



Client Enrollment Information
Includes Authorization and INGENIX Setup Data

You **must** perform web enrollment for **INGENIX** services:

Complete the Ingenix setup data form

Enroll your own practice thru the following **INGENIX** website:

Depress Ctrl + Click the following link: <https://secure.enshealth.com/clientweb/?vid=320>

Call Benjamin Bowling at (904) 778-9580 if help needed to complete enrollment.

If unable to enroll practice/billing center, complete the authorization form:

You **must** provide **INGENIX** with authorization form to authorize them to act on your behalf to complete an **INGENIX** web enrollment for your practice/billing center. You **must** provide **INGENIX** with an **INGENIX** set-up data form for each provider. If provider works in multiple locations, an additional form is required for each location.

Brochures & Demo of INGENIX services:

From **Ingenix** website www.ingenix.com/connectivity , select Physicians, select a transaction type, under resources select a product sheet or demo for demonstration of the service using the **Ingenix** portal. Check with SpeedySoft USA to see what transactions has been integrated from their practice management system, or their plans to program this functionality.

INGENIX Enrollment Contact:

Benjamin Bowling

East Region EDI Director

(904) 778-9580

Fax: (904) 779-0160

e-mail: Benjamin.Bowling@ingenix.com

Provider/Billing Center Letter

Ingenix can provide you with these clearinghouse services.

INGENIX Services: Requires internet connection

- Electronic claims
- Eligibility verification
- Referrals/authorizations
- Claim status
- Electronic claims tracking

INGENIX optional services:

- Electronic remittance advice – requires separate web enrollment www.enshealth.com
- Patient statements – requires additional paperwork www.enshealth.com

You can select “standard plan” either as per provider pricing with unlimited claims or volume pricing for each 200 claims. “Gold plans” adds eligibility verification, referrals/authorizations, claim status, and electronic claims tracking to a standard plan. Per claim pricing is optional for submitters sending less than 140 claims per month. Electronic remittance advice and patient statements are optional services with additional fees applied. Your selection of INGENIX services are billed to you by INGENIX.

If necessary, please complete the **Ingenix** authorization form which will allow **Ingenix** to enroll your office for **Ingenix** services, and it allows us to act on your behalf to establish the System Service Agreement between your office and **Ingenix**. You **must** also complete the **Ingenix** setup data forms. You **can do** the web enrollment for your practice/billing center using the **Ingenix** link provided to you.

If you are doing the web enrollment, please printout EMC agreements for payers requiring written approval to use **Ingenix** for electronic claim submissions. Paperwork **must** be completed, signed with blue ink pen, and forwarded to **Ingenix Corporation**, 1755 Telstar Drive Suite 400, Colorado Springs, CO 80920 Attn: Enrollment Department. You may printout EMC agreements from the **Ingenix** website www.ingenix.com/connectivity, select “Download Center”, select “EMC agreements”, enter **Ingenix** user id obtainable from **Ingenix**, then select “GO”, and printout necessary agreements. Most payers will send you an approval letter. Please fax approval letter to **Ingenix** enrollments at 888-567-8880. **Do not** include claims for these payers in your electronic claim file until approval is posted in customer portal available to you at www.ingenix.com/connectivity, select customer support, sign in with user name and password provided by **Ingenix**, select EMC status, and each doctor to review status of EMC agreements.

The web enrollment is pending until approved and released to accounting and IT for computer setup. Approvals are normally done within (24) hours unless enrollment problem occurred. Computer setup is normally done within (72) hours. Your welcome letter will be forwarded to you with your user name and password. With this information, you will use the INGENIX website www.ingenix.com/connectivity to login thru client access to upload claim files and perform other listed INGENIX services.

You will be contacted by SpeedySoft USA to schedule installation day and time.

Thanks for considering INGENIX for your clearinghouse needs.

Appreciatively yours.

Benjamin Bowling
East Region EDI Director
1-800-341-6141 x1231 Direct: 904-778-9580
e-mail: benjamin.bowling@ingenix.com

INGENIX
1755 Telstar Drive Suite 400
Colorado Springs, CO 80920
Benjamin Bowling, Regional EDI Director, (904) 778-9580

INGENIX AUTHORIZATION FORM

Date _____

To: **Ingenix, Inc.**

This will confirm that our practice wishes to contract with INGENIX to provide us with clearinghouse services. We understand that **INGENIX** will use our existing practice management system (**SpeedySoft**) to upload claim files in the print image format.

[] **INGENIX Does Enrollment**

I am authorizing **INGENIX** to complete the enrollment process for all providers listed on the attached INGENIX data setup forms. I agree that the information provided is truthful and correct to the best of my knowledge.

Practice Name _____

Or/Billing Center: _____

Billing Center Tax ID: _____ NPI# _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

e-mail address: _____

Print Name: _____

Title: _____ Date: _____

Authorized Signature: _____

[] **Check if you are enrolling your practice/billing center for INGENIX services.**

1. **CTRL** + click the following link <https://secure.enshealth.com/clientweb/?vid=320>
2. For new service, enter your phone number, then "CONTINUE"
3. On the organization screen, verify vendor as "SpeedySoft USA"
4. Use **INGENIX** Set-up Data Form to enter practice information
5. Fax this page only to (904) 779-0160 once you have completed web enrollment.

INGENIX SET-UP DATA FORM

Practice Legal Name: _____

Mailing Address: _____

Claim Contact: _____ # of Providers: _____ Claim Volume _____

e-mail: _____ Phone: _____ Fax: _____

Practice Tax ID# _____ Practice NPI# _____

Select only (1) below: Selection is for all providers within the practice. Pricing from Schedule B

Enroll per provider – unlimited claims Gold Claims w/ECT Standard – claims only

Enroll by claim volume- each 200 claims Volume Gold Volume Standard

Enroll per claim CMS 1500 Enroll per claim UB04 Enroll by claim volume UB04
UB04 requires software vendor support in NSF 5.0 or ANSI 837i format

Optional Services: Electronic Remittance Advice (ERA) Patient Statements Patient Payment

Group tax id: _____ Group NPI # _____

Enter Payer Group Numbers Below:

BC/BS # _____ Medicare # _____

Champus # _____ Medicaid # _____

RR Medicare # _____ Other # Provide a separate list if EMC required:

For each provider please provide the following information. Copy this form for additional providers.

First name: _____ Last Name: _____ Tax id: _____

Address: _____ UPIN# _____

If

Different: _____ Specialty: _____

NPI# _____

Individual provider payer id: You will enter the provider numbers listed below in the doctor section of web enrollment. Also these payers require EMC agreements and vary by state. **INGENIX** payer list www.enshealth.com will identify payers requiring EMC agreements. You must printout during web enrollment, complete, sign with blue ink pen, and forward to: **INGENIX Corporation**, 1755 Telstar Drive Suite 400, Colorado Springs, CO 80920 Attn: Enrollment Department. Approval letter required from payer.

BC/BS # _____ Medicare # _____

Champus # _____ Medicaid# _____

RR Medicare# _____ Other # Provide a separate list if EMC required.

Please fax to (904) 779-0160 if you authorized **INGENIX to do enrollment:**

Web Enrollment Procedures To Enroll Your Practice

- Complete the INGENIX setup data form above:
- Follow instructions to enroll your practice personally as shown above:

Order Progress Screens

- 1. Demographics Screen**
 - a. Verify vendor as **SpeedySoft USA**
 - b. Enter organizational information from **INGENIX** setup form, then continue
- 2. Qualification Screen**
 - a. Next screen, select name of SpeedySoft from drop-down
 - b. Answer questions, then continue
 - c. Select a claim volume, enter number of providers, select a level of service as described on Addendum B (attached below).
- 3. Product Selection Screen**
 - a. Select ANSI 837
- 4. Contract Screen**
 - a. Adobe Reader 7.0 is required to print contract
 - b. Select view and print contract, select printer icon
 - c. Close pdf print file only (**Do not** close internet connection)
 - d. Must agree to terms of contract
 - e. Then “Continue”
- 5. Enroll Doctors Screens**
 - a. Enter any group numbers from **INGENIX** setup form, then save/continue
If doctor has multiple group numbers for a payer, you can only enter the first group number. Once you have user id, then complete a payer enrollment form with additional group numbers and fax to enrollments.
 - b. Add doctor information and save each doctors information. Verify addition of doctor underneath contact name at the top. Failure to save will result in loss of doctor information.
- 6. Download EMCs Screen**
 - a. Printout required EMC agreements
 - b. Must be completed, signed, and forwarded to: **INGENIX Corporation**,
1755 Telstar Drive Suite 400, Colorado Springs, CO 80920 Attn:
Enrollments
- 7. Schedule Setup Screen**
 - a. Select days and times to request installation, then “Continue”
- 8. Confirmation Screen**
 - a. Must confirm the order to finalize contract
- 9. Purchase Complete Screen**
 - a. Web enrollment is completed

Exhibit A – 1
INGENIX Services Pricing

INGENIX Services	Per Claim Pricing	Commercial Claims Only	**Claims Only Pricing	**Claims w/Gold Service Pricing	Claims Batch Editor
			Standard	Gold	Monthly
Subscription Base Price (1st Provider or 1st 200 Claims)		\$31.00	\$52.00	\$73.00	\$42.00
EncoderPro Expert (Minimum (1) required for claims batch editor)					\$79.00
* Initial Fee – One time fee	\$0.00	\$0.00	\$0.00	\$0.00	TBD
ECT – Electronic Claims Tracking	***Included			***Included	
Claims Status – Participating payers	***Included			***Included	
Eligibility – Participating payers	***Included			***Included	
Referrals – Participating payers	***Included			***Included	
Authorizations – Participating payers	***included			***Included	
Electronic Remittance Advice (ERA) – First Provider		\$32.00	\$32.00	\$32.00	
Per Transaction Pricing Options:	Per Transaction				
Per Electronic Claim (Minimum Monthly \$31.00)	\$0.37				
Per Electronic Remittance Advice Claim (ERA) w/EOB	\$0.16	\$0.16	\$0.16	\$0.16	
Electronic Paper Claims	\$0.53	\$0.53	\$0.53	\$0.53	
UB92 Electronic Claims (Institutional claims)	\$0.37	\$0.37	\$0.37	\$0.37	
Electronic Patient Statements	\$0.67	\$0.67	\$0.67	\$0.67	
- Additional Page	\$0.18	\$0.18	\$0.18	\$0.18	
- Custom Statement (Add on)	\$0.04	\$0.04	\$0.04	\$0.04	
**** Real Time Transactions (Non-participating payers)	\$0.37			\$0.37	
Additional providers or claim volumes – Schedule B					

* Initial fee - Setup, installation, testing, training, and enrollment fee per site.

** All payer – Includes participating and non-participating (governmental) payers from INGENIX payer list – www.ingenix.com/connectivity

*** “Gold Service” pricing includes real time transactions with participating payers.

**** **Additional transaction fees apply for real time transactions with non-participating payers. Check payer list at www.ingenix.com/connectivity to identify participating payers as P or T, and non-participating payers as NP or NC. Eligibility verification is a real time transaction.**

Exhibit A – 2 / Schedule B

Option #1 Based on Total Providers Per Site	Option #2 By Claim Volume Each 200 Claims	Eligibility Verification	Commercial Claims Only	Claims Standard	Claims Gold	Electronic Remittance	Claims Batch Editor
Unlimited Claims Flat Rate Pricing	Volume Break Points Flat Rate Pricing	Participating Payers	Participating Payers	All Payer Claims Only	Gold Services	ERA	Compliance Checking
Select number of providers below & across for pricing:	Select Monthly Claim Volume & across for pricing:	Monthly Recurring Fee	Monthly Recurring Fee	Monthly Recurring Fee	Monthly Recurring Fee	Monthly Additional Fee	Additional Monthly Fee Per Provider
1 Provider	1-200	\$27.00	\$31.00	\$ 52.00	\$ 73.00	\$32.00	\$42.00
2 Providers	201-400	\$32.00	\$62.00	\$ 96.00	\$134.00	\$58.00	\$84.00
3 Providers	401-600	\$37.00	\$93.00	\$141.00	\$191.00	\$85.00	\$126.00
4 Providers	601-800	\$42.00	\$124.00	\$184.00	\$243.00	\$106.00	\$168.00
5 Providers	801-1000 *	\$47.00	\$155.00	\$227.00	\$280.00	\$122.00	\$195.00
6 Providers	1001-1250	\$52.00	\$186.00	\$269.00	\$332.00	\$143.00	\$234.00
7 Providers	1251-1500	\$57.00	\$217.00	\$312.00	\$388.00	\$169.00	\$273.00
8 Providers	1501-1750	\$62.00	\$248.00	\$354.00	\$437.00	\$190.00	\$312.00
9 Providers	1751-2000	\$67.00	\$279.00	\$396.00	\$490.00	\$211.00	\$351.00
10 Providers	2001-2300 *	\$72.00	\$300.00	\$438.00	\$544.00	\$248.00	\$370.00
11 Providers	2301-2600	\$77.00	Maximum	\$480.00	\$598.00	\$259.00	\$407.00
12 Providers	2601-2900	\$82.00		\$521.00	\$652.00	\$285.00	\$444.00
13 Providers	2901-3200	\$84.00		\$562.00	\$706.00	\$306.00	\$481.00
14 Providers	3201-3500	\$92.00		\$603.00	\$760.00	\$328.00	\$518.00
15 Providers	3501-3800 *	\$97.00		\$644.00	\$814.00	\$355.00	\$525.00
16 Providers	3801-4100	\$102.00		\$686.00	\$867.00	\$375.00	\$560.00
17 Providers	4101-4450	\$107.00		\$727.00	\$921.00	\$401.00	\$595.00
18 Providers	4451-4800	\$112.00		\$768.00	\$975.00	\$423.00	\$630.00
19 Providers	4801-5150	\$117.00		\$809.00	\$1029.00	\$449.00	\$665.00
20 Providers	5151-5500 *	\$122.00		\$850.00	\$1083.00	\$470.00	\$660.00
21 Providers	5501-5850	\$127.00		\$892.00	\$1137.00	\$497.00	\$693.00
22 Providers	5851-6200	\$132.00		\$933.00	\$1191.00	\$518.00	\$726.00
23 Providers	6201-6600	\$137.00		\$974.00	\$1245.00	\$539.00	\$759.00
24 Providers	6601-7000	\$142.00		\$1015.00	\$1298.00	\$555.00	\$792.00
25 Providers	7001-7400 *	\$147.00		\$1057.00	\$1352.00	\$571.00	\$775.00
26 Providers	7401-7800	\$150.00		\$1098.00	\$1406.00	\$586.00	\$806.00
27 Providers	7801-8200	Maximum		\$1139.00	\$1460.00	\$602.00	\$837.00
28 Providers	8201-8600			\$1257.00	\$1509.00	\$618.00	\$868.00
29 Providers	8601-9000			\$1293.00	\$1557.00	\$634.00	\$899.00
30 Providers	9000-9400			\$1329.00	\$1606.00	\$650.00	\$841.00
31 Providers	9401-9800			\$1365.00	\$1654.00	\$666.00	\$899.00
32 – 49 Providers Each Provider	9801-20,000 Claims			Each 400 Claims \$36.00	Each 400 Claims \$48.00	Each Provider \$13.00	Each Provider \$27.00
50 + Providers Each Provider	20,001 + Claims			Each 400 Claims \$31.00	Each 400 Claims \$42.00	Each Provider \$11.00	Each Provider \$25.00

Must enroll for Ingenix claim service before you can enroll for ERA services below:

ERA Enrollment Instructions

Required for enrollment: User ID _____ Password _____
Not known – Call software vendor or Benjamin Bowling/Ingenix (904) 778-9580

Steps to receive electronic remittance advice:

1. You **must** provide a list of payers to enroll for this **INGENIX** service
 - a. Go to **INGENIX** website www.enshealth.com
 - b. Select “Payer Lists” icon
 - c. Select “Electronic Remittance Advice (ERA)”
 - d. List payers below you want for ERA
 - e. Enter Group # for payers requiring this information
2. A web enrollment **must** be completed to enroll for this service
 - a. **From ENS website: www.enshealth.com, select “Sign Up Online”, and select electronic remittance advice (ERA)**
 - b. Enter your user name and password, then **submit**
 - c. You can authorize software vendor to enroll practice by providing information below.
3. If enrolling your practice, please verify organizational information
 - a. Verify PMS, enter # of providers enrolling, and enter expected ERA volume
 - b. Add organizational and individual provider NPI numbers if necessary
 - c. Select and add payers
 - d. Save selected payers
 - e. Select payer and print ERA agreement. Repeat for each payer.
 - f. Verify provider information and enter required information
 - g. Select pricing method
 - h. Accept monthly increase, then **Submit** (Must do to finalize)
 - i. Printout Addendum to contract.
 - j. Complete each agreement, signature required, and forward to **INGENIX Corporation**, 1755 TelStar Drive Suite 400, Colorado Springs, CO 80920
Attn: Enrollment Department
4. If vendor or **INGENIX does enrollment**, you will be notified when you can retrieve payer forms from the website www.enshealth.com to add payers.
5. Payer approvals usually run 3 to 4 weeks. Electronic remittance files will replace paper EOB’s.
6. Contact enrollment department at **INGENIX** for assistance with agreements at 866-367-9778 option 2.

Required Information:

Tax ID to enroll: _____ (Copy form for each additional tax id)

Practice NPI # _____

Total number of providers to enroll _____ Estimated ERA volume _____ per month.

Select one:

- Flat Rate of \$32 per provider per month or \$0.16 per line item on electronic remittance advice

Payer name from ERA payer list:

Group # / Government payer

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____

Provider Name To Enroll For ERA:

Provider NPI#

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Request to add payer not on current list.

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

Call Benjamin Bowling at (904) 778-9580 for help to enroll for ERA service.

Schedule B

Per Provider	Electronic Remittance
Select number of providers to receive ERA files.	Monthly Additional Fee
1 Provider	\$32.00
2 Providers	\$64.00
3 Providers	\$96.00
4 Providers	\$123.00
5 Providers	\$150.00
6 Providers	\$177.00
7 Providers	\$204.00
8 Providers	\$231.00
9 Providers	\$258.00
10 Providers	\$285.00
11 Providers	\$306.00
12 Providers	\$327.00
13 Providers	\$348.00
14 Providers	\$369.00
15 Providers	\$390.00
16 Providers	\$411.00
17 Providers	\$432.00
18 Providers	\$453.00
19 Providers	\$474.00
20 Providers	\$495.00
21 Providers	\$511.00
22 Providers	\$527.00
23 Providers	\$543.00
24 Providers	\$559.00
25 Providers	\$575.00
26 Providers	\$591.00
27 Providers	\$607.00
28 Providers	\$623.00
29 Providers	\$639.00
30 Providers	\$655.00
31 Providers	\$671.00
32 – 49 Providers Each Provider	Each Provider \$13.00
50 + Providers Each Provider	Each Provider \$11.00

ERA Manual

1. Available on ENS website www.enshealth.com
2. Select “Download Center”
3. Select “ERA Manual”
4. Enter your “User ID”, then select “GO”
5. Select “GO” to view and print manual