

Payer Agreement Instructions for Illinois Blue Shield BS018 and Illinois Medicaid MC009

Important Notes

This Payer does not require an agreement. To be set up for electronic claims submission, complete a McKesson Enrollment Form, as noted below. The provider **must be enrolled** with the payer and have a valid provider number before completing the McKesson Claims Enrollment Form. Please do not list the provider number as "pending".

To obtain a valid provider number for this payer, **the provider or Billing Service** must contact Connecticut Blue Shield Enrollment department. McKesson **cannot** make this request for the provider.

- Submit one McKesson Claims Enrollment Form for each Tax ID.
- Incomplete or incorrect forms will be returned delaying enrollment and approval.

Guidelines for completing:

Illinois Blue Shield BS018

Illinois Medicaid MC009

This Payer does not require an agreement.

To be set up with this Payer, complete a McKesson Claims Enrollment Form and forward it to our Enrollment Department. Be sure the Claims Enrollment Form includes:

- Your McKesson Client ID
- Provider Name
- Provider Tax ID
- Provider Site Address
- Valid Blue Shield / Medicaid Provider ID(s)

Fax the Claims Enrollment Form to McKesson:

Fax

(800) 633-4763

McKesson's Claims Enrollment Form

The Claims Enrollment Form, with instructions

is located at:

<http://www.Medisoft.com/transactionsolutions/documentation> Exhibit B & CAT form

<http://www.Lytec.com/transactionsolutions/documentation> Exhibit B & CAT form

Questions? Contact McKesson enrollment at:

(800) 689-4550 Option 1, Option 2