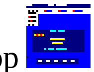
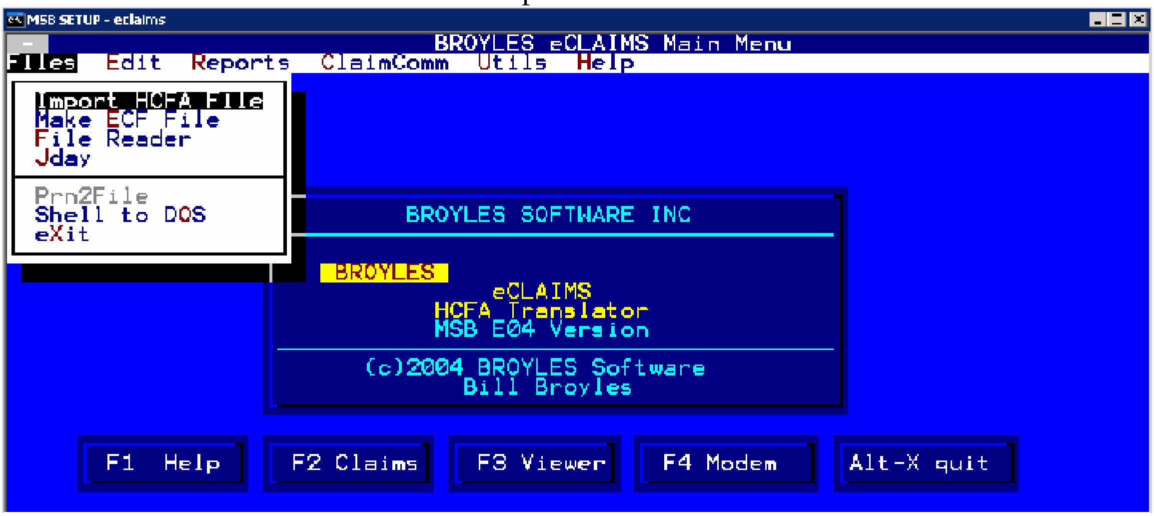
** SAVE FOR REFERENCE **

STEP BY STEP HELP FOR REGENCE THIN eCLAIMS SUBMITTERS

STEP 1. With your practice management software, create claims and print them to a file. You should contact your practice management software support for instructions. We need to know the location and name of the file to configure eCLAIMS to find and read it. Broyles will configure this for you once you have the information.

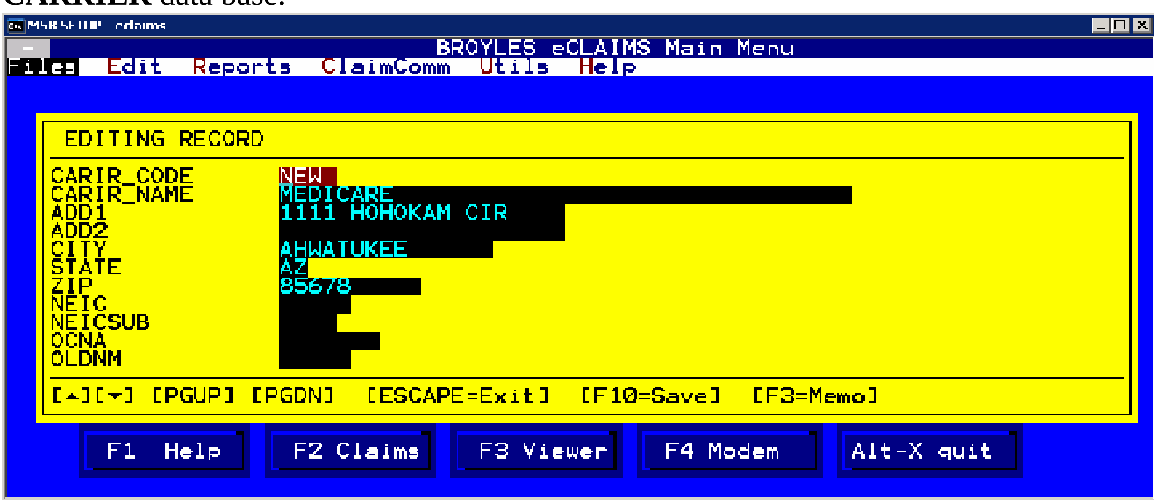
STEP 2. Start eCLAIMS by clicking on the blue shortcut on your desktop  created during the installation. When eCLAIMS opens you will be in the **Files** menu with **Import HCFA File** highlighted, this is the first step with eCLAIMS.

This is the eCLAIMS Main screen that opens in **STEP 2**.



STEP 3. Import the HCFA file you just created with your practice software.
From the **Files Menu** select **Import HCFA File and press the ENTER key.**

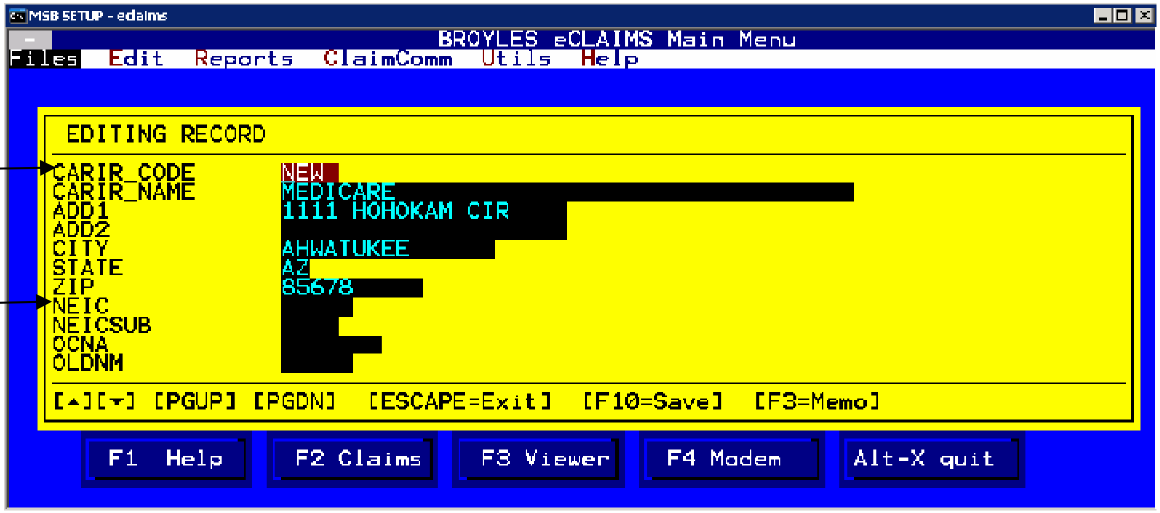
eCLAIMS will read your claims file and may stop at yellow **EDITING RECORD** window if it encounters a new insurance carrier that eCLAIMS has not added to the **CARRIER** data base.



The **CARRIER EDITING RECORD** will come up many times if you are running eCLAIMS for the first time. This is because there are no Insurance Carriers in the eCLAIMS carrier data base. There will be fewer instances of this as your carrier data base becomes complete. eCLAIMS will then only be adding carriers for new patients with insurances that are not in the carrier data base.

You need to let eCLAIMS add the insurance carriers to its data base. You can not add them manually. eCLAIMS reads the claims file you created with your practice software and then uses the carrier name exactly how it was found on the claim including spaces and typo's. eCLAIMS then uses the carrier spelling to identify the carrier in the carrier data base when eCLAIMS is looking for the CARRIER CODE and PAYER ID. All you have to do is add a CARRIER CODE and PAYER ID. This is explained in step 4. There is a Provider data base that eCLAIMS will also create with a carrier-provider name combination. This time eCLAIMS will use the Provider name exactly how it's found on the claim and add it to the Provider data base. This will be explained on Page 5, Step 6.

STEP 4. This is the **CARRIER EDITING RECORD** screen opened. eCLAIMS is adding a new carrier to its carrier data base during the file import in **STEP 3**. **YOU MUST ENTER A VALID 4 DIGIT CARRIER CODE AND 5 DIGIT PAYER ID.**



Carrier	Carrier Code	Payor ID
EDS Medicaid	ID00	AIDID
CIGNA Medicare	ID01	05130
Regence Blue Shield of Idaho*	ID02	00611
Blue Cross of Idaho	ID05	00610
Regence Washington	WA02	00932
Premera Blue Cross of Washington	WA05	00934
Commercial Carrier	0000	<consult Payor ID list>**
THIN Print Claims***	0000	PRINT
Claims not intended for submission	NEW	CANNOT BE SENT

Consult your clearinghouse for any other claim types.
** Any 'out of area' Blue Cross or Blue Shield Plans should be submitted with these codes as well.*
*** Consult your clearinghouse for Payor ID list availability.*
****Contact THIN for information about this service.*

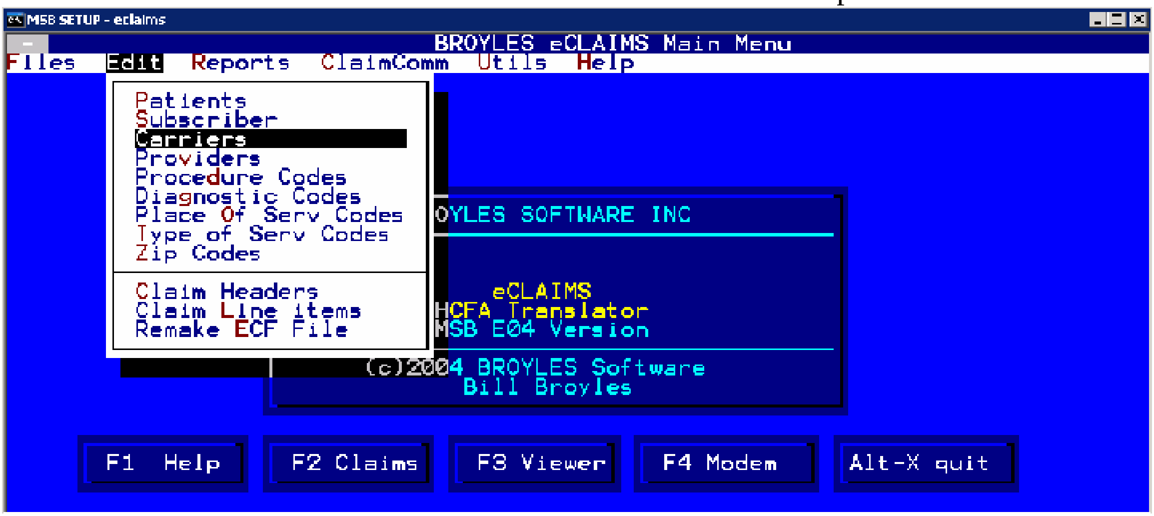
Notice the word **NEW** in the **CARIR_CODE** field. This lets you know that eCLAIMS has come across a carrier in the claims you are now importing that is not in the CARRIER DATA BASE.

You can find the Carrier Code and Payer ID for the major carriers in the table above. Add the Carrier Code from the list to the **CARIR_CODE** field (in capital letters) replacing the word **NEW**. Add the **Payer ID** to the **NEIC** field. Press the **F10** key to save this entry to the carrier table, eCLAIMS will continue to import claims stopping at each new carrier or will just finish importing. If the carrier is not one of those above, then you must look to the **PAYER ID** list provided by your clearinghouse. Call Regence to get this list or get the list here: http://www.thinedi.com/pdf/profpay031104.pdf.

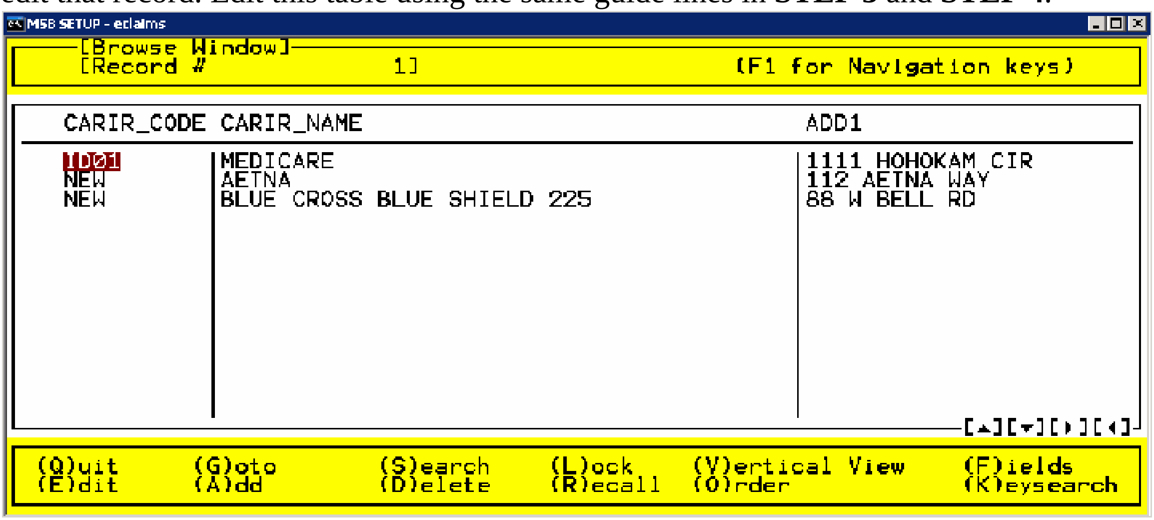
Look to this list to see if there is an electronic Payer ID for the carrier. If you find a Payer ID, put **4 ZEROS, 0000** in the **CARIR_CODE** field. Put the 5 digit Payer ID in the **NEIC** field.

If there is not a Payer ID for the carrier on the list, THIN can not send that carrier electronically. You will have to print and mail that carrier yourself. Leave the word **NEW** in the **CARIR_CODE** field and the **NEIC** field blank. eCLAIMS will not include those carriers marked **NEW** in the batch of claims you are sending. You will print out a **DETAILED SUB REPORT** from eCLAIMS that will list the claims that are ready to send by carrier code in **STEP 7**.

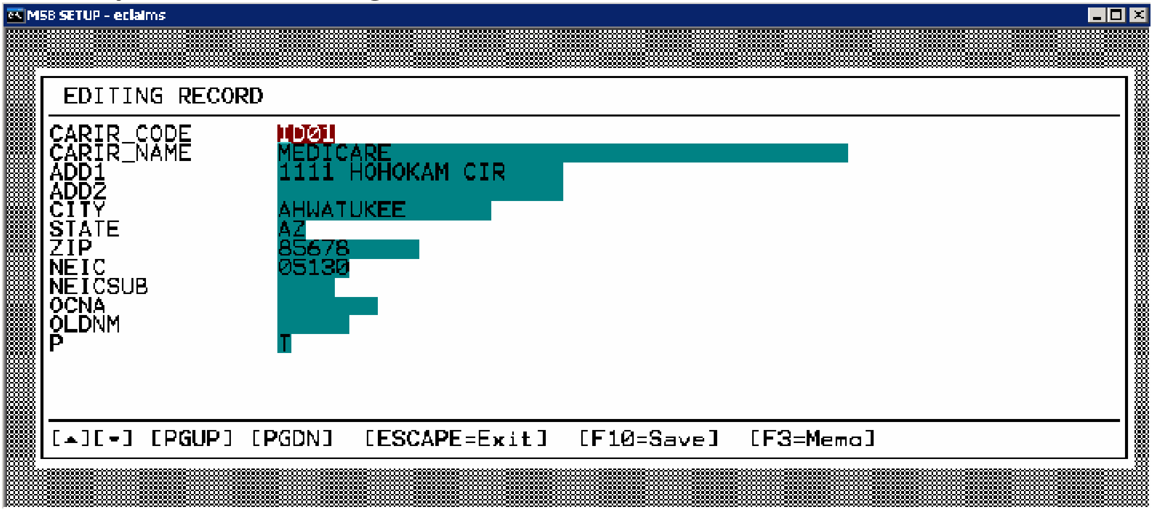
EDITING THE CARRIER TABLE. You can edit the carrier table later if you have to change carrier information after eCLAIMS has added the carrier to the table from **STEP 3 and 4**. Go to the **EDIT** menu and arrow down to **Carriers** and press ENTER.



EDITING THE CARRIER TABLE. Use the arrow keys to move the **RED** highlight up or down and select the entry that you want to edit. Press the letter “E” on the keyboard to edit that record. Edit this table using the same guide lines in **STEP 3** and **STEP 4**.

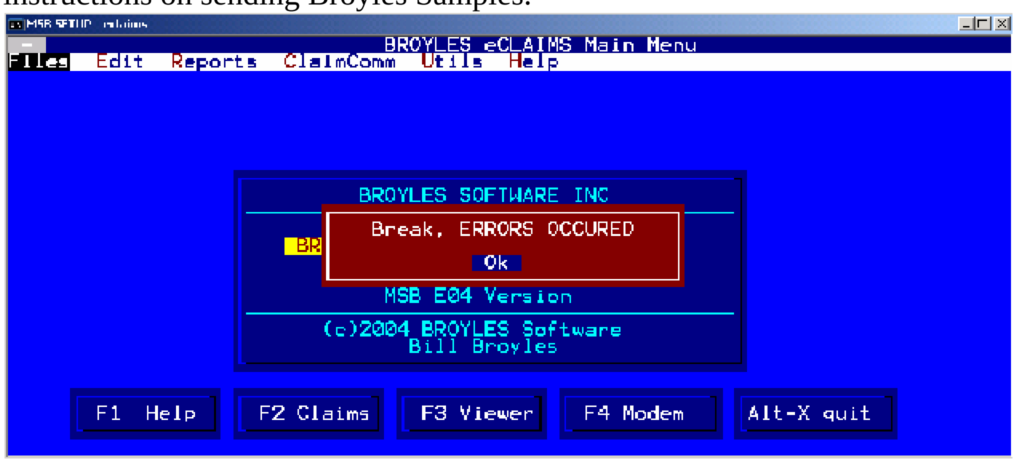


EDITING THE CARRIER TABLE EDITING RECORD. The **EDITING RECORD** is where you will make changes to the carrier information.

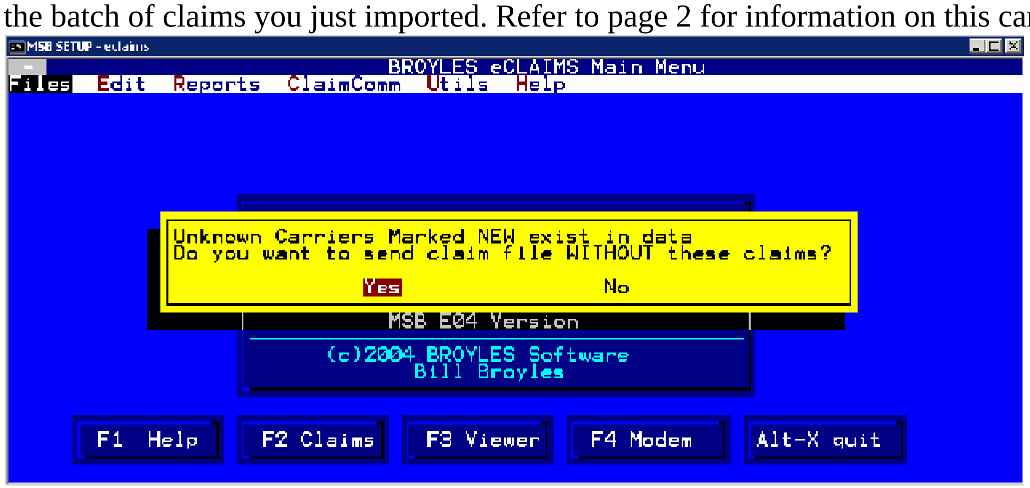


STEP 5. **INFORMATION SCREENS DURING THE IMPORT**. When eCLAIMS is finished importing you will get 1 or more information screens.

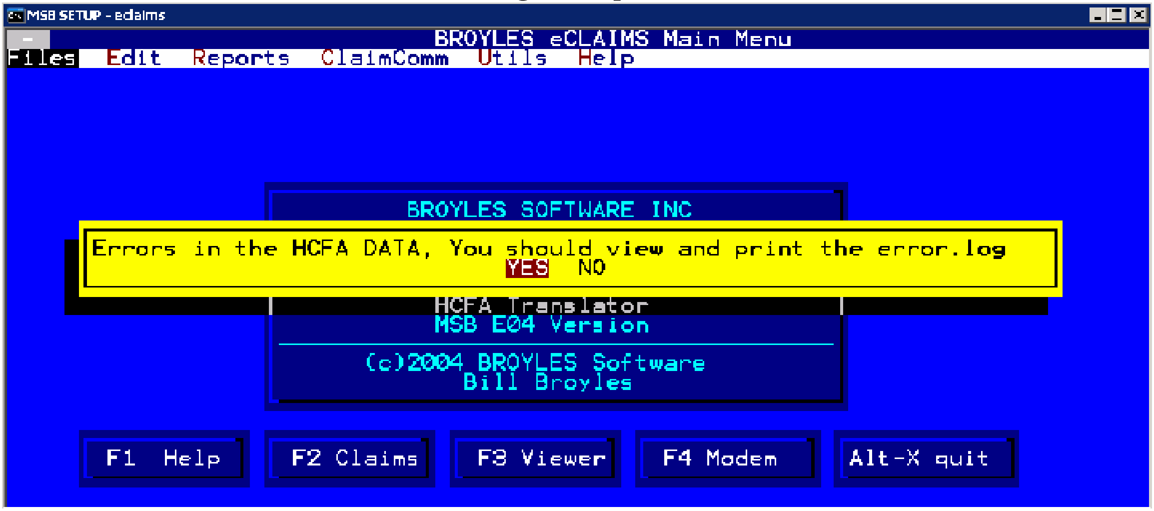
IF you get **BREAK, ERRORS OCCURED**, when importing the claims file you created with your practice software. There is a critical error in the format of the claims file and eCLAIMS can not read it. Go back and recreate the claims file with your practice software and re-import the claims file. If you still get this error, you will need to send Broyles Software a sample so we can determine the problem. Go to **PAGE 9** for instructions on sending Broyles Samples.



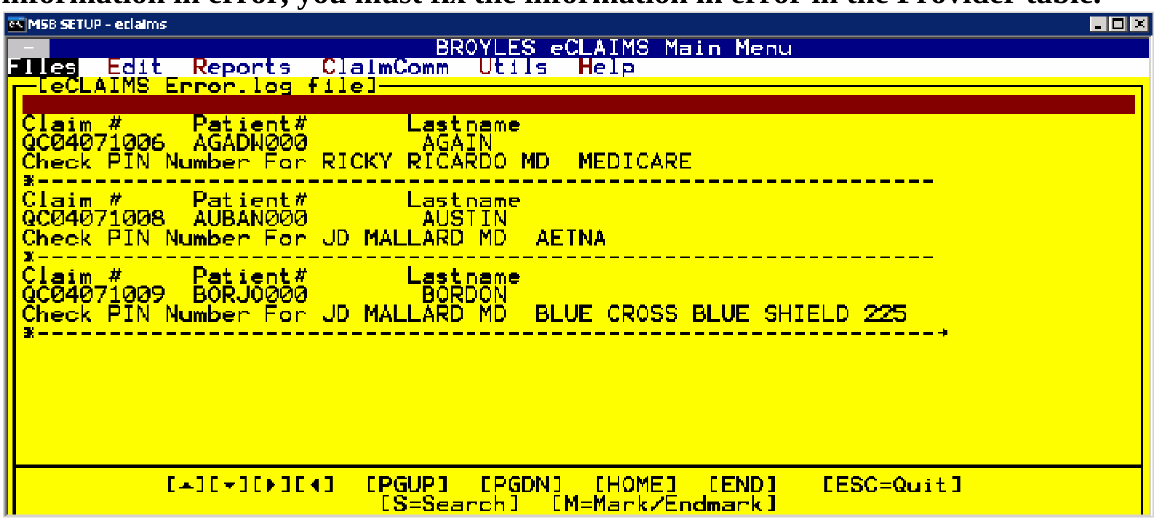
UKNOWN CARRIERS MARKED NEW is a warning you left carriers marked **NEW**. If you did this intentionally, then just press ENTER. These carriers will not be sent with the batch of claims you just imported. Refer to page 2 for information on this carrier type.



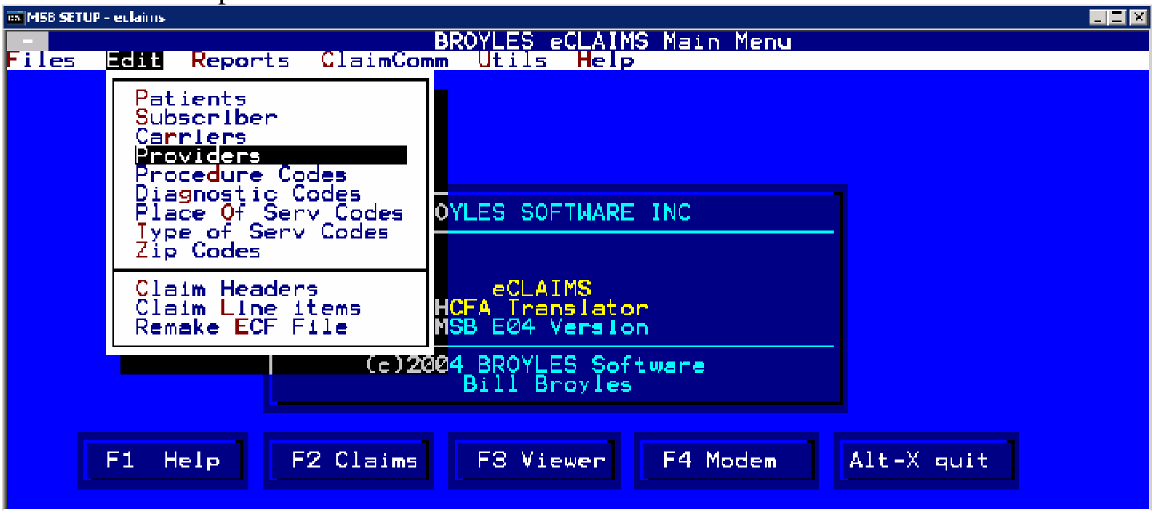
ERRORS IN THE HCA DATA This error could be patient or carrier info in error. Or it will give you a warning that new provider information has been added to the Provider Table. You must go to the provider table in eCLAIMS and check the entries that were added. Press ENTER on YES and the log will open to view.



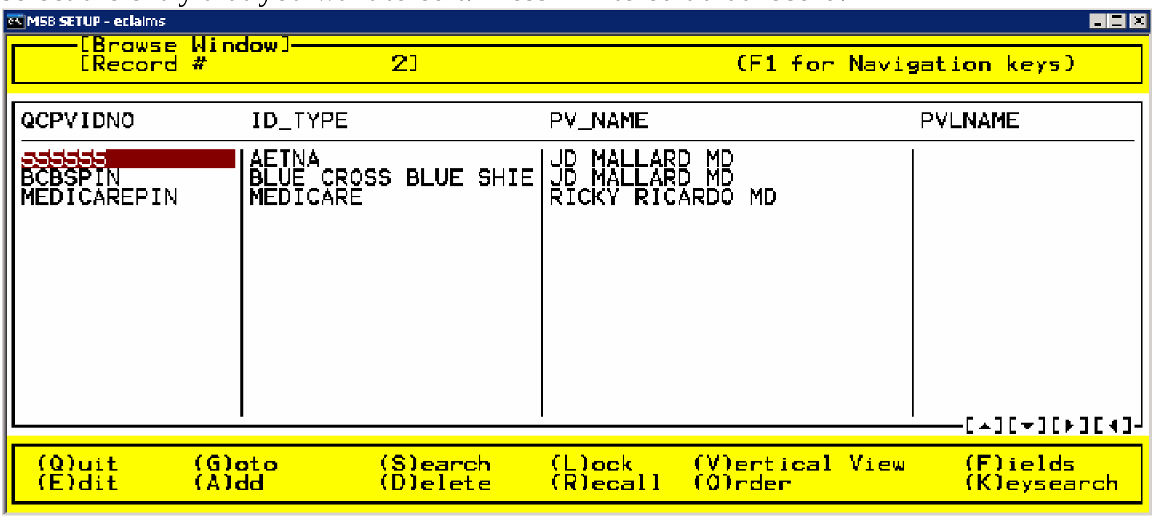
This is the error log that opens. It tells you new provider-carrier combinations have been added to the provider table (Check PIN Number for JD MALLARD MD AETNA). You must go to the provider table and edit the new entry that has been added. It is very important to check all the fields for each new entry in the PROVIDER table. **If you get an error report back from the clearinghouse or insurance carrier with Provider information in error, you must fix the information in error in the Provider table.**



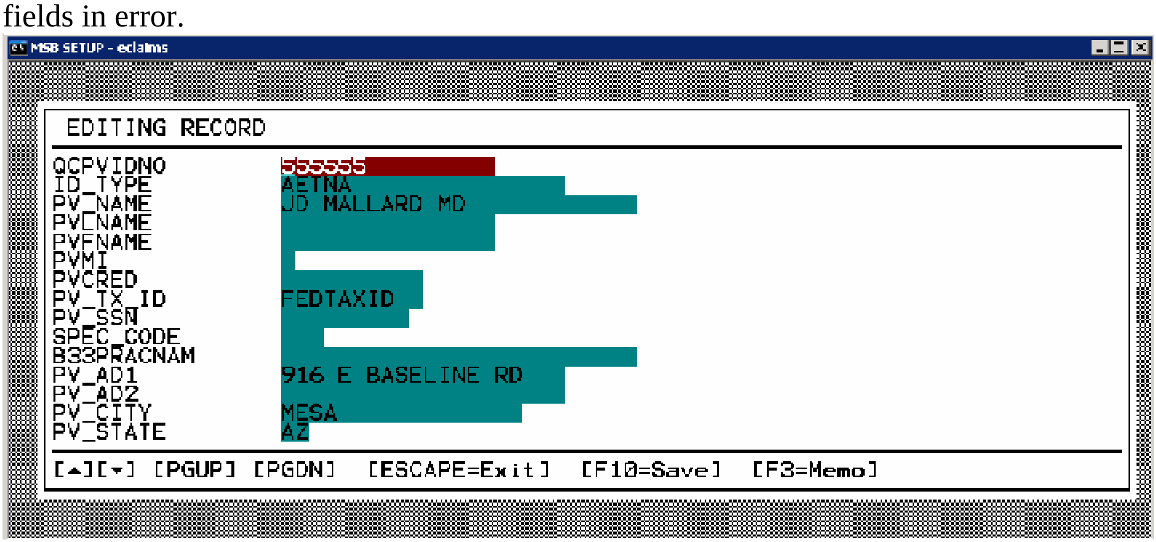
STEP 6. **EDITING THE PROVIDER TABLE**. Go to the **EDIT** menu and arrow down to Providers and press ENTER.



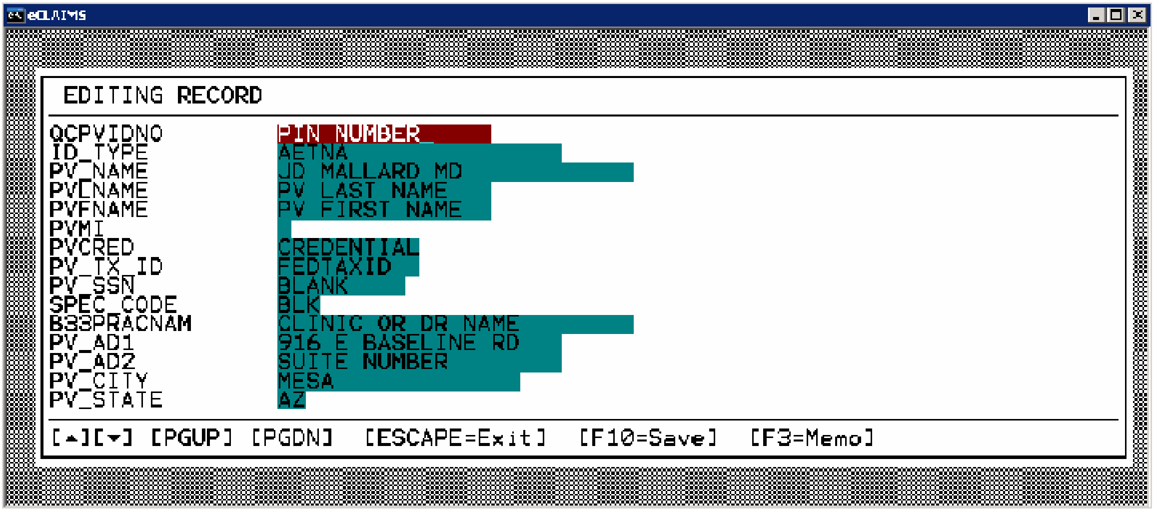
The Provider table. Use the arrow keys to move the RED highlight up or down and select the entry that you want to edit. Press "E" to edit that record.



The editing record screen will open. Never edit the **ID_TYPE** or the **PV_NAME**. Just like in the carrier table, eCLAIMS filled in these fields for you using the information found on the claim file you created with your practice software. It is now using the spelling or misspelling of the Carrier name and Provider name found on the claims to identify the Provider. eCLAIMS will come to this table to locate all the Provider information that will go on the electronic claims. Fill in the blank fields and correct the fields in error.



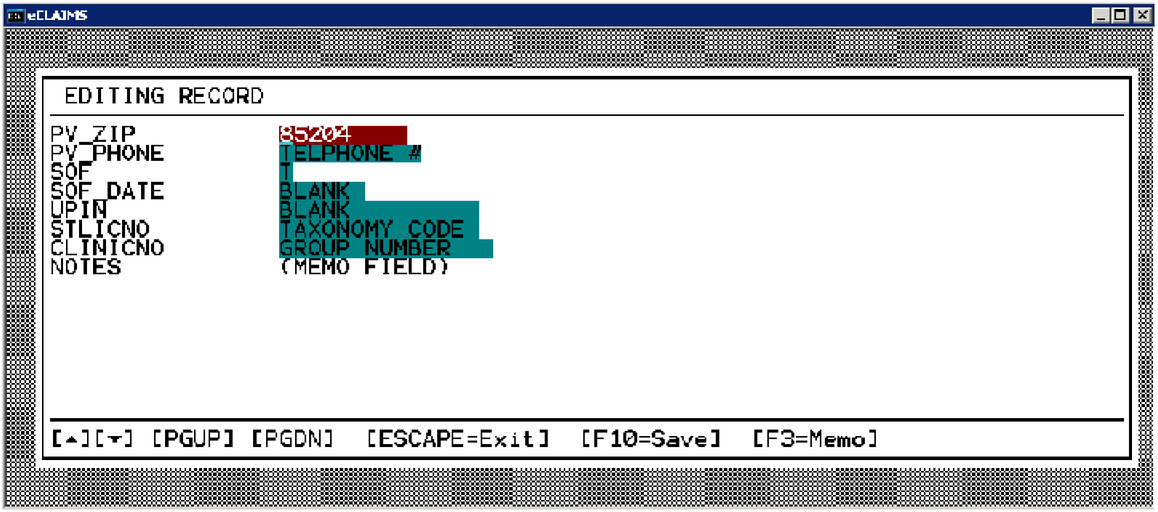
PROVIDER TABLE PAGE 1.



EDITING THE PROVIDER TABLE CONTINUED. You need to fill in the correct information in just these fields. **DO NOT CHANGE THE ID_TYPE or the PV_NAME** field in any cases. You should use capital letters and no punctuation. **If you get an error report back from the clearinghouse or insurance carrier with Provider information in error, you must fix the information in error in the Provider table.**

1. **QCOVIDNO**, is for the Providers Pin number issued by the carrier. If this is a commercial carrier, the TAX ID should be used.
2. **ID_TYPE, NEVER EDIT THIS FIELD**
3. **PV_NAME, NEVER EDIT THIS FIELD**
4. **PV_LNAME**, is for the Providers LAST name.
5. **PV_FNAME**, is for the Providers FIRST name.
6. **PVMI**, is for the Providers MIDDLE INTIAL.
7. **PVCRED**, is for the Providers CREDENTIALS. MD, PT etc.
8. **PV_TX_ID**, is for the Providers TAX ID. It should have been filled in for you.
9. **PV_SSN** and **SPEC_CODE** is not required. Do not fill in.
10. **B33PRACNAM**, is for your PRACTICE name. HAPPY VALLEY MEDICAL.
11. **PV_ADD1**, is for your PAY TO address.
12. **PV_ADD2**, can be the SUITE number.
13. **PV_CITY**, the city your practice is located.
14. **PV_STATE**, the state your practice is located.
15. ARROW down past the **PV_STATE** and go to page 2 of the Provider table.

PROVIDER TABLE PAGE 2.

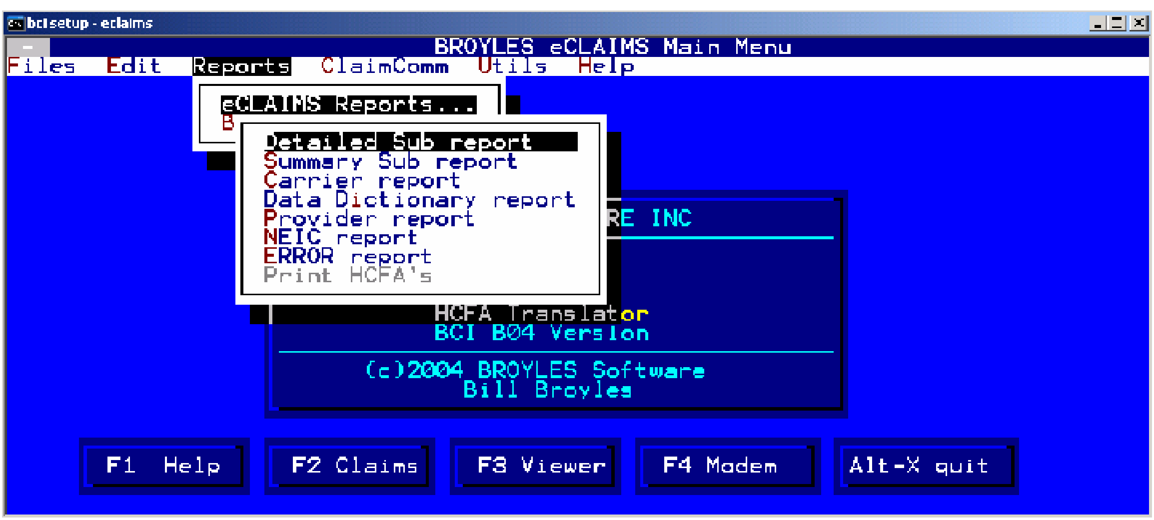


16. **PV_ZIP**, is for the PAT TO zip code
17. **PV_PHONE**, is for the telephone number the carrier would call if they had questions about the claim.
18. **SOF**, is filled in for you and should not be altered.
19. **SOF_DATE**, is left blank.
20. **UPIN**, is left blank.
21. **STLICNO**, is for your **TAXONOMY CODE**. This code is now required for HIPAA and is simply a specialty code identifying the type of provider. MD, PT, etc. You can find the Taxonomy code at www.broylessoftware.com, click on FAQ AND DOWNLOADS.
22. **CLINICNO**, is for the **Providers GROUP** number if they have one.

STEP 7. Print out the eCLAIMS DETAIED SUB-REPORT. Go to:

➔ **eCLAIMS Reports** ➔ **Detailed Sub-Report** ➔ **LPT1:**

This report will list the claims that are ready to send by carrier code, total number of claims and the total dollar amount. This report should match the report you get from THIN.

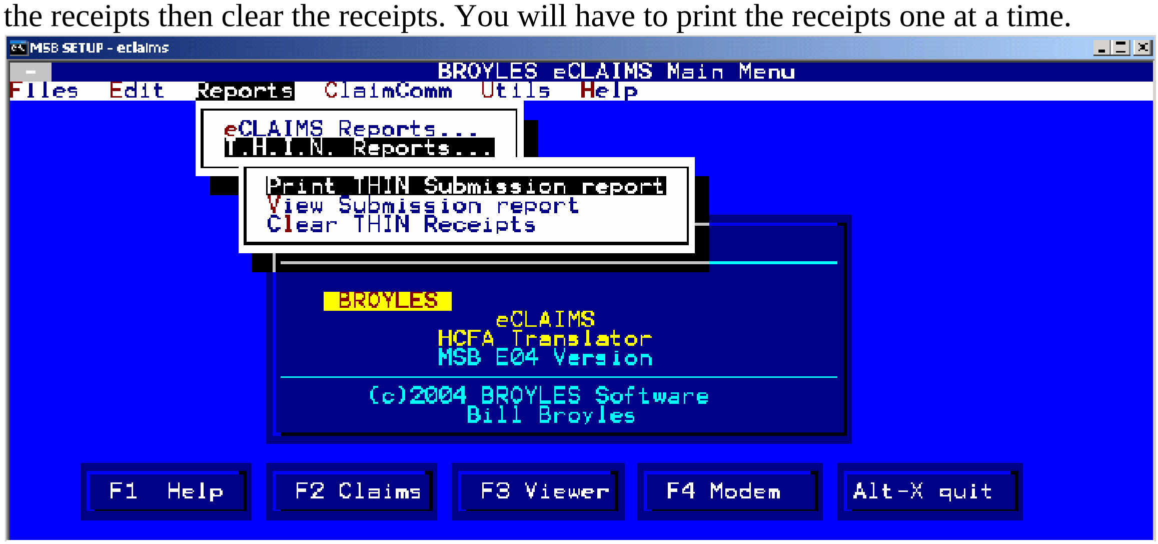


STEP 8. Send claims to your clearinghouse, The process is automated; do not react to the requests from the BBS system to press any keys. This will stop the transmition. eCLAIMS will send the claims and download available receipts in one step. If you choose to use other methods to transfer the claim file generated by eCLAIMS and download your reports from the clearinghouse, please refer to **STEP 8 CONTINUED**.

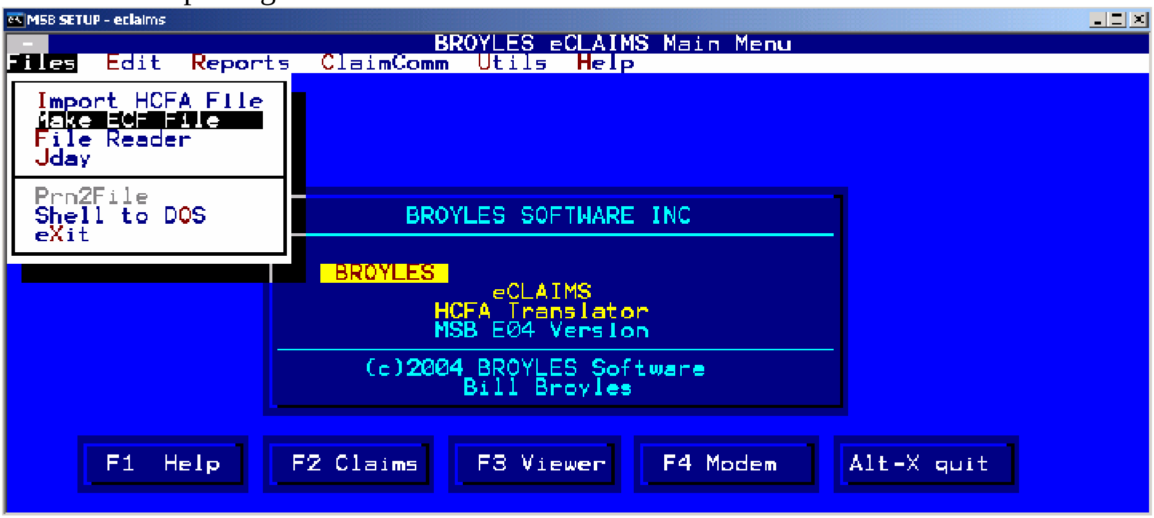
To send claims for test or production go to: **Claimcom Menu ➔ Send MSB Claims**. When the transmition is complete press **ALT X** then **Y** to exit Claimcom. .

Each batch you send will generate an Initial Response receipt in about 1 hour from THIN. The Initial Response receipt totals should match the Detailed Sub Report from **STEP 7** confirming the transmition. If there were no receipts downloaded when you sent claims, wait for 1 hour and select **Get Receipt from MSB** to download any receipts available from THIN. There will be receipts the following day from Regence, BCI and Web MD (commercial claims) that eCLAIMS will automatically download after sending the claims. If you do not get receipts, wait and try **Get Receipts from MSB** again. If there are still no receipts, call Regence to confirm if they received a transmition from you and there are receipts available for that specific days transmition to download. If you still can not get receipts, send Broyles a sample and call for tech support.

Printing the THIN Receipts. After downloading the receipts, go to the reports menu and select T.H.I.N Reports. You have 3 choices in the sub menu. 1. **Print THIN Submission report** 2. **View Submission report** 3. **Clear THIN Receipts**. We suggest that you print the receipts then clear the receipts. You will have to print the receipts one at a time.



STEP 8 CONTINUED Use this step to prepare the electronic claims file to send to the THIN clearinghouse if you are using your own terminal program. To create the file that you will send to THIN, go to the file menu and select **Make ECF file**. The file is named SENDME.ZIP and is located in the eCLAIMS folder C:\eCLAIMS on your hard drive. If you did not install eCLAIMS in the default folder, you will have to determine the location where eCLAIMS is installed. Open eCLAIMS, from the file menu select SHELL to DOS, this will take you to a DOS prompt that lists the drive and folder eCLAIMS was installed. DRIVE LETTER\eCLAIMS. Do **STEP 3 IMPORT CLAIMS** and **STEP 8 CONTINUED Make ECF File** again if you make changes to the Provider or Carrier tables after importing.



That's it! You can now transfer the electronic claims file (SENDME.ZIP) for testing or production claims to THIN using your terminal program. Follow the THIN instructions or your terminal programs instructions for transferring and downloading files. You will also download error reports from THIN using your terminal program. Check the reports to ensure claim totals match with the Detailed Sub-Report in **STEP 7**. Check for rejected claims and re-create a **CORRECTED HCFA** print file for the rejected claims (see **STEP 3** above).

SETTING INSURANCE CARIERS TO PRODUCTION

1. After you are approved for production you will have to set the carriers to production before sending production claims. To set eCLAIMS to flag all insurance carriers to production status: Select **Utils ➔ Set Carriers to PRODUCTION**.

SENDING A SAMPLE TO BROYLES SOFTWARE

PLEASE SAVE FOR REFERENCE

SENDING A SAMPLE FILE TO BROYLES SOFTWARE USING ECLAIMS OR EMAIL

If you are having any problems with eCLAIMS then we will need you to send a sample in all cases. The sample automatically includes all your data bases and an eCLAIMS error report we can refer to for trouble shooting, just as if we were in your office. Use one of the methods below to send Broyles a sample.

If you are receiving error reports from the clearinghouse or insurance carrier with specific claims in error. Re-bill some of the errored claims on the report and import them into eCLAIMS just as you normally do. Then use one of the methods below to send Broyles a sample. The sample goes to Broyles Software for trouble shooting only and does not get sent to the clearinghouse for processing. After sending the sample, fax any error report to 509-758-0249 or add the report to your email. Add a message describing the problem to your email or fax.

To send a sample file using eCLAIMS:

1. Create a batch of claims that include claims that are in the error report.
2. Open eCLAIMS and import the claims that include the patients with claims in error.
3. Go to the "CLAIMCOM" menu and then "Send Broyles Samples". eCLAIMS will automatically log you into the Broyles Software bulletin board system and transfer the file. All you have to do is wait for the process to complete and press [ALT] + [X] to exit CLAIMCOM when prompted by the program.

To email a sample file:

1. Create a batch of claims that include the patient's claims that are in error.
2. Open eCLAIMS and import the claims that are in error.
3. Close eCLAIMS and open your email program.
4. Send the email to ljc@cableone.net
5. Attach the sample file SENFILE.BCF to the email, the file is in the eCLAIMS folder C:\eCLAIMS. If you did not install eCLAIMS in the default folder, you will have to determine the location where eCLAIMS is installed. Open eCLAIMS, from the file menu select SHELL to DOS, this will take you to a DOS prompt that lists the drive and folder eCLAIMS was installed. ?\eCLAIMS. Go to this drive to find the eCLAIMS folder and sample file SENDFILE.BCF.
6. If you are not familiar with attaching files to an email, please ask your system administrator for help.
7. You can add an explanation to the email of the errors you are getting.
8. Send the email and fax the error report to 1(509) 758-0249.

When we identify the problem, we will call, fax or email you instructions how to fix the errors. There may be an update. The fax will have instructions for the update. The email will have the update attached with instructions.