PC ACE
User’s Guide

Family Care and Bureau for Long Term Support Programs

Institutional Claims
V2.3
Contents

** Note: The pages in this index are hyper linked. All you need to do to get to a certain page is to hover over the page number then CTRL + Click to follow link.

WPS EDI Disclaimer ........................................................................................................................................3
Website Full Install ........................................................................................................................................3
Website Upgrade ..........................................................................................................................................7
**Upgrade to the most recent version of PC Ace** .........................................................................................7
PC ACE Full Installation V4.5 .........................................................................................................................8
PC ACE Upgrade to V4.5 ...............................................................................................................................8
PC ACE Version 4.5 Change Summary ...........................................................................................................8
  Disk Full Install ........................................................................................................................................12
  Disk Upgrade ............................................................................................................................................16
Access/Exit PC ACE ......................................................................................................................................20
  To Exit ......................................................................................................................................................20
Overview of Functions Accessed via the Main Form ......................................................................................21
Sign On .........................................................................................................................................................21
PC ACE Key/Mouse Functions .........................................................................................................................22
  Basic Key Functions: ....................................................................................................................................22
  Basic Mouse Functions: .................................................................................................................................22
Getting Started – System Setup/Reference File Maintenance ........................................................................22
Submitter File Setup ....................................................................................................................................23
Provider File Setup .......................................................................................................................................28
Payer File Setup ..........................................................................................................................................32
Physician File Setup ....................................................................................................................................34
Patient File Setup .........................................................................................................................................37
Steps to create a File of Claims for Submission to WPS Health Solutions .................................................43
Enter Claim(s) Information ............................................................................................................................44
Create and Print a Report of Claims to be Transmitted ................................................................................53
Prepare Claims for Transmission to WPS Health Solutions ........................................................................55
File Name and Path ........................................................................................................................................57
Transmit Claim File using Secure EDI (Gateway EDI) ..................................................................................57
WPS Health Solutions Edits and reports ........................................................................................................57
Using PC ACE to Translate TA1 Interchange Acknowledgements ...............................................................58
Using PC ACE to Translate 999 Implementation Acknowledgements ..........................................................60
Using PC ACE to translate 277CA Claim Acknowledgements .....................................................................60
Using PC ACE for Electronic Remittance Advice – 835 ..............................................................................61
Family Care Service Authorization Number .................................................................................................63
Correcting Claims that have been Transmitted/Reactivating Files .............................................. 64
Printing Claim Forms .................................................................................................................. 65
Posting Claim Payments............................................................................................................. 66
Performing System Backups and Restores .................................................................................. 66
Using PC ACE for Electronic Remittance – 835 ...................................................................... 67
Additional Assistance through the ‘Help’ Link ............................................................................ 67
Change Summary.......................................................................................................................... 68

**Contact Us:**

WPS Health Solutions Electronic Data Services
WPS Health Insurance, Family Care and BLTS Programs 1– 800 -782-2680 (Option 1)

or visit our website at: http://www.wpshealth.com/resources/provider-resources/edi/index.shtml

**WPS EDI Disclaimer**

This User’s Guide is designed to assist PC ACE users with entering claim data and preparing
electronic claim files for transmission to WPS Health Solutions only. Not all the software
functionality is addressed in this document. For additional assistance with the software, access
the ‘Help’ function referenced above. It is the sole responsibility of the software user to ensure
that all claim submission and/or policy requirements are met.

**PC ACE is a standalone software. WPS Health Solutions does not support Networking or Server set up.**

**WPS does not support PC ACE software that has been downloaded onto a MAC based computer. This is also not supported by the vendor.**

Go to http://www.wpshealth.com/resources/provider-resources/edi/software.shtml on a quarterly
basis (January, April, July and October), to update your program, to avoid the software expiring.

**NOTE:** The Installation of PC ACE will create a folder in your C: Drive titled “WINPCACE”. It is
important that this folder is not manipulated (Add, Remove or Move folders within this folder)
in any way as it will cause the PC ACE software to not proper correctly.

**Website Full Install**

Go to: https://www.wpsic.com/edi/pcacepro32.shtml

Complete the following steps to install PC ACE:
•Step 1: Scroll down to the PC ACE Installations, Click the link titled “Download the PC ACE Full Install”  
(The screen shown below will appear.)

•Step 2: Click “Run”

•Step 3: You will be asked to enter a password to continue. You will want to contact one of the numbers below that applies to the line of Business you bill for, to receive the password.

Medicare Helpdesk:  
1-866-518-3285 (Option 1) - J5 and J5 National  
1-866-234-7331 (Option 1) - J8

Or by email  
Part A  edimedicare@wpsic.com  
Part B  edimedicareb@wpsic.com

TRICARE/VAPC3/ARISE/WPS Health Insurance /Family Care/BLTS Help desk at:  
1-800-782-2680 (Option #1).

Or by e-mail  
edi@wpsic.com
Note: The password will appear as asterisks (*******) on your screen when you type it.

•Step 4: A window labeled ‘Drive Selection’ will appear. PC ACE must be installed on your systems hard drive (C). DO NOT SELECT A DIFFERENT DRIVE.

Click on Next >.

•Step 5: A window labeled ‘Start Installation’ will appear.
• **Step 6:** A ‘Read Me File’ window will now appear. Read this information.

Click on.

• **Step 7:** A window labeled ‘Installation Complete’ will appear.

Click on **Finish >**.
Website Upgrade

Quarterly updates to the software are created. You will need to regularly access the following link to determine if the current quarterly upgrade applies to your software. Please make sure you are always on the most current version of the software to utilize the most up-to-date industry information and business edits for the Line of Business you submit claims for.

If you have internet access on the computer with your PC ACE, please follow the directions below to upgrade via the internet. If you do not have internet access, please contact the EDI Help Desk to request that a disc with the upgrade be sent to you in the mail.

**Upgrade to the most recent version of PC Ace**

- **Note:** You must have the WPS version of PC ACE already installed to complete this upgrade.

**Step 1:**

- On the Main PC ACE toolbar select ‘Help’ and ‘Upgrade your PC Ace’. This will open your default internet browser to URL: [http://www.wpsic.com/edi/pcacepro32.shtml](http://www.wpsic.com/edi/pcacepro32.shtml). This is the website where you will find the link to upgrade to the most current version and find other helpful information regarding PC ACE.
*** Be sure your PC ACE is shut down after selecting ‘Upgrade your PC Ace or you will not be able to successfully upgrade. The Upgrade will not work while PC ACE is running.

- **Once on the website close, you’re PC ACE completely** (the upgrade cannot be done while PC ACE is open). Be sure to view the ‘Upgrade Instructions’, as these instructions contain helpful information you should know, including how to obtain the upgrade password. Then select: ‘Download the PC Ace Upgrade to Version...’ and proceed through the update.

### PC ACE Installations

**PC ACE Full Installation V4.5**
(If you do not have any version of PC ACE on your PC)

- Complete Install Instructions
- Download the PC ACE Full Install for Version 4.5

**PC ACE Upgrade to V4.5**
(If you currently have a version of PC ACE on your PC)

- Upgrade Instructions
- Download the PC ACE Upgrade to Version 4.5
  **Note:** You must first quit PC ACE to install the upgrade.

**PC ACE Version 4.5 Change Summary**

- Professional Change Summary
- Institutional Change Summary

**Step 2:**
The ‘File Download’ box will appear
a) Select ‘Run’ if you wish to perform the upgrade now, while on-line.

b) Select ‘Save’ if you wish to save the file, pcaceup.exe, to your hard drive and run the upgrade later. **DO NOT SAVE PCACEUP.EXE TO YOUR WINPCACE FOLDER.** When you are ready to perform the upgrade, locate the file pcaceup.exe in your hard drive and double click on the file to execute the upgrade program.

**Step 3:**
A pop-up box will appear that acknowledges the PC ACE Claims Processing System Wise Installation Wizard has been initialized.

**Step 4:**
You will be asked to enter a password to continue. You will want to contact one of the numbers below that applies to the line of Business you bill for, to receive the password.

You can email the **Medicare Helpdesk** for Medicare at:

- edimedicarea@wpsic.com
- edimedicareb@wpsic.com

or call

J5 and J5 National – 866-518-3285 (Option 1)
J8 – 866-234-7331 (Option 1)

You can contact **TRICARE/VAPC3/WPS Health Insurance/ARISE/Family Care/BLTS** Help desk at:

1-800-782-2680 (Option #1) or by e-mail at edi@wpsic.com.
Note: The password will appear as asterisks (*******) on your screen when you type it

**Step 5:**
You will see a ‘Backup Reminder’, if you wish to back up your PC ACE prior to doing the upgrade click ‘No’ and do so. If not, click ‘Yes’ to proceed with the update.

**Step 6:**
Review the ‘Welcome’ information and follow the suggested actions. When you are ready to continue, click the ‘Next’ button.
Step 7:
Click the ‘Next’ button to continue with the upgrade.

Step 8:
Click the ‘Next’ button to continue with the upgrade.

Step 9:
Upon successful completion of the upgrade you will see the ‘Update Complete’ pop-up box.
Click ‘Finish.’
Step 10:

The last notice is a ‘Backup Reminder’, be sure to run another backup after you have completed this upgrade. Click ‘Ok’ to exit.

Disk Full Install

Please complete the following steps to install your PC ACE software:

Step 1:

- Double-click the ‘setup.exe’ icon in your CD-ROM drive:

Step 2:
You will be asked to enter a password to continue. You will want to contact one of the numbers below that applies to what line of Business you bill for, to receive the password.

**Medicare Helpdesk:**
1-866-518-3285 (Option 1) – J5 and J5 National
1-866-234-7331 (Option 1) – J8

Or by email
Part A  edimedicarea@wpsic.com
Part B  edimedicareb@wpsic.com

**TRICARE/VAPC3/ARISE/WPS Health Insurance /Family Care/BLTS Help desk at:**
1-800-782-2680 (Option #1).

Or by e-mail
edi@wpsic.com

![Password dialog box]

**Note:** The password will appear as asterisks (*******) on your screen when you type it.

**Step 3:**
- Once the password is entered you will see the following warning. If you wish to proceed click 'Next'. If not, select 'Cancel' and the installation will close.
Step 4:

- A window labeled ‘Drive Selection’ will appear. PC ACE must be installed on your systems hard drive (normally the (C: drive). **DO NOT SELECT A DIFFERENT DRIVE.** Click ‘Next’ to proceed.

Step 5:

- You are now ready to begin the installation. Click ‘Next’ to begin the installation:
Step 6:

- You will see this screen as the installation begins:

![Installing window](image)

Step 7:

- You will now see a `Read Me` file. Read this information and click `Next` to proceed:

![Read Me window](image)

Step 8:

- Click `Finish` and the installation is complete:
• You will now have the **PC ACE** icon on your desktop:

![PC ACE Icon](image)

**Disk Upgrade**

Please complete the following steps to upgrade your PC ACE software to the most current version:

**Step 1:**

• Double-click the **pcaceup.exe** icon in your CD-ROM drive:

![pcaceup.exe](image)

**Step 2:**

• You will be asked to enter a password to continue. You will want to contact one of the numbers below that applies to what line of Business you bill for, to receive the password.

**Medicare** Helpdesk:

1-866-518-3285 (Option 1) – J5 and J5 National
1-866-234-7331 (Option 1) – J8

Or by email

**Part A** edimedicarea@wpsic.com
**Part B** edimedicareb@wpsic.com
TRICARE/VAPC3/ARISE/WPS Health Insurance /Family Care/BLTS Help desk at: 1-800-782-2680 (Option #1).

Or by e-mail edi@wpsic.com

Note: The password will appear as asterisks (*******) when you type it.

Step 3:

- You will see a ‘Backup Reminder’. If you wish to back up your PC ACE prior to doing the upgrade, click ‘No’. If not, click ‘Yes’ to proceed with the update.

Step 4:

- You will now see the following warning. If you wish to proceed click ‘Next’. If not, select ‘Cancel’ and the update will close.
Step 5:

- You are now ready to start the update. Click 'Next'.

Step 6:

- You will see this screen as the upgrade begins installing:

Step 7:

- You will now see a 'Read Me' file. Read this information and click 'Next' to proceed:
Step 8:

- Click 'Finish' and the update is complete:

Step 9:

- You will see a 'Backup Reminder'. Read the reminder and click 'OK'.

- You have now been updated to the most recent version of **PC ACE**!
Access/Exit PC ACE

Once PC ACE installation is complete, an icon for the software will be present on your desktop. Double click this icon to access PC ACE.

![PC-ACE Pro32]

The 'Main Form' of PC ACE should now appear on your screen.

To Exit:

Click on the ‘X’ in the upper right corner of the ‘Main Form’ to exit the software. You will receive a text message asking if you wish to back up the software.

![Perform System Backup]

If you wish to back up your software, type path indicating where you want the software backed up in the field labeled ‘Destination Drive or Folder’, or click ‘Browse’ and find the destination you wish, then click on ‘Start Backup’.

Click on ‘Cancel’ if you do not wish to back up PC ACE now.

**It is strongly recommended that you perform the backup operation often when exiting the software.**

You need to back up the PC ACE program as described on page 52 of this User Guide.
If you don’t back-up PC ACE and rely upon backing up your entire PC, problems can arise during the restore operation.

Overview of Functions Accessed via the Main Form

- INST (Institutional) Claims Processing
- PROF (Professional) Claims Processing
- Reference File Maintenance

Sign On

Each time you begin a PC ACE session by selecting from the Main Form, you will be prompted to enter a User ID and Password.

The initial User ID is **SYSADMIN**. The initial password is **SYSADMIN**.

This User ID and password can be used at any time to initiate a PC ACE session. You can also set up your own PC ACE User IDs and passwords by accessing the security option from the Main Form toolbar.

**THIS IS NOT THE SAME USER ID AND PASSWORD THAT WAS ASSIGNED TO YOU BY WPS HEALTH SOLUTIONS FOR CLAIM FILE TRANSMISSION.**
PC ACE Key/Mouse Functions

Basic Key Functions:

- `<Tab>`: Pressing the `<Tab>` key will move your cursor forward from one field to the next in all screens.
- `<Shift><Tab>`: Hold down the `<Shift>` key and press `<Tab>` to move your cursor back one field within any screen.
- `<F2>`: Press the `<F2>` key to display a menu of valid values when your cursor is in a field with an associated ‘lookup’.
- `<Alt><F2>`: Hold down the `<Alt>` key and press `<F2>` to display all the fields on any screen with associated ‘lookup’ menus of valid values.
- `<F4>`: Press `<F4>` to copy data from the same field on the previous line when entering line item data.
- `<Backspace>`: Press `<Backspace>` to move backward one space within a field while deleting data.

Basic Mouse Functions:

- ‘Left Click’: Use a single left click to make menu selections, select screen tabs, activate buttons, etc.
  
  *Note:* Any time you are instructed to ‘click’ on (or select) an item, assume it is a single left click unless otherwise specified.

- ‘Right Click’: Use a single right click to display a menu of valid values when your cursor is in a field with an associated ‘lookup’. (Same as `<F2>`)

  ![Mouse Diagram](image)

*Note:* Once you have finished using any of the PC Ace screens, click on ‘X’ in the upper right corner of the screen to exit and return to the previous menu or Main Form.

Getting Started – System Setup/Reference File Maintenance

Before importing or entering claim data, you will need to complete some system setup. Specifically, you will need to create Submitter Information records, Provider File records and Payer records using the ‘Reference File Maintenance’ function.

The ‘Reference File Maintenance’ function is also used to enter Patient records, Referring/Ordering/Supervising Physician records and Facility records as well as others. These records
can be created ‘on-the-fly’ while entering claim information and do not have to be present prior to claim entry.

Submitter File Setup

This must be completed before entering claim data. If you are billing for institutional services, please choose all screens documented as ‘institutional (inst)’.

The first file that needs to be setup is the ‘Submitter’. This file attaches Submitter information to each file you create and transmit to WPS Health Solutions.

Complete the following steps to create a ‘Submitter’ record:

■Step 1: Select ‘Reference File Maintenance’ from the PC ACE Main Form.

■Step 2: Select the ‘Codes/Misc’ Tab from the Reference File Maintenance screen that appears.

■Step 3: Select the ‘Submitter’ button from the list of Reference Files on the ‘Codes/Misc’ tab.

■Step 4: Click on ‘New’ at the bottom of the ‘Submitter’ list that appears.

**Pay attention that you are in the ‘Institutional Claim Type’ before making updates."
Step 5: Complete the following ‘Required’ fields on the ‘General’ Tab of the ‘Institutional Submitter Information’ screen:

1. **LOB Field (Line of Business) – Required**
   - *If updating the ALL/ALL record, this field will be unavailable.*
   - (Right click in field to obtain list of values.)
   - ‘COM’ for WPS Health Insurance (including Family Care and BLTS)

2. **Payer ID Field – Required**
   - *If updating the ALL/ALL record, this field will be unavailable.*
   - (Right click in field to obtain list of values.)
‘WPS’ = WPS Health Insurance (Family Care and BLTS Programs use this)

3. **ID Field – Required**
   Type your WPS Trading Partner/Submitter ID. Press <Tab> to go on to the next field.

4. **EIN Field (Employer Identification Number) – Not Applicable**
   Press <Tab> to skip this field.

5. **Name Field – Required**
   Type the submitter’s company name. Press <Tab>.

6. **Address/City/State/Zip Fields – Required**
   Complete these fields with the submitter address information. Press <Tab> to move from field to field.

7. **Phone Field – Required**
   Type the submitter’s telephone number, including the Area Code. Press <Tab>.

8. **Fax Field – Optional**
   Type the submitter’s Fax number, including the Area Code or press <Tab> to leave this field blank.

9. **Country Field – Not Applicable**
   Press <Tab> to skip this field.

10. **Contact Field – Required**
    Type the submitter’s contact name (your name). Press <Tab>.

11. **E-Mail Field – Required**
    Enter the business/main contact email address. Press <Tab>.

**Step 6:** Complete the following *required* fields on the ‘Prepare’ Tab of the ‘Institutional Submitter Information’ screen:
1. **Include Error Claims Field** – *Required*
   Default is ‘N’ for ‘No’. Leave this field as is. Press <Tab> to access the next field.

2. **Submission Status Field** – *Required*
   Press <F2> or right click while your cursor is positioned in this field and select:
   - ‘P’ – Production
   - ‘T’ – Test

   Begin with ‘T’ in this field. Change to ‘P’ when approved to submit production files.

3. **EMC Output Format Field** – *Required*
   ‘A’ = ANSI-837 output format.

4. **ANSI Version (837)** – *Required*
   Default value is ‘005010A2’. Leave as is. Press <Tab>.

5. **ANSI Version (270)** – *Required*
   Default value is ‘005010A1’. Leave as is. Press <Tab>.

6. **ANSI Version (276)** – *Required*
   Default value is ‘005010’. Leave as is. Press <Tab>.

7. **EMC File Field** – *Required (IMPORTANT! ***)
   Type your Submitter ID (User ID) followed by .DAT
Example: If your User ID is 94999, type 94999.DAT (Note: This is an EXAMPLE. Your Submitter ID is specific to you!)

**This field determines the name of the file that is created and transmitted to WPS Health Solutions.

8. **Vendor/Intermediary Fields** – *Not Applicable*
   Press <Tab> to skip all 4 of these fields.

9. **Next Serial No. Field** – *Automatically Assigned*
   This value is automatically tracked by the software and cannot be accessed by the user.

2. **Next File Seq.** – *Automatically Assigned*

- **Step 7:** Complete the following *Required* fields on the 'ANSI Info' Tab.

1. **Submitter Intchg ID Qual Field** – *Required*
   Type ‘ZZ’.

2. **Receiver Intchg ID Qual Field** – *Required*
   Type ‘ZZ’.

3. **Acknowledgment Requested** – *This is recommended to enter 1 in this field.*

4. **Authorization Info Field** – *Not Used*
   Leave this field blank.

5. **Security Info Field** – *Not Used*
   Leave this field blank.

6. **Acknowledgement Requested Field** – *Not Used*
   Leave this field as is.

7. **Additional Submitter EDI Contact Information Fields** – *Optional*
These fields can be used to enter your email address, fax number, etc. They can be left blank.

**NOTE:** Information is not required on the ‘ANSI Info (2), (3) or (4) Tabs. Do not change/add any of the data on these screens.

■Step 8: Once you have completed all the required fields on the ‘General’, ‘Prepare’ and ‘ANSI Info’ Tabs, click ‘Save’.

You will be returned to the initial ‘Submitter Setup’ screen and the Submitter Record that you added will appear on the list.

You can modify/correct or update the information in any of your ‘Submitter’ records by selecting the record from the ‘Submitter Setup’ screen and clicking on ‘View/Update’. Be sure to click ‘Save’ after making any modifications.

**Provider File Setup**

**Must be completed before entering claim data.**

Complete the following steps to create an Institutional provider record

Note: Separate Professional provider records must be created if you plan on using PC ACE for creation of Professional claims.

■Step 1: Select ‘Reference File Maintenance’ from the PC ACE Main Form.

■Step 2: Select the ‘Provider (Inst)’ Tab from the Reference File Maintenance screen that appears.
■Step 3: Click ‘New’ at the bottom of the Provider Tab screen that appears.

■Step 4: Select ‘Create a completely new provider (all fields blank)’ from the ‘New Provider Options’ window that appears. Click ‘OK’. This will not appear when entering the first provider record.

The ‘Institutional Provider Information – General Info’ Tab will be displayed.

■Step 5: Complete the following ‘Required’ fields on the ‘Institutional Provider Information – General Info’ Tab:
2. **Name Field – Required**
Type the 'provider name (institution name) in this field.

2. **Address/City/St/Zip – Required**
Type the provider’s address, city, state and zip code in the appropriate fields.

**NO PO BOX’s and Zip Code MUST be 9 digits**

This is the address where services are rendered. If your payments come to a different address refer to page 17 for instruction on filling out the ‘Pay-To’ address.

3. **Phone Field – Required**
Type the provider’s telephone number (including the area code).

4. **Fax Field – Optional**
Type the provider’s fax number (including the area code) if applicable.

5. **Contact Field – Required**
Type the provider contact name.

6. **Provider ID/No. Field – Required**
Type the provider’s tax ID.

7. **LOB Field (Line of Business) – Required**
Press <F2> or right click while your cursor and select ‘COM – Commercial’

8. **Payer ID Field – Required**
Press <F2> or right click while your cursor is in the field and select ‘WPS – WPS Health Insurance’

9. **Tag Field – Optional**
This field can be used to ‘tag’ this provider record for your identification. The data from this field is not required, nor is it submitted to WPS Health Insurance. You can press <Tab> to bypass this field.

10. **NPI – Required**
The National Provider Identifier ID (NPI) assigned to this provider (for ANSI 837 use only). If you are an atypical provider who is not required to obtain an NPI, please type EXEMPT in the NPI field.

11. **Tax ID/Type Field – Required**
Type the 9-digit number assigned to the provider by the Federal Government. Do not include hyphens or spaces.

Press <F2> or right click while your cursor is in the field and select ‘E – Employer Identification Number’ from the list.

12. **Tax Sub ID Field – Not Applicable**
Press <Tab> to bypass this field.

13. **Taxonomy Field – Optional**
Press <F2> or right click while your cursor is in this field to obtain a list of valid Provider Taxonomy Codes.
14. **Country Field** – Optional
   Press <Tab> to bypass this field.

15. **Site Field** – Not Applicable
   Press <Tab> to bypass this field.

16. **Include in Lookups Field** – Required
   The default value for this field is ‘Y’ for ‘Yes’. Leave this as is.

- **Step 6:** Once you have completed all the fields on the ‘General Info’ tab, select the ‘Extended Info’ tab. In the tab that says, “Provider Accepts Assign” you will want to right click and choose A. All other fields are optional.

** If you receive payment at a different address than on the ‘General Info’ tab: You will need to fill out the ‘Pay-To Provider Information’ information on this ‘Extended Info’ tab screen. Follow the same rules regarding the ‘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. **

- **Step 7:** Once you have completed all the required ‘Institutional Provider Information’ fields, click ‘Save’. You will be prompted to enter a Taxonomy/Type. Right click in the field and choose the closest specialty to matching your office as possible (do not worry, there is no wrong choice, and this will not affect how you are paid). Then in the small box to the right, enter ‘PT’.

   If any required fields are not completed or if any fields contain invalid code values, the specific errors will be highlighted. You will need to make corrections before saving the record.

   Once the record has been saved, you will be returned to the ‘Provider’ Tab of the ‘Reference File Maintenance’ function. The provider records you added will appear on the list. If you wish to view or modify the record, click on ‘View/Update’, make any changes and save the record again.
Payer File Setup

Any time you need to report insurance coverage other than WPS Health Insurance (including Family Care or BLTS), a ‘Payer’ record must exist for the plan before entering patient data and claim information. **This must be completed before entering claim data.** You will need to create a ‘Payer’ record for each insurance company/benefit that your patients have as PRIMARY or SECONDARY (including Medigap) plans.

Most of Family Care and CLTS/BLTS users will select ‘WPS Health Insurance’ and will not need to build additional Payer records.

Complete the following steps to create a ‘Payer File’ record for a primary or secondary insurance plan/benefit.

■ **Step 1:** Select ‘Reference File Maintenance’ from the PC ACE Main Form.

■ **Step 2:** Select the ‘Payer’ Tab from the Reference File Maintenance screen that appears.

A list of ‘Payer’ records that have already been added to the file will be displayed.

■ **Step 3:** Click on ‘New’ at the bottom of the ‘Payer’ list.
Step 4: Complete the following "Required" fields on the 'Payer Information' screen:

1. **Payer ID Field – Required**
   
   Type the 'Payer ID' assigned to this Payer. If you are creating a record for a Medigap policy, this is the **Medigap Number** assigned by Medicare.

   If you do not know the 'Payer ID', use '99999'. If you have multiple payers for which you don't know the payer IDs, you must add them with a different number. We suggest using ‘99999A’, ‘99999B’, ‘99999C’, etc.

2. **LOB Field (Line of Business) – Required**
   
   Press <F2> or right click while your cursor is in the field to obtain a list of valid values.

   - 'BC' = Blue Cross (Inst)
   - 'BS' = Blue Shield (Prof)
   - 'COM' = Commercial Insurance Plan
   - 'GAP' = Medigap Policy
   - 'HMO' = Managed Care
   - 'MCA' = Medicare Part A
   - 'MCB' = Medicare Part B
   - 'MCD' = Medicaid
   - 'TRI' = TRICARE
   - 'VA' = VAPC3

3. **Receiver ID Field – Not Applicable for Primary and Secondary Payers**
   
   Press <Tab> to bypass this field.

4. **ISA Override – Not Applicable**
   
   Press <Tab> to bypass this field.

5. **Full Description Field – Required**
   
   Type the 'Payer' (Insurance Plan/Benefit) name.

6. **Address/City/State/Zip Fields – Optional**
   
   Type the payer's address in the appropriate fields if known.
** WPS Health Solutions recommends that these fields are completed **

7. **Contact Name/Phone/Ext/Fax fields – Optional**
   Type the name and telephone/fax number(s) of your contact at this payer’s office if known.

8. **Source Field – Required**
   Press <F2> or right click while your cursor is in this field to obtain a list of valid ‘Source’ values. Select the most appropriate value for this payer.

9. **Edit Ind Field – Optional**
   Press <F2> or right click while your cursor is in this field to obtain a list of valid ‘Edit Indicators’. Select the most appropriate value for this payer.

10. **Media Field – Optional**
    Press <F2> or right click while your cursor is in this field to obtain a list of valid ‘Media’ values. Select the most appropriate value for this payer.

11. **Card Field – Not Used**
    Press <Tab> to bypass this field.

12. **Address Field (Y/N Indicator) – Optional**
    This Y/N field indicates whether the payer address is required. If you select ‘Y’, the payer address fields must be completed. WPS Health Solutions recommends that this field is ‘Y’ and the payer address fields are completed.

13. **Usage Field – Leave Blank**
    Leave this field blank. The software will auto-populate this field with ‘H’.

■Step 5: Once you have completed all the required ‘Payer Information’ fields, click on ‘Save’.

If any required fields are not completed or if any fields contain invalid code values, the specific errors will be highlighted. You will need to make corrections before saving the record.

Once the record has been saved, you will be returned to the ‘Payer’ Tab of the ‘Reference File Maintenance’ function. The payer records you added will appear on the list. If you wish to view or modify the record, click on ‘View/Update’, make any modifications and save the record again.

Physician File Setup

*Records can be added to this file ‘on-the-fly’ while entering claim data.*

Complete the following steps to create a ‘Physician’ record:

• Step 1: Select ‘Reference File Maintenance’ from the PC ACE Main Form.

• Step 2: Select the ‘Codes/Misc’ Tab from the Reference File Maintenance screen that appears.

• Step 3: Select the ‘PHYSICIAN’ button from the list of Reference Files on the ‘Codes/Misc’ Tab.

• Step 4: Click on ‘New’ at the bottom of the ‘Physician’ list that appears.

• Step 5: Complete the following ‘Required’ fields on the ‘Physician Information’ screen:
1. **Physician ID/Type Field** – Not Used

2. **Physician’s Last Name/First Name/MI** – Required

   - Type the physicians/providers Last Name. Press <Tab>.
   - Type the physicians/providers First Name (or at least first initial). Press <Tab>.
   - The physicians/providers Middle Initial ('MI') is optional. Press <Tab>.
   - If unknown, enter the office contacts name here.

3. **Address/City/State/Zip/Phone** – Optional

   Type the physician’s/provider’s address, city, state, zip and phone number in the appropriate fields if known.

4. **Federal Tax ID/Type** – Required

   Type the physician’s/provider’s Federal Tax ID in the appropriate field if known. Do not include hyphens or spaces. The ‘Type’ E must be typed in the smaller of the two fields if you indicate the Federal Tax ID.

2. **NPI (National Provider Identifier)** – Required

   Type the physician’s/provider’s National Provider Identifier in the appropriate field.

   **Note:** If you are an atypical provider who is not required to obtain an NPI please type EXEMPT in the NPI field.

- **Step 6:** Click on ‘Save’ to store the record.

You will be returned to the initial ‘Physician Setup’ screen and the record that you saved will appear on the list.
Complete the same steps to create another ‘Physician’ record.

You can modify/correct or update the information in any of your ‘Physician’ records by selecting the record from the ‘Physician Setup’ screen and clicking on ‘View/Update’. Be sure to click on ‘Save’ after making any modifications.

Patient File Setup

*Records can be added to this file ‘on-the-fly’ while entering claim data. You need to create a Patient File record for each patient either before entering claims for that patient or while entering the first claim for the patient.*

The Patient Information function of PC ACE consists of 6 separate tabs:

- **General Information Tab (Required)**
  This tab contains general information such as the patient’s name, address and demographic information.

- **Extended Information Tab (Optional)**
  This tab contains ‘Legal Representative’ and patient-specific provider information. None of this information is required.

- **Primary Insured Tab Institutional (INST) (Required)**
  This tab contains information regarding the patient’s PRIMARY INSURANCE information. This tab can contain WPS Health insurance information or information pertaining to any other primary payer.

- **Primary Insured Tab Professional (Prof) (Not Used for Institutional Claims)**
  This tab is used only for Professional Claims.

- **Secondary Insured Information (Situational)**
  This tab must be completed only if the patient has a secondary insurance benefit.

- **Tertiary Insured Information (Optional)**
  This tab is used to report information pertaining to a patient’s third insurance benefit if applicable.

Complete the following steps to create a new patient record:

■ **Step 1:** Select ‘Reference File Maintenance’ from the PC ACE Main Form.

Note: If you are entering the patient record while keying the first claim for the patient, you will access the Patient File by right clicking on the ‘Patient Control No.’ field on the first claim entry screen.

■ **Step 2:** Select the ‘Patient’ Tab from the Reference File Maintenance screen that appears.
Step 3: Click ‘New’ at the bottom of the Patient Tab screen that appears.

Step 4: Complete the following ‘Required’ fields on the ‘Patient – General Information’ tab:
1. **Last Name Field – Required**
   Type the patient’s last name.

2. **First Name Field – Required**
   Type the patient’s first name.

3. **MI (Middle Initial) Field – Optional**
   Type the patient’s Middle Initial or press `<Tab>` to bypass the field.

4. **Gen. (Generation) Field – Optional**
   Type any applicable ‘generation’ information (i.e. I, II, III, Jr, Sr, etc.) or press `<Tab>` to bypass the field.

5. **Patient Control No. (PCN) Field – Required**
   Type a ‘Patient Control Number’ that you have assigned to this patient. This field can be any patient account number you wish to use. The data can be alpha, numeric or a combination of the two data types. If unsure, enter the patient’s last name.

6. **Address/City/State/Zip Fields – Required**
   Type the patient’s address, city, state and zip code in the appropriate fields.

7. **Phone Field – Optional**
   Type the patient’s home telephone number (including the area code) or press `<Tab>` to bypass the field.

8. **Active Patient Field – Required**
   Type ‘Y’ to indicate this is an active patient. ‘N’ will indicate that the patient record is inactive.

9. **Sex Field – Required**
   Type ‘F’ for female; ‘M’ for Male.

10. **DOB (Date of Birth) Field – Required**
    Type the patient’s date of birth (MM/DD/CCYY). You must use the 4-digit year (i.e. 1944).

11. **Marital/Employment/Student Status Fields – Optional**
    Press `<F2>` or right click in any of these fields to obtain a list of valid values for each. You can press `<Tab>` to bypass these fields.

12. **CBSA – Situational (Used for Institutional Only)**
    Core Based Statistical Area, a 5-digit code specifying the core statistical area in which the patient lives.

13. **Discharge Status Field – Optional**
    This applies to institutional, UB-92 claim billing only. Press `<Tab>` to bypass the field.

14. **Death Ind. Field – Optional**
    ‘Y’ indicates that the patient is deceased. ‘N’ or blank indicates that the patient is not deceased. You can press `<Tab>` to bypass this field.
15. **DOD (Date of Death) Field – Situational**
Enter the date of death (if applicable) or press `<Tab>` to bypass the field.

16. **Signature On File Fields (2 Fields)**

   ▪ **First Field (SOF1) – Required**
     This field is for Institutional claim filing only. ‘Y’ indicates that
     the facility has the patient’s signature on file. Family Care and
     BLTS enter ‘Y’.

   ▪ **Second Field (SOF2) – Required**
     Press `<F2>` or right click while in this field to obtain a list of
     valid ‘Signature on File’ values. Family Care and BLTS enter
     ‘C’.

17. **Release of Info. Field – Required**
Enter ‘Y’, which indicates that the patient has authorized the release of
medical information to the payers.

18. **ROI (Release of Information) Date – Optional**
Type the date the patient authorized the release of information.
(MM/DD/CCYY). If unknown enter 12/01/2009.

■**Step 5:** Once you have completed the required fields on the ‘Patient – General
Information’ tab, you can select the optional ‘Patient – Extended
Information’ tab and complete any of the fields that may apply.

■**Step 6:** Select the ‘Primary Insured (Inst)’ tab and complete the following ‘Required’
fields.

1. **Payer ID Field – Required**
Press <F2> or right click while your cursor is in this field to access the 'Payer Selection' screen from the 'Reference File – Payer Tab'. Left click on the record from this selection screen that corresponds with this patient's primary insurance and click 'Select'.

You will be returned to the 'Patient – Primary Insured' screen and the required 'Payer ID', 'Payer Name' and 'LOB' fields will be completed.

**Note:** All payers MUST have a record in the 'Payer' reference file BEFORE entering patient information. You MAY need to add payer records.

2. **Group Name – Optional**
   This field is not applicable. Enter the Group Name for any other benefit or press <Tab> to bypass the field.

3. **Group Number – Optional**
   This field is not applicable. Enter the Group Number for any other benefit or press <Tab> to bypass the field.

4. **Claim Office – Optional**
   This field is not applicable. Enter the Claim Office ID for any other benefit or press <Tab> to bypass the field.

5. **Rel (Relationship) Field – Required**
   This field appears on the 'Insured Information' tab at the bottom of the 'Primary Insured' tab screen.

   For Family Care and BLTS claims, the 'Rel' field should always contain '18' indicating that the patient is the insured. Press <F2> or right click while your cursor is in the field to obtain a list of valid relationship codes.

6. **Last Name Field – Required**
   Type the insured’s last name.

7. **First Name Field – Required**
   Type the insured’s first name.

8. **MI (Middle Initial) Field – Optional**
Type the insured’s middle initial or press <Tab> to bypass the field.

9. **Insured ID Field – Required**
   Type the Insured ID. For Family Care and BLTS, this is the Member/Client ID found on the Authorization form.

10. **Gen (Generation) Field – Optional**
    Type the insured’s generation (i.e. II, III, Jr, Sr, etc.) or press <Tab> to bypass the field.

11. **Address/City/State/Zip Fields- Optional**
    Type the insured’s address, city, state and zip code in the appropriate fields or press <Tab> to bypass each field.

12. **Telephone Field – Optional**
    Type the insured’s telephone number (including the area code) or press <Tab> to bypass the field.

13. **Sex Field – Required**
    Type ‘F’ if the insured is female; ‘M’ if the insured is male.

14. **DOB (Date of Birth) Field – Required**
    Type the insured’s date of birth (MM/DD/CCYY).

15. **Employ Status Field – Optional**
    This field indicates the insured’s employment status. Press <F2> or right click while your cursor is in this field to obtain a list of valid employment status code values or press <Tab> to bypass the field.

16. **Assign of Benefits Field – Required**
    Type ‘Y’ if the provider is authorized to receive benefit payments on behalf of the insured individual. Type ‘N’ if this is not the case.

17. **Release of Info Field – Required**
    ‘Y’ indicates that the patient/insured has authorized the release of medical information to the payers.

18. **ROI Date Field – Optional**
    Type the date the patient/insured authorized the release of information. (MM/DD/CCYY).

19. **Retire Date – Optional**
    Enter the insured’s retirement date (if applicable) or press <Tab> to skip this field.

■Step 7:
If the patient has a secondary insurance benefit, select the ‘Secondary Insured’ Tab and complete the same fields you completed on the ‘Primary Insured’ Tab. Select ‘Separate Inst & Prof.’ and complete the same fields you completed on the ‘Primary Insured’ tab.

Remember, the ‘Payer’ information must reside on the ‘Payer’ Tab of the ‘Reference File Maintenance’ function before completing the patient’s insured information.
Step 8: If the patient has a tertiary insurance benefit select the ‘Tertiary Insured’ Tab and complete the same fields you completed on the ‘Primary Insured’ Tab.

Remember, the ‘Payer’ information must reside on the ‘Payer’ Tab of the ‘Reference File Maintenance’ function before completing the patient’s insured information.

Step 9: Once you have entered the patient’s general information, primary insured information and any applicable secondary and tertiary insured information, click on ‘Save’ at the bottom of the ‘Patient Information’ screen.

If you have not completed any required patient information, a list of errors will appear. The fields involved will be highlighted. Complete these fields and click on ‘Save’ again.

After the patient record has been saved, you will be returned to the ‘Patient’ tab of the ‘Reference File Maintenance’ function. The patient you just added will appear on the ‘Patient’ list.

Steps to create a File of Claims for Submission to WPS Health Solutions

Step 1: Enter Claim Information. Click on

Then click
Enter Claim(s) Information

The claim entry function of PC ACE consists of multiple ‘tabs’ of data. Some of the data required on these ‘tabs’ will be filled when you select records from other files (i.e. Patient/Insured Information, Provider Information, etc.).

Complete the following steps to enter claim information:

*Note:* Additional information is required for some ‘specialty’ claims (i.e. ambulance, chiropractic, podiatry, physical therapy, etc.). Refer to the appropriate section of this document for additional claim entry information for specific claim types.

**Step 1:** Select ‘Institutional Claims Processing’ from the Main Form.
The ‘Institutional Claims Menu’ will appear.

**Step 2:** Select ‘Enter Claims’ from the Institutional Claims Menu.

The ‘Institutional Claim Form’ window will be displayed. The first tab (‘Patient Info and Codes’) will be presented initially.

**Step 3:** Complete the following ‘Required’ fields on the ‘Patient Info and Codes’ tab. This tab contains the information that appears at the top portion of the Institutional claim form.

1. **LOB (Line of Business) Field – Required**
   Press <F2> or right click while your cursor is in this field to obtain a list of valid ‘LOB’ codes.

   **Note:** If the Provider Reference File is setup for one LOB only (i.e. WPS Health Insurance including Family Care and BLTS), that code value will automatically appear.

2. **Patient Control No. Field – Required**
   Press <F2> or right click while your cursor is in this field to access a list of patients' you have already entered in PC ACE. You can select the patient record from this list. [Hint: Use the ‘List Filter’ section at the bottom of the ‘Patient Selection’ window that appears to sort the list by PCN (Patient Control Number) or Patient Name.]
If the patient records you wish to use does not appear on the list, click on 'New' and add the patient record.

Click on 'Select' once you have highlighted the patient record you wish to use.

3. **Type of Bill Field – Required**

Enter the Type of Bill.

- Right click in the ‘Type of Bill” field and select the following

![Type of Bill (TOB) Codes](image)

- Then enter one of the following as the third digit
  - 1 – Inpatient admit through discharge claim.
  - 2 – Interim bill — (first claim)
  - 3 – Interim bill — (continuing claim)
  - 4 – Interim bill — (final claim)

- For all **86x** Types of Bill, you will need to enter the admit date and Admit Hour. For the Types of Bill **861** and **864**, you will need the Discharge Hour.

- For the claims indicating Outpatient services (service codes starting with ‘02’ or ‘06’, i.e. ‘0241’). You will receive the following error.
Click close and then click save with Errors.

When you prepare your claims, be sure to click include error claims, ‘yes’.

2. **Patient Last Name/first Name/MI – Required**
   These fields will be automatically filled after you select the appropriate patient record in the ‘Patient Control No.’ field.
   - Patient Last Name/First Name/MI/Gen Fields
   - Birthdate (Patient) Field
   - Sex (Patient) Field
   - Patient Status (Marital/Student/Employment) Fields
   - Death Ind. Field
   - SOF (Signature on File) Field
   - Legal Rep. Field
   - Patient Address/City/State/Zip/Phone Fields
   - ROI (Release of Information) and ROI Date Fields
   - Other Ins. (Other Insurance Indicator) Field
2. **Federal Tax ID Field** – *Optional*
   Type the facility’s Tax ID (without hyphens or spaces)
   Note: You will be selecting a valid Provider Record on the ‘Payer Information’ tab. The Tax ID information will be brought to the claim at that point even if this field is left blank.

2. **Statement Covers Period Fields** – *Required*
   Type the first and last service dates being billed on this claim in the fields provided (MM/DD/CCYY).

2. **Patient Address1/Address2/City/State/Zip Fields** – *Required*
   These fields will be automatically filled after you select the appropriate patient record in the ‘Patient Control Number’ field.

2. **Patient Phone Field** – *Optional*
   This field will be automatically filled if you entered the patient’s phone number in the patient database.

2. **FL38 Buttons** – *Not Used*

2. **Birth Date Field** – *Required*
   The patient’s birth date will be filled in when you select the patient record in the ‘Patient Control Number’ field.

11. **Sex Field** – *Required*
    ‘M’ or ‘F’ will be filled in this field when you select the patient record in the ‘Patient Control Number’ field.

12. **MS Field (Marital Status)** – *Optional*
    Either right click or <F2> for a list of valid code values for this field or press <Tab> to bypass the field.

13. **Admission Date Field** – *Required*
    Enter the admission date for this claim.

2. **A-HR Field (Admission Hour)** – *Required*
    Enter the admission hour (2-digits) in this field. If unknown, enter ‘12’.

2. **Type Field (Admission Type)** – *Required*
    Right click or press <F2> while in this field for a list of valid admission type codes. If unknown, enter ‘9’.

16. **SRC Field (Admission Source)** – *Required*
    Right click or press <F2> while in this field for a list of valid admission type codes. If unknown, enter ‘9’.

17. **D-HR Field (Discharge Hour)** – *Situational*
    Right click or press <F2> while in this field for a list of valid admission type codes. If unknown, enter ‘12’. **Enter ONLY if using Type of Bill 861 or 864.**

2. **Stat Field (Patient Discharge Status)** – *Required*
    Right click or press <F2> while in this field for a list of valid admission type codes. If unknown, enter ‘30’.

48
2. **Medical Record Field** – *Optional*
   Enter the Medical Record Number in this field if applicable.

2. **Condition Codes Fields** – *Optional*
   Enter any applicable Condition Codes in these fields.

2. **Occurrence Code/Date Fields** – *Optional*
   Enter any applicable Occurrence Codes and Dates in the fields provided.

22. **Occurrence Span Code/Date Fields** – Optional
   Enter any applicable Occurrence Span Codes and Dates in the fields provided.

23. **Value Code/Amount Fields** – *Optional*
   Enter any applicable Value Codes and Amounts in the fields provided

**Step 4:**
Select the **‘Billing Line Items’** tab of the ‘Institutional Claim Form’.

![Institutional Claim Form](image)

Click on ‘Recalculate’ after entering the line items.

Fill in the applicable Revenue Codes, Procedure (HCPCS) Codes, Modifiers, Rates, Service Dates, Units, Total Charges and Non-Covered Charges.

Once you have entered the line items for this claim, click on ‘Recalculate’. The totals at the bottom of the screen will be calculated for you.

**NOTE:** The **‘Extended Details (Line 1)’** sub-tab is available to enter miscellaneous extended details (example: drug NDC).

**Step 5:**
Select the **‘Payer Information’** tab of the **‘Institutional Claim Form’**.

![Institutional Claim Form](image)
Many of the fields on this tab are automatically filled from the Patient Record when it is selected in the Patient Control Number field on the Patient Info & Codes tab.

Complete the following ‘Required’ fields:

2. **Payer ID/Payer Name Fields – Required**
   These fields will be auto filled when the patient record is selected on the ‘Patient Info & Codes’ tab. NOTE: The first line should contain information pertaining to the PRIMARY payer, which may or may not be WPS Health Insurance.

2. **Provider Number Field – Required**
   Right click or press <F2> while in this field 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.

2. **ROI and AOB Fields – Required**
   These fields should be auto-filled when the Provider record is selected. If not, enter ‘O’ in the ROI field, and ‘Y’ in the AOB field.

2. **Prior Payments Field – Situational**
   Enter the amount paid by a primary insurance benefit toward the charges being billed on this claim if applicable. Be sure to enter the charge on the line containing the appropriate insurance benefit payer information.

5. **Amount Due Field – Not Applicable**
   Do not use this field.

2. **Totals Fields – Situational**
   Enter the total amount paid by other insurance benefits toward the charges being billed on this claim.

2. **P Rel Field (Patient Relationship to Insured) – Required**
   This field will be automatically filled in when the Patient record is selected.

2. **Insured’s Name (Last, First, MI) Fields – Required**
   These fields will be automatically filled in when the Patient record is selected, provided that the Insured Information was correctly entered when the Patient record was created.

2. **Insured’s ID Fields – Required**
   These fields will be automatically filled in when the Patient record is selected, provided that the Insured Information was correctly entered when the Patient record was created. Be sure that the correct Insured ID corresponds to the appropriate Payer (Form Locator 50).

2. **Authorization Code Field – Required**
   The Service Authorization Number **MUST** be submitted with **EACH** Claim.

2. **Type Field (Authorization Type) – Required**
   This field **MUST** be completed if a prior authorization number is entered in the previous field.

   ‘G1’ = Prior Authorization Number. Right click for a list of other code values.
2. **ESC Field (Employment Status Code) – Optional**
   This field is not required. You can right click on the field to obtain a list of valid Employment Status Code values.

2. **Employer Name/Address/City/State/Zip Fields – Optional**
   These fields are not required

### Step 6:
Select the ‘Diagnosis/Procedure’ tab and complete the following **required** fields.

![Institutional Claim Form]

   Type the principle diagnosis code that applies to this claim. Do not include the decimal point. If unknown, enter ‘R6889’ (ICD10).

   For a list of valid diagnosis codes, press <F2> or right click while your cursor is in the field. A list of valid diagnosis codes will appear. Use the ‘List Filter Options’ at the bottom of the screen to sort the codes and narrow your search. Highlight the appropriate code and click on ‘Select’.

2. **Other Diagnosis Fields – Optional**
   Enter any additional diagnosis codes that may apply to this claim. Do not include the decimal point.

2. **Adm. Diag. Cd. Field (Admitting Diagnosis) – Required**
   Type the admitting diagnosis code. In many cases, this is the same as the principle diagnosis code. If unknown, enter ‘R6889’ (ICD 10).

4. **Principle Procedure Code/Date – Situational**
   Enter the principle procedure code and date, if applicable.

5. **Other Procedure Codes/Dates (1-5) – Optional**
   Enter any additional procedure codes and dates, if applicable.
6. **NPI Exempt – Optional**  
   Right click or press <F2> while in the NPI Exempt field and select ‘Y’.

7. **POA Type - Optional**  
   Right click or press <F2> while in the POA Type field and select the appropriate value.

8. **COB? – Situational**  
   An indicator (Y or N) that activates the Coordination of Benefits (COB) screens used for submitting COB information under the ‘Billing Line Items’ or ‘Extended Payer’ main tabs.

9. **HH CRG – Not Used**  
   Leave this field blank.

10. **Remarks Field – Optional**  
    Type any applicable remarks in this field.

11. **Attending ID Type/Last Name/First Name, etc. Fields – Situational**  
    This field is required for inpatient claims. Right click or press <F2> while in the ‘Attending ID’ field to select the record that corresponds with the attending physician. The fields will be populated with data from the ‘Physician Information’ database.

12. **Operating Physician ID/Type Fields – Optional**  
    Right click or press <F2> while in the ‘Attending ID’ field to select the record that corresponds with the attending physician. The fields will be populated with data from the ‘Physician Information’ database. Enter the Operating Physician last name, first name, middle initial, Federal Tax ID and Type.

   ■ **Step 7:**  
   
   The only additional claim entry tabs are ‘Extended General’ and ‘Extended Payer’.

   The ‘Extended General’ tab is used to enter any Facility Information, Claim Supplemental information, or Claim Notes/File Information. These are not required fields and can be used when applicable. “Extended General’ tab is also used to enter payment information for secondary payers.

   ‘Extended Payer’ tab is used to enter payer and Insured miscellaneous information. NOTE: You will be able to access and enter any applicable information on the ‘COB Info (Primary)’ and ‘COB Info (Secondary)’ sub-tabs [IF you entered COB? = ‘Y’, see # 8 above].

   ■ **Step 8:**  
   After you have completed all the required and applicable situational fields for the claim, click on ‘Save’. The claim data you entered will now be subjected to PC ACE edits to ensure that required information is present and valid.

   If there are no errors, you will be returned to a blank ‘Institutional’ claim form where you will be able to enter another claim. If there are errors, you will receive a list of errors and will be returned to the first filed that contains valid data. Correct the errors and click on ‘Save’ again. If you have entered all the claims you wish to transmit now, click on ‘Cancel’. You will be asked if you wish to abandon these changes. Click on ‘Yes’ to return to the ‘Institutional Claims Menu’.
You are now ready to create a report of the claim information you will be placing in your file for transmission to WPS Health Solutions.

Create and Print a Report of Claims to be Transmitted

After you have entered the claims you wish to include in your claim file, create a report of those claims for your records.

Complete the following steps to create a report of the claims that will be in your next claim file:

■ **Step 1:** Select ‘**Institutional Claims Processing**’ from the Main Form.

The ‘**Institutional Claims Menu**’ will appear.

■ **Step 2:** Click on the ‘**List Claims**’ button.

A screen containing a list of the ‘**New**’ (ready for transmission) claims will appear.
**Note:** The ‘Status’ code ‘CLN’ indicates that a claim has passed the PC ACE software edits and is ready for transmission. ‘Status’ code ‘ERR’ indicates that the claim was saved with at least one error. ‘ERF’ indicates that the claim contains at least one error that needs to be fixed before you create the file for transmission. **CLAIM MUST BE EDITED TO CORRECT ERROR(S).** ‘UNP’ indicates that the claim has multiple errors and could not be processed. **CLAIM MUST BE EDITED TO CORRECT ERRORS.**

**Note:** The ‘Location’ code ‘CL’ (to be transmitted) indicates you are viewing a list of claims that have not been placed in a file for transmission. To view claims that were in previously built claim files click on the ‘Arrow’ to the right of the ‘Location’ field and select a different location.

■**Step 3:** Click on ‘Reports’ (toolbar at top of screen) and select ‘Print Claim Detail Report (All listed claims)’.

![Print Claim Detail Report](image)

**Note:** If you ‘Check’ (✓) any claims, you will be able to create a report of ‘All checked claims’ instead of ‘All listed claims’.

A report of the listed (or checked) claims will be created.

**PC-ACE Pro32 CLAIM DETAIL REPORT**

<table>
<thead>
<tr>
<th>Report Date: 09/30/2001</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOB</strong></td>
</tr>
<tr>
<td>MCB</td>
</tr>
<tr>
<td>MCB</td>
</tr>
</tbody>
</table>

**Report Totals:**

| Claims: 2 | Charges: $127.72 | Amount Paid: $0.00 |
| Units: 2 | Amount Due: $127.72 |

■**Step 4:** Click on ![Printer Icon] to direct the report to your printer.
Prepare Claims for Transmission to WPS Health Solutions

The next step is to create a file of claims for transmission to WPS Health Solutions. Complete the following steps to create a claim file:

**Notice:** Date editing on all inbound transactions will be done based on WPS Health Solutions local time, e.g. CST (Central Standard Time)

■Step 1: Select ‘Institutional Claims Processing’ from the Main Form.

The ‘Institutional Claims Menu’ will appear.

■Step 2: Click on ‘Prepare Claims’.

■Step 5: Click on to return to the ‘Institutional Claims List’.
**Step 3:** 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.
- **Include error Claims?** - Select Yes, if you have claims that you saved with Errors (TOB 86X and Outpatient service codes starting with '02' or '06' (i.e. '0241')).

![Institutional Claim Prepare For Transmission](image)

**Step 4:** Click ‘Prepare Claims’. You will be asked to confirm the preparation of your claim file. Click ‘OK’. Only claims that are in a ‘CLN’ status will be added to the claim file.

![Confirm](image)

Your claim file will now be built and the following screen will appear.

![Information](image)

Click **OK** to return to the ‘Claim Prepare for Transmission’ screen to view the results.
■Step 5: Click on ‘View Results’ to create a detailed report of the claims that were actually placed in your claim file that you can print for your records.

■Step 6: Click on ‘Close’ to return to the ‘Institutional Claims Menu’.

You have now created a file for transmission and are ready to begin the transmission process.

File Name and Path

The file you just created will be in the C:WINPCACE directory (folder). The file SHOULD be named your User ID followed by .dat if you set up your ‘Submitter’ information correctly (i.e. if your User ID is ‘99999’, your file name should be ‘99999.dat’). If you did not set up your ‘Submitter’ information correctly, the file name will be BSTRANS.DAT.

NOTE: You must now transmit this claim file using the Secure EDI Website (Gateway EDI). If you prepare another file of claims prior to transmitting, the file will be over-written by the new file.

Transmit Claim File using Secure EDI (Gateway EDI)

After you have created a claim file, you must transmit (upload) that file using the Secure EDI Website (Gateway EDI). Refer to the instructions you received regarding your transmission method. These instructions will instruct you on how to send the file you created on PC ACE to WPS Health Solutions. Until this is done the file is still on your computer and has not been sent.

WPS Health Solutions Edits and reports

Once your claims are transmitted to WPS Health Solutions, the data is subjected to a short series of edits that check information at the file level as well as the claim level. Individual claims are loaded into the appropriate WPS Health Solutions claims processing system only after the data received passes these edits.
I. Acknowledgement for Health Care Insurance. Produces a ‘TA1 Interchange Acknowledgement and/or a 999 Implementation Acknowledgement for Health Care Insurance’

When WPS Health Solutions receives your claim file, it is run through the INITIAL EDIT step. This edit step checks the file you transmitted to insure the data is in the correct format. This is usually done immediately after the file is received.

The results of the initial edit step are sent to you in the form of a download report for you to view on the WPS Health Solutions BBS (Bulletin Board System) or Secure EDI (Gateway EDI). If the report indicates your file passed the initial edits, it will be sent on to the next edit step. If the report indicates your file failed the initial edits, your entire file of claims is rejected.

NOTE: If your file fails the initial edit step and you do not understand the reason(s) in the email message, contact the appropriate WPS Health Solutions EDI Department for more information. (1-800-782-2680 (Option 1)).

II. SECOND EDIT STEP (produces a ‘999 Implementation Acknowledgement for Health Care Insurance’ and a ‘277 Health Care Claim Acknowledgement’).

If your file passes the initial edits, information on individual claims is checked for compatibility with the claims processing system.

Reports from this edit step are sent to you in the form of a downloadable file. These reports will be available for you to download minutes after you transmit your claim file.

It is IMPERATIVE that you download and the file after EACH transmission. Claims that appear on these reports with error messages MUST BE CORRECTED AND RESUBMITTED. Claims deleted during this phase are not referenced in any other way so this is your only notice of deleted claims.

Using PC ACE to Translate TA1 Interchange Acknowledgements

Starting with version 5010A2 the ‘TA1Interchange Acknowledgment’ allows WPS Health Solutions 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 Health Solutions BBS (Bulletin Board System) or the Secure EDI Website.

2. Place the TA1 file in folder: C:\WINPCACE\MAILBOX

3. Open PC ACE

4. Click the ‘Institutional Claims Processing’ icon from the ‘PC ACE main form’:
5. Click ‘Maintain’ on the toolbar of the ‘Institutional Claims Menu’, then Click ‘Acknowledgement File Log’ on the drop-down menu.

6. You will now see the ‘Institutional Acknowledgement Log’. Select the record you wish to view by clicking on it to highlight it. Then click ‘View Report’.

7. You will now see your ‘PC ACE ANSI – 999 Acknowledgment Report’. You will also have the capability to print this report by clicking the ‘Print’ icon on the toolbar.
Using PC ACE to Translate 999 Implementation Acknowledgements

WPS Health Solutions 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. 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 into a ‘human-readable’ format:

1. Download the 999 using your selected transmission method of either the WPS Health Solutions 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 44.

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

Using PC ACE to translate 277CA Claim Acknowledgements

WPS Health Solutions will no longer be sending proprietary ‘Batch Detail Listing’ reports showing your accepted and/or rejected claims. In its place, WPS Health Solutions 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 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 Health Solutions 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 ‘Institutional Claims Processing’ icon from the ‘PC ACE main form’:
5. Click ‘Maintain’ on the toolbar of the ‘Institutional Claims Menu’ then click ‘Claim Status Response & Acknowledgement Log’ on the drop-down menu.

6. You will now see the ‘Institutional Claim Status Response & Acknowledgement Log’. Select the record you wish to view by clicking on it to highlight it. Then click ‘View Ack Report’.

7. You will now see your ‘PC ACE ANSI-277 Claim Acknowledgment Report’. You will also have the capability 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 1).

Using PC ACE for Electronic Remittance Advice – 835

Your PC ACE software can be used to read and print your electronic remittances. You must sign up for this service with your carrier.

Once an electronic remittance is available to you, you will download the file to the following location:

C:\WINPCACE/MAILBOX

- Open your PC ACE software and select ‘ANSI 835 Functions’ from the ‘Main Form’.
• Select ‘Institutional’

• Select ‘Select ANSI File’

• Select the file to be printed or viewed:

• Select ‘Translate/Import ETRA’

• Select ‘Print/View Reports’
• Select ‘Provider Remittance Detail’ or ‘Provider Remittance Summary’

• Enter Page ‘1’

• Click ‘OK’

Now either the Detail or the Summary will appear on the screen. You may print now.

**Family Care Service Authorization Number**

All claims submitted for the ‘Family Care’ program require that a Service Authorization Number be submitted with *EACH Claim*. The BLTS/CLTS program does NOT require an Authorization Number.

The Service Authorization Number is added in the ‘Payer Info’ tab during the claim creation/entry procedure. The Type of Authorization must also be entered (G1). Be sure to pay attention to which Payer the Authorization Number is added to (Primary, Secondary, Tertiary).
Correcting Claims that have been Transmitted/Reactivating Files

■Step 1: Select ‘Institutional Claims Processing’ from the Main Form.

■Step 2: Select ‘List Claims’ from the ‘Institutional Claims Menu’.

■Step 3: In the ‘Claim List Filter Options’ section at the bottom of the screen, click on the down arrow button at the end of the ‘Location’ box. Choose ‘TR – transmitted only’. This will give you a list of all the claims that have been prepared for transmission.

■Step 4: On the top menu bar, choose ‘Filter’. A drop-down menu will appear. Choose ‘Check all claims from selected transmission’. A new box will appear titled ‘Institutional Claim Transmission Log’. Highlight the line of the file that the claim needing corrected is in. Click the ‘Select’ button. This will take you back to the ‘Institutional Claim List’ screen. This will put a check mark on the lines for the claims that are included in the transmission file that you selected.

■Step 5: On the top menu bar, choose ‘Actions’. A drop-down menu will appear. Choose ‘Reactivate all Checked Claims’.

■Step 6: In the ‘Claim List Filter Options’ section at the bottom of the screen, click on the down arrow button at the end of the ‘Location’ box. Choose ‘CL – to be transmitted’. This will give you a list of all the claims that have not yet been prepared for transmission. If you do not need to make corrections to any claims, skip to Step 8.

■Step 7: Locate the line of the claim that must be corrected. Highlight the line. Choose ‘View/Update’ button on the bottom of the screen. This will bring up the Institutional Claim Form. Make your corrections and save the claim.
Step 8: Once you have corrected all the claims necessary, click ‘Close’ on the ‘Institutional Claim List’ screen.

Step 9: Click ‘Process Claims’. This will bring up a new screen. Choose the correct Line of Business (LOB). Click the Process button. Click ‘OK’. Click ‘OK’. Then click ‘Close’.

Step 10: Now follow the instructions for ‘Prepare Claims for Transmission (Create a File of Claims)’ in your manual.

Printing Claim Forms

Step 1: Select ‘Institutional Claims Processing’ from the Main Form. The ‘Institutional Claims Menu’ will appear.

Step 2: Click on the ‘List Claims’ button. A screen containing a list of the ‘New’ (ready for transmission) claims will appear.

Step 3: Locate and select the claim you wish to print.

Step 4: Click ‘Actions’ from the top menu bar. Then select ‘Print Selected Claim’ from the drop-down menu. The Claim Print Options window will be displayed.

Step 5: Select the appropriate Printer and Method.

Step 6: Select the appropriate Payer Options. An ‘alternate’ payer is any payer specified on the claim other than the submission payer. For example, if a Medicare payer is specified as primary on a Medicare claim, then the primary payer will be designated as the ‘submission’ payer. The secondary and tertiary payers would be considered ‘alternate’ payers.

Step 7: Select appropriate claim form option as shown below:

![Paper Claim Print Options](image)

- Step 8: To view the claim prior to printing, click the ‘Preview’ button. You must have Adobe Acrobat Reader Version 4.0 or higher for viewing.

- Step 9: Click ‘Print’ when ready to print.
Posting Claim Payments

■ Step 1: Select ‘Institutional Claims Processing’ from the Main Form. The ‘Institutional Claims Menu’ will appear.

■ Step 2: Click on the ‘List Claims’ button. A screen containing a list of the ‘New’ (ready for transmission) claims will appear.

■ Step 3: On the Institutional Claim List form, select ‘transmitted only’ (TR) to display claims eligible for payment.

■ Step 4: Select the desired claim from the list and click the ‘View’ button at the bottom of the screen.

■ Step 5: This will bring the claim up to view. Click on the ‘Show Payment History’ button to access the payment history for this claim.

■ Step 6: To post a payment, click the ‘New’ button and enter the payment date on the Claim Payment Details form. The ‘Date Paid’ field is defaulted to the current system date and can be changed if desired. Payment data must be entered on a ‘per line-item’ basis. Click the ‘Amount Paid’ cell for the line item to be paid, enter the payment amount, and press the ‘Enter’ or ‘Tab’ key to accept the entry. Complete some or all the optional payment records fields and line item cells if desired.

■ Step 7: When all desired payment fields have been entered, click the ‘OK’ button to save the payment record.

■ Step 8: When you have completed the payment posting activities for this claim, click the ‘Close’ button to return to the previous form. The Institutional Claim List form will reflect the most recent payment date and total amount paid in the ‘Paid Date’ and ‘Paid Amount’ columns, respectively. When the payment is saved, the claim is moved to the ‘Paid’ (PD) location.

Performing System Backups and Restores

You will be prompted to perform a backup each time you exit the PC ACE program.

Select the Destination Drive or Folder that you wish the backup to be saved. Do not select “Include infrequently changed database files”. Select “include claim archive database files” and “Include archived EMC files”.

Click “Start Backup”. Then click “OK”. You will be notified upon successful backup completion.

To restore your files, click on the “System Utilities” button from the main form. Then click the “Restore” tab.

Select the Source Drive containing the backup to be restored. This would be the file path. Then click “Start Restore”, click “OK”, click “OK”. You will be notified when the restore operation completes. PC ACE will terminate automatically following a restore operation. The restored database files and configuration settings will be available the next time the program is executed.
NOTE: The restore operation will overwrite your current database files with older data from the specified backup.

Using PC ACE for Electronic Remittance – 835

Your PC ACE software can be used to read and print your electronic remittances. You must sign up for this service with your carrier.

Once an electronic remittance is available to you, you will download the file to the following location: C:\WINPCACE/MAILBOX

- Open your PC ACE software and select ANSI 835 Functions.
- Select 'Institutional'.
- Select “Select ANSI File”.
- Highlight file to be printed or viewed.
- Select “Translate/Import ETRA”.
- Select “Print/View Reports”.
- Select “Provider Remittance Detail” or “Provider Remittance Summary”.
- Enter Page “1”.
- Select OK.

Now either the Detail or the Summary will appear on the screen. Options at the top include Print.

Additional Assistance through the ‘Help’ Link

On the Main PC ACE toolbar select ‘Help’ and ‘Help Topics’ on the dropdown menu.

Enter a general keyword in the search field regarding the type of assistance needed. This tool has a wealth of detailed information relating to all aspects of PC ACE functionality.
## Change Summary

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