835 Enrollment Healthnow

Healthnow utilizes an online enrollment form for 835s (also called Electronic Remittance Advice, or ERA). See below for instructions for how to enroll.

To access the online ERA enrollment form for Healthnow: Copy the link shown below and paste into your browser:

www.ask-edi.com/forms.htm

Once you have accessed the page, click on Electronic Remittance (ERA) Form and select the HealthNow New York (HNNY), Blue Cross and Blue Shield of Western New York (BCBSWNY), and Blue Shield Northeastern New York (BSNENY), as designated by the red arrows below.

Follow the steps below to complete the ASK-EDI online form.

Provider Information Section:

- Enter the provider/agency name and address

EDI Enrollment Form

Application for **HealthNow New York** Electronic Remits

All fields are required except where marked (optional).

Provider Information

Provider Name

Provider Name – Name of individual or billing provider organization receiving remittance advice.

Provider Address

Street

City

State/Province

ZIP Code/Postal Code

Provider Address – Mailing address of the provider or billing provider organization, including Street, City, State and ZIP Code.

Provider Identifiers Information Section:

- Enter the Provider/Agency Tax Identification Number (TIN)
- Enter the National Provider Identifier (NPI)
- Enter the Trading Partner ID as **6000727** (see screenshot below)

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI)

Provider Identifiers – Tax ID (EIN or SSN) and corresponding NPI (10 digits) of the billing provider. (Remittance Advice will be returned based on Billing NPI.)

Note: The Billing NPI can only be loaded under one Trading Partner ID for the ERA.

Other Identifiers

Assigning Authority
ASK

Trading Partner ID
6000727

Other Identifier(s) – Assigning Authority – Administrative Services of Kansas (ASK)

Trading Partner ID – Enter your 7 digit trading partner number (will begin with either 0 or 6) assigned by ASK. This determines the Trading Partner Mailbox were the remittance advice will be delivered.

835 Enrollment Healthnow

Provider Contact Information Section:

- Enter Provider/Agency Contact Name
- Enter Phone Number
- Enter Email Address
- Enter Fax Number

Provider Contact Information

Provider Contact Name

Contact

Telephone Number

Telephone Number Extension (optional)

Email Address (optional)

Fax Number (optional)

Provider Contact Name – Provider office contact name.

Contact Telephone Number – Phone number of the contact name, including extension if available.

Email Address (Recommended) – Provider contact email address used to confirm ERA Enrollment to the provider.

Fax Number – Fax number of the contact name.

Electronic Remittance Advice Information Section:

- Remittance data will be aggregated by billing NPI only. Enter in the Agency/Billing Provider NPI – **Do not enter in the TIN.**

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data

Provider Tax Identification Number (TIN)

National Provider Identification Number (NPI)

Preference for Aggregation of Remittance Data – TIN and Billing NPI should match the information provided in Provider Identifiers Information. (Remittance Advice will be returned based on Billing NPI.)

This information can only be edited in the Provider Identifiers section.

Electronic Remittance Advice Vendor Information Section:

- Enter the Vendor Name as "Public Consulting Group"
- Enter the Vendor Contact Name as "Billing Operations"
- Enter the Telephone Number as "603-427-0206 PCG Portsmouth"
- Enter the Email Address as "NYSFAEIP@pcgus.com"

Electronic Remittance Advice Vendor Information

Vendor Name
Public Consulting Group

Vendor Contact Name
Billing Operations

Telephone Number
603-427-0206 PCG Portsmouth

Email Address (optional)
NYSFAEIP@pcgus.com

Vendor Name – Name of the software company that supports your practice management software.

Vendor Contact Name – Name of contact at the software company.

Telephone Number – Telephone number for the contact at the software company.

Email Address – Email address for the contact at the software company.

835 Enrollment Healthnow

Submission Information Section:

- Select "New Enrollment" and enter in the name and title of person submitting this form
- Click the Submit button to send form to ASK-EDI

Submission Information

Reason for Submission

- ⦿ New Enrollment
- ○ Change Enrollment
- ○ Cancel Enrollment

Reason for Submission – Check one box to indicate New Enrollment, Change Enrollment, or Cancel Enrollment.

Authorized Signature

Print Name of Person Submitting Enrollment

[   ]

Authorized Signature – The name and title of the individual within the provider office authorized by the provider to initiate, modify or terminate an enrollment.

Print Title of Person Submitting Enrollment

[   ]

[Submit] [Reset]

For questions about this form, please call the EDI Help Desk at 1-800-472-6481, option 1.

- Setup will be completed within 3-5 business days.
- New Trading Partners must also complete the New Trading Partner Enrollment Form.

Reporting a Missing or Late Electronic Remittance Advice (ERA)

To report a missing or late 835 transaction (ERA), please contact the EDI Help Desk at 1-800-472-6481, option 1.

The following items are needed to track a missing electronic remit(s):

- Trading Partner ID
- Date of Check / EFT
- Check / EFT Number
- NPI on Check / EFT
- Amount of Check / EFT

- back -