



Empowering Healthcare

ERA Payer Agreement Instructions for Georgia Medicare Payer ID MR015

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 this payer the Physician/Provider must:

- Be enrolled with this payer and have a valid Provider Identification Number (PIN) before completing the ERA Enrollment Request. Provider must contact the payer to obtain PIN.
- Contract with McKesson for ERA Services
- Complete an ERA Enrollment Request Form – Included in this packet (page 2). This form will be sent to McKesson EDI Enrollment.
- Complete Medicare ERA Payer Agreement

Guidelines for completing: Missouri Medicare ERA Payer Agreement:

- Complete the provider demographics section of the agreement.
- Sign and date the agreement along with the title of person authorized to sign on behalf of the practice. Be sure to print the name of the signee also.
- Be sure to include the Provider Medicare Group/Provider Number and Clinic code if applicable.

Return completed Medicare ERA Agreement to the payer:

Mailing Address for USPS, FedEx, UPS, etc...

Cahaba Government Benefit Administrators
Attn: Network Data Operations – MS Rep
PO Box 12566
Birmingham, AL 35202-2566

Fax completed **McKesson ERA Enrollment Request Form** to:

McKesson Fax Number

800-633-4763



ERA Enrollment Request Form

All Payer ERA is a contracted Service. If you have not yet completed a contract or amendment to add this service to your account, please contact the McKesson sales department at 1-800-333-4747 or your Value Added Reseller. Any forms received where the service has not been established will not be completed. Only Payers requested on this form will be added, if at a later time you wish to add additional ERA Payers you will need to complete another ERA Enrollment Request Form.

Client Information:			
<input type="checkbox"/> Existing Phoenix Customer <input type="checkbox"/> 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:					
Payer ID	Provider Number	Payer Name	Date Sent to Payer	Service Used (ie: FedEx, UPS, USPS)	Tracking # (if applicable)

Return to EDI Enrollment – Fax # 800-633-4763

The next group of pages contain the Georgia Medicare ERA Agreement.

Please make sure that you follow the directions accordingly so that the appropriate forms get sent to the appropriate departments.



ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION

A SELECT STATE (Select One)		
<input type="checkbox"/> ALABAMA <input type="checkbox"/> GEORGIA <input type="checkbox"/> MISSISSIPPI		
B NAME OF GROUP, PHYSICIAN, OR FACILITY		
C MAILING ADDRESS		
ADDRESS _____		
CITY _____ STATE _____ ZIP CODE _____		
D CONTACT PERSON		E TELEPHONE NUMBER
F FAX NUMBER	G E-MAIL ADDRESS	
H MEDICARE GROUP OR PROVIDER NUMBER	I NATIONAL PROVIDER IDENTIFIER	J FEDERAL ID TAX NUMBER
K SOFTWARE VENDOR, BILLING SERVICE, OR CLEARINGHOUSE INFORMATION		
REQUESTING MEDICARE'S FREE PC-ACE PRO32 SOFTWARE (If yes, go to section L) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
METHOD OF DATA INTERCHANGE (Select one) <input type="checkbox"/> SOFTWARE VENDOR (DIRECT) <input checked="" type="checkbox"/> BS/CLEARINGHOUSE (3 rd PARTY)		
NAME <u>MedAvant Healthcare Solutions</u> PHONE NUMBER <u>(800) 792-5256 Option 1</u>		
STREET ADDRESS <u>1854 Shackleford Ct</u>		
CITY <u>Norcross</u> STATE <u>GA</u> ZIP CODE <u>30078</u>		
SUBMITTER ID (If known) <u>GAB15-888</u>		
L REQUESTING ELECTRONIC REMITTANCE ADVICE (See important note concerning ERA located on instruction page.)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

M If the method of data interchange selected above is billing service or clearinghouse, you authorize the entity listed in section **K** to conduct electronic transactions on your behalf. A provider may not authorize submission or receipt of Medicare beneficiary information by a third party unless that beneficiary is a current patient of the provider, has scheduled an appointment, or has inquired about the receipt of supplies or services from the provider.

I have read and agree to the above statements and foregoing provisions contained within the attached EDI Enrollment Form.

Authorized Signature	Printed Name
Title	Date

EDI ENROLLMENT FORM MUST BE SUBMITTED WITH THIS APPLICATION

EDI APPLICATION & ENROLLMENT FORM

SECTION	INSTRUCTIONS
A	Select the state in which the provider renders services. If you wish to enroll for EDI in multiple states, you must complete separate applications.
B	Type or print the name of the group, physician, or facility enrolling for Electronic Data Interchange (EDI). The name listed must match the name on file at Medicare for the Medicare number listed in block H.
C	Type or print the mailing address, including suite/building numbers, of the group, physician, or facility enrolling for EDI.
D	Type or print a contact person in your office who has the knowledge and authority to answer questions regarding your enrollment.
E	Type or print the telephone number, including area code, of the contact person listed in block D.
F	Type or print the FAX number, including area code, for the group, physician, or facility enrolling for EDI.
G	Type or print the office internet e-mail address for the group, physician, or facility enrolling for EDI.
H	Type or print the Medicare group, physician, or facility number enrolling for EDI. If you are a group practice, each provider associated with your group will be enrolled automatically. You do not need to send in a separate application for each member of your group or when adding providers to your practice.
I	Type or print the national provider identifier (NPI #) enrolling for EDI (if available).
J	Type or print the group, physician, or facility's EIN or Federal Tax ID number enrolling for EDI.
K	Indicate if you wish to receive Medicare's free billing/ERA software PC-ACE Pro 32. If yes, then skip remaining fields in section K and go to section L. Otherwise, type or print the name, complete address, and phone number of your vendor, billing service, or clearinghouse.
L	Indicate if you wish to enroll for electronic remittance advice (ERA). Please note: If you enroll for ERA, your paper remittance will stop 45 days after enrollment. Ask your software vendor, billing service, or clearinghouse if they support ERA before enrolling.
M	After reading the enrollment form, complete and sign the application. This must be signed by an authorized individual of the group, physician, or the facility. It may not be signed by a representative of the provider's billing service or clearinghouse.

Types of Vendors:

Billing Service - A billing service is an entity that markets claim preparation services to providers and may also be able to perform related transactions for providers, such as eligibility and claim status inquiries. The billing service collects a provider's claim information and then bills the appropriate insurance companies, including Medicare. A billing service may submit claims only, or provide full financial accounting and/or other services. Billing services are considered to be provider business associates. As such, HIPAA requires that they comply with each of the privacy and security requirements that apply directly to providers. They are also required to ensure that they require that any clearinghouses, subcontractors or other business associates of their own that may be involved with handling of Medicare beneficiary data also meet those same security and privacy requirements.

Clearinghouse - A clearinghouse transfers or moves EDI transactions for a provider or billing service, and generally translates the EDI transactions from or into a proprietary format. (HIPAA defines a clearinghouse as a business associate of a provider or a health care plan that translates data from a non-standard format into a standard format or vice versa as preferred by their clients.) A clearinghouse generally accepts multiple types of incoming transactions and sends them to various payers, including Medicare. Clearinghouses often perform general and payer-specific edits on claims, and may handle multiple types of EDI transactions for a given provider. Clearinghouses frequently reformat data for various payers, and manage acknowledgements, remittance advice transactions, and claim status and eligibility queries.

Software Vendor - A software vendor is an entity that markets practice management software to healthcare providers. The software may provide a variety of functions including scheduling, billing, accounts receivable, accounts payable, insurance claims submission, electronic remittance advice processing and electronic health records to name a few.

Mail or FAX the completed EDI Enrollment Forms to:

Alabama/Mississippi

Cahaba GBA, LLC
EDI Services
PO Box 12566
Birmingham, AL 32502-2566
FAX: 205 402-9200

Georgia

Cahaba GBA, LLC
EDI Services
PO Box 3018
Savannah, GA 31402-3018
FAX: 205 402-9200