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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: 6/3/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: Tufts Health Plan	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:

## Tufts Health Plan

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:



**Tufts Health Plan**

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

1. EDI Setup Form (Found under Quick Links on the right side)

To obtain the forms above, please download them from:

[http://www.tuftshealthplan.com/providers/provider.php?sec=electronic\\_services&content=claim\\_options&rightnav=claim-opts\\_nav](http://www.tuftshealthplan.com/providers/provider.php?sec=electronic_services&content=claim_options&rightnav=claim-opts_nav)

If you have any questions regarding any of the documents in this package, please phone the Tufts EDI Technology Support Center at 888-880-8699.

***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>
<ul style="list-style-type: none"> <li>• Name</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Name – Ivertex</li> </ul>
<ul style="list-style-type: none"> <li>• Address</li> </ul>	<ul style="list-style-type: none"> <li>• Contact – EDI Team</li> </ul>
<ul style="list-style-type: none"> <li>• Phone and Fax Numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Code – n/a</li> </ul>
<ul style="list-style-type: none"> <li>• E-mail Address (if any)</li> </ul>	<ul style="list-style-type: none"> <li>• Phone – 602-439-2525</li> </ul>
<ul style="list-style-type: none"> <li>• Contact Name (if other than name above)</li> </ul>	<ul style="list-style-type: none"> <li>• Fax – 602-439-0808</li> </ul>
<ul style="list-style-type: none"> <li>• Provider PIN numbers for this payer</li> </ul>	<ul style="list-style-type: none"> <li>• Address – PO Box 86609 Phoenix, AZ 85080</li> </ul>
<ul style="list-style-type: none"> <li>• Organization or Group PINs for this payer</li> </ul>	<ul style="list-style-type: none"> <li>• Software Name– SolAce EMC</li> </ul>
	<ul style="list-style-type: none"> <li>• E-mail – Support@Ivertex.com</li> </ul>

## ***Filling out your forms***

### **Header Section**

- Please select whether you are a Solo Practice, Group Practice, or a Billing Service
- Select “New” for Type of Account
- Select 837 Institutional OR 837 Professional and the 835 ERA for electronic EOBs

### **Section 1**

- Complete your name and demographic information
- For Vendor please enter Ivertex and see the table on page 2 for our information

### **Section 2**

- Complete this section with your information

### **Section 3**

- List the names and NPI numbers of your providers and business

## ***Submitting your forms***

It is recommended that you keep a copy of all the forms you will be submitting for your records. E-mail the setup form to: [EDI\\_Operations@tufts-health.com](mailto:EDI_Operations@tufts-health.com)

## ***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 888-880-8699.

## ***Testing***

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

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.