

| | |
|---------------|-----------------|
| Organization: | Contact(s): |
| Tel: | Title: |
| E-mail: | Street address: |
| Fax: | City/State/Zip: |

Select desired option:

| | |
|--|---|
| <input type="checkbox"/> Become a trade partner ¹ | <input type="checkbox"/> Add transaction(s) |
| <input type="checkbox"/> Add provider or payee number for 278 Inquiry & Response | <input type="checkbox"/> Remove provider or payee number for 278 Inquiry & Response |
| <input type="checkbox"/> Change submission/retrieval method | |

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 | |

¹Signed trade partner agreement required

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

³277 Claim Acknowledgement will be automatically returned

⁴Must 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: | Tel: | E-mail: |
| Vendor/billing agency contact: | Name: | Tel: | 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) as 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 vendor Payspan website.

| Provider Name | Provider NPI | Group Payee NPI | HPHC Payee Number | Tax ID Number |
|---------------|--------------|-----------------|-------------------|---------------|
| | | | | |
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(continued)

Harvard Pilgrim EDI Enrollment Form

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 or fax to 866-884-3844.