



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: 11/11/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: AR 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:

AR 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:



AR 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 Pinnacle office prior to initiation of electronic claims submission or inquiry.

1. Trading Partner Agreement (Providers AND Billing Services using SolAce)
2. Electronic Remittance Advice Request

To obtain the forms above, please download them from:

<http://www.arkbluecross.com/providers/edi.aspx>

If you have any questions regarding any of the documents in this package, please phone the Pinnacle EDI Technology Support Center at 1-866-582-3247.

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

Providers & Billing Services

Trading Partner Agreement

For Providers & Billing Services who will be submitting directly to AR BCBS

First Document: EDI Trading Partner Agreement

- Please complete the top of the first page of this document.
- Please complete the Trading Partner line on Section VII with your information.
- In the Signature Section, fill in your information
 - New applicants may leave the Submitter # blank
 - If you would like to receive EOBs electronically, check the box for 835 (new applicants may leave the submitter ID line blank)
 - In the 837 Claims Transmission Information, choose I the 3rd option that states you will be sending directly from your facility using the dial up Gateway.
 - Complete the Vendor Section with Ivertex's information (see table on page 2 of this instruction sheet)

Billing Services

Billing Services must complete the **Trading Partner Agreement** packet above. Once you have been assigned a Submitter ID, have each of your clients complete a **Trading Partner Agreement Form**.

Trading Partner Agreement form for Providers under your Billing Service

- Please have your providers complete this form and authorize your Billing Service Submitter ID to send claims on their behalf under the 837 Claims Transmission Information section.

Electronic Remittance Advice Request

Filling this form out will enable submitters to receive their EOBs electronically in SolAce. Please submit this form after you have been assigned a submitter ID.

Section 1

- Enter the Submitter ID used for the provider's electronic billings
- Enter the submitter Id of the Business or Provider that will be receiving the electronic EOBs. If you are using a Billing service and you would like your billing service to receive your EOBs please enter the billing service's submitter ID.
- Enter the current date as the Effective date
- Enter the provider's PIN, NPI, and demographic information
- Indicate whether you will be receiving EOBs for Professional or Institutional claims. Mark both if both apply.
 - Select "no" for MREP/ EZPrint
- Have the provider sign and date the bottom.

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:

Medicare EDI Services 4-BC/S
P.O. Box 2181
Little Rock, AR 72203-2181

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 1-866-582-3247.

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.