



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: 5/7/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: GA Medicaid: ACS	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:

GA Medicaid: ACS

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:



GA Medicaid: ACS

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 ACS office prior to initiation of electronic claims submission or inquiry.

1. EDI Provider Enrollment Form
2. EDI Trading Partner Agreement
3. EDI Submitter Enrollment Form (This is to be filled out by Billing Services ONLY)

To obtain the forms above, please download them from:

https://www.ghp.georgia.gov/wps/portal/!ut/p/kcxml/04_Sj9SPyKssy0xPLMnMz0vM0Y_QjzKLN4o3swTJmMUbxBub6keiijjCBXw98nNT9YP0vfUD9AtyQyPKHR0VARPypm4!/delta/base64xml/L0IDU0IKQ1RPN29na21DU1Evb0tvUUFBSVFnakZJQUFRaENFSVFqR0VKemdBIS80SkZpQ28wZWgxaWNvbIFWR2hkLXNJYnpROSEhLzdfMF9QMS80NA!!?PC_7_0_PI_WPSLINKTYPE=internal#7_0_PI

If you have any questions regarding any of the documents in this package, please phone the ACS EDI Technology Support Center at 1-800-987-6715.

Required Information

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

Your Submitter Information	Software Vendor Information
• Name	• Vendor Name – Ivertex
• Address	• Contact – EDI Team
• Phone and Fax Numbers	• Vendor ID – 104713
• 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

EDI Provider Enrollment Form

Section 1

- Select “Individual Provider” or “Group Provider”

Section 2

- Please select “Vendor Software”

Section 3

- Please enter your Business, Practice, or Provider name
- Enter your address
- Enter your Telephone & Fax number
- Enter your Medicaid Provider number or your Medicaid Group number
- Enter your Payee number which is your Medicaid number
- Enter your Tax ID
- Enter your Email address

Section 4

- Enter the Name of the main contact person for your office
- Enter your facility address
- Enter the name of the second contact person for your office
- Enter your facility address

Section 5

- Enter the Software Vendor information provided above.
- For Contact person please enter EDI Department and for Title enter “Support”
- For Software Version enter 2.3
- You may leave the Protocol blank

Section 6

- You may skip this section

Section 7

- You may skip this section

Section 8

- You may skip this section

Section 9

- If you are submitting claims for more than one provider please list the names of the providers here and enter their Medicaid ID # under Provider ID and Payee ID.

Trading Partner Agreement

- Please complete the last page of this agreement

ACS EDI Submitter Enrollment Form (This is for Billing Services ONLY)

Section 1- Please select “Billing Agent”

Section 2 - Select “ Asynchronous – I will submit using a vendor-supplied software”

Section 3 - Complete your Business information

Section 4 - You may skip this section

Section 5 – Please enter the names of the primary and secondary contact person for your office.

Section 6 – Enter the Ivertex Software Vendor information provided above.

Section 7 & 8 – Please skip this section

Section 9 – Please select “Yes” if the provider you are submitting for has authorized you to receive their EOBs electronically in SolAce. Then select “X12N 835” under the **Web Portal Batch submitter** section.

NOTE: Billing Services must also complete the **Trading Partner Agreement** Form

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:

Attn: ACS RMO
EDI Enrollment Unit
PO BOX 4000
McRae, GA 31055

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 ACS EDI Technology Support Center at 1-800-987-6715.

Testing

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

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.