

IAIABC ELECTRONIC PARTNERING AGREEMENT

This is an agreement between the parties named below to use Electronic Data Interchange (EDI) technologies and techniques, for the purpose(s) and objective(s) set out below or as amended from time to time in writing by mutual agreement, and such further purposes and objectives as the parties may agree in writing from time to time with reference to this Agreement.

1. **Parties:** The parties to this agreement are: Kansas Division of Workers Compensation (State Name & Workers' Compensation Agency Name) {hereafter referred to as the Jurisdiction} and, _____ (Insurer, Self-Insurer, Third Party Administrator, or other reporting entity; full legal name) {hereafter referred to as the Reporter} and all other companies within the Company named and authorized to write workers' compensation insurance or provide insurance related services within the named state.
2. **Purpose:** The Reporter is either required to file or may be allowed by law or regulation to file for itself or on behalf of customers or clients the following reports to the Jurisdiction.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First Report of Injury | <input checked="" type="checkbox"/> Subsequent Report of Injury |
| <input type="checkbox"/> Proof of Coverage | <input type="checkbox"/> Medical |

3. **Objective:** To test, initiate, implement, and maintain these reports through electronic filing per the Jurisdiction Implementation Guide dated _____.
4. **Exhibits:** A – D are annexed and incorporated in this Agreement, set forth the format, release and version of data transmissions from the Reporter, including original submissions and corrections or re- submissions as needed:
 - A. IAIABC Electronic Trading Partner Profile
 - B. IAIABC Electronic Transmission Profile -- Receiver's Specifications
 - C. IAIABC Electronic Transmission Profile -- Sender's Response
 - D. IAIABC Electronic Partnering Claims Administrator ID List
5. Both parties agree that the objective stated in Item 2 above is lawful, and performance hereunder shall be deemed complete performance of the parties' obligations under any law or regulation governing such objective. This document shall be deemed to fulfill any requirement on the part of the Reporter to apply to the Jurisdiction or any related governmental entity for permission to file information electronically.
6. Each party shall retain the content of data transmissions in confidence to the extent required by law.
7. The Reporter shall pay transmission costs for all reports being sent to or received from the Jurisdiction.

Agreed this _____ day (e.g., *eleventh or 11th*) of _____ (e.g., *February*), _____ (e.g., *2003*) by the parties or by their duly authorized or lawfully empowered representatives.

For the REPORTER:

For the JURISDICTION: (Signature)

(Signature) _____

(Name) _____

(Title) _____

(Name) David Sprick

(Title) Public Service Executive, Operations Section

(Name) Garret Hamman

(Title) Research Analyst

IAIABC ELECTRONIC PARTNERING INSURER/CLAIM ADMINISTRATOR ID LIST

TO: Kansas Division of Workers Compensation
 EDI Coordinator & Technical Contact Information IT
 Contact Name: Garrett Hamman
 IT Contact Phone Number: 785-296-5000
 Contact E-mail Address: Garrett.Hamman@ks.gov
 Contact Fax Number: 785-296-0839

FROM: (Trading Partner) _____

Legal Name (no abbreviations): _____

***Sender ID FEIN:** _____ *** Postal Code (9 digits):** _____ - _____

Date Prepared: _____

* The **Sender ID FEIN** and **Postal Code** should be the same as those that your company will use as the SENDER ID in the Header Record of all EDI transmissions, and should match information submitted on your IAIABC Electronic Trading Partner Profile.

Provide the Insurer/Claim Administrator FEIN, full Legal Name, and Jurisdiction Assigned ID, if applicable, as assigned by the Jurisdiction for whose claims the Sender (Trading Partner) will be transmitting data. The Jurisdiction must notify the Sender of any discrepancy between the identifying information in the table and the Jurisdiction's present records. This list will be used to reconcile identification tables, whereas Insurer/Claim Administrator FEIN is the primary key. It is understood that this list will have entries added or removed from time to time, and those changes will be reported in accordance with jurisdiction requirements as outlined in the Trading Partner Documents Instructions.

#	Insurer/Claim Administrator FEIN	Insurer/Claim Administrator Legal Name	Jurisdiction Assigned ID
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
16			
18			
19			
20			

Please use additional pages for more than 20 insurers.

Rev 11-21-22

**IAIABC
ELECTRONIC TRANSMISSION PROFILE
RECEIVER'S SPECIFICATIONS**

Receiver Name: Kansas Division of Workers Compensation Date Prepared: _____
(Jurisdiction Name & Workers' Compensation Agency Name)

Trading Partner Type: Jurisdiction Service Bureau Other

Receiver ID: FEIN: 486029925 Postal Code (9 digits): { 66612 } – { 1227 }

Transaction Sets for this Profile:

Transaction Information				Acknowledgment Information	
IAIABC	ANSI	Release	Version	Mode (EDI/Paper/None)	Production Response period
148	148	3.1			
A49	148	3.1			
POC	271				
MED	837				

Transmission Frequencies for this Profile:

Daily
 Weekly Select Day: SUN MON TUE WED THU FRI SAT
 Monthly Select Day (1-31): _____
 Other: _____ Transmission Cut-off Time: _____ AM/PM

Electronic Mailbox(s) for this Profile:

Network:			Network:		
	Test	Production		Test	Production
Mailbox Acct ID:			Mailbox Acct ID:		
User ID:			User ID:		
Message Class:			Message Class:		

Network:			Network:		
	Test	Production		Test	Production
Mailbox Acct ID:			Mailbox Acct ID:		
User ID:			User ID:		
Message Class:			Message Class:		

Secure File Transfer Protocol (SFTP) for this Profile:

Web Site	Test	Production
URL:		
Security Protocol:		
Encryption Level:		

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

ANSI Information:

Segment Terminator:	ISA Information:	Test	Production
Data Element Separator:	Sender/Receiver Qualifier:		
Sub-Element Separator:	Sender/Receiver ID:		

**IAIABC
ELECTRONIC TRANSMISSION PROFILE
SENDER'S RESPONSE**

Return this page to:

Receiver Name: Kansas Division of Workers Compensation
 Receiver ID: Receiver FEIN: 486029925
 Receiver Postal Code (9 digits): { 66612 } - { 1227 }

Sender Selections/Information

EDI Service Provider:

Master Trading Partner Information:

Legal Name (no abbreviations): _____

Trading Partner Type: Jurisdiction Third Party Administrator Employer
 Service Bureau/DCO EDI Service Provider Self-Insurer Insurer
 Other (specify): _____

Sender ID: Sender FEIN: _____ Sender Postal Code (9digits): _____

Transaction Sets for This Profile:

Transaction Information					Acknowledgment
IAIABC	ANSI	Release	Version	Projected # per Transmission	Mode (EDI/Paper/None)
148	148	<u>See Jurisdiction's Event Table</u>			
A49	148	<u>See Jurisdiction's Event Table</u>			
POC	271				
MED	837				

Transmission Frequency (select only one from Receiver's options):

Daily
 Weekly Select Day: SUN MON TUE WED THU FRI SAT
 Monthly Select Day (1-31): _____ Other: _____

Selected Media: Network Secure FTP

Electronic Mailbox for this Profile:

Network:		
	Test	Production
Mailbox Acct ID:		
User ID:		
Message Class:		

*Secure File Transfer Protocol (SFTP) for this Profile:

Site	Test	Production
URL:		
Security Protocol:		
Encryption Level:		

* See Instructions for additional information on securing Internet sessions.

IAIABC ELECTRONIC TRADING PARTNER PROFILE

Trading Partner Type (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Jurisdiction | <input type="checkbox"/> Third Party Administrator |
| <input type="checkbox"/> Service Bureau / DCO | <input type="checkbox"/> Self-Insurer |
| <input type="checkbox"/> Employer | <input type="checkbox"/> EDI Service Provider |
| <input type="checkbox"/> Insurer | <input type="checkbox"/> other (specify): _____ |

Master Trading Partner Information:

Legal Name (no abbreviations): _____

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the 9-position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the SENDER ID in the Header Record of all EDI transmissions from the partner:

Sender ID FEIN: _____ **Postal Code** (9 digits): { _____ } - { _____ ' ____ }

Physical Address:

Address Line 1: _____
Address Line 2: _____
City: _____ State: { _____ } Postal Code: { _____ } - { _____ ' ____ }

Mailing Address:

Address Line 1: _____
Address Line 2: _____
City: _____ State: { _____ } Postal Code: { _____ } - { _____ ' ____ }

Contact Information:

First Report of Injury (FROI) Proof of Coverage (POC)	Subsequent Report of Injury (SROI) Medical (MED)
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Business Contact:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

Technical Contact:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

Claims Handling Location Contact:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

Preparer Information:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____