



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: 12/17/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: NC Medicare Part A: Palmetto	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:

NC Medicare Part A: Palmetto

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:



NC Medicare Part A: Palmetto

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

1. Palmetto GBA EDI Enrollment Packet

To obtain the forms above, please download them from:

<http://www.palmettogba.com/palmetto/providers.nsf/docsCat/Providers~Part A Intermediary~EDI~Enrollment?open&expand=1>

- On the following page just download the .pdf file named EDI_Enroll_Palm_Pack.pdf

If you have any questions regarding any of the documents in this package, please phone the Palmetto EDI Technology Support Center at 1-877-567-9249.

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 – 1388NC
• 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

Filling out your forms

NC Medicare Part A EDI Enrollment Packet

You will only need to complete the following forms from the EDI Enrollment Packet:

Electronic Data Interchange Application (EDI Application)

Section 1:

- Choose your Line of Business
- Please check “Apply for New Submitter ID”

Section 2:

- New Applicants please leave the Submitter blank and enter today’s date
- Enter your Provider number in the PPTN ID line and your DDE Id if you have one
- Enter your Business/Practice or Provider Name
- Choose either Billing Service or Provider for “Type of Submitter”
 - If you are a Billing Service then select Billing Service
- Enter the name of the main contact person for your office
- Enter your phone and fax numbers
- Enter your mailing address
- Enter your e-mail address

Section 3:

- For Claim Submission choose GPNET Asynchronous
- For Report Electronic Remittance Retrieval choose GPNET Asynchronous
- For Response Format select File
- For Name of Software Vendor fill in Ivertex and Vendor Security ID 1388NC
- Leave the online inquiry connectivity vendor blank

Section 4:

- Enter the information for the providers that you will be billing for
- In the box for Enrollment Attached choose “Yes” (You must have each of your providers complete an EDI Enrollment Agreement Form & a Provider Authorization Form. You will find these forms in this packet following the Interchange Application)
- Mark the boxes for ‘Submit Claims’, ‘Receive Reports’, and ‘Receive Electronic Remittances’

Medicare Electronic Data Interchange Enrollment Agreement

Each provider must complete Section C. of this form and enter his/her Medicare Provider number.

Provider Authorization Form

Have your Providers complete this form.

- Select Electronic Claims Submissions, Electronic Remittance, and Electronic Response Reports

Addendum to Electronic Remittance Enrollment for Billing Services...

If you are a Billing Service you must have each of the providers using your service complete and submit this form in order for you to receive their electronic EOBs in SolAce.

Please disregard the following forms:

- Software Order Forms
- Online Inquiry Services Forms
- Connectivity Order 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:

**Palmetto GBA EDI
EDI Operations, AG-420
PO Box 100145
Columbia SC 29202-3145**

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 Palmetto EDI Technology Support Center at 1-877-567-9249.

Testing

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

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.