



INSTRUCTION SHEET :

WINHECET TO HEALTH-E CLAIM CONVERSION



The following requirements will need to be completed prior to your upgrade appointment, if you have any questions please contact your assigned trainer prior to the appointment. The following steps need to be completed to avoid having to reschedule your Upgrade/training appointment

- I. **Provider information and Format** - ENS can import your provider information and format into Health-e Claims for you, before your training appointment. ENS will need to have copies of your provider databases; this information needs to be sent to ENS. To do this, click on the yellow telephone icon in Winhecet to connect to ENS, once connected, go to Send and select Provider Information and Format File. Once these files have completed sending, you can disconnect. Sending the provider information will allow you to bypass the “Manage Provider Information” section in the Health-e claims training document.
- II. **Electronic Claims** – Please have at least 2 or 3 claims to send to ENS, live claims are required for a successful installation, rather than test data. Live claims will be used to verify the accuracy of your mapping and setup.
- III. **Health-e Claims Manual** – Refer to the attached Health-E Claims manual for your reference and to make yourself familiar with the product. Your trainer will still train and assist you with Health-E Claims.
- IV. **Frequently Asked Questions** – Refer to the FAQ section of this document to familiarize yourself with the differences between Winhecet and Health-E Claims.



INSTRUCTION SHEET :

Health-E Claims



Manage Provider Information

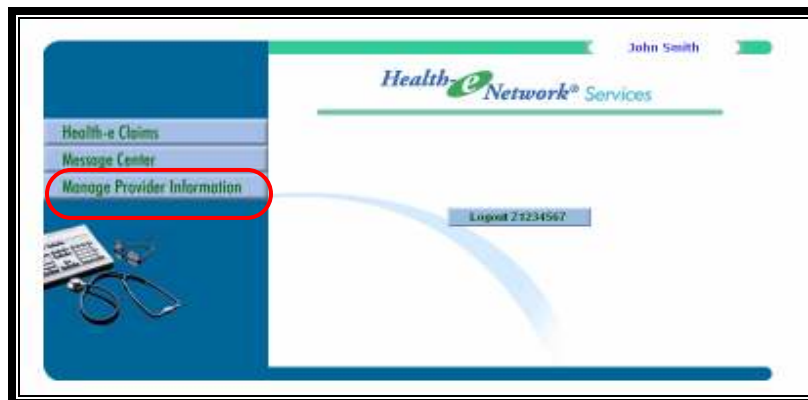
1. Open your Web Browser and navigate to WWW.ENSHEALTH.COM , once the web page has loaded, click the *Client Access* button on bottom right hand corner of the web page.



2. Here you will be prompted to enter your *Username*, *Password* and *Organization ID*.



3. Once logged in, the first step is to setup your Provider Information, click on *Manage Provider Information* option.



- In the *Manage Provider Information* section, you will need to enter all the *Facilities* (Place Of Service, Box 32), the *Billing Address* (Box 33) and the *Providers* (Box 31).

- The first step is to enter the Facilities, click on *Create New Facility Address*.



Enter the name and address of the facility, the Name of the Facility **MUST** match exactly what appears on the claim output from your Practice Management Software.



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- Once the Facility is entered click *Save* and click on *Manage Provider Information* again. Repeat step 5 for all Facilities that need to be entered.
- The next step is to enter the Billing Address. Click on *Create New Billing Address*.



- Enter the *Billing Address*. Enter the Billing/Remittance address that would appear in Box 33 of the HCFA claim form and then click *Save*.

- Once the billing address is entered, the Provider needs to be entered. Click on *Create New Provider*.



10. Enter the Provider Demographics and then click *Save*.

Provider

Required Fields *

First Name* John
 Middle Initial
 Last Name* Smith
 Degree MD
 TIN/SSN* 123456789 Type Tax ID #
 UPIN
 Specialty Code Cardiac Surgery
 Billing JOHN SMITH
 Default Facility JOHN SMITH MD
 Other Facilities:
 JOHN SMITH MD
 Save

11. Click on *Manage Provider Information*, all the Provider information that was entered will be displayed. This information can be edited at any time. New Facilities, Billing Addresses and Providers can be added also.

Manage Provider Information

Provider(s)

Name	Tax ID/SSN	Edit	Delete
SMITH, JOHN	123456789	Edit	Delete

Billing Address(es)

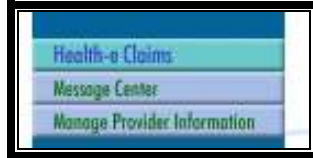
Name	Address	Edit	Delete
JOHN SMITH	PO BOX 20	Edit	Delete

Facility Address(es)

Name	Address	Edit	Delete
JOHN SMITH MD	123 FAKE ST SUITE 103	Edit	Delete

Sending Claims

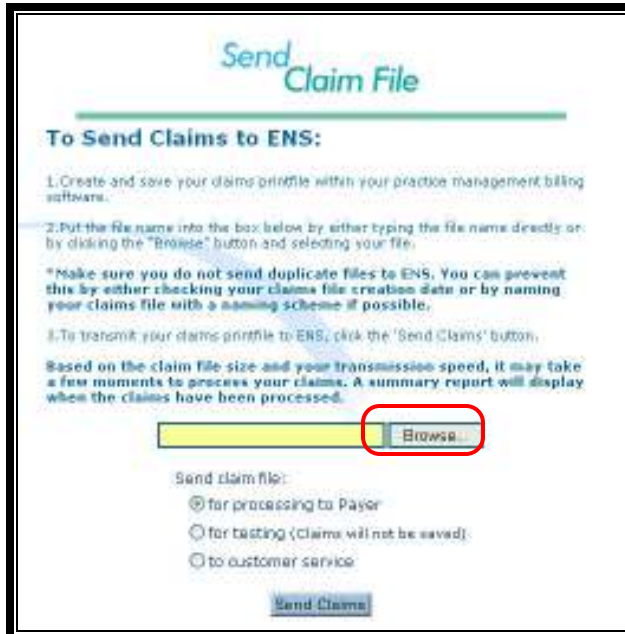
1. Click on the *Health-E Claims* button on the website.



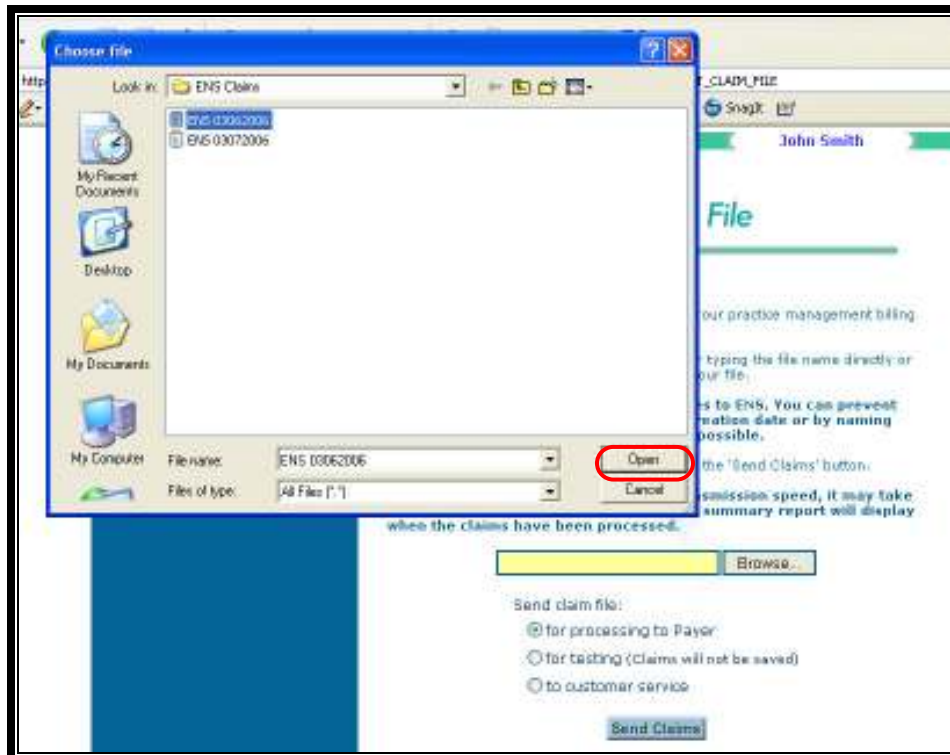
2. Send claims by clicking on *Send Claim File*.



3. Click on *Browse*.

A screenshot of the "Send Claim File" page. The page has a title "Send Claim File" and a subtitle "To Send Claims to ENS:". Below the subtitle, there are three numbered instructions: 1. Create and save your claims printable within your practice management billing software. 2. Put the file name into the box below by either typing the file name directly or by clicking the "Browse" button and selecting your file. 3. To transmit your claims printable to ENS, click the "Send Claims" button. Below the instructions, there is a text box for the file name and a "Browse..." button. The "Browse..." button is circled in red. Below the text box, there are three radio buttons: "for processing to Payer" (selected), "for testing (claims will not be saved)", and "to customer service". At the bottom of the page, there is a "Send Claims" button.

4. Select the necessary ENS claim file and click *Open*.





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5. Once file has been selected, click on *Send Claims*.

Send Claim File

To Send Claims to ENS:

1. Create and save your claims printfile within your practice management billing software.
2. Put the file name into the box below by either typing the file name directly or by clicking the "Browse" button and selecting your file.
***Make sure you do not send duplicate files to ENS. You can prevent this by either checking your claims file creation date or by naming your claims file with a naming scheme if possible.**
3. To transmit your claims printfile to ENS, click the 'Send Claims' button.

Based on the claim file size and your transmission speed, it may take a few moments to process your claims. A summary report will display when the claims have been processed.

C:\ENS Claims\ENS_03072001 Browse...

Send claim file:

- for processing to Payer
- for testing (Claims will not be saved)
- to customer service

Send Claims



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- 6. The following *View Results* box will appear. This will enable you to correct the claims that had errors and resubmit if necessary. To fix an Erred Claim, click on the *Fix Claim* button.

The screenshot displays the 'View Results' page in the Health-e Claims system. It includes a navigation sidebar on the left and a main content area with a summary table and a list of individual claims with error details.

Summary of file submitted 02-16-2007 1:06:54 PM

Claim Status	Claim Count	Value
Erred Claims	5	\$41,3683.73
Accepted Claims	3	\$202759.20
Paper Claims	0	\$0.00
Invalid Claims	0	\$0.00
Total	8	\$616441.92

Erred Claims

Patient Name	Date of Service	Payer	Claim Total	Fix Claim
JONES, LISA	12-04-2006	CO BLUE SHIELD	\$105461.76	Fix Claim
Error Field	Error Value	Error Message		
Diagnosis Code	15	Invalid value for diagnosis code (1): must be in ICD-9 list		
Diagnosis Code	150167	Invalid value for diagnosis code (2): must be in ICD-9 list		
Patient Name	Date of Service	Payer	Claim Total	Fix Claim
FIELDS, SALLEY	10-02-2006	HUMANA HEALTH	\$87162.65	Fix Claim
Error Field	Error Value	Error Message		
Insured's Zip Code	80922	Invalid value for insured's zip code (1): must be valid for state		
Patient's Zip Code	80922	Invalid value for patient's zip code: must be valid for state		
Patient Name	Date of Service	Payer	Claim Total	Fix Claim
JONES, LINDA	12-04-2006	IL MEDICAID	\$105461.76	Fix Claim
Error Field	Error Value	Error Message		
Patient's Birthdate		Missing patient's birthdate		
Patient Name	Date of Service	Payer	Claim Total	Fix Claim
LOVELIE, LONNIE	12-20-2006	FLORIDA POWER & L	\$10134.79	Fix Claim
Error Field	Error Value	Error Message		
Service Start Date	12/20/2006	Invalid value for service start date (1): must occur after admission date		
Service Start Date	12/20/2006	Invalid value for service start date (1): must occur after accident date/date of CM789C		
Patient Name	Date of Service	Payer	Claim Total	Fix Claim
JONES, CECE	12-04-2006	IL MEDICAID	\$105461.76	Fix Claim
Error Field	Error Value	Error Message		
Line Item NPI	1591593574	Invalid value for Line Item NPI (1)		
NPI	1591593574	Invalid value for Referring Provider NPI		

Accepted Claims

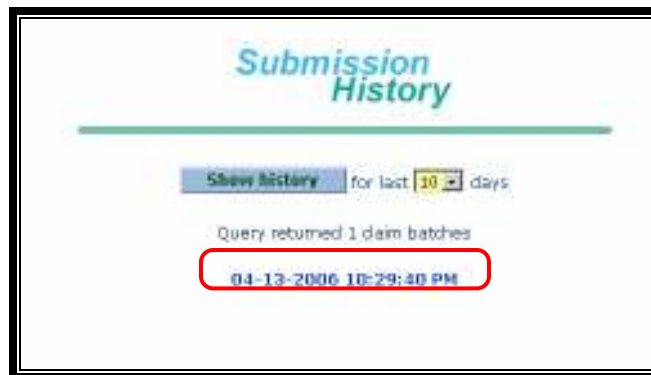
Patient Name	Date of Service	Payer	Claim Total
LOVELIE, JONNEY	12-29-2006	FLORIDA POWER & L	\$10134.79
JONES, SALLEY	12-04-2006	CO BLUE SHIELD	\$105461.76
BARBONI, DONNA	10-02-2006	HUMANA HEALTH	\$87162.65

Submission History

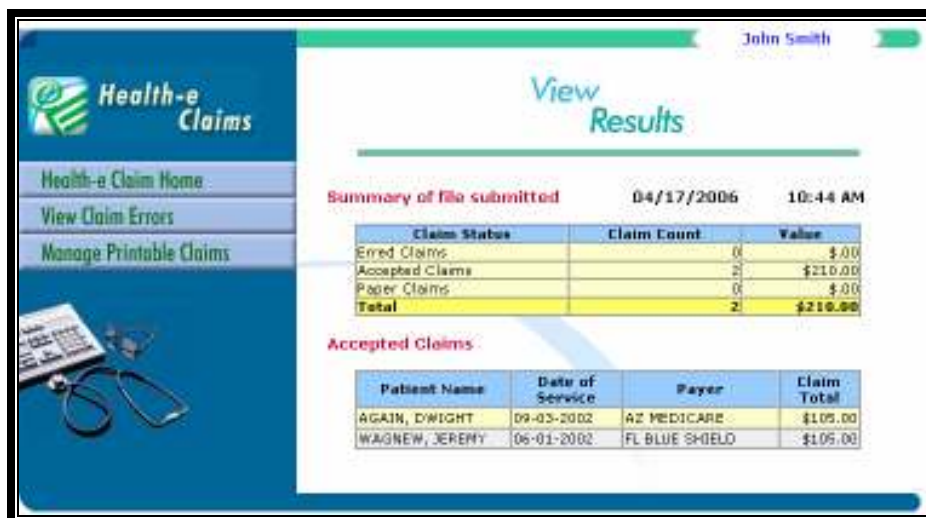
1. The *Submission History* can be used to obtain a summary of claims that have been submitted over a period of 90 days. To access *Submission History*, select *Submission History* from the Health-E Claims menu.



2. A list of Dates and Times will be displayed. To view a specific Date & Time click on the entry in question.



3. A summary of the claims submitted for this selected time will be displayed.

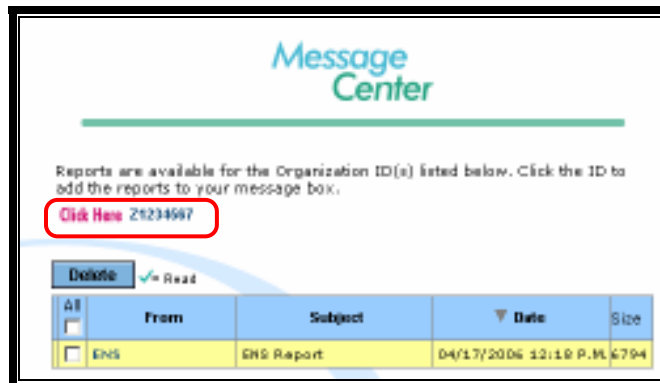


ENS Reports

1. You will receive status reports from ENS as well as the payer. These reports can be accessed on the ENS website through the Message Center.



2. Now you have entered the message center, if you have a new report available, you will be prompted to click on your ENS User ID to retrieve the report. Click on the ID number.



3. The ENS report will now be displayed. The time listed is the Date and Time the report was downloaded from ENS. The time listed is in Mountain Standard Time. Click on *ENS* to open and read the report.





4. The following section provides some sample reports and details on the ENS reports.

Level 1 Report :

The level 1 Report is a claim receipt summary. It will contain 3 sections of information, the **Tax ID** number the claims were sent under, the **# of claims** and the total **Dollar Amount**. Within one hour after you send your claims to ENS, the Level 1 report will be available for download. This report is used to verify that ENS has received the submitted claims. If you notice claims missing from the report that you expected to be there contact Customer Service and Support at (719) 457-8383. An example of a Level 1 report is shown below :

```

*****
* Receipt Date: 09/20/2005  ENS Level 1 - Claim receipt summary  Z1234567 *
* # of Claims: 2 *
* Dollar Amt: $ 328.00 *
* System: TLX *
* NOTE: To guarantee the receipt of claims by ENS - You must verify each claim *
* on the Level 2 - ENS Claim Acknowledgement Report - to be delivered within 1 *
* business day of receipt of the claims. *
*****
Tax ID          # of Claims          Dollar Amt
-----
888888888      2                      $    328.00
-----

```

Level 2 Report :

The Level 2 report will be delivered within one business day after you receive your Level 1 report. The Level 2 report is used to verify the receipt of claims that were listed on the Level 1 report. The Level 2 report will provide specific details like, Patients Names, Provider Names, Insured ID Numbers, Patient Account Numbers, Claim Status, etc. Each claim will have a status of ACCEPTED or REJECTED. The Electronic Claims Tracking (ECT) number for each claim is shown on the report. This number can be used to search for a claims status in the Electronic Claims Tracking System. If you notice claims missing from the report that you expected to be there contact Customer Service and Support at (719) 457-8383. An example of a Level 2 report is shown below :

```

Report Date: 09/20/05  LEVEL 2 - ENS CLAIM ACKNOWLEDGEMENT REPORT
                        CLAIMS RECEIVED BY ENS FOR PROCESSING
As of   Pftn   Ps   ENS ID   Pat Acct #   Insured ID#   Svc Date(s)
Payor Code
Patient Name           Provider Name           Insured Name
Cln Val
Status
-----
09/20/05 888888888 0001  Z1234567 PUB0001   999999999   08/12/05-08/12/05 AETNA
PUBLIC, JOE           DOE, JOHN           PUBLIC, JOE
108.00
ACCEPTED - ECT #: Z123456720050115011111 --->

09/20/05 888888888 0001  Z1234567 PUB0002   999999991   08/12/05-08/12/05 UNITED
HEALTHCARE
PUBLIC, JANE           DOE, JOHN           PUBLIC, JANE
220.00
ACCEPTED - ECT #: Z123456720050115011112 --->

```

```

*****
* 09/20/05 LEVEL 2 - ENS CLAIM ACKNOWLEDGEMENT REPORT Summary for: Z1234567 *
* Payor: COMMERCIAL Tax ID: 888888888 *
* Dated: 09/20/05 *
* Submitted Accepted Rejected *
* ----- *
* Claims: 2 2 N/A *
* Charges: $328.00 $328.00 N/A *
* Percentage: 100.00% N/A *
*****

```

```

*****
* 09/20/05 LEVEL 2 - ENS CLAIM ACKNOWLEDGEMENT REPORT Summary for: Z1234567 *
* Payor: ALL PAYERS Tax ID: 888888888 *
* Dated: 09/20/05 *
* Submitted Accepted Rejected *
* ----- *
* Claims: 2 2 0 *
* Charges: $328.00 $328.00 $ 0.00 *
* Percentage: 100.00% 0.00% *
*****

```

Unable To Process Report :

Some payers require Electronic Media Claims (EMC) agreements before you can submit electronic claims. Payers that require these agreements are noted with an asterisk in the payer list. If you do not have an EMC agreement with a particular payer, the claims you send for that payer are held in the system. The Unable to Process Report identifies those claims being held. Claims will also be held if they are submitted under a new or different sub id number that the enrollments department does not have entered in its EMC approval database for a particular payer. Even if you are approved for a particular payer, the claims will still go on hold the first time you submit, this is to enable the enrollments department to obtain the sub_id numbers, once the sub_id numbers are entered into their approval database the claims on hold will be released.

Variations of this report could be downloaded on three occasions:

- **Unable To Process Report:** This report is sent after our system has identified that you do not have an EMC agreement with the payer(s). It notifies you that the claims will be purged from our system if we do not receive the EMC agreement information (usually a specific payer number) within 45 days.
- **7-Day Purge Report:** This second report is sent seven days prior to purging the claims from the system, to notify you that the claims will be purged in up to seven calendar days.
- **Purged Report:** This third report is sent on the day the claims are purged to notify you that those claims have been removed from the system.

When you receive an Unable to Process Report for claims you have sent, you should take action immediately:

ENS can arrange to process these claims as paper claims, if allowed by the payer(s), and will mail them or delete the claims from the system. All paper claim charges will apply. When an EMC agreement is approved and the approval number has been loaded into the system, another report will be generated – the Released for Process report. This report identifies those claims that have been released and electronically transmitted to the payer.

An example of an Unable To Process report is shown on the following page :



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Report Date: 09/22/05

ENS CLAIMS PROCESSING - UNABLE TO PROCESS

CLAIMS ARE MISSING CRITICAL PROVIDER INFORMATION. CLAIMS WILL BE PURGED FROM ENS SYSTEM IN 45 DAYS IF THE PROVIDER INFORMATION IS NOT RECEIVED.

As of	Pftn	Ps	ENS ID	Pat Acct #	Insured ID#	Svc Date(s)
Payor Code	Patient Name	Provider Name	Insured Name	Clm Val	Status	SUB ID #

09/22/05	999999999	001	Z1234567	DOE001	X12345678	05/19/05-05/19/05	CA
BLUE SHIELD	DOE, JANE	SMITH, JOHN	DOE, JANE	160.00			

UNABLE TO PROCESS - ECT #: 2005000000000000000001
 CA Blue Shield requires a provider identification number on electronic claims. Once you have this number print each physician's CA Blue Shield number along with any applicable group number on this notice and FAX Toll Free to ENS at (877)630-2064.



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Payer Reports :

Once claims are transmitted to the payer(s), the IS system is updated based on information received from the payer(s). This information may differ slightly in each report, depending on what is provided by the payer. The Payer report is used to verify that the Payer has received the claims and accepted them into their system for adjudication. If the payer rejects the claim, they will provide a reason for the rejection. The claim must be corrected and resubmitted to them, through ENS. Examples of Payer reports are shown below:

Report Date: 09/22/05 AETNA

CLAIM STATUS REPORT

As of	Pftn	Ps	ENS ID	Pat Acct #	Insured ID#	Svc Date(s)
Payor Code						
Patient Name			Provider Name		Insured Name	
Clm Val						
Status						

09/21/05	888888888	0001	Z1234567	PUB0001	999999999	08/12/05-08/12/05 AETNA
PUBLIC, JOE			DOE, JOHN		PUBLIC, JOE	
108.00						
ECT Number: Z123456720050115011111						
AETNA STATUS CODE: A2:19:IN						
Acknowledgement/Acceptance into adjudication system - The claim/encounter has been accepted into the adjudication system.						
Entity acknowledges receipt of claim/encounter.						

Report Date: 09/23/05 UNITED HEALTH CARE

CLAIM STATUS REPORT

As of	Pftn	Ps	ENS ID	Pat Acct #	Insured ID#	Svc Date(s)
Payor Code						
Patient Name			Provider Name		Insured Name	
Clm Val						
Status						

09/21/05	888888888	0001	Z1234567	PUB0002	999999991	
PUBLIC, JANE			DOE, JOHN		PUBLIC, JANE	
220.00						
CLAIM ACCEPTED						
ENS ECT Number: Z123456720050115011112						
ENS Claim ID: 2000000000000000						
Payer Trace Number: 1111111111111111						
UHC STATUS CODE: A1:19:PR:65						
Acknowledgement/Receipt - The claim/encounter has been received. This does not mean the claim has been accepted for adjudication. Entity acknowledges receipt of claim/encounter.						

Winhecet to Health-e claims FAQ

- Will Health-E Claims allow me view and edit my good claims before I transmit them to ENS?
No, if there are no errors present on the claims, the claims will be processed and transmitted to ENS.
- Winhecet allowed me to correct Bad claims, will Health-e claims do this too?
Yes, when claims are processed to the payer, any claims that are in error will not get sent. The errored claims will be located in “View Claim Errors”; here the claims can be edited and corrected.
- How are Paper claims handled?
Health-e claims can be configured one of two ways by your Installer. It can be setup to allow paper claims to be sent, ENS will then process you paper claims at a charge of 45 cents per claim, or your account can be configured to block paper claims. In this configuration your paper claims will be placed in “Manage Printable Claims” from here you can print the claims to paper or delete them and print them from your own practice management software.
- Winhecet allowed me to enter customer ICD9 and CPT codes, can this still be done?
Yes, in Health-e claims, go to “User Preferences” and then “Manage Custom Codes”, here you can add in your own codes.
- Will I still be able to get my ENS reports in Health-E Claims and print them from there?
Yes, the reports will now be retrieved in the message center, here the reports can be viewed and printed. The format of the ENS reports is identical to the ENS reports downloaded by Winhecet.