

Payer Agreement Instructions for AmeriHealth New Jersey non-HMO - 60061

Important Notes

The provider **must** be enrolled with the payer and have a valid Provider Identification Number (PIN) before completing the agreement to submit electronic claims. Please wait until the PIN has been assigned **before** completing these forms requesting submission of electronic claims. Please do not list the PIN as "pending".


To obtain a PIN for a specific payer, **the provider or Billing Service** must contact the payer's Provider Relations Department. Per-Se **cannot** make this request for the provider.

Steps for completing: AmeriHealth New Jersey non-HMO

AmeriHealth Administrators – Payer ID 54763	IBC Personal Choice – Payer ID 54704
AmeriHealth Delaware non - HMO – Payer ID 93688	Keystone Health Plan East – Payer ID 95056
AmeriHealth New Jersey non -HMO – Payer ID 60061	Pennsylvania Blue Shield – Payer ID BS027
Highmark/ KHP Central (Out-of-Area Only) – Payer ID 54771	

The EDI Trading Partner Update can be completed and submitted on line. Web link is:

https://www.highmarkblueshield.com/health/pbs-professionals/edi-services/edi_signup.html



<p><u>EDI Transaction Application (Claims and Inquiry):</u> To request or update a Trading Partner ID for the following ASC X12 transactions: 837, 835, 278, 276/277, 270/271.</p>	<p>Locate and select this link</p>
<p style="text-align: center;"><i>EDI Transaction Application (for Claims and Inquiry)</i></p> <p>Please select a type of request that you would like to complete, and click on Next.</p> <ul style="list-style-type: none"> <input type="radio"/> Create a New Trading Partner Number <input checked="" type="radio"/> Add Providers to an Existing Trading Partner Number <input type="radio"/> Update an Existing Trading Partner Number <input type="radio"/> Request for Production <input type="radio"/> Removal of Trading Partner or Provider <p style="text-align: right;"><input type="button" value="Next"/></p>	<p>Select Type of Request</p> <p>Select: <i>Add Providers to an Existing Trading Partner Number</i></p>

<div data-bbox="248 296 1109 472"> <p>Submitter Information Section Help</p> <p>Submitter Name*: <input type="text"/></p> <p>Submitter Title*: <input type="text"/></p> <p>Submitter Company*: <input type="text"/></p> <p>Submitter Telephone Number*: <input type="text"/>-<input type="text"/>-<input type="text"/></p> </div>	<p>SUBMITTER INFORMATION</p> <p>The Submitter is the Provider.</p> <p>Enter requested information for your Practice/ Provider organization.</p>																		
<div data-bbox="248 604 1109 722"> <p>Trading Partner Information Section Help</p> <p>Trading Partner Number*: <input type="text" value="494309"/></p> <p>Trading Partner Name*: <input type="text" value="ProxyMed, Inc."/></p> </div>	<p>TRADING PARTNER INFORMATION</p> <p>Enter information as shown in bold:</p> <p>Trading Partner Number: 494309</p> <p>Trading Partner Name: MedAvant Healthcare Solutions</p>																		
<div data-bbox="248 869 1109 1213"> <p>Provider Information* Section Help</p> <p><input checked="" type="radio"/> Add individual providers</p> <table border="1"> <thead> <tr> <th>Highmark Billing Provider #</th> <th>Highmark Billing Provider Name</th> <th>receive ERA?</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> <p><input type="radio"/> Copy providers from another Source or Trading Partner Number</p> <p style="text-align: center;"><input type="button" value="SUBMIT"/> <input type="button" value="DECLINE & EXIT"/></p> </div>	Highmark Billing Provider #	Highmark Billing Provider Name	receive ERA?	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<p>PROVIDER INFORMATION</p> <p>Add Individual providers</p> <p>This is first option</p> <p>Enter the Highmark Billing Provider Number and the Highmark Billing Provider Name for each provider you wish to add</p> <p>Note: MedAvant does not currently offer ERAs for this payer, so do not check ERA option.</p>
Highmark Billing Provider #	Highmark Billing Provider Name	receive ERA?																	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>																	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>																	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>																	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>																	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>																	
<div data-bbox="248 1476 1109 1688"> <p>Provider Information* Section Help</p> <p><input type="radio"/> Add individual providers</p> <p><input checked="" type="radio"/> Copy providers from another Source or Trading Partner Number</p> <p>Copy all providers from existing Source/Trading Partner # <input type="text"/> Name <input type="text"/></p> <p>Would you like to switch ERA for the providers attached to the above Source/Trading Partner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p style="text-align: center;"><input type="button" value="SUBMIT"/> <input type="button" value="DECLINE & EXIT"/></p> </div>	<p>PROVIDER INFORMATION</p> <p>Copy providers from another Source or Trading Partner Number</p> <p>This is other option</p> <p>1) Complete this option only if you have an Existing Trading Partner Number that has providers attached to it.</p> <p>2) You must provide the number and name of the Existing Trading Partner</p> <p>Note: MedAvant does not currently offer ERAs for this payer so select No for ERA question.</p>																		