



*Getting Started Manual***3.4 PROVIDER EDI REGISTRATION**

A Submitter must register a Provider in order to submit electronic files to, or receive files from, WPS Health Solutions. To complete this portion of the registration, the Provider will be required to complete an agreement binding the Provider to the Submitter. There are two ways for Providers to register and complete agreements:

- *Submitter EDI Provider Registration and*
- *Provider EDI Self-Registration – Anonymous*



This chapter will guide you to getting a Provider enrolled in EDI.

**Agreements** – Depending on the Line of Business the Submitter selected on the Line of Business/Transaction (LOB/TXN) Configuration Edit Form, the link to the appropriate provider agreement will be sent to the user by email.

The Provider Agreement has two variations:

- **WPS Medicare EDI Provider Agreement** - Enrollment of Providers to any Medicare transaction
- and the **WPS Non-Medicare EDI Provider Agreement** – Enrolls Providers to all non-Medicare Lines of Business.

◆◆◆◆◆ Refer to the *Agreement section* of the manual for more information on the EDI agreement and the transactions it covers.

◆◆◆◆◆ Provider Registration to a Submitter is required any time a Provider changes a Submitter relationship.

**3.4.1 Submitter EDI Provider Registration and Management of Provider**

Submitters can identify Providers for which they will be sending and/or receiving transactions. The Submitter EDI Registration and Management of Provider form is used for all Submitter types.

- This form allows registration and management of the provider's facility, including EDI registration and deactivation by the Submitter for the Provider.
- Submitters identify Providers for which they will be sending and/or receiving transactions.
- **Enroll** providers to their appropriate Line of Business and Transaction.
  - Provider registration for EDI is based on Line of Business.
  - **IMPORTANT:** You must first be registered for a Line of Business before you can



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enroll a Provider for a transaction. The completion of the Line of Business/Transaction form will trigger a Provider Enrollment requirement.

- Future dated effective dates are not allowed
- Submitter EDI Provider Registration enrolls the provider in any non-835 or EFT transaction.
- **Deactivate**
  - A Provider would choose this option if they want to stop having transactions submitted or received on their behalf.
- Registration of Providers only occurs for Submitters that are not Provider Exempt.

Entities can access WPS Community Manager Submitter EDI Registration and Management of a Provider in two ways:

- Upon completion of the LOB/TXN Configuration Edit Form. When a Submitter completes an LOB/TXN Configuration Edit form, they will receive an email giving further instructions and a link for registering required EDI agreement forms and registration of Providers.
- Through web links provided on the wpsic.com website. By accessing the Submitter Registration of a Provider link on-line enrollment form available on the WPS EDI website. ([edi.wpsic.com/fv](http://edi.wpsic.com/fv))

The email (**Line of Business Transaction Activate Test Request**) received when completing the Line of Business/TXN Configuration form contains a link to register a Provider Agreement as part of the enrollment.



The Submitter EDI Registration and Management of Provider form allows a Submitter to register and manage their provider's electronic transactions. They would also use this form to deactivate a Provider from a Submitter.

### Submitter EDI Registration and Management of Provider

This form allows registration and management of your provider's EDI registration and deactivation.

Submitters can identify providers for which they will be sending and/or receiving transactions. Please use this form to enroll providers to your appropriate Line of Business. Provider registration for EDI is based on Line of Business. It is important to note you must first be registered for a Line of Business before you can enroll a provider. EDI agreement enrolls the provider in any non-835 transactions.

An email agreement request will be sent to the submitter containing a unique Tracking ID for each request. Once the email is received, the following steps must be completed:

1. The agreement form must be signed by the provider listed in the registration request.
2. The signed agreement form must be named using the unique Tracking ID as the file name.
3. The signed agreement must be uploaded to: [www.wpsic.com/agreementupload](http://www.wpsic.com/agreementupload).

Please Select Your Division

Select your provider's Division

Medicare WPS	
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Click **Submit** once all selections have been made.

Once the form has been submitted the Provider will receive the **Provider EDI Agreement** form attached in the email they receive.

Figure 26: Submitter EDI Registration and Management of Provider

**Important Note:** An email agreement request will be sent to the Provider containing a unique **Tracking ID** for each request. Once the email is received, the following steps must be completed:

The agreement form must be signed by the provider listed in the registration request. The signed agreement form must be named using the unique **Tracking ID** as the file name. The signed agreement must be uploaded to: <https://edi.wpsic.com/Transfer/cfcc/login/login.jsp>



◆◆◆◆◆ Automatic approval to test can be given to the Submitter if the Provider has an existing EDI Provider Agreement form on file for each Submitter/Provider relationship. See the *Provider Registration Email* section for specific email for this situation.

*Getting Started Manual***3.4.1.1 Submitter EDI Registration and Management of Provider – Emails**

Once the provider agreement form for EDI has been submitted, the user and WPS staff will receive notification emails that will identify specific situations and provide further instructions if appropriate.

**Email Name and Description**

- **Provider Agreement Form Required (to user)** – Sent to user after completing a Provider Enrollment form. The email provides instruction to complete the provider agreement form. EDI forms will be attached while a link to the ERA and EFT form will be provided. EDI deactivation does not require a form and will be sent a different email.
- **Provider Agreement Form Not Required (to user)** - Sent to user after completing a Provider Representation Formvine form. If the user already has the necessary EDI provider agreement form on file or has requested deactivation, no form is required. Therefore WPS can approve right away.
- **Provider Agreement Upload Received (to User)** -Sent to the user after the Provider Agreement has been uploaded to let them know the document has been received.
- **Provider Registration Provider Agreement Approved (to User)** - Sent to the user after their Provider Agreement was reviewed by WPS Staff and approved.
- **Requested Provider Agreement(s) already exist (to user)** - Sent to user after completing a Provider Agreement form. They would receive this email only in certain cases to inform them that some of the Provider Agreements requested already exist.
- **Deactivation Requested Provider Agreement(s) does not exist (to user)** - Sent to user after completing a Provider Agreement form. They would receive this email only in certain cases to inform them that some of the Provider Agreements requested for deactivation do not exist.
- **Requested Provider Agreement(s) with no existing LOBTxn requests (to user)** - Sent to user after completing a Provider Agreement form. They would receive this email only in certain cases to inform them that for some of the Provider Agreements requested they do not have a corresponding LOBTxn request in-flight. This is for EDI and ERA only. EFT does not apply.
- **Error Submitting Provider Agreement Request (to User)** - Sent to a user when an error occurs while processing a Provider Agreement request received
- **Provider Agreement Rejected (to User)** - Sent to the user after their Provider Agreement was reviewed by WPS Staff and rejected.
- **Provider Agreement Needs Rework (to User)** - Sent to the user after their Provider Agreement was reviewed by WPS Staff and needs rework.

*Getting Started Manual***3.4.2 Provider EDI-Self Registration - Anonymous**

This is the second option that is available for a provider to self-register when using a third party for transmissions. This process does not require the Provider to have an account in WPS Community Manager (WCM). As a result, it is referred to as Provider EDI Self-Registration-Anonymous.

- This form allows registration and management of the provider's facility, including EDI registration and deactivation by the Provider without going through the Submitter to enroll.
- Providers identify Submitters through which they will be sending and/or receiving transactions.
- **Enroll** providers to their appropriate Line of Business and Transaction.
  - Provider registration for EDI is based on Line of Business.
  - **IMPORTANT:** Your *Submitter ID* must first be registered for a Line of Business before you can enroll for a transaction.
  - Future dated effective dates are not allowed.
- The Provider EDI agreement enrolls the provider in any non-835 or EFT transaction.
- **Deactivate**
  - A provider would choose this option if they want to stop having transactions submitted or received on their behalf.
- Form can be accessed from the WPS EDI website at (<https://edi.wpsic.com/fv/r/6547261688/7455> )



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Enter information in the following fields:

- **Email (required)**
- Please Select Your Division (required)
  - Medicare
  - WPS
  - TRICARE
- **Line of Business (required)**
  - Medicare
  - WPS (includes options for EPIC and Arise)
  - TRICARE (includes options for VA)
- **Provider Tax ID (required)** - this is the nine digit legal ID that is assigned to the provider for tax purposes.
- **Provider NPI** – if applicable, this is the eleven digit ID that is assigned to the provider and is required for Medicare line of business.
- **Submitter ID** – a Submitter ID defines an entity that sends or receives transactions with WPS.
  - **GHA Portal = 36918**
  - **MVH TRICARE 4u.com=WEBTDE**
  - **TRICARE Overseas Portal=WEBOVR**
  - **TRICARE East = WEBTRIEAST**
- **Submitter Name** – (required) the name of the clearinghouse or third party.
- Click **Next** to continue to the next page.
- **Select Transactions** – that will be sent on behalf of the provider

**Provider EDI Self-Registration**

This form allows registration and management of your facility, including EDI registration and deactivation.

Providers can identify Submitters through which they will be sending and/or receiving transactions. Please use this form to enroll your facility providers to your appropriate Line of Business. Provider registration for EDI is based on Line of Business. It is important to note you must first be registered for a Line of Business before you can enroll for a transaction. **EDI agreement** enrolls the provider in any non-835 transactions.

An email agreement request will be sent to the provider containing a unique **Tracking ID** for each request. Once the email is received, the following steps must be completed:

1. The agreement form must be signed by the provider listed in the registration request.
2. The signed agreement form must be named using the unique **Tracking ID** as the file name.
3. The signed agreement must be uploaded to: [www.wpsic.com/agreementupload](http://www.wpsic.com/agreementupload).

**Email:** (required) **Enter Email address**  
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**Please Select Your Division** **Select your Division**  
 Medicare  
 WPS  
 TRICARE \_\_\_\_\_

**Line of Business Settings** **Select Line(s) of Business**

**Line of Business**  
 For each Line of Business below, the value listed after the hyphen is the unique Payer ID to be used in file exchanges.

- TRICARE For Life, TDEFIC - TDFIC
- TRICARE Overseas - FOREN
- Veterans Affairs Patient, Centered Community Care Region 3 - VAPCCC3
- Veterans Affairs Patient, Centered Community Care Region 5A - VAPCCCSA
- Veterans Affairs Patient, Centered Community Care Region 5B - VAPCCC5B
- Veterans Affairs Patient, Centered Community Care Region 6 - VAPCCC6

**Provider Tax ID:** (required) **Enter Tax ID**  
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**Provider NPI:** **Enter NPI**  
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**Submitter ID:** **Enter Submitter ID**  
 A Submitter ID defines an entity that sends or receives transactions with WPS.  
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**Submitter Name:** (required) **Enter Submitter Name**  
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Questions on enrolling in EDI? Let us help you. Email us at [communitymanager@wpsic.com](mailto:communitymanager@wpsic.com) or call our Corporate EDI Services Help Desk to assist you.  
 Medicare J5 866-518-3285, option 1  
 Medicare J8 866-234-7331, option 1  
 TRICARE, WPS, VA, or Arise Health Plan 800-782-2680, option 2

**After all selections have been made click 'Next'**

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Figure 27: Provider EDI Self-Registration

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- **Provider Deactivation** – If the intent of the provider is to deactivate an existing EDI agreement with the Submitter and/or WPS, they will need to fill out all of the above information in regards to their current EDI set up and check the box marked **Check to Deactivate**.
- Click **Submit** once all selections have been made.

Once the form has been submitted the provider will receive the **Provider EDI Agreement** attached in the email confirmation they receive.

An email agreement request will be sent to the provider containing a unique **Tracking ID** for each request. Once the email is received, the following steps must be completed:

**Transaction Information**

**Select Transactions**

5010 276 277 Claim Status - Batch

5010 276 277 Claim Status - Real time

5010 837 Professional Claim Inbound

5010 837 Institutional Claim Inbound

5010 270 271 Eligibility - Real time

5010 270 271 Eligibility - Batch

**Provider Deactivation**

Check the box below to deactivate the provider enrollment with this

Services Help Desk to assist you:  
Medicare J5 866-518-3285, option 1  
Medicare J8 866-234-7331, option 1  
TRICARE, WPS, VA, or Arise Health Plan 800-782-2680, option 2

Back Submit

Figure 28: Provider EDI Self-Registration

- The agreement form must be signed by the provider listed in the registration request.
- The signed agreement form must be named using the unique **Tracking ID** as the file name
- The signed agreement must be uploaded to the WPS Managed File Transfer (MFT) system at <https://edi.wpsic.com/Transfer/cfcc/login/login.jsp>
- Use the User Name and Password assigned when you enrolled to access WPS MFT or the User Name/Password provided in the agreement email
- Since *Provider EDI Self-Registration* does not require an account the following User Name and Password should be used to access the Managed File Transfer (MFT) agreement upload system when uploading the agreement - **EDIEnroll#17** Use this value for both the User Name and Password
- Once the Submitter has submitted the above form (Trading Partner/Submitter ID Enrollment Information form) and has uploaded the required agreement(s) through MFT (Managed File Transfer), WPS staff will receive an email notification that this form has been uploaded and is available for review.
- Upon completion of the Trading Partner Registration, an email notification will be sent to the Submitter. See the *Notifications* section of the manual for details and email examples.
- **Failure to name agreements with the unique Tracking ID** provided by WPS when agreement received will result in the **failure for the agreement to process timely** and will require resubmission of the agreement with the appropriate name to resolve.

*Getting Started Manual***3.4.2.1 Anonymous Provider EDI Self-Registration- Emails**

You will receive emails after each step that provides status of what needs to be done. WPS staff will also receive emails to review and to advise you if a step has been approved, rejected or needs to be reworked.

**Email Name and Description**

- **Requested Provider Agreement(s) already exist (to user)** - Sent to user after completing a Provider Enrollment form. They would receive this email only in certain cases to inform them that some of the Provider Agreements requested already exist.
- **Deactivation Requested Provider Agreement(s) does not exist (to user)** - Sent to user after completing a Provider Enrollment form. They would receive this email only in certain cases to inform them that some of the Provider Agreements requested for deactivation do not exist.
- **Requested Provider Agreement(s) with no existing LOBTxn requests (to user)** – Sent to user after completing a Provider Enrollment form. They would receive this email only in certain cases to inform them that for some of the Provider Agreements requested they do not have a corresponding LOBTxn request in-flight. This is for EDI and ERA only. EFT does not apply.
- **Provider Agreement Form Required (to user)** – Sent to user after completing a Provider Enrollment form. The email provides instruction to complete the provider agreement form. EDI forms will be attached while a link to the ERA and EFT form will be provided. EDI deactivation does not require a form and will be sent a different email confirmation.
- **Provider Agreement Form Not Required (to user)** – Sent to user after completing a Provider Enrollment form. If the user already has the necessary EDI provider agreement form on file or has requested deactivation, no form is required. Therefore WPS can approve right away.
- **Error Submitting Provider Enrollment Request (to user)** – Sent to a user when an error occurs while processing a Provider Enrollment request form.
- **Provider Enrollment Rejected (to user)** – Sent to the user after their Provider Agreement was reviewed by WPS Staff and rejected.
- **Provider Enrollment Needs Rework (to user)** – Sent to the user after their Provider Agreement was reviewed by WPS Staff and needs rework.