

Harvard Pilgrim Health Care 835

Special Instructions:

- Enrollment is unavailable for behavioral health providers and for providers located outside of the six New England States (CT, MA, ME, NH, RI, VT).
- If you wish to request setup EFT with this payer, you must complete an online registration with PaySpan at www.payspanhealth.com. Click here for PaySpan instructions.
- This ERA setup request includes Compass Joint Venture' claims submitted to Harvard Pilgrim. Even if you receive ERAS from PaySpan, you will need to complete and submit the attached form to receive ERAs in response to Compass Joint Venture claims. If you are unsure if you submit 'Compass Joint Venture' claims, please contact Harvard Pilgrim at (800)708-4414.

General Instructions:

- The billing provider must have an EDInsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the ERA setup request.

835 Electronic Remittance Advice:

1. Harvard Pilgrim 835 Electronic Remittance Advice (ERA) Enrollment Form (1 page)

Complete this form using the billing provider's group information AND Include a list of individual providers.

SEE and COMPLETE "Provider Information" and "Provider Contact Information"

SEE "Provider Identifiers Information" ENTER: Group Tax ID #, NPI #

FOR Atypical ID ENTER Provider ID assigned by Harvard Pilgrim

SEE "Electronic Remittance Information" ENTER ONLY one; either Tax ID # or NPI #

SEE "Submission Information" PUT check for "New Enrollment" or "Change Enrollment"

SEE "Authorized Signature" ENTER Electronic Signature of Authorized Person, etc.

2. Individual Provider Information. List all Individual providers under the group.

Submit to EDInsight Enrollment Team:

Within EDInsight - Enrollment Manager:

GO TO or [ADD Payer Enrollment] record for this payer.

SELECT record, CLICK [ATTACH File] to attach all pages of the completed payer form(s).

IF prompted, asking if you want to Submit the request, CLICK [Yes] -Or- CLICK [SUBMIT Enrollment]

ENTER any notes (optional)

CLICK to "Save and Exit" notes' window.

Harvard Pilgrim 835 Electronic Remittance Advice (ERA) Enrollment Form

*Required information

Provider Information

*Organization/provider name:	
DBA name:	*Street address:
*City:	*State and zip code:

Provider Contact Information

Provider contact name:	Title:
Telephone number:	Extension:
Email address:	Fax number:

Provider Identifiers Information

*Tax ID/EIN:	*NPI:
Atypical ID:	*Trade partner ID:

Electronic Remittance Information

*Tax ID	*NPI
*Method of retrieval (<i>Please check one</i>) <input type="checkbox"/> <i>HPHConnect</i> <input type="checkbox"/> Secure File Transfer Protocol (SFTP) <input type="checkbox"/> NEHEN <input type="checkbox"/> MIME II <input type="checkbox"/> SOAP II <input type="checkbox"/> SOAP IV	
*Product Type: <input type="checkbox"/> Compass Joint Venture (EFT recipients only) <input type="checkbox"/> Medical Commercial within New England	

Electronic Remittance Clearinghouse Information

Clearinghouse name:	Clearinghouse contact name:
Telephone number:	Email address:

*Submission Information

*Reason for Submission (<i>Please check one</i>) <input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment

Authorized Signature

*Electronic signature of person submitting enrollment:	Written signature of person submitting enrollment:
Printed name of person submitting enrollment:	Printed title of person submitting enrollment:
*Submission date:	

Fax to **866-884-3844** or e-mail to **edi_team@point32health.org**

