



MEDICAID VIRGINIA (MCDVA) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- Provider Service Center Authorization

WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to (888) 335-8460; OR
- Email the form to Virginia.edisupport@conduent.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 30 business days

HOW DO I CHECK STATUS?

- To check the status of your ERA enrollment, call (866) 352-0766 to verify if you are linked to Office Ally Submitter ID **1913** for ERAs



Instructions for Form 103:

Provider Service Center Authorization

Section 1. Electronic Remittance Request - 835

Providers must select this if they have contracted to use the services of a Billing Agent or Clearinghouse and that have authorized them to receive electronic remittances (835). Providers must have the billing agent's or Clearinghouse's Service Center Number that was assigned to them by Virginia Medicaid. Providers may need to contact their Billing Agent or Clearinghouse to obtain the four digit Service Center ID.

Section 1a. Paper Remittances Time Period

Providers will receive paper remittances for a certain period of time. Providers can choose how long they wish to receive BOTH electronic and paper remittances in this section. If no time period is selected, the Provider will receive both for 60 days.

Section 1b. Termination of Service Center

Providers can have only ONE entity receive electronic remittances. If a Provider was previously attached to another Service Center, the original Service Center must be terminated. Provider may need to contact the original Billing Agent or Clearinghouse to obtain the 4 digit Service Center ID.

Section 2. Claims Status Request/Response (276/277):

Providers must select this if they have contracted to use the services of a Billing Agent or Clearinghouse and that have authorized them to submit Claims Status Requests and receive Claims Status Responses to the Department of Medical Assistance Services. Providers must have the billing agent's or Clearinghouse's Service Center Number that was assigned to them by Virginia Medicaid. Providers may need to contact their Billing Agent or Clearinghouse to obtain the four digit Service Center ID.

Section 2a. Termination of Service Center

Providers can have only ONE entity submitting Claims Status Requests and receiving Claims Status Responses. If a Provider was previously attached to another Service Center, the original Service Center must be terminated. Provider may need to contact the original Billing Agent or Clearinghouse to obtain the 4 digit Service Center ID.



Provider Service Center Authorization

Please review and check the block(s) which pertain to you:

Section 1. Electronic Remittance Request - 835

I certify that I have authorized a Billing Agent or Clearinghouse (Service Center Number _____) to receive my electronic remittances (835) and that Service Center must have prior approval from Conduent to receive such electronic remittances.

Section 1a. Paper Remittances Time Period

I understand that I will continue to receive paper remittances ONLY for the time period selected below after the electronic remittances start. If no time frame is selected below, the default is 60 days.

30 Days

60 Days

90 Days

120 Days

Section 1b. Termination of Service Center

I understand that only one service center can accept and process my electronic remittances. In order to facilitate the above, I need to terminate Service Center Number _____ effective on _____ for my 835s.

Section 2. Claims Status Request/Response (276/277):

I certify that I have authorized a Billing Agent or Clearinghouse (Service Center Number _____) to submit Claims Status Requests and receive Claims Status Responses to the Department of Medical Assistance Services.

Section 2a. Termination of Service Center

I understand that only one service center can accept and process my electronic remittances. In order to facilitate the above, I need to terminate Service Center Number _____ effective on _____ for my 276/277s.

Please review and check the block(s) which pertain to you:

Provider Signature:		NPI/API Number:
Printed Name:	Date:	Telephone Number:
Signature:		Title: