



Electronic Medical Claims

DEVELOPED BY IVERTEX

FACSIMILE TRANSMITTAL SHEET

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| TO: | FROM: Ivertex Enrollment Team |
| COMPANY: | E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM |
| FAX NUMBER: | TOTAL NO. OF PAGES INCLUDING COVER: |
| DATE: 8/25/2009 | SENDER'S PHONE NUMBER: 602-439-2525 |
| RE: WY BCBS: Noridian | 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:

WY BCBS: Noridian

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:

WY BCBS:Noridian

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

Please read the Getting started checklist first at http://www.edissweb.com/blue/news/get_started.html
 Then complete and submit the 2 forms below:

1. CMS EDI Enrollment Form
2. BCBS WY Trading Partner Agreement

To obtain the forms above, please download them from:
<http://www.edissweb.com/blue/forms/enrollment.html>

For the BCBS WY trading partner agreement please go to:
https://www.bcbswy.com/providers/pdf/bcbswy_tpa.pdf

REMEMBER: You must also register for the Total Onboarding System (TOB) at
<https://noridian.totalonboarding.com/>
 (When asked for a HIPAA compliant vendor, Ivertex would be classified as a Software Vendor)

If you have any questions regarding any of the documents in this package, please phone the Noridian EDI Technology Support Center at 1-800-967-7902

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"> • Business/Provider Name | <ul style="list-style-type: none"> • Vendor Name – Ivertex (#SV00016) |
| <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"> • 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 Data Interchange (EDI) Enrollment Form

Please complete the last section of this form.

BCBS WY Trading Partner Agreement

Please enter today's date and your Business/Group Practice or Provider name and info in the first paragraph and in section 9.1. Then, please complete the Signature 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:

EDI Support Services
PO Box 6729
Fargo, ND 58108-6729

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 to three 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 1-800-967-7902.

Testing

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

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.