

Updated: 9/1/2019

Target Audience: Attorneys

Description: These guidelines describe how to use the Interested Party Update Request form. This form should be used when there is a discrepancy between the interested parties listed in WCAIS and that which you have in your records. This form is not to be used for making updates to attorney profile information in WCAIS.

Steps:

1. *As soon as you discover a change must be made to the parties*, navigate to the claim in WCAIS, click on the "Dispute or Appeal Case Information" tab, click on the dispute number or appeal case number, and review the "Interested Parties" table in WCAIS. Determine if there are any discrepancies in the name, type, or correspondence address for any of the interested parties
 - a. If you do not identify any discrepancies, take no action
 - b. If you do identify a discrepancy, proceed to the next step
2. Download the Interested Party Update Request form ([LINK](#))
3. Open the file and type in the date, WCAIS Claim/DSP/A #, and all of the information in the attorney box - these are required fields
4. For each party where you have found a discrepancy, enter the **correct information exactly as it should appear for all fields for that party**
 - a. If the only discrepancy is with the name, do not enter just the name, enter all of the requested information in the box for that party
 - b. **A valid unique identifier (FEIN, SSN, PA Bar ID, or Professional License #) is required for an update.** If you do not have this information, request it from the interested party as it is critical to ensuring accurate updates in WCAIS
5. For a WCOA matter, upload the form as a Miscellaneous Request on the Requests tab of the Dispute Summary. For a WCAB matter, upload the form as Document Sub-Category "Appeal" or "Petition" as appropriate and then Document Type "Interested Party Update Request" on the Documents & Correspondence tab of the Appeal or Petition matter.
6. Once the Judge's Office approves the request on the Dispute, they will submit the request to be reviewed and processed by the Data Quality Section.

Example

Employer			
Name: <u>ACME Products, LLC</u>		Self-Insured <input type="checkbox"/>	
Address: <u>123 Main Street</u>	<u>Pittsburgh</u>	<u>PA</u>	<u>15222-1234</u>
Street Address	City	State	ZIP + 4
FEIN*: <u>123456789</u> (required for update)			