



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 Missouri Medicare Western (MR044) / Eastern (MR094)

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 either of these payers. If you are unsure about your current status please contact Capario sales at: [sales@capario.com](mailto: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](mailto: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 these Payers*

To request ERAs from either of these payers, complete the payer's enrollment process described below, and also complete the Capario enrollment spreadsheets and email them to our EDI Team.

**For Payer IDs MR044 and MR094, please be advised that Wisconsin Physicians Services (WPS) will process ERAs under MR044, therefore:**

- **The ERA enrollment process should be completed under Payer ID MR044**
- **All ERAs will be returned under Payer ID MR044**

#### **1. Fax or mail the completed Payer Agreement to:**

Wisconsin Physicians Services  
Attn: EDI  
1717 W. Broadway  
Madison, WI 53713  
Fax: (608) 223-3824

(...continued on next page...)



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**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](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](http://www.capario.com/downloads/xls/enrollment_bulk_spreadsheet-Interim.xlsx)

**Email the completed spreadsheet(s) to:**  
[provider.enrollment@capario.com](mailto:provider.enrollment@capario.com)

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



**Wisconsin Physicians Service (WPS) Authorization Form for Electronic Remittance Advice Processing (ERA)**

This form is intended to establish Electronic Remittance Advice (ERA) enrollment. The implementation process cannot begin until this questionnaire is completed. **If the form is received as not legible or not completed correctly, it will be returned to the provider for correction.** If you are a direct submitter, you must be assigned a submitter ID in order to receive the ERA. If you have not registered for a submitter ID, please access the WPS Trading Partner System (WTPS) at the following website: <https://corp-ws.wpsic.com/apps/wtps-web/unauth/wtps.do>. If you are not a direct submitter, the clearinghouse/third-party company/billing service submitter number should be used. Please return this form to the EDI Department, for the applicable line of business, as listed at the bottom of this form. **\*\*\*This request could take up to fourteen business days to complete.\*\*\***

**Part A providers need to select if this request is for a new submitter or if they want to add providers to their current submitter.**

New Submitter: [ ]      Add Providers: [ ]

**Check all lines of business that apply:**

Part A J5 [ ]    Part B J5 [ ]    Part B Legacy [ ]    Part A Legacy [ ]

**Please identify the company that will be retrieving the Electronic Remittance Advices ERA) in this section:**

Provider/Physician: [ ]    Corporate Office: [ ]    Third Party Company/Clearinghouse: [ ]

Provider Name: \_\_\_\_\_

Provider Street Address: \_\_\_\_\_  
(If the provider will be retrieving the ERAs, then they need to include the address that the services are rendered)

Provider City/ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Printed Name)

Contact Phone #: \_\_\_\_\_    Contact Fax #: \_\_\_\_\_  
(Please incl. ext #)

Contact Email Address: \_\_\_\_\_

WPS Submitter ID: \_\_\_\_\_  
***(Please use only the WPS issued submitter ID that will be retrieving the ERAs)***

**Provider Identification Numbers:**

Multiple providers may be listed on this form if they are at the same location. To retrieve ERA for additional providers at different locations, please complete a separate authorization form for each additional provider number.

<b>Provider Name</b>	<b>Provider Number</b>	<b>NPI Number</b>

I, \_\_\_\_\_ of \_\_\_\_\_ would like to  
(Provider Contact Signature) (Provider Name)

receive ERAs effective, \_\_\_\_\_. (All providers MUST include an effective date for this request)  
(Date)

By checking this box, you are authorizing a Third Party Company/Clearinghouse to Retrieve ERA files on your behalf.

**Please supply the complete name and address of the Third Party Company/Clearinghouse.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
(Printed Name) (Please include extension #)

Contact Email Address: \_\_\_\_\_

**Translation Software:** If you are a direct submitter, you will need translation and printing software in order to view and print the Electronic Remittance Advice. MREP software, for part B providers, and PCPrint software for part A providers, is available to download from our website at the following addresses:

**MREP:** [http://www.wpsmedicare.com/part\\_b/business/mrep.shtml](http://www.wpsmedicare.com/part_b/business/mrep.shtml)

**PCPrint:** [http://www.wpsmedicare.com/part\\_a/business/pc\\_print.shtml](http://www.wpsmedicare.com/part_a/business/pc_print.shtml)

**Please mail or fax this completed agreement to:**

<b>Medicare Part B Legacy: IL, MI, WI, MN</b>	<b>Medicare Part A &amp; B J5: IA, NE, KS, MO</b>	<b>Medicare Part A Legacy: (multiple states)</b>
WPS Electronic Data Services	WPS	WPS
912 N. Pentecost Rd.	Attention: EDI	Attention: EDI
PO Box 5511 Marion, IL 62959	1717 W. Broadway Madison, WI 53713	P.O. Box 1602 Omaha, NE 68101
Phone # (877) 567-7261	Phone # (866) 503-9670	Phone # (866) 734-6656
Fax : (618) 998-5170	Fax : (608) 223-3824	Fax: (402) 351-6188