



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: 11/10/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: CT Medicaid	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:

CT Medicaid

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:



CT Medicaid

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 CT Medicaid office prior to initiation of electronic claims submission or inquiry.

1. Trading Partner Agreement

To obtain the forms above, please download them from:

<https://www.ctdssmap.com/CTPortal/TradingPartner/EDI/tabid/58/Default.aspx>

If you have any questions regarding any of the documents in this package, please phone the CT Medicaid EDI Technology Support Center at 1-860-269-2028

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 forms

- Complete the first paragraph with your business name and today's date.
- In Article II, enter today's date
- In Article IV, select either 837 Institutional, 837 Professional, or both.
 - Enter the number of Providers that you will be billing for
 - Enter your estimate claim volume per month
 - Enter how frequently you plan to submit claims (for ex: daily, bi-weekly, once a week, several times in one day, etc....)
- For the second set of transaction choices please select 997 and 835 (835 is for electronic remittance advices)
- In Article VII, complete this section with the names of the providers that you will be billing for and their current EDS user Ids.
- In Article VIII, Complete all of the Trading Partner sections with your information.

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
Attn: EDI Unit
PO Box 2991
Hartford, CT 06104

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 Technology Support Center at 860-269-2028.

Testing

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

Please have 20 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.