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**FACSIMILE TRANSMITTAL SHEET**

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TO:	FROM: <b>Ivertex Enrollment Team</b>
COMPANY:	E-MAIL ADDRESS: <b>ENROLLMENT@SOLACE-EMC.COM</b>
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
DATE: <b>9/11/2008</b>	SENDER'S PHONE NUMBER: <b>602-439-2525</b>
RE: <b>MD Medicaid: DHMH</b>	SENDER'S FAX NUMBER: <b>602-439-0808</b>

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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:

**MD Medicaid: DHMH**

Comments:
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## MD Medicaid: DHMH

### Enrollment Instructions

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

#### ***Requirements***

The following procedure has been established for electronic HIPAA Claims submission:  
(Link for instructions: <http://www.dhmh.state.md.us/hipaa/testinstruct.html> )

A provider who would like to submit claims electronically must successfully complete two phases of testing.

1. Phase 1 testing is through the EDIFECS Commerce Desk.
2. Phase 2 testing is through the Maryland Medicaid Electronic Exchange (MMEE) Portal. This phase will be processed through the MMIS-II test region.

#### ***Phase 1 - EDIFECS Commerce Desk***

New applicants must submit an e-mail to [HIPAAEDITEST@DHMH.STATE.MD.US](mailto:HIPAAEDITEST@DHMH.STATE.MD.US) to request enrollment information.

Your e-mail must include the following information:

- Company Name
- Company Telephone Number with extension (if applicable)
- Company Fax Number
- Contact First Name and Last Name
- Contact Email Address
- Company Address, City, State & Zip Code
- Company Category: (e.g.: Clearing House, Software Vendor, Healthcare Provider, HMO, Hospital, MCO, Medicare, Pharmacy)
- Transactions Types to be tested: 837-I, 837-P, 837-D or 835 remittances
  - 837-I: Institutional Claims
  - 837-P: Professional Claims
  - 837-D: Dental Claims
  - 835: Electronic EOB

NOTE: As of right now, SolAce only supports: 837-I, 837-P, and 835

Once your e-mail is processed, an enrollment notification containing a URL, User Login ID, User Password and Login Instructions for **Commerce Desk** will be sent to you via e-mail.

### Commerce Desk

There are 5 tasks you must complete on **Commerce Desk** before moving on to Phase 2.

1. *Initial TP Set-Up and Verification* - when completed you must mark this task as completed
2. *Download DHMH Companion Guide* - when completed you must mark this task as completed.  
NOTE: We have already downloaded this guide. Please just mark this task as “Completed”
3. *837 EDI Test File Validation* - you will create an actual test file to be processed by Commerce Desk. Commerce Desk will notify you if your transmission was successful or if there were any errors received.  
**IMPORTANT:** For this step, please contact the Ivertex Support team for assistance.
4. *Program Completion Acknowledgement* - you will receive an acknowledgement from EDIFECS of your successful completion of Phase 1 testing. An email will also be sent To Maryland Medicaid indicating your successful test transmission.
5. *Download DHMH Trading Partner EDI Enrollment Form* - this form must be submitted to the e-mail address on the form. All relevant fields must be completed. This form will initiate the beginning of Phase 2 testing.

**Upon receipt of your EDI Enrollment Form you will be enrolled for Phase 2 testing. You will be given a Login, Password, URL and connectivity Instructions for Maryland Medicaid Electronic Exchange (MMEE) Portal**

### 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

## ***Phase 2 - Maryland Medicaid Electronic Exchange (MMEE) Portal***

This section will begin Phase 2 Testing of your MD Medicaid electronic claims submissions.

### **MMEE Portal**

1. Submission of files through MMEE will be processed through the MMIS II test region. All test results will be reported back to you via email.

It is your responsibility to check the messages returned to you by Medicaid concerning your file submissions. You will always receive a 997 return transaction for every batch you submit in your SolAce Inbox. This transaction will provide valuable information concerning the file you just submitted.

NOTE: If you receive a rejected 997 it means your batch was never processed.

If you have enrolled to receive the 835 Electronic EOBs, one will be available for you once your test file has been processed. You should utilize this report to determine which claims have been paid and confirm if there were any errors encountered. You will find this report in SolAce's File/Manager/Batch Editor screen under the Remittance Advice tab.

NOTE: Adjustment reason error codes are reported on the 835 transaction report. An explanation of these error codes may be found at the following website: <http://www.wpc-edi.com/content/view/162/205>

2. Cut-off time for processing of test files received is at 12:30 p.m. daily. Files received after that time will be processed the next business day. Results as indicated above are reported via email and are normally completed within 3 business days.
3. Production Migration Steps:
  - a. **Pre-Production Status:** An e-mail will be sent to you indicating that the organization has received *Pre-Production* status for your claims.
  - b. **Production Notification:** An e-mail will be sent to you indicating that Medicaid is ready to accept your claims in *Production Mode*. You must respond to this e-mail to indicate that you are ready to submit production claims. At this time you will also need to confirm your ISA/GS information, and if applicable, the provider numbers to be returned via the 835 transaction report. (If you need help identifying your ISA/GS information, you may call Ivertex support at 602-439-2525)
  - c. **Effective Date:** Upon receipt of your response to the production notification, an e-mail will be sent to you letting you know what date you can begin submitting your production claims and when you will start receiving your EOBs electronically.

### ***Assistance***

- Questions for phase 2 testing can be directed to the following email address:  
[HIPAAEDITEST@DHMH.STATE.MD.US](mailto:HIPAAEDITEST@DHMH.STATE.MD.US)
- Questions concerning production files are to be directed to the following email address:  
[EDIOPS@DHMH.STATE.MD.US](mailto:EDIOPS@DHMH.STATE.MD.US)
- Questions concerning error codes received from submission are to be directed to the following units responsible for the specific transaction types:
  - 837-Institutional Submission: Problem Resolution Unit @ 410-767-5457
  - 837-Dental & Professional Submission: Provider Relations Unit @ 410-767-5503
  - For questions on enrollment: New Applicants: 410-767-5340, Existing Submitters: 410-767-5863