

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.

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		

WPS GHA Portal User Manual

Wisconsin Physicians Service Insurance Corporation


<http://www.wpsgha.com>

Electronic Remittance Advice (ERA)

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

Message Center

When using the GHA Portal secure online Message Center, your personal information is private and confidential. On this page you can send, receive and search for messages. To sort the messages by any of the columns, click on the arrows at the top of the column headers. To refine or narrow your search, enter a tracking number in the Quick Filter or click on the Advanced Filter for more search options.

Showing: All Messages  [+ New Message](#)

Quick Filter

Category: All Messages Tracking Number: Submitted By Me:

[+Advanced Filter](#)

- 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)


New Message

[← Back To The Message Center](#)

Here is some text for the EDI Forms

Registrant name:*

Email address:*

 Service Location (NPI)*

 Category:*

Sub Category:*

This document is intended to establish Electronic Remittance Advice (ERA) enrollment. This document shall become effective when submitted by the provider. The responsibilities and obligations contained in this document will remain in effect as long as claims are submitted to WPS. Either party may terminate this arrangement by giving the other party thirty (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

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.

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- **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"

Provider Information

Provider Name:*	<input type="text"/>
Doing Business As Name (DBA):	<input type="text"/>
Address Line 1:*	<input type="text"/>
Address Line 2:	<input type="text"/>
City:*	<input type="text"/>
State/Province:*	<input type="text"/>
Zip Code/Postal Code:*	<input type="text"/>

W P S G H A P o r t a l U s e r M a n u a l

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Provider Identifiers Information

Tax Identification Number (TIN):*	<input type="text"/>
OR	
Employer Identification Number (EIN):*	<input type="text"/>
PTAN:*	<input type="text"/>
Assigning Authority:*	<input type="text"/>
Trading Partner ID:*	<input type="text"/>

Provider Contact Information

Provider Contact First Name:*	<input type="text"/>
Provider Contact Last Name:*	<input type="text"/>
Title:*	<input type="text"/>
Telephone Number:*	<input type="text" value="Area Code"/> <input type="text" value="Local Number"/> <input type="text" value="Ext."/>
Email Address:*	<input type="text"/>

Electronic Remittance Advice Information

Provider Tax Identification Number:	<input type="text"/>
Requested ERA Effective Date:*	<input type="text"/> 

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name:	<input type="text"/>
Clearinghouse Contact First Name:	<input type="text"/>
Clearinghouse Contact Last Name:	<input type="text"/>
Clearinghouse Telephone Name:	<input type="text" value="Area Code"/> <input type="text" value="Local Number"/> <input type="text" value="Ext."/>
Clearinghouse Email Address:	<input type="text"/>

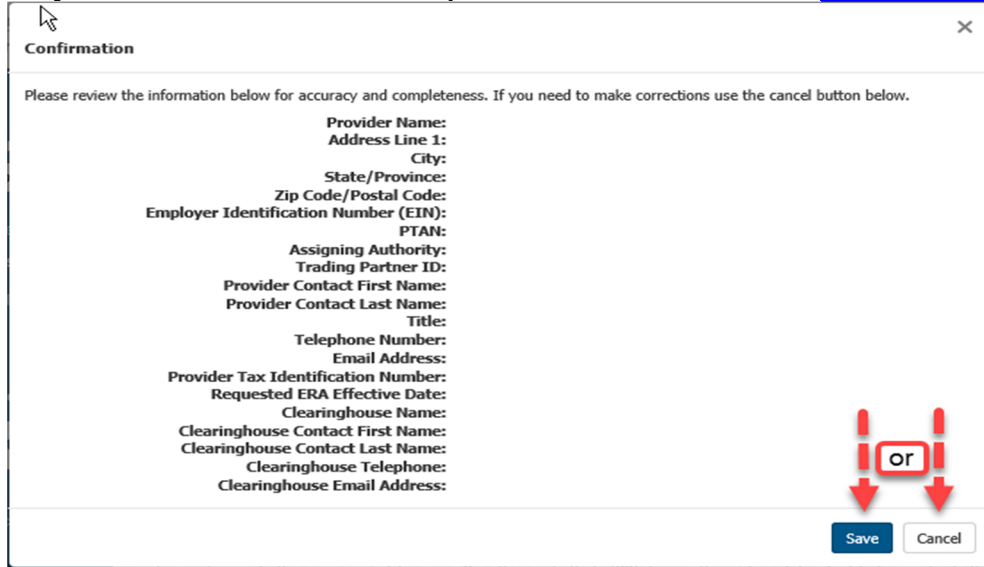


- Once submitted, a confirmation page displays the details of the inquiry. To make corrections select “Cancel”, or to submit the request select “Save”.

WPS GHA Portal User Manual

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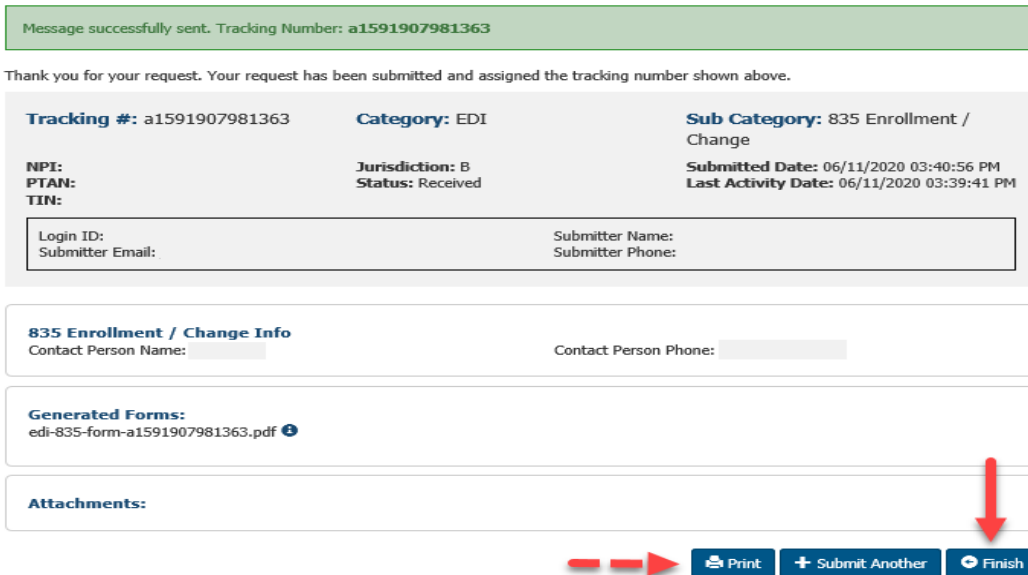
<http://www.wpsgha.com>



A confirmation dialog box titled "Confirmation" with a close button (X) in the top right corner. The text inside reads: "Please review the information below for accuracy and completeness. If you need to make corrections use the cancel button below." Below this is a list of fields: Provider Name, Address Line 1, City, State/Province, Zip Code/Postal Code, Employer Identification Number (EIN), PTAN, Assigning Authority, Trading Partner ID, Provider Contact First Name, Provider Contact Last Name, Title, Telephone Number, Email Address, Provider Tax Identification Number, Requested ERA Effective Date, Clearinghouse Name, Clearinghouse Contact First Name, Clearinghouse Contact Last Name, Clearinghouse Telephone, and Clearinghouse Email Address. At the bottom right, there are "Save" and "Cancel" buttons. A red "or" with two arrows pointing down is positioned above the buttons.

- 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".

Secure Message Confirmation



A green banner at the top states: "Message successfully sent. Tracking Number: a1591907981363". Below this is a thank you message: "Thank you for your request. Your request has been submitted and assigned the tracking number shown above." The main content area is divided into several sections: "Tracking #: a1591907981363", "Category: EDI", "Sub Category: 835 Enrollment / Change", "NPI:", "PTAN:", "TIN:", "Jurisdiction: B", "Status: Received", "Submitted Date: 06/11/2020 03:40:56 PM", and "Last Activity Date: 06/11/2020 03:39:41 PM". Below this is a table with columns for "Login ID:", "Submitter Email:", "Submitter Name:", and "Submitter Phone:". The next section is "835 Enrollment / Change Info" with a "Contact Person Name:" field and a "Contact Person Phone:" field. Below that is "Generated Forms:" with a link to "edi-835-form-a1591907981363.pdf". The "Attachments:" section is empty. At the bottom, there are three buttons: "Print", "Submit Another", and "Finish". A red arrow points to the "Finish" button.