

Family Care Claim Processing



WPS®

**HEALTH
INSURANCE**

Local. Honest. Independent.

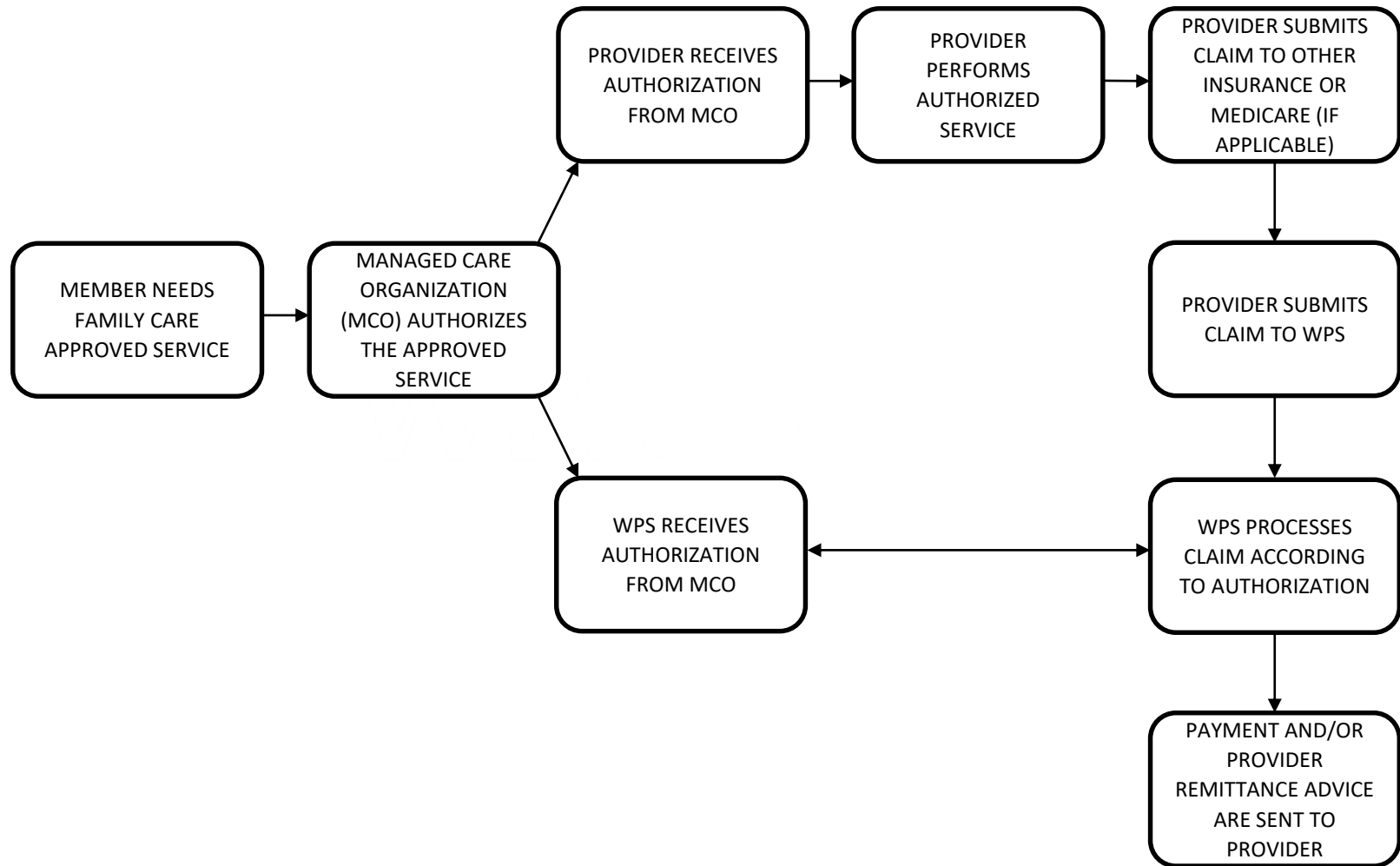


- Over 60 years as a Wisconsin health insurer
- Contracted TPA for Family Care claims processing for three managed care organizations and the State of Wisconsin Children's Long Term Support Waiver

Medicaid Waiver Claims Processing Experience

My Choice Family Care	1/1/2004 - Current
Community Care Connections of Wisconsin	11/1/2008 - Merger
ContinuUs	1/1/2009 – Merger
Children’s Long Term Support Waiver	9/1/2010 – Current
Lakeland Care Incorporated	1/1/2013 – Current
Western Wisconsin Cares	8/1/2015 - Merger
Community Link, Incorporated (formerly CCCW, ContinuUs, & WWC)	1/1/2017 - Current

Authorization and Payment Process



Claim Data Requirements

- Member information:
 - First name
 - Last name
 - Date of Birth
 - Member Number

Claim Data Requirements

- Provider information:
 - Billing or Pay-to Provider Name
 - Billing or Pay-to Address
 - Servicing or Place of Business Name
 - Servicing or Place of Business Address
 - Billing Provider Tax ID (TIN, EIN, SSN)
 - Billing Provider NPI (National Provider Identifier), if applicable
 - Required for medical services
 - <https://nppes.cms.hhs.gov/#/>
 - Rendering Provider Name
 - Rendering Provider NPI, if applicable

Claim Data Requirements

- Claim detail information:
 - Date of Service
 - Within authorized date span
 - Individual dates on claim, date span for consecutive services
 - No future dates accepted
 - Service Code (HCPCS, CPT, Revenue Codes)
 - Modifiers
 - Total Charge
 - Number of units
 - Within authorized limits
 - No partial units (.5, .75)

General Claim Submission Options

- HIPAA-compliant electronic formats
- WPS Excel spreadsheet
- Standard paper forms:
 - CMS 1500 form (formerly HCFA 1500)
 - UB04, also known as the CMS 1450 form
 - Family Care claim form

Electronic Claim Submission Option



- Electronic claim submissions are supported by the WPS Electronic Data Services department
- EDI provides significant benefits:
 - Faster payment
 - Verification of receipt
 - Lower administrative costs
 - Claim submission flexibility
 - Current EDI submitters can include Family Care claims with their other claim submissions

Electronic Claim Submission Option

- Submit electronic claims through a clearinghouse
- Submit electronic claims using WPS claim entry software
 - PC-Ace Pro 32
 - Available on WPS EDI web site
 - Easy to follow user guides
- WPS dedicated EDI staff are available for assistance
 - Toll free at 1-800-782-2680, follow all prompts
 - By Fax at 608-223-3824
 - Web site: www.wpsic.com/edi/index.shtml
 - Email: edi@wpsic.com

EDI Website

<https://www.wpsic.com/edi/wps-community-manager/index.shtml>

EDI Home
EDI News & Highlights >
EDI Help Desk Closures
EDI Overview & Advantages
Getting Started
WPS Community Manager ▾
Forms
Getting Started Manual 
Self-Service
Sign In/Create Account
Training Tutorials
Web Notices/Instructions
WPS Gateway Express >
Display and Reporting >
EDI Tools & Software >
Companion Guide
Medicare EDI ACTs
Contact EDI >
Receiver & Payer ID codes 
EDI Definitions

WPS HEALTH SOLUTIONS WPS Community Manager™

WPS Community Manager is a full self-service tool and allows your office to self-register for EDI as well as to self-manage your account details. This includes the external users' ability to create their own accounts, register for lines of business and transactions, and retrieve and submit agreements.

Once registered, you will have the ability to assign additional users from your corporation, add or change contact names, email addresses, and reset passwords. Your account will also allow you to determine which transactions you'll be submitting and/or receiving, and for which WPS lines of business. Dependent upon your corporation's structure, you may find a need to enroll for multiple Submitter IDs, and will have the ability to manage them all from one single account.

All registrations will be completed by the user and include –

- The initial registering of the Company/Corporation
- Enrollment of -
 - Submitter IDs
 - Lines of business
 - Transactions
 - Providers
- Agreements (Connectivity, EDI, ERA, etc.)

This product also contains a portal for submission and retrieval of EDI transactions and it is called WPS Gateway Express.

WPS Gateway Express is a transmission portal for easy submission/retrieval of transactions and acknowledgements with reporting and statistics.

In order to initiate registration, trading partners will select the WPS Community Manager link from wpsic.com and will then click on [Create Account](#) to launch the WPS Community Manager *Sign On* screen, and then click [Register here](#) to begin self-registration.

Browser Compatibility: While WPS Community Manager is supported by various web browsers, it has been our experience that using Internet Explorer (IE) may not provide a full level of performance for this application. We have experienced better performance using browsers such as Chrome, Firefox, and Safari. We suggest you try using several different browsers to find the highest level of performance.

WPS | HEALTH SOLUTIONS WPS Community Manager™

Sign In

Partner ID(optional):

Example: Qualcomm

User Name:

Example: jane@qualcomm.com

Password:

[Forgot your password?](#)

Not registered? [Register here](#)

Excel Spreadsheet Submission Option

- WPS offers an option for uploading claims data for authorized services using a Microsoft Excel spreadsheet through a WPS secured Move-It account
- Advantages of Excel spreadsheet submission:
 - Multiple members on each spreadsheet
 - Faster claim turnaround time
 - Data accuracy
 - Submission verification
 - Ease of billing routine services

Excel Spreadsheet Submission Option

- Designed for providers who submit less than 500 claims/lines per week
- This submission option is designed for providers who have basic working knowledge of Microsoft Excel
 - Providers must have access to Microsoft Excel or OpenOffice.org to use this option
- To get started send an e-mail to FCWPS@wpsic.com and include your business name, a contact person, and contact phone number



WPS Electronic Data Services External Access Request Form Secure EDI Website (Moveit)

Date of Request: _____

Please complete the required portions of this Request Form in order to receive the necessary access for submission of Family Care claim data via MOVEit.

Managed Care Organization (MCO)

Spreadsheet Software*
(Check all applicable below)

- Excel
- Open Office

(Check all applicable below)

- CLTS
- COMMUNITY LINK, INC (CLI) formerly CCCW, ContinUs, and WWC
- LAKELAND CARE, INC (LCI)
- MY CHOICE FAMILY CARE (MCFC)

EXTERNAL USER INFORMATION*

Name	
Street Address	
City, State, Zip	
Contact Person	
E-Mail Address	
Contact Phone	
Name of Practice	
Tax ID Number	
EDI Submitter Number (WPS Use Only)	

TYPE OF REQUEST (For WPS Use Only)

_____ New Account _____ Terminate Account _____ Modify Account _____ Request data transfer

Paper Claim Submission Option

- Acceptable paper claim forms are: CMS 1500, UB04, or Family Care claim form
 - Claim must be submitted with all required data in the correct box
- Medicare EOMB or Other Insurance EOB must be submitted on a paper claim format
 - EOB must be stapled to each paper claim form
 - Multiple page claims should not be submitted with claim totals on each page
- Submit paper claims to the appropriate Family Care/WPS Health Insurance address

FAMILY CARE CLAIM FORM



MEMBER INFORMATION													
1. Member Identification #:			123456789				4. Member Date of Birth:			11/14/2005			
2. Member Last Name:			Doe				5. Member First Name:			John			
3. Primary Diagnosis Code (Optional):							6. Patient Account (invoice) #:			12345			
PROVIDER SERVICING ADDRESS <i>(SERVICING PROVIDER'S BUSINESS ADDRESS)</i>						PROVIDER BILLING ADDRESS <i>(PHYSICIAN'S OR SUPPLIER'S BILLING ADDRESS)</i>							
7. Provider TAX/EIN/SSN:			987654321				11. Provider Billing NPI #:			1234567890			
8. Business Name:			Family Care				12. Billing Provider Name:			Family Care			
9. Business Address:			1717 W Broadway				13. Billing Address:			PO Box 211595			
10. City/State/Zip Code:			Madison WI 53708				14. City/State/Zip Code:			Eagan MN 55121			
15. Date of Service (MM/DD/YY) <i>(Date Span or Individual Days)</i>		16. Type of Bill	17. Revenue Code		19. Modifiers				20. Authorization Number	21. Rendering Provider NPI #	22. Units Billed	23. (\$) Total Charge	
From Date	To Date		17. Revenue Code	18. HCPCS/CPT	1	2	3	4					
11/1/15	11/10/15	0321	0551	T1019					1234567		5	25.00	
26. Disclaimer Code:		I certify that all services indicated above have been provided. (Claims for services must reflect actual services provided.)									24. (\$) Total Charges:		
		25. Authorized Signature: Jane Doe				Print Name: Jane Doe				Date: 5/3/16		25.00	

Claim Reminders:

- *One Member Per Claim Form
- *One Authorization Number per Claim Line
- *Use same Service Code that is listed on the Service Authorization form

Claim Status Questions:

WPS Family Care Contact Center:
(800) 223-6016

Please Mail this Claim Form to:

Family Care
c/o WPS Health Insurance
P.O. Box 211595
Eagan, MN 55121

WPS Customer Service

- Contact WPS/Family Care Contact Center for claim status or payment questions
 - Phone: 800-223-6016
 - Dedicated customer service representatives available Monday through Friday from 8:00 a.m. to 4:30 p.m.

Claim Status or Payment Questions

- WPS Contact Center will respond to questions related to:
 - Claim status
 - In Process
 - Paid
 - Denied
 - Check information
 - Amount
 - Date
 - Check number
 - Requests of additional copies of remittance advice
- Service authorization questions should be directed to your Managed Care Organization (MCO)

Payments



- Electronic Funds Transfers (EFT) are transmitted the day following the final processing of the claim in the WPS system (Monday through Friday)
 - EFT payments are generally deposited in one to two business days
 - Contact EDI for questions regarding the EFT set up at 1-800-782-2680, follow all prompts
- Paper checks are mailed the day following the final processing of the claim in the WPS system (Monday through Friday)
 - Checks are generally delivered by US Postal Service within 4-6 business days

Electronic Funds Transfer (EFT)

<https://www.wpsic.com/edi/edi-forms.shtml>

Electronic Funds Transfer (non-Medicare)

Electronic Funds Transfer (EFT) is an electronic version of your paper check posted to your bank account.

- [EFT Instructions](#)  Guidelines for proper completion
- [Provider Management of EFT Enrollment](#)
- [Privacy Act Advisory](#) 

Provider Management of EFT

Email: (required)

 This field is required.

Please Select Your Division (required)

Questions on enrolling in EDI? Let us help you. Email us at communitymanager@wpsic.com or call our Corporate EDI Services Help Desk to assist you.

Medicare J5 866-518-3285, option 1

Medicare J8 866-234-7331, option 1

TRICARE, WPS, VA, or Arise Health Plan 800-782-2680, option 1

Reset

Submit

Full Claim Denials

- Claims denied for duplicate submission and the claim is truly not a duplicate (e.g. second worker, AM/PM services) – contact the WPS/Family Care Contact Center for resolution
- Claims denied for timely filing – follow the Family Care appeal process
- Any other claim denial should be submitted to WPS using the original submission method as a new claim with the proper data elements – DO NOT mark your claim as corrected, tracer, or resubmission
- Questions about claim denials – contact the WPS/Family Care Contact Center at 800-223-6016

Corrections

- Correcting previously paid or partially paid claims
- All corrections need to be submitted on the Family Care corrected claim form with the Provider Remittance Advise attached
 - Refer to the corrected claim form tip sheet for the type of corrections that should be submitted on the corrected claim form
 - Corrected claim forms must be mailed to the appropriate Family Care/WPS Health Insurance address
 - **Corrected claims will not be accepted through EDI, Excel spreadsheet, paper CMS 1500, UB04, or Family Care claim forms**

Overpayments and Refunds

- WPS requested refunds – send check, WPS refund request, and a copy of the Provider Remittance Advice to the below address
- Provider voluntary refunds – send check, a copy of the Provider Remittance Advice, and the reason for refunding the payment to the below address

WPS Health Insurance
Attn: WPS Refund Department
P.O. Box 8190
Madison, WI 53708-8190

Summary of Key Points

- Claims must be submitted in accordance with the authorization information
- Claims must be received by WPS within the Managed Care Organization's designated timely filing limit from the date of service or primary payers process date.
- Claims must be submitted to WPS in one of the three approved submission formats (EDI, Excel spreadsheet, or paper)
- Claims must be billed with all required information; Member information, Provider information, and authorized service information
- Correct and complete claims will be paid promptly
- Full denials may be submitted the second time to WPS as a new claim, except for duplicate denials and timely filing denials
- Corrected claims are submitted on the Family Care corrected claim form and sent via US Mail
- Provider refunds are sent directly to WPS

Conclusion

- For additional information regarding claim submission, contact the WPS/Family Care Contact Center at 800-223-6016
- For additional information regarding the Family Care programs and service authorization processes, contact your Managed Care Organization (MCO)
- To review the Family Care Instructional Guide, please visit: <https://www.wpsic.com/edi/familycare/index.shtml> and click on the Family Care Claim Processing link.