

Commercial Payer- EDI Setup	
Payer Info	This payer sends confirmation when EDI setup is approved. Yes No
Checklist of Requirements	
How and Where to Submit this Request	<p>SUBMIT To- Practice Insight</p> <p>LOG INTO EDInsight® GO TO [Search Tools] → [Enrollment] ADD or LOCATE, then SELECT payer enrollment record. CLICK [ATTACH File] to attach completed form to the record. CLICK [SUBMIT Enrollment to PI] to assign to Practice Insight for processing.</p>
Steps / Instructions for completing request.	
Estimated Time of Completion	<p>Allow 2-4 Weeks for EDI setup to be completed by the payer.</p>
Contact Info to Follow Up or Make Inquiries	<p><i>Contact your EDI support vendor for assistance. Practice Insight Resellers or Support Vendors may contact Practice Insight Enrollment Department to check on status of enrollment.</i></p>



Partnership HealthPlan of California
837 Claims Enrollment & Payer Agreement

EDI PAYER AGREEMENT

This Electronic Data Interchange (EDI) Payer Service Agreement (the “**Agreement**”) is entered into by and between Partnership HealthPlan of California, a California corporation, with a principal place of business at 4665 Business Center Drive, Fairfield, California 94534 (hereinafter, “**PHC**”), and _____ (hereinafter, “**Trading Partner**”). The purpose of this Agreement is to memorialize in writing, the existing connection PHC has with the Trading Partner to submit and receive EDI transactions on behalf of the Provider named in this agreement. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, PHC must have Business Associate Agreements in place to assure compliance with the rules and regulations dictated by it.

TRADING PARTNER’S (SUBMITTER) INFORMATION

Trading Partner’s Full Legal Name:

Trading Partner’s Principal Business Address:

Trading Partner’s Mailing Address (if different from principal business address above):

Trading Partner’s Tax ID #: _____

Trading Partner’s State of Incorporation: _____

Trading Partner’s Contact Person:

Trading Partner’s Telephone Number:

Trading Partner’s E-Mail Address:

Trading Partner’s Fax Number:

The Submitter ID is assigned by PHC. Leave blank if Submitter ID has not been assigned by PHC.

Submitter ID Number:

Approved Trading Partners must submit their Submitter ID in the GS02 element of **inbound** HIPAA compliant transactions sent to PHC.

BILLING PROVIDER’S INFORMATION

Billing Provider’s Name:

Billing Provider’s Pay-To NPI Number:

Billing Provider’s Contact Person:

Billing Provider’s Email Address:

Billing Provider’s Telephone Number:

Billing Provider’s Fax Number:

Billing Provider’s Physical Address:



Partnership HealthPlan of California
837 Claims Enrollment & Payer Agreement

TRANSMISSION/FORMAT INFORMATION

Trading Partner plans to transmit the following transactions to PHC.

ANSI 837 Professional

ANSI 837 Institutional

To request EDI transaction files from PHC, such as 835 electronic remittance advice files, please complete the **835 ERA Enrollment & Payer Agreement Document**.

BILLING PROVIDER AND TRADING PARTNER (SUBMITTER) CONFIRMATION

The representative that signs this document on behalf of the Billing Provider and Trading Partner indicates that they are authorized to submit claim transactions on behalf of the Provider named in this agreement.

On behalf of **Billing Provider**

On behalf of **Trading Partner**

 Signature of authorized representative

Ramie Rodgers

 Signature of authorized representative

 Printed Name

 Printed Name

 Title

 Title

 Date

 Date

Please return this form to our EDI Team by faxing or emailing a copy to:

E-Mail: EDI-Enrollment-Testing@partnershiphp.org

Fax: 707-863-4390

To inquire about this form, please call 707-863-4527



Partnership HealthPlan of California

835 ERA Enrollment & Payer Agreement

EDI PAYER AGREEMENT

This Electronic Data Interchange (EDI) Payer Service Agreement (the “**Agreement**”) is entered into by and between Partnership HealthPlan of California, a California corporation, with a principal place of business at 4665 Business Center Drive, Fairfield, California 94534 (hereinafter, “**PHC**”), and _____ (hereinafter, “**Trading Partner**”). The purpose of this Agreement is to memorialize in writing, the existing connection PHC has with the Trading Partner to submit and receive EDI transactions on behalf of the Provider named in this agreement. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, PHC must have Business Associate Agreements in place to assure compliance with the rules and regulations dictated by it.

TRADING PARTNER’S (RECEIVER) INFORMATION

Trading Partner’s Full Legal Name:

Trading Partner’s Principal Business Address:

Trading Partner’s Mailing Address (if different from principal business address above):

Trading Partner’s Tax ID #: _____

Trading Partner’s State of Incorporation: _____

Trading Partner’s Contact Person: _____

Trading Partner’s Telephone Number: _____

Trading Partner’s E-Mail Address: _____

Trading Partner’s Fax Number: _____

PAY-TO PROVIDER’S INFORMATION

Pay-To Provider’s Name: _____

Pay-To Provider’s Pay-To NPI Number: _____

Pay-To Provider’s Contact Person: _____

Pay-To Provider’s Tax ID (ETIN): _____

Pay-To Provider’s Telephone Number: _____

Pay-To Provider’s Email Address: _____

Pay-To Provider’s Physical Address: _____



Partnership HealthPlan of California

835 ERA Enrollment & Payer Agreement

REQUEST TO ENROLL FOR 835 ERA FILES

Trading Partner requests the following outbound transactions from PHC.

835 Electronic Remittance Advices

An 835 file is an electronic version of a remittance advice. Software is needed to translate the 835 file's information. A copy of Partnership HealthPlan's 835 crosswalks for adjustment reason codes, remittance advice remark codes and explanation codes can be found on PHC's website at http://www.partnershiphp.org/Provider/EDI_Pubs.htm.

It is important to remember that once a provider has enrolled for 835 files, PHC no longer sends a paper copy of the remittance advice with payment.

PAY-TO PROVIDER AND TRADING PARTNER (RECEIVER) CONFIRMATION

The representative that signs this document on behalf of the Pay-To Provider and Trading Partner indicates that they are authorized to request claim transactions on behalf of the Provider named in this agreement.

On behalf of **Pay-To Provider**

On behalf of **Trading Partner**

Signature of authorized representative

Ranee Rodgers

Signature of authorized representative

Printed Name

Printed Name

Title

Title

Date

Date

Please return this form to our EDI Team by faxing or emailing a copy to:

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