



Electronic Medical Claims

DEVELOPED BY IVERTEX

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: 12/3/2010	SENDER'S PHONE NUMBER: 602-439-2525
RE: J13 NGS with FISS/DDE and PPTN	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:

J13 NGS

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:

J13 NGS

Enrollment Instructions

Thank you for your interest in Electronic Data Interchange (EDI).

Required Documents

Part A

The following documents are **required** enrollment documents that must be completed prior to initiation of electronic claims submission or inquiry. The first 3 forms must be completed in order to transmit claims electronically to NGS. Form #4 can be completed all by itself if all that is needed is access to the FISS/DDE system.

1. EDI Submitter Action Request Form
2. EDI Third-Party Authorization Form (For Billing Services Only)
3. EDI Enrollment Agreement Form
4. Part A Logon Request Form (For access to the FISS/DDE system)

To obtain the forms above, please download them from:

www.ngsmedicare.com

Select your State and Line of business

Click on the Resources box at the top and choose Forms on the drop down menu

Scroll down to the Electronic Data Interchange Section

Part B

The following documents are **required** enrollment documents that must be completed prior to initiation of electronic claims submission or inquiry. . The first 3 forms must be completed in order to transmit claims electronically to NGS. Form #4 can be completed all by itself if all that is needed is access to the PPTN system.

1. EDI Submitter Action Request Form
2. EDI Third-Party Authorization Form (For Billing Services Only)
3. EDI Enrollment Agreement Form
4. EDI PPTN Request (For access to the PPTN system)

To obtain the forms above, please download them from:

www.ngsmedicare.com

Select your State and Line of business

Click on the Resources box at the top and choose Forms on the drop down menu

Scroll down to the Electronic Data Interchange Section

If you have any questions regarding any of the documents in this package, please phone the NGS EDI Technology Support Center at 1-877-273-4334.

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 – 2822
<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

Submitter Action Request

Section 1

- Please enter your Business or Provider Name
- Please complete your demographic and contact information
- New applicants may enter “None” in the submitter id box.
- Choose your Contractor Code

Section 2

- Choose “PC-ACE Pro32” or Choose “Other” if you are currently using a different software to generate your EDI 837 files.
- If you are using SolAce to generate your 837 EDI files, please enter the Ivertex vendor information provided above.
- If you are a Billing Service choose “Yes” for 3rd party service, otherwise choose “No”
 - Choose “No” for Vendor
 - Please choose “Claim Shuttle” as your Network Service Vendor
- Please select “Add: Submitter ID”
- Enter the PIN/PTAN and NPI numbers that you will be billing for

Section 3

- Select your Line of Business

Section 4

- Choose ADD, Leased Line - FTP

Section 5

- Choose (837 V4010A1) and (835 V4010A1)
- Enter your name in the Authorizing Signature Name box

EDI Enrollment Agreement Form

- Enter your name and Demographic Information
- For Submitter Status choose “New Submitter” and leave the Submitter ID blank
- Enter your name for the Submitter Name
- For Submitter Type: choose “Self Biller” or “Billing Service” if you are a billing service
- Select your Contractor Code
- Enter the PIN/PTAN and NPI numbers that you will be billing for.
- Check the box to accept the terms and agreement
- Enter your name in the Authorized Signature Name box.

EDI Third-Party Provider Authorization Form (For Billing Services and Providers Using Billing Services)

NOTE: Billing Services will need to complete this page for each provider they bill for once they receive their Submitter ID from NGS.

At the top please mark off the following transactions you would like to send/receive:

- 837 Claim
- 835 Remittance (for electronic EOBs)
- 276/277 for Claim Status Reports

Submitter/Provider Information

- Submitter section should be filled in with the Billing Service’s information.
- Provider Information should be filled in with the Provider’s information that the Billing Service bills for.
 - Signature Name should be the Provider’s name.

Part A Logon Request Form (FISS/DDE System)

Section I

- Please select proper “Action”.
 - New applicants should choose “New”

Section II

- Complete the Requestor Section with your information.
- Choose our Contractor Code
- Choose Claim Shuttle as your Network Service Vendor.

Section III

- Enter the PTAN and NPI numbers that will be used for the FISS access.

Section IV

- Enter the Name,desired 4 digit pin and logon id as well as access level for your user(s).

Section V

- Enter additional PTANs and NPIs in this section

Section VI

- Third Party Information should only be filled in if you are using a Billing Service or Clearinghouse.

EDI PPTN Request Form

Section I

- Please select proper “Action”.
 - New applicants should choose “Add”

Section II

- Complete the Requestor Section with your information.
- Choose our Contractor Code
- Choose Claim Shuttle as your Network Service Vendor.

Section III

- Enter the PTAN and NPI numbers that will be used for the PPTN access.

Section IV

- Enter the Name, desired 4-digit pin and logon id for your user(s).

Section V

- Enter additional PTANs and NPIs in this section

Section VI

- Third Party Information should only be filled in if you are using a Billing Service or Clearinghouse.

Waiting for a response

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 1-877-273-4334.