



State of California
Department of Industrial Relations

DIVISION OF WORKERS' COMPENSATION

Electronic Data Interchange Trading Partner Profile

A. Trading Partner Information:

Name: _____

Master FEIN: _____

Sender ID: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____ - _____

Claims Administrator type (check all that apply):

Insurer (Self Administered)

Self-Insured Employer (Self Administered)

Third Party Administrator

Other:

Claims Administrators covered by this profile:

(Please add additional pages if necessary)

Name	FEIN
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. Trading Partner Contact Information:

Business Contact:

Name: _____

Title: _____

Phone: _____

FAX: _____

E-mail Address: _____

Technical Contact:

Name: _____

Title: _____

Phone: _____

FAX: _____

E-mail Address: _____

C. Trading Partner Transmission Specifications:

If submitting different profiles for different types of reports (First Reports of Injury, Subsequent Reports, Medical Bill/Payment Reports) please specify:

Report Type: _____

Select Transmission Mode to be used for sending data to DWC (check one):

- Value Added Network (VAN) -- Complete sections C2 and C3 below.
- E-Mail File Transfer -- Complete sections C2 and C4 below.
- Web Site (Manual data entry only) -- Complete section C1 below.
- Other – Complete Section C2 and contact DWC for further information.

Section C1: WEB SITE data providers, please complete the following:

Digital Certificate Provider: _____

Web Site User Name: _____

Web Site Password: _____

Section C2: ALL USERS EXCEPT WEB SITE DATA PROVIDERS, please complete the following:

TRANSACTION SETS FOR THIS PROFILE:

Transaction Type	Mode of Transmission (circle one per row):	
	Flat File Release #	ANSI X12 Version #
First Reports of Injury		
Subsequent Reports of Injury		
Medical Bill / Payment Reports		

Section C3: VAN users, please complete the following:

VAN ELECTRONIC MAILBOX FOR THIS PROFILE:

Network: _____

Mailbox Account ID: _____

User ID: _____

Section C4: E-MAIL FILE TRANSFER users, please complete the following:

E-mail Address:

Digital Certificate Provider: _____

DWC USE ONLY –

SPECIAL TRANSMISSION SPECIFICATIONS FOR THIS PROFILE:

D. Receiver Information (to be completed by DWC):

Name: California Division of Workers' Compensation

FEIN: 943160882

Physical Address: 455 Golden Gate Avenue, 9th Floor

City: San Francisco State: CA Zip Code: 94102 3677

Mailing Address: P.O. Box 420603

City: San Francisco State: CA Zip Code: 94142 0603

Business Contact:

Name: (Varies by trading partner)

Title: (Varies by trading partner)

Phone: (415) 703-4600

FAX: (415) 703-4718

E-mail Address: wcis@dir.ca.gov

Technical Contact:

Name: (Varies by trading partner)

Title: (Varies by trading partner)

Phone: (415) 703-4600

FAX: (415) 703-4718

E-mail Address: wcis@dir.ca.gov

RECEIVER'S WEB SITE ADDRESS FOR SUBMISSION OF DATA VIA WEB
INTERFACE: https://wcis.dir.ca.gov

RECEIVER'S VAN ELECTRONIC MAILBOX(s):

Network: IBM Global (Advantis)

Network: _____

	TEST	PROD
Mailbox Acct ID	<u>DIRW</u>	<u>DIRW</u>
User ID	<u>DIRWCIS</u>	<u>DIRWCIS</u>

	TEST	PROD
Mailbox Acct ID		
User ID		

**RECEIVER'S E-MAIL ADDRESSES FOR TRANSMISSIONS VIA E-MAIL
ATTACHMENT:**

TEST: wcisdata@data.dir.ca.gov

PRODUCTION: wcisdata@data.dir.ca.gov

RECEIVER'S FLAT FILE RECORD DELIMITER: CR

RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:

Segment Terminator: ~ ISA Information: TEST PROD

Data Elements Separator: * Sender/Receiver Qualifier: ZZ ZZ

Sub-Element Separator: > Sender/Receiver ID: (Use Master FEINs)

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

Electronic Data Interchange Trading Partner Profile

**INSTRUCTIONS FOR COMPLETING
TRADING PARTNER PROFILE**

Each Claims Administrator will complete parts A, B and C, providing information as it pertains to them. Part D contains receiver information, and will be completed by the Division of Workers' Compensation (DWC).

A. TRADING PARTNER BACKGROUND INFORMATION:

NAME: The name of your business entity corresponding with the Master FEIN.

Master FEIN: The Federal Employer's Identification Number of your business entity.

Sender ID: The default value for the Sender ID is the combination of Master FEIN and nine-digit Mailing Zip Code provided on the Profile. If the Trading Partner would like to use a Sender ID other than the default value, please specify.

Mailing Address: The mailing address used to receive deliveries via the U. S. Postal Service for your business entity. This should be the mailing address that would be used to receive materials pertaining to "this" trading partner agreement.

Zip Code: The 9-position zip code of the mailing address of your business entity.

Claims Administrator Type: Indicate any functions that describe the Claims Administrator. If "other", please specify.

Claims Administrators covered by this profile: List the names and FEINS of all legally distinct entities for whom claims will be submitted under this profile. Data for claims administrators not listed will be rejected.

B. TRADING PARTNER CONTACT INFORMATION:

This section provides the ability to identify individuals within your business entity who can be used as contacts. Room has been provided for two contacts: business and technical.

The BUSINESS CONTACT should be the individual most familiar with the overall extract and transmission process within your business entity. He/she may be the project manager, business systems analyst, etc. This individual should be able to track down the answers to any issues that may arise from your trading partner that the technical contact cannot address.

The TECHNICAL CONTACT is the individual that should be contacted if issues regarding the actual transmission process arise. This individual may be a telecommunications specialist, computer operator, etc.

C. TRANSMISSION SPECIFICATIONS:

This section is used to communicate all allowable options for EDI transmissions between the trading partner and DWC.

One profile should be completed for each set of transactions with common transmission requirements. For example, if a trading partner is currently sending First Reports of Injury to DWC via a VAN, but would like to send Subsequent Reports via e-mail file transfer, a second profile can be completed for the e-mail option.

REPORT TYPE: The type of reports that will be submitted under this profile.

TRANSMISSION MODE: The claims administrator must select one of the following four transmission modes through which the WCIS can accept transactions: manual data entry into the WCIS web site interface (which will generally make sense only for low-volume data providers), EDI transactions sent through a value added network (VAN), EDI transactions sent as e-mail file transfers, or "other" (special arrangements must be made in advance with DWC).

SECTION C1: WEB PROVIDERS ONLY:

DIGITAL CERTIFICATE PROVIDER: Identify the entity from which the trading partner has secured a digital certificate to enable secure Internet transmissions. Contact DWC for a current list of supported digital certificate providers.

WEB SITE USER NAME: Specify a user name, which will identify this authorized claim administrator for access to the data entry screens of the WCIS. User names should be at least 8 characters in length, and may contain letters or numbers (but no spaces or other symbols). If you do not provide a username and/or password, they will be generated by DWC and sent to you.

WEB SITE PASSWORD: Specify a password, which will be used by the WCIS in combination with the user name to prevent data submission by unauthorized parties. Passwords should be at least 8 characters in length, and may contain letters or numbers (but no spaces or other symbols). If you do not provide a username and/or password, they will be generated by DWC and sent to you.

SECTION C2: ALL USERS EXCEPT WEB SITE DATA PROVIDERS:

This section identifies all the transaction sets/report types described within the profile along with any options that DWC provides to the claims administrator for each transaction set.

TRANSACTION TYPE: Indicates the types of EDI transmissions.

MODE OF TRANSMISSION: Specify the single FLAT FILE RELEASE #(s) or ANSI ASC X12 VERSION #(s) that will be transmitted for a given transaction set. The claim administrator should select ONE mode of transmission (flat file release # or ANSI X12 version #) from those supported by DWC.

SECTION C3: VAN PROVIDERS ONLY:

ELECTRONIC MAILBOX FOR THIS PROFILE: If a Value Added Network (VAN) will be used to exchange data, the claims administrator will specify the electronic mailbox to which data can be transmitted. .

NETWORK: The name of the value added network service on which the mailbox can be accessed.

NETWORK MAILBOX ACCT ID: The name of the claims administrator's mailbox on the specified VAN.

NETWORK: USER ID: This is the identifier of the claims administrator's entity to the VAN.

SECTION C4: E-MAIL FILE TRANSFER PROVIDERS ONLY:

EDI files may be transferred between a claims administrator and DWC by means of secure Internet e-mail using the S/MIME protocol. The following information will be used to facilitate such file transfers.

E-MAIL ADDRESS: Specify the e-mail address from which transmissions will be sent. This must be the address to which the digital certificate is registered.

DIGITAL CERTIFICATE PROVIDER: Identify the entity from which the trading partner has secured a digital certificate to enable secure Internet transmissions. Contact DWC for a current list of supported digital certificate providers.

D. RECEIVER INFORMATION (to be completed by DWC):

This section contains DWC's trading partner information.