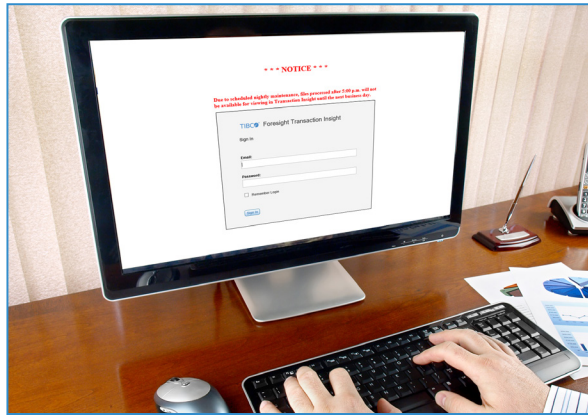


Linking between AHCCCS Online and the Transaction Insight Portal

Recently there have been a number of claims submitted via the AHCCCS Online Provider Portal that did not automatically 'link' to their corresponding attachments. The attachments had been submitted via the Transaction Insight Portal.

This article is in reference to claims submitted through either the 837 Transaction Process or through the AHCCCS Online Provider Portal. When claims that require attachments are submitted, the documentation is attached through the Transaction Insight Portal.



To ensure that attachments link to their corresponding claim, it is very important for a billing provider to ensure that the PWK/Control Number entered on the AHCCCS Online Provider Portal exactly matches the PWK/ Payer Claim Control Number or Provider Attachment Control Number entered in on the Transaction Insight Portal.

There are two areas that must match between AHCCCS Online and the Transaction Insight Portal:

- 1) The PWK Number
 - This is called the Control Number on the AHCCCS Online Provider Portal.
 - This is called the Payer Claim Control Number or Provider Attachment Control Number on the Transaction Insight Portal.
- 2) The Provider Identifier
 - This is called either the Provider Commercial Number or the CMMS National Provider ID (NPI) on the AHCCCS Online Provider Portal. 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).
 - This is called the Provider Secondary Identifier or Provider Primary Identifier on the Transaction Insight Portal.

PROVIDER EDUCATION DATES

- Updated NEMT Daily Trip Report
7/10/2018
11:30 – 12:30 PM
- AHCCCS Complete Care
7/11/ 2018
9:30 – 10:30 AM
- NEW: Open House
7/25/2018
9:30 – 11:30 AM
- IHS/638 Quarterly Forum
7/27/2018
2:00 – 3:30 PM

UPCOMING HOLIDAY

- July 4, 2018; Independence Day

ELECTRONIC PAYMENT SIGN UP

Contact:
ISDCustomerSupport@azahcccs.gov
-OR-
Call 602-417-4451

CONTACTS

- Prior Authorization Questions FFS
PA Line (602) 417-4400
- Claims Customer Service
Billing Questions
(602) 417-7670
- Provider Registration Process
Questions - (602) 417-7670
Fax Applications (602) 256-1474
- Technical Assistance with Online
Web Portal Please email
ProviderTrainingFFS@azahcccs.gov

Linking between AHCCCS Online and the Transaction Insight Portal Cont.

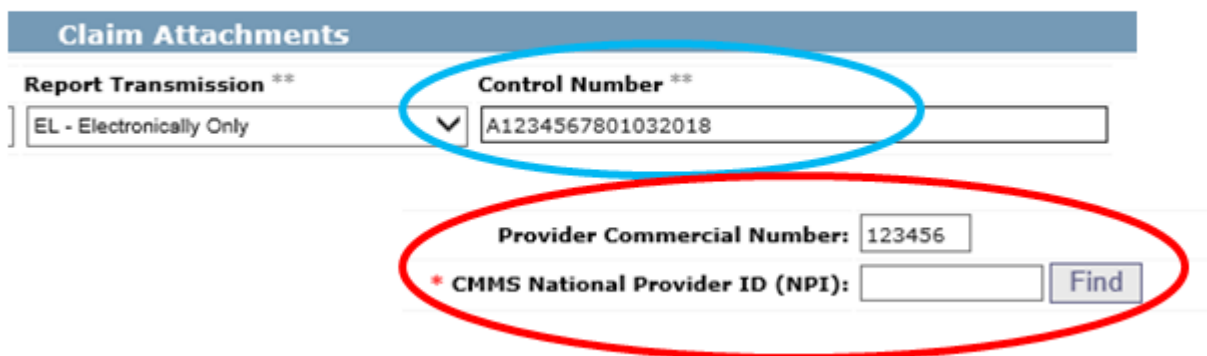
AHCCCS Online Provider Portal	Transaction Insight Portal
The Control Number must match...	Payer Claim Control Number or Provider Attachment Control Number
Provider Commercial Number or the CMMS National Provider ID (NPI) must match....	<p>The Provider Secondary Identifier</p> <p>Note: This number <i>must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

When the unique 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.

- 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.

Please see the below screen shots. The blue circled areas must match, and the red circled areas must match.

AHCCCS Online Screenshot:



Claim Attachments

Report Transmission **

Control Number **

Provider Commercial Number:

* CMMS National Provider ID (NPI):

continued on next page

Linking between AHCCCS Online and the Transaction Insight Portal Cont.

Transaction Insight Portal Screenshot:

Transaction Set Purpose Code	02 - Add	*
Submitter Last or Organization Name	MEDICAL TRANSPORTATION COMPANY	*
Provider Entity Type Qualifier	<input type="radio"/> Person (1) <input checked="" type="radio"/> Non-Person Entity (2)	*
Provider Last or Organization Name	MEDICAL TRANSPORTATION COMPANY	*
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	1/3/2018	*
Claim Service Period End Date		*
Payer Claim Control Number or Provider Attachment Control Number	A1234567801032018	*
Claim Status Category Code	Select a value	*
Additional Information Request Code	Select a value	*
Code List Qualifier Code	Select a value	*

* - Required Fields

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.

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.

For further information on how to submit claims through the Provider Portal please review the [provider training available on our website](#).

For further information on how to submit attachments through Transaction Insight Portal please review the [Transaction Insight Portal Web Upload Attachment Guide](#)

Medical Documentation Reminders

Uploading via the Transaction Insight Portal

AHCCCS has recently been receiving lengthy faxes from providers, some of which are in excess of 100, 200, and even 300 pages.

When lengthy faxes are sent the fax lines can become tied up for a prolonged time frame, which prevents other providers from faxing their documentation in quickly. Due to this trend, AHCCCS would like to remind providers that **medical documentation can be submitted online far more efficiently, by using the Transaction Insight Portal.**

Large medical files/documentation that are being sent to AHCCCS may be submitted via the Transaction Insight Portal. This saves the provider time, since they will not have to wait for the fax to send, and it ensures that AHCCCS receives the attachment.

It is more efficient for providers to submit medical documentation using the Transaction Insight Portal. If you have questions regarding use of the Transaction Insight Portal please outreach our Provider Training division at ProviderTrainingFFS@azahcccs.gov.

Faxing & Mailing

Uploading documentation **online** using the Transaction Insight Portal is the **quickest and most efficient way** to ensure that AHCCCS receives your submitted documentation.

In the event that the provider does not use the Transaction Insight Portal and chooses to fax or mail in their documentation, it is vital that the **correct CRN** number be listed on the front page of **all submitted documentation**.

Recently AHCCCS has received a large amount of documentation, submitted by fax and mail, that lacked the CRN number. If the CRN number is not on the submitted documentation, **AHCCCS cannot match the documentation to the submitted claim.**

If the CRN number is not included, it is as if the provider never submitted the documentation.

Please remember to submit all documentation with the CRN number.

What is Integration and Who is Affected?

On October 1st, 2018 Integration is going live! What does this mean?

As of October 1st, 2018 members will no longer have to navigate two separate networks for their medical and behavioral health services. A member will have all of their providers listed under one network, which will be managed and paid for by their single health care plan.

Integration will affect most AHCCCS members, however the following members will not transition to an integrated health plan:

- ALTCS members (EPD and DES/DDD), since ALTCS is already an integrated health plan;
- Foster care children receiving services through CMDP; and
- Adults with an SMI designation.

American Indian/Alaskan Native members (AI/AN) may choose to be enrolled with an AHCCCS Complete Care (ACC) Contractor in their Geographic Service Area (GSA), or they may choose to be enrolled with the American Indian Health Program (AIHP, which is state wide, and will receive both their physical and behavioral health services under one plan.

continued on next page

What is Integration and Who is Affected Continued

American Indian/Alaska Native members who are receiving behavioral health services, who do not have an SMI designation, may choose amongst several enrollment options. They may enroll with:

- AIHP;
- The AIHP and a Tribal Regional Behavioral Health Authority (TRBHA), if a TRBHA is available in their area; or
- An ACC Contractor in their GSA.

AI members can still access services from an IHS/638 facility or Urban Indian Health provider at anytime regardless of their enrollment choice.

AI member enrollment choice for managed care or fee-for-service remains unchanged. AI members may choose to enroll in either an ACC plan or AIHP at any time.

Everything below the Member Movement section can remain the same.

Member Movement

As a provider you may be wondering what plan a member will be enrolled with as of October 1st, 2018. The below chart shows how a member’s enrollment will change with the rollout of Integration.

Current Health Plan	New Health Plan/Enrollment
CRS (for acute and CRS services) & TRBHA	Integrated Contractor
CRS (for CRS services only), AIHP, and TRBHA	AIHP and TRBHA
CRS, AIHP (for acute services), and RBHA	AIHP
AIHP and TRBHA	AIHP & TRBHA (No Changes)
AIHP and RBHA	AIHP
Acute MCO and TRBHA	Integrated Contractor
Acute MCO and RBHA	Integrated Contractor
CMDP and TRBHA	CMDP & TRBHA (No Changes)
DDD and TRBHA	DDD and TRBHA (No Changes)

As a FFS Provider, What Does Integration Mean for Me?

As of October 1st, 2018 providers will need to confirm a member’s enrollment, to ensure that claims are being submitted to the correct payer.

For instance, if you currently submit claims to a Regional Behavioral Health Authority (RBHA), as of October 1st, 2018, if the member does not have an SMI, the claims will need submitted to the member’s new health plan. Depending on the member’s enrollment choice these claims could be submitted to either an ACC Integrated Contractor or to AHCCCS directly (for members enrolled in AIHP Integrated or with a TRBHA).

Please note that members will continue to be served by RBHAs for specific crisis services, and that members diagnosed with an SMI will be able to remain enrolled with their RBHA.

American Indians will also continue to have the freedom of choice, and may choose to enroll in:

- An ACC Integrated Contractor (managed care),
- AIHP Integrated, or
- AIHP/TRBHA.

PERM Audit – Where do you stand?

PERM reviews are in progress. Contractors are contacting providers by phone and letter to obtain medical documentation to support the sampled claims. It is imperative that we have the correct

address for the location of your medical records and documentation. If your address in our system is not

correct and the contractor is unable to obtain the documentation for the sampled claim either because the notice doesn't reach you or because you do not provide the documentation to support the claim, the State of Arizona will be cited for an error. We have three addresses in our system: a correspondence address, a payment address and a service address. Please make sure to report any address or phone number changes to AHCCCS now so that we can keep our system up to date & be ready for the PERM

audits. REMEMBER, if you do not respond to the requests and we are cited with an error on a claim the Federal Government mandates that we recoup the funds for that claim from you. Please help us to help you.

For questions regarding PERM, please contact: Kathy Reynolds, AHCCCS PERM Project Manager, 602-417-7938