



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: 6/26/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: Pacific Source	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:

Pacific Source

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:



Pacific Source

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 Pacific Source office prior to initiation of electronic claims submission or inquiry.

1. Secure FTP Access Request
2. Trading Partner Enrollment Form

To obtain the forms above, please download them from:

http://www.pacificsource.com/for_prov_HIPAA.html

If you have any questions regarding any of the documents in this package, please phone the Pacific Source EDI Technology Support Center at 541-684-5580 or 800-624-6052.

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

Secure FTP Access Request

- For External Contact please enter the following:
 - Company: Enter your company name
 - Primary Contact: Enter the name of the primary contact person for your office
 - Local Ph. No: Enter your phone number
 - E-mail address: please enter your E-mail address
 - Transaction date: Enter today's date and ANSI4010A1 837 for type/size.
 - Frequency of use: Enter Daily
 - IP Address: If you are a SolAce Hosted User please contact Ivertex for this information. If you are a SolAce Desktop User, please enter your pc's IP Address.

Trading Partner Enrollment Form

- Enter your Business or Provider Name and your Tax ID
- Enter your demographic and contact information
- For Transactions to be transmitted, select the following:
 - Select if you will be doing Professional or Institutional Claim and enter "Daily" for Frequency.
- Enter yes to receive 997 functional Acknowledgements
- For the ISA and GS segment please enter your TAX ID

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:

PacificSource Health Plans
Information Systems
PO Box 7068
Eugene, OR 97401

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 541-684-5580 or 800-624-6052.

Testing

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

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.