



Empowering Healthcare

ERA Payer Agreement Instructions for Texas Blue Shield Payer ID BS021

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 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

Guidelines for completing: Texas Blue Shield Payer ID BS021

- Complete all required fields
- Please provide provider tax id and NPI under receiver information.
- Complete and sign the provider information section of the agreement.
- Forward original ERA agreement along with your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow (30) days turn around time prior to submitting for this service

Fax completed ERA Agreement and McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763



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ERA Enrollment Request Form

Client Information: <input type="checkbox"/> Existing Phoenix Customer <input type="checkbox"/> New Phoenix Customer			
Client Name:			
Client ID: If new Customer leave this field blank		Date of Request:	
Phone Number:		Fax Number:	

Provider Information: Complete one form for each Tax ID		Individual NPI:	
		Group NPI:	
Provider/Group Name:			
Address:		Tax ID:	
City:		State:	Zip:

ERA Payer Information: Refer to Instruction sheet attached for location of the Phoenix Payer List and Carrier Agreement Map.					
Provider #	Payer ID	Payer Name	Date Sent to Payer	Service Used (ie: FedEx, UPS, USPS)	Tracking # (if applicable)

Return to McKesson Support Services – Fax # 800-633-4763

Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form

Availity supports the exchange of electronic remittances for various payers in the ASC X12 835, version 4010A1 format.

The enrollment process establishes an electronic mailbox where we will place the electronic remittance file(s) received from payer(s). The Provider Tax ID is a requirement to establish an ERA Receiver mailbox and will also be used to parse remittance transactions from the various payers. The assigned electronic ERA Receiver ID and password will be returned via fax to the contact and fax number provided on the enrollment form.

Note: If you are a Billing Service or Clearinghouse wishing to receive the ERA on behalf of the provider, each provider must complete the enrollment documents authorizing you to retrieve their remittance files or a copy of your power of attorney must be submitted with the enrollment form.

Once in production, a letter will be required on the provider's letterhead if a change is requested. If you have any questions regarding the enrollment process you may contact the EDI Helpline at 877.334.8446.

Electronic Remittance Advice (ERA) Enrollment

Change or Add a New ERA Account (Select one)	
CHANGE to ERA Receiver ID: E60198	
Add New Payer to ERA Account	
Change ERA Account Information	X
Delete ERA Account	
ADD New ERA Receiver ID	
Create New ERA Account	

Indicate who will receive the file:	Provider	Billing Service	Clearinghouse
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Availity User ID: S00558 (Required)	
Receiver Name: MedAvant Healthcare Solutions	
Receiver Address: 1854 Shackelford Ct	
City: Norcross	State <u>GA</u> Zip <u>30093</u>
Contact Name: Enrollment Department	Tel. <u>(800) 792-5256 Opt 1</u>
Email Address: <u>provider.enrollment@medavanthealth.com</u>	Fax <u>(404) 877-3324</u>
Vendor Name/ID (if applicable)	

Payer Name	Payer ID (see Payer List)	Provider Tax ID	BCBS Provider #	National Provider ID (NPI)	Regence Legacy ID

Provider Name (print)		
Provider Address		
City	State	Zip
Provider Signature	Date	

Please return this form to: **Availity**
PO Box 833905
Richardson, TX 75098-3905

Or fax to: **972.383.6450**