Sedgwick COV FROI Portal

First Report of Injury Employer Accident Report

FROI User Manual

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About

The Sedgwick First Report of Injury (FROI) Portal is an electronic form processing system for the employer accident report. The Sedgwick FROI facilitates collection of the vital information required for a complete COV first report of injury.

The Sedgwick FROI is a web-based application. This increases accessibility and enhances accuracy and speed of claim resolution.

This document is intended as a guide for users of the Sedgwick FROI application. This document provides a description of the FROI application, including instructions for accessing and using the application, and how to obtain technical support.

System Requirements

The following table outlines the system requirements for optimal performance.

Item	Minimum	Recommended
Internet Browser	IE10 or above, or a current version of Firefox, Chrome, or Safari browsers	IE10 or above, or a current version of Firefox, Chrome, or Safari browsers
Connection	56 KB	Broadband, LTE

Obtaining Technical Support
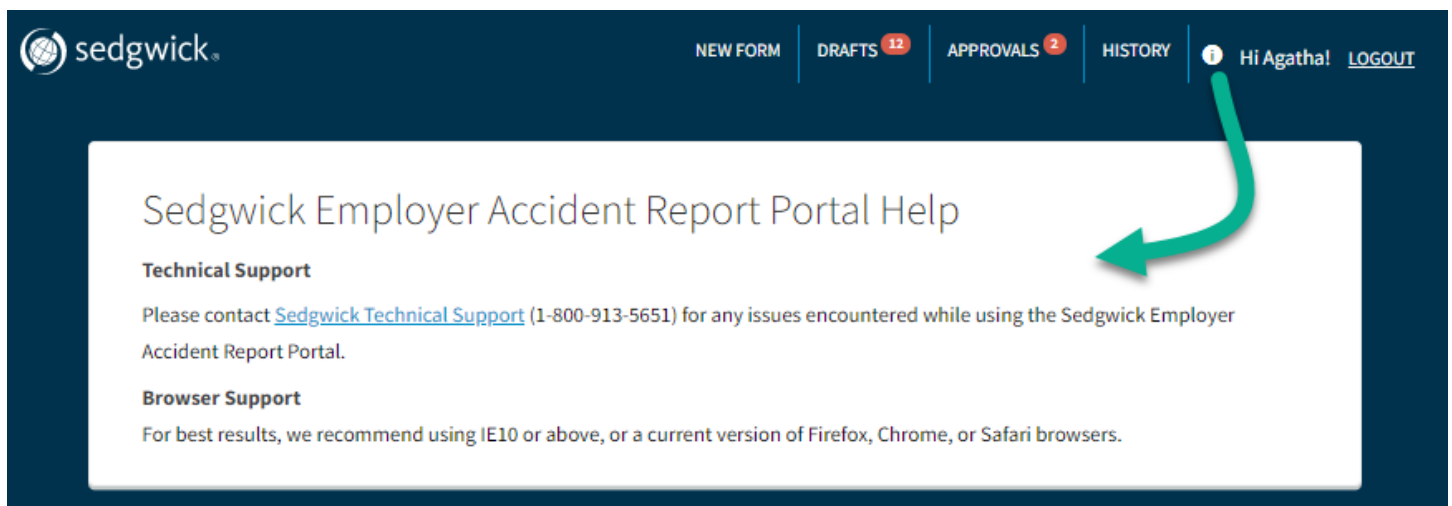
Please contact Sedgwick for any issues encountered while using the Employer Accident Report Portal.

FROI Support Line: 1-804-775-0766

Sedgwick Technical Support: 1-866-647-7610

Email: **covservicerequest@sedgwick.com**

Clicking the ⓘ icon in the upper right hand corner of the FROI web page will provide support contact information.

Accessing the Employer Accident Report

1. Using your internet browser of choice, go to **https://froi.sedgwick.com**

2. Login with your username and password. Anonymous users select "Continue without Logging in". The "*Continue without Logging in*" "choice is designed to direct forms for approval to the authorized HR representatives with responsibility for particular employer locations. No claims are created unless approved by authorized representatives. Your organization may elect to utilize this workflow to expand use while retaining centralized oversight. Please check with your HR department for further guidance.

Anonymous User: A user that accesses the form without logging in. No access is received other than a blank for and ability to select an employer location to direct a form to an authorized logged in user (Approver).

Approver: A user logged into the site has authority to approve a new claim creation for the employer locations authorized for their account. Approvers are notified if Anonymous users submit a form to the approval queue for their employer location(s).
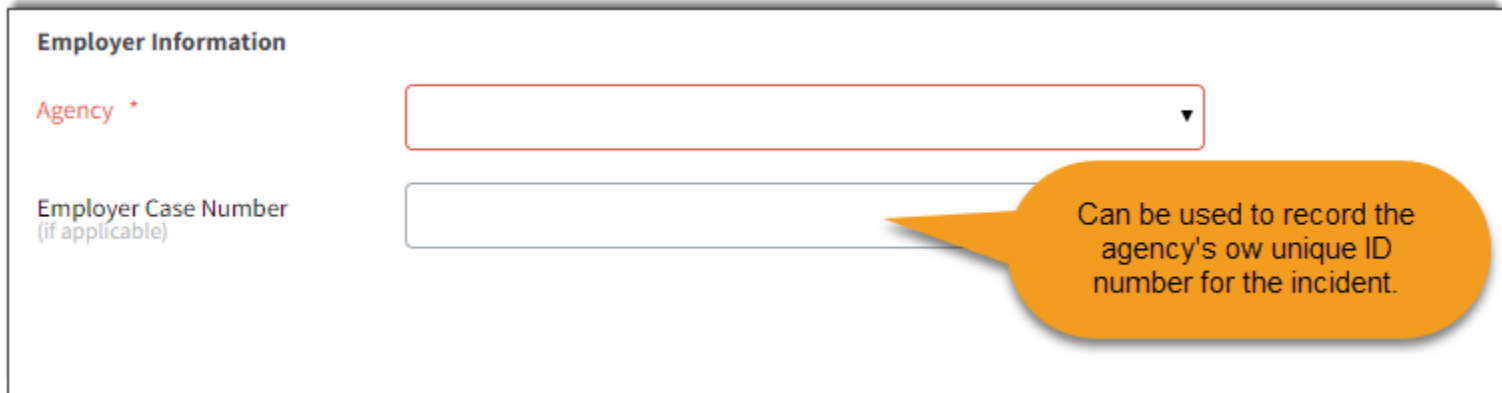
The Form

Upon logging in, a new blank FROI form is presented with navigational options arranged at the top.

Note: Anonymous users accessing the form will see only a blank form with no options other than a Submit button at the bottom of the form and the New Form link to start a new blank form.

 Logged in users will also see the Drafts, Approvals, and History options.

Sample Blank Form

Employer Information

Agency *

Employer Case Number
(if applicable)

Can be used to record the agency's ow unique ID number for the incident.

Employee Information

ID Type Code * [▼]

Personal ID Number * [   ]

Last Name * [   ]

First Name * [   ]

Middle Initial [   ]

Employee ID [   ]

Phone (home) [   ]

Phone (work) [   ]

Phone (cell) [   ]

Email [   ]

Preferred Communication [▼]

Sex * [▼]

Number of Dependents [   ]

Address * [   ]

City * [   ]

State * [▼]

Zip * [   ]

Date of Birth * [🛗]

Marital Status * [▼]

Employment Status * [▼]

Date of Hire * [🛗]

Occupation at time of injury or illness * [▼]

NCCI occupation classification * [▼]

Time and Place of Accident

Postal ZIP code where injury occurred *

Date of injury *

Hour of injury *

Time began work

Date of incapacity

Was employee paid on day of injury *

Date injury or illness reported *

Person to whom reported

Name of other witness

If fatal, give date of death

Type of claim *

Has employee lost time from work *

Probable length of disability

Nature and Cause of Accident

Describe fully how injury or illness occurred *

[   ]
(500 CHARACTERS)

Cause of injury *   [▼]

Nature of injury or illness *   [▼]

Parts of body affected *   [▼]

Machine, tool, or object causing   [▼]
illness or injury *

Initial Treatment *   [▼]

Physician Name   [   ]

Address   [   ]

City   [   ]

State   [▼]

ZIP   [   ]

Hospital or Clinic Name   [   ]

Address   [   ]

City   [   ]

State   [▼]

Zip   [   ]

Were safety rules violated   [▼]

Was a drug/alcohol screening   [▼]
performed

Was a 3rd party responsible for   [▼]
injury

Does employee have VSDP   [▼]
coverage

Does employee have State Health   [▼]
Insurance

Comments to carrier claim staff   [   ]
                                           (500 CHARACTERS)

Preparer Information

Prepared by (Name, Title) | Agatha Agencyrep

Date | [📅]

Phone (home) | [ ]

Phone (work) | (804) 775-0700

Phone (cell) | [ ]

Email | agathaA@JohnDoeAgency.com

Preferred Communication | [▼]

Approver Information

Approved by (Name, Title) | Agatha Agencyrep

Phone (work) | (804) 775-0700

Email | agathaA@JohnDoeAgency.com

Preferred Communication | [▼]

Attachments

File Size Limit: 100MB

[Add ...]

Save as Draft   [Submit ⊙]

Form Submission and Claim Creation Workflows

Anonymous User:

New form by anonymous user → Submit

Submit → New form notice email sent to the address(es) entered in the email field on the form

Submit → New form notice email sent to the approver(s) assigned to the insured location assignment

Submit → Form delivered to Approvals queue → Approver inspects form for accuracy and completion of required information → Approver initiates "final" submission by clicking Submit. → Required fields completed?

Required fields completed? — No → Complete remaining required fields. → Submit → Claim created. Text view of form with claim number is displayed.

Required fields completed? — Yes → Claim created. Text view of form with claim number is displayed.

Claim created. Text view of form with claim number is displayed. → Completed form with claim # emailed to the address(es) entered in the email field on the form.

Claim created. Text view of form with claim number is displayed. → Completed form with claim # emailed to the approver(s) assigned to the insured location assignment

Named User/System administrators:


```
New form by named user or admin  →  Submit  →  Required fields completed?
                                                        │
                                               Yes ─────┤───── No ──→  Complete remaining required fields.
                                                │                              │
                                                ▼                              ▼
                                     Claim created. Text  ←──  Submit  ←────────┘
                                     view of form with
                                     claim number is
                                     displayed.
                                        │        │
                                        ▼        ▼
```

- Completed form with claim # emailed to the address(es) entered in the email field on the form.
- Completed form with claim # emailed to the approver(s) assigned to the insured location assignment

Using the FROI - Filling Out the Form
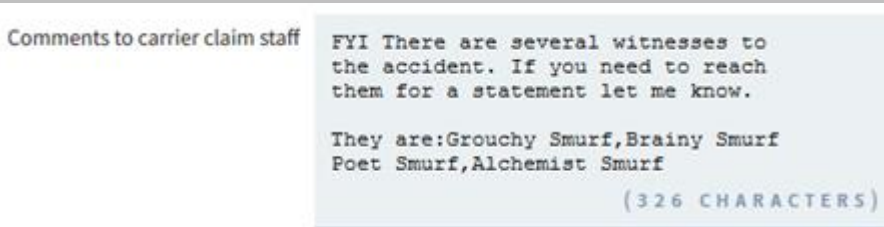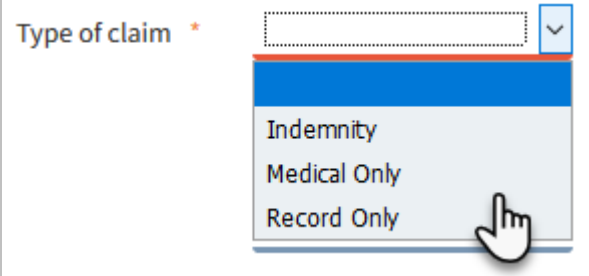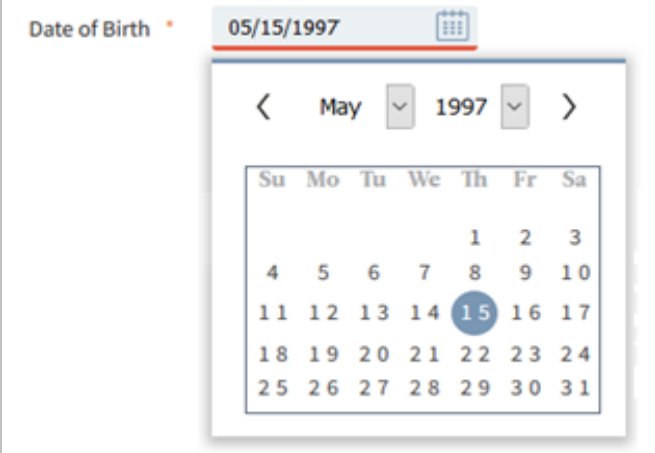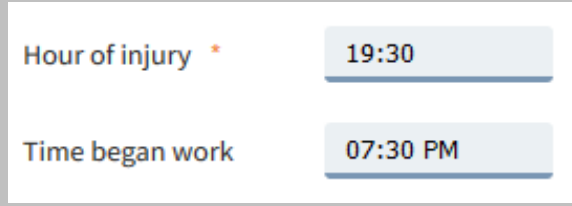
The following field types and/or features are contained in the form:

- **Free form alphanumeric text field (short):** Single line short length for text or numbers such as name, address, etc.

- **Numerical field:** Single line field expecting a number such as Zip Code, Telephone, Number of Dependents, etc. Information that is normally displayed with formatting, such as dashes in phone numbers or social security numbers, and can be entered without the dashes.

- **Free form alphanumeric text field (Long):** Fields designed for long narrative text. Namely the description of accident and the comments to claim staff. These fields allow text wrap to view the content you are typing in paragraph form.

- **Drop-down Menu Selections**: Type the characters in sequence to move directly to that point in the selection list. Pausing between characters will restart the movement within the list. Up/down arrows and mouse can be used to navigate.

- **Date Fields:** When the user clicks in a date field, a calendar picker is displayed. The user can select the desired date from the picker or enter the date into the field in a MM-DD-YYYY format. Dates are also checked for reasonableness. For example, Date of Birth must be prior to the Date of Hire and Lost Time and Return to Work dates cannot predate the Date of Injury.

- **Time fields:** The time fields also require a valid time format. The time fields are flexible and will allow variations on time formats such as HH:MM (in military/24 hour time) as well as HH:MM AM/PM. Note: If you are not intending to use 24 hour (military) time, you MUST INCLUDE AM/PM.

- If you are intending to use 12 hour (AM/PM) time and you are entering an afternoon or evening time, you must include the "PM" value or it will be assumed to be morning according to 24 hour time.
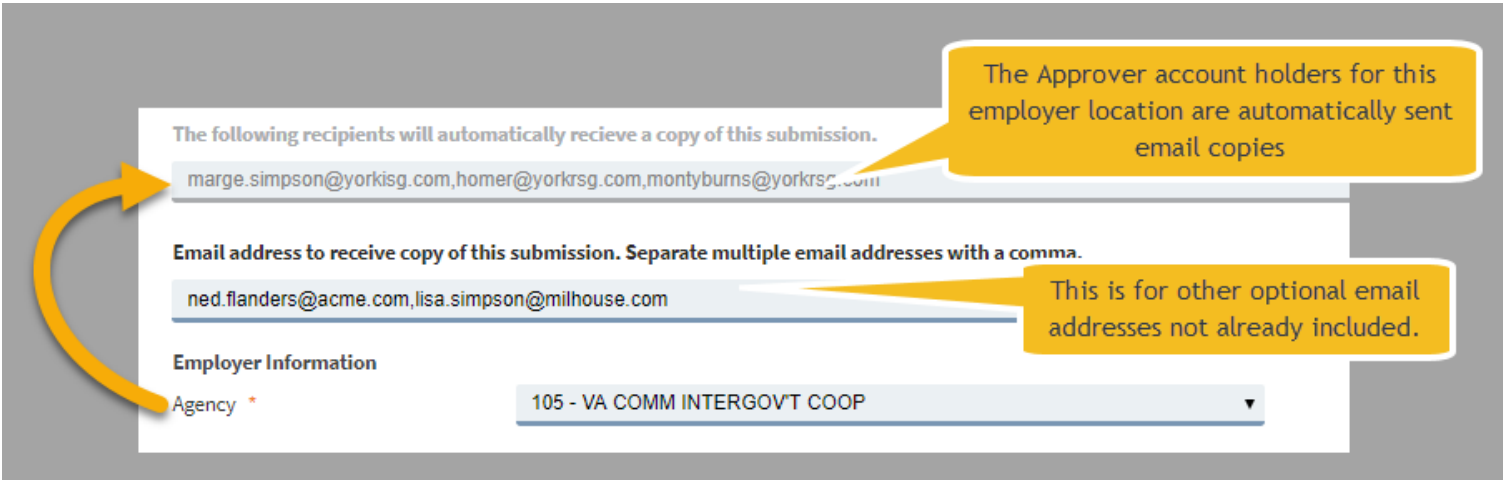
See the addendum section "Menu Items and Buttons" for a list of the user interface links within the FROI application.

Type of Field	Sample
1. Free form alpha-numeric text field (short): • You can type freely within these fields. • You can copy and Paste in these fields.	Address * 1600 Pennsylvania Avenue
2. Numerical field:	Peronal ID Number * 888-88-8888 Phone (home) (999) 867-5309
3. Free form alpha-numeric text field (long):	Comments to carrier claim staff FYI There are several witnesses to the accident. If you need to reach them for a statement let me know. They are:Grouchy Smurf,Brainy Smurf Poet Smurf,Alchemist Smurf (326 CHARACTERS)

Type of Field	Sample
4. Drop-down Menu Selections	Type of claim * [dropdown] Indemnity Medical Only Record Only
5. Date Fields	Date of Birth * 05/15/1997 [calendar] ‹ May ∨ 1997 ∨ › Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
6. Time	Hour of injury * 19:30 Time began work 07:30 PM

Email Copy Field

The top of the form shows what mail accounts will receive email copies of the form and allows you to enter additional addresses. The automatic list at the top is controlled by which employer location is selected. The second field allows you to add your own.

The following recipients will automatically recieve a copy of this submission.

marge.simpson@yorkisg.com,homer@yorkrsg.com,montyburns@yorkrsg.com

> The Approver account holders for this employer location are automatically sent email copies

Email address to receive copy of this submission. Separate multiple email addresses with a comma.

ned.flanders@acme.com,lisa.simpson@milhouse.com

> This is for other optional email addresses not already included.

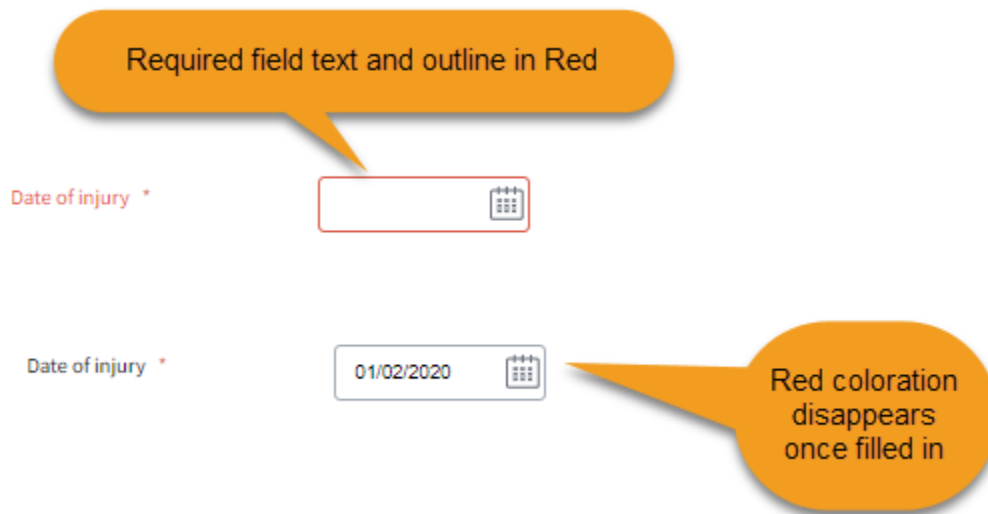**Employer Information**

Agency * 105 - VA COMM INTERGOV'T COOP

Required Fields

The FROI form contains about 81 fields. 33 fields are required for claim creation.

Six fields are required for form creation by an Anonymous user. All 33 required fields, posted and outlined in red, must be completed before a claim can be created via approval by an account holder.

Invalid content in a field will be treated as an empty field and remain incomplete until corrected. This will typically occur in fields with specific formats such as date, time or SSN.

Some fields are necessary for setting up a workers' compensation claim. Additionally, state commissions mandate some fields. For compliance with data requirements and claim handling efficiency, the application will present a warning message if a required field is missing or invalid.

Required field text and outline in Red

Date of injury *

Date of injury *   01/02/2020

Red coloration disappears once filled in

Personal ID Number and Type

All claims require a personal identification number for the injured worker. This is usually the Social Security Number of the injured employee. The Workers' Compensation Commission accepts five types of identification. The FROI form includes a selection list of these five types. The social security number choice allows 9 numerical digits and the other choices allow 15. Both ID Type and Personal ID number are required fields prior to claim creation by an Approver.

Employee Information

ID Type Code *

Select an ID type

Personal ID Number *

- S - Employee Social Security Number
- A - Only if NO SSN exists Employee ID assigned by Jurisdiction
- E - Only if NO SSN exists Employee Employment Visa
- G - Only if NO SSN exists Employee Green Card
- P - Only if NO SSN exists Employee Passport Number

Employee Information

ID Type Code * S - Employee Social Security Number

Personal ID Number * 368-99-5645 Autofill

NCCI Occupation Classification

Commonwealth of Virginia employee job titles have been uploaded as a customized list for Commonwealth FROI users. Each job title is assigned to a specific NCCI occupation classification.

There is now no need to search for a national Council on compensation Insurance (NCCI) code. It will automatically complete when the job title is selected. See examples.

Occupation at time of injury or illness * Pharmacist I

NCCI occupation classification * Hospital: Professional Employees

NCCI Class and Occupation Title linking examples

Occupation at time of injury or illness * Police Lieutenant

NCCI occupation classification * Police Officers and Drivers

Initial Treatment Required Field

A code identifying the extent of medical treatment received by the employee immediately following the accident.

Initial Treatment *	▼

00 - No medical treatment	
01 - Minor on-site remedies by employer med staff	
02 - Minor clinic/hospital med remedies/testing	
03 - Emergency eval. diagnostic tests/med procedures	
04 - Hospitalization greater than 24 hours	
05 - Future major medical/lost time anticipated	

Choices:

Choices:	Description
0 = No medical treatment	
1 = Minor on-site remedies by employer medical staff	First Aid
2 = Minor clinic/hospital med remedies/testing	Doctor's office / Urgent Care Center /Clinic other than emergency room
3 = Emergency evaluation, diagnostic testing, and medical procedures	EMERGENCY ROOM
4 = Hospitalization greater than 24 hours	Admitted to the hospital overnight
5 = Future major medical/Lost time anticipated (i.e. hernia case)	Do not use for initial FROI submission.

Preparer and Approver information

There are sections for the anonymous user and the logged in Approver to indicate communication preference and list their contact information. Approver contact information is already established via their login account.

Preparer Information

Prepared by (Name, Title)	
Date	
Phone (home)	
Phone (work)	
Phone (cell)	
Email	
Preferred Communication	

For the Anonymous user to complete so Approver knows who is submitting.

Only appears for logged in Approver users.

Approver Information

Approved by (Name, Title)	Agatha Agencyrep
Phone (work)	(804) 775-0700
Email	agathaA@JohnDoeAgency.com
Preferred Communication	

Phone Work
Email

As a logged in user, your known name, email and phone should automatically appear.

Let us know how you prefer us to contact you.

Anonymous User Submitting New Form for Approval

When starting a new form, the initial submission should be as complete as possible. Fill out the form to the best of your ability so that it is as complete as possible.

Once complete, click the "Submit" button. Assuming the required fields are populated and no validation errors exist, submissions by named users and system administrators do not go through the approval process. For anonymous users, however, their submission will need to be approved by a user assigned to the particular insured location assignment.

Agency Selection

Agency Selection is **mandatory** for initial submission. The Agency/Sub-Agency/Department/Sub-Department selection serves two functions:

- It assigns the FROI form to the correct Approver(s) and assigns the claim to the proper employer location.
- Allows correct Approver(s) to receive the form, which is necessary for the 2nd submission to take place.

Failure to Select an Agency

The application will not allow you to submit a form without choosing an Agency location. Below is an example of the message the user will receive if a submittal is attempted without selecting an Agency.
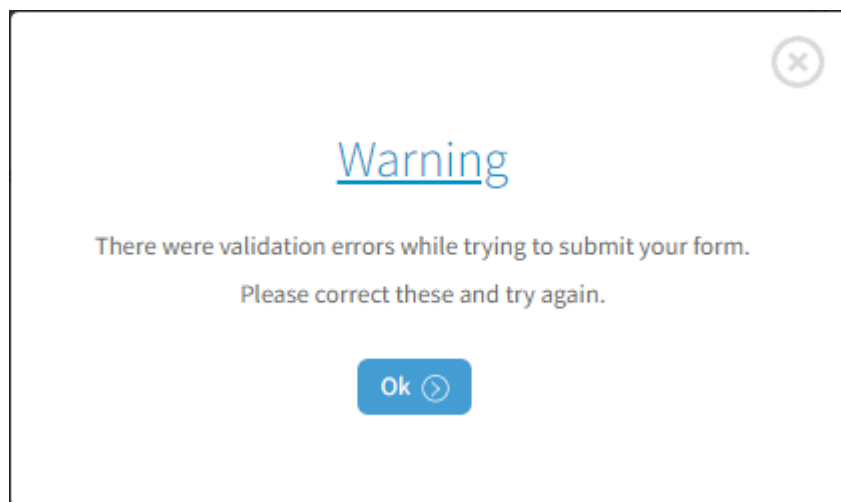

A more detailed message is displayed on the form:

Successful Agency Selection

The Agency selection will display Sub Agency and Department levels where they exist. If your agency is a single level then the additional selections are not enabled. Logged in users assigned to a particular set of Agencies will only see those agency locations they are assigned to.

Forms submitted by anonymous users are moved to the "Approvals" queue upon initial submission. Forms submitted by Approver users are converted to Claim status if all required fields pass validation.
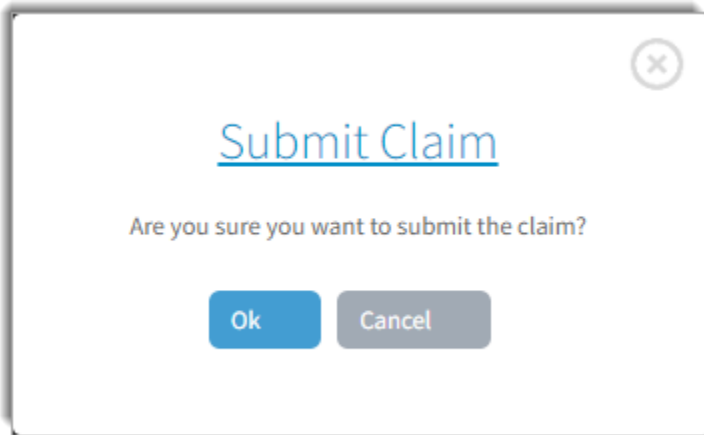
Anonymous user successful submission:
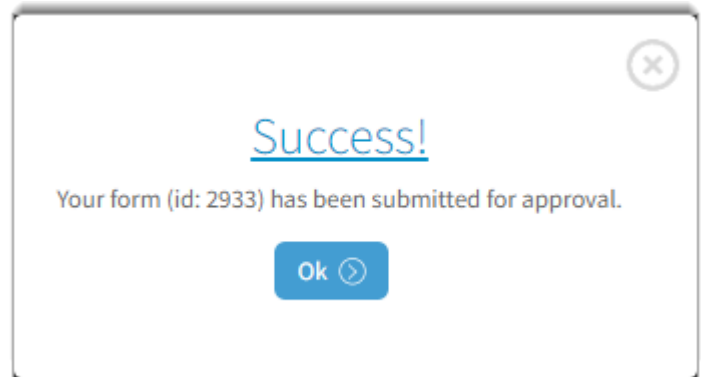
When the initial submission occurs, an email is sent to the approver(s) assigned to the particular insured location assignment.

Approval and Submission by Authorized Users

Counts, in the form of badging, are displayed for Drafts and Approvals and represent the number of items within their respective queues.
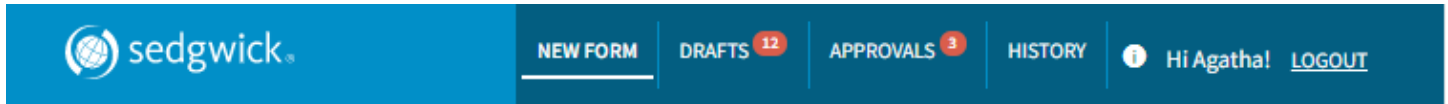

Approvers will be notified of a pending submission requiring approval in two ways:

1. Emails are sent to the approvers assigned to the particular insured location assignment.

FROI Portal - Claim Submitted For Approval
no-reply@   sent by no-reply@
Sent: Monday, April 20, 2015 at 12:39 PM
To: Tyler

Tyler,

A claim has been submitted for approval. Below is a copy of the information we received.

Claim Information

Form ID	240
Employer Information	
Agency	208 - VPI STATE UNIVERSITY
SubAgency	208 - VPI SU
Department	4700 - History
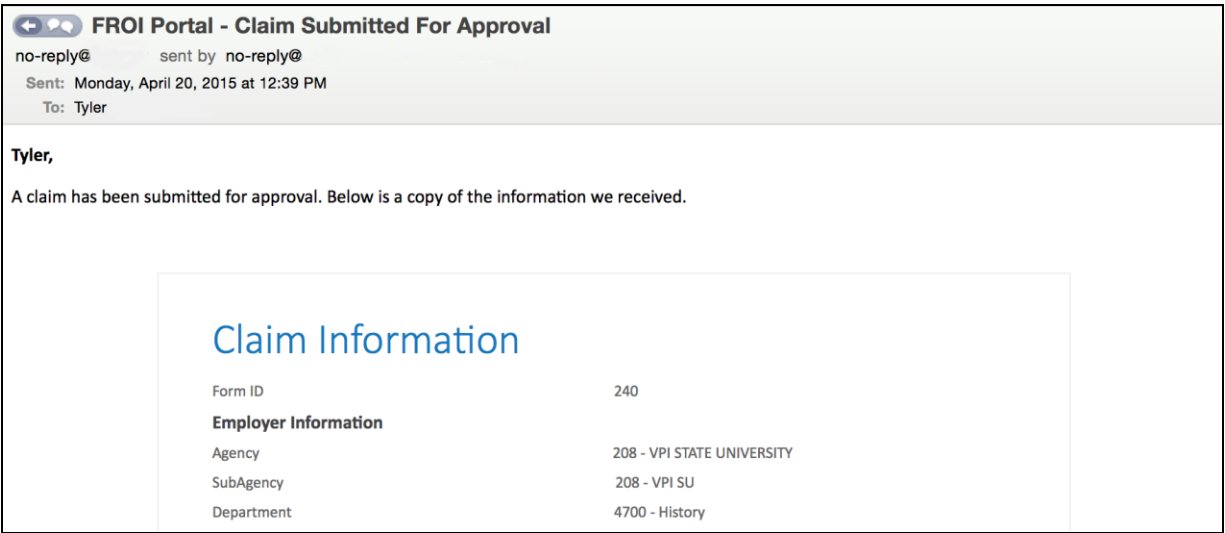
2. Approval Pending count on screen header when logged in.

When the Approver logs in, they will see a count indicator on the Approvals icon if there are any pending items for them to review.

Click the **Approvals** menu item at the top of the screen. A list of documents matching the counter displayed on the Approvals menu item will be displayed on the Approvals page, along with the following information.

Approver User – Approval Ownership

Each Employer, Agency, Sub agency, Department, etc., may have one or more Approvers designated to create claims for that location. If an anonymous user submits a form, these Approvers will receive email messages announcing the pending form.

If an eligible Approver opens, updates and saves the form, other users with the same approval permissions will still be able to see and edit the form. This allows all Approvers of the same agency, sub-agency, etc. to view, open and modify a report without taking exclusive ownership.

A list of Approval pending documents is displayed with several columns indicating the subject of the form and who created or changed the form. The rows are highlighted as you pass over them with a mouse and action buttons are displayed for form management.

- **#:** The unique system-generated identification number.
- **Subject**: This is the *Last Name, First Name, and Date of Injury* as entered on the form.
- **Initiated By**: Anonymous will be displayed.
- **Initiated On:** The date and time that the FROI was created.
- **Modified By:** The user that last changed/saved this form.
- **Modified On:** The date and time that the form was last changed/saved.
- **Action**: When the user clicks on a row in the table, this column displays Open and Delete buttons.

SORTING: ⋀ ⋁

Column may be sorted by clicking on the column header. Column sort is indicated by symbols in the header.

SEARCHING: Search..

There is a search field at the upper right hand corner of the screen to search for forms by any of the visible column elements. For example, you can search for any subject with the name "Smith" or one of the dates in the table.

Autofill Employee Information

Logged in Approvers may use the Autofill feature to load injured employees' personal information without typing. If an injured employee has a prior injury report submitted through this application, the last set of personal information is retained and available to use by the Approver user to load to the form.

1. Select an ID Type Code. e.g.: "Social Security Number"

2. Enter a Personal ID Number

3. Click on the Autofill link that appears next to the ID number.
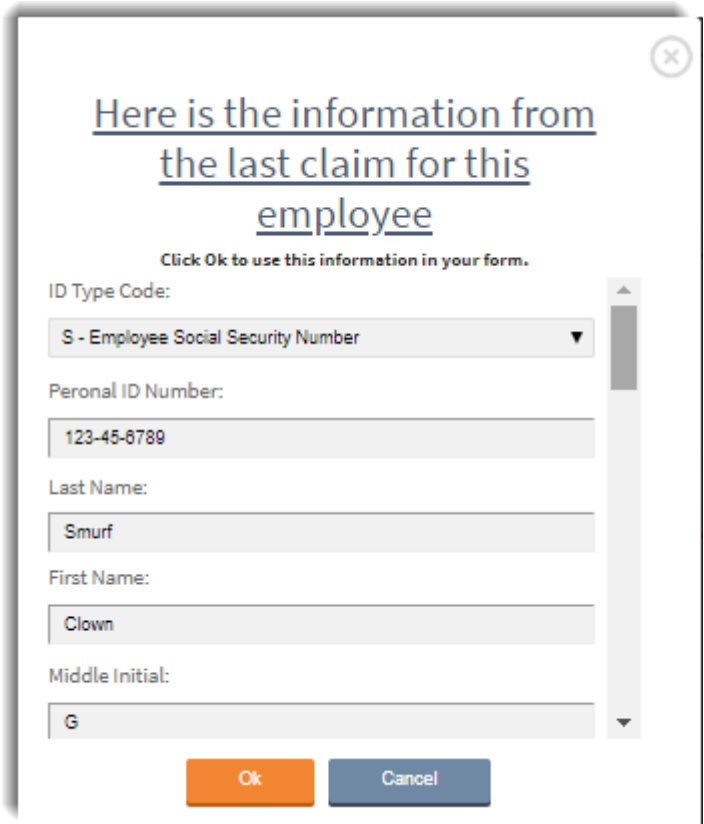

If the ID number has previously been used to create a claim, the most recent set of Employee Information from the last claim submission will be displayed in a new window.

Scroll through the window to review the content. You cannot edit the fields in the pop-up window since it is showing the last completed form content.

If you would like to use the content displayed, select Ok at the bottom of the window. The content will be copied to the current form you are working on. You may now edit the copied contents of the employee information in your form.

Note: Any content in the Employee Information section prior to copying the Autofill results will be overwritten by the Autofill content.

Employee Information

Field	Value (left form)	Value (right form)
ID Type Code *	S - Employee Social Security Number	S - Employee Social Security Number
Personal ID Number *	321-32-1321 Autofill	321-32-1321 Autofill
Last Name *		Smurf
First Name *		Pet Sitter
Middle Initial		K
Employee ID		111111111111
Phone (home)		(888) 888-8888
Phone (work)		(777) 777-7777
Phone (cell)		(666) 666-6666
Email		greatdane@bmail.com
Preferred Communication		Email
Sex *		Male
Number of Dependents		0
Address *		56 maple St
City *		Midlothian
State *		Virginia
Zip *		23113
Date of Birth *		01/01/1971
Marital Status *		Divorced
Employment Status *		Full Time
Date of Hire *		02/05/1982
Occupation at time of injury or illness *		AAG/Associate Univ Counsel
NCCI occupation classification *		Clerical Office Employees Noc

Auto-fill Employee info from last claim submitted

Saving an Un-Submitted Form for Later Submission

If you have made changes to a form and wish to leave it prior to submission, make sure to click the "Save" option (not available for anonymous users) at the bottom of the form. An auto-save feature has also been added that saves a form every three minutes. Otherwise, if you click on any of the menu options, or close the application, the changes made will not have been saved.

Saving a form retains it in the queue where it currently resides.

Drafts

Approval level users may create a new original form and save it before submitting for claim creation. These forms are saved as drafts in the Draft queue. They may be accessed at a later date in the Drafts queue.

Claim Creation

When an Approver clicks [Submit], a claim will be created if all required fields have been completed and there are no other validation errors.

If all requirements for claim creation are met, a claim number is generated immediately upon submission. Upon creation, the form with claim number will be presented in text format. The text may be copied from the screen or downloaded in PDF format.

 The claim form content may also be reviewed later within the History list. (See History Documents section of this document)

Remember – The process is not complete until you have received a claim number.

Success message:

Success!

Your form (id: 2936, claim id: 7046590) has been submitted successfully.

Ok ⊙
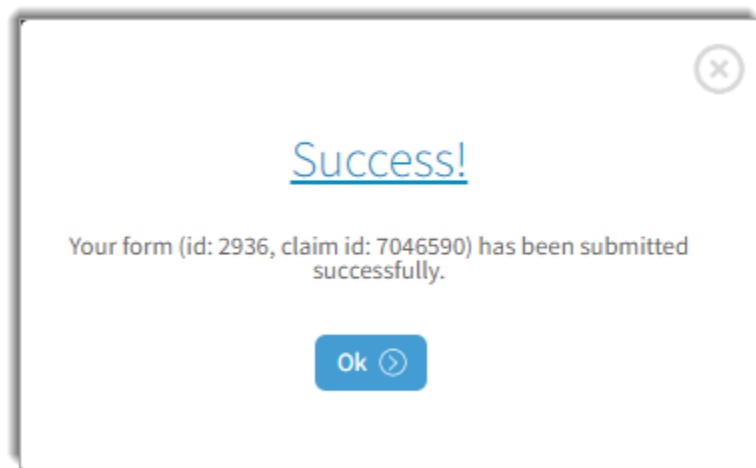
Form displayed as text after successful submission:

ADD ATTACHMENTS   **VIEW FORM AS TEXT**

Claim Information

Email addresses to receive copy of this submission.

agathaA@JohnDoeAgency.com

Form Information

Form ID	2936
Claim ID	7046590
Submitter Email	agathaA@JohnDoeAgency.com

Employer Information

Agency	100 - Senate of Virginia
Employer Case Number	

Employee Information

ID Type Code	S - Employee Social Security Number
Personal ID Number	************************
Last Name	Smurf
First Name	Pet Sitter
Middle Initial	K

Final Claim Form Email

When a claim is created, an email is sent to the Approver of the claim, other Approver account holders for that location and to any addresses entered by the user(s) in the email address field at the top of the form.

- The email message contains the entire FROI form as text.
- It is the same format and content displayed from the "view form as text" button.
- You may archive the email in your email program.
- You can save the email as an independent document outside your email.
- The message can be printed from your email application.
- The content can be copied and pasted as needed.

FROI Portal - Claim Submission Confirmation - 6791919 - 03/01/2018 - Carnivore Smurf Inbox ✕ Accounts payable ✕

no-reply@yorkrsg.com   Nov 9, 2018, 2:44 PM (7 days ago) ★ ↰ ⋮

Marge,

We have received your claim submission. Below is a copy of the information we received, for your records.

Depending on the type of accident, the assigned benefit coordinator (BC) may need additional information to complete their compensability decision on the claim.

Click on the link below for checklists of the most common types of information the BC may need in order to complete their investigation.

To get a jump-start on the process and cut down on phone calls and emails, consult the appropriate checklist and forward the needed information as soon as possible.

Checklist Link: http://www.covwc.com/InjuryTypeChecklists

Claim Information

Form Information

Form ID	2805
Claim ID	6791919
Claim Intake Number	201811091944514171
Submitter Email	marge.simpson@yorkisg.com

Employer Information

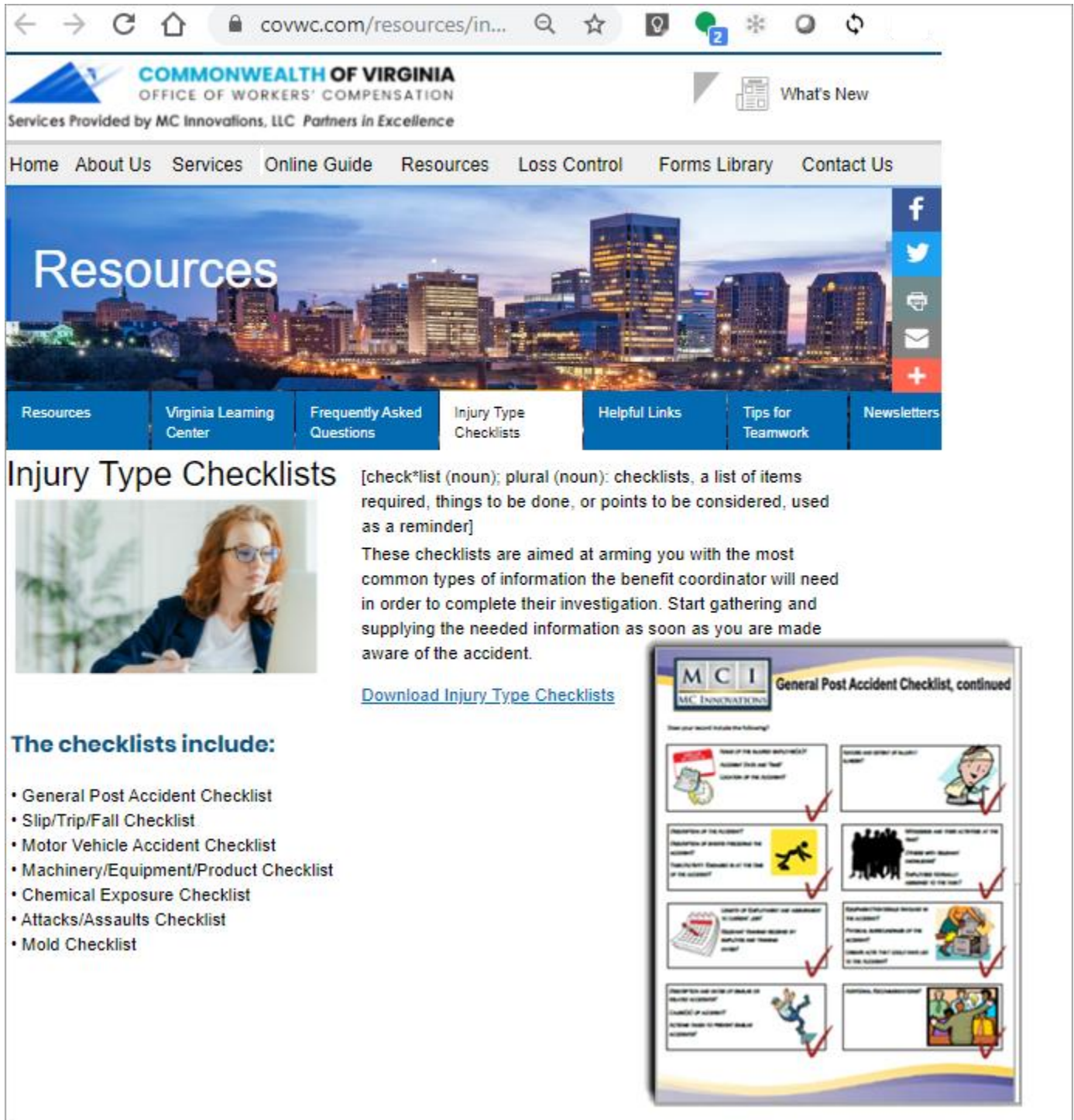|	
Agency	701 - DEPARTMENT OF CORRECTIONS

Link to Post Accident Checklists

The claim acknowledgment email received by the submitter and other eligible Approvers linked to the organization, contains a link to a checklist designed to assist with preparation for data requests arising from claim investigation.

Depending on the type of accident, the assigned benefit coordinator (BC) may need additional information to complete their compensability decision on the claim.

Click on the link below for checklists of the most common types of information the BC may need in order to complete their investigation.

To get a jump-start on the process and cut down on phone calls and emails, consult the appropriate checklist and forward the needed information as soon as possible.

Checklist Link: https://covwc.com/resources/injury-type-checklists

Reminder Emails for Outstanding Forms in Approval Queue

Approvers with rights to a location will receive a limited number of reminder emails at specified intervals. This is in addition to the initial notification of a pending form submitted by an anonymous user for approval.

- 3 Days after submission for approval

- 7 Days after submission for approval

- 10 Days after submission for approval (This is the final reminder)

Forms left in approval queue will remain there indefinitely. Insurance studies consistently support that claim costs and human costs increase when claims are reported late. If the form was created in error and is no longer needed, we suggest that it be deleted to avoid clutter.
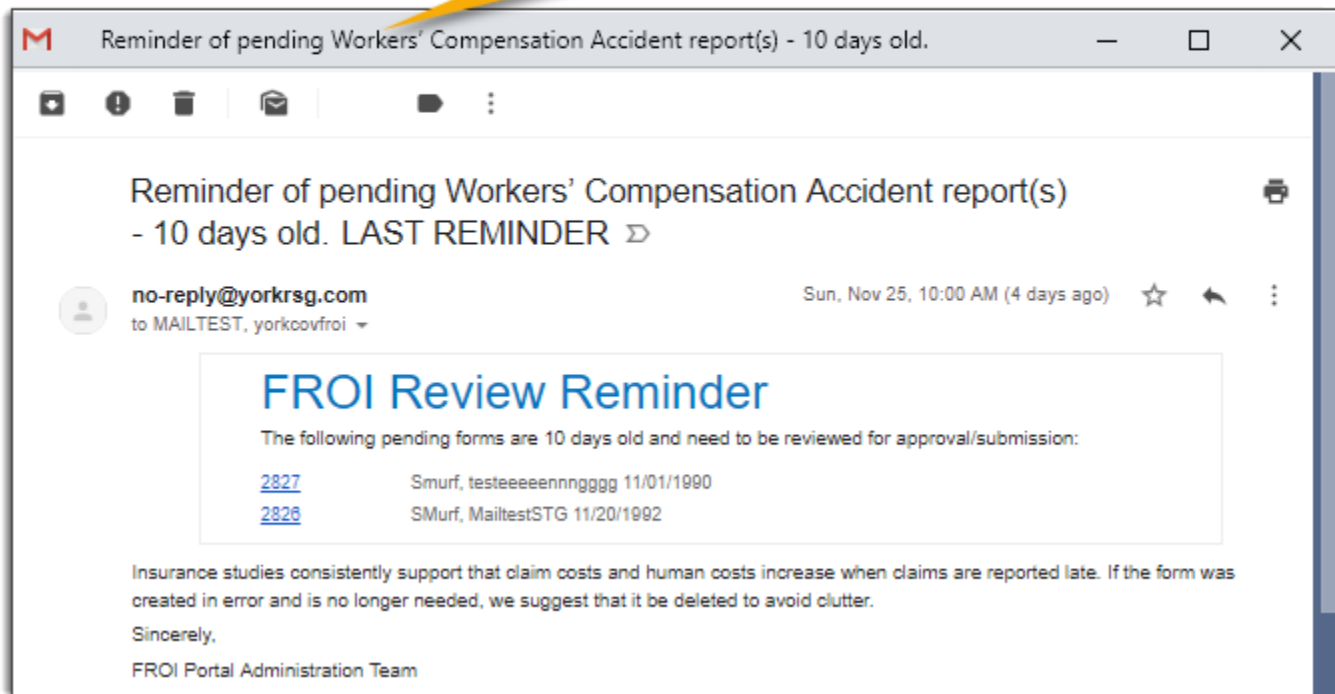
Form Management

Employer Accident Report
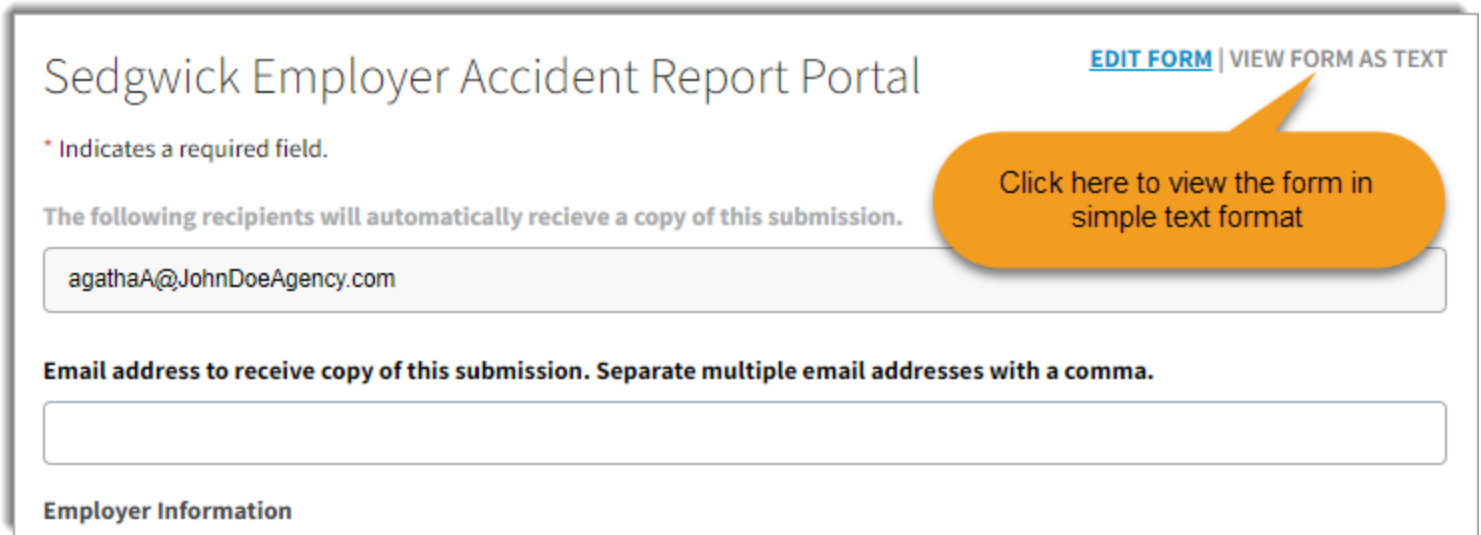
Viewing the Form as Text

You can view a form in text format via the "View Form as Text" option. This is available when a form is open or when the Draft, Approval or History queues are open. Every data entry field completed is displayed in a table format, although some fields are masked with asterisks for security purposes. The complete form is presented by section in plain text.

Notable features:

- No additional software or program required to display.

- Content may be copied and pasted by user.

- Every data entry field completed is displayed in a table format (some fields are masked with asterisks for security purposes).

The View Form as Text option is displayed in the top right of the form:

Form as Text Example:

Claim Information

Email addresses to receive copy of this submission.

agathaA@JohnDoeAgency.com

Form Information

Form ID	2654
Submitter Email	

Employer Information

Agency	6544 - JohnDoeAgency
Employer Case Number	54364534

Employee Information

ID Type Code	**S - Employee Social Security Number**
Personal ID Number	************************
Last Name	**Smurf**
First Name	**Chiropractor**
Middle Initial	**H**
Employee ID	123123123123
Phone (home)	**(804) 775-0701**
Phone (work)	**(804) 775-0702**
Phone (cell)	**(804) 775-0703**
Email	chrosmurf@johndoeagency.com
Preferred Communication	**Email**
Sex	**Male**
Number of Dependents	**3**
Address	**321 Main**
City	**Richmond**
State	**Alabama**
Zip	************************
Date of Birth	************************
Marital Status	**Married**
Employment Status	**Full Time**
Date of Hire	10/01/2004
Occupation at time of injury or illness	**Accountant**
NCCI occupation classification	**Clerical Office Employees Noc**

Time and Place of Accident

Postal ZIP code where injury occurred	23219
Date of injury	09/20/2018
Hour of injury	08:00 AM
Time began work	08:30
Date of incapacity	02/01/2020
Was employee paid on day of injury	Yes
Date injury or illness reported	09/21/2018
Person to whom reported	Papa Smurf
Name of other witness	Smurfette
If fatal, give date of death	
Type of claim	Record Only
Has employee lost time from work	No
Type of duty	
At what wage	
On what date	09/20/2018
Probable length of disability	

Nature and Cause of Accident

Describe fully how injury or illness occurred	Mishap with stapler in office.
Cause of injury	Absorb, Ingest, Inhalation
Nature of injury or illness	AIDS
Parts of body affected	Abdomen including Groin
Machine, tool, or object causing illness or injury	4 way bar
Initial Treatment	00 - No medical treatment
Physician Name	Dr Feelgood
Address	101 N 14th St
City	Richmond
State	Virginia
ZIP	23219
Hospital or Clinic Name	MCV
Address	101 N 14th St
City	Richmond
State	Alabama
Zip	44444-4444
Were safety rules violated	Yes
Was a drug/alcohol screening performed	Yes
Result	Negative
Was a 3rd party responsible for injury	No
Does employee have VSDP coverage	Yes
Does employee have State Health Insurance	No
Comments to carrier claim staff	asdfsadfsadf safdsadfdsfdsfsdfsdf

Preparer Information

Prepared by (Name, Title)	**Bill Davenport**
Date	**02/04/2020**
Phone (home)	
Phone (work)	**(804) 775-0704**
Phone (cell)	**(804) 775-0705**
Email	bill.davenport@johnDoeAgency.com
Preferred Communication	**Phone Work**

Approver Information

Approved by (Name, Title)	**Agatha Agencyrep**
Phone (work)	**(804) 775-0700**
Email	agathaA@JohnDoeAgency.com
Preferred Communication	**Email**

Contents of the text form view may be downloaded as a PDF (option is displayed at the bottom of the form when viewing as text), or copied and pasted by the user into another application. This works using conventional PC copy (CTRL + C) and paste (CTRL + V) techniques, as well as copy (Command + C) and paste (Command + V) on a Mac.

Once you paste your data into another application on your PC, you may edit or format it as needed.

Deleting a FROI

An FROI can only be deleted from the Drafts and Approvals queues. Since anonymous users do not have access to Drafts and Approvals, only named users and system administrators have the ability to delete FROIs.

> **Caution**: The application will prompt you to confirm deletion. However, once you have clicked "Confirm" to approve the deletion, the FROI is not retrievable.

> *You cannot delete FROIs that have been completely submitted and have a claim #. These are contained within the History list and are permanent.*

To delete the FROI, follow the steps below:

1. From the Drafts or Approvals queues, select the FROI to be deleted.

   The application will display Open and Delete buttons.
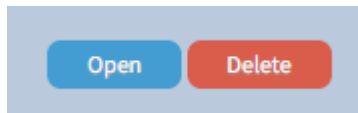
2. Click the **Delete** button.
3. Verify that the intended form is selected and click **Confirm** to approve and finalize the deletion.

Approvals

#	Subject	Initiated By				Action
2881	IIIIIII, IIIIIII 02/01/2019	Anonymous				
2878	aaaaaaaaaa, aaaaaaaaaa 02/01/2019	Anonymous	2/6/2019 4:07 ...	STGTESTER	9/12/201...	
2859	Coffee, Caffine 11/14/2018	Anonymous	12/6/2018 3:5...	covmargesimpson	12/18/2018 1...	Open Delete
2827	Smurf, testsssssssnnnggg 11/01/1990	Anonymous	11/15/2018 4:...	Anonymous	11/15/2018 4:...	
2826	...92	Anonymous	11/15/2018 4:...	Anonymous	11/15/2018 4:	

This form is being deleted from the Approval queue.

Deletion complete!

Success!

Claim has been successfully deleted

OK ⊙

Delete Claim

Are you sure you want to delete this claim? This action cannot be reversed.

Confirm   Cancel

History

#	Subject	Initiated By	Initiated On	Claim Id	Submitted By	Submitted On	Attachments

All documents appear in the History queue once they have been saved or submitted. Documents that are in draft or awaiting approval will not have a claim number, while fully completed submissions will have a claim number.

The History menu item is only available to Approver users and system administrators. Those users will be able to see all reports submitted under the insured locations for which they are assigned.

History

Search..

#	Subject	Initiated By	Initiated On	Claim Id	Submitted By	Submitted On	Attachments
2943	Smurf, Captain 01/31/2020	STGTESTER	2/19/2020 11:15 …	7046602	STGTESTER	2/19/2020 11:15 AM	Add
2942	smurf, uberdriver 02/01/…	STGTESTER	2/19/2020 11:06 …	7046601	STGTESTER	2/19/2020 11:09 AM	Add
2941	Smurf, Dancer 02/03/2020	STGTESTER	2/19/2020 10:58 …	7046600	STGTESTER	2/19/2020 10:58 AM	Add
2940	Smurf, Junkie 02/03/2020	STGTESTER	2/19/2020 10:25 …	7046599	STGTESTER	2/19/2020 10:25 AM	Add
2939	Smurf, Adjuster 02/05/2…	STGTESTER	2/19/2020 9:54 AM	7046598	STGTESTER	2/19/2020 9:54 AM	Add
2938	Smurf, TennisPro 02/03/…	STGTESTER	2/19/2020 9:52 AM	7046597	STGTESTER	2/19/2020 9:52 AM	Add
2937	Smurf, Blacksmith 02/0…	STGTESTER	2/19/2020 9:50 AM	7046596	STGTESTER	2/19/2020 9:50 AM	Add
2936	Smurf, Pet Sitter 01/01/…	STGTESTER	2/14/2020 1:55 PM	7046590	STGTESTER	2/14/2020 2:17 PM	Add
2935	Smurf, Blacksmith 01/0…	Anonymous	2/14/2020 12:37 …	7046592	STGTESTER	2/18/2020 12:45 PM	Add
2934	Smurf, Blacksmith 01/0…	Anonymous	2/14/2020 12:33 …	7046593	STGTESTER	2/18/2020 2:21 PM	Add

<< | < | Displaying 11 - 20 of 59 | > | >>

To open a report, simply click on the appropriate row in the table. If the report has been fully submitted, the form will display as text. If the report is in draft or awaiting approval, the report will display in editable form.
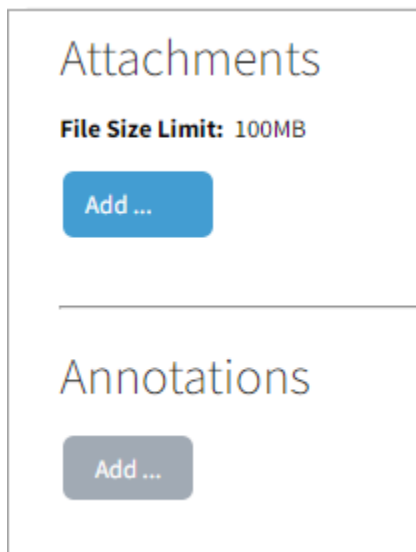
Attachments and Annotations

Claim related documents and files may be uploaded at the time of claim creation. Claims listed within the History list may be accessed at a later date for uploading new documentation related to the claim. Annotations may also be loaded to a claim once it is created and listed in history.

Examples of things to upload:

- Photographs related to the accident
- Internal Accident reports
- Medical Treatment related documents
- Employee Work Profile
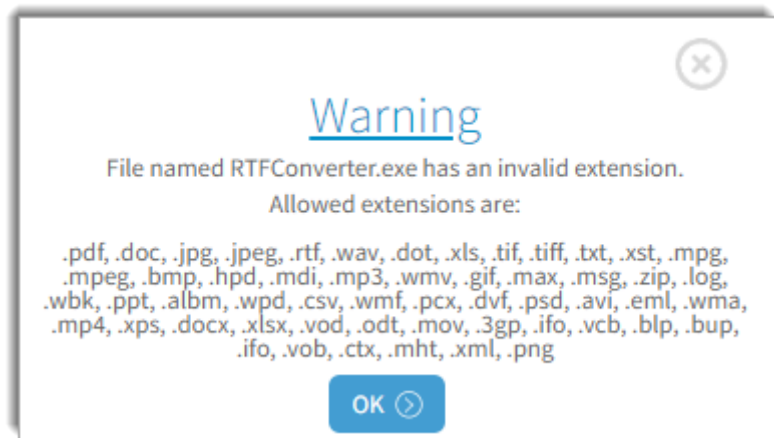- Wage/Salary documents

Important: Items should be individually uploaded. Do not bundle multiple types of documents or claims. For example, a medical note (s) should be uploaded and labeled as such without any non-medical notes attached. A wage worksheet being uploaded the same day should be separated and loaded on its own labeled as a wage worksheet.

Attachments

**File Size Limit:** 100MB

Add ...

Annotations

Add ...

Attachment requirements: There is a size limit of 100MB per uploaded file or document. The upload service accepts most common file formats.

If you attempt to upload an unsupported file format (e.g. applications), an error message will be displayed indicating what formats are supported.

Warning

File named RTFConverter.exe has an invalid extension.
Allowed extensions are:

.pdf, .doc, .jpg, .jpeg, .rtf, .wav, .dot, .xls, .tif, .tiff, .txt, .xst, .mpg, .mpeg, .bmp, .hpd, .mdi, .mp3, .wmv, .gif, .max, .msg, .zip, .log, .wbk, .ppt, .albm, .wpd, .csv, .wmf, .pcx, .dvf, .psd, .avi, .eml, .wma, .mp4, .xps, .docx, .xlsx, .vod, .odt, .mov, .3gp, .ifo, .vcb, .blp, .bup, .ifo, .vob, .ctx, .mht, .xml, .png
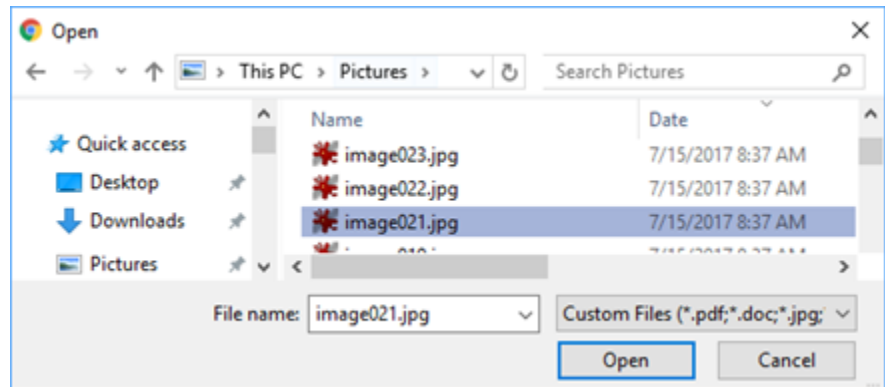
OK

Attachments at time of Claim Submission

Logged in users can submit an attachment to the claim form at time of submission. This is only available to a logged in Approver. At the bottom left side of the form there is a button to add your attachment(s).
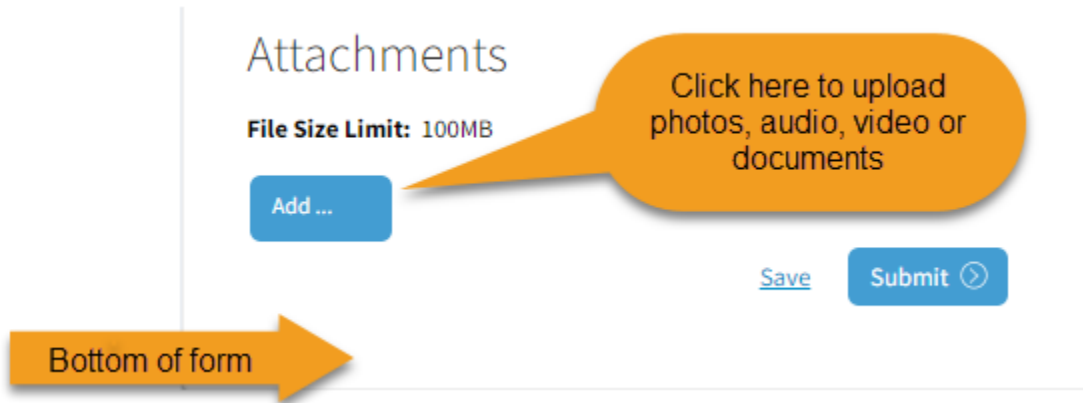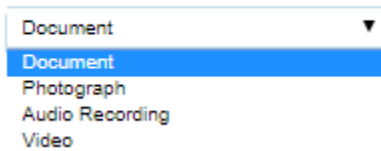

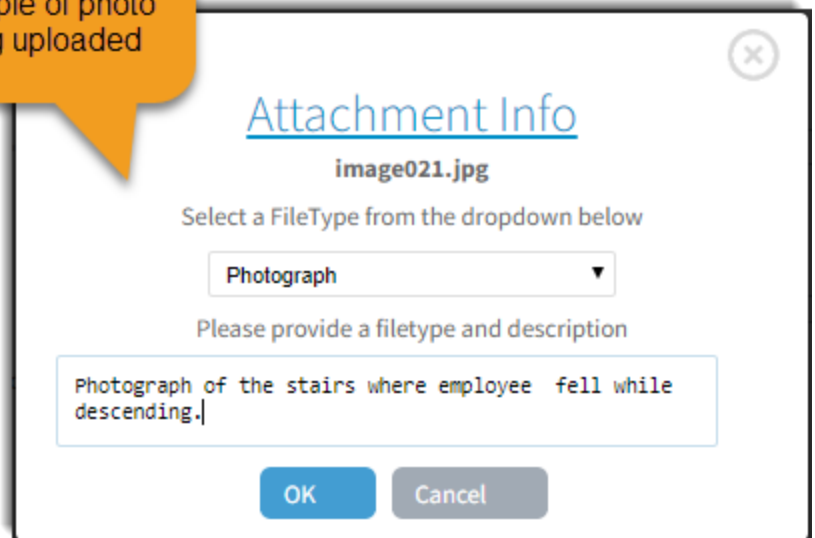1. Click Add and Select the file you would like to upload

2. Select a type and provide a description of what you are uploading.

3. Your attachment(s) will be listed on the form in preparation of form submission when they will be uploaded to the claim.

Attachments

File Size Limit: 100MB

Before submission, of the claim, you may manage the attachment list by adding or removing items.

Add ...

	File Name	Description	Size (bytes)	Type
Remove	image021.jpg	Photograph of the stairs wh...	287245	Photograph
Remove	Employee Work Profile.docx	Job description for injured ...	11613	Document
Remove	statement Smith witness.mp3	Audio of call from witness	9176437	Audio Recording
Remove	Surveillance clip.mp4	Clip from Surveillance video	3341579	Video

Clear Files

Save   Submit ⊙

Click to create claim and load attachments.

Remove Individual or All attachments if you change

4. Clicking Submit will first create the claim and then once the claim is accepted, it will upload the attachments listed.

1 ⊗

Success!

Your form (id: 2881, claim id: 7046631) has been submitted successfully.

Ok ⊙

2 ⊗

Success!

Your attachments uploaded successfully.

OK ⊙

Successful Claim Creation and then Attachment Upload!

Attachments To Existing Claims In History

Claims that appear in you history list may be updated with new attachments or annotations. This is useful for sending claim documentation throughout the life of the claim.

History

Search..

# ∨	Subject	Initiated By	Initiated On	Claim Id	...itted By	Submitted On	Attachments
2918	Smith, John 10/09/2019	TestAdminDana1	10/23/20		dminDana1	10/23/2019 5:01 PM	Add
2917	Smurf, Adjuster 10/10/2019	Anonymous	10/4/201		palczynski@yo...	11/8/2019 11:54 AM	Add
2914	Smurf, Subagency 09/15/...	STGTESTER	9/18/2019 4:13 PM	6997438	STGTESTER	9/18/2019 4:13 PM	Add
2913	Smurf, Adjuster 09/01/2019	STGTESTER	9/17/2			9/17/2019 10:44 AM	Add
2912	Smurf, Captain 05/16/2012	Anonymous	9/16/2				Add
2911	Smurf, Dancer 09/03/2019	STGTESTER	9/16/201			9/17/2019 10:28 AM	Add

You can search for the claim here.

Click on "Add" you bring you to the Attachment and Annotation upload area.

<< | <   Displaying 41 - 50 of 2958   > | >>

When "Add" is selected within the History list, the form will open and scroll down to allow you to see prior attachments added as well as add new attachments and/or annotations to the claim.

Attachments

File Size Limit: 100MB

Add ...

1 Select your file to upload

Attachments Pending Upload

	File Name	Description	Size (bytes)	Type
Remove	iphone4 033.png	Picture of Bruise on Leg	256171	Photograph
Remove	sample MBR.csv	Spreadsheet from payroll	4122558	Document

Clear Files   Upload

2 Click "Upload" to send your files to the claim.

Previously uploaded attachments

File Name	Description	Size (bytes)	Type	Submitted On	Sub... By	ICE Submission
image021.jpg	Photograph of the stairs where ...	287245	Photograph	3/4/2020 9:44 AM	Agencyrep, A....	Submitted
Employee Work Pr...	Job description for injured wor...	11613	Document	3/4/2020 9:44 AM	Agencyrep, A....	Submitted
statement Smith w...	Audio of call from witness	9176...	Audio Rec...	3/4/2020 9:44 AM	Agencyrep, A....	Submitted
Surveillance clip....	Clip from Surveillance video	3341...	Video	3/4/2020 9:44 AM	Agencyrep, A....	Submitted

Add an Annotation.

Short Subject title

Add Annotation

Subject
Additional days out of work reported

Annotation
Mr. Smith reported that Mr Anderson was out of work last week due to his injury. He went to the doctor, but we have not received any medical note or further information. I called and left a message for Mr. Anderson.

Type the body of your text here and select "OK" to upload.

OK   Cancel

Your annotation will be loaded to the Claim notes for this injury.

Success!

Your annotation uploaded successfully.

OK

System Messages and Troubleshooting

Form Validation Messages

Whenever the Submit button is selected, the contents of the form will be evaluated to make sure the required fields are complete and to also ensure that answers do not contradict each other (e.g. Injury date is before date of birth)

Required Fields Not Complete

If you attempt to submit a form with a required field not completed, the form will refuse to submit and a message will indicate you need to review the orange underlined fields.

Warning Message:
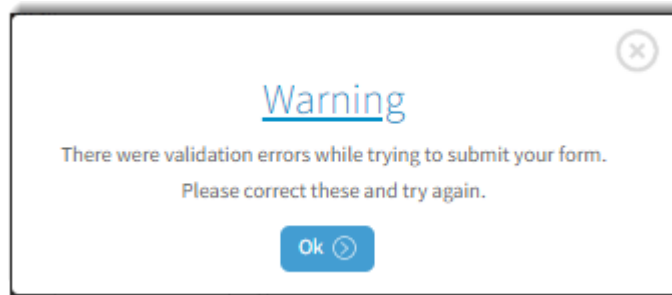
Detailed Message Displayed on Form:

In all cases, you should complete all of the information known to you at the time of submission.

Outside the Contract Range Message

Each employer has a start and end date for coverage. If a new Agency is added or an Agency is discontinued, the dates of allowed claim coverage will reflect the start and end dates respectively.

If a claim is submitted for an injury date of 01/01/2012 but the Agency was not added until 7/1/2012, then the Injury date is "Outside the Contract Range."

In some cases an Agency may have placed an end date at the Agency level but still allows claims to be assigned for later time periods under each of the Sub Agencies within the Agency. If you see this message double check what location you are attempting to assign the claim to as well as the injury date. Check to see if you have selected a valid location for your Agency's policy configuration.

Date of injury *	03/01/2019

Date of injury must be less than the insured location 105 - VA COMM INTERGOV'T COOP expiration date 7/1/2000

Date Sequences are Invalid

The application will also verify that the event dates on the form are in a logical sequence.

For example, the date of injury cannot occur before the date of hire.

Date of Hire *	03/03/2020

Date of hire must be less than or equal to date of injury

Time and Place of Accident

Postal ZIP code where injury occurred *	23112

Date injury or illness reported *	08/08/2018

Date injury or illness reported must be greater than or equal to the date of injury

Has employee lost time from work *	Yes

Last day worked after the injury *	02/01/2019

Last day worked after the injury must be greater than or equal to the date of injury

Has employee returned to work *	Yes

Type of duty *	Full Duty
At what wage *	Same Pay
On what date *	01/16/2019

Date employee returned to work after the injury must be greater than or equal to last day worked

Claim Type and Lost Time from Work Agreement

The three claim types imply certain lost time and return to work scenarios. The form will automatically review the claim type and compare with the time off and return to work. If it appears there is a disagreement between the lost time and the claim type, a warning will be shown in the form of a red highlight of the claim type definition.

This information pop-up describes the three claim types

Type of claim *

Record Only = NO time lost, NO physician or hospital care.
Medical Only = Physician or hospital care; NO time lost > 7 days expected.
Indemnity = Lost time > 7 days expected.

Sample #1 Claim Type and Lost Time disagreement

Warning upon selection of Claim type and incompatible Lost Time

Type of claim *   Record Only

Record Only = NO time lost, NO physician or hospital care.
Medical Only = Physician or hospital care; NO time lost > 7 days expected.
Indemnity = Lost time > 7 days expected.

Type of claim - [Record Only] can only be used with no time lost from work.

Validation Error if warning is ignored and claim is submitted

Has employee lost time from work *   Yes

Sample #2 Claim Type and Lost Time disagreement

Type of claim *   Medical Only

Record Only = NO time lost, NO physician or hospital care.
Medical Only = Physician or hospital care; NO time lost > 7 days expected.
Indemnity = Lost time > 7 days expected.

Has employee lost time from work *   Yes

Last day worked after the injury *   03/02/2019

Has employee returned to work *   No

Employee has not returned to work and it is now > 7 days later

Sample #3 Claim Type and Lost Time disagreement

Type of claim *   Indemnity

Record Only = NO time lost, NO physician or hospital care.
Medical Only = Physician or hospital care; NO time lost > 7 days expected.
Indemnity = Lost time > 7 days expected.

Has employee lost time from work *   No

No lost .... should be Medical Only or Record Only

Duplicate Claim Message

The application will allow multiple injuries for an employee in one day; however it will display a message if you attempt to submit two claims for the same injured worker with the same date and time of injury.

For quality control, the **date of injury, hour of injury, and social security number** are checked to avoid duplicate claim entries.

Warning Message:
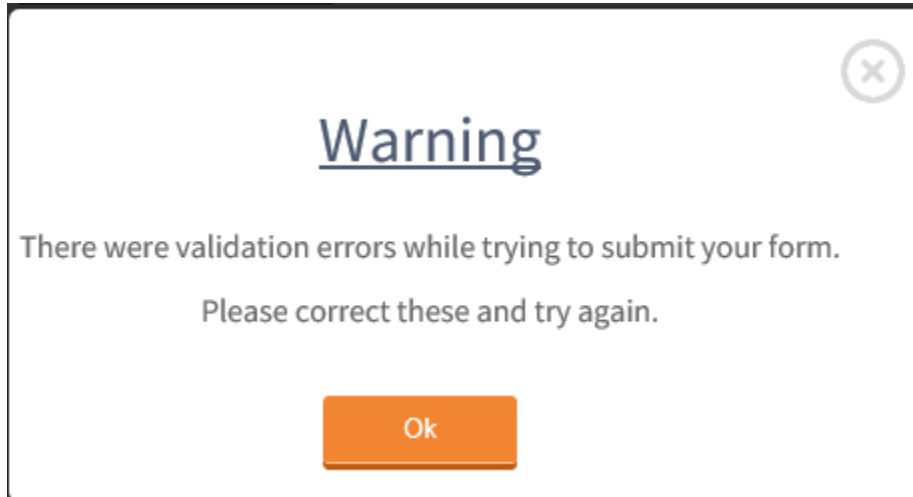
Frequently Asked Questions (FAQ)

1. **What if I forget my password?**

   To reset your password, click on the "Forgot password?" link next to the "Login" button.

   [Forgot password?]

   It will ask you for your login ID and then send a password reset link to the email address associated with your account.

2. **Message Shown upon login: "Unable to determine any insured locations for your profile. Please contact your system administrator."**

   This message means that your account has not been linked to an employer location. In order for you to submit or approve forms, your account will need to be associated with a location. Please contact support resources to initiate a correction.

3. **Can I see reports entered by other users such as coworkers set up at my location under the History tab?**

   Yes. Although anonymous users do not have access to History, named users and system administrators are able to see all reports under the same insured location assignment(s), even if not saved or submitted by that particular user.

4. **I submitted a form but I do not see it in my Approval or my Draft queue. Where is it?**

   If you are logged in as an Approver, and you successfully submit a form, it will create a claim if all form requirements are satisfied and will appear under the History list as a completed claim submission.

5. **I have a report in my Draft or Approval queue and I've realized it is not a Workers' Compensation claim and should not be submitted. What should I do?**

   If you have a pending entry that does not yet have a claim number and you do not intend to complete the submission, the entry can be deleted from the queue. When you click on a form in the Draft or Approval queue, you will have the option to Open or Delete the form. Verify that you have selected the correct form and click on the "Delete" button. The system will prompt you to confirm your intention to delete.

6. **If I, or one of my coworkers, is leaving and/or no longer needs access, what should I do?**

   You should formally communicate this change to DHRM and, if needed, ask for a replacement contact person to be added.

   DHRM Agency Contact form: http://www.dhrm.virginia.gov/workerscomp/forms/toc.html

   DHRM contact: Pam Goetz at DHRM: pam.goetz@dhrm.virginia.gov

7. **I am not sure what Zip Code to enter for the "Postal Zip Code where injury occurred" field. I know the address, but not sure of the code.**

   This field establishes the geographical position of injury occurrences, so enter (as close as possible) the zip code of the actual location where the injury occurred. The US Postal Service provides an easy to use Zip Code lookup page.

   💡   **Tip**—The US Postal Service provides an easy to use Zip Code lookup page.

   http://zip4.usps.com/zip4/

8. **Can I upload documents or annotations to the Sedgwick claim system after I've submitted the claim?**

   Yes. You may upload items to claims that appear in the history table. Select the Add button or open the form and select the "ADD ATTACHMENTS" link. In each case, you will be taken to the bottom of the form where Attachments and Annotations are uploaded and recorded.

9. **Are there any limitations to what I can upload?**

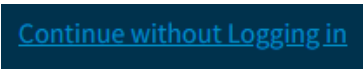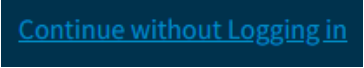   Yes. Attachments are capped at a size limit of 100MB.

   The upload process will accept most common file formats: .pdf, .doc, .jpg, .jpeg, .rtf, .wav, .dot .xls, .tif, .tiff, .txt, .xst .mpg,.mpeg, .bmp, .hpd, .mdi, .mp3, .wmv, .gif, .max, .msg, .zip, .log, .wbk, .ppt, .albm, .wpd, .csv, .wmf, .pcx, .dvf .psd, .avi, .eml, .wma, .mp4, .xps, .docx, .xlsx, .vod, .odt, .mov, .3gp, .ifo, .vcb, .blp, .bup, .ifo, .vob.,.ctx,.mht, .xml, .png
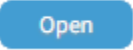
10. **What do I do if I get an error message when uploading my attachment?**

    Attachments temporarily upload to the form before being passed to the claim system. If you see a failure popup window message, close it and look for a "Resubmit" button within the attachment row recorded for the item. Select this button and try again. If you do not see a row listing your attempted attachment upload, try uploading the file again using the "Add" button.

Menu Items and Buttons

Buttons/Links	Location	Action	User
(info icon)	Top right of every page.	Displays the help page with technical and browser support information.	Anonymous, named user, system administrators
LOGIN	Top right of page (when not logged into app).	Navigates to the Login page where the user can log into the application.	Displays before a user logs into the application (and for Anonymous user)
Continue without Logging in	Login page	Navigates to the New Form page for an Anonymous user.	Anonymous user
Continue without Logging in	Login page	Navigates to the Forgot Password page for the user to begin the reset password process.	Named user, system administrators
Login ⊙	Login page	After entering a valid username and password, clicking on this button logs the user into the application.	Named user, system administrators
NEW FORM	Header menu	Opens a new form when clicked.	Anonymous, named user, system administrators
DRAFTS 362	Header menu	Displays saved forms for users who share the same insured location level. The count of items within the queue is displayed.	Named user, system administrators
APPROVALS 46	Header menu	Displays forms for users with appropriate insured location levels which need an approval submission. The count of items within the queue is displayed.	Named user, system administrators
HISTORY	Header menu	Displays saved and submitted forms for users who share the same insured location level.	Named user, system administrators
LOGOUT	Header menu (when logged in)	Logs the user out of the application and displays the Login page.	Named user, system administrators
EDIT FORM	Within Employee Accident Report	Toggle to switch between viewing the form as text and the editable form.	Anonymous, named user, system administrators

VIEW FORM AS TEXT	Within Employee Accident Report	Toggle to switch between viewing the form as text and the editable form.	Anonymous, named user, system administrators
Save as Draft	Within Employee Accident Report	Saves a form as a draft which then displays in the Drafts page.	Named user, system administrators
Submit ⊙	Within Employee Accident Report	Submits the form to the YCE system (or for approval for anonymous users).	Anonymous, named user, system administrators
Open	Drafts and Approvals pages	Opens the selected form.	Named user, system administrators
Delete	Drafts and Approvals pages	Deletes the selected form.	Named user, system administrators