



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:	SENDER'S PHONE NUMBER: 602-439-2525
RE: MA BCBS: Emdeon	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:

MA BCBS: Emdeon

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:



MA BCBS: Emdeon

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 MA BCBS office prior to initiation of electronic claims submission or inquiry.

1. BCBSMA Direct Submission Enrollment Packet

To obtain the forms above, please download them from:

<http://www.emdeon.com/healthwire/>

If you have any questions regarding any of the documents in this package, please phone the TrailBlazer EDI Technology Support Center at 1-800-266-2206 option 6, then option 1.

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

Enrollment Packet

Section A

- Enter your Provider or Practice/Business name
- Enter your address and Phone number
- Enter the name of the main contact person for your office
- For Software Company please enter “Solace EMC/Ivertex”

Section B

- Please mark the line that says you would like to receive electronic remittance advices
- Enter your Tax ID #
- For Software Company please enter “Solace EMC/Ivertex”
- Enter your Provider or Practice/Business name
- Enter your address and Phone number
- Enter the name of the main contact person for your office
- Enter your BCBSMA PIN number

Leave the “Biller Number/Vendor Source Code” line blank.

Submitting your forms

It is recommended that you keep a copy of all the forms you will be submitting for your records. Please **FAX** your form to **617-761-3991, Attn: EMC Enrollment**

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 sent 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 1-800-266-2206 option 6, and then option 1.

Testing

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