



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms  
**10/18/2017 (IE)**  
<http://www.highmark.com/edi>

**Highmark Gateway - Pennsylvania  
 Enrollment Instructions – Claims and ERA  
 BCBS Pennsylvania (54771) and  
 Highmark Senior Health PA (Medicare Adv) (15460)**

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- This payer allows the provider to be linked to multiple clearinghouses for submission of 837electronic claims. **YES**  
 This payer notifies the provider when EDI Enrollment is completed. **YES**

**Go to HIGHMARK website to complete EDI enrollment.  
 See below for detailed instructions.**

**CLAIMS (837) Provider Enrollment (New or Change of Service)**

1. GO TO: <https://www.highmark.com/edi/update/index.shtml>
2. SELECT > **General Profile Updates**, SELECT> **Provider Affiliations**
3. SELECT **“Add Provider to Existing Trading Partner”**, CLICK **[Continue]**
4. Complete the online Highmark form using the Trading Partner information that pertains to the electronic claims you wish to submit through Practice Insight. CLICK the **Submit** button when finished.

**REMITTS (835) Electronic Remittance Enrollment (New or Change of Service)**

1. GO TO: <https://www.highmark.com/edi/update/index.shtml>
2. SELECT > **General Profile Updates**, SELECT> **ERA Enrollment**
3. Complete the online Highmark form using the Trading Partner information that pertains to the electronic claims you wish to submit through Practice Insight. CLICK the **Continue** button when finished.
4. Verify all data entry on the next web page, with careful attention to Tax ID and NPI numbers. When ready, CLICK **Submit** button.

Payer/Line of Business	Trading Partner Number	Trading Partner Name
<b>PROFESSIONAL</b>		
<b>BCBS Penn. – Prof (54771)- Claims only</b>	<b>499369</b>	<b>Practice Insight</b>
<b>PA Mcr Adv Highmark Senior Health – Prof (15460)</b>	<b>520328</b>	<b>Practice Insight</b>
<b>INSTITUTIONAL</b>		
<b>BCBS Penn. – Institutional (5477C, 5477W)- Claims only</b>	<b>502307</b>	<b>Practice Insight</b>
<b>PA Mcr Adv Highmark Senior Health – Inst (15460)</b>	<b>520371</b>	<b>Practice Insight</b>

**ALLOW 1-2 WEEKS FOR PROCESSING**

*If it has been over 20 days since request was submitted and you have not yet received confirmation of enrollment, contact Highmark EDI Services at 1-800-992-0246.*



### Requester Information

Requester Name:

Requester Title:

Requester Company:

Requester Telephone: (###-###-####)

Requester Extension:

Email Address:

### Trading Partner Information

Trading Partner Number:

Trading Partner Name:

Type Practice Insight TPID# from chart on instruction page.

### Provider Information

**Request Type:** Add Provider

Enter Group NPI #:

**Validate This Provider**

### Additional Comments

Please use this space for additional description or instruction.

**Submit Provider**

## ERA Enrollment Form

**Please Note:** Due to data privacy requirements, ERA recipient adds/changes must be confirmed with the provider office prior to setup. Failure to provide contact information may result in a delay or denial of your request.

### Provider Information

Provider Name\*:   
Street Address1\*:   
Street Address2\*:   
City\*:   
State\*:   Zip Code\*: -

### Provider Identifiers Information

#### Provider Identifiers

Provider Federal Tax Identification (TIN) or Employer Identification Number (EIN)\*:   
National Provider Identifier (NPI)\*:

#### Other Identifiers

Trading Partner ID\*:

Type Practice Insight TPID#  
from chart on instruction page.

### Provider Contact Information

Provider Contact Name\*:   
Telephone Number\*: --  
Extension:   
Email Address\*:

### Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier)

- National Provider Identification Number (NPI)  
 Provider Tax Identification Number (TIN)

Select option to request  
Remittance for NPI number or  
entire Tax ID.

### Reason For Submission

- New Enrollment  
 Change Enrollment  
 Cancel Enrollment

### Authorized Signature

Printed Name of Person Submitting Enrollment

- I certify that I am authorized to make this request

[CONTINUE](#)

[DECLINE AND EXIT](#)

Fields marked with an asterisk (\*) are required.