



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 Mohawk Valley Health Plan of NY (MVP) (14165)

To enroll with this payer for ERAs complete and send the payer agreement directly to MVP Health Care. 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

Please be sure you include your Payee ID in the MVP Health Care EDI Enrollment Form before submitting it. Omission of the ID will delay the enrollment processing

1. Fax the completed Payer Agreement to:

MVP Health Care
Attention: EDI Coordinator
Fax: (585) 258-8071

1. For Non-Portal Users: Mail, Fax or Email 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

**For Portal Users: Enroll using the Capario Portal Enrollment Tool.
The ERA Enrollment Request Form is not needed.**

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



MVP HEALTH CARE
 EDI Enrollment Form
 Attention: EDI Coordinator
 Toll-free: 877-461-4911
 Fax: 585-258-8071

Contact Information

Person to Contact: _____ Telephone: () _____
 Organization Name: _____ Email: _____

Access ID: _____

*Choose **ONE (1)** of the following:*

- Clearinghouse/Billing Service: _____
- NEW** Direct Trading Partner (TESTING REQUIRED)
- FTP with PGP SFTP Internet

Practice/Facility Information

Name of Practice: _____
 Street Address: _____
 City: _____
 State: _____ Zip Code: _____ Telephone: () _____
 Practice Tax ID: _____ Email: _____
 Type of Practice: Group Solo Facility
 Payee ID (ERA/835): _____ Login ID (ERA/835): _____
 Name and Title of Provider:
 _____ NPI _____
 _____ NPI _____
 _____ NPI _____
 _____ NPI _____

HIPAA Transaction Types

- 837I 837P 835 270/271 276/277
 Hosp Office Remit Eligibility Claim Status

Software Vendor (direct partners): _____ Contact Name: _____

Contact Phone & Email: _____