



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 4
DATE: 8/10/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: Tricare West: WPS	SENDER'S FAX NUMBER: 602-439-0808

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

The following pages contain important information in regards to your EDI Enrollment for:

Tricare West: WPS

Included in this fax are the forms you need to complete in order to enroll in EDI. To obtain additional copies of the forms, please refer to the download link(s) provided in the Enrollment Instructions page.

Comments:



Tricare West: WPS

Enrollment Instructions

Thank you for your interest in Electronic Data Interchange (EDI).

Required Documents

The following documents are **required** enrollment documents that must be completed, signed and returned to the WPS office prior to initiation of electronic claims submission or inquiry.

1. Tricare Provider Agreement
2. WPS Trading Partner Profile
3. Tricare Billing Service/Clearinghouse Contractor Agreement (For Billing Services Only)
4. ERA- Tricare: Input sheet (To receive Electronic EOBs please complete this form)

To obtain forms #1-3 above, please download them from:

- http://www.wpsic.com/edi/get_started.shtml

To obtain form #4 above, please download it from:

- <http://www.wpsic.com/edi/tools.shtml>

If you have any questions regarding any of the documents in this package, please phone the WPS EDI Technology Support Center at 1-800-782-2680, Option 2.

Required Information

We recommend that you have the following information ready before filling out your forms:

Your Submitter Information	Software Vendor Information
• Name	• Vendor Name – Ivertex
• Address	• Contact – EDI Team
• Phone and Fax Numbers	• Vendor Code – 90114
• E-mail Address (if any)	• Phone – 602-439-2525
• Contact Name (if other than name above)	• Fax – 602-439-0808
• Provider PIN numbers for this payer	• Address – PO Box 86609 Phoenix, AZ 85080
• Organization or Group PINs for this payer	• Software Name– SolAce EMC
	• E-mail – Support@Ivertex.com

Filling out your forms

Tricare Provider Agreement

Please fill in the following:

Page 1:

- Business/Provider NPI and Name
- Number of Providers who will be submitting electronic claims
- Select if you will be billing Professional (CMS 1500) or Institutional (UB04) claims or both
- Office contact person's name
- Phone & Fax Number
- Email Address
- Facility Address
- Providers doing direct billing from SolAce: Choose "Direct filing using a vendor-supplied EDI software..." And enter IVERTEX as your vendor. Also select "WPS Bulletin Board System" for submission media.
 - Providers using a billing service: Please select billing service and enter your billing services name.

Page 3:

- Please complete the bottom of page 3.

WPS Electronic Data Services Trading Partner Profile

Section 1:

- Enter Business/Provider Name and Address
- Enter Business/Provider Tax ID number
- Contact person's name in your office
- Phone & Fax Numbers
- Contact E-mail address
- New Applicants may leave the Submitter Number blank

Section 2:

- Line of Business: Select "Tricare West Region"
- Claim Format: Select "Professional Claims" and/or "Institutional Claims"
- Other EDI Transactions: To receive your EOBs electronically please select "Remittance Advice"
- Software Vendor Information: Please fill in information provided above

Section 3:

- Please select "WPS Bulletin Board System"

Tricare Billing Service/Clearinghouse Contractor Agreement

Billing Services must read and complete this form as well as the 2 forms above. All of your providers will need to complete the **Tricare Provider Agreement** as well and state that they will be using your Billing Services.

WPS and Tricare: Input Sheet (ERN)

Complete this form after you have received your Submitter ID from Tricare

Section 1: Please choose “Tricare West Region”

Section 2: ERA Provider Information

- Enter Business/Practice or Provider name and Tax ID
- Enter your NPI and address
- For Requester Contact Name, please enter the name of the contact person for your office
- Enter your assigned Submitter ID #
 - Leave the Billing Service/ Clearinghouse section blank
- Enter your Submitter ID in the Receiver # line
- Enter the current date on “Date to begin ERA”

Submitting your forms

It is recommended that you keep a copy of all the forms you will be submitting for your records. Mail the enrollment forms reflecting **original** signatures to:

Electronic Data Services
Wisconsin Physicians Service
P.O. Box 8128
Madison, WI 53708

It is very important that you complete and return the entire enrollment packet as described above. ***Incomplete packets will not be processed and will be returned to the submitter.***

Waiting for a response

Once the complete provider enrollment packet has been received, the documents will be processed. Processing will take approximately two weeks from the date of receipt. (Remember that mailing time can take as much as five days.)

After processing, a confirmation will be faxed to you as notification to begin filing claims electronically. If neither confirmation nor a returned packet is received after two weeks, contact the Technology Support Center toll-free at 1-800-782-2680, Option 2.

Testing

Once you have received your Submitter ID and password from WPS, please call the Ivertex Support Team and set an appointment for a Mailbox setup and Test Transmission to WPS.

Please have 25 test claims ready for testing. Test files should consist of a variety of claims that represent the type of claims you will be submitting once production status is achieved. Test claims will not be processed for payment but will be validated against production files; therefore, they must contain valid patient procedure, diagnosis, and provider information.