



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: 10/29/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: VT Medicaid	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:

VT Medicaid

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:



VT Medicaid

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 VT Medicaid office prior to initiation of electronic claims submission or inquiry.

1. EDI Registration
2. Trading Partner Agreement

To obtain the forms above, please download them from:

<http://www.vtmedicaid.com/Downloads/tools.html>

If you have any questions regarding any of the documents in this package, please phone the VT Medicaid EDI Technology Support Center at 1-802-857-2936.

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

Trading Partner Agreement

- In the first paragraph, enter your business name on the blank line provided.
- On section 2.2 for the Trading Partner section, enter your business information.
- On section 6.1 for “Mode of Claim Submission” select “Data Transmission via Vermont Medicaid Portal”
 - Enter the numbers of providers that you will bill for and your estimated claim volume per month and how many times you think you will bill per week (for example enter “ 10x/wk”)
- On Article VII, provide the contact information of the main contact person for your office
- Sign the Trading Partner section under the Agreement Execution section

EDI Registration

- Part 1a
 - Enter your Business or Provider name, demographic information, and contact information.
- Part 1b
 - Select “Utilizing a Certified Vendor” and enter “Solace software by Ivertex” as the Product name.
- Transactions
 - Select 837 Professional or 837 Institutional, 835 Remittance, 997 Functional Acknowledgement, and Claim Accept/Reject Report
- Part 2
 - New applicants may leave the Trading Partner ID box blank
 - Enter the information requested on the table for the providers that you will be billing for.
 - Select either 837P or 837I, 997, Claim Accept/Reject Report, and 835 (for electronic EOBs)

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:

EDS
Attn: EDI Coordinator
PO Box 888
Williston, VT 05495-0888

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 at 1-802-857-2936.

Testing

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

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.