

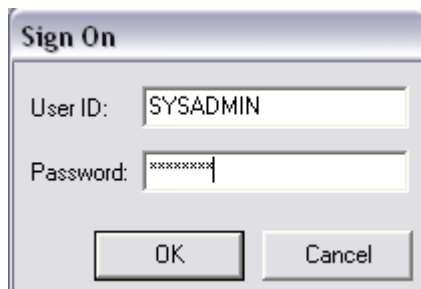
PC-Ace Pro32

QUICK START

Family Care Program **Professional 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'.



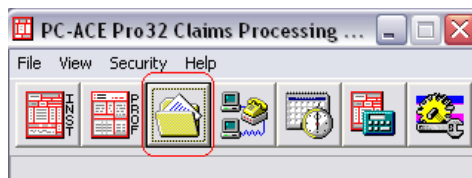
A dialog box titled "Sign On" with two input fields. The "User ID:" field contains the text "SYSADMIN". The "Password:" field contains a series of asterisks "*****". Below the fields are two buttons: "OK" and "Cancel".

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:

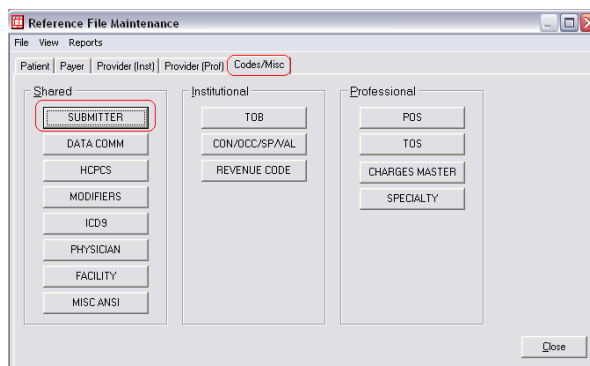
Quick Start – Submitter File Setup

****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:



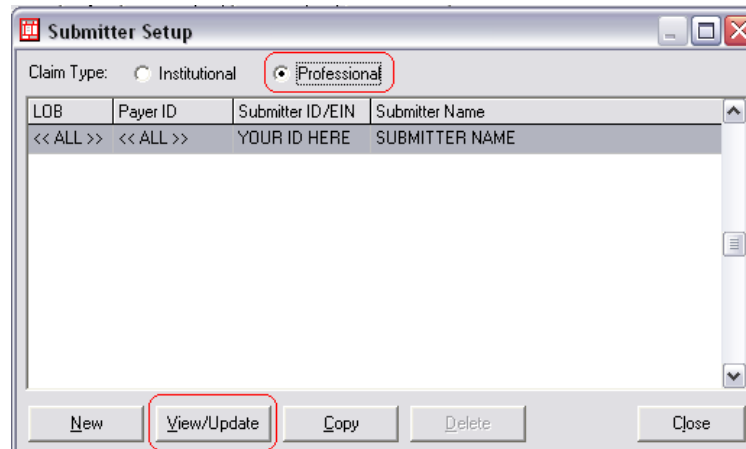
2. Select the 'Codes/Misc' tab and then on the left side select: 'SUBMITTER':



A screenshot of the "Reference File Maintenance" dialog box. The "Codes/Misc" tab is selected and highlighted with a red box. The "SUBMITTER" button in the "Shared" section is also highlighted with a red box. Other buttons in the "Shared" section include DATA COMM, HCPCS, MODIFIERS, ICD9, PHYSICIAN, FACILITY, and MISC ANSI. The "Institutional" section has buttons for TOB, CON/OCC/SP/VAL, and REVENUE CODE. The "Professional" section has buttons for POS, TOS, CHARGES MASTER, and SPECIALTY. A "Close" button is in the bottom right corner.

Quick Start – Submitter File Setup

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

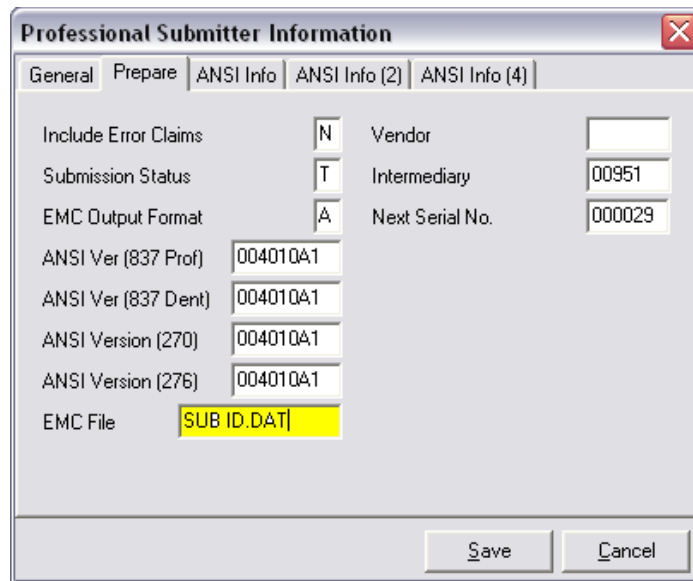


4. After you select '**View/Update**' you will see the '**Professional Submitter Information**' screen, fill out only the fields which are highlighted in yellow:

The screenshot shows a window titled "Professional Submitter Information" with tabs for "General", "Prepare", "ANSI Info", "ANSI Info (2)", and "ANSI Info (4)". The "General" tab is selected. The form contains the following fields: "LOB" (empty), "Payer ID" (empty), "ID" (highlighted in yellow with "YOUR ID HERE"), "EIN" (empty), "Name" (highlighted in yellow with "OFFICE NAME HERE"), "Address" (highlighted in yellow with "YOUR ADDRESS HERE"), "City" (highlighted in yellow with "ANYWHERE TOWN"), "State" (highlighted in yellow with "WI"), "Zip" (highlighted in yellow with "99999-9999"), "Phone" (highlighted in yellow with "(999) 999-9999"), "Fax" (empty), "Country" (empty), and "Contact" (highlighted in yellow with "OFFICE CONTACT NAME HERE"). At the bottom, there are "Save" and "Cancel" buttons.

5. Once the '**General**' information is filled out, click 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



The screenshot shows a dialog box titled "Professional Submitter Information" with a close button (X) in the top right corner. The dialog has several tabs: "General", "Prepare", "ANSI Info", "ANSI Info (2)", and "ANSI Info (4)". The "General" tab is selected. The fields are as follows:

Include Error Claims	N	Vendor	
Submission Status	T	Intermediary	00951
EMC Output Format	A	Next Serial No.	000029
ANSI Ver (837 Prof)	004010A1		
ANSI Ver (837 Dent)	004010A1		
ANSI Version (270)	004010A1		
ANSI Version (276)	004010A1		
EMC File	SUB.ID.DAT		

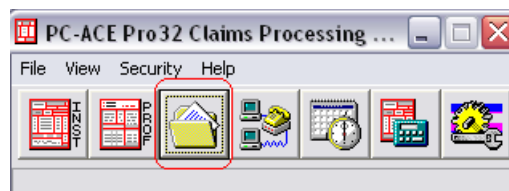
At the bottom right, there are "Save" and "Cancel" buttons.

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 (Prof) 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 (Prof) File Setup

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

The screenshot shows the 'Reference File Maintenance' window with the 'Provider (Prof)' tab selected. The 'New' button at the bottom left is highlighted with a red box. The window contains a table with columns: LOB, Type, Provider/Group Name, Provider ID, Payer ID, Provider NPI, Group Label, Tag, and Tax. Below the table are sorting and filtering options.

3. Select 'Solo Practice' and 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 'Professional Provider Information' window with the 'Solo Practice' radio button selected. Several fields are highlighted in yellow: Organization, Last/First/MI, Address (with 'PHYSICAL ADDRESS HERE' text), City/St/Zip, Phone, Contact (with 'OFFICE CONTACT NAME HERE' text), Provider ID/No. (with 'TAX ID' text), Payer ID (with 'WPS' text), NPI (with 'SEE NOTE' text), Tax ID/Type (with 'E' text), Signature Ind (with 'Y' text), Date (with '12/01/2008' text), and Provider Roles (with 'Billing' checked and 'Rendering' unchecked). The 'LOB' dropdown is set to 'COM'. The 'Save' button is highlighted.

Note: If you have an **Organization Name**, fill this out and leave the **Last/First/MI** blank (Do the opposite if you are not an Organization but rather an individual provider). If you provide medical services enter your **NPI**, if not, enter **EXEMPT**.

****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 'Organization Name, 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 (Prof) File Setup

Professional Provider Information

General Info Extended Info

CLIA No. Provider Name Match

Mammography No. Force Legacy ID

HMO Contract No.

Dental Provider?

Provider ID/No Type

Provider Name Suffix

Provider Country

Secondary Provider IDs (ANSI use only)

ID/Type #1

ID/Type #2

Pay-To Provider Information (specify only if different)

Organization NPI

Last/First/MI Fed Tax ID/Type E

Address

City/St/Zip Prov. ID/No./Type

Country Name Suffix Sec ID/Type #1

Sec ID/Type #2

Save Cancel

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 24** of the **Professional Full User Guide** found at <http://www.wpsic.com/edi/pcacepro32.shtml> .

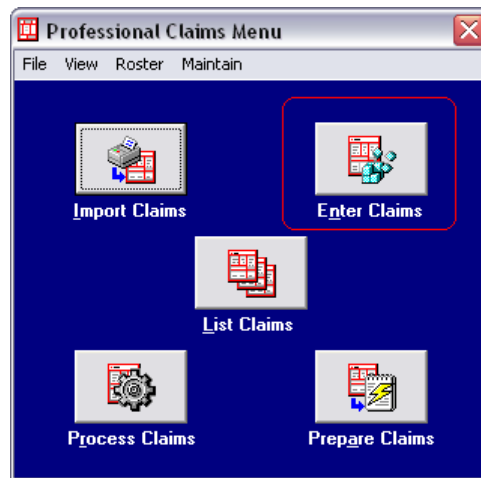
Quick Start – Professional Claim Form

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



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

Quick Start – Professional Claim Form



3. You are now looking at the '**Professional Claim Form**'. The first screen is the '**Patient Info & General**' tab as shown on page 8.

- **LOB** – Enter **COM**
- **Billing Provider** – (Right Click in the field and make selection off of list). This action will cause some required fields which are not highlighted to auto-fill for you.
- **Patient Control No.** – Enter whatever you assign to your patient as an internal tracking number (i.e. Member/Client ID, patient's last name, 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 24** of the **Professional Full User Guide**

- **ROI** – Enter '**O**':
- **ROI Date** – Enter the date of your Family Care contract.
- **Other Ins.** – Enter '**3**'.
- **Provider Accepts Assignment?** - Enter '**A**'.
- **Provider SOF** – Enter '**Y**'.

Quick Start – Professional Claim Form

- **Date** – Enter the date of your Family Care contract.
- **COB?** – If Family Care is the primary insurance, leave the COB field blank

Note: If a primary insurance (i.e. Medicare) has made payment which is primary to Family Care, Enter 'Y' and follow the **Family Care as Secondary Payer/COB** information on **page 49** of the **Professional Full User's Guide** found at <http://www.wpsic.com/edi/pcacepro32.shtml>

4. When complete, select the '**Insured Information**' tab located up top. You will now see the '**Insured Information**' screen as shown on page 8.

- **Payer ID** – 'Right click' and choose the first '**WPS**' listing off of the list.
- **Payer Name** – Will auto once you have selected WPS off of the list as mentioned above.
- **Insured's ID** – Enter the Member/Client ID provided on the Authorization form.
- **P. Rel** – Enter '**18**'

Quick Start – Professional Claim Form

- **Insured's Last/Org Name** – Enter patient's last name.
- **First Name** – Enter patient's first name.
- **Birthdate** – Enter patient's birth date.
- **Sex** – Enter the patient's gender.
- **Sig** – Enter 'B'.
- **AOB** – Enter 'Y'.

Sub	Payer ID	Payer Name	Insured's ID	P.Rel	Insured's Last/Org Name	First Name	MI	Gen
<input type="checkbox"/>	WPS	WPS COMMERCIAL		6				
<input type="checkbox"/>								
<input type="checkbox"/>								

Birthdate	Sex	Sig	AOB	Insured's Address 1	Insured's Address 2	Insured's City	State	Zip
__/__/__		B	Y					__-__
__/__/__								__-__
__/__/__								__-__

Country	Insured's Phone / Ext.	ESC	Employer Name	Group Name	Group Number	
	() - -					Clear Payer
	() - -					Clear Payer
	() - -					Clear Payer

Save Cancel

5. Once you have entered this information, select the **'Billing Line Items'** tab up top. You will now see the **'Billing Line Items'** screen as shown on page 9.

- **Claim Diagnosis Codes** - Enter **'78099'**
- **Service Dates** – Enter Date of Service From/Thru
- **PS (Place of Service)** – Right click in the field and select the most appropriate choice from the list.
- **Proc (Procedure)** – Enter the service code which was provided on the **Family Care Service Authorization** form.
****Only one procedure code may be billed per claim****
- **Diagnosis** – Enter **'1'**.

Quick Start – Professional Claim Form

- **Charges** – Enter the dollar amount you are billing for this line item (calculate the total charge of all units and enter here).
- **Units** – Enter the number of units or ‘like services’ for this line item. ****Units must be submitted as WHOLE numbers****

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c EMG	24d Proc	24d - Modifiers 1	24d - Modifiers 2	24e Diagnosis	24f Charges	24g Units	24h EP	24h FP	24h AT	24j Rendering Phys.
1	///	///						1	0.00	1.0				
2	///	///												
3	///	///												
4	///	///												
5	///	///												
6	///	///												

28 - Total Charge 0.00 **Recalculate** 30 - Balance Due 0.00

29 - Amount Paid 0.00

6. When the above information is entered, click ‘**Recalculate**’ and your ‘**Total Charge**’ will auto-populate.
7. Next click on the ‘**Ext.Payer/Insured**’ tab located up top. You will now see the ‘**Ext.Payer/Insured**’ tab as shown on page 10.
 - **Prior Auth No/Type** – Enter the **Authorization Number** as shown on the **Family Care Service Authorization** form.

**** Only one Authorization number may be billed per claim ****
 - Enter ‘**G1**’ in the box after the Authorization Number.

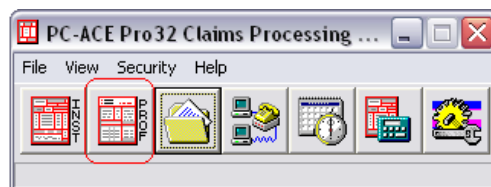
Quick Start – Professional Claim Form

8. When the Authorization number and 'G1' have been entered, 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 that list, you will see the field(s) with errors flashing in red. Make the necessary correction(s) and then click 'Save' again.

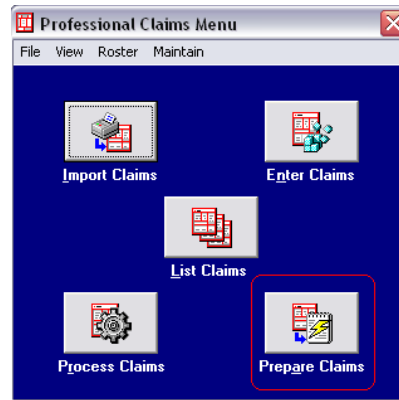
Quick Start – Prepare Claim(s) for Transmission

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

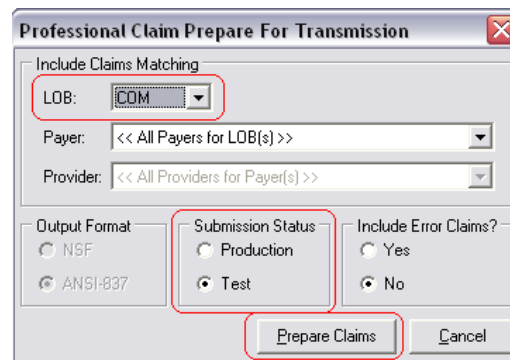


2. On the 'Professional Claims Menu' select 'Prepare Claims':

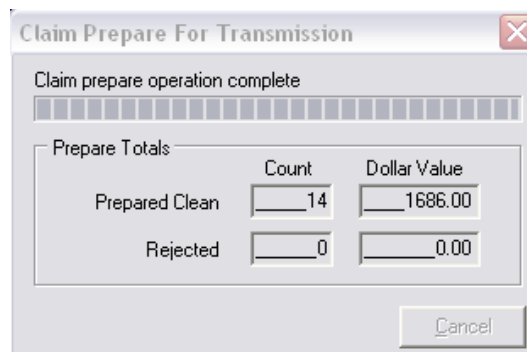
Quick Start – Prepare Claim(s) for Transmission



3. You will now see the 'Professional 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.

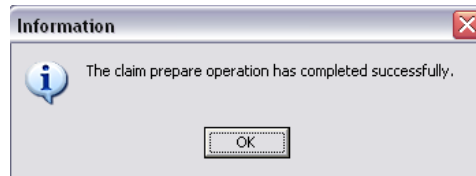


4. Click 'Prepare Claims'. Your claims will begin preparing in an electronic format; you will see a screen that looks similar to the screen on page 12.



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 46** of the **Professional Full User's Guide** found at <http://www.wpsic.com/edi/pcacepro32.shtml>.

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 to WPS 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).