Partnership HealthPlan of California

ECM & CS Invoice Enrollment & Payer Agreement

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

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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 E-Mail Address:
HTouvell@tcdss.org

Trading Partner's Fax Number:
530-527-5410

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

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TRANSMISSION/FORMAT INFORMATION
ECM & CS Invoice

Trading Partner plans to transmit the following transactions to PHC.

☑ **Excel ECM & CS Invoice Template**

BILLING PROVIDER AND TRADING PARTNER (SUBMITTER) CONFIRMATION

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

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