

PC ACE *QUICK* ***START***

***Family Care and Bureau of Long-
Term Support Programs***

Professional 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.**

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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 insure, 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.

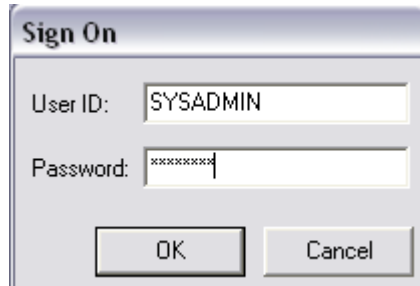
WPS does not support PC ACE software that has been downloaded onto a MAC based computer. This is also not supported by the vendor.

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

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'.

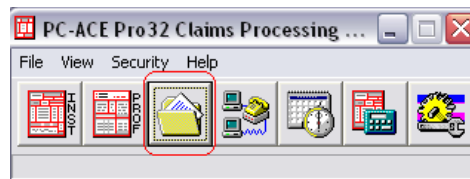


Note: If entered correctly, the main screen of whichever icon you chose will appear, if it is not the screen you want, simply click 'Close' in the lower right corner to return to the **PC ACE Main Form** and select the correct icon:

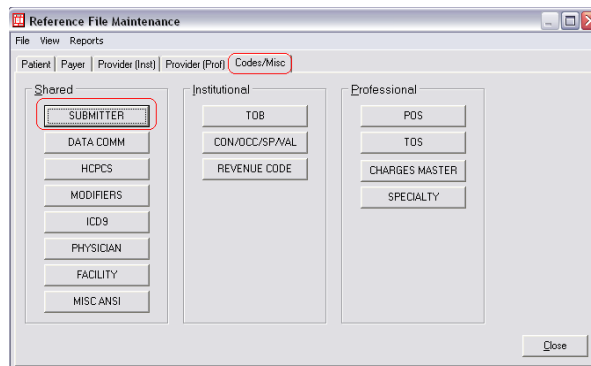
Quick Start – Submitter File Setup

****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****

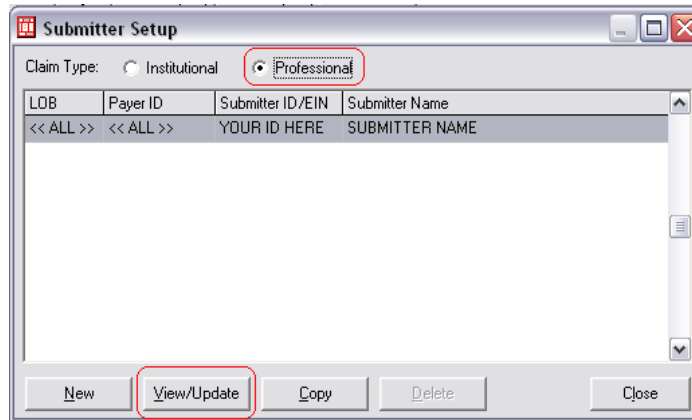
1. From the **PC ACE Main Form** select the 'Reference File Maintenance' icon:



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



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:

*** Note: 'TPI' in the ID field indicates the WPS 'Trading Partner ID'.

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 **Wisconsin Physician Services (WPS) Trading Partner/Submitter ID** you received plus **.DAT** (i.e. 12345.DAT). This will be a numeric number provided by WPS when you are setup to submit claims directly to WPS.

Professional Submitter Information

General Prepare ANSI Info ANSI Info (2) ANSI Info (3) 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

1. You will then click on the ‘ANSI info Tab’ an add the ZZ’

Complete the following ‘Required’ fields on the ‘ANSI Info’ Tab.

Professional Submitter Information

General Prepare ANSI Info ANSI Info (2)

Submitter Intchg ID Qual Acknowledgment Requested

Receiver Intchg ID Qual

Authorization Info

Security Info

Additional Submitter EDI Contact Information (Number & Type)

#1	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>
#3	<input type="text"/>	<input type="text"/>

Save Cancel

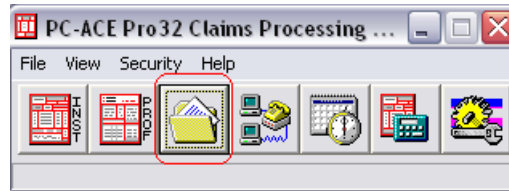
1. **Submitter Intchg ID Qual Field – Required**
Enter: ‘ZZ’.
2. **Receiver Intchg ID Qual Field – Required**
Enter: ‘ZZ’.
3. **Acknowledgment Requested - Recommended**
Enter: 1

2. After you have done steps 1-6 click ‘Save’ and the **Submitter File Setup** is complete.

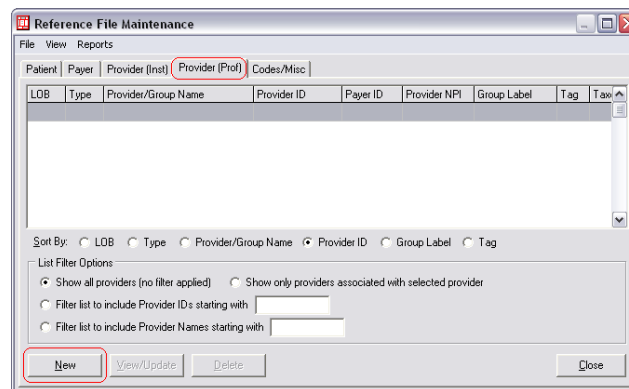
Quick Start – Provider (Prof) File Setup

****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:



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



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

****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**.

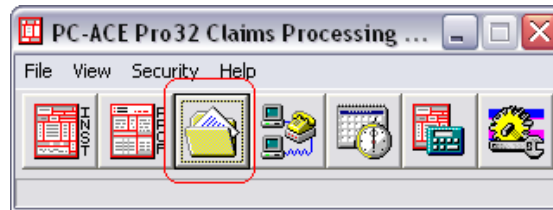
If you receive payment at a different address: You will need to fill out the 'PAY-TO' information on the 'Extended Info' tab of this 'Professional Provider Information' screen (shown below). Follow the same rules in the note above regarding 'Organization Name, NPI, etc.' You will also need to choose 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.

Note: You will not enter any provider information above (**Pay to Provider information**).

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:



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.

PCN	Last Name	First Name	MI	DOB	LOB
-----	-----------	------------	----	-----	-----

Sort By: Patient PCN Patient Name

List Filter Options

Show all patients (no filter applied)

Filter list to include Patient PCNs starting with

Filter list to include Patient Names starting with

New View/Update Delete Plan of Care Close

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’**.

Patient Information

General Information | Extended Info | Primary Insured (Inst) | Primary Insured (Prof) | Secondary Insured

Last Name: [Redacted] First Name: [Redacted] MI: [Redacted] Gen: [Redacted] Patient Control No (PCN): [Redacted]

Patient Address: [Redacted]
City: [Redacted] State: [Redacted] Zip: [Redacted]

Country: [Redacted] Phone: [Redacted]

Notes: [Redacted]

Patient Status:
 Active Patient: Discharge Status:
 Sex: Death Ind:
 DOB: [Redacted] DDD: [Redacted]
 Marital Status: Signature On File:
 Employment Status: Release of Info:
 Student Status: ROI Date: 12/01/2009
 CBSA Code: [Redacted]

Save Cancel

- Select the **'Primary Insured (Prof)'** 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 the remaining fields will auto-populate EXCEPT the **'Insured ID'**, Enter the nine or ten-digit WPS **'Member ID'** from the Service Authorization form in this field. Once all required fields are filled out, click **'Save'**

Patient Information

General Information | Extended Info | Primary Insured (Inst) | Primary Insured (Prof) | Secondary Insured

Payer ID: WPS Payer Name: WPS COMMERCIAL LOB: COM

Group Name: [Redacted] Group Number: [Redacted] Claim Office: [Redacted]

Clear All Fields For Insured

Insured Information (F7) | Employer Information (F8)

Rel: 18 Last Name: [Redacted] First Name: [Redacted] MI: [Redacted] Gen: [Redacted] Insured ID: ENTER MEMBER ID HERE

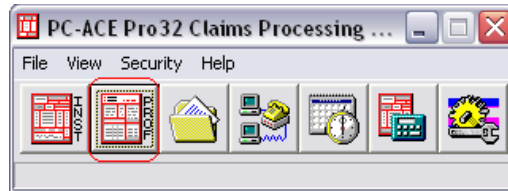
Address: [Redacted] Sex: Assign of Benefits:
 DOB: [Redacted] Release of Info:
 City: [Redacted] State: [Redacted] Zip: [Redacted] Employ Status: ROI Date: 12/09/2009
 Retire Date: [Redacted]

Country: [Redacted] Phone: [Redacted]

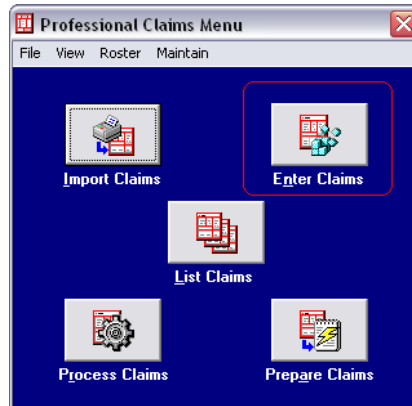
Save Cancel

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**':



3. You are now looking at the '**Professional Claim Form**'. The first screen is the '**Patient Info & General**' tab as shown below.
 - **LOB** – Enter **COM**
 - **Billing Provider** – (Right Click in the field and make selection from 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 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**

Professional Claim Form

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

LOB **CDM** 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 SDF 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 SDF **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 from 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

5. Once you have entered this information, select the **'Billing Line Items'** tab up top. You will now see the **'Billing Line Items'** screen shown below.
 1. **Claim Diagnosis Codes** - If unknown, enter **'R6889'** (for ICD10)
 2. **Service Dates (24a)** – Enter Date of Service From/Thru
 3. **PS (Place of Service – 24b)** – Right click in the field and select the most appropriate choice from the list. Enter **'99'** if unknown.
 4. **Proc (Procedure – 24d)** – Enter the service code which was provided on the Family Care or BLTS Service Authorization form.

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

MCFC (My Choice Family Care) transportation providers must bill the **A0130** and **S0209** service codes together on one claim. The **S0209** code will only pay if billed on the same claim as **A0130** in PCACE. Code **S0209** is "extra miles" and **MCFC** requires this code be billed with the base code **A0130**.

Some **Inclusa** transportation providers must bill the **T2003** and **S0209** service codes together on one claim. The **S0209** code will only pay if billed on the same claim as **T2003** in PC ACE. Code **S0209** is "extra miles" and **Inclusa** requires this code be billed with the base code **T2003**. **If you have questions regarding whether you should be billing according to this requirement – please contact Inclusa.**

5. **Diagnosis (24e)** – Enter **'1'**.
6. **Charges (24f)** – 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').
7. **Units (24g)** – Enter the number of units or 'like services' for this line item.

**** Note: Units must be submitted as WHOLE numbers**

The screenshot shows a software window with several tabs: 'Patient Info & General', 'Insured Information', 'Billing Line Items', 'Ext. Patient/General', 'Ext. Pat/Gen (2)', and 'Ext. Payer/Insured'. The 'Billing Line Items' tab is active, displaying a table with the following columns: 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 FP, 24h AT, and 24i Rendering Phys. The first row (LN 1) has values: 24a From: //, 24a Thru: //, 24b PS: //, 24c EMG: //, 24d Proc: //, 24e Diagnosis: 1, 24f Charges: 0.00, 24g Units: 1.00. Below the table, there are fields for '28 - Total Charge' (0.00), '29 - Patient Amount Paid' (0.00), and '30 - Balance Due' (0.00). A 'Recalculate' button is highlighted with a red box.

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

7. Next click on the **'Ext.Payer/Insured'** which will be on the top set of tabs. You will now see the **'Ext.Payer/Insured'** tab as shown below.

- **'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 CLTS/BLTS program.**

**** Only one Authorization number may be billed per claim ****

- Enter **'G1'** in the box after the Authorization Number.

The screenshot shows a 'Professional Claim Form' window with 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, showing a sub-tab for 'Primary Payer/Insured'. The form contains several input fields: 'Payer Address', 'City/ST/Zip', 'Payer Source', 'Insurance Type', 'Insured's Contact', and 'Patient ID'. On the right side, there is a section for 'Payer / Insured Reference IDs / Types' with a dropdown menu set to 'G1'. A yellow box highlights the text 'AUTH NUMBER HERE' next to the dropdown.

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

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

Disclaimer Code(s)

Special Requirements:

1. When entering the Disclaimer Code information (such as M8), you will start at the **'Billing Line Items'** tab, then click on the **'Ext. Details 3 (line 1)'** tab. Click in the **'TYPE'** box and select **'ADD'**, then Click in the **'Narrative'** box and type the disclaimer code you are reporting. The Allowed/Paid amounts should equal \$0.

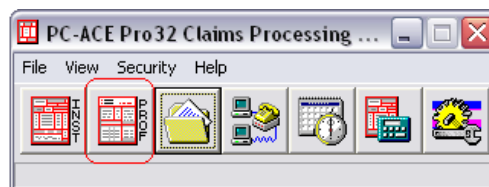
***** Note: The Disclaimer Code is only Required on Line 1 of the claim.**

Num	Type	Narrative
1	ADD	M8

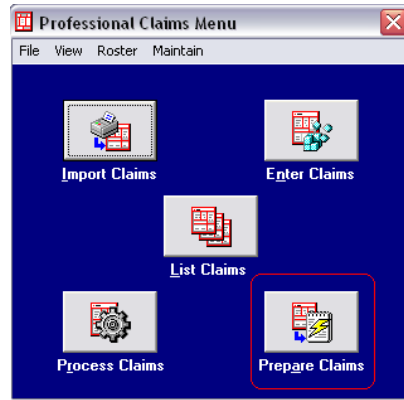
Quick Start – Prepare Claim(s) for Transmission

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

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

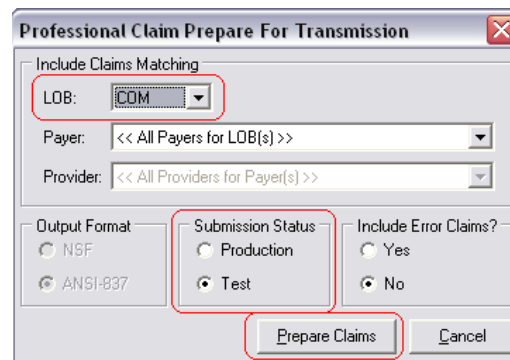


2. On the 'Professional Claims Menu' select 'Prepare Claims':

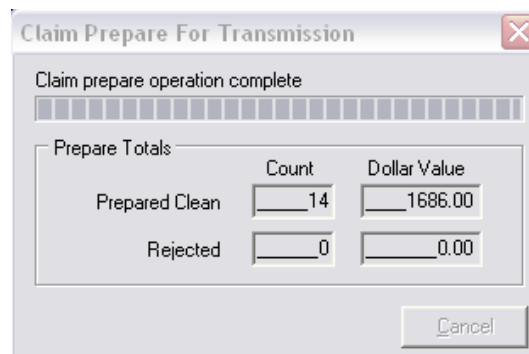


3. You will now see the 'Professional Claim Prepare for Transmission' screen.

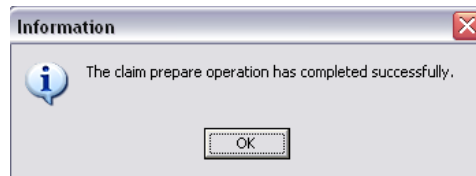
- **LOB** – Select 'COM'
- **Submission Status** – Select 'Production' if you are submitting to get paid. Select 'Test' if you are testing.



4. Click 'Prepare Claims'. Your claims will begin preparing in an electronic format; you will see a screen that looks like the screen below.



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



** If you have issues with your claims preparing, reference **page 40** of the **Professional Full User's Guide** found at <https://www.wpsic.com/edi/pcacepro32.shtml>. You can also call EDI Help Desk at 1-800-782-2680 (Option 1).

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 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 Health Solutions on Secure EDI website (Gateway EDI).

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. To get the claims to WPS Health Solutions you must upload them using the method you chose during one of your first conversations setting up electronic billing. This is the Secure EDI website (Gateway EID) (using a secure internet connection).

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

Once WPS Health Solutions 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.

After your Files have been submitted, you will receive back reports with name(s) that end with '....**TA1**,**999** or**277CA**'. Download this/these important report(s) and they will indicate whether your files/claims have been were accepted or rejected. If any claims have rejected, the report will provide a description of what was in error. **The rejected**

claims will need to be corrected and resent. The claims which have been accepted will go 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..

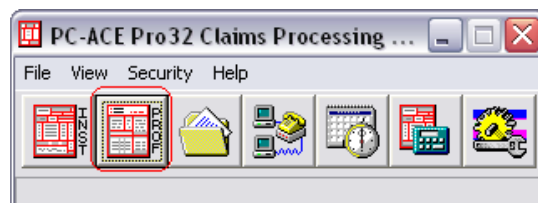
If you have any questions, please feel free to contact the EDI Help Desk at:
1-800-782-2680 (Option 1).

Using PC ACE to Translate TA1 Interchange Acknowledgements

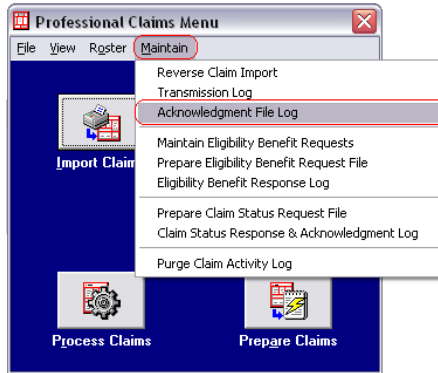
Starting with version 5010A1 the '**TA1 Interchange Acknowledgment**' allows WPS Health Solutions to notify you that a valid envelope was received or that problems were encountered within the interchange control structure. The TA1 verifies the envelope of the file only. If you receive a file named '**...TA1**' 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:

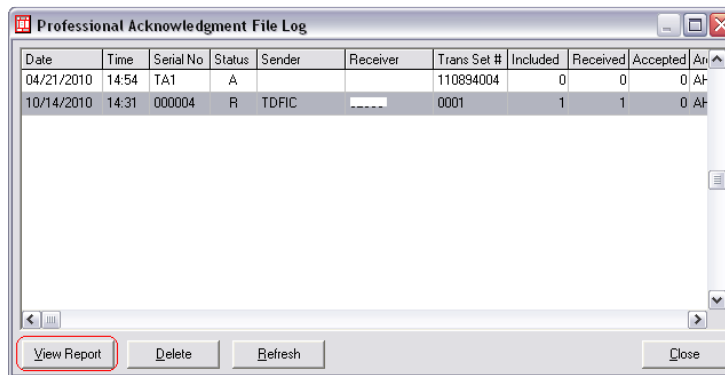
1. Download the TA1 using your selected transmission method of **WPS Wisconsin Physician Solutions** Secure EDI Website (Gateway EDI).
2. Place the TA1 file in folder: **C:\WINPCACE\MAILBOX**
3. Open PC ACE
4. Click the '**Professional Claims Processing**' icon from the '**PC ACE main form**'.



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



- 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**'.



- You will now see your '**TA1 Interchange 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).

999 – 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. 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:

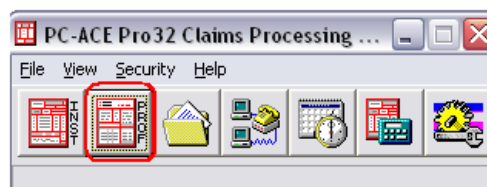
1. Download the 999 using your selected transmission method of the Secure EDI Website (Gateway EDI).
2. Follow the same steps as listed above for translating the '**TA1 Interchange Acknowledgement**' starting on page 17.

277CA – Health Care Claim Acknowledgment

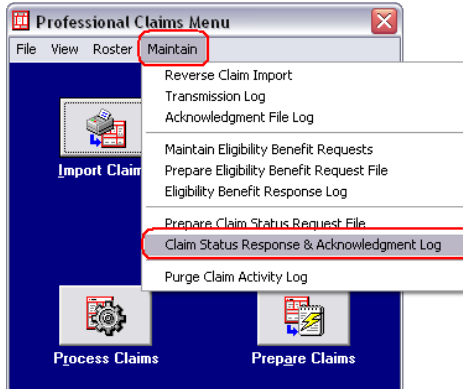
WPS Health Solutions will be sending the 277CA (Claim Acknowledgement) transaction. If you receive a file named '...277CA' you could have errors, but this report will also advise you of what claims have passed. Once you translate the file using the steps below you will know if there were errors or not.

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

1. Download the 277CA using your selected transmission method of the Secure EDI Website (Gateway EDI).
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' and then click '**Claim Status Response & Acknowledgement Log**' on the drop-down menu.



6. 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**'.
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).

Change Summary

Version	Date	Sections/Pages Changed	Change Summary
1.0	10/3/2016	All	Updated for V3.2

1.1	10/19/2016	Page 8	Updated 'Quick Start – Provider File Setup' to say, 'Quick Start – Patient File Setup'
1.2	12/19/2016	Page 2 All	Updated Disclaimer code for updating the WINPACAE folder Updated for V3.3
1.3	04/03/2017	All	Updated for V3.4
1.4	06/21/2017	All	Updated for V3.5
1.5	09/25/2017	All	Updated for V3.6
1.6	12/5/2017	All	Updated for V3.7
1.7	3/20/2018	All	Updated for V3.8
1.8	6/19/2018	All	Updated for V3.9
1.9	9/28/2018	All	Multiple updates in relation to V4.0 and Family care updates
2.0	12/19/2018	All	Updated for V4.1
2.1	3/14/2019	All	Updated for V4.2
2.2	6/20/2019	All	Updated for V4.3
2.3	9/23/2019	All	Updated for V4.4