

EDI PAYER AGREEMENT ECM & CS Invoice Billing

The Enhanced Care Management (ECM) & Community Supports (CS) Invoice Enrollment & Payer Agreement Document should be completed and signed by the Trading Partner and the Billing Provider. The Trading Partner is the party that submits electronic claims directly to Partnership HealthPlan of California (PHC). The Trading Partner and the Billing Provider representatives that sign the ECM & CS Invoice Enrollment & Payer Agreement Document indicate that the Trading Partner is authorized to submit claim transactions in Excel format on behalf of the Billing Provider.

Partnership HealthPlan of CA accepts ECM & CS Invoice files in the Excel file format provided by PHC.

The completed ECM & CS Invoice Enrollment & Payer Agreement Document should be faxed to 707-863-4390 or

emailed to: EDI-Enrollment-Testing@partnershiphp.org

After the completed ECM & CS Invoice Enrollment & Payer Agreement Document is received, our EDI Team will process it and email the Trading Partner regarding enrollment completion or testing requirements. New Trading Partners will be provided with connection details for EDI ECM & CS Billing Invoice file transmissions.

Trading Partners should not submit ECM & CS Invoice until they receive confirmation from PHC that enrollment is complete and that the Billing Provider's NPI number has been set up for electronic claims submission.



Partnership HealthPlan of California ECM & CS Invoice Enrollment & Payer Agreement

EDI PAYER AGREEMENT ECM & CS Invoice Billing

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 Tehama County Comunity Action Agency (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 (SUBMITTER) INFORMATION		
Trading Partner's Full Legal Name: Tehama County Comunity Action Agency		
Trading Partner's Principal Business Address: 310 S Main St, Red Bluff, CA 96080		
Trading Partner's Mailing Address (if different from principal business address above): P.O. Box 8263, Red Bluff, CA 96080		
Trading Partner's Tax ID #: 94-6000543	Trading Partner's State of Incorporation: CA	
Trading Partner's Contact Person: Honey Touvell	Trading Partner's Telephone Number: 530-528-4111 Trading Partner's Fax Number: 530-527-5410	
Trading Partner's E-Mail Address: HTouvell@tcdss.org		
BILLING PROVIDER'S INFORMATION		
Billing Provider's Name: Tehama County Comunity Action Agency	Billing Provider's Pay-To NPI Number: 1740085067	
Billing Provider's Contact Person: Honey Touvell	Billing Provider's Email Address: HTouvell@tcdss.org	
Billing Provider's Telephone Number: 530-528-4111	Billing Provider's Fax Number: 530-527-5410	

Billing Provider's Physical Address:

310 S Main St, Red Bluff, CA 96080



Partnership HealthPlan of California

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Trading Partner plans to transmit the following transactions to PHC.

TRANSMISSION/FORMAT INFORMATION ECM & CS Invoice

Excel ECM & CS In	voice Template
BILLING PROVID	ER AND TRADING PARTNER (SUBMITTER) CONFIRMATION
The representative that si	gns this document on behalf of the Billing Provider and Trading Partner indicates o submit and receive claim transactions on behalf of the Provider named in this

On behalf of Billing Provider Tehama County Comunity Action Agency	On behalf of Trading Partner Tehama County Comunity Action Agency
Signature of authorized representative	Signature of authorized representative
Printed Name Bekkie F. Emery	Printed Name Bekkie F. Emery
Title Director	Title Director
Date Opt 21, 2025	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