



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: 2/6/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: PR Medicare Part A: COSVI	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:

PR Medicare Part A: COSVI

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:



PR Medicare Part A: COSVI

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

1. EDI Agreement
2. Addendum to EDI Agreement (For Billing Services Only)
3. Remittance Advice ERA (For Billing Services Only)

To obtain the forms above, please download them from:

<http://www.cosvimedicare.com/products.asp?cat=90&hierarchy=0>

If you have any questions regarding any of the documents in this package, please phone the COSVI EDI Technology Support Center at 1-787-758-9733 ext 2582

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

EDI Enrollment Form

- Please complete the last page of this document

Addendum to the EDI Enrollment Form (For Billing Services Only)

- Enter the name of the Hospital that you will be billing for and its Medicare Number in all of the sections labeled “Hospital Name and Number”
- Please enter your billing company’s information under all of the “Clearinghouse” sections.

ERA Form

If you would like to receive your EOBs electronically in SolAce please send in this form once you receive your Submitter ID from Medicare A: COSVI

Section 1

- Enter your Medicare Part A Submitter ID.

Section 2

- Select “New ERA Setup”

Section 3

- Complete the Hospital’s or Provider’s information

Section 4

- Skip this section about the Communications Software and PCPrint

Section 5

- Leave all of the boxes blank for the ANSI 4010 A1

Section 6

- Select “Puerto Rico”

Section 7

- Enter the names of the Hospitals and Providers that you wish to receive and ERA for

Please have your Provider or Hospital Personnel sign the bottom of this document.

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:

Please send the **EDI Forms** to:

Cooperativa De Seguros De Vida De Puerto Rico
PO Box 363428
San Juan, Puerto Rico 00936-3428
Attn: Medicare Divison, William Ortiz

Please send **the Request for Medicare Part A ERA** form to:

AdminaStar Federal
Attn: EDI Unit
PO Box 34490
Louisville, KY 40232-4490

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 1-787-758-9733 ext 2582

Testing

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

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.