



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms  
**03/25/2011 (IE)**  
<http://www.highmark.com/edi>

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## Blue Shield - Pennsylvania Highmark Enrollment Instructions – Professional Claims and ERA

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.

### This enrollment process is for the following payers:

AmeriHealth Administrators (54763)	AmeriHealth Delaware non-HMO (93688)
AmeriHealth DE-NJ HMO (95044)	Keystone Health Plan East (95056)
Highmark/KHP Central (54771)	IBC Personal Choice (54704)
AmeriHealth New Jersey non-HMO (60061)	

### 837- CLAIMS Provider Enrollment (New or Change of Service)

If the provider has NOT submitted claims electronically to this payer or is currently submitting electronic claims either directly or through a service, the provider must complete the following steps.

1. GO TO: <https://www.highmark.com/edi/update/index.shtml>
2. CLICK to SELECT > **General Profile Updates**, SELECT> **Provider Affiliations**
3. SELECT “Add Provider to Existing Trading Partner”, CLICK [Continue]

#### SEE NEXT PAGE FOR SNAPSHOT OF WHAT ONLINE ENROLLMENT FORM LOOKS LIKE.

4. ENTER “Requester Information” with your information.
5. ENTER “Trading Partner Information”, as follows:  
Trading Partner Number: **499369**  
Trading Partner Name: **Practice Insight LLC**
6. ENTER billing provider’s group NPI #, then CLICK [Validate This Provider]  
--If message appears saying, “Provider ##### can be associated to Trading Partner #499369, PROCEED to ERA selection of “YES” or “NO”, then CLICK [SUBMIT PROVIDER]  
--If an error is returned, follow the instructions given to contact the EDI Operations department and then re-attempt online enrollment.

### 835- ERAS Electronic Remits Request (New or Change of Service)

If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the provider must complete the following:

1. Complete steps outlined above. You will be prompted to indicate if the provider wishes to “Receive ERA?”. SELECT **Yes** to receive electronic remittance.

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## ALLOW 2-4 WEEKS FOR PROCESSING

*If it has been over 20 days since request was submitted and you have not yet received confirmation of enrollment, contact Highmark EDI Services at 1-800-992-0246.*

**Requester Information**

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Requester Name:

Requester Title:

Requester Company:

Requester Telephone: (###-###-####)

Requester Extension:

Email Address:

**Trading Partner Information**

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Trading Partner Number:

Trading Partner Name:

**Provider Information**

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**Request Type:** Add Provider

Enter Group NPI #:

[Validate This Provider](#)

**Additional Comments**

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Please use this space for additional description or instruction.

[Submit Provider](#)