



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 7
DATE: 5/31/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: Anthem Central: NV and CO	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:

Anthem Central: NV and CO

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:
Anthem Central covers:
CO, GA, IN, KY, MO, NV, OH, WI, and Blue Cross of California



CO & NV BCBS: Anthem

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

1. EDI Registration Form – All Transactions
http://www.anthem.com/edi/noapplication/f5/s2/t0/pw_036741.pdf?refer=ahpculdesac&na=edi_co&ref=edi_nv,edi_co
2. Electronic Remittance From
http://www.anthem.com/shared/noapplication/f5/s1/t0/pw_ad080095.pdf?refer=ahpculdesac&na=edi_co&ref=edi_nv,edi_co
3. Trading Partner Agreement Form (Online)
<http://www.anthem.com/forms/edi/tpaformwest.html>

To obtain the forms above, please download them from:

http://www.anthem.com/wps/portal/ahpprovider?content_path=provider/co/fl/s0/t0/pw_ad071001.htm&rootLevel=0&state=co&label=Provider%20Home

- Click the EDI link at the bottom and click Register on the new window

If you have any questions regarding any of the documents in this package, please phone the Anthem EDI Technology Support Center at (800) 332-7575

Required Information

We recommend that you have the following information ready before filling out your forms:

Your Submitter Information	Software Vendor Information
• Name	• Vendor Name – Ivertex
• Address	• Contact – EDI Team
• Phone and Fax Numbers	• Vendor Code – N/A
• E-mail Address (if any)	• Phone – 602-439-2525
• Contact Name (if other than name above)	• Fax – 602-439-0808
• Provider PIN numbers for this payer	• Address – PO Box 86609 Phoenix, AZ 85080
• Organization or Group PINs for this payer	• Software Name– SolAce EMC
	• E-mail – Support@Ivertex.com

Filling out your forms

EDI Registration Form

Heading

- Please select “New Submitter”

Section 1

- Please enter your Business/ Practice or Provider Name
- Enter your address, phone and fax number and email address
- Enter the name of the main contact person for your office

Section 2

- Select your business type

Section 3

- Please mark “Software/System Vendor” and enter the Software Vendor information provided above.

Section 4

- For Data Transmission Method please select “Secure FTP”

Section 5

- Enter your Business or Provider Tax ID number

Section 6a

- Please mark the following:
 - 837 P – Professional Claims for CMS 1500 billings
 - 837 I – Institutional Claims for UB04 billings
 - 835 – Payment Advice/Remit to receive your EOBs electronically in SolAce

Section 6b

- Select the State you are billing for

Anthem ERA/EFT Enrollment Form

Please hold on to this form until you receive your Submitter ID from Anthem.

Section 1

- Complete this section with your information

Section 2

- If you use SolAce in your office and have received your own Submitter ID from Anthem, choose the first box for “We are a direct claim submitter...” and enter your Submitter/Mailbox ID. For your ERA Translation software, enter “SolAce by Ivertex”
- If you use a Billing Service, choose “Our vendor will retrieve all ERA....” And enter you Billing Services name and information. (NOTE: Ivertex or SolAce is NOT a Billing Service)

Section 3

- Complete the Signature section

Attachment B is for the EFT portion if you would like your payments to be directly deposited into your accounts.

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:

Anthem Blue Cross and Blue Shield
700 Broadway – HS 1134
Denver, CO 80273

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 Anthem EDI Technology Support Center at (800) 332-7575.

Testing

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

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.