



Empowering Healthcare

ERA Payer Agreement Instructions for Connecticut Medicare – Payer ID MR049

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 Connecticut Medicare 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 Connecticut Medicare's Electronic Remittance Advice Enrollment Form.

Guidelines for completing: Connecticut Medicare 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 directly to Medicare.
- Forward your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow up to 30 days for approval and receipt of Connecticut Medicare ERA.

Request for ANSI Ver. 4010 A1 835 ERA

Section	Instructions
Sender ID to retrieve ERA:	Pre-filled by MedAvant
Sender ID used to submit claims:	Pre-filled by MedAvant
New ERA Setup:	Pre-filled by MedAvant
Provider Information:	Self Explanatory
Indicate the format for your ERA:	Pre-filled by MedAvant
Provider/Group Name, Individual Provider Number, National Provider Identifier	Indicate the provider names and numbers that are to receive Electronic Remittance Advice
Provider's Authorized Name (Print, Signature, and Date):	Please be sure to read and understand the Security Information Disclaimer

Mail or Fax Payer Agreement to:

Physical address for USPS

AdminaStar Federal
Attn: EDI Unit
PO Box 34490
Louisville, KY 40232-4490

Fax:

(502) 423-2356

Fax completed McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763

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Provider Authorization Form

To: National Government Services, Inc.

I hereby request the Submitter and/or Receiver named below be allowed to perform the following functions on behalf of the provider number(s) listed below (check all that apply):

EDI Transactions, i.e., X12 Transactions and other types of files

- | | |
|--|--|
| <input type="checkbox"/> ASC X12 837 Claim | <input type="checkbox"/> Download EDI reports |
| <input type="checkbox"/> ASC X12 276/277 Claim Status & Response | <input type="checkbox"/> Patient eligibility (LU6.2) |
| <input type="checkbox"/> ASC X12 835 Remittance | |

Submitter and/or Receiver Information

Submitter and/or Receiver Name			
Operating as a <small>(Provider, Clearinghouse, Billing Agent, etc.)</small>			
Submitter ID			
Street			
City, State, Zip Code			
Contact Name			
Contact Phone Number			
Contact Email Address			

Provider Information

Provider Name <small>(SAME if NOT different from above)</small>			
Street			
City, State, Zip Code			
Contact Name			
Contact Phone Number			
Contact Email Address			
Provider Number (s) / National Provider Identifier (NPI)			

Authorized Provider Signature _____

Title _____

Date _____

The person signing this form understands the provider is responsible for the data received by the submitter and/or receiver. If the data is mishandled in any way, the provider will be held responsible. The third-party is prohibited from viewing, storing, modifying, or reporting the data for their own use.