

## ERA Payer Agreement Instructions for Noridian Medicare - MR007

### Important Notes

ERA transactions are available as an additional Per-Se contracted service. To add ERAs to your contract please contact your Per-Se Sales person or Account Manager. ERAs must be part of your Per-Se contract BEFORE completing this ERA Payer Agreement.

Electronic Funds Transfer (EFT) is an arrangement between the Provider and the Payer. Per-Se does not manage or transmit EFTs.

Before receiving ERAs from this Payer the Provider will need to:

- Be enrolled with the payer and have a valid Provider Identification Number (PIN) before completing the ERA Enrollment Request.
- To obtain a PIN for a specific payer, **the provider or Billing Service** must contact the payer's Provider Relations Department. Per-Se **cannot** make this request for the provider.
- Submit one ERA Payer Agreement for each Physician/Group Tax ID.

### Guidelines for completing the agreement for the following Payer IDs:

<i>Alaska Medicare MR010</i>	<i>North Dakota Medicare MR083</i>
<i>Arizona Medicare MR008</i>	<i>Oregon Medicare MR011</i>
<i>Colorado Medicare MR004</i>	<i>South Dakota Medicare MR084</i>
<i>Hawaii Medicare MR057</i>	<i>Washington Medicare MR006</i>
<i>Iowa Medicare MR036</i>	<i>Wyoming Medicare MR074</i>
<i>Nevada Medicare MR007</i>	

### **835 Health Care Claim Payment/ Advice Registration**

Provider Information	Instructions
<i>What date would you like to begin .....</i>	Effective date of agreement.
<i>Item 2: Federal Tax ID/SSN</i>	Self explanatory
<i>Item 3: Current Submitter</i>	NA
Facility Information	Instructions
<i>Item 4:</i>	Complete information for the Practice/ Provider.
Vendor Information	Instructions
<i>Item 5: Method of Electronic Access</i>	Not applicable.
<i>Item 6: Delivery of Remittance</i>	Pre-filled.
<i>Item 7: PC-ACE</i>	Pre-filled
<i>Item 8: Professional Line of Business</i>	Pre-filled
<i>Item 9: Original Signature</i>	Sign & print name title and date. This agreement must be signed in BLUE ink and mailed to EDISS for processing.

*Return the Agreement to the Payer:*

**Mailing Address**

Noridian Administration Services, LLC (NAS)  
EDI Support Services  
P.O. Box 9319  
Fargo, North Dakota 58106-9319

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*Return NDCHealth/Per-Se ERA Enrollment Request to NDCHealth/Per-Se:*

**NDCHealth/Per-Se Enrollment Fax**

(800) 633-4763

## 4010A1 (835) Health Care Claim Payment/Advice Registration Form Completion Instructions

These instructions will assist you in completing the 835 Health Care Claim Payment/Advice Registration form. The information provided will be used to set your facility up to receive Electronic Remittance Advice (ERA). An ERA is an electronic copy of the payment data received on the paper remittance. All sections must be filled out. **Print legibly and complete every section as accurately as possible.** If a section is not applicable, write "N/A". If you have any additional questions, contact EDI Support Services (EDISS) at (800) 967-7902.

### PROVIDER INFORMATION


1. If you are a Medicare provider, testing is not required for the Health Care Claim Payment/Advice transaction, but is available upon request. Blue Cross Blue Shield of North Dakota (BCBSND), Dental Service Corporation of North Dakota (DSC) and North Dakota Vision Services, Inc. (VSI), and Iowa Medicaid providers are required to test the 835. If you are required to test or a Medicare provider and wish to test with us select "Yes" and enter the date that you would like to begin testing. If you do not want to test this transaction, select "No" and indicate the date you would like to begin receiving the 4010A1 version of the electronic health care claim payment/advice transaction.
2. Provide the Tax ID or the Social Security number of the provider. **Note:** The Tax ID or SSN is not required for Medicare Parts A and B.
3. If you are currently in test or production with EDISS, you have been issued a Submitter ID. The Submitter ID will begin with one of the following prefixes: AK, AZ, CO, HI, IA, MN, ND, NV, OR, SD, WA or WY.

### FACILITY INFORMATION

4. Fill in all of the blanks with the requested information for the provider/clinic that the Health Care Payment/Advice will represent.
5. The method of electronic access indicates the actual connection to EDISS being requested.
  - a. Direct Dial Up - Choose this option if the Trading Partner plans to dial EDISS's test/production phone lines directly. These numbers may be long distance and all charges will be the responsibility of the provider. If this option is selected, indicate the protocol that will be used in the connection. If the protocol being used is not known, Zmodem is a default.
  - b. Internet/Web Portal - EDISS supports the use of the Internet to submit transactions for **Iowa Medicaid line of business ONLY**. This web page is not able to accept non-Iowa Medicaid transactions at this time.
  - c. IVANS or VisionShare are companies that offer connection alternatives to dialing EDISS directly.
    - IVANS offers a single connection for multiple HIPAA transactions. IVANS has many connecting phone numbers and may have a toll free number in your area. For more information on IVANS, go to [www.noridianmedicare.com](http://www.noridianmedicare.com).
    - VisionShare offers a high-speed, secure, connection alternative to direct dial. This network-based connectivity eliminates the need for modems. For more information on VisionShare, go to [www.noridianmedicare.com](http://www.noridianmedicare.com).
6. Check the box to indicate who will receive the remittance (check only one) for the trading partner listed in this form. Subsequently, to change receivers, fill out the Electronic Claims Termination/Change form.
7. PC-ACE Pro32 is EDISS's low-cost billing and remittance advice viewing/printing software. Check "Yes" if you do not have this software and would like to obtain it. Note that a signed Software License Agreement will be necessary. The agreement and software are available for download at [www.noridianmedicare.com](http://www.noridianmedicare.com).
8. The Lines of Business (LOB) section will indicate for which LOBs this provider is requesting to receive the 835. Fill out the appropriate blanks for each LOB with the appropriate clinic/billing provider number, and check the one state that applies for that LOB. **Note: Separate 835 registration forms for Institutional and Professional LOB are required if requesting BOTH Institutional and Professional ERA transactions.** Only one clinic/billing provider number can be entered for each LOB. If multiple numbers need to be entered for a single LOB then a separate 835 registration form must be completed.

### ORIGINAL SIGNATURE

9. The signature section needs to be filled out completely and signed in ink by the provider. If the provider's signature is not available, a signature of someone from the facility holding a management position or higher will be accepted. If the provider/facility has been assigned a group provider/clinic number, EDISS requires the signature of the individual who has the authority to enter into contracts on behalf of the group. **The form with an original ink signature must be mailed to EDISS to avoid any interruptions in your ability to exchange data with EDISS.**

<b>835 HEALTH CARE CLAIM PAYMENT/ADVICE REGISTRATION VERSION 4010A1</b>	
<b>Noridian Administrative Services, LLC (NAS) EDI Support Services PO Box 9319 Fargo, ND 58106-9319</b>	<b>Phone number: (800) 967-7902 Contact us via e-mail at: <a href="mailto:edi@noridian.com">edi@noridian.com</a> Visit our website at: <a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a></b>

The information you provide on this EDI registration is used to set your facility up for electronic health care claim payment/advice transaction. **Print legibly and complete every section as accurately as possible.** If a section is not applicable, write "N/A". If you have any questions concerning the correct completion of the form, please contact EDI Support Services (EDISS) for assistance. Once you are approved for EDI production status, notify EDISS by using the Electronic Claims Termination/Change Form whenever this information changes.

**PROVIDER INFORMATION**

1. For Medicare providers, testing is not required for the Health Care Claim Payment/Advice transaction, but it is available upon request. Blue Cross Blue Shield of North Dakota (BCBSND), Dental Service Corporation of North Dakota (DSC) and North Dakota Vision Services, Inc. (VSI) providers are required to test the 835.

Would you like to test this transaction?

Yes What date would you like to begin testing? Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

No What date would you like to begin receiving 4010A1 remits? Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Federal Tax ID/SSN: \_\_\_\_\_

*(Note: The Tax ID/SSN is not required for Medicare Parts A and B.)*

3. Current Submitter ID: \_\_\_\_\_

**FACILITY INFORMATION**

4. Fill in the facility information for the provider/clinic that the health care payment/advice will represent.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_ Fax: (      ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

5. **Method of Electronic Access** *(check one)*

Dial-Up (If dial-up, check desired protocol below

Zmodem  Ymodem  Kermit  Other \_\_\_\_\_

Internet/Web Portal (Internet submissions for the Iowa Medicaid line of business ONLY)

IVANS (please refer to the IVANS section of our website at: [www.noridianmedicare.com](http://www.noridianmedicare.com))

VisionShare (please refer to the VisionShare section of our website at: [www.noridianmedicare.com](http://www.noridianmedicare.com))

6. **Delivery of Remittance** *(check one)*

Deliver Remit to:  Billing Service  Clearinghouse  Provider (self)

Receiver Name: \_\_\_\_\_

**Exhibit A**  
**835 Registration 4010A1**

7. PC-ACE Pro32 software has the ability to read remits. If you do not have this software, would you like to obtain it for your facility?  Yes  No  Already Using

If yes, a signed Software License Agreement will be necessary. The agreement is available for download at [www.noridianmedicare.com](http://www.noridianmedicare.com).

8. Select all that apply. Fill in the blank with the appropriate clinic or billing provider number. **Note: Separate 835 registration forms for Institutional and Professional LOB are required if requesting BOTH Institutional and Professional ERA transactions.**

**Professional Lines of Business**

Medicare B (*check only one state*)

- AK  AZ  CO  HI  IA  ND  
 NV  OR  SD  WA  WY ..... Billing Provider #: \_\_\_\_\_

Blue Shield (*check only one state*)

- ND  WY ..... Clinic #: \_\_\_\_\_

North Dakota Vision Services, Inc  ND ..... Clinic #: \_\_\_\_\_

Dental Service Corporation of North Dakota (DSC)

- ND ..... Clinic #: \_\_\_\_\_

Medicaid  IA ..... Clinic #: \_\_\_\_\_

**Institutional Lines of Business**

Medicare A (*check only one state*)

- AK  ND  MN  WA ..... Billing Provider #: \_\_\_\_\_

Blue Cross (*check only one state*)

- ND  WY ..... Billing Provider #: \_\_\_\_\_

Medicaid  IA ..... Clinic #: \_\_\_\_\_

**ORIGINAL SIGNATURE**

9. An appropriate original ink signature (refer to the Form Completion Instructions) is required for this document. Blue ink is preferred. **The form with an original ink signature must be mailed to EDISS to avoid any interruptions in your ability to exchange data with EDISS.**

**I am authorized to sign this document on behalf of the provider/facility, and I authorize the set-up noted above for the 835 Health Care Claim Payment/Advice transaction.**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_