

Trading Partner Agreement

Between Sanford Health Plan and
Trading Partner (Clearing House/Direct
Submitter)

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SANFORD
HEALTH PLAN

1.0 Identity of Parties

- A. Sanford Health Plan is the issuing agency for this Agreement. It will be referred to as “Sanford Health Plan” in this Agreement. Sanford Health Plan EDI Department is referred to as “EDI Operations”. Sanford Health Plan and EDI Department’s address is: 300 Cherapa Place Suite 201, Sioux Falls, SD 57103. To contact EDI Department, send your e-mail to healthplan_edi@sanfordhealth.org.
- B. Trading Partner is defined as all entities wishing to establish EDI transaction with Sanford Health Plan. This includes Clearing Houses, individual physicians or health care providers. It is referred to as “Trading Partner” or “submitter”.

2.0 Duration of Agreement

This Agreement is effective on the date of signature by Sanford Health Plan and will remain in effect unless a written notice from either party is issued wishing to terminate the Agreement. This Agreement may be modified at any time upon mutual consent of the parties.

3.0 Scope of Services

- A. Upon signing this Agreement, EDI Operations at Sanford Health Plan will setup a user-ID and password account on Sanford Health Plan ftp server or web portal for the Trading Partner wishing to upload data electronically.
- B. Sanford Health Plan and the Trading Partner must go through a testing phase. During the testing process, Usage Indicator (ISA15) at the Interchange Control Header Segment must enter “T”. Sanford Health Plan will examine submitted test transactions for required elements, and will also ensure that the submitter gets a response during the testing process.
- C. When submitter is ready to send a transaction to the production environment, EDI Operations at Sanford Health Plan must be notified. Usage Indicator (ISA15) at the Interchange Control Header Segment must enter “P”. Sanford Health Plan will move the submitter to the production environment.
- D. The submitted file will be processed the same day it is received. Acknowledgement will not be sent to the submitter unless submitter chooses to have this option available.

4.0 Technical Specification

- A. Sanford Health Plan is using SSL based ftp client for 8xx transactions, 99x transactions. For the 270/271 and 276/277 transactions Sanford Health Plan uses SOAP and MIME protocols via a secure URL. Details are defined in the Sanford companion guides that trading partners will receive. In order to be able to connect to Sanford Health Plan ftp server, Trading Partner must install ftp software that supports SSL connection. It is up to the Trading Partner to get this software package.
- B. Please refer to the applicable Sanford Health Plan Companion Guide for transaction requirements.

5.0 Privacy

Sanford Health Plan and EDI Operations shall comply with all applicable federal and state laws and regulations regarding maintaining the confidentiality of all Trading Partners’ records and the information contained therein. Sanford Health Plan and EDI Operations shall not use confidential information for any purpose other than carrying out EDI obligations under this Agreement. Sanford Health Plan and EDI Operation shall establish and enforce policies and procedures for safeguarding the confidentiality of such data. Sanford Health Plan and EDI Operation may be held civilly or criminally liable for improper disclosure.

Sanford Health Plan shall comply with the security of medical data provisions of the Health Insurance Portability and Accountability Act of 1996 and the accompanying regulations. Sanford Health Plan shall comply with the privacy of medical data provision of the Health Insurance Portability and Accountability Act of 1996, including the use of standard transactions in any electronic transactions performed.

6.0 Requested Transactions covered by this agreement:

- EFT/ACH-electronic funds transfer. *Please attach a voided check.*
- X12 270/271
- X12 820
- X12 277ca *2
- X12 834 *2
- X12 276/277
- X12 835 *2
- X12 997/999 *2
- X12 837 Professional *2
- X12 837 Institutional *1 *2
- X12 837 Dental *1 *2

Check only those that apply

*1 For 837 transactions please estimate total monthly claim volume _____

*2 The sending system Public IP Address _____ you can obtain your IP by Googling "my ip".

Do you currently use a Clearinghouse? If so who _____

By the signature below, the Trading Partner hereby represents and warrants that they are in compliance with applicable provisions of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH") (enacted as part of the American Recovery and Reinvestment Act of 2009) and the Affordable Care Act ("ACA") (Public Law Nos. 111-148 and 111-152, enacted in March 2010) and the standards, operating rules, and related regulations and guidance promulgated thereunder (referred to collectively, hereinafter, as "the HIPAA requirements"), as may be amended from time to time.

The undersigned representative of the Trading Partner affirms that he or she is duly empowered to represent the Trading Partner for purposes of this attestation and has knowledge confirming the accuracy of this attestation.

Complete all below: Complete all fields or mark as NA (Not applicable)

Name: _____

Legal business name: _____

Provider Clearinghouse/billing service other _____

Organization name: _____

NPI: _____ Tax ID: _____

Address: _____

City _____ State _____ Zip Code _____

Technical representative name: _____ Phone number: _____

Technical representative email address: _____

IN WITNESS WHEREOF, the parties hereto have executed this Agreement

This _____ Day of _____, 20_____.

For Sanford Health Plan

For the Trading Partner

By: _____

By: _____

Tim Byrne
Vice President of Operations, Health Plan

Printed name: _____
Position (title) _____

| | |
|--------------------------|------|
| Filed Date - | By - |
| TPID - | |
| <i>Internal use only</i> | |