



Empowering Healthcare

ERA Payer Agreement Instructions for CIGNA – Payer ID 62308

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 Cigna 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 Cigna's Electronic Remittance Advice and Electronic Funds Transfer Enrollment Form.

Guidelines for completing: Cigna Electronic Remittance Advice and Electronic Funds Transfer Enrollment Form:

- Complete all required fields
- Submit one ERA/EFT 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 Cigna ERA.

Fax completed Cigna ERA Agreement and McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763

Electronic Remittance Advice (ERA) Provider Registration Request and Cancel Form

INSTRUCTIONS TO PROVIDER:

- A. Please complete this form [Sections (1), (2), and (3)], if you are requesting to **Register** or to **Cancel** an Electronic Remittance Advice (ERA) from CIGNA HealthCare.
- B. E-mail the completed form to your clearinghouse. (Note: Your clearinghouse will forward the registration request/change to CIGNA HealthCare.)
- C. Retain a copy for your records.

(1) ACTION REQUESTED <i>(Select one)</i>		(2) EFFECTIVE DATE	
<input type="checkbox"/> ENROLL FOR ERA (Note: Explanation of Payments currently provided will continue).	<input type="checkbox"/> CANCEL ERA (Note: For any reason, including change in Clearinghouse).	INDICATE THE ERA EFFECTIVE DATE OR CANCEL DATE <u>REQUESTED</u> . (Specify date –mm/dd/yyyy) (Note: Future Date only)	

(3) PROVIDER INFORMATION *(Use for Solo Practitioners, Groups, Facilities, Ancillary Providers, etc.):*

PROVIDER TYPE:	TIN (TO WHICH PAYMENT WILL BE MADE)	TIN (TAX ID) NAME ON W-9.	TIN TYPE (INDICATE SSN OR EIN)
<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> BOTH			<input type="checkbox"/> SSN <input type="checkbox"/> EIN
<input type="checkbox"/> SOLO PRACTITIONER FIRST/LAST NAME & DEGREE			
<input checked="" type="checkbox"/> GROUP NAME (IF APPLICABLE)			
<input type="checkbox"/> ANCILLARY NAME TYPE OF ANCILLARY (E.G., DME, LAB, MENTAL HEALTH, ETC.)			
<input type="checkbox"/> FACILITY NAME TYPE OF FACILITY (E.G., HOSPITAL, SKILLED NURSING, ETC.)			
BILLING ADDRESS (STREET, PO BOX, CITY, STATE, ZIP)			
BILLING CONTACT NAME			
TELEPHONE NO.		FAX NO.	
E-MAIL ADDRESS			

(4) CLEARINGHOUSE INFORMATION *(Completed by Clearinghouse):*

CLEARINGHOUSE ID#	870426777	Provider Direct	Provider Direct
PHONE #	860-632-0572	FAX #	860-632-2999
E-MAIL ADDRESS & CONTACT NAME	Lisa Lagassey Support@post-n-track.com	DATE REQUEST COMPLETED	
CIGNA INTERNAL USE ONLY		DATE REQUEST RECEIVED:	

Notes:

- a) Provider Records will be updated within 10 business days of receipt of this form by CIGNA HealthCare.
- b) ERA's will be produced beginning the first payment cycle after the ERA effective date:
- for claims received after the ERA effective date,
 - for claims received before the ERA effective date, if processed and consolidated on the same check with claims received after the ERA effective date.

Note that the "ERA effective date" is the date requested, or, the current date at the time the registration request is processed by CIGNA, whichever is later. Retroactive dates are not accommodated.

- c) ERA election will be effective for all practitioners registered within the same TIN#.
- d) Explanation of Payments (currently provided) will continue to be produced.