



Capario Enrollment
1901 E. Alton Ave. #100
Santa Ana, CA. 92705
Phone: (800) 792-5256 Option 1
Fax: (404) 877- 3324
provider.enrollment@Capario.com

ERA Payer Agreement Instructions for Florida Medicaid (MC010)

ERA Transactions are available as an additional Capario contracted service. Please ensure you are contracted with Capario to request Electronic Remittance BEFORE requesting ERAs through Capario for this payer. If you are unsure about your current status please contact Capario sales at: sales@capario.com or 800-586-6870.

EFT enrollment and transmission is an arrangement between the provider and the Payer. If the Payer offers EFT transactions contact them to determine if they:

- Require you to receive EFTs in order to receive their ERAs
- Charge an additional fee for EFTs/ERAs
- Require you to enroll for EFTs on this ERA enrollment form.

We recommend enrolling using the convenience of our enrollment tool located on the Capario portal. This tool allows you to enter providers, select the payers and transactions for which you want to enroll, and produces pre-filled forms for processing. If you are not currently using the Capario portal, you can contact us at sales@capario.com and our team will ensure that you are set up and will provide a quick tutorial on using the enrollment tool.

Enrollment can be completed without the enrollment tool by following the [specific instructions for this payer shown below.](#)

Guidelines for Enrolling with this Payer

Complete the EDI Agreement and mail it to EDS Provider Enrollment. In addition, go to the on-line Payer Portal, this will allow Capario to send you reports for Claims, ERA and/or Real Time transactions.

1. Mail the EDI Agreement to:

For Regular USPS Mail:
EDS Provider Enrollment
P.O. Box 7070
Tallahassee, FL 32314-7070

For Overnight or Express Delivery:
EDS Provider Enrollment
2671 Executive Center Circle West
Suite 100
Tallahassee, FL 32301

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2. Access the Payer's Portal at <https://home.flmmis.com> then follow these steps:

Login: Use the login and password provided by Florida Medicaid.

- **Application List:** Locate and select [Account Management](#)
 - **Add Agent:** Enter this email address: Payer.Advocacy@capario.com. This will link Capario (Username: MedAvant) to your Provider ID. *Note: Do not use this email address to communicate with Capario. This is reserved for Payer communications.*
 - **Click on the Search:** Capario (MedAvant) will be listed as agent.
 - **Click on Manage Agent:**
 - Select the system: Select Florida Web Portal
 - Select transactions: Download 835 & Trade Files
 - Click on Save Changes
- At this point all ERAs will be delivered to Capario and forwarded to the provider.

3. Complete the **Capario Enrollment Spreadsheets** (located in our Resource Center):

- Capario Provider Spreadsheet - This is completed for each new provider.
http://www.capario.com/downloads/xls/provider_bulk_spreadsheet-Interim.xlsx
- Capario Payer Enrollment Spreadsheet - This is completed when requesting enrollment with a payer for providers previously added to the Capario system. Please note the instruction tab on each spreadsheet form for details about the information to enter in each column.
http://www.capario.com/downloads/xls/enrollment_bulk_spreadsheet-Interim.xlsx

Email the completed spreadsheet(s) to:
provider.enrollment@capario.com

Questions? Contact Capario Enrollment at: (800) 792-5256 Option 1



Electronic Data Interchange Agreement

Medicaid Provider ID: _____ NPI: _____

Provider Name: _____

Address: _____

City: _____ State: _____ Zip + 4: _____

Contact Name: _____ Contact Phone: (____) _____

Email: _____

The Medicaid provider listed above is a (check one): _____ Provider _____ Billing Agent/Clearinghouse

Section 1: Transaction Information

Complete this section to indicate how you plan to submit or receive electronic transactions.

- If you are currently submitting/receiving electronic transactions directly to/from Medicaid, indicate your current 5-digit or 6-digit Trading Partner ID. _____

- If you plan to use a software vendor to submit/receive electronic transactions to/from Medicaid, indicate the software vendor's Trading Partner ID. _____

NOTE: If you do not provide the software vendor's Trading Partner ID, you will be required to test. _____

- If you plan to use a billing agent/ clearinghouse to submit directly to/from Medicaid, indicate the billing agent/clearinghouse's Trading Partner ID. _____

NOTE: To designate a billing agent to submit claims on your behalf, complete Section 2. _____

- Indicate the transaction types you plan to send/receive.

- | | |
|---------------------------|---|
| _____ 820 Premium Payment | _____ 835 Remittance Advice |
| _____ 837P Professional | _____ 834 Benefit Enrollment (Inbound/Outbound) |
| _____ 837I Institutional | _____ 270/271 Eligibility Request/Response |
| _____ 837D Dental | _____ 276/277 Claim Status Request/Response |

- Select the method of submission that you will use to transmit your transactions.

- | | |
|------------------------------------|---|
| _____ Web Portal / Software Vendor | _____ Provider Electronic Solutions (PES)
(Replaces the Winasap2003) |
|------------------------------------|---|

NOTE: If you are using a Billing Agent/Clearinghouse, skip this section.

If you select Provider Electronic Solutions (PES) to submit claims to Medicaid, please go to the website www.mymedicaid-florida.com for a free download of the software. Should you experience any problems, call the EDI Helpdesk at 1-800-289-7799, option 3.

Section 2: Florida Medicaid Billing Agent Agreement

This section must be completed by any provider who wishes to designate or change a billing agent to submit claims for reimbursement by Florida Medicaid.

The following requirements apply to all billing agents/clearinghouses:

1. Any entity, that submits claims to Medicaid on behalf of an enrolled Medicaid provider must be enrolled in the Medicaid program as a billing agent with an active provider number.
2. Claims must be paid in the name of the provider or provider group that renders the services, not in the name of the billing agent.
3. Payment for billing services must be made based upon an administrative fee per claim. Billing agents are prohibited from charging for their services based upon a percentage of the total dollar value of claims billed.
4. If a claim is rejected as inaccurately filed, it cannot be resubmitted unless there has been a change made to the claim form or electronic submission itself.

"The following billing agent is authorized to submit claims to and follow up with Medicaid and the Medicaid fiscal agent on my behalf. I understand that all payments and payment information are in my name and that this agreement does not exempt me from responsibility for claims filed on my behalf or from established claim filing policies. I further understand that the billing agent must be held to the same requirements of confidentiality and access to records as I am, as reflected in my agreement with Medicaid. I will immediately notify the Medicaid fiscal agent of any change in this authorization."

Billing Agent Name: _____ Billing Agent
Provider Number: _____

Section 3: Certification

The provider identified on this Electronic Data Interchange Agreement understands and agrees to the following:

1. Payment of claims will be from federal and state funds and that any falsification or concealment of material fact may be prosecuted under Federal and State laws.
2. Providers must safeguard the Medicaid program against abuse in the use of electronic claims submission.
3. Providers must correctly enter the claims data, monitor the data and certify that the data entered is correct.
4. Providers must assure that the transmission of claims data is restricted to authorized personnel to prevent erroneous payments by the Agency's fiscal agent that might result from carelessness or fraud.
5. Providers must have on file the applicable source data to substantiate the claim submitted to the Medicaid program.
6. Providers must allow the Agency or any of its designees and representatives of the office of the Auditor General or the Attorney General to review and copy all records, including source documents and data related to information entered through electronic claims submission.
7. Providers must abide by all Federal and State statutes, rules, regulations, and manuals governing the Florida Medicaid program.
8. Providers must sign and adhere to all conditions of the Medicaid Provider Agreement and be officially enrolled in the Medicaid program to participate in electronic claims submission.

Signature: _____ Date: _____

Mail completed form to:

For Regular Mail:

EDS Provider Enrollment
P.O. Box 7070
Tallahassee, FL 32314-7070

For Overnight or Express Delivery:

EDS Provider Enrollment
2671 Executive Center Circle West
Suite 100
Tallahassee, FL 32301

(Florida Medicaid Program – Do not write below this line)

Received	By:	Date:	
FMMIS Updated	By:	Date:	