



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
8/3/2011 (NF)

Partnership Health Plan (PHP02) Capario Enrollment Instructions – CLAIMS ONLY

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to edi account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will delay the enrollment.
- ✓ **Keep a copy of the completed and faxed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

FAX COMPLETED FORMS TO-
Practice Insight, Enrollment Department
713-333-0138

837- CLAIMS Provider Enrollment (New) or (Change of Service)

If the provider has not submitted claims electronically to this payer or if the provider HAS SUBMITTED electronic claims to this payer VIA ANOTHER CLEARINGHOUSE, and they now want to submit via Practice Insight, the provider must complete these forms:

1. Capario Provider Enrollment form for Electronic Claims Submission (1-2 pages)

Section 2 - Add Billing Provider Group Information, including group Tax ID and group NPI #.

Section 4 - If there are no payer #'s assigned to the individual providers under this group, then there is nothing more to complete in Section 4 for Rendering Providers. If this provider has individual Rendering Provider ID #'s for this payer, a Rendering Provider box must be completed for each provider to include Provider Name, Group ID and Rendering Provider ID. See Page 2, to add additional Rendering Providers.

2. Partnership HealthPlan of California EDI Payer Agreement (2 pages)

Page 1- Enter Billing Provider Information

Page 2- Enter Desired Production Date

NOTE: Provider Name, signature, and signatory name is required. (See bottom of form)

835- ERAS Electronic Remittance Advice

The option to receive 835- ERAS is not available at this time.

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since your request was submitted and you have not received confirmation of enrollment, contact your EDI Solutions Reseller or Support Vendor. EDI Resellers may contact Practice Insight, Enrollment Department direct to make an inquiry regarding the status of the enrollment with Capario.



Provider Enrollment Form for Electronic Claims Submission

Questions?- Contact us at: (800) 792-5256 Option 1
 Fax: (404) 877-3324 | provider.enrollment@Capario.com

Enrollment Department
 Capario
 1901 E. Alton, Suite 100
 Santa Ana, CA. 92705

Use this form if you are: Enrolling with a new Payer OR Enrolling a new rendering provider with your existing Payer(s). Please complete ALL fields then fax, email or send to Capario. If you complete this form on screen you can type your information then print the form. Typing your Capario Client Name and ID on Page 1 will automatically populate them onto Page 2.

1 Client Information: Entities that <u>submit</u> claims. Includes: Billing Services, Medical Groups or individual providers				
Capario Client Name:	Practice Insight, LLC	Capario Client/User ID ¹ (Existing Clients):	61622439	
Contact Name:	Enrollment Department	Phone Number:	(713) 333-6000 Opt 2	Fax Number: (713) 333-0138
Contact Email:	enrollment@practiceinsight.net	Email address for Approval Notice:	enrollment@practiceinsight.net	

2 Group/Provider Information: Entities that <u>create</u> claims. Includes: Medical Groups or individual providers. This section must be completed for each Tax ID.				
Group/Provider Name:				
Provider EIN/SSN # (Indicate type) <input type="radio"/> EIN <input type="radio"/> SSN:		NPI:		
Contact Name:		Phone Number:		Fax Number:
Address:		City:	State:	Zip:

3 Complete, sign and send each Payer Agreement: The Payer agreements, with instructions, are located on our web site. Go to: http://www.capario.com/services/resource_center/payer/list/default_db.asp	
<ul style="list-style-type: none"> For most Medicare, Medicaid, Blue Cross and Blue Shield Payers you will need a Payer agreement. Please follow instructions for each Payer carefully. These Payer agreements usually require an original signature using blue ink. To enroll for these Payers, use this form and complete fields for Rendering Provider along with Payer and Tracking information. For most commercial Payers you will NOT need a Payer Agreement. To enroll for those payers you ONLY need to complete Rendering Provider's name and NPI 	

4 Enrollment and Payer Agreement Tracking Information: Complete these fields for each Rendering Provider.	
<ul style="list-style-type: none"> Additional fields are offered on Page 2 or copy, as needed, to enroll additional Providers. Capario will use this information to start enrollment and follow up with each Payer to confirm approval. If you receive written approval from the Payer please fax it to us upon receipt. 	

Rendering Provider	Last Name		First Name		NPI	
	Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to:	Date Agreement Sent
PHP02	Partnership Health Plan			<input type="radio"/> Payer <input type="radio"/> Capario		
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to:	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number
PHP02	Partnership Health Plan			<input type="radio"/> Payer <input type="radio"/> Capario		
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to:	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number
PHP02	Partnership Health Plan			<input type="radio"/> Payer <input type="radio"/> Capario		
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to:	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number
PHP02	Partnership Health Plan			<input type="radio"/> Payer <input type="radio"/> Capario		

5 Fax, mail or attach to an email and send to Capario Enrollment Dept. 1901 E. Alton #100 Santa Ana, CA. 92705				Date:	
Capario Enrollment E-mail:	provider.enrollment@Capario.com	Capario Enrollment Fax:	(404) 877-3324		

1: If you do not know your Client ID contact Capario Enrollment at phone number listed above.



Provider Enrollment Form for Electronic Claims Submission

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 Capario
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 Santa Ana, CA. 92705

4- Continued Use this page if enrolling additional Rendering Providers.

REQUIRED: Please re-enter your Client Name and Capario Client ID, if fields are blank. This ensures we have the correct pages for your Group.

Capario Client Name: Practice Insight, LLC Capario Client/User ID¹ (Existing Clients): 61622439

Rendering Provider		Last Name		First Name		NPI	
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to:	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number	
PHP02	Partnership Health Plan			<input type="radio"/> Payer <input type="radio"/> Capario			
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to:	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number	
				<input type="radio"/> Payer <input type="radio"/> Capario			
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to:	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number	
				<input type="radio"/> Payer <input type="radio"/> Capario			
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to:	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number	
				<input type="radio"/> Payer <input type="radio"/> Capario			

Rendering Provider		Last Name		First Name		NPI	
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to:	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number	
				<input type="radio"/> Payer <input type="radio"/> Capario			
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Rendering Provider		Last Name		First Name		NPI	
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to:	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number	
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Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to:	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number	
				<input type="radio"/> Payer <input type="radio"/> Capario			

1: If you do not know your Client ID contact Capario Enrollment at phone number listed above.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Electronic Data Interchange Payer Agreement



This Electronic Data Interchange (EDI) Payer Service Agreement (the “**Agreement**”) is entered into by and between Partnership HealthPlan of California, a California corporation, with a principal place of business at 360 Campus Lane, Suite 100, Fairfield, California 94534 (hereinafter, “**PHC**”), and Capario (hereinafter, “**Trading Partner**”). The purpose of this Agreement is to memorialize in writing, the existing connection PHC has with the Trading Partner to submit and receive EDI transactions on behalf of the Provider named in this agreement. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, PHC must have Business Associate Agreements in place to assure compliance with the rules and regulations dictated by it.

TRADING PARTNER’S INFORMATION

Trading Partner’s Full Legal Name:

Capario

Trading Partner’s Principal Business Address:

1901 E Alton Ave., #100, Santa Ana, CA 92705

Trading Partner’s Mailing Address (if different from principal business address above):

Trading Partner’s Tax ID #: 263086998

Trading Partner’s State of Incorporation:

Trading Partner’s Contact Person:
EDI Team

Trading Partner’s Telephone Number:
(800) 792-5256 , Opt 1

Trading Partner’s E-Mail Address:
Provider.Enrollment@Capario.com

Trading Partner’s Fax Number:
(404) 877-3324

The Submitter ID is assigned by PHC. Approved trading partners must submit the submitter ID assigned by PHC in the GS02 element of **inbound** HIPAA compliant transactions sent to PHC.

BILLING PROVIDER’S INFORMATION

Billing Provider’s Name:

Billing Provider’s Pay-To NPI Number:

Billing Provider’s Contact Person:

Billing Provider’s Email Address:

Billing Provider’s Telephone Number:

Billing Provider’s Fax Number:

Billing Provider’s Physical Address:

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Electronic Data Interchange Payer Agreement**



TRANSMISSION/FORMAT INFORMATION

Trading Partner plans to transmit the following transactions to PHC. (check one)

ANSI 837 Professional **ANSI 837 Institutional**
Desired Production Date _____ Desired Production Date _____

To request EDI transaction files from PHC, such as 835 electronic remittance advice files, please complete the **EDI Transaction Request Form**.

CONNECTION

Trading Partner will use the following connection type to submit / receive EDI transactions. (check one)

eBBS Web Connection or sFTP Connection (list external IP address: (68.17.74.232))

COMPANION DOCUMENTS

EDI companion documents are available on PHC's website at
http://www.partnershiphp.org/Provider/EDI_Pubs.htm

837 Companion Guides	835 eRA Crosswalk
277 / 277CA Companion Guides/Reject Reasons	834 Companion Guides
Secure File Transfer Options Document	271 Companion Guides

The representative that signs this document on behalf of the Trading Partner indicates that the Trading Partner is authorized to submit and request claim transactions on behalf of the Provider named in this agreement.

On behalf of **Trading Partner**



Signature of authorized representative

Lonnie Hardin

Printed Name

EVP Operations

Title

Date

Please return this completed form to our EDI Team by faxing or emailing a scanned copy to:

E-Mail: EDITEAM@partnershiphp.org

Fax: 707-863-4390