



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
7/7/2011 (1E)

**Blue Cross Blue Shield - INDIANA
Anthem BCBS – Central Region EDI
Enrollment Instructions
Professional/Institutional ERA**

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

**FAX COMPLETED FORMS TO-
ANTHEM BCBS, Central Region EDI
502-889-4533**

837-CLAIMS Initial Provider Enrollment (New) or Re-Enrollment (Change of Service)

No enrollment, no forms necessary.

835- ERAs Electronic Remittance Request (New) or (Change of Service)

If the provider wishes to authorize Practice Insight to retrieve their 835 ERA files, this form must be completed for each billing provider group and/or any individual provider(s) billing solo.

EDI TRADING PARTNER REGISTRATION FORM – Payment Advice/Remit (2 pages)

Page 1 - Enter "Provider Information" for billing provider.

Page 2- SEE TABLE

PLACE ✓ for "**Type of Request**" under the appropriate column--

"**Initial Setup**" - If this is the first time that ERAs are being setup for the billing provider.

"**Addition**" - If the billing provider is already receiving ERAs, and this is a change of service for ERAs.

ENTER Name of Provider/Organization (billing provider group or individual provider billing solo).

Enter appropriate **Tax ID #**, **NPI #** and **Payee ID** for the Billing Provider Group or Individual.

Use additional lines, to enroll any additional billing provider groups or individuals. When entering additional billing providers, be sure to put ✓ for "**Type of Request**", as well as "**Line of Business**", e.g, Blue Shield and "**State**", e.g, Indiana

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since request was submitted and you have not yet received confirmation of enrollment, contact Anthem BCBS EDI at 1-800-470-9630.

EDI TRADING PARTNER REGISTRATION FORM – Payment Advice/Remit

Please print legibly to avoid form being returned

Type of Request *Check one*

Sender ID = Gateway mailbox from where the inbound 837 claim is being submitted
 Receiver ID = Gateway mailbox to where the outbound 835 payment is being routed

| | | |
|--|---|---|
| <input type="checkbox"/> INITIAL 835 SETUP – Receiver ID to be <i>same</i> as 837 Sender ID <hr style="width: 80%; margin-left: 0;"/> <i>Important - fill in sender ID</i> | <input type="checkbox"/> INITIAL 835 SETUP – Receiver ID to be <i>different</i> from 837 Sender ID <hr style="width: 80%; margin-left: 0;"/> <i>Important - fill in sender ID</i> | <input type="checkbox"/> MAINTENANCE – add/delete/change 835 profile for Receiver ID <hr style="width: 80%; margin-left: 0;"/> <i>Important - fill in receiver ID</i> |
|--|---|---|

The following is required to receive an 835 Payment / Remittance Advice:

- Name of Provider or Organization
- Anthem assigned Payee ID Number
- Provider Tax ID Number associated with Provider ID Number
- National Provider Identifier (NPI) associated with Provider ID Number (*does not apply to exempt providers)

NOTE: Depending on the payment arrangement between the provider(s) and Anthem, claim payments are made based on the Payee ID assigned to the individual provider and/or group. In cases where multiple providers are paid under the same Payee ID or group pay-to number, activation of the number will generate 835s for all providers linked under this hierarchy.

Since the payee ID/Tax ID can only be associated with one Anthem Sender/Receiver ID, changes to your provider ID number or tax ID number may affect the distribution of your 835s. ***If you have any changes in provider status, or need to activate or deactivate additional providers for receiving the 835, notify the EDI Help Desk by completing this form as a maintenance request.***

For further detail and latest news about the 835, refer to the EDI website: <http://www.anthem.com/edi>

Contact Information

Provider Information

| | | | |
|----------------------|-------------|----------------|--|
| Provider Name _____ | | | |
| Address _____ | | | |
| City _____ | State _____ | Zip Code _____ | |
| Contact Name _____ | | Phone _____ | |
| E-Mail Address _____ | | Fax _____ | |

Technical Information

| | | | |
|----------------------|-------------|----------------|--|
| Vendor Name _____ | | | |
| Address _____ | | | |
| City _____ | State _____ | Zip Code _____ | |
| Contact Name _____ | | Phone _____ | |
| E-Mail Address _____ | | Fax _____ | |

