Partnership Health Plan of California EDI and ERA Enrollment

Submit the completed Payer Request Form to:
Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

- Complete all sections of the **Payer Request Form**
- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

Note: Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms WILL BE RETURNED.

If you have more than ten payers to enroll, please make additional copies of this form.

Partnership Health Plan of California EDI and ERA Enrollment

Submit the completed Payer Request Form to:
Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

Complete one form per TAX ID.

PROVIDER BILLING INFORMATION

Please type your responses directly into the form.

Please check: ☐ New Request ☐ Change Request

Billing Service Name (if applicable)

TIN or INOVALON ID:

Contact Name:

Phone: ( ) Fax: ( ) Email:

Group/Provider Name:

Please check for designation: ☐ Professional ☐ Institutional

Billing Tax ID: Indicate ☐ TIN/EIN ☐ SSN Billing NPI:

Street Address:

City: State: Zip:

Name of Authorized Signee:

Title of Authorized Signee:

PAYER INFORMATION

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

Questions or need assistance?
Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com

Partnership HealthPlan of California

837 Claims Enrollment & Payer Agreement

The **837 Claims Enrollment & Payer Agreement Document** should be completed and signed by the Trading Partner and the Billing Provider. The Trading Partner is the party that submits electronic claims directly to Partnership HealthPlan of California (PHC). The Trading Partner and the Billing Provider representatives that sign the **837 Claims Enrollment & Payer Agreement Document** indicate that the Trading Partner is authorized to submit claim transactions in HIPAA compliant ANSI X12 formats on behalf of the Billing Provider.

Billing Provider should continue to submit paper claims until they receive notification that the Trading Partner has been approved to submit electronic claims to PHC on behalf of the Billing Provider listed in the **837 Claims Enrollment & Payer Agreement Document**.

Partnership HealthPlan of CA accepts electronic files in the HIPAA compliant 5010 version of ANSI X12837 file formats.

The completed **837 Claims Enrollment & Payer Agreement Document** should be
faxed to **707-863-4390** or
emailed to: **EDI-Enrollment-Testing@partnershiphp.org**

After the completed **837 Claims Enrollment & Payer Agreement Document** is received, our EDI Team will process it and email the Trading Partner regarding enrollment completion or testing requirements. New Trading Partners will be assigned a submitter ID and will be provided with connection details for EDI file transmissions.

To enroll providers for 835 electronic remittance advice files, please complete the form titled "**835 ERA Enrollment & Payer Agreement Document."**

Trading Partners should not submit electronic claims on behalf of the billing provider until they receive confirmation from PHC that enrollment is complete and that the Billing Provider's NPI number has been set up for electronic claims submission.

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 Ability Network Inc. (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: Ability Network Inc.

Trading Partner's Principal Business Address: 100 N 6th Street, Ste 900A Minneapolis, MN 55403

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

Trading Partner's Tax ID #: 411973195

Trading Partner's State of Incorporation: DE

Trading Partner's Contact Person: Annette Traylor, Chris Wing, Stephanie Dickinson, Doreen Cap

Trading Partner's Telephone Number: 612-460-4308, 612-430, 4330, 973-796-1534,

Trading Partner's E-Mail Address: payercompliance@abilitynetwork.com

Trading Partner's Fax Number: 855-485-5231

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

Submitter ID Number: ABNET4119731950

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	Signature of authorized representative Stephanie Dickinson
Printed Name	Printed Name Stephanie Dickinson
Title	Title VP Payer Relations
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 call707-863-4527