



The New Colleague Refresher Program (NCRP) is an 8-week series designed for claim handlers who are new to Sedgwick, colleagues with limited industry experience, or veteran Sedgwick colleagues who may struggle with areas of quality.

For more information about the NCRP, please refer to the official NCRP site:

<http://company.sedgwick.com/departments/performance360/td/Pages/NCRP.aspx>

Questions about the NCRP can be sent to the following email address: NCRP@sedgwick.com

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This Electronic Book (E-Book) contains various resources that will be able to assist Sedgwick colleagues throughout the program and beyond.

Last updated: 9/4/2020

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Week 1: Investigation

3 Point Contacts:

1. Claimant/Employee/Injured Workers
2. Client
3. Medical Provider

What to ask:

- Past employment
- Concurrent (other) employment during previous year
- Any/all prior & current health issues
- Who, what, where, why, when, & how
- Anyone else involved in the event?
- Witnesses?
- Claimant first & last name, DOB, gender, & SSN = Need to confirm the 5 MMSEA items
- Spell out the client's statement – don't just assume the facts reported are accurate



Deep Thinking Required:

- Does everything correlate & make sense?
- Information match FROIs, statements, & medical records?
- Is the treatment plan appropriate?

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Medical Providers – Ask every time about...

- Diagnosis
- Treatment plan
- Work status
- Work restrictions
- History of injury
- Next office visit



Notable Timeframes



Business day to complete initial verbal attempts for 3-point contacts



3 contact attempts within the first 5 business days



Helpful
Tips

Week 1 JURIS Tips

- Use the Investigation Screen for initial statements – makes sure all required note types are addressed
- Avoid using n/a when documenting in JURIS – provide value; spell out your work
- Use the correct note types to clarify appropriate parties' statements & info received

Review JURIS Note Types from Week 1

CM = Claimant Contact

CN = Client Contact

MD= Medical Provider Contact / Document Medical Correspondences

WT = Witnesses

Available Notes Space for Week 1:

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Week 2: Compensability

Once investigation has been completed, need to decide to either accept or deny the claim



If additional information is necessary to pursue in order to make a compensability decision, then schedule diaries to follow up accordingly

When making the compensability determination, need to consider:

- Timeliness
- Content

EV notes should contain clear rationale; do not use generic terms

Update the EV note if the claim changes (updated medical reports, video/photos, statements)

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Notable Timeframes



Calendar days to document compensability determination



Week 2 JURIS Tips

- Use the One JURIS Work Tasks tab to help monitor the number of claims / diaries that need to be worked on any particular day
- Block diaries can assist claim handlers who anticipate being out of the office or unavailable to handle their claims
- Use the available templates in JURIS to capture all required elements requested by clients, carriers, or Sedgwick best practices

Review JURIS Note Types from Week 2

EV = Evaluation / Document rationale for compensability determination

Available Notes Space for Week 2:

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Week 3: Documentation & Coding



All documentation is potentially discoverable

File documentation and coding must be updated throughout the life of every claim, every time

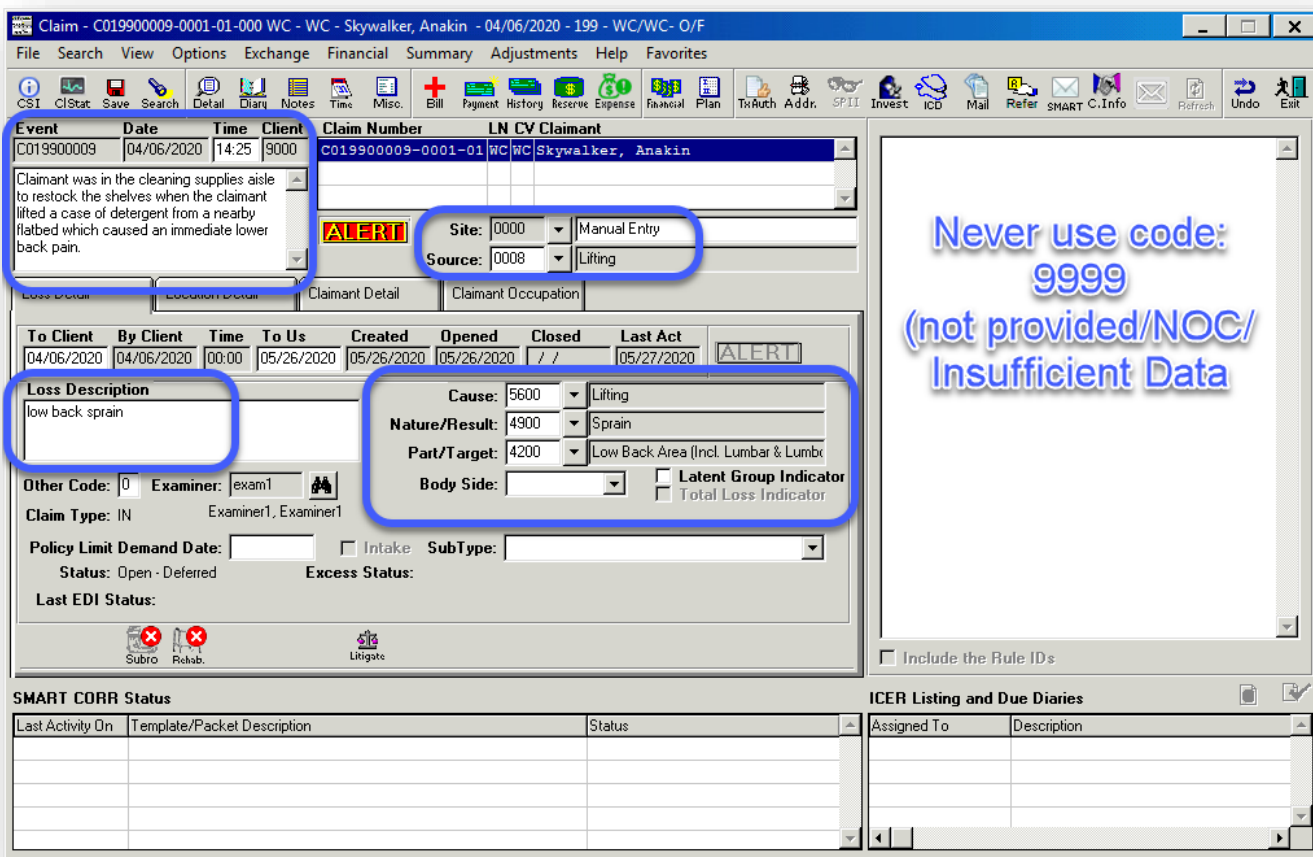


Keep every claim...

- Professional
- Avoid abbreviations (outside of industry standards)
- Complete thoughts, spell check, and proofread before saving the note

Main coding areas in JURIS:

- Source Code – located under the Claimant name
- Cause Code – choose the best option
- Nature/Result – Update as the claim evolves
- Part/Target – The most injured site, if multiple body parts involved
- Loss Description – Update to include accepted body sites & conditions/diagnosis



Claim: C019900009-0001-01-000 WC - WC - Skywalker, Anakin - 04/06/2020 - 199 - WC/WC- O/F

File Search View Options Exchange Financial Summary Adjustments Help Favorites

CSI CStat Save Search Detail Diary Notes Time Miso Bill Payment History Reserve Expense Financial Plan TrAuth Addr. SP11 Invest ICD Mail Refer SMART C.Info Refresh Undo Exit

Event	Date	Time	Client	Claim Number	LN CV Claimant
C019900009	04/06/2020	14:25	9000	C019900009-0001-01	WC WC Skywalker, Anakin

Claimant was in the cleaning supplies aisle to restock the shelves when the claimant lifted a case of detergent from a nearby flatbed which caused an immediate lower back pain.

ALERT Site: 0000 Manual Entry Source: 0008 Lifting

Loss Description: low back sprain

Other Code: 0 Examiner: exam1 Claim Type: IN Policy Limit Demand Date: Status: Open - Deferred Last EDI Status:

Cause: 5600 Lifting Nature/Result: 4900 Sprain Part/Target: 4200 Low Back Area (Incl. Lumbar & Lumb. Body Side: Latent Group Indicator Total Loss Indicator

SMART CORR Status

Last Activity On	Template/Packet Description	Status

ICER Listing and Due Diaries

Assigned To	Description

Sedgwick Managed Care (MC) Partners

- Internal colleagues
- Variety of MC Partners may become necessary to utilize their expertise in filtering what is truly medically necessary for workers' compensation claims

<u>Sedgwick Managed Care Partners</u> (Internal Colleagues)	<u>Role/Function</u>
Telephonic Case Management (TCM)	Completes phone calls to claimants & medical providers to promote recovery & Return-to-Work (RTW)
Utilization Review (UR)	Nurses that review medical treatment requests that use evidence-based and state/federal guidelines to promote best outcomes and help avoid duplicate/unnecessary treatment, & may send to Physician Advisors for treatment determination
Field Case Management (FCM)	Usually involve only 1-2 onsite visits to medical provider appointments with claimants; can also assist by completing phone calls
Clinical Consultation (CC)	RNs who triage injuries at time of accident
Prescription Drug Management	Comprises of 2 groups - Pharmacy UR Nurses for perform medication UR <i>before</i> the prescription is filled at a pharmacy and RNs who work telephonically <i>after</i> medications have been dispensed
Return to Work Specialists (RTWS)	Colleagues that are nurses or have specialty education in vocational rehabilitation, with the focus of helping claimants "stay at work," if possible
Behavior Health Specialists (BHS)	Assigned when there are psychosocial barriers to recovery, such as with post-traumatic stress disorder, relationship issues between injured claimant and other employees; if claimant is experiencing personal life issues such as divorce, addiction, etc.
Surgery Nurse	RNs help claimant through surgery process
Provider Benchmarking and Search	Finds providers with best recover outcomes in claimant's locale by address, name, client, or panel card searches

Vendor Managed Care (MC) Partners

- External colleagues
- MC Partners may become necessary to utilize their expertise in filtering what is truly medically necessary for workers' compensation claims
- Sedgwick has contracts with vendor networks to provide:
 - Diagnostic services
 - Durable Medical Equipment
 - Language translators
 - Independent Medical Examiners (IMEs) & Physician Advisors (PA) for 2nd Opinions
- Vendor field case management networks are available, if the client chooses to use someone other than Sedgwick for that type of service

Index matches should be...

- Documented; pursued appropriately
- Include in the Action Plan and set diaries accordingly
- If Index results indicate no impact on current claim, then document rationale

Notable Timeframes



Business days to document new non-legal correspondences that come into SIR



Business day to document new legal correspondences that come into SIR

The Official Disability Guidelines (ODG) website is external from Sedgwick, but can help provide useful information for documentation purposes:

- **Treatment Index** – Clarification if treatment plans are appropriate
- **Drug Formulary** – Confirm prescribed medications are appropriate for diagnosis
- **ICD Index** – Provider's RTW plan promote early safe RTW? (Disability days)
- **ODG Reserving Calculator** – Help avoid stair-stepping by providing approx. claim costs

The ODG website can be accessed either from the ICD screen in JURIS or by the following website:

<http://odginternet.com/>



ODG®	
I. Treatment Guidelines	
a.	Treatment Index
b.	UR Advisor™ (ICD-CPT)
c.	Drug Formulary (Appendix A)
II. Duration Guidelines	
a.	ICD Index
b.	CPT® Index
c.	Comorbidity Calculator™
d.	RTW Prescription™

Week 3 JURIS Tips

- Every time you open a claim, review the Main Claim Screen coding for accuracy
- Always address Index results received, whether results may impact current claim or not – and document under appropriate note type
- Use the ODG website to assist with various treatment plans, document findings; establish diaries to follow up, as needed, for additional medical records

Review JURIS Note Types from Week 3

IS = Documentation or rationale of Index results

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Available Notes Space for Week 3:

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Week 4: Wage Calculation & Reserves

Timely & accurate payments are critical to successful claims management

AWW calculations, based on most jurisdictions:

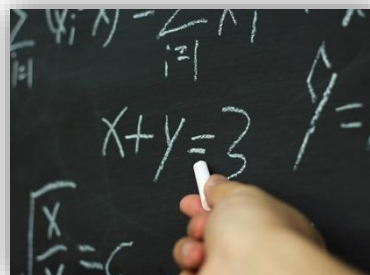
- Obtain claimant's gross earnings for the number of weeks required by law
- Divide the gross earnings by the number of weeks required by law
- Examples of jurisdictions require 52 weeks, 26 weeks, or 13 weeks prior to DOI

Calculation example for AWW:

Gross earnings: \$28,343

Number of weeks worked: 48

AWW = \$590.47



Indemnity benefit types:

- Temporary Disability (TTD & TPD)
- Permanent Partial (PPD)
- Permanent Total (PTD)
- Death Benefits
- Vocational Rehabilitation
- Other Indemnity

Variables in Wage Calculations:

- Number of weeks considered
- Overtime
- Commissions
- Tax filing status

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Jurisdictional Variances:

- Waiting Period
- Retroactive Period



Client Variances:

- Salary Continuation

Notification is important!

- 1st payment due no later than XX days after knowledge of injury and/or disability
- Subsequent payments every XX days
- Salary Continuation
- Sick Leave & Vacation Pay
- Benefits are not taxable

Avoid Overpayments with Proper Termination:

- RTW
- MMI
- Lack of Medical Evidence
- Order from Industrial Board
- Pregnancy
- Seasonal Employment
- TTD after termination
- Incarceration
- Death

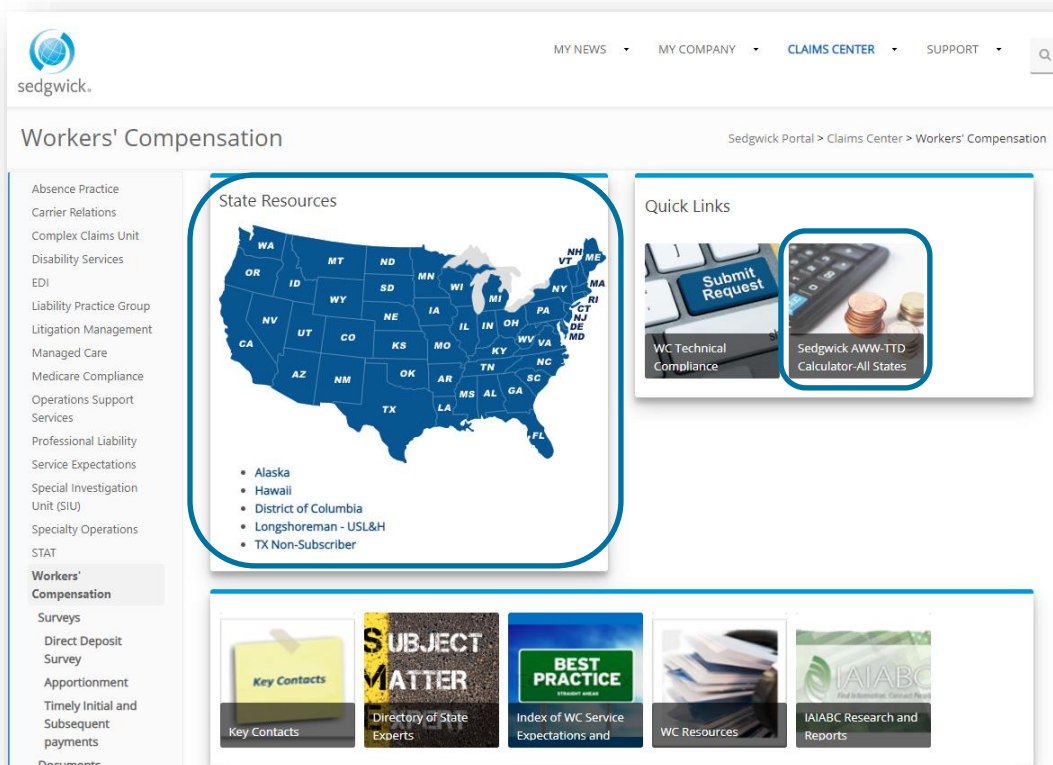
Stay organized & focused with indemnity benefits by using JURIS' various features:

- **Time Tracking** – Location to document all work & benefit status (restrictions too)
- **Work Status Screen** – Location to document AWW, TTD, TPD, PPD comp rates
- **Diaries** – For following up on updated work status notes, medical records
- **Notes** – Documenting the current treatment plan, benefits calculated, & work status

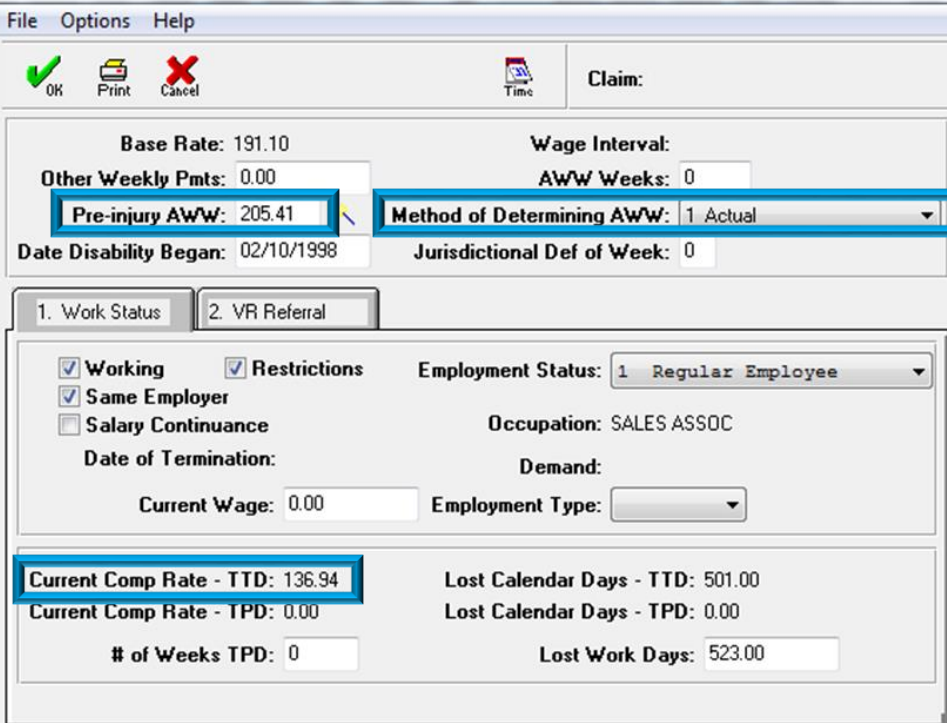
Avoid Errors & Omissions (E&Os):

- Ask for assistance in jurisdictional competency
- Use JURIS Portal – Workers' Compensation State Resources
- State Experts – Located within the WC State Resources Portal

Consider using **State Resources** for jurisdictional information or the **Sedgwick AWW-TTD Calculator-All States** to calculate / confirm WC benefits



Example of a completed Work Status Screen



File Options Help

OK Print Cancel Time Claim:

Base Rate: 191.10 Wage Interval:

Other Weekly Pmts: 0.00 AWW Weeks: 0

Pre-injury AWW: 205.41 Method of Determining AWW: 1 Actual

Date Disability Began: 02/10/1998 Jurisdictional Def of Week: 0

1. Work Status 2. VR Referral

☒ Working ☒ Restrictions Employment Status: 1 Regular Employee

☒ Same Employer Occupation: SALES ASSOC

☐ Salary Continuance

Date of Termination: Demand:

Current Wage: 0.00 Employment Type:

Current Comp Rate - TTD: 136.94 Lost Calendar Days - TTD: 501.00

Current Comp Rate - TPD: 0.00 Lost Calendar Days - TPD: 0.00

of Weeks TPD: 0 Lost Work Days: 523.00

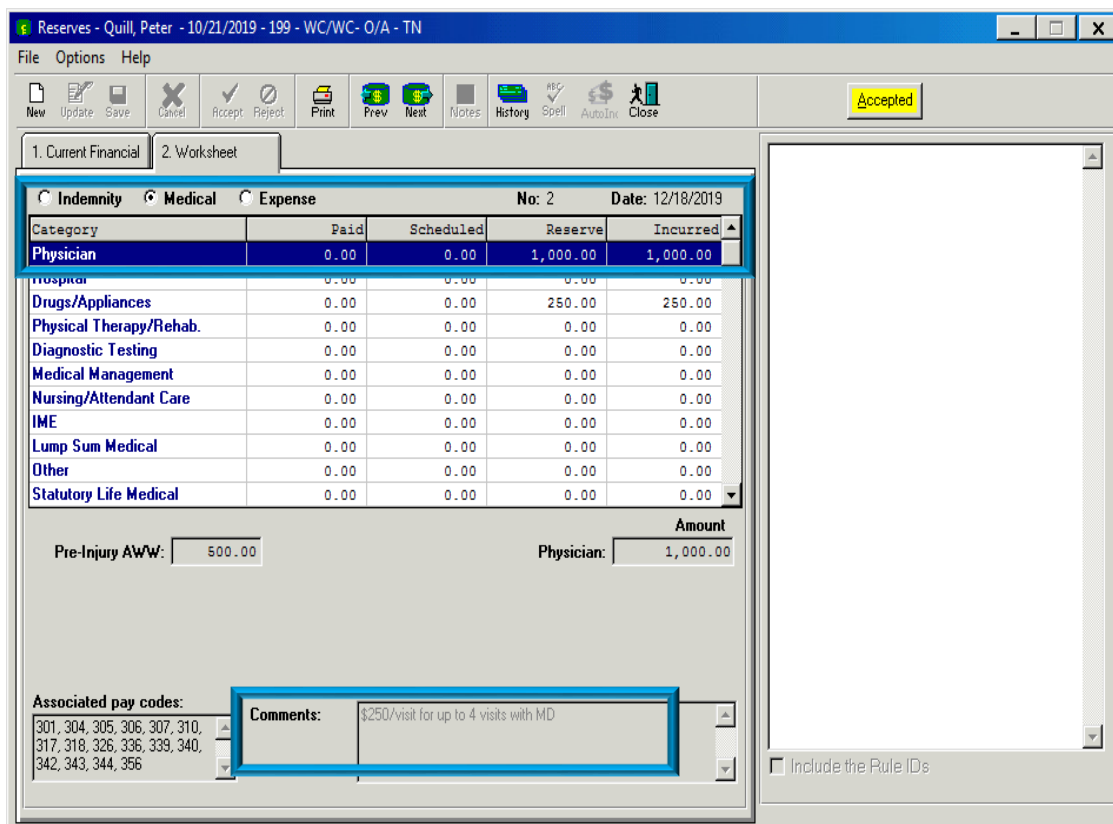
Reserves should always:

- Utilize the Reserve Worksheet
- Use the Comments fields (*Worksheet* and *Current Financial* tabs)
- Documented information used to determine values
 - RTW options
 - ODG Reserve Calculator
 - Personal Medical Conditions, etc
- Reserves should always be based on probable, ultimate exposure
 - Avoid excessive optimism

Time bombs in Reserving:

- **Under-reserving** – Setting reserves below probable outcome could be result of not taking time to fully evaluate the claim's potential
- **Over-reserving** – Focus on the details of the claim; don't add extra reserves "Just in case"
- **Stair-stepping** – Changing reserves a multitude of times because the entire claim's status was not taken into consideration

Example of a completed Reserves comment



The screenshot shows the 'Reserves - Quill, Peter - 10/21/2019 - 199 - WC/WC- O/A - TN' window. The 'Medical' tab is selected, and the 'Expense' section is active. The table below shows the reserve amounts for various medical expenses.

Category	Paid	Scheduled	Reserve	Incurred
Physician	0.00	0.00	1,000.00	1,000.00
Hospital	0.00	0.00	0.00	0.00
Drugs/Appliances	0.00	0.00	250.00	250.00
Physical Therapy/Rehab.	0.00	0.00	0.00	0.00
Diagnostic Testing	0.00	0.00	0.00	0.00
Medical Management	0.00	0.00	0.00	0.00
Nursing/Attendant Care	0.00	0.00	0.00	0.00
IME	0.00	0.00	0.00	0.00
Lump Sum Medical	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00
Statutory Life Medical	0.00	0.00	0.00	0.00

Pre-Injury AWW: 500.00 Physician: 1,000.00

Associated pay codes: 301, 304, 305, 306, 307, 310, 317, 318, 326, 336, 339, 340, 342, 343, 344, 356

Comments: \$250/visit for up to 4 visits with MD

Include the Rule IDs



Business days from open & re-open date to provide initial reserves



Calendar days from open date to address current status of reserves



Review, revise, & post every 90 calendar days



Week 4 JURIS Tips

- Take the time to calculate benefits based on jurisdictional and client needs
- Provide clear rationale in how reserve monies were determined; document accordingly
- Reserves can never be over-explained!

Review JURIS Note Types from Week 4

BA or FN = Benefit Approval (BA) or Financial (FN) notes used to show wage calculations

RS = Documentation or rationale of reserves – RS notes are automatically created upon entering in reserves from the Reserve worksheet & saved to the claim

Available Notes Space for Week 4:

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Week 5: Tracking & Payments

Time Tracking should reflect the correct work & benefit status throughout the life of a claim
If restrictions are provided, they must also be updated in Time Tracking

Golden Rules of Time Tracking:

- No gaps in dates from DOI until claim is closed
- Dates cannot overlap
- For every work status, there must be a benefit status

Time Tracking Prerequisites:

- Updated claim status from Pending/Deferred
- Claim well documented
- Correct ICD code(s) used
- Appropriately reserved, if payments needed



Work Status – 5 Categories:

1. **Normal** – Claimant working full days, no restrictions/modifications
2. **Off Work** – Claimant is not performing any work duties for the entire day
3. **Restricted** – Claimant is working modified or restricted duties for less time than normally scheduled, or earning less pay than pre-injury
4. **Restricted NTL (No Time Lost)** – Claimant is working normal schedule with modified or restricted duties only (no indemnity exposure, no reduction in earned pay)
5. **Terminated** – Claimant is no longer employed by the client/employer
 - a. Note: If the terminated claimant is still due benefits after the termination date, the Terminated work status is payable

Benefit Status must always be completed after a Work Status (Exception: Normal work status)

When reviewing the Restriction Entry screen, need to confirm:

- Dates when restrictions are effective
- If (and when) can the client accommodate the restrictions



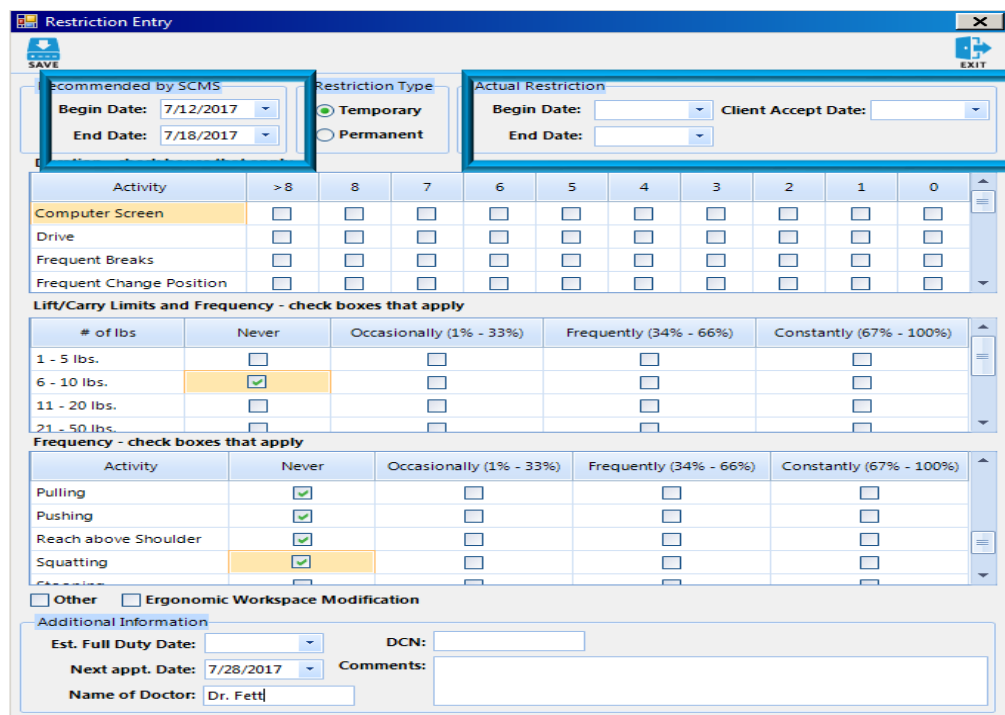
Example of Restriction Entry screen

Recommended by SCMS:

Always complete the Begin & End dates, based on restrictions received

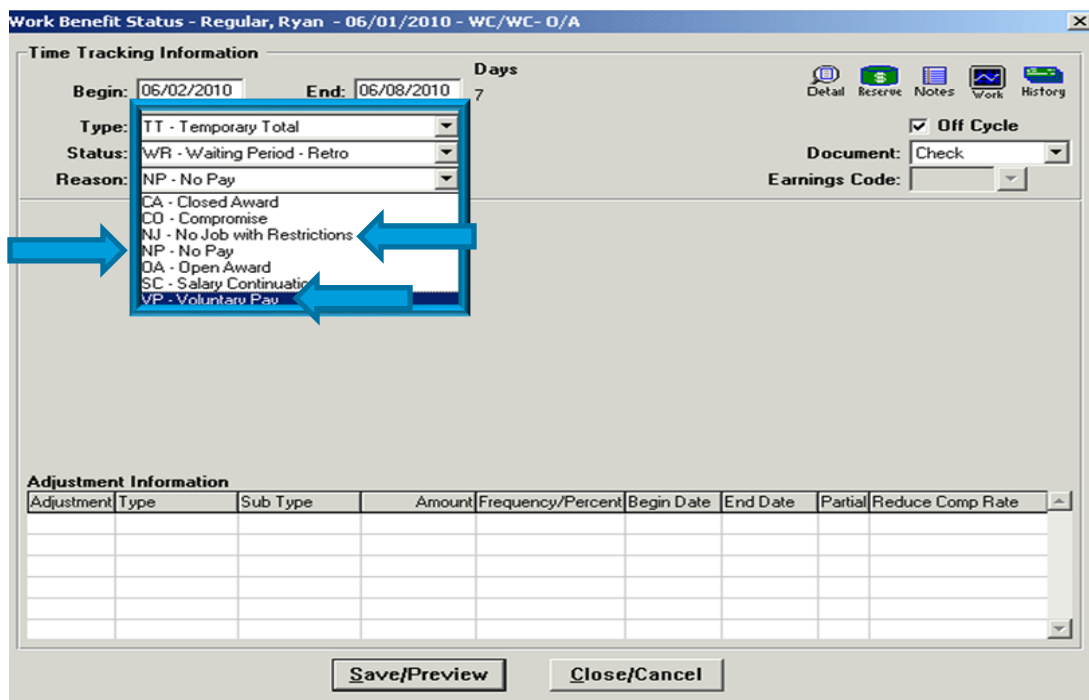
Actual Restriction:

Only complete if/when the client can accommodate all restrictions



When addressing indemnity benefits from Time Tracking, select the appropriate Reason:
3 most common Reasons:

1. **Voluntary Pay** – Agreeing to make payments for selected time period
2. **No Pay** – Not making any payments for selected time period
3. **No Job with Restrictions** – Only making payments due to client unable to accommodate restrictions



Notable Timeframes



Calendar days to issue initial indemnity payments, or sooner if required by jurisdiction



Calendar days benefits must be paid from onset of disability, or sooner if required by state statute



Work Status, Benefits Status, & Restrictions should be updated within 5 business days from knowledge of any work or benefit status changes



Week 5 JURIS Tips



- Update the claim before starting Time Tracking
- Including the calculated benefit amounts in the Work Status screen will save time when paying benefits in Time Tracking
- All restrictions must be documented in Time Tracking
- Avoid overpayments from issuing payments by ensuring appropriate follow-up diaries are in place

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Review JURIS Note Types from Week 5

WK = Work Status Note auto-populates after entering an updated work status in Time Tracking

RE = Restrictions Note auto-populates after entering updated restrictions in Time Tracking

Available Notes Space for Week 5:

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Week 6: Action Plans & SIR Overview

Action Plans should reflect our work product for anyone who reviews a claim

Action Plan content should include:

- Identify & document issues requiring resolution
- Include a detailed plan
- Identify goals
- Outline meaningful activities to achieve goals
- Provide timeline for completion



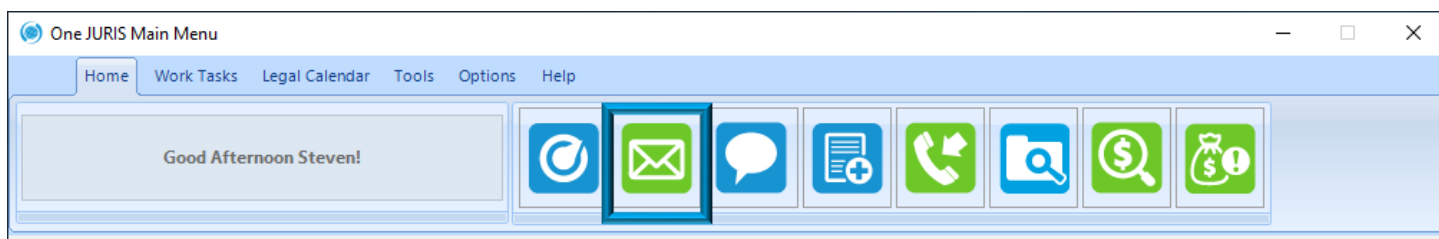
Templates for Action Plans are highly recommended to help capture all required fields necessary for a complete Action Plan, which can be in 2 areas:

1. Notes Screen
2. Investigation Screen

There are various sections to an Action Plan template:

- **Summary** – Key claim events to-date
- **Goal** – Goal for this claim during the next 90 days
- **Strategy** – Numbered-point, specific activities to be undertaken to achieve the goal
- **ICD** – List the proper code for each diagnosis; if accepted or denied
- **ODG** – Official Disability Guidelines regarding specific diagnosis; condition
- **Resolution** – Anticipated long-term claim resolution

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SIR = Stored Informational Retrieval

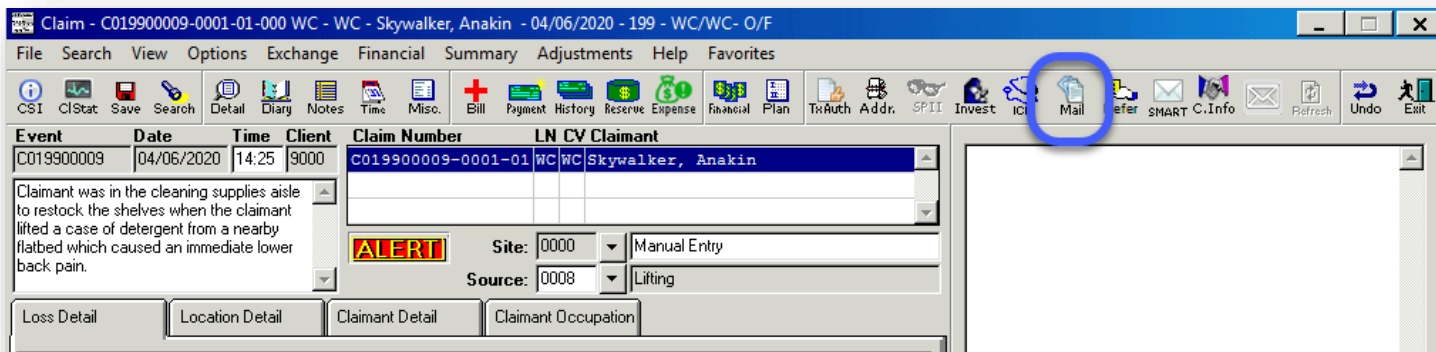
SIR is paperless documentation system for scanning, storage, & retrieval of document images

SIR can be used for the following:

- Review correspondences related to claims
- Document the information into JURIS notes
- Ensure all info is accurate, updated

Access SIR from either...

- One JURIS Main Menu – Home tab (Green Mail Icon button) – Main SIR page
- Main Claim Screen – Top toolbar (Mail button, upper-right hand side) – Case View



Every correspondence received in SIR will be assigned a unique DCN

DCN = Document Control Number

Drop File = Placing documents into SIR via email

There are a variety of options in sending documents from email directly into SIR

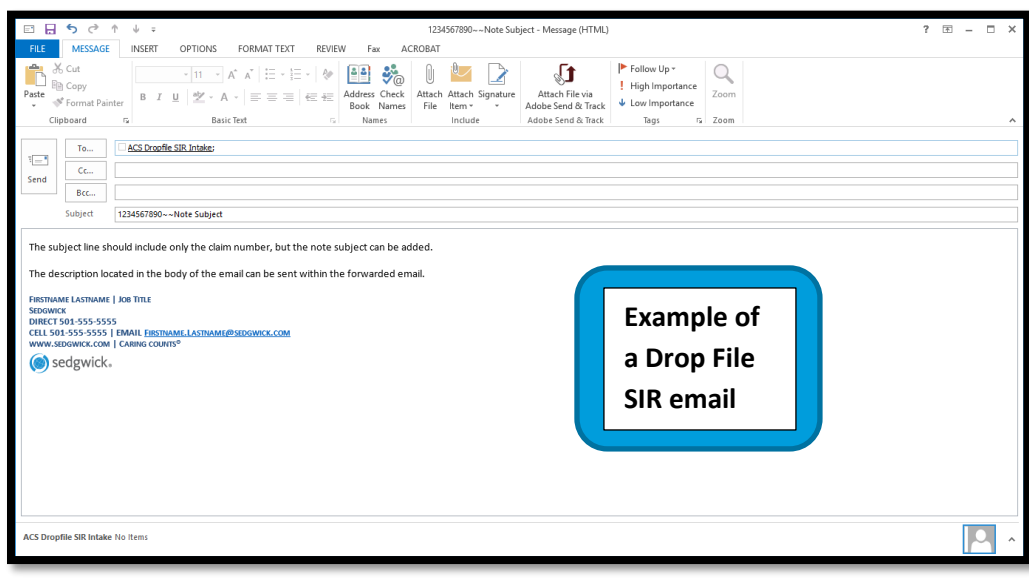
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<u>Drop File SIR Emails</u>	<u>Mail Status</u>	<u>Doc Type</u>	<u>Color</u>
dropfile@acssedgwickcms.com	Read	Email	No
unreaddropfile@acssedgwickcms.com	Unread	Email	No
unreadcolordropfile@acssedgwickcms.com	Unread	Email	Yes
colordropfile@acssedgwickcms.com	Read	Email	Yes
dropfileclaimcorrespondence@acssedgwickcms.com	Read	Claim Corresp	No
dropfileinvestigation@acssedgwickcms.com	Read	Investigation	No
dropfilelegal@acssedgwickcms.com	Read	Legal	No
dropfilemedicalvocational@acssedgwickcms.com	Read	Medical/Voc	No

Subject Line – The description on the email can be sent within the forwarded email. The subject line should still include only the claim number, but the note subject can be added.

Type in the claim number and 2 tilde signs (~) in the subject line with no spaces between them. Type in the note subject following the tilde signs and send the email to SIR.

NOTE: The tilde sign (~) is located above the TAB key on a keyboard



Notable Timeframes



Calendar days to provide initial Action Plan from claim open date on new or converted claims



Business days from date claim reopened to add the Action Plan



Business days to document new non-legal correspondences that come into SIR



Business day to document new legal correspondences that come into SIR



Week 6 JURIS Tips

- Use the Action Plan templates available in JURIS to address all required components
- Provide clearer steps in establishing Action Plan goals – don't just say "close claim"
- Document SIR correspondences in SIR; use the ability to copy SIR note into JURIS

Review JURIS Note Types from Week 6

AP = Action Plans, used to provide direction in the current status & handling of the claim

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Available Notes Space for Week 6:

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Week 7: JURIS Overview

JURIS = James Unified Risk Information System

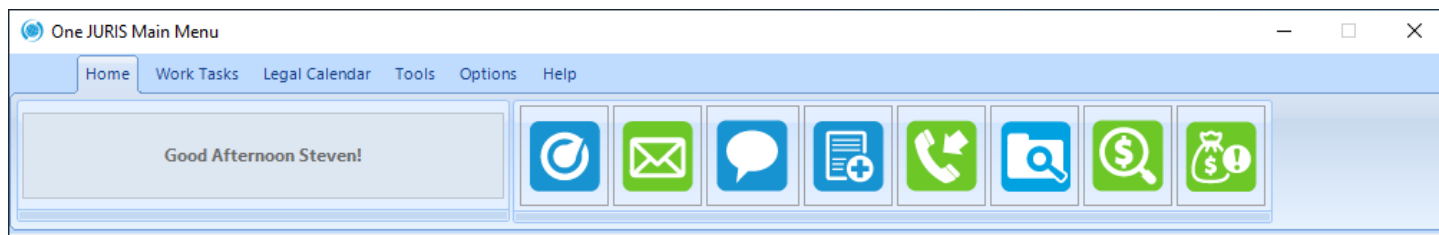
JURIS is a proprietary system developed and maintained by Sedgwick for managing multiple lines of claims

Documentation in JURIS is critical – “If it’s not documented, it didn’t happen.”

There are 2 variations to JURIS:

1. One JURIS
2. JURIS, version 11

Additional features are available through One JURIS
Eventually, JURIS v.11 will be phased out of use

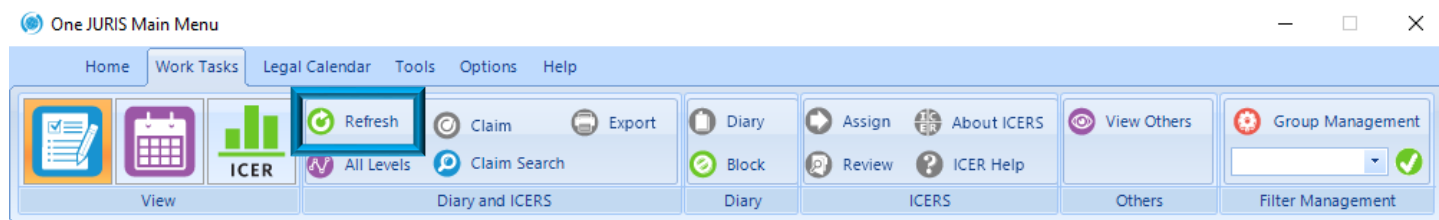


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Week 7 JURIS Tips

- Always document work completed on any claim
- Complete diaries & schedule new ones to continue to remain active in claim handling
- Click the Refresh button at least twice per day, to know if any new claims or diaries have been assigned since the JURIS application was originally opened



Review JURIS Note Types from Week 7

LG = Litigation/legal activity on the claim; defense attorney discussions

XS = Excess coverage clarification; updated excess status

CG = Coverage status; if any changes to coverage occur

SR = Supervisor notes; may contain additional directives for claim handler to complete

Review JURIS Note Types from Week 7

SMART = Feature used to create “hello” letters, call-back request letters, & certain state forms

Bill/Pend = Feature to either review pending bills for a claim or review final bill review decisions

Time Tracking = Preferred method to issue indemnity benefits; documenting restrictions

Alert = Feature that acts as a ‘sticky note’ for a claim; can be used for event, claim, & claimant

Vendor Referrals = Feature that allows assignment of Utilization Review, IMEs, & SIU services

Plan = Feature that provides the claim’s SIR/Deductible; excess carrier name & limits

Text Search = Feature in the Notes screen that allows filtering of letters or words within all notes for a claim

Available Notes Space for Week 7:

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Week 8: P360 Audit Overview

Overall compliance audit goal = 90% or better

Compass.net is used for auditing purposes:

- Auditors will evaluate colleagues' pending; randomly pull 3 claims to review
- Examiners and Team Leads are given an opportunity to review audits
- Allows for rebuttal process

Audit compose of 3 separate scores:

1. **File Score** – The entire claim's score
2. **CE Score** – The currently assigned claim handler's score
3. **Supervisor (TL) Score**

Audits are also composed into 3 Tiers:

1. Tier I
2. Tier II
3. Tier III

Claims are categorized into Tiers depending on how long they have been opened

The *Investigation* is especially important for Audit purposes because it's the first category

And has the most questions on the P360 compliance audit compared to any other category

P360 auditors will look to confirm when a claim is reviewed for denial (full or partial) – to confirm TL/Supervisor approved the denial

2 Components to Action Plans, Reserves, & Compensability decisions that are reviewed in a P360 compliance audit:

1. **Timeliness** – Ensuring actions are taken in an appropriate rate
2. **Content** – The value of the information documented

Coverage	File Pot	Scoring Type	CE Pot	Supv Pot
1.) Was the coverage template completed within ten business days and reviewed for correct information?	1	Yes/No/Partial	1	
2.) If coverage issues exist, did the comment section identify any issues?	1	Yes/No	1	
Investigation	File Pot	Scoring Type	CE Pot	Supv Pot
3.) Was the claim converted to IN immediately, but no later than 1 business day, from Sedgwick receipt of claim, or examiner knowledge of lost time or other factors that require claim conversion?	1	Yes/No		
4.) Was initial contact with the claimant attempted and/or completed within one business day of date the claim was known to have indemnity exposure?	1	Yes/No	1	
5.) Was initial contact with the client attempted and/or completed within one business day of date the claim was known to have indemnity exposure?	1	Yes/No	1	
6.) Was initial contact with the medical provider attempted and/or completed within one business day of date the claim was known to have indemnity exposure?	1	Yes/No	1	
7.) When complete contacts, did the examiner ask whether or not there were any witnesses?	1	Yes/No	1	
8.) Was initial contact with the witness(es) attempted and/or completed within one business day of when the witness information was known?	1	Yes/No	1	
9.) If a witness(es) has been identified, did the examiner obtain an appropriate statement from the appropriate party or document a valid reason why witness(es) contact was not completed?	1	Yes/No	1	
10.) If initial contacts with the client and/or claimant were not met, were two follow-up attempts completed within the next four business days?	2	Yes/No/Partial	2	
11.) Did the examiner obtain an appropriate statement about how the incident/injury occurred from the claimant?	1	Yes/No	1	1
12.) Was any past or concurrent employment determined and documented during the claimant's statement?	1	Yes/No/Partial	1	
13.) Was a detailed medical history obtained and documented during the claimant's statement?	1	Yes/No	1	
14.) Was appropriate information obtained from the client with regards to the incident/injury?	1	Yes/No	1	1
15.) Were return to work options discussed with the client?	1	Yes/No	1	
16.) Did the examiner obtain the present diagnosis and treatment plan from the medical provider?	1	Yes/No/Partial	1	
17.) Did the examiner obtain and document the history of the injury during contact with the medical provider or from the initial medical report?	1	Yes/No	1	1
18.) If appropriate and if prior injuries exist, did the examiner pursue the medical records?	1	Yes/No	1	
19.) Are index matches documented and pursued appropriately?	1	Yes/No	1	
20.) Was the compensability decision documented within 14 calendar days?	1	Yes/No	1	
21.) Is the compensability decision supported by a clearly documented rationale within an EV note?	2	Yes/No	2	2
22.) If the claim was denied, did the CE request TL approval of the denial and did the TL review and approve the denial?	2	Yes/No	2	2
23.) Is any required ongoing investigation thorough and relevant to any new or outstanding issues?	3	Yes/No/Partial	3	3
24.) Did the examiner investigate red flags for fraud and refer the file to SIU if warranted or document the reason for non-referral?	1	Yes/No	1	
Subrogation / Recovery	File Pot	Scoring Type	CE Pot	Supv Pot
25.) Is a SB note documented in the file with a complete explanation as to whether there is or is not the possibility of recovery?	2	Yes/No	2	
26.) If subrogation or other recovery potential exists, did the examiner properly investigate and pursue?	4	Yes/No	4	4
27.) If appropriate, were notice letters sent timely to all other involved parties where contribution/recovery may be available?	1	Yes/No	1	

Supervisors are accountable for providing timely reviews to assist claim handlers with meaningful guidance – Claim handlers are expected to comply with all supervisor directives

Notable Timeframes



10 Business days from claim conversion to address subrogation or recovery potential



1 Thoroughly review new litigation within 1 business day



7 Business days from when claim handler receives notification of a new audit to review the audited claim & provide rebuttals, if needed



Week 8 JURIS Tips

- Avoid using “n/a” when completing the initial investigation required note types
- Provide value to documentation in JURIS & SIR
- If any questions or audit results appear unclear, then consult with your Team Lead or auditor to provide clarification

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Review JURIS Note Types from Week 8

SR = Supervisor notes; may contain additional directives for claim handler to complete

Available Notes Space for Week 8:

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Guides

JURIS Guide	2020 JURIS Guide - WC
SIR Guide	2020 SIR Guide

Sedgwick On Demand Series

SMART Correspondences	On Demand Series: SMART Correspondences
Reserves	On Demand Series: Reserves, Part 1 of 3
	On Demand Series: Reserves, Part 2 of 3
	On Demand Series: Reserves, Part 3 of 3
Time Tracking (Medical Only)	On Demand Series: Time Tracking (Medical Only), Part 1 of 3
	On Demand Series: Time Tracking (Medical Only), Part 2 of 3
	On Demand Series: Time Tracking (Medical Only), Part 3 of 3
Time Tracking (Indemnity)	On Demand Series: Time Tracking (Indemnity), Part 1 of 3
	On Demand Series: Time Tracking (Indemnity), Part 2 of 3
	On Demand Series: Time Tracking (Indemnity), Part 3 of 3
JURIS	JURIS Tips - WC
WebEx	Let's Break to Educate - WebEx Basics

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Additional Resources (Sedgwick & External)

Additional Sedgwick Resources	Sedgwick Service Expectations
	Sedgwick University Main Page
	Performance 360 (website)
	New Claim Checklist
	Workers' Comp Practice Site
	Citrix Access - JURIS Demo Environment
Additional External Resources	Electronic Forecaster Wheel (Date Wheel)
	Official Disability Guidelines (ODG) & ODG Reserve Calculator

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