



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: MS Medicare Part A: Trispan	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:

MS Medicare Part A: Trispan

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:



MS Medicare Part A: Trispan

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

1. EDI-110A CMS Standard EDI Enrollment
2. EDI-410A EDI 835/837 Transaction Request (this is a form that you have to complete online via the link below)
3. EDI-411A EDI 276/997 Transaction Request (this is a form that you have to complete online via the link below)
4. EDI-210A Provider Authorization (this form should only be completed by providers using a Billing Service. This is also an online form that must be completed via the link below)

To obtain the forms above, please download them from:
http://www.trispan.com/electronic_media_claims.htm#EDI%20Forms

If you have any questions regarding any of the documents in this package, please phone the Trispan EDI Technology Support Center at 1-877-635-7596 ext. 4995.

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 8508053
• Organization or Group PINs for this payer	• Software Name– SolAce EMC
	• E-mail – Support@Ivertex.com

Filling out your forms

CMS EDI Enrollment Form (EDI-110A)

- Section C
 - Please enter your Business/Practice or Provider Name
 - Enter your Office Name
 - Enter the Medicare Part A Provider Numbers for whom you will be billing.
 - Please complete the signature section at the bottom.

EDI 835/837 Transaction Request

(This form is to be completed online)

- Select “HIPAA 4010A1 Production”
- Enter the name of the person submitting this request. Either the Dr.’s name or the Biller’s name.
- Enter the name of your Business or Practice
- For Requestor’s company select “Provider” (If you are a billing service, please select “Billing Service”)
- Enter your phone or fax number
- Enter your email address
- Enter the Provider’s name for whom you will be billing and his/her Medicare A Provider number.
- For submitter/receiver of data select “Provider” (If you are a billing service, please select “Billing Service”)
 - If a billing service will be submitting the claims please complete section below for entity name, address, and fax number.
- For HIPAA Transaction please select both options for 835 and 837
- New applicants may leave the Submitter ID blank
- For the software vendor name please enter “Ivertex”
- Print the form on your letterhead by clicking the “Print” button below (make sure you have your letterhead paper in the printer)
- Sign and Date the form.

EDI 276/997 Transaction Request

(This form is to be completed online)

- Enter the name of the person submitting this request. Either the Dr.’s name or the Biller’s name.
- Enter the name of your Business or Practice
- For Requestor’s company select “Provider” (If you are a billing service, please select “Billing Service”)
- Enter your phone or fax number
- Enter your email address
- Enter the Provider’s name for whom you will be billing and his/her Medicare A Provider number.
- For submitter/receiver of data select “Provider” (If you are a billing service, please select “Billing Service”)
 - If a billing service will be submitting the claims please complete section below for entity name, address, and fax number.
- For HIPAA Transaction please select the 997 Functional Acknowledgement option.
- New applicants may leave the Submitter ID blank
- For the software vendor name please enter “Ivertex”
- Print the form on your letterhead by clicking the “Print” button below (make sure you have your letterhead paper in the printer)
- Sign and Date the form.

Provider Authorization Form

This form is to only be completed by **providers** using a billing service.
(This form is to be completed online)

- Enter your Business/Practice or Provider Name
- Enter the name of the main contact person for your office
- Enter your Medicare Number (PIN)
- Enter your phone and fax number
- Enter you email address
- Enter the name of the Billing Service who will be submitting claims on your behalf
- For “Operating as” select Billing Agent
- In the EDI Section please mark the following
 - EMC
 - ERA (if you want your billing service to receive your EOBs electronically)
- Print this form on your letterhead
- Sign and Date 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 **CMS EDI Enrollment Form (EDI-110A)** forms reflecting **original** signatures to:

Attn: EDI Support
Mail Stop AZ1MC3
TriSpan Health Service, Inc.
PO Box 23046
Jackson, MS 39225-3046

Please submit the **EDI-210A Provider Authorization, EDI-410A EDI 835/837 Transaction Request, and EDI-411A EDI 276/997 Transaction Request** by faxing them to 601-939-5362

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 1-877-635-7596 ext. 4995.

Testing

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

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.