

Electronic Trading Partner Transmission Profile

Sender/Trading Partner Information

Date: _____

Vendor Information

1. Will you be submitting through a vendor? Yes No
2. If yes, which vendor? _____

Sender/Trading Partner Information

1. Check One: POC Claims
2. Legal Name (no abbreviations): _____
3. FEIN: _____ 4. Postal Code (9 digits): _____ +

Note: Sender FEIN, Filler, and Sender Postal Code comprise your Sender ID (DN0098) that must be in the Header Record of all EDI transmissions.

5. Sender/Trading Partner Type (check all that apply):
 Insurer Employer/Self-Insurer
 Claim Administrator EDI Service Provider
 Other (specify) _____

6. Contact Information:

Sender Business Contact

Name:
Title:
Phone:
E-mail:

Sender Technical Contact

Name:
Title:
Phone:
E-mail:

Vendor Contact Information (if applicable)

Name:
Title:
Phone:
E-mail:

Transaction Information

1. Which Secure File Transfer Protocol (FTP/SSL) will you be using? _____

Please return the completed form to:

Lindsay Lizzotte, Deputy Director
E-mail: lindsay.lizzotte@maine.gov

Electronic Trading Partner Transmission Profile

Receiver/State of Maine Specifications

Receiver Type: Jurisdiction

Receiver ID

FEIN: 521609433

Postal Code (9 digits): 043330027

Transaction Information

Claims R3.0

Claims FROI (148/R21)

Flat File

AKC

Claims SROI (A49/R22)

Flat File

AKC

Coverage R3.0

Coverage PC-1

Flat File

AKP

Coverage PC-2

Flat File

AKP

Transmission Frequencies

Available Submission Times

Sun – Sat (24/7)

Claims R3.0

File Processing Claims

Mon – Fri 6 am, 10 am, and 2 pm EST

Acknowledgement Retrieval Times

Mon – Fri 7:30 am, 11:30 am, and 3:30 pm EST

Coverage R3.0

File Processing Coverage

Mon – Fri 7 pm EST

Acknowledgement Retrieval Times

Mon – Fri 8:30 pm EST

Jurisdiction Approved Transmission Method: FTP Only

File Transfer Protocol (FTP)

Specifications

IP Address:

Port:

Login Name:

Password:

Receiver Requirements

198.182.162.64

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See Note

See Note

Note: Once the Sender/Trading Partner documents have been accepted, a login name and password will be forwarded to the Sender/Trading Partner Technical Contact and network communication testing can begin.

Maine Workers' Compensation Board Contact Information

Name: Lindsay Lizzotte

Title: Deputy Director

Phone: 207-287-7016

E-mail: lindsay.lizzotte@maine.gov