



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 West Virginia Medicaid (MC048)

To enroll with this payer for ERAs complete and send the payer agreement directly to UNISYS. 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 payer agreement to:

UNISYS
Attn: EDI
P.O. Box 625
Charleston, WV 25322-0625
Fax: (304) 348-3380

2. Fax or mail the Capario ERA Enrollment Request Form to:

Fax: (404) 877-3324
EDI Team
Capario
1901 E. Alton Ave. Suite 100
Santa Ana, CA. 92705

To obtain the Capario ERA Enrollment Request Form, go to:
www.capario.com/services/resource_center/enrollment_instructions.html

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



Please complete the following information to receive your 835 report.

Providers:

Provider or Group ID Number: _____

The submitter ID you want to receive the 835: _____

The name of the Provider or Third Party receiving the 835: _____

Pharmacies only:

The submitter ID that you want to receive the 835 for DME Supplies: _____

The submitter ID that you want to receive the 835 for Prescriptions: _____

** If you want to receive an 835 for prescriptions only, please write none beside DME Supplies.*

The 835 will provide information pertaining to the 837 transaction that was processed. The 835 will contain total charges and total payments. However, it will not provide edit, denial, or pended reasons. The 835 can be used to post accounts. The receiver of the 835's will need to have compatible software to download the 835's.

Please call the EDI Help Desk 888-483-0793 option 6 if you have any questions or if you need help completing this form.

Authorization required Name and Number: _____

Date: _____

Thank you,

EDI Help Desk
West Virginia Medicaid Project



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If you received this in error, please contact the sender and appropriately dispose of the facsimile and/or delete from all computers.