



275 Transaction Insight Portal Documentation Attachment Process

November 2023

About this Course

These materials are designed for the AHCCCS Fee-For-Service programs, including American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

This presentation will cover use of the 275 Transaction Insight Portal (TI/TIBCO). It will also cover how to complete the Attachment Tab during the claim submission process (using the AHCCCS Online Provider Portal) and how to upload / attach documentation to the claim submission (using the Transaction Insight Portal).

If you have any questions about this training presentation, please email the Provider Training Unit: ProviderTrainingffs@azahcccs.gov

AHCCCS Online Provider Portal

To use the AHCCCS Online Provider Portal, providers must have a valid Username and Password.

As an AHCCCS provider, you are responsible for any and all activity that occurs under your AHCCCS Online Provider Portal account.

- Providers **must** keep their login information safe and secure.
- Sharing of account information (username and password) is prohibited.

To Register for an account and or log on to the AHCCCS Online Provider Portal account: <https://ao.azahcccs.gov/Account/Login.aspx>

AHCCCS Provider Portals

The AHCCCS Online Provider Portal and the Transaction Insight Provider Portal are used *jointly* when submitting claims that require documentation to be attached to the claim.

AHCCCS Online Provider Portal

- Member Eligibility Verification
- Prior Authorization Submission and Status Checks
- Claim Submission and Claim Status Checks

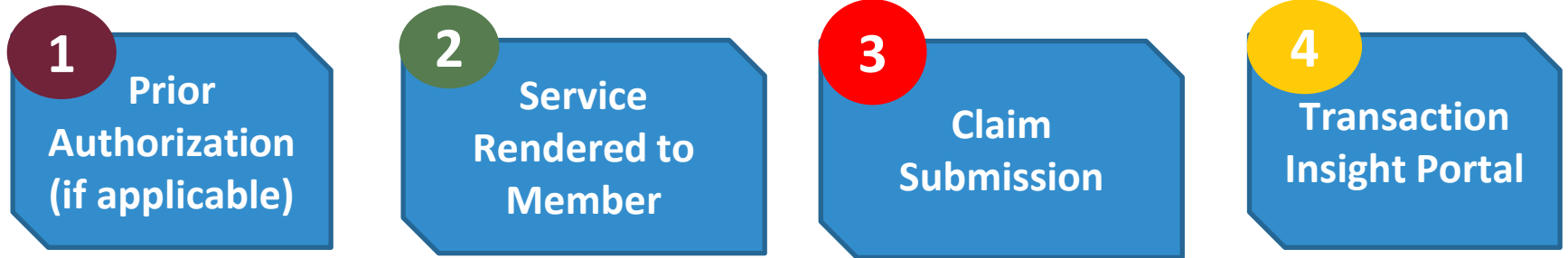
Transaction Insight Portal

- Submitting Documentation that attaches to the claim submitted on the AHCCCS Online Provider Portal

What is the Transaction Insight Portal?

The Transaction Insight Portal is an integral part of the overall claim submission process, which allows providers to receive reimbursement for services rendered.

The overall Claim Submission Process includes submitting for Prior Authorization for the service to be rendered (if applicable), rendering the service, submitting the claim, and submitting any required or requested documentation.



Note: Services rendered to members are subject to medical necessity.

Why do Providers Submit Documentation?

Certain types of claims require additional documentation to be submitted with each claim.

- i.e. NEMT Providers submit the AHCCCS Daily Trip Report with NEMT Claims.
- i.e. Claims for Surgical Procedures are submitted with a history and physical, an operative report, and an emergency room report (if applicable).

Please note the above list is not comprehensive. For additional information on what documentation is required to be submitted with each claim type, please visit the AHCCCS website and the FFS and IHS/638 Provider Billing Manuals.

Why do Providers Submit Documentation?

There are also instances when AHCCCS will request that the provider submit additional documentation with an existing claim, to substantiate that services were provided in accordance with AHCCCS policy, as it relates to medical necessity and emergency services.

- Medical review and adjudication also are performed to audit appropriateness, utilization, correct coding, and quality of the service provided.

What Happens if No Documentation is Received?

If documentation is required, and no medical documentation is submitted, the adjudication staff will deny the claim with a denial reason specifying what documentation is required.

- For example, a claim may be denied with the Medical Review denial code(s) “MD008 - Resubmit with progress notes”, “MD011- Resubmit with physicians orders” or MD021 – “Resubmit with Observation orders”.
 - Please note these are not the only denial codes available.
- Providers will not receive a letter requesting documentation because the denial codes are very specific as to what is required.



Claim Submission Process and How to Complete the Claim Attachment Tab in the AHCCCS Online Provider Portal

Claims Attachment Tab

AHCCCS Online Provider Portal

Important:

After a claim is submitted, PMMIS (the AHCCCS claims processing system) will perform an *extensive edit* (edit means ‘review’) of all claims that are received.

Based on this review process, there may be some errors that are identified that may cause the entire claim to automatically deny (i.e. provider status not active, age limit for CPT code, invalid diagnosis code, member not eligible).

The attachment process will still occur, but the claim will remain in a denied status until the claim denial(s) have been resolved by the submitter.

Claim Submission Process in the AHCCCS Online Provider Portal

There are two options that a provider can take to attach a document electronically to the claim using the Transaction Insight Portal.

Option #1 - Begins at the *initial submission* of the claim. During the initial submission process you will enter the details of the claim as usual.

- For example, the service / billing provider, member ID, and any other applicable fields. The **Attachment Tab** is where you will create the *Paper Work Segment* referred to as the *PWK or Control number*.

The PWK number alerts PMMIS (the AHCCCS claims processing system) that you will send an electronic document with the claim. PMMIS will hold the claim “Open” for up to 15 days to allow the electronic document to link to the claim submission.

Claims Attachment Tab

AHCCCS Online Provider Portal

- The **Claims Attachment tab** is used to notify the AHCCCS processing system (PMMIS) that you are submitting an Electronic Attachment with the claim submission.
- Claims will remain open if no errors are identified for up to [15 days from the date of submission](#) to allow the submitter (the provider) time to upload the attachments to the claim via the Transaction Insight Portal.
- The **Control Number / PWK (Paperwork)** number is a *unique* number that the submitter will create for each claim submission /document that is submitted via the Transaction Insight Portal. **The number must match exactly between the two portals in order for them to link.**
- The Control / PWK number allows the system to identify the claim submission and link the attachment.

Claims Attachment Tab

AHCCCS Online Provider Portal

The Control / PWK number provides the link between electronic claims and additional documentation that may be required to adjudicate the claim.

The Control / PWK number ***MUST*** match the exact format that is entered in the Control Number field on the **Claims Attachment** tab. If the Control / PWK numbers ***do not match*** the document will not be linked or attached to the claim.

- ✓ **AHCCCS Online Claim Submission tab** – The Control / PWK number is the unique number entered in the **Control Number** field on the claim attachment tab.
- ✓ **Transaction Insight Portal** – The Control / PWK field is titled the **Payer Claim Control Number or Provider Attachment Control Number**. The Control / PWK number that was entered in the claim attachment tab will be entered in this field on the Transaction Insight Portal.

Claims Submission - Attachments Tab

There are 3 fields that must be completed on the **Claim Attachments Tab** to flag the system that you are including an electronic attachment via the Transaction Insight Portal.

- (1) **Report Type** – always select the option (B4) regardless of the document type.
- (2) **Report Transmission** – always select the option (EL) to indicate an “electronic attachment”.
- (3) **Control Number or PWK** number. The Control number is a “unique” number that is created by the provider for each claim submission.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Claim Attachments							
Report Type **		Report Transmission **		Control Number **			
1	B4 - Referral Form	EL - Electronically Only	A1234567812182019				
2	Attachments (1-10):	In the Report Type field click the drop down arrow and select (B4 – Referral Form) .	In the Report Transmission field, click the drop down arrow and select (EL – Electronically Only)	The Control Number field – enter the Member ID number (must be a capital A with the date of service MMDDYYYY (do not include spaces or slashes).			
3							
4							
5							
6							
7							
8							
9							
10							
** Required ONLY if Attachment information is submitted.							

Replacement Claims and PWK Assignment

As a reminder any claim that is submitted as a correction or replacement must include the claim reference number. The replacement claim must contain a new/unique PWK attachment number.

Here are some examples:

- The first claim submission the PWK number is A1234567811142023.
- This claim is replaced and the second submission (corrected claim) the PWK number must be unique or have a distinguishing character from the original PWK number. In this example the PWK number has a **1** at the end to show that this is a new PWK number.
 - A1234567811142023**1**.
- If you use the same PWK from the original claim submission the documents will be linked to that claim and not to your new claim submission.

Complete the Claim Submission Process


After completing the fields on the **Claims Attachment Tab** continue with the **Claims Information** and **Service Lines** tab to finalize the claim submission.

After you have completed all the claim tabs, click the **Submit** button and you will be directed to the “**Claim Entry Confirmation Page**”.

What Happens If You Miss a Field?

Online Claim Error Messages

Message from webpage



ATTENTION! Please correct the following item(s):

- BILLING PROVIDER ---
 - Missing Tax ID.
 - Missing Tax ID Type (SSN or EIN).
 - Missing Provider Commercial Number or NPI.
 - Missing Entity Type (Person or Non-Person).
 - Missing Provider Name.
 - Missing Pay-To Locator Code/Address.
- RENDERING PROVIDER ---
 - Missing Provider Commercial Number or NPI.
 - Missing Entity Type (Person or Non-Person).
 - Missing Provider Name.
- PATIENT/SUBSCRIBER ---
 - Missing Member ID Number.
 - Missing Member Date of Birth.
 - Missing Payer Responsibility.
- CLAIM INFORMATION ---
 - Missing Patient Control Number.
 - Missing Provider Signature on File.
 - Missing Provider Accept Assignment.
 - Missing Benefit Assignment.
 - Missing Release of Information Consent.

OK

- If any of the mandatory fields are not completed, the online portal will flag any field that is Missing information.
- The error message will identify the Tab and the name of the field(s) that requires completion.
- Complete all fields that are listed in the **Attention Box**. After correcting the tabs/fields you can now finalize the claim.

Claim Entry Confirmation Screen

Claim Entry Confirmation

Transmission Status: Successful
Claim Type: Professional
Patient Account Number: A09340007
Confirmation Code: P-297

Attachments

Beginning with services incurred on 7/1/2013, all NEMT claims must be submitted with the new AHCCCS standard Daily Trip Report. Effective with service dates 8/1/2013 and forward, any non-emergency transport claim that is submitted without the standard Daily Trip Report will be denied. It is the provider's responsibility to maintain all documentation that supports each transport service claimed. Please click [here](#) to submit an attachment.

You can go to the Transaction Insight portal to upload your document by clicking on the attachment link here

View Claim

Enter New Claim

1	The Transmission Status will let you know the claim was submitted Successfully .
2	The Claim Type is the form type used for the claim submission (Professional / Institutional / Dental).
3	At the bottom of the screen there are 2 options available: The " View Claim " tab will provide a summary of the claim that was just submitted to AHCCCS, and the second option is the " Enter New Claim " tab.
4	Select the " View Claim " button to view the details of the claim.

Now you are ready to proceed to the Transaction Insight (TI) Portal *Production Environment* to initiate the electronic attachment process.



Transaction Insight Portal (TIBCO/TI)

Transaction Insight Portal

To use the Transaction Insight Portal, providers must have a valid Username and Password.

Providers must keep their login information safe and secure. Sharing their account information (username and password) is prohibited.

To Request a Username/Password account for the Transaction Insight Portal contact: servicedesk@azahcccs.gov

To logon to the **Transaction Insight Portal Production Environment:**
<https://tiwebprd.statemedicaid.us>

Pros of using the Transaction Insight Environment

- ✓ Using the Transaction Insight Portal is the fastest way to attach documents to a claim.
- ✓ Attachments can be linked using the PWK or the Claim Reference Number.
- ✓ Providers have 15 days (non-BH claims) to upload attachments using the Transaction Insight Portal.
- ✓ Outpatient Behavioral health claims - providers have 7 days to upload documents to the claim.
- ✓ Eliminates mailing of documents.

Key Fields - Transaction Insight Environment

- ✓ **AHCCCS Online Provider Portal Claim Submission** – The PWK Number is a unique number that is created by the submitter (the provider submitting the claim) and is entered in the **Control Number field** on the claims attachment tab.
- ✓ **Transaction Insight Portal** – The PWK number field must match the Control Number field that was entered on the claim attachment tab of the AHCCCS Online Provider Portal. The PWK number is entered in the **Payer Claim Control Number or Provider Attachment Control Number field of the Transaction Insight Portal**.

Completing the Transaction Insight Attachment Process

There are three parts or sections of the 275 Attachment Upload document page (in the Transaction Insight Portal) that must be completed to successfully upload or link the document to the claim.

1



Upload the Document

Browse your desktop for the file to upload.

2



Complete Details Section

Complete the details for the provider and member.

3

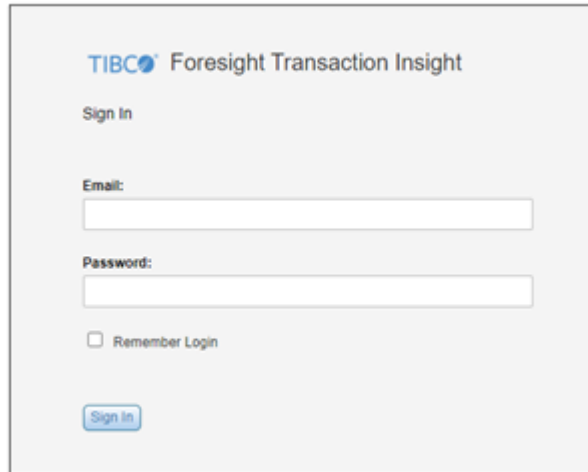


Submit the Attachment

Upload to finalize the submission.

Transaction Insight Portal Sign In Page

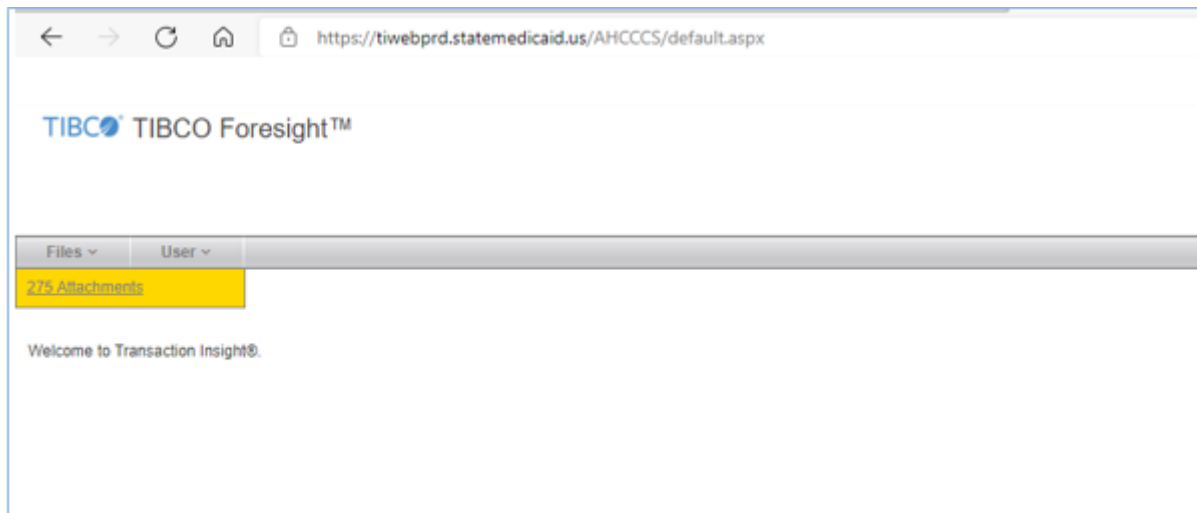
Production Transaction Insight: <https://tiwebprd.statemedicaid.us>



The screenshot shows a sign-in form for TIBCO Foresight Transaction Insight. The form is titled "TIBCO Foresight Transaction Insight" and "Sign In". It contains two input fields: "Email:" and "Password:". Below the password field is a checkbox labeled "Remember Login". At the bottom of the form is a "Sign In" button.

Enter your Email and Password. Click Sign In

The TIBCO Foresight page will open. Place your mouse on the “Files” tab. The “275 Attachments” box will appear. Next, click on the “275 Attachments” box and the “275 Claims Attachment Upload” page will appear (next slide).



Click on Files and select 275 Attachments

Full Page
View of the
(TI) 275
Claim
Attachment
Screen.

275 Claim Attachment Upload

During the 275 upload process, please complete, at a minimum, all required fields in the 275 Attachment Details section.

Browse to your file (maximum file size limit 64MB)

Browse...

Upload Attachment

Part 1

Part 2

Transaction Set Purpose Code	Select a value	>
Submitter Last or Organization Name		
Provider Entity Type Qualifier	<input type="radio"/> Person (1) <input checked="" type="radio"/> Non-Person Entity (2)	
Provider Last or Organization Name		
Provider First Name		
Provider Primary Identifier Qualifier	Select a value	>
Provider Primary Identifier		
Provider Secondary Identifier		
Provider Address		
Provider City		
Provider State	Select a value	>
Provider Zip Code		
Patient Last Name		
Patient First Name		
Patient Primary Identifier		
Patient Control Number		
Medical Record Identification Number		
Claim Service Period Start Date		📅
Claim Service Period End Date		📅
Payer Claim Control Number or Provider Attachment Control Number		
Claim Status Category Code	Select a value	>
Additional Information Request Code	Select a value	>
Code List Qualifier Code	Select a value	>

* - Required Fields

Part 3

Submit Attachment

Cancel



Part 1 File Upload Browse



PART 1: 275 CLAIM ATTACHMENT UPLOAD

Files ▾ User ▾

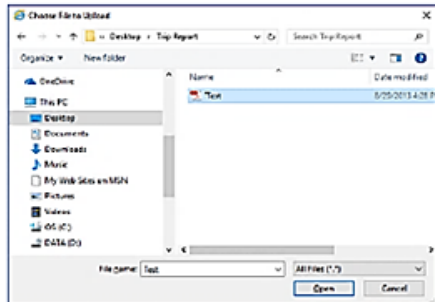
Home :: 275 Attachments

275 Claim Attachment Upload

During the 275 upload process, please complete, at a minimum, all required fields in the 275 Attachment Details section.

Browse to your file: (maximum file size limit 64MB) Browse...

1.



275 Claim Attachment Upload

During the 275 upload process, please complete, at a minimum, all required fields in the 275 Attachment Details section.

Browse to your file: (maximum file size limit 64MB) C:\top\Report\Test.pdf

3.

Files ▾ User ▾

Home :: 275 Attachments

275 Claim Attachment Upload

During the 275 upload process, please complete, at a minimum, all required fields in the 275 Attachment Details section.

Browse to your file: (maximum file size limit 64MB) Browse...

Successfully uploaded file: Test.pdf
[Remove This File](#)

3.

1. **Browse to your file:** click the **Browse tab** to locate the File that you want to upload.

2. Once you have located the file, **select the file** and click **Open**. The file name will then show in the Browse to your file box.

3. Next, Click **Upload Attachment**.

Note: If you have successfully uploaded the file, you should see a message in green that reads:

“Successfully uploaded file”.

Note: If you have uploaded the incorrect file, click **Remove This File**, and follow steps 1 – 3 to select the correct file.



Part 2 Completing the Details

Selecting the Transaction Set Purpose Code

Transaction Insight Portal - Part 2

Transaction Set Purpose Code	02 - Add	*
Submitter Last or Organization Name	ORGANIZATION NAME	*
Provider Entity Type Qualifier	<input type="radio"/> Person (1) <input checked="" type="radio"/> 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		*
Payer Claim Control Number or 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

Transaction Insight Portal

Set Purpose Codes

There are two “set purpose codes” to select from based on 1) if you are attaching the documentation with the initial claim submission or 2) if you are responding to a request from AHCCCS for documentation.

The Transaction Insight Portal set purpose codes are:

- 02 – “Unsolicited” and
- 11 - “Solicited”

Transaction Set Purpose Code 02 Add (Unsolicited)

Set Purpose Code **02 – Add (Unsolicited)** is selected when during the initial claim submission, you have created a PWK number on the Attachment tab.

- This is an automated process and the fastest way for the claim and attachment to link.

The PWK (Paperwork) control number prompts PMMIS to hold the claim open for 15 days to allow time to upload the attachment via TI portal. Once the attachment has been uploaded and successfully linked to the claim, the claim will continue through the edit cycle.

Important Note: During the claim audit process, if PMMIS identifies any errors that may result in an automatic denial of the claim, the document will still link to the claim but the submitter must correct any errors and resubmit the claim including any documentation that may be required.

Transaction Set Purpose Code 02 Add (Unsolicited)

If the Transaction Set Purpose code selected is “02 Add Unsolicited”, enter the PWK number in the ***Payer Claim Control Number or Provider Attachment Control Number field*** as shown in the example below.

- Remember each PWK number is unique to each claim submission.
- When using a PWK number leave the default setting at “Select a Value”.

Payer Claim Control Number or		A1234567810012020
Provider Attachment Control Number		
Claim Status Category Code	Select a value	▼
Additional Information Request Code	Select a value	▼
Code List Qualifier Code	Select a value	▼

Transaction Set Purpose Code

11 Response “Solicited”

11 – Response (**SOLICITED**), is used when you receive a letter from AHCCCS or you have checked the status of the claim via the Online Provider portal and see that the claim has denied for missing or no documentation received.

- When response code “11 Solicited” is selected you must use the AHCCCS 12 digit **Claim Reference Number** to attach the documentation.

This process will default to a manual linking of the attachment to the claim submission. Only upload the required file. You do not need to resubmit the claim if you are only submitting the documentation. Complete all required detail fields.

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

Payer Claim Control Number or Provider Attachment Control Number		Enter the 12 digit Claim Reference Number
Claim Status Category Code	R4 - Documentation Request	▼
Additional Information Request Code	11503-0	▼
Code List Qualifier Code	LOI - LOINC Codes	▼

Submitter Details (example 1)

Professional / Entity Type Person / NPI

Submitter Last or Organization Name	<input type="text" value="Complete this field."/>	*
Provider Entity Type Qualifier	<input checked="" type="radio"/> Person (1) <input type="radio"/> Non-Person Entity (2)	*
Provider Last or Organization Name	<input type="text" value="Smith"/>	*
Provider First Name	<input type="text" value="John"/>	
Provider Primary Identifier Qualifier	<input type="text" value="XX-NPI (If you use a NPI, click the down arrow and select XX-NPI.)"/> <input type="button" value="v"/>	
Provider Primary Identifier	<input type="text" value="Enter the provider's NPI number here."/>	
Provider Secondary Identifier	<input type="text" value="Skip this field if you have a valid NPI number."/>	
Provider Address	<input type="text" value="Complete this field."/>	*
Provider City	<input type="text" value="Complete this field."/>	*
Provider State	<input type="text" value="Select a value Complete this field."/> <input type="button" value="v"/>	*
Provider Zip Code	<input type="text" value="Complete this field."/>	*

Submitter Details (example 2)

Organization / Non-Person Entity / NPI



Submitter Last or Organization Name	<input type="text" value="Emergency Transports"/>	*
Provider Entity Type Qualifier	<input type="radio"/> Person (1) <input checked="" type="radio"/> Non-Person Entity (2)	*
Provider Last or Organization Name	<input type="text" value="Emergency Transports"/>	*
Provider First Name	<input type="text" value="Leave blank if it is a group or organization."/>	
Provider Primary Identifier Qualifier	<input type="text" value="XX-NPI (If you use a NPI, click the down drop and select XX-NPI)"/> ▼	
Provider Primary Identifier	<input type="text" value="Enter the NPI number here"/>	
Provider Secondary Identifier	<input type="text" value="Skip this field if you have a valid NPI number."/>	
Provider Address	<input type="text" value="Complete this field."/>	*
Provider City	<input type="text" value="Complete this field."/>	*
Provider State	<input type="text" value="Select a value"/> ▼	*
Provider Zip Code	<input type="text" value="Complete this field."/>	*

Submitter Details (example 3)

Organization / Non-Person Entity / AHCCCS 6 Digit Provider Number Only


Submitter Last or Organization Name	<input type="text" value="BASICS NEMT SERVICES"/>	*
Provider Entity Type Qualifier	<input type="radio"/> Person (1) <input checked="" type="radio"/> Non-Person Entity (2)	*
Provider Last or Organization Name	<input type="text" value="BASICS NEMT SERVICES"/>	*
Provider First Name	<input type="text" value="Skip this field."/>	
Provider Primary Identifier Qualifier	<input type="text" value="Select a value(If you do not have a NPI number, leave this field blank.)"/>	
Provider Primary Identifier	<input type="text" value="Leave this field blank if you do not have a NPI number."/>	
Provider Secondary Identifier	<input type="text" value="Enter the AHCCCS 6 digit provider number here only."/>	
Provider Address	<input type="text" value="Complete this field."/>	*
Provider City	<input type="text" value="Complete this field"/>	*
Provider State	<input type="text" value="Select a value (Make a selection from the drop down)"/>	*
Provider Zip Code	<input type="text" value="Complete this field."/>	*


Additional Details Field – Patient Information

Patient Last Name	<input type="text" value="complete this field"/>	*
Patient First Name	<input type="text" value="complete this field"/>	
Patient Primary Identifier	<input type="text" value="AHCCCS Medicaid ID number"/>	*
Patient Control Number	<input type="text" value="Account number assigned by the provider for internal tracking. This is not the PWK number."/>	*
Medical Record Identification Number	<input type="text" value="Do not complete this field."/>	
Claim Service Period Start Date	<input type="text" value="10/01/2020"/> 	*
Claim Service Period End Date	<input type="text" value="10/01/2020"/> 	

Claim Service Start/End Date

The **Claim Service Period Start Date** is a required/mandatory field, while the End Date field is not. Providers may submit documentation using only the Start Date field.

Claim Service Period Start Date  *

Claim Service Period End Date 

The Claim Service Start Date (required): You can enter the date manually using a **MM/DD/YYYY** format or you can click on the Date icon and select the date from the calendar.

The Claim Service End Date (optional): You can enter the date manually using a **MM/DD/YYYY** format or you can click on the Date icon and select the date from the calendar.

Note: When entering the date range, the begin date **should not** be later than the end date.



Completing the Payer Claim Control Number / Provider Attachment Control Number Fields

Payer Claim Control Number or

Provider

Attachment Control Number Fields

02 – Add (Unsolicited), enter the **PWK** number that was created during the claim submission process.

Leave the *Claim Status Category Code*, *Additional Information Request Code* and *Code List Qualifier Code* fields at the default setting **“Select a value”**. Next click the **“Submit”** button.

Payer Claim Control Number or <input type="text" value="A1234567810012020"/>	
Provider Attachment Control Number	
Claim Status Category Code	Select a value <input type="button" value="v"/>
Additional Information Request Code	Select a value <input type="button" value="v"/>
Code List Qualifier Code	Select a value <input type="button" value="v"/>

Payer Claim Control Number or Provider Attachment Control Number Fields

11 – Response (Solicited), enter the AHCCCS 12 digit Claim Reference Number .
This process will default to a manual linking of the attachment to the claim submission.

If the Transaction Set Purpose code selected is 11 (**Solicited**), you must select the values as shown below from the drop down menu.

Payer Claim Control Number or Provider Attachment Control Number		Enter the 12 digit Claim Reference Number
Claim Status Category Code	R4 - Documentation Request	▼
Additional Information Request Code	11503-0	▼
Code List Qualifier Code	LOI - LOINC Codes	▼



Part 3 Submitting the Attachment

Part 3 Submitting the Attachment

To finalize the Upload process simply click on the **Submit Attachment** tab.



Final Upload Message

Reminder: The initial upload message at the top of the page will read “successfully uploaded file”. Once the entire upload process is completed or finalized, you will receive the updated message “275 attachment file and details upload successfully!”

275 Attachment file and details uploaded successfully.

275 Claim Attachment Upload

During the 275 upload process, please complete, at a minimum, all required fields in the 275 Attachment Details section.

Browse to your file: (maximum file size limit 64MB) No file chosen

If you are submitting for **Non-Person Entity(2)** since it's a company, leave the **Provider First Name** field blank.

Submitter Last or Organization Name	<input type="text" value="ORGANIZATION NAME"/>	*
Provider Entity Type Qualifier	<input type="radio"/> Person (1) <input checked="" type="radio"/> Non-Person Entity (2)	*
Provider Last or Organization Name	<input type="text" value="ORGANIZATION NAME"/>	*
Provider First Name	<input type="text"/>	

Transaction Insight Portal Tips and Reminders

- When submitting for **Non-Person Entity (2)** make sure the **Provider First Name** field is left **blank/empty**.
- If a provider selects Non-Person Entity(2) and enters a Provider First Name in this field, your attachment will not link to the claim. **This will cause your claim to be denied for missing documentation.** If this occurs, you will need to resubmit the attachment again.

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

1. If Non-Person Entity is selected...
2. Enter the organization name under "Provider Last or Organization Name"...
3. Leave "Provider First Name" BLANK.



Frequently Asked Questions

Frequently Asked Questions

Q1. Can you use lower case for the “A” on a PWK number?

A: No, you must use an Upper Case “A” as the PWK number (i.e. **A1234567801012021**) the member’s AHCCCS Medicaid ID and the date of service).

Q2. If I have a valid 10 - digit NPI number do I have to use it or can I use my AHCCCS (6) digit provider ID number?

A: If you have a valid NPI number you must use the NPI when submitting the claim. Second, you must also use the same NPI when attaching documents using the TI portal. If you submit the claim with the NPI number and attempt to link the document in TI with the 6 - digit provider ID this will be considered a mismatch and will result in the attachment not linking to the claim.

Frequently Asked Questions

Q3. Are leading and trailing spaces allowed?

A: No, leading and trailing spaces will result in errors and may cause the document not to match.

In the below examples “__” indicate spaces added before or after the PWK number (leading and trailing spaces).

- i.e. **A1234567801012021** and **A1234567801012021__** will mismatch and not link.
- i.e. **_A1234567801012021** and **A1234567801012021__** will mismatch and not link.
- i.e. **__A1234567801012021** and **A1234567801012021** will mismatch and not link.

Q4. Can multiple files be loaded at one time?

A: Only one file can be uploaded at a time the second file will replace the previously loaded file. If there are multiple pages to the document, scan as a single file then upload.

Frequently Asked Questions

Q5. How do I add other users?

A: Email request to mail to: servicedesk@azahcccs.gov

Q6. How do I reset my password?

A: Email request to mail to: servicedesk@azahcccs.gov

Q7. What size should the document be?

A: 8 ½ by 11 size.

Q8. Can you upload color documents?

A: No, the documents should be black and white.

Q9. Can a two-sided document be uploaded using the TI portal?

A: No, you must scan the front and back of the documents then upload the documents as a single file per claim.

Transaction Insight Portal.

To sign up, add additional users and reset passwords contact:
servicedesk@azahcccs.gov

Password Reset Requests:

The email must include the following statement in the subject line '***TI Password Reset.***' your password will be reset within an hour and you will receive an email with the new password.



DFSM Provider Education and Training Unit

DFSM Provider Education and Training

The AHCCCS Provider Training Unit can assist providers with the following:

- AHCCCS Online Provider Portal Training:
 - How to submit and status claims and prior authorization using the AHCCCS Online Provider Portal;
- How to use the Transaction Insight Portal (for the submission of accompanying documentation);
- Provide clarification on AHCCCS policies and system updates;
- Changes to the program; and
- Other details.

For training requests please contact the DFSM Provider Training Team at

ProviderTrainingFFS@azahcccs.gov

DFSM Provider Education and Training

Note: The provider training and medical coding teams cannot instruct providers on how to code or bill for a particular service. For example, questions regarding the use of modifiers, billing combination of codes, place of service etc., should be directed to your organization's coder/biller for guidance.

Note: Questions regarding the processing of claims by the AHCCCS Complete Care (ACC) Health Plans should be directed to the appropriate ACC Health Plan.

Who to contact?

- Questions on AHCCCS Fee-for-Service rates email FFSRates@azahcccs.gov
- Questions on AHCCCS Coding email: CodingPolicyQuestions@azahcccs.gov

Need Help!

If you need assistance with the following:

Questions about warrants, paper EOBs, or EFTs please contact the Division of Business & Finance (DBF) at ahcccswarrantinquiries@azahcccs.gov or call **(602) 417-5500. Hours: 10:00 AM – 4:00 PM Arizona Time.**

To check the status of your EFT, please email the Division of Business & Finance (DBF) at ahcccsfinanceeft@azahcccs.gov

Questions related to electronic transactions or to request an ERA transaction setup email servicedesk@azahcccs.gov or contact **(602) 417-4451. Hours: 7:00 AM – 5:00 PM Arizona Time.**

Providers should use the AHCCCS Online website as the first step in checking the status of the prior authorizations and claims. Our Provider Services representatives are skilled to provide help to many *basic* prior authorization and claims questions. To reach **Provider Services call (602) 417-7670.**

Provider Services Call Center Operation Hours: **Monday-Friday from 7:30 A.M. - 5:00 P.M.**

Providers should not call the Provider Services if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims. Providers should refer to the AHCCCS Website Plans/Providers for more information.

Policy and Billing Information

AHCCCS FFS Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

AHCCCS IHS/Tribal Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbilingManual.html>

AHCCCS Medical Policy Manual

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/>

Questions?

Please send your questions regarding this training presentation to:
ProviderTrainingFFS@azahcccs.gov

Thank You.

This concludes the presentation.