



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 8
DATE: 5/31/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: CT, ME, NH 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:

CT, ME, NH 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:



CT, ME, NH 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. Electronic Data Interchange (EDI) Services
 - A new window will open. Click on the "Register" bar and choose "EDI Registration Forms"
 - Print out the following forms:
 - i. Anthem East EDI Registration Form
http://www.anthem.com/shared/noapplication/f2/s2/t0/pw_ad089896.pdf?refer=ahpculdesac&na=edi_nh&ref=edi_ct,edi_me,edi_nh
 - ii. 835 EDI Registration Form (to apply for electronic EOB's)
http://www.anthem.com/shared/noapplication/f2/s2/t0/pw_039725.pdf?refer=ahpculdesac&na=edi_nh&ref=edi_ct,edi_me,edi_nh

To obtain the forms above, please download them from:
http://www.anthem.com/wps/portal/ahpprovider?content_path=provider/nh/f1/s0/t0/pw_ad076577.htm&rootLevel=0&state=nh&label=Provider%20Home

If you have any questions regarding any of the documents in this package, please phone the Anthem EDI Technology Support Center at (800) 334-8262.

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

Section 1

- Please select “New Electronic Submitter”
- Enter your Business/Practice or Provider Tax ID
- For Software Vendor please enter “Ivertex”
- Enter your Billing NPI Number

Section 2

- Select the State you are billing for

Section 3

- Select the Type of Claim you will be submitting

Section 4

- Select “Provider” if you will be using SolAce to submit your claims directly to Anthem
- Select “Billing Service” if you are a Billing Service submitting claims for Providers.

Section 5

- 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 6

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

Section 7

- Please mark the following:
 - 837 P – Professional Claims for CMS 1500 billings
 - 837 I – Institutional Claims for UB04 billings

Section 8

- For Data Transmission please select “SFTP”
 - If the SFTP option is not listed, please write it in underneath the last option listed and select it.

Section 9

- For Report Compression please select “Zipped”

Section 10

- Please sign and Date this section.

835 Electronic Remittance Advice

After you have received your Anthem Submitter ID, please fill this form out if you would like to receive your EOBs electronically in SolAce

Heading

- Please select “Initial 835 Set Up – Receiver ID to be same as 837 Submitter ID
- Enter your Submitter ID

Section 1

- Select “P”

Section 2

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

Section 3

- 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
- Select the Line of Business and the State you are billing for

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
EDI Business 4W020
2 Gannett Drive
So. Portland, ME 04106

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) 334-8262.

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.