



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: 6/25/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: Medicare Part A: Cahaba GBA	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:

Medicare Part A: Cahaba GBA

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:



Medicare Part A: Cahaba GBA

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 Cahaba GBA office prior to initiation of electronic claims submission or inquiry.

1. EDI Services Enrollment Application
2. EDI Services System Access Request

To obtain the forms above, please download them from:
https://www.cahabagba.com/part_a/forms_materials.htm#edia

If you have any questions regarding any of the documents in this package, please phone the Cahaba GBA EDI Technology Support Center at 1-866-582-3253

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 V3
	<ul style="list-style-type: none"> • E-mail – Support@Ivertex.com

Filling out your forms

Header

- Please select if you are an Iowa or Alabama submitter
- Select if you are a Provider using SolAce or if you are a Billing Service using SolAce

Section 1

- Enter your Medicare PIN number
- Enter your NPI number
- Enter your Facility Name, demographic, and contact information.

Section 2

- Select “Yes”, you will be transmitting claims files to Cahaba directly
- Select “Yes”, you will be using software from a vendor
- Please enter Ivertex’s vendor information which you can retrieve from the bottom of page 2 above.
- Select “No”, you will not be using PC-Ace Pro32
- Select “No”, you will not be using a billing service or clearinghouse to submit your claims on your behalf.
- Skip question 5 & 6 in this section.

Section 3

- Please select the first option to have your ERAs delivered to your FTP directory.
- For question number 2, select “No” for the PCPrint freeware.

Section 4

- Select “No” you will not be using a connectivity vendor
- Select “Yes” you for the Fram Relay connection.

Last Page

- Please complete section C.

Submitting your forms

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

For Iowa Submitters: Please fax your forms to 205-733-7202

For Alabama Submitters: Please fax your forms to: 205-402-5706

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

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 1-866-582-3253.

Testing

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

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.