

October 2023

## Linking Between AHCCCS Online Provider Portal 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.

## Transaction Insight Portal Reminders for Provider Types 77, 05 and IC

Behavioral Health Outpatient Clinic (PT 77), Clinic (05) and Integrated Clinics (IC) who are required to submit the **Signed Consent to treat form, Treatment plan, Comprehensive progress notes and Medical documentation** for behavioral health service codes the supporting documentation must be received within 7 Calendar days of the receipt date of the claim; or the claim will deny for documentation not received.

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](mailto: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](mailto: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](mailto: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](mailto:ProviderTrainingFFS@azahcccs.gov)

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

## TIBCO and Attaching Documentation for BH Claims

- To ensure claims have the documentation needed for review, providers can upload documents using the 275 Transaction Insight Portal (TIBCO).
- All documents should be combined and scanned as a **single file** and uploaded via TIBCO.
- Black and White copies are acceptable only. **Do not upload color documents.**
- Include a “separator” sheet (consent, progress notes, treatment plan, medical documentation) between each document.

## 275 Transaction Insight Portal Batch Option

Did you know that your billing company or clearing house can request to become a 275 Transaction Insight Portal Trading Partner with AHCCCS. The AHCCCS Information Services Division (ISD) Service Desk is the first point of contact for all questions related to submission of electronic transactions and data.

The preferred method of contact is email. All inquiries/requests will result in a Customer Support Ticket Number assignment. Contact information: Email: [servicedesk@azahcccs.gov](mailto:servicedesk@azahcccs.gov)

If you are interested in signing up to become a 275 Trading Partner, review the guide below: [www.azahcccs.gov/Resources/Downloads/EDIchanges/CCICompanionGuide.pdf](http://www.azahcccs.gov/Resources/Downloads/EDIchanges/CCICompanionGuide.pdf)

## What Happens When The Prior Authorization Does Not Match The Service?

### What Not to Do:

Filing an appeal should never be done when the prior authorization and the claim details do not match.

### What to do:

- The provider must review the claim details and prior authorization details to determine what information is inconsistent and may require correction.
- For those cases in which the prior authorization does not match the services provided, this information should be communicated to your staff to initiate the appropriate changes to the prior authorization (if applicable)
- The [Prior Authorization Correction Form](#) is used to identify what services were actually provided and the documented reasons for the change i.e. changes to the dates of service, HCPCS/CPT, the number of units.
- The PA Correction Form must be uploaded via the PA Submission tab, **faxed copies are not accepted.**
- For those cases in which the PA details are correct, but the claim details are incorrect this information should be communicated to your billing staff to submit a correction claim *(if applicable)*.
- If a correction claim is required, the correction claim should not be billed until the PA is corrected *(if applicable)* and the updated changes are reflected on the AHCCCS Online Provider portal.
- Timely file timeframes will still apply to the initial claim and for replacement/correction claims. Submitting a correction to a prior authorization does not extend the clean claim timely filing period.

## Checking Claim Status using the AHCCCS Online Provider Portal

### Claim Status:

- Any claim action initiated by AHCCCS will reflect on the AHCCCS Online Provider portal the same day the claim is processed.
- If the claim status shows “**Unadjudicated**” this means the claim is currently under review and no action at this time is required by the provider.

### Behavioral Health Claims - Missing Documentation Denial Reason Codes

Checking claim status via the AHCCCS Online Portal is the most effective option. Providers are able to review when an action is initiated by AHCCCS in “real time”.

During the review process providers should not submit a replacement/correction claim if there are no corrections required for the existing claim. **Submitting an unnecessary replacement claim will extend the time period to complete the review process.**

The AHCCCS denial reason code will explain exactly what document is needed. Providers should use the Transaction Insight Portal to submit the missing documentation using the claim number as the attachment number

- A replacement claim is never required to submit missing documentation, unless there is a change in billing/coding.
- Since the denial reason codes are specific, providers do not need to contact provider services to verify which document is missing or needed.
- The provider training team does not verify the document type that is missing or needed.
- For behavioral health claims, if the required documents are missing, the claim will deny with one of the following missing records denial reason codes:

Denial Reason Code and Descriptions
AD364 No records submitted with claim.
AD075 Documentation does not support services/charges.
AD963 Missing Progress Notes/Report
AD964 Missing Plan of Treatment
AD965 Missing Mental Health Assessment
AD966 Missing Consent Form

### Inpatient Psychiatric Facility (Provider Type 71) Prior Authorization Submission Tips

Event Type must be BI = Behavioral Health Inpatient.

Make sure to complete the Activity Tab with the appropriate Revenue code that identifies the level of care for the member (for example revenue code 0124 or 0126).

To add the missing Activity information, simply navigate to the PA case, click on the sequence number and complete the required fields on the ACTIVITY tab. The admit and discharge dates are required.

Providers should include the Certificate of Need (CON) For Level 1 Facilities with the initial prior authorization request and or the Recertification of Need (RON) for Level 1 Facilities for continued stay requests. All forms must be uploaded using the Attachment tool.

## 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 impact some Prior Authorization requests that overlap different fee-for-service rate periods.

### 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.

### May 2023 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.

### Prior Authorization Tips

The AHCCCS processing system will automatically search for a prior authorization based on the following elements, Member ID, Provider NPI, Date of service(s), Event type, CPT/HCPCS codes and service units. It is not necessary to add the PA Case number on the claim.

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.

## 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](mailto: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

