



FREQUENTLY ASKED QUESTIONS

1. How long does pre-enrollment take?

The standard processing time is seven to 10 business days

2. Where should I send the forms?

Email forms to EDI@vayahealth.com.

3. Who can sign the forms?

The provider (if a sole practitioner) may sign, as well as the president, CEO, owner, executive director, officer or managing employee of the legal entity desiring to receive reimbursement.

4. How do I check the status of the request?

Please wait at least seven to 10 business days before contacting us for a status update. If you or your clearinghouse has not heard from us within this timeframe, you may call 828-225-2785 ext. 3313 or ext. 5833, to request a status update.

5. How will I be notified of the decision?

- If we cannot process your request and need more information, we will contact you via email.
- If approved, we will enter your approval into our system and notify you or your designated clearinghouse via email. After you receive this email, you or your designated clearinghouse may begin submitting 837 files for electronic transmission.
- If you **do not** receive notification from Vaya Health or from your designated clearinghouse within seven to 10 business days, contact us at one of the extensions listed above to inquire whether you are approved or have been linked to the specified clearinghouse's submitter ID.

6. Are all clearinghouses eligible?

We do not pay clearinghouses for the privilege of processing your claims. For example, if you work with a clearinghouse that imposes a per-claim fee, you are responsible for such fees. We will accept claims from any verified clearinghouse that does not charge a fee to the MCO.

Vaya Health Electronic Connectivity Request

Please complete and submit the form below via email to EDI@vayahealth.com. **NOTE: Each provider contracted with Vaya Health is required to submit a separate connectivity request form, even if using the same clearinghouse.**

Provider name		National Provider ID (NPI)		
Contact person		Title		
Mailing address		City	State	ZIP Code
Phone number	Fax number	Email address (required)		

Estimated number of claims each month: _____

Name of vendor/clearinghouse		Contact person	Title	
Mailing address		City	State	ZIP Code
Phone number	Fax number	Email address (required)		

Printed name/title (required)

Authorized signature (required)

Date