



Capario
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 Texas BCBS (BS021)

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

To request ERAs from Texas BCBS, complete the payer's enrollment form as described below. ****PLEASE NOTE**** This payer sends ERA approval to the provider. Once received, forward to provider.enrollment@capario.com . Also, please complete the Capario enrollment spreadsheets and email them to our EDI Team.

1. Fax or Mail the completed ERA Enrollment Form to:

Availity
P.O. Box 833905
Richardson, TX 75098-3905
Fax: (972) 383-6450

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) to: provider.enrollment@capario.com

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



BlueCross BlueShield of Illinois
 BlueCross BlueShield of New Mexico
 BlueCross BlueShield of Oklahoma
 BlueCross BlueShield of Texas
 Experience. Wellness. Everywhere.™

Electronic Remittance Advice (ERA) Enrollment Form

Availity, L.L.C. supports the exchange of electronic remittances in the ASC X12 835, version 4010A1 format. The enrollment process establishes an electronic mailbox where Availity® will place the electronic remittance file(s) received from payer(s). The provider's Federal Tax ID is required to establish an ERA Receiver mailbox and also will be used to parse remittance transactions from the payer. The assigned electronic ERA Receiver ID and password will be returned via fax to the contact and fax number provided on the enrollment form.

If you are a Billing Service or Clearinghouse wishing to receive the ERA on behalf of a provider, the provider must complete the enrollment documents authorizing you to retrieve their remittance files, or a copy of the Power of Attorney must be submitted with the enrollment form.

NOTE: The paper Provider Claims Summary (PCS) currently provided by Blue Cross and Blue Shield will be discontinued 30 days from the date you begin receiving the ERA files.

CHANGE AN EXISTING OR ADD A NEW ERA ACCOUNT (SELECT ONE)									
Change an existing ERA Receiver ID					Add a new ERA Receiver ID				
<input type="checkbox"/> I need to add a new payer to my ERA account					<input type="checkbox"/> I want to create a new ERA account				
<input type="checkbox"/> I need to change my ERA account information					<input type="checkbox"/> I want to receive my ERAs in my current Submitter mailbox				
<input type="checkbox"/> I need to delete my ERA account information					<input type="checkbox"/> I am a Uniform Payment Plan (UPP) Provider – IL ONLY				
					<input type="checkbox"/> I need a separate mailbox for my Electronic Payment Summary (EPS) File				
INDICATE WHO WILL RECEIVE THE ERA FILE									
<input type="checkbox"/> Provider <input type="checkbox"/> Billing Service <input type="checkbox"/> Clearinghouse <input type="checkbox"/> Other (please specify):									
MEDIA TYPE (SELECT ONE)									
<input type="checkbox"/> rEDI-Link Mailbox <input type="checkbox"/> File Transfer Protocol (FTP)* <input type="checkbox"/> ZIP compression needed? (*FTP enrollment is required for this option. For instructions, visit Availity's Web site at www.availity.com .)									
RECEIVER INFORMATION									
Availity User ID									
Receiver Name									
Receiver Address				City		State		Zip	
Contact Name									
Telephone + extension				Fax Number					
E-mail Address									
Vendor Name/ID (if applicable)									
PAYER INFORMATION									
Payer Name		<input type="checkbox"/> BCBSIL <input type="checkbox"/> BCBSNM <input type="checkbox"/> BCBSOK <input type="checkbox"/> BCBSOX							
PROVIDER INFORMATION									
National Provider Identifier (NPI) (10-digit Billing NPI)						BCBS Provider Number (if NPI is not applicable – for example, "Atypical Provider")			
Provider Name (please print)				Federal Tax ID					
Provider Address				City		State		Zip	
Provider Signature (Required)								Date	

If you have any questions regarding the enrollment process you may contact Availity Client Services at (800) AVAILITY (282-4548). Return your completed, signed form via mail or fax to:

Availity
P.O. Box 833905
Richardson, TX 75098-3905
Fax: (972) 383-6450

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