

## Trading Partner Agreement Enrollment Instructions for Vendors and Clearinghouses

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

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

FIELD	INSTRUCTIONS
<b>Date</b>	Enter today’s Date
<b>Action Requested</b>	Check “New” to request a new SC Medicaid Submitter ID. Check “Change” or “Cancel” to add or remove providers on an existing Submitter ID.
<b>Trading Partner Name</b>	Enter the Name of the Clearinghouse or Vendor.
<b>Trading Partner ID</b>	Enter the X12 Submitter ID for the Clearinghouse or Vendor.
<b>NPI</b>	List the Medicaid Provider’s 10-digit NPI. If you are requesting links for multiple providers, list them on Page 2.
<b>SC Medicaid Provider ID</b>	Enter the 6-digit alphanumeric SC Medicaid Provider number here. If you are requesting links for multiple providers, list them on Page 2
<b>Type of business</b>	Select the appropriate option for you company.
<b>South Carolina Medicaid Web Based Claims Submission Tool</b>	If you would like access to the SC Medicaid Web Tool, check the box. Indicate the number of IDs you require. Each person needs his own ID for access. Use page 2 to indicate the providers for linking.
<b>Protocol</b>	Select the appropriate submission or retrieval method for X12 transactions.
<b>Check Box</b>	Read the 4 page Trading Partner Agreement located in the “Forms” section under “Provider Quick Links” on the SCDHHS web site, <a href="http://provider.scdhhs.gov">http://provider.scdhhs.gov</a> , and then check the box.
<b>Signature/Print Name</b>	Signature of an authorized representative is required.
<b>Contact Information</b>	Enter the contact information for the person who completed this form. We will contact this person if we need additional information to complete processing or if the form was not completed properly and cannot be processed. This information must be complete and accurate.
<b>Transactions Requested</b>	Select the transactions you wish to send and receive.
<b>Page 2</b>	Complete all columns for each provider. Providers listed for linking must have a Trading Partner Agreement on file for the Submitter listed on page 1 or the request will not be processed.

# Trading Partner Agreement Enrollment

Fax to (803) 870-9021 or mail to SC Medicaid TPA, PO Box 17, Columbia, SC 29202

Date \_\_\_\_\_

Action Requested  New Trading Partner ID  Change  Cancel

Trading Partner Name \_\_\_\_\_

Trading Partner ID (if applicable) \_\_\_\_\_

NPI \_\_\_\_\_ SC Medicaid Provider ID \_\_\_\_\_

Type of Business:  Medicaid Provider  Clearinghouse  Software Vendor  
 Billing Service  Other (please specify) \_\_\_\_\_

## South Carolina Medicaid Web-Based Claims Submission Tool

Select one  Requesting access Number of IDs requested \_\_\_\_\_  
 No access needed  
 Link to existing IDs \_\_\_\_\_

Protocol  Secure FTP  WS\_FTP Pro  
 CD  Diskette

I have read, understand, and agree with the conditions set forth in the South Carolina Medicaid Trading Partner Agreement for Electronic Claims and Related Transactions.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

## Contact information

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) - \_\_\_\_\_ Fax ( ) - \_\_\_\_\_

Software Vendor or Billing Agent \_\_\_\_\_

## Transactions Requested

Y <input type="checkbox"/> N <input type="checkbox"/>	270 - Eligibility IN	Y <input type="checkbox"/> N <input type="checkbox"/>	835 - Electronic Remittance	Y <input type="checkbox"/> N <input type="checkbox"/>	820 - Premium Payments
Y <input type="checkbox"/> N <input type="checkbox"/>	271 - Eligibility OUT	Y <input type="checkbox"/> N <input type="checkbox"/>	837I - Institutional Claims	Y <input type="checkbox"/> N <input type="checkbox"/>	278 - Authorization
Y <input type="checkbox"/> N <input type="checkbox"/>	276 - Claims Status IN	Y <input type="checkbox"/> N <input type="checkbox"/>	837P - Professional Claims	Y <input type="checkbox"/> N <input type="checkbox"/>	834 - Benefit Enrollment
Y <input type="checkbox"/> N <input type="checkbox"/>	277 - Claims Status OUT	Y <input type="checkbox"/> N <input type="checkbox"/>	837D - Dental Claims		

