



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 24
DATE: 5/9/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: Tricare North & South: Palmetto	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:

Tricare North & South: Palmetto

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:



Tricare North & South: Palmetto

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

1. Clearinghouse/Direct Submitter Trading Partner Agreement (Fill out this form if you will be sending claims directly to Tricare)
2. HIPAA EDI Provider Agreement (Fill out this form if you will be sending Tricare claims through a clearinghouse or billing service)

To obtain the forms above, please download them from:

http://www.mytricare.com/internet/tric/tri/mtc_nprov.nsf/sectionmap/ElctrcnClmsFlng_ElctrcnClmsFlng?Opencument&dispPage=yes

3. EDIG Trading Partner Enrollment Form

To obtain this form, download it from:

<http://204.28.103.156/enrollmentandagreements/hospitalandphysiciantradingpartneragreement.aspx>

4. ERA Enrollment Form

To obtain this form, download it from:

http://www.mytricare.com/internet/tric/tri/mtc_nprov.nsf/sectionmap/Frms_PrvdFrms

If you have any questions regarding any of the documents in this package, please phone the Palmetto EDI Technology Support Center at 1-877-334-2524. (Please let them know which Tricare you will be billing for when you call.)

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

Clearinghouse/Direct Submitter Trading Partner Agreement

Fill out this form if you will be submitting your claims directly to Tricare.

- Enter today's date and your Business/Practice or Provider name in the first paragraph
- Please complete section 9.1 on page 13 with your information (This tells Palmetto who they should send notices to)
- Complete the Trading Partner section on the left side of page 16
- Complete Exhibit A
 - Enter your information in the Trading Partner section
 - Enter the software vendor information provided above in the Vendor information. For Ivertex's Tax ID please enter 860951246
 - If you are a provider using a Billing Service, please enter the Billing Services information in the Billing Service Information section.
 - For Means of Electronic Access please choose "Asynchronous"
 - You may leave the Baud Rate blank

HIPAA EMC Provider Agreement

Billing Services: Your providers must fill out this form to authorize you to submit their Tricare Billings.

Providers with a Billing Service, please sign and date Section C of this form

- For Contact Name, please enter the name of the main contact person for your office
- For Billing Service Name/ Vendor, please enter your billing services information.
- On the last page of this form, please list your Tricare Number, Name, and Demographic information

EDIG Trading Partner Enrollment Form

- Enter today's date
- New applicants, please select "New Trading Partner ID"
- Complete the Trading Partner Name field with your Business/Practice or Provider name
- Leave the Trading Partner ID line blank and fill in your Tax ID in the Tax ID line.
- For Type of Business select either Institutional or Professional
 - If you are a Billing Service, please choose Billing Service
- For Line of Business, please choose "Tricare"
- Enter today's date for the start date and leave the end date blank
- Compression: choose PKZIP
- Protocol: choose Async Dialup: GPNET via SolAce by Ivertex
- Complete your address and contact information.
- For Transactions, choose: ASC X12N 835 for EOBs, ASC X12N 837I for Institutional, or ASC X12N 837P for Professional.
- For Vendors information enter: Ivertex
 - Address: PO Box 86609 Phoenix AZ 85080
 - Transactions: 835, 997, 837P, 837I
- Complete the Customers Information section with your information.
- Leave the last page blank.

ERA Enrollment Form

Note: Do not send this in with your enrollment packet. You must wait for your Submitter ID to be assigned prior to completing this form.

Addendum to ERA Enrollment Form For Corporate Headquarters (For Providers submitting directly to Tricare)

- Select your Region
- Enter your Tricare Provider Number and your Assigned Tricare Submitter ID.
- Enter your NPI, Signature, Demographic and Contact information
- List your Tricare Provider Numbers, NPI and name

Addendum to ERA Enrollment Form for Billing Services (Providers with a Billing Service must complete this form in order to authorize their Billing Service to receive their EOBs electronically)

- Enter the Billing Service's name in the first paragraph
- Enter the Provider's Name
- Enter the Billing Services Assigned Tricare Submitter ID Number
- Enter the Provider's NPI, Name, Signature, Demographic and Contact Information

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 the following addresses:

Send the **Electronic Provider Trading Partner Agreements and EDIG Trading Partner Enrollment** to:

Palmetto GBA
EDIG Operations, AG-280
2300 Springdale Dr
Building One
Camden, SC 29020

Send All **ERA Enrollment** to:

TRICARE PGBA, LLC
Government Program EDI Dept FC-DEC
PO Box 202007
Florence, SC 29502-2007

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 Palmetto EDI Technology Support Center at 1-877-334-2524.

Testing

Once you have received your Submitter ID and password from Palmetto, 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.