

Alameda Alliance for Health 835

EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- SAVE this document to your computer. OPEN the file in Adobe Reader. TYPE directly on form pages.
- COMPLETE the form using the provider's billing/group information as credentialed with this payer.
- ONCE completed, ATTACH form to payer enrollment record within EDInsight Enrollment Manager.
- SUBMIT enrollment request to EDInsight Enrollment team, using EDInsight Enrollment Manager.
- EDI enrollment processing timeframe is approximately 10 business days.
- Support Vendors may contact EDInsight Enrollment Team to request follow up on the request. Or, send email to Alameda Alliance at edisupport@alamedaalliance.org, Or, call 510-747-4510.

835 Electronic Remittance Advice:

Alameda Alliance for Health Electronic Remittance Advice (ERA) Enrollment Form (4 pages)

Complete the form as appropriate, using the information provided below.

- UNDER **'Provider Information'**, fill in the **'Doing Business As'** name if needed. Otherwise, leave blank.
- Within that same section, please check the **'Yes'** box next to **'837 Set Up'** to indicate that you are enrolled to submit claims.
 - **PLEASE NOTE:** You must be enrolled for claims prior to enrolling for ERAs with this payer. Please complete the claims enrollment first if you are not currently enrolled.
- Within that same section, please check the box next to **'Yes'** or **'No'** to indicate whether you have a current W9 on file with the payer.
- UNDER **'Provider Contact Information'**, ENTER contact name, phone, fax number, email address.
 - **PLEASE NOTE:** This must be someone within the provider's office and their contact information. More specifically, their email should be a company email address.
- Within that same section, please choose a **'Reason for Enrollment Submission.'**
- UNDER **'Trading Partner Agreement'**, ENTER the date at bottom of Page 3.
- UNDER **'Authorized Signature'**, Page 4, OBTAIN Provider's signature. ENTER signer's Printed Name, Title and Date.

Submit Completed Documents to EDInsight Enrollment:

LOGON to EDInsight-Enrollment Manager

ADD or SELECT payer enrollment record.

CLICK [**ATTACH File**] to attach the document to the payer enrollment record. **Answer "Yes"** to Submit.

Or, click [**SUBMIT Enrollment**] to submit.



Electronic Remittance Advice (ERA) Enrollment Form

Thank you for your interest in receiving Electronic Remittance Advice (ERA) from Alameda Alliance for Health (Alliance). The first step in the ERA onboarding process is the completion of the ERA Enrollment Form and Trading Partner Agreement below.

Please complete the forms and mail, fax or email them to:

Alameda Alliance for Health
 ATTN: IT Department – EDI Enrollment
 1240 South Loop Road
 Alameda, CA 94502
 Fax: **1.510.747.4290**
 Email: **edisupport@alamedaalliance.org**

For any questions, please call the Alliance Electronic Data Interchange Department at **1.510.373.5757**.

PLEASE NOTE: A group (bulk) claim payment remittance advice is performed by Tax Identification Number (TIN) match. The provider must be set up for 837 Claims in order to receive 835 files from their Clearing House, which is the primary method of delivery.

PROVIDER INFORMATION

Company/Provider Name:

Doing Business As (DBA) *(Trade name, or fictitious business name, under which the business or operation is conducted and not the legal name of the legal person(s) who own/and are responsible for it):*

Tax Identification Number (TIN):

National Provider Identifier(s) (NPI):

837 Set Up: Yes No

Current W9 on File: Yes No

Address:

City:

State:

Zip:

Phone Number:

Fax Number:

PROVIDER CONTACT INFORMATION

Name (*Name of contact in provider office for handling ERA issues*):

Phone Number/Ext:

Fax Number:

Email Address:

Method of Retrieval (*select one*):

Retrieval from your Clearing House (*Must fill out Authorization section below*)

Download from the Alliance Secure File Transfer Protocol site (*Requires Network Form*)

Reason for Enrollment Submission (*select one*):

New Enrollment

Change Enrollment

Delete Enrollment

PROVIDER'S CLEARING HOUSE/AUTHORIZATION

Provider Authorizes Alliance/SSI Claimsnet to Send 835s for TIN (You may supply more than one (1) TIN):

To Clearing House (Name):

As of Date (MM/DD/YYYY):

Please Note: ERAs/835s will be routed from the Alliance back to the provider following the reverse path of the inbound claim/837 file. As a result, if you have enrolled for 835s with the Alliance but are not receiving these files, please open a support ticket with your Clearing House.

TRADING PARTNER AGREEMENT

(This must be signed by the provider)

This agreement is made between Alameda Alliance for Health ("Plan") and _____

("Trading Partner") as of _____ day of _____, 20____. This agreement provides the terms and conditions governing electronic transfers of data between Plan and Trading Partner (collectively "Parties"). Both Parties acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Both Plan and Trading Partner agree to take steps reasonably necessary to ensure that electronic transactions between them conform to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Plan's Electronic Data Interchange (EDI) Enrollment Form, and the then current version of the Plan companion guides. This agreement will remain in effect until terminated according to the terms listed in this agreement. This agreement cannot be altered or amended without a written statement signed by both Parties.

I. Term and Termination

This agreement will remain effective indefinitely beginning on the effective date of this agreement. Either Party may voluntarily terminate this agreement by providing written notice to the other Party thirty (30) days in advance of the termination date. If a Party breaches any material obligation of this agreement, the other Party may terminate this Agreement immediately upon providing written notice to the other Party.

II. Obligations of the Parties

1. Each Party will be responsible for and take reasonable care to ensure that the information submitted in each electronic transaction by itself, its employees, or its agents is accurate, complete, and truthful.
2. Each Party will take reasonable precautions to limit the disclosure of the electronic data to authorized personnel on a need-to-know basis. Company and Trading Partner will notify the other Party of a termination of its relationship with a previously authorized employee or vendor (i.e., Clearing House), that may require action to foreclose submission and receipt of transactions by person or vendor no longer authorized to act on its behalf.
3. Parties will not disclose the electronic data to any other person or organization without the express written permission of the subject of the data (i.e., the Plan's member or the Trading Partner's patient/customer) unless such disclosure is permissible by State or Federal law. Plan and Trading Partner will notify the other Party if it becomes aware of any use or disclosure that is not expressly permitted by this agreement.
4. Each Party will treat the information sent and received electronically as proprietary and will not use the information for any purpose or in a manner that would violate any privacy, security, or confidentiality laws or regulations including, but not limited to, the HIPAA law. Each party will put appropriate safeguards in place to protect patient specific data from improper access and will maintain the confidentiality of any security access codes.
5. Both Parties must agree that adequate testing has been completed before "live," production submissions will be transmitted or accepted to or from the other Party.
6. Plan and Trading Partner will not consider the other Party's electronic submission "received" (and will not "date stamp" the transaction) until the file has passed the Plan's initial edits.
7. Each Party will pay its own costs, charges, or fees it may incur as a result of transmitting electronic transactions to, or receiving electronic transactions from, the other Party.
8. Each Party will retain all original source documentation that supports the electronic data submission for at least six years and as required by applicable state and federal laws. Plan and Trading Partner shall have access to the other Party's original source documentation for auditing and verification purposes. Both Parties will research and correct any data discrepancies at its own expense. If a discrepancy is identified in either Party's original source documentation, both Parties agree to implement corrective action that will ensure an accurate and prompt resolution which may include adjusting any incorrect payments identified as a result of such audit. Anyone who misrepresents or falsifies information relating to a claim may, upon conviction, be subject to fines and/or imprisonment under Federal law.
9. Plan and Trading Partner will notify the other Party promptly if any transmitted data is received in an unintelligible or garbled form. Both Parties agree to retransmit the original transmission if data transmission is lost or indecipherable.
10. Plan agrees to provide an acknowledgement of receipt of the Trading Partner's electronic data submission.

III. Indemnification

Plan and Trading Partner shall hold harmless and indemnify the other Party from any and all claims, liabilities, judgments, damages or judgments asserted against, imposed upon, or incurred due to its own negligence, intentional wrongdoing, or violation of this agreement.

IV. Authorized Signature

I am authorized to sign this agreement on behalf of said Trading Partner. I have read and agree to the foregoing provisions and acknowledge the same by signing below.

Alameda Alliance for Health Trading Partner

Signature: _____
(This must be signed by the ultimate Trading Party, not a third party representative.)

Printed Name: _____

Printed Title: _____

Date: _____

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Questions? Please contact the Alliance Electronic Data Interchange Department
Monday – Friday, 9 am – 5 pm
Phone Number: **1.510.373.5757**
Email: **edisupport@alamedaalliance.org**
www.alamedaalliance.org