



Empowering Healthcare

ERA Payer Agreement Instructions for Highmark Maryland Medicare– Payer ID MR038

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. EFT forms may be downloaded at www.highmarkmedicare.services.com/partb/edi/eforms/html

Before receiving ERAs for Maryland 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 Maryland Medicare's Electronic Remittance Advice and Electronic Funds Transfer Enrollment Form.

Guidelines for completing: Maryland Medicare Electronic Remittance Advice and Electronic Funds Transfer Enrollment Form:

- Complete all required fields
- Submit one ERA/EFT Payer Agreement for each Physician/Group Tax ID.
- Once the agreement is open in Adobe Reader you can type information onto the form.
- Complete the demographics section of the ERA Enrollment Form and be sure to insert your provider ID and NPI (if available) in the field requested.
- Section F:
 - Mark Medicare Remit Easy Print if your practice management system does not support automatic posting from an 835 transaction
 - Mark Other and list your vendor and / or practice management system name if your system supports automatic posting from an 835 transaction file.
- Sign and date the agreement along with the title of person authorized to sign on behalf of the practice. (Read and understand the terms of the agreement before signing.)
- Forward original ERA agreement along with your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow up to 30 days for approval and receipt of Maryland Medicare ERA.

Fax completed Maryland Medicare ERA Agreement and McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763

