



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: 5/31/2011 | SENDER'S PHONE NUMBER: 602-439-2525 |
| RE: Anthem Central/ Blue Cross | 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/ Blue Cross

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.

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| Comments: |
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Anthem Central

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 Agreement
2. EDI Claims Enrollment Form
3. ERA/EFT Enrollment Form

To obtain the forms above, please download them from:

http://www.anthem.com/wps/portal/ca/culdesac?content_path=provider/f2/s0/t0/pw_a111401.htm&rootLevel=1&name=edi&label=Register

If you have any questions regarding any of the documents in this package, please phone the Anthem EDI Technology Support Center at 800-227-3983

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

Trading Partner Agreement

Trading Partner Agreement is an online form that you must submit as a Trading Partner via this link:
<http://www.anthem.com/forms/edi/tpaformca.html>

EDI Registration Form

Heading

- Please select “New Submitter”
- Choose “Physician/Provider” if you will be using SolAce to submit your claims directly to Anthem. Choose “Billing Service” if you are a Billing Service.

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

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

Section 3

- For Data Transmission Method please select Secure FTP

Section 4

- If you are a new applicant select “Assign New” and enter your information under the Submitter Name and Demographics section. (Leave the Clearinghouse line blank)

Section 5

- 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

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
ATTN: EDI Services CAAC07-077B
21555 Oxnard Street Woodland Hills, CA 91367

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 800-227-3983.

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.