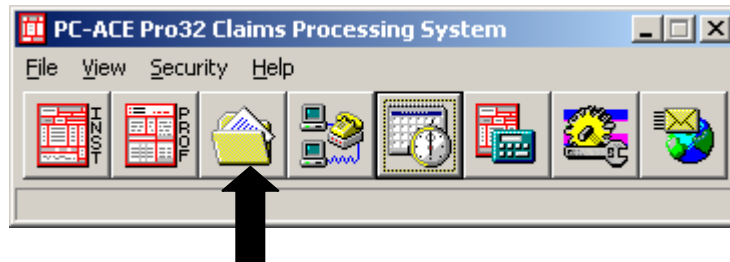


# **CHAPTER 3**

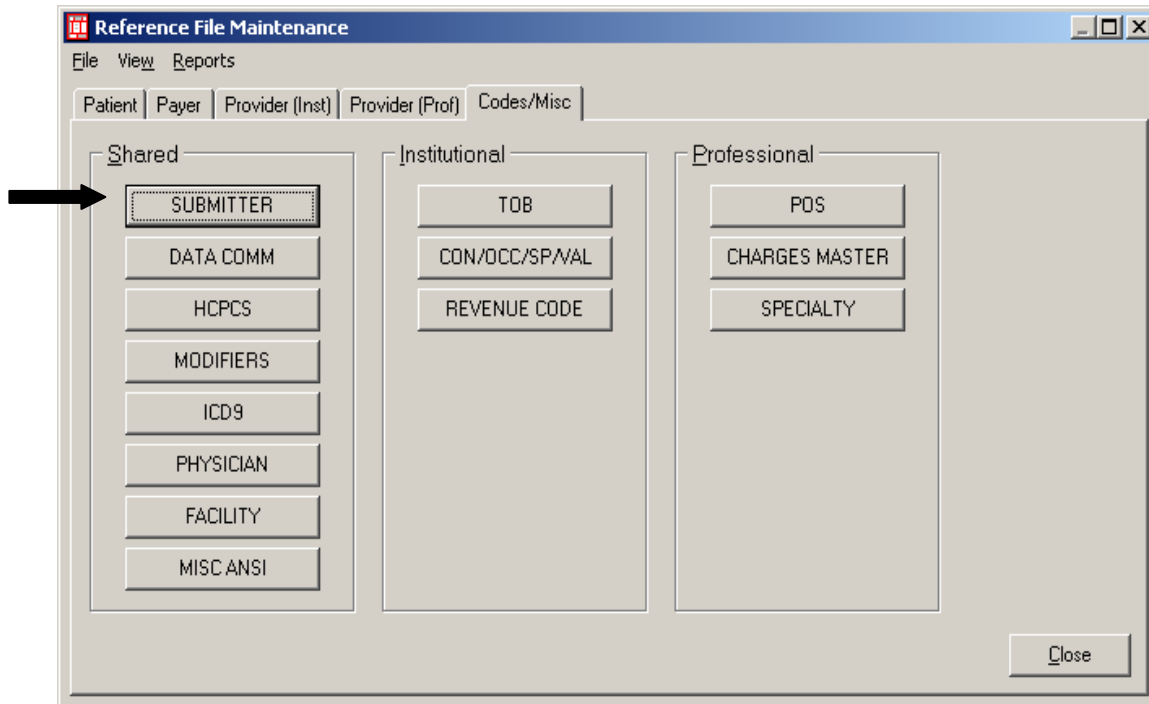
## **Setting Up the PC-ACE Pro32 Reference Files**

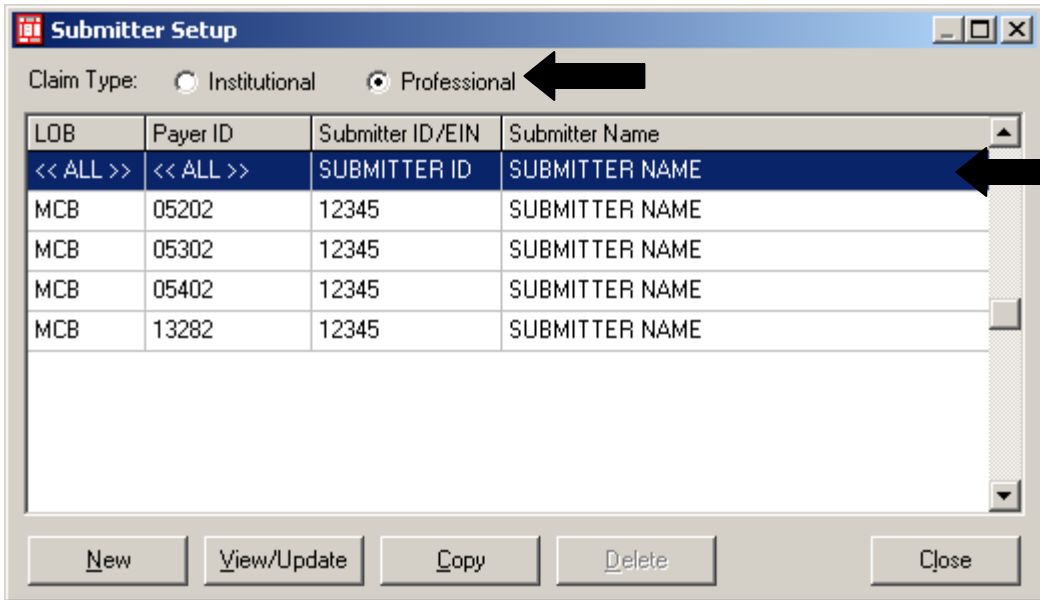
**\*\*\*\*NOTE: Pressing Alt + F2 will display any field that has a lookup feature available (drop-downs with valid options) with flashing blue. Pressing F2 in a lookup field will drop down the valid options list.\*\*\*\***

After the PC-ACE Pro32 program has been installed, Reference Files must be setup prior to processing claims (Submitter and Provider set-up information). Once the PC-ACE program is running, choose the Reference File Maintenance option from the Main Toolbar as seen below.



Click the **Codes/Misc** Tab and click on **Submitter**.





Select **Claim Type** Institutional or Professional depending on the type of claims you are submitting.

Highlight the Entry that has a LOB of ALL and Payer ID of ALL, then click on **View/Update**.

Enter your submitter information into these fields.

### General Tab

**ID Field:** enter the **Trading Partner Number** that is documented on the ASK confirmation letter. Complete the remaining fields in this screen with your appropriate Trading Partner information.

**(The fields that are left blank on the example are NOT Required fields)**

Click on **Save** and then click on **Close**.

## Payer Setup

**Please note; payer information for some payers has already been setup in the Payer Reference Files.**

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

The following is how to setup Commercial Payer Id's

The screenshot shows a 'Payer Information' dialog box with the following fields and values:

Field	Value
Payer ID	68241
LOB	COM
Receiver ID	ASK INC
ISA08 Override	ASK INC
Full Description	AARP
Address	(Empty)
City	(Empty)
State	(Empty)
Zip	(Empty)
Contact Name	(Empty)
Phone	(Empty)
Ext	(Empty)
Fax	(Empty)
Source Flag	CI
Media Flag	E
Usage Flag	H

All Commercial Payers need to have **LOB =COM**  
The **Receiver ID** and **ISA08 Override** must = **ASK INC**  
**Source Flag** must = **CI**.  
**Media** must = **E**  
**Usage** can = **U** = Institutional Only  
**H** = Professional Only  
**B** = Both Institutional and Professional

Click on **Save**

**"New" in Version 2.20:** Payers that have one Payer ID but multiple names can be entered in the software. You can do this by adding a suffix to the Payer ID. Example: Payer ID 00023 is known as PHP and Freedom Network. The first entry can be payer ID 00023 the second can be 000230001. The first 5 digits will be sent electronically, the suffix will be suppressed when the claim is prepared.

**NOTE:** The Commercial payer numbers are available at the ASK website under EDI Midwest at the following URL: [http://www.ask-edi.com/edi\\_enroll/edi\\_midwest\\_docs.htm](http://www.ask-edi.com/edi_enroll/edi_midwest_docs.htm)

## Professional Provider set-up

Prior to entering claims, Provider information must be added to the “**Provider (Prof)**” tab in the **Reference File Maintenance**.

The Professional provider structure defines three distinct provider types:

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

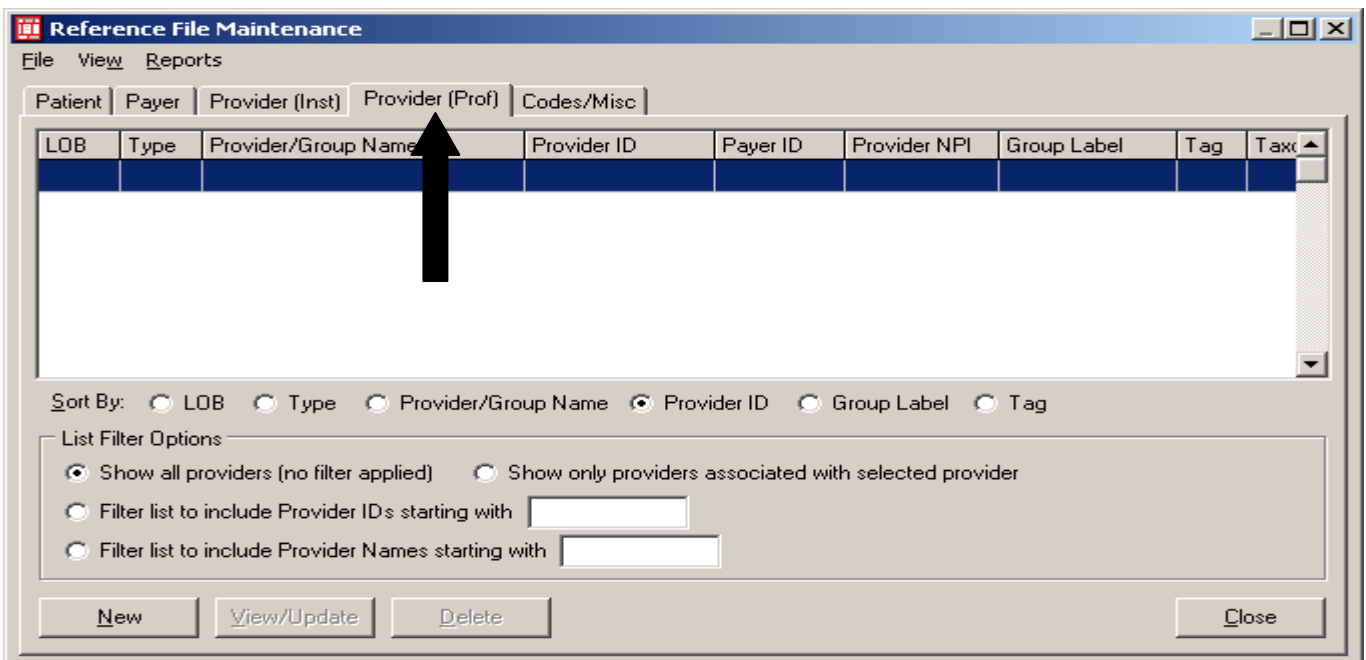
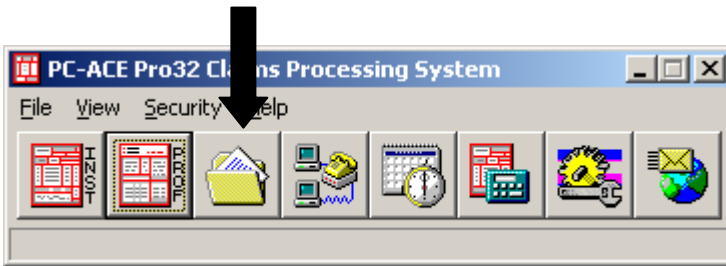
**Group Practice** - Identifies the provider record as representing a group practice for billing purposes.

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

## Example of Solo Practice Setup

### Solo Provider Setup:

Click on the **Reference File Maintenance** (yellow folder on the PC-ACE Pro32 toolbar), select the **Provider (Prof)** tab. Click on New to bring up a blank Provider Information screen.



Select **Solo Practice** for **Provider Type**



LOB	Provider ID	Provider/Group Name

Complete the boxes shown above with your Office information.

Provider Type select **Solo Practice**

Provider ID – **Your NPI number**

LOB - **(Line of Business)**

Payer ID – **Is the electronic payer number for that Line of Business**

The NPI field can be left blank since the NPI is listed in the Provider ID/No. field

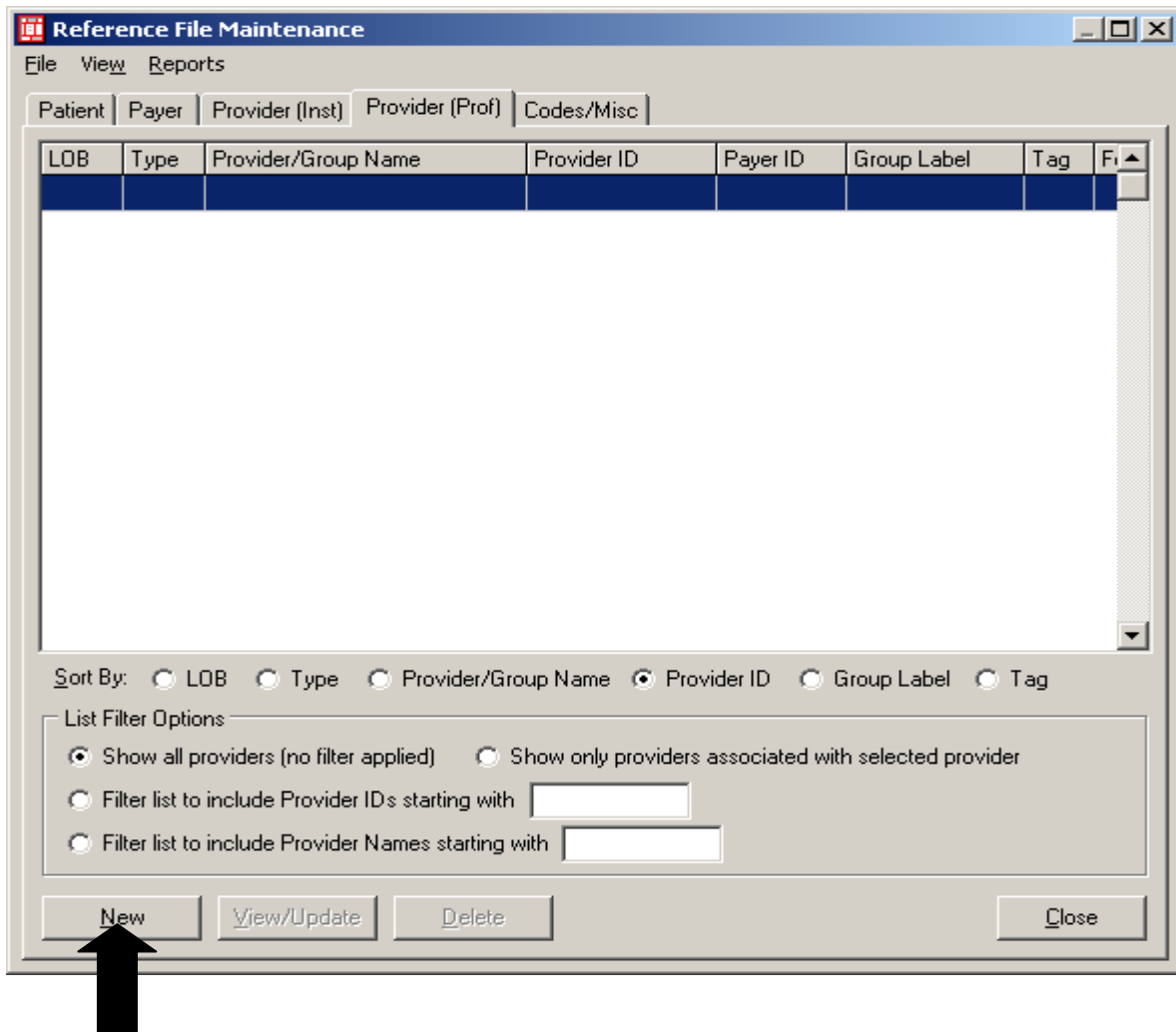
Go to the **Extended Info Tab**, in the **Provider ID/No Type** field, do a right mouse click and select **XX=National Provider ID (NPI)**.

Click on **Save**.

You will need to do this for each Line of Business you will be sending claims for.

## Example of Group Practice Setup

Under the “Provider Prof” tab click on New.



**Professional Provider Information**

General Info | Extended Info

Group Practice  
  Individual in Group  
  Solo Practice

Group Name:      
 Group Label:

Last/First/MI:        
 NPI:

Address:      
 Tax ID/Type:

City/State/Zip:

Phone:      
 Fax:

Contact:      
 Accept Assign?:      
 Participating?:

Group ID/No.:      
 LOB:

Payer ID:      
 Tag:      
 Signature Ind:      
 Date:

Provider Roles: Billing      
 Rendering

Remarks:

Provider Associations:

LOB	Provider ID	Provider/Group Name

Select **Group Practice**

Group Name - **Group Provider Name**

Group ID - **Your Group or Organizational NPI Number**

Select the appropriate **LOB (Line of Business)**

Select the appropriate **Payer ID**

Select the appropriate **Group Label.**

Complete the boxes shown above with your Office information.

The “Group ID/No.” is the group billing provider NPI number that would be located in box 33 of the paper HCFA-1500 claim form.

The NPI field can be left blank since the NPI is listed in the Group ID/No. field

Go to the **Extended Info Tab**, in the **Group ID/No Type** field, do a right mouse click and select **XX=National Provider ID (NPI)**. Click on **Save**.

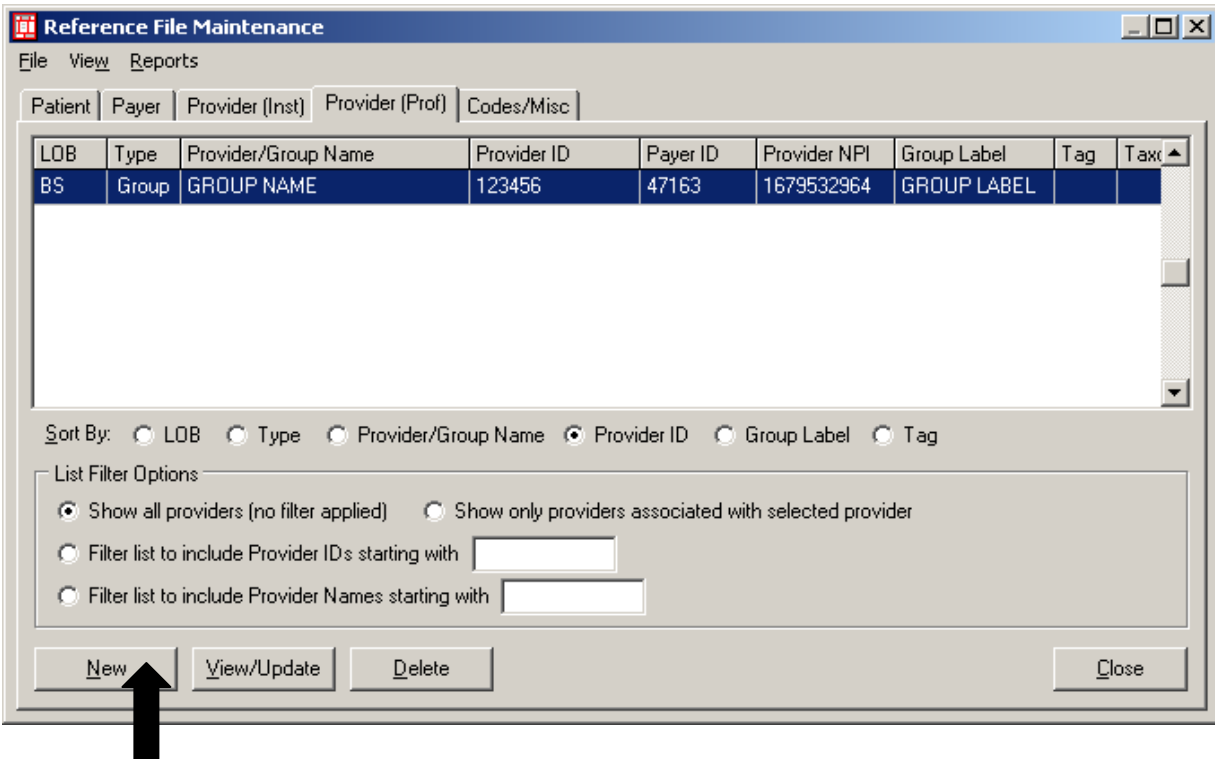
The screenshot shows a software window titled "Professional Provider Information" with two tabs: "General Info" and "Extended Info". The "Extended Info" tab is selected. The form contains several input fields and checkboxes. A black arrow points to the "Extended Info" tab. Another black arrow points to the "Group ID/No Type" field, which contains the value "XX". A third black arrow points to the "Save" button at the bottom right of the window. The form fields include:

- CLIA No.
- Mammography No.
- HMD Contract No.
- Dental Provider? (checkbox)
- Group ID/No Type (dropdown menu showing "XX")
- Provider Name Suffix
- Provider Country
- Provider Name Match
- Force Legacy ID (checkbox)
- E-Mail Address
- Secondary Provider IDs (ANSI use only) section with ID/Type #1 and #2 fields.
- Pay-To Provider Information (specify only if different) section with fields for Organization, Last/First/MI, Address, City/St/Zip, Country, Name Suffix, NPI, Fed Tax ID/Type, Group ID/No./Type, Sec ID/Type #1, and Sec ID/Type #2.
- Save and Cancel buttons.

Click on **Save**.

Now that the group has been set up follow the steps below to **link each individual provider to the group**.

## Individual Providers to the Group



Reference File Maintenance

File View Reports

Patient Payer Provider (Inst) Provider (Prof) Codes/Misc

LOB	Type	Provider/Group Name	Provider ID	Payer ID	Provider NPI	Group Label	Tag	Tax
BS	Group	GROUP NAME	123456	47163	1679532964	GROUP LABEL		

Sort By:  LOB  Type  Provider/Group Name  Provider ID  Group Label  Tag

List Filter Options

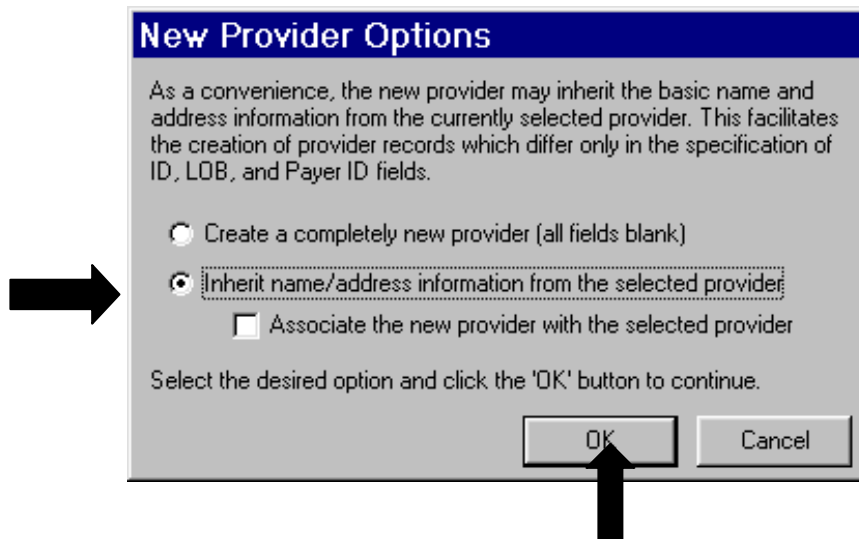
Show all providers (no filter applied)  Show only providers associated with selected provider

Filter list to include Provider IDs starting with

Filter list to include Provider Names starting with

New View/Update Delete Close

Select the correct Group provider number that the individual number will be associated to and click New.



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)

Inherit name/address information from the selected provider

Associate the new provider with the selected provider

Select the desired option and click the 'OK' button to continue.

OK Cancel

Select **Inherit name/address information from the selected provider**. Click on **OK**.

**Professional Provider Information**

General Info | Extended Info

Provider Type:  Group Practice  Individual in Group  Solo Practice

Organization: \_\_\_\_\_

Last/First/MI: LAST FIRST M

Address: STREET ADDRESS

City/St/Zip: CITY KS 88888-\_\_\_\_

Phone: (785) 222-4444 Fax: (785) 222-5555

Contact: CONTACT NAME

Provider ID/No.: 123456789 LOB: BS

Payer ID: 47163 Tag: \_\_\_\_\_

Group Label: GROUP LABEL

NPI: \_\_\_\_\_

Tax ID/Type: 481245356 E

UPIN: \_\_\_\_\_

Specialty: \_\_\_\_\_ Type Org: \_\_\_\_\_

Taxonomy: \_\_\_\_\_

Accept Assign?  A Participating?  Y

Signature Ind:  Y Date: 06/15/2007

Provider Roles: Billing  N Rendering  Y

Remarks: \_\_\_\_\_

Provider Associations:

LOB	Provider ID	Provider/Group Name

Buttons: Save Cancel

Select **Individual in Group**

Add the **Individual Provider Name**

Change the Provider ID to the **Individual provider NPI number**

Select the appropriate **LOB (Line of Business)**

Select the appropriate **Payer ID**

Select the appropriate **Group Label**.

The NPI field can be left blank since the NPI is listed in the Provider ID/No. field

Go to the **Extended Info Tab**, in the **Provider ID/No Type** field, do a right mouse click and select **XX=National Provider ID (NPI)**. Click on **Save**.

**Professional Provider Information**

General Info | **Extended Info**

CLIA No. [ ] Provider Name Match [ ]  
 Mammography No. [ ] Force Legacy ID   
 HMD Contract No. [ ] E-Mail Address [ ]  
 Dental Provider?   
**Provider ID/No Type** XX  
 Provider Name Suffix [ ]  
 Provider Country [ ]

Secondary Provider IDs (ANSI use only)  
 ID/Type #1 [ ] [ ]  
 ID/Type #2 [ ] [ ]

Pay-To Provider Information (specify only if different)

Organization [ ] NPI [ ]  
 Last/First/MI [ ] [ ] [ ] Fed Tax ID/Type [ ] [ ]  
 Address [ ] [ ] [ ] Prov. ID/No./Type [ ] [ ]  
 City/St/Zip [ ] [ ] [ ] [ ] [ ] [ ] Sec ID/Type #1 [ ] [ ]  
 Country [ ] Name Suffix [ ] Sec ID/Type #2 [ ] [ ]

[ Save ] [ Cancel ]

Click on **Save**. You should now see the individual provider tied to the group as shown on the next page.

You will need to do this for each individual provider that is tied to the group number.

**Reference File Maintenance**

File View Reports

Patient | Payer | Provider (Inst) | **Provider (Prof)** | Codes/Misc

LOB	Type	Provider/Group Name	Provider ID	Payer ID	Provider NPI	Group Label	Tag	Tax
BS	Indiv	LAST, FIRST M	123456	47163	1679532964	GROUP LABEL		
BS	Group	GROUP NAME	123456	47163	1679532964	GROUP LABEL		

Sort By:  LOB  Type  Provider/Group Name  Provider ID  Group Label  Tag

List Filter Options

Show all providers (no filter applied)  Show only providers associated with selected provider

Filter list to include Provider IDs starting with [ ]

Filter list to include Provider Names starting with [ ]

[ New ] [ View/Update ] [ Delete ] [ Close ]

## EXAMPLE OF AN INSTITUTIONAL SETUP

**Institutional Provider Information**

General Info | Extended Info

Name: KANSAS BLUE CROSS

Address: 123 KANSAS AVE

City/St/Zip: CROSS KS 66666-6666

Phone: (777) 777-7777 Fax: (777) 777-7777

Contact: PATTY

Provider ID/No.: 1457417669 LOB: BC

Payer ID: 47163 Tag:

NPI:

Tax ID/Type: 789456123 E

Tax Sub ID:

Taxonomy/Type:

Country: Site:

Include In Lookups?  Y

Remarks:

Provider Associations: Select None

LOB	Provider ID	Provider Name

Save Close

Name - **Group Provider Name**

Address/City/State/Zip – **Group address information**

Provider ID/No. - **Your Billing or Organizational NPI Number**

Select the appropriate **LOB (Line of Business)**

Select the appropriate **Payer ID**

The NPI field can be left blank since the NPI is listed in the Provider ID/No. field

Complete the boxes shown above with your Office information.

The “Provider ID/No.” is the billing or organizational provider NPI number.

Go to the **Extended Info Tab**, in the **Provider ID/No Type** field, do a right mouse click and select **XX=National Provider ID (NPI)**. Click on **Save**.

**Institutional Provider Information**

General Info | **Extended Info**

Provider ID/No Type  E-Mail Address

Provider Accepts Assign

Provider SQF

Provider Name Match

Force Legacy ID

Requires POA Reporting

Secondary Provider IDs (ANSI use only)

ID/Type #1

ID/Type #2

Pay-To Provider Information (specify only if different)

Name  NPI

Address  Tax ID/Type

City/St/Zip    Provider ID/No.

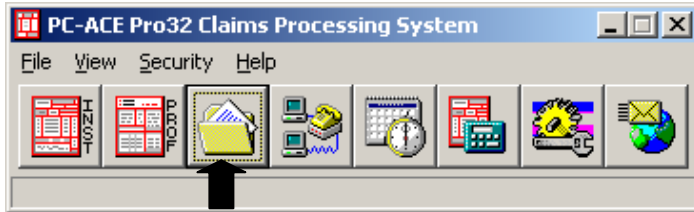
Country  Sec ID/Type #1

Sec ID/Type #2

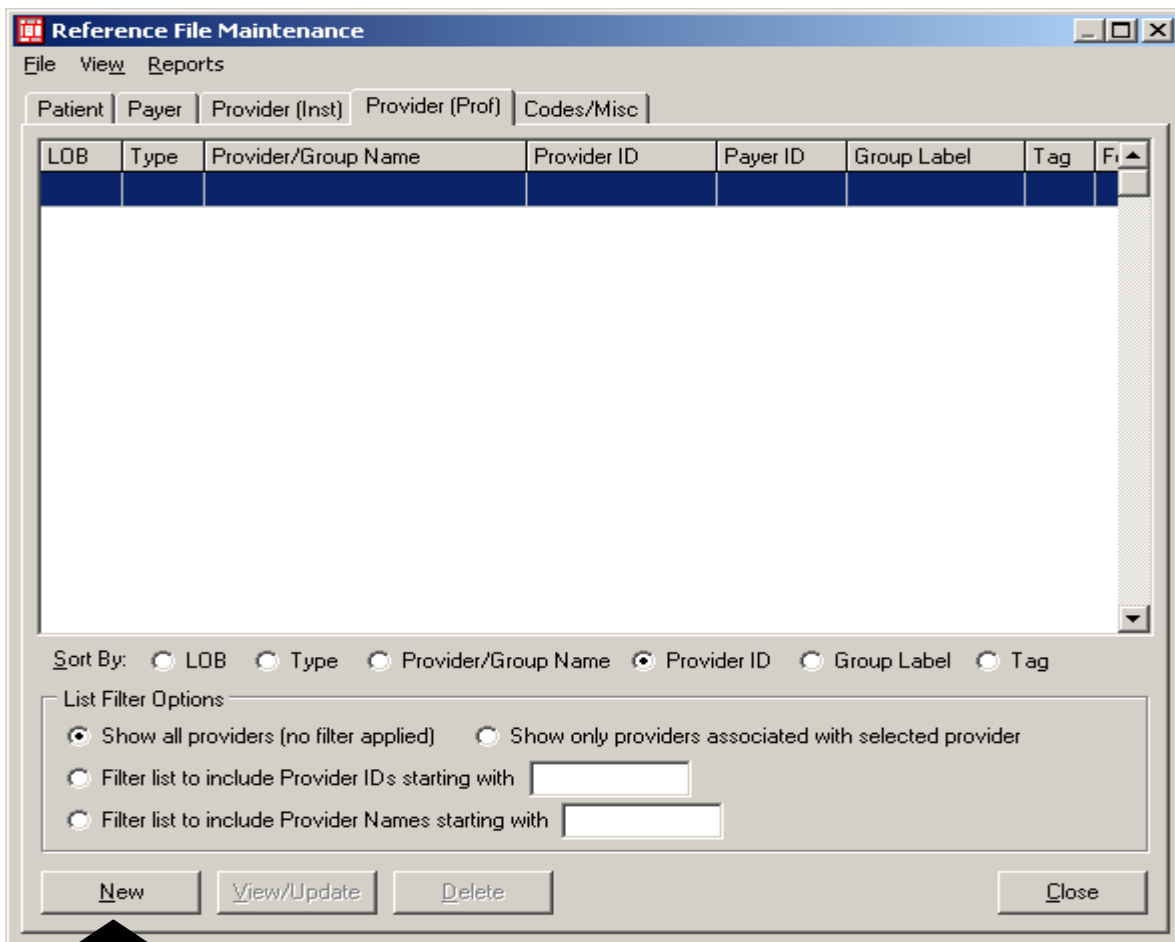
# EDI MIDWEST PROFESSIONAL PROVIDER SETUP

EDI Midwest Provider setup for ALL PAYERS using TAX ID Number for the Provider number

NOTE: All EDI Midwest users will need to set up their reference files as a "Group Practice"



Click on Reference file Maintenance.



Select **New**.

**Professional Provider Information**

General Info | Extended Info

Provider Type:  Group Practice  Individual in Group  Solo Practice

Group Name: GROUP NAME      Group Label: COMMERCIAL

Last/First/MI: [ ] [ ] [ ]      NPI: 1679532964

Address: ADDRESS      Tax ID/Type: 124345679 E

City/St/Zip: CITY KS 66601-\_\_\_\_      UPIN: [ ]

Phone: (785) 291-7000      Fax: [ ] [ ] [ ]      Specialty: 001      Type Org: [ ]

Contact: CONTACT NAME      Taxonomy: [ ]

Group ID/No: 124345679      LOB: COM      Accept Assign?: A      Participating?: N

Payer ID: [ ]      Tag: [ ]      Signature Ind: Y      Date: 04/23/2007

Provider Roles: Billing Y      Rendering N

Remarks: [ ]

Provider Associations: [ Select ] [ None ]

LOB	Provider ID	Provider/Group Name

[ Save ] [ Cancel ]

Select **Group Practice**.

Complete the boxes shown above with your Office information.

**Group ID/No = Tax ID number**

**LOB = COM** (Commercial claims).

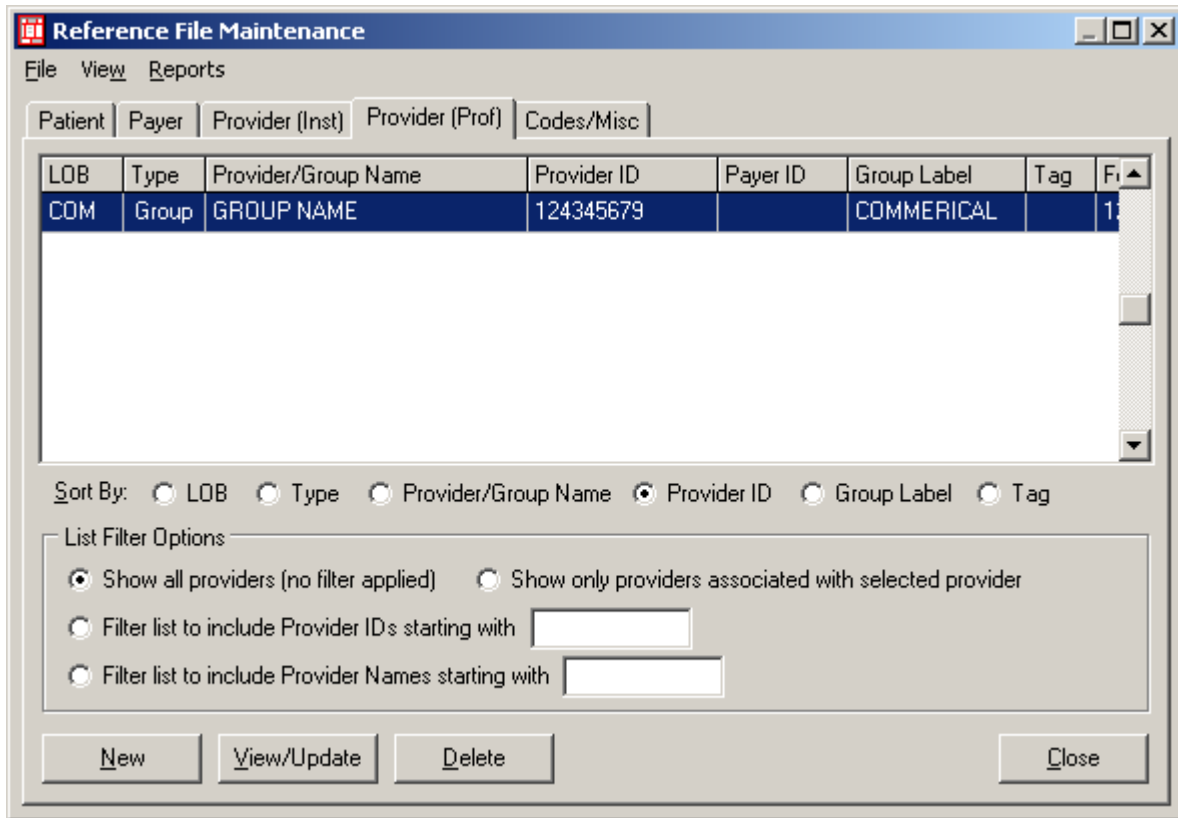
Group Label = COMMERCIAL

**NPI - NPI number needs to be added here**

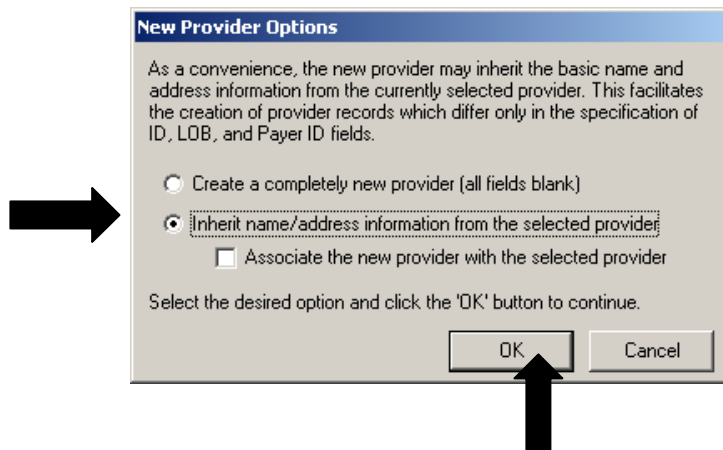
You **DO NOT** need to select the Payer ID when using Tax ID number Only.

Click on **Save**.

Highlight the Group provider that was just set up for Commercial



Click on **New**.



Select **Inherit name/address information from the selected provider**.

Click on **OK**.

**Professional Provider Information**

General Info | Extended Info

Provider Type:  Group Practice  Individual in Group  Solo Practice

Organization: \_\_\_\_\_

Last/First/MI: LAST | FIRST | \_\_\_\_\_

Address: ADDRESS

City/St/Zip: CITY | KS | 66601-\_\_\_\_

Phone: (785) 291-7000 Fax: ( ) - -

Contact: CONTACT NAME

Provider ID/No: 124345679 LOB: COM

Payer ID: \_\_\_\_\_ Tag: \_\_\_\_\_

Group Label: COMMERCIAL

NPI: 1679532964

Tax ID/Type: 124345679 E

UPIN: \_\_\_\_\_

Specialty: 001 Type Org: \_\_\_\_\_

Taxonomy: \_\_\_\_\_

Accept Assign? A Participating? N

Signature Ind: Y Date: 04/23/2007

Provider Roles: Billing N Rendering Y

Remarks: \_\_\_\_\_

Provider Associations: Select None

LOB	Provider ID	Provider/Group Name

Save Cancel

Complete the boxes shown above with your Office information.

- Provider Type = **Individual in Group**
- Added the **Individual Provider Name**
- Provider ID/No = Tax ID number**
- LOB = COM** (Commercial claims)
- Group Label = COMMERCIAL**
- NPI - NPI number needs to be added here**

You **DO NOT** need to select the Payer ID.

Click on **Extended Info** tab.

**Professional Provider Information** [X]

General Info | Extended Info

CLIA No.  Provider Name Match

Mammography No.  Force Legacy ID

HMO Contract No.  E-Mail Address

Dental Provider?

Provider ID/No Type

Provider Name Suffix

Provider Country

Secondary Provider ID's (ANSI use only)

ID/Type #1

ID/Type #2

Pay-To Provider Information (specify only if different)

Organization  NPI

Last/First/MI    Fed Tax ID/Type

Address

City/St/Zip    Prov. ID/No./Type

Country  Name Suffix  Sec ID/Type #1

Sec ID/Type #2

[ Save ] [ Cancel ]

**Provider ID/No Type = N5**

In the **Secondary Provider ID's** for **ID/Type #1 = Tax ID Number** and select the **G2** in the small box to the right of the provider number.

Click on **Save**.

If the Payer (Insurance company) has given you a provider number to use when submitting claims. You will need to setup that provider number by following pages 12-17.

# EDI MIDWEST INSTITUTIONAL PROVIDER SETUP

**Institutional Provider Information**

General Info | Extended Info

Name: KANSAS BLUE CROSS      NPI: 1144318412

Address: 123 KANSAS AVE      Tax ID/Type: 789456123      E

City/St/Zip: CROSS      KS      66666-6666      Tax Sub ID:

Phone: (777) 777-7777      Fax: (777) 777-7777      Taxonomy/Type:      Country:      Site:

Contact: PATTY

Provider ID/No.: 789456123      LOB: COM      Include In Lookups?  Y

Payer ID:      Tag:

Remarks:   
Provider Associations: 

LOB	Provider ID	Provider Name

Buttons: Save, Cancel

Fill out all information that is required. The Payer ID field can be left blank if using the Tax ID number as the Provider ID. This allows you to use this one setup for any payer using the Tax ID as the Provider ID.

**Provider ID/No = Tax ID number**

**LOB = COM**

**NPI - NPI number needs to be add in the NPI field**

**\*\*IMPORT SITES ONLY\*\***

The "**Provider Match Name**", this field only needs to be completed for rendering provider records that share a common Provider ID, such as the Tax ID number. The value entered in the "Provider Match Name" field should be the provider's last and first names. These must be the exact name values that are present in the FB1 record fields 14 and 15 (Rendering Physician field) of the import file.

If you have any questions, please call 1-800-472-6481, option 1 (Help Desk). Please refer to Chapter 3 "Setting Up the PC-ACE Pro32 Reference Files" on how to access the Provider reference files. The following example illustrates the change.

**NOTE:** It is very important that when setting up the Individual in Group information that you **DO NOT** include the provider's middle initial in the General Info tab.

The screenshot shows the 'Professional Provider Information' dialog box with the 'General Info' tab selected. The form contains the following fields and values:

- Provider Type:  Group Practice,  Individual in Group,  Solo Practice
- Group Name: GROUP NAME
- Group Label: COMMERCIAL
- Last/First/MI: [Empty]
- NPI: [Empty]
- Address: ADDRESS
- Tax ID/Type: 124345679 E
- UPIN: [Empty]
- City/St/Zip: CITY KS 66601-\_\_\_\_
- Specialty: 001 Type Org [Empty]
- Phone: (785) 291-7000 Fax: [Empty]
- Taxonomy: [Empty]
- Contact: CONTACT NAME
- Accept Assign?: A Participating?: Y
- Group ID/No.: 124345679 LOB: COM
- Signature Ind: Y Date: 10/18/2006
- Payer ID: [Empty] Tag: [Empty]
- Provider Roles: Billing Y Rendering N

At the bottom right, there is a 'Provider Associations' table with columns 'LOB', 'Provider ID', and 'Provider/Group Name'. The table is currently empty. Below the table are 'Select' and 'None' buttons. At the bottom of the dialog are 'Save' and 'Cancel' buttons.

Select **Extended Info** tab.

**Professional Provider Information**

General Info | Extended Info

CLIA No.  Provider Name Match

Mammography No.  Force Legacy ID

HMO Contract No.  E-Mail Address

Dental Provider?

Provider ID/No Type

Provider Name Suffix

Provider Country

Secondary Provider IDs (ANSI use only)

ID/Type #1

ID/Type #2

Pay-To Provider Information (specify only if different)

Organization  NPI

Last/First/MI    Fed Tax ID/Type

Address  Prov. ID/No./Type

City/St/Zip    Sec ID/Type #1

Country  Name Suffix  Sec ID/Type #2

Enter the name of the individual provider in the format LAST, FIRST (with no space between the comma) or LAST, FIRST (with a space between the comma and first name). This field must be enter exactly as you have the provider name in the import file.

Click on **Save**.

Click on **Close**.