



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: 5/7/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: NY Medicare Part B: Upstate	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:

NY Medicare Part B: Upstate

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:



NY Medicare Part B: Upstate Medicare

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 Upstate Medicare office prior to initiation of electronic claims submission or inquiry.

1. Letter of Intent
2. Electronic Data Interchange (EDI) Enrollment Form
3. Electronic Remittance Advice (ERA) Form
4. Addition of Provider to Billing Service (For Billing Services Only)

To obtain forms 1-3 above, please download them from:

<http://www.umd.nycpic.com/emcforms.html>

Download form #4 from <http://www.umd.nycpic.com/emcaddofprovider.html>

If you have any questions regarding any of the documents in this package, please phone the Upstate Medicare EDI Technology Support Center at 1-866-528-8097.

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

Letter of Intent

Section 1:

- Please enter your Business/Practice or Provider Name
- Enter your Address & Phone number
- Enter the name of the main contact person for your office
- Enter your County and Office Hours
- Enter your billing Medicare PIN number

Section 2:

- List the name of the providers for whom you will be submitting and their Medicare PINs.

Section 3:

- Enter the Software Vendor Information provided above
- For effective date please enter today's date.

Section 4:

- If you are using a Billing Service please enter the Billing Service information here. Otherwise, skip this section.

Section 5:

- If you are using a Clearinghouse please enter the Billing Service information here. Otherwise, skip this section.

Section 6:

- Please sign this section

Electronic Data Interchange (EDI) Enrollment Form

Please sign section C of this form.

Electronic Remittance Advice

To receive your EOBs electronically in SolAce please complete this form.

Section 1:

- Please enter your Business/Practice or Provider Name
- Enter your Address & Phone number
- Enter the name of the main contact person for your office
- Enter your County and Office Hours
- Enter your billing Medicare PIN number

Section 2:

- Enter the Software Vendor Information provided above
- New submitters may leave the Submitter ID blank.

Section 3:

- If you are using a Billing Service please enter the Billing Service information here. Otherwise, skip this section.

Section 4:

- Please check the ANSI 40.10A1

Section 5:

- Please sign this section.

Addition of Provider to Billing Service

This form is only for Providers joining a Billing Service.

Section 1:

- Please enter your Business/Practice or Provider Name
- Enter your Address & Phone number
- Enter the name of the main contact person for your office
- Enter your County and Office Hours
- Enter your billing Medicare PIN number

Section 2:

- Please enter the Billing Service's information here

Section 3:

- Please sign this section

Note to Billing Services: Each of your providers must fill out an EDI Enrollment Form and an Addition of Provider to Billing Service Form. If you have any questions about filling out your forms please call 1-866-528-8097.

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:

ATTN: Electronic Data Interchange (EDI) Services Department
Upstate Medicare Division - Part B
P.O. Box 5208
Binghamton, NY 13902-5208

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 Upstate Medicare EDI Technology Support Center at 1-866-528-8097.

Testing

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

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.