

# PC-ACE Quick Reference Guide for Part A Providers



# Table of Contents

| Section 1 - Getting Started Using PC-ACE                                      | 3      |
|---|--------|
| Minimum System Requirements   | 3      |
| PC-ACE Part A Full Install Instructions                                       | 3      |
| PC-ACE Part A Upgrade Instructions  | 4      |
| Logging Into PC-ACE for the First Time  | 6      |
| Online Help Feature   | 6      |
| Section 2 - Reference File Maintenance  | 7      |
| Patient Setup   | 7      |
| Payer Setup   | 10     |
| Provider Record Setup for Medicare  | 12     |
| Submitter Setup   | 14     |
| Referring Physician Setup (Optional)  | 15     |
| Section 3 - Claims Entry  | 16     |
| Entering Claim Data   | 17     |
| Section 4 - Additional Claim Features   | 25     |
| Copying Claims  | 25     |
| Reactivating Previously Transmitted Claims and Reactivation of Individual Cla | ims.26 |
| Claim Import Function   | 28     |
| PC-ACE ANSI 837I Claim Import Capability (Importing ANSI 837I Claim Files)    | 28     |
| Processing Reactivated or Imported Claims                                     |        |
| Reactivating an Entire Batch of Claims  |        |
| Section 5 - Prepare Claims Function   |        |
| Section 6 - Transmission Process  | 37     |
| Network Service Vendor  |        |
| Transmission Reports  |        |
| Importing and Reading the 999 and 277ca Reports                               |        |
| Appendix A: Adjusting Archived Reports Settings                               | 42     |
| Appendix B: Setting up Shortcuts for File Locations                           | 42     |
| Appendix C: Troubleshooting   | 44     |

| Section 7 - How to Backup PC-ACE Claims Processing System | 45  |
|---|-----|
| Section 8 - Additional Features                           | 47  |
| Archiving Claims  | 47  |
| Transferring PC-ACE to another Computer                   | .48 |

# Section 1 - Getting Started Using PC-ACE

This guide is to be used to assist in setting up PC-ACE for Medicare A/B claim submission to NGS.

#### Minimum System Requirements

- SVGA monitor resolution (800 x 600)
- Windows 8, Windows 7, Vista
- Adobe Acrobat Reader Version 4.0 or later (for overlaid claim printing)

**Note:** When the Windows "Large Fonts" display setting is enabled, the screen resolution must be 1024 x 768 or higher. The Institutional Claim Form and Professional Claim Form will not display properly at lower screen resolutions.

#### PC-ACE Part A Full Install Instructions

Steps 1–7 only need completing if you initiate the install from the NGS website home page.

- 1. Open an Internet browser and go to https://www.NGSMedicare.com.
- 2. Select **Accept** when presented with the Attestation page.
- 3. Select your line of business and state.
- 4. Select Resources at the top of the home page.
- 5. Select EDI Solutions , EDI Software PC-ACE, Download PC-ACE.
- 6. On the **PC-ACE Download** form, complete all required fields marked with an asterisk (\*).
- 7. Under Select Your Download Below, select the radio button option for PC-ACE Full Installation (Institutional and Professional) PC-ACE users – Version XX
- 8. Select the **Submit Request** button.
  - Please note the installation password NGSMAC1 at the top of the page.
- 9. Once you have noted the installation password, select the **Download** button to start the download.
- 10. A message will appear: 'Do you want to open or save this file?' Select Save.
  - Note: These instructions are designed for use with Microsoft's Edge and Chrome browsers. The use of other browsers is not supported by the NGS EDI Help Desk.
- 11. On the left side of the 'Save In' dialogue box, select the **Desktop** button to save the file to your desktop, then select **Save**.
  - Note: If you are using Windows 7 or 8, the buttons on the left may not be present. If this is the case please select **Desktop** from the **Save in:** dropdown box even when using MSIE.
  - Note: NGS does not support the installation of PC-ACE on a network. The file will begin to download to your desktop.
- 12. A message will appear: **'Download complete'**—close the download dialogue box and **minimize** your Internet browser in preparation for step 17.

- 13. Launch the **setup.zip icon**; your unzip wizard should open.
  - Note: Since unzip utilities vary, you are responsible for getting this file unzipped to your desktop. Please follow the instructions for your unzip utility.
- 14. Double Click **setup.exe** icon on your desktop, which will open the file.
- 15. The Wise Installation Wizard will begin.
- 16. Installation code is NGSMAC1.
- 17. At the Welcome window, select **Next**.
- 18. At the Drive Selection window, select **Next**.
- 19. At the Start Installation window, select **Next.**
- 20. Follow the online instructions until **Finish** is selected.
- 21. To access PC-ACE, select the **PCACE icon** and enter the default user ID **SYSADMIN** and the password **SYSADMIN**.
- 22. We recommend downloading additional material to assist you with PC-ACE. After the software successfully downloads, revisit the EDI Solutions webpage for available documentation.

#### PC-ACE Part A Upgrade Instructions

**Please Note:** Prior to performing this upgrade it is recommended that a backup of your current version of PC-ACE is performed. If the version of PC-ACE currently installed is more than two versions behind the available version with NGS, please upgrade as soon as possible.

Steps 1–7 only need completing if you initiate your upgrade from the NGS website home page.

- 1. Make sure the PC-ACE program is closed prior to doing this upgrade.
- 2. Open an Internet browser and go to https://www.NGSMedicare.com.
- 3. Select Accept when presented with the Attestation page.
- 4. On the NGS home page, select your line of business and state.
- 5. Select Resources dropdown at the top of the home page.
- 6. Select EDI Solutions.
- 7. Select the EDI Software Dropdown to download the software.
- 8. Select Download PC-ACE.
- 9. On the **PC-ACE Download** form, complete all required fields marked with an asterisk (\*).
- 10. Under Select Your Download Below, select the radio button option for PC-ACE Upgrade (Institutional and Professional) PC-ACE users Version XXXX.
- 11. Select the **Submit Request** button.
- 12. Please note the installation password NGSMAC1 at the top of the web page.
- 13. Once you have noted the installation password, select the **Download** button to start the download.
- 14. A message will appear: **'Do you want to open or save this file?'** Select **Save**. **Note:** These instructions are designed for use with Microsoft's EDGE and CHROME browser. The use of other browsers is not supported by the NGS EDI Help Desk.
- 15. On the left side of the **Save In** dialogue box, select the **Desktop** button to save the file to your desktop, then select **Save**.
  - These instructions are designed for use with Microsoft's EDGE and CHROME browser. The use of other browsers is not supported by the NGS EDI Help Desk.

- On the left side of the **Save In** dialogue box, select the **Desktop** button to save the file to your desktop, then select **Save**.
- If you are using Windows 7 or 8, the buttons on the left may not be present. If this is the case please select **Desktop** from the **Save in:** dropdown box even when using MSIE.
- We **do not** support the installation of PC-ACE on a network.
- 16. A message will appear: 'Download complete'—close the download dialogue box and minimize your Internet browser in preparation for step 17.
- 17. Launch the **pcaceup.zip**; your unzip wizard should open. **Note:** Since unzip utilities vary, you are responsible for getting this file unzipped to your desktop. Please follow the instructions for your unzip utility.
- 18. Double click on the p**caceup.exe** icon on your desktop.
- 19. The Wise Installation Wizard will begin.
- 20. Installation code is NGSMAC1 (not case sensitive) and select OK.
- 21. A message will appear asking if a system backup has been performed.
  - a. If the answer is yes, select **Yes** to proceed with the update.
  - b. If the answer is **No**, make a backup as follows:
    - i. Select the **No** button, and then click the **OK** button in the **Update Cancellation Notice** window; the installation wizard will close.
    - ii. Launch PC-ACE and, on the main toolbar, select the **System Utilities** button. (last button on the right)
    - iii. On the **Backup/Restore** tab, select the **Backup** sub tab.
    - iv. If there is a path to your normal backup folder in the Destination Drive or Folder field, select the **Start Backup** button and proceed as you normally do for a backup, close PC- ACE and return to step 20.
    - v. If the Destination Drive or Folder field is empty, select the small button to the right of that field (had 3 dots on it), browse to the folder you wish to save your back up to and select the **Open** button, then select the **Start Backup** button.
    - vi. In the **Confirm** window, select the **OK** button; wait while the backup completes.
    - vii. After the backup completes, an **Information** window will appear stating that your backup has completed successfully; select the **OK** button.
    - viii. Close PC-ACE and return to step 20.
- 22. Follow the online instructions until **Finish** is selected.
- 23. The PC-ACE Backup Reminder dialogue box will appear advising that the update was completed successfully. It will also recommend that you make a new backup now that it has been upgraded to version X.XX (you should perform this backup after you have confirmed that you can open a claim and/or a patient file without receiving an error message); select OK.
- 24. To access PC-ACE, select the **PCACE icon** and the **enter the default user ID SYSADMIN** and the password **SYSADMIN**.
- 25. We recommend downloading additional material to assist you with PC-ACE. After the software successfully downloads, revisit the EDI Software web page for available documentation.

#### Logging Into PC-ACE for the First Time

1. Upon installation of the PC-ACE software, from the Desktop click on the **PC-ACE** icon to open the software (Figure 1).



2. Upon selecting an ICON (for example INST) the Sign On box appears. Enter "SYSADMIN" in the User ID and Password fields and select OK (Figure 2).

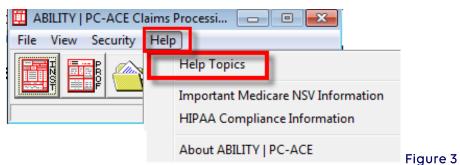
| Sign On   |           |        |
|-----------|-----------|--------|
| User ID:  | SYSADMIN  |        |
| Password: | *****     |        |
| <b>(</b>  | OK Cancel | Figure |

**Note:** NGS is unable to change, modify or reset any individual passwords once they have been setup in your PC-ACE software.

#### Online Help Feature

The PC-ACE program has an online help feature that can be accessed from the **PC-ACE Claims Processing System** main menu.

1. Select Help, and then select Help Topics (Figure 3).



- 2. Select the **Index** tab (Figure 4).
  - a. To search for a particular subject, type a few letters of the word.
  - b. Select the index entry to be reviewed, and select **Display**. That portion of the topic will appear. Review or Print the information.

| 😵 ABILI    | ITY   PC-A   | CE™ Cla      | ims Proce       | ssing Syste | 2      |
|------------|--|--------------|-----------------|-------------|--------|
| ∰≣<br>Hide | ⟨⊐<br>Back   | <b>Print</b> | Detions         |             |        |
| Contents   |  | Search       | 1               |             | T      |
|            | the keywor   |              | 1               |             |        |
| archivin   | ig claims  |              |                 |             |        |
|            |  | review a     | nd maintena     | ance 🔺      |        |
| archivin   | n <mark>g claims</mark><br>ng transmis<br>nents - prin |              |                 |             |        |
| audit tra  |  | -            |                 |             |        |
| building   |  | 270 eligib   | ility benefit ı |             |        |
| building   | ) the ANSI-<br>) the electro<br>s Master Fi            | onic claim   |                 | lest        |        |
| Claim &    | Reference  | e File Edit  |                 | aint        |        |
| Claim A    | rchive Fea<br>tachments                                | ture         |                 |             |        |
| Claim F    | orm (Institu<br>orm (Profes                            | ssional)     |                 |             |        |
| claim in   | port in PC<br>port prefer                              | ences        |                 |             |        |
| Claim Li   | ist Form co<br>ist Form Fe                             |              | n               |             |        |
|            | ayments<br>ayments:po                                  | osting to Ir | nstitutional c  | ain 🔻       |        |
|            |  |              |                 | lay         |        |
|            |  |              |                 |             | Figure |

## Section 2 - Reference File Maintenance

**Reference File Maintenance** records must be completed in order to begin utilizing the PC-ACE Software.

1. Select the **Reference File Maintenance** folder (yellow folder) (Figure 5).



#### Patient Setup

The **Patient** tab allows the addition and maintenance of patient information, including the patient's primary and secondary insured details.

- The setup of the Patient's information is **optional**. The patient information will not be accessible during claim entry or claim import if the patient database is not set up.
- The **complete patient list** will be accessible during **claim entry** using the variable-list lookup feature if the patient record is set up. When a patient is selected from the lookup list during claim entry, all applicable patient information will **auto populate** to the **appropriate claim form fields**.
- Once the patients are added, the Patient tab provides a convenient **Sort By** selection that quickly sorts the patient list by **Patient PCN** or **Patient Name** under the List Filter Options (Figure 6). (Use the F1 function key for more information).

| 👖 Reference File Ma                 | aintenance                    |                       |    |            |      |          |          |
|-------------------------------------|-------------------------------|-----------------------|----|------------|------|----------|----------|
| File View Reports                   |                               |                       |    |            |      |          |          |
| Patient Payer Pro-                  | vider (Inst) 🏾 Provider (Prof | Codes/Misc            |    |            |      |          |          |
| PCN                                 | Last Name                     | First Name            | MI | DOB        | LOB  | <u> </u> |          |
| D0EJN99000000A                      | DOE                           | JOHN                  | L  | 03/17/1956 | MCA/ |          |          |
|                                     |                               |                       |    |            |      |          |          |
|                                     |                               |                       |    |            |      |          |          |
|                                     |                               |                       |    |            |      |          |          |
|                                     |                               |                       |    |            |      |          |          |
|                                     |                               |                       |    |            |      | -        |          |
| Sort By:      Patien                | t PCN C Patient Name          |                       |    |            |      |          |          |
| List Filter Options                 |                               |                       |    |            |      |          |          |
| <ul> <li>Show all patien</li> </ul> | ts (no filter applied)        |                       |    |            |      |          |          |
| C Filter list to inclu              | ide Patient PCNs starting v   | vith                  |    |            |      |          |          |
| C Filter list to inclu              | de Patient Names starting     | with                  | -  |            |      |          |          |
|                                     |                               | ,                     |    |            |      |          |          |
| <u>N</u> ew ⊻                       | iew/Update <u>D</u> eleti     | e <u>P</u> lan of Car | e  |            |      | Close    |          |
|                                     |                               |                       |    |            |      |          | Figure 6 |

- A number of fields on the Patient/Insured Information tabs support data entry via **fixed-list** or **variable-list lookups**. These **lookup lists** are accessed by **right-clicking** the mouse in the field or pressing the **F2** key in the field.
- Helpful **fly-over** hints are also available for many fields by **left-clicking** in a field or **hover the mouse** over the field.
- 1. To add a new patient record, click the **New** button (Figure 7).

| 🇰 Refe         | rence File Mai       | ntenance                       |              |    |            |      | _             |   |
|----------------|----------------------|--------------------------------|--------------|----|------------|------|---------------|---|
| File Vie       | w Reports            |                                |              |    |            |      |               |   |
| Patient        | Payer Provi          | der (Inst) 🗍 Provider (Prof) 🗍 | Codes/Misc   |    |            |      |               |   |
| PCN            |                      | Last Name                      | First Name   | MI | DOB        | LOB  |               |   |
| SMITH          | IJN99000000A         | SMITH                          | JOHN         | L  | 03/17/1956 | СОМ/ |               |   |
|                |                      |                                |              |    |            |      |               |   |
|                |                      |                                |              |    |            |      |               |   |
|                |                      |                                |              |    |            |      |               |   |
|                |                      |                                |              |    |            |      |               |   |
|                |                      |                                |              |    |            |      |               |   |
| I              |                      |                                |              |    |            |      |               | - |
| <u>S</u> ort B | y: 💿 Patient I       | PCN C Patient Name             |              |    |            |      |               |   |
| ⊢ List F       | Filter Options       |                                |              |    |            |      |               |   |
| •              | Show all patients    | (no filter applied)            |              |    |            |      |               |   |
| OF             | ilter list to includ | e Patient PCNs starting with   |              |    |            |      |               |   |
|                |                      | e Patient Names starting wit   |              |    |            |      |               |   |
|                |                      | er ellert reliev otarting mi   | . 1          |    |            |      |               |   |
|                | lew <u>V</u> ie      | w/Update <u>D</u> elete        | Plan of Care |    |            |      | <u>C</u> lose |   |
|                |                      |                                |              |    |            |      |               |   |

- 2. Enter the Patient Information on the following tabs (Figure 8):
  - **General Information** general patient information such as the patient's name, address, birthdate, and various status flags.
  - **Extended Info** extended patient information such as information on the patient's primary Provider ID.
  - **Primary Insured** payer, insured, and employer information for the primary Institutional payer(s).
  - **Secondary Insured** insured information for the secondary institutional payer(s).
  - Tertiary Insured insured information for the tertiary institutional payer(s).

| ast Name First Name   |   | rof) Secondary Insured |  |
|---|---|------------------------|--|
| Patient Address Address City City State Zip Country Phone Notes | Patient Status<br>Active Patient Y<br>Sex DDB/<br>Marital Status Employment Status Student Status CBSA Code | Discharge Status       |  |

3. After completing data entry on the Patient Information form, click the <u>Save</u> button to save and exit the form (Figure 9).

| Patient Information   |  | X                             | 1        |
|---|--|-------------------------------|----------|
| General Information Extended Info Primary Insure  | d (Inst) 🖡 Primary Insured (Pr   | of) 🛛 Secondary Insured 🛛 💶 🕨 | ļ        |
| Last Name First Name SMITH JOHN   |  | ntrol No (PCN) 99000000A      |          |
| Patient Address Address I HOSPITAL DRIVE City State Zip JEFFERSON VALLEY NY 10535 Country Phone | Patient Status<br>Active Patient Y<br>Sex M<br>DOB 03/17/1956<br>Manital Status<br>Employment Status<br>Student Status | Discharge Status              |          |
| Notes   | CBSA Code  |                               | Figure 9 |
|   |  | Save Cancel                   |          |

4. During the patient save operation, an edit validation process is performed on all patient record fields. If no edit validation errors occur, no further correction is needed and the patient record will be saved.

When edit validation errors occur, double-click the first error message to jump to the corresponding field. Several **Save** attempts may be required when there are multiple errors to correct and save a "clean" patient record (Figure 10).

| Patient Information   |                                    | ×                           |
|---|------------------------------------|-----------------------------|
| General Information Extended Info Primary Ins   | ured (Inst) Primary Insured (Prof) | Secondary Insured           |
| Last Name First Name SMITH JOHN   | MI Gen Patient Control             |                             |
| Patient Address<br>Address<br>1 HOSPITAL DRIVE  |                                    | ischarge Status             |
| City         Edit Validation Errors List           UEFFER         Patient Sex Code Is Req           Country | uired                              |                             |
| Double-click error to jump to<br>X Indicates that error must I  |                                    | <u>Close</u> <u>C</u> ancel |

#### Payer Setup

The payer information for Medicare is already present in the PC-ACE software by default. Add **additional** Payer records for **other** lines of business to include these payers on newly entered claims.

- 1. To set up additional Payers, select the **Payer** tab. (Figure 11).
- 2. Select **New** to open the payer information screen.

|   |  | ntenance  |         |           |       |               | $\times$     |
|---|--|---|---------|-----------|-------|---------------|--------------|
| le View                                 | Reports  |   |         |           |       |               |              |
| Patient Paye                            | er Provi   | ler (Inst)   Provider (Prof)   Codes/Misc                     |         |           |       |               |              |
| Payer ID                                | LOB  | Description   | State   | Usage     |       |               | ^            |
| 01041                                   | СОМ  | HEALTHSOURCE  | FL      |           |       |               |              |
| 06001                                   | MCA  | MEDICARE PART A - WI & HHH-A                                  |         | Inst Only |       |               |              |
| 06014                                   | MCA  | MEDICARE HHH-A - CA   |         | Inst Only |       |               |              |
| 06101                                   | MCA  | MEDICARE PART A - IL  |         | Inst Only |       |               |              |
| 06102                                   | MCB  | MEDICARE PART B - IL  |         | Prof Only |       |               |              |
| 06201                                   | MCA  | MEDICARE PART A - MN  |         | Inst Only |       |               |              |
|   | 1  |   |         |           |       |               | $\mathbf{v}$ |
|   |  |   |         |           |       |               |              |
| <u>S</u> ort By: 🕡                      | Payer ID   | C Payer Description C Payer LOB C Paye                        | r State |           |       |               |              |
| <u>S</u> ort By: (●<br>□ List Filter Oj |  | C Payer Description C Payer LOB C Paye                        | r State |           |       | <br>          |              |
| List Filter O                           | otions   | C Payer Description C Payer LOB C Payer<br>no filter applied) | r State |           |       | <br>          |              |
| List Filter O                           | otions<br>II payers (i                               |   | r State |           |       | <br>          |              |
| List Filter 0                           | otions<br>Il payers (i<br>t to includ                | no filter applied)  |         |           | Apply | <br>          |              |
| List Filter 0                           | otions<br>Il payers (i<br>t to includ                | no filter applied)<br>B Payer IDs starting with               |         |           |       |               |              |
| List Filter 0                           | otions<br>III payers (<br>t to includ<br>t to includ | no filter applied)<br>B Payer IDs starting with               |         |           | Apply | <u>C</u> lose |              |

3. Enter the new payer's information taking advantage of the built-in lookups where possible by pressing the **F2** key or right-clicking the mouse in the fields highlighted below (Figure 12).

11

| Payer Information   |                            | ×        |
|---|----------------------------|----------|
| Payer ID LOB Receiver ID                                      | ISA08 Override             |          |
| Full Description  |                            |          |
| Address & Contact Information<br>Address                      | Flags<br>Source            | 1        |
| City State Zip  | Usage                      |          |
| Contact Name  |                            |          |
| Phone         Ext         Fax           [         [         [ |                            | Figure 1 |
| PrintLink Matching Descriptions                               | <u>Save</u> <u>C</u> ancel |          |

4. The **Payer Information** window will be displayed. Enter all the appropriate information in the highlighted in the following fields.

Use the mouse to click into a field or press the **<Tab>** button to progress through the form. Complete the following information (Figure 13):

| ayer ID LOB Recei   | ver ID  | ISA08 Over | ride                              | 1000         |  |
|---|---------|------------|-----------------------------------|--------------|--|
| 06111 COM<br>ull Description<br>DXFORD  |         |            |                                   | <b>*</b>     |  |
| Address & Contact Information<br>Address<br>City Sta<br>Contact Name<br>Phone Ext | ate Zip | -          | Flags<br>Source<br>Media<br>Usage | CI<br>E<br>B |  |
|   | Fax     |            |                                   |              |  |

| Payer ID         | Enter the Other Payers National Identification number.<br>If unknown, enter a value of choice as this is a required field<br>Examples:<br>9999BSCB for Blue Cross and Blue Shield<br>8888AETNA for Aetna 7777MC for Medicaid |
|------------------|--|
| LOB              | <b>F2</b> or right click in this field and <b>select</b> the <b>LOB</b> for the desired<br>Payer   |
| Full Description | Enter the <b>Company name</b>  |
| Source           | F2 or right click in this field and select the corresponding Payer source  |

- 5. All other fields should remain blank and select Save.
- 6. Repeat the relevant steps to create additional Payer records as needed.
- 7. Click **Close** when finished (Figure 14).

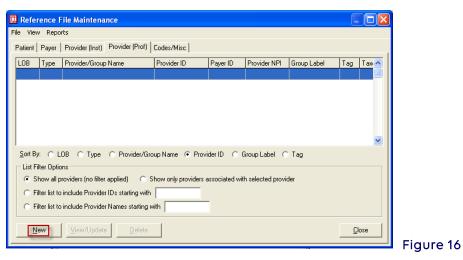
| 19003     MCB     DME MACJURISDICTION D     Prof Only       5555GAP     GAP     MEDIGAP     Prof Only       6666AARP     COM     AARP     Inst Only       8888AETNA     COM     COMMERICAL     Inst Only       9393BCBS     BC     BLUE CROSS AND BLUE SHIELD     Inst Only  |          | je 🛛 | State | Description               | LOB | Payer ID  |
|--|----------|------|-------|---------------------------|-----|-----------|
| S6666AARP       COM       AARP       Inst Only         7777MC       MCD       COBCOMMERCIAL       Inst Only         8888AETNA       COM       COMMERICAL       Inst Only         93939BCBS       BC       BLUE CROSS AND BLUE SHIELD       Inst Only         Soft By:       © Payer ID       © Payer Description       © Payer LOB       © Payer State |          | Inly |       | ME MAC JURISDICTION D     | MCB | 19003     |
| 7777MC       MCD       COBCOMMERCIAL       Inst Only         3888AETNA       COM       COMMERICAL       Inst Only         39398CBS       BC       BLUE CROSS AND BLUE SHIELD       Inst Only         Soft By:       © Payer Description       C Payer LOB       C Payer State  |          | Inly |       | 1EDIGAP                   | GAP | 5555GAP   |
| 3888AETNA COM COMMERICAL<br>3999BCBS BC BLUE CROSS AND BLUE SHIELD Inst Only<br>Soft By: © Payer ID C Payer Description C Payer LOB C Payer State  |          |      |       | ARP                       | COM | 6666AARP  |
| 39398CBS BC BLUE CROSS AND BLUE SHIELD Inst Only   |          | inly |       | OBCOMMERCIAL              | MCD | 7777MC    |
| Sort By: © Payer ID C Payer Description C Payer LOB C Payer State  |          |      |       | OMMERICAL                 | COM | 3888AETNA |
| Sort By:  Payer ID Payer Description Payer LOB Payer State   |          | inly |       | LUE CROSS AND BLUE SHIELD | BC  | 999BCBS   |
| List Filter Options  Show all payers (no filter applied)  Filter list to include Payer IDs starting with   | <u> </u> |      |       |                           | -   |           |

#### Provider Record Setup for Medicare

1. Select the **Provider (Inst)** tab (Figure 15).

| 🛄 Reference File Maintenance  |                        |          |               |     |               |
|---|------------------------|----------|---------------|-----|---------------|
| File View Reports   |                        |          |               |     |               |
| Patient Payer Provider (Inst) Provider (Prof)   | Codes/Misc             |          |               |     |               |
| LOB Provider Name   | Provider ID            | Payer ID | Provider NPI  | Tag | Taxonom 📥     |
|   |                        |          |               |     |               |
| Sort By: CLOB C Provider Name C<br>List Filter Options<br>Show all providers (no filter applied) C<br>Filter list to include Provider IDs starting with<br>Filter list to include Provider Names starting | Show only providers as |          | cted provider |     |               |
| New View/Update Delete  |                        |          |               |     | <u>C</u> lose |

2. Select New (Figure 16).



3. Enter the following information on the General Info tab: (Figure 17)

| Institutiona  | l Provider Information |                      | Đ                          | 3         |
|---------------|------------------------|----------------------|----------------------------|-----------|
| General Info  | Extended Info          |                      |                            |           |
| Name          | HOSPITAL               | NPI                  | 1234567893                 |           |
| Address       | 1 MAIN STREET          | Tax ID/Type          | 571234567 E                |           |
|               |                        | Tax Sub ID           |                            |           |
| City/St/Zip   | NEW YORK NY 10010-1001 | Taxonomy/Type        |                            |           |
| Phone         | (212) 111-1111 Fax ()  | Country              | Site                       |           |
| Contact       | MARY                   | _                    |                            |           |
| Provider ID/I | No. 1234567893 LOB MCA | -                    | _                          |           |
| Payer ID      | SEE NOTES Tag          | -                    | Include In Lookups?        |           |
| Remarks       | Pr                     | ovider Associations: | Select None                | 1         |
|               | <u> </u>               | 0B Provider ID Prov  | vider Name 🔼               |           |
|               |                        |                      |                            |           |
|               |                        |                      |                            |           |
|               | $\sim$                 |                      | ~                          | Figure 17 |
|               |                        |                      | <u>Save</u> <u>C</u> ancel | J         |

| Field Name<br>Provider Name<br>Address | <b>Action</b><br>Enter Provider/Facility name.<br>Enter Provider/Facility address.  |
|--|---|
|  |   |
| City/St/Zip<br>Phone                   | Enter Provider/Facility city, state, and ZIP code.<br>Enter the billing provider contact phone number. <b>Fax</b> Optional<br>field |
| Contact                                | Enter office contact name (preferably the name of the person using PC-ACE).   |
| Provider ID/No.                        | Enter the Provider/Facility six-digit Medicare Part A provider number.  |
| LOB                                    | Press the <b><f2></f2></b> key or right click to show list, then and select <b>MCA</b> .  |
| Payer ID                               | Press the <b><f2></f2></b> key or right click to show the list, and then select the appropriate payer ID.                           |
| NPI                                    | Enter the Provider/Facility NPI number.   |
| Tax ID/Type                            | Enter tax identification number and <b>E</b> for tax ID.  |
| Specialty                              | Press <b><f2></f2></b> key to show list, then select appropriate specialty.   |
| Taxonomy/Type                          | Select the appropriate taxonomy code for the facility ( <b><f2></f2></b> will display a list of valid taxonomy codes).              |
| Include in                             |   |
| Lookups                                | Type in Y   |

4. Click on the Extended Info Tab. Press **<F2>** or right click in the Provider Accepts Assign field and select A – Assigned (Provider Accepts Medicare Assignment) (Figure 18).

| nstitutional Provider Information                              |  |
|--|--|
| General Info   |  |
| Provider ID/No Type  | E-Mail Address                         |
| Provider Accepts Assign  |  |
| Provider SOF   |  |
| Provider Name Match  | Secondary Provider IDs (ANSI use only) |
| Force Legacy ID  | · · · · · · · · · · · · · · · · · · ·  |
| Requires POA Reporting   | ID/Type #1                             |
|  | ID/Type #2                             |
| <ul> <li>Pay-To Provider Information (specify only)</li> </ul> | if different)                          |
| Name   | NPI                                    |
| Address  | Tax ID/Type                            |
|  | Provider ID/No.                        |
| City/St/Zip  | Sec ID/Type #1                         |
| Country  | Sec ID/Type #2                         |
|  |  |
|  | Save Cancel                            |
|  |  |

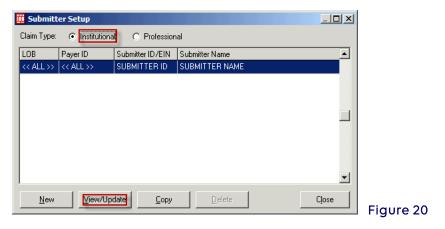
5. Select Save.

#### Submitter Setup

- 1. Select the tab marked Codes/Misc. (Figure 19).
- 2. Select SUBMITTER.

| Reference File Maintenanc              | e                         |                |              |
|--|---------------------------|----------------|--------------|
| <u>file View R</u> eports              |                           |                |              |
| Patient   Payer   Provider (Inst)   Pr | rovider (Prof) Codes/Misc |                |              |
| Shared                                 | Institutional             | Professional   |              |
| SUBMITTER                              | TOB                       | POS            |              |
| DATA COMM                              | CON/OCC/SP/VAL            | CHARGES MASTER |              |
| HCPCS                                  | REVENUE CODE              | SPECIALTY      |              |
| MODIFIERS                              |                           |                |              |
| ICD9                                   |                           |                |              |
| PHYSICIAN                              |                           |                |              |
| FACILITY                               |                           |                |              |
| MISC ANSI                              |                           |                |              |
|  |                           |                |              |
|  |                           |                | <u>Close</u> |
|  |                           |                |              |

3. The radio button defaults to Institutional. Select **View/Update** with the submitter record highlighted (Figure 20).



#### General Tab

- 1. Enter submitter number (e.g., NYAXXXX, HMXXXXXX, 0XXX) in the **ID** field (Figure 21).
- 2. Enter name and address of submitter.
- 3. Enter phone number, fax, contact and e-mail address.
- 4. Select <u>Save</u>.

| nstitutional Submitter Information                    |
|---|
| General Prepare ANSI Info ANSI Info (2) ANSI Info (4) |
| LOB Payer ID  |
| ID SUBMITTER ID EIN                                   |
| Name SUBMITTER NAME                                   |
| Address SUBMITTER ADDRESS                             |
|   |
| City ANYTOWN State NY Zip 10010                       |
| Phone (212) 111-1111 Fax (212) 222-2222 Country       |
| Contact CONTACT NAME                                  |
| E-Mail E-MAIL ADDRESS                                 |
|   |
| <u>Save</u>   |

#### Referring Physician Setup (Optional)

Referring physician National Provider Identifier (NPI) record should be created for all doctors ordering diagnostic tests and consultations.

1. Select Physician on the Codes/Misc. tab (Figure 22).

| 🛄 Reference File Maintenan            | ce                         |                |               |
|---------------------------------------|----------------------------|----------------|---------------|
| <u>File View R</u> eports             |                            |                |               |
| Patient   Payer   Provider (Inst)   F | Provider (Prof) Codes/Misc |                |               |
| Shared                                | Institutional              | Professional   |               |
| SUBMITTER                             | тов                        | POS            |               |
| DATA COMM                             | CON/OCC/SP/VAL             | CHARGES MASTER |               |
| HCPCS                                 | REVENUE CODE               | SPECIALTY      |               |
| MODIFIERS                             |                            |                |               |
| ICD9                                  |                            |                |               |
| PHYSICIAN                             |                            |                |               |
| FACILITY                              |                            |                |               |
| MISC ANSI                             |                            |                |               |
|                                       |                            |                |               |
|                                       |                            | _              | <u>C</u> lose |
|                                       |                            |                |               |

2. Select New (found on bottom left of screen) (Figure 23).

| New | <u>V</u> iew/Update | <u>D</u> elete | <u>C</u> lose |           |
|-----|---------------------|----------------|---------------|-----------|
|     |                     |                |               | Figure 23 |

- 3. Enter physician's last name, first name, and middle initial (Figure 24).
- 4. Enter physician's NPI number.
- 5. Select <u>Save</u>.

| Physician Information  |           |
|--|-----------|
| Physician ID / Type  |           |
| Physician's Last Name First Name MI Suffix<br>HOUSE GREGORY ,  |           |
| Address  |           |
| City     State     Zip     Phone       Image: Im | -         |
| Federal Tax ID / Type     NPI     Taxonomy       1234567893  | Figure 24 |

6. Select <u>Close</u> to exit **Physician Information** box (Figure 25).

| New View/Update Delete | <u>Close</u><br>Figure 25 |
|------------------------|---------------------------|
|------------------------|---------------------------|

# Section 3 - Claims Entry

Upon completion of the Reference File Maintenance, claims are now ready to be manually entered. When importing claims from another software, the manual entry of claims may be bypassed. Please follow the section on Importing Claims.

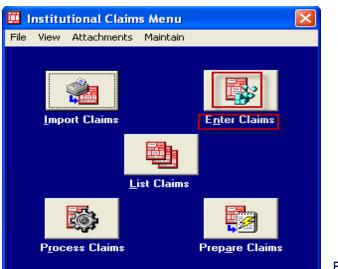
1. Select the **INST** icon from the PC-ACE Claims Processing System main menu (Figure 26).

| 🔲 ABILITY   PC-ACE Claims Processi 📃 💷 💌 |          |
|--|----------|
| File View Security Help                  |          |
| 📑 🕋 📚 🐻 👪 🅰                              |          |
| Copyright 2016 ABILITY Network Inc.      | Figure 2 |

- 2. Enter **SYSADMIN** as both the User ID and Password in the **Sign On** box if it appears (Figure 27).
- 3. Select OK.

| Sign On   |          |        |           |
|-----------|----------|--------|-----------|
| User ID:  | SYSADMIN | 1      |           |
| Password: | *****    |        |           |
|           | ОК       | Cancel | Figure 27 |

4. Select Enter Claims to open the Institutional Claim Form (Figure 28).





#### **Entering Claim Data**

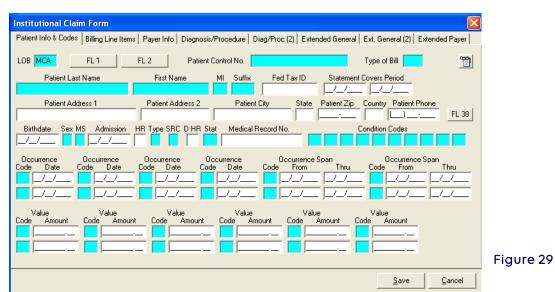
Click on any field to enter data or press the **TAB** key to move from field to field left to right. Use the **UP ARROW** and **DOWN ARROW** keys to move up and down through the claim form fields, respectively.

A number of productivity enhancing features are available during claim entry:

- **Claim Form Topic Help** Press the **<F1>** key while entering an Institutional claim and the software will display the **Institutional Claim Form** topic in PC-ACE.
- **Fixed-List Lookups** Press the **<F2**> key or **right click** in fields containing lookup capability to take advantage of the built in fixed-list lookup lists to select from.

Access the lookup list for a field by positioning the cursor on the field and pressing the **F2** function key (or right-clicking the mouse). When an item from the list is selected, its value is automatically entered in the claim form field. For example, **Patient Sex** typically has 3 possible values: "**M**" (male), "F" (female), and "U" (unknown).

Type "<ALT>F2" (press the <F2> key while holding the <ALT> key down) to identify all fields that support a lookup list. Press the <ESC> key to disable the flashing notification (Figure 29).



• Variable-List Lookups – Applies primarily to fields whose values are selected from the reference files completed in **Reference File Maintenance** in the 'Getting Started Using PC-ACE' section above.

If any information in the variable-list lookups selected from the reference files is incorrect and cannot be changed within the claim form, exit the Claim Form and make the necessary change(s) directly to the proper reference file.

For example, selection of a patient from the variable-list lookup completes numerous patient- related fields on the claim. Access variable list lookups using the same method described above for fixed-list lookups.

- Institutional Claim Form Patient Info & Codes | Billing Line Items | Payer Info | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer 1 LOB MCA FI 1 FL 2 Patient Control No. Type of Bill Patient Last Name First Na Suffix Statement Covers Period \_/\_/ Patient Zip Country Patient Phone Patient City Patient Address 1 Patient Address 2 State E 1 FL 38 Birthdate Sex MS Admission A-Hou Typ Src D-Hour Stat Medical Record No Occurrence ode Date Occurrence ode Date Occurrence ode Date Occurrence Span From Occurrence Span From Thr Thru Code 11 11 11 ローノ 11 \_/\_/. 11 11 11 11 11 11 1 / / 111 Value Value Value Value Code Code Code Amount Code Amount Code Amount Cod Amount Amount Figure 30 <u>S</u>ave Cancel
- Right click in the Patient Control No. field (Figure 30).

• Then select the patient that will be entered on the claim form (Figure 31) from the reference file Patient Selection to auto-populate the values from the Patient Selection record into the claim form (Figure 32).

| 👖 Patient Selectio                     | on                        |            |    |            |     |                |                |           |
|--|---------------------------|------------|----|------------|-----|----------------|----------------|-----------|
| PCN                                    | Last Name                 | First Name | MI | DOB        | LOB |                |                |           |
| SMITHJN9900000                         | 0A SMITH                  | JOHN       | L  | 03/17/1956 | MCA |                |                |           |
|  |                           |            |    |            |     |                |                |           |
|  |                           |            |    |            |     |                |                |           |
|  |                           |            |    |            |     |                |                |           |
|  |                           |            |    |            |     |                |                |           |
|  |                           |            |    |            |     |                |                |           |
|  |                           |            |    |            |     |                |                |           |
|  |                           |            |    |            |     |                | <b>_</b>       |           |
|  |                           |            |    |            |     |                | <u> </u>       |           |
|  | ent PCN 🔿 Patient N       | ame        |    |            |     |                |                |           |
| List Filter Options                    |                           |            |    |            |     |                |                |           |
|  | ents (no filter applied)  |            |    |            |     |                |                |           |
| C Filter list to inc                   | clude Patient PCNs starti | ing with   |    |            |     |                |                |           |
| <ul> <li>Filter list to inc</li> </ul> | clude Patient Names star  | ting with  |    |            |     |                |                |           |
|  |                           |            |    |            |     |                |                | Figure 3  |
| <u>N</u> ew                            | ⊻iew/Update <u>D</u>      | elete      |    |            |     | <u>S</u> elect | <u>C</u> ancel | . igere e |
|  |                           |            |    |            | _   |                |                |           |

| Institutional Claim Form  | ×  |
|---|--|
| Patient Info & Codes   Billing Line Iter  | ms   Payer Info   Diagnosis/Procedure   Diag/Proc (2)   Extended General   Ext. General (2)   Extended Payer   🔤   |
| LOB MCA FL 1  | FL 2 Patient Control No. SMITHJN99000000A Type of Bill   |
| Patient Last Name<br>SMITH  | First Name         MI         Suffix         Fed Tax ID         Statement Covers Period           JUDHN         L  |
| Patient Address 1<br>1 HOSPITAL DRIVE   | Patient Address 2         Patient City         State         Patient Zip         Country         Patient Phone           JEFFERSON VALLEY         NY         10535:  |
| Birthdate         Sex MS         Admission           03/17/1956         M        /_/          | A-Hour Typ Src D-Hour Stat Medical Record No. Condition Codes  |
| Occurrence<br>Code         Occurrence<br>Date          /_/        /_/          /_/        /_/ | Occurrence         Occurrence         Occurrence         Occurrence         Span         Occurrence         Span           Code         Date         Code         From         Thru         Code         From         Thru |
| Value Value<br>Code Amount Code Amou  | Value Value Value Value Value Value ant Code Amount Code Amount Code Amount Code Amount Code Amount Code Amount  |
|   |  |

#### Figure 32

• **Cancel Field Changes** - When a change is inadvertently made to the contents of a field, press the **ESC** key to cancel this change and restore the field's original content. This feature is available for most claim form fields.

Enter the appropriate information required for the Institutional claim form utilizing the mouse to click into a field or press the **<TAB>** button to progress through the form.

The sections/tabs display fields in the same order as a hardcopy Institutional claim form (Figure 33).

The Institutional claim form contains eight sections (tabs):

- Patient Info & Codes
- Billing Line Items
- Payer Information
- Diagnosis/Procedure
- Diag/Proc (2)
- Extended General
- Extended General (2)
- Extended Payer

| Institutional Claim Form   |
|--|
| Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended Genera Ext. General (2) Extended Payer |
| LOB MCA FL1 FL2 Patient Control No. Type of Bill   |
| Patient Last Name First Name MI Suffix Fed Tax ID Statement Covers Period  |
|  |
| Patient Address 1 Patient Address 2 Patient City State Patient Zip Country Patient Phone   |
|  |
| Birthdate Sex MS Admission A-Hour Typ Src D-Hour Stat Medical Record No Condition Codes  |
|  |
| Occurrence Occurrence Occurrence Occurrence Span Occurrence Span   |
| Code Date Code Date Code Date Code From Thru Code From Thru  |
|  |
|  |
| Value Value Value Value Value  |
| Code Amount Code Amount Code Amount Code Amount Code Amount Code Amount  |
|  |
|  |
|  |
| Save Cancel  |
|  |

#### • Patient Info & Codes Tab

This tab includes fields for general claim and patient information as well as the Condition, Occurrence, Span, and Value code fields.

Enter the patient information manually during claim entry *or* while the cursor is displayed in **Patient Control Number**, press <**F2>** or **right click** to access a list of patients from which to select in reference file maintenance record (Figure 34).

| Institutional Claim Form  |
|---|
| Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Payer   |
| LOB MCA FL1 FL2 Patient Control No Type of Bil 1  |
| Patient Last Name First Name MI Suffix Fed Tax ID Statement Covers Period   |
| Patient Address 1 Patient Address 2 Patient City State Patient Zip Country Patient Phone  |
| Bithdate Sex MS Admission A-Hour Typ Src D-Hour Stat Medical Record No. Condition Codes   |
| Occurrence<br>Code         Occurrence<br>Code         Occurrence<br>Code         Occurrence<br>Code         Occurrence<br>From         Operation           ///         ////         /////         /////         /////         /////         /////         //////           ////         /////         /////         /////         /////         /////         /////   |
| Value |
| Save Cancel   |

• Once the patient is highlighted, click on the SELECT button (Figure 35). The Patient Info & Codes tab will be displayed with data elements populated from the Patient Selection record. Press Tab or point and click to make any modifications to a form locator on the Patient Info & Codes tab.

| Patient Sele   | cuon                          |            |    |            |     | <u>_</u> _×           |        |
|--|-------------------------------|------------|----|------------|-----|-----------------------|--------|
| PCN  | Last Name                     | First Name | MI | DOB        | LOB | ▲                     |        |
| MITHJN99000  | 000A SMITH                    | JOHN       | L  | 03/17/1956 | MCA |                       |        |
|  |                               |            |    |            |     |                       |        |
|  |                               |            |    |            |     |                       |        |
|  |                               |            |    |            |     |                       |        |
|  |                               |            |    |            |     |                       |        |
|  |                               |            |    |            |     |                       |        |
|  |                               |            |    |            |     |                       |        |
|  |                               |            |    |            |     |                       |        |
|  |                               |            |    |            |     | ▼                     |        |
| Sort By: 💽 P   | atient PCN 🕜 Patient Na       | me         |    |            |     |                       |        |
|  | ins                           |            |    |            |     |                       |        |
| List Filter Optio                                      | atients (no filter applied)   |            |    |            |     |                       |        |
|  |                               |            | _  |            |     |                       |        |
| Show all p   |                               | itle       |    |            |     |                       |        |
| <ul> <li>Show all p</li> <li>Filter list to</li> </ul> | include Patient PCNs starting |            |    |            |     |                       |        |
| <ul> <li>Show all p</li> <li>Filter list to</li> </ul> |                               |            |    |            |     |                       |        |
| <ul> <li>Show all p</li> <li>Filter list to</li> </ul> | include Patient PCNs starting |            | _  |            |     | Select <u>C</u> ancel | Figure |

• If the patient is not in the **Patient Selection** select <u>New</u> (Figure 36).

| Patient Selecti  | on                           |            |    |     |     |        |          |
|--|------------------------------|------------|----|-----|-----|--------|----------|
| PCN  | Last Name                    | First Name | MI | DOB | LOB |        | <u>^</u> |
|  |                              |            |    |     |     |        |          |
|  |                              |            |    |     |     |        |          |
|  |                              |            |    |     |     |        |          |
|  |                              |            |    |     |     |        |          |
|  |                              |            |    |     |     |        |          |
|  |                              |            |    |     |     |        |          |
|  |                              |            |    |     |     |        |          |
|  |                              |            |    |     |     |        | <b>N</b> |
| Sort By:  Patier   | nt PCN C Patient Name        |            |    |     |     |        |          |
| - List Filter Options -  | its (no filter applied)      |            |    |     |     |        |          |
|  |                              |            |    |     |     |        |          |
|  | ude Patient PCNs starting wi | -          | -  |     |     |        |          |
| Filter list to include the second | ude Patient Names starting v | with       |    |     |     |        |          |
| New  | /iew/Update Delete           | 1          |    |     | Г   | Select | Cancel   |
|  |                              |            |    |     |     | 2      |          |

Figure 36

• Enter in the following fields (Figure 37)

| Patient Information   |  |
|---|--|
| General Information Extended Info Primary Insur                                   | ed   Secondary Insured   Tertiary Insured  |
| Last Name First Name DDE JOHN   | MI Gen Patient Control No (PCN)  |
| Patient Address Address I STATE DRIVE City State Zip INDIANAPOLIS IN 45245- Notes | Patient Status         Active Patient       Y       Discharge Status         Sex       F       Death Ind         DOB       11/11/1919       DOD       _/_/         Marital Status       Signature On File          Employment Status       Release of Info |
|   | <u>S</u> ave <u>C</u> ancel  |

| - Fi | aυ | re | 37 |
|------|----|----|----|

| Last Name/First Name/MIEnter patient's name.Patient Control No (PCN)Enter patient control number selected by the facAddressEnter patient's address.City/State/ZipEnter city, state, and ZIP code.PhoneOptionalSexEnter "M" for male or "F" for female or "U" for unkrDOB (date of birth)Enter the date in the MM/DD/CCYY format. |
|--|
|--|

• Select the Extended Info tab. Press <F2> or right click in the Primary Provider ID (Institutional use only) field and select the Provider record (Figure 38).

| Patient Information   |
|---|
| General Information Extended Info Primary Insured (Inst) Primary Insured (Prof) Secondary Insured |
| Patient Legal Representative Information (Professional use only)                                  |
| Name (L/F)  |
|   |
| Address   |
|   |
|   |
|   |
| Country Phone (   |
| Primary Provider ID (Institutional use only)  |
|   |
| Provider ID 000000 (press F2 to select)   |
| Different Der state in Der (Der Geschendung en die)   |
| Billing/Rendering Provider IDs (Professional use only)  |
| Billing Provider ID (press F2 to select)  |
| Rendering Provider ID   |
| ,   |
|   |
| <u>S</u> ave <u>C</u> ancel   |
|   |

• **Primary Insured** tab if not populated (Figure 39).

| atient Information  |                            | X   |
|---|----------------------------|---|
| General Information Extended Info Primary Insure  | ed (Inst) Primary Insure   | d (Prof) 🛛 Secondary Insured 🛛 💶 🕨  |
| Payer ID Payer Name<br>13201 MEDICARE PART A - NY<br>Group Name Group Number                                    | LOB<br>MCA<br>Claim Office | Insured Information Options<br>C Common Inst & Prof<br>Separate Inst & Prof |
| I Insured Information (F7) Employer Information (F  | 8)                         | Clear All Fields For Insured  |
| Rel         Last Name         First Name           18         DOE         JOHN                                  | MI Gen                     | Insured ID<br>990000000A  |
| Address T MAIN STREET   | Sex M<br>DOB 06/25/1931    | Assign of Benefits  |
| City         State         Zip           NEW YORK         NY         10017-1001           Country         Phone | Employ Status              | ROI Date _/_/<br>Retire Date _/_/   |
| [(212) 111-1111   |                            |   |
|   |                            | Save Cancel   |

• Enter the following information:

#### Field Name

#### Action

Payer ID

Press the **<F2>** key or right click to show the list, and then select the appropriate payer for the state

| <b>Rel</b> (relationship to insured) | contracted with.<br>Press the F2 key and enter the appropriate relationship<br>to insured code Enter:<br>"18" for self<br>"01" for spouse<br>"19" for child |
|--------------------------------------|---|
| Last Name/First Name/MI              | Enter insured's name.   |
| Insured ID                           | Enter Medicare Health Insurance Number.   |
| Address                              | Enter the primary insured's address.  |
| City/State/Zip                       | Enter city, state, and ZIP code.  |
| Phone                                | Optional  |
| Sex                                  | Enter <b>"M</b> " for male or <b>"F"</b> for female or <b>"U"</b> for unknown.  |
| DOB (date of birth)                  | Enter the date in the MM/DD/CCYY format.  |

- Select **Save**.
- The Institutional Claim Form box will appear again (Figure 40).

| Institutional Claim Form  |           |
|---|-----------|
| Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Payer   |           |
| LOB MCA FL 1 FL 2 Patient Control No. 123456789 Type of Bil 111   |           |
| Patient Last Name         First Name         MI         Suffix         Fed Tax ID         Statement Covers Period           DDE         JDHN         M         123451234         06/06/2009         06/07/2009  |           |
| Patient Address 1         Patient Address 2         Patient City         State         Patient Zip         Country         Patient Phone           1 STATE DRIVE         INDIANAPOLIS         IN         45245         I          FL 38   |           |
| Bithdate         Sex MS         Admission         HR Type SRC D HR Stat         Medical Record No.         Condition Codes           11/11/1919         F         06/06/2009         20         3         7         22         20         2233445556 <t< td=""><td></td></t<>   |           |
| Occurrence         Occurrence         Occurrence         Occurrence         Occurrence         Span         Code         Date         Code         Date         Code         From         Thu         From         Thu         From         Thu         Code         From         Thu         <   |           |
| Value Value Value Value Value Value Value Code Amount | Figure 4( |
| Save Cancel   |           |

#### • Billing Line Items Tab

Enter the services/supplies rendered to the patient. Eight claim lines are displayed at a time on the window. The user can use the **<Scroll Up>** and **<Scroll Down>** buttons to move up and down within the claim (Figure 41).

This tab also includes extended line item fields, and line-level MSP/COB fields. For detailed information on entering Medicare Secondary Payer claims, download the PC-ACE Quick Reference Guide: Medicare Secondary Payer.

| lt | em Details   E      |              |                     |          | )etails 2 (Line |                      | )/Proc (2) │ Exte        |                  |                       |                      |    |
|----|---------------------|--------------|---------------------|----------|-----------------|----------------------|--------------------------|------------------|-----------------------|----------------------|----|
| N  | 42 4<br>Rev.Cd. HCf | 4 -<br>PCS 1 | 44 - Modifie<br>2 3 | ers<br>4 | 44<br>Rate      | 45 - Se<br>From Date | ervice Date<br>Thru Date | 46<br>Units/Days | 47<br>Total Charges N | 48<br>Ion-Cov Charge | is |
|    |                     |              |                     |          |                 |                      |                          |                  |                       |                      | _  |
| 2  |                     |              |                     |          |                 |                      |                          |                  |                       |                      | 1  |
| 3  |                     |              |                     |          |                 |                      |                          |                  |                       |                      |    |
| 4  |                     |              |                     |          |                 |                      |                          |                  |                       |                      |    |
| 5  |                     |              |                     |          |                 |                      |                          |                  |                       |                      |    |
| 6  | <u> </u>            | — <u>`</u>   | ΓĒ                  |          |                 |                      |                          |                  |                       |                      |    |
| 7  |                     |              |                     |          |                 |                      |                          |                  |                       |                      |    |
| B  |                     |              |                     |          | , <u> </u>      |                      |                          | <u> </u>         |                       |                      | ₹  |
|    |                     |              |                     |          | ,               |                      |                          | ,                | ·                     |                      | -  |
|    |                     |              |                     |          |                 |                      | Recalculate              | Totals:          | 0.00                  | 0.00                 |    |
|    |                     |              |                     |          |                 |                      |                          |                  |                       |                      |    |

• Line Item Scrolling - The Billing Line Items tab displays 8 claim lines at a time. For claims that contain more than 8 line items, the user may scroll through the claim line items one line at a time or one page (i.e., 8 lines) at a time using the buttons provided along the right edge of this tab.

The **up/down arrow keys can be utilized** to move from line to line, scrolling when appropriate.

Type **<ALT><PAGE UP>** (press the **Page Up** key while holding the **ALT** key down) or **<ALT><PAGE DOWN>** to scroll up/down through all claim line items one page at a time.

- Line Item Features The following productivity features are available on the Billing Line Items tab:
- Field Duplication -- Press the F4 key while positioned on a specific field on a line to copy the value of that single field from the previous line into the current line
- Line Duplication Press the F5 key while positioned on any field on a line to copy the values in all fields of the previous line into the current line.
- Line Deletion Press the F7 key while positioned on any field on a line to delete the line. A prompt to confirm the deletion. Alternatively, enter the value DEL (that's an asterisk plus "DEL" plus another asterisk, without the double-quotes) into the HCPCS field on a claim line to delete the line. Make sure the field is highlighted to enter \*DEL\*. Claim lines are automatically re-sequenced by Revenue Code when a claim is saved. As such, there is no need to provide line rearrangement capabilities.
- Advance To Next Line Press the F8 key while positioned on any field on a line to automatically advance the cursor to the first field of the next line, skipping over any remaining fields on the current line.
- Jump To Narrative Press the <ALT>N key combination while positioned on any field on a line to automatically position on the "84 - Remarks" field. Enter the desired narrative text and press the <TAB> key to return to the original line field.
- Line Item Totals Recalculation The Billing Line Items tab provides a Recalculate button located near the bottom of the tab adjacent to the totals fields. Click this button to recalculate and update the Total Charges and Total Non-Covered Charges fields from the current claim line item charges values. Note: This button may

not be available on some installations.

• Payer Info Tab

Enter payer, provider, insured, and employer fields for the primary, secondary, and tertiary payers that need populating.

• Diagnosis/Procedure

Enter diagnosis codes, procedure codes and dates and physician information.

• Diag/Proc (2)

Enter additional diagnosis codes, procedure codes and dates, and claim-level provider information.

- Extended General Enter any additional patient and general claim-level fields.
- Extended General (2)

Enter additional condition/occurrence/span/value codes.

• Extended Payer

Less frequently used payer, insured, and authorization fields for the primary, secondary, and tertiary payers. Also includes fields for MSP and other secondary claims where Coordination of Benefits (COB) information is required. This major tab consists of a number of second-level tabs that provide access to this extended information in a logical and efficient manner.

- Click **Save** when finished entering the claim.
- During the claims **save** operation, an edit validation process is performed on all fields. If no edit validation errors occur, the claim patient record is saved without further correction and a new Institutional claim form will appear allowing entry of another claim.
- When edit validation errors occur, double-click the error message to jump to the corresponding field in error. Several **Save** attempts may be required to correct and save a "clean" claim. Refer to the **Claim & Reference File Edit Validation** topic for a more complete discussion of the claim edit validation process.
- Once finished entering claims, the claims are now ready to be prepared for transmission (Figure 42). See Prepare Claims Function.
   Note: Use the Help Feature in PC-ACE for more information on "Listing, modifying and maintaining claims.

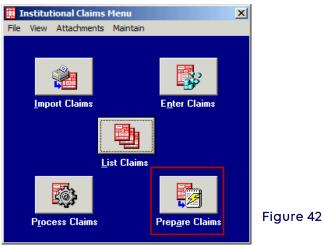
# Section 4 - Additional Claim Features

### Copying Claims

Claims for the *same* patient can be copied and then modified instead of creating a new claim each time. Simply copy the previous claim, modify the dates of service and/or any other pertinent information, and then save it.

- 1. In the Institutional Claims Menu window, select List Claims.
- 2. In the **Institutional Claim List** window, in the bottom left section of the screen, choose the Location of **TR** transmitted only.
- 3. Put a check mark in the box in front of the claim(s) to be copied.
- 4. On the Actions Menu, select Copy All Checked Claims. Select OK in the confirmation window. Note: If only one claim was checked to be copied, the Institutional Claim Form will be displayed instead of the Institutional Claim List window.

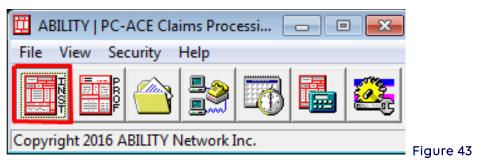
- 5. Change the dates of service and **Save** the claim.
- 6. In the bottom section of the window, select the Location of CL to be transmitted. The claims will be listed and have a status of UNP.
- 7. Double-click each claim in turn, enter new dates of service, and <u>Save</u>.



# Reactivating Previously Transmitted Claims and Reactivation of Individual Claims

To resubmit a transmitted claim, these claims must first be reactivated. Only claims in the **transmitted (TR)** location may be reactivated.

1. Select the **Institutional** icon from the **PC-ACE Claims Processing System** main menu (Figure 43).



2. Select List Claims (Figure 44).





Figure 44

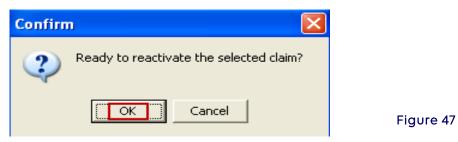
- 3. Select Location (Figure 45).
- 4. Select CL (to be transmitted) or TR (transmitted only).



- 5. Check one claim or several claims to be reactivated.
- 6. Select Actions (Figure 46).
- 7. Select either **Reactivate Selected Claim** (if only one claim) or **Reactivate All Checked Claims** (for more than one claim).

| File | Filter | Actions | Reports                  |    |      |   |    |    |     |      |       |       |       |       |       |       |
|------|--------|---------|--------------------------|----|------|---|----|----|-----|------|-------|-------|-------|-------|-------|-------|
|      | Status | Refre   | sh Claim List            | F5 |      |   |    |    |     |      |       |       |       |       |       |       |
|      | CLN    | Creat   | e New Claim              |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      | CLN    | View :  | 5elected Claim           |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      | CLN    | Сору    | Selected Claim           |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      | CLN    | Deleti  | e Selected Claim         |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      | CLN    | Purge   | Selected Claim           |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      |        | React   | ivate Selected Claim 🔫   | _  |      |   |    |    |     |      |       |       |       |       |       |       |
|      | CLN    | Hold 9  | Selected Claim           |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      | CLN    | Print : | 5elected Claim           |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      | CLN    | Archiv  | ve Selected Claim        |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      | CLN    | Show    | Selected Claim Payments  | s  |      |   |    |    |     |      |       |       |       |       |       |       |
|      | CLN    | Set Set | elected Claim Media      |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      | CLN    | Сору    | All Checked Claims       |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      |        | Deleti  | e All Checked Claims     |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      |        | Purge   | All Checked Claims       |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      |        | React   | ivate All Checked Claims | ←  |      |   |    |    |     |      |       |       |       |       |       |       |
|      |        | Hold /  | All Checked Claims       | -  | l Ei | a | ιı | ur | ure | ure  | ure 4 |
|      |        | Print / | All Checked Claims       |    |      | 3 | -  |    |     | •••• | ••••  | ••••  | ••••  |       | ••••  |       |
|      |        | Archiv  | /e All Checked Claims    |    |      |   |    |    |     |      |       |       |       |       |       |       |
|      |        | Set A   | l Checked Claims Media   |    |      |   |    |    |     |      |       |       |       |       |       |       |

- 8. The Confirm box appears (Figure 47).
- 9. Select **OK** to reactivate claim/claims.



10. Change Location field to CL-to be transmitted (Figure 48).

| le Filter Actions Repor                               | 5.65            | 1                |      |               |            |            |                 |
|---|-----------------|------------------|------|---------------|------------|------------|-----------------|
| Status LOB PCN  | Patient Last    | Bill Provider    |      | Entered       | Serv. From | Serv. Thru | Total Chgs. Med |
| UNP MCB DOE JO  | IN DOE          | 1234567893       | Solo | 09/23/2013    | 09/14/2013 | 09/15/2013 | \$150.00 E      |
| 1   |                 |                  |      |               |            |            |                 |
|   |                 |                  |      |               |            |            |                 |
|   |                 |                  |      |               |            |            |                 |
|   |                 |                  |      |               |            |            |                 |
|   |                 |                  |      |               |            |            |                 |
|   |                 |                  |      |               |            |            |                 |
|   |                 |                  |      |               |            |            |                 |
|   |                 |                  |      |               |            |            |                 |
| Sort By: (* Patient Name                              |                 | Date C Service D | ate  |               |            |            |                 |
| Sort By: (* Patient Name<br>Claim List Filter Options | C PCN C Erray D | Date C Service D | ale  |               |            |            |                 |
| Sort By: (* Patient Name<br>Claim List Filter Options |                 |                  |      | 08: [<< Al >> | -          |            |                 |
| Sort By: (* Patient Name                              |                 | Þate ⊂ Service D |      | 08: [<< Al >> |            |            |                 |

- 11. Reactivated claims will be listed with a status of **UNP**. These must be corrected before sending.
- 12. Either double click the claim to open and make the necessary corrections and select **Save** (Figure 49), or see the **Processing Reactivated or Imported Claims** section to Process a multitude of claims.

| Institutional Claim Form   |
|--|
| Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Payer  |
| LOB ICA FL 1 FL 2 Patient Control No. 123456789 Type of Bill 721   |
| Patient Last Name         First Name         MI         Suffix         Fed Tax ID         Statement Covers Period           DDE         JOHN         10/10/2009         10/10/2009         10/10/2009  |
| Patient Address 1         Patient Address 2         Patient City         State         Patient Zip         Country         Patient Phone           115 STATE DRIVE         INDIANAPOLIS         IN         45245         []         FL 38  |
| Birthdate         Sex MS         Admission         HR Type SRC D HR Stat         Medical Record No.         Condition Codes           11/11/1919         F         _/_/         F         _/_/         F         _//_  |
| Occurrence<br>Code         Occurrence<br>Date         Occurrence<br>Code         Occurrence<br>Date         Occurrence<br>Code         Occurrence<br>From         Occurrence<br>Thru         Occurrence<br>Code         Occurrence<br>From         Occurrence<br>Thru         Occurrence<br>Thru <t< td=""></t<>   |
| Value     Value     Value     Value     Value     Value       Code     Amount     Code     Amount     Code     Amount       Image: |
| <u>Save</u>  |

13. The claim status will change to **CLN.** These claims are now ready to be prepared and transmitted. See **Prepare Claims** instructions.

#### Claim Import Function

When entering claims manually in the PC-ACE software and not importing a claims file in an Electronic Media Claims (EMC) format, skip this section entirely.

For more information on the importing of UB92 Version 6.0 formats and Print Image, please review the HELP and enter "claim import" in search field.

#### PC-ACE ANSI 837I Claim Import Capability (Importing ANSI 837I Claim Files)

Providers can translate and import claims files in the ANSI 8371 version format, for subsequent editing, ANSI 837 formatting and transmission. The ANSI 8371 import capability by default is **not** activated in PC-ACE.

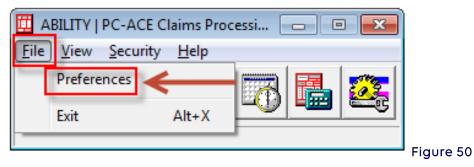
The Claim Import function can be utilized for MSP claims that need to be updated or corrected and your claims software is not capable of doing so.

This feature should only be activated if the ANSI 837I files have already been validated as structurally sound and complete. It *should not* be used as an ANSI 837I testing validation tool.

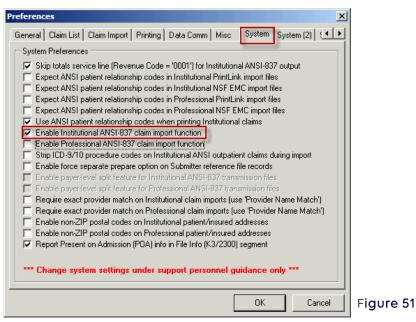
**Note:** Only those data elements supported in PC-ACE will be imported from the ANSI 837I file. Any unsupported segments and data elements present in the imported ANSI 837I file will be ignored.

To **activate** this feature for importing ANSI 837 4010A1X12 files, perform the following:

1. From the PC-ACE main toolbar select **File, then Preferences** menu items and login when prompted (Figure 50).



- 2. While viewing the Preferences screen, type the ampersand (&) character (i.e., <SHIFT>7). An additional tab labeled System will appear.
- 3. Select the **System** tab and check the **Enable Institutional ANSI-837 claim import function** option.
- Select OK to save the changes. These new settings will take effect immediately. (Figure 51)



5. Ensure all Provider records are set up prior to importing files (See instructions on adding/checking a provider record).

6. Name the claim import files with a **.DAT** (*dot* DAT) file extension and copy them into the C:\WINPCACE\IMPUB92 directory (Figure 52).

| 🗃 Impub92                      |             |             |                     |          | _10           | × |
|--------------------------------|-------------|-------------|---------------------|----------|---------------|---|
| File Edit View Favorites Tools | Help        |             |                     |          |               | 7 |
| 🌏 Back 🔹 🕥 🖌 🏂 🔎 Sea           | irch 😥 Fold | lers 🛛 🕞 🎯  | 🗙 🍤 💷 - 🥵 Fold      | ler Sync |               |   |
| Address 🗁 C:\WINPCACE\Impub92  |             |             |                     |          | 💌 🄁 Go        | • |
| Name 🔺                         | Size        | Туре        | Date Modified       |          |               |   |
| Ansi837u.ctl                   | 3 KB        | CTL File    | 11/18/2008 8:20 AM  |          |               |   |
| Ansi837u.imp                   | 64 KB       | IMP File    | 8/13/2012 1:13 PM   |          |               |   |
| 🛅 ansi_int.tmp                 | 2 KB        | TMP File    | 10/10/2013 2:50 PM  |          |               |   |
| 📷 mapcntlu.win                 | 10 KB       | WIN File    | 6/18/2007 8:29 AM   |          |               |   |
| Mapcntlu.wv2                   | 23 KB       | WV2 File    | 6/18/2007 9:09 AM   |          |               |   |
| 🖬 mapoffu.win                  | 1 KB        | WIN File    | 1/5/2006 1:33 PM    |          |               |   |
| Mapoffu.wv2                    | 1 KB        | WV2 File    | 9/22/2003 9:37 PM   |          |               |   |
| plxlater.exe                   | 79 KB       | Application | 10/21/2009 10:36 AM |          |               |   |
|                                | 5 KB        | DAT File    | 10/10/2013 1:43 PM  |          |               |   |
|                                |             |             |                     |          |               |   |
| objects                        |             |             |                     | 183 KB   | 🚽 My Computer | 1 |

7. On the main toolbar select the Institutional Claims Processing Menu icon (Figure 53).

| 🔟 ABILITY   PC-ACE Claims Processi 💼 📧 💌 |           |
|--|-----------|
| File View Security Help                  |           |
|  |           |
| Copyright 2016 ABILITY Network Inc.      | Figure 53 |

8. Select the Import Claims button (Figure 54).



9. The Institutional Claim Import window will appear. Select Import (Figure 55).

| Institutional Claim Import (EMC File)   |           |
|---|-----------|
| Import Progress   |           |
| Claim Import Totals<br>Count Dollar Value<br>Imported Claims00.00<br>Rejected Claims00.00 |           |
| Import Close  | Figure 55 |

10. A **Confirm** window will be displayed. Select **OK** to continue (Figure 56).

| Confirm | ×  |           |
|---------|--|-----------|
| 2       | Ready to start the claim import process? |           |
|         | Cancel                                   | Figure 56 |

11. When the import process is complete an **Information** window will be displayed to indicate that the operation was completed successfully. Select **OK** (Figure 57).

| Informa | tion X   |           |
|---------|--|-----------|
| (į)     | The claim import operation has completed successfully. |           |
|         | ОК   | Figure 57 |

- 12. The **Institutional Claim Import (EMC File)** window will be displayed. The status bar indicates the operation is complete. The window should contain a count of imported and rejected claims as well as dollar amounts for each area.
- 13. It is possible to print a report of imported claim information. Click on the <u>View Results</u> button to view the report (Figure 58).

| Institutional Claim In    |          |               |   |           |
|---------------------------|----------|---------------|---|-----------|
| Claim import operation of | complete |               | _ |           |
|                           |          |               |   |           |
| Claim Import Totals -     | Count    | Dollar Value  |   |           |
| Imported Claims           | 1        | 1440.00       |   |           |
| Rejected Claims           | 0        | 0.00          |   |           |
|                           |          | /             |   |           |
| <u>V</u> iew Results      |          | <u>C</u> lose |   | Fiaure 58 |

14. The **PC-ACE Claim Import Detail Report** will appear in display mode (Figure 59).

| Loom  | 00 ÷ 🔍 🔍    | Page 1 of | 1         | Glose                |                |            |         |   |  |
|-------|-------------|-----------|-----------|----------------------|----------------|------------|---------|---|--|
|       | the second  |           | tourised  | furnersonner billing |                |            |         | * |  |
|       |             |           |           |                      |                |            |         |   |  |
|       |             |           |           |                      |                |            |         |   |  |
|       |             |           |           |                      |                |            |         |   |  |
|       | ABT         | TTTY I    | PC-ACE    | CLAIM IMPO           | T DETATT. P    | FPOPT      |         |   |  |
|       |             |           |           |                      |                |            |         |   |  |
|       |             | Import Da | te: 04/1  | .3/2016 Sourc        | e: BSTRANS.DA  | <b>1</b> 0 |         |   |  |
| -     |             |           |           |                      |                |            |         |   |  |
| LOB   | PROVIDER    | PATIENT   | T CTRL    | PATIENT NAME         | SERVICE D      | ATES       | CHARGES |   |  |
| 3/4.5 |             | 1902,000  |           |                      | 10/10/10/10/10 | 10.000     | 1000    |   |  |
| MCB   |             | SMITHJ    | 199900000 | SMITH, JOHN          | 02/02/13 02    | /02/13     | \$25.00 |   |  |
| REP   | ORT TOTALS: |           | CLAIMS    | BILLED               | CHARGES        |            | 15      | _ |  |
|       | MEDICARE    | CLATMS    | 1         |                      | \$25.00        |            |         |   |  |
|       | BLUE SHIELD |           | 0         |                      | \$0.00         |            |         |   |  |
|       | MEDICAID    |           | 0         |                      | \$0.00         |            |         |   |  |
|       | COMMERCIAL  | CLAIMS    | 0         |                      | \$0.00         |            |         |   |  |
|       | TRICARE     | CLAIMS    | 0         |                      | \$0.00         |            |         |   |  |
|       | OTHER       | CLAIMS    | 0         |                      | \$0.00         |            |         |   |  |
|       | TOTAL       | CLAIMS    | 1         |                      | \$25.00        |            |         |   |  |
|       | TOTAL       | CLAIMS    | *         |                      | \$25.00        |            |         |   |  |
|       |             |           |           |                      |                |            |         |   |  |
|       |             |           |           |                      |                |            |         |   |  |
|       |             |           |           |                      |                |            |         |   |  |

15. Select the printer icon to print the report or select the **Close** button at the top of the report page to exit from the report view (Figure 60).

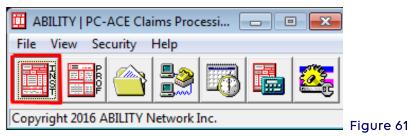
| Institutional Claim Import (EMC File) |         |              |           |  |  |  |  |  |
|---------------------------------------|---------|--------------|-----------|--|--|--|--|--|
| Claim import operation c              | omplete |              |           |  |  |  |  |  |
| Claim Import Totals —                 | Count   | Dollar Value |           |  |  |  |  |  |
| Imported Claims                       | 1       | 3150.00      |           |  |  |  |  |  |
| Rejected Claims                       | 0       | 0.00         |           |  |  |  |  |  |
| [∐iew Results]                        |         | Close        | Figure 60 |  |  |  |  |  |

- 16. Select <u>Close</u> to return to the Institutional Claims Menu (EMC File).
- 17. Once a file of claims has been imported the user can then run the Process Claims option and "scrub" all the claims for editing. Claims that are imported must be processed.

#### Processing Reactivated or Imported Claims

Claims that have been reactivated or imported need to be processed before preparing the claims file. Newly entered claims do not need to be processed before being prepared.

1. On the main toolbar select the Institutional Claims Processing Menu icon (Figure 61).



2. Select the Process Claims button (Figure 62).



3. The **Automated Claim Processing** window will be displayed. Fill out any fields desired or leave all fields blank and select the **Process** button (Figure 63).



| LOB:                       | The line of business of claims to be processed   |
|----------------------------|--|
| ТОВ:                       | Constrain the data to process only a certain type of bill  |
| Provider:                  | Constrain the data to process only the selected provider's claims  |
| Present claim with errors: | Check to present claims with errors for immediate editing if the claims were not cleaned up while in claims list |

4. A Confirm window will be displayed. Select OK (Figure 64).

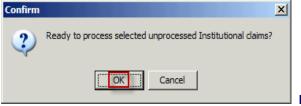
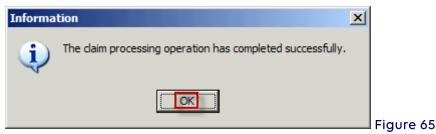


Figure 64

5. When the process claims is complete an Information window will be displayed to indicate that the operation was completed successfully. Select the **OK** button (Figure 65).



6. The **Automated Claim Processing** window will be displayed which gives the user a visual of the total number of claims that were processed clean (no errors), processed

with errors and/or unprocessed claims (like duplicates) (Figure 66).

| Automated Claim Processing  |       | 2             | <u>&lt;</u> |     |
|-----------------------------|-------|---------------|-------------|-----|
| Claim processing complete.  |       |               | 1           |     |
| Claim Processing Totals     | Count | Dollar Value  |             |     |
| Processed Clean (No Errors) | 2     | 4590.00       |             |     |
| Processed With Errors       | 0     | 0.00          |             |     |
| Unprocessed Claims          | 0     | 0.00          |             |     |
| View Results                |       | <u>C</u> lose | Figure      | • 6 |

- 7. Select the  $\underline{C}$  lose button or select the  $\underline{V}$  iew Errors button.
- 8. When the <u>View Errors</u> button is selected, the Adobe Acrobat will display the report, select the printer icon to send the report to the printer or select <u>Close</u> to return to the institutional claims list window (Figure 67).

|      |  | Page 1 of 1                |              | Close     |                            |           |        |
|------|--|----------------------------|--------------|-----------|----------------------------|-----------|--------|
|      |  |                            |              |           |                            |           |        |
|      | ABILI  | TY   PC-A                  | CE CLAIM     | PROCES    | SING DETA                  | IL REPORT | 6      |
|      |  | Process                    | Date/Time:   | 04/13/201 | 6 16:56:30                 |           |        |
| LOB  | PROVIDER   | PATIENT CTR                | L PATIENT    | NAME      | SERVICE                    | DATES     | CHARGE |
| МСВ  | 1234567893                                       | SMITHJN9990                | 0000 SMITH,J | OHN       | 02/02/13                   | 02/02/13  | 25.0   |
| -    | RT TOTALS:                                       | c                          | LAIMS        | BILLED    | CHARGES                    |           |        |
| REPO |  |                            |              |           | \$25.00                    |           |        |
| REPO | MEDICARE   | CLAIMS                     | 1            |           | 420.00                     |           |        |
|      | MEDICARE<br>BLUE SHIELD                          |                            | 0            |           | \$0.00                     |           |        |
|      |  | CLAIMS                     | 0            |           | 100000000                  |           |        |
|      | BLUE SHIELD                                      | CLAIMS<br>CLAIMS           |              |           | \$0.00                     |           |        |
|      | BLUE SHIELD<br>MEDICAID                          | CLAIMS<br>CLAIMS<br>CLAIMS | 0            |           | \$0.00<br>\$0.00           |           |        |
|      | BLUE SHIELD<br>MEDICAID<br>COMMERCIAL<br>TRICARE | CLAIMS<br>CLAIMS<br>CLAIMS | 0            |           | \$0.00<br>\$0.00<br>\$0.00 |           |        |

Figure 67

#### Reactivating an Entire Batch of Claims

Changes cannot be made to a batch of claims that has been reactivated. This operation will restore the batch of claims so that it can be retransmitted. When changes need to be made to claims that have already been transmitted, see the section titled **Reactivating Claims**.

- 1. In the **Institutional Claims Menu** window, select the **Maintain Menu and select Transmission Log**. The **Institutional Claims Transmission Log** window will be displayed.
- 2. Select the batch of claims to reactivate. When uncertain which batch should be selected, highlight the line, then **select** the **View Details** button to see Transmission Detail report for the batch.
- 3. Once it has been determined which batch of claims to reactivate, **highlight** the line and select the

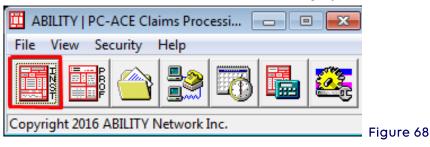
**Reactivate** button. Read each window that pops up, then select **OK** in each.

4. Do **not** prepare the claims file when reactivating an entire batch of claims. Simply transmit the claims file as normal.

## Section 5 - Prepare Claims Function

Medicare claims must be prepared and transmitted using communication software before another batch can be prepared. Failure to follow these instructions will overwrite the previous claim file. When ready to prepare claims for transmission, do the following:

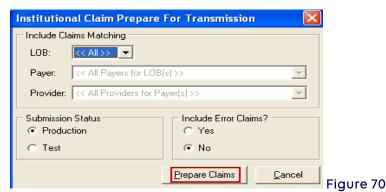
1. Select INST from the PC-ACE Claims Processing System main menu (Figure 68).



2. Select Prepare Claims (Figure 69).



- 3. The Institutional Claims Prepare for Transmission box appears (Figure 70).
- 4. Select Prepare Claims.



5. The **Confirm** box appears and states, "Ready to prepare selected Institutional claims

for transmission?" (Figure 71).

6. Select OK



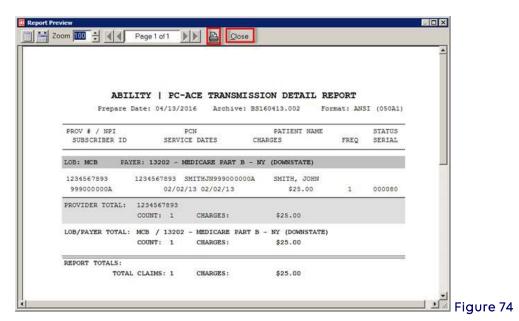
- 7. The **Information** box appears and states, "The claim operation has completed successfully." (Figure 72).
- 8. Select OK.



- 9. The Claim Prepare for Transmission box appears (Figure 73).
- 10. Select View Results.

| Claim Prepare For Tran    |          |               |  |           |
|---------------------------|----------|---------------|--|-----------|
| Claim prepare operation o | complete |               |  |           |
| Prepare Totals            | Count    | Dollar Value  |  |           |
| Prepared Clean            | 1        | 3150.00       |  |           |
| Rejected                  | 0        | 0.00          |  |           |
| [ <u>V</u> iew Results    |          | <u>C</u> lose |  | Figure 73 |

11. PC-ACE Transmission Detail Report will appear. To print this report, select the Print icon (top of tool bar, to the left of the <u>Close button</u>). This report does not confirm the transmission of claims. (Figure 74)



12. The preparation of claims has now been completed. Prepared claims must be transmitted. Continue to the transmission process using the NSV's software.

# Section 6 - Transmission Process

#### Network Service Vendor

All submitters should connect through a NSV and follow their connection/transmission instructions provided by the NSV to send and receive files.

**Note**: For Part A, the claims file to be transmitted created by PC-ACE will be named **TRANS.DAT** by default and will be located in the **C:\WINPCACE** directory.

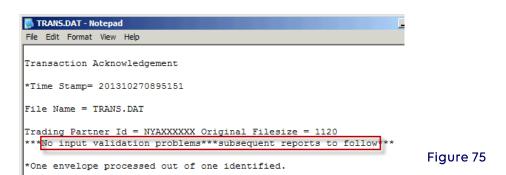
Please see the list of **NSVs** listed on our website under the **Claims & Appeals tab > Electronic Data Interchange Software** if one has not already been selected.

#### Transmission Reports

Once the claim file has been sent, three reports (TRN, 999 and 277CA) will be available for download.

**TRN–**Transaction Acknowledgement (available within a few minutes after transmission. Please note some network software vendors do not update or refresh right away. The file may take 15 minutes or so to become available for download).

- Look for **"No input validation problems subsequent reports to follow"** (Figure 75). Contact the **NGS EDI Help Desk** if any errors appear:
  - o **J6:** 877-273-4334
  - o **JK:** 888-379-9132

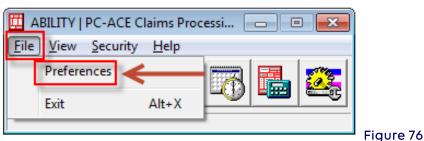


### 999 and 277CA Reports:

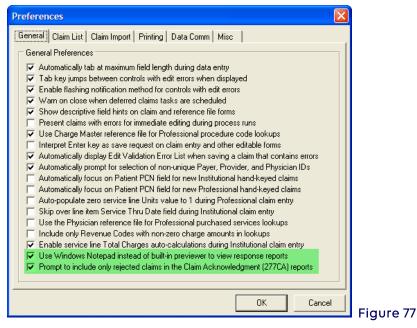
**999 and 277CA files must first be imported into PC-ACE** in order to view them in a readable format (available up to two hours following transmission).

### Importing and Reading the 999 and 277CA Reports

1. Open PC-ACE and click on File then Preferences (Figure 76).



2. Check the first box highlighted. To view only rejected claims in the 277CA report, check the second highlighted box also. To view both accepted and rejected claims in the 277CA report, leave the second box unchecked (Figure 77).

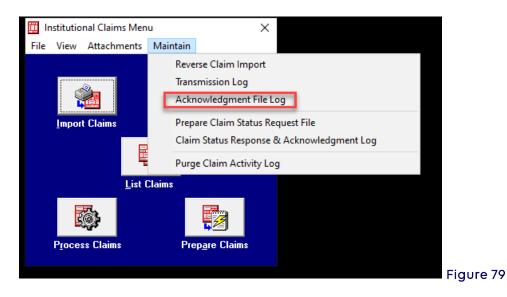


3. In order for PC-ACE to read 999 or 277CA files, they must be saved into the proper subfolder within the WINPCACE folder (Figure 78): **277CA** files need to be saved in the Statub92 (part A) sub-folder, of the Ansi277 folder. **999** files need to be saved in the Ackub92 (part A) sub-folder of the Ansi997 Folder.

| WINPCACE                             |  |    |
|--------------------------------------|--|----|
| File Edit View Favorites Tools       | Help   | 2  |
| 🕞 Back 👻 💮 🖌 🏂 🔎 Sean                | ch 🞼 Folders 🕼 🍞 🗙 🍫 🛄 🖬 Shider Sync             |    |
| Address 🗁 C:\WINPCACE                |  | Go |
| Folders                              |  | ×  |
|                                      |  |    |
| 🕀 🧰 Ansi271                          |  |    |
| 🖃 🛅 Ansi277                          |  |    |
| 🕀 🧰 Stat1500                         |  | _  |
| 🗉 🚞 Statub92 ┥                       | - Save the 277CA in C:\WINPCACE\Ansi277\Statub92 |    |
| 🗆 🧰 Ansi997                          | L  |    |
| 1 CA Ack1500                         |  |    |
| 🗉 🧰 Ackub92 👞                        | Save the 999 in C:\WINPCACE\Ansi997\Ackub92      | -  |
|                                      |  |    |
| 4 objects (Disk free space: 4.29 GB) | 31.7 MB 😡 My Computer                            |    |

**Note:** This process can be set to run from a batch command file. See **Appendix A** at the end of this document for instructions.

4. Once the report files have been moved to the proper folder location, go to the Institutional Claims Menu. Select the **Maintain** menu item, then **Acknowledgement File Log** to read the 999 (Figure 79).



5. The following screen will be displayed to read the 999. From the Acknowledgement File Log screen, select the 999 to be displayed and select **View Ack Report** (Figure 80).

See **Appendix A** for instructions on how to adjust the length of time archived copies are maintained in the system.

| Date       | Time  | Sender | Receiver     | # Resp | # Ack | ISA Ctl. # | Group Ctl # | Trans Set # | Posted? A 🔺 |
|------------|-------|--------|--------------|--------|-------|------------|-------------|-------------|-------------|
| 10/27/2013 | 21:40 | 14412  | SUBMITTER ID | 0      | 0     | 000013766  | 1           | 000000001   | N/A F       |
|            |       |        |              |        |       |            |             |             |             |
|            |       |        |              |        |       |            |             |             |             |
|            |       |        |              |        |       |            |             |             |             |
|            |       |        |              |        |       |            |             |             |             |
|            |       |        |              |        |       |            |             |             |             |
|            |       |        |              |        |       |            |             |             |             |
|            |       |        |              |        |       |            |             |             |             |
|            |       |        |              |        |       |            |             |             |             |
| •          |       |        |              |        |       |            |             |             | <b>⊻</b>    |
|            |       |        |              |        |       |            |             |             |             |

- Look for (Figure 81): Transaction Set Status (IK501): A - Accepted Functional Group Status (AK901): A - Accepted
- If the 999 is **rejected**, no further editing is done and no further reports are created.
- If the 999 is **accepted** or **accepted with errors**, a third report will be received (the **277CA** report)
- To print the report, select the **Print** icon.

| File Edit Format View Help<br>Acknowledgment Created (GS04/05): 10/27/2013 20:01<br>Sender Code (GS02): 06201<br>Receiver Code (GS03): SUBMITTER ID | <u> </u> |
|---|----------|
| Sender Code (GS02): 06201   | 4        |
| Sender Code (GS02): 06201   |          |
|   |          |
| Receiver Code (GS03): SUBMITTER ID  |          |
|   |          |
| Ack Transaction Set Control No (ST02): 0001   |          |
| Ack fransaction Set Control No (S102): 0001   |          |
| Group Control Number (AK102): 811972  |          |
| Version/Release/Industry Code (AK103): 005010X223A2   |          |
| Transaction Set Control Number (AK202): 0001  |          |
| Implementation Convention Ref (AK203): 005010X223A2   |          |
|   |          |
| Transaction Set Status (IK501): A - Accepted  |          |
| Functional Group Status (AK901): A - Accepted   |          |
|   |          |
| Transaction Sets Included (AK902): 1  |          |
| Transaction Sets Received (AK903): 1  |          |
| Transaction Sets Accepted (AK904): 1  |          |
|   | -        |
| 4   | ▶ //:    |

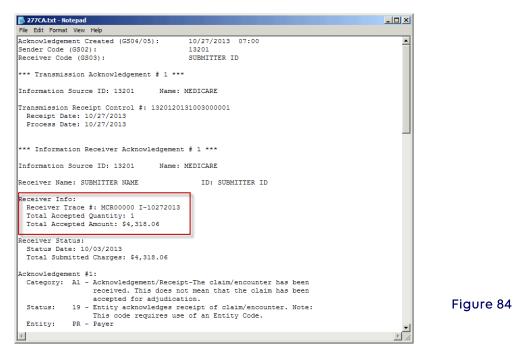
6. To read the 277CA, from the Professional Claim Menu, select **Maintain** and **Claim Acknowledgement Log** (Figure 82).



The following screen will be displayed to read the 277CA. From the Acknowledgement File Log screen, select the 277CA to be displayed and select <u>V</u>iew Ack Report (Figure 83).

| )ate             | Time   | Sender | Receiver     | # Ack | ISA Ctl. # | Group Ctl # | Trans Set # | Archive File  | ~ |
|------------------|--------|--------|--------------|-------|------------|-------------|-------------|---------------|---|
| 7/2013           | 04:56  | 13101  | SUBMITTER ID | 3     | 000089617  | 1           | 000000001   | RU131217.002  |   |
|                  |        |        |              |       |            |             |             |               |   |
|                  |        |        |              |       |            |             |             |               |   |
|                  |        |        |              |       |            |             |             |               |   |
|                  |        |        |              |       |            |             |             |               |   |
|                  |        |        |              |       |            |             |             |               |   |
|                  |        |        |              |       |            |             |             |               |   |
|                  |        |        |              |       |            |             |             |               |   |
|                  |        |        |              |       |            |             |             |               | ~ |
|                  |        |        |              |       |            |             |             | >             |   |
| <u>V</u> iew Ack | Pepert | Post P | esponse File | Dele  | to I       | Refresh     |             | <u>C</u> lose | 1 |

Look for **Total Quantity Accepted**. Any claims that **reject** will need to be **corrected** and **resubmitted** (Figure 84):



Scroll down to the **Claim Acknowledgement** for the patient information on each claim and it will show all the details for each claim submitted (Figure 85).

- Claim number
- Patient name/number
- Provider NPI
- HIC Number
- ICN/DCN
- Total charges

|  | -          |
|--|------------|
| *** Claim Acknowledgement # 1 ***                                  |            |
|  |            |
| Information Source ID: 13201 Name: MEDICARE                        |            |
| Receiver Name: SUBMITTER NAME ID: SUBMITTER ID                     |            |
| Provider Name: PROVIDER NAME NPI: 1234567893                       |            |
| Patient:   |            |
| Name: SMITH, JOHN  |            |
| Subscriber #: 99000000A  |            |
| Claim:   |            |
| Trace #: 9202443216B081213   |            |
| ICN/DCN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                      |            |
| TOB: 131<br>Service Date: 08/12/2013-08/12/2013                    |            |
| Service Date: 06/12/2013-06/12/2013                                | -          |
| Status General:  |            |
| Status Date: 10/27/2013  |            |
| Total Submitted Charges: \$4,318.06                                |            |
| Acknowledgement #1: (Accepted)                                     |            |
| Category: A2 - Acknowledgement/Acceptance into adjudication system |            |
| -The claim/encounter has been accepted into the adjudication       |            |
| system.  |            |
| Status: 20 - Accepted for processing.<br>Entity: PR - Paver        |            |
| rucrol. IN - Inler   | -          |
| Total Acknowledgements In This Transaction Set: 4                  | Figure 85  |
|  | i igore oo |
| *** END TRANSACTION SET (ST/SE) # 000000001 ***                    | <b>•</b>   |
| 1  |            |
|  |            |

## Appendix A: Adjusting Archived Reports Settings

The length of time that archived copies of 999 and 277CA files are kept can be adjusted. From the main menu of PC-ACE, go to **File**, **Preferences**, and click the **Misc** tab (Figure 86).

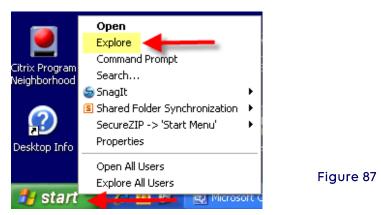
If desired, adjust the first two fields to indicate how long to keep the archived reports. The duration has been set to 1000 days in the example below.

| Preferences  |
|--|
| General Claim List Claim Import Printing Data Comm Misc                                |
| Miscellaneous Preferences  |
| ▼ Purge archived EMC transmission files after 1000 🚔 days                              |
| ▼ Purge archived ANSI-997/999 acknowledgment files after 1000 📩 days                   |
| Purge archived ANSI-824 acknowledgment files after 90 📰 days                           |
| ▼ Purge archived ANSI-277 claim status response or ack files after 1000 📩 days         |
| Purge archived ANSI-271 eligibility benefit response files after 180 📰 days            |
| ✓ Purge claim activity log files after 10 → days                                       |
| Pack database files prior to system backup   |
| Limit initial claim list display of transmitted/paid claims to most recent 24 📩 months |
| Adobe Acrobat Reader (must be version 4.0 or later):                                   |
| c:\Program Files\Adobe\Reader 11.0\Reader\AcroRd32.exe                                 |
|  |
|  |
|  |
| OK Cancel  |
|  |

Figure 86

# Appendix B: Setting up Shortcuts for File Locations

To assist in the placement of new reports shortcuts can be created (Figure 87).



Right click on **Start** and then select File **Explore** (Figure 88).



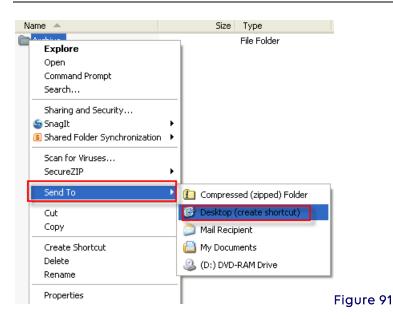
Double click on the **WINPCACE** folder (Figure 89).



Double click on the Ansi277 folder for a 277 shortcut. If desired, repeat this process for A 999 shortcut in which the 997 folder should be selected (Figure 90).



Right click **Statub92** folder for Part A (Figure 91).



Select Send To and then Select Desktop (create shortcut)

Right click on the new folder and rename the folder (i.e., 277CA Reports) with the new folder on the desktop, place all 277CA reports into this folder.

To create a shortcut for 999 reports, repeat this process however, instead of selecting the ANIS277 folder select the ANSI997 folder and continue follow this process by renaming the folder (i.e., 999 Reports).

For further assistance please send an e-mail to EDI at ngs\_edi\_parta@anthem.com or contact the EDI Help Desk:

- **J6**: 877-273-4334
- JK: 888-379-9132

### Appendix C: Troubleshooting

When experiencing problems viewing 999 or 277CA reports, once saved in the correct subdirectory in PC-ACE, it is suggested that a system change be made.

Select **Start** from the desktop, then go to the **Control Panel** select **Folder Options** Select the **View** tab

Under Hidden Files and Folders click on the Hide extensions for known file and folders check box, in order to remove the selection of that option, then click on the Show hidden files and folders radio button to change settings (Figure 92).

| Folder Options  |           |
|---|-----------|
| General View File Types Offline Files   |           |
| Folder views You can apply the view (such as Details or Tiles) that you are using for this folder to all folders. Apply to All Folders Reset All Folders  |           |
| Advanced settings:<br>Files and Folders<br>Automatically search for network folders and printers<br>Display file size information in folder tips<br>Display simple folder view in Explorer's Folders list   |           |
| <ul> <li>Display the contents of system folders</li> <li>Display the full path in the address bar</li> <li>Display the full path in the title bar</li> <li>Do not cache thumbnails</li> <li>Hidden files and folders</li> <li>Do not show hidden files and folders</li> </ul> |           |
| Show hidden files and folders     Hide extensions for known file types  |           |
| Restore <u>D</u> efaults  |           |
|   | Figure 92 |

This will show any hidden file(s) in the WINPCACE directory.

# Section 7 - How to Backup PC-ACE Claims Processing System

Each time the program is exited the following message will appear: "**Perform System Backup?**" An external backup file of the program must be maintained in the event a fatal system crash occurs.

1. To do this, the backup may be placed on the desktop by selecting the **Browse** button and choosing the hard drive (system C) and desktop (Figure 93 and 94).

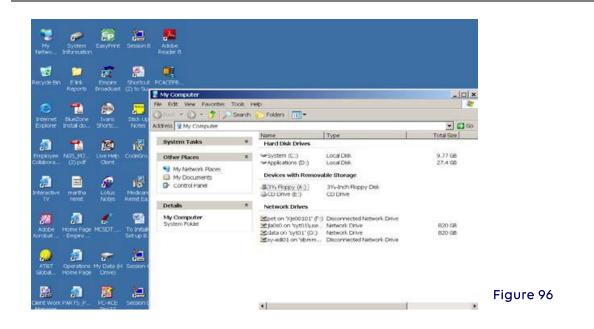
| Perform System Backup?   |                           |        | × |
|--|---------------------------|--------|---|
| Would you like to perform a backup of the P<br>configuration settings? If so, specify a destin<br>folder path and click the 'Start Backup' butto | ation drive (e.g., 'A:\') |        |   |
| Destination Drive or Folder:   |                           |        |   |
| C:\Documents and Settings\Jla0s0\Deskto  | op\                       |        |   |
| Include infrequently changed database  | files (backup will be l   | arger) |   |
| Options  | Start <u>B</u> ackup      | Cancel |   |
|  |                           |        |   |

|  | Select Backup Destination Directory  | <u>?</u> ×   |
|--|--|--|
|  | Look in: 🞯 Desktop   | ▼ = * = ▼  |
| System Utilities   | My Documents   | a∄Interactive TV<br>♠Ivans Shortcut Menu                               |
| Backup/Restore File Maintenance  | Second Se | Microsoft Office Outlook 2003  |
| Backup Validate Restore  | Adobe Acrobat 6.0 Professional   | ₯System Information<br>险Elink Reports                                  |
| This utility performs a backup of the<br>settings. Specify a destination drive | AT&T Global Network Client     BClient Work Manager  | 🕙 2008 Medicare UpdateAD.doc<br>🔁 BlueZone Install documentation (2).r |
| the 'Start Backup' button.   | Employee Collaboration Portal  | 📰 Client Work Manager  |
| Destination Drive or Folder:   |  | <u> </u>   |
| C:\Documents and Settings\Jla0s(   | File name: Not used select drive or folde  | er only Open   |
| ✓ Include infrequently changed data  | Files of type:   | Cancel   |
|  |  |  |
| Options  | Start <u>B</u> ackup   |  |
|  |  |  |
|  | Close  | 1  |
|  | Cluse  |  |

2. This will put the backup file named PCACEPBK.ZIP on to the desktop (Figure 95).

| My System EasyPrint Session B Adobe          |
|--|
| Netwo Information Reader 8                   |
| Recycle Bin E link Empire Shortcut PCACEPBK. |
| Reports Broadcast (2) to Su ZIP              |
| Internet BlueZone Ivans Stick Up             |
| Explorer Install do Shortc Notes             |

- 3. From the desktop, save to a CD-ROM or flash drive. This external device must be maintained to ensure the restore capabilities in the event of a fatal system crash.
- 4. Select **My Computer** on the desktop and drag the PCACEPK.ZIP file from the desktop to the CD-ROM and then burn it, or drag to the flash drive (Figure 96).



# Section 8 - Additional Features

### Archiving Claims

Archiving claims in PC-ACE improves performance and helps prevent database corruption.

- 1. Select the **Inst** button on the main toolbar.
- 2. Select the List Claims button.
- 3. Select the File Menu and select Maintain Claim Archives
- 4. Select the **New** button and **enter** a name for the archive, then **select** the **OK** button.
- 5. Select the **Close** button. The **Institutional Claim List** window will be displayed.
- 6. In the **Claims List Filter Options** section at the bottom of the **Institutional Claim List** window, select the drop down arrow and select **TR-transmitted only**.
- 7. Select the **Advanced Filter Options** button near the bottom of the **Institutional Claim List** window, and **enter** the filter criteria.

**Example:** If today's date is 11/11/13, to archive everything except the past three months:

- Check the box in front of "Invert filter logic..." at the bottom of the Advanced Claim List Filter Criteria window.
- In the **Transmit Date:** field, **enter** 08/01/2013 in the first box, and then **enter** 11/11/2013 in the second box.
- Select the **OK** button. The **Institutional Claim List** window will appear and the only claims displayed are those that were transmitted more than three months ago. These are the claims that will be archived.
  - 1. Select the **Filter Menu** and select **check all claims**. Each claim now has a checkmark in the box at the left of the line it's on.
    - i. Select the **File Menu** and select **Open Claim Archive**, then, double-click the archive created in the steps above. An information window will pop up. Read the contents, then, select the **OK** button.

Select the **Actions Menu** and select **Archive All Checked Claims** (near the bottom of the Actions menu.

- ii. Be careful **not** to select Archive Selected Claim, as that will only archive the claim that is highlighted. An information window will pop up. Read the contents, and then select the **OK** button.
- 2. The claims are no longer shown in the list. The claims are not gone but they have been stored in the archive. To see these claims, select the **File** menu, and then select **View Archived Claims**.
- Once PC-ACE has been exited, to view these claims again: a.Open the claims list
  - b.Select the  $\ensuremath{\textit{File}}$   $\ensuremath{\textit{Menu}}$  and select  $\ensuremath{\textit{Open}}$   $\ensuremath{\textit{Claim}}$   $\ensuremath{\textit{Archive}}.$
  - c. Double-click the archive to view, read the information in the pop up Information window, and then select the **OK** button.
  - d.Select the File Menu and select View Archived Claims.
  - e.To see current claims, select the **File Menu** and select **View Current Claims**.

## Transferring PC-ACE to Another Computer

- 1. On the old computer, upgrade PC-ACE to the current version.
- 2. On the new computer, **install** the full installation of the current version from our Web site.
- 3. On the old computer, **open** PC-ACE.
- 4. On the main toolbar, select the **last** button, which has a gear and a wrench on a French flag.
- 5. Sign in. The **System Utilities** window is displayed, the **Backup/Restore** tab should be selected and the **Backup** sub tab displays the text "This utility performs a backup..."
- 6. Select the small button with three dots on it at the right end of the **Destination Drive** or **Folder** field.
- 7. In the Select **Backup Destination Directory** window, select the drop down arrow at the right end of the "**Look in**" field, select **Desktop** which should be at the very top of the list, then select the **Open** button. The **System Utilities** window will be displayed.
- 8. Select the **Start Backup** button and select the **OK** button in the **Confirm** window.
- 9. After the backup operation completes, the Information window will display. If the text states "The backup operation has completed successfully" then select the OK button. Note: If the text indicates that the backup failed, please contact the NGS EDI Help Desk:

**J6:** 877-273-4334 **JK:** 888-379-9132.

- 10. In the System Utilities window, select the Validate sub tab, browse to the Desktop as in the earlier steps, then select the Start Validate button, select the OK button in the Confirm window. When the validation is complete, the Information window will be displayed with the text "The validation operation has completed successfully." Note: If the text indicates that the validation failed, please contact the NGS EDI Help Desk.
- 11. Select the **OK** button in the **Information** window and select the **Close** button in the **System Utilities** window.

- 12. The backup file on the desktop is named PCACEPBK.ZIP. **Copy** this file to the **Desktop** of the new computer.
- 13. On the new computer, open PC-ACE and on the main toolbar, select the last button, which has a gear and a wrench on a French flag (as directed above).
- 14. Sign in. The **System Utilities** window is displayed, the **Backup/Restore** tab should be selected and the **Backup** sub tab displays the text "This utility performs a backup..."
- 15. Select the **Restore** sub tab, browse to the Desktop, and select the **Open** button. It is not necessary to select the file because the program knows the file name already.
- 16. Continue with the restore, following the prompts. Once it's complete, PC-ACE on the new computer is identical to what was on the old computer.