

Instructions for Completing the 835 Electronic Remittance Advice (ERA) Agreement Form

Information covered below must be followed when completing the form. The ERA Agreement Form will be returned if not completed accurately.

Wisconsin Physicians Service Health Insurance (WPS) EDI lines of business:

WPS offers 835s for multiple lines of business. Arise Health Plan is a wholly owned subsidiary of WPS. WPS Health Insurance offers individual, family, high deductible, short-term and group plans. In addition to Arise and WPS Health Insurance, WPS also administers specific jurisdictions and regions of Medicare, TRICARE and VAPC3.

Enrollment for the following lines of business requires a separate agreement for each line of business:

- Medicare
 - J5 MAC
 - J8 MAC
- TRICARE
 - TRICARE for Life
 - Overseas

By enrolling in any one of the following lines of business, you are also enrolling in all of the other listed lines of business below. You will be using one Trading Partner ID for the following lines of business:

- VAPC3 – For help determining your VAPC3 Region, please refer to <http://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/pccc/index.asp>
 - VAPC3 Region 3
 - VAPC3 Region 5A
 - VAPC3 Region 5B
 - VAPC3 Region 6
- Arise Health Plan
- WPS Health Insurance

DEG1: Provider Information – Required

- **Provider Name:** Enter the complete legal name of the institution, corporate entity, practice, or individual provider/supplier as reported to the Internal Revenue Service. If a physician is affiliated with a clinic, please place the Clinic name in the Provider name field. DO NOT put the physician's name. Only include the physician's name if he/she is the practice name or solo practitioner.
- **Provider Address:** The number and street name where a person or organization can be found.

DEG2: Provider Identifiers Information – Required

- **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):** Enter nine digit TIN or EIN.
 - Only one TIN per form.
- **National Provider Identifier (NPI):** Enter provider's ten digit (**BILLING/GROUP**) NPI number.
 - Only one NPI per form.
 - If you do not have an NPI assigned, please disregard.
- **Other Identifier(s):** **MEDICARE Providers** enter billing PTAN into this field.
 - Only one PTAN per form.
- **Assigning Authority:** Enter one of the following lines of business from the drop down box.

Medicare J5 MAC

Medicare J8 MAC

TRICARE for Life

TRICARE Overseas

- **Trading Partner ID:** Enter your assigned WPS Trading Partner ID.
 - One trading partner ID per form.
 - If utilizing a clearinghouse to obtain your 835s, enter your clearinghouse WPS Trading Partner ID. Please note that some clearinghouses utilize a different Trading Partner ID for each line of business.

DEG3: Provider Contact information – Required

This section is to provide the contact information for the provider only and is not to be used to provide information for any other entity.

DEG4: Provider Agent Information – Optional

DEG5: Federal Agency information – Optional – (Not Used by WPS)

DEG6: Retail Pharmacy Information – Optional – (Not Used by WPS)

DEG7: Electronic Remittance Advice Information – Required [(Must enter TIN and/or (BILLING/GROUP) NPI)]

- **Provider Tax Identification Number (TIN):** Enter nine digit TIN, also known as EIN.
 - Only one TIN per form.
 - The TIN field is not required for Medicare providers.
 - The following does not apply to Medicare. To initiate 835 for all locations under this TIN, **do not enter an NPI below.**
- **National Provider Identifier (NPI):** Enter provider's ten digit (BILLING/GROUP) NPI number to initiate 835 for all locations under a specific (BILLING/GROUP) NPI. Only one (BILLING/GROUP) NPI per form.
- **Method of Retrieval: Required if provider is not using a clearinghouse.**
Enter "Direct" if you will not be utilizing a clearinghouse.

DEG8: Electronic Remittance Advice Clearinghouse Information – Required if you will be using a Clearinghouse and/or Billing service or third party entity to retrieve your 835. If you are using DEG8, all fields are required.

DEG9: Electronic Remittance Advice Vendor Information – Optional

DEG10: Submission Information – Required

- **Reason for Submission:** Choose appropriate reason.
- **Printed Name of Person Submitting Enrollment:** If you are submitting a paper enrollment, (any media; faxed, e-mailed, or mailed), the enrollment must have a written signature by the Authorized Representative. **We will not accept a typed, printed, or stamped signature.** The signature should be an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. This applies to both the electronic and paper-based manual enrollment.
- **Submission Date:** Date you submit the agreement to WPS.
- **Requested ERA Effective Date:**
 - 835 request could take 15 to 30 days to process.
 - Requested date cannot be 30 days greater than the date of submission.

TRICARE for Life & Overseas providers - Please note that your paper Explanation of Benefits (EOBs) will automatically be turned off after 60 days.

Contact us at 1-800-782-2680 or e-mail if you have any questions: EDI@wpsic.com.