



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: 7/9/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: LA BCBS	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:

LA BCBS

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:



LA BCBS

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 LA BCBS office prior to initiation of electronic claims submission or inquiry.

1. Electronic Trading Partner Agreement (you will need to complete **2** copies of this form in ink)

To obtain the forms above, please download them from:

http://www.bcbsla.com/web/provider/electronic_services/sys_to_sys.asp

- You will find the forms under the Direct Submission section

If you have any questions regarding any of the documents in this package, please phone the LA BCBS EDI Technology Support Center at 1-225-291-4334 Option 2.

Required Information

We recommend that you have the following information ready before filling out your forms:

Your Submitter Information	Software Vendor Information
• 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

Electronic Trading Partner Agreement

- Please enter your Business/Practice or Provider name and today's date in the first paragraph
- Complete the Trading Partner column on Page 7.
 - Enter your address, phone and fax numbers, and the name of the main contact person for your office
- Complete the EDI Transaction Addendum: Trading Partner Profile Section
 - Enter your demographical information
 - Enter the BCBS Provider Pins that you will be billing for
 - Under the Standard Transactions section select the following
 - Professional Claim (837 P)
 - Institutional Claim (837 I)
 - Pay/Remittance Advice (835)
- Skip the Non-Standard Transactions Section
- For Communication Protocol , please select "Secure FTP"
- Enter your Business/Practice or Provider name as the Trading Partner
 - Enter today's date and your phone number
 - For Software Vendor write in "Ivertex"
- Complete page 9 only if you are a Billing Service
 - On page 9 enter the names of the providers you will be billing for and their Tax ID and BCBS PIN numbers.
 - Select 835 for Electronic Remittance Advice for each provider.
 - Complete the last box with your Trading Partner information

Submitting your forms

It is recommended that you keep a copy of all the forms you will be submitting for your records. Mail the **2 sets** of enrollment forms reflecting **original** signatures to:

Blue Cross and Blue Shield of LA
EDI Customer Operations
Attention Agreement Processing
P.O. Box 98029
Baton Rouge, LA 70898-9029

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 LA BCBS EDI Technology Support Center at 1-225-291-4334 Option 2.

Testing

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

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.