



# HARVARD PILGRIM (04271) ERA ENROLLMENT INSTRUCTIONS

## WHAT FORM(S) SHOULD I DO?

- **835 Electronic Remittance Advice (ERA) Enrollment Form** (Complete if you do not receive EFT)
  - Do **not** complete this form if you are:
    - A provider outside the six New England States – go to [www.uhis.com](http://www.uhis.com) for 835.
    - A behavioral health provider – call 888-777-4742.
    - Enrolled for or requesting electronic funds transfer (EFT) – go to [www.hphc.org/eft](http://www.hphc.org/eft) for Payspan registration instructions.
  - **Do** complete this form if you want 835s with your paper checks
    - Contracted medical providers within the six New England States
    - Compass Joint Venture Products
    - Contracted ancillary provider
- **PaySpan ERA Enrollment** (Please see page 5 below for Payspan instructions)

## WHERE SHOULD I SEND THE FORM(S)?

- Fax form to: (866) 884-3844; or
- Email form to: [edi\\_team@harvardpilgrim.org](mailto:edi_team@harvardpilgrim.org)

## WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- Standard processing time is 30 days.

## HOW DO I CHECK STATUS?

- To check the status you may email Harvard Pilgrim at [edi\\_team@harvardpilgrim.org](mailto:edi_team@harvardpilgrim.org)

## Instructions for Completing the Harvard Pilgrim Health Care Electronic Remittance Advice (ERA) Enrollment Form

**Do not complete this form if you are:**

- A provider outside the six New England States — go to [www.uhis.com](http://www.uhis.com) for 835.
- A behavioral health provider — call 888-777-4742.
- Enrolled for **or** requesting electronic funds transfer (EFT) — go to [www.hphc.org/left](http://www.hphc.org/left) for Payspan registration instructions.
- Requesting 835 or EFT for the Harvard Pilgrim Medicare Stride<sup>SM</sup> product — go to [www.hphc.org/left](http://www.hphc.org/left) for Payspan registration instructions.

**Do complete this form if you want 835s with your paper checks**

- Contracted medical providers within the six New England states
- Compass Joint Venture Products
- Contracted ancillary provider

For questions about this form or the ERA enrollment process, please contact the [edi\\_team@harvardpilgrim.org](mailto:edi_team@harvardpilgrim.org) — be sure to include your phone number.

Harvard Pilgrim will contact you by email regarding the status of your enrollment.

### \*Required Form Submission Fields

**\*Provider Information – please fill out completely**

|                            |   |
|----------------------------|---|
| Organization/provider name | Legal name of institution, corporate entity, practice or individual provider. |
|----------------------------|---|

**Provider address**

|                 |   |
|-----------------|---|
| Street:         | The number and street where individual/organization is located.                                   |
| City:           | The city associated with street address field.  |
| State/province: | The two-character code associated with the State/Province/Region of the applicable country.       |
| ZIP code:       | A group of five or nine numbers that are added to a postal address to assist the sorting of mail. |

**Provider Contact Information**

|                        |   |
|------------------------|---|
| Provider contact name: | The name of a contact in a provider office for handling ERA issues.             |
| Telephone number:      | The number associated with provider contact name.                               |
| Email address:         | An electronic mail address at which the health plan might contact the provider. |

**\*Provider Identifiers**

|  |   |
|--|---|
| *Provider Federal Tax Identification Number (TIN): | A Federal Tax Identification Number, also known as an employer Identification Number (EIN), used to identify a business entity.   |
| *National Provider Identifier (NPI):               | A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. |
| Atypical Provider Identifier:                      | A provider identification number assigned by Harvard Pilgrim Health Care to providers that do not provide health services i.e., taxi services, home and vehicle modifications.  |
| *Trading Partner ID:                               | The provider's submitter ID assigned by the Harvard Pilgrim Health Care or the provider's clearinghouse or vendor. Required when changing or cancelling enrollment.   |

**\*Electronic Remittance Information**

|  |   |
|--|---|
| *Provider Federal Tax Identification Number (TIN): | A Federal Tax Identification Number, also known as an employer Identification Number (EIN), used to identify a business entity. |
|--|---|

*Continued*

## Instructions for Completing the Harvard Pilgrim Health Care Electronic Remittance Advice (ERA) Enrollment Form

|   |   |
|---|---|
| <b>*National Provider Identifier (NPI):</b>                         | A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. |
| <b>*Retrieval Method</b>  |   |
| <i>HPHConnect</i>   | Harvard Pilgrim's free web portal.  |
| Secure File Transfer Protocol (SFTP)                                | Harvard Pilgrim will provide WINS CP tool free of charge or you may use your own.   |
| New England Health Care Exchange Network (NEHEN)                    | Paid membership required for this channel.  |
| CAQH CORE Phase II MIME   | Requires use of Harvard Pilgrim generated certificates. Harvard Pilgrim does not accept certificates generated by trade partners.   |
| CAQH CORE Phase II SOAP   | Requires use of Harvard Pilgrim generated certificates. Harvard Pilgrim does not accept certificates generated by trade partners.   |
| CAQH CORE Phase IV SOAP   | Requires use of Harvard Pilgrim generated certificates. Harvard Pilgrim does not accept certificates generated by trade partners.   |
| <b>*Product Type</b>  |   |
| Joint Venture Products  | Choose when provider is registered and receiving EFT payments.  |
| Medical Commercial within New England                               | Choose both when provider is receiving paper check payments.  |
| <b>*Electronic Remittance clearinghouse information</b>             |   |
| Clearinghouse name  | Official name of the provider's clearinghouse.  |
| Clearinghouse contact name  | Name of contact.  |
| Telephone number  | Telephone number of contact.  |
| Email address   | An electronic mail address at which Harvard Pilgrim Health Care may contact the provider's clearinghouse.   |
| <b>*Submission Information — Reason for Submission (choose one)</b> |   |
| New enrollment  | New trade partner submitter ID assigned during enrollment process.  |
| Change enrollment   | Moving from one billing service/clearinghouse to another.   |
| Cancel enrollment   | No longer wants to receive ERA.   |
| <b>*Authorized Signature</b>  |   |
| Signature   | Signature of an individual authorized by the provider or its agent to initiate, modify, or terminate an enrollment.   |
| <b>*Electronic signature</b>  | Electronic signature of person submitting enrollment - (usually cursive) A rendering of a name unique to a particular person used as confirmation of authorization and identity.  |
| Printed name of person submitting enrollment                        | Printed name of person signing the form.  |
| Printed title of person submitting enrollment                       | Printed title of the person signing the form.   |
| Submission date   | Date on which the enrollment form is submitted.   |

# 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 <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@harvardpilgrim.org](mailto:edi_team@harvardpilgrim.org)

# PAYSPAN ERA ENROLLMENT INSTRUCTIONS



To receive ERA's for this payer, you have to first register with PaySpan. Enrolling with PaySpan will enable you to obtain ERA's from multiple payers through Office Ally. Registration is free, fast and is done online. To learn more about PaySpan, please visit their website: <https://www.payspanhealth.com/>.

## REGISTER FOR PAYSPAN

1. Click on the link below or call PaySpan Customer Service to request a Registration Code (You will be issued a Registration Code along with a PIN Number for that code):
  - <https://www.payspanhealth.com/RequestRegCode>
  - Call (877) 331-7154 Option 1
2. When you receive your registration code, go to [www.payspanhealth.com](http://www.payspanhealth.com)
3. Click the "Register Now" button.
4. Enter your registration code and click "Submit".
5. Enter your PIN, Tax ID and NPI and click "Start Registration".
6. Fill out the basic contact and account information and click "Next".
7. Enter an Account Name.
8. **IMPORTANT:** Under Enveloping Format you MUST select "Payer Plan ID".
9. Check the Request Paper Remittance box only if you wish to receive paper as well.
10. If you do **not** want Electronic Payments (EFT), remove the check mark in the "Enable Electronic Payment" box by clicking on it and then click "Next". Proceed to Step 11.
11. If you do want EFT, complete the Financial Institution information and then click "Next".
12. Verify your information, then read the Services Agreement and check the box that you agree to it, click "Confirm".

### Follow these steps to activate your EFT account:

If EFT was requested, you will receive a deposit of less than one dollar from PaySpan within a few business days.

1. Access your bank account online or contact your bank to obtain the amount of the test deposit from PaySpan.
2. Log into PaySpan.
3. Click "Your Payments".
4. Click "Account Verification" link on the left side of the screen.
5. Enter the amount of the deposit you received in this format: 0.00

**Note:** The deposit does not need to be returned to PaySpan.

## ROUTING YOUR ERA'S TO OFFICE ALLY AFTER REGISTRATION

1. Select "Your Payments".
2. Under "Manage", click "Accounts".
3. Click the Account Name.
4. Click "Mailbox Settings".
5. Click "Create Mailbox".
6. Click "Close".
7. On the Edit Account page, click "Delivery Settings".
8. Select "Office Ally" from the drop down under the **835 Recipient** column.
9. Click "Save".
10. Click "Close"
11. Click "Save" on the Edit Account page.