



Capario Enrollment
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 Wyoming Medicaid (MC042)

To enroll with this payer complete and send the payer agreement directly to Wyoming Medicaid. 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. Mail the **EDI Provider Enrollment Form with Original Signature** to:

EDI Enrollment Unit
P.O. Box 667
Cheyenne, WY 82003

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

Wyoming ACS EDI Provider Enrollment Form



Please return to:
Attn: EDI Enrollment Unit
PO Box 667
Cheyenne, WY 82003
Or fax to 307.772.8405



Wyoming ACS EDI Provider Enrollment Form Instructions

Please use the following instructions when completing the Wyoming ACS EDI Provider Enrollment Form.

Please Note:

If a provider is submitting to ACS EDI Gateway, Inc. and wishes to retrieve their own reports and responses from Internet Data Exchange (iDEx), the *Wyoming ACS EDI Provider Enrollment Form* must be completed. The provider does not need to complete the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses*.

If a provider allows a billing agent/clearinghouse to submit and retrieve on their behalf, only the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

If a provider allows a billing agent/clearinghouse to submit transactions on their behalf, but the provider wishes to retrieve their own responses, including the 835 Remittance Advice, both the *Wyoming ACS EDI Provider Enrollment Form* and the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

Section 1. Classification

Please indicate whether you are an individual or group provider. **This field is required.**

Section 2. Submission Method

Please indicate how you will be submitting your electronic transactions. **This field is required.**

Section 3. Provider Information

Please complete the appropriate provider information. **These fields are required.**
Your email address is optional and will be kept confidential.

Section 4. Submitter/Trading Partner ID Number

If you are currently submitting electronic transactions to ACS EDI Gateway, please indicate your 5-digit submitter ID or 6-digit trading partner ID.

Section 5. Contact Information

Please indicate specific contact individual and additional contact information, if different from the provider information in Section 3 above.

1.800.672.4959 (phone) 1.307.772.8405 (fax)
www.acs-gcro.com

Wyoming ACS EDI Provider Enrollment Form



Please return to:
Attn: EDI Enrollment Unit
PO Box 667
Cheyenne, WY 82003
Or fax to 307.772.8405



Section 6. Provider Using a Software Vendor, Billing Agent, or a Clearinghouse

If you have indicated that you will be using Vendor Software, a Billing Agent, or a Clearinghouse, please complete section 6a.

WINASAP2003 users do not need to complete this section.

- Sub-section 6b. Submitter/Trading Partner ID Number
Your Software Vendor, Billing Agent or Clearinghouse must be equipped with their own uniquely assigned ACS EDI Gateway Submitter ID or Trading Partner ID to act on your behalf. Please contact your Software Vendor, Billing Agent/Clearinghouse to confirm their status with ACS EDI Gateway.
- Sub-section 6c. Provider Using a Software Vendor
If you have indicated that you are a provider and plan to submit transactions with vendor software, please complete this section.

Section 7. Transactions Available for Transmission

- Sub-Section 7a. WINASAP2003 (Replacing ACE\$)
Please indicate how you would like to receive the software and which transactions you will be submitting.
Nursing Facility Submitters: Choose Transaction 837I (Institutional)
- Sub-Section 7b. Standard Transactions (Submissions other than WINASAP2003 and Web Portal)
If you will be submitting standard transactions other than WINASAP2003 and Web Portal, please complete this section.
- Sub-Section 7c. Standard Transactions (Batch Submissions through Web Portal)
If you are submitting batch transactions through the Web Portal, please complete this section.

Wyoming ACS EDI Provider Enrollment Form



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Cheyenne, WY 82003
Or fax to 307.772.8405



Section 8. Delimiter Information

If you will be submitting X12N transactions directly to ACS, please indicate the alternate delimiter to be used (if nothing is entered, the default will be used). **WINASAP2003 users do not need to complete this section.**

Section 9. Electronic Reports and Response Retrieval

Wyoming EqualityCare providers can retrieve their electronic reports and/or responses from the ACS EDI Gateway Internet Data Exchange (iDEx). If you would like to participate in this service, please complete this section.

Section 10. Additional Pay To Provider List

If you are submitting transactions on the behalf of multiple pay to providers, please supply the provider name and provider number of each additional provider. If you have more than twenty-five (25) providers please contact ACS EDI Gateway Enrollment for further instructions at the phone number listed below.

1.800.672.4959 (phone) 1.307.772.8405 (fax)
www.acs-gcro.com

Wyoming ACS EDI Provider Enrollment Form



Please return to:
Attn: EDI Enrollment Unit
PO Box 667
Cheyenne, WY 82003
Or fax to 307.772.8405



Instructions for completing the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses*

The *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed in its entirety and must include the signature of the provider or the provider's representative.

If a provider allows a billing agent/clearinghouse to submit and retrieve on their behalf, only the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

If a provider allows a billing agent/clearinghouse to submit transactions on their behalf, but the provider wishes to retrieve their own responses, including the 835 Remittance Advice, both the *Wyoming ACS EDI Provider Enrollment Form* and the *Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses* must be completed.

Section A. Provider Information

Please indicate the classification of the provider. **This is required.**
Your email address is optional and will be kept confidential.

Section B. Authorization Signature (required)

If you are authorizing a Billing Agent/Clearinghouse to retrieve electronic reports and responses on your behalf, please check the responses that apply.

The provider or the provider's representative must print their name, sign their name, and date the form.

4. If you or your organization is already billing claims electronically to EqualityCare, enter your 5-digit Submitter or 6-digit Trading Partner ID: _____
5. If you are new to EqualityCare and wish to bill your claims electronically, indicate how you will submit them:
- Billing Agent
 - Clearinghouse
 - Vendor Supplied Software
 - EqualityCare Web Portal (free web-based billing application)
 - WINASAP 2003 Billing Software (free PC-based billing software)

If you marked **Billing Agent, Clearinghouse** or **Vendor Supplied Software**, you must supply their 5-digit Submitter ID or 6-digit Trading Partner ID assigned by ACS EDI Gateway: _____

If you marked **WINASAP 2003**, how do you wish to receive the software?

- I will download it from the ACS EDI Gateway website (<http://www.acs-gcro.com/>)
- Please mail me a CD-ROM

(NOTE: Providers that wish to submit claims electronically to EqualityCare must complete the attached Trading Partner Agreement.)

6. The 835 Health Care Claim Payment/Advice is the electronic transmission of remittance data from EqualityCare to a provider (or clearinghouse). This remittance data is often referred to as an EOB (Explanation of Benefits). It is used to reconcile a payment against the claims a provider submitted to EqualityCare. To use the 835 Health Care Claim Payment/Advice requires special computer software capable of processing it. **Regardless of your choice to use the 835 Health Care Claim Payment/Advice, you will still receive a paper remittance advice with each payment.**

Will you or a third party use the 835 Health Care Claim Payment/Advice?

- I will retrieve my 835
- A third party (e.g., clearinghouse) will retrieve my 835
- I do not wish to use the 835 at this time

7. An archive of past paper remittance advices is made available to providers via EqualityCare's secure Web Portal. Do you wish to establish access to view and print them? No Yes

*** Please be sure you have entered your tax-id information in question 3. It is required for web portal access.**

8. Name of person completing paperwork: _____ Phone Number: _____

**ACS EDI GATEWAY
TRADING PARTNER AGREEMENT**

THIS TRADING PARTNER AGREEMENT (“Agreement”) is by and between **SUBMITTER** (“Submitter”) and **ACS EDI GATEWAY, INC.** (“Trading Partner”), collectively “the Parties.”

Whereas, Submitter desires to transmit Transactions to Trading Partner for the purpose of submitting data to a Health Plan;

Whereas, Trading Partner desires to receive such Transactions for this purpose recognizing that Trading Partner performs such services on behalf of the Health Plan; and

Whereas, Submitter is subject to the Transaction and Code Set Regulations with respect to the transmission of such Transactions.

Now, therefore, the Parties agree as follows:

1. Definitions

Trading Partner means ACS EDI Gateway, Inc.

Submitter means the party identified as “Submitter” on the signature line of this Agreement who is a Health Care Provider as defined in 45 CFR 164.103.

Standard is defined in 45 CFR 160.103.

Transaction is defined in 45 CFR 160.103.

Transactions and Code Set Regulations means those regulations governing the transmission of certain health claims transactions as published by DHHS under HIPAA.

2. Obligations of the Parties Effective Upon Execution of this Agreement by Submitter

A. The Parties agree, in regard to any electronic Transactions between them:

- (1) They will exchange data electronically using only those Transaction types as selected by Submitter on the ACS EDI Gateway Trading Partner Enrollment Form (TPEF).

- (2) They will exchange data electronically using only those formats (versions) as specified on the TPEF.

- (3) They will not change any definition, data condition, or use of a data element or segment in a Standard Transaction they exchange electronically.

- (4) They will not add any data elements or segments to the Maximum Defined Data Set.

- (5) They will not use any code or data elements that are not in or are marked as “Not Used” in a Standard’s implementation specification.

- (6) They will not change the meaning or intent of a Standard’s implementation specification.

- (7) Trading Partner may reject a Transaction submitted by Submitter if the Transaction is not submitted using the data elements, formats, or Transaction types set forth in the TPEF. Trading Partner may refuse to accept any claims from Submitter if Submitter repeatedly submits Transactions which do not meet the criteria set forth in a TPEF or if Submitter repeatedly submits inaccurate or incomplete Transactions to Trading Partner.

B. Submitter understands that Trading Partner or others may request an exception from the Transaction and Code Set Regulations from DHHS. If an exception is granted, Submitter will participate fully with Trading Partner in the testing, verification, and implementation of a modification to a Transaction affected by the change.

C. Trading Partner understands that DHHS may modify the Transaction and Code Set Regulations. Trading Partner will modify, test, verify, and implement all modifications or changes required by DHHS using a schedule mutually agreed upon by Submitter and Trading Partner.

- D. Neither Submitter nor Trading Partner accepts responsibility for technical or operational difficulties that arise out of third party service providers' business obligations and requirements that undermine Transaction exchange between Submitter and Trading Partner.
- E. Submitter and Trading Partner will exercise diligence in protection of the identity, content, and improper access of business documents exchanged between the two parties. Submitter and Trading Partner will make reasonable efforts to protect the safety and security of individually assigned identification numbers that are contained in transmitted business documents and used to authenticate relationships between the parties.
- F. Trading Partner may publish data clarifications ("ACS Companion Guides") to complement each Implementation Guide. Submitter should use ACS Companion Guides in conjunction with the HIPAA Implementation Guides available at http://www.wpc-di.com/hipaa/HIPAA_40.asp.
- G. Transactions are considered properly received only after accessibility is established at the designated machine of the receiving party. Once transmissions are properly received, the receiving party will promptly transmit an electronic acknowledgment that conclusively constitutes evidence of properly received transactions. Each party will subject information to a virus check before transmission to the other party.
- H. Each party will implement and maintain appropriate policies and procedures and mechanisms to protect the confidentiality and security of PHI transmitted between the parties.

3. Miscellaneous

- A. This Agreement is effective on the date last signed below. This Agreement shall continue until such time as either party elects to give written notice of termination to the other party or termination of Transaction services provided by Trading Partner to Submitter, whichever is earlier.
- B. This Agreement incorporates, by reference, any written agreements between the parties relating to the subject matter hereof.

- C. This Agreement shall be interpreted consistently with all applicable federal and state privacy laws. In the event of a conflict between applicable laws, the more stringent law shall be applied. This Agreement and all disputes arising from or relating in any way to the subject matter of this Agreement shall be governed by and construed in accordance with Florida law, exclusive of conflicts of law principles. **THE EXCLUSIVE JURISDICTION FOR ANY LEGAL PROCEEDING REGARDING THIS AGREEMENT SHALL BE IN THE COURTS OF THE STATE OF FLORIDA AND THE PARTIES HEREBY EXPRESSLY SUBMIT TO SUCH JURISDICTION.**
- D. Unless otherwise prohibited by statute, the parties agree that this Agreement shall not be affected by any state's enactment or adoption of the Uniform Computer Information Transaction Act, Electronic Signature or any other similar state or federal law. Each party agrees to comply with all other applicable state and federal laws in carrying out its responsibilities under this Agreement.
- E. This Agreement is entered into solely between, and may be enforced only by, Submitter and Trading Partner. This Agreement shall not be deemed to create any rights in third parties or to create any obligations of Submitter or Trading Partner to any third party.
- F. **NO WARRANTIES, EXPRESS OR IMPLIED, ARE PROVIDED BY TRADING PARTNER UNDER THIS AGREEMENT. TRADING PARTNER'S MAXIMUM AGGREGATE LIABILITY FOR DAMAGES FOR ANY AND ALL CAUSES WHATSOEVER ARISING OUT OF THIS AGREEMENT, REGARDLESS OF THE MANNER IN WHICH CLAIMED OR THE FORM OF ACTION ALLEGED, IS LIMITED TO THE AMOUNT(S) PAID TO TRADING PARTNER BY SUBMITTER UNDER THIS AGREEMENT.**
- G. Trading Partner may provide proprietary software to Submitter to allow Submitter to submit Transactions to Trading Partner. Submitter will protect the software as it protects its own confidential information and will not, directly or indirectly, allow access to or the use of the software or any portion thereof, on any computer, server, or network, by any person, corporation, or business entity other than

Submitter. Submitter may permit use of the software by contractors or agents of Submitter provided that any such contractors or agents are not competitors of Trading Partner and further provided that any such persons agree to protect the confidentiality of the software. Submitter and its contractors and agents are not permitted to use the software for any purpose other than submitting Transactions solely to Trading Partner.

- H. This Agreement contains the entire agreement between the parties and may only be modified by an agreement signed by both parties.
- I. Submitter may elect to execute either a hard copy or an electronic copy of this Agreement. Hard Copy Execution: Submitter will sign a hard copy of this Agreement and mail to Trading Partner at the address indicated below. Trading Partner will return a copy of the fully executed Agreement to Submitter. The effective date of the hard copy Agreement is the date on which the Agreement is signed by Trading Partner. Electronic Copy Execution: Submitter should execute this Agreement by clicking on the "I AGREE" button that appears at the bottom of the Agreement. The effective date of the electronic copy agreement is the date Trading Partner receives the electronic transmission of Submitter's acceptance to the terms of this Agreement.

SUBMITTER:

Provider/Trading Partner ID

(For Pharmacies Only)

_____ NCPDP ID
_____ Other Pharmacy ID Type
_____ Other ID Number

Signature

Printed Name and Title

Date

ACS EDI
Attention: EDI Enrollment
P.O. Box 667
Cheyenne, WY 82003

Signature

Printed Name and Title

Date