

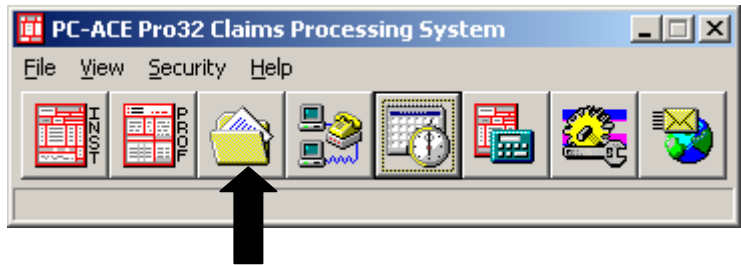
CHAPTER 3

Setting Up the PC-ACE Pro32 Reference Files

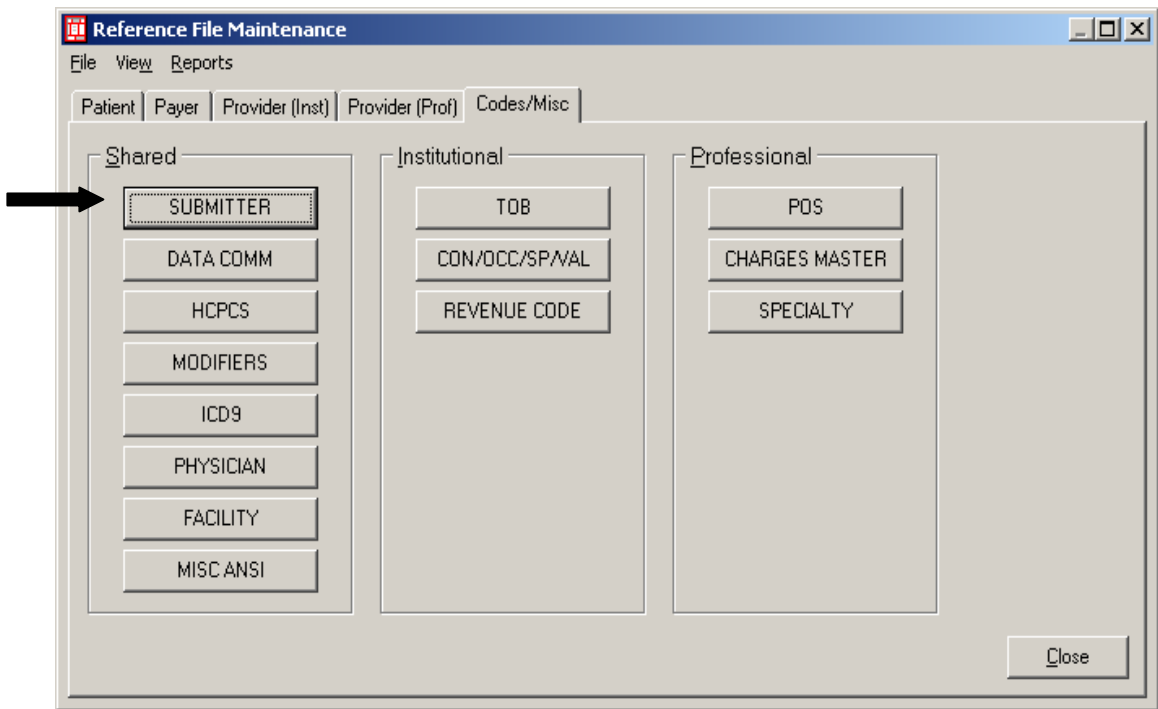
****NOTE: Pressing Alt + F2 on the field will display any field that has a lookup feature available (drop-downs with valid options) with flashing blue. Pressing F2 in a lookup field will drop down the valid options list. You may also right mouse click on a specific field to get to the drop down box for available options.****

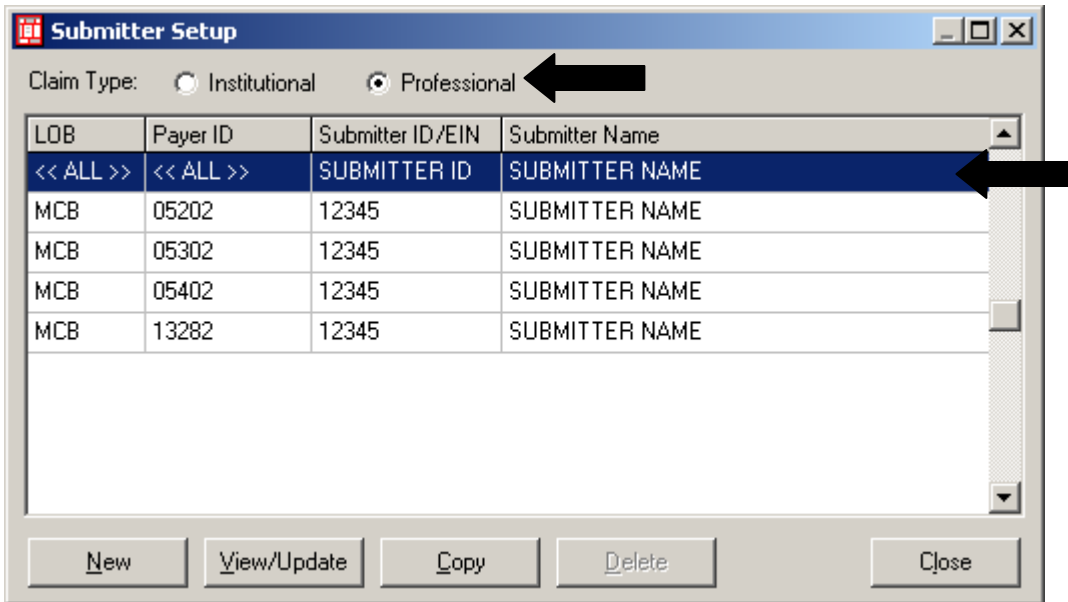
****NOTE: ASK does not support Network services and/or setups.****

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.

Professional Submitter Information

General | Prepare | ANSI Info | ANSI Info (2) | ANSI Info (4)

LOB: Payer ID:

ID: 0003000 EIN:

Name: SUBMITTER NAME

Address: SUBMITTER ADDRESS

City: ANYWHERE TOWN State: KS Zip: 12345-

Phone: (999) 555-1212 Fax: (999) 555-1213 Country:

Contact: SUBMITTER CONTACT

E-Mail: SUBMITTERCONTACT@YAHOO.COM

Buttons: Save, Cancel

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**.

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.

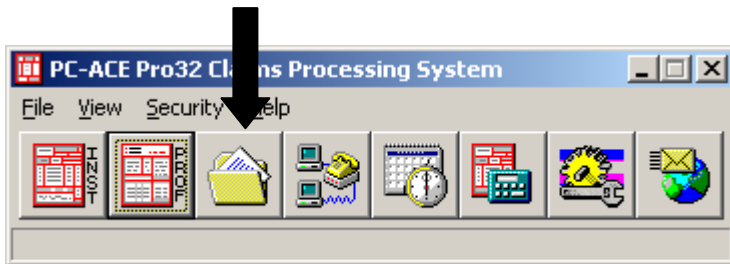
Group Practice - Identifies the provider record as representing a group practice for billing purposes.

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.



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

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 Solo Practice for Provider Type

Professional Provider Information

General Info Extended Info

Provider Type: Group Practice Individual in Group Solo Practice

Organization: ORGANIZATION NAME

Last/First/MI: PROVIDER LAST FIRST

Address: STREET ADDRESS

City/St/Zip: CITY KS 99999-9999

Phone: (999) 999-9999 Fax: (999) 999-9999

Contact: CONTACT NAME

Provider ID/No.: NPI NUMBER LOB BS

Payer ID: 47163 Tag

Group Label

NPI

Tax ID/Type: 456789123 E

UPIN

Specialty: 001 Type Org: 001

Taxonomy/Type

Accept Assign? A Participating? Y

Signature Ind: Y Date: 06/21/2012

Provider Roles: Billing Rendering N

Remarks

Provider Associations:

LOB	Provider ID	Provider/Group Name

Select None

Save Cancel

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)**.

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

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 Close

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**.

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

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 **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

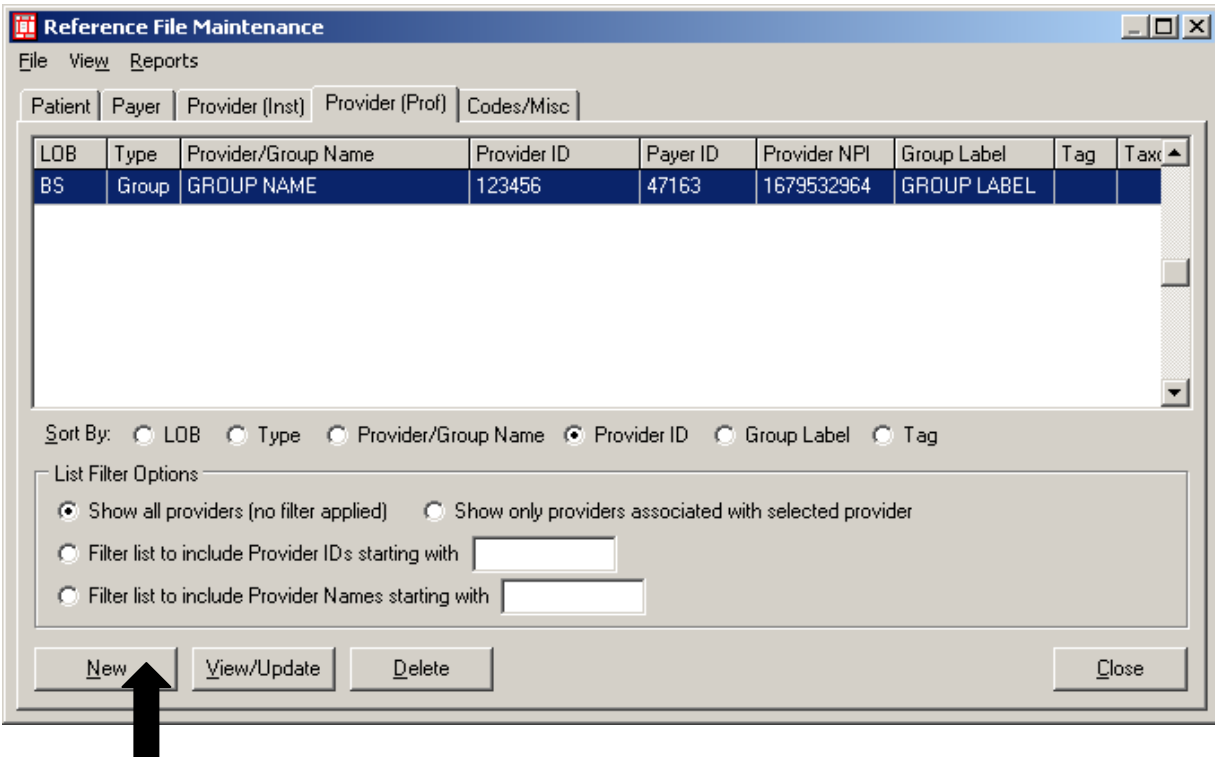
Go to the **Extended Info Tab**, in the **Group ID/No Type field**, do a right mouse click and select **XX=National Provider ID (NPI)**. Click on **Save**.

The image shows a software dialog box titled "Professional Provider Information". It has two tabs: "General Info" and "Extended Info". The "Extended Info" tab is selected, as indicated by a black arrow pointing to it from the left. The dialog contains several input fields and checkboxes. A black arrow points to the "Group ID/No Type" field, which contains the characters "XX". Other fields include "CLIA No.", "Mammography No.", "HMO Contract No.", "Dental Provider?", "Provider Name Suffix", "Provider Country", "Provider Name Match", "Force Legacy ID", "E-Mail Address", "Secondary Provider IDs (ANSI use only)" (with sub-fields for ID/Type #1 and #2), and "Pay-To Provider Information (specify only if different)" (with sub-fields for Organization, Last/First/MI, Address, City/St/Zip, Country, NPI, Fed Tax ID/Type, Group ID/No./Type, Sec ID/Type #1, Sec ID/Type #2, and Name Suffix). At the bottom right, there are "Save" and "Cancel" buttons. A black arrow points to the "Save" button.

Click on **Save**.

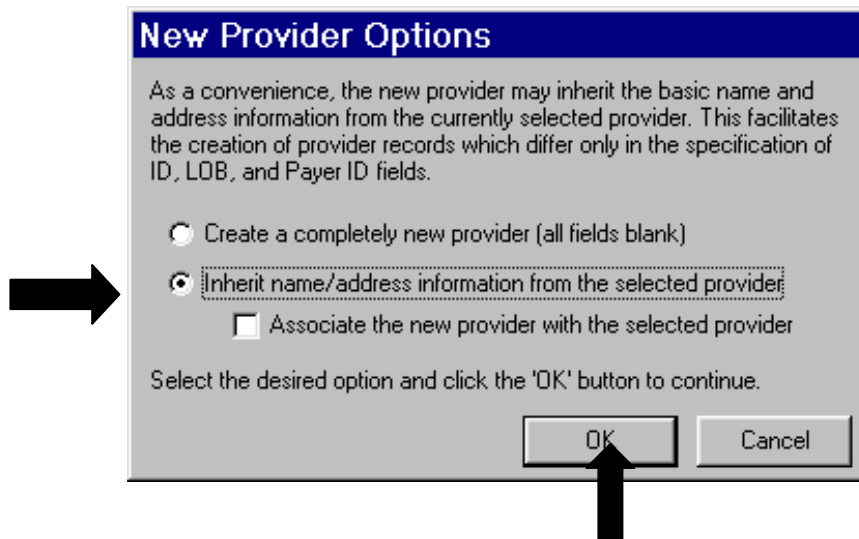
Now that the group has been set up follow the steps below to **link each individual provider to the group**.

Individual Providers to the Group



The screenshot shows the 'Reference File Maintenance' window. At the top, there are tabs for 'Patient', 'Payer', 'Provider (Inst)', 'Provider (Prof)', and 'Codes/Misc'. Below the tabs is 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 are 'List Filter Options' with three radio buttons: 'Show all providers (no filter applied)' (selected), 'Show only providers associated with selected provider', and two filter options for Provider IDs and Names starting with a text input field. At the bottom, there are buttons for 'New', 'View/Update', 'Delete', and 'Close'. A 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 contains the following text: '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). At the bottom, there is a prompt: 'Select the desired option and click the 'OK' button to continue.' and two buttons: 'OK' and 'Cancel'. A 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 NAME FIRST

Address: STREET ADDRESS

City/St/Zip: CITY KS 88888-8888

Phone: (888) 888-8888 Fax: (888) 888-8888

Contact: CONTACT NAME

Provider ID/No.: NPI NUMBER LOB BS

Payer ID: 47163 Tag: _____

Group Label: GROUP NAME

NPI: _____

Tax ID/Type: 456789123 E

UPIN: _____

Specialty: 001 Type Org: 008

Taxonomy: _____

Accept Assign? A Participating? Y

Signature Ind: Y Date: 06/21/2012

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] Secondary Provider IDs (ANSI use only)
 Provider Name Suffix [] ID/Type #1 [] []
 Provider Country [] 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:

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**.

The screenshot shows a dialog box titled "Institutional Provider Information" with two tabs: "General Info" and "Extended Info". The "Extended Info" tab is active. The "Provider ID/No Type" field is highlighted with a black arrow. Other fields include "E-Mail Address", "Provider Accepts Assign", "Provider SOF", "Provider Name Match", "Force Legacy ID", "Requires PDA Reporting", "Secondary Provider IDs (ANSI use only)", "Pay-To Provider Information (specify only if different)", "Name", "Address", "City/St/Zip", "Country", "NPI", "Tax ID/Type", "Provider ID/No.", "Sec ID/Type #1", and "Sec ID/Type #2". The "Save" button is highlighted with a black arrow.

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 software window titled "Payer Information" with a close button (X) in the top right corner. The form contains the following fields and sections:

- Payer ID:** 31478
- LOB:** COM
- Receiver ID:** ASK
- ISA08 Override:** ASK
- Full Description:** PREFERRED HEALTH PROFESSIONALS
- Address & Contact Information:**
 - Address:** Two empty text boxes.
 - City:** Empty text box.
 - State:** Empty dropdown menu.
 - Zip:** Empty text box with a hyphen and underscore.
 - Contact Name:** Empty text box.
 - Phone:** Empty text box with a format of () - -.
 - Ext:** Empty text box.
 - Fax:** Empty text box with a format of () - -.
- Flags:**
 - Source:** CI
 - Media:** E
 - Usage:** B

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

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

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/manuals.htm>