



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms  
09/13/2010 (IE)

---

---

**Blue Cross Blue Shield - MISSOURI  
Anthem BCBS – Central Region EDI  
Enrollment Instructions  
Professional/Institutional Claims and 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.
- ✓ **Make 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 resubmit.

**FAX COMPLETED REQUEST FORM TO-  
ANTHEM BCBS  
Central Region EDI  
Fax # 502-889-4533**

**837- CLAIMS Provider Enrollment (New or 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, Missouri,

---

---

**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"/> <b>INITIAL 835 SETUP –</b> Receiver ID to be <i>same</i> as 837 Sender ID	<input type="checkbox"/> <b>INITIAL 835 SETUP –</b> Receiver ID to be <i>different</i> from 837 Sender ID	<input type="checkbox"/> <b>MAINTENANCE –</b> add/delete/change 835 profile for Receiver ID
<hr/> <i>Important - fill in sender ID</i>	<hr/> <i>Important - fill in sender ID</i>	<hr/> <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

