

Trading Partner Profile Registration Instructions

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1. Overview:

This Rhode Island 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 Subsidiary Insurers and Claim Administrators.

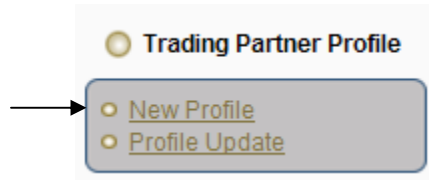
Upon **completion** of the EDI Trading Partner Profile online, an auto response email will be sent to the primary contact and to the jurisdiction. This will serve as notification to all parties of the EDI Trading Partner information for EDI implementation. Please see the email example in Section 4.

Upon **approval** of the EDI Trading Partner Profile by Rhode Island Department of Labor and Training, the EDI Support Team will contact the primary contact to indicate when the profile will become effective for EDI reporting.

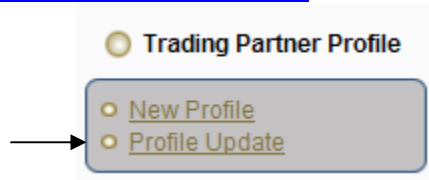
The following provides information for accessing and completing a NEW or UPDATED Rhode Island EDI Trading Partner Profile.

2. Accessing and Completion of the Rhode Island EDI Trading Partner Profile

- a. New Profile - Rhode Island EDI Trading Partner Profile: To begin filing with Rhode Island DLT, a new partner must complete a New EDI Trading Partner Profile. Click on the 'New Profile' button on the left side of the screen at website: <http://www.ridltedi.info/>.



- b. Profile Update -Rhode Island EDI Trading Partner Profile: To change an existing EDI Trading Partner Profile, a trading partner must complete the profile again using the current, updated information. Click on the ' Profile Update ' button on the left side of the screen at website: <http://www.ridltedi.info/>.



3. How to complete a New or Updated Rhode Island EDI Trading Partner Profile

Required fields are indicated in bold based on the entry of a NEW or UPDATED Rhode Island 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, a reference to a DN, e.g., Insurer Name (DN0007) indicates the information requested is a Data Element (DN) that is part of the Claims EDI Release 3 report and will be reported to Rhode Island in EDI reports.

a. EDI Sender (Primary Insurer/TPA):

- i. **Company Name:** Enter the Company Name of the sender. This must be the entire name as listed on any licensing applications filed with the Rhode Island Department of Business Regulations or registrations filed with the Rhode Island Department of Labor and Training. Acronyms and abbreviations are not accepted.
- 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. The Postal Code and FEIN will be used to uniquely identify a trading partner.

Note: The Company Master FEIN and Postal Code must be the same values 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:	RI
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 RI DLT 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: One method is required.
- i. **EDI Vendor:** If you will use an EDI Vendor to support your EDI reporting, click to select EDI Vendor, then select your EDI Vendor Company Name from the list provided. Refer to <http://ridltedi.info/vendors>
 - ii. **RIDLT Web Entry:** Select RIDLT Web Entry if you will use the Rhode Island EDI FROI SROI Web Reporting System.
 - iii. **SFTP:** Select SFTP if Sender will be exchanging EDI files directly with RI DLT's vendor using SFTP.

Filing Method: EDI Vendor

(one method required)

Vendor Company Name:

RI DLT does not endorse, nor recommend any one vendor over another. If you do not see your EDI Vendor or if you are an EDI vendor and would like to be added to this list, please send an email to ridltedi@iso.com

RIDLT Web Entry

SFTP

Comments:

- d. Primary & Secondary Contact for EDI Implementation/Setup/Maintenance: This section identifies individuals within your business entity who are the main contacts for this trading partner agreement. Identify one contact for business practices and issues and one for technical issues. Enter the information below for both a business and a technical main contact for your company. These contacts will be notified if there are any communications on the EDI reporting, claims, requirements or issues. On the form, indicate if the contact is Business or Technical, and complete the information for each contact person. Enter the primary contact's information in the first section and the secondary contact's information in the second section.

Contact Type:	<input type="checkbox"/> Business	<input checked="" type="checkbox"/> 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 section of the form identifies the trading partners using this Sender to transmit data electronically to the jurisdiction. At least one Subsidiary Record is required for a new trading partner profile. If the Sender is also an insurer (Subsidiary), add a Subsidiary record with the Sender's information. If there is more than one Subsidiary, complete a subsidiary section for each one. Provide the full Insurer Legal Name, Insurer FEIN and Subsidiary Type for each insurer (carrier, self insurer, or group self-insured) for whose claims the Sender will be transmitting data. Rhode Island 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 it will be used as part of the edit on Insurer FEIN to match the RIDLT database. Complete an UPDATED Rhode Island EDI Trading Partner Profile to add or remove subsidiaries.

Add/Remove Subsidiary: On a NEW EDI Trading Partner Profile, click this button to add a new Insurer Subsidiary. Only the 'add' option is available when adding a New EDI Trading Partner Profile.

i. **Add a Subsidiary Insurer:**

- Click on the 'Add' radio button
- Enter the Insurer Name and Insurer FEIN
- Click the Subsidiary Type radio button to indicate Insurer or Self Insurer.

(1) Status:	<input checked="" type="radio"/> Add
Status Effective Date:	<input type="text" value="10/04/2011"/> <small>(mm/dd/yyyy)</small>
Insurer Name (DN0007):	<input type="text"/>
Insurer FEIN (DN0006):	<input type="text"/> <small>(nine digit FEIN, no punctuation)</small>
Subsidiary Type:	<input type="radio"/> Insurer <input type="radio"/> Self Insurer

ii. **Continue Adding Insurers:**

- Click the Add/Remove Subsidiary button to add more subsidiaries.
- **Add/Remove Subsidiary** Click the 'Add/Remove Subsidiary' button, and another Subsidiary Insurer entry screen will be presented (# 2 in this case). Enter the required information and repeat the process to add Insurer Subsidiaries until

completed.

(1) Status:	<input checked="" type="radio"/> Add
Status Effective Date:	<input type="text" value="08/12/2013"/> <small>(mm/dd/yyyy)</small>
Insurer Name (DN0007):	<input type="text" value="Rhode Island Insurer"/>
Insurer FEIN (DN0006):	<input type="text" value="458532699"/> <small>(nine digit FEIN, no punctuation)</small>
Subsidiary Type:	<input checked="" type="radio"/> Insurer <input type="radio"/> Self Insurer

(2) Status:	<input checked="" type="radio"/> Add
Status Effective Date:	<input type="text" value="08/12/2013"/> <small>(mm/dd/yyyy)</small>
Insurer Name (DN0007):	<input type="text" value="Rhode Island Insurer"/>
Insurer FEIN (DN0006):	<input type="text" value="657895423"/> <small>(nine digit FEIN, no punctuation)</small>
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:

- In this example, Insurer Subsidiary (2) is removed. The remaining subsidiaries will be displayed. In this case, Insurer Subsidiary (1) is displayed as shown below.
- When finished with subsidiaries, move to the next section for Claim Administrator information.

(1) Status:	<input checked="" type="radio"/> Add
Status Effective Date:	<input type="text" value="08/12/2013"/> <small>(mm/dd/yyyy)</small>
Insurer Name (DN0007):	<input type="text" value="Rhode Island Insurer"/>
Insurer FEIN (DN0006):	<input type="text" value="458532699"/> <small>(nine digit FEIN, no punctuation)</small>
Subsidiary Type:	<input checked="" type="radio"/> Insurer <input type="radio"/> Self Insurer

iv. Updating a Subsidiary Insurer:

- The UPDATED EDI Trading Partner Profile has options to add and remove subsidiary insurers.
- Click the button

Status:

Add Remove

- Select the ADD option to add a new Subsidiary Insurer to the profile.
- Select the REMOVE option to remove a Subsidiary Insurer from the profile.

f. Claim Administrators: This section of the form identifies the Claim Administrators for the claims to be reported by the Sender. At least one Claims Administrator is required for a new trading partner. If the Sender is also a Claims Administrator, add a Claims Administrator record with the Sender's information. Rhode Island 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 it will be used as part of the edit on Claims Administrator FEIN to match the RIDLT database. Complete an UPDATED Rhode Island EDI Trading Partner Profile to add, remove or update Claims Administrators.

g. : On a New trading partner profile, click this button to add a new Claim Administrator.

i. To Add a Claim Administrator:

Add

- Click on the Add radio button
- Enter the Claim Administrator information. Required fields are highlighted in red. The Status Effective Date must be either the current date or a known future date when the trading partner will begin reporting for this Claim Administrator. The jurisdiction will use it to record the date that the Claim Administrator was effective for the trading partner.

Status Effective Date:	<input type="text" value="10/04/2011"/> (mm/dd/yyyy)
Claim Admin FEIN (DN0187):	<input type="text"/> (nine digit FEIN, no punctuation)
Claim Admin Name (DN0007):	<input type="text"/>
Claim Representative Name (DN0140):	<input type="text"/>
Claim Representative Business Phone:	<input type="text"/>
Provide the Claim Admin Mailing Address:	
Primary Address (DN0010):	<input type="text"/>
Secondary Address (DN0011):	<input type="text"/>
City (DN0012):	<input type="text"/>
State Code (DN0013):	<input type="text"/>
Postal Code (DN0014):	<input type="text"/>
Provide the Claim Admin Physical Address:	
Primary Address:	<input type="text"/>
Secondary Address:	<input type="text"/>
City:	<input type="text"/>
State Code:	<input type="text"/>
Postal Code (DN0200):	<input type="text"/>

Include a Claim Administrator Representative Name (DN0140) and Claim Administrator Representative Business Phone Number (DN0137) for each location listed on the form. The contact person at each location is expected to answer questions or direct the jurisdiction to the appropriate adjuster for the claim.

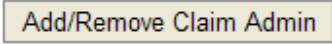
ii. Continue Adding Claim Administrators:

- Click the Add/Remove Claim Admin button to add more claim administrators.
- Click the 'Add/Remove Claim Admin' button, and another Claim Admin entry screen will be presented (# 2 in this case). Enter the required information and repeat the process to add the Claim Administrators until finished.

iii. To remove the last Claim Administrator entered:

- Click the Remove Last Claim Admin (while editing) button:

iv. Update Claims Administrator:

- The UPDATED EDI Trading Partner Profile has options to add and remove Claim Administrators.
- Click the  button
- **Status:** Add Remove
- Select the ADD option to add a new Claim Administrator to the profile.
- Select the REMOVE option to remove a Claim Administrator from the profile.

h. Comments: Please include any comments in this section.

Comments:

i. Release 3 Jurisdictions: Please indicate the number of Release 3 jurisdictions that your company reports to.

Please enter the number of Release 3 jurisdictions that your company is currently reporting to:

- j. Submit the Rhode Island EDI Trading Partner Profile. Click the 'submit' button to complete the registration process. An email confirmation will be generated similar to the example in Section 4. Rhode Island will respond via email on confirmation and approval of the Rhode Island EDI Trading Partner relationship.

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

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

From: ridltedi@iso.com [mailto:ridltedi@iso.com]

Sent: Wednesday, August 18, 2013 2:34 PM

To: dol.workerscomp.edi@rhodeisland.gov

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

Subject: EDI New Profile RI - *Your Company's Name here*

-- Electronic Data Interchange Profile --

Jurisdiction: RI

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: **Remove**

Status Effective: 09/28/2011

Insurer Name (DN0007):

Insurer FEIN (DN0006):

Subsidiary Type: Insurer

-- Subsidiary (2) --

Subsidiary Status: **Add**

Status Effective: 09/28/2011

Insurer Name (DN0007):

Insurer FEIN (DN0006):

Subsidiary Type: Insurer

-- Claim Administrators --

-- Claim Administrator (1) --

Claim Administrator Status: **Add**
Status Effective Date: 09/28/2011
Claim Admin Name (DN0188):
Claim Admin FEIN (DN0187):
Representative Name (DN0140):
Representative Business Phone:
Mailing Primary Addr (DN0010):
Mailing Secondary Addr (DN0011):
Mailing City (DN0012):
Mailing State Code (DN0013):
Mailing Postal Code (DN0014):
Physical Primary Address:
Physical Secondary Address:
Physical City:
Physical State Code
Physical Postal Code (DN0200):

-- Claim Administrator (1) --

Claim Administrator Status: **Remove**
Status Effective Date: 09/28/2011
Claim Admin Name (DN0188):
Claim Admin FEIN (DN0187):
Representative Name (DN0140):
Representative Business Phone:
Mailing Primary Addr (DN0010):
Mailing Secondary Addr (DN0011):
Mailing City (DN0012):
Mailing State Code (DN0013):
Mailing Postal Code (DN0014):
Physical Primary Address:
Physical Secondary Address:
Physical City:
Physical State Code
Physical Postal Code (DN0200):

Number of Release 3 jurisdictions currently reporting to: 5

Comments:

Please update Trading Partner. Thank you.