

## Electronic Remittance Advice ERA 835

### Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- EDI enrollment processing timeframe is approximately **10 business days**.

### 837 Claim Transactions:

EDI enrollment applies to ERA only and is not necessary prior to sending claims.

**835 Electronic Remittance Advice:** There are two options for ERA and or EFT enrollment, please select the one that best meets your practice needs. Please only select one option. **If already receiving the EFT from PaySpan, the ERA must also be received through PaySpan and option B should be selected below.**

- A. Providers seeking to enroll for ERA only, are to use the **Centene Corporation Electronic Remittance Advice Request** provided below.

Complete the form as appropriate.

Health Plan Name, Payer ID and State: **Refer to grid below.**

### Submit Above Completed Document:

Fax to Centene Corporation at **866-266-6985**

- B. Providers seeking to enroll for **EFT and ERA** combined, are to use PaySpan.

#### **If you already have an account with PaySpan:**

Obtain the payer's registration code from [PaySpan Web Registration Code Request](#).

Then access the [PaySpan Provider Login](#).

Log onto your PaySpan account.

Click on Your Payments icon.

Click Accounts in the Manage Panel.

Click Account Name.

Click Delivery Settings.

Under 835 Recipient, Select the clearinghouse **ClaimRemedi**.

**Please note: this needs to be done for each payer.**

Click Save. Click Close.

#### **If you do not have an account with PaySpan:**

Contact PaySpan and request assistance in setting up an account. They can also assist you in routing the ERA to ClaimRemedi, a Data Exchange Partner (DEP).

Payer ID: Per the payer list

If you have any questions, the PaySpan Provider Services Team can be reached by phone at 877-331-7154 option 1, then option 2, Monday through Friday from 8:00 AM to 8:00 PM (Eastern Time).

Health Plan Name	Health Plan Payer ID	State	Medicaid	Medicare	HIM/ Ambetter	ERA NOT Available
Cenpatico Behavioral Health	68068	All				
Bridgeway Health Solutions	68069	AZ	X			
Advantage by Bridgeway Health Solutions	68069	AZ		X		X
Ambetter of Arkansas	68069	AR			X	
California Health & Wellness	68047	CA	X			
Sunshine Health	68069	FL	X			
Advantage by Sunshine Health	68069	FL		X		
Ambetter from Sunshine Health	68069	FL			X	
Peach State Health Plan	68069	GA	X			
Advantage by Peach State Health Plan	68069	GA		X		X
Ambetter from Peach State Health Plan	68069	GA			X	
Illinicare Health - Medical	68069	IL	X	X		
Illinicare Health - Behavioral	68068	IL	X	X		
MHS - Managed Health Services - IN	68069	IN	X			
Ambetter from MHS Indiana	68069	IN			X	X
Sunflower Health Plan - Medical	68069	KS	X			
Sunflower Health Plan - Behavioral	68068	KS	X			
Kentucky Spirit Health Plan	68069	KY	X			
Louisiana Healthcare Connections	68069	LA	X			
CeltiCare Health	68069	MA	X			
Ambetter for CeltiCare Health	68069	MA			X	
Magnolia Health Plan	68069	MS	X			
Ambetter from Magnolia Health	68069	MS			X	
Home State Health - Medical	68069	MO	X			
Home State Health - Behavioral	68068	MO	X			
Granite State Health Plan - Medical	68069	NH	X			
Granite State Health Plan - Behavioral	68068	NH	X			
Buckeye Community Health - Medical	68069	OH	X			
Buckeye Community Health - Behavioral	68068	OH	X			
Advantage by Buckeye Community Health Plan	68069	OH		X		X
Ambetter from Buckeye Community Health Plan	68069	OH			X	
Absolute Total Care	68069	SC	X			
Superior Health Plan	68069	TX	X			
Ambetter from Superior HealthPlan	68069	TX			X	
Coordinated Care	68069	WA	X			
Ambetter from Coordinated Care	68069	WA			X	
MHS Health Wisconsin - Medical	68069	WI	X			
MHS Health Wisconsin - Behavioral	68068	WI	X			
Managed Health Services Advantage	68069	WI		X		
Ambetter from MHS Health Wisconsin	68069	WI			X	



## Electronic Remittance Advice Request

Providers who receive payment of claims by Centene Health Plans can request electronic remittance advices for their respective health plan. Please list the health plan name on the line below for the health plan you currently bill claims to for payment.

By signing the form below you are authorizing Centene Corporation to send your electronic remittance via the following clearinghouse:

**Health Plan name:** \_\_\_\_\_

**Health Plan Payer ID & State:** \_\_\_\_\_ **State** \_\_\_\_\_

**Payee Name:** \_\_\_\_\_

**Payee Phone Number:** \_\_\_\_\_

**IRS#:** \_\_\_\_\_

**NPI#:** \* \_\_\_\_\_

\*List all that apply.

**Is your practice filing claims as group?**  **or Individual?**   
**Please Choose one**

**Address:** \_\_\_\_\_

**City, State and Zip code:** \_\_\_\_\_

**835**  Yes, Please send electronic explanation of payment

**Clearinghouse Name:** \_\_\_\_\_

**Clearinghouse ID#:** \_\_\_\_\_

**Sender/Receiver ID:** \_\_\_\_\_

**Technical Contact Name:** \_\_\_\_\_

**Technical Contact Phone:** \_\_\_\_\_

### Remit

Yes, please send a paper copy of the explanation of payment

No, please do not send a paper copy of the explanation of payment

If you answer YES to both the '835' and 'Remit', the paper copy will discontinue after 60 days.

**Please note** if you would like EFT's (Electronic Funds Transfers) set up you will need to contact PaySpan Health at: (877) 331-7154. Visit their website at: [www.payspanhealth.com](http://www.payspanhealth.com)

Signature of Provider or Administrator:

Date:

\_\_\_\_\_

Contact email address:

\_\_\_\_\_

**FAILURE TO COMPLETE FORM WILL DELAY PROCESSING YOUR REQUEST**

For internal use only:

Received date: \_\_\_\_\_ By: \_\_\_\_\_

Provider or group id: \_\_\_\_\_

Please send completed form to: [ediba@centene.com](mailto:ediba@centene.com) or fax to 866-266-6985

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