

September 2023

Receive DFSM Email News Updates and Provider Training Notifications

Providers are invited to subscribe to DFSM email news alerts regarding changes to the program, claims and billing updates and requirements, system changes, upcoming trainings, forums and other business news.

[Subscribe](#) to receive notifications about upcoming trainings, forums, and important business updates.

Reminder: Rate Changes Effective 10/01/2023

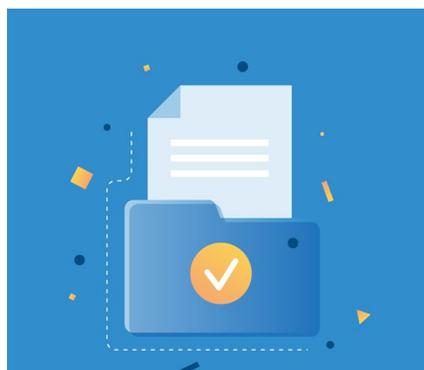
Effective for dates of service on and after October 1, 2023, AHCCCS FFS rates will change. This change may have an impact on Prior Authorization requests that overlap the rate periods.

Reminders: Participating Provider Reporting Provider Types 77, IC and 05

The Division has noticed an increase in the number of claim submissions for outpatient behavioral health services that are missing one or all of the following requirements; the participating provider information, signed consent to treat form, comprehensive assessment, progress notes and medical documentation. Non-compliance with these requirements will result in denied claims.

Documentation Review for Behavioral Health Outpatient Claims

The easiest and most efficient way to attach your documentation for review is to use the Transaction Insight Portal (TIBCO). For payment reviews, documentation is required and to help expedite the review process, we suggest that providers insert a "title sheet" identifying each document type that is uploaded followed by the documents. All combined services rendered on each day billed to FFS will require documentation to include physical services rendered and any services units billed.



The [DFSM Claims Clues](#) is a monthly newsletter that provides information about changes to the program, system changes/updates, billing and FFS policies.

Claims, Prior Authorization and Provider Enrollment inquires: The Division of Member and Provider Services (DMPS) manages the service calls for AHCCCS Fee-for-Service. DMPS can assist providers with prior authorizations, claim inquires and status and provider registration (APEP) questions and processes.

The hours of operation are Monday – Friday, 7:30am-5:00pm (602-417-7670).

AHCCCS Provider Enrollment Portal (APEP): Questions regarding provider-related enrollment, policy, or APEP user issues email APEPTrainingQuestions@azahcccs.gov. Your email will automatically create a service ticket to Provider Enrollment for assistance.

AHCCCS Warrants - For questions about Warrants, paper EOBs or Electronic Fund Transfers (EFT), contact the Division of Business & Finance (DBF) at (602) 417-5500.

835 Electronic Remittance Payment Sign Up (Remittance Advice Sign Up/835)
Contact: ServiceDesk@azahcccs.gov or call (602) 417-4451

Transaction Insight Portal (TIBCO/TI) users, for account creation, to add additional users, or for password resets please make sure to use the following email address: servicedesk@azahcccs.gov

Training materials for FFS Providers and upcoming Provider Training Sessions can be found on the [DFSM Provider Training Web Page](#).

For provider training questions please outreach the Provider Training Team via email at ProviderTrainingFFS@azahcccs.gov

COVID FAQ: [FAQ COVID Fact Sheet](#)

Reminders: Important Effective June, 9, 2023 Provider Moratorium

Behavioral Health Outpatient Clinic (77), Integrated Clinic (IC), Non-Emergency Medical Transportation (28), Community Service Agency (A3) and Behavioral Health Residential Facility (B8)

In accordance with Section 42 CFR 455.470, I, Carmen Heredia, Director of the Arizona Health Care Cost Containment System (AHCCCS), will implement for 6 months a statewide moratorium on the enrollment of Behavioral Health Outpatient Clinic (IC), Integrated Clinic (IC), Non-Emergency Medical Transportation (28), Community Service Agencies (A3), and Behavioral Health Residential Facility (B8) providers.



This moratorium will **expire on December 9, 2023**. At the Director's (or designee) discretion, this moratorium exempts provider enrollment applications under any of the following circumstances:

1. Medically Underserved Service Area and access to care with review and approval by State Medicaid Agency,
2. Service expansion in support of a State Medicaid Agency initiative,
3. At the request of an AHCCCS contracted managed care plan to ensure that access to care standards (i.e., time and distance) are not out of compliance, or
4. Additional exemptions as appropriate and as needs are identified. This moratoria was approved by the Centers for Medicare and Medicaid Services (CMS) and shall be effective on **June 9, 2023**.

This action is necessary to safeguard AHCCCS members, public funds and to maintain the fiscal integrity of the AHCCCS program.

Reminder: Participating Provider Reporting Requirements Edit Denial Codes H482.1 and H482.7

The following provider types, Outpatient Behavioral Health Clinic (77), Clinic (05) and Integrated Clinic (IC) must report on all claims submitted to FFS the individual providers participating in the care/services. Claims that do not include the required participating provider information will deny and the submitter must correct the fields and submit a replacement claim and include all required documentation with the replacement claim.

H482.1 NPI Missing or invalid; field is missing.

H482.7 NPI Missing or invalid; not valid for provider.

Providers can refer to the Guide Guide "How to Complete the Participating Provider Reporting Information."

Reminders: 275 Transaction Insight Portal (TIBCO)

The Set Purpose Code 11 is used when the provider is submitting the claim via their own software, billing company or clearing house. The AHCCCS assigned 12 digit claim number is used as the attachment / control number.

[TIBCO Foresight Transaction Insight Web Upload Attachment Guide](#)

[Transaction Insight Portal Quick Training Guide](#)

[Quick Training Guide How to Complete the Participating Provider Reporting Requirements](#)

Transaction Insight Portal (TIBCO) FAQs

Question: Can you use lower case for the “A” on a PWK number?

Answer: 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).

Question: If I have a valid 10 digit NPI number do I have to use it or can I use my AHCCCS 6 digit ID?

Answer: 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 TIBCO portal. If you submit the claim with the NPI number and attempt to link the document in TIBCO with the 6 digit provider ID, this will be considered a **mismatch** and will result in the attachment not linking to the claim.

Question: Can **multiple files** be loaded at one time?

Answer: 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.

Question: How do I add other users and request password resets?

Answer: The provider training team cannot assist with password resets or requests for access. Providers can Email their request for new user access and password resets to: ServiceDesk@azahcccs.gov

Question: Can batch files be uploaded via the Transaction Insight Portal?

Answer: No, batch files **cannot** be uploaded to the Transaction Insight Portal.

Question: What size should the document be?

Answer: AHCCCS accepts a 8 ½ by 11 size only.

Question: Can you upload color documents?

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

Question: Can a two-sided document be uploaded using TIBCO portal?

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

Question: What types of file formats can be uploaded?

Answer: The following file types can be uploded via the TIBCO Transaction Insight Portal. **Please note that Zip files/folders cannot be uploaded to the Transaction Insight Portal.**

File Type	Description
.TXT	Text File
.HTM, .HTML	Hypertext markup language
.JEP, .JPG	Joint photographic experts group image
.PDF	Portable document file
.PNG	Portable networks graphic
.GIF	Graphics interchange file
.RTF	Rich text format
.TIF, .TIFF	Tagged image file format

How to Check Receipt of Documentation Using the AHCCCS Online Provider Portal

Providers will often contact provider services to confirm if the documentation attachment process was successful. We have provided an example below that providers may find helpful when checking the claim status updates via the AHCCCS Online portal.

Example:

If the claim **Denied** for non-receipt of medical documents on 08/15/2023 and this was the first action taken on the claim, the score number shown will be (01). Please note the score number will increase by one each time an action is initiated.



The provider uploads the requested documents on 08/17/2023 and the records are electronically linked to the claim. The claim status will change from denied to **“Unadjudicated”** which means the claim is holding for review, this will indicate that an action or document was linked to the claim.

Another important field is the **“Score Number”** field. A “Score Number” is created each time a claim is edited in the AHCCCS processing system. The Score number field tracks actions taken on the claim. For example after the documents were linked on 8/17/2023, the **score number will change from 01 to 02, etc.**, for each new action taken on the claim.

How to Add the Missing Event Information To An Existing PA

There are three steps to properly submit a prior authorization request, Case Creation, Event and Activity. If any of these steps are missed the PA team will add comments advising you to complete the necessary fields.

1. On the PA submission tab, navigate to the PA case.
2. Select the case number.
3. The Event page will open. If the message “No Records Found”, click on the “Add New Event tab.
4. Complete the required fields and select “Next” to accept the new information and Submit to finalize the action.

How to Add the Missing Activity Information To An Existing PA

1. Select **Prior Authorization Submission** on the sign in page of the AHCCCS Online Provider Portal.
2. Search for the PA request by entering the required information on the Case Search screen.
3. Select the **Case Number** from the search results that you would like to add the activity information and select the **Update** feature on the right-hand side.
4. Next, click on the **Event List** tab on the upper right of the page.
5. Click on the **sequence number** next to the date span you wish to update. You can also **add attachments** on the Event List page using the attachment feature.
6. To add the Activity information, click on **Add New Activity** at the bottom on the **Event List** page.
7. On the **Enter Activity Information** page complete all required fields as indicated by the red asterisks.
8. Click on the **Next** button to go to the **Verify Activity Information** page.

Once you verify information is correct, click on **Submit** to finalize your PA request.

Uploading Documentation To A Prior Authorization Request

If you need to include additional supporting documentation to an existing authorization, select the PA Submission tab not the PA inquiry tab to complete this step.

- Select the appropriate sequence number (i.e. 01, 02) for the date of service.
- Select the Event List tab to navigate to the Attachments tool which is located on the right hand side of the page.
- Select the file that you want to upload, hit the upload key, you will get the message “file uploaded”.
- The file will appear under the heading “Pending Attachments”, click the “Submit” button to finalize the upload process which will move the file to the “Submitted Attachments” column on the page.

Prior Authorization Tips

The AHCCCS processing system will automatically search for an prior authorization based on the following elements, Member ID, Provider NPI, Date of service(s) , Event type, CPT/HCPCS codes and service units.

The AHCCCS Online Provider portal will not allow a change or modification to an existing PA when the status has been changed from Pending to Approved, Denied or Revoked.

If the PA has been Revoked in error or Denied due to lack of information, the provider can submit any supporting documentation for reconsideration of the PA Case.

Providers may use the [Prior Authorization Correction form](#) to request a change or update to an existing prior authorization. The PA correction form can be linked to the PA by using the Attachment feature located on the Event tab.

If the PA status shows Pending the submitter can make any changes to the existing PA, for example, date of service, units, CPT/HCPCS, etc.