Trading Partner Registration Form

HIPAA Transactions 837, 835, 270/271, 276/277, 278, 820, 834

The information you provide on this **Trading Partner Registration (TPR)** form is used to set up the BCBSRI HIPAA test and production systems for **electronic submissions.** A description of the testing steps is outlined in the *How To Test and Implement in Production* documents available at www.BCBSRI.com and select Employers or Providers, HIPAA, and Documentation. If you have any questions concerning the completion of this form, send an e-mail to hipaa.edi.support@bcbsri.org. Upon receipt of the completed and signed TPR, BCBSRI will provide you with your trading partner logon credentials: user ID, password; and the additional information required to initiate Foresight and HIPAA partner testing.

In addition, please print out and complete the **Trading Partner Agreement (TPA) form** and forward to BCBSRI along with this TPR so that we may set you up to test electronic claims for BCBSRI end-to-end (pre-production) testing. **The TPA must be on file with BCBSRI before testing can begin.** This document is also available on the BCBSRI HIPAA Documentation Web pages. The TPA is the legal document that ensures you and BCBSRI agree to the HIPAA compliance guidelines for testing and privacy.

Required Trading Partner Information
(Please **PRINT** your responses on this form)

Name: _____ Contact: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Physical Address: _____

City: _____State: _____ZIP Code: _____

Telephone: _(_____)_____Fax: __(_____)_____

E-mail: _____

BCBSRI Provider/Submitter Number: _____. This assumes that all providers under this submitter number remain as currently processed. Please attach a list of all providers and their BC, BS and/or BlueCHiP provider numbers. Any subsequent provider changes must be made in writing on your letterhead. BCBSRI will coordinate the submitter and provider numbers with the test and production systems. Please select the plans and HIPAA transactions you require below:

Plans:	☐ BCBSRI	☐ Blue CHiP	☐ Dental
Transactions:	☐ 837P Professional claim	☐ 837I Institutional claim	☐ 837D Dental Claim
	☐ 835 Electronic Remittance	☐ 270/271 Membership Eligibility	
	☐ 276/277 Claims Status Request	☐ 278 Pre-Authorization Request	

New Submitters
Please select the HIPAA transactions you require above. Please attach a list of all providers, and their NPI, BC, BS and/or BlueCHiP provider numbers. Any subsequent provider changes must be made in writing on your letterhead. BCBSRI will coordinate the submitter and provider numbers with the test and production systems.

Employer Submitters:
BCBSRI Employer Group Name: _____. Identify the transactions you require below:

Transactions: ☐ 820 Group Premium Payment ☐ 834 Group Enrollment

IMPORTANT – Once you have completed testing and are approved for EDI production status, you must notify us in writing whenever your submitter or provider information changes. This will ensure that your electronic transactions continue to be accepted for processing.

I authorize the setup of the transactions noted above.

Signature: _____ Date: _____

An original signature is required for this document. The original documents must be on file with BCBSRI prior to the start of HIPAA Partner Testing.

Please mail to: Director, EDI & Electronic Information Exchange
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903