CENTRAL CALIFORNIA ALLIANCE FOR HEALTH (CCA01) ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- EDI Trading Partner Agreement with CCAH

WHERE SHOULD I SEND THE FORM(S)?

- Email the form to edisupport@ccah-alliance.org; or
- Fax to (831) 430-5895

HOW CAN I CHECK THE STATUS OF MY ENROLLMENT?

- To check the status, email edisupport@ccah-alliance.org or call (800) 700-3874 x5510.
- Once the enrollment is complete, CCAH will notify both Office Ally and the provider. To complete your enrollment follow instructions on the "Note to My Clients Plus Users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete. .

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your Billing NPI/ Provider Number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including state if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For EDISS or Noridian Pre-Enrollments Please Also Include: Providers Submitter Number**

REVISED 9/29/16

EDI TRADING PARTNER AGREEMENT WITH CCAH

IDENTIFICATION OF PROVIDER/TRADING PARTNER AND TRANSACTION INFORMATION

All Trading Partners, whether covered entities or business associates of covered entities, agree to abide by all HIPAA Privacy and Security requirements as they apply to communications with The Alliance.

The Provider and the Alliance agree that any changes in Provider or Trading Partner status, which might affect the transmission of electronic data, shall be promptly communicated to each party. This agreement will remain in effect until terminated according to the terms listed in this agreement.

All fields are required

PROVIDER INFORMATION

Provider Name			Provider Federal Tax Identification Number (TIN)	
Doing Business As Name (DBA)			National Provider Identifier (NPI)	
Provider Address - Street	City		State/Province	ZIP Code/Postal Code
Provider Contact Name	Telephone Number ( )		Email Address	

CLEARINGHOUSE INFORMATION

Are you planning to use a clearinghouse for electronic transmissions with the Alliance?	☐ Yes	Clearinghouse Name	☐ No

VENDOR INFORMATION

Do you currently use a billing service/vendor	☐ Yes	Vendor Name	☐ No

SUBMISSION INFORMATION

Reason for Submission: ☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

TRANSMISSION INFORMATION

☐ **270/271 Eligibility Inquiry & Response** **(ANSI ASC X12N 270/271-005010X279A1)**	☐ **276/277 Claim Status Request & Response** **(ANSI ASC X12N 276/277-005010X212)**
☐ **837 Professional** **(ANSI ASC X12N 837-005010X222)**	☐ **837 Institutional** **(ANSI ASC X12N 837-005010X0223)**
☐ **835 Electronic Remittance Advice** **(ANSI ASC X12N 835-005010X221)**	☐ **Other Transactions** **(please indicate transaction type)** ____________

AUTHORIZED SIGNATURE

Written Signature of Person Submitting Enrollment	Submission Date

Please FAX completed applications to:
(831) 430-5895, ATTN: PS Web & EDI Specialist
Or EMAIL to edisupport@ccah-alliance.org

For questions about this form, please contact:
(800) 700-3874 x5510