



Executive Office Of Health & Human Services

Trading Partner Agreement ID Change/Add form

Once a Trading Partner Agreement (TPA) is received and processed, this form may be used to add additional billing providers to the original TPA ID assigned. This form may also be used to add providers who will use the TPA ID to apply for a Medicaid Electronic Health Record (EHR) incentive payment via the Rhode Island Medicaid EHR Incentive Payment application. This form must be received with original signatures. **No facsimile or photocopies will be accepted.**

Trading Partner Name: _____

Trading Partner ID: _____

Before mailing your signed Trading Partner Agreement to HP Enterprise Services, LLC for processing please verify that:

- The document is complete
- Signatures are in the appropriate areas
- You have checked the transactions that you will be submitting and receiving (See page 2 of the TPA)

ARTICLE I. MEDICAL TRANSACTION STANDARDS

Rhode Island Medical Assistance Program Transaction Standards

Selected **ASC X12N Version 5010A1** standards include, as applicable, all data dictionaries, segment dictionaries and transmission controls referenced in those standards, but include only the Transaction Sets listed in the section below. The information provided will be utilized to route transactions to the Medicaid Management Information System and back to Trading Partner directories. Remittance files (835) and Pended Claims Reports (277) will be available only to one trading partner. If authorizing one Trading Partner for claims submission and another for downloads each party must complete a separate TPA.

Check all that apply:

<input type="checkbox"/>	837 Professional	<input type="checkbox"/>	277 Unsolicited Claim Status
<input type="checkbox"/>	837 Institutional	<input type="checkbox"/>	999 Functional Acknowledgement
<input type="checkbox"/>	837 Dental	<input type="checkbox"/>	835 Remittance Advice
<input type="checkbox"/>	270 Eligibility Inquiry	<input type="checkbox"/>	271 Eligibility Response
<input type="checkbox"/>	834 Benefit Enrollment (For Health Plans only)	<input type="checkbox"/>	NCPDP Point of Service (POS)

Check here for Web Online Services only:

<input type="checkbox"/>	Claim Status Search	<input type="checkbox"/>	Eligibility Search
<input type="checkbox"/>	Dental/Vision Limits	<input type="checkbox"/>	Remittance Advice (RA) on the Web
<input type="checkbox"/>	Prior Authorizations Search	<input type="checkbox"/>	

Chec here for BHDDH providers only

<input type="checkbox"/>	Authorization Inquiry (this box is for Developmental Disability Providers)
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Specify Software:

<input type="checkbox"/>	Software	<input type="checkbox"/>	Vendor
<input type="checkbox"/>	Provider Electronic Solutions	<input type="checkbox"/>	HP Enterprise, LLC
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Method of Transmission: _____

Guidelines

HIPAA – Health Insurance Portability and Accountability Act. In the event of any conflict, HIPAA standards and Implementation Guides shall control.

If updating your current contacts on your existing trading partner agreement, please complete the contact information below. Please list the name(s) and phone number(s) of person(s) authorized to resolve problems regarding electronic transmissions:

Name Phone Number

Name Phone Number

Primary Email Address _____

ARTICLE II. RHODE ISLAND MEDICAL ASSISTANCE PROVIDERS

Please list the names and the RI Medical Assistance Program provider numbers of those providers for which electronic transactions will be submitted. Each individual provider or group for whom you will be billing must sign and date the agreement below. **If additional space is required to identify each provider make copies of Article II and attach.**

* Please list which number (can be both) you would like linked to your Trading Partner Number

1. NPI / Medical Assistance Provider Number _____

Provider Name: _____

Authorized Signature: _____

Date: _____



Check here if this TPA ID will be used for this provider to apply for a Medicaid Electronic Health Record (EHR) incentive payment via the Rhode Island Medicaid EHR Incentive Payment application. You will also need to check the box next to **Remittance Advice (RA) on the Web** in Article I.

2. NPI / Medical Assistance Provider Number _____

Provider Name: _____

Authorized Signature: _____

Date: _____

☐ Check here if this TPA ID will be used for this provider to apply for a Medicaid Electronic Health Record (EHR) incentive payment via the Rhode Island Medicaid EHR Incentive Payment application. You will also need to check the box next to **Remittance Advice (RA) on the Web** in Article I.

3. NPI / Medical Assistance Provider Number _____

Provider Name: _____

Authorized Signature: _____

Date: _____

☐ Check here if this TPA ID will be used for this provider to apply for a Medicaid Electronic Health Record (EHR) incentive payment via the Rhode Island Medicaid EHR Incentive Payment application. You will also need to check the box next to **Remittance Advice (RA) on the Web** in Article I.

Article III. For CNOM PROGRAM PROVIDERS ONLY

If you are currently working with an agency that provides CNOM (Cost Not otherwise Matchable) program services, please indicate by checking the appropriate payer boxes below:

<input type="checkbox"/> Office of Rehabilitation Services (ORS)	<input type="checkbox"/> Department of Mental Health, Retardation and Hospitals	<input type="checkbox"/> Other
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Article IV. ORIGINAL ELECTRONIC DATA INTERCHANGE TRADING PARTNER AGREEMENT

Any Changes or additions made to the original Electronic Data Interchange Trading Partner Agreement, processed with this form does, not negate any of the requirements and guidelines contained enumerated in the original Agreement, with the exception of the Addition(s) or Change(s) provided in this form.

**Trading Partner Execution:
TRADING PARTNER**

Signed

Print Name

Title

DO NOT FAX

**Please mail this certification to the
Following address:**

**HP Enterprise Services, LLC
Attn: EDI Coordinator
P.O. Box 2010
Warwick, RI 02887-2010**