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)

- **PaySpan ERA Enrollment** (Complete this enrollment only if you're currently receiving EFT)

WHERE SHOULD I SEND THE FORM(S)?

- Fax form to: (866) 884-3844; or
- Email form to: 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.

835 Electronic Remittance Advice (ERA) Enrollment Form Companion Guide

(*) Required information -- Completion of fields with asterisks are required.

Provider Information

* Completion of fields are required by organization/person submitting form.
Harvard Pilgrim strongly recommends the street address be the actual physical address of the practice.

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

Provider Identifiers Information

Field Name	Instructions
*Tax ID/EIN:	Each tax ID being enrolled requires an enrollment form. If enrolling more than one NPI, each Type 1 or Type 2 NPI must be provided. You may attach a spreadsheet with additional NPIs.
*NPI:	
Trade Partner ID:	**Trade Partner ID--**The combination of Receiver ID and Application Receiver ID is assigned by Harvard Pilgrim. Providers who use a clearinghouse, billing service or vendor to retrieve their ERAs from Harvard Pilgrim can obtain Trade Partner IDs from their third party.
Receiver ID (ISA08):	
Application Receiver ID (GS03):	Organizations or providers requesting direct connection setup with Harvard Pilgrim will receive your Trade Partner ID when the EDI Team has completed the enrollment process.

Provider Contact Information

Completion of all fields in this section is required when organization/provider is requesting direct setup for ERA delivery.

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

Provider Agent Information

Completion of fields in this section required when a billing service will be retrieving ERAs.
Harvard Pilgrim strongly recommends a team email account be used to ensure notifications are addressed promptly.

Provider agent name:	Street address:
City:	State/province:
Zip code:	Country code:
Provider agent contact name:	Title:
Telephone number:	Extension:
Email address:	Fax number:

Electronic Remittance Information

Harvard Pilgrim recommends Type 2 NPI be submitted when available as it will be used to populate the payee identification loop (1000B, N1-04). If an NPI is not provided, Harvard Pilgrim will use the NPI submitted in the *Provider Identifier Information Section*.

*Tax ID	*NPI

*Method of retrieval (*Please check one*)
☐ HPHConnect/FTA ☐ Secure File Transfer Protocol (SFTP) ☐ NEHEN ☐ NEHEN*Net*

(continued)

Electronic Remittance Clearinghouse Information

Completion of all fields in section required when a clearinghouse will be retrieving ERAs.
Harvard Pilgrim strongly recommends a team email account be used to ensure notifications are addressed promptly.

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

Electronic Remittance Vendor Information

Completion of all fields in section required when a vendor will be retrieving ERAs.
Harvard Pilgrim strongly recommends a team email account be used to ensure notifications are addressed promptly.

Vendor name:	Vendor contact name:
Telephone number:	Email address:

*Submission Information

*Reason for Submission (*Please check one*)
☐ New enrollment　　　☐ Change enrollment　　　☐ 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 email to *edi_team@Harvardpilgrim.org*

835 Electronic Remittance Advice (ERA) Enrollment Form

(*) Required information.

Provider Information

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

Provider Identifiers Information

*Tax ID/EIN:		*NPI:	
Trade partner ID:	Receiver ID (ISA08):		Application receiver ID (GS03):

Provider Contact Information

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

Provider Agent Information

Provider agent name:	Street address:
City:	State/province:
Zip code:	Country code:
Provider agent contact name:	Title:
Telephone number:	Extension:
Email address:	Fax number:

Electronic Remittance Information

*Tax ID		*NPI	
*Method of retrieval (*Please check one*) ☐ HPHConnect/FTA ☐ Secure File Transfer Protocol (SFTP) ☐ NEHEN ☐ NEHEN*Net*			

Electronic Remittance Clearinghouse Information

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

Electronic Remittance Vendor Information

Vendor name:	Vendor contact name:
Telephone number:	Email address:

*Submission Information

*Reason for Submission (*Please check one*) ☐ New enrollment   ☐ Change enrollment   ☐ 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 email to *edi_team@Harvardpilgrim.org*

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
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.