Other formats and languages
You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the TPA team at oha.tpagreements@odhsoha.oregon.gov or 503-378-3503 (voice/text). We accept all relay calls. This phone number is not for general questions. All general questions related to the Trading Partner Agreement and processes must be sent via email.

How to Complete the Oregon Medicaid Trading Partner Agreement (TPA) for Electronic Health Care Transactions (form 200-393903, revised July 2026)

This guide provides instructions for completing the Trading Partner Agreement Form for Electronic Health Care Transactions (form 200-393903).

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Submissions of completed TPA forms

Keep a copy of the completed, signed form for your records. We are unable to provide you a copy of the TPA, once submitted.

- Please do not send more than one TPA per email.
- Submit the form to OHA as a PDF document to:
  - Email: OHA.TPAgreements@odhsoha.oregon.gov
  - Fax: (503) 945-5972

If you cannot submit by email or fax, you can mail forms to:

EDI Support Services
Attn: TPA Processing
500 Summer Street NE, E44
Salem, OR 97301

Most common rejected TPA reasons

Information on TPA does not match Oregon Medicaid provider enrollment file

The Oregon Medicaid ("MCD") ID, National Provider Identifier (NPI) and taxonomy code (s) in the top section of the TPA must match **how the provider is currently enrolled with Oregon Medicaid**.

The business name and physical address in Section 1 of the TPA must also match how the provider is currently enrolled with Oregon Medicaid.

- The letter you received when OHA approved your Oregon Medicaid provider enrollment lists the Oregon Medicaid ID, NPI, business name and physical address on file.
- If you are not sure of this information, call Provider Enrollment at 1-800-336- 6016, option # 6, or email Provider.ENROLLMENT@odhsoha.oregon.gov.

TPA lists more than one Oregon Medicaid ID

If you have one NPI linked to multiple Oregon Medicaid IDs, you must complete a TPA for each Oregon Medicaid ID. OHA no longer accepts TPAs that list multiple Oregon Medicaid IDs or NPIs.

TPA lists more than one EDI submitter

If you need to authorize more than one clearinghouse or submitter, complete a TPA for each one.

TPA lists the same person for multiple roles

For security reasons we cannot accept a TPA that lists the same person as the primary Trading Partner Authorized Signer (Section 2) and primary Claims Contact (Section 3).

If you are a sole provider who is the only person who can fill the Authorized Signer and Claims Contact roles, list that in Section 2 of the TPA, and it will be accepted.

The signer cannot be a billing service. Billing services may only act as a claims contact.

TPA does not list the direct/individual email address for each contact

HIPAA security and privacy regulations do not allow using group emails and another person's email address.

Resources

For more information on EDI and processes refer to our web page at www.oregon.gov/OHA/HSD/OHP/Pages/EDI.aspx.

The Electronic Data Transmission Oregon Administrative Rules (OAR) 943-120-0100 through 943-120-0170 establish the registration process and requirements applicable to Oregon Medicaid Trading Partners and EDI Submitters. They also govern the conduct and requirements for all transactions with Oregon Medicaid. These OAR can also be found at www.oregon.gov/oha/HSD/OHP/Pages/edi-resources.aspx.

Definitions

Authorized Signer:

A person responsible for business activities of the Trading Partner and authorized to sign binding agreements. This person must be with the provider (trading partner) and **cannot be with a billing service**.

EDI Submitter:

An individual or entity authorized to conduct EDI (Electronic Data Interchange) transactions with OHA as a trading partner or agent of the trading partner as defined in Oregon Administrative Rule (OAR) 943-120- 0120.

Participates in business-to-business (B2B) testing with OHA. Once testing is completed, asks OHA for approval to move from testing to production. Manages password and log-on information. Conducts transactions.

Trading Partner:

A Provider, Prepaid Health Plan (PHP), Coordinated Care Organization (CCO), clinic or allied agency as defined in Oregon Administrative Rule (OAR) OAR 943-120-0120.

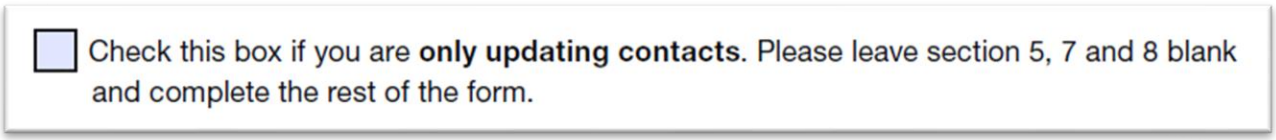
Submits a Trading Partner Agreement (TPA) to authorize and establish the role(s) allocated to an EDI (Electronic Data Interchange) submitter. As necessary, the Trading Partner submits additional TPA when changes to registered transactions or their relationship to an EDI submitter have occurred.

Trade Relationship:

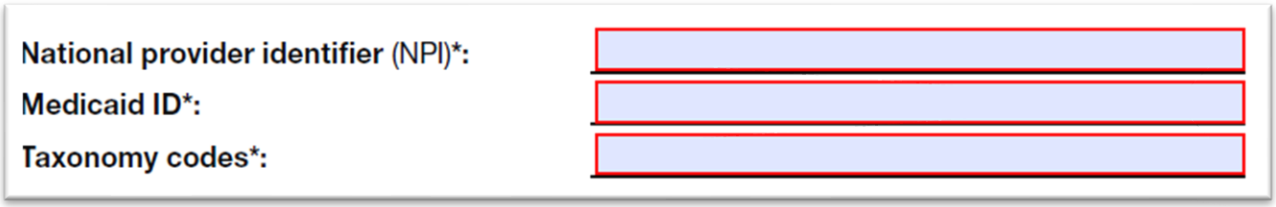
A configuration which allows a transaction to be conducted by an EDI (Electronic Data Interchange) submitter on behalf of a Trading Partner.

Walkthrough of TPA form

At the beginning of the form, there is an option to update your contacts and not create a new TPA. Only check this box if you are updating contacts only.

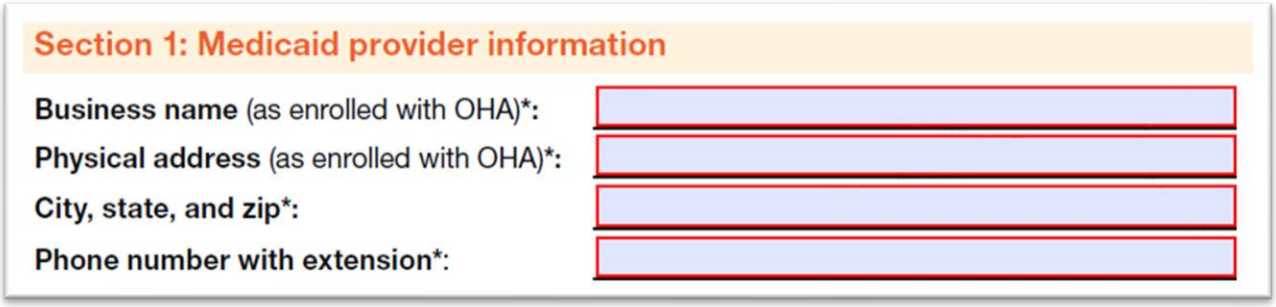


The first portion of the TPA form should include the NPI, taxonomy codes and Oregon Medicaid ID as enrolled with OHA. Only enter **one** NPI/Medicaid ID per TPA.



Section 1: Medicaid provider information

This section identifies the Trading Partner associated with the Medicaid ID listed at the top of the form. You should complete the fields of this section using information that matches the Trading Partner's current enrollment with OHA.


Section 1: Medicaid provider information

Business name (as enrolled with OHA)*:

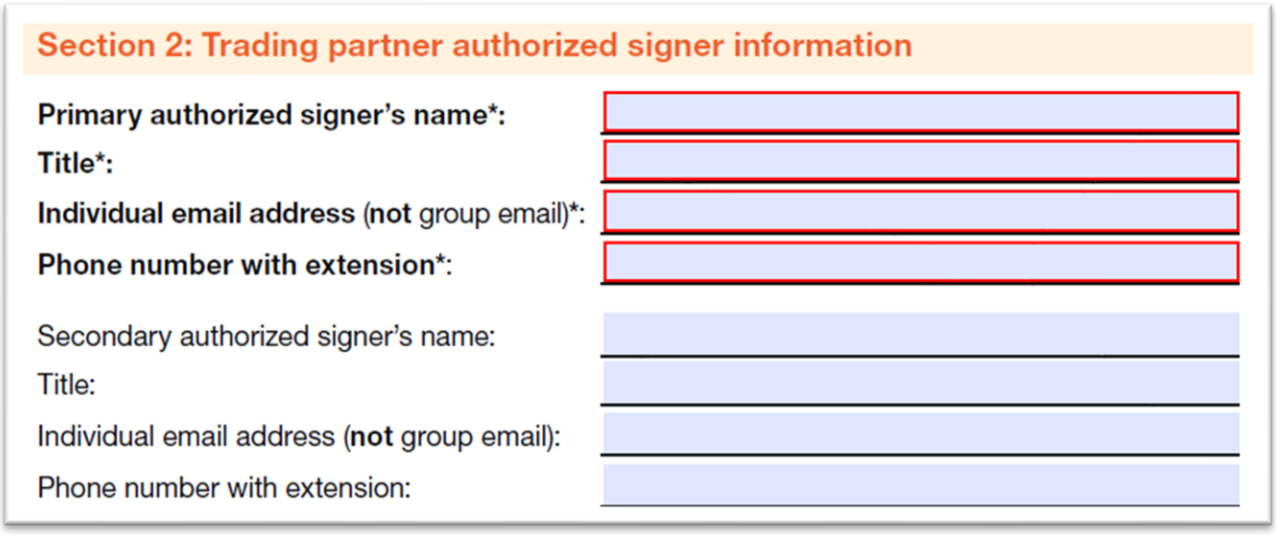
Physical address (as enrolled with OHA)*:

City, state, and zip*:

Phone number with extension*:

Section 2: Trading partner authorized signer information

This section identifies the Trading Partner's authorized signer. This person will be (or has been) authorized to sign the completed TPA and any updates made to the TPA.


Section 2: Trading partner authorized signer information

Primary authorized signer's name*:

Title*:

Individual email address (not group email)*:

Phone number with extension*:

Secondary authorized signer's name:

Title:

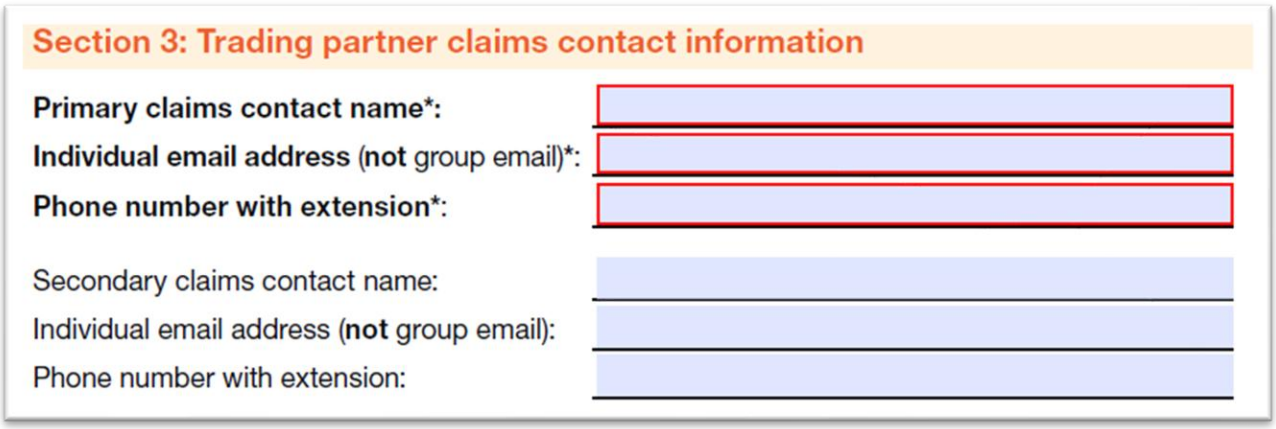
Individual email address (**not** group email):

Phone number with extension:

If you are a **Sole Provider**, please write "Sole Provider – No other contacts are available," next to the contact name. This is for security reasons. OHA can only speak with contacts listed on the TPA if any questions or issues arise.

Section 3: Trading partner claims contact information

This section identifies the Trading Partner's claims contacts. The claims contact can be with a billing service.


Section 3: Trading partner claims contact information

Primary claims contact name*:

Individual email address (not group email)*:

Phone number with extension*:

Secondary claims contact name:

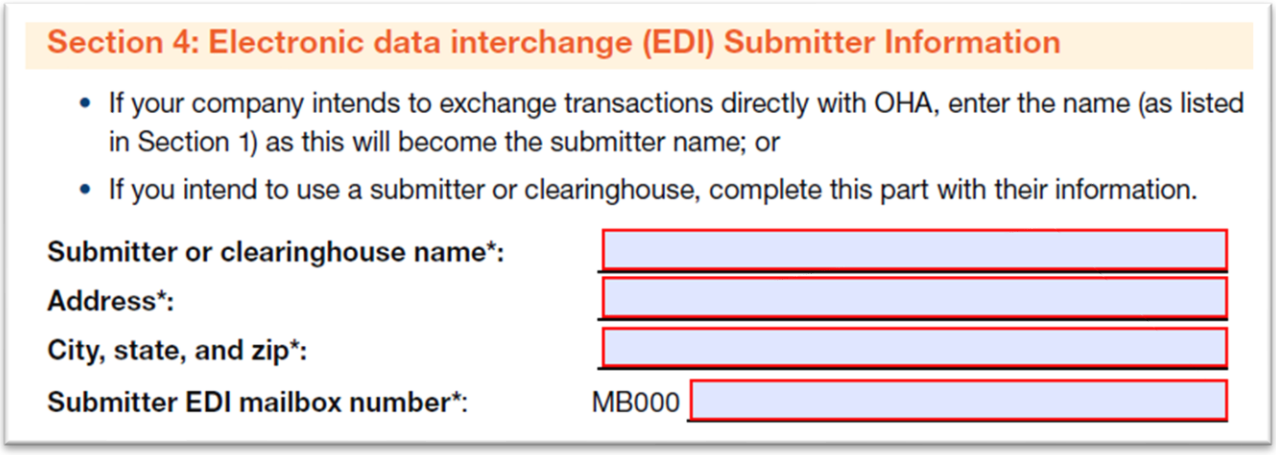
Individual email address (not group email):

Phone number with extension:

Section 4: Electronic data interchange (EDI) submitter information

This section identifies the EDI Submitter which the Trading Partner wishes to authorize to exchange EDI transactions with OHA.

If the Trading Partner wishes to submit EDI transactions on their own behalf enter the Business Name (listed in Section 1) to be assigned as the submitter name and leave the Mailbox number field blank. We will assign an EDI mailbox number.


Section 4: Electronic data interchange (EDI) Submitter Information

- If your company intends to exchange transactions directly with OHA, enter the name (as listed in Section 1) as this will become the submitter name; or
- If you intend to use a submitter or clearinghouse, complete this part with their information.

Submitter or clearinghouse name*:

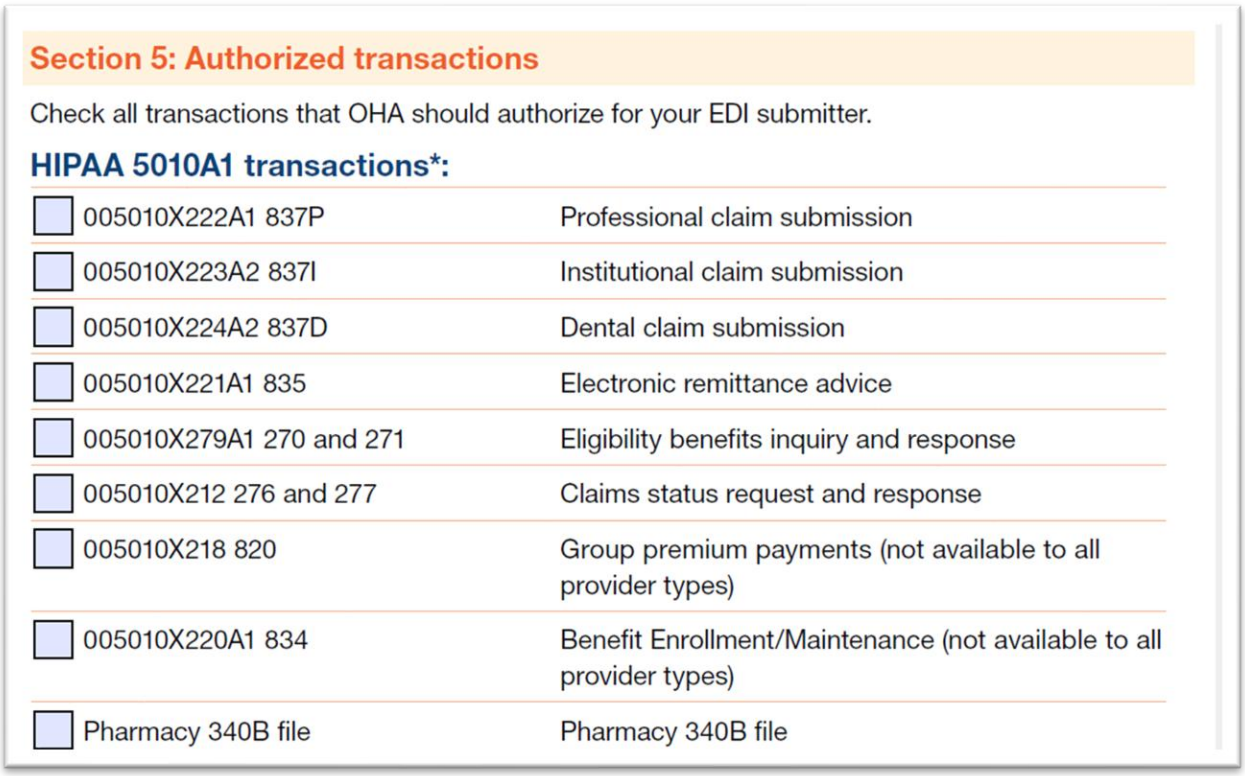
Address*:

City, state, and zip*:

Submitter EDI mailbox number*: MB000

Section 5: Authorized transactions

In this section, choose your requested transactions. OHA may not approve all transactions. Clearinghouses may need to test their systems if they agree to exchange the requested transactions.



Section 5: Authorized transactions

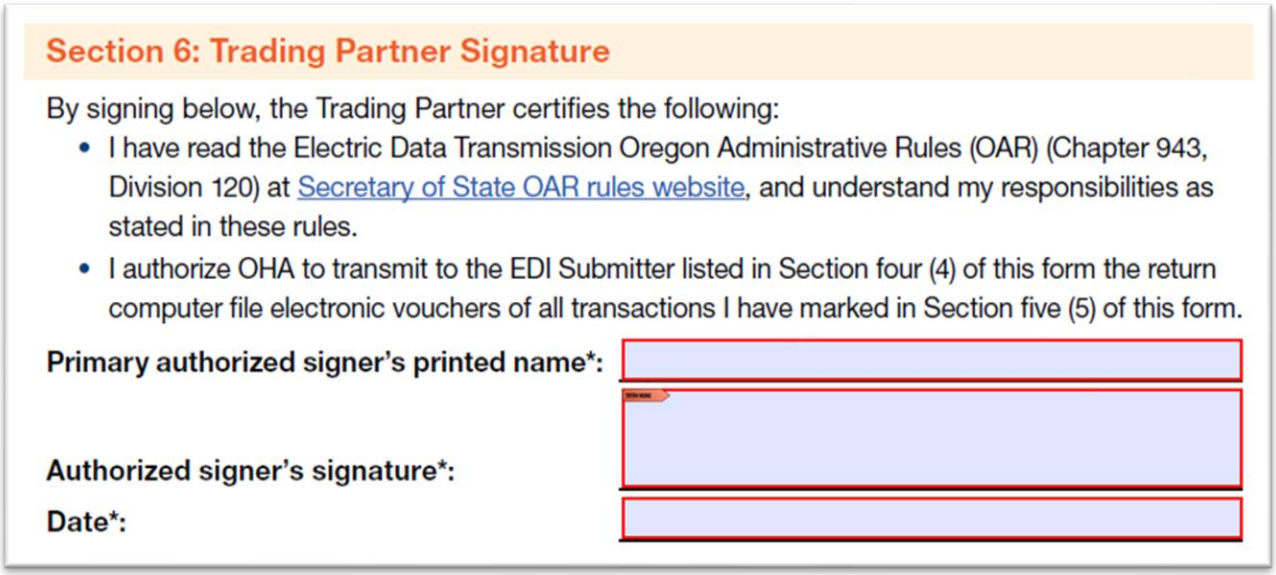
Check all transactions that OHA should authorize for your EDI submitter.

HIPAA 5010A1 transactions*:

☐ 005010X222A1 837P	Professional claim submission
☐ 005010X223A2 837I	Institutional claim submission
☐ 005010X224A2 837D	Dental claim submission
☐ 005010X221A1 835	Electronic remittance advice
☐ 005010X279A1 270 and 271	Eligibility benefits inquiry and response
☐ 005010X212 276 and 277	Claims status request and response
☐ 005010X218 820	Group premium payments (not available to all provider types)
☐ 005010X220A1 834	Benefit Enrollment/Maintenance (not available to all provider types)
☐ Pharmacy 340B file	Pharmacy 340B file

Section 6: Trading partner signature

The Authorized Signer in Section 2 must complete and sign this section.



Section 6: Trading Partner Signature

By signing below, the Trading Partner certifies the following:

- I have read the Electric Data Transmission Oregon Administrative Rules (OAR) (Chapter 943, Division 120) at Secretary of State OAR rules website, and understand my responsibilities as stated in these rules.
- I authorize OHA to transmit to the EDI Submitter listed in Section four (4) of this form the return computer file electronic vouchers of all transactions I have marked in Section five (5) of this form.

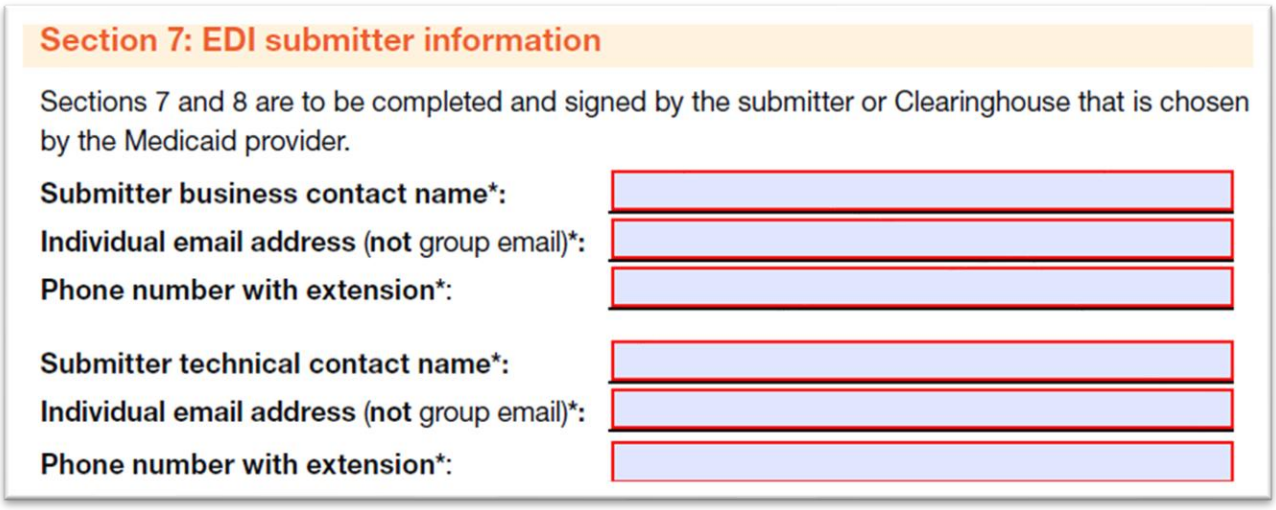
Primary authorized signer's printed name*:

Authorized signer's signature*:

Date*:

Section 7: EDI Submitter Information

This section should include the business and technical contact information for the submitter/clearinghouse. The business contact signs section 8 of the form.



Section 7: EDI submitter information

Sections 7 and 8 are to be completed and signed by the submitter or Clearinghouse that is chosen by the Medicaid provider.

Submitter business contact name*:

Individual email address (not group email)*:

Phone number with extension*:

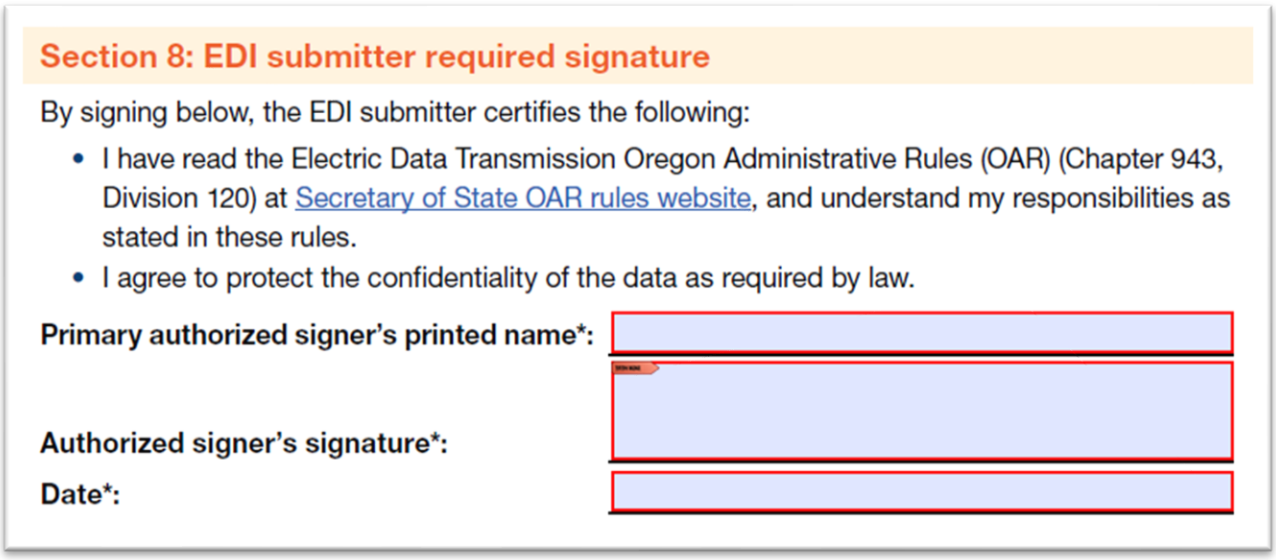
Submitter technical contact name*:

Individual email address (not group email)*:

Phone number with extension*:

Section 8: EDI Submitter required signature

The submitter/clearinghouse business contact completes this section.



Section 8: EDI submitter required signature

By signing below, the EDI submitter certifies the following:

- I have read the Electric Data Transmission Oregon Administrative Rules (OAR) (Chapter 943, Division 120) at Secretary of State OAR rules website, and understand my responsibilities as stated in these rules.
- I agree to protect the confidentiality of the data as required by law.

Primary authorized signer's printed name*:

Authorized signer's signature*:

Date*:

Medicaid Division
EDI Support Services
500 Summer St NE, E44
Salem, OR 97301
OHA.TPAgreements@odhsoha.oregon.gov