

NEBlueConnect: PC-ACE Professional Provider Setup

CREATING A PROFILE

To set up a Professional Provider, providers who bill with a HICFA 1500 will need to create a <u>Professional Provider profile</u> and <u>Submitter profile</u>.



- 1. Log in into PC-ACE click on the **Common i**con.
- 2. You will then go to the *Reference File Maintenance* (the third icon from the left).



3. When the *Reference File Maintenance* screen pops up, you will need to select the *Provider (Prof)* tab and click *New.*

Ψ	Reference File Maintenance							
F	File View Reports							
	Patient Payer Provider (Inst) Provider (Prof) Codes/Misc							
	PCN	Last Name	First Name	MI	DOB	LOB	A	
	I <u>S</u> ort By:	ient PCN C Patient Nam	e					
	List Filter Options	3						
	C Show all pati	ients (no filter applied)						
	 Filter list to in 	clude Patient PCNs starting	with					
	C Filter list to include Patient Names starting with							
	<u>N</u> ew	Update Dele	te <u>P</u> lan of Car	e			Close	

- 4. **Provider Setup**: If you are billing for a practice of multiple providers <u>or</u> if your practice has a Type II National Provider Identifier (NPI), you will need to create the **Group FIRST** and then add the Individual Caregivers.
 - a. **Group Practice Setup:** Used for a Solo Practice with a Type II NPI and Type I NPI, or a "true" group practice that has multiple providers.



Creating a Group Practice

Professional Provider Information		
General Info Extended Info		
Provider Type: 💿 Group Practice 🔿 Individual in Gr	oup C Solo Practice	e of Tax ID er Tax ID
Group Name 1, PHYSICIANS WHO CARE	Group Label 8. PHYSICIANS S- Social Secu	rity Number.
Last/First/MI	NPI 9, 1003929258	-populate the
Address 2. 1234 NEEDLE LANE	Tax ID/Type 10. 141940881	y sor cons.
City/St/Zip ANYWHERE NE [®] 6810 <mark>1-9998</mark>	Specialty 001 Type Org 002	
Phone (402) 555-1234 Fax (402) 555-1234	Taxonomy 193200000X	
Contact 4 MARY JONES	Accept Assign? A Participating? A code indicating the type, classi	fication, and specialization siness. These codes are defined
Group ID/No. ⁵ 00075 LOB BS	Signature Ind Y Date 01/01/2012 in the Health Care Provider Taxor	nomy Code list.
Payer ID 7. 77780 BS - BLUE SHIELD	Provider Roles: Billing Y Rendering N	
Remarks COM - COMMERCIAL	iderAssociations: Select None Nover the curse	I allow you to r over them to
HMO - MANAGED CAR	E Provider ID Provider/Group Name see what type of	information is
MCB - MEDICARE B	needed. Once you	have completed
MCD - MEDICAID	your data entry	/you will hit
TRI - TRICARE	sav.	e.
	Save Close	

- 1. Name of Group
- 2. Address
- **3.** Zip code must be a full nine digits if the +4 digits aren't known, use 9998. Be sure to include the phone and fax numbers.
- **4.** Provide a contact name at the practice.
- 5. Group ID/No.: Please use the assigned Trading Partner number here.
- 6. LOB Right click and select "BS."
- 7. Payer ID Enter 77780
- **8.** Group Label This is whatever name you prefer to use to recognize the provider group.
- 9. Type II NPI
- **10.** Tax ID and Type is documented.
 - Specialty and Type of Org are selections you will determine
 - Provider Taxonomy Codes Not a required field, but an option to explore
 - Accept Assign set screen to A accepts assignment
 - Signature Ind the provider's signature is on file

Note: SAVE your data. If anything is missing, you receive a prompt.

• Example of Validation Error Prompt

	File \	General Info	viended Info				
	Patien LOB	Provider Type: Group Name	Group Practice PHYSICIANS WHO CA	* Individual in Group	C Solo Practice	PHYSICIANS	<u></u>
46*1 NS.C	BS BS	Last/First/MI Address	1234 NEEDLE LANE		NPI Tax ID/Type	1003929258 141940881	E
XX*1	BS	City/St/Zip			UPIN Specialty	001 Type (Drg 002
Edit	/alidation	Errors List			m?	A Participa	ating?
-	Provide	r ZIP Code Mus	t Be Full 9 Positions	For ANSI Version	005010 1	Y Date 01/ Billing Y Ben	/01/2012 derina IN
Đ	Double-	click error to jump cates that error mu:	to the corresponding field. Is be corrected before sav	ving.	<u>C</u> lose	<u>S</u> ave	<u>C</u> ancel

Adding a Provider to the Group

Once the group is complete, you will click on your group and select the *New* button. The screen will populate with an option for entering the data.



Next: х Professional Provider Information General Info Extended Info Change the Provider Type 1 Provider Type: Group Practice Individual in Group Solo Practice from Group Group Name PHYSICIANS WHO CARE PHYSICIANS Group Label Practice to 1003929258 Last/First/MI NPL Individual in a 1234 NEEDLE LANE 141940881 E Address Tax ID/Type Group UPIN ANYWHERE NE 68101-9998 Type Org 002 001 City/St/Zip Specialty

Individual in Group: Add each provider's personal data, NPI, name and specialty if necessary.

Professional Provider Information	
General Info Extended Info	
Provider Type: C Group Practice Individual in Group C Solo Practice Right Click	
Organization Group Label	
Last/First/MI 1003929258	In this screen you will
Address 1234 NEEDLE LANE Tax ID/Type 141940881 E	need to add the name of
UPIN	the provider, the Group
City/St/Zip ANYWHERE NE 68101-9998 Specialty 001 Type Org 002	clicking and the
Phone (402) 555-1234 Fax (402) 555-1234 Taxonomy 193200000X	Rendering Doctors NPI
Contact MARY JONES Accept Assign? A Participating?	Delete Group- Type II
Provider ID/No. 00075 LOB Signature Ind Y Date 01/01/2012	NPI.
Payer ID Tag Provider Roles: Billing N Rendering Y	
Remarks Provider Associations: Select None LOB Provider ID Provider/Group Name	Then hit Save
Save Cancel	

Solo Practice: A practice that doesn't have a Type II NPI assigned to it.

Professional Provider Information			
General Info Extended Info			
Provider Type: C Group Practice	C Individual in Grou	o Solo Practice	
Organization 2		Group Label	
Last/First/MI <mark>ŞMITH</mark>	BOB	7. NPI	1003929258
Address 3. 1212 WILSON AVE		8. Tax ID/Type	462034789 (E)
		UPIN	
City/St/Zip NORFOLK	NE 68701-9998	9. Specialty	Type Org
Phone (402) 379-2020 F	ax [10. Taxonomy/Type	111N00000X
Contact FRAN		11. Accept Assign?	A Participating?
Provider ID/No. 1730000	5.LOB BS	12. Signature Ind	Y Date 10/10/2010
Payer ID 6, 77780	Tag 📃	rovider Roles:	Billing 🎦 Rendering N
This is the number BCBSNE	Prov	vider Associations:	Select None
assigns you for claims	LO	B Provider ID Pro	vider/Group Name
submission.	J		
	v		
			<u>Save</u> <u>C</u> ancel

- 1. Make sure you select "Solo Practice."
- 2. Enter the name of your practice and the name of the provider.
- 3. Address: Enter the practice address and include the zip code + 4. If you don't know the +4 digits, you can enter 9998.

- 4. Provider ID/No. Enter your Trading Partner Number (BCBSNE assigned this number to you via an email notification) or any other number you like.
- 5. LOB List as "BS."
- 6. Payer ID Enter 77780
- 7. Enter the provider NPI
- 8. Enter Tax ID/Type #; indicate the Tax ID with an "E" or the Social Security Number with an "S"
- 9. Specialty This field can be used to indicate the provider's type of practice. This is not a required field.
- 10. Taxonomy/Type: This is a non-required field. Right click to see the choices offered here.
- 11. Accept Assign?: This is a required field. Set it to "A" to assign benefits.
- 12. Signature Ind: The "Y" indicates that BCBSNE has a copy of your signature on file. In the "Date" box, indicate the date the provider became contracted with BCBSNE.
 - Note that since the billing provider is a solo practice, the system will default to Billing "Y" and Rendering "N." This is not an error.

SUBMITTER DATA

Submitter Data is required for claims submission. This setup will utilize the *unique* Trading Partner number provided to you by EDI Support.

In Reference File Maintenance, click on the tab labeled Codes/Misc.

🖽 Reference File Maintenance
File View Reports
Patient Payer Provider (Inst) Provider (Prof) Codes/Misc
<u>Shared</u>

The screen will now load with a number of options. To transmit electronic claims to BCBSNE, you must set up your Submitter data. Select the *Submitter* button.

🛄 Reference File Maintenance		
Patient Payer Provider (Inst)	Provider (Prof) Codes/Misc	
Shared	Institutional	Professional
	ТОВ	POS
DATA COMM	CON/OCC/SP/VAL	CHARGES MASTER
HCPCS	REVENUE CODE	SPECIALTY
MODIFIERS		242 (3777)
FACILITY		
MISC ANSI		

(Continued)

The setup you are creating is for BS of Nebraska Professional Claims. Select the "BS" line and click View/Update.

į	🗓 Submitt	er Setup		_		x
	Claim Type:	 Institutional 	al (• Profession	al		
	LOB	Payer ID	Submitter ID/EIN	Submitter Name		*
	<< ALL >>	<< ALL >>				
	BS	<< ALL >>				
	MCD	<< ALL >>				
Highlight the BS line and select the View/Update button.				Ŧ		
	New View/Update Close Close					

Next, review your PC-ACE submitter data. The information should match, otherwise you can modify it to mirror the example below. Remember to use the Trading Partner number assigned to the practice and provider data for your practice.

<u>Step 1</u>	
Professional	Submitter Information
General	repare ANSI Info ANSI Info (2) ANSI Info (3) ANSI Info (4)
LOB	BS Payer ID
ID	1730100 EIN 12333447
Name	RING A DING COUNSELING
Address	1212 WILSON
City	NORFOLK State NE Zip 68701
Phone	(402) 965-8405 Fax () Country
Contact	KATHY
E-Mail	KDLANG@GMAIL.COM
	<u>Save</u> <u>C</u> ancel

(Continued)

<u>Step 2</u>

Professional Submitter Information					
General Prepare ANSI Info ANSI Ir	nfo (2) ANSI Info (3) ANSI Info (4)				
Include Error Claims	Vendor				
Submission Status	Intermediary				
EMC Output Format A	Next Serial No.				
ANSI Ver (837 Prof) 005010A1					
ANSI Ver (837 Dent) 005010A2					
ANSI Version (270) 005010A1					
ANSI Version (276) 005010					
EMC File					
	Force Separate Prepare				
	<u>S</u> ave <u>C</u> ancel				

<u>Step 3</u>

Professional Submitter Information				
General Prepare (ANSI Info)ANSI Info (2) ANSI Info (3) ANSI Info (4)				
Submitter Intchg ID Qual.				
Receiver Intchg ID Qual.				
Authorization Info				
Security Info				
Additional Submitter EDI Contact Information (Number & Type)				
#1				
#2				
#3				
<u>Save</u> <u>Cancel</u>				

(Continued)

<u>Step 4</u>

Professional Submitter Information					
General Prepare ANSI Info (ANSI Info (2)	ANSI Info (3) ANSI Info (4)				
ANSI-837 Data Element Overrides					
Interchange Sender ID (ISA06)	17381/28X				
Interchange Receiver ID (ISA08)	NEBLUECONNECT				
Application Sender's Code (GS02)	PCACE				
Application Receiver's Code (GS03)	NEBLUECONNECT				
Submitter Primary Identifier (NM109/ 000A)	17381/29X				
Receiver Name (NM103/1000B)	CONNECT				
Receiver Primary Identifier (NM109 1008)					
Enter the UNIQUE Trading Partner/Submittor number sent to you by EDI Support. The number starts with 173XXXX					
<u>Save</u>					

Note: Review of the other tabs is not necessary as they do not contain any pertinent data.

Following these steps will prepare the practice and providers for electronic submission. For assistance, contact EDI Support at <u>edisupport@nebraskablue.com</u> or call 888-233-8351, option 3.