

General FAQs

Why are multiple copies of various notifications being sent from the Commission?

This might occur because a particular party is listed more than once, unless the addresses and name of the party are exactly the same. Identical names and addresses will alert our system to send only one copy of the notice. In addition, an EDI submission accepted by the Commission's vendor may fail during VWC ingestion and re-ingestion can create multiple mailings.

Why is mail also being sent to the Carrier when it was the Claim Administrator who submitted the FROI and is acting on behalf of the Carrier?

Both parties get the mailings because the law requires that all parties be notified.

What causes the generation of a 20-Day Order Payments Made?

This order is generated when the following conditions are met:

- An EDI SROI transaction is received showing:
 - o Medical Payments totaling over \$3,500 and no award has been entered
 - o Indemnity Payments (including for a settlement) and no corresponding award has been entered

However, it is important to note that the Commission does look at other things when determining whether or not to issue a 20-Day Order Payments Made. Some of the things we look at are:

- Whether a full and final settlement has been approved and entered. If it has, the order will not be generated.
- Whether agreement forms have been received but not yet entered that will cover the period reported on the SROI. If so, the order will not be generated.
- Whether the Commission has been notified that agreement forms have been sent to the Claimant but he/she refuses to sign and return. If we have, the order will not be generated.

Why are 20-day Order Payments Made generating when agreement forms have been uploaded?

If agreement forms have been uploaded but not processed and an EDI transaction is received noting a payment for which there is no award, the Commission's system will generate a task to our Claims Services Department for a staff member to review and determine if the award can be entered and if so, will it match with the payment. If the staff member determines that the award cannot be entered or it will not match the payment once entered, they will trigger the generation of the 20-Day Order Payments Made.

Why does the carrier have to continue to respond to 20-day orders when responses have been sent, agreement form has been issued to the claimant, the claimant is not responding and there is no award?

Every time an EDI transaction is received noting a payment for which an award has not been entered, our system will kick off a task to a staff member to see if a 20-Day Order Payments Made should be generated. If the information shown on the EDI transaction is for a new period not previously reflected and we have not been advised that the Claimant refuses to sign the forms, we will generate a 20-Day Order. In order to prevent the generation of this order, it is crucial that you notify the Commission that you have attempted to get the agreement forms signed but the claimant has not responded.

What causes the generation of the Medical Payments Advisory?

If a SROI transaction is received showing medical only payments that exceed \$2,000 but are less than \$3,500 and an award has not been entered, the Commission will generate a Medical Payments Advisory. Once medical payments exceed \$3,500, the 20-Day Order Payments Made may be issued.

Why does the Commission continue to contact claimant multiple times regarding further claim filings for medical only claims when the carrier is making medical payments?

In our EDI system, Casper, electronic reporting of payments provides more information than our Legacy paper based system allowed; therefore, more follow-up will occur.

When the carrier agrees to a medical only award, can space be added for body parts covered by agreement?

Currently if a carrier wishes to agree to specified body parts (one or a few), an agreement form should be submitted. If agreement comes from a 20-Day Order, the award will be entered for all causally related body parts.

What happens if multiple JCNs exist for the same injury?

When the Commission receives notification of an injury and a FROI has not been filed, we create a JCN for that injury. We then request a FROI and require that it contain the JCN we assigned. If a duplicate JCN is created because the FROI is submitted without the assigned JCN, a consolidation must be performed. The Commission uses different criteria are used to determine which number is used and a letter is sent to all parties advising of the consolidation and any follow-up information or transactions that may be needed.

What triggers change request for the employer or its address?

If the Commission receives notices that the employer address should be different or if we receive returned mail for the employer, we will send out a Correction Required Letter asking for an EDI transaction to update the information in our system.

If only claims with an open award and the claimant is not receiving Social Security can they receive COLA, why is it not set up that only those claims receive letters?

Virginia Code Section 65.2-709 requires the claimant to apply each year for COLA with a signed statement from SSA confirming the claimant is not receiving social security disability. Our database is unable to determine if the claimant is receiving social security disability versus social security retirement.

Why are COLA letters are sent in cases where there is no open TTD award?

COLA benefits can be payable on a claim in which there is no open TTD award provided that the date of injury is prior to July 1 and the COLA request is after October 1 of the same year.

Does VWC exchange information with SSA?

No, VWC does not electronically exchange information with the Social Security Administration.

Does the Commission still accept Supplemental Varying forms?

These forms should not be used for post 10/1/08 claims. We will accept them if the form is completed

correctly. If the form is filled out incorrectly, it will be rejected. The new Award Agreement form does not require the post injury wage information and should be submitted each time the compensation rate and post injury wage changes. Line 2 under the section for temporary partial benefits allows you to average a period of up to 13 weeks.

When the claimant returns to work at modified duty with less wages, do we use the old form Termination Form?

A Termination of Wage Loss Award form is not required if you are returning the claimant to temporary partial disability due to modified duty at lesser wages. An additional Award Agreement should be filed indicating temporary partial disability information.

When is a lifetime medial award entered on a med only claim?

EDI will not trigger a Medical Only Award. The Carrier must agree to this by responding to a 20-day Order or filing an agreement form.

On a claim that has medical payments over \$1,000 and the carrier/CA/employer does not want a lifetime medical award entered, will this automatically be moved to a 'dispute resolution'?

No--the claimant would be notified of the objection to the award and VWC would respond to disputes on request.

Why is the Commission generating the Notice of Invalid Insurer FEIN?

The Commission has what we refer to as a Master Data Record for each Insurance carrier. These records list the correct FEIN, Legal Name, current mailing address and the Designated Representative for that Insurance Carrier. When an EDI transaction is submitted, our system takes the Insurer FEIN contained in the transaction and compares it to our Master Data Records. If a match is found, the information within that record is associated with the JCN. If a match is not found, the letter, Notice of Invalid Insurer FEIN, is generated to alert the parties that the proper carrier information was not submitted. We are asking you to research your file to determine the correct FEIN and submit a FROI 02 transaction to correct the information.

