



# ALAMEDA ALLIANCE FOR HEALTH (95327) PRE-ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- Electronic Data Interchange (EDI) Enrollment Form

## WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to (510) 747-4290; OR
- Email to [edisupport@alamedaalliance.org](mailto:edisupport@alamedaalliance.org); OR
- Mail to:

Alameda Alliance for Health  
Attn: EDI Enrollment – IT Dept  
1240 South Loop Road  
Alameda, CA 94502

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 1 business days after the receipt of the enrollment form

## HOW DO I CHECK STATUS?

- To check the status of your enrollment, send an email to [edisupport@alamedaalliance.org](mailto:edisupport@alamedaalliance.org) to verify if you have been linked to Office Ally.



1240 South Loop Road  
Alameda, CA 94502

Tel: 510-373-5757  
edisupport@alamedaalliance.org

**ELECTRONIC DATA INTERCHANGE (EDI) ENROLLMENT FORM**

Thank you for your interest in transmitting information electronically to **Alameda Alliance for Health**. The first step in the EDI process is completion of the EDI Enrollment Form and Trading Partner Agreement below. Please complete these forms and mail, email or fax the forms to:

**Alameda Alliance for Health**

Attn: EDI Enrollment-IT Dept

1240 South Loop Road

Alameda, CA 94502

FAX: 510-747-4290

Email: edisupport@alamedaalliance.org

**NOTE: EDI testing cannot be initiated until Alameda Alliance for Health has received your completed EDI Enrollment Form and Trading Partner Agreement.**

**EDI ENROLLMENT INFORMATION**

Today's Date: \_\_\_\_\_

Desired Production Date: \_\_\_\_\_

Anticipated Frequency of Transmission (circle one):

Daily / Weekly / Monthly/ Other \_\_\_\_\_

**SUBMITTER INFORMATION (Note: exact provider name below should appear on inbound EDI claims)**

Company/Provider Name: \_\_\_\_\_

Submitter's Tax ID # or UPIN (if applicable): \_\_\_\_\_

Group NPI (if applicable): \_\_\_\_\_

Individual NPI: \_\_\_\_\_

NPI Eff. Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**CONTACT INFORMATION**

Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Information Systems Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**TRANSMISSION/FORMAT INFORMATION**

Submitter plans to transmit/receive the following transactions (check one or more):

- Professional Health Claims (ASC X12N 837-005010X222A1)
- Institutional Health Claims (ASC X12N 837-005010X0223A2)
- Health Care Claim Payment Advice (ASC X12N 835-005010X0221A1)
- Health Care Eligibility Status Request and Response Transaction (ASC X12N 270/271-005010X279A1)



or vendor (i.e., clearinghouse), that may require action to foreclose submission and receipt of transactions by person or vendor no longer authorized to act on its behalf.

3. Parties will not disclose the electronic data to any other person or organization without the express written permission of the subject of the data (i.e., the Plan's member or the Trading Partner's patient/customer) unless such disclosure is permissible by State or Federal law. Plan and Trading Partner will notify the other Party if it becomes aware of any use or disclosure that is not expressly permitted by this agreement.

4. Each Party will treat the information sent and received electronically as proprietary and will not use the information for any purpose or in a manner that would violate any privacy, security, or confidentiality laws or regulations including, but not limited to, the HIPAA law. Each party will put appropriate safeguards in place to protect patient specific data from improper access and will maintain the confidentiality of any security access codes.

5. Both Parties must agree that adequate testing has been completed before "live," production submissions will be transmitted or accepted to or from the other Party.

6. Plan and Trading Partner will not consider the other Party's electronic submission "received" (and will not "date stamp" the transaction) until the file has passed the Plan's initial edits.

7. Each Party will pay its own costs, charges, or fees it may incur as a result of transmitting electronic transactions to, or receiving electronic transactions from, the other Party.

8. Each Party will retain all original source documentation that supports the electronic data submission for at least six years and as required by applicable state and federal laws. Plan and Trading Partner shall have access to the other Party's original source documentation for auditing and verification purposes. Both Parties will research and correct any data discrepancies at its own expense. If a discrepancy is identified in either Party's original source documentation, both Parties agree to implement corrective action that will ensure an accurate and prompt resolution which may include adjusting any incorrect payments identified as a result of such audit. Anyone who misrepresents or falsifies information relating to a claim may, upon conviction, be subject to fines and/or imprisonment under Federal law.

9. Plan and Trading Partner will notify the other Party promptly if any transmitted data is received in an unintelligible or garbled form. Both Parties agree to retransmit the original transmission if a data transmission is lost or indecipherable.

10. Plan agrees to provide an acknowledgement of receipt of the Trading Partner's electronic data submission.

### **III. Indemnification**

Plan and Trading Partner shall hold harmless and indemnify the other Party from any and all claims, liabilities, judgments, damages or judgments asserted against, imposed upon or incurred due to its own negligence, intentional wrongdoing, or violation of this agreement.

### **IV. Authorized Signature**

I am authorized to sign this agreement on behalf of said Trading Partner. I have read and agree to the foregoing provisions and acknowledge the same by signing below.

**Alameda Alliance for Health Trading Partner**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_