

IAIABC ELECTRONIC TRANSMISSION PROFILE RECEIVER'S SPECIFICATIONS

Receiver Name: State of Oregon Worker's Compensation Division **Date:** 5/12/08

Receiver Type: Jurisdiction Service Bureau Other _____

Receiver ID - FEIN: 93-0952020 **Postal Code (9 digits):** 97301-3879

Transaction Information				Acknowledgment Information		
IAIABC	Release/Version	ANSI	Version	Acknowledgment Record	Mode (EDI/Paper/None)	Production Response Period
Medical	1.0	837	4010	997/824	EDI	Next bus. day

Transmission Frequencies:

- Daily
 Weekly Select Day: SUN MON TUE WED THU FRI SAT
 Monthly Select Day (1-31): _____
 Other: _____
 Transmission Cut-off Time (military): 1700 Pacific Time Zone

Jurisdiction Approved Transmission Method(s): Network (VAN) Vendor SFTP

Electronic Mailbox(es):

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

Jurisdiction Approved Vendor Software: N/A

Vendor:	Software Name:

File Transfer Protocol:

Specifications	Receiver Requirements
IP Address/URL: See Trading Partner FTP instructions for detailed information	imd20.cbs.state.or.us
User ID:	
Security Protocol: Secure Socket Layer (SSL) recommended	At least Secure FTP (SFTP)
Certificates: Bi-Directional Exchange of digital certificates recommended	Certificates not required
Auditing: Non-repudiation is recommended, i.e., the system must have an auditable tracking of transfers to/from each trading partner	Not required
Encryption Level: 112 bit minimum recommended	128-bit minimum required

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:	FI	FI
Sub-Element Separator:	:	Sender/Receiver ID:		

IAIABC ELECTRONIC TRANSMISSION PROFILE SENDER'S RESPONSE

Return this page to: _____

Date _____

Receiver Name: DCBS Medical EDI **Fax:** 503-947-7514
Address: 350 Winter Street NE, Labor & Industries Building, Salem, OR 97301
E-mail: dcbs.edimedical@state.or.us

Sender Legal Name (no abbreviations): _____

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

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

Transaction Information				
IAIABC	Release/ Version	ANSI	Version	Projected # per Transmission
Medical	1.0	837	4010	

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 Transmission Method (select only one from Receiver's options)

- Network (VAN) Vendor SFTP

Electronic Mailbox:

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

Vendor:

Vendor Name	Vendor Software

File Transfer Protocol:

Web Site	Receiver Requirements
IP Address/URL: See Trading Partner FTP instructions for detailed information	
User ID:	
Security Protocol: Secure Socket Layer (SSL) recommended	At least Secure FTP (SFTP)
Certificates: Bi-Directional Exchange of digital certificates recommended	Not Required
Auditing: Non-repudiation is recommended, i.e., the system must have an auditable tracking of transfers to/from each trading partner	Not Required
Encryption Level: 112 bit minimum recommended	At least 128-bit minimum