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**FEDSIMILE TRANSMITTAL SHEET**

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TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
DATE: 9/18/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: FL Medicaid	SENDER'S FAX NUMBER: 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:

## FL 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:



**FL 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 EDS office prior to initiation of electronic claims submission or inquiry.

1. Electronic Data Interchange Agreement

To obtain the forms above, please download them from:

- [http://portal.flmmis.com/FLPublic/Provider\\_EDI/Provider\\_EDI\\_RegistrationForms/tabId/64/Default.aspx](http://portal.flmmis.com/FLPublic/Provider_EDI/Provider_EDI_RegistrationForms/tabId/64/Default.aspx)
- Scroll to the bottom and click on the EDI Agreement link

If you have any questions regarding any of the documents in this package, please phone the EDI Technology Support Center at 1-866-586-0961 option 4.

***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>
• Name	• Vendor Name – Ivertex
• Address	• Contact – EDI Team
• Phone and Fax Numbers	• Vendor Code – 64103
• E-mail Address (if any)	• Phone – 602-439-2525
• Contact Name (if other than name above)	• Fax – 602-439-0808
• Provider PIN numbers for this payer	• Address – PO Box 86609 Phoenix, AZ 85080
• Organization or Group PINs for this payer	• Software Name– SolAce EMC
	• E-mail – Support@Ivertex.com

## *Filling out your forms*

### Electronic Data Interchange Agreement

#### Header

- Enter your Business/Practice or Provider Name
- Complete your demographic and contact information
- If you are a provider using SolAce to bill your claims directly to Medicaid, choose Provider.
  - If you are a Billing Service, choose Billing Agent/Clearinghouse
  - NOTE: Billing Services, once you receive your ID from Medicaid, you must have each of the providers you are billing for also complete a copy of this form and state they are a “Provider”

#### Section 1

- Providers using SolAce to bill directly can choose the second option and enter 64103
  - Providers using a billing service must choose the third option and enter the billing services assigned Trading Partner ID on the line.
- For transactions sets please choose either 837I or 837P and 835
- For method of submission please select “Web Portal/Software Vendor”
  - Providers using a Billing Service can skip this section since their Billing Service already has a logon to the web portal.

#### Section 2

Billing Services must complete this section. Provider’s billing directly using SolAce may skip this section.

#### Section 3

Providers using SolAce and Billing Services using SolAce must complete this section.

### ***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 Provider Enrollment  
PO Box 7070  
Tallahassee, FL 32314-7070

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 toll-free at 1-866-586-0961 option 4.

### ***Testing***

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

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.