

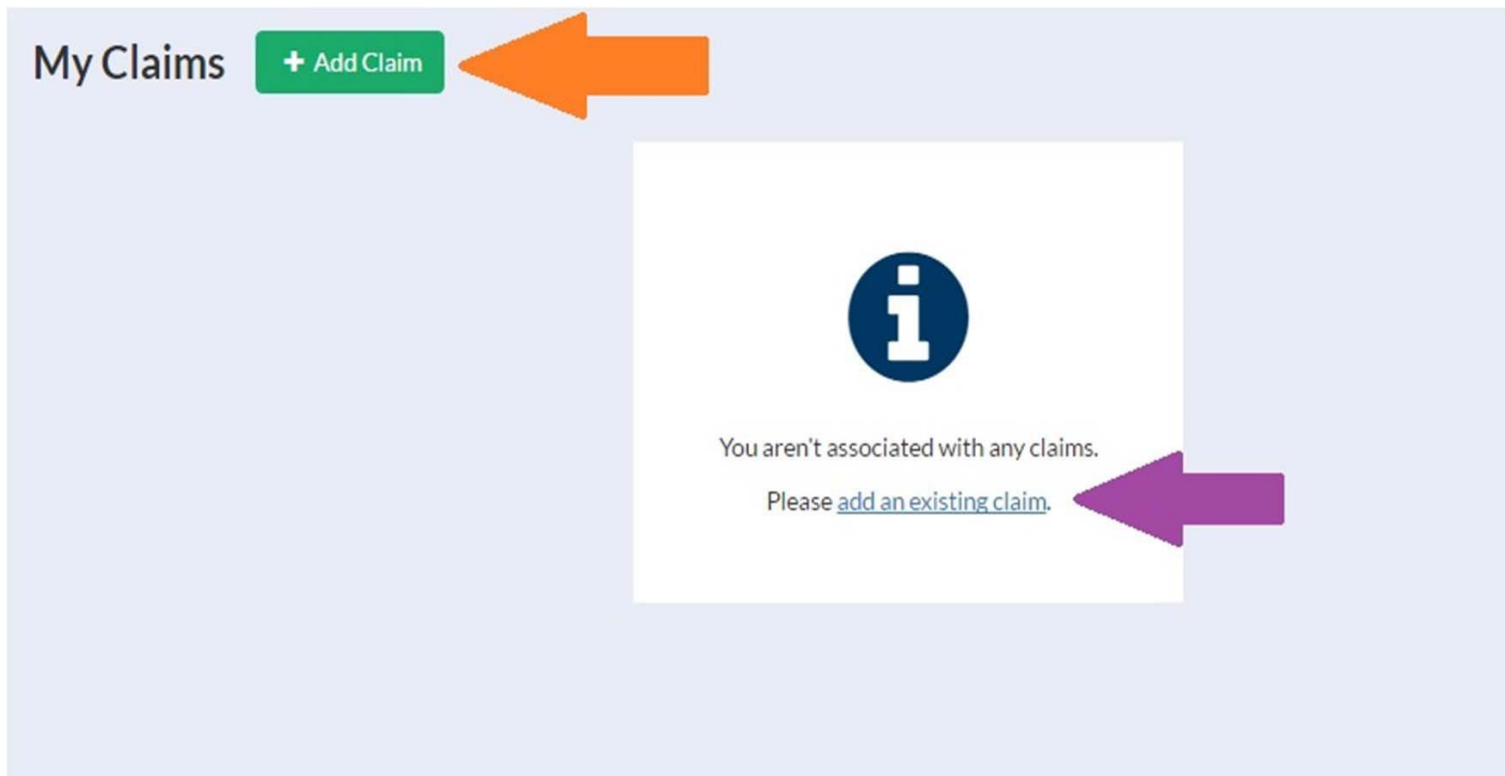


Claims Association



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](#)



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



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, showing only a downward-pointing arrow icon. 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: a white button labeled "Back" and a green button labeled "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="checkbox"/>	VALCANO PROTECTION LLC
<input type="checkbox"/>	KALAMAZOO TIGER HOUSING
<input type="checkbox"/>	FUNKMASTER FLEX
<input type="checkbox"/>	WINSTON CHURCHILL
<input type="checkbox"/>	BOB THE BUILDER
<input type="checkbox"/>	HANDY MANNY
<input type="checkbox"/>	HANDY MANNY
<input type="checkbox"/>	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 DWIC.

Form NOR

Step 3 of 3

Confirm Service

Served via LMS	<input type="checkbox"/>	VALCANO PROTECTION LLC(Carrier)
Served by mail	<input type="checkbox"/>	KALAMAZOO TIGER HOUSING(Defendant)
Served by email	<input type="checkbox"/>	FUNKMASTER FLEX(Plaintiff)
Served by mail	<input type="checkbox"/>	WINSTON CHURCHILL(Defendant Attorney)
Served by mail	<input type="checkbox"/>	BOB THE BUILDER(Plaintiff Attorney)
Served	<input type="checkbox"/>	HANDY MANNY(Medical Provider)
Served	<input type="checkbox"/>	HANDY MANNY(Petitioner)
Served	<input type="checkbox"/>	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

X

Party Name _____

Address line 1 _____

Postal Code* _____ City/Town _____ State _____

EI

Role in claim

_____ **B**


Reason for joinder _____




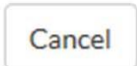



Added parties will appear on the screen. Once this step is complete, you can preview the motion and click finish to submit the document to DWC.

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.

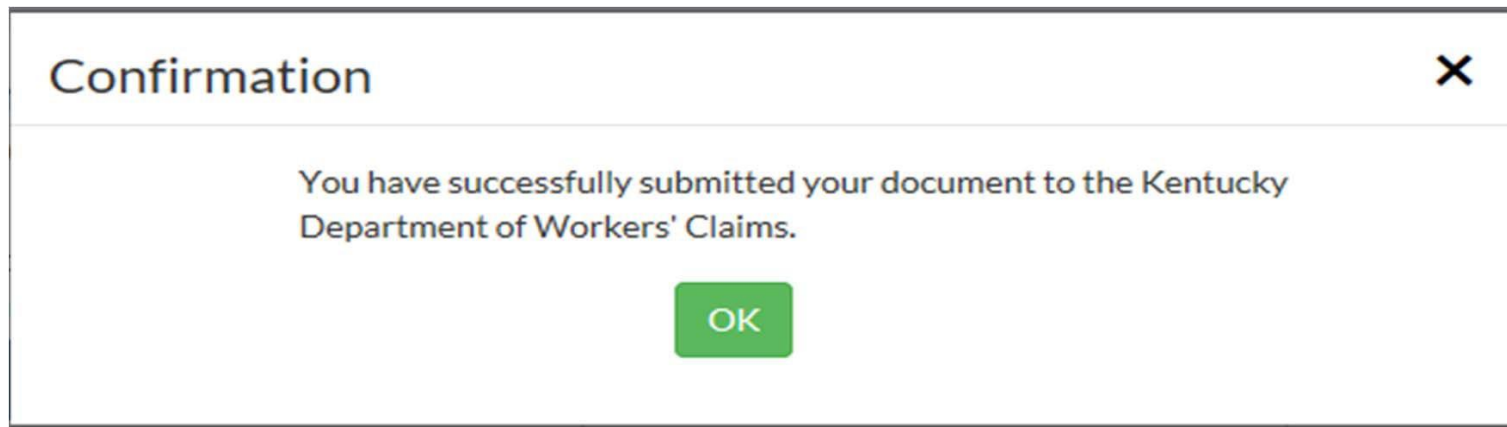
Name	Type	Remove
Someone New	Medical Provider	





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.

Documents	Participants	Participants (cont'd)	Accident	Insurance
▼ Claim				
▼ Appeal				
▼ Medical Dispute				



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

Documents	Participants	Participants (cont'd)	Accident	Insurance
<p>Claimant: Mrs INJURED SALLY</p>				
<p>Injured Worker</p> <p>Accident/Injury Description Narrative</p> <p>Nature</p> <p>Cause of Injury Description</p> <p>County</p> <p>Accident Site Postal Code</p> <p>Injury Address</p> <p>Date Reported to DWC</p> <p>Date Disability Began</p> <p>Date Employer Had Knowledge</p> <p>Date Claim Admin Had Knowledge</p> <p>Date of Death</p>		<p>Injured Worker</p> <p>SSN</p> <p>Date of Birth</p> <p>Date of Death</p> <p>Gender</p> <p>Marital Status</p> <p>Occupation</p>		
<p>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.</p> <p>LACERATION</p> <p>CUT, PUNCTURE, SCRAPE INJURED BY HAND TOOL, UTENSIL; NOT POWERED</p> <p>40342</p> <p>LAWRENCEBURG , KY</p> <p>Jul-10-2015</p> <p>Jul-04-2015</p>		<p>filler data</p> <p>2/23/1968</p> <p>Living</p> <p>Female</p> <p>Married</p> <p>FARMWORKERS</p>		



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.



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.

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

Show entries

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

Showing 1 to 1 of 1 entries

Previous **1** Next



File a New Claim

Start filing all the information about your injury or illness. You will be asked to provide details about your injury or illness.

Nature of Injury •

EI

[Continue to Form](#)

File an Agreement

Use this form if you are an employee or a contractor and you have an agreement with your employer or contractor regarding your injury or illness.

Employee/plaintiff is deceased

Nature of Injury •

EI

[Continue to Form](#)

File a Medical Dispute

[Continue to Form](#)

File a Motion

Select a motion to file here. You will be asked to provide details about your motion.

[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	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		



Thank you for joining us for this presentation.

Questions?

Contact Us: LaborKYWCLMS.TechnicalSupport@ky.gov

