



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: 2/3/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: MN Medicare Part B: WPS	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:

MN Medicare Part B: WPS

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:



MN Medicare Part B: WPS

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

1. Medicare Submitter Profile
2. WPS Provider Agreement
3. Medicare Enrollment Form
4. ERA-Medicare: Input Sheet (To receive electronic EOBs please complete this form)

To obtain forms #1 - #3 above, please download them from:

http://www.wpsic.com/edi/get_started.shtml

To obtain form #4 above, please download it from:

https://www.wpsic.com/edi/pdf/edi_ern_medb.pdf

If you have any questions regarding any of the documents in this package, please phone the WPS EDI Technology Support Center at 877-567-7261.

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

Provider Agreement

- Please complete the first section with your business information
- Please leave the Billing Service /Clearinghouse section blank

For EDI Submission option, please choose “Direct filing via WPS Bulletin Board System...” and enter “SolAce by Ivertex” as your Vendor.

For method of transmission please choose “WPS Bulletin Board System”

Please sign the last page of this document

EDI Enrollment Form

Please complete section C of this document and choose Part B Legacy for Line of Business.

WPS Electronic Data Services Submitter Profile

Section 1: EDI Submitter Data

- Enter your Business/Practice name and Address
- Enter your Tax ID #
- Enter your Medicare PIN # and NPI #
- Enter the name of the main contact person for your office and E-mail address
- New applicants may leave the EDI Submitter Number and EDI Password blank.
- Enter your Phone and Fax numbers

Section 2: EDI Line of Business Data

- Please circle all of the Line of Businesses you will be billing for

Section 3: Medicare Remit Easy Print

- Please select “No”

Section 4: Submitter Software Information

- Please fill in the Software Vendor Information provided above

Input Sheet for ERA Providers Electronic Data Services

Section 1: Vendor Information

- Please enter the Software Vendor Information provided above

Section 2: ERA Information

- For “I will be using Medicare Ease Print Software”, please answer “No”
- New Submitters may leave the Submitter ID blank
- Please enter your Medicare PIN #
- Enter your Business/Practice or Provider name
- Enter your Address and the name and number of the main contact person for your office
- Please complete the bottom portion of this 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:

WPS Medicare EDI
912 N. Pentecost Drive
Marion, IL 62959

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 at 877-567-7261.

Testing

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

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.