



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: 8/18/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: PA Blue Shield: Highmark	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:

PA Blue Shield: Highmark

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:



PA Blue Shield: Highmark

Enrollment Instructions

Thank you for your interest in Electronic Data Interchange (EDI).

To apply for a Highmark BS submitter ID please go to the following site :
<https://www.highmark.com/edi/index.shtml>

-Click on Sign Up

Under the Related Links Section:

-If applying before 1/1/2012 choose the link for “Sign up as a trading partner for 4010 claims....”

-If applying on or after 1/1/2012 choose the link for “Sign up as a trading partner for 5010 claims....”

If you have any questions regarding any of the documents in this package, please phone the BCBS EDI Technology Support Center at 1-866-763-3224 option 5.

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 online form

EDI Transaction Application

Section 1 (You are the Requester)

- Enter your name, title, the name of the company you are representing, and your phone number

Section 2 & 3 (You are the Trading Partner and Administrator)

- Enter your business, group practice, or provider name
- Complete your demographic information
- Enter the name of the main contact person for your office
- Enter the contact person's phone and fax numbers
- Enter your Tax ID number

Section 4

- Select the Trading Partner type that best fits YOUR line of business (Professional, Institutional, or Billing Service...)

Section 5

- Choose "Internet/FTP"

Section 6

- For Name of Software enter: SolAce EMC
- For Vendor Name enter: Ivertex
- Enter our Vendor information that's provided on page 2 of this guide.
- Do not check the box for self programming

Section 7

- Do not check the Testing box

Acceptance and Submission Section

- Please check the box to accept their terms
- Review your information and Submit

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 the BCBS EDI Technology Support Center at 1-866-763-3224 option 5.

Testing

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

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.