



Prepared for the State of North Carolina

FNOL Reporting



Care^{mc} User Guide

			
	Real Information		
	Real Time		
		Real Risk Management	

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About Care^{mc} FNOL Reporting

This chapter provides instructions for submitting timely, accurate First Notice of Loss (FNOL) reports in Care^{mc}.

FNOL reports are processed through CorVel's Rules Engine to immediately identify claims that require special handling or intervention.

The **Reporting Center** tracks all submitted reports of injury. These reports are entered online by designated State Agency personnel and then electronically transmitted to CorVel for claim set up.

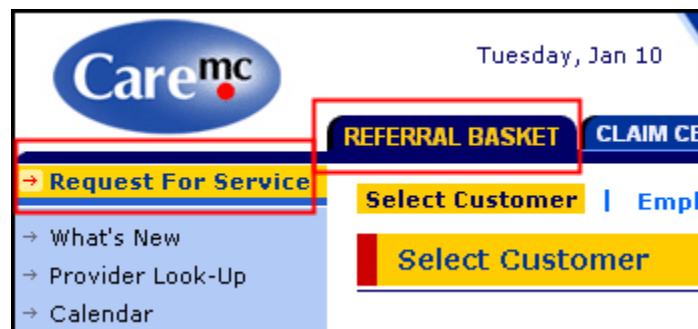
Terms Used in this Guide

Incident reports commonly referred to as First Report of Injury (FROI) are also called First Notice of Loss (FNOL). Care^{mc} uses the term FNOL.

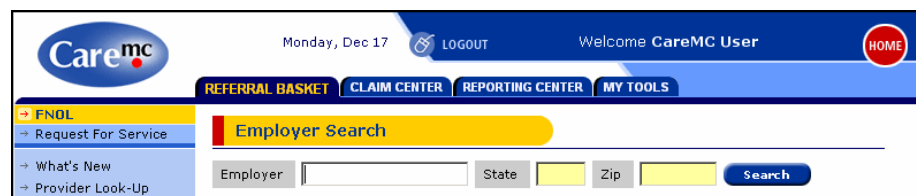
Claimant, Injured Worker (IW), or Employee all refer to the injured person involved in the incident you are reporting.

Entering an FNOL Report

To enter and submit an FNOL report, click the **Referral Basket** tab at the top of the screen.



1. When the Employer Search appears, type information to look up the injured worker's employer and click **Search**.



- Click the Employer name in the search results. You can sort columns alphabetically by clicking on the underlined title of the column.

Employer Search

Employer State Zip Search

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Employer	Insurer	TPA
Administrative Services	Friendly Insurance	CorVel
Human Resources	Friendly Insurance	CorVel

- The **Contact & Setup** page appears with your contact information pre-filled. You can make any changes, or move on and enter the Claimant's Social Security Number.

Contact & Setup Information

For Questions Regarding This FNOL

* indicates required information

Name (First, MI, Last) * Set as yourself Clear

Phone * ext.

Fax

Email Address

Employer **Administrative Services**

Insurer **Friendly Insurance**

TPA **CorVel**

Claimant SSN * Check

Filing State * -- Select a US State -- (or click on a state on the map) Next

4. To check for existing claims, enter the injured worker's Social Security Number (SSN) and click Check.

Claimant SSN *

Filing State * -- Select a US State -- (or click on a state on the map)

A separate search results window opens:

FNOL

* Indicates required information

Claimant Name (last, first) Claimant SSN (digits only)

Reference Number (numeric only) Submitted By (last, first)

Referral Dates * - Pay Customer

Sorry

No data was found. Please refine your search.

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- If there are no other FNOLs entered for that claimant within the last 30 days, you see the message: Sorry - No data was found.
- If there is a match or duplicate, an FNOL Report record is listed with a link to open and view the submitted FNOL form.
- Close the FNOL Search window to return to **Contact & Setup Information**.

- Continue by selecting the Jurisdiction State where the injury occurred. You can use the dropdown arrow at the end of the Filing State box, or click the appropriate state on the map. Click Next to open the FNOL Form

Claimant SSN *

Filing State * -- Select a US State -- (or click on a state on the map)

- The form is pre-populated with employer, insurance carrier, and contact information based on pre-set information in Care^{mc}

FNOL Form For The State of North Carolina

FNOL 285776-NC drafted 12/17/2007 12:04:00 PM

* indicates required information

Please read [instruction sheet](#) carefully.

IC File No. (will be filled in later)

Emp. Code No.

Carrier Code No.

Employer FEIN

Carrier File No.

Employee

Employee's Name - First Name *

Middle Initial

Last Name *

Address - No. & St. *

7. Fill in as much additional information about the employee and incident as possible. The Office of State Budget requires Source of Funds.

OSP Additional Questions	
Enter the code identifying the source of funds	<input type="text"/>
Accounting/Center Code	<input type="text"/>
Was the injury client caused?	<input type="radio"/> Yes <input type="radio"/> No
Was the injury client assault?	<input type="radio"/> Yes <input type="radio"/> No
Is the injured worker qualified for salary continuation?	<input type="radio"/> Yes <input type="radio"/> No

- Source of Funds - General, Special, Federal, Capitol Improvements, Enterprise, Trust, or Auxiliary

1 - General Fund
2 - Special Funds (Special Arrangement, Grants, Gifts)
3 - Federal Funds
4 - Capitol Improvements
5 - Enterprise Funds
6 - Trust Funds
7 - Auxiliary Funds

- Accounting /Center Code

1110 - ADMIN, PAROLE COM, INMATE GRIE
1120 - DIV. ALCOHOL/CHEM DEPENDENCY
1210 - PRISON ADMINISTRATION
1310 - CUSTODY & SECURITY
1320 - FOOD, CLOTHING, PERSONAL
1331 - GEN MED STAFF, INMATE CLAIMS
1332 - MENTAL HEALTH
1333 - DENTAL
1341 - PRISON EDUCATION
1350 - PRISON CORRECTIVE PROGRAMS
1410 - DCC MANAGEMENT
1431 - REGULAR PROBATION/PAROLE FIELD
1432 - PROBATION/PAROLE
1433 - DCC SPECIAL PROGRAMS
1500 - PAROLE COMMISSION
1600 - INMATE GRIEVANCE
2301 - WELFARE
7100 - ENTERPRISE
9999 - UNKNOWN

- Was the injury client caused?
- Was the injury client assault?
- Is the IW qualified for salary continuation?

Note

Lines with a red asterisk (*) are required. You cannot submit your form until all required information is complete. If you don't have complete information for your form, you can save it as a Draft to complete later.

- Click the **Complete** button at the bottom of the form when it is ready to be submitted

Is the injured employee an owner/partner/officer of employer ? *	None
Is Owner/Partner/Officer covered ?	<input type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> UNKNOWN
Does the employer question the validity of this claim ? *	<input checked="" type="radio"/> No <input type="radio"/> Yes
Question claim validity reason	<div style="border: 1px solid gray; height: 40px;"></div> <p style="color: red; font-size: small;">please limit to 254 characters</p>
<div style="display: flex; justify-content: space-between; align-items: center;">Save As DraftCompleteTOP</div>	

- The **Confirmation** provides a reference number and a claim number, which you can write down for future reference.

Confirmation

Your North Carolina FNOL form (**reference number 285776-NC**) has been successfully completed (received **12/17/2007 12:16:24 PM PT**).

(You can use this **claim number, XX-08-000001**, for any other future CareMC service request related to this FNOL.)

** Please use the above reference number for any future inquiry about this request **

Completed forms are merged with the appropriate state FNOL form and submitted by CorVel to the reporting state according to state specific requirements.

Pending a Draft FNOL

Missing information cannot be added once an FNOL form is submitted. To save your work and complete it later, click the **Save As Draft** button at the bottom of the form. This saves it in a Pending file.

Is the injured employee an owner/partner/officer of employer ? *

Is Owner/Partner/Officer covered ? No Yes UNKNOWN

Does the employer question the validity of this claim ? * No Yes

Question claim validity reason

please limit to 254 characters

Save As Draft **Complete** [TOP](#)

To retrieve and complete a Pending form, follow these steps:

1. Log in to Care^{mc} and click **Search** in the Employer Search screen
2. Select any Employer on the list
3. When the FNOL Contact and Info Setup window opens, Click on the **Pending FNOLs** link at the top of the page

Contact & Setup Info for a New FNOL | **Pending FNOLs (71)**

Pending FNOL **Draft Queue**

Claimant Last Name Claimant SSN (all digits only)

Drafted By (Last Name) Drafts Since (e.g. 1/1/2002)

Reference Number (numeric part only; e.g. 3456) **Search**

<u>Ref Num</u>	<u>Employer</u>	<u>Claimant</u>	<u>Incident Date</u>	<u>Date/Time Updated</u>	<u>Drafted By</u>	<u>Delete</u>
58750-CA	MegaStores	Wilson, Oscar		11/1/2003 11:04:00 AM	Joe Adjuster	delete

4. Use the Search options at the top of the page to locate the appropriate FNOL form in the list
5. You can sort columns alphabetically or numerically by clicking on the underlined title of the column
6. Click the underlined Ref Num link to open the form
7. Fill in additional information and Save as Draft or Complete the form

Using the FNOL Report

The Care^{mc} FNOL report stores all First Notice of Loss (FNOL) forms submitted in Care^{mc}. The report can be generated at any time to look up and view information contained in submitted FNOL forms.

Users are given access to view FNOL forms they have submitted personally.

Supervisors are able to view forms submitted by all users in their access group including reports entered on their behalf by CorVel employees.

Running the FNOL Report

To run an FNOL Report, follow these steps:

1. Log in to Care^{mc} and select the Reporting Center tab
2. Select FNOL from the options along the left column
3. The FNOL Search window opens. Enter the Injured Worker's last name and any other information you have into the form on the page and click Search

Ref Num	Date Submitted	Claimant	Pay Customer	Submitted by	PDF
276431-NC	08/30/07	Smith, Curtis	Schaffer / City of Greensboro	Adcock, Carolyn	
274227-NC	08/20/07	Smith, Mark	Schaffer / City of Greensboro	Massey, Shirley	

4. All records that match your search criteria list in a table on the screen. Locate the appropriate record and click on the underlined Ref Num link to open the original FNOL form.

Note

The FNOL form link opens a view only version of the original FNOL as it was submitted. Information cannot be added, deleted, or changed on this form.

