



Empowering Healthcare

ERA Payer Agreement Instructions for WPS Medicare –

Illinois (MR023) | Iowa (MR036) | Kansas (MR060) | Michigan (MR017) | Minnesota (MR019) | Missouri (MR094) | Nebraska (MR092) | Wisconsin (MR053)

Important Notes

ERA transactions are available as an additional McKesson contracted service. To add ERAs to your contract please contact your McKesson Sales person or Value Added Reseller. ERAs must be part of your McKesson contract BEFORE requesting ERA service through the McKesson EDI Enrollment Department.

Electronic Funds Transfer (EFT) is an arrangement between the Physician/ Provider and the Payer. McKesson does not manage or transmit EFTs. If your Payer offers EFT transactions contact them to determine if they:

- Require you to receive EFTs in order to receive their ERAs.
- Charge an additional fee for EFTs/ERAs.
- Require you to enroll for EFTs on this ERA enrollment form.

Before receiving ERAs for WPS Medicare the Physician/Provider must:

- Be processing claims electronically with this payer
- Contract with McKesson for All Payer ERA service
- Complete an ERA Enrollment Request Form
- Complete WPS Medicare's Electronic Remittance Advice and Electronic Funds Transfer Enrollment Form.

Guidelines for completing: WPS Medicare Electronic Remittance Advice Enrollment Form:

- Complete all required fields
- Submit one ERA Payer Agreement for each Physician/Group Tax ID.
- Once the agreement is open in Adobe Reader you can type information onto the form.
- Forward original ERA agreement to WPS Medicare.
- Fax your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow up to 30 days for approval and receipt of WPS Medicare ERA.

Fax or mail the completed Payer Agreement to:

State	Address
Illinois (MR023) Michigan (MR017) Minnesota (MR019) Wisconsin (MR053)	WPS Electronic Data Services 912 N. Pentecost Rd. PO Box 5511 Marion, IL 62959 Fax: (618) 998-5170 Phone: (877) 567-7261
Iowa (MR036) Kansas (MR060) Missouri (MR094) Nebraska (MR092)	WPS Attn: EDI 1717 W. Broadway Madison, WI 53713 Fax: (608) 223-3824 Phone: (866) 503-9670

Fax your McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763



Wisconsin Physicians Service (WPS) Authorization Form for Electronic Remittance Advice Processing (ERA)

This form is intended to establish Electronic Remittance Advice (ERA) enrollment. The implementation process cannot begin until this questionnaire is completed. **If the form is received as not legible or not completed correctly, it will be returned to the provider for correction.** If you are a direct submitter, you must be assigned a submitter ID in order to receive the ERA. If you have not registered for a submitter ID, please access the WPS Trading Partner System (WTPS) at the following website: <https://corp-ws.wpsic.com/apps/wtps-web/unauth/wtps.do>. If you are not a direct submitter, the clearinghouse/third-party company/billing service submitter number should be used. Please return this form to the EDI Department, for the applicable line of business, as listed at the bottom of this form. *****This request could take up to fourteen business days to complete.*****

Part A providers need to select if this request is for a new submitter or if they want to add providers to their current submitter.
New Submitter: [] Add Providers: []

Check all lines of business that apply:

Part A J5 [] Part B J5 [] Part B Legacy [] Part A Legacy []

Please identify the company that will be retrieving the Electronic Remittance Advices ERA) in this section:

Provider/Physician: [] Corporate Office: [] Third Party Company/Clearinghouse: []

Provider Name: _____

Provider Street Address: _____
(If the provider will be retrieving the ERAs, then they need to include the address that the services are rendered)

Provider City/ State/Zip: _____

Contact Person: _____
(Printed Name)

Contact Phone #: _____ Contact Fax #: _____
(Please incl. ext #)

Contact Email Address: _____

WPS Submitter ID: _____
(Please use only the WPS issued submitter ID that will be retrieving the ERAs)

Provider Identification Numbers:

Multiple providers may be listed on this form if they are at the same location. To retrieve ERA for additional providers at different locations, please complete a separate authorization form for each additional provider number.

Provider Name	Provider Number	NPI Number

I, _____ of _____ would like to
(Provider Contact Signature) (Provider Name)

receive ERAs effective, _____. (All providers MUST include an effective date for this request)
(Date)

By checking this box, you are authorizing a Third Party Company/Clearinghouse to Retrieve ERA files on your behalf.

Please supply the complete name and address of the Third Party Company/Clearinghouse.

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Fax #: _____

Contact: _____ Contact Phone #: _____
(Printed Name) (Please include extension #)

Contact Email Address: _____

Translation Software: If you are a direct submitter, you will need translation and printing software in order to view and print the Electronic Remittance Advice. MREP software, for part B providers, and PCPrint software for part A providers, is available to download from our website at the following addresses:

MREP: http://www.wpsmedicare.com/part_b/business/mrep.shtml

PCPrint: http://www.wpsmedicare.com/part_a/business/pc_print.shtml

Please mail or fax this completed agreement to:

Medicare Part B Legacy: IL, MI, WI, MN	Medicare Part A & B J5: IA, NE, KS, MO	Medicare Part A Legacy: (multiple states)
WPS Electronic Data Services	WPS	WPS
912 N. Pentecost Rd.	Attention: EDI	Attention: EDI
PO Box 5511 Marion, IL 62959	1717 W. Broadway Madison, WI 53713	P.O. Box 1602 Omaha, NE 68101
Phone # (877) 567-7261	Phone # (866) 503-9670	Phone # (866) 734-6656
Fax : (618) 998-5170	Fax : (608) 223-3824	Fax: (402) 351-6188