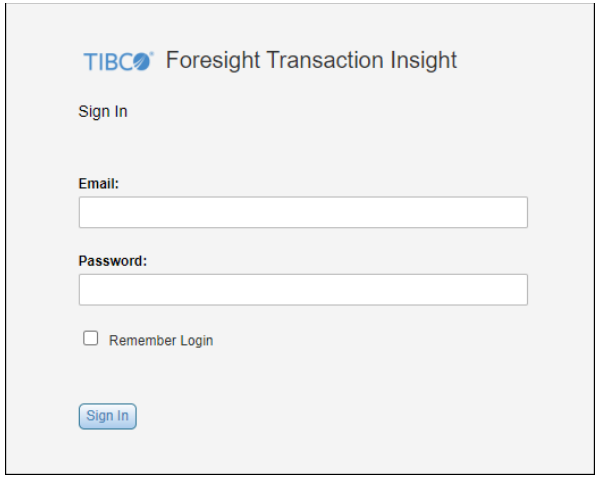
https://tiwebprd.statemedicaid.us

Revised: March 2023

AHCCCS
Arizona Health Care Cost Containment System

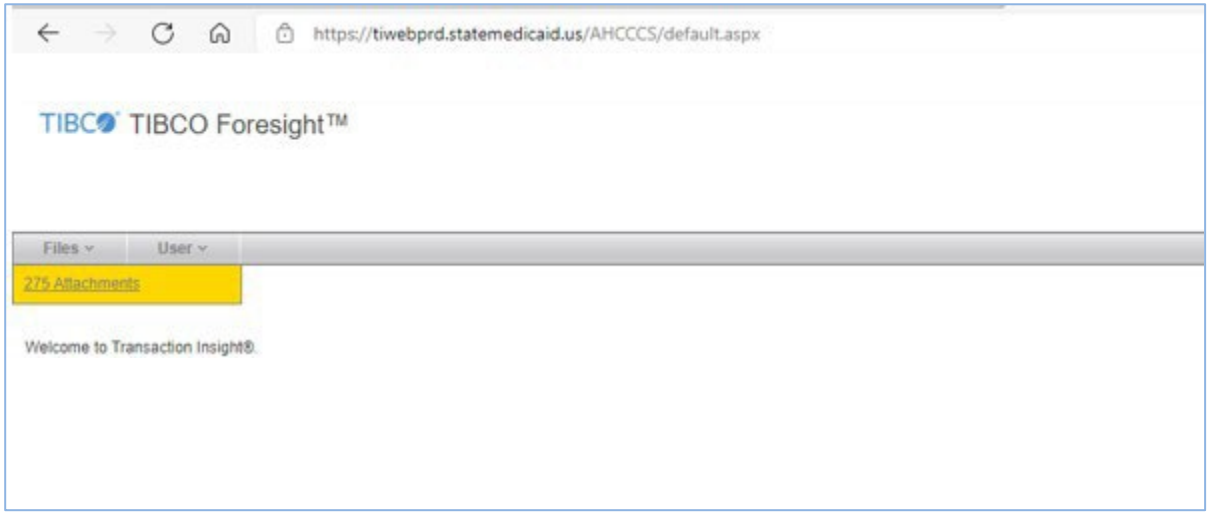
TIBCO Foresight Transaction Insight (TI) Web Upload Attachment

Production Transaction Insight: https://tiwebprd.statemedicaid.us



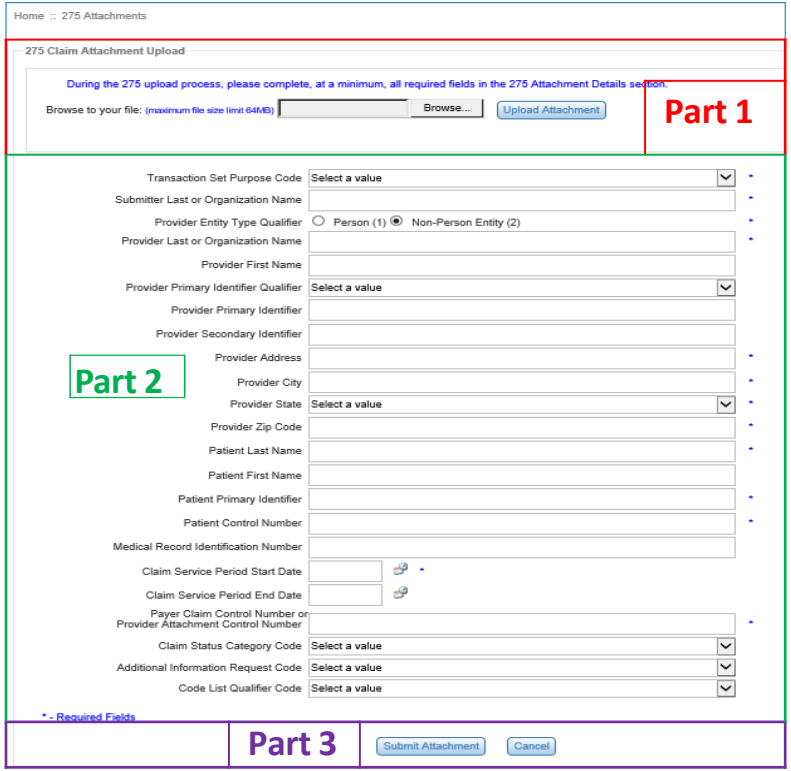
Enter your Email and Password. Click Sign In

TIBCO Foresight Transaction Insight (TI) 275 Attachment Web Page



Click on Files and select 275 Attachments

TIBCO Foresight Transaction Insight (TI)
275 Claim Attachment Upload



The 275 Attachments page have three parts:

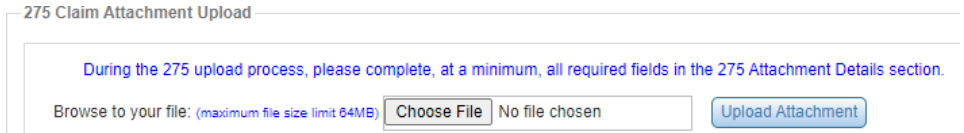
Part 1: Upload Attachment
Part 2: Details
Part 3: Save (Submit) Attachment

*** Required Fields**

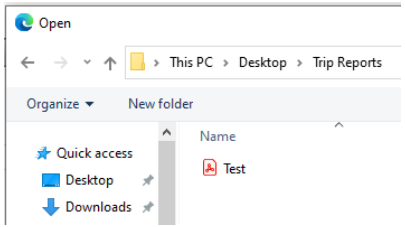
NOTE:

Provider Primary or Secondary Identifier/Qualifier are also required fields.

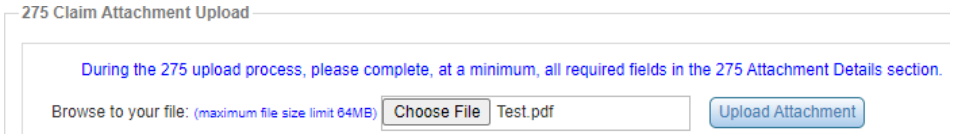
TIBCO Foresight Transaction Insight (TI)
275 Claim Attachment Upload



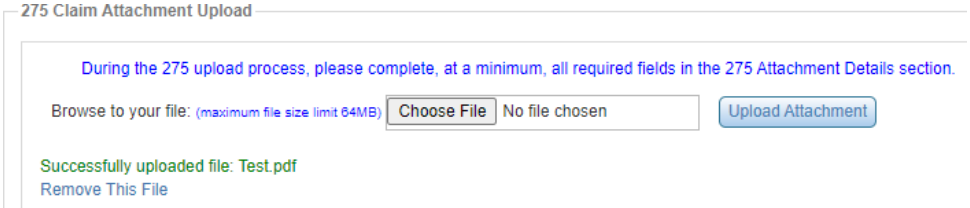
Click **Choose File**



Select the file and click Open.



The file will be shown in the Choose File box and you must click Upload Attachment.

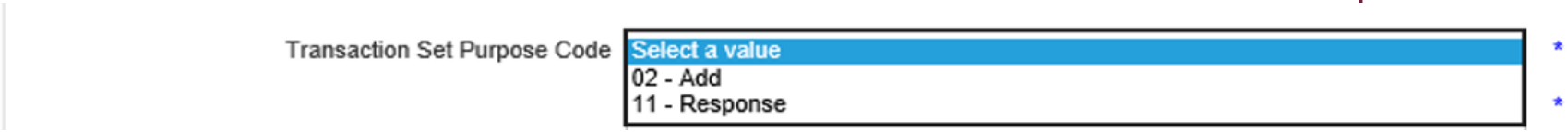


If you have successfully uploaded the file, you will see a message that states: Successfully uploaded file: filename

Note: If you have uploaded the incorrect file, click Remove This File and then browse/upload the correct file.

TIBCO Foresight Transaction Insight (TI)

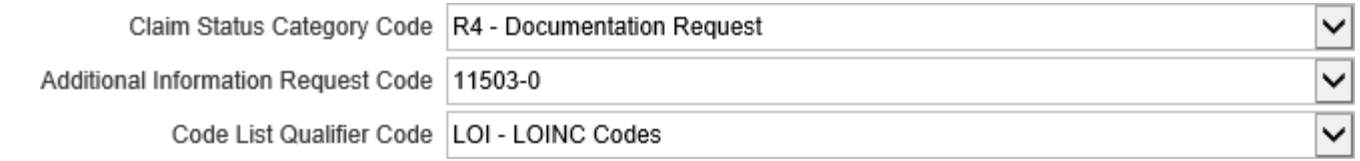
TRANSACTION SET PURPOSE CODE: SELECT 02 - Add OR 11 - Response



02 - Add (Unsolicited), is used when submitting an electronic claim and attachment at the same time. This is an automated process and the fastest way for the claim an attachment to link. If an electronic claim comes in with a PWK number, the system will hold the claim for 15 days to give you time to upload the attachment to TI Portal. Once the attachment has been uploaded and successfully linked to the claim, the claim will drop for processing.

11 - Response (Solicited), is used when you receive a letter that the claim has been denied for no documentation. In this case you must use the 12 digit CRN (Claim Reference Number) of the denied claim in the Payer Claim Control Number. Only upload the file required to TI Portal. DO NOT RESUBMIT THE CLAIM.

When 11 - Response is selected, you must make sure that the following codes are selected from the drop down list, as shown below:

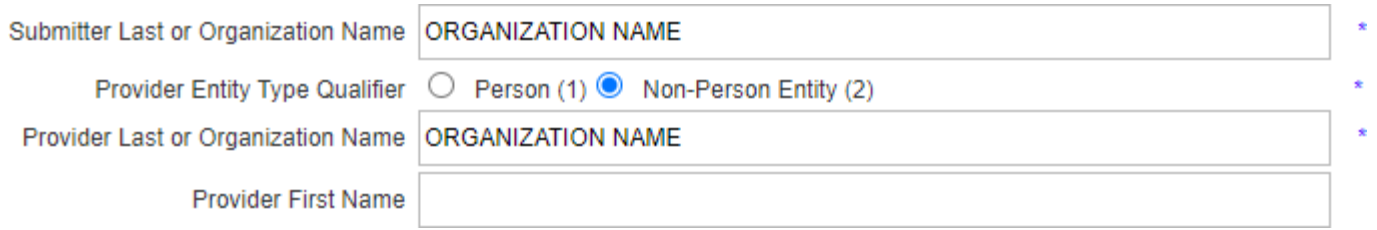


NOTE: For an 11 – Response (Solicited) using the CRN, this requires a manual linking process. It can take up to 4 to 6 weeks to link the upload to the claim.

TIBCO Foresight Transaction Insight (TI)

Submitter/Organization, Provider Entity, Provider Last Name

- **SUBMITTER LAST OR ORGANIZATION NAME (REQUIRED)**
- **PROVIDER ENTITY TYPE QUALIFIER: PERSON (1) OR NON-ENTITY PERSON (2) AND PROVIDER LAST OR ORGANIZATION NAME (REQUIRED)**
- **PROVIDER FIRST NAME (LEAVE BLANK)**



If using Provider Entity Type Qualifier: Person (1) Enter the Provider's Last Name. The Provider's First Name can be left blank.

If using Provider Entity Type Qualifier: Non-Person Entity (2), only enter the Organization Name (Company).

NOTE: You must leave the Provider First Name blank. If you add a Provider First Name, your upload will not link to its claim.

TIBCO Foresight Transaction Insight (TI)

PROVIDER PRIMARY IDENTIFIER QUALIFIER AND PRIMARY OR SECONDARY IDENTIFIER

If you are billing using an NPI number, you must select XX-NPI from the Provider Primary Identifier Qualifier drop down list. Enter your valid 10 digit National Provider Identifier (NPI) in the Provider Primary Identifier field.

If you are billing using the AHCCCS assigned 6 digit Provider ID, leave Provider Primary Identifier Qualifier default value of Select a value, as shown below. Enter your AHCCCS assigned 6 digit Provider ID in the Provider Secondary Identifier field.

TIBCO Foresight Transaction Insight (TI)

PROVIDER ADDRESS, CITY, STATE, ZIP CODE – **REQUIRED**

Provider Address: **Enter the provider or company address**

Provider City: **Enter the provider or company city**

Provider State: **Select from Drop Down**

Provider Zip Code: **Enter the provider or company zip code**

TIBCO Foresight Transaction Insight (TI)

PATIENT (AHCCCS MEMBER'S) LAST NAME, FIRST NAME, PRIMARY IDENTIFIER (AHCCCS ID), AND PATIENT CONTROL NUMBER

Patient Last Name	DOE	*
Patient First Name	JANE	
Patient Primary Identifier	A12345678	*
Patient Control Number	P123123	*

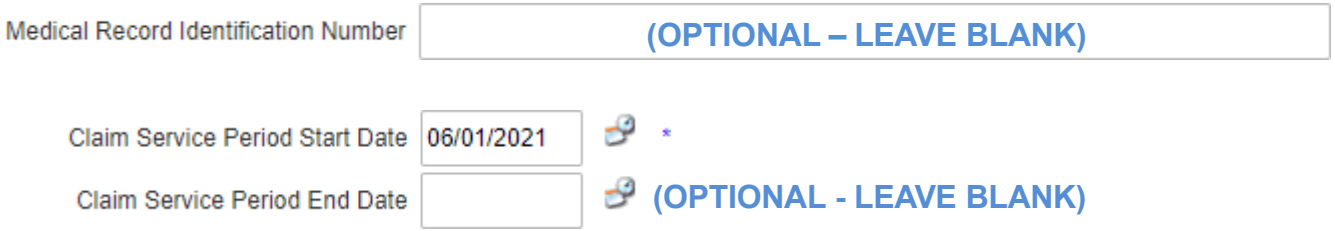
Patient Last Name (required): Enter the AHCCCS member's last name

Patient First Name (optional): Enter the AHCCCS member's first name or leave blank

Patient Primary Identifier (required): This is the AHCCCS member's 9-character AHCCCS ID. The AHCCCS ID must always start with an uppercase A. For example: A12345678

Patient Control Number (required): Enter the Patient Control (Account) Number. This would be your own internal/company patient account number. If you do not have a patient control number, enter the AHCCCS member's 9-character AHCCCS ID.

TIBCO Foresight Transaction Insight (TI)
Medical Record ID Number and Claim Service Dates



Claim Service Period State Date (Required): You can enter the date manually using the MM/DD/YYYY format or you can click on the Date icon and then select the date from the calendar.

Claim Service Period End Date (Optional): You can enter the date manually using the MM/DD/YYYY format or you can click on the Date icon and then select the date from the calendar. You can leave this blank.

TIBCO Foresight Transaction Insight (TI)

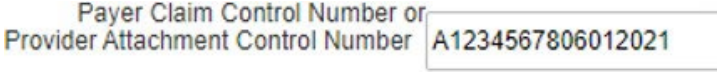
PAYER CLAIM CONTROL NUMBER
OR PROVIDER ATTACHMENT CONTROL NUMBER - REQUIRED

Depending on which Transaction Set Purpose Code was selected will determine which value will be entered: 02 - Add (enter PWK) or 11 - Response (CRN)

02 - Add (Unsolicited), is used when submitting an electronic claim and attachment at the same time. This is an automated process and the fastest way for the claim and attachment to link. If an electronic claim comes in with a PWK number, the system will hold the claim for 15 days to give you time to upload the attachment to TI Portal. Once the attachment has been uploaded and successfully linked to the claim, the claim will drop for processing.

NOTE: If you are using the 9-character AHCCCS ID in your PWK, the A must be in uppercase or the link process will fail.

Sample below using PWK:

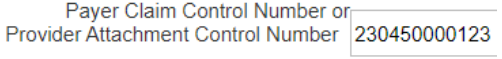


11 - Response (Solicited), is used when you receive a letter that the claim has been denied for no documentation. In this case you must use the 12 digit CRN (Claim Reference Number) of the denied claim in the Payer Claim Control Number. Only upload the required file to TI Portal. DO NOT RESUBMIT THE CLAIM.

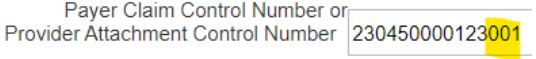
NOTE: Using the PWK is an automatic process, and the claim will process quickly. Using the 12 digit CRN is a manual process, and can take up to 2 to 4 weeks to process.

Sample below using correct/incorrect CRN:

Correct 12 digit CRN:



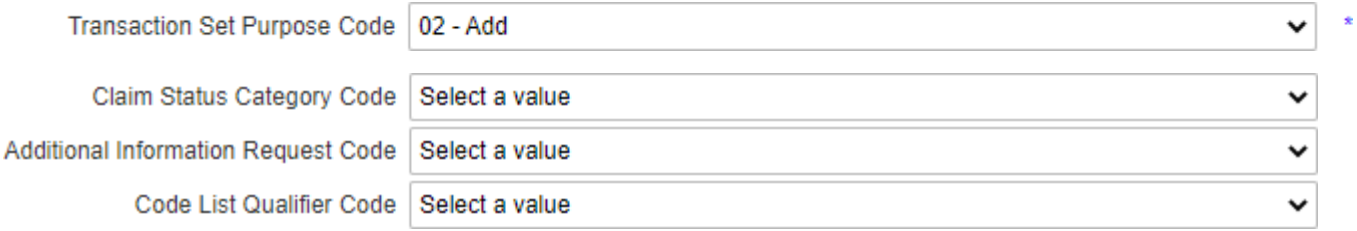
Incorrect CRN:



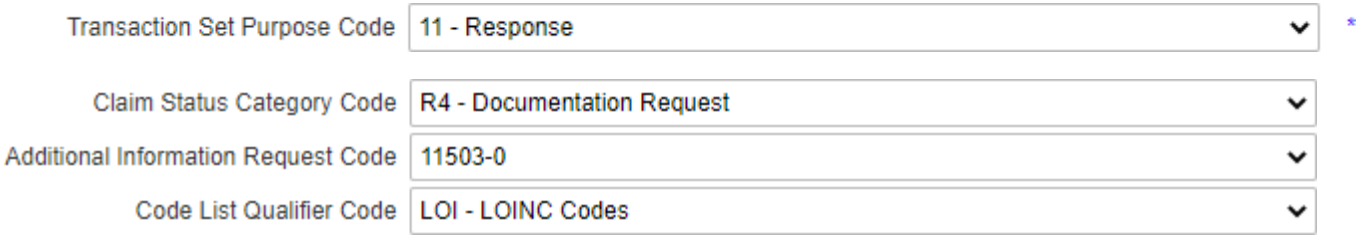
TIBCO Foresight Transaction Insight (TI)

CLAIM STATUS CATEGORY STATUS, ADDITIONAL INFORMATION REQUEST CODE, AND CODE LIST QUALIFIER CODE (DROP DOWN VALUES)

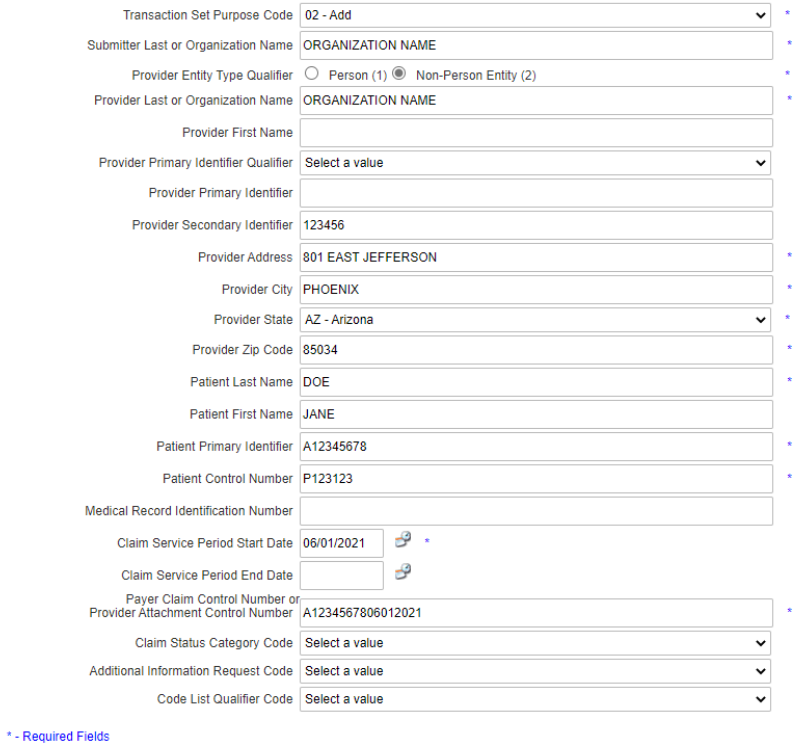
If the Transaction Set Purpose Code is set to 02 - Add, leave the default value of Select a value as shown below:



If the Transaction Set Purpose Code is set to 11 – Response, you must select the values from the drop down as shown below:



TIBCO Foresight Transaction Insight (TI) Web Upload Attachment



The example shown is the completed details part of the 275 Claim Attachment Upload.

NOTE: When you log off and sign back on to TI Portal, your last data entry in the details will be kept.

Before you click on Submit Attachment, please always double check that the correct file was uploaded, and the correct information was entered in the details part.

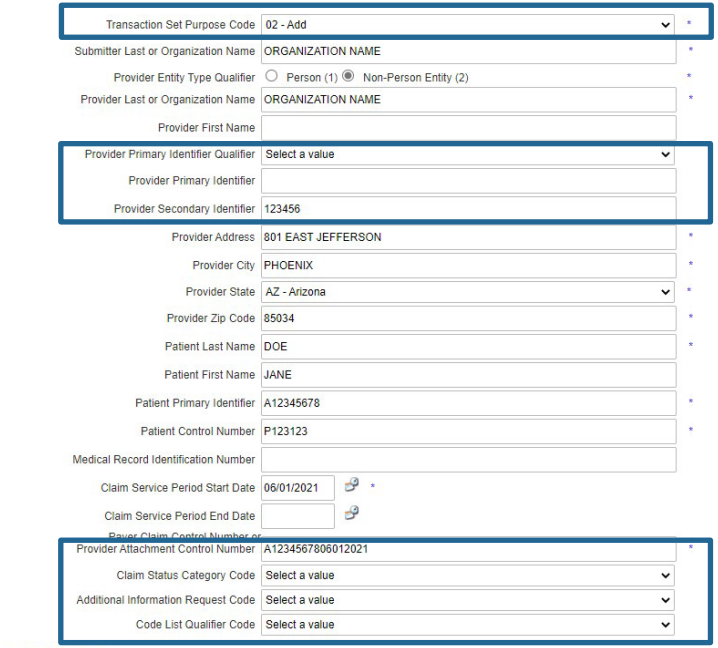
If everything looks good, click on Submit Attachment.

If there are no errors on your detailed information, you will see a message that states:

275 Attachment file and details uploaded successfully

TIBCO Foresight Transaction Insight (TI) Sample Web Upload Attachment

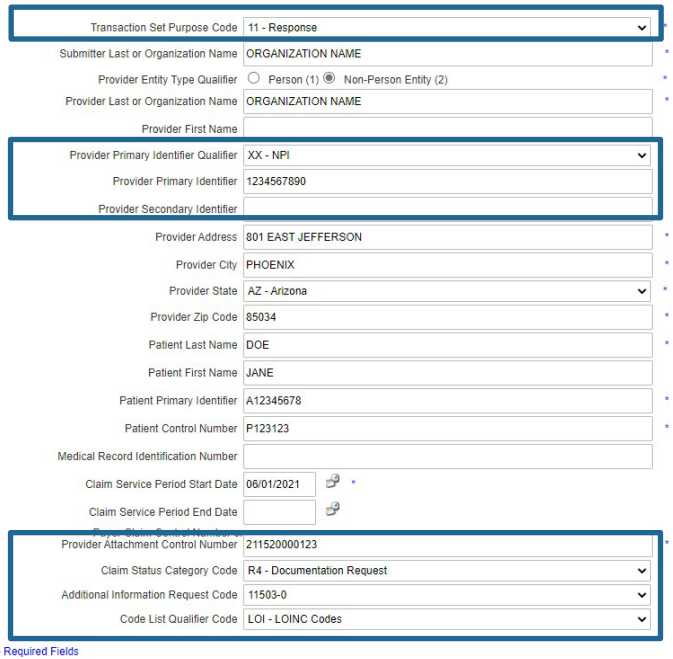
02 – Add (Unsolicited), using 6 digit Provider ID and PWK



Transaction Set Purpose Code	02 - Add
Submitter Last or Organization Name	ORGANIZATION NAME
Provider Entity Type Qualifier	Person (1) / Non-Person Entity (2)
Provider Last or Organization Name	ORGANIZATION NAME
Provider First Name	
Provider Primary Identifier Qualifier	Select a value
Provider Primary Identifier	
Provider Secondary Identifier	123456
Provider Address	801 EAST JEFFERSON
Provider City	PHOENIX
Provider State	AZ - Arizona
Provider Zip Code	85034
Patient Last Name	DOE
Patient First Name	JANE
Patient Primary Identifier	A12345678
Patient Control Number	P123123
Medical Record Identification Number	
Claim Service Period Start Date	06/01/2021
Claim Service Period End Date	
Provider Attachment Control Number	A1234567806012021
Claim Status Category Code	Select a value
Additional Information Request Code	Select a value
Code List Qualifier Code	Select a value

* - Required Fields

11-Response (Solicited) using 10 digit NPI and CRN



Transaction Set Purpose Code	11 - Response
Submitter Last or Organization Name	ORGANIZATION NAME
Provider Entity Type Qualifier	Person (1) / Non-Person Entity (2)
Provider Last or Organization Name	ORGANIZATION NAME
Provider First Name	
Provider Primary Identifier Qualifier	XX - NPI
Provider Primary Identifier	1234567890
Provider Secondary Identifier	
Provider Address	801 EAST JEFFERSON
Provider City	PHOENIX
Provider State	AZ - Arizona
Provider Zip Code	85034
Patient Last Name	DOE
Patient First Name	JANE
Patient Primary Identifier	A12345678
Patient Control Number	P123123
Medical Record Identification Number	
Claim Service Period Start Date	06/01/2021
Claim Service Period End Date	
Provider Attachment Control Number	211520000123
Claim Status Category Code	R4 - Documentation Request
Additional Information Request Code	11503-0
Code List Qualifier Code	LOI - LOINC Codes

* - Required Fields

TIBCO Foresight Transaction Insight (TI)
SAMPLE ERROR MESSAGES

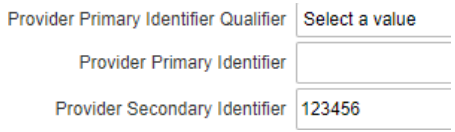
The Provider Primary Identifier errored because an invalid NPI number was entered. National Provider ID (NPI) are 10 digits.

•Provider Primary Identifier is not formatted correctly, please double check the number and ensure there are no leading or trailing spaces.

This errored because the 6 digit AHCCCS Provider ID was entered when the qualifier was set to XX- NPI. If the claim was billed using the 10 digit NPI, then enter the 10 digit NPI under the Provider Primary Identifier only. Leave the Provider Secondary blank.

•When the Provider Primary Identifier Qualifier is set to 'NPI', then the Provider Primary Identifier is a required field; otherwise, don't use either.

NOTE: If a claim was billed using 6 digit AHCCCS Provider ID, then, Select a value (default) must be selected as the qualifier and only enter a value in the Provider Secondary Identifier:



TIBCO Foresight Transaction Insight (TI)

PWK NUMBER

The PWK number is used when submitting an electronic claim and its corresponding attachment at the same time. There is a system auto linking process where it finds the PWK number to its corresponding attachment. If a match is found, then it will be linked and will drop for processing.

The PWK number is a unique number that you will create for each claim and its corresponding attachment which will be used for the auto linking process.

The PWK number on the claim must match exactly with the one entered on the corresponding attachment (275 attachment upload). Failure to do so will result in attachment not linking with the claim, and the claim will be denied.

If a claim requires an attachment and a PWK number is entered on the electronic claim, the system will hold the claim for 15 days to allow you to submit the attachment at a later day.

If after 15 days the attachment has not been uploaded, the attachment linking process will fail. The claim will be denied.

At this point you can upload the attachment again, but instead of using a PWK you will use the 12 digit CRN to upload the attachment. You do not need to re-submit the claim.

Keep in mind that by using the 12 digit CRN it makes the linking process a manual process, which can take 2 to 4 weeks for the claim to be re-processed.

TIBCO Foresight Transaction Insight (TI)

FAQ

Q: Can you use lower case alpha on a PWK number?
A: If you are using the AHCCCS ID in your PWK number, make sure the A is in uppercase. For example: A123456781130173

Q: If I have a valid NPI number (10 digit ID) do I have to use it or can I use my 6 digit AHCCCS Provider ID?
A: If you have a valid NPI number you must use it when billing the claim and on the Transaction Insight web upload attachment. If you use your NPI in your claim and use your 6 digit Provider ID in the web upload attachment, the attachment will not link and will result in a denied claim.

Q: Can I make correction to the trip report?
A: Original Trip Report must be completed in pen. If an error is made, draw a single line through the error and rescan and resubmit the trip report.

Q: Is there a file size limitation on the web upload attachment?
A: There is a 64 MB file size limit.

Q: Can multiple attachments be loaded at one time?
A: No. You can only upload one attachment/file a time. However, you can scan multiple pages of trip reports and save this as one file.

Q: How do I reset my password?
A: You can call AHCCCS ISD Customer Support at 602.417.4451 to get your Transaction Insight password reset.

Q: How do I add other user(s)?
A: Email a request for Transaction Insight account setup to servicedesk@azahcccs.gov and required to provide the following: 6 digit AHCCCS Provider ID or 10 digit NPI, Full Name and correct email address.
NOTE: Transaction Insight Users who have not accessed/uploaded in 90 days will have their account automatically deleted. User will need to request Transaction Insight account set up again through servicedesk@azahcccs.gov

Q: What size should the document be?
A: 8 ½ by 11

Q: Can you upload color documents?
A: The documents should be in black and white

Q: What should the DPI (resolution) be?
A: They should be 300 DPI

TIBCO Foresight Transaction Insight (TI)

REMINDER/COMMON ERRORS

- **NEVER SHARE YOUR TRANSACTION INSIGHT (TI) USERNAME AND PASSWORD. Doing so is a security violation.**
  - Any user/staff that will be uploading attachments must email a request for Transaction Insight account setup to servicedesk@azahcccs.gov and required to provide the following:
    6 digit AHCCCS Provider ID or 10 digit NPI, Full Name and correct email address
- Provider Identifier Type:
  - Provider Primary Identifier MUST be the **10 digit NPI Number**
  - Provider Secondary Identifier MUST be the **6 digit AHCCCS Provider ID**
- Do not use the CRN/Claim# as the Provider ID
- 9-character AHCCCS ID, beginning with an A, for example, **A**12345678
- The PWK submitted in your claim (837) or Control Number through AHCCCS Online must be the same PWK (Payer Claim Control Number) entered in TI Upload. **This mismatch will cause your claim to be denied for missing documentation.**
- Always verify your data before you click on Submit Attachment.
- Always verify that the correct attachment has been selected before you click on Upload Attachment.
- Leave the fields blank if they are not required
- Please be careful when tabbing through the field and make sure you didn't accidentally hit the space bar. **The cursor should always be in the first entry when entering data**
- Make sure you subscribe to the AHCCCS Email Notifications/Updates in order to receive important notification pertaining to the 275 process or Transaction Insight (TI) Portal.
  - **AHCCCS Email Notifications/Updates Sign Up Form:**
    https://visitor.r20.constantcontact.com/manage/optin?v=001YVFzdwcJnTCjxhymZCzqm9rGeGhOIGK_c68j79SkAuymNF8Z8wgww-9elFoFBWx3wTuzeaSCSGJq_c4h7M6GoBKoL9j_ryvwwyFKBqC6CQ8%3D
  - Complete the required fields and check the following email lists:
    - ISD-275-CLAIMS-ATTACHMENT-NOTIFICATION
    - ISD-EDI-TI-USERS-NOTIFICATION
  - An email will be sent to the user to confirm the subscription request. Users wanting to unsubscribe from a particular list can do so by clicking on the "Unsubscribe Email address" option from one of the email notifications you have received.

Thank You.