Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth

835 Electronic Remittance Advice Enrollment/Modification Form Instructions

You can use these instructions as a guide to complete the Electronic Remittance Advice (ERA) Enrollment/Modification Form.
To help us process your form more efficiently, please complete the fields marked with asterisks, if they apply to you.

Data Element	Definition
PROVIDER INFORMATION	
Provider Name*	Complete legal name of institution, corporate entity, practice, or individual provider.
Doing Business As (DBA) Name	Trade name, or business name, under which the business or operation is conducted.
Street*	Number and street name where a person or organization can be found.
City*	City associated with provider address field.
State*	Two-character code associated with the state.
ZIP*	System of postal-zone codes ("ZIP" stands for "zone improvement plan") to support mail delivery and exploit electronic reading and sorting capabilities.
PROVIDER IDENTIFIER INFORMATION	
Provider Tax Identification Number (TIN) or Employer Identification Number (EIN)*	A federal tax identification number, also known as a federal employer identification number (EIN), is used to identify a business entity. The TIN or social security number should be entered in this field. This is the number you provided to the Commonwealth upon enrollment in MassHealth.
National Provider Identifier (NPI)*	The 10-digit unique identifier for all Health Insurance Portability and Accountability Act (HIPAA)-covered health care providers. This is the number you provided to the Commonwealth upon enrollment in MassHealth.
OTHER IDENTIFIERS	
Assigning Authority*	Organization that issues and assigns the additional identifier requested on the form (e.g., Medicare, Medicaid).
Trading Partner ID	MassHealth provider ID/service location.
Provider Type*	A proprietary health plan-specific indication of the type of provider being enrolled for ERA, with specific provider type description included by the health plan in its instruction and guidance for ERA enrollment (e.g., hospital, laboratory, physician, pharmacy, etc.).
Provider Taxonomy Code	A unique alpha-numeric code, 10 characters in length. The code set is structured into three distinct "levels," including provider type, classification, and area of specialization. This is the number you provided to the Commonwealth upon enrollment in MassHealth.
PROVIDER CONTACT INFORMATION	
Provider Contact Name*	Name of a contact in the provider office for handling ERA issues.
Title	Title of the contact person.
Tel.*	Telephone number of the provider contact.
Tel. Ext.*	Extension of the provider contact.
Fax	A number at which the provider can be sent facsimiles (faxes).
Email*	An electronic mail (email) address at which the health plan might contact the provider.

PROVIDER AGENT INFORMATION

Provider Agent Name*	Name of provider's authorized agent.
Street*	The number and street name where a person or organization can be found.
City*	City associated with address field.
State*	Two-character code associated with the state.
ZIP*	System of postal-zone codes ("zip" stands for "zone improvement plan") to support mail delivery and exploit electronic reading and sorting capabilities.
Provider Agent Contact Name*	Name of a contact in the agent office for handling ERA issues.
Title	Title of the contact person in the provider office.
Tel.*	The telephone number associated with the contact person.
Tel. Ext.	The extension of the contact in the provider office.
Fax	A number at which the provider can be sent facsimiles (faxes).
Email*	An electronic mail address at which the health plan might contact the provider.

RETAIL PHARMACY INFORMATION

Pharmacy Name*	Complete name of pharmacy.
Chain Number	Identification number assigned to the entity allowing linkage for a business relationship (i.e., chain, buying groups, or third-party contracting organizations). Also may be known as "affiliation ID" or "relation ID."
Parent Organization ID	Headquarter address information for chains, buying groups, or third-party contracting organizations where multiple relationship entities exist and need to be linked to a common organization, such as common ownership for several chains.
Payment Center ID	The assigned payment center identifier associated with the provider/corporate entity.
NCPDP Provider ID Number	The NCPDP-assigned unique identification number.
Medicaid Provider Number*	A number issued to a provider by the U.S. Department of Health and Human Services through state health and human services agencies (e.g., MassHealth provider ID).

ELECTRONIC REMITTANCE ADVICE INFORMATION

Provider Tax ID	A federal tax identification number, also known as an employer identification number (EIN), is used to identify a business entity. This is the number you provided to the Commonwealth upon enrollment in MassHealth.
Provider NPI	The 10-digit unique identifier for all Health Insurance Portability and Accountability Act (HIPAA)-covered health care providers. This is the number you provided to the Commonwealth upon enrollment in MassHealth.
Method of Retrieval*	The method in which the provider will receive the ERA from MassHealth (e.g., download from the MassHealth website, send to the clearinghouse, etc.).

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name*	Official name of the provider's clearinghouse. Also include provider's MassHealth 10-character Provider ID/Service Location (PID/SL).
Clearinghouse Contact Name	Name of a contact in the clearinghouse office for handling ERA issues.
Tel.*	Telephone number of contact.
Email	An electronic mail address at which the health plan might contact the provider's clearinghouse.

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

Vendor Name*	Official name of the provider's vendor. Also include provider's MassHealth 10-character Provider ID/Service Location (PID/SL).
Vendor Contact Name*	Name of a contact in the vendor office for handling ERA issues.
Tel.*	Telephone number of the contact.
Email*	An electronic mail address at which the health plan might contact the provider's vendor.

SUBMISSION INFORMATION	
Reason for Submission*	Check the appropriate box: "New Enrollment," "Change Enrollment," or "Cancel Enrollment."
New Enrollment	Check this box if this is your initial enrollment in ERA.
Change Enrollment	Check this box if you are making changes to your current ERA enrollment information.
Cancel Enrollment	Check this box if wish to cancel your enrollment in ERA.
Written Signature of Person Submitting Enrollment*	Signature of the person authorized to complete the ERA Enrollment/Modification form. Manually completed forms must be faxed or mailed to the address at the bottom of the ERA Enrollment/Modification form. ERA Enrollment/Modification forms uploaded via the POSC do not require a "wet" signature.
Electronic Signature of Person Submitting Enrollment*	You can either sign this form on paper and scan it, or sign it electronically using DocuSign or Adobe Sign. To sign electronically, you can upload a picture of your wet signature. The typed text of a signature is not an acceptable form of electronic signature.
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment.
Submission Date*	The date on which the enrollment is submitted.
Requested ERA Effective Date*	Date the provider wishes to begin ERA. Per Phase III CORE Health Care Claim Payment/ Advice (835) Infrastructure Rule Version 3.0.0, there may be a dual delivery period, depending on whether the entity has such an agreement with its trading partner.

- You can check your ERA enrollment status by contacting MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.
- You can complete this form either on paper or electronically. Electronic forms can be uploaded via the Provider Online Service Center (POSC). All paper forms must be faxed or mailed in the following ways.

Fax: (617) 988-8974

Mail: MassHealth Provider Enrollment and Credentialing
PO Box 278
Quincy, MA 02171-0278