



AVAILITY ENROLLMENT FORM

PAYER ID: 05302

PAYER NAME: MEDICARE MISSOURI PART B (J5 WPS)

Required: Submission of this form indicates enrollment process has been completed.

Enter Provider Information (print or type)		
Provider Organization Name		
Provider Tax ID		Provider/Group NPI
Availity Customer ID (Required)	Provider Legacy ID (if available)	
Provider Billing Address		
City	State	Zip
Authorized Name		Phone
Email Address		
Choose which transaction you are enrolling (Claims, Remits, or Both):		

Enrollment Instructions:

To begin enrollment click on the link below and follow the enrollment instructions.

<https://edi.wpsic.com/edir/home>

Electronic Transaction Enrollment

- Click on PROVIDERS

WPS HEALTH SOLUTIONS | **EDI Express Enrollment**

Electronic Transaction Enrollment

Are you a healthcare provider?

PROVIDERS Yes I am a healthcare provider Enroll Now	AGENCY & VENDORS No I am not a healthcare provider Enroll Now
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Electronic Transaction Type (Select One or Multiple)

- 5010 837 Professional Claim Inbound (CMS-1500)
- 5010 276/277 Claim status Batch
- Electronic Remittance Advice (5010 835)

WPS HEALTH SOLUTIONS | **EDI Express Enrollment**

Electronic Transaction Type

For which electronic transaction do you want to enroll?

EFT

Electronic Funds Transaction (EFT)

ERA

Electronic Remittance Advice (5010 835)

EDI

5010 837 Institutional Claim Inbound (UB-04)

5010 837 Professional Claim Inbound (CMS 1500)

5010 270/271 Eligibility - Batch

5010 270/271 Eligibility - Real time

5010 276/277 Claim Status - Batch

5010 276/277 Claim Status - Real time

Electronic Transaction Type

- Enter Availity's Trading Partner ID (70000)



EDI Express Enrollment

Clearinghouse/Billing Agency

Have you chosen a clearinghouse/billing agency?

If Yes - Confirm with your clearinghouse/billing agency which trading partner ID you should be using and provide it below.

Trading Partner ID

Validate

I use a clearinghouse/billing agency
but I haven't chosen an agency yet

I Don't use a
clearinghouse/billing agency

Insurance & Benefits

- Select J5 MAC Part B (Missouri)

WPS HEALTH SOLUTIONS EDI Express Enrollment

Insurance & Benefits

For which type of benefit or insurance are you enrolling?

WPS HEALTH INSURANCE



Arise Health Plan



Aspirus Arise



Family Care



WPS Health Insurance

WPS GOVERNMENT HEALTH ADMINISTRATORS

J5 MAC Part A



- Iowa J5 A
- Kansas J5 A
- Missouri J5 A
- Nebraska J5 A
- National J5 A

J5 MAC Part B



- Iowa J5 B
- Kansas J5 B
- Missouri J5 B
- Nebraska J5 B

J8 MAC Part A



- Indiana J8 A
- Michigan J8 A

J8 MAC Part B



- Indiana J8 B
- Michigan J8 B

WPS MILITARY AND VETERANS HEALTH



TRICARE Overseas



TRICARE For Life



TRICARE East



VAPC3 - Region 3



VAPC3 - Region 5A



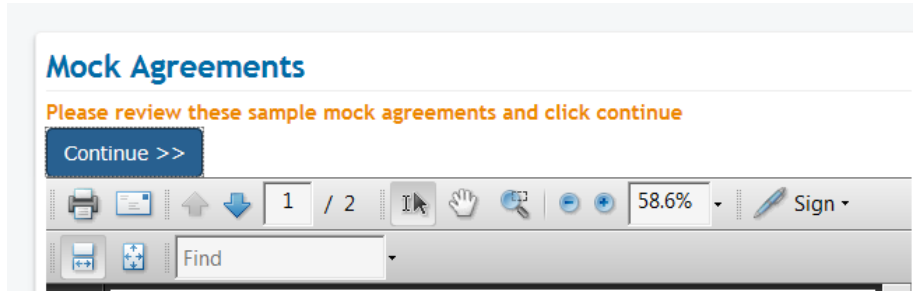
VAPC3 - Region 5B



VAPC3 - Region 6

Mock Agreements

- Click Continue



Healthcare Provider Information

- Enter Contact and Clearinghouse Information

Healthcare Provider Information

What is your contact information?

Contact Information	Clearinghouse Information
Contact First Name <input type="text" value="First Name"/>	Clearinghouse Company Name <input type="text" value="Availity LLC"/>
Contact Last Name <input type="text" value="Last Name"/>	Clearinghouse Contact First Name <input type="text" value="Enrollment"/>
Contact Job Title <input type="text" value="Title"/>	Clearinghouse Contact Last Name <input type="text" value="Department"/>
Contact Phone Number <input type="text" value="(999)999-9999"/>	Clearinghouse Contact Job Title <input type="text" value="N/A"/>
Extension <input type="text" value="Extension"/>	Clearinghouse Contact Phone Number <input type="text" value="8002824548"/>
Contact E-Mail Address <input type="text" value="johndoe@example.com"/>	Clearinghouse Contact Extension <input type="text" value="Extension"/>
Confirm Contact E-Mail Address <input type="text" value="confirm e-mail"/>	Clearinghouse Contact E-Mail Address <input type="text" value="aacenrollment@availity.com"/>
	Confirm Contact E-Mail Address <input type="text" value="aacenrollment@availity.com"/>

[Next](#)

Healthcare Provider Information

- Enter Provider Information



EDI Express Enrollment

Healthcare Provider Information

What is the name of your business?

Business Name

What is the physical address of your business?

Street Address

City

State/Province

ZIP Code

Date You Would Like to Begin Receiving This Transaction

mm/dd/yyyy

Next

Healthcare Provider Information

- Enter Billing Tax ID and NPI
- Click Submit

Healthcare Provider Information

What is your provider specific information

What is your Billing/Group Tax Identification Number?

Tax ID (Required)

What is your billing or group NPI?

NPI (Optional)

NOTE: If a specific NPI is not provided, all NPIs related to the provided Tax ID will be set up using the information provided in this request.

Questions: Email WPS at communitymanager@wpsic.com or call 800-782-2680 (option 1)