

Trading Partner Agreement

This presentation is intended to be a self-help tool for completing an Oregon DHS Trading Partner Agreement (TPA). We hope you find this useful.

~ DHS EDI Support ~

Trading Partner Agreement

- DHS requires those planning to exchange electronic data (e.g., claims for payment), to sign a TPA before initiating testing.
- The TPA is a binding agreement between DHS and a provider as defined in Oregon Administrative Rule (OAR) 407-120-0100.
- All provider information must be consistent with how the provider is enrolled with DHS.
- DHS will return the TPA if the required fields are not completed, potentially delaying the process.

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Oregon DHS Trading Partner Agreement

Provider Number _____

TRADING PARTNER AGREEMENT OREGON DEPARTMENT OF HUMAN SERVICES

This Electronic Trading Partner Agreement (TPA) between the Oregon Department of Human Services (OR-DHS) and (name of Provider, Prepaid Health Plan, Clinic or Allied Agency), provides the terms and conditions which govern the registration and conduct of Electronic Data Interchange (EDI) Transactions, in the performance of obligations under a contract with OR-DHS.

- **Provider Number:** Enter the 6-digit number that DHS issued to you when you enrolled as a Medicaid provider. (Note: this cannot be a billing service).
- **Name of Provider, Prepaid Health Plan, Clinic or Allied Agency:** Enter your (the provider's) name as enrolled with DHS (e.g., name of clinic) .

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- effect to the extent necessary for Trading Partner or OR-DHS to complete obligations involving EDI under the Contract for dates of service when the contract was in effect.
- (b) Termination for Cause. Upon OR-DHS knowledge of a material breach by Trading Partner, or any EDI Submitter or other Agent, OR-DHS shall either:
- (1) Notify Trading Partner of the breach and specify a reasonable opportunity in the notice for Trading Partner to cure the breach, and terminate the TPA if Trading Partner does not cure the breach of the terms of the TPA or end the violation within the time specified by OR-DHS; or
 - (2) Immediately terminate this TPA if Trading Partner has breached a material term of this TPA and cure is not possible in OR-DHS' reasonable judgment.
 - (3) The rights and remedies provided in this TPA are in addition to any rights and remedies provided in a Contract.

Provider/Prepaid Health Plan/Clinic/Allied Agency Name and Title:

Phone number:

Authorized Signature:

Type or Print Name:

Date:

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Provider/Prepaid Health Plan/Clinic/Allied Agency Name and Title:

Phone number:

Authorized Signature:

Type or Print Name:

Date:

- Enter your (the provider's):
 - Name as enrolled with DHS (to match page 1 of TPA).
 - Phone number.
- The original **BLUE** ink signature of the person authorized to sign contracts for your business will sign.
- Type or print the authorized signer's name.
- Enter the date the agreement was signed.