

Data Transmission Questionnaire (DTQ) Form for Electronic Claim Filing (EMC) and Electronic Remittance Advice Processing (ERA)

This form is intended for the exchange of information related to the electronic transfer of data between your company and Wisconsin Physicians Service. The implementation process cannot begin until this questionnaire is completed. This request will take up to twelve business days to complete. Please return this form to the EDI Department, via fax, at 1-402-351-6188. **This form is for new requests only.**

Please identify the company that will be submitting Electronic Media Claims (EMC) and/or retrieving Electronic Remittance Advices (ERA) in this section:

Date: _____

Provider: [] Corporate Office: [] Third Party Company/Clearinghouse: []

Submitter Name: _____

Submitter Street Address: _____

Submitter City/ State/ Zip: _____

Contact Person: _____
(Printed Name)
(Signature)

Contact Phone # and Extension #: _____

Contact Fax #: _____

Contact Email Address: _____

Provider Information:

Please use this section to identify the provider's information. You must supply the provider's NPI number in order to enroll in any EDI service. Multiple providers may be listed on this form if they are at the same location. To submit claims for additional providers, at different locations, please complete a separate Authorization to Add Providers for EMC/ERA form for each additional provider number.

Provider Name	Provider Number	NPI Number

Electronic Data Interchange (EDI) Options:

Please select the EDI service(s) you are registering for.

Electronic Media Claims (EMC): []

Electronic Remittance Advices (ERA): []

Claim Status Request and Response 276/277: []

Connectivity Options:

Please read the connectivity options below and select which connection you will use in order to transmit claims (EMC) and/or retrieve ERAs.

Connect Mailbox	VisionShare
<ul style="list-style-type: none"> ❖ You will need to obtain communication software in order to send and receive files. Wisconsin Physicians Service does not supply communication software. ❖ You will connect to the Software Protocol Converter (SPC) to convert asynchronous transition to SNA. ❖ Modems must be HAYES AT Command set compatible. ❖ Transmission software must support one of the following protocols: Xmodem or Zmodem. 	<ul style="list-style-type: none"> ❖ VisionShare is an internet-based connection. ❖ You will not need a Connect Mailbox in order to send or receive files through VisionShare’s Software. ❖ You must have a connection with VisionShare in order to send or receive files through their software. If you do not, please contact VisionShare at 1-612-460-4327 before submitting this form.

Connect Mailbox: []

VisionShare: []

If you selected the Connect Mailbox option, please have your technical resource complete the section below:

What Protocol will you be using? (Zmodem is the preferred method of file transfer.)

[] Zmodem

[] Xmodem

Connect Mailbox users will be issued a Mailbox/Logon ID. Sharing of IDs and passwords is strictly prohibited and is a violation of CMS and HIPAA privacy and security requirements. The Mailbox/Logon ID that will be issued is for use solely by the company identified as the “Submitter” on page one of this form.

Software Information for EMC:

Complete this section if you are submitting EMC claims.

Please select the software you will be using to create your EMC file.

PC-ACE Pro32: [] PC-ACE Pro32 is for provider use only.

Vendor Software: [] Vendor Software Name: _____

Tax ID/Submitter # of the submitter listed on page one: _____

For PC-ACE Pro 32 software requests, you must also complete the Medlink Technologies agreement attached (page four). If you selected the Connect Mailbox option, the installation instructions and the Asynchronous Connection Process, with the UHAR Mailbox/Logon ID and password, will be included with PC-ACE Pro 32 software. For vendor software users, we will fax the information to you.

Please note: If the software you select to create the EMC file has not passed HIPAA testing, a testing phase will need to be completed before submitting this form. For the HIPAA Testing Request form, please visit our website at www.wpsmedicare.com. PC-ACE Pro32 software is HIPAA compliant.

ERA:

If you selected ERA, from the EDI section above, you must complete the applicable information below to receive the ERA. The ERA will be retrieved through the connectivity option you selected from page two:

Provider Use Only:

Please sign below if your facility will be retrieving the Electronic Remittance Advice (ERA).

I, _____ of _____ would like to
(Facility Contact Signature) (Facility Name)

receive ERAs effective, _____.
(Date)

Corporate Office/Third Party Company/Clearinghouse Use Only:

Please indicate the company that will be sending/receiving files for the provider listed in the Provider Information section and list the complete provider address.

Corporate office: [] Third Party Company/Clearinghouse: []

Provider Address: _____

Facility Contact: _____ Phone Number: _____
(Printed Name) (Please include extension #)

The provider must sign below if a clearinghouse/third party will be sending/receiving files on your behalf. No signature is required if the facility's corporate office will be sending/receiving files.

I, _____ of _____ authorize _____
(Facility Contact Signature) (Facility Name) (3rd Party/Clearinghouse Name)

to send/receive files on our behalf, effective _____.
(Date)

PC Print Software: You will need translation and printing software in order to view and print the Electronic Remittance Advice. The software and user guide is available to download from our website at www.wpsmedicare.com. You can access this information by clicking on the ERA link in the EDI section. If you are unable to download the PC Print software from the website, please check here, _____ and we will send the software to you on a diskette.

For assistance in completing this questionnaire, contact the EDI Department at 1-866-734-6656.

This is an agreement ("Agreement") between you, the end user, and, MedLink Technologies, Inc. ("MedLink") regarding the copy of the PC-ACE Printlink software ("Software") accompanying this Agreement. Please read this Agreement carefully. **BY USING THE SOFTWARE, YOU ARE ACCEPTING THE TERMS OF THIS AGREEMENT. IF YOU ARE NOT WILLING TO BE BOUND BY THE TERMS OF THIS AGREEMENT, YOU SHOULD PROMPTLY RETURN THE SOFTWARE AND ANY ACCOMPANYING DOCUMENTATION ("DOCUMENTATION") WITHIN FIVE (5) DAYS OF RECEIPT OF THIS AGREEMENT.** This Agreement represents the entire understanding between you and MedLink concerning the Software, and it supersedes all prior understandings or agreements, whether written or oral.

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6. **Governing Law.** This Agreement shall be governed, construed and interpreted in accordance with the laws of 'the State of' Texas without reference to its conflict of laws principles.

" User"

(Address)

(City, State, Zip)

Provider Number (s)

Date

Please send your response to:

WPS Medicare
PO Box 1602
Omaha, NE 68101