



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: 9/11/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: IA Medicaid: Noridian	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:

IA Medicaid: Noridian

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:



IA Medicaid: Noridian

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

Billing Services Only have to complete the Vendor Questionnaire Form from this link <http://www.edissweb.com/med/forms/blanket.html> in order to receive a Trading Partner ID from Noridian.

Providers doing direct billing and **Providers using a billing service** must complete the forms below:

1. Noridian Administrative Services, LLC (NAS) EDI Enrollment Form
2. 837P, Professional Claims Form or 837I Institutional Claims Form
3. 835, Remittance Request Form

To obtain the forms above, please download them from:
<https://www.noridianmedicare.com/edi/forms/enrollment.html>

If you have any questions regarding any of the documents in this package, please phone the Noridian EDI Technology Support Center at 1-800-967-7902

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"> • Business/Provider Name 	<ul style="list-style-type: none"> • Vendor Name – Ivertex (#SV00016)
<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"> • 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

Vendor Questionnaire Form – For Billing Services ONLY

Section 1 – Intentions

- Please select “This is a new form....”

Section 2 – Organization Information

- Please select Billing Service

Section 3

- Please select your desired LOB and state under either Institutional or Professional Transactions.

Section 4 & 5 – Headquarters and Branch Office

- Please enter your business information in this section.

Sections 6-9

Please select the following options:

- Billing Product Name: SolAce EMC by Ivertex
- Claim Format: Please check ANSI 4010A1
- Please check the box for ANSI 4010A1 for ERAs.
- Please select “Client transmission to us the billing service; we then transmit to EDISS”

Sections 10-18

Please answer the questions according to your experience with EDISS

- For question 17, please select NO for the claims status inquiry feature
- For question 18, please select YES for the ERA feature.
- If you have any questions on how to answer this section you may contact Noridian at 1-800-967-7902.

For Providers

Electronic Data Interchange (EDI) Enrollment Form

Please complete Section C of this form.

4010A1 (837P) Professional or (837I) Institutional Claim Registration

Provider Information

1: Enter today's date and click on the box to select that “This is a new registration....”

2: Enter today's date

#3: Enter your Tax ID

4: Enter your Medicaid Billing NPI #.

Facility Information

5: Fill in your facility information and enter the name of the main contact person for your office.

Vendor Information

6a: For the PC-ACE Pro32 question please answer “No”.

6b: Please fill in the Software Vendor Information provided above for Ivertex.

6c: If you are using a Billing Service please enter the information for the Billing Service Company you are using.

- If you are a provider using SolAce to bill your claims directly please skip this section.

7: If you would like to receive your EOBs electronically in SolAce please answer, “Yes” to this question and complete the 835, Remittance Request Form.

8: For Method of Electronic Access please choose:

- Dial-Up
- Zmodem

Original Signature

9: Please complete this section.

4010A1 (835) Health Care Claim Payment/Advice Registration

Please complete this form after you have received your Submitter ID from Noridian.

Provider Information

1: Enter today's date and click on the box to select that "This is a new registration...."

2: Enter your Tax ID

3: Enter your Submitter ID

Facility Information

4: Fill in your facility information and enter the name of the main contact person for your office.

5: For Method of Electronic Access please choose:

- Dial-Up
- Zmodem

6: Please choose "Provider" in this section and enter your Provider or Business Name.

- If you are using a Billing Service, select "Billing Service" and enter the Billing Service's name.

#7: Please fill in the appropriate NPIs

Original Signature

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:

EDI Support Services
PO Box 9319
Fargo, ND 58106-9319

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 to three 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 1-800-967-7902.

Testing

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

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.