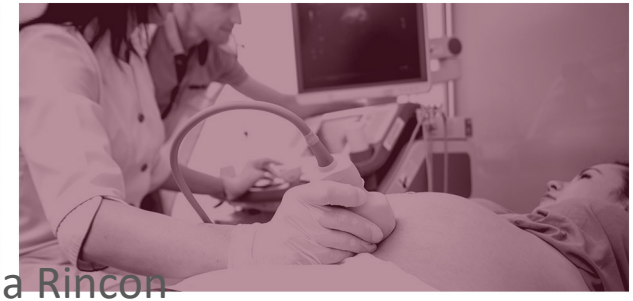





Ana Rincon

NEMT Claims Submission and Uploading the Daily Trip Report using the Transaction Insight Portal

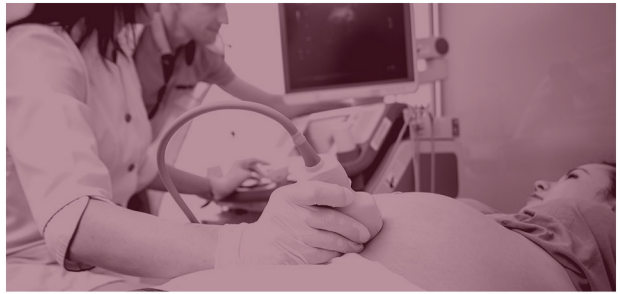
***Materials are designed for FFS programs, including AIHP, TRBHAs and Tribal ALTCS**

November 2021

AHCCCS
Arizona Health Care Cost Containment System






These materials are designed for the AHCCCS Fee-For-Service programs, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

AHCCCS
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Non-Emergency Medical Transportation (NEMT) Coverage

AHCCCS
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Non-Emergency Medical Transportation (NEMT) Coverage

Non-emergency medically necessary transportation is covered consistent with A.A.C. R9-22-211 when furnished by non-emergency transportation providers to transport the member to and from a covered physical or behavioral health service.

Such transportation services may also be provided by Emergency Transportation providers after an assessment by the Emergency Transportation team or Paramedic team determines that the member's condition requires medically necessary transportation.

Non-Emergency Medical Transportation (NEMT) Coverage

Medically Necessary Non-Emergency Transportation Services are covered under the following conditions:

a. The physical or behavioral health service for which the transportation is needed is a covered AHCCCS service;
b. If the member is not able to provide, secure or pay for their own transportation, and free transportation is not available; and
c. The transportation is provided to and from the nearest appropriate AHCCCS registered provider.

Non-Emergency Medical Transportation (NEMT) Coverage

If a member is not able to provide, secure, or pay for their own transportation, and free transportation is not available, non-emergency transportation services are also covered under the following circumstances:

a) To transport a member to obtain Medicare Part D covered prescriptions, and

b) To transport a member to participate in local community based support programs as identified in the member's service plan. Transportation coverage to these programs is limited to transporting the member to the nearest program capable of meeting the member's needs as identified on the member's service plan. Covered local community-based support programs are limited to those specified in Attachment A of this Policy. The Contractor may submit names of other programs it would like added to Attachment A, via e-mail, to the AHCCCS Operations Compliance Officer for consideration for future Policy revisions.

Non-Emergency Medical Transportation (NEMT) Coverage

Tribal Lands Notation:

- Effective 10/1/2014 all NEMT that transport AHCCCS members (pick up and/or drop off) on reservation will be required to obtain a Tribal business license from the Tribe.
- Prior authorization will be denied for transport services on reservation if the NEMT provider does not have the corresponding Tribal business license on file with AHCCCS Provider Registration.

Claim Submission Training

AHCCCS Online Provider Portal

Professional CMS 1500

AHCCCS
Arizona Health Care Cost Containment System

How to Access the AHCCCS Online Provider Portal

There are two ways to access the AHCCCS Online Provider Portal:

1. Main AHCCCS website www.azahcccs.gov

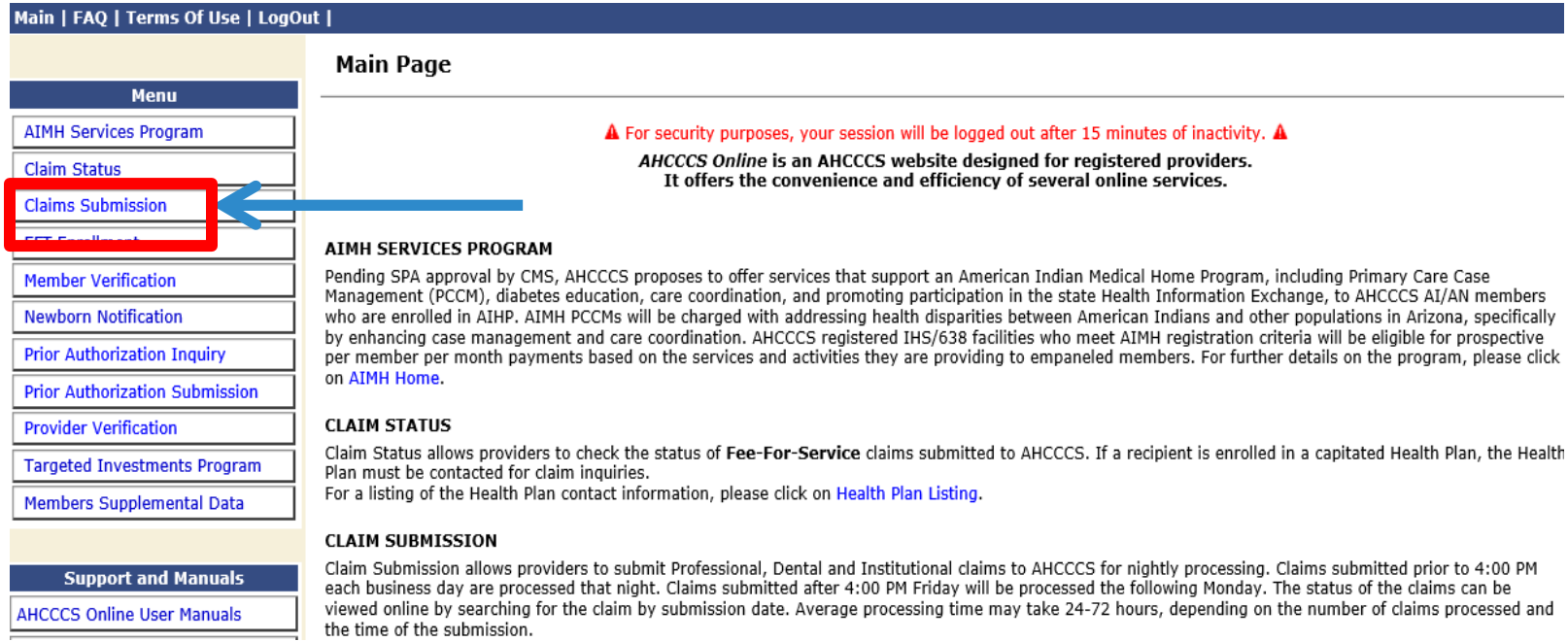
2. URL https://azweb.statemedicaid.us

- If a provider does not have an online account, you can register by clicking on the above link. Under the heading “New Account” click on ***Register for an AHCCCS Online Account*** and follow the instructions to submit a request.

Main Page

Step 1: Sign In. The user **must** have a valid Username and Password.

Step 2: On the Main Page, select ***Claim Submission***



Claims Submission Page

Claim Submission

Claims submitted to AHCCCS prior to 4:00 PM, Monday through Friday, will be processed within 24 to 48 hours. Once the claim has been sent for processing, it can no longer be modified via the web. After the processing deadline, corrections will need to be submitted as a **Replacement** or **Void**. The claim will not be accepted if any required data elements are missing. The claim will also be rejected if the recipient is not eligible for coverage at the time the service is rendered. Claims will be processed under the following Identification Number (Non-Person Entity):

Payer/Receiver Electronic Transmitter Identification Number: 866004791

NOTE: You cannot view the processing status of claims submitted by other users.

Enter New Claim

Type of Claim: Professional Go...

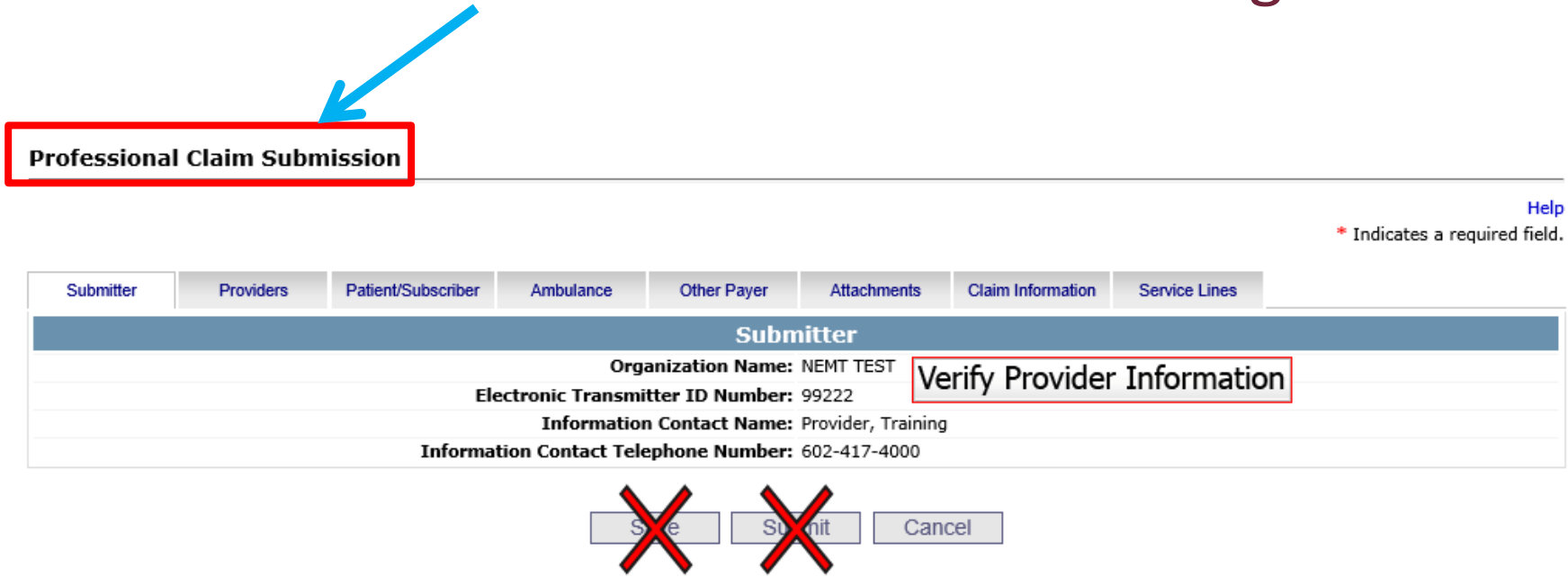
Select Professional and Click GO

View Claim Processing Status

Submission Date(s): - Go...

Submitter Tab

Professional Claim Submission Page



3) Confirm the Submitter information is correct

4) Then Click the Providers tab at the top of the page

Billing Provider Tab

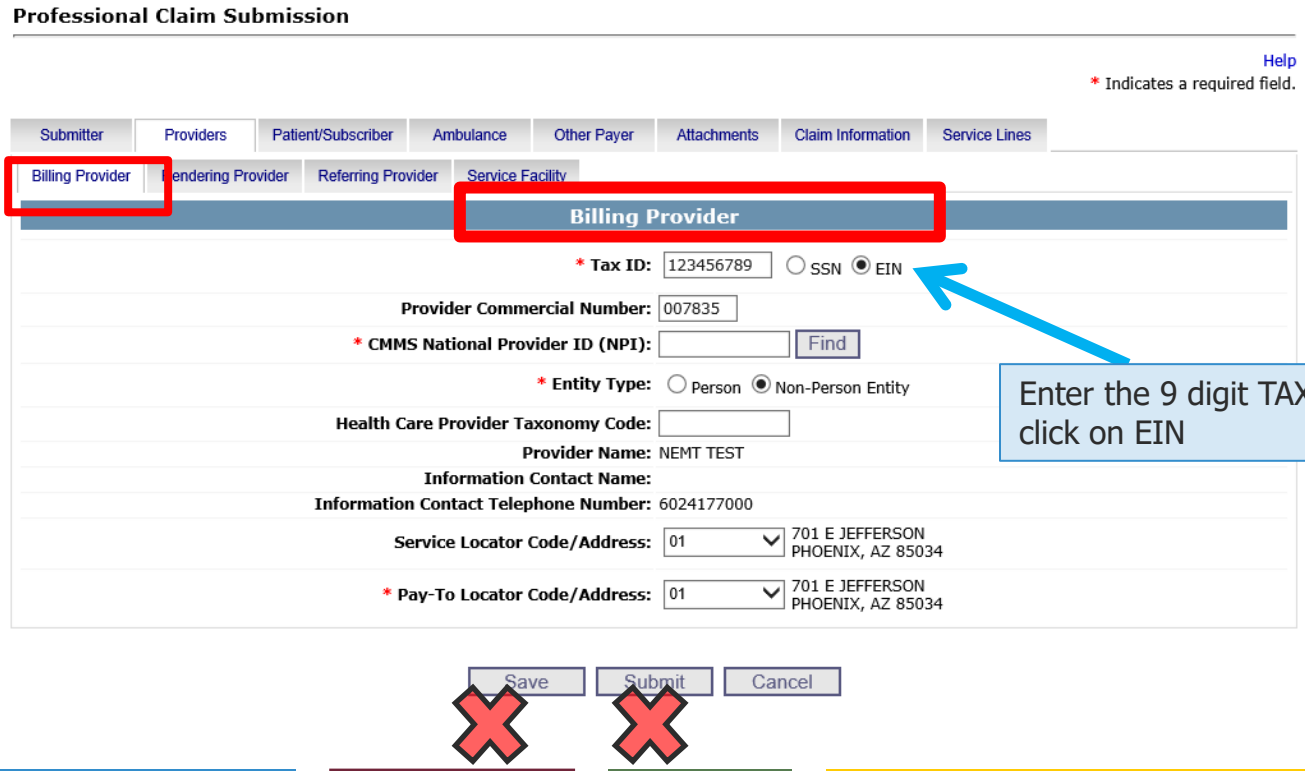
Billing Provider Tab – General Information

In the Tax ID field enter the Billing Provider's Tax ID. If a group is billing enter the Group Biller Tax ID number.

Providers with valid NPI, will leave the provider commercial number field blank. Enter the 10 digit NPI in the CMMS National Provider ID field and click find.

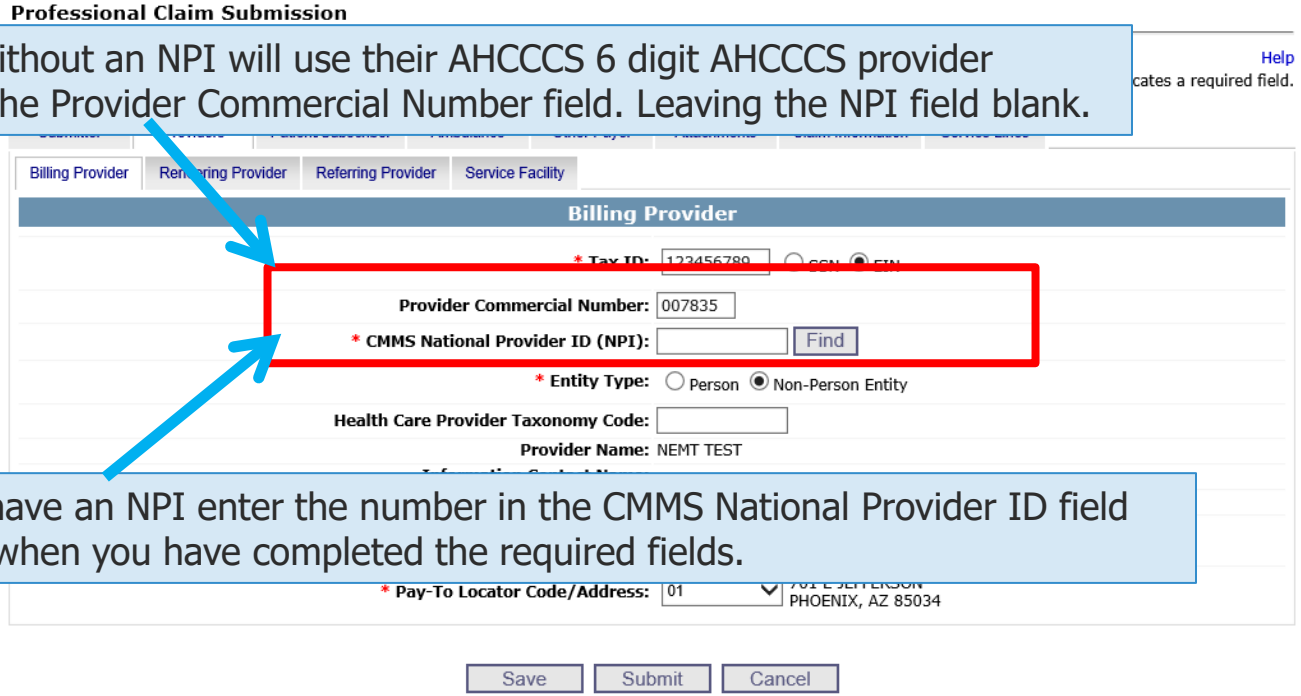
Providers who do not have a valid NPI will be use the 6 digit AHCCCS Provider ID in the Provider Commercial Number field.

Billing Provider Tab – Tax ID Field



Billing Provider Tab - NPI or AHCCCS ID

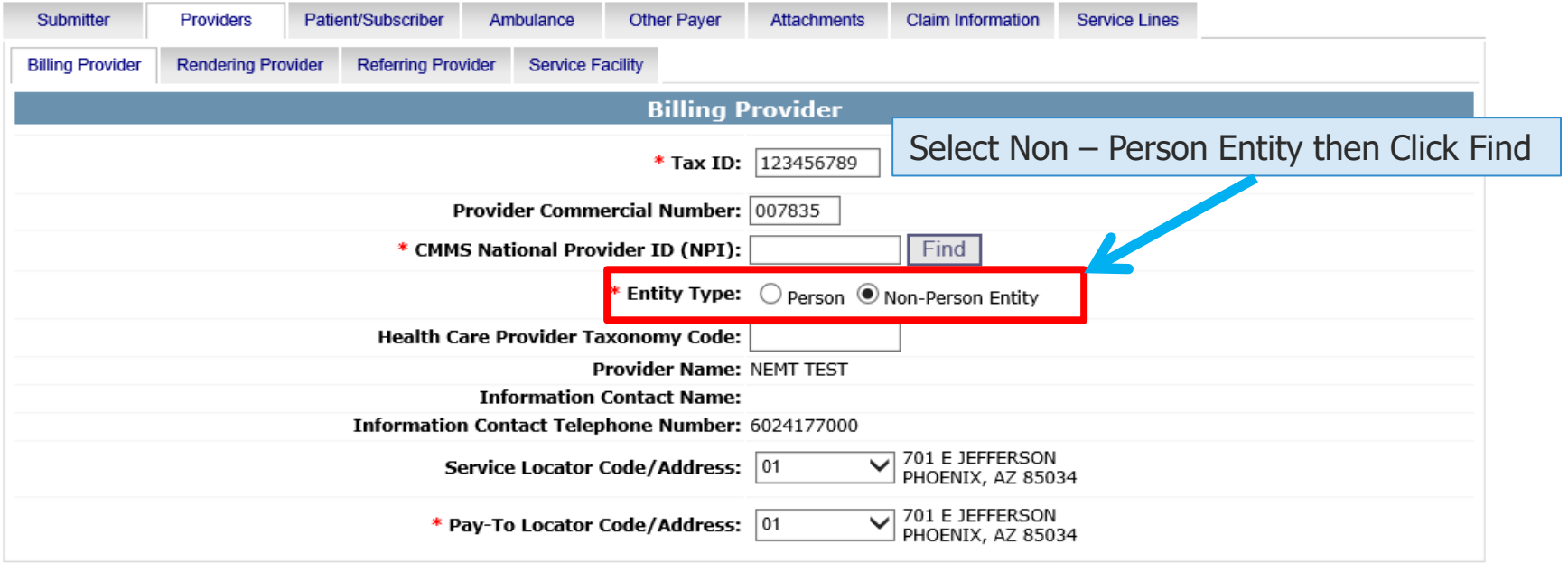
Providers without an NPI will use their AHCCCS 6 digit AHCCCS provider number in the Provider Commercial Number field. Leaving the NPI field blank.



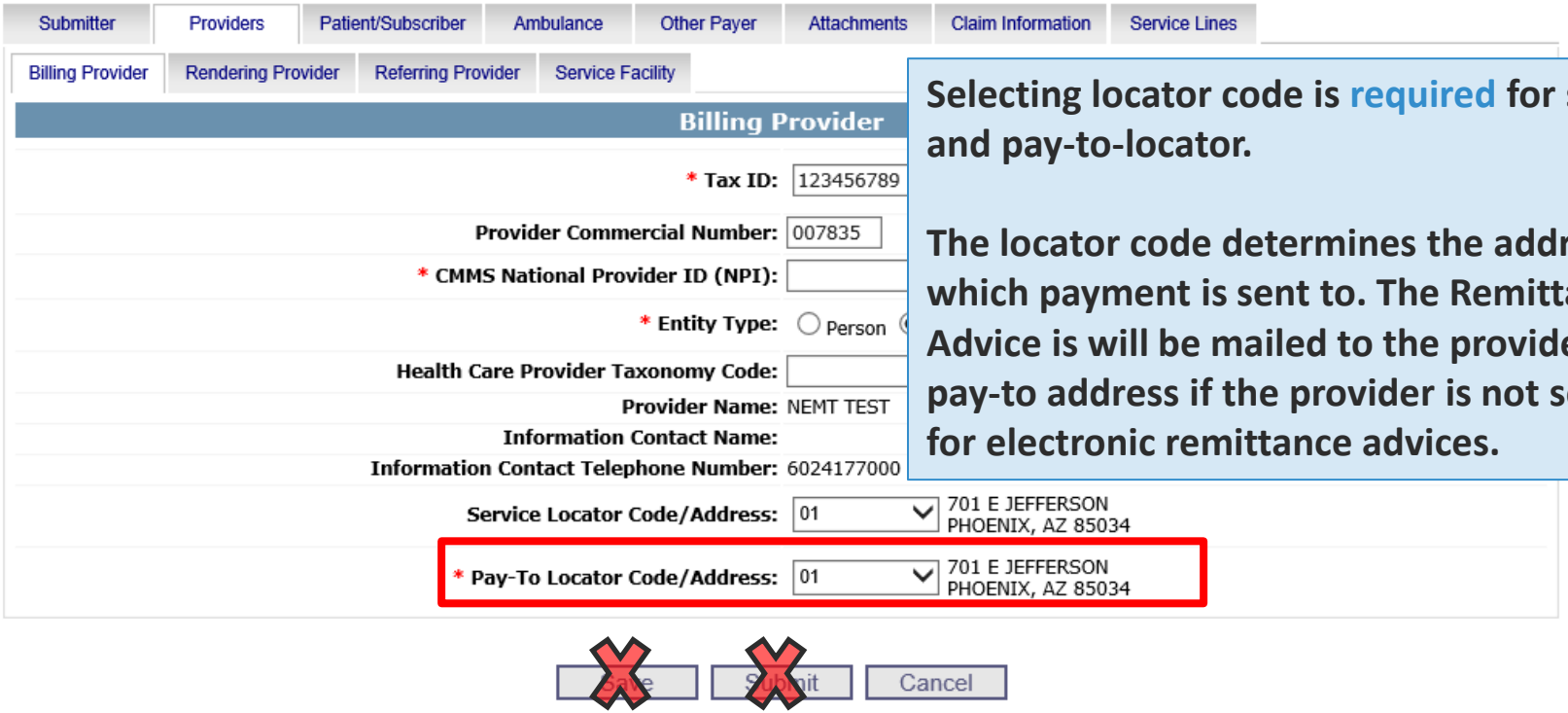
If you do have an NPI enter the number in the CMMS National Provider ID field Click Find when you have completed the required fields.

Billing Provider Tab - Entity Type Qualifier

Click your entity type: Person or Non-Person



Billing Provider Tab - Pay-To-Locator/Address



Selecting locator code is required for service and pay-to-locator.

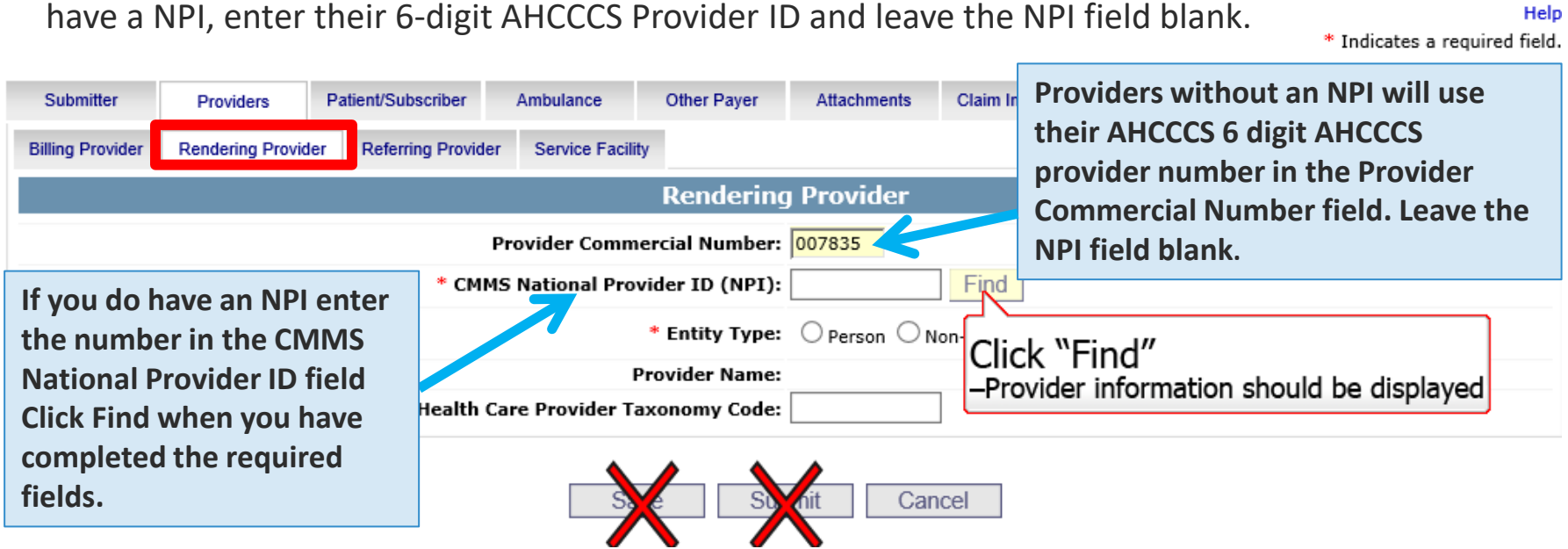
The locator code determines the address to which payment is sent to. The Remittance Advice is will be mailed to the provider's pay-to address if the provider is not set up for electronic remittance advices.

Rendering Provider Tab

Rendering Provider Tab

The process for completing the Rendering Provider Tab is almost identical to the Billing Tab.

Enter the rendering provider's NPI in the appropriate field. If the rendering provider does not have a NPI, enter their 6-digit AHCCCS Provider ID and leave the NPI field blank.



Patient/Subscriber Tab

AHCCCS
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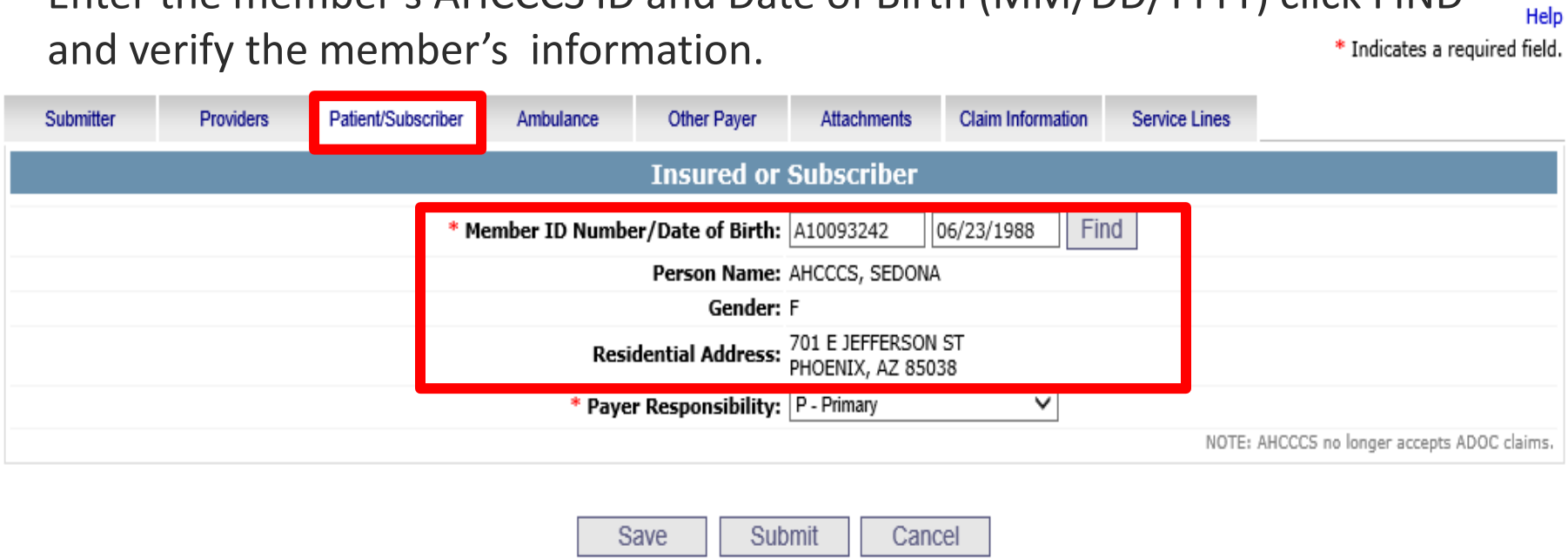
Patient/Subscriber Tab

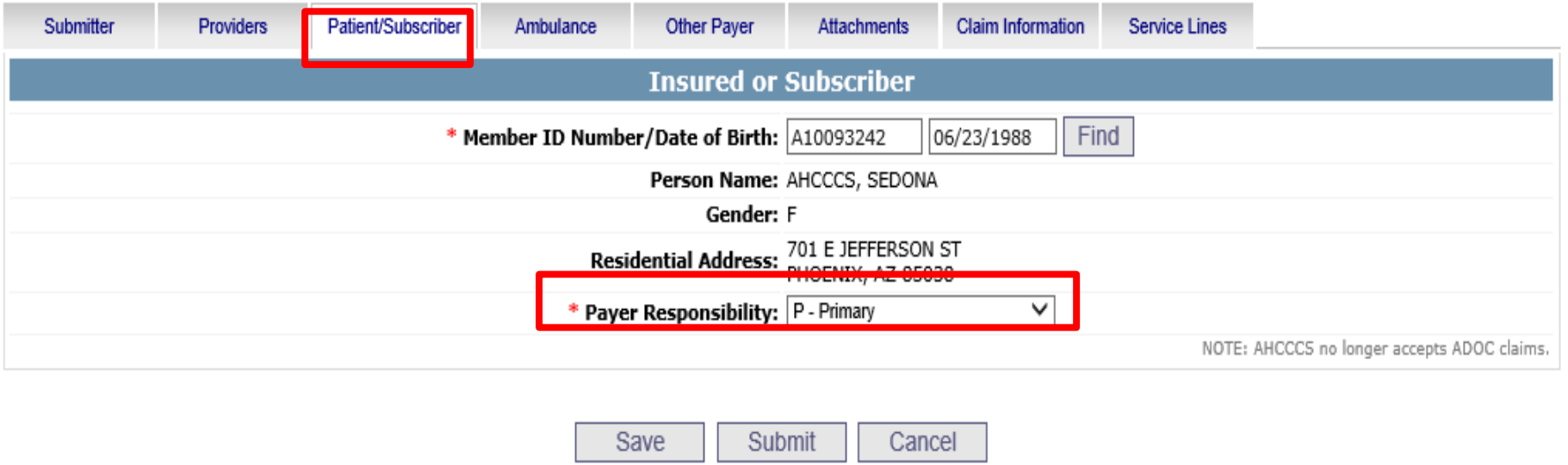
Enter the member's AHCCCS ID and Date of Birth (MM/DD/YYYY) click FIND and verify the member's information.



Patient/Subscriber Tab

Click on the Payer Responsibility drop down. Providers must determine the AHCCCS payment after Medicare and all other first and third party payers.

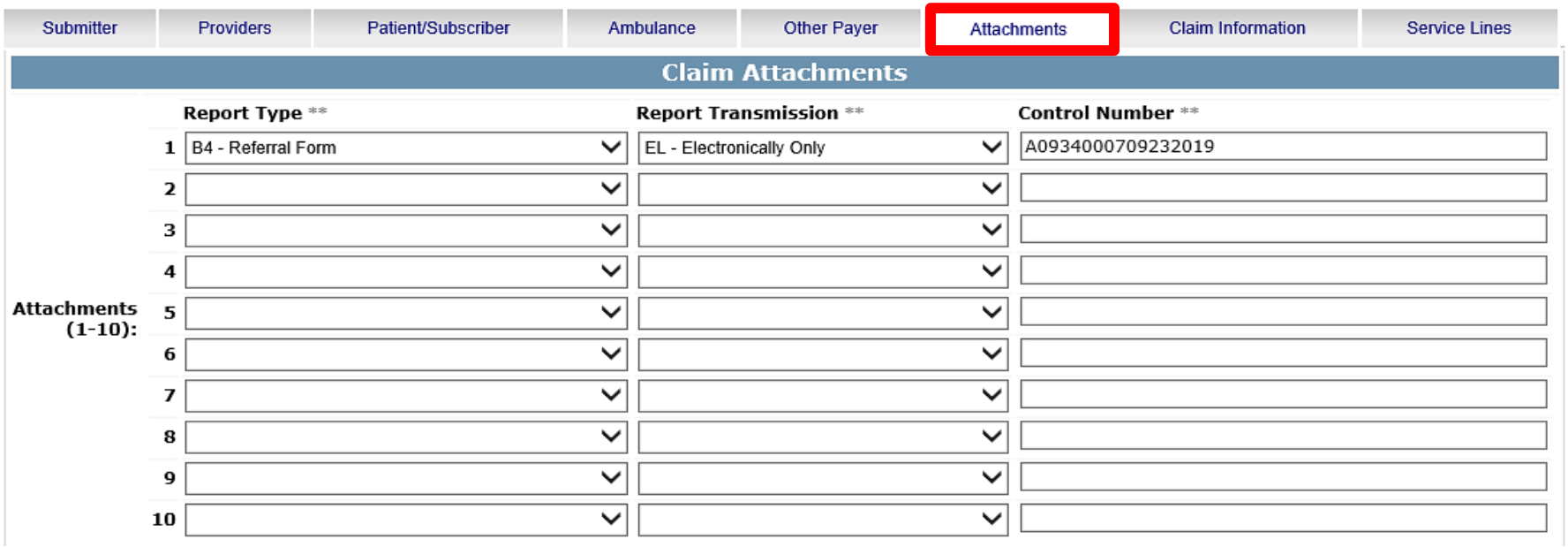
- This mock claim will identify AHCCCS as the Primary Payer and highlight P-Primary.



Attachments Tab

Attachments Tab

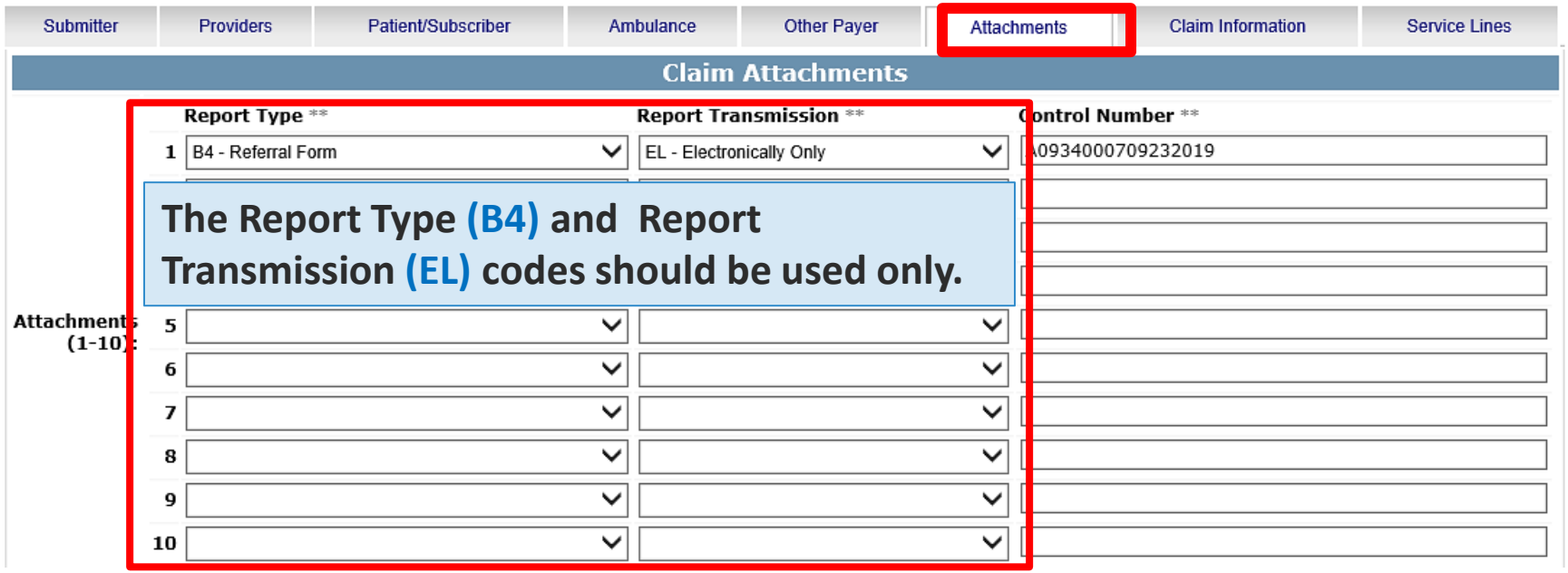
The Attachment tab is the only way to notify the AHCCCS processing system that you are submitting an Electronic Attachment with the claim. From the time of claim submission, providers have 15 days to upload attachments using the Transaction Insight Portal.



Attachments Tab

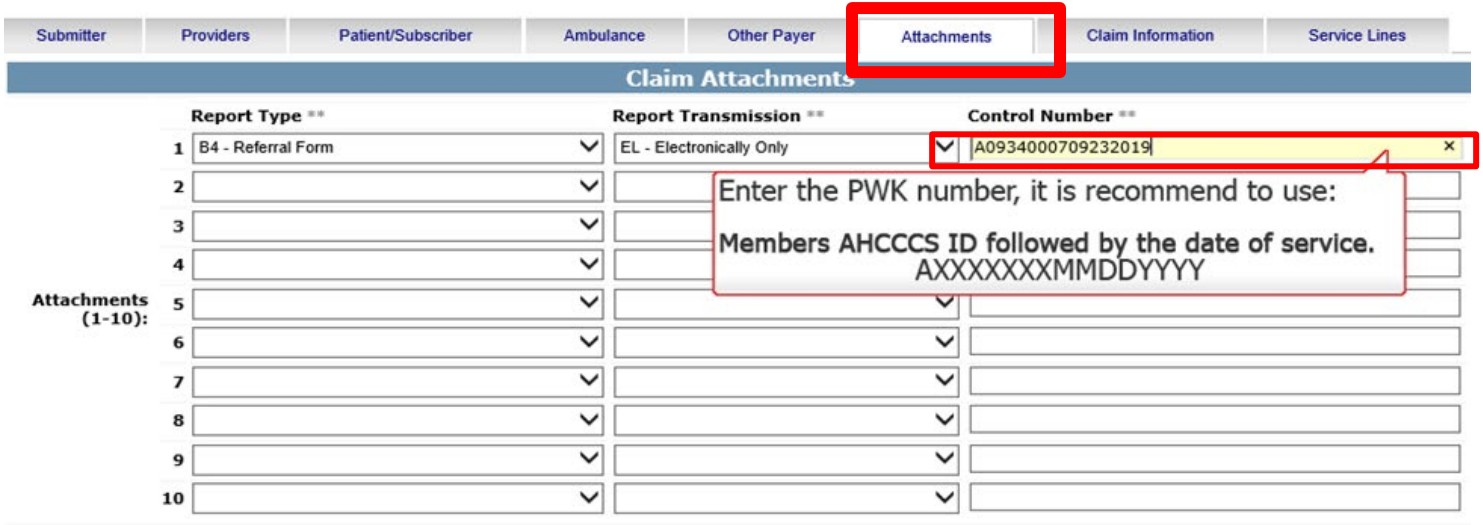
The first column is the ***Report Type***. Click on ***B4-Referral Form*** for the Daily Trip Report

The second column is ***Report Transmission.*** Choose ***EL – Electronic Only***



Attachments Tab

The control number is also referred to as the PWK number. A PWK number is a unique number that you will create for each claim/document that you submit. It allows the system to link the attachment to the correct claim.

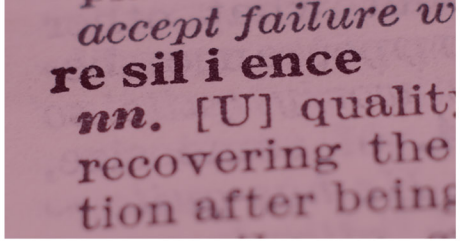


Control Number (PWK number)

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

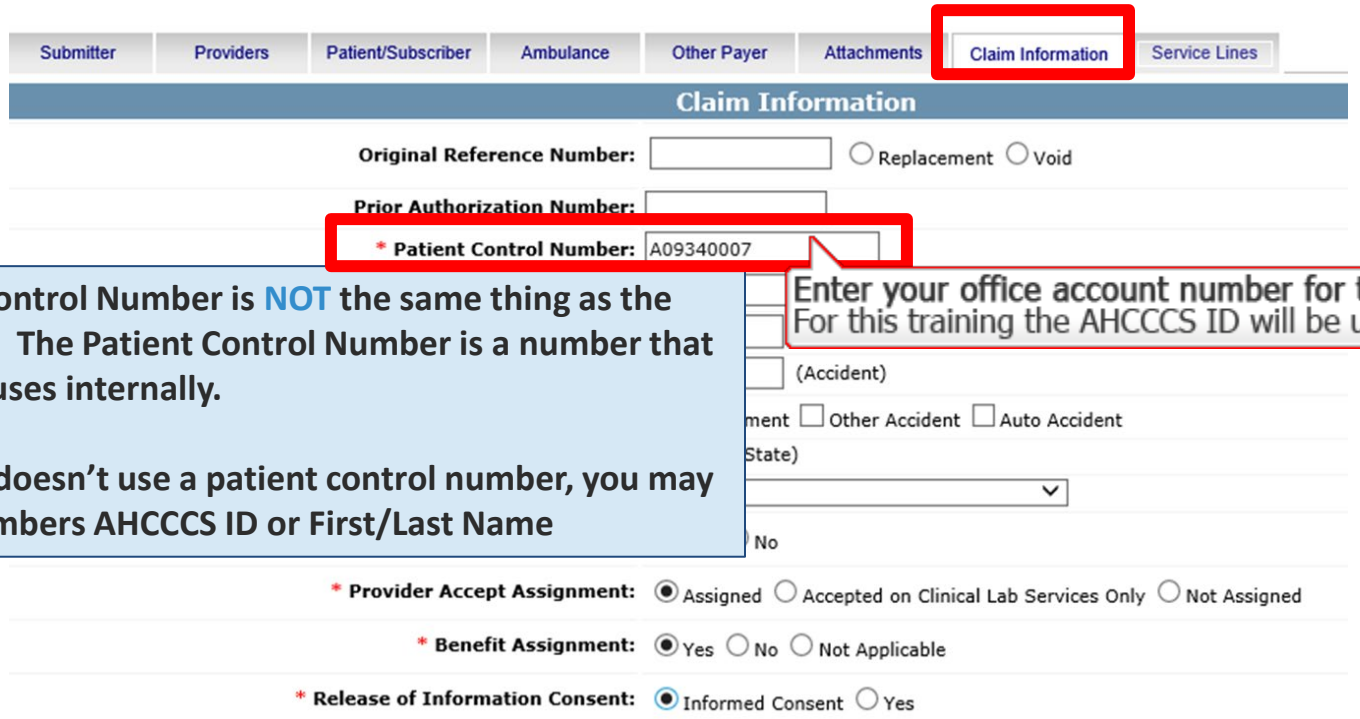
The combination of the member's AHCCCS ID and the Date of Service is what makes the PWK number unique to each claim.





Claim Information Tab

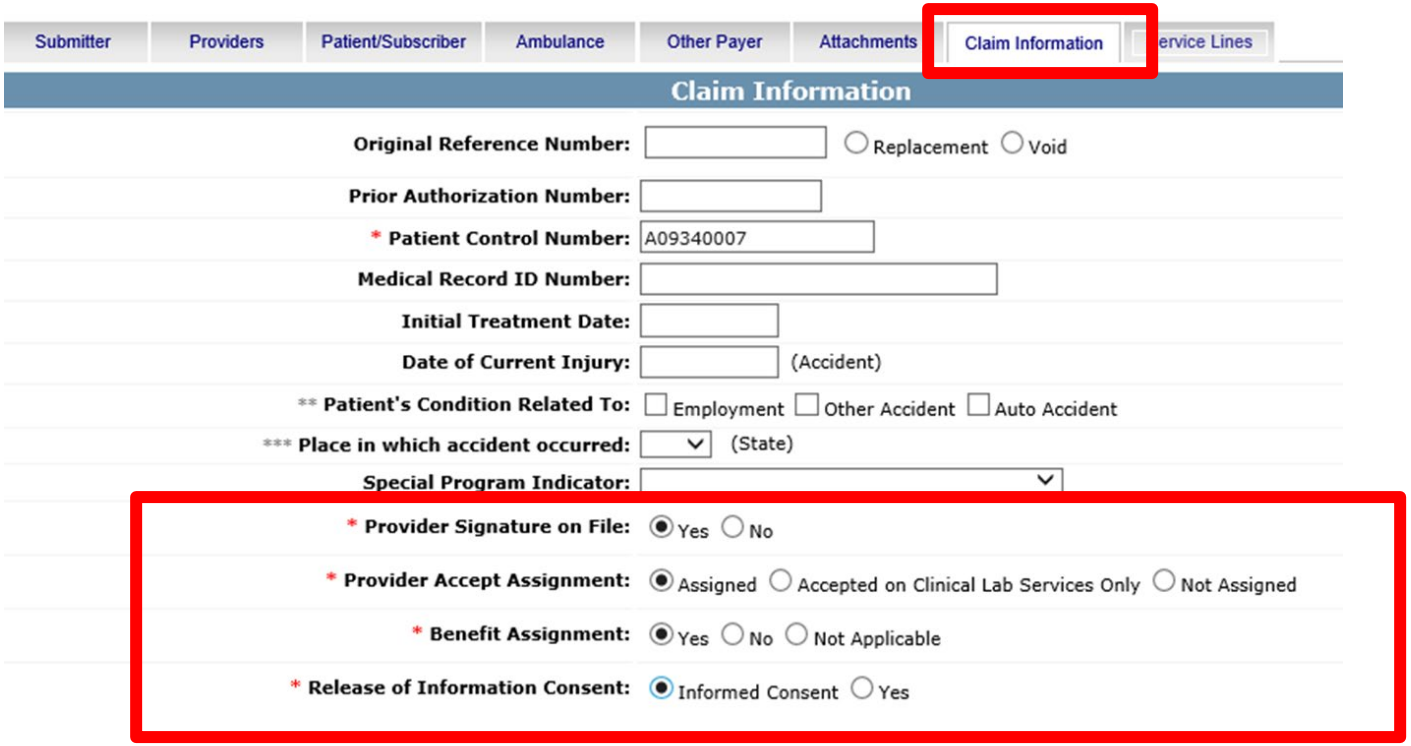
Claim Information Tab



The Patient Control Number is NOT the same thing as the PWK number. The Patient Control Number is a number that the provider uses internally.

If your office doesn't use a patient control number, you may enter the members AHCCCS ID or First/Last Name

Claim Information Tab

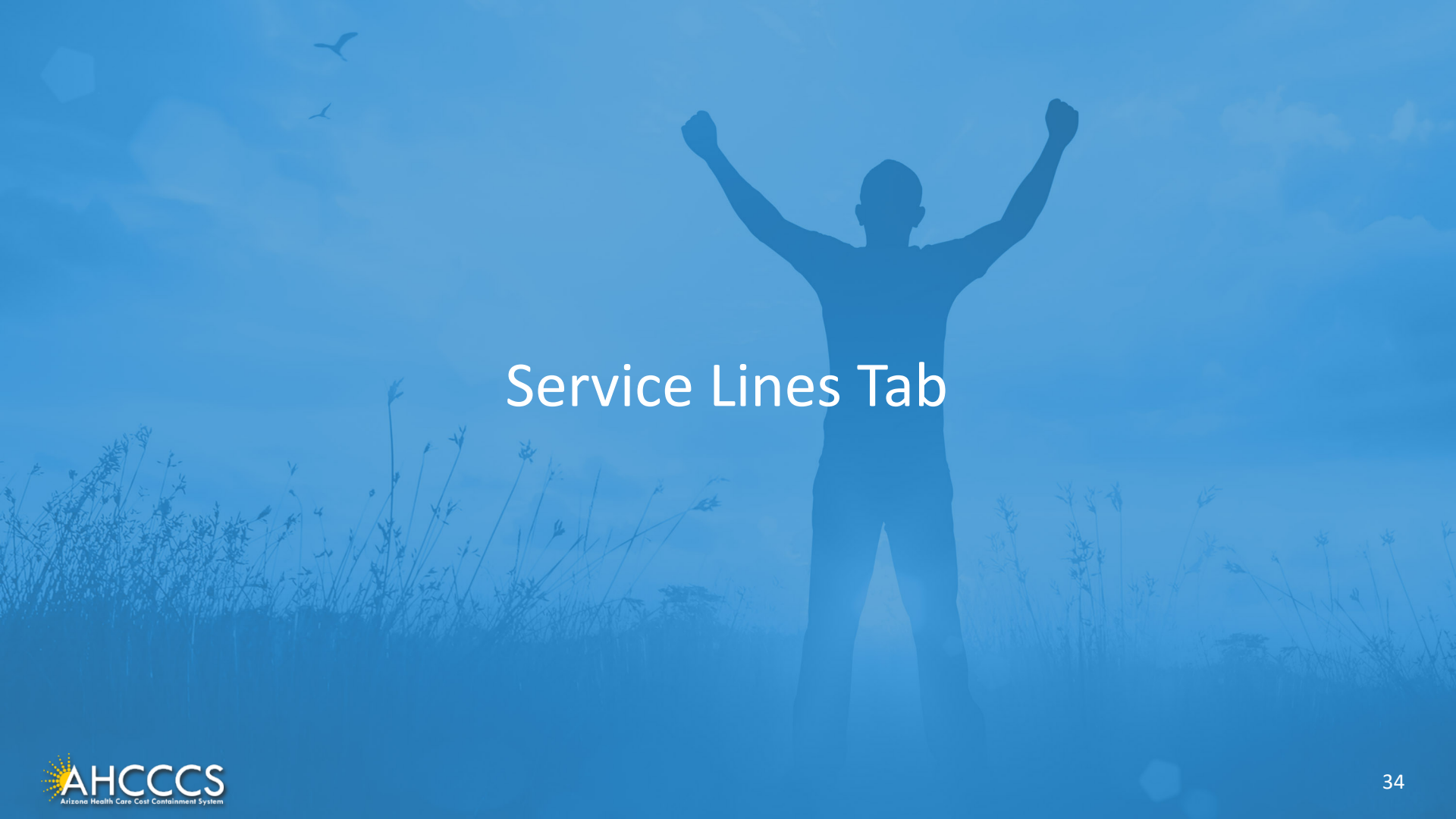


Claim Information Tab

The next required field on the Provider Signature on file field, if the signature is on file click yes.

- **Provider Accepts Assignment:** Click assigned if you are accepting payments from AHCCCS.
- **Benefit Assignment:** Click yes if the member has indicated that the payment should go directly to the provider.
- **Release of Information Consent:** Click yes if there is a signed statement by the member authorizing the release of the medical data to other organizations. If the patient was only informed of the release of information consent, click next to mark informed consent.

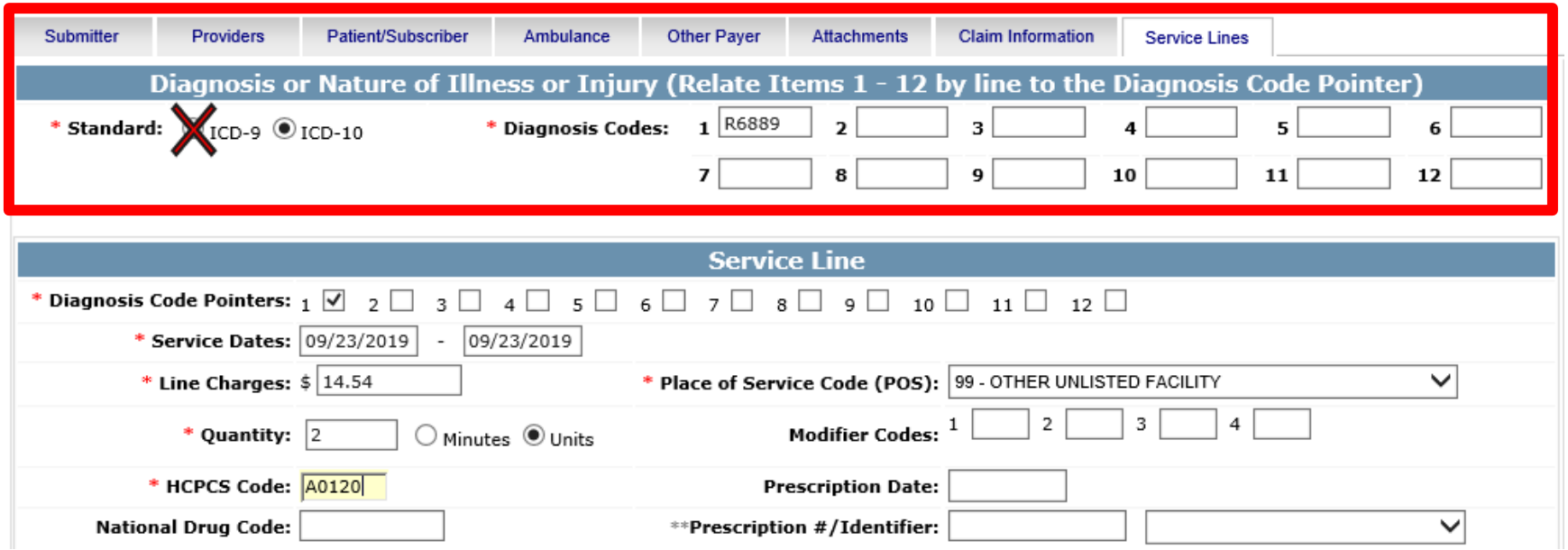
Service Lines Tab



Service Lines Tab

Select ICD-10

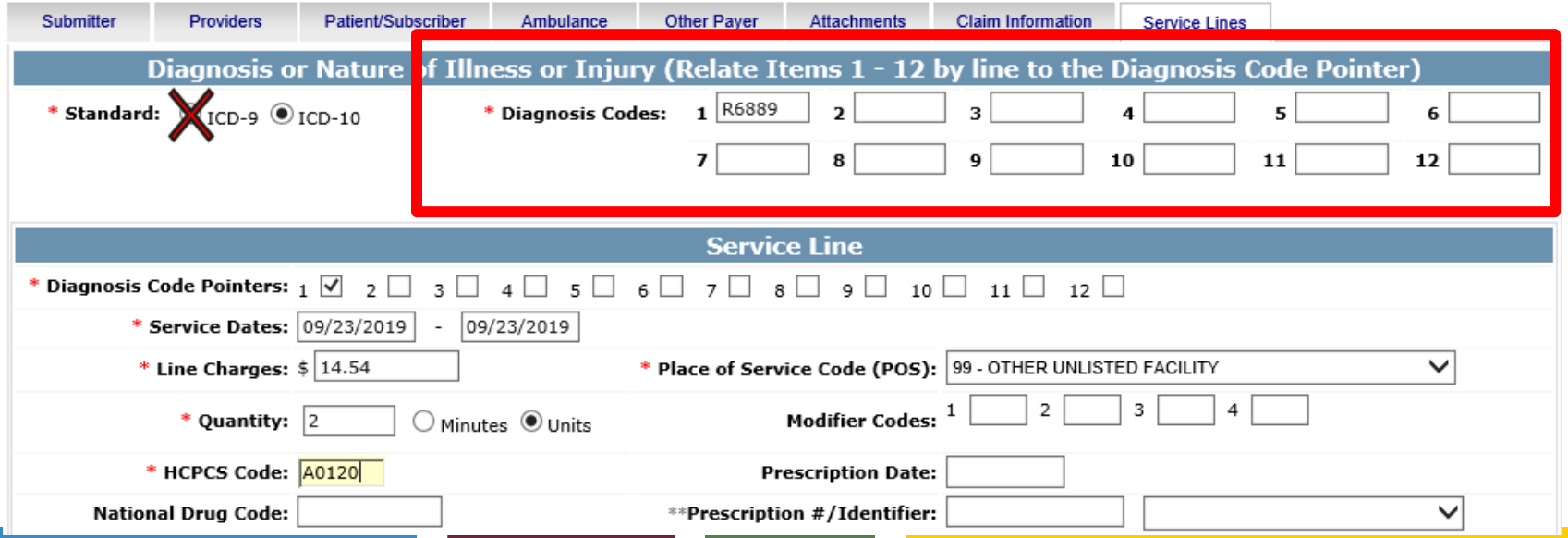
To the right side of the screen you will see the *Diagnosis Codes* field. Up to 12 DX codes can be entered WITHOUT the decimal.



Service Lines Tab

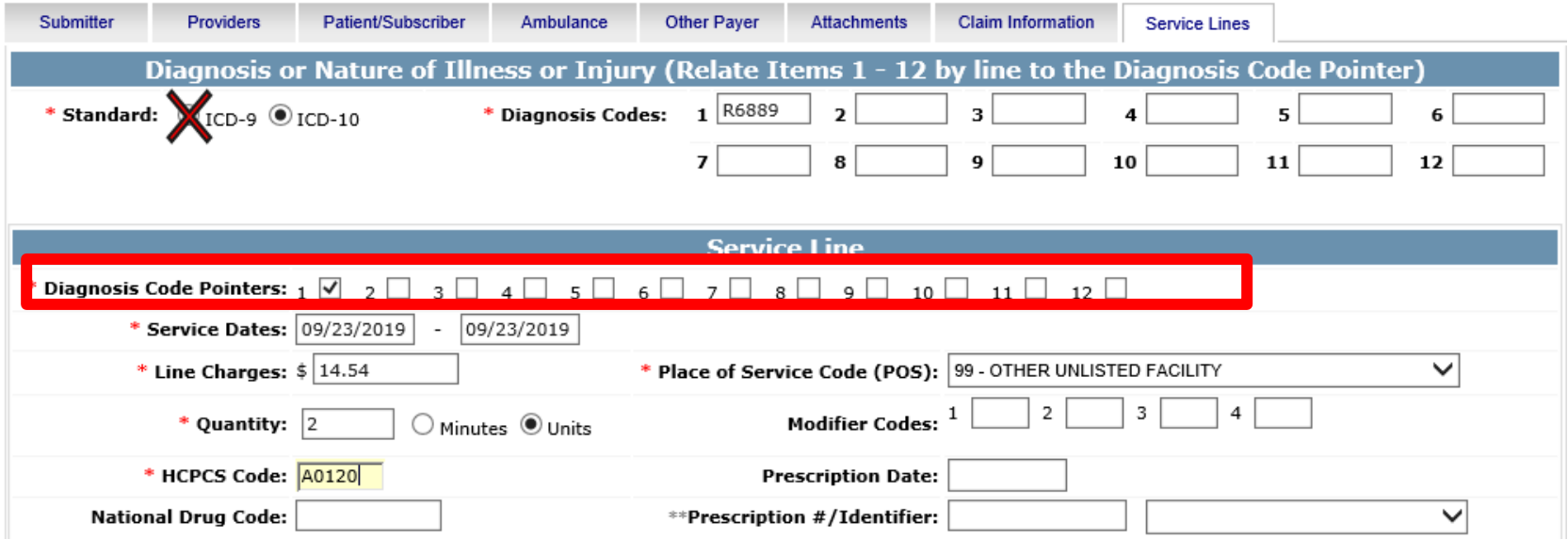
Per the Fee-For-Service, Provider Billing Manual, Chapter 14, Transportation : “If the diagnosis is unknown at the time of claim submission request, use the following diagnosis codes:

- For physical health use ICD-10 code R68.89, or
- For behavioral health use ICD-10 F99.”

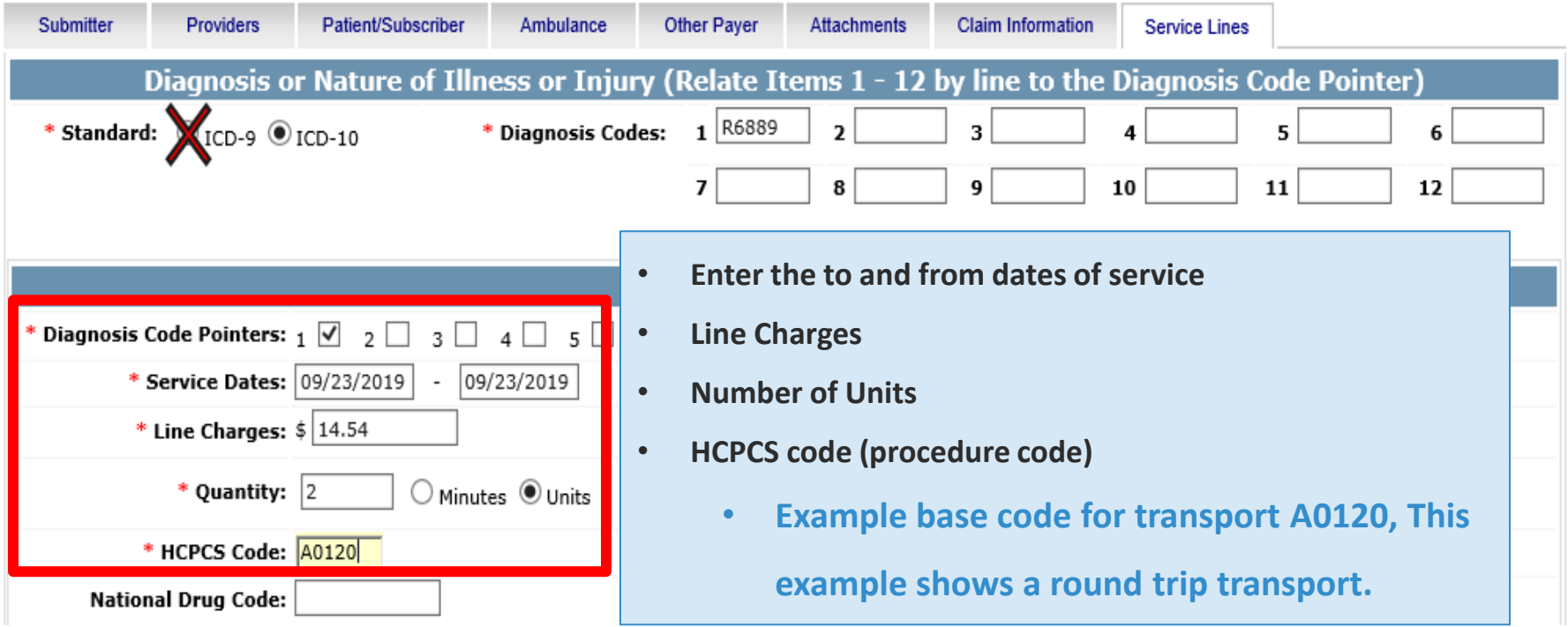


Service Lines Tab

Click the corresponding pointer to each diagnosis code. If more then one diagnosis code is entered be sure to click all the boxes that apply.

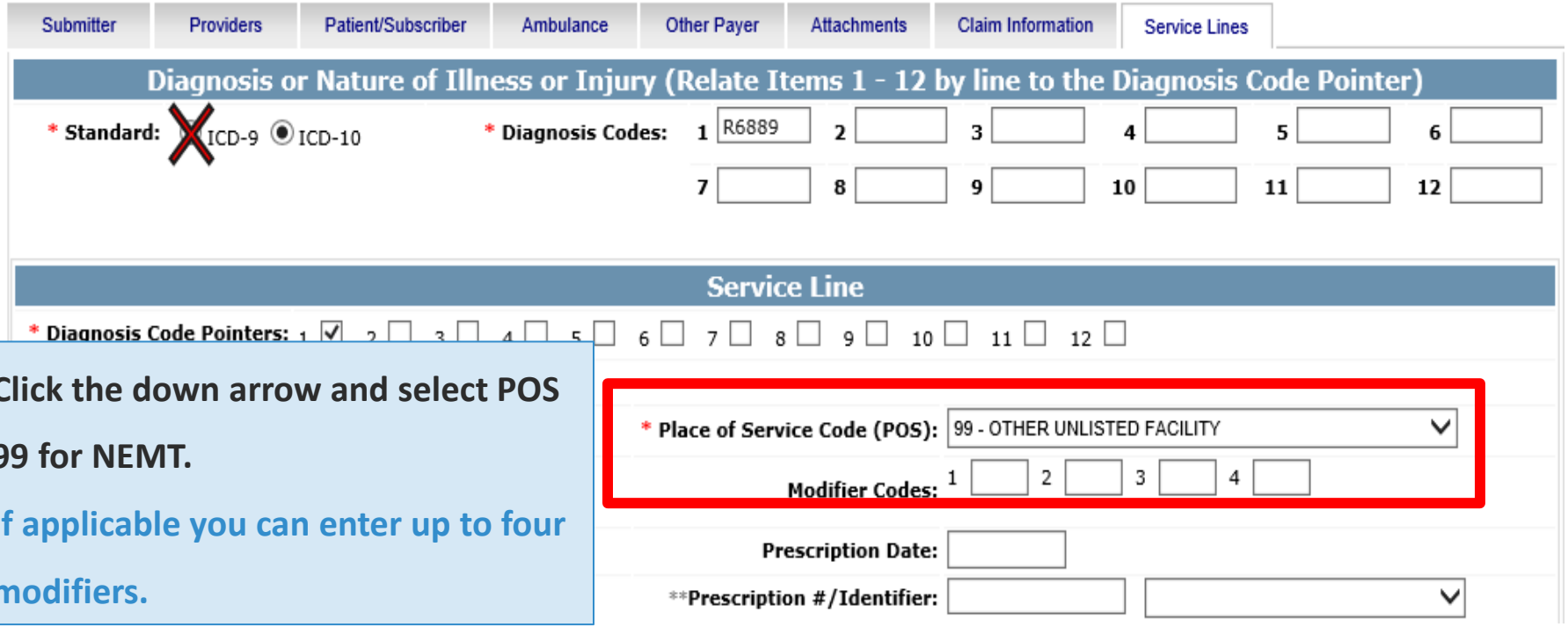


Service Lines Tab



- Enter the to and from dates of service
- Line Charges
- Number of Units
- HCPCS code (procedure code)
  - Example base code for transport A0120, This example shows a round trip transport.

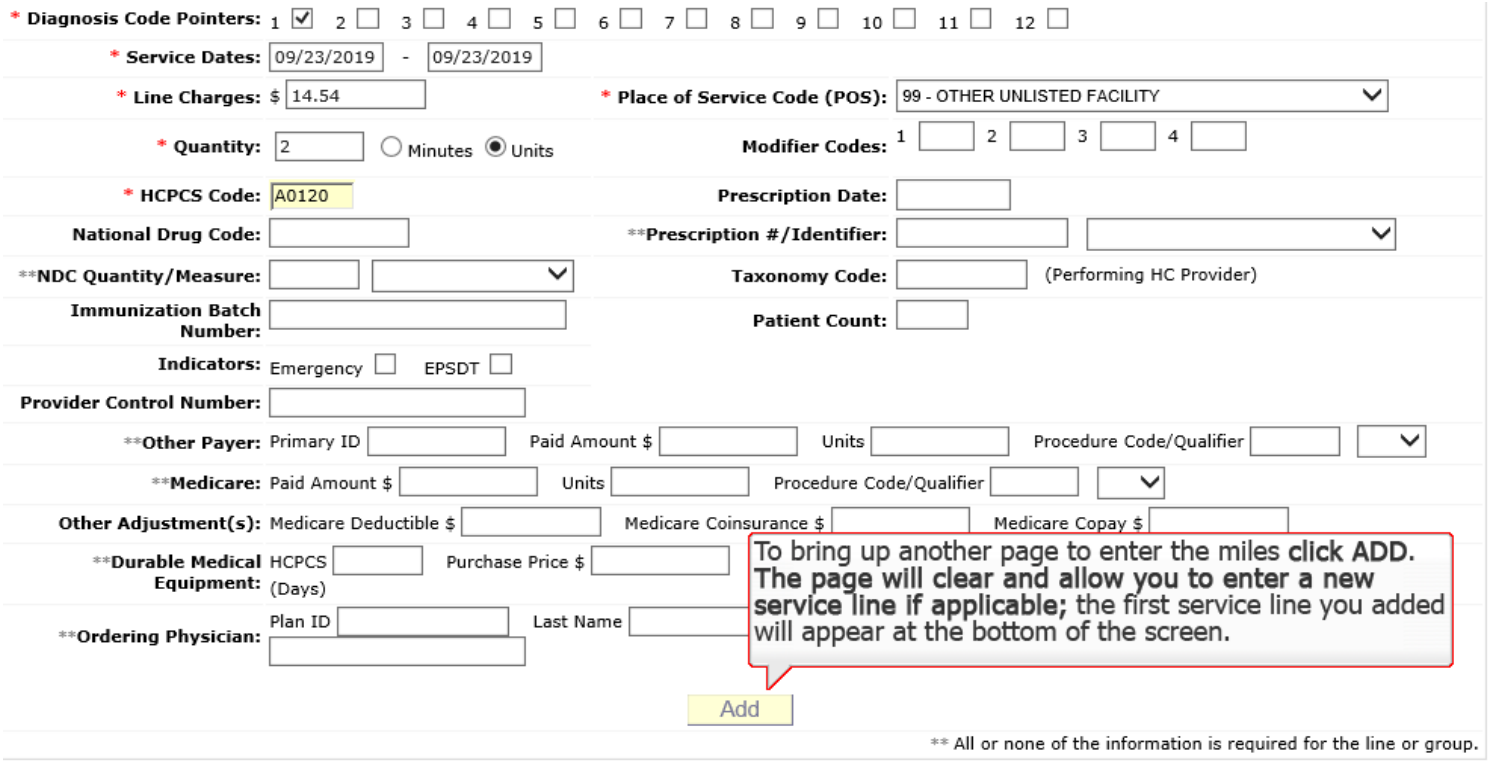
Service Lines Tab



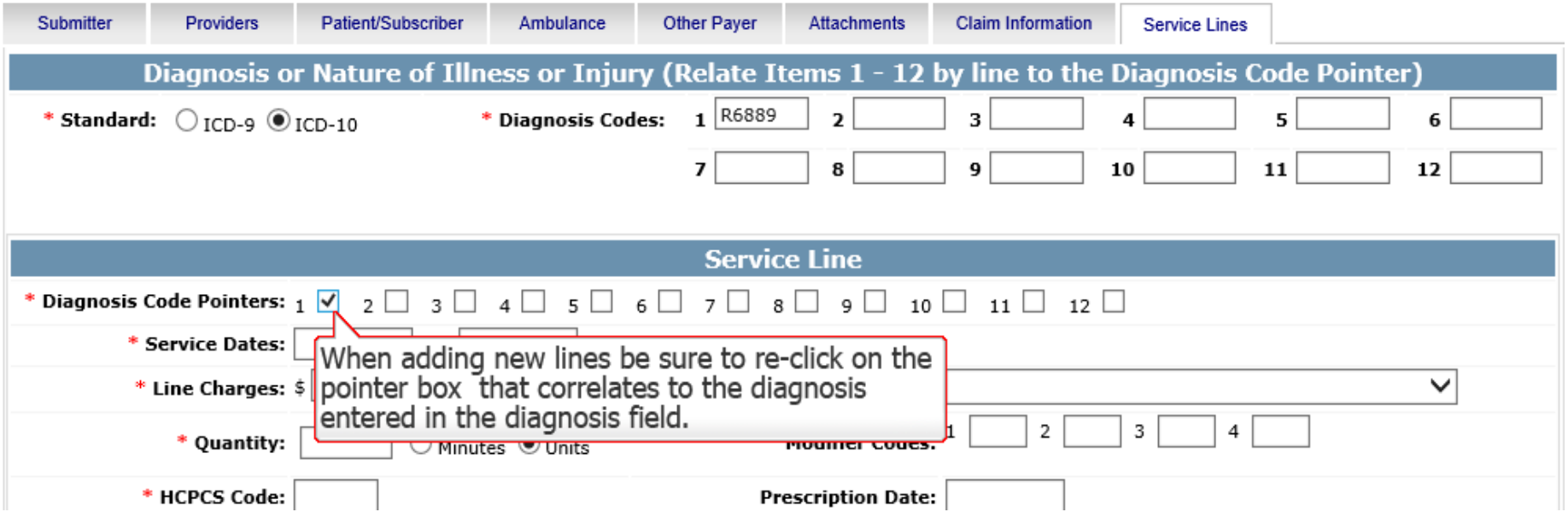
Click the down arrow and select POS 99 for NEMT.

If applicable you can enter up to four modifiers.

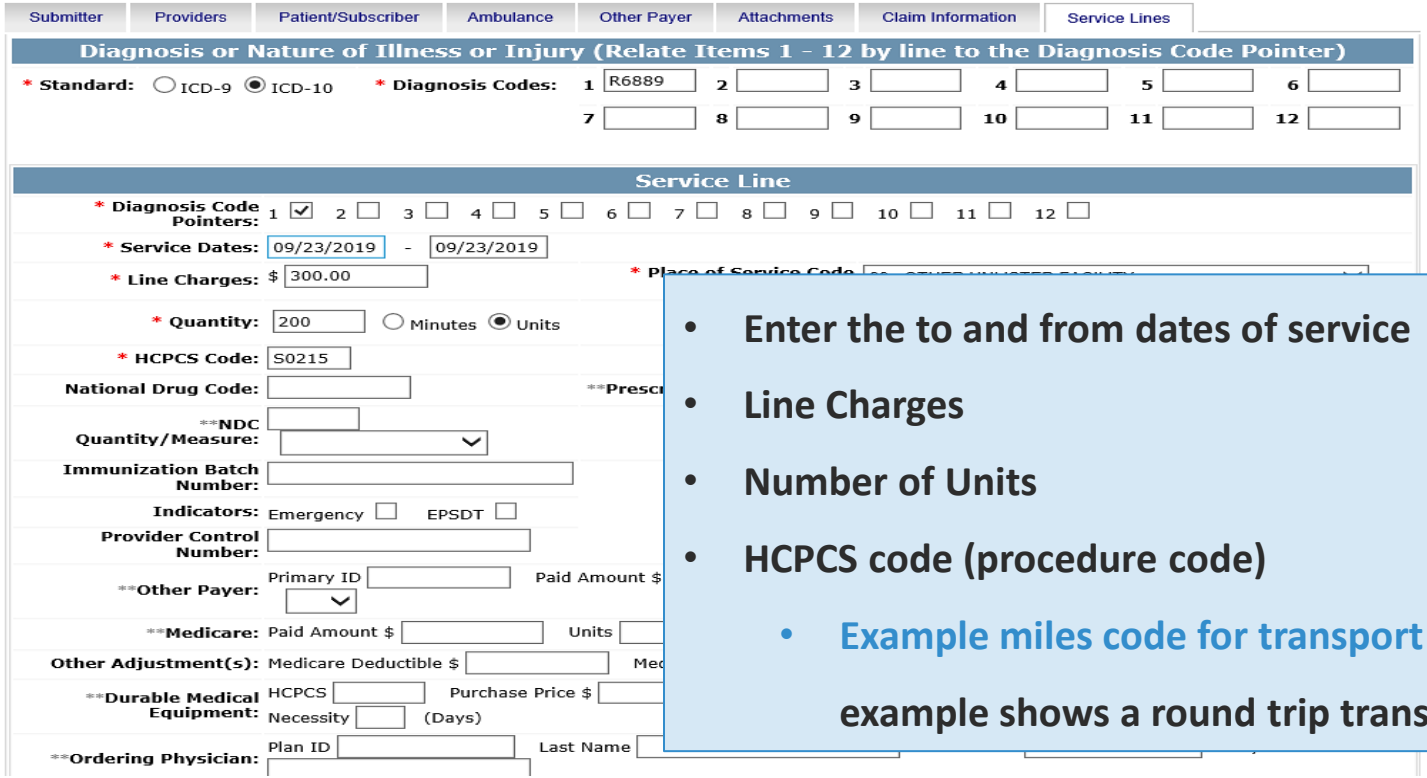
Service Lines Tab



Service Lines Tab



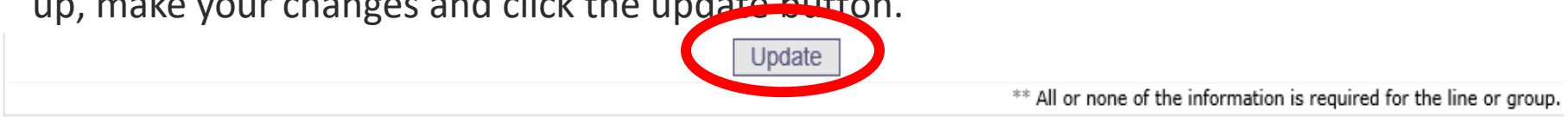
Service Lines Tab



- Enter the to and from dates of service
- Line Charges
- Number of Units
- HCPCS code (procedure code)
  - Example miles code for transport S0215, this example shows a round trip transport.

Service Lines Tab

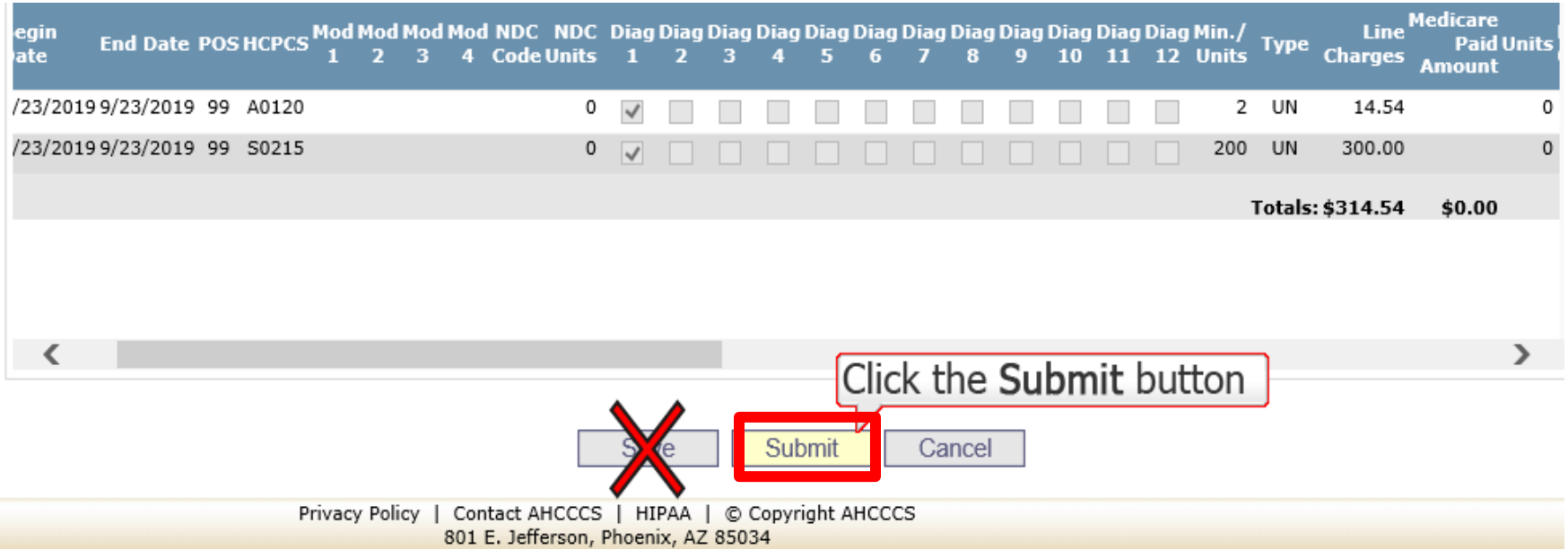
This is how two service lines will appear. Verify the billing information, to edit a line click the Pencil icon. The screen with the service line that you clicked to edit will come up, make your changes and click the update button.



Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./ Units	Type	Line Charges	Medicare Paid Amount
1	9/23/2019	9/23/2019	99	A0120						0	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	2	UN	14.54	
2	9/23/2019	9/23/2019	99	S0215						0	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	300.00	UN	300.00	
																								Totals:	$314.54	$0.00

Service Lines Tab

When you are done adding or editing lines for the claim, click the Submit button.



Confirmation Screen

AHCCCS
Arizona Health Care Cost Containment System

Confirmation Screen

You will see documentation that the claim was submitted successfully, next to the transmission status. It should read as: “Successful”

Confirmation Screen

Claim Entry Confirmation

Transmission Status:	Successful
Claim Type:	Professional
Patient Account Number:	A09340007
Confirmation Code:	P-297

Attachments Beginning with services incurred on 7/1/2013, all NEMT claims must be submitted with the new AHCCCS standard Daily Trip Report. Effective with service dates 8/1/2013 and forward, any non-emergency transport claim that is submitted without the standard Daily Trip Report will be denied. It is the provider's responsibility to maintain all documentation that supports each transport service claimed. Please click here to submit an attachment.

View Claim | Enter New Claim

View Claims,or Enter New Claims

Clicking on View Claim will give you a summary of the information that will be sent over to AHCCCS and will allow you to edit the claim if needed

Clicking on Enter New Claims allows you to enter a new claim.

Non-Emergency Medical Transportation (NEMT) Trip Report

AHCCCS
Arizona Health Care Cost Containment System

NEMT Trip Report

When billing for NEMT, providers *must* submit the AHCCCS Daily Trip Report with the claim.

- This can be done by using the Transaction Insight Provider Portal.

When a claim is submitted via the AHCCCS Online Provider Portal, a provider can go into the Transaction Insight Provider Portal and submit the NEMT Trip Report.

- A PWK Number can link the documentation (the NEMT Trip Report) to the claim that was previously submitted.

What is the NEMT Trip Report?

The AHCCCS Daily Trip Report provides AHCCCS with vital information necessary for review and payment of the claim, and also plays a role in post-payment audits.

It provides AHCCCS within information regarding the AHCCCS covered service the member was being transported to, what type of vehicle was utilized, the distance traveled, whether it was a one-way or round trip transportation, etc.

What Trainings does AHCCCS Offer for the NEMT Trip Report?

The AHCCCS Provider Training Team providers specific trainings on how to fill out the AHCCCS Daily Trip Report.

Upcoming training dates can be found on the DFSM Provider Training Web Page, under the ***Training Schedules*** drop down box, under the current quarter's training schedule.

PDF copies of the PowerPoint presentations used in previous trainings can also be found on the DFSM Provider Training Web Page, under the ***Training Presentations by Subject*** drop down box, when the provider selects NEMT.

AHCCCS also offers video training sessions that providers can watch 24/7. These can be found under the ***Provider Training Video Library.***

What Trainings does AHCCS Offer for the NEMT Trip Report?

AHCCCS also has instructions on how to fill out the AHCCCS Daily Trip Report posted online. This document is available as an exhibit within both the FFS and IHS/Tribal Provider Billing Manuals.

FFS Provider Billing Manual:

- Exhibit 14-2, Non-Emergency Medical Transportation Daily Trip Report Instructions

IHS/Tribal Provider Billing Manual:

- Exhibit 11-2, Non-Emergency Medical Transportation Daily Trip Report Instructions

Transaction Insight Portal
Web Upload Attachment

*For uploading the NEMT Daily Trip Report.

AHCCCS
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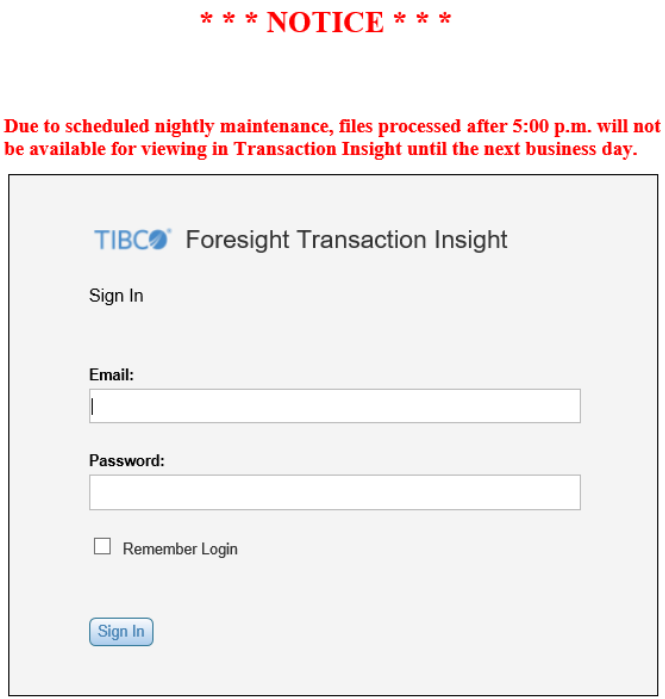
Transaction Insight Portal

The Transaction Insight Portal has also been referred to as the:

- TI Portal
- TIBCO
- Web Upload Portal

Providers must have an account to use the portal. To set up a new account please contact EDI Customer Support: EDICustomerSupport@azahcccs.gov

Transaction Insight Portal - Production Environment



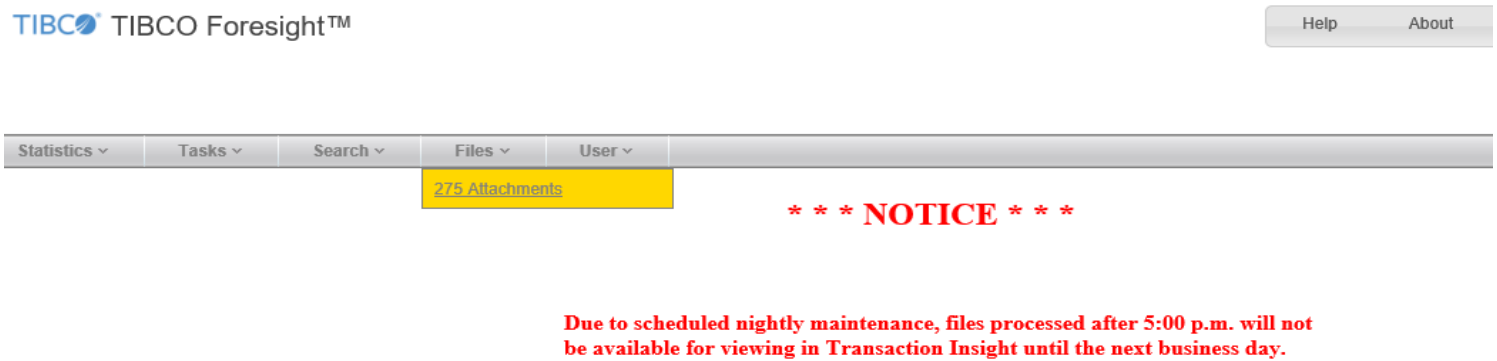
Using the Transaction Insight Portal is the fastest way to link attachments with its corresponding claim.

It does this by using a PWK number.

Providers have 15 days to upload attachments to the Transaction Insight Portal.

- If they are not uploaded in the designated time frame, they will not link to the corresponding claim.

Transaction Insight Portal - 275 Attachment



1. Click on the ***Files Tab*** on the main menu bar.
2. Select ***275 Attachments*** from the drop down.

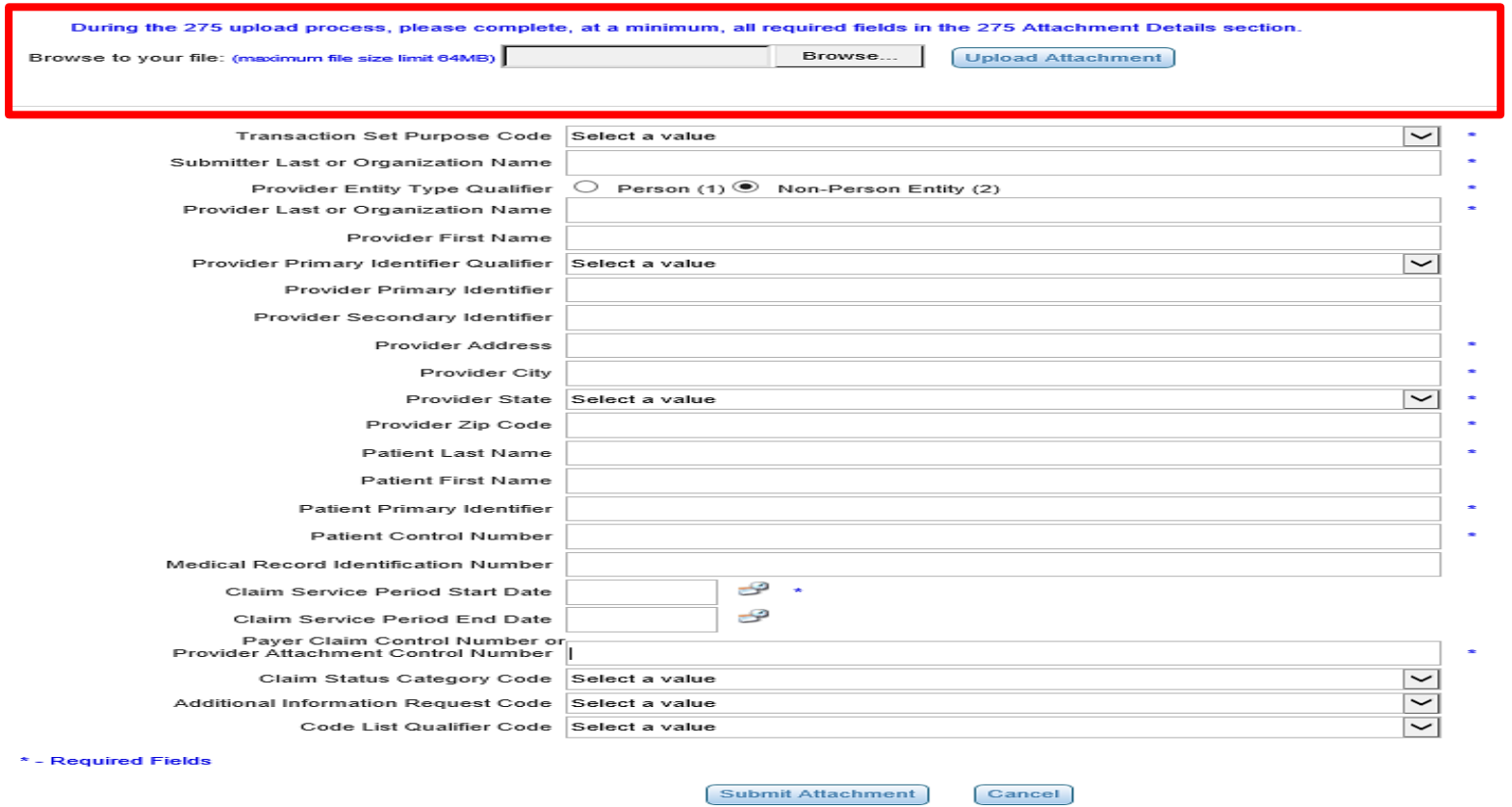
Transaction Insight Portal - 275 Attachment

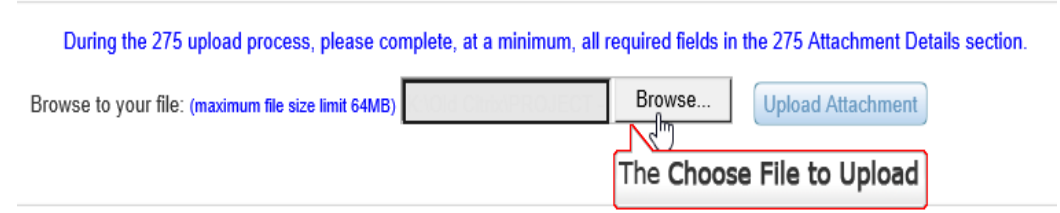
The 275 Attachments Page has three parts:

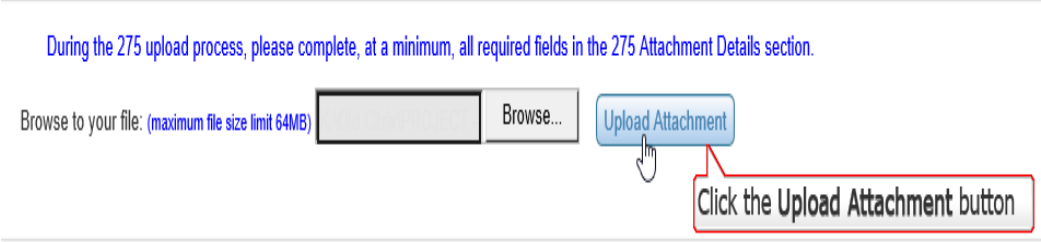
1. Part 1: Upload Attachment
2. Part 2: Details
3. Part 3: Save Attachment *

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

Transaction Insight Portal - Upload Attachment

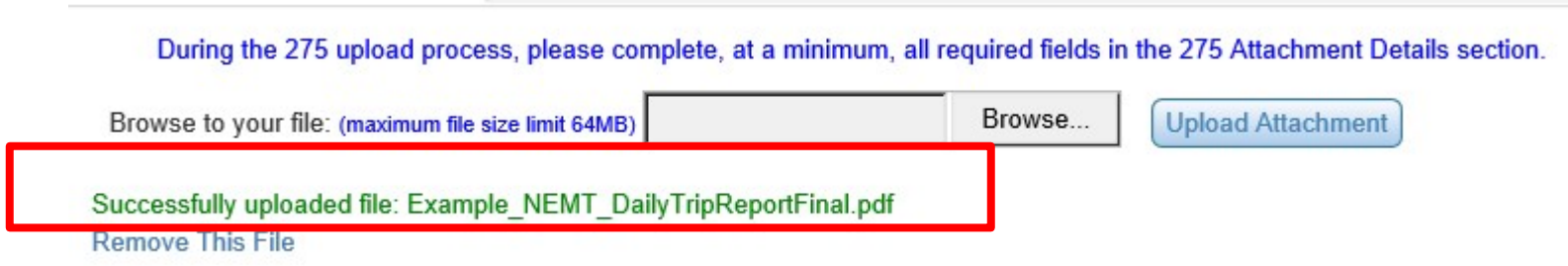






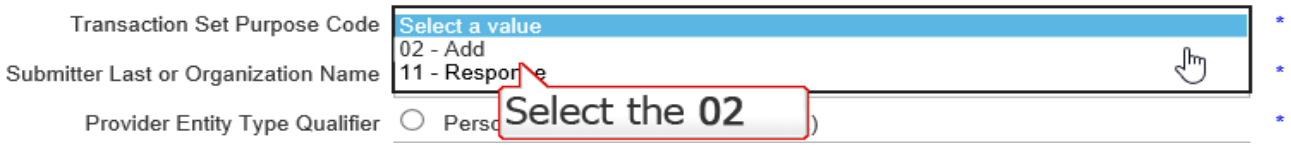
1. First click on **Browse**
2. Choose the correct file within your computer's files and select it. This is the file you that you will be submitting
3. Click on upload attachment

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



Transaction Insight Portal - Set Purpose Code

From the drop down menu next to the ***Transaction Set Purpose Code*** select "02-Add" to add documentation to a recently submitted claim.

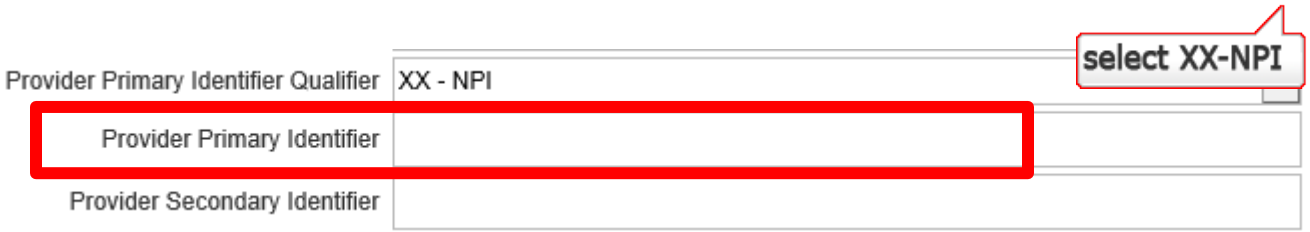


11 - Response (Solicited), is used when you receive a letter that the claim has been denied for no documentation. In this case you must use the CRN (Claim Reference Number) of the denied claim in the Payer Claim Control Number. Only upload the file required to TI Portal. DO NOT RESUBMIT THE CLAIM.

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

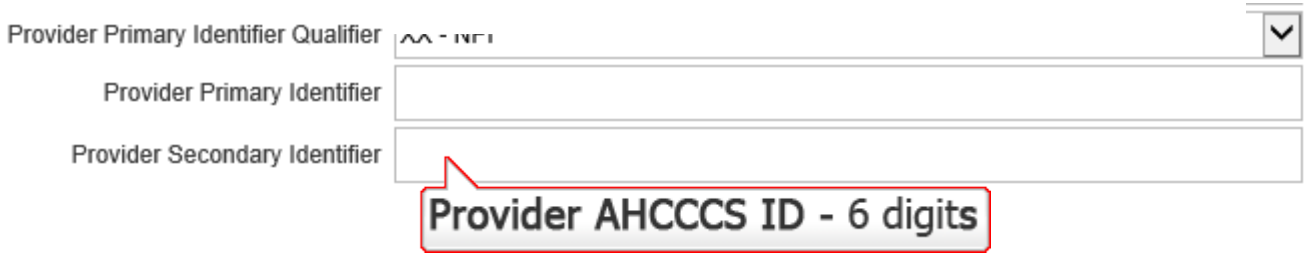
Transaction Insight Portal - Provider Identifier



If the claim was submitted with a valid NPI, from the drop down menu the ***Provider Primary Identifier*** selection will be “XX- NPI“.

You must enter the Rendering Provider’s NPI number in this field.

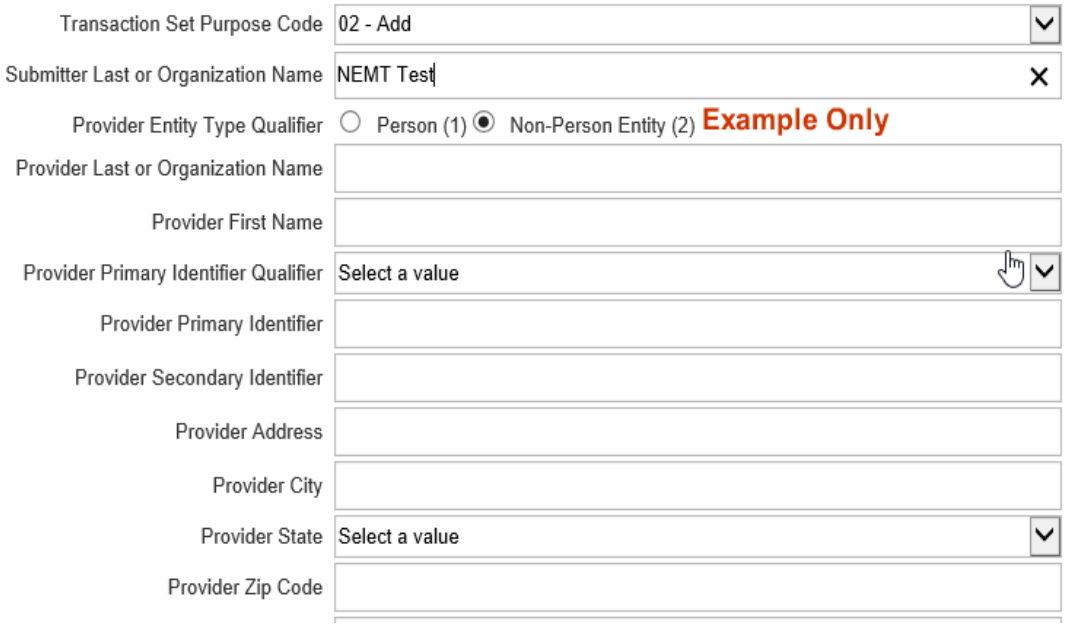
Transaction Insight Portal - Provider Identifier



Provider's that submitted their claims using an AHCCCS Provider ID will NOT make a selection from the drop down. They will leave the ***Provider Primary Identifier*** field blank.

Instead, enter the Provider's AHCCCS ID # into the ***Provider Secondary Identifier*** field.

Transaction Insight Portal - Provider Information



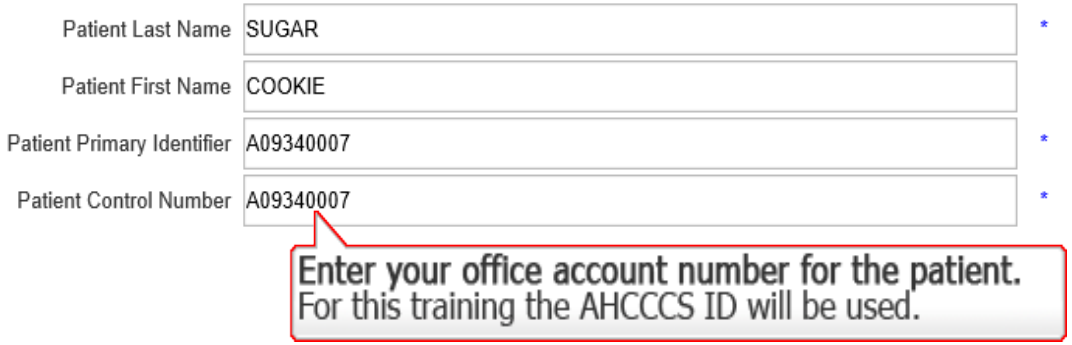
1. Enter the Submitter's Last Name or the Organization Name.

2. ***Provider Entity Type*** will vary depending on your provider type.

3. Enter the Provider's Address, City, State and Zip code.

- Non-Person Entity (2), only enter the Organization Name
- Person (1), Enter the Provider's Last Name

Transaction Insight Portal - Patient Information



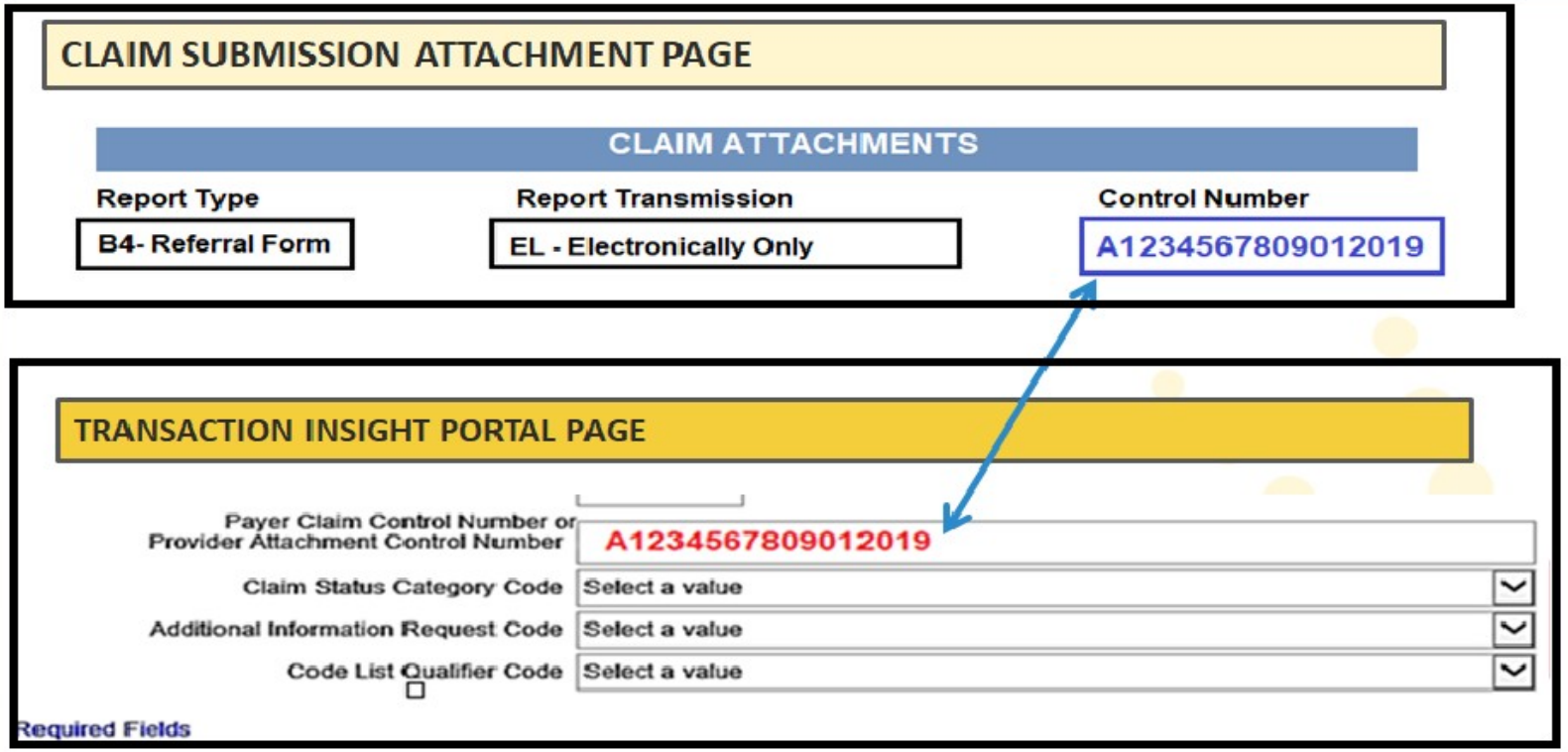
1. Patient Last Name: Last Name
2. Patient First Name: First Name
3. Patient Primary Identifier: Members AHCCCS ID

The Patient Control Number is NOT the same thing as the PWK number..

- The Patient Control Number is a number that the provider uses internally. For example, it could be a patient account number.

For purposes of this training, we will uses the member's AHCCCS ID as their internal patient account number.

AHCCCS Online Provider Portal and Transaction Insight Portal



Transaction Insight Portal - PWK Number

A PWK number is a unique number that you will create for each claim/document that you submit. It allows the system to link the attachment to the correct claim.

1. The PWK number must begin with an upper case "A".

2. Make sure the PWK number that is entered on the ***Claim Attachment tab*** is entered in the same format in the ***Transaction Insight Portal***.

**** *Spacing MATTERS. A single space before or after the PWK number can result in a mismatch. *****

Incorrect Format	Correct Format
a0934000710012019	**A0934000710012019**

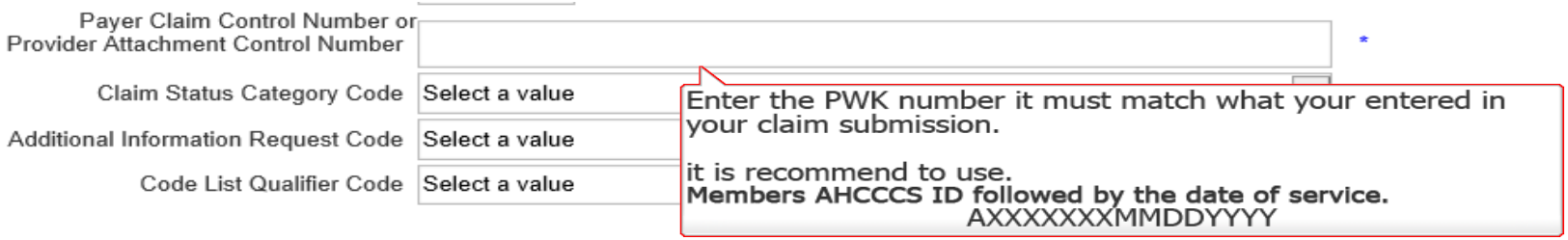
Please note that this PWK number should have already been entered into the AHCCCS Online Provider Portal when the provider first submitted the corresponding claim.

Transaction Insight Portal – Payer Claim Control Number (PWK number)

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.

Payer Claim Control Number or Provider Attachment Control Number (AKA PWK Number)

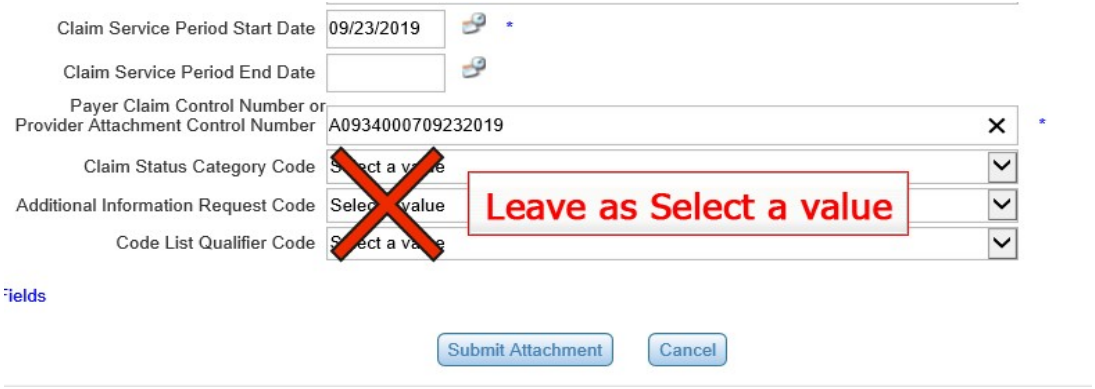


The *exact same* PWK number will be entered into the Payer Claim Control Number "backslash" Provider Attachment Control Number field. If there is even a space of difference the two PWK numbers will not match up. They must match in order for the documentation on the Transaction Insight Portal to "match" to the correct claim in the AHCCCS Online Provider Portal.

Remember: This same PWK number should have already been entered under the ***Claims Attachment Tab*** in the ***AHCCCS Online Provider Portal***, if the AHCCCS Online Provider Portal had been used to submit the claim.

- AHCCCS recommends the PWK number to be the members AHCCCS ID number beginning with an upper case "A" followed by the two digit month, two digit day, and four digit year for the date of service. This ensures a unique PWK for each claim submitted.

Transaction Insight Portal - No Action Required



Manually enter the service start date using a two digit month, two digit day, and four digit year.

You may also click on the Date icon and then select the date from the calendar.

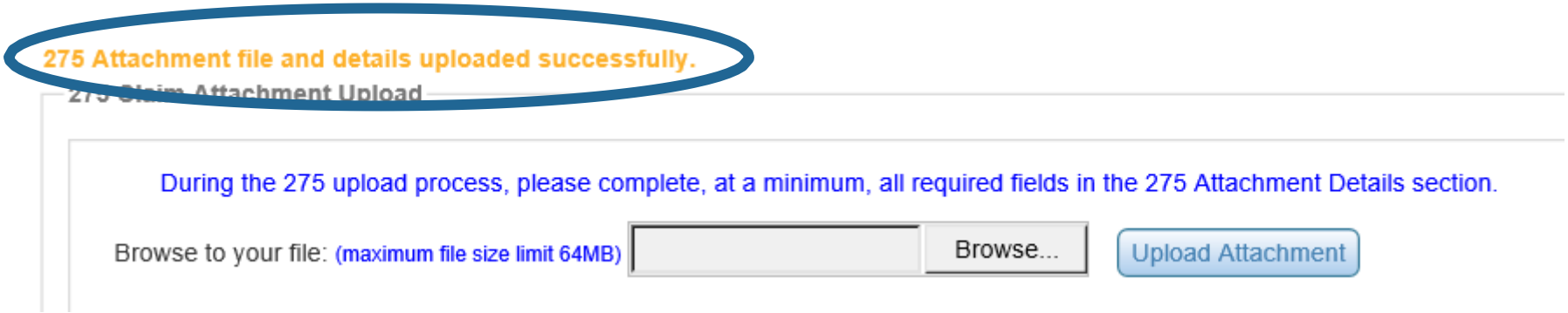
The end date service can be left blank as it is optional.

The last three fields will be left at “select a value”.

Next, click on submit attachment.

Transaction Insight Portal - Uploaded Successful

Scroll back up to the top of the screen. If the attachment uploaded successfully, then a message in orange letters will display there reading as “275 Attachment file and details uploaded successfully“.



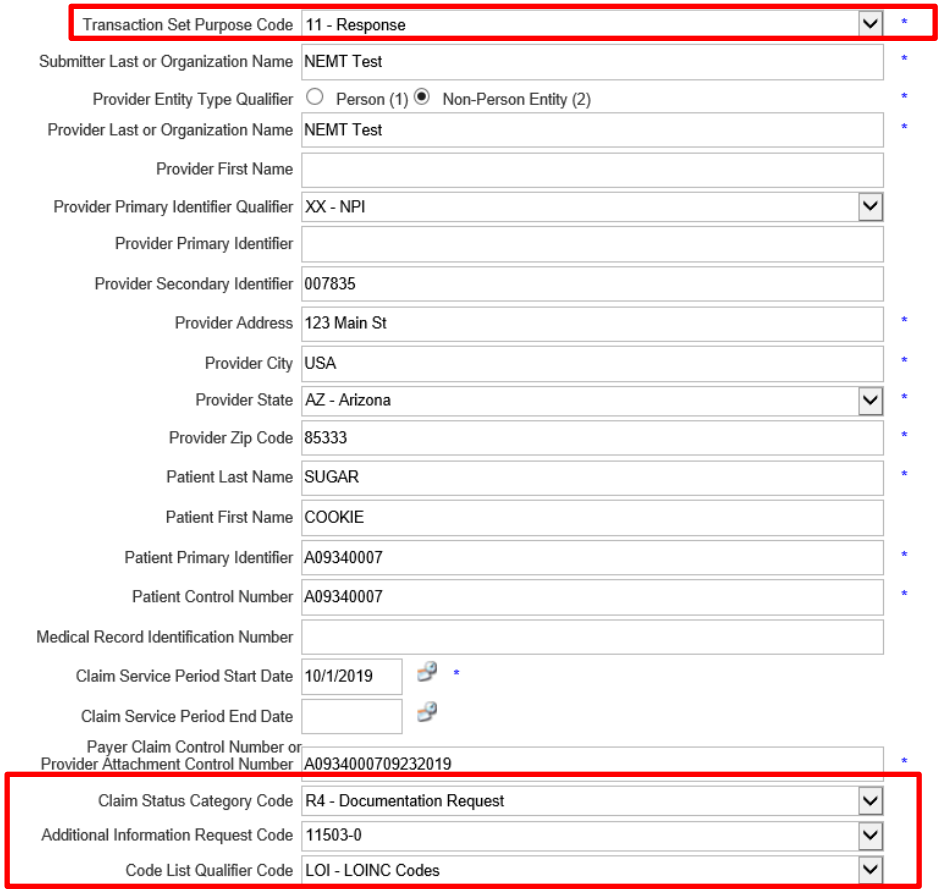
Response Type - 11-Response

If you receive a Response Type – 11 Response, this means that the adjudication staff will deny the claim with a denial reason reading as “specify what documentation is required”

- In this case you must use the 12 digit 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.

Response Type - 11- Response



When using the 11- Response make sure to select R4 Documentation Request, the Request code 11503-0, and the ***Code List Qualifier Code*** fields as shown in the image to the left.

Bus Passes

Public Transportation Coverage

Effective 10/1/2021, providers with a Category of Service (COS) 31 may offer Public Transportation options to FFS members (such as a bus pass) when they travel to and from an AHCCCS approved service, in accordance with AMPM 310-BB.

The following shall be considered when offering public transportation to a member:

1. Location of the member to a transportation stop.
2. Location of the provider of services to a transportation stop.
3. The public transportation schedule in coordination with the member's appointment.
4. The ability of the member to travel alone on public transportation.
5. Member preference

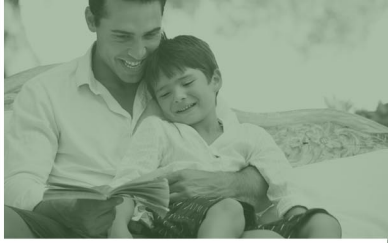
Provider types that are eligible to claim reimbursement for public transportation passes include 02, 05, 13, 14, 25, 27, 29, 41, 77, 81, 85, 86, 87, A3, A4, A6, B7, BC, C2, and C5.

Public Transportation Requirements

- Transportation passes may be up to 1 month in duration
- Replacement or duplicate transportation passes are not eligible for Medicaid reimbursement
- There shall be a continuous need for transportation to Medicaid reimbursable services consistent with the length of the purchased transportation pass
- Providers shall determine the appropriate type/duration of public transportation pass to issue to members in accordance with the member's treatment plan and existing future appointment dates.

Claim Submission

- Bill using code A0110 for the net cost of the transportation pass, not to exceed the cost of a 30-day pass.
- Submitted Claims must include the following documentation.
  - Copy of public transportation pass,
  - Itemized receipt specifying cost of public transportation pass,
  - Pricing that corresponds with the price of the pass in the geographic areas of issuance, and
  - Completed Public Transportation Pass form to include the following:
    - Provider's name and ID#,
    - Public Transportation pass type (daily, weekly, or monthly),
    - Price of the Public Transportation pass,
    - Date of issuance,
    - Name, title, signature, and signature date of person issuing Public Transportation pass to the member,
    - Member name, AHCCCS ID#, signature and signature date.
- Public Transportation Pass Form:
  - https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFSChap_14TransportationExhibit4.pdf

DFSM Provider Education and Training Unit

AHCCCS
Arizona Health Care Cost Containment System

DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
- Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
  - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at ProviderTrainingFFS@azahcccs.gov

Thank You.