

Partnership HealthPlan of California 837 and 835

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the forms using the provider's **billing/group information as credentialed** with this payer.
- **The provider's organization must be submitting 837 transactions prior to enrolling for the 835 ERAs.**
- Once completed, save for your records, print and obtain appropriate signature(s).
- If you have never submitted claims to PHP, the contact listed on the 837 form will receive an email from PHP EDI Enrollment & Testing [EDI- Enrollment-Testing@partnershiphp.org](mailto:EDI-Enrollment-Testing@partnershiphp.org) with a request to submit a test file. **See Test File Instructions below.**
- If you have submitted claims to PHP and are changing clearinghouses, the contact listed on the 837 form will receive an email from PHP once the enrollment has been approved.
- If PHP requests a test file, the enrollment timeframe **can take 30 to 60 days.**
- To check status of EDI enrollment, please contact **PHP at 707-863-4527.**

837 Claim Transactions:

837 Claims Enrollment & Payer Agreement, EDI Payer Agreement

Complete the form as appropriate.
Check the **applicable format** box.

835 Electronic Remittance Advice:

835 ERA Enrollment & Payer Agreement, EDI Payer Agreement

Complete the form as appropriate.

Submit Completed Document including cover sheet:

Email documents to Partnership HealthPlan
EDI-Enrollment-Testing@partnershiphp.org

Test File Instructions:

This payer requires testing. The contact on the form will receive an email from the payer requesting test files be uploaded. Once you receive that email, please follow the payer's requirements on the test files they need. Log onto your ClaimRemedi portal and upload the requested test files to the EDI Testing Tab in ClaimRemedi. Once you have uploaded the requested test files, please create a Support Case. State in the case that you have uploaded test files in the EDI Testing Tab on ClaimRemedi for Partnership Health Plan of CA claims enrollment, and you need our EDI Department to test those files. A minimum of 10 test claims are required. **Your claims will reject for enrollment until testing is complete.**



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**
 ClaimRemedi

 Signature of authorized representative

 Signature of authorized representative
B. Mesik

 Printed Name

 Printed Name
Barb Mesik

 Title

 Title
Enrollment Manager

 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

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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.

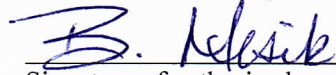
PAY-TO PROVIDER AND TRADING PARTNER (RECEIVER) CONFIRMATION

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



Signature of authorized representative

Printed Name

Barb Mesik

Printed Name

Title

Enrollment Manager

Title

Date

Date

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