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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: 6/25/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: Illinois 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:

## Illinois Medicaid

Included in this fax are the instructions you need to follow to complete your enrollment for the payers EDI system. To obtain additional copies of the forms, please refer to the download link(s) provided in the Enrollment Instructions page.

Comments:



**Illinois Medicaid**

**Enrollment Instructions**

Thank you for your interest in Electronic Data Interchange (EDI).

- To enroll for a submitter ID with Illinois Medicaid please follow the instructions below.
  - Go to <http://www.myhfs.illinois.gov>
  - On the right hand side there is a “New Users’ section.
  - Click on the link that says “Getting Started” and follow the instructions on the next page. At the bottom of that page is a link for a “MEDI training page” which will give you access to a power point type of show called a “viewlet” to help you register.
  - If you need assistance please contact Scott Mauck at 217-524-7125 from Illinois Medicaid.

***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 – n/a
• 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

***Testing***

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