



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 6
DATE: 5/31/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: IN, KY, OH, MO, WI BCBS: Anthem	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:

IN, KY, OH, MO, WI BCBS: Anthem

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:



IN, KY, OH, MO, WI 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. Trading Partner Registration Form
http://www.anthem.com/edi/noapplication/f2/s2/t0/pw_037827.pdf?refer=ahpculdesac&na=edi_in&ref=edi_in,edi_ky,edi_mo,edi_oh,edi_wi

2. Payment Advice Registration Form
http://www.anthem.com/edi/noapplication/f2/s2/t0/pw_041237.pdf?refer=ahpculdesac&na=edi_in&ref=edi_in,edi_ky,edi_mo,edi_oh,edi_wi

To obtain the forms above, please download them from:
http://www.anthem.com/wps/portal/ahpculdesac?content_path=edi/noapplication/f2/s2/t0/pw_041243.htm&na=edi_in&rootLevel=1&label=EDI%20Registration%20Forms

If you have any questions regarding any of the documents in this package, please phone the Anthem EDI Technology Support Center at (800) 470-9630 option 2.

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 forms

EDI Registration Form

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
- Please leave the sender id number box blank

Section 2

- Select your business type, either Physician/Provider or Billing service if you are a Billing Service.

Section 3 and 4

- Please select your states and 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 5

- For Data Transmission Method please select “SFTP”
 - If SFTP is not listed as an option please Write it in underneath the last option listed.

Section 6

- For Delimiters, please enter the following:
 - Element Separator: *
 - Sub-element Separator: :
 - Segment Terminator: ~

Section 7

- Enter Ivertex as your vendor name
- Please fill in Ivertex’s address and contact information. It is provided on the table on page 2 of this guide.

EDI Trading Partner Registration – Payment Advice/ Remit

Section 1

- Please select “Initial 835 Setup”
- New Applicants may leave the EDI Sender ID blank
- Please enter your Business/ Practice or Provider Name
 - Providers, please complete the Provider section
 - Billing services, please complete the Vendor section
- Enter your address, phone number and email address
- Enter the name of the main contact person for your office

Section 2

- Please list the names, BCBS Pin, NPI and Tax ID for the providers you will be billing for
- Select “Initial Setup” for Type of Request and select your state.

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:

Central Region EDI
13550 Triton Park Blvd.
Louisville, KY 40223

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) 470-9630 option 2.

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.