

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

<b>WPS GOVERNMENT HEALTH ADMINISTRATORS PORTAL OVERVIEW .....</b>	<b>4</b>
<b>SECTION 1: USER RESPONSIBILITIES, ACCESS, AND MANAGEMENT .....</b>	<b>5</b>
<b>USER RESPONSIBILITIES (ALL USERS) .....</b>	<b>5</b>
Reporting a Security Incident .....	5
Sharing Portal User Login IDs.....	5
<b>ACCESS TO THE PORTAL .....</b>	<b>6</b>
Register as a Portal Administrator for a Medicare Provider .....	6
Request Access through Your NPI Administrator .....	11
Requesting Access for Additional Administrators (More Than Two).....	12
Logging In.....	13
Multi-Factor Authentication.....	14
Logout.....	22
Recertification.....	22
Account Reactivation.....	26
<b>USERNAME/PASSWORD MANAGEMENT.....</b>	<b>31</b>
Initial Password .....	31
Password Requirements .....	31
Auto Created Password .....	32
Expired Password.....	32
Forgot Username/Password.....	32
Locate Administrator to Update Your Account.....	34
Login Error.....	37
<b>SECTION 2: MY ACCOUNT TOOLS.....</b>	<b>38</b>
<b>MY DASHBOARD.....</b>	<b>38</b>
User Dashboard Windows.....	39
Pending Access Request (Administrators Only) .....	39
Registration Approvals (Administrator Only) .....	41
Blackout NPIs .....	42
User Search (Administrators Only).....	44
Quick Links .....	44
<b>MY PROFILE .....</b>	<b>45</b>
Change My Password .....	45
Change Security Q&As .....	46
Disable My Account.....	46
My Service Locations .....	47
Combining Two or More Accounts Down to One.....	48
<b>MESSAGE CENTER .....</b>	<b>49</b>
Send a Secure Message.....	50
Sending a Message to Customer Service.....	51
Electronic Remittance Advice (ERA Enrollment) .....	53
Searching for a Message (Customer Service, EDI, Appeals Part A and B).....	57



June 2021



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

<b>USER ADMINISTRATION (ADMINISTRATORS ONLY)</b> .....	<b>59</b>
User Administration .....	60
Add New User .....	60
Find and Administer Current Users .....	62
Removing Access for Standard and Eligibility Users .....	63
 <b>SECTION 3: MY TRANSACTIONS</b> .....	 <b>64</b>
 <b>ELIGIBILITY</b> .....	 <b>64</b>
Eligibility Check .....	64
Available Eligibility Information .....	67
Supplemental Insurance .....	67
Summary .....	67
Part A Deductible .....	68
Part B Deductible .....	68
Medicare Secondary Payer (MSP) .....	69
Preventive Service Information .....	69
Pneumococcal Pneumonia Vaccination History .....	70
Covid-19 Immunization Data .....	70
Prescription Drug Plan (PDP) Information .....	70
Therapy Cap Information .....	71
Medicare Advantage (MA/HMO) .....	71
End Stage Renal Disease (ESRD) Information .....	71
Home Health Information .....	72
Hospice Information .....	72
QMB Information .....	72
MDPP Information .....	73
Additional Coverage .....	73
 <b>MEDICARE BENEFICIARY IDENTIFIER (MBI)</b> .....	 <b>74</b>
Medicare Beneficiary Identifier (MBI) Lookup .....	74
 <b>PRIOR AUTHORIZATION</b> .....	 <b>76</b>
Initial Request .....	76
Searching Prior Authorization Requests and Decisions .....	79
Searching Prior Authorization Exemption Letters .....	81
 <b>CLAIMS (PART B PAPER CLAIMS SUBMITTERS ONLY)</b> .....	 <b>82</b>
Register for Online Claim Entry .....	82
Submit New Claim .....	83
Specialty Claim Fields .....	89
 <b>CLAIM INQUIRY</b> .....	 <b>92</b>
Claim Status – Part A and Part B .....	92
Claim Details .....	94
Claim Actions .....	97
 <b>CLERICAL ERROR REOPENING (CER)</b> .....	 <b>98</b>
Submitting a Clerical Error Reopening (CER) .....	98
Common Error Messages and Their Causes .....	100



June 2021



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

<b>OVERPAYMENTS (OCA)</b> .....	<b>102</b>
Overpayment Claim Adjustments (OCA).....	102
<b>MEDICAL DOCUMENTATION</b> .....	<b>104</b>
Search Documentation.....	105
Prepayment Review Tab.....	107
ADR Response Using Claim Inquiry .....	108
Post-Payment Review Tab.....	111
<b>REMITTANCE ADVICE</b> .....	<b>113</b>
Obtain a Full Duplicate from Remittance Search.....	113
Obtain Remittance from Claim Search.....	115
How to Find an Offset.....	116
<b>MEDICARE eREFUNDS</b> .....	<b>117</b>
Searching for Previous eRefunds.....	117
Submitting an Electronic Refund.....	120
<b>LETTER SEARCH (ADR AND DEMAND LETTERS)</b> .....	<b>123</b>
Searching for and Responding to an ADR or Demand Letter.....	123
Searching for an Overpayment .....	129
<b>APPEAL SEARCH (REDETERMINATIONS)</b> .....	<b>133</b>
Submitting a Part B Redetermination.....	133
Submitting a Part A Redetermination.....	136
Appeal Status .....	141
(Portal Submitted Appeals has moved to the Message Center. See page 49.)	
<b>SECTION 4: TROUBLESHOOTING AND REVISION HISTORY</b> .....	<b>144</b>
<b>TROUBLESHOOTING</b> .....	<b>144</b>
Clearing Cache and Internet Cookies .....	144
Qualified Medicare Beneficiary (QMB) Helpful Information .....	144
Portal Eligibility Discrepancy .....	145
Recertification Requirements .....	145
Portal Appeal Statuses.....	146
Frequently Asked Questions (FAQs).....	146
<b>REVISION HISTORY</b> .....	<b>152</b>

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June 2021



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## *WPS Government Health Administrators Portal Overview*

### **WPS GOVERNMENT HEALTH ADMINISTRATORS PORTAL OVERVIEW**

The Portal is a comprehensive and secure alternative to obtain Medicare patient eligibility and claim status. Partnered with the Centers for Medicare & Medicaid Services (CMS), who governs the security regulations and policies of the portal, WPS Government Health Administrators is pleased to be able to provide this convenient and efficient tool to our Medicare providers.

The portal offers many functions detailed in this user manual. The most frequently used functions are eligibility and claim status. The portal eligibility function uses the CMS HIPAA Eligibility Transaction System (HETS) 270/271 transaction to obtain the most current patient eligibility while the claim status function uses the Claims Processing Shared Systems.

In addition, the portal offers the ability to:

- Send secure messages to Customer Service or EDI staff
- Submit a Part A or B redetermination
- Check status on any Part A or Part B redetermination
- Enter a Part B claim
- Submit a Part B clerical error reopening
- Submit an overpayment claim adjustment
- Submit medical documentation
- Request duplicate remittances
- Submit Prior Authorization Requests - Part A only; for Blepharoplasty, Botulinum Toxin Injection, Cervical Fusion with Disc Removal, Implanted Spinal Neurostimulators, Panniculectomy, Rhinoplasty, and Vein Ablation
- Submit electronic refunds
- Receive and respond to ADRs and Demand Letters

The Medicare Number field will accept either a Health Insurance Claim Number (HICN) or a Medicare Beneficiary Identifier (MBI).

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## ***Section 1: User Responsibilities, Access, and Management***

### User Responsibilities (All Users)

#### **REPORTING A SECURITY INCIDENT**

##### **Users shall immediately report any known or suspected:**

- Activity that violates the “CMS Information Security Policies, Standards, and Procedures”
- Activity that compromises information security
- Other suspicious activity

##### **Please contact WPS Customer Service with the following information:**

- User Information:
  - User Login ID
  - National Provider Identifier (NPI)
  - Provider Transaction Access Number (PTAN)
  - Tax Identification Number (TIN/EIN)
- Date and Time the incident was identified
- Specific details of the security incident
- What steps, if any, have been taken by the User since the incident was identified

##### **Please contact WPS Customer Service at a number listed below:**

**MAC J5 Part A/B (IA, KS, MO, NE) and J5 National**

**(866) 518-3285**

**MAC J8 Part A/B (IN, MI)**

**(866) 234-7331**

#### **SHARING PORTAL USER LOGIN IDS**

Every portal user must have their own User Login ID registered under their own name to adhere to privacy laws. Portal users cannot share their User Login ID. This means employers may not create a “Master” login and have all employees share that account. Each user must have their own account registered in their own name.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Access to the Portal

Register as an NPI Administrator for a Medicare provider (by NPI). Be prepared with authentication criteria required through the registration process. As an administrator, you will be responsible for creating, approving, and maintaining standard and eligibility accounts under you.

Register as a non-administrator portal user and request access and approval from your NPI Administrator. Existing NPI Administrators can also create an account on your behalf.

## REGISTER AS A PORTAL ADMINISTRATOR FOR A MEDICARE PROVIDER

Only two Administrators may self-register. If the NPI you are attempting to self-register for already has two or more administrators, or you will not be an administrator, please follow the instructions “Request Access through your NPI Administrator” below to request access, then follow the instructions “Requesting Access for Additional Administrators” if you require Administrator level access.

Access the portal at: <http://www.wpsgha.com>. If you do not have an account, select the “Login/Register” button at the top right side of the page, then choose “Create Account” on the left-hand side.

**WPS** GOVERNMENT HEALTH ADMINISTRATORS

Topic Center My Account Contact Us Login / Register Search Our Site Search

### 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?](#)

### System Status

All Systems Functional

### Medicare News

#### National Osteoporosis Month

Medicare can reimburse for service provided to screen patients for osteoporosis  
Published Today at 11:52 AM

#### Behavioral Health Integration Services Conditions, Cast, and Components

Integrating behavioral health care with primary care is now widely considered an effective strategy for improving outcomes.  
Published Today at 7:54 AM

#### Time and Procedure Codes

The A/B MAC collaboration team has developed a resource concerning time and the requirements as it relates to certain procedure codes.  
Published Today at 7:50 AM

#### International Code of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) (MM 10622)

This MLN Matters Article is intended for physicians and other providers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.  
Published Today at 7:43 AM

### 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](#)  
[Session Timeouts](#)

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Read the details of the Transactional and General Areas of the User Agreement and select “I Accept” then select “I have read...” statement to continue the registration process then select “Next.” Selecting “Cancel” terminates the registration process and reverts back to the Home Page.

**Terms of Use for Transactional Areas**

To continue, you must read and accept the following agreements.

Transactional  General

I accept  I accept

**WPS GH A Portal - General Terms of Use**  
*Updated June 24, 2016*

The WPS GH A Portal Website is composed of various web pages operated by Wisconsin Physicians Service Insurance Corporation (“WPS”). The capitalized term “Website” shall be defined herein to include wpsgha.com and all other web pages operated or hosted exclusively by WPS for health care providers in Medicare Jurisdiction 5 (“J5”) and Jurisdiction 8 (“J8”), including the transactional areas of the WPS GH A Portal that require user registration to access.

**Acceptance of the General Terms of Use**

Please read this agreement carefully before using this Website. By accessing this Website, you agree to be bound by the terms and conditions below and the processing of your personal data in accordance with our [Privacy Policy](#). If you do not wish to be bound by these terms and conditions, you should not access or use this Website.

I have read and agree to abide by these Terms of Use for Transactional Areas. I understand that acceptance provides Medicare with an electronic signature.

On the “Provider Credentials” page enter the National Provider Number (NPI), Provider Transaction Access Number (PTAN) and Provider Tax Identification Number (TIN/EIN) for the NPI you are requesting access for. When done select “Next.”

1 PROVIDER ACCESS 2 ADMIN APPROVAL 3 ABOUT YOU 4 CREATE ACCOUNT 5 CONFIRMATION

**Provider Credentials**

Which Medicare provider do you represent? You must supply valid credentials for the provider you represent before you can proceed with registration.

**1) What is your National Provider Number (NPI)? \***

NPI

If you work with more than one NPI, enter your primary NPI. You can add others to your account later.

**2) What is your Provider Transaction Access Number (PTAN)? \***

PTAN

**3) What is your Provider Tax Identification Number (TIN)? \***

TIN

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

On the Financial Information screen read the details and select either “Yes” or “No” if you are the appropriate person to be the Administrator for this NPI.

If “No” is selected, continue on in the registration process if there is already at least one administrator.

If “Yes” is selected, click the “Next,” button and a pop-up with the Portal Administrator Role Responsibilities will display.

- Review the Administrator Role responsibilities and select “Accept” or “Decline.”
  - Selecting “Accept” will take you to the Financial Information screen to enter data to confirm authorized access to a Service Location.
  - Selecting “Decline” will revert back to the Financial Information page to select “No” and continue with the Registration process.

**NOTE:** If there are no NPI Administrators for the NPI and you “decline” you will not be able to complete registration. Only two NPI Administrators can self-register for a user account and gain immediate access to the portal. It is the responsibility of the Administrator to create and approve access for additional users under their NPI.

If “Accept” was selected, the second page requests that you select one of the three tabs to verify your access to the service location. Enter the required data of your choosing (Patient Lookup, Medicare Check # or Medicare Claim #), then select “Next.”

**NOTE:** Selecting the “Back” button will revert back to the Provider Credentials page and selecting “Cancel” will cancel out the entire registration process and revert back to the Login/Registration page.

**NOTE:** Make sure that you verify that the NPI you are using for registration matches the financial information needed to complete the below step.

Are you the appropriate person to be the Administrator for this NPI?

Yes - Are you the appropriate person to be the Administrator for this NPI?  
 No - Someone else has that responsibility

**Confirm Financial Access to Service Location (NPI)**

You have 3 options to provide financial data to verify your access to this Service Location (NPI).

Patient Lookup Medicare Check # Medicare Claim #

Using a remit sent to this provider (NPI: ) in last 30 days (not dated older than ) please enter:

Check number from a Medicare payment:\*

Check Number

For Part A claims, you may need to add or remove the leading zeros

Cancel Back Next >



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

On the “About You” page, enter all required data to create a user account and then select “Next” when done.

- Provider Name
- Your Name
- Email Address/Confirm Email Address
- Phone Number
- Work Location Name
- Work Location Address (must be a street address, not a P.O. Box)

Create a permanent User Login ID. User Login IDs are 5-16 characters in length. (Spaces are not allowed)

Allowable characters include:

- A-Z
- 0-9
- Dollar (\$)
- Underscore (\_)
- Hyphen (-)

Review password rules prior to creating the password. To create a password, enter the password in “New Password” and enter the same password in “Confirm Password.”

## Portal password requirements

- Passwords can only be changed once in a 24-hour time period
- Passwords will automatically expire after 60 days
- Passwords must be 8 - 20 characters in length
- Passwords **must contain** at least:
  - One upper case alphabetic letter: A - Z
  - One lower case alphabetic letter: a - z
  - One numeric digit: 0 - 9
  - One special character (only the characters listed below are valid):
    - Hashtag (#)
    - Dollar (\$)
    - Percent (%)
    - Ampersand (&)
- Passwords **cannot contain** any of the following information:
  - First or Last name
  - Any special characters that are not listed above
  - User Login ID
  - Security question answers
  - Words (words consisting of four or more letters) **Please note: This is the requirement most often overlooked and causes the most difficulty for users. To successfully create a password, please avoid “dictionary” words. (EXAMPLES: Book, Tree, Water, etc.).**
- Newly created passwords must be different than the previous 24 passwords used.
- Newly created passwords must differ from the previous password by at least four characters.
- Make sure all check marks on the right side of the page are green. If they are not all green, make the necessary correction(s).

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Some helpful suggestions to assist you in the creation of your new password are listed below:

- Choose a smaller password and repeat it: Ab#1Ab#1
- Use the \$ sign instead of the letter "S": Pa\$\$1Pa\$\$1
- Use the number zero instead of the letter "O": w0rd1w0rd1
- Use the number one instead of the letter "l": Wh1te\$Wh1te\$

You may also choose to have the portal auto-generate a password for you. If the "Generate Password" link is selected, the portal will generate a password and will auto fill in the "New Password" and "Confirm Password" fields. Please remember the generated password as this will be needed the next time you log in.

For a second level of security (E-Signature) enter your date of birth and select and answer three questions, select "Next." The only time you will use your date of birth and security questions are when you are using the Forgot User Login ID/Password feature and for recertification of your portal account.

You will receive Confirmation showing that registration was successful, and you can log in to the portal by selecting the "Login" button.



**Confirmation** [Help](#)

You're all set. Please review the following for accuracy.

User Name: User Name  
Your name: John Doe  
Email Address: john.doe@wpsic.com  
Telephone: (123) 456-7890

**Provider Credentials:**  
NPI Number: Pending Admin Approval

Note: Access to this NPI will expire 1 year after activation unless recertified.

Login

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## REQUEST ACCESS THROUGH YOUR NPI ADMINISTRATOR

Access the portal at: <http://www.wpsgha.com>. If you do not have an account, select the “Login/Register” button at the top right side of the page, then choose “Create Account” on the left-hand side.

Read the details of the Transactional and General Areas of the User Agreement and select “I Accept” then select “I have read...” statement to continue the registration process then select “Next.”

On the “Provider Credentials” page enter the National Provider Number (NPI), Provider Transaction Access Number (PTAN) and Provider Tax Identification Number (TIN/EIN) for the NPI you are requesting access for. When done select “Next.”

On the Financial Information page, if it states there are already two or more Administrators, or there is only one, but you do not hold that responsibility and choose the option for “No,” you will be requesting access through the current NPI Administrator. Choose “Next.” If there are no current Administrators and you will not become one, someone who will be an administrator must register first.

On the “About You” page, enter all required data to create a user account and then select “Next” when done.

- Provider Name (doctor or facility name)
- Your Name (person who is going to be the user of the account)
- Email Address
- Confirm Email Address
- Phone Number
- Work Location Name
- Work Location Address (must be a street address, not a P.O. Box)

Create a permanent User Login ID. User Login IDs are 5-16 characters in length. (Spaces are not allowed)  
Allowable characters include:

- A-Z
- 0-9
- Dollar (\$)
- Underscore (\_)
- Hyphen (-)

Review password rules prior to creating the password. To create a password, enter the password in “New Password” and enter the same password in “Confirm Password.”

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- Passwords **must contain** at least:
  - One upper case alphabetic letter: A - Z
  - One lower case alphabetic letter: a - z
  - One numeric digit: 0 - 9
  - One special character (only the characters listed below are valid):
  - Hashtag (#)

# WPS Government Health Administrators Portal User Manual

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- Dollar (\$)
- Percent (%)
- Ampersand (&)
- Passwords **cannot contain** any of the following information:
  - First or Last name
  - Any special characters that are not listed above
  - User Login ID
  - Security question answers
  - Words (words consisting of four or more letters) **Please note: This is the requirement most often overlooked and causes the most difficulty for users. To successfully create a password, please avoid “dictionary” words. (EXAMPLES: Book, Tree, Water, etc.).**
- Newly created passwords must be different than the previous 24 passwords used.
- Newly created passwords must differ from the previous password by at least four characters.
- Make sure all check marks on the right side of the page are green. If they are not all green, make the necessary correction(s).

Some helpful suggestions to assist you in the creation of your new password are listed below:

- Choose a smaller password and repeat it: Ab#1Ab#1
- Use the \$ sign instead of the letter “S”: Pa\$\$1Pa\$\$1
- Use the number zero instead of the letter “O”: w0rd1w0rd1
- Use the number one instead of the letter “l”: Wh1te\$Wh1te\$

You may also choose to have the portal auto-generate a password for you. If the “Generate Password” link is selected, the portal will generate a password and will auto fill in the “New Password” and “Confirm Password” fields. Please remember the generated password as this will be needed the next time you log in.

For a second level of security (E-Signature) enter your date of birth and select and answer three questions, select “Next.” The only time you will use your date of birth and security questions are when you are using the Forgot User Login ID/Password feature and for recertification of your portal account.

You will receive Confirmation showing that registration was successful, and you can log in to the portal by selecting the “Login” button.

If you attempt to log in before approval has been granted by the NPI Administrator, you will receive the message “Your account is currently pending approval by the NPI administrator. You can go to the help center for more information or continue in the public site.”

## REQUESTING ACCESS FOR ADDITIONAL ADMINISTRATORS (MORE THAN TWO)

Only two individuals may self-register as an NPI administrator. If there is need for additional administrators, the person requesting administrator access must first register for a regular user account if they do not currently have any access. After registration and approval, send a secure message requesting that the specific user be brought to the administrator level. You need to include the User Login ID, User’s full name and what NPI they should be Administrator for.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## LOGGING IN

Access the portal at: <http://www.wpsgha.com>. Click on the “My Account” tab or the “Login/Register” button. Enter your User Login ID, password. Select “Login.”

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

WPS GOVERNMENT HEALTH ADMINISTRATORS

Topic Center **My Account** Contact Us **Login / Register** Search Our Site Search

### 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:**  
User Login ID

**Password:**  
Password

Login »

[Forgot User Login ID/Password?](#)

### System Status

All Systems Functional!

### Medicare News

**March 2020 Local Coverage Determination (LCD) and Billing and Coding/Coverage Article Updates**  
New, revised, and retired Local Coverage Determinations and Billing and Coding/Coverage Articles for March 2020  
Published Yesterday at 7:14 AM

**Join the QIO-QIN to Improve Patient Outcomes**  
Be a part of improving patient care

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

WPS GOVERNMENT HEALTH ADMINISTRATORS

Topic Center My Account Contact Us Logout Search Our Site Search

## Second Level Authentication

### Step 1 - Get a Code

Click one of the options below to receive a new MFA code. If you're using Google Authenticator, skip to Step 2.

**Email:** [redacted].com Send Code

**Phone:** [redacted] Send Code

### Step 2 - Validate Code

Enter the code you received into the field below, then click "Verify".

Multi-Factor Authentication Code:\*

Clear Verify

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Logging in after “X”ing out of Portal versus selecting Log out

If a portal user selects the “x” in the top right-hand corner of the webpage to log out of the Portal they may encounter the following error when trying to log back in:

*“DPWNS1056W You are already logged in from another client. Do you want to terminate your existing login or cancel this new login request?”*

The user will have two links available to choose from “Terminate existing login” and “Cancel this new login.” The User should select “Terminate existing login.” This will terminate the previous session that was not properly logged out of and allow the User to sign in again. To properly log out of the portal, click on the gear icon next to your name and then click “Logout.”

## Logging Back in After Timeout Issues

Many times, when a portal user has been logged out after 15 minutes of inactivity, they report difficulty logging back into the portal. One of the simplest fixes for this issue is for the portal user to do the following steps:

- Close all open website browsers (not just the portal site).
- Reopen the website browser and manually enter the link: <https://www.wpsgha.com>
- If the login still gives an error, on the logout link (if available), and if that is not showing, then follow the Clearing Cache steps in the Troubleshooting section, close all browsers and try again.

## MULTI-FACTOR AUTHENTICATION

Multi-Factor Authentication (MFA): a CMS requirement that provides an additional form of security to safeguard your doctor and patient information. When logging into the portal, you will request and enter an MFA Verification code that you will obtain one of three ways:

- Email
- Phone Call (cannot use a phone number that has an extension)
- Google Authenticator Application.

Note: Your Date of Birth and Secret Questions are still an integral part of the portal. These will be needed when using features such as Forgot User ID, Forgot Password and Recertification. Please assure you remember the selections you make as you use the portal.

The MFA process will auto populate the email and telephone with values that are currently listed on your profile page. Even though both Email and Telephone options are populated on the MFA set-up page, you are not required to use both or verify both options. If you choose to verify only one option, that is fine, but verifying both gives you a backup in case you can't get the code thru one option.

# WPS Government Health Administrators Portal User Manual

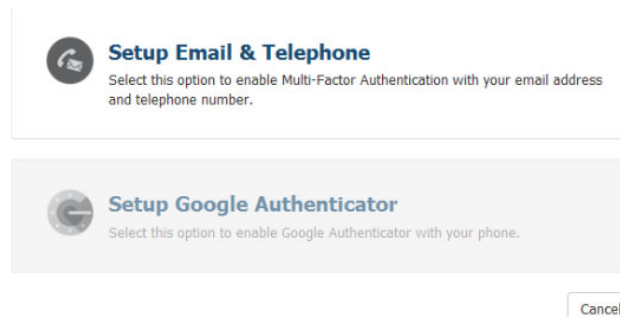
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<http://www.wpsgha.com>

## Multi-Factor Authentication



To get set-up for MFA, click “Continue.” Initially, you will be able to set up email and phone to receive the MFA verification code. Click on the Setup Email & Telephone box



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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To set up your email, enter your Email address in the appropriate box (or verify the Email address pre-loaded is the one you want to use to receive the MFA code) and click the “Send Code” button.

**Setup Email & Telephone**  
A valid email address and telephone number are needed for setting up Multi-Factor Authentication. You can use your profile information, or enter another email address or telephone number below. Be aware that BOTH options will be saved as your Multi-Factor Authentication methods. To continue, please select which authentication method you want to verify and click 'Send Code'.

Email Address \*:

Telephone Number \*:

Obtain the MFA Verification code from the email sent to the Email address you indicated above. Be aware, this code will expire 1 hour after being sent, so you must log in to use the code within 1 hour otherwise you will need to request a new code. Once you enter the code in the Verification Code box and click “Verify Code,” the code will be valid for 12 hours. Once it has been verified you will see a check mark next to the email address.

**Setup Email & Telephone**  
Please enter the verification code that you received in the box below.

[<- Back to Previous Step](#)

Email Address \*:

Verification Code \*:

**Setup Email & Telephone**  
A valid email address and telephone number are needed for setting up Multi-Factor Authentication. You can use your profile information, or enter another email address or telephone number below. Be aware that BOTH options will be saved as your Multi-Factor Authentication methods. To continue, please select which authentication method you want to verify and click 'Send Code'.

Email Address \*:

Telephone Number \*:

If you are having trouble receiving the email, or the code did not work, and you want to try a new code, click on the “Back to Previous Step” link.

To set up your telephone number, enter the phone number that you will use to receive the Verification code. If the phone number pre-loaded is not the one you want to use update the field with a new phone number. Please note that this **cannot be a phone with an extension**. It must be a direct dial number and can be a cell

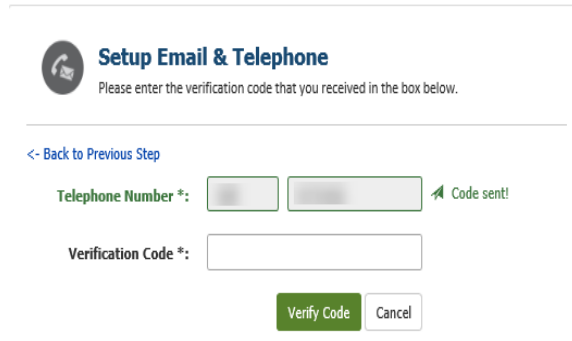


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phone number. Click the Send Code button if you are ready to validate the phone number. (If you do not want to validate your phone number now and only use Email as your verification, click on the Continue button.)

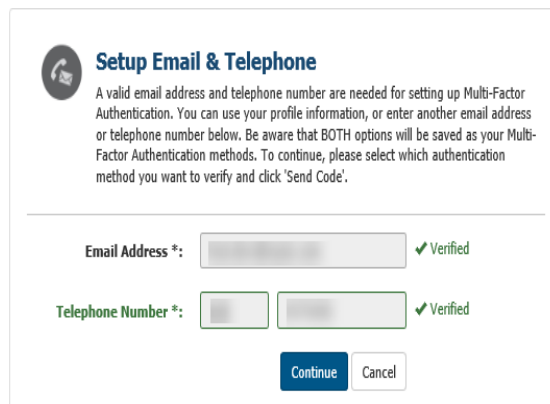


The screenshot shows a form titled "Setup Email & Telephone" with a sub-header "Please enter the verification code that you received in the box below." Below this is a link "<- Back to Previous Step". The form contains two input fields: "Telephone Number \*:" which is split into two boxes and has a green checkmark and "Code sent!" next to it, and "Verification Code \*:" which is a single box. At the bottom are two buttons: "Verify Code" (green) and "Cancel" (white).

An automated phone call will be made from our telephone system with the following message: "Hello. Thank you for using the WPS GHA Multi-Factor Authentication phone verification option. Your code is: [randomly generated six-digit number] Again your code is: [repeat of six-digit number]. Remember, you should not share this code with anyone else, and no one from WPS GHA will ever ask for this code. Goodbye."

Enter the code in the Verification Code box and click "Verify Code."

Once the code is verified you will see a check mark next to the telephone number. As with the email option, please be aware, this code will expire 1 hour after being sent, so you must log in to use the code within 1 hour otherwise you will need to request a new code. Once you enter the code in the Verification Code box and click "Verify Code", the code will be valid for 8 hours. Once it has been verified you will see a check mark next to the Telephone number.



The screenshot shows the same "Setup Email & Telephone" form, but now with a sub-header: "A valid email address and telephone number are needed for setting up Multi-Factor Authentication. You can use your profile information, or enter another email address or telephone number below. Be aware that BOTH options will be saved as your Multi-Factor Authentication methods. To continue, please select which authentication method you want to verify and click 'Send Code'." Below this are two input fields: "Email Address \*:" with a green checkmark and "Verified" next to it, and "Telephone Number \*:" which is split into two boxes and also has a green checkmark and "Verified" next to it. At the bottom are two buttons: "Continue" (blue) and "Cancel" (white).

You will receive a message at the top of the screen that you have successfully set up your Multi-Factor Authentication.

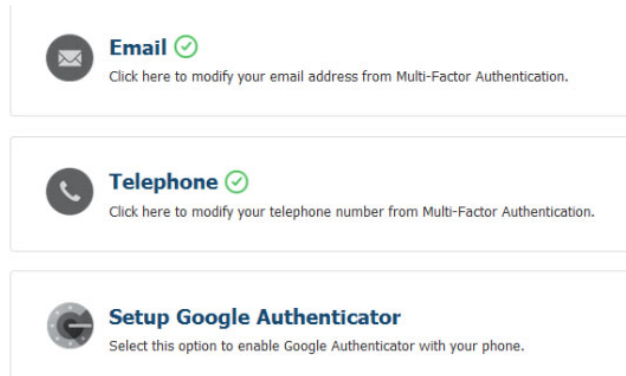
You have successfully set up your email address and telephone number for Multi-Factor Authentication. At this point, your credentials are ready for logging in, but you can also add the Google Authenticator method below.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

A third option to receive an MFA Verification code is use of Google Authenticator. Google Authenticator is an application that implements two-step verification and is an app typically installed on a smart phone. This is not a required method but is a very useful method for meeting the Multi-Factor Authentication requirement. To use Google Authenticator, first download the app via Google Play or the App Store. Follow the steps on the app to download to your phone.



The screenshot shows three rectangular buttons stacked vertically. Each button has a circular icon on the left, a title, and a green checkmark icon. Below each title is a line of smaller text.

- Email** (with checkmark): Click here to modify your email address from Multi-Factor Authentication.
- Telephone** (with checkmark): Click here to modify your telephone number from Multi-Factor Authentication.
- Setup Google Authenticator**: Select this option to enable Google Authenticator with your phone.

Once you have installed Google Authenticator to your phone, use the application to scan the Bar Code in the portal (shown below). You will receive a Verification Code on your phone. Enter that code in the Verification Code box and click “Verify.” The code must be **entered within 30 seconds** from the time it is displayed in the Authenticator app.



The screenshot shows the 'Setup Google Authenticator' screen. At the top, there is a title and a sub-instruction: 'To set up Google Authenticator, first download the app from the App Store (iOS) or from Google Play (Android)'. Below this are two buttons: 'GET IT ON Google Play' and 'Download on the App Store'. The instructions are numbered 1 and 2, followed by a large QR code. Below the QR code is instruction 3. At the bottom, there is a text input field for the 'Verification Code \*:' and two buttons: 'Verify' and 'Cancel'.

**Setup Google Authenticator**  
To set up Google Authenticator, first download the app from the App Store (iOS) or from Google Play (Android).

1. In the Google Authenticator app, select Scan barcode.  
2. Use your phone's camera to scan this barcode.

3. When the application is configured, type the code generated, and click on 'Submit and Save'.

+ Can't scan the barcode?

Verification Code \*:

Verify Cancel


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Wisconsin Physicians Service Insurance Corporation


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You will receive a message that you have successfully enabled the Google Authenticator app.

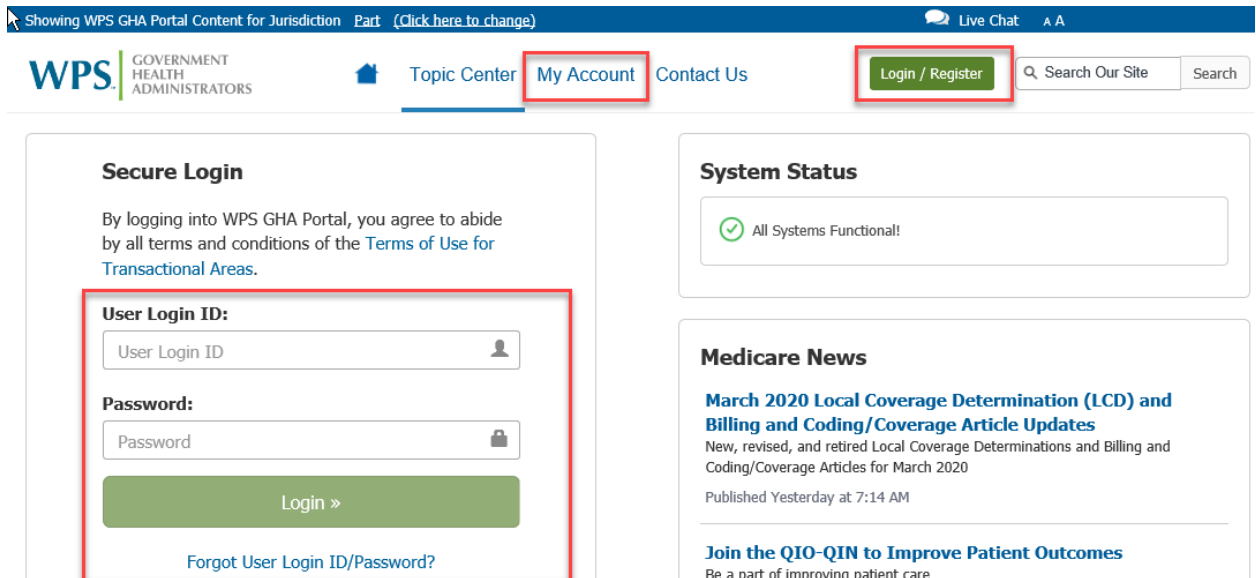
You have successfully enabled Google Authenticator for Multi-Factor Authentication.

 **Email** ✓  
Click here to modify your email address from Multi-Factor Authentication.

 **Telephone** ✓  
Click here to modify your telephone number from Multi-Factor Authentication.

 **Google Authenticator** ✓  
Click here to unlink your Google Authenticator app from Multi-Factor Authenticator.

Once you have set up your Multi-Factor Authentication you will be taken to your Dashboard. The next time that you log into the portal, you will enter your User Login ID, Password, and obtain and enter a new authentication code using any of your validated choices.



The screenshot shows the WPS Government Health Administrators Portal dashboard. At the top, there is a navigation bar with the WPS logo, "GOVERNMENT HEALTH ADMINISTRATORS", and links for "Topic Center", "My Account", and "Contact Us". A "Login / Register" button is highlighted with a red box. Below the navigation bar, the "Secure Login" section is highlighted with a red box. It contains a "User Login ID:" field, a "Password:" field, and a "Login »" button. Below the login fields is a link for "Forgot User Login ID/Password?". To the right of the login section, the "System Status" section shows "All Systems Functional!" with a green checkmark. Below that, the "Medicare News" section features a headline: "March 2020 Local Coverage Determination (LCD) and Billing and Coding/Coverage Article Updates".

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**WPS** GOVERNMENT HEALTH ADMINISTRATORS [Home](#) [Topic Center](#) [My Account](#) [Contact Us](#) [Settings](#) [Logout](#)

## Second Level Authentication

### Step 1 - Get a Code

Click one of the options below to receive a new MFA code. If you're using Google Authenticator, skip to Step 2.

	<b>Email:</b> <input type="text" value="...com"/>	<a href="#">Send Code</a>
	<b>Phone:</b> <input type="text"/>	<a href="#">Send Code</a>

### Step 2 - Validate Code

Enter the code you received into the field below, then click "Verify".

**Multi-Factor Authentication Code:\***

Once you have logged in using your verification code, if you log out and need to log in again, remember, you will not have to request or enter your code again. You will see the below screen.

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Wisconsin Physicians Service Insurance Corporation

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## 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:**

## Multi-Factor Authentication

 You have successfully validated a MFA code in the last 12 hours. You can sign in by clicking the Login button above. If you think your MFA code was compromised and wish to request a new one, [click here](#).

[Forgot User Login ID/Password?](#)

## How to Change your Email Address or Phone Number for MFA

You can change your email address and/or phone number any time after setting up your MFA access. To do so, login and navigate to My Profile, then:

- Click on the MFA tab at the top of the screen.
- On the Multi-Factor Authentication page select the option that you are changing
- Enter in the correct value (Email address or Phone number)
- Click Send Code
- Obtain the verification code from either your Email or Telephone
- Enter Code and click Verify and Finish.
- Once it is changed you will receive message at the top of the page “You have successfully updated your Multi-Factor Authentication methods”

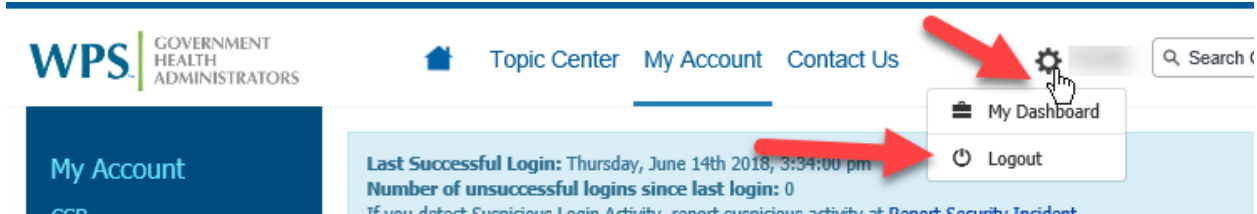
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## LOGOUT

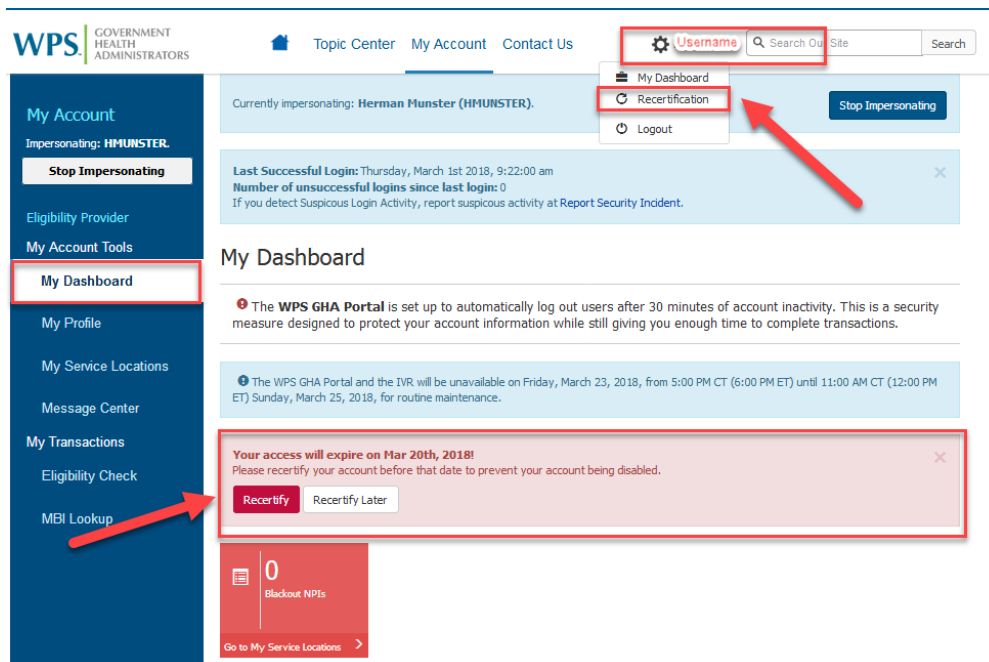
To logout of the portal select the gear icon at the top of the page next to your name. A dropdown box will display, click Logout.



## RECERTIFICATION

Annually, users must recertify all active User Login IDs that have access to the portal. Notifications are presented in the portal 90 days prior to the recertification date to allow adequate time to complete the recertification steps. The recertification process is very similar to registration. If a User fails to complete the portal recertification process timely, access is disabled. Once access is disabled a user will need to complete the registration process as a new user.

Once Recertification is due within 90 days, the user will receive the Recertify pop-up window on the "My Dashboard" page. Choose "Recertify" from the pop-up, or, from the "My Dashboard" page click on your username in the top right, and if Recertification is due, there will be an option for "Recertification."



Read and accept the transactional and general terms of use. Then choose "Next."

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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## Terms of Use for Transactional Areas

To continue, you must read and accept the following agreements.

Transactional

I accept

**General**

I accept

- I have read and agree to abide by these Terms of Use for Transactional Areas. I understand that acceptance provides Medicare with an electronic signature.

Next

Cancel

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

The portal requires all users to attest that you have or will be completing your company's annual security awareness training. If you select no, your account will be permanently disabled. Then choose "Next."

**Annual Security Awareness Training**

The WPS GHA portal requires all users to attest that they have or will be completing their company's annual security awareness training. If you select No, which indicates that you have not yet completed your company's annual security awareness training, your account will be permanently disabled.

**Yes** - I have completed or will be completing my company's Annual Security Awareness Training.

**No** - I have NOT and will NOT be completing my company's Annual Security Awareness Training.

[Cancel](#)

Enter the provider credentials for any one of the Service Locations (NPIs) you currently have access to. Then choose "Next."

**Provider Credentials**

Which Medicare provider do you represent? You must supply valid credentials for the provider you represent before you can proceed with registration.

Enter the Provider Credentials (NPI / PTAN / TIN) for any of the Service locations (NPI) that you currently have access to.

**1) What is your National Provider Number (NPI)? \***

If you work with more than one NPI, enter your primary NPI. You can add others to your account later.

**2) What is your Provider Transaction Access Number (PTAN)? \***

**3) What is your Provider Tax Identification Number (TIN)? \***

[Cancel](#) [Back](#) [Next >](#)



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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Enter your choice of financial information, from the last 30 days. Then choose “Next.” You can enter:

- Patient Medicare number and Date of Service
- Medicare Check Number
- Medicare Claim Number

**NOTE:** Make sure that you verify that the NPI you are using for registration matches the financial information needed to complete the below step.

The image shows a registration process flowchart with five steps: 1. SECURITY AWARENESS TRAINING, 2. PROVIDER CREDENTIALS, 3. FINANCIAL INFORMATION, 4. ABOUT YOU, and 5. E SIGNATURE VERIFICATION. Step 3 is highlighted. Below the flowchart is a screenshot of the 'Financial Information' form. The form title is 'Confirm Financial Access to Service Location (NPI)'. It instructs the user to provide financial data to verify access to the selected NPI. Three options are listed: 'Patient Lookup', 'Medicare Check #', and 'Medicare Claim #'. The 'Patient Lookup' option is selected. The form includes a text box for 'Patient's Medicare Number \*' (max 12 characters) and a date picker for 'Date of Service \*' (MM/DD/YYYY). The form has 'Cancel', 'Back', and 'Next >' buttons.

Review and update your personal information, then choose “Next.”

**E-Signature Verification:** In order to recertify, three new security questions must be selected and answered. Once complete, select “Next.”

**Recertify Admin Role:** Administrators must recertify NPI Administrator Role Responsibilities. Only NPI Administrator Users will need to reaccept the Admin role. Verify the listed NPIs and review the Administrator responsibilities. Then, select “Reaccept Admin Role” to continue recertification.

If you choose to modify your access to any NPI, go to “My Service Locations.” Once this is done, the Re-Certification process will need to be done again and “Finish” must be selected when completed.

You will receive a Recertification complete message. Select “OK.”

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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## ACCOUNT REACTIVATION

### User's Account

If a user account has been disabled for any reason, an NPI Administrator has the ability to reactivate the account. Once access is disabled, a user must contact their NPI Administrator to request their account be reactivated.

Note: Only accounts disabled after April 17, 2019, can be reactivated. Accounts that have been disabled for more than one year from their disabled date cannot be reactivated.

### Administrators Only

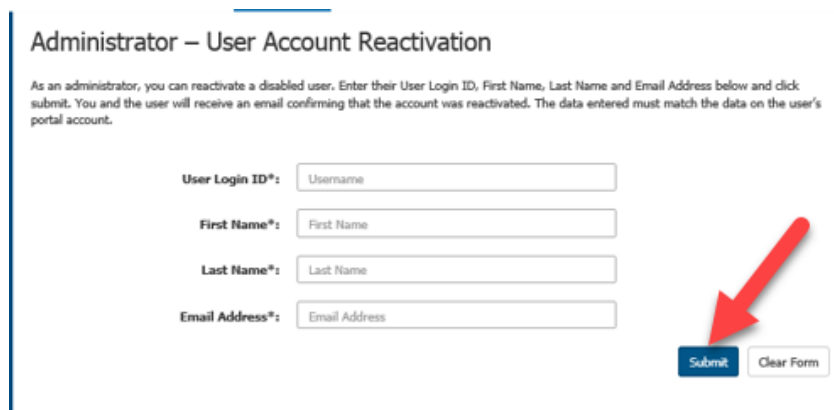
Access the portal at: <http://www.wpsgha.com>. Click on the Reactive User button on your User Administration page



The screenshot shows the 'User Administration' interface. At the top, there is a 'Pending Notifications' section with a message: 'You have no pending notifications.' Below this is the 'User Administration Actions' section. It contains a paragraph of instructions: 'Please use this tool to find external users that have access to the Service Locations (NPIs) you administer. You can enter specific search criteria, select all users with access to a specific Service Location (NPI) or show all users with access to said locations. You can also Add a New User.' At the bottom of this section, there is a row of buttons: 'Find Users', 'Add New User', and 'Reactive User'. A red arrow points to the 'Reactive User' button.

Enter the following information (Note: This information must match what is on the user's account), then click "Submit"

- User Login ID
- User First Name
- User Last Name
- User's Email Address



The screenshot shows the 'Administrator - User Account Reactivation' form. It includes the following fields: 'User Login ID\*' (with a placeholder 'Username'), 'First Name\*', 'Last Name\*', and 'Email Address\*'. At the bottom right, there are two buttons: 'Submit' and 'Clear Form'. A red arrow points to the 'Submit' button.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Click “Confirm” on the confirmation pop-up box. The Administrator will receive the message “The account has been successfully reactivated” and an email. The reactivated user will also receive an email.

If the user needs to have their password reset, click “Reset Password.” The user will receive a follow-up email with a temporary password.

## Administrator – User Account Reactivation

The account has been successfully reactivated.

You're all set. Please review the following for accuracy.

Username: [REDACTED]  
Your Name: Test Test  
Email Address: [REDACTED]

**Provider Access:**  
NPI Number: [REDACTED]

**Note:** Access to this NPI will expire 1 year after activation unless recertified.

Need to reset [REDACTED] password?  
[Reset Password](#)

## Administrator’s Account

If an Administrator’s user account has been disabled for any reason, the Administrator has the ability to reactivate their own account.

Note: Only Administrator accounts disabled after August 8, 2019, can be reactivated. In addition, accounts that have been disabled for more than one year from their disabled date cannot be reactivated.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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## Administrators Only

Click on the “Is your NPI Admin Account expired?” link in the Secure Login box under the “Forgot User Login ID/Password?” link

The screenshot displays the WPS Government Health Administrators Portal interface. At the top, there is a navigation bar with the WPS logo, a home icon, and links for 'Topic Center', 'My Account', and 'Contact Us'. A 'Login / Register' button and a search bar are also present. Below the navigation bar, there are two informational banners: one regarding system maintenance on June 28-30, 2019, and another about CMS security requirements. The main content area is divided into three sections: 'Secure Login', 'System Status', and 'Medicare News'. The 'Secure Login' section contains a 'User Login ID' field, a 'Password' field, and a 'Login »' button. Below these fields are two links: 'Forgot User Login ID/Password?' and 'Is your NPI Admin Account expired?'. A red arrow points to the 'Is your NPI Admin Account expired?' link. The 'System Status' section shows 'All Systems Functional!' and 'There are 3 Informational messages.'. The 'Medicare News' section features two articles: 'Avoid Overpayment Processing Delays' and 'Website Updates for the Week of June 17, 2019'. A 'Registration' section is partially visible at the bottom left.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Enter the following information (Note: This information must match what is on your account), then click "Submit"

- User Login ID
- Date of Birth
- Select one of your Secret Questions from the drop down
- Secret Answer
- NPI for the financial data
- Financial Data for one of the tabs; Patient Lookup, Medicare Check # or Medicare Claim # that matches the NPI you entered

Showing WPS GHA Portal Content for Jurisdiction **Part** ([Click here to change](#)) Live Chat A A

**WPS** GOVERNMENT HEALTH ADMINISTRATORS [Home](#) [Topic Center](#) [My Account](#) [Contact Us](#) [Login / Register](#)

### Administrator - Self Reactivation

Your account has been disabled. As an Administrator you can reactivate your own account by completing the below information. Enter your account information: User Login ID, Your Date of Birth, Choose one of your Secret Questions and the Answer, NPI and one of the 3 options of Financial Information. This will reactivate your account. You and any other administrator(s) for NPI that you have access to will receive an email confirming that your account has been reactivated. If you have entered all information correctly, you will get a confirmation email and your account would have been reactivated.

**User Login ID**

User Login ID\*:

**e-Signature**

Date of Birth\*:

Secret Question\*:

Secret Answer\*:

**Financial Information**

You have 3 options to provide financial data to verify your access to this Service Location (NPI).

NPI (Service Location)\*:   
Max 10 characters

**Patient Lookup** | Medicare Check # | Medicare Claim #

Using a remit sent to this provider in last 30 days (not dated older than May 26, 2019) please enter:

Patient's Medicare Number\*:   
Max 12 characters

Date of Service\*:

---

**eNews Sign Up**  
   
Enter your email above. Current news from CMS and WPS GHA delivered to your inbox.

**Stay Connected**  
 Facebook

**Newsletters**  
> Communiqué  
> eNews

**Topic Center**  
> Claims  
> Claims Review  
> Overpayments  
> Appeals  
> Provider Enrollment  
> Policies  
> Fee Schedules and Reimbursement  
> Cost Report Audit  
> Training  
> Self-Service

**Need Help**  
> Web Help  
> Feedback  
> Contact us  
> Acronym List  
> Adobe Acrobat Reader

**Educational Opportunities**  
> Learning Center  
> WPS GHA Portal User Manual

**Other Resources**  
> Home  
> Sitemap  
> About WPS GHA  
> Person(s) with Medicare  
> CMS/External Links  
> Site Search  
> FAQ Search  
> Forms  
> NPI Admin Search  
> Find a Doctor

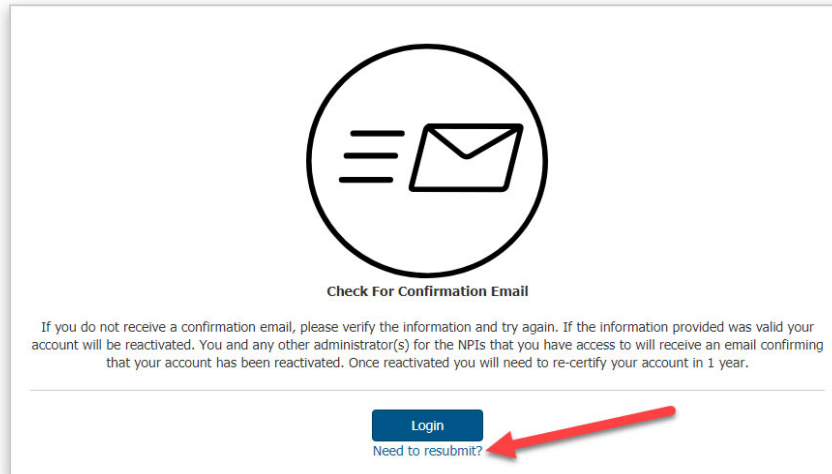
# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

You will receive the following pop-up box:

Administrator - Self Reactivation



Check your email for a confirmation email that your account was reactivated. If you did not receive an email, at least one piece of the data you entered was incorrect and you can try again by clicking on the “Need to Resubmit?” link. If your account was reactivated then all other Administrators for the NPIs that you have access to will also receive an email.

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Wisconsin Physicians Service Insurance Corporation

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## Username/Password Management

### INITIAL PASSWORD

User passwords are created during the registration process. Both an administrator and self-registering user will create their own passwords, however, a user account that is created by an administrator will get a temporary password emailed to them to the email address on file within the Portal. The initial password is a one-time use only password valid for 21 days. Once it has been entered, a new password will need to be created. If the password is not used within the 21 days, the new account will no longer be valid, and a new account will need to be created.

### PASSWORD REQUIREMENTS

The Centers for Medicare & Medicaid Services (CMS) and Wisconsin Physicians Service are committed to protecting the health information of Medicare beneficiaries. To ensure this level of protection, we are dedicated to meeting the CMS security requirements.

#### Portal password requirements

- Passwords can only be changed once in a 24-hour time period
- Passwords will automatically expire after 60 days
- Passwords must be 8 - 20 characters in length
- Passwords **must contain** at least:
  - One upper case alphabetic letter: A - Z
  - One lower case alphabetic letter: a - z
  - One numeric digit: 0 - 9
  - One special character (only the characters listed below are valid):
    - Hashtag (#)
    - Dollar (\$)
    - Percent (%)
    - Ampersand (&)
- Passwords **cannot contain** any of the following information:
  - First or Last name
  - Any special characters that are not listed above
  - User Login ID
  - Security question answers
  - Words (words consisting of four or more letters) ***Please note: This is the requirement most often overlooked and causes the most difficulty for users. To successfully create a password, please avoid "dictionary" words. (EXAMPLES: Book, Tree, Water, etc.).***
- Newly created passwords must be different than the previous 24 passwords used.
- Newly created passwords must differ from the previous password by at least four characters.
- Make sure all check marks on the right side of the page are green. If they are not all green, make the necessary correction(s).

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Some helpful suggestions to assist you in the creation of your new password are listed below or see next section about auto-creating a password.

- Choose a smaller password and repeat it: Ab#1Ab#1
- Use the \$ sign instead of the letter "S": Pa\$\$1Pa\$\$1
- Use the number zero instead of the letter "O": w0rd1w0rd1
- Use the number one instead of the letter "l": Wh1te\$Wh1te\$

## AUTO CREATED PASSWORD

You may elect to have the Portal create a password for you by selecting "Generate Password." Once selected, the password will auto fill in both the "New password" and "Confirm Password" boxes. Please remember the password as this will be needed the next time you log in.

## EXPIRED PASSWORD

If the User password has expired, the Password Expired page will display upon login. Follow these steps to create a new password:

- Enter the expired password in the "Current Password" field.
- Enter a newly created password in the "New Password" field.
- Enter the newly created password again in the "Confirm Password" field.
- Select "Save my password" in the bottom right hand corner.

Please remember the password as this will be needed the next time you log in.

## FORGOT USERNAME/PASSWORD

Usernames are created during the registration process. If you have forgotten your Username or Password, follow the below steps.

From the main Portal page select the "Forgot User Login ID/Password?" link.

**Secure Login**

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

**User Login ID:**

  
**Password:**  

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

**System Status**

All Systems Functional!

**HICN to MBI Transition Period**

The transition period is now over, all providers must submit claims with MBIs. [Read more here.](#)

**Medicare News**

[March 2020 Local Coverage Determination \(LCD\) and Billing and Coding/Coverage Article Updates](#)  
New, revised, and retired Local Coverage Determinations and Billing and Coding/Coverage Articles for March 2020  
Published Yesterday at 7:14 AM



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Then, select either “I don’t know my User Login ID” or “I don’t know my Password.”


I don't know my User Login ID  
 I don't know my Password


For User Login ID enter your email address, NPI number, date of birth, secret question and secret answer. Then choose Retrieve User Login ID.

In order to retrieve your User Login ID, please enter an NPI that you currently have access to, your registered date of birth, and one of your 3 secret Q&As. If the data matches, we'll send you your User Login ID to the registered email in your account.

**Email Address**

**NPI Number**

**Date of Birth**  

**Secret Question**  

**Secret Answer**

Retrieve User Login ID

For Password, enter your User Login ID, then choose Lookup My ID.

To reset your password, please start by entering your User Login ID below.


**User Login ID**

Lookup My Id

Next enter date of birth, select your secret question, and enter the answer to your secret question. Then choose Reset Password.

To reset your password, please enter the following information. You will receive an email containing your new temporary password at the email address you provide. For security reasons, this email will not contain your User Login ID. In addition, after logging in the portal with this temporary password, you will be prompted to change it.

**Date of Birth**  

**Secret Question**  

**Secret Answer**

Reset Password

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Once “Retrieve User Login ID” or “Reset Password” has been selected, a message will display stating “Please check your email for your User Login and/or temporary password.” This is the User’s email address that is currently on file within the portal. Please ensure you check your spam and junk email folders as well.

Login to the portal with your User login ID and/or the temporary password from the email. If you reset your password, the Password Expired page will display upon login.

- Enter the temporary password in the “Current Password” field.
- Enter a newly created password in the “New Password” field.
- Enter the newly created password again in the “Confirm Password” field.
- Select “Save my password” in the bottom right hand corner.

The temporary password is a one-time use only password valid for 21 days. Once it has been entered, a new password will need to be created. If the password is not used within the 21 days another password reset will need to be done.

Please remember the password as this will be needed the next time you log in.

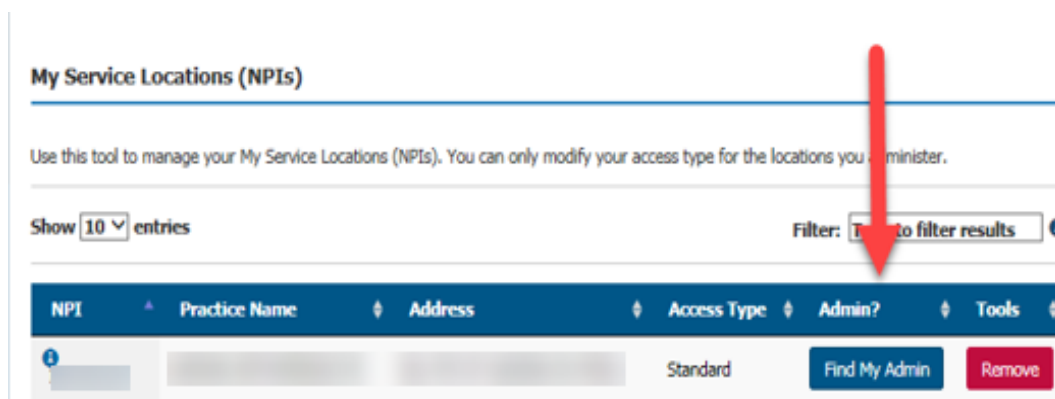
## LOCATE ADMINISTRATOR TO UPDATE YOUR ACCOUNT

Occasionally there may be a need to contact your NPI Administrator for various tasks, such as resetting your password or secret Q&As or updating your profile in some way. To find your Administrator(s), follow the steps below.

When logged in:

- Click on the “My Service Locations” link in the left navigation.
- Scroll to “My Service Locations (NPIs).”
- Find the NPI in question.
- Click on the blue “Find My Admin” button under the Admin? Heading.

Pop-up will appear with the Location NPI, PTAN and TIN and Display the Name, Phone and Email for the Administrator.



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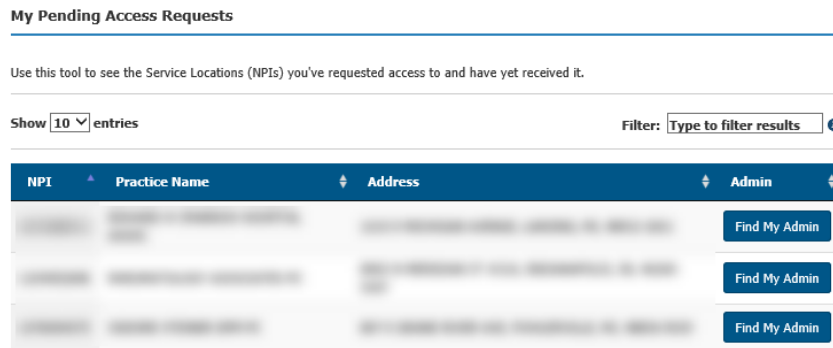
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If you have not received approval to a location request and need to know who the NPI Administrator is:

- Click on the “My Service Locations” link in the left navigation
- Scroll to “My Pending Access Requests.
- Find the NPI in question.
- Click on the blue “Find My Admin” button under the Admin? Heading.

Pop-up will appear with the Location NPI, PTAN and TIN and Display the Name, Phone and Email for the Administrator.



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Wisconsin Physicians Service Insurance Corporation

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If not logged in, on the Secure Login page, go to the NPI Administrator Search box and enter the full NPI, PTAN, and Tax ID, then choose “Submit” to perform the search or “Clear” to start over.

**WPS** GOVERNMENT HEALTH ADMINISTRATORS

Topic Center **My Account** Contact Us **Login / Register** Search Our Site Search

### 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?](#)

### 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](#)  
[Session Timeouts](#)

### NPI Administrator Search

Your NPI Administrator can assist with creating user accounts, updating a user profile, updating service location access, and resetting passwords. Please contact the NPI Administrator for any account needs. Simply enter the full NPI, PTAN, and Tax ID, then click Submit to find your Administrator.

**National Provider Identifier (NPI)\*:**

**Provider Transaction Access Number (PTAN)\*:**

**Tax Identification Number (TIN)\*:**

[Submit](#) [Clear](#)

### System Status

[All Systems Functional](#)

### Medicare News

**Attention Direct Data Entry Users - Direct Data Entry Claims Display Error**  
Claims originally submitted for processing with a HIC are being incorrectly displayed in DDE  
Published Yesterday at 10:45 AM

**Read All About It! Upcoming Changes to the Provider Contact Center!**  
Phone number changes effective June 1, 2018  
Published Yesterday at 8:39 AM

**Delayed Pass Through and Periodic Interim Payments Due to Memorial Day**  
There will be a delay in pass through and periodic interim payments.  
Published on Monday 5:35:57 AM

**Website Updates for the Week of April 30, 2018**  
The following updates were made to the WPS GHA website during the week of April 30, 2018.  
Published on May 4, 2018

**Medicare Cost Report E-Filing (MCR eF) (MM 10611)**  
The MUM Matters Article is intended for cost report staff submitting annual Medicare Cost Reports (MCRs) to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.  
Published on May 3, 2018

### eNews Sign Up

Current news from CMS and WPS GHA delivered to your inbox.

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A list of all active NPI Administrators for the NPI information you entered will be returned. The information will include their name, phone number, and email address on file. Use this information to contact them to make your request.

## Contact NPI Administrator

[← Back to NPI Administrator Search](#)

Show  entries Filter:

Name	Phone	Email
Administrator1	123-456-7891	Administrator1@admin.com
Administrator2	123-456-7892	Administrator2@admin.com
Administrator3	123-456-7893	Administrator3@admin.com
Administrator4	123-456-7894	Administrator4@admin.com
Administrator5	123-456-7895	Administrator5@admin.com
Administrator6	123-456-7896	Administrator6@admin.com
Administrator7	123-456-7897	Administrator7@admin.com

Showing 1 to 7 of 7 entries 1

## Login Error

If you are already logged into the portal and just “x” out to close and then try to log in again, you will receive the below error. You will need to choose to either terminate the existing login or cancel the new one.

**You are already logged in from another client.**

Do you want to terminate your existing login or cancel this new login request?

[Terminate existing login](#) [Cancel this new login](#)

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## Section 2: My Account Tools

### My Dashboard

When you log in, you will always land on the “My Dashboard” page. You will see a left navigation section, as well as some dashboard “windows.” Both the left navigation bar as well as the “My Dashboard” windows may vary upon your access level. Administrators have full access, standard users have access to the non-admin functions of the portal, while eligibility users can only access their own account and the “Eligibility Check” transaction.

The screenshot displays the 'My Dashboard' interface. On the left is a dark blue navigation sidebar with the following menu items: My Account (NPI Administrator, My Account Tools), My Dashboard (selected), My Profile, My Service Locations, Message Center, User Administration, My Transactions (Eligibility Check, MBI Lookup, Prior Authorization, Claims), Claim Inquiry/Entry, Medical Documentation, Remittance Advice, Medicare eRefunds, Letter Search, and Appeal Search. The main content area features a light blue header with a login notification: 'Last Successful Login: Monday, October 14th 2019, 8:35:00 am', 'Number of unsuccessful logins since last login: 0', and a link to 'Report Security Incident'. Below this is a maintenance notice for October 25-27, 2019. The dashboard contains several data cards: 'Pending Access Requests' (0), 'Registration Approvals' (0), 'Blackout NPIs' (0), 'New ADR letter(s) since last login', and 'New Demand letter(s) since last login'. Each card has a 'Go to...' button. A 'User Search' section follows, with a description and a search form containing a 'User Login ID\*' field, a 'Go to User Profile' button, and a 'Find More Users' button. At the bottom, a 'Quick Links' section lists: Add New User, Request Access to Service Location (NPI), Administrator Role and Responsibilities, Change my Password, Find all users I administer, and Find users that match search criteria.

# WPS Government Health Administrators Portal User Manual

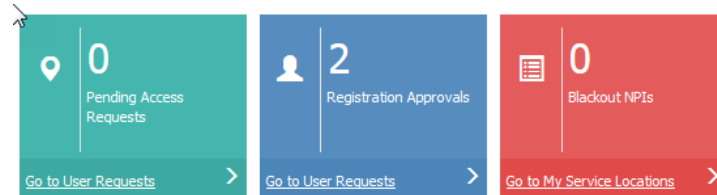
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## USER DASHBOARD WINDOWS

Depending on what level of access you have (Administrator, Standard user, Eligibility only user) there will be different features on your dashboard.

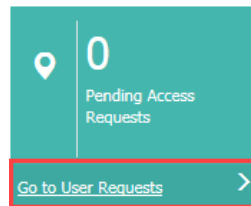
Users at the Administrator level will have all four dashboard windows, “Pending Access Requests,” “Registration Approvals,” and “Blackout NPIs.” Users at the Standard or Eligibility only level will be able to access only one of the Dashboard windows, “Blackout NPIs.”



## PENDING ACCESS REQUEST (ADMINISTRATORS ONLY)

This window will display the number of pending access requests that you have waiting for approval. These are requests for access to NPIs that you administer.

If there are requests in the “Pending Access Requests” window, select “Go to User Requests.”



Select the “Pending Access Requests” tab.



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Wisconsin Physicians Service Insurance Corporation

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Scroll to the request and select “Show Request.”

Showing 1 to 1 of 1 entries

User Login ID: JDOE  
Registrant Name: John Doe  
Request Date: Month Day Year  
Email: john.doe@wpsic.com  
Telephone: (123) 456-7890  
TIN: 123456789

Show Request

Showing 1 to 1 of 1 entries

Previous 1 Next

Grant access to all NPIs that have been requested. Use the “Change all NPIs to” radio buttons along the top to give the same access to all NPIs or use the radio buttons to the right of each individual NPI to customize the access for each NPI. Select Eligibility, Standard, or No Access (Deny Access) for the user. When done, click “Save Changes.”

### Service Location (NPI) Requests

Use this tool to grant this user access to your Service Locations (NPIs).

Change all NPIs to:  Eligibility  Standard  No Access

Requested NPI	Practice Name	Practice Address	Access Type
1234567890	Practice Name 1	123 Main St, Madison, WI 53703	<input type="radio"/> Eligibility <input type="radio"/> Standard <input type="radio"/> No Access

Save Changes Cancel

On the Confirmation, verify information and then select “Save.”

A message at the top of the page will be received stating “Service Locations (NPIs) successfully updated.”



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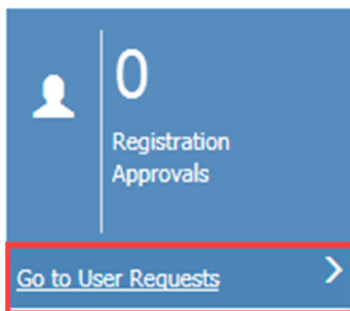
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## REGISTRATION APPROVALS (ADMINISTRATOR ONLY)

This window will display the number of pending registration requests that you have waiting for approval. These are requests for first time registrations.

If there are requests in the “Registration Approvals” window, select “Go to User Requests.”



Select the “Registration Approvals” tab.



Scroll to the requests and select “Show Request”



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

On this page, you can grant access to all NPIs that have been requested. Use the radio buttons to the right of the NPI to customize the access for each NPI. Select Eligibility, Standard, or No Access (Deny Access) for the user. When done, click “Save changes.”

**Registration Approvals**

Use this tool to approve this user's registration under one of your Service Locations (NPIs).

Registered NPI	PTAN	Access Type
1234567890	AB12345	<input type="radio"/> Eligibility <input type="radio"/> Standard <input type="radio"/> No Access

[Save Changes](#) [Cancel](#)

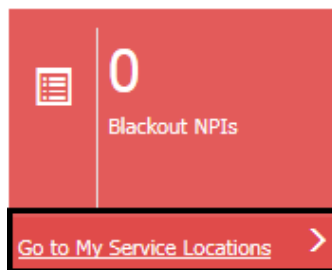
On the Confirmation, verify information and then select “Save.”

A message at the top of the page will be received stating “User successfully approved.”

## BLACKOUT NPIs

This window will display the number of NPIs in Blackout status. There must be an NPI Administrator for each NPI location. If all Administrators for an NPI lose or remove their access to an NPI, the NPI will go into “Blackout” status. If there is not a user willing or able to become the Administrator, all users under that NPI will lose access to that NPI after 30 days of being in blackout status.

If there are NPIs in the “Blackout NPIs” window, select “Go to My Service Locations.”



When there is not an NPI Administrator you will receive the following message:

“The following Service Locations (NPIs) have a Blackout Status. This means that they don’t have an active Administrator on record. If you want to become an Administrator, click on the “Accept Role” button and provide the appropriate financial information.”

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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Scroll to the NPI that is listed as not having an Administrator. If you will assume Administrator responsibility, read and accept the Portal Administrator Role Responsibilities by selecting "Accept Role" button.

## Blackout Service Locations (NPIs)

**▲** The following Service Locations (NPIs) have a Blackout Status. This means that they don't have an active Administrator on record. If you want to become an Administrator, click on the 'Accept Role' button and provide the appropriate Financial Information.

Show  entries

Filter:  ⓘ

NPI	Practice Name	Address	Tools
1234567890	Practice Name 1	123 Main St, Madison, WI 53703	<input type="button" value="Accept Role"/>

Showing 1 to 1 of 1 entries

1

On the Confirm Financial Access for Service Location (NPI) Administration, select one of the three options for providing financial data.

## Confirm Financial Access to Service Location (NPI)

You have 3 options to provide financial data to verify your access to this Service Location (NPI).

Once entered, select "Confirm."

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## USER SEARCH (ADMINISTRATORS ONLY)

For NPI Administrators only, below the Dashboard windows, there is a “User Search” area. In this section, you will be able to do a search for any users that you administer under your NPI(s). If you know the User Login ID for the user you can enter that, select “Go to User Profile,” and be taken to their Profile page. You may also select “Find More Users” to bring up additional options for searching.

### User Search

---

Use this tool to find a user under the Service Locations you administer.

User Login ID:

## QUICK LINKS

On the Dashboard page, there are Quick Links that will take you directly to a function. Your links may vary depending on your access.

### Quick Links

---

> Add New User

> Request Access to Service Location (NPI)

> Administrator Role and Responsibilities

> Change my Password

> Find all users I administer

> Find users that match search criteria

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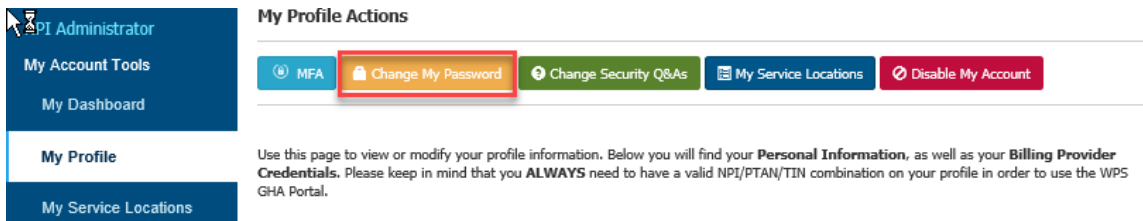
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## My Profile

Your Profile page consists of your User Login ID, personal information, and the Billing Provider Credentials that you used during registration. There are several that can be performed from the “My Profile” page.

### CHANGE MY PASSWORD

To change your password at any time (limit of once per 24 hours), choose “My Profile” from the left navigation, then select “Change My Password.”



Then follow these steps:

- Enter the current password in the “Current Password” field.
- Enter a newly created password in the “New Password” field.
- Enter the newly created password again in the “Confirm Password” field.
- Select “Save my password” in the bottom right hand corner.

**Current Password \***

  
**New Password \*** [Generate Password \\*](#)  
  
**Confirm Password \***

You may also opt to have the portal auto-generate a password by choosing the “Generate Password” link. This will auto-fill the password into the required fields. Please remember the password as this will be needed the next time you log in.

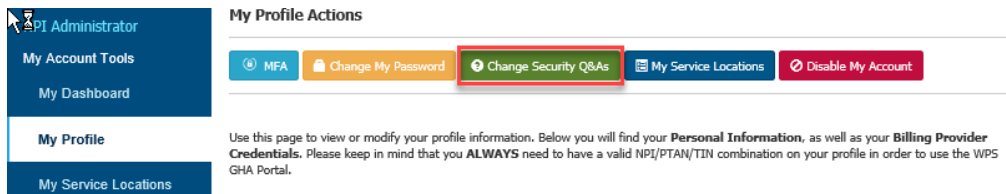
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## CHANGE SECURITY Q&As

To change your security questions at any time, choose “My Profile” from the left navigation, then select “Change Security Q&As.”



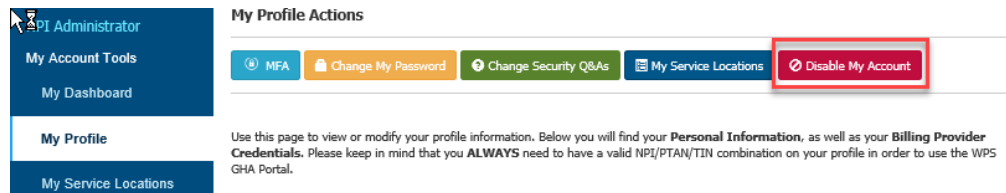
Choose and answer three new questions, then select “Save Changes.”

A screenshot of the 'Security Questions' form. It contains three rows of input fields. Each row has a 'Secret Question' dropdown menu and a 'Security Answer' text input field. At the bottom right of the form are two buttons: 'Save Changes' and 'Cancel'.

After the changes have been saved, a message will be received stating “Your security questions have been successfully updated.”

## DISABLE MY ACCOUNT

To disable your account at any time choose “My Profile” from the left navigation, then select the “Disable My Account” button.



On the “Disable My Account” pop-up box select “Disable.” Otherwise select “Cancel” to return to your “My Profile” page. The page will refresh and display a message indicating the account has been disabled successfully.

A screenshot of a pop-up box titled 'Disable My Account'. The box contains the text: 'Are you sure you want to Disable the user?'. Below this text are the following details: 'User Login ID: JDOE', 'Name: John Doe', 'Email: john.doe@wpsic.com', and 'Telephone: (123) 465-7890'. At the bottom right of the pop-up are two buttons: 'Disable' and 'Cancel'.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## MY SERVICE LOCATIONS

Use this page to view, manage, and modify the Service Locations (NPIs) that you have access to. If Blackout or Pending Locations are available, they will display on this page. You can also request access to a Service Location (NPI) that you do not have access to.

Request Access to additional NPI locations with the “Request Access” button.

- The NPI location’s current Administrator will receive your request and decide whether to approve and at what level of access, or to deny access altogether.
- If there are is no current administrator, you will be prompted to accept the role.

Find current NPIs under “My Service Locations (NPIs)” section either by scrolling through the NPIs or entering the NPI in the “Filter” box.

Modify access if your access is currently at an Administrator level for that NPI or remove access. When finished, select “Save Changes.”

The screenshot displays the 'My Service Locations' page. On the left is a blue sidebar with navigation links: My Account, NPI Administrator, My Account Tools, My Dashboard, My Profile, My Service Locations (highlighted), Message Center, User Administration, My Transactions, Eligibility Check, MBI Lookup, Prior Authorization, Claims, Claim Inquiry/Entry, Medical Documentation, Remittance Advice, Medicare eRefunds, Letter Search, and Appeal Search. The main content area is titled 'My Service Locations' and includes a 'Service Locations (NPIs) Actions' section with a '+ Request Access' button. Below this is a text block explaining the page's purpose and a note about requesting access. The 'My Primary Service Location (NPI)' section contains a form with fields for National Provider Identifier (NPI), Practice Name, Address, and Access Type. The 'My Service Locations (NPIs)' section includes a table with columns for NPI, Practice Name, Address, Access Type, Admin?, and Tools. A filter box is present above the table, and a dropdown menu for access types (Eligibility, Standard, Administrator) is shown next to a table entry, with a 'Remove' button.

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Wisconsin Physicians Service Insurance Corporation

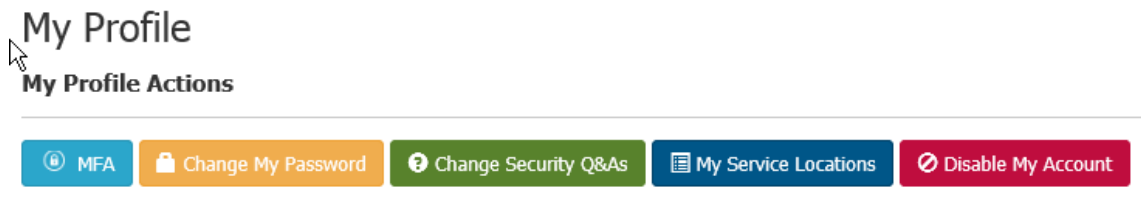
<http://www.wpsgha.com>

## Combining Two or More Accounts Down to One

If you have multiple accounts, we recommend that you combine the NPIs under one account unless there is a business reason to keep multiple accounts.

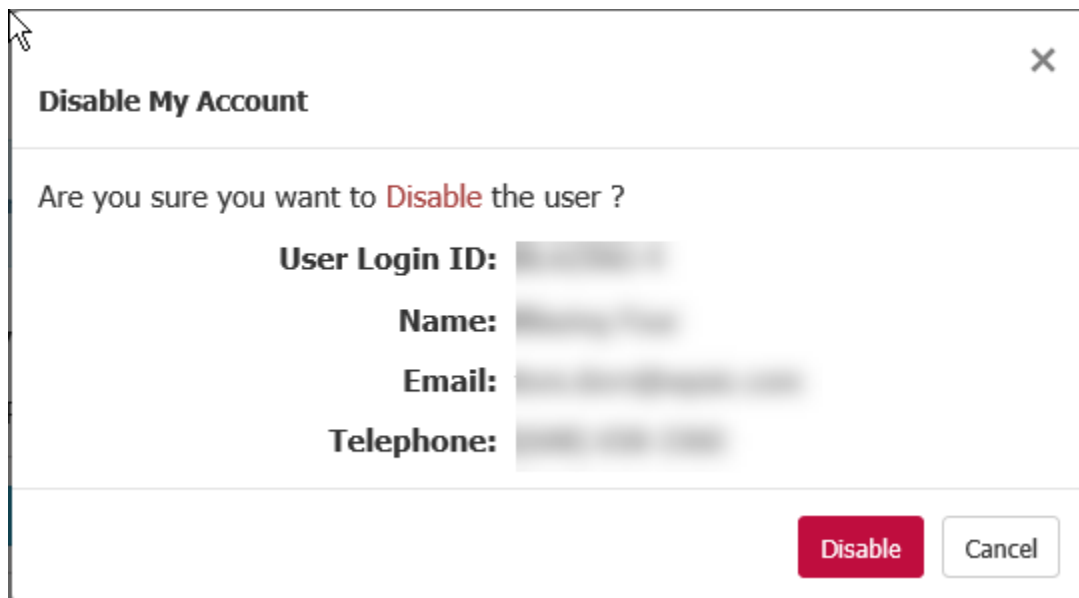
On the account that you are no longer going to use, log into the portal. On the My Dashboard page, click on the My Profile link in the left navigation and you will be taken to the My Profile page.

Click on the Disable My Account button



A Pop-up box will appear asking if you are sure you want to Disable the user. Select the Disable button.

You will receive a confirmation message that the account has been successfully disabled.





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Wisconsin Physicians Service Insurance Corporation

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On the account that you are going to keep, log into the portal. On the My Dashboard page, click on the My Profile link in the left navigation and you will be taken to the My Profile page.

Click on the My Service Locations button

## My Profile

### My Profile Actions



Select the + Request Access button

## My Service Locations

### Service Locations (NPIs) Actions

+ Request Access

Request Access to a Service Location (NPI) box will pop-up. Enter the NPI, PTAN, and TIN. Then click Request Access. The NPI Administrator will be notified to review and approve/deny the pending access request.

## Message Center

The Message Center is a secured communications channel that allows users to submit confidential inquiries directly to the Provider Contact Center (PCC) or the EDI department. We will expand the Message Center in the future to allow additional submissions such as a response to a development letter or a demand letter.

Examples of inquiries to the Provider Contact Center include complex policy questions or claim denials, and inquiries that you are currently familiar with submitting via the portal. Provider Contact Center inquiries sent via the Message Center are considered written inquiries. Medicare has up to 45 business days to respond to written inquiries. Responses will be available in the Portal once the PCC has completed the inquiry.

Examples of an EDI submission include submission of an Electronic Remittance Advice (ERA) Enrollment. This submission will allow the requested location to get set up electronically with the Clearing House, Vendor, or Direct Submitter to receive their ERAs.

Upon initial selection of the Message Center from the left navigation the page will load your message center history. If you have a large volume of messages in history, it may take a while to retrieve and display your messages. Please be patient.

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## SEND A SECURE MESSAGE

Select “Message Center” from the left-hand navigation. On the Message Center page, select “+ New Message.”

The image shows two screenshots of the WPS Government Health Administrators Portal. The top screenshot displays the "Message Center" page. On the left, a navigation menu includes "My Account" (with sub-items: NPI Administrator, My Account Tools, My Dashboard, My Profile, My Service Locations) and "Message Center". The main content area is titled "Message Center" and contains a disclaimer, a "Showing: All Messages" indicator, and a "+ New Message" button highlighted with a red arrow. Below this is a "Quick Filter" section with a "Category" dropdown (set to "All Messages"), a "Tracking Number" input field, and a "Submitted By Me" checkbox. A "+Advanced Filter" link is at the bottom right. The bottom screenshot shows the "New Message" page. The left navigation menu includes "NPI Administrator", "My Account Tools", "My Dashboard", "My Profile", "My Service Locations", "Message Center", "User Administration", "My Transactions", and "Eligibility Check". The main content area is titled "New Message" and includes a "Back To The Message Center" link, a disclaimer, and a form with fields for "Registrant name:", "Email address:", "Service Location (NPI)", and "Category:". The "Category:" dropdown is open, showing options: "Please Select a Category", "Customer Service", and "EDI". A red arrow points to the "Category:" dropdown.

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Wisconsin Physicians Service Insurance Corporation

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## Sending a Message to Customer Service

Complete the required fields marked with an asterisk (\*). The Registrant Name and Email Address fields will be auto populated from your profile.

**New Message**

[← Back To The Message Center](#)

Use this page to contact Customer Service through a Secure Message. Make sure you select the appropriate type of question on your query. They are:

**Technical Question.** A question or issue that pertains **directly to the use or functionality of the WPS GHA Portal**. Examples include adding or removing locations, adding or removing users, site navigation, and understanding screen information.

**Non-Technical Question.** A question or issue that does **not directly pertain to the WPS GHA Portal**. Examples include policy questions or clarification on claim denials.

CMS allows contractors 45 business days from the date of receipt to respond.

Required fields are marked with an asterisk (\*).

Registrant name:\*

Email address:\*

Service Location (NPI)\*

Category:\*

Provider Transaction Access Number (PTAN):\*

Last 5 Digits Provider Tax Identification Number (TIN):\*

Phone number:\*

Type of Question:\*

Subject:\*

Description:\* 10000 character maximum. You have 10000 characters left.

### Type of Question

- **Technical** – A question or issue that **pertains directly to the use or functionality of the portal**. Examples include adding or removing locations, adding or removing users, site navigation, and understanding screen information.

# WPS Government Health Administrators Portal User Manual

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- Non-Technical – A question or issue that **does not directly pertain to the portal**. Examples include policy questions or clarification on claim denials.

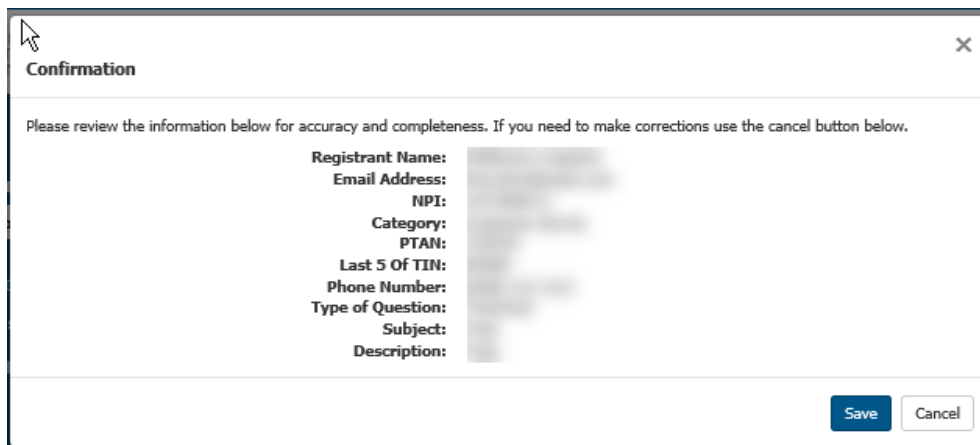
## Subject

- We suggest a subject that will allow you to easily locate the response in the portal

## Description

- Enter your question in as much detail as possible to allow for adequate research of your inquiry. You may enter up to 10,000 characters. Include details such as the ICN, date of service, beneficiary information, etc. The portal is a secure environment, so you are allowed to include PHI/PII in your inquiry.

When done, select “Continue.” A confirmation page will display the details of the inquiry. To make corrections select “Cancel” or to submit the request select “Save.”



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 text is a list of fields with their corresponding values, which are blurred for privacy. The fields are: Registrant Name, Email Address, NPI, Category, PTAN, Last 5 Of TIN, Phone Number, Type of Question, Subject, and Description. At the bottom right of the dialog are two buttons: "Save" (in blue) and "Cancel" (in white).

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.



A "Secure Message Confirmation" screen. At the top left is a mouse cursor icon. Below the title is a green box containing the text: "Message successfully sent. Tracking Number: k1534375212863".

Thank you for your request. Your request has been submitted and assigned the tracking number shown above.

## Message View / Print

Login ID: [blurred]	NPI: [blurred]	Type: Technical
Submitter Name: [blurred]	PTAN: [blurred]	Client Status: Sent
Submitter Email: [blurred]	TIN: [blurred]	CSR Status: Received
Submitter Phone: 6081111111	State: MI	Submitted Date: 08-15-2018
Case #: [blurred]	Medicare Plan Code: A	Status Date: 08-15-2018
		Closed:

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## Electronic Remittance Advice (ERA Enrollment)

A valid Trading Partner ID/Submitter ID is required for ERA Enrollment. If a Clearinghouse or Vendor retrieves your electronic remittance files and you do not know your Trading Partner ID/Submitter ID, you will need to obtain your Trading Partner ID/Submitter ID from your Clearinghouse or Vendor.

Complete the required fields marked with an asterisk (\*). The Registrant Name, Email Address, and Sub Category fields will be auto populated from your profile.

**My Account**

- Stop Impersonating
- NPI Administrator
- My Account Tools
  - My Dashboard
  - My Profile
  - My Service Locations
- Message Center**
- User Administration
- My Transactions
  - Eligibility Check

### 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.

### Provider Information

Provider Name:\*

Doing Business As Name (DBA):

Address Line 1:\*

Address Line 2:

City:\*

State/Province:\*

Zip Code/Postal Code:\*

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## Provider Identifiers Information

The Assigning Authority field will be auto populated from your profile.

Trading Partner ID is also known as Submitter ID.

### 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

Do not include dashes or spaces in the Telephone Number field.

### 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

The Requested ERA Effective Date auto populates.

### Electronic Remittance Advice Information

---

Provider Tax Identification Number:	<input type="text"/>
Requested ERA Effective Date:*	<input type="text"/> 

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Wisconsin Physicians Service Insurance Corporation

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When finished, select “Review Form.”

Electronic Remittance Advice Clearinghouse Information

---

Clearinghouse Name:


Clearinghouse Contact First Name:

Clearinghouse Contact Last Name:

Clearinghouse Telephone Name:  Area Code  Local Number  Ext.

Clearinghouse Email Address:

---




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

**Confirmation**

Please review the information below for accuracy and completeness. If you need to make corrections use the cancel button below.

**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:**  
**Clearinghouse Email Address:**



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

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

Message successfully sent. Tracking Number: a1591907981363

Thank you for your request. Your request has been submitted and assigned the tracking number shown above.

<b>Tracking #:</b> a1591907981363	<b>Category:</b> EDI	<b>Sub Category:</b> 835 Enrollment / Change
<b>NPI:</b>	<b>Jurisdiction:</b> B	<b>Submitted Date:</b> 06/11/2020 03:40:56 PM
<b>PTAN:</b>	<b>Status:</b> Received	<b>Last Activity Date:</b> 06/11/2020 03:39:41 PM
<b>TIN:</b>		

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:



Print

+ Submit Another

Finish





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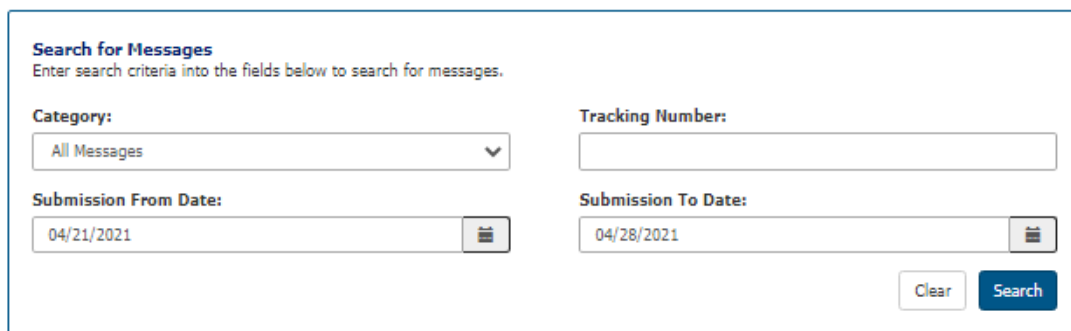
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## SEARCHING FOR A MESSAGE

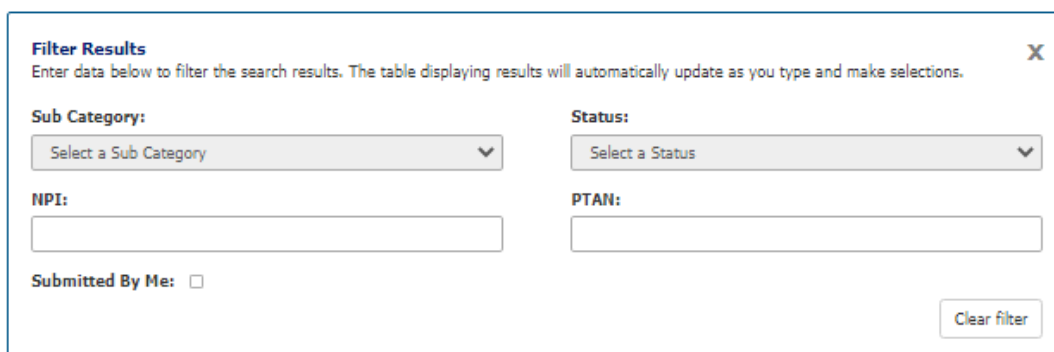
Once you select the Message Center from the left navigation, the Submission dates will default to the most recent seven days, and the Message Center will display all messages submitted within that timeframe. A search box is displayed. In the search box you can search by Category, Tracking Number or Submission date range. You can select more than one search criteria, but if you enter a tracking number, no messages will be returned except the one matching that number. If you make a change to any criteria, you will need to click the Search button before the results are displayed.

- Category
  - All Messages
  - Customer Service
  - EDI
  - Appeals
- Tracking Number
- Submission From and Submission To Date
- Click Search



 [Filter Results](#)

There is a separate filter to refine your search results. It will only filter items requested in the search, you will need to expand the date range if you are looking for a message submitted prior to the default date range. Click the Filter Results link to open the filter.



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

To select a Sub Category, you must first select the Category in the search box above the filter. Status codes are linked to the Sub Category. The following filters are available:

## Customer Service:

- Sub Category
  - Technical
  - Non Technical
- Status
  - Sent
  - Received
- NPI
- PTAN

## EDI:

- Sub Category
  - 835 Enrollment/Change
- Status
  - Not Accepted
  - Sent
- NPI
- PTAN

## Portal Submitted Appeals, Part A and B:

- Sub Category
  - Part B Appeal Request
  - Part A Appeal Request
  - Part A Reopening
- Status
  - Closed – Fax
  - Closed
  - Closed – Programmatically
  - Fax Pending
  - Fax Received
  - In Process
  - Not Accepted
  - Pending
  - Submitted
  - Open
- NPI
- PTAN
- Claim Number
- Medicare ID
- Submitted By Me

Once you find your appeal and click on the link under Tracking Number, the appeal will display.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## User Administration (Administrators only)

As a Portal Administrator, you agree to perform the following activities within the portal.

**Identity Proofing** – the Administrator must verify the identity of all Portal User Account applicants within their NPI using a government issued identification document containing a photograph (e.g., driver license, passport, State ID card, etc.).

**Registration** – New accounts can be created by the NPI Administrator or by the User through the registration process. An NPI Administrator must approve all new User access.

**Requesting Additional NPI Administrators** – The Administrator is required to request access for additional NPI Administrators through the Secure Message functionality within the portal. Please submit the following information:

- Indicate that you would like the user to have the NPI Portal Administrator access.
- Portal User Login ID (User must have a current ID)
- User's First and Last Name
- NPI(s) the user should have Administrative access to

**Access Requests** – the Administrator must approve/deny requests for access to PII/PHI data within their NPI.

**Re-Certification** – the Administrator must ensure that all User Accounts under their NPI complete annual re-certification within 358 days.

**Account Reactivation** – if a portal user account becomes disabled for any reason, the Administrator can reactivate the account. Note: Only accounts disabled after April 17, 2019, can be reactivated. Accounts that have been disabled for more than one year from their disabled date cannot be reactivated.

**Reactivate Own Account** – the Administrator can reactivate their own account if it becomes disabled. Note: Only accounts disabled after April 17, 2019, can be reactivated. Accounts that have been disabled for more than one year from their disabled date cannot be reactivated.

**Maintenance** – the Administrator is responsible for maintaining user currency within their NPI as it applies to portal user accounts.

- Add a new user account for new employee
- Remove location access for terminated employee. Disabling is not allowed.
- Adding/removing NPI location access per User
- Modifying user access level (Standard, Eligibility only, Administrator)
- Profile updates
- Password reset
- Clear Secret Questions and Answers

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

The NPI Administrator is also responsible for completing thorough user review every 90 days to assure all active accounts are in compliance. The NPI Administrator's user review shall include the following steps:

- Verifying all active user accounts listed for each of the NPI's he/she administers have appropriate Portal role access (Standard or Eligibility Only) and correcting if necessary.
- Verifying all active user accounts are current employees or members of the NPI organization and that the user should still have access to the portal.
- If a user is no longer employed for the associated NPI, disabling the user account or removing the NPI location access immediately.

**Inactivity** – the Administrator must be aware that inactive User Accounts will automatically age off of the portal and become disabled. Once disabled, the User will need a new account to access the portal. New accounts can be created by the NPI Administrator or by the User through the registration process. An NPI Administrator must approve all new User access.

## USER ADMINISTRATION

Please use this tool to find users that have access to the Service Locations (NPIs) that you administer, or to add a new user to one or more of the Service Locations (NPIs) that you administer.

Click "User Administration" from the left navigation to begin, then use the drop-down and choose "Find Users" to locate current users or "Add New User" to add a new user for the first time.

**User Administration**

**Pending Notifications**

2 Newly registered Users to approve from your Service Locations (NPIs).

**User Administration Actions**

Please use this tool to find external users that have access to the Service Locations (NPIs) you administer. You can enter specific search criteria, select all users with access to a specific Service Location (NPI) or show all users with access to said locations. You can also Add a New User.

I want to: Find users that match search criteria [v] [Find Users] [Add New User]

## ADD NEW USER

As an NPI Administrator, you may want to create new user accounts for employees or contractors without making them go through the registration process themselves.

Choose "User Administration" from the left navigation, then choose "Add New User."

**User Administration**

I want to: Find users that match search criteria [v] [Find Users] [Add New User]

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Create a user login ID for the new user.

User Login ID\*:

Enter billing provider credentials.

## Billing Provider Credentials

NPI\*:

PTAN\*:

TIN\*:

Provider Name\*:

Enter the new user's personal information. Ensure you have confirmed their identity.

## Personal Information

Name\*:

Telephone\*:

Email\*:

Confirm Email\*:

Identity Proofing?:  Yes, I have performed Identity Proofing.

Grant access to specific NPI Practice Locations, or all of them at once. When finished, click “Save Changes” to complete the process or “Cancel” to end the process without saving. The new user will receive an email with a temporary password to access the portal. They will need to change the password upon first login.

## Service Locations

Use this tool to grant this user access to your Service Locations (NPIs).

Show  entries **Change all NPIs to:**  Eligibility  Standard  No Access **Filter:**

NPI	Practice Name	Practice Address	Access Type	Tools
1234567890	Practice Location 1	123 Main St, Madison, WI 53593	<input type="radio"/> Eligibility <input type="radio"/> Standard	
1234567891	Practice Location 2	321 Main St, Madison, WI 53593	<input type="radio"/> Eligibility <input type="radio"/> Standard	

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Wisconsin Physicians Service Insurance Corporation

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## FIND AND ADMINISTER CURRENT USERS

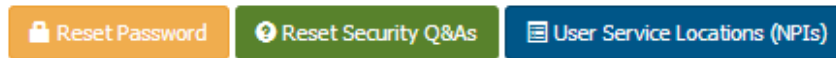
Administrators are responsible for the users under their account. This includes updating the user's account information, resetting passwords as well as secret questions and answers, and removing access when someone no longer needs it.

Choose "User Administration" from the left navigation panel. Use the dropdown to find users that match search criteria, have access to a specific service location, or all users you administer. Then choose "Find Users." If you choose users that match search criteria or users that have access to a specific service location, you will be presented with a pop-up where you must also enter the criteria and/or choose the service location.



Once selections have been made, a list of users you administer that fit the criteria will be presented. Click on their User ID to land on the "Edit User" page. From here you can choose "Reset Password," or "Reset Q&As" to perform those actions. A confirmation pop-up will appear confirming that you want to perform the action. You may also choose "User Service Locations (NPIs)" to see and edit a list of the locations this user has access to.

### Account Actions



From the "Edit User" page, you may also edit details of the user's personal information; for example, if the user had a change in name, work address, phone number, or email. Choose "Save Changes" to complete the edits or "Cancel" to cancel the changes.

### Personal Information

User Login ID*:	<input type="text"/>
Name*:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Work Address Location Name:	<input type="text"/>
Work Address Line 1*:	<input type="text"/>
Work Address Line 2:	<input type="text"/>
City*:	<input type="text"/>
State*:	<input type="text"/> ▼
Zip Code*:	<input type="text"/> x
Telephone*:	<input type="text"/> <input type="text"/> <input type="text"/>
Email*:	<input type="text"/>

Save Changes

Cancel

# WPS Government Health Administrators Portal User Manual

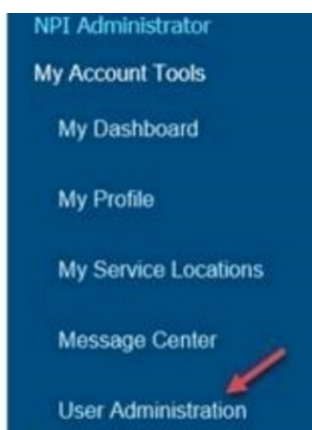
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## REMOVING ACCESS FOR STANDARD AND ELIGIBILITY USERS

It is the responsibility of the Administrator to make sure that all User accounts are updated when users no longer require access to an NPI. Please follow the below steps to remove location to an NPI, DO NOT disable the account as there may be other NPIs that this user has access to that are not connected you.

From the Left Navigation select User Administration. After selecting this, find the specific user to update. You can locate the user by selecting **Find Users**.



### User Administration Actions

Please use this tool to find external users that have access to the Service Locations (NPIs) you administer. You can select all users with access to a specific Service Location (NPI) or show all users with access to said locations. You

I want to:

- Find users that match search criteria
- Find users from a Service Location (NPI)
- Find all users I administer

Find Users

Add New User

Once the user is located, select **User Service Locations (NPI)**

### Edit User

[← Back to the previous page](#)

#### Account Actions

Reset Password

Reset Security Q&As

User Service Locations (NPIs)

Search for the NPI and select **Remove**

NPI	Practice Name	Practice Address	Access Type	Tools
			<input type="radio"/> Eligibility	Remove
			<input checked="" type="radio"/> Standard	

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Section 3: My Transactions

### Eligibility

#### ELIGIBILITY CHECK

Accessible by all portal users, this page allows providers to check for eligibility data for the beneficiaries they represent. This section is used to verify, not to determine, Medicare eligibility.

The Portal provides beneficiary eligibility information 24 hours a day, 7 days a week. The eligibility data is considered accurate at the time of the request.

Questions regarding eligibility/benefit date for Medicare Part A and Part B should be directed to the appropriate local Social Security Administrative (SSA) Office.

Questions regarding eligibility/benefits for Medicare Advantage (MA) and Medicare Secondary Payer (MSP) or Supplemental Plans should be directed to the appropriate plan.

Questions regarding Qualified Medicare Beneficiary (QMB) eligibility should be directed to the State online Medicaid eligibility system. Also reference Medicaid Identification cards and documents issued by the state proving QMB eligibility.

To perform an Eligibility search, select “Eligibility Check” from the left navigation.

**My Account**

- NPI Administrator
- My Account Tools
  - My Dashboard
  - My Profile
  - My Service Locations
  - Message Center
  - User Administration
- My Transactions**
  - Eligibility Check**

### Eligibility Check

---

The use of **automated programs, macros**, or any other tool or application that directly interfaces with the WPS GHA Portal in any manner is **strictly prohibited**.

WPS GHA Portal usage is subject to monitoring and falls under the CMS "Rules of Behavior" published on the [CMS website](#).

Users with a high rate of unsuccessful eligibility transactions will be investigated. If the activity is deemed questionable and suspicious, user accounts will be **disabled or terminated without notice**.

---

When eligibility information cannot be obtained because one of the beneficiary's data elements does not match, it is the provider's responsibility to confirm the correct HICN, date of birth, and name per beneficiary's Medicare card.

This portal must only be used to verify, and not determine, Medicare eligibility.

Responses do not guarantee payment of claims. Eligibility will be determined for the dates of service at the time the claim is processed.

To check eligibility, please enter the Service Location (NPI), Patient's Eligibility Number , Last Name and Suffix of the beneficiary, as well as the First Name and/or Date of Birth. Date of Service is optional. **Required fields are marked with an asterisk (\*)**.

---

**Eligibility Check**

---



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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Then choose the NPI Service Location (and region, if applicable), complete the required fields marked with an asterisk (\*), enter suffix (if applicable), and date of service (optional).

To submit the request, select “Check Eligibility.” If you would like to start over, select “Clear Form.”

**Eligibility Check**


---

**Service Location (NPI)\*:**  ▾

**Patient's Medicare Number\*:**


**First Name\*:**


**OR**

**Date of Birth\*:**  

**Last Name\*:**


**Suffix:**

**Starting DOS\*:**  

**Ending DOS\*:**  

---

If any element is not correct, users will receive an error message in red at the top of the page explaining which element is incorrect.

 • Invalid First or Last Name. Please correct and re-submit. (CICS 3002)

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

If all elements are correct, users will be presented with the Eligibility Summary page that offers high-level eligibility information. Additional details are displayed in boxed categories located at the top of the page. If additional information is available the category box will be blue, if no additional information is available, the category box will be grey. Category box order will vary depending on availability.

If you need to print this information, click on the blue Print button, it will print a summary of the information for all eligibility tabs at one time.

**WPS GOVERNMENT HEALTH ADMINISTRATORS**

Topic Center My Account Contact Us BLAZING-4 Logout Search

Currently impersonating: Blazing Four (BLAZING-4) Stop Impersonating

### Eligibility Check

Eligibility Check Actions

Refine Search New Search Supplemental Insurance

The WPS GHA Portal utilizes the WPSMA Eligibility Transaction System (HETS), as required by CMS, as the authoritative source for all eligibility inquiries. Although the data from HETS is real time, the data available in the HETS 220/271 system comes from many different sources that may take up to two weeks to update. As soon as data is available in the HETS 220/271 system, users of the portal are able to view it. View more information about HETS on the QHC website.

Real-time Information available for:

Summary Part A Deductible Part B Deductible MA Preventive Services PDP Therapy Caps Additional Coverage

No Information available for:

QMB MSP ESRD Home Health Hospice MDRP

Patient Name: [Redacted] Date of Birth: [Redacted] Date of Death: [Redacted] View Claims for this Beneficiary  
 Medicare Number: [Redacted] Start DOS: 02/01/2021 NPI: [Redacted] End DOS: 03/19/2021 Patient Address: [Redacted] Print

### Patient Eligibility Summary

The eligibility data included is considered accurate at the time of the request. Questions regarding eligibility/benefit data for Medicare Part A and Part B should be directed to the appropriate Medicare Administrative Contractor (MAC).

Part A Entitlement Effective Date: 06/01/2020 Entitlement Reason Code: Q

Part A Entitlement	Base	Remaining	Amount	Effective Date	Termination Date
<b>Lifetime Reserve</b>					
Lifetime Reserve Days	60	60			
Lifetime Reserve Co-payment			\$742.00	01/01/2021	12/31/2021
Lifetime Psychiatric Days	190	190			
<b>Inpatient Hospital - Please refer to the Part A Deductible and QMB tabs for details.</b>					
Hospital Days Base	60		\$0.00	01/01/2021	12/31/2021
Hospital Co-Payment Days	30		\$371.00	01/01/2021	12/31/2021
<b>Part A Skilled Nursing Facility (SNF) - Please refer to the Part A Deductible and QMB tab for details.</b>					
SNF Days Base	20		\$0.00	01/01/2021	12/31/2021
SNF Co-Payment Days	80		\$185.50	01/01/2021	12/31/2021

Part B Entitlement Effective Date: 06/01/2020 Entitlement Reason Code: Q

Part B Entitlement	Base	Remaining	Amount	Effective Date	Termination Date
<b>Pulmonary Rehab Sessions</b>					
Part B Co-Insurance			20%	01/01/2021	12/31/2021
Professional		72			
Technical		72			
<b>Individual Coverage</b>					
Blood Deductible Pins	3.00	3.00		01/01/2021	thru 12/31/2021
HA Part C Entitlement				06/01/2020	
PDP Part D Entitlement				Not Applicable	

Part B Entitlement	Base	Remaining	Initial Session Date
<b>Smoking Cessation Sessions</b>			
		8	

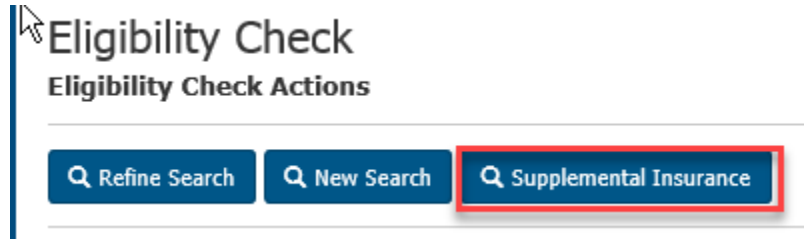
Part B Entitlement	Used
<b>Cardiac Rehab Sessions</b>	
Professional	0
Technical	0
<b>Intensive Cardiac Rehab Sessions</b>	
Professional	0
Technical	0

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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## AVAILABLE ELIGIBILITY INFORMATION



- **Supplemental Insurance**
  - Insurer Name
  - Address
  - Insurer Effective Date
  - Insurer Term Date
  - COBA Number

Note: Crossover information is provided for informational purposes and is submitted and maintained by Medicare Crossover trading partners. This is not a comprehensive list of any/all possible Medicare supplemental coverage; this only represents Medicare crossover trading partners that have signed agreements with Medicare. This means a beneficiary may have other supplemental coverage not specified here. Obtain supplemental insurer information from the beneficiary. To determine if a specific claim has crossed over, refer to your remittance advice.

On the Patient Eligibility Summary page there are tabs that display eligibility information. If there is eligibility information available for the date provided in the search, the tab will be blue. If there is no information available, the tab will be grey.

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

- **Summary**
  - Date of Death
  - Part A/B Entitlement Dates
  - Entitlement Reason Code
    - 0 - Beneficiary insured due to age OASI
    - 1 - Beneficiary insured due to disability
    - 2 - Beneficiary insured due to End Stage Renal Disease ESRD
    - 3 - Beneficiary insured due to disability and current ESRD
  - Previous Part A/B Entitlement Date
  - Yearly Part A/B Benefit Information

# WPS Government Health Administrators Portal User Manual

## Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

- Part A/B Ineligible Dates (A beneficiary may have multiple inactive episodes during an entitlement period. If there is an ineligible period, the dates will display if they are within your search parameter.)
- Part A Lifetime Reserve Days
- Part A Lifetime Reserve Co-Payment Amount
- Part A Lifetime Psychiatric Days
- Part A Hospital Days
- Part A Hospital Co-Payment Day and Amount
- Part A Skilled Nursing Facility (SNF) Days
- Part A Skilled Nursing Facility (SNF) Co-Payment Days and Amount
- Part B Pulmonary Rehabilitation Sessions
- Part B Cardiac Rehabilitation Sessions
- Part B Intensive Cardiac Rehabilitation Sessions
- Blood Deductibles
- Smoking Cessation (Base Sessions, Remaining Sessions and Date of Initial Cessation with 12 months (if applicable))

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

### • Part A Deductible

- Part A Individual Hospital Spell Dates and Co-Payments, Deductible Remaining, Billing NPI
- Part A SNF Individual Spell Dates and Co-Payments, Deductible Remaining, Billing NPI

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

### • Part B Deductible

- Coverage Year
- Deductible Base
- Deductible Remaining

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

- **Medicare Secondary Payer (MSP)**

- Enrollment and Termination Dates
- Type Code and Description
- Name
- Address
- MSP diagnosis codes related to each MSP enrollment period

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

- **Preventative Service Information**

- Procedure Code
- Professional/Technical Modifier
- Next Eligible Date

Preventive services information displays current information only. No inference about historical eligibility can be made based on the returned next eligible dates. The next eligible date is the date on which the Medicare Beneficiary is/was eligible to receive services specified by the Health Care Procedure Coding System (HCPCS) based on the HETS 270/271 application.

If the technical and professional components of a HCPCS code have different next eligible dates, then the HETS 270/271 application will return separate dates for each.

### Preventive Services HCPCS Codes

- Annual Depression Screening includes code G0444.
- Annual Wellness Visit (AWV) includes codes G0438 and G0439.
- Cardiovascular Disease Screening (CARD) includes codes 80061, 82465, 83718, and 84478.
- Colorectal Cancer Screening (COLO) includes codes G0104, G0105, G0106, G0120 and G0121.
- Computed Tomography Bone Mineral Density Study includes code 77078.
- Diabetes Screening Tests (DIAB) includes codes 82947, 82950, and 82951.
- Dual Energy X-ray Absorptiometry (DXA) Bone Density Study; axial skeleton includes code 77080.
- DXA Bone Density Study; appendicular skeleton includes code 77081.
- Fecal Occult Blood Test (FOBT) includes codes G0328 and 82270.
- Glaucoma Screening (GLAU) includes codes G0117 and G0118.
- Human Papillomavirus (HPV) G0476 (females only)
- Intensive Behavioral Counseling for Obesity includes code G0447.

# WPS Government Health Administrators Portal User Manual

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- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD) includes code G0446.
  - Initial Preventive Physical Examination (IPPE) includes codes G0402, G0403, G0404, and G0405.
  - Prostate Cancer Screening (PROS) includes codes G0102 and G0103.
  - Screening and High Intensive Behavioral Counseling (HIBC) to prevent STIs includes code G0445.
  - Screening Mammography (MAMM) includes codes G0202 and 77057.
  - Screening Pap Test (PAPT) includes codes Q0091, P3000, G0123, G0143, G0144, G0145, G0147, and G0148.
  - Screening Pelvic Exam (PCBE) includes code G0101.
  - Single Energy X-ray Study includes code G0130.
  - Ultrasound Bone Density Measurement and Interpretation includes code 76977.
  - Ultrasound Screening for Abdominal Aortic Aneurysm (AAA) includes code 76706 (effective 01/01/2017).
  - Hepatitis B Screening includes code G0499 (effective 04/06/2019).
- **Pneumococcal Pneumonia Vaccination History – up to 10 incidents for each code**
    - Procedure Code
    - Rendering NPI
    - Date of Service
- **Covid-19 Immunization Data**
    - CPT/HCPCS Code
    - Immunization Date
    - Rendering NPI

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

## • Prescription Drug Plan (PDP) Information

- Enrollment and Termination Dates
- Contract and Plan
- Name
- Address
- Telephone Number
- Web Address (if available)

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

- **Therapy Cap Information**

- Occupational Therapy Cap
- Year
- Dollar Amount Used
- Physical/Speech Therapy Cap
- Year
- Dollar Amount Used

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

- **Medicare Advantage (MA/HMO) (also known as “Medicare Part C”)**

- Enrollment and Termination Dates
- Contract and Plan
- Name
- Address
- Telephone Number
- Web Address (if available)
- Enrollment Plan Type
- Bill Option Code
- MA and PBP information will be displayed on separate lines

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

- **End Stage Renal Disease (ESRD) Information**

- ESRD Coverage Period Effective Date
- ESRD Coverage Period End Date (if applicable)
- ESRD Dialysis Start Date (if applicable)
- ESRD Dialysis End Date (if applicable)
- ESRD Transplant Date (if applicable)

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

- **Home Health Information**

- Home Health Periods Start and End Dates
- Date of Earliest and Latest Billing
- Provider NPI
- Contractor Number and Name
- Patient Status Code

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

- **Hospice Information**

- Hospice Provider ID
- Hospice Start and End Dates
- Hospice Revocation Code
- Date of Earliest and Latest Billing Activity
- Hospice Days Used

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

- **QMB Information**

- QMB Enrollment Period

A Qualified Medicare Beneficiary (QMB) is eligible for both Medicare and Medicaid. Medicare providers and suppliers may not bill people in the QMB program for Medicare deductibles, coinsurance, or copays, but state Medicaid programs may pay for those costs. Under some circumstances, federal law lets states limit how much they pay providers for Medicare cost-sharing. Even when that's the case, people in the QMB program have no legal obligation to pay Medicare providers for Medicare Part A or Part B cost-sharing. Look at the patient's Medicare, Medicaid or QMB card to see if the patient is enrolled in a QMB.



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

- **MDPP Information**

- MDPP Effective Date
- MDPP Termination Date
- Inactive Coverage
- Active Coverage
- Additional MDPP HCPCS codes with actual usage
- Billing Provider NPI
- Date of Service for each HCPCS code
- MDPP Period 2 End Date

Medicare Diabetes Prevention Program (MDPP) a structured intervention with the goal of preventing type 2 diabetes in individuals with an indication of pre-diabetes. This program is available for a minimum of 12 months and a maximum of 24 months. The maximum period is determined by the MDPP Period 2 End Date.

The MDPP tab displays when a beneficiary is enrolled in MDPP within the date of service range you requested on your eligibility search. If you are an MDPP provider, only limited eligibility containing the Part B eligibility date on the Summary page, the MA, MSP and ESRD tabs will display any data (if applicable). Please note: The Effective Date for Active Coverage only displays the starting date of service that was submitted on the eligibility request. It is NOT the actual start date for the beneficiary's MDPP. If the beneficiary's MDPP enrollment is not active, it will display the starting date of service that was submitted on the eligibility request on the Inactive Coverage line.

Summary	Part A Deductible	Part B Deductible	MA	Preventive Services	PDP	Therapy Caps	Additional Coverage	QMB
MSP	ESRD	Home Health	Hospice	MDPP				

- **Additional Coverage**

- Acupuncture Benefits
  - Technical Sessions Remaining
  - Next Technical Date
  - Professional Sessions Remaining
  - Next Professional Date

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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Medicare Beneficiary Identifier (MBI)

### MEDICARE BENEFICIARY IDENTIFIER (MBI) LOOKUP

This tool is to be used only when a Medicare patient doesn't or can't give you his/her Medicare Beneficiary Identifier (MBI). The patient's first name, last name, date of birth, and social security number are required to get a unique match. The MBI is confidential so you'll have to protect it as Personally Identifiable Information and use it only for Medicare-related business.

On the MBI Lookup Search page, select your NPI the dropdown arrow for the Service Location (NPI). If you have a single NPI, the program will default the selection. Complete the required fields marked with an asterisk (\*), enter the patient's suffix (if applicable), then click "Submit."

**MBI Lookup – Medicare Beneficiary Lookup**

This tool is to be used only when a Medicare patient doesn't or can't give you his/her Medicare Beneficiary Identifier (MBI). The patient's first name, last name, date of birth, and social security number are required to get a unique match. The MBI is confidential so you'll have to protect it as Personally Identifiable Information and use it only for Medicare-related business.

All fields marked with an asterisk (\*) are required.

**MBI Lookup Search:**

Service Location (NPI)\*:

Social Security Number\*:  -  -

First Name\*:

Last Name\*:

Suffix:

Date of Birth\*:

protected by reCAPTCHA  
Privacy Terms

If the patient is deceased and has been for more than 48 months in the past, you will see "Date of Death exceeds four years."

If an MBI is found with the information submitted, you will be taken to the MBI Results page with the patient's new MBI. You can perform additional actions on this page.

The Search button will take you back to the MBI Lookup Search page with all previous entered data still populated in the fields.

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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

The New Lookup button will take you back to the MBI Lookup Search page with all previous data cleared from the fields.

The Check Eligibility button will take you to the patient's Eligibility Summary page for the current date.

The Print button allows you to print the MBI Results page.

**My Account**  
NPI Administrator  
**My Account Tools**  
My Dashboard  
My Profile  
My Service Locations  
Message Center  
User Administration  
My Transactions

**Eligibility Check**

**MBI Lookup**

---

## MBI Lookup – Medicare Beneficiary Lookup

**MBI Lookup Actions**

[Search](#) [New Lookup](#) [Check Eligibility](#) [Print](#)

---

Below is the Patient's Medicare Beneficiary Identifier (MBI). You should begin submitting Medicare claims using this MBI.

The "Eligibility Check" link will display patient eligibility information for this MBI based upon the current date.

**MBI Results**

---

**Name:** [REDACTED]

**MBI:** [REDACTED]

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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Prior Authorization

For service dates on or after July 1, 2020, Part A providers can submit a prior authorization request for the following services: Blepharoplasty, Botulinum Toxin Injections, Cervical Fusion with Disc Removal, Implanted Spinal Neurostimulators, Panniculectomy, Rhinoplasty, and Vein Ablation. The prior authorization program is applicable to Hospital Outpatient Departments (HOPDs) billing on a 13x type of bill.

### INITIAL REQUEST

Select "Prior Authorization" from the left navigation to open the Prior Authorization Request page. Complete the required fields marked with an asterisk (\*)

## Prior Authorization Request

### Prior Authorization Actions

[Search Prior Authorization Records](#)

[Search Exemption Letters](#)

Have the services you are submitting this Prior Authorization for already been rendered? Already rendered services cannot be submitted for Prior Authorization.

### Prior Authorization Request

Please enter the following information to submit a Prior Authorization Request.

Required fields are marked with an asterisk (\*).

[More Information](#)

Type of PA:	<input type="text" value="Select Type"/>
Expedited Request*:	<input type="text" value="Select Type"/>
Facility Information	<input type="text" value="Blepharoplasty"/>
	<input type="text" value="Botulinum toxin injection"/>
	<input type="text" value="Cervical Fusion with Disc Removal"/>
	<input type="text" value="Implanted Spinal Neurostimulators"/>
	<input type="text" value="Panniculectomy"/>
	<input type="text" value="Rhinoplasty"/>
	<input type="text" value="Vein ablation"/>
Service Location*:	<input type="text" value="Select an NPI"/>
PTAN*:	<input type="text"/>
Address Line 1*:	<input type="text" value="Address Line 1"/>
	<input type="text" value="Address Line 2"/>
	<input type="text" value="City"/>
State:	<input type="text" value="-- Select State --"/>
Zip Code*:	<input type="text" value="Zip"/>

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Beneficiary Information

---

Beneficiary Name\*: **First Name\***  **Last Name\***

Patient's Medicare Number\*:

Date of Birth\*:  

Gender\*:  Male  Female

## Requester Information

---

Requester Name\*: **First Name\***  **Last Name\***

Requester Title\*:

Requester's Email\*:

Email Confirmation\*:

Telephone\*: **Area Code\***  **Local Phone\***  **Ext**

## Physician/Practitioner Information

---

Physician/Practitioner Name\*: **First Name\***  **Last Name\***

NPI\*:

PTAN\*:

Address\*: **Address Line 1**

**Address Line 2**

**City**

**State\***:  **Zip Code\***:

In the Additional Information section, complete the required fields marked with an asterisk (\*). The Type of Bill field will auto-populate with 13x.

If requesting two procedures on the same date of service, click the [+] Add Additional HCPCS/CPT Code link to enter the second procedure information.

Click Upload File to attach the documentation to support the surgery.

- Find the file to upload in the "Open" box
- Highlight file
- Click "Open"
- The file should be attached under the Upload File bar

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Document requirements:

- File types: .docx, .xlsx, .gif, .jpg, .jpeg, .tif, .tiff, .pdf, .zip
- File sizes cannot exceed 15 MB (15,360 KB).
- If a document is uploaded for a single request, all documents are required to be in a single .zip file that does not exceed 60 files.

## Additional Information

Anticipated Date of Service:	<input type="text" value="mm/dd/yyyy"/>	
Type of Bill*:	<input type="text" value="13x"/>	
HCPCS/CPT*:	<input type="text" value="Select Type"/>	
Modifiers:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Units*:	<input type="text"/>	
Additional Information (ex: vein location):	<input type="text"/>	

[\[+\] Add Additional HCPCS/CPT Code](#)

## Documentation

[More Information](#)

### Attachments\*

Accepted File Types: .docx, .xlsx, .gif, .jpg, .jpeg, .tif, .tiff, .pdf, .zip

Individual file size cannot exceed 15 MB.

This web site cannot accept attachments that have password protection, macros, or external links. If any pop-ups appear when the document is opened, the system will not be able to accept the attachment. Please disable any settings of this type before attaching.

Upload File

Continue

Clear

When all fields are complete, and documentation attached, click the Continue button and correct errors if indicated.

Press the Submit button to be taken to the Confirmation page. This page will display the submission status of the Prior Authorization and the Confirmation Number for the transaction. Please make note of this number for future reference, if needed. You also have the option to print this page by clicking "Print."

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>


## SEARCHING PRIOR AUTHORIZATION REQUESTS AND DECISIONS


On the Prior Authorization Request page select the “Search Prior Authorization Records” button.

### Prior Authorization Request

#### Prior Authorization Actions



 Search Prior Authorization Records

 Search Exemption Letters

You will be taken to the Prior Authorization Records page. Click on the arrows next to the headings to sort the columns by Confirmation Number, Type, Facility NPI, Submitted By, Submitted Date, Patient’s Medicare Number, UTN, and Status. Or enter information into the Filter field. View the documentation by clicking on the Confirmation Number link.

Show  entries

Filter:  

Confirmation Number	Type	Facility NPI	Submitted By	Submitted Date	Patient's Medicare Number	UTN	Status
<a href="#">1599138196857PA</a>	BLE			09/03/2020		93A00000000009	Completed
<a href="#">1599052441993PA</a>	BLE			09/02/2020			Pending
<a href="#">1599052708240PA</a>	BTI			09/02/2020			Pending
<a href="#">1598981139416PA</a>	RHI			09/01/2020		91A00000000006	Completed
<a href="#">159888443909PA</a>	BLE			09/01/2020		91A00000000002	Completed

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

When the request opens, the two tabs show Current Record and Record History. The most recent decision will appear at the bottom of the Current Record tab. Click the Record History tab to display prior decisions.

**Prior Authorization Records** [Close]

Prior Authorization Status: **Completed**  
Prior Authorization Decision: **Non-Affirmed**

- MR PA Request Form\_3Subsequent Expedited
- MR PA Request Form\_Initial Expedited
- MR PA Request Form\_Subsequent Expedited
- MR PA Request Form\_2Subsequent Expedited

**Current Record** | Record History

Confirmation Number: 1599138772210PA  
UTN: 93A00000000008

Click the links for each decision to view the prior history.

**Prior Authorization Records** [Close]

Prior Authorization Status: **Completed**  
Prior Authorization Decision: **Non-Affirmed**

- MR PA Request Form\_3Subsequent Expedited
- MR PA Request Form\_Initial Expedited
- MR PA Request Form\_Subsequent Expedited
- MR PA Request Form\_2Subsequent Expedited

**Current Record** | **Record History**

by [User] - Partially-Affirmed  
by [User] - Non-Affirmed  
by [User] - Partially-Affirmed

**Resubmit Request** **Print** **Close**

The current decision will appear at the bottom of the Current Record tab. If you need to request a subsequent Prior Authorization for the same service, click the Resubmit Request button to resend the request. You cannot request a subsequent request on an Affirmed decision.

**Documentation**

Files: [PA DECISION LETTER](#)

**Resubmit Request** **Print** **Close**



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## SEARCHING PRIOR AUTHORIZATION EXEMPTION LETTERS

On the Prior Authorization Request page select the “Search Exemption Letters” button to access the Prior Authorization Exemption Letters page.

### Prior Authorization Request

#### Prior Authorization Actions



[Search Prior Authorization Records](#) [Search Exemption Letters](#)

Choose to display only Exemption Letter or Withdraw from Exemption Letters by using the Filter by Letter Type drop down. Sort the columns by Letter Type, PTAN or Letter Date. Click to View Letter button to view, print or save the letter. Use the Filter box to filter by PTAN or other data

### Prior Authorization Exemption Letters

#### Prior Authorization Actions

[+ PA Request](#) [Search Prior Authorization Records](#)

#### Prior Authorization Exemption Letters

Filter By Letter Type  
Select Letter Type

Show 10 entries Filter: Type to filter results

View Letter	Letter Type	PTAN	Letter Date
<a href="#">View Letter</a>	Withdraw From Exemption Letter		01/26/2021
<a href="#">View Letter</a>	Withdraw From Exemption Letter		01/26/2021
<a href="#">View Letter</a>	Exemption Letter		01/26/2021
<a href="#">View Letter</a>	Withdraw From Exemption Letter		01/26/2021
<a href="#">View Letter</a>	Exemption Letter		01/26/2021
<a href="#">View Letter</a>	Exemption Letter		01/11/2021
<a href="#">View Letter</a>	Withdraw From Exemption Letter		01/06/2021

# WPS Government Health Administrators Portal User Manual

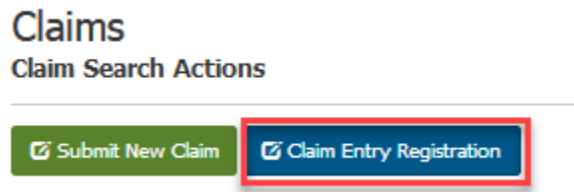
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## Claims (Part B Paper Claims Submitters Only)

### REGISTER FOR ONLINE CLAIM ENTRY

Select “Claims” from the left navigation. On the Claims page select the “Claim Entry Registration” button.



The Claim Entry Registration page will open in a new tab, containing instructions on how to complete the EDI self-service registration.

Read the instructions on the form. Providing correct information in the Submitter ID and Submitter name fields and selecting “5010 837 Professional Claim Inbound” on the registration page is critical.

Click on the “Register here for online claim submission” link. A tab will open loading the Provider EDI Self-Registration page.

Enter your email address and select “Medicare” as your division. Then finish entering the rest of the information on this page as required.

The EDI department will send an email to obtain your Portal User ID, then update your account for claim entry submission.

**NOTE:** Please allow up to 30 calendar days for the EDI Department to receive, review and setup the NPI you listed for claim entry with your account.

**NOTE:** If at any time your Portal User Login ID becomes disabled and you register for a new Portal User Login ID, you will need to re-enroll any NPIs again for online claim entry.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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## SUBMIT NEW CLAIM

**NOTE:** The Claim Entry functionality does not accept Medigap, MSP, Hospice (place of service 34), or Purchased Service claims. Any fields denoted with an asterisk (\*) are required fields. All others are optional.

On the “My Dashboard” Homepage select “Claims” from the left navigation. Then select “Submit New Claim.”

**Claims**  
Claim Search Actions

[Submit New Claim](#) [Claim Entry Registration](#)

**Claim Search**

The WPS Medicare Portal will return claim information currently available on the Medicare Part A and Part B claims processing. 50 claims will be returned for an individual search request.

Required fields are marked with an asterisk (\*).

Service Location (NPI)\*:

Patient's Medicare Number\*:

First Initial\*:

Last Name\*:

Date of Service

Start\*:

End\*:

Complete the required fields marked with an asterisk (\*). If the provider bills under Social Security Number, enter SSN in the Federal Tax ID Number field.

## New Claim

[← Back to Claims](#)

Please complete the claim entry form below.

### Provider Information

Service Location (NPI)\*:   
[CMS 1500, Box 33]

Federal Tax ID Number\*:   
[CMS 1500, Box 25]

SSN  EIN

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Wisconsin Physicians Service Insurance Corporation

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## Patient Information

**Medicare Number\*:**  
[CMS 1500. Box 1a] Medicare Number (123456789A)

**Patient's Name\*:**  
[CMS 1500. Box 2] First Name Mi Last Name

**Date of Birth\*:**  
[CMS 1500. Box 3] mm/dd/yyyy

**Sex\*:**  
[CMS 1500. Box 3]  Male  Female

**Patient's Address\*:**  
[CMS 1500. Box 5] No., Street  
Apt.  
City

**State\*** **Zip Code\***  
-- Please select a state Zip Code

If you know the specific specialty you are billing for, select "I am billing charges for" from the expanded drop-down list. If none apply, select "None of the following apply to my claim."

## Required Header Information

**Accept Assignment\*:**  Assigned  Not assigned  
[CMS 1500. Box 27]

**IMPORTANT:** This page will be modified based on your selection to allow you to enter specific information relating to the charges you are billing. Failure to provide information required for processing our claim may result in a delay in processing or denial if your claim.

**I am billing charges for\*:** None of the following apply to my claim

- None of the following apply to my claim
- Ambulance Service
- Global Surgery
- Laboratory
- Chiropractic Service
- OT/PT
- Inpatient Services
- Mammography
- Routine Foot care

Hospitalization Date - If billing a Place of Service (21, 51, or 61 only) enter the current service Admission and Discharge dates.

[CMS 1500. Box 18]  
Hospitalization dates related to the current service (only required if place of service is 21, 51 or 61)

**Admission Date:** mm/dd/yyyy

**Discharge Date:** mm/dd/yyyy

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Service Facility Location:


- Enter Location Name
- NPI (if available)
- Address of facility where services were performed

## Referring Provider or Other Source Name:

- Enter the Name of the referring or ordering physician if the service or item was ordered or referred by a physician.
- When a claim involves multiple referring and/or ordering physicians, a separate claim form shall be used for each ordering/referring physician.
- Enter the NPI of the referring/ordering physician listed in the Referring Provider or Other Source Name field. All Physicians who order services or refer Medicare beneficiaries must report this data.

## Extra Information:

- Enter any necessary narrative comment, you may include up to 80 characters maximum.
- Enter the Investigation Device Exception # when an investigational device is used in an FDA approved clinical trial.
- Enter the patient's account number assigned by the provider of service or supplier accounting system.
- Enter the total amount the patient paid towards this claim on the covered services only.

Optional Header Information 

---

**Service Facility Location**

**Name:**

**NPI:**

**Address:**

**State**  **Zip Code**

**Referring Provider or Other Source**  
[CMS 1500, Box 17, 17b]

**Name:**

**NPI**

**Extra Information**

**Comments:**   
[CMS 1500, Box 19]

**Investigation Device Exception #:**   
[CMS 1500, Box 23]

**Patient's Account #:**   
[CMS 1500, Box 26]

**Patient Paid Amount \$:**   
[CMS 1500, Box 29]

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

- Diagnosis or Nature of Illness or Injury:
  - In field 1, enter the primary diagnosis code that applies to the claim. Do not enter any decimal points.
  - Any additional diagnosis codes for this claim should be entered in the additional 2-12 fields in priority order of importance. Do not enter any decimal points.

Diagnosis or Nature of Illness or Injury [CMS 1500, Box 24]

Diagnosis Codes\*:  ICD-9  ICD-10

1*	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
	This is required.						
5	<input type="text"/>	6	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>
9	<input type="text"/>	10	<input type="text"/>	11	<input type="text"/>	12	<input type="text"/>

- Modifier:
  - Enter any applicable 2-character procedure code modifier in field 1.
  - Any additional applicable modifiers should be entered in field 2, then 3, then 4.
- Diagnosis Pointer:
  - This is a “Diagnosis Pointer” field that corresponds to the previous Diagnosis section.
  - Enter “1” if the first diagnosis code you entered is the main diagnosis for this line item.
  - Enter “2” if the second diagnosis code you entered is the main diagnosis for this line item, etc.
  - Do not enter 01, 02, 03, etc.
- Charges:
  - Enter the dollar amount you are billing for this line item.
- Units:
  - If “No” was selected for “Is this anesthesia” question, enter the number of “units” or “like services” for this line item. Units cannot be zero.
- Minutes:
  - If “Yes” was selected for “Is this anesthesia” question, enter the total number of minutes for that line item. Minutes cannot be zero.
- Rendering Provider:
  - Enter the First Name, Last Name, and NPI of the provider that performed the service, if different from the billing provider.
- NOC Description:
  - If you reported an “unlisted procedure code” or a “not otherwise classified” (NOC) code as the procedure, you will need to enter the description of service into this field. It can be up to 80 characters.
- If you have additional service lines to enter and you did not select from the Number of Lines dropdown box, select in the “Add new line” button.
  - This will expand the screen to include “Claim Line 2” information to be entered.
  - You will be able to enter up to 12 claim service lines.
  - You cannot have multiple the Place of Service(s) codes on a claim. If multiple are needed, you need to enter a new claim for each one.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

If you selected to add additional lines but need to delete one, a red “Delete Line” button will appear on every line starting at line 2.

Claim Lines [Max 12] [CMS 1500. Box 24] ▼

Number of Lines\*:

Line: 1

Date of service*: From*:	<input type="text" value="mm/dd/yyyy"/>	To*:	<input type="text" value="mm/dd/yyyy"/>
Procedure*: CPT/HCPCS*:	<input type="text" value="CPT/HCPCS"/>	Place of Service*:	<input type="text" value="Service"/>
Modifier:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnosis Pointer*:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Charges \$*:	<input type="text" value="0.00"/>		
Is this anesthesia?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Units*:	<input type="text" value="1"/>		
Rendering Provider:	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	
	<input type="text" value="NPI"/>		
NOC Description:	<input type="text" value="80 Characters maximum"/>		

Line: 2

Want to copy information from another line?  ▼

When all claim lines have been entered, select “Review.” “Edit” and “Submit” buttons will appear.

If errors exist a message will display at the top of the Claims page indicating what needs to be corrected. You will need to correct the errors prior to submitting the claim.

- If you find errors, select “Edit” to make changes.
- When you are satisfied the claim is entered correctly select “Submit.”

If no errors are presented review your claim. When you are satisfied the claim is entered correctly select “Submit.”

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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A message will display at the top of the New Claim screen with a confirmation number. You have the option to print a copy of the confirmation screen by selecting "Print." It is recommended that you print this confirmation page for your records.

To begin entering another claim select "Start New Claim."

If for any reason a claim is rejected from the Medicare front end system, the receipt number will be referenced in the educational contact to you.

## New Claim

[← Back to Claims](#)

Your claim has been successfully submitted.  
Please allow 3 business days for your claim to be available for the WPS GHA Portal Claim Status and Inquiry.

Confirmation Number: 12345





# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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## SPECIALTY CLAIMS FIELDS

### Ambulance Services

*Pick up Location Address:* Enter the No., Street, City, State and Zip Code at the location the patient was picked up.

*Drop-off Location Name:* Enter the Name of the facility at the location the patient was dropped off.

*Address:* Enter the No., Street, City, State and Zip Code at the location the patient was dropped off.

*Reason for Transport:* Select the bullet left to the appropriate reason for the transport. Only one may be chosen. When selecting the reason for transport, you must also include the Transport Distance in Miles field.

*Purpose of Round Trip:* Free form description explaining the reason for round trip.

*Stretcher Purpose Description:* Free form description explaining the purpose of stretcher.

*Transport Distance in Miles:* Enter the distance of the transport in miles. When entering information in this field, you must also select the reason for transport.

*Condition of patient:* Select the appropriate condition(s).

### Ambulance Services

[CMS 1500, Box 32]

<b>Pick-up Location Address*:</b>	<input type="text" value="Pick-Up Address"/>
	<input type="text" value="City"/>
	<b>State*</b> <input type="text" value="-- Please select a St"/>
	<b>Zip Code*</b> <input type="text" value="Zip Code"/>
<b>Drop-off Location Name*:</b>	<input type="text" value="Drop-Off Name"/>
<b>Drop-off Location Address*:</b>	<input type="text" value="Drop-Off Address"/>
	<input type="text" value="City"/>
	<b>State*</b> <input type="text" value="-- Please select a St"/>
	<b>Zip Code*</b> <input type="text" value="Zip Code"/>
<b>Reason for Transport:</b>	<input checked="" type="radio"/> Patient transported to nearest facility for care of symptoms, complaints or both. <input type="radio"/> Patient transported for the benefits of a preferred physician. <input type="radio"/> Patient transported for the nearness of family members. <input type="radio"/> Patient transported for care of specialists or availability of specialized equipment. <input type="radio"/> Patient transported to Rehabilitation facility.
<b>Purpose of Round Trip:</b>	<input type="text" value="80 Characters maximum"/>
<b>Stretcher Purpose Description:</b>	<input type="text" value="80 Characters maximum"/>
<b>Transport Distance in Miles:</b>	<input type="text" value="Miles"/>
<b>Condition of Patient:</b>	<input type="checkbox"/> Patient was admitted to a hospital. <input type="checkbox"/> Patient was moved by stretcher. <input type="checkbox"/> Patient was unconscious or in shock. <input type="checkbox"/> Patient was transported in an emergency situation. <input type="checkbox"/> Patient had to be physically restrained. <input type="checkbox"/> Patient had visible hemorrhaging. <input type="checkbox"/> Ambulance service was medically necessary. <input type="checkbox"/> Patient is confined to a bed or chair.

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Wisconsin Physicians Service Insurance Corporation


<http://www.wpsgha.com>

## Chiropractic Services

*Initial Treatment Date:* Enter the Initial Treatment Date (initiation of the course of treatment).

### Chiropractic Service

[CMS 1500, Box 14]


Initial Treatment Date\*:  

## Global Surgery Services

*Assumed Care Date:* Enter the assumed care date for global surgery when providers share post-operative care.

### Global Surgery

[CMS 1500, Box 19]

Assumed Care Date:  

Relinquished Care Date:  


*Relinquished Care Date:* Enter the relinquished care date for global surgery when providers share post-operative care.

## Inpatient Services

*Admit Date:* Enter the date the patient was admitted.

### Inpatient Services

[CMS 1500, Box 18]

Admission Date\*:  

Discharge Date:  

*Discharge Date:* Enter the date the patient was discharged if known.

## Laboratory Services

*CLIA#:* Enter the 10-digit Clinical Laboratory Improvement Act (CLIA) certification number for laboratory services billed by an entity performing CLIA covered procedures.

### Laboratory

[CMS 1500, Box 23]

CLIA#:

Referring CLIA#:

*Referring CLIA#:* Required for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed. Enter the 10-digit CLIA certification number for the referral laboratory.

## Occupational/Physical Therapy Services

*Date Last Seen:* Enter the Date Last Seen by the supervising provider.

### OT/PT

[CMS 1500, Box 19]

Date Last Seen:  

Supervising Physician Name:

Supervising Physician NPI:

*Supervising Physician Name:* Enter the First Name and Last Name of the patient's attending physician.

*Supervising Physician NPI:* Enter the NPI of the patient's attending physician.

**NOTE:** Name and NPI are optional. If you enter one of these three fields, you must enter all three.

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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Mammography Services

**Mammography Certification #:** Enter the 6-digit FDA approved Mammography Certification number.

### Mammography

[CMS 1500, Box 32]

Mammo Certificate#\*

## Routine Foot Care

**Date Last Seen:** Enter the date the patient was last seen by their attending physician.

### Routine Foot care

[CMS 1500, Box 19]

Date Last Seen\*:

mm/dd/yyyy



**Supervising Physician Name:** Enter the First Name and Last Name of the patient's attending physician.

Supervising Physican Name\*:

First Name

Last Name

**Supervising Physician NPI:** Enter the NPI of the patient's attending physician.

Supervising Physican NPI\*:

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Claim Inquiry

### CLAIM STATUS - PART A AND PART B

Claims Inquiry Availability Times (CT): Claim Inquiry is available in the portal when the Part A (FISS) and Part B (MCS) claims processing systems are available. Each contract has different availability times, however, the systems normally go down by 7:00 PM nightly. Below are the times that the systems become available in the AM.

#### Part A:

J5 IA/KS/MO/NE	6:00 AM
J5 National	7:00 AM
J8 IN	5:00 AM
J8 MI	5:00 AM

#### Part B:

J5 IA/KS/MO/NE	7:00 AM
J8 IN	5:00 AM
J8 MI	5:00 AM

Select "Claim Inquiry" from the left navigation and complete the required fields marked with an asterisk (\*). Then select "Search."

The screenshot shows the 'Claims' section of the WPS Medicare Portal. On the left is a dark blue navigation menu with the following items: NPI Administrator, My Account Tools, My Dashboard, My Profile, My Service Locations, Message Center, User Administration, My Transactions, Eligibility Check, MBI Lookup, Prior Authorization, Claims (expanded), Claim Inquiry/Entry, and Medical Documents. The main content area is titled 'Claims' and includes 'Claim Search Actions' with buttons for 'Submit New Claim' and 'Claim Entry Registration'. Below this is the 'Claim Search' section, which contains a disclaimer: 'The WPS Medicare Portal will return claim information currently available on the Medicare Part A and Part B claims processing systems. No more than 50 claims will be returned for an individual search request.' It also states 'Required fields are marked with asterisk (\*)' and lists four search criteria: 'Service Location (NPI)\*' (a dropdown menu), 'Patient's Medicare Number\*' (a text input field), 'Date of Service Start\*' (a date picker), and 'Date of Service End\*' (a date picker). At the bottom right of the search area are 'Search' and 'Clear Form' buttons.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

If a claim is on file for the information you entered, you will be brought to the Claim Results page, which gives high level claim information. Scroll to the bottom of the page and select the link under “Claim Number” to see claim details. Alternatively, and if applicable, you can begin the process of submitting medical documentation (MR), a reopening (CER), or an overpayment (OCA), by clicking the appropriate box under the “Actions” heading.

**Claim Results**

---

2 Claims found.  
Note: not all claim actions are available for all claims.

Show  entries Filter:

Region	Claim Number	Date	Amount Billed	Process/Finalized Date	Status	Actions
J5B	<a href="#">1717199075000</a>	mm/dd/yyyy - mm/dd/yyyy	Amount (\$)	mm/dd/yyyy	Status	<input type="button" value="MR"/> <input type="button" value="CER"/> <input type="button" value="OCA"/>
J5B	<a href="#">1717199075010</a>	mm/dd/yyyy - mm/dd/yyyy	Amount (\$)	mm/dd/yyyy	Status	<input type="button" value="MR"/> <input type="button" value="CER"/> <input type="button" value="OCA"/>

To return to the main Claims screen select “Refine Search” (this will retain all previously entered data) or select “New Search” (this will clear the form and you can begin a new claim status search).

If no claims are on file based on the information provided the message “No claims found for search criteria in (region selected)” will appear at the top of the screen.

• No claims found for search criteria in Region

If a Part A claim has been archived, you must call the Provider Contact Center (the appropriate number to call will be displayed).

• Claim has been archived. Please call the Provider Contact Center to request retrieval.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>


## CLAIM DETAILS

The claim details page provides an in-depth view of how a claim processed. If there are underlined lines similar to links, you may hover or click on them with your mouse to show more information.

The following information can be found on this page, if applicable:

- Status (i.e. Adjusted/Replaced, Processed, Finalized/Paid, In Process, Denied, Cancelled)
- Date Received
- Processed Date
- Check/Electronic Funds Transfer (EFT) Number
- Check Date
- Allowed Amount
- Payment Amount
- American National Standards Institute (ANSI) Group Codes
- Claim Adjustment Reason Codes
- Remittance Advice Remark Codes
- Remittance Advice (RA Date)
- Pay Codes
- Rendering NPI
- Rendering Provider name
- Claim line details
- Document Control Number (DCN)
- Type of Bill
- Status/Location
- Remark Codes
- Reason Codes
- Discharge Status
- Blood Deductible

After you are finished viewing the claim details you can select the “Back to Claims Results” link to return to the previous Claim Results page.

<b>National Provider Identifier (NPI):</b> [REDACTED] <b>Practice Name:</b> Multiple Locations <b>Practice Address:</b> Multiple Address <b>Region:</b> J58	<b>Patient's Medicare Number:</b> [REDACTED] <b>Beneficiary Name:</b> [REDACTED] <b>ICN:</b> [REDACTED]	<b>APPROVED</b> 
<b>Billed Amount</b> ..... \$41.00	<b>Date Received:</b> [REDACTED]	
<b>Allowed Amount</b> ..... \$10.62	<b>Process Date:</b> [REDACTED]	
<b>Deductible Amount</b> ..... \$0.00	<b>Check/EFT Number:</b> [REDACTED]	
<b>Provider Paid Amount</b> ..... \$8.33	<b>Check Date:</b> [REDACTED]	
<b>Payments Issued</b> ..... \$8.33		

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Claim Details

This table displays the lines submitted on the claim, with extra information like DOS, amount billed, amount paid, etc.

If your submission relates to secondary insurance coverage or benefits exhausted, do not use the Appeals form. Situations involving secondary insurance coverage or benefits exhausted are required to be identified on the MSP Inquiry form. This form along with additional documentation must be faxed or mailed for expedited resolution.

[J5B](#) | [J8B](#)

Show **All** entries

Filter:  ⓘ

#	Date	POS	CPT	Mod	Units	Billed	Allowed	Paid	Reason & Remark	More Info
1	06/01/2017	<u>11</u>	<u>93010</u>		1.0	\$200.00	\$0.00		<a href="#">CO 29 N211</a>	<a href="#">More Info</a>
2	06/02/2017	<u>11</u>	<u>93010</u>		1.0	\$200.00	\$0.00		<a href="#">CO 109 N418</a>	<a href="#">More Info</a>
3	06/03/2017	<u>11</u>	<u>93010</u>		1.0	\$200.00	\$0.00		<a href="#">CO 109 N418</a>	<a href="#">More Info</a>
4	06/04/2017	<u>11</u>	<u>93010</u>		1.0	\$200.00	\$0.00		<a href="#">CO 24</a>	<a href="#">More Info</a>
5	06/05/2017	<u>11</u>	<u>93010</u>		1.0	\$200.00	\$0.00		<a href="#">CO 96 N121</a>	<a href="#">More Info</a>
6	06/06/2017	<u>11</u>	<u>93010</u>		1.0	\$200.00	\$0.00		<a href="#">CO 50 N115</a>	<a href="#">More Info</a>

Showing 1 to 6 of 6 entries

1

In the Claim Details table, information under the grey bar on the left half of the section includes information received from the provider. The information on the right half of the section under the blue bar, is information generated by Wisconsin Physicians Service and reflects information included on the remittance advice, as well as a More Info button.

Information available under the More Info button (If applicable to the claim line):

- Rendering Provider
- Rendering NPI
- ANSI Reason and Remarks codes
- Related Claim Link – Provides a link to a claim that may be duplicative of your claim.
- Patient Eligibility Information

#	Date	POS	CPT	Mod	Units	Billed	Allowed	Paid	Reason & Remark
1									

Close (x)

**More information about this item**

Rendering Provider:  Pay codes:

Rendering NPI:

---

**ANSI Reason & Remark Codes applied to this item**

**CO** CONTRACTUAL OBLIGATIONS (PATIENT MAY NOT BE BILLED FOR THESE AMOUNTS).

**45** CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATEDFEE ARRANGEMENT. (USE ONLY WITH GROUP CODES PR OR CO DEPENDING UPON LIABILITY).

# WPS Government Health Administrators Portal User Manual

## Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Enhanced denial information is available for some denials. It will provide the information available for all claim lines with a More Info button, and will also include if available:

- Additional information explaining the denial reason
- Tips and suggestions if you believe the claim was not submitted correctly
- Links to other web pages or websites if additional information is available
- Claim actions such as Resubmit Claim (New) or Reopen (Clerical Error) if appropriate (Claim actions may not be available for all denials)

#	Date	POS	CPT	Mod	Units	Billed	Allowed	Paid	Reason & Remark
1	06/01/2017	11	93010		1.0	\$200.00	\$0.00		CO 29 N211

**More information about this item** Denied Line

Rendering Provider: [REDACTED]  
Rendering NPI: [REDACTED]

**ANSI Reason & Remark Codes applied to this item**

CO CONTRACTUAL OBLIGATIONS (PATIENT MAY NOT BE BILLED FOR THESE AMOUNTS).  
29 THE TIME LIMIT FOR FILING HAS EXPIRED.  
N211 ALERT: YOU MAY NOT APPEAL THIS DECISION.

**Denied for Late Filing**

Your service was denied because it was provided more than one calendar year before the claim was received. There are no appeal rights on a service denied for late filing. You cannot bill the patient.

**Do you need to correct your claim?**

Check the service date submitted on your claim. If you entered the service date incorrectly and the filing limit has not expired, you can resubmit the claim or request a Clerical Error Reopening (CER) to correct it.

If the date of service is correct, there are four exceptions to the late filing restriction. You have an extra 6 months to file a claim if any of the following apply:

- You didn't file the claim timely because the patient was not eligible for Medicare when the service was rendered, but they were enrolled retroactively and the service is now within their entitlement period.
- Social Security or Medicare corrected an error that caused the claim to deny.
- A State Medicaid agency recovered a Medicaid payment six months or more after the service was furnished.
- A Medicare Advantage plan or Program of All-inclusive Care for the Elderly (PACE) provider organization recovered its payment six months or more after the date the service was furnished.

These exceptions will extend the time limit for filing the claim. If you are notified of any of the above exceptions, within 6 months of the notification, submit a claim with documentation of the exception and include a letter to the Claims Manager stating the reason you are filing the claim beyond one calendar year.

To view additional information about the late filing limit and how to file a waiver, Click [Here](#)

[Resubmit Claim \(New\)](#) [Reopen \(Clerical Error\)](#)

For claims denied due to a policy, if the enhanced denial information is available, there will be a link to the policy housed at the CMS website.

If your submission relates to secondary insurance coverage or benefits exhausted, do not use the Appeals form. Situations involving secondary insurance coverage or benefits exhausted are required to be identified on the MSP Inquiry form. This form along with additional documentation must be filed or mailed for expedited resolution.

208 | 208

Show  entries

#	Date	POS	CPT	Mod	Units	Billed	Allowed	Paid	Reason & Remark
1	06/01/2017	11	26255		1.0	\$100.00	\$0.00		CO 50 N115

**More information about this item** Denied Line

Rendering Provider: [REDACTED]  
Rendering NPI: [REDACTED]

**ANSI Reason & Remark Codes applied to this item**

CO CONTRACTUAL OBLIGATIONS (PATIENT MAY NOT BE BILLED FOR THESE AMOUNTS).  
50 THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A MEDICAL NECESSITY BY THE PAYER. THIS CHANGE TO BE EFFECTIVE 04/01/2010: THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A MEDICAL NECESSITY BY THE PAYER. NOTE:  
N115 THIS DECISION WAS BASED ON A LOCAL COVERAGE DETERMINATION (LCD) LAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT WWW.CMS.GOV/CDL, OR IF YOU DO NOT HAVE WEB ACCESS, YOU MAY CONTACT THE CONTRACTOR TO REQUEST A COPY OF THE LCD.

**Denied for Local Coverage Determination (LCD)**

Your service was denied because medical necessity was not documented. The denial was based on the Local Coverage Determination (LCD) ID number listed below. Click the button to review the policy.  
The procedure 26255 was performed on 06/01/2017 - 06/01/2017.  
Compare the LCD requirements to your claim and to the patient's history to determine if you submitted all necessary information. If your patient's condition does not satisfy the requirements in the LCD, the denial was correct.

Please review Policy Number(s) L34648 on the CMS Website. [Go to Policy](#)

**Do you need to correct your claim?**

If did not include all information from your patient's file that would support the requirements in the LCD, you can resubmit the service on a new claim through your normal procedure. Do not resubmit any claim lines that were paid.  
If you need to correct one field on your claim, you can also request a Clerical Error Reopening. Click the "Reopen (Clerical Error)" button on this page.

[Resubmit Claim \(New\)](#) [Reopen \(Clerical Error\)](#)

**Local Coverage Determination (LCD):  
Biphosphonate Drug Therapy (L34648)**

Select the First Complete Record. Add to Basket or Email Record Buttons to print the record. To add it to your basket or to email the record.

Procedure: [REDACTED]  
To print an entire document including all pages or all code pages, use the Print All PDF button in the First Complete Record below.  
To print only the current visible page contents, use the Print button in the page header.

[Add to Basket](#) [Email Record](#)

Backen Navigation: [REDACTED]

Record ID: [REDACTED]

**Contractor Information**

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JANISSE CODE	STATUS
Wisconsin Physicians Service Insurance Corporation	MSC - Part A	08101 - MSC A	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part B	08102 - MSC B	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part A	08201 - MSC A	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part B	08202 - MSC B	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part A	08203 - MSC A	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part B	08204 - MSC B	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part A	08401 - MSC A	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part B	08402 - MSC B	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part A	08403 - MSC A	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part B	08404 - MSC B	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part A	08501 - MSC A	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part B	08502 - MSC B	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part A	08503 - MSC A	2 - 10	Open
Wisconsin Physicians Service Insurance Corporation	MSC - Part B	08504 - MSC B	2 - 10	Open

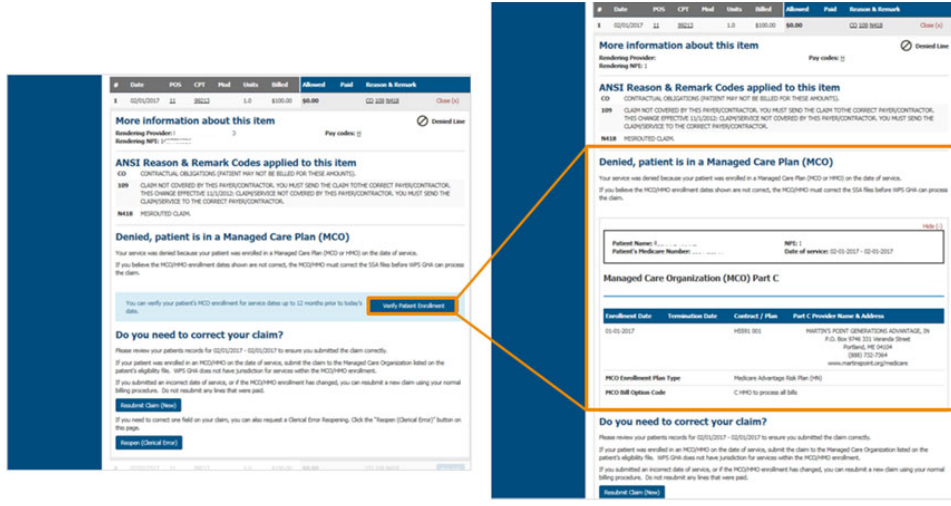


# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

For claims denied because of an eligibility issue (MSP, MA/HMO, Hospice, etc.), where enhanced denial information is available, eligibility can be verified from the enhanced denial script.



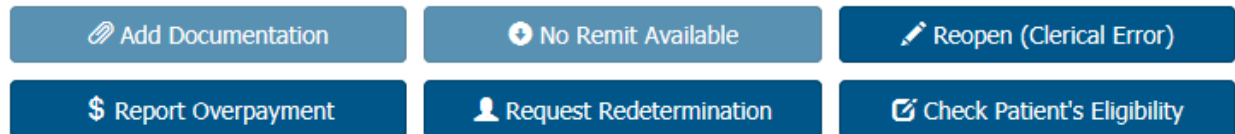
## CLAIM ACTIONS

On the “Claim Details” page, you will find buttons/links for actions you can take on a claim. Not all actions will be available on every claim. These actions include:

- “Add Documentation” (Medical Documentation for ADR requests)
- “Download Remit” (to obtain remittance)
- “Reopen (Clerical Error)” (to perform a reopening)
- “Report Overpayment” (Overpayments)
- “Request Redetermination” (Appeal)
- “Check Patient’s Eligibility” (Eligibility)

Click the applicable button to start the process. See the specific manual section for details and step by step instructions on each of these items.

## Claim Actions



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Clerical Error Reopening (CER)

### SUBMITTING A CLERICAL ERROR REOPENING (CER)

Clerical Error Reopen (CER) submission allows Providers to enter revised claim information that will be transmitted through the portal to the Multi-Carrier System (MCS). The CER feature will allow for changes to specific claim information on a denied claim and immediate notification that the claim adjustment has been accepted into MCS.

There is not a claim line limit and if you have one or more of the following situations, request a CER through the portal. If the situation does not fall under one of these options a redetermination will need to be submitted:

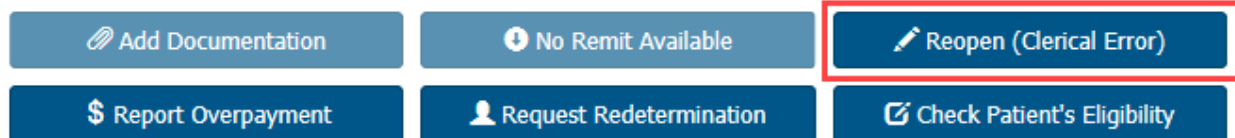
- Change Rendering Provider National Provider Identifier (NPI)
- Add/Change/Delete Diagnosis Code(s)
- Change Date(s) of Service (DOS)
- Change Procedure Code
- Add/Change/Delete Claim Modifier(s)
- Change Billed Amount – Related to Fee Schedule Change
- Change Billed Amount – NOT Related to Fee Schedule Change
- Change Units of Service Billed

There are a few limits to the above changes. If you need to change the billed amount, you cannot also change the number of services. Likewise, if you change the number of services, you cannot also change the billed amount. **Claims can only be adjusted once via the portal, so make sure you update all applicable fields before submitting the CER.** For example, if a date of service change is submitted through the Portal, you cannot adjust the claim a second time in the Portal when the claim finalizes.

#### To submit a CER:

From the “My Dashboard” homepage select the link for “Claim Inquiry.” Then navigate to the claim details page. On the claim details page, under “Claim Actions,” the “Reopen (Clerical Error)” button will be in dark blue if your claim is eligible for a reopening. Select “Reopen (Clerical Error)” to proceed.

### Claim Actions



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

On the Edit Claim - Clerical Error Reopening screen all fields are editable.

**Edit Claim - Clerical Error Reopening**

NPI: 1234567890      Patient's Medicare Number: 699123120A      Beneficiary Name: HARRY POTTER      ICN: 2218240001450

**Diagnosis or Nature of Illness or Injury**

Note: Please do not key decimal point amounts when entering codes [CMS 1500, Box 21].

Diagnosis codes are\*

1*	Z9181	2	Z743	3	H31002	4	A779
5		6		7		8	
9		10		11		12	

**Enter Claim Lines [CMS 1500, Box 24]**

This Medicare Part B Professional Claim Entry Form allows a maximum of 12 lines per claim.

**Claim Line 1**

Date of Service\*      Start: 08/15/2018      End: 08/15/2018      Date of Service cannot span multiple years, be in the future or after the Claim submission date.

Procedure\*      CPT/HCPCS\*: 99212      Place of Service\*: 11-Office

Modifier: [ ] [ ] [ ] [ ]

Diagnosis Pointer\*: 1      2      3      [ ]

Units\*: 1.0      Charges\*: 100.00      For amounts with cents, enter a decimal point.

Rendering Provider\*      NPI: 1234567893

Review      Cancel

Make all needed changes to the claim. If the billed amount is changed, an additional question of whether that change was a "Fee Schedule Change" or not must be completed (Yes or No selected in a dropdown box) prior to being able to complete the claim adjustment. Once all changes have been made, click on the "Review" button.

The Edit Claim – Clerical Error Reopening screen will display a message stating "Your information has been successfully reviewed, to finalize your adjustment request, click the Submit button."

To edit your former entry, select "Edit" to make changes and select "Review" again.

To cancel the request entirely select the "Cancel" button, this will return you to the Claims page.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

On the Clerical Error Reopening Confirmation screen, take note of the new Claim Number which you will need to search for claim status or to use the Appeal Status feature. This Confirmation page can be printed for your records by selecting "Print."

NPI	Patient's Medicare Number	Beneficiary Name	ICN
1234567890	AB12345	John Doe	12345678910

Your Claim Adjustment for NPI: 1234567890 . HIC: 123456789A . Beneficiary: Doe, J has been successfully submitted.

Please wait at least one business day before checking the status of your adjustment claim.

Please take note of your new Claim Number: 123456789101112

Print Close

## COMMON ERROR MESSAGES AND THEIR CAUSES

**Claim processed more than 1 year ago. Reopening not allowed unless good cause can be established. Please see IOM 100-4 Chapter 34 Section 10.11 to determine if good cause exists. If so, submit request in writing with good cause documentation.**

- Cause: Initial claim processed more than one year ago.

**Claim has been previously adjusted, please submit a redetermination request.**

- Cause: Claim has been previously adjusted.

**Procedure code not valid or Place of Service not valid for Procedure code - reopening not allowed for this change.**

- Cause: The place of service does not match the procedure code billed, or the procedure code is not valid. Since the information would cause the claim to deny again, a reopening cannot be completed.

**Due to complex nature of the requested change this request cannot be handled as a reopening. Please submit redetermination request.**

- Cause: The claim you are trying to adjust includes modifiers: 22, 23, 53, 55, 62, 66, 74 or CR. In these situations, we must review additional documentation to process the claim. For this reason, the request is too complex. You will need to resubmit a redetermination request with the appropriate documentation.

**Requested diagnosis code is invalid, please recheck diagnosis code. No reopening allowed for invalid diagnosis code.**

- Cause: An invalid diagnosis code will cause the adjustment to deny.

**Due to the complex nature of this claim, you must submit a redetermination request.**

- Cause: The claim is for a CPT procedure code ending with a "99." These codes are generally "not otherwise classified." A claim determination for these procedure codes requires medical review of documentation to determine coverage and payment. This cannot be done as a reopening

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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

**Claim cannot be reopened because there is no initial determination for this claim. Please submit a new corrected claim or wait until the claim in process has finalized.**

- Cause: The initial claim denied with no appeal rights (unprocessable denial) or a claim is still in pending status. If the claim denied with the MA-130 message, you need to submit a corrected claim. You can use the claim status feature to determine if there is a claim pending which is preventing you from requesting a reopening.

**Cannot start with “J”**

- Cause: The procedure codes that start with a “J” frequently require special pricing guidance and would be considered too complex to be completed online. These types of claims must be submitted in writing or as an appeal request. You can either file a redetermination in the portal or a paper reopening. Note: this is even if you are not trying to adjust the ‘J’ code.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

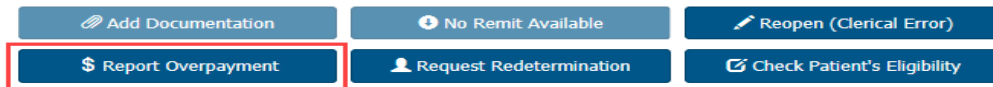
## Overpayments (OCA)

### OVERPAYMENT CLAIM ADJUSTMENTS (OCA)

Medicare Part B providers can submit Medicare Secondary Payer (MSP) and Non-MSP overpayment adjustments via the Portal.

From the “My Dashboard” homepage select the link for “Claim Inquiry.” Then navigate to the claim details page. On the claim details page, under “Claim Actions,” the “\$ Report Overpayment” button will be in dark blue if your claim is eligible for an overpayment request. Select “\$ Report Overpayment” to proceed.

#### Claim Actions



An Overpayment Claim Adjustment box will display. Select the Non-MSP or the MSP reason for the overpayment from the dropdown box.

The image shows a form titled "Overpayment Claim Adjustment". It has a header with fields for NPI, Patient's Medicare Number, Beneficiary Name, and ICN. Below the header, there is a section titled "Please select the correct adjustment reason for the overpayment of this claim." with two dropdown menus: "Non MSP" and "MSP". Both dropdown menus currently show "Select an option".

Based on your selection additional applicable fields will display. For this example, Services not Rendered was selected. To proceed with the request, check the “Deny This Claim Line” check box, then select “Review.” To cancel your request, select “Cancel” to be taken back the Claim Details.

The image shows the "Overpayment Claim Adjustment" form with the "Non MSP" dropdown menu set to "Services Not Rendered". Below the dropdowns, there is a yellow box with a warning icon and text: "By selecting the 'Deny this Claim line' checkbox below, you identify the specific line(s) on which the overpayment occurred and agree to a denial of those claim line(s). Based on this request a new remittance advice will be issued." Below this box are "Review" and "Cancel" buttons. The "Review" button is highlighted with a red border. Below the buttons is a section titled "Diagnosis or Nature of Illness or Injury" with a note: "Note: Please do not key decimal point amounts when entering codes [CMS 1500. Box 21]." and a grid of 12 input fields for diagnosis codes. Below the grid is a section titled "Enter Claim Lines [CMS 1500. Box 24]" with a note: "This Medicare Part B Professional Claim Entry Form allows a maximum of 12 lines per claim." At the bottom of the form, there is a "Claim Line 1" section with a "Deny this Claim Line" checkbox, which is highlighted with a red border.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

A message will display on the page indicating to select “Submit” to finalize the adjustment request. Select “Submit” if you are ready to finalize the overpayment request.

An Overpayment Claim Confirmation screen will display providing you with your new Claim Number. You can print this page for your records.

**NOTE:** *Before an adjustment for MA/HMO, SNF, Home Health, Hospice, and all of the MSP can be completed, the portal will check Medicare’s files for a valid matching record.*

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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## Medical Documentation

Choose the “Medical Documentation” link from the left navigation.

- Choose “Search Documentation” to search for previously uploaded medical documentation. See the “Search Documentation” instructions below.
- Choose the “Prepayment Review” tab to upload medical documentation for claims that have an Additional Documentation Required (ADR) status. See the “Prepayment Review Tab” instructions below.
- Choose the “Post-payment Review” tab to respond to a post pay claim review notification letter. See the “Post-payment Review Tab” instructions below.

There is also an option to submit an ADR response through Claims Inquiry. This is the most accurate method. See the “ADR Response using Claim Inquiry” instructions below.

**Upload Medical Documentation**

**Medical Documentation Actions**

[Search Documentation](#)

Use this page to upload Medical Documentation for Claims that have selected for review by our Medical Review Department on either a pre-pay or post-pay basis. Claims which require additional documentation to process (such as FISS reason code U5601) and PWK requests should not be submitted via the portal. Please select the appropriate option in the tabs below based on the status of your Claim.

If you are submitting an appeal request, please DO NOT send it in through the portal as an MR.

[Prepayment Review](#) [Post-payment Review](#)

**Enter the following information**

We encourage you to look up your claim from our [Claims Inquiry](#) section to ensure the most accurate collection of data. The Claim Inquiry section is available when the Medicare Part A and [Part B](#) claims processing systems are available. If you want to submit your documentation through a claim, select the link, otherwise fill the form below.

Required fields are marked with an asterisk (\*).

Service Location (NPI)\*:

Provider Number (PTAN)\*:

Patient's Medicare Number\*:

Claim Number (ICN/DCN)\*:



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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## SEARCH DOCUMENTATION

After choosing “Medical Documentation” from the left navigation pane, choose “Search Documentation.” If there is documentation available, the medical documentation search results page will load with a list.

Here you can perform the following actions:

- Use the Quick Filter and enter the Claim Number
- Use the Quick Filter and enter the Patient Medicare Number
- Use the “My Submissions Only” button to show only documents you have submitted.
- Use the “Show entries” dropdown to increase the results per page.
- Sort using the arrows next to the headings.
- Filter using the “Filter” box.
- Use the page buttons at the bottom to move between pages.
- Click on a confirmation number link to pull up that specific documentation information.

My Submissions Only:  **A**

Show **10** entries **B**

**D** Filter:  **i**

Confirmation Number	NPI	PTAN	Submitted By	Submitted Date	Status
1234567891011MR	1234567890	AB12345	JDOE	mm-dd-yyyy	Received
1234567891011MR	1234567890	AB12345	JDOE	mm-dd-yyyy	Received
1234567891011MR	1234567890	AB12345	JDOE	mm-dd-yyyy	Received
1234567891011MR	1234567890	AB12345	JDOE	mm-dd-yyyy	Received
1234567891011MR	1234567890	AB12345	JDOE	mm-dd-yyyy	Received
1234567891011MR	1234567890	AB12345	JDOE	mm-dd-yyyy	Received
1234567891011MR	1234567890	AB12345	JDOE	mm-dd-yyyy	Received
1234567891011MR	1234567890	AB12345	JDOE	mm-dd-yyyy	Pending
1234567891011MR	1234567890	AB12345	JDOE	mm-dd-yyyy	Pending

Showing 1 to 10 of 782 entries **E**

1 2 3 4 5 ... 79 Next

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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

After clicking on the confirmation number link, the Medical Documentation Detail page will load. This pop-up will include the details of the documentation, as well as links to the files themselves.

Here you can perform the following actions:

- Use the “Show entries” dropdown to increase the results per page.
- Use the “Filter” box to filter the results.
- Click on the file name link to open the specific document.
- Use the “Print” button to print the document for your records or the “Ok” button to return to the search results page.

The screenshot displays a web interface for medical documentation. At the top, there are two controls: a dropdown menu labeled 'Show 10 entries' (marked with a red circle 'A') and a search box labeled 'Filter: Type to filter results' (marked with a red circle 'B'). Below these is a table with four columns: 'File Name', 'Patient's Medicare Number', 'Claim Number (ICN/DCN)', and 'Status'. The table contains six rows of data, each with a blue hyperlink for the file name. A red circle 'C' points to the 'Patient's Medicare Number' column. Below the table, it says 'Showing 1 to 6 of 6 entries' and a page number '1' in a box. At the bottom right, there are two buttons: 'Print' (with a printer icon) and 'Ok', both enclosed in a red box and marked with a red circle 'D'.

File Name	Patient's Medicare Number	Claim Number (ICN/DCN)	Status
<a href="#">File1.jpg</a>	666666666a	6666674085020	Received
<a href="#">File2.jpg</a>	555555555a	5555574085020	Received
<a href="#">File3.jpg</a>	444444444a	4444474085020	Received
<a href="#">File4.jpg</a>	333333333a	3333374085020	Received
<a href="#">File5.jpg</a>	222222222a	2222274085020	Received
<a href="#">File6.jpg</a>	111111111A	1111174085020	Received

Showing 1 to 6 of 6 entries

1

Print Ok

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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## PREPAYMENT REVIEW TAB

After choosing “Medical Documentation” from the left navigation pane, complete the required fields marked with an asterisk (\*) and provide the Start and End Date of Service.

Choose a file to upload with the “Browse” button. Choose “Submit” to move to the next step, or “Clear Form” to start over.

The screenshot displays the 'Prepayment Review' tab in the WPS Government Health Administrators Portal. On the left, a navigation menu is visible with 'Medical Documentation' highlighted. The main content area shows a form titled 'Enter the following information'. The form includes several required fields marked with an asterisk (\*): 'Service Location (NPI)\*' (a dropdown menu), 'Provider Number (PTAN)\*' (a text input), 'Patient's Medicare Number\*' (a text input), and 'Claim Number (ICN/DCN)\*' (a text input). Below these is the 'Date of Service' section with 'Start' and 'End' date pickers. A file upload section follows, featuring a 'Browse...' button and a 'Clear Content' link. At the bottom right of the form, there are 'Submit' and 'Clear Form' buttons. The 'Prepayment Review' tab is selected, and the 'Medical Documentation' option in the navigation pane is also highlighted.

After successfully submitting, you will be brought to the Medical Documentation Detail page. This page will include:

- Submission information section, which will include a confirmation number.
- Information provided section, which will include provided details.

From here you can:

- Use the “Print” button to print for your records, select “Ok” to finish and return to the previous screen.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## ADR RESPONSE USING CLAIM INQUIRY

- The most accurate way to submit an ADR response is using the “Claim Inquiry” option. After choosing “Medical Documentation” from the left navigation, choose the “Claims Inquiry” link located in the paragraph below the Prepayment Review/Post-Payment Review tabs, or simply click the “Claim Inquiry” link from the left navigation.

The screenshot displays the user interface for submitting an ADR response. On the left is a dark blue navigation menu with the following items: Message Center, User Administration, My Transactions, Eligibility Check, MBI Lookup, Prior Authorization, a dropdown for Claims, Claim Inquiry/Entry, Medical Documentation (highlighted with a red box and a mouse cursor), Remittance Advice, Medicare eRefunds, Letter Search, and Appeal Search. The main content area is titled 'Prepayment Review' (highlighted with a red box) and 'Post-payment Review'. Below the tabs, it says 'Enter the following information'. A red arrow points to a link for 'Claims Inquiry' in the text: 'We encourage you to look up your claim from our [Claims Inquiry](#) section to ensure the most accurate collection of data. The Claim Inquiry section is available when the Medicare Part A and Part B claims processing systems are available. If you want to submit your documentation through a claim, select the link, otherwise fill the form below. Required fields are marked with an asterisk (\*).'

The form contains the following fields:

- Service Location (NPI)\*: Select an NPI (dropdown menu)
- Provider Number (PTAN)\*: Type your PTAN (text input)
- Patient's Medicare Number\*: Type your patient's medicare number (text input)
- Claim Number (ICN/DCN)\*: Type your claim number (text input)
- Date of Service: Start (mm/dd/yyyy) and End (mm/dd/yyyy) (date pickers)

Below the form is an attachment section with a 'Browse...' button and a 'Clear Content' link. Accepted file types are listed as DOCX, XLSX, PDF, JPG, JPEG, GIF, TIF, TIFF, ZIP. A note states: 'This web site cannot accept attachments that have password protection, macros, or external links. If any pop-ups appear when the document is opened, the system will not be able to accept the attachment. Please disable any settings of this type before attaching.'

At the bottom right are 'Submit' and 'Clear Form' buttons.

- Find the claim in question. See “Claim Inquiry” instructions for full instructions on claim inquiry.
- Choose the appropriate claim by choosing the claim number link from the claim results to get to the claim details page.

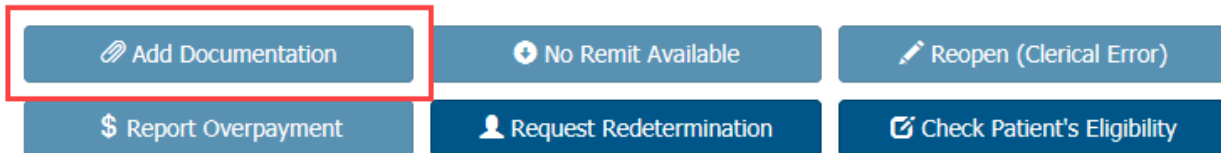
# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

- On the details page under “Claim Actions,” look for the “Add Documentation” button. If an ADR was requested/available, it will be clickable and darker blue. If it is not available/an ADR was not requested, it will not be clickable and lighter blue.

## Claim Actions



- A pop-up will appear allowing you to add the necessary files. Choose “Browse” to add the file, then choose “Review” to continue, or “Cancel” to end the process.

### Upload Medical Documentation

NPI	Patient's Medicare Number	Beneficiary Name	ICN
1234567890	123456789A	Doe, John	123456789101112

Please click on the browse button to select the file you want to attach to this claim. If there are multiple files for a single request we require all documents in a single .zip file not exceeding 60 individual files.

File:  Browse...

Accepted file types: docx xlsx pdf jpg jpeg gif tif tiff zip

Individual file size cannot exceed 15MB (15,360KB)

Review Cancel

- The confirmation pop-up box will appear where you can review the information for accuracy and completeness. Choose “Submit” to finalize, “Edit” to make changes, or “Cancel” to end the process.

### Upload Medical Documentation

NPI	Patient's Medicare Number	Beneficiary Name	ICN
1234567890	123456789A	Doe, John	123456789101112

Please review the information below for accuracy and completeness. If everything is correct, select Submit. If the information below is not correct, select the Edit button to make changes.

File: C:\Users\Public\Pictures Browse...

Submit Edit Cancel

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

- A final submission confirmation will pop-up with an informational message and a confirmation number. Take note of the confirmation number or print for your records using the “Print” button. Use the “Close” button when finished to return to the claim detail page.

## Upload Medical Documentation ×

NPI	Patient's Medicare Number	Beneficiary Name	ICN
1234567890	123456789A	Doe, John	123456789101112

📌 Your Medical Review documentation has been submitted.

Please wait at least one business day before checking the status of your ADR documentation.

In rare instances your document(s) may reject due to a virus or corrupt file. Your document status/history will reflect documents rejected after this point in the status field. Please resubmit any rejected documents.

Attachments are available to view for a period of 75 days after submission.

Please take note of your confirmation number: **1234567891011MR**

**File Name:**

**Status:**

 Print

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## POST-PAYMENT REVIEW TAB

- After choosing “Medical Documentation” from the left navigation pane, choose the “Post-payment Review” tab. Choose the NPI Service Location (and region, if applicable), enter the Provider Number (PTAN), Probe Number, Patient’s Medicare Number, Claim Number (ICN/DCN), and the Start and End Date of Service. Choose a file to upload with the “Browse” button. Choose “Save and Submit another File” if there is another file to submit for the same probe. Choose “Submit and Finish” once all claim numbers for the probe have been completed. Choose “Clear Form” to clear the current form.

**Medical Documentation Actions**

Search Documentation

Use this page to upload Medical Documentation for Claims that have been selected for review by our Medical Review Department. Claims which require additional documentation to process (such as FISS reason code U5601) and PWK requests should not be submitted via the portal.  
If you are submitting an appeal request, please DO NOT send it in through the portal as an MR.

Prepayment Review **Post-payment Review**

**Enter the following information**

The number of files in one submission may not exceed 400. If there are more than 400 files for a Probe please submit up to 400 on the first submission. Once you receive a confirmation number for the first submission please return to the Submit Medical Documentation link and submit the next set of files using the same NPI, PTAN, and Probe Number.  
Required fields are marked with an asterisk (\*).

**Service Location (NPI)\*:** Select an NPI

**Provider Number (PTAN)\*:** Type your PTAN

**Probe Number\*:** Type your probe number

**Patient's Medicare Number\*:** Type your patient's medicare number

**Claim Number (ICN/DCN)\*:** Type your claim number

**Date of Service:** Start: mm/dd/yyyy End: mm/dd/yyyy

Accepted file types Individual file size cannot exceed 15MB (15,360KB)

Browse... Clear Content

Accepted file types: DOCX, XLSX, PDF, JPG, JPEG, GIF, TIF, TIFF, ZIP.  
If there are multiple document files for a single claim number, we require all documents in a single .zip file not to exceed 60 files.  
This web site cannot accept attachments that have password protection, macros, or external links. If any pop-ups appear when the document is opened, the system will not be able to accept the attachment. Please disable any settings of this type before attaching.

Save and Submit Another File Submit and Finish Clear Form

# W P S Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

After successfully submitting, you will be brought to the Medical Documentation Detail page. This page will include:

- Submission information section, which will include a confirmation number.
- Information provided section, including provided details such as probe number.

From here you can:

- Use the “Print” button to print for your records, select “Ok” to finish and return to the previous screen.



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Remittance Advice

There are two ways to obtain a duplicate remittance using the portal:

- To access a full remittance, use the “Remittance Search” option from the left navigation panel; follow the “How to obtain a full duplicate remittance from Remittance Search” instructions below.
- To retrieve a remittance from a specific claim, use the “Claim Inquiry” option from the left navigation panel; follow the “Obtain Remittance from Claim Search” instructions below.

**NOTE:** The remittance obtained will be a full remittance, regardless of how it is accessed.

### OBTAIN A FULL DUPLICATE REMITTANCE FROM REMITTANCE SEARCH

Please note:

- Duplicates are available up to 13 months from the remittance advice date.
- Remittance notices larger than 150 pages may not be available to view.
- Incentive/bonus pay remittances are not available through the portal.

Choose “Remittance Advice” from the left navigation. Choose the NPI service location (and region, if applicable).

The screenshot shows the 'Remittance Advice Search' page. On the left is a dark blue navigation sidebar with the following menu items: My Account Tools, My Dashboard, My Profile, My Service Locations, Message Center, User Administration, My Transactions, Eligibility Check, MBI Lookup, Prior Authorization, Claims (expanded), Claim Inquiry/Entry, Medical Documentation, Remittance Advice (highlighted with a red box), Medicare eRefunds, Letter Search, and Appeal Search. The main content area is titled 'Remittance Advice Search' and contains the following text: 'Duplicates of Remittance Advices are available up to 13 months from the remittance advice date. Please complete the information below to submit the remit search. If you have clicked on View Remit and the remittance advice does not open please make sure your browser is allowing pop-ups from www.wpsgha.com. Required fields are marked with an asterisk (\*).'. Below this is a form with several sections: 1. 'Service Location (NPI)\*:' with a dropdown menu showing 'Select an NPI --'. 2. 'Please enter one of the following search criteria groups.' with a sub-section 'Remits for the last 30 days' (unchecked). 3. 'Remittance Advice Date:' with a date input field (mm/dd/yyyy) and a calendar icon. 4. 'Remittance Advice Date Range:' with 'From:' and 'To:' date input fields (mm/dd/yyyy) and calendar icons. 5. 'Remittance Number (Part A):' with a text input field. 6. 'Check / EFT Number:' with a text input field. 7. 'ICN / DCN:' with a text input field. 8. 'OR Beneficiary's Information (all the following fields are required for this criteria)\*.' with 'Patient's Medicare Number\*:' (text input), 'Name\*:' (split into 'First Initial' and 'Last Name' text inputs), and 'Date of Service\*:' (split into 'Start:' and 'End:' date input fields, mm/dd/yyyy). At the bottom right are 'Search Remits' and 'Clear Form' buttons.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

**Note:** Your browser must not block pop-ups for the [www.wpsgha.com](http://www.wpsgha.com) website, or you may have issues loading the remittance. If that cannot be changed, and you experience issues, right-click on the “View Remit” link and select “Open in New Tab” or “Open in New Browser.”

To obtain all remittances from the last 30 days, use the checkbox at the top of the criteria groups.

You can also search using remittance date or date range, remittance number (Part A only), check/EFT number, ICN/DCN, or patient information.

Once criteria are entered, select “Search Remittances” to perform search or “Clear Form” to clear all data and start over.

Please enter one of the following search criteria groups.

The screenshot shows a search criteria form with the following sections and callouts:

- Callout A:** A red box highlights the checkbox labeled "Remits for the last 30 days".
- Callout B:** A red box highlights the "Remittance Advice Date" field (mm/dd/yyyy), the "Remittance Advice Date Range" fields (From: mm/dd/yyyy and To: mm/dd/yyyy), the "Remittance Number (Part A)" field, the "Check / EFT Number" field, and the "ICN / DCN" field.
- Callout C:** A red box highlights the "Beneficiary's Information (all the following fields are required for this criteria)\*" section, which includes "Patient's Medicare Number\*", "Name\*" (First Initial and Last Name), and "Date of Service\*" (Start: mm/dd/yyyy and End: mm/dd/yyyy).
- Callout D:** A red box highlights the "Search Remits" and "Clear Form" buttons at the bottom right.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

The remittance results, if any, will be displayed. Information such as region, check/EFT #, amount, advice number (if applicable), advice date, and actions will be shown.

From here you can:

- Choose “Refine Search” to refine the current search or “New Search” to start a new search.
- Use the “Show entries” dropdown to expand the number of entries viewable onscreen.
- Use the “Filter” box to filter results.
- Use the arrows next to the headings to sort the fields.
- Choose the “View Remittance” link to view a copy of the remittance advice.

**Remits Actions**

[Refine Search](#) [New Search](#)

Duplicates of Remittance Advices are available up to 13 months from the remittance advice date. If you wish to refine your search criteria, use the “Back to Remit Search” link on the top.

If you have clicked on View Remit and the remittance advice does not open please make sure your browser is allowing pop-ups from [www.wpsgha.com](http://www.wpsgha.com).

Required fields are marked with an asterisk (\*).

Service Location (NPI):   
Remits for the last 30 days: Yes

Show 25 entries

Region	Check / EFT #	Amount	Advice Number	Advice Date	Actions
No results found!					

## OBTAIN REMITTANCE FROM CLAIM SEARCH

Select “Claim Inquiry” from the left navigation. See claim status instructions for full instructions on claim inquiry.

Choose the appropriate claim by choosing the claim number link from the claim results to get to the claim details page.

On the details page under “Claim Actions,” look for the “Download Remit” or “No Remittance Available” button. If a remittance is available, select the “Download Remit” button to view the remittance. If a remittance is not available, the button will not be clickable and will say “No Remittance Available.”

**NOTE:** The remittance retrieved will be the full remittance.

**Claim Actions**

[Add Documentation](#) [No Remit Available](#) [Reopen \(Clerical Error\)](#)  
[Report Overpayment](#) [Request Redetermination](#) [Check Patient's Eligibility](#)

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## How to Find an Offset

Follow the above steps to find a duplicate remittance.

Drop the first two digits of the FCN and enter that number in the ICN/DCN field. The portal will display all remits associated to that ICN.

If you are entering a claim number and are not getting the offset to pull up, please be aware an Offset can occur even if there are different PTANs/NPIs as long as they share the same EIN/TIN. You will only be able to see the information if you have access to the NPI.



ICN / DCN:

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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## Medicare eRefunds

There are two eRefund options:

- Search for previously submitted eRefunds. See the “Searching for previous eRefunds” instructions below.
- Submit a request to electronically withdraw funds from your account for any balance owed to Medicare. See the “Submitting an Electronic Refund” instructions below.

### SEARCHING FOR PREVIOUS EREFUNDS

Choose “Medicare eRefunds” from the left navigation pane, then complete the required fields marked with an asterisk (\*).

**New eRefund Entry**  
eRefund Actions

[Search Entries](#)

Three failed attempts to enter correct data in the Bank Withdrawal Information section will block users from using this feature of the WPS GHA Portal for 24 hours. Please verify information before pressing the Continue button for that step.

Required fields are marked with an asterisk (\*).

**Provider Information**

NPI:\*

PTAN:\*

Tax ID:\*

[Continue](#) [Cancel](#)

**Bank Withdrawal Information**

**Refund Information**

**My Account**  
NPI Administrator  
My Account Tools  
My Dashboard  
My Profile  
My Service Locations  
Message Center  
User Administration  
My Transactions  
Eligibility Check  
MBI Lookup  
Prior Authorization

**Claims**  
Claim Inquiry/Entry  
Medical Documentation  
Remittance Advice  
**Medicare eRefunds**  
Letter Search  
Appeal Search

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Enter at least one of the search criteria items (Date Range, Demand Letter Number, Accounts Receivable Number, Refund Amount, TCN (Tracking Control Number), or Beneficiary's information). Choose "Search Entries" to begin search or "Clear Form" to start over.

Please enter **at least one** of the following search criteria.

---

<b>Refund Payment Date Range:</b>	<b>Start:</b>	<input type="text" value="mm/dd/yyyy"/>		<b>End:</b>	<input type="text" value="mm/dd/yyyy"/>	
-----------------------------------	---------------	---	--	-------------	---	--

OR

<b>Demand Letter Number:</b>	<input type="text" value="Demand Letter Number"/>
------------------------------	---

OR

<b>Accounts Receivable Number:</b>	<input type="text" value="Accounts Receivable Number"/>
------------------------------------	---

OR

<b>Refund Amount:</b>	<input type="text" value="\$ Refund Amount"/>
-----------------------	---

OR

<b>TCN:</b>	<input type="text" value="TCN"/>
-------------	----------------------------------

OR

<b>Beneficiary's Information (All fields required)</b>		
<b>Patient's Medicare Number:*</b>	<input type="text" value="Patient's Medicare Number"/>	
<b>Patient:*</b>	<b>First Initial:*</b> <input type="text" value="A"/>	
	<b>Last Name:*</b> <input type="text" value="Last Name"/>	
<b>Date of Service:*</b>	<input type="text" value="mm/dd/yyyy"/>	
<b>Claim Number:*</b>	<input type="text" value="Claim Number"/>	

---

<input type="button" value="Search Entries"/>	<input type="button" value="Clear Form"/>
---	---

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The Search Medicare eRefunds results page will load, showing any results that matched the search. The list will always display the TCN, Refund Date, Refund Amount, and Status. If applicable, it will also display the Demand Letter, AR (Accounts Receivable) Number, Patient First/Last Name, Service Date, Claim Number, and Patient Medicare Number.

From here you can:

- Choose “New Search” to perform a new search, “Refine Search” to refine the current search, or “Submit New Medicare eRefund” to submit a new eRefund.
- Choose “Export to Excel” to export the list to Excel for download.
- Use the “Show entries” dropdown to expand the number of viewable entries onscreen.
- Use the arrows next to the categories to sort.
- Use the “Filter” box to filter.
- Click directly on a TCN number link in the list to see additional details. The Medicare eRefund Details pop-up will display and provide the information about that specific eRefund. Select “Close” to exit the pop-up.
- Use the page numbers or “Next” page button to move between pages

The screenshot shows the Medicare eRefunds search results page. At the top, there are three buttons: "New Search", "Refine Search", and "Submit New Medicare eRefund". Below these is a search instruction: "Please select the NPI, and enter the PTAN and TAX ID along with one of the other six search criteria. Only those refunds submitted through the WPS Medicare Portal originally, will show up in your search." Below the instruction is a note: "Required fields are marked with an asterisk (\*)". There are three callouts: A points to the "Submit New Medicare eRefund" button; B points to the "Export to Excel" button; C points to the "Show 10 entries" dropdown menu. Below the dropdown is a filter box with the text "Filter: Type to filter results" and an information icon. Below the filter box is a table with the following columns: TCN, Demand Letter, Refund Date, AR Number, Refund Amount, Patient F., Patient L., Service Date, Claim Number, Patient's Medicare Number, and Status. The table contains 10 rows of data. Callout D points to the TCN column header, and callout F points to the TCN cell of the second row. Below the table is a pagination bar showing "Showing 1 to 10 of 30 entries" and a set of page numbers: 1, 2, 3, and Next. Callout G points to the page numbers.

[New Search](#) [Refine Search](#) [Submit New Medicare eRefund](#)

Please select the **NPI**, and enter the **PTAN** and **TAX ID** along with one of the other six search criteria. Only those refunds submitted through the WPS Medicare Portal originally, will show up in your search.

Required fields are marked with an asterisk (\*).

[Export to Excel](#)

Show **10** entries

Filter:

TCN	Demand Letter	Refund Date	AR Number	Refund Amount	Patient F.	Patient L.	Service Date	Claim Number	Patient's Medicare Number	Status
<a href="#">00000000000000</a>	1234567890	mm/dd/yyyy		\$100.00						Reconciled
<a href="#">00000000000000</a>		mm/dd/yyyy		\$200.00	John	Doe	mm/dd/yyyy	123456789101112	123456789A	Reconciled
<a href="#">00000000000000</a>		mm/dd/yyyy		\$300.00	John	Doe	mm/dd/yyyy	123456789101112	123456789A	Reconciled
<a href="#">00000000000000</a>	1234567890	mm/dd/yyyy		\$1.00						Reconciled
<a href="#">00000000000000</a>		mm/dd/yyyy		\$100.00	John	Doe	mm/dd/yyyy	123456789101112	123456789A	Reconciled
<a href="#">00000000000000</a>		mm/dd/yyyy		\$100.00	John	Doe	mm/dd/yyyy	123456789101112	123456789A	Reconciled
<a href="#">00000000000000</a>		mm/dd/yyyy		\$2000.30	John	Doe	mm/dd/yyyy	123456789101112	123456789A	Reconciled
<a href="#">00000000000000</a>		mm/dd/yyyy		\$2030.00	John	Doe	mm/dd/yyyy	123456789101112	123456789A	Reconciled
<a href="#">00000000000000</a>		mm/dd/yyyy		\$1001.00						Reconciled
<a href="#">00000000000000</a>		mm/dd/yyyy		\$40.42						Reconciled

Showing 1 to 10 of 30 entries

1 2 3 Next

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## SUBMITTING AN ELECTRONIC REFUND

Choose “Medicare eRefunds” from the left navigation panel. Continue with the electronic process by choosing the NPI (and region if applicable), and enter the matching PTAN and Tax ID, then choose “Continue” to go to the next step or “Cancel” to exit the eRefund process

**New eRefund Entry**  
eRefund Actions

Search Entries

Three failed attempts to enter correct data in the Bank Withdrawal Information section will block users from using this feature of the WPS GHA Portal for 24 hours. Please verify information before pressing the Continue button for that step.

Required fields are marked with an asterisk (\*).

**Provider Information**

NPI:\* Select an NPI

PTAN:\* PTAN

Tax ID:\* Tax ID

Continue Cancel

**Bank Withdrawal Information**

**Refund Information**

Fill in the Bank Withdrawal Information with the full routing number, full account number, and refund amount. You must use the same account information that is currently on file with Medicare, from the most recent form CMS-588. To protect your information, the system will lock users out of the eRefund option for 24 hours if three incorrect entries are made. Choose “Continue” to go onto the next step, or “Cancel” to exit the eRefund process.

EFT Bank Routing Number:\* EFT Bank Routing Number

EFT Bank Account Number:\* EFT Bank Account Number

Refund Amount:\* \$ 00.00

Continue Cancel

Indicate whether or not Medicare requested this refund.

Did Medicare request this refund?:\*  Yes  No



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

If yes was chosen, indicate if the refund is MSP (Medicare is Secondary Payer) or non-MSP. Next, enter the demand letter number or the accounts receivable number, and/or any additional comments if applicable. Choose "Continue" to move to the Confirmation stage or "Cancel" to exit the eRefund process.

Did Medicare request this refund?:\*  Yes  No

This refund is:\*  MSP  non-MSP

Demand Letter Number

OR

Accounts Receivable Number

OR

Additional Provider Comments 1000 character maximum. You have 1000 characters left.

If no was chosen, indicate reason for refund, enter patient and claim data, indicate if the refund is MSP or non-MSP, use the dropdown to give specific MSP and non-MSP reasons, and add any additional comments if applicable. Choose "Continue" to go onto the Confirmation stage or "Cancel" to exit the eRefund process.

Did Medicare request this refund?:\*  Yes  No

Reason for Voluntary Refund:\*  A Corporate Integrity Agreement  
 OIG Self-Disclosure Program  
 Not Applicable

Patient's First Name:\*

Last Name:\*

Patient's Medicare Number:\*

Claim Number:\*

Date of Service:\*

This refund is:\*  MSP  non-MSP

Additional Provider Comments 1000 character maximum. You have 1000 characters left.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

When “Continue” is chosen, a pop-up confirmation window will appear. Please review all details for accuracy. Choose “Save” to accept, “Modify” to go back and make changes/additions/deletions, or “Cancel” to exit the eRefund process.

## Confirmation ×

Please review the information below for accuracy and completeness. If you need to make corrections use the cancel button below.

**Login:** JDOE  
**Name:** John Doe  
**Telephone Number:** (123) 456-7890  
**Email Address:** john.doe@wpsic.com

**NPI:** 1234567890  
**Region:** J5B  
**PTAN :** AB12345  
**Tax ID :** 123456789  
**EFT Bank Routing Number :** 123456789  
**EFT Bank Account Number :** 9876543210  
**Refund Amount :** \$5.00  
**Did Medicare request this refund?:** No  
**Reason for Voluntary Refund:** OIG Self-Disclosure Program  
**Patient's First Name :** Test  
**Last Name :** Test  
**Patient's Medicare Number :** Test  
**Claim Number :** Test  
**Date of Service :** mm/dd/yyyy  
**This refund is:** non-MSP  
**Refund Reason :** Not our Patient  
**Additional Provider Comments :** Test

Save

Modify

Cancel

If saved successfully, a confirmation message will appear that includes the Payment TCN and Refund Receipt information and will also include a summary of the refund. Choose the “New eRefund Entry” button to create another eRefund, or the “Print” button to print confirmation for your records.

+ New eRefund Entry

Print

### Success!

Payment TCN: 0000123456789

Refund Receipt: mm/dd/yyyy

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Letter Search (ADR and Demand Letters)

### SEARCHING FOR AND RESPONDING TO AN ADR OR DEMAND LETTER

To view and respond to an Additional Document Request (ADR) or Demand Letter (DL), select Letter Search from the left navigation.

The screenshot displays the 'Letter Search' page. On the left is a dark blue navigation menu with the following items: My Account, Standard Provider, My Account Tools, My Dashboard, My Profile, My Service Locations, Message Center, My Transactions, Eligibility Check, MBI Lookup, Prior Authorization, Claims (expanded), Claim Inquiry/Entry, Medical Documentation, Remittance Advice, Medicare eRefunds, Letter Search (highlighted), and Appeal Search. The main content area has a white background and is titled 'Letter Search'. It includes links for 'Additional Documentation Request (ADR) Instructions' and 'Demand Letter Instructions'. Below these is a note: 'Use the NPI dropdown search to view letter data associated with an NPI other than the primary on your login id or use the Advanced Search to find a specific letter.' A search filter box contains three dropdown menus: 'Service Location NPI:\*' (with a blurred selection), 'Select Letter Type:\*' (set to 'Select Letter'), and 'Select Letter Date Range:\*' (set to '2 Weeks').

The NPI will default to the primary one on your account, you may need to select a different NPI to view the letter you are looking for. Select ADR Letter to view and respond to a request for information. You can select a letter date range between 2 weeks and 3 months. ADR letters are available for up to 90 days from the letter date, or until a response is received and the claim has been processed. Demand Letters are available for 90 days after the date of the letter.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Click the binoculars to view the letter. You can click the Claim Number link to view your claim. Click the Respond icon to submit your additional documentation.

### Letter Search

[Additional Documentation Request \(ADR\) Instructions](#) ▾  
[Demand Letter Instructions](#) ▾

Use the NPI dropdown search to view letter data associated with an NPI other than the primary on your login id or use the Advanced Search to find a specific letter.

Service Location NPI:\*

Select Letter Type:\*

Select Letter Date Range\*:

Include Pending ADRs without Available Letters

[Advanced Search](#)

Show  entries

View Letter	Claim Number	Letter Date	Due Date	PTAN	Respond
	<a href="#">3519193077000</a>	07/15/2019	08/29/2019	<input type="text"/>	
	<a href="#">3519193077010</a>	07/15/2019	08/29/2019	<input type="text"/>	

Showing 1 to 2 of 2 entries 1

If you receive an email or dashboard alert that you have an ADR but you cannot find the letter, check the box "Include Pending ADRs without Available Letters." If a letter cannot be viewed, the binoculars will be greyed out. It may take a day or two for a new letter to be available to be viewed in the portal. Certain letters cannot be captured by the portal and will not be viewable, but when you receive the paper letter you can still submit your response via the portal.

### Letter Search

[Additional Documentation Request \(ADR\) Instructions](#) ▾  
[Demand Letter Instructions](#) ▾

Use the NPI dropdown search to view letter data associated with an NPI other than the primary on your login id or use the Advanced Search to find a specific letter.

Service Location NPI:\*

Select Letter Type:\*

Select Letter Date Range\*:

Include Pending ADRs without Available Letters

[Advanced Search](#)

Show  entries

View Letter	Claim Number	Letter Date	Due Date	PTAN	Respond
	<a href="#">21917800021308NNTA</a>	N/A	N/A	<input type="text"/>	
	<a href="#">21917800021408NNTA</a>	N/A	N/A	<input type="text"/>	

Showing 101 to 102 of 102 entries Previous 1 ... 7 8 9 10 11

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

To view and respond to a Demand letter, select Demand Letter under Letter Type. You can view the letter, view the claim(s) if available to the portal, click the Immediate Recoupment icon to electronically fill out and print the Immediate Recoupment form, or click the eRefund icon to automatically send your refund via the portal.

## Letter Search

[Additional Documentation Request \(ADR\) Instructions](#) ▾

[Demand Letter Instructions](#) ▾

Use the NPI dropdown search to view letter data associated with an NPI other than the primary on your login id or use the Advanced Search to find a specific letter.

Service Location NPI:*	Select Letter Type:*	Select Letter Date Range*:
<input type="text"/>	<input type="text" value="Demand Letter"/>	<input type="text" value="3 Months"/>
<a href="#">Advanced Search</a>		

Show  entries

View Letter	View Claim(s)	Letter Date	PTAN	Letter Number	Immediate Recoupment	eRefund
		06/02/2019		24727779		

		07/12/2019		N/A		
--	--	------------	--	-----	--	--

Showing 1 to 2 of 2 entries

1

### Demand Letter

Current Balance	Principal	Interest
<b>\$234.56</b>	<b>\$234.56</b>	<b>\$0</b>

[View More Info >](#)

[View Claim\(s\) Data](#) [Request Immediate Recoupment](#) [eRefund](#) [Print Letter](#)

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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Once you have selected the letter that you want to view, you can click on the View More Info link which will open the Letter Detail which will display the following:

- Original Principal Amount
- Principal Activity Amount
- Principal Balance
- Interest Accrued to Date
- Interest Activity Amount
- Interest Balance
- Original Fee Amount
- Fee Activity Amount
- Fee Balance
- Total Balance

**Demand Letter**

[Demand Letter / Letter Detail](#)

Original Principal Amount	Principal Activity Amount	Principal Balance
<b>\$180.81</b>	<b>\$-27.78</b>	<b>\$153.03</b>
Interest Accrued To Date	Interest Activity Amount	Interest Balance
<b>\$2.62</b>	<b>\$-1.09</b>	<b>\$1.53</b>
Original Fee Amount	Fee Activity Amount	Fee Balance
<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
		Total Balance
		<b>\$154.65</b>

**Transactions**

Show **10** entries

Filter:

Transaction Number	Original Principal Amount	Total Balance	
[REDACTED]	\$139.34	\$112.43	<a href="#">View More Info &gt;</a>
[REDACTED]	\$16.29	\$16.55	<a href="#">View More Info &gt;</a>

Showing 1 to 10 of 20

1 2 3 ... 7 Next

You can look at the details for an individual Transaction Number by clicking on the View More Info link on the Transaction Number line. This will display the following Transaction Information and Activities:

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Wisconsin Physicians Service Insurance Corporation

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## Transaction Information:

- Transaction Number
- Transaction Date
- Open or Closed
- Status
- Status Date
- 935 Indicator
- Reason Code
- Discovery Code
- Interfaced AR
- Claim Number
- Bene Name
- DOS From
- DOS To
- Original Amount
- Principal Remaining Balance
- Last Activity Date
- Interest Accrued to Date
- Interest Remaining Balance
- Last Interest Accrual Date
- Late Fee Remaining Balance

## Activities:

- Total Recoupment Amount
  - Activity Number
  - Activity Date
  - Activity Amount
  - Total Activity Amount
  - Activity On
- Collection Amount
  - Activity Number
  - Activity Date
  - Activity Amount
  - Total Activity Amount
  - Activity On
- Adjustment Amount
  - Activity Number
  - Activity Date
  - Activity Amount
  - Total Activity Amount
  - Activity On

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Wisconsin Physicians Service Insurance Corporation

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**Demand Letter**

Demand Letter / Letter Detail / Transaction Detail

**Transaction Information**

Transaction Number	Transaction Date <b>01/19/2020</b>	Open or Closed <b>Open</b>
Status <b>LTR-SNT-ITR</b>	Status Date <b>12/28/2020</b>	935 Indicator <b>Yes</b>
Reason Code <b>0</b>	Discovery Code <b>S</b>	Interfaced AR <b>Yes</b>

Claim Number	Bene Name
DOS From <b>10/02/2018</b>	DOS To <b>10/02/2018</b>

Original Amount <b>\$21074.03</b>	Principal Remaining Balance <b>\$10704.75</b>	Last Activity Date <b>11/13/2020</b>
Interest Accrued To Date <b>\$254.25</b>	Interest Remaining Balance <b>\$254.25</b>	Last Interest Accrual Date <b>01/18/2021</b>
Late Fee Remaining Balance <b>\$0</b>		

**Activities**

Total Recoupment Amount  
**\$-10369.28**

Show **5** entries Filter:

Activity Number	Activity Date	Activity Amount	Total Activity Amount	Activity On
	11/04/2020	\$-1555.3	\$-1555.3	Principal
	11/04/2020	\$-1555.3	\$-1555.3	Principal
	11/10/2020	\$-1555.3	\$-1555.3	Principal
	11/12/2020	\$-1555.3	\$-1555.3	Principal
	11/13/2020	\$-1555.3	\$-1555.3	Principal

Showing 1 to 5 of 20 1 2 3 ... 7 Next

**Collection Amount**  
**\$0**

Show **5** entries Filter:

Activity Number	Activity Date	Activity Amount	Total Activity Amount	Activity On
	11/04/2020	\$-1555.3	\$-1555.3	Principal
	11/04/2020	\$-1555.3	\$-1555.3	Principal
	11/10/2020	\$-1555.3	\$-1555.3	Principal
	11/12/2020	\$-1555.3	\$-1555.3	Principal
	11/13/2020	\$-1555.3	\$-1555.3	Principal

Showing 1 to 5 of 20 1 2 3 ... 7 Next

**Adjustment Amount**  
**\$0**

Show **5** entries Filter:

Activity Number	Activity Date	Activity Amount	Total Activity Amount	Activity On
	11/04/2020	\$-1555.3	\$-1555.3	Principal
	11/04/2020	\$-1555.3	\$-1555.3	Principal
	11/10/2020	\$-1555.3	\$-1555.3	Principal
	11/12/2020	\$-1555.3	\$-1555.3	Principal
	11/13/2020	\$-1555.3	\$-1555.3	Principal

Showing 1 to 5 of 20 1 2 3 ... 7 Next



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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

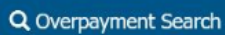
## Searching for an Overpayment

Medicare overpayments are payments the provider has received in excess of the amount due to them under the statutes and regulations. You can search for a Medicare overpayment related to a specific demand letter(s) overpayment, claim overpayment, or by overpayment transaction by using the Letter Search link from the left navigation.

Once in the Letter search, click on the Overpayment Search button toward the top of the page.

### Letter Search

#### Letter Search Actions

 Overpayment Search

On the Overpayment Search page, select the Service Location (NPI) from the dropdown box and then select the PTAN. You have multiple choices to search by.

- Letter Info
  - Letter Number
- Transaction Info
  - Transaction Number, or
  - Claim Number

Service Location (NPI)\*:

PTAN\*:

#### Letter Info

Letter Number:\*

Search

Clear

#### Transaction Info

Transaction Number:\*

OR

Claim Number:\*

Search

Clear

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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When entering the Letter Number for your search the following will display:

## Overpayment Search

### Overpayment Search Actions

[Letter Search](#)

[Back To Search](#)

### Demand Letter

Original Principal Amount

**\$357.62**

Principal Activity Amount

**(\$357.62)**

Principal Balance

**\$0.00**

Interest Accrued To Date

**\$0.00**

Interest Activity Amount

**\$0.00**

Interest Balance

**\$0.00**

Original Fee Amount

**\$0.00**

Fee Activity Amount

**\$0.00**

Fee Balance

**\$0.00**

Total Balance

**\$0.00**

### Transactions

Show  entries

Filter:  ⓘ

Transaction Number	Original Principal Amount	Total Balance	
	\$44.63	\$0.00	<a href="#">View More Info &gt;</a>

Demand Letter:

- Original Principal Amount
- Principal Activity Amount
- Principal Balance
- Interest Accrued To Date
- Interest Activity Amount
- Interest Balance
- Original Fee Amount
- Fee Activity
- Fee Balance
- Total Balance

Transactions:

- Transaction Number

# WPS Government Health Administrators Portal User Manual

## Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

- Original Principal Amount
- Total Balance
- View More Info Link
  - Activity Number
  - Date
  - Amount
  - Total Amount
  - Applied To
  - Collection Amount
  - Adjustment Amount

When entering the Transaction Number or Claim Number for your search the following will display:

**Transaction Information**

---

Transaction Number [REDACTED]	Transaction Date [REDACTED]	Open or Closed <b>Closed</b>
Status <b>INIT</b>	Status Date [REDACTED]	935 Eligible ⓘ <b>No</b>
Reason Code <b>p</b> ⓘ	Discovery Code <b>p</b> ⓘ	Claim Adjustment ⓘ <b>Yes</b>

Claim Number [REDACTED]	Beneficiary Name [REDACTED]
Date of Service - From <b>04/10/2019</b>	Date of Service - To <b>04/10/2019</b>

Original Amount <b>\$39.78</b>	Principal Remaining Balance <b>\$0.00</b>	Last Activity Date [REDACTED]
Interest Accrued To Date <b>\$0.00</b>	Interest Remaining Balance <b>\$0.00</b>	Last Interest Accrual Date <b>N/A</b>
Eye Fee Remaining Balance <b>\$0.00</b>		

**Activities**

---

Total Recoupment Amount  
**(\$39.78)**

Show  entries Filter:  ⓘ

Activity Number	Date	Amount	Total Amount	Applied To
[REDACTED]	[REDACTED]	((\$39.78)	(\$39.78)	Principal

Showing 1 to 1 of 1 entries 1

---

Collection Amount  
**\$0.00**

---

Adjustment Amount  
**\$0.00**

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

- Transaction Number
- Transaction Date
- Open or Closed
- Status
- Status Date
- 935 Eligible – Yes or No
- Reason Code
- Discovery Code
- Claim Adjustment – Yes or No
- Claim Number
- Beneficiary Name
- Date of Service – From
- Date of Service – To
- Original Amount
- Principal Remaining Balance
- Last Activity Date
- Interest Accrued To Date
- Interest Remaining Balance
- Last Interest Accrual Date
- Late Fee Remaining Balance
- Activities
  - Activity Number
  - Date
  - Amount
  - Total Amount
  - Applied To
  - Collection Amount
  - Adjustment Amount

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

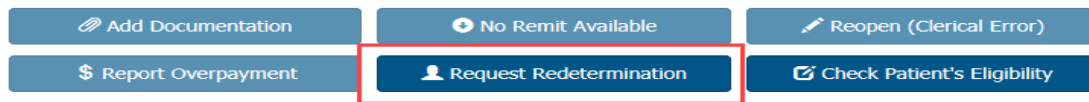
## Appeal Search (Redeterminations)

### SUBMITTING A PART B REDETERMINATION

To submit a redetermination, a specific claim must be used. Use the claim inquiry link from the left navigation to find the claim (See claim status instructions for full instructions on claim inquiry).

After identifying the claim and clicking on the claim number to view the claim details, there will be additional actions listed under “Claim Actions.” Choose “Request Redetermination” to begin the submittal process.

#### Claim Actions



The “Request Redetermination – File an Appeal” pop-up form appears. The top of the form displays the claim information, to help ensure this is the correct claim.

#### Request Redetermination - File an Appeal ×

<b>National Provider Identifier (NPI):</b> 1234567890	<b>Beneficiary Name:</b> John Doe	<b>Claim Number (ICN):</b> 123456789101112
<b>Practice Name:</b> Practice Name 1	<b>Patient's Medicare Number:</b> 123456789A	<b>Date the Service or Item was Received:</b> mm/dd/yyyy
<b>Practice Address:</b> 123 Main St Madison, WI 12345		

APPROVED

Complete all fields that have an asterisk (\*).

All procedure codes that are on the claim will be listed at the top of the box. Select all procedure codes that apply.

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Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Complete all applicable fields, including reason(s) for disagreement with determination, reason(s) for filing late, if applicable, and any additional information Medicare should consider.

**Request involves Overpayment\*:**  Yes  No

**Procedure Codes:**  99213

**I do not agree with the determination of this claim, my reasons are\*:**

Please type your reasons here.

**Initial Determination Notice Date:** 04/26/2016 ( 120 days past )

**?** If you received your Initial determination notice more than 120 days ago, include your reason for late filing.

Please type your reasons here.

**Additional Information Medicare should consider:**

Please type any additional information for Medicare to consider.

**Requester's Name\*:**

**Requester's Relationship to the Beneficiary\*:**

**Requester's Address\*:**

**Line 1:**

**Line 2:**

**City:**

**State:**

**Zip Code:**

**Telephone Number\*:** **Area Code\*:**  **Local Phone\*:**  **Ext.:**

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Wisconsin Physicians Service Insurance Corporation

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If there is evidence, records, or documentation to submit, select the “Yes” radio button, then click the “Browse” button. If there is nothing additional to submit, select the “No” radio button.

**I have Evidence to Submit\*:**  Yes  No

**You must include the evidence at this time, it cannot be submitted after you submit this request.**

**Please click on the browse button to select the file you want to attach to this redetermination. If there are multiple files for a single request we require all documents in a single .zip file not exceeding 20 individual files.\***

File\*:  **Browse...**

Accepted file types: docx xlsx pdf jpg jpeg gif tif tiff zip  
Individual file size cannot exceed 100 MB (102,400 KB)  
This web site cannot accept attachments that have password protection, macros, or external links. If any pop-ups appear when the document is opened, the system will not be able to accept the attachment. Please disable any settings of this type before attaching.

The following document types can be uploaded via the portal: .docx, .xlsx, .pdf, .jpg, .jpeg, .gif, .tif, .tiff, .zip. File sizes cannot exceed 100 MB (102,400 KB), and if you are uploading multiple document files for a single request, we require all documents in a single .zip file not to exceed 20 files.

To attach documentation, follow the below steps:

- Click on the Browse button
- In the Choose File to Upload box, find the file to upload
- Highlight document
- Click “Open”

The Upload box will disappear and the portal will show the file you selected in the File box

Read the electronic signature agreement and select either the “I Agree” or “I Do Not Accept” radio button. After accepting, select the “Review” button to move on to the review/confirmation stage. By not accepting, the redetermination request will not be able to be submitted. Otherwise select the “Cancel” button to cancel and return to the claim detail page, or the “Clear” button to clear the form and start over.

I understand that acceptance means that I am an individual authorized to submit and electronically sign this request. Acceptance provides Medicare with an electronic signature which is as legally binding as a pen and paper signature and is a requirement of this request.

I agree to submit this request through WPS GHA Portal. I will not submit a duplicate request by telephone, mail or fax.

My electronic signature means that the information is accurate and complete and that the necessary documentation to support this request is on file and available upon request.

I Agree  I Do Not Accept

**NOTICE:** Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment under Federal Law.

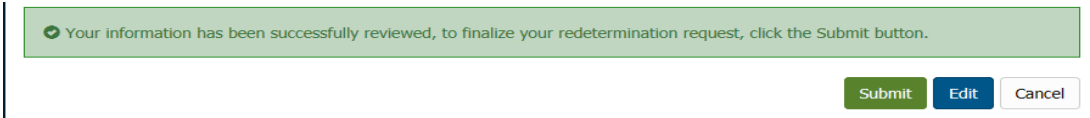
**Review** Clear Cancel

# WPS Government Health Administrators Portal User Manual

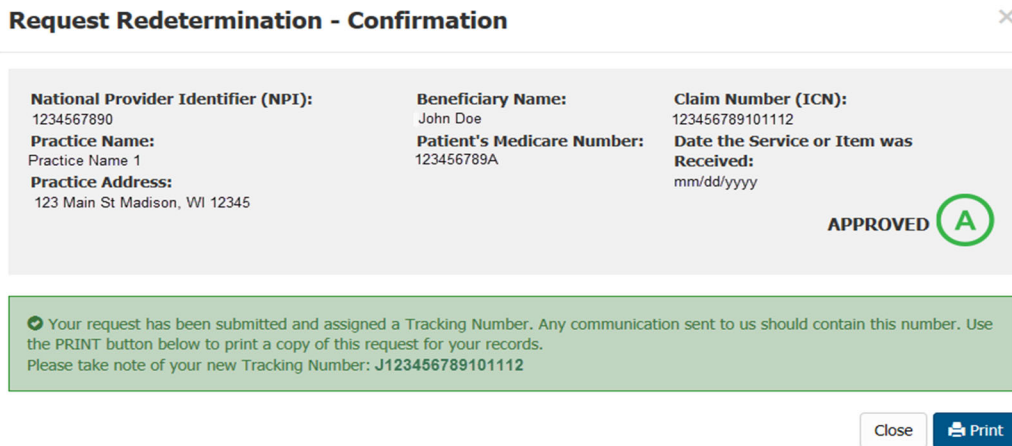
Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Review all redetermination details. After reviewing, select “Submit” to finalize the redetermination, select “Edit” to return to the form to make changes, or select “Cancel” to cancel the redetermination and return to the claim detail page.



When “Submit” is selected, the Request Redetermination – Confirmation page will load. Make a note of the tracking number for your records or, if you wish to have a printed copy of the redetermination, press the Print button. To close the Confirmation pop up box, select the Close button and the claim detail page will reload.



## SUBMITTING A PART A REDETERMINATION

To submit a Part A redetermination, a specific claim must be used.

### Submit Part A Redetermination by Claim

After identifying the claim and going to the claim details, there are additional actions listed under “Claim Actions.” Choose “Request Redetermination” to begin the submittal process.

#### Claim Actions





# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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The “Request Redetermination – File and Appeal” pop-up form appears. The top of the form displays the claim information, to help ensure this is the correct claim.

**Request Redetermination - File an Appeal** ✕

<b>National Provider Identifier (NPI):</b> 1234567890	<b>Beneficiary Name:</b> John Doe	<b>Claim Number (ICN):</b> 123456789101112
<b>Practice Name:</b> Practice Name 1	<b>Patient's Medicare Number:</b> 123456789A	<b>Date the Service or Item was Received:</b> mm/dd/yyyy
<b>Practice Address:</b> 123 Main St Madison, WI 12345		

**APPROVED** 

You will be asked to select what you are appealing, either the Entire Claim or Claim Line Items. If you are appealing the entire claim select the “Entire Claim” box.

If you are appealing 1 or more lines, please click the “Claim Line Items” box and all lines will appear with a check box next to the lines. Check the box on the line(s) you are appealing.

Appealing\*:  Entire Claim  
 Claim Line Items

#	Date	HCPC	Mod	Units	Revenue	Billed	Cov. Units	Non-Cov.	Reason & Remark
<input type="checkbox"/> 1	07/04/2017	<u>96374PQ</u>		1.0	<u>0260</u>	\$146.99		<b>\$146.99</b>	CO 190 C7252
<input type="checkbox"/> 2	07/04/2017	<u>P9016</u>		2.0	<u>0390</u>	\$633.22		<b>\$633.22</b>	CO 190 C7252
<input type="checkbox"/> 3	07/05/2017	<u>36430PQ</u>		1.0	<u>0391</u>	\$626.11		<b>\$626.11</b>	CO 190 C7252
<input type="checkbox"/> 4	07/06/2017	<u>J1940PQ</u>		1.0	<u>0636</u>	\$18.24		<b>\$18.24</b>	CO 190 C7252

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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Once you have made your selections, you will need to complete the remainder of the form:

**No not agree with the determination of this claim, my reasons are\*:**

Please type your reasons here. 2000 character max.

**Initial Determination Notice Date: 01/12/2018 ( 120 days past )**

**If you received your initial determination notice more than 120 days ago, include your reason for late filing.**

Please type your reasons here. 2000 character max.

**Additional Information Medicare should consider:**

Please type any additional information for Medicare to consider. 2000 Character max.

If there is evidence, records, or documentation to submit, select the "Yes" radio button, then click the 'Browse' button. If there is nothing additional to submit, select the "No" radio button.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

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I have Evidence to Submit\*:  Yes  No

**!** You must include the evidence at this time, it cannot be submitted after you submit this request.

Please click on the browse button to select the file you want to attach to this redetermination. If there are multiple files for a single request we require all documents in a single .zip file not exceeding 20 individual files. \*

File\*:

Browse...

Accepted file types: docx xlsx pdf jpg jpeg gif tif tiff zip

Individual file size cannot exceed 100 MB (102,400 KB)

This web site cannot accept attachments that have password protection, macros, or external links. If any pop-ups appear when the document is opened, the system will not be able to accept the attachment. Please disable any settings of this type before attaching.

The following document types can be uploaded via the portal: .docx, .xlsx, .pdf, .jpg, .jpeg, .gif, .tif, .tiff, .zip. File sizes cannot exceed 100 MB (102,400 KB), and if you are uploading multiple document files for a single request, we require all documents in a single .zip file not to exceed 20 files.

To attach documentation, follow the below steps:

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- In the Choose File to Upload box, find the file to upload
- Highlight document
- Click "Open"

The Upload box will disappear and the portal will show the file you selected in the File box. Read the electronic signature agreement and select either the "I Agree" or "I Do Not Accept" radio button. After accepting, select the "Review" button to move on to the review/confirmation stage. By not accepting, the redetermination request will not be able to be submitted. Otherwise select the "Cancel" button to cancel and return to the claim detail page, or the "Clear" button to clear the form and start over.

I understand that acceptance means that I am an individual authorized to submit and electronically sign this request. Acceptance provides Medicare with an electronic signature which is as legally binding as a pen and paper signature and is a requirement of this request.

I agree to submit this request through WPS GHA Portal. I will not submit a duplicate request by telephone, mail or fax.

My electronic signature means that the information is accurate and complete and that the necessary documentation to support this request is on file and available upon request.

I Agree  
 I Do Not Accept

**!** NOTICE: Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment under Federal Law.

Review Clear Cancel

Review all redetermination details. After reviewing, select "Submit" to finalize the redetermination, select "Edit" to return to the form to make changes, or select "Cancel" to cancel the redetermination and return to the claim

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation  
detail page.

<http://www.wpsgha.com>


✔ Your information has been successfully reviewed, to finalize your redetermination request, click the Submit button.

Submit Edit Cancel

When “Submit” is selected, the Request Redetermination – Confirmation page will load. Make a note of the tracking number for your records or, if you wish to have a printed copy of the redetermination, press the Print button. To close the Confirmation pop up box, select the Close button and the claim detail page will reload.

## Request Redetermination - Confirmation

<b>National Provider Identifier (NPI):</b> 1234567890	<b>Beneficiary Name:</b> John Doe	<b>Claim Number (ICN):</b> 123456789101112
<b>Practice Name:</b> Practice Name 1	<b>Patient's Medicare Number:</b> 123456789A	<b>Date the Service or Item was Received:</b> mm/dd/yyyy
<b>Practice Address:</b> 123 Main St Madison, WI 12345		

APPROVED 

✔ Your request has been submitted and assigned a Tracking Number. Any communication sent to us should contain this number. Use the PRINT button below to print a copy of this request for your records. Please take note of your new Tracking Number: J123456789101112

Close Print

### Helpful Information on Submitting Part A Appeals

- Claims must be in a finalized location to be appealed. Those locations are PB9997, DB9997, RB9997, and MSP finalized locations with PB75XX.
- Claims with Cancel dates cannot be appealed.
- All Appeals received after 4:30 p.m. will be considered received the next business day.
- Appeals submitted timely (within 120 days of denial) for claim or line level reason codes 56900, 7RAC1, 5RACG, 5RACH, 5RACK, and 5RACL will be redirected to Medical Review to complete as a reopening. Submitting as an appeal first is the correct action.
- Reason codes 39011 and 39012 are not appealable. Please work with the claims department if you have valid reasons for late filing. Claims denied for Timely Filing are not appealable.
- Claims denied for reason code 30801 can only be appealed to the MAC if they are an 11X bill type and are related to the two midnight rule. Any other bill type and reason must be appealed through the QIO (quality improvement org) that denied the claim.
- Claims in an Offline location (O9998) must be retrieved before an appeal can be submitted. Offline retrieval will take a weekend cycle before the claim is online and able to have an appeal submitted.
- Claims or line level denials with reason codes 7SMR0, 7SMR1, 7SMR4, and 7SMR6 cannot be appealed to the MAC. You must complete your reopen request with the SMRC that denied the line/claim for records not being received.

# WPS Government Health Administrators Portal User Manual

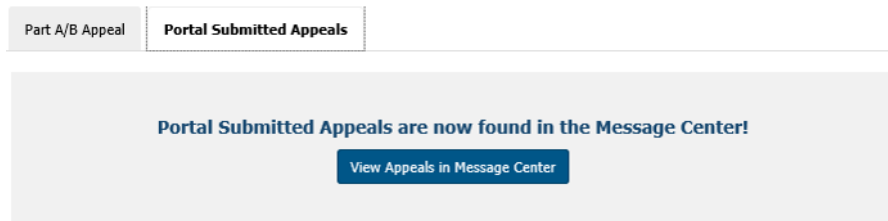
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- Claims with a status of T or S are not finalized claims and cannot be appealed. If the claim is in status of T, make you corrections to the claim for it to continue processing. If the claim is in status of S, the MAC is working the edits internally and will continue the claim for processing after edits have been worked.
- Please make sure you have all lines build before submitting your appeal. Lines cannot be added to a claim after it has been reviewed and adjusted based on medical review.
- Any line without a MR indicator as well as the claim not having an MR indicator, can be adjusted instead of appealed if the reason it was denied was due missing information on your claim or incorrect billing. Please adjust instead of appealing.
- If your claim was rejected (status location of RB9997) with an X in the tape to tape indicator, you can resubmit your claim. This should be considered when missing or incorrect billing caused the claim to reject. It will result in a faster payment than submitting an appeal.
- Appeals submitted beyond timely filing will require an explanation of late filing. Please review acceptable reasons for late filing before submitting the appeal.
- At this time, your appeal decision will display in Portal, however, your appeal decision letter(s) will continue to be mailed to you and cannot be accessed in Portal.

## APPEAL STATUS

Part B Appeal Status for appeals submitted via the portal has been moved to the Message Center. Please refer to that section of the manual.



For Part A or Part B redeterminations not submitted via the portal, click on the “Appeal Search” link from the left navigation. Status information is normally available within 15 days of the received date.

On the Appeal Search page, click Part A/B Appeal.

Complete the required fields marked with an asterisk (\*). For Part A claims, enter only a valid date of service range. For Part B claims, enter **either** a valid claim number (ICN) **or** date of service, not both. Then click “Search.”

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

**Appeal Search**

**Appeal Actions**

[Go to Claims](#)

**Part A/B Appeal** Portal Submitted Appeals

Status information should be available within 15 days of the date WPS received the appeal request.

**NOTE:** Timely Processing Requirements allow up to sixty (60) days from the date of receipt to complete a first level appeal request. Find information about the appeals process, news, and FAQs in the [Appeals Guides and Resources](#).

Complete the mandatory fields marked with an asterisk (\*) to find the status of an appeal.

**Part A/B Appeal Status**

Service Location (NPI)\*:

Patient's Medicare Number\*:

First Initial\*:

Last Name\*:

For Part A claims, please enter a valid Date of Service only. For Part B, please enter either a valid Claim Number or Date of Service.

Claim Number Part B only:

Date of Service Part A or B: Start:  End:

[Search](#) [Clear Form](#)

The Appeals Results page appears and will display the details that were entered as well as any claim results found. The results can be filtered using the Filter box or sorted by clicking the small arrows next to the headings. For Part A, the results page includes all status information available. For Part B only, click on the claim number link to view the appeal status. Use the show entries drop down to change the number of results shown.

**National Provider Identifier (NPI):** 1234567890

**Patient's Medicare Number:** 123456789A

**Start DOS:** mm/dd/yyyy

**Practice Name:** Multiple Locations

**Beneficiary Name:** John Doe

**End DOS:** mm/dd/yyyy

**Practice Address:** Multiple Addresses

**1 Claims Found**

Show  entries

Filter:

Region	Claim	Amount Billed	Start DOS	End DOS	Claim Status	Processed / Finalized Date
INB	<a href="#">123456789101112</a>	\$115.00	mm/dd/yyyy	mm/dd/yyyy	Approved	mm/dd/yyyy

For Part B only, after clicking the claim number for more information, the Part B Appeal Status page is displayed. The details will again be displayed, with any appeal status information listed below that, including

# WPS Government Health Administrators Portal User Manual

## Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

correspondence control number (CCN), adjustment claim number if applicable, correspondence type, receipt date, status, decision date, and decision. This is also sortable and filterable.

<b>National Provider Identifier (NPI):</b> 1234567890	<b>Patient's Medicare Number:</b> 123456789A	<b>Claim Number (ICN):</b> 123456789101112 (Part B)
<b>Practice Name:</b> Multiple Locations		<b>Start DOS:</b> mm/dd/yyyy
<b>Practice Address:</b> Multiple Locations	<b>Beneficiary Name:</b> John Doe	<b>End DOS:</b> mm/dd/yyyy

### Please note:

If your correspondence resulted in an Adjustment, please follow the link in the column "Adjustment Claim Number" to view the status/payment of this Adjustment.

Show  entries

Filter:  ⓘ

Correspondence Control Number	Adjustment Claim Number	Correspondence Type	Receipt Date	Status	Decision Date	Decision
1234567891011		<a href="#">Redetermination</a>	mm/dd/yyyy	Complete	mm/dd/yyyy	<a href="#">Affirmation</a>

Showing 1 to 1 of 1 entries

1

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## **Section 4: Troubleshooting and Revision History**

### Troubleshooting

#### **Clearing Cache and Internet Cookies**

As a rule, a Portal user should never save the Portal URL as a favorite. When updates are made to the Portal the saved version is not up-to-date and can cause issues with logging in or password errors. Users should always access the Portal via <https://www.wpsgha.com>.

If a user is having problems accessing the Portal, getting locked out, or having difficulty changing a password, do not use a saved URL and follow the steps below.

- Select the Tools option in the browser's menu bar.
- Select Internet Options which will pop open another window.
- Select the General tab and look for Browsing history section.
- Select Delete button under Browsing history section.
- Select which times to delete.

We recommend only having the User select temporary files and/or cookies to delete. There may be some users that do not have the rights to do this and would need to contact their Internal IS department for assistance.

#### **Qualified Medicare Beneficiary (QMB) Helpful Information**

When a patient is enrolled in a QMB period you will want to look at the QMB tab, NOT the Summary tab, for the QMB time period. Outside of the QMB enrollment periods, you can look at the Summary, Part A Deductible and Part B Deductible tabs. Be aware that Medicare deductible, copay, and other days will show as effective during non-QMB periods. The QMB tab will provide:

##### **Dual Eligibility Entitlement Enrollment Period**

###### **Part A Entitlement**

- Part A Deductible Amount for the period (zero)
- Inpatient Spell Days Beginning and Remaining
- Inpatient Spell Effective and Termination Dates
- Inpatient Spell Days Co-Payment (zero)
- Inpatient Spell Days Co-Payment Effective and Termination Dates
- Part A SNF Days Beginning and Remaining
- Part A SNF Co-Payment Effective and Termination Dates
- Part A SNF Days Co-Payment (zero)

###### **Part B Entitlement**

- Part B Deductible Amount for the Period (zero)
- Part B Deductible Effective and Termination Dates
- Part B Co-Insurance Amount for Period (zero)
- Part B Co-Insurance Effective and Termination Dates



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation  
Portal Eligibility Discrepancy

<http://www.wpsgha.com>

The Portal uses the CMS HETS 270/271 eligibility transaction which is different than CWF. When the Portal shows a different Medicare number or Name than CWF, a Medicare card or a Provider Record please follow the below steps to research. Wisconsin Physicians Service cannot make changes to these records, that patient would need to contact the Social Security Administration to make sure all records get updated.

## Recertification Requirements

Annual re-certification is required in the Portal. Beginning 90 days from recertification, upon log in, the user will receive a message on their Dashboard page with the date that Recertification must be completed by. At that time, the User may recertify or choose to wait until later. Failure to complete the re-certification process before the due date will result in the User account being permanently disabled. Disabled accounts cannot be re-activated, and the User will have to register with a new User ID.

When a User is ready to re-certify they will select "Recertify" located on their Portal Dashboard.

The User must read and accept or decline the user agreements. If User declines either, the account is permanently disabled. To accept they must click I accept in the Transactional and General boxes and click in the "I have read and agree to abide by these Terms of Use for Transactional Areas. I understand that acceptance provides Medicare with an electronic signature." Statement. Then click "Next."

If the User accepts the user agreement, they must then attest to the Annual Security Awareness Training. If User selects "No" this will disable the account permanently.

If the User selects "Yes" to the Annual Security Awareness Training they must enter the Provider Credential Information they are currently approved to access: NPI, PTAN, and TIN and then click "Next."

The User is then required to enter financial information from a current remit for an NPI they are recertifying for. It can be a combination of a Patient's Medicare Number and Date of Service or Check/EFT Number or Claim number. Remit must be at least 14 days old but no more than 30 days old. Once entered click "Next."

The User is allowed at this point to update profile data such as Name, physical work location, work telephone number and current email address. They must enter their email address in the Confirm email box and select the state of their work location address and then click on "Next."

The User is then required to select three new Forgot Password Question and Forgot Password Answers. Then click "Next."

Non-Administrators will receive "Recertification Complete" message and select Finish. Administrators must recertify their NPI Administrator Role Responsibilities and then select "Finish."

Once all steps are completed you will receive a recertification message, click "OK."

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation  
Portal Appeal Statuses

<http://www.wpsgha.com>

When an appeal is submitted through the Portal, the user can track the case status. Below is the listing of the appeal statuses and what the status means.

## Redetermination Status

- **Closed** – Your redetermination or reopening was reviewed and has been completed and closed.
- **In Process** – The case has been assigned to be worked
- **Not Accepted** – If any of the documents are not accepted, (this could be 1 document within a zip file containing 10 documents) the entire case would not be accepted, and the user needs to resubmit. This failed virus scanning
- **Pending** – Redetermination or Reopening has been received and is currently pending assignment to a representative.
- **Submitted** – Your redetermination or reopening has been entered in the Portal.

## Frequently Asked Questions (FAQs)

**Q.** Who can register in the Portal?

**A.** Providers within the Wisconsin Physicians Service jurisdictions can register for the portal.

Medicare Part B – J5 (IA, KS, MO, NE)

Medicare Part B – J8 (IN, MI)

Medicare Part A – J5 (IA, KS, MO, NE)

Medicare Part A – J8 (IN, NE)

Medicare Part A – J5 National

**Q.** What NPI needs to be used to register for a portal account?

**A.** The Portal is based on the Group NPI and a user must register using the Group NPI, not the individual NPI.

**Q.** How recent does a remit need to be to register or recertify in the Portal?

**A.** The remit should have a current date within the last 30 days for recertification and must be for one of the NPI(s)/PTAN(s) that the user has access to. For registration it must be for the NPI/PTAN that you are registering for.

**Q.** Who must register a user in the Portal?

**A.** Any provider wishing to register for the Portal may self-register. However, the NPI Administrator may register new users also.

**Q.** How do I locate a current NPI Portal Administrator?

**A.** On the Secure Login page on the portal, under the Registration section, enter the NPI, PTAN and TIN and click Submit. The user will be provided the Name, phone number and email address for the Administrator(s).

**Q.** Does an Administrator create a password for a new user account they created?

**A.** When an Administrator creates a new user account, the user will receive an email with a temporary password. It is the responsibility of the Administrator to give the new user their User Login ID.

# WPS Government Health Administrators Portal User Manual

## Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

**Q.** Is there a limit to the number of Administrators that can be associated to an NPI?

**A.** There is **NO** limit to the number of Administrators that can be associated to an NPI. However, only the very first two can self-register. All additional Administrator access requests must be submitted through Secure Message.

**Q.** If an account locks because of entering a password incorrectly three times, how do we get it unlocked?

**A.** Users will need to contact their Administrator to reset their password and the account will immediately unlock. If you are the Administrator and locked out of your account, you will need to contact the Customer Service Department to have your password reset.

**Q.** Who can request a Redetermination through the Portal?

**A.** Medicare Part B providers who submit claims for services performed in our J5 jurisdiction (Iowa, Kansas, Missouri, Nebraska), and our J8 jurisdiction (Indiana and Michigan) can submit an appeal through the Portal.

**Q.** What is the Portal remit process?

**A.** One of the goals Wisconsin Physicians Service has is to reduce the number of providers receiving the standard paper remit and increase the number of providers who receive an ERA. However, many of our SPR providers are not able to migrate to the ERA format and the Portal remit process allows providers to get their remits in an electronic format they can access.

Benefits for the provider are:

- The Portal remit process is faster
- Is more secure than the paper RA option
- You have immediate access to your remits without any mail delays.

**Q.** How will I know when a remit is available?

**A.** Providers can use the "Checks" option on the IVR to identify all of the checks/remits issued within a date range. By selecting "range of dates" when prompted the IVR will provide the total number of checks/remits issued during the date range. This includes both regular and no-pay remits. Another option is to check Portal to see if anything was issued on a specific date by entering that date or date range in the duplicate remit request option (from the left navigation). Additional information on using the "Checks" IVR feature is available in the IVR Operating Guide on our website.

**Q.** Is there a guide that I can follow to retrieve my remits?

**A.** The duplicate remit instructions in the Portal User Manual provide guidance on how to retrieve the remits.

**Q.** I enrolled in Portal Remits, so I get electronic remits, right?

**A.** Providers enrolled in Portal remits are considered SPR providers. Although you have sent an enrollment form to EDI you are not considered ERA because you do not receive an 835-outbound file. If you would like to change from Portal to ERA visit our Topic Center on our website under the Claims tab and then The Medicare Remittance Advice link. You may also call and discuss the process with the EDI helpdesk staff.

**Q.** I signed up for Portal remits but have changed my mind. What do I do?

**A.** You need to call the EDI help desk. They can assist in changing their status back to the standard paper remit.

# WPS Government Health Administrators Portal User Manual

## Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

**Q.** Can offsets (WO) be obtained on a duplicate remit?

**A.** Yes, select the Remit Search link from the left-hand navigation. The user would need to drop the first two digits of the FCN and then enter that number in the ICN/DCN field. The Portal will display all remits associated to the ICN.

**Q.** Can special check remits (ERX, HPSA, etc.) be obtained through the Portal?

**A.** No, these will be mailed to the providers.

**Q.** If an account becomes deactivated, can the user re-register?

**A.** Yes, the user or the NPI Administrator will need to create a new account.

**Q.** What happens if you deactivate an NPI Administrator's account?

**A.** If this was the only NPI Administrator, then all users who have access to the NPI, will receive a message on their Portal Dashboard indicating the number of NPIs that are in Blackout. Click on the link "Go to My Service Locations" to see what NPIs are in Blackout. A user would still be able to continue using the NPI for 30 days. If after 30 days, there is still no NPI Administrator, then all users will lose access to that NPI.

**Q.** What is the Annual Security Awareness Training that needs to be attested to during re-certification?

**A.** The Portal requires all users to attest that they have or will be completing their company's annual security awareness training. The user's organization determines the appropriate content of the training. The content includes a basic understanding of the need for information security and the need for operations security.

**Q.** My account shows inactive, can it be reactivated?

**A.** Yes, an account can be reactivated by the NPI Administrator.

**Q.** My account shows I have a duplicate/replicated account, who can fix this?

**A.** You need to contact the Customer Service Department to have this fixed.

**Q.** I am leaving my job and need to disable my account, how do I do this?

**A.** You can go to "My Profile" page in the portal and click the disable button or contact the Customer Service department.

**Q.** Why does my MFA code not last 12 hours?

**A.** If you are not using a static IP address and yours is dynamic (meaning you are logging into different computers throughout the day), you will need to request a code for each computer you log into. Please note: if you are working from home you may not have a static IP address. If you are logging into multiple computers at your office during the day you will need to request a code for each computer you log into.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation  
Administrative Access FAQs

<http://www.wpsgha.com>

**Q.** How does a new or current user obtain Administrator access to an NPI?

**A.** Depending on the situation, the following are the most common issues and resolutions.

**Only one (1) NPI Portal Admin:**

If the user **does not** have an account and there is only 1 Admin, you will need to register for an account and accept the Administrator Role and Responsibilities and you will obtain immediate Admin access.

If the user has an account with access to the NPI, remove the NPI from My Service Locations (NPIs). Then request access to the NPI by entering the NPI, PTAN, TIN by clicking on the + Request Access button at the top of the My Service Locations page, Accept the Role of Administrator, and enter current financial information. The user will obtain immediate Administrator access.

If the user has an account but does not have access to the NPI, you need to request access to the NPI by entering the NPI, PTAN, TIN by clicking on the + Request Access button at the top of the My Service Locations page, Accept the Role of Administrator, and enter current financial information. The user will obtain immediate Administrator access.

**Two (2) or more NPI Portal Administrators and the user Does Not have an account:**

If the user **does not** have an account and the Administrator is still valid, the user needs to work with their Administrator(s) to have an account created or self-register. Once the account has been created, the Administrator would request Administrator access for that user by submitting a secure message via the Message Center. This could take up to 45 days to obtain the access. Account access is immediate.

If the user **does not** have an account and the Administrator(s) are no longer valid, the user will need to contact the Call Center for assistance.

**Two (2) or more Administrators and the caller has an account:**

If the user has an account with access to the NPI in question, and if the Administrator(s) are valid, the caller should work with their Administrator(s) to have a request submitted for the Administrator access. Inform the caller that this can take up to 45 days to obtain Admin access.

If the user has an account but does not have access to the NPI in question, and if the NPI Portal Administrator(s) are valid, the caller should work with their Administrator(s) to obtain access to the NPI in question and then have the Administrator submit a request for the Administrator access through secure message. Inform the caller that this can take up to 45 days to obtain the access. Access to the NPI is immediate.

If the user has an account with access to the NPI in question, but the NPI Portal Administrators are not valid, contact Customer Service for assistance.

If the user has an account but does not have access to the NPI in question, and if the NPI Portal Administrators are not valid, contact Customer Service for assistance.

# WPS Government Health Administrators Portal User Manual

## Wisconsin Physicians Service Insurance Corporation Username FAQs

<http://www.wpsgha.com>

**Q.** Is a User Login ID case sensitive?

**A.** No it is not, only passwords are case sensitive.

## Password FAQs

**Q.** Can Customer Service help if the user cannot remember their password?

**A.** Yes, however, the user would need to provide information to validate they are the user and then Customer Service can generate a temporary password email to the user.

**Q.** Can an Administrator call Customer Service to have one of their user's password reset?

**A.** Yes, but first the Administrator would need to provide information to verify they are the Administrator and then verify that the person is linked under that Administrator. However, the Administrator can also reset the user's password.

**Q.** I received the following error message when trying to change my password on the Password expired page "The client supplied invalid authentication information" what does this mean?

**A.** The user entered the old password incorrectly in the "Current password" field.

**\*\*\*\*Note: \*\*\*\*** If there are \*\*\*\*\* in the field, delete these and enter the temporary password from the password reset email.

**Q.** I received the following error message when trying to change my password on the Password expired page "New password verification failed. Make sure the new password fields contain the same data" what does this mean?

**A.** The new password and confirm new password fields do not match. Different passwords were typed in each field.

**Q.** I received the following error message when trying to change my password on the Password expired page "Password rejected due to policy violation" what does this mean?

**A.** The new password does not meet all the password requirements. Most common errors when creating a new password is entering dictionary words and/or not using one of the four listed special characters listed on the screen (# \$ % &).

**Q.** When a password is reset, how long is the temporary password valid?

**A.** The temporary password is valid for 21 days. If you do not utilize the temporary password within 21 days, the account is disabled and a new one will need to be created.

## Claim Entry FAQs

**Q.** How can a claim be submitted via the Portal?

**A.** See "Register for Online Claim Entry" in this manual.

## Non-Assigned Providers FAQs

**Q.** Can a non-assigned provider register for access to the Portal?

**A.** Yes, a non-assigned provider may register to use the Portal.

# WPS Government Health Administrators Portal User Manual

## Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

**Q.** What Claims Status information is available for a Non-Assigned provider to see?

**A.** The Portal will display the following claim information on non-assigned claims:

- If the claim was received
- Beginning and end dates of service
- Claim status (In Process, Approved, Denied, Rejected)
- Processed/finalized date

## Appeals FAQs

**Q.** Who can view an Appeal in the Portal?

**A.** Any standard user or Administrator under the NPI the appeal was submitted under may view the appeal in the Portal.

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

## Revision History

Version	Date	Description of Changes
1.0	12/29/2016	Added new manual with Revision History page.
2.0	03/24/2017	Added text to password 21-day rule. Added text for Administrator disabling accounts. Changed screens with Appeal Status tab order. Removed G0389 and replace with 76706 in Preventive Services for eligibility. Added Multi-Factor Authentication section.
3.0	05/24/2017	Updated "Request Submitter ID" section to be "Register for Online Claim Entry." There is a new process for user to enroll in online claim entry using the portal. Updated screen shots and text to explain the new process
4.0	07/18/2017	Added information to the MFA section concerning the roll-out and updates that were not made on 05/24/2017.
5.0	09/05/2017	Added new screens for new claim inquiry features. Updated MFA showing code is now valid for 4 hours and also on how to change default to Google Authenticator. Added new screens for new Provider Self Service Denial tool.
6.0	10/02/2017	Corrected some MFA screens.
7.0	01/26/2018	Replaced the entire MFA section. Code is now valid for 8 hours and screens changed.
8.0	03/09/2018	Updated Administrator Roles, QMB information, added FAQs. New screens showing the new Appeals Tabs.



# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Version	Date	Description of Changes
9.0	04/01/2018	Added MBI information.
10.0	04/23/2018	Changed the name of the MBI section.
11.0	06/15/2018	Added Easier Remittance Advice lookup, Who is My Admin feature, new NPI Admin Lookup on login page, and MDPP information.
12.0	08/31/2018	Updated Message Center to add Audit.
13.0	11/02/2018	Modified the Clerical Error Reopening (CER) section. Renamed to match Link in Footer of Portal.
14.0	11/15/2018	Added section to remove access for Standard and Eligibility Users.
15.0	11/20/2018	Removed numbered lists and replaced with bulleted lists for easier formatting.
16.0	03/30/2019	Added Account Reactivation section and updated eligibility section with HETS Q100 changes.
17.0	04/22/2019	Updated Financial data timeframe from 90 to 30. Added a note to the account reactivation section.
18.0	08/08/2019	Added CER over 6 line claim ability. Updated Admin Responsibilities on Reactivation. Added instruction on Admin Self Reactivation process. Added Letter Search for ADR and Demand Letters.
19.0	11/11/2019	Changed MFA code to last 12 hours. Updated Eligibility information available. Added Letter Search. Updated Appeals tab names and screens.
20.0	12/30/2019	Added the new information for Supplemental Insurance under Eligibility.
21.0	04/06/2020	Added new PPV information under Preventives Service in

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Version	Date	Description of Changes
		Eligibility. Update Offset information. Removed Post Payment Review information and added new screens to the MR section
22.0	04/23/2020	Updated the login process. Q&A Update for being locked out and having a password reset.
23.0	06/15/2020	Added new SNF/Hospital data, Patient Status Code, Preventive Code G0476, Date Of Death changed to last 4 years for MBI.
24.0	07/24/2020	Added ERA Enrollment section.
25.0	10/19/2020	Updated Hospice Information. Added prior Authorization.
26.0	11/06/2020	Removed instructions to submit Audit message in the portal.
27.0	01/21/2021	Added Password Reset to the Reactivation process for Administrators. Added New Claim Search screen.
28.0	02/08/2021	Added Prior Authorization Exemption Letter screen.
29.0	03/05/2021	Demand Letter Enhancement features. Claim Entry POS clarification and added information to the Q&As.
30.0	4/2/2021	Adding Part A Appeal submission, changes to the location of the Part B Appeal Search, Adding new eligibility features; COVID-19 vaccines, Acupuncture Benefits, MCO name change to MA, adding Beneficiary Entitlement Reason Codes. Added information to Ineligible Dates.
31.0	5/6/2021	Add Pre-Payment Review Tab and Post-Payment Review tab instructions for Medical Documentation

# WPS Government Health Administrators Portal User Manual

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

Version	Date	Description of Changes
		section. Changes to the Message Center search
32.0	6/17/2021	Updated Prior Authorization to add Cervical Fusion with Disc Removal and Implanted Spinal Neurostimulators. Updated fields in the Additional Information section.
33.0	6/24/2021	Added the new Overpayment Search section.
34.0	7/2/2021	File attachment size for Appeals is changed to 100 MB. Removed MFA Default option section.

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