Payer ID: Per the payer list

WPS Medicare
837 and 835

EDI Enrollment Instructions:

- To enroll for EDI with WPS, **the Provider** must **access the WPS Medicare Website** to initiate the process.
- **Note:** If 837 enrollment has already been completed by eSolutions, please see page 2 for 835 enrollment instructions.
- Complete the appropriate form(s) using the provider's **billing/group information as credentialed** with this payer.
- EDI Enrollment processing timeframe is approximately **5 business days for 837 enrollment and 100 business days for 835 enrollment**.

837 Claim Transactions:

Go to the Electronic Transaction Enrollment page
Under Providers select **Enroll Now**
Electronic Transaction Type:
Select the appropriate transaction:
5010 837 Institutional Claim Inbound or
5010 837 Professional Claim Inbound
Clearinghouse/Billing Agency
Select the appropriate Trading Partner ID from the table attached.
Click **Validate**
Select the Insurance or benefit you are enrolling for
Mock Agreements – Click **Continue**
Healthcare Provider Information
Complete all Provider **Contact Information**
Complete all **Clearinghouse Information** using the information given on the following table.
Click Next
Business Information
Complete all applicable fields with the provider information.
Provider Identification
Complete all applicable fields.

Once all information is complete, click the **Complete & Submit button**
The provider will receive an email confirmation from WPS.

Payer ID: Per the payer list

835 Electronic Remittance Advice:

Complete the following **Electronic Remittance Advice (ERA) Authorization Agreement**.

Other Identifier(s): Select the appropriate **Assigning Authority** name and **Trading Partner ID** from the table below.

All 835's are setup and returned by NPI Number. The Tax ID is not required in Section DEG7.

For assistance with completing this form, refer to the instructions included below.

For assistance with the WPS Community Manager or to confirm the status of enrollment, please contact WPS EDI Help Desk at the appropriate number listed below.

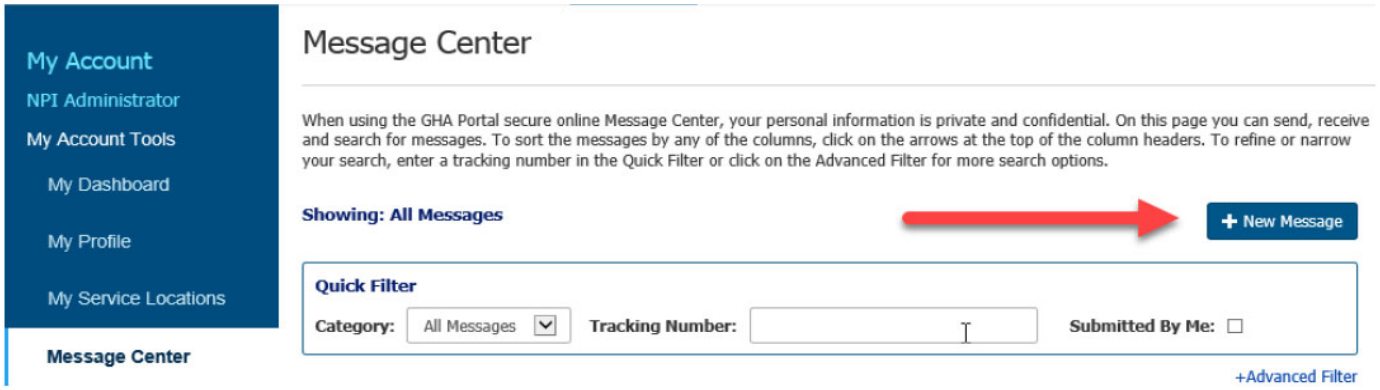
MAC J5 (IA, KS, MO, NE), National A: 866-518-3285
MAC J8 (IN, MI): 866-234-7331

Payer ID: Per the payer list

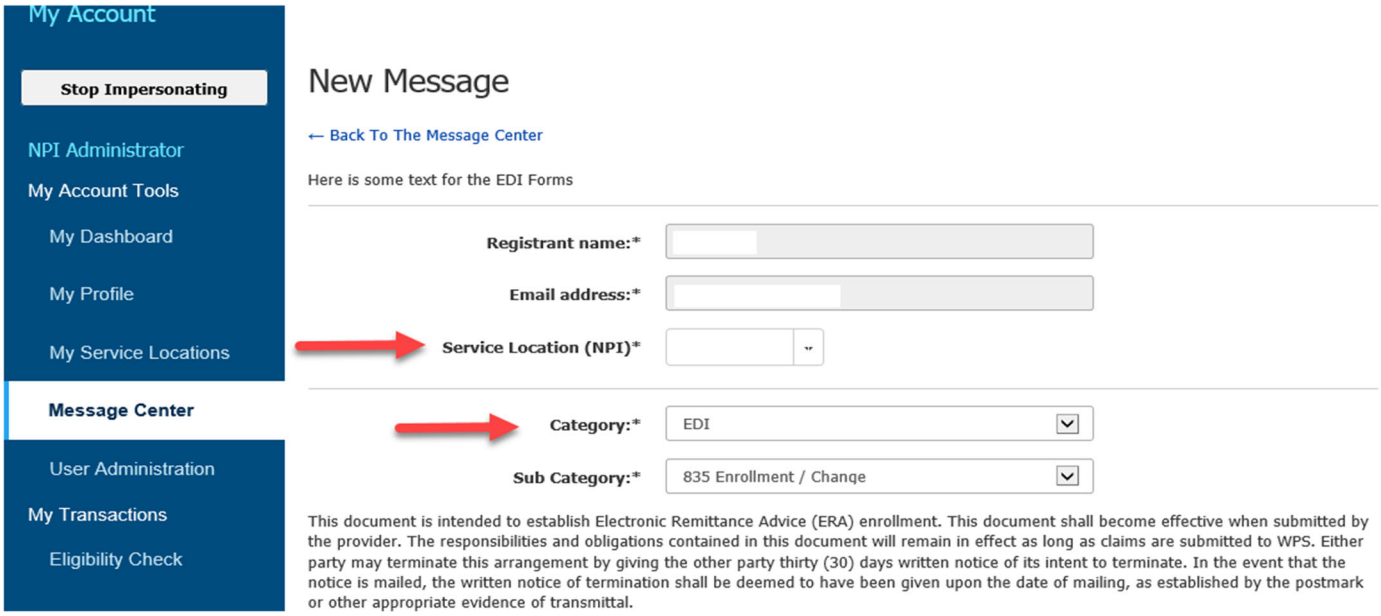
State	Assigning Authority	Payer ID	Trading Partner ID
Iowa J5	Medicare Iowa Part A (J5)	IAMCR	99102
Iowa J5	Medicare Iowa Part B (J5)	IAMCR	99102
Kansas J5	Medicare Kansas Part A (J5)	KSMCR	99102
Kansas J5	Medicare Kansas Part B (J5)	KSMCR	99102
Missouri J5	Medicare Missouri Part A (J5)	MOMCR	99102
Missouri J5	Medicare Missouri Part B (J5)	MOMCR	99102
Nebraska J5	Medicare Nebraska Part A (J5)	NEMCR	99102
Nebraska J5	Medicare Nebraska Part B (J5)	NEMCR	99102
Indiana J8	Medicare Indiana Part A (J8)	INMCR	ZHT6
Indiana J8	Medicare Indiana Part B (J8)	INMCR	ZEJP0000
Michigan J8	Medicare Michigan Part A (J8)	MIMCR	CH0001878
Michigan J8	Medicare Michigan Part B (J8)	MIMCR	99102
Medicare J5A National	Medicare J5A National	05901	99102
Clearinghouse Name	**eSolutions, Inc.**		
Contact First Name	**Enrollment**		
Contact Last Name	**Department**		
Contact Job Title	**Enrollment**		
Contact Phone Number	**866-633-4726**		
Contact Email Address	enrollment@claimremedi.com		

Electronic Remittance Advice (ERA)

- Select the link “Message Center” on the left-hand navigation bar
- On the Message Center page, select “+ New Message”

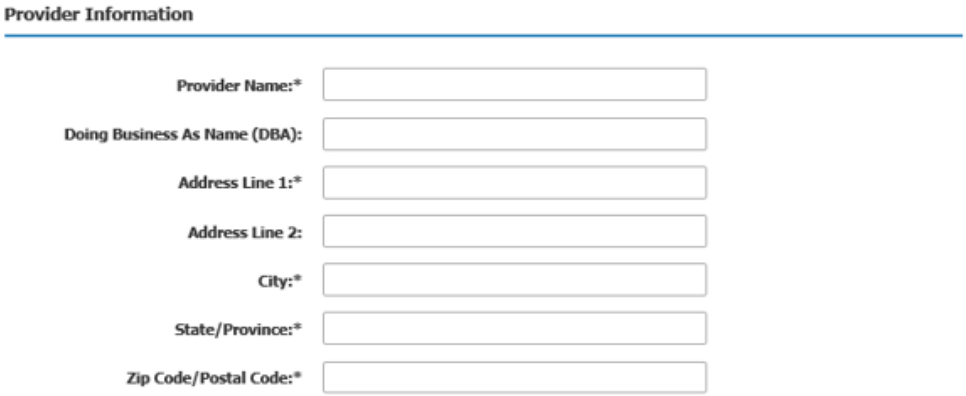


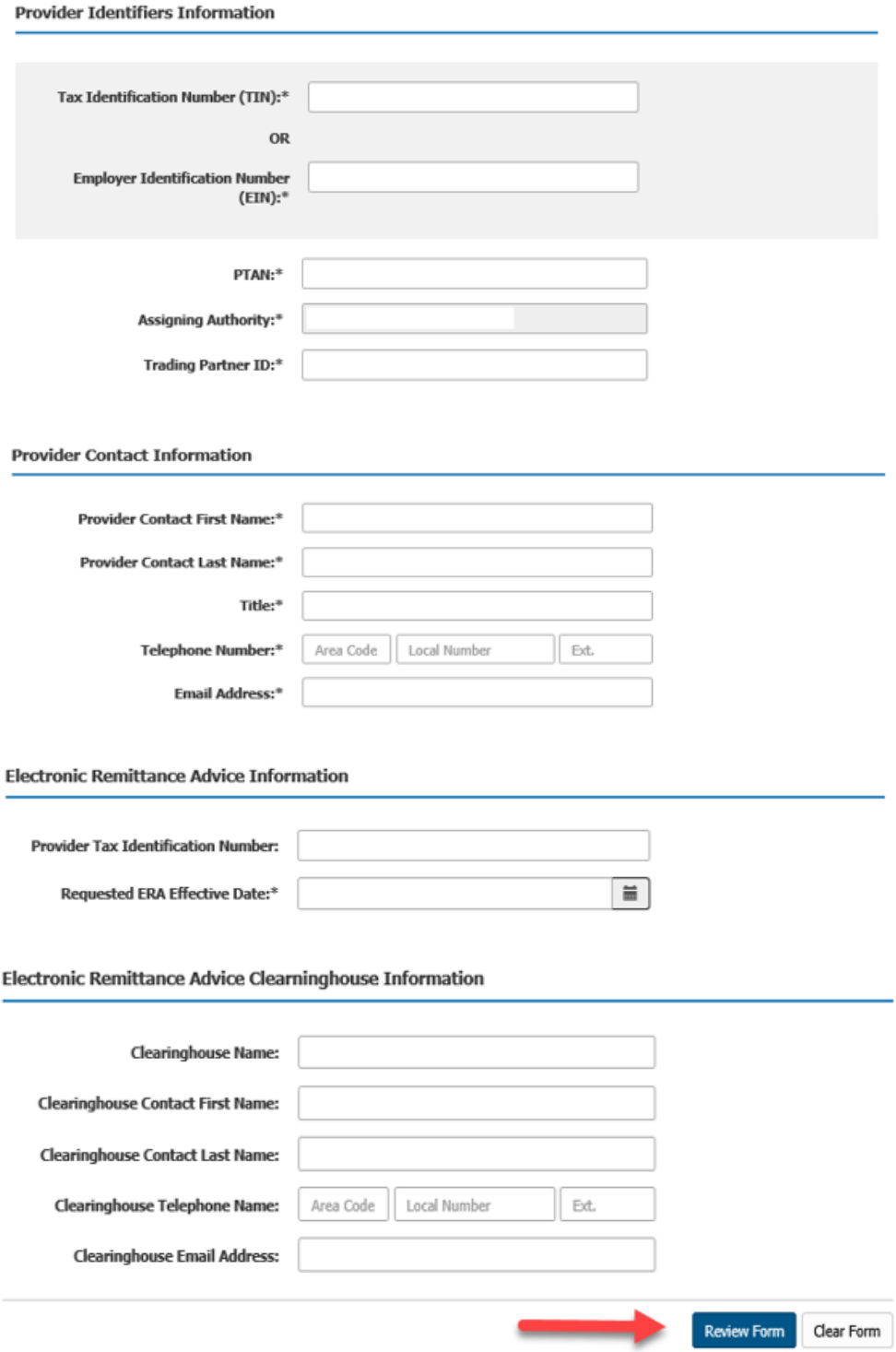
- Page will load to “New Message” page.
- **Complete the required fields marked with an asterisk (*)**
  - Registrant Name (Auto populated from Profile)
  - Email address (Auto populated from Profile)
  - Service Location (NPI)
  - Category
    - **EDI**
  - Sub Category (Auto populated from Profile)



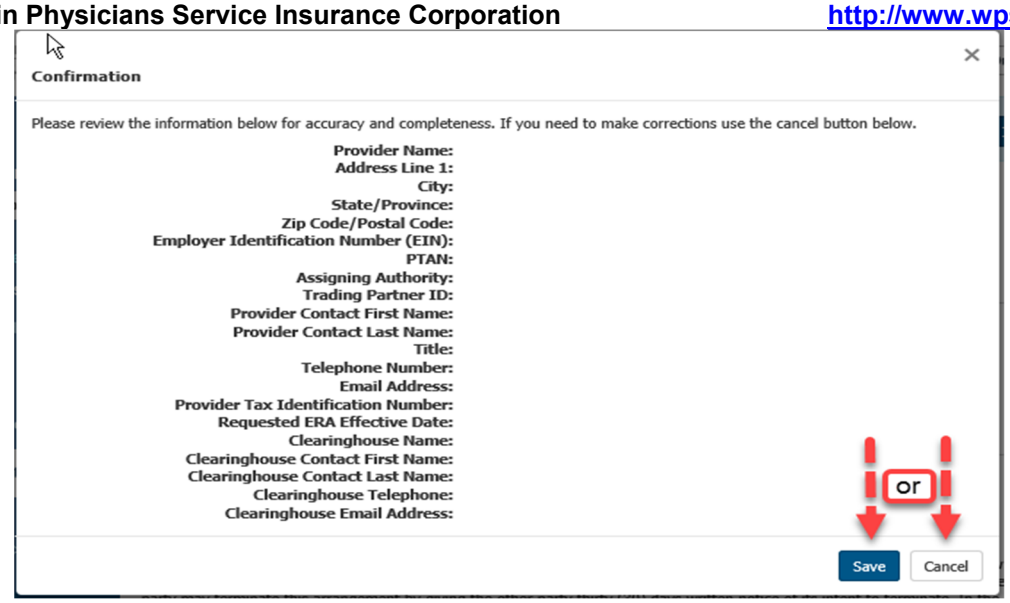
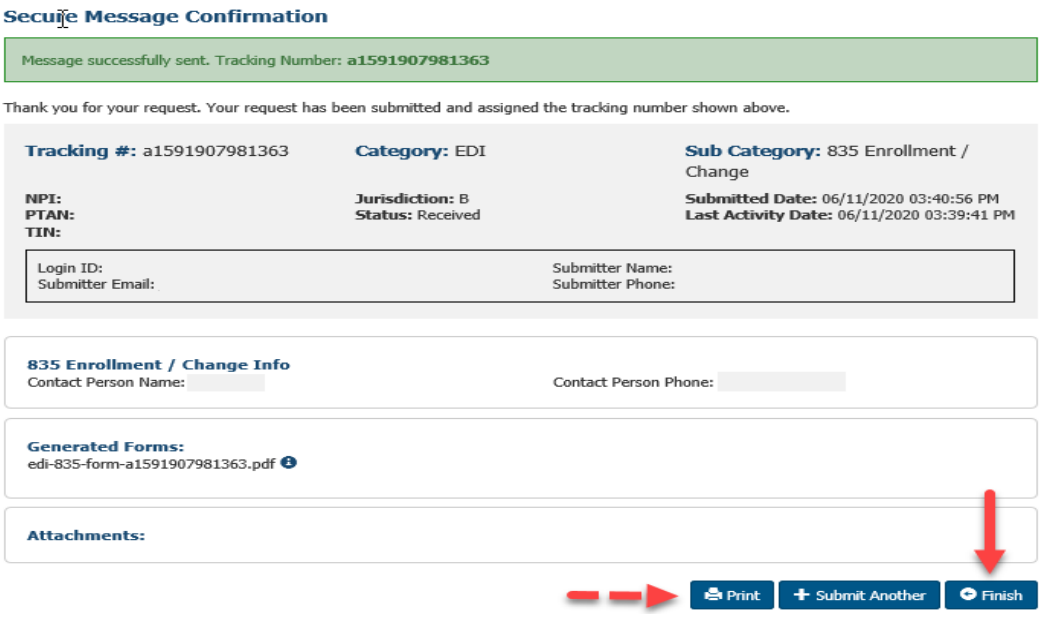
NOTE: The EDI Department does require a valid Trading Partner ID/Submitter ID to be placed on the ERA Enrollment. If you have a Clearinghouse or Vendor retrieving your electronic remittance file and do not know what your Trading Partner ID/Submitter ID is, you will need to contact your Clearinghouse or Vendor to obtain the Trading Partner ID/Submitter ID.

- **Complete the required fields marked with an asterisk (*)**
  - **Provider Information**
    - Provider Name
    - Address Line 1
    - City
    - State/Province
    - Zip Code/Postal Code
  - **Provider Identifiers Information**
    - Tax Identification Number (TIN)
      Or
      Employer Identification Number (EIN
    - PTAN
    - Assigning Authority (Auto populated from Profile)
    - Trading Partner ID (Also known as Submitter ID)
  - **Provider Contact Information**
    - Provider Contact First Name
    - Provider Contact Last Name
    - Title
    - Telephone Number (No dashes or spaces)
    - Email Address
  - **Electronic Remittance Advice Information**
    - Requested ERA Effective Date (Auto populates)
- Select “Review Form”





- Once submitted, a confirmation page displays the details of the inquiry. To make corrections select “Cancel”, or to submit the request select “Save”.



- Once saved, you will receive a Secure Message Confirmation screen that provides a Tracking number for the inquiry.
    - Please keep this Tracking number for future use or print this page for reference as the Tracking number is needed to go back and view the response.
- Once you have the Tracking number. Select “Finish”.