



Empowering Healthcare

ERA Payer Agreement Instructions for TN Medicaid – Payer ID MC092

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 MC092 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
- Please submit a letter of authorization on provider letterhead and fax to Provider Management at 423-535-7523.
- Sample letter of authorization attached

Fax requested letter and McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763

ON PROVIDER LETTERHEAD

Date

Medicaid of Tennessee
ATTN: Provider Management – 3TC
801 Pine Street
Chattanooga, TN 37402-2555

Dear Provider Management:

Please allow MedAvant (submitter id 330391811) to retrieve electronic remittance advices (ERA) on your behalf. The necessary group/provider information is listed below:

Group or Individual Provider Name
Tax Identification Number
Tennessee Medicaid Group / Provider Id

Please send enrollment confirmation to MedAvant at fax number 800-633-4763.

Sincerely,

Provider Signature