

Trading Partner Onboarding

Onboarding with the EDI Gateway requires prospective trading partners to complete and submit both the BlueCross BlueShield of South Carolina EDI Gateway Trading Partner Enrollment Form and the Trading Partner Agreement. The purpose of the BlueCross BlueShield of South Carolina EDI Gateway 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 for you to follow these instructions and complete all of the required information.

The enrollment form is in the appendix of this manual and is also available from the [HIPAA Critical Center](#). You should complete enrollment forms and submit them via email to EDIG.OPS@PalmettoGBA.com.

The Trading Partner Agreement is a legal document. Trading partners are required to print, complete and return the original signed hard copy. You can find the BlueCross BlueShield of South Carolina Trading Partner Agreement and instructions at the [HIPAA Critical Center](#). You can find the PGBA Trading Partner Agreement and instructions on www.myTRICARE.com in the Electronic Claims Filing section. The table will help trading partners complete the enrollment form. Use your **TAB** key to move forward through the form fields or click your cursor in a desired field or box.

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 listed in the adjacent column.	
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 transactions with BlueCross BlueShield of South Carolina EDI Gateway.	1 2 3
Trading Partner ID	Enter your EDI Gateway assigned Trading Partner ID.	2 3
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 EDI Gateway.	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

Form Field Name	Instructions for Field Completion	Req.
Protocol	<p>Check the preferred communication method:</p> <p>-- If you select Secure FTP, complete and return the "BlueCross BlueShield of South Carolina Commercial SFTP, SFTP/VPN Customer Connectivity Parameter Survey."</p> <p>-- If you select VPN or TCPIP via VPN, complete and return the "BlueCross BlueShield of South Carolina Commercial TCPIP via VPN Customer Connectivity Parameter Survey."</p> <p>-- If you select NDM, complete the "BlueCross BlueShield of South Carolina Commercial NDM Customer Connectivity Parameter Survey."</p> <p>Note : Please complete and return the form to EDIG.SUPPORT@PalmettoGBA.com</p>	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
Mailing 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 and telephone number of the trading partner's primary business contact. This is the person BlueCross BlueShield of South Carolina EDI Gateway will contact with questions about the account.	1 2
Primary Technical Contact's Information	The name, email address and telephone number of the trading partner's technical contact. This is the person BlueCross BlueShield of South Carolina EDI Gateway will contact with technical questions related to this account.	1 2
After Hours Technical Contact's Information	The name, email address and telephone number of the trading partner's after hours technical contact. This is the person BlueCross BlueShield of South Carolina EDI Gateway will contact with technical questions or problems related to this account after normal business hours.	1 2
Transaction(s) Requested	Mark yes (Y) or no (N) for each mode.	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)

Protocol: NDM Secure FTP SFTP / 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(s) Requested

Transaction*	Check Box	Transaction*	Check Box
ASC X12N 270 (005010X279A1)	<input type="checkbox"/>	ASC X12N 837I (005010X223A2)	<input type="checkbox"/>
ASC X12N 271 (005010X279A1)	<input type="checkbox"/>	ASC X12N 837P(005010X222A1)	<input type="checkbox"/>
ASC X12N 276 (005010X212)	<input type="checkbox"/>	ASC X12N 837D (005010X224A2)	<input type="checkbox"/>
ASC X12N 277 (005010X212)	<input type="checkbox"/>	ASC X12N 835 (005010X221A1)	<input type="checkbox"/>
ASC X12N 278 (005010X217)	<input type="checkbox"/>	ASC X12N 834 (005010X220A1)	<input type="checkbox"/>