



WELCOME TO INTEGRATED CLAIMS MANAGEMENT SYSTEM (ICMS) SUPPLEMENTAL GUIDE

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, GA 30303-1299
<http://sbwc.georgia.gov>

404-656-3818

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NEED HELP WITH ICMS? NEED HELP WITH ICMS?

Welcome to ICMS WCONLINE! This information is a supplemental guide to the self-training package that is purchased by users. If there are any questions or if you are in need of any assistance with web submissions contact the State Board of Workers' Compensation at 404-656-3818 or 1-800-533-0682 or visit the Boards website at www.sbwc.georgia.gov

ATTORNEY ROLE

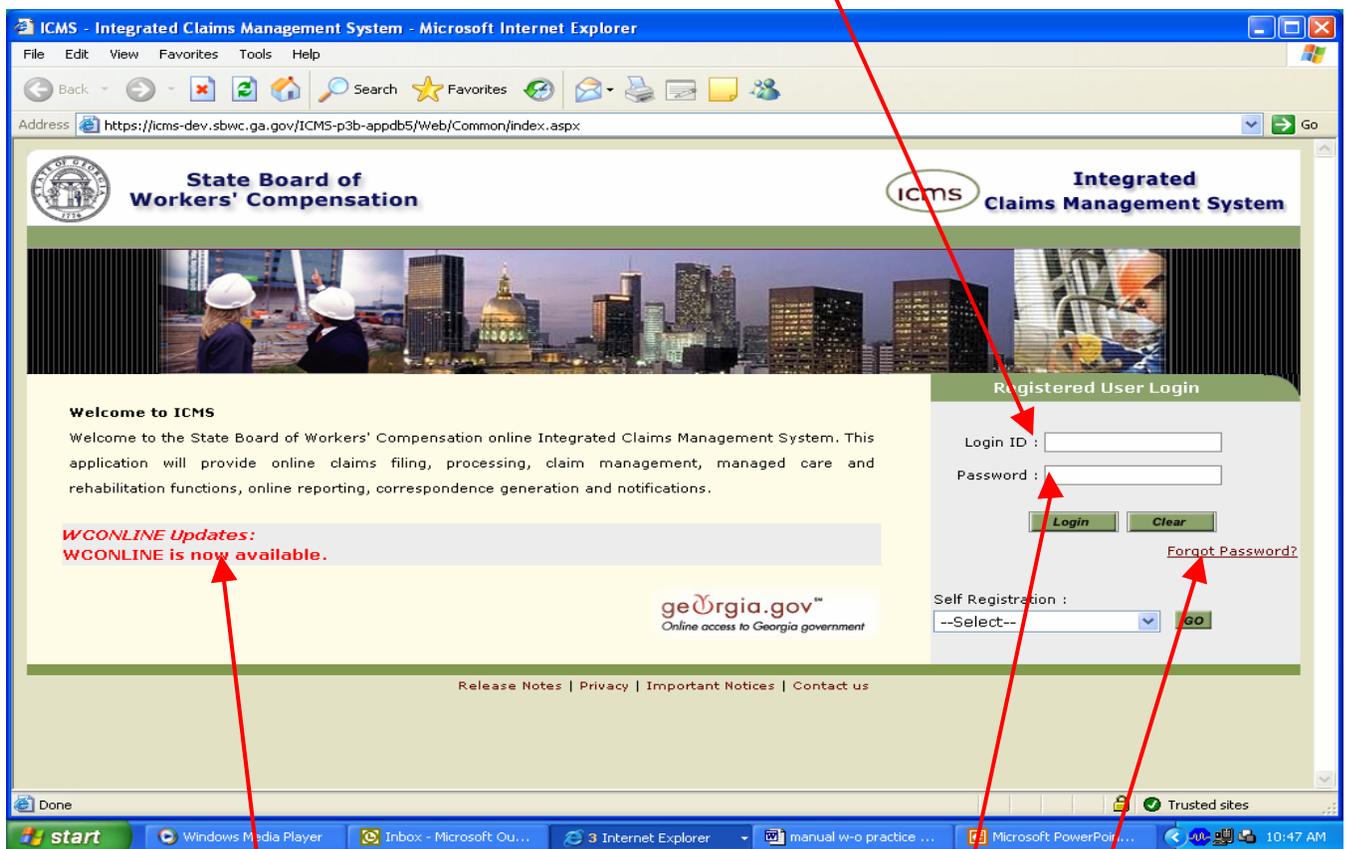
- Upon completing online registration, you will be requested to validate your role as an attorney. In ICMS, there are several types of users and your role as an attorney allows you to perform certain tasks in ICMS.
- The ICMS administrators at the State Board of Workers' Compensation processes your registration, assigns your login ID and your initial password. You will receive your login ID and initial password by U.S. Postal Service.
- If you are locked out please contact our Call Center 404-656-3818 or 1-800-533-0682. Your password will be reset and e-mailed to the primary e-mail address.
- You may register two different e-mail addresses as part of your contact information. The primary e-mail address will receive all notices, orders, awards and e-mail notifications. Secondary e-mail address will only receive e-mail notifications. E-mail addresses should always be current. If there are any changes to your primary or secondary e-mail, update this information by calling our Call Center or edit your information under Change Party Address on the home page of ICMS WCONLINE.
- It is essential that the Board is notified of any changes to your e-mail address since this is how we communicate with the parties to the claim.

ICMS Welcome Page

Below is a screen copy of the welcome page of our website, follow the listed steps to log in:

1. Enter Login ID
2. Enter Password
3. If password has been forgotten, select [Forgot Password?](#) and it will be e-mailed to you.
4. Scheduled Maintenance and updates will be posted on this page

Login ID - 1



Scheduled Maintenance - 4

Password - 2

Forgot Password - 3

WCOonline Home Page

Below are steps listed to assist you with operating ICMS:

1. On the center of the screen attorney's name and role is displayed, verify whether or not your name is listed correctly on the screen
2. Under **Attorney Functions** you have the ability to:
 - a. View all claims you are a party to by selecting **My Claim File** link
 - b. View all scheduled hearings or mediations by selecting **Scheduled Hearing/Mediations** link
 - c. Change password by selecting **Change Password**
 - d. Edit your mailing address, phone number and primary/secondary e-mail by selecting **Change Party Address**

The screenshot shows the ICMS Staff Home page in a Microsoft Internet Explorer browser. The page header includes the State Board of Workers' Compensation logo and the ICMS Integrated Claims Management System logo. The user's name, [REDACTED], and role, Attorney, are displayed in the center. A list of functions is provided, including My Claim Files, Create New User(Secondary), Scheduled Hearing/Mediations, Claim Search, Insurer File, Change Password, Change User Information, and Change Party Address. The page footer includes version information (V1.0) and a unique identifier (0L01-GN01). Red arrows point from text labels to specific elements on the page: 'Attorney Name Displayed and Role' points to the user's name and role; 'My Claim Files - 2a' points to the 'My Claim Files' link; 'Scheduled Hearing/Mediations - 2b' points to the 'Scheduled Hearing/Mediations' link; 'Change Password - 2c' points to the 'Change Password' link; 'Attorney Functions - 2' points to the 'Attorney Functions' menu; and 'Change Party Address - 2d' points to the 'Change Party Address' link.

Attorney Name Displayed and Role

My Claim Files - 2a

Scheduled Hearing/Mediations - 2b

Change Password - 2c

Attorney Functions - 2

Change Party Address - 2d

ICMS Functions

Claim-Search Link has the following tabs and functions:

1. **Existing Filed Claims**
Claims you are listed as a party to, this tab allows you to view all your claims and any Board forms or attachments filed.
2. **Submit New Claim**
This tab allows you to submit new claims by filing WC-1 or WC-14.
3. **Submit Non Claim Documents**
This tab is used to submit employer/insurer or rehab filings and attachments. These forms are not typically attorney filings.
4. **Attorney Documents**
Existing Forms displays filed WC-102c, *Attorney Leave of Absence*
New Forms allows filing of WC-102c, *Attorney Leave of Absence*, and WC-102b, *Notice of Representation*.
Attachments this tab permits the attaching of an Attorney Fee Contract.
5. **Pending Forms**
Forms that are being held in the queue waiting for submission

The screenshot shows the 'Claim - Search' page in a Microsoft Internet Explorer browser. The page header includes the State Board of Workers' Compensation logo and the ICMS Integrated Claims Management System logo. The main content area features a navigation bar with five tabs: 'Existing Filed Claims', 'Submit New Claim', 'Submit Non Claim Documents', 'Attorney Documents', and 'Pending Forms'. Below the tabs is a search form with fields for 'Claim Number', 'SSN', 'Claimant Last Name', 'Claimant First Name', 'Date of Injury', 'County of Injury', and 'Claim Status'. There are 'SEARCH' and 'CLEAR' buttons below the form. Red arrows point from the tabs to the search form and from the search form to the tabs. Below the screenshot, there are labels for each tab: 'Existing Filed Claims - 1', 'Submit New Claims - 2', 'Submit Non Claim Documents - 3', 'Attorney Documents - 4', and 'Pending Forms - 5'.

Existing Filed Claims - 1

Submit New Claims - 2

Submit Non Claim Documents - 3

Attorney Documents - 4

Pending Forms - 5

Existing Filed Claims

Under this screen you have the ability to search for files you are shown as a party by using the following options:

- Claim Number
- Social Security Number (SSN)
- First and Last Name
- Date of Injury
- County of Injury
- Claim Status
 - Closed
 - Hold
 - Open
 - ReOpened

The screenshot shows the 'Claim - Search' page in Microsoft Internet Explorer. The browser address bar shows the URL: https://wconline.sbwc.ga.gov/ICMS/Web/WebSubmission/ClaimRelated/Existing_Claims_Search.aspx. The page header includes the State Board of Workers' Compensation logo and the ICMS Integrated Claims Management System logo. The user is logged in as 'User: David [redacted]' on 3/23/2009 at 1:26:44 PM. The page content includes a navigation menu with tabs: 'Existing Filed Claims', 'Submit New Claim', 'Submit Non Claim Documents', 'Attorney Documents', and 'Pending Forms'. The 'Existing Filed Claims' tab is highlighted with a red circle. Below the tabs is a search form with the following fields: 'Claim Number', 'SSN', 'Claimant Last Name' (with a 'Begins With' dropdown), 'Claimant First Name' (with a 'Begins With' dropdown), 'Date of Injury', 'County of Injury' (with a '--Select--' dropdown), and 'Claim Status' (with a '--Select--' dropdown). The 'SEARCH' and 'CLEAR' buttons are located at the bottom of the form. The page footer includes 'V1.0' and 'OL01-CP35'. The Windows taskbar at the bottom shows the Start button and several open applications: 'Inbox - Microsoft Int...', 'Microsoft Outlook We...', 'Claim - Search - Micro...', 'Windows Media Player', '0323tw - Microsoft W...', and 'Microsoft PowerPoint ...'. The system clock shows 1:27 PM.

Sorting and Submitting Claims

The options to sort claim files and the option to submit a form are listed as follows:

1. Claims may be sorted by claim number, SSN, name, date of injury and claim status.
2. Each page displays 5 claims, to view additional claims click **First**, **Previous**, **Next**, **Last** or you may click the numbers displayed in red above the **Primary Employer** list.
3. **Submit Form** link is used to file Board forms.

The screenshot shows the ICMS Integrated Claims Management System interface. At the top, there are navigation tabs: Existing Filed Claims, Submit New Claim, Submit Non Claim Documents, Attorney Documents, and Pending Forms. Below these is a table titled 'Claims - Result' showing 5 claims. The table has columns for Claim Number, SSN, Claimant Name, Date Of Injury, Claim Status, Primary Employer, and Submit Forms. Red circles and arrows highlight specific elements: 'Claim Number', 'SSN', 'Claimant Name', 'Date Of Injury', 'Claim Status', 'Primary Employer', and 'Submit Forms'. Above the table, there are navigation links: 'First', 'Previous', '1', '2', 'Next', and 'Last'. The '1' and '2' are circled in red. The 'Submit Forms' link is also circled in red. The table data is as follows:

#	Claim Number	SSN	Claimant Name	Date Of Injury	Claim Status	Primary Employer	Submit Forms
1	1998-000018	000-60-5144	CHIHUAHUA, CHANCE	04/01/1999	Open	LOWES HOME CENTERS	Submit Forms
2	1998-002346	888-44-2222	CHIHUAHUA, CHANCE	07/20/1998	Open	HOME DEPOT	Submit Forms
3	1999-025068	888-44-2222	CHIHUAHUA, CHANCE	07/15/1999	Open	MIGRATED EMPLOYER	Submit Forms
4	2001-022143	888-44-2222	CHIHUAHUA, CHANCE	07/01/2001	Open	MIGRATED EMPLOYER	Submit Forms
5	2002-000059	258-72-9067	TEST, CLAIM	01/01/2002	Open		Submit Forms

Sample -1 - To sort by Claim No., SSN, name, DOI

Sample -2 - To view additional claims

Sample 3 - To submit forms

Submitting Forms

Once employee's name has been found, select **Submit Form** (as shown on. Page 8, sample 3) then all forms that can be filed will be shown as seen below:

The screenshot shows a Microsoft Internet Explorer window titled "New Claim Forms - Microsoft Internet Explorer". The address bar displays the URL: https://icms-dev.sbcw.ga.gov/ICMS-P3B-APPDBS/Web/WebSubmission/ClaimRelated/New_Claim_Form_Submission.aspx. The main content area is titled "New Claim Forms" and contains three tabs: "Forms Filed", "New Forms Submission" (highlighted with a red circle), and "Submit Non Form Docs". Below the tabs is a table listing various forms.

#	Form #	Form Name
1	CP-NFN-02	Change of Address
2	MC-NFN-12	Rehab Objection
3	WC-1	WC-1, Employers First Report of Injury
4	WC-100	WC-100 Request for Settlement
5	WC-102D	WC-102D Motion/Objection To Motion
6	WC-108A	WC-108A Attorney Fee Approval
7	WC-108B	WC-108B Attorney Withdrawal / Lien
8	WC-14	WC-14, Notice of Claim/Request for Hearing/Request for Mediation
9	WC-14A	WC-14A, Notice to Amend Information on a WC-14
10	WC-2	WC-2 , Notice of Payment or suspension of benefits
11	WC-200A	WC-200A, Chg of Phys/Add'l Trtmt (w/Consent)
12	WC-200B	WC-200B Request for Change of Physician/Additional Treatment
13	WC-243	WC-243, Credit/Reduction in Benefits
14	WC-25	WC-25 - Request for Lump Sum or Advance Payment
15	WC-262	WC-262, Wage Documentation of TPD payments
16	WC-2A	WC-2A, Notice of payment or Suspension of Death Benefits
17	WC-3	WC-3, Notice To Contovert
18	WC-4	WC-4, Case Progress Report
19	WC-6	WC-6, Wage Statement
20	WC-R1	WC-R1 Request for Rehabilitation
21	WC-R2	WC-R2, Rehabilitation Transmittal Forms
22	WC-R3	WC-R3 Request for Rehabilitation Closure
23	WC-R5	WC-R5 Request for Rehabilitation Conference
24	WC-R1CATEE	WC-R1CATEE,Request for Catastrophic Designation

List of All Board Forms

CP-NFN – 02 - Change of Address
MC-NFN – 12 - Rehab Objection (has attachment Link)
WC-1 - Employers First Report of Injury
WC-100 - Request for Settlement
WC-102D - Motion/Objection To Motion (has attachment Link) (Motion for Reconsideration will be under **Submit Non-Form Docs** tab)
WC-108A - Attorney Fee Approval (has attachment Link)
WC-108B - Attorney Withdrawal / Lien (has attachment Link)
WC-14 - Notice of Claim/Request for Hearing/Request for Mediation (fee contract will be under Attorney Documents tab and then Attachment tab)
WC-14A - Notice to Amend Information on a WC-14
WC-2 - Notice of Payment or suspension of benefits
WC-200A - Change of Physician/Add'l Trtmt (w/Consent) (has attachment Link)
WC-200B - Request for Change of Physician/Additional Treatment (has attachment Link)
WC-243 - Credit/Reduction in Benefits
WC-25 - Request for Lump Sum or Advance Payment (has attachment Link)
WC-262 - Wage Documentation of TPD payments
WC-2A - Notice of payment or Suspension of Death Benefits
WC-3 - Notice To Controvert
WC-4 - Case Progress Report
WC-6 - Wage Statement
WC-R1 - Request for Rehabilitation (has attachment Link)
WC-R2 - Rehabilitation Transmittal Forms (has attachment Link)
WC-R3 - Request for Rehabilitation Closure (has attachment Link)
WC-R5 - Request for Rehabilitation Conference
WC-R1CATEE - Request for Catastrophic Designation (has attachment Link)

*****(Additional filings can be found under Non-Form Documents)*****

Submitting Forms

Use the below steps to submit forms:

1. Fill out all required fields on the screen. Also, when submitting forms that have attachments, you must fill in all required fields and click **Save** first.
2. Then the attachment option will become available, attach document by selecting **Browse**.
3. Name document and then click **Attach**. The attachment link then will be available.
When complete click submit.

Rehab Objection - Microsoft Internet Explorer

Address: https://icms-dev.sbcw.ga.gov/ICMS-P3B-APPDBS/Web/WebSubmission/MC/MC_Rehab_Objection_OnlineSubmission.aspx

Employer	Insurer	Claim Office	Employer Attorney	Insurer Attorney
IMPERIAL SUGAR	AIG - NEW HAMPSHIRE INS.	AMERICAN INTERNATIONAL GROUP	SCOT V POOL	
Claimant Attorney(s)	Rehabilitation Supplier Name	Other Parties	Other Party Attorney	
CHRISTOPHER W T DALY DAMARIS JONES	No Records Found		No Records Found	

Rehab Objection

Objction Details

*Submitted By: Claimant Employer/Insurer Supplier

*Issues

Details: Employee has been died ...

Documents Attached

#	DocID	Document Name	Delete
No Records Found			

Submitter Details

Filing Party: DAMARIS JONES
Submitter Name: JONES DAMARIS
Signature Indicator: Yes
Phone: 404 - 657 - 2995
Email: JONESD@SBWC-GA.GOV
Date: 04/20/2009

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKER'S COMPENSATION AT 404-657-3919 OR 1-800-533-0682 OR VISIT http://www.sbcw.georgia.gov. Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and 34-9-19).

SAVE SUBMIT ATTACH RESET BACK

V1.0 OL01-MC13

Attach Document - Microsoft Internet Explorer

Address: https://icms-dev.sbcw.ga.gov/ICMS-P3B-APPDBS/Web/WebSubmission/MC/MC_Rehab_Objection_OnlineSubmission.aspx

State Board of Workers' Compensation

ICMS Integrated Claims Management System

Claim No.: 2007-030409
SSN:
County of Injury: ALJ: None

Claimant:
Date of Injury:
Claim Status:
Catastrophic: NO

Employer	Insu	Claim Office	Employer Attorney	Insurer Attorney
IMPERIAL SUGAR	AIG - NEW HAMPSHIRE INS.	AMERICAN INTERNATIONAL GROUP	SCOT V POOL	
Claimant Attorney(s)	Rehabilitation Supplier Name	Other Parties	Other Party Attorney	
CHRISTOPHER W T DALY DAMARIS JONES	No Records Found		No Records Found	

Attach Document

*Form Title

Browse...

ATTACH BACK

V1.0

Non Form Documents

Under this tab is a list of additional documents that are not form driven, meaning that a Board form is not needed to attach documents. Below are the steps to attach documents:

1. Select **Browse**
2. Select document from your files that need to be attached
3. Select **Attach and Submit** button

The screenshot displays the 'Claim Attachments' page in Microsoft Internet Explorer. The browser address bar shows the URL: https://wconline.sbcw.ga.gov/ICMS/Web/WebSubmission/ClaimRelated/Attachment_Claim_Forms.aspx. The page header includes the State Board of Workers' Compensation logo and the ICMS Integrated Claims Management System logo. The date and time are 3/23/2009 2:07:44 PM. The page contains a form for claim information, including Claim No. (1998-002246), SSN (888-44-2222), and County of Injury (ALJ: None). Below this is a table for 'Parties To Claim' with columns for Employer (HOME DEPOT), Insurer, Claim, Claimant Attorney(s) (DAVID K IMAHARA), and Rehabilitation Supplier Name (No Records Found). A dropdown menu for 'Claim Attachments' is open, listing various document types such as Appellant Briefs, Appellee Briefs, Change Of Venue, Employee ADR Briefs, Employee Hearing Briefs, Employer /Insurer/ Self-Insurer ADR Briefs, Employer /Insurer/ Self-Insurer Hearing Briefs, Enumeration of Error, Higher Court Correspondence, Miscellaneous Correspondence, Motion For Reconsideration, Notice of Appeal, Notice of Resolution, Objection to WC-25, Rehab Correspondence, Rehab Related Complaints, Remand From Superior Court, Request For Withdrawal, SITF Reimbursement Request, Stip, Stip Supplemental Document, Superior Court Appeal, WC-15, Attorney Certification for No Liability Stipulations, and WC-240, Notice to Employee of Offer of Suitable Employment. The 'Form Title' is set to '--Select--'. A 'Browse...' button is circled in red. Below the form, the 'ATTACH AND SUBMIT' button is also circled in red. The page footer includes 'v1.0' and links for Release Notes, Privacy, Important Notices, and Contact us. The Windows taskbar at the bottom shows the Start button and several open applications, including Microsoft Outlook, Microsoft Word, and Microsoft PowerPoint.

List of Non Form Documents

Appellant Brief
Appellee Brief
Change of Venue
Employee ADR Brief
Employee Hearing Brief
Employer/Insurer/Self-Insurer ADR Brief
Employer/Insurer/Self-Insurer Hearing Brief
Enumeration of Error
Higher Court Correspondence
Miscellaneous Correspondence (This document type is to be used for the purpose of filing a letter in a claim file or correspondence. Such as a letter regarding a conference call. Do not use this document type if there is a response needed.)
Motion for Reconsideration
Notice of Appeal
Notice of Resolution
Objection to a WC-25
Rehab Correspondence
Related Rehab Complaints
Remand from Superior Court
Request for Withdrawal
SITF Reimbursement Request
STIP
STIP Supplemental Documents
Superior Court Appeal
WC-15 - Attorney Certification for Non Liability Stipulation
WC-240 - Notice to Employee of offer for Suitable Employment

Submit New Claim

When creating a new claim, first name, last name, date of injury and Social Security Number are required fields. If there is no SSN call our Call Center at 404-656-3818 or 1-800-533-0682 to verify whether or not there are any existing claims for claimant. If there are no priors and a SSN is needed, mail in the paper form. The Board will process the claim. Once a SSN and claim number have been assigned you will be able to file online. Below are steps for creating a new claim:

1. Select **WC-1** or **WC-14**
2. Fill out required fields and select **Search**. If there are any existing claims they will be listed. If not select **Create New Claim**
3. Fill in all required fields
4. Select **Submit**

New Claim - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://wconline.sbwc.ga.gov/ICMS/Web/WebSubmission/ClaimRelated/New_Claim_Submission.aspx

State Board of Workers' Compensation

ICMS Integrated Claims Management System

3/23/2009 2:18:08 PM

Home Help Logout

New Claim

Existing Filed Claims **Submit New Claim** Submit Non Claim Documents Attorney Documents Pending Forms

#	Form #	Title
1	WC-1	Employer's First Report of Injury
2	WC-14	Notice of Claim/Request for Hearing/Request for Mediation

V1.0

Release Notes | Privacy | Important Notices | Contact us

Done

start | Inbox - Micros... | Microsoft Out... | New Claim - M... | Windows Medi... | 0323tw - Micr... | Document1 - ... | Microsoft Pow... | My Documents | 2:18 PM

Submit Non Claim Documents

This option pertains to employer/insurer's filing; this is not general attorney filings.

New Non Claim Document - Microsoft Internet Explorer

Address https://wconline.sbcw.ga.gov/ICMS/Web/WebSubmission/NonClaim/New_Non_Claim_Form_Submission.aspx

State Board of Workers' Compensation ICMS Integrated Claims Management System

3/24/2009 2:36:47 PM Home Help Logout

New Non Claim Document

Existing Filed Claims Submit New Claim **Submit Non Claim Documents** Attorney Documents Pending Forms

#	Form #	Form Name
1	MC-NFN-03	Managed Care Quarterly Report
2	WC-26	WC-26 Consolidated Yearly Report of Medical Only Cases

v1.0

[Release Notes](#) | [Privacy](#) | [Important Notices](#) | [Contact us](#)

Trusted sites

start Microsoft Outlook We... New Non Claim Docu... Inbox - Microsoft Int... Windows Media Player 0323tw - Microsoft W... Microsoft PowerPoint ... 2:37 PM

Attorney Documents

Under **Attorney Documents** tab are list of forms that only attorneys may use. Attorneys may file forms and review forms filed. The three tabs and they are as follows:

1. **Existing Forms** tab displays WC-102C Attorney Leave of Absence forms that have been filed.
2. **New Forms** tab have forms WC-102B Notice of Representation and WC-102C Attorney Leave of Absence available for attorneys to file.
3. **Attachments** tab allows attorneys to upload their fee contract.

The screenshot shows the 'Existing Attorney Document' page in the ICMS system. The page has a navigation bar with the following tabs: Existing Filed Claims, Submit New Claim, Submit Non Claim Documents, Attorney Documents, and Pending Forms. Below this, there are three sub-tabs: Existing Forms, New Forms, and Attachments, all of which are circled in red. The 'Existing Forms' sub-tab is active, displaying a table with the following data:

	List of Forms	Filed Date	Attachment / Image
1	WC-102C Attorney Leave of Absence	06/05/2008	Attachment / Image

At the bottom of the page, there is a version indicator 'V1.0' and a document ID 'OL01-CP21'. The footer contains links for Release Notes, Privacy, Important Notices, and Contact us.

Pending Forms

Pending Forms tab has a list of documents that have been prepared but not submitted to the Board. The ICMS system will hold documents for sixty days. Once the sixty days have expired, the documents will be deleted.

State Board of Workers' Compensation | **ICMS Integrated Claims Management System**

Home | Help | Logout

Pending forms

Existing Filed Claims | Submit New Claim | Submit Non Claim Documents | Attorney Documents | **Pending Forms**

Claim Initiating

#	Doc Type	List of Forms	Updated Date	Claimant	SSN	Form
1	WC-14	WC-14, Notice of Claim/Request for Hearing/Request for Mediation	03/03/2009	JONES, KAO	266-43-2130	Form
2	WC-14	WC-14, Notice of Claim/Request for Hearing/Request for Mediation	03/09/2009	JONES, KAO	000-21-0052	Form
3	WC-14	WC-14, Notice of Claim/Request for Hearing/Request for Mediation	03/10/2009	PRATHER, DANA	000-00-1234	Form
4	WC-14	WC-14, Notice of Claim/Request for Hearing/Request for Mediation	03/13/2009	LOWE, JOHNNIE	258-90-8517	Form

Claim Related

#	Claim Number	Doc Type	List of Forms	Updated Date	Claimant	SSN	Form
1	1998-000018	WC-200A	WC-200A, Chg of Phys/Add'l Trtmt (w/Consent)	02/20/2009	CHIHUAHUA, CHANCE	000-60-5144	Form
2	2001-022143	WC-200A	WC-200A, Chg of Phys/Add'l Trtmt (w/Consent)	02/20/2009	CHIHUAHUA, CHANCE	888-44-2222	Form
3	2001-022143	WC-R1CATEE	WC-R1 CATEE, Request for Catastrophic Designation	03/03/2009	CHIHUAHUA, CHANCE	888-44-2222	Form

Non Claim

#	Doc Type	List of Forms	Updated Date	Form
No Records Found				

Attorney Documents

#	Doc Type	List of Forms	Updated Date	Form
No Records Found				

BACK