

## ERA Payer Agreement Instructions for Kentucky Medicare -MR052

### Important Notes

ERA transactions are available as an additional Per-Se contracted service. To add ERAs to your contract please contact your Per-Se Sales person or Account Manager. ERAs must be part of your Per-Se contract BEFORE completing this ERA Payer Agreement.

Electronic Funds Transfer (EFT) is an arrangement between the Provider and the Payer. Per-Se does not manage or transmit EFTs.

Before receiving ERAs from this Payer the Provider will need to:

- Be enrolled with the payer and have a valid Provider Identification Number (PIN) before completing the ERA Enrollment Request.
- To obtain a PIN for a specific payer, **the provider or Billing Service** must contact the payer's Provider Relations Department. Per-Se **cannot** make this request for the provider.

### Guidelines for completing: Kentucky Medicare Payer ID MR052

#### Request for ANSI Ver. 4010 A1 835 ERA

Field	Instructions
<i>Sender ID to retrieve ERA:</i>	Pre-filled by MedAvant
<i>Sender ID used to submit claims:</i>	Pre-filled by MedAvant
<i>New ERA Setup:</i>	Pre-filled by MedAvant
<i>Provider Information:</i>	Self Explanatory
<i>Indicate the format for your ERA:</i>	Pre-filled by MedAvant
<i>Provider/Group Name, Individual Provider Number, National Provider Identifier</i>	Indicate the provider names and numbers that are to receive Electronic Remittance Advice
<i>Provider's Authorized Name (Print, Signature, and Date):</i>	Please be sure to read and understand the Security Information Disclaimer

### Mail or fax Payer Agreement to:

**Physical address for USPS**

AdminaStar Federal

Attn: EDI Unit

PO Box 34490

Louisville, KY 40232-4490

**Fax**

(502) 423-2356

*Return Per-Se's ERA Enrollment Request to Per-Se:*

**Per-Se Enrollment Fax**

(800) 633-4763



# Medicare

Part A Intermediary/Part B Carrier/  
Durable Medical Equipment Regional Carrier  
Electronic Data Interchange Setups  
1-877-ASF-4EDI (1-877-273-4334)

**AdminaStar Federal, Inc.**  
**Medicare Part B Carrier**  
**Request for ANSI Ver. 4010 A1 835 Electronic Remittance Advice (ERA)**

Complete this form to receive an ERA. If you do not currently have a Sender ID, you must complete pages 2 & 3 of the MedB EDI Registration Package in addition to this page.

Remittance Advices are provided on a daily basis ONLY and include claims submitted electronically and on paper.

Sender ID to retrieve ERA: \_\_\_\_\_ Sender ID used to submit claims: \_\_\_\_\_

- New ERA Setup       Change to an existing ERA setup

**Provider Information:**

Provider: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

If you require communications software to download the ERA, MedAComm is available on our website at [www.adminastar.com](http://www.adminastar.com). If your ERA software is not capable of printing a hardcopy remittance advice, Medicare Remit Easy Print (MREP) software is also available on our website. To obtain these FREE software packages from the AdminaStar home page, select Carrier (Part B), Electronic Data Interchange (EDI), then ERA.

**Indicate the format for your ERA:**

- ANSI 4010 A1 Production ERA       ANSI 4010 A1 Test ERA

**Indicate the provider names and numbers that are to receive Electronic Remittance Advice: For additional provider numbers, please add to another sheet:**

Provider Name	Group Provider Name	Individual Provider Number	National Provider Identifier*

\* = Optional Field

**Security Information**

The authorized signature below attests to the accountability of the person requesting a Sender ID and Password to access AdminaStar Federal for receiving Medicare remittance advice data. The authorized signer is responsible for understanding this policy and ensuring that the Sender ID and Password are not shared. This ERA request form requires the authorized signature of the Provider.

\_\_\_\_\_  
 Provider's Authorized Name (Print)

\_\_\_\_\_  
 Provider's Authorized Signature

\_\_\_\_\_  
 Date

Mail to: AdminaStar Federal      -OR-      Fax to: (502) 423-2356  
 Attn: EDI Unit  
 P.O. Box 34490  
 Louisville, KY 40232-4490