



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: KY 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:

KY 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:



KY Medicaid

Enrollment Instructions

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

Required Information

We recommend that you have the following information ready before filling out your forms:

Your Submitter Information	Software Vendor Information
• 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 – 15610 N. 35 th St. Suite 11 Phoenix, AZ 85053
• Organization or Group PINs for this payer	• Software Name– SolAce EMC
	• E-mail – Support@Ivertex.com

Trading Partner Approval Prerequisite

- *If you are a provider,*
 - Ensure that you have completed a Kentucky Medicaid Provider Application (form MAP-811) and have been approved.
 - <https://provider.kymmis.com/xjRegManage/helpFiles/map811.pdf>
 - Ensure that you have completed an Electronic Agreement (form MAP-380) and received approval status.
 - <https://provider.kymmis.com/xjRegManage/helpFiles/MAP-380-AgreementElectronicMediaAddendum.pdf>

- *If you are a billing agency,*
 - Ensure you have completed a Electronic Agreement (form MAP-246) for an existing approved Medicaid provider, and
 - [https://provider.kymmis.com/xjRegManage/helpFiles/MAP246\(04-91\).pdf](https://provider.kymmis.com/xjRegManage/helpFiles/MAP246(04-91).pdf)
 - Ensure that the Medicaid provider for which the Electronic Agreement was filed is accompanied by an approved Electronic Agreement (form MAP-380) from the provider.
 - <https://provider.kymmis.com/xjRegManage/helpFiles/MAP-380-AgreementElectronicMediaAddendum.pdf>

Once you have confirmed that the above prerequisites have been completed, you may enroll for your Trading Partner ID for KY Medicaid by doing 1 of 2 things:

- Go to http://provider.kymmis.com/welcome_home.jsp and click on the link that says New Trading Partner Registration to register online.
- Call the EDI Technical Support Help Desk to register for a new Trading Partner ID. The EDI Support Help Desk is staffed Monday through Friday, 7:30 a.m. to 6:00 p.m. EST at (800) 205-4696.

If you have elected to enroll via their website, the following are instructions on how to complete the web form:

- Organization Name (required): Enter your organization's name.
- Address 1 (required): Enter the first line of your organization's address.
 - Address 2 (optional): Enter the second line of your organization's address, if needed.
 - City (required): Enter the city in which your organization is located.
 - State (required): Select the state in which your organization is located. Use your keyboard to quickly select the appropriate entry from a drop-down box by typing the first letter of the selection you desire (i.e., 'N' for 'Nebraska'). Use the up and down arrow keys to navigate the list from the current selection.
 - Zip Code (required): Enter the zip code of your organization's location.
- Contact Information - The contact is the person within your organization who will be interacting with this web site. The email address specified in this section is the email address to which all communications regarding Trading Partner Registration status will be sent.
 - First Name (required): Enter the contact's first name.
 - Middle Name (optional): Enter the contact's middle name.
 - Last Name (required): Enter the contact's last name.
 - Email (required): Enter the contact's electronic mail address. Communications regarding Trading Partner Registration status will be sent to this email address.
 - Telephone (required): Enter the contact's telephone number (nnn-xxx-nxxx).
 - Extension (optional): Enter the contact's telephone extension, if applicable.
- Enter a Logon Name - The logon name is the username that will be used to log into the secure portion of this web site. Once your application is approved, you will have the opportunity to assign the password associated with this logon name. Please make a note of the logon name you select as it will be needed to associate a password.
 - Logon Name (required): Enter the username that will be used to log into the secure portion of this web site. The logon name specified must be between 4 and 15 alphanumeric characters.

Waiting for a response

After processing, a confirmation will be faxed to you as notification to begin filing claims electronically. If you don't receive a confirmation after two weeks, contact the Technology Support Center toll-free at (800) 205-4696.

Testing

Once you have received your Submitter ID and password 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.