



Medisoft – 2kleanClaims Setup & Usage Guide

This guide is designed to help with the setup and daily use of 2kleanClaims with Medisoft. The first portion of the guide will go over what needs to be entered in Medisoft and how it should be entered. Use this guide not only for initial setup but also to check that data which has already been entered was entered correctly. The second portion of this guide will go over daily usage.

Please note the screen shots in this guide may show data that has already been entered, but are only for reference, do not enter what you see word for word.

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Setup – Practice

Start off by going to “**File**” then “**Practice Information**”. Check that all Name and Address fields are entered without extra spaces, and when possible without special characters. For instance in place of a # try using Suite or Box. Also remove dashes from the Tax ID. Finally ensure that the correct entity type is selected, in most cases this will be Non-Person, unless if it is a solo provider practice.

The screenshot shows the 'Practice Information' dialog box with the 'Practice' tab selected. Red arrows point to the following fields: Practice Name, Street, City, State, Zip Code, Federal Tax ID, and Entity Type. The 'Billing Service' tab is also visible. The 'Save', 'Cancel', and 'Help' buttons are on the right.

Field	Value
Practice Name	Happy Valley Medical Clinic
Street	5222 E. Baseline Rd.
City	Gilbert
State	AZ
Zip Code	85234
Phone	(800)333-4747
Extension	
Fax Phone	
Type	Medical
Federal Tax ID	
Extra 1	
Extra 2	
Entity Type	Non-Person

*No special symbols or characters such as: # - : * ~

*No extra spaces before or after words or numbers

Setup – Provider

The next area to check is the providers setup. Go to **Lists** then **Provider**, then **Providers** (Select a doctor, then click edit) then the **Address** tab.

Again, ensure that there are **no extra spaces** before or after the first or last name. Also **remove the middle initial** if one has been entered. If one of the name fields contains more than one word, such as De La Gandara or Smith-Jones, the extra spaces or hyphenation must be removed. The former would be entered “DeLaGandara” or “Gandara” and the later “SmithJones” or pick one of the two names.

Also make sure that “**Signature on File**” is checked, the **Signature Date** is blank, and the **Entity Type** is set to Person.

The screenshot shows the 'Address' tab of a provider setup form. The form is divided into several sections. At the top, there are tabs for 'Address', 'Default Pins', 'Default Group IDs', 'PINs', and 'Eligibility'. The 'Address' tab is active. Below the tabs, there is a 'Code' field with the value 'JM' and an 'Inactive' checkbox. The main section contains fields for 'Last Name' (Mallard), 'Middle Initial' (empty), 'First Name' (Jake), 'Credentials' (M.D.), 'Street' (5222 E. Baseline Rd. Suite 16), 'City' (Gilbert), 'State' (AZ), 'Zip Code' (85234), 'E-Mail', 'Office' ((800)333-4747), 'Fax', 'Home', and 'Cell'. Below these fields, there are checkboxes for 'Signature On File' (checked) and 'Medicare Participating' (checked). The 'Signature Date' field is empty, and the 'License Number' field contains 'MC55749'. The 'Specialty' dropdown is set to 'General Practice' with a value of '001'. The 'Entity Type' dropdown is set to 'Person'. Red arrows point to the 'Middle Initial' field, the 'Signature Date' field, and the 'Entity Type' dropdown.

*No extra spaces before or after words or numbers

Setup – Provider (Continued)

Next go to the **Default Pins** tab. Check that the Tax ID is entered, without the dash, and that the indicator is set to “**Federal Tax ID Indicator**”, not SSN. Again check that there are no extra spaces in any of the fields. It is not necessary that ID’s be entered on this tab (as far as 2kleanClaims is concerned) as the ID’s will pull from the PINs tab, which we will look later in this guide.

Address	Default Pins	Default Group IDs	PINs	Eligibility
SSN/Federal Tax ID: <input type="text" value="FedTaxID"/> <input checked="" type="radio"/> Federal Tax ID Indicator <input type="radio"/> SSN				
PIN				
Medicare: <input type="text" value="111111"/>				
Medicaid: <input type="text" value="222222"/>				
Tricare: <input type="text" value="333333"/>				
Blue Cross/Shield: <input type="text" value="444444"/>				
Commercial: <input type="text" value="555555"/>				
PPO: <input type="text" value="666666"/>				
HMO: <input type="text" value="777777"/>				
UPIN: <input type="text" value="JDMALUPIN"/>				
EDI ID: <input type="text"/> National Identifier: <input type="text"/>				
CLIA Number: <input type="text"/> Payee Number: <input type="text"/>				
TAT Number: <input type="text"/> Taxonomy Code: <input type="text"/>				
Hospice Emp: <input type="checkbox"/> Mammography Certification: <input type="text"/>				
CPO Number: <input type="text"/>				
Extra 1: <input type="text"/> Extra 2: <input type="text"/>				

If you have a Group NPI number, go to the “**Default Group IDs**” tab, we will need to create a “**Provider Class**” if one has not yet been created.

To do this, right click on the field next to “Provider Class” and select “**New Class**”. Enter a “**Class ID**”, this is simply a lookup code, similar to a patient chart number. The **Class Name** and **Description** fields should be populated with something that makes sense to you. Enter your Group NPI in this **National ID** field.

Be sure to set this **Provider Class** on the Default Group IDs tab of any providers who are associated to that Group NPI.

Setup – Provider (Continued)

Next go to the **PINs** tab. For every Insurance carrier for whom claims will be sent using 2kleanClaims there should be an **PIN**, and if applicable a **Group ID** entered on this tab.

If the provider does not have specific ID for a particular carrier some ID should still be entered, whether it be a UPIN, State License, or another accepted Insurance Identifier.

See below for a list of Qualifiers.

Address	Default Pins	Default Group IDs	PINs	Eligibility	
Code	Insurance	PIN	Qualifier	Group ID	Qualifier
▶ 2KC	2K Medical				
AET00	Aetna	555555	G2		G2
BLU00	Blue Cross Blue Shield	BCBS PIN	1B	BCBS Group	1B
BLU01	Blue Cross Blue Shield	BCBS PIN	1B	BCBS Group	1B
CIG00	Cigna	777777	BQ		BQ
FHP00	FHP Health Plan	555555	G2		G2
MED00	Medicaid	222222	1D		1D
MED01	Medicare	111111	1C		1C
US000	U.S. Tricare	333333	1H		1H
WOR00	Workers Compensation	555555	X5		X5

0B = State License

1A = Blue Cross Provider Number

1B = Blue Shield Provider Number

1C = Medicare Provider Number

1D = Medicaid Provider Number

1G = Provider UPIN Number

1H = Champus Identification Number

1J = Facility ID Number

B3 = Preferred Provider Organization Number

BQ = Health Maintenance Organization Code Number

EI = Employer's Identification Number

FH = Clinic Number

G2 = Provider Commercial Number

G5 = Provider Site Number

LU = Location Number

N5 = Provider Plan Network Identification Number


SY = Social Security Number

U3 = Unique Supplier Identification Number

X5 = State Industrial Accident Provider Number

Setup – Insurance Companies

Next go to **Lists**, then **Insurance**, then **Carriers** (select an Insurance and click Edit). On the **Address** tab check that a name has been entered, and that the name and address lines do not have extra spaces, also try to avoid symbols such as #, try to use Suite or Box in those cases. The address 2 line is not used in electronic claims.

Address		Options	EDI/Eligibility	Codes	Allowed	PINs
Code:	MED01	<input type="checkbox"/> Inactive				
Name:	Medicare 					
Street:	1111 Hohokam Cir.					
City:	Ahwatukee	State:	AZ			
Zip Code:	85678					
Phone:	(800)999-9999		Extension:			
Fax:						
Contact:	Ted T. Logan					
Practice ID:						

Setup – Insurance Companies (Continued)

Next go to the **Options** tab. If one has not yet been entered, enter the **Plan Name**, which may match the name entered on the Address tab, and ensure that the correct **Type** is selected.

The Signature on File fields should all be set to “**Signature on File**”, and the Print PINs on Forms field should be set to “**PIN Only**”.

Finally check that the Default Billing Method is set to **Paper**. Though it may seem odd that electronic claims should be set to paper, it is correct. The reason being: Even though the claims will be sent electronically, the form which you will use will “print” to a file.

The screenshot shows the 'Options' tab of an insurance setup form. The form is divided into two main sections. The top section contains fields for Plan Name, Type (set to Medicare), Class, Plan ID, and Alternate Carrier ID, with a checked box for 'Delay Secondary Billing'. The bottom section contains fields for Procedure Code Set (1), Diagnosis Code Set (1), and HCFA-1500. Below these are four signature on file fields (Patient, Insured, Physician) all set to 'Signature on file', and a 'Print PINs on Forms' field set to 'PIN Only'. The 'Default Billing Method' is set to 'Paper'. Red arrows point to the Plan Name field, the Type dropdown, the Insured Signature on File dropdown, and the Default Billing Method dropdown.






Field	Value
Plan Name	
Type	Medicare
Class	
Plan ID	
Alternate Carrier ID	
Delay Secondary Billing	<input checked="" type="checkbox"/>
Procedure Code Set	1
Diagnosis Code Set	1
HCFA-1500	
Patient Signature on File	Signature on file
Insured Signature on File	Signature on file
Physician Signature on File	Signature on file
Print PINs on Forms	PIN Only
Default Billing Method	Paper

Setup – Insurance Companies (Continued)

Next check the **EDI/Eligibility** tab. If there are multiple insurances going to the same payer (for example sending multiple insurance claims from different payers to Availity, or if you have multiple Medicare insurance codes) they can be grouped using the **EDI Receiver** field. You would later use this field in the filters to batch claims.

The next field on this tab to check is the **EDI Payor Number** field. This should be populated with a 5 digit numeric or alpha-numeric code. For direct to payer claim submission you may or may not have a PayerID to enter, if not enter 99999. For commercial claims through Availity the PayerID can be found by following the information next to the example picture.

The last field on this to check is the **NDC Record Code**, this should be populated with: **C** for Medicare, **D** for Medicaid, **G** for BCBS, **H** for Champus, and left blank for commercial.

Address	Options	EDI/Eligibility	Codes	Allowed	PINs
<p>EDI Receiver: <input type="text"/>  </p> <p>EDI Payor Number: <input type="text"/> </p> <p>EDI Sub ID: <input type="text"/></p> <p>EDI Extra 1/Medigap: <input type="text"/></p> <p>EDI Extra 2: <input type="text"/></p> <p>Billor Code: <input type="text"/></p> <p>NDC Record Code: <input type="text"/>  Complimentary crossover: <input type="checkbox"/></p> <p>EDI Max Transactions: <input type="text" value="0"/></p> <p>Submitter ID: <input type="text"/></p> <div><p>Associated Payer</p><p>(none) </p><p>Claims Payer ID: <input type="text" value="n/a"/></p><p>Eligibility Payer ID: <input type="text" value="n/a"/></p></div>					

<http://www.availity.com>

Scroll to the bottom and click the [Availity EDI Guidelines](#) link, then click on the [Availity EDI Clearinghouse Health Plans List](#) link. This will open a PDF file, you can save this as PDF as well. On this list to the left of the Insurance Companies you will see a 5-digit numeric or alpha-numeric code. This is what should be entered in the **PayerID** field.

If a particular insurance company is not on this list then we should not be sending it through Availity, but instead should look at direct submission options. The same goes for any insurance company that is on the list but that requires enrollment. Availity may charge for those types of claims. Contact Availity for more information at (800)282-4548.

At this point you may also want to check the PINs tab and verify the Individual and Group IDs for this particular Insurance carrier.

Setup – 2kleanClaims: Account

When you log into www.2kleanClaims.com for the first time it will ask if you have SubmitterID's already. If you do not have SubmitterID's then click **No** and you will be directed to a page with more information regarding acquiring SubmitterID's. If you do have Submitter ID's then click **Yes**. You will then be directed to the first setup tab, the Account tab.

As always ensure that there are no extra spaces before or after any of the data entered on this tab. Also remove any dashes from identifying numbers such as the Tax ID.

Address Line 2 is optional and information entered there will not be included in electronic claims.

The **NPI Number** on this tab for the Group Practice NPI. If you do not have a Group NPI, but instead only have an Individual Provider NPI enter it here as well.

When you are finished filling out this tab, click **Save**, the page will refresh, scroll down and click on **Next**, this will take you to the next tab, the Provider tab.

ACCOUNT	PROVIDER	CARRIER	PROCESS CLAIMS	SCRUBBER	LOG OUT
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2Klean Claims

Account Maintenance

(* = Required Field)

* Practice Name: 2KC ANSI PROJECT PRACTICE

* Address Line 1: 2KC ADDRESS ONE

Address Line 2: 2KC ADDRESS TWO

* City: 2KC CITY

* State: CA

* Zip: 90273

* Tax ID: 2KCPRACTAXID

NPI Number 2KCPRACNPI

* Contact First Name: 2KCCONTACTFIRST

* Contact Last Name: 2KCCONTACTSECOND

* Area Code: 310

* Phone Number: 555-9137

Extension: 210

* Contact Email: 2KC@EMAIL.COM

Save

Setup – 2kleanClaims: Provider

After completing the **Account** tab setup, you should now be at the **Provider** tab.

Enter provider demographics, and remember to remove extra spaces before and after name fields, and do not enter dashes in numbers such as the Tax ID.

The **NPI Number** field on this tab should be the Provider's Individual NPI.

Assign a specialty, this determines the Taxonomy Code that may be transmitted electronically depending on whether or not the carrier requires it.

You will not see “EDI Receivers, Provider#, or Group#” fields until the provider is saved... After setting up Carriers you can come back to these fields if you would like 2kleanClaims to pull Insurance ID's from this tab rather than from Medisoft. If you do choose to use these fields place a check in the box “**Use Group and Provider numbers given above for ANSI conversion**”.

When you are finished filling out this tab, click **Save**, the page will refresh, scroll down and click on **Next** (*unless you have additional providers to enter, in which case you should click on the **Add New** button and continue adding providers*), this will take you to the next tab, the **Carrier** tab.

The screenshot shows the '2Klean Claims Provider Maintenance' form. At the top, there is a navigation bar with tabs: ACCOUNT, PROVIDER (highlighted), CARRIER, PROCESS CLAIMS, SCRUBBER, and LOG OUT. The form title is '2Klean Claims Provider Maintenance'. Below the title, a note states '* = (Required Field)'. The form contains several fields: a dropdown for 'Select Provider' (showing 'PROVFIRSTNAME PROVLASTNAME'), text boxes for 'First Name' (PROVFIRSTNAME), 'Middle Initial' (empty), 'Last Name' (PROVLASTNAME), 'Credentials' (empty), 'TIN/SSN' (2KCPROVTAXID), and 'NPI Number' (2KCPROVNPI). There are also dropdowns for 'Assign Specialty' (ADDICTION COUNSELOR (SUBSTANCE USE DISORDER)) and 'EDI Receivers' (NHIC MEDICARE - NO. CA). Below these are text boxes for 'Provider #' and 'Group #'. A checkbox labeled 'Use Group and Provider numbers given above for ANSI conversion' is present. At the bottom, there are 'Remove', 'Add New', and 'Save' buttons. A footer note says 'If you do not find your specialty listed please click here and fill out the form.' with a blue link.

ACCOUNT PROVIDER CARRIER PROCESS CLAIMS SCRUBBER LOG OUT

2Klean Claims Provider Maintenance

* = (Required Field)

* Select Provider: PROVFIRSTNAME PROVLASTNAME

* First Name: PROVFIRSTNAME

Middle Initial:

* Last Name: PROVLASTNAME

Credentials:

* TIN/SSN: 2KCPROVTAXID

NPI Number: 2KCPROVNPI

* Assign Specialty: ADDICTION COUNSELOR (SUBSTANCE USE DISORDER)

EDI Receivers: NHIC MEDICARE - NO. CA

Provider #:

Group #:

☐ Use Group and Provider numbers given above for ANSI conversion

Remove Add New Save

If you do not find your specialty listed please [click here](#) and fill out the form.

Setup – 2kleanClaims: Carrier

This is the final tab related to 2kleanClaims setup is the **Carrier** tab. You can always return to this tab, and the provider tab if you acquire a new provider (Billing under the same Tax ID), or want to start electronic claims submission to a new payer.

Select an Insurance Carrier from the list and enter the Submitter ID provided by that payer in both the “**Submitter ISA ID**” and “**Submitter GS ID**” fields. You may also enter the corresponding “**Submitter Password**” if you wish, but it is not required except for claim submission to THIN. (If you are currently submitting to THIN, contact 2k Medical support about migrating to Availity).

Do not worry about the “**NM109 Loop 1000A**” field, unless your payer requires something other than your Submitter ID in that Loop / Segment.

Once you’ve entered all Carriers you have Submitter ID’s for the setup will be complete. You are now ready to start processing claims to be sent electronically.

ACCOUNT	PROVIDER	CARRIER	PROCESS CLAIMS	SCRUBBER	LOG OUT
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2Klean Claims

Add New Carriers/Receivers

** = (Required Field)*

* Carriers/Receivers: 

* Submitter ISA ID:

* Submitter GS ID:

Submitter Password:

NM109 Loop 1000A:

Note: Submitter password is only required by THIN

[Click here](#) for help obtaining Electronic Submitter ID's.

If you do not find your Carrier/Receiver listed please [click here](#) and fill out the form.

Usage – Overview

The basic order of operations for electronic claims using 2kleanClaims goes as follows:

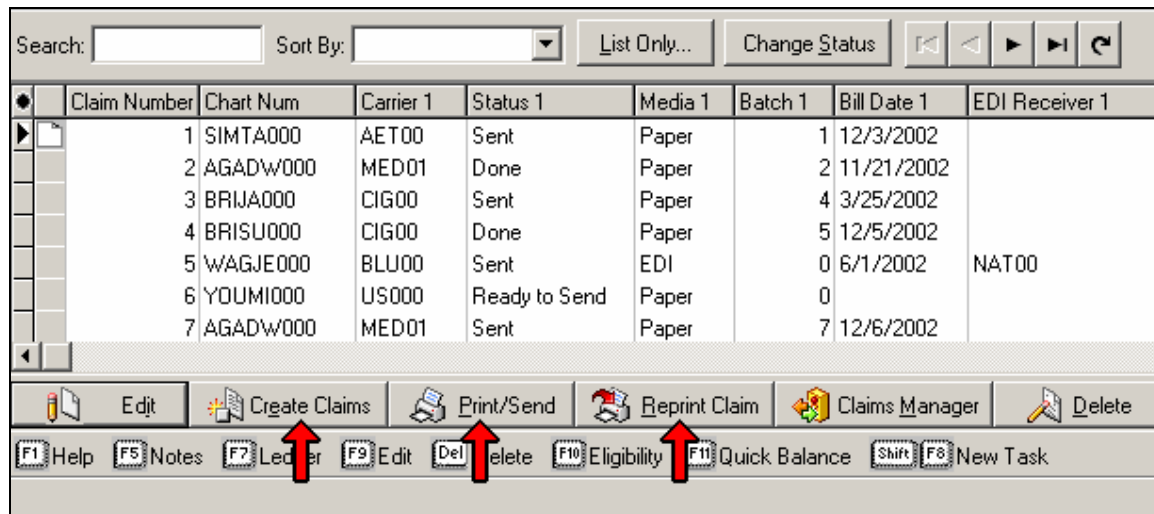
Stage 1: Generate and batch claims in Medisoft.

Stage 2: Convert the output from Medisoft on the 2kleanClaims website to the ANSI X12 format, which what the payers accept.

Stage 3: Upload the converted claim file to the payer.

Usage – Stage 1: Medisoft

Start off in Medisoft by going to Claims Management, through the icon, or through **Activities** then **Claim Management**. You should already have claims that are ready to send, if not click “**Create Claims**” create claims for which transactions have already been entered.



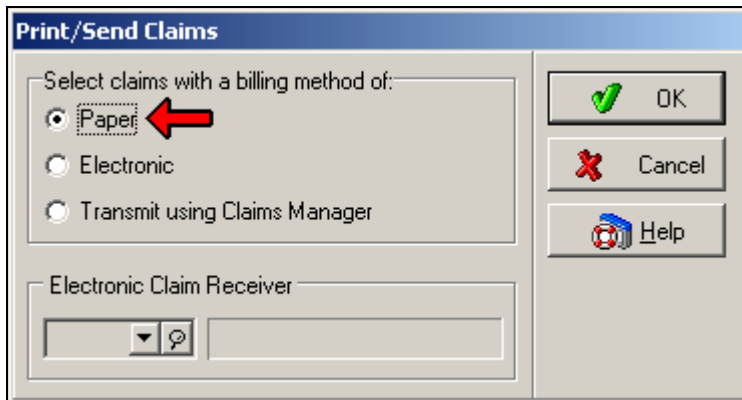
You can reprint and rebatch claims that have a “sent” status by highlighting the desired claims then clicking the “**Reprint Claim**” button. Using the following methods gives you control over what you want to include in the rebatching. Start off by sorting the claims (by clicking the column label) by Claim Number, Carrier, Status, Media, Batch, Bill Date, or EDI Receiver.

Method 1: Select the first (or last) claim, hold the **shift key**, and select the last (or first).

Method 2: Hold the **Ctrl key** and individually select claims you want to include.


Either way the claims you want to rebatch should now be highlighted. If you are not reprinting, but rather printing claims for the first time click “**Print/Send**” and continue.

Usage – Stage 1: Medisoft (Continued)



Print/Send Claims

Select claims with a billing method of:

☒ Paper 

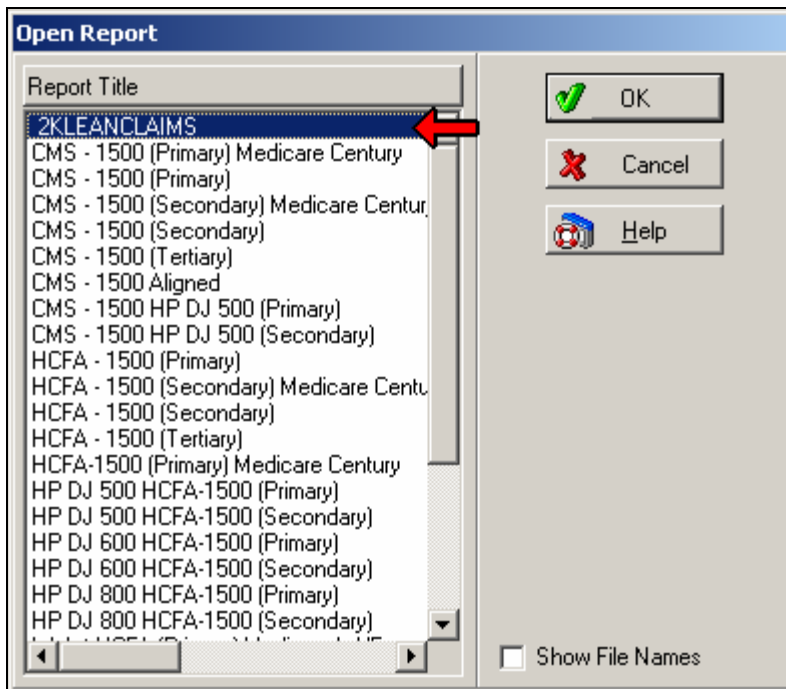
☐ Electronic

☐ Transmit using Claims Manager

Electronic Claim Receiver


OK Cancel Help

If you chose to “**Print/Send**” the following screen will appear, select **Paper**, then click **OK**.



Open Report

Report Title

2KLEANCLAIMS 

CMS - 1500 (Primary) Medicare Century

CMS - 1500 (Primary)

CMS - 1500 (Secondary) Medicare Centur

CMS - 1500 (Secondary)

CMS - 1500 (Tertiary)

CMS - 1500 Aligned

CMS - 1500 HP DJ 500 (Primary)

CMS - 1500 HP DJ 500 (Secondary)

HCFA - 1500 (Primary)

HCFA - 1500 (Secondary) Medicare Centu

HCFA - 1500 (Secondary)

HCFA - 1500 (Tertiary)

HCFA-1500 (Primary) Medicare Century

HP DJ 500 HCFA-1500 (Primary)

HP DJ 500 HCFA-1500 (Secondary)

HP DJ 600 HCFA-1500 (Primary)

HP DJ 600 HCFA-1500 (Secondary)

HP DJ 800 HCFA-1500 (Primary)

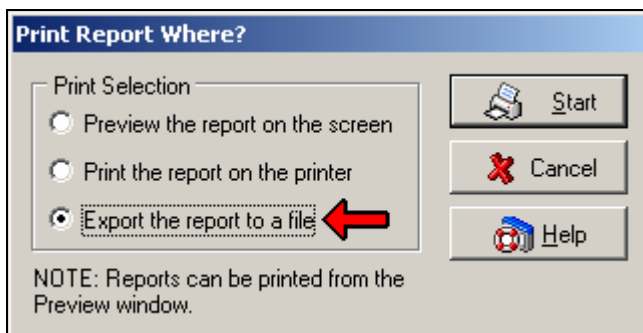
HP DJ 800 HCFA-1500 (Secondary)

OK Cancel Help

☐ Show File Names

Whether you chose to “**Reprint Claim**” or “**Print/Send**” this screen will appear.

Select the **2KLEANCLAIMS** form and click **OK**.




Print Report Where?

Print Selection

☐ Preview the report on the screen

☐ Print the report on the printer

☒ Export the report to a file 

NOTE: Reports can be printed from the Preview window.

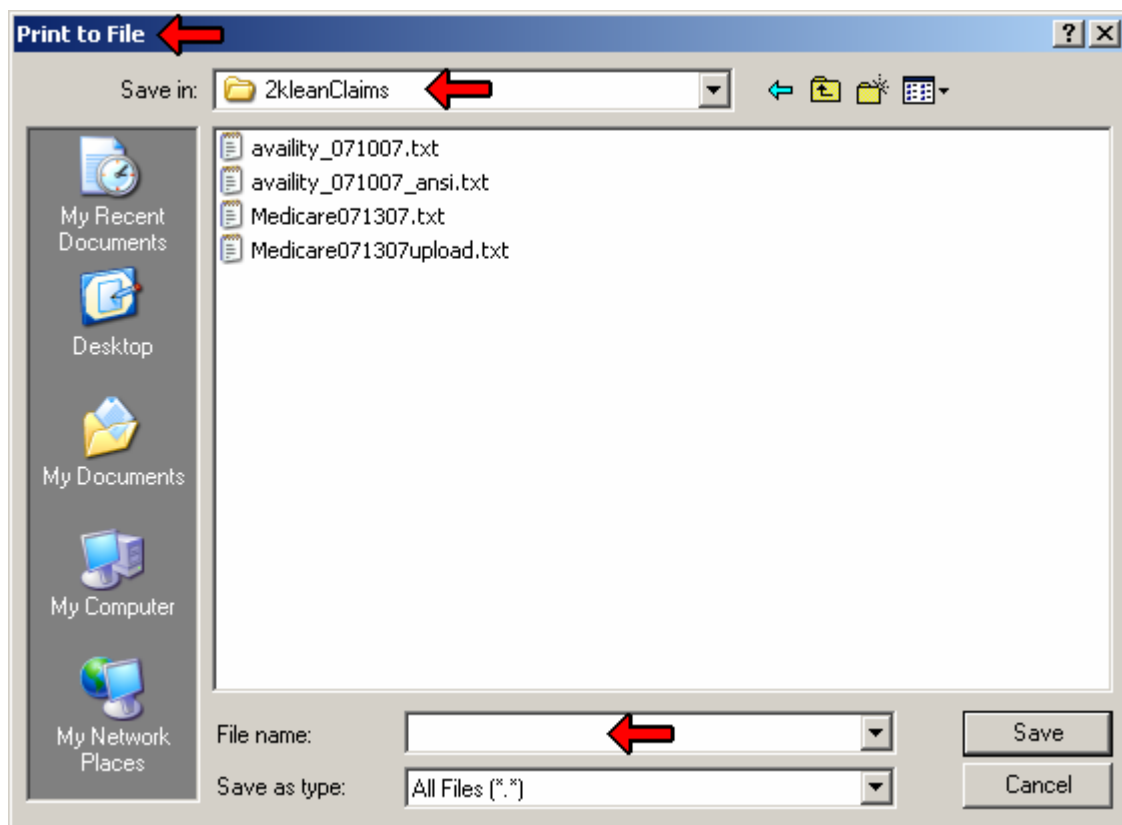
Start Cancel Help

Next select “**Export the report to a file**” and click **Start**.

Usage – Stage 1: Medisoft (Continued)

After clicking **Start**, in the top-left hand corner it will say “**Print to File**”, the Save in should say “**2kleanClaims**” (or the name of the folder you created for storing these claim files). If it was setup by 2k Medical we typically create this folder at C:\2kleanClaims. (You should be able to browse to this by clicking on the drop-down field next to “**Save in:**” going through “**My Computer**” then the “**C**” drive.

In the file name we want to give this claim batch a name. There some examples below but use a naming convention that makes sense to you. Once you’ve named the file, click the **Save** button.



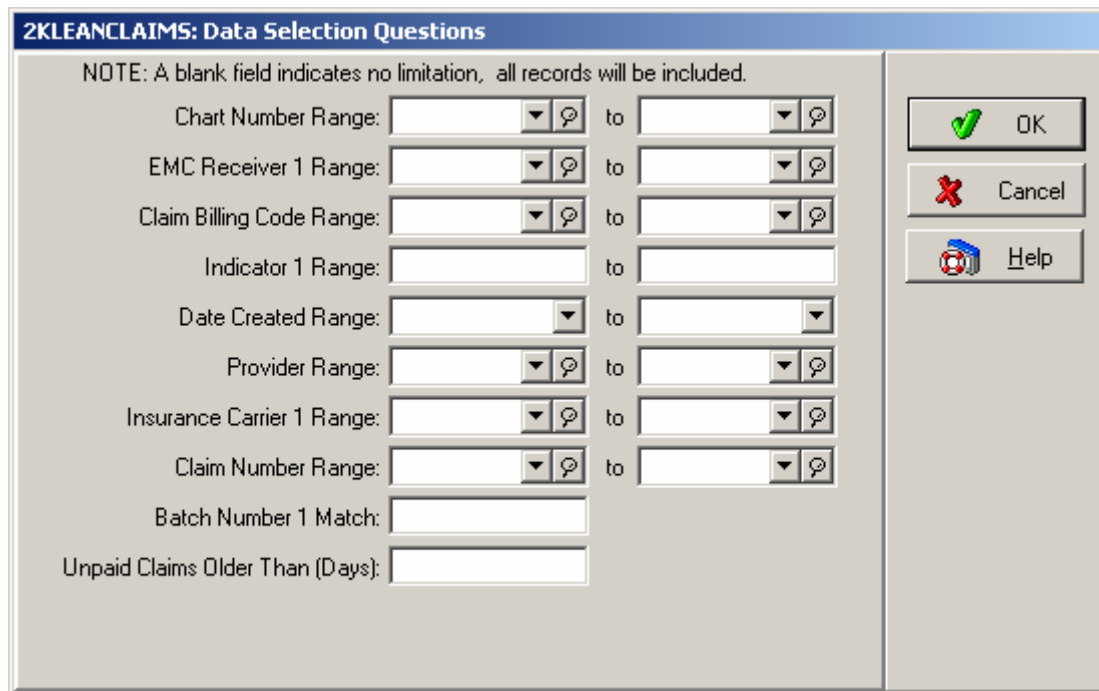
Usage – Stage 1: Medisoft (Continued)

After naming the file clicking **Save** the following screen will appear. Here is where we can set filters to specify what exactly it is we want to batch.

There are numerous ways to get the claims we want included in a batch. The most common would be by selecting the **Insurance Carrier 1 Range**, or the **EMC Receiver 1 Range**.

For instance if you are trying to batch Medicare claims, then the Medicare Insurance Code should be set in both the **from** and **to** range fields. If for instance you have more than one Medicare Code setup in Medisoft it may be beneficial to use EDI Receiver (see page 8 of this guide).

Once all the appropriate includes and excludes have been set click “**OK**”.

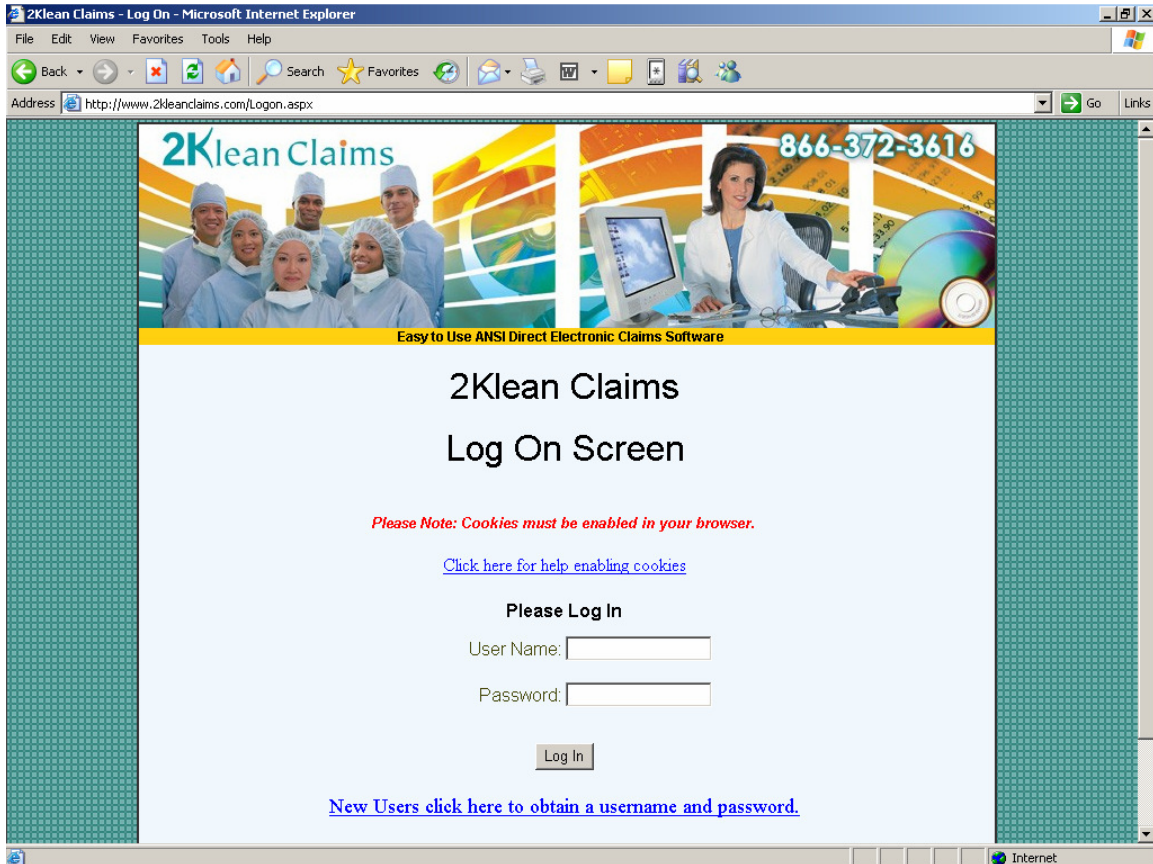


The screenshot shows a dialog box titled "2KLEANCLAIMS: Data Selection Questions". It contains a note: "NOTE: A blank field indicates no limitation, all records will be included." Below the note are several range selection fields, each with a dropdown arrow and a search icon (magnifying glass). The fields are: Chart Number Range, EMC Receiver 1 Range, Claim Billing Code Range, Indicator 1 Range, Date Created Range, Provider Range, Insurance Carrier 1 Range, Claim Number Range, Batch Number 1 Match, and Unpaid Claims Older Than (Days). To the right of these fields are three buttons: OK (with a green checkmark icon), Cancel (with a red X icon), and Help (with a question mark icon).

This concludes Stage one of the process. The next step is to convert the file that was just created and convert it on the 2kleanClaims website, and finally uploading to the payer.

Usage – Stage 2: 2kleanClaims

After generating a batch in Medisoft go to <http://www.2kleanclaims.com> and log in.



Usage – Stage 2: 2kleanClaims (Continued)

Assuming the 2kleanClaims setup has been completed (refer to pages 10 through 12 for 2kleanClaims setup information), when you log into 2kleanClaims it will default to the “**Process Claims**” tab.

The first step is to click on the “Browse” button then browse to the claim file created in Medisoft (See pages 12 through 15).

Once the file and path appear in the first box, ensure that the correct Receiver (Carrier / Payer) is selected.

Then click on the “**Convert HCFA 1500 to ANSI**” button.

The screenshot shows the '2Klean Claims ANSI Conversion Wizard' interface. At the top, there is a navigation bar with tabs: ACCOUNT, PROVIDER, CARRIER, PROCESS CLAIMS (highlighted in orange), SCRUBBER, and LOG OUT. The main title is '2Klean Claims ANSI Conversion Wizard'. Below the title, there are three steps:

- Step 1: Select HCFA 1500 text file to convert**
A text input field is shown with a 'Browse...' button to its right. A red arrow points to the 'Browse...' button.
- Step 2: Select Receiver**
A dropdown menu is shown with 'AVAILITY' selected. A red arrow points to the dropdown arrow.
- Step 3: Convert HCFA 1500 to ANSI 837**
A button labeled 'Convert HCFA 1500 To ANSI' is shown. A red arrow points to this button.

Usage – Stage 2: 2kleanClaims (Continued)

After clicking the **Convert** button, it may appear that the page refreshed, and if you scroll down the results of the conversion will be available. While converting the claims to the ANSI X12 format 2kleanClaims will run the individual claims through some checks, to attempt to catch rejections before you upload to the payer.

Just because claims pass the 2kleanClaims checks it is not guaranteed the payer won't reject. These are general checks, for instance 2kleanClaims will check that there is a Diagnosis code on the claim, it cannot tell if that code is invalid or been replaced.

Claims that passed 2kleanClaims checks will appear in green, claims that failed will appear in red.

Conversion Results

Messages:

Example07202007.txt uploaded.

3 claims processed.

2 Claims Passed

Bill Number	Date Of Service	Chart Number	Claim Amount
1	05/24/2007	TESTPAT001	\$100.00
2	07/20/2007	TESTPAT001	\$50.00
Total Submission Amount:			\$150.00

1 Claims Rejected

Bill Number	Date Of Service	Chart Number	Claim Amount
2	07/20/2007	TESTPAT001	\$50.00
Total Rejection Amount:			\$50.00

Step 4. Download ANSI file to transmit and review error log

[ANSI File ready to download](#)

[Click here for a printable version of the error log](#)

Step 5. Fix claims on the fly or get help on how to fix your errors within your billing system

[2Klean Claim's Fix on the Fly Wizard](#)

Clear

Usage – Stage 2: 2kleanClaims (Continued)

As we can see on the example, in this batch of 3 claims, 2 claims passed and 1 was rejected. We have a couple options at this point.

If we follow the “**ANSI File ready to download**” link at this point we will only get the claims that appear in green. Some practices will do just that, and then click the link below it and print the error log to fix those claims later.

Others prefer to first follow the “**Click here for a printable version of the error log**” link, correct the errors then rebatch or reprocess the claims. If this is the case, and corrections were made in Medisoft, the claims will need to be reprinted and reconverted.

If all the claims passed, or you corrected errors then got all the claims to pass you can download the converted version of the claims. Either **right-click** on the “**ANSI File ready to download**” link and choose “**Save Target As...**” or left click on the link (a new page should open), then go to “**File**”, and then “**Save As...**”. Either way at this point we need to name the file...

Conversion Results

Messages:

Example07202007.txt uploaded.

3 claims processed.

2 Claims Passed

Bill Number	Date Of Service	Chart Number	Claim Amount
1	05/24/2007	TESTPAT001	\$100.00
2	07/20/2007	TESTPAT001	\$50.00
Total Submission Amount:			\$150.00

1 Claims Rejected

Bill Number	Date Of Service	Chart Number	Claim Amount
2	07/20/2007	TESTPAT001	\$50.00
Total Rejection Amount:			\$50.00

Step 4. Download ANSI file to transmit and review error log

[ANSI File ready to download](#)

[Click here for a printable version of the error log](#)

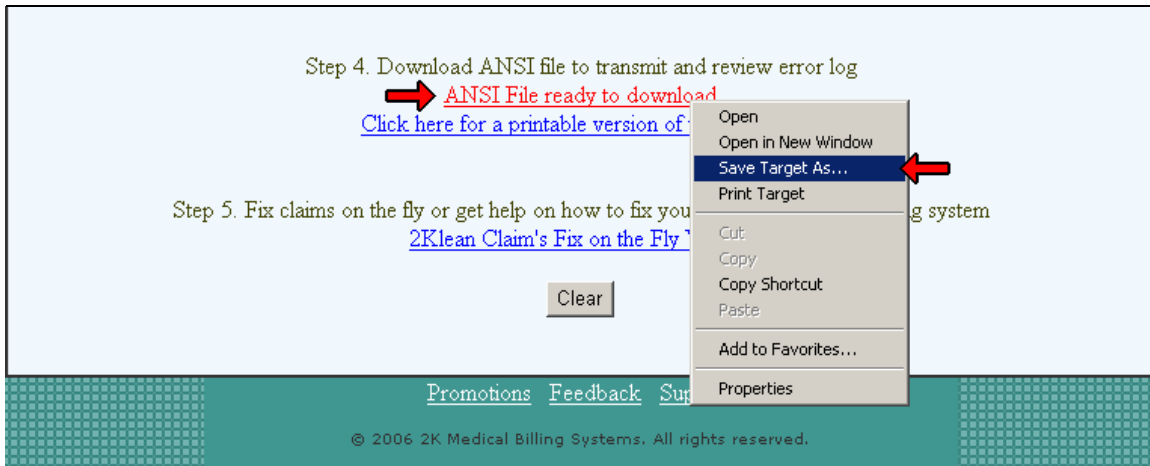
Step 5. Fix claims on the fly or get help on how to fix your errors within your billing system

[2Klean Claim's Fix on the Fly Wizard](#)

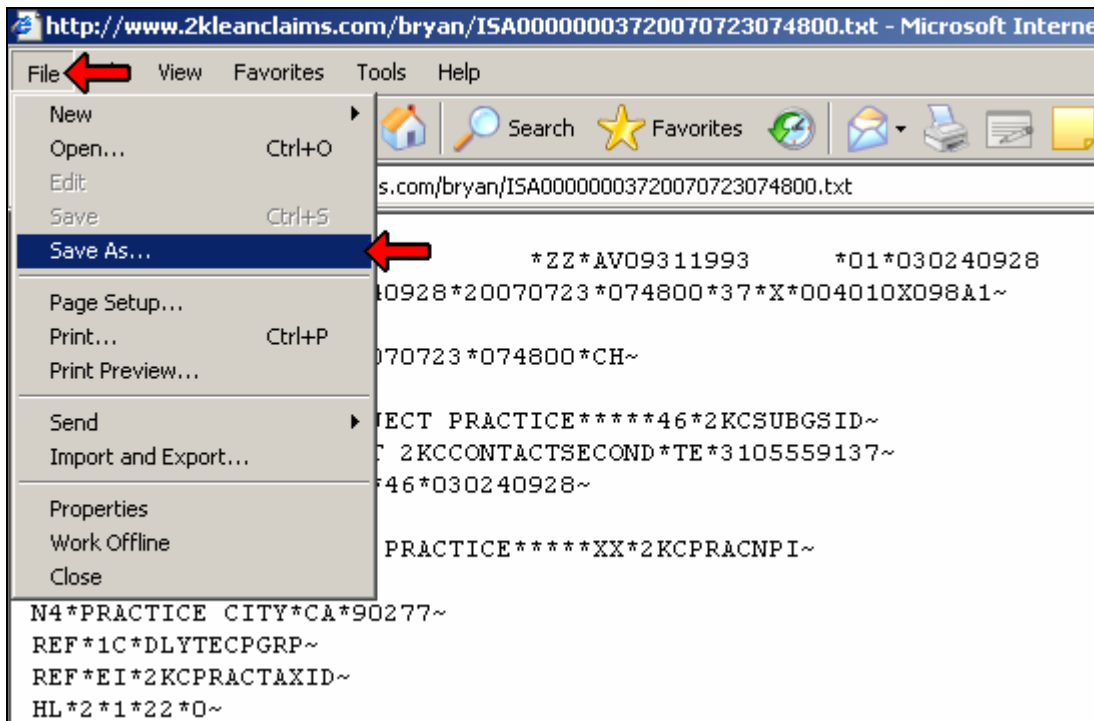
Clear

Usage – Stage 2: 2kleanClaims (Continued)

OPTION 1: Again, once all the claims pass and appear in green, or if you only want to address the claims that did pass, **right-click** on the “ANSI File ready to download” link and choose “Save Target As...”



OPTION 2: Again, once all the claims pass and appear in green, or if you only want to address the claims that did pass, **left-click** on the “ANSI File ready to download” link, which will open a new window.



Usage – Stage 2: 2kleanClaims (Continued)

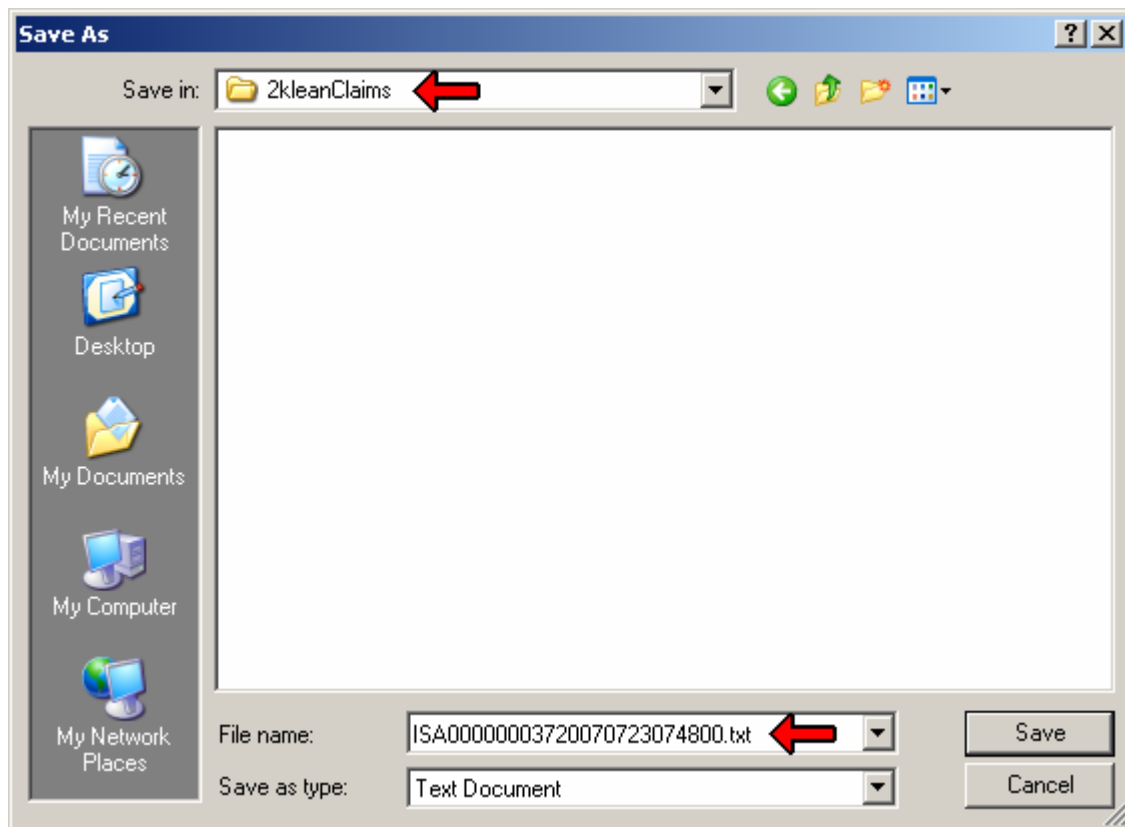
Either way, whether you save the file using option 1 or 2, make sure the file is being saved in the 2kleanClaims folder (or you claim files folder) and rename your file. By default a name such as the one seen in this example will populate the field. In most cases you will want to rename this. Some examples are:

Availity_07232007_upload.txt

Medicare072307ansi.txt

BCBSjuly23_converted.txt

As long as you use a naming convention that makes sense to you, any name.txt will work. This is the file which has been converted to ANSI, and the file that should be uploaded to the payer.



The final step is to upload the last file you created to the payer. The upload method varies from payer to payer, and for this reason cannot be addressed in this guide. However it will usually happen in one of the following ways:

(1) Web-portal based upload, (2) Dial-up through a Hyper-Terminal, (3) Secure FTP, or a program such as PC-Ace PRO-32. Contact your payer or 2k Medical for more information about the upload process.