



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 7
DATE: 5/22/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: VA 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:

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:



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

To obtain the forms above, please download them from:

http://www.anthem.com/jsp/antiphona/bcbs/int_contentlist_c.jsp?content_id=PW_036007&site=BCBS&state=VA&role=PROVID

- 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:

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 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

Vendor Information

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

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 HCFA 1500 billings
 - 837 I – Institutional Claims for UB92 billings
 - 835 – Payment Advice to receive your EOBs electronically in SolAce
- At the bottom of this form please write in “ASYNCH 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

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.