Office of Administration Division of General Services Central Accident Reporting Office Page 1 of 6 Revised 03/09/2006

Risk Management System Online Reporting Instructions for Workers' Compensation Injuries

The Risk Management System accepts data direct from the state agency. The following instructions describe how to complete an injury report on-line.

NOTE: THERE IS A TROUBLESHOOTING SECTION ON PAGE 7.

Accessing The Risk Management System:

The O.A. Risk Management System may be accessed through CICS-MVS.

Hit Clear or your Pause-Break button and enter CESN to sign on.

Enter your user ID and password. (this is the same as your SAM II userid and password)

When you get the message "sign on is complete", type ORMS and clear out the remainder of the line to access the system. If the remainder of the line is not cleared out you will get an error message.

The Main Menu will be displayed as below.



- 1. CLAIM PROCESSING MENU-Claims processing menu allows for the entering of claims and ability to view claim screens.
- 2. PAYMENT MENU-Payment menu allows for the entering of payments by the CARO office and the ability to view payment screens by the state agency.
- 3. REFERENCE FILE MENU- Allows the agencies to view the reference file listings to determine appropriate codes for reporting injuries. (Code listings are also included in this packet.)
- 4. REPORT REQUEST- CARO use only.

Risk Management System Online Reporting Instructions for Workers' Compensation Injuries

Entering A Workers' Compensation Claim:

From the Main Menu type <1> in the option field to proceed to the Claim Processing Menu (Tran Code OCMM). Options 1,2,7, and 8 on the Claim Processing Menu are available to state agencies. Type <1> in the option field to proceed to the Claim Maintenance screen to enter a claim.

Claim Processing Menu



Claim Maintenance Screen

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00	OCLM OA RISK MANAGEMENT SYSTEM 04/11/02 15:06:24 CLAIM MAINTENANCE PAGE 1 OF 2													
SSN: NAME: INJURY CASE NO: DATE OF RPT: TIME OF RPT: (A/P) INJURY NO: STATUS: ST CHNG DT: AGY/ORG:														
TITLE: HIRE DATE: PAY TYPE: NCCI CODE: PAY RATE: ZIP CODE WHERE INJURY OCCURRED: LOCATION: COUNTY WHERE INJ OCCURED: HONTHS IN POSITION: DAYS WORKED PER WEEK: SHIFT: DAY OF WEEK: POTE OF LUMERY: DAY OF WEEK:														
TIME OF INJURY: (A/P) TIME WORK DAY BEGAN: (A/P) INJURY RESULT IN LOST TIME: (Y/N) KIND OF INJURY: MEDICAL CARE: AGY OF INJURY: PART OF BODY: CAUSE OF INJURY:														
TYPE OF ACCIDENT: AT REGULAR TASK: (Y/N) IF NO, THEN TASK INVOLVED: WEATHER A FACTOR: (Y/N) SAFETY PROCEDURES FOLLOWED: (Y/N) DISABILITY BEGAN DATE: DISABILITY END DATE:														
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Once on the Claim Maintenance Screen (Tran Code OCLM) type the employee's social security number (numbers only) and press PF2 to add the claim. (It is important to hit PF2 only once to add the claim. Each time PF2 is hit it assigns a

Risk Management System Online Reporting Instructions for Workers' Compensation Injuries

claim number to the employee.) If during the entering of a claim you must leave the Claim Maintenance Screen remember the claim number assigned to the case and come back to that claim number to finish entering the claim. This may be done by tabbing to the Injury Case Number field, typing the claim number and pressing enter.

After hitting PF2 much of the employee's employment information will be displayed if the employee is currently in the SAM II system. If they are not in the SAM II system, this information will have to be entered by the state agency.

NOTE: If upon adding a claim, the JOB SELECTION SCREEN should appear, the agency must select which job applies to the employee. Tab to the job class and hit PF10 for update and return. You should return to the Claim Maintenance Screen automatically if this is done correctly.

Fields on the Claim Maintenance Screen:

SSN: Once a SSN has been entered it cannot be changed.

Name: Will be taken from SAM II if the employee is in the SAM II system. If the employee is not in SAM II it will be entered later on a different screen.

Injury Case No: will be displayed by the system. This is the case number assigned to the claim.

Date of Report/Time of Report: will be displayed by the system upon completion of the report.

Injury No: leave blank

Status: will be set at 01 (agency level) until completion of the report. Will be changed upon completion to send to CARO.

Status Change Date: changes each time the claim status changes.

Agency/Org: will be taken from SAM II if the employee is in the SAM II system. If the employee is not in SAM II the agency must enter these codes. If you are unaware of your agency/organization codes, contact CARO.

Job Title: will be taken from SAM II if the employee is in the SAM II system. If the employee is not in SAM II, the agency must enter this information based on SAM II codes. If you are unaware of your job title codes, contact CARO.

Hire Date: enter the date employee was hired by your agency in the following format 040198.

Pay Type: Enter P if the employee receives a semi-monthly salary. Enter H if the employee is paid hourly. Enter V for a Volunteer.

NCCI Code: Leave Blank

Monthly Salary: will be taken from SAM II if the employee is in the SAM II system. If the employee is not in SAM II, the agency must enter this information. If the employee is paid hourly, enter the hourly wage. THE AMOUNT ENTERED SHOULD BE THE SALARY OR HOURLY WAGE EFFECTIVE ON THE DATE OF THE INJURY.

Zip Code Where Injury Occurred: Enter the five character zip code where the injury occurred.

Location: Enter location code from the Location Code Listing.

County Where Injury Occurred: Enter the county code where the injury occurred from the County Code Listing.

Page 4 of 6 Revised 03/09/2006

Risk Management System Online Reporting Instructions for Workers' Compensation Injuries

Months in Position: This is a three-digit field. Enter the number of months the employee was in their position as of the date of the injury.

Days Worked Per Week: Enter the number of days the employee works per week.

Shift: Enter 1,2 or 3

Day of Week: Enter 1 (Sunday), 2 (Monday), 3 (Tuesday), etc..

Date of Injury: Enter in the following manner (040198)

Date Work Day Began: Enter in the following manner (040198)

Time of Injury: If the injury occurred at 2:30 P.M. enter 0230, then tab and enter P (enter A for A.M.)

Time Work Day Began: Enter in the same fashion as the Time of Injury field.

Injury Result in Lost Time: Enter N for no, enter Y for yes.

Kind of Injury: Enter appropriate code from the Kind of Injury Code Listing.

Medical Care Type: Enter appropriate code from the Medical Care Type Code Listing.

Agency of Injury: Enter appropriate code from the Agency of Injury Code Listing.

Part of Body: Enter appropriate code from the Part of Body Code Listing.

Cause of Injury: Enter appropriate code from the Cause of Injury Code Listing.

Type of Accident: Enter appropriate code from the Type of Accident Code Listing.

At Regular Task: System will default to Y for yes. If employee was not at their regular task, enter N for no. Then go to the If No, Then Task Involved field and enter the appropriate code from the Task Code Listing.

Weather a Factor: System defaults to N for no. If weather was a factor in the injury, enter Y for yes.

Safety Procedures Followed: System defaults for Y for yes. Enter N for no if appropriate.

Disability Began/End Dates: These two fields are required if the Injury Result in Lost Time Field = Y. These dates may be estimates if you are unsure of the exact dates of the employees absence.

THIS COMPLETES PAGE ONE OF THE CLAIM MAINTENANCE SCREEN. PRESS PF3 NOW. The "*Change Successful*" message should appear above the SSN. The data has been saved in the system. In the event you did not get this message there are probably fields on the screen with errors. Correct the errors and press PF3 again until the "*Change Successful*" message is displayed.

Press PF9 to proceed to page 2 of the Claim Maintenance Screen (OCNM).

Office of Administration Division of General Services Central Accident Reporting Office Page 5 of 6 Revised 03/09/2006

Risk Management System Online Reporting Instructions for Workers' Compensation Injuries

Claim Maintenance Screen – Page 2



Enter a description of the occurrence. Press **PF2** to add the description. Make sure the "*Add Successful*" message appears at the top of the screen. Then press **PF9** to return to page one of the Claim Maintenance Screen.

Press PF10 to proceed to the Claimant Address Screen. If the employee is in SAM II, all of the information necessary on this screen will be displayed. Please verify that all information is accurate. If the employee is not in SAM II, the agency must enter the below information.



Claimant Address Screen

Name: Enter in the following manner. (Doe, John L.)

Risk Management System Online Reporting Instructions for Workers' Compensation Injuries

Tab past status and payment frequency and then enter the employee's address, phone number (999) 999-9999, sex (M or F) and birth date in the following manner (06/01/1950). Press **PF3** to save changes. The "*Change Successful*" message must be displayed.

Press PF9 to return to the Claim Maintenance Screen. Tab to the **Status field** and type **05** and then press **PF3** to send the claim to CARO. Check the top of the screen for error messages. The "*Change Successful*" message must be displayed which means the claim has been sent electronically to CARO.

Troubleshooting

Cannot get into the system? Check the following:

- Are you sure you have been granted access to the system? If not, check with your computer support personnel.
- If you are sure that you have access to the system but are getting error messages, please review the "Accessing the Risk Management System Instructions" at the beginning of this manual and try to get into the system again.
- If you are still having problems contact your computer support personnel or the CARO office for assistance.

Common Error Messages

SAM II FILES ARE UNAVAILABLE: This message will appear when the SAM II files are unavailable. You will not be able to enter claims when you get this message.

USER NOT AUTHORIZED FOR AGENCY: This message will appear after you type in an employee's SSN and hit PF2 to add the claim. It means that you do not have access to enter a claim on that employee. Each person who has access to the system is restricted to enter claims for a particular SAM II Agency/Org(s). If this employee's record in SAM II is different than what you have access to then you will get this message. Check with your computer support personnel to determine the SAM II Agency/Org(s) that you need access to, and resubmit a security request.

CLAIMANT INFORMATION INCOMPLETE: You have not entered all of the mandatory fields on the *Claimant Address Screen*. Return to the instructions, complete all fields and hit PF3.

CODE MARKED FOR DELETE: The highlighted code is no longer an active code. You must choose a different code and then hit PF3 until you get a change successful message.

Questions? Contact CARO at:

CARO P.O. Box 809 Jefferson City, Missouri 65102 Phone: (573) 751-2837 Toll Free: 1-888-622-7694 Email: <u>CARO@mail.oa.state.mo.us</u>