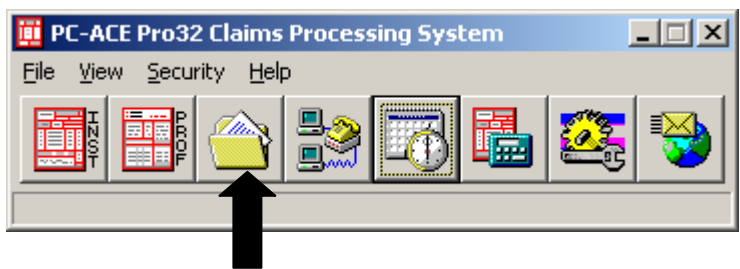


CHAPTER 3

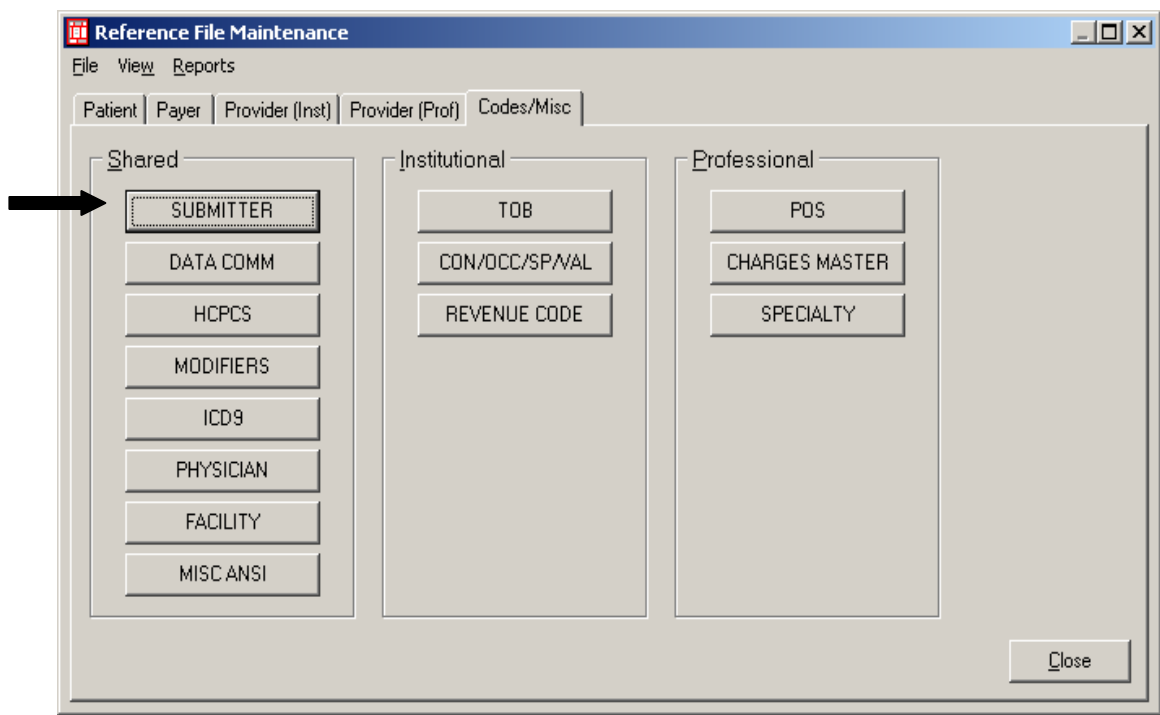
Setting Up the PC-ACE Pro32 Reference Files

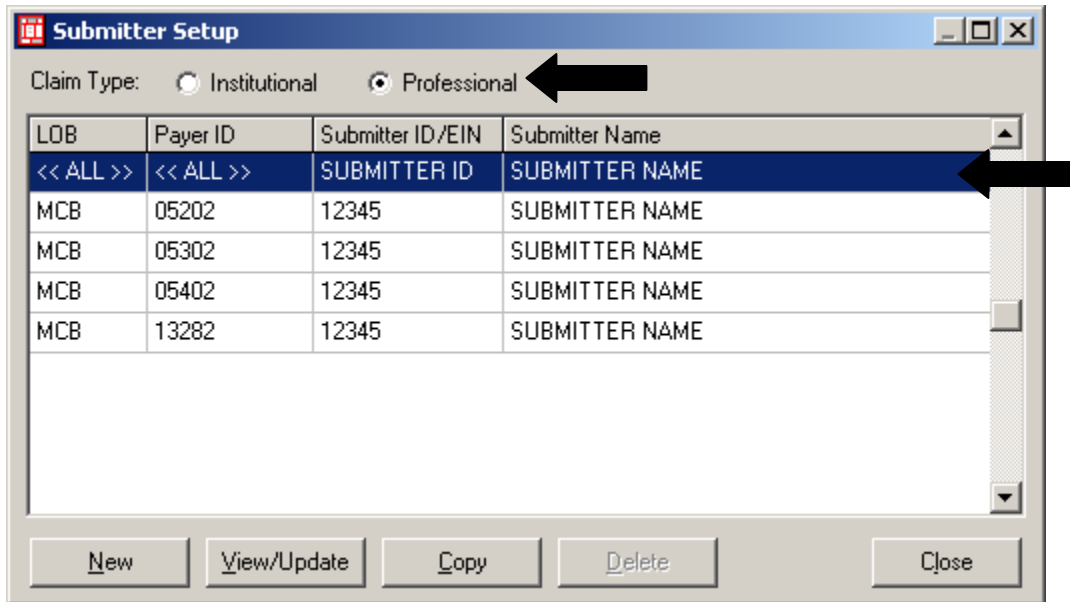
******NOTE: Pressing Alt + F2 will display any field that has a lookup feature available (drop-downs with valid options) with flashing blue. Pressing F2 in a lookup field will drop down the valid options list.******

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

Payer Information

Payer ID	LOB	Receiver ID	ISA08 Override
68241	COM	ASK INC	ASK INC

Full Description
AARP

Address & Contact Information

Address

City State Zip
_____-____-____

Contact Name

Phone Ext Fax
() - - () - -

Flags

Source CI

Media E

Usage H

PrintLink Matching Descriptions Save Cancel

All Commercial Payers need to have **LOB =COM**

The **Receiver ID** and **ISA08 Override** must = **ASK INC**

Source Flag must = **CI** for all payer *EXCEPT* the following which require a **CH**:

61125 – Humana Military Tricare South

57106 – Tricare North Region

12C01 – WPS Tricare Triwest

SCW10 – WPS Tricare Triwest

Media must = **E**

Usage can = **U** = Institutional Only

H = Professional Only

B = Both Institutional and Professional

Click on **Save**

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

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.

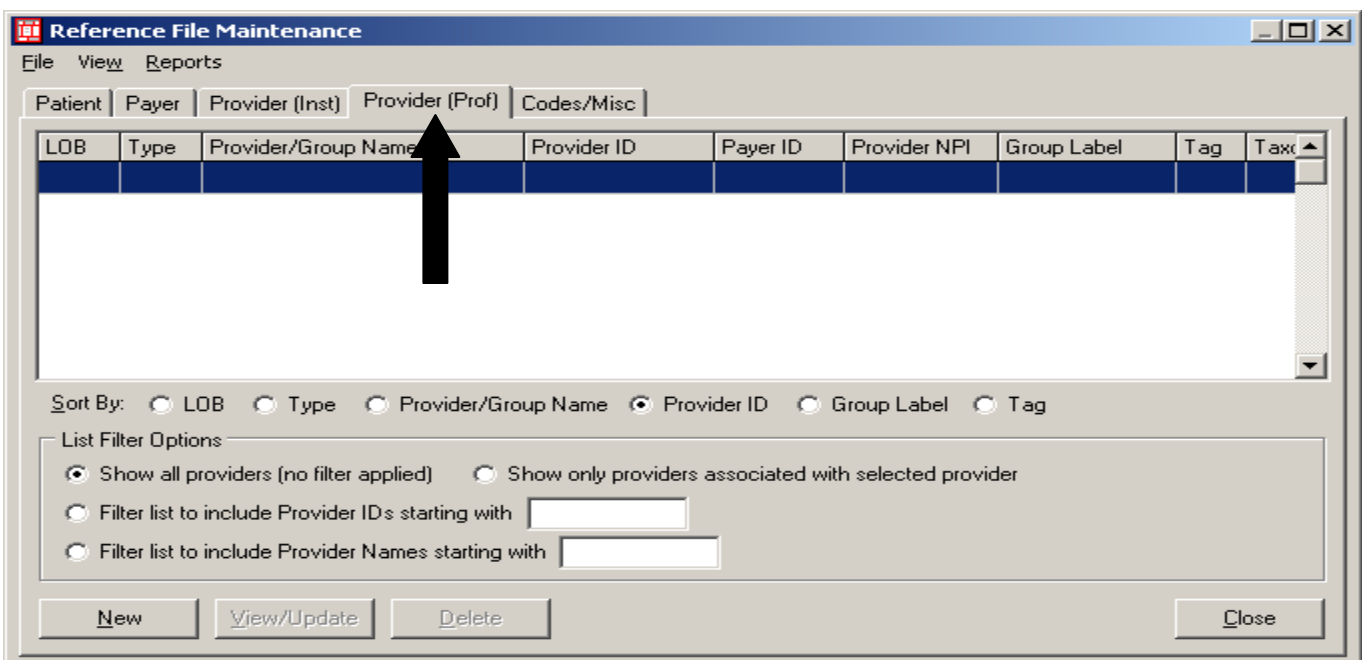
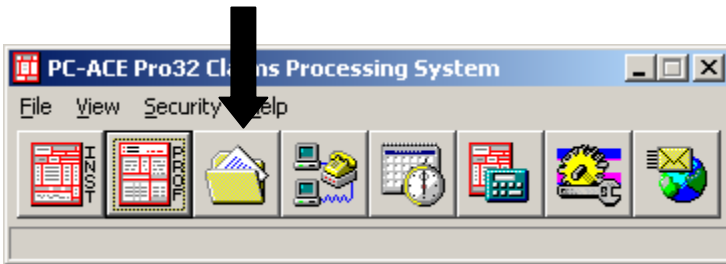
Group Practice - Identifies the provider record as representing a group practice for billing purposes.

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**



Complete the boxes shown above with your Office information, The address must be a physical address, PO Boxes are not allowed.

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

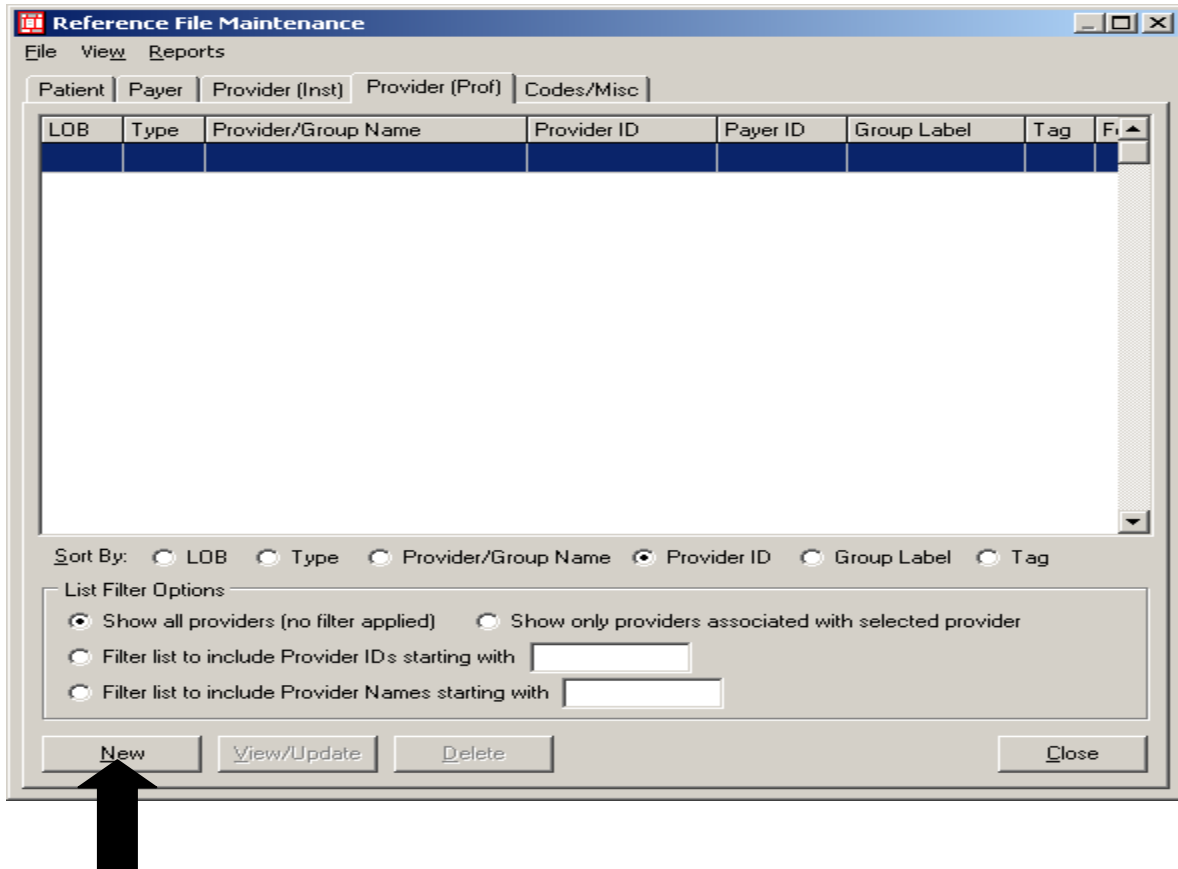
Go to the **Extended Info Tab**, in the **Provider ID/No Type field**, do a right mouse click and select **XX=National Provider ID (NPI)**.

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.



The screenshot shows the "Reference File Maintenance" application window. The "Provider (Prof)" tab is selected. The window contains a table with columns: LOB, Type, Provider/Group Name, Provider ID, Payer ID, Group Label, Tag, and F. Below the table are sorting options (Sort By) and filter options (List Filter Options). At the bottom, there are buttons for "New", "View/Update", "Delete", and "Close". A black arrow points to the "New" button.

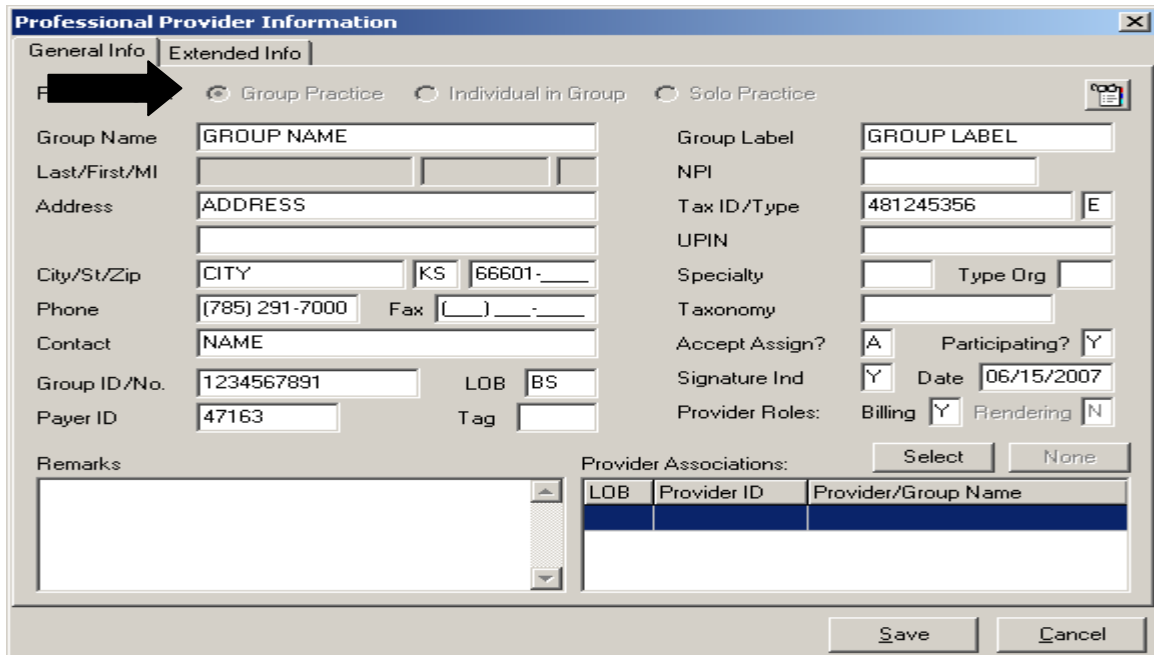
LOB	Type	Provider/Group Name	Provider ID	Payer ID	Group Label	Tag	F
-----	------	---------------------	-------------	----------	-------------	-----	---

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

Buttons: New, View/Update, Delete, Close



The screenshot shows the "Professional Provider Information" application window. The "General Info" tab is selected. The "Group Practice" radio button is selected. The window contains various input fields for provider information, including Group Name, Last/First/MI, Address, City/St/Zip, Phone, Contact, Group ID/No., Payer ID, Group Label, NPI, Tax ID/Type, UPIN, Specialty, Taxonomy, Accept Assign?, Participating?, Signature Ind, Date, and Provider Roles. There is also a "Provider Associations" table and "Save" and "Cancel" buttons.

General Info | Extended Info

Group Practice Individual in Group Solo Practice

Group Name: Group Label:

Last/First/MI: NPI:

Address: Tax ID/Type: E

City/St/Zip: UPIN:

Phone: Fax: Specialty: Type Org:

Contact: Taxonomy:

Group ID/No.: LOB: Accept Assign?: Participating?:

Payer ID: Tag: Signature Ind: Date:

Provider Roles: Billing Rendering

Remarks:

Provider Associations:

LOB	Provider ID	Provider/Group Name
-----	-------------	---------------------

Buttons: Save, Cancel

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 address must be a physical address, PO Boxes are not allowed.

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

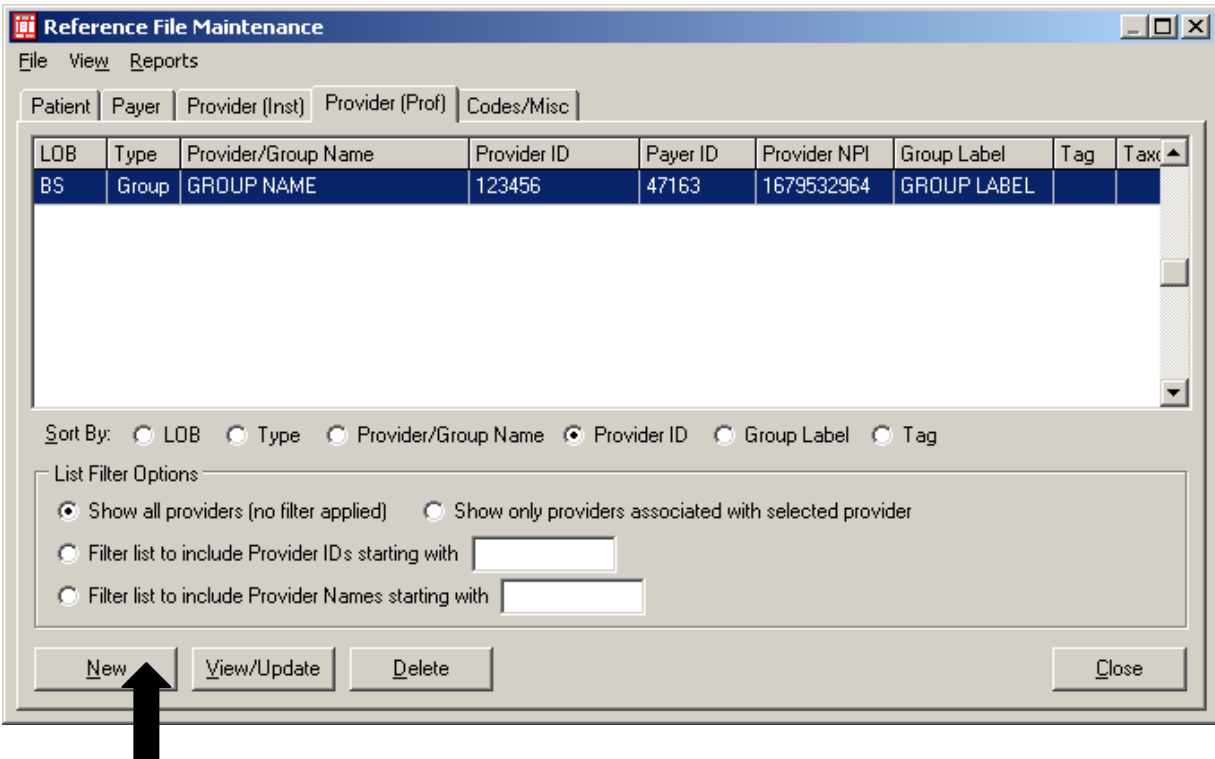
Go to the **Extended Info Tab**, in the **Group ID/No Type** field, do a right mouse click and select **XX=National Provider ID (NPI)**. Click on **Save**.

The screenshot shows a dialog box titled "Professional Provider Information" with two tabs: "General Info" and "Extended Info". The "Extended Info" tab is selected, as indicated by a black arrow pointing to it. The dialog contains several input fields and checkboxes. A black arrow points to the "Group ID/No Type" field, which contains the value "XX". Below this, there are fields for "Provider Name Suffix" and "Provider Country". To the right, there is a section for "Secondary Provider IDs (ANSI use only)" with two rows of "ID/Type #1" and "ID/Type #2" fields. At the bottom, there is a section for "Pay-To Provider Information (specify only if different)" 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". At the bottom right of the dialog are "Save" and "Cancel" buttons. A black arrow points to the "Save" button.

Click on **Save**.

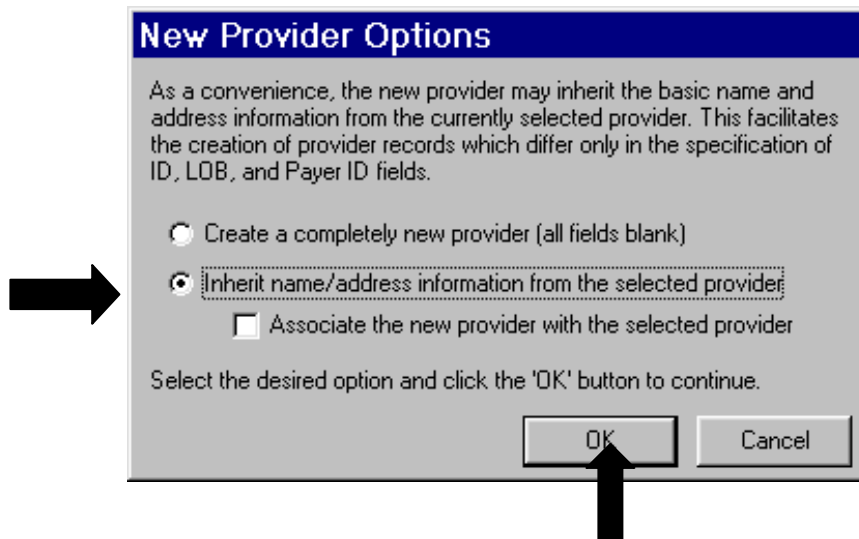
Now that the group has been set up follow the steps below to **link each individual provider to the group**.

Individual Providers to the Group



The screenshot shows the 'Reference File Maintenance' application window. At the top, there are menu options: File, View, and Reports. Below the menu is a tabbed interface with tabs for Patient, Payer, Provider (Inst), Provider (Prof), and Codes/Misc. The 'Provider (Inst)' tab is active, displaying a table with the following columns: LOB, Type, Provider/Group Name, Provider ID, Payer ID, Provider NPI, Group Label, Tag, and Tax. The first row of data is: BS, Group, GROUP NAME, 123456, 47163, 1679532964, GROUP LABEL, and empty cells for Tag and Tax. Below the table, there are 'Sort By' options: LOB, Type, Provider/Group Name, Provider ID (selected), Group Label, and Tag. Underneath is a 'List Filter Options' section with three radio buttons: 'Show all providers (no filter applied)' (selected), 'Show only providers associated with selected provider', and 'Filter list to include Provider IDs starting with' (with an empty text box). Below that is another radio button: 'Filter list to include Provider Names starting with' (with an empty text box). At the bottom of the window are buttons for 'New', 'View/Update', 'Delete', and 'Close'. A large black arrow points to the 'New' button.

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



The screenshot shows the 'New Provider Options' dialog box. It has a blue title bar with the text 'New Provider Options'. The main text reads: '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.' Below this text are three radio buttons: 'Create a completely new provider (all fields blank)', 'Inherit name/address information from the selected provider' (selected), and 'Associate the new provider with the selected provider' (with an unchecked checkbox). Below the radio buttons is the instruction: 'Select the desired option and click the 'OK' button to continue.' At the bottom of the dialog are 'OK' and 'Cancel' buttons. A large black arrow points to the 'OK' button.

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.** The address must be a physical address, PO Boxes are not allowed.

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

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

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 SOF:

Provider Name Match:

Force Legacy ID:

Requires PDA 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:

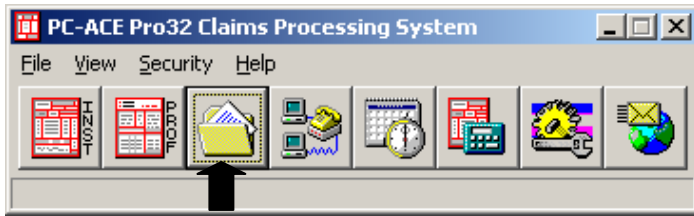
City/St/Zip: Provider ID/No.:

Country: Sec ID/Type #1:

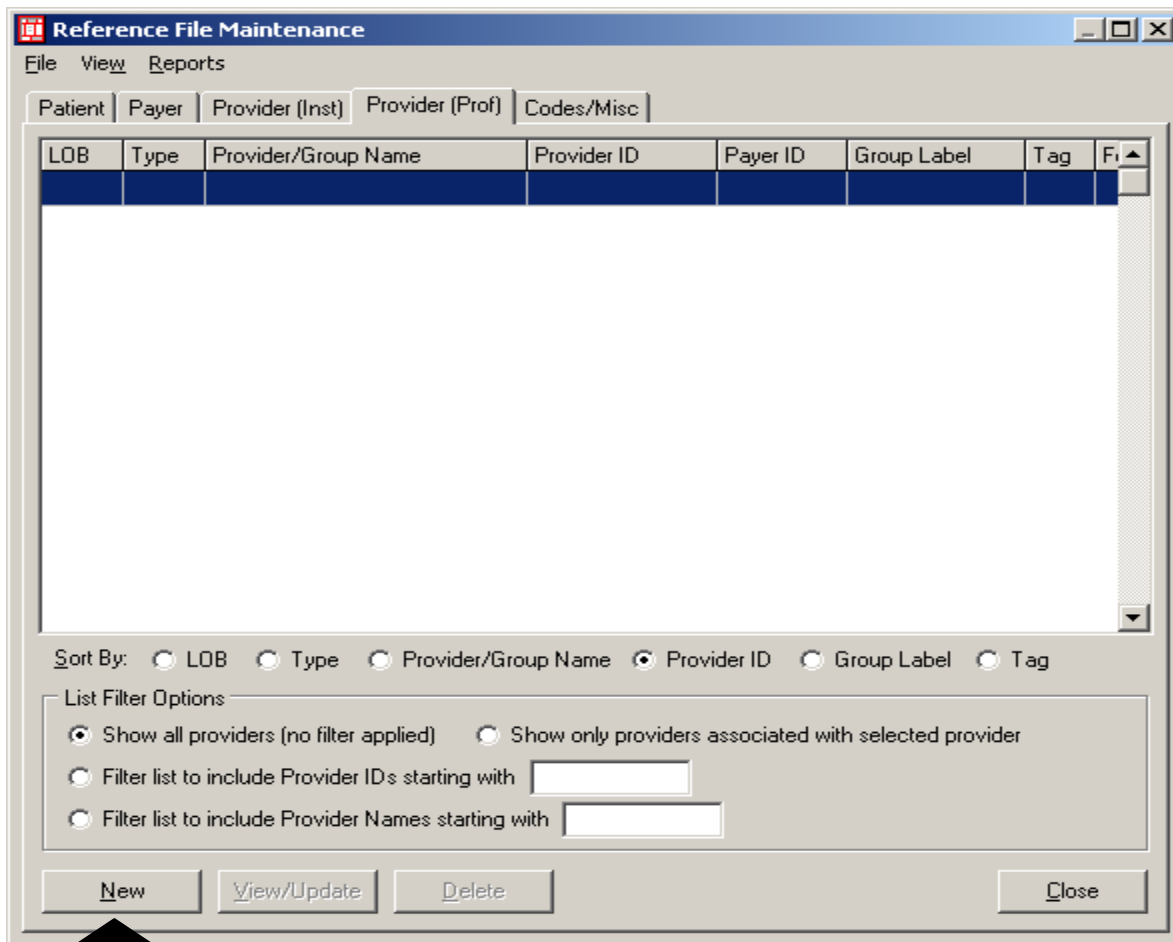
Sec ID/Type #2:

EDI MIDWEST PROFESSIONAL PROVIDER SETUP

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

Practice type: Group Practice Individual in Group Solo Practice

Group Name: COMMERCIAL GROUP Group Label: COMMERCIAL

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

Address: COMMERCIAL ST Tax ID/Type: 789456123 E

[]

City/St/Zip: COMMERCIAL KS 66601-1234 UPIN: []

Phone: (999) 999-9999 Fax: (999) 999-9999 Specialty: 001 Type Org: 004

Contact: SUSIE Taxonomy: []

Group ID/No: 1457417669 LOB: COM Accept Assign?: A Participating?: Y

Payer ID: [] Tag: [] Signature Ind: Y Date: 05/08/2008

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! The address must be a physical address, PO Boxes are not allowed.

Group ID/No = NPI Number
LOB = COM (Commercial claims).

You **DO NOT** need to select the Payer ID for commercial, this allows you to do one provider setup for all commercial payers.

Group Label = COMMERCIAL

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
 HMO 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]

You should now see the individual provider tied to the group.

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

Highlight the Group provider that was just set up for Commercial

Reference File Maintenance

File View Reports

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

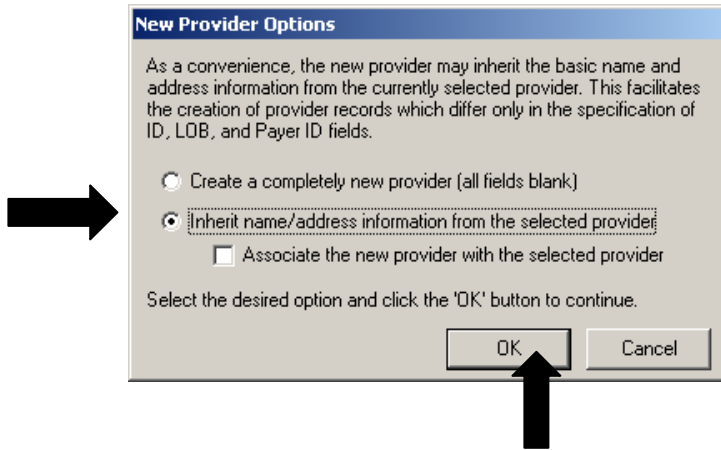
LOB	Type	Provider/Group Name	Provider ID	Payer ID	Group Label	Tag	F.▲
COM	Group	GROUP NAME	124345679		COMMERCIAL		1

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]

Click on **New**.



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

Click on **OK**.

Complete the Last/First/MI fields with the providers name.

Provider Type = **Individual in Group**

Added the **Individual Provider Name**

Provider ID/No = NPI Number for the provider listed on this screen.

LOB = COM (Commercial claims)

You **DO NOT** need to select the Payer ID, this allows you to do one provider setup for all commercial payers.

Group Label = COMMERCIAL

Click on **Extended Info** tab.

The screenshot shows a dialog box titled "Professional Provider Information" with two tabs: "General Info" and "Extended Info". The "Extended Info" tab is active. The form contains the following fields:

- CLIA No. [text box]
- Mammography No. [text box]
- HMO Contract No. [text box]
- Dental Provider? [checkbox]
- Provider ID/No Type [dropdown menu showing "XX"]
- Provider Name Suffix [text box]
- Provider Country [dropdown menu]
- Provider Name Match [text box]
- Force Legacy ID [checkbox]
- E-Mail Address [text box]
- Secondary Provider IDs (ANSI use only) section:
 - ID/Type #1 [text box]
 - ID/Type #2 [text box]
- Pay-To Provider Information (specify only if different) section:
 - Organization [text box]
 - Last/First/MI [text box]
 - Address [text box]
 - City/St/Zip [text box]
 - Country [dropdown menu]
 - Name Suffix [text box]
 - NPI [text box]
 - Fed Tax ID/Type [text box]
 - Prov. ID/No./Type [text box]
 - Sec ID/Type #1 [text box]
 - Sec ID/Type #2 [text box]

At the bottom right, there are "Save" and "Cancel" buttons.

In the **Provider ID/No Type** field, do a right mouse click and select **XX=National Provider ID (NPI)**.

Click on **Save**.

EDI MIDWEST INSTITUTIONAL PROVIDER SETUP

Institutional Provider Information

General Info | Extended Info

Name: COMMERCIAL

Address: 123 KANSAS AVE

City/St/Zip: CROSS KS 66601-1234

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

Contact: PATTY

Provider ID/No.: 1700994977 LOB: COM

Payer ID: Tag: Include In Lookups? Y

Remarks:

Provider Associations:

LOB	Provider ID	Provider Name

Save Cancel

Fill out all information that is required. The address must be a physical address, PO Boxes are not allowed.

The Payer ID field can be left blank. This allows you to do one provider setup for all commercial payers..

Provider ID/No = NPI Number

LOB = COM

****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 "Provider Type" is set to "Group Practice". The "Group Name" is "GROUP NAME" and the "Group Label" is "COMMERICAL". The "Tax ID/Type" is "124345679" with a suffix "E". The "City/St/Zip" is "CITY KS 66601-____". The "Phone" is "(785) 291-7000" and the "Fax" is "() ____-____". The "Group ID/No." is "124345679" and the "LOB" is "COM". The "Payer ID" is empty and the "Tag" is empty. The "Specialty" is "001" and the "Type Org" is empty. The "Accept Assign?" is "A" and "Participating?" is "Y". The "Signature Ind" is "Y" and the "Date" is "10/18/2006". The "Provider Roles" are "Billing Y" and "Rendering N". The "Remarks" field is empty. The "Provider Associations" table is empty.

LOB	Provider ID	Provider/Group Name
-----	-------------	---------------------

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**.