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FACSIMILE TRANSMITTAL SHEET

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| TO:               | FROM:<br>Ivertex Enrollment Team             |
| COMPANY:          | E-MAIL ADDRESS:<br>ENROLLMENT@SOLACE-EMC.COM |
| FAX NUMBER:       | TOTAL NO. OF PAGES INCLUDING COVER:          |
| DATE:<br>5/7/2007 | SENDER'S PHONE NUMBER:<br>602-439-2525       |
| RE:<br>CA ADP     | SENDER'S FAX NUMBER:<br>602-439-0808         |

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URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

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NOTES/COMMENTS:

The following pages contain important information in regards to your EDI Enrollment for:

**CA ADP**

Included in this fax are the forms you need to complete in order to enroll in EDI. To obtain additional copies of the forms, please refer to the download link(s) provided in the Enrollment Instructions page.

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| Comments: |
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| <b>CA ADP</b> |
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**Enrollment Instructions**

Thank you for your interest in Electronic Data Interchange (EDI).

***Required Documents***

The following documents are **required** enrollment documents that must be completed, signed and returned to the ADP office prior to initiation of electronic claims submission or inquiry.

1. County/Direct Provider Approver Certification

To obtain the forms above, please download them from:  
[https://mhhitws.cahwnet.gov/docs/public/authforms\\_adp.asp](https://mhhitws.cahwnet.gov/docs/public/authforms_adp.asp)  
 (This link can only be opened using Internet Explorer)

If you have any questions regarding any of the documents in this package, please phone the ADP EDI Technology Support Center at (916) 654-3117.

***Required Information***

We recommend that you have the following information ready before filling out your forms:

| <b>Your Submitter Information</b>   | <b>Software Vendor Information</b>   |
|---|--|
| <ul style="list-style-type: none"> <li>• Name</li> </ul>                                      | <ul style="list-style-type: none"> <li>• Vendor Name – Ivertex</li> </ul>                        |
| <ul style="list-style-type: none"> <li>• Address</li> </ul>                                   | <ul style="list-style-type: none"> <li>• Contact – EDI Team</li> </ul>                           |
| <ul style="list-style-type: none"> <li>• Phone and Fax Numbers</li> </ul>                     | <ul style="list-style-type: none"> <li>• Vendor Code – n/a</li> </ul>                            |
| <ul style="list-style-type: none"> <li>• E-mail Address (if any)</li> </ul>                   | <ul style="list-style-type: none"> <li>• Phone – 602-439-2525</li> </ul>                         |
| <ul style="list-style-type: none"> <li>• Contact Name (if other than name above)</li> </ul>   | <ul style="list-style-type: none"> <li>• Fax – 602-439-0808</li> </ul>                           |
| <ul style="list-style-type: none"> <li>• Provider PIN numbers for this payer</li> </ul>       | <ul style="list-style-type: none"> <li>• Address – PO Box 86609<br/>Phoenix, AZ 85080</li> </ul> |
| <ul style="list-style-type: none"> <li>• Organization or Group PINs for this payer</li> </ul> | <ul style="list-style-type: none"> <li>• Software Name– SolAce EMC</li> </ul>                    |
|   | <ul style="list-style-type: none"> <li>• E-mail – Support@Ivertex.com</li> </ul>                 |

### ***Filling out your forms***

#### **County/ Direct Provider Approver Certification**

- Enter the name of your County
- Enter your Provider Name
- Enter the name(s) of the staff members in your office who will be authorized submitters for your ADP claims in the “Approver” sections.
- For Appointed Vendor(s) please enter the following:
  - Vendor Name: Ivertex
  - Vendor Contact Name: John Wiseman
  - Phone Number: 602-439-2525
- Place a check mark next to “Short-Doyle/Medi-Cal Claims – EOB

Complete the last paragraph with your County and Provider name and sign and date the Bottom.

### ***Submitting your forms***

It is recommended that you keep a copy of all the forms you will be submitting for your records.

The completed form should be faxed to the SDMC-Claims-EOB Administrator, ADP Fiscal Management and Accountability Branch, at **(916) 323-0653**.

It is very important that you complete and return the entire enrollment packet as described above. ***Incomplete packets will not be processed and will be returned to the submitter.***

***Also, it is very important that you contact Ivertex and let us know you are submitting a form to apply with ADP so we can also send Authorization to ADP to have you added as a submitter under SolAce.***

### ***Waiting for a response***

Once the complete provider enrollment packet has been received, the documents will be processed. Processing will take approximately two weeks from the date of receipt

After processing, a confirmation will be faxed to you as notification to begin filing claims electronically. If neither confirmation nor a returned packet is received after two weeks, contact the Technology Support Center toll-free at (916) 654-3117.

### ***Testing***

Once you have received your Submitter ID and password from ADP, please call the Ivertex Support Team and set an appointment for a Mailbox setup and Test Transmission to ADP.

Please have 25 test claims ready for testing. Test files should consist of a variety of claims that represent the type of claims you will be submitting once production status is achieved. Test claims will not be processed for payment but will be validated against production files; therefore, they must contain valid patient procedure, diagnosis, and provider information.