



Empowering Healthcare

ERA Payer Agreement Instructions for Alaska Medicaid – Payer ID MC093

Important Notes

ERA transactions are available as an additional McKesson contracted service. To add ERAs to your contract please contact your McKesson Sales person or Value Added Reseller. ERAs must be part of your McKesson contract BEFORE requesting ERA service through the McKesson EDI Enrollment Department.

Electronic Funds Transfer (EFT) is an arrangement between the Physician/Provider and the Payer. McKesson does not manage or transmit EFTs.

Before receiving ERAs for Alaska Medicaid the Physician/Provider must:

- Be processing claims electronically with this payer
- Contract with McKesson for All Payer ERA service
- Complete an ERA Enrollment Request Form
- Complete Alaska Medicaid's Electronic Remittance Advice Enrollment Form.

Guidelines for completing: Alaska Medicaid Electronic Remittance Advice Enrollment Form:

- Complete all required fields
- Submit one ERA Payer Agreement for each Physician/Group Tax ID.
- Once the agreement is open in Adobe Reader you can type information onto the form.
- Forward original ERA agreement along with your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow up to 30 days for approval and receipt of Alaska Medicaid ERA.

Fax completed Alaska Medicaid ERA Agreement and McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763

Provider Electronic Remittance (835) Authorization

Alaska Medical Assistance is capable of sending an 835 transaction to a single entity/organization only. The purpose of this form is to allow providers to designate who should receive their 835. Please complete the following form for this designation and indicate all State Provider Identification Number(s) and corresponding National Provider Identifier (NPI) number(s) that are applicable.

Send My 835 To:

- Self (practice management software able to receive)
- Billing Agent
- Clearinghouse
- Other

Organization Name: _____

Contact Name: _____

Phone Number: _____

Provider Name: _____

State Provider Identification Number _____ **Corresponding NPI#** _____

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State Provider Identification Number _____ **Corresponding NPI#** _____

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State Provider Identification Number _____ **Corresponding NPI#** _____

State Provider Identification Number _____ **Corresponding NPI#** _____

State Provider Identification Number _____ **Corresponding NPI#** _____

Telephone #: _____

Attach additional pages if necessary

I authorize the above named entity to receive and process my electronic remittances (835) from Alaska Medical Assistance Programs. I may have multiple entities submitting claims for me and understand that only one entity can be designated by me to accept and process my electronic remittance. I also understand that the entity I have authorized above must have prior approval from First Health Services to receive electronic remittances.

Print Authorized Representative Name

Title Authorized Representative

Signature of Provider* or Authorized Representative**

Date

* *Individuals and sole proprietors must sign their own enrollment agreement form.*

** *An authorized representative is an appointed official to whom the provider has granted the legal authority to enroll the provider in the Medicaid program, to make changes and/or updates to the provider's status in the Medicaid program (e.g., new practice locations, changes of address, etc.), and to commit the provider to fully abide by the laws, regulations, and program instructions of the Medicaid program. The authorized official must be the provider's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of 5% or more of the provider's organization, or must hold a position of similar status and authority within the provider's organization.*

If you fax this document, please be sure to mail the original.

Mail Original or Fax to: First Health Services Corporation
HIPAA Provider Support Team
P.O. Box 240808
Anchorage, AK 99524-0808

Fax Number: (907) 644-8126