



Capario EDI  
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 Virginia Medicaid (MC017)

To enroll with this payer for ERAs complete and send the payer agreement directly to ACS State Healthcare, LLC. In addition please complete and send the Capario ERA Enrollment Request Form to our EDI Team. Specific instructions for this Payer are shown below.

ERA Transactions are available as an additional Capario contracted service. To add ERAs to your contract please contact your Capario Sales person or Account Manager. ERAs must be part of your contract and you must be enrolled with this Payer BEFORE submitting this ERA Payer Agreement.

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.

### Guidelines for Enrolling with this Payer

1. **Fax or mail the completed Payer Agreement to:**  
ACS State Healthcare, LLC  
Virginia Medicaid Fiscal Agent Services – EDI Coordinator  
1011 Boulder Springs Drive, Suite 350  
Richmond, VA 23225  
Fax: (888) 335-8460
2. **Fax, Email or mail the Capario ERA Enrollment Request Form to:**  
Capario  
EDI Team  
1901 E. Alton Ave. Suite 100  
Santa Ana, CA. 92705  
Fax: (404) 877-3324  
Email: [provider.enrollment@Capario.com](mailto:provider.enrollment@Capario.com)

To obtain the Capario ERA Enrollment Request Form, go to:  
[www.capario.com/services/resource\\_center/enrollment\\_instructions.html](http://www.capario.com/services/resource_center/enrollment_instructions.html)

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



A **xerox** Company

# Provider Service Center Authorization

Please review and check the block(s) which pertain to you:

**Electronic remittance request (835):**

I certify that I have authorized Service Center \_\_\_\_\_ to receive my electronic remittances (835) and that Service Center must have prior approval from ACS State Healthcare, LLC (ACS) to receive such electronic remittances. I also understand that I will continue to receive paper remittances **only** for the time period selected below after the electronic remittances start. **(If no time frame is selected below, the default is 60 days.)**

- 30 days**
 **60 days**
 **90 days**
 **120 days**

I understand that only one service center can accept and process my electronic remittances. In order to facilitate the above, I need to terminate Service Center \_\_\_\_\_ effective on \_\_\_\_\_ for my 835s.

**Claims Status Request/Response (276/277):**

I certify that I have authorized Service Center \_\_\_\_\_ to submit Claims Status Requests and receive Claims Status Responses to the Department of Medical Assistance Services.

\* IF YOU DO NOT QUALIFY FOR A NPI AND ARE REQUESTING A NEW API IN YOUR ENROLLMENT PACKET, LEAVE THE NPI/API NUMBER BLANK AND IT WILL BE FILLED IN BY PROVIDER ENROLLMENT AFTER THE API IS ASSIGNED.

_____ PROVIDER NAME		_____ NPI/API NUMBER
_____ SIGNATURE	_____ DATE	_____ TELEPHONE NUMBER
_____ PRINTED NAME	_____ TITLE	

**Fax to: 1-888-335-8460 or**  
**Email to: [Virginia.EDISupport@acs-inc.com](mailto:Virginia.EDISupport@acs-inc.com) or**  
 Mail Original to:  
 ACS State Healthcare, LLC  
 EDI Coordinator  
 Virginia Medicaid Fiscal Agent Services  
 1011 Boulder Springs Drive  
 Suite 350  
 Richmond, VA 23225  
 866-352-0766