

ELECTRONIC TRANSMISSION PROFILE RECEIVER'S SPECIFICATIONS

Receiver Name: Kentucky Department of Workers' Claims Date Prepared: _____
(Jurisdiction Name & Workers' Compensation Agency Name)

Trading Partner Type: Jurisdiction Service Bureau Other

Receiver ID: FEIN: 61-0600439 Postal Code (9 digits): {40601} – {6157}

Transaction Sets for this Profile:

Transaction Information				Acknowledgment Information	
IAIABC	ANSI	Release	Version	Mode (EDI/Paper/None)	Production Response period
148	148	1	3041	EDI	3 Business
A49	148	1	3041	EDI	3 Business
POC	271	N/A	N/A	N/A	N/A
				EDI	3 Business
AKI	824	1	3041	N/A	N/A

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: 12:00 AM

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:		

ELECTRONIC TRANSMISSION PROFILE SENDER'S RESPONSE

Return this page to:

Receiver Name: Kentucky Department of Workers' Claims
 Receiver ID: Receiver FEIN: 61-0600439
 Receiver Postal Code (9 digits): { 40601 } – { 6157 }

Sender Selections/Information

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				
A49	148				
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.