

# WPS EDI Express Enrollment Electronic Funds Transfer Manual

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## WPS EDI Express Enrollment – EFT Overview

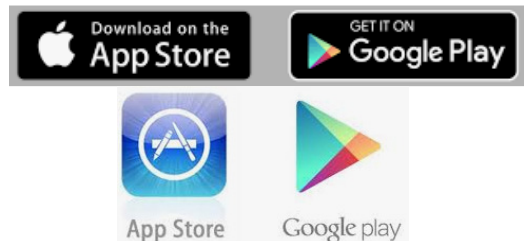
### WPS EDI Express Enrollment – EFT Overview

The WPS EDI Express Enrollment is a comprehensive and secure website for providers to enroll in Electronic Funds Transfers. The Multi Factor Authentication is an additional form of security to safeguard your information.

### User Checklist

Be prepared with the following information before proceeding with the enrollment process.

1. Information about two claims previously paid by WPS within the last 90 days.
2. The two claims must have a positive paid amount and have been paid on separate payments
  - Claim Number
  - Claim Paid Amount
  - Claim Payment Date
  - Check/EFT Number of the Paid Claim
3. Download the Google Authentication Application on your smartphone using either the App Store or Google Play. Follow the steps on the app to download to your phone.



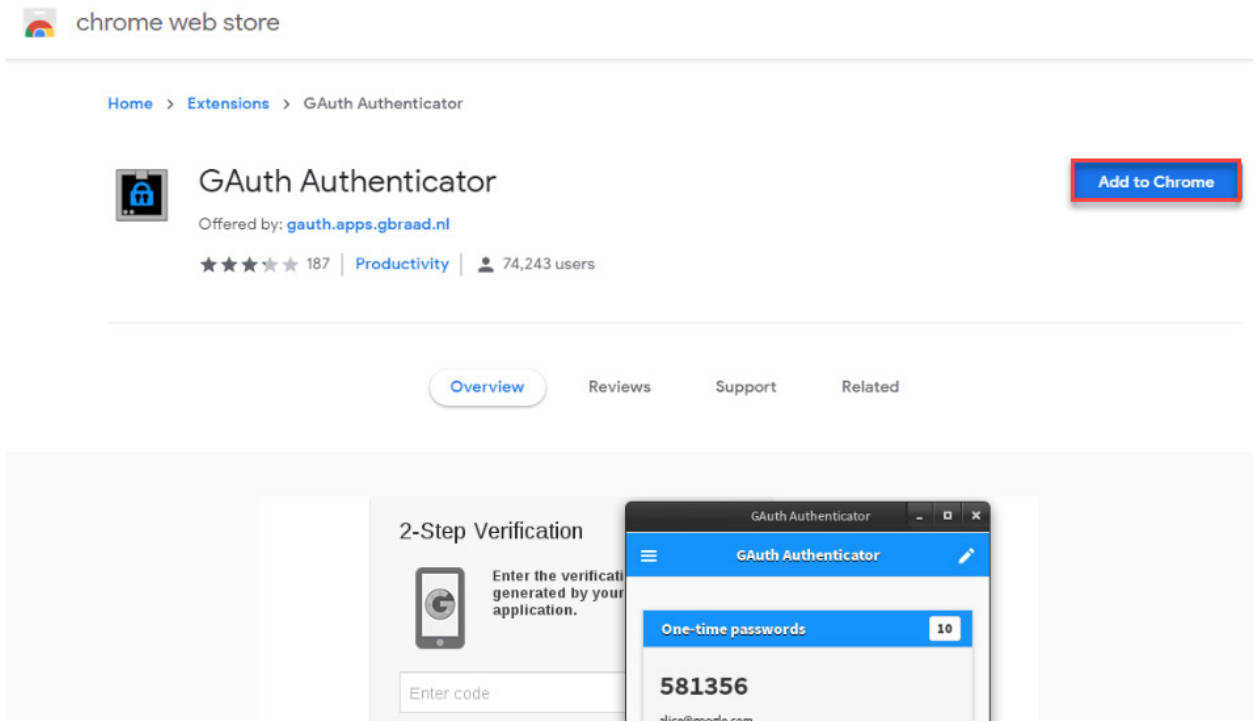
## DOWNLOADING/ACCESSING GOOGLE AUTHENTICATION APPLICATION

Disclaimer - WPS is not responsible for the support or availability of the Google Authenticator app.

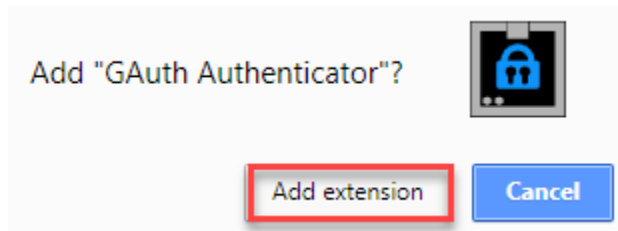
### Desktop Chrome Extension Authenticator

There may be some differences downloading the application other than what is provided below, please follow the prompts.

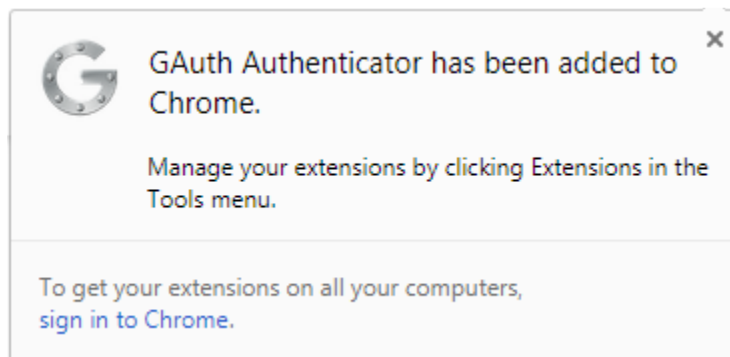
1. Enter URL <https://chrome.google.com/webstore/detail/gauth-authenticator/ilqcnhelpchnceeipijaljkblbcobl?hl=en> into your Chrome browser.
2. Select 'Add to Chrome'.



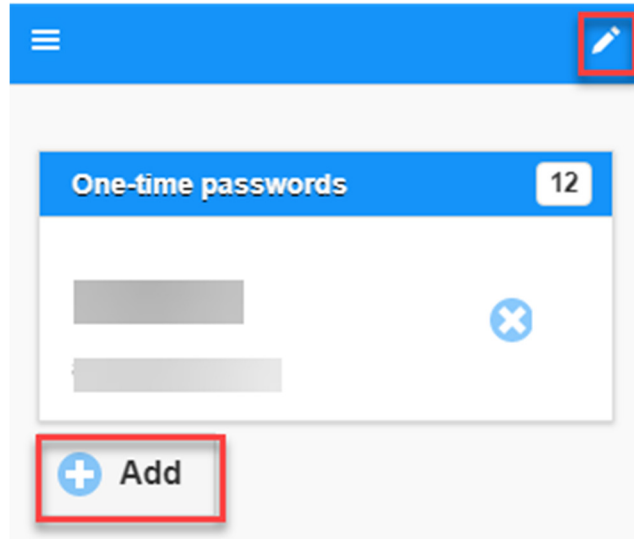
3. An 'Add GAuth Authenticator?' box displays, select 'Add extension'.



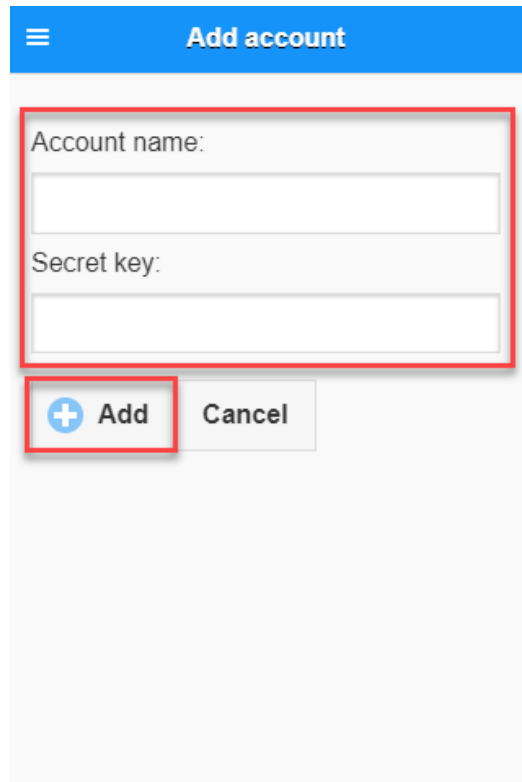
4. Once downloaded you will receive a message stating it has been added to Chrome.



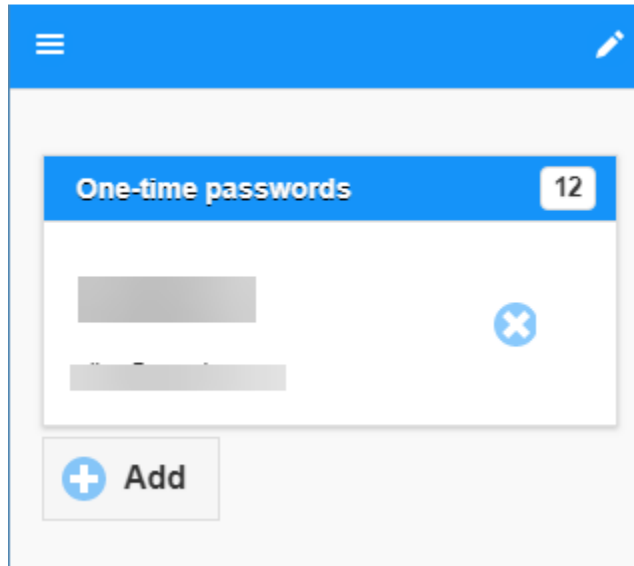
5. Open the GAuth Authenticator application, select the pencil at the top right, then select 'Add'.



6. The 'Add Account' box displays. Enter your username in the 'Account Name' field. Copy the 'Manual Entry Code' from E3, paste into the 'Secret Key' field. Select 'Add'.



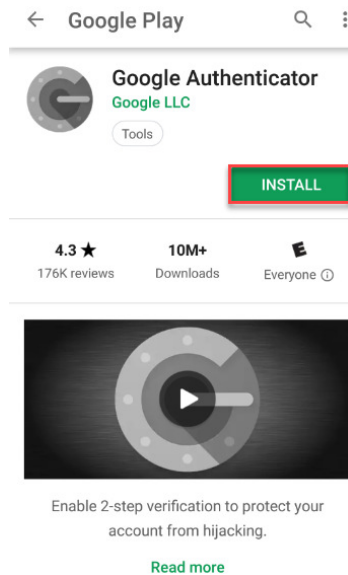
7. Enter the 6-digit One-time password in the 'Enter Google Authenticator Token' field in E3.



### Google Play

There may be some differences downloading the application other than what is provided below, please follow the prompts.

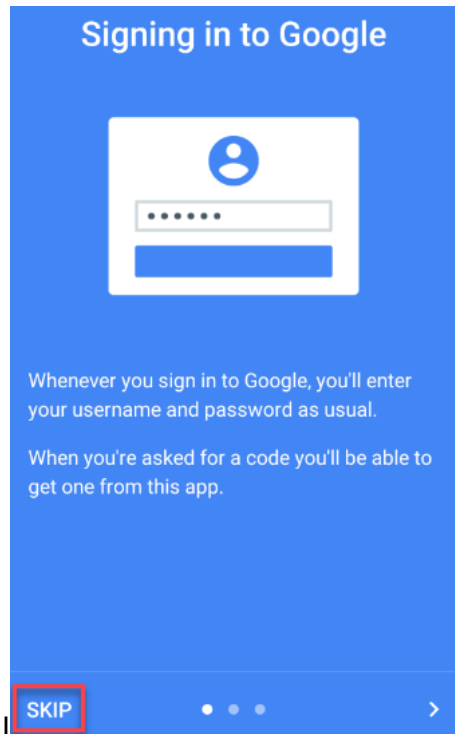
1. Key in 'Google Authentication' in the search field of Google Play.
2. Select 'Install'.



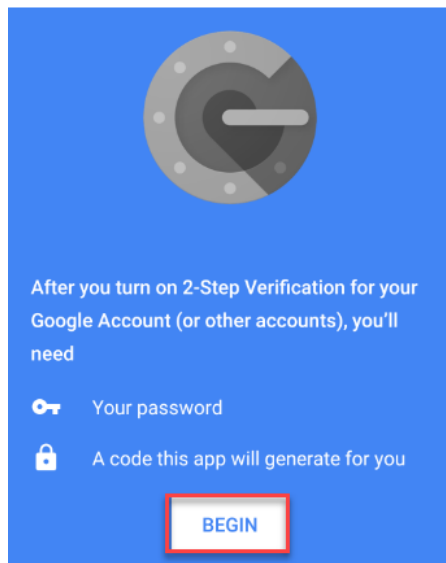
3. Once downloaded, select the icon on your phone to open the application.



4. It is not necessary to sign in to Google to continue. Select, 'Skip'.



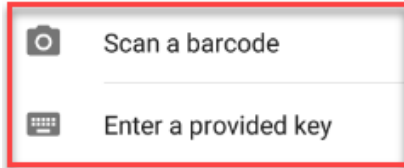
5. Select 'Begin'.



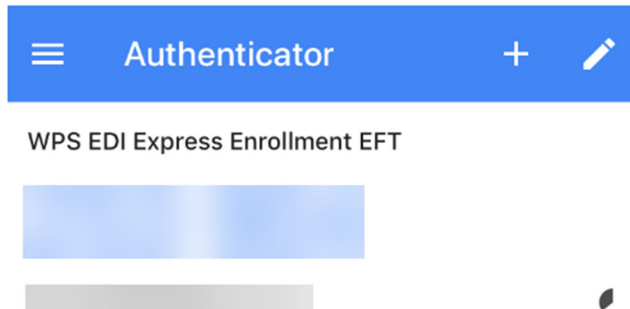
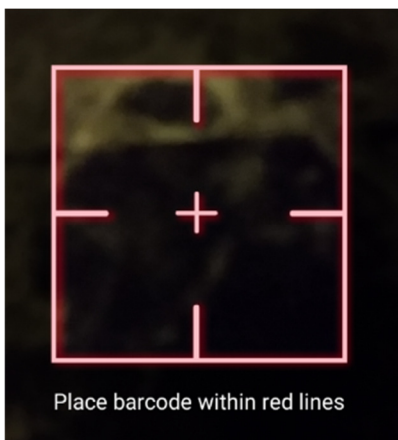
- 6. You may select one of the following options to continue.

### Add an account

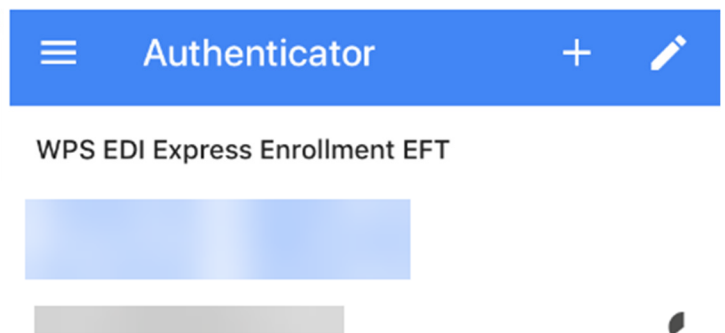
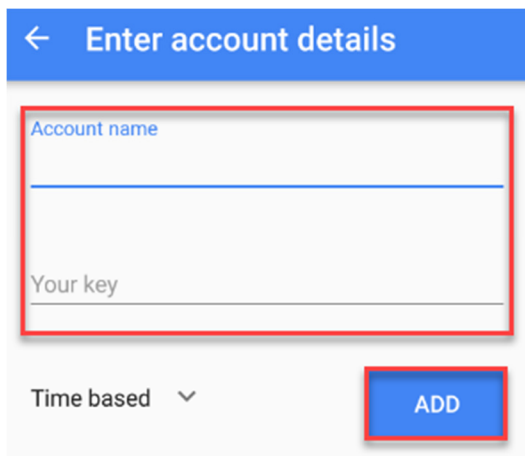
You can add an account selecting one of the following options:



- 7. When selecting the 'Scan a barcode' option, scan the QR Code when prompted during the enrollment process. You will be provided a code to enter for Token Authentication.



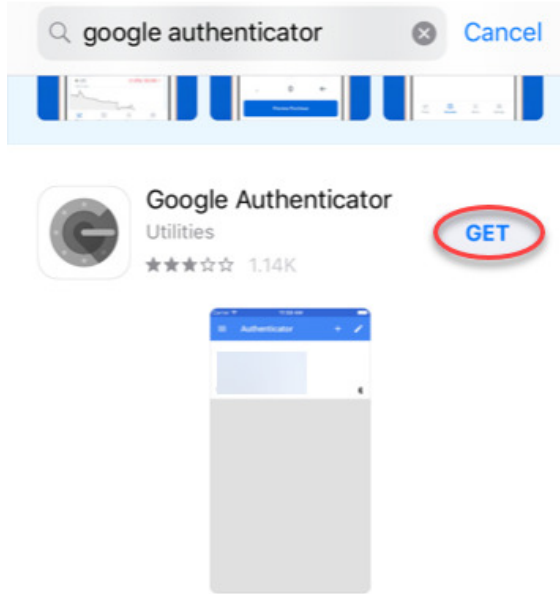
- 8. When selecting the 'Enter a provided key' option, enter the Manual Entry Code and username when prompted during the registration process. You will be provided a code to enter for Token Authentication.



The App Store

There may be some differences downloading the application other than what is provided below, please follow the prompts.

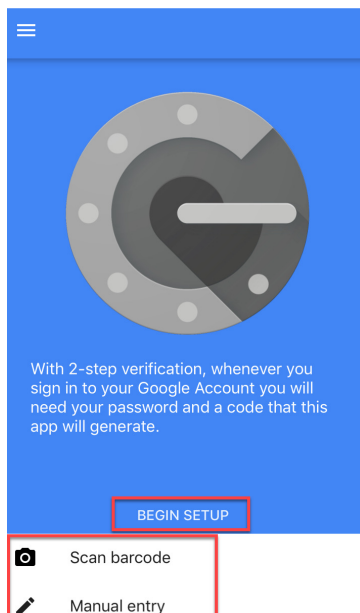
1. Key in 'Google Authenticator' in the search field of the App Store.
2. Select 'Get'.



3. Once downloaded, select the icon on your phone to open the application.

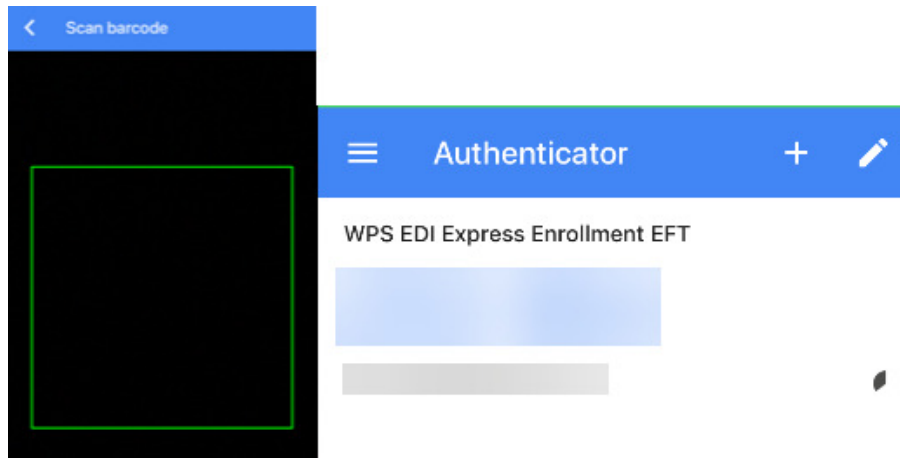


4. Select 'Begin Setup'. You may select one of the following options to continue.





- When selecting the 'Scan barcode' option, scan the QR Code when prompted during the enrollment process. You will be provided a code to enter for Token Authentication.



- When selecting the 'Enter a provided key' option, enter the Manual Entry Code and username when prompted during the registration process. You will be provided a code to enter for Token Authentication.

## User Responsibilities, Access, and Management

### USER RESPONSIBILITIES

#### SHARING USER LOGIN IDs

Every user must have their own User Login ID to adhere to privacy laws. 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 Login credentials.

### NEW USER ACCESS TO EFT REGISTRATION

#### AUTHENTICATION CRITERIA

Be prepared with the following authentication criteria required through the registration process.

- Information about two claims previously paid by WPS, to the healthcare provider being enrolled for EFT within the last 90 days.
- The two claims must have a positive paid amount and have been paid on separate payments
  - Claim Number
  - Claim Paid Amount
  - Claim Payment Date
  - Check/EFT Number of the Paid Claim

#### REGISTER AS A USER

- Access the website at: <https://edi.wpsic.com/edir/home>
- Check the reCAPTCHA check box – follow the prompts.
- Choose, 'Enroll Now' under 'Yes I am a healthcare provider.'

## Electronic Transaction Enrollment

### Are you a healthcare provider?

**PROVIDERS**

Yes I am a healthcare provider

**Enroll Now**

**AGENCY & VENDORS**

No I am not a healthcare provider

**Enroll Now**

I'm not a robot

reCAPTCHA  
Privacy - Terms

4. Choose, 'Electronic Funds Transaction (EFT)'.

### Electronic Transaction Type

For which electronic transaction do you want to enroll?

EFT

**Electronic Funds Transaction (EFT)**

5. Select the 'Create Account' button at the right side of the page.


## Provider Secure Login / Register

EDI Express Enrollment is now using Multi-Factor Authentication


### Secure User Login

---

**User Login ID:**



**Password:**




Login

1 / 3 attempts

### Registration

If you don't have an account for the WPS EDI Express Enrollment Portal, click on the button below. NOTE: If you already have credentials, please use them to log in.

Create Account 

**Manual**  
Please use the new user manual to create your new security account to setup and manage EFT payments.

[\[ EFT Manual \]](#)

6. Enter the Healthcare Provider Information. When done select, 'Next.'

- Billing/Group Business Name
- Tax Identification Number (TIN)
- Billing/Group National Provider Identifier (NPI) – Optional
- Billing/Group Business Physical Street Address
- Billing/Group Business Physical City
- Billing/Group Business Physical State/Province
- Billing/Group Business Physical ZIP Code

**NOTE:** *The provider identification values provided must be for a billing/group provider. Individual/Rendering/Performing providers do not enroll for EFT. Enrollments for Individual/Rendering/Performing providers will be rejected.'*

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



### Healthcare Provider Information

NOTE: The provider identification values provided must be for a billing/group provider. Individual/Rendering/Performing providers do not enroll for EFT. Enrollments for Individual/Rendering/Performing providers will be rejected.

#### What is your provider specific information

##### Billing/Group Business Name

Business Name

##### Tax Identification Number (TIN):

Tax ID

##### Billing/Group National Provider Identifier (NPI) (Optional)

Billing or Group NPI

#### What is the physical address of your business?

##### Street Address

Street Address

##### City

City

##### State/Province

State

##### ZIP Code

Zip Code

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

Next >>

- Choose the appropriate line(s) of business for the previously entered Healthcare Provider. More than one line of business may be selected, if applicable. When done select, 'Next.'



### Select Insurance Type(s)

CHECK ALL THAT APPLY

WPS MILITARY AND VETERANS HEALTH

TRICARE For Life [Select TRICARE For Life - TDEFIC]

TRICARE East [Select TRICARE East Region]

[Select VAPCC - Region 3]

[Select VAPCC - Region 5A]

[Select VAPCC - Region 5B]

[Select VAPCC - Region 6]

WPS HEALTH INSURANCE

Arise Health Plan (ARISE) [Select Arise Health Plan (ARISE)]

AspirusArise [Select Aspirus Arise]

MyChoice Family Care [Select Family Care]

WPS HEALTH INSURANCE [Select WPS Health Insurance]

Next >>

- Provide the following information about two claims previously paid by WPS, to the healthcare provider being enrolled for EFT within the last 90 days. The two claims must have a positive paid amount and have been paid on separate payments. Select 'Submit Claims for Validation' when done.
  - Claim Number
  - Claim Paid Amount
  - Claim Payment Date
  - Check/EFT Number of the Paid Claim



## WPS Security Check

### Provider Relationship Verification

**Required:** Please provide the following information about **two** claims previously paid by WPS, to the healthcare provider being enrolled for EFT within the last 90 days. The two claims must have a **positive paid amount** and have been paid on **separate payments**

**ALL FIELDS REQUIRED** 1 / 3 attempts

Claim #1	Claim #2
<b>Claim Number</b> <input type="text"/>	<b>Claim Number</b> <input type="text"/>
<b>Claim Paid Amount</b> <input type="text" value="0"/> <small>Do NOT include (\$) dollar signs or (,) commas</small>	<b>Claim Paid Amount</b> <input type="text" value="0"/> <small>Do NOT include (\$) dollar signs or (,) commas</small>
<b>Claim Payment Date</b> <input type="text" value="1/1/0001 12:00:00 AM"/> <small>Format: MM/DD/YYYY</small>	<b>Claim Payment Date</b> <input type="text" value="1/1/0001 12:00:00 AM"/> <small>Format: MM/DD/YYYY</small>
<b>Check/EFT Number of the Paid Claim</b> <input type="text"/>	<b>Check/EFT Number of the Paid Claim</b> <input type="text"/>

**Submit Claims for Validation**

**DISCLAIMER:** For the security of our healthcare providers, WPS Health Solutions requires the submission of information related to previously paid claims to help authenticate the relationship between the web portal user and the healthcare provider they represent.

- Provide your contact information. Select 'Next; when done.
  - Contact First Name
  - Contact Last Name
  - Contact Job Title
  - Contact Phone Number/Extension
  - Contact Email Address

## User Profile Information

What is your contact information?

<b>Contact First Name</b>
<input type="text" value="First Name"/>
<b>Contact Last Name</b>
<input type="text" value="Last Name"/>
<b>Contact Job Title</b>
<input type="text" value="Title"/>
<b>Contact Phone Number</b>
<input type="text" value="Phone Number"/>
<b>Extension</b>
<input type="text" value="Extension"/>
<b>Contact E-Mail Address</b>
<input type="text" value="johndoe@example.com"/>
<b>Confirm Contact E-Mail Address</b>
<input type="text" value="confirm e-mail"/>

[Next >>](#)

10. Create a permanent username, this will be your email address.

11. Review password rules prior to creating the password. To create a password, enter the password in 'Password' and enter the same password in 'Confirm Password.'

### Password requirements

1. Passwords can only be changed once in a 24-hour time period
2. Passwords will automatically expire after 60 days
3. Passwords must be 8 - 20 characters in length
4. Passwords **must contain** at least:
  - a. One upper case alphabetic letter: A - Z
  - b. One lower case alphabetic letter: a - z
  - c. One numeric digit: 0 - 9
  - d. One special character (only the characters listed below are valid):
    - i. Hashtag (#)
    - ii. Dollar (\$)
    - iii. Percent (%)
    - iv. Ampersand (&)
5. Passwords **cannot contain** any of the following information:
  - a. First or Last name
  - b. Any special characters that are not listed above
  - c. User Login ID
  - d. Security question answers

- e. 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.).**

## 12. Set up Security Challenge Questions.

**Security Setup**

Username / Email

Password

Confirm Password

Security Challenge Question #1

Answer 1

Security Challenge Question #2

Answer 2

Save & Continue >>

## MULTI-FACTOR AUTHENTICATION

Multi-Factor Authentication (MFA): a requirement that provides an additional form of security to safe guard your information. When logging, you will be requested and enter a MFA Verification code that you will obtain using Google Authenticator.

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 or PC. To use Google Authenticator, first download the app via Google Play or the App Store on your smart phone or download the Chrome Extension on your PC. Follow the steps on the app to download to your phone or PC.



Once you have installed Google Authenticator to your phone or PC, use the application to scan the Bar Code or key in the Manual Entry Code (shown below). You will receive a Verification Code on your phone or PC. Enter that code in the Verification Code box and click 'Verify Token'. Please note: the code must be entered within 30 seconds from the time it is displayed in the Authenticator app.

The next time that you log into the portal, you will enter your User Login ID, Password. Obtain and enter a new authentication code using your Google Authenticator Application.

### Google Authenticator - Multi-Factor Authentication Setup

**Step 1**

Scan QR Code to Enable Google Authenticator





Manual Entry Code:

Manual Entry Email:  
kfranks8992@gmail.com

**Step 2**

Enter the code from your phone



Enter Google Authenticator Token:

Verify Token >>

Once you have set up your Multi-Factor Authentication you will be able to continue to the EFT Enrollment process. Select 'Continue to EFT Enrollment'.



### Google Authenticator - Multi-Factor Authentication Setup

New Registration Complete

## Authenticated Successfully and Account complete

You may now continue enrollment for EFT

[Continue to EFT Enrollment](#)



A message displays stating 'Multi-Factor Authentication Successful'. To enroll the Tax ID or Tax ID/NPI select 'Enroll This Tax ID in EFT'.

My Profile

**Multi-Factor Authentication Successful**

Welcome Back: [Redacted Name]

From: [Redacted Name]

Provider Tax ID & NPI information

Tax ID	# NPI's	NPI's	Manage
[Redacted Tax ID]	0	<a href="#">Enroll This Tax ID in EFT</a>	[Icons]

**ELECTRONIC FUNDS TRANSFER (EFT) REGISTRATION**

**MOCK AGREEMENT**

The Mock Agreement page displays a sample agreement that will be completed as you progress in your registration. You may review and print the sample agreement depending on your business needs. Select the 'Continue to Registration' button.

**Mock Agreements**

Please review these sample mock agreements and click continue

[Continue to Registration](#)

### Electronic Funds Transfer (EFT) Authorization Agreement

This document is intended to establish Electronic Funds Transfer (EFT) 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.

**DEG1: Provider Information**

Provider Name:  
Jane Smith, MD

Doing Business As Name (DBA):  
Jane Smith Healthcare

**Provider Address**

Street: 123 Any Street      City: Anytown      State/Province: WI

Zip Code/Postal Code: 99999      Country Code:

**DEG2: Provider Identifiers Information**

**Provider Identifiers**

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):  
99999999

**BANK ACCOUNT INFORMATION**

Complete the requested Banking information on the following screens.

- Bank Routing Number
- Account Type
- Account Number

## Banking Information

What is your financial institution's ABA routing transit number?

ABA Routing Transit Number

## Banking Information

<p>What is your account number?</p> <p>Account Type</p> <p>-- Select Account Type --</p> <p>Account Number</p> <p>Confirm Account Number</p> <p>confirm account number</p> <input type="button" value="Next"/>	<p>FEDERAL RESERVE BANK</p> <p>Street : 1000 PEACHTREE ST N.E.</p> <p>City : ATLANTA</p> <p>State : GA</p> <p>Zip Code : 303094470</p> <p>Phone Number : 8773722457</p> <p>Phone Extension :</p>
--	--

**SIGNATURE PAGES**

Completing the information requested on the previous screens takes you to the Final Agreements screen. Review Final Agreements and select 'Complete & Submit'.

## Final Agreements

Please review the legal agreement below before signing. You will be emailed the completed version of this agreement on submission.

This document is intended to establish Electronic Funds Transfer (EFT) 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.

## EDI Registration Summary

Please review the below information

Workflow Information	
Registration Type	Healthcare Provider
Transaction Category	EFT
Insurance / LOB	TRICARE For Life - TDEFIC
Transaction	Electronic Funds Transfer

Provider Information	
NPI	
Tax ID Number	
Effective Date	

Bank Information	
Bank Name	
Routing Number	
Account #	
Account Type	
Bank Address	
Bank City	
Bank State	
Bank Postal Code	
Bank Phone	

[Complete & Submit](#)

If you agree to all the terms of the agreement, type your name in the Signature field and select 'Submit Agreements'. Once the agreement has been submitted and processed a confirmation email will be sent to the email provided on the agreement.

## Electronic Signature

Please read the displayed agreement carefully as it is legally binding. If you agree to all of the terms in the agreement, type your name in the Signature field below and click the Submit Agreement(s) button.

By typing my name below, I certify that I have reviewed the above agreement(s), that the information contained therein is complete and accurate to the best of my knowledge, that I am authorized to request the transaction(s) described above, and that I authorize said transactions

**Signature**




'Thank you – Enrollment Complete' message displays, and you will be redirected back to the WPS EDI website.

**Thank you - Enrollment Complete**

Your info has been sent

Please see our website for more information

[Electronic Data Interchange \(EDI\) !\[\]\(7f687ebb7a44ef7ed08b33436ec177b8\_img.jpg\)](#)

You will be automatically redirected in 10 seconds

## EXISTING USER ACCESS TO EFT REGISTRATION

### AUTHENTICATION CRITERIA

Be prepared with the following authentication criteria required through the registration process.

3. Information about two claims previously paid by WPS, to the healthcare provider being enrolled for EFT within the last 90 days.
4. The two claims must have a positive paid amount and have been paid on separate payments
  - Claim Number
  - Claim Paid Amount
  - Claim Payment Date
  - Check/EFT Number of the Paid Claim


LOGGING IN

1. Access the website at: <https://edi.wpsic.com/edir/home>
2. Check the reCAPTCHA check box – follow the prompts.
3. Choose, ‘Enroll Now’ under ‘Yes I am a healthcare provider.’

## Electronic Transaction Enrollment

### Are you a healthcare provider?

<b>PROVIDERS</b> Yes I am a healthcare provider <b>Enroll Now</b>	<b>AGENCY &amp; VENDORS</b> No I am not a healthcare provider <b>Enroll Now</b>
---	---

I'm not a robot  reCAPTCHA Privacy - Terms

4. Choose, ‘Electronic Funds Transaction (EFT).’

### Electronic Transaction Type

For which electronic transaction do you want to enroll?

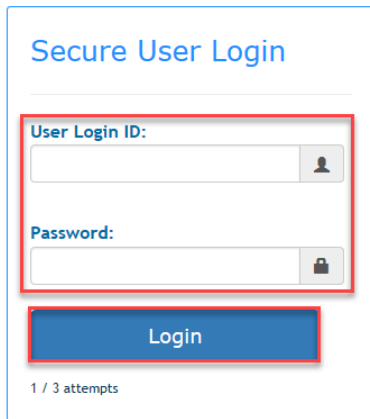
EFT

Electronic Funds Transaction (EFT)

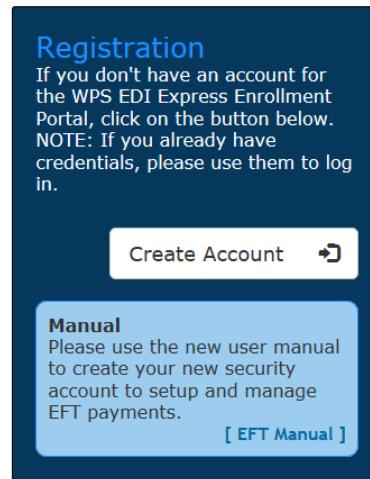
5. Enter your ‘User Login ID and Password.’
6. Select ‘Login’.

### Provider Secure Login / Register

EDI Express Enrollment is now using Multi-Factor Authentication



The 'Secure User Login' form features two input fields: 'User Login ID:' with a person icon and 'Password:' with a lock icon. A blue 'Login' button is positioned below the fields. At the bottom left, it indicates '1 / 3 attempts'.



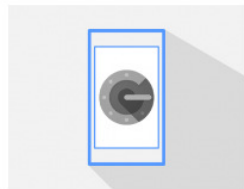
The 'Registration' section includes a 'Create Account' button with a refresh icon. Below it, a 'Manual' section states: 'Please use the new user manual to create your new security account to setup and manage EFT payments.' A link for '[ EFT Manual ]' is provided.

7. Obtain the new authentication code from your Google Authenticator Application on your phone. You should have downloaded this application during your initial registration. Enter the code, select 'Verify Token'.

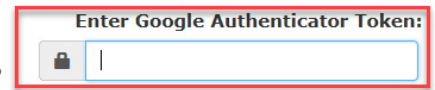
Existing users may delete or register additional Tax IDs, Tax ID/NPI for their organization.

### WPS Security Check

Enter Google Authenticator Code



Enter the code from your phone



The 'Enter Google Authenticator Token:' form has a search icon and a text input field.



A blue button labeled 'Verify Token >>'.

### REGISTERING ADDITIONAL TAX ID OR TAX ID/NPI

Existing users may register additional Tax IDs, Tax ID/NPI for their organization.

1. To register an additional Tax ID or Tax ID/NPI select the 'New Tax ID? Add Another Tax ID to your account' option.

### My Profile

Multi-Factor Authentication Successful

Welcome Back: Kathleen Franks

From: Kathleen Franks

Provider Tax ID & NPI information

Manage TINs and NPIs

New Tax ID?  
Add Another Tax ID to your account

Tax ID	# NPI's	NPI's	Manage
	0	Enroll This Tax ID in EFT	Manage

Contracts & WPS Lines of Business

Contract: [Redacted]

Contract: [Redacted]

New Tax ID?  
Add Contract / Insurance Type to your account

2. Enter the appropriate Tax ID and NPI (NPI optional), select 'Next (claim verification)'.

**NOTE:** The provider identification values provided must be for a billing/group provider. Individual/Rendering/Performing providers do not enroll for EFT. Enrollments for Individual/Rendering/Performing providers will be rejected.'

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

### Add New Tax ID Information

Tax Identification Number (TIN):

You may add up to 3 NPI's at a time for this Tax ID (you can add more later)

1. Billing/Group National Provider Identifier (NPI)

(Optional)

2. Billing/Group National Provider Identifier (NPI)

(Optional)

3. Billing/Group National Provider Identifier (NPI)

(Optional)

Next (Claim Verification) >>

3. Provide the following information about two claims previously paid by WPS, to the healthcare provider being enrolled for EFT within the last 90 days. The two claims must have a positive paid amount and have been paid on separate payments. Select 'Submit Claims for Validation' when done.
- Claim Number
  - Claim Paid Amount
  - Claim Payment Date
  - Check/EFT Number of the Paid Claim
  - Business Address Zip Code

## WPS Security Check

### Provider Relationship Verification

**Required:** Please provide the following information about **two** claims previously paid by WPS, to the healthcare provider being enrolled for EFT **within the last 90 days**. The two claims must have a **positive paid amount** and have been paid on **separate payments**

**ALL FIELDS REQUIRED** 1 / 3 attempts

Claim #1	Claim #2
<b>Select Contract:</b> <input type="text" value="Select Contract"/>	<b>Select Contract:</b> <input type="text" value="Select Contract"/>
<b>Claim Number</b> <input type="text"/>	<b>Claim Number</b> <input type="text"/>
<b>Claim Paid Amount</b> <input type="text" value="0"/> <small>Do NOT include (\$) dollar signs or (,) commas</small>	<b>Claim Paid Amount</b> <input type="text" value="0"/> <small>Do NOT include (\$) dollar signs or (,) commas</small>
<b>Claim Payment Date</b> <input type="text" value="10/11/2018 6:34:54 PM"/> <small>Format: MM/DD/YYYY</small>	<b>Claim Payment Date</b> <input type="text" value="10/11/2018 6:34:54 PM"/> <small>Format: MM/DD/YYYY</small>
<b>Check/EFT Number of the Paid Claim</b> <input type="text"/>	<b>Check/EFT Number of the Paid Claim</b> <input type="text"/>

**DISCLAIMER:** For the security of our healthcare providers, WPS Health Solutions requires the submission of information related to previously paid claims to help authenticate the relationship between the web portal user and the healthcare provider they represent.

#### Zip Code Verification

  
Please verify the zip code for Tax ID:

**Submit Claims for Validation**

- To enroll the Tax ID or Tax ID/NPI select 'Enroll This Tax ID in EFT'.

### Provider Tax ID & NPI information

Manage TINs and NPIs

New Tax ID?  
Add Another Tax ID to your account

Tax ID	# NPI's	NPI's	Manage
<input type="text"/>	0	<a href="#">Enroll This Tax ID in EFT</a>	

### Contracts & WPS Lines of Business

Contract:   
 Contract:

New Tax ID?  
Add Contract / Insurance Type to your account

- Continue with the steps under 'ELECTRONIC FUNDS TRANSFER (EFT) REGISTRATION' beginning on page 9.



**ADDING CONTRACT/INSURANCE TYPE**

Existing users may add Contract/Insurance Types to enrolled Tax ID or Tax ID/NPI for their organization.

1. Follow the 'EXISTING USER ACCESS TO EFT REGISTRATION - LOGGING IN' section beginning on page 13.
2. To register an additional Contract/Insurance Types select the 'New Tax ID? Add Another Tax ID to your account' option.

Provider Tax ID & NPI information

Manage TINs and NPIs  
+

New Tax ID?  
 Add Another Tax ID to your account  
+

Tax ID	# NPI's	NPI's	Manage
[Redacted]	0	<div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">Enroll This Tax ID in EFT <span style="font-size: 0.8em;">↗</span></div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <span>🗑️</span> <span>⚙️</span> <span>+</span> </div>
[Redacted]	0	<div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">Enroll This Tax ID in EFT <span style="font-size: 0.8em;">↗</span></div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <span>🗑️</span> <span>⚙️</span> <span>+</span> </div>

Contracts & WPS Lines of Business

Contract: [Redacted]

Contract: [Redacted]

New Tax ID?  
 Add Contract / Insurance Type  
 to your account  
+

3. Select the appropriate Contract/Insurance Type for the enrolled Tax ID or Tax ID/NPI. When done, select 'Add Selected Contract'.

**Select Insurance Type(s)**

CHECK ALL THAT APPLY

**WPS** | MILITARY AND VETERANS HEALTH

[Select TRICARE For Life - TDEFIC]

[Select TRICARE East Region]

[Select VAPCCC - Region 3]

[Select VAPCCC - Region 5A]

[Select VAPCCC - Region 5B]

[Select VAPCCC - Region 6]

**WPS** | HEALTH INSURANCE

[Select Arise Health Plan (ARISE)]

[Select Aspirus Arise]

[Select Family Care]

[Select WPS Health Insurance]

Add Selected Contracts >>

25

4. To add the Contract/Insurance Type, select the appropriate Tax ID or Tax ID/NPI. When done, select 'Enroll This Tax ID in EFT'.

Provider Tax ID & NPI information

Manage TINs and NPIs  
+

New Tax ID?  
Add Another Tax ID to your account  
+

Tax ID	# NPI's	NPI's	Manage
[Redacted]	0	Enroll This Tax ID in EFT	<div style="display: flex; gap: 5px;"> <span>🗑️</span> <span>⚙️</span> <span>+</span> </div>

## Contracts & WPS Lines of Business

Contract: [Redacted]  
Contract: [Redacted]

New Tax ID?  
Add Contract / Insurance Type  
to your account  
+

5. Continue with the steps under 'ELECTRONIC FUNDS TRANSFER (EFT) REGISTRATION' beginning on page 9.

## USERNAME/PASSWORD MANAGEMENT

### PASSWORD REQUIREMENTS

WPS Health Solutions is committed to protecting your information. To ensure this level of protection, WPS Health Solutions is dedicated to meeting the following security requirements.

1. Passwords can only be changed once in a 24-hour time period.
2. Passwords will automatically expire after 60 days
3. Passwords must be 8 - 20 characters in length
4. Passwords must contain at least:
  - a. One upper case alphabetic letter: A - Z
  - b. One lower case alphabetic letter: a - z
  - c. One numeric digit: 0 - 9
  - d. One special character (only the characters listed below are valid):
    - i. Hashtag (#)
    - ii. Dollar (\$)
    - iii. Percent (%)
    - iv. Ampersand (&)
5. Passwords cannot contain any of the following information:
  - a. First or Last name
  - b. Any special characters that are not listed above
  - c. User Login ID
  - d. Security question answers
  - e. 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.).**
6. Newly created passwords must be different than the previous 24 passwords used.
7. Newly created passwords must differ from the previous password by at least four characters.

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.

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

## **TROUBLESHOOTING**

### **GOOGLE AUTHENTICATOR – TIME SYNC**

Google authenticator will throw an error, when the time sync is not aligned.

Under the google auth app on user's phone, you can click a "Time Sync" button to correct this error.