

Conduent EDI Solutions, Inc. Electronic Claims Acquisition Services WINASAP5010 Quick Reference Guide Gold Coast Health Plan

This document was developed for the Gold Cost Health Plan provider community. It is intended to provide download and set up instructions for WINASAP5010, a claim creation and submission software program.

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The contents of this manual and the associated WINASAP5010 software are the property of Conduent EDI Solutions, Inc. Any reproduction of the WINASAP5010 software or this manual, in whole or in part, is strictly prohibited. This software may be used only for the submission of healthcare claims to the Program through Conduent EDI Solutions, Inc.

WINASAP5010 Minimum Requirements

To use WINASAP5010, your personal computer must meet the following minimum requirements:

Windows 98 Second Edition, Windows, NT, Windows 2000 (Service pack 3 or higher) and Windows XP Professional Operating Systems. (Window XP Home may cause some issues with installing.) Windows Vista, Windows 7 or Windows 8 operating system Pentium Processor 25 megabytes of free disk space 128 megabytes of RAM Monitor resolutions of 800 x 600 pixels Hayes compatible 9600 baud asynchronous modem Telephone connectivity

Downloading WINASAP5010

Go to https://www.conduent.com/EDI/ Under Solutions choose Claims Gateway Under Claims Gateway choose WINASAP5010 From the Winasap5010 page scroll down and click on (Download the latest version of Winasap5010 and related reference guides) link The link above will take you to the Software Downloads page, click WINASAP5010 Version 1.10. Abox will appear asking whether you want to run or save Winasap5010 Version 1.10.exe from edisolutions.portal.conduent.com? The following options will be available Run, Save, Cancel, click on the arrow next to Save and choose Save as Select where you would like to save the file. In the 'Save In' box select Desktop from the drop down menu, click 'Save'. After the file has completed downloading, you may close your Internet connection.

Double-click the file named Winasap5010_v101P.exe', located on your Windows Desktop, and follow the on-screen installation instructions.

Installing WINASAP5010

The installation and setup of WINASAP5010 is an easy, two-step process:

- 1. Install the WINASAP5010 software on your PC.
- 2. Start WINASAP5010 and set up your Trading Partner and Reference tables.
- 3. When the first Welcome Window displays, click the Continue button.



4. When the second Welcome Window displays, click the Next button.



5. The Software License Agreement window displays next. Read through the agreement and click "yes" to accept the terms of the agreement and continue installing WINASAP5010. If "no" is clicked, the install program will terminate.

Software License Agreement		
Please read the following License Agreement. Press the PAGE DOWN key to see the rest of the agreement.		
WINASAP5010 User License Agreement WHEREAS, Conduent EDI Solutions, Inc. has developed WINASAP5010, an electronic billing software package that enables medical providers to file claims with Conduent EDI Solutions, Inc. (hereinafter WINASAP5010); and WHEREAS, Provider wishes to use & license WINASAP5010 for its business use NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree to as follows:		
non-transferable, non-exclusive license to use WINASAP5010 solely for its own business use in electronically submitting medical claims		
Do you accept all the terms of the preceding License Agreement? If you choose No, Setup will close. To install Winasap5010, you must accept this agreement.		
< Back Yes No		

6. The User Information window will display next. Enter your name and the name of your company. Once this information is entered, click Next.

User Information	
	Please enter your name and the name of the company for whom you work.
	Name: EDI Company: User Company
	< Back Next > Cancel

7. The "Choose Destination Location" window will display. WINASAP5010 indicates where its program files will be installed. Click the Next button.

Choose Destination Location		
	Setup will install Winasap5010 in the following folder. To install to this folder, click Next. To install to a different folder, click Browse and select another folder. You can choose not to install Winasap5010 by clicking Cancel to exit Setup.	
	Destination Folder C:\Program Files\Conduent\W5010 Browse	
	< Back Next > Cancel	

8. The "Start Copying Files" window follows, indicating the current settings you have chosen so far during the installation. Click the Next button.

Start Copying Files	
	Setup has enough information to start copying the program files. If you want to review or change any settings, click Back. If you are satisfied with the settings, click Next to begin copying files. Current Settings: Setup Type: Complete Application Directory: C:Program Files/Conduent/W5010
	Database Directory: C:\Program Files\Conduent\W5010\db User Information: EDI User Company

- Vergegen files (off)gegenene files (off)gegene files
- 9. WINASAP5010 will begin copying its files to your hard drive.

10. If you chose to restart your computer or you did not get the restart window, you will now see the option to Launch the program. If you place a checkmark in this box and click Finish, it will start WINASAP5010. If you chose to launch the program after you clicked Finish, go to Step 14, otherwise go to Step 13.

Setup Complete	
	Setup has finished installing Winasap5010 on your computer. Setup can launch Winasap5010 by choosing the option below and clicking finish.
	☑ Launch Winasap5010
	Click Finish to complete Setup.
	< <u>B</u> ack. Finish

11. Click the Finish button.

12. When WINASAP5010 opens, enter "asap" as the password for the ADMIN user ID, click Ok and then select the payer you will be submitting claims to. This will become the default payer.

Note: If you did not select "Yes, Launch the program file," then follow these steps to open WINASAP5010.

- 13. Click on the Windows Start button and select Programs.
- 14. In the User ID field, select the user name from the drop-down list box. ("ADMIN" is the initial default.)

Winasap5010 L	ogin	×
User ID:	ADMIN	•
Password:		
<u>0</u> K	Cancel	

- 15. In the Password field, enter your password. ("asap" is the initial default for the "ADMIN" USER ID.
- 16. Click on the OK button.
- 17. The Select Payer drop-down box will appear. Select the payer you will be submitting claims to. Once you make this selection, it will become your default payer. You will not need to choose it each time. Click on the OK button.

👸 Open Pay	er	
Select Payer:	You must select the appropriate Payer from the Payer list.	<u>D</u> K <u>C</u> ancel
		Show Payer Edits

18. The WINASAP5010 Desktop with the Main Menu Bar will display.

You are now ready to begin updating reference tables or entering claims.

Note: WINASAP5010 has a default user ID of "ADMIN" and password of "asap". If you want to use the default user ID, you may. However, if you want to establish different security levels for different users you may do so by following the procedures in the user manual.

Setting Up Trading Partner Information

WINASAP5010 uses the information you enter in the Trading Partner Information window to uniquely identify your claim data and to provide Conduent EDI Claims Clearinghouse with the information necessary toauthorize and accept your claim transmissions.

Note: The Trading Partner Information screen must be completed before you can successfully submit claims – This is a required step! In the event that your name, address, telephone numbers, or identification numbers change, you can perform these procedures again to update your Trading Partner data.

- 1. From the WINASAP5010 Main Menu bar, select the File option.
- 2. Select the Trading Partner option. (This will open the Trading Partner window.)

Trading Partner Information	
	Secondary Identification: Contact Information Contact Name: Telephone #: () • FAX #: () • Email:
Additional Contact Information Contact Name: Telephone #: () • Fax #: () •	WINASAP5010 Communications Host Telephone #: User ID #: User Name:
Email:	Save Cancel

3. In the Trading Partner Identification section, complete the following field:

Primary Identification field, enter your 5- or 6-digit Trading Partner ID number assigned to you by EDI and press <TAB>. (This is a required field.) Secondary Identification field, enter your 5- or 6-digit Trading Partner ID number assigned to you by EDI and press <TAB>. (This is a required field.

4. In the Trading Partner Name section, complete the following fields:

Setting Up Trading Partner Information

Entity Type. Select the appropriate choice from the drop-down list box. (This is a required field) Organization Name (if non-person entity selected) or Last Name/First Name (if person selected). (This is a required field.)

- 5. In the Contact Information section, complete the following fields:
 - Contact Name Telephone # Fax # Email
- 6. In the Additional Contact Information section complete the following fields:
 - Contact Name Telephone # Fax # Email

7. In the WINASAP5010 Communications section complete the following fields:

In the Host Telephone #. field, enter the EDI data telephone number as follows: 18003342832. If you must dial 9 to access an outside line, enter the telephone number as: 9,18003342832. (The comma causes a one-second pause.) You <u>MUST</u> enter the comma between the 9 and the first digit of the telephone number. If your phone line has the call-Waiting feature, disable it. (Refer to your local telephone book for instructions.) The following is an example of a number with call-waiting disabled: *70,9,18003342832

NOTE: Please refer to your logon sheet for your specific submission phone number.

If your office has a long-distance access code and you are unsure where to enter that number in this field, please call the EDI Support Unit.

In the User ID# field, enter your 9-digit user ID and press <TAB>. In the User Name field, enter your User Name exactly as it appears on your logon form.

8. Click on the Save button to record/update your Trading Partner data.

Setting up Reference Tables

Although some reference tables are optional, they allow you to key claims faster. Information from the reference tables is used by the system to automatically fill claim fields or to create drop-down list boxes to help you select data field values.

In the following section, you will find an example of setting up a reference table for Provider Data and Patient Data, both of which are required.

Setting up Provider Data

- 1. From the WINASAP5010 Main Menu bar, select the Reference option.
- 2. Select the Provider option. (This will open the Provider List window.)
- 3. Click on the Add button. (This will open the Provider Data window.) You must select the HCFA National Provider ID. Note: You will now enter your EIN or SSN on this tab.

rovider Identification	
NPI Number:	
rovider Taxonomy Code:	
rovider Name	Provider Address
Entity Type:	Address:
Organization Name:	Address (cont'd)
Last Name:	City:
First Name:	State:
Middle Name:	Zip Code: Billing and Service Facility
Suffix	Provider Zip MUST be 3 algi
	ID Type:
ontact Information	Additional Employer's ID Number
	Social Security Number
Telephone #: () · Ext.	Telephone #: (() · Ext.)
Fax #: () ·	Fax #: [() ·
Email	Email

4. In the Provider Address section complete the following fields:

Address. Enter the provider's physical address and press <TAB> Address con't

City. Enter the name of the city in which the provider's practice is located and press <TAB> State. Use the drop-down list box to select the state in which the provider is located and press <TAB

Zip Code. Enter the postal zip code for the provider's office address and press <TAB>

5. In the Contact Information, section complete the following fields:

Contact Name Telephone # Fax # Email

- 6. In the Additional Contact Information, section complete the following fields:
 - Contact Name Telephone # Fax # Email

7.	Click the Next Page button to enter Secondary Information.
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WINASAP5010 - GOLD COAST HEALTH PLAN	
File Reference Claims Tools Window Help	
🖻 P 🚼 Provider Data	
ID Ty Provider Data Secondary Identification	
Identification Type: Provider Commercial Number	Identification Type:
Identification Type: Provider UPIN Number	Identification Type:
Identification Type: Identification Number: Payer ID #:	Identification Type:
Identification Type: Identification Number: Payer ID #:	
Listir	Prev Page <u>S</u> ave Cancel

8. ClickontheSavebutton.

Setting up Patient Data

- 1. From the WINASAP5010 Main Menu bar, select the Reference option.
- 2. Select the Patient option. (This will open the Patient List window.)
- 3. Click on the Add button. (This will open the Patient Data window.) Enter the 9 byte Recipient ID of the patient on the Patient ID field. Note: The GCHP ID is 8 numerics + 1 alpha character. This is required.

👷 WINASAP5010 - GOLD COAST HEALTH PLAN
File Reference Claims Tools Window Help
Patient List
Patient ID # Sex Patient Name Date of Birth Property and Casualty Info Tel #
🚬 Patient Data
Patient Data Insured's Data
Patient Identification
Patient ID #
Patient Name and Demographic Information
Last Name: Date of Birth: / / I Medicare Recipient?
First Name: Date of Death: / /
Middle Name/ Weight.
Suffix Sex
Property and Casualty Information
Contact Telephone #: [] · Ext. Property and Casualty Claim #:
Property and Casualty Patient Code: Property and Casualty Patient
Patient Address Information
Address: Address (con't):
State: Zo:
Insurance Save Cancel
Listing 0 of 0

4. Click the Next Page button to enter Insurance Information. Choose Self under the Insured Information. Choose Primary under the Payer Responsibility Sequence Code.

Reatier	nt List	
Patient ID	# Sex Patient Account No Patient Name	Date of Birth Property and Casualty Info Tel #
	Stient Data	
	Patient Data Insured's Data	
	Insured's Information	
	Patient ID #:	Insured's SSN:
	Patient Relationship	▼ Insured's Primary ID:
	Entitu Tupe:	Insured's Group or Plan Name
	Organization Name:	Insured's Group or Police #
	Last Name:	Insured's Address:
	First Name:	
	Middle Name/	Insurad's City
	Initia:	Insured's City.
	Date of Birth: 77 Sex:	
	Property and Casualty Information	Figure Property and Casual
1	Name : 1	Claim #:
	Payer Information	
	Payer Name: GULD CUAST HEALTH PLAN	Payer Primary ID: 77160
	Payer Address:	Sequence Code:
	Address (cont):	Insurance Type:
	State:	Payer Secondary ID
	5 tato, 2 z.p.	
		Patient Data Save Cancel

5. Clickonthe Save button.

Quick Tips for Using WINASAP5010

Make sure you enter all providers and patients that you are submitting claims for in the Reference Section of the software first, completing all the information (including the address).

Use the Tab key or the Enter key to advance to the next field when you are filling in any screen (Reference or Claims).

Do not use decimals or add extra zeros to procedure or diagnosis codes.

The F5 key is a "quick key" for adding the current date in all date fields.

For faster data entry, go to the Reference Menu first (located in the upper left corner) and fill out your applicable codes commonly used in your claims submission. Example:

If you use the same group of procedure codes repeatedly, enter the codes into the Procedure Code Reference Screen and use the drop-down menu on the claim form to select the code instead of data keying. You can also use this process for other reference information, such as patient data, diagnosis codes, etc.

Dates earlier than 1960 (1959 and before) must be entered in MMDDCCYY format (e.g., November 18, 1945 = 11181945). If not, WINASAP5010 will interpret the two-digit date as being 2045, vs. 1945.

To quickly select the appropriate date in a date field, click the calendar button then double-click the appropriate date. If you no longer want to select a date press the spacebar to exit the calendar window pop-up.

Free technical support is available from the EDI Support Unit at 1-800-952-0495.

Professional and Institutional Claim Types

This section will identify specific screen shots by transaction type found in WINASAP5010. Note: All field names that are underlined are required at minimum.

Professional Claim (HCFA1500)

😢 WINASAP5010 - GOLD COAST HEALTH PLAN	
File Reference Claims Tools Window Help	
😴 Professional Claim Data	
Claim Data Claim Codes Claim Information Claim Line Items	
Bill Date: 77 III User Batch # User Claim Number:	r: Claim Status Keyed Claim or Encounter Chargeable
Patient Information	
Patient ID: Patient Account #:	t. Date of Birth: // Sex:
Last Name: First Name:	x Middle Name/Initial:
Provider Information	
Billing Provider:	s: Rendering Provider:
Referring Provider 1:	Referring Provider 2:
Supervising Provider	TayID
Claim Data Health Care Diagnosis Codes	Anesthesia Related Procedure Condition Information
Diagnosis	Anesthesia Related Procedure Code 1: Condition Code 1:
Principal	
Diagnosis:	Anesthesia Related
Other Diagnosis Codes	T
Place of Service	
Type Code:	
	Next Page Save Cancel
۲ ۲	

Professional Claim Data Tab 1

Professional Claim Codes Tab 2

Medicare Assignment Lode:	
Release of Information Code:	<u>•</u>
Patient Signature Source Code:	<u> </u>
Special Program Indicator Code:	× .
Delay Reason Code:	
Claim Filing Indicator:	•
m Indicators	Claim Amounts
tehts Assignment Lertification Indicator:	Patient Amount Paid:
m Numbers	
m Numbers	Referral Number :
m Numbers mmogram Certification Number: Medical Record Number:	Referral Number : Prior Authorization :

Professional Claim Information Tab 3

😽 Professional Claim	Data			
Claim Data Claim Codes	Claim Information	Claim Line Items		
Claim Information				
- A. J. D'	01. i	1°		
Additional	Liaim Level Informa	ation		
	Ambular	nce Transport Info	Other Subscriber Info	
		Claim Note	Spinal Manipulation Info	
	Claim Price	/Reprice Information	Supplemental Info	
	C	ontract Info	Related Causes Info	
	E	PSDT Info	Service Facility Info	
		File Info	Vision Info	
	Misce	ellaneous Dates	·	

ProfessionalClaimLineItemsTab4

ace of Service Line Item Descripition ipment Info Miscellaneous Providers us Amounts Purchased Service Info icous Dates Service Facility Info us Indicators Supplemental Info us Numbers T est Results		Service Date(s)		<u>Service</u>	Qual		Proc.	Code	Procedure M	odifiers	Unit Co	<u>ode</u>	Units 1
e item uipment Info Miscellaneous Providers us Amounts Purchased Service Info rous Dates Service Facility Info us Indicators Supplemental Info us Numbers Test Results	<u>_</u>	Left Charges Diagr	osis Code	Pointers		-	F	Place of Service			Line It	em Descri	pition
uipment Info Miscellaneous Providers uis Amounts Purchased Service Info ous Dates Service Facility Info us Indicators Supplemental Info us Numbers Test Results				1 1			111.4			-			
uipment Info Miscellaneous Providers us Amounts Purchased Service Info sous Dates Service Facility Info us Indicators Supplemental Info us Numbers Test Results	Helitic	onal Line Item Informati	on				8001						
sus Amounts Purchased Service Info eous Dates Service Facility Info us Indicators Supplemental Info us Numbers Test Results		Attachment Info		File Info		M	edical E	quipment Info	Miscellaneo	us Providers	1		
eous Dates Service Facility Info us Indicators Supplemental Info us Numbers Test Results	umbu	ulance Transport Info	0	Form ID Info		M	iscellane	eous Amounts	Purchased !	Service Info			
us Indicators Supplemental Info ius Numbers Test Results		Contract Info	Line	Adjudication	Info		Miscellar	neous Diates	Service F	acility Info			
nus Numbers Test Results	DM	ERC Condition Info	Li	ne Item Note	s.	Mi	iscellane	ous Indicators	Supplem	ental Info			
	[Drug Information	Line F	rice/Reprice	Info	M	iscellane	eous Numbers	Test P	esults			
Delete Copy First Previous Next Last								Delete	Сору	First	Previous	<u>N</u> ext	Last
Units of Service Charges	f –	Service Dates From	Го	Proc Code	1	Mod 2	lifiers 3 4	Units of Service	Charges				
										^			
											T	otal Claim	Charges:
Total Claim Charges:													
Total Claim Charges:													
Delete Copy Units of Service Charges	:	Service Dates	Γο	Proc Code	1	Mod 2	ifiers 34	Delete Units of Service	Copy Charges		First	First Previous	First Previous Next
										<u>^</u>			
											1	otal Claim	Charges:
												otal Claim	Charges:
Total Claim Charges:		<u>%</u>				_		2	l				
Total Claim Charges;													
Total Claim Charges:										~			

Institutional Claim (UB92)

Institutional Claim Data Tab 1

😴 Institutional Claim Data
Claim Data Claim Codes Claim Line Items
Bill Date: 77 III User Batch #: Claim Number: Claim Status: Keyed Transaction
Patient Information
Patient ID: Patient Account #: Date of Birth: / / Sex:
Last Name: Middle Name/Initial:
Provider Information
Billing Provider: Pay-to Address: Service Facility Location:
Taxonomy Code
Attending Provider: Taxonomy Code Operating Physician: Other Operating Physician:
Rendering Provider: Pay To Plan:
Claim Data
Admission Discharge Statement Coverage Period Date: / / Image / / Image Min: Ivpe: SRC: SRC:
Referral #: Prior Authorization #: Type of Bill:
Auto Accident State: Medical Record #: Pepricer Received 7.7

Institutional ClaimCodesTab2

Claim Data Claim Line Items Principal Procedure Principal Procedure Code Date: Diagnosis Principal Diagnosis Code Code: Admitting Admitting Diagnosis Codes Present on Admitting Admitting Diagnosis Code Information Code: Additional Claim Codes Information Code: Additional Claim Codes Information Code: Claim Filing Indicator Code: Information Code: Claim Filing Indicator Code: Information Code: Patient Reason for Visit Codes External Cause of Injury Codes Occurrence Span Codes Value Codes Condition Codes Treatment Codes Claim Pricing / Repricing Info Additional Claim Information Supplemental Info Contract In	Institutional Claim Data			
Procedure Codes Principal Procedure Code Principal Procedure Code Principal Procedure Code Date: Date: Date: Diagnosis Code Date: Diagnosis Diagnosis Code Principal Diagnosis Present on Admission Indicator. Dither Diagnosis Codes Code: Admitting Diagnosis Code Admission Indicator. Admitting Diagnosis Code Admitting Diagnosis Code Admission Indicator. Admitting Diagnosis Code Admitting Delay Reason Code Assignment of Benefits Indicator. Patient Reason for Visit Codes External Cause of Injury Codes Docurrence Span Codes Claim Principal Pricipal Pricipa	Claim Data Claim Codes Claim Line Items			
Principal Procedure Principal Procedure<	Procedure Codes			
Diagnosis Codes Principal Diagnosis Other Diagnosis Codes Admitting Code: Admitting Diagnosis Code Admitting Image: Code: Additional Claim Codes Admitting Image: Code: Additional Claim Codes Image: Code: Image: Code: Additional Claim Codes Image: Code: Image: Code: Additional Claim Code: Image: Code: Image: Code: Patient Reason for Visit Codes Image: Codes: Image: Code: Patient Reason for Visit Codes External Cause of Information Codes: Additional Claim Information Codes: Image: Codes: Image: Codes: Patient Reason for Visit Codes External Cause of Injury Codes Image: Codes: Image: Codes: Value Codes Condition Codes: Image: Codes: Image: Codes: Image: Codes: Additional Claim Information Image: Codes: Image: Codes: Image: Codes: Image: Codes: Patient Responsibility Claim Notes Billing Notes: Image: Codes: Image: Codes: Patient Responsibility Claim Notes Billing Notes: Image: Codes: Image: Codes: Image: Codes: <td>Principal Procedure Code Qualifier:</td> <td>Principal Procedure</td> <td>Principal Procedure 77</td> <td>Other Procedure Codes</td>	Principal Procedure Code Qualifier:	Principal Procedure	Principal Procedure 77	Other Procedure Codes
Principal Diagnosis Principal Diagnosis Present on Admission Indicator. Other Diagnosis Codes Admitting Diagnosis Code Admitting Diagnosis Code: Other Diagnosis Code Additional Claim Codes Admitting Diagnosis Code: Image: Code Code: Image: Code: Additional Claim Codes Image: Code: Image: Code: Image: Code: Image: Code: Additional Claim Codes Image: Code: Image: Co	Diagnosis Codes			
Admitting Diagnosis Code Admitting Diagnosis Code: Additional Claim Codes Assignment or Plan Participation Code: Image: Constraint of Code: Release of Information Code: Image: Code Delay Reason Code: Image: Code: Claim Filing Indicator Code: Image: Code: Assignment of Benefits Indicator: Image: DRG Code: Patient Reason for Visit Codes External Cause of Injury Codes Occurrence Span Codes Value Codes Condition Codes Treatment Codes Occurrence Codes Additional Claim Information Claim Notes Billing Notes Other Subscriber Info Other Reference Info Amount: Claim Notes Billing Notes Other Subscriber Info EPSD TInfo	Principal Diagnosis Code Qualifier:	Principal Diagnosis Code:	Present on Admission Indicator:	Other Diagnosis Codes
Additional Claim Codes Assignment or Plan Participation Code: Release of Information Code: Delay Reason Code: Claim Filing Indicator Code: Assignment of Benefits Indicator: Patient Reason for Visit Codes External Cause of Injury Codes Occurrence Span Codes Value Codes Condition Codes Treatment Codes Occurrence Codes Claim Information Patient Responsibility Claim Notes Billing Notes Other Subscriber Info Other Reference Info Amount: Supplemental Info Contract Info File Info EPSDTInfo	Admitting Diagnosis Code Qualifier:	Admitting Diagnosis Code:	*	
Assignment or Plan Participation Code; Image: Constraint of Code; Release of Information Code; Image: Code; Delay Reason Code; Image: Code; Claim Filing Indicator Code; Image: Code; Assignment of Benefits Indicator; Image: Code; Patient Reason for Visit Codes External Cause of Injury Codes Value Codes Condition Codes Value Codes Condition Codes Additional Claim Information Patient Responsibility Claim Notes Billing Notes Other Subscriber Info Amount: Supplemental Info Contract Info File Info	Additional Claim Codes			
Release of Information Code; Image: Claim Filing Indicator Code; Claim Filing Indicator Code; Image: Claim Filing Indicator Code; Assignment of Benefits Indicator; Image: DRG Code; Patient Reason for Visit Codes External Cause of Injury Codes Occurrence Span Codes Value Codes Condition Codes Treatment Codes Claim Pricing / Repricing Info Additional Claim Information Patient Responsibility Claim Notes Billing Notes Other Subscriber Info Other Reference Info Amount: Supplemental Info Contract Info File Info EPSDTInfo	Assignment or Plan Participation Code:			
Delay Reason Code: Image: Claim Filing Indicator Code: Claim Filing Indicator Code: Image: Claim Filing Indicator Code: Assignment of Benefits Indicator: Image: Claim Code: Patient Reason for Visit Codes External Cause of Injury Codes Occurrence Span Codes Value Codes Condition Codes Treatment Codes Occurrence Codes Value Codes Condition Codes Treatment Codes Claim Pricing / Repricing Info Additional Claim Information Etairn Notes Billing Notes Other Subscriber Info Other Reference Info Amount: Supplemental Info Contract Info File Info EPSDTInfo	Release of Information Code:			
Claim Filing Indicator Code; Image: Claim Filing Indicator Code; Assignment of Benefits Indicator; Image: DRG Code; Patient Reason for Visit Codes External Cause of Injury Codes Doccurrence Span Codes Occurrence Codes Value Codes Condition Codes Treatment Codes Occurrence Codes Additional Claim Information Patient Responsibility Claim Notes Billing Notes Other Subscriber Info Other Reference Info Amount: Supplemental Info Contract Info File Info EPSDTInfo	Delay Reason Code:			•
Assignment of Benefits Indicator: Image: Condition Codes DRG Code: Patient Reason for Visit Codes External Cause of Injury Codes Occurrence Span Codes Occurrence Codes Value Codes Condition Codes Treatment Codes Claim Pricing / Repricing Info Additional Claim Information Patient Responsibility Claim Notes Billing Notes Other Subscriber Info Other Reference Info Amount: Supplemental Info Contract Info File Info EPSDTInfo	Claim Filing Indicator Code:			•
Patient Reason for Visit Codes External Cause of Injury Codes Occurrence Span Codes Occurrence Codes Value Codes Condition Codes Treatment Codes Claim Pricing / Repricing Info Additional Claim Information Patient Responsibility Claim Notes Billing Notes Other Subscriber Info Other Reference Info Amount: Supplemental Info Contract Info File Info EPSDTInfo	Assignment of B	enefits Indicator:	DRG Code:	
Value Codes Condition Codes Treatment Codes Claim Pricing / Repricing Info Additional Claim Information Patient Responsibility Claim Notes Billing Notes Other Subscriber Info Other Reference Info Amount: Supplemental Info Contract Info File Info EPSDTInfo	Patient Reason for Visit Codes	External Cause of Injury Codes	Occurrence Span Codes	Occurrence Codes
Additional Claim Information Patient Responsibility Claim Notes Billing Notes Other Subscriber Info Other Reference Info Amount: Supplemental Info Contract Info File Info EPSDTInfo	Value Codes	Condition Codes	Treatment Codes	Claim Pricing / Repricing Info
Patient Responsibility Claim Notes Billing Notes Other Subscriber Info Other Reference Info Amount: Supplemental Info Contract Info File Info EPSDTInfo	Additional Claim Information			
Amount: Supplemental Info Contract Info File Info EPSDTInfo	Patient Responsibility	Claim Notes	Billing Notes Other Subsc	criber Info Other Reference Info
	Amount:	Supplemental Info	Contract Info File Ir	nfo EPSDTInfo
	F			

 $WINASAP5010\,Quick\,Reference\,for\,Guide\,Gold\,Coast\,Health\,Plan$

Institutional Claim Line Items Tab 3

👻 Institutional Claim Data 👘			
Claim Data Claim Codes Claim Lin	e Items		
Claim Line Items			
Service Line Revenue Code ID Qual	iervice Procedure ifier: Code:	Procedure Modifiers:	Description: 1
Line Item Charge Unit or Ba Amount: Measureme	<u>isis for Service Units</u> Non- int Code: <u>Count:</u> Charg	Covered ge Amount: Service Date(s) /
Line Item Repriced Control#: Item Re	ILine Adjusted Repriced ef # Line Item Ref #:	Service Tax Facility T Amount: Amount	ax t
Operating Physician:	ther Operating Rende Physician:	ring Provider: Referring Provid	der:
Additional Line Item Information	Paperwork	Adjudication Inform	nation Line Pricing / Repricing Info
		<u>D</u> elete C <u>o</u> py	First Previous Next Last
# Service Dates From To	Revenue HCPCS Mo Code Code 1 2	odifiers <u>Service Units Charge</u> 3 4 <u>Count</u> <u>Amount</u>	
1			Total Claim Charges:
2			
3			
4			
5			

Transmitting Claims/Receiving Responses

This section details two options to send claims electronically once they have been keyed. The first option is to use WINASAP5010 to send your claims to Conduent EDI using a asynchronous (dial-up) modem and the second option is submitting your batch claims file generated by WINASAP5010 to the EDI DIRECT website.

Option 1: WINASAP

This option provides instructions to submit your WINASAP claims via asynchronously (dial-up; requires a phone line and dial-up modem).

1. Select Tools/Send Claim File



2. Then select Send Keyed Claims, choose production and click Send.



3. The following dialogue box "System Message" will appear. Click Ok, if the number of claims is correct.

Submission Claim Status Selection	
Send "KEYED" Claims. (Clai	ims That Have Not Been Billed)
C Send "REJECTED" Claims. (Cla	ims That Have Been Billed But Rejected)
C Seria Ennoned Clains, (Clai	ins that have been billed but choledj
Submission Type Selection	
System Message	C Production
1 claims will be generated.	
Do you wish to proceed?	
	C Select by Claim Type
	PLEASE NOTE: Nursing Facility Claims will be generated by
6 0	selecting Institutional.
	Test Submission
1	Select All Deselect All

- 4. WINASAP5010 will generate the claims and then dial the modern to send them. You will see a confirmation report appear. NOTE: WINASAP5010 stores the last 50 confirmation reports in the reports section.
- 5. After at least 2 hours go back into WINASAP5010 and receive your response file. This will let you know if the file was accepted or rejected.

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File	Reference	Claims	Tools	Window Help
			Sen	d Claim File
			Rec	eive Response File
			Buil	d Nursing Facility Claims
			Rep	orts
			Bac	kup Database
			Res	tore Database
			Rep	air Claim Provider Data
			Upo	late Reference Files
			Pur	ge Claims
			Sec	urity

6. Select Tools/Receive Response File

7. Click Receive

R	ceive Response File	
	If You Would Like To Receive Claim Responses, Click On The "Receive" Button Below.	
	If You Do Not Wish To Receive Claim Responses At This Time, Click On The "Cancel" Button Below.	
	<u>Receive</u> <u>Cancel</u>	

8. You will not actually see the file, but it will change the status of your claims to either accepted or rejected. If they are rejected, contact the EDI Support Unit for assistance.

Option 2: EDI Direct

Requires Technical Knowledge to use option two

This option allows you to submit your WINASAP generated claims file (.bil) via the web using EDI Direct.

1. Select Tools/Send Claim File

es I	VINASAP 50	010 - G	OLD C	OAST HE	ALTH PLAN	J
File	Reference	Claims	Tools	Window	Help	
			Sen	id Claim File	9	
			Rec	eive Respo	onse File	
			Buil	d Nursing F	acility Claims	
			Rep	oorts		
			Bac	kup Datab	ase	
			Res	tore Datab	ase	
			Rep	bair Claim P	rovider Data	
			Upo	late Refere	ence Files	•
			Pur	ge Claims		
			Sec	urity		

2. Then select Send Keyed Claims, choose production and click Send.

Submission Claim Status Selectio Send "KEYED" Claims	n (Claims That Have Not Been Billed)
C Send "REJECTED" Claims.	(Claims That Have Been Billed But Rejected)
C Send "ERRORED" Claims.	(Claims That Have Been Billed But Errored)
Submission Type Selection	
🖸 Test	C Production
	selecting Institutional.
	Select All Deselect All
	Send Cancel

3. The following dialog box will appear, click Ok, if the number of claims is correct.

 Image: Send "KEYED" Claims. (Claims The Control of t	at Have Not Been Billed) Iat Have Been Billed But Rejected) at Have Been Billed But Errored)
Submission Tune Selection System Message	C Production
1 claims will be generated. Do you wish to proceed?	C Select by Claim Type PLEASE NOTE: Nursing Facility Claims will be generated by selecting Institutional.
	Test Submission

- Next, WINASAP5010 will generate the claims file. After you have generated your file, go to C:\Program Files\Conduent\W5010\db\77160 and save the .bil file to your desktop (NOTE: create a file name you will remember).
- Then go to our EDI Direct website at <u>https://edicommercial.portal.conduent.com/edidirect/_login.do</u> and loginusing your assignedlogonID and password.



6. From "File Exchange" click "Send File"

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File	Edit	View Favorites	Tools	Help							
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						Ser	nd File				
						Retri	eve File				
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7. Selectbrowse and upload file. Please note: This will be the file you saved on your desk top.

		Welcome, WINASAP TE	ST 2003, to e
	Send File]
	To Send a file, cli will open a window navigate to where Select it and then appear in the Ser with your selection	ck the Browse button on the form below. It w in your browser, that will allow you to a the file is located on your computer. I press the open button. The file will then ad File box below. When you are satisfied n, press the Submit.	
1	Select a File	Browse Submit	
	**You can send a plain text, zip, ca	a X12 file in any of the following formats - b, gzip.	

8. Wait at least 15 minutes and go back to the home screen and retrieve your Confirmation Report.

	Welco	me	e, WINAS.			
Retrieve Files						
available for download, please select a document type docum ments". To download a specific file click the "Download" buttor the document to your local storage.						
	Select a Document Type					
	Select a Document Type Allstate Insurance 997 Archive BrickStreet 824 Error Report BrickStreet 997	^				
	Confirmation Reports					
6 EDI Gatewa	DC 824 Error Report		ll have a			

9. The next business day you will need to go back in and retrieve your Gold Coast Health Plan-GCHP 999.

Welcome, WINASAP TES
Retrieve Files
able for download, please select a document type document typ s". To download a specific file click the "Download" button to sa the document to your local storage.
Gold Coast Health Plan - GCHP 997 💙
Display Documents >>
Gateway, Inc. who submit claims electronically will have access diDIRECT website. However, if questions arise for <u>any Medicaid</u> ; he applicable State to retrieve the appropriate contact number f able to answer your questions regarding electronic claims subr

10. After you have reviewed your 999 acknowledgment, go back into the WINASAP software and update the claim status from "Keyed" to "Hold". Updating this information is important, or the next time claims are generated, claims previously submitted will be generated again.

Claim Status:	Keyed	Ŧ	Encounter Claim?			
	Keyed	~				
Date of	Hold Billed Accepted Rejected Paid		-3 Sex: Female ne/Initial:			
	Denied Errored	~				

11. Please note: When you are reviewing you racknowledgement report from the GCHP 999 folder. Look at the AK*5 for an "A" or "R". If you receive an A, you may HOLD your claims in the WINASAP software, if you receive an "R", contact us and we will assist you in reviewing your errors.