

Trading Partner Agreement Enrollment Instructions for Providers

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>) |
| Provider 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. |
| 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. |
| Trading Partner ID | Enter the provider’s submitter ID assigned by the health plan or the provider’s clearinghouse or vendor. Leave this field blank if you have an X12 Submitter ID. |
| 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 “Medicaid Provider”. |
| Provider 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. |
| Preference for Aggregation of Remittance Data | Select either the “National Provider Identifier (NPI)” or the “Provider Tax Identification Number (TIN)” checkbox to indicate the provider’s preference for grouping (bulking) claim payment remittance advice. Enter the provider’s NPI or TIN (EIN or SSN) in the space provided. Only one type may be selected. (Note: In most cases, this will be the NPI unless the provider is atypical and does not have an NPI.) |
| Using a clearinghouse, billing agent, or vendor to submit claims | Indicate if you are using a clearinghouse, billing agent, or vendor to submit your claims. If you select “Yes”, enter the name of this entity. (If you will only be using the South Carolina Medicaid Web-based Submission Tool, enter “Web Tool” in this space.) If you select “No”, please indicate the protocol(s) you will use to submit claims. (multiple selections are allowed) |
| 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 bill as part of an existing group, leave this section blank. If you have an existing Web tool ID and you would like the NPI on this TPA linked, select the “Link to Existing ID” checkbox and indicate the Web Tool ID. |
| Transactions Requested | Leave blank unless you have an X12 Submitter ID. |
| 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). |