

West Virginia Offices of the Insurance Commissioner (WV OIC)

Trading Partner Profile Registration Instructions



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1. Overview:

This West Virginia EDI Trading Partner Profile Registration provides each trading partner the ability to create and submit a New Profile or an Updated Trading Partner Profile. This form is to identify the name of the person and contact information to be displayed in the WVOIC Claims Index. The purpose of the Claims Index is to provide a uniform system of gathering injured workers' claim information filed with one insurer and making it available to other insurers.

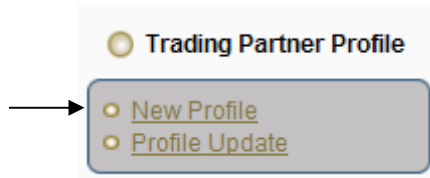
Upon **completion** of the EDI Trading Partner Profile online, an auto response email will be sent to the primary contact, and to the jurisdiction. This will serve as notification, to all parties, of the EDI Trading Partner information for EDI implementation. See email example in Section 4.

Upon **approval** of the EDI Trading Partner Profile by West Virginia Offices of the Insurance Commissioner, the EDI Support Team will contact the primary contact to indicate when the profile will become effective for EDI reporting.

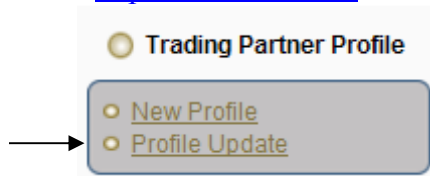
The following provides information for accessing and completing a NEW or UPDATED West Virginia EDI Trading Partner Profile.

2. Accessing and Completion of the West Virginia EDI Trading Partner Profile

- a. New Profile- West Virginia EDI Trading Partner Profile: When a new trading partner wants to begin filing with West Virginia OIC, 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://wvoicedi.info/>.



- b. Profile Update- West Virginia 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://wvoicedi.info/>.



3. How to complete a New and Update West Virginia EDI Trading Partner Profile

Required fields are indicated in bold based on the entry of a NEW or UPDATED West Virginia 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 West Virginia 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 West Virginia Offices of the Insurance Commissioner - Financial Conditions Unit 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:	OIC
Company Name:	<input type="text"/> <i>The Company Name of the sender should be the entire name as listed on any licensing/registration applications filed with the Offices of the Insurance Commissioner and not an acronym.</i>
Company Master FEIN:	<input type="text"/> (nine digit FEIN, no punctuation)
Company Postal Code:	<input type="text"/> (nine digit postal code)

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

Preparer Contact Information:

Preparer Name:	<input type="text"/>
Preparer Title:	<input type="text"/>
Preparer Address:	<input type="text"/> <input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Email:	<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.wvoicedi.info/index.php/ak-edi-vendors>. First click the 'radio button' beside EDI Vendor. Then complete/enter the following information.
- WVOIC Web Entry:** If you are using the West Virginia EDI FROI SROI Web Reporting System, click the 'radio button' beside WVOIC Web Entry.
- Other, please explain:** First click the 'radio button' beside 'Other, please explain'. Then enter the information in the area provided.

Filing Method:	<input type="radio"/> EDI Vendor
<i>(one method required)</i>	Vendor Company Name: <input type="text"/>
	<input type="radio"/> OIC Web Entry
	<input type="radio"/> Secure FTP
Comments:	<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.

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

(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"/>
Insurer FEIN (DN0006):	<input type="text"/> (nine digit FEIN, no punctuation)
Subsidiary Type:	<input type="radio"/> Insurer <input type="radio"/> Self Insurer

ii. Continue 'Adding Insurers':

- Click the Add/Remove Subsidiary:

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.

(1)	Subsidiary Name:	<input type="text" value="West Virginia Insurer"/>
	Subsidiary FEIN:	<input type="text" value="458532699"/> <i>(nine digit FEIN, no punctuation)</i>
	Status:	<input checked="" type="radio"/> Add
	Status Effective Date:	<input type="text" value="09/03/2013"/> <i>(mm/dd/yyyy)</i>
	Subsidiary Type:	<input type="radio"/> Insurer <input type="radio"/> Self Insurer

(2)	Subsidiary Name:	<input type="text" value="West Virginia Insurer"/>
	Subsidiary FEIN:	<input type="text" value="657895423"/> <i>(nine digit FEIN, no punctuation)</i>
	Status:	<input checked="" type="radio"/> Add
	Status Effective Date:	<input type="text" value="09/03/2013"/> <i>(mm/dd/yyyy)</i>
	Subsidiary Type:	<input type="radio"/> Insurer <input type="radio"/> Self Insurer

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.

(1)	Subsidiary Name:	<input type="text" value="West Virginia Insurer"/>
	Subsidiary FEIN:	<input type="text" value="458532699"/> <i>(nine digit FEIN, no punctuation)</i>
	Status:	<input checked="" type="radio"/> Add
	Status Effective Date:	<input type="text" value="09/03/2013"/> <i>(mm/dd/yyyy)</i>
	Subsidiary Type:	<input type="radio"/> Insurer <input type="radio"/> Self Insurer

iv. Updating a Profile's Insurer(s):

- The difference in the NEW EDI Trading Partner Profile versus the UPDATED EDI Trading Partner Profile concerning the Subsidiary Insurers 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: there are 2 options, 1) Click the 'Add' radio button to add a new Subsidiary Insurer 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 from your EDI Trading Partner Profile that was last added.

Status: Add Remove

- f. 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:

- g. Submit the West Virginia 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. West Virginia will respond via email on confirmation and approval of the West Virginia EDI Trading Partner relationship.

4. West Virginia 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 West Virginia EDI Trading Partner Profile registration. The information that is completed on the profile will be included in the email.

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

From: WVOICEDI [SMTP:WVOICEDI@ISO.COM]

Sent: Wednesday, September 03, 2013 2:34 PM

To: WVOICEDI@iso.com

Cc: wvcustomer care; *Preparer's Email; Primary Contact's Email here*

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

-- Electronic Data Interchange Profile --

Jurisdiction: WV

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:
Status Effective:
Insurer Name (DN0007):
Insurer FEIN (DN0006):
Subsidiary Type:

-- Subsidiary (2) --
Subsidiary Status:
Status Effective:
Insurer Name (DN0007):
Insurer FEIN (DN0006):
Subsidiary Type:

Number of Release 3 jurisdictions currently reporting to: 5

Comments:
Please add Trading Partner. Thank you.