

**State of West Virginia
Offices of the Insurance Commissioner (WVOIC)**

Claim Index Profile Registration Instructions



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1. Overview:

This West Virginia EDI Claim Index Profile provides each carrier with the ability to create and submit a New Profile or an Updated Claim Index 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.

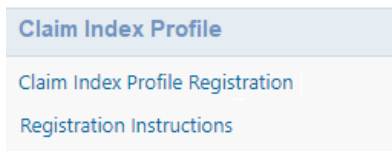
Upon **completion** of the EDI Claim Index Profile online, an auto response email will be sent to the preparer and primary contact, and to the jurisdiction. This will serve as notification, to all parties, of the EDI Claim Index information for EDI implementation. See email example in Section 4.

Upon **approval** of the EDI Claim Index Profile by West Virginia Offices of the Insurance Commissioner, the WVOIC will contact the preparer and primary contacts to indicate when the contact information is set up.

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

2. Accessing and Completion of the West Virginia EDI Claim Index Profile

When a new carrier wants to begin filing with West Virginia OIC or when an update is needed for the EDI Claim Index Profile on file, they can access the EDI Claim Index Profile by clicking on the 'Claim Index Profile Registration' button on the left side of the screen at website: <https://wvoicedi.info/>.



Once selected, there will be two requests types either 'New' or 'Update'.

- a. Request Type - New: If you are a new carrier that wants to begin filing with West Virginia OIC, select the request type 'New' option:

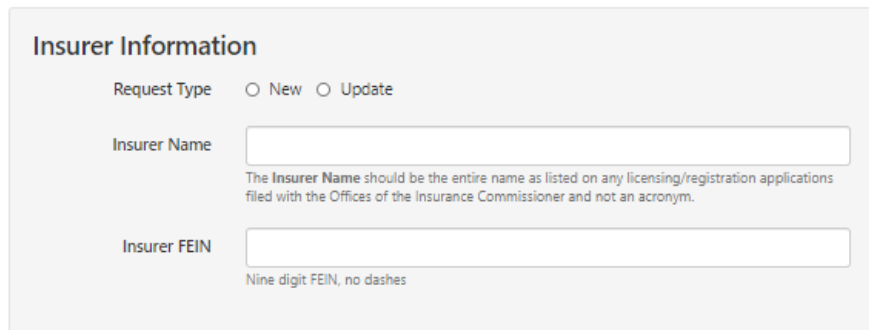
- b. Request Type - Update: If an update is needed for the EDI Claim Index Profile on file, select the request type 'Update' option:

3. How to complete a New and Update West Virginia EDI Claim Index Profile

Required fields are indicated in bold based on the entry of a NEW or UPDATED West Virginia EDI Claim Index Profile. Upon submission, any required fields that are not completed will be noted with a red box around the required field.

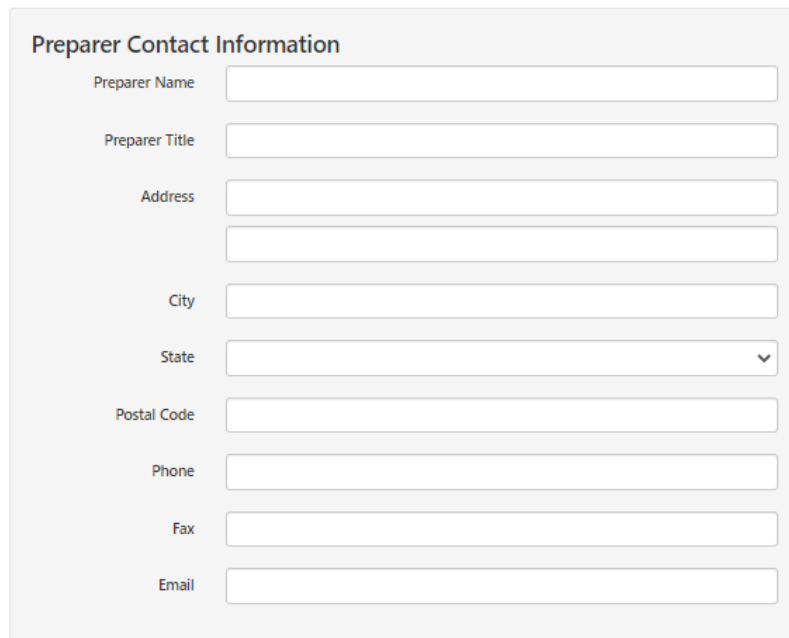
a. Insurer Information:

- i. **Insurer Name:** Enter the Insurer Name, which should be the entire name as listed on any licensing/registration applications filed with the West Virginia Offices of the Insurance Commissioner and not an acronym.
- ii. **Insurer FEIN:** Enter the Federal Employer Identification Number (FEIN) of your business entity. Please enter 9 digits with no punctuation.



The screenshot shows a form titled "Insurer Information". At the top, there is a "Request Type" section with two radio buttons: "New" and "Update". Below this are two input fields. The first is labeled "Insurer Name" and has a text box. Below the text box is a note: "The Insurer Name should be the entire name as listed on any licensing/registration applications filed with the Offices of the Insurance Commissioner and not an acronym." The second input field is labeled "Insurer FEIN" and has a text box. Below the text box is a note: "Nine digit FEIN, no dashes".

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



The screenshot shows a form titled "Preparer Contact Information". It contains several input fields: "Preparer Name", "Preparer Title", "Address" (with two stacked text boxes), "City", "State" (with a dropdown arrow), "Postal Code", "Phone", "Fax", and "Email".

- c. **Insurer Primary Business Contact:** This section provides the ability to identify an individual within your business entity who can be used as the main contacts for this claim index agreement. Enter the information below for a business 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.

Insurer Primary Business Contact

Contact Name

Contact Title

Address

City

State

Postal Code

Phone

Fax

Email

- d. **Insurer Secondary Business Contact:** This section provides the ability to identify an individual within your business entity who can be used as the secondary contact for this claim index agreement. If the **Insurer Primary Business Contact** and **WVOIC Claim Index Contact** are the same, we request the mandatory Insurer Secondary Business Contact information below in case once contact retires/ leaves the company. Enter the information below for a business contact that is the secondary contact for your company.

Insurer Secondary Business Contact

If the **Insurer Primary Business Contact** and **WVOIC Claim Index Contact** are the same we request the mandatory Insurer Secondary Business Contact information below in case one contact retires / leaves the company.

Contact Name

Contact Title

Phone

Email

- e. Claim Index Contact: This is the person who is the primary contact in your organization to respond to queries about claims information. The name of this person and the contact information will 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.

WVOIC Claim Index Contact

This is the person who is the primary contact in your organization to respond to queries about claims information. The name of this person and the contact information will 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.

Attention: Claims Index Contact must be a Carrier employee, not a TPA representative.

Contact Name

Contact Title

Address

City

State

Postal Code

Phone

Fax

Email

- f. Comments: Please include any comments in this section.

Comments:

- g. Submit the West Virginia EDI Claim Index Profile. Click the 'submit profile' button to complete the 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 Claim Index relationship.

[Submit Profile](#)

4. West Virginia Claim Index Profile Email Example

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

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

From: www-data@wccapture.com

Sent: Monday, July 22, 2020 2:34 PM

To: OICWVEDIREGIS@wv.gov

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

Subject: Claim Index New Profile WV or Claim Index Update Profile WV - *Your Companies Name here*

-- Claim Index Contact --

Request type: New Contact or Update Contact

-- Insurer Information --

Insurer Name:

Insurer FEIN:

-- 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:

-- Insurer Primary Business Contact --

Primary Contact Name:

Primary Contact Title:

Primary Contact City:

Primary Contact State:

Primary Contact Zip:

Primary Contact Phone:

Primary Contact Fax:

Primary Contact Email:

-- Insurer Secondary Business Contact --

Secondary Contact Name:

Secondary Contact Title:

Secondary Contact Phone:

Secondary Contact Email:

-- WVOIC Claim Index Contact --

Claim Index Contact Name:

Claim Index Contact Title:

Claim Index Contact City:

Claim Index Contact State:

Claim Index Contact Zip:

Claim Index Contact Phone:

Claim Index Contact Fax:

Claim Index Contact Email:

Comments:

Please add Claim Index. Thank you.