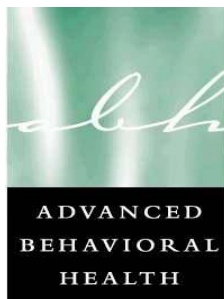


**ABH Claims Entry System
(ACES)
Internet Claims System
User Manual**



Advanced Behavioral Health, Inc.
July 1, 2005

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Login

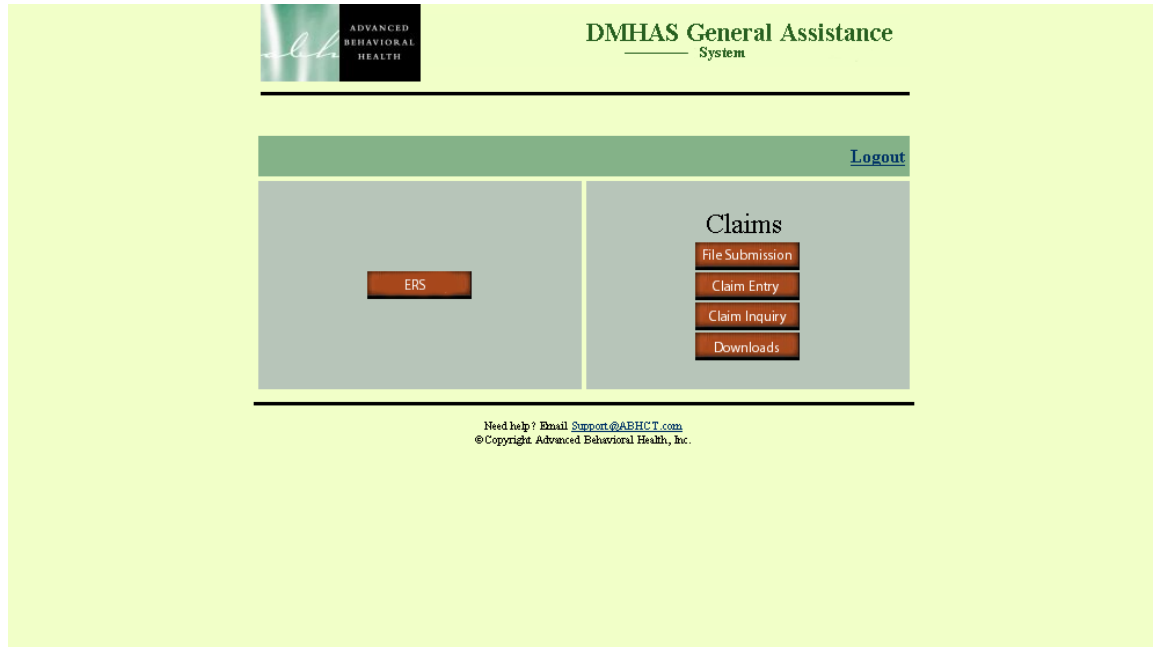
The login page can be accessed by navigating to the ABH website, www.abhct.com. Once there click the Login tab at the top and choose GABHP/ERS/Claims button.

Please note: This website uses popup windows. Popup blocker software should be disabled when using this system.

In order to log into the claims system, enter your assigned Username and Password. If you do not have a username and password at this time, please contact Provider Relations at 800-606-3677, Option 2.

If you experience any difficulty in using ACES, please contact our Customer Service staff at (800) 606-3677, Option 2.

Main Menu



When logging into the system a user will have access to the Claims system, ERS or both depending on security access assigned.

The claims system has four options – File Submission, Claim Entry, Claim Inquiry, and Downloads. The buttons seen by a user will be determined by the security level requested on the Access for Request form submitted. If a user does not have access to a particular section of the system, that button will be hidden from view.

File Submission – will bring the user to a page where they can submit HIPAA compliant 837 batch files. This will only be activated once the provider has tested and had their batch process certified.

Claim Entry – will bring the user to a page where they can data enter claims that they would like to submit. Based on the type of claim submitted by the provider, the staff will see either the HCFA1500 or UB92 screens.

Claim Inquiry – will bring the user to a page where they can inquire on claims that have been submitted. Information will be available on the status of the claims, as well as any information about the remittance and payment, if the claim has already been paid. This information will be available even if the original claim was submitted on paper.

Downloads – will bring the user to a page containing links to the error log files and/or the electronic 835 documents for their agency.

Main Menu (cont.)

Navigation Bar



At the top of each of the pages will be a navigation bar. This group of buttons will allow the user to move from one screen to the next, in any order. Clicking on any of the buttons will bring the user to the specified section of the system.

In order to exit the system, the user should ALWAYS click on the Logoff tab and this will exit the user from the system.

File Submission

The screenshot shows the 'File Submission' page of the DMHAS General Assistance Claims System. At the top left is the logo for 'ADVANCED BEHAVIORAL HEALTH'. To the right is the title 'DMHAS General Assistance Claims System'. Below this is a navigation menu with buttons for 'Main Menu', 'File Submission', 'Claim Inquiry', 'Downloads', and 'Logoff'. The main content area features a 'Provider Location:' dropdown menu. Below it is a grey box containing a 'Select Batch File:' text label, an empty file input field, a 'Browse...' button, and a 'Submit New/Resubmit' button. At the bottom of the page, there is a footer with the text: 'Need help? Email Support@AEHCT.com © Copyright Advanced Behavioral Health, Inc.'

Providers submitting HIPAA compliant 837 batches, either Institutional or Professional, will submit their files from this page.

PLEASE NOTE: All batches must be certified before the provider/user will be granted access to this page.

Provider Location:

Upon entering the page the user will choose their location from which they are billing from the drop-list.

Clicking on the Browse button will bring the user to a navigation window for their computer. This will allow them to choose the file, from their PC that they would like to submit.

Once the file has been selected, the user will click the Submit New/Resubmit button.

File Submission (cont.)

The screenshot displays the DMHAS General Assistance Claims System interface. At the top left is the logo for Advanced Behavioral Health. The main header reads "DMHAS General Assistance Claims System". A navigation bar contains buttons for "Main Menu", "File Submission", "Claim Entry", "Claim Inquiry", "Downloads", and "Logoff". The central message, in red text, states: "Batch File (CTGA000469-B000537_BATCH837.TXT) Has been submitted Successfully !!!". Below this is a yellow button labeled "Print confirmation". A question "Do you want to submit another file ?" is followed by "Yes" and "No" buttons. At the bottom, there is a footer with the text: "Need help? Email Support@ABHCT.com © Copyright Advanced Behavioral Health, Inc."

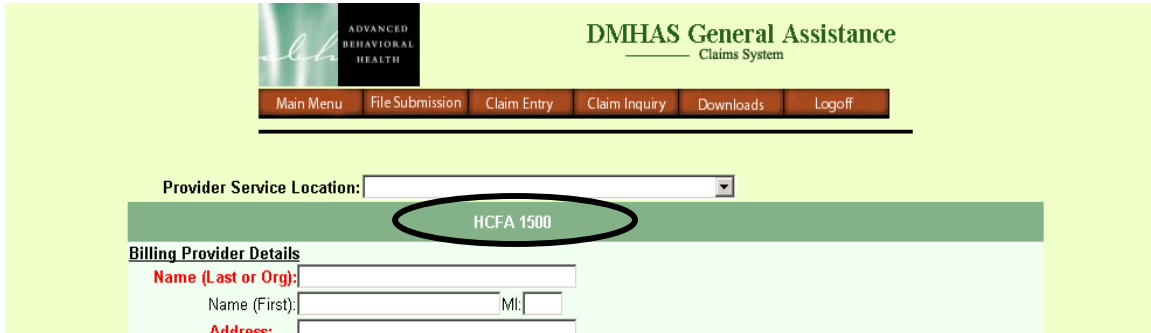
The user will then receive a successful submission indicator with the file name referenced at the top. This page will allow the user to print a copy and either submit an additional file, or go to the claim inquiry page.

Users should then check back on the downloads page to determine if the file passed formatting checks. (See error log translation for additional information)

Claim Entry

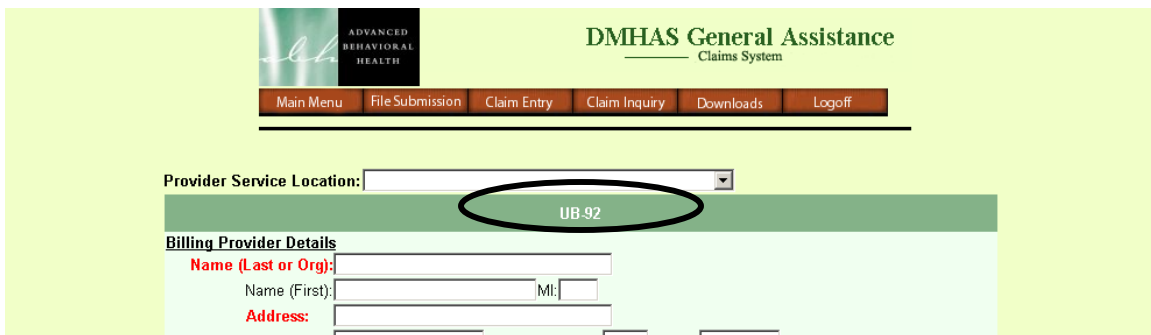
Navigating to the Claim Entry tab will bring up either the HCFA1500 or UB92 data entry screen. The screen shown will be based on the type of claim form submitted at the provider location.

HCFA1500



The screenshot displays the DMHAS General Assistance Claims System interface. At the top, there is a navigation menu with buttons for Main Menu, File Submission, Claim Entry, Claim Inquiry, Downloads, and Logoff. Below the menu, a dropdown menu for Provider Service Location is shown with "HCFA 1500" selected and circled in black. Underneath, the Billing Provider Details section includes fields for Name (Last or Org), Name (First), MI, and Address.

UB92



The screenshot displays the DMHAS General Assistance Claims System interface. At the top, there is a navigation menu with buttons for Main Menu, File Submission, Claim Entry, Claim Inquiry, Downloads, and Logoff. Below the menu, a dropdown menu for Provider Service Location is shown with "UB-92" selected and circled in black. Underneath, the Billing Provider Details section includes fields for Name (Last or Org), Name (First), MI, and Address.

At the top of the form there is a Provider Service Location drop-list. This list will be pre-filled with the locations for which the user may enter billing. Users may have access to only one site, or all sites based on the security level assigned.



A close-up of the Provider Location dropdown menu, showing the text "Provider Location:" followed by a dropdown arrow.

Choosing a provider location will pre-fill the provider information on either the HCFA1500 or UB92 forms. This will reduce data entry of provider information each time a claim is submitted. If at any time, pre-filled information does not match what is correct, the user may adjust the data by clearing the field and re-typing the correct information.

HCFA1500

DMHAS General Assistance
Claims System

Main Menu | File Submission | Claim Entry | Claim Inquiry | Downloads | Logoff

Provider Service Location: [Dropdown]

HCFA 1500

Billing Provider Details

Name (Last or Org): [Text]
Name (First): [Text] MI: [Text]
Address: [Text]
City: [Text] **State:** [Dropdown] **Zip:** [Text]
Phone: [Text] Fax: [Text]

Identification Numbers

Provider Tax ID Type: [Dropdown] **Tax ID:** [Text]
Provider #: [Text] **Practice Location Vendor#:** [Text]

Patient Details

EMS ID: [Text] **Go** [Button]
Name (Last): [Text] **First:** [Text] MI: [Text]
Address: [Text] Address2: [Text]
City: [Text] **State:** [Dropdown] **Zip:** [Text]
Date Of Birth: [Text] **Gender:** [Dropdown]

Primary Subscriber

Subscriber is Patient: **Subscriber ID:** [Text]
Name (Last): [Text] **First:** [Text] MI: [Text]
Address: [Text] Address2: [Text]
City: [Text] **State:** [Dropdown] **Zip:** [Text]
Date Of Birth: [Text] **Gender:** [Dropdown]
Relationship: [Dropdown]
Group Name: [Text] Group Number: [Text]
Payer Name: [Text]
Payer ID: [Text]
Release of Information: [Dropdown]
Assignments of Benefits: [Dropdown] **Signature Source:** [Dropdown]
Claim Filing Indicator: [Dropdown] **Secondary Subscriber >>** [Button]

Provider Accept Assignment: [Dropdown]
Original Reference#: [Text]
Claim Submitter's Identifier: [Text]

Diagnosis Codes: (Please do not use a Decimal Point) 1. [Text] 2. [Text] 3. [Text] 4. [Text]

This is the upper half of the HCFA1500 form. All fields that are in red are required. Any field that is black can be submitted but will not prevent the user from submitting a claim if left blank. Some fields may become required based on choices made in drop-lists on the page.

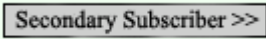
The first section of the form, up to the first line, will be pre-filled based on the choice made from the provider location drop-list.

The second section is the Patient Details. If the client, that the claim is being entered for, has been confirmed with DSS, when the user enters an EMS ID into the field and clicks the Go button the patient's information will pre-fill into the fields. This again will reduce the data entry needed to enter a client.

HCFA1500 (cont.)

If the patient is the subscriber, the Patient is Subscriber checkbox should then be checked. If this is done, the information from the Patient Details section will be filled into the Subscriber section.

If the client is not the subscriber then the user will need to type the information about the subscriber into the required (red) fields.

 If there are additional subscribers, the user can click the secondary subscriber button which will expand the page to show additional fields to capture additional subscriber information. The system will allow up to three subscribers to be entered.

HCFA1500 (cont.)

Claims Detail											
Svc From (MM/DD/YYYY)	Svc To (MM/DD/YYYY)	Place of Svc	Procedure	Modifier	Diag 1	Diag 2	Diag 3	Diag 4	Charges (\$)	Units	Non Covered Charges
									Total Charges: \$		

Rendering Provider
 Name (Last): First: MI:
 Provider Tax ID Type: Tax ID:
 Provider#:

Referring Provider
 Name (Last): First: MI:
 Provider Tax ID Type: Tax ID:

Dates of
 Disability From: To:
 Hospitalization From: To:

Attachment Information
 Attachment Type: Transmission Type:
 Control Number:

Submit

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The second half of the HCFA1500 screen contains the detail row information.



Once a user has entered all required fields into a claim, they can click the submit button.

HCFA1500 (cont.)

The screenshot displays the DMHAS General Assistance Claims System interface. At the top left is the logo for Advanced Behavioral Health. The main header reads "DMHAS General Assistance Claims System". A navigation bar contains buttons for "Main Menu", "File Submission", "Claim Entry", "Claim Inquiry", "Downloads", and "Logoff". The central message states: "Your Claim has been submitted Successfully !!!" followed by "Claim Submission ID For this Claims : 6947". Below this is a "Print confirmation" button and a question: "Do you want to submit another Claim ?" with "Yes" and "No" buttons. A "Provider Service Location:" dropdown menu is visible. A green header bar for "HCFA 1500" is present, followed by a "Billing Provider Details" section with fields for Name (Last or Org), Name (First), MI, Address, City, State, and Zip.

This will bring up the screen above indicating that the claim has been successfully submitted. The claim header number assigned to the claim will also be referenced at the top of the page.

Print confirmation

If the user would like to print a copy of the data that was submitted they can click on the Print Confirmation button.

Do you want to submit another Claim ?

Yes

No

At this time the user can choose to either add an additional claim by clicking Yes. Or move to the Claim Inquiry page by clicking No.

UB92

DMHAS General Assistance
Claims System

Main Menu | File Submission | Claim Entry | Claim Inquiry | Downloads | Logoff

Provider Service Location: [Dropdown]

UB 92

Billing Provider Details
Name (Last or Org): [Text]
Name (First): [Text] MI: [Text]
Address: [Text]
City: [Text] State: [Text] Zip: [Text]
Phone: [Text] Fax: [Text]

Identification Numbers
Provider Tax ID Type: [Dropdown] Tax ID: [Text]
Provider #: [Text] Practice Location Vendor#: [Text]

Patient Details
EMS ID: [Text] [Go]
Name (Last): [Text] First: [Text] MI: [Text]
Address: [Text] Address2: [Text]
City: [Text] State: [Text] Zip: [Text]
Date Of Birth: [Text] Gender: [Dropdown]

Primary Subscriber
Subscriber is Patient: Subscriber ID: [Text]
Name (Last): [Text] First: [Text] MI: [Text]
Address: [Text] Address2: [Text]
City: [Text] State: [Text] Zip: [Text]
Date Of Birth: [Text] Gender: [Dropdown]
Relationship: [Dropdown]
Group Name: [Text] Group Number: [Text]
Payer Name: [Text]
Payer ID: [Text]
Release of Information: [Dropdown]
Assignments of Benefits: [Dropdown] Signature Source: [Dropdown]
Claim Filing Indicator: [Dropdown] [Secondary Subscriber >>]

Statement Covers **Diagnosis Code** (Please do not use a Decimal Point)
From: [Text] Principal: [Text] 1. [Text] 2. [Text] 3. [Text] 4. [Text]
To: [Text] 5. [Text] 6. [Text] 7. [Text] 8. [Text]

Bill Details
Type of Facility: [Dropdown]
Bill Classifications: [Dropdown]
Frequency: [Dropdown]

Claim Submitter's Identifier: [Text]
Medical Record #: [Text]
Original Reference#: [Text]

Attending Physician
Last Name: [Text] First Name: [Text] Middle: [Text]
Tax ID: [Text] State License: [Text]

Admission
Date: [Text] Hour: [Text]
Type: [Dropdown] Source: [Dropdown]
Admitting Diagnosis: [Text] External Cause of Injury: [Text]
Discharge Hour: [Text]
Patient Status: [Dropdown]

This is the upper half of the UB92 form. All fields that are in red are required. Any field that is black can be submitted but will not prevent the user from submitting a claim if left blank. Some fields may become required based on choices made in drop-lists on the entry page.

UB92 (cont.)

The first section of the form, up to the first line, will be pre-filled based on the choice made from the provider location drop-list.

EMS ID:

The second section is the Patient Details. If the client, that the claim is being entered for, has been confirmed with DSS, when the user enters an EMS ID into the field and clicks the Go button the patient's information will pre-fill into the fields. This again will reduce the data entry needed to enter a client.

If the client is the subscriber, the Patient is Subscriber checkbox should then be checked. If this is done, the information from the Patient Details section will be filled into the Subscriber section.

If the client is not the subscriber then the user will need to type the information about the subscriber into the required (red) fields.

If there are additional subscribers, the user can click the secondary subscriber button which will expand the page to show additional fields to capture additional subscriber information. The system will allow up to three subscribers to be entered.

UB92 (cont.)

The screenshot displays the DMHAS General Assistance Claims System interface. At the top left is the logo for Advanced Behavioral Health. The main header reads "DMHAS General Assistance Claims System". A navigation bar contains links for "Main Menu", "File Submission", "Claim Entry", "Claim Inquiry", "Downloads", and "Logoff". The central message states "Your Claim has been submitted Successfully !!!" followed by "Claim Submission ID For this Claims : 6947". Below this is a "Print confirmation" button and a question "Do you want to submit another Claim ?" with "Yes" and "No" buttons. A "Provider Service Location:" dropdown menu is also present. At the bottom, there is a section for "Billing Provider Details" with fields for Name (Last or Org), Name (First), MI, Address, City, State, and Zip.

This will bring up the screen above indicating that the claim has been successfully submitted. The claim header number assigned to the claim will also be referenced at the top of the page.

Print confirmation If the user would like to print a copy of the data that was submitted they can click on the Print Confirmation button.

Do you want to submit another Claim ? At this time the user can choose to either add an additional claim by clicking Yes. Or move to the Claim Inquiry page by clicking No.

Claim Inquiry

The claim inquiry page will also require the user to choose what provider service location they are working with.

There are two ways to search for a claim on the inquiry page – by claim header number or by recipient information.


Claim Header Number

When searching for a claim by claim header number, the user will need to enter the number and click search. Information regarding the claim header number requested will then be displayed.

Recipient Information

When searching for a claim by recipient information, the user will need to enter the EMS ID of the client. If the Service From and Service To dates are left blank, the last 90 days worth of claims information will be displayed on the screen. If the user is interested in a specific date range, that can be entered and will be added to the search criteria.

Claim Inquiry Detail



DMHAS General Assistance
Claims System

Main Menu
File Submission
Claim Entry
Claim Inquiry
Downloads
Logout

Provider Service Location: ALLIANCE TREATMENT CENTER, 121 WEST AVON, AVON

Claim Inquiry Detail
[Go To Claim Summary](#)

HIPAA Entity Code:	Internal Control #:6947
Recipient ID #:	Recipient Name:
DOB :	Gender:
Pay Control Number:20050630103842	

CLAIMS DETAILS

Control#	Status	Svc From	Svc To	Claim Amount	Paid Amount	Check #	Remitted Date

HIPAA Adjustments:
HIPAA Remarks:

1-1

Page 1 of 1

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When the user clicks on a specific Claim Header Number, the details for that claim will then appear in the window. Information about the Status, Payment, Check Number, and Remittance Date are all available as the claims pass through the process.




Downloads

The downloads page will contain all error logs, which are created each time a batch of claims is submitted. Electronic 835's will also be available via the download page.

The user has three criteria that the user can control when searching for a file. File status – which is one of three options, All, New, or Downloaded. Once a file has been downloaded, it will no longer appear in the new listing.

File Type – which will contain All, Error Logs, or 835.

Max Files to List – which allows the user to indicate how many files they will see at once.

Claim Status Search				
File Status:	File Type:	Max Files To List:		
ALL	ALL	ALL	Search	
Files Available: 26		Files Listed: 26		
Files Available for Download				
File Name	Type	Create Date	Download Date	Size
 CTGA000463_LEN1.log	.log	6/16/2005 10:14:15 AM	6/15/2005 10:49:57 AM	4KB
 CTGA000463_LEN7.log	.log	6/16/2005 10:14:15 AM	6/15/2005 10:49:57 AM	4KB
 CTGA000463_LEN17.log	.log	6/16/2005 10:14:15 AM	6/15/2005 10:49:57 AM	4KB

By clicking on the download icon to the left of any of the files the user will be able to download the file(s).