

Payer Agreement Instructions for Massachusetts Medicaid - MC054

Important Notes

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

To obtain a PIN for a specific payer, **the provider or Billing Service** must contact the payer McKesson **cannot** make this request for the provider. Submit one McKesson Claims Enrollment Form for each Tax ID.

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- Incomplete or incorrect forms will be returned delaying enrollment and approval.

Guidelines for: Massachusetts Medicaid - Payer ID MC054

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
- 7 Digit Provider ID

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 and CAT

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

Questions? Contact McKesson enrollment at:

(800) 689-4550 Option 1, Option 2