

# NOVITAS

 SOLUTIONS

## PC-ACE Training Module Using Novitasphere Portal

Novitas Solutions, Inc.

Electronic Data Interchange (EDI)

Updated: 11/19/2025

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# Enroll with EDI

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- Prior to using the program, users must enroll for PC-ACE using the EDI enrollment form (8292P).
- 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.
- Ensure current version is installed.
  - Select “Help” then “About PC-ACE”.
  - Refer to the PC-ACE Upgrade page on our website ([JH](#))([JL](#)) for the most current version files. An installation password will be required for downloading the file.
- Select the Reference File Maintenance icon from the Main Toolbar.
- Enter SYSADMIN for both User ID and Password.

A screenshot of a 'Sign On' dialog box. The dialog has a light blue title bar with the text 'Sign On'. Below the title bar, there are two input fields. The first is labeled 'User ID:' and contains the text 'SYSADMIN'. The second is labeled 'Password:' and contains a series of asterisks '\*\*\*\*\*'. At the bottom of the dialog, there are two buttons: 'OK' and 'Cancel'.

# Program Tips

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- 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.

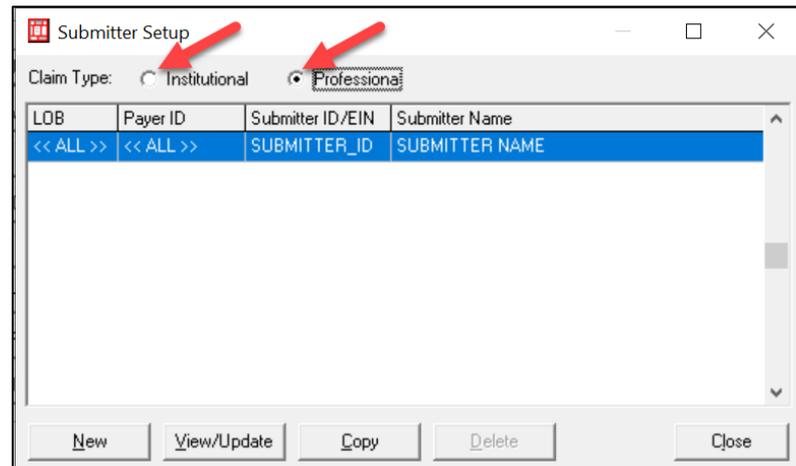
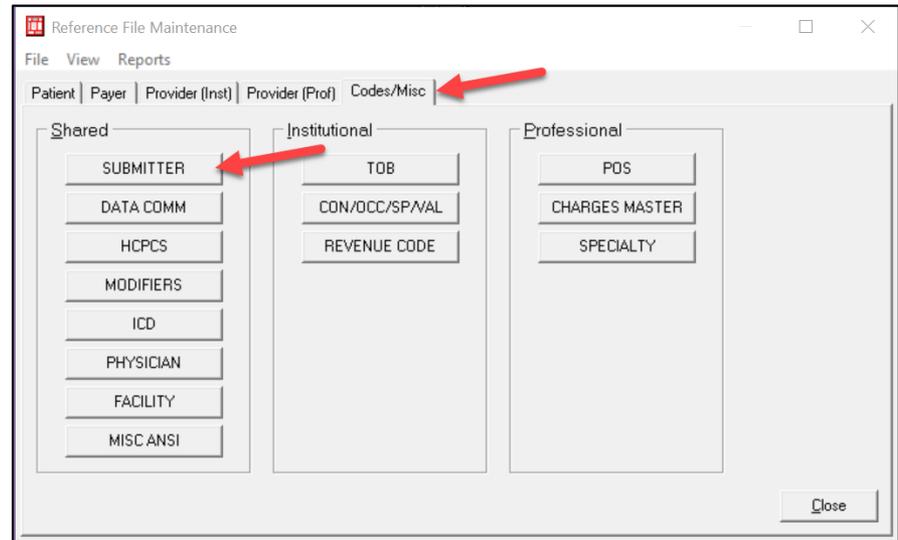
## Step One: Setting up the Program

- There are several pieces of information that must be entered into the program 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 appropriate Claim Type radial button: Institutional for Part A or Professional for Part B.
- Click on View/Update.



# Setting up the Submitter, General tab

- **Required:** ID (submitter ID), Name, Address, City, State, Zip (all 9 digits), Phone, Contact, E-mail
- Enter required information 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.

The screenshot shows a dialog box titled "Institutional Submitter Information" with a close button (X) in the top right corner. The dialog has several tabs: "General", "Prepare", "ANSI Info", "ANSI Info (2)", and "ANSI Info (4)". The "General" tab is selected. The form contains the following fields:

- LOB:
- Payer ID:
- ID:  (highlighted in blue)
- EIN:
- Name:
- Address:
- City:  State:  Zip:
- Phone:  Fax:
- Contact:
- E-Mail:

At the bottom right, there are two buttons: "Save" and "Close".

# Setting up the Submitter Tab, Prepare Tab

- Complete the next steps:
  - Click on the Prepare tab and enter in the EMC File name. Naming convention shown below.
    - Institutional Claims - TRANS.DAT
    - Professional Claims - TRANSB.DAT

Institutional Submitter Information

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

Include Error Claims  Vendor

Submission Status  Intermediary

EMC Output Format  Next Serial No.

ANSI Version (837)  Next File Seq.

ANSI Version (270)

ANSI Version (276)

**EMC File**

# Setting up the Submitter Tab, 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 a dialog box titled "Institutional Submitter Information" with a close button (X) in the top right corner. The dialog has several tabs: "General", "Prepare", "ANSI Info", "ANSI Info (2)", and "ANSI Info (4)". The "ANSI Info" tab is selected. The fields are as follows:

Submitter Intchg ID Qual.	ZZ	Acknowledgment Requested	1
Receiver Intchg ID Qual.	ZZ		
Authorization Info			
Security Info			

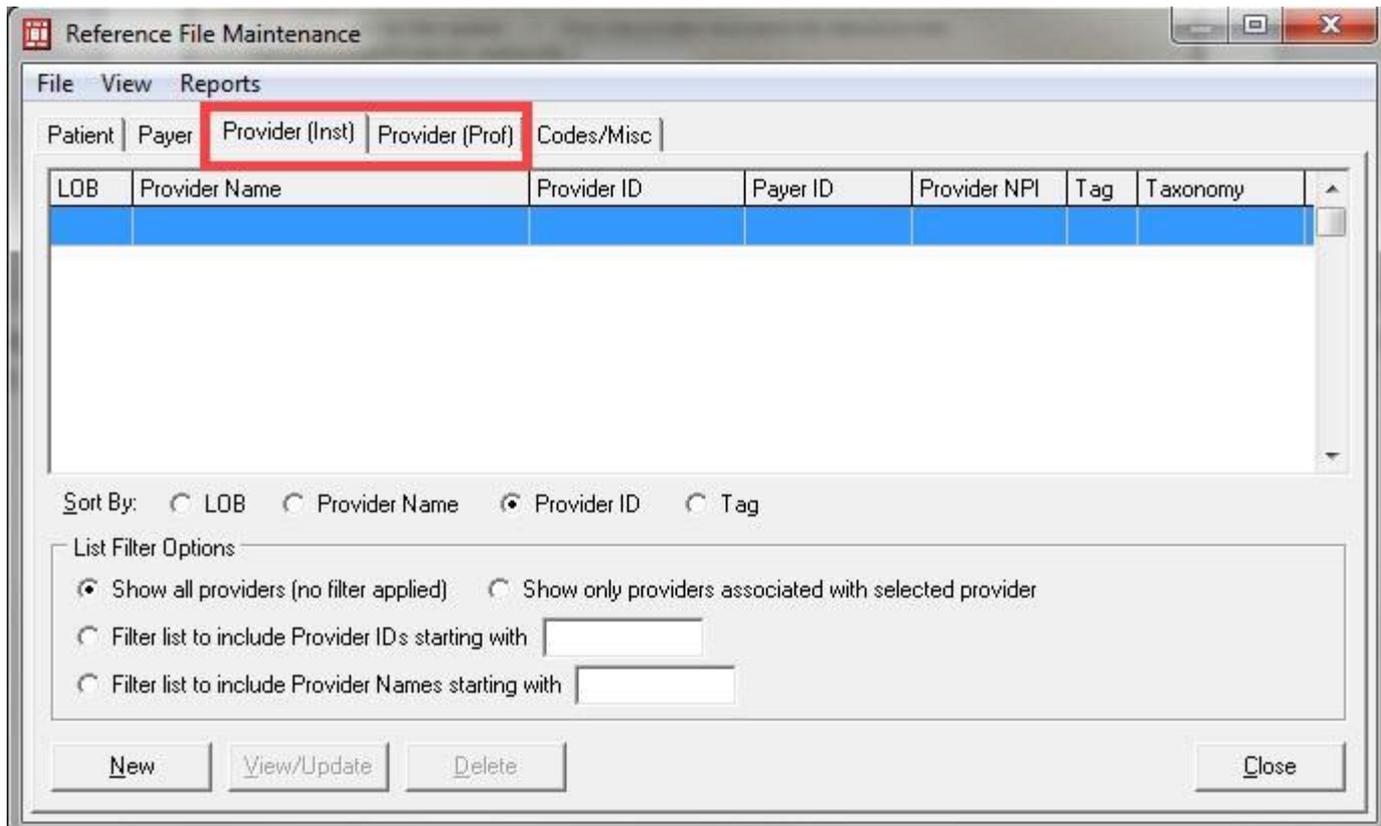
Below these fields is a section titled "Additional Submitter EDI Contact Information (Number & Type)" with three rows:

#1		
#2		
#3		

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

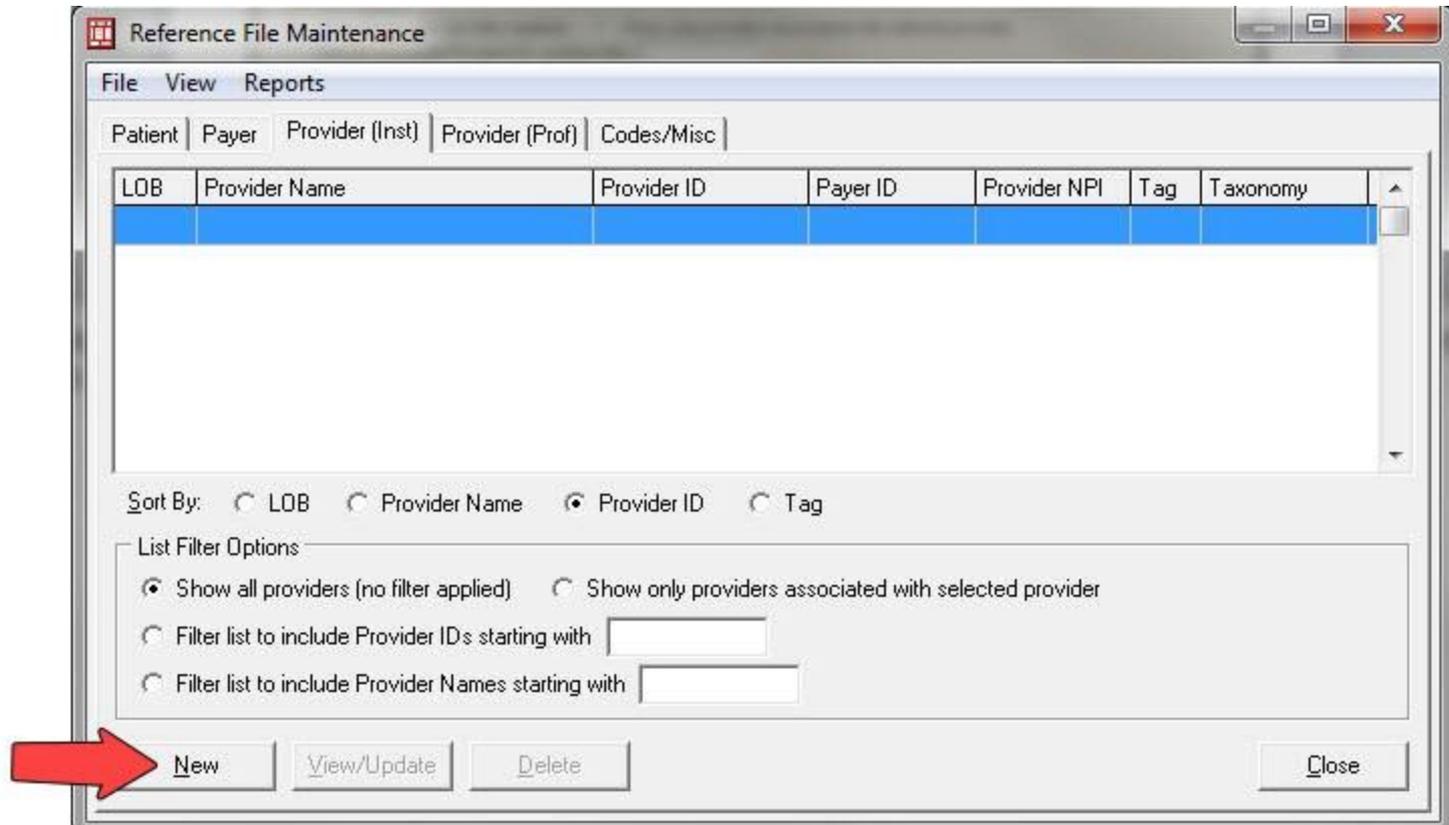
# Setting up Provider Information

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



# 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.
  - 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.

The screenshot shows the 'Professional Provider Information' dialog box with the 'Solo Practice' radio button selected. The 'General Info' tab is active, and the 'Extended Info' tab is also visible. The form contains various fields for provider information, including Organization, Last/First/MI, Address, City/St/Zip, Phone, Contact, Provider ID/No., Payer ID, Group Label, NPI, Tax ID/Type, UPIN, Specialty, Taxonomy/Type, Accept Assign?, Participating?, Signature Ind, Date, and Provider Roles. A 'Remarks' field is at the bottom left, and a 'Provider Associations' table is at the bottom right. The 'Save' and 'Cancel' buttons are at the bottom right.

LOB	Provider ID	Provider/Group Name

# Setting up Provider Information, Group

- 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
- Entered required info and click Save.

The screenshot shows the 'Professional Provider Information' dialog box with the 'General Info' tab selected. The 'Provider Type' is set to 'Group Practice'. The form contains the following fields and values:

Field	Value
Provider Type	Group Practice
Group Name	GROUP NAME
Group Label	GROUP LABEL
Last/First/MI	
NPI	1111111111
Address	STREET ADDRESS
Tax ID/Type	111111111   E
UPIN	
City/St/Zip	ANY CITY   PA   11111-1111
Specialty	001   Type Org
Phone	(111) 111-1111   Fax
Taxonomy	
Contact	CONTACT NAME
Accept Assign?	A
Participating?	Y
Signature Ind	Y
Date	01/01/2017
Group ID/No.	XXXXX
LOB	MCB
Payer ID	12502
Tag	
Provider Roles	Billing Y   Rendering N

Remarks: [Empty text area]

Provider Associations:

LOB	Provider ID	Provider/Group Name

Buttons: Save, Cancel

# Setting up Provider Information, Individual

- 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.

Professional Provider Information

General Info | Extended Info

Provider Type:  Group Practice  Individual in Group  Solo Practice

Organization: [ ] Group Label: [GROUP LABEL]

Last/First/MI: [SMITH] [JOHN] NPI: [1111111111]

Address: [STREET ADDRESS] Tax ID/Type: [111111111] [E]

City/St/Zip: [ANY CITY] [PA] [11111-1111] UPIN: [ ]

Phone: [(111) 111-1111] Fax: [ ] [ ] Specialty: [001] Type Org: [ ]

Contact: [CONTACT NAME] Taxonomy: [ ]

Provider ID/No.: [XXXXX] LOB: [MCB] Accept Assign?: [A] Participating?: [Y]

Payer ID: [12502] Tag: [ ] Signature Ind: [Y] Date: [01/01/2017]

Provider Roles: Billing [N] Rendering [Y]

Remarks: [ ]

Provider Associations:

LOB	Provider ID	Provider/Group Name

Save Cancel

# 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.

Payer Information

Payer ID	LOB	Receiver ID	ISA08 Override
11111	GAP		

Full Description  
SECONDARY INSURANCE

Address & Contact Information

Address  
ANY STREET

City State Zip  
ANY CITY PA 11111-

Contact Name

Phone Ext Fax  
() - - () - -

Flags  
Source  CI  
Media   
Usage  H

PrintLink Matching Descriptions  Save Cancel

# Setting Up the Patients

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

The screenshot shows a software window titled "Patient Information" with a tabbed interface. The "General Information" tab is selected. The form contains the following fields and controls:

- General Information:** 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/B), Employment Status, Release of Info (Y), Student Status, ROI Date (01/01/2009), CBSA Code.
- Notes:** A text area for additional information.
- Buttons:** Save, Cancel.

# Setting up the Patients, Primary Insured

- **Primary Insured 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.

The screenshot shows a software window titled "Patient Information" with a tab labeled "Primary Insured (Prof)". The form is divided into several sections:

- General Information:** Includes fields for Payer ID, Payer Name, LOB, Group Name, Group Number, and Claim Office.
- Insured Information (F7):** Includes fields for Rel, Last Name, First Name, MI, Gen, and Insured ID.
- Employer Information (F8):** Includes fields for Address, Sex, DOB, City, State, Zip, and Employ Status.
- Insured Information Options:** Includes radio buttons for "Common Inst & Prof" and "Separate Inst & Prof", and a "Clear All Fields For Insured" button.
- Additional Fields:** Includes Assign of Benefits, Release of Info, ROI Date, and Retire Date.

Buttons for "Save" and "Cancel" are located at the bottom right of the window.

# Setting up the Patients, Secondary Insured

- 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 information. **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.

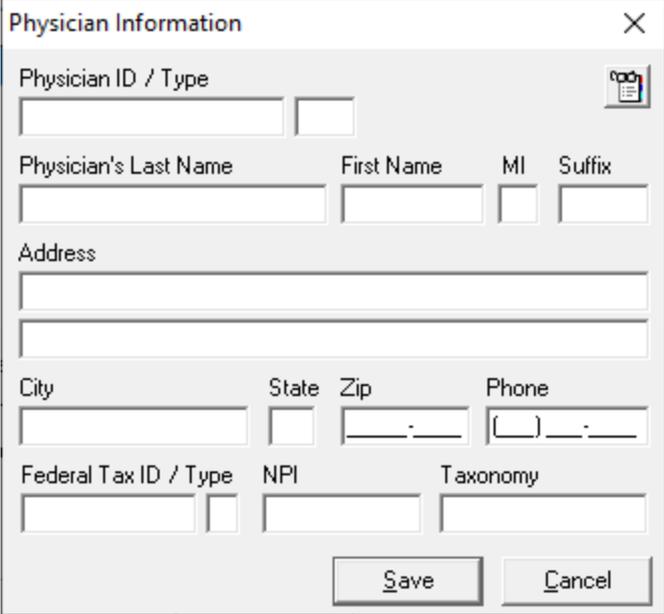
The screenshot shows a 'Patient Information' dialog box with the 'Secondary Insured (Inst)' tab selected. The form is divided into several sections:

- Payer Information:** Payer ID (masked with 'XXXXXX'), Payer Name (SECONDARY INSURANCE), LOB (GAP), Group Name, Group Number, and Claim Office.
- Insured Information (F7):** Rel (18), Last Name (LAST), First Name (FIRST), MI, Gen, Insured ID (1111111111).
- Employer Information (F8):** Address (ANY STREET), Sex (F), Assign of Benefits, DOB (01/01/1955), Release of Info (Y), City (ANY CITY), State (PA), Zip (11111), ROI Date (01/01/2009), Retire Date, Country, and Phone.

Buttons for 'Clear All Fields For Insured', 'Save', and 'Cancel' are visible at the bottom.

# 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.



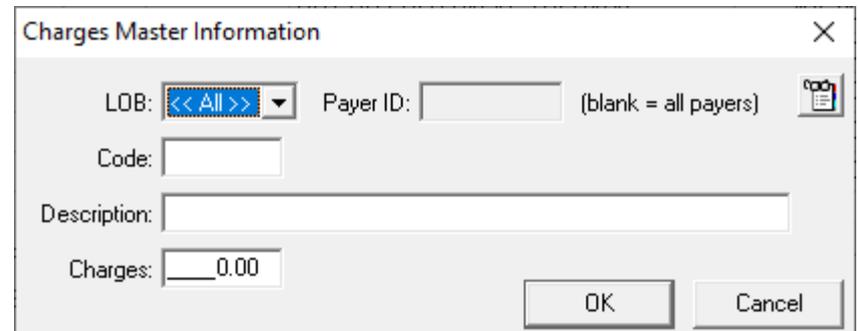
The screenshot shows a software window titled "Physician Information" with a close button (X) in the top right corner. The form contains the following fields:

- Physician ID / Type: A text input field followed by a small square checkbox.
- Physician's Last Name: A text input field.
- First Name: A text input field.
- MI: A small square checkbox.
- Suffix: A text input field.
- Address: Two stacked text input fields.
- City: A text input field.
- State: A small square checkbox.
- Zip: A text input field with a hyphen separator.
- Phone: A text input field with a parenthesis separator.
- Federal Tax ID / Type: A text input field followed by a small square checkbox.
- NPI: A text input field.
- Taxonomy: A text input field.

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

# 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.



Charges Master Information

LOB: << All >> Payer ID: (blank = all payers)

Code:

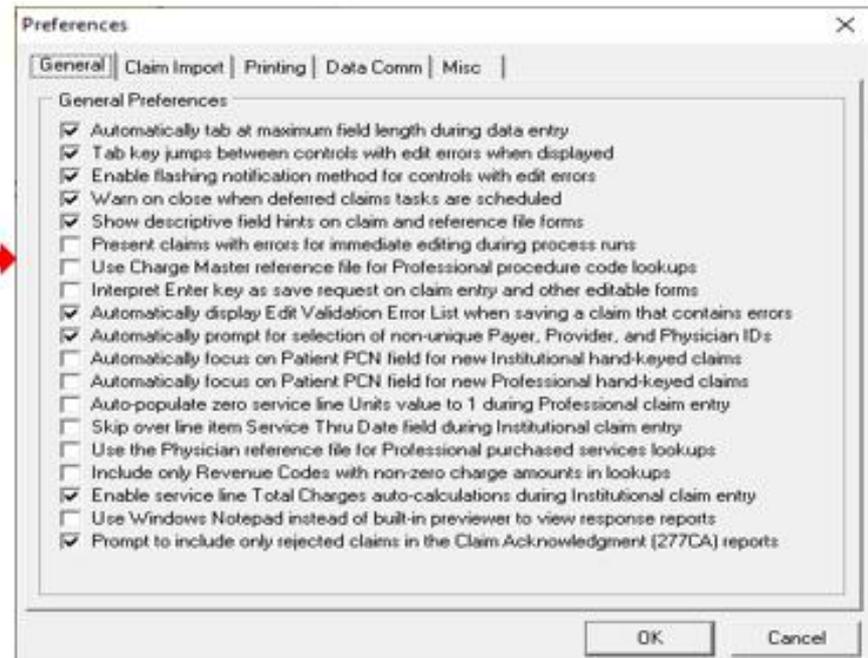
Description:

Charges: 0.00

OK Cancel

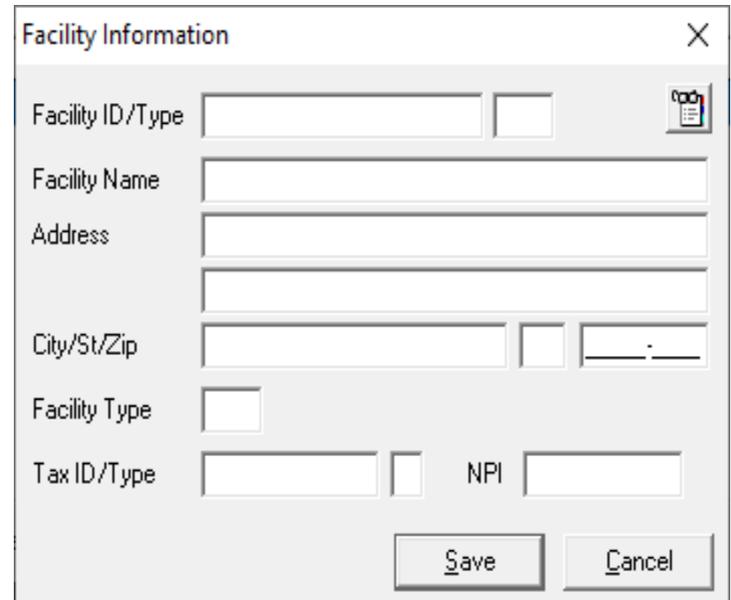
# Charges Master Setup, continued

- 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).

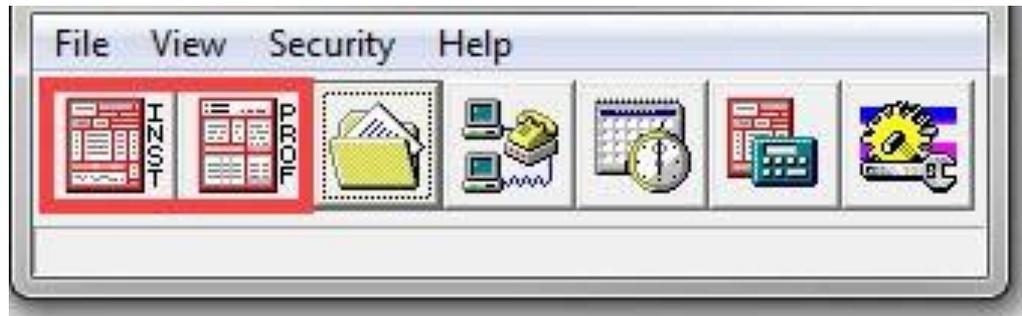


The screenshot shows a dialog box titled "Facility Information" with a close button (X) in the top right corner. The dialog contains several input fields and buttons:

- Facility ID/Type:** A text box followed by a small square checkbox and a help icon.
- Facility Name:** A single-line text box.
- Address:** A multi-line text box.
- City/St/Zip:** A text box followed by a small square checkbox and a text box containing a period.
- Facility Type:** A small square checkbox.
- Tax ID/Type:** A text box followed by a small square checkbox and the label "NPI" followed by another text box.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

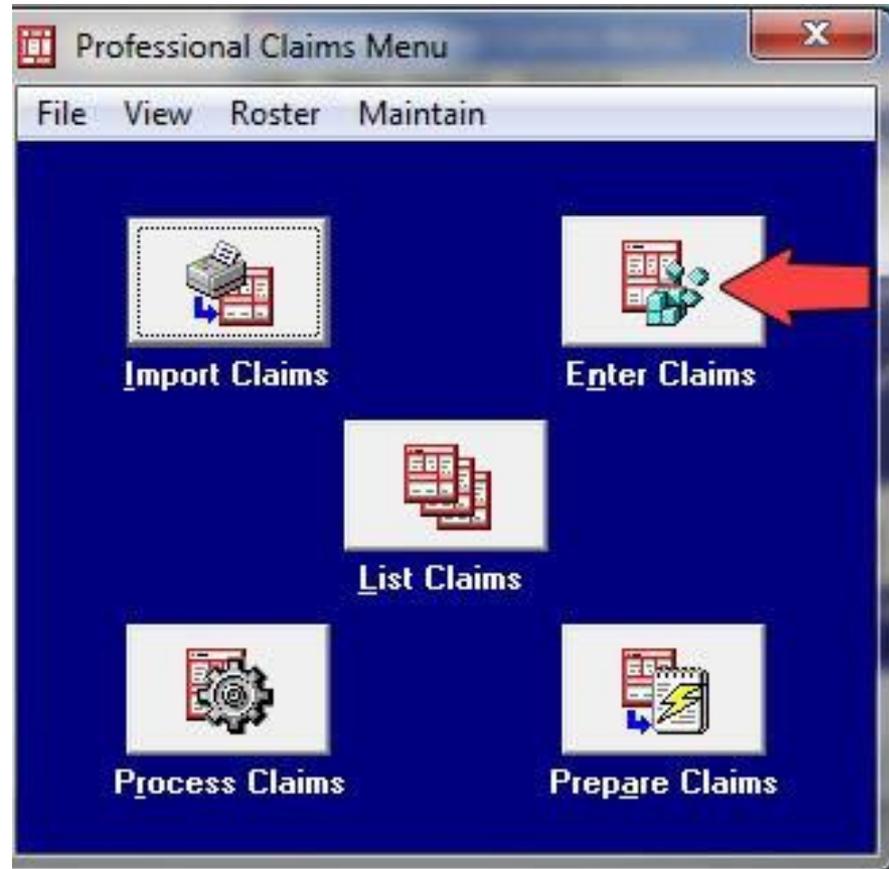
## Step Two: Entering a Claim

- **Claims Processing:** Institutional or Professional Claims Processing icon >Enter Claims> Patient Info & General.
- Choose Professional Claims to submit dental (837D).



# Entering a Claim, continued

- Then click the Enter Claims icon.



# Entering a Claim, continued 2

- **Required:** LOB, Billing Provider, Patient Control No, Employment, Accident, Outside Lab, Dental (for 837D claims only)
- 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.
  - JH: <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004603>
  - JL: <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004603>
- 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 with the following sections and fields:

- Navigation Tabs:** Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured
- Top Row:** LOB (MCB), Billing Provider, 26 - Patient Control No.
- Patient Information:** 2 - Patient Last Name, First Name, MI, Gen, 3 - Birthdate, Sex, 8 - Pat. Status (MS, ES, SS), Death Ind, 12 - SOF, Legal Rep., NPI Exempt.
- Address:** 5 - Patient Address 1, Patient Address 2, Patient City, State, Patient Zip, Country, Patient Phone.
- Employment/Condition:** 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.
- Referring Information:** 17 - Referring Phys Name (Last/Org, First, Mid, Suffix), Referring Phys IDs/Types, 18 - Hospitalization Dates, 20 - Outside Lab/Chgs.
- Local Use/Resubmission:** 19 - Reserved For Local Use, 22 - Medicaid Resubmission Code & Ref No.
- Provider Information:** 25 - Fed. Tax ID, SSN/EIN, 27 - Provider Accepts Assignment?, PIN No.
- Additional Fields:** 31 - Provider SOF, Date, Facility?, Dental?, COB?, Frequency, 33 - GRP No.

Buttons: Save, Cancel

# Professional Claim Form, Insured Information

- **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 a software window titled "Professional Claim Form" with a close button (X) in the top right corner. The window has several tabs: "Patient Info & General", "Insured Information" (which is selected), "Billing Line Items", "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured".

The "Insured Information" tab contains a table with three rows for entering insured information. The columns are:

Sub	Payer ID	Payer Name	Insured's ID	P.Rel	Insured's Last/Org Name	First Name	MI	Gen
<input type="checkbox"/>				6				
<input type="checkbox"/>								
<input type="checkbox"/>								

Below the table, there are fields for "Birthdate", "Sex", "Sig", "AOB", "Insured's Address 1", "Insured's Address 2", "Insured's City", "State", and "Zip". The "AOB" field has a "13" above it. There are also fields for "Country", "Insured's Phone / Ext.", "ESC", "Employer Name", "Group Name", and "Group Number".

At the bottom right of the form, there are three "Clear Payer" buttons and "Save" and "Cancel" buttons.

# Professional Claim Form, Billing Line Items

- **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, Dental tab (837D claims only)
- Click Recalculate.
- Once all claim information is entered, click Save.

The screenshot displays the 'Professional Claim Form' window with the 'Billing Line Items' tab selected. The interface includes a table for entering line items and summary fields at the bottom.

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	24h FP	24h AT	24j Rendering Phys.
1								1	100.00	0.00				
2	/ /	/ /												
3	/ /	/ /												
4	/ /	/ /												
5	/ /	/ /												
6	/ /	/ /												

28 - Total Charge: 100.00  
29 - Patient Amount Paid: 0.00  
30 - Balance Due: 100.00

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.
- Do not send the primary EOB to Novitas.

The screenshot shows the 'Professional Claim Form' window with the 'Ext. Payer/Insured' tab selected. The 'COB Info (Secondary)' sub-tab is active. The form is divided into several sections:

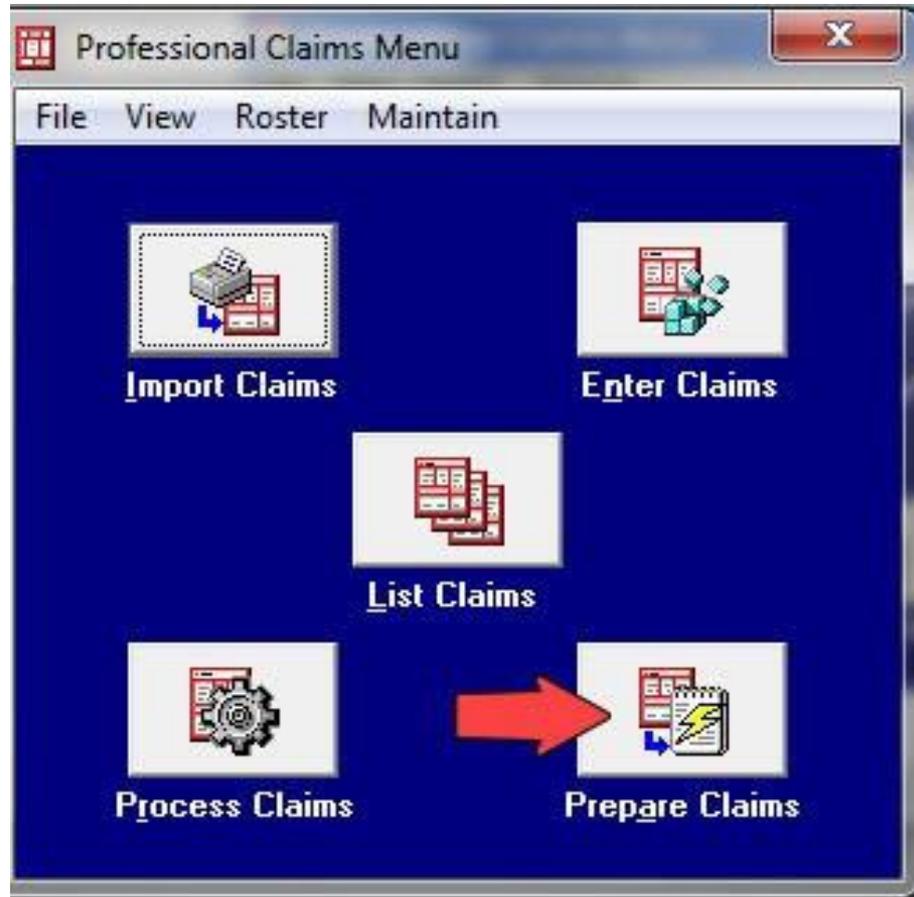
- Common Payer MSP Information:** Contains fields for 'OTAF' (set to 0.00) and 'Zero Payment Ind' (set to N).
- Additional Adjustment / COB Amounts / MOA Information (ANSI-837 Only):** This section contains a table for 'Claim Level Adjustments (CAS)' and 'COB / MOA Amounts'.

Claim Level Adjustments (CAS)					COB / MOA Amounts		
Num	Group	Reason	Amount	Units	Num	Code	Amount
1	CO	45	25.00	1.000	1	D	10.00
2	PR	1	15.00	1.000	2		
3					3		

Below the table is a section for 'Medicare Outpatient Adjudication (MOA) Remarks Codes' with five empty input boxes. At the bottom, the 'Claim Adjudication Date' is set to 01/01/2018. 'Save' and 'Cancel' buttons are located at the bottom right of the window.

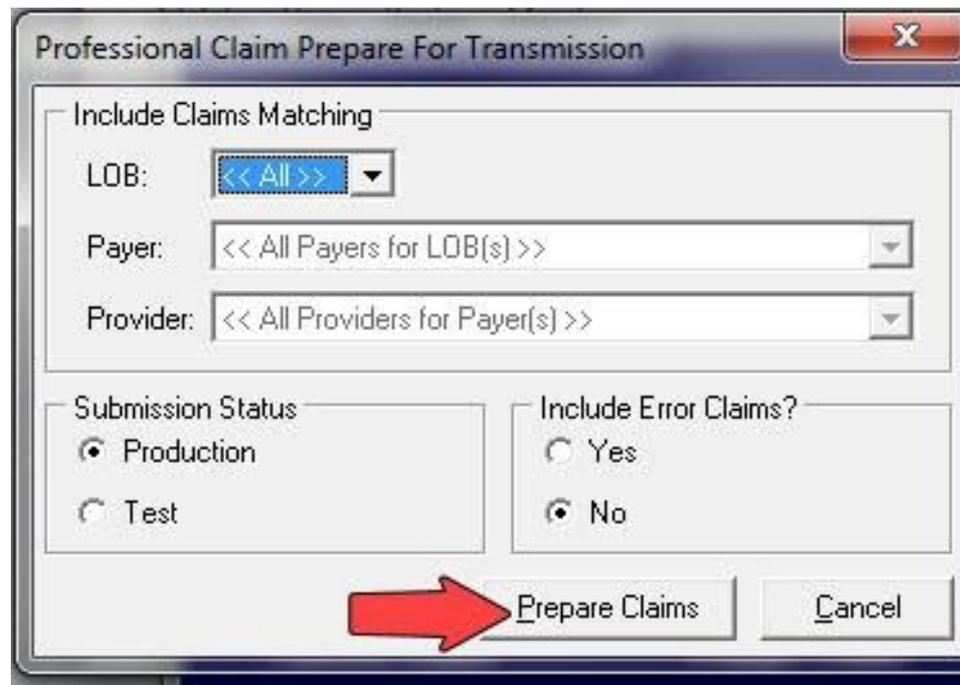
# Step Three: Preparing File for Transmission

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



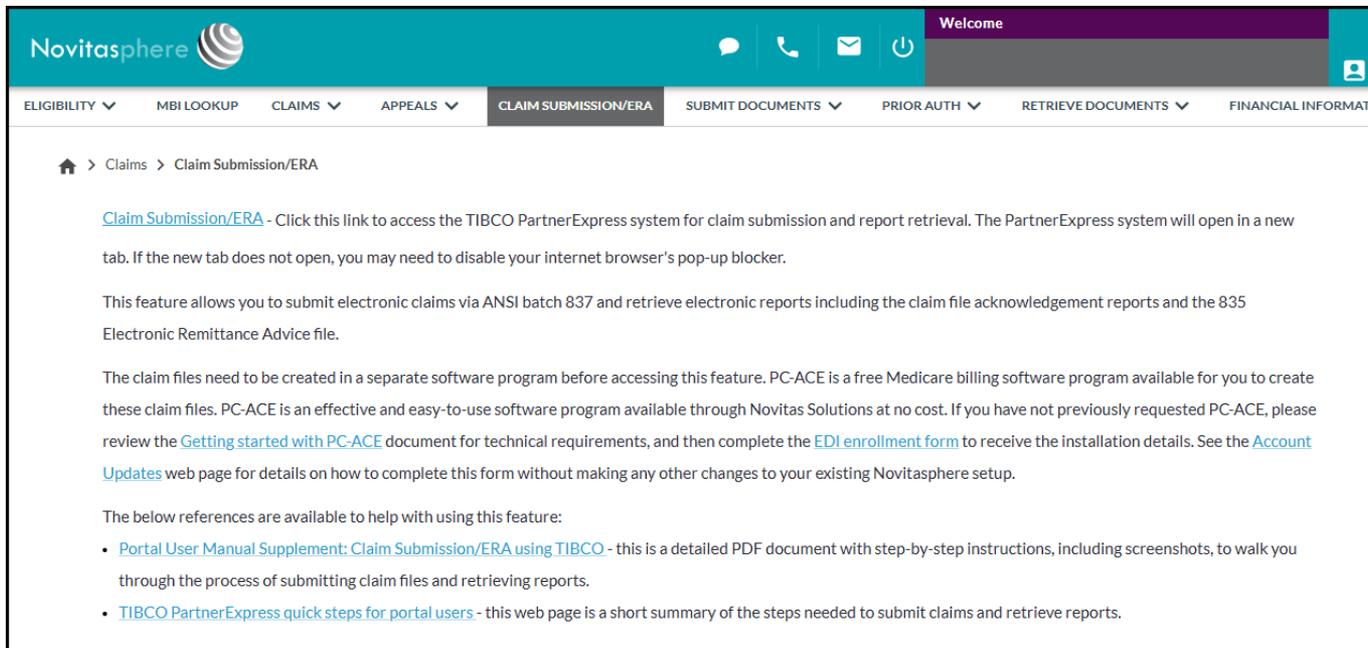
## Preparing File for Transmission, continued

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



# Transmitting the File

- Access the Novitasphere portal and click on Claim Submission/ERA and the Claim Submission/ERA link. A separate browser window will open. If the new window does not open automatically, you may need to turn off your internet browser's pop-up blocker or add the website address to list of the allowed sites.



The screenshot displays the Novitasphere web portal interface. At the top, there is a teal header with the Novitasphere logo and navigation icons (chat, phone, mail, power). A purple banner on the right says "Welcome". Below the header is a white navigation bar with menu items: ELIGIBILITY, MBI LOOKUP, CLAIMS, APPEALS, CLAIM SUBMISSION/ERA (highlighted), SUBMIT DOCUMENTS, PRIOR AUTH, RETRIEVE DOCUMENTS, and FINANCIAL INFORMATION. The main content area shows a breadcrumb trail: Home > Claims > Claim Submission/ERA. A blue link labeled "Claim Submission/ERA" is followed by a paragraph explaining that clicking this link will open the TIBCO PartnerExpress system in a new tab. Below this, there are two paragraphs of text: one describing the feature's use for submitting electronic claims via ANSI batch 837 and retrieving reports, and another explaining that claim files must be created in a separate software program (PC-ACE) before use. At the bottom, there is a section titled "The below references are available to help with using this feature:" followed by two bullet points listing helpful documents and a quick steps page.

# Transmitting the File, continued

- Click on **Inbox**

The screenshot displays the TIBCO PartnerExpress web interface. At the top, the logo and navigation tabs (Home, Inbox, History) are visible. The 'Inbox' tab is selected. Below the navigation, there are two main sections: 'Inbox Summary' and 'Transaction History'.

**Inbox Summary:** This section is divided into two columns. The left column, titled 'TRANSACTIONS INITIATED BY 1926899', shows '0 Server Responses Available' and '0 Pending Server Response'. A red arrow points to the '0 Server Responses Available' text. The right column, titled 'TRANSACTIONS INITIATED BY GUIDEWELL SOURCE', shows '1 Server Request Awaiting' and '0 Pending Partner Response'. A dropdown menu is set to 'Past 24 hours'.

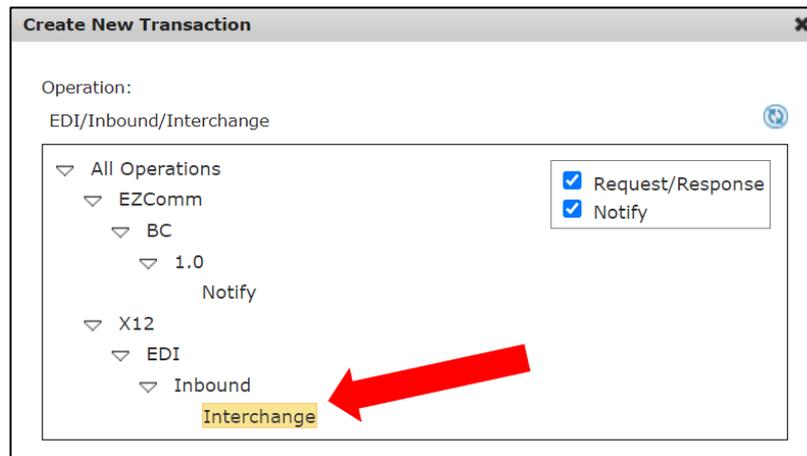
**Transaction History:** This section shows a list of transactions for 'EZComm | X12'. Below the list are two charts: 'TRANSACTIONS BY TIMELINE' and 'TRANSACTIONS BY OPERATION TYPE'. The timeline chart shows a bar for each hour from 04:00 to 04:00, with a legend for 'Successes' (yellow) and 'Failures' (blue). The operation type chart shows a bar for 'Success' (yellow) with a legend for 'Success' (yellow) and a dropdown menu set to 'Top 5'.

# Transmitting the File, continued 2

- Click on the **New** button.

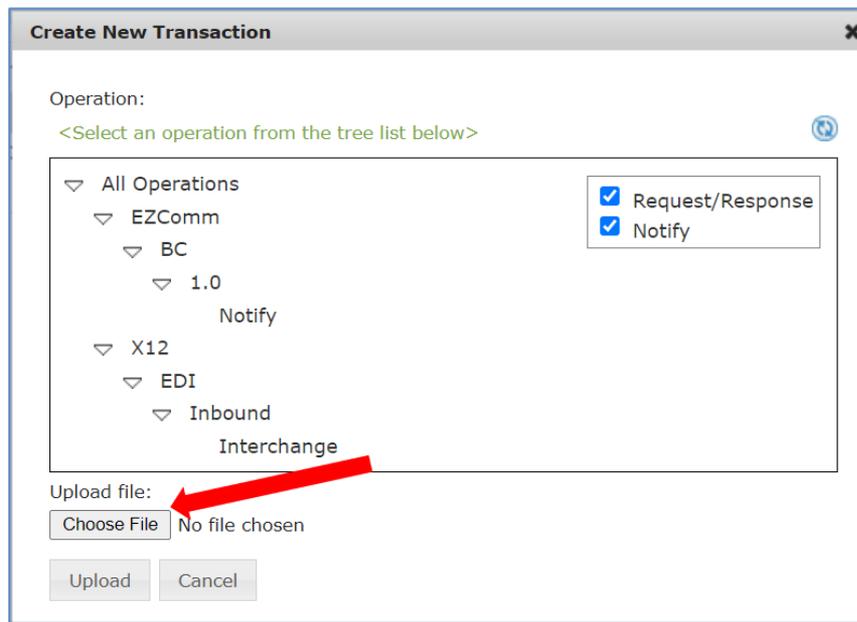


- Select **Interchange**.



## Transmitting the File, continued 3

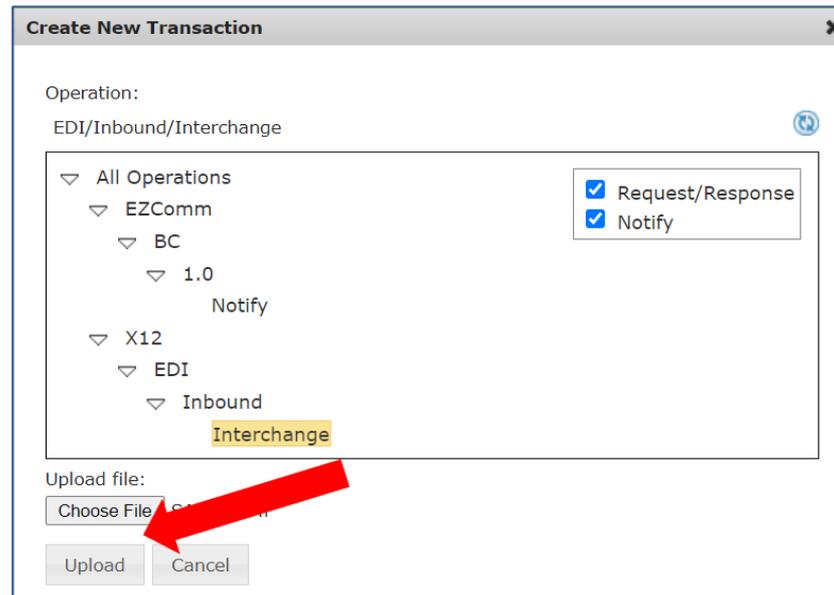
- Click **Choose File** and then navigate to the WINPCACE folder and look for the file named TRANS.DAT for Part A and TRANSB.DAT for Part B files.



- Select the file(s) and click **Open**. The selected file will display in "Upload file" textbox.

## Transmitting the File, continued 4

- Click **Upload** to submit the file.



- “A new upload working” pop-up message will be displayed briefly.



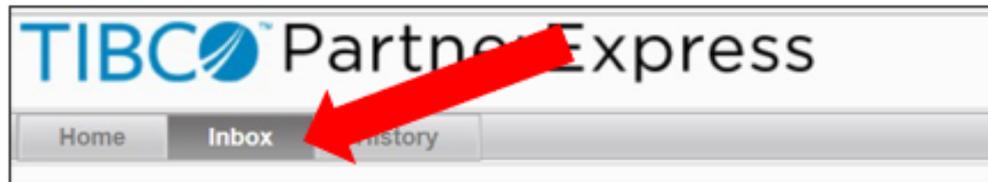
# Pulling Reports

**999 Acknowledgement Report** - This report will display in the Inbox a few minutes after submitting an 837 claim file. This report will tell you if the file is initially accepted or rejected. If rejected, the report will give the reason for rejection.

**277CA Claims Acknowledgement Report** - This report will display in the Inbox a few minutes after a 999 Acknowledgement Report without any errors. This report will tell you if each claim was accepted for processing or was rejected. If rejected, the report will give the reason for rejection.

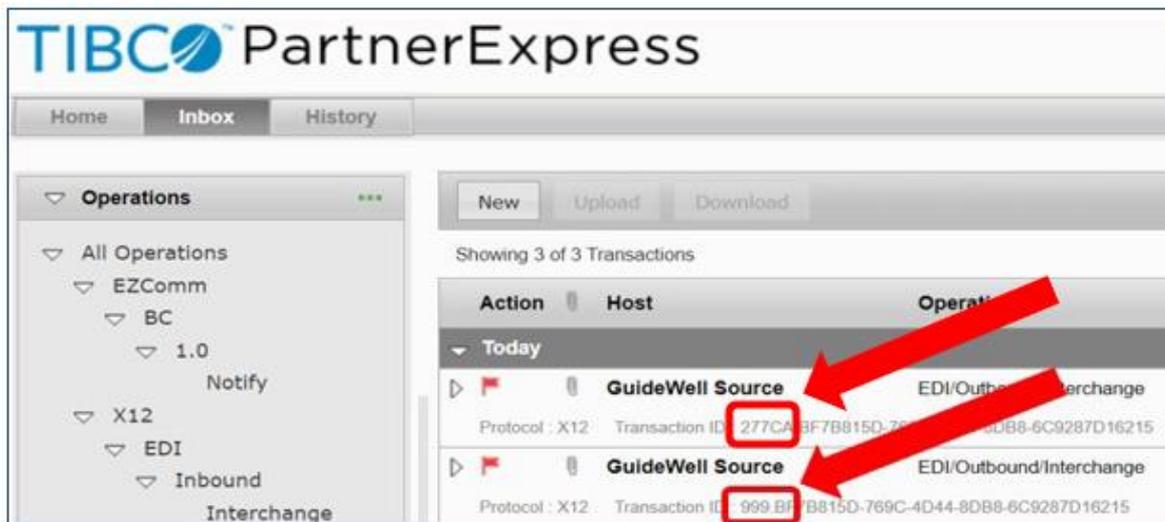
To download reports, complete the following steps:

- Close PC-ACE
- Access the Novitasphere portal
- Click on Claim Submission/ERA
- Click the link for the New Claim Submission/ERA gateway
- Click on the Inbox



# Pulling Reports, continued

- Look for the Transaction ID starting with 999 or 277CA.

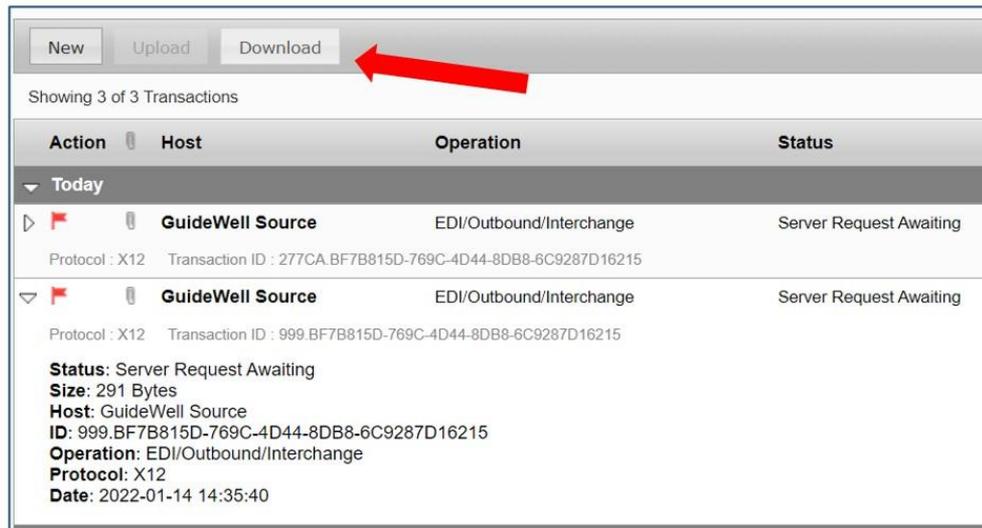


The screenshot displays the TIBCO PartnerExpress web interface. The top navigation bar includes 'Home', 'Inbox', and 'History'. A left-hand sidebar shows a tree view under 'Operations' with sub-items: 'All Operations', 'EZComm', 'BC', '1.0', 'Notify', 'X12', 'EDI', and 'Inbound Interchange'. The main content area has buttons for 'New', 'Upload', and 'Download', followed by the text 'Showing 3 of 3 Transactions'. Below this is a table with columns 'Action', 'Host', and 'Operati...'. Two rows are visible under the 'Today' filter, both for 'GuideWell Source' with 'EDI/Outbound/Interchange' operations. The first row's Transaction ID '277CA' is circled in red, and the second row's Transaction ID '999 B' is also circled in red. Two red arrows point from the right side of the screen towards these circled Transaction IDs.

Action	Host	Operati...
▶	GuideWell Source	EDI/Outbound/Interchange
Protocol : X12 Transaction ID: 277CA3F7B815D-769C-4D44-8DB8-6C9287D16215		
▶	GuideWell Source	EDI/Outbound/Interchange
Protocol : X12 Transaction ID: 999 B3F7B815D-769C-4D44-8DB8-6C9287D16215		

# Pulling Reports, continued 2

- Select the report from the Inbox list and click **Download**.

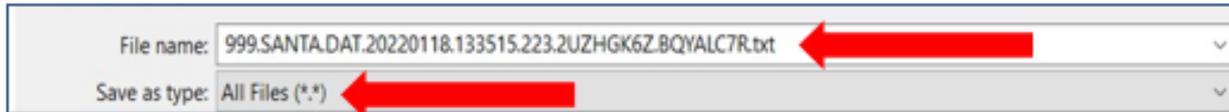


The screenshot displays a software interface with a top navigation bar containing three buttons: 'New', 'Upload', and 'Download'. A red arrow points to the 'Download' button. Below the navigation bar, the text 'Showing 3 of 3 Transactions' is visible. The main content area features a table with the following columns: 'Action', 'Host', 'Operation', and 'Status'. The table is filtered for 'Today' and contains two entries, both from 'GuideWell Source' with the operation 'EDI/Outbound/Interchange' and status 'Server Request Awaiting'. The first entry has a transaction ID of '277CA.BF7B815D-769C-4D44-8DB8-6C9287D16215'. The second entry has a transaction ID of '999.BF7B815D-769C-4D44-8DB8-6C9287D16215'. Below the second entry, a detailed status block is shown:

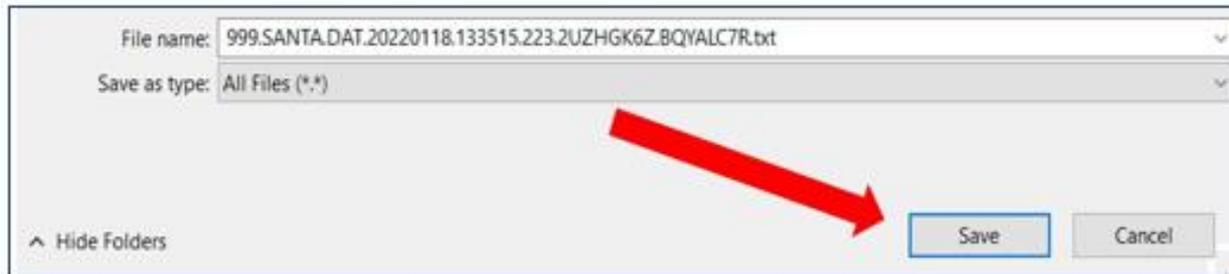
**Status:** Server Request Awaiting  
**Size:** 291 Bytes  
**Host:** GuideWell Source  
**ID:** 999.BF7B815D-769C-4D44-8DB8-6C9287D16215  
**Operation:** EDI/Outbound/Interchange  
**Protocol:** X12  
**Date:** 2022-01-14 14:35:40

# Pulling Reports, continued 3

- Change the File name ending from .dat to **.txt**.
- Change the 'Save as type' field to '**All Files (\*.\*)**'.



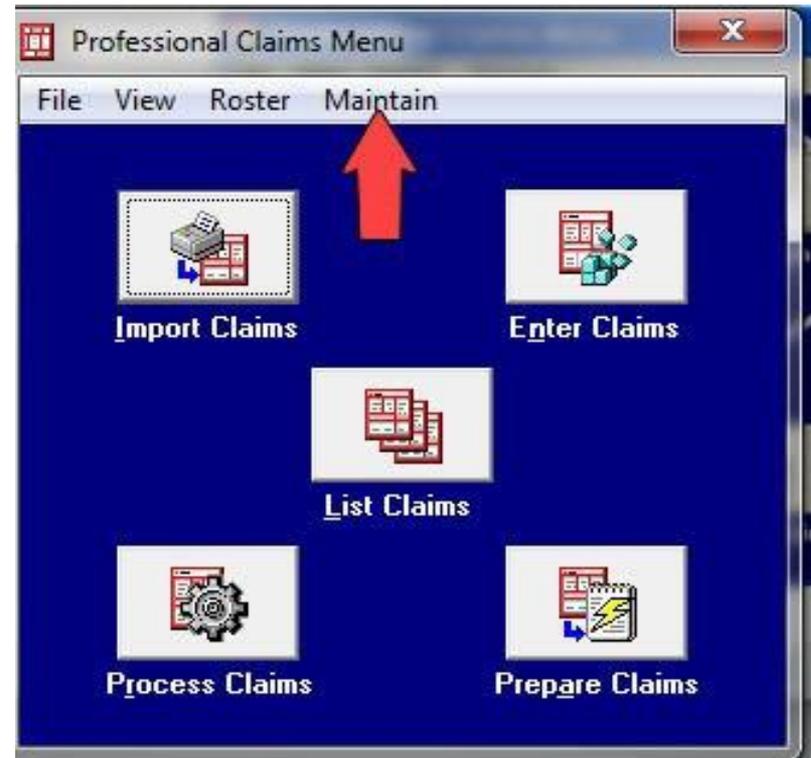
- Navigate to the proper location on your computer and click **Save**.  
The default location is C:\WINPCACE\Mailbox.



- Complete these steps for additional reports.
  - o The EDI Reports are only available for retrieval for 60 calendar days. It's important to establish a daily routine for retrieving the reports.

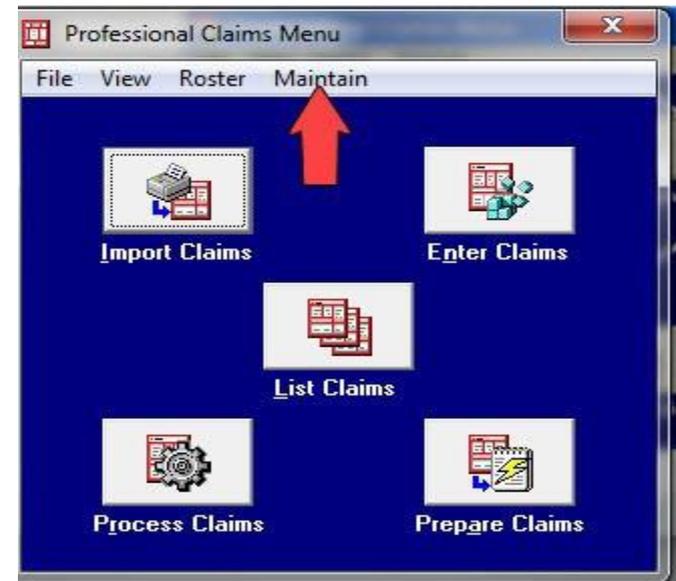
# Viewing the 999 Acknowledgement

- After downloading the report using Novitasphere, 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 report using Novitasphere, 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.

The screenshot shows the 'Professional Claim List' application window. At the top, there is a menu bar with 'File', 'Filter', 'Actions', and 'Reports'. Below the menu bar is a table with the following columns: Status, LOB, PCN, Patient Last, Bill Provider, Type, Serv. From, and Se. The table is currently empty. Below the table, there is a 'Sort By' section with radio buttons for 'Patient Name', 'PCN', 'Entry Date', 'Service Date', and 'Transmit Date'. The 'Patient Name' radio button is selected. Below the 'Sort By' section is the 'Claim List Filter Options' section. It includes a 'Location' dropdown menu with the following options: 'TR -- transmitted only', 'CL -- to be transmitted', 'TR/PD -- transmitted + paid', 'TR -- transmitted only', and 'PD -- paid only'. The 'TR -- transmitted only' option is selected. There are also 'Status' and 'LOB' dropdown menus, both set to '<< All >>'. There are 'Clear Filters' and 'Advanced Filter Options' buttons. At the bottom of the window, there are buttons for 'New', 'View', 'Copy', 'Delete', and 'Close'.

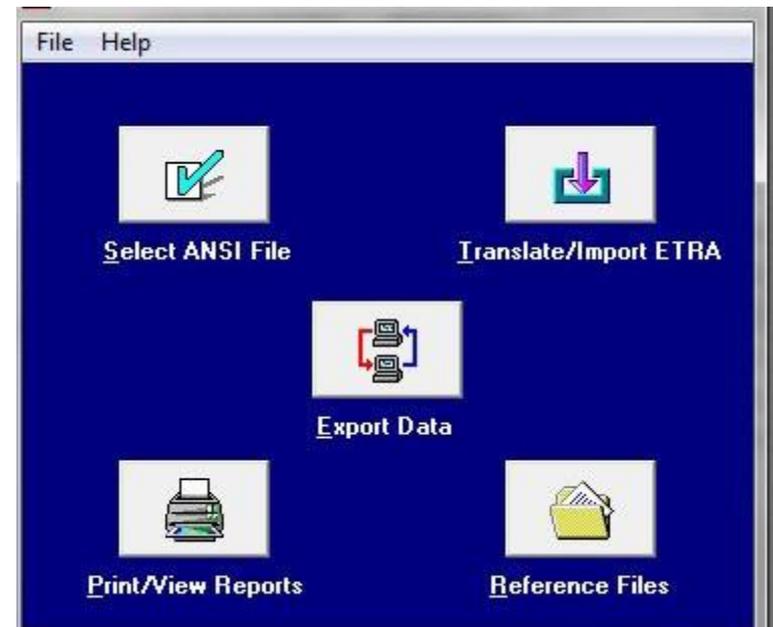
## Viewing the 835/Electronic Remittance

- If you are setup to receive ERA to your Novitasphere submitter ID, the 835 file will also display in the TIBCO Inbox (found in Novitasphere's Claim Submission/ERA feature).
- After downloading the 835 file using Novitasphere, click the ANSI – 835 Functions icon
- Click Institutional or Professional



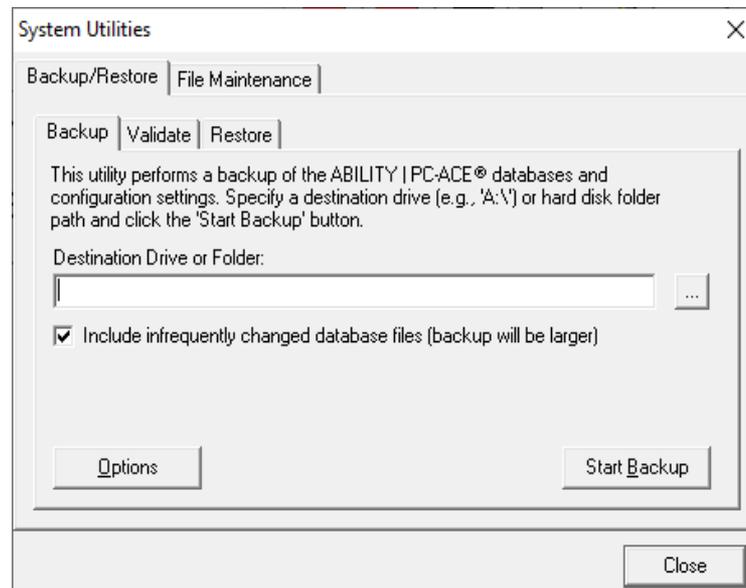
## Viewing the 835, continued

- 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



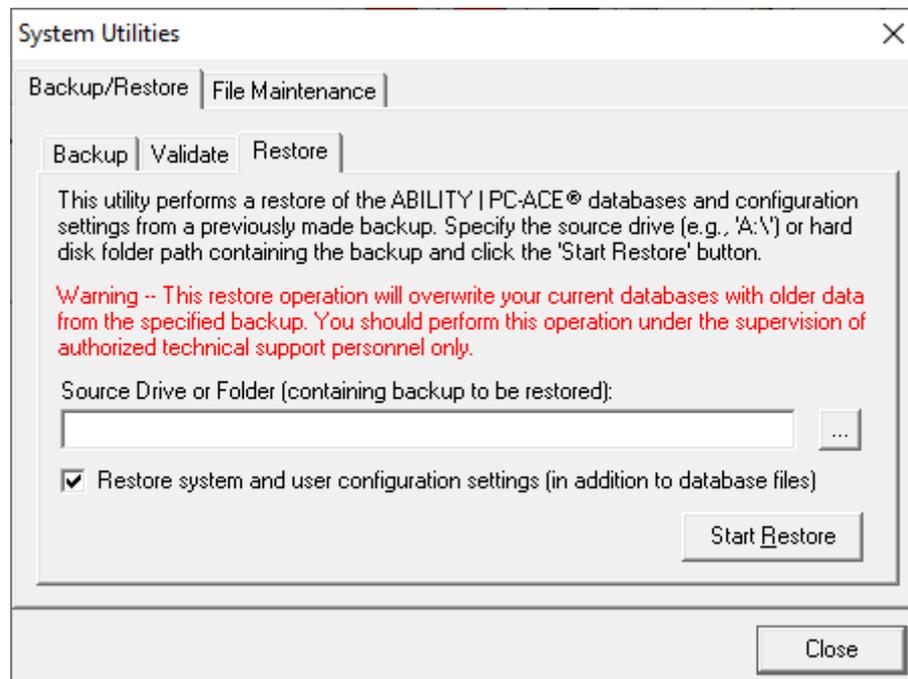
# Data Backup

- **Backup:** System Utilities>Backup
- Choose a destination folder by clicking the three-dot button
- Click Start Backup
- The software can 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

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- 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 to avoid claim rejections.

# Resources

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

