



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 20
DATE: 2/7/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: HI BCBS: HMSA	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:

## HI BCBS: HMSA

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:



**HI BCBS: HMSA**

**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 HMSA office prior to initiation of electronic claims submission or inquiry.

1. Electronic Trading Partner Agreement

To obtain the forms above, please download them from:

[http://www.hmsa.com/portal/provider/zav\\_pel.aa.hip.500.htm](http://www.hmsa.com/portal/provider/zav_pel.aa.hip.500.htm)

If you have any questions regarding any of the documents in this package, please phone the HMSA EDI Technology Support Center at 1-800-377-4672.

***Required Information***

We recommend that you have the following information ready before filling out your forms:

<b>Your Submitter Information</b>	<b>Software Vendor Information</b>
<ul style="list-style-type: none"> <li>• Name</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Name – Ivertex</li> </ul>
<ul style="list-style-type: none"> <li>• Address</li> </ul>	<ul style="list-style-type: none"> <li>• Contact – EDI Team</li> </ul>
<ul style="list-style-type: none"> <li>• Phone and Fax Numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Code – N/A</li> </ul>
<ul style="list-style-type: none"> <li>• E-mail Address (if any)</li> </ul>	<ul style="list-style-type: none"> <li>• Phone – 602-439-2525</li> </ul>
<ul style="list-style-type: none"> <li>• Contact Name (if other than name above)</li> </ul>	<ul style="list-style-type: none"> <li>• Fax – 602-439-0808</li> </ul>
<ul style="list-style-type: none"> <li>• Provider PIN numbers for this payer</li> </ul>	<ul style="list-style-type: none"> <li>• Address – PO Box 86609 Phoenix, AZ 85080</li> </ul>
<ul style="list-style-type: none"> <li>• Organization or Group PINs for this payer</li> </ul>	<ul style="list-style-type: none"> <li>• Software Name– SolAce EMC</li> </ul>
	<ul style="list-style-type: none"> <li>• E-mail – Support@Ivertex.com</li> </ul>

## ***Filling out your forms***

### **Trading Partner Agreement**

- Please enter your Business/Practice or Provider Name in the first paragraph
- Please complete the “Trading Partner” information required on page 14.

### **Exhibit B – Business Associate Authorization**

- Please select “Electronic Media Claims”
- Enter your Business/Practice or Provider Name, Address, and Signature
- Under “Business Associate” please fill that section in again with your facility information including your phone number and the name of the billing contact for your office

## ***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:

HMSA  
EMC/HHIN Support – 7<sup>th</sup> Floor  
PO Box 860  
Honolulu, HI 95808-0860

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 HMSA EDI Technology Support Center at 1-800-377-4672.

## ***Testing***

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

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.