



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: 3/9/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: TN BCBS	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:

TN BCBS

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:



TN BCBS

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

1. Electronic Vendor Profile Form

To obtain the forms above, please download them from:

http://www.bcbst.com/providers/ecommm/getting_started/profile_billing_agent.pdf

If you have any questions regarding any of the documents in this package, please phone the Medicaid EDI Technology Support Center at 423-535-5174.

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"> • Tax ID - 86-0951246
<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

Electronic Vendor Profile

Section 1

- Select “Billing Agency”
- Enter your Business/Practice or Provider Name
- Enter your Tax ID

Section 2

- Complete your demographic information
- Enter the name of the main contact person for your office

Section 3

- Enter ANSI-837 as the Claims Transaction to be used
 - For the year 2010: Enter version 4010A1
 - For years after 2010: Enter 5010
- There are no other ANSI transactions to be submitted
- On the table, select 837P for professional claims or 837I for institutional claims.
- Complete section 3b if it applies to you

Section 4

- Select “Purchased Software”
 - Complete the software vendor information provided above for Ivertex.

Section 6

- Choose “Individual names are already on file” if it’s the same as the contact person listed on Section 2.

Section 7

- Please complete this section with your information

Section 8

- For the Modem Access Form Section please read the following:
 - If you are using our SolAce Desktop or Multi User Version, please list your modem line phone numbers
 - If you are using our Online SolAce Hosted Version please list the following phone numbers:
 - 602-439-0809, 602-439-0807, 602-439-0818
 - Complete the bottom section with your information

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 Tennessee
Attn: Provider Network Services – 2.4CH
One Cameron Hill Circle, Suite 0007
Chattanooga, TN 37402-0007

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 423-535-5174.

Once you receive your response

Once you receive your ID, you will have to ask your providers to complete the BCBS TN “Electronic Provider Profile Form” to state they will be using your Billing Service. It can be downloaded from the same link above.

Testing

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

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.