

Trading Partner Enrollment Form

Trading Partner will exchange transactions directly with Blue Shield of California using SFTP

Transactions Elected:	<input type="checkbox"/> 837 Claims/Encounter Submission <input type="checkbox"/> 276/277 Claims Status <input type="checkbox"/> 270/271 Eligibility <input type="checkbox"/> 835 ERA/EFT <input type="checkbox"/> 278 Authorizations
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Blue Shield of California providers must use the Provider Authorization Form to enroll in electronic remittance advice and provide bank routing information for electronic funds transfer (EFT). Additional copies of this form are available online at blueshieldca.com/provider/edi.

During exchange of electronic transactions, each party will comply with all applicable requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated thereunder.

Clearinghouses representing multiple providers or providers with multiple Tax Identification Numbers (TINS) or Type II NPI(s) must use the Tax Identification Detail form to indicate all Tax Identification numbers for which data will be included in EDI transmissions.

Business Type:	<input type="checkbox"/> Clearinghouse <input type="checkbox"/> Billing Service <input type="checkbox"/> Vendor <input type="checkbox"/> MSO/CBO <input type="checkbox"/> Institutional provider <input type="checkbox"/> Professional provider <input type="checkbox"/> IPA	
Trading partner name:		
Tax ID:	National Provider Identifier (NPI) Type 2:	
Street Address:		
City:	State:	Zip:
Mailing address:		
City:	State:	Zip:
Contact name:	Phone:	Fax:
Contact title:	Email:	

Software Vendor Information (if applicable)

Software vendor contact name:
Vendor address:



Tax Identification Number Detail Form

If your electronic data interchange (EDI) file transmissions will include multiple Tax Identification Numbers (Tax ID) or Type II NPI numbers, either for a single organization or, in the event of a clearinghouse, vendor, billing service or CBO/MSO, on behalf of multiple organizations, please indicate the following information for each Tax ID that will be included in your transmissions.

If you are authorized to receive 835 files as a third party, on behalf of an entity other than yourself, please also provide Blue Shield with a signed copy of the "Provider Authorization Form."

Provider Organization Name	Tax ID	Type-2 NPI	Physical Address	Type

Note: This form may also be used to add, delete or modify Tax IDs or NPIs to be included in your EDI transmissions. Additional copies of this form may be obtained at blueshieldca.com/provider/edi.

Fax Updates to:

To: EDI\Blue Shield	From:
Fax: (530) 351-6150	Provider\Entity:
Number of Pages:	Phone:
Date:	email:

Blue Shield of California
Attn: EDI
4700 Bechelli Lane
Redding, CA 96002

Fax to: EDI/Blue Shield at (530) 351-6150
Email: EDI_BSC@blueshieldca.com

Trading Partner Enrollment Form

An Independent Member of the Blue Shield Association



SFTP Connectivity Detail Form

Complete this form to establish a direct connection with Blue Shield using Secure File Transfer Protocol.

<i>Contact Information (at least two contacts are required):</i>			
Contact Type	Name	Phone	Email
Business			
Technical Lead			
Primary FTP User			
Backup FTP User			
Data Integrity Protocol (select one):			
<input type="checkbox"/> Not Required	<input type="checkbox"/> SHA-1	<input type="checkbox"/> MD5	<input type="checkbox"/> RIPEMD-160
Transport Method & Data Encryption (select one):			
<input type="checkbox"/> FTP with PGP encryption of data		<input type="checkbox"/> Secure FTP over SSH with no PGP data encryption	
<input type="checkbox"/> Secure FTP over SSH with PGP encryption of data			
PGP Encryption Method (please select only one):			
<input type="checkbox"/> AES (128 bit)	<input type="checkbox"/> Diffie-Hellman (1024 bit)	<input type="checkbox"/> RSA (1024 bit)	
<input type="checkbox"/> AES (192 bit)	<input type="checkbox"/> Diffie-Hellman (2048 bit)	<input type="checkbox"/> RSA (2048 bit)	
<input type="checkbox"/> AES (256 bit)	<input type="checkbox"/> Diffie-Hellman (4096 bit)	<input type="checkbox"/> RSA (4096 bit)	
<input type="checkbox"/> Cast 5 (128 bit)_____	<input type="checkbox"/> El Gamal (1024 bit)	<input type="checkbox"/> Triple DES (168 bit)	
<input type="checkbox"/> DSA v3 & v4 (1024 bit)	<input type="checkbox"/> El Gamal (2048 bit)	<input type="checkbox"/> Two Fish (256 bit)	
<input type="checkbox"/> DSA v3 & v4 (2048 bit)	<input type="checkbox"/> El Gamal (4096 bit)		
<input type="checkbox"/> DSA v3 & v4 (4096 bit)	<input type="checkbox"/> IDEA (128 bit)		
Static IP Address & Data Delivery Method (select one):			
Primary IP address: ().().().()			
Secondary IP address: ().().().()			
<small>IP addresses must be static. Notify Blue Shield of California at (800) 480-1221 of any IP address change to avoid interruption in service. For IP address not registered in the name of the trading partner, complete the IP Ownership Verification Form.</small>			
Inbound to BSC:	<input type="checkbox"/> BSC FTP Server pulls file from customer		Source Directory:
	<input type="checkbox"/> Customer pushes file to BSC		
Outbound to customer:	<input type="checkbox"/> BSC FTP Server pushes to customer		Source Directory:
	<input type="checkbox"/> Customer pulls from the BSC SFTP server		
Note: Blue Shield will email with your login ID and password for our secure FTP server, with a copy of our PGP public key, if applicable. Blue Shield will also request a login ID and Password if BSC will push or pull from the customer's server.			

Blue Shield of California
 Attn: EDI
 4700 Bechelli Lane
 Redding, CA 96002

Fax to: EDI/Blue Shield at (530) 351-6150
 Email: EDI_BSC@blueshieldca.com

Trading Partner Enrollment Form

IP Ownership Verification Form

If the IP address is not registered in the name of the trading partner, please complete this form to verify ownership.

This IP address is a **static** IP and for the trading partner's sole purpose.

Trading Partner Name: _____

Static IP Address: (primary) _____
 (secondary) _____

Check one:

IP address allocated by my Hosting Provider

Name of Hosting Provider: _____

IP address provided by my ISP

Name of ISP: _____

Other:

Please explain: _____

Authorized Signature	
Signature:	
Print Name:	
Title:	
Address:	
Telephone:	