



Partnership HealthPlan of California

271 Eligibility Transactions Enrollment & Payer Agreement

The **271 Eligibility Transactions Enrollment & Payer Agreement Document** should be completed and signed by the Trading Partner and the Provider. The Trading Partner must have an active EDI connection with PHC and must have a completed **271 Eligibility Transactions Enrollment & Payer Agreement Document** on file. The Trading Partner and the Provider representatives that sign the **271 Eligibility Transactions Enrollment & Payer Agreement Document** indicate that the Trading Partner is authorized to receive the requested 271 files on behalf of the Provider.

The completed **271 Eligibility Transactions Enrollment & Payer Agreement Document** should be faxed to **707-863-4390** or
emailed to: **EDI-Enrollment-Testing@partnershiphp.org**

After the **271 Eligibility Transactions Enrollment & Payer Agreement Document** is processed, our EDI Team will send an email notification to the Trading Partner and the Provider regarding enrollment completion.



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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: _____

PROVIDER’S INFORMATION

If you are requesting 271 for one provider, please fill in the provider’s information below. If you are requesting 271 for more than one provider then please attach a list of all the providers with the information requested below.

Provider’s Name: _____ Provider’s NPI Number: _____

Provider’s Contact Person: _____ Provider’s Tax ID (ETIN): _____

Provider’s Telephone Number: _____ Provider’s Email Address: _____

Provider’s Physical Address:



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REQUEST TO ENROLL FOR 271 ELIGIBILITY TRANSACTIONS

Trading Partner requests the following outbound transactions from PHC.

271 Health Care Eligibility Benefit Responses

(Note: PHC uses batch mode for 271 response files. Software is needed to translate the 271 file's information.)

PROVIDER AND TRADING PARTNER (RECEIVER) CONFIRMATION

The representative that signs this document on behalf of the Provider and Trading Partner indicates that they are authorized to request and receive 271 eligibility transactions on behalf of the Provider named in this agreement.

On behalf of **Provider**

On behalf of **Trading Partner**

Signature of authorized representative

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