

## WPS Medicare 837 and 835

### EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- To enroll for EDI with WPS, the Provider must access the WPS Medicare Website to initiate the process.
- Electronic Remittance Advice 835 enrollment must be completed on line by the provider (see page 2).
- Complete appropriate form(s) using the provider's billing/group information, as credentialed with this payer.
- Within EDInsight Enrollment Manager-
  - GO TO or [**ADD Payer Enrollment**] record for this payer.
  - SELECT record, CLICK [**ADD Action Taken**] select "**Enrolled on Payer website**", enter any notes, then **SAVE**
- EDI Enrollment processing timeframe is approximately -
  - 5 business days for 837-Claims' enrollment and 60 business days for 835-ERA setup.

### 837 Claim Transactions:

GO TO the [EDI Express Enrollment](#) page.

UNDER Enroll for Electronic Transactions, SELECT [**Enroll**]

COMPLETE the Captcha, SELECT Continue

SELECT **Enroll Now** under PROVIDERS

SEE **Electronic Transaction Type:**

SELECT 5010 837 Institutional Claim Inbound -or- 5010 837 Professional Claim Inbound

SEE **Clearinghouse/Billing Agency**

ENTER **Trading Partner ID** (See table on page 3 to obtain ID #). Click [**Validate**]

SEE **Insurance & Benefits**

SCROLL DOWN, SELECT Juris and Medicare State you are enrolling for. [

SEE **Mock Agreements** – Review the sample mock agreements, CLICK [**Continue**]

SEE **Healthcare Provider Information**

ENTER the Billing Provider's **Contact Information**.

ENTER the **Clearinghouse Information** using information on page 3.

CLICK [**Next**]

SEE **Business Information**

Complete all applicable fields with the billing provider's information.

SEE **Provider Identification**

Complete all applicable fields, including the billing provider's group Medicare PTAN #.

Once all information is entered, CLICK [**Complete**] and [**Submit**]

The provider will receive an email confirmation from WPS.

## 835 Electronic Remittance Advice:

**Electronic Remittance Advice 835 enrollment must be completed on line by the provider.**

GO TO: [WPS GHA Provider Portal](#) and select your Jurisdiction.

--If your practice **has an existing GHA Provider Portal account, login with your credentials**

--If your practice is **new to the GHA Provider Portal, select Create Account**

Once logged in, click on the + next to the **835 Enrollment/Change** button under Practice.

The 835 Enrollment/Change Create New Message form will be displayed. Select the applicable NPI from the drop-down box if it is not already filled in (Your name and email address will be pre-populated.) and select **EDI** from the Category drop-down box to open the message form.

Once the new page loads you will need to complete all the required fields that are marked with an asterisk (\*).

**Other Identifier(s):** SELECT **Assigning Authority** and **Trading Partner ID** (See table on page 3.)

The Electronic Remittance Advice **Clearinghouse Information is also on this table.**

ENTER this information in the **Clearinghouse fields.**

Select, 'Review'. If you are satisfied, click 'Submit' to submit your form. Click the 'Edit' if you would like to make any corrections.

Once submitted, you will receive a Secure Message Confirmation screen that provides a Tracking number for the inquiry.

Please keep the Tracking number for future use or print this page for reference as the Tracking number is needed to go back and view the response. Select 'Done' once you have the Tracking number.

The full WPS GHA Portal User Manual can be found at [GHA Portal login page](#) under Educational Opportunities

For assistance with the WPS Community Manager or the GHA Provider Portal, **please contact WPS EDI Help Desk at the appropriate number listed below.**

MAC J5 (IA, KS, MO, NE), National A: 866-518-3285 - EDI

MAC J8 (IN, MI): 866-234-7331 - EDI

State	Assigning Authority	Payer ID	Trading Partner ID
Iowa J5	Medicare Iowa Part B (J5)	MB849/05102	67904
Kansas J5	Medicare Kansas Part A (J5)	MAKS1/05201	67904
Kansas J5	Medicare Kansas Part B (J5)	MBKS2/05202	67904
Missouri J5	Medicare Missouri Part A (J5)	MAMO1/05301	67904
Missouri J5 (East)	Medicare Missouri Part B (J5)	MBMO2/05302	67904
Missouri J5 (West)	Medicare Missouri Part B (J5)	MBMO2/05302	67904
Nebraska J5	Medicare Nebraska Part A (J5)	MANE1/05401	67904
Nebraska J5	Medicare Nebraska Part B (J5)	MBNE2/05402	67904
Indiana J8	Medicare Indiana Part A (J8)	MAIN1/08101	67904
Indiana J8	Medicare Indiana Part B (J8)	MBIN2/08102	ZEEF0000
Michigan J8	Medicare Michigan Part A (J8)	MAMI1/08201	CH0000471
Michigan J8	Medicare Michigan Part B (J8)	MBMI2/08202	67904
Medicare J5A National	Medicare J5A National	RH280/05901	67904
Clearinghouse Name	<b>Practice Insight</b>		
Contact First Name	<b>Enrollment</b>		
Contact Last Name	<b>Department</b>		
Contact Job Title	<b>Enrollment</b>		
Contact Phone Number	<b>713-333-6000, Option 2</b>		
Contact Email Address	<a href="mailto:pi-enrollment@esolutionsinc.com">pi-enrollment@esolutionsinc.com</a>		