

WPS Electronic Data Services External Access Request Form

Secure-EDI Website (EDI Gateway)

Please complete the required portions of this Request Form to receive the necessary access for submission of Family Care/CLTS claim data via Secure-EDI Website.

Managed Care Organization (MCO) / Children’s Long-Term Support Waiver (CLTS)

**Spreadsheet Software: \*** **Date of Request:**

*(Check all applicable below)*

* Excel
* Open Office

**CLTS/MCO Provider Is Requesting Access to: \***

*(Check all applicable below)*

* CLTS
* Inclusa
* Lakeland Care, Inc (LCI)
* My Choice Wisconsin Family Care (MCFC)

(Note: Providers must be contracted with CLTS and/or the MCO(s) they are requesting access for before access is granted.)

### **EXTERNAL USER INFORMATION\***

|  |  |
| --- | --- |
| Business Name  |  |
| Street Address |  |
| City, State, ZIP |  |
| Contact Person |  |
| Email Address |  |
| Contact Phone |  |
| Tax ID Number |  |

**\*REQUIRED**

|  |  |
| --- | --- |
| **Please mail or email your completed agreement to:**  Mail: WPS Government Programs—Family Care/CLT  P.O. Box 8190 Madison, WI 53708 |  Email: FCWPS@wpsic.com |