



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: 3/9/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: TN 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:

TN 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:



TN 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 Medicaid office prior to initiation of electronic claims submission or inquiry.

1. Electronic Provider Profile Form

To obtain the forms above, please download them from:

http://www.bcbst.com/providers/ecommm/getting_started/profile_provider.pdf

If you have any questions regarding any of the documents in this package, please phone the Medicaid EDI Technology Support Center at 423-535-5717.

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"> • Tax ID - 86-0951246
<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

Electronic Provider Profile

Header: Please select “Adding a Provider to Electronic Billing”

Section 1

- Enter your Business/Practice or Provider Name (if applicable)
- Enter your Business/Group NPI number (if applicable)
- Enter your Provider Name and NPI number
- Enter the information for the contact person in your office

Section 2

- Chose “Filing Direct with Purchased Software”
 - Enter “Ivertex” as the Software company name
 - For Submitter ID enter 860951246
 - Check off Reports and Remits
- Choose “Provider” on the 2 questions regarding who will receive your Confirmations and Remits

Section 3.

- For the Modem Access Form Section please read the following:
 - If you are using our SolAce Desktop or Multi User Version, please list your modem line phone numbers
 - If you are using our Online SolAce Hosted Version please list the following phone numbers:
 - 602-439-0809, 602-439-0807, 602-439-0818
- Please list the name of the person(s) who will serve as the main contact(s) for billing issues regarding your BCBS TN submissions.

Signature Section:

- Complete the signature section with your 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 enrollment forms reflecting **original** signatures to:

Blue Cross Blue Shield of Tennessee
Attn: Provider Network Services
PO Box 180176
Chattanooga, TN 37402

Or you may Fax it to 423-535-7523

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 423-535-5717.

Testing

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

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.