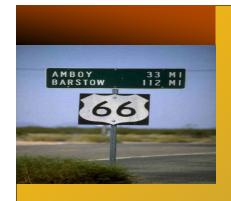


10 Tips for a
Hassle-Free
Claims Process







- Where: <a href="http://www.wcc.state.md.us">http://www.wcc.state.md.us</a>
- What:
  - Fraud information and contacts
  - Maps and directions to hearing locations
  - Interpreter Program scheduling and usage instructions
  - Employee benefits, claims and process information







- What Can I See on this Trip?
  - Commission notices and news
  - Links to related web sites
  - -Summary and outcome information for WCC decisions appealed in the Maryland Courts of Appeals







- What Can I Bring Back from this Trip? (Downloads)
  - Forms, templates, instructions: claims administration, address changes, uninsured employer questionnaires, Insurance Compliance & Reporting Division forms, settlement related, subpoena related miscellaneous & statutory filing forms
  - Brochures: Q & A about Maryland Workers' Compensation Law for Employees and Employers; Q & A about Vocational Rehabilitation Services for the Injured Maryland Worker







- What can the public do on this trip?
  - File forms: Employee Claim C-1, Surgeon's Report of Injury SF-2, First Report of Injury SF-1 (for SF-1, must also submit a signed paper copy to the employer's insurer and the MD Department of Labor and Licensing (DLLR)); A valid email address is required to receive a confirmation message after submitting a WebForm







- What else can the public do on this trip?
  - Online Inquiries: Claim, Employer, insurer & filing party information, Hearing Issues, Hearing Results, WCC Codes Lookup, Online Coverage Verification Service







- What else can the public do on this trip?
  - Call the Automated Telephone System Intelligent Voice Response (IVR) at (410) 864 5100 or (800) 492- 0479 outside of Baltimore Metro only
  - Inquiries: claim number, claimant's name, date of accident, hearing date, location, & decision; Requires you know claim number or claimant's social security number
  - Interpreter Services scheduling instructions
  - WCC web address
  - Hearing locations & directions
  - WCC Phone Directory







- What can subscribed attorneys do on this trip?
  - File forms & attachments online:
     Issues, Request to Enter Appearance,
     and Request for Continuance;
     Register up to 2 free attorney proxies;
     View WCC correspondence such as
     Hearing Notices

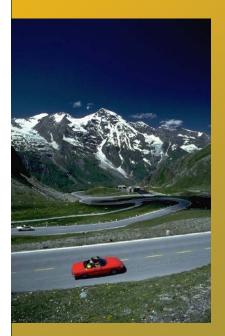






- What can the Voc Rehab community do on this trip?
  - File forms: Initial Rehabilitation
     Services Referral VR-7, Rehabilitation
     Progress R-33, Vocational
     Rehabilitation Closure Report VR-2,
     Rehabilitation Service Plan WCC VR-10 (must also submit to WCC a signed paper VR-10 and attachments)



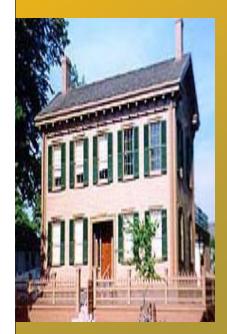




## Tip #2 - What to Pack for the Trip and Who to Contact for Roadside Assistance...

- Internet Explorer 6
  - accept third party session cookies
  - popup blocker exceptions for WCC websites http://www.wcc.state.md.us and https://services.wcc.state.md.us
  - Windows XP SP2 add the WCC websites to "trusted" sites
- Adobe Acrobat® Reader®
  - versions 6.x +don't allow save of completed WCC forms. Older version 5 will allow it. Download version 5 here: <a href="http://www.adobe.com/products/acrobat/readstep2">http://www.adobe.com/products/acrobat/readstep2</a> allversions.html







## Tip #2 - What to Pack for the Trip and Who to Contact for Roadside Assistance...

 Questions, comments or suggestions about navigating the WCC website:

websupport@wcc.state.md.us

 What is the claim number?: Public Services (410) 864-5100 or outside Baltimore metro (800) 492-0479







## Tip #2 - What to Pack for the Trip and Who to Contact for Roadside Assistance...

- How do I fill out this form? Public Services (410) 864-5100 or Outside Baltimore Metro (800) 492-0479
- Formatta Filler WebForms:
  - Permissions problem installing? –
     contact your system administrator
  - Usage questions? try the Help Menu in the upper left hand corner of the Formatta Filler form display screen



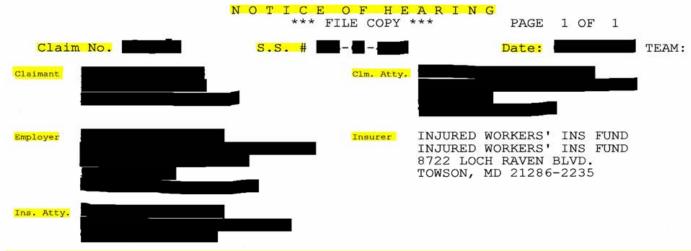
- DROP
- All of the parties listed in the WCC claim file
- Date, time and location of the hearing.
- Which party you represent
- The sequence in which the parties are listed is important!











**Claimants Name** 

Claimant Attorney 2

**Primary Employer** 

**Primary Employer's Insurer** 

Implead Insurer (1)

Implead Insurer (2)

**Either Implead or Statutory Employer** 

Either Implead or Satutory Employer's

**Claimants Attorney** 

Claimant Attorney 3

**Primary Employer's Attorney** 

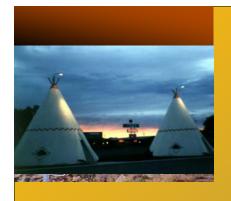
**Primary Insurer's Attorney** 

Implead Insurer (1) Attorney

Implead Insurer (2) Attorney

Either Implead or Statutory Employer's Insurer

Claimant – Either Medical Provider, Provider Attorney,
Unlicensed Maryland Insurer, TPA, or Additionall
Addresses for either the Employer or Insurer.







- Questions to ask yourself while you are reading the hearing notice:
  - -Am I identified correctly on the notice?
  - Are the primary employer and insurer identified correctly?
  - Are all parties listed on the notice?







- If not:
  - Did I file the right form(s)?
  - Did I file before the hearing notice was generated?
  - Did someone make a correction after I entered my appearance (remember, you must re-enter)?

If you answer yes to all of the above, then please contact the Commission at 410-864-5100







#### **Issues: H-24R - Reminders**

- Only Issues contesting compensability should be filed prior to the consideration date
- Make sure proper issue #'s are checked.
   Don't modify form

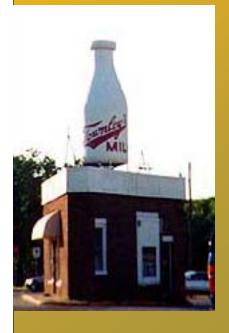
**Example: Open TT-17** 

**Closed TT-13** 



 Non-Insured Case- questionnaire must be filed with both WCC & UEF before case will be placed in line for hearing







- Use the Correct Form
  - when impleading a party
  - when changing a venue
  - when requesting set-withs
  - when requesting an emergency hearing
  - when requesting corrections



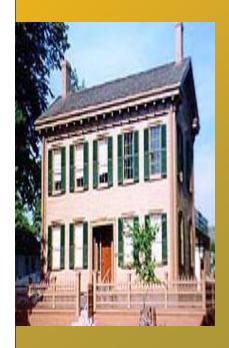




Request for Action on Filed Issues (H-25R) Reminders:

- If withdrawing partial issues, then nothing needs to be filed
- Set-withs: must be pending issues on all cases
- If request is not on form, this is not the correct form





#### Request to Implead a Party: H-33R – Reminders:

- when impleading employer:
   address is required and insurer
   name, if known
- when impleading non-licensed
   MD insurer: address is required
- TPAs are NOT insurers









#### Request for Document Correction (C-90R) is NOT used to:

- Report Attorney or Insurer change of address
- Enter an appearance
- Request set-withs
- Report duplicate claims
- Report issues filed on wrong claim







**Agreement of Final Compromise & Settlement (H-09) Reminders:** 

- Primary Employer/Insurer should match as it appears on the latest notice received from WCC
- If settling with both primary & statutory employers/insurers, both should be listed on the guide form, settlement heading and in the settlement
- If settling case with parties that are not listed in case, you must resolve this issue before submitting settlement







## Tip #5 - Getting an Interpreter in Time for Your Hearing

- Call the WCC Interpreter Program Office within 10 days of the hearing notice date.
- Some languages have multiple dialects specify the dialect at the time of request.
- Please speak clearly and slowly when leaving a message on the WCC Interpreter Program Office's answering service.



## Tip #5 - Getting an Interpreter in Time for Your Hearing



Notify the WCC Interpreter
 Program Office immediately when case is settled, withdrawn or continued.



 If a hearing is rescheduled, you must again request an interpreter for the new hearing date.







## Tip #5 - Getting an Interpreter in Time for Your Hearing

 To schedule an interpreter, call the WCC Interpreter Program Office at (410) 864-5299 or email at lep@wcc.state.md.us.



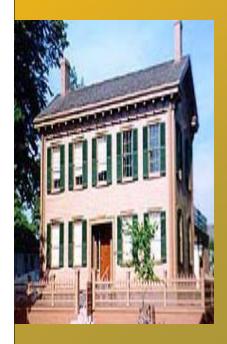




For information regarding the WCC Medical Fee Guide, WCC C-51 medical claim form, CMS 1500 form, instructions regarding billing, coding and links to the CMS Medicare fee schedule go to:

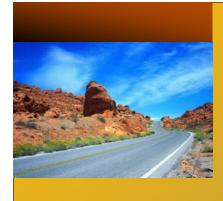
www.wcc.state.md.us/MFG/Medical\_Fee\_Schedule.html

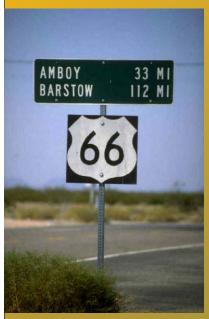






- Make sure to submit a medical claim to the Employer/Insurer prior to submitting a claim to WCC.
- Complex Cases such as surgery should include a letter of Explanation of Services and Operative Notes.







 When submitting a WCC C-51 form or claim for Medical Services to WCC, a provider should include the CMS 1500 form, the original bill and letter of denial from the Employer/Insurer.







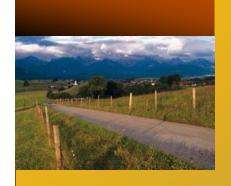
- After a medical claim has been approved for payment, an Order of NISI will be sent to all parties in the case specifying the amounts allowed based on the WCC Medical Fee Guide.
- If any party disagrees with the allowance, WCC H-24 controversion form should be filed within 21 days of the date of the Order of NISI. The case will be scheduled for a hearing before a Commissioner.

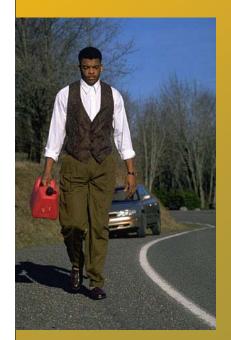






- If there is no response, a Final Order of NISI will be sent out to all parties. A provider may request a hearing if they do not receive payment after the issuance of the Final Order of NISI.
- Contact the WCC Medical Division at 410-864-5328 if you have questions regarding the status of your medical claim for services.

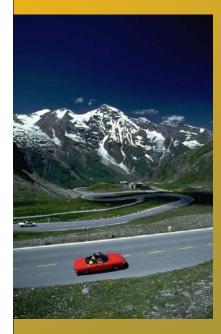






- Follow up with circuit court clerk on WCC's copy of the petition.
- For circuit court orders requiring attention and action by WCC, follow-up with the appropriate circuit court to see if both the court order and docket entry have been submitted to WCC

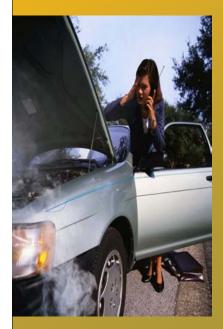






- Verify that the correct WCC claim number is entered on the petition for judicial review.
- Provide the circuit court with two copies of the appeal. WCC will only process a verified court copy of a judicial review.







- Verify that WCC has your current address on file.
- Notify WCC when there is a case on appeal and a supplemental hearing has been held.







- For judicial reviews or orders regarding attorney's fees, verify that WCC has received a copy of the order or petition by calling the Appeal Division at (410) 864-5331
- A copy of an appeal regarding attorneys fees must be submitted to:
  - Assistant Attorney General, Kimberly S.
     Ward, MD Workers' Compensation
     Commission, 10 E. Baltimore Street,
     Baltimore MD 21202





#### Tip #8 - HOW DO I ORDER A TRANSCRIPT?

- Contact the court reporters office by FAX, phone, E-MAIL, and/or letter requesting preparation of the transcript. Include the following information:
  - claim number
  - date of hearing
  - commissioner
  - claimant's name.



### Tip #8 - HOW DO I ORDER A TRANSCRIPT?



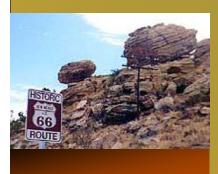
- If appeal- state case is on appeal.
- Include your requested deadline.
- Send a copy of your appeal petition to the court reporting division so that the reporter will be on notice of your upcoming appeal.





### Tip #8 - HOW DO I ORDER A TRANSCRIPT?





- Include your requested deadline.
- Send a copy of your appeal petition to the court reporting division so that the reporter will be on notice of your upcoming appeal.



### Tip #8 - HOW DO I ORDER A TRANSCRIPT?



CLUB CAFE OPENING SOON!

- Meeting Time Requirements:
  - Reporters are given 60 days
  - Motion to Extend may extend for no more than an additional 60 days.
  - Non-appeal transcripts vary with workload. EXPEDITED requests are completed within one day to two weeks.



### Tip #8 - HOW DO I ORDER A TRANSCRIPT?





- Ordering Old Transcripts
  - Requests for transcripts over five years take extra time.
  - Before requesting old hearing transcripts call the Court
     Reporting Division to make sure time line can be met then send letter







## Tip # 9 - Lost Premium Revenue: Ineligible Exclusions

WORKERS' COMPENSATION COMMISSION 10 East Baltimore Street Baltimore, Maryland 21202-1641 TEL: (410) 864-5100 or 1 (800) 462-0479 TTD (MD Relay Service): 1 (800)735-2258

http://www.woo.state.md.us

Date Stamp - WCC Use Only

### EXCLUSION FORM

Pursuant to the provisions of Labor & Employment Article § 9-206 of the Annotated Code of Maryland, officers or members of a Farm Corporation, Close Corporation, Professional Corporation, or Limited Liability Company are covered employees if the officer or member provides a service for monetary compensation. Such officers or members who satisfy the criteria of Labor & Employment Article § 9-206(b) may elect to become excluded from coverage by filing this Exclusion Form with the Commission.

To exercise this option, any officer or member from the aforementioned types of organizations wishing to be excluded must sign this document. NOTE: By signing this Exclusion Form below, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.

DATE: DATE COMPA	NY NOTIFIED INSURAL	NCE COMPANY:	
NAME OF CORPORATION'S INSURANCE	E COMPANY:		
NAME OF COMPANY:			
Type of Company (Choose) Farm Corporation	Close Corporation Pro	ofessional Corporation	Limited Linbility Company
ADORESS:			
CITY:	STATE:	ZIP:	
·			

Typed Name and Trite of the Officer or Member Electing Exclusion	% of Ownership	Personal Signature

**IMPORTANT:** Submit *original* form to the Workers' Compensation Commission, a copy to the insurer of the company/corporation, and keep a copy for your files.

FORM OF MR (WY2903)

CLICK HERE TO CLEAR THE FORM.



## Tip # 9 - Lost Premium Revenue: Ineligible Exclusions



FRONTIER
MOTEL
RESTAURANT
CAFE
CAFE
RESTAURANT
CAFE

- Check eligibility at www.dat.state.md.us
- 35 to 40 percent of exclusions granted by insurers are ineligible
- Most applicants for exclusion do not know what kind of corporation they have registered



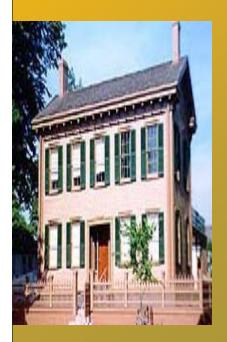




## Tip # 9 - Lost Premium Revenue: Ineligible Exclusions

- A Sub S Corp. is not necessarily a Md. Close Corp. Check CA § 4-101
- Amending an existing Charter to Close Corp is possible (CA § 4-201)



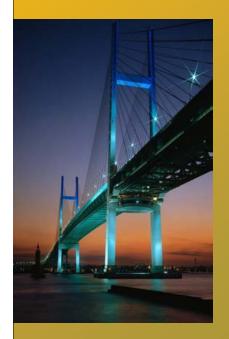




## TIP # 10 - Sole Proprietor Form Not Binding on Commission

WORK		
SOL		
AS A		
I hereby represent to the M proprietor doing business in my signature, and under the as a covered employee.		
I have elected and Employ (C15R) w		
I have <u>not</u> Labor and		
Name of Sole Proprietor:		
Address:		
Social Security Number or		
I AFFIRM UNDER THE PEN TO THE BEST OF MY KNOV		
Signature		
Note: No investigation or h verify this representation, h true and correct on the data Compensation Commission		
10 Ea 410-864-5100 • l		
Sole Proprietor Status (9/02/03)		







# TIP # 10 - Sole Proprietor Form Not Binding on Commission

 The Form is for Contractors and Insurers to document how electing sole proprietors will be classified for premium calculation purposes. The Commission has no role or responsibility in these determinations.



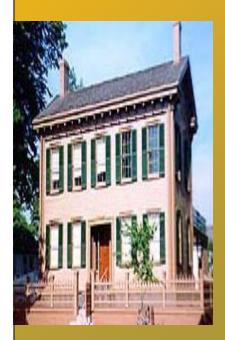




# TIP # 10 - Sole Proprietor Form Not Binding on Commission

 Insurers are not bound to accept a signed sole proprietor election form to exclude payments to independent contractors from premium assessment if the provisions of LE § 9-508(f)(2) have not been satisfied







### MDWCC CONTACT INFO

Executive Office
Mary K. Ahearn, Executive
Director
(410) 864-5308
mahearn@wcc.state.md.us

Information Technology
Joyce McNemar, Director
(410) 864-5122
<a href="mailto:jmcnemar@wcc.state.md.us">jmcnemar@wcc.state.md.us</a>

Claims
Monica Matthews, Director
(410) 864-5366
mmatthews@wcc.state.md.us

Hearings
Judith L. Johnston,
Director
(410) 864-5306
johnston@wcc.state.md.us

Court Reporting
Linda M. Jenkins, Director
(410) 864-5182
(410)-864-5181 Fax
ljenkins@wcc.state.md.us

Support Services
Regina W. Brown, Director
(410) 864-5327
rbrown@wcc.state.md.us







### MDWCC CONTACT INFO

Processing
Neshera A. Jarrett, *Director*(410) 864-5288
njarrett@wcc.state.md.us

Insurance Compliance & Reporting Thomas J. Murphy, Director (410) 864-5292 tmurphy@wcc.state.md.us

Fiscal Services
David A. Muir, Director
(410) 864-5254
dmuir@wcc.state.md.us

Personnel
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Lisa Erlandson Turpin,
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nrobinson@wcc.state.md.us





**MWCEA 2005** 

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