HEALTHCARE +*first*

*first*CONNECT Quick Guide

Login

Website: https://firstconnect.payerlink.com/
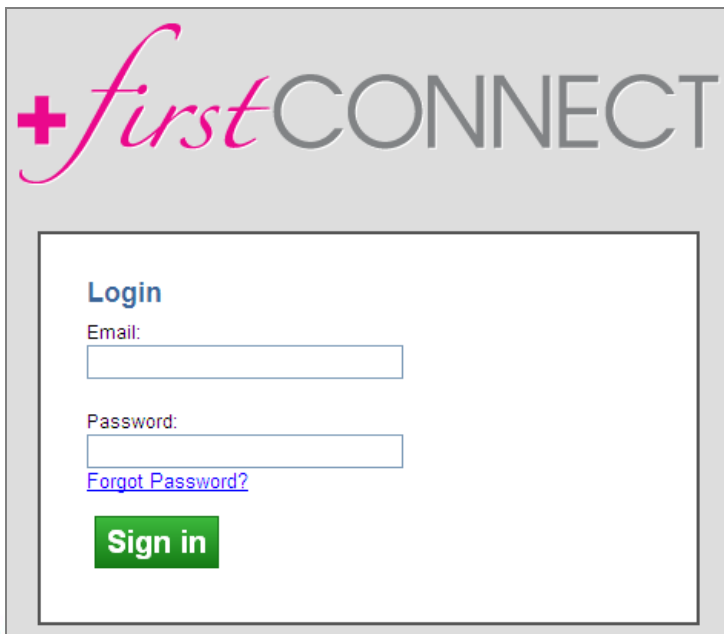**Email**: enter the address provided by your agency for *first*CONNECT access
Default Password: 1Connect
Default Security Question
   Question: What is your favorite sports team?
   Answer: Cardinals

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Login
Email:
_____

Password:
_____
Forgot Password?

Sign in

HELPFUL TIPS
If you're accessing *first*CONNECT using Internet Explorer, you must have version 7.0 or newer.

You may not log in more than once at a time with a given user ID. Instead, you must have completely separate logins.

You will not be prompted to change your password every X days. Whatever you first choose will remain your password until you forget it or wish to change it.

*Use the **Forgot Password?** link if you can't remember the new password you chose for your account. You'll be prompted to enter your email address and answer the security question. Once you click **Reset**, an email will be sent to you with a new temporary password. You'll be prompted to change the password immediately upon login.*

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Main Menu

Click this icon to go back to this screen regardless of where you are within *first*CONNECT.

Use this icon to update your password and/or security question.

You **must** click this icon to properly log out of the *first*CONNECT system. If you do not properly log out, a security feature is activated that will prevent you from logging back in for the next 20 minutes. An attempt to log in during this timeframe will display an "Already Logged In" message.
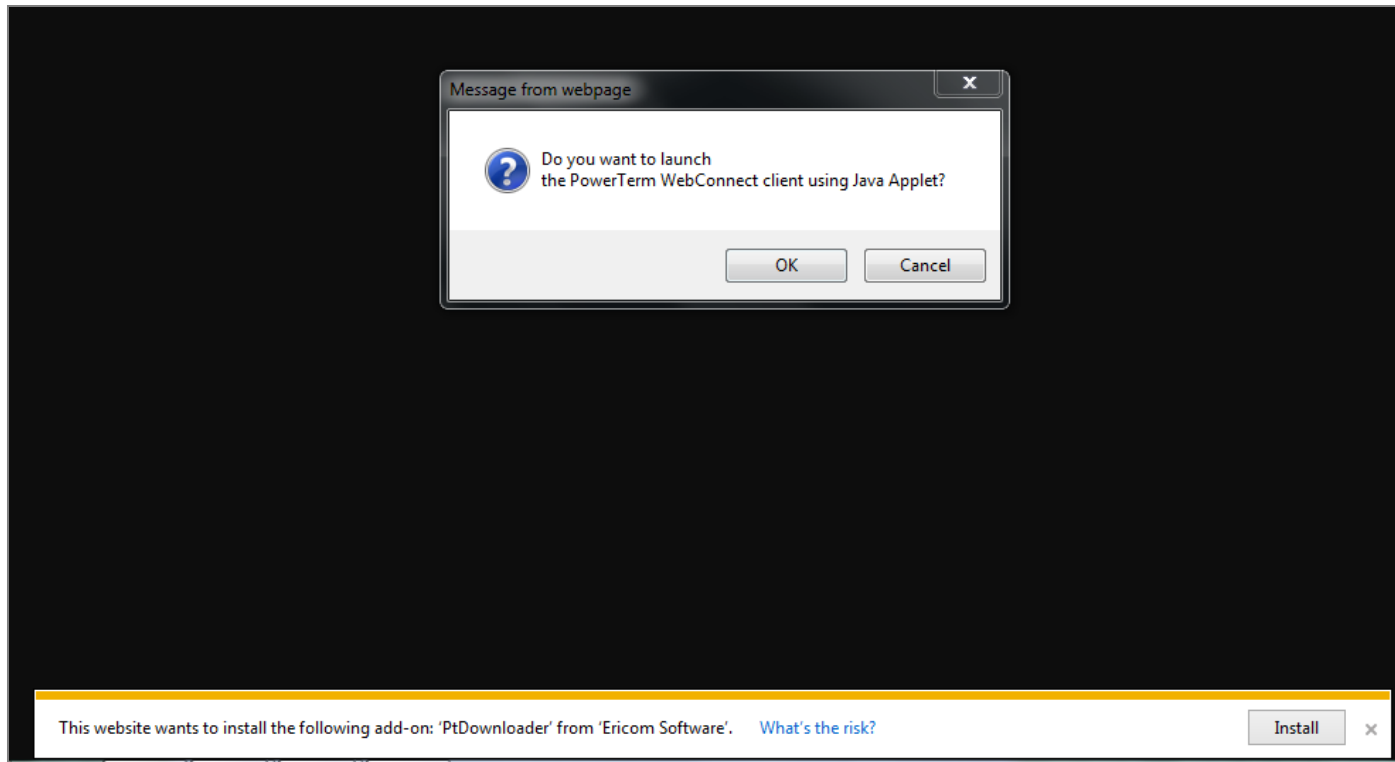
DDE

DDE

DDE – Installing DDE

1. Click DDE button.
2. Click OK to install "PtDownloader"

*You must have administrative rights on your computer to install. This is a one-time install. The only exception is if it is opened on a new computer.

DDE – Entering the DDE/CMS Screen

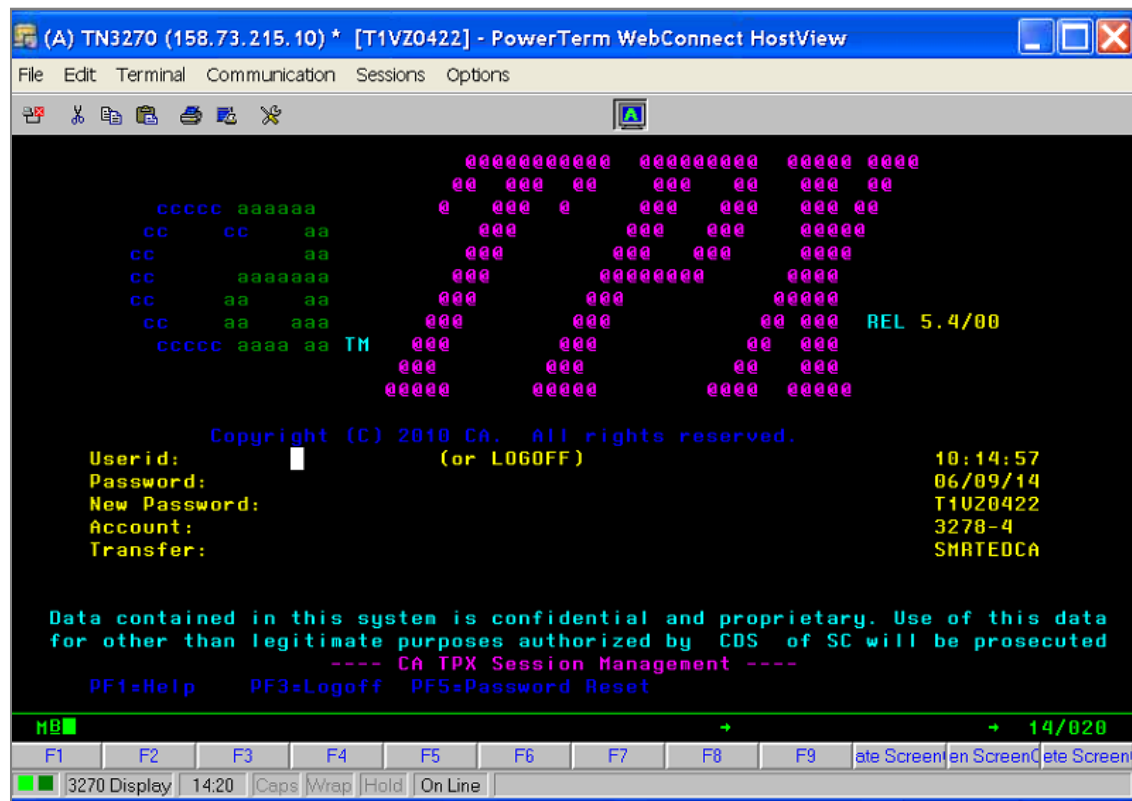First screen prompts you to "Enter Request"
- PGBA – Type "1" and click Enter.
- CGS – Type "2" and click Enter.
- NGS – Type "5" and click Enter.

DDE – Logging Into DDE

Enter your normal DDE User ID and Password from CMS. *If you encounter any issues or cannot remember your login information, you'll need to contact CMS.*

Reports accessed through here are in HIQH and HIQA format. You can view claims once the 277CA has processed.

File Transfer

File Transfer

File Transfer – File Manager

There are 4 icons visible from the initial File Manager screen within the File Transfer section.

- Use this to add a new Submitter ID to your account
- Clicking this icon displays the **Claims Reconciliation Grid**
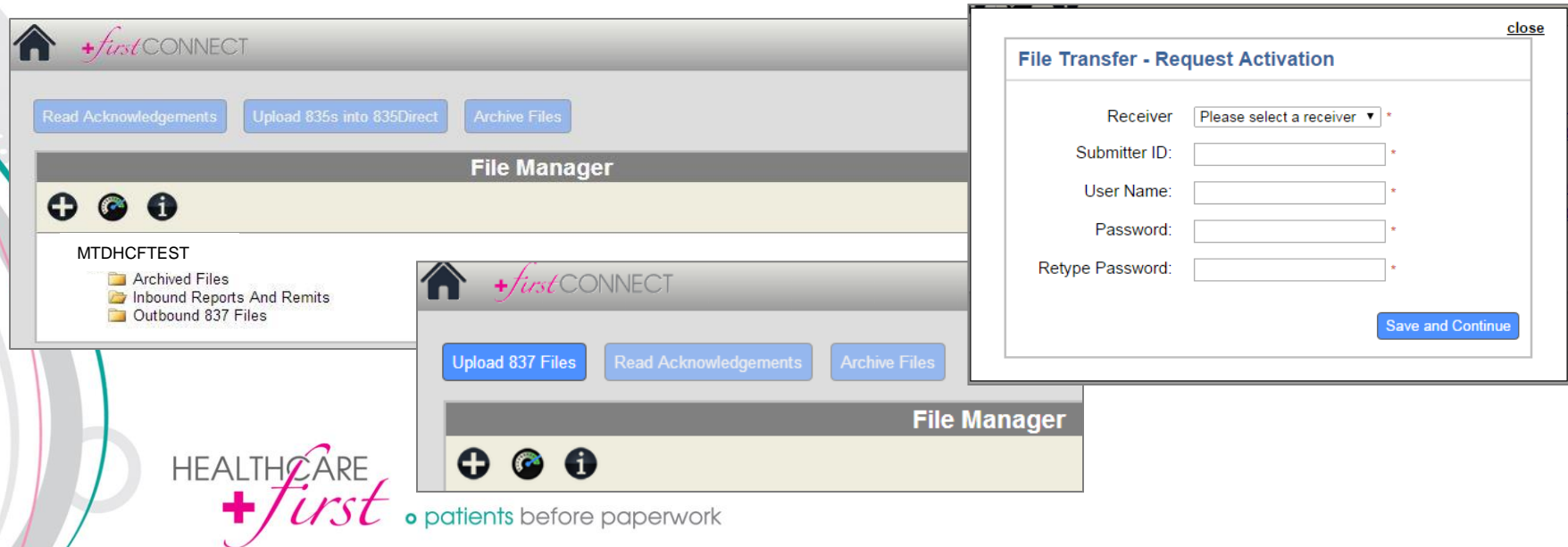- The icon is color-coded green for new messages and red for existing messages
- This is used to view logs of files uploaded with a 'received by' date

In addition, 3 of 4 buttons appear depending on your setup.
- **Upload 837 Files** – Visible only for agencies setup for Manual Upload, not Auto.
- **Read Acknowledgements** – Always visible. Used for reading response files.
- **Upload 835s into 835Direct** – Visible only for agencies setup for Auto Upload, not Manual.
- **Archive Files** – Always visible. Used for manually archiving files.

File Transfer – Manual Upload

Agencies set up for Manual Upload can upload 837 claim files that are generated from various different systems, including HEALTHCARE*first* Enterprise Edition. To do so, first click on the **Upload 837 Files** button. This displays a small popup. Institutional should remain selected for **Claim Type**. Click **Browse** within the popup to find the file you wish to upload. This does display another small popup. Select the desired file, click **Open**, then click **Upload File**.
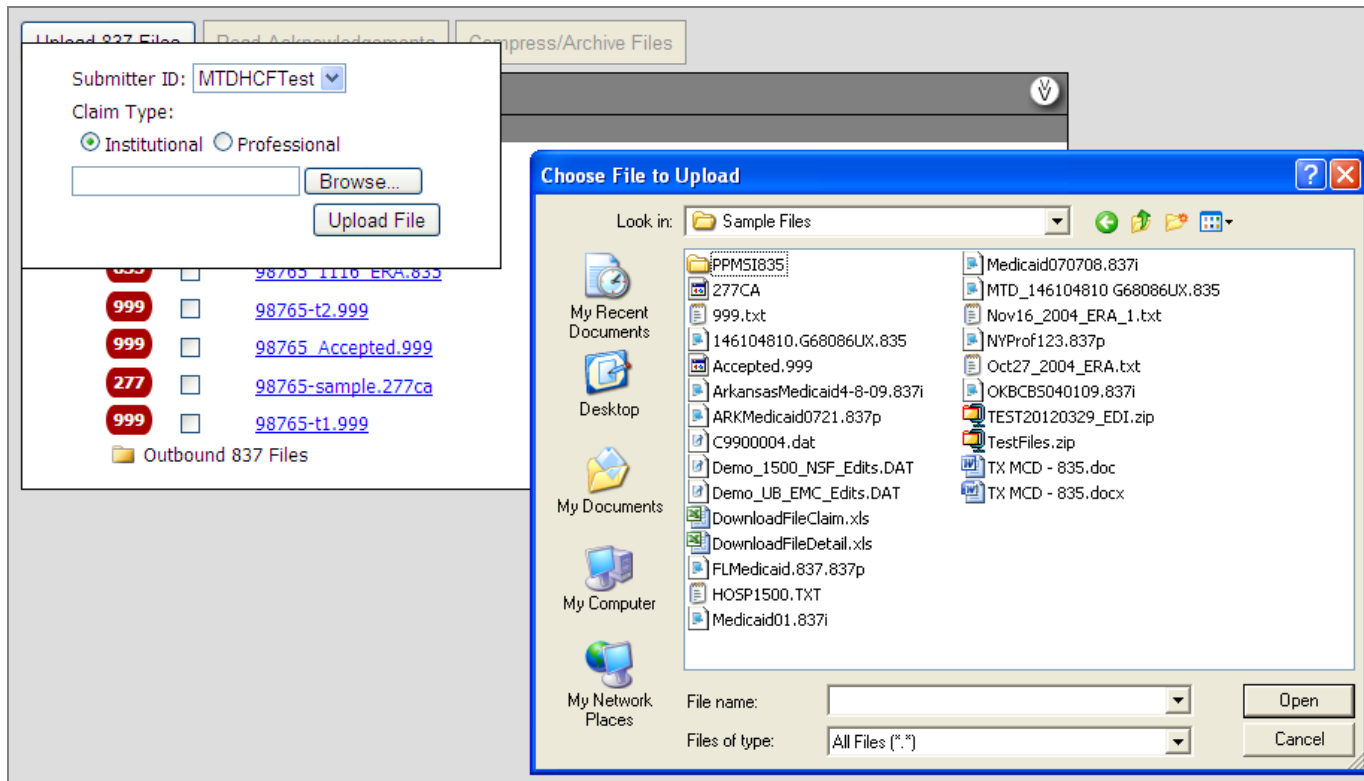
File Transfer – Auto Upload

Agencies set up for Auto Upload automatically send files to the Outbound 837 Files folder from within HEALTHCARE*first* Enterprise Edition. These agencies do not see the **Upload 837 Files** button.

Auto Upload occurs from within HEALTHCARE*first* Enterprise Edition by going through Accounts | Billing | Download Claims | clicking $ sign | Select MAC | clicking Process Claims in Grid. Once the Process Claims in Grid button is clicked the batch will automatically flow to the **Outbound 837 Files** folder within *first*CONNECT.
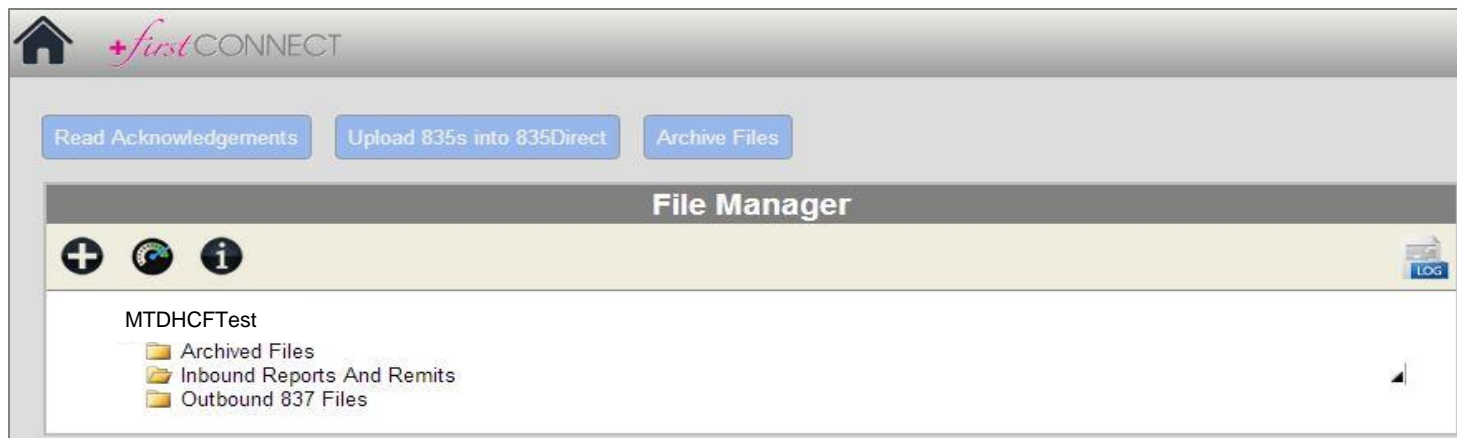
File Transfer – Outbound 837 Files

Once a file is uploaded into *first*CONNECT, whether Manual or Auto, it appears in the **Outbound 837 Files** folder until it's sent to Medicare. As soon as the file uploads to Medicare, it disappears from view.

Files in the Outbound 837 Files folder are automatically sent to Medicare every hour and half hour.

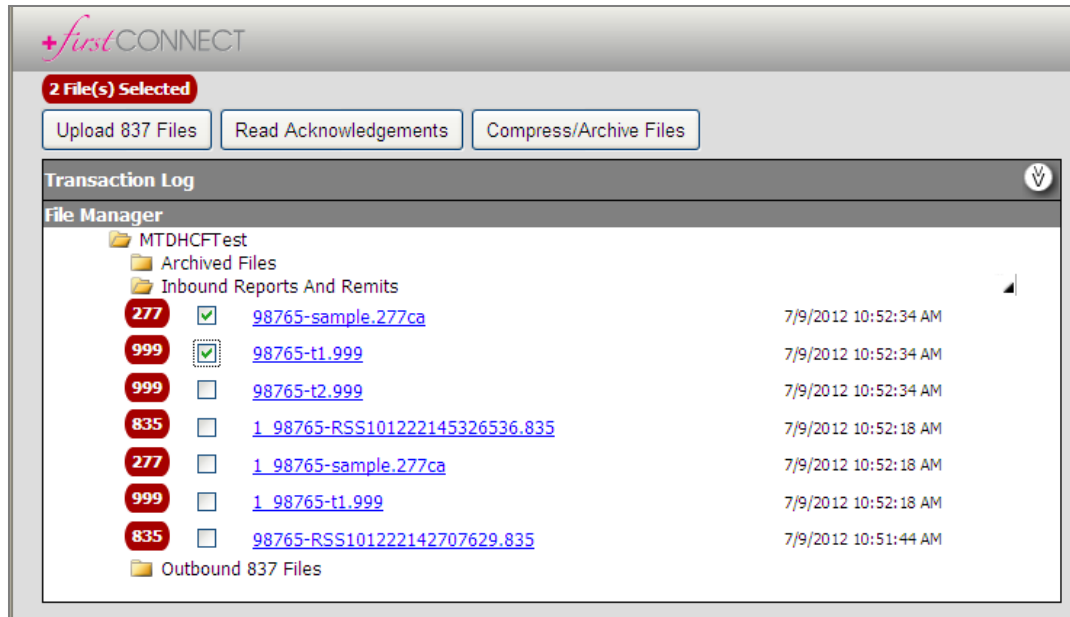HEALTHCARE +*first* o patients before paperwork

File Transfer – Inbound Reports and Remits

View 999 and 277 (RSP) files
- Select individual or multiple files.
- Click the **Read Acknowledgements** button. This displays a new window.

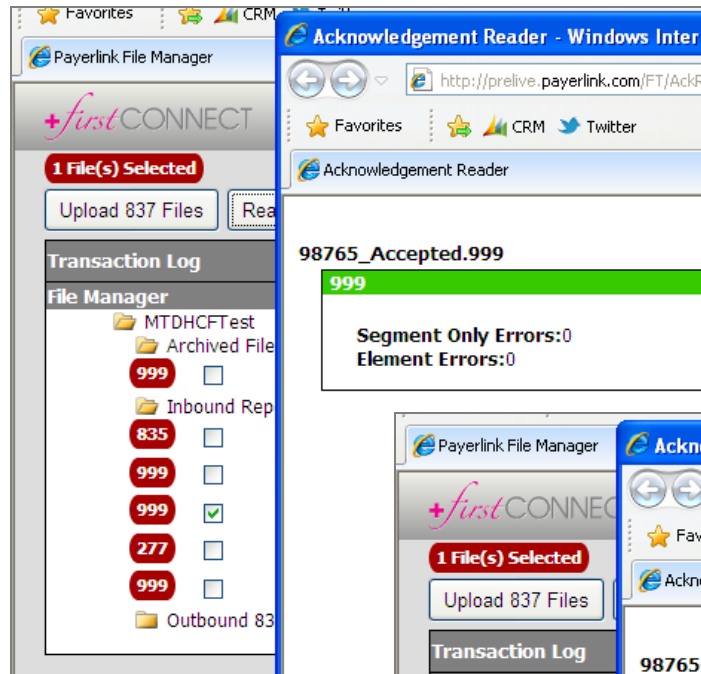A 999 file will come back first, followed by a 277, and finally an 835 file.

**835 files are not readable with the method described above and must be viewed with a special reader or posted to your software system.*
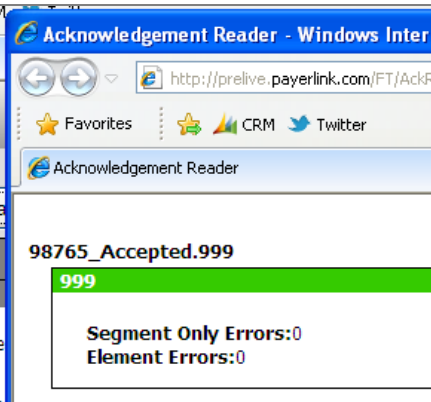
File Transfer – 999 Response File Example

An example of an accepted 999 is shown at left.

An example of an rejected 999 is shown below.

98765_Accepted.999

999

Segment Only Errors:0
Element Errors:0

98765-t1.999

999

Segment Only
Errors:2
Element Errors:2

Implementation dependent segment missing
Loop 2000 : HL @ line: 3
Invalid code value on Element #4 ("1")
Loop 2110 : EQ @ line: 11
Segment has data element errors
Loop 2000 : HL @ line: 5
Required data element missing on Element #2
Implementation dependent 'not used' segment present
Loop 2000 : TRN @ line: 8

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File Transfer – 277CA Response File Example

An example of an 277CA Claim Status file is shown below (*one file split into 2 images*). Green indicates accepted claims and red indicates rejected claims.

Any necessary corrections to claims must be made directly in DDE or within the agency software.

98765-sample.277ca

277

Payer:TEST 5010 PART B (PPPPP)
Receiver: MASTERS CLINIC (NNNNNNNNNN)
Batch ID: 000003
Rejected Amount: $1900.00
Accepted Amount: $4588.00
Rejected Quantity: 2
Accepted Quantity: 12

(WQ) Accepted
(A1) Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.
(19) Entity acknowledges receipt of claim/encounter. Note: This code requires use of an Entity Code.

Provider: MASTERS CLINIC (NNNNNNNNNN)

1234-1 - PUBLIC, JOHN
Policy: 111111111F
Date of service: 20090828
Payer Claim Control #: MB-ICN
(WQ) Accepted
(A2) Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the a
(20) Accepted for processing.

1234-2 - PUBLIC, JOHN
Policy: 111111111F
Date of service: 20090828
Payer Claim Control #: MB-ICN
(WQ) Accepted
(A2) Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the a
(20) Accepted for processing.

PAS2420Fx.NM103.0001 - TEST, PART
Policy: 111111111F
Date of service: 20090701
Payer Claim Control #: MB-ICN
(WQ) Accepted
(A2) Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the a
(20) Accepted for processing.

1234-4 - PUBLIC, JOHN
Policy: 111111111F
Date of service: 20090828
Payer Claim Control #: MB-ICN
(WQ) Accepted
(A2) Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
(20) Accepted for processing.

1234-5 - PUBLIC, JOHN
Policy: 111111111F
Date of service: 20090828
Payer Claim Control #: MB-ICN
(U) Rejected
(A7) Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
(504) Entity's Last Name. Note: This code requires use of an Entity Code.
(DN) Referring Provider

(512) Length invalid for receiver's application system. Note: At least one other status code is required to identify the data element in error.

1234-6 - PUBLIC, JOHN
Policy: 111111111F
Date of service: 20090828
Payer Claim Control #: MB-ICN
(U) Rejected
(A7) Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
(504) Entity's Last Name. Note: This code requires use of an Entity Code.
(PR) Payer

(511) Invalid character. Note: At least one other status code is required to identify the data element in error.

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File Transfer – Download Response Files

999 and 277 files can also be downloaded by clicking directly on the name of the file (*blue hyperlink*) from the listing of files. Opening the file using the hyperlink causes them to display in a format that is not easily readable.

File Transfer – Download 835s (Remits) for Posting

Click directly on the file name (*blue hyperlink*) to open and save an 835 file. This may display a small popup at the bottom of the screen asking if you want to Open or Save. Click the down arrow next to Save and choose **Save As**. Select the appropriate location to save the file. Close the popup box.

__Save As__ may not be available for selection if you're using Google Chrome.

Open and view the 835 file using **PCPrint** or **EasyPrint**, which are both free readers found on the **CMS website**.

Agencies contracted for ERA with HEALTHCAREfirst Enterprise Edition may upload the 835 files directly to the system by going through Accounts | Payments | Electronic Remittance Upload. This process is typically covered in a Billing Posting Session with a HEALTHCAREfirst trainer.

Agencies must be setup to receive electronic remits with their Medicare Administrative Contractor (MAC) in order for any of these files (999, 277, or 835) to be available within firstCONNECT. This setup process may take up to 7 business days.

File Transfer – Claims Reconciliation Grid

This screen is visible by clicking the ⊙ icon from the initial File Manager screen.
It provides you with an overview of each batch that has been submitted including the dates each file was transmitted (*both outgoing and incoming*). You also have the ability to view the 999 and 277 files from this screen by clicking directly on the blue hyperlinks.

Claim File Reconciliation

Receiver	837 Sent	Claims	Billed	999	277	Accepted	Rejected		
Palmetto	6/7/2014 12:29:59 PM	136	$1,488,900.87	6/7/2014 1:13:15 PM	6/7/2014 2:12:49 PM	136		999 277	⊖
Palmetto	6/7/2014 11:39:47 AM	9	$86,126.44	6/7/2014 12:13:06 PM	6/7/2014 12:13:07 PM	9		999 277	⊖
Palmetto	6/5/2014 3:57:31 PM	3	$155,895.00	6/5/2014 4:13:40 PM	6/5/2014 5:13:13 PM	3		999 277	⊖
Palmetto	6/4/2014 4:10:21 PM	28	$215,155.74	6/4/2014 5:12:57 PM	6/4/2014 5:12:58 PM	28		999 277	⊖
Palmetto	6/4/2014 3:26:29 PM	1	$9,600.21	6/4/2014 4:13:12 PM	6/4/2014 4:13:13 PM	1		999 277	⊖
Palmetto	6/4/2014 3:07:44 PM	1	$6,515.00	6/4/2014 4:13:11 PM	6/4/2014 4:13:13 PM		1	999 277	⊖
Palmetto	6/4/2014 2:59:13 PM	1	$2,295.00	6/5/2014 7:14:07 AM	6/5/2014 8:13:47 AM	1		999 277	⊖
Palmetto	6/3/2014 12:15:24 PM	27	$305,925.00	6/3/2014 1:14:19 PM	6/3/2014 1:14:21 PM	27		999 277	⊖

Previous 1 Next

Late   Rejected

File Transfer – Archived Files

There are 3 options for archiving files within *first*CONNECT.

- **Automatic Archive** – All files in the Inbound folder automatically move to the Archived folder after 10 days. These files will never be deleted and will always be accessible.
- **Manual Archive to Server** – You may manually move files to the Archived folder prior to the 10 day auto-archive by checking the box next to the desired file and then clicking the **Archive Files** button. If the "Compress and Archive Files" box appears, simply click OK without a filename.
- **Manual Archive to PC** – You may also manually archive/save files to your PC. Follow the same steps as for archiving to the Server, except this time be sure to enter a filename in the "Compress and Archive Files" box.

Medicare Eligibility

Medicare Eligibility

Medicare Eligibility – Initial Check

Required fields for checking eligibility are as follows:
- **HICN** – must be entered without dashes or slashes
- **Last Name**
- **First Name** or **Date of Birth** – you don't have to enter both fields, just one or the other

Click the **Get Eligibility** button to pull results from the Common Working File. Be sure to enable popups as the report will open in a new window.
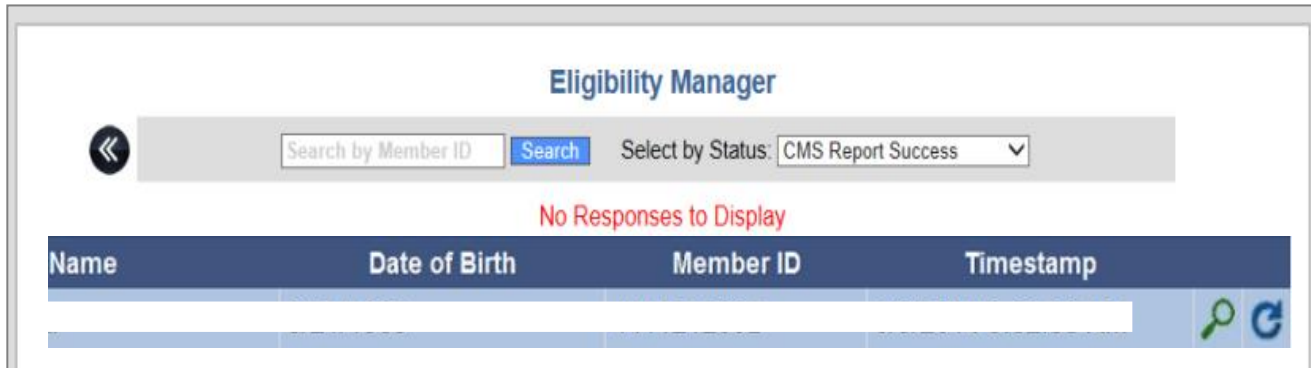
Medicare Eligibility – Eligibility Manager

Clicking ⊘ on the Eligibility screen opens the **Eligibility Manager**.

Eligibility Manager displays all patients for whom you previously checked eligibility. This allows you to run updated reports without having to re-enter all of the patients' information. You can search the list by Medicare #.

Click 🔍 to run the initial report again.

Click ↻ to run an updated version of the report.