



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: 11/25/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: Section 1011: Trailblazers	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:

Section 1011: Trailblazers

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:



Section 1011: Trailblazers

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 Trailblazers office prior to initiation of electronic claims submission or inquiry.

1. EDI Enrollment Packet

To obtain the forms above, please download them from:

http://www.trailblazerhealth.com/Section_1011/ElectronicDataInterchange.aspx

If you have any questions regarding any of the documents in this package, please phone the Trailblazer EDI Technology Support Center at 1-866-749-4302.

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 – V00099
<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

- Please enter your 13 digit Provider Number that was assigned to you by Trailblazers on the top of page 2.
- Complete Section C on page 4 with your information.
- On Page 5:
 - Complete Section 1 with your information
 - For Section 2 under 837 claim and 835 Remittance Advice enter:
 - A (for Add) under Reason for Request
 - Leave the Version box blank
 - Your biller's name for Designated EDI Submitter...
 - Ivertex for Name of Software Vendor
 - Asynchronous for Data Transfer Method and Telecomm Method
 - Complete Section 3

The next form is for their Direct Data Entry System called the DDE system. If you will be using SolAce to submit claims electronically you will not need to do the DDE Enrollment page.

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:

TrailBlazer Health Enterprices, LLC
EDI Operations, AG-507
PO Box 100249
Columbia, SC 29209-3249

Or you may fax your form to : 803-763-2010

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 1-866-749-4302.

Testing

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

Please have some 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.