

VIRGINIA PREMIER PRE-ENROLLMENT INSTRUCTIONS – 54176



WHAT FORM(S) SHOULD I COMPLETE?

- Emdeon Claims Provider Setup Form
- Emdeon Claims Provider Information Form
- VA Premier Health Plan, Inc. EDI 837 Claims Enrollment Form
- Capario Provider Enrollment Form for Electronic Claims Submission

WHERE SHOULD I SEND THE FORM(S)?

- Fax or Email the Emdeon Claims Provider Setup Form, Emdeon Claims Provider Information Form, and VA Premier Health Plan, Inc. EDI 837 Claims Enrollment Form to:
Fax: (615) 885-3713
Email: batchenrollment@emdeon.com
- Fax or Mail the Capario Provider Enrollment Form to:
Fax: (404) 877-3324
Mail:
EDI Team
Capario
1901 E. Alton Ave. Suite 100
Santa Ana, CA. 92705

HOW DO I CHECK STATUS?

- Capario will notify you via email of your approval, to the email address provided in section 1 “Email address for Approval Notice” in the Provider Enrollment Form for Electronic Claims Submission. Emdeon will also send confirmation, including payer approval, to the email address listed in section 5 of the Emdeon Provider Setup Form.
- Once you have received notification that you have been approved you may begin submitting claims.



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

Payer Agreement Instructions for Virginia Premier (54176)

To enroll with this payer complete and send the payer agreement directly to Emdeon. In addition please complete and send the Capario Provider Enrollment Form to our EDI Team. Specific instructions for this Payer are shown below.

If you are a Capario customer then complete the Payer enrollment process BEFORE submitting claims to Capario for this Payer.

If you are not yet a Capario customer please contact Capario sales at: ProviderSales@Capario.com or 800-586-6870.

Guidelines for Enrolling with this Payer

1. Fax or Email the Payer Forms to:

Emdeon

Fax: (615) 885-3713

Email: batchenrollment@emdeon.com

2. Fax or Mail the Capario Provider Enrollment Form to:

Fax: (404) 877-3324

EDI Team

Capario

1901 E. Alton Ave. Suite 100

Santa Ana, CA. 92705

To obtain the Capario Provider Enrollment Form, go to:

www.capario.com/services/resource_center/enrollment_instructions.html

Questions? Contact Capario Enrollment at: (800) 792-5256 Option 1

Emdeon **Claims** Provider Setup Form

Email: batchenrollment@emdeon.com

Fax: (615) 885-3713

1 Provider Organization

Practice/Facility Name				Billing NPI	
Provider Name					
Provider Specialty Code		Tax ID		Site ID	PMCA
Practice/Facility Provider Address	Street				
	City		State		Zip Code
Contact Name	EDI Team		Contact Phone Number	(800) 792-5256 Opt 1	

2 Vendor (Emdeon Certified Vendor used to submit files to Emdeon)

Vendor Name	Capario				
Vendor Submitter ID	650202999				
Contact Name	EDI Team		Contact Phone Number	(800) 792-5256 Opt 1	

3 Report Method

TSO ID	F042	Communication Protocol/Output	K=PK Zipped/CommServer, FTP, ITS, VPN		
Report Type	B	Report Format	M		

4 Payer

M = Medical H = Hospital

Please list additional payers below

Check the Emdeon Payer List to see if additional enrollment is required at: <http://www.emdeon.com/PayerLists/payerlists.php>

Payer ID	Group ID	Individual ID	NPI ID	Payer ID	Group ID	Individual ID	NPI ID

5 Confirmations (Enter E-mail address)

Confirmations (Enter E-mail address)

Section 1 Provider Organization section must be fully completed with Facility/Provider information, failure to complete all fields may result in form rejections. Do not list Vendor or Billing Service information. Billing NPI is required to complete enrollment.

PAYER ID: 54176

SUBMITTER ID: 133052274



emdeon™

Emdeon Claims Provider Information Form

*This form is to ensure accuracy in updating the appropriate account

1 Provider Organization					
Practice/ Facility Name		Provider Name			
Tax ID		Client ID		Site ID	PMCA
Address		City/State		Zip Code	
Contact Name	EDI Team				
E-mail Address	Provider.Enrollment@Capario.com	Telephone	(800) 792-5256 Opt	Fax	(404) 877-3324
2 Vendor <i>(Emdeon certified vendor used to submit files to Emdeon)</i>					
Vendor Name	Capario	Vendor Submitter ID	650202999	Division ID	
Contact Name	EDI Team				
E-mail Address	Provider.Enrollment@Capario.com				
3 Payer					
Payer ID	54176 VIRGINIA PREMIER				
Group ID	Individual Provider ID		NPI ID		
4 Confirmations					
Send Emdeon Claim Confirmations To:					
Special Instructions:					
<ul style="list-style-type: none"> All Payer Registration forms must contain signatures when applicable, stamped signatures or photocopies are accepted. SUBMIT COMPLETED FORM TO: Fax: (615) 231-4843 Email: batchenrollment@Emdeon.com 					
IF YOU ARE CURRENTLY SUBMITTING ELECTRONIC CLAIMS SUCCESSFULLY NO ADDITIONAL ENROLLMENT IS REQUIRED.					
EMDEON REVISION FORM DATE: 05/09/2009					



EDI 837 Claims Enrollment Form (To Send Electronic Claims to VPHP)

Date _____

1 Submitter Information (to be filled out by the clearinghouse)	
CLEARINGHOUSE	EMDEON
Clearinghouse Contact Name	ENROLLMENT HELP DESK
Clearinghouse Address	3055 LEBANON PIKE STE 1000
City NASHVILLE	State TN Zip 37214
Phone 866.924.4634	Email payerregistration@emdeon.com
[Note: VPHP will send enrollment confirmation to the email address above.]	
2 Billing Agent/Service Information [refers to the clearinghouse]	
Billing Agent Tax ID	133052274
3 Provider Group Information (W-9 Required)	
Group Name	
Group Tax ID	
Group NPI # (if applicable)	
4 Provider Remittance/Billing Address	
Address	
City	State Zip

Internal Use
ID# _____
W-9 on file _____
Database <input type="checkbox"/>
FAX <input type="checkbox"/>
E-Mail <input type="checkbox"/>
Date _____

PROVIDER NAME (Including TITLE) (e.g. MD, DO, DPM)	PROVIDER SPECIALTY (e.g. Family Practice)	PROVIDER NPI # (10 Digits)	PROVIDER TAXONOMY CODE	PAR (Participating Or Non-Par)



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 is ensures we have the correct pages for your Group.

Capario Client Name: _____ Capario Client/User ID¹ (Existing Clients): _____

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

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

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

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