



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
03/08/11 (NF)

Tufts Health Plan (04298)

Capario

Enrollment Instructions – Professional 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 confirm your 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 cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed 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 been submitting claims to this payer via another clearinghouse and wants to change their service to go through Practice Insight, the provider must complete and submit these forms.

1. Capario Provider Enrollment form for Electronic Claims Submission (1 page)

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.

2. Tufts Health Plan EDI Set-UP Form (1 page)

Complete form with billing provider information. If practice is billing solo, specify "Type of practice" ✓ Solo. For each solo billing provider, a separate form must be completed.

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 request was submitted and you have not yet received confirmation of enrollment, contact your reseller or software support vendor for assistance or call EDI Operations at 1-888-880-8699 x4042.



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:		Capario Client/User ID ¹ (Existing Clients):	
Contact Name:	Phone Number:	Fax Number:	
Contact Email:	Email address for Approval Notice:		

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="checkbox"/> EIN <input type="checkbox"/> 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	Carrier (FedEx, UPS, USPS) & Tracking Number
			<input type="checkbox"/> Payer <input type="checkbox"/> Capario	
Payer ID	Payer Name	Group ID	Rendering Provider ID	Carrier (FedEx, UPS, USPS) & Tracking Number
			<input type="checkbox"/> Payer <input type="checkbox"/> Capario	
Payer ID	Payer Name	Group ID	Rendering Provider ID	Carrier (FedEx, UPS, USPS) & Tracking Number
			<input type="checkbox"/> Payer <input type="checkbox"/> Capario	
Payer ID	Payer Name	Group ID	Rendering Provider ID	Carrier (FedEx, UPS, USPS) & Tracking Number
			<input type="checkbox"/> Payer <input type="checkbox"/> 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.

Type of practice: Solo Group Billing Service Hospital/Facility
 Type of account: New Existing (indicate changes below)
 Transaction Type: 837 Institutional claim 837 Professional claim 835 ERA

Information on solo, group, billing service client(s), hospital/facility

Name: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Office contact: _____ Practice Tax ID: _____
 Telephone: _____ Fax: _____
 E-Mail Address _____
 Practice Management System/Computer Vendor:
 Vendor Contact Name: _____ Telephone: _____

Payment Information (if different than above)

Name of payee: _____ National Provider ID _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Payee tax ID: _____

Provider Information

Name of Provider	National Provider ID

Please contact EDI Operations (888-880-8699 x4042) if you have any questions regarding this form. EDI Operations will contact you after this information is verified to initiate electronic transactions.
 Completed forms can be sent to EDI_Operations@tufts-health.com or fax to 617-923-5555