



*Kareo Enrollment Guide
For Electronic Services
November 2009*

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1. Introduction

Kareo's electronic clearinghouse services provide connections to over 3,000 government payers and commercial insurance companies with support for primary and secondary electronic claim processing, electronic remittance, and patient eligibility verification services. This guide provides complete instructions for enrolling in these services.

1.1 An Overview of the Kareo Enrollment Process

You will follow the steps below to enroll your providers in electronic services:

- You will start the process by submitting a web enrollment request to Kareo by completing an online form located at <http://help.kareo.com/setup/enrollment/newenrollment/>.
- Kareo will register your new providers with the clearinghouse and notify you within 24-48 hours when complete. This step allows you to begin sending claims immediately to any payer that does not require a separate enrollment agreement.
- To enroll for any payers that do require a separate enrollment agreement, you will be responsible for downloading agreements directly from Kareo's Help and Support website located at <https://help.kareo.com/setup/enrollment/clearinghouse/payers>. You will be responsible for getting your providers' signatures, completing the agreements correctly, and identifying yourself as the contact to be notified by the payers regarding your enrollment status.
- You will send the signed enrollment agreements directly to the payers, and **NOT** to the clearinghouse.
- After 15-45 days, depending on the payer, you will be notified by the payer once your enrollment agreements have been received and have been approved (or denied).
- You will be able to configure your enrollment settings within Kareo to begin sending electronic claims immediately to approved payers once you have been notified by the payer or you have verified the approval by calling the payer.

To ensure a timely implementation of Kareo, please read this guide carefully for complete information about the enrollment process. You may also refer to the Clearinghouse Enrollment training video located on Kareo's Help and Support at https://help.kareo.com/training/recorded_webinars/enrollment

2. Services Offered

2.1 Electronic Claim Services

Kareo's electronic claim services enable you to submit health care claims directly from the Kareo application, through our third-party clearinghouse partners, to over 3,000 government and commercial insurance payers. Kareo's electronic claim services also include the delivery of electronic claim submission response reports from insurance companies, government payers, and our clearinghouse partners.

Kareo provides multiple levels of reporting as your claims make their way through the claim submission and adjudication process. Once you submit your claims, we automatically review all of your claims and return internal validation reports to highlight claims with missing information, such as missing provider or group numbers, missing patient information, or missing policy numbers. Once your claims pass our internal validation, we send your claims to the appropriate clearinghouse partner who also reviews your claims and return daily reports that highlight claims that have been rejected for various payer-specific reasons. Once your claims are delivered to payers, the payer may respond with acceptance reports or reports highlighting claims that have been rejected for various reasons prior to the adjudication process.

2.2 Electronic Remittance Advice (ERA) Services

Kareo's electronic remittance services include the delivery of electronic remittance advice (ERA) reports; and in many cases, electronic funds transfer (EFT) reports from payers. Using electronic remittance services can save you significant time in posting payments and reconciling responses from payers as compared to manual payment posting using the older, paper explanation of benefits (EOB) reports.

Once you have enrolled and your enrollment has been approved by the payers that provide ERA services, you should begin receiving ERA reports within 24-48 hours of claim adjudication. You also receive electronic funds transfer (EFT) reports within 24 hours of funds transfer.

All of your reports are automatically routed to the right medical practice within your account. You can view and print all remittance reports in a standardized format. You can save them to your computers in ANSI 835 format; or you can export your ERA reports for use with other programs, such as Medicare's Remit Easy Print software. You can also use these reports to automatically post payments to patient accounts.

2.3 Electronic Eligibility Services

Kareo's electronic patient eligibility services enable you to submit eligibility verification requests directly from the Kareo application to certain payers that provide these services. Using Kareo's real-time patient eligibility engine empowers you to make sure patients have valid insurance coverage before scheduling the patient's visit, which helps reduce downstream claim denials and uncollectible accounts receivable. When you submit an eligibility verification request to a payer, you will be returned an eligibility report that can be viewed or printed. You can also store or attach the eligibility report to the patient's insurance policy record for future reference.

You can perform real-time patient eligibility checks for many of the larger government and commercial insurance payers through Kareo's clearinghouse interface to Capario and Gateway. Kareo will be introducing support for additional payers as this service becomes available through them.

Note that this service is only available for practices that have subscribed to the Complete or Max Edition of Kareo.

3. How to Enroll in Electronic Services

3.1 Understanding the Enrollment Process

There are two critical steps to enrolling your providers in electronic claims, electronic remittance, and patient eligibility services:

- **Enrolling Providers with Kareo and the Clearinghouse** – This step involves registering your providers' information with Kareo and the clearinghouse so that our systems are configured to send your claims and eligibility requests correctly to the payers.
- **Enrolling Providers with Payers** – This step involves registering your providers' information with the payers so that their systems know to expect to receive electronic claim and eligibility requests from your providers through Kareo, and so they know to deliver your electronic remittance reports to Kareo.

3.2 Enrolling Providers with Kareo and Clearinghouse

The first step of the process is to complete Kareo's Web Enrollment Request form. This step registers your providers' information with Kareo and the clearinghouse so that our systems are configured to send your claims and eligibility requests correctly to the payers.

You can access the Kareo Web Enrollment Request Form from the following web address:

<http://help.kareo.com/setup/enrollment/newenrollment>.

Once you complete the Kareo Web Enrollment Request Form, Kareo will process your information by registering your providers with the clearinghouses and sending you an email within two business days of receiving your request. Since most commercial payers (e.g. Aetna, Cigna, United Healthcare, etc.) do not require separate payer agreements, you will be able to begin submitting electronic claims to these payers as soon as Kareo notifies you that your enrollment request has been processed. (Note that there will be certain payers that might require some additional setup time before you can begin sending claims to those payers. Kareo will notify you when that is the case.)

To begin submitting claims to your commercial payers, you must activate the practice for electronic claims, configure certain settings in the insurance company record associated with those payers, and then begin submitting claims. For information on using Kareo's electronic services, please see section 4, "How to Use Services." For a sample of Kareo's Web Enrollment Request Form, including a list of information to gather prior to completing this form, please see section 6.

3.3 Enrolling Providers with Payers

The second step of the enrollment process is to find and get payer-specific enrollment agreements, complete the agreements, have your physicians sign the agreements, and then send the agreements to the payer. Once the payer receives and processes your enrollment request, the payer will notify you with an approval indicating you can begin sending claims to that payer.

Only certain payers require a separate agreement prior to submitting claims to them. While it varies by state, the payers that typically require payer agreements include Medicare, Medicaid, Tricare/CHAMPUS, Blue Cross/Blue Shield, and a few others.

To enroll with these payers, you will need to download the payer agreements directly from Kareo's Help & Support website at <https://help.kareo.com/setup/enrollment/clearinghouse/payers>. As you search the payer list, note that the "Services" column lists the various electronic services offered by each payer, and the "Agreements" column provides a link to the agreements that can be downloaded. Please refer to the instructions just above the payer list prior to searching the list and downloading your agreements.

When downloading payer agreements, you should decide beforehand which clearinghouse you will be using to process your claims. Kareo offers clearinghouse connections with Gateway and Capario.

Note regarding Eligibility services. You typically do not need to complete a separate payer agreement for eligibility verification. Once you are enrolled with a payer for electronic claim services through the clearinghouse, eligibility services are automatically provided (if the payer also offers eligibility services). The only exceptions to this are for the following payers: Medicare for all states, Georgia BC/BS, Florida Medicaid, Florida Blue Shield, and California Blue Cross (these payers do require authorization for eligibility services). For these payers Kareo will request eligibility services with the clearinghouse for you.

You will be responsible for completing the agreements, identifying yourself as the contact to be notified by the payers regarding your enrollment status, and getting your providers' signatures. Each payer agreement provides instructions for completing the agreement. Generally, most payers require an original signed copy, but some payers will accept agreements by fax. If so, the fax number will be provided on the agreement. Also some payers have other special requirements, such as provider signatures in blue ink and typed practice information. Please pay close attention to any special instructions provided within the payer agreement. If you should have any questions about completing a payer agreement, **contact the payer directly for clarification.**

In addition to internal signatures, note that some payers (e.g., CA Medi-Cal - MCO51, Maryland Medicaid – MCO91, and Mississippi BC/BS – BSO47) also require signature by the clearinghouse. If the payer agreement asks for signature of submitter agent, billing service/biller signature or clearinghouse signature, this typically means that the agreement must be signed by the clearinghouse before being sent to the payer. In this case, the completed agreement must be sent to the clearinghouse to be signed. The clearinghouse contact information is listed in Section 4.3.

Once you have completed the payer agreements and have obtained the appropriate signatures, you will need to send them **directly to the payer**, or to the clearinghouse if so indicated. If sent to the clearinghouse for signature, the clearinghouse will sign the agreements and forward them to the payer. Again, please read the entire agreement and follow the instructions carefully. **Note:** Be sure to send payer agreements to the clearinghouse **ONLY** when a clearinghouse signature is required. All other agreements are to be mailed directly to the payer.

In most cases, you will be notified by the payer once the agreement has been received and approved. However, in some situations, a payer may not notify you but instead just approve and file your agreement. If you do not hear back from a payer within 10 to 15 days, you may wish to follow up with that payer to check on your enrollment status. Once approved by a payer, you will then configure your enrollment settings within Kareo to begin sending electronic claims to the approved payer. It is imperative that you do not set an insurance company record within Kareo to live mode for these payers until you have received an approval notification by the payer or once you have verified enrollment by calling the payer directly.

Section 7 provides a sample of a typical payer agreement. Note that payer agreements vary greatly, depending on the requirements of the individual payer; but at least this sample will give you a fair idea of the more common agreements and how to complete them.

3.4 Transitioning to Kareo from Another Billing System

If a provider is new to electronic claims with any insurance payer that requires an enrollment agreement, you will need to follow the steps as described in Section 3.3 above.

However, if a provider is already submitting electronic claims to a specific payer using another billing system, some payers may NOT require the agreement typically you will only need to submit a change request form or letter to the payer requesting a change in submitter number. A letter template has been prepared for you for this purpose, and can be downloaded from Kareo's Help and Support Website at https://help.kareo.com/documents/doc/Payer_RequestToChangeSubmitterNumber_Template. It is recommended that you contact the EDI department of the insurance payer to verify their requirement as this letter may not be accepted by all payers. You may also contact Kareo at enrollments@kareo.com if you have questions.

Clearinghouse submitter numbers (also referred to as a Trading Partner ID or Clearinghouse ID on certain payer agreements) are different per payer and clearinghouse. The former clearinghouse submitter number can be found on the provider's original payer agreement or by contacting the former clearinghouse directly. The new submitter number can be obtained contacting Kareo at enrollments@kareo.com

Additional Requirements:

- If you are an existing GatewayEDI customer and you would like to transition a provider to Kareo who is already enrolled with GatewayEDI through another billing system, you will submit a letter to Gateway requesting for the provider to be moved to Kareo site 11QZ. This letter should include the provider's existing Gateway site #. The letter should also include if the old site should be termed or left active and the letter has to be on letterhead and signed by the provider. The letter can be faxed to Gateway enrollment at 314-898-1966. Gateway will then copy the existing site info into 11QZ. Note: The problem with leaving both sites open is when they have ERA's.
- If you are an existing Capario customer and you would like to transition a provider to Kareo who is already enrolled with Capario then you will need to contact enrollments@kareo.com. Kareo will complete the request with Capario.

3.5 Common Enrollment Errors

Below is a list of the more common errors made and how to avoid them when enrolling in electronic clearinghouse services:

- **Sending Claims Prior to Enrolling with Kareo or the Clearinghouse** - For payers that DO NOT require a separate payer agreement, setting the practice or insurance company record to live mode prior to receiving the appropriate notification from Kareo will result in rejected claims. Always make sure you wait until you have received notification from Kareo before setting the practice to live mode or before setting an insurance company record to live mode. If you happen to send claims to payers before enrolling and receiving the appropriate notifications, the claims will be automatically rejected; but, unfortunately, you may still be charged a fee for each claim submitted.
- **Sending Claims Prior to Enrolling with the Payers** - For payers that DO require a separate payer agreement, setting the insurance company record to live mode prior to receiving approval notification from an individual payer will result in rejected claims. Always make sure you wait until you have received an approval notification from the individual payers that do require separate agreements before setting the insurance company to live mode. If you happen to send claims to payers before enrolling and receiving the appropriate notifications, the claims will be automatically rejected; but, unfortunately, you may still be charged a fee for each claim submitted.
- **Sending Incomplete Agreements to the Payers** - Sending an incomplete or improperly completed agreement to a payer will result in delayed enrollment or denial. Most insurance payers that require separate agreements are fairly rigid. You must follow **ALL** instructions carefully and make sure that you obtain the appropriate signatures before mailing a completed agreement to a payer. If the payer requires that all signatures are done in **blue** ink, make sure you relay that information to the person(s) signing the agreement. If the payer requires that certain sections of the agreement be typed rather than hand-printed, be sure to type the information as instructed. Most payers require that you send an original of the agreement; make sure that you do not send a copy of the agreement in place of the original. And don't forget to include dates where indicated. Again, if you should have any questions while completing the agreement, contact the payer directly for clarification.
- **Not Keeping Copies of Agreements** - Prior to mailing your payer agreements, **ALWAYS** be sure to make a copy of each agreement and place it in your pending file. If you do not hear from a payer within 10 to 15 days, be sure to call the payer to check on the status of your enrollment.
- **Sending Agreements to the Wrong Destination** – Even though the cover sheet of the agreement states to send to the clearinghouse we recommend that you send the agreements directly to PAYERS at the address or fax number indicated on each agreement. Only send the agreements to the clearinghouse in the case where the payer requires that the clearinghouse also sign the agreement prior to mailing to the payer. Once signed, the clearinghouse will forward the agreement to the payer.

3.6 Tracking Your Enrollments

You will be responsible for tracking your enrollments. It is important that once the agreements are completed and sent to the payers that you track the status of the enrollment by contacting the payers. Kareo has prepared a separate document entitled “Kareo Enrollment Checklist” that can be downloaded from the “Guides” section of the Kareo Help & Support website that should help you with this process. In tracking your enrollments, it would be a good idea to set up a “Pending” file that would include a copy of each of your completed payer agreements, a copy of the completed Kareo Web Enrollment form, and a copy of your Enrollment Tracking Sheet.

3.7 Trouble Shooting Enrollments with Payers

If you have not received a response from the payer within 10 to 15 days, contact the payer directly. When calling, ask for the payer's EDI Enrollment Department:

Have the following information ready, when contacting the payer:

- Payer name/payer ID
- Phone number of the payer's EDI Enrollment Department. If no phone number is listed on the payer agreement, you may need to use a little ingenuity to locate the payer. One method is to use Google to search for the payer. If an agreement was sent to the clearinghouse for signature prior to forwarding to the payer, contact the clearinghouse and ask for the phone number of the payer's EDI department.
- One or more provider number's that you are inquiring about.

- Name of clearinghouse that was selected (Gateway or Caprio).
- Date agreement was sent; and the method of how agreement was sent.
- Specify to the payer if inquiry is concerning enrollment for electronic claims or ERAs.
- Ask payer if provider is linked to (clearinghouse) for EDI or ERA services.
- If approved, ask for the effective date.
- If denied, be sure to ask for the reason for denial. Get clarification, if needed, regarding what needs to be corrected.
- If the agreement is to be re-sent, ask if you can fax the agreement. And, if so, ask for expected turnaround timeframe.
- Before ending the call, ask for the person's name or call reference number, and add that information to your copy of the agreement.

4. How to Use Services

This section provides instructions on how to configure and begin using electronic services in Kareo, including:

- **Setting up Provider and Group Numbers** – To ensure your claims are sent with the proper information that the payers require to uniquely identify medical providers, refer to section 4.1 to learn more about setting up the NPI numbers, as well as, legacy payer-assigned provider and group numbers.
- **Activating Electronic Services in Kareo** – Before you can begin sending electronic claims or eligibility requests with Kareo, refer to section 4.2 to learn about configuring insurance company and practice settings to enable these services.
- **Sending Electronic Claims** – Once you have configured your settings, refer to section 4.3 to learn how to send electronic claims.
- **Submitting Eligibility Requests** – Once you have configured your settings, refer to section 4.4 to learn how to submit real-time patient eligibility requests.
- **Reviewing Clearinghouse Reports** – Once you begin sending electronic claims, refer to section 4.5 for more information about using validation and acknowledgement reports from Kareo, the Clearinghouse, and the Payer.
- **Using Electronic Remittance Reports** – If you have enrolled in electronic remittance services, the payers will begin delivering ERA reports upon adjudication of your medical claims. Section 4.6 will explain how to use these reports to automatically post payments.

4.1 Setting up Provider and Group Numbers

Many of your smaller insurance payers do not assign group or provider numbers. The only requirement for these payers is that the Tax ID number and the practice and/or provider's NPI numbers are submitted along with claims billed to these payers. This information is set up in the Practice record and under the "General" tab of the individual provider records.

Your major insurance payers (e.g., Medicare, Medicaid, Tricare/CHAMPUS, and Blue Cross/Blue Shield) typically assign both group numbers and individual provider numbers; and may also assign additional identification numbers that must be configured in the system prior to submitting claims to these major payers.

As part of the Kareo setup process, most of your payer-assigned group and provider numbers should have already been configured in the system by the application administrator or other designated staff member. But prior to submitting claims, it would be a good idea to review the provider and group number records to make sure that everything has been set up correctly.

For more information about setting up provider numbers, Kareo has prepared a separate guide that explains in even greater detail how to set up and configure these records. This guide is entitled Kareo Provider and Group Numbers Guide for those customers that signed prior to 11/09/2009, those that signed up with Kareo after 11/09/2009 will use the Kareo Claim Setting Guide and both can be downloaded from the "Guides" section of the Kareo Help & Support website at <https://help.kareo.com/guides>.

4.2 Activating Electronic Services within Kareo

After Kareo has received your Web Enrollment Request and registered your providers with one or more clearinghouses, you will receive a notification from Kareo letting you know that you can begin sending claims to pre-authorized commercial payers for the providers listed on the Web Enrollment Request. At that time, you can activate the practice and the individual insurance companies for those payers that DO NOT require a separate agreement; or for payers that do not require additional setup by the clearinghouse.

For payers that do require a separate payer agreement, you will need to wait until you have received individual approval notifications from the individual payers before activating the insurance companies associated with those payers.

Once Kareo notifies you that you have been registered with the clearinghouse and can begin sending claims to commercial payers (those payers that do not require a separate payer agreement), please follow the below steps to activate the practice and the individual insurance companies.

Activate the Practice

First, you need to activate the practice for electronic claim submission, by doing the following:

1. Log into Kareo and open the practice.
2. Select the menu item **Settings > Options > Electronic Claims Options**.
3. Change the **Enrollment Status** to "Enrolled in Live Mode."
4. Clear the box labeled **Disable electronic claims for this practice**.

5. Click the **Save** button to save your changes to the electronic claims options.

Note: You will only need to do the above one time for each practice; and **ONLY** after receiving a notification from Kareo that the providers within the practice have been registered with the clearinghouse.

Activate the Insurance Company

Second, you must link electronic connections to specific payers by configuring electronic claim settings on the insurance company record. These instructions assume that your list of insurance companies have already been entered into Kareo by the administrator or other designated staff member. To learn how to add new insurance company records, please refer to Online Help under **Setting up The Company > Setting up Insurance Lists > Setting up Insurance Companies > Adding a New Insurance Company**.

To activate an insurance company, do the following:

1. If not already open, log into Kareo and open the practice.
2. Select the menu item **Settings > Insurance > Find Insurance Companies**.
3. Locate and open an insurance company record associated with your approval.
4. Click the “Electronic Claims” tab.
5. Check the box labeled **This payer accepts electronic claims**.
6. Click the **Electronic Payer Connection** button.
7. Locate and select the electronic payer connection associated with the approved payer and clearinghouse. (Be sure that you select the correct clearinghouse that will be used for this payer.)
8. Click the “Practice Settings” tab.
9. Change the **Enrollment Status** to “Enrolled in live mode.” Review and modify the remaining settings under this tab, if necessary. To learn more about the practice settings on the insurance company record, refer to Online Help under **Setting up Insurance Companies > Adding a New Insurance Company > Configuring Practice-Specific Settings**.

Note that Steps 4 thru 6 above only establishes a link to the payer via the clearinghouse; but Step 9 is what actually activates the insurance company for electronic claims, and **ONLY** for the practice that you are logged into. Remember, you must log into a specific practice in order to see the “Practice Settings” tab on an insurance company record. If you open an insurance company record from the **Company Home** page (or dashboard), the “Practice Settings” tab will not appear.
10. Click the **Save** button to save your changes to the insurance company record.

Note: Initially, you will only activate the insurance companies that **DO NOT** require individual payer agreements prior to submitting claims. However, as you receive individual notifications from the remaining payers, then you can repeat the above steps to activate the individual insurance companies associated with those payers.

4.3 Sending Electronic Claims

Once you have activated the practice and the individual insurance companies as described in section 4.2 above, then you can begin sending claims to approved payers. To learn how to submit electronic claims to payers, refer to the topic entitled “Submitting Electronic Claims” in Online Help under **Sending and Tracking Claims**.

4.4 Submitting Eligibility Requests

If your practice has subscribed to the Complete or Max Edition of Kareo, then users within the practice can begin submitting eligibility requests to payers that offer this service.

For many insurance companies (such as your G2-Commercial companies), you typically do not need to complete a separate payer agreement in order to submit eligibility requests to these payers. Once you have completed the Web Enrollment Request form and have been notified by Kareo that your providers have been registered with the clearinghouse, and you have activated the insurance company under the “Practice Settings” tab of the insurance company record, then you can begin submitting eligibility requests to commercial payers that offer these services.

However, if an insurance payer requires that you first complete a payer agreement prior to submitting claims or submitting eligibility requests, then you will not be able to use this service with that specific payer until you have been notified by the payer that you have been approved.

There are a few steps that an application administrator must take to assure that the practice has been set up correctly before users are able to perform eligibility verification. There is a special features guide that can be accessed from the Kareo Help & Support website that explains in detail how to configure the system prior to performing eligibility checks. The guide will also explain how to perform patient eligibility verification from within Kareo. The Guide is entitled “Real-Time Patient Eligibility” and can be downloaded from the “Guides” section of the Help & Support website at <https://help.kareo.com/guides>.

4.5 Reviewing Clearinghouse Reports

You will use the Clearinghouse Reports task within Kareo to manage electronic reports from the clearinghouse. These reports are transmitted from the clearinghouse to the billing company on a daily, weekly, or monthly basis depending on the type of report. You can search, review, print, or save ERA reports to your local hard drive, or post payments automatically from ERAs received from payers. And lastly, you can use the Clearinghouse Reports task to locate claim rejections. To learn more about working with clearinghouse reports, refer to the topics in Online Help under **Working with Clearinghouse Reports**.

In addition, Kareo has prepared a separate guide that will help you in resolving issues with rejected claims. We include examples of the various types of rejections you might receive, and then we explain in detail how to correct and rebill the claims. This guide is entitled “Kareo Rejection Troubleshooting Guide” and can be download from the “Guides” section or the Kareo Help & Support website at <https://help.kareo.com/guides>.

4.6 Using Electronic Remittance Advice Reports

Once you have enrolled and have been notified by payers that provide Electronic Remittance Advice reports (ERA), you should begin receiving ERA reports within 24-48 hours of claim adjudication. You will also receive electronic funds transfer (EFT) reports within 24 hours of funds transfer. These reports can be found under the “Electronic Remittance” tab of the Clearinghouse Reports task within Kareo.

You can use ERA reports to automatically post payments to patient accounts. For more information on posting payments from ERA’s, refer to Online Help under **Posting Payments > Posting a Payment from an ERA**.

5. Contact Information

5.1 Who should I contact to check on enrollment status?

For payers that **DO NOT** require a separate payer agreement – You should receive a notification from Kareo within 24 to 48 hours after submitting your Web Enrollment Request form (discounting holidays and weekends). If you have not received a notification within a few days, please contact Kareo at enrollments@kareo.com for a status update.

For payers that do require a separate agreement – If you have not heard from the payer within 10 to 15 days after sending the completed and signed agreement to the payer, then contact the payer directly. Many of the payers include their phone numbers on the payer agreement. If the agreement does not include the phone number, you may need to look up the phone number that is recorded on the insurance company record or the insurance plan record associated with the insurance company, or you may need to search the Web for the insurance company. Once you reach the payer, always ask for the EDI department.

5.2 Kareo Contact Information

Some payer agreements request software vendor information. When requested, include the following information on your enrollment form.

Kareo, Inc.

131 Innovation Drive Suite 150
Irvine CA 92617
Phone: (888) 777-KAREO
Fax: (949) 209-3473

5.3 Clearinghouse Contact Information

When downloaded from the Payer List on the Kareo support website the clearinghouse contact information is normally always pre-populated on the payer agreement.

However, if you should happen to download the payer agreement directly from the payer's website (not recommended), then you will need to manually enter the clearinghouse contact information on the payer agreement.

In either case, the contact information for both Capario and GatewayEDI are as follows:

Capario

Enrollment Department
1901 E Alton Avenue Suite 100
Santa Ana, CA 92705
Fax: (404) 877-3324

GatewayEDI, Inc.

501 N Broadway, 3rd Floor
St Louis, MO 63102
Fax: (314) 898-1967

6. Sample Web Enrollment Request Form

You can access the Kareo Web Enrollment Request form from the “Enrollment” section of the Kareo Help & Support website by clicking <http://help.kareo.com/setup/enrollment/newenrollment>.

To complete Kareo’s Web-Enrollment Request, have the following information ready:

- Customer and contact information associated with the entity that submits claims. If you are a billing company, this would be the name and contact information of your company.
- Practice or Group Information for the entity that creates claims. If you are a billing company, this would be the name and contact information of your client’s organization; and should include the following:
 - Group or Provider Name
 - Employer Identification Number (EIN). If billing as an individual, than it would be the solo provider’s SSN.
 - NPI number.
 - Full address, phone, and fax number. This will be the address that appears on claims sent to insurance payers.
- Rendering providers you are enrolling. If a group practice, then you would include all rendering providers within the group who will be billing for medical services. The information you should have available for each rendering provider should include the following:
 - Provider’s Full Name
 - Provider’s NPI
 - A list of the payers that the provider is enrolled with that require unique IDs; and the group and provider IDs associated with these payers.

The Web Enrollment Request form will provide complete instructions on when and where to enter the information listed above. Also Section 8 provides a worksheet that will help you in gathering the required information.

Once all information has been entered, you will click the **Preview and Confirm Enrollment Request** button. At this time, review all information carefully, and confirm ONLY when you are certain the information is correct.

You may also want to print a copy of the completed form before submitting the form to Kareo.

Kareo Help and Support LOGIN SUPPORT OPERATIONS 1-888-77-KAREO SUPPORT@KAREO.COM

GUIDES TRAINING **ENROLL** COMMUNITY BLOG STATUS SEARCH

New Enrollment Request

Welcome to Kareo's online clearinghouse enrollment request form. Use this form to enroll a group practice or solo provider in electronic clearinghouse services with one or more government or commercial insurance payers.

Once you complete this form, you must print out and mail a cover page along with ALL original, signed payer agreements DIRECTLY to Kareo at the address *Kareo, Attn: Enrollments, 18301 Von Karman Ave, Suite 1050, Irvine, CA 92612*.

1. Customer Information

Enter the customer and contact information associated with the entity that submits claims (i.e. billing service, medical group, etc.). If you are a billing company, this would be the name and contact information of your company.

Customer Name:
Contact Name: Contact Title:
Phone: Fax:
Email:

2. Practice or Group Information

Enter the provider information associated with the entity that creates claims (i.e. medical group, provider, etc.). If you are a billing company, this would be the name and contact information of your clients organization (i.e. medical group).

Group or Provider Name:
EIN or SSN:
URPI: NPI:
Address:
City: State:
Zip:
Phone: Fax:

3. Select Clearinghouses You Will Use

Kareo sends your electronic claims to insurance companies through one or more third-party clearinghouses partners. Some insurance companies require you to file enrollment agreements prior to submitting electronic claims, while others will accept your electronic claims without an enrollment agreement. To send electronic claims to insurance companies that do not require enrollment agreements, simply select one or more clearinghouses below and Kareo will register your provider with the selected clearinghouse(s).

MedAvant Healthcare Solutions (recommended)
 Gateway EDI

4. Rendering Providers You Are Enrolling

Enter all rendering providers you are enrolling for clearinghouse services. To add a rendering provider, click the Add Rendering Provider button now.

1. Rendering Provider Information

Enter the rendering provider information and numbers associated with the provider whom is contracted with payers and whose provider numbers will be used for billing claims.

First Name:
Last Name:
NPI:
State License Number: *required for office only enrollment.
Taxonomy Code: *required for gateway/EDI enrollment.

2. Add Payers for this Rendering Provider

Enter ONLY the payers you are enrolling which require your provider to complete and file a payer enrollment agreement.

* For most commercial payers you will NOT need to complete a payer agreement. For those payers, you ONLY need to complete the rendering provider's name and NPI above. Once your enrollment request is processed by Kareo, you will be able to submit electronic claims to all payers that do not require a payer agreement.

* For most Medicare, Medicaid, Blue Cross and Blue Shield payers you will need to complete a payer enrollment agreement. Please follow instructions for each payer carefully. These payer agreements usually require an original signature using blue ink. The payer agreements, with instructions, are located on our website at: <http://help.kareo.com/setup/enrollment/clearinghouse/payers>.

To enroll a payer that requires an enrollment agreement, you must click the Add Payer for This Provider button below to add a payer for this rendering provider. Kareo requires this information in order to track the payer agreements through the enrollment process.

Sample Enrollment Request (Cont'd)

New Enrollment Request

Select Payer for Rendering Provider John E. Bennet

Your enrollment request is not quite finished yet. Use this page to select the payer for which you would like to enroll the rendering provider. You can search by the payer name or payer ID. Once you find the right payer, click the Select button to select the payer.

Payer Name:

State: Clearinghouse:

Rendering ID	Payer Name	Subcontractor
<input type="button" value="Select"/>	8330 Blue Shield - California / Blue Shield (PDP)	CA - Delta
<input type="button" value="Select"/>	8330 Blue Shield - California / Blue Shield (PDP) - 984	CA - Delta
<input type="button" value="Select"/>	8330 Blue Shield - California / Blue Shield (PDP) (2014 transactions only)	CA - Delta
<input type="button" value="Select"/>	9440 Blue Shield (MS) - (MS)	CA - Delta

New Enrollment Request

Select Payer for Rendering Provider John E. Bennet

Your enrollment request is not quite finished yet. Use this page to select the payer for which you would like to enroll the rendering provider. You can search by the payer name or payer ID. Once you find the right payer, click the Select button to select the payer.

Payer Name:

State: Clearinghouse:

Rendering ID	Payer Name	State	Payer ID
<input type="button" value="Select"/>	Clearinghouse - PDP	CA	Delta
<input type="button" value="Select"/>	11142 1199 Local Benefits Fund	NY	Delta
<input type="button" value="Select"/>	11142 1199 Local Benefits Fund	NY	Delta
<input type="button" value="Select"/>	91041 A.O.S.A. NY	NY	Delta
<input type="button" value="Select"/>	27293 AAO American Administrative Group	NY	Delta
<input type="button" value="Select"/>	40100 ABC Health Plan of New York	NY	Delta
<input type="button" value="Select"/>	40100 ABC Health Plan of New York	NY	Delta
<input type="button" value="Select"/>	40100 ABC Health Plan of New York	NY	Delta
<input type="button" value="Select"/>	82010 ABNA Medical Corporation	CA	Delta
<input type="button" value="Select"/>	82010 ABNA Medical Corporation	CA	Delta

1. Select the Payer:

Using the Payer Selection button, you can select from a list of payers for which you can enroll the rendering provider.

Payer Information:

Clearinghouse: Mediquest

Payer Name: Blue Shield - California / Blue Shield (PDP)

Payer ID: 8330

Add Payer for Rendering Provider John R. Bennet

Your enrollment request is not quite finished yet. Use this form to enter information about a payer you are enrolling for this rendering provider.

IMPORTANT NOTE: If the payer you wish to add does not require a payer enrollment agreement, then you **DO NOT** need to add the payer to this enrollment request. Any payer that does not require a payer enrollment agreement is considered "pre-approved", which means you can begin sending claims to that payer immediately once Kareo has registered your providers with the clearinghouse. You **ONLY** need to add payers to this enrollment request if they do require a payer enrollment agreement.

Once you have completed this form, click the **Save Payer** button to return to and complete your new rendering provider, or click the **Save and Add Payer** button to save this payer and add another payer to your enrollment request for this rendering provider.

1. Select the Payer

Click the **Select Payer** button to select from a list of payers for which you can enroll this rendering provider.

Payer Information

Clearinghouse:

Payer Name:

Payer ID:

2. Enter the Payer-Assigned IDs

Enter the provider and group numbers assigned by this payer to the rendering provider you wish to enroll.

Group ID:

Rendering Provider ID:

3. Select the Services Requested

Select the services for which you would like to enroll this rendering provider in the selected payer.

Claims:

Eligibility: service not available from this payer and clearinghouse

ERA:

4. Rendering Providers You Are Enrolling

Enter all rendering providers you are enrolling for clearinghouse services. To add a rendering provider, click the **Add Rendering Provider** button now.

	Provider Name	NPI	State License #	Specialty Code
<input type="button" value="Edit"/> <input type="button" value="Remove"/>	Bennet, John R.	1902879967	245678945	208UP0014X
<input type="button" value="Edit"/> <input type="button" value="Remove"/>	Smith, Robert	191119999	143444444	208UP0014X

As you proceed through the Web Enrollment Request form, you can add additional rendering providers to the practice/group, or you can add additional payers to each rendering provider.

Once the enrollment request has been completed, you can click the button labeled **Preview and Confirm Enrollment Request**. This provides you with an image of the completed form.

Once you've previewed the entire form, be sure to **print a copy for your file** before clicking the **Confirm and Submit** button (in the very last screen of the form).

7. Sample Payer Agreement


A payer agreement downloaded from the Kareo Help & Support website typically includes a one or two-page cover from the respective clearinghouse.

You will want to review the general instructions provided on the cover of the agreement, but ignore any reference to linking directly to the clearinghouse to register with them. You will effectively be doing this when you complete the Kareo Web Enrollment Request in Step 1 of the enrollment process. Also remember that you will send the agreements directly to the payer and not the clearinghouse regardless of what the cover sheet states.

The information required by each payer varies greatly, depending upon the requirements of the individual payer, so it is important to review and follow all instructions carefully. If the payer requires that all signatures are done in [blue](#) ink, make sure you relay that information to the person(s) signing the agreement. If the payer requires that certain sections of the agreement be typed rather than hand-printed, be sure to type the information as instructed. Most payers require that you send an original of the agreement; make sure that you do not send a copy of the agreement in place of the original. And don't forget to include dates where indicated.

If you should have any questions while completing the agreement, **contact the payer directly** for clarification.

Be sure to send the completed and signed agreement directly to the address shown on the agreement. (Exception: If clearinghouse signature is required, then send the agreement to the clearinghouse for signature. Once signed, they will forward it to the payer).



Capario Enrollment
1901 E. Alton Ave. #100
Santa Ana, CA. 92705
Phone: (800) 792-5256 Option 1
Fax: (804) 877-3324
provider.enrollment@Capario.com

Payer Agreement Instructions for Kaiser of No. California (KS003)

You will enroll by completing and sending the Payer Agreement directly to the Payer. 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 **Capario Provider Enrollment Form** to:
 Fax: (510) 873-5077
 Scan and Email to: Gregory.J.Shuman@kp.org
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

Northern California Electronic Commerce Department
EDI Provider Enrollment Information
 KAISER PERMANENTE

This information will be used to assist Kaiser in the development of electronic data interchange (EDI) between your organization and Kaiser. When filling out this form, please be as detailed and thorough as possible to ensure the best possible customer service. Please return completed form to Gregory.J.Shuman@kp.org

PROVIDER NAME(S): _____
TIN NUMBER(S): _____
 NPI: _____

PROVIDER BILLING OFFICE CONTACT INFORMATION

NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____ FAX NUMBER: _____
 E-MAIL: _____

PROVIDER SOFTWARE/IT CONTACT INFORMATION

NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____ FAX NUMBER: _____
 E-MAIL: _____

PROVIDER BILLING SYSTEM

NAME OF BILLING SOFTWARE: _____
 NAME OF CLEARINGHOUSE: Capario
 DO YOU CURRENTLY SUBMIT CLAIMS VIA EDI TO OTHER PAYORS? Yes No

ADDITIONAL PROVIDER INFORMATION

NUMBER OF PROVIDERS BILLING UNDER THIS TIN? _____
 OTHER TAX ID(S): _____
 SERVICES PROVIDED: REFERRAL ONLY EMERGENCY ONLY REFERRAL & EMERGENCY
 ANNUAL NUMBER OF CLAIMS BILLED TO KAISER NORTHERN CALIFORNIA: _____
 ARE CLAIMS THAT ARE CURRENTLY BEING SUBMITTED
 CONTAIN THE KAISER AUTHORIZATION NUMBER? Yes No
 OTHER COMMENTS:

9. Glossary of Terms

ANSI	Acronym used when designating electronic billing formats. Examples are ANSI 837 for claims, or ANSI 835 for EOBs.
ASC X12N	Accredited Standards Committee [related to Electronic Data Interchange] – For information about ASC X12N, visit http://www.wpc-edi.com/
Clearinghouse (also referred to as Trading Partner)	A Clearinghouse collects data (i.e. electronic claims), translates it to a digital format that is readable by the recipient, and transmits it. They collect electronic claims from providers and check for missing or incorrect information using an extensive editing process. Properly formatted claims are then translated into HIPAA compliant ANSI format and are then grouped and sent in a batch to each insurer. If claims are rejected during the editing process, they are sent back to the provider with a report of the needed corrections. Of course, other electronic transactions, like reports from the insurers, remittance advices, claims status, rejection analysis, online eligibility and more are also processed by the clearinghouse. Kareo transmits through clearinghouses so you do not have to set up individual connections with multiple payers.
CMS	Centers for Medicare and Medicaid Services – The Agency that administers Medicare, Medicaid and the State Children’s Insurance Program (SCHIP)
E-Claim	A claim sent electronically.
EDI	Electronic Data Interchange – A set of standards for structuring information to be electronically exchanged between and within businesses, organizations, government entities and other groups. The term EDI is also used to refer to the implementation and operation of systems and processes for creating, transmitting, and receiving EDI documents.
EFT	Electronic Funds Transfer. An electronic funds transfer (or EFT) is a process whereby money is transferred from one account to another electronically. Many insurance payers offer this service to medical providers; however, you will always need to enroll with the individual payers that offer this service.
EIN	Employer Identification Number - This would be the tax ID issued to a business by the Federal Government.
EOB	Explanation of Benefits – Detailed breakdown by a payer of the benefits paid out to the practice/provider for services billed. It typically includes the patient name, provider name, claim number, summary of charges, allowed amount, amount not covered, amount applied to deductible, copay amount due from patient, and other general notes. This is the paper version of an ERA.
ERA	Electronic Remittance Advice –This is an electronic version of an EOB. Once received by the payer via the clearinghouse, ERAs can be used to post payments automatically within Kareo.
Facility ID	The Facility ID is used by some payers as a unique identification number for certain places of service.
Federal Tax ID	A federal tax identification number (also know as an Employer Identification Number or EIN), is a number assigned solely to a business by the IRS. The tax ID number is used to identify the business to several federal agencies responsible for the regulation of business.
HIPAA	Health Insurance Portability and Accountability Act of 1996. Dictated the use of a new electronic file format. Also covers private medical information and security.
NPI	National Provider Identification - A national unique numbering system for providers mandated by HIPAA with a required compliance date of May 23, 2007. Although the compliance date has been extended, this number will eventually replace the PIN and UPIN numbers currently required by many payers. For more information, visit the Centers for Medicare and Medicaid Services (CMS) website at http://www.cms.hhs.gov/ and http://www.cms.hhs.gov/NationalProvIdentStand/

Payer	Government or commercial insurance payer that makes payments on patient's behalf. In Kareo, this is considered the Insurance Company (i.e., Medicare, Medicaid, Blue Cross/Blue Shield, Aetna, etc.)
Payer Agreement	Agreements that must be filed with certain insurance payers. It's basically an authorization to contract with a specific clearinghouse to submit claims from the provider, receive and forward ERA/EFT reports, and perform eligibility requests.
Payer ID	A Payer ID Number is a 5 position number that may be all numeric or may be a combination of letters and numbers. The Payer ID Number is similar to a zip code - it tells the clearinghouse which insurance payer your electronic claim will be routed to.
PIN	<p>Provider Identification Number – The unique number assigned to the provider by an insurance payer (other than Medicare).</p> <p>Medicare refers to the PIN number as “Practice Identification Number.” The practice PIN could be for one incorporated physician or for a group of physicians. The Medicare PIN identifies the practice or group. 3</p> <p>The “Medicare Provider Number” (12345Z) identifies the individual physician that rendered care. This is the legacy number that will eventually be replaced by the NPI. Certain payers still require that this number be included along with the NPI when submitting claims to the payer.</p>
SSN	Social Security Number – This would be the tax ID issued to an individual by the Federal Government.
Submitter ID (Clearinghouse)	Submitter ID/Number/Code – A combination of alpha and numeric characters assigned to a clearinghouse by individual payers. (This is sometimes referred to as a Trading Partner ID or Clearinghouse ID on certain payer agreements.)
Submitter ID (Group or Practice)	This is a number assigned by certain Medicare payers to identify the practice who is submitting claims to the payer. This number is sent to the practice along with the approval notification, and must be included on claims when required
Taxonomy Code	Taxonomy Codes (also called Specialty Codes) - A 10-digit numbers assigned under the HIPAA provisions to health care providers, in order to digitally encode a provider's specialty in order to facilitate electronic billing. This code should match the code entered on the provider's application for NPI number assignment, and should also match the taxonomy code entered on the provider record.
Trading Partner (TP)	Service organization that teams with a software vendor and the payer to provide electronic transmission for claims, ERAs and eligibility services. (Also referred to as Clearinghouse or Submitter on certain payer agreements).
UPIN	Unified (Unique) Physician Identification Number - A unique numbering system created and maintained by Medicare. This 6-digit number identifies the individual physician and is sent along with ALL claims where the provider is named as the referring physician. This number should be entered on the Group record as a group UPIN, as well as the individual provider record for each provider within the practice who will be named as a referring physician on claims.
Web Enrollment Request	Web Enrollment Form that must be completed in order for Kareo to register your providers with our clearinghouse partners