



*COMPHUB:
THE SHOW
MUST GO ON*

State of Maryland
Workers' Compensation
Commission



INTRODUCTION

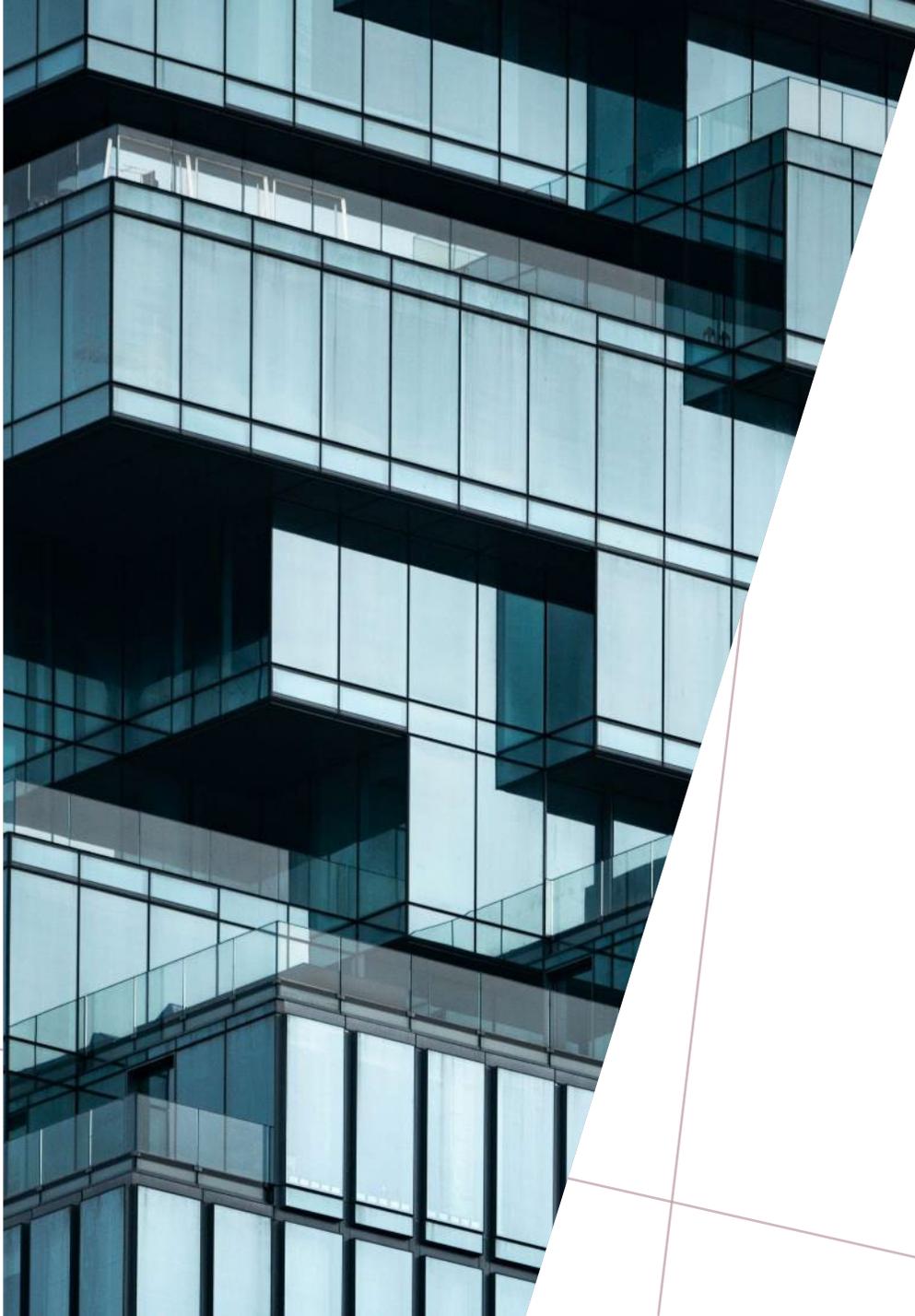
- With CompHub becoming the new, improved, centralized system, change is to be expected.
- New features and enhancements may be found in abundance.

AGENDA

Looking to the Future

- Current to CompHub
- Attorney Actions
- Providing our Providers



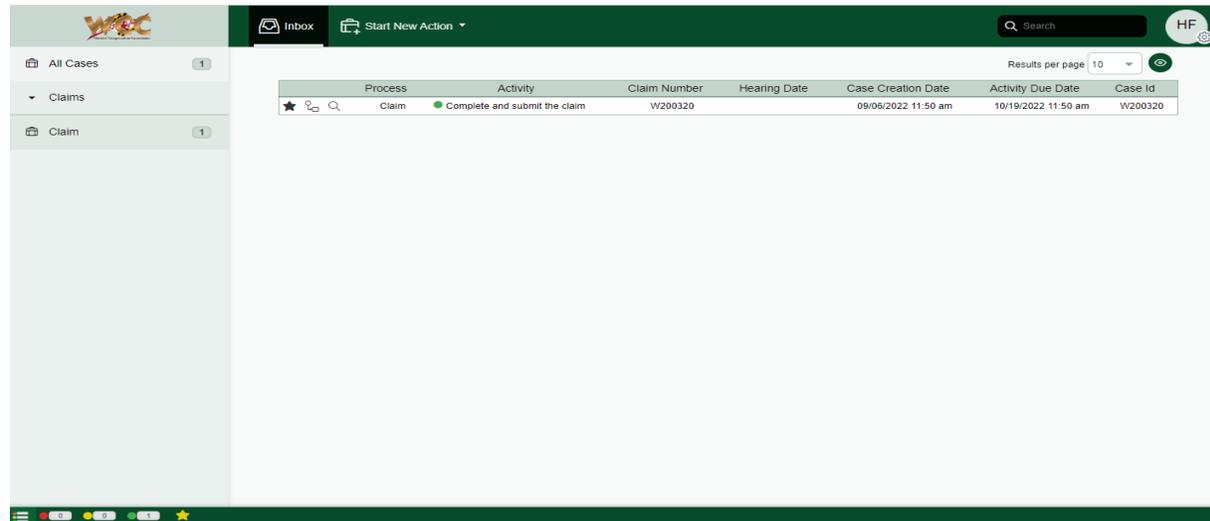
A photograph of a modern skyscraper with a glass facade, showing multiple floors and balconies. The building is partially obscured by a white diagonal shape that serves as a background for the text.

**CHANGE IS THE LAW
OF LIFE AND THOSE
WHO LOOK ONLY TO
THE PAST OR PRESENT
ARE CERTAIN TO MISS
THE FUTURE**

- John F. Kennedy

CURRENT TO COMPHUB

Inbox feature



The screenshot displays the 'Inbox' view in the CompHub application. The interface includes a top navigation bar with the 'WAC' logo, 'Inbox' and 'Start New Action' buttons, a search bar, and a user profile icon labeled 'HF'. A left sidebar shows navigation options: 'All Cases' (1), 'Claims' (expanded), and 'Claim' (1). The main content area features a table with the following data:

Process	Activity	Claim Number	Hearing Date	Case Creation Date	Activity Due Date	Case Id
★ 🔍 Claim	● Complete and submit the claim	W200320		09/06/2022 11:50 am	10/19/2022 11:50 am	W200320

Figure 1 – Inbox view in CompHub



CURRENT TO COMPHUB

USPS Address verification utility

Street Address (Only enter if work site is different from employer's address)

Country:	<input type="text" value="US"/>		
Line 1:	<input type="text" value="6234 HEATHER GLEN WAY"/>	State:	<input type="text" value="MD"/>
Line 2:	<input type="text"/>	County:	<input type="text" value="Please select..."/>
Line 3:	<input type="text"/>	Postal Code:	<input type="text" value="21029-1175"/>
City:	<input type="text" value="CLARKSVILLE"/>		

Please verify this address with USPS

Note: Red lines identify mandatory fields

Click or Tap here to use our system to verify the address

Figure 2 – Address Input Section



CURRENT TO COMPHUB

Verify Address ✕

Original Address		USPS Address	
Line 1:	6234 HEATHER GLEN WAY	Line 1:	6234 HEATHER GLEN WAY
Line 2:		Line 2:	
City:	CLARKSVILLE	City:	CLARKSVILLE
State:	MD	State:	MD
County:	Please select...	Postal Code:	21029-1175
Postal Code:	21029-1175	After reviewing the USPS address, I would like to use this address:	<input checked="" type="radio"/> Yes <input type="radio"/> No

Save **Cancel**

Figure 3 – USPS Verification



CURRENT TO COMPHUB

- Improved Communication
- Claim Documents tab

Click or Tap on any field header to sort the table by a given column

The most recent version of the document is in blue. Click on the View link to see the document.

View	Document Name	Form	Created By	Party	Date
View	 Claim for Medical Services	C51	KIRAN KELLY		08/18/2022
View	 Claim for Medical Services	C51	KIRAN KELLY		08/18/2022
View	Notice to Insurer	C40-OUT	DARLENE JONES		08/18/2022
View	Organization Registration Request Letter	ORG-REG-REQ-LETTER	DARLENE JONES		08/18/2022
View	Organization Registration Request Letter	ORG-REG-REQ-LETTER	DARLENE JONES		08/18/2022
View	Notice of Claim	C30	DARLENE JONES		08/18/2022
View	Initial Claim	C1	Carlos Medina	Claimant	08/18/2022

Figure 4 – Claim Documents Table



PROVIDING OUR PROVIDERS

Electronic Notifications

Medina - W402013 - Notice of Claim

 Bizagitesting@wcc.state.md.us
To  Carlos.Medina@wcc.state.md.us

 Reply  Reply All  Forward  

Wed 8/24/2022 4:44 PM

There is a new activity on CompHub related to your claim:

A Claim for workers' compensation has been filed and processed. Please see Claim Documents for complete details.

Log into CompHub or click this link: [W402013](#) for more details.

Figure 5 – Electronic Notification: Notice of Claim

PROVIDING OUR PROVIDERS

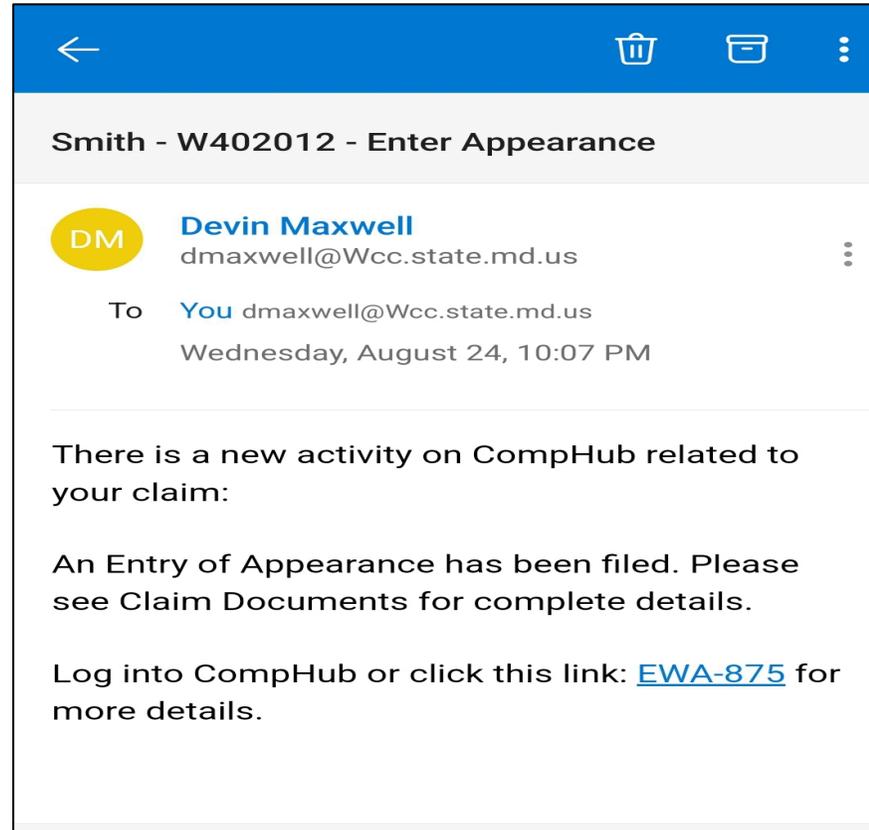


Figure 6 – Electronic Notification: Enter Appearance (Mobile)

What's New?

*ATTORNEY
ACTIONS*



ATTORNEY ACTIONS

- Improved experience
- New features



REQUEST FOR POSTPONEMENT

Response to Continuation Request - Response Form

Postponement Request

Postponement Request Response Form

Claim Basic Information

Claim Number: W401998 Claimant Name: Carlos Medina

Employer & Insurer

Employer	Insurer
AMGEN INC	ACCEPTANCE INSURANCE CO

Emergency Hearing: No

Hearing Information

Hearing Date: 10/21/2022

Location Name: Baltimore

Justification for Continuance

this is the reason

If continuance is approved, all claims in the "set with group" will automatically be postponed.

Claims Requested to Set With together

No records

Requester Details

Victoria Queen

Insurer
ACCEPTANCE INSURANCE CO

08/23/2022 12:43 pm

1 The Postponement Request tab displays a read-only copy of the request in an organized layout

2 The Response Form (Figure 8) allows a user to 'Object' to the request and provide the reasoning.

Response to Continuation Request - Response Form

Postponement Request Response Form

Response: Object

Objection Reason:

Response Details

Claim Number	Name	Party	Response	Objection Reason
W401998	Carlos Medina	Claimant	Consent	
W401998	Aruna Kamana	Insurer Attorney		

Don't forget to give a reason when Objecting !



Figure 7 – Response Form :Postponement Request Read-Only Tab

Figure 8 – Response Form: Response Tab

POWER OF ATTORNEY

Power of attorney can be submitted/replaced while filing Claim, Claim Amendment, or Claimant Change of Address



Are you submitting a signed Power of Attorney for this claim? Yes No

Power of Attorney Documentation:  

Figure 9.1 – Submit POA while filing Claim.

Is a signed copy of Power of Attorney on file for this claim? Yes No Power of Attorney Documentation: [View](#)

Do you want to replace the existing Power of Attorney documentation on file? Yes No

Figure 9.2 – Replace POA while filing Claim.

ELECTRONIC SETTLEMENTS

Complete and get a signed worksheet without leaving your desk !!

Figure 10 – Response Form : Electronic Settlement Routing

MARYLAND WORKERS' COMPENSATION COMMISSION SETTLEMENT WORKSHEET	
Claimant Name: Carlos Medina	Claim Number: W401935
Claimant Attorney: Aruna Kamana	Attorney Telephone: 487-687-6293
Claimant Age: 46 years, 1 months	
Employers: AMGEN INC	
Insurer: A M C O INSURANCE COMPANY	
Employer/Insurer Attorney or Rep: Test Employer	Employer/Insurer Attorney Phone: 712-852-9635
Settlement Type: Full and Final	

All questions must be answered. Any incomplete or missing information will cause the Settlement Worksheet to be returned and the settlement approval delayed.

1. Has this settlement been previously submitted and previously denied?	No
2. Is the claim contested as to compensability and/or causation?	No
3. Are further medical treatments recommended for the injury?	No
4. Is there any potential SIF liability in the case?	No
5. Is the Claimant working?	No
6. Does this case involve a third-party claim? <i>If yes, attach document required by COMAR 14.09.10.02C.</i>	No
7. Is the claim on appeal?	No
8. Is a hearing on the claim pending? 08/13/2022 12:00:00 AM	Yes
9. Has Claimant applied for Social Security Disability benefits?	No
10. Date of filing SSDI benefits if approval is pending: 8/18/2022 or N/A: Yes	
11. Has Claimant applied for Medicare benefits?	No
12. Date of filing Medicare benefits if approval is pending: 8/18/2022 or N/A:	Yes
13. Does Claimant have End Stage Renal Disease (ESRD)?	No
14. Total Amount of Indemnity paid to Claimant to date:	\$800.00
15. Amount of Total Proposed Settlement (excluding the amount of indemnity paid to the Claimant to date and any MSA that is being paid as an annuity):	\$1,200.00

WCC Form H07R 08/2022 10 East Baltimore Street- Baltimore Maryland 21202-1641 Page 1 of 2

16. Are medicals being left open?	No
17. Has a professional evaluator identified probable future Medicare covered expenses?	No
18. Is there a formal set aside allocation for medical benefits (MSA)? a. If yes, state amount: i. Is the MSA funded only through an annuity? OR ii. Is the MSA funded only through an independent TPA, with no reversionary interest to the covered employee's beneficiaries?	No
19. Has proposed Medicare Set Aside been submitted to CMS? If yes, date submitted: 8/18/2022	No
20. Is CMS approval of the MSA pending?	No
21. Date CMS Approved MSA: or N/A: Yes	
22. Date of accidental injury or disablement by occupational disease:	02/01/2022
Generate sample Settlement worksheet with all participants signatures.	

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on August 18, 2022, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Electronically Signed By:

Alice Baker

Insurer Attorney

A M C O INSURANCE COMPANY

8/18/2022

Carlos Medina

Claimant Signature

08/18/2022

Date

Aruna Kamana

Employer/Insurer Attorney Signature

08/18/2022

Date

WCC Form H07R 08/2022

10 East Baltimore Street- Baltimore Maryland 21202-1641

Page 2 of 2

Figure 11 – Completed Worksheet

EMERGENCY HEARING REQUEST

Emergency Hearing Request > Emergency Hearing Request Form

Emergency Hearing Request | Issues | Set With Claims | Issues Document

▼ Claim Basic Information

Claim Number:	W400883	Claimant Name:	Carlos Medina
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> Employer & Insurer

Consideration Date:	01/14/2022
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▼ Requester Details

Email:	Carlos.Medina@wcc.invalid	Address:	11 N CHARLES ST BALTIMORE MD 21202
Phone:	410-555-1212		
Party:	Claimant		

Justification for Emergency Processing:

Expedited processing of this case is requested for the following reason(s):

**** Note: Click on "Issues" tab next to this form to file issues along with this request**

Please click + icon below to add new supporting document

All attachments should be converted to PDF format before uploading

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

▼ Attachments

+

No records

Figure 12 – Emergency Hearing Request form

ELECTRONIC SUBPOENAS

Witness Subpoena > Submit Request

Request

Note: Once the form is submitted, your subpoena document will be displayed in the Claim Documents tab.

Witness Name: Hearing Date: 09/20/2022

Witness Address: Hearing Location: To be determined

Hearing Address:

Justification:

Refer Questions to Someone Else: Yes No

Name: ALICE BAKER

Address: 177A Baker Street
Baltimore MD 21202

Phone: 321-654-9871

Email: Alice.baker@wcc.invalid

All attachments should be converted to PDF format before uploading.

Attachments: No files uploaded

Certifications and Signature

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Save Submit

Figure 13 – Witness Subpoena request

MARYLAND WORKERS' COMPENSATION COMMISSION
10 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-1641

WITNESS SUBPOENA WCC Subpoena #
GNS-16

TO JOHN SMITH 1059 Hillen St, Baltimore, MD 21202	CLAIM # W301338 CLAIMANT CARLOS MEDINA SSN BIRTH DATE 07/10/1980 EMPLOYER AMGEN INC INSURER ACE AMERICAN INSURANCE COMPANY
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You are hereby compelled to testify in the above case at the following location and time.

To be determined ON: 09/20/2022 03:42 PM

SUBPOENA ISSUANCE REQUESTED BY: ALICE BAKER

REFER QUESTIONS TO:
Name: ALICE BAKER
Address: 177A Baker Street
Baltimore MD 21202
Phone: 321-654-9871
Email: Alice.baker@wcc.invalid

Date Issued: 09/12/2022
Service Deadline: 60 days after Date Issued

NOTICE

1. YOU ARE LIABLE TO BODY ATTACHMENT AND/OR COSTS BY THE CIRCUIT COURT FOR FAILURE TO OBEY THIS SUBPOENA UNDER THE AUTHORITY OF COMAR 14.09.03.05H
2. This subpoena is effective for the date/time stated and any subsequent dates as directed by the Commission
3. Serving or attempting to serve a subpoena more than 60 days after the date of issuance is prohibited

Figure 14 – System Generated Request Form

MEDICAL CLAIMS

Start New Action

You may submit multiple dates of service on a single claim form as long as the dates of service all occurred in a single calendar year. A separate claim form must be submitted for each individual calendar year.

Are you filing this request with existing Claim number? Yes No

Create a Claim for Medical Services (C51)

Type of Medical Claim:

Claim Number: Advanced

Results

No records

Do you want to withdraw this medical claim? Yes No

Figure 15 – ComHub Medical Claim Start Form

Prescription Details

Please use the add icon (+) to provide NDC Details.

NDC Details

No records

Reasons for Medical Claim submission

Medical Claim Filing Date: 08/18/2022

Mailing date of bill to Employer/Insurer in compliance with COMAR 14.09.08.06:

Reason for filing this claim:

Upload supporting documents

Please use the add icon (+) to upload documents

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

The following are the required documents to be uploaded with C-51 medical claims

1) Itemized list of service, 2) The medical records related to service being billed, 3) DME/implant invoice, 4) EOBs

All attachments should be converted to PDF format before uploading

Upload Documents

No records

Reasons for Medical Claim submission

Medical Claim Filing Date: 08/18/2022

Mailing date of bill to Employer/Insurer in compliance with COMAR 14.09.08.06:

Reason for filing this claim:

Upload supporting documents

Please use the add icon (+) to upload documents

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

The following are the required documents to be uploaded with C-51 medical claims

1) Itemized list of service, 2) The medical records related to service being billed, 3) DME/implant invoice, 4) EOBs

All attachments should be converted to PDF format before uploading

Upload Documents

No records

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on August 18, 2022, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 31 of the Commercial Law Article of the Annotated Code of Maryland.

Figure 16 – ComHub Medical Claim Submission

VOCATIONAL REHABILITATION REGISTRATION

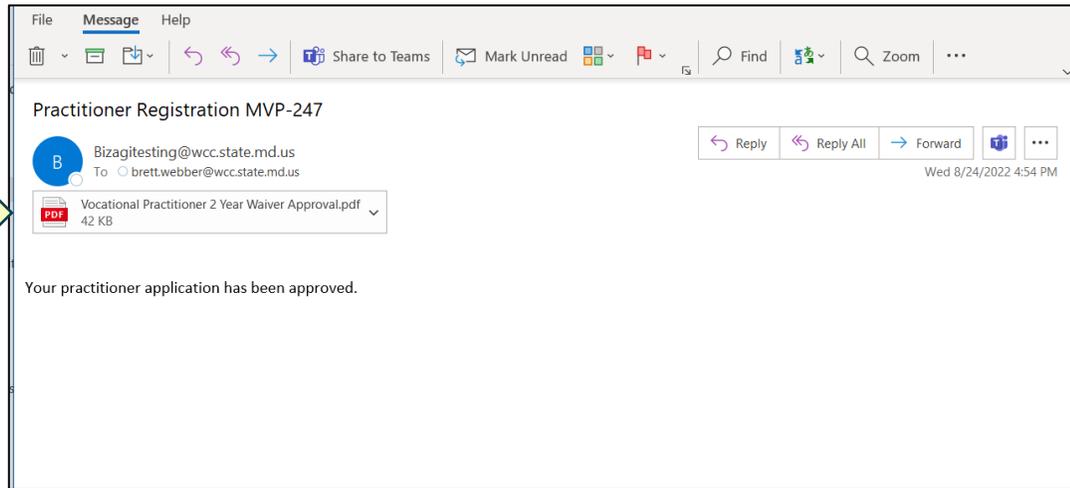


Figure 17 – Electronic Notification: Practitioner Registration: Approved

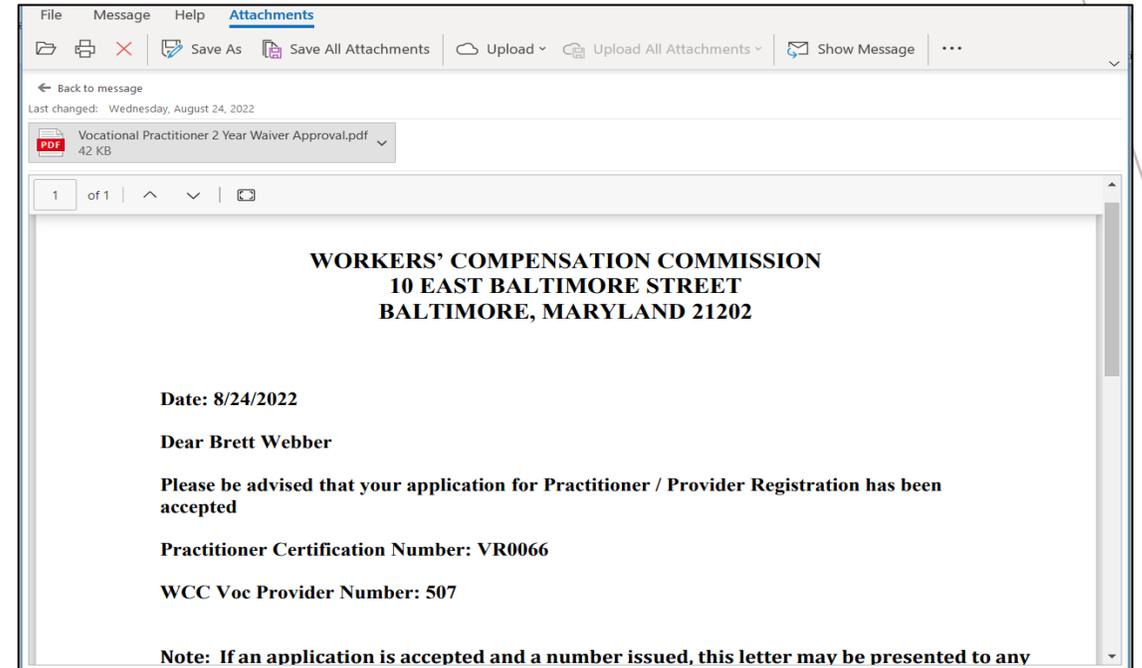
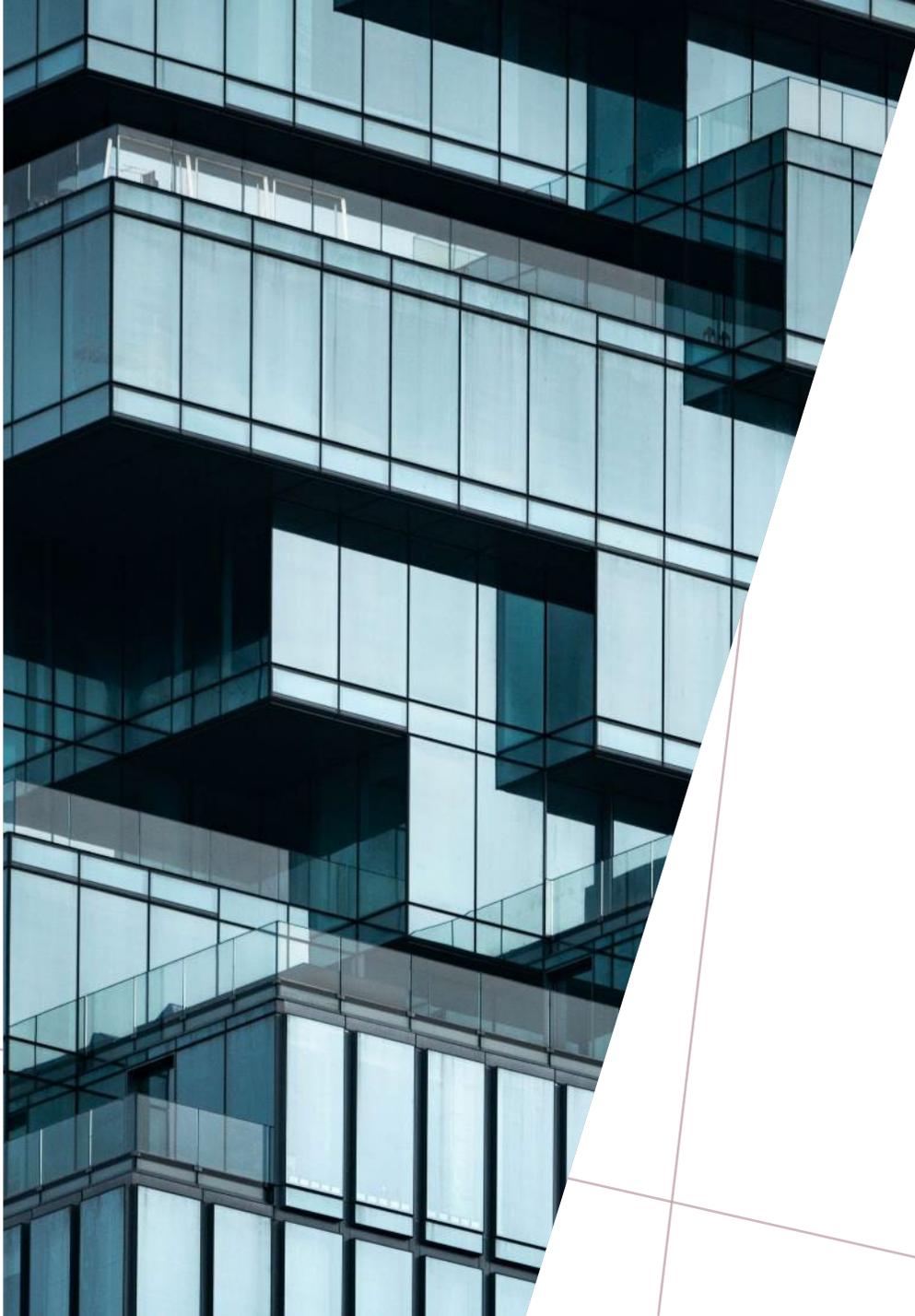


Figure 18 – Electronic Notification: 2-Year Waiver PDF View

OTHER ENHANCEMENTS & CHANGES

- Interpreter Requests
- Consolidation of Processes
- Voc Rehab Disputes
- Annual Subscription



A photograph of a modern glass skyscraper with a blue-tinted facade, partially obscured by a white diagonal shape on the right side of the slide.

COURTEOUS TREATMENT WILL MAKE A CUSTOMER A WALKING ADVERTISEMENT

- James Cash Penney

THANK YOU

Theresa Cornish & Mahesh Dasari

CompHub@wcc.state.md.us

<https://www.wcc.state.md.us>

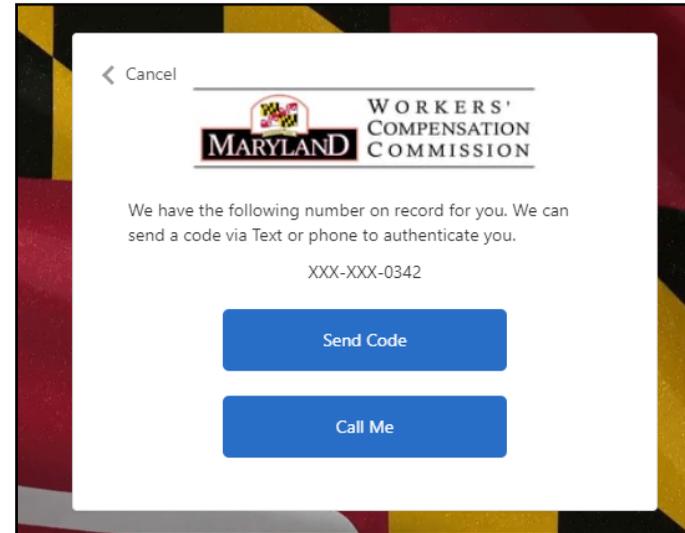
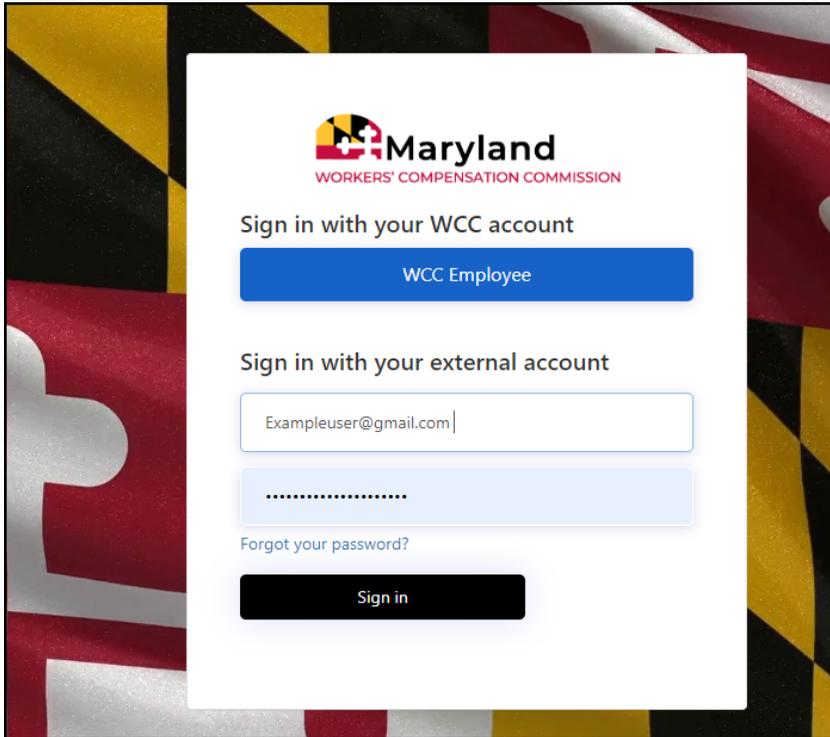
Scan this code to view/download the Presentation and
the CompHub QuickStart /Guide !!



Logging In

Quick Start Guide

Logging into CompHub is quick and easy. Remember to keep your cell phone handy if you're logging on from a PC. CompHub makes use of a concept called two-factor authentication to keep your account safe. CompHub presents users with a crisp, easy to use log-in page.



2 To ensure the proper user is logging in, you must confirm by entering a code delivered by Text Message or Automated Phone Call .

1 Enter your username and password created during registration and click/tap Sign in .



3 Welcome to the CompHub Inbox!

Navigating the Inbox



Quick Start Guide

The Inbox is essentially CompHub's landing page (presented to the user upon login). You can think of the inbox as your "Homepage". You can initiate processes, view your workload, and edit settings all from this page.

The inbox displays all of your active processes and their pending activities

If you know your Claim Number or "Case ID" you can type it directly into the search bar to find information regarding the Claim and any processes you have access to.

The sidebar contains a collapsible section where you can view all your cases (active processes) by subcategory and view a count of your cases.

The screenshot shows the WCC inbox interface. At the top left is the WCC logo. Below it is a sidebar with a collapsible menu containing 'All Cases' (5), 'Claims' (4), and 'Medical Claims' (1). The main area displays a table of active processes. At the top right, there is a search bar and a user profile icon 'JS'. Below the table, there are filters for process status: 4 (red), 0 (yellow), and 1 (green), along with a star icon.

Process	Activity	Claim Number	Hearing Date	Case Creation Date	Activity Due Date	Case Id
★ Claim	● Complete and submit the claim	W301335		09/12/2022 3:03 pm	10/25/2022 3:03 pm	W301335
★ Medical Claims	● Submit Medical Claim			01/04/2022 3:11 pm	01/04/2022 3:11 pm	MCR-98
★ Claim	● Complete and submit the claim	W300692		10/06/2021 9:07 am	11/17/2021 9:07 am	W300692
★ Claim	● Complete and submit the claim	W300691		10/06/2021 8:56 am	11/17/2021 8:56 am	W300691
★ Claim	● Complete and submit the claim	W300112		02/12/2021 10:57 am	03/26/2021 10:57 am	W300112

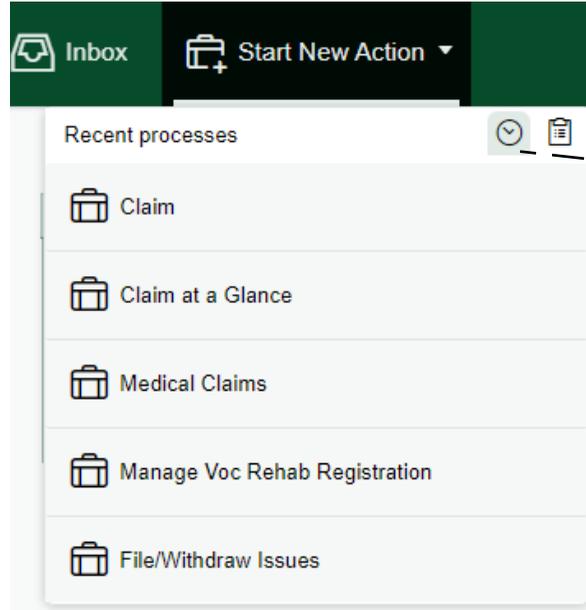
A count of each process' status based on activity due dates (e.g. filing deadlines and Commission business rules) is displayed in the bottom left hand corner. You can click any of the three icons to filter the inbox view to only display processes with the selected status.

Click/Tap your initials in the top right hand corner to access Accessibility Settings (Default Font Size), General Information, and most importantly to log out at the end of your session.

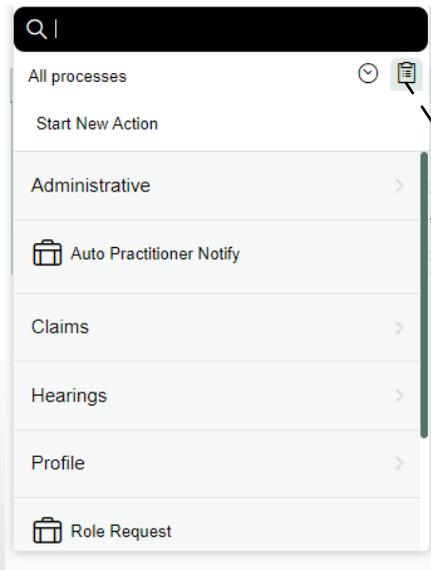
Starting a Process

Quick Start Guide

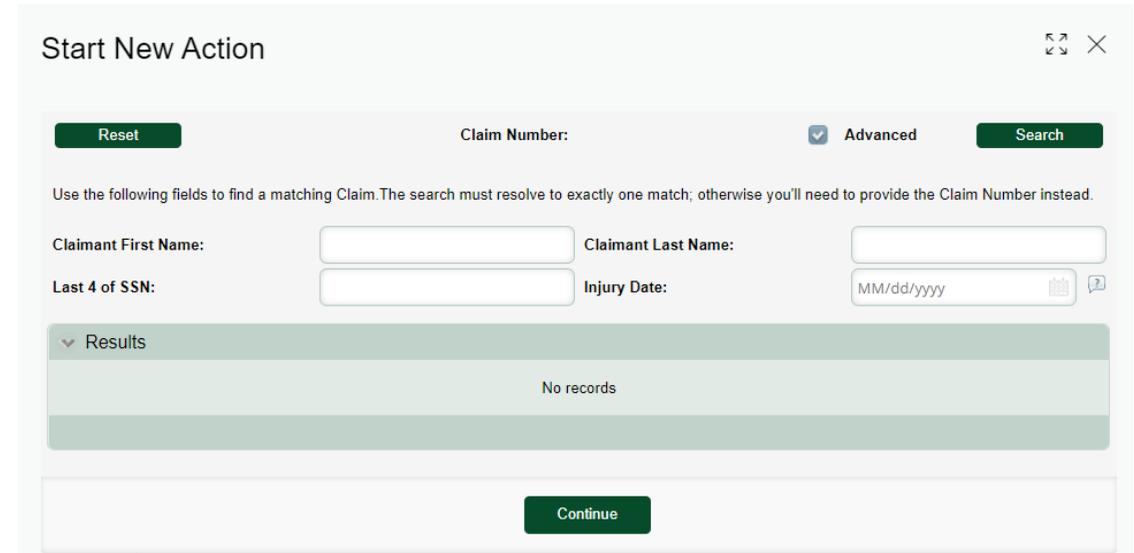
Processes are initiated through the Inbox. It's as simple as selecting the process you would like to begin and entering the required information on the Start Form.



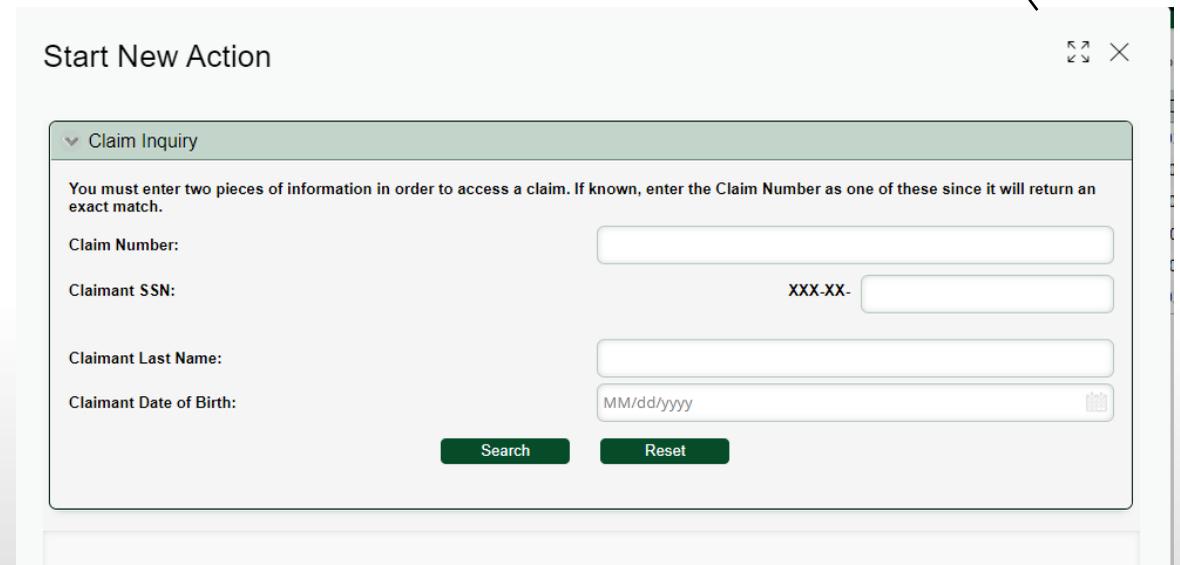
Clicking/Tapping "Start New Action" will automatically bring up the processes you've used in the past. Click/Tap on a process name to initiate it.



You can also Click/Tap the Clipboard Icon to view a categorized list of all processes or search for one by typing directly into the space provided.



Different processes may have different start forms, but they generally are designed with the objective of identifying the underlying Claim.

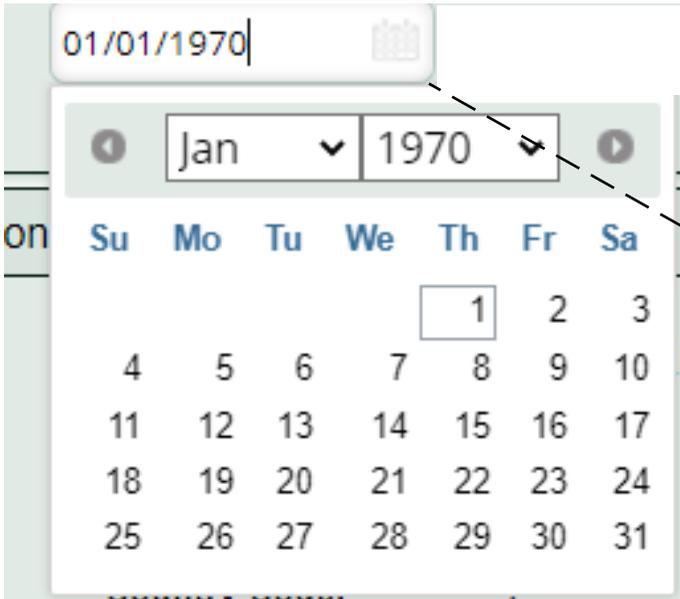


Quick Reference - CompHub Icons

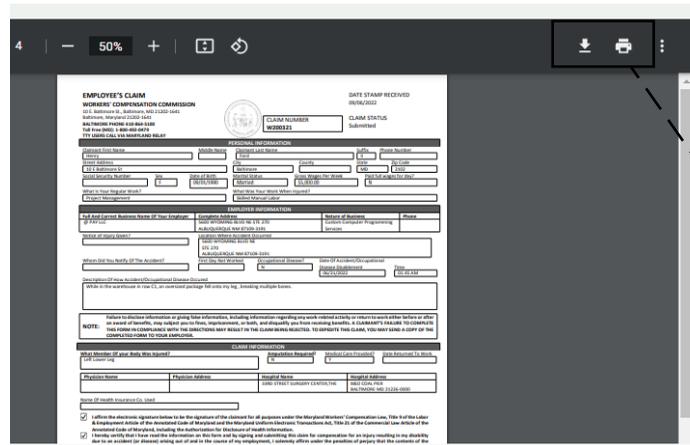


Quick Start Guide

CompHub is built on top of the Bizagi technical platform that contains certain buttons and icons that may be new to you.



The Datepicker icon allows you to open a calendar to select a date if you would like to do so instead of manually typing it.



CompHub contains a built in PDF viewer to print and/or download documentation straight from the application.



Don't forget to use the Verify Address utility whenever you enter an address!



In order to use the Search function in the electronic process you must first click the Magnifying Glass Icon to begin the search. Don't forget red lines identify required entries!

Tables are commonplace in CompHub. Below you will see an "Attachments" table for supporting documentation. CompHub only accepts PDF attachments (In Order to save a document as PDF quickly, open the file on your PC or Phone and Print as PDF)

- The Plus (+) icon allows you to add a new entry
- The Pen icon allows you to edit an existing entry, given you have highlighted it by clicking the row first
- The Trash Can icon allows you to delete an existing entry, given you have highlighted it by clicking the row first



All CompHub tables can be sorted by clicking the column header.