



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: 7/26/2010	SENDER'S PHONE NUMBER: 602-439-2525
RE: IN 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:

IN 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:



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

1. IHP Trading Partner Profile (must be completed online)
2. IHP Trading Partner Agreement (must be printed and mailed in)

To obtain the forms above, please download them from:

[http://provider.indianamedicaid.com/general-provider-services/electronic-data-interchange-\(edi\)-solutions.aspx](http://provider.indianamedicaid.com/general-provider-services/electronic-data-interchange-(edi)-solutions.aspx)

If you have any questions regarding any of the documents in this package, please phone the Medicaid EDI Technology Support Center at 1-877-877-5182.

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

IHCP Trading Partner Profile

For Providers

Please go to http://www.indianamedicaid.com/ihcp/TradingPartner/EDI_index.asp and click on the link for the IHCP Trading Partner Profile. This is an online form that you will need to complete.

Section 1

- Choose Provider or Billing Service
- Complete your Trading Partner information

Section 2

- Select 2 password reset questions and fill in your answers for the questions

Section 3

- There is no need for you to press the Companion Guides Button
- Fill in your Medicaid Provider Number
- New Applicants may skip the Sender ID box

Section 4

- Place a check mark on either the 837I (for Institutional Claims) or the 837P (for Professional Claims) option
 - If you are using SolAce to send your claims please mark the box for Software Vendor and enter "Ivertex" for Company Name

Section 5

- Please skip all the options in this section

Section 6

- Place a check mark on 835 (for Electronic EOBs) and enter "Ivertex" as your Software Vendor company's name.

Press Submit and complete the IHP Trading Partner Agreement

For Billing Services

Please follow the same instructions above and apply the changes below for the following sections:

Section 3 – New applicants may leave the Sender ID box blank

Section 4 – Choose 837P or 837I and place a check mark for Secure FTP

Section 6 – If the providers you are billing for would like for you to receive their EOBs electronically on their behalf then place a check mark on the 835 option and choose Secure FTP underneath it.

Press Submit and complete the IHP Trading Partner Agreement

IHCP Trading Partner Agreement

Complete the last page of this agreement and mail it to the address below.

Submitting your forms

It is recommended that you keep a copy of all the forms you will be submitting for your records. Mail the **IHP Trading Partner Agreement** reflecting **original** signatures to:

EDS
Trading Partner Profile
950 N. Meridian, 10th Floor
Indianapolis, IN 46204

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 1-877-877-5182.

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 to Medicaid.

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.