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FACSIMILE TRANSMITTAL SHEET

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TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
DATE: 11/25/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: Wisconsin Medicaid	SENDER'S FAX NUMBER: 602-439-0808

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URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

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NOTES/COMMENTS:

The following pages contain important information in regards to your EDI Enrollment for:

## Wisconsin Medicaid

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:



**Wisconsin Medicaid**

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

1. Trading Partner Form (Either the online version or the Paper version)
  - To obtain the forms above, please download them from:  
<https://www.forwardhealth.wi.gov/WIPortal/Home/Trading%20Partner%20Login/tabid/40/Default.aspx>

If you have any questions regarding any of the documents in this package, please phone the Wisconsin Medicaid EDI Technology Support Center at 1-866-416-4979.

***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 – n/a
• 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 Information**

You are the Trading Partner; therefore you must complete the Trading Partner sections with your information.

- For Type of Submission choose Initial Submission if you are a new applicant
- For the Transaction Sets choose the following:
  - 837...Institutional if you will be sending Institutional claims (UB04)
  - 837...Professional if you will be sending Professional claims (CMS1500)
  - 835...Payment Advice if you want to receive your EOBs electronically
- For the Authorized Representative section, enter your Biller's information.
- If you completed the Paper form, please fax it to 608-221-0885

Once Wisconsin Medicaid receives your form they will send you a letter containing a PIN. When you receive that PIN you will need to go to [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov) and set yourself up an account. Once your account is setup, you will need to complete their EDI User Registration process and give your SolAce support team a call at 602-439-2525 for assistance in uploading your first Test batch to Wisconsin Medicaid.

Please have 5 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.