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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: 7
DATE: 7/25/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: VA BCBS:Anthem	SENDER'S FAX NUMBER: 602-439-0808

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URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

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NOTES/COMMENTS:

The following pages contain important information in regards to your EDI Enrollment for:

## VA 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:
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**VA 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  
[http://www.anthem.com/edi/va/f2/s2/t0/pw\\_039800.pdf?refer=ahpculdesac&na=edi\\_va&ref=edi\\_va](http://www.anthem.com/edi/va/f2/s2/t0/pw_039800.pdf?refer=ahpculdesac&na=edi_va&ref=edi_va)
2. Trading Partner Agreement  
<http://www.anthem.com/forms/edi/tpaformva.html>

To obtain the forms above, please download them from:

[http://www.anthem.com/wps/portal/ahpculdesac?content\\_path=edi/noapplication/fl/s0/t0/pw\\_035984.htm&na=edi\\_va&label=Electronic%20Data%20Interchange%20\(EDI\)](http://www.anthem.com/wps/portal/ahpculdesac?content_path=edi/noapplication/fl/s0/t0/pw_035984.htm&na=edi_va&label=Electronic%20Data%20Interchange%20(EDI))

- Click on Register and Choose EDI Registration Form

If you have any questions regarding any of the documents in this package, please phone the Anthem EDI Technology Support Center at (800) 991-7259.

***Required Information***

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

<b>Your Submitter Information</b>	<b>Software Vendor Information</b>
• 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 Trading Partner Registration Form**

#### Type of Request

- Please select “New Submitter”

#### Trading Partner Information

- 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
- For Business Type choose Physician/Provider or if you are a Billing Service, select Billing Service.

#### Vendor Information

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

#### HIPAA Certification

- Please do not mark any of the boxes but instead, write in “ Vendor has clients submitting in Anthem Midwes/West” and put a check mark to the Left of it.

#### Transaction Types

- Please mark the following:
  - 837 P – Professional Claims for CMS 1500 billings
  - 837 I – Institutional Claims for UB04 billings
  - 835 – Payment Advice to receive your EOBs electronically in SolAce
- At the bottom of this form please write in “FTP set up please”

#### Provider List

- List the names and Anthem PIN numbers of the providers you will be billing for

#### Signature

- Please Sign and Print your name at the bottom

### **EDI Trading Partner Agreement**

Please complete this online form 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. Fax the enrollment forms to:

804-354-2529  
Attn: EDI Specialist

It is very important that you complete and fax 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) 991-7259.

### ***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.