



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: 9/10/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: OH/ WV Medicare Part B: Palmetto GBA	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:

OH/WV 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:



OH/WV 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. OH WV Part B EDI Enrollment Pack

To obtain the forms above, please download them from:

<http://www.palmettogba.com/palmetto/Providers.nsf/231458fb0eb2cebd852574b100549ae3/76ee2d25a6053c7e852574bb00778a70?OpenDocument>

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:

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 Code – N/A
<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 – 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 Application Form

Header: Select Apply for New Submitter ID.

Section 1:

- If you already have a Submitter ID please enter it, otherwise leave it blank
- Enter your Provider, Group Practice or Organization name
- Providers using SolAce should select “Provider” for submitter type. Billing Services must choose “Billing Service”
- Enter your contact and demographic information

Section 2

- Choose the following options:
 - Claim Submission and Report/Electronic Remittance Mode of Communication select “GPNNet Asynchronous”
 - Report Response format select “File”
 - Data Compression select “PKZIP”
 - Name of Software Vendor enter “Ivertex”

Section 3

- Enter the names, provider numbers, and NPIs of the providers you will be billing for
- Select “Submit Claims”, “Receiver Electronic Remittances”, and “Receive Reports” for each provider entry.
- For Enrollment Attached please select “yes”.
 - All providers, including providers using a billing service, must complete section C of the EDI Enrollment Agreement form.
 - Billing Services must also complete section C of the EDI Enrollment Agreement form and leave the Medicare Provider Number line blank.

EDI Enrollment Agreement

Please complete Section C of this document.

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
Medicare Part B EDI
PO Box 182934
Columbus Ohio 43218-2934

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 Palmetto GBA EDI Technology Support Center 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 GBA.

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.