

PC-ACE Training Module Using Secure File Transfer Protocol (SFTP)

Novitas Solutions, Inc.
Electronic Data Interchange (EDI)

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Enroll with EDI

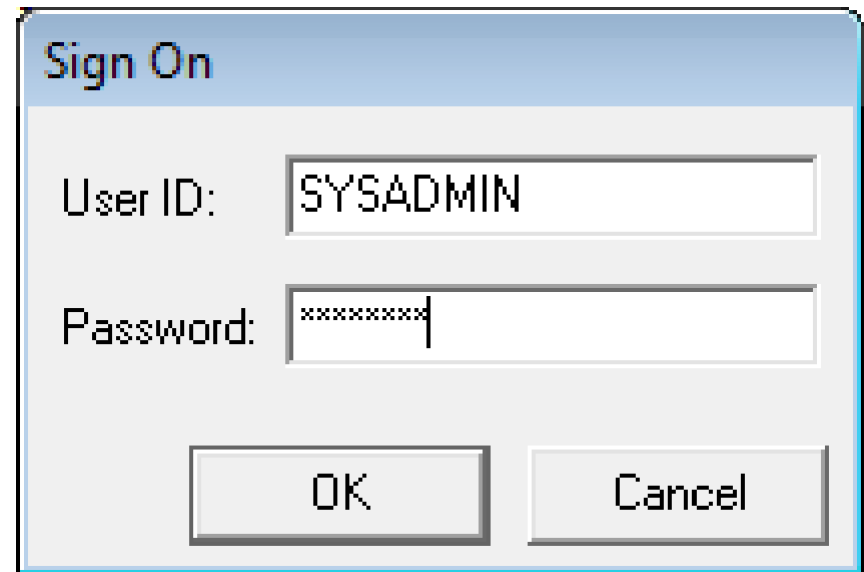


- Prior to using the program all users must enroll for PC- ACE using the EDI enrollment form (8292).
- Once enrollment is complete the EDI welcome letter will be sent from Novitas that will include your submitter ID and instructions for downloading the software.
- This letter includes the installation password. The password does not change and is needed for each quarterly upgrade or new installation; therefore, please keep it in a safe place where it is readily available.
- Next, visit the Novitas website and download the program.
- Then complete the following steps to set up the program.

Sign on Procedures



- Open the PC-ACE Software.
- Select “Help” then “About PC-ACE”.
- Ensure current version is installed.
 - Refer to http://medicare.fcso.com/PC-ACE_Pro32_software/ for available versions. An installation password will be required.
- Select Reference File Maintenance icon from the Main Toolbar.
- Enter SYSADMIN for both User ID and Password.



Sign On

User ID:

Password:

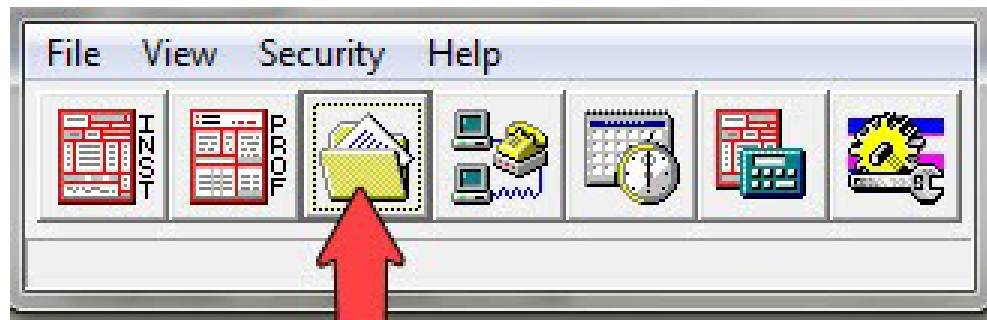
Program Tips



- To access the lookup list for a field, place the cursor in the field and press F2 (or right-click the mouse). When an item from the list is selected, its value is automatically entered in the field.
- To identify which fields contain a lookup list, hold the Alt key and press F2.
- To see what fields are required, click save.
- To disable the flashing notifications, press the Esc key.
- To access the program's help feature, click "Help" and then "Help Topic" from the main toolbar in PC-ACE.

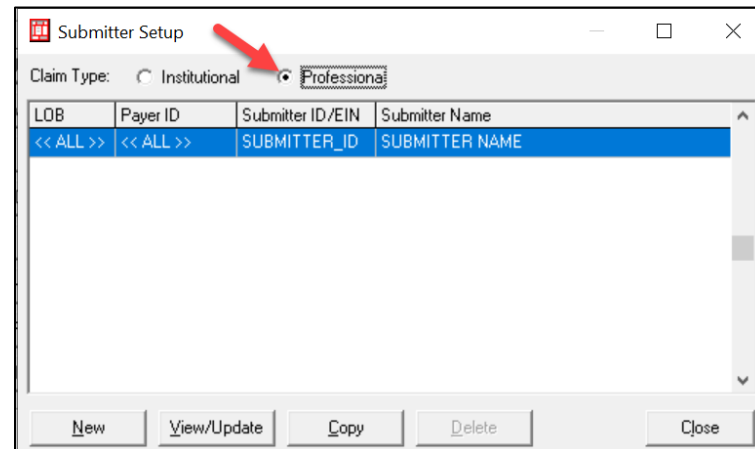
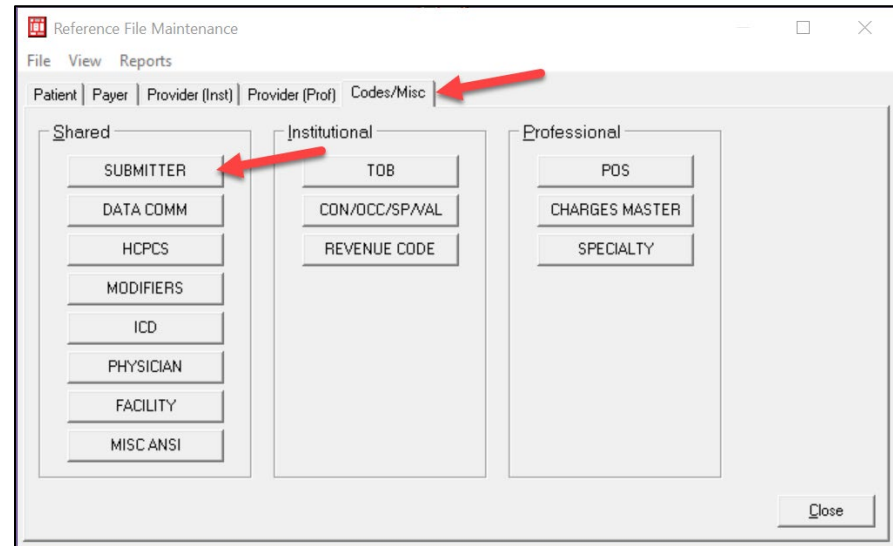
Step One: Setting Up the Program

- There are several pieces of information that must be entered into the program in order to submit a claim file.
- The provider data, patient data, payer data and submitter data should all be entered in the Reference File Maintenance folder.
- Proceed to the Reference File Maintenance folder by clicking on the third icon.



Setting Up the Submitter

- Click the Codes/Misc tab.
- Click the Submitter button.
- Click the Professional radial button.



Setting Up the Submitter, General Tab



- **Required:** ID (submitter ID), Name, Address, City, State, Zip (all 9 digits), Phone, Contact
- Enter required info and click Save.
- Leave the EIN blank.
- The submitter ID can be found in your initial EDI Authorization letter and in Novitasphere under the My Account Profile information.

A screenshot of a software dialog box titled "Institutional Submitter Information". It has a tabbed interface with "General" selected. The form contains fields for: LOB (MCA), Payer ID (12501), ID (SUBMITTER ID), EIN (blank), Name (SUBMITTER NAME), Address (111 STREET), City (ANY CITY), State (PA), Zip (11111-1111), Phone ((111) 111-1111), Fax (blank), Country (blank), Contact (CONTACT NAME), and E-Mail (blank). There are "Save" and "Cancel" buttons at the bottom right.

Institutional Submitter Information

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

LOB: MCA Payer ID: 12501

ID: SUBMITTER ID EIN:

Name: SUBMITTER NAME

Address: 111 STREET

City: ANY CITY State: PA Zip: 11111-1111

Phone: (111) 111-1111 Fax: () - Country:

Contact: CONTACT NAME

E-Mail:

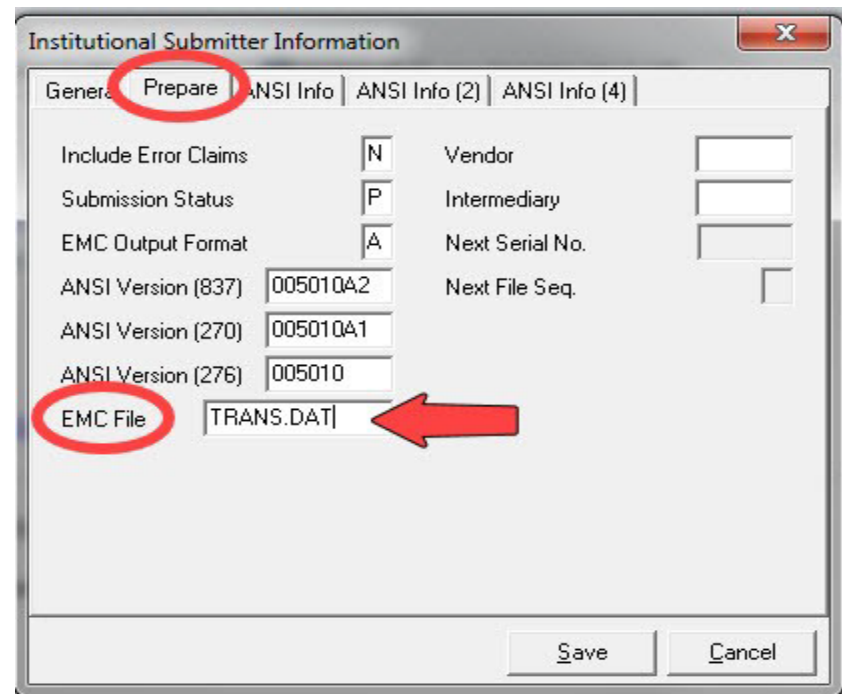
Save Cancel

Setting Up the Submitter, Prepare Tab

- Click on the Prepare tab and enter in the EMC File name. Naming convention shown below.

Institutional Claims - TRANS.DAT

Professional Claims - TRANSB.DAT



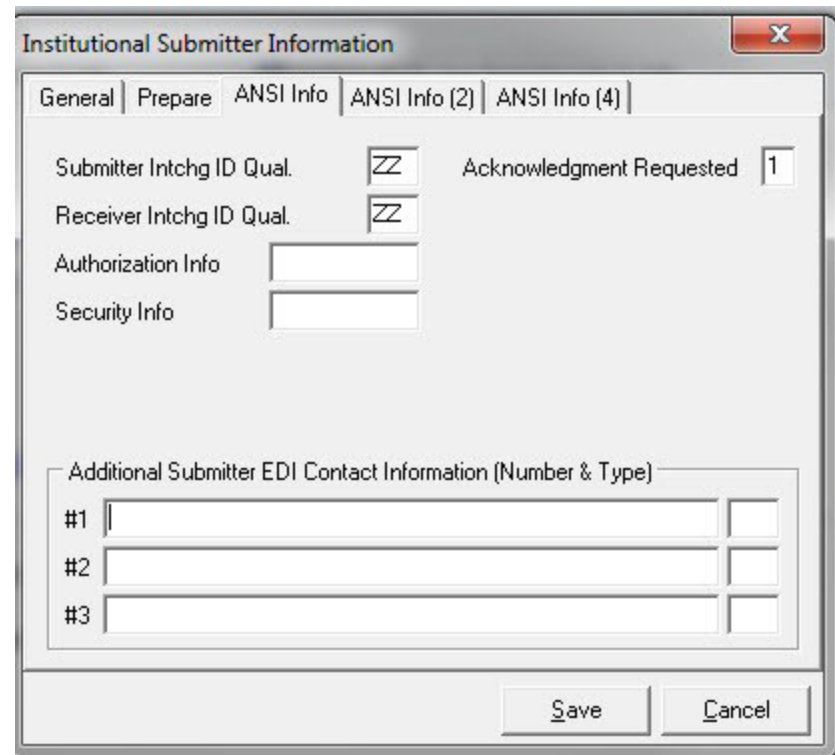
The screenshot shows a dialog box titled "Institutional Submitter Information" with a close button (X) in the top right corner. The "Prepare" tab is selected and highlighted with a red circle. The dialog contains several fields and checkboxes:

- Include Error Claims: ☐ N
- Submission Status: ☐ P
- EMC Output Format: ☐ A
- ANSI Version (837): 00501QA2
- ANSI Version (270): 00501QA1
- ANSI Version (276): 005010
- EMC File: TRANS.DAT (highlighted with a red circle and a red arrow pointing to it)
- Vendor:
- Intermediary:
- Next Serial No.:
- Next File Seq.: ☐

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

Setting Up the Submitter, ANSI Info Tab

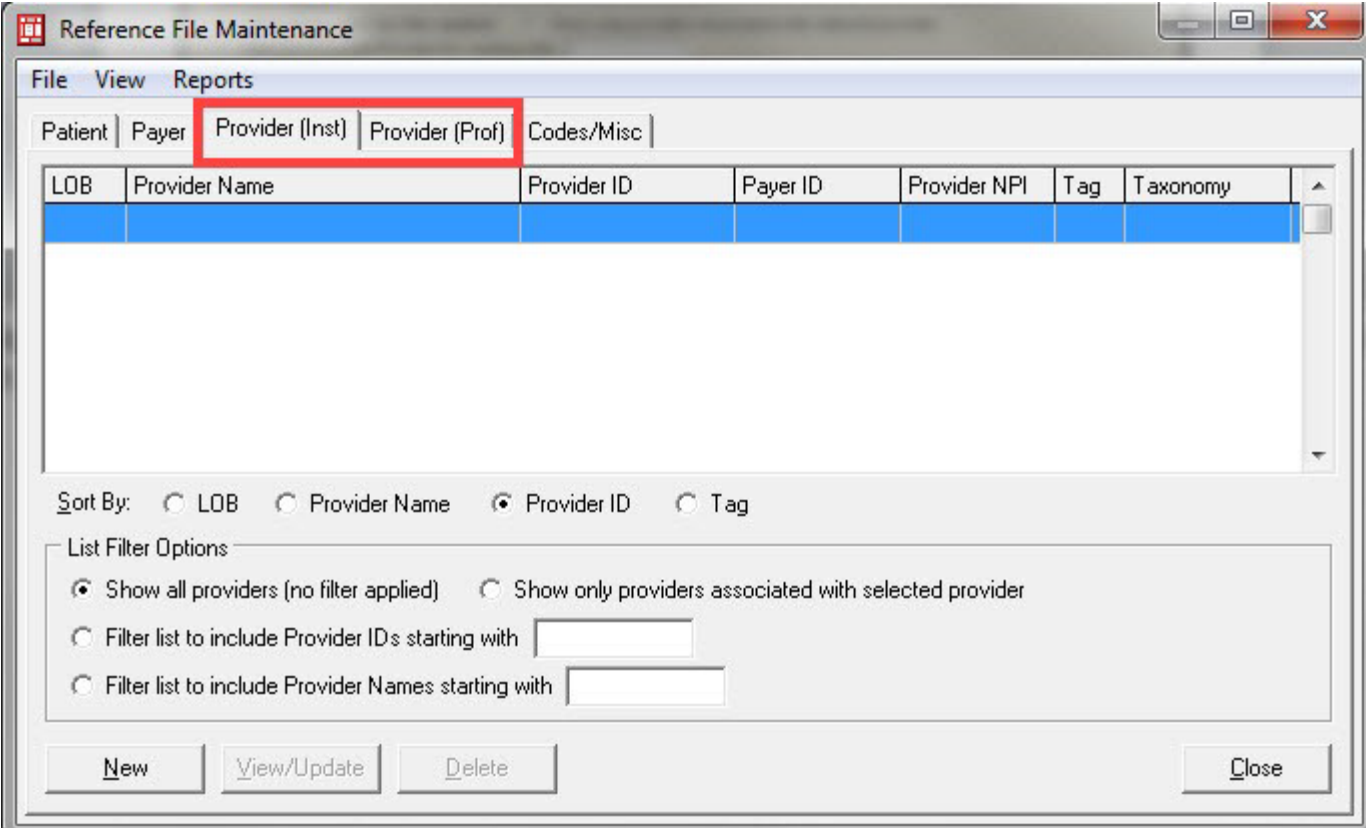
- Complete the following steps:
 - Click on the ANSI Info tab
 - Enter a ZZ in both the Submitter Intchg ID Qual. and the Receiver Intchg ID Qual. Fields
 - Enter a “1” in the Acknowledgement Requested field
 - Click Save and then close



The screenshot shows the 'Institutional Submitter Information' dialog box with the 'ANSI Info' tab selected. The 'ANSI Info' tab is active, and the 'ANSI Info (2)' and 'ANSI Info (4)' tabs are also visible. The 'Submitter Intchg ID Qual.' and 'Receiver Intchg ID Qual.' fields both contain 'ZZ'. The 'Acknowledgement Requested' field contains '1'. The 'Authorization Info' and 'Security Info' fields are empty. Below these fields is a section titled 'Additional Submitter EDI Contact Information (Number & Type)' with three rows labeled #1, #2, and #3, each with a text input field and a small square button to its right. At the bottom of the dialog are 'Save' and 'Cancel' buttons.

Setting Up Provider Information

- Click the provider tab for either institutional (Part A) or professional (Part B).



The screenshot shows the 'Reference File Maintenance' window. The 'Provider (Inst)' tab is selected and highlighted with a red box. The window contains a table with the following columns: LOB, Provider Name, Provider ID, Payer ID, Provider NPI, Tag, and Taxonomy. Below the table, there are sorting options: 'Sort By:' with radio buttons for LOB, Provider Name, Provider ID (selected), and Tag. There are also 'List Filter Options' with radio buttons for 'Show all providers (no filter applied)' (selected) and 'Show only providers associated with selected provider'. Below these are two filter options: 'Filter list to include Provider IDs starting with' and 'Filter list to include Provider Names starting with', each followed by a text input field. At the bottom, there are buttons for 'New', 'View/Update', 'Delete', and 'Close'.

LOB	Provider Name	Provider ID	Payer ID	Provider NPI	Tag	Taxonomy

Sort By: ☐ LOB ☐ Provider Name ☒ Provider ID ☐ Tag

List Filter Options: ☒ Show all providers (no filter applied) ☐ Show only providers associated with selected provider

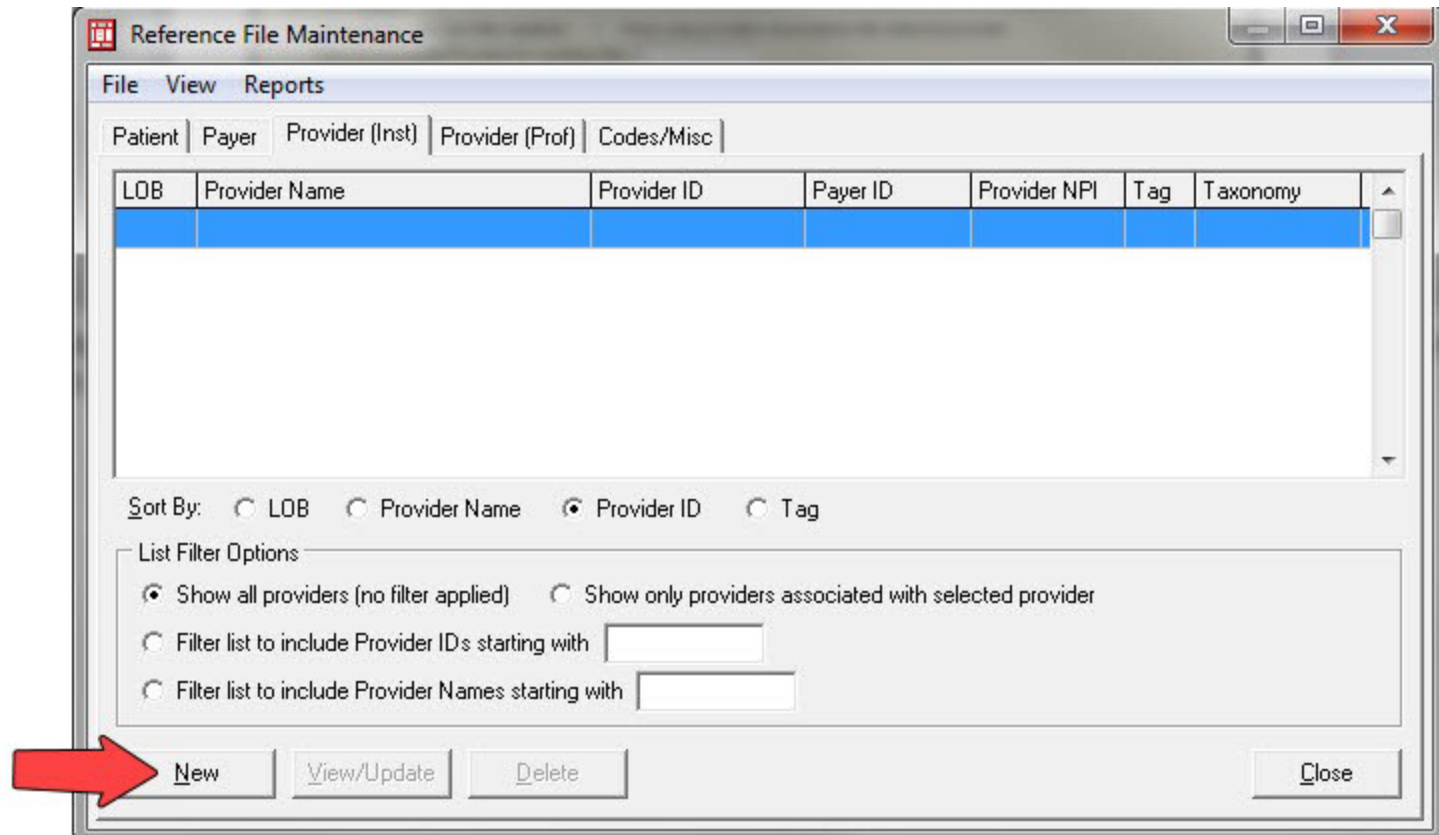
☐ Filter list to include Provider IDs starting with

☐ Filter list to include Provider Names starting with

New View/Update Delete Close

Setting Up Provider Information, continued

- Then click the New button.



Setting Up Provider Information, Solo Practice



- **Solo Practice:** Reference File Maintenance>Provider Prof>Solo Practice
- This example is a Solo Practice.
 - Organizations without rendering providers, such as ambulance or ambulatory surgery centers, would use this option as well.
- Complete all necessary fields and then Save. Refer to Section 2 of the PC-ACE User guide for more info.
- **Required:** Provider Type – Solo Practice
Last/First, Address, City, State, Zip (all 9 digits), Phone, Contact, Provider ID/NO, LOB, Payer ID, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date
- Enter required info and click save.

A screenshot of the "Professional Provider Information" form, specifically the "Solo Practice" tab. The form is divided into two main sections: "General Info" and "Extended Info". The "General Info" section includes fields for "Provider Type" (radio buttons for Group Practice, Individual in Group, and Solo Practice), "Organization", "Last/First/MI" (SMITH, JOHN, A), "Address" (STREET ADDRESS), "City/St/Zip" (ANY CITY, PA, 11111-1111), "Phone" ((111) 111-1111), "Fax" ([] _ _ - _ _), "Contact" (CONTACT NAME), "Provider ID/No." (XXXXX), "LOB" (MCB), "Payer ID" (12502), and "Tag". The "Extended Info" section includes fields for "Group Label", "NPI" (1111111111), "Tax ID/Type" (1111111111), "UPIN", "Specialty" (001), "Type Org", "Taxonomy/Type", "Accept Assign?" (A), "Participating?" (Y), "Signature Ind" (Y), "Date" (01/01/2017), "Provider Roles" (Billing Y, Rendering N), and "Remarks". At the bottom right, there are "Save" and "Cancel" buttons. A "Provider Associations" table is also visible, with columns for "LOB", "Provider ID", and "Provider/Group Name".

Setting Up Provider Information, Group Practice



- **Group Practice:** Reference File Maintenance>Provider Prof>Group Practice.
- Complete all required fields.
- **Required:** Provider Type--Group Practice, Group Name, Address, City, State, Zip (all 9 digits), Phone, Contact, Group ID/NO, LOB, Payer ID, Group Label, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date
- Enter required info and click Save.

A screenshot of the "Professional Provider Information" form. The form has two tabs: "General Info" and "Extended Info". The "General Info" tab is active. It contains fields for "Provider Type" (radio buttons for Group Practice, Individual in Group, Solo Practice), "Group Name", "Group Label", "Last/First/MI", "NPI", "Address", "Tax ID/Type", "City/St/Zip", "PA", "UPIN", "Specialty", "Type Org", "Phone", "Fax", "Taxonomy", "Contact", "Accept Assign?", "Participating?", "Group ID/No.", "LOB", "Signature Ind", "Date", "Payer ID", "Tag", "Provider Roles", "Billing", "Rendering". There is also a "Remarks" text area and a "Provider Associations" table with columns "LOB", "Provider ID", and "Provider/Group Name". The form has "Save" and "Cancel" buttons at the bottom right.

Setting Up Provider Information, Individual in Group



- This is an example of a Rendering Physician for a group practice.
- **Individual in Group:** Reference File Maintenance>Provider Prof>Individual in Group
- Tip: complete the group information first so you can copy it and edit what needs changed. To copy select New and then Inherit name/address information from selected provider.
- **Required:** Provider Type-Individual in Group Last/First, Address, City, State, Zip (all 9 digits), Phone, Contact, Provider ID/No., LOB, Payer ID, Group label, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date
- Enter required info and click Save.

A screenshot of the "Professional Provider Information" window. The "General Info" tab is selected. The "Provider Type" is set to "Individual in Group". The form contains fields for Organization, Last/First/MI (SMITH JOHN), Address (STREET ADDRESS), City/St/Zip (ANY CITY PA 11111-1111), Phone ((111) 111-1111), Contact (CONTACT NAME), Provider ID/No. (XXXXXX), Payer ID (12502), Group Label (GROUP LABEL), NPI (111111111), Tax ID/Type (111111111), UPIN, Specialty (001), Taxonomy, Accept Assign? (A), Participating? (Y), Signature Ind (Y), Date (01/01/2017), and Provider Roles (Billing N, Rendering Y). There is a "Remarks" text area and a "Provider Associations" table with columns LOB, Provider ID, and Provider/Group Name. The "Save" and "Cancel" buttons are at the bottom right.

Setting Up the Payers



- **Payers:** Reference File Maintenance>Payer
- PC-ACE is already pre-loaded with the Novitas Solutions' Payer numbers. If your patient has another payer as either their primary or secondary insurer, you must set them up in the Payer tab.
- To add a payer, click the New button.
- **Required:** Payer ID, LOB, Full Description, Address, City, State, Zip (all 9 digits), Source, Media
- Enter required info and click Save.
- A separate payer screen must be completed for each insurance that is primary to Medicare, and Medigap as a secondary insurer. Secondary insurances that accept crossover claims do not need to be set up as a payer.

A screenshot of the 'Payer Information' dialog box in a software application. The dialog has a title bar with a close button. It contains several input fields: 'Payer ID' (11111), 'LOB' (GAP), 'Receiver ID' (empty), and 'ISA08 Override' (empty). Below these is a 'Full Description' field containing 'SECONDARY INSURANCE'. A section titled 'Address & Contact Information' contains fields for 'Address' (ANY STREET), 'City' (ANY CITY), 'State' (PA), 'Zip' (11111-), 'Contact Name' (empty), 'Phone' (empty), 'Ext' (empty), and 'Fax' (empty). To the right of this section is a 'Flags' section with checkboxes for 'Source' (checked), 'Media' (unchecked), and 'Usage' (checked). At the bottom, there is a 'PrintLink Matching Descriptions' button, a red arrow pointing to a 'Save' button, and a 'Cancel' button.



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Setting Up the Patients

- **Patient:** Reference File Maintenance>Patient>General Info
- **Required:** Last Name, First Name, PCN(Patient Account number)
Address, City, State, Zip, Sex, DOB, Signature on File, Release of Info (ROI), ROI Date

Patient Information

General Information | Extended Info | Primary Insured (Inst) | Primary Insured (Prof) | Secondary Insured

Last Name: LAST First Name: FIRST MI: Gen: Patient Control No (PCN): ACCOUNT NUMBER

Patient Address:
Address: ANY STREET
City: ANY CITY State: PA Zip: 11111
Country: Phone: () - -

Patient Status:
Active Patient: Y Discharge Status: ☐
Sex: F Death Ind: ☐
DOB: 01/01/1955 DOD: __/__/____
Marital Status: ☐ Signature On File: Y ☐
Employment Status: ☐ Release of Info: Y ☐
Student Status: ☐ ROI Date: 01/01/2009
CBSA Code:

Notes:

Save Cancel

Setting Up the Patients, Primary Insured Tab



- **Primary Insurance Tab:** Reference File Maintenance>Patient, Primary Insured tab. There are different tabs for institutional and professional. Please choose the correct one.
- Select the appropriate radio button for the Insured Information Options
- **Required:** Payer ID (right click to select from Payer Database), Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date
- If Medicare is the primary, choose the appropriate Payer ID for the Medicare contract. The Insured ID should be the Medicare ID. Rel field should be "18" for self. The Group name and number should be left blank.
- If Medicare is secondary, the Payer ID should be for the primary insurance. The Insured ID should be the policy number with the primary. Choose the appropriate indicator for the Rel field.

A screenshot of the "Patient Information" software window, specifically the "Primary Insured (Inst)" tab. The form is divided into several sections: "General Information" (Payer ID, Payer Name, LOB, Group Name, Group Number, Claim Office), "Insured Information Options" (radio buttons for "Common Inst & Prof" and "Separate Inst & Prof", with "Separate Inst & Prof" selected), and "Insured Information (F7)" (Rel, Last Name, First Name, MI, Gen, Insured ID, Address, City, State, Zip, Country, Phone, Sex, DOB, Assign of Benefits, Release of Info, ROI Date, Retire Date, Employ Status). The "Primary Insured (Inst)" tab is highlighted with a red box. At the bottom right, there are "Save" and "Cancel" buttons.

Setting Up the Patients, Secondary Insured Tab



- **Secondary Insurance Tab:** Reference File Maintenance>Patient> Primary Insured tab. There are different tabs for institutional and professional. Please choose the correct one.
- This should be completed for [Medigap Insurance Companies](#). **Secondary insurances that accept crossover claims should not be listed.** If Medicare is secondary, it should be listed here.
- **Required:** Payer ID (right click to select from Payer Database), Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date
- Click the Save button.
- When adding Medicare as the secondary, the Group Name and Group Number should be left blank.

A screenshot of a software window titled "Patient Information". The window has several tabs: "Primary Insured (Inst)", "Primary Insured (Prof)", "Secondary Insured (Inst)", "Secondary Insured (Prof)", and "Tertiary". The "Secondary Insured (Prof)" tab is selected. The form contains various input fields for patient and insurance information. The "Payer ID" field has a dropdown menu showing "XXXXX". The "Payer Name" field contains "SECONDARY INSURANCE". The "LOB" field contains "GAP". The "Group Name" and "Group Number" fields are empty. The "Claim Office" field is empty. There is a button labeled "Clear All Fields For Insured". Below this, there are two sections: "Insured Information (F7)" and "Employer Information (F8)". The "Insured Information (F7)" section includes fields for "Rel" (18), "Last Name" (LAST), "First Name" (FIRST), "MI" (empty), "Gen" (empty), "Insured ID" (111111111), "Address" (ANY STREET), "City" (ANY CITY), "State" (PA), "Zip" (11111), "Country" (empty), "Phone" (empty), "Sex" (F), "DOB" (01/01/1955), "Assign of Benefits" (checkbox), "Release of Info" (checkbox), "ROI Date" (01/01/2009), and "Retire Date" (empty). The "Employer Information (F8)" section is empty. At the bottom of the window are "Save" and "Cancel" buttons.

Physician Information



- **Physician Information:** Reference File Maintenance>Code/Misc>Physician
- This is for the referring, ordering, attending, or supervising physician information. Enter the billing and / or rendering provider in the Provider Information screen.
- **Required:** Physicians Last Name, First Name, NPI
- Enter the required information and then click Save.

A screenshot of a web-based form titled "Physician Information". The form contains several input fields: "Physician ID / Type" with a dropdown arrow, "Physician's Last Name", "First Name", "MI", and "Suffix" (all with text boxes), "Address" (two stacked text boxes), "City", "State" (dropdown), "Zip" (text box with a hyphen), "Phone" (text box with parentheses and hyphen), "Federal Tax ID / Type" with a dropdown arrow, "NPI" (text box), and "Taxonomy" (text box). At the bottom right are "Save" and "Cancel" buttons.

Charges Master Setup

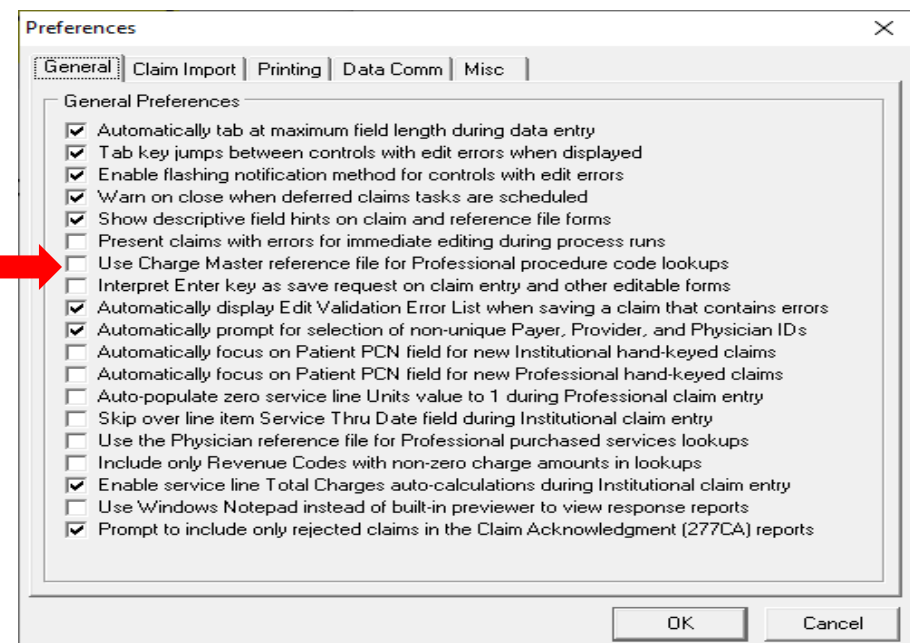


- **Charges Master:** Reference File Maintenance>Codes/Misc>Charges Master
- Select New
- **Required:** Code (HCPCS), Charges
- Enter required info and click OK
- This allows for the HCPCS file to be narrowed down to only the codes you use and their charges

A screenshot of the "Charges Master Information" dialog box. It contains the following fields: "LOB:" with a dropdown menu showing "<< All >>", "Payer ID:" with a text box and the note "(blank = all payers)", "Code:" with a text box, "Description:" with a text box, and "Charges:" with a text box containing "0.00". There are "OK" and "Cancel" buttons at the bottom right, and a small icon in the top right corner.

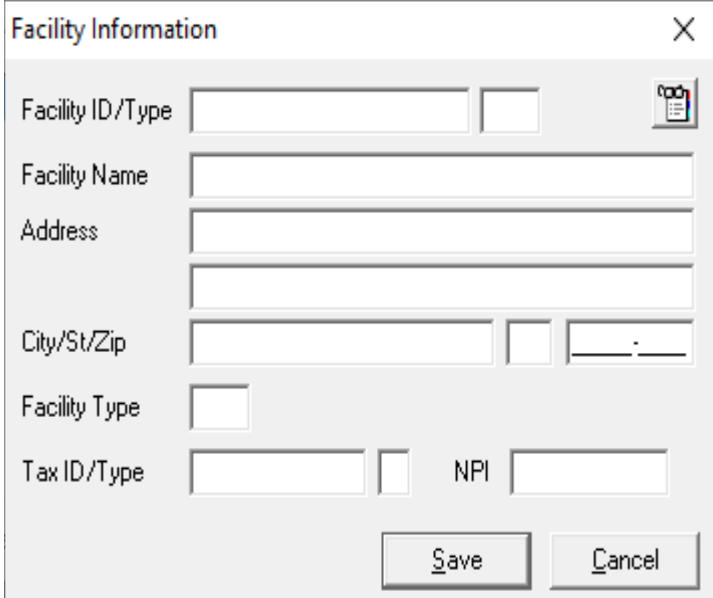
Charges Master Setup, continued

- File>Preferences>General Tab
- Select Use Charge Master reference file for Professional procedure code look-ups
- Select OK



Facility Information

- **Facility:** Reference File Maintenance>Codes/Misc>Facility
- **Required:** Facility Name, Address, City, State, Zip (all 9 digits), Facility Type
- Enter required info and click Save.
- Tip: Facility information is required when billing a place of service other than office (11).



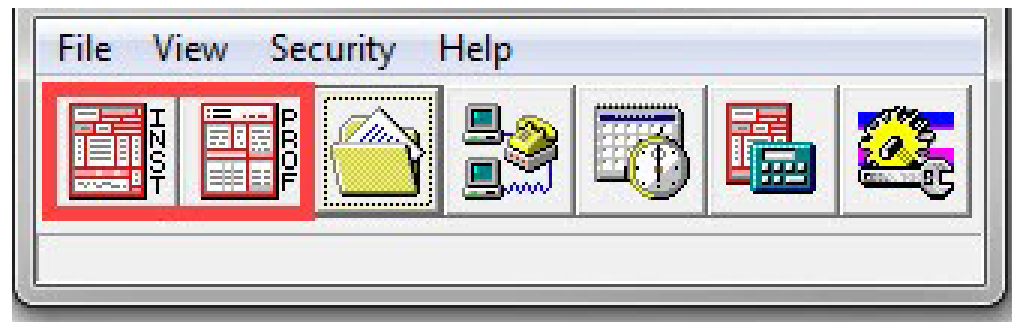
The image shows a software dialog box titled "Facility Information" with a close button (X) in the top right corner. The dialog contains several input fields and checkboxes:

- Facility ID/Type:** A text input field followed by a small square checkbox.
- Facility Name:** A single-line text input field.
- Address:** Two stacked single-line text input fields.
- City/St/Zip:** A text input field followed by a small square checkbox and a field for a zip code with a dot separator.
- Facility Type:** A small square checkbox.
- Tax ID/Type:** A text input field followed by a small square checkbox.
- NPI:** A text input field.

At the bottom right of the dialog are two buttons: "Save" and "Cancel".

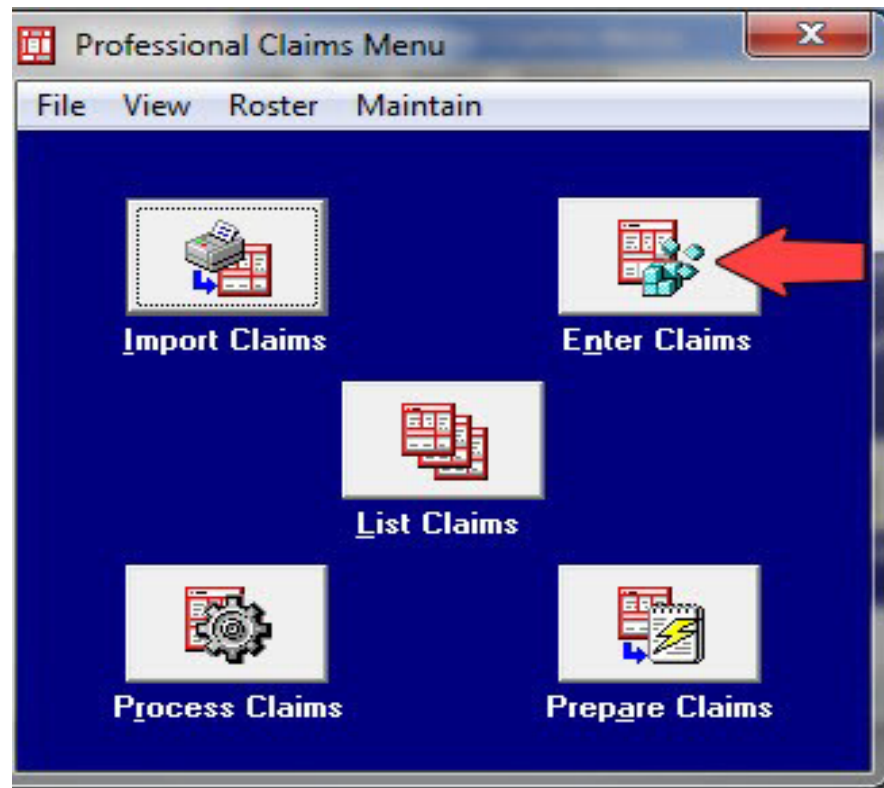
Step Two: Entering a Claim

- **Claims Processing:** Institutional or Professional Claims Processing-icon>Enter Claims> Patient Info & General



Entering a Claim, part two

- Enter Claims icon.



Entering a Claim, part three

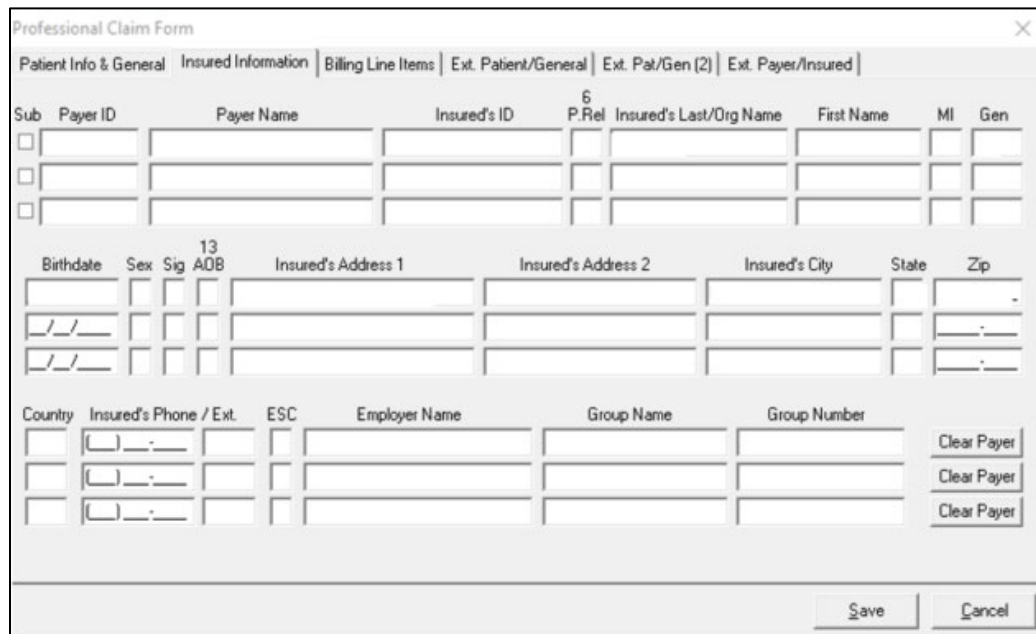


- **Required:** LOB, Billing Provider, Patient Control No, Employment, Accident, Outside Lab
- The Edit Validation Errors list will be shown if any required fields have not been completed.
- Information on entering claims for various specialties is available in Chapters 2 and 3 of the PC-ACE User Guide.
 - JL: <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00081249>
 - JH: <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00081249>
- Many of the fields have a pop-up selection feature that lists valid entries for that specific field.
- Access the list by pressing the “F2” key or right clicking in the specific field.

The screenshot displays the 'Professional Claim Form' window. It features a tabbed interface with the following tabs: Patient Info & General, Insured Information, Billing Line Items, Ext. Patient/General, Ext. Pat/Gen (2), and Ext. Payer/Insured. The 'Patient Info & General' tab is active, showing a grid of input fields. Key fields include: LOB (set to MCB), Billing Provider, 26 - Patient Control No., 2 - Patient Last Name, First Name, MI, Gen, 3 - Birthdate, Sex, 8 - Pat. Status, Death Ind, 12 - SDF, Legal Rep., NPI, Exempt, 5 - Patient Address 1, Patient Address 2, Patient City, State, Patient Zip, Country, Patient Phone, 10 - Patient Condition Related To (Employment/Accident), ROI, ROI Date, Other Ins., 14 - Date/Ind of Current, 15 - First Date, 16 - UTW/Disability Dates & Type, 17 - Referring Phys Name (Last/Org, First, Mid, Suffix), Referring Phys IDs/Types, 18 - Hospitalization Dates, 20 - Outside Lab/Chgs, 19 - Reserved For Local Use, 22 - Medicaid Resubmission Code & Ref No, 25 - Fed. Tax ID, SSN/EIN, 27 - Provider Accepts Assignment?, PIN No., 31 - Provider SDF, Date, Facility?, Dental?, COB?, Frequency, and 33 - GRP No. The form includes 'Save' and 'Cancel' buttons at the bottom right.

Professional Claim Form, Insured Information Tab

- **Professional Claim Form:** Professional Claims Menu>Enter Claims> Insured Information
- Information will pull from the Patient database when the patient is selected on the Patient Info & General Tab



The screenshot shows the 'Professional Claim Form' window with the 'Insured Information' tab selected. The form is divided into several sections for data entry:

- Top Tabs:** Patient Info & General, Insured Information (selected), Billing Line Items, Ext. Patient/General, Ext. Pat/Gen (2), Ext. Payer/Insured.
- Insured Information Section:**
 - Sub: ☐ ☐ ☐
 - Payer ID:
 - Payer Name:
 - Insured's ID:
 - P.Rel: (with a '6' above it)
 - Insured's Last/Org Name:
 - First Name:
 - MI:
 - Gen:
- Birthdate and Address Section:**
 - Birthdate: (with a '13' above it)
 - Sex:
 - Sig:
 - AOB:
 - Insured's Address 1:
 - Insured's Address 2:
 - Insured's City:
 - State:
 - Zip:
- Employer and Group Information Section:**
 - Country:
 - Insured's Phone / Ext.:
 - ESC:
 - Employer Name:
 - Group Name:
 - Group Number:
- Action Buttons:** Clear Payer (three buttons), Save, Cancel.

Professional Claim Form, Billing Line Items Tab



- **Billing Line-Items:** Professional Claims Menu>Enter Claims>Billing Line Items>Line-Item Details
- **Required:** Diagnosis Codes (at least one), Service From/Thru Dates (DOS), Charges, PS (place of service), CPT/HCPCS, Diagnosis Pointer, Charges, Units, Rendering Phys. (unless billing as a Solo Provider), Total Charge
- Click Recalculate.
- Once all claim information is Entered, click Save.

A screenshot of the "Professional Claim Form" software interface, specifically the "Billing Line Items" tab. The form contains several sections: "Patient Info & General", "Insured Information", "Billing Line Items" (active), "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". Under the "Billing Line Items" tab, there are sub-tabs for "Line Item Details", "Extended Details (Line 1)", "Ext Details 2 (Line 1)", and "Ext Details 3 (Line 1)". The "Line Item Details" sub-tab is active, showing a table with columns for "LN", "24a - Service Dates From", "24a - Service Dates Thru", "24b PS", "24c EMG", "24d - CPT® / HCPCS", "24d - Mod 1", "24d - Mod 2", "24e Diagnosis", "24f Charges", "24g Units", "24h EP FP AT", and "24j Rendering Phys.". The table has six rows, with the first row containing data: LN 1, Service Dates From and Thru empty, PS empty, EMG empty, CPT® / HCPCS 1, Mod 1 and 2 empty, Diagnosis 1, Charges 100.00, Units 0.00, EP FP AT empty, and Rendering Phys. empty. Below the table, there are summary fields: "28 - Total Charge" (100.00), "29 - Patient Amount Paid" (0.00), and "30 - Balance Due" (100.00). A "Recalculate" button is located next to the "28 - Total Charge" field. At the bottom of the form, there is a "Save" button and a "Cancel" button. A footer note states: "CPT® codes are copyright 2020 American Medical Association (AMA)."

Entering a Medicare Secondary Claim

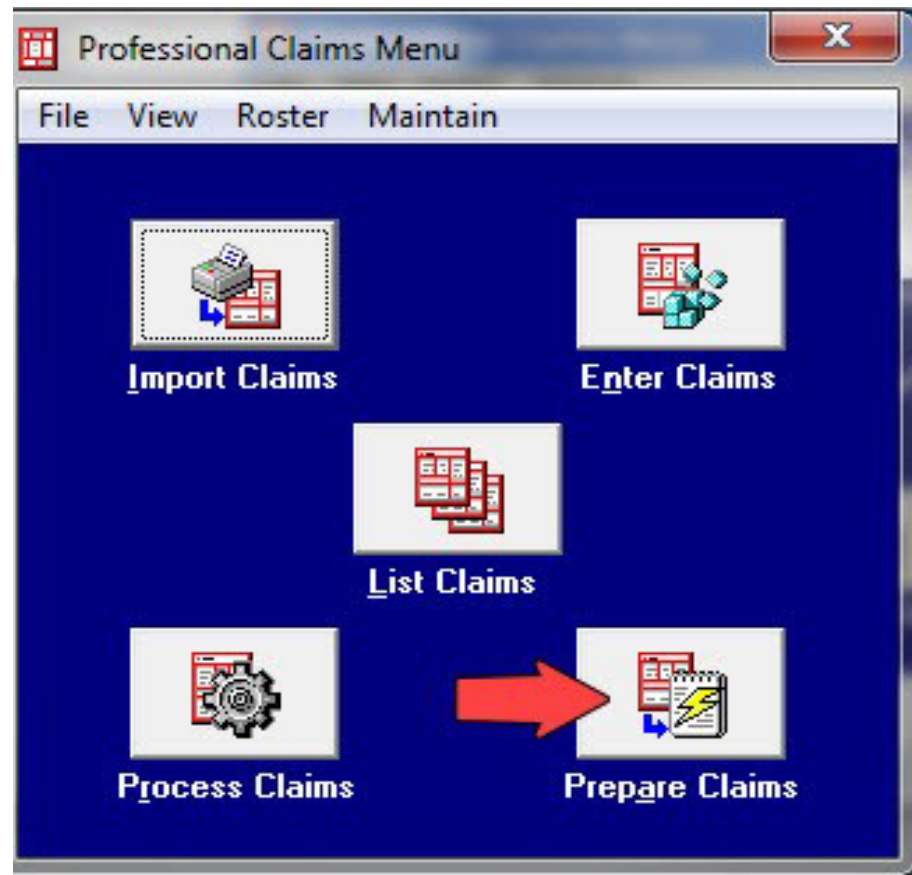


- **COB Info:** Professional Claim form>Ext. Payer/Insured tab>COB Info tab
- Complete the required fields as normal for a Medicare claim.
- Type a “Y” in the COB? field on the Diagnosis/Procedure Code (Institutional) or Patient Info & General (Professional) screens to indicate the patient has Medicare as a secondary payer.
- Click on Ext. Payer/Insured tab, and then COB Info (Primary) tab.
- Enter the information from the primary Explanation of Benefits (EOB).
- Do not send the primary EOB to Novitas.

The screenshot shows the "Professional Claim Form" window with the "Ext. Payer/Insured" tab selected. Within this tab, the "COB Info (Primary)" sub-tab is active. The form contains several sections: "Common Payer MSP Information" with fields for "OTAF" (0.00) and "Zero Payment Ind" (N); "Additional Adjustment / COB Amounts / MOA Information (ANSI-837 Only)" which includes two tables. The first table, "Claim Level Adjustments (CAS)", has columns for Num, Group, Reason, Amount, and Units, with three rows of data. The second table, "COB / MOA Amounts", has columns for Num, Code, and Amount, with three rows. Below these is a section for "Medicare Outpatient Adjudication (MOA) Remarks Codes" with five empty boxes. At the bottom, there is a "Claim Adjudication Date" field set to "01/01/2018". The window has "Save" and "Cancel" buttons at the bottom right.

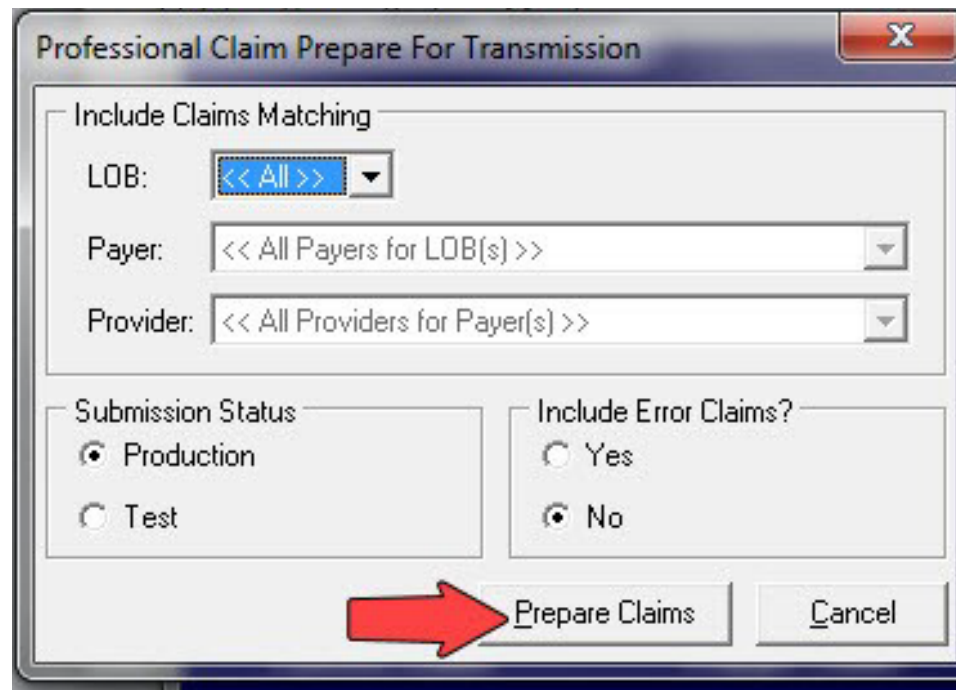
Step Three: Preparing a File for Transmission

- Once the claims are saved, click the Prepare Claims icon.



Preparing a File for Transmission, continued

- Then click on the Prepare Claims button. This will create a file named “trans.dat” for Part A or “transb.dat” for Part B. The file will be in your “C” or other local drive under the WINPCACE folder.



Step Four: Transmitting the File Using a SFTP Connection



- Connect to SmartXfr™ using your Network Service Vendor.
- Locate the file (the default location is C:/WINPCACE. The file name should be TRANSB.DAT for Part B or TRANS.DAT for Part A).
- Click the file name.
- Move the file to Novitas.

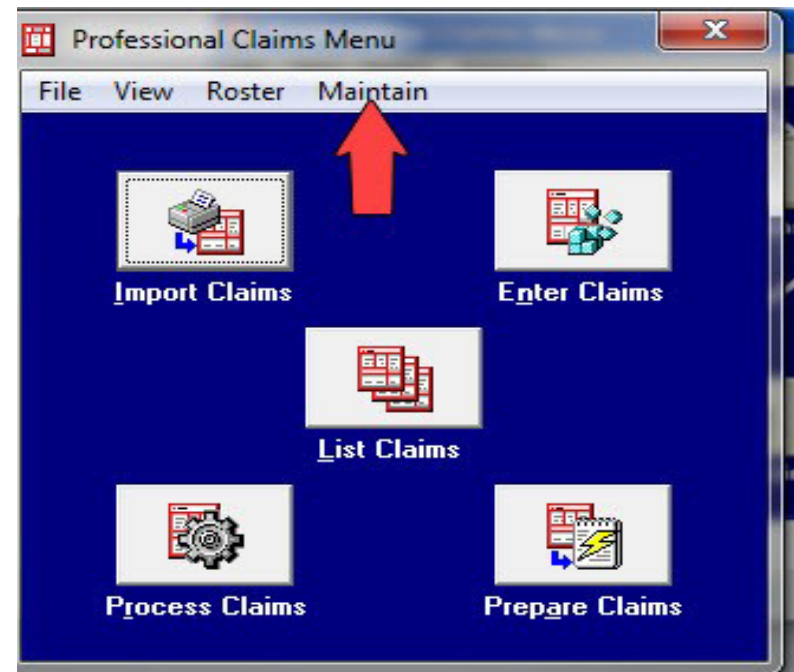
Step Five: Pulling Reports Using a SFTP Connection



- Connect to Novitas using your Network Service Vendor.
- Locate the reports in the directories found in your mailbox.
 - Current Directory - includes all reports that have not been downloaded or are newly created.
 - Downloaded Directory - includes all of the past reports that were downloaded.
- Download the file to your computer by clicking the file name. Download the 999 Acknowledgment and 277CA Acknowledgment within 15 minutes of sending your claims. 835 ERA files will be available 14 days after the file is submitted.
- Move the file to your office.
- It is important to get into the habit of pulling your reports as soon as possible, as reports are only available for download for 60 days after the report is posted to your mailbox.

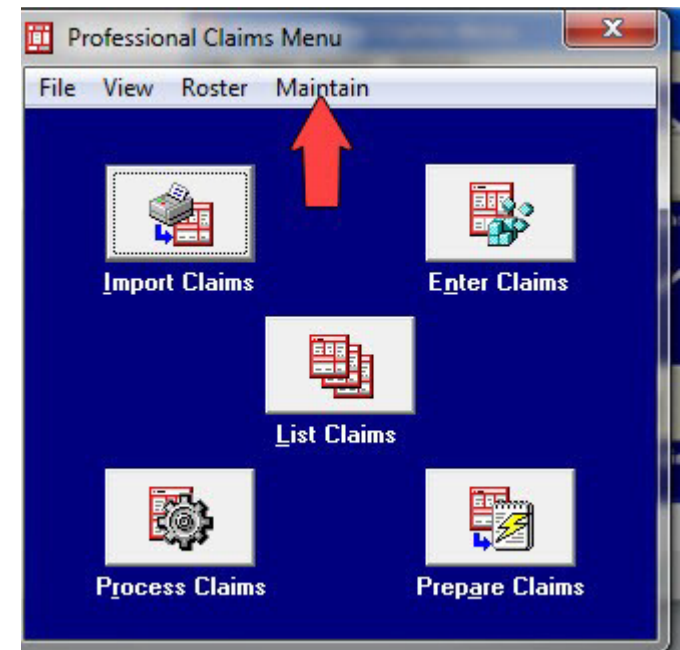
Viewing the 999 Acknowledgement

- After downloading the 999 report, click the Institutional Claims Processing icon for Part A. For Part B, click the Professional Claims Processing icon and complete the following steps:
 - Click Maintain
 - Click Acknowledgement File Log
 - Click the appropriate report
 - Click View Report
- Claims rejecting on this report will need to be corrected and resent.
- More information on reading the report is available in the [Understanding the 999 Report](#) training module.



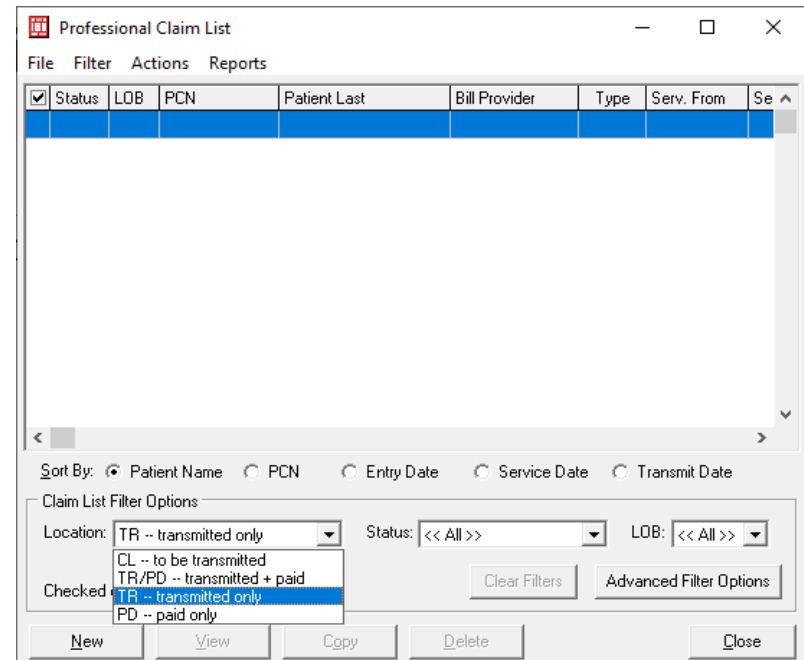
Viewing the 277CA Acknowledgement

- After downloading the 277CA report, click the Institutional Claims Processing icon for Part A. For Part B, click the Professional Claims Processing icon and complete the following steps:
 - Click Maintain
 - Click Claim Status Response & Acknowledgement Log
 - Click the appropriate report
 - Click View Report
- Claims rejecting on this report will need to be corrected and resent.
- More information on reading the report is available in the [Understanding the 277CA Report](#) training module.



Claim Re-activation

- **Professional Claim List:** Professional Claims Menu>List Claims>TR-Transmitted Only
- Check selected claims for reactivation
- Click Action
- Click Reactivate all Checked Claims
- If corrections are needed change the location to CL-to be transmitted then update and save the claim.



Professional Claim List

File Filter Actions Reports

<input checked="" type="checkbox"/>	Status	LOB	PCN	Patient Last	Bill Provider	Type	Serv. From	Se
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Sort By: ☒ Patient Name ☐ PCN ☐ Entry Date ☐ Service Date ☐ Transmit Date

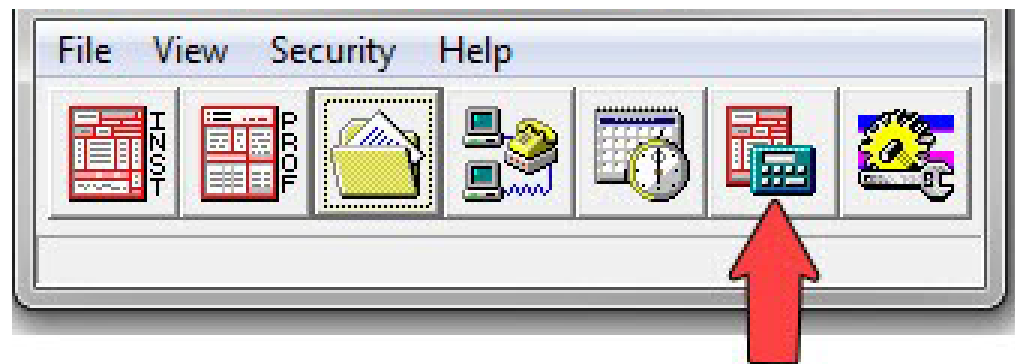
Claim List Filter Options

Location: Status: LOB:

Checked:

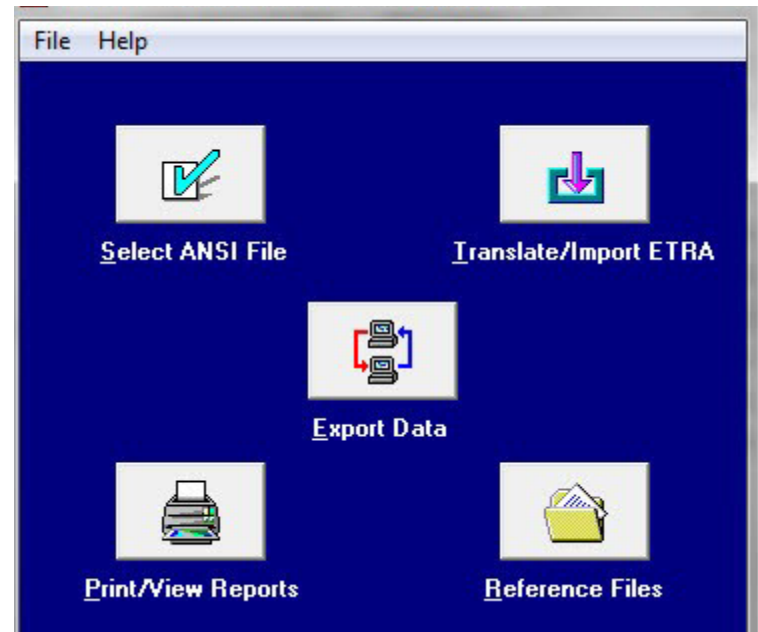
Viewing the 835/Electronic Remittance

- After downloading the report using your telecommunications software, click the ANSI – 835 Functions icon
- Click Institutional or Professional



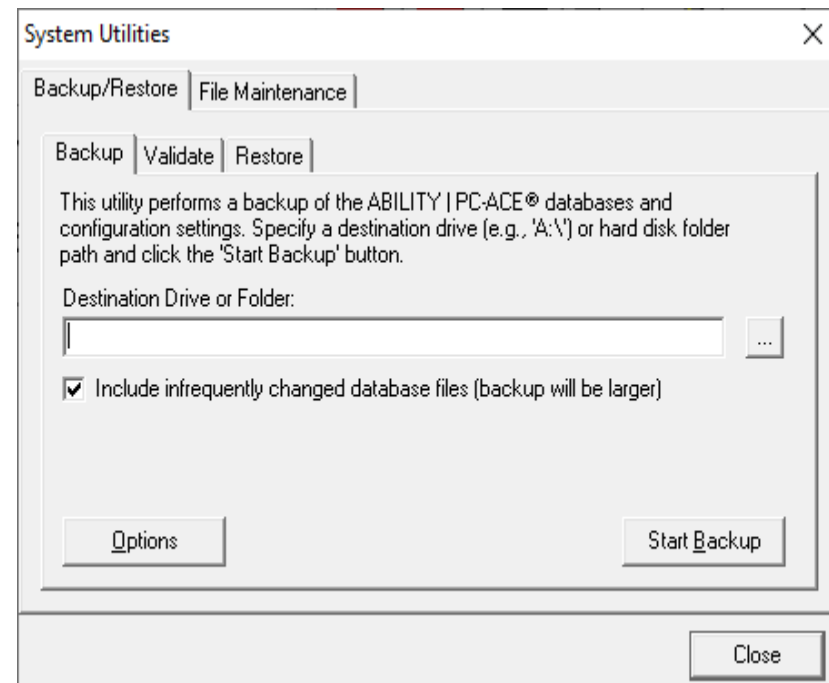
Viewing the 835/Electronic Remittance, continued

- Click Select ANSI File
- Click on the ERA file you would like to view
- Click Select
- Click Translate/Import ETRA
- Click Print/View Reports
- Choose the type of report you Would like to view and click OK
- Enter specific pages to view or click OK



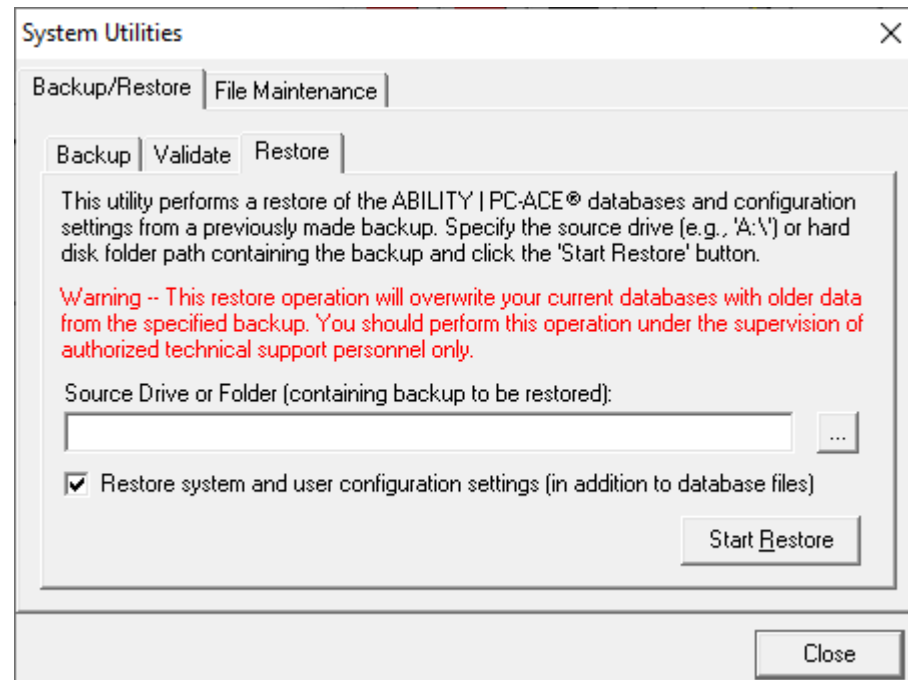
Data Backup

- **Backup:** System Utilities>Backup
- Choose a destination folder by clicking the three-dot button
- Click Start Backup
- The software has the ability to back up databases such as patient records and provider records each time you close the program.
- It is encouraged that you back up the software every time you upgrade and when adding large amounts of data to the program.



Data Restore

- **Restore:** System Utilities>Restore
- Locate your stored backup by clicking the three-dots button
- Click Start Restore



Quarterly Upgrades



- Upgrades are issued to the PC-ACE program every quarter in January, April, July, and October.
- The download password for the upgrades was provided in the Initial EDI Welcome letter. The password does not change and is needed for each quarterly upgrade or new installation; therefore, please keep it in a safe place where it is readily available.
- Upgrades should be downloaded as soon as possible in order to avoid claim rejections.



Resources

- Additional information on the PC-ACE program is located on our Web site at:
 - PC-ACE User Guide
 - JL: <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004603>
 - JH: <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004603>
 - PC-ACE Quick Steps
 - JL: <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004605>
 - JH: <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004605>
 - EDI Help Desk
 - JL: <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004525>
 - JH: <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00025068>