

Family Care Excel Spreadsheet



WPS®

**HEALTH
INSURANCE**

Local. Honest. Independent.

Requesting the spreadsheet:

Send an email to FCWPS@wpsic.com including the MCO(s) you are contracted with, your business name, contact person, and contact phone number:

Send	From ▾	fcwps@wpsic.com
	To...	<input type="checkbox"/> FCWPS ;
	Cc...	
	Bcc...	
	Subject	Spreadsheet request for Katie's Adult Family Home

Good afternoon,

I am requesting a CLI spreadsheet for billing:

Provider Name: Katie's Adult Family Home

Contact Name: Katie Lewellin


Contact Phone #: 123-456-7890

Thanks,
Katie Lewellin

Confidentiality Notice:

This e-mail, including any attachments, may contain confidential, privileged and/or proprietary information which is solely for the use of the intended recipient(s). Any review, use, disclosure, or retention by others is strictly prohibited. If you are not an intended recipient, please contact the sender and delete this e-mail, any attachments, and all copies.

WPS will send the spreadsheet agreement:

Send	From ▾	fcwps@wpsic.com
	To...	<input type="checkbox"/> FCWPS;
	Cc...	
	Bcc...	
Subject	Re: Spreadsheet request for Katie's Adult Family Home	
Attached	 WPS Spreadsheet Submitter Internet Agreement 4.28.17.doc (48 KB)	

Dear Provider –

Attached to this email is your User Agreement for spreadsheet submission. Please complete the form and return to FCWPS@wpsic.com or fax to Katie Lewellin at 608-977-9809. **Important: you must check all applicable boxes under the (Check all applicable below) section.** Once your account is activated you will receive the new spreadsheet and instructions for submission.

Spreadsheet submission is designed for providers who submit less than 500 claims/lines per week. If you are interested in electronic claim filing and submit over 500 claims/lines per week, please contact our EDI department at 800-782-2680 and follow the appropriate prompts.

Please let me know if you have any questions.

Thanks,
Katie Lewellin
Business Process Analyst, Government Programs



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

Date of Request: 6/1/17

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 CCGW, ~~ContinuUs~~, and WWG
 LAKELAND CARE, INC (LCI)
 MY CHOICE FAMILY CARE (MCFC)

EXTERNAL USER INFORMATION*




+	
Name	Katie's Adult Family Home
Street Address	1717 West Broadway
City, State, Zip	Madison WI 53708
Contact Person	Katie Lewellin
E-Mail Address	FCWPS@wpsic.com
Contact Phone	123-456-7890
Name of Practice	Katie's Adult Family Home
Tax ID Number	123456789
EDI Submitter Number (WPS Use Only)	
□	

TYPE OF REQUEST (For WPS Use Only)

New Account
 Terminate Account
 Modify Account
 Request data transfer

Once a Move-It account has been set up at WPS, providers will receive the instructional email:

Subject Spreadsheet and instructions

Attached  Spreadsheet Submitters MoveIT UG.doc (400 KB);  Family Care Claim Submission Instructions v6.0.pdf (427 KB);  FAMC Excel New Format 2011v1.0.xls (51 KB)

Dear Provider:

Thank you for your interest in spreadsheet submission. Attached, you will find documents for the Secure EDI Gateway/Move-It account set-up, the Excel spreadsheet and the instructions for submission of the spreadsheet.

Your submitter ID is: **SS123**

****Note:** You will receive a temporary password in a separate email.

Submission Requirements:

- Spreadsheets are not password protected and submission through email will be a HIPAA violation.
- All data entry and formatting instructions are included in the attached Excel spreadsheet instructions. Failure to comply with these instructions may result in denial of the spreadsheet or claim. Please read through these instructions carefully and contact WPS with further questions.
- The file name on all spreadsheets must include the Billing Name and submission date. If there is more than one spreadsheet submitted on one day, please use the Billing Name 1, 2, 3, etc. and the submission date (ex. First Spreadsheet "Sunshine 7-13-13" and Second Spreadsheet "2 Sunshine 7-13-13").

Contact Information:

- Questions regarding spreadsheet submission and data requirements: email FCWPS@wpsic.com
- Claim payment/denial status (please wait five business days after upload):
 - CLTS: 877-298-1258
 - Family Care: 800-223-6016
- Questions regarding Authorization or Benefit questions: Contact your MCO or CWA
- Move-It password changes: 800-782-2680, follow appropriate prompts

To download the attached Excel spreadsheet:

- Verify that Microsoft Office Excel, Openoffice, or any other spreadsheet program is installed on your PC/MAC.
- Double click on the attachment to open the spreadsheet – Click on File – Click on Save As – Choose the desktop as the location – Change the File Name (as shown in Submission Requirements) – Save as type must be an Excel format (.xls or .xlsx) – Click on Save

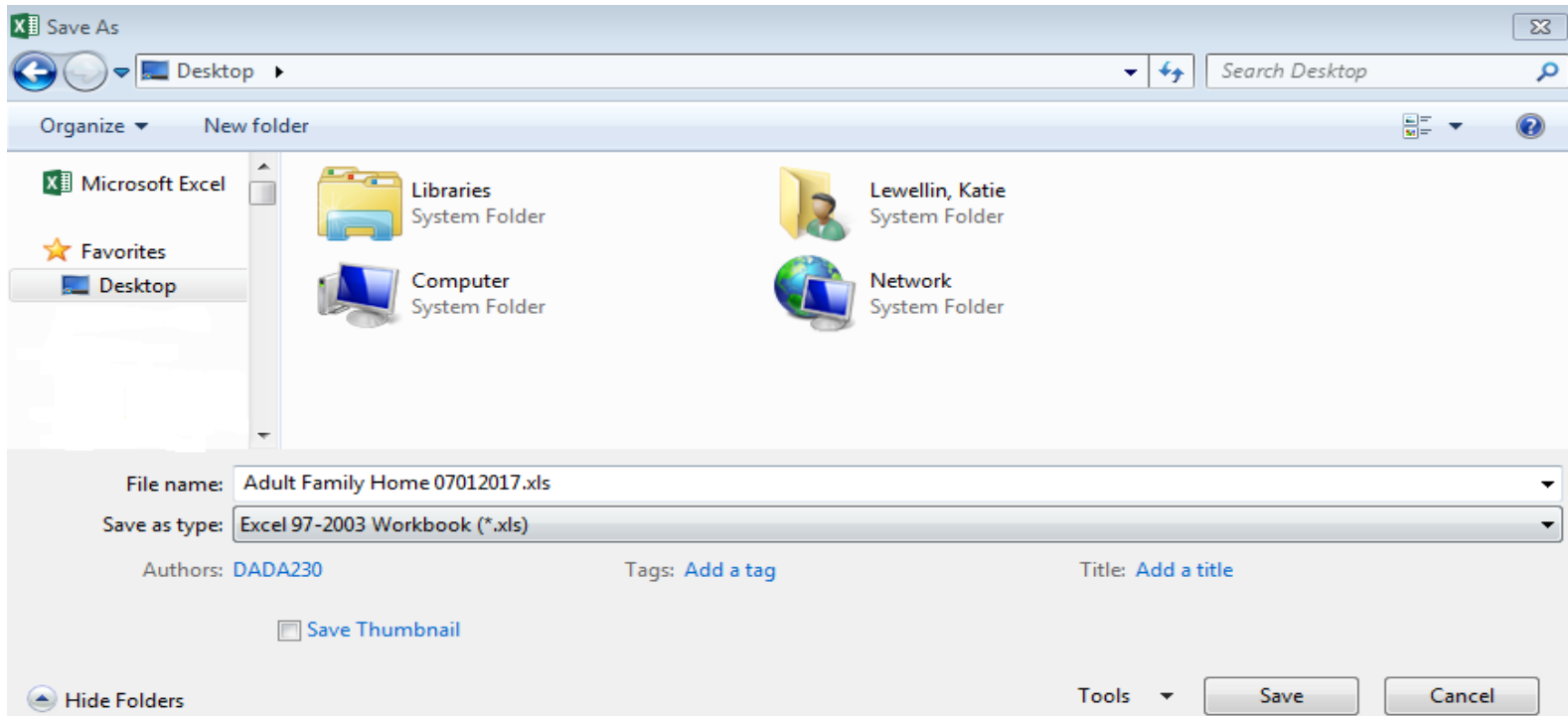
Thanks,

Katie Lewellin

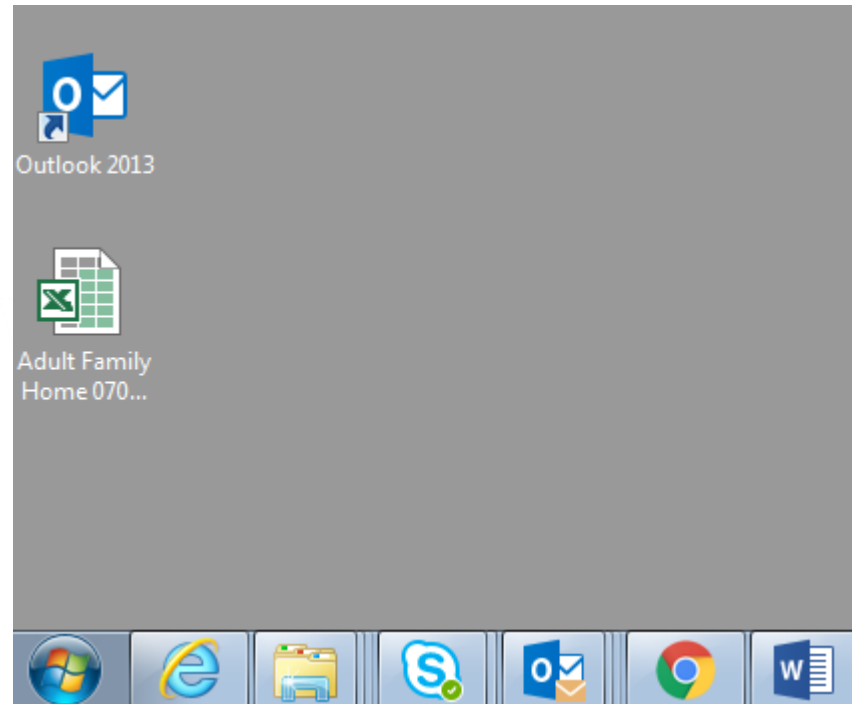
Business Process Analyst, Government Programs

Saving the spreadsheet to your desktop:


- Open the spreadsheet from the email received from WPS
- Click on File -> Save As -> Browse -> Select Desktop
- Change the file name to include the Billing Provider Name and date
- The type must be .xls or .xlsx
- Close the spreadsheet once saved



Locate the spreadsheet on your desktop and double click to open:



Filling out the spreadsheet:

PROVIDER INFORMATION:																							
Provider TAX ID/EIN/ISSN:	123456789			Location # (reserved for WPS):				Group Name or Program Name:	CLI														
Provider Billing NPI #:	1234567890			Pead (reserved for WPS):				Provider Contact	Katie Lewellin														
Servicing or Business Provider Name:	Adult Family Home			Billing or Pay-to Provider Name:	Adult Family Home			Provider Contact Email:	FCWPS@wpsic.com														
Servicing or Business Provider Address:	1717 W Broadway			Billing or Pay-to Provider Address:	1717 W Broadway			Provider Contact Phone:	123-456-7890														
City:	Madison			City:	Madison			Open Text:															
State:	WI			State:	WI																		
Zip Code:	53717			Zip Code:	53717																		
CLAIM DETAIL INFORMATION:																							
Member Information					Authorization #	Date(s) of Service		UB-04 Institutional		HCFA Professional		Primary Diagnosis Code	Modifier				Disclaimer Codes (optional)	Total Units	Total Charges (\$)	Rendering/Attending Provider Information			Account # or Invoice# (optional)
Member ID #	First Name	Last Name	Middle Name or Initial	Date of Birth (MMDDCCYY)		Start Date (MMDDCCYY)	End Date (MMDDCCYY)	Type of Bill	Revenue Code (Service Code)	Place of Service	HCPCS/CPT (Service Code)		1	2	3	4				Last Name	First Name	NPI #	
123456789	John	Doe		01011978	1234	06012017	06302017	0120									30	\$ 800.00					
123456789	John	Doe		01011978	4567	06012017	06302017	0240									30	\$ 100.00					

Once completed, click save and close the spreadsheet

Log into your Move-It account at: <https://secure-edi.wpsic.com/>

The screenshot displays a web browser window with the address bar showing <https://secure-edi.wpsic.com/>. The page header features the WPS Health Solutions logo on the left and a blue 'EDI Gateway' button on the right. The main content area is a light gray box containing a purple padlock icon at the top. Below the icon are two input fields: the first contains the text '27945' and the second contains masked characters. A link labeled 'Request a password change' is positioned below the password field. A prominent green button with the text 'Sign On' is centered below the link. At the bottom of the box is a 'SECURITY NOTICE' section with a scrollable text area that begins with 'This computer system, which includes all related equipment, networks, and network devices (specifically including'.

Select a folder and choosing a file:

Signed onto WPS Health Insurance as KATIE LEWELLIN-SS-TEST (27945). My Account | Sign Out

Welcome to WPS Health Insurance! Remember, your password must be changed every 60 days - or more frequently. Select 'Account Options' to find out how many days before your password expires.

Home

- Home
- Folders
- Packages
- Logs

Search: Find File/Folder [input] [button]

Go To Folder... [dropdown]

Online Manual
Tech Support
Powered by MOVEit

- Browse Files and Folders**

To search for a particular file, enter the file name or file ID in the Find File box on the left side of the page and press the "Find File" button.

[Go To Your Home Folder](#) - [Browse Other Folders](#)
- Upload a File**

Select a folder: / Home / tcll spreadsheet submitters [dropdown]

Choose a file: \\ctx-nasp01\Redirect\$\\000 [input] [Browse...]

Enter any notes: [input]

[Upload]

Choose File to Upload

Desktop [dropdown] [refresh] [Search Desktop]

Organize [dropdown] New folder [button]

Favorites
Desktop

Libraries System Folder	Lewellin, Katie System Folder	Computer System Folder
Network System Folder	SKYNET 4.0.exe Shortcut 1.41 KB	Adult Family Home 07012017.xls Microsoft Excel 97-2003 Worksheet 117 KB
File.csv CSV File 176 MB	FileNet Shortcut 800 bytes	Mainframe - NVASWPS Shortcut 1.18 KB
Microsoft Outlook 2010 Shortcut 2.95 KB	Outlook 2013 Shortcut 2.75 KB	PRV SKYNET ClickOnce Application Reference 400 bytes
WinSQL Shortcut 2.73 KB		

File name: Adult Family Home 07012017.xls [dropdown] All Files (*.*) [dropdown]

[Open] [Cancel]

Check your logs:

Signed onto WPS Health Insurance as KATIE LEWELLIN-SS-TEST (27945). [My Account](#) | [Sign Out](#)

- [Home](#)
- [Folders](#)
- [Packages](#)
- [Logs](#)
-
-
-
- [Online Manual](#)
- [Tech Support](#)

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Logs

- ### Filter Logs...

Display only log entries within this date range:

Start Date/Time: 2017 Jun 5 12:00 AM

End Date/Time: 2017 Jun 5 11:59 PM [All Day](#)

Action: (Any)

User: KATIE LEWELLIN-SS-TEST

File: FileID Contains:

 FileName Contains:

Size: Comparison: (Any) Size (kb):

Folder: FolderPath Contains:

Agent Brand: Contains:

Success/Failure: (Any)

[Apply Filters](#)

Logs

[Customize View](#)
[Edit Filter](#)
[Favorite Filters](#)
[Save Current View To Favorites](#)

Current Filter(s): None

- ### Log Entries

Date and Time	Action	User Full Name	File Name	File ID	Folder Name	IP Address
6/5/2017 2:26:21 PM	View Audit Log	KATIE LEWELLIN-SS-TEST				172.17.255.250
6/5/2017 2:25:07 PM	Upload File (integrity not checked)	KATIE LEWELLIN-SS-TEST	Adult Family Home 07012017.xls	390320356	/Home/!cli spreadsheet submitters	172.17.255.250