

Trading Partner Onboarding

Onboarding with the BlueCross EDI Gateway requires prospective trading partners to complete and submit both the BlueCross EDI Gateway Trading Partner Enrollment Form and the Trading Partner Agreement.

The purpose of the BlueCross 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 the trading partner to follow these instructions and complete all the required information. The enrollment form is in the appendix of this manual and is also available from the [HIPAA Critical Center](#). The trading partner should complete enrollment forms and submit them via email to EDIG.OPS@PalmettoGBAServices.com.

The Trading Partner Agreement is a legal document. The trading partner can find the BlueCross BlueShield of South Carolina Trading Partner Agreement and instructions at the [HIPAA Critical Center](#). The trading partner can find the PGBA, LLC Trading Partner Agreement and instructions on www.myTRICARE.com in the Electronic Claims Filing section.

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 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 the existing enrollment, check Cancel . | 3 |
| Trading Partner Name | Enter the name of trading partner with BlueCross EDI Gateway. | 1 2 3 |
| Trading Partner ID | Enter BlueCross EDI Gateway assigned Trading Partner ID. | 2 3 |
| Type of Business | Select the type of primary business the trading partner conducts. If "Other" is checked, 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, LLC. | 1 |
| Start Date | Indicate, in mm/dd/ccyy format, the date the trading partner plans to begin transaction testing with BlueCross EDI Gateway. | 1 |
| End Date | If using this form to cancel an account, indicate, in mm/dd/ccyy format, the date the trading partner intends to terminate the trading partner account. | 3 |

| Form Field Name | Instructions for Field Completion | Req. |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Protocol | <p>Check the preferred communication method:</p> <p>Select SecureFTP or SFTP/VPN, complete and return the “BlueCross BlueShield of South Carolina Commercial SFTP, SFTP/VPN Customer Connectivity Parameter Survey” and/or the “PGBA, LLC SFTP, SFTP/VPN Customer Connectivity Parameter Survey.”</p> <p>Select VPN or TCPIP via VPN, complete and return the “BlueCross BlueShield of South Carolina Commercial TCPIP via VPN Customer Connectivity Parameter Survey” and/or the “PGBA, LLC TCPIP via VPN Customer Connectivity Parameter Survey.”</p> <p>Select NDM, complete the “BlueCross BlueShield of South Carolina Commercial NDM Customer Connectivity Parameter Survey” and/or the “PGBA, LLC NDM Customer Connectivity Parameter Survey.”</p> <p>Note: All Customer Connectivity Parameter Survey forms are in the Appendix of this manual. Please complete and return the form to EDIG.SUPPORT@PalmettoGBAServices.com.</p> | 1 |
| Physical Address | Enter the trading partner’s complete address (including street, city, state and zip). This address must be the physical address for your business. | 1 2 |
| Mailing Address | If different from the physical address, enter the trading partner’s billing (or mailing) address (including street, city, state and zip). | 1 2 |
| Primary Business Contact’s Information | This is the person BlueCross BlueShield EDI Gateway will contact with questions about the account. | 1 2 |
| Primary Technical Contact’s Information | This is the person BlueCross BlueShield EDI Gateway will contact with technical questions related to this account. | 1 2 |
| After Hours Technical Contact’s Information | This is the person BlueCross BlueShield EDI Gateway will contact with technical questions or problems related to this account after normal business hours. | 1 2 |
| Transaction Requested | Check the appropriate box(es) as to the transaction(s) the trading partner will be submitting to the BlueCross EDI Gateway. | 1 |



BlueCross BlueShield of South Carolina EDI 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

Physical 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"/> |