



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: LA 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:

LA 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:



LA 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. EDI General Companion Guide
 - Page 34 and 35
 - If you are using a Billing Service please also print page 36
 - If you would like to receive your EOBs electronically please print out pages 37 and 38

To obtain the forms above, please download them from:
<http://www.lamedicaid.com/provweb1/HIPAABilling/HIPAAindex.htm>

If you have any questions regarding any of the documents in this package, please phone the Medicaid EDI Technology Support Center at (225) 216-6000, option #2

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 – PO Box 86609 Phoenix, AZ 85080
• Organization or Group PINs for this payer	• Software Name– SolAce EMC
	• E-mail – Support@Ivertex.com

Filling out your forms

Provider's Election to Employ Electronic Media Submission...

- Please enter your Medicaid Provider Number
- New applicants may leave the Submitter Number blank
- Enter your Business/Practice or Provider Name
- For Submission Medium, choose Telecommunications
- If you are using SolAce to submit your claims directly to Medicaid please enter your Business/Practice or Provider Name.
 - If you are using a Billing Agency, please enter the billing agency's name.
- Complete number 14 of this form

Medicaid Electronic Media Limited Power of Attorney

This form is only to be filled out by providers using a Billing Service.

- Enter your Medicaid Provider Number
- New applicants may leave the Submitter Number blank
- Enter your Business/Practice or Provider Name
- Enter the Billing Services Name
- The rest of the information on this form should be completed by the Notary Public

Provider Electronic Remittance Advice

- Enter your Medicaid Provider Number
- New applicants may leave the Submitter Number blank
- Enter your Business/Practice or Provider Name
- Enter your Facility Address
- Enter the name of the entity that will receive your EOB.
 - If self, write in your Business/Practice or Provider Name
 - If a billing agency, please write the Billing Agency's Name
- Sign and Date the bottom of the form

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:

Provider Enrollment
PO Box 80159
Baton Rouge, LA 70898-0159.

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 (225) 216-6000, option #2

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.