



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - System Monitoring & Oversight (MS-8)
 7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
 800-252-7031 | F: 512-490-1039 | tdi.texas.gov | @TexasTDI

EDI TRADING PARTNER PROFILE

(Fax form to TDI-DWC at the number shown above or email to edisupport@tdi.texas.gov)

IMPORTANT: The insurance carrier or trading partner must complete sections I - VI in order to process. Form will be returned if any fields are missing. By submitting this form, the trading partner agrees to transmit data as required by the Texas EDI Implementation Guides.

I. TRADING PARTNER TYPE (check all that apply)

1. Insurance Carrier (includes certified self-insurers, certified self-insurer groups, and governmental entities)
 Third Party Administrator
 Servicing Agent/Vendor

II. TRADING PARTNER INFORMATION

2. EDI Sender's Full Legal Name	3. EDI Sender's FEIN
4. EDI Sender's 9-Digit Postal Code (ZIP+4) -	5. EDI Sender's TXCOMP Customer Number
6. Physical Address/Office Location Address Line 1 Address Line 2 City State Postal Code (must match Box 4)	
NOTE: FEIN and 9-Digit Postal Code identify a unique sender and must match the SENDER ID in the Header Record of the EDI transmissions.	

III. TRADING PARTNER EDI CONTACT INFORMATION

7. EDI Technical Contact Information Name Phone Fax Email	8. May TDI release your email address in response to a public information request? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IV. EDI TRANSMISSION PROFILE – SENDER SPECIFICATIONS

Type	Select One Per Type	ANSI or Flat	Release/Version	Projected Annual Number of Transactions
FROI (148)	<input type="checkbox"/>	ANSI-148	3041	
	<input type="checkbox"/>	FLAT	IA Release 1	
SROI (A49)	<input type="checkbox"/>	ANSI-148	3041	
	<input type="checkbox"/>	FLAT	IA Release 1	
Health Plan Claim Matching (251)	Jurisdiction Defined Format -- Contained in Implementation Guides			

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

ANSI Information:

Claims EDI (148/A49)	
Segment Terminator:	~ (tilde)
Data Element Separator:	* (asterisk)
Sub-Element Separator:	> (greater than)

For TDI-DWC Use Only

V. EDI TRANSMISSION PROFILE – RECEIVER SPECIFICATIONS

Receiver Name: Texas Department of Insurance, Division of Workers' Compensation	
Receiver Type: <input checked="" type="checkbox"/> Jurisdiction	Postal Code For Claims EDI (9 digits): 787047491
Receiver ID – FEIN: 746000119	Postal Code For Other EDI (9 digits): 787441609

Acknowledgement Information:

Type	Functional	Detail	Mode (EDI/Paper/None)	Normal Production Response Period
FROI (148)	ANSI 997	ANSI 824/IAIABC AK1	EDI	One Business Day
SROI (A49)	ANSI 997	ANSI 824/IAIABC AK1	EDI	Three Business Days
Health Plan Claim Matching (251)	Jurisdiction Defined Format -- Contained in Implementation Guides		EDI	One Week

Secure File Transfer Protocol:

Web Site	Test	Production
URL: sftpt.tdi.texas.gov	sftpt.tdi.texas.gov	sftpp.tdi.texas.gov
Security Protocol: SFTP, user logon and password	SFTP, user logon and password	SFTP, user logon and password

Note: Trading Partners using Value Added Networks must provide the Account Number, User ID Message, and Message Class Code.

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

ANSI Information:

Claims EDI (148/A49)	
Segment Terminator:	~ (tilde)
Data Element Separator:	* (asterisk)
Sub-Element Separator:	> (greater than)

**Frequently Asked Questions
EDI Trading Partner Profile (EDI-01)**

What is the difference between the DWC EDI-01 and DWC EDI-02?

DWC EDI-01 is for participants planning to send claims or healthcare plan matching (251) data to the division through the Electronic Data Interchange (EDI). DWC EDI-02 is for participants planning to send medical billing and payment data to the division through the Electronic Data Interchange (EDI).

How do I report a change to the information reported on the DWC EDI-01?

If any information in this form changes, submit a new DWC EDI-01 and contact the EDI Support Services at edisupport@tdi.texas.gov. Trading partners are responsible for keeping their profiles up-to-date and the division must be notified of any changes to the trading partner profile.

Where do I get the insurance carrier's TXCOMP Customer ID Number?

The insurance carrier's TXCOMP Customer ID Number can be found using the "Locate Insurance Carrier" function on the TXCOMP automated system located at <https://txcomp.tdi.state.tx.us/TXCOMPWeb/common/home.jsp>. This function allows the user to search for an insurance carrier either by name or by FEIN.

If I have questions about the DWC EDI-01 form, who do I contact?

If you have questions about this form or need more information about the EDI Trading Partner Profile, contact the EDI Support Services Desk at 800-252-7031 or by email at edisupport@tdi.texas.gov.

For TDI-DWC Use Only

VI. EDI TRADING PARTNER INSURER/CLAIM ADMINISTRATOR ID LIST

IMPORTANT: Complete all fields. Form will be returned if any required fields are missing.

TO: **Receiver Name:** Texas Department of Insurance, Division of Workers' Compensation
Email: edisupport@tdi.texas.gov

FROM: Trading Partner:
Sender Legal Name, if different (no abbreviations):
Sender FEIN: **Postal Code (9 digits):**

NOTE: FEIN and 9-Digit Postal Code identify a unique sender and **must** match the **SENDER ID in the Header Record** of the EDI transmissions.

In the first column of the table below, provide the **full legal name for all insurers** for which EDI filings will be sent, including self-insurers and intergovernmental risk pools. In the second column, provide each **insurer FEIN**. In the third column, provide the division-assigned **Customer Identification Number** for each insurer (the customer ID# can be found in the TXCOMP Organization Profile). If the insurance carrier identification number does not exist, submit a DWC Form-027 to Records Management and Support and verify the customer ID number prior to including that insurance carrier on your list. The third column is not required for EDI (251) trading partners.

This list will be used to reconcile profile identification records. If after filing this form with the division, any entries are added or removed from the listing, submit a revised EDI Trading Partner Insurer/Claim Administrator ID List to the division.

	Insurer Legal Name	Insurer FEIN	Insurer Customer ID
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

*Use additional page(s) to report more than 20 insurers.

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; get and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004). For more information, contact agencycounsel@tdi.texas.gov or you may refer to the [Corrections Procedure](#) section at www.tdi.texas.gov.

For TDI-DWC Use Only
