



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

WA Medicaid: ACS for Providers

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 Providers

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 Provider Enrollment Form
2. Authorization Form
3. 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

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:

Your Submitter Information	Software Vendor Information
<ul style="list-style-type: none"> • Name 	<ul style="list-style-type: none"> • Vendor Name – Ivertex
<ul style="list-style-type: none"> • Address 	<ul style="list-style-type: none"> • Contact – EDI Team
<ul style="list-style-type: none"> • Phone and Fax Numbers 	<ul style="list-style-type: none"> • Vendor Trading Part. ID – 104713
<ul style="list-style-type: none"> • E-mail Address (if any) 	<ul style="list-style-type: none"> • Phone – 602-439-2525
<ul style="list-style-type: none"> • Contact Name (if other than name above) 	<ul style="list-style-type: none"> • Fax – 602-439-0808
<ul style="list-style-type: none"> • Provider PIN numbers for this payer 	<ul style="list-style-type: none"> • Address – Address – PO Box 86609 Phoenix, AZ 85080
<ul style="list-style-type: none"> • Organization or Group PINs for this payer 	<ul style="list-style-type: none"> • Software Name– SolAce EMC
	<ul style="list-style-type: none"> • E-mail – Support@Ivertex.com

Filling out your forms

EDI Submitter Enrollment Form

Section 1

- Mark off part A and choose “I have software that has been approved by ACS.”
- Mark off part B and choose “We wish to download our 835 Transactions”

Section 2

- Complete your provider information.
 - You may leave the comment section blank

Section 3

- Complete your contact information

Section 4

- Enter any additional contact information that you may have

Section 5

- Enter the Names and Medicaid Numbers of the providers you will be billing for

Software Vendor Information

Please complete the software vendor information provided on the first page of this instruction sheet.

- For Software Version write in 3.0
- For Protocol please write in Zmodem

Provider ACS EDI Gateway Authorization Form For Billing Agents/Clearinghouses

Each provider using a billing service must complete this form to give the billing agency authorization to send his or her claims.

- Complete Section A with the provider information
- Complete Section B
- Choose the following transactions
 - 835 –healthcare Claims Payment Advice
- Please sign and date the bottom

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.