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PC-ACE Pro32 User's Manual

For ANSI X12N 837 v4010A1





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November 2004

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SECTION 1 - INTRODUCTION

PC-ACE Pro32 is a complete, self-contained electronic processing system for healthcare claims submission and management. It can be used in a stand-alone configuration or in conjunction with your existing claims management system. The system has been designed to work exclusively with the Microsoft Windows operating system.

The PC-ACE Pro32 program is available on a CD-ROM, which will be mailed to you.

Minimum System Requirements

- Pentium 133 MHz processor (Pentium II-350 for larger claim volume)
- ◆ 64 MB system memory (128 MB recommended)
- CD-ROM drive (recommended for server installation)
- ◆ SVGA monitor resolution (800 x 600)*
- Windows '95, '98, 2000, Me, XP or NT 4.0 operating system
- Adobe Acrobat Reader Version 4.0 or later (for overlaid claim printing) This free software can be downloaded from the Adobe Web site (www.adobe.com).
- * When the Windows "Large Fonts" display setting is enabled, the screen resolution must be 1024 x 768 or higher. The Institutional Claim Form (UB-92) and Professional Claim Form (CMS-1500) will not display properly at lower screen resolutions.

Technical Support

Palmetto GBA technical support is available by calling the Electronic Data Interchange (EDI) Technology Support Center toll-free at 1-866-749-4301, Monday through Friday from 7:30 a.m. until 5:00 p.m. ET. Ohio and West Virginia Part B providers should call the EDI Technical Support Team at 1-866-308-5438.

SECTION 2 – ACCESSING & INSTALLING PC-ACE PRO32

Note: PC-ACE Pro32 will NOT be supported if it is installed in a network environment.

The following step-by-step instructions will walk you through accessing and installing PC-ACE Pro32 to your personal computer.

Accessing PC-ACE Pro32 from a CD-ROM

- 1. Close all Windows-based programs and insert the PC-ACE Pro32 CD in your CD-ROM drive. Click **Start** (lower left corner of your screen) and then **Run**.
- 2. The **Run** dialog box will open. Use the **Browse...** option to select your CD drive, highlight the *Pro32setup.exe* file and click **Open**.
- 3. The setup file will now be listed in the **Open:** field of the **Run** dialog box. Click **OK**.
- 4. The PC-ACE Pro 32 Claims Processing System will begin installing.
- 5. The **Welcome** screen will display (Figure 2.1).
- 6. Continue with the steps in the Installation Instructions section.

Installation Instructions

1. The **Welcome** screen (Figure 2.1) displays to remind you to close all programs you may have running on your computer. If you have not already done so, we recommend that you close any open programs at this time. If you are ready to continue the installation, click **Next**.



- Figure 2.1 Welcome Screen
- 2. The **Drive Selection** window will display (Figure 2.2), requesting that you choose the drive to which you want to install PC-ACE Pro32. The default is set on the C: drive. If you want to choose a different drive, click the down arrow to the right of the Select Destination Drive field, scroll through the list, and highlight the desired drive. Click **Next** to continue.
- 3. On the **Start Installation** window, click **Next** to continue.

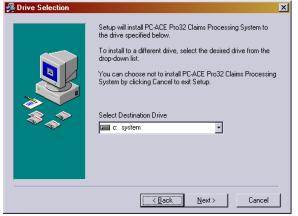


Figure 2.2 – Drive Selection Window

- The Password dialog box (Figure 2.3) will display. In the Password field, enter the installation password: medicare. This password is case sensitive, so be sure to use all lower-case letters.
- 5. PC-ACE Pro32 Setup begins copying the program files to your computer. A status of the copy process is shown on the **Installing** window.
- 6. When the file copying is complete, the **Read Me File** window (Figure 2.4) will display. Read the information (be sure to use the scrollbar on the right of the screen to scroll down and read all of the text) and click **Next** to continue.
- 7. The **Installation Complete** window displays, indicating that PC-ACE Pro32 has been successfully installed. Click **Finish** to close the window.
- 8. The installation process automatically places a PC-ACE Pro32 shortcut icon (Figure 2.5) on your desktop, which can be used to open the program.



Figure 2.3 – Password Dialog Box

Read Me File		×
	Thank you for installing MedLink Technologies' PC-ACE Pro32 Claims Processing System. You have just completed the PC-ACE Pro32 "server" installation. A single PC-ACE Pro32 "client" has also been installed on this system. Additional PC-ACE Pro32 clients can be installed at each individual workstation by executing the CLIENT32.EXE program from the server's WINPCACE directory. This client installation will create a local WINPCACE directory and configure the workstation for shared database access. A default user SYSADMIN (with password SYSADMIN) can be used to evaluate PC-ACE Pro32. From the PC-ACE Pro32 main "Security" menu, use the "Add/Update User" option to add additional user accounts if desired. This README.TXT file can also be viewed by double-clicking the "PC-ACE Pro32 README.TXT"	
	< Back Next > Cancel	

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Figure 2.4 – Read Me File Window

PC-ACE Pro32 Figure 2.5 – PC-ACE Pro32 Startup Icon

SECTION 3 – GETTING STARTED

Logging Into the PC-ACE Pro32 Claims Processing System

Users are required to log into PC-ACE Pro32 before performing any system activities. The login process involves entering a User ID and Password. Your PC-ACE Pro32 software has been configured with a single default user, the system administrator, who has full system access rights. **The default User ID is "SYSADMIN" and the password is "SYSADMIN" as well.** If you are logging into PC-ACE Pro32 for the first time, you should use this default login.

Important: You should change the default user's password as soon as possible if you are concerned about controlling user access at your facility.

System Users

PC-ACE Pro32 requires that a valid login and password be entered by anyone accessing the system. The system administrator must set up a "user" account for each person that will use PC-ACE Pro32. The user account specifies the user's login/password values and defines the activities that the user has permission to perform. *Only users with User Add/Modify privileges can perform these maintenance functions*, which include adding a new user and modifying information on an existing user.

ADDING OR MODIFYING A USER

To add a new user or modify an existing user:

 Select Security from the PC-ACE Pro32 Toolbar and choose Add/Update User. The Security List form (Figure 3.1) will display.

Security List		×
User ID	User Name	-
SYSADMIN	SYSTEM ADMINISTRATOR	
I		-
New	View/Update Delete (Close

Figure 3.1 – Security List Window

2. To add a new user, click the **New** button on the bottom of the window. To modify an existing user, highlight the desired user from the Security List and click **View/Update**. The User Security Update window will display (Figure 3.2).

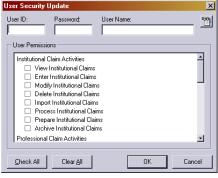


Figure 3.2 – User Security Update Window

- 3. Complete or make desired changes to the User ID, Password and Name fields.
- 4. Assign or change User Permissions, such as entering, viewing and deleting claims. Check the box next to the permission to allow access to the activity. Use the **Check All** and **Clear All** buttons to quickly check or uncheck all permission checkboxes.
- 5. Click **OK** to save the new/modified user record.

Note: When changes are made to a user profile, the changes go into effect the next time that user logs on.

Building Your Reference Files

PC-ACE Pro32 is an integrated system that automatically pulls information from various databases within the system to assist users in the completion of claims information. Therefore...

It is *very* important that reference file information be entered into the system *before* entering claims. If you do not create the reference file information *before* entering your claim, vital information necessary for processing and payment may be missing from the claim.

Please refer to Section 4 – Reference File Maintenance for information on how to enter this data.

Getting Help In PC-ACE Pro32

PC-ACE Pro32 has a number of helpful features that will assist you while entering information and using the system. You can access specific and general PC-ACE Pro32 Help from anywhere in the system.

- Fly-Over Hints While entering data into the various Reference Files and Claim Forms, you can view helpful "fly-over" hints for most entry fields. Simply hold your mouse cursor still over a field and a small pop-up will display with a description of the data to be entered into that particular field.
- ◆ Fixed- or Variable-List Lookups A number of fields in the Reference Files and Claim Forms support data entry using fixed-list or variable-list lookups. If you know the options for a particular field, you can type in the selection or you can access the lookup list by right-clicking the mouse over the field or click in the field and press F2. Once the list is visible, you can use your mouse to highlight and then click on your choice and it will be entered into the field.
- **Context-Sensitive Access**—Press **F1** from anywhere in PC-ACE Pro32 to display help information relevant to your current location in the program.
- **Conventional Access**—Select **Help** on the PC-ACE Pro32 toolbar and choose **Help Topics**. From the Help Topics window, choose one of the following tabs:
 - **Contents** Presents all help topics in a nested "table of contents" format.
 - Index Alphabetically lists all available index entries.
 - **Find** Perform a free-form text search of all topics.

Logging Out of PC-ACE Pro32

You can log out of PC-ACE Pro32 without exiting, to allow another user to log on and use the system. To log out, select **Security** from the PC-ACE Pro32 toolbar and choose **Logout Current User**.

To log back onto the system, click on any button and the Sign On window will display (Figure 3.3). Enter your user ID and password and then click **OK**.

Sign On	
User ID:	
Password:	
OK Cancel	

Figure 3.3 – Sign On Window

SECTION 4 – REFERENCE FILE MAINTENANCE

To streamline and improve the accuracy of claims entry, PC-ACE Pro32 automatically fills fields on the Claims Entry screens, based on information previously entered into the various Reference Files.

For example, when you enter a Patient Control Number (PCN) on the Professional Claim Form, all fields related to that PCN (e.g., patient's name, address, telephone, etc.) will automatically be filled with data from the Patient Reference File.

For this reason, it is *very* important that you update all Reference Files *before* creating claims.

Be sure to complete the Reference Files in the following order:

- 1. Payer Reference File
- 2. Provider Reference File
- 3. Patient Reference File
- 4. Submitter Reference File

To begin editing the reference files, sign on and from the PC-ACE Pro32 Claims Processing toolbar (Figure 4.1), click on the Reference File button (file folder).

PC-ACE Pro32 Claims Processing System	<u> </u>
<u>File ⊻iew Security H</u> elp	
	🌉 😽
Reference File Maintenance	

Figure 4.1 – PC-ACE Pro32 Claims Processing Toolbar

Payer Reference File

The Payer tab of the Reference File Maintenance form provides access to maintain payer information. Setup of the payer reference file is required to process claims.

ADDING OR UPDATING A PAYER RECORD

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.
- Click on the Payer tab to display the Payer information (Figure 4.2). The central field will display a list of existing payers (if any). Using the radio buttons just below the list, you can sort the list by Payer ID, Payer Description, Payer LOB or Payer State.

🛄 Reference f	ile Mai	ntenance						<u>_ 🗆 ×</u>
<u>F</u> ile Vie <u>w</u> <u>R</u> ep	orts							
Patient Payer	Provid	er (Inst) Provid	ler (Prof) Co	des/Misc				
Payer ID	LOB	Description				State	Usage	<u> </u>
								-
Sort By: 📀	Payer ID	C Payer Des	cription C	Payer LOB (C Payer	State		
List Filter Opt	ions —							
Show all	payers (n	o filter applied)						
C Filter list t	o include	Payer IDs starti	ng with					
C Filter list t	o include	Payer Names s	tarting with					
			- ,					
<u>N</u> ew	⊻iev	v/Update	С <u>о</u> ру	<u>D</u> elete				<u>C</u> lose
					_			



- 3. Determine if you plan to add a new record or modify an existing record:
 - a. To add a new Payer record, click the **New** button. You can also highlight an existing Payer and click the **Copy** button to create a new record using information from an existing record.
 - b. To update an existing Payer record, highlight the record and click the **View/Update** button or double-click on the record.
- 4. The Payer Information window (Figure 4.3) will display. Complete each of the following fields (the table below has values for each of these fields):

"Payer ID," "LOB," "Full Description" and "Flags." The other fields should remain empty.

Payer Information		×
Payer ID LOB Receiver ID	ISA08 Override	***
Full Description		
Address & Contact Information Address City State Zip Contact Name Phone Ext Fax	Flags Source Edit Ind Media Card Address Usage	
PrintLink Matching Descriptions	<u>S</u> ave <u>C</u> a	ancel

Figure 4.3 – Payer Information Window

Full Description Field Value	Payer ID Field Value	LOB Field Value	ISA08 Override Field Value
Part A – SC & RHHI	00380	MCA	C00380
Part A – NC	00382	MCA	C00382
Part B – SC	00880	MCB	C00880
Part B – OH/WV	00883	MCB	leave blank
Railroad	00882	MCB	C00882
DMERC	00885	MCB	C00885

- 5. After you have completed your additions/changes, click the **Save** button located on the bottom right of the window. The system will perform an edit validation on the entered information. If you have not completed or incorrectly completed one or more required fields, the Edit Validation Errors List will display. This form lists all "fatal" and "non-fatal" errors that occurred. Fatal errors, indicated by a red X, must be corrected before the system will allow you to save the information.
 - a. Double-click on a listed error to go to that location in the Payer Information form and make the necessary corrections (fields with errors will be flashing red).
 - b. If there are no fatal errors that must be corrected now (those marked with a red X), you may close the Edit Validation Errors List and then click the **Save With Errors** button on the Payer Information form.

DELETING AN EXISTING PAYER RECORD

To delete an existing record:

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display. Click on the **Payer** tab. The central field will display a list of existing payers.
- 2. Highlight the desired record from the list, click the **Delete** button and confirm the deletion.

Provider (Institutional and Professional) Reference File

The Provider (Inst) and Provider (Prof) tabs of the Reference File Maintenance window provide access to maintain the provider information referenced on claims. Setup of the provider reference file(s) is required to process claims. All providers referenced on claims must be represented in the reference file(s).

ADDING OR UPDATING A PROVIDER

1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.

File View Reports Patient Payer Provider (Inst) Provider (Prof) Codes/Misc LOB Provider Name Provider ID Payer ID Tag Fed Tax ID MCA JONES MEMORIAL XXXXX XXXXXX XXXXXX	🗓 Reference File Maintenance						
LOB Provider Name Provider ID Payer ID Tag Fed Tax ID	<u>F</u> ile Vie <u>v</u>	<u>w</u> <u>R</u> eports					
	Patient	Payer Provider (Inst) Provider (Prof)	Codes/Misc				
MCA JONES MEMORIAL XXXXX X	LOB	Provider Name	Provider ID	Payer ID	Tag	Fed Tax ID	
	MCA	JONES MEMORIAL	XXXXX			XXXXXXX	
-							-
Sort By: CLOB C Provider Name IP Provider ID C Tag	Sort By	y: CLOB C Provider Name 📀	Provider ID C Ta	pe			
List Filter Options	⊢ List Fi	ilter 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							
New View/Update Delete Close	N	ew <u>V</u> iew/Update <u>D</u> elete	1			<u>C</u> lose	

Figure 4.4 – Institutional (Part A) Provider Tab

2. Click on either the **Provider (Inst)** tab for **Part A providers** (Figure 4.4) or **Provider (Prof)** tab for **Part B providers** (Figure 4.5). On each of these tabs, the central field will display a list of existing providers (if any). Use the radio buttons just below the list to sort by the options provided.

_			le Maintenance					
<u>F</u> il	e Vie <u>v</u>	<u>v</u> <u>R</u> epo	orts					
F	Patient	Payer	Provider (Inst) Provider (P	rof) Codes/Misc				
	LOB	Туре	Provider/Group Name	Provider ID	Payer ID	Group Label	Tag	Fe≜
	мсв	Group	MASTERS CLINIC	XXXXXX		22222222		23
ľ	мсв	Indiv	ALLEN, PAUL	XXXXXX		22222222		34
	мсв	Solo	SOLO, JOHN D	XXXXXX				23
	мсв	Indiv	PETERSON, JILL A	XXXXXX		22222222		78
1		< C Li		er/Group Name 📀 Pro	ovider ID C	Group Label C	Tag	<u> </u>
[- List Fi	lter Optio	ns					
	Show all providers (no filter applied)							
	C Filter list to include Provider IDs starting with							
	C Filter list to include Provider Names starting with							
	N	ew	<u>V</u> iew/Update <u>D</u> e	lete			<u>C</u> los	e

Figure 4.5 – Professional (CMS-1500- Part B) Provider Tab

- 3. Determine if you plan to add or modify a record:
 - a. To add a new Provider record, click the **New** button. The New Provider Options window will display (Figure 4.6). Choose one of the options and click **OK**.
 - b. To update an existing Provider record, highlight the record and click the View/Update button or double-click on the record.

4. The Institutional Provider (Figure 4.7) or Professional Provider (Figure 4.8) Information window will display.

Complete the fields.

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.

- Create a completely new provider (all fields blank)
- C 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.

ОК	Cancel



Institutional	Provider Information	1				×
General Info	Extended Info					
Name	JONES MEMORIAL		_	Phone	(214) 555-1212	"
Address	PALMERS ST			FAX	<u></u>	
				Contact	CONTACT NAME H	IERE
City/St/Zip	ANYWHERETOWN	TX 74123	_	Country	Site	
Description (D. /	No. XXXXXX	LOB N	404	Taxonomy	×****	
	NU. J			Fed Tax ID	×****	Sub ID 001
Payer ID		Tag		Тах Туре	E Include	In Lookups? 📃
Remarks			Provide	er Associations:	Select	None
		4	LOB	Provider ID	Provider Name	<u> </u>
						-
		v				-
					<u>S</u> ave	<u>C</u> ancel

Figure 4.7 – Institutional Provider Window

Professional Provider Informa × General Info Extended Info 🕼 Group Practice 🥤 Individual in Group 👩 Solo Practice ٣ Provider Type: MASTERS CLINIC 22222222 Group Name Group Label Last/First/MI Tax ID/Type XXXXXXXX E 234 ANYSTREET LN. **LIPIN** Address SUITE 450 Specialty 010 Type Org City/St/Zip DALLAS TX 78123-××××××××× Taxonomy (972) 555-1212 Fax (972) 555-1213 Accept Assign? Participating? Phone MASTERS CLINIC CONTACT Y Date 03/15/1994 Signature Ind Contact Provider Roles: Billing Y Rendering N LOB MCB XXXXXXXX Group ID/No. Payer ID Tag Select Remarks Provider Associations . LOB Provider ID Provider/Group Name <u>S</u>ave <u>C</u>ancel

Figure 4.8 – Professional Provider Window

Note: Professional field requirements will vary based on the Provider Type chosen (radio buttons at top of window). Part B – Set up Group Practices before adding Individuals in Group. DMERC – Use only the Solo Practice provider type. 5. After you have completed your additions/ changes, click the **Save** button located on the bottom right of the window. The system will perform an edit validation on the entered information. If you have not completed or incorrectly completed one or more required fields, the Edit Validation Errors List will

display (Figure 4.9). This form lists all "fatal" and "non-fatal" errors that occurred. Fatal errors, indicated by a red X, must be corrected before the system will allow you to save the information.

- a. Double-click on a listed error to go to that location in the Provider Information form and make the necessary corrections (fields with errors will be flashing red).
- b. If there are no fatal errors that must be corrected now (those marked with a red X), you may close the Edit Validation Errors List and then click the **Save With Errors** button on the Provider Information form.

Edit Validation Errors List	
➤ Tax ID Must Be 9-Position Numeric	
	_
	_
	_
	_
	_
	_
Double-click error to jump to the corresponding field.	Close
X Indicates that error must be corrected before saving.	

Figure 4.9 – Edit Validation Errors List

DELETING AN EXISTING PROVIDER RECORD

Important Note: Claims are linked to provider records by an internal control number. Deleting a provider record will irrevocably break any such links that may exist in claims in the system.

To delete an existing record:

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.
- 2. Click on either the **Provider** (**Inst**) tab or **Provider** (**Prof**) tab. On each of these tabs, the central field will display a list of existing providers.
- 3. Highlight the desired record from the list and click the **Delete** button. The Provider Deletion Confirmation will display (Figure 4.10) and outline alternatives.
- 4. If you determine that you still want to delete the selected provider, click **OK**.

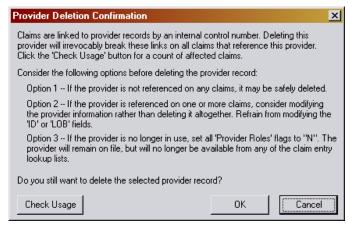


Figure 4.10 – Provider Deletion Confirmation Dialog Box

Patient Reference File

The Patient Reference File maintains all necessary general patient information, as well as primary, secondary, and tertiary insured details. Patient information that has been entered in the Patient Reference File is available for lookup during claim entry.

Note: To assist you in completing field entries accurately, "fly-over hints" display when you stop your mouse/cursor over a field.

ADDING OR UPDATING A PATIENT RECORD

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display (Figure 4.11).
- 2. The **Patient** tab is the default and will automatically display. The central field will display a list of existing patients (if any). Using the radio buttons just below the list, you can sort the list by **Patient PCN** or **Patient Name**.
- 3. Determine if you plan to add a new record or modify an existing record:
 - a. To add a new Patient record, click the **New** button.

	e Maintenance					_ 🗆
e Vie <u>w R</u> epor	ts					
Patient Payer	Provider (Inst) Provider (F	Prof) Codes/Misc				
PCN	Last Name	First Name	MI	DOB	LOB	
******	PUBLIC	JOHN	Q	07/13/1958	MCA/MCB	
						-
<u>S</u> ort By:	tient PCN C Patient N	ame				<u>.</u>
Sort By:		ame				<u>.</u>
List Filter Option		ame				
 List Filter Option Show all patient 	15		-			•
List Filter Option G Show all pa C Filter list to	is itients (no filter applied)	ng with]			
List Filter Option Show all pa Filter list to	is titents (no filter applied) include Patient PCNs startir include Patient Names start	ng with				▼ Close

Figure 4.11 – Reference File Maintenance Form, Patient Tab

- b. To update an existing Patient record, highlight the record and click the **View/Update** button or double-click on the record.
- The Patient Information window (Figure 4.12) will display. Complete the fields on each of the Patient Information tabs.
 - a. **General Information Tab** Enter general patient information such as the patient's name, address, birthdate and various status flags.
 - b. **Extended Info Tab** Enter extended patient information such as information on the patient's legal representative (Professional claim use only).
 - c. **Primary Insured Tab(s) (Inst** and/or Prof) – Enter payer, insured and employer information for the

Patient Information	n			x
(Extended Info Primary Insured	d (Inst) Primary Insured (Pri	of) Secondary	
Last Name	First Name	MI Gen Patient Co	ntrol No (PCN)	<u> </u>
Patient Address Address City Fhone City Notes	State Zip	Patient Status Active Patient Sex DOB JOB Marital Status Employment Status Student Status	Discharge SI Death Ind DOD [Signature Or Release of Ir ROI Date [
	×			
			Save	Cancel

Figure 4.12 – Patient Information, General Information Tab

primary Institutional (Part A) and/or Professional (1500 – Part B) payer(s). If your system is set up for both Institutional and Professional claim activities, then you will have the option to enter separate Institutional and Professional insured information.

- d. Secondary and Tertiary Insured Tabs (click on the right arrow at the right of the tabs to view the Tertiary Tab) See the Primary Insured Tab, above, for details.
- 5. After you have completed your additions/changes, click the **Save** button located on the bottom right of the window. The system will perform an edit validation on the entered information.

- 6. If you have not completed or incorrectly completed one or more required fields, the Edit Validation Errors List will display (Figure 4.13). This form lists all "fatal" and "non-fatal" errors that occurred. Fatal errors, indicated by a red X, must be corrected before the system will allow you to save the information.
 - a. Double-click on a listed error to go to that location in the Patient Information form and make the necessary corrections (fields with errors will be flashing red).

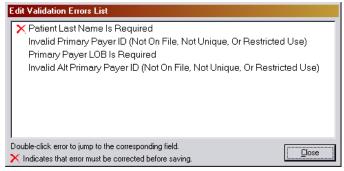


Figure 4.13 – Edit Validation Errors List

b. If there are no fatal errors that must be corrected now (those marked with a red X), you may close the Edit Validation Errors List and then click the **Save With Errors** button on the Patient Information form.

DELETING AN EXISTING PATIENT RECORD

To delete an existing record:

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display with the default tab, Patient, displayed. The central field will display a list of existing patients.
- 2. Highlight the desired record from the list, click the **Delete** button and confirm the deletion.

Codes/Misc

The **Codes/Misc** tab (Figure 4.14) of the Reference File Maintenance form provides access to many of the core PC-ACE Pro32 reference files. The reference file buttons are grouped under **Shared** (files used by both Institutional and Professional), **Institutional** only, and **Professional** only.

Many of the reference files require setup before use, while others are optional.

👖 Reference File Maintenance		_ _ X
File View <u>R</u> eports		
Patient Payer Provider (Inst) P	Provider (Prof) Codes/Misc	
<u>S</u> hared	_Institutional	Professional
SUBMITTER	ТОВ	POS
DATA COMM	CON/OCC/SP/VAL	TOS
HCPCS	REVENUE CODE	CHARGES MASTER
MODIFIERS		SPECIALTY
ICD9		
PHYSICIAN		
FACILITY		
TAXONOMY		
		<u></u> lose

Figure 4.14 – Reference File Maintenance, Codes/Misc Tab

Submitter Reference File (Codes/Misc, Shared)

Submitter information in PC-ACE Pro32 is maintained from the Submitter Setup form for Institutional (Part A) and Professional (CMS-1500 – Part B) claim types. **Information from the Submitter Reference File is required during preparation of Electronic Media Claims (EMC) files.** At least one default submitter record (LOB = <<All>>) must be available before claims can be prepared. Additional LOB-specific submitter records may also be created if required.

ADDING OR UPDATING A SUBMITTER RECORD

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu for the Reference File Maintenance window.
- 2. Click the **Codes/Misc** tab.
- 3. Under the Shared list, click the **Submitter** button. The Submitter Setup window will display (Figure 4.15).
- 4. Choose the appropriate **Claim Type**. *Institutional* for Part A claims and *Professional* for Part B claims.
- Please do not update the default Submitter record. Select New to configure your Submitter information.
- 6. The Institutional or the Professional Submitter Information window will display.
 - a. Institutional Submitter Information (Figure 4.16)
 - i. Complete all fields on the General tab, except EIN.
 - ii. No updates required on the Prepare tab.
 - iii. On the ANSI Info tab, enter "ZZ" in the Submitter Intchg ID Qual. field and enter "28" in Receiver Intchg ID Qual. field. The Acknowledgement Requested field must contain "1."
 - iv. No updates required on the ANSI Info (2) tab.

i	👖 Submitte	er Setup			<u>_ 🗆 ×</u>
	Claim Type:	Institutiona	al C Profession	al	
	LOB	Payer ID	Submitter ID/EIN	Submitter Name	<u> </u>
	<< ALL >>	<< ALL >>	ABCDM3ABCD	SUBMITTER NAME	
	New	View/Up	date <u>C</u> opy	<u>D</u> elete	Close

Figure 4.15 – Submitter Setup Window

bmitter	Institu	tional	Submit	er Information 🗵
ure 4.16)	Gener	al Pre	pare A	NSI Info ANSI Info (2)
ds	LOE	Institu Gener		Submitter Information
lb,	ID	Incl		ional Submitter Information
mod	Nar	Sub		al Prepare ANSI Info ANSI Info (2)
red b.	Adc	EM	Sub	Institutional Submitter Information 🛛 🔀 General Prepare ANSI Info ANSI Info (2)
0		Mul	Rec	ANSI-837 Data Element Overrides
n	City	EM	Aut	Interchange Sender ID (ISA06)
chg	Phc	AN:	Sec	Interchange Receiver ID (ISA08)
d	Cor	AN: AN:	⊢ Ac	Application Sender's Code (GS02)
ID		EM	#1	Application Receiver's Code (GS03) Submitter Primary Identifier (NM109/1000A)
nt			#2	Receiver Name (NM103/1000B)
nust			#3	Receiver Primary Identifier (NM109/1000B)
red on the	e			
b.				<u>S</u> ave <u>Close</u>
			– Fic	ure 4.16 – Institutional Submitter Setup Window

Palmetto GBA

 i. Complete all fields on the General tab. ii. On the Prepare tab, change the EMC Output Format field to "A." and change the ANSI Version (837) to "A1." 	Genera	l Prepa Profess Genera	re ANS ional S Prepa Profess Genera	r Information r Information SI Info ANSI Info (2) ubmitter Information sional Submitter Information Prepare ANSI Info ANSI Info (2) Professional Submitter Information General Prepare ANSI Info ANSI Info (2)
 (857) to AI. iii. On the ANSI Info tab, enter "ZZ" in the Submitter Intchg ID Qual. field and enter "27" in the Receiver Intchg ID Qual. field. The Acknowledgement Requested field must contain "1." iv. No updates required on Info (2) tab. 	City Phor Cont	Subr EMC EMC ANS ANS ANS	Reci Auth Secu #1 #2 #3	ANSI-837 Data Element Overrides Interchange Sender ID (ISA06) Interchange Receiver ID (ISA08) Application Sender's Code (GS02) Application Receiver's Code (GS03) Submitter Primary Identifier (NM109/1000A) Receiver Name (NM103/1000B) Receiver Primary Identifier (NM109/1000B)

b. **Professional Submitter Information** (Figure 4.17)

Figure 4.17 – Professional Submitter Setup Window

- 7. After you have completed your additions/changes, click the **Save** button located on the bottom right of the window.
- 8. During the submitter save operation, an edit validation process is performed on all submitter record files. If no edit validation errors occur, the submitter record is saved. If one or more edit validation errors occur, the Edit Validation Errors List will display. This form lists all "fatal" and "non-fatal" errors that occurred.

If any fatal errors exist, you must correct them before the submitter record can be saved. If only nonfatal errors exist, you can either correct the errors or save the submitter record with errors. Click on **Save with Errors** to save a submitter record with non-fatal errors. Several **Save** attempts may be required to correct and save a "clean" submitter record.

DELETING AN EXISTING SUBMITTER RECORD

To delete an existing record:

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.
- 2. Click the **Codes/Misc** tab.
- 3. Under the Shared list, click the **Submitter** button. The central field of the Submitter Setup window will display a list of existing submitters.
- 4. Highlight the desired record from the list, click the **Delete** button and confirm the deletion.

Data Communications Reference File (Codes/Misc, Shared)

Note: This reference file is not used.

HCPCS Reference File (Codes/Misc, Shared)

Note: This reference file does not apply to Institutional Claims.

The HCPCS Codes form provides access to maintain the HCPCS codes used in the PC-ACE Pro32 software. Separate database files are used to maintain "global" and "local" HCPCS codes. You can add and maintain global and local HCPCS. Select the **Global codes** or **Local codes** radio button to display the desired list.

You can list all codes by clicking the top option under List Filter Options. You can also filter the HCPCS code list to include codes starting with a particular value, descriptions starting with particular value, or descriptions containing particular value.

ADDING OR UPDATING A HCPCS CODE

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.
- 2. Click the Codes/Misc tab.
- 3. Under the Shared list, click the **HCPCS** button. The HCPCS Codes window will display (Figure 4.18).
- 4. Choose **Global Codes** or **Local Codes** from the radio buttons at the top of the window.
- 5. Determine if you plan to add or modify a code:
 - a. To add a new code, click the **New** button.
 - b. To update an existing code, highlight the code and click the **View/Update** button or double-click on the code.
- 6. The HCPCS Code Information window (Figure 4.19) will display. Complete the fields. Enter the effective date range using a 4-digit year format.
- 7. After you have completed your additions/changes, click the **OK** button located on the bottom right of the window.

DELETING AN EXISTING HCPCS CODE

To delete an existing code:

👖 HCPCS C	odes	_ 🗆 ×						
List includes:								
HCPCS Code	HCPCS Description	-						
00100	ANESTH, SALIVARY GLAND							
00102	ANESTH, REPAIR OF CLEFT LIP							
00103	ANESTH, BLEPHAROPLASTY							
00104	ANESTH, ELECTROSHOCK							
00120	ANESTH, EAR SURGERY							
00124	ANESTH, EAR EXAM							
00126	ANESTH, TYMPANOTOMY							
	1	-						
– List Filter Op	tions							
	codes (no filter applied)							
C Filter list	to include codes starting with							
C Filter list to include descriptions starting with up to first 5 characters)								
C Filter list	to include descriptions containing							
<u>N</u> ew	View/Update Delete	<u>C</u> lose						

Figure 4.18 – HCPCS Codes Window

HCPCS Code Inform	×
Code Description	
Effective Date Range 01/01/1998 thru	
	Cancel

Figure 4.19 – HCPCS Code Information Window

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.
- 2. Click the Codes/Misc tab.
- 3. Under Shared, click the HCPCS button. The HCPCS Code window will display.
- 4. Choose Global Codes or Local Codes from the radio buttons at the top of the window.
- 5. Highlight the desired code from the list, click the **Delete** button and confirm the deletion.

Physician/UPIN Reference File (Codes/Misc, Shared)

Note: This reference file does not apply to Institutional Claims.

The **Physician/UPIN Setup** form provides access to maintain the optional UPIN (or Physicians) reference file. The list of physicians (and associated UPIN and address information) is made available via lookups to speed the claims entry process. The **Physician/UPIN Setup** can be sorted by **Name** or **UPIN**.

ADDING OR UPDATING A PHYSICIAN/UPIN RECORD

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.
- 2. Click the **Codes/Misc** tab.
- 3. Under the Shared list, click the **Physician** button. The Physician/UPIN window will display (Figure 4.20).
- 4. Determine if you plan to add or modify a record:
 - a. To add a new record, click the **New** button.
 - b. To update an existing record, highlight the record and click the View/Update button or double-click on the record.

🏢 Physician/UPIN	Setup		<u> </u>
Physician ID	Туре	Physician Name	_
******		DOE, JOHN A.	
			_
1		-	Ĩ
<u>S</u> ort By: C Name (Last, Fi	st, MI) 💿 Physician ID	
List Filter Options			
Show all physicial	ans (no	filter applied)	
C Filter list to includ	le Phys	ician IDs starting with	
C Filter list to include	le Phys	ician Names starting with	
<u>N</u> ew ⊻	iew/Up	date Delete	<u>C</u> lose

Figure 4.20 – Physician/UPIN Setup Window

- 5. The Physician/UPIN Information window (Figure 4.21) will display. Complete the fields.
- 6. After you have completed your additions/changes, click the **OK** button located on the bottom right of the window.

DELETING AN EXISTING PHYSICIAN/UPIN RECORD

To delete an existing record:

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.
- 2. Click the **Codes/Misc** tab.

Physician Information	×
Physician ID / Type	8
Physician's Last Name First Name	MI
Address	
City State Zip	
Phone Federal Tax ID / Type	_
<u>Save</u>	el

Figure 4.21 – Physician UPIN Info

- 3. Under Shared, click the **UPIN** button. The central field of the Physician/UPIN Setup window will display a list of existing records.
- 4. Highlight the desired record from the list, click the **Delete** button and confirm the deletion.

Facility Reference File (Codes/Misc, Professional)

The Facility Setup form provides access to maintain the optional Facility Reference file. You may enter Facility records for each frequently referenced facility if desired. The facility reference file is available as a lookup list from the Extended Patient/General Tab on the Professional Claim Form.

ADDING OR MODIFYING A FACILITY RECORD

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.
- 2. Click the Codes/Misc tab.
- 3. Under the Professional list, click the **Facility** button. The Facility Setup window will display (Figure 4.22).
- 4. Determine if you plan to add or modify a record:
 - a. To add a new record, click the **New** button.
 - b. To update an existing record, highlight the record and click the View/Update button or double-click on the record.
- 5. The Facility Information window (Figure 4.23) will display. Complete the fields.
- 6. After you have completed your additions/changes, click the **Save** button located on the bottom right of the window.

i	Facility Setup					_ 🗆 ×
	Facility ID	Туре	Tax ID	E/S	Facility Name	-
						-1
1			0.5 5 10			<u> </u>
	Sort By: C Facility	Name	 Facility ID 			
	<u>N</u> ew ⊻	ew/Up	date <u>D</u> e	ete		<u>C</u> lose

Figure 4.22 – Facility Setup Window

Facility Informa	tion	×
Facility ID/Type		1
Facility Name		
Address		
City/St/Zip		-
Facility Type	Tax ID/Type	
	<u>Save</u> <u>Cancel</u>	

Figure 4.23 – Facility Information Window

DELETING AN EXISTING FACILITY RECORD

To delete an existing record:

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.
- 2. Click the **Codes/Misc** tab.
- 3. Under Professional, click the **Facility** button. The central field of the Facility Setup window will display a list of existing records.
- 4. Highlight the desired record from the list, click the **Delete** button and confirm the deletion.

Charges Master Reference File (Codes/Misc, Professional)

The optional Charges Master Setup form provides access to maintain the Charges Master reference file. If you choose to use this optional reference file, it should be set up to include only those procedure codes that are to be used by the billing office (rather than the entire HCPCS code universe). Using a Charges Master reference file will reduce the size of the HCPCS code lookup lists during claim entry, which promotes accuracy and enhances productivity. A dollar amount may also be assigned to each entry. This value is automatically brought forward to the claim line item Charges field when a valid Charges Master code is entered during claim entry.

You can list all Charges Master codes by clicking the top option under List Filter Options. You can also filter the Charges Master code list to include codes starting with a particular value, descriptions starting with particular value, or descriptions containing particular value.

ADDING OR MODIFYING A CHARGES MASTER CODE

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.
- 2. Click the Codes/Misc tab.
- 3. Under the Professional list, click on the **Charges Master** button. The Charges Master Setup window will display (Figure 4.24).
- 4. Determine if you plan to add or modify a code:
 - a. To add a new code, click the **New** button.
 - b. To update an existing code, highlight the code and click the **View/Update** button or double-click on the code.
- 5. The Charges Master Information window (Figure 4.25) will display. Enter a valid HCPCS code *or* right-click in the Code field to select a code from the master HCPCS code reference file. Enter/change the desired Charges value.
- 6. After you have completed your additions/changes, click the **OK** button located on the bottom right of the window.

🏢 Charge	s Maste	r Setup		_ 🗆 🗵
Code	LOB	Payer ID	Description Charg	jes 🔺
				-
List Filter	Options -			
Show) all code	s (no filter applie	d)	
C Filter	list to incl	lude codes star	ing with	
C Filter	list to incl	lude description	s starting with [(up to first 5 characters)	
C Filter	list to incl	lude description		
New		<u>V</u> iew/Update	Delete	<u>C</u> lose

Figure 4.24 – Charges Master Setup Window

Charges Master Information	n		×
LOB: K All >>	Payer ID:	(blank = all payers)	1
Code:			
Description:			
Charges:0.00		OK Cano	el

Figure 4.25 – Charges Master Information Window

7. Close your Reference File Maintenance tab, which will return you to the PC-ACE Pro32 Claims Processing System toolbar. From menu options at the top of the toolbar, click **File** and then **Preferences**.

- The Preferences window will display (Figure 4.26). If you are using the HCPCS Reference file, click once on "Use Charge Master reference file for Professional procedure code lookups."
- 9. Click the **OK** button.

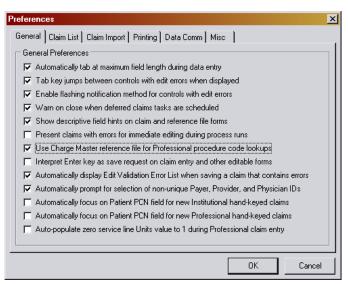


Figure 4.26 – Preferences Window

DELETING AN EXISTING CHARGES MASTER CODE

To delete an existing code:

- 1. Click the **Reference File Maintenance** button on the PC-ACE Pro32 main menu. The Reference File Maintenance window will display.
- 2. Click the Codes/Misc tab.
- 3. Under Professional, click the **Charges Master** button. The central field of the Charges Master Setup window will display a list of existing codes.
- 4. Highlight the desired code from the list, click the **Delete** button and confirm the deletion.

SECTION 5 – INSTITUTIONAL (PART A) CLAIMS PROCESSING

Once your reference files have been established you can begin claims processing. The Institutional Claims Processing option on the PC-ACE Pro32 main menu (button highlighted in Figure 5.1) gives you access to the Institutional Claims Menu (Figure 5.2).

From the Institutional Claims Menu the following operations are available:

- **Import Claims** from a print file. (Note: Claim importing is not supported. Refer to on-line help for information.)
- Enter Claims manually.
- List Claims to maintain existing claims from a comprehensive list.
- **Process Claims**, imported or reactivated, automatically.
- **Prepare Claims** into an EMC file for transmission.







Figure 5.2 – Institutional Claims Menu

Using the Institutional Claim Form

The Institutional Claim Form has been designed to provide a data entry flow resembling that of the printer Institutional UB92 (HCFA-1450) claim form. The following information will help you as you complete the claim form.

- To move between the six major claim form sections, click on the associated tabs or press the **PAGE UP** and **PAGE DOWN** keys.
- To move through the claim form fields, you can click on a field to activate it, or you can press the TAB key to move from field to field in a predefined sequence (generally left-to-right and top-to-bottom). Use the UP ARROW and DOWN ARROW keys to move up and down through the claim form fields.
- Many fields will have either a fixed-list (established set of values) or a variable-list (values selected from reference files) lookup. To access the lookup list, move your cursor over the field and right-click to display a pop-up menu. You can also click in the field and press F2. Select the appropriate value from the list and it will automatically be entered in the claim form field.
- If you inadvertently make a change to a field, you can press **ESC**, which will "un-do" the change and restore the field's original value.
- "Fly-over" hints provide a brief description of a field's purpose. They become visible when the mouse/cursor pauses over the field.

♦ When the focus leaves a particular field (for example, when you press the TAB key or click on a new field), an edit validation is performed on the field losing the focus. Edits performed at this time are referred to as "field-level" edits. If a field-level edit error occurs, an audible tone will sound and the error message will display in the lower left corner of the claim form. In addition, the focus will remain on the field with the error so that you can correct the problem if desired. If you choose not to correct the data at this time, simply press TAB again to move to the next field.

Entering Institutional Claim Data

To enter Institutional claims into the PC-ACE Pro32 system:

1. Select **Enter Claims** from the Institutional Claims Menu. The Institutional Claim Form will display (Figure 5.3).

Institutional Claim Form
Patient Info & Codes Billing Line Items Payer Information Diagnosis/Procedure Extended Patient/General Extended Payer
LOB MCA FL 1 FL 2 3 · Patient Control No. 4 · Type of Bill
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
13 - Patient Address 1 Patient Address 2 Patient City State Patient Zip Patient Phone Image: Patient Address 1 Patient Address 2 Patient City State Patient Zip Patient Phone Image: Patient Address 1 Patient Address 2 Patient City State Patient Zip Patient Phone
14 - Birthdate Sex MS Admission HR Type SRC D HR Stat 23 - Medical Record No. 24 - Condition Codes
32 · Docurrence 33 · Docurrence 34 · Docurrence 35 · Docurrence 36 · Docurrence Span 36 · Docurrence Span Code Date Code Date Code Date Code From Thru
33 · Value 40 · Value 41 · Value 33 · Value 40 · Value 41 · Value Code Amount Code Amount Code Amount Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code
Save Cancel

Figure 5.3 – Institutional Claim Form, Patient Info & Codes Tab

2. Begin entering patient and code data, using your cursor or the **TAB** key to move through the fields.

Note: Many fields on this and subsequent tabs will fill automatically as other fields are completed, with information pulled from the reference files. For example, when you enter a Patient Control Number, the patient's name, address, etc. will automatically fill the appropriate fields.

If any of the automatically entered information is incorrect, it cannot be changed from this tab. You must exit the Claim Form and make the necessary change(s) directly to the proper reference file.

- 3. Fields that require free-form text are shown on the tab as Form Locator buttons (e.g., FL1). To enter information into these fields:
 - a. Click the **FL1** button and the "Form Locator 1" popup window will display.
 - b. Type in the relevant information. Press **ENTER** to start a new line if needed.
 - c. When you have completed your entry, press **TAB** to close the popup window.
 - d. Follow the same steps with each Form Locator button on the tab to complete the field entries for this portion of the claim form.

4. When you have completed entering information into the Patient Info and Codes tab, click on the **Billing Line Items** tab to display that section of the claim entry form (Figure 5.4).

Institutional Claim Form		×			
Patient Info & Codes Billing Line Items Payer Info	rmation Diagnosis/Procedure Extended Patient/General E	ktended Payer			
Line Item Details Extended Details (Line 1)					
		1			
42 44 44 - Modifiers LN Rev.Cd. HCPCS 1 2 3	44 45 46 47 4 Rate Service Date Units/Days Total Charge	48 s Non-Cov. Charges			
2					
3					
5					
6					
		₹			
	Rec <u>a</u> lculate Totals:0.00	0.00			
		Save Cancel			

Figure 5.4 – Institutional Claim Form, Billing Line Items Tabs

To enter a new line, you can enter data into each field of the line, or to facilitate your entry, you can:

- a. Duplicate all the fields from the previous line by pressing **F5**.
- b. Duplicate a single field from the previous line by clicking in the selected field and pressing **F4**.
- c. Delete an entire line by pressing **F7**.

Note: Claim lines are automatically re-sequenced by Revenue Code when a claim is saved.

- 5. When you have completed line item entries, click the **Recalculate** button located near the bottom of the tab adjacent to the Totals field. This will recalculate and update the Total Charges and Total Non-Covered Charges fields from the current claim line item charges values.
- 6. When you have finished with the information on this tab, click on the **Payer Information** tab to display that section of the claim entry form (Figure 5.5).

Institutional Claim Form						×
Patient Info & Codes Billing Line Items	Payer Information	Diagnosis/Procedure	Extended Pat	tient/General	Extended Payer	1
Sub Payer ID Payer N	ame	51 Provider No.	52 53 ROI AOB Pric	54 or Payments 0.00		FL56 Clear Payer Clear Payer
	i					Clear Payer
FL57	,	Due From F	Patient >>	0.00	0.00	
P.Rel 58 - Insured's Name (L	ast, First, MI)	60 - Insured's IE) 6' 	1 - Group Nam	e 62 · Grou	up Number
63 - Authorization Code / Type ESC	65 - Employe	er Name 66 -	Employer Addr		City	State Zip
					<u>S</u> ave	Cancel

Figure 5.5 – Institutional Claim Form, Payer Information Tab

- 7. Begin entering payer data. Fields that require free-form text are shown on the tab as Form Locator buttons (e.g., FL56). To enter information into these fields:
 - a. Click the **FL56** button and the "Form Locator 56" popup window will display.
 - b. Type in the related information. Press **ENTER** to start a new line if needed.
 - c. When you have completed your entry, press **TAB** to close the pop-up window.
 - d. Follow the same steps with each Form Locator button on the Payer Information tab to complete the field entries for this portion of the claim form.
- 8. When you have completed all of the fields on the Payer Information tab, click on the **Diagnosis/Procedure** tab to display that section of the claim entry form (Figure 5.6).

Institutional Claim Form			×
Patient Info & Codes Billing Line Items Payer Informa	ation Diagnosis/Procedure Ext	tended Patient/General Exter	nded Payer
67 - Prin. 68 - 75 Diag. Cd. Other Diagno:		76 - Admit. Diag. Cd./Typ	77 78 e E-Code Form Loc DRG
79 80 - Principal Procedure 81 - Other Procedu P.C. Code Date Code Date			ANSI-837 HH COB? CR6 Attachment
81 - Other Procedure 3 81 - Other Procedu Code Date Code Date			
	82 - Attending ID/Type	Last Name First Nam	me MI Fed Tax ID & Type
84 - Remarks			
	Operating Phys ID/Type	Last Name First Nam	MI Fed Tax ID & Type
	83 - Other Phys ID/Type	Last Name First Nam	ne MI Fed Tax ID & Type
	83 - Other Phys ID/Type	Last Name First Nam	ne MI Fed Tax ID & Type
×		1	
			<u>Save</u> <u>C</u> ancel

Figure 5.6 – Institutional Claim Form, Diagnosis/Procedure Tab

- 9. Enter data into blank fields.
- 10. Enter a "Y" in the COB? field if you have COB-related information.

Note: Entering a "Y" in this field will generate two new sub-tabs to the Extended Payer tab (COB Info Primary and COB Info Secondary, Figure 5.7) and one new sub-tab to the Billing Line Items tab (MSP/COB, Figure 5.8).

Institutional Claim Form	Institutional Claim Form	
Patient Info & Codes Billing Line Items Payer Information Diagnosis/Procedure Extended Patient/General Extended Payer	Patient Info & Codes Billing Line Items Payer Information Diagnosis/Procedure Extended Patient/General Extended Payer	
Pateri Holo Coder Billing Univ Items Paper Tensor Paper Colli Info Primary) Colli Info (Coder Info Paper Secondary Paper Secondary Colli Info (Primary) Colli Info (Secondary Colli Info (Primary) Colli Info (Secondary Colli Info	Line Item Datalit Extended Datali Line 11 MSP/COB (Line 11) Line Item Adjudication / COB Information (MSR4827 Use Only) SVD P/S Rev. Cd. Proc. Gual / Code Modilier 1 The 4 Paid Amount Paid Units BAU Line 1 2 3 - Line Adjudication (MSR 91 Use Only) - Line (MSR 91 Use Only) -	
Medicare Dutpatient Adjudication (MDA) Remarks Codes	Procedure Code Description I Line Level Adjustments (CAS) Amount Units 2 Adj/Pagment Data	
	<u>Save</u> <u>Cancel</u>	

Figure 5.7 – COB Info Primary Sub-Tab

Figure 5.8 – MSP/COB Sub-Tab

Two distinct levels of Coordination of Benefits reporting are supported:

Claim-Level COB Reporting – Remittance data that is not specific to a particular service line is reported at the claim level. The claim form provides claim-level COB fields for both the primary and secondary payers. These fields are located on the COB Info (Primary) (Figure 6.10) and COB Info (Secondary) sub-tabs of the Extended Payer/Insured tab.

◆ Line-Level COB Reporting – Remittance data specific to a particular service line is reported at the line level. The claim form provides a set of line-level COB fields for each service line. These fields are located on the **MSP/COB** sub-tab of the Billing Line Items tab (Figure 6.11). This sub-tab tracks the currently selected service line in the same manner as the other extended line item sub-tabs. The current service line is identified in the sub-tab caption (e.g., Line 4).

The claim-level COB data is entered on the "COB Info (Primary)" and "COB Info (Secondary)" subtabs of the Extended Payer/Insured tab. The purpose and use of the various field groups on these subtabs are as follows:

- Common Payer MSP Information This field group exists primarily to provide a bridge between the MSP/COB reporting standards defined in the older NSF format and those defined in the ANSI / X12 implementation. Only the amount "Paid" by primary payer, amount "Allowed" by primary payer, the "Insurance Type", "OTAF" (Obligated To Accept In Full Amount) if applicable, "Zero Payment Ind" and "Claim Adjudication Date" fields are actually needed to process MSP/COB claims in PC-ACE Pro32.
- Claim-Level Adjustments (CAS) Permits entry of one or more claim-level adjustments as reported by the payer. Adjustments are defined by a specific "Group" code and "Reason" code combination. Enter these codes manually or select them from the available lookup lists. Each claim-level adjustment must specify a non-zero "Amount" value and may also specify an optional "Units" value.
- COB / MOA Amounts Permits entry of various general claim-level COB amount values as well as amount values defined specifically for Medicare Outpatient Adjudication (MOA) use. Enter or select the "Code" which defines the amount type to be reported, and enter the corresponding "Amount" value.
- Medicare Outpatient Adjudication (MOA) Remarks Codes Permits entry of up to 5 remarks codes for Medicare Outpatient Adjudication (MOA) use. These optional codes may be entered manually or selected from the available lookup list.
- Claim Adjudication Date Permits entry of the date on which the payer adjudicated the claim. This date is typically required at either the claim or line level.

The line-level COB data is entered on the "MSP/COB" sub-tab of the Billing Line Items tab (Figure 6.11). The purpose and use of the various field groups on this sub-tab are as follows:

- ♦ Service Line Adjudication (SVD) Information Permits entry of one or more Service Line Adjudication (SVD) lines as reported by the payer for the current service line. The "P/S" field identifies the payer (primary/secondary) reporting this line adjudication notice. The procedure code and modifier fields identify the specific procedure being adjusted. The practice of procedure code "bundling" and "unbundling" utilizes these fields to provide specific information regarding how the payer has grouped the procedures for payment. The "Paid Amount" indicates the amount the payer has paid on this procedure. The "Paid Units" value permits reporting of payments for less than the originally billed units. Finally, the "B/U Line" field identifies the service line on the original claim to which this SVD line applies. This reference identifier should be included on the remittance, and is primarily used in scenarios where procedure code bundling/unbundling has occurred.
- Line Adjustment (CAS) & Miscellaneous Adjudication Info Permits entry of several additional Service Line Adjudication (SVD) fields for the current SVD line. The fields in this control group track the currently selected SVD line. The control group's caption indicates the current SVD line (e.g., "(for SVD 1 above)").
- Line-Level Adjustments (CAS) Permits entry of one or more line-level adjustments as reported by the payer for the current Service Line Adjudication (SVD) line. Adjustments are defined by a specific "Group" code and "Reason" code combination. Enter these codes manually or select them from the available lookup lists. Each line-level adjustment must specify a non-zero "Amount" value and may also specify an optional "Units" value.

- Common Line MSP Information This field group exists primarily to provide a bridge between the MSP/COB reporting standards defined in the older NSF format and those defined in the ANSI / X12 implementation. Only the "Approved" and "OTAF" (Obligated To Accept In Full) amount fields are actually needed to process COB claims in the newer ANSI / X12 format. All remaining fields in this group can be reported using equivalent values in the SVD or CAS field groups. For backward compatibility, PC-ACE Pro32 will continue to recognize and report values in these obsolete fields whenever it is practical to do so.
- 11. Enter a "Y" in the ANSI-837 HH CR6 Attachment field if required for claim submission.
- 12. When you have completed entering information into the Diagnosis/Procedure tab, click on the **Extended Patient/General** tab to display that section of the claim entry form (Figure 5.9).

Institutional Claim Form	×
Patient Info & Codes Billing Line Items Payer Information Diagnosis/Procedure Extended Patient/General Extended Payer	
Facility Information Claim Supplemental Information (PWK) ID/Type	4 •
Save Canc	el

Figure 5.9 – Institutional Claim Form, Extended Patient/General Tab

- 13. Complete the additional patient and general claim-level fields as needed.
- 14. Enter data into any required authorization fields. This tab also includes fields for MSP and other secondary claims where COB information is required. (Figure 5.10)

Figure 5.10 – Institutional Claim Form, Extended Payer Tab

- 15. After completing all of the data entry on the claim form, click the **Save** button (or press **ALT-S**) to save and exit the claim. (Note: clicking the **Cancel** button will abandon all changes made to the claim.) When you click the Save button, PC-ACE Pro32 begins an Edit Validation process. One or more of the following edits may be required:
 - a. At least one of the payers specified on a claim must have the same LOB (line of business) as the claim itself.
 - b. If no edit validation errors occur, the claim is saved with a clean (CLN) status.
 - c. If one or more edit validation errors occur, the Edit Validation Errors List form will display, indicating fatal and non-fatal errors. You may correct the errors or save the claim with errors. Note: If a fatal error exists in the LOB, PCN or TOB field, you must correct the error before you will be allowed to save the claim.
 - i. To save a claim that contains only non-fatal errors, click the **Save With Errors** button. These claims are saved with a has-errors (ERR) status.
 - ii. To save a claim that contains fatal errors, click the **Save With Fatal** button. Such claims are assigned the has-fatal-errors (ERF) status. Claims with an ERF status are not eligible for preparation into an electronic (EMC) file.
- 16. If edit validation errors occur, several **Save** attempts may be required to correct and save a clean claim. At any time, you can click the **Errors List** button to review remaining edit validation errors.

🧰 Institutional Claim List

File Filter Actions Reports

Status LOB TOB PCN

The Institutional Claim List

The Institutional Claim List (Figure 5.11) provides versatile access to create, list, modify, print and otherwise maintain claims. To access the Claim List form:

- 1. Select the **List Claims** option from the Institutional Claims Menu.
- 2. Choose one of the **Sort By** options (radio buttons below list).
- 3. If you want to filter the claim list, select the desired filters from the **Claim List Filter Options** drop-down lists.

CLAIM ACTIONS

Sort By:
Patient Name
PCN
Entry Date
Service Date
Claim List Filter Options
Location:
CL - to be transmitted
Status:
Checked claim count:
Checked claim count:
Claim List Window
Figure 5.11 – Institutional Claim List Window

Patient Last

Payer ID

Entered

To perform an action on one or more claims:

- 1. Highlight the single selected claim, or choose multiple claims by clicking in the left-hand column to place a checkmark next to each selected claim.
- 2. Perform the desired action. Primary actions have conveniently placed buttons located at the bottom of the form. Additional actions can be chosen by selecting the **Actions** menu on the Claim List toolbar (you can also right-click over a selected claim to view a pop-up menu). Available claim actions are described in the table on the following page. An "X" in the **M** column indicates that the action (menu option) can be performed on multiple claims.

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Menu Option	Μ	Description of Action
Create New claim or New button		Access a blank Institutional Claim Entry form.
View Selected Claim or View/Update button		View and/or modify the selected claim.
Copy Selected Claim or Copy button		The Institutional Claim Entry form will display containing details of the highlighted claim. Some fields are cleared automatically in the new claim.
Delete Selected Claim or Delete button	Х	Deleted claims are assigned "DEL" status. Note: DEL status claims can be recovered (undeleted).
Purge Selected Claim	Х	Claims in the pre-transmitted (CL) location with a DEL status will be purged from the system.
		Note: Purged claims <i>cannot</i> be recovered.
Reactivate Selected Claim	Х	Move selected claim(s) from the previously transmitted (TR) or paid (PD) location into the pre-transmitted (CL) location. The reactivated claim will be assigned the unprocessed (UNP) status.
Hold Selected Claim	Х	Changes the status of the selected claim to hold (HLD). Held claims are not considered for future claim activities such as automated claim processing or claim preparation.
Print Selected Claim	Х	Claims may be printed using either a plain paper image overlay technique or the traditional pre-printed form method. (Adobe Acrobat Reader version 4.0 is required for this function.)
Archive Claims	Х	Moves the selected claim(s) from the transmitted (TR) and paid (PD) locations to the open claim archive database.
Show Selected Claim Payments		Allows you to post, view, or modify payments for the selected claim.
Set Selected Claim Media	Х	Designates the selected claim for either electronic or paper submission. Only claims with a media setting of electronic (E) will be eligible for preparation into an EMC file. Claims with a media setting of paper (P) can be printed and submitted in hardcopy form. When a paper claim is printed, you will be given the option to move the claim from the pre- transmitted (CL) location to the transmitted (TR) location.

CLAIM LIST REPORTS

PC-ACE Pro32 gives you the ability to view several reports and a number of special print functions. To view a detailed report of the currently listed claims:

- 1. Select **Reports** from the Claim List toolbar.
- 2. Choose **Print Claim Detail Report**. The previewed report may be printed if desired by clicking the printer button at the top of the report preview form.

To print all or a subset of claims currently eligible for paper submission:

- 1. Select **Reports** from the Claim List toolbar.
- 2. Choose **Print Claims for Paper Submission**. A claim is eligible for paper submission if it has a media setting of paper (P), resides in the pre-transmitted (CL) location, and has a clean (CLN) status (or, optionally, a non-fatal errors (ERR) status).
- 3. After each eligible claim is printed, you will be prompted to move the claim to the transmitted (TR) location. When multiple paper claims are eligible for submission, you may use the Yes To All/No To All buttons to move/not move all eligible paper claims to the transmitted (TR) location after printing. (Adobe Acrobat Reader version 4.0 is required for this function.)

Note: Since paper claims will never be prepared into an EMC file, this prompt provides the only available mechanism for moving these claims out of the pre-transmitted (CL) location.

Automated Claims Processing

The Process Claims feature allows you to run front-end edits on claims being submitted. To process claims:

- 1. Select the **Process Claims** option from the Institutional Claims Menu. The Automated Claim Processing window will display (Figure 5.12).
- 2. If you want to process only specified claims, complete the top portion of the window. Place a check in the box next to the options in the lower portion of the window if desired.

Automated Claim Processing						
Process Claims Matching (leave blank for all claims)						
LOB: TOB: Provider:						
Reprocess claims with errors						
Present claims with errors for immediate editing						
Include edit error details in process error report						
Process Close						

3. Click the **Process** button.

Figure 5.12 – Automated Claim Processing Window

Preparing Claims for Electronic Transmission

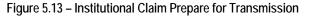
Claim preparation generates a transmission-ready Electronic Media Claims (EMC) file. EMC files contain submission details for one or more processed claims. Only claims in the to-be-transmitted (CL) location that have an electronic (E) media setting are eligible for preparation. When a claim is prepared into an EMC file, it is automatically moved to the transmitted (TR) location, which prevents the claim from being inadvertently retransmitted.

Note: Before preparing claims for the first time, you will need to set up your Submitter Reference File. This file contains important data that will be used to build the EMC file.

To generate an EMC file:

- 1. Select the **Prepare Claims** option from the Institutional Claims Menu. The Institutional Claim Prepare For Transmission window will display (Figure 5.13).
- Specify from the drop-down list if you want only a single line of business (LOB) to be considered, or select <<All>> to include claims for any line of business. If you specify an LOB:
 - a. Choose a single Payer or <<All Payers for LOB(s)>> to include claims for all payers.
 - b. Choose one or more Providers or <<All Providers for Payer(s)>> to include claims for all providers.

Institutiona	l Claim Prepare For Transmission 🛛 🔀							
Include Cla	Include Claims Matching							
LOB:	<< All>>							
Payer:	<< All Payers for LOB(s) >>							
Provider:	<< All Providers for Payer(s) >>							
Output Format		Submission Status Production		C Yes				
ANSI-8	ANSI-837		C Test					
			Prepare Claims Cancel					



- 3. Specify whether:
 - a. You want ANSI-837 EMC file output format.
 - b. The EMC file should be designated as a production or test submission.
 - c. Claims with non-fatal errors (ERR) are to be eligible for preparation. When unchecked, only processed claims will be eligible for preparation.
- 4. Click the **Prepare Claims** button. Confirm your intention to prepare all eligible claims by clicking **OK** on the displayed confirmation.

Running totals of the count and dollar value of all prepared claims will be displayed on the Claims Prepare For Transmission form. You will be notified when the claim preparation operation completes.

- 5. You can click the **View Results** and/or **View Errors** buttons to view reports of the successfully prepared claims and rejected claims, respectively. These reports can be printed from the report previewer if desired.
- 6. When you have completed your review of the claim preparation reports, click the **Close** button on the Claim Prepare For Transmission form.

SECTION 6 – PROFESSIONAL (CMS-1500 – PART B) CLAIMS PROCESSING

Once your reference files have been established you can begin claims processing. The Professional Claims Processing option on the PC-ACE Pro32 main menu (button highlighted in Figure 6.1) gives you access to the Professional Claims Menu (Figure 6.2).

From the Professional Claims Menu the following operations are available:

- **Import Claims** from a print file. (Note: Claim importing is not supported. Refer to on-line help for information.)
- Enter Claims manually.
- List Claims to maintain existing claims from a comprehensive list.
- **Process Claims**, imported or reactivated, automatically.
- **Prepare Claims** into an EMC file for transmission.



Figure 6.1 – PC-ACE Pro32 Claims Processing Menu



Figure 6.2 – Professional Claims Menu

Using the Professional Claim Form

The Professional Claim Form has been designed to provide a data entry flow resembling that of the printer Professional (CMS-1500) claim form. The following information will help you as you complete the claim form.

- To move between the five major claim form sections, click on the associated tab or press the **PAGE UP** and **PAGE DOWN** keys.
- To move through the claim form fields, you can click on a field to activate it, or you can press the TAB key to move from field to field in a predefined sequence (generally left-to-right and top-to-bottom). Use the UP ARROW and DOWN ARROW keys to move up and down through the claim form fields.
- Many fields will have either a fixed-list (established set of values) or a variable-list (values selected from reference files) lookup. To access the lookup list, move your cursor over the field and right-click to display a pop-up menu. You can also click in the field and press F2. Select the appropriate value from the list and it will automatically be entered in the claim form field.
- If you inadvertently make a change to a field, you can press **ESC**, which will "un-do" the change and restore the field's original value.
- "Fly-over" hints provide a brief description of a field's purpose. They become visible when the mouse/cursor pauses over the field.

♦ When the focus leaves a particular field (for example, when you press the TAB key or click on a new field), an edit validation is performed on the field losing the focus. Edits performed at this time are referred to as "field-level" edits. If a field-level edit error occurs, an audible tone will sound and the error message will display in the lower left corner of the claim form. In addition, the focus will remain on the field with the error so that you can correct the problem if desired. If you choose not to correct the data at this time, simply press TAB again to move to the next field.

Entering Professional Claim Data

To enter Professional claims into the PC-ACE Pro32 system:

1. Select **Enter Claims** from the Professional Claims Menu. The Professional Claim Form will display (Figure 6.3).

Professional Claim Form						
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured						
LOB MCB Billing Provider 26 - Patient Control No.						
8 - Pat. Status Death 12 Legal 2 - Patient Last Name First Name MI Gen 3 - Birthdate Sex MS ES SS Ind SDF Rep.						
5 - Patient Address 1 Patient Address 2 Patient City State Patient Zip Patient Phone						
10 · Patient Condition Related To ROI ROI Date Other Ins. 14 · Date/Ind of Current 15 · First Date 16 · UTW/Disability Dates & Type Employment Accident I I //// I //// I ////						
17 - Referring Physician's Name (Last, First, MI) 17a - Referring Phys ID/Type 18 - Hospitalization Dates 20 - Outside Lab & Charges						
19 - Reserved For Local Use 22 - Medicaid Resubmission Code & Ref No						
25 - Fed. Tax ID SSN/EIN 27 - Provider Accepts Assignment? 33a - PIN No.						
31 - Provider SOF Date Facility? Dental? COB? Frequency 33b - GRP No.						
Save Cancel						

Figure 6.3 – Professional Claim Form, Patient Info & General Tab

2. Begin entering patient and general data, using your cursor or the **TAB** key to move through the fields.

Note: Many fields on this and subsequent tabs will fill automatically as other fields are completed, with information pulled from the reference files. For example, when you enter a Patient Control Number, the patient's name, address, etc. will automatically fill the appropriate fields.

If any of the automatically entered information is incorrect, it cannot be changed from this tab. You must exit the Claim Form and make the necessary change(s) directly to the proper reference file. 3. When you have completed entering information into the Patient Info and General tab, click on the **Insured Information** tab to display that section of the claim entry form (Figure 6.4).

Professional Claim Form			×
Patient Info & General Insured Information Billing L	ine Items Ext. Patient/General Ext.	Pat/Gen (2) Ext. Payer/Insure	a)
Sub Payer ID Payer Name	Insured's ID P.Rel	Insured's Last Name	First Name MI Gen
Birthdate Sex Sig AOB Insured's Addre	ss 1 Insured's Addres	s 2 Insured's City	State Zip
Insured's Phone ESC Employer Name Image: Sector of the se	Group Name	Group Number	Clear Payer Clear Payer Clear Payer
			<u>Save</u> <u>C</u> ancel

Figure 6.4 – Professional Claim Form, Insured Information Tab

4. Enter data into blank fields. When you have completed the fields on this tab, click on the **Billing Line Items** tab to display that section of the claim entry form (Figure 6.5).

Professional Claim Form		×
Patient Info & General Insured Information Billing Line Items E	xt. Patient/General Ext. Pat/Gen (2) Ext. Payer/Inst	ured
Line Item Details Extended Details (Line 1) Ext Details 2 (Lin	e 1)	
Claim Diagnosis Codes: 1 2 3	4 5 6 7	8
24a - Service Dates 24b 24c 24d 4d Mode 1 _/ _/	iers 24e 24f 24g 24g EP FPEM CB AT Image Imag	T Rendering Physician
	otal Charge0.00 Recalculate mount Paid0.00 30 - Balance Due	
		<u>S</u> ave <u>C</u> ancel

Figure 6.5 – Billing Line Items Tab, Line Item Details Sub-Tab

5. The Billing Line Items tab contains a number of sub-tabs. The first sub-tab (Line Item Details) displays the claim diagnosis codes as well as the basic line item fields available on the hard-copy Professional (CMS-1500) claim form. The remaining sub-tabs are linked to the currently selected line on the Line Items Details tab. As you move from one line to another on the Line Items Details tab, the remaining sub-tabs will track the new current line. Note that the Extended Details tab caption will change based on the current line highlighted (i.e., Ext Details Line 1, Ext Details Line2, etc.).

To enter a new line, you can enter data into each field of the line, or to facilitate your entry, you can:

- a. Duplicate all the fields from the previous line by pressing **F5**.
- b. Duplicate a single field from the previous line by clicking in the selected field and pressing **F4**.
- c. Delete an entire line by pressing **F8**.

- 6. When you have completed line item entries, click the **Recalculate** button located near the bottom of the tab adjacent to the Totals field. This will recalculate and update the Total Charges and the Balance Due fields from the current claim line item charges values and the Amount Paid field value.
- 7. Click on the Extended Details subtabs and review the information in these fields.
- 8. If you have entered a procedure code that requires a Professional (CMS-1500) Attachment or CMN, an additional sub-tab for that attachment will display (Figure 6.6). Note: To view a drop-down list of attachment options, right-click in the "AT" field on the Line Item Details sub-tab.
- 9. When billing a National Drug Code (NDC), go to the Billing Line Items tab and the Line Item Details sub-tab and enter XXXXX in the Proc field (24d). Select the Ext Details 2 sub-tab (Figure 6.7) while on the claim line. Enter NDC information under Linelevel Miscellaneous Information.
- 10. When you have completed all of the sub-tabs (including all additional attachments) of the Billing Line Items tab, click on the Extended Patient/General tab to display that section of the claim entry form (Figure 6.8).

Professional Claim Form			×
Patient Info & General Insured I	Information Billing Line Items Ext. Pal	tient/General Ext. Pat/Gen (2) Ext. Payer/Insured	
Line Item Details Extended D	etails (Line 1) Ext Details 2 (Line 1)	Ambulance	
Type of Transport	Services Available	Origin Information	_
Transport To/For	Medically Necessary		-
Stretcher	Patient Admitted		-
Bed Confined (Before)	Patient Discharged	Destination Information	_
Bed Confined (After)	Patient Admit (2nd Facility)		<u> </u>
Unconscious/Shock	EKG Order UPIN	- I	-
Emergency Situation	Patient Weight	Purpose of Round Trip	_
Physical Restraints	Miles		
Visible Hemorrhaging	Time of Run		-
		Purpose of Stretcher	_
EMT/Paramedic Name (Last/	First/MI)		<u> </u>
			-
		<u>S</u> ave <u>C</u> anc	el

Figure 6.6 – Billing Line Items, Ambulance Attachment Sub-Tab

Professional Claim Form	
Patient Info & General Insured Information Billing	g Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured
Line Item Details Extended Details (Line 1)	Ext Details 2 (Line 1) Ambulance
Line-level Miscellaneous Information	
National Drug Code	Ref No/Type
National Drug Unit Price 0.00	Ref No/Type
Nat. Drug Units/Type0.000	
Prescription No.	Facility ID/Type
Drug Discount Amount0.00	Facility Name
Drug Days Supply	Facility Address
DME Length of Need (Days)	Fac City/St/Zip
DME Purchase Price0.00	Facility Type Tax ID/Type
DME Rental Price 0.00	
DME Rental Unit Price Ind.	
	<u>Save</u>

Figure 6.7 – Billing Line Items, Ext Details 2 Sub-Tab

Professional Claim Form		×
Patient Info & General Insured Information Billing Line Items	Ext. Patient/General Ext. Pat/Gen (2)	Ext. Payer/Insured
Patient Legal Representative Information	Miscellaneous Patient & General Informa	tion
Name (L/F)	Date of Death _/_/	Return To Work Date
Address	Accident State/Hour	Functional Status Code
	Accident Diagnosis	Special Program Indicator
City/State	Responsibility Ind	Medical Rec No
Zip Code Phone ()	FL-10d	IDE Number
, , , , , , , , , , , , , , , , , , ,	Homebound Ind	Doc Ind/Typ/Sent 🔲 🗌 🔄 //
Facility Information	Care Plan Prov	Doc ACN
ID/Type	Date Care Assumed//	Form Loc 31
Name	Date Care Relinquished//	EPSDT Referral
Address	Patient Residence Type	
	Referring Physician State	
C/S/Z	Refer Tax ID/Type	
Type Tax ID/Type	Date Last Seen _/_/	
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Figure 6.8 – Professional Claim Form, Extended Patient/General Tab

11. Enter data into blank fields. When you have completed entering information into the Extended Patient/General tab, click on the **Extended Payer/Insured** tab to display that section of the claim entry form (Figure 6.9).

Professional Claim Form		×
Patient Info & General Insured Information Billing Line Items Ext. Patient/G Primary Payer/Insured Secondary Payer/Insured Payer Address & Miscellaneous Address City/St/Zip Payer Source PP0/HM0 Ind/ID Claim Edit Ind TRICARE Sponsor: Claim Office No. Branch Grade Status	Insured Miscellaneous Insurance Type Ins Location Ident Card Eff/Trm Date Add'l Ref No/Type Add'l Ref No/Type Patient ID	xt. Payer/Insured
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Figure 6.9 – Professional Claim Form, Extended Payer/Insured Tab

12. To enter MSP claims, you must first enter "Y "in the COB? field from **Patient Info & General** tab (see Figure 6.3).

Note: This will generate two new sub-tabs to the **Extended Payer/Insured** tab. On the **COB Info** (**Primary**) and **COB Info (Secondary**) sub-tabs (Figure 6.10), complete the fields under **Common Payer MSP Information** if Medicare is tertiary. Also note the generated **MSP/COB** sub-tab on the **Billing Line Items** tab (Figure 6.11).

Professional Claim Form	Professional Claim Form
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured	Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured
Prinay Payer/Insued Seconday Payer/Insued Trainip Payer/Insued COB into Eprinay CoB	Line Item Datable Extended Datable Line 11 Ext Detable 2 (Line 1) MSPC069 [Line 11 AddAnce] Common Line MSP Amounts Common Line MSP Amounts Common Line MSP Amounts Agroved B000 Datable 000 Doductible 0000 Doductible 0000 Doductible 0000 Disallow Cost 0000 Dis
Save Cancel	Save Cancel

Figure 6.10 – COB Info Primary Sub-Tab

Figure 6.11 – MSP/COB Sub-Tab

Two distinct levels of Coordination of Benefits reporting are supported:

- Claim-Level COB Reporting Remittance data that is not specific to a particular service line is reported at the claim level. The claim form provides claim-level COB fields for both the primary and secondary payers. These fields are located on the COB Info (Primary) (Figure 6.10) and COB Info (Secondary) sub-tabs of the Extended Payer/Insured tab.
- ◆ Line-Level COB Reporting Remittance data specific to a particular service line is reported at the line level. The claim form provides a set of line-level COB fields for each service line. These fields are located on the **MSP/COB** sub-tab of the Billing Line Items tab (Figure 6.11). This sub-tab tracks the currently selected service line in the same manner as the other extended line item sub-tabs. The current service line is identified in the sub-tab caption (e.g., Line 4).

The claim-level COB data is entered on the "COB Info (Primary)" and "COB Info (Secondary)" subtabs of the Extended Payer/Insured tab. The purpose and use of the various field groups on these subtabs are as follows:

- Common Payer MSP Information This field group exists primarily to provide a bridge between the MSP/COB reporting standards defined in the older NSF format and those defined in the ANSI / X12 implementation. Only the amount "Paid" by primary payer, amount "Allowed" by primary payer, the "Insurance Type", "OTAF"(Obligated To Accept In Full Amount) if applicable, "Zero Payment Ind" and "Claim Adjudication Date" fields are actually needed to process MSP/COB claims in PC-ACE Pro32.
- Claim-Level Adjustments (CAS) Permits entry of one or more claim-level adjustments as reported by the payer. Adjustments are defined by a specific "Group" code and "Reason" code combination. Enter these codes manually or select them from the available lookup lists. Each claim-level adjustment must specify a non-zero "Amount" value and may also specify an optional "Units" value.
- COB / MOA Amounts Permits entry of various general claim-level COB amount values as well as amount values defined specifically for Medicare Outpatient Adjudication (MOA) use. Enter or select the "Code" which defines the amount type to be reported, and enter the corresponding "Amount" value.
- Medicare Outpatient Adjudication (MOA) Remarks Codes Permits entry of up to 5 remarks codes for Medicare Outpatient Adjudication (MOA) use. These optional codes may be entered manually or selected from the available lookup list.
- Claim Adjudication Date Permits entry of the date on which the payer adjudicated the claim. This date is typically required at either the claim or line level.

The line-level COB data is entered on the "MSP/COB" sub-tab of the Billing Line Items tab (Figure 6.11). The purpose and use of the various field groups on this sub-tab are as follows:

- Service Line Adjudication (SVD) Information Permits entry of one or more Service Line Adjudication (SVD) lines as reported by the payer for the current service line. The "P/S" field identifies the payer (primary/secondary) reporting this line adjudication notice. The procedure code and modifier fields identify the specific procedure being adjusted. The practice of procedure code "bundling" and "unbundling" utilizes these fields to provide specific information regarding how the payer has grouped the procedures for payment. The "Paid Amount" indicates the amount the payer has paid on this procedure. The "Paid Units" value permits reporting of payments for less than the originally billed units. Finally, the "B/U Line" field identifies the service line on the original claim to which this SVD line applies. This reference identifier should be included on the remittance, and is primarily used in scenarios where procedure code bundling/unbundling has occurred.
- Line Adjustment (CAS) & Miscellaneous Adjudication Info Permits entry of several additional Service Line Adjudication (SVD) fields for the current SVD line. The fields in this control group track the currently selected SVD line. The control group's caption indicates the current SVD line (e.g., "(for SVD 1 above)").
- Line-Level Adjustments (CAS) Permits entry of one or more line-level adjustments as reported by the payer for the current Service Line Adjudication (SVD) line. Adjustments are defined by a specific "Group" code and "Reason" code combination. Enter these codes manually or select them from the available lookup lists. Each line-level adjustment must specify a non-zero "Amount" value and may also specify an optional "Units" value.
- Common Line MSP Information This field group exists primarily to provide a bridge between the MSP/COB reporting standards defined in the older NSF format and those defined in the ANSI / X12 implementation. Only the "Approved" and "OTAF" (Obligated To Accept In Full) amount fields are actually needed to process COB claims in the newer ANSI / X12 format. All remaining fields in this group can be reported using equivalent values in the SVD or CAS field groups. For

backward compatibility, PC-ACE Pro32 will continue to recognize and report values in these obsolete fields whenever it is practical to do so.

- 13. After completing all of the data entry on the claim form, click the **Save** button (or press **ALT-S**) to save and exit the claim. (Note: clicking the **Cancel** button will abandon all changes made to the claim.) When you click the Save button, PC-ACE Pro32 begins an Edit Validation process. One or more of the following edits may be required:
 - a. At least one of the payers specified on a claim must have the same LOB (line of business) as the claim itself. You will not be allowed to save a claim unless this condition is met. If only one of the claim payers has a LOB that matches the claim LOB, then that payer is automatically designated as the submission payer—the payer to which the claim is to be submitted. If you view the claim after saving, you will see a checkmark adjacent to the submission payer line on the Payer tab. It is possible that multiple payers on a claim will have an LOB that matches the claim's LOB. In this case, you will be prompted to select which of these payers is to be designated as the submission payer.
 - b. If no edit validation errors occur, the claim is saved with a clean (CLN) status.
 - c. If one or more edit validation errors occur, the Edit Validation Errors List form will display, indicating fatal and non-fatal errors. You may correct the errors or save the claim with errors. Note: If a fatal error exists in the LOB, PCN or TOB field, you must correct the error before being allowed to save the claim.
 - i. To save a claim that contains only non-fatal errors, click the **Save With Errors** button. These claims are saved with a has-errors (ERR) status.
 - ii. To save a claim that contains fatal errors, click the **Save With Fatal** button. Such claims are assigned the has-fatal-errors (ERF) status. Claims with an ERF status are not eligible for preparation into an electronic (EMC) file.
- 14. If edit validation errors occur, several **Save** attempts may be required to correct and save a clean claim. At any time, you can click the **Errors List** button to review remaining edit validation errors.

The Professional Claim List

The Professional Claim List (Figure 6.12) provides versatile access to create, list, modify, print, and otherwise maintain claims. To access the Claim List form:

- 1. Select the **List Claims** option from the Professional Claims Menu.
- Choose one of the Sort By options (radio buttons shown just below list).
- If you want to filter the claim list, select the desired filters from the Claim List Filter Options drop-down lists.

Π	Profess	ional (Claim List				_	. 🗆 ×
<u>F</u> ile	Filter	Action	is <u>R</u> eports					
	Status	LOB	PCN	Patient Last	Bill Provider	Туре	Entered	Se≛
•								<u> </u>
<u>S</u>	ort By: (🖲 Pati	ent Name 🛛 C 🛛 F	CN C Entry Date	C Service Date	е		
	laim List	Filter O	ptions					
L	ocation:	CL t	o be transmitted	👻 Status: 🤫	4ll >>	• L	0B: < All >:	> -
					Clear Filters	Advan	ced Filter Opt	iona
	hecked	claim c	ount: 0		Ciedi Filters	Auvan		IONS
	<u>N</u> ew	1	View	Сору	Delete		Cla	se
_	<u></u>		2.2.1	-20				

Figure 6.12 – Professional Claim List Window

CLAIM ACTIONS

To perform an action on one or more claims:

- 1. Highlight the single selected claim, or choose multiple claims by clicking in the left-hand column to place a checkmark next to each selected claim.
- Perform the desired action. Primary actions have conveniently placed buttons located at the bottom of the form. Additional actions can be chosen by selecting the **Actions** menu on the Claim List toolbar (you can also right-click over a selected claim to view a pop-up menu). Available claim actions are described in the following table. An "X" in the **M** column indicates that the action (menu option) can be performed on multiple claims.

Μ	Description of Action
	Access a blank Professional Claim Entry form.
	View and/or modify the selected claim.
	The Professional Claim Entry form will display containing details of the
	highlighted claim. Some fields are cleared automatically in the new claim.
Х	Deleted claims are assigned "DEL" status.
	Note: DEL status claims can be recovered (undeleted).
Х	Claims in the pre-transmitted (CL) location with a DEL status will be
	purged from the system.
	Note: Purged claims <i>cannot</i> be recovered.
Х	Move selected claim(s) from the previously transmitted (TR) or paid
	(PD) location into the pre-transmitted (CL) location. The reactivated
	claim will be assigned the unprocessed (UNP) status.
Х	Changes the status of the selected claim to hold (HLD). Held claims are
	not considered for future claim activities such as automated claim
	processing or claim preparation.
Х	Claims may be printed using either a plain paper image overlay
	technique or the traditional pre-printed form method. (Adobe Acrobat
	Reader version 4.0 is required for this function.)
Х	Moves the selected claim(s) from the transmitted (TR) and paid (PD)
	locations to the open claim archive database.
	Allows you to post, view, or modify payments for the selected claim.
Х	Designates the selected claim for either electronic or paper submission.
	Only claims with a media setting of electronic (E) will be eligible for
	preparation into an EMC file. Claims with a media setting of paper (P)
	can be printed and submitted in hardcopy form. When a paper claim is
	printed, you will be given the option to move the claim from the pre-
	transmitted (CL) location to the transmitted (TR) location.

CLAIM LIST REPORTS

PC-ACE Pro32 gives you the ability to view several reports and a number of special print functions. To view a detailed report of the currently listed claims:

- 1. Select **Reports** from the Claim List toolbar.
- 2. Choose **Print Claim Detail Report**. The previewed report may be printed if desired by clicking the printer button at the top of the report preview form.

To print all or a subset of claims currently eligible for paper submission:

- 1. Select **Reports** from the Claim List toolbar.
- 2. Choose **Print Claims for Paper Submission**. A claim is eligible for paper submission if it has a media setting of paper (P), resides in the pre-transmitted (CL) location, and has a clean (CLN) status (or, optionally, a non-fatal errors (ERR) status).
- 3. After each eligible claim is printed, you will be prompted to move the claim to the transmitted (TR) location. When multiple paper claims are eligible for submission, you may use the **Yes To All/No To All** buttons to move/not move all eligible paper claims to the transmitted (TR) location after printing. (Adobe Acrobat Reader version 4.0 is required for this function.)

Note: Since paper claims will never be prepared into an EMC file, this prompt provides the only available mechanism for moving these claims out of the pre-transmitted (CL) location.

Preparing Claims for Electronic Transmission

Claim preparation generates a transmission-ready Electronic Media Claims (EMC) file. EMC files contain submission details for one or more processed claims. Only claims in the to-be-transmitted (CL) location that have an electronic (E) media setting are eligible for preparation. When a claim is prepared into an EMC file, it is automatically moved to the transmitted (TR) location, which prevents the claim from being inadvertently retransmitted.

Note: Before preparing claims for the first time, you will need to set up your Submitter Reference File. This file contains important data that will be used to build the EMC file.

To generate an EMC file:

- 1. Select the **Prepare Claims** option from the Professional Claims Menu. The Professional Prepare For Transmission window will display (Figure 6.13).
- Specify from the drop-down list if you want only a single line of business (LOB) to be considered, or select <<All>> to include claims for any line of business. If you specify an LOB:
 - a. Choose a single Payer or <<All Payers for LOB(s)>> to include claims for all payers.
 - b. Choose one or more Providers or <<All Providers for Payer(s)>> to include claims for all providers.
- 3. Specify whether:
 - a. You want ANSI-837 EMC file output format.
 - b. The EMC file should be designated as a production or test submission.
 - c. Claims with non-fatal errors (ERR) are to be eligible for preparation. When unchecked, only processed claims will be eligible for preparation.
- 4. Click the **Prepare Claims** button. Confirm your intention to prepare all eligible claims by clicking **OK** on the displayed confirmation.

Running totals of the count and dollar value of all prepared claims will be displayed on the Claims Prepare For Transmission form. You will be notified when the claim preparation operation completes.

5. You can click **View Results** and/or **View Errors** to view reports of the successfully prepared claims and rejected claims, respectively. These reports can be printed from the report previewer if desired.

Professional Claim	Prepare For Transmi	ssion 🔀
Include Claims Mate	hing	
LOB: K All >	·	
Payer: << All P	ayers for LOB(s) >>	Ţ
Provider: << All P	roviders for Payer(s) >>	*
Output Format	Submission Status	Include Error Claims?
ANSI-837	C Test	© No
	Prepare	Claims <u>C</u> ancel

Figure 6.13 – Professional Claim Prepare for Transmission

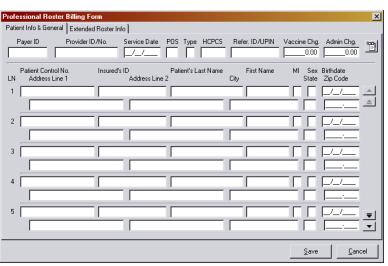
6. When you have completed your review of the claim preparation reports, click the **Close** button on the Claim Prepare For Transmission form.

Roster Billing

The PC-ACE Pro32 Roster Billing List form provides a versatile interface from which the user can create, list, modify, print, and otherwise maintain Professional roster billings. Click the "Professional Claims Processing" button on the PC-ACE Pro32 Main Toolbar to open the corresponding Claims Menu form. Then select the "Maintain Roster Billings" item from the Professional Claims Menu form's main "Roster" menu to open the Roster Billing List form.

ADDING A NEW ROSTER BILLING

- 1. New Professional roster billings can be added to PC-ACE Pro32 using either of these techniques:
 - a. Select the "New Roster Billing" item from the Professional Claims Menu form's main "Roster" menu. The system will automatically create and display an empty roster billing form.
 - b. Click the "New" button on the Roster Billing List Form. The system will automatically create and display an empty roster billing form (Figure 6.14). The new roster billing will automatically be selected in the list when it is saved.
- Professional roster billings are manually entered on the Professional Roster Billing Form. The data fields are typically entered in the order presented - from left-to-right and top-to-bottom. Enter the common roster billing information in the top section of the "Patient Info & General" tab (Figure 6.14). Enter patient-specific information for any number of patients in the lower section of this tab. Enter supplemental information on the





Professional Roster Billing Form		×
Patient Info & General Extended Roster Info		
Referring Physician Information		
Name (L/F/M)		
Address		
City/St/Zip		
Phone [ID/UPIN Type		
Тах ID/Туре		
E - D - L (C		
Facility Information		
ID/Type		
Name		
Address		
City/St/Zip		
Tax ID/Type Facility Type		
	<u>S</u> ave	Cancel

Figure 6.15 – Prof Roster Billing Form, Extended Roster Info Tab

"Extended Roster Info" tab (Figure 6.15) if required.

LISTING, MODIFYING AND MAINTAINING ROSTER BILLINGS

1. Professional roster billings in PC-ACE Pro32 are listed, modified, generated, printed, and otherwise maintained from the Professional Roster Billing List Form. To access this form:

- a. Click the "Professional Claims Processing" button on the PC-ACE Pro32 Main Toolbar to display the Professional Claims Menu form.
- b. From the Professional Claims Menu form, select the "Maintain Roster Billings" item from the main "Roster" menu to open the Professional Roster Billing List Form.
- 2. All actions to be performed on a roster billing may be executed from the Roster Billing List form. Roster billings can be created, viewed/modified, copied, deleted/undeleted, and purged from the list. In addition, claims may be generated for a selected roster billing and the resulting roster billing report may be printed from this list.
- 3. Viewing and/or modifying existing roster billings from the Professional Roster Billing List form (Figure 6.16) can be performed with these steps:
 - a. Use the Roster Billing List form's sorting and filtering capabilities to locate the roster billing of interest.
 - b. Select the desired roster billing in the list and click the "View/Update" button to display the roster billing details in the appropriate roster billing form. Alternatively, just doubleclick the desired roster billing record in the list.

le	<u>A</u> ctions							_ 0
ос	Status	Service Date	Туре	Payer ID	Provider ID	# Claims	Total Chgs	Entry D
								,
	tBy: re	Service Date	с	Provider C	Type C Entry (Date		<u>•</u>
		 Service Date List Filter Opti 		Provider C	Type C Entry I	Date		<u>,</u>
<u>S</u> or Ro:	ster Billin	g List Filter Opti	ons			Date	7	
<u>S</u> or Ro:	ster Billin		ons		Type C Entry I Status: << All >>	Date	<u>.</u>	<u>-</u>
<u>S</u> or Ro:	ster Billin	g List Filter Opti	ons erated				• erate	<u>·</u> <u>C</u> lose

Figure 6.16 – Professional Roster Billing List

- c. Make all desired changes to the roster billing. Refer to the Professional Roster Billing Form topic for details on the many productivity-enhancing features available on the roster billing form.
- d. When all changes have been made, click the **Save** button to save the roster billing record and close the form. Review and correct any edit validation errors as needed. Alternatively, click the "Cancel" (or "Close ") button to cancel any pending roster billing changes.

GENERATING ROSTER BILLING CLAIMS

- 1. A roster billing defines both the common and patient-specific details required to create the corresponding set of claims. Once you are satisfied with the roster billing contents (and no fatal edit validation errors exist), you can "generate " claims for this roster billing using either of the following techniques:
 - a. When a new Professional roster billing is created from the "New Roster Billing" menu item and saved error-free, you will be prompted to proceed automatically to the claim generation step.
 - b. Claims for existing Professional roster billings can be generated from the Roster Billing List Form. To be eligible for generation, a roster billing must reside in the "to be generated" (RL) location and have a "clean" (CLN) or "has errors' (ERR) status. Select the desired roster billing record and click the "Generate" button (or choose the "Generate Selected Roster" action) to initiate the claim generation process.
- 2. You will be prompted to confirm your intent to generate claims for this roster billing. As the operation proceeds, running totals of the count and dollar value of all generated claims will be displayed on the Roster Claim Generation form. You will be notified when the claim generation operation completes.

If desired, click the "View Results" or "View Rejects" buttons to view reports of the successfully generated claims or rejected claims, respectively. These reports can be printed from the report previewer if desired. If any claim rejects occur during the generation process, the entire process will be reversed. Review the rejects report, correct the offense, and run the roster billing generation process again. Successfully generated roster billings will be moved automatically to the "generated" (GR) location.

AUTOMATED CLAIMS PROCESSING

The Process Claims feature allows you to run front-end edits on Roster Billing claims being submitted. To process claims:

- 1. Select the **Process Claims** option from the Professional Claims Menu. The Automated Claim Processing window will display (Figure 6.17).
- 2. If you want to process only specified claims, complete the top portion of the window. Place a check in the box next to the options in the lower portion of the window if desired.
- 3. Click the **Process** button.

Automated Claim Processi	ing	×	
Process Claims Matching (leave blank for all claims)			
LOB: Provide	er:		
F Reprocess claims with errors			
Present claims with errors for immediate editing			
Include edit error details in process error report			
	Process		

Figure 6.17 – Automated Claim Processing Window

PREPARING CLAIMS FOR ELECTRONIC TRANSMISSION

Claim preparation generates a transmission-ready Electronic Media Claims (EMC) file. EMC files contain submission details for one or more processed claims. Only claims in the to-be-generated (GL) location that have an electronic (E) media setting are eligible for preparation. When a claim is prepared into an EMC file, it is automatically moved to the transmitted (GR) location, which prevents the claim from being inadvertently retransmitted.

Note: Before preparing claims for the first time, you will need to set up your Submitter Reference File. This file contains important data that will be used to build the EMC file.

To generate an EMC file:

- 1. Select the **Prepare Claims** option from the Professional Claims Menu. The Professional Prepare For Transmission window will display (Figure 6.18).
- Specify from the drop-down list if you want only a single line of business (LOB) to be considered, or select <<All>> to include claims for any line of business. If you specify an LOB:
 - a. Choose a single Payer or <<All Payers for LOB(s)>> to include claims for all payers.
 - b. Choose one or more Providers or <<All Providers for Payer(s)>> to include claims for all providers.

Professional Claim Prepare For Transmission			
CInclude Claims Mate	ching		
LOB: K All >	LOB: <<< All >> •		
Payer: << All Payers for LOB(s) >>			
Provider: << All Providers for Payer(s) >>			
Output Format	Submission Status	Include Error Claims?	
C NSF	Production	C Yes	
ANSI-837	-837 C Test © No		
	Prepare	Claims <u>C</u> ancel	

Figure 6.18 – Professional Claim Prepare for Transmission

- 3. Specify whether:
 - a. You want ANSI-837 EMC file output format.
 - b. The EMC file should be designated as a production or test submission.
 - c. Claims with non-fatal errors (ERR) are to be eligible for preparation. When unchecked, only processed claims will be eligible for preparation.

4. Click the **Prepare Claims** button. Confirm your intention to prepare all eligible claims by clicking **OK** on the displayed confirmation.

Running totals of the count and dollar value of all prepared claims will be displayed on the Claims Prepare For Transmission form. You will be notified when the claim preparation operation completes.

- 5. You can click the **View Results** and/or **View Errors** buttons to view reports of the successfully prepared claims and rejected claims, respectively. These reports can be printed from the report previewer if desired.
- 6. When you have completed your review of the claim preparation reports, click the **Close** button on the Claim Prepare For Transmission form.

SECTION 7 – DATA COMMUNICATIONS

Before you are ready to transmit, you must have already entered one or more claims, and prepared these claims into an EMC file suitable for transmission.

Claim files are located on the same drive on which the software is installed (see Installation Instructions in Section 2, step 2) and can be found under **winpcace/filename**. The filename for the Professional claim file is **bstrans.dat**. The filename for the Institutional claim file is **bstrans.dat**.

SC Part A, NC Part A, SC Part B, DMERC & Railroad Claim Submissions

To transmit your claim file, exit PC-ACE Pro32. Go to your communication software to send the file to GPNet. Refer to the **GPNet Communications Manual** for information on GPNet and sending/receiving data. You may download a copy of the GPNet Communications Manual by visiting the Palmetto GBA Web site at www.PalmettoGBA.com. Select HIPAA, then Specifications and Technical Information, then GPNet, and finally GPNet Communications Manual. Or type the following URL into your browser's address field:

http://www.palmettogba.com/palmetto/HIPAA.nsf/72ff6355873cf7a485256a38004d61be/85256d43005347fe85256c3f0052c004?OpenDocument

Ohio & West Virginia

To transmit your claim file, exit PC-ACE Pro32. Go to your communication software to send the file to the BBS. Refer to the BBS guidelines supplied to you with this software. These guidelines can also be found at www.PalmettoGBA.com. Under the Providers Menu, choose "<u>Electronic Data Interchange</u>", then "<u>Part B Carrier</u>" and "<u>Ohio & West Virginia Part B Carrier</u>." From the "<u>EDI Enrollment</u>" bin, select "<u>Electronic Data Interchange (EDI) Getting Started, Step-by-Step ~ Ohio/West Virginia</u>." And either the "<u>OH/WV Medicare Electronic Data Interchange Communication Guidelines For The Claims BBS System</u>" or "<u>The RS6000 Medicare Bulletin Board Systems</u>" Or type the following URL into your browser's address field:

http://www.palmettogba.com/palmetto/Providers.nsf/12a24b80b4b368c385256ecb00760037/85256d580043e75485256ca80056f5a7?OpenDocument

SECTION 8 – EXITING PC-ACE PRO32

To exit the PC-ACE Pro32 Claims Processing System:

- 1. Close any data entry windows by saving or canceling as needed.
- 2. To close the Institutional/Professional Claims Menu, select **File** from the toolbar and then choose **Exit** (you can also type **ALT**-**X** or click on the **x** in the upper right corner of the screen).
- 3. To exit PC-ACE Pro32, select **File** on the PC-ACE Pro32 toolbar, and then choose **Exit** (you can also type **ALT-X** or click on the **x** in the upper right corner of the screen).

Note: Every time you exit the program, you will be prompted to perform a backup (Figure 8.1). For more information on performing backups, see Section 10 – System Utilities.

If you do not want to perform the backup at this time, press **Cancel**, and PC-ACE Pro32 will close.

Perform System Backup?	×		
Would you like to perform a backup of the PC-ACE Pro32 databases and configuration settings? If so, specify a destination drive (e.g., 'A:\') or hard disk folder path and click the 'Start Backup' button.			
Destination Drive or Folder:			
Include infrequently changed database files (backup will be larger)			
<u>O</u> ptions Start <u>B</u> ackup <u>C</u> ancel			

Figure 8.1 – System Backup Prompt

SECTION 9 – SYSTEM UTILITIES

To reach the System Utilities, click the **System Utilities** button from the PC-ACE Pro32 main menu (Figure 9.1).

The System Utilities window (Figure 9.2) will display. You can perform complete database backup, validation, and restore functions from PC-ACE Pro32 System Utilities. All claims, reference files and system configuration settings can be backed up to either removable media (diskette, writeable CDROM) or a standard Windows directory (local or remote). In the event that a catastrophic system failure results in the loss or compromise of PC-ACE Pro32 data, a complete database restore operation can be performed from the most recent backup.

Backup is designed to protect just the PC-ACE Pro32 databases and configuration information. The program executable files and other support files are not included in the backup archive. It is strongly recommended that you supplement these backups with a comprehensive backup schedule for your

🇰 PC-A	CE Pro3	32 Claim	s Proce	ssing Sy	stem	- 🗆 ×
<u>F</u> ile <u>V</u> ie	ew <u>S</u> ecu	urity <u>H</u> el	р			
HZST						≫
System U	tilities					

Figure 9.1 – PC-ACE Pro32 Claims Processing Menu

System Utilities 🔀 🔀
Backup/Restore File Maintenance
Backup Validate Restore
This utility performs a backup of the PC-ACE Pro32 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:
Include infrequently changed database files (backup will be larger)
<u>Options</u>
Close

Figure 9.2 – System Utilities Window

server and client systems. In the event a full restore is required, you would first restore from a full-system backup to rebuild the system's directory hierarchy and restore all program and support files. The most recent PC-ACE Pro32 backup could then be restored to recover your databases and configuration settings.

The following sections describe the steps to backup, validate and restore.

Backup

To perform a backup of the PC-ACE Pro32 database files and configuration settings:

- 1. From the Systems Utilities window, click the Backup/Restore tab and the Backup sub-tab (see Figure 9.2).
- 2. Complete the following information:
 - a. Enter (type or click the "..." button to browse) the destination drive or folder to which the file will be written. You can choose your floppy or writeable CD-ROM drive or a hard disk drive (local or remote).

Note: Disk "spanning" is supported for backups to diskette. You will be prompted to insert blank diskettes as needed.

- b. Specify whether or not to include certain infrequently changed database files in the backup. To ensure minimal problems in the event that a database restoration is required, we recommend leaving this option checked for all backups.
- c. Specify whether or not to include the claim archive database files in the backup. Refer to Section 15 Archiving Claims for more information on the archive feature.
- d. Specify whether or not to include all archived EMC files in the backup.
- 3. Click the **Start Backup** button. The system will notify you when the backup is successfully completed.

Validate

No data is restored during the validation process, so it is "safe" (and advisable) to validate an archive before attempting a restore operation. To validate an existing backup file:

- From the System Utilities window, click the Backup/Restore tab and the Validate sub-tab (Figure 9.3).
- 2. Specify the drive or folder where the backup file is located.
- 3. Click the **Start Validate** button.

Note: When validating backup archives that span multiple diskettes, insert the last diskette in the set first. The system will prompt for the first and subsequent diskettes as the validation proceeds.

4. The system will confirm details of the backup archive's integrity and display archive details (date of backup, etc.).

ystem Uti	lities	X	
Backup/Re	estore File Maintenance		
Backup	Validate Restore		
This utility validates a previously made PC-ACE Pro32 database and configuration setting backup archive file. Specify the source drive (e.g., 'A:\') or hard disk folder path containing the backup and click the 'Start Validate' button.			
Note: This process simply confirms that the backup archive has the expected format and that all files contained within the archive are readable. No data will be restored during this validation process.			
Source Drive or Folder (containing backup to be validated):			
	Start <u>V</u> alidate		
	Close	٦	
	0.000		

Figure 9.3 – Backup/Restore Tab, Validate Sub-Tab

Restore

Important Note: The restore operation will *overwrite* your current database files with older data from the specified backup.

To restore database files and configuration settings from a backup file:

- 1. From the System Utilities window, click the **Backup/Restore** tab and the **Restore** sub-tab (Figure 9.4).
- 2. Specify the drive or folder where the backup file is located.
- 3. Place a check next to **Restore system** and user configuration settings.
- 4. Click the **Start Restore** button.

Note: When restoring backup archives that span multiple diskettes, insert the last diskette in the set first. The system will prompt for the first and subsequent diskettes as the restoration proceeds.

operation completes. PC-ACE Pro32 will

5. You will be notified when the restore

System Utilities	×
Backup/Restore File Maintenance	
Backup Validate Restore This utility performs a restore of the PC-ACE Pro32 databases and configuration settings from a previously made backup. Specify the source drive (e.g., 'A:V) or hard disk folder path containing the backup and click the 'Start Restore' button. Warning This restore operation will overwrite your current databases with older data from the specified backup. You should perform this operation under the supervision of	
authorized technical support personnel only. Source Drive or Folder (containing backup to be restored):	
Restore system and user configuration settings (in addition to database files) Start Restore	

Figure 9.4 – Backup/Restore Tab, Restore Sub-Tab

terminate automatically following a restore operation. The restored database files and configuration settings will be available the next time the program is opened.

SECTION 10 - SENDING AN E-MAIL

In addition to calling the Palmetto GBA Technology Support Center toll-free at 1-866-749-4301 or 1-866-308-5438 for Ohio & West Virginia Part B providers, you can also initiate technical support e-mail, **for general software-related issues only**, directly from the PC-ACE Pro32 system.

To send an e-mail:

- 1. Click the **Send E-Mail** button on the PC-ACE Pro32 main menu.
- 2. PC-ACE Pro32 will launch your default e-mail program.
- 3. Ensure that the e-mail is correctly addressed:
 - a. For SC Part A, NC Part A, SC Part B, DMERC and Railroad inquiries, use the following e-mail address: **medicare.edi@palmettogba.com**.
 - b. For Ohio and West Virginia Part B inquiries, use the following e-mail address: **ohwv.edi@palmettogba.com**.

SECTION 11 – CLAIM ACTIVITY LOG

The **Claim Activity Log** files provide details of all claim import, process, prepare, and transmission activities. The log files also record any abnormal activities that may occur in the course of operation. Separate log files are maintained for Institutional and Professional claim activities. The log files can be useful when researching past claim processing activity or reviewing the outcome of scheduled claim activities.

To view a claim activity log file:

- 1. Open either the Institutional or the Professional Claims Menu.
- 2. Select View from the Claims Menu toolbar and then choose Claim Activity Log.
- 3. Windows WordPad will launch and open the applicable log file. Activities are logged chronologically, with the most recent entries at the end of the file.
- 4. When you are finished reviewing the log, close the WordPad program.

SECTION 12 - CLAIM PRINTING

Claims can be printed in PC-ACE Pro32 using either the traditional pre-printed forms method or an advanced image overlay technique.* The pre-printed forms method prints just the actual claim field values at positions on the page that should line up with pre-printed HCFA-1450 (Institutional UB92) or CMS-1500 (Professional) claim forms. The image-overlay method automatically overlays the claim field values onto a graphical image of the blank claim form, resulting in a complete claim image that can be printed on plain paper.

* The image-overlay method requires the use of Adobe Acrobat Reader (version 4.0 or higher). This free software can be downloaded from the Adobe Web site (www.adobe.com).

To print a claim (or selection of claims):

- 1. From the PC-ACE Pro32 main menu, click either the **Institutional Claims Processing** or **Professional Claims Processing** button to open the corresponding Claims Menu.
- 2. Click List Claims on the Claims Menu to display the Claim List form.
- 3. You can print a single claim or a selection of claims:
 - a. To print a single claim, highlight the desired claim. Select **Actions** from the Claim List toolbar and choose **Print Selected Claim** (or right-click to access a pop-up menu).
 - b. To print more than one claim, place a check in the left column next to the desired claims. Select **Actions** from the Claim List toolbar and choose **Print All Checked Claims**. Multiple claims are printed in sequence based on the current Claim List form's **Sort By** selection.
- 4. The Claim Print Options form will display.
- 5. Determine if you will use the pre-printed forms method or the image-overlay method.
 - a. To use the pre-printed forms method, ensure that you have loaded pre-printed forms into your printer and then click the **Print** button.
 - b. To use the image-overlay method:
 - i. Click the **Preview** button. The Acrobat Reader program will automatically be launched with the claim displayed.
 - ii. From the Acrobat Reader toolbar, select File and then Print to print the previewed claim.
 - iii. *When finished, close Acrobat Reader.* You will not be able to resume activities in PC-ACE Pro32 until the Acrobat Reader program has been closed. Simply closing the claim document within the reader is not enough to signal PC-ACE Pro32 to continue.

SECTION 13 – REACTIVATING PREVIOUSLY TRANSMITTED CLAIMS

In some situations, it may become necessary to reactivate one or more previously transmitted claims for retransmission. PC-ACE Pro32 provides two techniques for reactivating claims:

- Individual claims in the transmitted (TR) location may be reactivated for inclusion in a subsequent EMC file.
- An entire EMC file may be reactivated for retransmission.

Individually Reactivating Transmitted Claims

If one or more transmitted claims need to be resubmitted in a future EMC file, the claim must first be reactivated. Reactivation moves the selected claim(s) from the transmitted (TR) location to the to-be-transmitted (CL) location, and resets the claim status to unprocessed (UNP). The reactivated claim can then be processed and if no fatal edit validation errors are present, it will be included in the next EMC file prepared.

Note: Only claims in the transmitted (TR) location may be reactivated. Once a payment has been made on a claim, it moves to the paid (PD) location, and is no longer eligible for reactivation.

To reactive one or more claims:

- 1. Click on the **Institutional Claims Processing** or **Professional Claims Processing** button on the PC-ACE Pro32 main menu to display the corresponding Claims Menu.
- 2. From the Claims Menu, choose List Claims. The Claim List will display.
- 3. Under Claim List Filter Options (at the bottom of the window) choose **TR -- transmitted only** from the **Location** field.
- 4. To reactivate:
 - a. A single claim, highlight that claim record in the list.
 - b. Several claims, place a check in the left column next to each desired claim.
- 5. Select Actions from the Claim List toolbar and choose:
 - a. Reactivate Selected Claim for a single claim.
 - b. Reactivate All Checked Claims for more than one claim.
- 6. Confirm the reactivation when prompted. The claim(s) should disappear from the list, since it is no longer in the transmitted (TR) location. You should now find the unprocessed (UNP) claim in the tobe-transmitted (CL) location.

Reactivating an Entire EMC File for Retransmission

Until an EMC file is purged from the archive, it is available for reactivation and subsequent retransmission. Retransmission of an EMC file might be required, for example, if a previously sent file was somehow corrupted during transmission.

Reactivation of an EMC file consists of restoring the selected file from the archive to its original prepared filename in the server's WINPCACE directory. After reactivation, the EMC file and other associated system settings exist just as they did when the file was originally prepared for transmission.

To reactivate an EMC file:

- 1. From the PC-ACE Pro32 main menu, click the **Institutional Claims Processing** or the **Professional Claims Processing** button. The Institutional or Professional Claims Menu will display.
- 2. Select **Maintain** from the Claims Menu toolbar and then choose **Transmission Log**. The Claim Transmission Log form will display, which lists chronologically all archived EMC files.
- 3. Highlight the EMC file to be reactivated. Click the **Reactivate** button on the bottom of the window and confirm the reactivation when prompted.
- 4. You will be notified when the reactivation operation has successfully completed. The EMC file is now ready for retransmission. Click the **Close** button to close the form.

SECTION 14 - ARCHIVING

Transmitted claims in PC-ACE Pro32 can be optionally moved off-line to any number of user-defined claim archives. Claim archiving provides the following advantages:

- Archiving claims reduces the size and optimizes the performance of the current claims database.
- Archiving claims eliminates claims that are no longer needed from the current claims database, making it easier to locate and work with the other current claims.
- Archiving claims promotes organized storage of older claims without requiring that they be purged. Claim archives can be maintained by transmit date, line-of business, submission payer or other preferred criteria.

Claim archive databases look and act much like the current database. With a few minor exceptions, the same actions available for transmitted claims in the current database are also available for archived claims. For example, archived claims can be viewed and printed just like claims in the current database. The payment history of archived claims can be viewed as well.

To create a new claim archive or open an existing claim archive:

- 1. From the PC-ACE Pro32 main menu, click the **Institutional Claims Processing** or **Professional Claims Processing** button to display the corresponding Claims Menu form.
- 2. Click the **List Claims** button on the Claims Menu to display the Claim List form. By default, the list will display claims in the to-be-transmitted (CL) location.
- 3. From the Claim List form toolbar, select **File** and then choose **Open Claim Archive**. The Open Claim Archive form will display, listing all existing claim archives (if any).
- 4. From the Open Claim Archive form, you can open and create claim archives.
 - a. To create a new archive, click the **New** button and the Create New Claim Archive dialog box will display (Figure 14.1). Enter a descriptive name for the new archive. Archive names can contain only alphabetic and numeric characters, the underscore ("_") character and spaces. You will receive an error message if the chosen archive name is unacceptable.

Create New Claim Archi	ve 🗙
Enter name for new archiv	e (no extension):
Enter New Archive Name	Here
ОК	Cancel

Figure 14.1 – Create New Claim Archive Dialog

Click the **OK** button and the empty archive will be created and the corresponding entry will be added to the selection list.

b. To open a claim archive, highlight the desired archive and click the **Open** button (or double-click the new list entry).

You will be returned to the Claim List form with the new claim archive open in the window.

To archive a claim:

- 1. Open a claim archive into the Claim List form (see steps above).
- 2. Select **File** from Claim List toolbar and then choose **View Archived Claims.** The claims in the open claim archive will display.
- 3. Select **File** from Claim List toolbar and then choose **View Current Claims** to toggle back to the current claims.
- 4. Only transmitted and paid claims can be archived. Therefore, under Claim List Filter Options (at the bottom of the window) choose **TR -- transmitted only** or **TR/PD -- transmitted + paid** from the **Location** field.

- 5. To archive:
 - a. A single claim, highlight the desired claim.
 - b. Several claims, place a check in the left column next to each desired claim.
- 6. Select **Actions** from the Claim List toolbar and choose:
 - a. Archive Selected Claim for a single claim.
 - b. Archive All Checked Claims for more than one claim.
- 7. The claim(s) will disappear from the current claim list.
- 8. To view the claims you just archived, toggle back to the claim archive by selecting **File** from the Claim List toolbar and choosing **View Archived Claims**.
- 9. When you are finished reviewing the claim archive, select **File** from the Claim List toolbar and choose **View Current Claims**.
- 10. Select **File** from the Claim List toolbar and choose **Close Claim Archive** to close the open claim archive.
- 11. You will be prompted to pack the claim archive before closing.

We recommend packing a claim archive database occasionally, as it minimizes the disk space requirements and enhances performance. Note: The packing process can be lengthy for large databases. Once the packing operation has started, it must continue to completion.

Click the **Yes** button to pack and close the archive, the **No** button to close the archive without packing, or the **Cancel** button to leave the archive open.

Note: If you close the Claim List form without first closing an open claim archive, the archive is closed automatically and you will receive the pack prompt.

Unarchiving Claims

To unarchive claims:

- 1. Open the claim archive (see steps above).
- 2. Highlight (single) or check (multiple) the desired claim(s).
- 3. Select **Actions** from the Claim List toolbar and choose:
 - a. Unarchive Selected Claim for a single claim.
 - b. Unarchive All Checked Claims for more than one claim.