

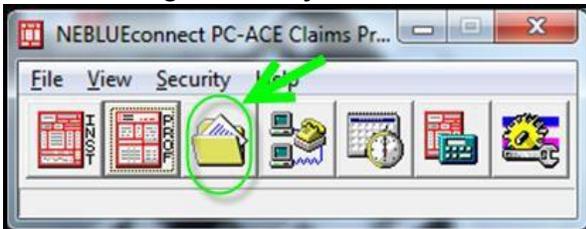
# NEBlueConnect: PC-ACE Professional Provider Setup

## CREATING A PROFILE

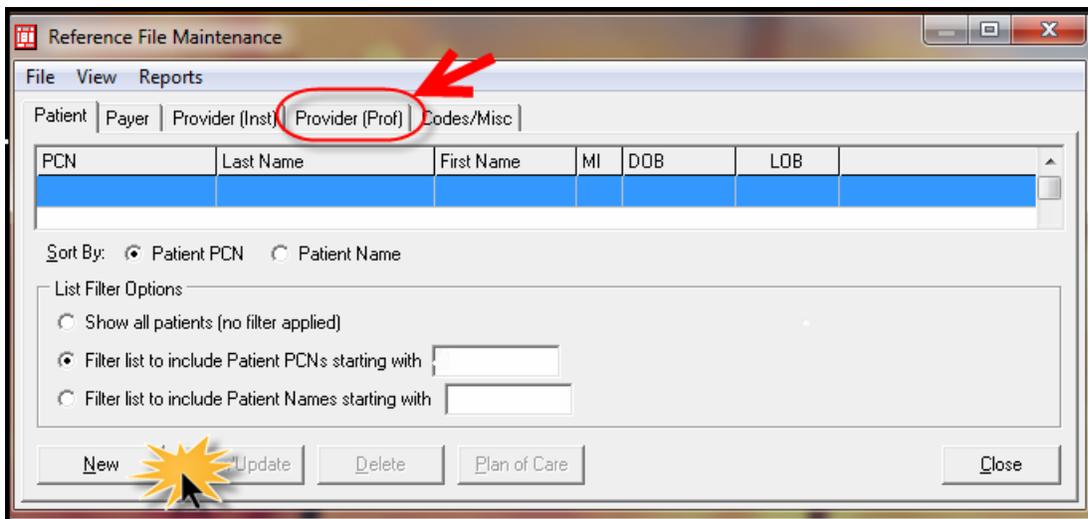
To set up a Professional Provider, providers who bill with a HICFA 1500 will need to create a Professional Provider profile and Submitter profile.



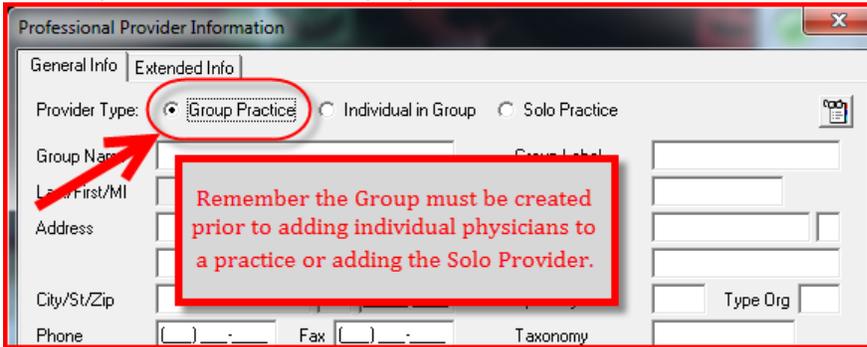
1. Log in into PC-ACE – click on the  icon.
2. You will then go to the **Reference File Maintenance** (the third icon from the left).



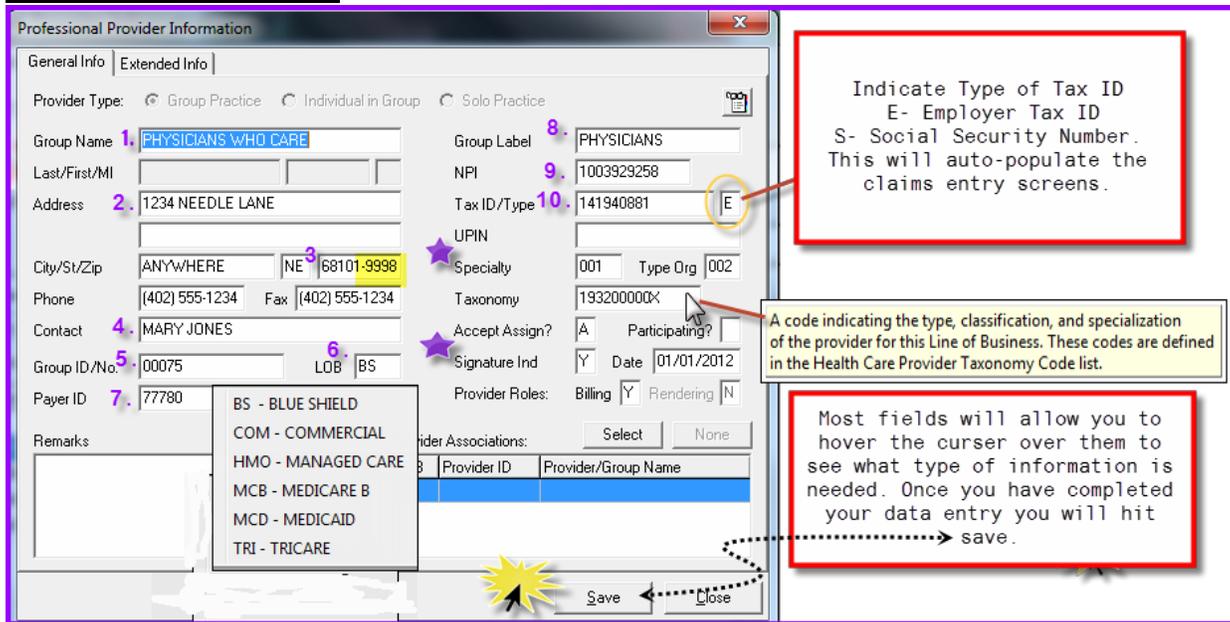
3. When the **Reference File Maintenance** screen pops up, you will need to select the **Provider (Prof)** tab and click **New**.



4. **Provider Setup:** If you are billing for a practice of multiple providers or 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.



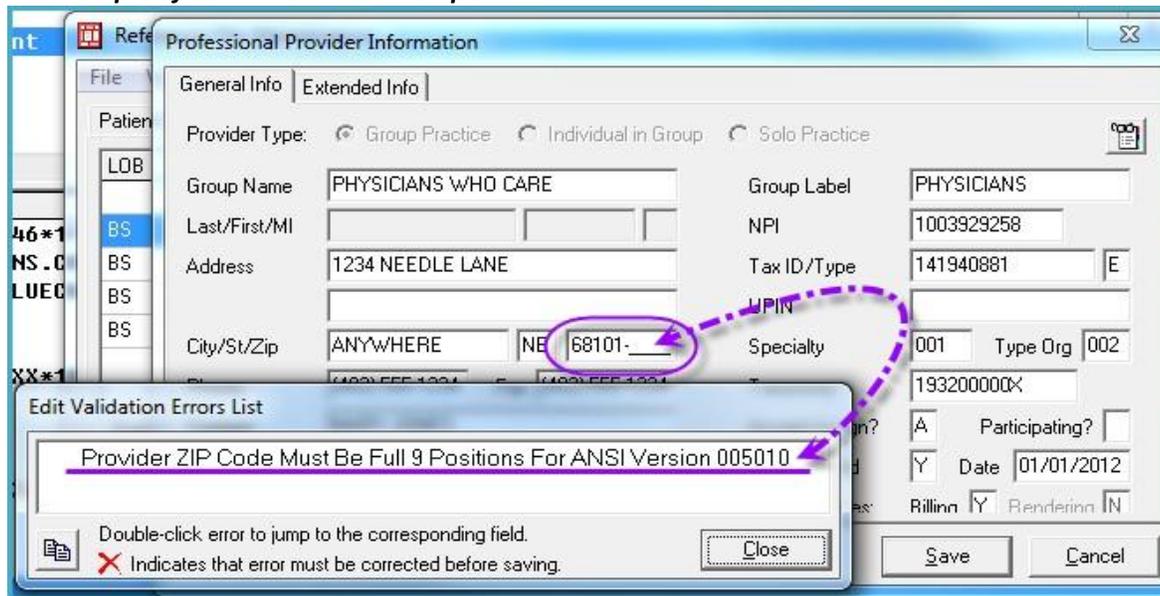
### Creating a Group Practice



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

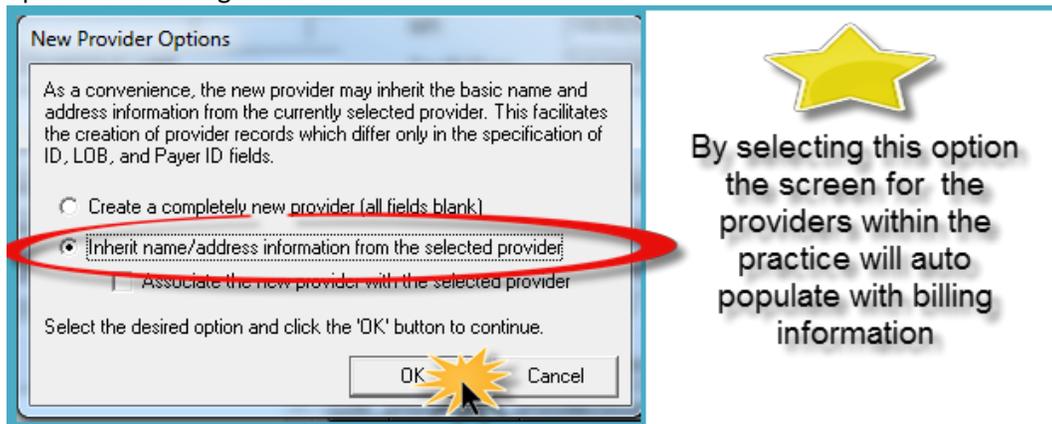
**Note:** SAVE your data. If anything is missing, you receive a prompt.

- **Example of Validation Error Prompt**

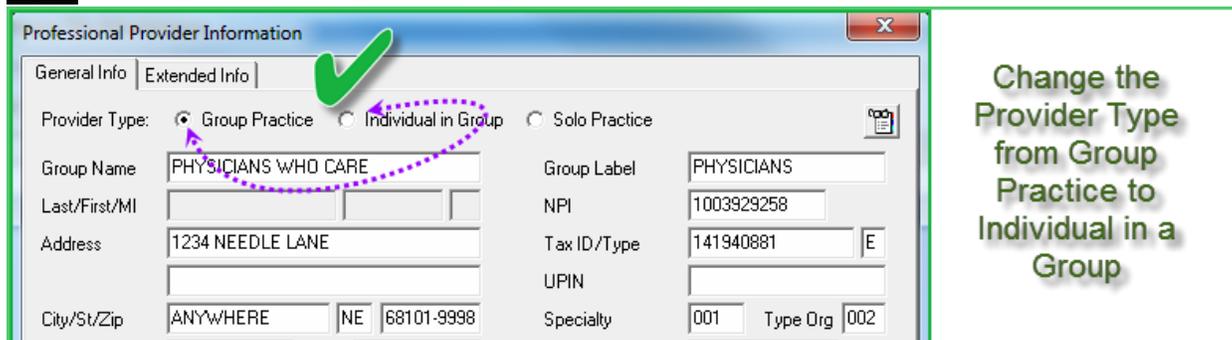


### **Adding a Provider to the Group**

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:**



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

**Professional Provider Information**

General Info | Extended Info

Provider Type:  Group Practice  Individual in Group  Solo Practice

Organization: [Empty] Group Label: [Empty] **Right Click** [Icon]

Last/First/MI: [Empty] NPI: 1003929258

Address: 1234 NEEDLE LANE Tax ID/Type: 141940881 [E]

City/St/Zip: ANYWHERE NE 68101-9998 UPIN: [Empty]

Phone: (402) 555-1234 Fax: (402) 555-1234 Specialty: 001 Type Org: 002

Contact: MARY JONES Taxonomy: 19320000X

Provider ID/No.: 00075 LOB: [Empty] Accept Assign?: A Participating?:

Payer ID: [Empty] Tag: [Empty] Signature Ind: Y Date: 01/01/2012

Provider Roles: Billing N Rendering Y

Remarks: [Empty] Provider Associations: [Select] [None]

LOB	Provider ID	Provider/Group Name

Save Cancel

*In this screen you will need to add the name of the provider, the Group Label - found by Right clicking and the Rendering Doctors NPI. Delete Group- Type II NPI. Then hit Save*

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

**Professional Provider Information**

General Info | Extended Info

Provider Type:  Group Practice  Individual in Group **1.  Solo Practice**

Organization: **2. FINE SPINE CHIRO** Group Label: [Empty]

Last/First/MI: SMITH BOB **7. NPI**: 1003929258

Address: **3. 1212 WILSON AVE** **8. Tax ID/Type**: 462034789 [E]

City/St/Zip: NORFOLK NE **68701-9998** **9. Specialty**: [Empty] Type Org: [Empty]

Phone: (402) 379-2020 Fax: [Empty] **10. Taxonomy/Type**: 111N00000X

Contact: FRAN **11. Accept Assign?**: A Participating?:

Provider ID/No.: **4. 1730000** **5. LOB**: BS **12. Signature Ind**: Y Date: 10/10/2010

Payer ID: **6. 77780** **★ Provider Roles**: Billing Y Rendering N

Provider Associations: [Select] [None]

LOB	Provider ID	Provider/Group Name

Save Cancel

**This is the number BCBSNE assigns you for claims submission.**

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.

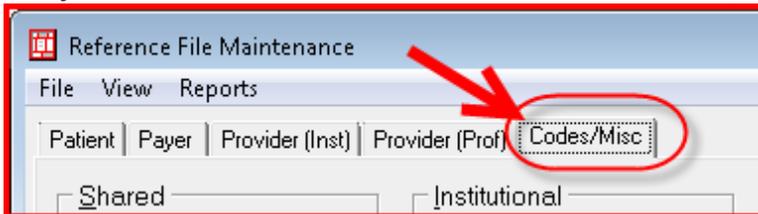
*(Continued)*

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.

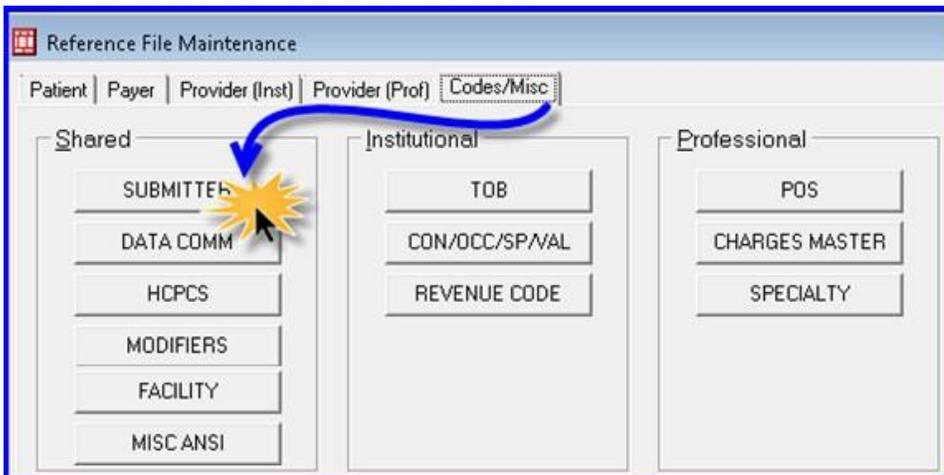
## SUBMITTER DATA

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**.

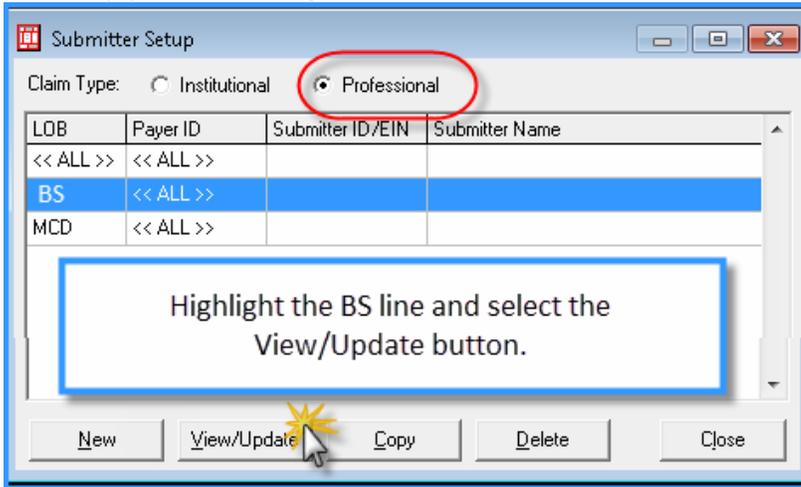


The screen will now load with a number of options. To transmit electronic claims to BCBSNE, you must set up your Submitter data. Select the *Submitter* button.



**(Continued)**

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



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.

### Step 1

Professional Submitter Information

General Prepare ANSI Info ANSI Info (2) ANSI Info (3) ANSI Info (4)

LOB  Payer ID

ID  EIN

Name

Address

City  State  Zip

Phone  Fax  Country

Contact

E-Mail

Save Cancel

*(Continued)*

## Step 2

Professional Submitter Information

General | **Prepare** | ANSI Info | ANSI Info (2) | ANSI Info (3) | ANSI Info (4)

Include Error Claims  Vendor

Submission Status  Intermediary

EMC Output Format  Next Serial No.

ANSI Ver (837 Prof)

ANSI Ver (837 Dent)

ANSI Version (270)

ANSI Version (276)

EMC File

Force Separate Prepare

Save Cancel

## Step 3

Professional Submitter Information

General | Prepare | **ANSI Info** | ANSI Info (2) | ANSI Info (3) | ANSI Info (4)

Submitter Intchg ID Qual.  Acknowledgment Requested

Receiver Intchg ID Qual.

Authorization Info

Security Info

Additional Submitter EDI Contact Information (Number & Type)

#1	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>
#3	<input type="text"/>	<input type="text"/>

Save Cancel

(Continued)

## Step 4

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)	1730129X
Interchange Receiver ID (ISA08)	NEBLUECONNECT
Application Sender's Code (GS02)	PCACE
Application Receiver's Code (GS03)	NEBLUECONNECT
Submitter Primary Identifier (NM109/1000A)	1730129X
Receiver Name (NM103/1000B)	NEBLUECONNECT
Receiver Primary Identifier (NM109/1000B)	

Enter the UNIQUE Trading Partner/Submittor number sent to you by EDI Support. The number starts with 173XXXX

Save Cancel

**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 [edisupport@nebraskablue.com](mailto:edisupport@nebraskablue.com) or call 888-233-8351, option 3.