

DANE COUNTY DEPARTMENT OF HUMAN SERVICES TRADING PARTNER PROFILE INSTRUCTIONS

PURPOSE OF TRADING PARTNER PROFILE FORM: Dane County Department of Human Services (the Department) requires information to enable the Department to certify providers and to authorize and pay for medical services provided to eligible recipients of the Department's health care programs or those programs of the Department's contractual partner agencies.

The Department requires trading partners to complete a Trading Partner Agreement and a Trading Partner Profile form containing specific transaction and contact information as the first step in the Department's electronic transaction enrollment process. The Department must receive and process the forms before trading partners may begin testing with the Department. Testing will be required and must be completed satisfactorily before actual claims may be submitted.

The Trading Partner Profile is required of any organization wishing to exchange electronic client medical data with the Department. The Department will not accept retyped or otherwise reformatted versions of this form. One caveat, if the Trading Partner is billing through a third party (such as a clearinghouse or billing service), they don't have to submit a Trading Partner Profile, but the Third Party does. In that case the Trading Partner must identify them in the Trading Partner Agreement and the Department will contact them.

ELECTRONIC VERSION AVAILABLE: An electronic version of the form is available at http://www.co.dane.wi.us/humanservices/admin/hipaa_billing.htm. This is a "fillable" Adobe pdf form. You must have Adobe Acrobat software or the free Adobe Acrobat Reader to open it. When you've opened it, you can print it and then fill it in by hand or typewriter, or you can fill it in on-line and then print it, but you can't save the filled in form unless you have the full Adobe Acrobat software.

SUBMITTAL: If filling in by hand, please print legibly. Please return the completed form using one of the following:

Mail: Ken Baun
Dane County Human Services
1202 Northport Dr
Madison WI 53704

Fax: Ken Baun
(608) 242-6531

GENERAL INSTRUCTIONS FOR COMPLETING THE TRADING PARTNER PROFILE FORM

The Department requires that a single profile form be completed for each trading partner, even if the trading partner represents multiple vendors. Accurate and timely completion of the profile form will prevent delays in testing and approval for production processing. The Department will return incomplete forms to originating party.

SPECIFIC FIELD INSTRUCTIONS FOR COMPLETING THE TRADING PARTNER PROFILE FORM

SECTION I — TRADING PARTNER INFORMATION

The requested information for most of the fields is obvious. For the Organization ID, please enter whatever ID the organization uses to identify itself in the electronic transactions. Then please enter the type of ID it is. This could be a pharmacy NABP number, Medicaid number, Federal tax number, etc.

SECTION II — TRADING PARTNER TRANSACTION SETS

Please indicate those transaction sets that you will exchange. The inbound or outbound designations are from your perspective, i.e., your claims to the Department are outbound, and the Department's remittance response to you is inbound.

SECTION III — INDIVIDUAL COMPLETING FORM

Please complete the information for the person completing the form. Forms that are not signed and dated will be returned. If you're submitting the form electronically, a electronic "signature" is acceptable.

SECTION IV — OFFICE USE ONLY

Do not write in this section.