



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
DATE: 10/17/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: CA Medi-Cal	SENDER'S FAX NUMBER: 602-439-0808

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

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

CA Medi-Cal

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.

Comments:



CA Medi-Cal

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 Medi-Cal office prior to initiation of electronic claims submission or inquiry.

1. Medi-Cal Telecommunications Provider and Biller Application /Agreement
(You will find this under the Billing, Computer Media Claims (CMC) Forms Section)

To obtain the forms above, please download them from:

<http://files.medi-cal.ca.gov/pubsdoco/forms.asp>

If you have any questions regarding any of the documents in this package, please phone the Medi-Cal EDI Technology Support Center at (916) 636-1200 or 1-800-541-5555 option 11, option 16, and option 11.

Required Information

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

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

Filling out your form

Medi-Cal Telecommunications Provider and Biller Application /Agreement

Section 1: Provider Information

- Enter your Business/Practice or Provider Name
- Enter your Medi-Cal number
- You may skip the DBA line
- Enter your Business Address, Phone & Fax Numbers, and Business Email Address
- Enter the Name and Contact information for the main contact person for your office
- New applicants may leave the Submitter ID line blank

Section 1: Biller Information

If you are using a Billing Service please enter the Billing Services information here

Section 1.1: CMC Submission Type

- Select "Internet"

Section 1.1: Realtime Submission Type

- Select "Internet"

Section 1.1: Claim Type

- In the ANSI X 12 837 Version line write in: 4010A1.
- Choose the type of claims you will be submitting listed under the ANSI X...line
- Leave the "ANSI X 12 276/277 Version" and "ANSI X 12 278 Version" areas blank.

Section 9.0: Signature

- Please have the Provider complete the Provider Signature Section
- If you are using a Billing Service please have the Billing Service complete the Billing Service Signature section as well.

Submitting your forms

It is recommended that you keep a copy of all the forms you will be submitting for your records. Mail the enrollment forms reflecting **original** signatures to:

EDS Corporation
CMC Unit
P.O. Box 15508
Sacramento, CA 95852-1508

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.***

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. (Remember that mailing time can take as much as five days.)

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 Medi-Cal EDI Technology Support Center at (916) 636-1200 or 1-800-541-5555 option 11, option 16, and option 11.

Once you receive confirmation from Medi-Cal they will give you a number to call to set your password. Once you have your Submitter ID, Login ID, and Password you may start the Testing Process.

Testing

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

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.