

Worker's Compensation  
P.O. Box 7901  
Madison, WI 53707-7901  
Telephone: (608) 266-1340  
Fax: (608) 267-0394  
e-mail: [dwdwc@dwd.wisconsin.gov](mailto:dwdwc@dwd.wisconsin.gov)  
website: <http://dwd.wisconsin.gov/wc>



## Worker's Compensation Insurance Letter

INS #	500
Date	May 15, 2014
Program	Claims Management
Type	Informational
Replaces	None

**To:** Claims Handling Offices for Insurance Carriers and Self Insured Employers  
**From:** John Metcalf, Division Administrator  
**Subject:** Submission of claims related information to the Worker's Compensation Division

**Purpose:** To provide instruction on the proper submission of claims related information to the WC Division (WCD).

**Background:** The WCD has well defined workflows with which to process incoming information. Workflows and their specific IT applications are fine tuned to the specific type of information to be processed as well as the method through which the information is submitted. It negatively impacts the ability of WCD staff to best serve our customers and to process information in a timely manner when;

- (a) Information is not submitted through its specified submission method
- (b) Duplicate copies of previously submitted information are resubmitted, and
- (c) Information pertaining to multiple claims is included in the same imaging fax server transmission

**Action Requested:** (1) Pursuant to Wisconsin Administrative Code, DWD 80.02(3m) (b) 1 and 80.07, we request that you submit information to the WCD through the following specified methods:

- For all applications for hearing, litigated mail, Perm Total Disability updates, Fatal updates and Supplemental Benefit reimbursement requests use standard United States Postal Service mail. Address mailings to the Wisconsin Worker's Compensation Division, PO Box 7901, Madison, WI 53707-7901. **Do not send mailings to the WCD street address.**
- For Health Cost Dispute applications use standard United States Postal Service mail. Address mailings to the Wisconsin Worker's Compensation Division, PO Box 7901, Madison, WI 53707-7901. **Do not send mailings to the WCD street address.**
- For reports required under Wisconsin Administrative Code, DWD 80.02, except medical reports, use electronic reporting through either EDI or the Pending Reports Internet application.
- For medical reports and replies to requests for additional wage information use the WCD's Claims imaging fax server at 608-260-2503.
- For all other Health Cost Dispute documents use the WCD's Health Cost Dispute imaging fax server at 608-260-3143.

(2) Do not send duplicates of previously submitted information. **After logging into the Pending Reports Internet application you will see information indicating the submission date of incoming non-litigated claim information that is currently being processed. This date is your key to the WCD's timeline in processing claim information.**

Bear in mind that information may take time to process because it is complicated and requires a series of steps by multiple WCD staff. Fully processing some information may take two or three weeks from the date on which the WCD is working on it, and thus it may take the same amount of time before a final disposition is recorded to the claim.

(3) Information being sent through the Claims or Health Cost Dispute imaging fax servers must be limited to one claim per transmission; if you have information to fax to the WCD for two or more distinct claims you must fax each one separately. Although the WCD's Kofax Fax Importation application is an efficient tool, processing information for multiple claims in a single transmission through Kofax is both labor intensive and time consuming and results in processing delays.

**Inquiries:** If you have any questions, please contact us at (608) 266-1340. Thank you for your full cooperation in these matters.