

TUFTS HEALTH PLAN (04298)

PRE-ENROLLMENT ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

- **Capario EDI Enrollment Form**
 - **NOTE:** This form is emailed to Office Ally, not to Capario.
- **Tufts EDI Set-Up Form**
 - **NOTE:** This form is emailed to Tufts, not to Office Ally.

WHERE SHOULD I SEND THE FORMS?

- **Capario EDI Enrollment Form:** Once completed, save and email to support@officeally.com
 - Make sure that the email subject is: **Capario EDI Enrollment - Tufts Health Plan**
 - **Note:** Incomplete forms will delay the enrollment process, every field is **required**.
- **Tufts EDI Set-Up Form:** Once completed, save and email to edi_operations@tufts-health.com
 - If you have any questions regarding this form, you can contact Tufts Health Plan EDI Operations at (888) 880-8699 ext. 4042. EDI operations will contact you after the information on the form has been verified to initiate electronic transactions.

HOW AM I NOTIFIED OF REJECTIONS?

- Once Office Ally receives your Capario Provider Enrollment information, we will upload it to the Capario web site within 24-48 hours.
 - If there are any errors in the enrollment form, you will receive an email identifying the errors from an Office Ally representative. You will be required to correct and re-submit in order for your enrollment to be processed. Please note that the processing time starts over each time the enrollment form is re-submitted.
 - Once your Tufts Health Plan EDI Set-Up Form has been processed by Tufts, they will contact you to initiate electronic transactions. If you have any questions in the interim, you can contact them at (888) 880-8699 ext. 4042.

CAPARIO EDI ENROLLMENT FORM



In order to send claims electronically to this payer, please fill out this form and return it via email to Support@officeally.com, the Email Subject should read: **Capario EDI Enrollment - Tufts Health Plan**

PAYER INFORMATION OF THE PAYER YOU ARE ENROLLING FOR EDI SUBMISSION TO:

TUFTS HEALTH PLAN - PAYER ID 04298

PROVIDER INFORMATION:

Provider Name:

Provider Address:

PROVIDER IDENTIFIERS INFORMATION:

**Provider Federal Tax Identification Number (TIN)
OR Employer Identification Number (EIN):**

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION:

Provider Contact Name:

Telephone Number:

Email Address:

SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

***Note:** Electronic Signature (typed name) of Person Submitting EDI Enrollment.*

EDI Set-Up Form

Completed forms can be sent to EDI_Operations@tufts-health.com or faxed to 617-972-1011.
 EDI Operations will contact you after this information is verified to initiate electronic transactions.
 Please contact EDI Operations at 888-880-8699 ext 4042 if you have any questions regarding this form.

PRACTICE, ACCOUNT AND TRANSACTION INFORMATION

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

INFORMATION ON SOLO, GROUP, BILLING SERVICE CLIENT(S), HOSPITAL/FACILITY

Name: _____
 Address: _____
 City: _____ State: _____ ZIP code: _____
 Office contact: _____ Practice Tax ID: _____
 Telephone: _____ Fax: _____
 Email Address: _____
 Practice Management System/Computer Vendor:
 Vendor Contact Name: _____ Telephone: _____

PAYMENT INFORMATION (IF DIFFERENT FROM ABOVE)

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

PROVIDER INFORMATION

Name of Provider	National Provider ID