



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 Wyoming Medicaid (MC042)

You will enroll for ERAs by completing and sending the Payer Agreement directly to the Payer. 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 Wyoming ACS Provider Enrollment Form to:

EDI Enrollment Unit
P.O. Box 667
Cheyenne, WY 82003
Fax: (307) 772-8405

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

Wyoming ACS EDI Provider Enrollment Form



Please return to:
Attn: EDI Enrollment Unit
PO Box 667
Cheyenne, WY 82003
Or fax to 307.772.8405



Wyoming ACS EDI Provider Enrollment Form Instructions

Please use the following instructions when completing the Wyoming ACS EDI Provider Enrollment Form.

Please Note:

If a provider is submitting to ACS EDI Gateway, Inc. and wishes to retrieve their own reports and responses from Internet Data Exchange (iDEx), the *Wyoming ACS EDI Provider Enrollment Form* must be completed. The provider does not need to complete the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses*.

If a provider allows a billing agent/clearinghouse to submit and retrieve on their behalf, only the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

If a provider allows a billing agent/clearinghouse to submit transactions on their behalf, but the provider wishes to retrieve their own responses, including the 835 Remittance Advice, both the *Wyoming ACS EDI Provider Enrollment Form* and the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

Section 1. Classification

Please indicate whether you are an individual or group provider. **This field is required.**

Section 2. Submission Method

Please indicate how you will be submitting your electronic transactions. **This field is required.**

Section 3. Provider Information

Please complete the appropriate provider information. **These fields are required.**
Your email address is optional and will be kept confidential.

Section 4. Submitter/Trading Partner ID Number

If you are currently submitting electronic transactions to ACS EDI Gateway, please indicate your 5-digit submitter ID or 6-digit trading partner ID.

Section 5. Contact Information

Please indicate specific contact individual and additional contact information, if different from the provider information in Section 3 above.

1.800.672.4959 (phone) 1.307.772.8405 (fax)
www.acs-gcro.com

Wyoming ACS EDI Provider Enrollment Form



Please return to:
Attn: EDI Enrollment Unit
PO Box 667
Cheyenne, WY 82003
Or fax to 307.772.8405



Section 6. Provider Using a Software Vendor, Billing Agent, or a Clearinghouse

If you have indicated that you will be using Vendor Software, a Billing Agent, or a Clearinghouse, please complete section 6a.

WINASAP2003 users do not need to complete this section.

- Sub-section 6b. Submitter/Trading Partner ID Number
Your Software Vendor, Billing Agent or Clearinghouse must be equipped with their own uniquely assigned ACS EDI Gateway Submitter ID or Trading Partner ID to act on your behalf. Please contact your Software Vendor, Billing Agent/Clearinghouse to confirm their status with ACS EDI Gateway.
- Sub-section 6c. Provider Using a Software Vendor
If you have indicated that you are a provider and plan to submit transactions with vendor software, please complete this section.

Section 7. Transactions Available for Transmission

- Sub-Section 7a. WINASAP2003 (Replacing ACE\$)
Please indicate how you would like to receive the software and which transactions you will be submitting.
Nursing Facility Submitters: Choose Transaction 837I (Institutional)
- Sub-Section 7b. Standard Transactions (Submissions other than WINASAP2003 and Web Portal)
If you will be submitting standard transactions other than WINASAP2003 and Web Portal, please complete this section.
- Sub-Section 7c. Standard Transactions (Batch Submissions through Web Portal)
If you are submitting batch transactions through the Web Portal, please complete this section.

1.800.672.4959 (phone) 1.307.772.8405 (fax)
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Wyoming ACS EDI Provider Enrollment Form



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Or fax to 307.772.8405



Section 8. Delimiter Information

If you will be submitting X12N transactions directly to ACS, please indicate the alternate delimiter to be used (if nothing is entered, the default will be used). **WINASAP2003 users do not need to complete this section.**

Section 9. Electronic Reports and Response Retrieval

Wyoming EqualityCare providers can retrieve their electronic reports and/or responses from the ACS EDI Gateway Internet Data Exchange (iDEx). If you would like to participate in this service, please complete this section.

Section 10. Additional Pay To Provider List

If you are submitting transactions on the behalf of multiple pay to providers, please supply the provider name and provider number of each additional provider. If you have more than twenty-five (25) providers please contact ACS EDI Gateway Enrollment for further instructions at the phone number listed below.

1.800.672.4959 (phone) 1.307.772.8405 (fax)
www.acs-gcro.com

Wyoming ACS EDI Provider Enrollment Form



Please return to:
Attn: EDI Enrollment Unit
PO Box 667
Cheyenne, WY 82003
Or fax to 307.772.8405



Instructions for completing the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses*

The *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed in its entirety and must include the signature of the provider or the provider's representative.

If a provider allows a billing agent/clearinghouse to submit and retrieve on their behalf, only the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

If a provider allows a billing agent/clearinghouse to submit transactions on their behalf, but the provider wishes to retrieve their own responses, including the 835 Remittance Advice, both the *Wyoming ACS EDI Provider Enrollment Form* and the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

Section A. Provider Information

Please indicate the classification of the provider. **This is required.**
Your email address is optional and will be kept confidential.

Section B. Authorization Signature (required)

If you are authorizing a Billing Agent/Clearinghouse to retrieve electronic reports and responses on your behalf, please check the responses that apply.

The provider or the provider's representative must print their name, sign their name, and date the form.

EqualityCare (Wyoming Medicaid) EDI Application

Please type or block print the requested information as completely as possible. If any field is not applicable, please enter N/A. If you need extra space to answer any question, please attach an additional page. An incomplete form may delay the approval of this application. Please direct questions to the ACS Provider Relations Unit – EDI Help Desk at (800) 672-4959. Please return the completed form and agreement to ACS, PO Box 667, Cheyenne, WY 82003. Please note: All fields must be completed in ink, and all signatures must be original – no copies, stamps, etc.

For Fiscal Agent Use Only	
ACS Assigned Trading Partner Number _____	Completed Date _____

IMPORTANT: PLEASE READ INSTRUCTIONS ABOVE BEFORE PROCEEDING

1. Enter your **business or provider name** and address below. **(Physical address is required.)**
2. Enter your **contact and identification** information here.

Name

EDI Contact Name

Address 1

Address 1

Address 2

Address 2

City State Nine-Digit Zip

City State Nine-Digit Zip

Provider Contact E-mail address

EDI Contact E-mail address

() - _____
Phone (Primary)

() - _____
Phone (EDI Contact Person)

3. Enter your Identification Numbers – Please note: If you have a group AND treating provider information, enter ONLY the group information.

NPI Number: _____

EqualityCare Provider ID: _____
(if applicable)

Tax – ID Number: _____
(required for web access)

4. If you or your organization is already billing claims electronically to EqualityCare, enter your 5-digit Submitter or 6-digit Trading Partner ID: _____
5. If you are new to EqualityCare and wish to bill your claims electronically, indicate how you will submit them:
- Billing Agent
 - Clearinghouse
 - Vendor Supplied Software
 - EqualityCare Web Portal (free web-based billing application)
 - WINASAP 2003 Billing Software (free PC-based billing software)

If you marked **Billing Agent, Clearinghouse** or **Vendor Supplied Software**, you must supply their 5-digit Submitter ID or 6-digit Trading Partner ID assigned by ACS EDI Gateway: _____

If you marked **WINASAP 2003**, how do you wish to receive the software?

- I will download it from the ACS EDI Gateway website (<http://www.acs-gcro.com/>)
- Please mail me a CD-ROM

(NOTE: Providers that wish to submit claims electronically to EqualityCare must complete the attached Trading Partner Agreement.)

6. The 835 Health Care Claim Payment/Advice is the electronic transmission of remittance data from EqualityCare to a provider (or clearinghouse). This remittance data is often referred to as an EOB (Explanation of Benefits). It is used to reconcile a payment against the claims a provider submitted to EqualityCare. To use the 835 Health Care Claim Payment/Advice requires special computer software capable of processing it. **Regardless of your choice to use the 835 Health Care Claim Payment/Advice, you will still receive a paper remittance advice with each payment.**

Will you or a third party use the 835 Health Care Claim Payment/Advice?

- I will retrieve my 835
- A third party (e.g., clearinghouse) will retrieve my 835
- I do not wish to use the 835 at this time

7. An archive of past paper remittance advices is made available to providers via EqualityCare's secure Web Portal. Do you wish to establish access to view and print them? No Yes

*** Please be sure you have entered your tax-id information in question 3. It is required for web portal access.**

8. Name of person completing paperwork: _____ Phone Number: _____