



Alaska Department of Labor and Workforce Development
(ADOL)

EDI Claims Release 3.0

Trading Partner Profile Registration Instructions

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Overview:

This ADOL 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 Insurers and 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.

Upon **approval** of the EDI Trading Partner Profile by the jurisdiction, 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 ADOL EDI Trading Partner Profile.

Accessing and Creating an Account for the Trading Partner Profile:

To access and complete a Trading Partner Profile, the Trading Partner will need to sign in to ISO's Trading Partner Registration system (if previously registered).

If this is the **first time** accessing the ADOL FROI/SROI Trading Partner Registration system, create an account by clicking on the 'Get Started' button. Once the 'Get Started' button is selected, enter your e-mail address and choose a password for your new account.

After your account has been created, a message will be sent to the specified e-mail address from www-data@wccapture.com with an activation code to activate your account. Once the activation code is obtained, enter the code in the 'Activation Code' box and click 'Continue'.

Sign In

Username

Password

[Sign in](#) [Forgot Password?](#)

Create Account

New user? Create an account below to begin using the ISO Trading Partner Registration system.

[Get Started](#)

Once signed in the Trading Partner will have the option to create a new profile if it's the first time or update a previously submitted profile. Any previously submitted Trading Partner would be available on the below screen:

Trading Partner Profiles	<h3>Trading Partner Profiles</h3>
My Profiles	Welcome to the Trading Partner Registration system. Get started creating your first profile by clicking the button below.
New Profile	Create New Profile

The Trading Partner Profile Registration system is made up of the sections shown to the right which will be explained in the 'How to complete a New ADOL FROI/SROI EDI Trading Partner Profile' section of this document below:

Profile Sections
EDI Sender/Receiver
Primary Company Contact
EDI Preparer Contact
EDI Technical Contact
Insurers
Claim Administrators
Filing Method
Comments
Submit Profile

How to complete a New ADOL FROI/SROI EDI Trading Partner Profile:

To create a New Profile, click on the 'Create New Profile' button.

Required fields are indicated throughout the instructions in bold formatting. Upon clicking on the 'Continue' button or 'Next Page' button, any required fields that are not completed will be noted with a red box around the required field.

When filling out 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 3.0 report and will be reported to ADOL in EDI reports.

- a. **EDI Sender:** This section provides identifying information about the Master Trading Partner (Sender).
 - a. **Sender Master FEIN:** Enter the Federal Employer Identification Number (FEIN) of your business entity. Please enter 9 digits with no punctuation.
 - b. **Sender Postal Code:** Enter the Postal Code (Zip+4) of your business entity. Please enter 9 digits with no punctuation. Once Sender Master FEIN and Sender Postal Code fields are populated click on 'Continue'.
 - c. **Sender Legal Entity Name:** Enter the full Legal Company Name of the EDI Sender. The Sender Legal Entity Name of the sender should be the entire name as listed on any licensing/registration applications filed with the jurisdiction and not an acronym.
 - d. **Role for AK Jurisdiction:** Primary Insurers will have a current Alaska license registered with the Division of Insurance. Third Party Administrators must adhere to the Alaska Statutes <http://www.legis.state.ak.us/basis/Search.asp?session=29&search=Third+Party+Administrators>. Either party must have a minimum of one approved insurer and claim administrator as part of their trading partner profile. Select either: EDI Sender (Not an insurer or administrator), Third Party Administrator (not an Alaska licensed administrator), Primary Insurer (Alaska licensed insurer), Primary Insurer (Alaska approved self-insurer).
 - e. **Group FEIN:** This will be automatically populated with the Sender Master FEIN entered in the previous screen. Group FEIN will be utilized to allow a sender/company that purchased another company to be able to update the Claim Admin FEIN, etc. on a given claim in the same group even though they will have a different Sender ID (FEIN/PC).
 - f. **Release 3 Jurisdictions:** Please indicate the number of Release 3 Jurisdictions that your company currently reports to.

Note: Sender Master FEIN and Sender Postal Code should be the same as those that the partner will use as the Sender ID (DN0098) in the Header Record of all its EDI transmissions. Once the Company Name is populated and the Company Type is selected, click on 'Next Page'.

b. Primary Company Contact:

This section provides identifying information about the primary company contact.

- a. **Primary Company Contact Name:** Enter the contact name of the primary company contact.
- b. **Primary Company Contact Job Title:** Enter the primary company contact's job title.
- c. **Primary Company Contact Address, City, State, and Postal Code:** Enter the primary company contact's address.

- d. **Primary Company Contact Phone:** Enter the primary company contact's phone number.
- e. **Primary Company Email Address:** Enter the primary company contact's email address.

c. EDI Preparer Contact:

This section provides the ability to identify the person(s) responsible for claim submission. Enter the information below for both the primary EDI preparer contact and secondary EDI preparer contact. In the event there is any communication on the EDI reporting, claims, requirements, etc., these contacts will be notified.

- a. **Primary/Secondary Preparer Contact(s) Name:** First, Middle, Last, Suffix
- b. Job Title: Contact's Job Title
- c. **Phone:** Contact's Phone Number
- d. **Email:** Contact's Email Address Number

d. EDI Technical Contact:

This section provides the ability to identify the person(s) responsible for IT or Technical Contact(s) for EDI Transactions. Enter the information below for both the primary EDI technical contact and secondary EDI technical contact. In the event there is any communication on the EDI transactions, these contacts will be notified.

- a. **Primary/Secondary Technical Contact(s) Name:** First, Middle, Last, Suffix
- b. Job Title: Contact's Job Title
- c. **Phone:** Contact's Phone Number
- d. **Email:** Contact's Email Address Number

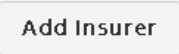
e. Insurer(s):

This section of the form identifies the trading partners using this Sender to transmit data electronically to ADOL. At least one Insurer is required for a new trading partner profile. If the Sender is also an Insurer, add an Insurer with the Sender's information. If there is more than one Insurer, complete an Insurer section for each one. Provide the full Insurer Legal Name (DN0007), Insurer FEIN (DN0006) and Insurer Type for each Insurer (Insurer or Self-Insured employer) for whose claims the Sender will be transmitting data.

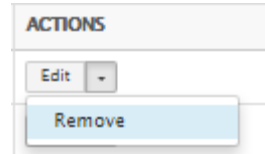
Each trading partner profile will have a minimum of one Insurer and one claim administrator registered on their profile. The registered insurer must be licensed in Alaska to transact business, specifically Worker's Compensation and Employers Liability, or be a Jurisdictional Board approved self-insurer for the policy coverage period.

To qualify as a claim administrator, Alaska Statute 23.30.030(4) states, "The insurer shall provide claims facilities through its own staffed adjusting facilities located within the state, or by independent, licensed, resident adjusters with power to effect settlement within the state."

ADOL will notify the Sender of any discrepancy between the identifying information entered and ADOL's present records. This list will be used to reconcile identification tables, and it will be used as part of the edit on Insurer FEIN to match the ADOL's database. Complete an UPDATED ADOL EDI Trading Partner Profile to add or remove subsidiaries.

 Add Insurer

: This button is used to allow you to access the entry to add new Insurer on a NEW or UPDATED EDI Trading Partner Profile.



: This button is used to allow you to remove the last Insurer that was entered during the current EDI Trading Partner Profile submission.


a. To 'Add an Insurer':

- Click on the 'Add Insurer' button
- Enter the applicable Insurer information. Required fields are shown outlined in red see image below; **Status**, **Insurer FEIN**, **Insurer Name** and **Insurer Type**.
- **Status:** Select Add for a new insurer; update to make a correction or Inactivate to make the insurer inactive in your profile.
- Status Effective Date: The effective date will be set by when the profile will be ready to receive EDI transactions. However, you may provide a desired effective date.
- **Insurer FEIN:** Enter the 9-digit federal tax ID number for the insurer.
- **Insurer Name:** Enter the insurer's legal entity name as it appears on their Alaska license.
- **Insurer Type:** Select the applicable selection for this insurer, either: Insurer, Self-Insurer (requires approved AK certificate on file), Insolvent Insurer (Runoff Claims) or AK WC Special Fund. The insolvent/runoff category would also include any old legacy claims for insurers that no longer sell insurance but have outstanding claims.
- Alaska License #: Enter the number issued by the Alaska Division of Insurance.
- Insurer NAIC#: Enter in the number issued to the insurer from the National Association of Insurance Commissioners.
- Insurer Contact: Enter the Name, Phone Number and Email for the Insurer representative.
- NAIC Group Name: Please provide the group name when the Insurer is authorized to write policy in Alaska by its association with an approved group.
- Reason for Add: Select the selection indicating the reason for adding this insurer to your profile. Select either: New Claims Only, Existing Claims or Both. Existing claims could indicate a potential for the acquisition of claims through EDI.
- Claim Administrator FEIN: Some Senders have multiple registered claim administrators. Please enter the Claim Admin Federal Tax ID number here if this insurer will be using your existing registered administrator or a new one.

Insurer

Legal Entity Name as Licensed in Alaska

Status Add Inactivate Update

Status Effective Date 

Insurer FEIN
Required field

Insurer Name
Required field

Insurer Type
Required field

Alaska License #

Insurer NAIC #

NAIC Group Name

Reason for Add New Claims Only Existing Claims Both

Claim Admin FEIN
Must be 9 numeric digits, no dashes

b. To continue 'Adding Insurers':

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


Insurer(s)

FEIN	INSURER NAME	STATUS	ACTIONS
123456789	Insurer #1		<input type="button" value="Edit"/> -
753159789	Insurer #2		<input type="button" value="Edit"/> -

c. To remove an Insurer entered:

- Click on the downward arrow alongside the 'Edit' button in the Action column of the Insurer and select 'Remove'.

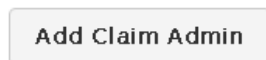


- Once selected, then confirm you wish to delete this entry just added by clicking on 'Delete Insurer':  and the entry that has not been submitted previously, (i.e. was just added when editing), then is deleted.

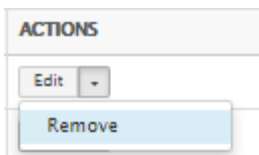
f. Claim Administrator(s):

Provide the Claim Administrator's information that will correspond to that of the Claim Administrator recorded on the claim(s) that will be reported by the Sender (Trading Partner). If the claim administrator is the same entity as the Sender, then enter the Sender claim contact information. This information will be used to identify and reconcile Trading Partner relationships.

This form is designed to provide the necessary information needed to verify the credentials of the claim administrator for whom you will submit EDI transactions. Please provide the following information regarding the claim administrator. Some of the information collected will be tracked for use with EDI transactions while other fields are used to validate the claim administrator. The Claim Administrator is required to maintain an office location within the state of Alaska therefore any physical addresses outside of the State of Alaska will be rejected. 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 ADOL as outlined within this document.



: This button is used to allow you to access the entry to add a new Claim Administrator on a NEW EDI Trading Partner Profile or to add Claim Administrators on an UPDATED EDI Trading Partner Profile.



: This button is used to allow you to remove the last Claim Administrator that was entered during the current EDI Trading Partner Profile submission.

- To 'Add a Claim Administrator':

- Click on the 'Add Claim Admin' button.
- Enter the applicable Claim Administrator information. Required fields are outlined in red see image below; **Status**, **Administrator Type**, **Claim Administrator FEIN**, **Claim Administrator Representative Name**, **Claim Administrator Representative Phone**, **Claim Administrator Primary Address**, **Claim Administrator City**, **Claim Administrator State**, **Claim Administrator Postal Code**, **Claim Administrator Physical Address**, **Claim Administrator Physical City**, **Claim Administrator Alternate Postal Code**, and **Claim Acquisition Reason for Add**.
- **Status:** Select Add for a new administrator; update to make a correction or Inactivate to make the administrator inactive in your profile.
- **Administrator Type:** Select either: Insurer administering their own claims, Alaska licensed independent adjuster, Alaska licensed claims adjusting company.
- **Status Effective Date:** The effective date will be set by when the profile will be ready to receive EDI transactions. However, you may provide a desired effective date.
- **Claim Admin FEIN:** Provide the nine-digit federal Tax ID number of the claim administrator's legal Company name as it is licensed in Alaska. This ID is a match data element used in EDI transactions.
- **Claim Admin Company Name:** Provide the legal entity name for the company as shown on Alaska licensing.
- **Claim Representative Name:** Provide the name of the individual who is licensed for the Company to administering claims for your profile.
- **Claim Representative Business Phone:** Provide a contact phone number for the claim representative. This number should be the company's main telephone line and will be printed on ADOL letters to the claimant.
- **Claim Representative Email:** Provide the email address for the claim representative this email address can receive secure e-mails associated with this claim administrator profile.
- **Claim Rep. Alaska License#:** Provide the License number of the claim representative.
- **Mailing Address:** The jurisdiction frequently mails out claim notices. Provide the mailing address for where these notices should be mailed to. This address is the EDI Primary address associated with the claim administrator and can be that of a TPA. Include the City, State and Postal Code associated with this address.
- **Physical Address:** Provide the physical address of the office location within the State of Alaska for the claim administrator. Include the City, State and Postal Code associated with this address.
- **Claim Acquisition Reason for Add:** Mark the applicable selection for new claims administrators.
- **Claim Acquisition:** Provide the effective date of acquisition; Claim Admin FEIN from whom claims will be acquired; the capacity to which claims will be acquired, and the Employer FEIN for the

claim or any description to help identify claims to be acquired.

Claim Administrator

Legal Entity Name matching the Claim Administrator FEIN

Status Add Inactivate Update

Administrator Type

Required field

Status Effective Date

MM/DD/YYYY



Claim Admin FEIN

DN0187

Required field

Claim Admin Company Name

DN0188

Required field

Claim Representative Name

DN0140

Required field

Claim Representative Phone

DN0137

Required field

Claim Representative Email

DN0138

Claim Admin Alaska License #

Claim Admin Mailing Address

The following addresses will be recorded for the claims administrator profile associated with the Sender's claims and subject to editing through EDI transactions. The Mailing Address will be the address used to deliver all mail sent by the jurisdiction.

Primary Address

Required field

Secondary Address

City
Required field

State ▼
Required field

Postal Code
Required field

Claim Admin Physical Address

Alaska Statute 23.30.030(4) states, "The insurer shall provide claims facilities through its own staffed adjusting facilities located within the state, or by independent, licensed, resident adjusters with power to effect settlement within the state."

Primary Address
Required field

Secondary Address

City
Required field

State AK

Postal Code
Required field

Claim Acquisition

Acquired claims must be completed through EDI for all claims within 28 days from the effective date registered or when the registration is completed through ISO if no effective date provided.

Reason for Add New Claims Only Acquire Existing Claims Both

Capacity of Acquisition ▼

Acquire Claims from Claim Admin FEIN

Employer FEIN or Unbundled Claims Description

b. To continue 'Adding Claim Administrators':

- Click the Add Claim Admin button otherwise proceed to complete the EDI Trading Partner Profile.
- By clicking 'Add 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.

Claim Administrators

FEIN	CLAIM ADMIN NAME	STATUS	ACTIONS
753159789	Claim Admin #1		Edit -
951234567	Claim Admin #2		Edit -

c. To remove a Claim Administrator entered:

- Click on the downward arrow alongside the 'Edit' button in the Action column of the Claim Administrator and select 'Remove'.

951234567	Claim Admin #2	Added	Edit - Remove
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- Once selected, then confirm you wish to delete this entry just added by clicking on 'Delete Claim Administrator': and the entry that has not been submitted previously, (i.e. was just added when editing), then is deleted.

g. Filing Method: At least one method required.

- EDI Vendor:** If you are using an EDI Vendor to submit your EDI reporting, please select the vendor you will be using.
- Jurisdiction Web Entry:** Select Jurisdiction Web Entry if you are using the Alaska EDI FROI SROI Web Reporting System hosted by ISO please click the 'radio button' beside Jurisdiction Web Entry.
- Direct SFTP:** Files may be transmitted through a secure file transfer protocol utilizing the approved format. If you elect to use this method, testing will need to be completed to ensure adequate delivery of data. Select Direct SFTP if Sender will be exchanging EDI files directly with the ADOL's vendor using SFTP.
- Continue on Paper-ADOL Approval:** Alaska is a full release 3.0 EDI jurisdiction. Every effort must be made to conform to EDI submissions of claims. In the event that your entity does not have access or capabilities of submitting claims electronically, you may elect to submit claims on paper in order for our internal staff to submit. However, paper forms must still meet data requirements as set forth in the IAABC R3.0 Standards of reporting and our jurisdictional

requirements tables in order for our team to successfully submit on your behalf. This option will be removed as Alaska continues to move towards a paperless system.

- e. **Other:** If your filing method is not listed above, please select other then enter the information in the 'please explain' area provided.
- f. **Filing Method Contact Information:** Provide the Contact information associated to the filing method selected.

- h. Comments: Please include any comments in this section. Clicking on 'Next Page' will direct you to the 'Submit Profile' section.

Comments

- i. Submit the ADOL EDI Trading Partner Profile:

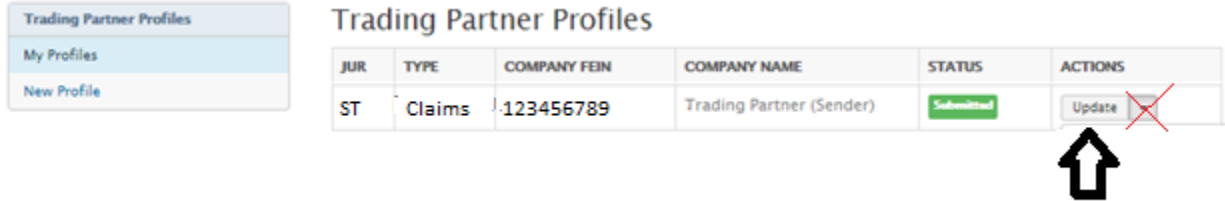
Click the 'Submit Profile' button on the Submit Profile section to complete the registration process. Upon completion of the EDI Trading Partner Profile online, an auto response email will be sent to the primary contact, and the jurisdiction. This will serve as notification, to all parties, of the EDI Trading Partner information for EDI implementation. The information that is completed on the profile will be included in the email.

The Department of Labor representative will verify the registration data and approve or deny the request. If denied, reasons will be provided. Please correct any deficiencies and resubmit the request.

Upon approval, the profile will be registered within the system in order to accept new transactions. Requests approved Monday through Thursday of a given week will be ready to receive transactions the following Monday. Requests approved on a Friday will be available the Monday after the next unless otherwise indicated by e-mail.

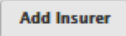
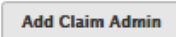
How to Update an Existing ADOL FROI/SROI EDI Trading Partner Profile:

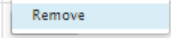

To update a previously submitted Trading Partner Profile, select 'Update' in the actions column of the Trading Partner Profile to be updated:

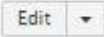



j. To Update Insurers or Claim Administrators:

There are 3 options for updating Insurers (Insurer Section) and/or Claim Administrators (Claim Administrators Section) within the EDI Trading Partner Profile Update:


- Click the 'Add Insurer' button:  to add a new Insurer or click on the 'Add Claim Admin' button:  to add a Claim Administrator to your EDI Trading Partner Profile (one that has never been added or was added and removed).

- Click on 'Remove':  (drop-down of the 'Edit' button) then click on 'Mark Inactive': , to set a Insurer or Claim Administrator from your EDI Trading Partner Profile that has been submitted to the ADOL previously as inactive.

- Click on the 'Edit' button:  to update the Insurer or Claim Admin entry fields previously submitted to the ADOL.
- Once all updates necessary are completed, submit the profile by selecting the 'Submit Profile' button:  in the Submit Profile Section.

k. To Update Additional Sections of the Trading Partner Profile:

To update any of the other sections (EDI Sender, Preparer Contact Info, Primary Contact Info, Secondary Contact Info, and Filing Method) select the corresponding section and update the fields that need to be updated. Then provide a comment of any additional changes made in the Comments section.

- Once all updates necessary are completed, submit the profile by selecting the 'Submit Profile' button:  in the Submit Profile Section.

I. To Change Sender ID:

There is an option available to update any portion of the Sender ID (Sender FEIN or Sender Postal Code) of a previously submitted Trading Partner Profile. Click on 'Change Sender ID' (drop-down of the 'Update' button) and you will be redirected to the Sender ID section where you may edit either the Sender FEIN or Sender Postal Code.



The screenshot shows a sidebar on the left with 'Trading Partner Profiles', 'My Profiles', and 'New Profile'. The main area is titled 'Trading Partner Profiles' and contains a table with the following data:

JUR	TYPE	COMPANY FEIN	COMPANY NAME	STATUS	ACTIONS
ST	Claims	123456789	Trading Partner (Sender)	Submitted	Update <input type="button" value="Change Sender ID"/>

This will create a New Trading Partner Profile as it would be considered a New or different Sender.

Note: If all updates made to the existing Trading Partner Profile need to be canceled, in the Submit Profile section, select the 'Cancel Updates' button:

