



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: 10/14/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: Delaware 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:

Delaware 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:



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

1. ECS Agreement

To obtain the forms above, please download them from:

<http://www.dmap.state.de.us/downloads/software.html>

If you have any questions regarding any of the documents in this package, please phone the Delaware Medicaid EDI Technology Support Center at 1-800-999-3371.

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

Electronic Claim Submission Trading Partner Agreement

Type of Authorization

- New applicants please choose “New”

Section 1

- Please enter your Provider or Business name, NPI, Contact, and Demographic Information
- Under #10, enter the Ivertex Vendor information in the Authorized Vendor section. Our information is provided on page 2 of this document.
- Under #11, under the section for Providers Submitting/Receiving Directly, enter your billing NPI for: 837 Institutional or 837 Professional and 835 ERA (for Electronic EOBs)
- Under #12, enter the provider name, NPI, and taxonomy code for the providers you will be billing for.
- Under #13, enter your office contact person’s name, phone number and email address
- Please have your Provider and Biller complete the signature sections

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
ECS Dept
PO Box 909
Manor Branch
New Castle, DE 19720-0909
Attn: Donette

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 1-800-999-3371.

Testing

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