





**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
  - Electronic Remittance Form
2. Trading Partner Agreement Form (Online)

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](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:

<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 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 “Z Modem” and “Compressed”

#### Section 5

- Enter your Business or Provider Tax ID number

#### Section 6a

- Please mark the following:
  - 837 P – Professional Claims for HCFA 1500 billings
  - 837 I – Institutional Claims for UB92 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.