



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: 6/26/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: MS Medicaid: ACS	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:

MS Medicaid: ACS

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:



MS Medicaid: ACS

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. Submitter Enrollment Form (For Billing Services ONLY)
2. EDI Provider Agreement and Enrollment Form

To obtain the forms above, please download them from:

http://www.acs-gcro.com/Medicaid_Accounts/Mississippi_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 1-866-225-2502.

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 – 104713
• 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

Mississippi EDI Submitter Enrollment Form

This form is for Billing Services Only. Billing Services, please complete this form, then have the providers that you are billing for complete the **EDI Provider Agreement Form** to Authorize you as their Billing Agent.

(Providers who are not using a Billing Service, please go to the next page and complete the **EDI Provider Agreement Form**)

Header - At the top of page 8, please select Billing Agent

Section 1 – Submitter Information

- Enter your Business name
- Complete your demographic and contact information

Section 2 – Submitter/Trading Partner ID Number

- New applicants may leave this blank

Section 3 – Contact Information

- Please complete your contact information

Section 4 – Transactions

- Please choose either X12N 837P for CMS-1500 claims or X12N 837I for UB04 claims.

Section 5 – Submission Method

- Please select “Async”

Section 6 – You may skip this section

Section 7 – Electronic Response and Report Retrieval

- Please select “Yes” you will be retrieving your reports electronically
- Please skip section 7a.
- For section 7b. Please select “I am a Billing Agent...”
 - New applicants may leave the Submitter Id boxes blank
- Under Reports/Responses Available please mark the following:
 - 997, 835, 824

Section 8 – Provider List

- Please list the names and IDs of the providers that you will be billing for.

Please complete the “Submitter” section on the bottom of page 4 of 4.

Please complete section “h” and the last page of the **Division of Medicaid Submitter Agreement**

EDI Provider Agreement and Enrollment Form

Section 1 – Application Type

- Please select “New Submitter”
 - If you are a provider using a Billing Service, please select “Billing Agent/Clearinghouse Authorization”

Section 2 – Provider Information

- Please enter you Provider or Group Practice name
- Please complete your demographic and contact information
- Please enter your TAX ID and Email Address

Section 3 – Submitter/Trading Partner ID Number

- New applicants may leave this section blank

Section 4 – Individual Contact Information

- Please complete you contact information

Section 5 – Submission Method

- Please select “Vendor Software”
- If you are a provider using a Billing Service, please select “ I plan to use a Billing Agent...”

Section 6 – Software Vendor Information

- Please enter the following
 - Name: Ivertex Internet Solutions
 - Contact Name: EDI Support Team
 - Contact Title: Support
 - Telephone: 602-439-2525, Fax: 602-439-0808
 - Email Address: Support@ivertex.com
 - Vendor ACS ID: 104713

Section 7 – Please skip this section.

Section 8 – If you are a provider using a Billing Agent, please have your Billing Agent complete this section.

Sections 9-12 – Please skip these sections

Section 13 – Electronic Response and Report Retrieval for Provider

- Please select “Yes” you will be retrieving your reports electronically
- Please mark the following:
 - 997, 835, 824

Section 14 – If you are a provider using a Billing Agent, please have your billing agent complete this section and choose the options provided above in Section 13.

Section 15 – Please skip this section

Please complete the signature and submitter sections on the rest of the documents.

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:

Mississippi Medicaid Program
Provider Enrollment
P.O. Box 23078
Jackson, Mississippi 39225

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 1-866-225-2502.

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.