



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: PA Medicaid: OMAP	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:

PA Medicaid: OMAP

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:



PA Medicaid: OMAP

Enrollment Instructions

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

To apply for a submitter ID and password for OMAP please go to:
<http://promise.dpw.state.pa.us/ePROM/ProviderSoftware/softwareDownloadMain.asp>

- Scroll Down to the very bottom and click on the link that says: “PROMISE Transaction Certification Registration Form”.

If you have any questions regarding any of the documents in this package, please phone the OMAP EDI Technology Support Center at 1-800-248-2152.

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

Filling out your forms

Section 1

- Select your Organization Type
- Your claims will “NOT” be submitted through a Billing Service or Clearinghouse

Section 2

- Enter your TAX ID, UPIN, and PA Medicaid Provider Number
- Complete your Business information (Name, Address, etc...)
- Enter the name of the main contact person for your office and his/her contact info

Section 3

- Please select “Yes” on one of the following
 - 837/835 Institutional – for UB92 billings
 - 837/835 Professional – for HCFA 1500 billings

Section 4

- For Software Information – Primary, select “Purchased Software”
- Enter our Vendor information provided on page 2 of this document.
- For Contact First and Last Name you may enter “John Wiseman”
- You may skip the boxes below for the 270/271 and NCPDP Terminal IDs
- Skip the Software – Secondary Section
- Please skip the section for “Software Vendors Only”

Section 5

- Enter today’s date as the date you would be ready to begin your certification
- Select the method you would like OMAP to use when sending you your certification information.
- For the medium for test and production select “BBS”
- To receive results please also select “BBS”
- Press Submit

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.

After processing, a confirmation will be sent 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 1-800-248-2152.

Testing

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

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.