



## Electronic Remittance Advice (ERA) Payer Agreement Instructions

### TRICARE – West Region (CH003)

#### 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 for this payer.

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 Tricare 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 (Included as last page of this packet).
- Complete Provider Authorization for Tricare West Region ERA Form.
- Fax the completed Provider Authorization for Tricare along with the completed McKesson ERA Enrollment Request Form to:

**McKesson EDI Enrollment**

800-633-4763



WPS-TRICARE  
 1717 W. Broadway  
 P.O. Box 8128  
 Madison, WI 53708

**PROVIDER AUTHORIZATION FOR TRICARE WEST REGION ELECTRONIC REMITTANCE ADVICE**

Due to privacy regulations, this request to receive Electronic Remittance Advice (ERA) for TRICARE West Region must be submitted by the provider's office or authorized billing agent.

The only version of electronic remittance available is 4010A1.

**ERA PROVIDER INFORMATION**

List below your provider name, NPI and submitter ID assigned to your office by WPS for TRICARE West Region electronic claim submission.

<b>Provider name</b>	
<b>Provider NPI</b>	
<b>WPS-assigned electronic claims submitter ID</b>	

**TRICARE Tax ID and Zip Code**

List below the tax ID and physical location zip code from each location for which you are requesting an ERA (attach additional sheet if necessary). The Sub-ID field will be added by WPS staff.

Tax ID								Physical Zip Code				Sub-ID (WPS only)			

<b>Requestor's contact name</b>															
<b>Requestor's phone number</b>															
<b>Requester's e-mail address</b>															
<b>Provider authorized requestor name</b>															
<b>Authorized signature</b>													<b>Date</b>		

If you add a new service location in the future and wish to receive ERA for this new location, please contact WPS Electronic Data Services at 1-800-782-2680.

## ERA RECEIVER INFORMATION

Who will be receiving your ERA? Please select one:

- Direct (received at the provider's office)  
 Billing service  
 Clearinghouse

If your billing service or clearinghouse will be receiving your ERA, please complete the following information:

<b>Billing service/clearinghouse name</b>	
<b>Contact name</b>	
<b>Contact phone</b>	
<b>Contact e-mail address</b>	

This information will be completed by WPS:

<b>ERA receiver ID (assigned by WPS)</b>	
<b>Effective Date</b>	

**Due to HIPAA requirements, only one submitter ID per provider number may be established for ERA. The submitter ID on this request will be the only recipient of ERA for the provider(s) listed.**

**This agreement must contain an original signature. A faxed copy will not be accepted. Please mail your completed agreement to:**

Electronic Data Services  
WPS Insurance Corporation  
P.O. Box 8128  
Madison, WI 53708-8128