



PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Claim and medical EDI compliance coordinator and medical EDI trading partner notification

Part 1. Insurance carrier information

1. Insurance carrier's name	
2. Insurance carrier's federal employer ID number (FEIN)	3. Insurance carrier's TXCOMP customer number

Part 2. Claim electronic data interchange (EDI) compliance coordinator information

Texas Department of Insurance, Division of Workers' Compensation (DWC) rules in 28 Texas Administrative Code (TAC) Section 124.108 require the claim EDI compliance coordinator to be an employee of the insurance carrier. Do not list an employee of another company, including a third party administrator or a trading partner, as the claim EDI compliance coordinator.	
4. Claim EDI compliance coordinator's name (First, middle, last)	5. Claim EDI compliance coordinator's phone number ()
6. Claim EDI compliance coordinator's working title	7. Claim EDI compliance coordinator's fax number ()
8. Claim EDI compliance coordinator's mailing address (Street or PO box, city, state, ZIP code)	9. Claim EDI compliance coordinator's email

Part 3. Medical EDI compliance coordinator information

DWC rules in 28 TAC Section 134.808 require the medical EDI compliance coordinator to be an employee of the insurance carrier. Do not list an employee of another company, including a third party administrator or a trading partner, as the medical EDI compliance coordinator.	
10. Medical EDI compliance coordinator's name (First, middle, last)	11. Medical EDI compliance coordinator's phone number ()
12. Medical EDI compliance coordinator's working title	13. Medical EDI compliance coordinator's fax number ()

14. Medical EDI compliance coordinator's mailing address (Street or PO box, city, state, ZIP code)	15. Medical EDI compliance coordinator's email
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Part 4. Trading partner addition or removal (for medical EDI only)

16. Add or remove trading partners authorized by the insurance carrier's EDI compliance coordinator to send medical EDI transactions for the insurance carrier.			
Action	Effective date (mm/dd/yyyy)	Trading partner name	Trading partner's FEIN
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			

Part 5. EDI compliance coordinator affirmation and acknowledgment

<p>17. I affirm that:</p> <ul style="list-style-type: none"> • all trading partners we requested to add have entered into a contract with the insurance carrier to send and receive EDI transactions for the insurance carrier; • any contract with the trading partner includes provisions that the workers' compensation information involved in EDI transactions remains subject to the confidentiality requirements of Texas Labor Code Title 5, Subtitle A (Texas Workers' Compensation Act); and • the trading partner will store all workers' compensation claim information in a secure environment with all appropriate security and privacy safeguards to prevent unauthorized access or disclosure of the information. <p>I acknowledge that:</p> <ul style="list-style-type: none"> • the insurance carrier is responsible for the acts or omissions of its trading partners; and • I understand the EDI requirements in the Texas Workers' Compensation Act and DWC rules.

18. EDI compliance coordinator signature	
19. Printed name of EDI compliance coordinator	20. Date of signature (mm-dd-yyyy)

FAQ

Claim and medical EDI compliance coordinator and medical EDI trading partner notification (EDI-03)

Does every insurance carrier have to submit the EDI-03?

Yes. All insurance carriers as defined by Texas Labor Code Section 401.011(27), including an insurance company, a certified self-insurer for workers' compensation, a certified self-insurance group, and a governmental entity that self-insures, either individually or collectively must file the EDI-03.

When do I need to file this form?

An insurance carrier must submit this form at least five working days before sending its first EDI transaction. DWC may reject EDI records if you do not send the form, and DWC may fine the insurance carrier. You must file a new EDI-03 within five working days if any information changes, including adding or removing a trading partner.

Where can I get the insurance carrier's TXCOMP customer number?

You can get the insurance carrier's TXCOMP customer number using the "Locate Insurance Carrier" link at txcomp.tdi.state.tx.us/TXCOMPWeb/common/home.jsp. Submit a DWC Form-027, *Designation of Insurance Carrier's Austin Representative* if the insurance carrier does not have a TXCOMP customer number.

Where can I get the trading partner's FEIN?

The insurance carrier should request the FEIN from the trading partner during contract negotiations. The trading partner's FEIN reported in Part 3 of this form should match the EDI sender's FEIN reported to DWC.

Where do I send the EDI-03? How can I get more information?

- **Email:** edisupport@tdi.texas.gov
- **Mail:** Texas Department of Insurance, Division of Workers' Compensation
EDI Support, Mail Code: BP-OPS
PO Box 12050
Austin, TX 78711-2050

Note: With few exceptions, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023);
and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov.