



Electronic Remittance Advice (ERA) Enrollment Form

Thank you for your interest in receiving ERA from Alameda Alliance for Health (Alliance). The first step in the ERA onboarding process is the completion of the ERA Enrollment Form and Trading Partner Agreement below. Please complete the forms and mail, fax or email them 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: ERA testing cannot be initiated until the Alliance has received your completed ERA Enrollment Form and Trading Partner Agreement.

PROVIDER INFORMATION		
COMPANY/PROVIDER NAME:		
DOING BUSINESS AS (DBA) <i>(Trade name, or fictitious business name, under which the business or operation is conducted and not the legal name of the legal person(s) who own/and are responsible for it):</i>		
TAX IDENTIFICATION NUMBER (TIN):		
NATIONAL PROVIDER IDENTIFIER(S) (NPI):		
GROUP NPI: <input type="checkbox"/> Yes <input type="checkbox"/> No	INDIVIDUAL NPI: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER:	FAX NUMBER:	
PROVIDER CONTACT INFORMATION		
NAME <i>(Name of a contact in provider office for handling ERA issues):</i>		
PHONE NUMBER/EXT:	FAX NUMBER:	
EMAIL ADDRESS:		
PREFERENCE FOR AGGREGATION OF REMITTANCE DATA <i>(e.g., Account Number Linkage to Provider Identifier) (Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment. Select one.):</i> <input type="checkbox"/> NPI <input type="checkbox"/> TIN		
METHOD OF RETRIEVAL: <input checked="" type="checkbox"/> Download from Alliance SFTP site <i>(only option)</i>		
REASON FOR ENROLLMENT SUBMISSION <i>(select one):</i>		
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Delete Enrollment		

TRADING PARTNER AGREEMENT

(This should be signed by the provider)

This agreement is made between Alameda Alliance for Health (“Plan”) and _____

(“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

Signature: _____
(This must be signed by the ultimate Trading Party, not a third party representative.)

Printed Name: _____

Printed Title: _____

Date: _____



Are you a Candidate for Electronic Remittance Advice (ERA)?

What is ERA?

Alameda Alliance for Health (Alliance) offers both paper remittance advices (RAs), and electronic remittance advices (ERAs) to our contracted providers. ERAs are formatted in a standard computer language (ANSI x12835/835 format). ERAs are designed to load directly into an EMR/HealthCare software that supports the standard 835 format. ERAs are received more quickly, and saves you processing time.

How does ERA work?

The Alliance currently sends ERAs directly to a provider's Secure File Transfer Protocol (SFTP) location. **However, providers are welcome to directly share ERAs with their clearinghouse.**

Is your practice a candidate for ERA?

In order to receive ERAs, you must meet certain system/software requirements. Please answer following questions to ensure that your practice is a candidate to receive ERA's.

1. Does your EMR/Medical Software support electronic 835s in-house, and reconcile with submitted claims?

YES NO (If **NO**, your practice is **NOT** a candidate for ERA)

2. Do you receive electronic 835s from other payers?

YES NO

If **YES**, how do you process them?

3. If your clearinghouse is processing electronic 835s for you, would you be able to share the electronic 835s from the Alliance directly with them?

YES NO

Questions? Please call the Alliance Electronic Data Interchange Department

Monday – Friday, 9 am – 5 pm

Phone Number: **1.510.373.5757**

www.alamedaalliance.org