



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: 5/7/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: MS Blue Cross Blue Shield	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:

MS Blue Cross Blue Shield

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:



MS Blue Cross Blue Shield

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 Blue Cross Blue Shield office prior to initiation of electronic claims submission or inquiry.

1. BCBSMS Electronic Submissions of Claims Agreement

To obtain the forms above, please download them from:

<http://www.bcbsms.com/InvokePage.do?menu=Forms%20and%20Downloads>

If you have any questions regarding any of the documents in this package, please phone the Blue Cross Blue Shield EDI Technology Support Center at 1-800-826-4068.

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

Blue Cross & Blue Shield Agreement

- Enter today's date in the first paragraph and your Business/Practice or Provider name.
- Complete page 5 of the document.
 - Enter today's date in the top paragraph
 - Complete the Provider information section on the right side
 - If you are using a billing agency please fill in the billing agency information.
- Complete the Electronic Claims Information Worksheet
 - Enter your business/practice or provider name
 - Enter your address and contact numbers
 - Enter the name of the main contact person for your office
 - Enter the BCBS ID's of the providers for whom you will be billing.
- If you would like to receive your EOBs electronically, please write the following statement at the bottom of the Electronic Claims Information Worksheet:
 - "Please enroll the provider numbers above to receive Electronic Remittance Advices"

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:

Blue Cross blue Shield of Mississippi
ATTN: EDI Services
PO Box 1043
Jackson, MS 39215-1043

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 1-800-826-4068.

Testing

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

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.