



## Partnership HealthPlan of California

### EDI Payer Agreement Instructions

---

The attached EDI Payer Agreement should be completed and signed by the Trading Partner. The Trading Partner is the party that submits electronic claims directly to Partnership HealthPlan of California (PHC). The Trading Partner representative that signs the EDI Payer Agreement indicates that the Trading Partner is authorized to submit and request claim transactions on behalf of the provider listed in the agreement.

Providers 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 provider listed in the agreement.

Partnership HealthPlan of CA accepts electronic files in the 837 file format. The 837 companion guides are available on PHC's website: [http://www.partnershiphp.org/Provider/EDI\\_Pubs.htm](http://www.partnershiphp.org/Provider/EDI_Pubs.htm)

The completed EDI Payer Agreement should be faxed to **707-863-4390** or emailed to:

[EDI-Enrollment-Testing@partnershiphp.org](mailto:EDI-Enrollment-Testing@partnershiphp.org)

After the completed EDI Payer Agreement is received, our EDI Team will process the provider enrollment for electronic claims submission 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 inbound and outbound transmissions.

To enroll providers for 835 electronic remittance advice files, please complete the form titled **“EDI Transaction Request Form.”**

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

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**  
**Electronic Data Interchange 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 360 Campus Lane, Suite 100, 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 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. Approved trading partners must submit the submitter ID assigned by PHC 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:

