

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22

PES: Provider Electronic Solutions General Billing Guide

DRAFT Version 1.0

March 31, 2008



23
24
25
26
27
28
29
30
31
32
33
34

TABLE OF CONTENTS

1	About Provider Electronic Solutions (PES)	1
1.1	Getting Started	1
1.2	Getting Help.....	1
1.3	Main Menu.....	1
1.4	Setting Up Personal Options.....	1
1.5	Building Lists.....	4
1.6	Additional Information	7
1.7	Submitting Claims Through the Web Server.....	10

1 ABOUT PROVIDER ELECTRONIC SOLUTIONS (PES)

Please consult the *Provider Electronic Solutions (PES) User Manual* for more information concerning this software. Information is available on the Florida Medicaid EDS website, <http://mymedicaid-florida.com>.

For additional assistance with PES and/or this guide, please contact the EDI Helpdesk at 1.800.289.7799, option 3 or contact your local field representative.

1.1 Getting Started

1. PES software and the related User Manual are available for download at EDS' website, <http://mymedicaid-florida.com>.
2. Double Click the FL MMIS PES icon located on your desktop or access PES by clicking Start, All Programs, FL EDS Provider Electronic Solutions;
3. Enter 'eds-pes' as the user password. The default user ID should remain as: 'pes-admin.' Click OK; and
4. After initial logon, users are required to change their password. Passwords should be alphanumeric, a minimum of five characters, and a maximum of ten. Follow software prompts.

1.2 Getting Help

Please consult the *PES User Manual* and related billing guides for more information concerning this software. Information is available on the Florida Medicaid EDS website, <http://mymedicaid-florida.com>.

For additional assistance with PES and/or this guide, please contact the EDI Helpdesk at 1.800.289.7799, option 3 or contact your local field representative.

1.3 Main Menu

There are nine menu options across the top of the screen:

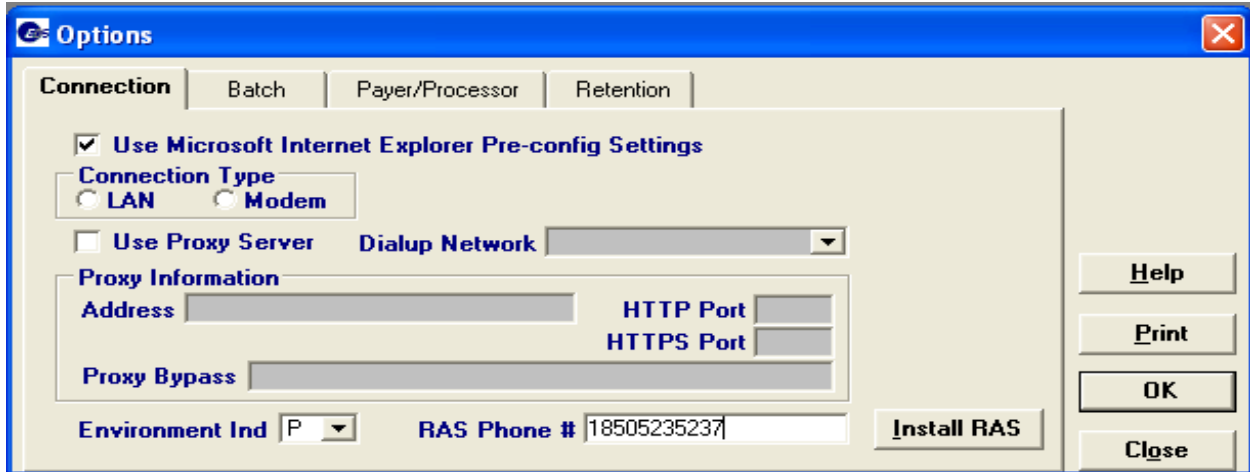
File, Forms, Communication, Lists, Reports, Tools, Security, Window, and Help.

1.4 Setting Up Personal Options

After initial logon, a screen appears prompting user to enter Personal Options. There are four tabs included in Personal Options. Personal Options may also be accessed by clicking Tools, Options.

1. **Connection Tab:** Configure connection to the Medicaid website for claim submission.

2. **Batch Tab:** Set up a Trading Partner ID, Web logon ID, password to log onto the Medicaid website, and the requester’s contact information.
3. **Payer/Processor Tab:** Access your system’s payer/processor information.
4. **Retention Tab:** Establish retention settings for archive days, batch information, verification information, logs, and password expiration.



Connection Tab: Required

Field	Guidelines
Use Microsoft Internet Explorer Pre-config Settings	If checked, the pre-config settings within your Internet Explorer will be accessed to connect to the batch submission website.
Connection Type	If the Internet Explorer Pre-config Settings option is not checked, you must choose either LAN or Modem to identify how the PC connects to the Internet.
Use Proxy Server	If the Internet Explorer Pre-config Settings option is not checked and your Internet access is filtered through a Proxy Server check this setting.
Dialup Network	If you choose the Modem Connection Type, you must select one of the Dialup Networks from the drop-down box. If you do not have an option listed, follow the instructions for the <i>Install Remote Access Server (RAS)</i> button.
Proxy Information – Address	To obtain the address of your proxy server, right-click on the Internet Explorer icon and left-click on properties. Click on the Connections tab and then click the LAN Settings button to obtain the proxy address. NOTE: This may not work in all networked environments.
HTTP Port	To obtain the HTTP Port of your proxy server right-click on the Internet Explorer icon and left-click on properties. Click on the Connections tab and then click the LAN Settings button. Click on the Proxy Server-

Field	Guidelines
	Advanced button; review the Port information for HTTP: NOTE: This may not work in all networked environments.
HTTPS Port	To obtain the HTTPS Port, follow the instructions above under HTTP Port and enter the <i>Secure port number</i> in this field. NOTE: This may not work in all networked environments.
Proxy Bypass	The Proxy Bypass information is found on the same window as the HTTP and HTTPS ports in the Exceptions text area. NOTE: This may not work in all networked environments.
Environment Ind	Indicate if the submission is Production or Test. Remember, if you have your indicator as Test your claims will not be paid.
RAS Phone #	If you use a dialup modem, enter '18505235237'. If your phone service requires additional dialing features, you may adjust this number to add those features, For example, to dial a '9' to get an outside line, this would be entered as: 9, 18505235237
Install RAS	If you choose to use a dial-up modem to connect to Medicaid, you must choose a Dialup Network option provided. If you have no option provided, click the <i>Install RAS button</i> and the option FL RAS will be available to you. Note: Due to a delay in installing RAS, the user may have to click on the 'LAN' option and then back to the 'Modem' option for the RAS Dial-up Network to display.

Batch Tab: Required

Field	Guidelines
Web Logon ID	Enter your Web Logon ID. If you are a first time user of the secure Web portal, you will need to set-up your Web Logon ID and password. A PIN letter from EDS is required in

Field	Guidelines
	order to get started. If you have not received a PIN letter, please call the EDS Provider Contact Center at 1-800-289-7799, Option 0, available 7am – 6pm, Monday through Friday.
Web Password	Enter your Web Logon Password. If you are a first time user of the secure web portal, you will need to set-up your Web Logon ID and password. A PIN letter from EDS is required in order to get started. If you have not received a PIN letter, please call the EDS Provider Contact Center at 1-800-289-7799, Option 0, available 7am – 6pm, Monday through Friday.
Entity Type Qualifier	Choose the best value to indicate if this request comes from a Person (qualifier 1) or Non-Person (qualifier 2). A Non-Person would refer to a group or facility. A Person would indicate an individual billing provider.
Last/Org Name	If billing as an individual provider, enter the Last Name of the provider. If billing as an Organization or group, enter the facility's name.
First Name	If billing as an individual provider, enter the First Name of the provider.
Contact Phone #	Enter the phone number of the software's user. Only numerical characters are allowed (no dashes, no periods.)
Trading Partner ID	If you have used the software previously, continue using the same Trading Partner ID. If you need a new Trading Partner ID contact the EDI Helpdesk at 1.800.289.7799, option 3.

Payer/Processor Tab: No Action Needed

This tab contains your system's Payer/Processor information. The fields on this screen will populate automatically and should not be altered unless directed by EDS.

Retention Tab: No Action Needed

Retention settings indicate the number of day's worth of data the software should save. Users may set retention settings as required, or may retain the default settings.

Click *OK* to save the information entered in Personal Options.

1.5 Building Lists

PES provides the option of building lists as a separate task, or building (adding to) them while creating a claim. Provider and Recipient are among the most commonly used lists.

Provider List: Required

The Provider list allows you to collect detailed information about providers that can then be automatically entered into forms. To access this list, click Lists, Provider.

Field	Guidelines
Provider ID Code Qualifier	Choose a value based on the information entered in the Provider ID. '1D' – Indicates the number entered in the field is a billing Medicaid Provider number. 'XX' – indicates the number entered in the field is an NPI number. '0B' – indicates the State License Number of the Attending Physician.
Provider ID/NPI/License #	Enter the Provider's ID/NPI License Number according to the format and policy in the <i>Florida Medicaid manual</i> . A Provider's ID will be nine characters in length and an NPI will be 10 characters in length. A State License number can also be entered, such as ME9999999.
Entity Type Qualifier	Choose a value based on the information entered in the Provider ID field. '1' – Indicates the number entered in the field belongs to a Person. '2' – Indicates the number entered in the field belongs to a Non-Person.
Taxonomy Code	This field lists the code designating the provider type, classification, and specialization. Required if registration with Florida Medicaid for NPI included Taxonomy Code.
Last/Org Name	Based on the information entered in the Provider ID field, enter the Organization Name of the facility or the provider's Last Name.
First Name	If a '1' was chosen in the Entity Type Qualifier field, enter the provider's First Name.
SSN/Employer ID	Enter the individual provider's nine-digit Social Security Number or the Employer Tax Identification Number of the party being referenced. Note: If entering an Employer Tax ID, include a hyphen after the two leading digits. Ex: 55-5555555

Field	Guidelines
SSN/Employer ID Qualifier	Choose the best value: 24 – Employer’s Identification Number (Tax ID) or 34 – Social Security Number.
Provider Address – Line 1	Enter the facility or Provider’s primary street Address.
Line 2	Enter additional street information such as apartment number, or suite. This field is optional.
City	Enter the facility or provider’s City.
State	Enter the facility or provider’s State.
Zip+4	Enter the facility or provider’s Zip Code plus the four-digit Zip Code extension.

Click *Save* to save the record.

The system returns error messages if the record contains errors. Scroll through the error messages and *double-click on each error* to access the field on the record that contains the error. Correct the mistake(s) and click *Save*. Click *Add* to add another record.

Recipient List: Required

The Recipient list allows you to collect detailed information about recipients that can then be automatically entered into forms. To access this list, click Lists, Recipient.

Fields	Guidelines
Recipient ID	Enter the Recipient’s ten-digit Florida Medicaid ID.
ID Qualifier	This field auto-defaults to its proper settings, MI: Member ID.

Fields	Guidelines
Account #	Enter the recipient’s Account Number if your facility has assigned one to the recipient. This is the provider’s internal record number for the patient. If no account number has been assigned, enter a ‘0’.
SSN	Enter the recipient’s nine-digit Social Security Number. This field is optional.
Last Name	Enter the recipient’s Last Name according to their eligibility verification.
First Name	Enter the recipient’s First Name according to their eligibility verification.
MI	Enter the recipient’s Middle Initial according to their eligibility verification. This field is optional.
DOB (Date of Birth)	Enter the recipient’s Date of Birth in MM/DD/CCYY format.
Gender	Choose the best value to indicate the recipient’s gender.
Recipient Address – Line 1	Enter the Recipient’s primary street Address.
Line 2	Enter additional street information such as apartment number, or suite. This field is optional.
City	Enter the recipient’s City.
State	Enter the recipient’s State.
Zip	Enter the recipient’s Zip Code plus the four-digit Zip Code extension.

Click *Save* to save the record.

1.6 Additional Information

When *Other Insurance (OI)* is involved you must build the policy holder information

Field	Guidelines
Recipient ID	This information will pull from your recipient list. NOTE: This is the 10-digit Medicaid Recipient ID.
Group #	Input the other insurance policy ID Number.
Carrier Code	Choose the appropriate Carrier Code from your Carrier list. If you have not added the Carrier Code to your list, double-click on this field. This is a unique identifier for the Other Insurance. See below for detailed screen shot. NOTE: For an external code list please refer to http://mymedicaid-florida.com
Carrier Name	This field will auto-populate based on the information given in the Carrier Code screen; see below for detailed screen shot.
Other Insurance Group Name	Input the Group Name of the Other Insurance.
Insurance Type Code	Choose the best value.
Relationship to Insured	Choose the best value.
Last Name	Input the Last Name of the policy holder.
First Name	Input the First Name of the policy holder.
ID Code	Input the member ID Code of the policy holder.
ID Qualifier	Choose the best value.

Field	Guidelines
Date of Birth	Input the Date of Birth for the policy holder
Gender	Input the Gender of the policy holder
Policy Holder Address	Input the Address of the policy holder.
Patient ID	If applicable, input the secondary member Patient ID of the policy holder.
ID Qualifier	Choose the appropriate ID Qualifier from the drop down menu.

The screenshot shows a software window titled "Carrier". It contains the following elements:

- Carrier Code:** A text input field.
- Carrier Code Qualifier:** A dropdown menu.
- Carrier Name:** A text input field.
- Table:** A table with three columns: "Carrier Code", "Carrier Code Qualifier", and "Carrier Name". The table is currently empty.
- Toolbar:** A vertical stack of buttons on the right side: "Add", "Delete", "Undo All", "Save", "Find...", "Print...", "Help", "Select", and "Close".

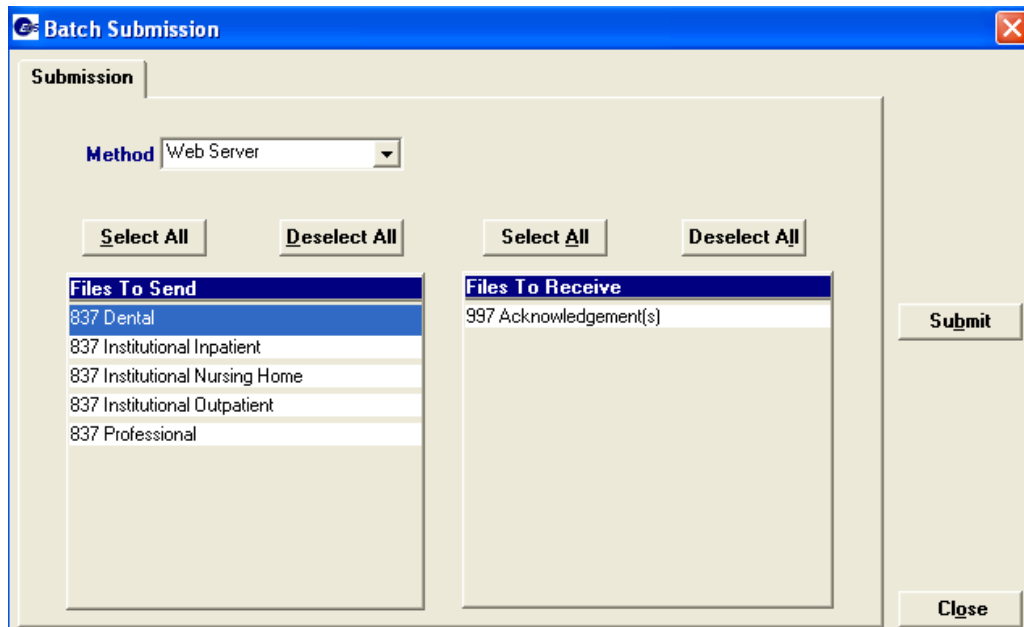
Field	Guidelines
Carrier Code	This is a unique identifier for the other insurance. NOTE: For an external code list please refer to http://mymedicaid-florida.com
Carrier Code Qualifier	Choose the best value.
Carrier Name	Input the Carrier Name of the other insurance.

The system returns error messages if the record contains errors. A separate pop-up window will appear for each error. Correct the mistake(s) and click *Save*.

Click *Add* to add another record.

1.7 Submitting Claims Through the Web Server

From the Main Menu, select Communication, Submission to display the Batch Submission window, pictured below:



1. Determine which files you want to send from the *Files to Send* list.

Choose *Select All* to select all files to send, *Deselect All* to undo any selections you have made, or use the mouse (click once with the left mouse button) to select one form at a time, or multiple form types for submission.

2. Click *Submit* to send files.

Provider Electronic Solutions connects to the Web server and sends the transmission. The Verification Log (accessible by selecting Communication, View Verification) and the Communication Log (accessible by selecting Communication, View Communication Log) provide information regarding the transaction.

3. After submission, perform the next steps to receive the response from the Web server.
4. Select Web server as the correct submission method from the *Method* drop-down list.
5. Determine which files you want to receive from the *Files to Receive* list.

Choose *Select All* to select all files to receive, *Deselect All* to undo any selections you have made, or use the mouse (click once with the left mouse button) to select one form at a time, or multiple form types for submission.

6. Click *Submit* to receive files.

Provider Electronic Solutions connects to the Web server and receives the transmission. The Verification Log (accessible by selecting Communication, View Verification) and the Communication Log (accessible by selecting Communication, View Communication Log) provide information regarding the transaction.

Note: When you submit batch transactions, you must wait a period of time (fifteen minutes to two hours, depending on the time of day you submit) to download the responses. Therefore, when you access the Submission window and elect to receive files, remember you may be *receiving responses to your last transmission, not necessarily the current transmission.*

Note: Rejected claims will not appear on your Remittance Advice.

Note: Submitted files are stored on the *FLhipaa\temp* folder. To open the file(s), select the Notepad or UltraEdit program.

Note: Response files are stored on the *FLhipaa\verify* folder. To open the file(s), select the Notepad or UltraEdit program.

Please consult the *PES User Manual* for more information concerning this software. This document is available on the Florida Medicaid website, which is <http://mymedicaid-florida.com>.