

How to Complete the Oregon Medicaid Trading Partner Agreement (OHP 2080)

This guide is intended to be read in conjunction with the OHA 2080 to help walk the user through completion of the form. If you have questions, please contact DHS.EDISupport@state.or.us

Definitions

Authorized Signer: A person responsible for business activities of the Trading Partner and authorized to sign binding agreements.

EDI Submitter: An individual or entity authorized to conduct EDI transactions with OHA as a trading partner or agent of the trading partner as defined in Oregon Administrative Rule (OAR) [943-120-0120](#).

Trading Partner: Provider, Prepaid Health Plan (PHP), Coordinated Care Organization (CCO), clinic or allied agency as defined in [OAR 943-120-0120](#).

Trade Relationship: A configuration which allows a transaction to be conducted by an EDI submitter on behalf of a Trading Partner.

Responsibilities

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

EDI Submitter: Participates in business-to-business testing with OHA. Once testing has completed, asks OHA for approval to move from testing to production. Manages password and log-on information. Conducts transactions.

Walkthrough

Form Section	Instructions
Yellow box at top of page 1	This pop-out box should be completed with the National Provider Identifier, Taxonomies and Medicaid ID(s) for which a Trading Partner wishes to authorize trade relationships. <i>Note: If you need to exchange transactions for more than one NPI, complete a TPA for each NPI.</i>
Section One	This section identifies the Trading Partner associated with the NPI 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.

Form Section	Instructions
Section Two	<p>This section identifies the Trading Partner’s authorized signer(s). This person will be (or has been) authorized to sign the completed TPA and any updates made to the TPA. Two Authorized Signers can be identified for each trade relationship.</p> <p><i>Note: email addresses in this section may not include group addresses.</i></p>
Section Three	<p>This section identifies the Trading Partner’s claims contacts. This person will be authorized to contact OHA with questions on claims information. Contacts listed in this section may include billing services.</p> <p><i>Note: email addresses in this section may not include group addresses.</i></p>
Section Four	<p>This section identifies the EDI Submitter which the Trading Partner wishes to authorize to exchange EDI transactions with OHA. For EDI Submitters that have already enrolled with OHA, include the Submitter Mailbox number.</p> <p>If the Trading Partner wishes to submit EDI transactions on their own behalf, enter ‘Self’ as the submitter name and leave the Mailbox number field blank.</p>
Section Five	<p>This section identifies contact information for the EDI Submitter. The Business Contact listed in this section will sign Section Eight of this form. If this agreement is being completed for an established EDI Submitter it is expected that the Business Contact listed match one of the EDI Submitter’s authorized contacts as currently enrolled.</p> <p>An EDI Submitter’s Technical Contact is the individual who will participate in any necessary testing.</p> <p><i>Note: Enrolled EDI Submitters who need to update their contact information should contact DHS.EDISupport@dhsoha.state.or.us for assistance. Email addresses in this section may not include group addresses.</i></p>
Section Six	<p>A Trading Partner should select all transactions they wish to authorize the EDI Submitter listed in Section Four to transact on their behalf.</p> <p><i>Note: Some transactions can only be assigned once. If you already have one of these transactions assigned and submit a new TPA with one of these transactions selected (such as 835 Claims Remittance) your current trade relationship will be overwritten and replaced.</i></p>
Section Seven	<p>This section should include the Trading Partner Name listed in Section One, and the contact information for the Primary Authorized Signer listed in Section Two of this form.</p>
Section Eight	<p>This section should include the Name and contact information of the EDI Submitter Business Contact listed in Section Five of this form.</p>

Submission

Keep a copy of the completed, signed form for your records. You can submit the form to OHA in several ways:

- **Email:** To oha.tpagreements@dhsoha.state.or.us by the provider listed on the form
- **Fax:** To 503-947-2650

If you cannot submit by email or fax, you can mail forms to EDI Support Services, 500 Summer St NE E44, Salem, OR 97301.