

ERA Payer Agreement Instructions for Anthem Mid-West - ANTMW

Important Notes

ERA transactions are available as an additional Per-Se contracted service. To add ERAs to your contract please contact your Per-Se Sales person or Account Manager. ERAs must be part of your Per-Se contract BEFORE completing this ERA Payer Agreement.

Electronic Funds Transfer (EFT) is an arrangement between the Provider and the Payer. Per-Se does not manage or transmit EFTs.

Before receiving ERAs the Provider must:

- Be processing claims electronically with this Payer
- Complete a claims processing agreement, if applicable, prior to completing an ERA agreement.

Guidelines for completing: Anthem Mid-West Payer ID ANTMW

Indiana – Kentucky - Ohio

- The following will be required to receive 835 Remits.
- Provider or Practice name Tax ID and Anthem assigned Payee ID
- Type of Request.

Fax or Mail Payer's ERA Enrollment Form to:

Fax

(502) 327- 5327

Physical address for USPS, FedEx, UPS, etc.

Anthem Midwest EDI

Atten: Setups

10100 Linn Station Rd

Louisville, KY 40223

Fax NDCHealth/Per-Se ERA Enrollment Request to NDCHealth/Per-Se:

NDCHealth/Per-Se Enrollment Fax

(800) 633-4763

Anthem Midwest

835 PROVIDER MAINTENANCE FORM

USE OF THIS FORM: This form should only be used by Anthem Midwest EDI submitters who have been assigned an EDI Sender ID (ex. MW00000X) and have previously been set-up to receive the 835 Remittance Advice. If you have not been assigned an EDI Sender ID and/or are requesting the 835 Remittance transaction for the first time, please complete the EDI Registration Form located on our web-site at www.edi.anthem.com.

To successfully receive the 835, your payee/tax ID can only be associated with one Anthem submitter ID. In addition, should your tax ID, provider or payee number change, or you switch electronic vendors, please complete a new 835 Provider Maintenance Form. Contact your Network management representative for all changes, deletes or additions to your payee or provider ID.

For further details about the 835 remit advice transaction, please refer to the 835 Health Care Claim Payment/Advice companion document found on www.edi.anthem.com, under "Transaction Specific Companion Documents".

1. Trading Partner Information:

EDI Sender ID _____

Trading Partner Name _____

Address (include suite) _____

City _____ State: _____ Zip: _____

Contact Name _____ Phone () _____

The following will be required to receive the **835 Payment Advice/Remit Transaction**:

- Provider or Practice name
- Copy of your paper remittance
- Anthem assigned payee ID Number
- Provider Tax ID number associated with payee ID

Note: Anthem Midwest makes claim payments based on the Payee ID assigned to the provider. Depending upon the payment arrangements between the provider(s) and Anthem, multiple providers may be paid under the same Payee ID. An example of this is multiple providers within the same group practice. Therefore, when a provider in a group practice requests an 835 electronic transaction, by default, all other providers under the same Payee ID will also receive an 835 electronic transaction. We must have every payee ID associated with each tax ID for the practice.

PROVIDER NAME	TAX ID #	ANTHEM ASSIGNED Payee ID #	TYPE OF REQUEST	
			Add	Delete
1.				
2.				
3.				
4.				
5.				
6.				

MUST RETURN COMPLETED FORM VIA MAIL OR FAX TO:

Anthem Midwest EDI
 Attn: SETUPS
 10100 Linn Station Rd
 Louisville, KY 40223

Fax: (502) 327-5327
 Phone: (800) 470-9630 (Option 2)