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	Approval	
	<u>Marisue E. Newman</u> (Name)	<u>Director</u> (Title)

1.0 Purpose

- A. This procedure describes the steps for reviewing and processing a Temporary Notice of Compensation Payable (TNCP).
- B. This procedure begins when the initial claim is received by appropriate SWIF personnel.
- C. This procedure ends when appropriate SWIF personnel prepares to process claim payment.

2.0 Revision History

Date	Revision No.	Change	Ref Section
10/11/07	1.0	New Procedure	Not Applicable

3.0 Persons Affected

- A. All personnel within the Claims Division.
- B. All Adjusters within the Field Operations Division.

4.0 Policy

- A. CLM-404 Claim Payment Policy

5.0 Definitions

- A. Temporary Notice of Compensation Payable (LIBC 501) – notification to the claimant of contingent approval of compensation. This notice precedes the permanent notice of compensation payable and is valid for a period of 90 days from the date of disability.
- B. Notice Stopping Temporary Compensation (LIBC 502) – a notice that ceases temporary compensation.

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6.0 Responsibilities

6.0.1 Claims Supervisor

After receiving the TNCP from the Adjuster:

- A. Review the TNCP.
- B. Forward the TNCP to a Claims Reviewer.
- C. As needed, handle escalated issues.

6.0.2 Adjuster

After receiving the initial claim from the BPEU:

- A. Review the claim.
- B. Request a wage and unemployment check.
- C. Determine if the SWIF Attorney should be contacted.
- D. Complete the TNCP form.
- E. Verify that the reserve amount is sufficient.
- F. Change the claim status.
- G. Process payment for authorization.
- H. Enter notes in PowerComp.
- I. Forward the TNCP to the Claims Supervisor.
- J. As needed, handle escalated issues.

6.0.3 Claims Reviewer

After receiving the TNCP from the Claims Supervisor:

- A. Review the TNCP.
- B. Perform an index on the claim(s), if not already requested.
- C. Request/perform a wage and unemployment check, if one has not already been requested.
- D. Determine if the SWIF Attorney should be contacted.
- E. Verify that the reserve amount is sufficient.
- F. Change the status from "Pending" to "TNCP".

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7.0 Procedures

<p>7.0.1 Claims Supervisor</p> <p>After receiving the TNCP from the Adjuster:</p> <ul style="list-style-type: none"> A. Review the TNCP for accuracy and completeness. B. Forward the TNCP to a Claims Reviewer (based on digits). C. As needed, handle escalated issues. 	<p><i>See Appendix A</i></p>
<p>7.0.2 Adjuster</p> <p>After receiving the initial claim from the BPEU:</p> <ul style="list-style-type: none"> A. Review the initial claim for completeness and accuracy by verifying all of the following and correcting (according to procedure) as necessary: <ul style="list-style-type: none"> 1. Ensure the accuracy and completeness of the names and addresses on the claim. B. Review the claim for any information that warrants investigation. <ul style="list-style-type: none"> 1. Request a wage and unemployment check from appropriately authorized Claims personnel, if one has not already been requested. 2. Review the wage, rate, and date information, along with any other related information for accuracy and completeness. <p><i>Note:</i> When the Statement of Wages is not available, call the SWIF attorney and the appropriate SWIF investigator to request a Statement of Wages. In addition, fax a copy of the wage statement to the SWIF attorney, if necessary.</p> <ul style="list-style-type: none"> a. If the wages, rates, and/or dates are accurate and complete, skip to Step C. “Determine if the...” below. b. If wages, rates, and/or dates are incorrect, missing, or the dates are intermingling, make a note of the discrepancies for the SWIF Attorney. C. Determine if the SWIF Attorney should be contacted. 	<p><i>See CLM-410-E</i></p>

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<ol style="list-style-type: none"> 1. If there is no need to contact the SWIF Attorney, skip to Step E. “Verify that the reserve...” below. 2. If the SWIF Attorney should be contacted: <ol style="list-style-type: none"> a. Compile all notes for the attorney. b. Contact the Claims Examiner for any potentially appealable issues. c. If the claim is denied: <ol style="list-style-type: none"> i. Change the claim status to “denied”. ii. Notify the Reservist to review reserves on this claim. iii. Complete the LIBC-502: Notice Stopping Temporary Compensation in Quick and Easy. D. Complete the TNCP in Quick and Easy. E. Verify that the reserve amount is sufficient: <ol style="list-style-type: none"> 1. If the reserve amount is insufficient, notify the Reservist to adjust reserves. F. Change the claim’s status from “Pending” to “TNCP”. G. Process payment for authorization. H. Create a note on the Notepad in PowerComp, stating the TNCP was granted. I. Forward the TNCP to the Claims Supervisor for further processing. J. As needed, handle escalated issues related to the TNCP. 	<p><i>See Appendix B</i></p> <p><i>See Appendix C</i> <i>See Appendix D</i></p> <p><i>See Appendix A</i> <i>See Appendix E</i></p> <p><i>See Appendix F</i></p> <p><i>See Appendix G</i></p>
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<p>7.0.3 Claims Reviewer</p> <p>After receiving the TNCP from the Claims Supervisor:</p> <ol style="list-style-type: none"> A. Review the TNCP for completeness and accuracy by verifying all of the following and correcting (according to procedure) as necessary: <ol style="list-style-type: none"> 1. Ensure the accuracy and completeness of the names and addresses on the TNCP. <ol style="list-style-type: none"> a. If the names and addresses are complete and accurate, skip to Step B. “Perform an index...” below. b. If the names and/or addresses on the TNCP 	
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<p>are incomplete, inaccurate, or missing, make a note of the discrepancies for the SWIF Attorney.</p> <p>B. Perform an index on the claim(s), if not already requested.</p> <ol style="list-style-type: none"> 1. If discrepancies do not exist, skip to Step C. "Request a wage ..." below. 2. If discrepancies exist, make note of the discrepancies for the SWIF Attorney. <p>C. Request/perform a wage and unemployment check from appropriately authorized Claims personnel, if one has not already been requested.</p> <ol style="list-style-type: none"> 1. Review the TNCP wage, rate, and date information, along with any other related information for accuracy and completeness. <ol style="list-style-type: none"> a. If the wages, rates, and/or dates are accurate and complete, skip to Step D. "Determine if the ..." below. b. If wages, rates, and/or dates are incorrect, missing, or the dates are intermingling, make a note of the discrepancies for the SWIF Attorney. <p>D. Determine if the SWIF Attorney should be contacted.</p> <ol style="list-style-type: none"> 1. If there is no need to contact the SWIF Attorney, skip to Step E. "Verify that the..." below. 2. If the SWIF Attorney should be contacted: <ol style="list-style-type: none"> a. Compile all notes for the attorney. b. Contact the Claims Supervisor for any potentially appealable issues or potential amendments to the TNCP. c. Contact the SWIF Attorney at the discretion of the Claims Supervisor. <p>E. Verify that the reserve amount is sufficient.</p> <ol style="list-style-type: none"> 1. If the reserve amount is insufficient, notify the Reservist. <p>F. Change the claim's status from "Pending" to "TNCP".</p>	<p><i>See Appendix H</i></p> <p><i>See CLM-410-E</i> <i>See CLM-410-F</i></p> <p><i>See Appendix F</i></p>
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LIBC-501: NOTICE OF TEMPORARY COMPENSATION PAYABLE (BACK)

4. Remarks

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165.

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program

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**APPENDIX B: Standard Operating Procedure
CHANGING THE STATUS OF A CLAIM IN POWERCOMP WHEN A TNCP IS
DENIED**

Prerequisites:

This SOP assumes all of the following:

- ✓ PowerComp is already open.
- ✓ The correct claim is already open.

Step	Action
1.0	<p>Navigate to the Change Claim Status Window.</p> <p><i><u>Claim – Status Window</u></i></p> <p>A. <i>Menu Bar: Edit > Change Status...</i></p>
2.0	<p>Enter notes.</p> <p><i><u>Change Claim Status Window</u></i></p> <p>A. Transition: “Closed”</p> <p>B. Reason for Status Change: “Denied NTCP”</p> <p>C. Click OK button.</p> <p>D. SAVE changes: (<i>Keyboard: CTRL+S, or Menu Bar: File > Save</i>).</p>

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**APPENDIX C: FORM
LIBC-502: NOTICE STOPPING TEMPORARY COMPENSATION**

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501
(TOLL FREE) 800-482-2383

**NOTICE
STOPPING
TEMPORARY
COMPENSATION**

Social Security Number: _____

Date of Injury:
MM nn yyyy

PA BWC Claim Number: _____
(IF KNOWN)

<p>Employee</p> <p>First Name _____ Last Name _____</p> <p>Street 1 _____</p> <p>Street 2 _____</p> <p>City/Town _____ State _____ Zip Code _____</p> <p>County _____ Telephone _____</p>	<p>Employer</p> <p>Name _____</p> <p>Street 1 _____</p> <p>Street 2 _____</p> <p>City/Town _____ State _____ Zip Code _____</p> <p>County _____</p> <p>Telephone _____ FEIN _____</p> <p>Insurer or Third Party Administrator (if self-insured)</p> <p>Name _____</p> <p>Street 1 _____</p> <p>Street 2 _____</p> <p>City/Town _____ State _____ Zip Code _____</p> <p>Telephone _____ Bureau Code _____</p> <p>County _____</p> <p>Claim Number _____ FEIN _____</p>
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DATE OF THIS NOTICE:
MM DD YYYY

NOTICE TO EMPLOYEE:
This notice is being sent because payment of temporary compensation is being stopped as of
MM DD YYYY

The payment of temporary compensation does not mean that your employer assumed responsibility for your injury. Your employer and you retain all rights, defenses and obligations with regard to the claim. Further, the payment of temporary compensation may not be used to support a claim for benefits in a future proceeding.

- WE HAVE ACCEPTED RESPONSIBILITY FOR YOUR CLAIM, AND ATTACHED IS A NOTICE OF COMPENSATION PAYABLE OR AN AGREEMENT FOR COMPENSATION; OR,
- WE HAVE DECIDED NOT TO ACCEPT LIABILITY, AND ATTACHED IS A NOTICE OF WORKERS' COMPENSATION DENIAL. IF YOU BELIEVE YOU SUFFERED A WORK-RELATED INJURY, YOU WILL BE REQUIRED TO FILE A CLAIM PETITION WITH THE BUREAU OF WORKERS' COMPENSATION IN ORDER TO PROTECT YOUR FUTURE RIGHTS.

You have three (3) years from the date of injury or discovery of your condition to file a Claim Petition for benefits. Since time limits can vary depending on the facts of your situation, you may wish to contact an attorney if you believe you may have a claim.

Authorized Agent for Insurer or TPA (if self-insured)

First Name _____	Last Name _____
Signature _____	
Telephone _____	

The original must be filed with the Bureau of Workers' Compensation. This notice must be sent and filed no later than five (5) days after the last payment of temporary compensation. A copy of this notice is to be sent to the injured employee.

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165 of 1994.

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**APPENDIX D: Standard Operating Procedure
COMPLETING THE LIBC-502**

Prerequisites

This SOP assumes all of the following:

- ✓ PowerComp is already open.
- ✓ The correct claim is already open.
- ✓ Quick and Easy is already open.

Step	Action
1.0	<p>Complete the front of the LIBC-502.</p> <p><i>Quick and Easy Form LIBC-502</i> <i>LIBC-502 Header:</i></p> <p>A. Social Security Number: claimant social security number B. Date of Injury: date injury occurred [mm/dd/yyyy] C. PA BWC Claim Number: Bureau of Worker's Compensation Claim Number, if known</p> <p><i>Employee Information Box:</i></p> <p>D. Employee First Name: claimant's first name E. Employee Last Name: claimant's last name F. Address 1: claimant's street address G. Address 2: claimant's second line of address, if necessary H. City/Town: claimant's city or town I. State: two letter abbreviation for the claimant's state J. Zip Code: claimant's zip code K. County: claimant's county L. Telephone: claimant's home telephone number, including area code</p> <p><i>Employer Information Box:</i></p> <p>M. Name: employer's business name N. Address 1: employer's street address O. Address 2: employer's second line of address, if necessary P. City/Town: city or town of the employer's business address Q. State: two-letter abbreviation for the employer's state R. Zip Code: employer's zip code S. County: employer's county T. Telephone: employer's telephone number, including area code U. FEIN: employer's Federal Employer Identification Number</p>



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V. **DATE OF THIS NOTICE:** The date which this form was completed
[mm/dd/yyyy]

Insurer or Third Party Administrator Box:

- W. **Name:** insurer/administrator's name
- X. **Address 1:** insurer/administrator's street address
- Y. **Address 2:** insurer/administrator's second line of address, if necessary
- Z. **City/Town:** insurer/administrator's city or town
- AA. **State:** two letter abbreviation of the insurer/administrator's state
- AB. **Zip Code:** insurer/administrator's zip code
- AC. **Telephone:** insurer/administrator's telephone number, including area code
- AD. **Bureau Code:** insurer/administrator's Bureau Code
- AE. **County:** County where the insurer/administrator is located
- AF. **Claim #:** insurer/administrator's specific claim number for this claimant
- AG. **FEIN:** insurer/administrator's Federal Employer Identification Number

LIBC-502 Body:

NOTICE TO EMPLOYEE:

- AH. **"This notice is being sent...":** Enter the date which compensation is being stopped [mm/dd/yyyy]
- AI. **"We have accepted responsibility...":** Check this box if temporary compensation is approved.
- AJ. **"We have decided not to...":** Check this box if temporary compensation is denied.

Authorized Agent for Insurer or TPA (if self-insured) Box

- AK. **First Name:** Print the Adjuster's first name.
- AL. **Last Name:** Print the Adjuster's last name.
- AM. **Signature:** Adjuster's signature
- AN. **Telephone:** Adjuster's telephone number [123-456-7890]

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**APPENDIX E: Standard Operating Procedure
COMPLETING THE LIBC-501**

Prerequisites

This SOP assumes all of the following:

- ✓ PowerComp is already open.
- ✓ The correct claim is already open.
- ✓ Quick and Easy is already open.

Step	Action
1.0	<p>Complete the front of the LIBC-501.</p> <p><i><u>Quick and Easy Form LIBC-501</u></i> <i>LIBC-501 Header:</i></p> <p>A. Employee Social Security Number: claimant social security number B. Date of Injury: date injury occurred [mm/dd/yyyy] C. Date of Notice: date which form is completed [mm/dd/yyyy] D. PA BWC Claim Number: Bureau of Worker's Compensation Claim Number, if known</p> <p><i>Employee Information Box:</i></p> <p>E. Employee First Name: claimant's first name F. Employee Last Name: claimant's last name G. Address 1: claimant's street address H. Address 2: claimant's second line of address, if necessary I. City/Town: claimant's city or town J. State: two letter abbreviation for the claimant's state K. Zip Code: claimant's zip code L. County: claimant's county M. Telephone: claimant's home telephone number, including area code</p> <p><i>Employer Information Box:</i></p> <p>N. Name: employer's business name O. Address 1: employer's street address P. Address 2: employer's second line of address, if necessary Q. City/Town: city or town of the employer's business address R. State: two-letter abbreviation for the employer's state S. Zip Code: employer's zip code T. County: employer's county U. Telephone: employer's telephone number, including area code</p>



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V. **FEIN:** employer's Federal Employer Identification Number

Injury Information Box:

- W. **Body Part(s) affected:** claimant's body part(s) injured (be specific)
- X. **Type of injury:** Explain the manner of injury to affected body part(s).
- Y. **Description of injury:** Provide a short description of the injury details.
- Z. **Check if Occupational Disease:** Check this box if the injury stems from occupational disease.

Insurer or Third Party Administrator Box:

- AA. **Name:** insurer/administrator's name
- AB. **Address 1:** insurer/administrator's street address
- AC. **Address 2:** insurer/administrator's second line of address, if necessary
- AD. **City/Town:** insurer/administrator's city or town
- AE. **State:** two letter abbreviation of the insurer/administrator's state
- AF. **Zip Code:** insurer/administrator's zip code
- AG. **Telephone:** insurer/administrator's telephone number, including area code
- AH. **Bureau Code:** insurer/administrator's Bureau Code
- AI. **Claim #:** insurer/administrator's specific claim number for this claimant
- AJ. **FEIN:** insurer/administrator's Federal Employer Identification Number

LIBC-501 Body:

- AK. **Compensation is payable as follows:** Check this box if compensation for medical treatment (medical only, no loss of wages) will be paid.
Note: If you check this box, skip questions 1 and 3.
- AL. Enter the weekly compensation rate and the average weekly wage in [\$123.45] format.
- AM. Enter the "ninety-day period" beginning and the ending dates.
- AN. Check the box which corresponds with how frequent the payments will be made (weekly, biweekly, or other).
Note: If "Other" is checked, specify the frequency next to (Specify).

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**APPENDIX F: Standard Operating Procedure
CHANGING THE STATUS OF A CLAIM IN POWERCOMP WHEN A TNCP IS
GRANTED**

Prerequisites:

This SOP assumes all of the following:

- ✓ PowerComp is already open.
- ✓ The correct claim is already open.

Step	Action
1.0	<p>Navigate to the Change Claim Status Window.</p> <p><i><u>Claim – Status Window</u></i></p> <p>A. <i>Menu Bar:</i> Edit > Change Status...</p>
2.0	<p>Enter notes.</p> <p><i><u>Change Claim Status Window</u></i></p> <p>A. Transition: “Open”</p> <p>B. Reason for Status Change: “TNCP”</p> <p>C. Click OK button.</p> <p>D. SAVE changes: (<i>Keyboard:</i> CTRL+S, or <i>Menu Bar:</i> File > Save).</p>

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**APPENDIX G: Standard Operating Procedure
CREATING A NOTE ON THE NOTEPAD IN POWERCOMP STATING THE
TNCP WAS GRANTED**

Prerequisites

This SOP assumes all of the following:

- ✓ PowerComp is already open.
- ✓ The correct claim is already open.

Step	Action
1.0	<p>Enter notes.</p> <p><i>Main Window</i></p> <p>A. <i>Menu Bar: Tools > Notepad > New Note</i></p> <p><i>Note Detail Group Box:</i></p> <ol style="list-style-type: none"> 1. Category: "Claims Examiner" 2. Caption: "TNCP was granted on [mm/dd/yyyy]." <p><i>Page Group Box:</i></p> <ol style="list-style-type: none"> 3. Enter Notes: "TNCP was granted on [mm/dd/yyyy]." Also include any unusual circumstances that may be pertinent to the processing of the order. 4. Click OK button.

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**APPENDIX H: Standard Operation Procedure
PERFORMING A CLAIM INDEX**

Prerequisites:

This SOP assumes all of the following:

- ✓ PowerComp is already open.
- ✓ The correct claim is already open.

Step	Action
1.0	<p>Open the Process Request Window.</p> <p><i>Process Request Window</i></p> <ul style="list-style-type: none"> A. <i>Menu Bar: File > New</i> B. Process: “Index Bureau” C. Request Type: “Index” or “Re-Index” D. History Box: checked E. SAVE changes: (<i>Keyboard: CTRL+S, or Menu Bar: File > Save.</i>)
2.0	<p>Review any existing indexing information.</p> <p><i>Process Request Window</i> <i>Claim Match Information Box:</i></p> <ul style="list-style-type: none"> A. Obtain and make note of any pertinent index matches. <i>Note: Look for any information pertaining to the claimant that leads you to believe there was another cause to their injury, such as an injury suffered at home or automobile accident.</i>
3.0	<p>Send a reminder to review the index results in two days.</p> <ul style="list-style-type: none"> A. Create a Diary Link pending for two days to re-visit the claim. B. When the Diary Link is received, review the Process Request Window for index results.