



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: MN Medicaid: DHS	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 Medicaid: DHS

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 Medicaid:DHS

Enrollment Instructions for Billing Services

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

1. MHCP Clearinghouse or Billing Intermediary Enrollment Form
2. Update Form for Clearinghouses and Billing Intermediaries
3. Electronic Remittance Advice Request Form

To obtain the forms above, please download them from:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&Redirected=true&dDocName=id_017533

If you have any questions regarding any of the documents in this package, please phone the DHS EDI Technology Support Center at 651-431-2700 or 1-800-366-5411, option 5.

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

Enrollment Application for Billing Organizations Serving MHCP “Pay to” Providers

Section 1

- Please select “Billing Intermediary”

Section 2

- Enter your Business Name and Demographic information

Section 3

- The main billing contact for your office should complete this section

Enrollment Application for Billing Organizations Serving MHCP “Pay to” Providers

Section 1

- Please complete the Billing Intermediary section on the right side with your information

Section 2

- Check the box for “List who you bill for”

Section 3

- Complete this section and state the necessary information for the providers you bill for.
 - For “Begin Date” enter the date you started billing for the said provider

Electronic Remittance Advice Request Form

If you would like to receive the Electronic EOBs for your provider please have each provider that you bill for sign one of this form.

Section 1

- Enter your provider’s information and the main contact for his or her office

Section 2

- Enter your business information and the main contact for your office

Section 3

- Please mark the ADD “835X12” option and enter today’s date

Section 4

- Have your provider complete this section

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:

Minnesota Department of Human Services
Provider Enrollment
PO Box 64987
Saint Paul, MN 55164-0987

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. **Once you receive this letter, you must call the MHCP Provider Call Center at (651) 431-2700 or (800) 366-5411 (option 6) and ask to Register for the MN-ITS website. The representative should give you a login ID and temporary password for MN-ITS.**

If neither confirmation nor a returned packet is received after two weeks, contact the DHS EDI Technology Support Center at 651-431-2700 or 1-800-366-5411, option 5.

Testing

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

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.