



Capario
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ERA Payer Agreement Instructions for Illinois Medicaid (MC009)

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

1. Provide Capario a copy of your State of Illinois Healthcare and Family Services Provider Information sheet. This sheet will have your assigned “Payee Number”, (a 16 digit number that consists of your tax ID, Zip Code and payee code), along with other pertinent information the payer will require from Capario in order to complete your ERA request.

2. 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) AND copy of your Provider Information sheet to:
provider.enrollment@capario.com

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