

# Alaska Department of Labor and Workforce Development (DOL)

## Trading Partner Profile Registration Instructions



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## 1. Overview:

This Alaska EDI Trading Partner Profile Registration provides each trading partner with the ability to create and submit a New Profile or an Updated Trading Partner Profile. This form will uniquely identify a trading partner as the sender of the data, how the data will be sent, the business & technical contacts, and the demographics for the Subsidiary Insurers and/or Claim Administrators.

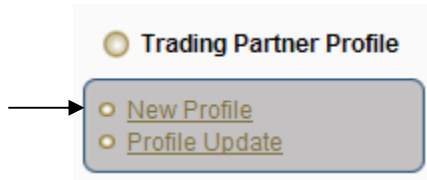
Upon **completion** of the EDI Trading Partner Profile online, an auto response email will be sent to the primary contact, and to the jurisdiction. This will serve as notification, to all parties, of the EDI Trading Partner information for EDI implementation. See email example in Section 4.

Upon **approval** of the EDI Trading Partner Profile by Alaska Department of Labor and Workforce Development, the EDI Support Team will contact the primary contact to indicate when the profile will become effective for EDI reporting.

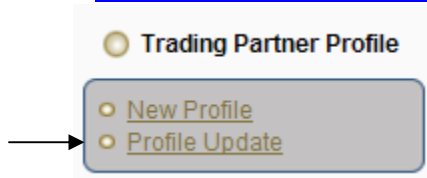
The following provides information for accessing and completing a NEW or UPDATED Alaska EDI Trading Partner Profile.

## 2. Accessing and Completion of the Alaska EDI Trading Partner Profile

- a. New Profile- Alaska EDI Trading Partner Profile: When a new trading partner wants to begin filing with Alaska DOL, they can complete the EDI Trading Partner Profile by clicking on the 'New Profile' button on the left side of the screen at website: <http://www.adoledi.info/>.



- b. Profile Update-Alaska EDI Trading Partner Profile: When an update is needed for the EDI Trading Partner Profile, click on the 'Update Profile' button on the left side of the screen at website: <http://www.adoledi.info/>.



### 3. How to complete a New and Update Alaska EDI Trading Partner Profile

Required fields are indicated in bold based on the entry of a NEW or UPDATED Alaska EDI Trading Partner Profile. Upon submission, any required fields that are not completed will be noted with a red box around the required field. When completing the profile, if you see a reference to a DN, e.g., Insurer Name (DN0007), this will indicate that the information requested is a Data Element (DN) that is part of the Claims EDI Release 3 report that will be reported to Alaska for specific reports.

a. EDI Sender (Primary Insurer/TPA):

- i. **Company Name:** Enter the Company Name of the sender, which should be the entire name as listed on any licensing/registration applications filed with the Alaska Department of Labor and Workforce Development and not an acronym.
- ii. **Company Master FEIN:** Enter the Federal Employer Identification Number (FEIN) of your business entity. Please enter 9 digits with no punctuation.
- iii. **Company Postal Code:** Enter the 9-digit Postal Code (Zip+4) in the trading partner address field. This along with the FEIN will be used to uniquely identify a trading partner.

Note: Company Master FEIN and Postal Code should be the same as those that the trading partner will use as the Sender ID in the Header Record for all of its EDI transmissions.

**EDI Sender/Receiver (Primary Insurer/TPA):**

EDI Profile:	New
Jurisdiction:	AK
<b>Company Name:</b>	<input type="text"/> <i>The <b>Company Name</b> of the sender should be the entire name as listed on any licensing/registration applications filed with the Alaska Department of Labor and Workforce Development and not an acronym.</i>
<b>Company Master FEIN:</b>	<input type="text"/> <i>(nine digit FEIN, no punctuation)</i>
<b>Company Postal Code:</b>	<input type="text"/> <i>(nine digit postal code)</i>

- b. Preparer Contact Information: Enter the contact information for the person completing the form.

**Preparer Contact Information:**

<b>Preparer Name:</b>	<input type="text"/>
<b>Preparer Title:</b>	<input type="text"/>
<b>Preparer Address:</b>	<input type="text"/> <input type="text"/>
<b>City:</b>	<input type="text"/>
<b>State:</b>	<input type="text"/>
<b>Zip:</b>	<input type="text"/>
<b>Phone:</b>	<input type="text"/>
<b>Fax:</b>	<input type="text"/>
<b>Email:</b>	<input type="text"/>

- c. Filing Method: At least on one method required.

- EDI Vendor:** If you are using an EDI Vendor to support your EDI reporting, complete this section. Refer to <http://www.adoledi.info/index.php/ak-edi-vendors>. First click the 'radio button' beside EDI Vendor. Then complete/enter the following information.
- ADOL Web Entry:** If you are using the Alaska EDI FROI SROI Web Reporting System, click the 'radio button' beside ADOL Web Entry.
- Other, please explain:** First click the 'radio button' beside 'Other, please explain'. Then enter the information in the area provided.

<b>Filing Method:</b>	<input checked="" type="radio"/> EDI Vendor
<i>(one method required)</i>	
Vendor Company Name:	<input type="text"/>
Vendor Contact Name:	<input type="text"/>
Vendor Phone:	<input type="text"/>
Vendor Email:	<input type="text"/>
	<input type="radio"/> ADOL Web Entry
	<input type="radio"/> Other, please explain: <input type="text"/>

- d. Primary & Secondary Contact for EDI Implementation/Setup/Maintenance: This section provides the ability to identify individuals within your business entity who can be used as the main contacts for this trading partner agreement. Two types of contacts should be identified: one for business practices and issues, and one for technical issues. Enter the information below for both a business and technical contact that is the main contact for your company. In the event there is any communications on the EDI reporting, claims, requirements, etc. these contacts will be notified/contacted. On the form, click the 'radio button' beside Business or Technical and complete the following information for each specific contact. The first contact entered will be the primary contact and the second contact entered will be the secondary contact.

<b>Contact Type:</b>	<input type="radio"/> Business	<input type="radio"/> Technical		
<b>Contact Name:</b>	First: <input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>	Suffix: <input type="text"/>
<b>Contact Title:</b>	<input type="text"/>			
<b>Address Line 1:</b>	<input type="text"/>			
Address Line 2:	<input type="text"/>			
<b>City:</b>	<input type="text"/>			
<b>State:</b>	<input type="text"/>			
<b>Zip:</b>	<input type="text"/>			
<b>Phone:</b>	<input type="text"/>			
<b>Fax:</b>	<input type="text"/>			
<b>Email:</b>	<input type="text"/>			

- e. Subsidiary Insurer(s): This form is designed to document the identities of trading partners using the same third party administrator or other Sender to transmit data electronically to the jurisdiction. Provide the full Insurer Legal Name, Insurer FEIN, Status Effective Date and Subsidiary Type, for each insurer (carrier, self insurer, or group-funded pool) for whose claims the Sender will be transmitting data. Alaska will notify the Sender of any discrepancy between the identifying information entered and the jurisdiction's present records. This list will be used to reconcile identification tables and will be used as part of the edit on Insurer FEIN for edits no match on database. It is understood that this list will have entries added or removed from time to time for which an updated report should be sent to the jurisdiction as outlined within this document.

**Add/Remove Subsidiary** : This button is used to allow you to access the entry to either 1) Add a new Insurer Subsidiary on a NEW EDI Trading Partner Profile or to Add or Remove Insurer Subsidiary on a UPDATED EDI Trading Partner Profile.

**Remove Last Subsidiary (while editing)** : This button is used to allow you to remove the last Insurer Subsidiary that was entered during the current EDI Trading Partner Profile submission.

- i. Add an Insurer:
- Click on the Add radio button
  - Enter the applicable subsidiary information highlighted in red below; Insurer Name, Insurer FEIN and click the radio button beside either Insurer or Self Insurer.

<b>(1)</b>	<b>Status:</b>	<input checked="" type="radio"/> Add
	<b>Status Effective Date:</b>	<input type="text" value="10/04/2011"/> <small>(mm/dd/yyyy)</small>
	<b>Insurer Name (DN0007):</b>	<input type="text"/>
	<b>Insurer FEIN (DN0006):</b>	<input type="text"/> <small>(nine digit FEIN, no punctuation)</small>
	<b>Subsidiary Type:</b>	<input type="radio"/> Insurer <input type="radio"/> Self Insurer

ii. Continue 'Adding Insurers':

- Click the Add/Remove Subsidiary button otherwise proceed to the Add Claim Administrator(s) section: **Add/Remove Subsidiary**
- By clicking 'Add/Remove Subsidiary' another Insurer entry will be presented (# 2 in this case). Complete the required information and repeat the process to add the Insurer Subsidiary until completed, and then move to the Claim Administrator section.

(1) Status:	<input checked="" type="radio"/> Add
Status Effective Date:	<input type="text" value="10/04/2011"/> (mm/dd/yyyy)
Insurer Name (DN0007):	<input type="text" value="Alaska Insurer"/>
Insurer FEIN (DN0006):	<input type="text" value="458532699"/> (nine digit FEIN, no punctuation)
Subsidiary Type:	<input checked="" type="radio"/> Insurer <input type="radio"/> Self Insurer

(2) Status:	<input checked="" type="radio"/> Add
Status Effective Date:	<input type="text" value="10/04/2011"/> (mm/dd/yyyy)
Insurer Name (DN0007):	<input type="text" value="Alaska Insurer #2"/>
Insurer FEIN (DN0006):	<input type="text" value="657895423"/> (nine digit FEIN, no punctuation)
Subsidiary Type:	<input checked="" type="radio"/> Insurer <input type="radio"/> Self Insurer

**Add/Remove Subsidiary**

**Remove Last Subsidiary (while editing)**

iii. To remove the last Insurer Subsidiary entered during the entry of the profile:

- Click the Remove Last Subsidiary (while editing) button: **Remove Last Subsidiary (while editing)**
- In this example, we will remove Insurer Subsidiary (2). The following will be presented to indicate that Subsidiary (2) was removed. When completed, move to the Claim Administrator section.

(1) Status:	<input checked="" type="radio"/> Add
Status Effective Date:	<input type="text" value="10/04/2011"/> (mm/dd/yyyy)
Insurer Name (DN0007):	<input type="text" value="Alaska Insurer"/>
Insurer FEIN (DN0006):	<input type="text" value="458532699"/> (nine digit FEIN, no punctuation)
Subsidiary Type:	<input checked="" type="radio"/> Insurer <input type="radio"/> Self Insurer

iv. Updating a Profile's Insurer(s) and Claim Administrator(s):

- The difference in the NEW EDI Trading Partner Profile versus the UPDATED EDI Trading Partner Profile concerning the Subsidiary Insurers and Claim Administrators is that the NEW Profiles only have a add option and the UPDATE has both a Add and Remove option.
- Using the following 'Add/Remove' options within the UPDATE EDI Trading Partner Profile: Add/Remove Subsidiary Add/Remove Claim Admin there are 2 options, 1) Click the 'Add' radio button to add a new Subsidiary Insurer or Claim Administrator to your EDI Trading Partner Profile (one that has never been added or was added and previously removed) and 2) Click the 'Remove' radio button, to remove a Subsidiary Insurer or Claim Administrator from your EDI Trading Partner Profile that was last added.

Status:  Add  Remove

- f. Claim Administrator(s): This is intended to document either the physical address, mailing address or both addresses that correspond to the Claim Administrator recorded on the claim. Under the Claim Administrator section, provide the Claim Administrators information below including the physical address and mailing address that will correspond to that of the Claim Administrator recorded on the claim(s) that will be reported by the Sender (Trading Partner). . Alaska will notify the Sender of any discrepancy between the identifying information entered and the jurisdiction's present records. This list will be used to reconcile identification tables and will be used as part of the edit on Insurer FEIN for edits no match on database. It is understood that this list will have entries added or removed from time to time for which an updated report should be sent to the jurisdiction as outlined within this document.

Add/Remove Claim Admin : This button is used to allow you to access the entry to either 1) Add a new Claim Administrator on a NEW EDI Trading Partner Profile or to Add or Remove Claim Administrators on a UPDATED EDI Trading Partner Profile.

Remove Last Claim Admin (while editing) : This button is used to allow you to remove the last Claim Administrator that was entered during the current EDI Trading Partner Profile submission.



i. To 'Add a Claim Administrator':

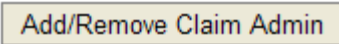


- Click on the Add radio button
- Enter the applicable Claim Administrator information highlighted in red below. Please note that the Status Effective Date should be either the current date or a known future date when the trading partner will begin reporting this indicted Claim Administrator. It is used by Alaska to record the date that the Claim Administrator was effective for the trading partner.

<b>Status Effective Date:</b>	<input type="text" value="10/04/2011"/> <small>(mm/dd/yyyy)</small>
<b>Claim Admin FEIN (DN0187):</b>	<input type="text"/> <small>(nine digit FEIN, no punctuation)</small>
<b>Claim Admin Name (DN0007):</b>	<input type="text"/>
<b>Claim Representative Name (DN0140):</b>	<input type="text"/>
<b>Claim Representative Business Phone:</b>	<input type="text"/>
<b>Provide the Claim Admin Mailing Address:</b>	
<b>Primary Address (DN0010):</b>	<input type="text"/>
Secondary Address (DN0011):	<input type="text"/>
<b>City (DN0012):</b>	<input type="text"/>
<b>State Code (DN0013):</b>	<input type="text"/>
<b>Postal Code (DN0014):</b>	<input type="text"/>
<b>Provide the Claim Admin Physical Address:</b>	
<b>Primary Address:</b>	<input type="text"/>
Secondary Address:	<input type="text"/>
<b>City:</b>	<input type="text"/>
<b>State Code:</b>	<input type="text"/>
<b>Postal Code (DN0200):</b>	<input type="text"/>

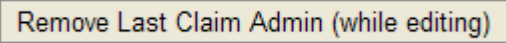
Include Claim Administrator Representative Name (DN0140) and Claim Administrator Representative Business Phone Number (DN0137) for each location listed on the form. The name and phone number should be a contact person at that location that could answer questions or could direct the jurisdiction to the appropriate adjustor for the claim.

ii. To continue 'Adding Claim Administrators':

- Click the Add/Remove Claim Admin button otherwise proceed to complete the EDI Trading Partner Profile: 
- By clicking 'Add/Remove Claim Admin' another Claim Admin entry screen will be presented (# 2 in this case). Complete the required information and repeat the process to add the Claim Administrators until completed, and then proceed to complete the EDI Trading Partner Profile.

iii. To remove the last Claim Administrator entered:

- Click the Remove Last Claim Admin (while editing) button:



g. Comments: Please include any comments in this section.

Comments: 

h. Release 3 Jurisdictions: Please indicate the number of Release 3 jurisdictions that you company reports to.

**Please enter the number of Release 3 jurisdictions that your company is currently reporting to:**



i. Submit the Alaska EDI Trading Partner Profile. Click the 'submit' button to complete the registration process. An email confirmation will be generated per the example in Section 4. Alaska will respond via email on confirmation and approval of the Alaska EDI Trading Partner relationship.



#### 4. Alaska Trading Partner Profile Registration Email Example

Upon **completion** of the EDI Trading Partner Profile online, an auto response email will be sent to the primary contact, and to the jurisdiction. This will serve as notification, to all parties, of the EDI Trading Partner information for EDI implementation. Below is an example of the Alaska EDI Trading Partner Profile registration. The information that is completed on the profile will be included in the email.

-----Original Message-----

From: adoledi@iso.com [mailto:adoledi@iso.com]

Sent: Wednesday, September 28, 2011 2:34 PM

To: dol.workerscomp.edi@alaska.gov

Cc: ADOLEDI; *Preparer's Email; Primary Contact's Email here*

Subject: EDI New Profile AK - *Your Companies Name here*

-- Electronic Data Interchange Profile --

Jurisdiction: AK

EDI Profile: *New or Update here*

-- EDI Sender/Receiver (Primary Insurer/TPA) --

Company Name:

Master FEIN:

Postal Code:

-- Preparer Contact Information --

Preparer Name:

Preparer Title:

Preparer Addr 1:

Preparer Addr 2:

Preparer City:

Preparer State:

Preparer Zip:

Preparer Phone:

Preparer Fax:

Preparer Email:

-- Filing Information --

Filing Method:

-- Primary Contact for EDI Implementation/Setup --

Primary Contact Type: Business

Primary Contact First Name:

Primary Contact Middle Name:

Primary Contact Last Name:

Primary Contact Suffix:

Primary Contact Title:

Primary Contact Addr 1:

Primary Contact Addr 2:

Primary Contact City:

Primary Contact State:

Primary Contact Zip:

Primary Contact Phone:

Primary Contact Fax:

Primary Contact Email:

-- Secondary Contact --

Secondary Contact Type: Technical

Secondary Contact First Name:

Secondary Contact Middle Name:

Secondary Contact Last Name:

Secondary Contact Suffix:

Secondary Contact Title:

Secondary Contact Addr 1:

Secondary Contact Addr 2:

Secondary Contact City:

Secondary Contact State:

Secondary Contact Zip:

Secondary Contact Phone:

Secondary Contact Fax:

Secondary Contact Email:

-- Subsidiary Insurers --

-- Subsidiary (1) --

Subsidiary Status: [Remove](#)

Status Effective: 09/28/2011

Insurer Name (DN0007):

Insurer FEIN (DN0006):

Subsidiary Type: Insurer

-- Subsidiary (2) --

Subsidiary Status: [Add](#)

Status Effective: 09/28/2011

Insurer Name (DN0007):

Insurer FEIN (DN0006):

Subsidiary Type: Insurer

-- Claim Administrators --

-- Claim Administrator (1) --

Claim Administrator Status: **Add**  
Status Effective Date: 09/28/2011  
Claim Admin Name (DN0188):  
Claim Admin FEIN (DN0187):  
Representative Name (DN0140):  
Representative Business Phone:  
Mailing Primary Addr (DN0010):  
Mailing Secondary Addr (DN0011):  
Mailing City (DN0012):  
Mailing State Code (DN0013):  
Mailing Postal Code (DN0014):  
Physical Primary Address:  
Physical Secondary Address:  
Physical City:  
Physical State Code  
Physical Postal Code (DN0200):

-- Claim Administrator (1) --

Claim Administrator Status: **Remove**  
Status Effective Date: 09/28/2011  
Claim Admin Name (DN0188):  
Claim Admin FEIN (DN0187):  
Representative Name (DN0140):  
Representative Business Phone:  
Mailing Primary Addr (DN0010):  
Mailing Secondary Addr (DN0011):  
Mailing City (DN0012):  
Mailing State Code (DN0013):  
Mailing Postal Code (DN0014):  
Physical Primary Address:  
Physical Secondary Address:  
Physical City:  
Physical State Code  
Physical Postal Code (DN0200):

Number of Release 3 jurisdictions currently reporting to: 5

Comments:

Please add Trading Partner. Thank you.