



Electronic Claims (837) Submission through Clearing House

Conifer Value Based Care, previously Cap Management Systems, continues to make every effort to be paperless and receive claims electronically. If you are currently submitting Claims electronically, we thank you, and note that no additional efforts on your part are required at this time.

If you do not currently utilize a clearinghouse to submit claims electronically, we strongly urge you to contact one of the following clearing houses as soon as possible:

Office Ally	Change Health (Optum or Emdeon)
(866) 575-4120	(877) 363-3666
www.officeally.com	www.optum.com www.changehealthcare.com
Payer ID#: CAPMN	Payer ID#: 95399
Payer Name: <ul style="list-style-type: none">• Conifer Health Solutionsor• CAP Management Systems	Payer Name: <ul style="list-style-type: none">• Conifer Health Solutionsor• CAP Management Systems

Please note that it is your contractual obligation to submit Claims and Encounter Data electronically following the provision of Covered Services.



Electronic Remission Advice (ERA / 835) Through Clearing House

Step 1: Print ERA Form:

Complete and submit form according to payer instructions.

FORM SUBMISSION:

Completed forms can be submitted *via* mail, fax or email to:

Attn: Finance Department
Conifer Value-Based Care
15821 Ventura Blvd., Suite 600
Encino, CA 91436
Fax: 818-461-5078

Email: EFTErollment@coniferhealth.com
CapConnect: www.capcms.com

For ERA (835) Questions: Contact EDI Specialist
Email: ERASupport@coniferhealth.com

APPROVAL REQUESTS:

Confirmation will be sent *via* fax or e-mail upon completion of set-up. Allow up to 30 business days.

Step 2: Enroll with Availity to receive 835/ERA:

Complete and submit form according to payer instructions.

Availity
www. availity.com
Payer ID#: 15821
Payer Name: <ul style="list-style-type: none">• Conifer Health Solutionsor• CAP Management Systems



Electronic Fund Transfer (EFT) Enrollment

Print EFT Form:

Complete and submit form according to payer instructions.
Banking information must be completed

FORM SUBMISSION:

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