

Trading Partner Agreement Enrollment Instructions for Vendors and Clearinghouses

The Trading Partner Agreement (TPA) Enrollment form may be found in the “Forms” section under “Provider Quick Links” on the SCDHHS website, <http://provider.scdhhs.gov>.

Please use the instructions outlined below to complete the TPA. Incomplete or incorrect TPAs will not be processed.

Field	Instructions
Reason for Submission	Select the appropriate transaction type being submitted: New Enrollment, Change Enrollment, or Cancel Enrollment. (<i>Select only one</i>) Select “New Enrollment” to request a new SC Medicaid Submitter ID. Select “Change” or “Cancel” to add or remove providers on an existing Submitter ID.
Trading Partner Name	Enter the complete legal name of institution, corporate entity, practice, or individual provider.
Doing Business As Name (DBA)	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it. Enter this information, if applicable.
Street	Enter the number and street name where a person or organization can be found.
City	Enter the city associated with the provider address field.
State/Province	Enter the ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable country.
Zip Code/Postal Code	Enter the 5 digit or the 5 digit + 4 codes associated with the provider’s add The zip code/postal code is part of the system of postal-zone codes (Zip stand for “zone improvement plan” introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
National Provider Identifier (NPI)	Enter the unique 10-digit identification number issued to healthcare providers by the Centers for Medicare and Medicaid Services. (<i>For future use</i>)
Provider Federal Tax Identification Number (TIN)	Enter a Federal Tax Identification Number, also known as an Employer Identification Number (EIN), which is used to identify a business entity. A Social Security Number (SSN) may also be used for Individual provider enrollments. (<i>For future use</i>)
Trading Partner ID	Enter the provider’s submitter ID assigned by the health plan or the provider’s clearinghouse or vendor. Enter the X12 Submitter ID for the clearinghouse or vendor.
SC Medicaid Provider ID	Enter the 6-digit alphanumeric SC Medicaid Provider number assigned to the provider by SCDHHS. This will not be completed for new Trading Partner Agreement enrollments.
Type of Business	Select the appropriate type for your company.
Trading Partner Contact Name	Enter the name of the contact in the provider’s office for handling ERA issues.
Telephone Number	Enter the 10-digit telephone number associated with the contact person.
Telephone Number Extension	Enter the contact person’s telephone number extension, if applicable.
Fax Number	Enter a 10-digit number at which the provider can be sent facsimiles.
Email Address	Enter an electronic email address at which the health plan might contact the provider.
Protocol	Select the appropriate submission or retrieval method for X12 transactions.
South Carolina Medicaid Web-based Claims Submission Tool (Select Only One)	If you would like to access the SC Medicaid Web Tool, check the “Requesting Access” checkbox and indicate the number of IDs you require. (Individual IDs are required). If you would like to link providers, select the “Link to Existing ID” checkbox and complete Page 2 of the application. (<i>Note: Linked providers must have a TPA on file for the Submitter ID listed on Page 1</i>)
Transactions Requested	Select the transaction types you wish to send and receive.
TPA Authorization Agreement	Select the checkbox if you have read, understand, and are in agreement with TPA terms and conditions. (The TPA will not be processed if this is not checked)
Authorized Signature	Enter the signature of the individual authorized by the provider or its agent to initiate, modify, or terminate an enrollment.
Printed name of Person Submitting Enrollment	Print the name of the person signing the form.
Submission Date	Enter the date on with the enrollment or modification is being submitted.
Requested Effective Date	Enter the date the provider wishes to begin receiving/end an electronic remittance advice (ERA).