To comply with changes mandated by the Affordable Care Act, enrollment to receive X12 835 files is now available in the Secure Web Portal via the Electronic Remittance Advice (ERA) Enrollment panel. ERA enrollment can also be completed using the Florida Medicaid Electronic Remittance Advice (ERA) Authorization Agreement.

Requirements for ERA Enrollment

Note: Providers already enrolled to receive X12 835 electronic files DO NOT need to re-enroll.

Providers wishing to enroll must be fully-enrolled providers with an active or pending Electronic Funds Transfer (EFT) agreement on file. Only users with the MEUPS user type of “Provider” can complete ERA enrollment.

Additionally, Section 1104 of the Affordable Care Act requires health plans to offer an EFT/ERA re-association number that allows providers to link an ERA to a specific EFT payment. It is optional for providers to receive the EFT/ERA re-association number. Providers interested in utilizing the benefits of the EFT/ERA re-association number should contact their financial institution to arrange for the delivery of the required data elements.

Once ERA enrollment is complete, the provider can add agents to their MEUPS account and give those agents permission to download X12 835 files on their behalf. For directions on how to add or modify agent permissions on a provider account for ERA Enrollment, see Section 3 of the Web Portal User Guide on the Provider Handbooks page of the public Web Portal.

Completing Online ERA Enrollment

To complete enrollment, log into MEUPS and navigate to Demographic Maintenance → ERA Enrollment. To complete the form, click the check box next to “Authorized Signature,” then click the “save” button at the bottom right of the panel. Note: The header information in the ERA Enrollment panel is pre-filled using
current information from the provider account. The “Requested ERA Effective Date” field defaults to the current date. The enrollment form cannot be dated for a past or future date.

Once enrollment is complete, or if the provider account is already enrolled, the panel appears with the check box marked.

Completing the Florida Medicaid Electronic Remittance Advice (ERA) Authorization Agreement

To access the paper ERA Authorization Agreement, navigate to the Florida Medicaid public Web Portal and select EDI → Registration Forms.

Note: The form must be typed or printed legibly using blue or black ink. Fields marked with an asterisk (*) are required. Fields marked with a carat (^) are required if the information is available.
The following chart contains detailed information about each field:

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Field Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Information</td>
<td>Complete legal name and street address of institution, corporate entity, practice, or individual provider (required). Enter D/B/A name, if applicable (optional).</td>
</tr>
<tr>
<td>Provider Identifiers: TIN/EIN/NPI</td>
<td>Enter Federal Tax-Identification Number or Employer Identification Number (required) and National Provider Identifier (required if available).</td>
</tr>
<tr>
<td>Other Identifiers: Florida Medicaid Provider Identification Number, Trading Partner ID</td>
<td>Enter Florida Medicaid Provider Identification Number (required) and Trading Partner ID (required if available).</td>
</tr>
<tr>
<td>Provider Contact Information</td>
<td>Enter provider name, telephone number, email address, and fax number for the person who should be contacted regarding ERA issues. Only the name and telephone number are required. An email address is required if available.</td>
</tr>
<tr>
<td>Electronic Remittance Advice Information</td>
<td>Select preference (TIN or NPI) for aggregation of remittance data. <strong>Note: Selection MUST match preference submitted on EFT enrollment.</strong></td>
</tr>
<tr>
<td>Electronic Remittance Advice Clearinghouse Information</td>
<td>Enter clearinghouse name, telephone number, and email address (required if available).</td>
</tr>
<tr>
<td>Submission Information</td>
<td>Form must include the authorized signature and printed name and title of the person submitting the enrollment. The form should be dated when signed.</td>
</tr>
</tbody>
</table>

For fastest processing, fax the completed form to **1-866-270-1497**.

The form can also be mailed to one of the following addresses:

**For regular mail:**
DXC Technology  
Provider Enrollment  
P.O. Box 7070  
Tallahassee, FL 32314-7070

**For overnight or express delivery:**
DXC Technology  
Provider Enrollment  
2671 Executive Center Circle West, Suite 100  
Tallahassee, FL 32301
For More Information

X12 835 Transactions

For more information on X12 835 Transactions, please contact the DXC Technology - Electronic Data Interchange (EDI) Department at 1-866-586-0961.

Center for Medicaid Services

For more information regarding policies related to ERA, visit the CMS website at http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/OperatingRulesandStandardsforEFTandRemittanceAdviceERA.html

DXC Technology

For assistance with completing the ERA Enrollment form, contact Provider Enrollment at the DXC Provider Services Contact Center: 1-800-289-7799, Option 4.