



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 19
DATE: 3/25/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: NC Blue Cross Blue Shield	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:

NC Blue Cross Blue Shield

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:



NC Blue Cross Blue Shield

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

1. Trading Partner Agreement
2. Electronic Connectivity Request Form:
 - ECR-837, 27X, 835

To obtain the forms above, please download them from:

- <http://www.bcbsnc.com/providers/edi/hipaainfo.cfm>

If you have any questions regarding any of the documents in this package, please phone the BCBS EDI Technology Support Center at 1-866-444-0339, option 5.

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

Trading Partner Agreement

Page 1: Enter today's date and your Business/Practice or Provider Name

Page 10: Please complete your mailing information

Page 12-13: Please complete the Trading Partner section of this page

Electronic Connectivity Request Form

Section 1: Please enter your Business/Practice or Provider Information

Section 2: Please enter the Software Vendor information provided above. For Title please enter: Support.

If provider is using a Billing Service: (Note to Billing Services: Each provider you are billing for must complete this form and enter your Billing Service information on section 3)

Section 3: Please enter Billing Service information.

Section 4: For Transaction please select HTTPS and today's date for the following:

- 835 – for participating providers ONLY
- 837I or 837P (I = Institutional P = Professional)

Section 5: Please enter a mailbox password that you would like to use (must be 8 characters)

Section 6 & 7: Type of Sender

- Providers/Group Practices/Organizations – please select “Provider” and enter your Tax ID
- Billing Services – please select “Billing Service” and enter your Tax ID

Section 8: Transaction Flow

- Providers/Group Practices/Organizations using SolAce – please select “from Provider site directly to BCBSNC.”
 - If you are a provider using a Billing Service please select “from Provider site to Billing Service to BCBSNC”
- Billing Services using SolAce – please select “from Provider site directly to BCBSNC”

Section 9: Please Sign and Date the bottom of the form.

Submitting your forms

It is recommended that you keep a copy of all the forms you will be submitting for your records. Please fax the forms to: 919-765-7101.

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.

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 1-866-444-0339, option 5.

Testing

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

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.