

Tufts Health Plan 837 and 835

EDI Enrollment 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 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 setup request.

837 Claims Transactions:

Tufts Health Plan EDI Setup Form (1 page)

Check the box next to the Type of Practice and the Type of Account.

Enter the Provider Contact Information fields.

Please complete the 'Payment Information' section if it is different from the information in the section above it.

835 Electronic Remittance Advice:

To authorize Practice Insight to retrieve 835 ERA files, the billing provider must register with PaySpan to receive both ERA/EFT from this payer. For PaySpan instructions, go to-

https://qa.ediinsight.com/RESELLER_Docs/Forms/PaySpan/PI.PaySpanMultiPayer_era.pdf

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.

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.

EDI Set-Up Form

Completed forms can be sent to EDI_Operations@tufts-health.com, edi_operations@point32health.org 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. 54042 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