Office Ally ALAMEDA ALLIANCE FOR HEALTH (95327) EDI-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

This payer requests a multiple-step enrollment to receive the ERA Files:

1. Complete the payer's **Electronic Data Interchange (EDI) Enrollment Form (pages 2-5)** and email to edisupport@alamedaalliance.org

2. Once you receive approval from the payer, complete the SSI - EDI Enrollment Spreadsheet
    a. Payer Name: Alameda Alliance for Health, Payer ID: 95327, Transaction Type: 837
    b. Email the spreadsheet (in Excel .xlsx format) to payerenrollment@officeally.com
        i. Subject Line: SSI EDI/837 Enrollment Spreadsheet Request - (Insert Provider NPI)
        Email Body: The payer has approved my EDI/Claims enrollment. Please process the attached for Alameda Alliance via SSI

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 15 business days

HOW DO I CHECK STATUS?

- Office Ally will notify you as soon as SSI has processed the Spreadsheet link to our clearinghouse, and you may begin submitting your electronic claims.

Electronic Data Interchange (EDI) Enrollment Form

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

Alameda Alliance for Health
Attn: IT Department – EDI Enrollment
1240 South Loop Road
Alameda, CA 94502
Fax: **1.510.747.4290**
Email: **edisupport@alamedaalliance.org**

For any questions, please call the Alliance Electronic Data Interchange Department at **1.510.373.5757**. **NOTE:** If you are not a contracted provider with the Alliance, a copy of your W-9 may be required by the Alliance Provider Services Department. Please send a copy of your W-9 along with your Tax Identification Number (TIN) and National Provider Identifier (NPI) to **providerservices@alamedaalliance.org**.

EDI ENROLMMENT INFORMATION		
TODAY'S DATE *(MM/DD/YYYY)*:	ANTICIPATED FREQUENCY OF TRANSMISSION *(select one)*: ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____	
DESIRED PRODUCTION DATE *(MM/DD/YYYY)*:		
SUBMITTER INFORMATION *(Note: Exact name below should appear on inbound EDI claims)*		
COMPANY/PROVIDER NAME:		
TAX IDENTIFICATION NUMBER (TIN) **OR** UNIQUE PHYSICIAN IDENTIFICATION NUMBER (UPIN) *(if applicable)*:		
GROUP NPI *(if applicable)*:	INDIVIDUAL NPI:	
NPI Effective Date *(MM/DD/YYYY)*:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER:	FAX NUMBER:	
CONTACT INFORMATION		
NAME:		
PHONE NUMBER:	FAX NUMBER:	
EMAIL ADDRESS:		
INFORMATION SYSTEMS CONTACT NAME:		
PHONE NUMBER:	FAX NUMBER:	
EMAIL ADDRESS:		

TRANSMISSION/FORMAT INFORMATION
SUBMITTER PLANS TO TRANSMIT/RECEIVE THE FOLLOWING TRANSACTIONS *(select all that apply)*:
☒ 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)
☐ Health Care Claim Status Request and Response Transaction (ASC X12N 276/277-005010X212)

CLEARINGHOUSE INFORMATION

The Alliance will receive files directly from a submitter or via the submitter's clearinghouse. All clearinghouse fees are the submitter's responsibility.

It is also the submitter's responsibility to secure a Business Associate Agreement (BAA) with its clearinghouse. If you indicate below that a BAA is not in place, the Alliance will not send any protected health information (PHI) to the clearinghouse on the submitter's behalf. The submitter must provide the Alliance a written notice 30 days prior to terminating an active BAA with its clearinghouse.

Do you currently use a clearinghouse for electronic transmissions?

☐ No ☒ Yes

If **yes**, what is your clearinghouse name? Office Ally via ClaimsNet

If **yes**, do you plan to use this clearinghouse for transmissions involving the Alliance?

☐ No ☐ Yes

If **yes**, do you have a BAA in place with your clearinghouse?

☐ No ☐ Yes

TRADING PARTNER AGREEMENT

(This should be signed by the provider)

This agreement is made between Alameda Alliance for Health ("Plan") and Office Ally via ClaimsNet

("Trading Partner") as of _____day of _____, 20____. This agreement provides the terms and conditions governing electronic transfers of data between Plan and Trading Partner (collectively "Parties"). Both Parties acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Both Plan and Trading Partner agree to take steps reasonably necessary to ensure that electronic transactions between them conform to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Plan's Electronic Data Interchange (EDI) Enrollment Form, and the then current version of the Plan companion guides. This agreement will remain in effect until terminated according to the terms listed in this agreement. This agreement cannot be altered or amended without a written statement signed by both Parties.

I. Term and Termination

This agreement will remain effective indefinitely beginning on the effective date of this agreement. Either Party may voluntarily terminate this agreement by providing written notice to the other Party thirty (30) days in advance of the termination date. If a Party breaches any material obligation of this agreement, the other Party may terminate this agreement immediately upon providing written notice to the other Party.

II. Obligations of the Parties

1. Each Party will be responsible for and take reasonable care to ensure that the information submitted in each electronic transaction by itself, its employees, or its agents is accurate, complete and truthful.
2. Each Party will take reasonable precautions to limit the disclosure of the electronic data to authorized personnel on a need-to-know basis. Company and Trading Partner will notify the other Party of a termination of its relationship with a previously authorized employee 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

Printed Name: _____

Printed Title: _____

Date: _____