

Visit Adjuster Gateway at: <https://wcbgateway.wcb.in.gov/wcbgateway>

PPI Adjuster Portal submission

Gateway user guide

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How do I get to the PPI application screen for Workers' Compensation Board in Gateway?

As an authorized user of the WCB Indiana Gateway PPI Portal ("Gateway"), users will have a username and password that will allow access to the program. The username is the email address on file with the Workers Compensation Board ("WCB"). The WCB will assign an initial password, which should then be changed by the owner to something unique and confidential. Users are responsible for all information entered into Gateway under the authorized user's username and password.

To access Gateway, open Firefox or Google Chrome and type <https://wcbgateway.wcb.in.gov/wcbgateway> into the browser and then hit "Enter" on a standard keyboard. Gateway works best using Firefox or Google Chrome. Internet Explorer is not a supported browser.

Registering for the WCB PPI Portal

To register for the PPI submission portal, navigate to the login page here: <https://wcbgateway.wcb.in.gov/wcbgateway>. Registration for the PPI application may be completed by clicking **(Register)** from the login page. On the registration page, select **Role** at the top center of the page, you will then add your email/username (required), your first and last name (required) and contact information (mailing address required). Below the mailing address, the carrier information is entered. The FEIN/Name must be that of the carrier, TPA, self-administered or self-insured employer completing the registration. (required). After the required fields have been populated, to complete your registration click **Register**. You may clear all entered information by clicking **Clear**. Clicking **Cancel** will return you to the login page. After registration has been completed, the WCB will verify and approve, and a temporary password will be emailed to the registrant. The registrant may then login to the PPI portal, using the temporary password. PLEASE update your temporary password to a unique and confidential password. Utilization of centralized submission or a centralized distribution email for Indiana PPIs is discouraged as accountability is diminished, submission of corrected documents will be delayed and direct communication with the person responsible for adjusting the case will be difficult.

A Forgot Password link is available on the login page, if the password needs to be reset, or has been forgotten.

The screenshot displays the "Adjuster Registration" form. At the top, it says "Adjuster Registration" and "Please Choose Role: *" with a dropdown menu set to "Adjuster". The form is divided into several sections: "User Name/Email: *" with a text input field; "First Name: *" and "Last Name: *" with text input fields; "Mailing Address" section containing "Address: *" (text input), "City: *" (text input), "State: *" (dropdown menu), and "Zip code: *" (text input); "Phone Number:" (text input); "Carrier Details" section with a note: "** FEIN/Name must be that of the carrier, TPA or self-administered self-insured employer completing the registration." Below this are "Carrier FEIN: *" (text input) and "Carrier Name: *" (text input). At the bottom right are three buttons: "Register", "Cancel", and "Clear". A large, faint "WCB INDIANA" watermark is visible in the center of the form.

Registration procedure for multiple Insurance companies, multiple FEIN

Some PPI submitters may be submitting for multiple insurance companies with multiple FEIN. When registering, the option to enter multiple FEIN and Carrier names is located at the bottom of the **Adjuster Registration** page. under **carrier details**, click **add for each additional Carrier/FEIN**. Enter applicable Carrier FEIN on the bottom left and the matching carrier Name on the bottom right, then click register. Multiple Carriers/FEINs may be added under 1 email address. *If submitting for multiple Carriers/FEIN and separate email addresses are used for each carrier, please do not use this feature, register each carrier/FEIN separately with each corresponding email separately. Only use this feature if only 1 email address is available for multiple carriers.*

[Home](#)

Adjuster Registration

Please Choose Role: Adjuster

User Name/Email: *

First Name: *

Last Name: *

Mailing Address

Address: *

City: *

State: *--Select--

Zip code: *

Phone Number:

Carrier Details

** FEIN/Name must be that of the carrier, TPA or self-administered self-insured employer completing the registration.

Carrier FEIN: *

Carrier Name: *

Add

Carrier FEIN: *

Carrier Name: *

Carrier FEIN: *

Carrier Name: *

Carrier FEIN: *

Carrier Name: *

Updated Oct-23

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Under the **My Profile** heading of the portal the registered multiple FEIN and Carrier Names will display under carrier details.

My Profile

Email Address/User Name:

devtest@test.com

First Name: *

Mark

Last Name: *

Daniel

Mailing Address

Address: *

123 Main Road

City: *

Tampa

State: *

Indiana

Zip Code: *

32558

Phone Number:

7845454646

Carrier Details

** FEIN/Name must be that of the carrier, TPA or self-administered self-insured employer completing the registration.

Carrier FEIN: *

489451545

Carrier Name: *

Dev test LLC

Add

Carrier FEIN: *

489451545

Carrier Name: *

Dev test LLC

Carrier FEIN: *

489451545

Carrier Name: *

Dev test LLC

Carrier FEIN: *

CarrierFEIN

Carrier Name: *

CarrierName

Carrier FEIN: *

CarrierFEIN

Carrier Name: *

CarrierName

Additional Emails

(Up to 5 assistants can be added)

Add Email

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My Profile & Adding additional correspondence emails

To add additional email recipients for the registrant, navigate to the **My Profile** page accessed from the login page. You may add up to 5 additional emails. (i.e., assistants, colleagues, etc.). Once the information has been entered, click **Update** to save the information. The additional email addresses entered on the profile page will also receive all correspondence regarding PPIs filed under the registrant’s profile. You may remove or edit the additional email entries as necessary. To remove email recipients, click the waste can symbol to the right of the additional email address. Click **Update** to save.

My Profile

Email Address/User Name:

Heatheradjuster@adjuster.com

First Name: *

First Name

Last Name: *

Last Name

Mailing Address

Address: *

Address

City: *

City

State: *

Indiana

Zip Code: *

Zip Code

Phone Number:

Phone Number

Carrier Details

** FEIN/Name must be that of the carrier, TPA or self-administered self-insured employer completing the registration.

Carrier FEIN:

014747474

Carrier Name:

SAFETY NATIONAL CASUALTY CORPO

Additional Emails

(Up to 5 assistants can be added)

Add Email

First Name

First Name

Last Name

Last Name

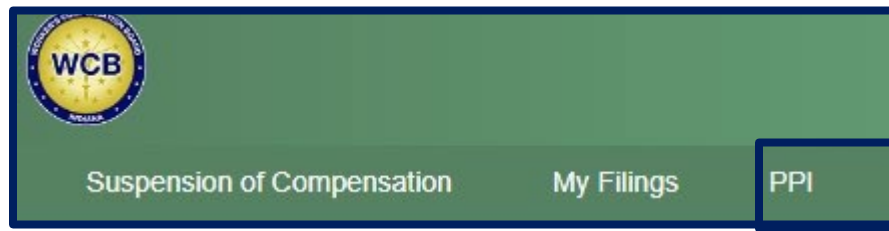
Email

Email

Update

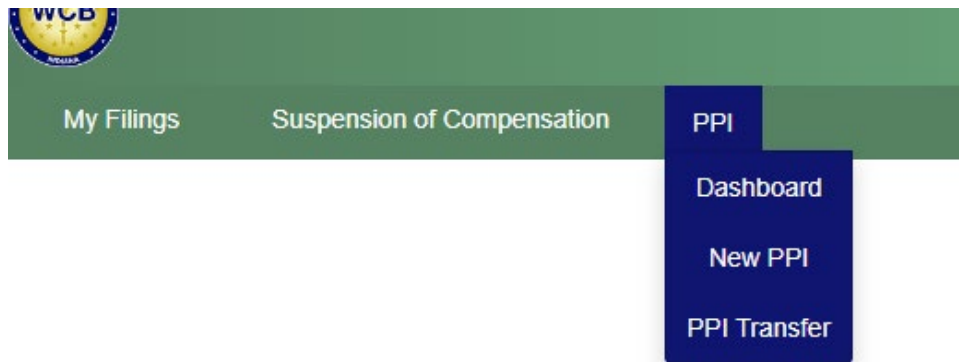
Cancel

The PPI submission portal is the electronic submission portal for Insurance Adjusters to submit their PPI claims to the WCB for approval. The menu on the Portal has 3 options for action:



1. Suspension of compensation
2. My filings
3. PPI – **This user guide will discuss the options available under the PPI portion of the submission Portal.** The PPI section of the portal has two options.
 - a) The first option is the PPI dashboard.
 - b) The second option is for submitting new PPI.

PPI Dashboard



The PPI dashboard is the location in the Adjuster Portal where an Adjuster can see the status of their filings with the WCB. Under the drop-down menu “Filing Status?”

There are 5 options on the PPI dashboard.

1. All (all filings' statuses will be displayed) – "all" statuses can be sorted by status by selecting one of the options below (all) from the drop-down menu.
2. New: All PPI approved 1043's will be available for downloads as a link for all PPI approvals approved on or after December 14 2023.

PPI Dashboard								
Filing Status?:			All	Clear				
Employee Name	JCN#	Filing#	File Name	WCB Approval *	Carrier FEIN and Name	PPI Status	Created Date	Action
[REDACTED]	2051350	1	D. JOHNSON 1043.PDF - 1043 - Approved	WCB Approved 1043	223344556:GEICO INSURANCE	Approved	11/08/2023	View
			D. JOHNSON MED.PDF - MEDICAL REPORT - Approved					
			D. JOHNSON WAIVER.PDF - WAIVER - Approved					
[REDACTED]	2006901	4	DENIALOFBENIFITS.PDF - 1043 - Approved	WCB Approved 1043	112233449:RDR CARRIER	Approved	11/09/2023	View
			SECONCREQUEST.PDF - MEDICAL REPORT - Approved					
			FIRSTREQUEST.PDF - WAIVER - Approved					




3. New Closed status added to the dashboard. Cases closed due to various reasons will be displayed in "All" or in "Closed" grouping. The Closed reason will be displayed on the dashboard and also when you view the document.


The filed PPIs will display by name, JCN, File name. FEIN/Carrier, date created and date of last action.

PPI Dashboard					
Filing Status?:			Closed	Clear	
					Search Box: <input type="text"/>
File Name	WCB Approval *	Carrier FEIN and Name	PPI Status		
1043 A. JOHNSON REVISED.PDF - 1043 - Approved MEDICAL.PDF - MEDICAL REPORT - Approved WAIVER (1).PDF - WAIVER - Approved		223344556 : GEICO INSURANCE	Closed Reason: Administrative Closure		0
ACCIDENT TRACKING - FILINGS DISPUTE DETAILS (7).XLSX - 1043 - Approved MEDICAL NOTE.PDF - MEDICAL REPORT - Approved WAIVERS.PDF - WAIVER - Approved		112233449 : RDR CARRIER	Closed Reason: Previously Filed		1
			Previous	Next	

4. Approved – Adjusters will receive an email for each PPI approved noting the approval. The approved 1043 will be stamped with approval seal and approval date and will be attached to the email as a pdf document

QA - PPI Approved, Payment Due – JCN – 1881943 - ClaimAdminNumber: 0620906

 PPI@wcb.IN.gov
To  KPLACENCIA@BROTHERHOODMUTUAL.COMxxx
Cc  PPI@wcb.IN.govxxx

 Approved1043.pdf
335 KB

Dear [REDACTED]

Congratulations, your PPI submission has been Approved. Please pay the amount due now.

Documents List and Status

File Type	File name	Status
1043	0620906 Form 1043.pdf	Approved
Medical Report	0620906 08.13.23 PPI.pdf	Approved
Waiver	0620906 Form 53913.pdf	Approved

test

You can review your submission by clicking [here](#). Your PPI approval is attached. Your all future PPI approvals can be accessed from PPI dashboard.

If you have any questions please contact PPI@wcb.in.gov

Thank you.
IN WCB

5. Rejected -Adjusters will receive an email from the WCB noting the rejection reason.

QA - QA - PPI Rejected – JCN – 2006303 - ClaimAdminNumber: FYG4897



IT@wcb.IN.gov

To ☐ mytest@wcb.in.govxx

Cc ☐ IT@wcb.IN.govxx

Dear **Worker Wan**

Your PPI submission has been rejected by the WCB. Please fix the error(s) indicated and resubmit.

Documents List and Status

File Type	File name	Status
1043	helppages.pdf	Rejected
Medical Report	helppages.pdf	Rejected
Waiver	helppages.pdf	Rejected

test

You can resubmit by clicking [here](#)

If you have any questions please contact PPI@wcb.in.gov

Thank you.

IN WCB

6. Compliance – Adjusters will receive an email from the WCB noting the filing has been accepted for compliance.

QA - QA - PPI Compliance – JCN – 2006305 - ClaimAdminNumber: FYG5011



IT@wcb.IN.gov

To ☐ devtest@test.comxx; ☐ devtest@test.comxx

Cc ☐ IT@wcb.IN.govxx

Dear **Mark Daneal**

Your PPI submission is reviewed and accepted for compliance only by the WCB.

You can review your submission by clicking [here](#)

Documents List and Status

File Type	File name	Status
1043	helppages.pdf	Compliance
Medical Report	helppages.pdf	Compliance
Waiver	helppages.pdf	Compliance

test

If you have any questions please contact PPI@wcb.in.gov

Thank you.

IN WCB

7.Closed – Adjusters will receive an email from the WCB noting the filing has been closed.

Dear **Prash ch**

Your PPI submission has been closed/dismissed by the WCB for the following reason(s):

Reason : Filed in Error

adjuster emailed us saying this is filed in error.

JCN:2006303, Filing No:12

You can review your submission by clicking [this](#)

If you have any questions please contact PPI@wcb.in.gov

Thank you.

IN WCB

8.The Pending review screen is a list of the registrants (Adjuster's) PPIs currently pending review.

Submitting a new PPI

New PPI's may be submitted via the PPI dashboard by clicking the "New PPI" selection at the top of the page to the left of the "Back" option or by navigating to the "New PPI" option found under the second option under the main page by clicking the 2nd option "New PPI".

The PPI dashboard will also display the option to submit a new PPI from this area without navigating to the “New PPI” submission menu.



New PPI's

A new PPI must have a First Report of Injury (FROI) filed– the submission of the FROI will generate a Jurisdiction Claim Number (JCN).

Adjusters can search for the Injury multiple ways.

A screenshot of the "Search Accident" form. The form has a title "Search Accident" and a red instruction "Please enter any two values." Below this, there are four input fields: "Jurisdiction Claim No:", "Date of Injury:", "Last Name:", and "First Name:". At the bottom of the form, there are two buttons: a blue "Search" button and a blue "Clear" button.

Search options are by:

1. Jurisdiction Claim Number (JCN) – assigned when FROI is filed with the WCB.
2. Date of Injury
3. Last name
4. First Name

2 of the 4 data entry fields must be completed to retrieve a specific Accident/Injury file.

Any combination of 2 data fields will retrieve the file, note however that **a FROI must have previously been filed**. Once the correct Injured worker's file has been retrieved by the system, the NEW PPI button will appear along with the Jurisdiction Claim number, Date of injury and Full Name. Please verify date of injury and JCN match the file you are submitting.

New PPI's submission procedure

Clicking the "New PPI" button will bring up a new smaller screen. The display of the New PPI "Enter PPI details." shows the JCN, Employee Name, Claim Administrator Email and Date of injury.

Additional required fields to be populated by Adjuster during submission include:

1. PPI percentage- The PPI rating to **the most specific body part injured and rated by the MD.**
For more information on PPI ratings see PPI Guide: https://www.in.gov/wcb/files/PPIGuide_10.2023.pdf
2. PPI degrees- full degrees of compensation per body part(s) injured. Please use the matching applicable full degrees (i.e. 100, 50, 45 etc.) assigned by WCB for injured body part. System makes the full calculation **do not enter partial degrees.** PPI degree designations may be obtained from the WCB website here (page 2): <https://www.in.gov/wcb/files/PPIandTTD-benefits2023.pdf>

Degrees of Impairment/Scheduled Injuries			
Body Part	Degrees	Body Part	Degrees
Thumb	12	Both hands, both feet, total sight of both eyes, or two such losses in the same accident	100
Index Finger	8		
Second Finger	7		
Third Finger	6	Loss of field of vision	100
Fourth Finger	4	Enucleation of eye (considered amputation)	35
Hand	40	Complete Loss of Hearing in:	
Arm & Wrist	50	1 ear	15
Great Toe	12	Both ears	40
Second Toe	6	Loss of:	
Third Toe	4	1 Testicle	10
Fourth Toe	3	Both Testicles	30
Fifth Toe	2		
Foot/Ankle	35		
Knee & Leg	45		
Whole body	100		

Duplicate PPI Alerts and Validations.

As a adjuster if you try to enter a new PPI and this PPI matches the previously filed PPI's Jurisdiction Claim Number, Injury Date, and percentage the system will alert of duplicate filing. There are two different alerts that display and will ensure that you are aware of duplicate filings.

Case A:

When you are entering a new PPI and WCB database has a duplicate PPI (meaning same Jurisdiction Claim Number, Injury Date, and percentage) in its database and the database PPI is **not in "Approved." status.** The following alert will be displayed. You **will not be** able to file the new PPI with the same Percentage. This alert is to block duplicate filing.

Enter PPI Details

A PPI with same JCN, Injury date and Percentage was previously filed by Andrewee Hafty on date:09/14/2023 is currently in Rejected status! Please use the resubmit feature if updating the submission. An email will be sent to the email address on the file when the PPI has been processed.

Ok

Case B:

When you are entering a new PPI and WCB database has a duplicate PPI (meaning same Jurisdiction Claim Number, Injury Date, and percentage) in its database and the database PPI is in **“Approved” status**. The following alert will be displayed. You **will be** able to file the new PPI with the same Percentage. This alert is a warning.

A PPI with this JCN, Injury date and Percentage was approved on 10/27/2023 filed by Andrewee Hafty.

Ok

3. Total Due- To help ensure accuracy, **the total due field should be auto calculated**, the system will reference the date of the accident and retrieve the correct PPI rate for the entered accident date. To activate the auto-calculate option **click the calculate button**.
 - a. The calculate double option is utilized for all amputations that involve loss of bone, see IC 22-3-3-10 OR The PPI guide for more information.
 - b. The Total due entry field may be entered manually for cases where multiple injuries/ratings are combined for the same accident to override the auto calculation result.

PPI Percentage:*

PPI Degrees:*

Total Due:*

Calculate Calculate Double PPI Rates

Uploading supporting documentation for PPI submission

In addition to the PPI calculation, additional supporting documentation must be submitted for the WCB to process/approve the claim.

- a. File extension types accepted for upload are **PDF, JPEG, DOC, Word, and JPG ONLY**
- b. Maximum file size is 500 MB if the 1043 file size is larger than 500 MB you may split the files and upload the additional files under other document (Other document option allows for multiple documents to be uploaded, individually)

The screenshot shows a web form for uploading supporting documentation. At the top, a note states: "Unsigned waiver and 1043 should only be submitted if two attempts have been made and 60 days have passed since the mailing of the 2nd attempt." The form has several sections:

- 1043:*** with a "Choose File" button and a note: "(PDF/Excel/Word/Jpeg/Jpg files only and file size should be upto 500MB)".
- Medical Report:*** with a "Choose File" button and a note: "(PDF/Excel/Word/Jpeg/Jpg files only and file size should be upto 500MB)".
- Waiver:*** with a "Choose File" button and a note: "(PDF/Excel/Word/Jpeg/Jpg files only and file size should be upto 500MB)".
- A checkbox with the text: "I certify I have twice submitted this SF1043 and Waiver to the injured work for signature and have waited 30 days to submit this documentation to the WCB strictly for compliance purposes." Below this is a note: "Multiple files can be uploaded."
- Other Document:** with a "Choose File" button and a note: "(PDF/Excel/Word/Jpeg/Jpg files only and file size should be upto 500MB)".
- Chart/Report:** with a "Choose File" button and a note: "(PDF/Excel/Word/Jpeg/Jpg files only and file size should be upto 500MB)".
- Notes:** with a large text area and a character count: "characters remaining: 1000".

At the bottom are "Ok" and "Clear" buttons.

To maintain the integrity of the WCB database the WCB requires that each document must be uploaded under the correct heading individually. Please submit with only the waiver uploaded under the waiver heading, only the 1043 uploaded under the 1043 heading and only the medical under the medical heading. Submissions will be rejected if multiple document types are uploaded under the incorrect heading.

All documents may be uploaded by dragging and dropping the file into document title in the portal or by selecting file from location on computer and clicking upload.

Required documents to be uploaded include:

1. Form 1043- with Employer or Adjuster signature and Employee signature.
 - a. If employee signature is not obtainable the submitter must certify that they have waited the prescribed number of days post mailing for signature by the injured worker prior to submission to the WCB. State form 1043 may be found here: <https://www.in.gov/wcb/forms/>
2. Medical report – medical report from the treating physician, on the physician's letterhead with the physician's signature – for submission to be approved by the WCB the medical report must include the injured worker has reached Maximum Medical Improvement (MMI) and the Permanent Partial Impairment (PPI rating). The Edition of the AMA guide referenced by the Physician must be included in the medical report (i.e., 5th or 6th Edition) If the Injured worker was treated by a Physician's Assistant or Nurse

Practitioner, the medical report must be signed off by the supervising Physician. (MD)

3. Completed & signed -Employee waiver of examination by personal physician, State form 53913 found here, <https://www.in.gov/wcb/forms/>
 - a. If an employee signature is not obtainable the submitter must certify that they have waited the prescribed number of days post mailing for signature by the injured worker prior to submission to the WCB.
4. If the submission is to be submitted for compliance purposes, submitter must certify that the Injured worker's signature was requested 2 times and the 30 days wait period has passed prior to submission for compliance. **The check box is only required if submission is for compliance purposes.**

☐ I certify I have twice submitted this SF1043 and Waiver to the injured worker for signature and have waited 30 days to submit this documentation to the WCB strictly for compliance purposes.

Other document- additional upload opportunity for supporting documentation not classified in 1, 2, or 3. Files sizes that exceed the 500 MB limit may be split and uploaded in the appropriate form section and additional files may be added here under other documents. Here you may upload multiple individual documents. **(.PDF, .JPEG, .DOC, .Word, and .JPG ONLY file extensions only)**

- 5. Chart /Support- additional upload opportunity for supporting medical information – (i.e., medical chart or reports not uploaded in the medical report section.)
- 6. Notes from the submitter to the WCB on the file may be added in the notes section at the bottom of the PPI submission menu.

Notes:

characters remaining: 1000

Ok

Clear

After the required documentation has been uploaded (1, 2 & 3), if no other documentation or notes need to be included the submitter is able to click the (Ok) button. If an error has been made in the submission the submitter may also choose the (Clear) button to remove the uploads and completed information.

Once the (Ok) button has been clicked a smaller pop-up window will appear, here the submitter may type a cover letter to the WCB for the PPI submission if applicable. Cover letter is optional information and is not required for submission to the WCB.

Cover Letter

Cover Letter: (optional)

Optional cover letter goes here....

characters remaining: 1000

Submit

Clear

PPI submission for Insurance Carriers with multiple FEINs

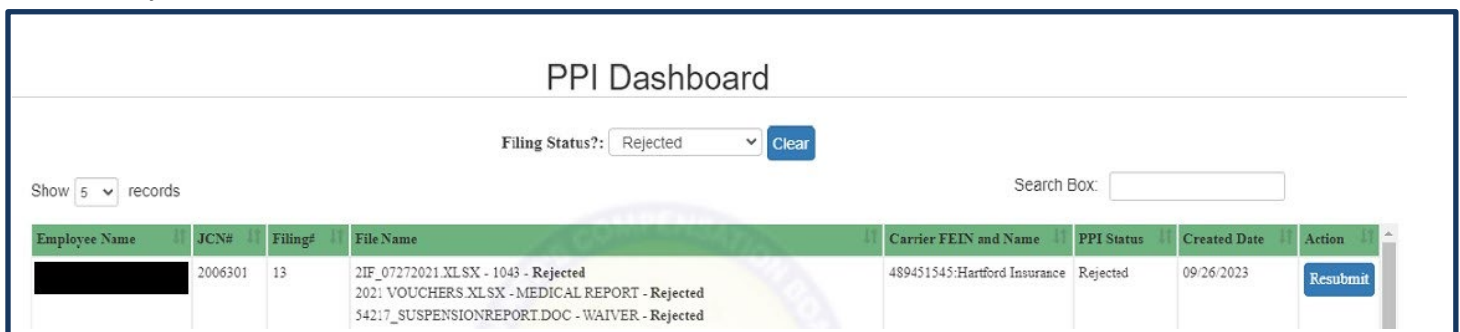
If an adjuster has registered with multiple FEIN for multiple carriers, when submitting the PPI, the appropriate Carrier and FEIN for the submitting JCN will need to be selected from the drop-down menu.



Re-submitting PPI due to rejection of 1 or more documents. (Resubmission)

If you received an email from the WCB noting a document or filing has been rejected, or are checking the dashboard and notice a rejection, you may resubmit the rejected documents. Resubmit can be accessed either via the rejection email link or the Portal, under the dashboard listing of rejected.

1. To access the resubmit function in the portal, navigate to the PPI Dashboard, the PPI dashboard will display the PPI type, by drop down menu. Select **Rejected**.
2. To resubmit documents that have been rejected locate the JCN for the rejected documents.
3. Under the Action heading on the right click on the **Resubmit** button. A smaller pop-up screen with the information regarding the JCN PPI will be displayed. The smaller screen shows the submission status of the rejected documents.



Employee Name	JCN#	Filing#	File Name	Carrier FEIN and Name	PPI Status	Created Date	Action
[REDACTED]	2006301	13	2IF_07272021.XLSX - 1043 - Rejected 2021 VOUCHERS.XLSX - MEDICAL REPORT - Rejected 54217_SUSPENSIONREPORT.DOC - WAIVER - Rejected	489451545:Hartford Insurance	Rejected	09/26/2023	Resubmit

4. The documents that have been rejected will display an upload opportunity in the section below the Action heading.

Jurisdiction Claim No:	2006305	Employee Name:	[REDACTED]
Date of Injury:	12/29/2022	Claim Administrator Email:	devtest@test.com
Filed Date:	10/20/2023	PPI Percentage:	44.00
PPI Degrees:	1	Total Due:	770.00

Carrier FEIN and Name: 489451545:Hartford Insurance

Notes:

Unsigned waiver and 1043 should only be submitted if two attempts have been made and 30 days have passed since the mailing of the 2nd attempt.

1043:* (PDF/Excel/Word/Jpeg/Jpg files only and file size should be upto 500MB)

Medical Report:* (PDF/Excel/Word/Jpeg/Jpg files only and file size should be upto 500MB)

Waiver:* (PDF/Excel/Word/Jpeg/Jpg files only and file size should be upto 500MB)

☐ I certify I have twice submitted this SF1043 and Waiver to the injured work for signature and have waited 30 days to submit this documentation to the WCB strictly for compliance purposes.

Multiple files can be uploaded.

Other Document: (PDF/Excel/Word/Jpeg/Jpg files only and file size should be upto 500MB)

Chart/Report: (PDF/Excel/Word/Jpeg/Jpg files only and file size should be upto 500MB)

Pending Review Files

5. Click choose file and locate the file from your device or drive that is to be uploaded. Either drag and drop the selected document or locate file then click choose file has been selected click "open" and the file will upload.
6. Resubmission PPI's (due to rejection on previous submission) will also generate a resubmission confirmation email.
7. If the rejection has not been resolved in 15 days by reuploading and resubmitting the submitting adjuster will receive a reminder every 15 days until the issue has been resolved.

QA - QA - PPI Resubmission Accepted – JCN – 2006303 - ClaimAdminNumber: FYG4897



IT@wcb.in.gov

To mytest@wcb.in.govxxx

Cc IT@wcb.IN.govxxx

Dear **Worker Wan**

Your PPI resubmission has been accepted by the WCB and will now be reviewed by an Approver. You will receive a notice of its status soon.

You can review your submission by clicking [here](#)

Cover Letter

test

If you have any questions please contact PPI@wcb.in.gov

Thank you.

IN WCB

Action emails generated by PPI portal:

The adjusters/submitters will receive emails as the submission moves through the approval process, noting action taken by the WCB and as a confirmation of actions completed by the submitter:

1. After the user has successfully submitted a PPI, a confirmation email will be sent to the submitter of the PPI.
2. Action by WCB on submitted PPI's will notify the submitter via email of any changes in status. Status changes included in notification emails: Acceptance, Rejection and Acceptance for compliance.
3. Rejected PPIs with no response from submitter will generate a reminder email to the submitter at 15-day intervals until the PPI is Approved or Approved for compliance.

Transferring PPI's

PPI's that are being processed (PPI status not in Closed or Approved Status) can be moved to a new adjuster. The responsibility to transfer them is given to adjuster who currently has the PPI's listed under his profile in PPI Dashboard. The PPI's can be transferred in the following scenarios.

A) Adjuster transfers the PPI's from his list in dash board to another adjuster working for the same company to distribute the case load.

B) Adjuster changes the PPI's from his dash board to a new adjuster with a different insurance entity due to business acquisitions or mergers.

Before transferring the PPI's adjuster must ensure that

A) receiving adjuster has registered as adjuster in the WCB Portal.

B) receiving adjuster has the Employer and FEIN's registered for his profile in WCB Portal.

Step 1. Log in to WCB portal, click on PPI Transfer

Worker's Compensation Board of Indiana
TOLB & QA/TEST SYSTEM

PPI Dashboard

File Name: Victor Carrillo | Role: Adjuster | Email: dachau@ind.com

PPI Dashboard

Filter Status: All | Clear

Show: 5 records

Employee Name	SC#	Filings	File Name	WCB Approval	Carrier FEIN and Name	PPI Status	Closed Date	Action
BRANDENOVIC	200327	11	0427 A. BRANDENOVIC RA/1040 PDF - 1040 - Approved MEDICAL RPT - MEDICAL REPORT - Approved NATURAL (1) PDF - NATURAL - Approved	WCB Approved 1040	2210407M GESCO INSURANCE	Closed	09/17/2024	
VICTOR CARRILLO	200304	14	APPROVED1040 (1) PDF - MEDICAL REPORT - Approved RBS (1) PDF - NATURAL - Approved RBS PDF - 1040 - Approved 2019 FILL-IN (1) PDF - 1040 - Rejected	WCB Approved 1040	0407110M TEST	Approved	09/08/2024	View
VICTOR CARRILLO	200304	13	APPROVED1040 (1) PDF - 1040 - Approved RBS PDF - MEDICAL REPORT - Approved 2019 FILL-IN (1) PDF - NATURAL - Approved	WCB Approved 1040	0220144M RCB CARRILLO	Approved	09/08/2024	View
VICTOR CARRILLO	200304	12	SC 1040 (1) PDF - 1040 - Approved MEDICAL RPT - MEDICAL REPORT - Approved NATURAL RPT - NATURAL - Approved	WCB Approved 1040	0220144M GESCO INSURANCE	Approved	09/08/2024	View
VICTOR CARRILLO	200304	10	SC 1040 (1) PDF - 1040 - Approved NATURAL RPT - NATURAL - Approved	WCB Approved 1040	0220144M RCB CARRILLO	Approved	09/08/2024	View

Showing 5 of 42 records

* WCB Approval report available for PPIs approved on or after 12/14/2025

Step 2. You will reach PPI transfer dashboard.

PPI Transfer

Filing State(s): All

Please choose at least one filing

Show 5 records

Search Box:

Employee Name	ICN#	Filing#	File Name	Carrier FID# and Name	PPI Status	Exempt Date	
JUNTA SQUARE	208133	8	MC 1043 (1) (2).PDF - 1043 - Pending Review MICARLAND RATING.PDF - MEDICAL REPORT - Pending Review MICARLAND WAIVER.PDF - WAIVER - Pending Review	3037789 - MICROGAN INSURANCE COMPANY	Pending Review	03-01-2024	<input type="checkbox"/>
BRENTLY HOLLOWAY	181541	7	BURROU.PDF - 1043 - Pending Review BURROU.PDF - MEDICAL REPORT - Pending Review BURROU.PDF - WAIVER - Pending Review	21243428 - ATLANTIC STATES INSURANCE COMPANY	Pending Review	03-04-2024	<input type="checkbox"/>
BRENTLY HOLLOWAY	181541	6	MICARLAND 1043.PDF - 1043 - Pending Review MICARLAND RATING.PDF - MEDICAL REPORT - Pending Review MICARLAND WAIVER.PDF - WAIVER - Pending Review	21243428 - ATLANTIC STATES INSURANCE COMPANY	Pending Review	03-04-2024	<input type="checkbox"/>
LESLIE SANDERS	180430	8	MICARLAND WAIVER.PDF - 1043 - Pending Review MICARLAND RATING.PDF - MEDICAL REPORT - Pending Review BURROU.PDF - WAIVER - Pending Review	21243428 - ATLANTIC STATES INSURANCE COMPANY	Pending Review	03-04-2024	<input type="checkbox"/>
LESLIE SANDERS	180430	5	BURROU.PDF - 1043 - Pending Review BURROU.PDF - MEDICAL REPORT - Pending Review BURROU.PDF - WAIVER - Pending Review	21243428 - ATLANTIC STATES INSURANCE COMPANY	Pending Review	03-04-2024	<input type="checkbox"/>

Showing 5 of 17 records

[Enter Adjuster Details](#)

Previous 1 2 3 4 Next

To transfer cases:

A) click the check box in the last column of the table for each case that needs to be transferred. You can scroll through the pages and select multiple cases across the pages.

B) Click the Enter Adjuster Details button. You will see the following screen, enter the email address of the adjuster who is receiving the PP's cases. This step is to ensure that we have a valid adjuster is available to receiver cases.

gatewaylink 303 - Internal services 303 Tools Gateway - Login portal

Adjuster Details

Please enter an adjuster email

Adjuster Email:

PPI Transfer

Filing State(s): Pending Review

Please choose at least one filing

Show 5 records

Search Box:

Employee Name	ICN#	Filing#	File Name	Carrier FID# and Name	PPI Status	Exempt Date	
JUNTA SQUARE	208133	8	MC 1043 (1) (2).PDF - 1043 - Pending Review MICARLAND RATING.PDF - MEDICAL REPORT - Pending Review MICARLAND WAIVER.PDF - WAIVER - Pending Review	3037789 - MICROGAN INSURANCE COMPANY	Pending Review	03-01-2024	<input checked="" type="checkbox"/>
BRENTLY HOLLOWAY	181541	7	BURROU.PDF - 1043 - Pending Review BURROU.PDF - MEDICAL REPORT - Pending Review BURROU.PDF - WAIVER - Pending Review	21243428 - ATLANTIC STATES INSURANCE COMPANY	Pending Review	03-04-2024	<input type="checkbox"/>
BRENTLY HOLLOWAY	181541	6	MICARLAND 1043.PDF - 1043 - Pending Review MICARLAND RATING.PDF - MEDICAL REPORT - Pending Review MICARLAND WAIVER.PDF - WAIVER - Pending Review	21243428 - ATLANTIC STATES INSURANCE COMPANY	Pending Review	03-04-2024	<input type="checkbox"/>
LESLIE SANDERS	180430	8	MICARLAND WAIVER.PDF - 1043 - Pending Review MICARLAND RATING.PDF - MEDICAL REPORT - Pending Review BURROU.PDF - WAIVER - Pending Review	21243428 - ATLANTIC STATES INSURANCE COMPANY	Pending Review	03-04-2024	<input type="checkbox"/>
LESLIE SANDERS	180430	5	BURROU.PDF - 1043 - Pending Review BURROU.PDF - MEDICAL REPORT - Pending Review BURROU.PDF - WAIVER - Pending Review	21243428 - ATLANTIC STATES INSURANCE COMPANY	Pending Review	03-04-2024	<input type="checkbox"/>

Showing 5 of 12 records (filtered from 17 total entries)

[Enter Adjuster Details](#)

If the Email you enter does not match the database you will see this error message.

Adjuster Details

Please enter an adjuster email

Adjuster Email:

Email doesn't exist in our system, please enter WCB Gateway registered adjuster email

Complete the Transfer:

After receiving Adjuster email is validated his details will be displayed on the screen. Select the appropriate Carrier for the receiving adjuster for attaching the cases to correct carrier. Once this is done click Confirm PPI Transfer. This completes the transfer. Both Transferring Adjuster and Receiving Adjuster will receive confirmation of the case transfer.

JCN#	Filings	File Name	Carrier FEIN and Name	PPI Status	Created Date
2015912	3	1043 PDF - 1043 - Compliance MEDICAL PDF - MEDICAL REPORT - Compliance WAIVER (1) PDF - WAIVER - Compliance	383377789 - MICHIGAN INSURANCE COMPANY	Compliance	02-08-2024
1806870	10	PLUS_SIGN (2) (1) (1) PDF - MEDICAL REPORT - Appraised PPIDISPUTECASES (1) NL EX - WAIVER - Appraised APPROVED0043 (3) PDF - 1043 - Compliance	383377789 - MICHIGAN INSURANCE COMPANY	Compliance	01-17-2024

Transfer confirmation Email sample given below.

QA - PPI Transfer - JCN - 1964410 - ClaimAdminNumber: 22-008346

IT@wcb.in.gov
To: devtest@test.com; assistant1@test.com; Lorrainekiernan@michiganinsurance.com
Cc: IT@wcb.in.gov

Dear Lorraine Kiernan

Please be aware management of [this](#) case has been transferred from Adjuster [ANDREW ALSPAUGH](#), with Carrier FEIN 223344556 : GEICO INSURANCE, to Adjuster [Lorraine Kiernan](#), with Carrier FEIN 231336198 : Donegal Mutual Insurance Company.

If this transfer was in error please reach out to PPI@wcb.in.gov.

Thank you.
IN WCB

Fri 3/8/2024 3:39 PM