



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: 4/9/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: J14 Medicare: NHIC	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:

J14 Medicare: NHIC

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:



J14 Medicare: NHIC

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 TrailBlazer office prior to initiation of electronic claims submission or inquiry.

1. EDI Enrollment Form
2. EDI Profile Form
3. Provider Submitter Agreement (Only for Billing Services and the Providers they will bill for)
4. Electronic Remittance Advice (ERA) Enrollment Form/Information

To obtain the forms above, please download them from:
http://www.medicarenhic.com/ne_prov/edi_enroll.shtml

NOTE: When you first go into the link above an agreement screen will appear, please select “Accept”. If it navigates you back to your original web page just enter the link again.

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

EDI Profile Form:

Section 1: Provider Office Practice Information

- Fill in all of the demographic information for your business

Section 2: Submitter Information

- Select “New Enrollment”
- Providers using SolAce, please choose “Provider”. Billing Services using SolAce, please choose Billing Agent.
- File Transfer Transmission Type, choose “ Modem”
- Enter your demographic information as the submitter.

Section 3: Software Information

- Please fill in the software vendor information provided above for Ivertex.
 - Operating System- Please fill in your PC’s operating system (i.e. Windows 2000, Windows XP, etc..)

Section 4: Electronic Remittance ONLY

- Select Compressed (Zipped)
- Please sign the signature line for the ERA

Medicare- National Heritage Insurance Company, Electronic Data Interchange (EDI) Enrollment Form:

Please complete Section C: Signature

- Please fill in the following information:
 - Provider/Business- Name of the provider requesting a new submitter ID
 - Address- Physical address of the providers office where services are rendered
 - Signature-Provider’s original signature
 - Title- Title of the person signing this document if other than the provider
 - Submitter Name- Name of the provider requesting a new submitter ID
 - Submitter ID#- If you are a new applicant you may SKIP this.
 - Software Vendor- Ivertex
 - Vendor Phone Number- 602-439-2525
 - Provider # and NPI #- Medicare billing provider number

Medicare Part B, Electronic Data Interchange-Provider/Submitter Agreement

Note to Billing Services using SolAce: Once you receive your Submitter ID from NHIC, each of your providers must complete one of these forms, which authorizes you to do their billing on their behalf.

Section 1: Contact Information

- Fill in the provider name and contact information
- Enter your Billing Service Name and Assigned NHIC Submitter ID.

Section 2: Remittance Agreement

- Please sign if provider would like to have the Billing Agency receive their EOBs.

Electronic Remittance Advice (ERA) Enrollment Form (For Providers NOT using a Billing Service)

Section 1: Submitter Information

- Fill in the provider submitter name
- If you are a new applicant enter “not yet assigned”

Section 2: Provider Numbers

- Fill in the provider’s information on the table provided

Section 3: Request Remittance

- Select Compressed (Zipped) Files

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 the NHIC office that processes your Medicare Claims:

NHIC, Corp.- New England
Attn: EDI Department
PO Box 9104
Hingham, MA 02044-9104

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. You can also call the NHIC Helpdesk at 1-877-386-1056.

Testing

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

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.