

State of Tennessee and CorVel Corporation Partnership



CORVEL

Overview

- Existing Claims
- Workplace Injury Posters
- “Incident” vs. “First Notice of Loss (FNOL)”
- CareMC Alerts
- Reporting a FNOL to CorVel



Existing Claims

How will existing claims be handled on September 1?

CorVel will assume handling responsibilities for ALL claims on 9/1. The electronic information for the existing claims will be loaded into the CorVel claim system (CareMC) on or around 9/20. Until then, the adjusters will be managing the claims manually. If questions arise, please contact the CorVel claims office at **888-226-7835** to speak with an adjuster.

For all injured employees that are currently receiving indemnity benefits, Sedgwick will be issuing advanced payments to these individuals to cover the month of September. CorVel will begin issuing ongoing indemnity payments in early October.

Outstanding medical bills will begin to be paid on 10/1/2014.

Workplace Injury
Posters and Wallet
Cards



State of Tennessee
Workers' Compensation
Program



Workplace Injury & First Notice of Loss
Call Center

866-245-8588

Employee and Supervisor select option 1
to speak to a nurse for immediate care.
Select option 2 for First Notice of Loss reporting.
Registered Nurses | Immediate Care | Bilingual Nurses Available
At any time, you and your supervisor can call and speak with a registered nurse
to evaluate the nature of your workplace incident and determine immediate care.
All nurses specialize in occupational injuries and will ensure you get the care you need.

Call 911 for Medical Emergencies



State of Tennessee
Workers' Compensation Program
Workplace Injury Call Center

(866) 245-8588

Employee and Supervisor select option 1
to speak to a nurse for immediate care.
Select option 2 for First Notice of Loss reporting.

Call 911 for Medical Emergencies



What is the difference between an INCIDENT and a FNOL?

“Incident” vs. “FNOL”

An “Incident” is a minor incident/injury that does not require medical treatment and does not result in any missed work days by the employee.

A “First Notice of Loss (FNOL)” is more complex and typically involves at least 1 visit to a medical provider, lost time from work, attorney involvement, etc.. Essentially, if a medical bill will need to be paid or an adjuster needs to be involved for any other reason; the incident must be escalated to a “FNOL”.

How should a FNOL be reported to CorVel?

There are 2 ways this can be done:



Reporting a First Notice of Loss (FNOL) to CorVel

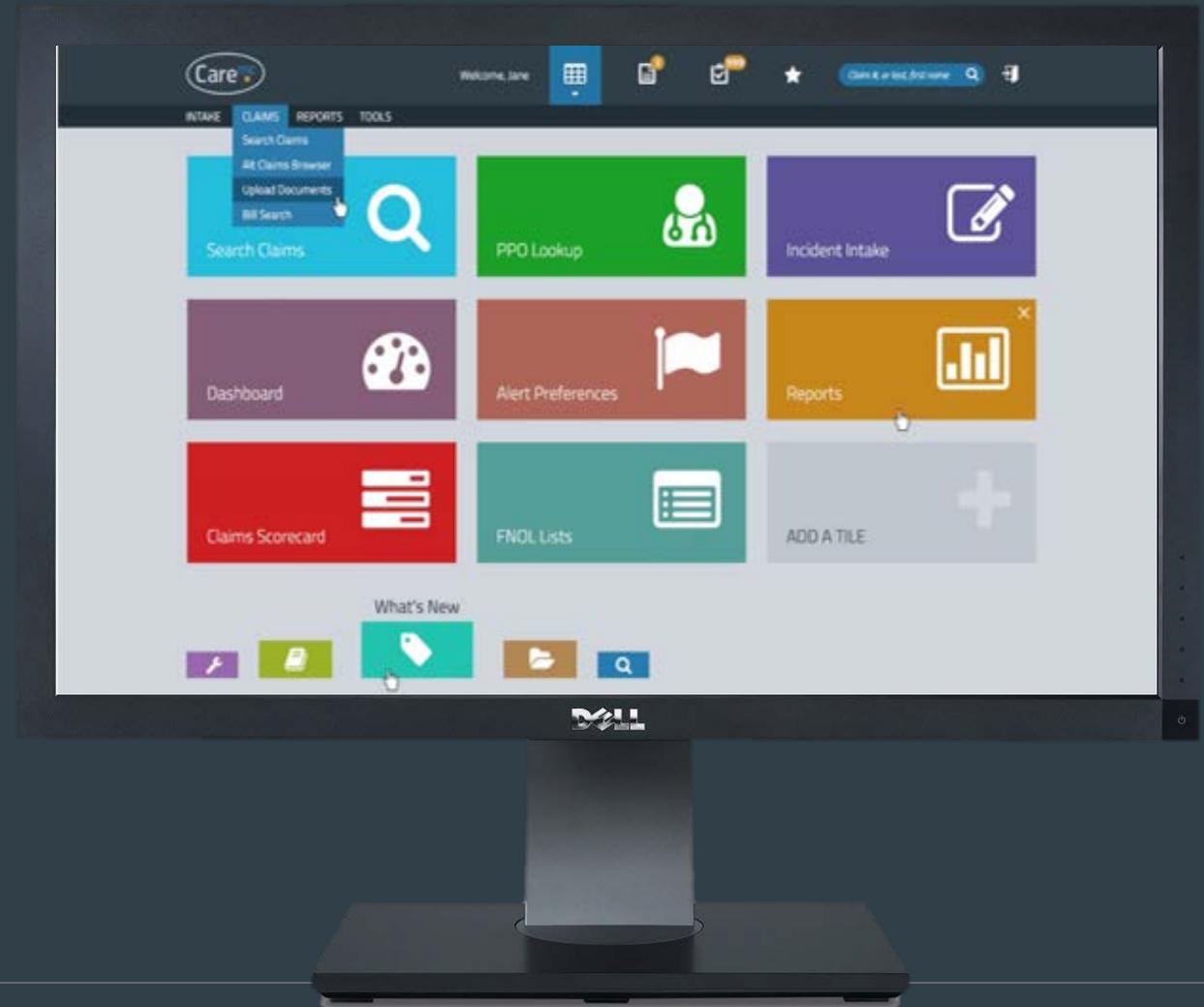
1. The supervisor or HR calls the Workplace Injury Hotline at **866-245-8588** and selects option 2 to report a FNOL to a CorVel representative. (This step is explained on the webinar titled, "Workers' Comp Introduction". That webinar and PowerPoint are posted on the Dept. of Treasury website.)

OR

2. The HR contact reports the FNOL to CorVel online via www.caremc.com. *Please note: only designated HR personnel will have access to CareMC.

<http://www.caremc.com>

Reporting a FNOL to CorVel via CareMC



Logging in to
CareMC
(www.Caremc.com)

Care^{mc}

Monday, September 16, 2013

- ▶ PPO Lookup
- ▶ Request for Service
- ▶ Report An Incident/Injury

Home | Claims Management | Managed Care | Provider Relations

Log In

Username

Password

Log In

[Forgot Username or Password?](#)

CorVel offers tools to better manage healthcare and claims activities.
[More about Care^{MC}](#)

Learn more about Care^{MC} and how to access services and resources.
[Request Access](#)

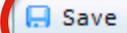
CareMCAlerts:
How to set up an alert to be notified when an incident is created in CareMC

The screenshot shows the CareMC dashboard interface. At the top left is the CareMC logo. The top right shows the user name 'Welcome, Risk Manager', a calendar icon, a star icon, and a search bar with the placeholder text 'Claim #, or las'. Below the header is a navigation bar with tabs for 'INTAKE', 'CLAIMS', 'REPORTS', and 'TOOLS'. The 'TOOLS' tab is selected, and its dropdown menu is open, listing 'Anatomy View', 'Training', 'Codes', 'Inquiries', 'Alert Preferences', and 'Change Password'. A red arrow points to 'Alert Preferences'. The dashboard grid contains several tiles: 'Claims Scorecard' (red), 'Reports' (orange), 'Search Claims' (cyan), 'Safety Code Dashboard' (grey), 'FNOL Lists' (teal), 'My Tools' (purple), and two 'ADD A TILE' placeholder tiles (light grey).

Alert Preferences

Email Address to use for alerts*

Frequency Immediate Alerts Summarized Daily

 Save

Workers Compensation Claims

Alert me when a new claim is received of type	<input type="checkbox"/> Indemnity/Lost Time	<input type="checkbox"/> Medical Only	<input type="checkbox"/> Report Only	Jurisdictions	--Select--
Alert me when a claim closes of type	<input type="checkbox"/> Indemnity/Lost Time	<input type="checkbox"/> Medical Only	<input type="checkbox"/> Report Only	Jurisdictions	--Select--
Alert me when a claim re-opens of type	<input type="checkbox"/> Indemnity/Lost Time	<input type="checkbox"/> Medical Only	<input type="checkbox"/> Report Only	Jurisdictions	--Select--
Alert me when a claim is flagged as	<input type="checkbox"/> Denied	<input type="checkbox"/> Delayed	<input type="checkbox"/> Litigated	Jurisdictions	All
Alert me when a claim converts from MO to IND	<input type="checkbox"/>			Jurisdictions	--Select--
Alert me when a new Incident/Injury is entered	<input checked="" type="checkbox"/>			Jurisdictions	All
Alert me when total incurred value of a claim exceeds	<input type="text"/>			Jurisdictions	All
Alert me when reserves change on a claim by	<input type="text"/>			Jurisdictions	All
Alert me when any single payment is made that exceeds	<input type="text"/>			Jurisdictions	All
Alert me when a claim is scheduled for hearing/trial	<input type="checkbox"/>			Jurisdictions	--Select--

How to view
24/7 nurse
notes via the
Incident in
CareMC

CareMC

Welcome, Risk Manager

INTAKE CLAIMS REPORTS TOOLS

Report an Incident/Injury

Claims Scorecard

Bill Review Dashboard

Reports

Search Claims

Safety Code Dashboard

Alert Preferences

FNOL Lists

My Tools

ADD A TILE

Submitted New

Submitted

-

 Hide all claims and closed incidents

Export to Excel

Click on the "Record/Claim" Number of the incident you want to access.

Action	Record Status	Initial Treatment Guide	Record/Claim	Claimant	Employer	Date of Injury	SSN	Date Submitted	Submitted by	FNOL Status	FNOL Incomplete Timer (Days)	Close Incident as-is
View Claim	Claim	Reprint	AB-15-01007	Down, Tom	West - Sales	8/15/2014	XXX-XX-4444	08/15/14	Manager, Risk	Completed		
Continue FNOL	Initial Treatment	Reprint	AB-15-01008	Durham, Bull	West - Manufacturing	8/5/2014	XXX-XX-6352	08/05/14	Manager, Risk	Incomplete	13	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010016	jones, john	West - Sales	8/4/2014	XXX-XX-3245	08/04/14	Manager, Risk	Incomplete	14	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010015	Last, First	Central - Sales	7/28/2014	XXX-XX-3333	07/28/14	Manager, Risk	Incomplete	21	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010014	Name, Last	Central - Operations	7/28/2014	XXX-XX-1111	07/28/14	Manager, Risk	Incomplete	21	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010013	demo, claim	South - Sales	7/25/2014	XXX-XX-6578	07/25/14	Manager, Risk	Incomplete	24	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010012	Couch, james	West - Sales	7/24/2014	XXX-XX-3333	07/24/14	Manager, Risk	Incomplete	25	Close
Continue FNOL	Incident	Create	AB-15-010011	Jones, Jonnie	West - Sales	7/22/2014	XXX-XX-3696	07/22/14	Manager, Risk	Incomplete	27	Close
	Initial Treatment (closed)	Reprint	AB-15-010010	jones, jeffrey	West - Sales	7/22/2014	XXX-XX-4567	07/22/14	Manager, Risk	Incomplete		Reopen

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The Claim Details screen will come up. Choose "Services" and then select "Notes". You'll then be able to search for the 24/7 nurse notes to determine the details of the call, if treatment was recommended, etc.

Claim Details - jones, john: AB-15-010016 [EC]

Incident/Injury Contacts Medical Financial Documents/Notes Legal **Services**

Claim Type	Initial Treatment	Date of Birth		Service(s) Flags	
SSN	252-65-3245	Multiple Claims	No	Employer Name	West - Sales
Date of Hire		Date of Incident	8/4/2014	Adjuster	
Policy Effective Date		Policy Term Date		Policy Number	
Marital Status		Jurisdiction State	NC	Jurisdiction Claim No	
				Gender	
				Status	Initial Treatment (Active)

Incident

Description of Loss	
Date Received	08/04/2014

Marital Status		Jurisdiction State	NC	Jurisdiction Claim No		Status	Initial Treatment (Active)
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Claim Services

Export to Excel

Service Seq Num	Status	Referral Date	Opened Date	Closed Date	Reason	Case Workers	Notes	Create Cover Page	Invoices	Document View
MA-1	CLS	08/04/2014	8/4/2014	8/4/2014 11:18:02 AM					0	

How to Report a FNOL to CorVel

The screenshot displays the CorVel Care Manager interface. At the top left, the 'Care Manager' logo is visible, with a red arrow pointing to it. The top right corner shows the user's name 'Welcome, Risk Manager' and navigation icons for a grid, a star, and a profile. Below the header, a navigation bar contains the following tabs: 'INTAKE', 'CLAIMS', 'REPORTS', and 'TOOLS'. The 'CLAIMS' tab is selected, and a sub-menu is open showing the option 'Report an Incident/Injury'. The main dashboard area features a grid of nine tiles: 'Claims Scorecard' (red), 'Bill Review Dashboard' (purple), 'Reports' (yellow), 'Search Claims' (cyan), 'Safety Code Dashboard' (grey), 'Alert Preferences' (brown), 'FNOL Lists' (teal), 'My Tools' (purple), and 'ADD A TILE' (light grey).

Scenario 1:
24/7 is called,
but medical
treatment (aside
from first aid) is
not required

INTAKE CLAIMS REPORTS TOOLS

Submitted New

Submitted

Claimant Last Name Claimant SSN

Claim Number Submitted By (Last Name)

Referrals Date Range 7/19/2014 - 8/18/2014 Employer Name

Hide all claims and closed incidents

Search

Export to Excel

Action	Record Status	Initial Treatment Guide	Record/Claim	Claimant	Employer	Date of Injury	SSN	Date Submitted	Submitted by	FNOL Status	FNOL Incomplete Timer (Days)	Close Incident as-is
View Claim	Claim	Reprint	AB-15-010019	Brown, Tom	West - Sales	8/15/2014	XXX-XX-4444	08/15/14	Manager, Risk	Completed		
Continue FNOL	Initial Treatment	Reprint	AB-15-010017	Durham, Bull	West - Manufacturing	8/5/2014	XXX-XX-6352	08/05/14	Manager, Risk	Incomplete	13	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010016	jones, john	West - Sales	8/4/2014	XXX-XX-3245	08/04/14	Manager, Risk	Incomplete	14	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010015	Last, First	Central - Sales	7/28/2014	XXX-XX-3333	07/28/14	Manager, Risk	Incomplete	21	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010014	Name, Last	Central - Operations	7/28/2014	XXX-XX-1111	07/28/14	Manager, Risk	Incomplete	21	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010013	demo, claim	South - Sales	7/25/2014	XXX-XX-6578	07/25/14	Manager, Risk	Incomplete	24	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010012	Couch, james	West - Sales	7/24/2014	XXX-XX-3333	07/24/14	Manager, Risk	Incomplete	25	Close
Continue FNOL	Incident	Create	AB-15-010011	Jones, Jonnie	West - Sales	7/22/2014	XXX-XX-3696	07/22/14	Manager, Risk	Incomplete	27	Close
	Initial Treatment (closed)	Reprint	AB-15-010010	jones, jeffrey	West - Sales	7/22/2014	XXX-XX-4567	07/22/14	Manager, Risk	Incomplete		Reopen

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Scenario 1 (Cont'd):

24/7 is called, but medical treatment (aside from first aid) is not required

Submitted

Claimant Last Name	<input type="text"/>	Claimant SSN	<input type="text"/>
Claim Number	<input type="text"/>	Submitted By (Last Name)	<input type="text"/>
Referrals Date Range	7/19/2014 - 8/18/2014	Employer Name	<input type="text"/>
Hide all claims and closed incidents	<input type="checkbox"/>		
<input type="button" value="Search"/>			

Export to Excel 

Action	Record Status	Initial Treatment Guide	Record/Claim	Claimant	Employer	Date of Injury	SSN	Date Submitted	Submitted by	FNOL Status	FNOL Incomplete Timer (Days)	Close Incident as-is
View Claim	Claim	Reprint	AB-15-010019	Brown, Tom	West - Sales	8/15/2014	XXX-XX-4444	08/15/14	Manager, Risk	Completed		
Continue FNOL	Initial Treatment	Reprint	AB-15-010017	Durham, Bull	West - Manufacturing	8/5/2014	XXX-XX-6352	08/05/14	Manager, Risk	Incomplete	13	Close
	Initial Treatment (closed)	Reprint	AB-15-010016	jones, john	West - Sales	8/4/2014	XXX-XX-3245	08/04/14	Manager, Risk	Incomplete		Reopen
Continue FNOL	Initial Treatment	Reprint	AB-15-010015	Last, First	Central - Sales	7/28/2014	XXX-XX-3333	07/28/14	Manager, Risk	Incomplete	21	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010014	Name, Last	Central - Operations	7/28/2014	XXX-XX-1111	07/28/14	Manager, Risk	Incomplete	21	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010013	demo, claim	South - Sales	7/25/2014	XXX-XX-6578	07/25/14	Manager, Risk	Incomplete	24	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010012	Couch, james	West - Sales	7/24/2014	XXX-XX-3333	07/24/14	Manager, Risk	Incomplete	25	Close
Continue FNOL	Incident	Create	AB-15-010011	Jones, Jonnie	West - Sales	7/22/2014	XXX-XX-3696	07/22/14	Manager, Risk	Incomplete	27	Close
	Initial Treatment (closed)	Reprint	AB-15-010010	jones, jeffrey	West - Sales	7/22/2014	XXX-XX-4567	07/22/14	Manager, Risk	Incomplete		Reopen

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The Injured Employee is Seeking Treatment.

What Do I Do now?

You now know a FNOL will need to be reported to CorVel so an adjuster can begin managing the claim.

Scenario 2:
24/7 Is Called
and
Treatment IS
Needed

The employee's supervisor should now call the injury hotline at **866-245-8588** and **select option 2** to report a FNOL to a CorVel representative. If the supervisor does not do this, then the HR representative should do so OR complete the FNOL via CareMC.

Scenario 2:
24/7 Is Called
and
Treatment IS
Needed

INTAKE CLAIMS REPORTS TOOLS

Submitted New

Submitted

Claimant Last Name Claimant SSN

Claim Number Submitted By (Last Name)

Referrals Date Range 7/19/2014 - 8/18/2014 Employer Name

Hide all claims and closed incidents

Export to Excel

Action	Record Status	Initial Treatment Guide	Record/Claim	Claimant	Employer	Date of Injury	SSN	Date Submitted	Submitted by	FNOL Status	FNOL Incomplete Timer (Days)	Close Incident as-is
View Claim	Claim	Reprint	AB-15-010019	Brown, Tom	West - Sales	8/15/2014	XXX-XX-4444	08/15/14	Manager, Risk	Completed		
Continue FNOL	Initial Treatment	Reprint	AB-15-010017	Durham, Bull	West - Manufacturing	8/5/2014	XXX-XX-6352	08/05/14	Manager, Risk	Incomplete	13	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010016	jones, john	West - Sales	8/4/2014	XXX-XX-3245	08/04/14	Manager, Risk	Incomplete	14	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010015	Last, First	Central - Sales	7/28/2014	XXX-XX-3333	07/28/14	Manager, Risk	Incomplete	21	Close
Continue FNOL	Initial Treatment	Reprint	AB-15-010014	Name, Last	Central - Operations	7/28/2014	XXX-XX-1111	07/28/14	Manager, Risk	Incomplete	21	Close
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Continue FNOL	Incident	Create	AB-15-010011	Jones, Jonnie	West - Sales	7/22/2014	XXX-XX-3696	07/22/14	Manager, Risk	Incomplete	27	Close
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Scenario 2:
Complete as much information on the FNOL form as possible. At minimum, the fields with the red * must be completed.

Claims ADM/Carrier	
Jurisdiction Claim # (State File #)	<input type="text"/>
Claims ADM Claim # (Insurer Claim #)	AB-14-010045
OSHA Log Case #	<input type="text"/>
Claim Type Code	-- Choose one -- ▾
Name of Insurance Carrier	ACME Brands
Carrier FEIN	<input type="text"/>
Claims ADMIN Firm Name	CorVel Enterprise Comp
FEIN of CLMS ADM	<input type="text"/>
Claims Adjuster - First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
CLMS ADJ Phone # *	(555) 555-7788 x <input type="text"/>
Claim Handling Office Address Line 1 - No. & St.	601 SW Second Ave, Ste
Address Line 2	<input type="text"/>
City	Portland
State	OR - Oregon ▾
Zip Code	97204 - <input type="text"/>
Employer	
Employer Name *	West - Operations
Employer Address Line 1 - No. & St.	636 SW 2nd Ave, Ste 140
Employer Address Line 2	<input type="text"/>
City	Portland
State	OR - Oregon ▾
Zip Code	97204 - <input type="text"/>
Employer FEIN	<input type="text"/>
SIC Code	<input type="text"/> <input type="button" value="Search"/>
Phone Number *	(555) 778-8989 x <input type="text"/>
Nature of Business	<input type="text"/>
Insured Report Number	<input type="text"/>
Employer Location #	W-Ops

Employee

Employee Last Name *	jones
First Name *	john
Middle Initial	
Address Line 1 - No. & St. *	412 smith lane
Address Line 2	
City *	memphis
State *	TN - Tennessee
Zip Code *	33333 -
Social Security No.	555-77-7889
Date of Birth	(mm/dd/yyyy)
Date of Hire	2/11/2011 (mm/dd/yyyy)
Phone No. *	(555) 777-8899 x
Department Regularly Worked	
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown
Employment Status Code	Full Time/Regula
Occupation Description	
Marital Status	-- Choose one --
NCCI Class Code	

Wage

Wage	\$0.00	Period	Hourly
Number of Days Worked per Week	0		
Salary Continued in Lieu of Compensation	<input type="radio"/> Yes <input type="radio"/> No		
Full Wages Paid for Date of Injury	<input type="radio"/> Yes <input type="radio"/> No		

▶ Accident/Injury

Date of injury *	10/8/2013 (mm/dd/yyyy)
Time of Injury	6 : 05 <input checked="" type="radio"/> AM <input type="radio"/> PM
Time Employee Began Work on Injury Date	: <input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
Date Employer Notified of Injury *	10/8/2013 (mm/dd/yyyy)
Body Part Affected Code	Ankle
Nature of Injury Code	Inflammation
Cause of Injury Code	Fall, Slip or Trip Injury FLOOR
Date Claim ADM Notified of Injury	(mm/dd/yyyy)
Date Last Day Worked	10/8/2013 (mm/dd/yyyy)
Date Disability Began	(mm/dd/yyyy)
Return To Work Date (If Applicable)	(mm/dd/yyyy)
How injury or illness occurred. *	walking down hall
Describe the incident including what the employee was doing. *	walking to office The part of the body affected and how, and object or substance that directly harmed the employee.
Date of Death	(mm/dd/yyyy) (If Applicable)
If Death Claim, Give # Dependents for Each Relationship	Widow <input type="radio"/> Yes <input type="radio"/> No
	Widower <input type="radio"/> Yes <input type="radio"/> No
	Mother <input type="radio"/> Yes <input type="radio"/> No
	Father <input type="radio"/> Yes <input type="radio"/> No
	Daughter <input type="text"/>
	Son <input type="text"/>
	Sister <input type="text"/>
	Brother <input type="text"/>
	Handicapped Child <input type="text"/>
Total # Dependents <input type="text"/>	
Did Injury/Illness Occur on employer's premises?	<input type="radio"/> Yes <input type="radio"/> No
Address Where Injury Occurred - No. & St.	(If other than employer's premises)
City	
State *	TN - Tennessee
Zip Code *	33333 - <input type="text"/>
County of Injury	

▶ **Treatment**

Physician Name - First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
Address Line 1 - No. & St.	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
State	- <input type="text"/> ▼
Zip Code	<input type="text"/> - <input type="text"/>
Hospital or Off Site Treatment Name	<input type="text"/>
Address Line 1 - No. & St.	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
State	- <input type="text"/> ▼
Zip Code	<input type="text"/> - <input type="text"/>
Initial Treatment Code	No Medical Treatment ▼

▶ **Other**

Date Prepared	<input type="text" value="10/8/2013"/> (mm/dd/yyyy)
Preparer's Name *	<input type="text" value="Risk Manager"/>
Title	<input type="text"/>
Preparer's Company Name	<input type="text"/>
Phone Number	<input type="text"/> x <input type="text"/>

Based on form LB-0021 (REV 12-01)

▶ **Additional Notes**

* please limit to 1000 characters

▶ **Contact Information**

▶ **For Questions Regarding This FNOL**

Name (First, MI, Last) *	<input type="text" value="Risk"/> <input type="text" value="Manager"/>
Phone *	<input type="text" value="(555) 777-8899"/> ext. <input type="text"/>
Fax	<input type="text"/>
Email Address	<input type="text"/> 
Pay Customer	ACME Brands
Administrative Claim Number	<input type="text"/>

▶ **Additional Employer Questions**

▶ **For Cate's Profiling**

Was the injured employee in the course and scope of employment when injured ? *	<input type="radio"/> No <input type="radio"/> Yes
Current employment type ? *	<input type="text" value=""/>
Were there any accident confirming witnesses to this Incident or Injury?	<input type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> UNKNOWN
In what state did this injury/disease occur ? *	<input type="text" value="TN-Tennessee"/>
What is the severity level of this injury ? *	<input type="text" value="Moderate"/>
What was the cause of the injury (NCCI) ? *	<input type="text" value="- - Select Cause of Injury - -"/>
In what state was employee hired ? *	<input type="text" value="TN-Tennessee"/>
Does the employer question the validity of this claim ? *	<input type="radio"/> No <input type="radio"/> Yes
Question claim validity reason	<input type="text" value=""/> (please limit to 254 characters)

Next Milestone Return to Queue

Complete

[↑ Top](#)

Scenario 3:
A workplace incident/injury occurred, but 24/7 is not called. In this scenario, there was an incident, but no medical treatment.

Under Intake, select "New"

The screenshot shows the Caremc web application interface. At the top left is the Caremc logo. At the top right, it says "Welcome, Risk Manager" next to a grid icon and a star icon. Below the logo is a navigation bar with tabs for "INTAKE", "CLAIMS", "REPORTS", and "TOOLS". The "INTAKE" tab is selected. Under the "INTAKE" tab, there are two radio buttons: "Submitted" (selected) and "New". A red arrow points to the "New" radio button. Below the navigation bar is a form titled "Submitted" with several input fields: "Claimant Last Name", "Claimant SSN", "Claim Number", "Submitted By (Last Name)", "Referrals Date Range" (with date pickers for 7/19/2014 and 8/18/2014), and "Employer Name". There is also a checkbox for "Hide all claims and closed incidents" and a "Search" button. At the bottom left, there is an "Export to Excel" link with a small icon.



Submitted **New**

New Incident/Injury

Select the employer associated with the incident/injury that you are reporting.

Employer	<input type="text"/>	Address	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	Zip <input type="text"/>
<input type="button" value="Search"/>			<input type="button" value="Clear"/>	

Export to Excel

Employer	Insurer	TPA	Pay Customer
West - Sales 637 SW 2nd Ave, Ste 1400 Portland, OR 97204	ACME Brands 601 SW Second Ave, Ste 1400 Portland, OR 97204	CorVel Enterprise Comp 601 SW Second Ave, Ste 1400 Portland, OR 97204	ACME Brands 601 SW Second Ave, Ste 1400 Portland OR 97204
West - Operations 636 SW 2nd Ave, Ste 1400 Portland, OR 97204	ACME Brands 601 SW Second Ave, Ste 1400 Portland, OR 97204	CorVel Enterprise Comp 601 SW Second Ave, Ste 1400 Portland, OR 97204	ACME Brands 601 SW Second Ave, Ste 1400 Portland OR 97204
West - Manufacturing 635 SW 2nd Ave, Ste 1400 Portland, OR 97204	ACME Brands 601 SW Second Ave, Ste 1400 Portland, OR 97204	CorVel Enterprise Comp 601 SW Second Ave, Ste 1400 Portland, OR 97204	ACME Brands 601 SW Second Ave, Ste 1400 Portland OR 97204

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Scenario 3:
You will need to choose the location the injured employee works for.

Scenario 3:
Since medical treatment was not sought, you will choose "no medical treatment".

INTAKE CLAIMS REPORTS TOOLS

Submitted **New**

New Incident/Injury West - Sales

* indicates required information

Injured Worker *	John	Test	(First M.I. Last)
Injured Worker's SSN *	555-44-9999		
Date of Injury *	8/18/2014		(mm/dd/yyyy)
State *	TN - Tennessee		
Please choose the option which best describes your situation *	<input checked="" type="radio"/> No medical treatment, aside from first aid, is expected. <input type="radio"/> Medical treatment is expected.		

Cancel Continue



Scenario 3:
The next screen will ask you some basic questions. The more information you can give us, the better. Click "Submit" when the form is completed.

New Incident/Injury **West - Sales**

* indicates required information

Injured Worker *	John Test
Injured Worker's SSN *	555-44-9999
Date of Injury *	8/18/2014
Please choose the option which best describes your situation *	<input checked="" type="radio"/> No medical treatment, aside from first aid, is expected. <input type="radio"/> Medical treatment is expected.
State *	Tennessee
Employer	West - Sales
Best Phone Number to Contact Injured Worker *	<input type="text"/>
Alternate Phone Number	<input type="text"/>
Injured Worker's Email Address	<input type="text"/>

Injury/Accident Detail

Date & Time of Injury *	8/18/2014 at 12 : 00 <input checked="" type="radio"/> AM <input type="radio"/> PM
Severity *	Minor
Treatment	1st Aid
Nature of Injury	- - Select Nature of Injury - -
Body Part Injured	- - Select Part of Body - -
Body Part Side	- - Select Part Side of Body - -
Added Parts/Side Of Body Injured	<div style="border: 1px solid gray; height: 100px;"></div> <div style="text-align: right;"><input type="button" value="Add"/> <input type="button" value="Delete"/></div>
Notes	<div style="border: 1px solid gray; height: 50px;"></div>

Scenario 3:
The next screen confirms that an Incident was created. Click Return to Submitted List.



Welcome, Risk Manager



INTAKE CLAIMS REPORTS TOOLS

Submitted **New**

New Incident/Injury

West - Sales

Incident Confirmation

The incident report for Test, John has been submitted (received 08/18/2014) with Record ID: AB-15-010020.

[Return to Submitted List](#)



Important Note: The above record ID confirms receipt of the incident only.

Scenario 3:

You should now see the incident in CareMC. Since there is no treatment, a FNOL does not need to be completed. Therefore, close the incident as-is and you are finished.

INTAKE CLAIMS REPORTS TOOLS

Submitted New

Submitted

Claimant Last Name Claimant SSN

Claim Number Submitted By (Last Name)

Referrals Date Range 7/19/2014 - 8/18/2014 Employer Name

Hide all claims and closed incidents

Search

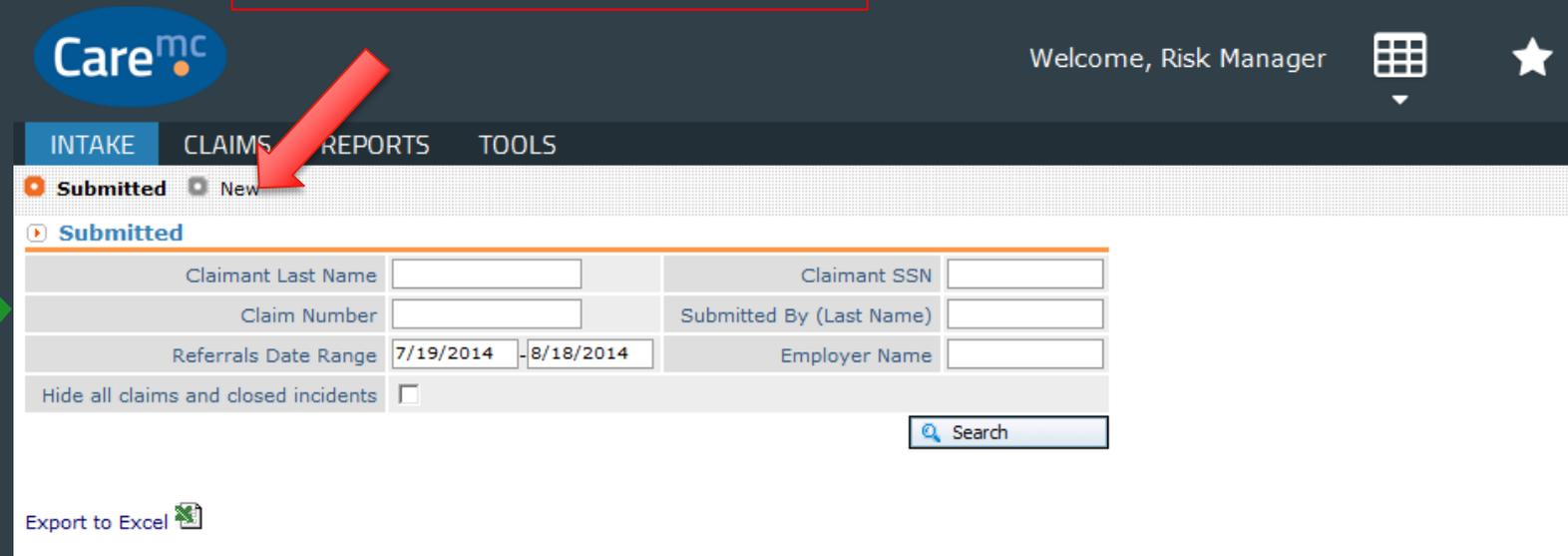
Export to Excel

Action	Record Status	Initial Treatment Guide	Record/Claim	Claimant	Employer	Date of Injury	SSN	Date Submitted	Submitted by	FNOL Status	FNOL Incomplete Timer (Days)	Close Incident as-is
Continue FNOL	Incident	Create	AB-15-010020	Test, John	West - Sales	8/18/2014	XXX-XX-9999	08/18/14	Manager, Risk	Incomplete	0	Close
View Claim	Claim	Reprint	AB-15-010019	Brown, Tom	West - Sales	8/15/2014	XXX-XX-4444	08/15/14	Manager, Risk	Completed		
Continue	Initial			Durham,	West -				Manager,			

Scenario 4:

A workplace incident/injury occurred, but 24/7 was not called. In this final scenario, medical treatment IS being sought by the injured employee.

Under Intake, select "New"



The screenshot shows the Caremc web application interface. The top navigation bar includes the Caremc logo, the user name "Welcome, Risk Manager", and icons for a calendar and a star. Below the navigation bar, there are tabs for "INTAKE", "CLAIMS", "REPORTS", and "TOOLS". The "INTAKE" tab is active, and it contains two sub-tabs: "Submitted" (selected) and "New". A red arrow points to the "New" sub-tab. Below the sub-tabs, there is a search bar with a magnifying glass icon and the word "Search". The main content area contains a form with the following fields:

Claimant Last Name	<input type="text"/>	Claimant SSN	<input type="text"/>
Claim Number	<input type="text"/>	Submitted By (Last Name)	<input type="text"/>
Referrals Date Range	<input type="text" value="7/19/2014"/> - <input type="text" value="8/18/2014"/>	Employer Name	<input type="text"/>
Hide all claims and closed incidents	<input type="checkbox"/>		

At the bottom left, there is a link "Export to Excel" with a small icon.

Under Intake, select "New"

Scenario 4:

Since treatment was sought, you will select, "Medical Treatment Is Expected". Click Continue.

INTAKE CLAIMS REPORTS TOOLS

Submitted **New**

New Incident/Injury West - Sales

* indicates required information

Injured Worker *	Jan	Test	(First M.I. Last)
Injured Worker's SSN *	555-44-7777		
Date of Injury *	8/18/2014		(mm/dd/yyyy)
State *	TN - Tennessee		
Please choose the option which best describes your situation *	<ul style="list-style-type: none">No medical treatment, aside from first aid, is expected.Medical treatment is expected.		

Cancel Continue



Scenario 4:
Complete the form with as much information as possible. Click Submit.

New Incident/Injury **West - Sales**

* indicates required information

Injured Worker *	Jan Test
Injured Worker's SSN *	555-44-7777
Date of Injury *	8/18/2014
Please choose the option which best describes your situation *	<input type="radio"/> No medical treatment, aside from first aid, is expected. <input checked="" type="radio"/> Medical treatment is expected.
State *	Tennessee
Employer	West - Sales
Best Phone Number to Contact Injured Worker *	(555) 444-9999
Alternate Phone Number	
Injured Worker's Email Address	

Injury/Accident Detail

Date & Time of Injury *	8/18/2014 at 9 : 00 <input checked="" type="radio"/> AM <input type="radio"/> PM
Severity *	Moderate
Treating Physician/Facility	<input checked="" type="radio"/> Search PPO Providers (Recommended) <input type="radio"/> Manual Entry
Treatment	Clinic
Nature of Injury	Sprain
Body Part Injured	Lower Back Area
Body Part Side	Left
Added Parts/Side Of Body Injured	Lower Back Area - Left
Notes	



After you click Submit, the following forms will generate. You can choose to print and give these to the employee. You also have the ability to fax or e-mail the forms from CareMC to the employee's physician if you would like.

EMPLOYER: Give both pages of this document to the injured employee to provide to the authorized treating physician.

Employer/Company: [EmployerName]

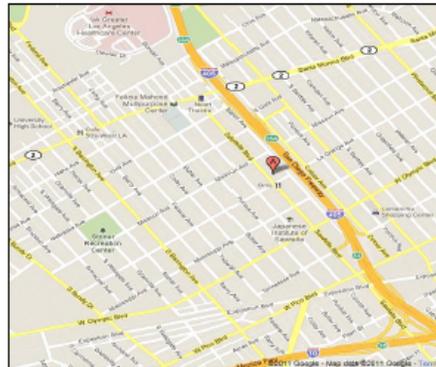
EMPLOYEE: The following provider/facility was selected from CorVel's PPO provider network. It is your responsibility to schedule an appointment and to confirm the location.

Employee name: [EmployeeName] Record ID: [RecordID]
Date of injury: [DateOfInjury] Treating [TreatingPhysicianFac]

INITIAL TREATMENT PROVIDER/FACILITY:

Provider/Facility Name [Nicholas P Marsico]
Address [1950 Sawtelle Blvd Ste 240, Los Angeles, CA 90025]
Phone [(310) 453-0489]

CALL TO SCHEDULE APPOINTMENT:
Date: _____
Time: _____



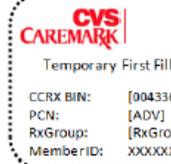
PHARMACY: Process all prescriptions online through CorVel's pharmacy program for this patient and DO NOT for the prescription. Call CorVel Pharmacy Solutions Help Desk at 800.563.8438 (8am – 11pm, M-F) for additional information. The Member ID is 9 digit social security number plus 8 digit date of injury.

PARTICIPATING PHARMACIES*

- | | | |
|-----------------------|-------------------------------|-----------------------------|
| CostCo Pharmacy | Hy-Vee Inc | Smith's Food & Drug Centers |
| CVS | Kroger Pharmacy | Stop & Shop Supermarket Co |
| Dominik's Finer Foods | Medicine Shoppe International | Target Pharmacy |
| Fred's Inc | Meijer Pharmacies | Walgreens Pharmacy |
| Giant Eagle Pharmacy | Publix Pharmacies | Walmart Pharmacy |
| Giant Food Stores LLC | Rite Aid Pharmacy | Winn-Dixie Pharmacies |
| H E Butt Drug Stores | Shoprite Supermarkets Inc | |

*This is only a partial list of the over 70,000 participating pharmacies in the CorVel Network.

Call (800)563-8438 for additional locations.



CCRX BIN: [004336]
PCN: [ADV]
RxGroup: [RxGroup]
MemberID: XXXXXX

EMPLOYEE: Take this form with you and have the treating physician complete the Physician section below.

Employee name: [EmployeeName] Record ID: [RecordID]
Date of injury: [DateOfInjury] Treating [TreatingPhysicianFac]

PHYSICIAN: For compliance, please complete this section and email to email@corvel.com or fax to 000.000.0000. This document authorizes initial evaluation and treatment only, and payment for these services will be rendered without prejudice.

DIAGNOSIS:

A post-accident drug test (check one): has been completed has not been completed

RESTRICTIONS:

In accordance with this patient's physical capability, check all that apply:

- May resume work immediately, no restrictions.
- May resume work immediately, with the following restrictions:
 - Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds)
 - Light work (lifting less than 20 pounds) Medium work (lifting less than 50 pounds)
 - Limited hours: _____ hours per day Limited days: _____ days per week
 - Other: _____
 - Repetitive motion restrictions (specific to hand/arm injuries):

FREQUENCY

	No Use	Occasional	Frequent	Constant
LEFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient is unable to return to work in any capacity.

RETURN TO WORK/MMI/NEXT APPOINTMENT:

Patient may return to work at full duty on (date): _____ / _____ / _____
Projected date of attainment of Maximum Medical Improvement: _____ / _____ / _____
Patient has a return appointment on (date): _____ / _____ / _____ at (time): _____ AM / PM

ANCILLARY SERVICES:

Please call (866) 866-1101 if patient requires Physical Therapy, Imaging, DME, Transportation or Translation services.

Physician Name: _____ Date: _____

Physician Signature: _____

Scenario 4:
You will see the following screen now. To complete a FNOL, you will click "Continue to FNOL".

[▶ New Incident/Injury](#) [▶ West - Sales](#)

[▶ Initial Treatment Confirmation](#)

The initial treatment report for **Test, Jan** has been submitted (received **08/18/2014**) with Record ID: **AB-15-010021**. 

[Continue to FNOL](#) [Return to Submitted List](#)

Important Note: The above record ID confirms receipt of the initial treatment report only. The FNOL will still need to be completed to create a claim.

[\(Print/Email/Fax Initial Treatment Guide\)](#)

Scenario 4:

You will now be taken to the FNOL form that we reviewed earlier. Complete the form with as much information as possible. At a minimum, the fields with the red * must be completed. Then click Complete when you are finished.

Claims ADM/Carrier

Jurisdiction Claim # (State File #)	
Claims ADM Claim #(Insurer Claim #)	AB-14-010045
OSHA Log Case #	
Claim Type Code	-- Choose one --
Name of Insurance Carrier	ACME Brands
Carrier FEIN	
Claims ADMIN Firm Name	CorVel Enterprise Comp
FEIN of CLMS ADM	
Claims Adjuster - First Name	
Middle Initial	
Last Name	
CLMS ADJ Phone # *	(555) 555-7788 x
Claim Handling Office Address Line 1 - No. & St.	601 SW Second Ave, Ste
Address Line 2	
City	Por
State	OR
Zip Code	972

Employer

Employer Name *	We
Employer Address Line 1 - No. & St.	634
Employer Address Line 2	
City	Por
State	OR
Zip Code	972
Employer FEIN	
SIC Code	
Phone Number *	(55
Nature of Business	
Insured Report Number	
Employer Location #	W-

Additional Employer Questions **For Cate's Profiling**

Was the injured employee in the course and scope of employment when injured? *	<input type="radio"/> No <input type="radio"/> Yes
Current employment type? *	
Were there any accident confirming witnesses to this incident or injury?	<input type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> UNKNOWN
In what state did this injury/disease occur? *	TN-Tennessee
What is the severity level of this injury? *	Moderate
What was the cause of the injury (NCCI)? *	-- Select Cause of Injury --
In what state was employee hired? *	TN-Tennessee
Does the employer question the validity of this claim? *	<input type="radio"/> No <input type="radio"/> Yes
Question claim validity reason	
(please limit to 254 characters)	
<input checked="" type="radio"/> Next Milestone <input type="radio"/> Return to Queue	
<input type="button" value="Save"/> <input checked="" type="button" value="Complete"/>	

[↑ Top](#)

Scenario 4:
 Once completed, you should see “This FNOL has been completed” at the bottom of the form. To confirm completion, go back to the submitted claims list. The submitted claim should now show as “Completed”.

Question claim validity reason

(please limit to 254 characters)

NOTE : This FNOL has been completed.

[Return](#)

Submitted New

Submitted

Claimant Last Name	<input type="text"/>	Claimant SSN	<input type="text"/>
Claim Number	<input type="text"/>	Submitted By (Last Name)	<input type="text"/>
Referrals Date Range	7/19/2014 - 8/18/2014	Employer Name	<input type="text"/>
Hide all claims and closed incidents	<input type="checkbox"/>		

[Search](#)

[Export to Excel](#)

Action	Record Status	Initial Treatment Guide	Record/Claim	Claimant	Employer	Date of Injury	SSN	Date Submitted	Submitted by	FNOL Status	FNOL Incomplete Timer (Days)	Close Incident as-is
View Claim	Claim	Reprint	AB-15-010021	Test, Jan	West - Sales	8/18/2014	XXX-XX-7777	08/18/14	Manager, Risk	Completed		
Continue FNOL	Incident	Create	AB-15-010020	Test, John	West - Sales	8/18/2014	XXX-XX-9999	08/18/14	Manager, Risk	Incomplete	0	Close



Questions?

This presentation and webinar will be posted on the State of Tennessee Department of Treasury Website at Treasury.tn.gov .

If you do have questions, please e-mail the CorVel Account Manager, Jason Wheeler, at jason_wheeler@corvel.com .