



# Transaction Insight Portal Training (Online Documentation Submission)

DFSM Provider Training Team  
October 2020



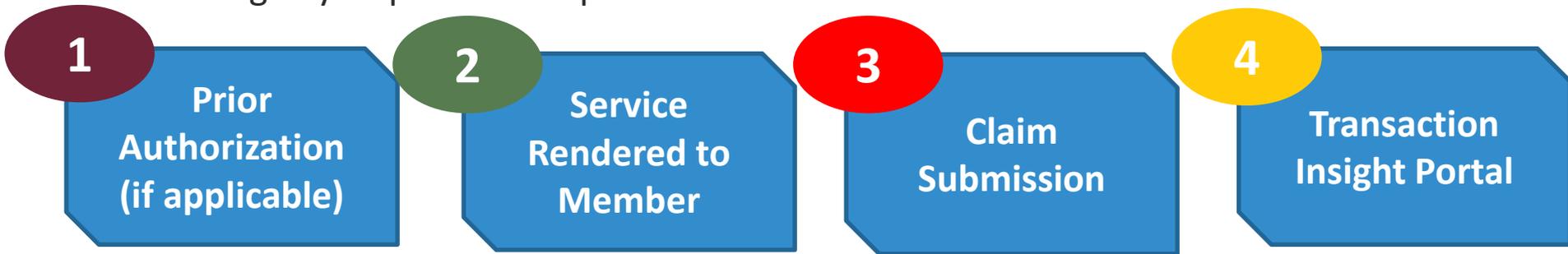


These materials are designed for the AHCCCS Fee-For-Service programs, including American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

# 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.

# What is the Transaction Insight Portal?

The Transaction Insight Portal allows providers to submit and link required documentation to submitted claims. Attachments are uploaded online, and the submitted documentation is then linked to the corresponding claim.

The Transaction Insight Portal has also been known as the:

- T.I. Portal
- Transaction Insight Web Upload Portal
- TIBCO Portal
- TIBCO Foresight Transaction Insight Portal, and
- The 275 Transaction Insight Portal.

# 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 also the FFS and IHS/638 Provider Billing Manual.

# Why do Providers Submit Documentation?

There are also times 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 “MD008 - Resubmit with progress notes.”
  - Please note this is not the only denial code available.
- Providers will not receive a letter requesting documentation because the denial codes are very specific as to what is required



# Transaction Insight Portal and the Control/PWK Number

# Transaction Insight Portal and the Control/PWK Number

Using the Transaction Insight Portal is the ***fastest and most efficient*** way to attach documents to a claim.

## The Control/PWK Number

- A unique number that a provider creates for each claim/document that they submit.
- This unique number forms an electronic match between the claim and submitted documentation. It allows the system to link the attachment to the correct claim.

The Control/PWK Number is entered in **twice**.

- ***First***, it is entered in by the provider when they submit their claim via the AHCCCS Online Provider Portal; and then
- It is ***entered in a second time*** when they submit their documentation on the Transaction Insight Provider Portal.

# The Transaction Insight Portal and the Control/PWK Number

Attachments submitted through the Transaction Insight Portal can be linked to a claim using the Control/PWK Number.

- The Control/PWK Number is also called:
  - The **Control Number** (in the AHCCCS Online Provider Portal when submitting a claim)
  - The **Provider Attachment Control Number** *or* **Payer Claim Control Number** (in the Transaction Insight Portal when submitting documentation)

# The Transaction Insight Portal and the Control/PWK Number

The Control/PWK number **MUST** match the exact format that is entered in the Control Number field on the Claims Attachment tab (in AHCCCS Online) and as the Provider Attachment Control Number (in the Transaction Insight Portal).

- **AHCCCS Online Claim Submission tab** – The Control/PWK Number is the number entered in the Control Number field.
- **Transaction Insight Portal** – The Control/PWK number field is the Payer Claim Control Number or Provider Attachment Control Number.

***\*\*\*Failure to match these between the two portals, can result in documentation failing to match to the appropriate claim.***

# The Transaction Insight Portal and the Provider Identifier

The Provider Identifier is another area that must match between the *AHCCCS Online Provider Portal* (where the claim is entered) and the *Transaction Insight Portal* (where the documentation is attached).

- **AHCCCS Online Provider Portal:** the Provider Identifier is called either the Provider Commercial Number or the CMMS National Provider ID (NPI).
  - Depending on what type of provider it is, the provider may choose to enter one or the other, or they may be required to enter a particular ID in (such as the NPI).
- **Transaction Insight Portal:** the Provider Identifier is called either the Provider Secondary Identifier or Provider Primary Identifier.

***\*\*\*Failure to match these between the two portals, can result in documentation failing to match to the appropriate claim.***

AHCCCS Online Provider Portal	Transaction Insight (TI) Portal
The Control Number must match...	Payer Claim Control Number or Provider Attachment Control Number
Provider Commercial Number <i>or</i> the CMMS National Provider ID (NPI) must match....	<p>The Provider Secondary Identifier</p> <p>Note: This number <i>must</i> match what is entered in on the AHCCCS Online Provider Portal.</p> <ul style="list-style-type: none"> <li>• If the Provider Commercial Number (the AHCCCS 6 digit Provider ID) is entered in on AHCCCS Online, then this <i>must</i> be the AHCCCS 6 digit Provider ID on the TI Portal and <i>cannot</i> be the NPI, or the claim and attachment will <i>not</i> match.</li> <li>• If the CMMS National Provider ID (NPI) is entered in on AHCCCS Online, then this <i>must</i> be the NPI on the TI Portal and <i>cannot</i> be the AHCCCS 6 digit Provider ID, or the claim and attachment will <i>not</i> match.</li> </ul>

# The Control/PWK Number and Provider Identifier

The blue circled areas must match, and the red circled areas must match.

**Claim Attachments**

Report Transmission \*\*  
EL - Electronically Only

Control Number \*\*  
A1234567801032018

Provider Commercial Number: 123456

\* CMMS National Provider ID (NPI):  Find

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 1/3/2018 \*

Claim Service Period End Date

Payer Claim Control Number or  
Provider Attachment Control Number A1234567801032018 \*

Claim Category Code Select \*

Additional Information Request Code Select a value \*

Code List Qualifier Code Select a value \*

\* - Required Fields

Submit Attachment Cancel

# Tips & Tricks to Prevent Mismatches

When the unique PWK number is created, even if the PWK numbers both match (between the AHCCCS Online Provider Portal and the Transaction Insight Portal), the claim and attachment will still fail to link up if the Provider Identifiers do not match. **These must match.**

- For example: If a Clearinghouse enters in the NPI on the AHCCCS Online Provider Portal or via the 837 Transaction submission process, and the provider enters in the AHCCCS 6 digit Provider ID on the TI portal when submitting their attachments, the claim and the attachment will fail to link. **These must match.**

# Tips & Tricks to Prevent Mismatches

An area where a mismatch may occur is when a clearinghouse submits the claim, with the provider submitting the attachments. In such cases the clearinghouse will often submit using a different provider identifier than what the provider actually uses, when uploading their attachments.

- This results in claims not linking to their attachments.

In the event of a mismatch, a manual linking process may have to occur. It can take up to 4 to 6 weeks for an attachment to be manually linked to a claim, so it is very important for providers to ensure that the information matches.

# Tips & Tricks to Prevent Mismatches

Example: Non-Emergency Medical Transportation (NEMT) providers can submit using their AHCCCS 6 digit Provider ID via AHCCCS Online.

To ensure that their claim linked to their attachment, they would not only ensure that the Control Numbers (PWK Numbers) matched between AHCCCS Online and the Transaction Insight Portal, but they would also need to ensure that they input their AHCCCS 6 digit Provider ID into the Transaction Insight Portal as well, rather than their NPI.

If an NPI is entered into the Transaction Insight Portal, when the AHCCCS 6 digit Provider ID was entered into AHCCCS Online, or vice versa, the claim will not link to the attachment.



# Transaction Insight Portal Attachment Process Overview

# Transaction Insight Portal Attachment Process Overview

When uploading documentation:

1. Upload the attachment.
2. Complete the “Details” section, which includes inputting the PWK Number.
3. Save the attachment.

From this point on, if everything was done correctly, the system should automatically link the attachment to its corresponding claim.

# Transaction Insight Portal Attachment Process Overview



# Transaction Insight Portal

## Timeline for Submitting Documentation

- Once a claim has been submitted, providers have 15 days (counting the date of submission) to upload their attachments using the Transaction Insight Portal.
- If the documentation is not submitted within this time frame, the claim may deny due to lack of documentation.

# AHCCCS Online Provider Portal

## Claim Submission and Linking the Claim to the Attachment

# How to Access the AHCCCS Online Provider Portal

There are two ways to access the AHCCCS Online Provider Portal:

1. Main AHCCCS website [www.azahcccs.gov](http://www.azahcccs.gov)



2. URL <https://azweb.statemedicaid.us>

- If a provider does not have an online account, you can register by clicking on the above link. Under the heading “New Account” click on **Register for an AHCCCS Online Account** and follow the instructions to submit a request.

# Main Page

**Step 1:** Sign In. The user **must** have a valid Username and Password.

**Step 2:** On the Main Page, select **Claim Submission**

Main | FAQ | Terms Of Use | LogOut |

## Main Page

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲  
**AHCCCS Online is an AHCCCS website designed for registered providers.  
It offers the convenience and efficiency of several online services.**

### AIMH SERVICES PROGRAM

Pending SPA approval by CMS, AHCCCS proposes to offer services that support an American Indian Medical Home Program, including Primary Care Case Management (PCCM), diabetes education, care coordination, and promoting participation in the state Health Information Exchange, to AHCCCS AI/AN members who are enrolled in AIHP. AIMH PCCMs will be charged with addressing health disparities between American Indians and other populations in Arizona, specifically by enhancing case management and care coordination. AHCCCS registered IHS/638 facilities who meet AIMH registration criteria will be eligible for prospective per member per month payments based on the services and activities they are providing to empaneled members. For further details on the program, please click on [AIMH Home](#).

### CLAIM STATUS

Claim Status allows providers to check the status of **Fee-For-Service** claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan must be contacted for claim inquiries.  
For a listing of the Health Plan contact information, please click on [Health Plan Listing](#).

### CLAIM SUBMISSION

Claim Submission allows providers to submit Professional, Dental and Institutional claims to AHCCCS for nightly processing. Claims submitted prior to 4:00 PM each business day are processed that night. Claims submitted after 4:00 PM Friday will be processed the following Monday. The status of the claims can be viewed online by searching for the claim by submission date. Average processing time may take 24-72 hours, depending on the number of claims processed and the time of the submission.

**Menu**

- AIMH Services Program
- Claim Status
- Claims Submission**
- Fee-For-Service
- Member Verification
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program
- Members Supplemental Data

**Support and Manuals**

- AHCCCS Online User Manuals

# Completing the Claim Submission Process

Fill out your claim submission as you normally would.

- For information on how to use the AHCCCS Online Provider Portal to submit claims online, refer to our training web page at:
  - [https://www.azahcccs.gov/Resources/Training/DFSM\\_Training.html](https://www.azahcccs.gov/Resources/Training/DFSM_Training.html)
- Complete the Provider Tabs (Billing, Rendering and Referring) as applicable.
- Complete the Patient/Subscriber Tab



# Completing the Claim Submission Process

Next, complete the fields on the Attachment Tab.



# What is the Claims Attachment Tab?

The Claims Attachment tab is used to notify the claims processing system that you are submitting an Electronic Attachment with the claim.

- **Timeline for Submitting Documentation:**
  - Once a claim has been submitted, it will remain open (see exception on next slide) for 15 days (counting the date of submission). This will allow the provider time to upload attachments (any additional documentation) to the claim via the Transaction Insight Portal(TI).
- **The Control Number (PWK number)**
  - A unique number that you will create for each claim/document that you submit. It allows the system to link the attachment to the correct claim.

# Claims Attachments Tab

There are 3 fields that must be completed on the Claim Attachments Tab.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
<b>Claim Attachments</b>							
<b>Report Type **</b>		<b>Report Transmission **</b>		<b>Control Number **</b>			
1	B4 - Referral Form	EL - Electronically Only		A1234567812182019			
2	<b>In the Report Type field click the drop down arrow and select (B4 – Referral Form).</b>	<b>In the Report Transmission field, click the drop down arrow and select (EL – Electronically Only)</b>		<b>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).</b>			
3							
4							
5							
6							
7							
8							
9							
10							

# Creating the Control Number (PWK Number)

As discussed, the Control Number (also called the PWK Number) is a unique number that providers create for each claim. It allows a provider to attach and link documentation to a specific claim.

The most commonly used format is the AHCCCS member ID number and the date of service (A1234567809012020).

i.e. A fictional AHCCCS member has an ID of **A123456780**

The fictional date of service was **September 1<sup>st</sup>, 2020**

The PWK Number created from this could be **A12345678009012020**

# Creating the Control Number (PWK Number)

The Control/PWK Number is used when submitting an electronic claim and its attachment at the same time.

- (1) The document(s) attached via the Transaction Insight Portal and (2) the claim submitted via the AHCCCS Online Provider Portal **will link automatically.**
  - This occurs when the system reads the Control/PWK Numbers and finds **exact matches** between the claim and documentation.
  - When this occurs, the system will ***automatically link*** the document to the claim.
  - The PWK number must begin with a Capital “A”

# Creating the Control Number (PWK Number)

If an electronic claim is received with a Control/PWK number, the AHCCCS processing system will “Hold” the claim for up to 15 days to allow time for the submitter to upload the attachments using the Transaction Insight Portal.

- If, after 15 days the attachment has not been uploaded, the attachment linking process will fail and the claim will deny.

**Important Note:** All claims submitted to AHCCCS are extensively edited by the AHCCCS claims processing system. If errors are identified during the edit process, this may cause the claim to automatically Deny.

# Finalize the Claim Submission

- Complete the Claims Information Tab
- Complete the Service Lines Tab



- Finalize the Claim Submission.
- Now you are ready to proceed to the Transaction Insight Portal to attach the necessary documents to the claim submission.

# Important to Note

## EXCEPTION:

All claims are edited for consistency. However, there are some errors 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 denial has been resolved by the submitter.

It is important for all providers to resolve any and all errors in their claim submission process, to ensure timely processing.



# Transaction Insight Portal

# Transaction Insight Portal (TI)

To use the Transaction Insight Portal providers *must* have an active account.

To set up a new account contact EDI Customer Support:

- [EDICustomerSupport@azahcccs.gov](mailto:EDICustomerSupport@azahcccs.gov)

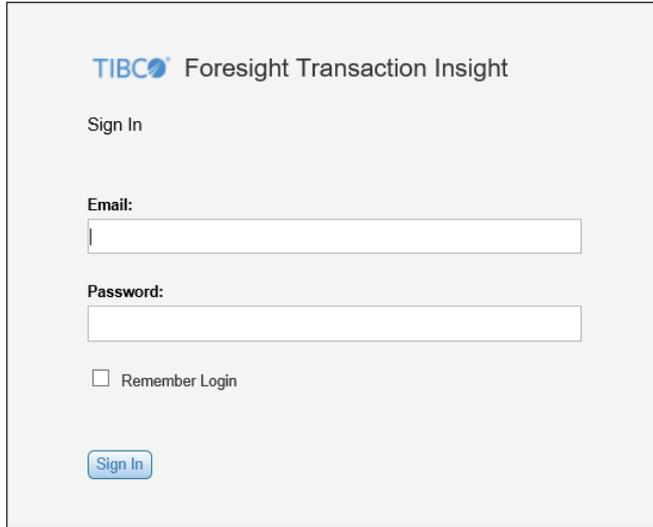
Providers can access the Transaction Insight Portal (the “live” Production environment) at:

- <https://tiwebprd.statemedicaid.us>

# Transaction Insight Portal - Production Environment

**\*\*\* NOTICE \*\*\***

**Due to scheduled nightly maintenance, files processed after 5:00 p.m. will not be available for viewing in Transaction Insight until the next business day.**



The screenshot shows the login interface for the TIBC Foresight Transaction Insight portal. At the top left is the TIBC logo followed by the text "Foresight Transaction Insight". Below this is a "Sign In" link. The form includes an "Email:" label with a text input field, a "Password:" label with a text input field, and a "Remember Login" checkbox. At the bottom left of the form is a blue "Sign In" button.

Using the Transaction Insight Portal is the fastest way to link attachments with its corresponding claim.

It does this by using a Control/PWK number.

Providers have 15 days to upload attachments to the Transaction Insight Portal.

- If they are not uploaded within the designated time frame, they will not link to the corresponding claim.

# Transaction Insight Portal - Production Environment

## TI PORTAL SIGN IN

The screenshot shows a web browser window with the address bar displaying `https://tiwebprd.statemedicaid.us`. The page content includes:

- A black-bordered box with the text: **Enter your TI Portal Username Email and Password. Click on Sign In**
- Red text: **\*\*\* NOTICE \*\*\***
- Red text: **Due to scheduled nightly maintenance, files processed after 5:00 p.m. will not be available for viewing in Transaction Insight until the next business day.**
- A sign-in form with the following elements:
  - TIBCO Foresight Transaction Insight logo
  - Sign In** button (grey)
  - Email:** text label above a white input field
  - Password:** text label above a white input field
  - Remember Login
  - Sign In** button (blue)
- A blue-bordered box on the right with the text: **This NOTICE does not apply to 275 Claim Attachments User.**

# Transaction Insight Portal

Place your mouse on the “Files” tab, the “275 Attachments” box will appear,  
Click on the 275 Attachments box.

The screenshot shows a web browser window with the URL <https://tiwebprd.statemedicaid.us/AHCCCS>. The browser tabs include "AHCCCS Fee-For-Service Provi...", "TIBCO Foresight™ Transacti...", and "azahcccs.gov". The page header features the "TIBCO Foresight™" logo and "Help" and "About" links. A navigation bar contains tabs for "Statistics", "Tasks", "Search", "Files", and "User". The "Files" tab is active, and a dropdown menu is open, displaying "275 Attachments". Below the navigation bar, the text "Welcome to Transaction Insight®" is visible.

# Transaction Insight Portal - Attachment Process

The Transaction Insight form is a single page document. There are three parts or Sections that must be completed to successfully upload the document.



## 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 6MB):

Browse...

Upload Attachment

**Part 1**

**Part 2**

Transaction Set Purpose Code	Select a value	⌵
Submitter Last or Organization Name	<input type="text"/>	
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"/>	
Provider First Name	<input type="text"/>	
Provider Primary Identifier Qualifier	Select a value	⌵
Provider Primary Identifier	<input type="text"/>	
Provider Secondary Identifier	<input type="text"/>	
Provider Address	<input type="text"/>	
Provider City	<input type="text"/>	
Provider State	Select a value	⌵
Provider Zip Code	<input type="text"/>	
Patent Last Name	<input type="text"/>	
Patent First Name	<input type="text"/>	
Patent Primary Identifier	<input type="text"/>	
Patient Control Number	<input type="text"/>	
Medical Record Identification Number	<input type="text"/>	
Claim Service Period Start Date	<input type="text"/>	📅
Claim Service Period End Date	<input type="text"/>	📅
Payer Claim Control Number or Provider Attachment Control Number	<input type="text"/>	
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

The 275 Claim Attachments Page has three parts:

**Part 1: Upload Attachment**

**Part 2: Details**

**Part 3: Save Attachment**

**\*Required Fields Note:**

Provider Primary or Secondary Identifier/Qualifier are also required fields



# Transaction Insight Portal

## Part 1 – Upload Attachment

# Part 1 - Upload Attachment

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

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	▼	*	

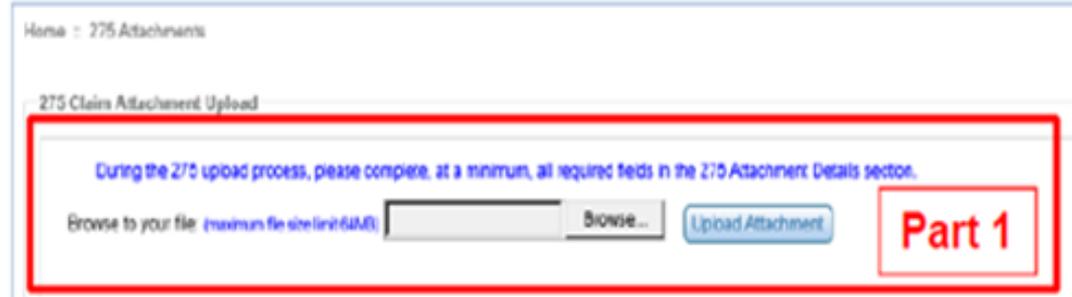
\* - Required Fields

Submit Attachment

Cancel

# Part 1 Upload Attachment

## 275 ATTACHMENTS PAGE



Home : 275 Attachments

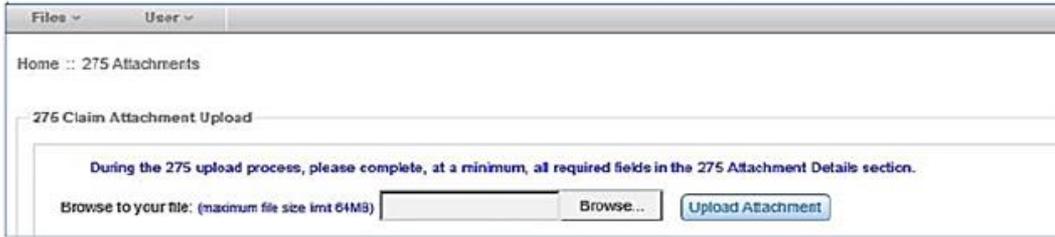
275 Claims Attachment Upload

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 6MB)    **Part 1**

Click the Browse button, select the document to upload from your computer files or desktop, next Click **UPLOAD ATTACHMENT** button. **Part 1 is Completed!**

## PART 1: 275 CLAIM ATTACHMENT UPLOAD



Click **Browse** to find the File to be uploaded.

Once you have found the file, **select the file** and click **Open**. The file will then be shown in the browse file box.

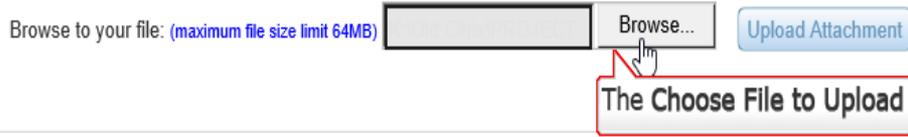
Click **Upload Attachment**

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

**Successfully uploaded file: Filename.pdf**

If you have uploaded the incorrect file, click **Remove This File**, and then browse/update the correct file.

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



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

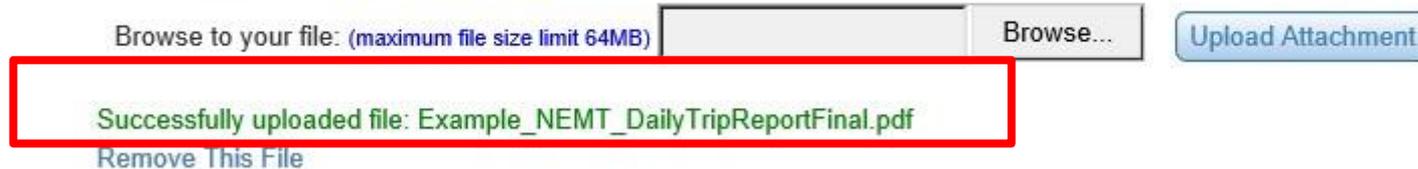


## RECAP

1. First click on **Browse**
2. Choose the correct file within your computer's files and select it. This is the file you that you will be submitting
3. Click on upload attachment

If you have successfully uploaded the file, you should see a message in green that states: **Successfully uploaded file: filename**

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





# Transaction Insight Portal

## Part 2 – Complete Details

# Part 2 –Complete Details

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

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

Submit Attachment

Cancel

# Part 2 - Complete Details Transaction Set Purpose Codes

## TRANSACTION SET PURPOSE CODE, SELECT 02 - Add OR 11 - Response

Transaction Set Purpose Code	<input type="text" value="Select a value"/> 02 - Add 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 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.

**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 **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 have to make sure that the following codes are selected from the drop down list, as shown below:

Claim Status Category Code	R4 - Documentation Request	▼
Additional Information Request Code	11503-0	▼
Code List Qualifier Code	LOI - LOINC Codes	▼

**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 attachment to the claim.

## Part 2 – Complete Details Transaction Set Purpose Codes

In the **Transaction Set Purpose Code** drop down box there are the following options:

- 02- Add (Unsolicited) – PWK number 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.
- 11 – Response - Must use the AHCCCS 12 digit Claim Reference Number, and this process will default to a manual linking of the attachment.

# Part 2 - Complete the Details Transaction Set Purpose Code

## 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:

Transaction Set Purpose Code	02 - Add	▼ *
Claim Status Category Code	Select a value	▼
Additional Information Request Code	Select a value	▼
Code List Qualifier Code	Select a value	▼

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:

Transaction Set Purpose Code	11 - Response	▼ *
Claim Status Category Code	R4 - Documentation Request	▼
Additional Information Request Code	11503-0	▼
Code List Qualifier Code	LOI - LOINC Codes	▼

## Part 2 - Complete the Details

### Transaction Set Purpose Code - Response Type 11

If you receive a Response Type – 11 Response, this means that the adjudication staff will deny the claim with a denial reason reading as “specify what documentation is required”

- 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 CRN is a manual process, and can take up to 2 to 4 weeks to process.

Transaction Set Purpose Code	11 - Response	▼
Submitter Last or Organization Name	NEMT Test	
Provider Entity Type Qualifier	<input type="radio"/> Person (1) <input checked="" type="radio"/> Non-Person Entity (2)	
Provider Last or Organization Name	NEMT Test	
Provider First Name		
Provider Primary Identifier Qualifier	XX - NPI	▼
Provider Primary Identifier		
Provider Secondary Identifier	007835	
Provider Address	123 Main St	
Provider City	USA	
Provider State	AZ - Arizona	▼
Provider Zip Code	85333	
Patient Last Name	SUGAR	
Patient First Name	COOKIE	
Patient Primary Identifier	A09340007	
Patient Control Number	A09340007	
Medical Record Identification Number		
Claim Service Period Start Date	10/1/2019	📅 *
Claim Service Period End Date		📅 *
Payer Claim Control Number or Provider Attachment Control Number	A0934000709232019	
Claim Status Category Code	R4 - Documentation Request	▼
Additional Information Request Code	11503-0	▼
Code List Qualifier Code	LOI - LOINC Codes	▼

## Part 2 – Complete the Details Response Type 11

When using the **11-Response** make sure to select **R4 Documentation Request**, the Request code **11503-0**, and the **Code List Qualifier Code** fields as shown in the image to the left.

## Part 2 - Complete the Details Provider Identifier

Provider Primary Identifier Qualifier	XX - NPI	select XX-NPI
Provider Primary Identifier		
Provider Secondary Identifier		

If the claim was submitted with a valid NPI, from the drop down menu the ***Provider Primary Identifier*** selection will be “XX- NPI”.

You must enter the [Rendering Provider's](#) NPI number in this field.

## Part 2 - Complete the Details Provider Identifier

Provider Primary Identifier Qualifier

Provider Primary Identifier

Provider Secondary Identifier

**Provider AHCCCS ID - 6 digits**

Provider's that submitted their claims using an AHCCCS Provider ID will NOT make a selection from the drop down. They will leave the ***Provider Primary Identifier*** field blank.

Instead, enter the Provider's AHCCCS ID # into the ***Provider Secondary Identifier*** field.

# Part 2 - Complete the Details Provider Information

Transaction Set Purpose Code	02 - Add	▼
Submitter Last or Organization Name	NEMT Test	×
Provider Entity Type Qualifier	<input type="radio"/> Person (1) <input checked="" type="radio"/> Non-Person Entity (2) <b>Example Only</b>	
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		

- \* 1. Enter the Submitter's Last Name or the Organization Name.
- \* 2. **Provider Entity Type** will vary depending on your provider type.
3. Enter the Provider's Address, City, State and Zip code.
  - \* • **Non-Person Entity (2)**, only enter the Organization Name
  - \* • **Person (1)**, Enter the Provider's Last Name

# Part 2 - Complete the Details

## Patient Information

Patient Last Name	<input type="text" value="SUGAR"/>	*
Patient First Name	<input type="text" value="COOKIE"/>	
Patient Primary Identifier	<input type="text" value="A09340007"/>	*
Patient Control Number	<input type="text" value="A09340007"/>	*

Enter your office account number for the patient.  
For this training the AHCCCS ID will be used.

1. Patient Last Name: Last Name
2. Patient First Name: First Name
3. Patient Primary Identifier: Members AHCCCS ID

The Patient Control Number is **NOT** the same thing as the Control/PWK number.

- The Patient Control Number is a number that the provider uses internally. For example, it could be a patient account number.

For purposes of this training, we will use the member's AHCCCS ID as their internal patient account number.

# Part 2 – Complete the Details

## Control/PWK Number Reminders

**REMINDER:** A Control/PWK number is a unique number that you will create for each claim/document that you submit. It allows the system to link the attachment to the correct claim.

1. The Control/PWK number must begin with an **upper case “A”**.
2. Make sure the Control/PWK number that is entered on the ***Claim Attachment tab*** (in the AHCCCS Online Provider Portal) is entered in the same format in the ***Transaction Insight Portal***.

**\*\*Spacing MATTERS. A single space before or after the PWK number can result in a mismatch.**

Incorrect Format	Correct Format
<b>a0934000710012019</b>	<b>A0934000710012019</b>

Please note that this PWK number should have already been entered into the AHCCCS Online Provider Portal when the provider first submitted the corresponding claim.

# Part 2 – Complete the Details Control/PWK Number Reminders

## Example of a PWK number using a member's AHCCCS ID and the Date of Service

AHCCCS ID (9-character AHCCCS ID) **A12345678**  
The A in AHCCCSID must be in uppercase

Date of Service 01/03/18

PWK for Claim 1, Document 1 **A1234567801032018**

## Different AHCCCS ID member with the Same Date of Services

AHCCCS ID (9-character AHCCCS ID) **A87654321**  
The A in AHCCCSID must be in uppercase

Date of Service 01/03/18

PWK for Claim 2, Document 2 **A8765432101032018**

The combination of the member's AHCCCS ID and the Date of Service is what makes the PWK number unique to each claim.

# Payer Claim Control Number or Provider Attachment Control Number (AKA PWK Number)

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

Enter the PWK number it must match what your entered in your claim submission.

it is recommend to use.  
Members AHCCCS ID followed by the date of service.  
AXXXXXXXXXMMDDYYYY

The *exact same* PWK number will be entered into the Payer Claim Control Number “backslash” Provider Attachment Control Number field. If there is even a space of difference the two PWK numbers will not match up. They must match in order for the documentation on the Transaction Insight Portal to “match” to the correct claim in the AHCCCS Online Provider Portal.

**Remember:** This same PWK number should have already been entered under the ***Claims Attachment Tab*** in the ***AHCCCS Online Provider Portal***, if the AHCCCS Online Provider Portal had been used to submit the claim.

- AHCCCS recommends the **PWK number** to be the members AHCCCS ID number beginning with an upper case “A” followed by the two digit month, two digit day, and four digit year for the date of service. This ensures a unique PWK for each claim submitted.

# Part 2 – Complete the Details Control/PWK Number Reminders

CLAIM SUBMISSION ATTACHMENT PAGE

CLAIM ATTACHMENTS

Report Type	Report Transmission	Control Number
B4- Referral Form	EL - Electronically Only	A1234567809012019

What you see in the  
AHCCCS Online Provider  
Portal

TRANSACTION INSIGHT PORTAL PAGE

Payer Claim Control Number or  
Provider Attachment Control Number **A1234567809012019**

Claim Status Category Code

Additional Information Request Code

Code List Qualifier Code

Required Fields

What you see in the  
Transaction Insight Portal

**REMINDER:** The Control/PWK Number is also called the Payer Claim Control Number or Provider Attachment Control Number!

## Part 2 - Complete the Details Additional Information

Claim Service Period Start Date 09/23/2019  \*

Claim Service Period End Date  

Payer Claim Control Number or  
Provider Attachment Control Number A0934000709232019  x \*

Claim Status Category Code

Additional Information Request Code

Code List Qualifier Code

**Leave as Select a value**

fields

Manually enter the service start date using a two digit month, two digit day, and four digit year.

You may also click on the Date icon and then select the date from the calendar.

The end date service can be left blank as it is optional.

The last three fields will be left at “select a value”.



# Transaction Insight Portal

## Part 3 –Submit Attachment

# Part 3 – Submit Attachment

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

Transaction Set Purpose Code	Select a value	▼	*	
Submitter Last or Organization Name	<input type="text"/>			*
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"/>			*
Provider First Name	<input type="text"/>			*
Provider Primary Identifier Qualifier	Select a value	▼	*	
Provider Primary Identifier	<input type="text"/>			*
Provider Secondary Identifier	<input type="text"/>			*
Provider Address	<input type="text"/>			*
Provider City	<input type="text"/>			*
Provider State	Select a value	▼	*	
Provider Zip Code	<input type="text"/>			*
Patient Last Name	<input type="text"/>			*
Patient First Name	<input type="text"/>			*
Patient Primary Identifier	<input type="text"/>			*
Patient Control Number	<input type="text"/>			*
Medical Record Identification Number	<input type="text"/>			*
Claim Service Period Start Date	<input type="text"/>		*	
Claim Service Period End Date	<input type="text"/>		*	
Payer Claim Control Number or Provider Attachment Control Number	<input type="text"/>			*
Claim Status Category Code	Select a value	▼	*	
Additional Information Request Code	Select a value	▼	*	
Code List Qualifier Code	Select a value	▼	*	

\* - Required Fields

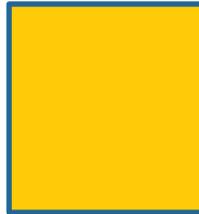
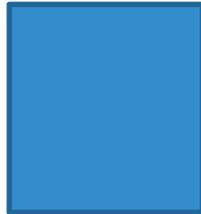
Submit Attachment

Cancel

## Part 3 - Submit Attachment

The last step in this process is to select the “Submit Attachment” button that is located at the bottom of the page.

- Verify that all information is correct (double check the Control/PWK Number)
- Click “Submit Attachment”



## Part 3 – Submit Attachment - Uploaded Successful!

Scroll back up to the top of the screen. If the attachment uploaded successfully, then a message in orange letters will display there reading as “275 Attachment file and details uploaded successfully”.

275 Attachment file and details uploaded successfully.

275 Stim 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



# DFSM Provider Education and Training Unit

# DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

# Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov)
- Coding - Questions on AHCCCS Coding should be directed to the coding team at [CodingPolicyQuestions@azahcccs.gov](mailto:CodingPolicyQuestions@azahcccs.gov)
  - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)



# End of Presentation

## Questions?

Thank You.