



Empowering Healthcare

ERA Payer Agreement Instructions for VA BCBS – Payer ID BS029

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 BCBS 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: VA BCBS ERA

- Complete all required fields
- Submit one ERA/EFT Payer Agreement for each Physician/Group Tax ID.
- Once the agreement is open in Adobe Reader you can type information onto the form.
- Forward original ERA agreement along with your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow up to 30 days for approval and receipt of BCBS ERA.

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

McKesson EDI Enrollment

800-633-4763

Fax/Mail Completed Form:

EDI Solutions
VA1003-N170
P.O. Box 27401
Richmond, VA 23279

Fax (804) 354-2529
Phone (800) 991-7259



And Its Affiliated HMOs

Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT) Request Form

Clearinghouse Vendor Billing Agency Physician Professional Provider Facility

Device ID _____ Clearinghouse _____

Contact Name _____

Contact Number () _____ Fax () _____

Email Address _____

Address: _____

Electronic Remittance Advice (ERA) Initial Enrollment
 Blue Exchange Electronic Remittance Change Clearinghouse Old _____ New _____
 Cancel

Electronic Funds Transfer (EFT) Initial Enrollment - **Voided Check Stub Required**
 Change Banking Information - **Voided Check Stub Required**
 Cancel

All fields are required

Tax ID	* Group NPI	*Anthem- Assigned Group Number	Provider Name	E R A	E F T

** Please provide all NPI / Anthem-assigned group provider numbers (shown on the top right of the weekly remittance) associated with the*

I authorize this information is valid and accurate for the purposes of receiving electronic funds and/or electronic remittance between Anthem and stated entity (s).

Form Completed By: _____ Date: _____

<i>Internal Use Only:</i>	
Received:	_____
CPMF:	_____
Processed:	_____
Other:	_____