

**ELECTRONIC REMITTANCE PAYMENT/ADVICE
RECEIVER AGREEMENT
(ANSI ASC X12N 835-Transaction)**

1. TYPE OF AUTHORIZATION: NEW CHANGE CANCEL

2. IDENTIFICATION OF PARTIES:

This is between Central California Alliance for Health, hereinafter referred to as “the Alliance”, and the provider identified below, hereinafter referred to as either “Provider” or “Provider/Receiver”. Any outside party (such as a clearinghouse, billing service or another provider) authorized by the Provider will be referred to as “Receiver”.

Privacy Statement

The Alliance requires the information requested on this form for purposes of identification and document processing. Providing the information requested on this form is required; otherwise, this form will be unapproved for processing.

3. PROVIDER INFORMATION:

The Provider agrees to provide the requested information in order to verify qualifications to act as a Receiver of the ERA 835 Transaction data from the Alliance.

An active Alliance Provider must complete and submit the Electronic Remittance Payment/Advice Receiver Agreement in order to receive ANSI ASC X12N Electronic Remittance Payment/Advice (ERA) 835 Transaction data from the Alliance. A notification of acknowledgement will be sent either by e-mail or by letter to the provider.

Any non-providers (such as a clearinghouse, billing service) can receive an Electronic Remittance Payment/Advice (ERA) 835 Transaction data (per the Provider’s instructions).

Note: The following Provider information must be current and match the existing information on file with Alliance Provider Services for approval. Full legal names, NPI, Provider Number and/or Group Numbers are required. To verify if the provider information is current, contact the Alliance Provider Services Coordinator at (831) 430-5540.

PROVIDER (TRADING PARTNER) DEMOGRAPHICS			
PROVIDER NAME (full legal):	PROVIDER NUMBER:		
GROUP PROVIDER NAME (full legal):	GROUP PROVIDER NUMBER:		
NATIONAL PROVIDER IDENTIFIER (NPI):			
TAX IDENTIFICATION NUMBER:			
PROVIDER SERVICE ADDRESS (number, street)	CITY	STATE	ZIP CODE

CONTACT PERSON			
CONTACT PERSON ADDRESS (number, street)	CITY	STATE	ZIP CODE
CONTACT PHONE NUMBER	CONTACT EMAIL ADDRESS		

4. ERA 835 RECEIVER INFORMATION:

The ERA 835 Receivers can be either the Provider or an outside party (such as a clearinghouse, billing service or another provider). A Provider can designate up to two entities (such as a clearinghouse, billing service or another provider) to receive the ERA 835 Transaction data. If a Provider designates an outside party to receive the ERA 835 Transaction data from the Alliance, the Provider must have a business associate agreement with the outside party.

Note: A Provider designated as a Receiver will need an active NPI and Provider Billing Number (Rendering Provider Numbers may not be used).

The authorizing Provider must complete this section.

ERA 835 Receiver #1

ERA 835 RECEIVER (TRADING PARTNER) DEMOGRAPHICS			
RECEIVER NAME (full legal):	RECEIVER PROVIDER NUMBER:		
RECEIVER GROUP PROVIDER NAME (full legal):	RECEIVER GROUP PROVIDER NUMBER:		
RECEIVER NATIONAL PROVIDER IDENTIFIER (NPI):			
RECEIVER TAX IDENTIFICATION NUMBER:			
RECEIVER SERVICE ADDRESS (number, street)	CITY	STATE	ZIP CODE
RECEIVER CONTACT PERSON			
RECEIVER CONTACT PERSON ADDRESS (number, street)	CITY	STATE	ZIP CODE
RECEIVER CONTACT PHONE NUMBER	RECEIVER CONTACT EMAIL ADDRESS		

ERA 835 Receiver #2 (optional)

ERA 835 RECEIVER (TRADING PARTNER) DEMOGRAPHICS			
RECEIVER NAME (full legal):	RECEIVER PROVIDER NUMBER:		
RECEIVER GROUP PROVIDER NAME (full legal):	RECEIVER GROUP PROVIDER NUMBER:		
RECEIVER NATIONAL PROVIDER IDENTIFIER (NPI):			

RECEIVER TAX IDENTIFICATION NUMBER:			
RECEIVER SERVICE ADDRESS (number, street)	CITY	STATE	ZIP CODE
RECEIVER CONTACT PERSON			
RECEIVER CONTACT PERSON ADDRESS (number, street)	CITY	STATE	ZIP CODE
RECEIVER CONTACT PHONE NUMBER	RECEIVER CONTACT EMAIL ADDRESS		

Provider to check appropriate box below:

In addition to the ERA 835 Transaction data, does the Provider want to continue to receive the hardcopy of the Remittance Advice Detail Summary?

Yes No

Provider to check appropriate box below:

I hereby authorize the Alliance to load my 835 Transaction data. I hereby authorize the Alliance to update the previous ERA 835 Receiver Agreement with the information on this form; or,

I hereby authorize the Alliance to cancel my ERA 835 Transaction authorization.

5. CHANGE IN RECEIVING ELECTRONIC 835 TRANSACTION:

The Provider/Receiver and the Alliance agree that any changes in Provider/Receiver status, which might affect eligibility of receiving the ERA 835 Transaction data, shall be promptly communicated to each party.

6. CONFIDENTIALITY OF RECORD:

The Provider/Receiver agrees to maintain adequate administrative, technical, and physical safeguards to protect the confidentiality of protected health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as well as State and Federal statutes and/or regulations. The Provider/Receiver agrees to report any breach of security or unlawful disclosure of protected health information to the Alliance within 24 hours of the Provider/Receiver learning of such breach or disclosure and may be grounds for termination of this Agreement.

7. SCOPE OF SERVICE:

The Alliance agrees to supply to Provider/Receiver with an Electronic Remittance Payment/Advice 835 Transaction data for adjudicated claims for Providers who have authorized the Alliance to send such information.

8. PROVIDER OBLIGATIONS:

The Provider will:

- (a) Complete and submit to the Alliance an Electronic Health Care Claim Payment/Advice Receiver Agreement form for any additional receivers of the ERA 835 Transaction file.
- (b) Ensure that a current and complete Electronic Health Care Claim Payment/Advice Receiver Agreement form is on file with the Alliance.
- (c) Not provide the data supplied under the Agreement to any third party except the applicable agents for whom the Provider has authorized to provide billing collection and/or reconciliation services and which have a business associate agreement in effect with the provider.
- (d) Acknowledge that ERA 835 Transaction data is confidential information owned by the Alliance and/or applicable providers. This provision shall survive the expiration of this Agreement.
- (e) Regardless of whether the Provider employs a third party Receiver to access the ERA 835 Transaction data, the Provider agrees to retain personal responsibility for the receipt of all Health Care Payment/Advice (ERA 835 Transaction data) information.
- (f) Upon review of all of the ERA 835 Transaction data, if the Provider/Receiver finds the data unreadable or incorrect, they should contact the Alliance for resolution. Failure to report any such data inaccuracies shall constitute acceptance thereof.
- (g) The Provider agrees to be responsible for the review and verification of the accuracy of claims payment information promptly upon the receipt of any payment. The Provider agrees to seek correction of any claim errors through the appropriate processes as designated by the Alliance.

9. EFFECTIVE DATE:

This Agreement shall become effective upon approval of the Alliance's authorizing agent.

10. TERMINATION:

The Alliance or Provider may terminate this agreement with or without cause by giving 30 days prior written notice of intent to terminate, and the Provider has no right to appeal such termination by the Alliance. The Provider/Receiver has no right to appeal termination for cause pursuant to this subpart prior to the effective date of such termination. The Provider/Receiver has the right to appeal any grievance resulting from the termination.

11. LIMITATION OF LIABILITY:

The Alliance shall not be liable to Provider or any authorized Receiver for any claim of or damage or injury suffered by Provider or any authorized Receiver caused by the Alliance's delay in furnishing the data supplied hereunder. Moreover, neither party shall be liable for any damage amounts representing indirect, consequential (such as loss of business or loss of profits), or punitive damages.

Each party shall be excused from performance under this Agreement for any period and to the extent that it is prevented from performing; in whole or in part, as a result of delays caused by the other party, labor dispute, an act of God, or other cause beyond its reasonable control.

12. AGREEMENT BETWEEN PROVIDER AND ADDITIONAL THIRD PARTY RECEIVER (IF OTHER THAN THE PROVIDER OF SERVICE):

The Provider stipulates that any agreements with a Receiver to receive the Alliance's ERA 835 Transaction data shall be in conformance with State and/or Federal law governing electronic transactions and shall contain provisions including, but not limited to, the following:

- (a) The Provider shall specifically designate the Receiver as the agent of the Provider for receiving ERA 835 Transaction data for the Provider.
- (b) The parties shall agree that the Alliance should make available the ERA 835 Transaction data to additional Receivers only as long as the agreement between the Provider and the Receiver remains in existence and in effect.
- (c) The Provider is required to notify the Alliance in writing immediately upon any change in or termination of their agreement.

PROVIDER SIGNATURE INFORMATION

FULL PRINTED NAME	TITLE
PROVIDER SIGNATURE (ORIGINAL SIGNATURE REQUIRED; DO NOT USE BLACK INK)	DATE

Return Application/Agreement to:

**Central California Alliance for Health
ATTN: Business Analysis Unit
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066-9998**

Or FAX application to 831-430-5855

This authorization remains in full force and effect until the Alliance receives written notification from the Provider of its termination, or until the Alliance or appointing authority deems it necessary to terminate the Agreement.