
Submit the completed Payer Request Form to:

Inovalon Enrollment

enrollmentsupport@inovalon.com

INSTRUCTIONS

- Complete all sections of the **Payer Request Form**
- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

Note: Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms WILL BE RETURNED.

If you have more than ten payers to enroll, please make additional copies of this form.

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com

Submit the completed Payer Request Form to:
Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

Complete one form per TAX ID.

PROVIDER BILLING INFORMATION

Please type your responses directly into the form.

Please check: New Request Change Request

Billing Service Name (if applicable)

TIN or INOVALON ID:

Contact Name:

Phone: () Fax: () Email:

Group/Provider Name:

Please check for designation: Professional Institutional

Billing Tax ID: Indicate TIN/EIN SSN Billing NPI:

Street Address:

City: State: Zip:

Name of Authorized Signee:

Title of Authorized Signee:

PAYER INFORMATION

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

Submit the completed Payer Request Form to:

Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

Complete the online enrollment if:

- You are a billing service completing this form on behalf of a provider
- You use a billing service to prepare your claims

NOTE: These instructions are for WPS ERAs only. Do not attempt to enroll Claims using these instructions.

WPS ERA Enrollment is an on-line Enrollment. Follow the instructions below exactly.

1. Navigate to the WPS Provider ERA Self Registration form at:
<https://www.wpsgha.com/wps/portal/mac/site>
2. Log in with existing Credentials or Register to enroll for Credentials for the portal. *(Screen shots attached)*
3. Follow ERA enrollment instructions attached to this form.
4. Enter in Required Information marked with **Asterik*s**
5. Clearinghouse information is as follows
 - a. Enter Submitter/Trading ID (use: 27606)
 - b. Enter Submitter Name: ABILITY NETWORK
 - c. Contact First Name: Enrollment
 - d. Contact Last Name: Desk
 - e. Contact Job Title: Enrollment Rep
 - f. Contact Phone: 888-340-5610
 - g. Contact Email: Setup@ABILITYNetwork.com
6. Once you receive notification your ERA is approved, forward the email notification to :
enrollmentsupport@inovalon.com

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com

<https://www.wpsgha.com/wps/portal/mac/site>

Choose the MAC you are needing to enroll with

Showing WPS GHA Portal Content for Jurisdiction **J5** **Part B** (Click here to change) Live Chat A A

WPS GOVERNMENT HEALTH ADMINISTRATORS

Get the right info.

Remember my selection

Medicare policies can vary by state and are different for **Part A** and **Part B**.

Please click a jurisdiction below.

J5 MAC Part A

IA, KS, MO, NE Providers

J5 MAC Part B

IA, KS, MO, NE Providers

J8 MAC Part A

IN, MI Providers

J8 MAC Part B

IN, MI Providers

NOTE: This website uses cookies.

Welcome to the WPS GHA Portal

Medicare News

Coronavirus
Stay current with the fast moving information on the Coronavirus.

System Status
All Systems Functional!
There is 1 informational message.

Quick Links

- Coronavirus
- Appeals
- Claims
- EDI
- Fee Schedules
- Forms
- IVR Conversion Tools
- LCD Lookup
- Modifiers
- Policies
- EASI
- Web Help

Click on the Green Login/Register -Located in the top righthand corner of the page

Either log in with existing Credentials or Register to obtain New Credentials.

Showing WPS GHA Portal Content for Jurisdiction **J5** **Part B** (Click here to change) Live Chat A A

WPS GOVERNMENT HEALTH ADMINISTRATORS

[Topic Center](#) [My Account](#) [Contact Us](#) [Login / Register](#)

Welcome to the WPS GHA Portal Serving Medicare Providers in Jurisdictions 5 and 8

Upcoming System Maintenance Affecting Self-Service Tools
The WPS GHA Portal and IVR will have limited functionality between October 2 and October 4, 2020.
[Read full article](#)

Medicare News

Coronavirus
Stay current with the fast moving information on the Coronavirus.

System Status
All Systems Functional!
There is 1 informational message.

Quick Links

- Coronavirus
- Appeals
- Claims
- EDI
- Fee Schedules
- Forms
- IVR Conversion Tools
- LCD Lookup
- Modifiers
- Policies
- EASI
- Web Help

MLN Connects® for Thursday, September 24, 2020

Once you have logged in please follow the prompts to Assign your ERA (Electronic Remittance Advice).

ⓘ If you are having difficulty logging into the Portal, please email MedicareAdmin@wpsc.com and include your login ID and details of the issue preventing you from logging in. Note: if you receive a message your account is locked and you are an Eligibility Only or Standard user please contact your NPI Administrator and ask them to reset your password. If you are an NPI Administrator, you will need to contact our Provider Customer Service staff and ask them to reset your password. If you receive a message that your account is disabled, we are unable to assist with this. Please contact your NPI Administrator to reactivate your account.

Secure Login

By logging into WPS GHA Portal, you agree to abide by all terms and conditions of the [Terms of Use for Transactional Areas](#).

User Login ID:



Password:



[Login »](#)

[Forgot User Login ID/Password?](#)
[Is your NPI Admin Account expired?](#)

Registration

If you don't have an account for the WPS GHA Portal, click on the button below. **NOTE: If you already have credentials, please use them to log in.**

[Create Account »](#)

[Browser Requirements](#)

System Status

 All Systems Functional!

 There is 1 informational message.

Medicare News

MLN Connects® for Thursday, September 24, 2020

MLN Connects® for Thursday, September 24, 2020

Published Yesterday at 7:32 AM

Upcoming System Maintenance Affecting Self-Service Tools

The WPS GHA Portal and IVR will have limited functionality between October 2 and October 4, 2020.

Published on Sep 21, 2020

MLN Connects Special Edition – Friday, September 18, 2020

New COVID-19 Nursing Home Visitation Guidance, Kidney Disease Care Model, and Radiation Oncology Payment Model

Published on Sep 21, 2020

J5 Draft LCD Contractor Advisory Committee (CAC) to Be Held October 15, 2020

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.

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

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

- 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

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

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"/>

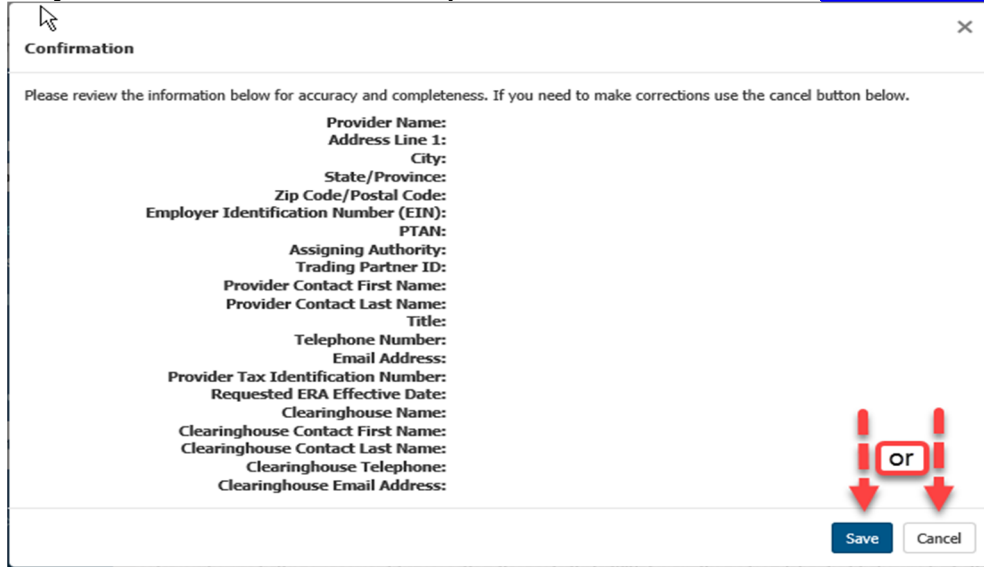


- Once submitted, a confirmation page displays the details of the inquiry. To make corrections select “Cancel”, or to submit the request select “Save”.

WPS GHA Portal User Manual

Wisconsin Physicians Service Insurance Corporation

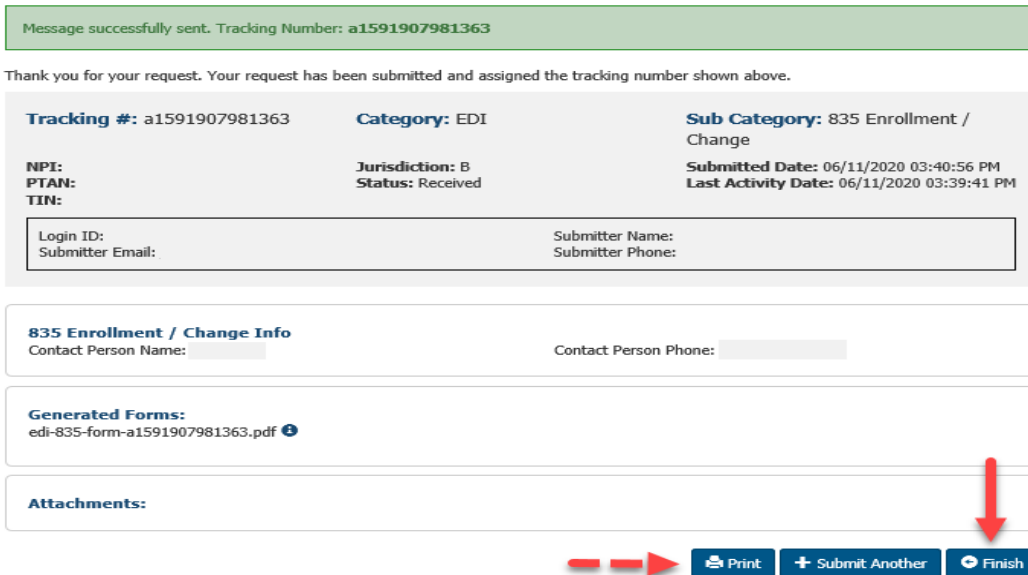
<http://www.wpsgha.com>



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 confirmation screen with a green header bar that says "Message successfully sent. Tracking Number: a1591907981363". Below this is a 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 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", "Last Activity Date: 06/11/2020 03:39:41 PM", "Login ID:", "Submitter Email:", "Submitter Name:", "Submitter Phone:", "835 Enrollment / Change Info", "Contact Person Name:", "Contact Person Phone:", "Generated Forms:", "edi-835-form-a1591907981363.pdf", "Attachments:". At the bottom, there are three buttons: "Print", "Submit Another", and "Finish". A red arrow points to the "Finish" button.

WPS - INOVALON ENROLLMENT INFORMATION				
STATE	LOB	TYPE	ABILITY PAYER ID	TRADING PARTNER ID
MICHIGAN MEDICARE	INSTITUTIONAL	ERA	08201	27606
MICHIGAN MEDICARE	PROFESSIONAL	ERA	SMMI0	27606
IOWA MEDICARE	INSTITUTIONAL	ERA	05101	27606
IOWA MEDICARE	PROFESSIONAL	ERA	05102	27606
KANSAS MEDICARE	INSTITUTIONAL	ERA	05201	27606
KANSAS MEDICARE	PROFESSIONAL	ERA	05202	27606
MISSOURI MEDICARE	INSTITUTIONAL	ERA	05301	27606
MISSOURI MEDICARE	PROFESSIONAL	ERA	05302	27606
NEBRASKA MEDICARE	INSTITUTIONAL	ERA	05401	27606
NEBRASKA MEDICARE	PROFESSIONAL	ERA	05402	27606
INDIANA MEDICARE	INSTITUTIONAL	ERA	08101	27606
INDIANA MEDICARE	PROFESSIONAL	ERA	08102	27606
J5 NATIONAL	INSTITUTIONAL	ERA	05901	27606

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com

If you need additional assistance completing the ERA Enrollment, please contact the WPS EDI Help Desk at:

MAC J5 (IA, KS, MO & NE) / J5 NATIONAL A

Hotline (toll-free)

866-518-3285 (say EDI or press 1)

Monday–Friday, 7 a.m.–5 p.m. CT

Email Part A: EDIMedicareA@wpsic.com

Email Part B: EDIMedicareB@wpsic.com

MAC J8 (MI & IN)

Hotline (toll-free)

866-234-7331 (say EDI or press 1)

Monday–Friday, 8 a.m.–5 p.m. ET

608-223-3824

Email Part A: EDIMedicareA@wpsic.com

Email Part B: EDIMedicareB@wpsic.com

If you need additional assistance using the WPS GHA Portal, please contact the WPS Customer Inquiries Department at:

MAC J5 (IA, KS, MO & NE) / J5 NATIONAL A

Hotline (toll-free)

866-518-3285 option 5

MAC J8 (MI & IN)

Hotline (toll-free)

866-234-7331 option 5