



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
03/15/11 (FE, IE)

Washington Labor and Industries (WC001)

Capario

Enrollment Instructions – Professional Claims

- ✓ **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. **F248-031-000 Electronic Billing Authorization Instructions 04-2007 (3 pages)**

Provider Information - Add Billing Provider information for group, clinic or individual practitioner (if no group affiliation). Only one Authorization under the business name and tax Id is required to cover the entire group and any future practitioners added to the group.

Effective Date - Be sure to enter a date to begin submitting claims. You must STOP sending claims to your old clearinghouse/intermediary before submitting claims to your new clearinghouse/intermediary. Updates to your provider account usually take 3-5 days after receipt of the Billing Agreement).

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 45 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.

To follow up on the status of the Electronic Billing Authorization Form faxed direct to the State of Washington Department of Labor & Industries, call 360-902-6511.



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

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

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

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:	Capario Client/User ID ¹ (Existing Clients):

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

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

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

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

State of Washington
Department of Labor & Industries
Health Services Analysis/MIPS
Electronic Billing Unit
PO BOX 44263
Olympia WA 98504-4263
Phone: (360) 902-6511
Fax: (360) 902-6192
Email: ebuLni@Lni.wa.gov



Electronic Billing Authorization

Instructions for Completing the Electronic Billing Authorization

Prior to billing electronically, you must complete an Electronic Billing Authorization agreement. You may choose to employ a clearinghouse/intermediary to submit billing on your behalf or bill electronically using the department's Provider Express Billing (PEB) web-based application.

After completing, **please make a copy for your file and mail the original** as instructed by your clearinghouse/intermediary – either return to them or to the Electronic Billing Unit.

We will update your provider account and notify your clearinghouse/intermediary when you are set up in our system. If you are using a clearinghouse/intermediary, you will need to coordinate with them when you are ready to bill electronically.

PROVIDER INFORMATION

- **L&I Provider Account Number:** List the group/clinic (or individual practitioner) provider account number assigned by L&I. This number may be used to submit your bills electronically or you may use your National Provider Identifier (NPI).
- **National Provider Identifier (NPI):** The National Provider Identifier (NPI) is the standard, unique identifier for health care providers mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Use the definition of "healthcare provider" from the Centers for Medicare & Medicaid Services (CMS) to determine if you are eligible for an NPI.
- **Name of Firm or Individual (Provider):** List the group/clinic name, or individual practitioner name if no group affiliation. Only one Authorization under the business name and tax Id is required to cover the entire group and any future practitioners added to the group. If an individual practitioner incorporates and adds other providers of service to their business under a new tax identification number (EIN), a new Billing Authorization is required.
- **IRS Tax Identification Number:** List your current taxpayer number (EIN or SSN).
- **Address:** List the provider's billing address.
- **City, State and Zip:** List the city, state and zip code of the provider's billing address.
- **Contact Name:** List the name of the person to contact if we have questions/concerns.
- **Telephone:** List the phone number of the provider's billing office.
- **E-mail:** List the e-mail address of the provider or contact name.

CLEARINGHOUSE/INTERMEDIARY INFORMATION

- **Clearinghouse/Intermediary Name:** List the name of the clearinghouse/intermediary you will use.
- **Clearinghouse/Intermediary (L&I Provider Account Number):** List the L&I provider account number of the clearinghouse/intermediary you will use to submit billing.
- **Telephone:** List the phone number for the clearinghouse/intermediary.
- **Contact Name:** List the name of the person to contact if we have questions/concerns.
- **Effective Date:** Enter the date you will start sending bills for processing to your clearinghouse/intermediary. (Note: Our billing system accepts only one submitter. You must **STOP** sending bills to your old clearinghouse/intermediary before submitting bills to your new clearinghouse/intermediary. Updates to your provider account usually take 3-5 days after receipt of the Billing Agreement).

PROVIDER EXPRESS BILLING

Complete this section only if you will be submitting electronic billing directly to L&I using Provider Express Billing (PEB).

Direct Submitter -This option requires you to have billing software that can create a file in either the HIPAA compliant 837 format or the agency's HCFA proprietary format, and complete successful testing with the department. The department does not provide software for this option. Providers submitting as a Direct Submitter will also be authorized for Direct Entry.

Direct Entry – This option allows you to submit bills using an online billing form and is ideal for small providers with no billing software or low-volume billing. Direct Entry is not available to clearinghouses/intermediaries for bill submission.

AUTHORIZING SIGNATURE

- **Provider Name:** Please print the group/clinic (or individual practitioner) name.
- **Signature and Date:** The owner or office manager must sign and date the document.
- **Signatory Name (Print Name):** Print the name of the person who signs the document.

If you have any questions regarding the Electronic Billing Authorization, please call (360) 902-6511 or email ebuLni@Lni.wa.gov

Please fax or return the completed Electronic Billing Authorization to the following address:

Department of Labor and Industries
Electronic Billing Unit
PO Box 44263
Olympia WA 98504-4263
Fax (360) 902-6192

PROVIDER INFORMATION

L&I Provider Account Number

National Provider Identifier (NPI)

Name of Firm or Individual (Provider)

IRS Tax Identification Number

Address

Contact Name

Address

Telephone

City, State, Zip + 4

E-mail

CLEARINGHOUSE/INTERMEDIARY INFORMATION

Complete this section if you will be submitting your bills through a Clearinghouse/Intermediary. Entry of information below constitutes Provider's authorization for Labor & Industries to accept and process billing through the following Clearinghouse/Intermediary.

Clearinghouse/Intermediary Name

Clearinghouse/Intermediary (L&I Provider Account Number)

Telephone

Contact Name

EFFECTIVE DATE

Enter the date you want your bills to be processed through Labor & Industries using your requested Clearinghouse/Intermediary. If you are changing clearinghouses, this is the date you will begin submitting bills through your new clearinghouse. Failure to enter an effective date may cause your bills to suspend or be denied.

PROVIDER EXPRESS BILLING

Complete this section to submit your bills to Labor & Industries as a Direct Submitter and/or by using Direct Entry. Providers submitting as a Direct Submitter will also be authorized for Direct Entry.

Please select the type of file format you will be submitting to the department as a Direct Submitter.

HIPAA 837 format

HCFA Proprietary format

Direct Entry only

Provider's signature below authorizes L&I to accept and process electronic billing within the provisions listed above.

Provider Name

Signature (must be original signature)

Date

Signatory Name (print name)