



FIRST COAST
SERVICE OPTIONS, INC.

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

PC-ACE Pro32™
Medicare
Electronic Data Interchange (EDI)
Application Package

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First Coast Service Options, Inc. (FCSO) is pleased to offer the PC-ACE Pro32™ software, designed for Medicare A and Medicare B claims submission and remittance retrieval. Special care has been taken to ensure the PC-ACE Pro32™ looks and feels like other popular Windows programs. This means that you can concentrate on PC-ACE Pro32™ features rather than how to navigate the program. Don't miss out on this opportunity. If you've been searching for an easier way of processing your claims, or retrieving your remittance electronically, PC-ACE Pro32™ is the choice for your office.

ADVANTAGES AND FEATURES

- Patient Information Database
- Claims submission (Medicare A and Medicare B)
- Confirmation retrieval
- Optional claim import from existing systems
- Detailed claim import & edit validation error reporting
- Remittance translation
- Claims Acknowledgement and translator
- Comprehensive real-time claims editing minimizes rejected claims
- Field-level edit validation provides immediate user feedback
- Automatic code validation (procedure, revenue code, modifiers, ICD9)
- Context-sensitive pop-up selection list speed claim entry and promote accuracy
- Ability to print CMS-1450 (UB-92 or UB-04) claim forms on plain paper or pre-printed forms
- Ability to print CMS-1500 forms on plain paper or pre-printed forms
- Integrated Backup/Validate/Restore and File Maintenance functions
- Familiar Windows "look and feel"
- Quarterly updates and enhancements (January, April, July, October)
- Manual included on CD or as download
- Technical support for active Submitters provided free via phone or email.
- On-site training. Fee is based upon training location (see price listing)

- Complete the appropriate form(s)/application for the service(s) you are requesting

GETTING STARTED

- Mail or fax (if training is requested, form(s)/application must be mailed – refer to product price listing) to the address/fax number indicated on the form(s)/application.
 - Payments for training are made payable to:
First Coast Service Options, Inc. (FCSO), Account: 40-300-280.
- Allow 8 business days from date of receipt for request to be processed.

PRICING

If Payment **is not** required, you may fax forms to: Medicare EDI Enrollment (904) 361-0470.

Note: The following price lists are subject to change.

Programs and Support	PRICE
PC-ACE Pro32™ software on CD, including Manual and Alternate Transfer 5010 Communications for use with Windows XP, Vista, and 7.	\$100.00 annually. Do not send payment with application. You will be invoiced annually.
PC-ACE Pro32™ software through Internet Download, including Manual and Alternate Transfer 5010 Communications for Windows XP, Vista, and 7.	Free
Technical Support for active Submitters via email or phone	Free
Claims Import Mapping	Free

Training: PC-ACE Pro32™ software training consists of *up to* a 4 hour session. The objective is to ensure you understand how to successfully prepare and retrieve claims information, and set-up associated databases using the software. We do not provide billing guidelines training. Pricing is based on *the location training is provided at*, and requires submission of a Training Application with the appropriate payment. The PC-ACE Pro™ Training Application is available at www.fcsoc.com by selecting Electronic Services, your location, your line of business, customize, and PC-ACE Pro32™ (more).

Note: Training provided at the Jacksonville Office does not include actual transmission and retrieval of claim information, but rather a “walk through” and is only available Friday mornings.

On-site Training by Area Code	PRICE
Jacksonville Office – 532 Riverside Avenue, Jacksonville, Florida	Free
904	\$50.00
386	\$200.00
321, 352, 407	\$250.00
727, 772, 813, 863	\$400.00
239, 305, 561, 754, 786, 850, 941, 954	\$500.00
<i>Training is not currently available in Puerto Rico or the U.S. Virgin Islands</i>	

FORMS, AGREEMENTS, AND APPLICATION DESCRIPTIONS

Following are the descriptions of the Forms, Agreements, and Applications necessary for you to obtain a production version of the PC-ACE Pro32™ software, and to request Training or Import mapping.

For assistance completing the forms/agreements:
Medicare EDI Enrollment (888) 670-0940 option 4.

For assistance completing the PC-ACE Pro32™ Training or Claims Import Option Application:
Technical Support at (888) 670-0940 option 2.

1. New Installation PC-ACE Pro32™ Software (Required) This form will provide you with the necessary hardware/software/communication requirements, in addition to provide us with information needed to setup your account. Field by field instructions precedes the form.

2. Software License Agreement (Required) PC-ACE Pro32™ is proprietary software, customized to the specifications of First Coast Service Option, Inc. ® (FCSO). The provider the product will be licensed to must sign this form.

3. Network Service Agreement (Conditional) All Third Party Billing Agents applying for EDI Transactions must complete the **Network Service Agreement (NSA)** before any electronic transactions can begin. This form is located on the FCSO Web site www.fcsso.com by selecting Electronic Services, your location, your line of business, customize, and EDI Forms (more). Please ensure this agreement is included in the New Installation/Change of Vendor Form for all third party billing agents.

4. EDI Enrollment Form (Medicare Part A & B) (Conditional) This form is required for all providers wishing to submit Medicare Part A and/or B claims with the PC-ACE Pro32™ software. **NOTE:** If the provider already has an EDI Enrollment Form on file with Medicare EDI, this form is not required. Contact the EDI Enrollment Team **(888) 670-0940 option 4**, if verification is needed. The form is available for download from our Web site www.fcsso.com by selecting Electronic Services, your location, your line of business, customize, and EDI Forms (more).

5. Electronic Data Request (EDR) Form (Optional) We highly recommend you enroll to take advantage of the ability to retrieve your remittance advices electronically. A few advantages of receiving electronic remittances include: faster communication and payment notification, the ability to print/view the data in a variety of layouts (summary, single claim, or all claims). The form is available for download from our Web site www.fcsso.com by selecting Electronic Services, your location, your line of business, customize, and EDI Forms (more).

6. Claims Import Option Application (Optional) This form is included in this package, and outlines the requirements to obtain the option to convert CMS-1500 or CMS-1450 (UB92 or UB04) claim print files for Importing into the PC-ACE Pro32™ system for processing.

7. PC-ACE Pro32™ Training Application (Optional) Training consisting of *up to* a 4 hour session on the use of the PC-ACE Pro32™ software is available. The objective is to ensure you understand how to successfully prepare and retrieve claims information, and set-up associated databases using the software. We do not provide billing guideline training. The fee

for the training is based on the location the training is provided at. An application is available for download from our Web site www.fcsso.com by selecting Electronic Services, your location, your line of business, customize , PC-ACE Pro32™ (more), and PC-ACE Pro32™ Training Application.

NEW INSTALLATION – PC-ACE PRO32™ SOFTWARE INSTRUCTIONS AND FORM

Field-by-Field Instructions

Section A – Reserved for Medicare EDI Enrollment Team

Do not enter information in this area

Section B - Submitter Location Information:

Information in this section must be legible, as it used to setup your account and send information to you.

Location Name - The person or company that the software will be licensed to.

Address - The primary street address of the Submitters' location. Please include any suite, apartment or post office box numbers as appropriate.

City, State, Zip - The city, state, and 9-digit zip code of the Submitters' location

Contact Name - The name of the individual who will be the point of contact for this software.

Title - The title of the individual who will be the point of contact for this software.

Telephone No. - The area code and telephone number of the contact person.

Fax Number - Required for Downloads. The area code and fax number of the contact person.

Federal Tax Identification/SSN - Indicate the Tax Identification or SSN number of the location applying to submit or retrieve electronic transactions. If a Billing Service/Service Bureau or Clearinghouse, indicate the *entity* Tax ID or SSN number, **not** the providers' information you will be submitting for.

Email: Required for Downloads - Provide an Email address for all download notifications to be sent to if you have elected to download the program. All emails associated with the software will be sent from PCACE@FCSO.COM. Please set your email account to accept emails with attachments from this address.

Current Medicare Submitter Number – Conditional: If your location is currently transmitting directly to Medicare, indicate the Submitter number(s) used.

Section C - Minimum Hardware/Software Requirements

Prior to submitting your application, you should review each item to ensure you are able to utilize the software. We have outlined the minimum accepted hardware and software requirements to enable the use of the PCACE-Pro32™ software.

Section D - Communication Requirements

For submission or retrieval of Medicare files, you must ensure you have a direct dial phone line able to dial area code (904) - Jacksonville, FL. You **may not** use DSL, cable, Internet, or wireless connections for transmission or retrieval of Medicare files. While we offer the Alternate Transfer 5010 Communications program for use on Windows XP, Vista, and 7 you may use any communications program that utilizes a direct dial line.

Section E – Product Selection/Understanding

Software requested for (check all that apply)

MCA – Medicare A

MCB – Medicare B

REM – Retrieval of Medicare Remittance **only**. By selecting this option, you will not be setup to transmit claim information, only to retrieve remittance through the software. If you are selecting to use the program only to download, translate, and print your remittance file, you must select to download the program.

Roster Billing – Available for Medicare B only

Program Information to Be Sent By: Select either Internet Download (Free - must provide email address that is set to receive emails from pcace@fcso.com, and your Fax Number), or CD-ROM (\$100.00 annual fee invoiced each October) as the means to receive information/program updates. If you selected *REM Only*, you must select Internet Download.

Internet Download: (Free)

If you request to download the program, initially (for security reasons), the letter assigning you a Submitter code, mailbox ID and password (Dear New PC-ACE Pro32™ letter) will be *faxed* to you. The download instructions and any other important documentation will be *emailed* to the address provided on the New Installation form. Updates are available quarterly (Jan., Apr., Jul, Oct.). An email will be sent to the address **provided on the application** prior to the effective date of the update, advising you of the changes and the location to download the update from. Ensure the email account is set to accept information from: pcace@fcso.com.

CD: (\$100.00 Annual Fee - Invoiced each October)

If you request the CD-ROM, you will be mailed the Software Loading Instructions for CD-ROM, a (Dear New PC-ACE Pro32™ Submitter) letter assigning you a Submitter code, Mailbox ID and Password, and any other important documentation you will need. This will be mailed to the Submitter address provided on the New Installation form. Please allow 8 - 10 business days **plus** mail time for receipt before requesting the status of your application. Updates are available quarterly (Jan., Apr., Jul, Oct.) and will be mailed to the address on file. Please allow **3-4 weeks from the effective date** of the update for receipt of updates on CD-ROM before requesting a status.

Authorized Agent – (Required) Signature of the authorized agent verifies you have read, understand, and confirm the information provided on the New Installation is accurate and completed, and you meet the minimum hardware and communication requirements for the PC-ACE Pro32™ software, including usage of a direct dial phone line able to dial area code 904 (Jacksonville, FL).

Section F – Billing Provider Information

NPI (National Provider Identifier) - Enter the NPI number assigned to each billing provider

Provider Name / Provider Tax Identification or SSN - The name of each provider that corresponds with the Billing Provider Number and/or NPI number provided.

Line(s) of Business - Indicate all lines of business that you are requesting to submit/retrieve for.

MCA - Medicare A

MCB - Medicare B

Section G - Third Party Usage (Conditional)

When the provider is using a third party, e.g., clearinghouse, billing service, etc., to exchange EDI transactions, the signature serves as the provider's authorization for the third party to act on behalf of the provider for the indicated EDI transaction(s).

Section H – Where to Submit The application can be faxed to the EDI Enrollment Department at 904-361-0470, or mailed to:

First Coast Service Options, Inc. (FCSO)
Medicare EDI Enrollment - 3C
P. O. Box 44071
Jacksonville, FL 32231-4071



NEW INSTALLATION
PC-ACE Pro32™ SOFTWARE

SECTION A - Reserved for Medicare EDI Enrollment Team

Submitter Number Assigned: _____ Processed Date/By: _____

Approved For: MCA MCB REM - Only Roster Billing

SECTION B – Submitter Information (Please write clearly)

We are/I am a (**check one**): Billing Provider Billing Service Clearinghouse

Location Name: _____

Address: _____

City, State, Zip: _____

Contact Name: _____ **Title:** _____

Telephone No: () _____ **Fax No: (required for downloads)** () _____

Federal Tax ID/SSN: _____ **Email (required for downloads) :** _____

Current Medicare Submitter number (if applicable): _____

SECTION C - Minimum Hardware/Software Requirements

- Pentium 133 MHz processor (Pentium II-350 for high volume support)
- 64MB memory
- CD-ROM drive or internet access download program files
- SVGA monitor 800 x 600 resolution
- Windows XP, Vista, or 7 operating system.
- Adobe Acrobat Reader Version 4.0 or later
- Direct dial phone line able to dial area code 904 (Jacksonville, FL).
- Dedicated touch-tone telephone line is suggested.
- **No DSL, Cable, Internet, or wireless connection.**

SECTION D - Communications Requirements

- Medicare transmissions require the use of a direct dial line using a 9600-baud rate or higher asynchronous modem, able to dial area code (904) - Jacksonville, FL, and one of the following communication options.
 - **Alternate Transfer 5010** - Designed for Windows XP, Vista, and 7, is provided as an additional installation with your PCACE Pro32™ program, which if installed, will automate the connection and transmittal commands.
 - **You may use any communication package you wish.** If you use a communication package other than that previously mentioned, refer to the “Guide to Gateway” available through www.FCSO.com information.

We do not support DSL, Cable, Internet, or wireless connections.

Section E – Product Selection/Understanding

Software being requested for (**check all that apply**):

MCA MCB REM Only (**Available via download only**) Roster Billing (MCB only)

Program information to be sent by (**check one**):

- Internet Download (Must provide Email address and Fax number) -or-
- CD-ROM \$100.00 Annual Fee Invoiced each October. **Do not send payment with application.**

Authorized Agent Signature:

I have verified the Submitter Information is accurate and complete, and have read and understand the Minimum Hardware/Software and Communication requirements.

Date: _____

(Authorized Agent Signature)



**MEDICARE
Electronic Data Interchange**

**FIRST COAST SERVICE OPTIONS, INC.
SOFTWARE LICENSE AGREEMENT**

This Agreement, entered into this _____ day of _____, 20____, is by and between First Coast Service Options, Inc. (hereinafter "FCSO"), located at 532 Riverside Avenue, Jacksonville, Florida 32202-4914, and _____ (hereinafter "Provider"), located at : _____.

PC-ACE Pro32™ is a proprietary software product copyrighted by Systems Design Inc. ("SDI"). FCSO is authorized to distribute this electronic billing software to providers and professionals of health care services and/or their designated billing agents within the FCSO Medicare Administrative Contractor (MAC) jurisdictional area and hereby provides a copy of the PC-ACE Pro32™ software and Users Manual ("Program" and/or alternatively "electronic billing software") to the above "Provider" subject to the terms and conditions of this agreement.

WHEREAS, Provider wishes to use and license the electronic billing software for the electronic submission and retrieval of Medicare claims information to FCSO.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein and other good and valuable consideration, the parties hereto agree as follows:

1. **License.** FCSO hereby grants and Provider hereby accepts a non-transferable, non-exclusive license to use the electronic billing software to electronically submit and retrieve Medicare claims information.
2. **Terms.** The terms of the license for the electronic billing software shall commence upon receipt of the electronic billing software and shall continue thereafter until and unless terminated by either party. Upon termination, the license and all other rights granted to Provider hereunder shall immediately cease, and Provider shall immediately return the electronic billing software to FCSO, together with all copies, reproductions and modifications thereof, and all copies of any documentation, notes, and other materials respecting or relating to the software.
3. **Fee.** The electronic billing software will be provided at a cost of \$100.00 annually if provided on CD, or free of charge if downloaded from the Internet.
4. **Title.** Title to the electronic billing software (including improvements and enhancements thereto), documentation and materials provided to Provider by FCSO and all rights therein, shall be and remain the property of System Designs Inc.
5. **Limited Warranty.** FCSO does not warrant that the functions contained in the electronic billing software will meet Provider's requirements or that the operation of the electronic billing software will be uninterrupted or error free. However, FCSO warrants that the physical media on which the electronic billing software is furnished will be free from defects in materials and workmanship under normal use for a period of 30 days from the date of delivery. FCSO's sole obligation under this limited warranty will be to replace the defective item of physical media. To receive a replacement, return the defective item to FCSO. If FCSO is unable to deliver a replacement, which is free of defects in materials and

workmanship, you may terminate this Agreement by returning the electronic billing software and documentation to FCSO.

EXCEPT AS PROVIDED ABOVE, THE ELECTRONIC BILLING SOFTWARE AND DOCUMENTATION ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND, EITHER EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OR MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

THE REMEDIES SET FORTH ABOVE CONSTITUTE THE EXCLUSIVE REMEDIES OF PROVIDER FOR ANY BREACH OF WARRANTY OR ANY OF THE TERMS OF THIS AGREEMENT. IN NO EVENT WILL FCSO BE LIABLE FOR ANY DAMAGES, INCLUDING ANY LOSS OF PROFITS, LOST SAVINGS OR OTHER DIRECT, INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING FROM USE OR INABILITY TO USE THE ELECTRONIC BILLING SOFTWARE OR DOCUMENTATION, EVEN IF FCSO HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

6. General. Provider may not sell, rent, assign, sub-license or otherwise transfer the electronic billing software, this Agreement, any right granted hereunder or obligation imposed thereunder in whole or in part, without FCSO's prior written consent.

Any notice, amendment, or consent required or permitted under this agreement shall be in writing and transmitted to the recipient by either (I) courier delivery; (II) Federal Express or similar overnight courier delivery; or (III) U. S. certified mail, return receipt requested, postage paid. All notices are to be courier delivered or mailed to the addresses and persons identified on the first page of this Agreement or to such other address as shall be furnished in writing by either party to the other. Notices or communications shall be deemed given upon the date of (a) courier or Federal Express delivery, or (b) in the case of transmittal by U. S. certified mail, return receipt requested, the date the return receipt is signed or delivery is rejected.

All amendments to this Agreement shall be in writing and signed by both parties.

This Agreement shall be governed by the laws of the state of Florida.

Provider acknowledges that he/she has read this Agreement, understands it and agrees to be bound by its terms and conditions. Provider further agrees that this is the complete and exclusive statement of the Agreement between the parties which supersedes any proposed or prior agreement, oral or written, and any other communications between the parties relating to the subject matter of this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed by their duly authorized representatives.

FIRST COAST SERVICE OPTIONS, INC.
532 Riverside Avenue
Jacksonville, Florida 32202-4914

PROVIDER

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____



**MEDICARE
Electronic Data Interchange**

CLAIMS IMPORT OPTION APPLICATION

As a claim menu option, *Import Claims* is a feature of the PC-ACE Pro32™ software package. The concept is to verify, as closely as possible, specific data field requirements necessary to prevent rejections up front, and reduce payment delays in the end. This capability is offered for those who already have a computerized system and choose to use PC-ACE Pro32™ for back end data editing and electronic transmission. This option is not used if claims are entered directly into PC-ACE Pro32™.

Claim Import Process imports and translates a CMS-1500 or CMS-1450 (UB92 or UB04) claim print-image file and then loads the file into the PC-ACE Pro32™ Claim Entry Database for complete editing. Before initiating the Import Process you must meet requirements and be able to copy your print file into the PC-ACE Pro32™ system from your current claim processing system. In order to ensure accurate data conversion, your print file must first have a **map file** developed and tested by the PC-ACE Pro32™ support team to enable a conversion of your print file images.

Requirements

- The data must be in the standard ASCII character set print image file named **H1500.prt** for CMS-1500 claims, **or UB92.prt** for CMS-1450 (UB92/UB04) claims. Each physical print file record must be 133 characters or less in length.
- Each record can be (but does not have to) padded with blanks.
- The use of the standard ASCII Carriage Return Line Feed, (CRLF), (Hex 0D0A) is required at the end of each individual record.
- The initial print record for each claim must be identifiable by either, the first record for each claim is immediately preceded by a standard ASCII page eject character set (Hex 0C) or the forms are a fixed number of lines in length. The forms must be consistently spaced!
- Generate a sample of your print image file containing 10-15 claims. This should be your CMS-1500 or CMS-1450 (UB92 or UB04) claims printed to a diskette or CD-ROM in ASCII format. We cannot accept these files via email. If you are not certain of how this is done, please contact your software vendor.
- Ensure Patients address information has at least 2 spaces or a comma between the address, city, state and zip code.
- Patient Control number and Provider number are required and must be present on all claims.
- Each claim must have at least one service line, and total charges must be present and equal to the sum of all the service line charges of that claim.
- **CMS-1500** claims must have the line of business (LOB) indicated for the claims primary payer.
- **CMS-1500**, (CMN) certificate of medical necessity, or additional requirements per specialty are unable to be automatically mapped into the claim entry database.
- **CMS-1450 (UB92 and UB04)** claims are required to have a Type of Bill (TOB) on all claims.
- If your medical management system can create an ANSI or an NSF format file, you do not need a file mapped. Call Technical Support at (888) 670-0940 option 2, to setup your Preferences for importing.

Complete the following information and *mail your diskette or CD-ROM along with this document* to:

First Coast Service Options, Inc., Medicare EDI –3C, P.O. Box 44071, Jacksonville, FL 32231-4071, Attn: PrintLink

If you are submitting your request with your application for the PC-ACE Pro32™ software, allow 10 business days from the date your Submitter number is issued, for your file to be mapped and returned to you.

Sender/Submitter Number _____ Company Name _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 Contact Name _____ Email Address _____
 File to be mapped: CMS-1500 _____ CMS-1450 UB92 _____ or UB04 _____