

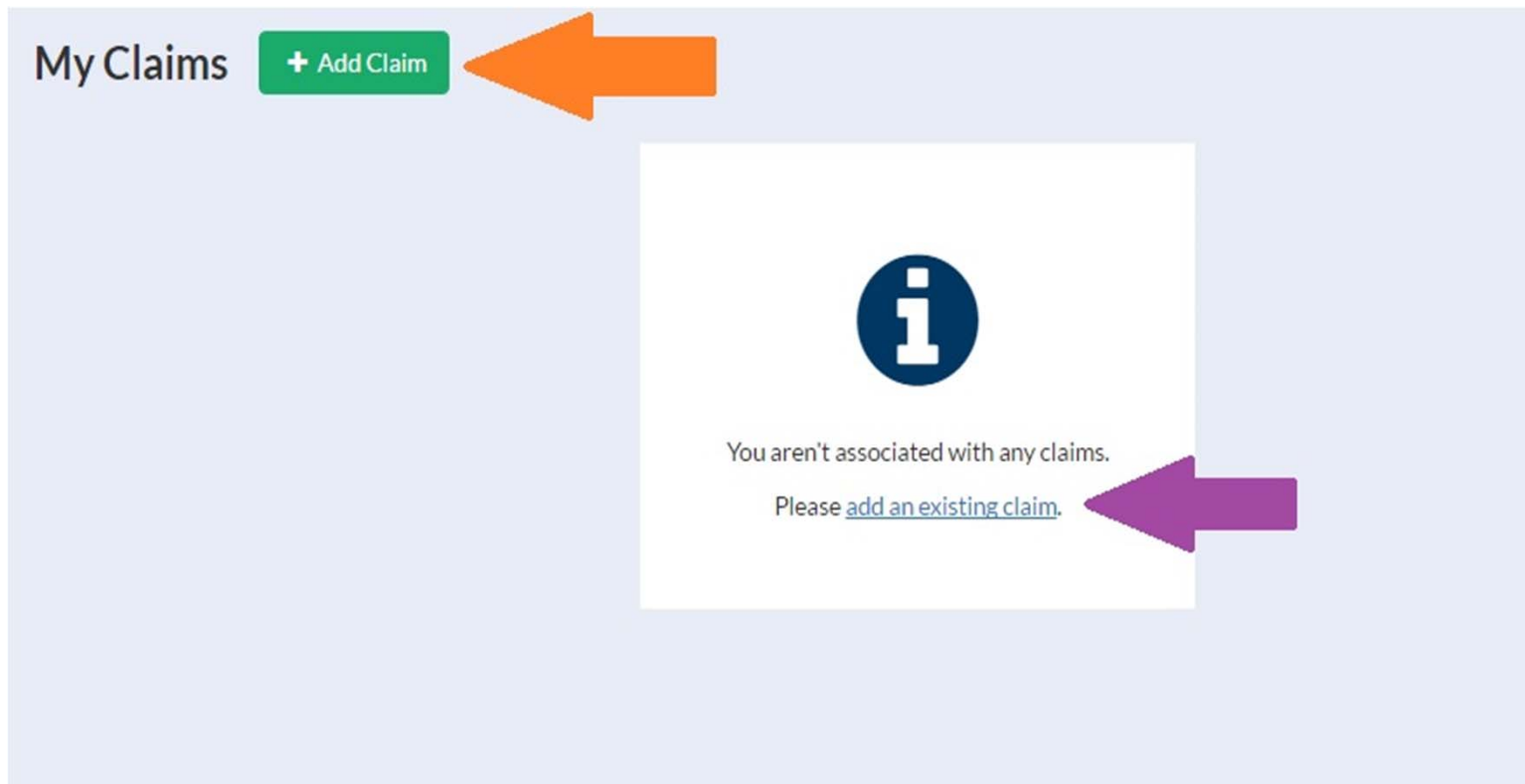


Claims Association



Department Of Workers' Claims

After logging in to LMS, you will be taken to the landing screen. Here you can see any claims you are associated with. To associate to a claim, click the green Add Claim button (orange arrow), or the add an existing claim link (purple arrow).



The add a claim button will bring up the add a claim window where a claim and access number can be entered.

Add a Claim ✕

To join as a party or representative to a claim you must be a named party and have an Access Number.

Claim Number *

Access Number *

You can also [file a new claim](#), submitting all documentation electronically.

[Next](#)



About access codes:

- Attorneys can submit their active list of claims to the DWC by sending them in Excel format to LaborKYWCLMS.TechnicalSupport@ky.gov. The list should include the claim number and the style of the case.
- If you have already submitted your request in a different format, there is no need to resend.
- Requests for access codes will be responded to in the order in which they are received. We are currently working on requests received within the last two weeks.



As of March, 18th 2016. Access codes will be shown on the following letters:

- No matching First Report of Injury on File – Excludes Medical Dispute
- No matching First Report of Injury on File – Pre-Lit Medical Dispute
- All Applications for resolution of claim
- Benefit Review Conference Scheduled
- Acknowledgement and Assignment to Chief ALJ (CWP)
- Acknowledgement and Assignment to ALJ (Medical Dispute)



The next screen allows you to select the party under which you will be associated to the case. Note it is critical that you only associate to the claim as who you are. If you do not appear as an entry on the list, you will have to file a motion to join or notice of representation on paper.

Add a Claim



Select your party *

▼

- valcano protection llc
- kalamazoo tiger housing
- funkmaster flex
- winston churchill
- Handy Manny



Please note there may be a delay in viewing submitted documents because we are still manually entering documents in to the system. If you attempt to associate with your access number and find you are not listed as a participant and know you should be, we may not have entered your participant information yet.

We would ask that you wait 3 days and attempt to associate again. If you are still unsuccessful, send an email to LaborKYWCLMS.TechnicalSupport@ky.gov and include the claim number you are attempting to associate to.



The next part of this presentation pertains to future LMS functionality that will be available once electronic signatures are permitted.

You should not attempt to file a notice of representation or motion to join electronically at this time. These pleadings will continue to be submitted on paper.



If the party you need to associate with is not listed in the parties drop down, click the “None of These.”



The image shows a dialog box titled "Add a Claim" with a close button (X) in the top right corner. Below the title bar, there is a label "Select your party*" followed by a dropdown menu. The dropdown menu is currently empty and has a downward arrow icon on the right side. Below the dropdown menu, there is a blue button labeled "None of these". At the bottom right of the dialog box, there are two buttons: "Back" and "Finish".



If you are counsel for a party listed on this screen, select your party and continue to the notice of representation form.

If you are associating to this claim as counsel for an existing party, you must file a notice of representation. Please select which party you represent, if any:

- VALCANO PROTECTION LLC
- KALAMAZOO TIGER HOUSING
- FUNKMASTER FLEX
- HANDY MANNY
- HANDY MANNY
- BOB THE BUILDER
- None of these

[Continue to Form](#)



The notice of representation form will populate with the information provided by the attorney at registration and ask for an electronic signature.

Form NOR

Step 1 of 3

Attorney Name and Address

Enter your name and address as parties should address filings.

First Name or Name of your Organization * ×

Last Name

Address *

Postal Code * City/Town * State

Electronic Signature *

(by entering your name in the field above, you are providing your electronic signature)



The list below is where the manner of service is chosen. Parties can be served by mail, email, LMS, in person or not served at all.

Form NOR

Step 2 of 3

Presented To

<input type="text"/>	▼	VALCANO PROTECTION LLC
<input type="text"/>	▼	KALAMAZOO TIGER HOUSING
<input type="text"/>	▼	FUNKMASTER FLEX
<input type="text"/>	▼	WINSTON CHURCHILL
<input type="text"/>	▼	BOB THE BUILDER
<input type="text"/>	▼	HANDY MANNY
<input type="text"/>	▼	HANDY MANNY
<input type="text"/>	▼	BOB THE BUILDER

[+ Add Recipient](#)

[Cancel](#) [Back](#) [Next](#)



On this screen, you can confirm the service chosen and if you choose, preview and save a copy of your notice. Clicking the finish button submits the form to DWC.

Form NOR

Step 3 of 3

Confirm Service

Served via LMS	▼	VALCANO PROTECTION LLC(Carrier)
Served by mail	▼	KALAMAZOO TIGER HOUSING(Defendant)
Served by email	▼	FUNKMASTER FLEX(Plaintiff)
Served by mail	▼	WINSTON CHURCHILL(Defendant Attorney)
Served by mail	▼	BOB THE BUILDER(Plaintiff Attorney)
Served	▼	HANDY MANNY(Medical Provider)
Served	▼	HANDY MANNY(Petitioner)
Served	▼	BOB THE BUILDER(Respondent)

Cancel Back Preview Document Finish



If you are not counsel for any of the parties listed, again select “None of these” and you will be prompted to complete a motion to join.

If you are associating to this claim as counsel for an existing party, you must file a notice of representation. Please select which party you represent, if any:

- VALCANO PROTECTION LLC
- KALAMAZOO TIGER HOUSING
- FUNKMASTER FLEX
- HANDY MANNY
- HANDY MANNY
- BOB THE BUILDER
- None of these

[Continue to Form](#)



Because these motions must be ruled on before the party is allowed to join the claim and associate, please be patient. If you submit a motion, an ALJ will rule on it and issue an order as soon as possible. If this not the case, please proceed by clicking next.

Form MTJ Motion To Join

If a motion to join has been filed to add your client to this claim, the motion may not have been acted on at this time. Please return after an order has been issued. If you need to file your own motion to join, you may proceed.

Cancel

Next



From this screen any party that needs to be joined to the claim can be added by clicking “Add Party.” Each party needs to be added individually using the popup screen shown in the next slide that is offered after clicking the “Add Party.” button.

Form MTJ
Add Parties

Multiple parties may be added on this motion. Parties on a single motion must either be all your clients, or all not your clients. Please enter one party at a time, clicking next to proceed.

Name	Type	Remove
------	------	--------

[+ Add Party](#)

[Cancel](#) [Back](#) [Preview Document](#) [Finish](#)



Add Party



Party Name *

Address Line 1

Postal Code *

City/Town *

State

Role in claim

Reason for joinder


Add





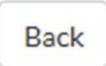


Added parties will appear on the screen. Once this step is complete, you can preview the motion and click finish to submit the document to DWC.

Form MTJ Add Parties

Multiple parties may be added on this motion. Parties on a single motion must either be all your clients, or all not your clients. Please enter one party at a time, clicking next to proceed.

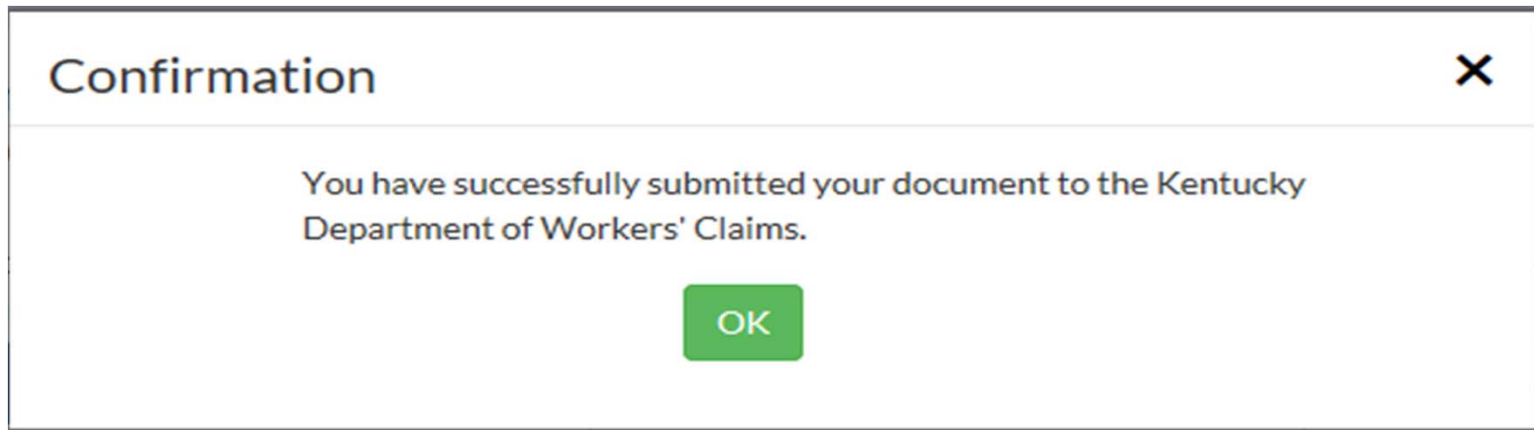
Name	Type	Remove
Someone New	Medical Provider	

 Add Party



After clicking finish you should receive the message below:



Once a claim has been successfully associated to, it will appear on your landing page under “My Claims.” By clicking on the claim number, you will be able to view details about the claim.

My Claims [+ Add Claim](#)

Show entries

Claim #	Style	Injury Date	Body Part	ALJ
2020-00004	GARTH BROOKS VS NATIONAL COMPUTER SYSTEMS INC	2/8/2016	EYE(S)	N/A

Showing 1 to 1 of 1 entries

Previous **1** Next



If you are a site administrator, you will be able to toggle back and forth between claims the group is associated to and claims assigned individually to the site administrator. From the LMS Group Claims screen, the administrator will be able to assign claims to members of the group.

LMS Group Claims [+ Add Claim](#) [My Claims](#) [Submit a Filing](#)

Show entries

Claim #	Style	Injury Date	Body Part	ALJ	Assigned To	
2020-00003	FUNKMASTER FLEX VS KALAMAZOO TIGER HOUSING	2/1/2016	EAR(S) Total deafness of one ear	N/A	Unassigned	Assign



The claim detail screen shown here contains vital information about the claim that can be accessed using tabs near the middle of your screen. Here we see the document tab that lists electronic copies of all documents filed in the case.

Claim #: 202000001 File Document

Style	INJURED SALLY VS NATIONAL COMPUTER SYSTEMS	Insurance Carrier Information	
Judge	HON ROBERT L. SWISHER	Maintenance Type Code	N/A
Date of Injury	7/4/2015	Maintenance Type Code Date	N/A
Disposition	SUBMITTED FOR ALJ DECISION	Claim Administrator #	N/A
Nature	LACERATION	Claim Access # show access #	
Body Part	LOWER ARM		

Documents | **Participants** | Participants (cont'd) | Accident | Insurance

[Export Documents](#)

	Code	Type	Document Name	Submitted By	Date Filed
<input type="checkbox"/>	NORP		NOTICE OF REPRESENTATION	LMS Worker (System)	3/10/2016

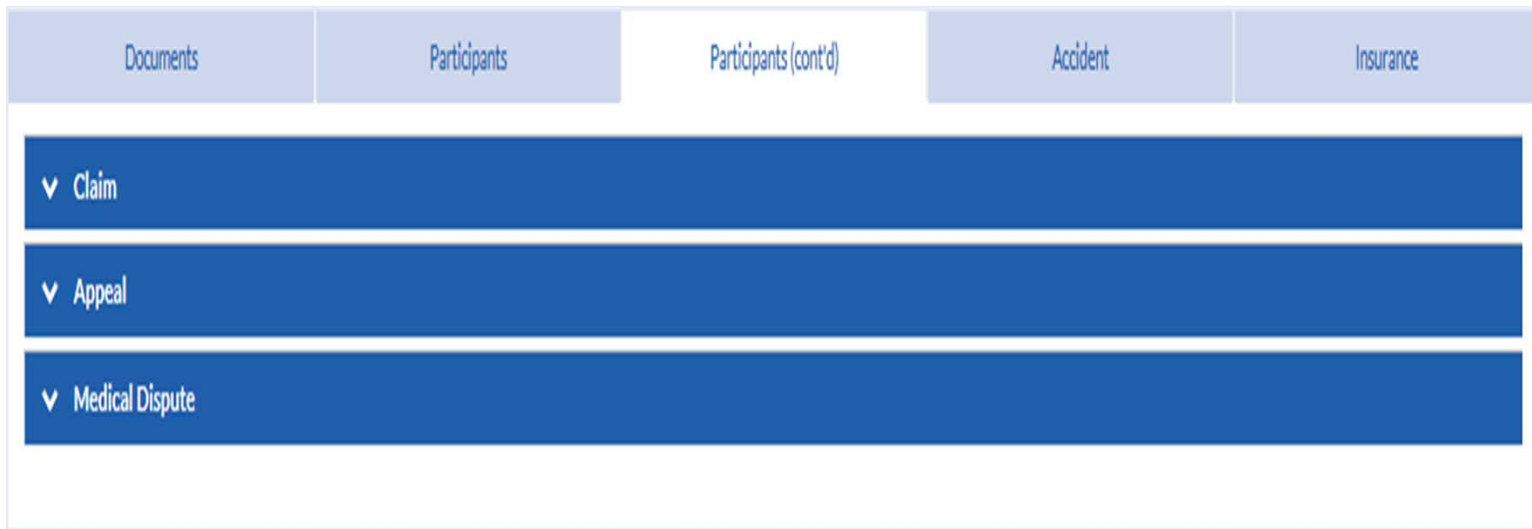


The participants tab displays all participants involved in all styles of a claim and a description of all involvements.

Documents	Participants	Participants (cont'd)	Accident	Insurance
	▼ DR GET BETTER: Respondent, Medical Provider, Medical Provider			
	▼ HON CHED JENNINGS: Notification Attorney, Plaintiff Attorney			
	▼ HON CHED JENNINGSZ: Notification Attorney, Plaintiff Attorney			
	▼ INJURED SALLY: Plaintiff, Plaintiff			
	▼ INJURED SALLY: Movant			
	▼ NATIONAL COMPUTER SYSTEMS INC: Respondent			



The participants(cont'd) tab allows a user to view claim, appeal, and medical dispute litigations for a claim. The participants specific to each claim and their role can be viewed here.



The accident tab gives at a glance details about the claimant and the accident.

Documents	Participants	Participants (cont'd)	Accident	Insurance
Claimant: Mrs INJURED SALLY				
Injured Worker		Injured Worker		
Accident/Injury Description Narrative	Almost cut arm off with blade of knife --- This record has been created in order to test the Open Records Portal - YC 7/15/2015.		SSN	filler data
Nature	LACERATION		Date of Birth	2/23/1968
Cause of Injury Description	CUT, PUNCTURE, SCRAPE INJURED BY HAND TOOL, UTENSIL; NOT POWERED		Date of Death	Living
County			Gender	Female
Accident Site Postal Code	40342		Marital Status	Married
Injury Address	LAWRENCEBURG, KY		Occupation	FARM WORKERS
Date Reported to DWC	Jul-10-2015			
Date Disability Began	Jul-04-2015			
Date Employer Had Knowledge				
Date Claim Admin Had Knowledge				
Date of Death				



The insurance tab shows insurance carriers and policy numbers connected to the claim.

Documents	Participants	Participants (cont'd)	Accident	Insurance
Carrier/Policy Number	Effective Date	Cancel Date	DC Date	
FEDERAL INS CO 0071630676	8/1/1999	8/1/1999	N/A	
FEDERAL INS CO 0071630677	8/1/1999	N/A	N/A	
FEDERAL INS CO 9971630676	8/1/1998	8/1/1999	N/A	
FEDERAL INS CO 9471630676	8/1/1993	8/1/1998	N/A	
ST PAUL MERCURY INS CO 795ZB0064	8/1/1985	N/A	N/A	
AMERICAN MUTUAL INS CO (BANKRUPT) FWCRC257624014D	7/1/1984	9/8/1985	N/A	



Document Submission

Department of Workers' Claims

Document submission is a huge benefit of the LMS system. Using this feature allows almost instantaneous feedback. Filing a document to a claim in the system allows the document to be displayed immediately under the documents tab on the claim detail screen.

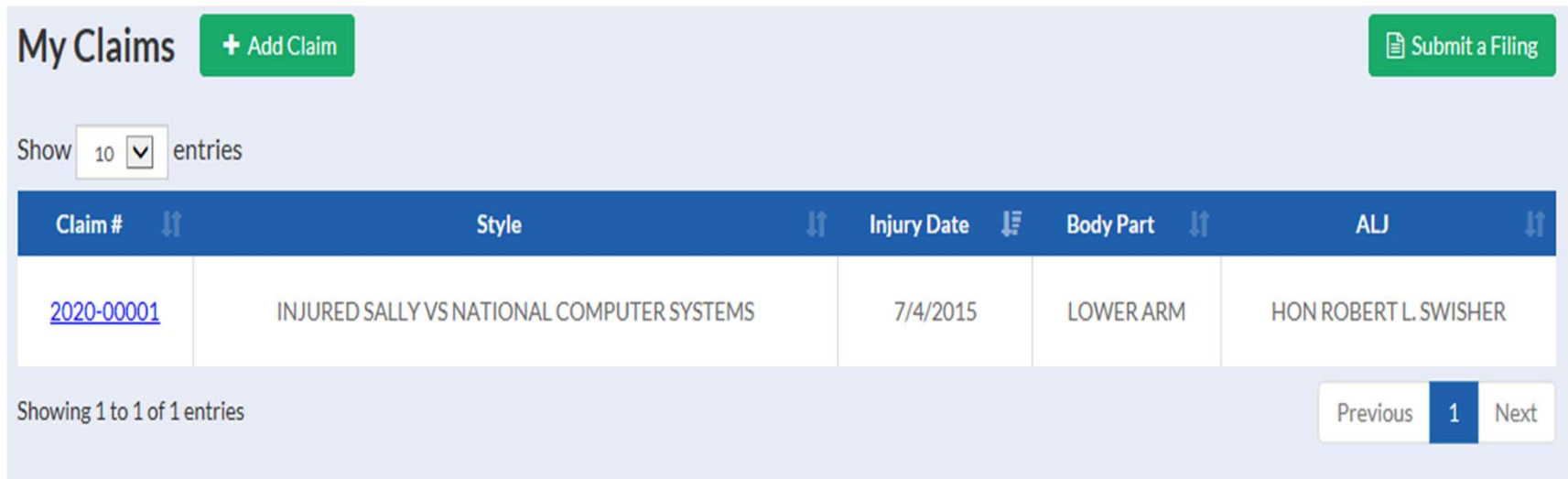
Alternatively, once an ALJ issues an order, it can be immediately reviewed on the LMS system.

By filing documents electronically, resource usage and postage are reduced.

Please note that until electronic signatures are permitted, documents will need to continue to be submitted on paper.



Pleadings can be filed either as initiating document or once the claim is active, through the claim detail screen.* Click the “Submit a Filing” button to access the initiating documents screen shown in the next screen.



The screenshot displays the 'My Claims' interface. At the top left, there is a header 'My Claims' and a green '+ Add Claim' button. At the top right, there is a green 'Submit a Filing' button. Below the header, there is a 'Show 10 entries' dropdown menu. The main content is a table with the following columns: Claim #, Style, Injury Date, Body Part, and ALJ. The table contains one entry with the following details:

Claim #	Style	Injury Date	Body Part	ALJ
2020-00001	INJURED SALLY VS NATIONAL COMPUTER SYSTEMS	7/4/2015	LOWER ARM	HON ROBERT L. SWISHER

At the bottom left, it says 'Showing 1 to 1 of 1 entries'. At the bottom right, there are navigation buttons: 'Previous', '1', and 'Next'.

*Filing a claim will be covered in our next webinar which will be offered on Monday April 11th at 2:30 EST and Tuesday April 12th at 2:30 EST.



File a New Claim

Start filing a new claim by picking the nature of your injury or disease. Then click next. This will direct you to the appropriate form for your particular claim.

Nature of Injury*

Continue to Form

File an Agreement

Begin your agreement form by picking the nature of your injury or disease, and then continue to the form. If you have filed a claim, add it to your 'My Claim' list and submit an agreement to the claim file.

Employee/plaintiff is deceased

Nature of Injury*

Continue to Form

File a Medical Dispute

Continue to Form

File a Motion

Selected motions may be filed here, without first adding a claim to your 'My Claims' page.

Motion to Reopen


Motion for Expedited Medical Decision

Motion for Interlocutory Relief

Motion to Substitute Party and Continue Benefits



The second way to file a document in LMS is through the claim detail screen. By clicking on the file document button.*

Claim #: 202000001 

Style	INJURED SALLY VS NATIONAL COMPUTER SYSTEMS
Judge	HON ROBERT L. SWISHER
Date of Injury	7/4/2015
Disposition	SUBMITTED FOR ALJ DECISION
Nature	LACERATION
Body Part	LOWER ARM

Insurance Carrier Information

Maintenance Type Code	N/A
Maintenance Type Code Date	N/A
Claim Administrator #	N/A

Claim Access # [show access #](#)

* Submitting documents to a claim will be covered in our webinar on April 18th and 19th.

Thank you for joining us for this presentation.

Questions?

Contact Us: LaborKYWCLMS.TechnicalSupport@ky.gov

