McKESSON
Empowering Healthcare

ERA Payer Agreement Instructions for Highmark Medicare for DC and DE (MR040 / MR039)

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 Highmark Medicare 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
- Complete Highmark Medicare's Electronic Remittance Advice and Electronic Funds Transfer Enrollment Form.

Guidelines for completing: Highmark Medicare Electronic Remittance Advice Enrollment Form:

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

Mail the completed and signed Payer Agreement to:

Highmark Medicare Services Inc.
EDI
P.O. Box 890011
Camp Hill, PA17089-0011

Fax completed McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763

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ERA Enrollment Request Form

Client Information: ☐ **Existing Phoenix Customer** ☐ **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

CMS CENTERS for MEDICARE & MEDICAID SERVICES

Medicare

MAIL TO: Highmark Medicare Services Inc.
EDI
P.O. Box 890011
Camp Hill, PA 17089-0011

ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM

OFFICE USE ONLY

A NAME OF GROUP, PHYSICIAN, PROVIDER, OR SUPPLIER *(Must match the name on file at Medicare for the Provider ID listed below.)*

B
STREET ADDRESS ______

CITY ______ STATE ______ ZIP CODE ______

C CONTACT PERSON | **D** TELEPHONE NUMBER | **E** EMAIL ADDRESS FOR CONTACT PERSON

F **CHECK ONE:** ☐ Part A (Institutions) ☐ Part B (Professionals)
CHECK ONE STATE: ☐ DC (Part A) ☐ DCMA (Part B) ☐ DE ☐ MD ☐ NJ ☐ PA

G ERA requests will be processed as ANSI ASC X12N 835 Version 4010.A1, the HIPAA-compliant format/version.
☑ Enroll this NPI ID ______, and this Provider Transaction Access Number (PTAN) ______, cross-referenced to this Submitter ID 1926698______, for Electronic Remittance Advice (ERA). For Part A Affiliated PTANs, attach a signed list on company letterhead.

H ERA SOFTWARE VENDOR

☐ PC-Print (Part A Only)

☐ Medicare Remit Easy Print (MREP) (Part B Only)

☒ Other: Vendor/Product Name MedAvant HealthCare Solutions

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AGREEMENT TERMS

Please read and understand the following agreement terms before signing this form to enroll for ERA.

- All the terms and conditions that apply to Electronic Data Interchange (EDI), as described in the EDI Agreement Form (8275) and the EDI Setup Requirements Form (8276), also apply to ERA enrollment.
- ERA is available on a daily basis, based on claim finalization, and is only available for retrieval for five business days. After five business days from the ERA creation date, the ERA is no longer available and duplicate copies cannot be created.
- If you enroll for ERA and maintain multiple Submitter ID's, you may encounter posting problems with the ERA.
- For Part A customers, the paper remittance will continue for thirty (30) days after the effective date of ERA.
- For Part B customers, effective June 1, 2006, the SPR will continue to be sent for forty-five (45) days after the effective date of ERA. Following the initial 45 days, you will only receive the ERA.

J I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

______ SIGNATURE (Must be the provider's signature) ______ DATE

______ NAME (Type or Print) ______ TITLE

FOR INTERNAL USE ONLY:
EDI Tracking Number: ______