



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 Capital Blue Cross/KHP Central (54720)

To enroll with this payer complete and send the payer agreement directly to Capital Blue Cross. In addition please complete and send the Capario Provider Enrollment Form to our EDI Team. Specific instructions for this Payer, including testing requirements, 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

To Enroll:

1. Complete the Capital BlueCross/Capital Advantage Insurance Company EDI Agent Designation Form
2. Mail the Capital BlueCross/Capital Advantage Insurance Company EDI Agent Designation Form to:

Capital Blue Cross
Attn: Georganna Lerch, Mail Drop 3631
2500 Elmerton Ave,
Harrisburg, PA 17110-9764

3. Fax, Email or Mail the Capario Provider Enrollment Form to:

Fax: (404) 877-3324

Email: provider.enrollment@capario.com

Capario

EDI Team

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



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Guidelines for Testing With This Payer

Capital BlueCross contracts with two separate categories of providers, "physicians" and "facilities". Physician providers do not need to submit a test file after enrolling with Capario, but facilities do. The providers that contract as facilities are:

- **Ambulance providers**
- **Prosthetic and Orthotic providers**
- **IV Therapy providers ... and...**
- **Home Medical Equipment providers**
- **Some Hospitals**

Even though these providers are contracted as a facility the claims they will submit through Capario will be submitted on the 837p format:

- A Capario EDI representative will contact you for testing after we receive confirmation from the payer that they are ready to start testing
- For testing we will need, at least, 15 to 50 claims
- As soon as the test results with Capital Blue Cross are successful the payer will approve you for production
- Please DO NOT send claims to production until you have been approved. Sending claims before you are approved will result in rejections of your claims

**Capital BlueCross/Capital Advantage Insurance Company
Electronic Data Interchange (EDI)
Agent Designation Form**

This is to advise Capital Blue Cross and its wholly owned affiliates that

(Provider Name) has appointed

(Agent Name) as our agent for the following purposes:

(Please, check all that apply for Capital Blue Cross purposes):

- Submission of Professional claims via HIPAA Compliant ANSI 837version 4010
- Submission of HIPAA compliant ANSI 270/271 (Eligibility) transactions
- Submission of HIPAA compliant ANSI 276/277 (Claim Status) transactions
- Receive Electronic Remittance Advice via HIPAA Compliant ANSI 835
- Submission of HIPAA compliant ANSI 278 (Health Services Review) transactions
- Other (Describe below)

Description of Agency – What will the Agent do on behalf of the Provider?

Purposes: _____

List Provider Numbers Covered by this Agency Agreement:

Capital BlueCross is authorized to treat the Agent as though it was the Provider for the purposes noted above.

The Provider understands that Capital BlueCross will be relying on this representation for claims processing purposes and for purposes of releasing confidential information. Provider confirms that the Agent has signed a written agreement pursuant to which it has agreed to treat any information that it receives from Capital BlueCross as confidential, and in accordance with all applicable laws and regulations.

Further, in consideration of Capital BlueCross' acceptance of the Agent, the Provider agrees that it will indemnify and hold Capital BlueCross harmless for any and all damages, claims and expenses that Capital BlueCross may incur or that may be asserted against Capital BlueCross as a result of the negligent or intentional actions of the Agent in carrying out its duties in connection with the purposes noted above.

Capital BlueCross shall be entitled to rely on this letter until revoked in writing.

Provider understands that Capital BlueCross reserves the right to modify its policies relating to the release of confidential information, including the release of subscriber information to providers or their agents, at any time.

SIGNATURE: _____ **PHONE NUMBER:** _____
(Must be an Officer of the Provider)

PRINT NAME: _____ **EMAIL ADDRESS:** _____

TITLE: _____ **DATE:** _____