



## ERA Payer Agreement Instructions for RailRoad Medicare – Payer ID MR018

### 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 enrollment forms for this payer are available from the payer's website.  
<http://www.cms.hhs.gov/cmsforms/downloads/CMS588.pdf>

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

### **Guidelines for completing: RailRoad 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 Addendum to ERA Enrollment Form
- Group provider PIN (unless billing provider is a sole practitioner)
- Billing provider name
- Name/title of authorized signature
- Address/City/State/Zip and Date
- Phone and Email (if applicable)
- 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 RailRoad Medicare ERA.

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

**McKesson EDI Enrollment**

**800-633-4763**



ADDENDUM TO ELECTRONIC REMITTANCE  
ENROLLMENT FORM  
FOR BILLING SERVICES AND CLEARINGHOUSES

I hereby authorize \_\_\_\_\_ to receive Electronic Remittances  
BILLING SVC./CLEARINGHOUSE  
on my behalf. I understand that Electronic Remittances contain payment information concerning my  
processed Medicare Part B claims. I am authorized to endorse this addendum on behalf of my company,  
and I acknowledge that it is my responsibility to notify Palmetto GBA in writing if I wish to revoke this  
authorization.

|                                     |                                              |
|-------------------------------------|----------------------------------------------|
| _____<br>Provider Number / Group ID | _____<br>National Provider Identifier (NPI)  |
| _____<br>Company Name               | _____<br>ERN ID (Billing Svc./Clearinghouse) |
| _____<br>Address                    | _____<br>Name/Title (Please Print)           |
| _____<br>City/State/Zip             | _____<br>Phone                               |
| _____<br>E-mail Address             | _____<br>Signature                           |
|                                     | _____<br>Date                                |

**Submit completed form to:** Railroad Medicare EDI  
PO Box 10066  
Augusta, GA 30999

**Or Fax to:**

EDI Dept  
(706) 855-3085