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# TRANSACTION STANDARD TRADING PARTNER AGREEMENT/ADDENDUM

This Trading Partner Agreement (“TPA”) is entered into between DXC Technology Services LLC (“DXC Services”), as an agent for the Connecticut Department of Social Services (“DSS”) and \_\_\_\_\_, a Billing Agent, a Health Care Clearinghouse or a Provider who transmits any health information in electronic form in connection with a transaction covered by 45 C.F.R. Parts 160 and 162 (“Trading Partner”). If the Trading Partner is a Provider participating in the Connecticut Medical Assistance Program, this TPA is made an addendum to the Provider Enrollment Agreement on this \_\_\_ day of \_\_\_\_\_, 20\_\_

WHEREAS, the Trading Partner agrees to perform certain functions or activities that are subject to certain transaction standards;

WHEREAS, the Trading Partner agrees to conduct these transactions according to the limitations set forth in this TPA;

NOW, THEREFORE, DXC Services and the Trading Partner agree as follows:

## ARTICLE I. Definitions

- 1.1 **Billing Agent:** A Billing Agent is an entity that has a contract with a Provider(s) to submit claims to DXC Services on behalf of a Provider(s).
- 1.2 **Connecticut Medical Assistance Program:** The Connecticut Medical Assistance Program means all health benefit programs administered by DSS, including, but not limited to the following programs: Title XIX of the Social Security Act (“Medicaid”), as administered by DSS in its different programs; the Connecticut AIDS Drug Assistance Program (“CADAP”) and Title XXI of the Social Security Act (“HUSKY B”).
- 1.3 **HHS Transaction Standard Regulation:** The HHS Transaction Standard Regulation means the Code of Federal Regulations at Title 45, Parts 160 and 162.
- 1.4 **Health Care Clearinghouse:** The Health Care Clearinghouse has the same meaning as the term “Health care clearinghouse” as defined in 45 C.F.R. §160.103.
- 1.5 **Individual:** The Individual is the person who is the subject of the PHI and has the same meaning as the term “individual” as defined in 45 C.F.R. §160.103.

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- 1.6 **Parties:** The Parties are DXC Services and the Trading Partner.
  - 1.7 **Protected Health Information:** Protected Health Information (“PHI”) has the same meaning as the term “protected health information” as defined in 45 C.F.R. §160.103.
  - 1.8 **Provider:** The Provider is an individual, entity or facility that has an approved Provider Enrollment Agreement with DSS.
  - 1.9 **Provider Enrollment Agreement:** The Provider Enrollment Agreement is the agreement entered into between DSS and Providers participating in the Connecticut Medical Assistance Program.
  - 1.10 **Standard transaction:** Standard transaction (“Standard”) means a transaction that complies with the applicable standard adopted by 45 C.F.R. Part 162.
  - 1.11 **Transactions:** Transactions means the transmission of information between two entities to carry out financial or administrative activities related to health care, as defined in 45 C.F.R. §160.103.

## **ARTICLE II. Term**

The term of this TPA shall commence as of \_\_\_\_\_ (the “Effective Date”).

## **ARTICLE III. Trading Partner Obligations**

The Trading Partner agrees to the following:

- 3.1 Trading Partner hereby agrees that it will not change any definition, data condition or use of a data element or segment as proscribed in the HHS Transaction Standard Regulation (45 C.F.R. § 162.915(a)).
- 3.2 Trading Partner hereby agrees that it will not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation (45 C.F.R. §162.915(b)).
- 3.3 Trading Partner hereby agrees that it will not use any code or data elements that are either marked “not used” in the Standard’s implementation specifications or are not in the Standard’s implementation specifications. (45 C.F.R. §162.915(c)).
- 3.4 Trading Partner hereby agrees that it will not change the meaning or intent of any of the Standard’s implementation specifications. (45 C.F.R. §162.915(d)).

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- 3.5 Trading Partner hereby understands and agrees to submit Connecticut Medical Assistance Program-specific data elements in accordance with the Connecticut Medical Assistance Program Specific Billing Guides, to the extent that the Connecticut Medical Assistance Program-specific data elements do not change the meaning or intent of any of the Standard's implementation specifications (45 C.F.R. §162.915(d)) or do not change any definition, data condition or use of a data element or segment as proscribed in the HHS Transaction Regulation (45 C.F.R. §162.915(a)).
- 3.6 Trading Partner who is a Provider hereby agrees to adequately test all business rules appropriate to its types and specialties. Trading Partner who is a Billing Agent or a health care clearinghouse hereby agrees to adequately test all business rules appropriate to each and every provider type and specialty for which it provides billing or health care clearinghouse services.
- 3.7 Trading Partner agrees to cure Transactions errors or deficiencies identified by DXC Services, and Transactions errors or deficiencies identified by a Provider if the Trading Partner is acting as a Billing Agent or a health care clearinghouse for that Provider. When Trading Partner is a Billing Agent or a health care clearinghouse, Trading Partner agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers to which they provide services as a Billing Agent or a health care clearinghouse.
- 3.8 Trading Partner agrees and understands that, from time to time, the federal Department of Health and Human Services ("HHS") may modify and set compliance dates for its Standards. Trading Partner agrees to incorporate by reference into this TPA any such modifications or changes. (45 C.F.R. §160.104).
- 3.9 Trading Partner and DXC Services understand and agree to keep open code sets being processed or used in this TPA for at least the current billing period or any appeal period, whichever is longer. (45 C.F.R. §162.925(c)(2)).
- 3.10 Trading Partner agrees to meet all state and federal laws and regulations pertaining to confidentiality, privacy and security that are applicable to the Parties and to maintain and safeguard, in accordance with all state and federal laws and regulations, the confidentiality of DSS clients' personal, financial and medical information.
- 3.11 Trading Partner who is a Provider agrees that this TPA is an addendum to, and shall not supersede, any of the provisions contained in its Provider Enrollment Agreement. Trading Partner who is a Billing Agent agrees that this TPA is an addendum to, and shall not supersede, any of the provisions contained in the Provider Enrollment Agreements for the Providers for which it submits Transactions to DXC Services.

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## ARTICLE IV. Transactions

### Standards

Selected ASC X12N 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 Documents section below.

### Documents

Trading Partner will send to DXC Services the following documents:

<b>Transaction Set No.</b>	<b>Document Name/Description</b>	<b>Version 5010</b>
837	Health Care Claim: Institutional	
837	Health Care Claim: Professional	
837	Health Care Claim: Dental	
270	Health Care Eligibility Benefit Inquiry	
276	Health Care Claim Status Request	
834	Benefit Enrollment and Maintenance	
278	Prior Authorization	
999	Functional Acknowledgment (Note: DXC Services will automatically receive this transaction when sent by a trading partner in response to an 835 Health Care Claim Payment/Advice transaction.)	X
<b>Transaction Set No.</b>	<b>Document Name/Description</b>	<b>Version D.0</b>
NCPDP	Pharmacy	

Number of Providers for which you bill: \_\_\_\_\_

Estimated Claim Volume per Month: \_\_\_\_\_

Expected Frequency of Claim Submission: \_\_\_\_\_

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DXC Services will be sending the following documents to the Trading Partner:

<b>Transaction Set No.</b>	<b>Document Name/Description</b>	<b>Version 5010</b>
820	Payroll Deducted and Premium Payment	
835	Health Care Claim Payment/Advice*	
271	Health Care Eligibility Benefit Response	
277	Health Care Claim Status Response	
278	Prior Authorization Response	
999	Functional Acknowledgment	
<b>Transaction Set No.</b>	<b>Document Name/Description</b>	<b>Version D.0</b>
NCPDP	Pharmacy	

\*As required by the Section 1104 of the Affordable Care Act and the CORE 382 ERA Enrollment Data Rule, a standard set of information is required for enrollment for the 835 Health Care Claim Payment/Advice. Additional information to address these requirements is found on the CAQH Web site at [http://www.caqh.org/ORMandate\\_EFT.php](http://www.caqh.org/ORMandate_EFT.php). Please reference Article VIII for the Electronic Remittance Advice (ERA) Authorization Agreement, a requirement to be used for enrollment of an ERA/835 Health Care Claim Payment/Advice.

## **Guidelines**

### **HIPAA: Health Insurance Portability and Accountability Act**

This Trading Partner Agreement is intended to collect information that is within the framework of the CAQH CORE Operating Rule 382 (ERA Enrollment Data Rule) adopted for use under HIPAA. The Trading Partner Agreement is not intended to collect information that in any way exceeds the requirements or usages of data expressed in the CAQH CORE Operating Rule 382 (ERA Enrollment Data Rule).

## **ARTICLE V. Termination**

This TPA shall remain in effect until terminated by either party with not less than thirty (30) days prior written notice to the other Party. Such notice shall specify the effective date of termination. In the event of a material breach of this TPA by either Party, the nonbreaching Party may terminate the TPA by giving written notice to the breaching Party. The breaching Party shall have thirty (30) days to fully cure the breach. If the breach is not cured within thirty (30) days after the written notice is received by the breaching party, this TPA shall automatically and immediately terminate.

With the approval of DSS, this TPA will be terminated if DSS requests DXC Services to stop processing claims for the Trading Partner or the contract between DXC Services and DSS expires or terminates.

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**ARTICLE VI. Assignment of the TPA**

This TPA is binding on the Parties hereto and their successors and assigns, but neither Party may assign this TPA without the prior written consent of the other, which consent shall not be unreasonably withheld.

**ARTICLE VII. Providers Covered by this TPA (for all non- Electronic Remittance Advice (ERA)/835 Health Care Claim Payment/Advice transactions)**

The Trading Partner is submitting Transactions for the Providers (identified by AVRS ID) listed below. If space is necessary for additional Providers, please make copies of Article VII and submit with the TPA. The AVRS ID (sometimes referred to as the Medicaid Provider number) can be found in the “Provider Welcome Letter” issued upon successful enrollment into the Connecticut Medical Assistance Program.

Please note that it is necessary to complete Article VIII to enroll providers for an Electronic Remittance Advice (ERA)/835 Health Care Claim Payment/Advice. Article VIII must be completed for each AVRS ID in order to receive the ERA/835 Health Care Claim Payment/Advice.

<b>AVRS ID</b>	<b>Provider Name</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

**ARTICLE VIII. Electronic Remittance Advice (ERA) Authorization Agreement - 835 Health Care Claim Payment/Advice**

Please note that it is necessary to complete Article VIII to enroll providers for an ERA/835 Health Care Claim Payment/Advice. In accordance with ACA Section 1104, in the required “Other Identifiers” field below, the Trading Partner must list the AVRS ID in the field labeled “Trading Partner ID” in the Other Identifiers section. The AVRS ID uniquely identifies each provider. Each AVRS ID is nine digits and can be found in the “Provider Welcome Letter” issued upon a provider’s successful enrollment into the Connecticut Medical Assistance Program.

**Article VIII must be completed for each AVRS ID for which you wish to receive the ERA/835 Health Care Claim Payment/Advice.** If space is necessary for additional AVRS IDs, please make copies of Article VIII and submit with the TPA. Definitions of each field below can be found on Appendix A.

**Provider Name:** \_\_\_\_\_

**Provider Identifiers:**

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	_____
OR	
National Provider Identifier (NPI)	_____

**Other Identifiers:**

Assigning Authority	Medicaid
Trading Partner ID	

**Electronic Remittance Advice Information:**

<i>Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)</i> Provider Tax Identification Number (TIN)	_____
OR	
National Provider Identifier (NPI)	_____
Method of Retrieval	<input type="checkbox"/> Trading Partner Secure Web Portal <input type="checkbox"/> Safe Harbor Connectivity

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**Submission Information:**

Reason for Submission	<input type="checkbox"/> New Enrollment
	<input type="checkbox"/> Change Enrollment
	<input type="checkbox"/> Cancel Enrollment

I authorize the electronic remittance advice enrollment under the Connecticut Medical Assistance Program. I understand that I am responsible for the validity of the above information.

*Authorized Signature* \_\_\_\_\_

*Requested ERA Effective Date:* \_\_\_\_\_

**Return this form to:  
DXC Services LLC  
P.O. Box 2991  
Hartford, CT 06104**

Please note: You must contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment and the electronic remittance advice ERA. (*Reference Phase III CORE EFT & ERA Reassociation (CCD+/835) Rule Version 3.0.0 available on the CAQH Web site at [http://www.caqh.org/ORMandate\\_EFT.php](http://www.caqh.org/ORMandate_EFT.php).*)

*Verification of ERA Status*

Trading partners can access their Trading Partner Enrollment/Profile on the Secure Web portal to verify ERA status. For instructions on creating or accessing a Secure Web portal account, please refer to Provider Manual Chapter 10, available on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site by accessing Information > Publications, and selecting Chapter 10. Additional questions may be directed to the Electronic Data InterChange (EDI) Unit at 1-800-688-0503.

*Changes to or Cancellations of ERA Enrollment Information*

Should any trading partner need to update or cancel ERA enrollment information, the trading partner should make those changes via their Secure Web portal account. For instructions on creating or accessing a Secure Web portal account, please refer to Provider Manual Chapter 10, available on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site by accessing Information > Publications, and selecting Chapter 10.



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*Late/Missing ERA Resolution Procedures*

The Financial cycle schedule, which indicates remittance advice dates, may be viewed at [www.ctdssmap.com](http://www.ctdssmap.com) by selecting Provider > Provider Services > Schedules.

If a trading partner determines that their ERA is late or missing, the trading partner should contact the Electronic Data InterChange (EDI) Unit at 1-800-688-0503.

**ARTICLE IX. Contact Information for the Parties**

DXC Services LLC  
195 Scott Swamp Road  
Farmington, Connecticut 06032

**TRADING PARTNER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

IN WITNESS WHEREOF, DXC Services LLC and Trading Partner have caused this TPA to be signed and delivered by their duly authorized representatives as of the date set forth above.

DXC Services LLC  
By: \_\_\_\_\_

Print Name: Greg Jackson

Title: Account Manager

Date: \_\_\_\_\_

**TRADING PARTNER**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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**DO NOT FAX**

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

**DXC Services  
Attn: EDI Unit  
PO Box 2991  
Hartford, CT 06104**

## Appendix A

### Connecticut Medical Assistance Program Electronic Remittance Advice (ERA) Authorization Agreement

#### Data Element Descriptions

<i>ACA 1104 Phase III Core 382 Enrollment Data Rule Field Name</i>	<i>ACA 1104 Phase III Core 382 Enrollment Data Rule Field Description</i>	<i>Instructions for the Connecticut Medical Assistance Program</i>
<b>Provider Name</b>	Complete legal name of institution, corporate entity, practice or individual provider	Enter the provider's name.
<b>Provider Identifiers</b>		Enter the NPI associated to the provider. Only if the provider is atypical and does not have an NPI, enter the provider's TIN/EIN.
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity	
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions	

<b><i>ACA 1104 Phase III Core 382 Enrollment Data Rule Field Name</i></b>	<b><i>ACA 1104 Phase III Core 382 Enrollment Data Rule Field Description</i></b>	<b><i>Instructions for the Connecticut Medical Assistance Program</i></b>
<b><i>Other Identifiers</i></b>		
Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid	This field displays “Medicaid”. No additional data is required in this field.
Trading Partner ID	The provider’s submitter ID assigned by the health plan or the provider’s clearinghouse or vendor. For the Connecticut Medical Assistance Program, this is the provider’s nine digit AVRS ID.	Enter the provider’s 9-digit AVRS ID. (This nine digit ID can be found in the “Provider Welcome Letter” issued upon a provider’s successful enrollment into the Connecticut Medical Assistance Program.)
<b><i>Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)</i></b>	Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment	Enter the provider’s preference for grouping claim payments – either by TIN or NPI.  Please note that the Preference for Aggregation of Remittance Advice Data entered here must match the Account Number Linkage to Provider Identifier Data entered at the time the provider enrolled for Electronic Funds Transfer (EFT).
Provider Tax Identification Number (TIN)		
National Provider Identifier (NPI)		
<b><i>Method of Retrieval</i></b>	The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)	Enter the method of retrieval. Valid values are Secure Web Portal or Safe Harbor Connectivity.

<b><i>ACA 1104 Phase III Core 382 Enrollment Data Rule Field Name</i></b>	<b><i>ACA 1104 Phase III Core 382 Enrollment Data Rule Field Description</i></b>	<b><i>Instructions for the Connecticut Medical Assistance Program</i></b>
<b><i>Reason for Submission</i></b> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Enrollment</li> <li>• Cancel Enrollment</li> </ul>		Select the reason for submission of the ERA enrollment data. <ul style="list-style-type: none"> <li>- If the provider is not currently enrolled in ERA, the reason for submission should be New Enrollment.</li> <li>- If the provider is currently enrolled in ERA and wishes to update their ERA information, the reason for submission should be Change Enrollment.</li> <li>- If the provider is currently enrolled in ERA and wishes to cancel that enrollment, the reason for submission should be Cancel Enrollment.</li> </ul>
<b><i>Authorized Signature</i></b>	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment	Enter the authorized signature.
<b><i>Requested ERA Effective Date</i></b>	Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner	Enter the requested ERA effective date. Entry of current date or future date is allowed.