



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: KS Medicaid: EDS	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:

KS Medicaid: EDS

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:



KS Medicaid: EDS

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

1. Kansas MMIS Electronic Data Interchange Application

To obtain the forms above, please download them from:

<https://www.kmap-state-ks.us/Documents/EDI/KSEDIAP.pdf>

If you have any questions regarding any of the documents in this package, please phone the EDS EDI Technology Support Center at 1-800-933-6593 option 3.

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

Section 1

- Select Provider and enter your Medicaid PIN number
 - If you are a Billing Service, select “Billing Agent”
- Enter your Business/Practice or Provider Name
- Complete your demographic information
- Enter the name of the main contact person for your office and his/her contact number.
- Enter your e-mail address

Section 2

- Please mark “Other” and write SolAce EMC as the software name

Section 3

- Select “Internet File Transfer”

Section 4

- In this section you may choose the following:
 - 837 Professional (HCFA 1500 billing)
 - 837 Institutional (UB92 billing)
 - 835 Remittance

Signature Section

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:

EDS-EDI Department
3600 SW Topeka Blvd., Suite 204
Topeka KS, 66611

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 1-800-933-6593 option 3.

Testing

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

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.