



Empowering Healthcare

ERA Payer Agreement Instructions for Delaware Blue Shield – Payer ID BS042

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 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 Blue Shield 's Electronic Remittance Advice Enrollment Form.

Guidelines for completing: Delaware Blue Shield Electronic Remittance Advice Enrollment Form:

- You must sent the payer a letter with your office letter head with the following informations:
 - Name of Office
 - Contact at Office
 - Tax ID and BCBSDE Legacy ID
 - You must identify your clearinghouse as MedAvant Healthcare Solutions, submitter id 650202059
 - All of this data MUST be faxed directly to the payer, approvals will take 2-3 weeks
- Submit one ERA Payer Agreement for each Physician/Group Tax ID.
- Forward your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
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Fax Provider Authorizatoin letter to Delaware Blue Shield at:
Fax: 302-421-3265

Fax the completed McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763

