

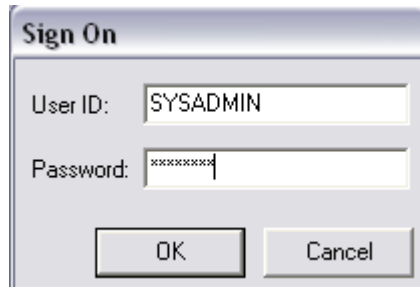
# PC-Ace Pro32

## *Quick Start*

### **Family Care Program** **Institutional Claims**

## Quick Start - Login

1. Double click any icon on the 'PC-Ace Main Form'. You will be shown the Sign On screen. Enter **SYSADMIN** for User ID and **SYSADMIN** for Password. Click 'OK'.



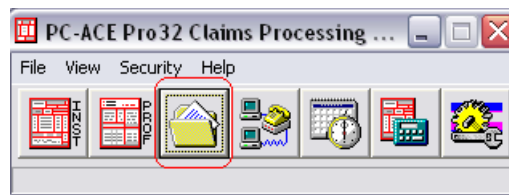
A dialog box titled "Sign On" with two input fields. The "User ID:" field contains the text "SYSADMIN". The "Password:" field contains a series of asterisks "\*\*\*\*\*". Below the fields are two buttons: "OK" and "Cancel".

**Note:** If entered correctly, the main screen of whichever icon you chose will appear, if it is not the screen one you want, simply click 'Close' in the lower right corner to return to the **PC-Ace Main Form** and select the correct icon:

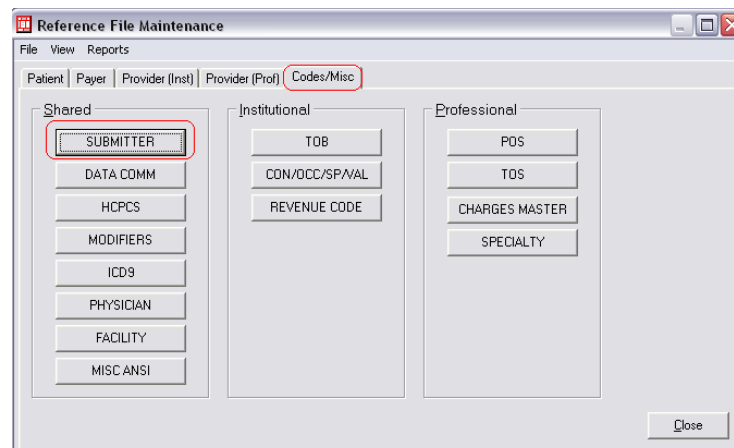
## Quick Start – Submitter File Setup

**\*\*The following steps show how to perform a one-time Submitter File Setup. It is required that this be done before you begin to enter claims\*\***

1. From the **PC-Ace Main Form** select the 'Reference File Maintenance' icon:



2. Select the '**Codes/Misc**' tab and then on the left side select: '**SUBMITTER**':



A screenshot of the "Reference File Maintenance" window. The "Codes/Misc" tab is selected and highlighted with a red box. The window is divided into three columns: "Shared", "Institutional", and "Professional". In the "Shared" column, the "SUBMITTER" button is highlighted with a red box. Other buttons in the "Shared" column include DATA COMM, HCPCS, MODIFIERS, ICD9, PHYSICIAN, FACILITY, and MISCANSI. The "Institutional" column contains buttons for TOB, CON/OCC/SP/VAL, and REVENUE CODE. The "Professional" column contains buttons for POS, TOS, CHARGES MASTER, and SPECIALTY. A "Close" button is located in the bottom right corner.

## Quick Start – Submitter File Setup

3. On this screen be sure you select '**Institutional**' then click '**View/Update**':

Submitter Setup

Claim Type:  Institutional  Professional

LOB	Payer ID	Submitter ID/EIN	Submitter Name
<< ALL >>	<< ALL >>	YOUR ID HERE	SUBMITTER NAME

New View/Update Copy Delete Close

4. After you select '**View/Update**' you will see the '**Institutional Submitter Information**' screen, fill out only the fields which are highlighted in **yellow**:

Institutional Submitter Information

General Prepare ANSI Info ANSI Info (2) ANSI Info (4)

LOB  Payer ID

ID  EIN

Name

Address

City  State  Zip

Phone  Fax  Country

Contact

Save Cancel

5. Once the '**General**' information is filled out, click on the '**Prepare**' tab up top, on this screen all necessary fields are filled out for you except '**EMC File**'. In this field enter the **WPS Submitter ID** you received plus **.DAT** (i.e. 12345.DAT) :

## Quick Start – Submitter File Setup

**Institutional Submitter Information**

General Prepare ANSI Info ANSI Info (2) ANSI Info (4)

Include Error Claims  Vendor

Submission Status  Intermediary

EMC Output Format  Next Serial No.

ANSI Version (837)  Next File Seq.

ANSI Version (270)

ANSI Version (276)

EMC File

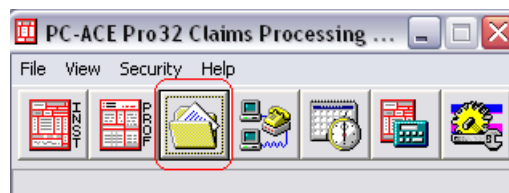
Save Cancel

6. After you have done steps 1-5 click **'Save'** and the **Submitter File Setup** is complete.
7. Click the **'Close'** in the lower right corner of the open screens and close until you are left with only the **'PC-Ace Main Form'**.

## Quick Start – Provider (Inst) File Setup

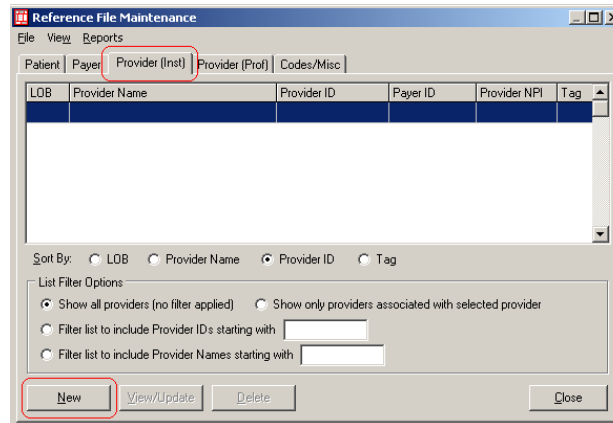
**\*\*The following steps show how to perform a one-time Provider File Setup. It is required that this be done before you begin to enter claims\*\***

1. From the **PC-Ace Main Form** select the **Reference File Maintenance** icon:



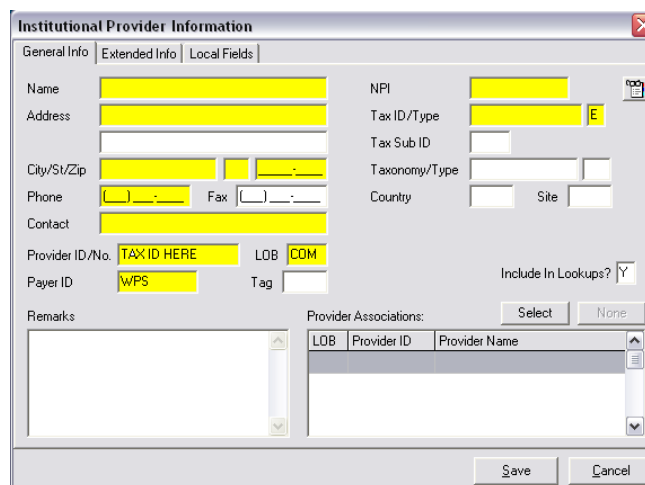
## Quick Start – Provider (Inst) File Setup

2. Select the 'Provider (Inst)' tab and then click 'New':



The screenshot shows the 'Reference File Maintenance' window with the 'Provider (Inst)' tab selected. The 'New' button is highlighted with a red box. The window contains a table with columns: LOB, Provider Name, Provider ID, Payer ID, Provider NPI, and Tag. Below the table are sorting and filtering options, and a 'Close' button.

3. Fill out the fields highlighted in **yellow**. Where the form is not requesting your information, use the values listed (i.e. 'COM', 'WPS', etc.). click 'Save' when complete:



The screenshot shows the 'Institutional Provider Information' form. The 'General Info' tab is active. Fields highlighted in yellow include: Name, Address, City/St/Zip, Phone, Contact, Provider ID/No. (with 'TAX ID HERE' in the text), Payer ID (with 'WPS' in the text), NPI, Tax ID/Type (with 'E' in the text), and LOB (with 'COM' in the text). The 'Include In Lookups?' checkbox is checked. The 'Provider Associations' table is empty. 'Save' and 'Cancel' buttons are at the bottom.

**Note:** If you do not have an NPI, enter 'EXEMPT' in this field.

\*\*The address on this screen is your **SERVICE LOCATION** address\*\*

**If you receive payment at a different address:** You will need to fill out the 'PAY-TO' information on the 'Extended Info' tab of this 'Professional Provider Information' screen (shown on page 5). Follow the same rules in the note above regarding 'NPI', etc.' You will also need to choose a 'Taxonomy' on the 'General Info' tab, choose the closest choice off the list (right click in the field), this is required but will not affect your payment in any way.

## Quick Start – Provider (Inst) File Setup

**Institutional Provider Information**

General Info | Extended Info | Local Fields

Provider ID/No Type  E-Mail Address

Provider Accepts Assign

Provider SDF

Provider Name Match

Force Legacy ID

Requires POA Reporting

Secondary Provider IDs (ANSI use only)

ID/Type #1

ID/Type #2

Pay-To Provider Information (specify only if different)

Name  NPI

Address  Tax ID/Type   E

City/St/Zip     Provider ID/No.

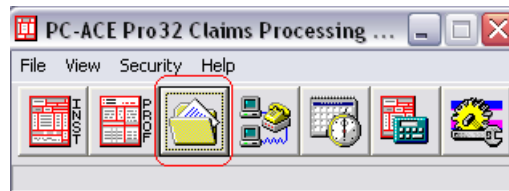
Country  Sec ID/Type #1

Sec ID/Type #2

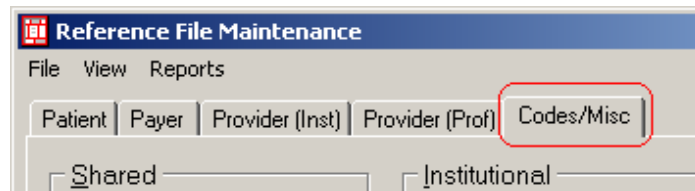
Save Cancel

## Quick Start – Physician/UPIN File Setup

1. From the **PC-Ace Main Form** select the **Reference File Maintenance** icon:

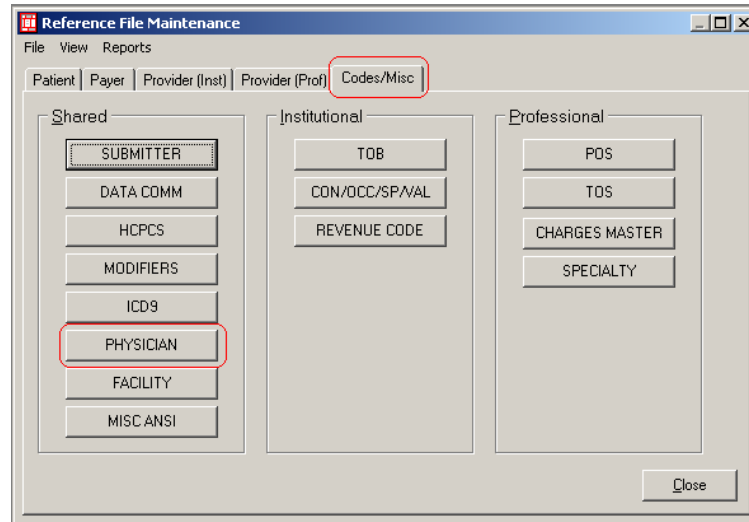


2. Select the '**Codes/Misc**' tab from the Reference File Maintenance screen that appears.



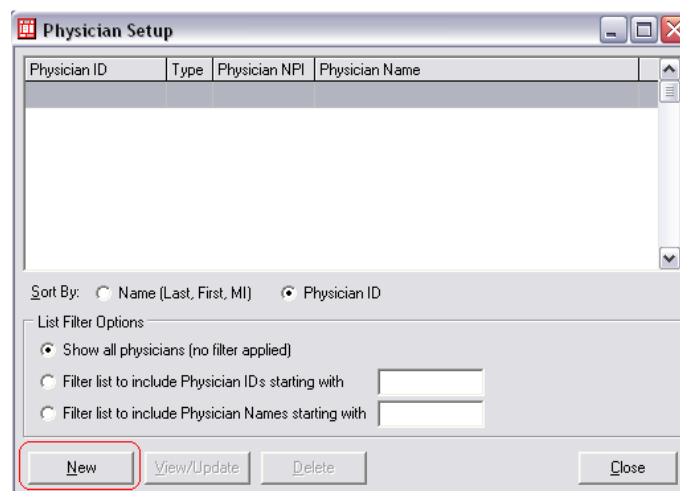
## Quick Start – Physician/UPIN File Setup

3. Select the **'Physician'** button from the list of Reference Files on the **'Codes/Misc'** tab.



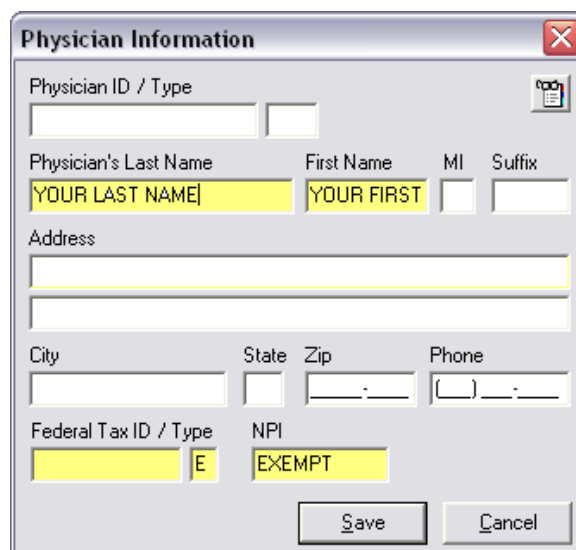
## Quick Start – Physician/UPIN File Setup

4. Click on **'New'** at the bottom of the **'Physician/UPIN'** list that appears.



5. Complete the following fields on the **'Physician/UPIN Information'** screen. (highlighted in **yellow**), then click **'Save'**.

## Quick Start – Physician/UPIN File Setup



The screenshot shows a 'Physician Information' dialog box with the following fields and values:

- Physician ID / Type: [Empty]
- Physician's Last Name: YOUR LAST NAME
- First Name: YOUR FIRST
- MI: [Empty]
- Suffix: [Empty]
- Address: [Empty]
- City: [Empty]
- State: [Empty]
- Zip: [Empty]
- Phone: [Empty]
- Federal Tax ID / Type: E
- NPI: EXEMPT

Buttons: Save, Cancel

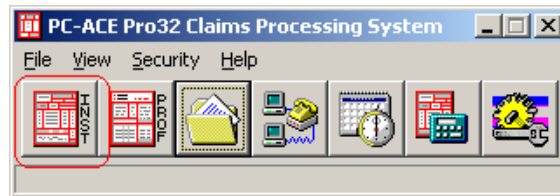
- **Physician's Last Name/First Name/MI** – Enter **YOUR** information. This field is required to be entered even though you may not be a physician.
- **Federal Tax ID/Type** – Enter **YOUR** Federal Tax ID. The Type 'E' must be entered in the smaller of the two fields. This is **YOUR** Tax ID (not the Tax ID of your patient's doctor).
- **NPI** – If you have an NPI enter it. If you do not, enter the word '**EXEMPT**'.

## Quick Start – Patient File Setup

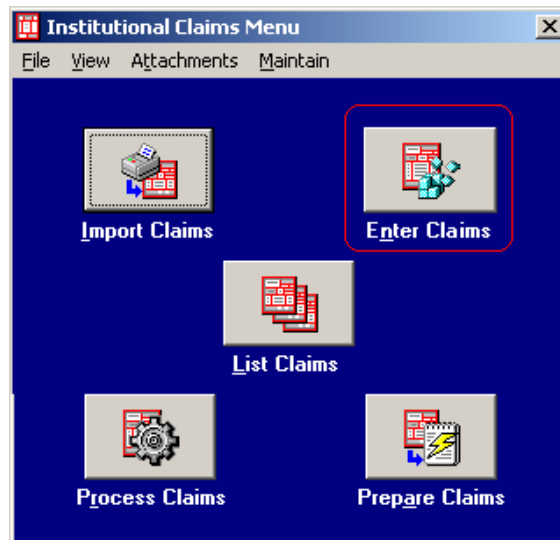
You have the option to enter patient information '**on-the-fly**' every time you enter a claim or you may set up a **Patient Reference File** (one time entry). If you choose to set up a **Patient Reference File**, when creating your claims you will select a patient from a list and all of patient's information will auto-fill. If you wish to do this, please follow the steps outlined starting on **page 25** of the **Institutional Full User Guide** found at <http://www.wpsic.com/edi/pacepro32.shtml> .

# Quick Start – Institutional Claim Form

1. From the **PC-Ace Main Form** select the **Institutional Claims Processing** icon:



2. On the '**Institutional Claims Menu**' select '**Enter Claims**':



3. You are now viewing the '**Institutional Claim Form**'. The first screen is the '**Patient Info & Codes**' tab.

# Quick Start – Institutional Claim Form

- **LOB** – Enter **COM**
- **Patient Control No.** – Enter whatever you assign to your patient as for internal tracking (i.e. Member/Client ID, Last name of patient, etc).

**Note:** You have the option to enter patient information ‘on-the-fly’ every time you enter a claim or you may set up a **Patient Reference File** so you need only right click in the **Patient Control No.** field to produce a listing of your patients, when you select one from the list, all of patient’s information will auto-fill. If you wish to do this, please follow the steps outlined starting on **page 25** of the **Institutional Full User Guide** found at <http://www.wpsic.com/edi/pacepro32.shtml> . Or continue by entering the Patient’s required information which is highlighted:

- **Type of Bill** – Enter the Type of Bill.

If Family Care did not provide the Type of Bill:

- Enter – **111** (Inpatient)
- Enter – **131** (Outpatient)

**Note:**

If you choose **111** and receive the error “**Accom Rev Code Required for Inpatient TOB = 111**” Change the Type of Bill to **131**.

If you choose **131** and receive the error “**Accom Rev Code Not Allowed for TOB = 131**” Change the Type of Bill to **111**.

## Quick Start – Institutional Claim Form

- **Statement Covers Period Fields** – Enter the date of service or date of service range.
  - **Patient Last Name/First Name/MI/ Suffix Fields**
  - **Patient Address/City/State/Zip Fields**
  - **Birthdate (Patient) Field**
  - **Sex (Patient) Field**
  - **Admission Date Field** – Enter the first date of your date of service range (Statement Covers Period 'From' date).
  - **HR Field (Admission Hour)** – Used on Inpatient Claims only. If unknown, enter '12'.
  - **Type Field (Admission Type)** – If unknown, enter '9'.
  - **SRC Field (Admission Source)** – If unknown, enter '9'.
  - **D-HR Field (Discharge Hour)** – Used on Inpatient Claims only. If unknown, enter '12'.
  - **Stat Field (Patient discharge Status)** – Used on Inpatient Claims only. If unknown, use '30'.
4. Select the '**Billing Line Items**' tab of the '**Institutional Claim Form**'.

LN	42 Rev.Cd.	44 HCPCS	44 - Modifiers				44 Rate	45 - Service Date		46 Units/Days	47 Total Charges	48 Non-Cov Charges
			1	2	3	4		From Date	Thru Date			
1												
2												
3												
4												
5												
6												
7												
8												

Recalculate Totals: 0.00 0.00

Save Cancel

- Fill in the Revenue Code (Service code from Family Care Service Authorization file), Modifiers (if applicable), Rate, Service Dates, Units (**Units must be submitted as WHOLE numbers**), Total Charges.

**\*\* Only one Service Code may be billed per claim \*\***

# Quick Start – Institutional Claim Form

Once you have entered the line items for this claim, click 'Recalculate'.

## 5. Select the 'Payer Information' tab of the 'Institutional Claim Form'.

Sub	Payer ID	Payer Name	Provider No.	ROI	AOB	Prior Payments	Amount Due	
<input type="checkbox"/>	WPS	WPS COMMERCIAL		0	Y	0.00	0.00	Clear Payer
<input type="checkbox"/>								Clear Payer
<input type="checkbox"/>								Clear Payer

Due From Patient >> 0.00 0.00

P.Rel	Insured's Last/Org Name	First Name	MI	Suffix	Insured's ID	Group Name	Group Number
18							

Authorization Code / Type	ESC	Employer Name
G1		

Save Cancel

- **Payer ID/Payer Name Fields** – 'Right click' and choose the first 'WPS' listing off of the list. The Payer Name will auto populate.
- **Provider Number Field** – Right click and select the appropriate Provider record. If you have only one Institutional provider record entered in your Provider database, this field will be auto-filled.
- **ROI and AOB Fields** – These fields should be auto-filled when the Provider record is selected. If not, enter 'O' in ROI field, and 'Y' in AOB field.
- **P Rel Field (Patient Relationship to Insured)** – This field will automatically fill when the Patient record is selected provided the patient record was created. If not, enter '18'.
- **Insured's Name (Last, First, MI) Fields** - This field will automatically fill when the Patient record is selected provided the patient record was created.
- **Insured's ID Fields** - This field will automatically fill when the Patient record is selected provided the patient record was created. If not, enter the patients Member/Client ID found on the Authorization form.
- **Authorization Code Field** – This field contains the prior authorization number assigned to the service by Family Care. This **MUST** be completed.

**\*\* Only one Authorization code may be billed per claim \*\***

## Quick Start – Institutional Claim Form

- **Type Field (Authorization Type)** – Enter 'G1'. This *MUST* be completed when the Authorization Code is given.

**\*\* Only one Authorization code may be billed per claim \*\***

4. Select the '**Diagnosis/Procedure**' tab of the '**Institutional Claim Form**' and complete the following fields (highlighted in yellow below)

The screenshot shows the 'Institutional Claim Form' window with the 'Diagnosis/Procedure' tab active. The following fields are highlighted in yellow:

- Principal Diag. (78099)
- Admitting Diagnosis (78099)
- Supporting Provider Information table (Type: ATT, Last/Org Name, First Name, MI, Suffix, Provider IDs / Types)

Type	Last/Org Name	First Name	MI	Suffix	Provider IDs / Types
ATT					
DPR					
OTH					

- **Principal Diag. Field** – Enter the principle diagnosis code that applies to this claim. If unknown, enter '78099'.
- **Admitting Diagnosis Field** – Enter the admitting diagnosis code. In many cases, this is the same as the principle diagnosis code. If unknown, enter '78099'.
- **Attending ID Type/Last Name/First Name, etc. Fields** - Right click or press <F2> while in the 'ATT Last/Org Name' field. Select the option on the list, this field will be populated with data from the 'Physician Information' field you filled out earlier in the setup.

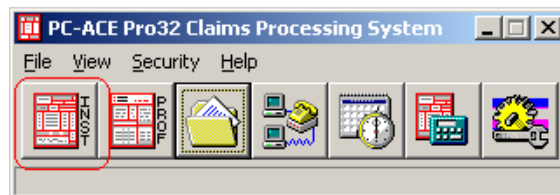
## Quick Start – Institutional Claim Form

6. After you have completed all the required and applicable fields for the claim, click **'Save'**. You are finished if you receive no errors.

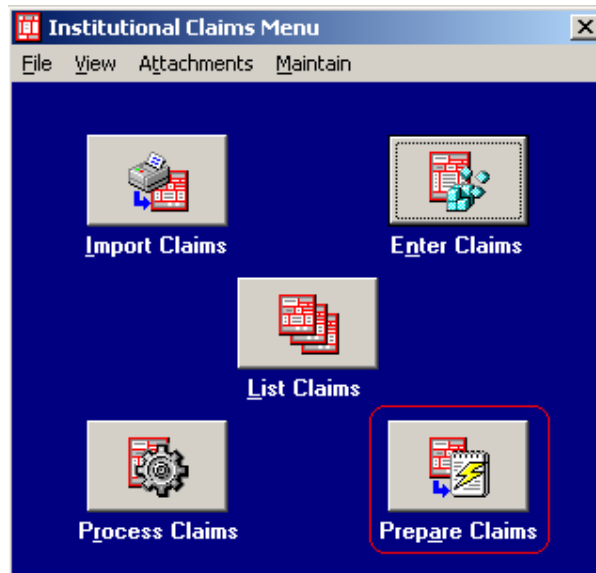
**Note:** If there are errors, a list of what is needed will pop up in front of you. When you close the list, you will see the field(s) with errors flashing in red. Made the necessary correction(s) and then click **'Save'** again.

## Quick Start – Prepare Claim(s) for Transmission

1. From the **PC-Ace Main Form**, select the **'Institutional Claims Processing'** icon:



2. On the **'Institutional Claims Menu'** select **'Prepare Claims'**:



## Quick Start – Prepare Claim(s) for Transmission

- You will now see the 'Institutional Claim Prepare for Transmission' screen.
  - LOB** – Select 'COM'
  - Submission Status** – Select 'Production' if you are submitting to get paid. Select 'Test' if you are testing.

The screenshot shows a dialog box titled "Institutional Claim Prepare For Transmission". It contains several fields and options:

- Include Claims Matching:**
  - LOB:
  - Payer:
  - Provider:
- Output Format:**
  - NSF
  - ANSI-837
- Submission Status:**
  - Production
  - Test
- Include Error Claims?:**
  - Yes
  - No
- Buttons:  and

- Click 'Prepare Claims'. Your claims will begin preparing in an electronic format; you will see a screen that looks similar to this:

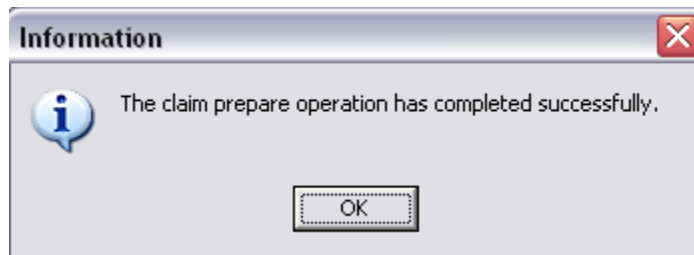
The screenshot shows a dialog box titled "Claim Prepare For Transmission" with a close button in the top right corner. The text "Claim prepare operation complete" is displayed above a progress bar. Below the progress bar is a table titled "Prepare Totals":

	Count	Dollar Value
Prepared Clean	14	1686.00
Rejected	0	0.00

At the bottom right of the dialog box is a "Cancel" button.

## Quick Start – Prepare Claim(s) for Transmission

5. If all claims prepare successfully, you will receive the following confirmation:



\*\* If you have issue with your claims preparing, reference page 45 of the **Institutional Full User's Guide** for further assistance.

6. Click 'OK' and you will now have an Electronic Media Claim File ready for transmission located in the destination drive on your computer where PC-Ace Pro32 was installed (normally the C: drive).

**Note:** The file is located in the WINPCACE folder under file name 'Your Submitter ID.DAT' (i.e. 12345.DAT). This is the file you will upload and send on either the Bulletin Board System (BBS) or Secure EDI website.

## What Happens Next?

You have now created your claims in an electronic format; however, they have not gone anywhere and are still on your computer. In order to get the claims to WPS you must upload them using the method you chose during one of your first conversations setting up electronic billing. This is either the WPS Bulletin Board System (using a dial up connection) or the Secure EDI website (using a secure internet connection).

Use the instructions you received in order to Login (your password should have been sent via email) and Upload your claim file to WPS.

Once WPS receives your file we will promptly send a report letting you know the file was received (reference the Download portion of your instructions for this process). This report normally arrives within a few minutes after your upload.

The morning following the upload (time may vary) you will have a report name that ends with '**...4010Report.dat**'. Download this important report. It will tell you if your claims were accepted or rejected. If any claims rejected, the report will provide a description of what was wrong. **These rejected claims will need to be corrected and resent.** The claims which are accepted have gone to the claims processing system and you will receive the determination on your Explanation of Benefits (EOB) or Electronic Remittance Advice (ERA).

If you have any questions, please feel free to contact the EDI Help Desk at: 1-800-782-2680 (Option #2).