



Recent News for Industrial Commission Filers: Update from the Clerk's Office and Claims Administration Section

ASIA PRINCE
DIRECTOR OF CLAIMS ADMINISTRATION

EMILY M. BAUCOM
CLERK OF THE INDUSTRIAL COMMISSION

OCTOBER 11, 2018



Update From the Clerk's Office

Overview

- ▶ Role of the Clerk's Office
- ▶ Filing Rule updates
- ▶ EDFP
- ▶ Future Changes
- ▶ Tips

Clerk's Office Role

- ▶ Industrial Commission Mail
- ▶ Documents filed
- ▶ Requests for Hearing and Responses thereto
- ▶ Requests for files
- ▶ Master Docket: Workers' Compensation (New)
- ▶ State Tort Claims
- ▶ Appeals
- ▶ File and Serve Orders, O & As, D&Os for Full Commission

Clerk's Office Staff

- ▶ Linda Langdon, Docket Director
- ▶ Paula Seldes, Deputy Clerk
- ▶ Traci Waldron, Trial Court Administrator
- ▶ Veda Coley, Assistant Clerk
- ▶ Darryl Wright, Assistant Clerk
- ▶ Alejandro Del Rio, Assistant Clerk
- ▶ Steve Creech, Torts and Penalties Processing
- ▶ Kim Forbes, Form 33 Processing
- ▶ Amelia Stoneking, Assistant Trial Court Administrator
- ▶ Josh Bowen, Processing Assistant-Form 33Rs and Attorney Letters (defendants)
- ▶ Janet Britt, Assistant Clerk
- ▶ Ernie Donadelle, Scanning, Requests for Files
- ▶ Mary Cooley, Scanning
- ▶ Robert McDowell, Webmaster

Clerk's Administrative Motions

- ▶ Attorney Withdrawals
- ▶ Motions to Withdraw Requests for Hearing
- ▶ Motions to Consolidate Cases for Hearing
- ▶ Requests for Certified Copies of Files
- ▶ Motions to Approve Expert Witness Fee

Proposed Electronic Filing Rule: Torts

- ▶ Proposed new 11 NCAC 23B .0104, proposed effective date February 1, 2019
- ▶ (a) All filings to the Commission in tort claims shall be submitted electronically in accordance with this Rule. Any document transmitted to the Commission in a manner not in accordance with this Rule shall not be accepted for filing. Plaintiffs without legal representation may file all documents with the Office of the Clerk of the Commission via the Commission's Electronic Document Filing Portal ("EDFP"), electronic mail, facsimile, U.S. Mail, private courier service, or hand delivery.
- ▶ (b) Except as set forth in Paragraph (c) of this Rule, all documents shall be transmitted to the Commission via EDFP. Information regarding how to register for and use EDFP is available at <http://www.ic.nc.gov/training.html>. In the event EDFP is inoperable, all documents required to be filed via EDFP shall be transmitted to the Commission via electronic mail to edfp@ic.nc.gov. Documents required to be filed via EDFP that are sent to the Commission via electronic mail when EDFP is operable shall not be accepted for filing.
- ▶ (c) The tort claims forms and documents listed in Table 1 shall not be required to be transmitted via EDFP provided all applicable qualifying conditions are met.

Proposed Electronic Filing Rule: Torts

Table 1: Forms and documents exempt from EDFP filing requirements and how to file them

<u>DOCUMENT</u>	<u>QUALIFYING CONDITION(S)</u>	<u>HOW TO FILE</u>
<u>Form T-1</u>	<u>No IC file number has been assigned</u>	<u>Hand delivery to the Industrial Commission's main office or by mail to 1236 Mail Service Center, Raleigh, North Carolina 27699-1236.</u>
<u>Form T-3</u>	<u>No IC file number has been assigned</u>	<u>Email to dockets@ic.nc.gov, hand delivery to the Industrial Commission's main office, or by mail to 1236 Mail Service Center, Raleigh, North Carolina; 27699-1236</u>
<u>Pre-affidavit motion under Rule 9(j)(3) of the Rules of Civil Procedure to extend the Statute of Limitations.</u>	<u>No IC file number has been assigned.</u>	<u>Hand delivery to the Industrial Commission's main office or by mail to 1236 Mail Service Center, Raleigh, North Carolina 27699-1236.</u>

Proposed Electronic Filing Rule: Torts

- ▶ (d) A one-year waiver shall be granted to an attorney that notifies the Commission of the attorney's inability to comply with the electronic filing requirements in Paragraph (a) of this Rule due to a lack of the necessary internet technology resources. The notification shall indicate why the attorney is unable to comply with the rule and outline the attorney's plan for coming into compliance within the one-year period. The notification shall be filed with the Office of the Clerk of the Commission via facsimile or U.S. Mail. This Subparagraph shall expire one year from the effective date of this Rule.
- ▶ (e) Any party may apply to the Commission for an emergency temporary waiver of the electronic filing requirement set forth in Paragraph (a) of this Rule when it is unable to comply because of temporary technical problems or lack of electronic mail or internet access. The request for an emergency temporary waiver shall be included with any filing submitted via facsimile, U.S. Mail, or hand delivery due to such temporary technical or access issues.
- ▶ (f) A Notice of Appeal to the North Carolina Court of Appeals shall be accepted for filing by the Commission via EDP or U.S. Mail.

Proposed Rules 108 and 609A:

- ▶ Proposed 11 NCAC 23A .0108 removes Medical Motions and Responses from Table 1.
- ▶ Proposed 11 NCAC 23A .0609A (a) Medical motions brought pursuant to G.S. 97-25 and responses thereto shall be brought before either the Office of the Chief Deputy Commissioner or the Executive Secretary and shall be submitted in accordance with Rule .0108 of this Subchapter. For parties to whom the electronic filing requirements of Rule .0108(b) of this Subchapter apply, motions, responses, and notices of appeal and responses shall be submitted under the EDFP category "Medical Motions and Responses." The submitting party shall contemporaneously serve a copy of the filing to the Commission and the opposing party or opposing party's counsel, if represented.
- ▶ Proposed effective date of December 1, 2018

Upload Documents

NCIC Upload Forms and Documents

Release 2.3.3

User: rweasly

[Help](#)

* IC File Number

714190

DUMMY FILE TEST FOLDER V. ACME
FENCE COMPANY

*Select a Document Type:

[Document Help](#)

Please Select

Please Select

Select a Document Type

[Browse...](#)

No file selected.

☐ This document has attachments

[Upload](#)

[Exit EDFP](#)

red asterisk (*) indicates required field.

EDFP: Medical Motions

NCIC Upload Forms and Documents

Release 2.3.3

User: rweasly

[Help](#)

* IC File Number **714190**

DUMMY FILE TEST FOLDER V. ACME
FENCE COMPANY

*Select a Document Type:

[Document Help](#)

Employee / Representative

Please Select

Please Select

Agreements / Settlements

Appeals

Attorney Representation

Briefs / Contentions

Contempt / Non-Insured Penalties

Evidence / Exhibits

Forms

Hearing Documents

Mediation

Medical Motions / Responses

Motions / Petitions / Requests

Notices / Vital Records

Responses / Replies

None of the Above

[Browse...](#)

No file selected.

☐ This document has attachments

EDFP: Medical Motions

NCIC Upload Forms and Documents

Release 2.3.3

User:rwweasly

[Help](#)

* IC File Number

714190

DUMMY FILE TEST FOLDER V. ACME
FENCE COMPANY

*Select a Document Type:

[Document Help](#)

Employee / Representative

Medical Motions / Responses

Select a Document Type

[Browse...](#)

No file selected.

Document has attachments

Select a Document Type

Appeal of Medical Motion O&A to Full Commission (\$0.00)

Appeal of Medical Motion Order of Executive Secretary (\$0.00)

Brief (\$0.00)

Deposition Notice (\$0.00)

Exhibits (\$0.00)

Medical Motion - Contentions - Plaintiff (\$0.00)

Motion - Administrative to Executive Secretary (\$0.00)

Motion - Emergency (\$0.00)

Motion - Evidentiary Hearing (\$0.00)

Pre-Trial Agreement (\$0.00)

Reply (\$0.00)

Response (\$0.00)

Statement of Compliance (\$0.00)

None of the Above

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EDFP: Medical Motions

NCIC Upload Forms and Documents

Release 2.3.3

User: rweasly

[Help](#)

* IC File Number

714190

DUMMY FILE TEST FOLDER V. ACME
FENCE COMPANY

*Select a Document Type:

[Document Help](#)

Employee / Representative

Medical Motions / Responses

Medical Motion - Contentions - Plair

Browse...

Sample PDF File 1.pdf

☒ This document has attachments

*Select Attachments:

Select an Attachment

Browse...

No file selected.

Select an Attachment

Browse...

No file selected.

Select an Attachment

Browse...

No file selected.

Select an Attachment

Browse...

No file selected.

Select an Attachment

Browse...

No file selected.

[Upload](#)[Exit EDFP](#)

red asterisk (*) indicates required field.

EDFP: Medical Motions

NCIC Upload Forms and Documents

Release 2.3.3

User:rwesly

[Help](#)

* IC File Number

714190

DUMMY FILE TEST FOLDER V. ACME
FENCE COMPANY

*Select a Document Type:

[Document Help](#)

Employee / Representative

Medical Motions / Responses

Medical Motion - Contentions - Plair

Browse...

Sample PDF File 1.pdf

☒ This document has attachments

*Select Attachments:

Select an Attachment

Browse...

No file selected.

Select an Attachment

Browse...

No file selected.

Cover Letter

Browse...

No file selected.

Medical Motion - Proposed Q&A

Browse...

No file selected.

Select an Attachment

Browse...

No file selected.

Select an Attachment

Browse...

No file selected.

[Upload](#)[Exit EDFP](#)

red asterisk (*) indicates required field.

EDFP: Medical Motions

NCIC Upload Forms and Documents

Release 2.3.3

User:rwesly

[Help](#)

* IC File Number

714190

DUMMY FILE TEST FOLDER V. ACME
FENCE COMPANY

*Select a Document Type:

[Document Help](#)

Employee / Representative

Medical Motions / Responses

Medical Motion - Contentions - Plair

Browse...

Sample PDF File 1.pdf

☒ This document has attachments

*Select Attachments:

Select an Attachment

Browse...

No file selected.

Select an Attachment

Browse...

No file selected.

Cover Letter

Browse...

No file selected.

Medical Motion - Proposed O&A

Select an Attachment

Browse...

No file selected.

Select an Attachment

Browse...

No file selected.

[Upload](#)[Exit EDFP](#)

red asterisk (*) indicates required field.

EDFP: Medical Motions

Future Changes to EDFP

- ▶ New Case Management System
- ▶ Online Forms
 - ▶ Will allow injured workers and their attorneys to file claims online without IC file numbers
- ▶ Allow parties to associate filed documents with multiple IC file numbers
- ▶ Self Service: Allow parties to view files online, manage profiles online

EDFP Tips

- Name the documents you're uploading by case name or IC file number so you don't misfile!
- NEVER submit a document under another name: An 18 submitted as an 18M will be rejected. If you don't know how to file something, call the Clerk's Office.
- Cover letters!
- Mac Users: Firefox is the only browser that will allow you to submit all document types.
- Carriers: If sending a file to a rehab professional or an attorney, please provide the IC file number.
- NCID management: NCIDs used for EDPF are BUSINESS NCIDs. If you change jobs but still file with the Commission, you will have to get a NEW NCID.
- Correspondence: There is NO document type for correspondence in EDPF. You may still send emails to the Commission, just make sure they aren't motions disguised as emails. (See Rule 609)
- File something ONCE. Don't file via EDPF, send an email, and send via U.S. Mail.
- The best way to check on the status of an EDPF filing is to call or email—don't upload the document again via EDPF.
- Check your email for document receipts. They don't always arrive immediately.

Contact the Clerk's Office

- ▶ Emily Baucom 919-807-2583
- ▶ Emily.Baucom@ic.nc.gov
- ▶ dockets@ic.nc.gov
- ▶ 919-807-2504
- ▶ ncicupdates-subscribe@lists.ncmail.net



Update From the Claims Administration Section

Objectives

- ▶ Provide an update on the Claims Administration Section
- ▶ Discuss common issues with forms filed with the Claims Section

CLAIMS ADMINISTRATION SECTION

Mission Statement

The Claims Administration Section seeks to provide reliable, accurate, and efficient claims service to employees, employers, insurance companies, third party administrators, and the citizens of North Carolina.

Claims Administration Section Summary FY 2017–18

▶ Claims Opened via Form 18 Filing:	8,562
▶ Claims Opened via Form 19 Filing:	54,837
▶ Total Claims Opened:	63,399
▶ Forms 60, 61, 63 Filed:	50,261
▶ Form Agreements (Form 26A) Received:	6,430
▶ Form Agreements (Form 26A) Approved:	5,845

Forms Compliance Summary FY 2017–18

N.C. Gen. Stat. § 97-18(j)

▶ Total of Form 18's Processed:	17,519
▶ Total Number of Compliant Forms:	13,511
▶ Forms 60, 61 or 63 Processed Before Form 18 Filed:	4,444
▶ Forms 60, 61 or 63 Filed within 30 days of Form 18:	9,067
▶ Total Number of Claims not in Compliance:	4,008
▶ Forms 60, 61 or 63 Filed between 31 and 60 days of Form 18:	1,161
▶ Forms 60, 61 or 63 Filed between 61 and 90 days of Form 18:	392
▶ Forms 60, 61 or 63 Filed 91 or more days after Form 18:	508
▶ Form 18 with no Forms 60, 61 or 63 Processed by end of FY 17-18:	1,947
▶ This number includes 723 Form 18s that were filed less than 30 days before the End of FY 17-18	

Filing Forms Claims Administration

- ▶ Effective February 1, 2017, all Forms and Motions filed with Claims Administration, MUST be filed via the Commission's Electronic Document Filing Portal ("EDFP"), pursuant to Rule 04 NCAC 10A.0108, except for the following:

DOCUMENT	QUALIFYING CONDITIONS	HOW TO FILE
Form 18	No IC file number has been assigned	Electronically to forms@ic.nc.gov ; by mail, facsimile, or hand delivery
Form 18B	Always exempt from EDPF filing requirements	Electronically to forms@ic.nc.gov ; by mail, facsimile, or hand delivery
Form 19	Always should be filed via EDI, except in claims involving non-insured employers or in claims for lung	Electronically via EDI, unless one of the exceptions apply, than electronically via forms@ic.nc.gov , by mail, facsimile, or hand delivery
Form 51	Always exempt from EDPF filing requirements	Electronically to forms@ic.nc.gov

Common issues

Form 19 – First Report of Injury

North Carolina Industrial Commission

EMPLOYER'S REPORT OF EMPLOYEE'S INJURY OR OCCUPATIONAL DISEASE TO THE INDUSTRIAL COMMISSION

To the Employer:
A copy of this Form 19 accompanied by a blank Form 18 must be given to the employee. It does not satisfy the employee's obligation to file a claim. The filing of this report is required by law. This form MUST be transmitted to the Industrial Commission through your Insurance Carrier.

To the Employee:
This Form 19 is not your claim for workers' compensation benefits. To make a claim, you must complete and sign the enclosed Form 18 and mail it to Claims Administration, N.C. Industrial Commission, 4335 Mail Service Center, Raleigh, NC 27699-4335 within two years of the date of your injury or last payment of medical compensation. For occupational diseases, the claim must be filed within two years of the date of disability or the date your doctor told you that you have a work-related disease, whichever is later.

The use of this form is required under the provisions of the Workers' Compensation Act

IC File # _____
*Emp. Code # _____
*Carrier Code # _____
Employer FEIN _____
Carrier File # _____
*Required Information.

The IC File # is the unique identifier for this injury. It will be provided by return letter and is to be referenced in all future correspondence.

Employee's Name _____ Telephone Number _____
Address _____ City _____ State _____ Zip _____
City _____ State _____ Zip _____ Insurance Carrier _____ Policy Number _____
Home Telephone _____ Work Telephone _____ Carrier's Address _____ City _____ State _____ Zip _____
Social Security Number _____ Sex ☐ M ☐ F Date of Birth _____ Carrier's Telephone Number _____ Fax Number _____

Employer

1. Give nature of employer's business _____
2. Location of plant where injury occurred _____
County _____ Department _____ State if employer's premises _____
3. Date of injury / / 4. Day of week _____ Hour of day : ☐ A.M. ☐ P.M.
5. Was employee paid for entire day _____ 6. Date disability began / / ☐ A.M. ☐ P.M.
7. Date you or the supervisor first knew of injury / / 8. Name of supervisor _____

Time And Place

9. Occupation when injured _____
10. (a) Time employed by you _____ (b) Wages per hour \$ _____
11. (a) No. hours worked per day _____ (b) Wages per day \$ _____ (c) No. of days worked per week _____
(d) Avg. weekly wages w/ overtime \$ _____ (e) If board, lodging, fuel or other advantages were furnished in addition to wages, estimated value per day, week or month. \$ _____ per _____

Person Injured

12. Describe fully how injury occurred and what employee was doing when injured: _____
(Statement made without prejudice and without vouching for correctness of information)
13. List all injuries and specify body part involved (e.g. right hand or left hand): _____
14. Date & hour returned to work / / at : M. 15. If so, at what wages \$ _____ per _____
16. At what occupation _____ 17. Employee's salary continued in full? _____
18. Was employee treated by a physician _____

Cause And Nature Of Injury

Fatal Cases

19. Has injured employee died _____ 20. If so, give date of death (Submit Form 29) / /
Employer name _____ Date Completed / /
Signed by _____ Official Title _____

OSHA 301 Information:

Case Number from Log: _____	Date Hired: / /	Time Employee began work on date of incident: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	If off-site medical treatment provided, answer entire next line.
Name of facility: _____	Address: Street/City/Zip/Telephone _____	ER visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overnight stay? <input type="checkbox"/> Yes <input type="checkbox"/> No

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

FORM 19
8/6/08
PAGE 1 OF 2

FOR IC USE ONLY
RESEARCHER: _____
CC: _____
DATA ENTRY: _____

FORM 19

SELF-INSURED EMPLOYER OR CARRIER MAIL TO:
NCIC - CLAIMS ADMINISTRATION
4335 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-4335
MAIN TELEPHONE: (919) 807-2500
HELPLINE: (800) 688-8349
WEBSITE: HTTP://WWW.COMP.STATE.NC.US/

When to File

- A Form 19 should be filed with the Commission when an injured employee has missed more than one day or has more than \$2,000 in medical expense

Common Problems

- Incorrect Employer Name, Address, and Phone Number
- Expired Policies or Incorrect Policy Number
 - Updated policy information should be sent to the NC Rate Bureau
- Incorrect Carrier Address
- Incorrect Employer FEIN
- No Contact Information for the Adjuster
- Incorrect Social Security Number
 - No Social Security number? Use the date of injury
 - Example – Date of Injury – July 27, 2017 - 999 – 07 – 2717

Common issues

Form 18 – Notice of Accident to Employer & Claim of Employee, Representative, or Dependent

North Carolina Industrial Commission

NOTICE OF ACCIDENT TO EMPLOYER AND CLAIM OF EMPLOYEE, REPRESENTATIVE, OR DEPENDENT
(G.S. §§97-22 THROUGH 24)

The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act

IC File # _____
Emp. Code # _____
Carrier Code # _____
Employer FEIN _____

The IC File # is the unique identifier for this injury. It will be provided by return letter and is to be referenced in all future correspondence.

Employee's Name _____ Employer's Name _____ Telephone Number _____
Address _____ Employer's Address _____ City _____ State _____ Zip _____
City _____ State _____ Zip _____ Insurance Carrier _____ Policy Number _____
Home Telephone _____ Work Telephone _____ Carrier's Address _____ City _____ State _____ Zip _____
Social Security Number _____ Sex ☐ M ☐ F Date of Birth _____ Carrier's Telephone Number _____ Carrier's Fax Number _____

EMPLOYEE – This form must be filed with the Industrial Commission within two years of the date of injury or occupational disease or your claim may be barred. Notice shall be given to the employer immediately after the accident or as soon as practicable and within 30 days. (This form should also be used for occupational disease claims; however, for asbestosis, silicosis and byssinosis, Form 18B is to be used.)

Notice is hereby given, as required by law, that the above-named employee sustained an injury or contracted an occupational disease, described as follows: _____ on ____/____/____ at ____ Describe the injury or occupational disease, _____
Time of Injury _____ Date (required) _____ City and County _____
including the specific body part involved (e.g., right hand, left hand) _____
Describe how the injury or occupational disease occurred: _____

Occupation when injured: _____ Nature of employer's business: _____
Number of days out of work due to injury: _____
Medical treatment received? ☐ Yes ☐ No
Weekly wage: \$ _____ Number of hours worked per day: _____ Days worked per week: _____

NOTE: If employee is unable to sign this form, another may sign for him. This form should be typed or printed by hand in black ink, if possible. Employee should retain one signed copy of this notice, mail one signed copy to the Industrial Commission at the address below, and provide one signed copy to employer.

Signature of (Check One) ☐ Employee, ☐ Attorney, _____ Telephone Number _____
☐ Representative, or ☐ Dependent
Address _____ City _____ State _____ Zip _____ Date Completed _____

EMPLOYER: This notice is being sent to you in compliance with requirements of the North Carolina Workers' Compensation Act, in order that the medical services prescribed by the Act may be obtained; and, if disability extends beyond 7 days duration, or if death ensues, compensation may be paid according to law.

FORM 18
8/6/08
PAGE 1 OF 1

FOR IC USE ONLY
RESEARCHER: _____
CC: _____
EC: _____
DATA ENTRY: _____

MAIL TO:
NCIC - CLAIMS ADMINISTRATION
4335 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-4335
MAIN TELEPHONE: (919) 807-2500
HELPLINE: (800) 688-8349
WEBSITE: HTTP://WWW.COMP.STATE.NC.US/

FORM 18

Form 18 Acknowledgment Letter

- After a Form 18 is filed and processed to the Commission, A Form 18 Acknowledgment letter is sent to the employee or plaintiff's attorney, and the Carrier. The purpose of the letter is to:
 - Confirms receipt of the Form 18
 - Informs of the IC file number
 - Notifies plaintiff that a copy of Form 18 is being sent to employer/carrier
 - Contains sanctions notice

Common Problems

- Form 18 Not Signed
- No Social Security Number
- No Date of Injury
- No Description of the Injury
- Handwriting is unclear
- No Cover Letter with Amended Form 18

Failing to Respond to Form 18

- ▶ Carriers, employers and/or Administrators must file a Form 60, 61, or 63 within 30 days of the Form 18 Acknowledgement letter date.
 - ▶ Failure to do so = \$400 sanction
- ▶ To appeal sanctions, email sanctions@ic.nc.gov
 - ▶ Sanction will be lifted:
 - ▶ Form 60, 61, or 63 was timely filed
 - ▶ Duplicate claim & Form 60, 61, or 63 filed in duplicate file
 - ▶ Wrong carrier identified
 - ▶ Plaintiff files for voluntary dismissal without prejudice

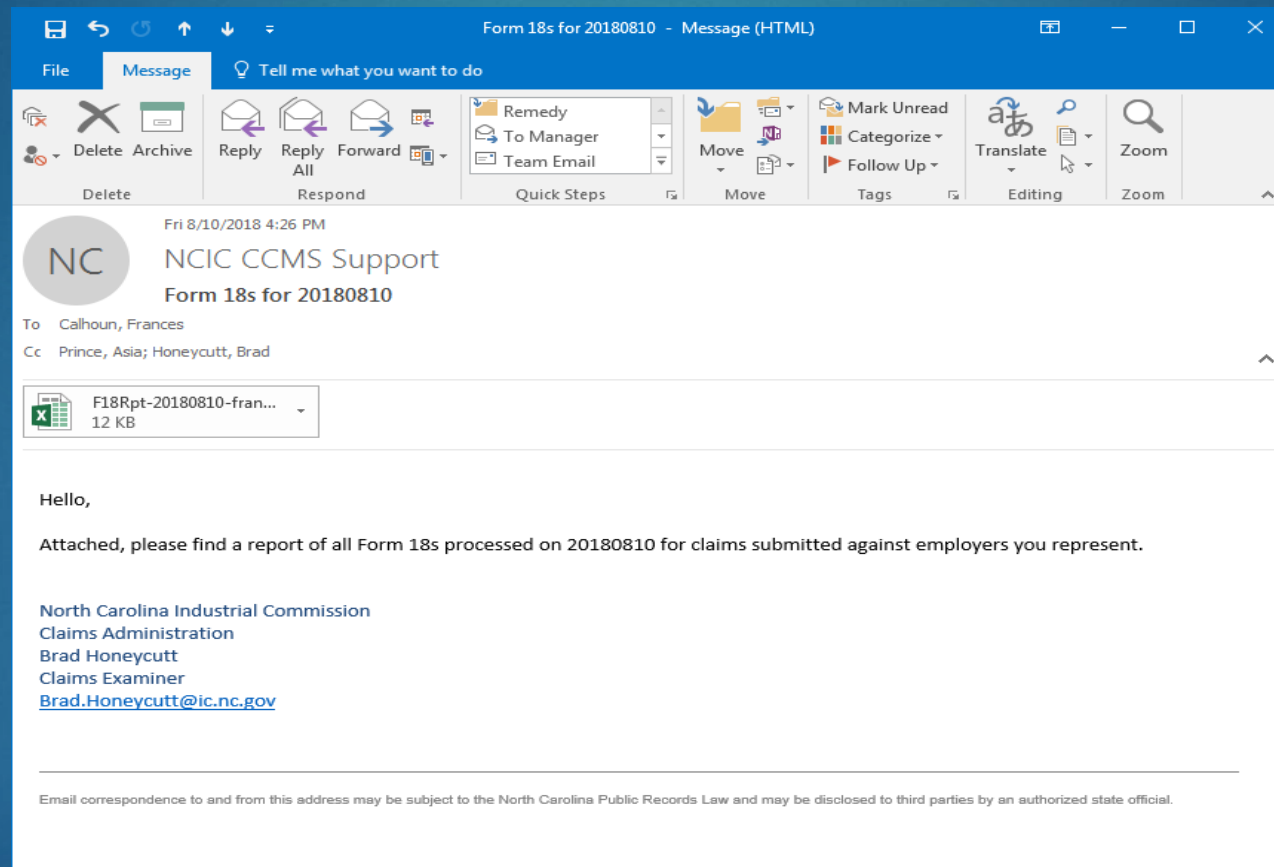


Form 18 Reporting Email

To facilitate timely notification to the applicable carriers/TPAs of Form 18s processed by Claims, an application has been proposed to send an email nightly to carriers/TPAs with a report of the Form 18s processed that day.

Form 18 Reporting Email Cont.

Email Mockup



Form 18 Reporting Email Cont. report Mockup

F18Rpt-08162018-ccontact1.xlsx - Excel

Calhoun, Frances

File Home Insert Page Layout Formulas Data Review View Tell me what you want to do

Clipboard Font Alignment Number Styles Cells Editing

E9

	A	B	C	D	E	F	G	H	I	J	K	L
	IC Number	Claimant Name	Injury Date	Employer Code	Employer Name	Employer Address	Carrier/TPA Code	Carrier Name	TPA Name	Date Form 18 Entered	Response Due	Reported Forms
2	18772135	SMITH YORAM	7/11/2018	0813544	BUTTERCUP BAKERY	POB 3547, BOONE, NC 28607	999153	CORPORATE SELF INSURED	CORVEL	8/16/2018	9/15/2018	18
3	18772134	WILDE WESTON	7/10/2018	2583957	WISECUP DISTRIBUTING LLC	333 W MAIN ST, HAVELOCK, NC 28532	026028	HARTFORD ACC & IND CO	CORVEL	8/16/2018	9/15/2018	18
4	18772137	SMITH HARRISBURG	7/14/2018	6690434	HCR MANORCARE INC	333 N SUMMIT ST, TOLEDO, OH 43604-2617	826002	XL INSURANCE AMERICA INC	CORVEL	8/16/2018	9/15/2018	18
5	18772136	ROSSI SALVATORE	7/12/2018	2457457	VAMPIRE MONEY TOURING INC	16 WEST 22ND ST 2ND FL C O FLO, NEW YORK, NY 10010	488021	XL SPECIALTY INS CO	CORVEL	8/16/2018	9/15/2018	18

Sheet1

Ready

100%

Changes to Sanction Process

- ▶ **Effective December 1, 2017**, the following changes went into effect for sanctions issued pursuant to N.C. Gen. Stat. §97-18(j):
 - ▶ The amount sanctioned upon Carriers/Employers for failing to file a Form 60, 61, or 63 within thirty (30) days following notice from the Commission of the filing of a claim, pursuant to N.C. Gen. Stat. §97-18(j), shall increase from **\$200.00 to \$400.00**.
 - ▶ After the initial sanction of \$400.00 for failure to timely file a Form 60, 61, or 63, Carriers/Employers shall have thirty (30) days anew in which to remit **payment-in-full for the sanction AND to file a Form 60, 61, or 63**. Failure to do **either** will result in an **additional \$200.00** sanction and being referred to an Enforcement Docket before the Commission for additional sanctions potentially including, but not limited to, Contempt for failure to remit payment in full and/or failure to file a Form 60, 61, or 63.

Common issues

Form 26A –Employer's Admission of Employee's Right to Permanent Partial Disability

- ▶ Common Problems
 - ▶ Cover letter with no contact information
 - ▶ No medical records
 - ▶ No job description
 - ▶ Missing signatures
 - ▶ No amputation chart
 - ▶ Line 4 "7 Day waiting period"
 - ▶ Line 8 "Date of First Payment" – Should be latter of MMI or return to work date
 - ▶ Overpayments – Form 28B required

Rejected Filings



Attached please find documents recently submitted by you through EDFP as well as the corresponding document receipt. The document(s) actually submitted are not consistent with the document(s) noted on the document receipt and thus the document(s) are being rejected and will be deleted from our system.

Please check the document(s) you are attempting to file for the correct IC file number, claimant name, and/or the correct document type before resubmitting them. If you need filing assistance, please don't hesitate to call.

Claims Administration Staff

- ▶ **Asia Prince**, Director
- ▶ **Gayla Parks**, Administrative Assistant & Coverage Research
- ▶ **Greta Johnson**, Processing Assistant, Form 18s & Forms Email
- ▶ **Susan DeAllaume**, Processing Assistant, Form 18s
- ▶ **Thao Treslar**, Processing Assistant, Form 18s
- ▶ **Marcia Young**, Processing Assistant, Form 18s
- ▶ **Givanni Holmes**, Processing Assistant, Form 18s
- ▶ **Corina McLaughlin**, Processing Assistant, Form 18s
- ▶ **Stefani Bennett**, Processing Assistant, Form 19s
- ▶ **Jennifer Smith**, Processing Assistant, Form 19s
- ▶ **Gwendolyn Herndon**, Processing Assistant, Form 18Bs & Coverage Research
- ▶ **Nathan Brannon**, Processing Assistant, Form 6Xs
- ▶ **Brad Honeycutt**, Processing Assistant, Sanctions
- ▶ **Chantile Stevens**, Lead Claims Examiner
- ▶ **Shirley Bullock**, Claims Examiner
- ▶ **Sally Murrell**, Claims Examiner
- ▶ **Christina McDowell**, Claims Examiner