

BILL RITTER, JR.
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DEPARTMENT OF LABOR AND EMPLOYMENT

DIVISION OF WORKERS' COMPENSATION
Compensation Services

633 17th Street, Suite 400
Denver, Colorado 80202-3660
(303) 318-8600
1-888-390-7936
(303) 318-8619 (FAX)

PRESENTING PRACTICAL TIPS TO SAVE TIME AND AVOID LETTERS

Frequently Asked Questions & Answers

ELECTRONIC FILING:

What if we can't submit a First Report of Injury (FROI) or Notice of Contest (NOC) via EDI?

The Division has provided a method to enter First Reports of Injury, Notices of Contest, and Final Payment Notices through a secure website. To sign up and obtain a user id and password view our website at: [Colorado Workforce EDI Home Page](#).

Can I still submit a FROI or NOC via hard copy?

Do not submit a hard copy FROI or NOC to the Division. When you submit a Notice of Contest electronically, a hard copy of the Notice of Contest must be sent to the claimant and other parties.

How will an adjuster know that a Division of Workers' Compensation claim number has been assigned? Where can I find it?

In addition to the electronic acknowledgement received by the carrier, the Division also emails EDI reports to the business contact on the Trading Partner Agreement. We can add designated members of your staff to receive the EDI reports. **Please advise the Division if you would like to receive our EDI reports.**

Why is it a good idea to get feedback from the Division on your EDI transactions?

The EDI report includes all major errors, along with suggestions for correction. The report also lists all claims that have been issued a Colorado Workers' Compensation claim number, including medical only claims, so that you can submit position statements within the required 20 day period.

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How do we make sure that the right office receives correspondence from the Division?

The Division will send correspondence to the insurer if there is no third party administrator (TPA). If there is a TPA, the Division will send the correspondence to the address as indicated by the TPA's FEIN and 9 digit zip code. Our system will identify the assigned block number and TPA code based on the insurer's FEIN for the insurer and/or the TPA's 9 digit zip code.

What happens if we use the EDI processing office codes instead of the adjusting office TPA codes?

The Division will send correspondence to the EDI processing office. To change that and ensure that correspondence is sent to the office that is adjusting the claim, the Division requires that you submit a change record transmission (MTC02) to correct the Insurer FEIN or TPA FEIN and 9 digit zip code of the office that handles each claim. The information should match the adjusting office that needs to receive the correspondence.

What if a position statement is submitted before a FROI is submitted and a Colorado Workers' Compensation number has not been assigned?

The Division will send a letter requesting a FROI be submitted. We cannot enter any position statements until a WC number has been assigned by the electronic submission of the FROI.

What are the matching criteria on a FROI that the Division checks to determine if a claim has already been filed by either a workers' claim form or a previously filed FROI?

The Division matches the social security number and the date of injury. For the Social Security number it must be an exact match. For the date of injury, it must match to within plus or minus 5 days. If a WC # has already been assigned with alleged incorrect social security information or an incorrect date of injury, the FROI should be filed electronically with the social security information and the date of injury using the alleged incorrect information or already assigned information. Otherwise, the Division may assign WC # in response to your filing. After the FROI record is accepted by the Division, an electronic change record can be sent correcting the information. To reduce the number of edits on a FROI filing, do not fill in the WC #; it is easier to allow the computer system to match the criteria.

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What are the matching criteria that the Division requires to accept an electronic filing in a SROI filing?

The Division compares the social security number and the date of injury to within +/- 5 days.

SOCIAL SECURITY NUMBERS:

What happens if there are Social Security Number (SSN) issues?

Efforts must be made by the insurer and the employer to find the correct SSN. We may require documentation. If you have a problem with a SSN, please call the Document Entry Unit at 303-318-8700 to discuss options to resolve the issue.

If the Division's data base shows a Social Security Number in use by a different person, how is this corrected?

If the SSN already belongs to someone else in our system, you will need to verify it with the employer and provide documentation. You must call the Document Entry Unit at 303-318-8700, for correction before resubmitting the record.

DATE OF BIRTH:

How is a discrepancy between the carrier's date of birth (DOB) and the Division's information corrected?

A discrepancy occurs if the claimant has a prior Workers' Compensation claim and the DOB on the new claim does not match the DOB already on file with the Division.

If there is a discrepancy between the claimant DOB in the Division's records and your electronically submitted DOB, we may change our system after you have performed due diligence and established the correct date.

If you need additional information, call the Document Entry Unit at 303-318-8700.

MEDICAL ONLY CLAIMS:

Should I submit a FROI for a Medical Only claim?

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No, there is no requirement to submit aFROI on a Medical Only claim. Normally, a FROI on a Medical Only claim should only be submitted to the Division if impairment or loss of time is anticipated. Please refer to Rule 5-2 for a list of required submissions.

If a Medical Only claim is submitted inadvertently, how should we proceed?

It must be either denied or admitted as if it were a lost time claim. If it is admitted, a Final Payment Notice needs to be submitted after the period of objection to the Final Admission has passed. The earliest filing date is 31 days past the mailing date of the Final Admission.

How do I know that I have a Medical Only claim to adjust if our First Report of Injury is submitted from a different office?

The Division suggests coordinating a feedback system with your data entry team, or to have a key member of your office's staff added to our email list for receipt of the EDI reports.

ADMISSIONS:

Why do I get a letter about the block number and/or TPA codes used when I submit my admissions?

The block number on admissions of liability must match the original filing, or any subsequent change record transmission, that was submitted electronically. The TPA code **should** match the office that is handling the claim.

What happens if I accidentally use the wrong block number on an admission?

When the block number or TPA code does not match the original filing, you will receive a letter from us requesting that you send an electronic change record transmission (MTCO2), via EDI.

What other items should be included on the admission?

Include these items on the admissions:

- the name of the adjuster, either typed or legibly written
- the address of the office that is handling the claim
- the mailing date in the certificate of mailing field
- your TOLL FREE phone number and extension

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- the form must be completed in its entirety

FINAL PAYMENT NOTICES:

I've already filed a Final Payment Notice (FPN), why am I getting a request to submit it again?

The FPN cannot be filed prior to the claim closing. If the Final Payment Notice was submitted prior to the Final Admission, or sent within the time allowed for the claimant to object, you will be required to resubmit the Final Payment Notice.

If I get a letter requesting a new Final Payment Notice, why shouldn't I just copy the old notice and send it again?

A new mailing date that is statutorily compliant is required for an FPN to establish that it was submitted after the claim is closed. Also, you should make sure the FPN contains accurate information.

If the claim is denied, should I submit a Final Payment Notice?

A Final Payment Notice is not required on a denied claim. However, if you first deny a claim and later submit an admission on which benefits have been paid, or settle the claim, a Final Payment Notice will need to be submitted at the appropriate time.

What triggers a letter when a Final Payment Notice is submitted? Can you provide any examples?

When a Final Payment Notice is filed, our system compares the TTD & TPD fields with the same fields in the benefit history of the last Final Admission. If there is a difference in the amount between the amount on the FPN and the Final Admission amount, you will receive a letter to correct the discrepancy.

EXAMPLE: the Final Admission admits TTD of \$1500. The Final Payment Notice only reflects payment of \$1000. The discrepancy will trigger an error letter.

What should I do if I feel the letter is incorrect?

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Carefully read the error letter and respond to the contact phone number on the letter. Do not re-file the same Final Payment Notice without some explanation of why you feel our letter was incorrect.

If a claim is settled, why should I wait to submit the Final Payment Notice?

In the case of a settlement, you can send the Final Payment Notice as soon as you receive the signed Settlement Order, because the claim is closed.

TIMELY REMINDERS:

What is a good way to make sure I am in compliance with Division guidelines?

Set up a calendar for all actions required by rules. If your system has the capacity for these “tickles”, use them so that no deadlines are missed. You can find the time limits for each process at the Division website here: [Important Time Limits](#).

How soon do I have to submit a position statement?

A position statement is required within 20 days after a FROI is filed or within 20 days after a FROI should have been filed if the FROI was not timely filed.

MORE HELPFUL INFORMATION:

Please visit our website: <http://www.coworkforce.com/dwc/> for additional information and assistance.

We are also available to answer your questions at 303-318-8600 with claims questions, and 303-318-8700 with general questions. Please feel free to ask.