

Trading Partner Agreement Enrollment Instructions for Vendors and Clearinghouses

The Trading Partner Agreement Enrollment (TPA) form may be found online at <http://www.dhhs.state.sc.us/dhhsnew/hipaa/webfiles/TradingPartnerEnrollmentForm.pdf>
Please use the instructions below to fill out the TPA. Incomplete or incorrect TPAs will not be processed.

FIELD	INSTRUCTIONS
Date	Enter today's date.
Action Requested	Check "New" to request a new SC Medicaid Submitter ID. Check "Change" or "Cancel" to add or remove providers on an existing Submitter ID.
Trading Partner Name	Enter the name of the Clearinghouse or Vendor.
Trading Partner ID	Enter the X12 Submitter ID for the Clearinghouse or Vendor.
NPI	List the Medicaid Provider's 10 digit NPI. If you are requesting links for multiple providers, list them on page 2.
SC Medicaid Provider ID	Enter the 6-digit alphanumeric SC Medicaid Provider number here. If you are requesting links for multiple providers, list them on page 2.
Type of Business	Select the appropriate option for your company.
South Carolina Medicaid Web Based Claims Submission Tool	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.
Protocol	Select the appropriate submission or retrieval method for X12 transactions.
Contact Information	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.
Transactions Requested	Select the transactions you wish to send and receive.
Page 2	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		

