



User Guide

SolAce by AXIOM Systems, Inc



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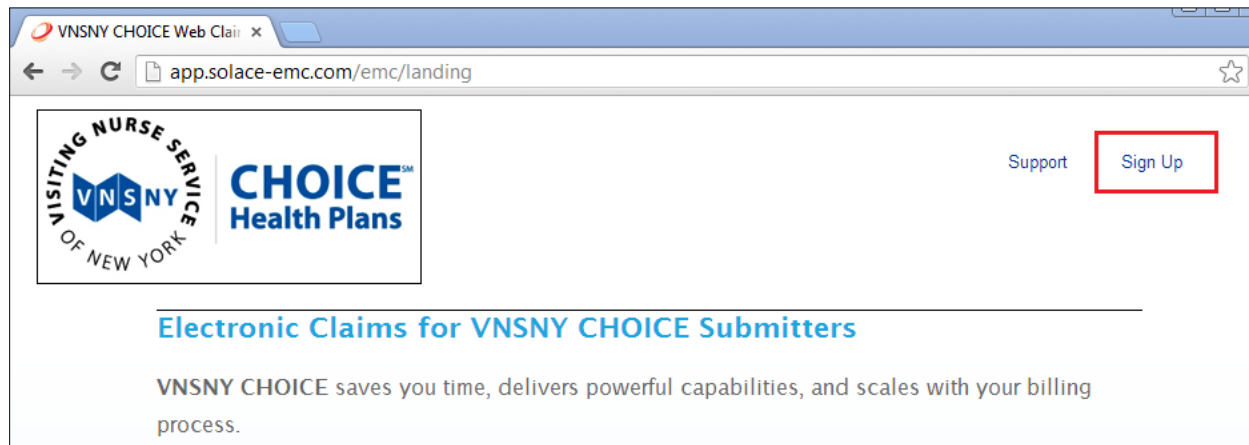
Account Setup

Signing Up for an Account

To Sign Up for an account so you can bill your claims electronically using the SolAce EMC Software go to <http://app.solace-emc.com/portal/vnsny>

- Watch the Tutorial Video found under the User Guide & Tutorial Videos section titled “How to Sign Up for a SolAce Account”
- Then use this guide to assist you as you go through the Sign Up Wizard
- Each account may have a maximum of 2 Users

Click on the Sign Up link found at the upper right hand side of the website.



- Complete the Organization Information section with your Organization’s name and demographic information.
- Create a “uniqueID” to be used as your Organization ID
 - For Example: Excellent Car Services can choose the Organization ID of “ECS” or “ExcellentCar”

- Your Organization ID should be more like an abbreviation of your Organization’s name.
- By default, the letters “cx” will be added as the prefix of your Organization ID
 - If your Organization ID is ECS, the system will generate it as: cxECS

Organization Information

Enter the information for your main organization here. You will be able to configure Sites to represent any facilities once you get logged into the system.

Organization Name:

Address:

City:

State:

Zip:

Choose an Organization ID

The Organization ID that you select will uniquely identify your account and will be the suffix for all user login IDs. For example, if you choose `mypractice` for an Organization ID then user login IDs will be formatted as `username@mypractice`. **Do not use Tax ID, SSN, or NPI. This ID cannot be changed** later, so choose carefully.

Organization IDs must begin with a letter or number, may be up to 30 characters long, and may only contain letters, numbers, dashes, and dots. This ID is also used for FTP and WebDAV URLs. For example, the owner of the example ID `mypractice` would use `https://app.solace-emc.com/webdav/mypractice` to mount a secure network volume on computers in their organization.

Organization ID:

[Next >](#)

Enter your Organization's name and demographic information

Create an Organization ID for your account

- Enter your Organization’s Signing Authority’s information.
 - This is usually the CEO or the selected main decision maker in your Organization
- Enter the name of the person who will be the Administrator for your SolAce Account in the Administrator Account section.
 - This is usually the person who will have the authority to add users to your SolAce account and determine user’s rights. The email address you enter here is the email address that will be used for password resets.

Home Support Sign Up

Sign Up for an Account

Organization > Contacts

Signing Authority

Signing Authority Name

Email

Phone

Fax

Administrator Account

The Administrator is the first user account that will be issued. This user account will have Organization Administrator security privileges, meaning they have the ability to manage all other users in this account. The Login ID that is assigned may be up to 20 characters long and composed of only letters, numbers, dashes, and dots. The Administrator account is sent an email with a link back to this system so they can set their initial password. The Administrator may set their phone, fax, mobile, and SMS text options once they login to the system.

same as above

Administrator Name

Email

Login ID

Next >

Enter the name and email address of your Organization's administrator (this would usually be the CEO)

Enter the name and email address of the user who will be the administrator of your SolAce account (we will send the initial password reset email to this address)

- Enter your Organization's TAX ID
 - If you bill VNSNY Choice claims using other TAX IDs, you may add those as well by clicking on the "New Provider" button.

Home Support Sign Up

Sign Up for an Account

Organization > Contacts > Configure

Provider Tax IDs

Enter a Tax ID that is registered with VNSNY CHOICE.

Provider Tax ID

If you have multiple, use this button to add more boxes above.

When you click **Next** the IDs entered above will be validated. If any are not accepted it means they are not in a list of IDs provided by VNSNY CHOICE, and the VNSNY CHOICE support team will have to assist you.

Next >

Enter your Organization's Tax ID. If you bill for more than one Tax ID, click the "New Provider" button and enter the other Tax ID (s)

- Verify your Organization’s ID
 - Remember, you will see “cx” added to the front of your Organization’s ID
- Write down your Login ID
- Verify the Email address that your Password link will be sent to
- Click “Confirm and Create Account”

Sign Up for an Account

Organization > Contacts > Configure > Confirmation

Confirm Your Setup

- An account will be created with Organization ID **cxtestcompany**
- An email will be sent to **jdow@gmail.com** to set the password for login ID **jdow@cxtestcompany**

Agreements

BUSINESS ASSOCIATE AGREEMENT

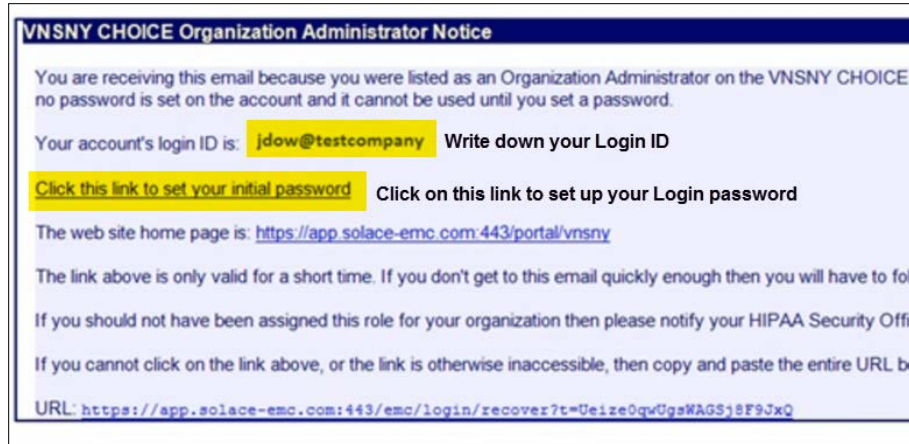
VNS CHOICE (THE "BUSINESS ASSOCIATE") IS WILLING TO PROCESS AND TRANSPORT CERTAIN DATA RELATED TO YOUR HEALTHCARE INSURANCE CLAIMS AND REIMBURSEMENT BY APPLICABLE HEALTH PLANS IN ACCORDANCE WITH YOUR CURRENT EXISTING CONTRACT WITH BUSINESS ASSOCIATE FOR THE PROVISIONS OF SUCH SERVICES AND INSURANCE ON THE CONDITION THAT YOU ACCEPT ALL OF THE TERMS AND CONDITIONS CONTAINED IN THIS BUSINESS ASSOCIATE AGREEMENT (THIS "BAA"). YOUR USE OF THE SERVICES PROVIDED BY VNS CHOICE IS SUBJECT TO YOUR ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS BAA. YOU REPRESENT AND WARRANT THAT YOU HAVE ALL RIGHTS IN AND TO ALL DATA, INCLUDING, WITHOUT LIMITATION, PHI INCLUSIVE OF ALL IHI WHICH YOU MAY PROVIDE TO VNS CHOICE THROUGH USE OF THE SERVICES AND SUBMISSION OF CLAIMS AND REIMBURSEMENT REQUESTS. IF YOU ARE PROVIDING DATA TO VNS CHOICE AND USING THE SERVICES ON BEHALF OF AN ENTITY OR ORGANIZATION, YOU REPRESENT AND WARRANT THAT YOU ARE AUTHORIZED TO ENTER INTO THIS BAA ON BEHALF OF SUCH ENTITY OR ORGANIZATION AND THAT ALL REPRESENTATIONS MADE BY YOU ON BEHALF OF SUCH ENTITY OR ORGANIZATION ARE TRUE AND CORRECT. IF YOU DO NOT AGREE TO THE TERMS OF THIS BAA, BUSINESS ASSOCIATE IS UNWILLING TO ACCEPT THE DATA OR PERMIT YOU TO SUBMIT ANY CLAIMS OR REIMBURSEMENT REQUESTS USING THIS SERVICE AND SHALL HAVE NO OBLIGATION TO PROVIDE YOU WITH ANY OF THE SERVICES OR PROCESS OR TRANSPORT ANY DATA.

1. Definitions.

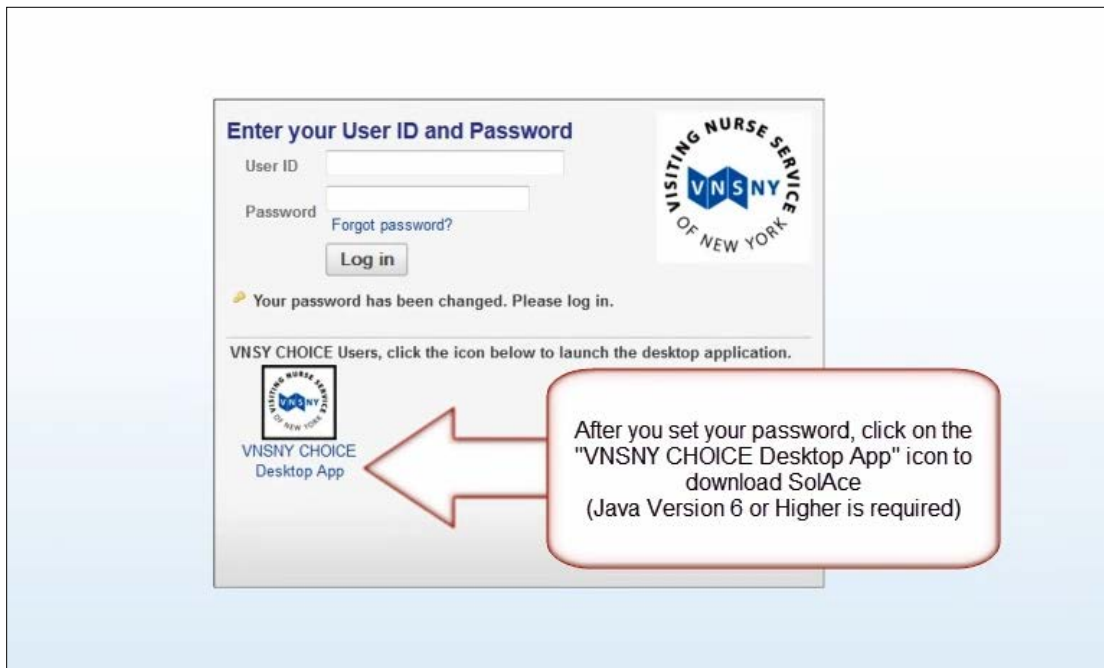
You agree to the agreement above by clicking Confirm and Create Account.

Confirm and Create Account

- In about 2 minutes you will receive an email with a link so you can setup your password. The link is only good for 2 hours so make sure you check your email and set your password. If you do not receive your email, call us at 888-884-5305. (Remember to check your SPAM or Junk folders)



- Once you have setup your password, you are ready to download the SolAce Application and Login!



Before you proceed, you should watch the other Tutorial Videos available on our website at:

<http://app.solace-emc.com/portal/vnsny>



User Guide

System Requirements

- Windows : XP or higher
- MAC: OS X 10.6 or higher
- CPU: 1Ghz, Memory: 2GB, Hard Disk Space: 200MB of available space
- High Speed Internet Connectivity
 - Wireless connections like Hot Spots or Satellite connections will not give you the optimum performance for the SolAce (AXIOM) product. We recommend non-wireless connections when using SolAce.
- Internet Browsers:
 - Google Chrome
 - Apple Safari
 - Firefox 3.5 or higher
 - Internet Explorer 9
 - Opera 10 or higher

Please make sure that Java version 6 or higher is installed on your machine prior to downloading the desktop App.

Downloading Java

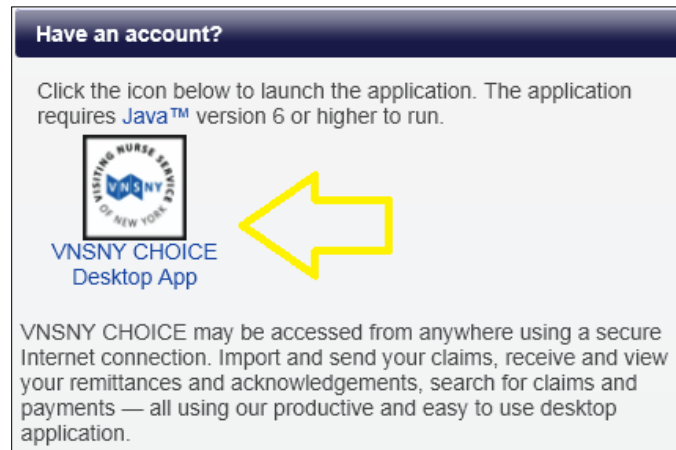
To download the latest version of Java, go to www.java.com and click on the Free Java Download button.



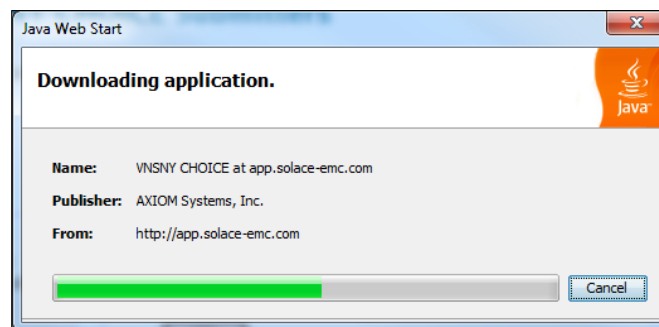
Downloading and Logging In

Once Java is installed on your machine you can proceed to downloading the SolAce Application.

Go to <http://app.solace-emc.com/portal/vnsny> and click on the VNSNY Choice Desktop App



The application will be downloaded and launched by Java



When the Login box appears, enter your Login ID and Password. Your login will be the first initial of your first name followed by your last name followed by the @ symbol and the unique id you provided for your account.

For Example: Contact name is John Doe. Unique ID provided is JDServices. The login id will be JDoe@JDServices (Note: This is NOT your e-mail address)

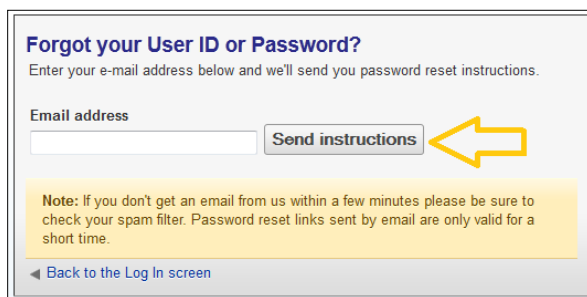
You will be setting your initial password via an email that you will receive containing a link that you can click on to set your initial password. The link is good for **1 hour** from the time you receive it.

Obtaining your Login ID and Password

If you never received the email directing you to set your initial password, or if you have forgotten your password, go to <https://app.solace-emc.com/emc/login/forgot>.

Enter the email address you provided when you signed up and click on the Send Instructions button.

If you have downloaded the App and have the login id and password box in front of you, you may also click on the Forgot Password link at the bottom of your login box. (Note: If you do not get an email within 5 minutes, your email service provider may be blocking our domain. Call our support line to have your email changed to a different address at 602-535-8557)



Forgot your User ID or Password?
Enter your e-mail address below and we'll send you password reset instructions.

Email address ←

Note: If you don't get an email from us within a few minutes please be sure to check your spam filter. Password reset links sent by email are only valid for a short time.

◀ Back to the Log In screen



Sign In

User ID

Password

[Forgot your password?](#) ←

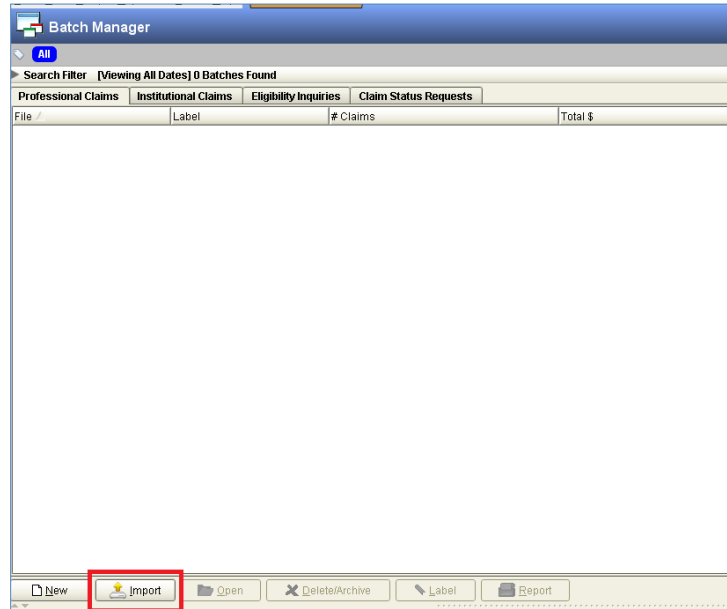
After your first successful login, you should find an icon on your desktop for the VNSNY AXIOM System so that you can easily launch the product and log in from there next time without having to go through the website.



Getting Started

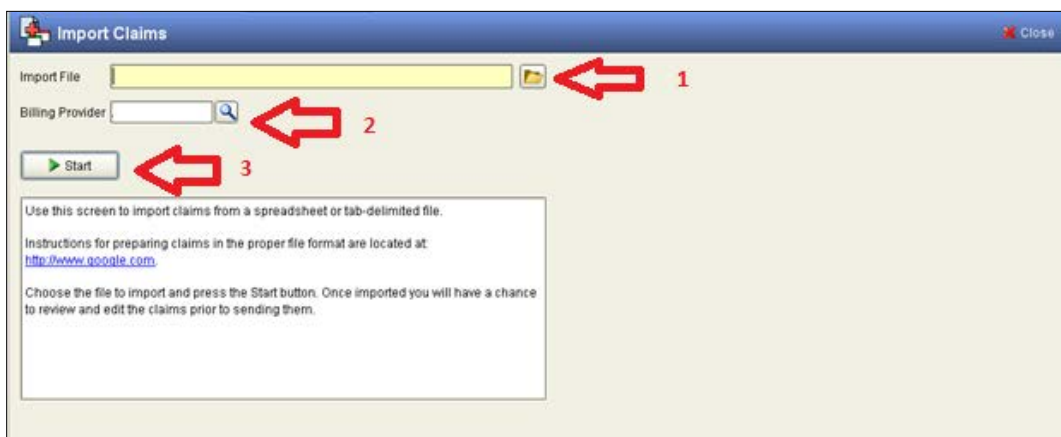
After you login, the first screen you will see is called the “Batch Manager” Screen. The Batch Manager screen will be your “Home” screen. This is where all of your imported batches will be stored.

Click on the “Import” button at the bottom to be taken to the Import Screen



Importing Your File

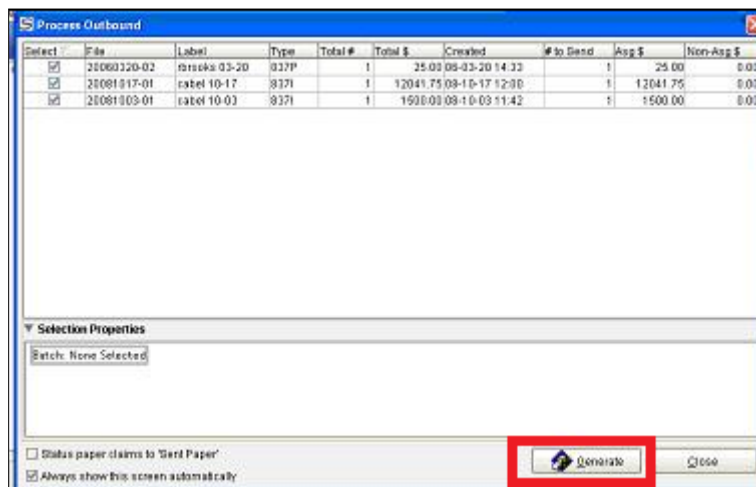
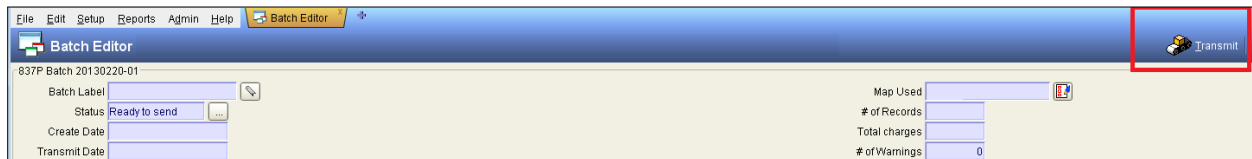
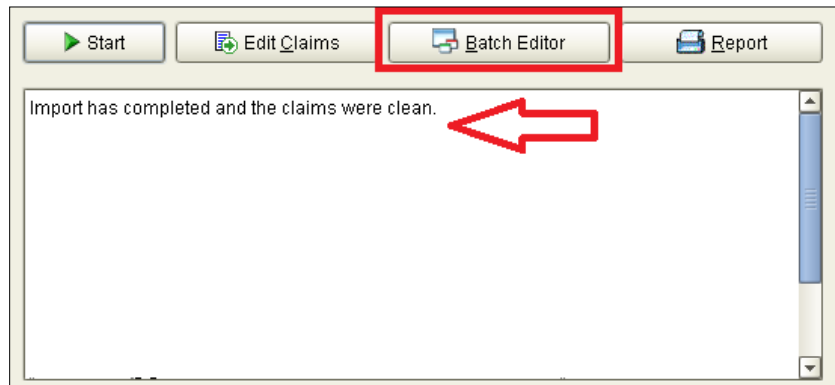
To import your file, click on the folder icon to navigate to your file. Once you find your file, select it and click “Open”. Then click on the magnifying glass next to the Billing Provider box and select your Billing Entity and click “OK”. Click on “Start” to import your file.



Once your file is done importing, the summary box under the “Start” button will tell you if your file is clean or if you have errors (“warnings”) that need to be fixed.

Importing a Clean File

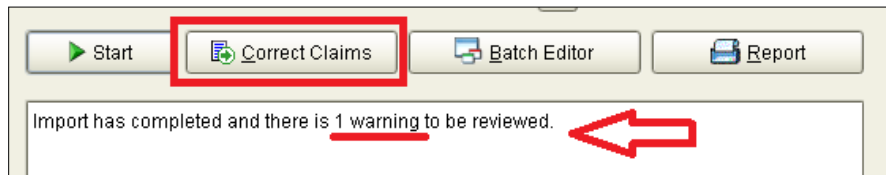
If your claims imported clean, you can click on the Batch Editor Button to proceed to the Batch Editor screen where you will find a Transmit button, located on the top right hand side of the screen. To transmit your claims, click on the Transmit button to be taken to the “Message Center” screen. On the message center screen, a pop up window will appear with a “Generate” button at the bottom right. Click on the “Generate” button to generate your electronic file. Your file will then be placed in the Outbox. Once your file is in the Outbox, you are done sending your file. You will need to check your Inbox folder in the Message center the next day for reports. To go to the Message Center, click on the File Menu at the top and choose Messages.



If you do not want to go straight to generating your file, because you want to preview your batch first after you import your clean file, you may click on the Edit Claims button instead of the Batch Editor Button.

Importing a File with Errors (warnings)

If your file has errors, the summary box will let you know that your file has “warnings” that you need to fix. To fix the errors that have been found on your file, click on the Correct Claims button.



After you click on the Correct Claims button, you will be taken to the Claim Editor screen. The first claim with an error will be displayed and you will see the warning at the bottom of the Claim Editor screen. To correct the warning, double click on the warning.

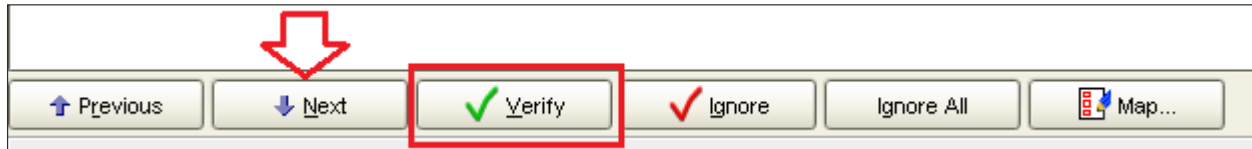
Severity	Warning
High	Patient Date of Birth is required!

Once you double click the warning, SolAce will take you to the box that you need to correct. In this example, the Patient’s Date of Birth is missing. The image below shows the box that was highlighted after the warning was double clicked.

CMS-1500	Payers	Patient	Provider	Diagnosis	Services	Tr
Account #	SMISU001					
First Name	SUSAN				M.I.	
Last Name	SMITH				Suff	
Birth Date					Gender	F
Address	123456 LIVE ST					
City St Zip	PHOENIX	AZ	...	85053		
Country Code		...				
Signature		...		Date	2011-01-01	

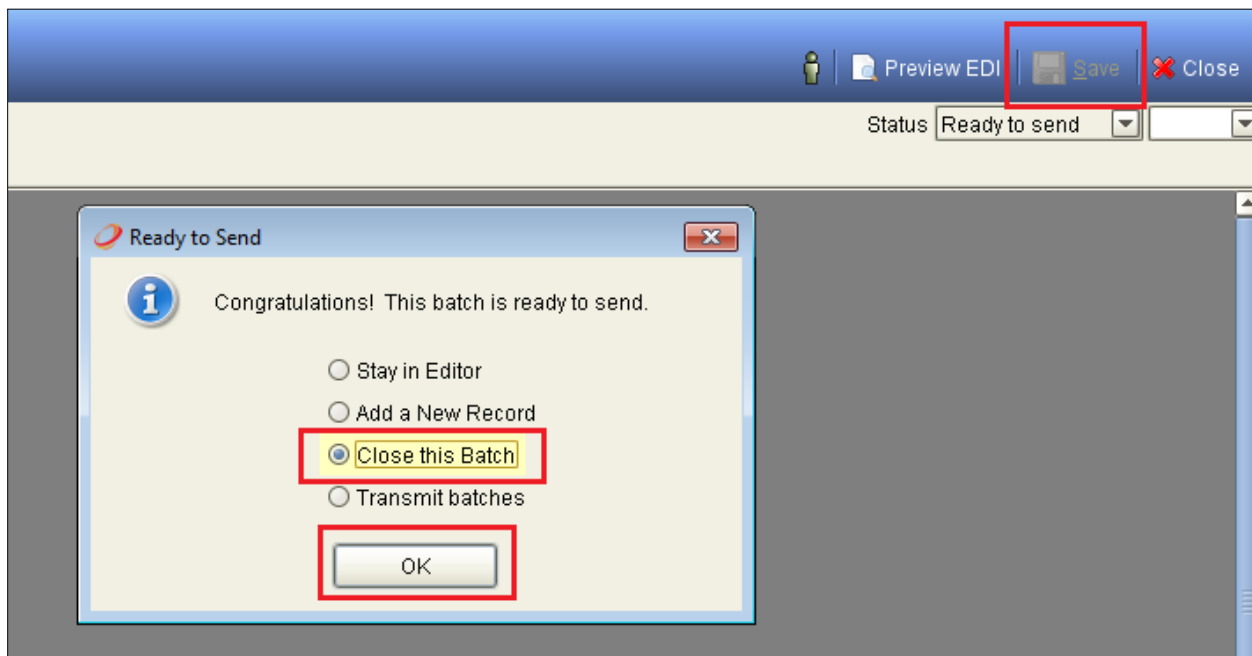
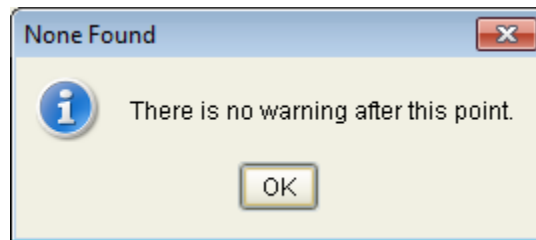
Note: The most common errors (warnings) for VNSNY claims are for Invalid Member IDs or Invalid Patient names. If you see warnings in SolAce for those values, just double click on the warning and fix the Member ID or Member Name.

Once the values or fields have been corrected, click on the Verify Button at the bottom. If the error has been fixed, the warning will disappear. (If you have more than one line of warnings, make sure you work your warnings in order by double clicking on the first warning listed first.)



Once your warning has disappeared, click on the Next button to go to the next claim with a warning.

Once you have corrected all of your warnings, SolAce will tell you that you have no more warnings to fix. Click on the Save button located at the top right hand side of the screen. After you click on the save button you will get a pop up box that says Congratulations, your batch is ready to send. Choose the option to Close the batch and click OK.

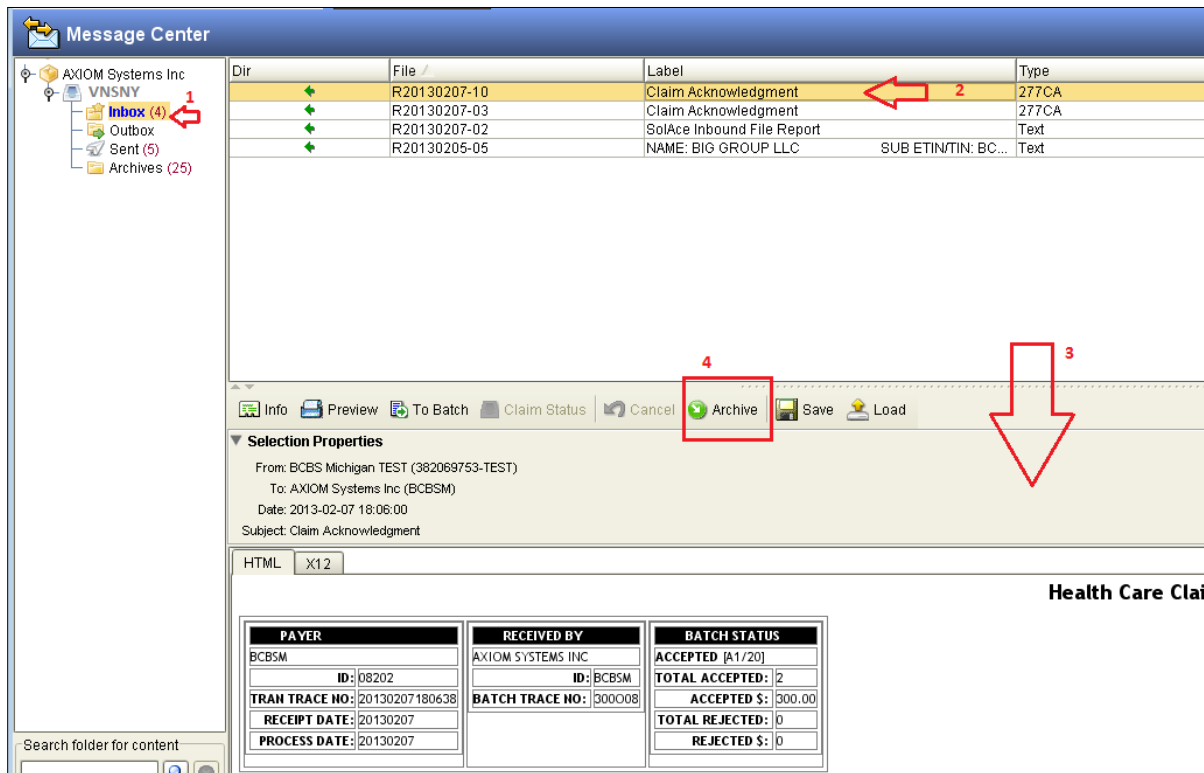


Click on Transmit button in the Batch Editor screen and then Generate once you are in the Message Center to send your file.

Reading your Response Reports

After your file leaves your Outbox, your claims will be in the “Sent” status. In 24 hours, you should receive reports in your Inbox folder located in the Message Center. It is very important that you read all of the reports that you receive in your Inbox. Each report you receive will inform you if the claims that you have sent are accepted or if any of them are being rejected. If you receive a report that says your claim is being rejected, you will need to correct the issue stated on the rejection report and resubmit your claim.

To read your reports, just click on your Inbox. The top pane will display your reports. Click on a report to preview its contents on the bottom pane. Once you are done reading your report, click the Archive button in the middle of your screen to move the report to your archive folder.



This completes your Daily Billing Flow.

Details about the SolAce Screens

Provider Setup Screen

Setup Menu >Provider, click Add or select a record and double click to Edit

This will already be setup for you. The Provider Profiles contain all of the information about the Billing Provider, Group Practice or Organization, and Rendering Provider(s). AXIOM uses the information entered in this area to confirm if the information on your claims is clean and ready for electronic billing. You may go to this screen to verify the information that has been setup for your billing provider/entity profile(s).

SolAce EMC 3.1.2 - Accounting Test Bed

File Edit Reports Setup Tools Help

Provider File

Import Merge Refresh Save Close

Search Edit

Accept Cancel Print Label

Provider Entry Type Organization or Solo Practice Group Practice Group Provider

Group Name: Medical Partners Inc

Address 1: 456 State Street

Address 2: 2

City ST Zip: Phoenix AZ 85001

Medicare Participating?

Provider Signature on File?

Optional

Pay To: (self)

Phone: 6025561213

Contact Name: Mary Clerk

E-mail:

State License:

Site No.:

Location No.:

Taxonomy: 207Q00000X

Org. Type: 002 - Partnership

Provider Code: MEDIC0001

Tax ID: 86000458

Type: EIN/TIN

NPI: 1234567893

Medicare A PIN:

Medicare B PIN: 3280456

Medicaid PIN: 80456

Tricare PIN:

Blue Cross PIN: 80456000

Blue Shield PIN:

Commercial PIN: 86000458

HMO PIN:

PPO PIN:

PIN Overrides...

Help

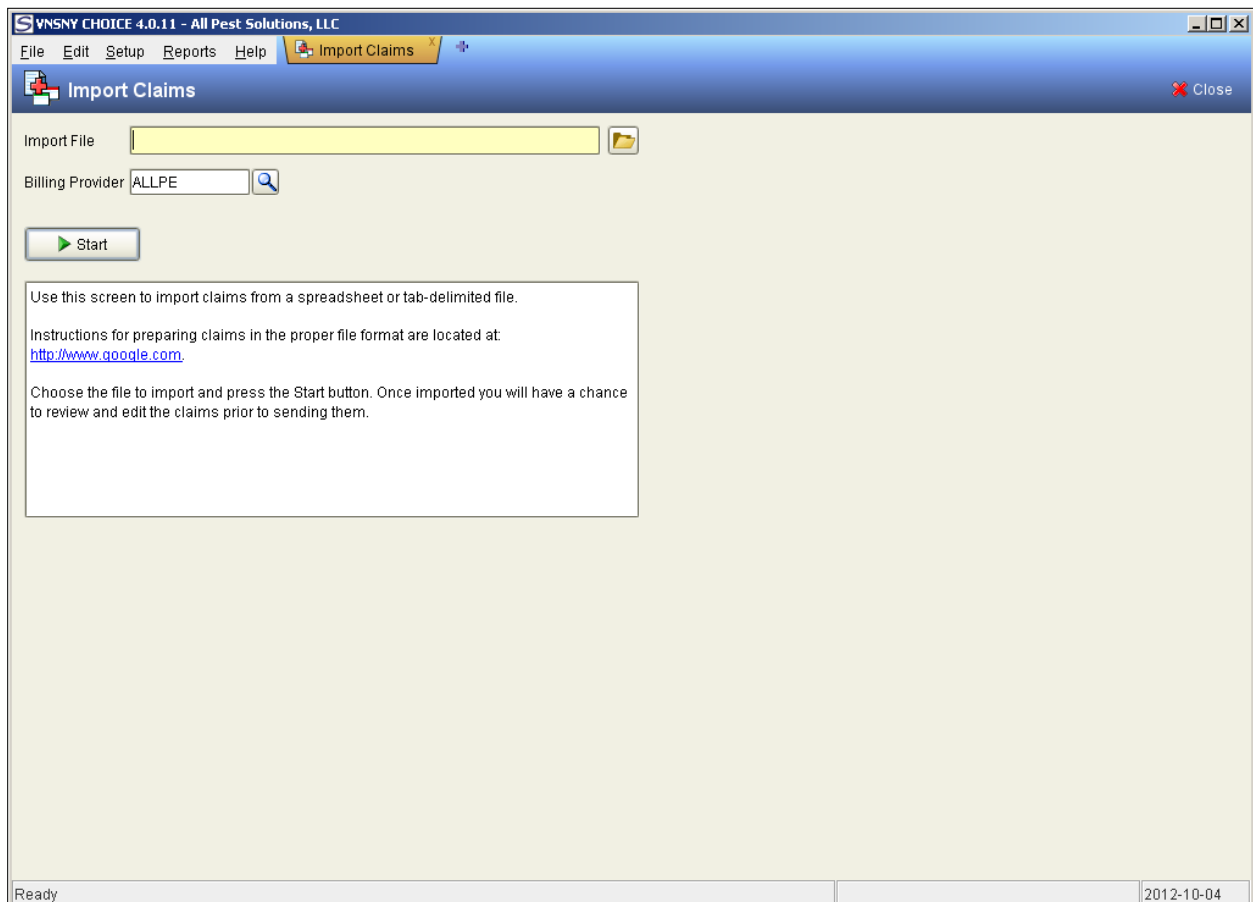
You must setup and maintain this Provider list separately from your practice management system. There are new attributes that are mandated for electronic claims by the HIPAA regulations that most practice management systems and standard claim forms do not provide entry fields for. The Provider ID you print on your hard-copy forms needs to be in the list above, as that is how your hard-copy forms are mapped to an entry in this Provider list to refer to claims received. You will be used for medical claims if you are Provider ID that did...

2007-07-11

Import Screen

File Menu > Import, click on the folder to browse to your file, choose your Billing Provider by clicking on the magnifying glass, and click Start.

The Import Data feature allows you to import data that has been exported into a CSV, XLS, or a TXT file. If importing claims from a file is not an option for you, you may also hand enter your claims individually into AXIOM using the CMS-1500 screen located within the Claim Editor screen.



Batch Manager Screen

File Menu>Batch Manager

In the Batch Manager screen, you can select a batch that you would like to review and open into the Batch Editor screen. Once you are in the Batch Editor screen you can select individual claims that have errors that need corrections.

Important things to know about the Batch Manager columns:

File /	Label	# Claims	Total \$	Create Date	Transmit Date	Status	Tags
--------	-------	----------	----------	-------------	---------------	--------	------

File – Filenames are created based on the date and a number indicating the order in which it was created on that date: [year] [month] [day] - ##. A file named 20121111-03 was the third file imported on November 11, 2012.

If the Tags assignment feature is used, the Tag name will appear in the Tags column.

Label – This is a descriptive title that can be assigned to a file at import or a later time in the batch manager by highlighting a batch and clicking on Label at the bottom. This is not a necessity, but can be a great help in identifying your batches when tracking problems with claims. You may also assign Tags and Colors to your batches using this button.

Transmit Date – This date is helpful to note when tracking a claim through the message center, as file naming in the message center for this column is similar to file naming in the file manager.

Status – The status field reflects the stage of the electronic claim. (I.e. ready to send, outbound, sent, etc...)

NOTE: It is extremely important to note that although the status for a batch in the batch manager may be “Accepted,” this only means that it has been accepted by a payer’s EDI processing system, and not by the actual claims processing department. The status “Accepted” does not mean that a payment is on the way.

Batch Editor Screen

To get to the Batch Editor screen, go to File > Batch Manager and double click on a batch that you would like to review. Double clicking your selected batch will automatically open the Batch Editor screen.

Important items to review in Batch Editor Screen

Status Button– If a batch needs to be edited and resent for any reason (i.e., it was previously rejected and needs a change), just click on the button that says Status at the bottom of the screen or the ellipsis button to the right of the status field near the top, and click on the drop down menu on the “View/Change Status” box that appears and change it to “Resend” and click ok.



Report Button– The report button at the top right will give you the option to print a summary report or a detailed report for your batch.

Transmit Button– This button will enable you to send out claims in your batch that are ready to send even though you still have a few with warnings that you need to work on. Clicking this button will separate the claims with the status of “ready to send” or “resend” to another batch that is clear to send.

Preview EDI Button - AXIOM has conveniently added this button so that you can preview what your EDI file will look like once your batch is in the "Ready to send" status.

Print Button - To print your claim onto a CMS form that you have purchased, use the "Print Preview" feature. To print the claim with an image of the CMS form onto a blank piece of paper with colored ink, use the "Save as PDF Forms" feature. Remember to select one or more claim(s) prior to pressing the "Print" button. Please note that forms are sold and cut by different vendors so the data may not always line up correctly with your vendor forms.

Status Column - This column will show you the specific claim's status. If the claim's file has been sent, it will even show you the outbound file control number that was assigned to the outbound file that was sent to your payer. This number is often referenced in the inbound files that you receive in your inbox from your receivers.

Mailbox Column – It is best to double check this column to make sure that your claims are going into the correct mailbox before you generate your EDI outbound file.

Claim Editor Screen

To get to the Claim Editor screen, go to File> Batch Manager, double click on a batch to open into the Batch Editor screen and then double click on a claim to open into the Claim Editor screen.

Here, you can go through each claim and correct any errors that each claim has. The errors are represented by warnings at the bottom of the screens.

The Claim Editor screen contains the details of a patient's claim. The first tab is an image of a CMS-1500 form. The following tabs contain further details about the claim which may not appear on the CMS form. *NOTE: Electronic claims require far more information than Paper Claims. There are not enough fields on the traditional CMS form to hold the information necessary for electronic claims.

Solace EMC 3.1.2 - Accounting Test Bed

File Edit Reports Setup Tools Help

Claim Editor - Scenarios 1-5

1 of 4 Accept Add Delete Status Ready to send

CMS-1500 Payers Patient Provider Diagnosis Services Transportation Chiropractic Attachments HHCP

Payer ID 03102 Arizona Medicare B
Mailbox AZ00456 Direct Claim
Bill To Primary

1500

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #)	MEDICAID (Medicaid #)	TRICARE CHAMPUS (Sponsor's SSN)	CHAMPVA (Member ID)	GROUP HEALTH PLAN (SSN or ID)	FECA BLK/LUNG (SSN)	OTHER (ID)	1a. INSURED'S I.D. NUMBER 111223333A
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Able, Alfred A			3. PATIENT'S BIRTH DATE 1930-01-01		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) Able, Alfred A	
5. PATIENT'S ADDRESS (No., Street) 123 Main Street			6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 123 Main Street		
CITY Phoenix		STATE AZ	8. PATIENT STATUS Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Other <input type="checkbox"/>			CITY Phoenix	
ZIP CODE 85053	TELEPHONE (Include Area Code) 6025551212		Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>			ZIP CODE 85053	TELEPHONE (Incl...)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) b. AUTO ACCIDENT? c. PLACE (State)		11. INSURED'S POLICY GROUP OR FECA NUMBER NONE		
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH 1930-01-01 M <input checked="" type="checkbox"/>		
b. OTHER INSURED'S DATE OF BIRTH			b. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. EMPLOYER'S NAME OR SCHOOL NAME		

Box 09A: Insured's Policy, Group, or FECA #

No Warnings Patient: Able, Alfred A Provider: Local Ambulance

Field	Severity	Warning	Status
-------	----------	---------	--------

Previous Next Verify Ignore Ignore All Map...

Ready 2007-07-11

Warnings in Claim Editor

Warnings – To correct your warnings, double click on a warning at the bottom of the claim editor screen. Once you double click on a warning SolAce will move your cursor to the appropriate tab that needs correction and it will highlight the specific field in the claim that needs to be corrected. Often, the fields will either have a drop down list or a magnifying glass next to it that will take you to a list of options to choose from to correct the error/warning.

Field	Severity	Warning	Status
-------	----------	---------	--------

Navigation Arrows

To review each claim record within your batch, use the navigation arrows at the top of the screen.



Important things to know about the Claim Editor tabs

CMS-1500	Payers	Patient	Provider	Diagnosis	Services	Transportation	Chiropractic	Attachments	All Fields
----------	--------	---------	----------	-----------	----------	----------------	--------------	-------------	------------

Tabs – Each tab running across the top of the page after the CMS-1500 tab relates directly to a box in the CMS-1500 tab. Therefore, any information entered in the CMS-1500 fields will also be automatically populated into its related detail tab in the Claim Editor screen.

All Fields – This tab brings you to a screen that contains a listing of data from all of the tabs in the Claim Editor screen, and can be a useful place to find an unusual piece of data that may be causing a problem.

Important things to know about the Claim Editor buttons

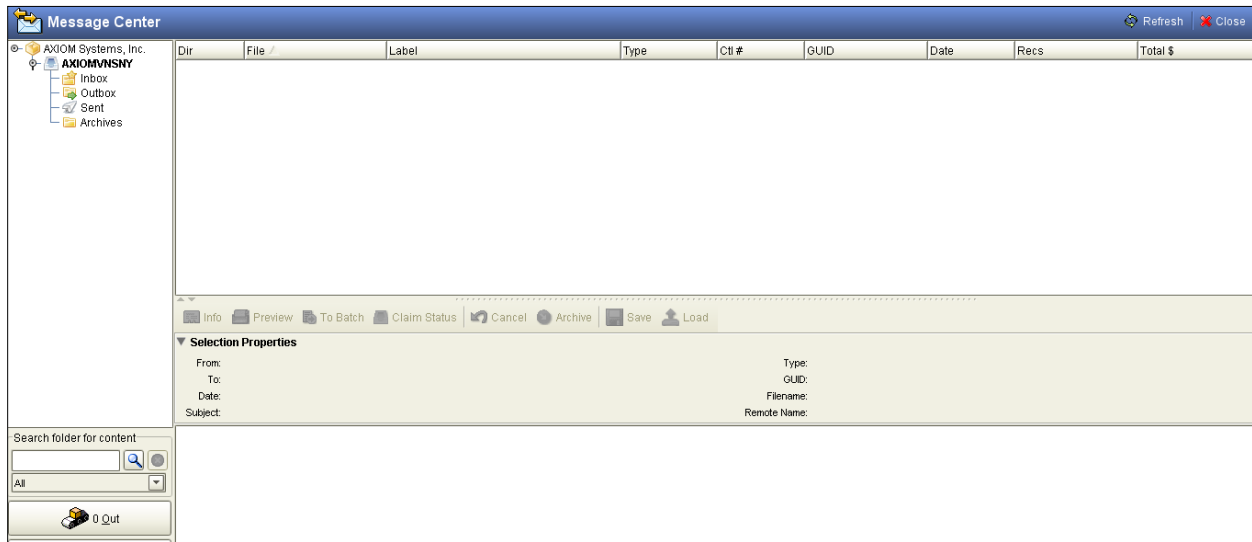
Verify – After correcting a warning, you should click on “Verify” to confirm that the error has been corrected. The error message should immediately disappear if the error correction was successful.

Ignore – This button should only be used if you know for sure that the data being labeled as incorrect is in fact correct. To un-ignore previously ignored warnings, highlight the warning and press ignore again. Click yes when prompted to confirm.

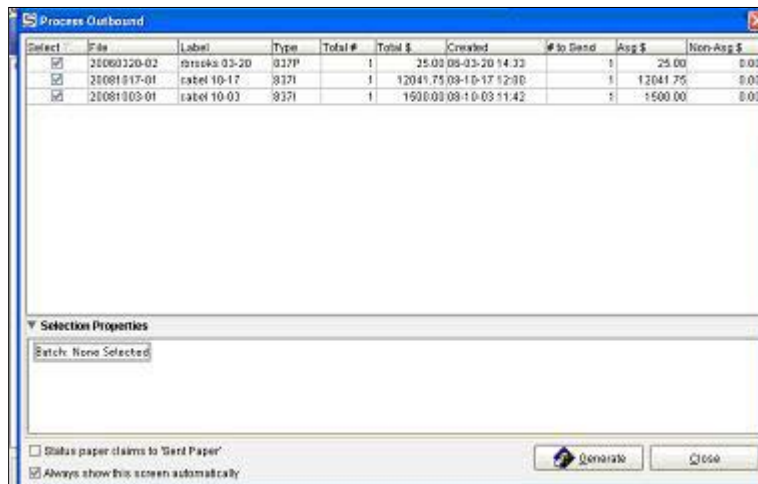
Message Center Screen

File Menu > Message Center, click on the Inbox to access the response reports you need to read or Click the Generate button on the Process Outbound box* to generate your electronic claim into and EDI file.

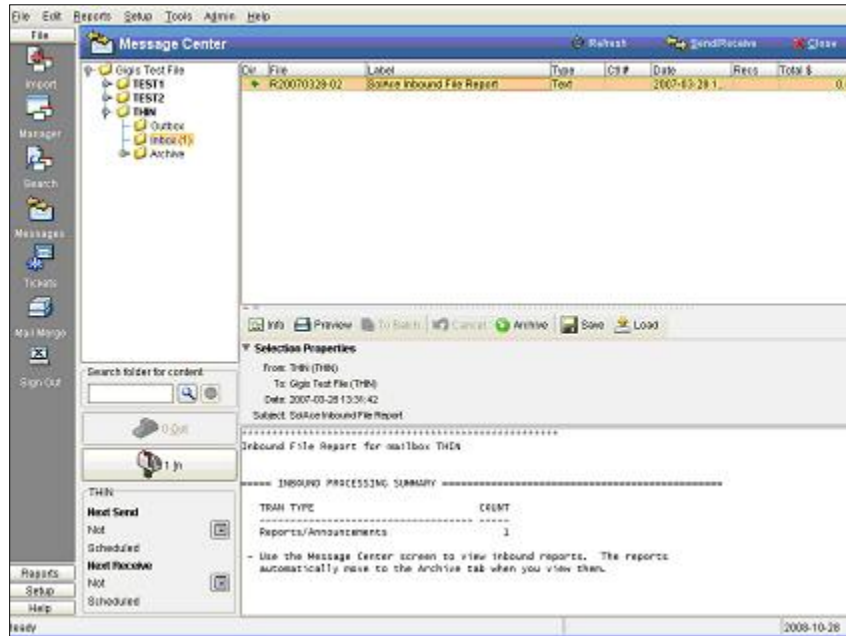
The Message Center is where all of your transmissions take place. This is where your claims are converted to the 837 EDI format and sent to TMG. This is also where you will receive messages from TMG to let you know if your claims have been accepted for processing or denied for errors. With your direct connection to TMG, you are able to find out in 24hrs or less if your claims are good to go for processing!



*The Process Outbound box only appears when you have batches in the Ready to Send or Resend status



The message center consists of 3 panes; a Files list pane (located at the top half of the screen), a Preview pane (located at the bottom half of the screen), and a mailbox list pane located on the left side of the screen. Each of your mailboxes listed on the left pane will contain its own outbox, inbox, sent and archive folders.



Important things to know in the Message Center

Outbound files - All outbound files are automatically archived after they are sent, and can be found by clicking on your mailbox ID > sent folder. Each outbound file is assigned a Ctl (control) number which is often referenced in the reports you receive back from your payers.

Inbound files - All inbound files are archived after you double click on them and view them. If you prefer to use the preview pane at the bottom instead of opening the full report, it is your responsibility to manually archive the report by pushing the "Archive" button in the middle of the screen.

Sending – Files are automatically sent every 10 minutes or so. However, you can choose to send your batch at a preferred time by clicking the calendar button at the bottom left just below where it says “Next Send” and choose a desired date and time to send. Or the batch can be queued for immediate transmission by clicking “Now” and “Schedule” instead of entering a date and time

Receiving – Files can be received the exact same way as the “Sending” procedure above by using the

calendar button next to “Next Receive.”

Load – this button can be used if you receive files from TMG by another means, such as a web portal, and need to load the file you downloaded into AXIOM (such as an electronic EOB).

To Batch - If you go to a mailbox > sent folder and select a previously sent file, you may click this button to be automatically transferred to the Batch in the Batch Editor screen. This is a very helpful feature when trying to resolve issues with previously sent batches that need resending. You can also click the To Bath button if you are looking at a 999 or 277CA report and you’d like to open the batch that is related to that report.

Cancel - If you mistakenly generated an outbound file, you may highlight the file and press the cancel button to remove it from the outbox folder.

EDI

Once claims are clean and 'Ready to Send', a simple click on the “Generate” button converts your claim information to the EDI format that meets HIPAA regulations.

```
From: VNSNY CHOICE (VNSNY)
To: AXIOM Systems Inc
Date: 1/17/13 8:32 PM
Subject: admin 11-19

ISA*00*          *00*          *ZZ*AV09311993    *01*030240928    *130117*2032*<*00501
+ *000000114*1*P*::~~
GS*HC*V06230*030240928*20130117*2032*114*X*005010X222A1~
0001 ST*837*0001*005010X222A1~
0002 BHT*0019*00*300001*20130117*2032*CH~
0003 NM1*41*2*AXIOM SYSTEMS INC*****46*AV01101957~
0004 PER*IC*CATHY CRANER*TE*4802133095*EM*CRANERC@MSN.COM~
0005 NM1*40*2*AVAILITY CLEARINGHOUSE*****46*030240928~
0006 HL*1*20*1~
0007 PRV*BI*PXC*207VF0040X~
0008 NM1*85*2*SANFORD BROWN OB GYN*****XX*1234567893~
0009 N3*1123 EASY STREET~
0010 N4*PHOENIX*A2*853069898~
0011 REF*EI*123456789~
0012 HL*2*1*22*0~
0013 SBR*P*18*12345*****CI~
0014 NM1*IL*1*BELL*TINKER*L**JR*MI*ABDCW1234~
0015 N3*123456 DREAMY STREET~
0016 N4*MESA*A2*85226~
0017 DMG*D8*19661123*F~
0018 NM1*PR*2*UNITEDHEALTHCARE*****PI*87726~
0019 CLM*BELTI001*100***11:B:1*Y*A*Y*Y~
0020 REF*D9*00681232406FE~
0021 HI*BK:25000~
0022 SBR*S*18***12***MB~
```


Payment Manager Screen (for Remittance Advices)

File Menu > Payment Manager, double click on an ERA to print the full report or select a specific patient's name, click Print then the Selected Payments button to print and individual's ERA report. You may also right click on an ERA and choose Export to export your ERA to a file.

Providers will receive EOBs electronically; you will find that TMG is able to drop your EOBs into your inbox. With the Remittance Advice viewer, you can print individual EOBs or print your entire EOB report in your desired sort order (for ex: by name, by DOS, etc...) If desired, you can even export the EOBs to a file so that it can be imported for account reconciliation.

Remittance Viewer

Batch Label: 30708 Fr:00832 To:23456
 Status: Processed
 Create Date: 2003-07-08 00:00:00
 Transmit Date: 2007-07-11 16:52:24

Payer: 32 - MEDICARE SERVICE CENTER
 Payee: 23456 - SUN VALLEY SPECIALISTS
 Total Paid: 3315.98
 Trace #: CHK 121212121

20070711-01 CHK 121212121 PD:20030708 Fr:00832 To: 47 claims 3315.98 Processed 2007-07-11

Insured ID	Acct No	Patier
111111111D	ANDEV010	ANDEV
373737373A	CHACL000	CHARL
222222222A	COMRA000	COMES
333333333A	DENJU000	DENZE
444444444A	DUPKE000	DUPON
555555555C1	FISJU000	FISHER
666666666A	FOOJA000	FOOTL
666666666A	FOOJA000	FOOTL
777777777A	GAJJO000	GAILEI
777777777A	GAJJO000	GAILEI
888888888A	GASHE000	GASSA
999999999A	GRADE000	GRANT
101010101A	HEAMO000	HEADS
383838383A	HERGE000	HERMA
110110110D	HOSHE000	HOSTE
121212121A	KAJJO000	KAJINA
131313131A	KAMRO000	KAMLI
141414141A	LADLA000	LADEE
141414141A	LADLA000	LADEE
151515151A	LEWJO001	LEWIN

Health Care Claim Payment/Advice

PROVIDER #: 23456
 PAGE #: 1 OF 5
 DATE: 8-Jul-2003
 CHECK/LEFT #: 121212121

	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC	AMOUNT	PROV PAID
ICN 1803178293980	90.00	78.91	0.00	15.78	CO-42	11.09	63.13
	75.00	48.05	0.00	9.61	CO-42	26.95	38.44
TOTALS	165.00	126.96	0.00	25.39		38.04	101.57

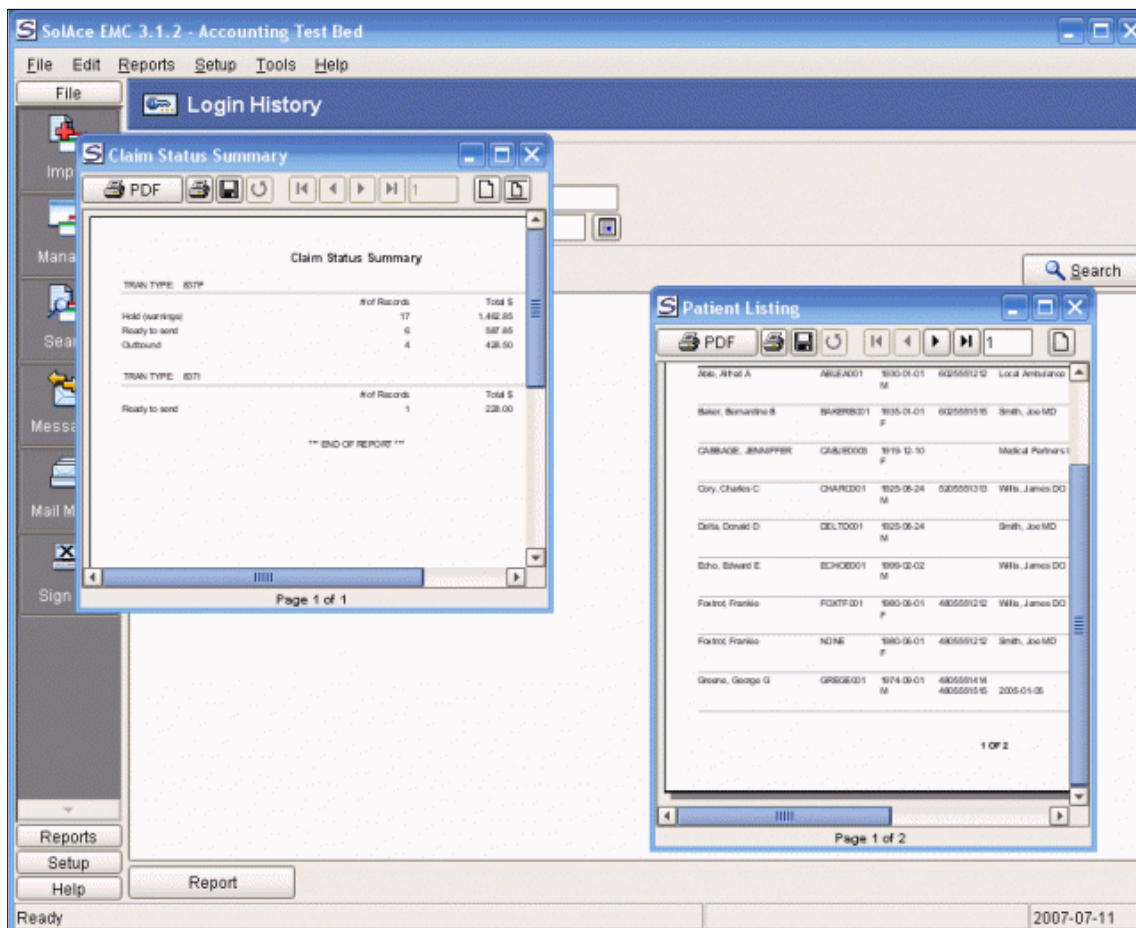
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Reports

Reports Menu

A few reporting features in AXIOM will help you organize your data.

- Provider Listing Report
- Claim Status Summary Report
- Transmission Report
- Transmitted Claims Report

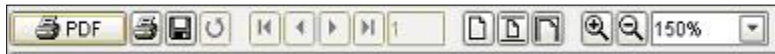


Printing Management Reports in AXIOM

Reports

There are many useful reports that you can print in the Reports menu that contain valuable information.

Report Preview Buttons



PDF-The first button on the toolbar will allow you to save a PDF copy of the report to your computer.

Print-The second button will send the report to your printer.

Arrows-The arrows on the toolbar will let you navigate to the first, previous, next, or last page of the report.

Zoom-The magnifying glass buttons will let you zoom in and out to see the report better on your screen.

NOTE: Reports consume considerable amounts of memory, so be sure to close the windows when you are finished looking at the report.

Type of Reports

Reports > Provider Listing

The Provider Listing report produces a print out of the AXIOM Provider List sorted by type of entry and name. The Tax ID and several NPIs are included on the report to make it a useful snapshot of your provider list.

Reports > Claim Status Summary

The Claims Status Summary report displays a count of claims and total dollar amount for each status that AXIOM tracks. This report operates on all data files present in the Batch Manager screen, but does not examine archived data files.

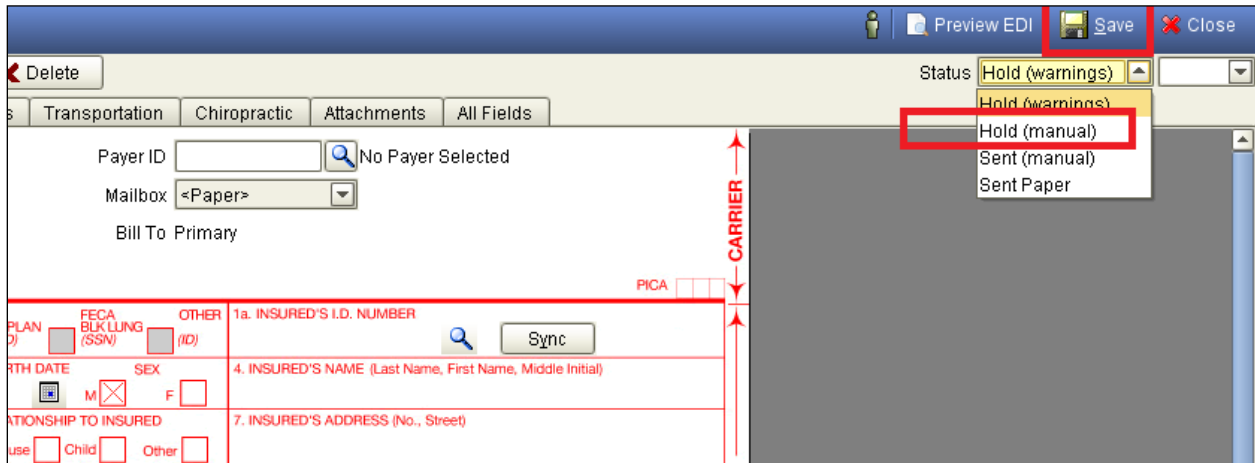
Reports > Transmission Report

The Transmission Report produces a list of all outbound transmitted files. It includes the control number for each file and an X next to each control number where a HIPAA compliant acknowledgment has been received. Use the Claims Listing Report in conjunction with this report if you want to track your transmissions closely.

Quick Tips

Holding a Claim in a Batch

If you have one claim that you would like to “Hold” in your batch, you may change the status of just that one claim to “Hold Manual” and click Save and Close. Once you are back in the Batch Editor Screen, you may click Transmit and SolAce will hold that one claim and send the rest of the claims in your batch. This process is called Processing a Partial Batch.



Exporting your EOBs to a spreadsheet

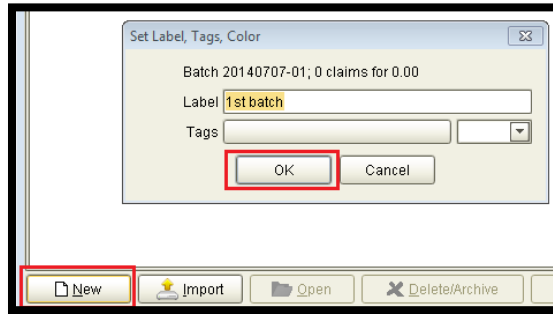
1. Click on File then Payment Manager
2. Right click on an EOB and choose Export
3. Export folder – This is the drive or folder that you want your file exported to
4. Filename Prefix – This is what will be the beginning of the file name once it's exported
5. Format – Choose “VNSNY ERA Exporter”



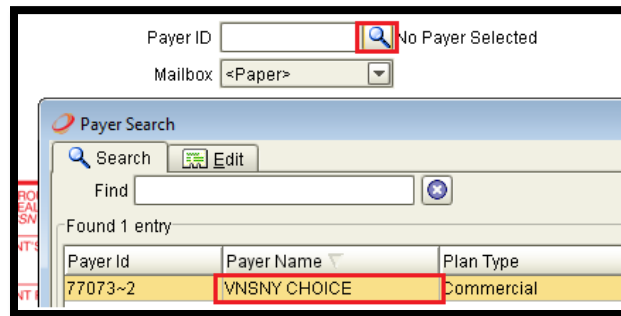
Hand Entering Claims Manually

It is highly recommended that users use the spreadsheet VNSNY provides to import billing data into SolAce to avoid data entry errors, however, in the event that a user must hand key a claim into SolAce, the steps below must be followed:

1. From the Batch Manager Screen, click on the “New” button
 - a. Give the batch a label and click “OK”



2. In the Payer ID box at the top, click on the magnifying glass and select Payer Name “VNSNY CHOICE”.



3. In Box 1a – Enter the Member’s ID#
4. In Box 2 – Enter the Members name in this format “Last, First”

1. MEDICARE <input type="checkbox"/> (Medicare #)	MEDICAID <input type="checkbox"/> (Medicaid #)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN (SSN or ID)	FECA BLK LUNG (ID#)	OTHER <input type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE		SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	

5. Enter the Authorization Number in Box 23
6. Go down to the service lines and enter the service date in Box 24A
7. Enter the Procedure Code and Modifiers in Box 24D
8. Enter Total Charges for the Service Line in Box 24F
9. Enter the number of Units for the Service Line in Box 24G
10. Enter the Provider’s Invoice Number in Box 26

- In Box 33a, click on the magnifying glass and select the appropriate billing entity record for the claim

The screenshot shows a complex medical billing form with multiple sections:

- Section 21:** DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Includes fields A through L for ICD-9 codes. Field A contains '7999'. ICD Ind. is '9'.
- Section 22:** RESUBMISSION CODE and ORIGINAL REF. NO.
- Section 23:** PRIOR AUTHORIZATION NUMBER (highlighted in yellow).
- Section 24:** A table with columns for DATE(S) OF SERVICE (From MM/DD/YY to To MM/DD/YY), PLACE OF SERVICE, EMG, PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS and MODIFIER), DIAGNOSIS POINTER, \$ CHARGES, DAYS OR UNITS, EPSSOT Family Plan, I.D. QUAL, and RENDERING PROVIDER ID. #. The first row has a yellow highlight in the date field and '12' in the EMG field. The I.D. QUAL column has 'NPI' entries.
- Section 25:** FEDERAL TAX I.D. NUMBER, SSN, EIN.
- Section 26:** PATIENT'S ACCOUNT NO.
- Section 27:** ACCEPT ASSIGNMENT? (For gov. claims, see back). YES (checked) and NO.
- Section 28:** TOTAL CHARGE (0.00).
- Section 29:** AMOUNT PAID (0.00).
- Section 30:** Rsv for NUCC Use.
- Section 31:** SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS.
- Section 32:** SERVICE FACILITY LOCATION INFORMATION.
- Section 33:** BILLING PROVIDER INFO & PH #.

At the bottom, there are search icons (magnifying glasses) and a 'Non-person' checkbox.

- If you must enter a Pick-up and Destination Address, you must click on the Services Tab at the top and complete the Ambulance Pick-Up and Ambulance Drop-Off sections

The screenshot shows a software interface with the following elements:

- Top Tabs:** CMS-1500, Payers, Patient, Provider, Diagnosis, **Services** (highlighted), Transportation, Chiropr.
- Sub-Tabs:** **Service Line** (highlighted), COB Info, NDC, DME/OXY, Rental, EPO, Attachments.
- Notes:** A text area for notes.
- Rendering / Service Provider:** A section with expandable options: Referring Provider, Supervising Provider, Ordering Provider, Purchased Service Provider.
- Service Facility Location:** A section with expandable options: Ambulance Pick-Up and Ambulance Drop-Off.
- Ambulance Pick-Up:** Fields for Address, City, St, Zip.
- Ambulance Drop-Off:** Fields for Destination (highlighted in yellow), Address, City, St, Zip, and Patient Count.

- Click "Verify" at the bottom and "Save" on the upper right hand side of the screen
- Close your batch and click "Transmit" at the top to Generate your file

Technical Support

If you need assistance with the SolAce application please contact us at:

Phone: 888-884-5305 or 602-535-8557

Email: vnsny.setup@axiom-systems.com