THE INSIDERS GUIDE

2007 EDITION

MD WORKERS' COMPENSATION FOR COMMISSION SMARTIES

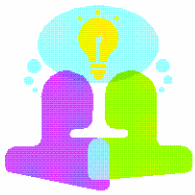
CLAIMS! COMPLIANCE! VOC REHAB! OH MY!

TIPS FOR DOING BUSINESS WITH THE COMMISSION

MD WORKERS' COMPENSATION COMMISSION FOR "SMARTIES" 2007

Insider Tips for Doing Business with the Commission

Claim Filing Tips



During the 2007 Legislative Session, SB600 was passed requiring that certain claim applications forms that are filed with the Workers' Compensation Commission for an alleged work-related injury or occupational disease must include an authorization for the release of relevant medical information. The Commission is promulgating regulations and has modified its claim filing procedures in order to implement the new statutory provisions.

Question #1 How can I file a claim for workers' compensation benefits?

Answer #1: A claim may be filed electronically over the internet or you may request a paper claim form (C-1) from the WCC. Both of these methods require a signed paper claim form to be submitted to the WCC. Don't forget that after you print the electronic form, to hit the "submit" button!

Question #2: On 10/1/07, what must accompany the claim application form?

Answer #2: A signed medical authorization to release relevant medical records for the body parts listed on the claim form.

Question #3: When does the Commission start processing my claim form?

Answer #3: When the signed claim form and medical authorization are received at the Commission's Baltimore office.

Question #4: How do I amend a claim and add a body part?

Answer #4: A new "claim amendment form" (Form C-3) must be completed, signed and submitted with a newly-signed medical authorization for the additional body parts.

Question #5: For how long is the medical authorization submitted with the C-1 claim form valid?

Answer #5: One year from the date of filing of the claim form.

Question #6: I filed my claim online several months ago and it is still not in the Commission's database?

Answer #6: Did you remember to print and sign the electronic form? And to press the "submit" button? Did you remember to mail the signed documents within 30 days?

New Employee Claim Form C-1, Medical Authorization, and New Claim Amendment Form C-3

EMPLOYEE'S CLAIM
WORKERS' COMPENSATION COMMISSION
10 East Baltimore Street
Baltimore, Maryland 21202-1641
BALTIMORE PHONE 410-864-5100
TOLL FREE 1-800-492-0479 IN MARYLAND
TTY USERS CALL VIA MARYLAND RELAY

DO NOT WRITE IN CLAIM NUMBER BOX

CLAIM NUMBER

DATE STAMP

PERSONAL INFORMATION

1. Claimant First Name
2. Middle Initial
3. Claimant Last Name
4. Phone Number
5. Street Address
6. City
7. County
8. State
9. Zip Code
10. Social Security Number
11. Sex — M / F
12. Date of Birth — M M D D Y Y Y Y
13. Marital Status — M / S
14. Gross Wages Per Week
15. Paid full wages for day? — YES / NO
16. What Is Your Regular Work?
17. What Was Your Work When Injured?

EMPLOYER INFORMATION

18. Full and correct business name of your employer
19. Employer Phone Number
20. Complete Address
21. City
22. State
23. Zip Code
24. Notice of Injury Given? — YES / NO
25. Nature of Employer's business
26. Location where accident occurred
27. Whom did you notify of the accident?
28. First Day Not Worked — M M D D Y Y Y Y
29. Occupat. Disease? — Yes / No
30. Date of accident/occupational disease disablement — M M D D Y Y Y Y
Time — AM / PM — H H : M M
31. Describe how accidental injury occurred
OR
32. Describe how occupational disease occurred

NOTE: Failure to disclose information or giving false information, including information regarding any work related activity or return to work either before or after an award of benefits, may subject you to fines, imprisonment, or both, and disqualify you from receiving benefits. A CLAIMANT'S FAILURE TO COMPLETE THIS FORM IN COMPLIANCE WITH THE DIRECTIONS ON PAGE 3 MAY RESULT IN THE CLAIM BEING REJECTED. TO EXPEDITE YOUR CLAIM, YOU MAY SEND A COPY OF THE COMPLETED FORM TO YOUR EMPLOYER.

CLAIM INFORMATION

33. What member of your body was injured?
34. Amputation Required? — YES / NO
35. Employer requested to provide medical care? — YES / NO
36. Medical care provided? — YES / NO
37. Date returned to Work — M M D D Y Y Y Y
38. Attending Physician Name
39. Street Address
40. Apt. / Suite
41. City
42. State
43. Zip Code
44. If you were in a hospital – Hospital Name
45. Street Address
46. Apt. / Suite
47. City
48. State
49. Zip Code
50. If Health Insurance used, give name of Insurance Co.

I hereby make claim for compensation for an injury resulting in my disability due to an accident (or disease) arising out of and in the course of my employment, and in support of it make the foregoing statement of facts. I hereby certify that the information I have given is accurate and that I have read the information on this form.

SIGNATURE

DATE

DO NOT WRITE IN SPACE BELOW

INS. CO. | ATTY | INS. CO. 2 | ATTY | EMPLOYER | EMP. ATTY | CLMT. ATTY

Recognition Ready Form
WCC Form C1 (Rev 7/07)

Page 1 of 3

Employee Claim Form C-1 Page 1

MARYLAND WORKERS' COMPENSATION COMMISSION
AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

Pursuant to Labor and Employment Article, §§ 9-709, 9-710, and 9-711, Annotated Code of Maryland, this authorization must be signed and filed with the Workers' Compensation Commission of Maryland in conjunction with any claim for workers' compensation benefits.

A. Person Covered by Authorization

This document authorizes the disclosure of protected health information regarding:

_____ _____
Name/Claimant Date of Birth

B. Purpose of Disclosure

This document authorizes the disclosure of protected health information for the purpose of processing, adjudicating and resolving workers' compensation claims.

C. Entities Authorized to Make Disclosure

This document authorizes any health plan, physician, health care professional, dentist, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf to disclose my protected health information consistent with this directive.

D. Entities Authorized to Receive Protected Health Information

This document authorizes the disclosure of my protected health information to the following entities and their agents: my attorney, my employer, and my employer's workers' compensation insurer.

E. Information to be Disclosed

This document authorizes the entities listed in C to disclose protected health information that is relevant to:

1. The member of the body that was injured as indicated on the claim application form. (see box 33)
2. The description of how the accidental injury occurred as indicated on the claim application form. (see box 31)
3. The description of how the occupational disease occurred as indicated on the claim application form. (see box 32)

The protected health information that may be disclosed includes, but is not limited to: history, findings, office and patient charts, files, examination and progress notes, and physical evidence.

F. I understand that I may revoke this authorization by giving written notice to all parties to my claim for workers' compensation, except to the extent that this authorization has already been acted on prior to receipt of my revocation.

I understand that the information disclosed by this authorization may be subject to redisclosure by the recipient to a medical manager, health care professional or registered rehabilitation practitioner, and others consistent with state and federal law.

By signing this form, I am authorizing the disclosure of my protected health information. This authorization is valid for one year from the date the claim is filed.

_____ _____
Patient/Claimant Signature Date

A photocopy, facsimile or electronic transmission of this signed authorization form is valid.

Claim Filing date: **Claim No:**

Employee Claim Form C-1 Page 2 Medical Authorization

IMPORTANT: It is the Claimant's responsibility to maintain a current mailing address with the Commission. The Commission Claim Number should be included on all correspondence.

Disclosure Pursuant to COMAR 01.01.1983.18

1. The personal information requested on this form is intended to be used in processing your claim under the Maryland workers' compensation laws.
2. Failure to provide the information requested may result in your claim being rejected or a delay in the processing of your claim.
3. You may have a right to inspect, amend and correct the information provided on this form pursuant to State Government Article, §10-624, Maryland Code Annotated.
4. This form will be made part of your claim file. Portions of your claim file may be subject to public inspection.
5. The information contained on this form is routinely shared with State, Federal or local agencies.

Claim Filing Instructions

ONLY an ORIGINAL claim form obtained from the Workers' Compensation Commission will be accepted. This form may not be submitted as a photocopy or recreated on office systems, but will be returned to the sender without processing the claim. The Commission does not accept any claim forms, documents or claim-related information via facsimile (FAX) or email.

1. All entries may be hand written in UPPER CASE letters or typed. If hand written, print as clearly as possible in DARK OR BLACK INK using only capital letters, one letter per box.

2. Please provide the requested information in each numbered section. Please leave at least one blank box/space between each word for any entry.

3. Dates must be filled in MMDDYYYY (month-day-year) format. "Leading zeros" must be entered with single digit numbers, *e.g.* January 5, 1999 must be entered as 01051999.

4. When information is not available, zeros MUST be entered. For example, Social Security Number: 000000000 (9 zeros), or Gross Wages: $112.15 is entered as 11215, with no dollar sign or decimal point.

5. Entries MUST NOT exceed the length of the indicated field (boxes). If the information is longer than the field allows, please abbreviate WITHOUT punctuation. Ensure that ALL entries are within the boundaries of the boxes (fields) on the form.

6. Typed responses must stay within the confines of the box/answer field. The Workers' Compensation Commission uses a computerized character/letter recognition system. Caution should be used with all letters than may be misrepresented by the computer, such as V and U, L and I, etc.

7. Please DO NOT use letters in boxes requiring such information as telephone number or Social Security number.

8. IF THERE IS NOT ENOUGH SPACE ON THE CLAIM FORM FOR INFORMATION, PLEASE ATTACH ADDITIONAL PAGES WITH A PAPER CLIP. PLEASE NUMBER THE ITEMS THAT ARE BEING ADDED, *e.g.* #15.

9. Please DO NOT cross out, staple, tape or use correction fluid or tape (White-Out) on the form.

10. A claim form that does not contain the claimant's name, address, date of birth, the member of the body that was injured, a description of how the accidental injury or occupational disease occurred, or sufficient information to process the claim may be rejected and returned to the claimant.

11. **Please sign and date the claim form.**

12. **Read, sign and date the Authorization for Disclosure of Health Information.**

13. **A claim form that does not contain a signed Authorization for Disclosure of Health Information will be rejected and returned to the claimant.**

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN UNNECESSARY DELAY OR RETURN FOR CORRECTION AND RESUBMISSION OF THE CLAIM FORM.

WCC COUNTY CODES TO COMPLETE THE CLAIM FORM

Allegany - AL	Charles - CH	Prince George's - PG
Anne Arundel - AA	Dorchester - DR	Queen Anne's - QA
Baltimore - BA	Frederick - FR	Saint Mary's - SM
Baltimore City - BC	Garrett - GA	Somerset - SO
Calvert - CT	Harford - HA	Talbot - TA
Caroline - CA	Howard - HO	Washington – WA
Carroll – CL	Kent – KT	Wicomico – WI
Cecil – CE	Montgomery – MT	Worcester – WO

FOR MORE INFORMATION, VISIT:
http://www.wcc.state.md.us

Employee Claim Form C-1 Page 3 Instructions

WORKERS' COMPENSATION COMMISSION

CLAIM AMENDMENT

Instructions: The form must be completed in entirety as provided and must be signed by all parties indicated.

Claimant's Name: _____ WCC Claim #: _____

Claimant's Address: _____

City _____ State _____ ZIP Code _____

Employer/Insurer: _____

On _____ I, _____ , filed a claim for compensation for an injury or occupational disease to the following body members (Form C1, Box 33):

_____

_____

_____

_____

☐ I wish to amend my claim for compensation to add the following body member(s):

_____

_____

_____

☐ I wish to amend my claim for compensation to remove the following body member(s):

_____

_____

_____

_____

I hereby amend my claim for compensation and certify that the foregoing facts are true and accurate.

_____ _____

Claimant's Signature **Date**

Certificate of Service

I hereby certify that on this ____ day of _____ , 2 ____ I mailed, postage prepaid, a copy of the foregoing "Claim Amendment" and "Authorization for Disclosure of Health Information" to all parties.

_____ _____

Signature **Date**

10 East Baltimore Street · Baltimore, Maryland 21202-1641
410-864-5100 · Email: info@wcc.state.md.us · Web: http://www.wcc.state.md.us

Claim Amendment Form C-3, Page 1

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION FOR AMENDED CLAIMS

Pursuant to Labor and Employment Article, §§ 9-709, 9-710, and 9-711, Annotated Code of Maryland, and COMAR 14.09.01.06, this authorization must be signed and filed with the Workers' Compensation Commission of Maryland in conjunction with any claim amendment form.

A. Person Covered by Authorization

This document authorizes the disclosure of protected health information regarding:

Name/Claimant _____ Date of Birth _____

WCC Claim Number _____

B. Purpose of Disclosure

This document authorizes the disclosure of protected health information for the purpose of processing, adjudicating and resolving workers' compensation claims.

C. Entities Authorized to Make Disclosure

This document authorizes any health plan, physician, health care professional, dentist, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf to disclose my protected health information consistent with this directive.

D. Entities Authorized to Receive Protected Health Information

This document authorizes the disclosure of my protected health information to the following entities and their agents: my attorney, my employer, and my employer's workers' compensation insurer.

E. Information to be Disclosed

This document authorizes the entities listed in C to disclose protected health information that is relevant to the member of the body that was injured as indicated on the claim amendment form.

The protected health information that may be disclosed includes, but is not limited to: history, findings, office and patient charts, files, examination and progress notes, and physical evidence.

F. I understand that I may revoke this authorization by giving written notice to all parties to my claim for workers' compensation, except to the extent that this authorization has already been acted on prior to receipt of my revocation.

I understand that the information disclosed by this authorization may be subject to re-disclosure by the recipient to a medical manager, health care professional or registered rehabilitation practitioner, and others consistent with state and federal law.

By signing this form, I am authorizing the disclosure of my protected health information. This authorization is valid for one year from the date the amended claim is filed.

Patient/Claimant Signature _____ Date _____

A photocopy, facsimile or electronic transmission of this signed authorization form is valid.

Claim Amendment Form C-3, Page 2 Medical Authorization

WORKERS' COMPENSATION COMMISSION

CLAIM AMENDMENT

IMPORTANT: It is the Claimant's responsibility to maintain a current mailing address with the Commission. The Commission Claim Number should be included on all correspondence.

Disclosure Pursuant to COMAR 01.01.1983.18

1. The personal information requested on this form is intended to be used in processing your claim under the Maryland workers' compensation laws.
2. Failure to provide the information requested may result in your claim being rejected or a delay in the processing of your claim.
3. You may have a right to inspect, amend and correct the information provided on this form pursuant to State Government Article, §10-624, Maryland Code Annotated.
4. This form will be made part of your claim file. Portions of your claim file may be subject to public inspection.
5. The information contained on this form is routinely shared with State, Federal or local agencies.

Claim Filing Instructions

ONLY an ORIGINAL claim form obtained from the Workers' Compensation Commission will be accepted. This form may not be submitted as a photocopy or recreated on office systems, but will be returned to the sender without processing the claim. The Commission does not accept any claim forms, documents or claim-related information via facsimile (FAX) or email.

1. All entries MUST be hand written or typed. If hand written, print as clearly as possible in DARK OR BLACK INK.
2. Please provide the requested information in each space.
3. Dates should be filled in MM/DD/YYYY (month-day-year) format. "Leading zeros" must be entered with single digit numbers, for example, January 5, 1999 must be entered as 01/05/1999.
4. When information is not available, zeros MUST be entered. For example, Social Security Number: 000000000 (9 zeros.
5. Entries MUST NOT exceed the length of the indicated field. If the information is longer than the field allows, please abbreviate WITHOUT punctuation.
6. IF THERE IS NOT ENOUGH SPACE ON THE CLAIM FORM FOR INFORMATION, PLEASE ATTACH ADDITIONAL PAGES WITH A PAPER CLIP. PLEASE NUMBER THE ITEMS THAT ARE BEING ADDED, *e.g.* #15.
7. Please DO NOT cross out, staple, tape or use correction fluid or tape (White-Out) on the form.
8. A Claim Amendment form that does not contain the claimant's name, address, claim number, date of filing of original claim, the original member(s) of the body injured, the member(s) of the body that are to be added or removed, or sufficient information to process the claim may be rejected and returned to the claimant.
9. **Please sign and date the Claim Amendment form.**
10. **Read, sign and date the Authorization for Disclosure of Health Information for Amended Claims.**
11. A CLAIM AMENDMENT FORM THAT DOES NOT INCLUDE A SIGNED AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION WILL BE REJECTED AND RETURNED TO THE CLAIMANT.

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN THE REJECTION OF THE CLAIM AMENDMENT FORM.

FOR MORE INFORMATION, VISIT:
http://www.wcc.state.md.us

Claim Amendment Form C-3, Page 3 Instructions

Issues Tips

Request for Hearing on Previously Withdrawn Issues (Form H-12)

This form is to be used by parties to a compensation claim when an extenuating circumstance exists in a case where the **same** issue(s) were withdrawn in the past 90 days and need to be re-filed prior to the 90 day expiration. This form must be accompanied by an Issue form (H-24R).

Tip 1: This form may only be filed once within the 90-day period. Therefore, make sure all relevant documentation is submitted with your request.

Tip 2: A "Request for Emergency Hearing" (Form H-26R) will not be accepted in lieu of a "Request for Hearing on Previously Withdrawn Issues" (Form H-12).

NOTE: If you have withdrawn your issue (s) more than 90 days prior, you **do not** need to file a "Request for Hearing on Previously Withdrawn Issues."

Issues (Form H-24R)

Tip 1: Try to avoid using issue #15 unless you are requesting a hearing on a specific issue that is not listed on the Issue form. When checking this issue you should provide descriptive text. If no text is provided and this is the only issue number checked, the Commission will take no action and the claim will not be set for a hearing.

Tip 2: When filing issues for Permanent Total Disability (PT), the appropriate issue number to check is #14 (Nature & Extent) and specify "PT" in box.

Tip 3: A "Request to Implead a Party" (Form H-33R) must be filed to implead parties. The Commission will take no action when a request for an implead is filed on the "Issue" (Form H-24R) or any other form except Form H-33R.

Tip 4: A "Request for Action on Filed Issues" (Form H-25R) must be filed for each set-with case. There must be pending issues filed in each case for the Commission to set the cases together. The Commission will take no action if a set-with request is made on the "Issues" form (H-24R) or any other form except Form H-25R.

Tip 5: Claimant/Claimant Attorney should not file issues prior to the consideration date. The Commission will not take any action on claimant's issues filed prior to the consideration date. Premature issues will need to be re-filed after the consideration date.

Tip 6: When filing issues on a Non-Insured Employer case, the Claimant's questionnaire must be filed with both the Workers' Compensation Commission and the Uninsured Employers' Fund before the case will be placed in line for a hearing.

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

Withdrawing Issues

When withdrawing issues in a claim that is set for hearing:

Tip 1: Do not file a "Request for Continuance" (Form H-28R). The Commission will administratively remove the case from the docket based on the withdraw of issues request.

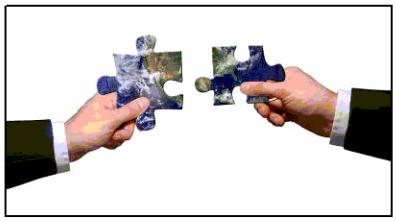
Tip 2: If the case has been set-with other cases, on the "Request for Action on Filed Issues (Form H-25R), include all claim numbers for which you wish to withdraw the issues.

Tip 3: If the hearing is less than 3 days from the date you are withdrawing issues, follow-up with the Commissioner's assistant, if you have not received a call from the Commission.
NOTE: Tip 3 should also be followed when filing a "Request for Continuance" (Form H-28R).

Tip 4: If an interpreter has been requested, notify the LEP office. They may be reached by telephone at 410-864-5299 or 410-864-5320 or through email at lep@wcc.state.md.us.
NOTE: Tip 4 should also be followed when filing a "Request for Continuance" (Form H-28R).

When withdrawing issues in a claim that has **not** been set:

Tip 1: On the request, include the claim numbers for all cases for which you wish to withdraw the issues.



Set-with Procedure Tips

1. File request to set-with by using "Request for Action on Filed Issues" (Form H-25R).

2. An "Issues" (Form H-24R) must be pending in each case for the set-with to be applied.

3. Request a set-with only when there are issues pending in all involved claims. When there are no issues, but parties want the Commissioner informed of prior awards in a claim, the party shall provide a copy of the award to the Commissioner at the hearing **as part of the exhibit**.

4. Send a copy of the request to opposing counsel in all claims.

5. Claims to be set together must be for the same claimant or a different claimant involved in the same accident (same date and time).

6. When a request to set-with is filed after a claim has been scheduled for hearing, the Commission will administratively continue the claim in order to reschedule a new hearing date where all of the cases may be heard together.

7. When a request to set-with is filed after issues are filed in one of the claims but no hearing date has been scheduled, file a set-with request (Form H-25R) in each of the claims involved. Remember, there must be pending issues in each claim in order to have them set together.

8. If you are requesting a continuance on cases that have been set together, remember to list each claim number on the continuance request.

HOW TO IMPLEAD SIF

The "Request for Implead a Party" (Form H-33R) is to be used at any stage of a proceeding by a party to a compensation claim who has a pre-existing impairment and a determination is made to implead the SIF. If the pre-existing condition is not a WCC claim, obtain medical information and evaluation regarding the prior injury.

Tip 1: Use "Request to Implead a Party" (Form H-33R) to implead a party. Do not file issues or a continuance form. The Commission will not take any action.

Tip 2: If the Request to Implead SIF is filed outside of 30 days from a scheduled hearing, the Commission will automatically implead SIF and the case will be continued. Nature and extent cases will be reset at least 65 days out on an SIF docket.

Tip 3: If the Request to Implead SIF is filed within 30 days of a scheduled hearing, the requesting party must attach a declaration setting forth the prima facie case for alleging the involvement of the Fund, including the identification of the evidence. A copy of relevant medical reports must be submitted. If the Commissioner approves the request, the Fund will be implead, the case is continued and put back in line for scheduling on a SIF docket (at least 65 days out). If the Commissioner denies the request, SIF will NOT be implead at that time and you must appear as the hearing will proceed as scheduled.

Tip 4: If the hearing is less than 10 days, the requesting party must hand-deliver to the Commissioner's office before whom the case is set, the request with the declaration and documentation setting forth the prima facie case. If the Commissioner approves the request, the case is continued and the SIF will be implead. WCC will call the parties. If the Commissioner denies the request, SIF will NOT be implead at that time and you must appear for the scheduled hearing.

Tip 5: If a Request to Implead the Fund is filed while the case is on appeal at the Circuit Court or the Court of Special Appeals, the case is remanded to the Commission so that the SIF may become involved in the case and enter its defense. However, if the Request to Implead the SIF is made within 60 days of trial or argument, the court may remand the case "for good cause shown."

Tip 7: Cases that are set for hearing where SIF need not appear will remain on the docket and the Fund will be advised that they NEED NOT APPEAR. The hearing notice will indicate that SIF NEED NOT APPEAR.

Tip 8: All cases will be set on an SIF docket only if the initial issue placing the case in line for a hearing is a nature and extent issue. Otherwise, the case will not be scheduled on an SIF docket and the SIF NEED NOT APPEAR.

Seven (7) Deadly Sins: Behaviors to Avoid When Contacting a Commissioner's Office

- Do not call each Commissioner's office to find out which Commissioner has a settlement/stipulation or hearing.

- Keep in contact with your client and please return a client's calls.

- Do not call a Commissioner's office requesting to amend another Commissioner's order or to remove a case from their docket.

- The Commission recognizes that attorneys may occasionally experience calendar conflicts and will attempt to accommodate reasonable requests for priority provided that they are submitted as soon as practicable upon receipt of the hearing notice and NOT the morning of the hearing.

- Try your case before the Commissioner at the hearing – do not call the Commissioner's Assistant and provide additional testimony.

- When withdrawing issues at the last minute, you must call the Commissioner's office as well as the other parties to a case. Do not forget to advise the Commissioner's office and all parties when you have asked for a docket accommodation and then the hearing is cancelled.

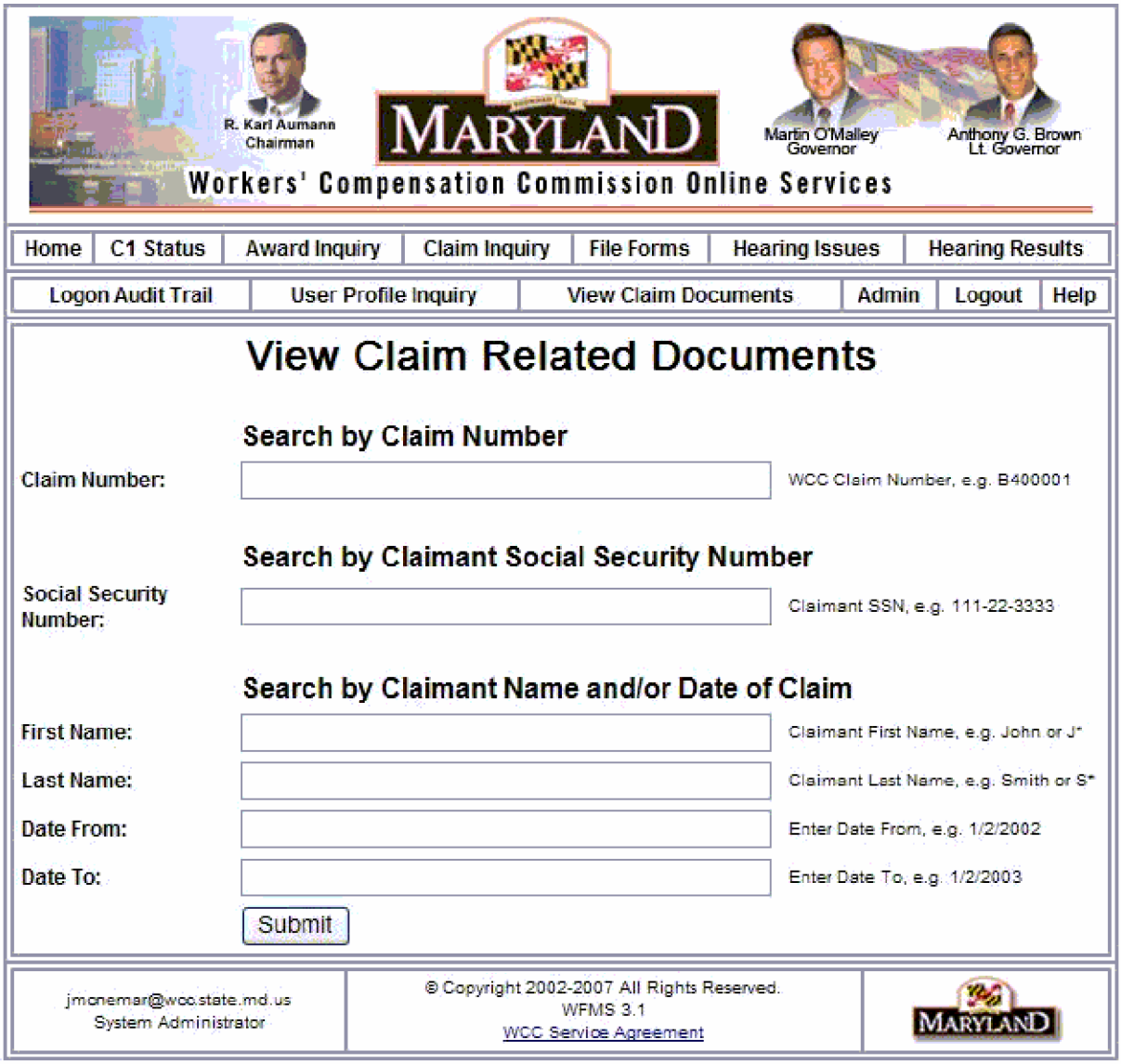
- Do not file a continuance request electronically, then follow-up with paper requests and then call the Commissioner's office every five minutes checking on the status of the request.

USING ONLINE SUBSCRIBER SERVICES

WHERE CAN I FIND THE DOCUMENTS I NEED TO REVIEW?

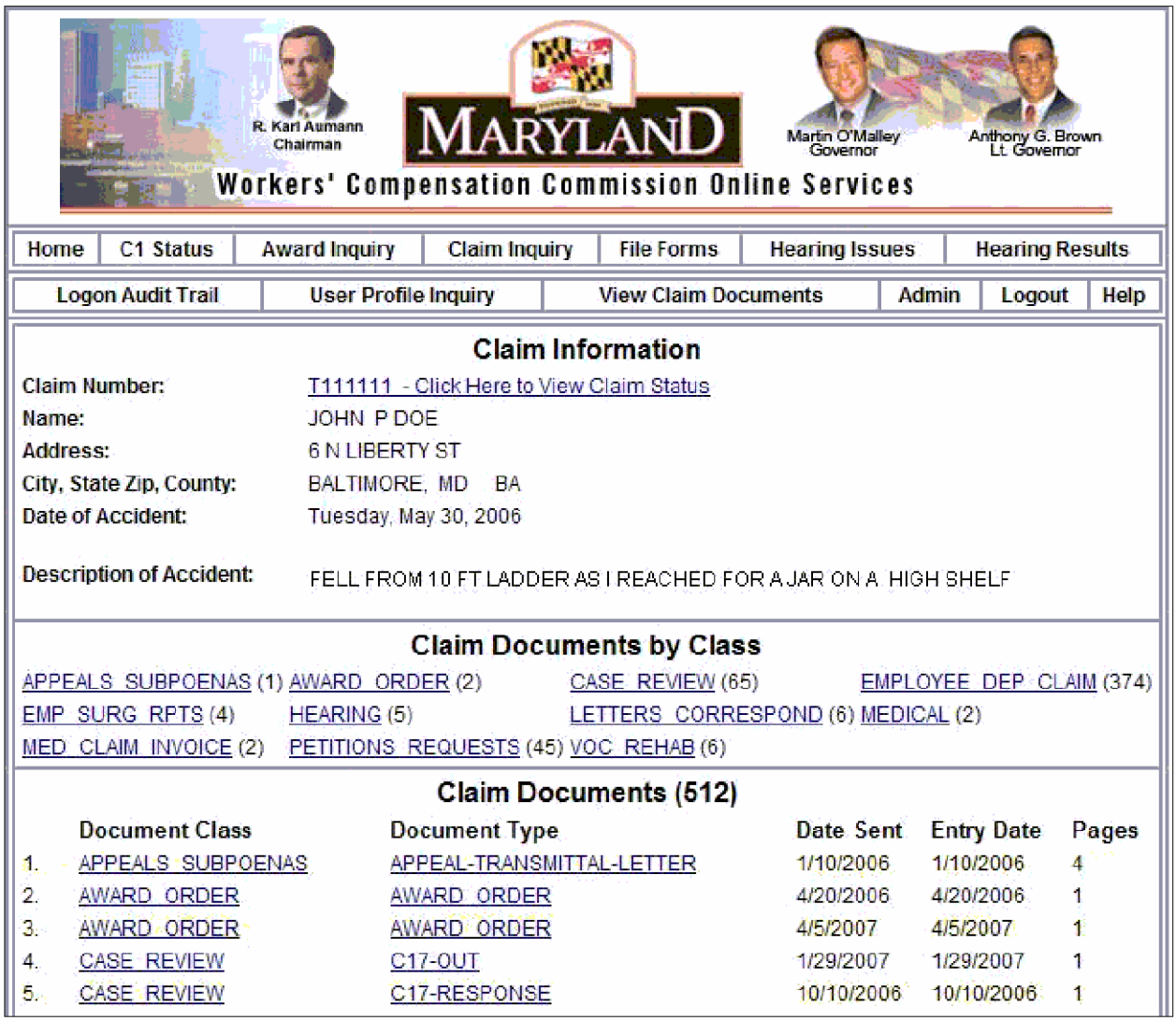
After you log in to your MDWCC online services subscriber account from the www.wcc.state.md.us website, follow these steps to access and review claim related documents online

Step 1: Click on "View Claim Related Documents"



Step 2: Enter the claim number under "Search by Claim Number"

Step 3: Review Claim Information page.



Claim documents are listed by the following classes:

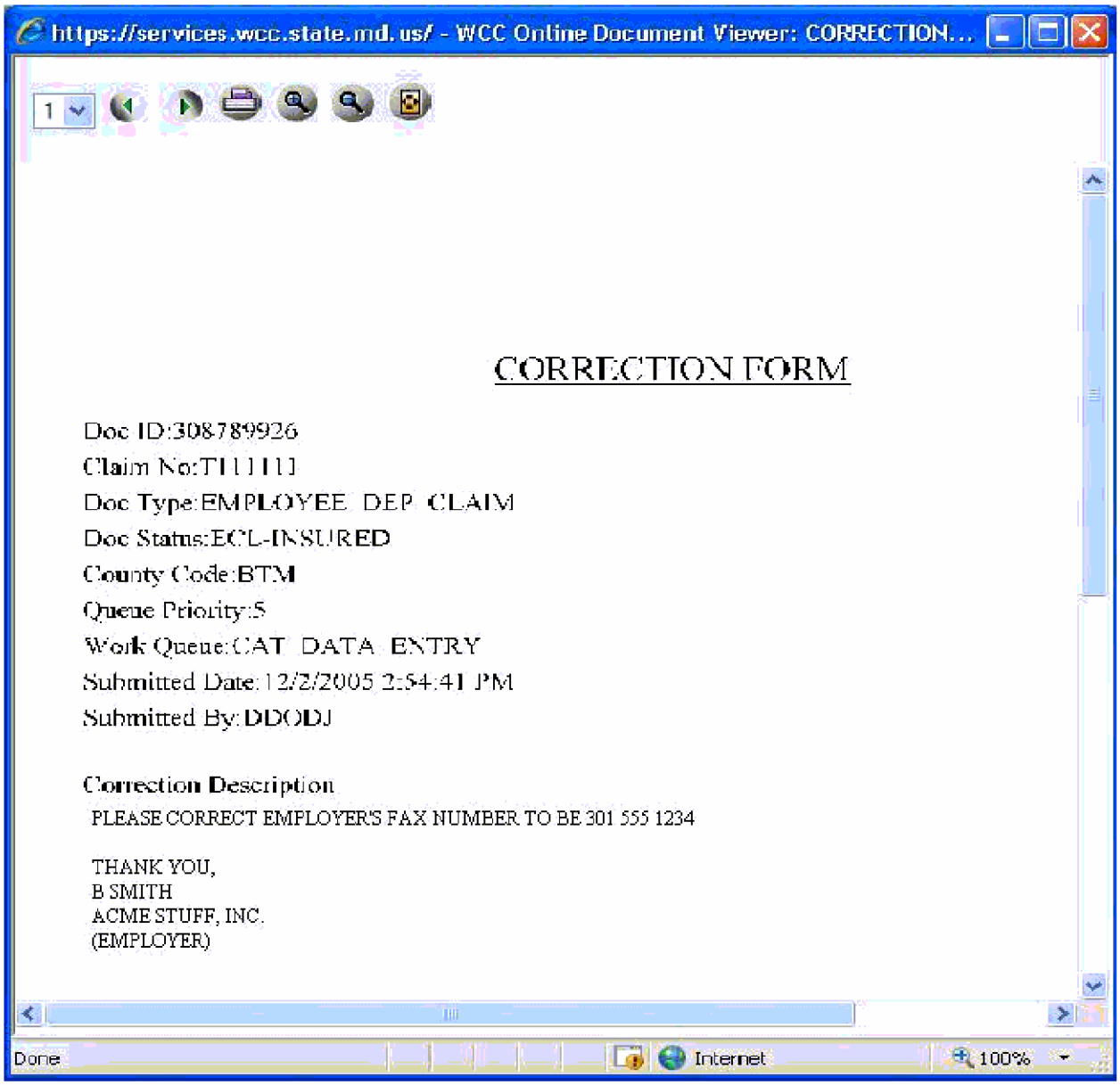
- Appeals Subpoenas
- Award Order
- Case Review
- Employee Dep. Claim
- Case Review
- Emp Surg Rpts
- Hearing
- Letters/Correspond
- Payment
- Petitions/Requests
- Voc Rehab

The number of documents in each class is listed as well as individual information, such as:

- Document Class

- Document Type
- Dates Sent
- Entry Date
- [Number of] Pages

Step 4: To open and view a document click either its Document Class or Document Type.



Use the icons located at the top left of the document viewing form to assist in viewing the document:

Function	Icon
Select Page	
Previous Page	
Next Page	
Print	
Zoom In (Use L/R & Up/Down scroll bars on the viewer's window to move view position in the document)	
Zoom out	
Fit to Window Click to adjust document size to fit screen size	

Step 5: Learn which documents and forms are filed in which document class in the next section.

TYPES OF DOCUMENTS CONTAINED IN EACH CLASS

APPEALS/SUBPOENAS
Petition for Judicial Review
Notice of Appeal Certification
Notice of Record Transmittal
Cross-Petitions
Appeal Judges' Orders (Remand, Change of Venue, Extension of Time)
Circuit Court Docket Entry
Appeal Correspondence:

- Unexecuted judges' orders
- Motions
- Acknowledgement from Circuit Court for Receipt of Record
- Correspondence to Appeals Department

AWARD/ORDER
Examples of Award/Order:

- An award issued as a result of a hearing being held
- A supplemental award issued as a result of correspondence received
- An award issued in accordance with a court order
- An award issued under a stipulation of the parties
- An award issued under Agreement of Final Compromise/Settlement

CASE REVIEW
C-30 Notice of Employee's Claim
C-40
C-40 Response
Issues/Controversion (Form H24R)
Temporary total (Award of compensation & Average Weekly Wage Automatic Award) C-81D
Wage Statement

EMPLOYEE DEPENDENT CLAIM
Employee's Claim (Form C-1) & Authorization for Disclosure of Health Information
Claim Amendment (Form C-3) & Authorization for Disclosure of Health Information
Death Claim & Authorization for Disclosure of Health Information

EMPLOYER/SURGEON REPORTS
First Report of Injury or Illness (Form SF1)
Surgeon reports (Form SF2)

HEARING
Hearing Notice
Grant-Den-Postponement
EHR - Hearing Notice (Emergency Hearing Request Notice)
Evidence (Exhibits submitted at the time of hearing)
Testimony Transcript

LETTERS/CORRESPONDENCE
Claim Correspondence Received
EHR Letter Out Approved
EHR Letter Out Denied
No Action Review Mail In
Notice of Issues Received
Undeliverable Mail In (Returned Mail/Undeliverable address)

PAYMENT
Termination of TT (C-06)

PETITIONS/REQUESTS
Claimant-Consent to Pay Fee (Form H-44)

EHR (Request for Emergency Hearing Request)
EHR Postponement Request
Enter-Appearance Request (Form C26R)
Strike Appearance Request (Form C25R)
Postponement Request (Request for Continuance of Hearing)
(Form H29R)
Settlement
Request for Hearing on Previously Withdrawn Issues (Form H-12)
Request for action on Filed Issues (withdraw of issues, dismissal of claim, set-with request, and change of venue) (Form H26R)

VOC REHAB
V R Plan (Form VR1) Stipulated Rehabilitation Plan
Voc-Rehab Evaluation (FCE)
VR Private-Rpt (Vocational Rehab reports)
VR Progress Rpt
VR Referral Notice In (Initial Rehab Services Referral form) Form VR 7

New Services Available on the Commission's Web Site

Announcing the availability of three new services on the www.wcc.state.md.us web site:

- Insurer Designee Contact Listing
- Insurer/ Self-Insurer Online Services Subscriptions
- Self-service Subscriber Lost/Forgotten Password Reset

Insurer Designee Contact Listing

In accordance with COMAR 14.09.06.02, all Insurers that provide workers' compensation insurance in Maryland are required to register an Insurer Designee with the Commission who can provide the name of the competent individual handling and adjusting each disputed claim. The Insurer Designee does not have knowledge of claim status but rather is required, upon inquiry, to provide the name, address, telephone number, and email address of the competent individual handling and adjusting the claim in the State of Maryland.

A claimant can find out who is handling their claim by contacting the Insurer Designee registered with the Commission for the individual handling their claim. We have made a list of all registered Insurer Designees available on our web site as a searchable Adobe® Reader document. This document lists all Insurers/Self-Insurers alphabetically by name. The contact information provided includes an e-mail address, Maryland local or toll-free telephone number, and the Designee's name.

The Workers' Compensation Commission has provided a simple form on its web site that Insurers can use to maintain their registered Insurer Designee information. In order to access this site, you will need to log in with the PIN number supplied by the Commission when the Insurer Designee form was first announced and/or via the subsequent mailing in July 2007. PIN information can be requested via email to insurer_des@wcc.state.md.us and providing your name, company name, and telephone number with the request.

Note that the Commission will only provide this information to qualified representatives of the Insurer and may choose to release this information by mail to the registered address used by the Commission for correspondence with the Insurer.

The registered Insurer Designee must be reachable via a toll-free number through which the insured, claimant, or representative of an insured or claimant may make direct telephone inquiries during regular business hours. The Designee is responsible for responding to all inquiries within two business days. If the Designee

will be unavailable for more than two days, an alternate contact must be provided on their voicemail and email.

The insurer is required to keep the Insurer Designee information current. When the Designee changes or any of their contact information changes, the information must be immediately updated via the supplied web form.

Once the Insurer has a PIN, he or she can review the Insurer Designee Update instructions located at http://www.wcc.state.md.us/PDF/Ins_Des/InsDesIns.pdf , then verify or update the registered Designee's information here: https://services.wcc.state.md.us/insurer_des/update1.asp

If the claimant or their representative cannot contact the individual via the information provided (e.g. the telephone number is incorrect or the individual states they are not correctly assigned to the insurer providing claim benefits), they should contact the Commission via e-mail at insurer_des@wcc.state.md.us

To access the listing of registered Insurer Designees: http://www.wcc.state.md.us/PDF/Ins_Des/InsurerDesignees.pdf

Insurer/ Self-Insurer Subscriptions

Insurers, through their Commission registered Insurer Designees may now subscribe to MDWCC's Web Enabled File Management System (WFMS) Online Services.

WFMS provides the Insurer (via their registered Designee) online access to WCC claim information and related documents for claims in which the Insurer or Self-Insurer is a party. The Insurer Designee or Delegate may also sign and file certain forms electronically with the Commission.

The Insurer Designee will also be responsible for approving and maintaining any WFMS Insurer Delegates' user accounts. An Insurer Delegate is an individual who is registered with MDWCC WFMS online services as an Insurer Delegate and to whom the Insurer (through its Designee) chooses to grant access to WFMS data and services.

Invitations to all registered Insurer Designees not currently subscribed to Online Services were sent via email in late July 2007.

For more information about MDWCC Insurer/Self-Insurer Subscriber services: http://www.wcc.state.md.us/WFMS/Ins.html

Self-service Subscriber Lost/Forgotten Password Reset

Previously, if you had lost or forgotten your MDWCC WFMS Online Services subscriber password or several failed login attempts caused your account to be suspended, you were required to send an email to MDWCC web support to request that your password be reset, then wait for the MDWCC Web Support to respond.

Web Support is available only during Commission business hours. With the new Lost/Forgotten Password Reset service, you can request your password reset right from the Subscriber login page anytime by clicking on the Forgotten/Lost password link next to the Login button. Enter your registered email address in the Password Reset Request screen and press the Reset Password button. The new automated service will then email a temporary password and instructions to you so you can log in whenever you need access to our Online Services. Usually, you'll receive this email in just a minute or two.

Should you have any questions about using the Self-service Lost/Forgotten Password Reset for subscribers, please contact websupport@wcc.state.md.us for quickest response.

As always, we welcome your comments and suggestions regarding any of these new services as well as all other MDWCC online services.

HOW TO GET PAID

Attorney Fee

Tip 1: If attorney fees are not included in a Commissioner's Order, did you remember to submit a "Claimant's Consent to Pay Attorney Fee and Doctor Fees" form signed by the claimant at the time of the hearing? If not, in order to get paid, you must now prepare and have executed a Petition for Attorney's fee and submit it to the office of the Commissioner who issued the Order.

Consent to Pay Attorney Fee and Doctor Fees

Tip 1: When submitting a Consent to Pay Attorney Fee and Doctor Fees make sure that all the CPT codes are listed on the medical bills that are attached to your Consent.

Medical Provider Fee

Tip 1: All medical bills must be submitted to the insurance carrier prior to submitting a "Claims for Medical Service" (Form C-51) to the Commission.

Tip 2: If the commission has issued a final order of NISI and the health care provider has not received payment within 45 days, the health care provider should request a hearing by filing Issues (Form H-24R) with the Commission. The Commission may impose penalties, fines and interest or may deny the Employer and Insurer the right to object to the health care provider's claim for reimbursement. In order to enforce the payment of the Commission's Order, the health care provider should seek legal counsel and pursue the remedies available in the District Court.

Tip 3: The following procedure should be followed when medical bills have been reserved on a commissioner's order pending receipt of CPT code, receipt, etc. The party should submit a Request for Document Correction form (C-90R) stating in the explanation section what action you want taken (e.g., issue order for reimbursement of medical expenses – CPT codes not provided, etc.).

If the Claimant's Consent to Pay Attorney Fee and Doctor Fees form was not submitted at the time of the hearing, the attorney needs to complete a Request for Document Correction form (C-90R) & attach the signed Claimant's Consent to Pay Attorney Fee and Doctor Fees form as well.

How to Prevent an Insurance Filing Assessment

Tip 1: Upon issuance or renewal of an insurance policy, the insurer shall file a Notice of Insurance with NCCI within 30 days of the effective date of the policy. COMAR 14.09.01.05.

Tip 2: If an insurer fails to comply with the filing requirements as outlined in L&E, Annotated Code of Maryland § 9-1006 and COMAR 14.09.01.05, the Commission will issue a $300 assessment.

Tip 3: If the insurer contests the assessment, a request must be made in writing to the Commissioner who issued the assessment setting forth an explanation for the abatement of the assessment.

APPENDIX A – MDWCC Reverse Jeopardy Questions and Answers

Questions and Answers from the 2007 MWCEA Conference Presentation

1. What must be filed by the claimant or his/her attorney before the Commission will put issues in line for a hearing in a non-insured claim?

Correct answer [A]: Claimant's Questionnaire

2. What form do you need to file when withdrawing issues in a claim that has already been set for a hearing?

Correct answer [A]: Request for Action on Filed Issues form (H25R)

When withdrawing issues on a claim that is set for hearing:

- Do not file a Request for Continuance (Form H-28R). The Commission will administratively remove the case from the docket based on the withdraw of issues request.
- If the case has been set-with other cases, include all claim numbers in which you wish to withdraw issues.
- If the hearing is less than 3 days from the date of your request, follow-up with Commissioner's office if you have not received a call from the office.
- If an interpreter was requested, notify MDWCC LEP at 410-864-5299 or 410-864-5320 via email at lep@wcc.state.md.us

3. A Request for a Hearing on Previously Withdrawn Issues form (H 12) is filed when extenuating circumstances occur on the same issues that were previously withdrawn within the last:
[A]: 60 Days
[B]: 30 Days
[C]: 90 Days

Correct answer [D]: All of the Above

This form is to be used by parties to a claim when an extenuating circumstance exists on a case where the same issue(s) were withdrawn in the past 90 days and need to be re-filed prior to the 90 day expiration. This form must be accompanied by an Issue form (H-24R).

This form may only be filed once within the 90 day period. Therefore, make sure all relevant documentation is filed with your request.
A Request for Emergency Hearing (Form H-26R) will not be accepted in lieu of form H-12.

If you have withdrawn your issue(s) more than 90 days prior, then you do not need to file a Request for Hearing on Previously Withdrawn Issues form H-12.

4. Which form must be filed to have cases set together?

Correct answer [D]: Request for Action on Filed Issues form (H-25R)

Form H-25R, Request for Action on Filed Issues, must be filed in order to request cases be set with other cases involving the same claimant or same employer. There must be pending issues filed in ALL cases for the request to be acted upon. When there are no issues, but parties want the Commissioner informed of prior awards in a claim, a party shall provide a copy of the award to the Commissioner at the hearing as part of the exhibits.

No action will be taken by the Commission on set-withs filed only on the Issues form (H-24R). Send a copy of set-with filings to the opposing counsel in all claims. Claims to be set together must be for the same claimant or employer.

5. Which of the following actions should NOT be requested using an Issues Form (H-24R)?
[A]: Request for an insurance correction
[B]: Request to change an address in the claim
[C]: Request for a Change of Venue

Correct answer [D]: All of the above

6. What is the next step when a final order of NISI has been issued, but the medical provider has not received payment?

Correct answer [B]: Use Issues Form (H24R) to request a hearing regarding payment for medical expenses

7. The Commission has reserved on the issue of medical payment because CPT codes for services were not provided when medical bills were submitted. What are your next steps?

Correct answer [B]: Submit a Request for Document Correction form (C-90R), stating in the explanation section you are requesting an order of reimbursement of medical expenses. Attach the provider's bill and correct CPT codes.

8. What does the claimant need to do before attorney fees may be paid?

Correct answer [D]: The claimant must sign and the claimant's attorney must submit to the Commission the Claimant's Consent to Pay Attorney Fee and Doctor Fee form.

9. How does an attorney receive his or her fee?

Correct answer [D]: By filing a Claimant's Consent to Pay Attorney Fee form or by filing a Petition for Attorney Fees (if no Consent filed at the hearing)

10. How can I get my medical claim paid faster?
[A]: Submit a medical claim to the Employer/Insurer prior to submitting a claim to the Commission
[B]: Submit a form C-51 or Claim for Medical Service to the Commission which includes the CMS 1500 form or the original bill, and the letter of denial from the Employer/Insurer
[C]: Submit a letter of Explanation of Services and Operative Notes in complex cases such as surgery.

Correct answer [D]: All of the above

If you have not received any correspondence regarding payment of your medical claim in 45 days, you may want to contact the Employer/Insurer prior to filing a Claim for Medical Services (C-51 form) with the Commission.

Perhaps the Insurer has not received your bill. Maybe the Insurer has replied but you have not received the request for additional information or a reason for denial. Attempt to respond to any of these kinds of issues prior to filing a C-51 form.

In the event you have received payment, but feel it does not reflect the Maryland Fee Guide allowance, again a call to the Insurer may resolve the difference.
On occasion, the employer or insurer address furnished to the provider is incorrect and the bill is ignored. Contact the claimant's employer to request the correct employer and insurer address information.

11. What should MDWCC online services subscribers do if they lose or forget their login passwords?

Correct answer [C]: Click on the website's self service lost or forgotten password reset link any time of day or night

12. Which of the following is **NOT** a feature or benefit of the E-Notice online subscriber service for attorneys?
[A]: Receive notices of documents filed in your cases more quickly than with postal mail

[B]: Hyperlinks in the E-Notices enable you to quickly open and view newly filed documents
[C]: Claim information is included within the E-Notice email message itself Claim information is included within the E-Notification email itself

Correct answer [D]: Adds more friends on MySpace.com

The E-Notice feature offers attorney subscribers the option to receive email notifications in lieu of postal mail notifications of documents filed with the Commission for claims in which the subscriber is a party.

To begin reaping the benefits of E-Notices right away, log into your MDWCC subscriber account and update your user profile. Be sure to click on the hyperlink "Electronic Delivery of Documents" to read the Terms of Service regarding E-Notices. If you agree to the Terms of Service, change your account's "Notice Delivery" from "U.S. Postal Service Mail Only" to "Email Only". Press the Submit button to record the change.

13. Which is **NOT** a new service available on the MDWCC website?
[A]: Insurer Designee Contact Listing

Correct answer [B]: Subscriptions for Ravens' Tickets

[C]: Weekly Docket Display System (DDS)
[D]: Subscriptions for Insurer Delegates

14. Currently, which members of the workers' compensation community can become MDWCC online services subscribers?

Correct answer [A]: Attorneys, Attorney proxies, Insurers & Insurer delegates

15. What final step must you complete after filing an Employee Claim form (C-1) online before a claim can be accepted?

Correct answer [C]: Print, sign and mail to the Commission the Employee Claim form (C-1) with the signed medical authorization

Maryland Law requires that an Employee Claim Form C-1 signed by the injured worker be sent (mailed/delivered) to the Workers' Compensation Commission to file a claim. After the form is printed, you may not alter the form or write corrections on the form. If altered in any way, the form will be returned to you and your claim will not be filed. If you fail to send the signed form to the Commission with the medical authorization, we will send you a notice that your signed Employee Claim Form C-1 has not been received and the claim is not filed.
If you fail to send your signed form within 10 days, you will receive a notice from the Commission stating that your submitted data will be deleted and the claim WILL

NOT BE FILED if you do not mail a properly completed and signed form. If you do not respond as instructed on the Notice, the claim information will be deleted from the database.

16. Which form is used to make a request to implead SIF as a party to a compensation claim?

Correct answer [D]: Request to Implead a Party form (H33R)

17. What must exist before a set-with request may be filed?

Correct answer [C]: Pending issues in each case

18. Upon issuance of an MD workers' compensation insurance policy within how many days must the Insurer file a Notice of Insurance with NCCI?

Correct answer [B]: 30 Days

19. Which of the following is something an attorney should do when doing business with the Commission?

Correct answer [A]: None of the below

[B]: Call every Commissioner's Assistant to try to find out which Commissioner will conduct the hearing.
[C]: Call a Commissioner to request amendment of another Commissioner's order.
[D]: Call the Commissioner's Assistant to find out when a Request for Continuance filed online 5-iO minutes ago will be acted upon.

20. When an appeal is filed from a Commission order, which date is used to determine the 60 day initial filing deadline for filing the transcript with the Circuit Court?

Correct answer [B]: The date when the Commission receives a copy of the petition from the Circuit Court informing the agency of the date when the petition was filed and the civil action number assigned

The 60 day initial filing deadline begins on the date when the Commission receives a copy of the petition from the Circuit Court informing the agency of the date when the petition was filed and the civil action number assigned.

An appeal will not be processed upon receipt of a copy of a Judicial Review sent in by the appellant which does not reflect any filing documentation with the Circuit Court.

On the Notice of Appeal and Certification two dates are reflected as follows: the date that the appeal was filed and the date the appeal notice was received by the

Commission. It will also contain the civil action number assigned by the appeal court.

21. As of 10/1/07, what must accompany a filing of the Employee Claim form (C-1)?

Correct answer [C]: A signed medical authorization to release relevant medical records for the body parts listed on the claim

22. How long is the medical authorization (submitted with the Claim form C-1) valid?

Correct answer [A]: 1 year from the date of filing of the claim form

23. As of 10/01/07, how do I amend an existing claim to add a body part?

Correct answer [D]: Complete, sign, and submit an Amended Claim form (form C-3) along with a signed medical authorization form for the new body part

24. What new feature does the revised Statement of Wage Information (Form C-2) contain?
[A]: Instructions on how to complete
[B]: An auto-calculating tool
[C]: A section to complete if paid on a monthly or semi-monthly basis

Correct answer [D]: All of the above

25. When calculating an injured employee's average weekly wage using the revised "Statement of Wage Information" (Form C-2), what is the time period used in the calculation?

Correct answer [B]: 14 weeks