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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: 5/7/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: KY Medicare Part B: Adminastar	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:

## KY Medicare Part B: Adminastar

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 Medicare Part B: Adminastar**

**Enrollment Instructions**

***Required Documents***

The following documents are **required** enrollment documents that must be completed, signed and returned to the Adminastar office prior to initiation of electronic claims submission or inquiry.

1. Medicare Part B Registration Package for New EDI Submitters

To obtain the forms above, please download them from:

<http://www.adminastar.com/Providers/EDI/Carrier/Agreements/Agreements.html>

If you have any questions regarding any of the documents in this package, please phone the Adminastar EDI Technology Support Center at 1-877-273-4334.

***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>
<ul style="list-style-type: none"> <li>• Name</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Name – Ivertex</li> </ul>
<ul style="list-style-type: none"> <li>• Address</li> </ul>	<ul style="list-style-type: none"> <li>• Contact – EDI Team</li> </ul>
<ul style="list-style-type: none"> <li>• Phone and Fax Numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Code – N/A</li> </ul>
<ul style="list-style-type: none"> <li>• E-mail Address (if any)</li> </ul>	<ul style="list-style-type: none"> <li>• Phone – 602-439-2525</li> </ul>
<ul style="list-style-type: none"> <li>• Contact Name (if other than name above)</li> </ul>	<ul style="list-style-type: none"> <li>• Fax – 602-439-0808</li> </ul>
<ul style="list-style-type: none"> <li>• Provider PIN numbers for this payer</li> </ul>	<ul style="list-style-type: none"> <li>• Address – PO Box 86609 Phoenix, AZ 85080</li> </ul>
<ul style="list-style-type: none"> <li>• Organization or Group PINs for this payer</li> </ul>	<ul style="list-style-type: none"> <li>• Software Name– SolAce EMC</li> </ul>
	<ul style="list-style-type: none"> <li>• E-mail – Support@Ivertex.com</li> </ul>

## ***Filling out your forms***

### **EDI Registration Form**

#### Section 1: Customer Information

- Providers- Please select “Provider”
- Billing Services- Please select “Billing Service”
- Enter your Business/Practice or Provider Name
- Enter your address, phone, & fax numbers
- Enter the name of the contact person for your office
- Enter your primary E-mail address

#### Section 2: Claims Software Vendor Information

- Please enter the Software Vendor information provided above.

#### Section 3: Security Information

- Please sign and date this section

#### Section 4: State selection

- Please select the State you will be billing for

#### Section 5: Sender ID information

Please select the following:

- ANSI Version 4010A1 837 Production Claims
- ANSI Version 4010A1 837 Test Claims
- ERA 835 4010A1 (This is so you can receive electronic EOBs in SolAce)

#### Section 6: Remittance Advice ONLY

- Please DO NOT check this box

#### Section 7: Transmission/Retrieval Method

- For transmission/retrieval method please select the following”
  - Z modem Zipped

#### Section 8: Delimiters

Please enter the following:

- Element Separator: \*
- Component: :
- Segment: ~

### **EDI Enrollment Form**

Please complete Section C of this form and the “Submitter Information” at the bottom. New applicants may leave the “Sender ID #” blank.

### **Addendum to EDI Enrollment Form**

If you are billing for 2 or more providers please read and complete this form.

## **Request for Electronic Remittance Advice (ERA)**

### Section 1: Sender ID information

- New applicants may leave the Sender ID blank
- Enter your Business/Practice or Provider name
- Enter your facility information

### Section 2: Provider/Group Information

- Please enter the names of each provider and their PIN #'s
- If this is for a Group Practice, please enter your Group PIN #.

### Section 3: Mode

- Please select "Production"

### Section 4: Security Information

- Please sign and date this section

## **Electronic Funds Transfer (EFT) Request Form**

Please skip this section (pages 8-10).

### ***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:

AdminaStar Federal  
Attn: EDI Unit  
P.O. Box 34490  
Louisville, KY 40232-4490

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 Adminastar EDI Technology Support Center at 1-877-273-4334.

### ***Mailbox Setup***

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