



Empowering Healthcare

## ERA Payer Agreement Instructions for California Blue Shield – Payer ID BS001

### 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 California Blue Shield 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 California Blue Shield's Electronic Remittance Advice Enrollment Form.

### **Guidelines for completing: California Blue Shield 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 California Blue Shield ERA.

Fax completed California Blue Shield ERA Agreement and McKesson ERA Enrollment Request Form to:

**McKesson EDI Enrollment**

**800-633-4763**



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**ERA Enrollment Request Form**

<b>Client Information:</b> <input type="checkbox"/> Existing Phoenix Customer <input type="checkbox"/> New Phoenix Customer			
<b>Client Name:</b>			
<b>Client ID:</b> If new Customer leave this field blank		<b>Date of Request:</b>	
<b>Phone Number:</b>		<b>Fax Number:</b>	

<b>Provider Information:</b> Complete one form for each Tax ID		<b>Individual NPI:</b>		
		<b>Group NPI:</b>		
<b>Provider/Group Name:</b>				
<b>Address:</b>			<b>Tax ID:</b>	
<b>City:</b>		<b>State:</b>		<b>Zip:</b>

<b>ERA Payer Information:</b> Refer to Instruction sheet attached for location of the Phoenix Payer List and Carrier Agreement Map.					
Provider #	Payer ID	Payer Name	Date Sent to Payer	Service Used (ie: FedEx, UPS, USPS)	Tracking # (if applicable)

Return to McKesson Support Services – Fax # 800-633-4763



Attachment III

Provider Authorization Form

Release of Electronic Remittance Advice (ERA) to a Third Party & Electronic Funds Transfer (EFT) Information

Provider Information for ERA

Form with fields: Provider name, Tax ID Number(s), NPI(s), Physical address, City, State, Zip, Telephone, Fax, Primary contact name, Email Address.

Third Party Information for ERA

Form with fields: Third Party authorized to receive 835, Address, City, State, Zip, Telephone, Fax, Email, Billing service technical contact name.

Bank Information for EFT Transmittal

Form with fields: Bank name, Branch phone, Branch address, Administrative contact, Contact phone, American bankers association (ABA) number, Account number, and a note about attaching a voided check.

Authorized Signature

Form with fields: Signature, Print name, Title, Date.

This form will certify that the Third Party named above is authorized to receive the provider electronic remittance advice (also known as the 835) for the provider listed.

The provider is responsible to notify Blue Shield of California if there are any changes authorizing this Third Party to receive the electronic remittance advice.