TIBCO Foresight 275 Transaction Insight Portal

Transaction Set Purpose Code 11 Response (Solicited)

DFSM Provider Training Team
October 2022

What is the TIBCO Transaction Insight Portal

The Transaction Insight Portal allows providers to attach required documentation to an existing FFS claim.

The Transaction Insight Portal may be referred to:

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

TIBCO Transaction Insight Portal

Any provider that is submitting a claim to Fee-for-Service (FFS) may use the Transaction Insight Portal (TIBCO) to attach required documentation to the claim submission. Using TIBCO is the ***fastest and most efficient*** way to attach documents to a (FFS) claim.

Who can use TIBCO? Any provider that is submitting a claim to FFS may use TIBCO.

- FFS providers that use the AHCCCS Online Provider Portal for direct claim submissions, (*please refer to our separate training on how to submit claims)*.

- Clearinghouse and medical billing organizations,

- Providers that use their own software applications for direct claim submission, and, or

- Providers that submit the standard paper versions of the CMS 1500, UB-04 (Institutional) or Dental (ADA) claim forms.

Transaction Insight Portal (TIBCO)

To use the TIBCO Foresight 275 Transaction Insight Portal providers *must* have an active account. Providers must select the "live" production environment (PRD) when using the TIBCO portal https://tiwebprd.statemedicaid.us

- Passwords expire periodically and if your password expires, a prompt appears for the old password, create a new password, and confirmation.

- To set up a new account or request a password reset providers can email a request to servicedesk@azahcccs.gov

- Sharing account login credentials is prohibited and violates the AHCCCS User Acceptance Agreement.

Documentation Requests

- AHCCCS may request that the provider submit additional documentation for review. This information may be required to substantiate the 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 services provided.

- If documentation is requested and not received, the claim may deny for the required information. The denial reason code or edit code will specify what information and or documentation is required for successful review and adjudication of the claim.

Documentation Submission

- Any type of documentation to include medical records, explanation of benefits, recoupment requests or claim reconsideration requests, etc., that are submitted to AHCCCS FFS either by mail or fax that does not include a corresponding claim reference number, no action can be taken which means the documents cannot be linked due to the claim cannot be identified in the system.

- It is the responsibility of the submitter to identify the claim reference number as this is the only identifier assigned to each individual claim submission.

TIBCO Foresight 275 Transaction Insight Portal Set Purpose Code 11 Response (Solicited)

Part 2 Transaction Set Purpose Code 11 Response

Set Purpose Code Response Type 11 (Solicited) is used when:

- o AHCCCS sends a request to the provider for documentation, or
- o The provider identifies that a service or procedure may require medical records to determine medical necessity .

The AHCCCS processing system, adjudication team and or medical review may deny the claim for additional documentation for example the service provided, billing/coding etc.

The adjustment and or denial reason code(s) indicate the reason and also indicates what documentation is required for review of the claim.

Using The AHCCCS Claim Reference Number As The Attachment Number In TIBCO

- Any FFS provider that has submitted claims for an FFS member can attach required document(s) to a claim by using the Transaction Insight Portal, even if the claim was not submitted via the AHCCCS Online Provider Portal.

- Documents can be linked to an existing claim reference number by completing the TIBCO 275 Transaction Insight Portal attachment form.

- If you are using set purpose code 11 Response (Solicited), providers can only use the AHCCCS 12-digit claim reference number (CRN) to attach the documentation to the claim submission.

- The CRN is entered in the *Payer Claim Control Number / Provider Attachment Control Number Field* in the 275 Transaction Insight Portal.

275 Transaction Insight
Set Purpose Code 11 Response Solicited

Providers may review their paper remittance (RA), EDI/835 (electronic) or use the AHCCCS Online Portal to verify the status of the claim including any denial reason code(s) and obtain the AHCCCS 12-digit Claim Reference Number.

If additional documentation is required, What is the next step?

Providers can use the 275 Transaction Insight Portal to Upload the documentation to the claim by using the claim reference number.

275 Transaction Insight
Set Purpose Code 11 Response Solicited

- Providers may review their paper remittance (RA), EDI/835 (electronic) or use the AHCCCS Online Portal to verify the status of the claim including any denial reason code(s) and obtain the AHCCCS 12-digit Claim Reference Number.

- If additional documentation is required, What is the next step?

  o Providers can use the 275 Transaction Insight Portal to Upload the documentation to the claim by using the claim reference number.

TIBCO Transaction Insight Portal
Attachment / Upload Process

The upload attachment process has three steps. If all required fields are completed correctly, the system will automatically link the attachment to the claim reference number identified by the submitter.

Upload	Upload Attachments using the Browser.
Complete	Complete *Details (enter the AHCCCS 12-digit claim reference number.*
Save	Save the Attachment.
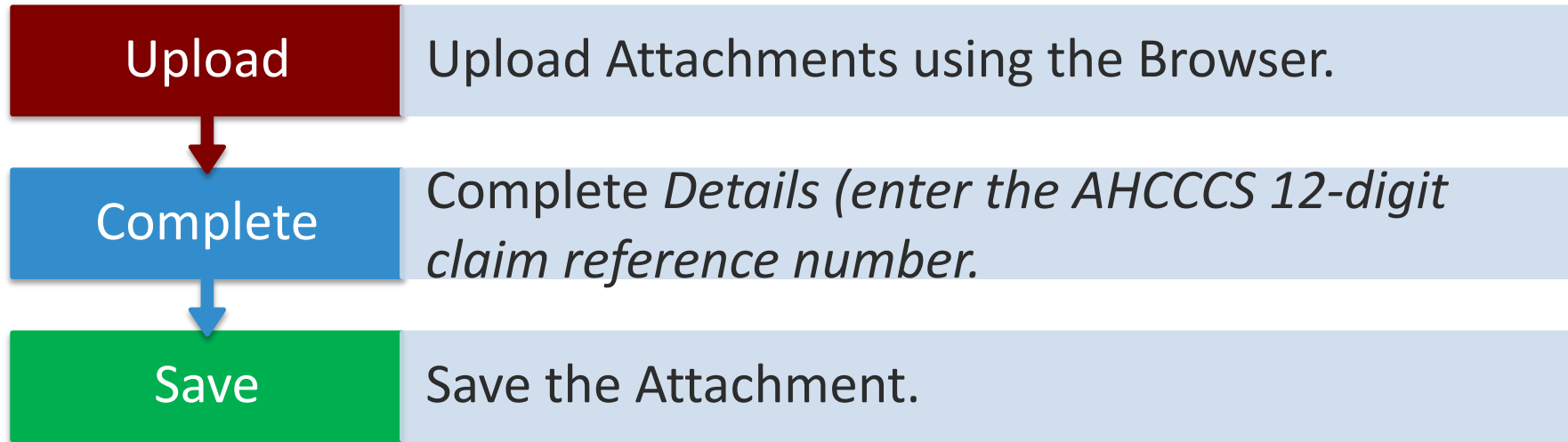
The Claim Audit Process

- 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 Transaction Insight attachment process will still occur, which means the documents will be attached to the claim, however, the claim will remain in a denied status until the denial reason(s) identified have been resolved by the submitter.

- It is important for all providers to review and resolve any errors in their claim submission process, to ensure timely processing.
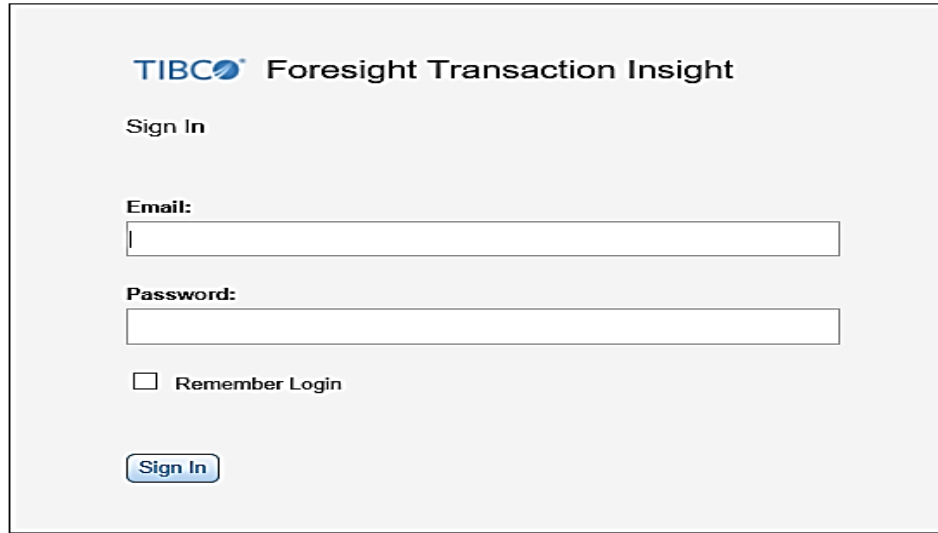
TIBCO 275 Transaction Insight Portal Sign In Process

Log In 275 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.

TIBCO Foresight Transaction Insight

Sign In

Email:

Password:

☐ Remember Login

[Sign In]

1. Log on to the Transaction Insight Portal.
https://tiwebprd.statemedicaid.us/AHCCCS/default.aspx?ReturnUrl=%2fAHCCCS%2f

2. Enter the Email address and your Password.

3. Click Sign In.

Selecting the Transaction Set Purpose Code 11 Response (Solicited)

Set Purpose Code 11 Response (Solicited) is the only option that can be used by the submitter/provider when you are attaching or uploading documents using the AHCCCS 12-digit claim reference number as the *payer claim control number or provider attachment control number.*

| Claim Submission Paper/ EDI/ Web | Set Purpose Code 11 Response Solicited Upload | Link Successful |

275 Transaction Insight Portal - Attachment Process

The 275 Transaction Insight Portal attachment form is a single page document that has three sections. Each section must be completed to upload the attachment(s) and successfully link the documents from the Transaction Insight Portal to the claim submission in the AHCCCS processing system.

Upload Attachment.

Complete the details section, Provider name, Member information Provider ID number, Date of service, City, State, Zip code, etc.

Save and Submit the Attachment.

TIBCO 275 Transaction Insight Portal

Reminder: Select the TIBCO production (PRD) environment.

Select:
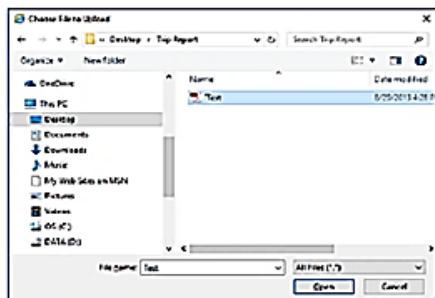Files > Click on the 275 Attachments tab >275 Attachment Upload Page will open.

The 275 Claims Attachment Upload Page.

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**

Field	Value
Transaction Set Purpose Code	Select a value ▼ ·
Submitter Last or Organization Name	·
Provider Entity Type Qualifier	○ Person (1) ⦿ 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 ▼

Part 2

* - Required Fields

Part 3   [Submit Attachment] [Cancel]

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Selecting The File To Upload

PART 1: 275 CLAIM ATTACHMENT UPLOAD

Part 2 Details Section
Selecting Transaction Set Purpose Code 11 Response (Solicited)

Part 2 Selecting Transaction Set Purpose Code 11 Response (Solicited)

- The TI portal will match attachments to the claims automatically when the information submitted is an exact match to the claim details, i.e.,
  - o claim reference number,
  - o date of service,
  - o member ID,
  - o provider NPI number, etc.,
- The attachment process is typically completed within 48 hours of submission.
- Important Note: The provider ID number used for the claim submission must be the same ID number used for the upload process.

Selecting Transaction Set Purpose Code 11 Response (Solicited)

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]

Field	Value
Transaction Set Purpose Code	Select a value ▾
Submitter Last or Organization Name	
Provider Entity Type Qualifier	○ Person (1) ◉ 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 ▾

Part 2

* - Required Fields

Part 3 [Submit Attachment] [Cancel]

Part 2 Selecting Set Purpose Code 11 – (Solicited).

On the Transaction Set Purpose Code field, click the drop down and select Set Purpose Response Code 11 (Solicited).

Set purpose code 11 is the only option to use when the submitter is using the AHCCCS claim number as the attachment number.

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Part 2- Completing Transaction Set Purpose Code 11 Response Field (Solicited)

TRANSACTION INSIGHT SET PURPOSE CODE 11 - RESPONSE

Transaction Set Purpose Code | Select a value
11-Response

This tutorial will provide instruction on how to complete the 275 Transaction Insight Portal form when the submitter is using Set Purpose Code 11 - Response (Solicited) and the AHCCCS claim reference number only.

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

Completing the Provider Identification Number Fields

Providers That Submit Claims Using Their National Provider Identification Number (NPI)

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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

Field	
Transaction Set Purpose Code	Select a value
Submitter Last or Organization Name	
Provider Entity Type Qualifier	○ Person (1) ⦿ 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 2 Completing the provider detail fields.

- **Submitter Last or Organization Name** – leave this field blank if you are selecting Non-Person Entity.
- **Provider Entity Type Qualifier** – select Person or Non-Person Entity
- **Provider Last or Organization Name** –
- **Provider First Name**

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

Field	Value
Transaction Set Purpose Code	Select a value ▼	-
Submitter Last or Organization Name	[_____]	-
Provider Entity Type Qualifier	○ Person (1) ⦿ 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 2 – Completing the detail fields

- **Provider Primary Identifier Qualifier** – If the claim was submitted with a NPI number, click the drop-down and select XX-NPI.
- **Provider Primary Identifier-** enter the same NPI number that was used on the claim submission.
- **Skip the Provider Secondary Qualifier field if the claim was submitted with a NPI number.**
- Complete the Provider Address, City, State and Zip Code fields.

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Part 2 - Completing the Details Section
Provider Primary Identifier XX-NPI

Provider Primary Identifier Qualifier	XX - NPI ⌄	**Select XX-NPI**
Provider Primary Identifier	
Provider Secondary Identifier	**Leave blank**

If the claim was submitted with a valid NPI, from the drop-down menu the ***Provider Primary Identifier Qualifier*** select "XX- NPI".
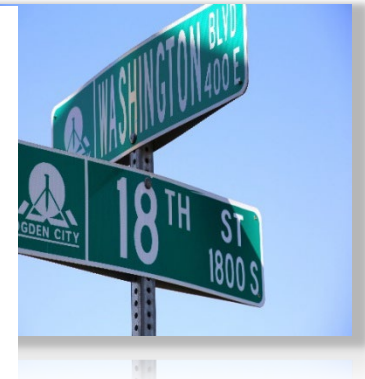
You must enter the Rendering Provider's NPI number in the ***Provider Primary Identifier*** field.

Leave the ***Provider Secondary Identifier*** field blank.

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Part 2-Completing the Details Section Provider Address Information

Enter the provider's or company's complete address.

Completing the Provider Identification Number Fields

Providers That Submit Claims Using Their 6 Digit AHCCCS Provider ID Number

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	○ Person (1) ◉ 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 2- Providers that submit the claims with the AHCCCS 6-digit provider ID number only, must use the same ID number in TIBCO.

The Provider Primary Identifier Qualifier and Provider Primary Identifier fields are only used if the claim was submitted with a NPI number. Leave this field blank if you are not using an NPI.

Complete the Secondary Identifier Qualifier field, enter the same AHCCCS 6-digit provider number that was used to submit the claim.

- Complete the Provider Address, City, State and Zip Code fields.

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33

Part 2 – Completing the Details Section
Provider Secondary Identifier 6-digit Provider Number

Provider Primary Identifier Qualifier	Select a value ▼
Provider Primary Identifier	**Leave blank**
Provider Secondary Identifier	

Leave as *Select a value*

If the claim was submitted with the 6-digit AHCCCS ID, leave the ***Provider Primary Identifier Qualifier*** at "Select a Value"

Leave the ***Provider Primary Identifier*** field blank.

Enter the Rendering Provider's 6-digit AHCCCS ID in the ***Provider Secondary Identifier*** field.

Completing
The Patient Information Fields

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

Transaction Set Purpose Code	Select a value ▼
Submitter Last or Organization Name	
Provider Entity Type Qualifier	○ Person (1) ⦿ 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 ▼

Part 2

* - Required Fields

Part 3   Submit Attachment   Cancel

Part 2 Completing the patient information fields.

- Patient Last Name
- Patient First Name
- Patient Primary Identifier (AHCCCS ID)
- Patient Control Number i
- Medical Record Identification Number - leave this field blank
- Claim Service Period Start Date enter the first date of service only in this format MM/DD/YYYY.
- The end date is not required.

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Part 2 - Completing the Details Section
Patient Primary Identifier Fields

Patient Last Name	SUGAR
Patient First Name	COOKIE
Patient Primary Identifier	A09340007
Patient Control Number	A09340007

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

Patient Last Name: enter the last name.

Patient First Name: enter the first name.

- Patient Primary Identifier: enter the member AHCCCS ID

- The Patient Control Number field is a number that the provider uses internally to identify the patient's account. This number is not the same number as the Control/PWK number.

Part 2 – Responding to a Request for Documentation Set Purpose Code 11

- When a provider is responding to a request for documentation, providers should only upload the requested documentation.

- Providers do not need to resubmit the claim to attach documentation to an existing claim number, unless there is a change in coding or billed charges. If there is a change, the submitter must attach all relevant documentation to the new claim reference number.

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) [Choose File] No file chosen [Upload Attachment]

Field	Value
Transaction Set Purpose Code	11 – Response *
Submitter Last or Organization Name	NEMT Test *
Provider Entity Type Qualifier	○ Person (1) ● Non-Person Entity (2) *
Provider Last or Organization Name	NEMT Test *
Provider First Name	
Provider Primary Identifier Qualifier	Select a value
Provider Primary Identifier	
Provider Secondary Identifier	007835
Provider Address	801 E. Jefferson *
Provider City	Phoenix *
Provider State	AZ – Arizona *
Provider Zip Code	85034 *
Patient Last Name	Cookie *
Patient First Name	Sugar
Patient Primary Identifier	A09340007 *
Patient Control Number	A09340007 *
Medical Record Identification Number	
Claim Service Period Start Date	09/01/2022 *
Claim Service Period End Date	
Payer Claim Control Number or Provider Attachment Control Number	Enter the 12-digit AHCCCS Claim Reference Number (CRN) *
Claim Status Category Code	R4 - Documentation Request
Additional Information Request Code	11503-0
Code List Qualifier Code	LOI – LOINC Codes

*- Required Fields

[Submit Attachment] [Cancel]

Claim Service Period Start Date field, enter the first date of service.

Payer Claim Control Number or Provider Attachment Control Number field, enter the 12-digit claim reference number.

Claim Status Category Code select R4-Documentation Request.

*Additional Information Request Code - select*11503-0.

Code List Qualifier Code select LOI-LOINC Codes.

Part 3
Finalizing The Upload Attachment Process

Part 3 – Submit Attachment

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) [Choose File] No file chosen   [Upload Attachment]

Field	Value
Transaction Set Purpose Code	11 – Response
Submitter Last or Organization Name	AHCCCS NEMT
Provider Entity Type Qualifier	○ Person (1) ● Non-Person Entity (2)
Provider Last or Organization Name	AHCCCS NEMT
Provider First Name	
Provider Primary Identifier Qualifier	Select a value
Provider Primary Identifier	
Provider Secondary Identifier	123456
Provider Address	123 N. Main St.
Provider City	Phoenix
Provider State	AZ – Arizona
Provider Zip Code	85000
Patient Last Name	Apache
Patient First Name	AHCCCS
Patient Primary Identifier	A17384329
Patient Control Number	A17384329
Medical Record Identification Number	
Claim Service Period Start Date	10/12/2022
Claim Service Period End Date	
Payer Claim Control Number or Provider Attachment Control Number	12-Digit AHCCCS Claim Number
Claim Status Category Code	R4 – Documentation Request
Additional Information Request Code	11503-0
Code List Qualifier Code	LOI – LOINC Codes

* - Required Fields

[Submit Attachment]   [Cancel]

The last step in the process is to select the "Submit Attachment" button that is located at the bottom of the page. Verify that all information is
correct and Click **"Submit Attachment".**
If the attachment uploaded suc cessfully, then a message
in orange letters will display stating **"275 Attachment file and
details uploaded successfully".**

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Part 3 – Finalizing The Attachment Process

The last step in the process is to select the "Submit Attachment" button that is located at the bottom of the page. Verify that all information is correct and Click **"Submit Attachment".**

If the attachment uploaded successfully, then a message in orange letters will display stating **"275 Attachment file and details uploaded 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) [   ] Browse...   Upload Attachment

This is the end of the presentation !
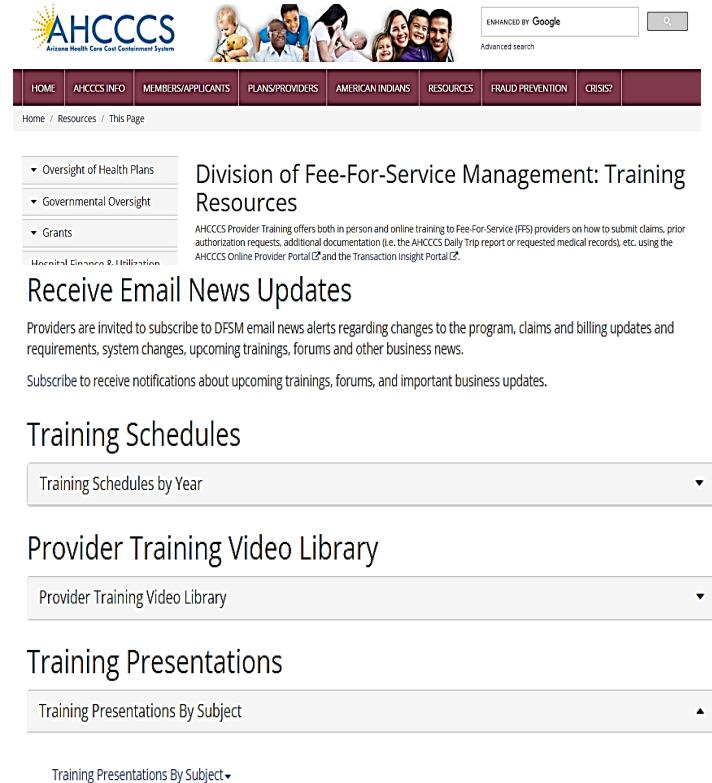
DFSM Provider Education and Training Unit

Provider Education And Training

- The DFSM Provider Training team offers training webinars and videos on many topics including how to submit and status claims and prior authorization requests, using the AHCCCS Online Provider Portal for the FFS programs including AIHP, TRBHAs and Tribal ALTCS.

- The training team also provides training on the Transaction Insight Portal application that is used to submit supporting claims documentation i.e., the AHCCCS Daily Trip report, explanations of benefits, medical records and more.

- We also offer updates to program changes, system updates, and changes to the AHCCCS policy, guides, and manuals.

Provider Education Training Schedule

- The quarterly provider training schedules are posted to the provider training webpage. Registration is required to attend the scheduled trainings.

- To register, click the link below, select Training Schedule by Year, select the current quarter, and then select the training of your choice and complete the required information fields and submit.

- In addition to the training webinars the Provider Education team is available to assist providers with additional one-one training needs.

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

Education And Training Questions

- **Rates** - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov

- **Coding** - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov

- **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.

- Note: The Provider Training and the Coding teams cannot instruct providers on how to code or bill for a particular service. Providers should direct coding questions to your professional coder or biller.

  - Providers can email the provider training team at: providertrainingffs@azahcccs.gov

Thank You.