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FACSIMILE TRANSMITTAL SHEET

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TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 19
DATE: 5/9/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: RR Medicare Part B: Palmetto GBA	SENDER'S FAX NUMBER: 602-439-0808

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URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

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NOTES/COMMENTS:

The following pages contain important information in regards to your EDI Enrollment for:

## RR Medicare Part B: Palmetto GBA

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:



**RR Medicare Part B: Palmetto GBA**

**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 GBA office prior to initiation of electronic claims submission or inquiry.

1. EDI Application Form
2. Medicare Electronic Data Interchange Enrollment Agreement
3. Provider Authorization Form (For Billing Services Only)

To obtain the forms above, please download them from:

[http://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI\\_Enroll\\_RR\\_Pack.pdf/\\$File/EDI\\_Enroll\\_RR\\_Pack.pdf](http://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI_Enroll_RR_Pack.pdf/$File/EDI_Enroll_RR_Pack.pdf)

If you have any questions regarding any of the documents in this package, please phone the Palmetto GBA EDI Technology Support Center at 1-866-749-4301.

***Required Information***

We recommend that you have the following information ready before filling out your forms:

<b>Your Submitter Information</b>	<b>Software Vendor Information</b>
<ul style="list-style-type: none"> <li>• Name</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Name – Ivertex</li> </ul>
<ul style="list-style-type: none"> <li>• Address</li> </ul>	<ul style="list-style-type: none"> <li>• Contact – EDI Team</li> </ul>
<ul style="list-style-type: none"> <li>• Phone and Fax Numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Code – VR1158</li> </ul>
<ul style="list-style-type: none"> <li>• E-mail Address (if any)</li> </ul>	<ul style="list-style-type: none"> <li>• Phone – 602-439-2525</li> </ul>
<ul style="list-style-type: none"> <li>• Contact Name (if other than name above)</li> </ul>	<ul style="list-style-type: none"> <li>• Fax – 602-439-0808</li> </ul>
<ul style="list-style-type: none"> <li>• Provider PIN numbers for this payer</li> </ul>	<ul style="list-style-type: none"> <li>• Address – PO Box 86609 Phoenix, AZ 85080</li> </ul>
<ul style="list-style-type: none"> <li>• Organization or Group PINs for this payer</li> </ul>	<ul style="list-style-type: none"> <li>• Software Name– SolAce EMC</li> </ul>
	<ul style="list-style-type: none"> <li>• E-mail – Support@Ivertex.com</li> </ul>

## *Filling out your forms*

### **Railroad Medicare EDI Information Application**

- In the Header please select the following:
  - Apply for New Submitter ID
  
- In the section that follows please enter the following:
  - Today's date
  - Your name or Business name in the Submitter Name line
    - New applicants may leave the Submitter and ERN ID's blank
  
  - For Type of Submitter choose either Billing Service or Provider
  - Enter the name of the contact person for your office and your demographic information
  
- For the communications section, enter the following:
  - Claim Submission mode will be GPNet Asynchronous
  - For Report/Electronic Remittance Mode: choose GPNet Asynchronous
  - For Request Response Format: choose File
  - For Data Compression: choose PKZIP
  - For name of Software Vendor, enter "Ivertex" and Vendor ID VR1158
  - If you are a provider submitting for yourself, enter your information in the "Provider for whom submitter will be transmitting" section and check the "Yes" box for "Enrolment Attached?". Also check the boxes for "Submit Claims, Receive Electronic Remittances, and Receive Reports"
  - If you are a Billing Service, please enter the name of the provider that you will be billing for and check the "Yes" box for "Enrolment Attached?". Also check the boxes for "Submit Claims, Receive Electronic Remittances (if you are to receive your providers EOBs), and Receive Reports"
    - Each of the providers you bill for must complete the Railroad Medicare Provider Authorization Form to authorize your Billing Service to bill their claims electronically on their behalf using the Submitter ID/Name that you are applying for.
    - You must fill out one of these forms for each of your providers

### **Medicare Electronic Data Interchange Enrollment Agreement**

Please fill in the following section in this form:

#### **Providers**

1. Please complete Section C of this form

#### **Billing Services**

2. All of the providers that you will be submitting for must fill out one of these forms
3. Billing Services do not need to fill out this form.

**The Railroad Medicare Provider Authorization Form is only for Providers using a Billing Service.**

**Please skip the Railroad Medicare EDI Software 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 Operations  
PO Box 10066  
Augusta, GA 30999-0001

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 1-866-749-4301.

### ***Testing***

Once you have received your Submitter ID and password from Palmetto GBA, 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.