

WHICH FORMS SHOULD I COMPLETE?

- **835 Electronic Remittance Advice (ERA) Enrollment Form** (Complete if you do not currently receive EFT)
 - o Do not complete this form if you are:
 - A provider outside the six New England States – go to www.uhis.com for 835.
 - A behavioral health provider – call 888-777-4742.
 - Already enrolled for or requesting electronic funds transfer (EFT) – go to [EFT Enrollment](#) for Payspan registration instructions.
 - Requesting 835 or EFT for the Harvard Pilgrim Medicare StrideSM product – go to [EFT Enrollment](#) for Payspan registration instructions.
 - o 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

Please note that if EFT is added at any point, the remittance will discontinue at the payer and you will need to complete the ERA/EFT enrollment via Payspan to continue receiving your remittance files.

WHERE SHOULD I SEND THE FORM(S)?

- Email to edi_team@point32health.org; OR
- Fax to (866) 884-3844

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 30 days.

HOW DO I CHECK STATUS?

- To check the status of your enrollment, you may send an email to edi_team@point32health.org
- Or if enrolling with Payspan, their email is providersupport@payspanhealth.com & phone number is (877) 331-7154 to check the status of your enrollment.

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 of MA, ME, NH, RI and VT — go to www.uhis.com for 835.
- Enrolled for **or** requesting electronic funds transfer (EFT) — go to [Electronic Tools and HPHConnect - Harvard Pilgrim Health Care - Provider](#) and click on Electronic Payment for Payspan registration instructions.
- Requesting 835 or EFT for the Harvard Pilgrim Medicare StrideSM product — go to [Electronic Tools and HPHConnect - Harvard Pilgrim Health Care - Provider](#) and click on Electronic Payment for Payspan registration instructions.

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

- Contracted medical providers within MA, ME, NH, RI and VT
- Compass Joint Venture Products
- Contracted ancillary provider
- Behavioral health provider

For questions about this form or the ERA enrollment process, please contact the edi_team@point32health.org — be sure to include your phone number.

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

*Provider Information – please fill out completely		<i>*Required Form Submission Fields</i>
Organization/provider name	Legal name of institution, corporate entity, practice or individual provider.	
Provider address	<ul style="list-style-type: none"> • 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.	
*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.	

Instructions for Completing the Harvard Pilgrim Health Care Remittance Advice (ERA) Enrollment Form *(continued)*

*Retrieval Method	
<i>HPHConnect</i>	Harvard Pilgrim's free web portal.
Secure File Transfer Protocol (SFTP)	Harvard Pilgrim will provide WINSFTP 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.
*Product Type	
Joint Venture Products	Choose when provider is registered and receiving EFT payments.
Commercial within New England	Choose both Joint Venture and Commercial within New England when provider is receiving paper check payments.
*Electronic Remittance clearinghouse information	
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.
*Submission Information — Reason for Submission (choose one)	
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.
*Authorized Signature	
Signature	Signature of an individual authorized by the provider or its agent to initiate, modify, or terminate an enrollment.
*Electronic signature	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

Provider Contact Information

Provider contact name

Title

Phone

Extension

Email

Fax

Provider Identifiers Information

*Tax ID/EIN

*NPI

Atypical ID

*Trade partner ID

Electronic Remittance Information

*Tax ID/EIN

*NPI

*Method of retrieval (*Please check one*):

HPHConnect

Secure File Transfer Protocol (SFTP)

NEHEN

MIME II

SOAP II

SOAP IV

*Product Type:

Compass Joint Venture (EFT recipients only)

Commercial within New England

Electronic Remittance Clearinghouse Information

Clearinghouse name

Clearinghouse contact name

Phone

Email

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 e-mail to edi_team@point32health.org

WHICH FORMS SHOULD I COMPLETE?

To receive ERAs for this payer, first register with PaySpan. Enrolling with PaySpan will enable you to obtain ERAs from multiple payers through Office Ally. Registration is free, fast, and completed online.

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):
 - o <https://www.payspanhealth.com/RequestRegCode>
 - o 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 additionally
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”
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 in agreement, click “Confirm”

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 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 ERAS 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

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is anywhere between 14-21 days, dependent upon each payer.

HOW DO I CHECK STATUS?

- If you have any questions or want to check the status of your enrollment, call PaySpan at (877) 331-7154, option 1, or email providersupport@payspanhealth.com