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.
4. 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).

5. 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.
6. 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.

7. The next step is to enter the Billing Address. Click on **Create New Billing Address**.

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

9. 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 Demographics](image)

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](image)
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*.
4. Select the necessary ENS claim file and click *Open*.
5. Once file has been selected, click on Send Claims.
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.
7. The following CMS1500 claim screen will appear. The boxes highlighted in Red are the items that need to be corrected. Make the necessary corrections and click on the Submit Claim button.
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: T1X                                                                  *
* 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
Clm 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
PUBLIC, JANE                     DOE, JOHN                  PUBLIC, JANE
220.00  
ACCEPTED - ECT #: Z123456720050115011112 ---->
```
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 it’s 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:
<table>
<thead>
<tr>
<th>Report Date: 09/22/05</th>
<th>ENS CLAIMS PROCESSING - UNABLE TO PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLAIMS ARE MISSING CRITICAL PROVIDER INFORMATION. CLAIMS WILL BE PURGED FROM ENS SYSTEM IN 45 DAYS IF THE PROVIDER INFORMATION IS NOT RECEIVED.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>As of</th>
<th>Ptn</th>
<th>Payor Code</th>
<th>ENS ID</th>
<th>Pat Acct #</th>
<th>Insured ID#</th>
<th>Svc Date(s)</th>
<th>Clm Val</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/22/05</td>
<td>999999999</td>
<td>99999999</td>
<td>001</td>
<td>Z1234567</td>
<td>DOE001</td>
<td>X12345678</td>
<td>05/19/05-05/19/05</td>
<td>CA</td>
</tr>
<tr>
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<tr>
<td></td>
<td></td>
<td>JANE</td>
<td>JOHN</td>
<td>DOE</td>
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<td></td>
</tr>
</tbody>
</table>

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.
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:

<table>
<thead>
<tr>
<th>Report Date: 09/22/05</th>
<th>AETNA CLAIM STATUS REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of</td>
<td>Payor Code</td>
</tr>
<tr>
<td>Pftn</td>
<td>Patient Name</td>
</tr>
<tr>
<td>Ps</td>
<td>Provider Name</td>
</tr>
<tr>
<td>ENS ID</td>
<td>Clm Val</td>
</tr>
<tr>
<td>Pat Acct #</td>
<td>Status</td>
</tr>
<tr>
<td>Insured ID#</td>
<td></td>
</tr>
<tr>
<td>Svc Date(s)</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Report Date: 09/23/05</th>
<th>UNITED HEALTH CARE CLAIM STATUS REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of</td>
<td>Payor Code</td>
</tr>
<tr>
<td>Pftn</td>
<td>Patient Name</td>
</tr>
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<td>Ps</td>
<td>Provider Name</td>
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<td>ENS ID</td>
<td>Clm Val</td>
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<tr>
<td>Pat Acct #</td>
<td>Status</td>
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<tr>
<td>Insured ID#</td>
<td></td>
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<tr>
<td>Svc Date(s)</td>
<td></td>
</tr>
</tbody>
</table>

09/21/05 888888888 0001 Z1234567 PUB0002 999999991 08/12/05-08/12/05 UHC PUBLIC, JANE DOE, JOHN PUBLIC, JANE 220.00 CLAIM ACCEPTED ENS ECT Number: Z123456720050115011112 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.