

PC-Ace Pro32

QUICK START

Family Care and Bureau of Long Term Support Programs

Professional Claims

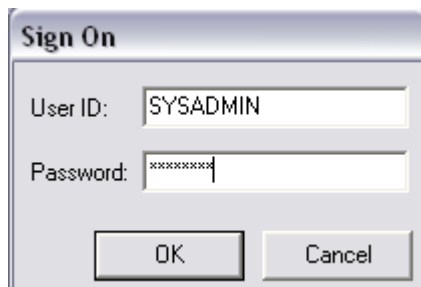
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PC-ACE Software is not compatible with MAC based computers without windows capability.

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'.



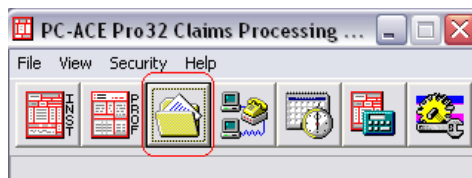
A dialog box titled "Sign On" with two input fields. The "User ID:" field contains the text "SYSADMIN". The "Password:" field contains a series of asterisks "*****". Below the fields are two buttons: "OK" and "Cancel".

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:

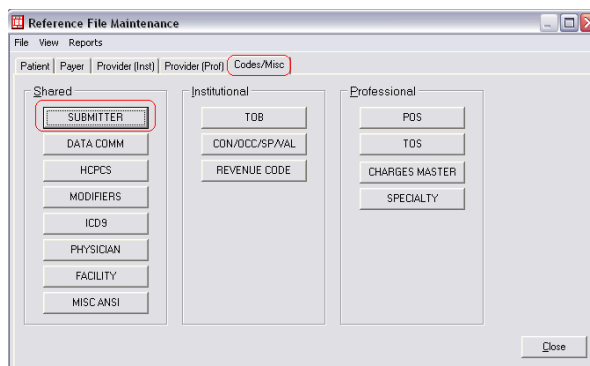
Quick Start – Submitter File Setup

****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:

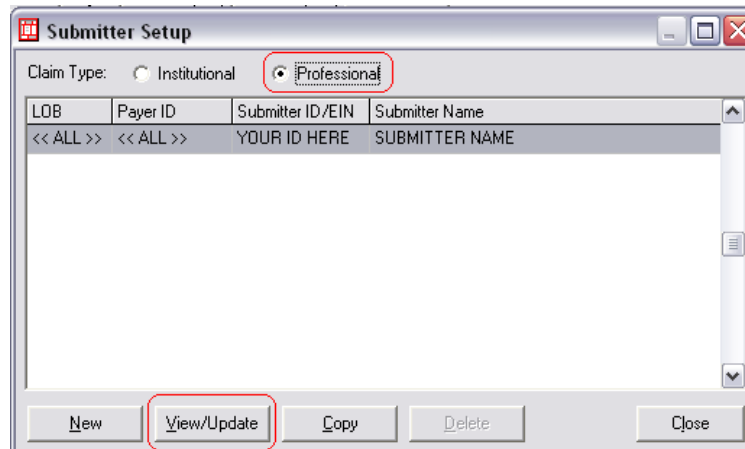


2. Select the 'Codes/Misc' tab and then on the left side select: 'SUBMITTER':



Quick Start – Submitter File Setup *cont...*

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:

Professional Submitter Information

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

LOB: [] Payer ID: []

ID: YOUR ID HERE EIN: []

Name: OFFICE NAME HERE

Address: YOUR ADDRESS HERE

City: ANYWHERE TOWN State: WI Zip: 99999-9999

Phone: (999) 999-9999 Fax: []-[]-[] Country: []

Contact: OFFICE CONTACT NAME HERE

Save Cancel

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 *cont...*

Please note that Version 2.32 sets up your claim file to be in the 5010A1 format by default. If you prefer to submit claims in 4010A1 format you may (until 1/1/12). If you choose to do so, right click in the 'ANSI Ver (837 Prof)' field and choose '004010A1..' from the list.

Professional 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 Ver (837 Prof)

ANSI Ver (837 Dent)

ANSI Version (270)

ANSI Version (276)

EMC File

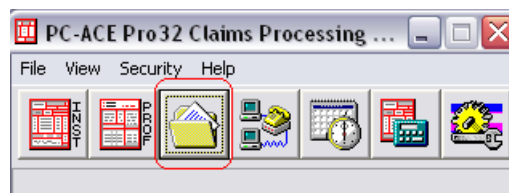
Save Cancel

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 (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 *cont...*

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

Reference File Maintenance

File View Reports

Patient | Payer | Provider (Inst) | **Provider (Prof)** | Codes/Misc

LOB	Type	Provider/Group Name	Provider ID	Payer ID	Provider NPI	Group Label	Tag	Tax
-----	------	---------------------	-------------	----------	--------------	-------------	-----	-----

Sort By: LOB Type Provider/Group Name Provider ID Group Label Tag

List Filter Options

Show all providers (no filter applied) Show only providers associated with selected provider

Filter list to include Provider IDs starting with _____

Filter list to include Provider Names starting with _____

New View/Update Delete Close

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:

Professional Provider Information

General Info | Extended Info

Provider Type: Group Practice Individual in Group Solo Practice

Organization _____

Last/First/MI _____

Address **PHYSICAL ADDRESS HERE**

City/ST/Zip _____

Phone _____ Fax _____

Contact **OFFICE CONTACT NAME HERE**

Provider ID/No. **TAX ID** LOB **COM**

Payer ID **WPS** Tag _____

Group Label _____

NPI **SEE NOTE**

Tax ID/Type _____ **E**

UPIN _____

Specialty _____ Type Org _____

Taxonomy/Type _____

Accept Assign? **A** Participating? _____

Signature Ind **Y** Date **12/01/2008**

Provider Roles: Billing Rendering

Remarks _____

Provider Associations: Select None

LOB	Provider ID	Provider/Group Name
-----	-------------	---------------------

Save Cancel

- **The address on this screen is your **SERVICE LOCATION** address**
- **No PO BOX's or BIN address' allowed.
- **You must also furnish the 9 digit zip code

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**.

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 *cont...*

The screenshot shows a dialog box titled "Professional Provider Information" with two tabs: "General Info" and "Extended Info". The "General Info" tab is active. It contains several input fields and checkboxes:

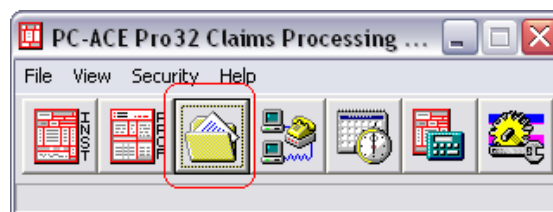
- CLIA No. (text box)
- Mammography No. (text box)
- HMO Contract No. (text box)
- Dental Provider? (checkbox)
- Provider ID/No Type (text box)
- Provider Name Suffix (text box)
- Provider Country (text box)
- Provider Name Match (text box)
- Force Legacy ID (checkbox)
- Secondary Provider IDs (ANSI use only) section with two sub-sections: ID/Type #1 and ID/Type #2, each with a text box and a dropdown menu.
- Pay-To Provider Information (specify only if different) section with fields for Organization, Last/First/MI, Address, City/St/Zip, Country, NPI, Fed Tax ID/Type, Prov. ID/No./Type, Sec ID/Type #1, and Sec ID/Type #2.

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

Quick Start – Patient File Setup

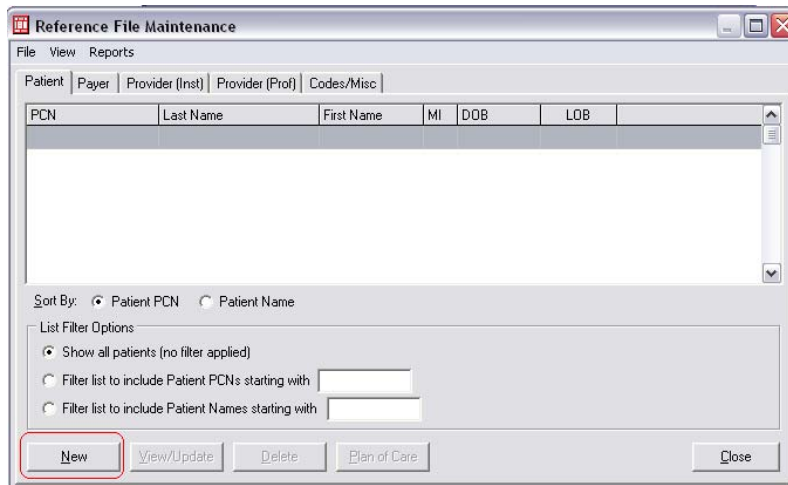
****The following steps show how to perform a one-time Patient File Setup. It is NOT required that this be done before you begin to enter claims but it is strongly recommended and the rest of this guide instructs assuming you have gone through this step. Patient information may be added 'on-the-fly' while entering a claim but by adding your patients/members to the database this one time you will save yourself from having to add their information every time you enter a claim****

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



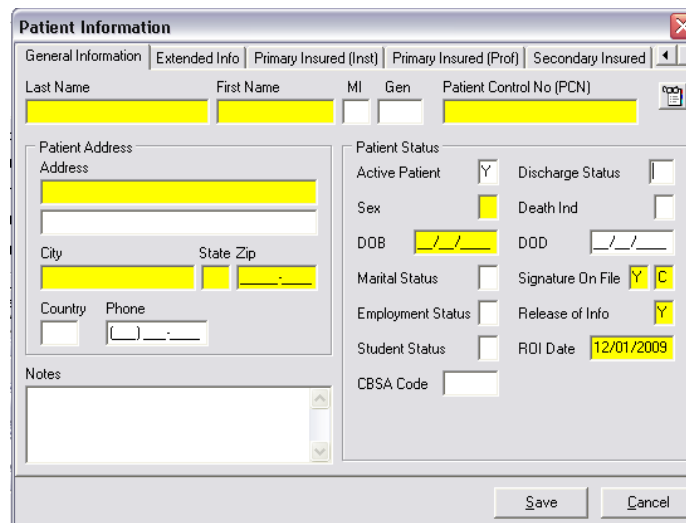
Quick Start – Patient File Setup *cont...*

2. Select the **'Patient'** Tab from the **'Reference File Maintenance'** screen that appears. Click **'New'** at the bottom of the Patient Tab screen that appears.



The screenshot shows the 'Reference File Maintenance' application window. The 'Patient' tab is selected. The window contains a table with columns for PCN, Last Name, First Name, MI, DOB, and LOB. Below the table, there are 'Sort By' options (Patient PCN selected, Patient Name unselected) and 'List Filter Options' (Show all patients selected, Filter list to include Patient PCNs starting with, Filter list to include Patient Names starting with). At the bottom, the 'New' button is highlighted with a red box, along with 'View/Update', 'Delete', 'Plan of Care', and 'Close' buttons.

3. Fill out the fields highlighted in **yellow**. Where the form is not requesting your information, use the values listed as shown on the screen below (i.e. **'Y'**, **'C'**, **'Y'**). For **'ROI Date'** enter the date your contract with Family Care or BLTS began, if unknown, enter **'12/01/2009'**.



The screenshot shows the 'Patient Information' application window. The 'General Information' tab is selected. The form contains several fields, some of which are highlighted in yellow: Last Name, First Name, MI, Gen, Patient Control No (PCN), Address, City, State, Zip, Country, Phone, Active Patient (Y), Discharge Status, Sex, Death Ind, DOB, DOD, Marital Status, Signature On File (Y, C), Employment Status, Release of Info (Y), Student Status, ROI Date (12/01/2009), and CBSA Code. The 'Save' and 'Cancel' buttons are at the bottom.

Quick Start – Patient File Setup *cont...*

4. Select the **'Primary Insured (Inst)'** tab and complete the following **'Required'** fields. When you enter **'WPS'** in the **'Payer ID'** field the **'Payer Name'** and **'LOB'** will auto-populate. When you enter **'18'** in the **'Rel'** (Relationship) field, all of the remaining fields will auto-populate EXCEPT the **'Insured ID'**, Enter the **'Member's ID'** from the Service Authorization form in this field.

Once all required fields are filled out click **'Save'**.

The screenshot shows the 'Patient Information' dialog box with the 'Primary Insured (Inst)' tab selected. The 'Payer ID' field contains 'WPS', which has auto-populated 'WPS COMMERCIAL' in the 'Payer Name' field and 'COM' in the 'LOB' field. The 'Rel' field contains '18'. The 'Insured ID' field contains the text 'ENTER MEMBER ID HERE'. Other fields like 'Group Name', 'Group Number', 'Claim Office', 'Address', 'City', 'State', 'Zip', 'Country', 'Phone', 'Sex', 'DOB', 'Employ Status', 'Assign of Benefits', 'Release of Info', 'ROI Date', and 'Retire Date' are also visible. The 'Save' and 'Cancel' buttons are at the bottom.

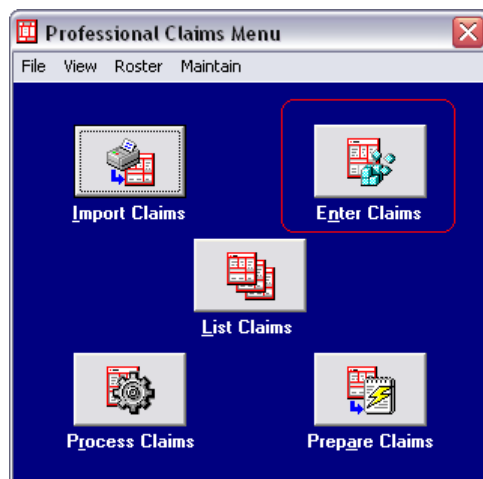
Quick Start – Professional Claim Form

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 *cont...*



3. You are now looking at the '**Professional Claim Form**'. The first screen is the '**Patient Info & General**' tab as shown on page 9.

- **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.** – 'Right Click in this field and select the patient/member this claim is for. All of the patient/member's information will auto-populate on the claim.

- **ROI** – Enter '**Y**':
- **ROI Date** – Enter the date of your Family Care or BLTS contract. If unknown enter **12/01/2009**.
- **Other Ins.** – Enter '**3**'.
- **Provider Accepts Assignment?** - Enter '**A**'.
- **Provider SOF** – Enter '**Y**'.
- **Date** – Enter the date of your Family Care or BLTS contract. If unknown enter **12/01/2009**

Quick Start – Professional Claim Form *cont...*

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

LOB **COM** Billing Provider **SEE NOTE** 26 - Patient Control No. **RIGHT CLICK HERE**

2 - Patient Last Name First Name MI Gen 3 - Birthdate Sex 8 - Pat. Status Death 12 Legal NPI
 MS ES SS Ind SOF Rep. Exempt

5 - Patient Address 1 Patient Address 2 Patient City State Patient Zip Country Patient Phone

10 - Patient Condition Related To ROI ROI Date Other Ins. 14 - Date/Ind of Current 15 - First Date 16 - UTW/Disability Dates & Type
 Employment Accident **Y** **12/01/2009** **3** / / to / / to / / to / /

17 - Referring Phys Name (Last/Org, First, Mid, Suffix) Referring Phys IDs/Types 18 - Hospitalization Dates 20 - Outside Lab/Chgs
 Y/N 0.00

19 - Reserved For Local Use 22 - Medicaid Resubmission Code & Ref No

25 - Fed. Tax ID SSN/EIN 27 - Provider Accepts Assignment? **A** PIN No.

31 - Provider SOF **Y** Date **12/01/2009** Facility? Dental? COB? Frequency 33 - GRP No.

Save Cancel

- When complete, select the **'Insured Information'** tab located up top. All information on this screen should be auto-populated if you went through the **'Patient File Setup'** and have chosen your patient/member off of the list on the first screen we visited when entering this claim. Ensure that all fields highlighted in yellow have data in them.

Professional Claim Form

Patient Info & General | **Insured Information** | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Sub Payer ID Payer Name Insured's ID P.Rel Insured's Last/Org Name First Name MI Gen

WPS **WPS COMMERCIAL** **MEMBER ID** **18** **MEMBER LAST NAME** **FIRST NAME**

13
 Birthdate Sex Sig AOB Insured's Address 1 Insured's Address 2 Insured's City State Zip

/ / **B** **Y** **MEMBER ADDRESS** **MEMBER CITY**

Country Insured's Phone / Ext. ESC Employer Name Group Name Group Number

Clear Payer
 Clear Payer
 Clear Payer

Save Cancel

Quick Start – Professional Claim Form *cont...*

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** - If unknown, 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. Enter **'99'** if unknown.
- **Proc (Procedure)** – Enter the service code which was provided on the Family Care or BLTS Service Authorization form.

****Only one procedure code may be billed per claim****

- **Diagnosis** – Enter **'1'**.
- **Charges** – Enter the dollar amount you are billing for this line item (calculate the total charge of all units and enter here. For example, if you are billing 10 units at \$5 per unit, enter 50.00 in 'Charges').
- **Units** – Enter the number of units or 'like services' for this line item. ****Units must be submitted as WHOLE numbers****

The screenshot shows the 'Professional Claim Form' window with the 'Billing Line Items' tab selected. The 'Diagnosis Codes (1 - 8):' field contains '78099'. Below this is a table for entering line item details:

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	24i Rendering Phys.
1	///	///						1	0.00	1.0				
2	///	///												
3	///	///												
4	///	///												
5	///	///												
6	///	///												

Summary fields at the bottom of the table:

- 28 - Total Charge: 0.00
- 29 - Amount Paid: 0.00
- 30 - Balance Due: 0.00

A 'Recalculate' button is highlighted with a red box. At the bottom of the window are 'Save' and 'Cancel' buttons.

6. When the above information is entered, click **'Recalculate'** and your **'Total Charge'** will auto-populate.

Quick Start – Professional Claim Form *cont...*

- 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. **An Authorization number is not required for the BLTS program.**
**** Only one Authorization number may be billed per claim ****
 - Enter '**G1**' in the box after the Authorization Number.

The screenshot shows a software window titled "Professional Claim Form" with several tabs: "Patient Info & General", "Insured Information", "Billing Line Items", "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". The "Ext. Payer/Insured" tab is active. Below it are sub-tabs for "Primary Payer/Insured", "Secondary Payer/Insured", and "Tertiary Payer/Insured". The main area is titled "Miscellaneous Primary Payer / Insured Information" and contains the following fields:

- Payer Address: [Text input]
- City/ST/Zip: [Text input]
- Payer Source: [Dropdown menu]
- Insurance Type: [Dropdown menu]
- Insured's Contact: [Text input]
- Patient ID: [Text input]

To the right of these fields is a section titled "Payer / Insured Reference IDs / Types" with a table:

AUTH NUMBER HERE	G1
[Text input]	[Dropdown menu]
[Text input]	[Dropdown menu]

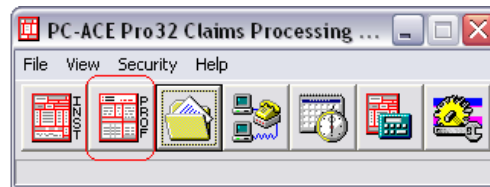
At the bottom of the window are "Save" and "Cancel" buttons.

- When the Authorization number and '**G1**' have been entered, click '**Save**'. You are finished if you receive no errors.

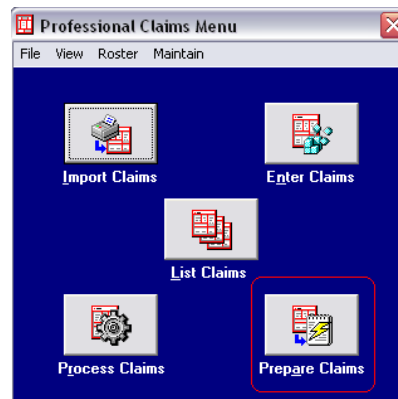
Note: If there are errors, a list of what is needed will pop up in front of you, when you close that list, you will see the field(s) with errors flashing in red. Make the necessary correction(s) and then click '**Save**' again.

Quick Start – Prepare Claim(s) for Transmission

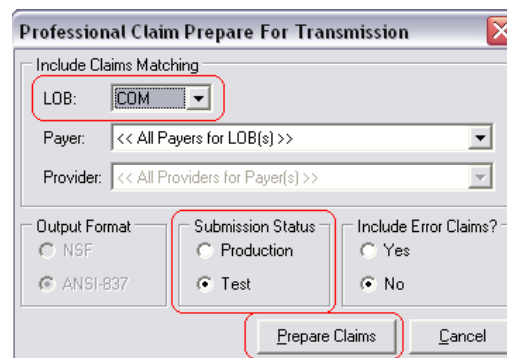
1. From the **PC-Ace Main Form**, select the **'Professional Claims Processing'** icon:



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

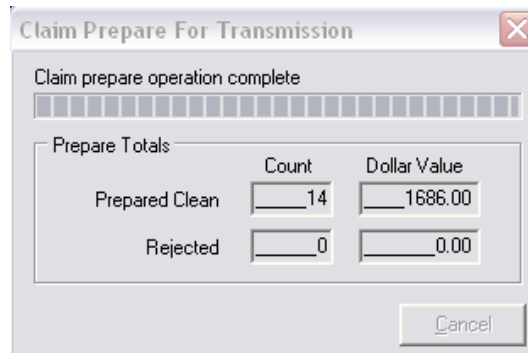


3. You will now see the **'Professional Claim Prepare for Transmission'** screen.
 - **LOB** – Select **'COM'**
 - **Submission Status** – Select **'Production'** if you are submitting to get paid. Select **'Test'** if you are testing.

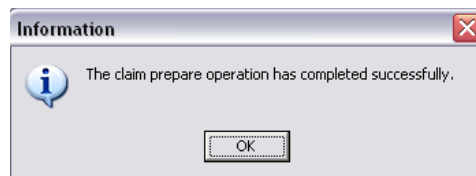


Quick Start – Prepare Claim(s) for Transmission *cont...*

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.



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



** If you have issue with your claims preparing, reference **page 43** 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.

Minutes after you submit your file you will have a report name that ends with '**....TA1,999 or277CA**'. Download this/these important report(s). 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). These reports are EDI transactions and are not 'human readable'. Therefore, you will want to follow the instructions on the following pages to have PC-Ace translate the file(s) so you can read them.

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

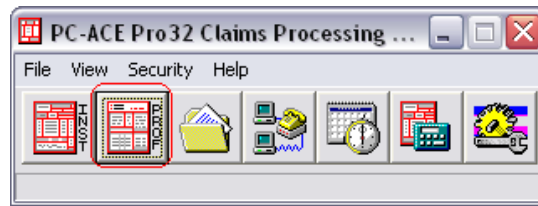
Using PC-Ace to Translate TA1 Interchange Acknowledgements

Starting with version 5010A1 the '**TA1Interchange Acknowledgment**' allows WPS to notify you that a valid envelope was received or that problems were encountered within the interchange control structure. The TA1 verifies the envelope of the file only. If you receive a file named '**...TA1**' this means your entire file failed and corrections are needed. Once you translate the file using the steps below you will know what the error(s) is/are.

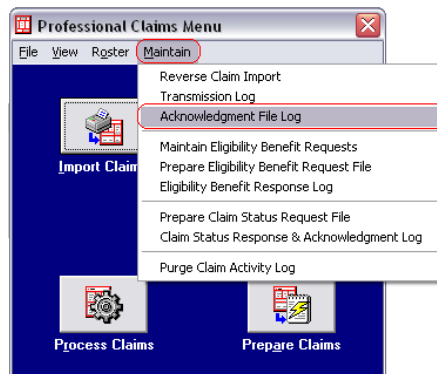
To translate your TA1 into a 'human-readable' format:

1. Download the TA1 using your selected transmission method of either the WPS BBS (Bulletin Board System) or the Secure EDI Website.
2. Place the TA1 file in folder: **C:\WINPCACEMAILBOX**
3. Open PC-Ace
4. Click the '**Professional Claims Processing**' icon from the '**PC-Ace main form**':

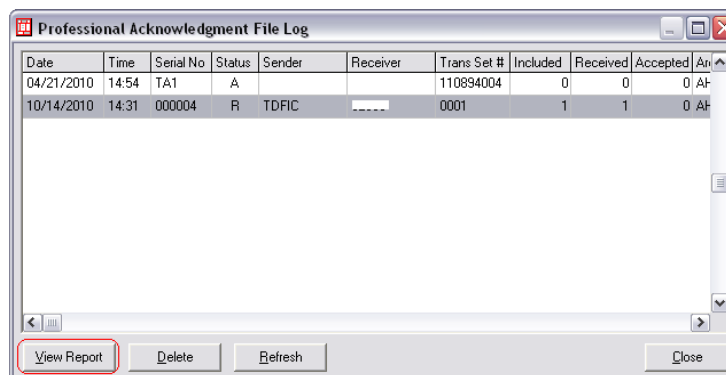
Using PC-Ace to Translate TA1 Interchange Acknowledgements cont...



5. Click '**Maintain**' on the toolbar of the '**Professional Claims Menu**'.
6. Click '**Acknowledgement File Log**' on the drop down menu.



7. You will now see the '**Professional Acknowledgement Log**'. Select the record you wish to view by clicking on it to highlight it. Then click '**View Report**'.



Date	Time	Serial No	Status	Sender	Receiver	Trans Set #	Included	Received	Accepted	An
04/21/2010	14:54	TA1	A			110894004	0	0	0	AH
10/14/2010	14:31	000004	R	TDFIC		0001	1	1	0	AH

8. You will now see your '**TA1 Interchange Report**'. You will also have the ability to print this report by clicking the 'Print' icon on the toolbar:



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

999/997 - Acknowledgement for Health Care Insurance

Starting with version 5010A1 WPS will send '999 Acknowledgement' reports which will report syntactical and implementation errors against a functional group based on implementation guidelines. The 999 will also confirm receipt of a functional group which fully complies with implementation guidelines. Starting with version 5010A1, the 999 will replace the 997 WPS sends for 4010A1 claims. If you receive a file named '**...999**' it could mean you have errors but will also report if a file passed. Once you translate the file using the steps below you will know if there were errors or not.

To translate your 999 (5010A1) into a 'human-readable' format:

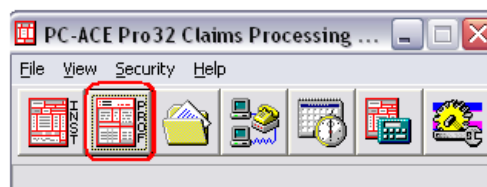
1. Download the 999/ using your selected transmission method of either the WPS BBS (Bulletin Board System) or the Secure EDI Website.
2. Follow the same steps as listed above for translating the '**TA1 Interchange Acknowledgement**' starting on page 14.

277CA – Health Care Claim Acknowledgement

Starting with version 5010A1, WPS will no longer be sending proprietary 'Batch Detail Listing' reports showing your accepted and/or rejected claims. In its place, WPS will be sending the 277CA (Claim Acknowledgement) transaction. If you receive a file named '**....277CA**' you could have errors but this report will also advise if all of your claims passed. Once you translate the file using the steps below you will know if there were errors or not.

To translate your 277CA into a 'human-readable' format:

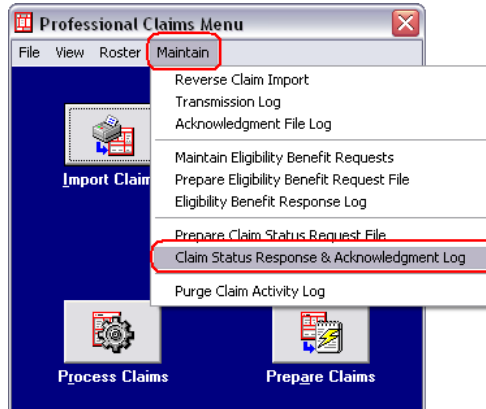
1. Download the 277CA using your selected transmission method of either the WPS BBS (Bulletin Board System) or the Secure EDI Website.
2. Place the 277CA file in folder: **C:\WINPCACE\MAILBOX**
3. Open PC-Ace
4. Click the '**Professional Claims Processing**' icon from the '**PC-Ace main form**':



5. Click '**Maintain**' on the toolbar of the 'Professional Claims Menu'.

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6. Click '**Claim Status Response & Acknowledgement Log**' on the drop down menu.



7. You will now see the '**Professional Claim Status Response & Acknowledgement Log**'. Select the record you wish to view by clicking on it to highlight it. Then click '**View Ack Report**'.
8. You will now see your '**PC-Ace Pro32 ANSI -277 Claim Acknowledgment Report**'. You will also have the ability to print this report by clicking the '**Print**' icon on the toolbar.

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