



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: 8/17/2010	SENDER'S PHONE NUMBER: 602-439-2525
RE: J12 Medicare: HGSA	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:

J12 Medicare: HGSA

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:



J12 Medicare: HGSA

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

1. HGSA EDI Agreement Form (8275)
2. HGSA EDI Setup Requirements Form (8276)
3. HGSA ERA Enrollment Form (8262)
- 4.

To obtain the forms above, please download them from:

<https://www.highmarkmedicareseervices.com/edi/enrollment/forms-a-b.html>

If you have any questions regarding any of the documents in this package, please phone the HGSA EDI Technology Support Center at 1-866-488-0546.

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

Electronic Data Interchange (EDI) Agreement Form

Please read this document and complete the signature section at the bottom.

NOTE: If you are requesting approval for multiple Provider Identification Numbers, a separate EDI Form must be completed for each provider number/practice. If you are billing under a Group Provider Identification Number, only one EDI Form should be completed using the Group Provider Identification Number. The number reported must match the number on file at Medicare for the Group, Physician, or Supplier Name listed on the form.

Electronic Data Interchange (EDI) Setup Requirements

Header: Select your Line of Business and State

Section A: Enter your Business/Practice or Provider Name

Section B: Enter your address

Section C-F: Enter the name of the Contact person for your office, your contact numbers and e-mail address

Section G: Enter your Medicare PIN# and NPI number

Section H & I: Please choose the following:

- Assign this provider a new electronic billing submitter number
- Hayes/Z-Modem

Section J: Enter the Software Vendor information for SolAce provided on the table above.

- If you are submitting directly from your office you may leave the Billing Service and Clearinghouse sections blank.
- If you are using a Billing Service please enter the Billing Services information

Section K: Please complete this section.

NOTE: Please read the note in section L carefully.

Electronic Remittance Advice (ERA) Enrollment Form

Section A-E: Enter your Business/Practice or Provider Name. Enter your Address, the name of the Contact person for your office and your phone number.

Section F: Select your Line of Business and State

Section G: Enter your NPI and Provider number. If you are a new submitter you may leave the Submitter ID blank, otherwise please fill in your assigned Submitter ID for electronic billing.

Section H: Please read this section

Section I-J: Please complete this section.

NOTE: A separate EDI Form must be completed for each provider number/practice. If you are billing under a Group Provider Identification Number, only one EDI Form should be completed using the Group Provider Identification Number

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:

Highmark Medicare Services Inc.
Attention: EDI
PO Box 890011
Camp Hill, PA 17089-0011

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 HGSA EDI Technology Support Center at 1-866-488-0546.

Testing

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

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.