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Administrative Services of Kansas (ASK) is proud to release INOVALON | PC-ACE<sup>®</sup> as our free-billing software solution. PC-ACE is a windows-based electronic claims filing software. There are many easy-to-use features in PC-ACE. Many of the features are out-lined in this user-friendly guide. This will provide you with a map of all steps to follow for a successful PC-ACE setup.

The intent of this condensed guide is to provide the user the basics of setting up and using your PC-ACE software. Details on these topics can be found within the HELP option of the PC-ACE software by pressing F1, or in this guide.

If you need further assistance, please contact the Helpdesk at 1-800-472-6481, option 1 and option 2 or via email at <u>askedi@ask-edi.com</u>

For information on additional services offered thru ASK, visit our website at www.ask-edi.com





## **Chapter 1: Getting Started Guide**

#### **Minimum System Requirements**

- SVGA monitor resolution (800 x 600)
- Windows 10, Windows 8 and 8.1, Windows 7 or Vista operating system
- Adobe Acrobat Reader Version 4.0 or later (for overlaid claim printing)

### **PC-ACE Installation**

Follow the steps below to install PC-ACE in a single-user environment:

- 1) Refer to the confirmation e-mail that was sent to you to find the PC-ACE software and to start the PC-ACE installation. The link to the software will be included in this information. You will be required to sign up for the e-mail list notification before proceeding with the download.
- 2) Follow the on-screen wizard steps to complete the installation. The installation is password protected and requires a password to continue with the installation process. Please refer to the "ASK Confirmation Letter" for the password. You will be prompted to select a destination drive. For best performance, select a drive local to your machine. The PC-ACE files will be installed to the WINPCACE directory on the selected drive. Desktop icons will be created for PC-ACE and the current README file.
  - Note: If multi-user operation is required, select a drive accessible by all workstations on the network that will require PC-ACE access. When the installation is complete, reference the topic "Getting Started with PC-ACE" located in the HELP option within the software for instructions on using PC-ACE in a network environment.

## **\*\*NOTE: ASK does not support Network services and/or setups \*\***

#### Logging into PC-ACE for the first time

- Users are required to log into PC-ACE before performing any system activities. The login process involves entering a User Id and Password. PC-ACE is configured with a default user with full system access rights. The default User ID is "SYSADMIN" and the default password is "SYSADMIN". If you have difficulties logging into the system, contact the Help Desk at 800-472-6481, option 1 for assistance.
- 2) Once the PC-ACE program has been installed, Reference Files must be set up prior to processing claims. Please refer to <u>Chapter 2</u> of the PC-Ace Manual titled "<u>Setting up PC-ACE Reference Files</u>" for instructions on setting up the Reference Files.



#### **Claim Entry and Edit Processing**

Once the reference files have been setup, the different claim entry features can be used to add and update claims. When manually adding or updating a claim, the data fields are typically entered in the order presented – from left-to-right and top-to-bottom on each tab of the claim form. Edit validation errors may be encountered during this entry process if the data entered violates any of the pre-defined edit rules for a specific claim type.

1) To enter claims in to the PC-ACE program, choose either Institutional Claims Processing or Professional Claims Processing from the PC-ACE Main Toolbar



2) Click on the Enter Claims button



- 3) This will display an empty Institutional or Professional claim record
- **4)** Complete this form, including all tabs as needed, with the appropriate information. Many boxes are labeled with corresponding UB92 or HCFA-1500 paper form field numbers to assist in keying.

### \*\*For helpful information on entering claims see <u>Chapter 3: Basic Claim Information</u>\*\*

#### Importing claims - \*\*key entry users should disregard this section\*\*

Claims can be imported directly from a file in the Electronic Media Claims (EMC) format. This method may be used in facilities where the providers practice management system can generate a reliable EMC output file. In order to do this, refer to the on-line HELP topic Importing claims by pressing F1.

https://www.inovalon.com/provider-contact-us/

INOVALON | PC-ACE has a PrintLink feature that allows you to import claims from "print image" files. This feature is not included when the software is downloaded from ASK, however if you are interested in the PrintLink mapping service you can contact INOVALON directly. ASK PC-ACE users will need to identify themselves as such and indicate that they are not an INOVALON direct licensee. Because this feature is an addition to the software there may be a cost associated with this feature.



### **Preparing Claims**

When selecting Prepare Claims from the Institutional Claims Menu or the Professional Claims Menu, the program generates an EDI compatible formatted claims file that can be sent to ASK. This process saves the claim file at the location, C:\WINPCACE\BCTRANS.dat (for Institutional claims) or C:\WINPCACE\BSTRANS.dat (for Professional claims) - the drive could be different if running on a network.

Claims must be prepared before they can be transmitted.

#### **Transmitting Claims**

In order to transmit the claims file (BCTRANS.dat or BSTRANS.dat), a communication package will be needed. Please refer to <u>Chapter 4</u> of the PC-ACE Manual "<u>EDIFECS HIPAA 5010 File Transfer</u>" document for instructions. If you choose to use a different communication package it will be the responsibility of the provider to know how to set up and use that program.

#### **Additional PC-ACE Pro Features**

PC-ACE allows you to use many additional features not outlined in this document. Following are a few of the features that may help you utilize the full functionality of this product.

- Codes/Misc This is part of the Reference File Maintenance. Users can make modifications to the preloaded HCPCS, ICD 9, ICD 10 and Taxonomy codes. The user may also set up UPIN, Physician and Facility information to reduce key strokes on key-entry claims, as well as utilizing the Charges Master option to define charges for commonly used procedure codes.
- System Utilities Backup/Restore feature and File Maintenance
- E-mail Feature Send ASK an email to ask your question or make a suggestion.
- Preferences The General Preferences tab settings control a number of claim entry options as well as other basic aspects of PC-ACE operation. Refer to the on-line help for a description of each available option.

#### PC-ACE Pro Tips

- 1) Pressing ALT+F2 will make flashing fields appear on screen in the fields that have "lookup" drop down menus
- 2) Right-clicking or pressing F2 in "lookup" fields will make a dropdown menu appear that lists the valid options for that field
- 3) If you hold the mouse pointer over a field, a brief description of that field will appear
- 4) Pressing F1 at any time will display the corresponding PC-ACE On-line HELP System topic

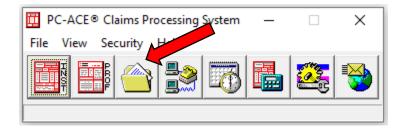


## **Chapter 2: Setting up PC-ACE Reference Files**

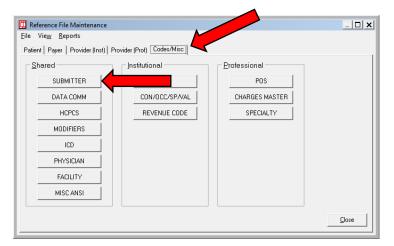
If billing for one provider, you will set up a solo practice provider type. If setting up an individual provider within a group, you will need to set up a group practice and then set up a provider screen for each individual within the group.

#### Submitter setup

1) With the PC-ACE program running, choose the **Reference File Maintenance** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Select the Codes/Misc Tab and click on Submitter



3) Select Claim Type: Institutional or Professional depending on the type of claims you are submitting

👖 Submitt	er Setup			_ 🗆 🗙
Claim Type:	Institutional	) C Profession	al	
LOB	Payer ID	Submitter ID/EIN	Submitter Name	<b></b>
<< ALL >>	<< ALL >>	SUBMITTER ID	SUBMITTER NAME	
MCA	05201	12345	SUBMITTER NAME	
				-
New	View/Up			Close



4) Highlight the entry that has a LOB of <<ALL>> and Payer ID of <<ALL>>, then click on View/Update

🛄 Submitt	er Setup			_ 🗆 🗙
Claim Type:	Institution	al O Profession	al	
LOB	Payer ID	Submitter ID/EIN	Submitter Name	
<< ALL >>	<< ALL >>	SUBMITTER ID	SUBMITTER NAME	
MCA	05201	12345	SUBMITTER NAME	
				<b>•</b>
New	View/Up	odate <u>C</u> opy	Delete	Close

- 5) Enter your submitter information into the fields shown below on the General Tab
  - **ID Field** enter the **Trading Partner Number** that is documented on the ASK confirmation letter.
  - The fields that are left blank in the example below are **NOT** required fields

Institutional	Submitter Information	×
General P	repare   ANSI Info   ANSI Info (2)   ANSI Info (4)	
LOB	Payer ID	<u>9</u>
ID	SUBMITTERID	
Name	SUBMITTER NAME	
Address	SUBMITTER ADDRESS	
City	ANYWHERETOWN State KS Zip 12345	
Phone	(999) 555-1212 Fax () Country	
Contact	SUBMITTER CONTACT	
E-Mail		
	<u>Save</u>	•

6) After the fields have been updated, select Save and then Close



#### **Professional Provider Setup**

Prior to entering claims, Provider information must be added to the "**Provider (Prof)**" tab in the Reference File Maintenance. **NOTE: You will need to complete this process for each Line of Business you will be sending claims for.** 

The Professional provider structure defines three distinct provider types:

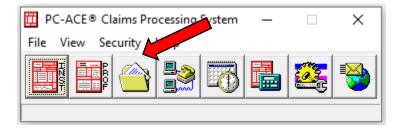
<u>Solo Practice</u> - Identifies the provider record as representing a solo practice provider. Solo practice providers are not associated with any provider group, and will bill claims directly.

<u>Group Practice</u> - Identifies the provider record as representing a group practice for billing purposes.

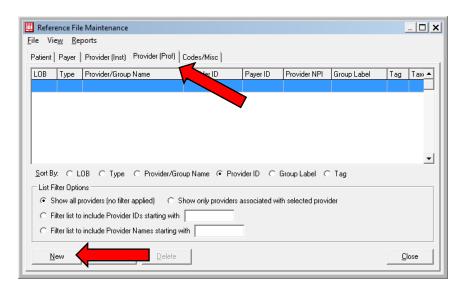
<u>Individual in Group</u> - Identifies the provider record as representing an individual provider that is a member of one of the existing "group" providers.

#### Solo Practice Setup

1) Choose the **Reference File Maintenance** option from the Main Toolbar as seen below. \*Note - if you have not logged in, you will be prompted to do so



2) Select the Provider (Prof) tab and select New







- 3) Select Provider Type: Solo Practice and complete the boxes with your office information.
  - The address must be a physical address. PO Boxes are not allowed
  - Provider ID is your NPI number
  - LOB is the Line of Business you are setting up. Right-click this field for a list of options
  - Payer ID is the electronic payer number for the selected line of business. Right-click this field for a list of options
  - NPI field can be left blank since it is listed in the Provider ID/No. field

Professional Provider Information	×
General Info Extended Info	
Provider Type: C Group Practice C Indiv	idual in Group 📀 Solo Practice
Organization	Group Label
Last/First/MI	NPI
Address	Tax ID/Type
	UPIN
City/St/Zip	Specialty Type Org
Phone () Fax ().	Taxonomy/Type
Contact	Accept Assign? Participating?
Provider ID/No. LOI	B Signature Ind Date _/_/
Payer ID Tag	Provider Roles: Billing Y Rendering N
Remarks	Provider Associations: Select None
	LOB Provider ID Provider/Group Name
	<b>*</b>
	Save Cancel

4) Select the Extended Info and right-click in the Provider ID/No Type Field and select XX – National Provider ID and select Save.





Professional Provider Information	×
General Info Extended Info	
CLIA No Mammography No HMO Contract No Dental Provider?	Provider Name Match Force Legacy ID E-Mail Address
Provider ID/No Type Provider Name Suffix Provider Country Pay-To Provider Information (specify only if differ	Secondary Provider IDs (ANSI use only)
Organization Last/First/MI Address	NPI           Fed Tax ID/Type           Prov. ID/No./Type           Sec ID/Type #1
City/St/Zip	Sec ID/Type #2
	<u>S</u> ave <u>C</u> ancel

## **Group Practice Setup**

1) Select the Provider (Prof) tab and select New

🛄 Reference File Maintenance	_ <b>_ X</b>
<u>F</u> ile Vie <u>w</u> <u>R</u> eports	
Patient Payer Provider (Inst) Provider (Prof) Crides/Misc	
LOB Type Provider/Group Name V D Payer ID Provider NPI Group L	abel Tag Tax 🔺
]	<u> </u>
Sort By: CLOB C Type C Provider/Group Name ● Provider ID C Group Label C Tag	
List Filter Options	
Show all providers (no filter applied)	
C Filter list to include Provider IDs starting with	
C Filter list to include Provider Names starting with	
<u>N</u> ew <u>D</u> elete	<u>C</u> lose

- 2) Select Provider Type: Group Practice and complete the boxes with your office information.
  - The address must be a physical address. PO Boxes are not allowed
  - Group ID is your Group or Organizational NPI number. Located in box 33 of the paper HCFA-1500 claim form.
  - LOB is the Line of Business you are setting up. Right-click this field for a list of options
  - Payer ID is the electronic payer number for the selected line of business. Right-click this field for a list of options
  - NPI field can be left blank since it is listed in the Group ID/No. field
  - Select the appropriate Group Label. Right-click this field for a list of options.



# **PC-ACE USER MANUAL**

Professional Pro	vider Information					×
General Info E:	tended Info					
Provider Type:	<ul> <li>Group Practice</li> </ul>	C Individual in I	Group	C Solo Practice		
Group Name	GROUP NAME			Group Label	GROUP LAB	EL
Last/First/MI			_	NPI		
Address	STREET ADDRES	S		Tax ID/Type	456789123	E
				UPIN		
City/St/Zip	CITY	KS 88888-888	38	Specialty	001 Type	e Org 008
Phone	(888) 888-8888	Fax (888) 888-888	8	Taxonomy		
Contact	CONTACT NAME			Accept Assign?	A Partic	ipating? 📉
Group ID/No.	NPI NUMBER	LOB BS		Signature Ind	Y Date 0	1/01/2017
Payer ID	47163	Tag		Provider Roles:	Billing 📉 Re	endering N
Remarks			Provid	er Associations:	Select	None
		<b>A</b>	LOB	Provider ID Pro	ovider/Group Na	me
						_
		-1				
		· · ·	1			
					<u>S</u> ave	<u>C</u> ancel

3) Select the Extended Info and right-click in the Group ID/No Type Field and select XX – National Provider ID and select Save.

ieneral Info Extended Info	
CLIA No.	Provider Name Match
Mammography No.	Force Legacy ID
HMO Contract No.	E-Mail Address
Dental Provider?	
Group ID/No Type 🛛 📉	Secondary Provider IDs (ANSI use only)
Provider Name Suffix	ID/Type #1
Provider Country	ID/Type #2
Pay-To Provider Information (specify only if Organization	NPI Fed Tax ID/Type
Address	Group ID/No./Type
	Sec ID/Type #1
City/St/Zip	Sec ID/Type #2
Country Name Suffix	<u>, , , , , , , , , , , , , , , , , , , </u>

### Add Individual Provider to Group

1) Once the group has been set up per the previous steps, select the correct Group the provider number will be associated with on the **Provider (Prof)** Tab and click **New** 



🗰 Refe	erence Fil	e Maintenance							<u> </u>
<u>F</u> ile \	Vie <u>w</u> Re	ports							
Patien	it Payer	Provider (Inst)	Provider (Prof)	Codes/Misc					
LOB	Tune	Provider/Group	Name	Provider ID	Paver ID	Provider NPI	Group Label	Tag	Tax 🔺
BS	Group	GROUP		123456	47163	1679532964	GROUP LABEL		
									-
<u>S</u> ort	By: OL	.08 🔿 Туре	O Provider/Gro	up Name 💿 Pro	vider ID 🛛 🔘	Group Label C	Tag		
List	List Filter Options								
•	Show all p	providers (no filter	applied) O S	how only providers	associated wi	th selected provi	der		
0	C Filter list to include Provider IDs starting with								
0	Filter list to include Provider Names starting with								
			1						
	<u>N</u> ew	N	<u>D</u> elete					<u></u>	ose

2) Select Inherit name/address information from the selected provider and select OK

New Provider Options					
As a convenience, the new provider may inherit the basic name and address information from the currently selected provider. This facilitates the creation of provider records which differ only in the specification of ID, LOB, and Payer ID fields.					
C Create a completely new provider (all fields blank)					
Inherit name/address information from the selected provider					
Associate the new provider with the selected provider					
Select the desired option and click the 'OK' button to continue.					
OK Cancel					

- 3) Select Provider Type: Individual in Group and complete the boxes with your provider information.
  - Add the Individual Provider Name
  - Change the **Provider ID** to the **Individual provider NPI number**
  - Select the appropriate LOB (Line of Business)
  - Select the appropriate Payer ID
  - Select the appropriate Group Label
  - The NPI field can be left blank since the NPI is listed in the Provider ID/No. field



# **PC-ACE USER MANUAL**

Professional Prov	vider Information			×
General Info Ex	tended Info			
Provider Type:	C Group Practice	Individual in Gr	oup 🔿 Solo Practice	<b>```</b>
Organization			Group Label	GROUP NAME
Last/First/MI	LAST NAME	FIRST	NPI	
Address	STREET ADDRESS	i	Tax ID/Type	456789123 E
			UPIN	
City/St/Zip	CITY	KS 88888-8888	Specialty	001 Type Org 008
Phone	(888) 888-8888 F	ax (888) 888-8888	Taxonomy	
Contact	CONTACT NAME		Accept Assign?	A Participating?
Provider ID/No.	NPI NUMBER	LOB BS	Signature Ind	Date 01/01/2017
Payer ID	47163	Tag	Provider Roles:	Billing N Rendering 🏹
Remarks		F	Provider Associations:	Select None
		<u> </u>	LOB Provider ID Pr	ovider/Group Name
		-1		
				<u>S</u> ave <u>C</u> ancel

 Select the Extended Info tab and right-click in the Provider ID/No Type Field. Select XX – National Provider ID and select Save

ieneral Info Extended Info 🛛 🥆	
CLIA No.	Provider Name Match
Mammography No.	Force Legacy ID
HMO Contract No.	E-Mail Address
Dental Provider?	
Provider ID/No Type 🛛 🥢	Secondary Provider IDs (ANSI use only)
Provider Name Suffix	ID/Type #1
Provider Country	ID/Type #2
Pay-To Provider Information (specify only Organization Last/First/MI	NPI Fed Tax ID/Type
Address	Prov. ID/No./Type Sec ID/Type #1
City/St/Zip	Sec ID/Type #2
oldvoltzip	

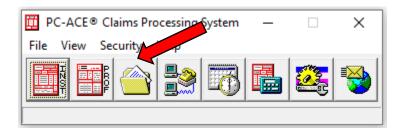
5) You should now see the individual provider tied to the group in the Reference File Maintenance window as shown below. Each individual provider that is part of the group will need to be set up per steps 1-4 of Add Individual Provider to Group



atient	atient Payer Provider (Inst) Provider (Prof) Codes/Misc							
LOB	Туре	Provider/Group Name	Provider ID	Payer ID	Provider NPI	Group Label	Tag	Tax
BS	Group	GROUP	123456	47163	1679532964	GROUP LABEL		
BS	Indiv	LAST NAME, FIRST	1679532964	47163	1679532964	GROUP LABEL		
		DB C Type C Provider/Gro	oup Name ( Prov	ider ID C G	ìroup Label 📿	Tag		
– List Fil	ter Optio		·					

#### **Institutional Setup**

1) Choose the **Reference File Maintenance** option from the Main Toolbar as seen below. \*Note - if you have not logged in, you will be prompted to do so



2) Select the Provider (Inst) tab and select New

🛄 Refer	ence File Maintenance					L	
-	e <u>w</u> <u>R</u> eports						
Patient	Payer Provider (Inst)	/Misc					
LOB	Provider Name	Provider ID	Payer ID	Provider NPI	Tag	Taxonomy	
		Provider ID C T	ag				
	ilter Options	Cl	·····	<b>t</b> - d			
	how all providers (no filter applied)		ssociated with sel	ectea proviaer			
C Fi	ilter list to include Provider IDs starting wi	th					
O Fi	ilter list to include Provider Names starting	g with					
	4						
<u>N</u>	ew Delete	2				<u>C</u> lo	se
	•						



- 3) Complete the boxes with your office information
  - Name Group Provider Name
  - Address/City/State/Zip The address must be a physical address; PO Boxes are not allowed
  - Provider ID/No. Your Billing or Organizational NPI Number
  - Select the appropriate LOB (Line of Business). Right-click for options
  - Select the appropriate Payer ID. Right-click for options
  - The NPI field can be left blank since the NPI is listed in the Provider ID/No. field

Institutional F	Provider Information X
General Info	Extended Info
Name Address	KANSAS BLUE CROSS     NPI       123 KANSAS AVE     Tax ID/Type       Tax Sub ID
City/St/Zip Phone Contact	CITY         KS         888888         Taxonomy/Type           [888] 888-8888         Fax         [888] 888-8888         Country           [CONTACT NAME
Provider ID/I Payer ID	47163 Tag Include In Lookups? Y
Remarks	Provider Associations: Select None
	▲ LOB Provider ID Provider Name ▲
	Save

4) Go to the Extended Info Tab and right-click in the Provider ID/No Type field. Select XX=National Provider ID (NPI) and select on Save.

Institutional Provider Information	×
General Info Extended Info	
Provider ID/No Type	ress
Provider Accepts Assign	
Provider SOF	
Provider Name Match	
Force Legacy ID	Secondary Provider IDs (ANSI use only)
Requires POA Reporting	ID/Type #1
	ID/Type #2
Pay-To Provider Information (specify only if different)	
Name	NPI
Address	Tax ID/Type
	Provider ID/No.
City/St/Zip	Sec ID/Type #1
Country	Sec ID/Type #2
	<u>Save</u> <u>Cancel</u>

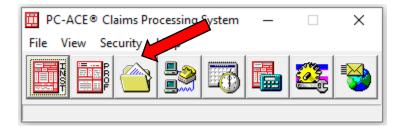


### Payer Setup

The **"Payer"** tab of the Reference File Maintenance screen provides access to maintain system payer information. Setup of the Payer reference file is mandatory for **Commercial Claim Filing**. Payer information for some payers has already been setup in the Payer Reference Files. Please make sure that the payer number is not listed before adding it to the Payer tab.

Payers that have one Payer ID but multiple names can be entered in the software. You can do this by adding a suffix to the Payer ID. **Example:** Payer ID 00023 is known as PHP and Freedom Network. The first entry can be payer ID 00023 the second can be 000230001. The first 5 digits will be sent electronically, the suffix will be suppressed when the claim is prepared

 Choose the Reference File Maintenance option from the Main Toolbar as seen below. \*Note - if you have not logged in, you will be prompted to do so



### 2) Select the Payer tab and select New

🛄 Reference I	File Main	tenance				_ 🗆 X
<u>F</u> ile Vie <u>w</u>	<u>R</u> eports					
Patient Paye		ider (Prof) Codes/Misc				
Payer ID	LOB	Description	State	Usage		
00301	BC	BCBS OF WESTERN NEW YORK		Inst Only		
00301	BS	BCBS OF WESTERN NEW YORK		Prof Only		
00800	BC	BLUE SHIELD OF NENY		Inst Only		
00800	BS	BLUE SHIELD OF NENY		Prof Only		
00801	BC	BCBS OF WESTERN NEW YORK		Inst Only		
00801	BS	BCBS OF WESTERN NEW YORK		Prof Only		
List Filter Op Show a Filter list	ptions III payers (I t to include	C Payer Description C Payer LOB C Payer no filter applied) e Payer IDs starting with e Payer Names starting with or contain			Apply	•
New		C <u>o</u> py <u>D</u> elete				Close



- 3) Complete the Payer Information form with the payer information
  - All Commercial Payers need to have LOB = COM
  - The Receiver ID and ISA08 Override must = ASK
  - Source Flag must = CI for all payers
  - Media must = E
  - Usage can be any of the following
    - **U** = Institutional Only
    - H = Professional Only
    - **B** = Both Institutional and Professional

Payer Informati	on					×
Payer ID 88888	LOB COM	Receiver ID ASK		ISA08 Ove ASK	rride	
Full Description						
Address & Col Address	ntact Info	rmation			Flags Source Media	CI E
City Contact Name	e	State Zi	ip 		Usage	В
 Phone  ()	Ext	Fax	·			
PrintLink Mat	ching De	scriptions		<u>S</u> av	e	<u>C</u> ancel

4) Select **Save** after information has been updated. Complete steps for each additional payer you want to add

#### **Submitter Setup for WPS**

The following changes will need to be made in the ASK version of PC-ACE software for submission of Medicare Claims to WPS.

Refer to WPS at <u>https://wpshealth.com/resources/files/medicare-connection.pdf</u> for connectivity options and instructions on claim submission.

#### **Professional Claims**



1) With the PC-ACE program running, choose the **Reference File Maintenance** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Select the Codes/Misc Tab and click on Submitter

🛄 Reference File Maintena	nce		_ 🗆 🗙
<u>F</u> ile Vie <u>w</u> <u>R</u> eports			
Patient Payer Provider (I	nst) Provider (Prof) Codes/Misc	•	
Shared	Institutional	Professional	
SUBMITTER		POS	
DATA COMM	CON/OCC/SP/VAL	CHARGES MASTER	

- 3) Choose Claim Type: Professional, highlight the LOB which you are setting up and click View/Update
  - Kansas Med B = 05202
  - Nebraska Med B = 05402
  - NW Missouri = 05302 (referred to by WPS as Western MO)

**NOTE:** The LOB's for MCB not being used by the site can be deleted.

👖 Submitt	er Setup			_ 🗆 🗙
Claim Type:	C Institutiona	I 🖲 Profession	al	
LOB	Payer ID	Submitter ID/EIN	Submitter Name	<b></b>
<< ALL >>	<< ALL >>	0003000	SCOOBY DOO	
MCB	05202	12345	SUBMITTER NAME	
мсв	05302	12345	SUBMITTER NAME	
MCB	05402	12345	SUBMITTER NAME	
мсв	13282	12345	SUBMITTER NAME	
	·	·		J
<u>N</u> ew	View/Up	date	Delete	Close

4) Complete all required fields on the General Tab—leave EIN, Country and Region fields blank. The ID field will be completed with the Submitter ID number assigned by WPS.



Professional	Submitter Information	×
General P	repare   ANSI Info   ANSI Info (2)   ANSI Info (4)	
LOB	MCB Payer ID 05202	<b>**</b>
ID	12345 EIN	
Name	SUBMITTER NAME	
Address	SUBMITTER ADDRESS	
City	ANYWHERETOWN State KS Zip 12345	
Phone	(999) 555-1212 Fax () Country	
Contact	CONTACT NAME HERE	
E-Mail		
	<u>S</u> ave <u>C</u> lo	ise

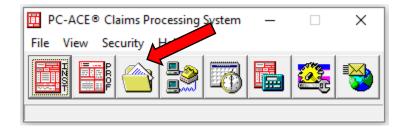
- 5) Select the Prepare Tab and complete/update the following fields as needed
  - Submission Status should be T during testing with WPS. This field will need to be changed to
    a P once testing is complete with WPS and can begin sending production claims.
  - EMC File field this will be the WPS Submitter ID followed by .dat (example: 94999.dat)

Professional Submitt	er Information		×
General Prepare		Info (2) ANSI Info (4)	
Include Error Claims Submission Status EMC Output Format ANSI Ver (837 Prof) ANSI Ver (837 Dent ANSI Version (270) ANSI Version (276) EMC File 94	N T 005010A1 005010A2 005010A1 005010A1 005010	Vendor Intermediary Next Serial No.	00951
		<u>S</u> ave	<u>C</u> ancel

#### **Institutional Claims**



1) With the PC-ACE program running, choose the **Reference File Maintenance** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Select the Codes/Misc Tab and click on Submitter

🛄 Reference File Maintenance			_ 🗆 🗙
<u>F</u> ile Vie <u>w</u> <u>R</u> eports	<u> </u>		
Patient   Payer   Provider (Inst)	Provider (Prof) Codes/Misc		
_ <u>S</u> hared	Institutional	Professional	
SUBMITTER		POS	
DATA COMM	CON/OCC/SP/VAL	CHARGES MASTER	
HCPCS	REVENUE CODE	SPECIALTY	

3) Choose Claim Type: Institutional, highlight the LOB/MCA and click View/Update

ē	👖 Submitt	er Setup			_ <b>_ X</b>
	Claim Type:	<ul> <li>Institutional</li> </ul>	al C Profession	al	
	LOB	Payer ID	Submitter ID/EIN	Submitter Name	
H	<< ALL >>	<< ALL >>	SUBMITTER ID	SUBMITTER NAME	
I	MCA	05201	12345	SUBMITTER NAME	
L					
					_
					-
ľ					-
	New	View/Up	date	Delete	Close
L					·

4) Complete all required fields on the General Tab—leave EIN, and Country fields blank. The ID field will be completed with the Submitter ID number assigned by WPS.



Institutional	nstitutional Submitter Information						
General P	repare   ANSI Info   ANSI Info (2)   ANSI Info (4)						
LOB	MCA Payer ID 05201	<b>**</b>					
ID	12345 EIN						
Name	SUBMITTER NAME						
Address	SUBMITTER ADDRESS						
City	ANYWHERETOWN State KS Zip 12345						
Phone	(999) 555-1212 Fax () Country						
Contact	CONTACT NAME HERE						
E-Mail							
	<u>S</u> ave <u>C</u> k	ose					

- 5) Select the Prepare Tab and complete/update the following fields as needed
  - Submission Status should be T during testing with WPS. This field will need to be changed to
    a P once testing is complete with WPS and can begin sending production claims.
  - EMC File field this will be the WPS Submitter ID followed by .dat (example: 94999.dat)

Institutio	nal Submitt	r Information		×
General	Prepare	i i	Info (2) ANSI Info (4)	
Submis EMC O ANSI V ANSI V	Error Claims sion Status utput Format ersion (837) ersion (270) ersion (276) le 9493	N T A 005010A2 005010A1 005010 9.DAT	Vendor Intermediary Next Serial No. Next File Seq.	00451
			<u>S</u> ave	Cancel

## **Claims for Test File**

Old claims can be used for testing with WPS. To do this you can copy 25 old claims from your PC-ACE software. Be sure to select only Medicare claims.



Be sure to make the appropriate changes to each claim as outlined in these instructions.

1) With PC-ACE running, click the **Professional** or **Institutional** Claims Processing button to display the appropriate Claims Menu. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Click the List Claims button on the Claims Menu to display the list of claims. By default, the list will display claims in the "CL - to be transmitted" location.



3) Change the Location Field to TR-transmitted only. Check mark the claim (s) from the list, click on Action in the toolbar and choose Copy All Checked Claims.

Profes	sional (	Claim List				_		🖽 P	rofessio	nal Claim List
ile F <u>i</u> lte	er <u>A</u> c	tions <u>R</u> eports						File	Filter	Actions Reports
✓ Status	LOB	PCN	Patient Last	Bill Provider	Туре	Serv. From	S ▲	<b>₽</b> s	Status L	Refresh Claim List F5
									CLN E	Create New Claim
									CLN E	View/Update Selected Claim
									RF N	Copy Selected Claim
									CLN E	Delete Selected Claim
									CLN E	Purge Selected Claim
										Reactivate Selected Claim
										Hold Selected Claim
										Print Selected Claim
										Archive Selected Claim
_										Show Selected Claim Payments
										Request Selected Claim Status
							•			Show Selected Claim Status History
•							•			Copy All Checked Claims
<u>S</u> or	• Pat	ient Name 🔿 I	PCN C Entry Date	C Service Da	ate O	ransmit Date		Sor	rt By: 🕡	
	, t Filter (	)ptions						🗏 🗆 Cla	aim List Fi	
•		transmitted only	▼ Status: <<	Allas	▼ L	DB: << All >>	- II		cation: 🛛	i arge Air oncekea oranno
200000	. <u>  i n .</u>	transmitted only		8177	<u> </u>	Sector Allow	-		codon. []	Hold All Checked Claims
Checker				Clear Filters	Advan	ed Filter Optic	ns			
спеске	u cialm (	count: 0						L Ch	iecked cl	Archive All Checked Claims
New	. 1	View	Сору	Delete		Clos	.		New	Request All Checked Claims Status

4) Click OK on the prompt: Ready to copy all checked claims? NOTE: The Copy feature will retain the original claim in the system.





C	onfirm		×
	?	Ready to copy	/ all checked claims?
		OK	Cancel

- 5) Once you have copied the claims, change the location back to CL to be transmitted, you should now see the claims. You will need to open each claim and go to the Insured Information Tab, put the cursor in the Payer ID field and right click, select the correct payer for WPS Medicare as follows and click <u>SAVE</u>:
  - Kansas Med B = 05202
  - Nebraska Med B = 05402
  - NW Missouri = 05302 (referred to by WPS as Western MO)
  - Kansas Med A = 05201 (if doing institutional claims)
- 6) Once all claims are in a CLN status you are ready to Prepare and Transmit the claims to WPS.

#### **Preparing claims for WPS**

1) Once the claims are prepared, close the Claims List and select Prepare Claims



- 2) In the LOB field, select MCB by clicking the drop down arrow and making this selection. In the Payer field, change the Payer to the correct Medicare Payer by clicking the drop down arrow and making the correct selection and select Prepare Claims:
  - Kansas Med B = 05202



- Nebraska Med B = 05402
- NW Missouri = 05302 (referred to by WPS as Western MO)
- Kansas Med A = 05201 (if doing institutional claims)

Professional	Professional Claim Prepare For Transmission					
☐ Include Cla	ims Matching					
LOB:	мсв					
Payer:	<< All Payers for LOB(	s] >>	-			
Provider:	Contemporary Co		31			
- Submission	05402 - MEDICARE B 13282 - MEDICARE B	FOR NEBRASKA FOR UPSTATE NEW YOR	к			
C Test	AIGH -	€ No				
		Prepare Claims C	ancel			

**3)** Select **OK** on the Confirm prompt: Ready to prepare the selected Professional/Institutional claims for transmission?

Confirm	×
?	Ready to prepare the selected Professional claims for transmission?
	OK Cancel

4) Select **OK** on Information prompt: The claim prepare operation has completed successfully. You are now ready to transmit claims to WPS

#### **Patient Reference Files**

If a site decides to setup their Patient Reference files—they will need to manually go into each patient file and update the fields on these screens.

This can be done from the Reference File Maintenance, Patient Tab or when entering a claim, they can right mouse click in the Patient Last Name field, locate the patient name, do a View/Update and then save the changes.

#### Submitter Setup for Upstate New York Medicare

The following changes will need to be made in the ASK version of PC-ACE software for submission of Medicare B Claims for Upstate New York.



1) With the PC-ACE program running, choose the **Reference File Maintenance** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Select the Codes/Misc Tab and click on Submitter

🛄 Reference File Maintenance			_ 🗆 X
<u>F</u> ile Vie <u>w</u> <u>R</u> eports			
Patient   Payer   Provider (Inst)   Provider (Prof)	Codes/Misc		
Shared Instituti	onal E	Professional	
	гов	POS	
DATA COMM CO	N/OCC/SP/VAL	CHARGES MASTER	

- 3) Choose Claim Type: Professional, highlight the Payer ID for Upstate NY Medicare and click View/Update
  - Medicare B of Upstate New York Payer ID= 13282

**NOTE:** The LOB's for MCB not being used by the site can be deleted.

ē	🗓 Submitt	er Setup			_ <b>— ×</b>
L	Claim Type:	C Institutiona	I 📀 Profession	al	
L	LOB	Payer ID	Submitter ID/EIN	Submitter Name	<b></b>
	<< ALL >>	<< ALL >>	0003000	SCOOBY DOO	
	MCB	05202	12345	SUBMITTER NAME	
L	мсв	05302	12345	SUBMITTER NAME	
L	мсв	05402	12345	SUBMITTER NAME	
I	мсв	13282	12345	SUBMITTER NAME	
Ľ					
L					
L					•
	<u>N</u> ew	View/Up			Close

4) Complete all required fields on the General Tab. Leave EIN and Country fields blank. The ID field will be completed with the Submitter ID number assigned by Medicare B of Upstate New York. This Submitter ID will begin with NYBU.



Professiona	Submitter Information	×
General P	repare   ANSI Info   ANSI Info (2)   ANSI Info (4)	
LOB	MCB Payer ID 13282	
ID	12345	
Name	SUBMITTER NAME	
Address	SUBMITTER ADDRESS	
City	ANYWHERE TOWN State NY Zip 12345	
Phone	(999) 555-1212 Fax () Country	
Contact	CONTACT NAME HERE	
E-Mail		
	Save Clos	e

5) Select the **Prepare** Tab and update the **EMC File** field with the Upstate New York Medicare B Submitter ID followed by .DAT (Example: NYBU12345.DAT)

Professional Submitter	Information		×
General Prepare AN			
Include Error Claims Submission Status EMC Output Format ANSI Ver (837 Prof) ANSI Ver (837 Dent) ANSI Version (270) ANSI Version (276) EMC File		lor mediary Serial No.	
		Save	Close

6) Select Save and Close.

## Preparing claims for Upstate New York Medicare B:

1) From the Claims Menu, click on Prepare Claims



Prep<u>a</u>re Claims

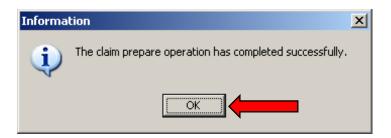
2) Change the LOB to MCB by clicking the drop down arrow. In the Payer field, change the Payer to the correct Medicare Payer: Upstate New York Medicare B Payer ID = 13282. Then click on Prepare Claims.

F	Professional Claim Prepare For Transmission					
	– Include Cla	ims Matching				
	LOB:					
	Payer:	13282 - MEDICARE B FOR UPSTATE NEW YORK				
	Provider:	<< All Payers for LOB(s) >> 05202 - MEDICARE B FOR KANSAS 05402 - MEDICARE B FOR NEBRASKA				
	- Submission	13282 - MEDICARE B FOR UPSTATE NEW YORK				
	Produce	05302 - MEDICARE B FOR WESTERN MISSOURI				
	C Test	© No				
		Prepare Claims				

**3)** Click OK on Confirm Prompt



4) Click OK on Information Prompt



5) Select CLOSE and the claims are now ready to be transmitted



Claim Prepare For Transmission 🔀			×
Claim prepare operation o	complete		Π
Prepare Totals	Count	Dollar Value	
Prepared Clean	1	95.50	
Rejected	0	0.00	
<u>⊻</u> iew Results		<u>C</u> lose	≮

6) Please follow the steps outlined for transmitting your claims through your Network Service Vendor.

# **Chapter 3: Basic Claim Information**



Pressing **Alt + F2** will display any field that has a lookup feature available (drop-downs with valid options) with flashing blue. Pressing **F2** or right-clicking in a lookup field will drop down the valid options list.

## **Professional Claims**

When you first enter the claim screen, the **Patient Info & General** tab will show. Click the **Save** button. This will indicate most of the required fields within PC-ACE highlighted in red or purple. These fields will continue to flash red or purple until you click on **Save** again even if you have information entered in these fields

**IMPORTANT:** Different specialties and/or Payers may have more fields to complete than what is highlighted. This is just basic claim information to get you started.

E <u>n</u> ter Claims				
Professional Claim Form				×
Patient Info & General Insured Informa	tion Billing Line Items Ext. Patie	nt/General   Ext. Pat/G	ien (2) 🛛 Ext. Payer/Insured	1
LOB Billing Provider	26 - Patien	t Control No.		
2 - Patient Last Name	First Name MI Gen	3 - Birthdate Sex	8 - Pat. Status Death 12 MS ES SS Ind SC	
5 - Patient Address 1	Patient Address 2	Patient City	State Patient Zip Co	untry Patient Phone
10 - Patient Condition Related To Employment 📕 Accident 🗍	ROI ROIDate OtherIns. 14 - [	Date/Ind of Current 15	- First Date 16 - UTW//	Disability Dates & Type
17 - Referring Phys Name (Last/Org, First, Mid, Suffix)       Referring Phys IDs/Types       18 - Hospitalization Dates       20 - Outside Lab/Chgs         Image: Comparison of the system of the sys				
19 - Reserved	For Local Use	22 - Media	caid Resubmission Code & R	lef No
25 - Fed. Tax ID SSN/EIN 27 - Provider Accepts Assignment?				
31 - Provider SOF Date _/_/ Facility? Dental? COB? Frequency 33 - GRP No.				
LOB Is Required		Error List	2	ave

**Insured Information** tab - includes payer, insured, and employer fields for the primary, secondary, and tertiary payers.



# **PC-ACE USER MANUAL**

Professional Claim Form			×
Patient Info & General Insured Information Billing Li	ne Items   Ext. Patient/General	Ext. Pat/Gen (2) Ext. Paye	r/Insured
Sub Payer ID Payer Name	Insured's ID P.R	el Insured's Last/Org Name	First Name MI Gen
Birthdate         Sex         Sig         AOB         Insured's Addres          //	ss 1 Insured's A	ddress 2 Insured	l's City State Zip
Country Insured's Phone / Ext. ESC Em	ployer Name C	àroup Name Gro	up Number Clear Payer Clear Payer Clear Payer
LOB Is Required	Erro	r List	<u>S</u> ave <u>C</u> ancel

#### **Billing Line Items Tab**





Certain specialties require additional attachments. When a procedure code specific to the specialty is entered, the attachment tab will appear above Claim Diagnosis Codes box 4 as shown in the below example with an Ambulance attachment. You will need to select this tab and enter the required information before saving the claim. The attachment only needs to be added to the first line item.

To access the attachment screen manually, select the proper parameter under the **AT** field by pressing to display the valid options, such as Ambulance, Chiropractic, etc. The extra attachment tab will then appear above Claim Diagnosis Code box 4 as shown in this example with an Ambulance attachment. The attachment only needs to be added to the first line item.

To delete an attachment, place the cursor in the **AT** field, press the **F2** key, select 0 = Cancel Automatic Attachment.

**IMPORTANT**: The software will warn you of any missing information that may be required, such as facility information, etc. once the **Save** button has been clicked. If the claim is clean (no errors), it will return you to the beginning of a new claim. If you do not wish to continue to enter claims, please click on Cancel to exit the claim screen.

Once you have completed the Line Items Detail information you will need to click on the **Recalculate** button to total the separate line item charges on each claim.

Professional Claim Form			
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured			
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) Ext Details 3 (Line 1) Ambulance			
Diagnosis Codes (1 - 8): V8903			
24a - Service Dates         24b         24c         24d - CPT®         24d - Mod         24e         24f         24g         24h         24j           LN         From         Thru         PS         EMG         / HCPCS         1         2         Diagnosis         Charges         Units         EP FP         AT         Rendering Phys.           1         10/01/2009         10/01/2009         23         A0382			
2       /_/       0       Cancel automatic attachment         3       /_/       /_/       0       Cancel automatic attachment         4       /_/       /_/       0       Cancel automatic attachment         2       -/       0       Cancel automatic attachment         3       -/       0       Cancel automatic attachment         4       -/       0       0       Cancel automatic attachment         4       -/       0       0       0       0         0       0       0       0       0       0         4       -/       0       0       0       0         0       0       0       0       0       0       0         0       0       0       0       0       0       0       0         0       0       0       0       0       0       0       0       0       0         0       <			
5         5 - Mammography attachment         6         6 - EPO attachment         7 - Physical therapy attachment       7 - Physical therapy attachment			
28 - Total Charge Rec <u>a</u> lculate A - Dental attachment 29 - Patient Amount Paid0.00 30 - Balance DueC - CMN attachment			
CPT® codes are copyright 2016 American Medical Association (AMA).           Save         Cancel			

Once the necessary information has been completed correctly, click on **Save**.



#### **Institutional Claims**

When you first enter the claim screen, click the **Save** button. This will indicate most of the required fields within PC-ACE highlighted in red or purple. These fields will continue to flash red or purple until you click on **Save** again even if you have information entered in these fields.

**IMPORTANT:** Different Types of Bill and/or Payers may have more fields to complete than what is highlighted. This is just basic claim information to get you started.

Institutional Claim Form					×
	la (la )	i lin: in co	(France d	5 . C	
Fatient Into a Codes Billing Line Item	ns Payer Info Diagnosis/F	rocedure   Diag/Proc (2	Extended General	Ext. General (2)	Extended Payer
LOB FL 1	FL 2 Patient Co	ontrol No.		Type of Bill	
Patient Last Name	First Name	MI Suffix Fed Ta	x ID Statement	Covers Period	
Patient Address 1	Patient Address 2	Patient City	State Patient Zip	Country Patient F	FL 38
Birthdate Sex MS Admission	A-Hour Typ Src D-Hour Sta	at Medical Record No		Condition Codes	
Occurrence Code     Occurrence Date	Occurrence Occ Code Date Code		urrence Span From Thru _/// _///	Occurrence Code From	e Span Thru /
Value Value Code Amount Code Amou			Value ode Amount C 	Value ode Amount 	
LOB Is Required		Error List		<u>S</u> ave	<u>C</u> ancel



Once you have completed the Line Items Detail information you will need to click on the **Recalculate** button to total the separate line item charges on each claim.

istitutional Claim Form			
Patient Info & Codes Billing Line Items   Payer Info   Diagnosis/Procedure   Diag/Proc (2)   Extended General   Ext. General (2)   Extended Payer			
Line Item Details   Extended Details (Line 1)   Ext Details 2 (Line 1)			
42 44 - CPT⊗ 44 - Modifiers 44 45 - Service Date 46 47 48 LN Rev.Cd. /HCPCS 1 2 3 4 Rate From Date Thru Date Units/Days Total Charges Non-Cov Chgs			
2			
3			
Recalculate Totals:0.000.00			
CPT® codes are copyright 2016 American Medical Association (AMA).			
OB Is Required         Error List         Save         Cancel			

**IMPORTANT:** The software will warn you of any missing information once the **Save** button has been clicked. If the claim is clean (no errors), it will return you to the beginning of a new claim. If you do not wish to continue to enter claims, please click on **Cancel** to exit the claim screen.

Once the necessary information has been completed correctly, click on Save.



## **Chapter 4: EDIFECS HIPAA 5010 File Transfer**

### **Transmit via Internet Instructions**

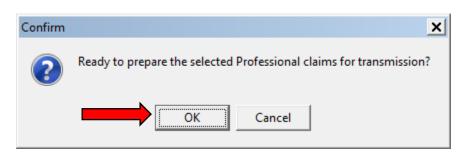
1) Click Prepare Claims from the Institutional or Professional Claims Menu



2) Submission Status should default to Production. The only time the above LOB and Payer fields should be changed is when Preparing Medicare claims. Click on Prepare Claims.

Professional Claim Prepare For Transmission			
Include Claims Matching			
LOB: << All>>			
Payer: << All Payers for LOB	Payer: << All Payers for LOB(s) >>		
Provider: << All Providers for Payer(s) >>			
Submission Status <ul> <li>Production</li> </ul>	C Yes		
C Test			
Prepare Claims <u>C</u> ancel			

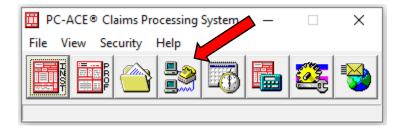
3) Click OK



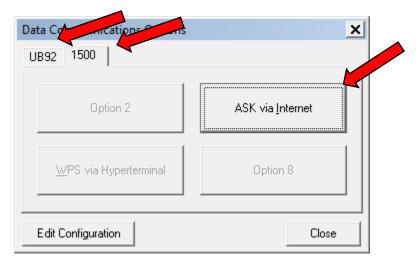
- 4) Click **OK** once the claim prepared operation has completed.
- 5) Click on **Close** if you do not want to review the results or click on **View Results** to print a status report of the claims. Once the Prepare is completed successfully, please transmit the file before preparing any other claims for transmission



6) To transmit the file, close out of the Claims Menu and select the **Data Communications** button on the Claims Processing System Menu or go to <a href="https://edisftp.bcbsks.com">https://edisftp.bcbsks.com</a> and skip to Step 9



7) From the Data Communications Options Menu, select UB92 (Institutional) or 1500 (Professional) and select ASK via Internet



8) This will bring you to the <u>www.ask-edi.com</u> home page. From here, select the EDIFECS Login button at the top of the page to be taken to the ASK secure transmission site - <u>https://edisftp.bcbsks.com</u>





9) Log in using your Trading Partner number and password. Trading partners logging in for the first time will be forced to select a new password. <u>See Password Requirements</u>

Administrative Services of Kansas (ASK) is Blue Cross and Blue Shield of Kansas DBA ASK. Buc Tores and Blue Shield of Kansas is an independent licensee of the Blue Cross and Blue Shield Association		Enterprise Managed File Transfer.
ĺ	Username	
	Password Password	
	Security Notice You are about to access a secured resource. Electronic Data Interchange reserves the right to monitor and/or limit access to this resource at	
	Sign On	

10) From the home page, select Upload. NOTE: <u>DO NOT UPLOAD ANY FILES TO YOUR OUTBOUND FOLDER.</u> <u>They will not be transmitted to ASK.</u>

AD	MINISTRATIVE VICES of KANSAS								
					Signed o	nto Electronic Data Interchange as mhewittedi.	Hy Account	Sign Out	Help
2 Harre	Folders								
& Uses	D → 🗁 Home → 🗁 EDI → 🗁 0003101								
🏝 Groups	Find: Qi			🔓 Drop files to upload.			Upload Files		
D Feiders	Name	File ID	Size/Control	nts O	wator	Created	*	•	Actions
🕒 Live Verv	Arrent Folder     Outbound	351471929				2/15/2017 1:22:29 PM			×¢
🖆 Logs	Selected File/Folder Actions:								
Lat Reports	Delete Download	Advanced Copy/Plove Options							
Settings									
Q, Search									
rind rife/toider Q									
Red Dor									
	1								

11) Select Browse in the Upload Files window



Upload Files	:	×
Upload To		
/Home/EDI/0003101		~
Notes		
Notes		
	Drop files to add or <b>Browse</b>	
Upload <u>Cancel</u>		

12) Browse your computer to choose the file to upload and select open. The default location for files is
 C:\WINPCACE or the location you selected when installing the software. The file will be named
 BSTRANS.DAT for Professional Claims or BCTRANS.DAT for Institutional Claims.

S	→ Univer → OSDisk (C:) → WINPC	ACE - ·	Search WINPC	AUE	2
ganize	✓ New folder				?
-	Name 🔺	Date modified	Туре	Size	
	Ansi837h.exe	06/08/2017 10:00	Application	314 KB	_
2	Ansi837i.exe	06/08/2017 10:00	Application	136 KB	
	Ansi837u.exe	06/08/2017 10:00	Application	190 KB	
		06/08/2017 10:00	Application	113 KB	
	BCCLMACT.LOG	09/22/2017 8:36 AM	Text Document	20 KB	
	BCDATCOM.DAT	09/22/2017 8:36 AM	DAT File	1 KB	
1	BCPRNTMP.CTL	04/30/1999 3:05 PM	CTL File	1 KB	
	BCPRNTV2.CTL	09/07/2006 7:37 AM	CTL File	1 KB	
	BSCLMACT.LOG	09/22/2017 8:36 AM	Text Document	30 KB	
	BSDATCOM.DAT	09/22/2017 8:36 AM	DAT File	1 KB	
	BSTRANS.DAT	09/22/2017 8:24 AM	DAT File	0 KB	
	C4dll.dll	08/22/2002 12:54	Application extens	388 KB	
	a				
	File <u>n</u> ame: BSTRANS.DAT		▼ All Files (*.*)		•
			<u>Open</u>	Cancel	

13) The file will now show in the Upload Files window. Select Upload.



Upload Files	×
Upload To	
/Home/EDI/0003101	~
Notes	
Notes	
Drop files to add or Browse	
BSTRANS.DAT	×
Upload	

14) The Upload Files window will show the file uploaded successfully. Select Close.



Upload Files	×
Upload To	
/Home/EDI/0003101	~
Notes	
Notes	
SSTRANS.DAT	
Close	

**15)** You will now see the uploaded file in your Home folder.

Blue Cr		s is an indep	endent licensee of	the Blue Cross and Blue Shield A	Association.		Enterpr
Sign	ed onto Electronic E	Data Int	erchange as	s bsmithedi.			
#	Home		🖿 Fol	ders			
Ŧ	<u>Users</u>						
4	Groups		/⊦	lome/ EDI/	<u>/ 0003101/</u>		
	Folders		~ _				
	Logs		Find I	ile/Folder:	Find Fil	e	
.al	Reports						
٥	Settings			Name	File ID	Created	Size/Contents
Q	Search	-		Parent Folder			
Fin	d File/Folder	Q		Outbound	361471929	2/15/2017 1:23:29 PM	
Fin	d User	Q		BSTRANS.DAT	07371	9/22/2017 11:49:24 AM	0 KB



## **ASK Secure Site Password Requirements**

To change your current password, you must enter and confirm your new password. We encourage you to make your passwords as strong as possible. You must follow these criteria:

- Passwords must be a minimum of 8 characters in length.
- Passwords must include both alpha and numeric characters.
- Special characters (such as # \$ % ' \* ; @) must be included in your password.
- A password cannot be used again for at least six generations. In other words, you must create at least six new passwords before you can use the first one again in the future.
- Your password must be changed every 90 days.
- Cannot have repeating characters.

#### NOTE: Passwords are case sensitive.

#### **Instructions for Changing Password**

- 1) Log into ASK SFTP Server <u>https://edisftp.bcbsks.com</u>
- 2) Click on My Account in the upper right corner of the screen
- 3) In the Change Your Password Section
  - A. Enter your old password
  - B. Choose "Use Suggested Password" or
  - C. Choose "Type Custom Password" and enter your own password
  - D. Click "Change Password" button to save new password

Administrative Services of Kans Blue Cross and Blue Shield of H	as (ASK) is Blue Cross and Blue Shield of Kansas DBA ASK, iansas is an independent licensee of the Blue Cross and Blue Shield Ast	Enterprise Managed File Transfer.
Signed onto Electron	nic Data Interchange as 0003000.	My Account   Sign Out
Home	Welcome to Electronic Data I	nterchange! Please watch this area for important messages.
Logs	Cross and Blue Shield of Kaesas DBA ASK, enders licensee of the Blue Cross and Blue Shield Association. terchange as 0003000,	
A Home	<b>L</b> My Account (0003000)	
Logs		
Online Manual		
Tech Support	Change Your Password	
ASK Website	Enter Your Old Password:	
	Suggested Password: Lu2 [14n7	
	New Password:   Use Suggested Password  Type Custom Password	
	Change Password	



# **Chapter 5: Downloading and Viewing Acknowledgment Files**

#### **Downloading Acknowledgment Files**

ASK will return Acknowledgment reports for all transmitted files. Acknowledgment files for download will be:

999 – verifies that a file is syntactically correct.277CA – file acceptance along with any errors the file contained at the claim level.

1) New files available for download will show on your Home page. Click the Download button to the right of file to begin download. To view Files available for download, click on Browse Other Folders.

	iros and Blue Shield of Kanasa DBA ASK. Indext Iconsee of the Blue Cross and Blue Shield Association.	Enterprise Manage	ed File Transfer.	
Signed onto Electronic Data Int	erchange as 0003101.		My Account	<u>Sign Out</u>
Home	🖶 Home			
Folders				
Logs				
Q Search	New Files			
Find File/Folder Q	/Home/EDI/0003101/Outbound			
Go To Folder 🔽	277CA 036652000 BSTRANS 358984120.DAT 170206-110230037 (Uploaded by edifece on 2/6/2017	7 11:02:32 AM) Do	ownload	
<u>Online Manual</u>	999 BSTRANS 358984120.DAT 170206-110207037 (Uploaded by <u>edifecs</u> on 2/6/2017 11:02:11 AM)	Download	•	
Tech Support	277CA 036559000 BSTRANS 359104421.DAT 170206-092246037 (Uploaded by edifecs on 2/6/2017	7 9:22:52 AM) Dov	wnload	
ASK Website	999 BSTRANS 359104421.DAT 170206-092208037 (Uploaded by edifecs on 2/6/2017 9:22:11 AM)	Download		
	277CA 029794000 BSTRANS 357297259.DAT 170202-123110033 (Uploaded by edifecs on 2/2/2017	7 12:31:13 PM)	ownload	
	999 BSTRANS 357297259.DAT 170202-123012033 (Uploaded by edifecs on 2/2/2017 12:30:15 PM)	Download		
	🖿 <u>Go To Your Home Folder</u> - 🖿 <u>Browse Other Folders</u>			
	Mark All Files Not New			

2) If using Browse Other Folders option, select /Home/EDI/Your Trading Partner Number/Outbound to view available acknowledgement files



3) Find the file needed for downloading and select the download button to the right of the screen

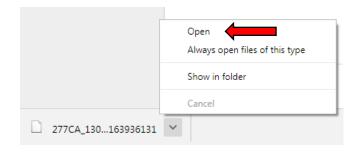


	e Cross and Blue Shield of Kansas DBA ASK	E	nterprise Mana	ged File Transfer	:	
ie Cross and Blue Shield of Kansas is an ir Signed onto <b>Electronic Data</b>	lependent licensee of the Blue Cross and Blue Shield Association. nterchange as 0003101.			My Accou	nt   <u>Sig</u>	gn Out
Home	Folders					
Folders						
Logs	/ Home/ EDI/ 0003101/ Outbound/					
2 Search						
Find File/Folder Q	Go To Folder					
Go To Folder 🔽						
Online Manual		Created	Size/Contents	Creator 🛨 🗹		
ech Support	Parent Folder	Created	<u>Size/Contents</u>			╇
SK Website	✓	2/2/2017 12:31:13 PM	1.1 KB	edifecs -	×	<u>*</u>
	277CA 036559000 BSTRANS 359104421.DAT 170206-092246037	2/6/2017 9:22:52 AM	1 KB	edifecs -	×	*
	D 277CA 036652000 BSTRANS 358984120.DAT 170206-110230037	2/6/2017 11:02:32 AM	1 KB	edifecs -	×	<u>*</u>
	999 BSTRANS 357297259.DAT 170202-123012033	2/2/2017 12:30:15 PM	1 KB	edifecs -	×	*
					×	*
	B 999 BSTRANS 358984120.DAT 170206-110207037	2/6/2017 11:02:11 AM	1 KB	edifecs -	**	
		2/6/2017 11:02:11 AM 2/6/2017 11:11:52 AM	1 KB 1 KB	edifecs -	×	*

4) Chrome user's acknowledgment file will download to lower left corner of Chrome browser

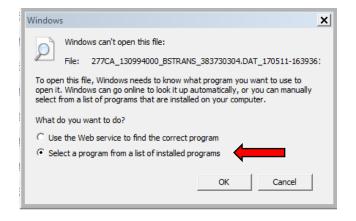


5) Right Click on the file and select open

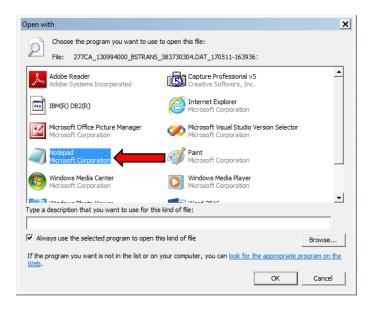




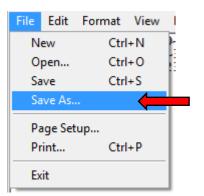
6) A windows pop up box will open. Select the "Select a program from a list of installed programs" option



7) Select Notepad or WordPad. May be different depending on operating system



8) Notepad or WordPad will open up with the file contents. Select File>Save As





9) Save the 277CA file to the following location for Professional Claims C:\WINPCACE\Ansi277\Stat1500 and for Institutional Claims C:\WINPCACE\Ansi277\Statub92 and select Save. NOTE: You should ONLY see the Archive folder in this location. If you see anything other than Archive, please delete it.

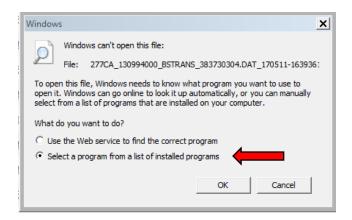
Save As		×	Save As			×
G → WINPCACE → Ansi27	77 ▼ Stat1500 ▼	2	G O v 🖟 ▼ WINPCACE ▼ Ansi277	▼ Statub92 ▼	▼ Search Statub92	2
Organize 🔻 New folder		= - 🕡	Organize 🔻 New folder			ii <b>- (</b> )
) Professional	Name A	Date modified	Professional	▲ Name ▲		Date modified
Computer Computer Computer Computer Computer CD Drive (D:) R 4890 (\\hnasuers\users) (F:) CO (\hnasuers\users) (F:) CO (\hnasuers\users) (F:)	Archive	08/30/2017 9:26	<ul> <li>□ Libraries</li> <li>□ Documents</li> <li>□ Music</li> <li>□ Pictures</li> <li>□ Videos</li> <li>■ Computer</li> <li>▲ OSDisk (C:)</li> <li>▲ BOD (\hnasusers\users) (F:)</li> <li>□ A890 (\hnasusers\users) (F:)</li> <li>□ Groups (\TKMSMF25) (G)</li> </ul>	Archive		10/22/2015 9:01
BCKS Share (\\TKMSME36) (f:)	<u>•</u> ] •]	Þ	BCKS Share (\\TKMSME36) (I:)	<u>• 4</u>		•
File name: Chrome Example		•	File name: Chrome Example			•
Save as type: All Files (*.*)		•	Save as type: All Files (*.*)			•
Hide Folders Enco	oding: ANSI 💌 Save	Cancel	Hide Folders Encod	ing: ANSI	▼ Save	Cancel

10) Firefox users acknowledgment file will download to the upper right corner of the browser window. Select Save File, click the down arrow in the upper right corner and double click the file name in the drop down menu.

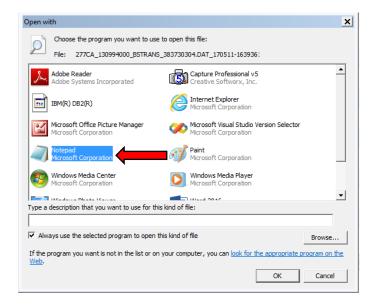
Opening 277CA_173957000_BSTRANS_394958289.DAT_170623-151205174	
You have chosen to open:	
CA_173957000_BSTRANS_394958289.DAT_170623-151205174	
which is: DAT_170623-151205174 File (816 bytes)	
from: https://edisftp.bcbsks.com	
C Open with Browse	C         Q. Search         ☆         ▲
C Save File	277CA_173957000_BSTRANS89.DAT_170623-151205174 Open Containing Folder
OK Cancel	<u>S</u> how All Downloads



11) A windows pop up box will open. Select the "Select a program from a list of installed programs" option



**12)** Select Notepad or WordPad. May be different depending on operating system



13) Notepad or WordPad will open up with the file contents. Select File>Save As

File	Edit	Format	View	
N	ew	Ctrl	+N	2
0	pen	Ctrl	+0	1
Sa	ive	Ctrl	+S	E
Sa	eve As		-	
Pa	age Set	up		
Pr	rint	Ctrl	+P	
Ex	ät			



14) Save the 277 CA file to the following location for Professional Claims C:\WINPCACE\Ansi277\Stat1500 and for Institutional Claims C:\WINPCACE\Ansi277\Statub92 and select Save. NOTE: You should ONLY see the Archive folder in this location. If you see anything other than Archive, please delete it.

Save As		×	Save As	×
G O → 🕨 → WINPCACE → Ansi277	7 • Stat1500 • • 5 Search Stat1500	2	G → WINPCACE ▼ Ansi277 ▼ Statub92 ▼   ▼ 😰 Search Statub92	2
Organize 👻 New folder		)II 🔻 🔞	Organize 🔻 New folder	) · · · · · · · · · · · · · · · · · · ·
🎉 Professional	▲ Name ▲	Date modified	📔 Professional 🔺 🔺	Date modified
Libraries     Documents     Music     Pictures     Videos      Computer     Conjukt     CD Drive (D:)     A890 (\nhasuser\users) (F:)     Groups (\nTKMSMF25) (G:)	Archive	08/30/2017 9:26	Ibraries       Image: Computer         Image: Computer       Image: Computer	10/22/2015 9:01
BCKS Share (\\TKMSME36) (I:)	•	•	BCKS Share (\TKMSMF36) (f:)	•
File name: Chrome Example		•	File name: Chrome Example	•
Save as type: All Files (*.*)		•	Save as type: All Files (*.*)	•
Hide Folders Encod	ting: ANSI 🗾 Save	Cancel	Hide Folders     Encoding: ANSI     Save	Cancel



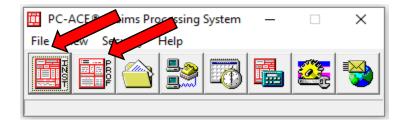


### Viewing Acknowledgement Reports in PC-ACE

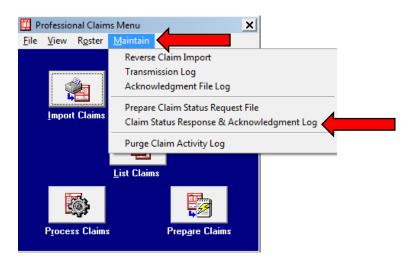
Once the acknowledgement reports have been saved, you can view them within PC-ACE using the following instructions.

#### To view 277CA Acknowledgment reports:

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Click on Maintain from the Professional or Institutional Claims Menu and select the Claim Status Response & Acknowledgment Log

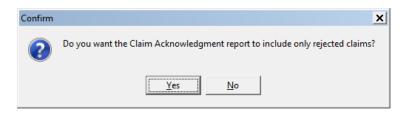


3) Select the 277CA File you wish to view and double click or click the View Ack Report button

Date	Time	Sender	Receiver	# Resp	# Ack	ISA Ctl. #	Group Ctl #	Trans Set #	Posted?	/ A 🔺
08/22/2017	11:42	BCBSKS	0007815	0	3	000000008	1	0001	N/A	F
08/23/2017	11:14	HNNY	6002155	0	4	000000007	1	0001	N/A	F
08/23/2017	22:04	BCBSKS	0007194	0	15	000000003	1	0001	N/A	F
08/30/2017	08:34	HNNY	6001547	0	43	000000014	1	0001	N/A	F
09/06/2017	16:30	BCBSKS	0007914	0	4	000000012	1	0001	N/A	F
09/07/2017	19:09	BCBSKS	0007974	0	5	000002743	1	0001	N/A	F
09/08/2017	10:16	EDIM	0000516	0	7	000000038	1	0001	N/A	F
09/08/2017	16:36	EDIM	0000085	0	125	000000175	1	0001	N/A	F
09/15/2017	10:18	BCBSKS	0003025	0	24	000000006	1	0001	N/A	F
09/19/2017	15:05	BCBSKS	0005298	0	5	000000002	1	0001	N/A	F
•										



4) You will have the option to view all claims in the file by selecting **No** or view rejected files only by selecting **Yes** on the prompt



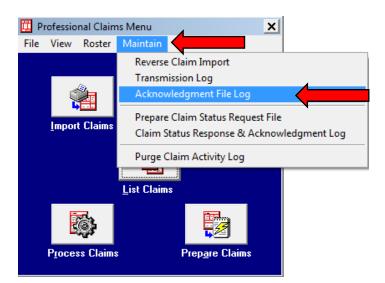
5) A Notepad or WordPad document will open showing the acknowledgement information. To learn more about the information contained in your acknowledgement files, please review the Claim Status Codes: <a href="http://www.x12.org/codes/health-care-claim-status-codes/">http://www.x12.org/codes/health-care-claim-status-codes/</a>

#### To View 999 Reports:

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Click on Maintain from the Professional or Institutional Claims Menu and select the Acknowledgment File Log





6) Select the 999 File you wish to view and double click or click the View Report button

Profession				-	1	-				
Date	Time	Serial No	Status	Sender	Receiver	Trans Set #	Included	Received	Accepted A	n 🔺
10/12/2017	09:07	000001		BCBSKS	0007614	0001			0 A	ŀ
										_
									•	
⊻iew Report		_	4	<u>R</u> efresh					Class	
				Herresh					<u>C</u> lose	

7) A Notepad or WordPad document will open showing the acknowledgement information.



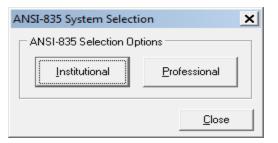
# **Chapter 6: Importing 835 Electronic Remittance Advice**

In order to receive electronic remittance advice through the ASK EDI system, please complete the ERA form for the payer of choice: <u>https://www.ask-edi.com/forms/</u>

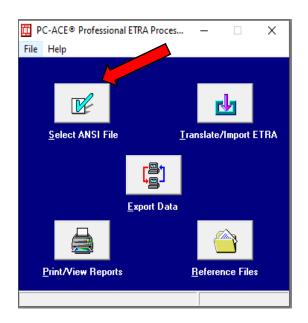
- Electronic remits must be saved in one of the following folders: Institutional remittance files are saved in the C:\WINPCACE\Etraub92\Ansi835 directory. Professional remittance files are saved in the C:\WINPCACE\Etra1500\Ansi835 directory. Follow the steps listed in <u>Chapter 5</u> to download Electronic Remittance files received from ASK. These files will start with KS835V5, KC835V5 or HN835V5.
- 2) With the PC-ACE program running, choose the ANSI-835 Functions option from the Main Toolbar as seen below. NOTE: if you have not logged in, you will be prompted to do so



3) Select either Institutional or Professional depending on which type of 835 you are viewing.



4) From the ETRA Processor menu, choose Select ANSI file





5) Highlight the file to be viewed and click Select

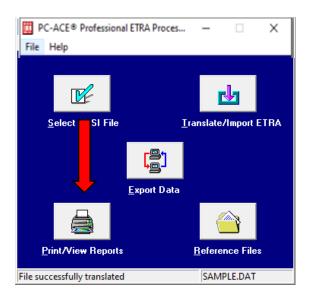
🧰 Select an ANSI File		_ 🗆 🗙
File Date	File Size	File Name
10/31/2006	1744	SAMPLE.DAT
elete		<u>S</u> elect <u>C</u> ancel

6) You will be taken back to the ETRA Processor Menu and select Translate/Import ETRA. You will see the File Successfully Translated message in the lower left corner of the menu.





7) Select Print/View Reports



8) Highlight Remittance Advice and select OK

🔄 Print/View Reports	_ <b>D X</b>
Remittance Advice	
Provider Summary Report Provider Remittance Detail Provider Remittance Summary	
ОК	Cancel

9) No information is needed on the Report Selection Criteria menu, select OK

Report Selec	Report Selection Criteria				
Start Page	End Page				
Provider					
PCN					
HIC					
ICN					
	OK Cancel				



#### **10)** Your remittance is now in a readable format

l r	PC-ACE® ETRA Remittance Advice	
	Zoom 150 🛨 📢 Page 1 of 2 🕨 📔 _ Qlose	
	NORRIS MEDICARE SERVICES 123 MAIN STREET ANYTOWN, NY 105170288	REMITTANCE ADVICE
	PAYER BUSINESS CONTACT INFORMATION NAME: NORRIS TELEPHONE: 8005551212	
	MITCHELL F BARRISON         PROVIDER #: 01D451         NPI:           123 MAIN STREET         PAGE #: 1         1           SUITE 456         DATE: 07/27/2002         07/27/2002           ANYTOWN, NY 100290310         CHECK/EFT #: 00011103130	
	REND-FROV SERV-DATE POS PD-FROC/MODS PD-NOS BILLED ALLOWED DEDUCT COINS PROV-PD SUB-NOS SUB-PROC GRP/CARC CARC-AMT ADJ-QTY BS	
	NAME NATAMALY, CLARICE         HIC 123456789A         ACNT 0         ICN 02126177707000         ASG Y         MOA         MA18         MA01           01D451         0311 031101         99211         1.000         50.00         25.33         0.00         0.000         18.23           0.000         PR-02         5.07         0.000         Co-42         24.67         0.000           CO-84         2.03         0.000         CO-84         2.03         0.000	
	FT RESP       5.07 CARC       31.77 CLAIM TOTALS       50.00       25.33       0.00       0.00       18.23         ADJ TO TOTALS: PREV PD       INTEREST       0.15       LATE FILING CHARGE       2.03       NET       16.35         CLAIM INFORMATION FORWARDED TO:       MUTUAL OF LUANT       68131M001       68131M001         CORRECTED PRIORITY PAYER INFO:       TRAVELERS       TRAVAN001	





# **Chapter 7: Advanced Options**

# **Archiving Claims**

Reasons to Archive claims:

- It reduces the size and optimizes the performance of the current claims database
- It eliminates claims that are no longer of interest from the current claims database, making it easier to locate and work with the current claims
- It promotes organized storage of older claims without requiring you to purge these claims

Claim archives can be maintained by transmit date, line-of-business, "submission" payer or other preferred criteria. Archived claims can be viewed and printed just like claims located in the Transmitted Only (TR) location in the current database.

To archive and unarchive claims, follow these steps:

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Select the List Claims button





3) By default, the list will display claims in the CL – To Be Transmitted location

🛄 Professional Claim List								
<u>Fi</u> le F <u>i</u> lter <u>A</u> ctions <u>R</u> eports								
	Status	LOB	PCN	Patient Last	Bill Provider	Туре	Entered	S 🔺
	CLN		123456SCOOBY	D00	1467400663		02/03/2016	0
	CLN	BS	987456	STAPLER	1467400663	Solo	06/26/2017	0
	CLN	BS	258456	WILLIAMS	1467400663	Solo	06/26/2017	0
•								
<u>S</u> o	ort By: (	Patie	ent Name 🔿 P	CN C Entry Date	C Service Date	е		
	aim List	Filter O	ptions					
Lo	Location: CL to be transmitted   LOB: << All >>							
Cł	Checked claim count: 0							
	<u>N</u> ew		⊻iew/Update	Сору [	<u>)</u> elete		<u>C</u> lose	

4) From the Claim List, click **File** on the toolbar, select the **Open Claim Archive** to display the Open Claim Archive form. This will display a list of all existing claim archives (if any).

🛄 Professional Claim List				_ [	×		
File Filter Actions Reports							
Open Claim Archive	st	Bill Provider	Туре	Entered	S 🔺		
View Archived Claims	D00	1467400663	Solo	02/03/2016	0		
Close Claim Archive	STAPLER	1467400663	Solo	06/26/2017	0		
Maintain Claim Archives	WILLIAMS	1467400663	Solo	06/26/2017	0		
Printer Setup							
Close					_		
1	1						
					-		
•					•		
Sort By: 💿 Patient Name 🔿 P	PCN C Entry Date	C Service Date	е				
Claim List Filter Options							
Location: CL to be transmitted	Location: CL to be transmitted   Status: << All >>   LOB: << All >>						
Checked claim count: 0 Clear Filters Advanced Filter Options							
<u>N</u> ew <u>V</u> iew/Update	C <u>o</u> py j	<u>)</u> elete		<u>C</u> lose	,		



5) To create a new archive, click the New button and enter a descriptive name

Open Professional Claim Archive	<
Select the Professional claim archive to open:	
Archive Nov	Create New Claim Archive
	Enter name for new archive (no extension): Enter New Archive Name Here
New Open Cancel	OK Cancel

6) The empty archive file will be created and the entry will be added to the selection list. Select the new archive from the list and click the Open button (or double click the new file to open). The new claim archive file will be opened and you will be returned to the Claim List. Select OK on the prompt

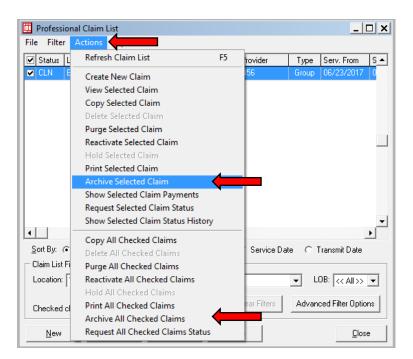
Informat	tion X
j	The selected claim archive is now open. Select the "View Archived Claims" item from this form's main "File" menu to view the claims in the open claim archive. Select the "View Current Claims" item from the main "File" menu to toggle back to the current claims. Click the "Help" button for more information on how to use the claim archiving feature.
	OK <u>H</u> elp

7) Only claims from the TR – transmitted only can be archived. Change location to TR – transmitted only

🛄 Professional Claim List			_ 🗆 🗙
<u>File Filter Actions Re</u>	ports		
Status LOB PCN	Patient Last	Bill Provider	Type Serv. From S 🔺
CLN BS 654123	BUDDEN	123456	Group 06/23/2017 0
4	C PCN C Entry Da	ite ⊂ Service Da	v No C Invesidate
Sort By:  Patient Name	C PCN C Entry Da	ite 🔘 Service Da	te C Transmit Date
Claim List Filter Options	i only		▼ LOB: << All>> ▼
Checked claim count: 0		Clear Filters	Advanced Filter Options
<u>N</u> ew <u>V</u> iew	Сору	<u>D</u> elete	Close



8) To archive a single claim, select the desired claim from the list, go to the Actions option on the toolbar and select Archive Selected Claim. To Archive multiple claims at once, simply check the desired claims from the list, go to the Actions option on the toolbar and Archive All Checked Claims.



**9)** You will receive the message below, click OK to have the claim moved to the open archive file. The selected claim will disappear from the current claims list.

Confirm	×
?	Archiving claims will move them from the current claims database to the currently opened claim archive. Ready to archive the selected claim?
	OK



10) To Archive an entire batch of claims, go to Filter on the toolbar, select Check All Claims from Selected Transmission

🛄 Professional Claim List	_ 🗆 X
File Filter Filter	
S Clear Filters	Provider Type Serv. From S 🔺
C Advanced Filter Options	456 Group 06/23/2017 0
Check All Claims	
Un-Check All Claims	
Check All Claims From Selected Transmission	
Check All Claims Queued For Status Request Clear Claim Status Request Queue	
	,
	-
•	Þ
Sort By:  Patient Name  PCN C Entry Date	C Service Date C Transmit Date
Claim List Filter Options	
Location: TR transmitted only  Status: << All >	> V LOB: << All >> V
Checked claim count: 0	Clear Filters Advanced Filter Options
New <u>V</u> iew Copy Dela	ete <u>C</u> lose

**11)** The window below will appear, highlight the batch you would like to archive and click select

Professional Claim	Transmis	sion Log				_ [	1)
Prepare Date/Time	LOB	Payer ID	Provider ID	Count	Total Charges	Serial No	
09/21/2017 16:45:50	<< All >>	<< All >>	<< All >>	1	10000.00	000002	
09/22/2017 08:21:39	<< All >>	<< All >>	<< All >>	0	0.00	786432	
09/22/2017 08:23:39	<< All >>	<< All >>	<< All >>	0	0.00	786432	
09/22/2017 08:24:37	<< All >>	<< All >>	<< All>>	0	0.00	786432	
•						ŀ	
⊻iew Details <b>Vie</b>	w <u>E</u> rrors		-		<u>S</u> elect	<u>C</u> ance	



**12)** Go to the **Actions** option on the toolbar, select **Archive All Checked Claims**. You will receive the following message, click OK.

al Claim List				_			
Actions							
Refresh Claim List	F5	rovider	Туре	Serv. From	S ▲		
Create New Claim		56	Group	06/23/2017	0		
View Selected Claim							
Copy Selected Claim							
Delete Selected Claim							
Purge Selected Claim							
Reactivate Selected Claim							
Hold Selected Claim							
Print Selected Claim							
Archive Selected Claim							
Show Selected Claim Payments							
Request Selected Claim Status							
Show Selected Claim Status History					•		
Conv All Checked Claims					•		
1.4		Service Da	te O	Transmit Date			
		L					
Reactivate All Checked Claims			▼ L	0B: 🖂 🛛 🛛	<b>_</b>		
Hold All Checked Claims				1	_		
Print All Checked Claims		ear Filters	Advan	ced Filter Opti	ons		
Archive All Checked Claims							
Request All Checked Claims Status				Clo	. 1		
	Refresh Claim List Create New Claim View Selected Claim Delete Selected Claim Purge Selected Claim Reactivate Selected Claim Hold Selected Claim Print Selected Claim Archive Selected Claim Show Selected Claim Status Show Selected Claim Status Show Selected Claim Status History Copy All Checked Claims Delete All Checked Claims Purge All Checked Claims Hold All Checked Claims Frint All Checked Claims Print All Checked Claims	Refresh Claim List     F5       Create New Claim     View Selected Claim       Copy Selected Claim     Delete Selected Claim       Purge Selected Claim     Hold Selected Claim       Hold Selected Claim     Print Selected Claim       Archive Selected Claim     Show Selected Claim       Show Selected Claim Satus     Show Selected Claim Status       Show Selected Claim Status     Show Selected Claims       Delete All Checked Claims     Delete All Checked Claims       Purge All Checked Claims     Purge All Checked Claims       Hold All Checked Claims     Print All Checked Claims       Print All Checked Claims     Archive All Checked Claims	Refresh Claim List     F5     rovider       Create New Claim     56       View Selected Claim     56       Delete Selected Claim     6       Purge Selected Claim     6       Hold Selected Claim     6       Print Selected Claim     6       Archive Selected Claim     6       View Selected Claim     6       Print Selected Claim     6       Show Selected Claim     6       Show Selected Claim Status History     6       Copy All Checked Claims     6       Purge All Checked Claims     6       Purge All Checked Claims     6       Hold All Checked Claims     6       Print All Checked Claims     6       Print All Checked Claims     6	Refresh Claim List     F5     rovider     Type       Create New Claim     56     Group       View Selected Claim     Delete Selected Claim     F5       Purge Selected Claim     Purge Selected Claim     F5       Print Selected Claim     F5     Group       Print Selected Claim     F5     Group       Show Selected Claim     F5     Group       Copy All Checked Claims     Service Date     C       Purge All Checked Claims     F5     Group       Print All Checked Claims     F5     Group	Refresh Claim List     F5     rovider     Type     Serv. From       Create New Claim     56     Group     06/23/2017       View Selected Claim     56     Group     06/23/2017       Delete Selected Claim     Purge Selected Claim     6     Group     06/23/2017       Purge Selected Claim     Purge Selected Claim     6     Group     06/23/2017       Purge Selected Claim     Purge Selected Claim     6     Group     06/23/2017       Purge Selected Claim     Purge Selected Claim     6     Group     06/23/2017       Print Selected Claim     Purge Selected Claim     6     Group     06/23/2017       Show Selected Claim     Service Date     C     Transmit Date       Purge All Checked Claims     Service Date     C     Transmit Date       Purge All Checked Claims     Copy All Checked Claims     C     LOB:     << <all>&gt;       Hold All Checked Claims     Filters     Advanced Filter Opti       Archive All Checked Claims     Advanced Filter Opti</all>	Refresh Claim List       F5       rovider       Type       Serv. From       S         Create New Claim       56       Group       06/23/2017       C         View Selected Claim       Delete Selected Claim       F <td>Refresh Claim List       F5       rovider       Type       Serv. From       S ▲         Create New Claim       56       Group       06/23/2017       0         View Selected Claim       Delete Selected Claim       66       Group       06/23/2017       0         Delete Selected Claim       Purge Selected Claim       F5       Group       06/23/2017       0         Purge Selected Claim       Purge Selected Claim       F5       Group       06/23/2017       0         Purge Selected Claim       Purge Selected Claim       F5       Group       06/23/2017       0         Purge Selected Claim       Purge Selected Claim       F5       F5       F5       F5       F5         Show Selected Claim Status       Service Date       Transmit Date       F5       F5       Service Date       Transmit Date         Purge All Checked Claims       F1       LDB:       CC All &gt;&gt; ▼       CAll &gt;&gt; ▼       F1         Hold All Checked Claims       F1       Advanced Filter Options       Archive All Checked Claims       F1       F1</td>	Refresh Claim List       F5       rovider       Type       Serv. From       S ▲         Create New Claim       56       Group       06/23/2017       0         View Selected Claim       Delete Selected Claim       66       Group       06/23/2017       0         Delete Selected Claim       Purge Selected Claim       F5       Group       06/23/2017       0         Purge Selected Claim       Purge Selected Claim       F5       Group       06/23/2017       0         Purge Selected Claim       Purge Selected Claim       F5       Group       06/23/2017       0         Purge Selected Claim       Purge Selected Claim       F5       F5       F5       F5       F5         Show Selected Claim Status       Service Date       Transmit Date       F5       F5       Service Date       Transmit Date         Purge All Checked Claims       F1       LDB:       CC All >> ▼       CAll >> ▼       F1         Hold All Checked Claims       F1       Advanced Filter Options       Archive All Checked Claims       F1       F1

## **View Archived Claims**

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so





2) Select the List Claims button

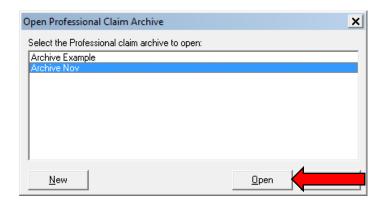
🗰 Pi	rofessio	nal Claim	ns Menu		×
<u>F</u> ile	<u>V</u> iew	R <u>o</u> ster	<u>M</u> aintain		
		t Claims		E <u>n</u> ter Claims	
			<u>L</u> ist Claims		
		ġ,			
	Proces	ss Claims	\$	Prep <u>a</u> re Claims	

3) From the Claims List menu, choose File on the toolbar and select the **Open Claim Archive** to display the Open Claim Archive files.

🛄 Professional Claim List				_ [	×
File Filter Actions Reports	1				
Open Claim Archive		Bill Provider	Туре	Entered	S 🔺
View Archived Claims	D00	1467400663	Solo	02/03/2016	0
Close Claim Archive	STAPLER	1467400663	Solo	06/26/2017	0
Maintain Claim Archives	WILLIAMS	1467400663	Solo	06/26/2017	0
Printer Setup					
Close					
4					• •
Sort By:   Patient Name	PCN C Entry Date	C Service Date	е		
Claim List Filter Options					
Location: CL to be transmitted	✓ Status: << .	All >>	• U	0B: << All >>	•
Checked claim count: 0		Clear Filters	Advan	ced Filter Optio	ns
New View/Update	Сору	<u>)</u> elete		<u>C</u> los	e



**4)** A list displaying all existing claim archives will show. Open the file you wish to review by highlighting the file name and choosing Open



5) The follow message will display. Select OK

Informat	tion X
1	The selected claim archive is now open. Select the "View Archived Claims" item from this form's main "File" menu to view the claims in the open claim archive. Select the "View Current Claims" item from the main "File" menu to toggle back to the current claims. Click the "Help" button for more information on how to use the claim archiving feature.
	ОК <u>Н</u> еlp

6) Choose File on the toolbar, and select View Archived Claims. This will bring up a list of your archived claims within the archive file. You can view your selected claims from this location.

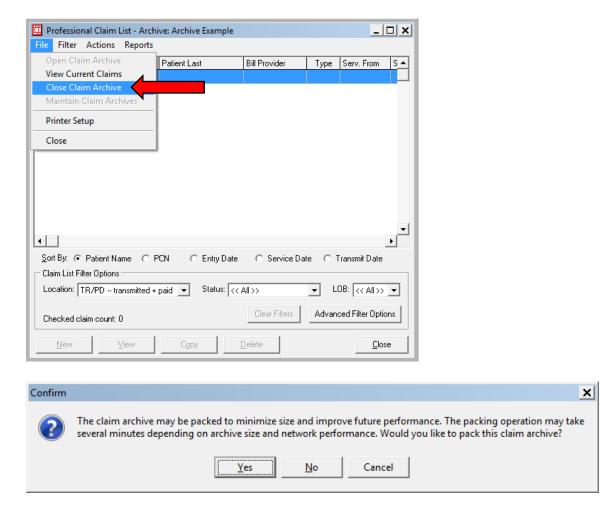
🛄 Professional Claim List				_ [	×
File Filter Actions Reports	1				
	Patient Last	Bill Provider	Туре	Entered	S 🔺
View Archived Claims		1467400663		02/03/2016	0
Close Claim Archive	STAPLER	1467400663	Solo	06/26/2017	0
Maintain Claim Archives	WILLIAMS	1467400663	Solo	06/26/2017	0
Printer Setup					
Close					
Sort By:  Patient Name C	PCN ◯ EntryDate	C Service Dat	-		•
	CIN C Entry Date	C Service Dat	e		
Claim List Filter Options	✓ Status: << .	All >>	▼ Li	OB: << All >>	•
Checked claim count: 0		Clear Filters	Advan	ced Filter Optio	ns
New View/Update	C <u>o</u> py j	<u>)</u> elete		<u>C</u> los	e

# **PC-ACE USER MANUAL**



- 7) You can Unarchive your claims from this location by checking the desired claim (s) and choosing either the Unarchive Selected Claim or the Unarchive All Checked Claims from the Actions option on the toolbar.
- 8) Select the Close Claim Archive item from the File option on the toolbar to close the open claim archive. You will be prompted to "pack" the claim archive before closing. Click the "Yes" button to pack and close the archive. Click the "No" button to close the archive without packing. Click the "Cancel" button to leave the archive open.

\*\*Packing a claim archive database minimizes the disk space requirements and enhances performance. It is recommended that claim archive databases be packed periodically. The packing process can be lengthy for large databases. Once the packing operation has started, it must continue to completion. It is recommended that "packing" claims only when no other users are accessing PC-ACE.



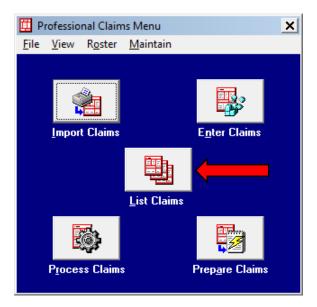


# **Copying Claims**

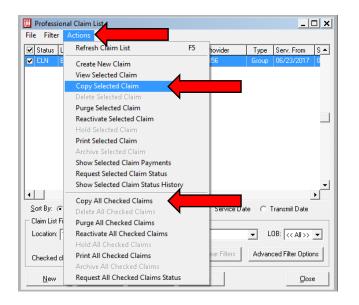
1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Click the List Claims button on the Claims Menu to display the list of claims.



**3)** Claims can be copied from any of the locations listed in the location field. Select the claim(s) from the list, choose the **Copy Selected Claim** or **Copy All Checked Claims** from **Actions** on the toolbar.





- 4) The following message will display, choose **OK**.
  - \*\*NOTE\*\* Copying claims will retain the original claim in the system.

Confirm	x
?	Ready to copy the selected claim?
	OK Cancel



# **Deleting Claims**

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Click the List Claims button on the Claims Menu to display the list of claims.





**3)** By default, the list will display claims in the **CL** – **to be transmitted** location. You can only delete claims from this location.

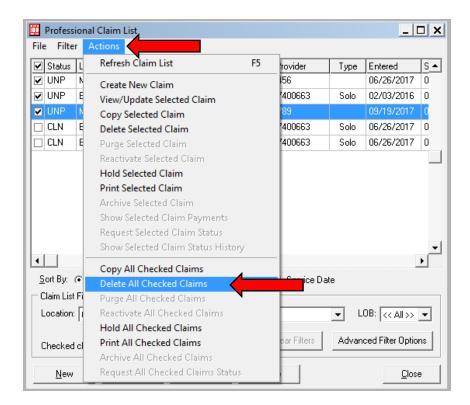
	Status	LOB	PCN	Patient Last	Bill Provider	Туре	Entered	S-
	CLN	BS	123456SCOOBY	D00	1467400663	Solo	02/03/2016	0
1	CLN	BS	987456	STAPLER	1467400663	Solo	06/26/2017	0
1	CLN	BS	258456	WILLIAMS	1467400663	Solo	06/26/2017	0
								•
<u>S</u> o	ort By: (	<ul> <li>Patie</li> </ul>	ent Name C F	CN C Entry Date	C Service Dat	е		▶
<u>S</u> o	ort By: (			CN C Entry Date	C Service Dat	e		, •
<u>S</u> o Cl	laim List	Filter O		CN C Entry Date	C Service Dat		OB: << All >>	

4) Select the claim to be deleted, click the **delete** button at the bottom of the screen (or choose the Delete Selected Claim from Actions on the tool bar).

	Professional Claim List									
	✓ Status LOB PCN Patient Last Bill Provider Type Entered S ▲									
		BS	123456SCOOBY	D00	1467400663	Solo	02/03/2016	0		
	CLN	BS	987456	STAPLER	1467400663	Solo	06/26/2017	0		
	CLN	BS	258456	WILLIAMS	1467400663	Solo	06/26/2017	0		
▲ <u>S</u>	ort By:	Pati	entName CP	CN C Entry Date	C Service Dat	e		• •		
- 0	laim List	Filter O	ptions							
Location: CL to be transmitted  Status: << All>>  LOB: << All>>										
Checked claim count: 1 Clear Filters Advanced Filter Options										
	<u>N</u> ew		⊻iew/Update	Сору [			<u>C</u> lose	e		



5) You can also check numerous claims at one time, then choose the **Delete All Checked Claims** from **Actions** on the toolbar.



6) Deleted claims are assigned a DEL status and can be recovered (un-deleted) if needed. To do this go to the Status field on the Claims List and change this to DEL -- deleted.

Professional Claim List										
File Filter Actions Reports										
🗹 Status	LOB	PCN	Patient Last	Bill Provider	Туре	Entered S 🔺				
CLN	BS	987456	STAPLER	1467400663	Solo	06/26/2017 0				
CLN	BS	258456	WILLIAMS	1467400663	Solo	06/26/2017 0				
•						• •				
<u>S</u> ort By:	🖲 Pati	ent Name 🛛 🔿 P	CN C Entry Date	e 🔿 Service Dat	e					
🖵 Claim List	Claim List Filter Options									
Location:	CL 1	to be transmitted	▼ Status: <	< All>>	J U	0B: << All >> 💌				
Checked	claim c			EL clean/ready EL deleted RF has fatal errors RR has errors	dvan	ced Filter Options				
New		⊻iew/Update		LD held NP unprocessed		<u>C</u> lose				



7) Select the claim to be recovered (un-deleted), if doing one claim can select the **Undelete** at the bottom of the screen or choose the Undelete selected claim from Actions on the toolbar.

_	Professional Claim List								
Status LOB PCN Patient Last Bill Provider Type Entered S▲									
	DEL	MCB	654123	BUDDEN	123456		06/26/2017	0	
	DEL	BS	123456SCOOBY	D00	1467400663	Solo	02/03/2016	0	
	DEL	мсв	123456SCOOBY	D00	456789		09/19/2017	0	
∎ S	ort By: (	Patie	entName C P	CN C Entry Date	◯ Service Dat	e		<b>▼</b> ▶	
_					C Service Dat	c			
Claim List Filter Options Location: CL to be transmitted  Status: DEL deleted  LOB: << All >>									
Checked claim count: 1 Clear Filters Advanced Filter Options									
	<u>N</u> ew		⊻iew	Сору Ц	ndelete		<u>C</u> lose	•	

8) To undelete numerous claims, select the claims to be recovered, choose **Undelete All Checked Claims** from **Actions** on the toolbar.





🛄 Professional Claim List								
File Filter	Actions							
Status L	Refresh Claim List	F5	'rovider	Туре	Entered	S 🔺		
🗹 DEL 🛛 N	Create New Claim		156		06/26/2017	0		
🗹 DEL 🛛 E	View Selected Claim		400663	Solo	02/03/2016	0		
DEL N	Copy Selected Claim		89		09/19/2017	0		
	Undelete Selected Claim							
	Purge Selected Claim							
	Reactivate Selected Claim							
	Hold Selected Claim							
	Print Selected Claim							
	Archive Selected Claim							
	Show Selected Claim Payments							
	Request Selected Claim Status							
	Show Selected Claim Status History		_			<u> </u>		
	Copy All Checked Claims	4				·		
Sort By: (•	Undelete All Checked Claims		a	te				
Claim List Fi	Purge All Checked Claims	•						
Location:	Reactivate All Checked Claims		leted	▼ L	.0B: << All >>	•		
	Hold All Checked Claims					- 1		
Checked cl	Print All Checked Claims		ear Filters	Advan	iced Filter Optio	ns		
	Archive All Checked Claims							
New	Request All Checked Claims Status		ie		<u> </u>	<u> </u>		

9) Select OK on the prompt and change the Status back to All and the Undeleted claims will now be in a UNP status.

Confirm	×
?	All undeleted claims will be considered 'unprocessed'. Ready to undelete all checked claims?
	OK Cancel



# **Purging Claims**

Purged claims are **<u>PERMANENTLY</u>** deleted from the PC-ACE. They **<u>CANNOT</u>** be recovered.

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Click the List Claims button on the Claims Menu to display the list of claims.

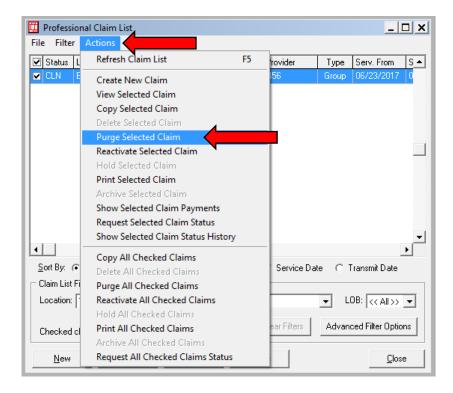




3) By default, the list will display claims in the CL – to be transmitted location. Change the location to TR – Transmitted Only. Claims in the Transmitted Only (TR) location or have a Status of DEL (Deleted) can be purged.

🖾 Professional Claim List										
<u>File Filter Actions Reports</u>										
Status LOB PCN	Patient Last	Bill Provider	Type Serv. From	S 🔺						
CLN BS 654123	BUDDEN	123456	Group 06/23/201	7 0						
•										
Sort By:	PCN C Entry Date	C Service Date	e 🔿 Transmit Date							
Claim List Filter Options										
Location: TR transmitted only			▼ LOB: << All >	> •						
Checked claim count: 0		Clear Filters	Advanced Filter Op	tions						
<u>N</u> ew <u>V</u> iew	Сору	<u>)</u> elete	<u></u> le	ose						

4) Select the claim or claims you would like to purge, choose the **Purge Selected Claim** or from **Actions** on the toolbar.





5) You will receive the following message, if you still want to purge the claim, click **OK**.

Confirm	×
?	Purged claims cannot be recovered using the 'Undelete' option. Ready to permanently delete the selected claim?
	OK Cancel

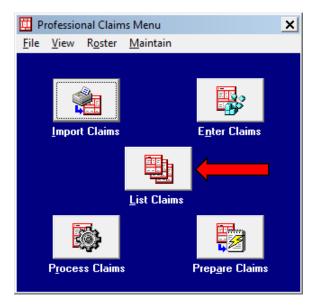


#### **Reactivating Claims**

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Click the List Claims button on the Claims Menu to display the list of claims.

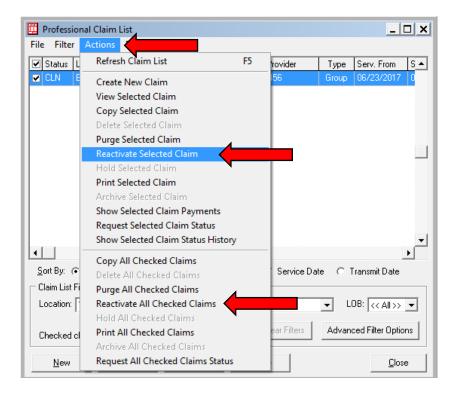




 By default, the list will display claims in the CL – to be transmitted location. Change the location to TR – Transmitted Only.

Professional C File Filter Act	laim List tions <u>R</u> eports				_ 🗆 X
Status LOB		Patient Last	Bill Provider	Turo Co	rv. From S 🔺
CLN BS	654123	BUDDEN	123456	21	/23/2017 0
	001123		12990		
					•
	ientName CF	CN C Entry Date	C Service Dat	e C Tran:	smit Date
Claim List Filter 0	Iptions				
Location: TR	transmitted only	-		✓ LOB:	<< All >> 💌
Checked claim o	ount: 0		Clear Filters	Advanced	Filter Options
New	⊻iew	Сору	<u>)</u> elete		<u>C</u> lose

4) Select the claim to be reactivated by clicking in the box to put a check mark, go to Actions on tool bar and choose Reactivate Selected Claim. To reactivate multiple claims, check mark all claims to be reactivated and select Reactivate All Checked Claims in the Actions menu.





5) Select OK on the following message

Confirm	×
?	Ready to reactivate the selected claim?
	OK

6) Change the location to **CL** – to be transmitted. The claims are in a **UNP** status and ready to make changes, open claim by double clicking on the claim, make changes as needed and then click on Save. Once the claim is in a **CLN** status it is ready to be <u>prepared and transmitted</u>.

~	Status	LOB	PCN	Patient Last	Bill Provider	Туре	Entered	S-
ב	UNP	$< \square$		BUDDEN	123456		06/26/2017	0
	UNP	BS	654123	BUDDEN	123456	Group	09/19/2017	0
	UNP	BS	123456SCOOBY	D00	1467400663	Solo	02/03/2016	0
	UNP	MCB	123456SCOOBY	D00	456789		09/19/2017	0
	CLN	BS	987456	STAPLER	1467400663	Solo	06/26/2017	0
	01.11		050450		1 107 100000	0.1	06/26/2017	0
	CLN	BS	258456	WILLIAMS	1467400663	Solo	06/26/2017	0_
•							06/26/2017	•
<u></u>	ort By:	<ul> <li>Pati</li> </ul>	entName OP		C Service Da		0672672017	
<u> </u>	ort By:	<ul> <li>Pati</li> <li>Filter O</li> </ul>	ent Name OP ptions	CN C Entry Date		te		
• <u>S</u>	ort By:	<ul> <li>Pati</li> <li>Filter O</li> </ul>	entName OP			te	08: <<< All >>	•



To reactivate an entire batch of claims and make changes to those claims, follow the steps below:

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Click the List Claims button on the Claims Menu to display the list of claims.





3) By default, the list will display claims in the CL – to be transmitted location. Change the location to TR – Transmitted Only.

Professional Cl <u>File</u> Filter <u>Acti</u>	aim List ons <u>R</u> eports				_ [	×
Status LOB	PCN	Patient Last	Bill Provider	Type 2	Serv. From	S ▲
CLN BS	654123	BUDDEN	123456		06/23/2017	
						-
4						
<u>S</u> ort By: 💿 Patie	ent Name 🛛 🔿 P	CN 🔿 Entry Date	O Service Dat	e O Tr	ansmit Date	
Claim List Filter Op	otions	4				
Location: TR t	ransmitted only			▼ LO	B: << All >>	-
Checked claim co	ount: O		Clear Filters	Advance	ed Filter Optio	ns
New	⊻iew	С <u>о</u> ру [	<u>)</u> elete		<u>C</u> lose	•

4) Go to Filter on the toolbar, choose Check All Claims From A Selected Transmission.

🗰 Prof	essional Claim List		<u>_ 🗆 X</u>
File F	ilter Clear Filters Advanced Filter Options	Provider	Type Serv. From S
	Check All Claims Un-Check All Claims		
	Check All Claims From Selected Transmission		
	Check All Claims Queued For Status Request Clear Claim Status Request Queue		
Sort B	y: • Patient Name O PCN O Entry Date	O Service Date	Transmit Date
-	List Filter Options	C Service Date	e (O Transmit Date
	ion: TR transmitted only 💽 Status: << All	>>	▼ LOB: << All >> ▼
Chec	ked claim count: 0	Clear Filters	Advanced Filter Options
<u>N</u>	ew View Copy De	ete	<u>C</u> lose



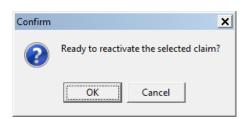
5) The following screen will appear, highlight the transmission to be reactivated, then click on Select.

Prepare Date/Time	LOB	Payer ID	Provider ID	Count	Total Charges	Serial No ,
09/21/2017 16:45:50	<< All >>	<< All >>	<< All >>	1	10000.00	000002
09/22/2017 08:21:39	<< All >>	<< All >>	<< All >>	0	0.00	786432
09/22/2017 08:23:39	<< All >>	<< All >>	<< All >>	0	0.00	786432
09/22/2017 08:24:37	<< All >>	<< All >>	<< All >>	0	0.00	786432

6) The Transmission Log will disappear and you will be back at the Claims List window. Choose Actions on toolbar and select Reactivate All Checked Claims.

Profession	al Claim List			_ 🗆 🗙
File Filter	Actions			
Status L	Refresh Claim List	F5	'rovider	Type Serv. From S 🔺
CLN E	Create New Claim View Selected Claim Copy Selected Claim Delete Selected Claim Purge Selected Claim		156	Group 06/23/2017 0
	Reactivate Selected Claim         Hold Selected Claim         Print Selected Claim         Archive Selected Claim         Show Selected Claim Payments         Request Selected Claim Status         Show Selected Claim Status			-
<u>S</u> ort By:	Copy All Checked Claims Delete All Checked Claims Purge All Checked Claims		Service Da	te O Transmit Date
Location:	Reactivate All Checked Claims Hold All Checked Claims			▼ LOB: << All>> ▼
Checked cl	Print All Checked Claims Archive All Checked Claims		ear Filters	Advanced Filter Options
New	Request All Checked Claims Status			<u>C</u> lose

7) Select OK on the following Prompt





8) Change the location to **CL** – to be transmitted. The claims are in a **UNP** status and ready to make changes. Open claim by double clicking on the claim, make changes as needed and then click on Save. Once the claim is in a **CLN** status it is ready to be <u>prepared and transmitted</u>.

•	Status	LOB	PCN	Patient Last	Bill Provider	Туре	Entered	S
	UNP			BUDDEN	123456		06/26/2017	0
	UNP	BS	654123	BUDDEN	123456	Group	09/19/2017	0
	UNP	BS	123456SCOOBY	D00	1467400663	Solo	02/03/2016	0
	UNP	MCB	123456SCOOBY	D00	456789		09/19/2017	0
	CLN	BS	987456	STAPLER	1467400663	Solo	06/26/2017	0
וב	CLN	BS	258456	WILLIAMS	1467400663	Solo	06/26/2017	0
		1				1	I	
• [ <u>S</u> o	ort By:	Pati	entName ĈP	CN C Entry Date		te		Þ
<u>S</u> (	ort By:			CN C Entry Date	C Service Da	te		•
<u>S</u> o Cl	laim List	Filter O		CN C Entry Date	C Service Da		08: << All >>	•

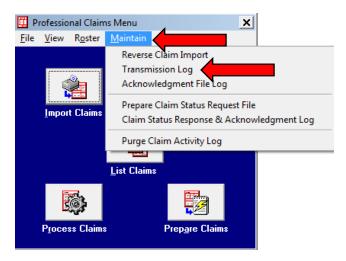


To reactivate an entire batch of claims when no changes are needed, follow the steps below:

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) Click on Maintain from the Professional or Institutional Claims Menu and select Transmission Log



3) Locate the batch of claims to be reactivated, highlight and then click on **Reactivate**.

		Provider ID	Count	Total Charges	Denarmo I	. –
<< All >>	<< All >>	<< All >>	1	10000.00	000002	
<< All >>	<< All >>	<< All >>	0	0.00	786432	
<< All >>	<< All >>	<< All >>	0	0.00	786432	
<< All >>	<< All>>	<< All >>	0	0.00	786432	
					•	-
	<< All >> << All >>	<<< All >>         <<< All >>           <<< All >>         <<< All >>           <<< All >>         <<< All >>	<< <all>&gt;         &lt;&lt;<all>&gt;           &lt;&lt;<all>&gt;         &lt;&lt;<all>&gt;           &lt;&lt;<all>&gt;         &lt;&lt;<all>&gt;</all></all></all></all></all></all>	<< All>>         << All>>         O           << All>>         << All>>         O           <<< All>>         << All>>         O	< <all>&gt;         &lt;<all>&gt;         0         0.00           &lt;<all>&gt;         &lt;<all>&gt;         0         0.00           &lt;<all>&gt;         &lt;<all>&gt;         0         0.00</all></all></all></all></all></all>	<< All >>         << All >>         0         0.00         786432           << All >>         << All >>         0         0.00         786432           << All >>         << All >>         0         0.00         786432           << All >>         << All >>         0         0.00         786432



4) The messages below will appear. Select OK

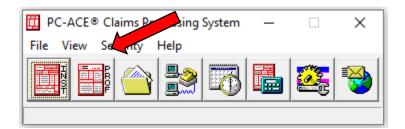
Confirm	×	
?	Ready to reactivate the selected EMC file [BS170922.003] for retransmission?	
	OK Cancel	
Informati	on	×
1	The archived EMC file [BSTRANS.DAT] has been reactivated and is ready for retr	ansmission.
	ОК	

5) This will reactivate and prepare the claims all in this one step. You are now ready transmit your file.

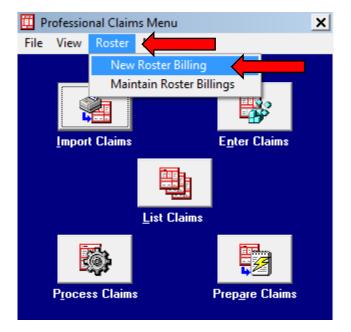


#### **Roster Billing**

1) With the PC-ACE program running, choose the **Professional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not** <u>logged in</u>, you will be prompted to do so



2) From the Professional Claims Menu, choose Roster and New Roster



3) Complete the Professional Roster Billing Form screen. The Patient Control No. is auto populated.

Paye	nfo & General   Extended Roster er ID Provider ID / No.	Service Date POS Type H	ICPCS Refer. ID/UPIN	Vaccine Chg. Admin Chg.	
rayo					
Patien	t Information   Insured & Misc In	fo (Line 1)			
LN 1	Patient Control No.	Insured's ID Patient's I	Last Name First N	ame MISuffix Sex Birthdate	
	Patient Address Line 1	Patient Address Line 2	Patient City	State         Zip Code         AOB         SRC         P.R	
2					-
3					-
4					-
5					



4) If the patient is someone other than the subscriber, you will enter the correct relationship code by placing your cursor in the **P.Rel** field and right-click with your mouse. This will bring up your selection of valid relationship codes.

Professional Roster Billing Form	×
Patient Info & General Extended Roster Info	
Payer ID         Provider ID/No.         Service Date         POS         Type         HCPCS         Refer. ID/UPIN         Vaccine Chg.         Admin Chg.	
Patient Information Insured & Misc Info (Line 1)	
LN Patient Control No. Insured's ID Patient's Last Name First Name MI Suffix Sex Birthdate 1	
Patient Address Line 1 Patient Address Line 2 Patient City State Zip Code AOB SRC P.Rr	
	01 - Spouse 18 - Self
3	19 - Child 20 - Employee 21 - Unknown
	39 - Organ Donor
	40 - Cadaver Donor 53 - Life Partner
	G8 - Other Relationship
Save	Cancel

5) Once the relationship code is entered, the software will automatically bring up a screen for the insured or subscribers information to be entered.

Professional Roster Billing Form	×
Patient Info & General Extended Roster Info	
Payer ID         Provider ID/No.         Service Date         POS         Type         HCPCS         Refer. ID/UPIN         Vaccine Chg.         Admin Chg.	<b>`</b>
Patient Information Insured & Misc Info (Line 1)	
Insured's Last Name Insured's First Name MI Suffix	
Insured's Address Line 1 Insured's Address Line 2 Insured's City State Zip Code	
Diagnosis	
Save	Cancel



6) Choose the Extended Roster Info tab. Facility Information is required when submitting POS other than 11 or 12.

Professional Roster Billing Form	×
Patient Info & General Extended Roster Info	
Referring Physician Information	Miscellaneous Information
Name (L/F/M/S)	Proc. Desc.
Address	
City/St/Zip	
Phone [ ID/UPIN Type	
Tax ID/Type NPI	
Facility Information	
ID/Type Fac Type	-
Name	-
Address	-
	-
City/St/Zip	-
Tax ID/Type NPI	
	Same Const
	<u>Save</u> <u>Cancel</u>

7) Once the information is complete, select Save. You will see this prompt. If you select Yes, you can no longer add to or change the roster billing. If you select No, you can go back and change the roster billing or add to the roster billing by going to Maintain Roster Billing as shown in <u>step 14.</u> To make changes to a generated Roster Billing, go to <u>step 16.</u>

Confirm	×
?	The roster has been saved. You may generate the claims for this roster now if desired. Alternatively, you may generate the claims later from the Roster Billing List form. Do you want to generate the claims now?
	<u>Yes</u> <u>N</u> o

8) If you select Yes, these prompts will appear. Select Generate and click OK.

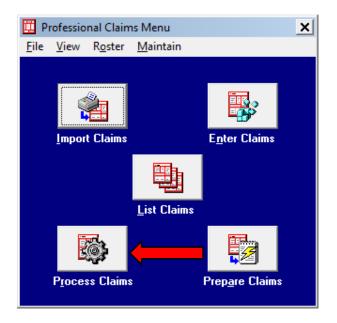
Professional Roster Claim Generation	×		
Roster Generation Progress			
Roster Claim Totals Count Dollar Value		Confirm	×
Generated Claims        0        0.00           Rejected Claims        0        0.00		?	Ready to start the roster claim generation process?
<u>G</u> enerate			OK Cancel



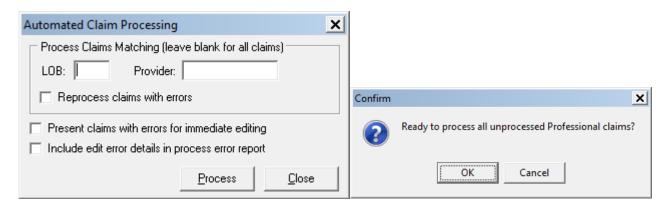
9) Select OK again.



**10)** You MUST **Process Claims** after you have generated them. Choose **Process Claims** from the Professional Claims Menu.



11) Select Process on the Automated Claim Processing Prompt and then OK. Leave blank for all claims.

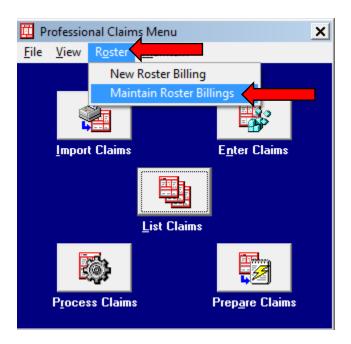




**12)** Select **OK** on the **Information Prompt** and **Close** the **Automated Claim Processing Box**. If there are Errors when you process claims, you will need to choose **List Claims** and correct them before you can prepare.

		A	utomated Claim Processing		×
			Claim processing complete.		
		1	Claim Processing Totals	Count	Dollar Value
Informati	ion X		Processed Clean (No Errors)	2	10020.00
	The claim processing operation has completed successfully.		Processed With Errors	3	10030.00
			Unprocessed Claims	0	0.00
	ОК		View Results View Error	's	Close

- 13) If all Claims are in a CLN status, you can prepare and transmit the claims.
- 14) If a Roster File has been created, but not generated, you can view claims by selecting **Roster** from the **Claims Menu** toolbar, then choose **Maintain Roster Billing**.





### **PC-ACE USER MANUAL**

**15)** You will receive this screen. Your current Roster Billing will show here. You can do View/Update to add more patients OR you can Generate if you are ready to send the claims.

🛄 Pro	ofession	nal Roster Billi	ng List	t					_ 🗆 🗙
<u>F</u> ile	<u>A</u> ction	s							
Loc	Status	Service Date	Туре	Payer ID	Provider	ID	# Claims	Total Chgs	Entry D 🔺
									•
<u>S</u> ort	By: 🔎	Service Date	0	Provider C	Туре	C Entry D	)ate		
Rost	ter Billin	g List Filter Opti	ons					_	
Loca	ation: F	RL to be gene	rated	<b>▼</b> 9	itatus: <	< All >>		•	
	<u>N</u> ew	View		Сору	1	<u>D</u> elete	Ger	nerate	

**16)** If you need to make changes to a generated Roster Billing, you can copy the generated Roster as shown below. Change the Location to **GR-Generated** and Select Copy

		nal Roster Billi	ng Lis	t					_ 🗆 🗙
<u>F</u> ile	<u>A</u> ction	s							
Loc	Status	Service Date	Туре	Payer ID	Provid	ler ID	# Claims	Total Chgs	Entry D 🔺
GR	CLN	07/01/2017	1	47163	14674	00663	1	\$20.00	11/03/
									_
	1								-
•	1								
_	-	Service Date		Provider C	) Туре	C Entry D	ate 🔿 (	Generate Date	
Ros	ter Billin	g List Filter Opti	ons	4					
Loc	ation: (	GR generated				<< All >>		•	
	<u>N</u> ew	⊻iew		Сору			<u>G</u> er	nerate	<u>C</u> lose

**17)** Make the necessary updates and return to <u>step 7</u> to Generate the roster and prepare and transmit the file.



#### **Secondary Claims**

## <u>The following example is for a Professional Secondary Claim, processed at the Service Line Level for LOBs</u> other than Medicare.

In this example, the commercial payer is the line of business (LOB) being billed. This example shows how you would report a secondary claim with adjustment amounts at the line level instead of the claim level. You will need to verify with the secondary payer to determine if you need to report the adjustment amounts at the claim or the line levels.

1) Under the **Patient Info & General** tab, the **LOB** selected will be the line of business you are submitting to for this claim. Select Y in the **COB**? Field.

Professional Claim Form		×
Patient Info & General Insured Info	rmation   Billing Line Items   Ext. Patient/General   Ext. Pat/Gen (2)   Ext. Payer/Insured	
	23456 26 - Patient Control No. 123	3
2 - Patient Last Name	First Name         MI         Gen         3 - Birthdate         Sex         MS         ES         SS         Ind         SOF         Rep.           JANE         R         03/31/1982         F         S         1         N         B         N	
5 - Patient Address 1 1234 TEST ST	Patient Address 2         Patient City         State         Patient Zip         Country         Patient Phone           TEST CITY         KS         12345         []	
10 - Patient Condition Related To Employment N Accident N	ROI         ROI Date         Other Ins. 14 - Date/Ind of Current         15 - First Date         16 - UTW/Disability Dates & Type           Y         01/01/2004         1         _/         _/         _/         _/	
17 - Referring Phys Name (Last/Or	g, First, MI, Suffix) 17a - Referring Phys IDs/Types 18 - Hospitalization Dates 20 - Outside Lab/Chg	s
19 - Reserv	ved For Local Use 22 · Medicaid Resubmission Code & Ref No	
25 - Fed. Tax ID 481234567	SSN/EIN E 27 - Provider Accepts Assignment? A 33a - PIN No.	
31 - Provider SOF Y Date 01/0	01/2005 Facility? Dental? CDB? Y	
	<u>Save</u>	

2) Choose the Insured Information tab and enter Primary Payer information on the first line. Enter the Secondary Payer information on the second line (this will be the payer being billed for the services.) NOTE: <u>The check mark in the second Sub box will automatically populate once the claim has been saved.</u>



Professional Claim Form						×
Patient Info & General Insured Information	F	Patient/General   Ex	t. Pat/Gen (2)	Ext. Payer/Inst	ured	
Sub Payer ID Payer Name 47163 BCBS OF KANSAS 12345 AETNA	Insure  XSB123456789  456789123A	9 19	Insured's DOE DOE	: Last Name	First Name JOHN JANE	e MI Gen
Bithdate         Sex         Sig         AOB         Insured's Add           01/28/1958         M         B         Y         1234 TEST WAY           09/17/1930         F         B         Y         1234 TEST WAY	ress 1	Insured's Addre		Insured's Cit TEST CITY TEST CITY	y Stat	e Zip 12345 12345
Country     Insured's Phone     ESC     Employ       []     []     []     []       []     []     []	er Name	Group N	lame	Group Numb	ber	Clear Payer Clear Payer Clear Payer
					<u>S</u> ave	Cancel

3) Choose the Billing Line Items tab and complete line item information

Professional Claim Form	×
Patient Info & General   Insured Information   Billing Line Items   Kernel   Ext. Pat/Gen (2)   Ext. Payer/Insured	
Line Item Details   Extended Details (Line 1)   Ext Details 2 (Line 1)   Ext Details 3 (Line 1)   MSP/COB (Line 1)	
Diagnosis Codes (1 - 8): 7395	
24a - Service Dates         24b         24c         24d         24d         24e         24f         24g         24h         24j           LN         From         Thru         PS         EMG         Proc         1         2         Diagnosis         Charges         Units         EP         FP         AT         Rendering Phys.           1         10/01/2009         10/01/2009         11         99221         1         100.00         1.0         2         2	
	╸║
	-
28 - Total Charge100.00 Rec <u>a</u> lculate	
Error List Save With Fatal Save Canc	el

4) Select the MSP/COB (Line 1) tab and complete the Service Line Adjudication Information (primary paid amount). Complete Line Level Adjustments; i.e. Patient Responsibility; write-off/withhold amount; contractual obligation; bundled services, etc. The Service Line Adjudication + The Line Adjustments = the submitted charges. In this example: Paid \$55.00 + Patient Responsibility \$15.00 + \$20.00 +



Contractual Obligation \$10.00 = \$100.00. Complete the **Adj/Payment Date**. **NOTE:** If there are multiple service lines on the claim, this screen will need to be completed for each service line.

Professional Claim Form 🔀
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) Ext Details 3 (Line 1) MSP/COB (Line 1)
Common Line MSP Amounts Additional Line-level Adjudication / COB Information (ANSI-837 Use Only)
Approved0.00 Service Line Adjudication (SVD) Information
OTAF         SVD         P/S         Proc. Qual / Code         Modifiers 1 thru 4         Paid Amount         Paid Units         B/U Line           1         P         HC         99221
3
Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above) Procedure Code Description Line Level Adjustments (CAS)
Num Group Reason Amount Units
Adj/Payment Date 09/30/2009 2 PR 115.000.000
Remaining Owed         0.00         3         PR         2         20.00        0.000
Error List Save With Fatal Save Cancel

5) Choose the Ext. Payer/Insured tab and then the COB Info (Primary) tab to Complete COB/MOA Amounts (This is the total processed on the entire claim by the Primary insurance). These fields may not be required by all payers but are available if needed.

Professional Claim Form		
Patient Info & General   Insured Information	n   Billing Line Items   Ext. Patient/General   Ext. Pat/Gen (2)	Ext. Payer/Insured
Primary Payer/Insured Secondary Payer	r/Insured Tertiary Payer/Insured COB Info (Primary)	
Common Payer MSP Information	Additional Adjustment / COB Amounts / MOA Information (ANS)	1-837 Only)
0TAF0.00	Claim Level Adjustments (CAS)	COB / MOA Amounts
Zero Payment Ind	Num Group Reason       Amount       Units         1	Num         Code         Amount           1         0         55.00         1           2
p		<u>S</u> ave <u>C</u> ancel

6) Once the necessary information has been completed correctly, click on Save.

### The following example is for a Professional Secondary Claim, processed at the Claim Level for LOBs other than Medicare.



This example shows how you would report a secondary claim with adjustment amounts at the claim level instead of the line level. This would be used when the Primary Payer processed and paid one amount for all services lines. You will need to verify with the secondary payer to determine if you need to report the adjustment amounts at the claim or the line levels.

1) Under the **Patient Info & General** tab, the **LOB** selected will be the line of business you are submitting to for this claim. Select Y in the **COB**? Field.

Professional Claim Form
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured
LOB 5 23456 26 - Patient Control No. 123
2 - Patient Last Name First Name MI Gen 3 - Birthdate Sex MS ES SS Ind SOF Rep. DDE JANE R 03/31/1982 F S 1 N B N
5 - Patient Address 1     Patient Address 2     Patient City     State     Patient Zip     Country     Patient Phone       1234 TEST ST     TEST CITY     KS     12345     []
10 - Patient Condition Related To         ROI         ROI         Date         Other Ins. 14 - Date/Ind of Current         15 - First Date         16 - UTW/Disability Dates & Type           Employment         N         Accident         N         Y         01/01/2004         1
17 - Referring Phys Name (Last/Org, First, MI, Suffix)       17a - Referring Phys IDs/Types       18 - Hospitalization Dates       20 - Outside Lab/Chgs         Image: Comparison of the state of
19 - Reserved For Local Use 22 - Medicaid Resubmission Code & Ref No
25 · Fed. Tax ID 481234567 SSN/EIN E 27 · Provider Accepts Assignment? A 33a · PIN No.
31 - Provider SDF Y Date 01/01/2005 Facility? Dental? COB? Y
Save Save

2) Choose the Insured Information tab and enter Primary Payer information on the first line. Enter the Secondary Payer information on the second line (this will be the payer being billed for the services.) NOTE: <u>The check mark in the second Sub box will automatically populate once the claim has been saved.</u>

Professional Claim Fo	rm						×
Patient Info & General	Insured Information	P	atient/General   8	Ext. Pat/Gen	(2) Ext. Payer/Insu	red	
	Payer Name MANA CLAIMS OFFICE JE CROSS BLUE SHIELD O	Insured 123456789 XSB831321251	18		d's Last Name	First Name JANE JOHN	MI Gen
Birthdate         Sex         Sig           03/31/1982         F         B           05/28/1980         M         B	Y 1234 TEST ST	rss 1	Insured's Ado	lress 2	Insured's City TEST CITY TEST CITY	State KS KS	Zip 12345 12345
Country Insured's Phor	ne ESC Employer	Name	Group	Name	Group Numb		Clear Payer Clear Payer Clear Payer
Choose the P	illing Line Iton	e tab an	daamal	to line	itom info	Save	

3) Choose the Billing Line Items tab and complete line item information



Professional Claim Form	×
Patient Info & General Insured Information Billing Line Item	s Ext. Pat/Gen (2) Ext. Payer/Insured
Line Item Details Extended Details (Line 1) Ext Details 2	2 (Line 1) Ext Details 3 (Line 1) MSP/COB (Line 1)
Diagnosis Codes (1 - 8): 7395	
24a - Service Dates 24b 24c 24d 24d LN From Thru PS EMG Proc 1	Modifiers 24e 24f 24g 24h 24j 2 Diagnosis Charges Units EPIFP AT Rendering Phys.
1 10/01/2009 10/01/2009 11 99221	
2 _/_//_/	
3 _/_//	
4 _/_/_	
5 _/_/_	
6 6 6	
	28 - Total Charge100.00 Recalculate
	29 - Amount Paid0.00 30 - Balance Due100.00
	Error List Save With Fatal Save Cancel

4) Choose the Ext. Payer/Insured tab and then the COB Info (Primary) tab to enter the information specific to the adjudication information on the primary payer's remittance advice. Complete Claim Level Adjustments i.e. Patient Responsibility; write-off/withhold amount; contractual obligation; bundled services, etc. Complete COB/MOA Amounts (This is the total processed on the entire claim by the Primary insurance.) Enter the Claim Adjudication Date. These fields may not be required by all payers but are available if needed.

Professional Claim Form		×
Patient Info & General   Insured Information	Billing Line Items   Ext. Patient/General   Ext. Pat/Gen (2)	Ext. Payer/Insured
Primary Payer/Insured Secondary Payer/	Insured Tertiary Payer/Insured COB Info (Primary)	
	Additional Adjustment / COB Amounts / MOA Information (ANS Claim Level Adjustments (CAS)	SI-837 Only) COB / MOA Amounts
OTAF0.00	Num Group Reason     Amount     Units       1	Num         Code         Amount           1         D         55.00         A           2              3
		<u>Save</u> <u>Cancel</u>

5) The information entered on this screen applies to the entire claim. Once the necessary information has been completed, click SAVE.

#### The following example is for an Institutional Secondary Claim, for LOBs other than Medicare.



The following is an example where the COB information should be entered to send a secondary claim, other than Medicare.

1) The LOB selected will be the line of business you are submitting to for this claim. Complete this screen as needed.

Institutional Claim Form
Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Payer
LOB E FL 1 FL 2 Patient Control No. 123456 Type of Bill 111
Patient Last Name         First Name         MI         Suffix         Fed Tax ID         Statement Covers Period           DDE         JANE         R         456789123         03/02/2009         03/05/2009
Patient Address 1         Patient Address 2         Patient City         State         Patient Zip         Country         Patient Phone           1234 TEST WAY         TEST CITY         KS         12345         [123] 456-7891         FL 38
Birthdate         Sex MS         Admission         HR Type         SRC         D HR         Stat         Medical Record No.         Condition Codes           03/31/1962         F         S         03/02/2009         12         2         9         11         09         12345         Condition         Codes
Occurrence       Occurrence       Occurrence       Occurrence       Occurrence       Occurrence       Span         Code       Date       Code       Date       Code       Date       Code       From       Thru       Code       From       Thru
Value     Value     Value     Value     Value     Value       Code     Amount     Code     Amount     Code     Amount       Image:
<u>Save</u>

2) Select the Billing Line Items tab and complete the Line Items Detail screen as needed.

Institu	utional Cla	im Form			4								×
Patier	nt Info & Coo	des Billin	ıg Line	Items	K		sis/Pro	cedure Diag/	Proc (2) Exter	nded Genera	al Ext. General	(2) Extended	Payer
Line Item Details													
													1
LN	42 Rev.Cd.	44 HCPCS	1	44 - M 2	odifiers 3	4	44 Rate	45 - Ser From Date	vice Date Thru Date	46 Units/Davs	47 Total Charges I	48 Non-Cov Charge	es
1	0120						400.00	03/02/2009	03/05/2009	3	2170.00	0.00	
2											·		
3							·	_/_/	_/_/		·	·	
4							·	_/_/			·	·	
5							·	_/_/					
6								_/_/			<u> </u>	·	
7							·	_/_/				·	<b>∣ ⊨</b>
8							·	_/_/			·	·	<b>.</b>
								[	Recalculate	Totals:	2170.00	0.00	]
											<u></u> a	ve <u>C</u> a	ancel



3) Select the Payer Info tab and enter the primary payer provider and insured information on the first line, and then enter the provider and payer information for Blue Cross of Kansas on the second line. NOTE: <u>The check mark in the second Sub box will automatically populate once the claim has been saved.</u>

Institutional Claim Form	4		×
Patient Info & Codes   Billing Line Items   Payer Info	e Diag/F	roc (2) Extended General	Ext. General (2) Extended Payer
Sub     Payer ID     Payer Name       12345     PRIMARY INSURANCE CO       47163     BCBS OF KANSAS	Provider No. 456789123 123456	Y Y 0.00 - Y Y 0.00 -	Amount Due 0.00 Clear Payer Clear Payer Clear Payer
P.Rel         Insured's Last/Org Name         First Name           01         DOE         JOHN           18         DOE         JANE	Due From P           MI         Suffix         Insure           S         123659870           R         XSA1234567	d's ID Group N	0.00 Name Group Number
Authorization Code / Type ESC Employ	ver Name		
			Save Cancel

4) Select the **Diagnosis/Procedure** tab and complete as needed. Make sure you enter a Y in the COB? Field.

Institutional Claim Form	×
Patient Info & Codes   Billing Line Items   Payer Info	Diagnosis/Procedure
DX/PC Principal Diag.	Other Diagnosis Codes (1 - 17)
Admitting Diagnosis Patient's Reas	son For Visit Codes (1 - 3) External Cause of Injury Codes (1 - 3) PPS/DRG
Principal Proc Code/Date Other	r Procedure Codes/Dates (1 - 5)         NPI Exempt POA Type COB? H.H. CR6?
Remarks	Supporting Provider Information
-	Type Last/Org Name First Name MI Suffix Provider IDs / Types
	<u>Save</u>



5) Select the Extended Payer tab. Under the Primary Payer tab, complete the insured's Birthdate and Sex fields.

Institutional Claim Form	×
Patient Info & Codes   Billing Line Items   Payer Info   Diagnosis/Procedure   Dia	ag/Proc (2) Extended Gener
Primary Payer Primary COB Info (Primary) COB In	nfo (Secondary)
Payer Address & Miscellaneous	Insured Address & Miscellaneous
Address	Address 1234 TEST WAY
City/St/Zip	City/St/Zip TEST CITY KS 12345
Payer Source Code Provider Accepts Assign	C Birthdate 06/01/1963 Sex M
Provider SOF	Patient ID
Add'l Ref No/Type	Investigational Device Exemption (IDE) Numbers
Add'l Ref No/Type	IDE No. 1
	IDE No. 2
	IDE No. 3
	<u>Save</u> <u>C</u> ancel

6) Select the COB Info (Primary) tab from within the Extended Payer tab to enter the information specific to the adjudication information received on the primary payer's Remittance Advice and enter the Claim Adjudication Date.

In this example, the amount charged was \$2170.00. The primary payer allowed \$2170.00, paid \$1470.00, and applied \$700.00 to the patient's co-pay. The information entered on this screen will be for the entire claim and not for each line item.

Institutional Claim Form	×				
Patient Info & Codes   Billing Line Items   Payer Info   Diagnosis/Procedure	Diag/Proc (2) Extended General Ext. General (2) Extended Payer				
Primary Payer Secondary Pay					
Claim Adjustments / COB Amounts / MIA · MÓA Information (ANSI-837 Only)         Claim Level Adjustments (CAS)         Num Group Reason Amount       Units         1       PR         3					
Medicare Outpatient Adjudication (MOA) Remarks Codes Claim Adjudication Date 03/23/2009					
	<u>S</u> ave <u>C</u> ancel				

7) Once all the necessary information has been completed, select **Save**.



### **Medicare Secondary Claims**

#### The following is an example of a Professional MSP Claim processed at the Service Line Level

1) From the patient Info & General Tab, the LOB selected will be the line of business you are submitting to for this claim. Enter Y in the COB field.

Professional Claim Form	×
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured	
LOB MCB 060862 26 - Patient Control No. 123	J
2 · Patient Last Name First Name MI Gen 3 · Birthdate Sex MS ES SS Ind SOF Rep.	
5 - Patient Address 1     Patient Address 2     Patient City     State     Patient Zip     Country     Patient Phone       1234 TEST WAY     TEST     KS     67361     []     []	
10 - Patient Condition Related To         ROI         ROI Date         Other Ins. 14 - Date/Ind of Current         15 - First Date         16 - UTW/Disability Dates & Type           Employment         N         Accident         N         Y         09/01/2005         1         09/01/2004         1         05/20/2004	
17 - Referring Phys Name (Last/Org, First, MI, Suffix)       17a - Referring Phys IDs/Types       18 - Hospitalization Dates       20 - Outside Lab/Chgs         Image: Comparison of the state of	
19 - Reserved For Local Use 22 - Medicaid Resubmission Code & Ref No	
25 - Fed. Tax ID         487212345         SSN/EIN         E         27 - Provider Accepts Assignment?         A         33a - PIN No.         060862           31 - Provider SOF         Y         Date         09/01/2004         Facility?         N         Dental?         COB?         Y         33b - GRP No.	-
<u>Save</u>	

2) Click on the Insured Information Tab and enter primary payer information on the first line. Enter Medicare information on the second line

Professional Claim Form			×
Patient Info & General Insured Information Billing Line Items Ext.	Patient/General   Ext. Pat/Gen (	2) Ext. Payer/Insured	
12345     PRIMARY INSURANCE CO     00650     MEDICARE B OF KANSAS	ed's ID P.Rel Insured	d's Last Name First JOHN JANE	Name MI Gen R M
Birthdate         Sig         AOB         Insured's Address 1           03/07/1930         M         C         Y         1234 TEST WAY           09/17/1930         F         C         Y         1234 TEST WAY	Insured's Address 2	Insured's City TEST CITY TEST CITY	State         Zip           KS         12345           KS         12345
Country Insured's Phone     ESC     Employer Name       [     [9]       [     [9]       [     [1]	Group Name	Group Number	Clear Payer Clear Payer Clear Payer
		Save	e <u>C</u> ancel



3) Click on Billing Line Items tab and complete line item information and select MSP/COB (Line 1) tab. Please note--if there are multiple service lines on the claim, these screens will need to be completed for each service line.

Professional Claim Form
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) MSP/COB (Line 1)
Claim Diagnosis Codes: 1 7395 2 3 4 5 6 7 8
24a - Service Dates         24b         24c         24d         - Modifiers         24e         24f         24g           LN         From         Thru         PS         TS         Proc         1         2         Diagnosis         Charges         Units         EP         FPEM CB         AT         Rendering Physician           1         05/01/2004         09/01/2004         11         98941         1        32.00        10
2 09/01/2004 09/01/2004 11 98941 1 32.00 1.0
28 - Total Charge     64.00     Recalculate       29 - Amount Paid     0.00     30 - Balance Due     64.00
<u>S</u> ave <u>Close</u>



4) From the MSP/COB (Line 1) tab complete Approved (Allowed or Approved amount from Primary EOB), OTAF (Obligated to accept field) and Service Line Adjudication Information (Primary paid amount). If no payment was made, please enter a zero-dollar amount in this field to indicate no payment made. Complete Line Level Adjustments; i.e. Patient Responsibility; Write off/withhold amount; contractual obligation; bundled services etc and complete the Adj/Payment Date

The Service Line Adjudication + The Line Adjustments = the submitted charges.

In this example: Paid \$23.00 + Patient Responsibility \$5.00 + Contractual Obligation \$4.00 = \$32.00

\*\*Repeat the above steps for any additional service lines.

F	Professional Claim	n Form		×
	Patient Info & Gene	ral   Insured Informat	on Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured	
	Line Item Details	Extended Details (L	ne 1)   Ext Details 2 (Line 1)   Ext Details 3 (Line 1)   MSP/COB (Line 1)	
	Common Line M	ISP Amounts	Additional Line-level Adjudication / COB Information (ANSI-837 Use Only)	
	Approved	50.00	Service Line Adjudication (SVD) Information	
	OTAF	50.00	SVD         P/S         Proc. Qual / Code         Modifiers 1 thru 4         Paid Amount         Paid Units         B/U Line           1         P         HC         90791        100.98        1.000	
			2	
			3	
			Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above)	- 11
			Procedure Code Description Line Level Adjustments (CAS)	
			Num Group Reason Amount Units	
			Adj/Payment Date 08/01/2015 ' 2	
			Remaining Owed0.00 3	
			Save Close	



5) Click on the Ext. Payer/Insured tab and then click on the COB Info (Primary) tab to complete the Insurance Type field, the Zero Payment Ind. field and complete COB/MOA Amounts (Enter the total amount paid on the entire claim).

Professional Claim Form		, ×
Patient Info & General   Insured Information	n   Billing Line Items   Ext. Patient/General   Ext. Pat/Gen (2) Ext. Payer,	/Insured
Primary Payer/Insured Secondary Pay	rer/Insured   Tertiary Payer/Insured   COB Info (Primary)	ondary)
Common Payer MSP Information	Additional Adjustment / COB Amounts / MOA Information (ANSI-837 O	nly)
OTAF0.00	Claim Level Adjustments (CAS)	COB / MOA Amounts
Zero Payment Ind	Num Group Reason       Amount       Units       Nu         1	
	Claim Adjudication Date 08/01/2015	Save Qose

6) Once the necessary information has been completed correctly, click on Save.



<u>The following is an example of a Professional Secondary Claim for LOB other than Medicare processed at</u> <u>the Service Line Level</u>

In this example, the commercial payer is the line of business (LOB) being billed. This example shows how you would report a secondary claim with adjustment amounts at the line level instead of the claim level. You will need to verify with the secondary payer to determine if you need to report the adjustment amounts at the claim or the line levels.

1) The LOB selected will be the line of business you are submitting to for this claim. Enter Y in the COB? field

Professional Claim Form				×
Patient Info & General Insured Inform	nation Billing Line Items Ext. F	'atient/General   Ext. Pa	at/Gen (2)   Ext. Payer/Insu	ured
LOB COM Billing Provider 48	1234567 26 - Pa	tient Control No. 123		<u></u>
Patient Last Name	First Name MI Gen JOHN	3 - Birthdate Sex 10/12/1938 M	8 - Pat. Status Death MSESSS Ind	12 Legal SOF Rep. B N
5 - Patient Address 1 1234 TEST WAY	Patient Address 2	Patient City TEST	State         Patient Zip           KS         67361	Country Patient Phone
10 - Patient Condition Related To Employment N Accident N	ROI         ROI Date         Other Ins. 1           Y         09/01/2005         1	4 - Date/Ind of Current 09/01/2004 1	15 - First Date 16 - UT 05/20/2004/_/	W/Disability Dates & Type
17 - Referring Phys Name (Last/Org	, First, MI, Suffix) 17a - Referrin	ig Phys IDs/Types	18 - Hospitalization Dates _// to//_	20 - Outside Lab/Chgs Y/N N0.00
19 - Reserve	ed For Local Use	22 - M	edicaid Resubmission Code	& Ref No
25 - Fed. Tax ID 481123465	SSN/EIN E 27 - Provider A	Accepts Assignment?	33a - PIN M	lo.
31 - Provider SOF N Date	./ Facility? N Dental'	? COB? Y Fre	equency 📄 33b - GRP	No. 650091
				<u>Save</u> <u>Cancel</u>





2) Click on Insured Information tab and enter Primary Payer information on the first line. Enter the Secondary Payer information on the second line--this will be the payer being billed for the services. <u>NOTE:</u> The check mark in the second Sub box will automatically populate once the claim has been saved.

Professional Claim	Form							×
Patient Info & Genera	al Insured Information	e Items   Ext. I	Patient/Genera	l∫ Ex	t. Pat/Gen (2	2) 🗍 Ext. Payer/Ins	ured	
	Payer Name BCBS OF KANSAS AETNA	Insure  XSB12345678  456789123A		6 P.Rel 19 18	Insured DOE DOE	l's Last Name	First Na JOHN JANE	me MI Gen
Birthdate Sex 01/28/1958 M 09/17/1930 F /_/	13         Insured's Address           B         Y         1234 TEST WAY           B         Y         1234 TEST WAY	l ess 1	Insured's	Addre	ess 2	Insured's Cit TEST CITY TEST CITY	K	tate Zip S 12345 S 12345 S 12345
Country Insured's P	hone ESC Employe	r Name	Gi	oup N	lame	Group Numb		Clear Payer Clear Payer Clear Payer
							<u>S</u> ave	<u>C</u> ancel

3) Click on Billing Line Items tab and complete line item information.

Professional Claim Form
Patient Info & General Insured Information Billing Line Items R eneral Ext. Pat/Gen (2) Ext. Payer/Insured
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) MSP/COB (Line 1)
Claim Diagnosis Codes: 1 7395 2 3 4 5 6 7 8
24a - Service Dates       24b       24c       24d       Modifiers       24e       24f       24g         LN       From       Thru       PS       TS       Proc       1       2       Diagnosis       Charges       Units       EP       EP       FN CB       AT       Rendering Physician         1       02/01/2005       02/01/2005       11       99221       1       1       100.00       1.0       321456       Image: Service Dates       321456       Image: Service Dates       321456       Image: Service Dates       321456       Image: Service Dates       1       100.00       1.0       1       1010.00       Image: Service Dates       1       1       100.00       1.0       1       1010.00       Image: Service Dates       1       1       100.00       1.0       1       1010.00       Image: Service Dates       1       1       100.00       1.0       1       1010.00       Image: Service Dates       1       1       100.00       1.0       1       1       100.00       Image: Service Dates       1       1       100.00       1.0       1       1010.00       Image: Service Dates       1       1       1       100.00       Image: Service Dates       1       1       1
<sup>6</sup> ⊢∕_∕
28 - Total Charge100.00 Rec <u>a</u> lculate
29 - Amount Paid0.00 30 - Balance Due100.00
<u>S</u> ave <u>Close</u>



4) Select MSP/COB (Line 1) and complete the service line adjudication information (Primary paid amount) Complete Line Level Adjustments; i.e. Patient Responsibility; write-off/withhold amount; contractual obligation; bundled services, etc. and complete the Adj/Payment Date.

The Service Line Adjudication + The Line Adjustments = the submitted charges.

In this example: Paid \$55.00 + Patient Responsibility \$15.00 + \$20.00 + Contractual Obligation \$10.00 = \$100.00

# **NOTE:** If there are multiple service lines on the claim, these screens will need to be completed for each service line.

Professional Claim Form		×
Patient Info & General   Insured Inform	ation Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured	
Line Item Details Extended Details	(Line 1) Ext Details 2 (Line 1) Ext Details 3 (Line 1) MSP/COB (Line 1)	
Common Line MSP Amounts	Additional Line-level Adjudication / COB Information (ANSI-837 Use Only)	
Approved0.00	Service Line Adjudication (SVD) Information	
OTAF0.00	VD         P/S         Proc. Qual / Code         Modifiers 1 thru 4         Paid Amount         Paid Units         B/U Line           P         HC         90791        100.98        1.000	
	3	
	Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above)	,
	Procedure Code Description Line Level Adjustments (CAS)	
	Num Group Reason Amount Units	
	▼ 1 CO 45	
	Adj/Payment Date 08/01/2015 2 2	
	Remaining Owed         0.00         3	
	<u>S</u> ave <u>C</u> ancel	



5) Click on the Ext. Payer/Insured tab and then click on the COB Info (Primary) tab. Complete COB/MOA Amounts (This is the total processed on the entire claim by the Primary insurance). These fields may not be required by all payers but are available if needed.

Professional Claim Form		×
Patient Info & General   Insured Informatio	Billing Line Items   Ext. Patient/General   Ext. Pat/Gen (2) Ext. Payer/Inst	ured
Primary Payer/Insured Secondary Pay	ar/Insured   Ter d   COB Info (Primary)   COB Info (Seconda	ary)
Common Payer MSP Information	Additional Adjustment / COB Amounts / MOA Information (ANSI-837 Only)	]
0TAF0.00	Claim Level Adjustments (CAS)	COB / MOA Amounts
Zero Payment Ind	Num Group Reason Amount Units Num	Code Amount
		D241.93
	2 2	
	3 3 3	
	Medicare Outpatient Adjudication (MOA) Remarks Codes	
	20.01.0015	
	Claim Adjudication Date 08/01/2015	
		Save <u>Close</u>

6) Once the necessary information has been completed correctly, click on Save.



#### <u>The following is an example of a Professional Secondary Claim for LOB other than Medicare processed at</u> <u>the Claim Level</u>

This example shows how you would report a secondary claim with adjustment amounts at the claim level instead of the line level. This would be used when the Primary Payer processed and paid one amount for all services lines. You will need to verify with the secondary payer to determine if you need to report the adjustment amounts at the claim or the line levels.

1) The LOB selected will be the line of business you are submitting to for this claim. Select Y in the COB? field

Professional Claim Form					×
Patient Info & General Insured Inform	mation 🛛 Billing Line Items 🗍 Ext. P	atient/General 🛛 Ext. Pa	t/Gen (2) 🛛 Ext. Payer/Ins	ured	
	3456 26 - Pa	ient Control No. 123			<b>**</b>
2 - Patient Last Name DDE	First Name MI Gen	3 - Birthdate Sex 03/31/1982 F	8 - Pat. Status Death MS ES SS Ind S 1 N	12 Legal SOF Rep. B N	
5 - Patient Address 1 1234 TEST ST	Patient Address 2	Patient City	State Patient Zip KS 12345	Country Patient Ph	ione
10 - Patient Condition Related To Employment N Accident N	ROI         ROI Date         Other Ins. 14           Y         01/01/2004         1	4 - Date/Ind of Current	15 - First Date 16 - U	<pre>FW/Disability Dates &amp; 1 to//</pre>	Type
17 - Referring Phys Name (Last/Org	ı, First, MI, Suffix) 17a - Referrin	g Phys IDs/Types	18 - Hospitalization Dates		0/Chgs 0.00
19 - Reserve	ed For Local Use	22 - Me	edicaid Resubmission Cod	e & Ref No	
25 - Fed. Tax ID 481234567	SSN/EIN E 27 - Provider A	ccepts Assignment?	33a - PIN	No.	
31 - Provider SOF Y Date 01/01	1/2005 Facility? Dental?	СОВ? 🗹	GRP	No. 123456	
				<u>S</u> ave <u>C</u>	lose





2) Click on the Insured Information tab and enter the Primary Payer information on the first line. Enter the Secondary Payer information on the second line—this will be the payer being billed for the services. NOTE: The check mark in the second Sub box will automatically populate once the claim has been saved.

Professional Claim Form		_				×
Patient Info & General Insured Information		Patient/General	Ext. Pat/Ger	i (2) Ext. Payer/Insi	ured	
Sub Payer ID Payer Name  SIT01 HUMANA CLAIMS OFFIC  47163 BLUE CROSS BLUE SHI  13	E 123456789 ELD 0 XSB83132125	red's ID P. [1 51 [0	8 DOE 1 DOE	ed's Last Name	First Name JANE JOHN	MI Gen
Birthdate Sex Sig AOB Insured 03/31/1982 F B Y 1234 TEST S	s Address 1 T	Insured's A	ddress 2	Insured's Cit	y State KS	2ip 12345
05/28/1980 M B Y 1234 TEST S		<u> </u>		TEST CITY	KS	12345
Country Insured's Phone ESC E	mployer Name	Grou	up Name	Group Numt		Clear Payer Clear Payer Clear Payer
					<u>S</u> ave	<u>C</u> lose

3) Select Billing Line Items tab and complete any line item information as necessary.

Professional Claim Form
Patient Info & General Insured Information Billing Line Items Ext. Pat/Gen (2) Ext. Payer/Insured
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) MSP/COB (Line 1)
Claim Diagnosis Codes: 1 78300 2 3 4 5 6 7 8
24a - Service Dates         24b         24c         24d         Modifiers         24e         24f         24g           LN         From         Thru         PS         TS         Proc         1         2         Diagnosis         Charges         Units         EP         FP         EM         CB         AT         Rendering Physician           1         10/01/2005         10/01/2005         11         99213         1        55.00        10        654321
28 - Total Charge    55.00     Recalculate       29 - Amount Paid    0.00     30 - Balance Due    55.00
<u>Save</u>



4) Click on the Ext.Payer/Insured tab and click on the COB Info (Primary) tab to enter the information specific to the adjudication information received on the primary payer's Remittance Advice. Complete the Claim Level Adjustments, ie; patient Responsibility, Write-off/Withhold amount; Contractual Obligation; Bundled Services, etc. complete the COB/MOA Amounts and enter the Claim Adjudication Date.

In this example, the amount charged was \$55.00. The primary payer allowed \$55.00, paid \$35.00, and applied \$20.00 to the patient's co-pay.

#### The information entered on this screen applies to the entire claim.

Professional Claim Form		×				
Patient Info & General   Insured Information	n   Billing Line Items   Ext. Patient General   Ext. Pat/Gen (2) Ext. Payer/	Insured				
Primary Payer/Insured Secondary Paye	er/Insured   Tertian COB Info (Primary)   COB Info (Seco	ndary)				
Common Payer MSP Information	Additional Adjustment / COB Amounts / MOA Information (ANSI-837 Or	iy)				
OTAF0.00	Claim Level Adjustments (CAS)	COB / MOA Amounts				
Zero Payment Ind N	Num         Group         Reason         Amount         Units         Num           1         PR         3        20.00        1.000        1	n' Code Amount				
	2       2 3       3					
Medicare Outpatient Adjudication (MOA) Remarks Codes						
		Save Cancel				

5) Once the necessary information has been completed correctly, click on Save.



#### The following is an example of an Institutional MSP Paid Claim

1) The LOB selected will be the line of business you are submitting to for this claim. NOTE: You must fill out the necessary fields required within PC-ACE. This example just happens to be for an inpatient claim.

Institutional Claim Form
Patient Info & Codes Billing Line Items Payer Information Diagnosis/Procedure Extended Patient/General Extended Payer
LOB MCA FL 2 3 - Patient Control No. 123 4 - Type of Bill 121
12 - Patient Name (Last, First, MI)         5 - Fed Tax ID         6 - Statement Covers Period         Cov D N-C D         C-I D         L-R D           DOE         JOHN         123456789         09/01/2004         09/03/2004         _2         _0         _0         FL 11
13 - Patient Address 1       Patient Address 2       Patient City       State       Patient Zip       Country       Patient Phone         [231 APPLE ST       [] </td
14 - Birthdate         Sex         MS         Admission         HR         Type         SRC         D HR         Stat         23 - Medical Record No.         24 - Condition Codes           10/04/1931         M         M         09/01/2004         22         1         7         01         01         123456789         Image: Condition Codes
32 · Occurrence         33 · Occurrence         34 · Occurrence         35 · Occurrence         36 · Occurrence         Security           Code         Date         Code         Date         Code         Date         Code         From         Thru         Code         From         Thru           11         09/01/2004         _/_/         _/_/         _/_/         _/_/         _/_/         _/_/         _/_/           _/_/         _/_/         _/_/         _/_/         _/_/         _/_/         _/_/         _/_/
39 · Value       40 · Value       41 · Value       39 · Value       40 · Value       41 · Value         Code       Amount       Code       Amount       Code       Amount       Code       Amount         47        75.00              47               47               47
<u>Save</u>

2) Click on Billing Line Items tab and fill out the service line information.

Institutional Claim F	Form		×
Patient Info & Codes	Billing Line Items	ation Diagnosis/Procedure Extended Patient/General Extended Payer	
Line Item Details E	Extended Details (Line 8)		
42 LN Rev.Cd. H	44 44 - Modifiers ICPCS 1 2 3	44 45 46 47 48 4 Rate Service Date Units/Days Total Charges Non-Cov. Charges	
1 0809 99	3214	0.00 09/01/20041150.000.00 _	<u> </u>
2			≜
3			
4			
5			
6			
7			<b>-</b> ∣
8			-
		Recalculate Totals:150.000.00	
		Save	Cancel





**3)** Click on **Payer Information** tab and enter Primary Payer information on the first line. Enter Medicare Payer information on the second line. **NOTE:** The check mark in the second Sub box will automatically populate once the claim has been saved.

Institutional Claim Form										
Patient Info & Code	s 🛛 Billing Line Items	Payer Information	• <b>K</b>	cedure	Exter	nded	Patient/General	Extended Pay	yer	
50 Sub_Payer ID_	50 Payer N	ame	51 Provider N	lo.	52 ROI -	53 AOB	54 Prior Payments	55 Amount Due		FL56
60054	AETNA		123456		Y	Y	0.00	0.00	Clear Payer	·]
✓ 00150	MEDICARE A OF K	ANSAS	170001		Y	Y	0.00	0.00	Clear Payer	·
						$\Box$	·	·	Clear Payer	·]
FL57			Du	ue From F	atient	>>	0.00	0.00	]	
P.Rel 58	-Insured's Name (L	.ast, First, MI)	60 - In	sured's ID	)		61 - Group Nan	ne 62-0	iroup Number	
18 DOE		JOHN	654123					080000	1	
18 DOE		JOHN	321456789	Δ.						
63 - Authorization		65 - Employ	yer Name	66 ·	Emplo	yer A	ddress	City	State	Zip
	5									<u> </u>
										<u> </u>
I										
								<u>S</u> a	ve	Cancel

4) Click on the Diagnosis/Procedure tab and select Y in the COB? Field.

Institutional Claim Form
Patient Info & Codes   Billing Line Items   Payer Info   Diagnosis/Procedure   neral   Ext. General (2)   Extended Payer
DX/PC Principal Diag. Other Diagnosis Codes (1 - 17)
Admitting Diagnosis Patient's Reason For Visit Codes (1 - 3) External Cause of Injury Codes (1 - 3) PPS/DRG
Principal Proc Code/Date Other Procedure Codes/Dates (1 - 5) POA Type COB? H.H. CR6?
Remarks Supporting Provider Information
Type Last/Org Name First Name MI Suffix Provider IDs / Types
<u>Save</u>



5) Select the Extended Payer tab and complete the primary insured's birthdate and sex fields under the Insured Address & Miscellaneous field.

Institutional Claim Form							
Patient Info & Codes   Billing Line Items   Payer Information   Diagnosis/Procedure   Extended Patient/General   Extended Payer							
Primary Payer Secondary Payer Tertiary Payer COB Info (Primary) COB I	nfo (Secondary)						
Payer Address & Miscellaneous	Insured Address & Miscellaneous						
Address	Address 1234 TEST WAY						
City/St/Zip	City/St/Zip TEST CITY KS 12345						
Cov D0 N-C D0 C-1 D0 L-R D0	Country Birthdate 06/24/1958 Sex M						
Payer Source Code CI Claim Office Number	Patient ID						
Payer Indicator Contractor ID	Extended Authorization / IDE Information (34 Record)						
Provider SOF Provider Accepts Assign	Set 1 Set 2 Set 3						
37a - ICN/DCN	Type Auth/IDE Num						
Reference Number/Type	Treatment Authorization Period     Rev Code      //     HCPCS						
<u>}</u>	<u>S</u> ave <u>C</u> ancel						

6) Select COB Info (Primary) and complete Claim Level Adjustments (CAS), which is the primary paid amount. Complete COB/MIA/MOA Amounts (This is the total amount paid on all service lines by the Primary insurance)

Institutional Claim Form	×
Patient Info & Codes   Billing Line Items   Payer Information   Diagnosis/Progedure   Extended Patient/General   Extended Patient	ended Payer
Primary Payer Secondary Payer Tertiary Payer COB Info (Primary)	
Claim Adjustments / COB Amounts / MIA - MOA Information (ANSI-837 Only)	
Claim Level Adjustments (CAS) COB / MIA / MOA Amounts	
Num Group Reason         Amount         Units         Num Code         Amount           1         CO         2         50.00         1.0         1         C4         100.00         Amount	
Medicare Inpatient Adjudication (MIA) Remarks Codes	
Medicare Outpatient Adjudication (MOA) Remarks Codes	
Claim Adjudication Date 09/10/2004	
	Save Close

7) Once the necessary information has been completed correctly, click on Save.



<u>The following is an example of an Institutional Secondary Claim for LOB other than Medicare where the COB</u> <u>information should be entered to send a secondary claim, other than Medicare.</u>

1) The LOB selected will be the line of business you are submitting to for this claim. Complete this screen as needed

Institutional Claim Form
Patient Info & Codes   Billing Line Items   Payer Information   Diagnosis/Procedure   Extended Patient/General   Extended Payer
LOB BC FL 2 3 - Patient Control No. 123456 4 - Type of Bill 111
12 - Patient Name (Last, First, MI)         5 - Fed Tax ID         6 - Statement Covers Period         Cov D N-C D         C-I D         L-R D           DOE         JANE         R         10/01/2005         10/07/2005         0         0         0         FL 11
13 - Patient Address 1       Patient Address 2       Patient City       State       Patient Zip       Country       Patient Phone         1234 TEST WAY       TEST CITY       KS       12345       FL 31       FL 38
14 - Birthdate         Sex MS         Admission         HR Type SRC D HR Stat         23 - Medical Record No.         24 - Condition Codes           03/31/1982         F         S         10/01/2005         13         2         9         11         01         12345
32 - Occurrence         33 - Occurrence         34 - Occurrence         35 - Occurrence         36 - Occurrence Span         36 - Occurrence Span           Code         Date         Code         Date         Code         Date         Code         From         Thru         Code         From         Thru
39 - Value       40 - Value       41 - Value       39 - Value       40 - Value       41 - Value         Code       Amount       Code       Amount       Code       Amount       Code
<u>Save</u>

2) Click on the Billing Line Items tab and complete the Line Item Details as needed.

Institu	utional Cla	im Form			4								×
Patier	nt Info & Coo	Jes Billin	g Line	Items	17-		tion Diagno	sis/Procedure	Extended Pat	ient/General	Extended Pay	/er	
Line	Item Details	Exten	ded Do	etails (L	ine 1)	MSF	P/COB (Line 1)	1					
													1
LN	42 Rev.Cd.	44 HCPCS	1	44 - M 2	odifiers 3	4	44 Rate	45 - Ser From Date	vice Date Thru Date	46 Units/Days	47 Total Charges I	48 Non-Cov Charg	es 📗
1	0120						310.00	10/01/2005		7	2170.00	0.00	
2												·	
3	i i		Ē	Ē	Ξi		·					, 	·
4	i i		Ē	Ē	Ξí							, 	í
5	i—i		<u> </u>	<u> </u>	Ξi								r
6	i — i		È	i-	Ξí								
7	i i		1	-	F						`	,	i
8	i in		⊨	-	H						·	J` [	
			I					<u> </u>	J_'_'		·	·—	
									Rec <u>a</u> lculate	Totals:	2170.00	0.00	í
								-					
											<u>S</u> a	ve <u>C</u>	ancel



3) Click on the Payer Information tab and enter the primary payer provider and insured information on the first line, and then enter the provider and payer information for Blue Cross of Kansas on the second line. NOTE: The check mark in the second Sub box will automatically populate once the claim has been saved.

Institutional Claim Form	×
Patient Info & Codes   Billing Line Items   Payer Information   concentration   concentration   Extended Patient/General   Extended Payer	
✓ 47163 BLUE CROSS OF KANSAS 001234 Y Y0.000.00 C	FL56 Clear Payer Clear Payer
FL57 Due From Patient >>0.000.00	
P.Rel         58 · Insured's Name         (Last, First, MI)         60 · Insured's ID         61 · Group Name         62 · Group           19         DOE         JOHN         R         123659870         123	o Number
63 - Authorization Code / Type ESC 65 - Employer Name 66 - Employer Address City S	itate Zip
Save	<u>C</u> ancel

4) Click on the Diagnosis/Procedure tab. Complete this screen as needed and enter a Y in the COB? field

Institutional Claim Form
Patient Info & Codes   Billing Line Items   Payer Info   Diagnosis/Procedure   Agent Info   Ext. General (2)   Extended Payer
DX/PC Principal Diag. Other Diagnosis Codes (1 - 17)  Admitting Diagnosis Patient's Reason For Visit Codes (1 - 3) External Cause of Injury Codes (1 - 3) PPS/DRG
Principal Proc Code/Date Other Procedure Codes/Dates (1 - 5) POA Type COB? H.H. CR6?
Remarks Supporting Provider Information
Type     Last/Org Name     First Name     MI     Suffix     Provider IDs / Types       ATT     OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix     Image: Suffix       Image: OPR     Image: Suffix     Image: Suffix     Image: Suffix
<u>Save</u>



5) Click on the Extended Payer tab. The primary insured's birthdate and sex needs to be completed in the Insured Address & Miscellaneous section.

Institutional Claim Form	×						
Patient Info & Codes   Billing Line Items   Payer Information   Diagnosis/Procedure   Extended Patient/General   Extended Payer							
Primary Payer Secondary Payer Tertiary Payer COB Info (Primary) COB Ir	nfo (Secondary)						
Payer Address & Miscellaneous	Insured Address & Miscellaneous						
Address	Address 1234 TEST WAY						
City/St/Zip	City/St/Zip TEST CITY KS 12345						
Cov D0 N-C D0 C-I D0 L-R D0	Country Birthdate 06/24/1958 Sex M						
	Patient ID						
Payer Source Code CI Claim Office Number							
Payer Indicator Contractor ID	Extended Authorization / IDE Information (34 Record)						
Provider SOF Provider Accepts Assign	Set 1 Set 2 Set 3						
37a - ICN/DCN	Type Auth/IDE Num						
Reference Number/Type	Treatment Authorization Period Rev Code						
	_/_/ thru _/_/ HCPCS						
	Save Cancel						



6) Click the **COB Info (Primary)** tab from within the Extended Payer tab to enter the information specific to the adjudication information received on the primary payer's Remittance Advice.

In this example, the amount charged was \$2170.00. The primary payer allowed \$2170.00, paid \$1470.00, and applied \$700.00 to the patient's co-pay. The information entered on this screen will be for the entire claim and not for each line item.

Enter the Claim Adjudication Date.

Institutional Claim Form	
Patient Info & Codes   Billing Line Items   Payer Information   Diagnosis/Proce	edure Extended Patient/General Extended Payer
Primary Payer Secondary Payer Tertiary Payer COB Info (Primary) COB	3 Info (Secondary)
Claim Adjustments / COB Amounts / MIA - MOA Information (ANSI-837 On	y) []
Claim Level Adjustments (CAS)	COB / MIA / MOA Amounts
Num Group Reason       Amount       Units       Nu         1       PR       3       700.00       1.0       1         2	B6    2170.00       2     C4      1470.00
Claim Adjudication Date 10/15/2005	
	<u>Save</u> <u>Cancel</u>

7) Once the necessary information has been completed correctly, click on Save.



#### **Helpful Information**

Professional Claim Form Helpful Hints

The following types of claims should have the corresponding attachment entered from the AT field on the Line Item Details tab (this tab displays to the right of the Extended Details 2 tab)

Ambulance CLIA-In order to populate the CLIA number that was keyed in the Provider File, select this attachment. Routine Foot Care-use the Podiatry attachment Chiropractic Mammography Physical Therapy/Occupational Therapy/Speech Therapy-all use the physical therapy attachment

To report anesthesia minutes, see the Extended Details (Line 1) tab.

Claim level comments or narrative can be found on the Extended Details (Line 1) tab. Line Level comments or narrative can be found on the Billing Line Items tab, under the Extended Details (Line 1) tab.

Any information entered in Item 19-Reserved for Local Use on the Patient Info & General tab is not submitted electronically. Only comments reported in the narrative field are transmitted electronically with the claim.

#### Note: For more information refer to on-line HELP by pressing F1 at any time.



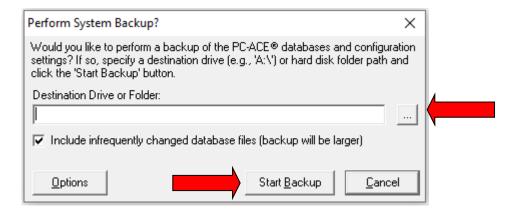
#### **Backup/Restore**

PC-ACE software allows for backups to be created in the event of a system crash or moving software to new computers

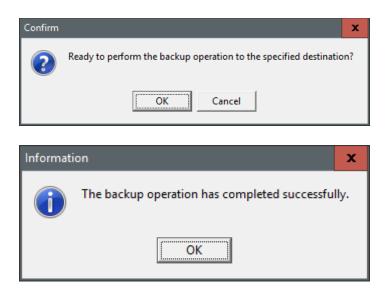
1) From the main PC-ACE toolbar menu select the X to close the menu



2) The Perform System Backup prompt will display. This screen will allow the user to select the save location of the backup file. Once the save location has been selected, choose the Start Backup button



3) Select OK on the prompts that show



4) This will create a PCACEPBK.ZIP file in the save location chosen.



Follow the steps below to restore your PC-ACE Backup

1) Select System Utilities from the main PC-ACE menu



2) Select the Restore tab

System Utilities			
Backup/Restore File Maintenance			
Backup Validate Restore			
This utility performs a backup of the PC-ACE® databases and configuration settings. Specify a destination drive (e.g., 'A:\') or hard disk folder path and click the 'Start Backup' button.			
Destination Drive or Folder:			
C:\Users\c951\Desktop\			
✓ Include infrequently changed database files (backup will be larger)			
Start Backup			
Close			

**3)** Find the source driver or folder by selecting the 3 horizontal dots and choose the PCABEPBK.ZIP file and select Open

🛄 Select Re	estore Source Directory		×
Look in:	PC-ACE	▼ 🗢 🗈 🖝	
Name	<b>^</b>	Date modified	Туре
<b>PCACE</b>	PBK.ZIP	01/21/2019 1:09 PM	/ WinZij
<			>
File name:	PCACEPBK.ZIP		Open
	pronoen preen		
Files of type:		▼ ()	Cancel



4) Select Start Restore and press OK on the Warning and Confirm prompt

Warning		x	
	WARNING: This restore operation will overwrite your current databases with older data from the specified backup. Do you want to continue the restore operation?		
	Cancel		
Confirm		x	
?	The selected backup was made on 01/21/2019 and includes all databases and partial configuration settings (no registry backup). Ready to restore this backup?		
	OK		

5) Select OK on the Information prompt

Informat	ion	x
1	The restore operation has completed successfully. To ensure proper initialization of the restored data, this program now close. The restored data will be available the next time this program is executed.	will