

Section F

Trading Partner Profile

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Who Should Complete the Trading Partner Profile?

A separate Trading Partner Profile form should be completed for each Sender ID that will be used in EDI transmissions sent to NHDOL. The Sender ID, which is composed of the trading partner's "Master FEIN" and physical address postal code (see profile form instructions), must be reported in the header record of every transmission (DN0098). The Sender ID is used by NHDOL to identify communication parameters as specified on the Trading Partner Profile form.

For most organizations, the Claim Administrator FEIN (Federal Employer Identification Number) provided on each transaction will always be the same as the Sender ID's Master FEIN. If there is no Claims Administrator FEIN (DN0187), NHDOL substitutes the Insurer FEIN (DN0006) for the claims administrator FEIN.

Other organizations may have multiple claim administrator FEINs for their various operating units. If the transactions for these various claim administrators will be sent from their location we want a Sender's Trading Partner Profile, and a Sender's Transmission Profile from each organization. This will allow us to complete testing and certify each trading partner. However if the transmissions for these subsidiaries will be sent from one single location then we want the Trading Partner Profiles from that organization and we want the subsidiaries listed on the Third Party Administrator Location list.

For example, the information systems department of a single parent organization might wish to send transactions for two subsidiaries batched together within transmissions. In such a case, the parent organization could complete one Trading Partner Profile--providing the Master FEIN for the parent company in the Sender ID--and could then transmit transactions from both subsidiaries, identified by the appropriate claim administrator FEIN on each transaction.

The NHDOL uses the claim administrator FEIN to process individual transactions. Transactions for unknown claim administrators will be rejected by NHDOL. For this reason, it is vital for each NHDOL Trading Partner Profile to be accompanied by a list of all claim administrator FEINs whose data will be reported under a given Sender ID. Since the profile form does not have any place to provide this list, NHDOL asks that it be submitted on the Third Party Administrator Location List. If such a list is not provided, NHDOL will assume that the only claim administrator FEIN reportable by that trading partner will be the Master FEIN from the trading partner's Sender ID.

State of New Hampshire
DEPARTMENT OF LABOR
DIVISION OF WORKERS' COMPENSATION



EDI SENDER'S TRADING PARTNER PROFILE

Date: _____

Trading Partner Type:

☐ Jurisdiction Employer ☐ Insurance Carrier ☐ Service Bureau ☐ Third Party Administrator ☐ Self Insured

☐ Other (Please specify) _____

Trading Partner Information:

FEIN _____
Name _____
Address _____
City _____ State _____ Postal Code _____

Mailing Address:

Address _____
City _____ State _____ Postal Code _____

Contact Information:

Business Contact

Name _____
Title _____
Telephone _____
FAX _____
E-Mail _____
Mailing Address _____

Technical Contact

Name _____
Title _____
Telephone _____
FAX _____
E-Mail _____
Mailing Address _____

Business Contact

Name _____
Title _____
Telephone _____
FAX _____
E-Mail _____
Mailing Address _____

Technical Contact

Name _____
Title _____
Telephone _____
FAX _____
E-Mail _____
Mailing Address _____

Return Completed form to: NH Department of Labor Att: EDI, 95 Pleasant St.,
Concord, NH 03301, or E-Mail to EDI@dol.nh.gov

INSTRUCTIONS / DEFINITIONS for NHDOL_TPP, EDI Sender's Trading Partner Profile

This form is used to communicate the Sender's contact information. New Hampshire Department of Labor Division of Workers' Compensation (NHDOL) is responsible for providing contact information on the Receiver form. The completed forms are exchanged between the Receiver and Sender.

Date	Enter the date the Trading Partner Profile is completed by the Sender.
Trading Partner Type	Check the appropriate category reflecting the Sender's business type. If other, please specify.
Trading Partner Information	This section provides identifying information about the trading partner information.
FEIN	Enter the Federal Employer Identification Number (FEIN) of the Trading Partner that will transmit workers' compensation data. This must match the FEIN supplied on the entity's "Transmission Profile" form. This, along with the 9-digit postal code (Zip+4) in the Trading Partner address field, will be used to identify a unique Sender.
Name	Enter the name of your business entity corresponding with the FEIN that will be transmitting detailed workers' compensation information to NHDOL. This must match the Name supplied on the entity's "Transmission Profile" form.
Address	Enter the street address of the physical location of your business entity. It will represent where materials may be received regarding this Sender if using a delivery service other than the U.S. Postal Service.
City	Enter the city portion of the street address of your business entity.
State	Enter the two (2) character standard state abbreviation of the state portion of the street address of your business entity.
Postal Code	Enter the nine (9) digit postal code of the street address of your business entity. This field, along with Trading Partner FEIN will be used to uniquely identify a Trading Partner. This must match the postal code supplied on the entity's "Transmission Profile" form.
Mailing Address (Including City/ State/Postal Code)	Enter the mailing address used to receive deliveries via the U.S. Postal Service for your business entity. This should be the mailing address for receiving materials pertaining to this Trading Partner agreement. If this address is the same as the above street address, indicate "Same as above".
Contact Information	<p>This section provides the ability to identify individuals within your business entity who can be used as contacts for this Trading Partner relationship. Room has been provided for three business contacts and three technical contacts.</p> <p>The BUSINESS CONTACT is the individual most familiar with the transmission and business processes, as well as data quality issues, 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, which may arise from your Trading Partner that the technical contact cannot address.</p> <p>The TECHNICAL CONTACT is the individual to be contacted if issues regarding the actual transmission process arise. This individual may be a telecommunications specialist, computer operator, and programmer analyst etc.</p>
Name	Enter the name of the Business/Technical contact.
Title	Enter the title of the Business/Technical contact or the role that contact performs within a given Trading Partner relationship.
Telephone	Enter the telephone number at which that Business/Technical contact can be reached. Include extension, if applicable
Fax	Enter the telephone number of the FAX machine to use for the Business/Technical contact
E-Mail	Enter the e-mail address at which that Business/Technical contact can be reached.
Mailing Address	Enter the mailing address at which that Business/Technical contact can be contacted if different than the Trading Partner mailing address

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EDI SENDER'S TRANSMISSION PROFILE

Date: _____

Receiver Information:

Name: New Hampshire Department of Labor, Division of Worker's Compensation

FEIN: 02-6000618

Zip Code: 03301 - 3852

Sender Information:

Name: _____

FEIN: _____

Zip Code: _____

Trading Partner Type:

☐ Jurisdiction ☐ Insurance Carrier ☐ Service Bureau ☐ Third Party Administrator

☐ Self Insured Employer ☐ Other (Please specify) _____

Transaction Information: Release: 3.0 Projected Number per Transaction: _____

Transmission Method:

☐ NHDOL FTP

Return Completed form to: NH Department of Labor Att: EDI, 95 Pleasant St.,
Concord, NH 03301, or E-Mail to EDI@dol.nh.gov

INSTRUCTIONS / DEFINITIONS for NHDOL, EDI Sender's Transmission Profile

This form is used to communicate all allowable options the Sender of workers' compensation data will provide to the New Hampshire Department of Labor Division of Workers' Compensation (NHDOL). NHDOL is responsible for providing the information on the Receiver form, indicating all their requirements and where applicable, the supported options from which the Sender can select. The Sender will then complete the Sender's Response form providing data in the allotted spaces and indicating selections where the Receiver provides choices. This information is then returned to the Receiver.

Although one profile will satisfy most needs, it should be noted that if transmission parameters vary by transaction set IDs, you could specify those differences by providing more than one profile.

Receiver Name, Receiver FEIN, Receiver Postal Code, will be pre-filled by NHDOL

Master Trading Partner Sender Information

Name	Enter the name of the business entity that will be extracting and transmitting detailed workers' compensation information to NHDOL. This should be the name that appears on the "Trading Partner Profile" form.
FEIN	Enter the Federal Employer Identification Number (FEIN) of the trading partner that will transmit workers' compensation data. This must match the FEIN supplied on the entity's "Trading Partner Profile" form.
Postal Code	Enter the nine (9) digit postal code associated with the Sender Trading Partner's physical address, which together with the Sender FEIN, will be used as the identifier of this trading partner. This must match the postal code supplied on the entity's "Trading Partner Profile" form.
Trading Partner Type	Check the appropriate category reflecting the Sender's business type. If other, please describe.

Transaction Information

Release	Specify if you will be supporting IAIABC Release 3 or IAIABC Release 1*
Projected # per Transaction	Specify the projected average number of detail records for a given Transaction Set ID that will be sent to the Receiver Trading Partner. This will be used for planning purposes
Encryption	Specify if you will encrypt data files sent to NHDOL. (NHDOL supports PGP encryption) Notify us and send your public key if you wish acknowledgements encrypted

Transmission Method

NHDOL FTP	Check this option to support uploading files to the New Hampshire FTP Servers
NHDOL Secure E-Mail	Check this option to send files to NHDOL via Secure E-Mail attachments. Provide the receiver E-Mail address for Acknowledgements

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EDI RECEIVER'S TRADING PARTNER PROFILE

Date: _____

Trading Partner Type:

☒ Jurisdiction
 ☐ Insurance Carrier
 ☐ Service Bureau
 ☐ 3RD Party Administrator
☐ Self Insured Employer
 ☐ Other (Please specify) _____

Trading Partner Information:

FEIN	02-6000618		
Name	State of NH	Dept. of Labor	Worker's Comp Division
Address	95 Pleasant St		
City	Concord	State	NH
		Zip Code	03301 - 3852

Mailing Address:

Address	Same		
City		State	
		Zip Code	

Contact Information:

Business Contact

Name	Daniel Albert
Title	Director, Worker's Compensation
Telephone	(603)271-8492
FAX	(603)271-6149
E-Mail	<u>Danielle.Albert@dol.nh.gov</u>
Mailing Address	95 Pleasant St Concord, NH 03301-3852

Technical Contact

Name	Kristina Guignard
Title	Supervisor II
Telephone	(603)271-8274
FAX	(603)271-6149
E-Mail	<u>Kristina.Guignard@dol.nh.gov</u>
Mailing Address	95 Pleasant St. Concord, NH 03301-3852

Business Contact

Name	Jo-Ann Dixon
Title	FROI Administration
Telephone	(603)271-8319
FAX	(603)271-6149
E-Mail	<u>Jo-Ann.Dixon@dol.nh.gov</u>
Mailing Address	95 Pleasant St Concord, NH 03301-3852

Technical Contact

Name	Joe Nadeau
Title	Information Technology Manager
Telephone	(603)271-6872
FAX	(603)271-6149
E-Mail	<u>Joseph.Nadeau@doit.nh.gov</u>
Mailing Address	95 Pleasant St. Concord, NH 03301-3852

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TRADING PARTNER INSURER LIST

Trading Partner Name _____ **Date** _____

Enter the FEIN and nine-digit Postal Code that will be used by your company as the SENDER ID in the Header Record of all EDI transactions. This should match information submitted on your Master Trading Partner Profile.

Master FEIN _____ **Postal Code** _____
Address _____
City, State _____

Please provide the FEIN, their NH Insurance License # (leave blank if unknown) and legal name for each carrier's and self-insured's claims you will be transmitting. We will notify you of any discrepancy between the identifying information below and the present records of the Division of Workers' Compensation. It is understood that this list may have entries added or removed from time to time.

FEIN	Name of NH Authorized Carrier or NH Approved Self Insured
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The FEINs must match the various values of DN 6 submitted in your transmissions. Attach additional sheets as needed.

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THIRD PARTY ADMINISTRATOR LOCATION LIST

Trading Partner Name _____ **Date** _____

Enter the FEIN and nine-digit Postal Code that will be used by your company as the SENDER ID in the Header Record of all EDI transactions. This should match information submitted on your Master Trading Partner Profile.

Master FEIN _____ **Postal Code** _____
Address _____
City, State _____

Please provide the FEIN, New Hampshire Department of Labor Division of Workers' Compensation TPA Code, if known, address, and nine-digit postal code for each location of the Third Party Administrator that will be transmitting data. We will notify you of any discrepancy between the identifying information, including the mailing address and the present records of the Division of Workers' Compensation. It is understood that this list will have entries added or removed from time to time.

FEIN	TPA Name	Address	Postal Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The FEIN and the postal code must match the DN 8 and DN 14, respectively, submitted in your transmissions. Attach additional sheets as needed.