



WELCOME

IHS/638 Quarterly Forum

April 25, 2018
2:00 – 3:30 PM
Gold Room





Introductions





American Indian Medical Home (AIMH)



American Indian Medical Home

- AHCCCS State Plan Amendment (SPA) for the AIMH Program was approved by Centers for Medicare and Medicaid Services (CMS) June 2017
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination
- Program for American Indians/Alaskan Natives (AI/AN) members enrolled in the American Indian Health Program (AIHP)

AIMH Eligible Provider Types

- As of October 1, 2017 IHS and Tribal 638 Facilities serving AHCCCS Members enrolled with the American Indian Health Program (AIHP) are able to submit the AIMH application.
- Phoenix Indian Medical Center (PIMC) and Chinle Hospital recently established as AHCCCS' first two American Indian Medical Homes.

AIMH Eligible Provider Types

- Eligible IHS/638 Provider Types:
 - 02 – Hospital
 - 05 – Clinic (excluding Dental Providers)
 - IC – Integrated Clinic
 - C2 – Federally Qualified Health Center (FQHC)
 - C5 – 638 Federally Qualified Health Center (FQHC)
 - 29 – Community/Rural Health Center (RHC)

AIMH Provider Requirements

- Be an IHS or Tribal 638 facility
- Enter into an AIMH IGA
- Primary Care Case Management (PCCM) accreditation
 - National Committee for Quality Assurance (NCQA) or another appropriate accreditation body, OR
 - National IHS Improving Patient Care (IPC) program annual attestation
- Provide 24 hour telephonic access to the care team
- Dependent on selected tier level, provide diabetes education and/or bi-directional participate in the State Health Information Exchange (HIE)

AIMH Service Tier Levels

First Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team

Second Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education

Third Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- Bi-directional participation in State HIE

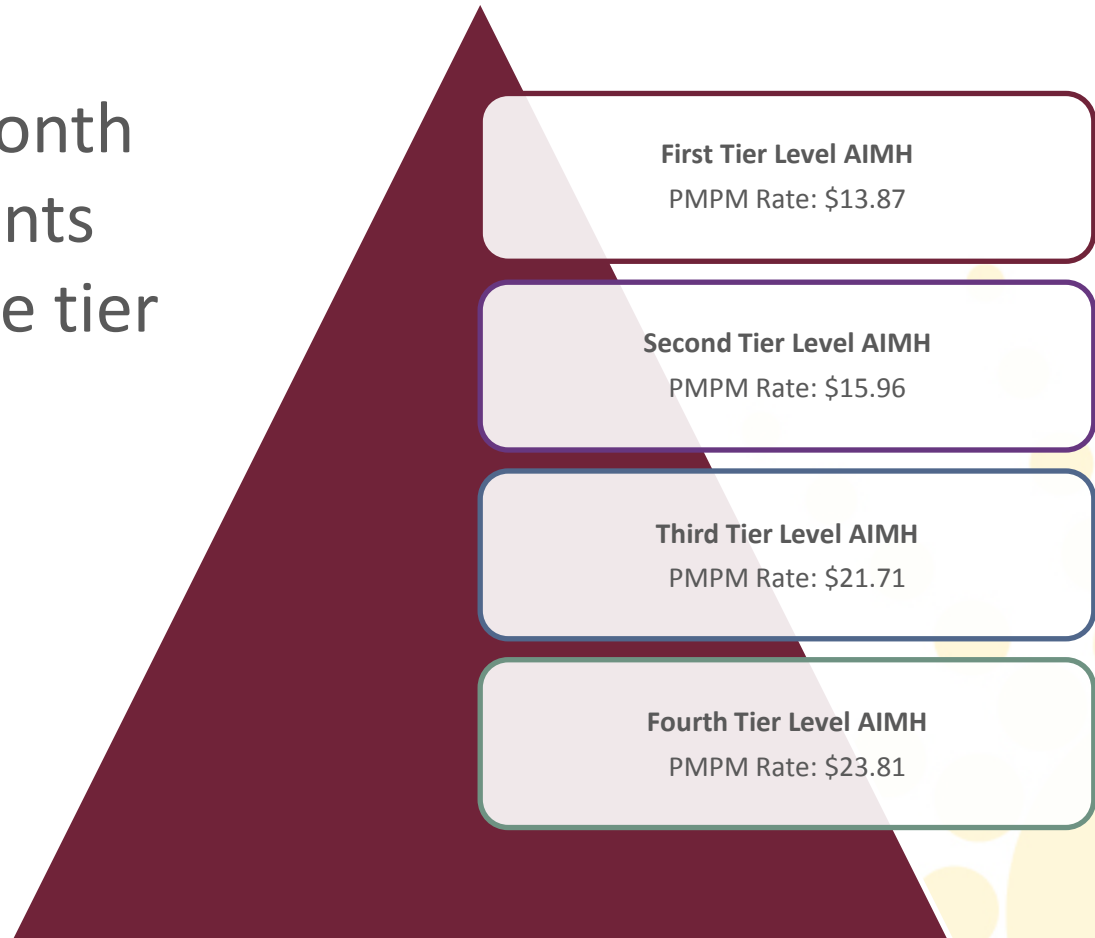
Fourth Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education
- Bi-directional participation in State HIE

Note: There will be an annual renewal process every October at which time the medical home can select a new tier level. The medical home provider will be required to include the appropriate supporting documents with their application.

AIMH Reimbursement Per Tier Level Calendar Year 2018

- Prospective Per Member Per Month (PMPM) payments based on service tier level provided.



Services to Members

- Medicaid services are provided to AI/AN through the American Indian Health Program (AIHP) under the Fee for Service Program (FFS)
- The AIMH program is a voluntary program for AIHP members. Members who choose to participate may dis-enroll or change AIMH sites at any time.
- AIMH allows for improved coordination of services through the use of a Primary Care Case Manager (PCCM) who is able to assist members in coordinating the health care services they receive

AIMH Member Requirements

- Title XIX only; not for KidsCare (AZ's Children's Health Insurance Program)
- AIHP enrolled members only
- Tribal ALTCS not included
- Participation is voluntary
- Member may discontinue at any time
- Member may switch AIMHs at any time
- Facility must keep signed AIMH form on file

AIMH Web Page & AIMH email

- IHS/638 Providers can send questions to AIMH@azahcccs.gov
- Review AIMH information at <https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>
- State Plan Amendment (SPA) <https://www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html>

Questions?





FFS Webpage

<https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/>



Questions?





Transaction Insight (TI) Portal Web Upload Attachment Guide



<https://tiwebprd.statemedicaid.us> – TI Portal **Production** Environment

A screenshot of a web browser window showing the login page for the TI Portal Production Environment. The browser's address bar displays <https://tiwebprd.statemedicaid.us>. The page features a red notice at the top: ***** NOTICE ***** and **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.** Below the notice is a login form titled "TIBCO Foresight Transaction Insight". The form includes a "Sign In" label, an "Email:" field with a text input, a "Password:" field with a text input, a "Remember Login" checkbox, and a "Sign In" button.

<https://tiwebtst.statemedicaid.us> – TI Portal **Test** Environment

A screenshot of a web browser window showing the login page for the TI Portal Test Environment. The browser's address bar displays <https://tiwebtst.statemedicaid.us>. The page features a red notice at the top: ***** NOTICE ***** and **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.** Below the notice is a login form titled "TIBCO Foresight Transaction Insight". The form includes a "Sign In" label, an "Email:" field with a text input, a "Password:" field with a text input, a "Remember Login" checkbox, and a "Sign In" button.



TI PORTAL 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.

TIBCO Foresight Transaction Insight

Sign In

Email:

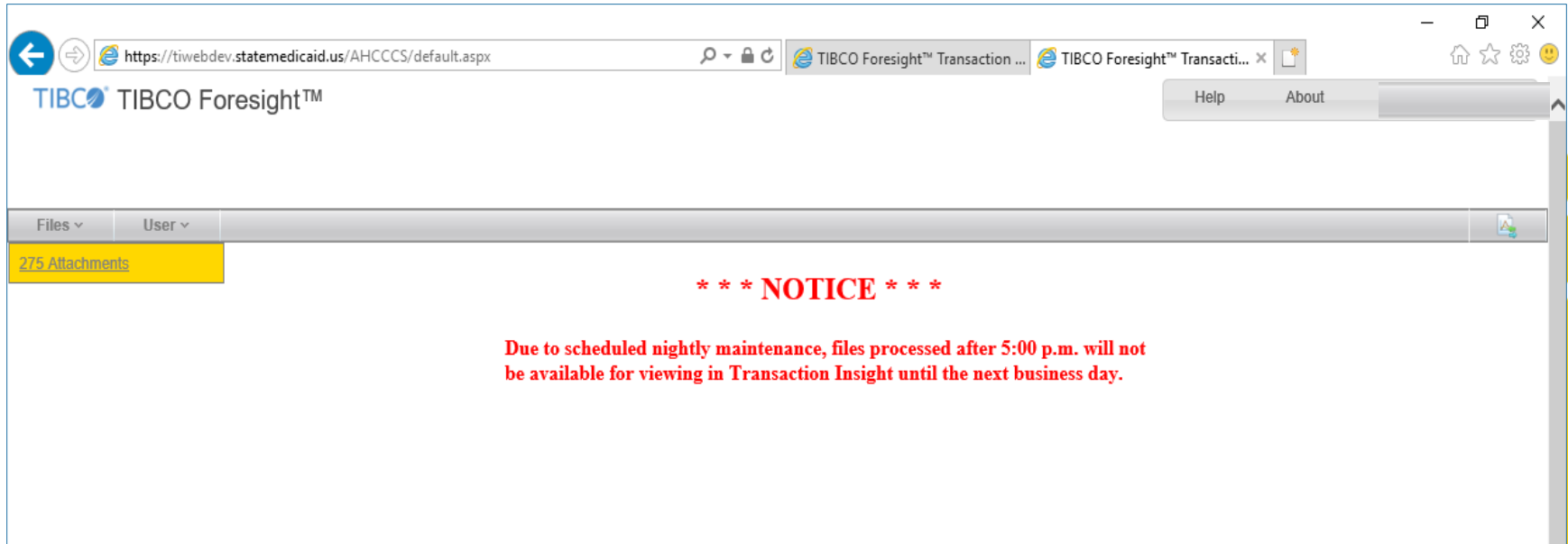
Password:

Remember Login

This **NOTICE** does not apply to 275 Claim Attachments User.

Enter your TI Portal Username/Email and password. Click on Sign In

275 ATTACHMENTS PAGE



Click on Files and select 275 Attachments

275 ATTACHMENTS PAGE

Home :: 275 Attachments

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) **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

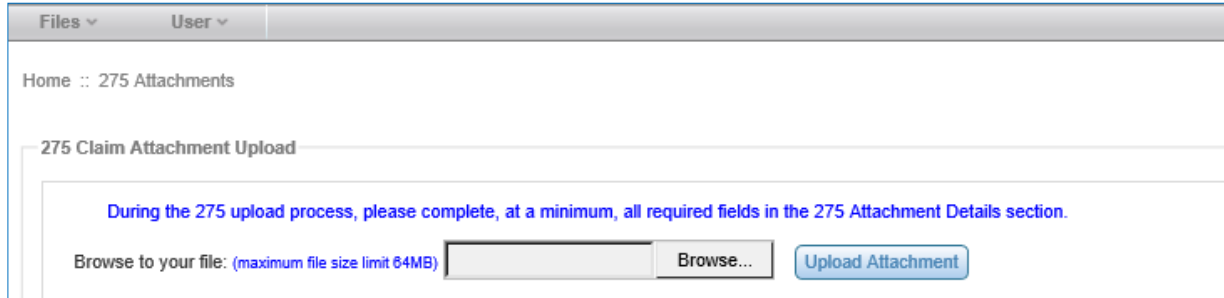
The 275 Attachments page have three parts:

- Part 1: Upload Attachment
- Part 2: Details
- Part 3: Save Attachment

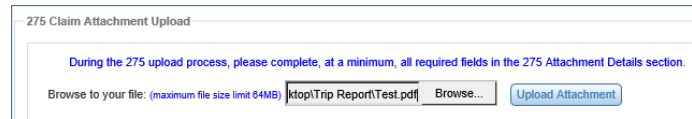
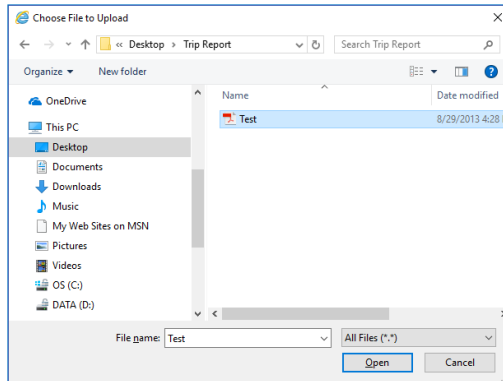
* Required Fields

NOTE:
Provider Primary or Secondary Identifier/Qualifier are also required fields.

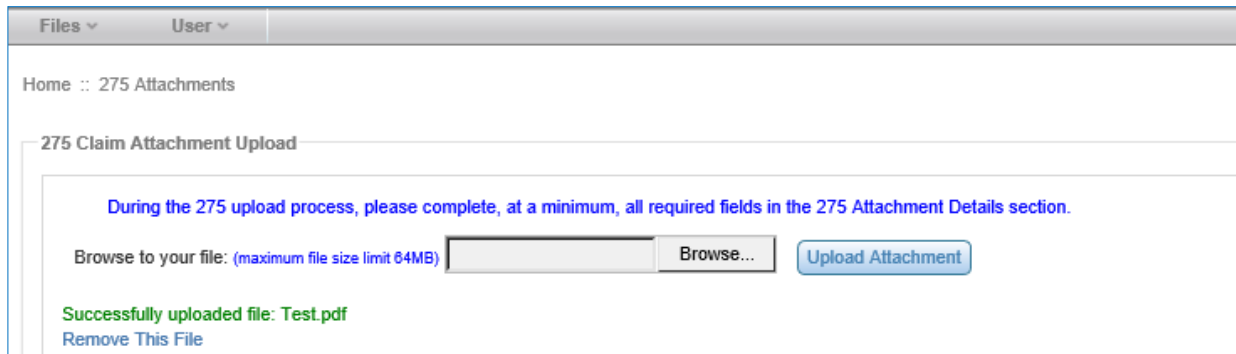
PART 1: 275 CLAIM ATTACHMENT UPLOAD



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



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



Click **Upload Attachment**

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

Successfully uploaded file: filename

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

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

Transaction Set Purpose Code *
02 - Add *
11 - Response *

02 - Add (Unsolicited), is used when submitting an electronic claim and attachment at the same time. This is an automated process and the fastest way for the claim and attachment to link. If an electronic claim comes in with a **PWK** number, the system will **hold the claim for 15 days** to give you time to upload the attachment to TI Portal. Once the attachment has been uploaded and successfully linked to the claim, the claim will drop for processing.

11 - Response (Solicited), is used when you receive a letter that the claim has been denied for no documentation. In this case you must use the **CRN** (Claim Reference Number) of the denied claim in the Payer Claim Control Number. Only upload the file required to TI Portal. **DO NOT RESUBMIT THE CLAIM.**

When 11 - Response is selected, you have to make sure that the following codes are selected from the drop down list, as shown below:

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

NOTE: For an 11 – Response (Solicited) using the CRN, this requires a **manual linking** process. It can take up to 4 to 6 weeks to link the attachment to the claim.

SUBMITTER LAST OR ORGANIZATION NAME (REQUIRED)

Submitter Last or Organization Name *

Enter the Submitter's Last Name or the Organization (Company) Name.
NOTE: You can enter your Company Name or the person who logged in.

PROVIDER ENTITY TYPE QUALIFIER: PERSON (1) OR NON-ENTITY PERSON (2) PROVIDER LAST OR ORGANIZATION NAME (REQUIRED), PROVIDER FIRST NAME (OPTIONAL)

If using Provider Entity Type Qualifier: **Person (1)**, Enter the Provider's Last Name. You can enter the Provider's First Name or leave it blank.

Provider Entity Type Qualifier Person (1) Non-Person Entity (2) *

Provider Last or Organization Name *

Provider First Name

If using Provider Entity Type Qualifier: **Non-Person Entity (2)**, only enter the Organization Name (Company).

Provider Entity Type Qualifier Person (1) Non-Person Entity (2) *

Provider Last or Organization Name *

Provider First Name

PROVIDER PRIMARY IDENTIFIER QUALIFIER AND PRIMARY **OR** SECONDARY IDENTIFIER

If you are **billing using an NPI** number, you must select **XX-NPI** from the Provider Primary Identifier Qualifier drop down list. Enter your valid **10** digit National Provider Identifier (**NPI**) in the Provider **Primary** Identifier field.

NOTE: The Provider Secondary Identifier must be left blank.

Provider Primary Identifier Qualifier	XX - NPI	▼
Provider Primary Identifier	1234567890	
Provider Secondary Identifier		

If you are **billing using the AHCCCS assigned 6 digit Provider ID**, leave Provider Primary Identifier Qualifier default value of **Select a value**, as shown below. Enter your AHCCCS assigned **6 digit Provider ID** in the Provider **Secondary** Identifier field.

NOTE: The Provider Primary Identifier must be left blank.

Provider Primary Identifier Qualifier	Select a value	▼
Provider Primary Identifier		
Provider Secondary Identifier	123456	

PROVIDER ADDRESS, CITY, STATE, ZIP CODE – REQUIRED

Provider Address	801 EAST JEFFERSON	*
Provider City	PHOENIX	*
Provider State	AZ - Arizona	▼ *
Provider Zip Code	85034	*

Provider Address: Enter the provider or company address

Provider City: Enter the provider or company city

Provider State: Enter the provider or company state

Provider Zip Code: Enter the provider or company zip code

PATIENT (AHCCCS MEMBER'S) LAST NAME, FIRST NAME, PRIMARY IDENTIFIER, AND PATIENT CONTROL NUMBER

Patient Last Name	DOE	*
Patient First Name	JANE	
Patient Primary Identifier	A12345678	*
Patient Control Number	P123123	*

Patient Last Name (required): Enter the AHCCCS member's last name

Patient First Name (optional): Enter the AHCCCS member's first name or **leave blank**



Patient Primary Identifier (required): This is the AHCCCS member's 9-character AHCCCS ID. The AHCCCS ID must always start with an uppercase A. For example: **A12345678**

Patient Control Number (required): Enter the Patient Control (Account) Number. This would be your own internal/company patient account number. If you do not have a patient control number, enter the AHCCCS member's 9-character AHCCCS ID.

MEDICAL RECORD IDENTIFICATION NUMBER (OPTIONAL – CAN BE LEFT BLANK)

Medical Record Identification Number	<input type="text"/>
--------------------------------------	----------------------

CLAIM SERVICE PERIOD START DATE (REQUIRED) AND CLAIM SERVICE END DATE (OPTIONAL – CAN BE LEFT BLANK)

Claim Service Period Start Date	<input type="text" value="1/3/2018"/>	 *
Claim Service Period End Date	<input type="text"/>	

Claim Service Period Start Date (Required): You can enter the date manually using the **MM/DD/YYYY** format or you can click on the Date icon and then select the date from the calendar.

Claim Service Period End Date (Optional): You can enter the date manually using the **MM/DD/YYYY** format or you can click on the Date icon and then select the date from the calendar. **You can leave this blank.**

PAYER CLAIM CONTROL NUMBER OR PROVIDER ATTACHMENT CONTROL NUMBER **REQUIRED**

Depending on which Transaction Set Purpose Code was selected will determine which value will be entered:
02 - Add (enter **PWK**) or 11 - Response (**CRN**)

02 - Add (Unsolicited), is used when submitting an electronic claim and attachment at the same time. This is an automated process and the fastest way for the claim and attachment to link. If an electronic claim comes in with a **PWK** number, the system will **hold the claim for 15 days** to give you time to upload the attachment to TI Portal. Once the attachment has been uploaded and successfully linked to the claim, the claim will drop for processing.

NOTE: If you are using the 9-character AHCCCS ID in your PWK, the A must be in uppercase or the link process will fail.

Sample below using PWK:

Payer Claim Control Number or
Provider Attachment Control Number

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 required file to TI Portal. **DO NOT RESUBMIT THE CLAIM.**

NOTE: Using the PWK is an automatic process, and the claim will process quickly. Using the CRN is a manual process, and can take up to 2 to 4 weeks to process.

Sample below using CRN:

Payer Claim Control Number or
Provider Attachment Control Number

CLAIM STATUS CATEGORY STATUS, ADDITIONAL INFORMATION REQUEST CODE, AND CODE LIST QUALIFIER CODE (DROP DOWN VALUES)

If the Transaction Set Purpose Code is set to **02 - Add**, leave the default value of **Select a value** as shown below:

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

If the Transaction Set Purpose Code is set to **11 - Response**, you must select from the drop down list. Select the values as shown below:

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

275 CLAIM ATTACHMENT UPLOAD **SUBMIT ATTACHMENT (PART 3)**

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: Test.pdf
Remove This File

Transaction Set Purpose Code: 02 - Add

Submitter Last or Organization Name: MEDICAL TRANSPORTATION COMPANY

Provider Entity Type Qualifier: Person (1) 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

The example shown is the completed details part of the 275 Claim Attachment Upload.

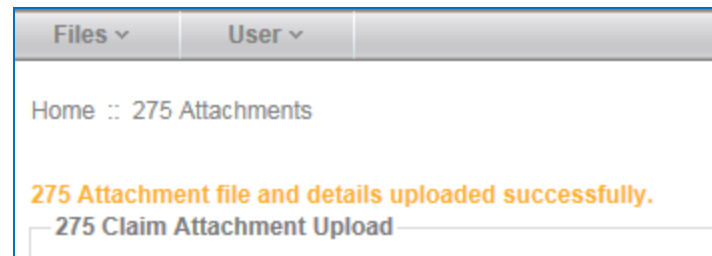
NOTE: When you log off and sign back on to TI Portal, your last data entry in the details will be kept.

Before you click on Submit Attachment, please always double check that the correct file was uploaded and the correct information was entered in the **details** part.

If everything looks good, click on **Submit Attachment**.

If there are no errors on your detailed information, you will see a message that states:

275 Attachment file and details uploaded successfully, as shown below:



275 CLAIM ATTACHMENT UPLOAD – SAMPLE DATA IN DETAILS SECTION

This is an 02 – Add (Unsolicited), using 6 digit Provider ID and PWK

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

Submit Attachment Cancel

This is an 11-Response (Solicited) using 10 digit NPI and CRN

Transaction Set Purpose Code	11 - Response	*
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	XX - NPI	*
Provider Primary Identifier	1234567890	
Provider Secondary Identifier		
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	180030000123	*
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

NOTE: It is very important that the billing provider data and PWK/Control Number in your claim submission (through 837 or AHCCCS Online) **MUST MATCH** to what you entered in the provider qualifier/identifier and Payer Claim Control Number in TI Portal. If the data matches, then the claim and attachment will automatically be linked. For a Solicited/11-Response (CRN), this will require a **manual linking** process. It can take up to 4 to 6 weeks to link the attachment to the claim.

SAMPLE ERROR MESSAGES

NOTE: Once you have uploaded the file, completed the details part and click on Submit Attachment, system will validate your data. If there are invalid data entered, it will show the error message and asterisk will turn red. You **must correct the invalid data** before you can submit attachment successfully.

• Provider Primary Identifier is not formatted correctly, please double check the number and ensure there are no leading or trailing spaces.

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	XX - NPI	•
Provider Primary Identifier	1234567890	•

The Provider Primary Identifier errored because the invalid 10 digit NPI number was entered.

You can search or verify the NPI through this website: <https://npiregistry.cms.hhs.gov/>
The NPI Registry Public Search is a free directory of all active National Provider Identifier (NPI) records.

• When the Provider Primary Identifier Qualifier is set to 'NPI', then the Provider Primary Identifier is a required field; otherwise, don't use either

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	XX - NPI	•
Provider Primary Identifier		•
Provider Secondary Identifier	123456	•

This errored because the **6 digit AHCCCS Provider ID** was entered when the **qualifier** was set to **XX-NPI**. This created a mismatch of qualifier to identifier. To correct this, it will depend on how you billed the claim.

If claim was billed using the 10 digit NPI, then enter the 10 digit NPI under the Provider Primary Identifier **only**. Leave the Provider Secondary blank.

If claim was billed using 6 digit AHCCCS Provider ID, then, Select a value (default) must be selected as the qualifier.

PWK NUMBER

The PWK number is used when submitting an electronic claim and its corresponding attachment at the same time. There is a system auto linking process where it finds the PWK number to its corresponding attachment. If a match is found, then it will be linked and will drop for processing.

The PWK number is a unique number that you will create for each claim and its corresponding attachment which will be used for the auto linking process.

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

If a claim requires an attachment and a PWK number is entered on the electronic claim, the system will hold the claim for 15 days to allow you to submit the attachment at a later day.

If after 15 days the attachment has not been uploaded, the attachment linking process will fail. The claim will be denied.

At this point you can upload the attachment again, but instead of using a PWK you will use the CRN to upload the attachment. You 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 a member's AHCCCS ID and the Date of Service

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

A12345678

Date of Service

01/03/18

PWK for Claim 1, Document 1

A1234567801032018

Different AHCCCS ID member with the Same Date of Services

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

A87654321

Date of Service

01/03/18

PWK for Claim 2, Document 2

A8765432101032018

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

FAQS

Q: Can you use lower case alpha on a PWK number?

A: If you are using the AHCCCS ID in your PWK number, make sure the A is in uppercase. For example: A123456781130173

Q: If I have a valid NPI number (10 digit ID) do I have to use it or can I use my 6 digit AHCCCS Provider ID?

A: If you have a valid NPI number you must use it when billing the claim and on the 275 attachment TI portal. If you use your NPI in your claim and use your 6 digit Provider ID in the 275 TI Portal, the attachment will not link and will result in a denied claim.

Q: Can I make correction to the trip report?

A: Original Trip Report must be completed in pen. If an error is made, draw a single line through the error and rescan the trip report.

Q: Is there a file size limitation on the 275 claim attachments?

A: There is a 64 MB file size limit.

Q: Can multiple attachments be loaded at one time?

A: No. You can only upload one attachment/file a time. However, you can scan multiple pages of trip reports and save this as one file.

Q: How do I reset my password?

A: You can call AHCCCS ISD Customer Support at 602.417.4451 to get your TI Portal password reset.

Q: How do I add other user(s)?

A: Email a request for TI account setup to EDICustomerSupport@azahcccs.gov and required to provide the following: 6 digit AHCCCS Provider ID or 10 digit NPI, Full Name and correct email address.

NOTE: TI Portal Users who have not accessed TI Portal in 90 days will be automatically deleted. User will need to request TI account set up again.

Q: What size should the document be?

A: 8 ½ by 11

Q: Can you upload color documents?

A: The documents should be in black and white

Q: What should the DPI (resolution) be?

A: They should be 300 DPI

REMINDERS/COMMON ERRORS

- **NEVER SHARE YOUR TI PORTAL USERNAME AND PASSWORD. Doing so is a security violation.**
 - Any user/staff that will be uploading to TI Portal must email a request for TI account setup to EDICustomerSupport@azahcccs.gov and required to provide the following:
6 digit AHCCCS Provider ID or 10 digit NPI, Full Name and correct email address
- Provider Identifier Type:
 - Provider **Primary** Identifier MUST be the **10 digit NPI Number**
 - Provider **Secondary** Identifier MUST be the **6 digit AHCCCS Provider ID**
- Do not use the CRN/Claim# as the Provider ID
- 9-character AHCCCS ID, beginning with an A, for example, **A**12345678
- The PWK submitted in your claim (837) or Control Number through AHCCCS Online must be the same PWK (Payer Claim Control Number) entered in TI Upload. **This mismatch will cause your claim to be denied for missing documentation.**
- Always verify your data before you click on Submit Attachment.
- Always verify that the correct attachment has been selected before you click on Upload Attachment.
- Leave the fields blank if they are not required
- Please be careful when tabbing through the file id make sure you didn't accidentally hit the space bar. The cursor should always be in the first entry when entering data
- Make sure you subscribe to the AHCCCS Email Notifications/Updates in order to receive important notification pertaining to the 275 process or Transaction Insight (TI) Portal.
 - **AHCCCS Email Notifications/Updates Sign Up Form:**
https://visitor.r20.constantcontact.com/manage/optin?v=001YVFzdwcJnTCjxhymZCzqm9rGeGhOIGK_c68j79SkAuymNf8Z8wgww-9eIFoFBWx3wTuzeaSCSGJq_c4h7M6GoBKoL9j_ryvwwyFKBqC6CQ8%3D
 - Complete the required fields and check the following email lists:
 - ISD-275-CLAIMS-ATTACHMENT-NOTIFICATION
 - ISD-EDI-TI-USERS-NOTIFICATION
 - An email will be sent to the user to confirm the subscription request. Users wanting to unsubscribe from a particular list can do so by clicking on the "Unsubscribe Email address" option from one of the email notifications you have received.

Questions?





DFSM Provider Trainings



Upcoming Trainings

- 2018 Second Quarter Training Schedule is posted on the AHCCCS Website at [Second QTR Training Schedule](#)
- Additional details are sent out via Constant Contact 7 days prior to the scheduled training.
- Please feel free to submit your *training* questions to: ProviderTrainingFFS@azahcccs.gov

Thank you!





Online Behavioral Health Prior Authorization Submission

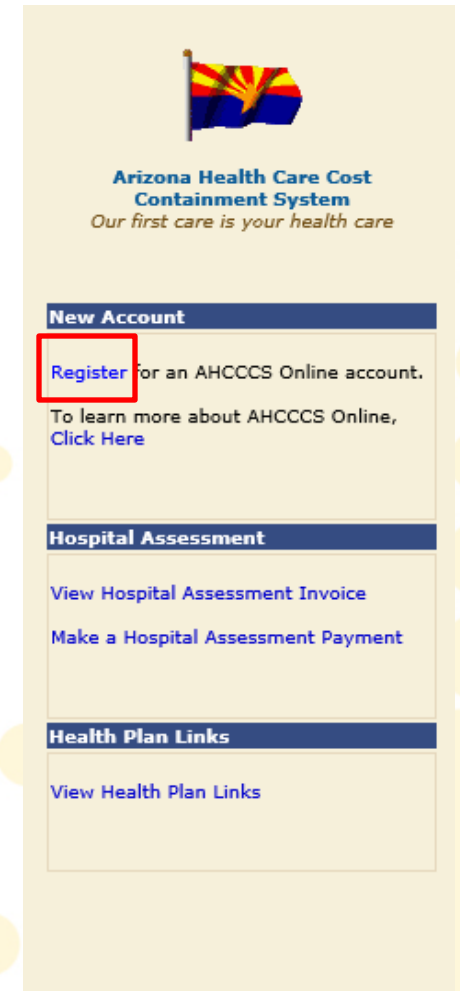


Update

- The online PA submission process is now available for Tribal Regional Behavioral Health Authority (TRBHA) member inpatient admissions to Level 1 facilities.
- With AHCCCS Online authorization submissions, it is **not** necessary to fax an Authorization Request Form to AHCCCS.
- Providers may directly enter their authorization requests through the AHCCCS Online portal, receive a pended authorization number, and use the attachment feature to upload the supporting documents directly with their requests.

AHCCCS Online

- Providers may register for an AHCCCS Online account at:
<https://azweb.statemedicaid.us/Account/Registrar.aspx>
- Online Prior Authorization Submission Training will be held on May 17, 2018.
- For additional information, please email
ProviderTrainingFFS@azahcccs.gov



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New Account

[Register](#) for an AHCCCS Online account.
To learn more about AHCCCS Online,
[Click Here](#)

Hospital Assessment

[View Hospital Assessment Invoice](#)
[Make a Hospital Assessment Payment](#)

Health Plan Links

[View Health Plan Links](#)

Questions?





Policy & Billing Manual Information



Attending Provider Requirements, in accordance with 42 CFR 455.410

- Federal regulation 42 CFR 455.410 requires that all providers be registered with AHCCCS as a participating provider in order to be reimbursed for any service provided to an AHCCCS member. If a provider is not registered, claims will deny.
- This requirement extends to *all* providers including, but not limited to, the ordering and referring physicians, attending and servicing providers, out-of-state providers, and any other professional providing service to a member either within or outside of a hospital setting under the State plan *or* under a waiver of the plan.

Questions?



Thank you!



Questions & Answers



Thank you for joining us!

Next IHS/638 Quarterly Forum
will take place
July 27, 2018 at 2:00 PM

