



Capario Enrollment  
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## ERA Payer Agreement Instructions for Health Insurance Plan of New York (55247)

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](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 this Payer

**1. Fax or Email the Emdeon ERA Provider Setup Form & Provider Information Form to:**

Emdeon  
Fax: (615) 885-3713  
Email: [batchenrollment@emdeon.com](mailto:batchenrollment@emdeon.com)

**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*

# Emdeon ERA Provider Setup Form

Email: [batchenrollment@emdeon.com](mailto:batchenrollment@emdeon.com) Fax: (615) 885-3713

## 1 Provider Organization

Practice/Facility Name							
Tax ID				Billing NPI ID			
Practice/Facility Address							
	City			State			Zip Code
Contact Name				Contact Phone Number			
Provider Email							

## 2 Vendor (Emdeon contracted & certified customer used to retrieve ERA files)

Vendor Name				Submitter ID			
Contact Name				Contact Phone Number			

## 3 ERA Receiver

Receiver ID							
Distribution Method <small>(Must list one method)</small>	<input type="text"/>			Distribution			

## 4 Payer (If additional rows are required for payer ID selection, complete additional ERA Provider Setup Forms.) **Following Payers MUST have Legacy ID's listed to complete Payer Enrollment: SB580-SB690-SKAR0-SKMD0**

Payer ID	Group ID	Individual ID	NPI ID	Payer ID	Group ID	Individual ID	NPI ID

## 5 Confirmations (Enter E-mail address)

Confirmations	<small>(Enter E-mail address)</small>	
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