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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:
DATE: 5/9/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: WA Medicaid: ACS for Billing Services	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:

## WA Medicaid: ACS for Billing Services

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:



**WA Medicaid: ACS for Billing Services**

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

1. EDI Submitter Enrollment Form
2. EDI Trading Partner Agreement

To obtain the forms above, please download them from:

[http://www.acs-gcro.com/Medicaid\\_Accounts/Washington\\_State\\_Medicaid/Enrollment/enrollment.htm](http://www.acs-gcro.com/Medicaid_Accounts/Washington_State_Medicaid/Enrollment/enrollment.htm)

If you have any questions regarding any of the documents in this package, please phone the ACS EDI Technology Support Center at 1-800-833-2051.

***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 Trading Part. ID – 104713</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***

### **EDI Submitter Enrollment Form**

#### Section 1

- Choose Billing Agent

#### Section 2

- Choose “Asynchronous”

#### Section 3

- Complete your Demographic Information

#### Section 4

- New applicants may leave this section blank

#### Section 5

- Please skip this section

#### Section 6

- Enter your Contact information

#### Section 7a

- Please skip this section

#### Section 7b

- Please choose the following:
  - X12N 837P
  - X12N 837I

#### Section 7c

- Please skip this section

#### Section 7d

- Please choose X12N 835

#### Section 7e and 7f

- Please skip these sections

#### Section 8

- Please enter the following symbols in the boxes provided on the form
  - Element Delimiter = \*
  - Segment Delimiter = ~
  - Sub-Element Delimiter = :

#### Section 9

- Please choose the following:
  - X12N 997
  - X12N 824
  - X12N 835
  - X12N 277

### **Provider ACS EDI Gateway Authorization Form For Billing Agents/Clearinghouses**

Each provider that you will be submitting for must complete this form to give your billing agency authorization to send claims on their behalf.

## **EDI Trading Partner Agreement**

Please complete page 3 of this document with your name and signature.

### ***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:

ACS EDI Gateway, Inc.  
PO Box 4936  
Helena, MT 59604

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 ACS EDI Technology Support Center at 1-800-833-2051.

### ***Testing***

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

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.