



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: 4/27/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: University Health Alliance	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:

University Health Alliance

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:



University Health Alliance

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

1. UHA Trading Partner Agreement
2. EDI 837P Professional Claim Registration

To obtain the forms above, please download them from:
<http://www.uhahealth.com/providers/claims.asp>

If you have any questions regarding any of the documents in this package, please phone the UHA EDI Technology Support Center at 1-800-458-4600 ext 253.

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

837P Professional Claim Registration

1. Enter your Tax ID and NPI
2. Enter the Name and NPI numbers of the providers that you will be billing for.
3. Complete your demographic information
4. Leave the clearinghouse section blank
5. If you would like to receive your EOB electronically in SolAce select “Yes”
6. Sign and Date the Bottom

Trading Partner Agreement

Please complete the line on the first paragraph with your Business or Provider Name. Complete the Trading Partner section on page 12 with your Business or Provider Information. (Note: Exhibit B are only for Providers that use a Billing Service that does their billings on their behalf.)

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:

UHA
Attention: Provider Services
700 Bishop Street, Suite 300
Honolulu, HI 96813
Fax: 1-866-572-4383

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 Technology Support Center toll-free at 1-800-458-4600 ext 253.

Testing

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

Please have 5 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.