

MUS Workers' Compensation First Report Instructions for Employees & Supervisors

MUS Workers' Compensation Overview

Employees of the Montana University System (MUS) are provided with Workers' Compensation coverage through the MUS Self-Funded Workers' Compensation Program. This coverage is provided at no cost to employees.

Workers' Compensation benefits are paid in cases of work-related injuries and diseases that are incurred accidentally through the course and scope of employment and that are verified by medically objective facts. Benefits available through the MUS Self-Funded Workers' Compensation Program include related expenses for:

- Approved medical, hospital and related services;
- Stay-at-Work/Return-to-Work assistance;
- Wage compensation for those who are temporarily unable to work. Under current rules, replacement wages equal to 2/3 of the employee's average weekly wages, calculated using the previous 4 pay periods, up to a maximum weekly amount established annually by the State Department of Labor.
- Vocational Rehabilitation opportunities and Disability Compensation in cases of permanent loss of bodily function.

For a comprehensive explanation of benefits available to an injured worker please see the Montana Department of Labor (DLI) Benefits Summary: <https://erd.dli.mt.gov/work-comp-claims/claims-assistance/compensation-benefits-rates>

MUS employees who work and reside outside Montana *on a more than temporary basis* See [Non-Montana Employees | Montana University System \(mus.edu\)](#) Workers' compensation is regulated state-by-state, MUS purchases a workers' compensation insurance policy to ensure its non-Montana employees have appropriate state-specific coverage. This claim process may vary slightly from that described for Montana employees.

REPORT ALL INJURIES

MUS Policy is to report work-related injuries as soon as possible. Prompt injury reporting provides the best opportunity for appropriate care and recovery; it also helps MUS protect others from getting injured. Delay in reporting of a work-related injury makes it more difficult for the employee to prove that the injury is work-related and may jeopardize access to workers' compensation benefits. MT Law allows **30 days** to report a work-related injury to be eligible for workers' compensation benefits. The law allows a longer reporting period – up to 1 year from knowing or should-have-known of work-relatedness.- for occupational diseases (OD), ODs are those conditions that develop over time, such as carpal tunnel syndrome. Reporting as early as possible is still in the best interest of the employee and MUS.

FIRST REPORT OF INJURY (FROI)

Claims for workers' compensation need to be reported on a [First Report of Injury \(FROI\)](#) form.

The injured employee and the supervisors each have sections that they must complete on the encrypted, electronic [FROI](#). The employee and supervisor do not need to be physically present together to complete the form.

COMPLETING a FROI

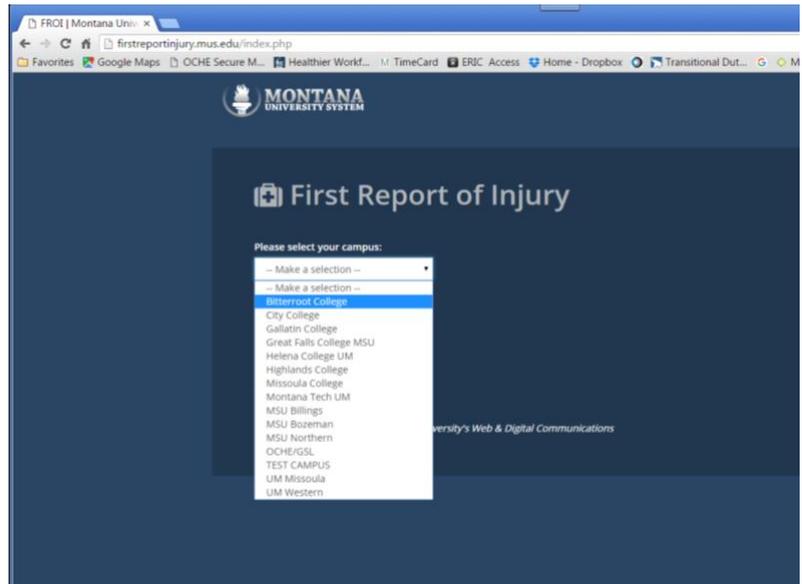
Go To:

<https://firstreportinjury.mus.edu/>

1. Click on the FROI link from the OCHE website to access the claim reporting system, shown at right.
2. Select the employing campus.
3. Enter the required information in each field of the FROI. Hovering or clicking over a  will reveal a brief instruction. At the end of the page, click

 Next

to continue.



Example of Employee's first section of the FROI:

First Report of Injury (FROI) Employee Report

If an Employee is hospitalized, call the **Work Comp Manager** at 544-6121.

Please fill out the form below and click "Submit Report" when done. All fields are required (you may omit the personal email address if you do not have one).

1 Personal / Job Info 2 Accident Information 3 Medical Treatment 4 Confirm & Submit

Basic Information

First Name	Last Name	Middle Name or Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security Number (SSN) 	
Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	<input type="text"/>	
Personal Phone Number 	Gender	
<input type="text"/>	<input type="text" value="-- Please Select --"/>	

 Next

The red highlighted section that appears at the top of this section includes site-specific language/phone.

If any required information for a section has not been entered, you can not progress to the next section. Once a section is complete, you may toggle between the tabs: Personal/Job Info; Accident

Information and Medical Treatment. When finished, Confirm & Submit to review the information entered.

4. The Comfirm and Submit section provides the option for the employee to sign the form with an E-signature (preferred) or to utilize the hardcopy method with print, sign and mail/deadhead or hand-deliver to your campus claim coordinator. Each of these options has roll-over descriptions.

No one but the employee can sign on behalf of the employee!

E-signature can *only* be provided by the individual worker making claim. If E-signatures are used, a hard copy is not required. If worker is not immediately available or is unable to complete the E-signature certification, the print, sign & mail option must be used. This will not slow down claim filing.

Once the employee has selected and certified their signature, the employee must indicate if their supervisor is currently physically present to complete the next section of the form.

If “Yes”, the supervisor’s section will appear on screen for completion by the supervisor.

If the supervisor is *not* currently present, the employee clicks “**Submit Report**” and the supervisor will receive an email notification with information on how to access the FROI for completion and submittal.

If the employee uses “submit report” a confirmation code will appear on screen and the employee is provided the option to print a copy of their report *for their own records*. This printed version is *not* a complete FROI; the supervisor’s section must be completed to finalize the FROI.

The confirmation code is *not* a claim number – the confirmation code is used to identify a claim in the electronic system before a claim number is assigned by the claim adjuster. The claim number is typically assigned by the end of the day the claim was submitted. If the employee provides an email address, the claim number will be emailed to them when it is assigned. An example of a confirmation screen is shown below.

The screenshot shows a web form for selecting a signature method. It has two radio buttons: 'E-signature' (selected) and 'Print, sign and mail'. Below this is a section titled 'Electronic Signature' with a warning in red text: 'E-signature may *only* be provided by individual making claim (injured employee); *not* by a supervisor or assistant. The print, sign and mail option must be used if employee is unavailable to personally E-sign.' A yellow box contains a disclaimer: '"This is my claim for workers' compensation benefits due to the on-the-job injury, occupational disease, or death of the below-named worker. I understand that signing this claim for compensation authorizes the release to the workers' compensation insurer (and its agents) and the Montana Uninsured Employers' Fund of., Social Security records; rehabilitation records; and all health care information (medical records, pursuant to HIPAA, Public Law 104-191, 42 USC section 1301, et. seq., and section 39-71-604, MCA) that are directly relevant to this claimed injury, disease or death. I also understand that if I obtain or exert unauthorized control over workers' compensation benefits to which I am not entitled, I may be prosecuted for theft.'" Below this is a statement: 'I, the injured worker or beneficiary, acknowledge that by the dual action of checking the box *and* entering my name as provided below, I am providing my electronic signature.' There is a checked checkbox for 'I certify as written above'. A text input field for 'Enter Full Name' contains the word 'Test'. Below that is a section for 'Supervisor Physically Present:' with an unchecked 'Yes' checkbox. At the bottom is a blue button labeled 'Submit Report'.

✔ Your report has been successfully submitted to your supervisor.

Your confirmation code is **TEST123**, please note this code for your records. You have elected to have your supervisor print this document for signature. The FROI has been emailed to your supervisor for input; a confirmation email will be sent to your email (if provided) when the supervisor has completed the supervisor's section of the FROI and submitted it electronically. Contact your supervisor immediately to finalize the FROI with both of your signatures and delivery to the campus claim coordinator. If you provided an email address, a confirmation has been sent to that email.

📄 Print, sign and mail:

Please contact your supervisor immediately to finalize the FROI with both of your signatures.

You may print a copy of your completed portion by clicking the **Printable View** button and then printing the form. This printed copy is for your records only and is not for submission. Your supervisor must complete and submit the FROI electronically to finalize the claim filing process.



SUPERVISOR

The supervisor will access the supervisor portion of the FROI in one of two ways:

1. If present when the employee is completing their portion of the FROI, the supervisor's section of the form will appear after the employee has certified their signature and checked, "Yes" to indicate supervisor is present. As a failsafe measure, the supervisor will receive an email notifying of the claim as well.
2. If not present with the employee, the supervisor will receive a notification email with a secure link to access the FROI. The Supervisor will see a brief summary of the employee's FROI details and will have supervisory fields and a signature block to complete. The supervisor does not see the employee address, phone, SSN or DOB.

Timely completion of the FROI is essential to providing appropriate care and to MUS employees.

Supervisors should make a diligent effort to complete and submit the FROI within 24 hours. The supervisor has 72 hours to utilize the link or it will expire. The supervisor can request a new link from the campus claim coordinator. Fail safe devices in the system also alert the claim coordinator about an expired link. Once the supervisor has accessed the FROI, the form will remain available for 24 hours.

 **First Report of Injury** Supervisor Report

If an Employee is hospitalized, call the **Workers' Compensation Program** at 444-0615.

Please fill out the form below and click "Submit Report" when done. All fields are required.

Employee's Injury Information Summary

Employee Name	Star Employee
Date of Injury	12/14/2015 at 6:30am
Location of Injury	1st Floor Freshman Hall - inside south entry
Accident Description	Fell on wet floor just inside the south entry to 1st floor Freshman Hall
Witnesses	Front desk clerk and numerous students
Supervisor Name (as given)	Superd Duper



If the claiming employee has selected E-signature the Supervisor may choose either signature option. If the employee has selected print, sign, mail – the supervisor is not given an E-signature option and will be prompted to print, sign and have employee sign, and mail/deadhead (deliver) to the claim coordinator. (If the hardcopy is lost or there is a print error/malfunction, the Supervisor should contact the claims coordinator – the coordinator can print a new copy for signature.)

Once the supervisor clicks “submit”, the electronic FROI is updated and the Supervisor will see a confirmation similar to this:



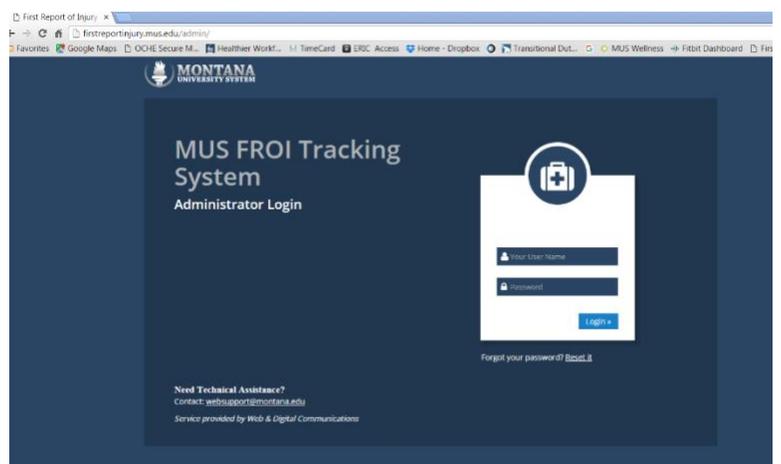
Timely response by the Supervisor is critical! The Supervisor’s 1-time link expires 72 hours after the original email was sent. An email reminder will be sent to the Supervisor from the MUS Workers’ Compensation Program if the supervisor has not utilized the 1-time link or initiated the FROI within 24 hours. The Campus Claim Coordinator will take action to ensure FROI completion if the Supervisor is unavailable/unresponsive.

For more more information about what to expect next, visit: <https://mus.edu/workcomp/process.html>

CLAIMS COORDINATORS

The claim coordinator will receive a notification email when the claim is initiated by the employee and when the supervisor completes and submits the FROI. The email notification contains a link that will take you to the secure login page.

The claim coordinator will login to the secure system. Once logged in, the coordinator will review the FROI for completeness and check for potential errors. When satisfied the FROI is complete & accurate, they will provide department, job and risk coding, date of hire and submit it to the Third Party Administrator, Intermountain Claims, Inc.



The TPA will assign a Claim Number, typically by the end of the day the FROI is submitted. Once entered, the claim number will be viewable to the Claim Coordinator next to the claim entry in the FROI System. The worker is welcome to contact either the Claim Coordinator or Intermountain Claims for their claim number – it will also be sent via mail to the worker by Intermountain.

Claims and Worker Recovery professionals at Intermountain Claims, Inc. are responsible for the day-to-day management of the workers' compensation claim.

EMAILS – CONFIRMATIONS AND NOTIFICATIONS

1. Employee Confirmation. If the employee has provided an email address, an email confirming the successful submission of the FROI at each step will be sent to that address. The email will include the campus coordinator's phone and email as well as links to the campus and MUS and DLI's workers' compensation websites. All FROI-generated confirmations will be sent from musworkcomp@montana.edu
2. Supervisor Email. An email is sent to the Supervisor named by the employee. The email contains a 1-time link to access the employee's FROI and complete the Supervisor section. The email instructs the supervisor they can ignore the link **IF** the supervisor has already completed the FROI with employee. If a Supervisor does not use the link or otherwise complete the FROI within 24-hours a reminder email, emphasizing the importance of timely response, is automatically sent. If the supervisor does not use the link within 72 hours and the link expires.
3. All FROI-generated All FROI-generated confirmations or Notifications will be sent from either musworkcomp@montana.edu **or** firstreportinjury@montana.edu.
4. The Claims Coordinator will receive emails notifying them of the claim activity. The claim coordinator is able to access/view the claims throughout the entire claim filing/submittal process by logging in with their credentials at <https://firstreportinjury.mus.edu/admin/>

Other Notes:

1. Employees are given the option to enter zeros in the in the social security (SSN) field if they do not know or may not yet have a social security number (it happens, but rarely). As a claim coordinator, if a FROI has an all "0" entry for the SSN, please follow up with the employee and/or supervisor and/or HR to get the SSN and include it in your "Additions and/or Corrections field (see example of this field in the example active box above).

Because Claims automatically upload from Origami to the federal CMS (Medicare) system, Connie cannot enter a claim into ERIC without a SSN. If SSN is not immediately forthcoming, and a claim number is needed to ensure access to care, go ahead and submit the electronic FROI to Connie as-is and contact her directly so that she can issue a claim number. Be sure to follow up until a SSN is provided to Connie.