

Transaction Insight Portal

Uploading Claim Attachments



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Transaction Insight Portal 275 Attachments

Section 1:

Introduction



Overview

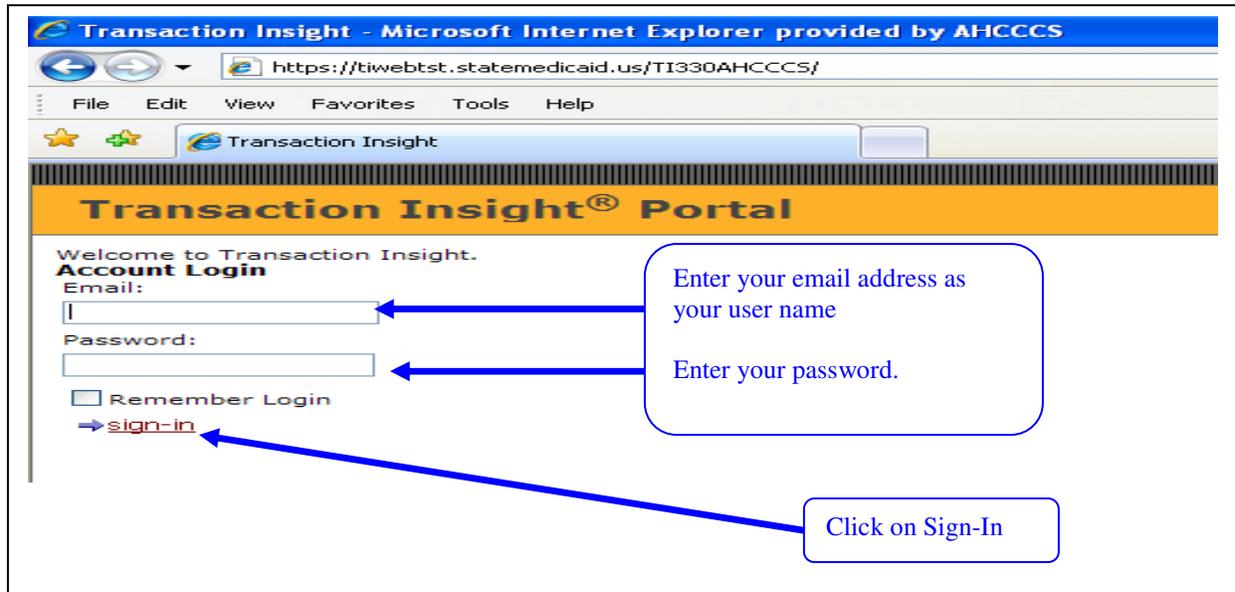
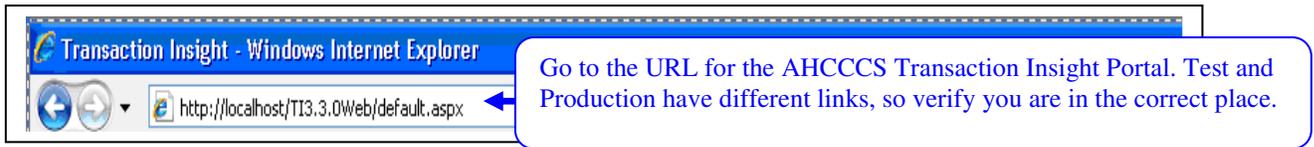
This document is intended as a reference for those responsible for uploading attachment files to support Fee for Service claims to AHCCCS Division of Fee for Service Management (DFSM).

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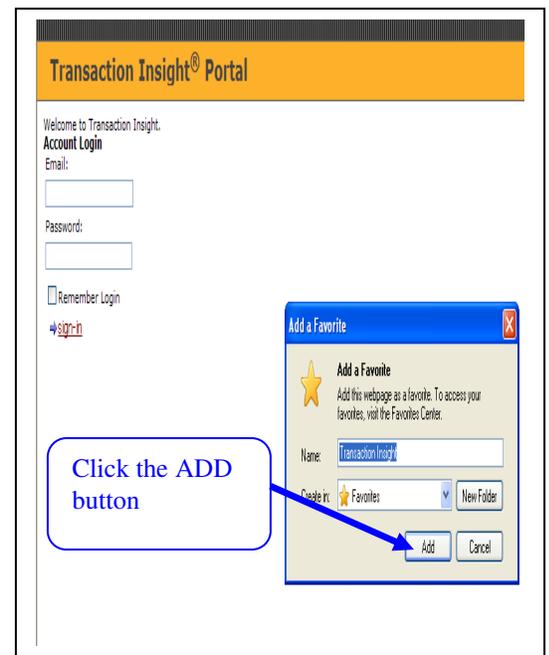
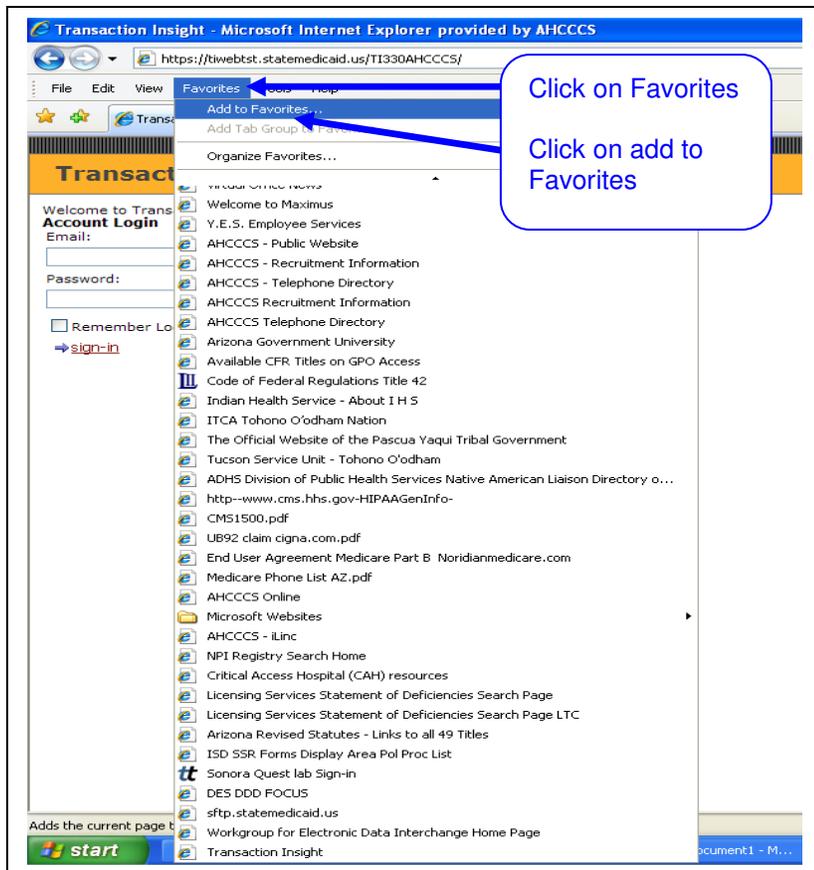
Section 2:

Log In and Bookmark

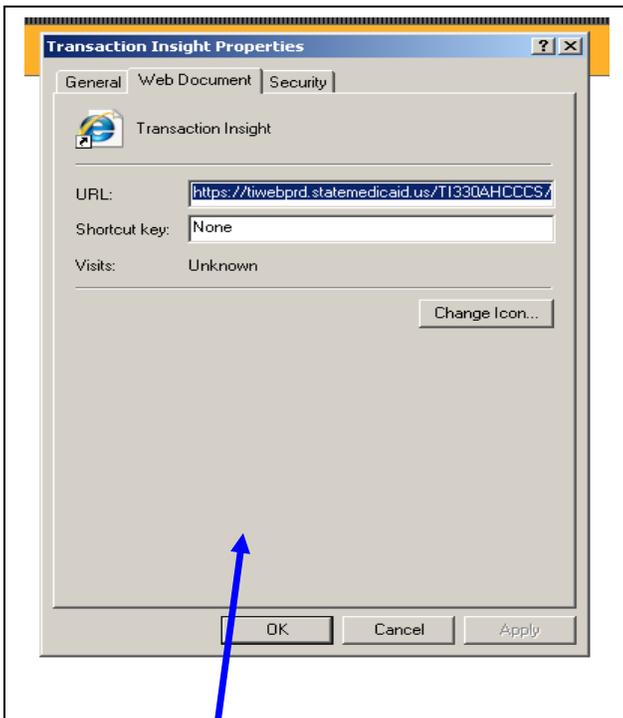
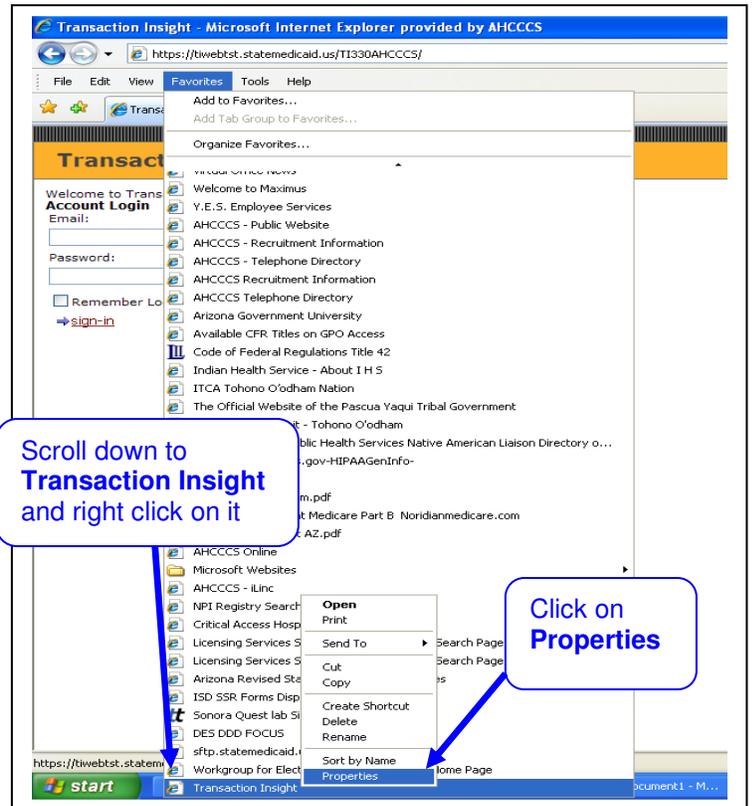
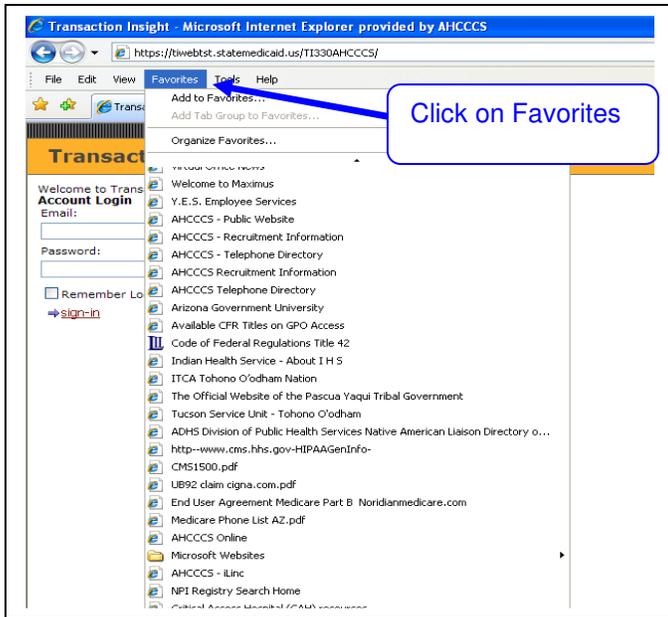




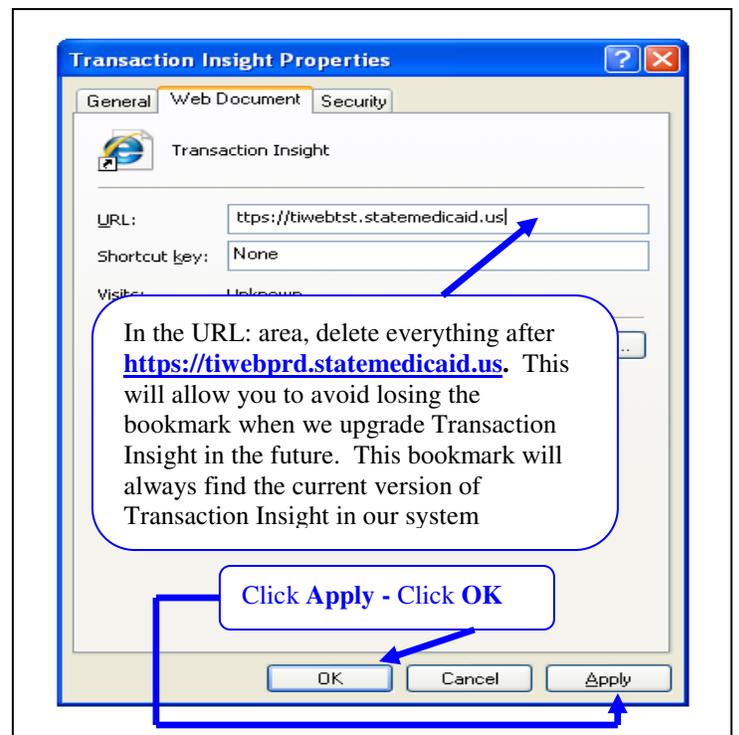
Book marking Transaction Insight



Book marking Transaction Insight – cont.



A Properties window will pop up (This window may go behind other windows, so minimize any open windows to find it).



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Section 3:

Preparing Your Attachment for Uploading



Create a folder, scan and save your document to it

Transport For You
701 E. Jefferson
Phoenix, AZ 85034

Exh 14-1 DAILY TRIP REPORT
Driver Name: John Doe
Date: 07/01/13
Vehicle # AZ0000x Type VAN

Name of Recipient	Pick up time	Pick up odometer	Drop off time	Drop off odometer	Recipient Signature	Trip miles
Jane Smith	9:00am	0001	9:30am	0009	Jane Smith	8
Jane Smith	10:00am	0009	10:30am	0017	Jane Smith	8

Pick up location & address: Safeway store, Sacaton, AZ
Drop off location & address: Doctor John, 2345 S Strawberry Fields, Phoenix, AZ 89999

Round Trip One Way Mult Stops

AHCCCS #: A99999999 Mailing Address: PO Box 1234, Sacaton, AZ 89999

Reason for Visit/Diagnosis (Be specific): Pain in the arm after a fall

Name of Escort: Relationship:

Name of Recipient Pick up time Pick up odometer Drop off time Drop off odometer Recipient Signature Trip miles

Round Trip One Way Mult Stops

AHCCCS #: Mailing Address:

Reason for Visit/Diagnosis (Be specific):

Name of Escort: Relationship:

Name of Recipient Pick up time Pick up odometer Drop off time Drop off odometer Recipient Signature Trip miles

Round Trip One Way Mult Stops

AHCCCS #: Mailing Address:

Reason for Visit/Diagnosis (Be specific):

Name of Escort: Relationship:

This is to certify that the information is true, and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Driver Signature: John Doe Date: 07/01/13 Page 1 of 1



Save your scanned document as a .PDF file and save in the folder you created

- Right Fax 6/10/2010 8:38 AM File folder
- TermServ 3/14/2011 8:42 AM File folder
- Ticket-Requests 8/16/2012 4:28 PM File folder
- Travels 4/25/2008 2:55 AM File folder
- Trip Reports 8/12/2013 7:44 AM File folder**
- VIDEO_TS 3/14/2011 9:21 AM File folder
- WINDOWS 8/2/2010 12:32 PM File folder
- WINWORD 8/17/2013 11:17 AM File folder

In this example the name of the folder created is called Trip Report. When you save the scanned document you can use the same PWK number that you will use on the claim (i.e. A99999999010111). That will reduce the chances of attaching the wrong document to the wrong claim.

For instruction on how to create a folder see section 10

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Section 4:

How to Create a Unique PWK Number
(This will be used to attach the document to the Claim)



PWK NUMBER

The PWK number is use when submitting an electronic claim and its' attachment at the same time. This is an automatic process when the PWK numbers finds its match it will link automatically and the claim will drop for processing

The PWK number is a unique number that you will create for each claim and its' attachment this is what the system will use to link the attachment to the correct claim.

The PWK number on the claim must match exactly with the one entered on the attachment (275 attachment upload) failure to do so will result in document not linking and the claim will denied.

If a claims requires documentation and a PWK number is entered on the electronic claim (see section 12) the system will hold the claim for 15 days to allow you to submit the attachment at a later day.

If after 15 days if the attachment hasn't been submitted or the link failed the claim will denied.

At this point you can still (re)submit the attachment but instead of using a PWK you will use the Claims Reference Number (CRN) to upload the attachment. Do not need to re-submit the claim.

Keep in mind that by using the CRN it makes the linking process a manual process which can take 2 to 4 weeks for the claim to be re-processed.

Example of a PWK number using the Members AHCCCS ID and the Date of Service

Members AHCCCS ID Number	A99999999
Date of Service	<u>06/23/13</u>
PWK for Claim 1, Document 1	A9999999906 <u>23</u> 13

Different Member Same Date of Service

Members AHCCCS ID Number	A00000000
Date of Service	<u>06/23/13</u>
PWK for Claim 2, Document 2	A0000000006 <u>23</u> 13

The combination of the members AHCCCS ID and the date of service is what make the PWK number unique to each claim

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Section 5:

Application's for Uploading and Submitting
Attachment and Claim



You will use two AHCCCS applications to submit your claims and attachment

One, the Online Claim Submission to submit your Fee-for-Service claims electronically to AHCCCS

Two, the Foresight Transaction Insight (275 attachments upload)

The screenshot shows the AHCCCS Online User Manual page. It includes a navigation menu on the left with sections: "New Account", "Hospital Assessment", and "Health Plan Links". The main content area has a "Sign In" section with fields for "Username", "Password", and "Activation Code", and a "Sign In" button. There are also links for "Forgot your Password?" and "Click Here".

The screenshot shows the Foresight Portal Platform login page. It features a "Foresight Portal Platform" header, an "Account Login" section with "Email" and "Password" fields, and a "Remember Login" checkbox. A large red watermark reads "AHCCCS TI Web Test Environment". A red notice states: "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." There is also a "Sign In" button.

Note: if submitting your claims via 837 you would just use the 275 attachment upload but the 837 claim must have a PWK number for the attachment to link to the claim

The Online claim submission application is where the claim is entered along with the PWK number. For more in-depth instruction on how to enter a claim and the PWK see section

The PWK # is entered in the attachment tab

Professional Claim Submission [Help](#)

* Indicates a required field.

Submitter Providers Patient/Subscriber Ambulance Other Payer **Attachments** Claim Information Service Lines

Claim Attachments

Report Type **	Report Transmission **	Control Number **
1 B4 - Referral Form	EL - Electronically Only	A99999999092513
2		
3		
4		
Attachments (1-10):		
5		
6		
7		
8		
9		
10		

** Required ONLY if Attachment information is submitted.

The 275 attachments upload is the second application you will use to upload and attach your document to the claim that was entered on the application above

You must contact AHCCCS EDI customer support desk and request to be set-up for the 275 upload attachment

Foresight® Transaction Insight®

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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)

275 Attachment Details

Submitter Last or Organization Name*	Ahcccs	Transaction Set Purpose Code*	02-Add
Provider Last or Organization Name*	AHccccc		
Provider Identifier Type*	Provider Identifier		
Provider Address*	701		
Provider State*	Arizona		
Patient Last Name*	Test		
Patient Primary Identifier*	A99999999	Patient Control Number*	A99999999
Medical Record Identification Number		Payer Claim Control Number or Provider Attachment Control Number*	A99999999092513
Claim Service Period Start Date*	9/25/2013	Claim Service Period End Date	

* - Required Fields

Note:
Every claim must have a different PWK number that matches the PWK on the attachment

Transaction Insight Portal 275 Attachments

Section 6:

Where to Enter the PWK on the Online Claim Submission Application



Click on the Attachments tab
Works for both the 1500's and UB's

Professional Claim Submission

Help

* Indicates a required field.

Submitter Providers Patient/Subscriber Ambulance Other Payer **Attachments** Claim Information Service Lines

Claim Attachments

Report Type **	Report Transmission **	Control Number **
1		
2 03 - Report Justifying Treatment Beyond Utilization		
04 - Drugs Administered		
3 05 - Treatment Diagnosis		
06 - Initial Assessment		
4 07 - Functional Goals		
08 - Plan of Treatment		
5 09 - Progress Report		
10 - Continued Treatment		
6 11 - Chemical Analysis		
13 - Certified Test Report		
15 - Justification for Admission		
7 21 - Recovery Plan		
A3 - Allergies/Sensitivities Document		
8 A4 - Autopsy Report		
AM - Ambulance Certification		
9 AS - Admission Summary		
B2 - Prescription		
10 B3 - Physician Order		
B4 - Referral Form		
BR - Benchmark Testing Results		
BS - Baseline		
BT - Blanket Test Results		
CB - Chiropractic Justification		
CK - Consent Form(s)		
CT - Certification		
D2 - Drug Profile Document		
DA - Dental Models		
DB - Durable Medical Equipment Prescription		
DG - Diagnostic Report		

** Required ONLY if Attachment information is submitted.

Professional Claim Submission

[Help](#)

* Indicates a required field.

[Submitter](#) [Providers](#) [Patient/Subscriber](#) [Ambulance](#) [Other Payer](#) **[Attachments](#)** [Claim Information](#) [Service Lines](#)

Claim Attachments

	Report Type **	Report Transmission **	Control Number **
1	B4 - Referral Form		
2		AA - Available on Request at Provider Site	
3		BM - By Mail	
4		EL - Electronically Only	
5		EM - E-Mail	
6		FT - File Transfer	
7		FX - By Fax	
8			
9			
10			

Attachments (1-10):

** Required ONLY if Attachment information is submitted.

Submit

Cancel

Professional Claim Submission

[Help](#)

* Indicates a required field.

[Submitter](#) [Providers](#) [Patient/Subscriber](#) [Ambulance](#) [Other Payer](#) **[Attachments](#)** [Claim Information](#) [Service Lines](#)

Claim Attachments

	Report Type **	Report Transmission **	Control Number **
1	B4 - Referral Form	EL - Electronically Only	A99999999062313
2			
3			
4			
Attachments (1-10):	5		
	6		
	7		
	8		
	9		
	10		

** Required ONLY if Attachment information is submitted.

Submit

Cancel

Transaction Insight Portal 275 Attachments

Section 7:

How to Sign On



Note:

Once you have been set-up for the 275 upload attachment you will receive an email that contains your password and two links, one is for test and the other for production, make sure you click on the production link

Correct site

PRODUCTION (USE THIS SITE)



<https://tiwebprd.statemedicaid.us>

Foresight® Portal Platform

Account Login
Email:
Password:
 Remember Login
[sign-in](#)

***** 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.

Wrong site (DO NOT USE)



<https://tiwebtst.statemedicaid.us>

Foresight® Portal Platform

Account Login
Email:
Password:
 Remember Login
[sign-in](#)

AHCCCS TI Web Test 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.

Foresight® Portal Platform

Account Login

Email:

Password:

Remember Login

[sign-in](#)

Enter Login
Id's and then
click sign-in



Transaction Insight® Portal

Files

275 Attachments

Admin

My Account

Welcome to Transaction Insight.

Successful sign-in will bring you to this screen.

Select 275 Attachments

Transaction Insight Portal 275 Attachments

Section 8:

Entering Provider, Patient and Attachment Information



Foresight® Transaction Insight®

This screen will appear

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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...

275 Attachment Details

Submitter Last or Organization Name*	<input type="text"/>	Transaction Set Purpose Code*	<input type="text" value="Choose a Value"/>
Provider Last or Organization Name*	<input type="text"/>	Provider First Name	<input type="text"/>
Provider Identifier Type*	<input type="text" value="Choose Provider ID Type"/>	Provider Identifier/Provider Secondary Identifier*	<input type="text"/>
Provider Address*	<input type="text"/>	Provider City*	<input type="text"/>
Provider State*	<input type="text" value="Arizona"/>	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"/>	Payer Claim Control Number or Provider Attachment Control Number*	<input type="text"/>
Claim Service Period Start Date*	<input type="text"/>	Claim Service Period End Date	<input type="text"/>

* - Required Fields

This is the main screen and it's divided into two parts

Part I: 275 Claims Attachment Upload this is where the attachment is uploaded. This part is done after part II has been completed.

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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)

275 Attachment Details

Submitter Last or Organization Name*	<input type="text"/>	Transaction Set Purpose Code*	<input type="text" value="Choose a Value"/>
Provider Last or Organization Name*	<input type="text"/>	Provider First Name	<input type="text"/>
Provider Identifier Type*	<input type="text" value="Choose Provider ID Type"/>	Provider Identifier/Provider Secondary Identifier*	<input type="text"/>
Provider Address*	<input type="text"/>	Provider City*	<input type="text"/>
Provider State*	<input type="text" value="Arizona"/>	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"/>	Payer Claim Control Number or Provider Attachment Control Number*	<input type="text"/>
Claim Service Period Start Date*	<input type="text"/>	Claim Service Period End Date	<input type="text"/>

* - Required Fields

Part II: 275 Attachment Details (Provider and member information is entered here). Part II must be completed before processing to Part I.

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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: (

Enter the last name of the person submitting the document or the name of the practice (e.g. Lennon's Clinic, 1st Hospital, etc...)

275 Attachment Details

Submitter Last or Organization Name*

Transaction Set Purpose Code*

Provider Last or Organization Name*

Provider First Name

Provider Identifier Type*

Provider Identifier/Provider Secondary Identifier*

Provider Address*

Provider City*

Provider State*

Zip Code*

Patient Last Name*

Patient Primary Identifier*

Medical Record Identification Number

Claim Service Period Start Date*

* - Required Fields

02-Add = is used when submitting an electronic claim and an 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 ten day to give you time to submit the attachment, once the attachment comes in and is linked to the claim the claim will drop for processing.

11-Response = is use when the claims has denied for no document, in this case you would use the CRN (claim number) of the claim that denied to upload the document to the claims. There is no need to resubmit the claim just the document.

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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

Enter the providers last name (e.g. John) or the name of the Organization or clinic (e.g. Lennon's Clinic)

ent

275 Attachment Details

Submitter Last or Organization Name*

Transaction Set Purpose Code*

Choose a Value

Provider Last or Organization Name*

John

Provider First Name

Doctor

Provider Identifier Type*

Choose Provider ID Type

Provider Identifier/Provider Secondary Identifier*

Provider Address*

Provider City*

Provider State*

Arizona

Zip Code*

Patient Last Name*

Patient First Name

Patient Primary Identifier*

Patient Control Number*

Medical Record Identification Number

Payer Claim Control Number or Provider Attachment Control Number*

Claim Service Period Start Date*

Claim Service Period End Date

* - Required Fields

The provider's first name is optional; you can leave this field blank

Save Attachment

Cancel

Foresight[®] Transaction Insight[®]

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275 Claim Attachment Upload

During the 275 upload process, please complete, at a minimum, all re

Browse to your file: (maximum file size limit 64MB)

275 Attachment Det

Submitter Last or Org

Provider Last or Organization Name*

Provider First Name

Provider Identifier Type* Choose Provider ID Type

Provider Identifier/Provider Secondary Identifier*

Provider Address*

Provider City*

Provider State* Arizona

Zip Code*

Patient Last Name*

Patient First Name

Patient Primary Identifier*

Patient Control Number*

Submitter Claim Control Number*

Click on the down arrow and make your selection

If selecting *Provider Identifier* you must enter you provider NPI number

If selecting *Provider Secondary Identifier* you must enter your 6 digit Provider ID number

Note: the provider ID number you use here must match the one you bill with

Provider Identifier = Providers NPI number

Note:
If you have a valid NPI number and use it to bill your claims you must select *Provider Identifier* and must enter your NPI on the Provider Identifier/Provider Secondary Identifier field

Provider Secondary Identifier = AHCCCS 6 digit provider ID number

Note:
If you do not have an NPI and only use you 6 digits ID to bill you must select *Provider Secondary Identifier* and enter your 6 digit ID on the Provider Identifier/Provider Secondary Identifier field

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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

Enter the providers
Address
City
State
Zip

275 Attachment Details

Submitter Last or Orga

Transaction Set Purpose Code*

Choose a Value

Provider Last or Orga

Provider First Name

Provider Identifier Type

Provider Identifier/Provider Secondary Identifier*

Provider Address*

701 West Jefferson

Provider City*

Phoenix

Provider State*

Arizona

Zip Code*

85034

Patient Last Name*

Patient First Name

Patient Primary Identifier*

Patient Control Number*

Medical Record Identification Number

Payer Claim Control Number or
Provider Attachment Control Number*

Claim Service Period Start Date*

Claim Service Period End Date

* - Required Fields

Save Attachment

Cancel

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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)

275 Attachment Details

Submitter Last or Organization Name*	<input type="text"/>	Transaction Set Purpose Code*	<input type="button" value="Choose a Value"/>
Provider Last or Organization Name*	<input type="text"/>	Provider First Name	<input type="text"/>
Provider Identifier*	<input type="text"/>	Provider Identifier/Provider Secondary Identifier*	<input type="text"/>
Provider Address*	<input type="text"/>	Provider City*	<input type="text"/>
Provider State*	<input type="button" value="Arizona"/>	Zip Code*	<input type="text"/>
Patient Last Name*	<input type="text" value="Doe"/>	Patient First Name	<input type="text" value="John"/>
Patient Primary Identifier*	<input type="text" value="A11111111"/>	Patient Control Number*	<input type="text" value="Patient account #"/>
Medical Record Identification Number	<input type="text"/>	Payer Claim Control Number or Provider Attachment Control Number*	<input type="text"/>
	<input type="text"/>	Claim Service Period End Date	<input type="text"/>

Enter the AHCCCS member's Last name here

Patient first name is optional and can be left blank

Enter the members AHCCCS ID here

Enter the patients account number here or You can enter the members AHCCCS ID

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Note:

02-Add = is used when submitting an electronic claim and an 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 ten day to give you time to submit the attachment, once the attachment comes in and is linked to the claim the claim will drop for processing.

Note: using the PWK is an automated process and pays quicker

11-Response = is use when the claims has denied for no document, in this case you would use the CRN (claim number) of the claim that denied to upload the document to the claims. There is no need to resubmit the claim just the document.

Note: This is a manual process and takes longer to pay

275 Claim
Browse to

275 Attach
Submitter
Provider Last

Provider Identifier Type* Provider Identifier Provider Identifier/Provider Secondary Identifier*
Provider Address* 701 E Jefferson
Provider State* Arizona Zip C
Patient Last Name* Doe Patient
Patient Primary Identifier* A00000001 Patient Control Number* Patient account #
Medical Record Identification Number Payer Claim Control Number or Provider Attachment Control Number* CRN or PWK
Claim Service Period Start Date* 3/2/2010 Claim Service Period End Date

* - Required Fields

Save Attachment Cancel

Enter the PWK number or the CRN (claim number) here

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Browse to your file: (maximum file size limit 64MB)

275 Attachment Details

Submitter Last or Organization Name*	<input type="text"/>	Transaction Set Purpose Code*	<input type="text" value="Choose a Value"/>
Provider Last or Organization Name*	<input type="text"/>	Provider First Name	<input type="text"/>
Provider Identifier Type*	<input type="text" value="Choose Provider ID Type"/>	Provider Identifier/Provider Secondary Identifier*	<input type="text"/>
Provider Address*	<input type="text"/>	Provider City*	<input type="text"/>
Provider State*	<input type="text" value="Arizona"/>	Zip Code*	<input type="text"/>
Patient Identification Number*	<input type="text"/>	Patient First Name	<input type="text"/>
Patient Control Number*	<input type="text"/>	Patient Control Number*	<input type="text"/>
Medical Record Identification Number*	<input type="text"/>	Payer Claim Control Number or Provider Attachment Control Number*	<input type="text" value="11111111111111111111"/>
Claim Service Period Start Date*	<input type="text" value="01/01/00"/>	Claim Service Period End Date	<input type="text"/>

* Required Fields

Enter the begin date of service

The End date is optional

Save Attachment

Cancel

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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

When done with the "275 Attachment Details" section it should look something like this

275 Attachment Details

Submitter Last or Organization Name*	Test	Transaction Set Purpose Code*	11-Response
Provider Last or Organization Name*	Smith	Provider First Name	
Provider Identifier Type*	Provider Identifier	Provider Identifier/Provider Secondary Identifier*	1234567890
Provider Address*	701 E Jefferson	Provider City*	Phoenix
Provider State*	Arizona	Zip Code*	85004
Patient Last Name*	Test	Patient First Name	
Patient Primary Identifier*	A11111111	Patient Control Number*	Acct Number
Medical Record Identification Number		Payer Claim Control Number or Provider Attachment Control Number*	110000000000
Claim Service Period Start Date*	01/01/11	Claim Service Period End Date	

* - Required Fields

Save Attachment

Cancel

Note:

At this point do not click the save attachment button go to the top and click the Browse button

Transaction Insight Portal 275 Attachments

Section 9:

Upload Attachment Files



Section I (275 Claims Attachment Upload)

This is for you will attach the electronic documents

Statistics

275 Claim Attachment Upload

Documents

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

Errors

Browse to your file: (maximum file size limit 64MB)

Document Volumes

Success Rate

Transmissions

275 Attachment Details

Tasks

Submitter Last or Organization Name*	<input type="text" value="Test"/>	Transaction Set Purpose Code*	<input type="text" value="11-Response"/>
Provider Last or Organization Name*	<input type="text" value="Smith"/>	Provider First Name	<input type="text"/>
Provider Identifier Type*	<input type="text" value="Provider Identifier"/>	Provider Identifier/Provider Secondary Identifier*	<input type="text" value="1234567890"/>
Provider Address*	<input type="text" value="701 E Jefferson"/>	Provider City*	<input type="text" value="Phoenix"/>
Provider State*	<input type="text" value="Arizona"/>	Zip Code*	<input type="text" value="85004"/>
Patient Last Name*	<input type="text" value="Test"/>	Patient First Name	<input type="text"/>
Patient Primary Identifier*	<input type="text" value="A111111111"/>	Patient Control Number*	<input type="text" value="Acct Number"/>
Medical Record Identification Number	<input type="text"/>	Payer Claim Control Number or Provider Attachment Control Number*	<input type="text" value="110000000000"/>
Claim Service Period Start Date*	<input type="text" value="01/01/11"/>	Claim Service Period End Date	<input type="text"/>

* - Required Fields

My Tasks

Task Analysis

Search

Documents

Code Lookup

Files

275 Attachments

User

My Account

- Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions
- Tasks
- My Tasks
- Task Analysis
- Search
- Documents
- Code Lookup
- Files
- 275 Attachments
- User
- My Account

275 Claim Attachment Upload

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

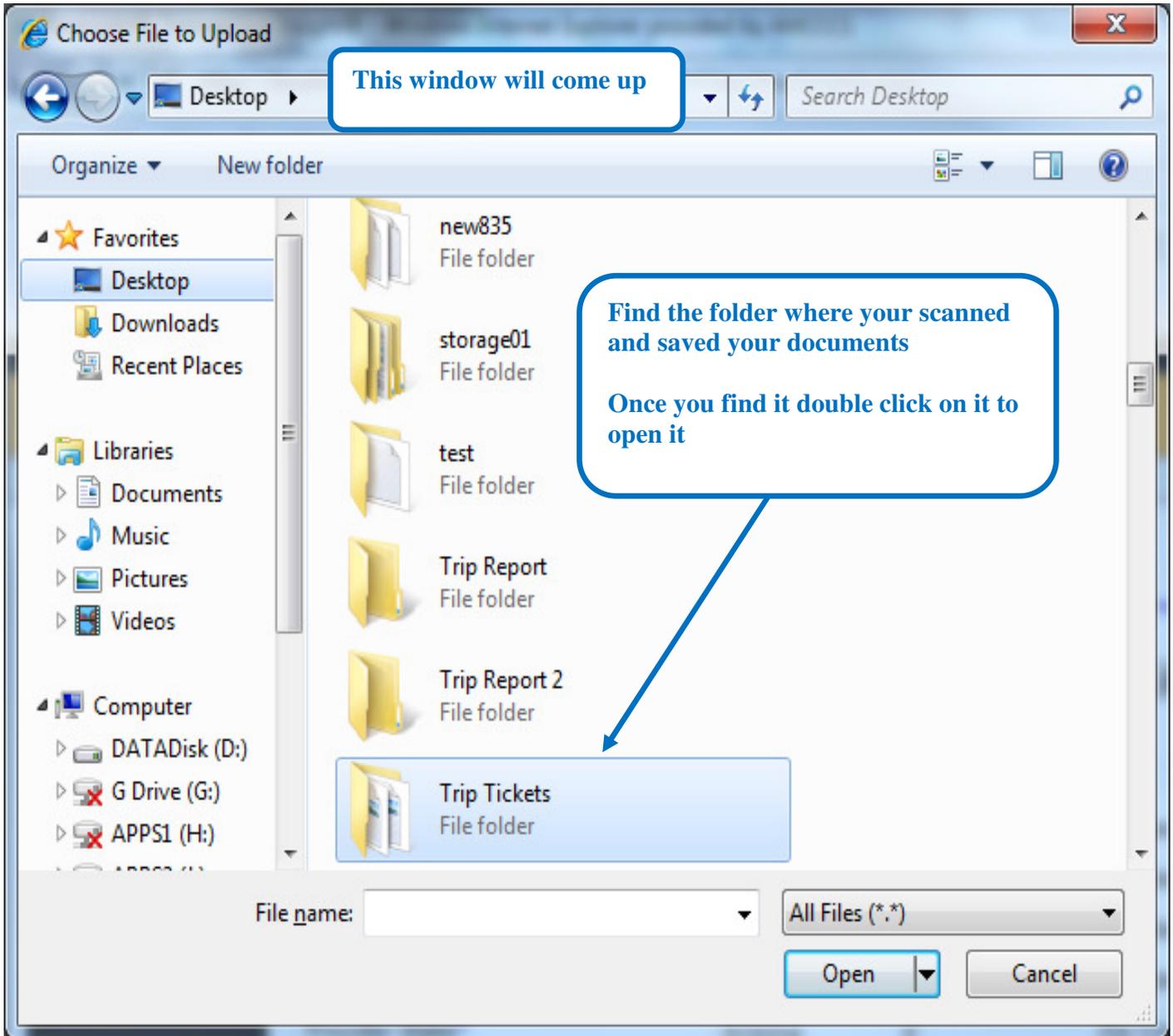
Browse to your file: (maximum file size limit 64MB)

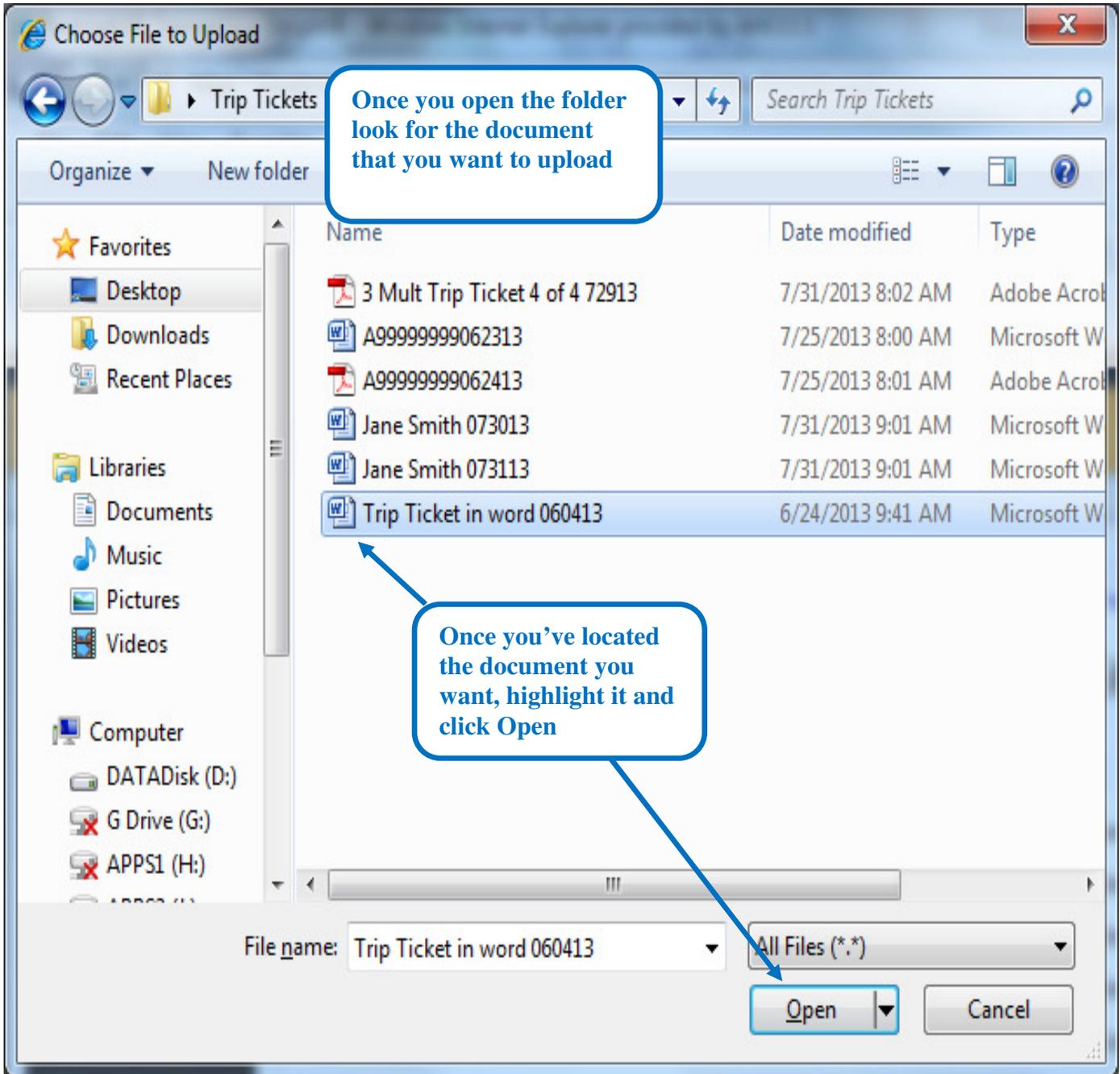
275 Attachment Details

Submitter Last or Organization Name*	ahcccs	Transaction	02-Add
Provider Last or Organization Name*	Ahcccs	Provider	
Provider Identifier Type*	Provider Identifier	Provider Identifier*	123456789012
Provider Address*	12345	Provider	phx
Provider State*	Arizona	Zip Code*	85034
Patient Last Name*	test	Patient First Name	
Patient Primary Identifier*	A85131244	Patient Control Number*	A851312344
Medical Record Identification Number		Payer Claim Control Number or Provider Attachment Control Number*	A85131244092613
Claim Service Period Start Date*	9/26/2013	Claim Service Period End Date	

* - Required Fields







The document location and the file name will appear here

- Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions
- Tasks
- My Tasks
- Task Analysis
- Search
- Documents
- Code Lookup
- Files
- 275 Attachments
- User
- My Account

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)

Now click the "Upload Attachment" button

275 Attachment Details

Submitter Last or Organization Name*	<input type="text" value="ahcccs"/>	Transaction Set Purpose Code*	<input type="text" value="02-Add"/>
Provider Last or Organization Name*	<input type="text" value="Ahcccs"/>	Provider First Name	<input type="text"/>
Provider Identifier Type*	<input type="text" value="Provider Identifier"/>	Provider Identifier/Provider Secondary Identifier*	<input type="text" value="123456789012"/>
Provider Address*	<input type="text" value="12345"/>	Provider City*	<input type="text" value="phx"/>
Provider State*	<input type="text" value="Arizona"/>	Zip Code*	<input type="text" value="85034"/>
Patient Last Name*	<input type="text" value="test"/>	Patient First Name	<input type="text"/>
Patient Primary Identifier*	<input type="text" value="A85131244"/>	Patient Control Number*	<input type="text" value="A851312344"/>
Medical Record Identification Number	<input type="text"/>	Payer Claim Control Number or Provider Attachment Control Number*	<input type="text" value="A85131244092613"/>
Claim Service Period Start Date*	<input type="text" value="9/26/2013"/>	Claim Service Period End Date	<input type="text"/>

* - Required 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)

Successfully uploaded file: Trip Ticket in word 060413.docx

If successful you will receive the message "Successfully uploaded file" with the name of the file

275 Attachment Details

If you uploaded the wrong file you can remove the file and start over by clicking the "Remove This File" link

Transaction Set Purpose Code*	02-Add
Provider First Name	
Provider Identifier	123456789012
Provider Address*	12345
Provider City*	phx
Provider State*	Arizona
Zip Code*	85034
Patient Last Name*	test
Patient First Name	
Patient Primary Identifier*	A85131244
Patient Control Number*	A851312344
Medical Record Identification Number	
Payer Claim Control Number or Provider Attachment Control Number*	A85131244092613
Claim Service Period Start Date*	9/26/2013
Claim Service Period End Date	

* - Required Fields

Once you've uploaded the correct file click on the 'Save Attachment' button

If successful you will get the following message
 “275 attachment file and details uploaded successfully”

- Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions
- Tasks
- My Tasks
- Task Analysis
- Search
- Documents
- Code Lookup
- Files
- 275 Attachments
- User
- My Account

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)

275 Attachment Details

Submitter Last or Organization Name*	<input type="text" value="ahcccs"/>	Transaction Set Purpose Code*	<input type="text" value="02-Add"/>
Provider Last or Organization Name*	<input type="text" value="Ahcccs"/>	Provider First Name	<input type="text"/>
Provider Identifier Type*	<input type="text" value="Provider Identifier"/>	Provider Identifier/Provider Secondary Identifier*	<input type="text" value="123456789012"/>
Provider Address*	<input type="text" value="12345"/>	Provider City*	<input type="text" value="phx"/>
Provider State*	<input type="text" value="Arizona"/>	Zip Code*	<input type="text" value="85034"/>
Patient Last Name*	<input type="text" value="test"/>	Patient First Name	<input type="text"/>
Patient Primary Identifier*	<input type="text" value="A85131244"/>	Patient Control Number*	<input type="text" value="A851312344"/>
Medical Record Identification Number	<input type="text"/>	Payer Claim Control Number or Provider Attachment Control Number*	<input type="text" value="A85131244092613"/>
Claim Service Period Start Date*	<input type="text" value="9/26/2013"/>	Claim Service Period End Date	<input type="text"/>

* - Required Fields

Transaction Insight Portal 275 Attachments

Section 10:

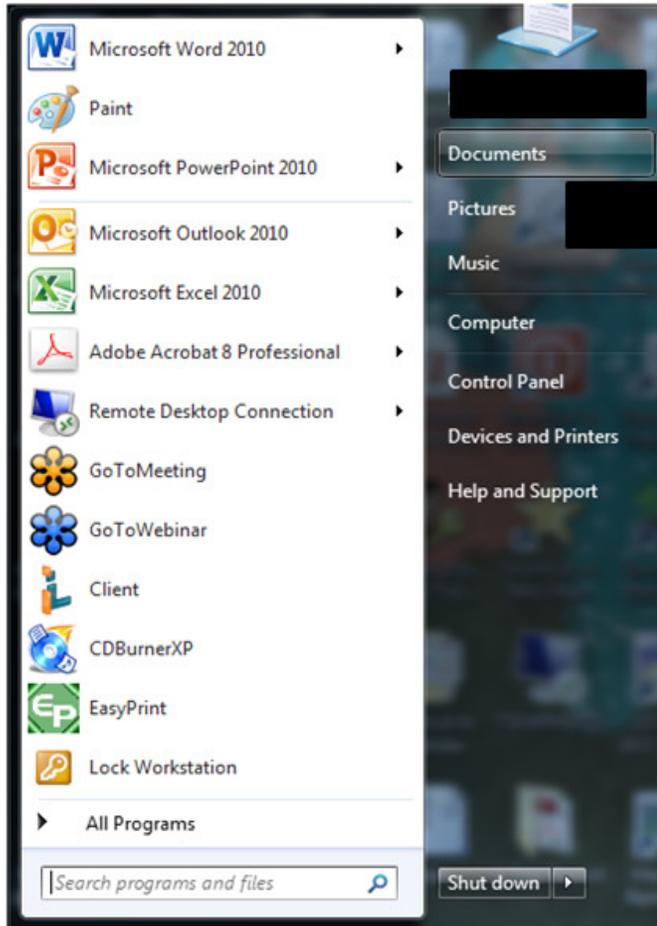
How to create a folder



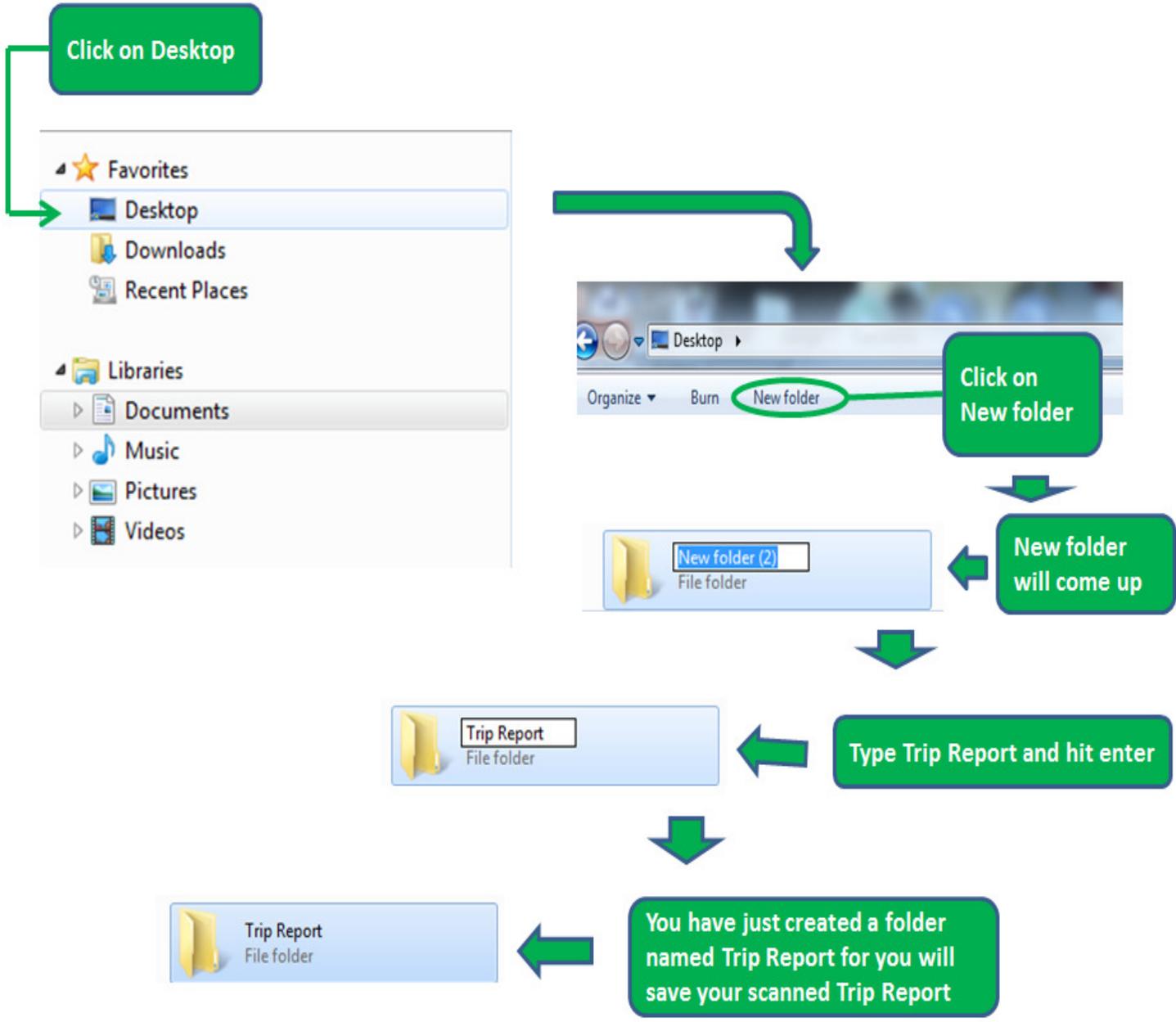
Create a folder and you can name it Trip Reports



Click Start



Click Documents



Transaction Insight Portal 275 Attachments

Section 10:

Frequently Asked Questions



FAQ'S

Q:	Can you use lower case alpha on a PWK number?
A:	If using alpha's in a PWK number they must be in upper case (i.e. A99999999082713)
Q:	If I have a valid NPI number (12 digit ID) do I have to use it or can I use my AHCCCS 6 digit ID?
A:	If you have a valid NPI number you must use it when billing the claim and on the 275 attachment TI portal. Failure to do so will result in the attachment not linking.
Q:	Can I make correction to the trip report?
A:	Original Daily Trip Reports must be completed in pen. If an error is made, draw a single line through the error and print the correct information.
Q:	What are things not permitted for use on the trip report?
A:	No highlighter, color marks, liquid paper correction fluid (White Out) and permanent self-adhesive correction tape.
Q:	Which delimiter values cannot be used?
A:	The following delimiter values cannot be used: { }, [], ~,
Q:	Are leading and trailing spaces allowed?
A:	Leading and trailing spaces will result in errors and may cause the document not to match.
Q:	Can multiple files be loaded at one time?
A:	Only one file can be uploaded at a time the second file will replace the previously loaded file.
Q:	How do I add other users?
A:	Email request to mailto:EDICustomerSupport@azahcccs.gov
Q:	How do I reset my password?
A:	Email request to mailto:EDICustomerSupport@azahcccs.gov
Q:	What size should the document be?
A:	8 ½ by 11
Q:	Can you upload color documents?
A:	The documents should be black and white
Q:	What should the DPI (resolution) be?
A:	They should be 300 DPI

Transaction Insight Portal 275 Attachments

Section 11:

Contacts



Contacts for Transaction Insight Portal 275 Attachments

To sign up for the Transaction Insight Portal 275 attachments please send an email request to <mailto:EDICustomerSupport@azahcccs.gov>.

To add additional users for the Transaction Insight Portal 275 attachments please send an email request to <mailto:EDICustomerSupport@azahcccs.gov>.

To request password reset for the Transaction Insight Portal 275 attachments please send an email request to <mailto:EDICustomerSupport@azahcccs.gov>. The email must include the following statement in the subject line '**TI Password Reset.**' your password will be reset within an hour and you will receive an email with the new password

The request will be assigned to the EDI Team for processing. Once the EDI Team has processed the request, further instructions including login and password, will be sent to the designated individual

You may also contact the ISD Customer Support line ((602) 417-4451) and open a ticket. The ticket will be forwarded to the EDI Team for processing.

Contacts

EDI Customer Support Email
<mailto:EDICustomerSupport@azahcccs.gov>

ISD Customer Support
(602) 417-4451