

Wyoming ACS EDI Provider Enrollment Form



Please return to:
Attn: EDI Enrollment Unit
PO Box 667
Cheyenne, WY 82003
Or fax to 307.772.8405



Wyoming ACS EDI Provider Enrollment Form Instructions

Please use the following instructions when completing the Wyoming ACS EDI Provider Enrollment Form.

Please Note:

If a provider is submitting to ACS EDI Gateway, Inc. and wishes to retrieve their own reports and responses from Internet Data Exchange (iDEx), the *Wyoming ACS EDI Provider Enrollment Form* must be completed. The provider does not need to complete the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses*.

If a provider allows a billing agent/clearinghouse to submit and retrieve on their behalf, only the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

If a provider allows a billing agent/clearinghouse to submit transactions on their behalf, but the provider wishes to retrieve their own responses, including the 835 Remittance Advice, both the *Wyoming ACS EDI Provider Enrollment Form* and the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

Section 1. Classification

Please indicate whether you are an individual or group provider. **This field is required.**

Section 2. Submission Method

Please indicate how you will be submitting your electronic transactions. **This field is required.**

Section 3. Provider Information

Please complete the appropriate provider information. **These fields are required.**
Your email address is optional and will be kept confidential.

Section 4. Submitter/Trading Partner ID Number

If you are currently submitting electronic transactions to ACS EDI Gateway, please indicate your 5-digit submitter ID or 6-digit trading partner ID.

Section 5. Contact Information

Please indicate specific contact individual and additional contact information, if different from the provider information in Section 3 above.

1.800.672.4959 (phone) 1.307.772.8405 (fax)
www.acs-gcro.com

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Section 6. Provider Using a Software Vendor, Billing Agent, or a Clearinghouse

If you have indicated that you will be using Vendor Software, a Billing Agent, or a Clearinghouse, please complete section 6a.

WINASAP2003 users do not need to complete this section.

- Sub-section 6b. Submitter/Trading Partner ID Number
Your Software Vendor, Billing Agent or Clearinghouse must be equipped with their own uniquely assigned ACS EDI Gateway Submitter ID or Trading Partner ID to act on your behalf. Please contact your Software Vendor, Billing Agent/Clearinghouse to confirm their status with ACS EDI Gateway.
- Sub-section 6c. Provider Using a Software Vendor
If you have indicated that you are a provider and plan to submit transactions with vendor software, please complete this section.

Section 7. Transactions Available for Transmission

- Sub-Section 7a. WINASAP2003 (Replacing ACE\$)
Please indicate how you would like to receive the software and which transactions you will be submitting.
Nursing Facility Submitters: Choose Transaction 837I (Institutional)
- Sub-Section 7b. Standard Transactions (Submissions other than WINASAP2003 and Web Portal)
If you will be submitting standard transactions other than WINASAP2003 and Web Portal, please complete this section.
- Sub-Section 7c. Standard Transactions (Batch Submissions through Web Portal)
If you are submitting batch transactions through the Web Portal, please complete this section.

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Section 8. Delimiter Information

If you will be submitting X12N transactions directly to ACS, please indicate the alternate delimiter to be used (if nothing is entered, the default will be used). **WINASAP2003 users do not need to complete this section.**

Section 9. Electronic Reports and Response Retrieval

Wyoming EqualityCare providers can retrieve their electronic reports and/or responses from the ACS EDI Gateway Internet Data Exchange (iDEx). If you would like to participate in this service, please complete this section.

Section 10. Additional Pay To Provider List

If you are submitting transactions on the behalf of multiple pay to providers, please supply the provider name and provider number of each additional provider. If you have more than twenty-five (25) providers please contact ACS EDI Gateway Enrollment for further instructions at the phone number listed below.

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Instructions for completing the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses*

The *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed in its entirety and must include the signature of the provider or the provider's representative.

If a provider allows a billing agent/clearinghouse to submit and retrieve on their behalf, only the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

If a provider allows a billing agent/clearinghouse to submit transactions on their behalf, but the provider wishes to retrieve their own responses, including the 835 Remittance Advice, both the *Wyoming ACS EDI Provider Enrollment Form* and the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

Section A. Provider Information

Please indicate the classification of the provider. **This is required.**
Your email address is optional and will be kept confidential.

Section B. Authorization Signature (required)

If you are authorizing a Billing Agent/Clearinghouse to retrieve electronic reports and responses on your behalf, please check the responses that apply.

The provider or the provider's representative must print their name, sign their name, and date the form.