



Empowering Healthcare

## ERA Payer Agreement Instructions for:

**Pennsylvania Blue Shield - Payer ID BS027**  
**AmeriHealth Administrators – Payer ID 54763**  
**IBC Personal Choice – Payer ID 54704**  
**AmeriHealth Delaware non - HMO – Payer ID 93688**  
**Keystone Health Plan East – Payer ID 95056**  
**AmeriHealth New Jersey non-HMO – Payer ID 60061**  
**Highmark / KHP Central (Out-of-Area Only) – Payer ID 54771**

### 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(s) 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 this payer(s) Electronic Remittance Advice Enrollment Form.

### **Guidelines for completing: Electronic Remittance Advice Enrollment Form:**

- You MUST add ERA transactions to your current profile
- Access your account at:  
<https://www.highmark.com/edi/apps/forms/updatetrans.html>
  - Trading Partner Name = **MedAvant Healthcare Solutions**
  - Trading Partner ID = **494309**
- Complete all required fields
- Submit one ERA Payer Agreement for each Physician/Group Tax ID.
- Forward your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow up to 30 days for approval and receipt of Aetna ERA.

Fax completed McKesson ERA Enrollment Request Form to:

**McKesson EDI Enrollment**

**800-633-4763**

