

Overview of Electronic Enrollment

Blue Shield of California and Blue Shield of California Life & Health Insurance Company (collectively “Blue Shield”) offer a variety of eBusiness solutions for electronic enrollment. The attached Trading Partner Form for Inbound Enrollment allows Blue Shield customers to submit enrollment information electronically to Blue Shield.

Electronic Enrollment

- Administrative savings to employer groups
- Faster membership availability
- Reduce number of manual processing entry errors
- Reduce paper handling and storage
- Improve security of Personal and Health Information (PHI)
- Faster membership changes (e.g., address changes)

Secure File Transfer Protocol (SFTP)

- Free - no transaction fees!
- Supports all HIPAA transactions (Enrollment - 834)
- Improved security – data exchange is direct with employer group, clearinghouse or producer organization
- Supports unattended scripted file transfers
- Robust data exchange capability for larger file size and faster data transfer

EDI Enrollment Instructions

Enrolling in Blue Shield of California’s electronic enrollment is easy; just follow the simple steps below.

What you need to do	What BSC will do
Complete and sign the Trading Partner Form for Inbound Enrollment and fax or mail it to the Blue Shield address shown below.	Execute and return a complete copy of the Trading Partner Form for Inbound Enrollment.
For an SFTP connection, complete the Connectivity Detail Form.	Create secure FTP folders to exchange data electronically for those electing SFTP.

Questions: (916) 350-6600
 Email: esquared@blueshieldca.com
 Fax: (916) 350-7305

Blue Shield of California
 Attn: I&M – Automated Enrollment
 P.O. Box 629014
 El Dorado Hills, CA 95762-9014

Trading Partner Form for Inbound Enrollment

Entity Submitting Data: Clearinghouse Producer Organization*
 Fully Insured Employer Group ASO Employer Group*
 File Format: 834 HIPAA Enrollment Submission Common Record Format (CRF)
 Request Type: Other Describe: _____

* Business Associate Agreement (BAA) required.

Trading Partner Information	
Trading Partner Name:	
Employer Group:	
Address:	
City:	State: Zip:
Mailing Address:	
City:	State: Zip:
Contact Name:	Phone: Fax:
Contact Title:	Email:
Additional Contact Information (Please provide details for ASP, outsourced hosting service, or any associate who may be presenting files to BSC on your behalf)	
Name:	
Contact Name:	
Address:	
Phone number:	Email:
By submission of this form to Blue Shield, Trading Partner authorizes implementation of the services requested above as indicated on this Trading Partner Form for Inbound Enrollment. Trading Partner acknowledges that it is responsible for the accuracy, privacy and security of the transmission of electronic data to Blue Shield, in accordance with state and federal law, including the Administrative Simplification requirements of HIPAA, as set out in the Code of Federal Regulations Title 45 Parts 160-164.	
Trading Partner Authorized Signature	
Signature:	Print Name:
Title:	Date:

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blue  of california
Connectivity Detail Form

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

Trading Partner Name: _____

Request Date: _____

Trading Partner Contact Information (please provide a minimum of two)			
Contact Type	Name:	Phone:	Email:
Business Contact			
Technical Lead			
Primary FTP User			
Backup FTP User			
Connectivity Requested			
<input type="checkbox"/> FTP with PGP data encryption		Please note: - We will provide our public PGP key for inbound files. - Only the SFTP protocol is supported for SSH.	
<input type="checkbox"/> Secure FTP over SSH with PGP data encryption			
<input type="checkbox"/> Secure FTP over SSH with no PGP data encryption			
File Format (Internal File Destination)			
<input type="checkbox"/> .834 HIPAA (SeeBeyond)		<input type="checkbox"/> CRF - Common Record Format (FileExpress)	
Data Delivery Method:			
<input type="checkbox"/> BSC FTP Server Pulls from Trading Partner ¹	Trading Partner Server Static IP Address: ²		
	User ID:		
	Source Path:		
	Filename: ³		
	<input type="checkbox"/> Passwords are not set to expire		
	<input type="checkbox"/> Passwords set to expire After what period of time?		
¹ A Blue Shield Systems Administrator will contact your Technical Lead for the Password prior to testing; please have it available. ² BSC is able to accommodate Static IP addressing for Secure Electronic Transactions/Transfers. We are not able to support Fully Qualified Domain Names, URLs, nor Dynamic IP Addressing. ³ Filename: please specify prefix (if applicable) and extension i.e. PROD*.txt			
<input type="checkbox"/> Trading Partner Pushes to BSC FTP Server	Trading Partner Client Static IP Address: ²		
	Production Inbound Folder: inbound		
	Test Inbound Folder: testinbound		
When will the file be ready for transmission? (Please include as much detail as possible: i.e. The first of the month before 15:00 PST; or Every Monday at 17:00 PST)			

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