



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: 9/27/2010	SENDER'S PHONE NUMBER: 602-439-2525
RE: Harvard Pilgrim	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:

Harvard Pilgrim

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:



Harvard Pilgrim

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 Harvard Pilgrim office prior to initiation of electronic claims submission or inquiry.

1. EDI Intake Form
2. Trading Partner Agreement

To obtain the forms above, please download them from:

http://www.harvardpilgrim.org/portal/page?_pageid=253.157353&_dad=portal&_schema=PORTAL

If you have any questions regarding any of the documents in this package, please phone the Harvard Pilgrim EDI Technology Support Center at 1-617-509-8861.

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

EDI Intake Form

Section 1

- Enter your Business information
- Leave the question about using NEHEN, NEHEN/net etc.. blank

Section 2

- For the 837 and 835 transaction check the boxes for SFTP
- Choose whether you will be submitting Professional or Institutional claims or both.

Section 3

- For Billing System Enter: SolAce by Ivertex
- Version: 3.0
- Yes our system is HIPAA compliant
- State how you currently submit claims to Harvard Pilgrim
- If you use a Billing Service state the name of your billing service otherwise answer “no”. (NOTE: Ivertex or SolAce are NOT Billing Services or Clearinghouses)

Section 4

- For Internal contact enter the name of your office manager and his or her phone number
- For Vendor Contact please enter “Ivertex, 602-439-2525, support@ivertex.com”
- Enter the information for the provider’s you will be billing for on the table provided

Trading Partner Privacy and Security Agreement

Complete the first paragraph on the first page of this document and complete the Contractor section on page 5.

Submitting your forms

It is recommended that you keep a copy of all the forms you will be submitting for your records. Fax the enrollment forms to:

1-866-884-3844

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 Harvard Pilgrim EDI Technology Support Center at 1-617-509-8861.

Testing

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

Please have 2 batches of 40 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.