

WHICH FORMS SHOULD I COMPLETE?

- Online Enrollment through link: [EDI Express Enrollment](#)
- Select the EDI transaction you will be submitting
 - o 5010 837 Institutional Claim Inbound (UB-04)
 - o 5010 837 Professional Claim Inbound (CMS 1500)
- Office Ally's Trading Partner ID: **98366**
- Select WPS Health Plan
- Review Mock Agreement & Continue
- Complete the contact information
- Clearinghouse Information:
 - o Name: Office Ally
 - o First Name: Customer
 - o Last Name: Service
 - o Contact Title: Customer Service
 - o Phone Number: (360) 975-7000
 - o Email: payerenrollment@officeally.com
- Enter your business name and valid physical address
- Enter the requested provider identification (Tax ID/NPI/PTAN)
- Click **Complete & Submit** to sign your agreement

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 1 business day

HOW DO I CHECK STATUS?

- Once you receive confirmation that you've been linked to Office Ally, email payerenrollment@officeally.com with the below information PRIOR to submitting claims electronically.

Email Subject: WPS Health Plan (ARISE) – EDI Approval

Body of Email:

Please log my EDI approval for WPS Health Plan

- Provider Name:
- NPI:
- Tax ID: