Harvard Pilgrim EDI Enrollment Form

Organization

Phone   Email

Contact(s)   Title

Street address   City/state/ZIP

Select desired option: Become a trade partner[1]   Add transaction(s)   Change submission/retrieval method

  Add provider or payee number for 278 Inquiry & Response   Remove provider or payee number for 278 Inquiry & Response

Which of the following HIPAA-compliant transactions with Harvard Pilgrim are you interested in and prepared to support? (Please indicate submission/delivery method as well.) *Check all that apply.*

	SFTP[2]	*HPHConnect*	NEHEN[4]	CAQH CORE SOAP Phase II	CAQH CORE CMIME Phase II	CAQH CORE SOAP Phase IV
270/271 Batch Eligibility Request & Response	NA					
270/271 Realtime Eligibility Request & Response	NA	NA				
276/277 Batch Claim Status Inquiry & Response	NA					
276/277 Realtime Claim Status Inquiry & Response	NA	NA				
278 Realtime Referral Authorization Inquiry & Response (X215)	NA	NA		NA	NA	
278 Realtime Referral Authorization Request & Response (X217)	NA	NA		NA	NA	
837 Claim Submission Transaction[3]				NA	NA	

[1] Signed trade partner agreement required

[2] If you do not have SFTP client software, Harvard Pilgrim will supply WINSCP tool as part of test process

[3] 277 Claim Acknowledgement will be automatically returned

[4] Must be member of New England Healthcare Exchange Network to use this channel

What type of claims will you be sending? *Check all that apply.*   Institutional   Professional

  What is your trade partner name (*if applicable*)?

  ISA06 submitter ID:

Please identify IT resources available to support your testing and transaction submission:

  Provider contact:

  Name: Phone: E-mail:

  Vendor/billing agency contact:

  Name: Phone: E-mail:

Trading Partners: *Please note that the provider's name, NPI and TIN must match current Harvard Pilgrim provider information on record.*

278 Transaction: Harvard Pilgrim requires a list of all individual provider name(s), provider NPI(s), payee number(s) and tax ID(s) for which you will be submitting referral and authorization inquiries & responses. **Please use additional spreadsheet(s) if necessary.** The payee number/PIN can be found at the top of page on your paper explanation of payment (EOP) or on Harvard Pilgrim's EFT vender Payspan website.

Provider Name	Provider NPI	Group Payee NPI	HPHC Payee Number	Tax ID Number

Harvard Pilgrim EDI Enrollment Form (*cont*.)

Signature: I am authorized to sign this document on behalf of the organization, and I have read and agree to the provisions as set forth in the "*eServices and Online Solutions*" chapter of the Harvard Pilgrim Health Care **Provider Manual**, and acknowledge the same by signing below.

Signature: Date:

Print name: Title:

Please e-mail to edi_team@point32health.org