Trading Partner Enrollment

Enrollment with the EDI Gateway requires prospective trading partners to complete and submit the BlueCross® BlueShield® of South Carolina EDIG Trading Partner Enrollment Form and the Trading Partner Agreement. The purpose of the BlueCross BlueShield of South Carolina EDIG Trading Partner Enrollment Form is to enroll providers, software vendors, clearinghouses and billing services as trading partners and recipients of electronic data. It is important you follow these instructions and complete all the required information. We will return incomplete forms to the applicant, which could delay the enrollment process.

The enrollment form is in the Appendix of the EDI Gateway Technical Communications User's Manual and is also available at the HIPAA Critical Center. You should complete enrollment forms electronically and submit them via email to EDIG.OPS@PalmettoGBA.com. Use your **TAB** key to move forward through the form fields or click your cursor in a desired field or box. Be sure to save the file after you have completed the form.

The Trading Partner Agreement is a legal document. All trading partners are required to print, complete and return the originally signed hard copy via mail prior to being moved to production status. You can find the BlueCross BlueShield of South Carolina Trading Partner Agreements at the HIPAA Critical Center. You can find the PGBA Trading Partner Agreement on www.TRICARE-West.com.

If you are a prospective BlueCross BlueShield of South Carolina commercial or BlueChoice® HealthPlan trading partner, print and mail a hard copy of the completed Trading Partner Agreement to:

> BlueCross BlueShield of South Carolina
> Technology Support Center: EDI Enrollment
> I-20 at Alpine Road, AA-217
> Columbia, SC 29219

If you are a prospective PGBA, LLC trading partner, print and mail a hard copy of the completed Trading Partner Agreement to:

> Palmetto GBA, EDIG Operations
> P.O. Box 17151
> Augusta, GA 30903

This table will help trading partners complete the enrollment form:

Form Field Name	Instructions for Field Completion	Req.
Date	Enter today's date.	1 2 3
Action Requested:	Indicate the action to be taken on the enrollment form. Note: Depending on the requested action, different fields of this form are required. These are identified in the column at right.	
New Trading Partner ID	1. To apply for a new Trading Partner ID, check **New Trading Partner ID**.	1
Change	2. To change Trading Partner information, check **Change**.	2
Cancel	3. To cancel your enrollment, check **Cancel**.	3
Trading Partner Name	Enter the name of the entity that will be submitting/receiving electronic transactions with BlueCross BlueShield of South Carolina EDIG.	1 2 3

Form Field Name	Instructions for Field Completion	Req.
Trading Partner ID	EDIG assigns the Trading Partner ID to identify trading partners in our system.	2 3
Federal Tax ID #	Enter the trading partner's federal tax identification number.	1
Type of Business	Select the type of primary business the trading partner conducts. If you check "Other," indicate the type of business on the line provided.	1
Line of Business	Check one box per enrollment form indicating if transactions are BlueCross BlueShield of South Carolina Commercial or PGBA.	1
Start Date	Indicate, in mm/dd/ccyy format, the date the trading partner plans to begin transaction testing with BlueCross BlueShield of South Carolina EDIG.	1
End Date	If you are using this form to cancel an account, indicate, in mm/dd/ccyy format, the date the trading partner intends to terminate its trading partner account.	3
Compression	If you wish to download your files in a compressed format, check **PKZIP** or **UNIX**. If not, check **No Compression**.	1
Protocol	Check the preferred communication method. If you select **Secure FTP or VPN**, complete and return the "SFTP/VPN Customer Parameter Survey" and attach your public key ID file to your email. If you select **TCPIP via VPN**, complete and return the "BlueCross BlueShield of South Carolina Commercial TCPIP via VPN Customer Connectivity Parameter Survey" and/or the "PGBA TCPIP via VPN Customer Connectivity Parameter Survey." If you select **NDM**, complete the "BlueCross BlueShield of South Carolina Commercial NDM Customer Connectivity Parameter Survey" and/or the "PGBA NDM Customer Connectivity Parameter Survey." All Customer Connectivity Parameter Survey forms are in the Appendix of the EDI Gateway Technical Communications User's Manual. Please complete and return the form to EDIG.SUPPORT@PalmettoGBA.com.	1
Service Address	Enter the trading partner's complete address (including street, city, state and ZIP). This address must be the physical location for your business.	1 2
Billing Address	If different from the service address, enter the trading partner's billing (or mailing) address (including street, city, state and ZIP).	1 2
Primary Business Contact's Information	The name, email address, telephone number and fax number of the trading partner's primary business contact. This is the person BlueCross BlueShield of South Carolina EDIG will contact if there are questions regarding the enrollment or future questions about the account.	1 2
Primary Technical Contact's Information	The name, email address, telephone number and fax number of the trading partner's technical contact. This is the person BlueCross BlueShield of South Carolina EDIG will contact if there are technical questions or problems.	1 2
After Hours Technical Contact's Information	The name, email address, telephone number and fax number of the trading partner's after hours technical contact. This is the person BlueCross BlueShield of South Carolina EDIG will contact if there are technical questions or problems after normal business hours.	1 2
On-Call Technical Contact's Information	The name, email address, telephone number and fax number of the trading partner's on-call technical contact. This is the person BlueCross BlueShield of South Carolina EDIG will contact if there are technical questions or problems after normal business hours when it is unable to contact the After Hours Technical Contact.	1 2
Transaction Volume Estimates	Mark yes (Y) or no (N) for each mode. If you mark yes, indicate the average number of transactions you anticipate submitting each week.	1

	BlueCross BlueShield of South Carolina EDIG Trading Partner Enrollment Form ASC X12N Transactions

Date: _____

Action Requested: ☐ New Trading Partner ID
(Check One) ☐ Change   ☐ Cancel

Trading Partner's Name: _____

Trading Partner's ID: _____

Federal Tax ID #: _____

Type of Business: ☐ Institutional Health Care Provider   ☐ Clearinghouse   ☐ Billing Service
(Check One) ☐ Professional Health Care Provider   ☐ Health Care Plan
☐ Retail Pharmacy   ☐ Pharmacy Benefit Manager
☐ Software Vendor   ☐ Other *(indicate)*: _____

Line of Business: ☐ BlueCross BlueShield of South Carolina Commercial
(Check One) ☐ PGBA, LLC

Start Date: _____ (mm/dd/ccyy)   **End Date:** _____ (mm/dd/ccyy)
                                                                  (Required when canceling an account)

Compression: ☐ No Compression   ☐ PKZIP   ☐ UNIX
(Check One)

Protocol: ☐ NDM   ☐ Secure FTP   ☐ VPN
(Check One) ☐ TCP/IP via VPN   ☐ TCP/IP via AGNS
☐ HTTPS SOAP+WSDL   ☐ HTTPS MIME Multipart

Service Address

    Address 1: _____

    Address 2: _____

    City/State/ZIP: _____

Billing Address (If different from the Service Address)

    Address 1: _____

    Address 2: _____

    City/State/ZIP: _____

Primary Business Contact's Information

    First/Last Name: _____   **Email:** _____

    Telephone: ( ) ___-____ ext.____   **Fax:** ( ) ___-____

Primary Technical Contact's Information

    First/Last Name: _____   **Email:** _____

    Telephone: ( ) ___-____ ext.____   **Fax:** ( ) ___-____

After Hours Technical Contact's Information

    First/Last Name: _____   **Email:** _____

    Telephone: ( ) ___-____ ext.____   **Fax:** ( ) ___-____

On-Call Technical Contact's Information

    First/Last Name: _____   **Email:** _____

    Telephone: ( ) ___-____ ext.____   **Fax:** ( ) ___-____

Transaction Volume Estimates

Transmission*	Y/N**	Avg. Trans†	Transmission*	Y/N**	Avg. Trans†
ASC X12N 270 (005010X279A1)	☐	_____/wk	ASC X12N 837I (005010X223A2)	☐	_____/wk
ASC X12N 271 (005010X279A1)	☐	_____/wk	ASC X12N 837P(005010X222A1)	☐	_____/wk
ASC X12N 276 (005010X212)	☐	_____/wk	ASC X12N 837D (005010X224A2)	☐	_____/wk
ASC X12N 277 (005010X212)	☐	_____/wk	ASC X12N 835 (005010X221A1)	☐	_____/wk
ASC X12N 278 (005010X217)	☐	_____/wk	ASC X12N 834 (005010X220A1)	☐	_____/wk

* Versions supported as of Jan. 1, 2012   † Average number of transactions per week   ** Yes/No

For every box you checked "Y," provide the average # of transactions to be submitted weekly.

Vendor's Information

If using a vendor's software to create ASC X12N transactions submitted to the EDI Gateway, please provide the vendor's name and address and list the transactions.

Vendor's Name: _____

Address 1: _____

Address 2: _____

City/State/ZIP: _____

Transactions: _____

Customer's Information

If your business is authorized to send or receive transactions on behalf of another entity, please provide the entity's name, federal tax identification number and national provider identifier number. **This is required for all transactions.**

Name	Federal Tax Identification Number	National Provider Identifier Number

If you are a clearinghouse or software vendor and would like to be added to the Thumbs Up Certified Vendor list on www.SouthCarolinaBlues.com, please provide this information:

Website Address/URL: _____

Salesperson's Name and Telephone #: _____

If you would like to provide additional contact information, please do so here.

Additional Contact Information

1st Additional Contact Information

First/Last Name: _____ **Email:** _____

Telephone: ( ) ___-____ ext._____ **Fax:** ( ) ___-____

2nd Additional Contact Information

First/Last Name: _____ **Email:** _____

Telephone: ( ) ___-____ ext._____ **Fax:** ( ) ___-____

3rd Additional Contact Information

First/Last Name: _____ **Email:** _____

Telephone: ( ) ___-____ ext._____ **Fax:** ( ) ___-____

4th Additional Contact Information

First/Last Name: _____ **Email:** _____

Telephone: ( ) ___-____ ext._____ **Fax:** ( ) ___-____