# WINASAP2003

*Presenter: Robert Bowman*

*ACS, EDI Gateway*

**Health Care Provider Summit For All DC Medicaid Providers And Their Billing Agents**

**Under the Executive Sponsorship of the Mayor of the District of Columbia, the Honorable Anthony A. Williams. Hosted by Deputy Mayor for Children, Youth, Families, and Elders, Carolyn N. Graham and Interim Senior Director of the Medical Assistance Administration, Wanda Tucker.**

# WINASAP2003

- WINASAP2000 renamed to WINASAP2003
  - WINASAP2003 was designed to support the ANSI X12N transaction syntax
    - Capable of transmitting Professional, Institutional, and Dental claims in the ANSI X12N 837 format
  - Retains the look and feel of WINASAP2000

# WINASAP2003

- Advantages
  - Maintain patient and provider data
  - Quicker claim entry
  - Direct telecommunication interface
  - Field tested
  - Easy to use windows-based environment
  - Free

# WINASAP2003

- Basic Design Functionalities
  - Basic navigation of the WINASAP2000 was retained
  - Reference files look the same
    - Several fields were added that were not supported in the current formats
  - WINASAP2003 has the capability to import the Patient and Provider information
    - Claim information cannot be imported
    - CMS X12N Implementation Guides are used to determine the fields, field names, and the order of data entry

# WINASAP2003

- Situational Fields
  - Over 900 new situational fields are available across the X12N Professional, Dental, and Institutional transactions
  - Two types of situations that activate these fields
    - Programmatic
    - Procedural
  - Once a situation is known by WINASAP2003, it displays the appropriate fields for that situation – both required and optional – in a separate window
    - The data integrity of the situation is always maintained

# WINASAP2003

- Programmatic Situations
  - Those that the application can determine given the data available
    - For example, upon entering the date of birth of a recipient, the calendar age is calculated. If the calendar age is less than twenty-nine days, then the birth weight becomes a required field for this situation

# WINASAP2003

- Procedural Situations
  - Those that are known by the provider, but cannot be determined with the data available
    - For example, if the services on the claim are due to an accident, and you check the accident indicator, then it will trigger other fields to be populated

# WINASAP2003

- Nursing Facility Capability
  - WINASAP2003 supports Nursing Facility claims with the use of X12N 837 Institutional format
    - Users must build a template for each of their patients
    - The template allows for repetitive claim generation

# WINASAP2003

- Report Retrieval
  - WINASAP2003 will be able to retrieve the
    - X12N 997 Functional Acknowledgement
    - X12N 824 Application Advice
    - These transactions will automatically be reconciled with the appropriate claim transmission so that the user may correct the error if applicable and resubmit

# WINASAP2003

- Product Release
  - Product release August 31, 2003
  - ACS EDI Gateway, Inc. has added additional call center staff
  - ACS EDI Gateway will provide a ACS EDI Gateway, Inc. User Manual, Quick Reference, and Quick Tips that will guide the users through the installation, use, and import procedures

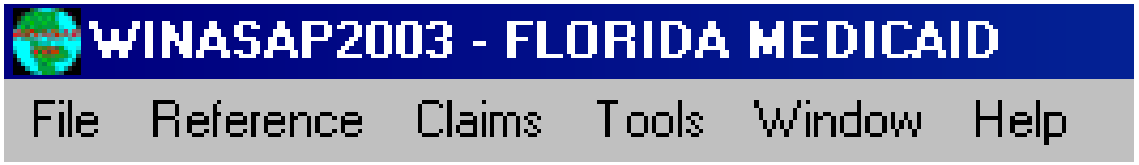
# WINASAP2003

- Training
  - WINASAP2003 training will be held at 1201 Eye Street, Suite 30, Washington, D.C. in the ACS training room
  - If interested please RSVP at (202) 906.8309 or (202) 906.8308
  - WINASAP2003 training begins on September 3 and runs through September 17, Monday through Friday
  - There is a morning session from 9:30 am to 11:30 am and an afternoon session from 2:00 pm to 4:00 pm each day

# WINASAP2003

- Machine Specifications
  - Windows 98 (Second Edition) or higher operating system
  - Pentium or equivalent processor
  - CD-ROM drive
  - 50 megabytes of free disk space
  - 64 megabytes of RAM
  - 2400-baud modem
  - Dial up modem connectivity

# WINASAP2003 Menu




- File - set up submitter data
- Reference - set up patient and provider data
- Claims - select claim type
- Tools - send claims, run reports, and receive response
- Window - arrange windows in WINASAP2003
- Help - access the help file

# WINASAP2003 Menu

- Many new data fields are now included in the claim screens
- Claim status for HIPAA processing information includes
  - Keyed — Claims keyed
  - Hold — Claims keyed and placed on hold
  - Billed — Claims submission confirmed by the host
  - Accepted — Accepted 997 Functional Acknowledgement
  - Error — Rejected 997 Functional Acknowledgement
  - Paid — Paid 835 Remittance Advice
  - Denied — Denied 835 Remittance Advice

# WINASAP2003 Trading Partner

Trading Partner Information

**Trading Partner Identification**

Primary Identification:

Secondary Identification:

**Trading Partner Name**

Entity Type:

Organization Name:

Last Name:

First Name:

Middle Name:

**Additional Contact Information**

Contact Name:

Telephone #: ( ) - Ext.

Fax #: ( ) -

Email:

**Contact Information**

Contact Name:

Telephone #: ( ) - Ext.

FAX #: ( ) -

Email:

**WINASAP2003 Communications**

Host Telephone #:

User ID #:

User Name:

Save Cancel

# WINASAP2003 Provider Data

WINASAP2003 - MISSISSIPPI MEDICAID

File Reference Claims Tools Window Help

Provider List

| Provider ID # | Provider Name | Organization Name | City | St | Provider Telephone # |
|---|---|---|---|---|---|
| 11234567 | | | | | |
| 85212374 | | | | | |
| 98765432 | | | | | |
| 99955500 | | | | | |

Provider Data

Provider Data | Secondary Identification

**Provider Identification**

Provider ID #:

Provider Taxonomy Code:

**Provider Name**

Entity Type:

Organization Name:

Last Name:

First Name:

Middle Name:

Suffix:

**Contact Information**

Contact Name:

Telephone #: [ ] - Ext.

Fax #: [ ] -

Email:

**Provider Address**

Address:

Address (cont'd):

City:

State:

Zip Code: -

**Additional Contact Information**

Contact Name:

Telephone #: [ ] - Ext.

Fax #: [ ] -

Email:

Next Page Save Cancel

Listing 1 of 4

# WINASAP2003 Provider List

WINASAP2003 - MISSISSIPPI MEDICAID

File Reference Claims Tools Window Help

Provider List

| Provider ID # | Provider Name | Organization Name | City | St | Provider Telephone # |
|---|---|---|---|---|---|
| 11234567 | Doe, Jhon | | Tallahassee | FL | (850) 230-0000 |
| 85212374 | Dunwoodiy, Jane E | | Tallahassee | FL | (850) 555-5555 |
| 98765432 | Clements, Antonio | | Tallahassee | FL | (850) 222-2222 |
| 99955500 | Williams, Luvaris | | Tallahassee | FL | 850222222 |

Add Copy Change Inquiry Delete Cancel

Listing 1 of 4

# WINASAP2003 Patient Data

WINASAP2003 - MISSISSIPPI MEDICAID

File Reference Claims Tools Window Help

Patient List

| Patient ID # | Patient Account No | Patient SSN | Patient Name | Sex | Date of Birth | Patient Telephone # |
|---|---|---|---|---|---|---|
| 123456789 | 321654987 | 222-00-2222 | Doe, Jane | F | 4/1/1978 | (850) 333-1111 |
| 987654321 | | | | | | |

Patient Data

Patient Data | Insured's Data | Other Insured's Data

**Patient Identification**

Patient ID #: Patient SSN: - - Patient Account #:

**Patient Name and Demographic Information**

Last Name: Date of Birth: / / Medicare Recipient? ☐

First Name: Date of Death: / / Is Patient Pregnant? ☐

Middle Name/ Initial: Weight:

Suffix: Sex:

**Patient Address Information**

Address: Telephone #: ( ) -

Address (con't):

City:

State: Zip: -

Insurance | Other Insurance | Save | Cancel

Listing 1 of 2

# WINASAP2003 Patient List

WINASAP2003 - MISSISSIPPI MEDICAID

File Reference Claims Tools Window Help

Patient List

| Patient ID # | Patient Account No | Patient SSN | Patient Name | Sex | Date of Birth | Patient Telephone # |
|---|---|---|---|---|---|---|
| 123456789 | 321654987 | 222-00-2222 | Doe, Jane | F | 4/1/1978 | (850) 333-1111 |
| 987654321 | AC55225878 | 000-00-0000 | Clements, Antonio | M | 9/8/1956 | (850) 999-4444 |

Add Copy Change Inquiry Delete Cancel

Listing 1 of 2

Copies a patient to the database

# WINASAP2003 Reference Table

Procedure Code List

Procedure Code Data

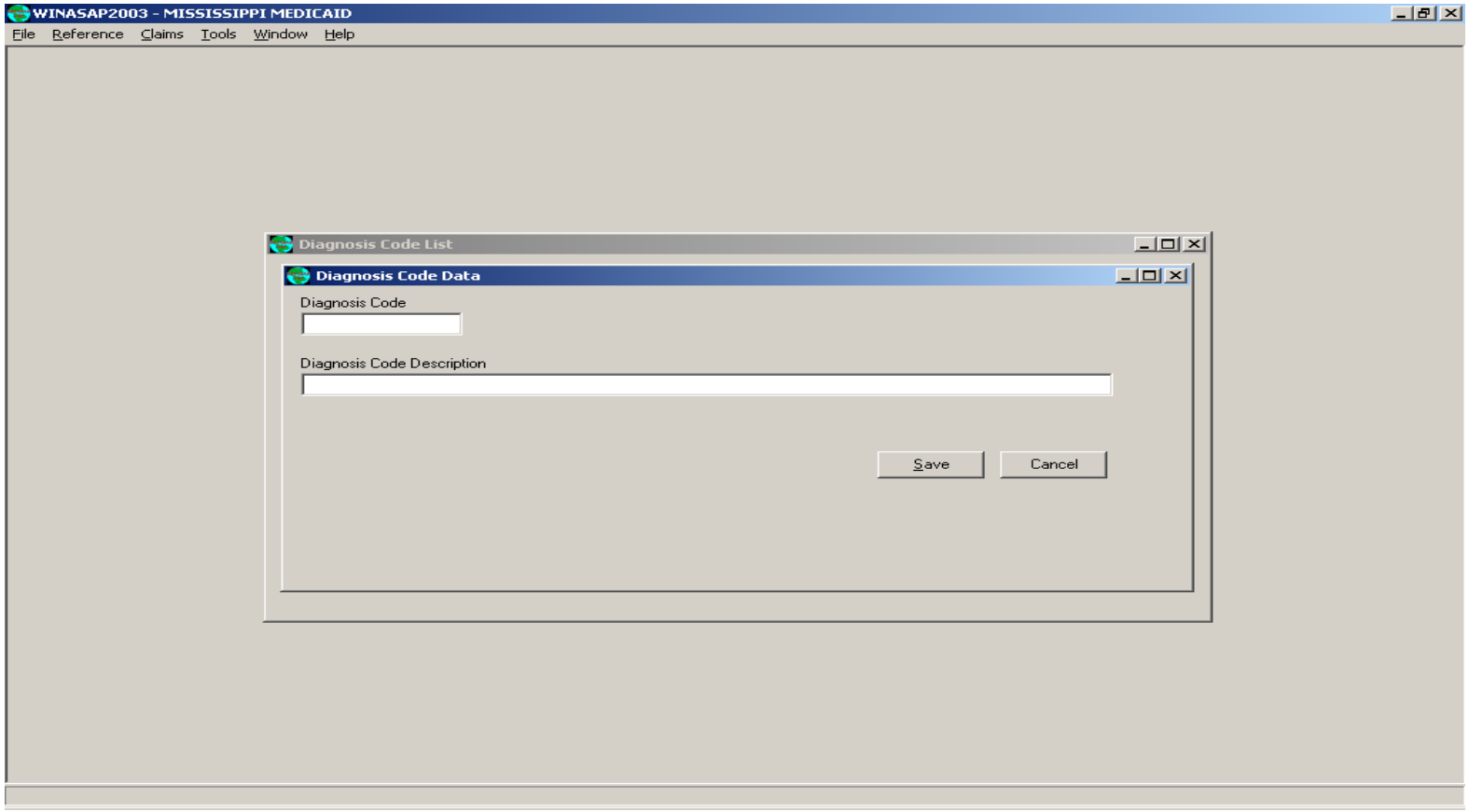
Procedure Code

Procedure Code Description

Procedure Code Charge Amount

Save Cancel

# WINASAP2003 Reference Table



# WINASAP2003 837 Professional

WINASAP2003 - MISSISSIPPI MEDICAID

File Reference Claims Tools Window Help

Professional Claim Data

Claim Data | Claim Codes | Claim Information | Claim Line Items

Bill Date: / / User Batch # User Claim Number: Claim Status: Keyed Encounter Claim?

Patient Information

Patient ID: Patient Account #: **

Last Name: First Name: Middle Name/Initial:

Date of Birth: / / Sex:

Provider Information

Billing Provider ID: Pay-to Provider ID: Signature on File: No Yes

Referring Provider ID 1: Supervising Provider ID: Purchased Service Provider ID:

Referring Provider ID 2: Rendering Provider ID:

Claim Data

Principal Diagnosis:

Other Diagnosis Codes

Place of Service: ** Related Causes Info Claim Frequency Type Code: **

Next Page Save Cancel

# WINASAP2003 837 Professional

WINASAP2003 - MISSISSIPPI MEDICAID

File Reference Claims Tools Window Help

Professional Claim Data

Claim Data | Claim Codes | Claim Information | Claim Line Items

Claim Codes

Medicare Assignment Code:
Release of Information Code:
Patient Signature Source Code:
Special Program Indicator Code:
Delay Reason Code:
Claim Filing Indicator:

Claim Indicators

Participation Agreement Indicator: Non-Participating Provider Submission.
Homebound Indicator: Yes
Assignment of Benefits Indicator: Yes **

Claim Amounts

Total Purchased Service Amount:
Patient Amount Paid:

Claim Numbers

Mammogram Certification Number:
Medical Record Number:
CLIA Number 1:
CLIA Number 2:
CLIA Number 3:
Prior Auth/Referral Qualifier 1:
Prior Auth/Referral Number 1:
Prior Auth/Referral Qualifier 2:
Prior Auth/Referral Number 2:
Other Claim Level Numbers

Next Page | Previous Page | Save | Cancel

# WINASAP2003 837 Professional

WINASAP2003 - MISSISSIPPI MEDICAID

File Reference Claims Tools Window Help

Professional Claim Data

Claim Data | Claim Codes | Claim Information | Claim Line Items

Claim Information

Additional Claim Level Information

| | |
|---|---|
| Miscellaneous Dates | Supplemental Info |
| Contract Info | Ambulance Transport Info |
| Spinal Manipulation Info | Vision Info |
| EPSDT Info | Home Health Info |
| Service Facility Info | Claim Note |
| Other Subscriber Info | |

Next Page | Previous Page | Save | Cancel

# WINASAP2003 837 Professional

WINASAP2003 - MISSISSIPPI MEDICAID

File Reference Claims Tools Window Help

Professional Claim Data

Claim Data | Claim Codes | Claim Information | Claim Line Items

Claim Line Items

Service Date(s) / / / / Service Qual Proc Code Procedure Modifiers Unit Code Units 1

Charges Diagnosis Code Pointers Place of Service

Additional Line Item Information

| | | | | |
|---|---|---|---|---|
| Attachment Info | Contract Info | Miscellaneous Numbers | Medical Equipment Info | Spinal Manipulation Info |
| Drug Information | Test Results | Miscellaneous Indicators | Ambulance Transport Info | Miscellaneous Dates |
| DMERC Condition Info | Home Oxygen Therapy Info | Miscellaneous Amounts | Line Item Notes | Purchased Service Info |
| Health Care Services Info | Service Facility Info | Miscellaneous Providers | Other Payer Info | Line Adjudication Info |

Delete Copy First Previous Next Last

| # | Service Dates To | Service Dates From | Proc Code | Modifiers 1 | Modifiers 2 | Modifiers 3 | Modifiers 4 | Units of Service | Charges |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

Total Claim Charges: **

First Page Previous Page Save Cancel

# WINASAP2003 Send Claims

WINASAP2003 - MISSISSIPPI MEDICAID

File Reference Claims Tools Window Help

Send Claims

Send "KEYED" Claims. (Claims That Have Not Been Billed)

Send "REJECTED" Claims. (Claims That Have Been Billed But Rejected)

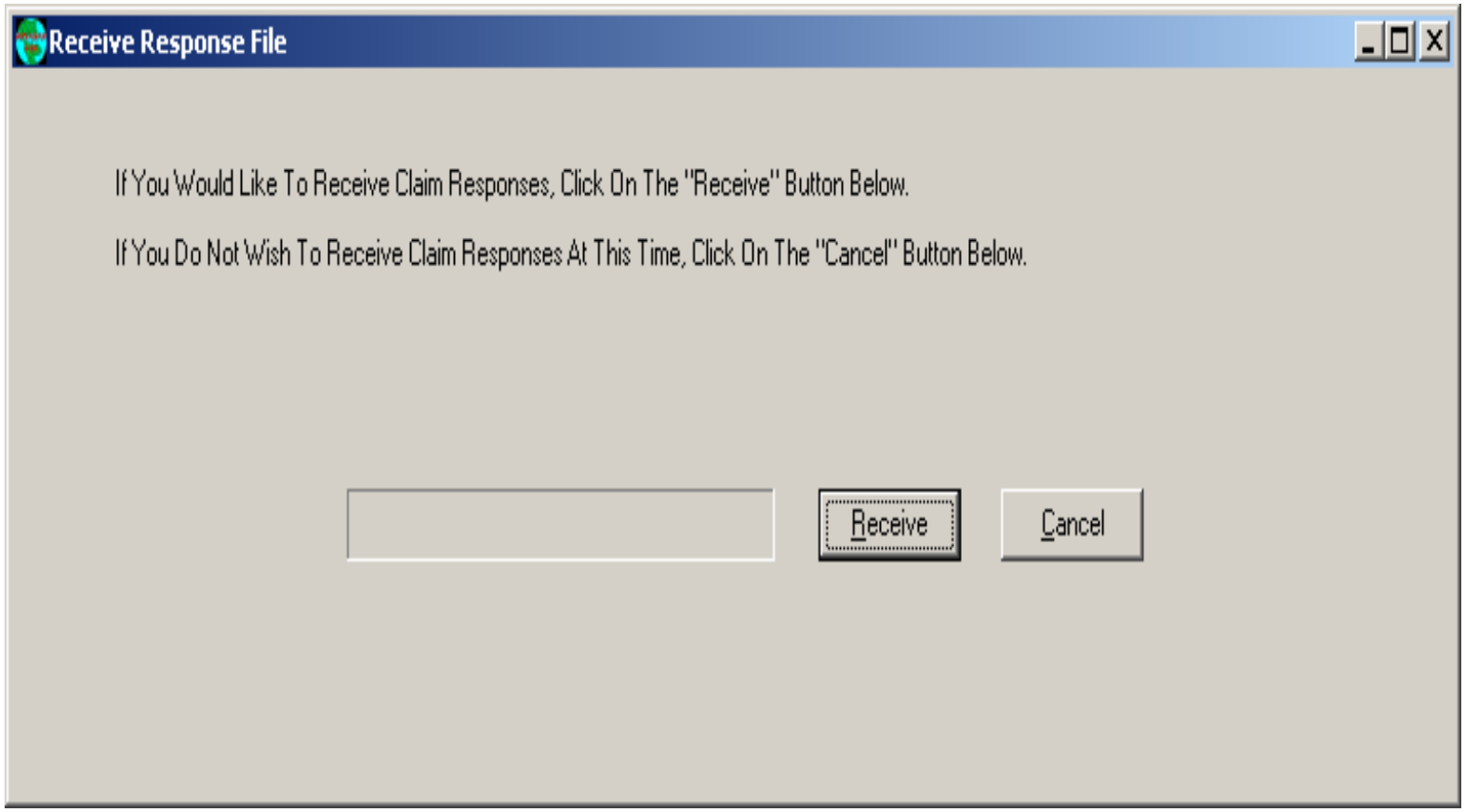
- [x] Professional
- [ ] Institutional
- [ ] Dental

Select by Claim Type

Select All | Deselect All

Send | Cancel

# WINASAP2003 Responses



# WINASAP2003 Report Generation

WINASAP2003 - FLORIDA MEDICAID - [ Report Selection]

File Reference Claims Tools Window Help

SELECT THE DESIRED REPORT

- Claim Status Summary
- Claim Status Listing
- Claim Billing Detail (reprint from the last Transmit process)
- Claim Confirmation Report

SELECT THE CLAIM CONFIRMATION REPORT TO VIEW

SELECT ADDITIONAL REPORT SUB-SETTING CRITERIA FOR CLAIM SUMMARY LISTING

Claim Status

Claim Status:

Date of Service

Date Range

From: / / To: / /

Patient ID

Patient ID #:

Claim Types

- Dental
- Institutional
- Professional

Select All Deselect All

Run Cancel

# WINASAP2003 Claim Status Report

WINASAP2003 - FLORIDA MEDICAID - [Report View]

File Reference Claims Tools Window Help

Report ID: WINASAP-CS

WINASAP2003
Claim Status Summary

Date: 07/01/2003

Time: 04:18 pm

Page: 1

Payer: FLORIDA MEDICAID

| Type of Claim | Keyed | Hold | Billed | Accepted | Rejected | Denied | Paid | Errored | Total |
|---|---|---|---|---|---|---|---|---|---|

*** End of Report ***

Claim Status Summary