



---

---

FACSIMILE TRANSMITTAL SHEET

---

---

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 17
DATE: 8/11/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: NC Medicaid: DHHS	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:

## NC Medicaid: DHHS

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:



**NC Medicaid: DHHS**

**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 DHHS office prior to initiation of electronic claims submission or inquiry.

1. Trading Partner Agreement
2. Electronic Claims Submission (ECS) Agreement
  - Choose Group if you are an Organization or Group Practice and Individual if you are a Solo Practice

To obtain the forms above, please download them from:

- For form # 1: <http://www.ncdhhs.gov/dma/hipaa/tpa.pdf>
- For form # 2: <http://www.dhhs.state.nc.us/dma/forms.html#prov>

If you have any questions regarding any of the documents in this package, please phone the DHHS EDI Technology Support Center at 1-800-688-6696.

***Required Information***

We recommend that you have the following information ready before filling out your forms:

<b>Your Submitter Information</b>	<b>Software Vendor Information</b>
• Name	• Vendor Name – Ivertex
• Address	• Contact – EDI Team
• Phone and Fax Numbers	• Vendor Code – 9070
• 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***

### **Trading Partner Agreement**

Enter your name as the trading partner and leave the log on id blank.

Software Name: Solace EMC

Vendor Name: Ivertex

Contact Person: Regina Brooks 602-439-2525

### General

Section 1: Please enter today's date

Section 1A-4: Please enter your facility address and information for the main contact person for your office.

Section 8: Please sign both lines

### Appendix A: Transaction Sets

Section 1: Please choose the following:

- For UB04 Claims-Institutional Claim: ASC X12N 837 004010X096A1 - Health Care Claim: Institutional
- For CMS 1500- Professional Claim: ASC X12N 837 004010X098A1 - Health Care Claim: Professional
- Health Care Payment and Remittance Advice:.....(To receive your EOBs electronically)
- Transmission Receipt Verification ASC X12 997 004010

Sign both lines at the bottom

### Appendix B: EDS Communications and Contact Information

Section 1: Please choose the following

- Asynchronous Communication

### **ECS Agreement**

Before you begin filling out this form, please call the DHHS EDI Technology Support Center at 1-800-688-6696, Option 1, & Option 1 again and confirm if you already have an ECS Agreement on file. Please have your provider number ready. If you already have an ECS Agreement on file with DHHS, you do not need to fill out this form.

Please complete Page 5 and on of this form.

## ***Submitting your forms***

It is recommended that you keep a copy of all the forms you will be submitting for your records

Mail the Trading Partner Packet to:

HP Enterprise Services  
2610 Wycliff Road, Suite 401  
Raleigh, NC 27607  
Attention: ECS Department-TPA

Mail the ECS Agreement to:

CSC EVC Center  
PO Box 300020  
Raleigh, NC 27622-8020

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 DHHS EDI Technology Support Center at 1-800-688-6696.

There will be no need to send Test claims. Once you are set up to send claims they will be going straight to production for payment.