

# PC-ACE Training Module Using Novitasphere Portal

Novitas Solutions, Inc.  
Electronic Data Interchange (EDI)

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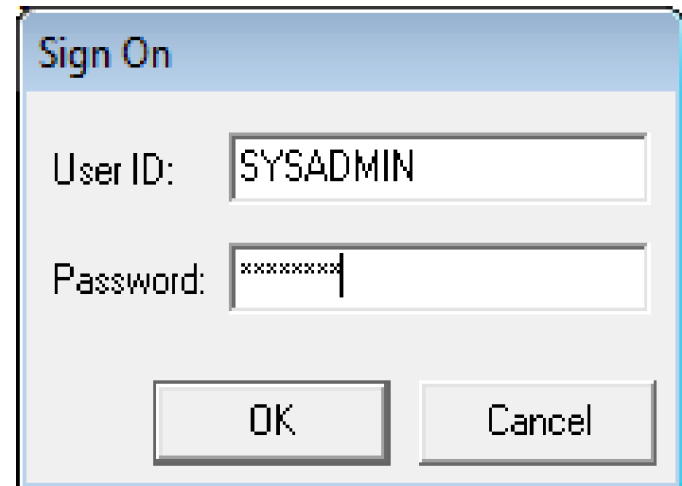
# Enroll with EDI



- 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.



Sign On

User ID:

Password:

OK Cancel

# 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.

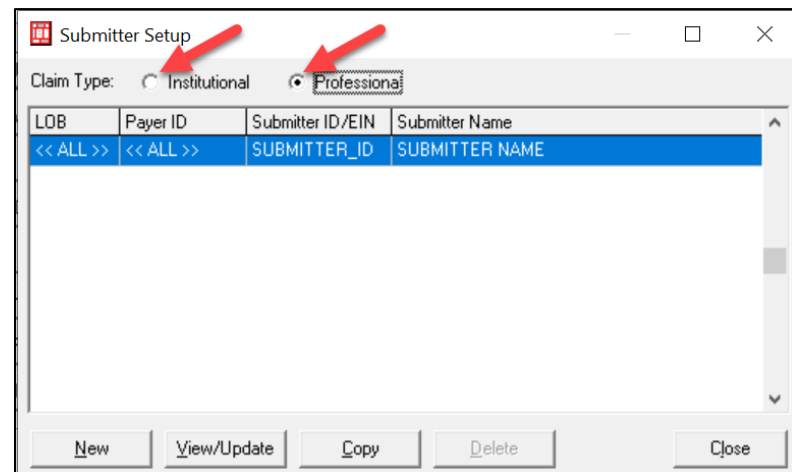
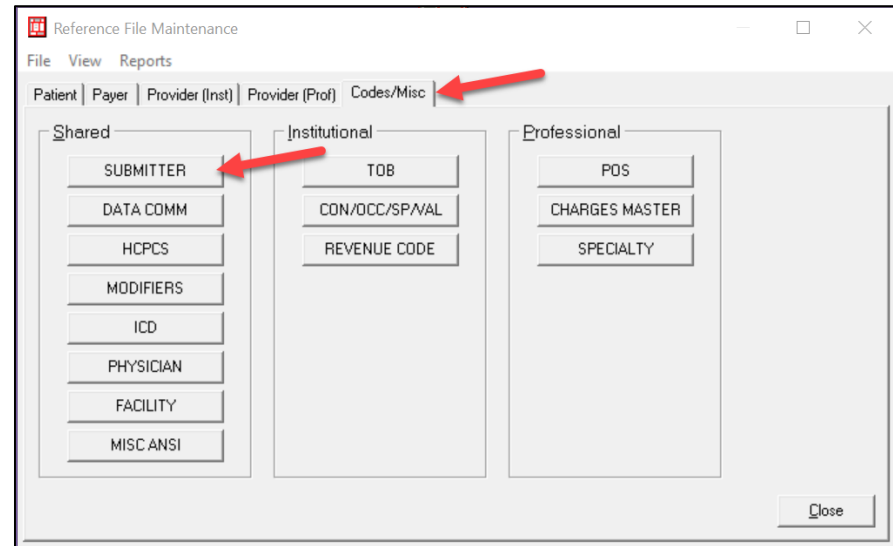
# Step One: Setting up the Program

- 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 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.

A screenshot of a web application window titled "Institutional Submitter Information". The window has a close button (X) in the top right corner. Below the title bar are several tabs: "General", "Prepare", "ANSI Info", "ANSI Info (2)", and "ANSI Info (4)". The "General" tab is selected. The form contains the following fields:

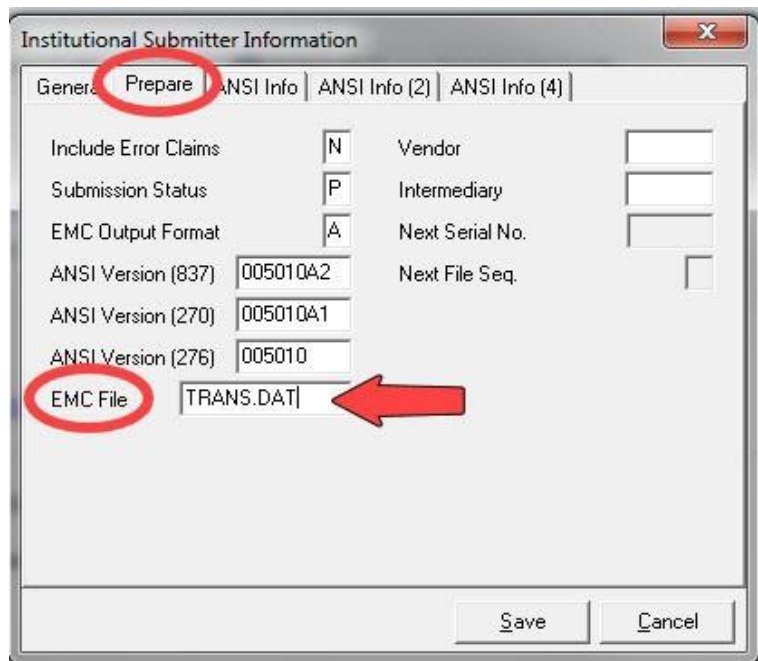
- LOB:
- Payer ID:
- ID:  (highlighted in blue)
- EIN:
- Name:
- Address:
- City:  State:  Zip:
- Phone:  Fax:  Country:
- Contact:
- E-Mail:

At the bottom right of the form 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

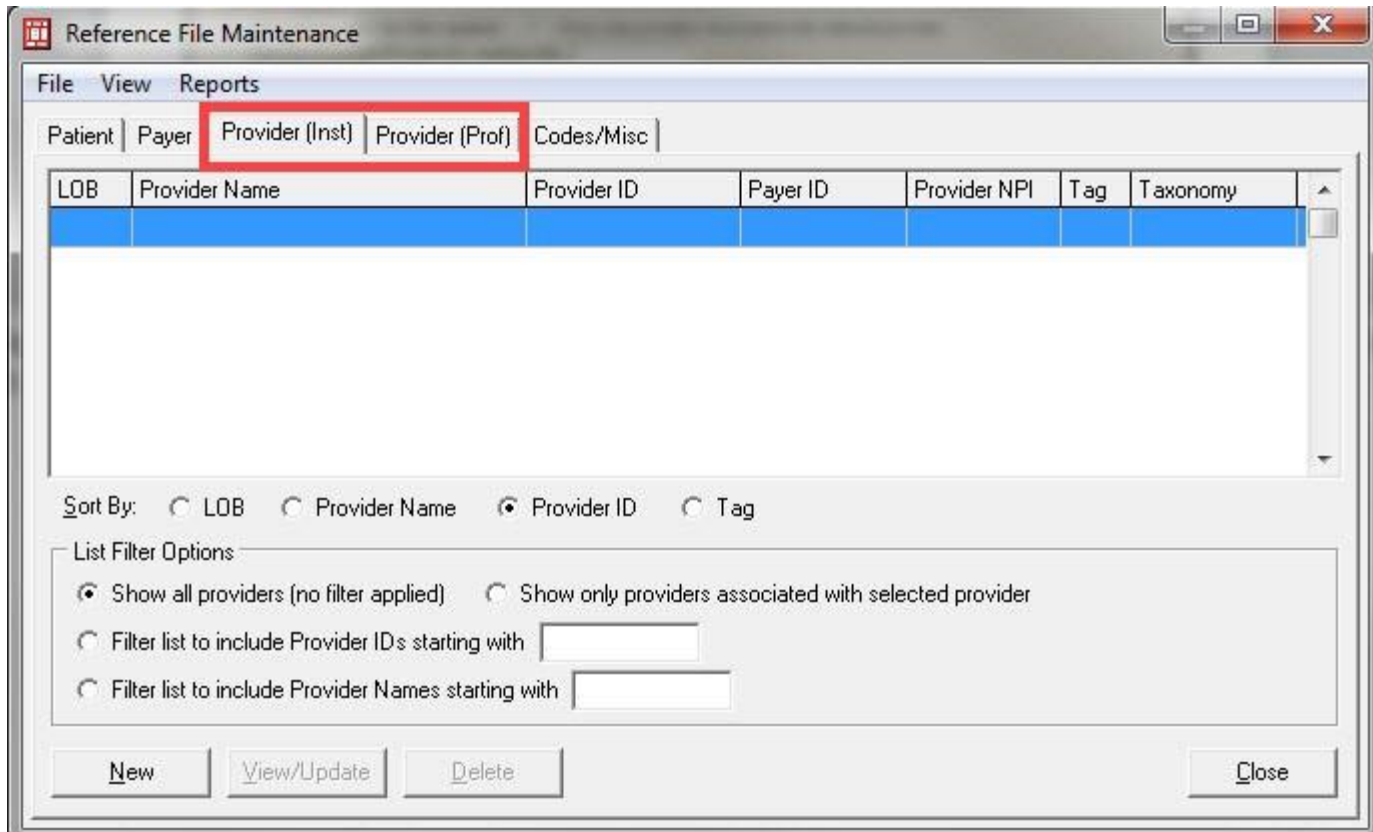


- Complete the following steps
  - Click on the ANSI Info tab
    - Enter a ZZ in both the Submitter Intchg ID Qual. and the Receiver Intchg ID Qual. Fields
    - Enter a “1” in the Acknowledgement Requested field
    - Click Save and then close

A screenshot of a software dialog box titled "Institutional Submitter Information". The dialog has a tabbed interface with tabs for "General", "Prepare", "ANSI Info", "ANSI Info (2)", and "ANSI Info (4)". The "ANSI Info" tab is selected. The form contains several fields: "Submitter Intchg ID Qual." with a dropdown menu showing "ZZ", "Receiver Intchg ID Qual." with a dropdown menu showing "ZZ", "Acknowledgment Requested" with a numeric input field containing "1", "Authorization Info" with an empty text box, and "Security Info" with an empty text box. Below these fields is a section titled "Additional Submitter EDI Contact Information (Number & Type)" containing three rows, each with a label (#1, #2, #3), a text input field, and a small square checkbox. At the bottom right 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).



Reference File Maintenance

File View Reports

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

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

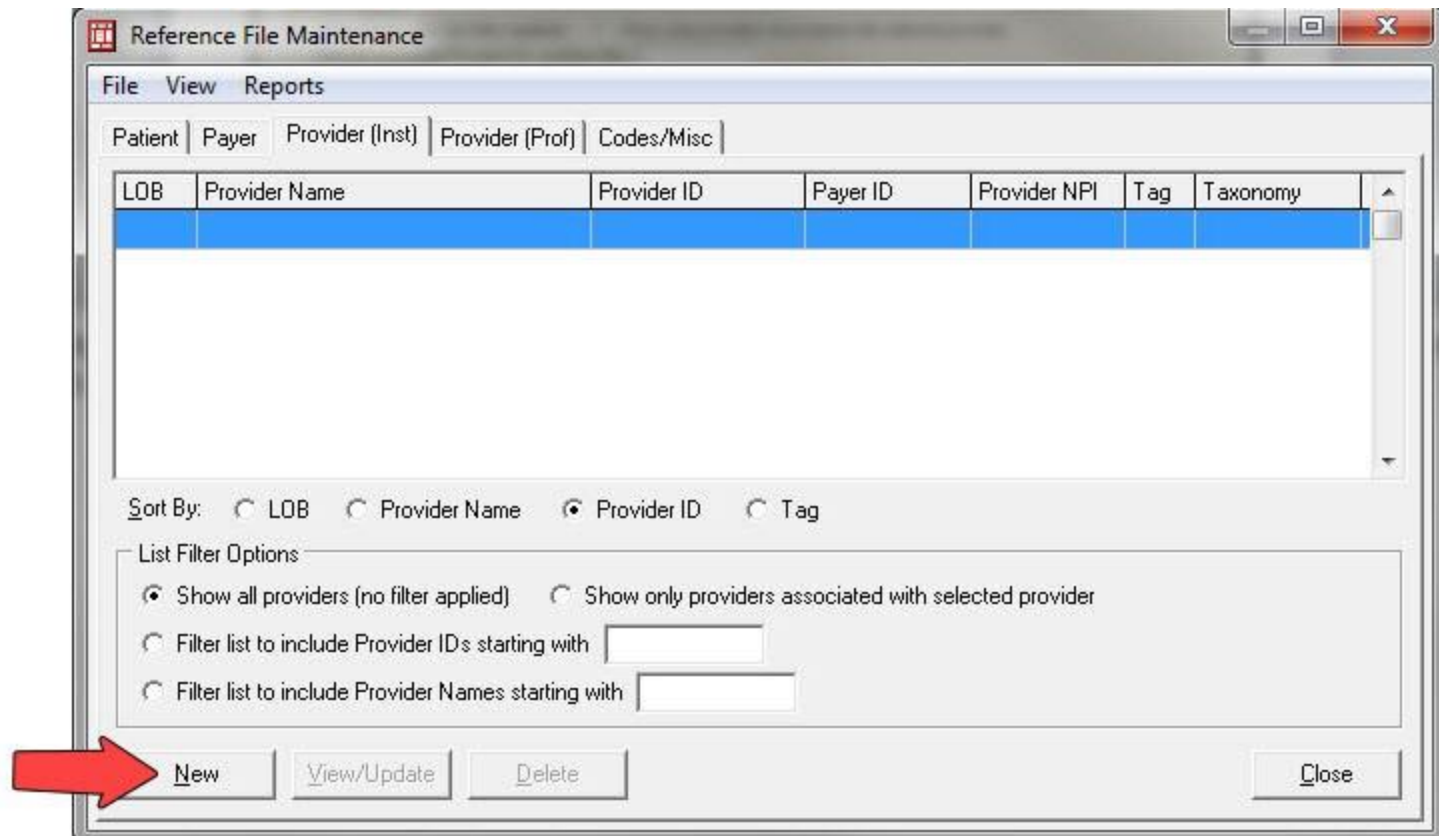
Filter list to include Provider IDs starting with

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.
  - 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" software window, showing the "Solo Practice" tab. The form contains various input fields for provider details. The "Provider Type" is set to "Solo Practice". The "Last/First/MI" field contains "SMITH JOHN A". The "Address" field contains "STREET ADDRESS". The "City/St/Zip" field contains "ANY CITY PA 11111-1111". The "Phone" field contains "(111) 111-1111". The "Contact" field contains "CONTACT NAME". The "Provider ID/No." field contains "XXXXX". The "Payer ID" field contains "12502". The "NPI" field contains "1111111111". The "Tax ID/Type" field contains "1111111111". The "Specialty" field contains "001". The "Accept Assign?" field contains "A". The "Participating?" field contains "Y". The "Signature Ind" field contains "Y". The "Date" field contains "01/01/2017". The "Provider Roles" section has "Billing" checked and "Rendering" unchecked. 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 Provider Information, 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
- Entered required info and click Save.

A screenshot of the "Professional Provider Information" dialog box. The "General Info" tab is active. The "Provider Type" is set to "Group Practice". The "Group Name" field contains "GROUP NAME". The "Address" field contains "STREET ADDRESS". The "City/St/Zip" field contains "ANY CITY", "PA", and "11111-1111". The "Phone" field contains "(111) 111-1111". The "Contact" field contains "CONTACT NAME". The "Group ID/No." field contains "XXXXX". The "Payer ID" field contains "12502". The "Group Label" field contains "GROUP LABEL". The "NPI" field contains "1111111111". The "Tax ID/Type" field contains "1111111111". The "Specialty" field contains "001". The "Accept Assign?" field contains "A". The "Participating?" field contains "Y". The "Signature Ind" field contains "Y". The "Date" field contains "01/01/2017". The "Provider Roles" field contains "Billing" (Y) and "Rendering" (N). The "Remarks" field is empty. The "Provider Associations" table is empty. The "Save" and "Cancel" buttons are visible at the bottom.

# Setting up Provider Information, Individual in Group

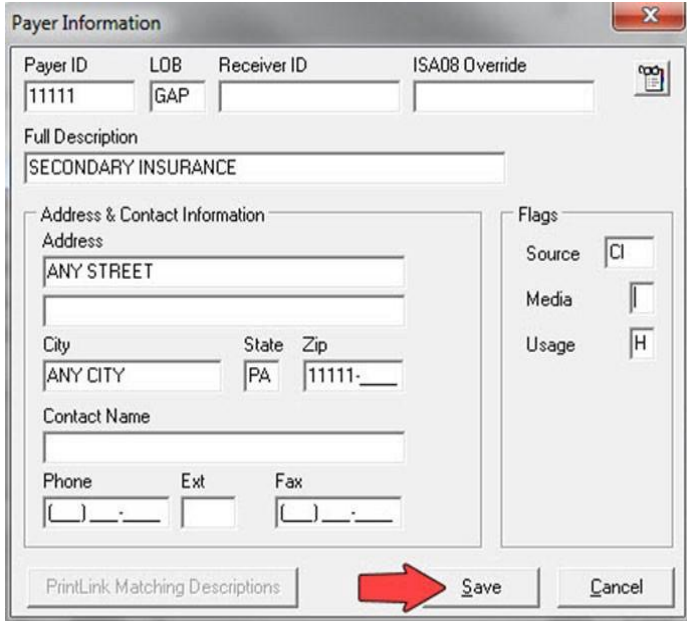


- This is an example of a Rendering Physician for a group practice.
- **Individual in Group:** Reference File Maintenance>Provider Prof> Individual in Group
- Tip: complete the group information first so you can copy it and edit what needs changed. To copy select New and then Inherit name/address information 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 a software window titled "Professional Provider Information". The window has two tabs: "General Info" (selected) and "Extended Info". The form contains various fields for provider information. The "Provider Type" is set to "Individual in Group". The "Organization" field is empty. The "Last/First/MI" field contains "SMITH JOHN". The "Address" field contains "STREET ADDRESS". The "City/St/Zip" field contains "ANY CITY PA 11111-1111". The "Phone" field contains "(111) 111-1111". The "Contact" field contains "CONTACT NAME". The "Provider ID/No." field contains "XXXXX". The "Payer ID" field contains "12502". The "LOB" field is set to "MCB". The "Group Label" field contains "GROUP LABEL". The "NPI" field contains "1111111111". The "Tax ID/Type" field contains "1111111111". The "Specialty" field contains "001". The "Accept Assign?" field is set to "A". The "Participating?" field is set to "Y". The "Signature Ind" field is set to "Y". The "Date" field contains "01/01/2017". The "Provider Roles" field is set to "Billing N Rendering Y". There is a "Remarks" field at the bottom left and a "Provider Associations" table at the bottom right. The "Provider Associations" table has columns for "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.



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  I

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

A screenshot of a software application window titled "Patient Information". The window has a tabbed interface with "General Information" selected. The form contains several fields and checkboxes. The "General Information" tab is active, showing fields for Last Name (LAST), First Name (FIRST), MI, Gen, Patient Control No (PCN) (ACCOUNT NUMBER), Patient 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), and CBSA Code. There is a "Notes" section at the bottom left and "Save" and "Cancel" buttons at the bottom right.

# Setting up the Patients, Primary Insured Tab



- **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.

A screenshot of a software window titled "Patient Information". The window has several tabs: "General Information", "Extended Info", "Primary Insured (Inst)", "Primary Insured (Prof)", and "Secondary Insured". The "Primary Insured (Prof)" tab is selected and highlighted with a red box. The form contains various input fields and checkboxes. Fields include Payer ID, Payer Name, LOB, Group Name, Group Number, Claim Office, Insured ID, Rel, Last Name, First Name, MI, Gen, Address, City, State, Zip, Country, Phone, Sex, DOB, Assign of Benefits, Release of Info, ROI Date, and Retire Date. There are also radio buttons for "Insured Information Options" with options "Common Inst & Prof" and "Separate Inst & Prof". A "Clear All Fields For Insured" button is also present. 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 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.

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 (Inst)" tab is selected. The form contains the following fields:

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

At the bottom of the window, there are "Save" and "Cancel" buttons. A "Clear All Fields For Insured" button is also present.

# 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 software window titled "Physician Information" with a close button (X) in the top right corner. The form contains several input fields: "Physician ID / Type" with a small icon to its right; "Physician's Last Name", "First Name", "MI", and "Suffix" in a row; "Address" with two stacked text boxes; "City", "State", "Zip", and "Phone" in a row; and "Federal Tax ID / Type", "NPI", and "Taxonomy" in a row. At the bottom right are "Save" and "Cancel" buttons.

# Charges Master Setup

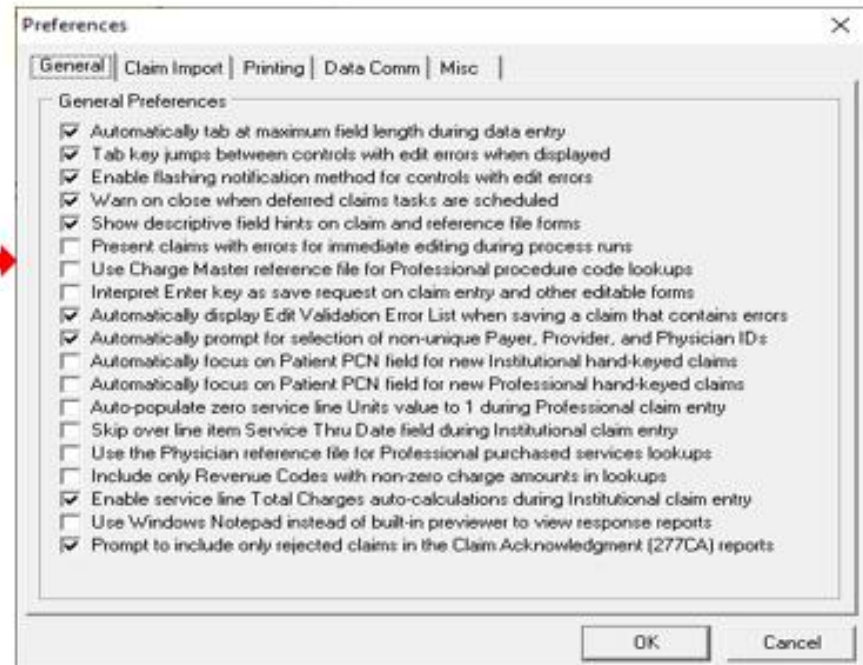


- **Charges Master:** Reference File Maintenance>Codes/Misc>Charges Master
- Select New.
- **Required:** Code (HCPCS), Charges
- Enter required info and click OK.
- This allows for the HCPCS file to be narrowed down to only the codes you use and their charges.

A screenshot of a software dialog box titled "Charges Master Information". It contains several input 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 larger 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



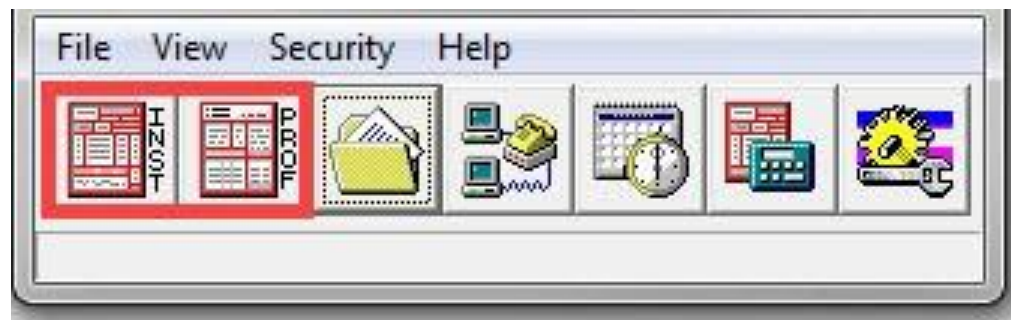
- **Facility:** Reference File Maintenance>Codes/Misc>Facility
- **Required:** Facility Name, Address, City, State, Zip (all 9 digits), Facility Type
- Enter required info and click Save.
- Tip: Facility information is required when billing a place of service other than office (11).

A screenshot of a software dialog box titled "Facility Information". The dialog box contains several input fields: "Facility ID/Type" (with a small icon to its right), "Facility Name", "Address" (with two stacked input lines), "City/St/Zip" (with three input fields), "Facility Type" (with a dropdown menu), and "Tax ID/Type" (with a dropdown menu) and "NPI" (with an input field). At the bottom right, there are "Save" and "Cancel" buttons.



## Step Two: Entering a Claim

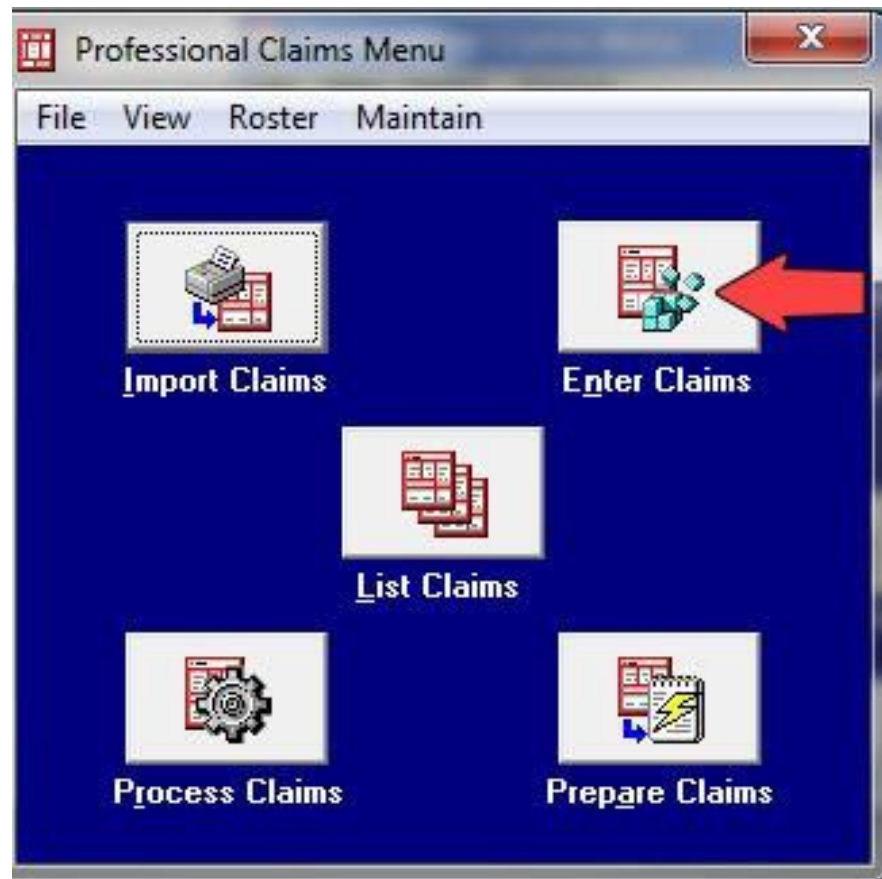
- **Claims Processing:** Institutional or Professional Claims Processing icon >Enter Claims> Patient Info & General.
- Choose Professional Claims to submit dental (837D).





# Entering a Claim, part two

- Then click the Enter Claims icon.



# Entering a Claim, part three



- **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.

A screenshot of a web-based "Professional Claim Form" interface. The form is titled "Professional Claim Form" and has a close button (X) in the top right corner. 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. The form contains numerous input fields and checkboxes, organized into sections:

- Top Section:** LOB (dropdown), Billing Provider (text), 26 - Patient Control No. (text).
- Patient Information:** 2 - Patient Last Name, First Name, MI, Gen, 3 - Birthdate, Sex, 8 - Pat. Status (MS, ES, SS), Death Ind, 12 SDF, 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 (to).
- Referring Physician:** 17 - Referring Phys Name (Last/Org, First, Mid, Suffix), Referring Phys IDs/Types, 18 - Hospitalization Dates (to), 20 - Outside Lab/Chgs (Y/N, 0.00).
- Local Use:** 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., 31 - Provider SDF (Date, Facility?, Dental?, COB?, Frequency?), 33 - GRP No.

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

# 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

A screenshot of a software application window titled "Professional Claim Form". The window has several tabs: "Patient Info & General", "Insured Information", "Billing Line Items", "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". The "Insured Information" tab is active. The form contains several sections of input fields:

- Sub:** A dropdown menu.
- Payer ID:** A text input field.
- Payer Name:** A text input field.
- Insured's ID:** A text input field.
- P.Rel:** A dropdown menu with the number "6" above it.
- Insured's Last/Org Name:** A text input field.
- First Name:** A text input field.
- MI:** A text input field.
- Gen:** A dropdown menu.

Below these fields are three rows of checkboxes. The next section includes:

- Birthdate:** A date input field with a calendar icon.
- Sex:** A dropdown menu.
- Sig:** A dropdown menu.
- ADB:** A dropdown menu with the number "13" above it.
- Insured's Address 1:** A text input field.
- Insured's Address 2:** A text input field.
- Insured's City:** A text input field.
- State:** A dropdown menu.
- Zip:** A text input field.

Below this are three rows of checkboxes. The final section includes:

- Country:** A dropdown menu.
- Insured's Phone / Ext.:** A text input field.
- ESC:** A dropdown menu.
- Employer Name:** A text input field.
- Group Name:** A text input field.
- Group Number:** A text input field.
- Clear Payer:** A button.

At the bottom right of the window are "Save" and "Cancel" buttons.

# 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, Dental tab (837D claims only)
- 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 window title is "Professional Claim Form" and it has several tabs: "Patient Info & General", "Insured Information", "Billing Line Items" (selected), "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". Below the tabs, there are sub-tabs for "Line Item Details", "Extended Details (Line 1)", "Ext Details 2 (Line 1)", and "Ext Details 3 (Line 1)". A field for "Diagnosis Codes (1 - 8):" is visible. The main area contains a table with columns: "LN", "24a - Service Dates From", "24a - Service Dates Thru", "24b PS", "24c EMG", "24d - CPT® / HCPCS 1", "24d - Mod 2", "24e Diagnosis", "24f Charges", "24g Units", "24h EP", "24h FP", "24h AT", and "24i Rendering Phys.". The first row (LN 1) shows a charge of 100.00 and units of 0.00. At the bottom, 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 next to the total charge field. At the very bottom, there are "Save" and "Cancel" buttons. A copyright notice at the bottom reads: "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.

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Primary Payer/Insured | Secondary Payer/Insured | Tertiary Payer/Insured | COB Info (Primary) | COB Info (Secondary)

Common Payer MSP Information

OTAF

Zero Payment Ind

Additional Adjustment / COB Amounts / MOA Information (ANSI-837 Only)

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		

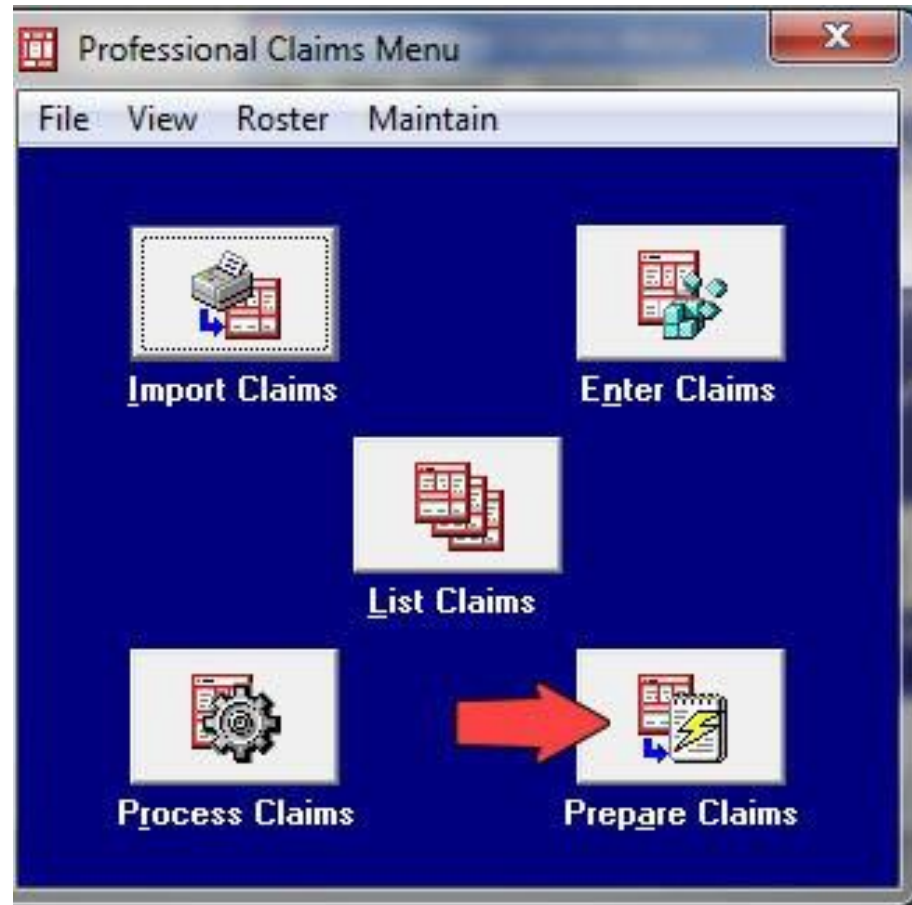
Medicare Outpatient Adjudication (MOA) Remarks Codes

Claim Adjudication Date

Save Cancel

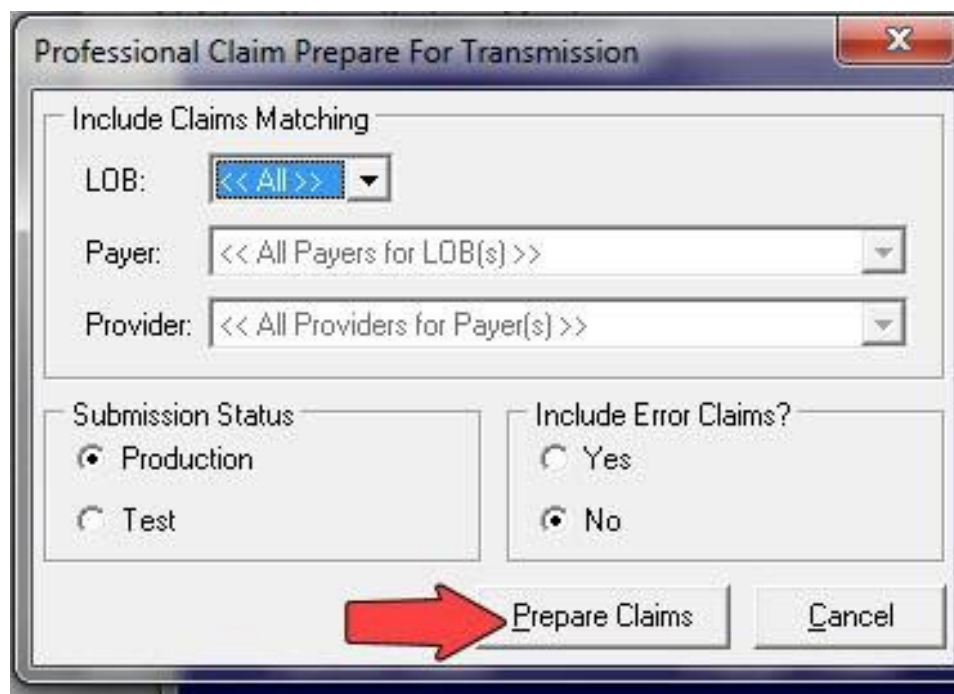
# Step Three: Preparing a File for Transmission

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



# Preparing a File for Transmission, continued

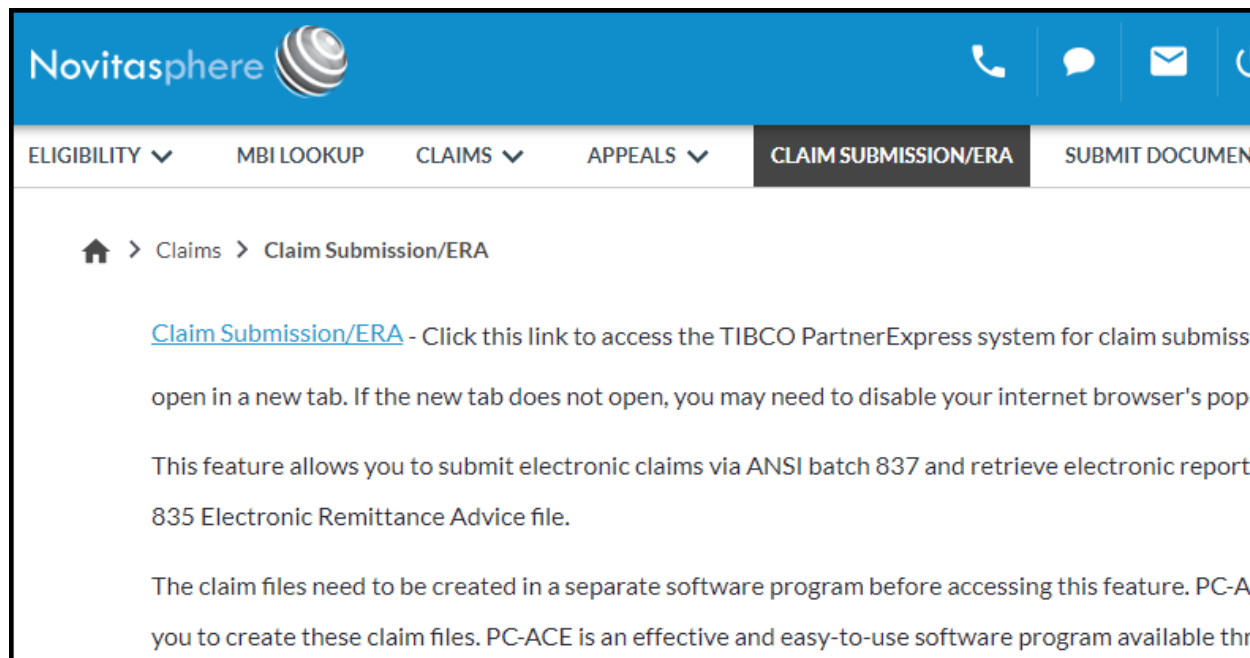
- Then click on the Prepare Claims button. This will create a file named “trans.dat” for Part A or “transb.dat” for Part B. The file will be located in your “C” or other local drive under the WINPCACE folder.



# Transmitting the File Using the Novitasphere Portal



- 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.





# Transmitting the File Using the Novitasphere Portal, continued



- Click on **Inbox**

**TIBCO PartnerExpress** HELP ABOUT PRJAI0W5@1926899 ▾

Home **Inbox** History

▼ **Inbox Summary** 🔔

**TRANSACTIONS INITIATED BY 1926899**

- 0 Server Response Awaiting  
New responses from GuideWell Source ready for download on previously uploaded requests.
- 0 Pending Server Response  
Responses pending from GuideWell Source on previously uploaded requests.

**TRANSACTIONS INITIATED BY GUIDEWELL SOURCE**

- 1 Server Request Awaiting  
New requests from GuideWell Source ready for download.
- 0 Pending Partner Response  
Responses pending from 1926899 on previously downloaded requests.

▼ **Transaction History** Past 24 hours ▾ 🔔

EZComm | X12

**TRANSACTIONS BY TIMELINE**

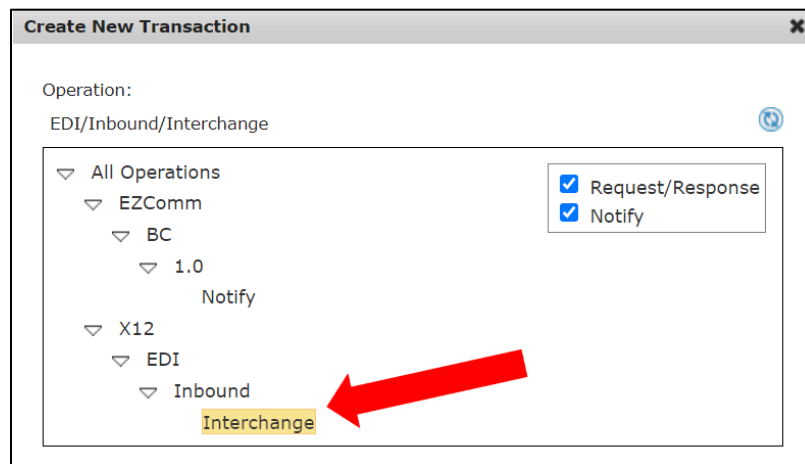
**TRANSACTIONS BY OPERATION TYPE** Success ▾ Top 5 ▾

# Transmitting the File Using Novitasphere Portal, continued

- Click on the **New** button.

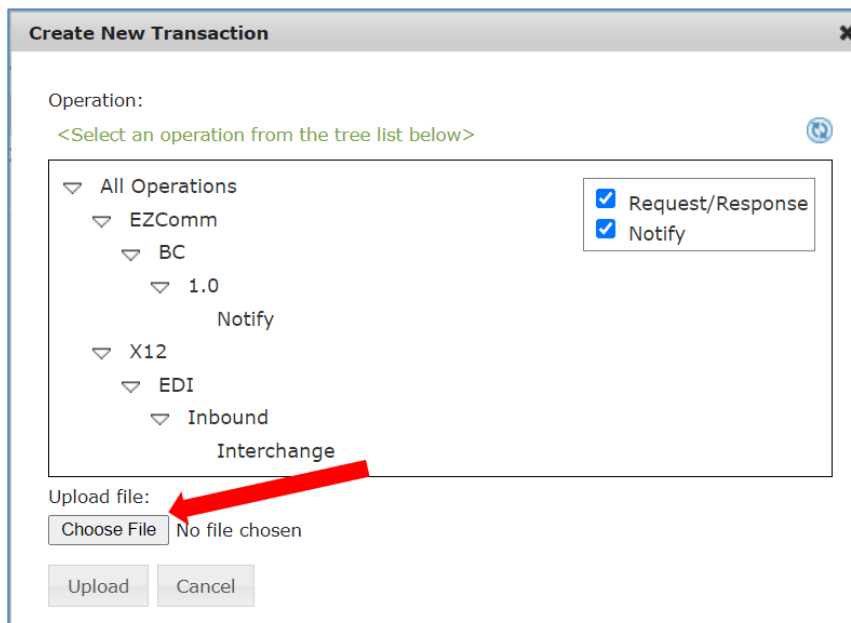


- Select **Interchange**.



# Transmitting the File Using the Novitasphere Portal, continued 2

- 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.



The screenshot shows a dialog box titled "Create New Transaction". It has a close button (X) in the top right corner. Below the title bar, there is a label "Operation:" followed by a green text prompt "<Select an operation from the tree list below>" and a refresh icon. A tree view is displayed with the following structure:

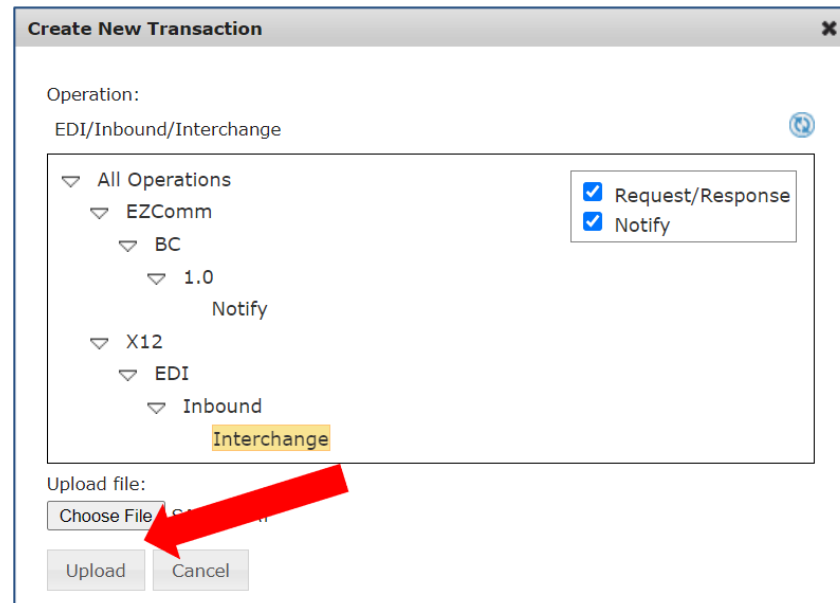
- ▽ All Operations
  - ▽ EZComm
    - ▽ BC
      - ▽ 1.0
        - Notify
    - ▽ X12
      - ▽ EDI
        - ▽ Inbound
          - Interchange

To the right of the tree view is a box containing two checked items: "Request/Response" and "Notify". Below the tree view is the "Upload file:" section, which includes a "Choose File" button, the text "No file chosen", and "Upload" and "Cancel" buttons. A red arrow points to the "Choose File" button.

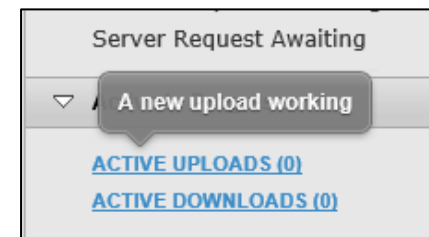
- Select the file(s) and click **Open**. The selected file will display in "Upload file" textbox.

# Transmitting the File Using Novitasphere Portal, continued 2

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



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



# Pulling Reports Using the Novitasphere Portal



**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.

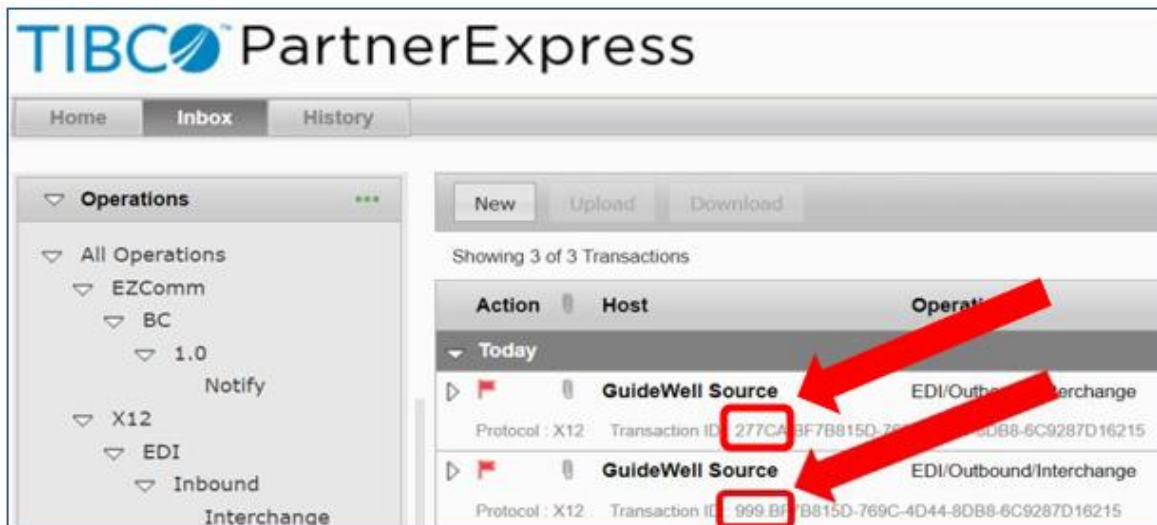
To download reports, complete the following steps:

- 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 Using the Novitasphere Portal, continued

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



The screenshot displays the TIBCO PartnerExpress web interface. The main content area shows a table of transactions under the 'Inbox' tab. Two transactions are visible, both from 'GuideWell Source'. The first transaction has a Transaction ID starting with '277CA' and the second with '999BF'. Red boxes highlight these Transaction IDs, and red arrows point to them from the right side of the screen.

Action	Host	Operation
▶	GuideWell Source	EDI/Outbound/Interchange
Protocol: X12 Transaction ID: 277CA3F7B815D-769C-4D44-8DB8-6C9287D16215		
▶	GuideWell Source	EDI/Outbound/Interchange
Protocol: X12 Transaction ID: 999BF3F7B815D-769C-4D44-8DB8-6C9287D16215		

# Pulling Reports Using Novitasphere Portal, continued



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

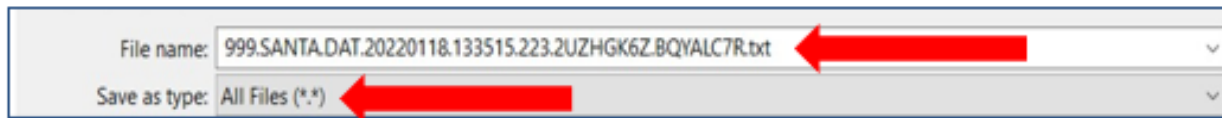
The screenshot shows a web interface with a top navigation bar containing buttons for "New", "Upload", and "Download". A red arrow points to the "Download" button. Below the navigation bar, it says "Showing 3 of 3 Transactions". A table with the following columns is displayed: "Action", "Host", "Operation", and "Status".

Action	Host	Operation	Status
▼ Today			
▶	GuideWell Source	EDI/Outbound/Interchange	Server Request Awaiting
Protocol : X12 Transaction ID : 277CA.BF7B815D-769C-4D44-8DB8-6C9287D16215			
▼	GuideWell Source	EDI/Outbound/Interchange	Server Request Awaiting
Protocol : X12 Transaction ID : 999.BF7B815D-769C-4D44-8DB8-6C9287D16215			
<b>Status:</b> Server Request Awaiting <b>Size:</b> 291 Bytes <b>Host:</b> GuideWell Source <b>ID:</b> 999.BF7B815D-769C-4D44-8DB8-6C9287D16215 <b>Operation:</b> EDI/Outbound/Interchange <b>Protocol:</b> X12 <b>Date:</b> 2022-01-14 14:35:40			

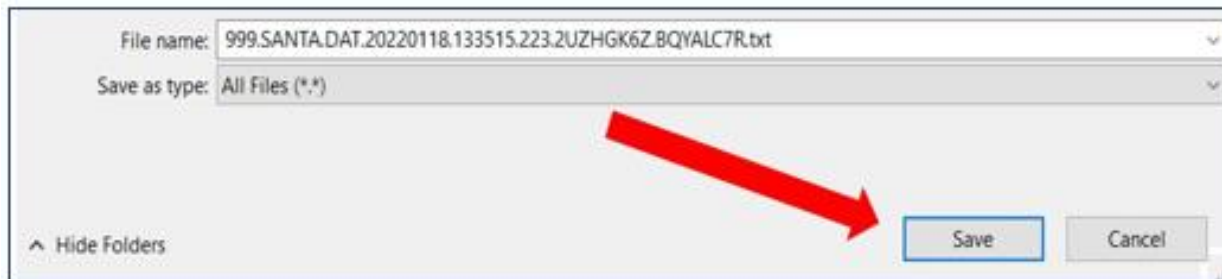
# Pulling Reports Using the Novitasphere Portal, continued 2



- 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.



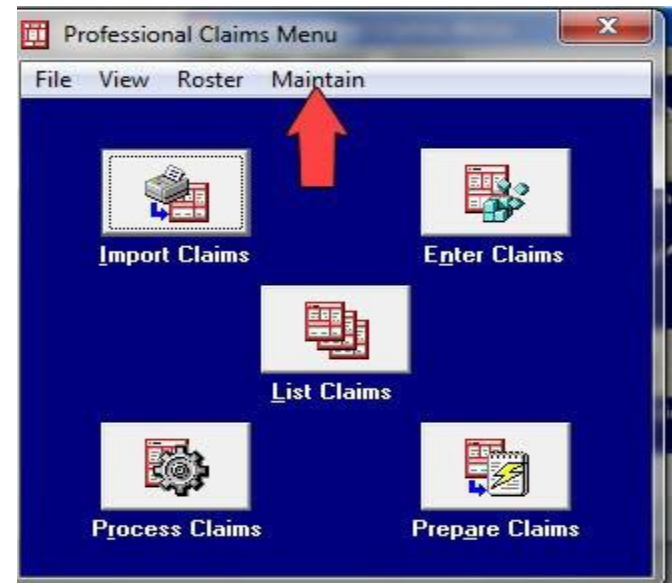
# Viewing the 999 Acknowledgement

- 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

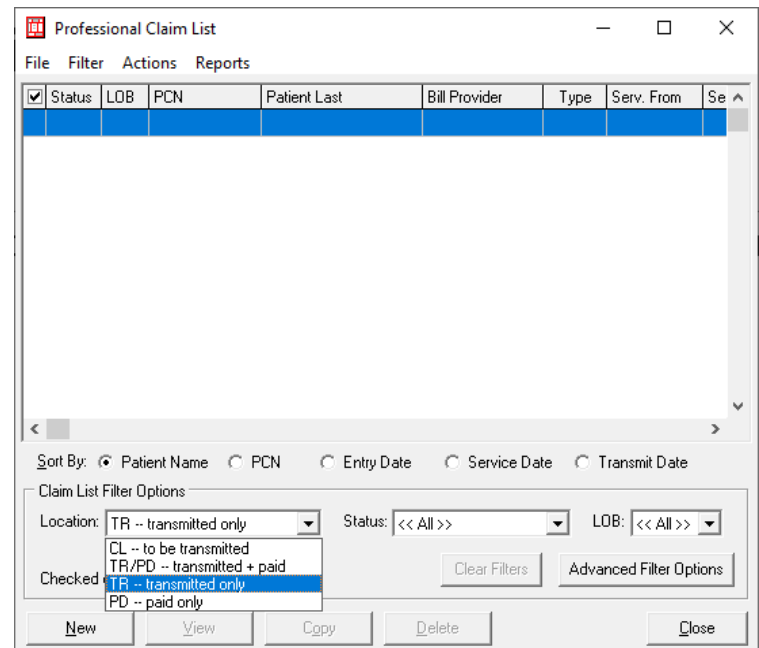
- After downloading the report using Novitasphere, click the Institutional Claims Processing icon for Part A. For Part B, click the Professional Claims Processing icon and complete the following steps:
  - Click Maintain
  - Click Claim Status Response & Acknowledgement Log
  - Click the appropriate 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.



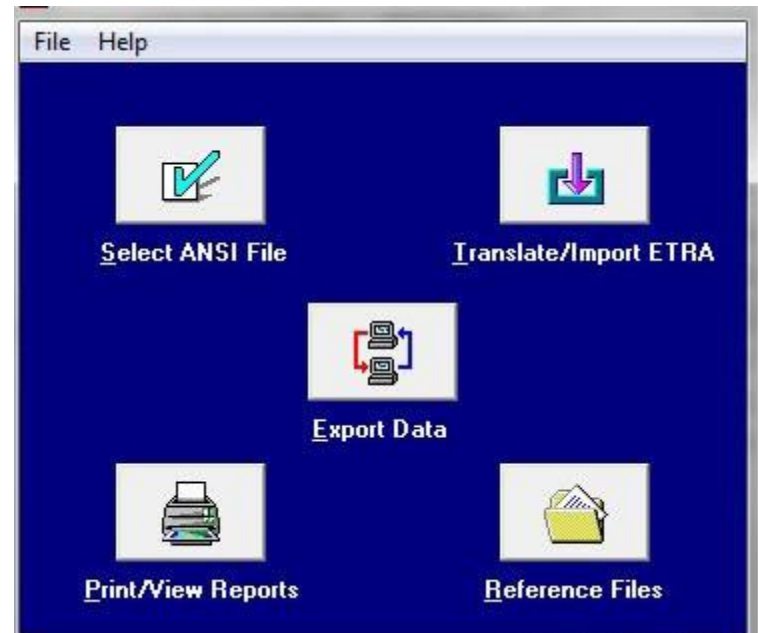
# Viewing the 835/Electronic Remittance

- 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



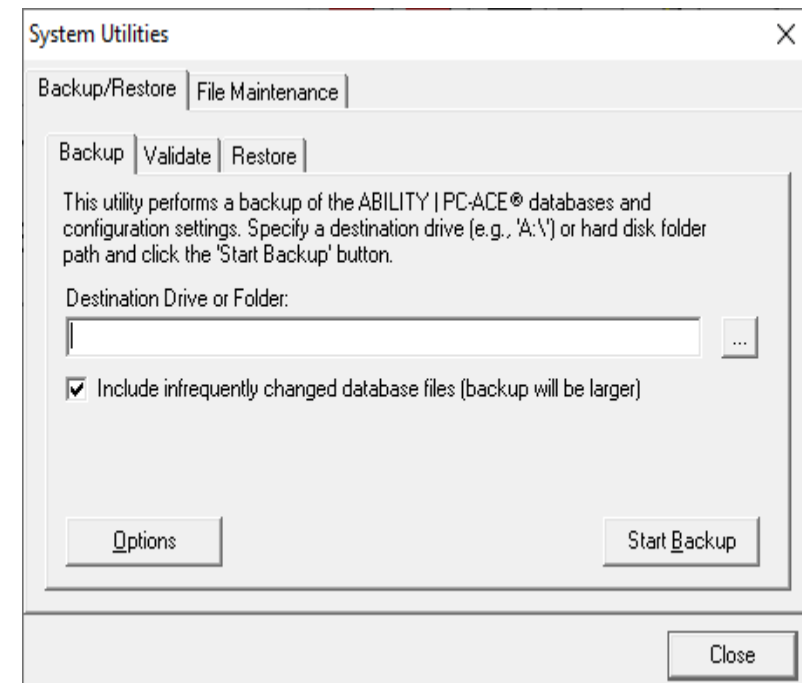
# Viewing the 835/Electronic Remittance, continued

- 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



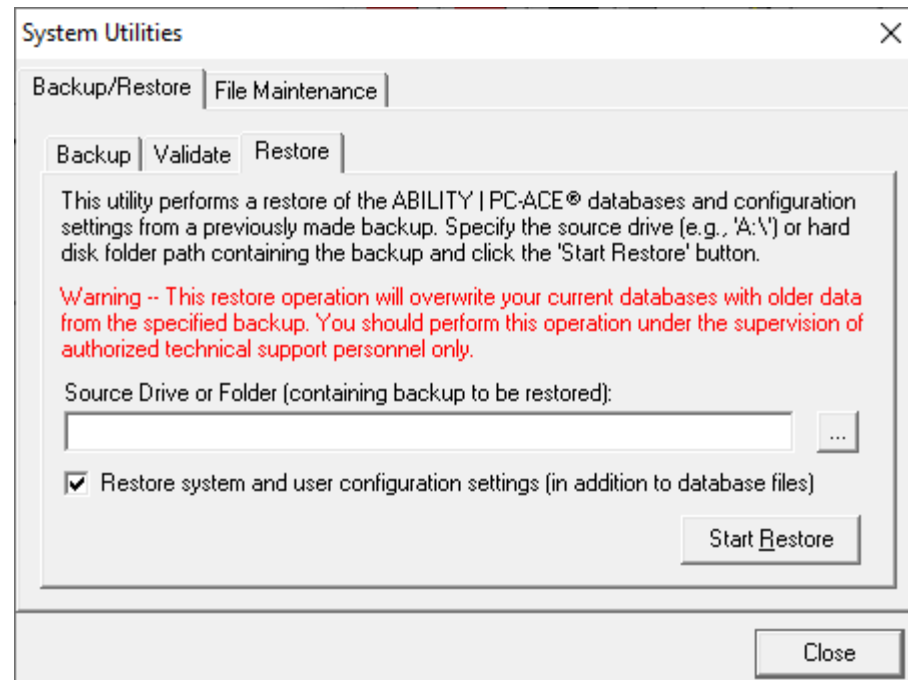
# Data Backup

- **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](http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004603)
    - [JH: http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004603](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](http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004605)
    - [JH: http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004605](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](http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004525)
    - [JH: http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00025068](http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00025068)