



# Trading Partner Documents

Email: [EDI.Support@workcomp.virginia.gov](mailto:EDI.Support@workcomp.virginia.gov) | Toll Free: 1-877-664-2566

The Virginia Workers' Compensation Commission currently uses the IAIABC Release 3.0 Format for the electronic submission of workers' compensation data. When an entity plans to exchange workers' compensation claims data electronically with the Commission, Trading Partner Documents must be submitted. The Trading Partner documents consist of four total documents:

1. Electronic Partnering Agreement
2. Electronic Trading Partner Profile
3. Electronic Transmission Profile
4. Claim Administrator Address List

A Sender who wishes to transmit Workers' Compensation Claims Related Data to the VWC via EDI is required to submit all four of the above-mentioned forms prior to the Commission approving the entity for production in Virginia.

When information for a current Sender needs to be updated, the forms containing the information must immediately be updated and submitted in order for the Commission to update our records and our vendor's system. This can be any of the Sender's information, including their contact information, or when a Claim Administrator is added or removed from under the Sender.

The information on these forms is not only essential to the Commission's processing system and to ensure transactions are acknowledged correctly but also for the issuance of quarterly Report Cards. Report Card grades are based on the acceptance, rejection, and timeliness of transactions and are comprised of the submitting Claim Administrators listed under each Sender. If the Commission does not have the correct Claim Administrators under each Sender, the grades calculated may be incorrect. In addition, these forms tell the Commission who to send the Report Card to each quarter and who approves requests to add additional people to receive a copy of the quarterly Report Card.

The forms can be located on the Commission's website at <http://www.workcomp.virginia.gov/content/edi-quality-assurance-department-edi> and e-mailed to EDI Support at [edi.support@workcomp.virginia.gov](mailto:edi.support@workcomp.virginia.gov).

In addition to the forms, the Commission also needs three additional pieces of information:

1. Name of the vendor being used to submit EDI transactions or if you plan to submit direct using your own system.
2. When changes to the Sender, Sender information or listed Claim Administrators should be made effective.
3. Additional contacts to receive a copy of the quarterly Report Cards alongside the listed Business Contact from the Partner Profile. If only the Business Contact should receive a copy of the quarterly Report Cards, that must also be noted when submitting the forms.



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## Terms to Know

**Trading Partner:** An entity that has entered into an agreement with another entity to exchange data electronically. For EDI purposes, this is the Claim Administrator.

**Sender:** The Sender is the master Trading Partner that is authorized to send electronic data via EDI on behalf of a Claim Administrator.

**Claim Administrator:** The legal name of the entity adjusting the claim. A Claim Administrator can either be a self-administered insurance carrier, self-administered self-insured employer, or a third-party administrator hired by an insurance company or self-insured employer to handle their workers' compensation claims.

**Insurance Carrier:** An Insurance Carrier is the insurance company, self-insured employer, or guarantee fund assuming the employer's financial responsibility for the claim.

## The Forms

### Electronic Partnering Agreement

This is a signed agreement between the Commission and the Sender for the purpose of transmitting Workers' Compensation Claims Related Data to the VWC via EDI.

There are four parts to this form:

1. The Sender Name, also known as the *Reporter*, should be populated on the blank line in number 1.
2. Day, Month & Year of the agreement. This should be the date that the *Reporter* signs.
3. The *Reporter's* signature, name and title.
4. The Commission will sign and return the counter-signed form back to the submitter once reviewed and a determination has been made regarding production approval.

### Virginia Workers' Compensation Commission Electronic Partnering Agreement

This is an agreement between the parties named below to use Electronic Data Interchange (EDI) technologies and techniques, for the purposes and objectives set out below or as amended from time to time in writing by mutual agreement, and such further purposes and objectives as the parties may agree in writing from time to time with reference to this Agreement.

1. **Parties:** The parties to this agreement are: Virginia Workers' Compensation Commission (the "Jurisdiction") and \_\_\_\_\_ (Insurer or Self-Insured Employer) (the "Reporter") and all other organizations related to the Reporter authorized to write workers' compensation insurance or provide insurance related services within the Jurisdiction.
2. **Purpose:** The Reporter is required to file the following reports to the Jurisdiction:
  - First Report of Injury
  - Subsequent Reports of Injury
3. **Objective:** To test, initiate, implement, and maintain these reports through electronic filing per the Jurisdiction Implementation Guide dated May 1, 2008, as amended.
4. **Exhibits:** A – D are annexed and incorporated in this Agreement, set forth the format, release and version of data transmissions from the Reporter, including original submissions and corrections or re-submissions as needed:
  - A. IAABC Electronic Trading Partner Profile
  - B. IAABC Electronic Transmission Profile – Receiver's Specifications
  - C. IAABC Electronic Transmission Profile – Sender's Response
  - D. IAABC Electronic Partnering Claims Administrator ID List
5. The parties agree that the objective stated above is lawful, and performance hereunder shall be deemed complete performance of the Reporter's obligations under any law or regulation governing such objective, or under any law or regulation otherwise requiring the reports described in the purpose stated above. This document shall be deemed to fulfill any requirement on the part of the Reporter to gain approval from the Jurisdiction or any related governmental entity for permission to file information electronically.
6. Each party shall retain the content of data transmissions in confidence to the extent required by law.
7. The Reporter shall pay transmission costs for all reports being sent to or received from the Jurisdiction or its agent.

Agreed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the parties or their duly authorized representatives.

For the REPORTER:

(Signature) \_\_\_\_\_  
(Name) \_\_\_\_\_  
(Title) \_\_\_\_\_

For the JURISDICTION:

(Signature) \_\_\_\_\_  
(Name) \_\_\_\_\_  
(Title) \_\_\_\_\_



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## Electronic Trading Partner Profile

This form provides identification and contact information for the Sender.

### Things to Note:

- The elements of this form are used to populate the Commission’s claims processing system and our vendor’s system in order to identify valid submitters in Virginia.
- This document will advise us where we should mail all claim correspondence and who we should reach out to when there is an EDI/claim issue.
  - The legal name should match the Sender listed on the Electronic Partnering Agreement.
  - The Mailing Address is the address used to send all claim correspondence.
  - The Business Contact will receive all EDI business related e-mails.
  - In addition to the Business Contact, the Claims Handling Contact will receive all courtesy e-mails for previously written correspondence for compliance, prior to a fine being issued.
- All e-mail addresses must be to the person listed as the contact and not a group mailbox, with the exception of the Technical Contact when it is a vendor.

**IAIABC  
ELECTRONIC TRADING PARTNER PROFILE**

Trading Partner Type (check all that apply):

<input type="checkbox"/> Jurisdiction	<input type="checkbox"/> Third Party Administrator
<input type="checkbox"/> Service Bureau / DCO	<input type="checkbox"/> Self-Insurer
<input type="checkbox"/> Employer	<input type="checkbox"/> EDI Service Provider
<input type="checkbox"/> Insurer	<input type="checkbox"/> other (specify): _____

Master Trading Partner Information:

Legal Name (no abbreviations): \_\_\_\_\_

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the 9-position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the SENDER ID in the Header Record of all EDI transmissions from the partner.

Sender ID FEIN: \_\_\_\_\_ Postal Code (9 digits): (\_\_\_\_) - (\_\_\_\_)

Physical Address:

Address Line 1: \_\_\_\_\_  
 Address Line 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: (\_\_\_\_) Postal Code: (\_\_\_\_) - (\_\_\_\_)

Mailing Address:

Address Line 1: \_\_\_\_\_  
 Address Line 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: (\_\_\_\_) Postal Code: (\_\_\_\_) - (\_\_\_\_)

Contact Information:

<input type="checkbox"/> First Report of Injury (FROI)	<input type="checkbox"/> Subsequent Report of Injury (SROI)
<input type="checkbox"/> Proof of Coverage (POC)	<input type="checkbox"/> Medical (MED)

<b>Business Contact:</b>	<b>Technical Contact:</b>
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
FAX: _____	FAX: _____
E-mail: _____	E-mail: _____

<b>Claims Handling Location Contact:</b>	<b>Preparer Information:</b>
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
FAX: _____	FAX: _____
E-mail: _____	E-mail: _____

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## Electronic Transmission Profile

There are two parts to this form:

- 1) Pre-populated with the Commission's information;
- 2) Populated by the Sender in order to be approved for production in Virginia.

### What is needed:

- Both pages should be submitted.
- Populate the *Date Prepared* on the Receiver's Specifications form to show the date the Transmission Profile was completed.
- Page 2 should be completed with the:
  - Master Trading Partner Information
    - i. The Legal Name should match the Sender listed on the Electronic Partner Agreement.
  - Transmission Frequency

**IAIABC  
ELECTRONIC TRANSMISSION PROFILE  
RECEIVER'S SPECIFICATIONS**

Receiver Name: Virginia Workers' Compensation Commission Date Prepared: \_\_\_\_\_

Trading Partner Type: Jurisdiction Service Bureau Other

Receiver ID: FEIN: 544001751 Postal Code (9 digits): (23220) – (2036)

Transaction Sets for this Profile:

Transaction Information				Acknowledgment Information	
IAIABC	ANSI	Release	Version	Mode (EDI/Paper/None)	Production Response period
148	148	See VWC Event Table		ARC	
A40	148	See VWC Event Table		ARC	
POC	271				
MED	837				
AK1	824				

Transmission Frequencies for this Profile:

Daily  
 Weekly Select Day:  SUN  MON  TUE  WED  THU  FRI  SAT  
 Monthly Select Day (1-31): \_\_\_\_\_  
 Other: \_\_\_\_\_ Transmission Cut-off Time: 8:00 PM EST

Electronic Mailbox(s) for this Profile: **not authorized in Virginia**

Network:			Network:		
Mailbox Acct ID	Test	Production	Mailbox Acct ID	Test	Production
User ID			User ID		
Message Class			Message Class		

Network:			Network:		
Mailbox Acct ID	Test	Production	Mailbox Acct ID	Test	Production
User ID			User ID		
Message Class			Message Class		

Secure File Transfer Protocol (SFTP) for this Profile:

Web Site	Test	Production
URL		
Security Protocol		
Encryption Level		

Flat File Record Delimiter:  Carriage Return (CR)  Carriage Return Line Feed (CRLF)

ANSI Information:		ISA Information		Test	Production
Segment Terminator		Sender/Receiver Qualifier			
Data Element Separator		Sender/Receiver ID			
Sub-Element Separator					

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**SENDER'S RESPONSE**

Return this page to:

Receiver Name: Virginia Workers' Compensation Commission  
Receiver ID: Receiver FEIN: 544001751  
Receiver Postal Code (9 digits): (23220) – (2036)

Sender Selections/Information

Master Trading Partner Information:

Legal Name (no abbreviations): \_\_\_\_\_

Trading Partner Type:  Jurisdiction  Third Party Administrator  Employer  
 Service Bureau/DCO  EDI Service Provider  Self-Insurer  Insurer  
Other (specify): \_\_\_\_\_

Sender ID: Sender FEIN: \_\_\_\_\_ Sender Postal Code (9 digits): \_\_\_\_\_

Transaction Sets for This Profile:

Transaction Information					Acknowledgment
IAIABC	ANSI	Release	Version	Projected # per Transmission	Mode (EDI/Paper/None)
148	148	See VWC Event Table			
A40	148	See VWC Event Table			
POC	271				
MED	837				
AK1	824				

Transmission Frequency (select only one from Receiver's options):

Daily  
 Weekly Select Day:  SUN  MON  TUE  WED  THU  FRI  SAT  
 Monthly Select Day (1-31): \_\_\_\_\_  Other: \_\_\_\_\_

Selected Media:  Network  Secure FTP

Electronic Mailbox for this Profile:

Network:		
Mailbox Acct ID	Test	Production
User ID		
Message Class		

\*Secure File Transfer Protocol (SFTP) for this Profile:

Site	Test	Production
URL		
Security Protocol		
Encryption Level		

\* See Instructions for additional information on securing internet sessions.

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