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**FACSIMILE 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: 9/19/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: ID Medicare Part B: Cigna	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:

## ID Medicare Part B: Cigna

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:



**ID Medicare Part B: Cigna**

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

1. Electronic Data Interchange (EDI) Enrollment Form
2. Medicare Part B EDI Customer Profile

To obtain the forms above, please download them from:

<http://www.cgsmedicare.com/partb/index.html#>

If you have any questions regarding any of the documents in this package, please phone the Cigna EDI Technology Support Center at 1-866-520-4022.

***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 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*

### **Electronic Data Interchange (EDI) Enrollment Form**

Please Sign Section C of this form and fill in your Provider or Business information at the bottom.

### **Medicare Part B EDI Customer Profile**

Please fill in the following sections of this form:

- Section 1 – Please mark one of the following options that apply. If you are a new applicant, place a check mark on “Start Billing Electronically”
- Section 2 – Enter your provider or business information. New applicants may leave the ‘Submitter #’ field blank.
- Section 3 – Enter your PTAN and NPI numbers
- Section 4 – Please fill in the following:
  - Claim Format – ANSI 5010
  - Connect Using – Stratus
  - Software – Please select “Vendor’s Software”
- Section 5 – If you will be using a Billing Service or a Clearinghouse, please fill in the information requested in the “Billing Service” or “Clearinghouse” column. Under the “**Software Vendor**” column, please fill in the Vendor information provided to you above for Ivertex.
- Section 6 – If you would like to receive Electronic EOBs, mark the box for “Please assign me a Stratus mailbox number for ERN download”
  - Eligibility section blank. (We do not support this report at this time)
- Section 7 – Please skip this section
- Section 8 – Please 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:

CIGNA Medicare  
ATTN: EDI Department  
PO Box 690  
Nashville, TN 37202

Fax: 615-782-4653

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 1-866-520-4022.

### ***Testing***

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

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.