Claims Management of Missouri, LLC

Internet Claims Reporting Website: www.claimsmgmtmo.com

**** System Requirements: Internet Explorer, Adobe Reader, Word ****
**** System should be in "Compatibility View" and "Pop-up Blocker" should be turned "OFF"**

Insured Name: _____

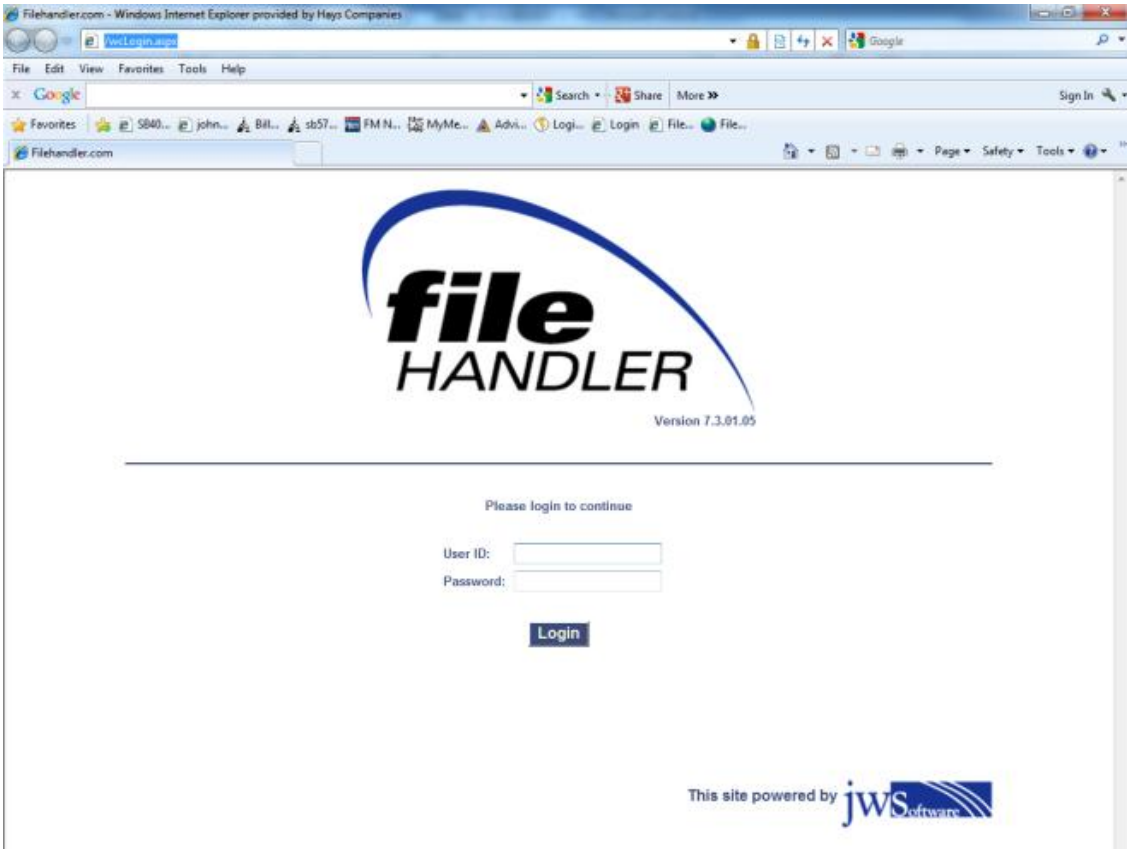
Policy Number: _____

User ID: _____

Password: JW_software (case sensitive)

Click **START** to begin

The Initial Login Screen will look like the following:



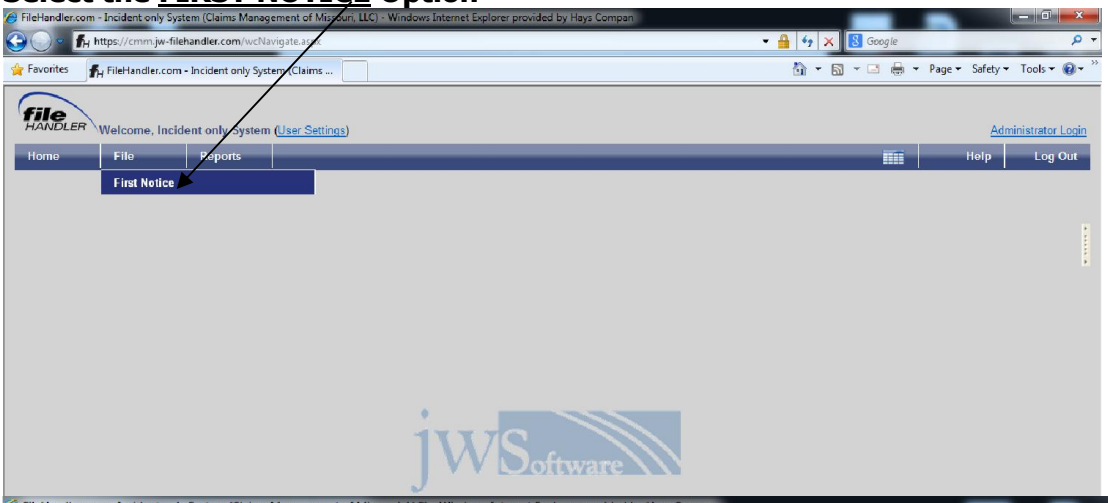
The first time you login you will be prompted to change your password

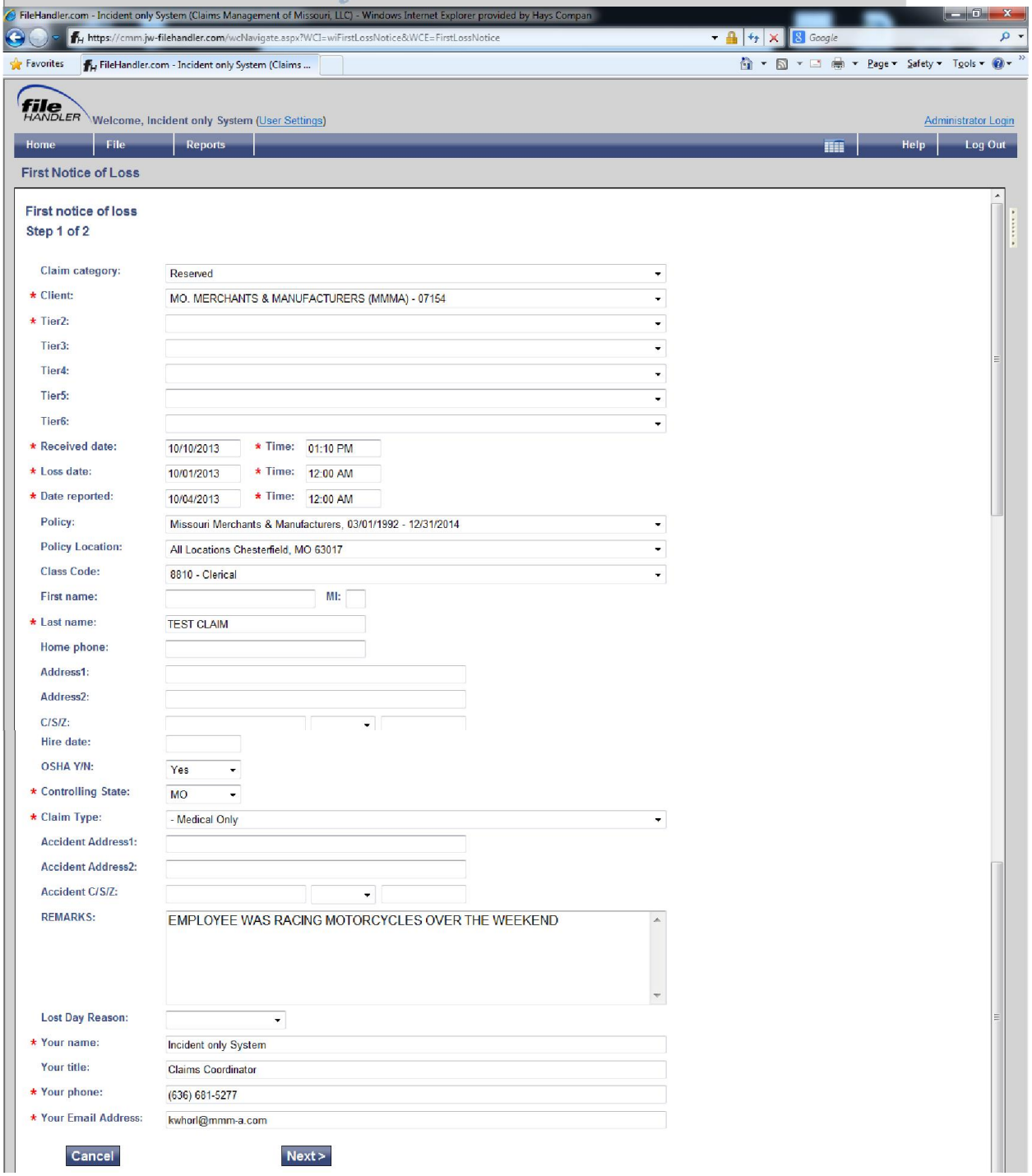
NOTE: Passwords are HIPPA compliant – so they must adhere to the following rules:

- Password must be between 8 and 15 characters
- Password and user name cannot be a subset of the other
- Password must contain one character from at least 3 of the following 4 character sets:
  - Upper Case Alpha:
  - Lower Case Alpha:
  - Numeric Characters:
  - Special Characters:

Once you get into the Program, you will want to go to the Claim drop down menu (File Folder icon) **Mandatory fields are indicated with an** *

Select the FIRST NOTICE Option





DEFINITIONS:

OSHA: **A Yes** on OSHA reportable claims gives the employer the ability to track/create on-line OSHA 300 logs

CONTROLLING STATE: **MO**

CLAIM TYPE: ***(ALL claim types must be reported)***

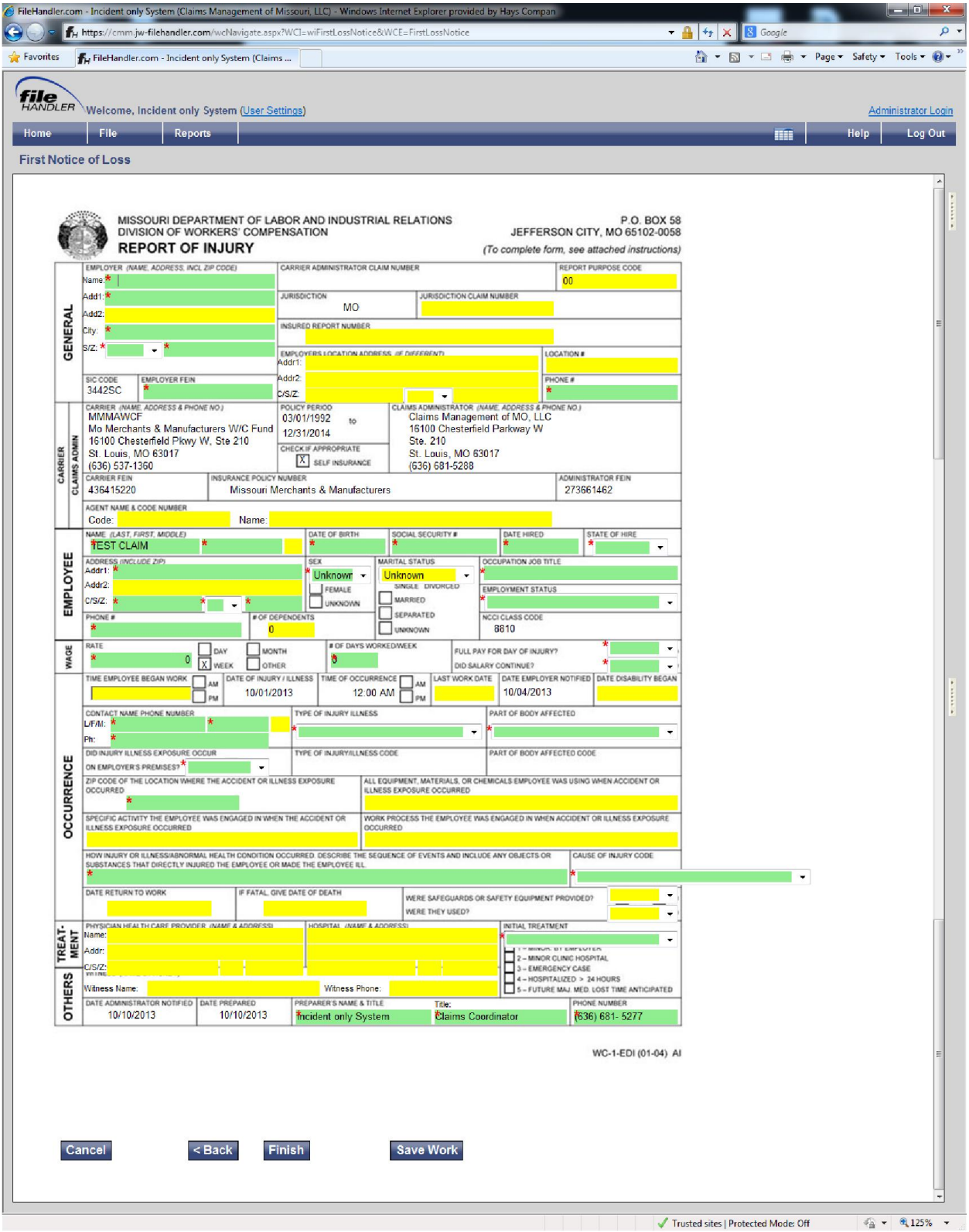
1. **Incident Only** = Reporting purposes only – NO medical treatment
2. **Medical Only** - Injured worker seeks medical treatment from physician
3. **Lost Time/Indemnity** = Injured worker seeks treatment and is off work, questionable claim, 3rd party claim, litigated claim, etc.

REMARKS: Employer generic field to place additional comments regarding injury. *This field is for informational purposes and is NOT transferred to First Notice of Loss (Report of Injury)*

Select NEXT to get to the First Report of Injury Screen

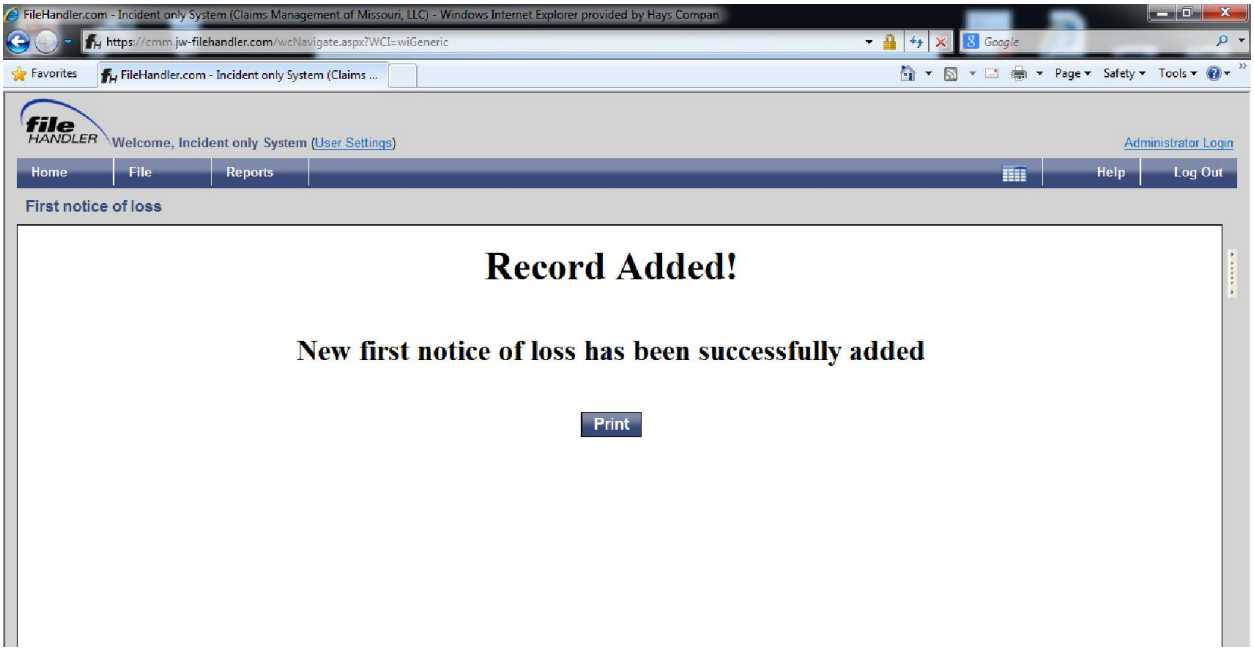
Mandatory fields are green/optional fields are yellow

* Please note the mandatory fields noted are for reporting the claim to CLAIMS MGMT. Additional mandatory fields may be necessary for submission with State. Please complete as many fields as possible at the time of reporting.

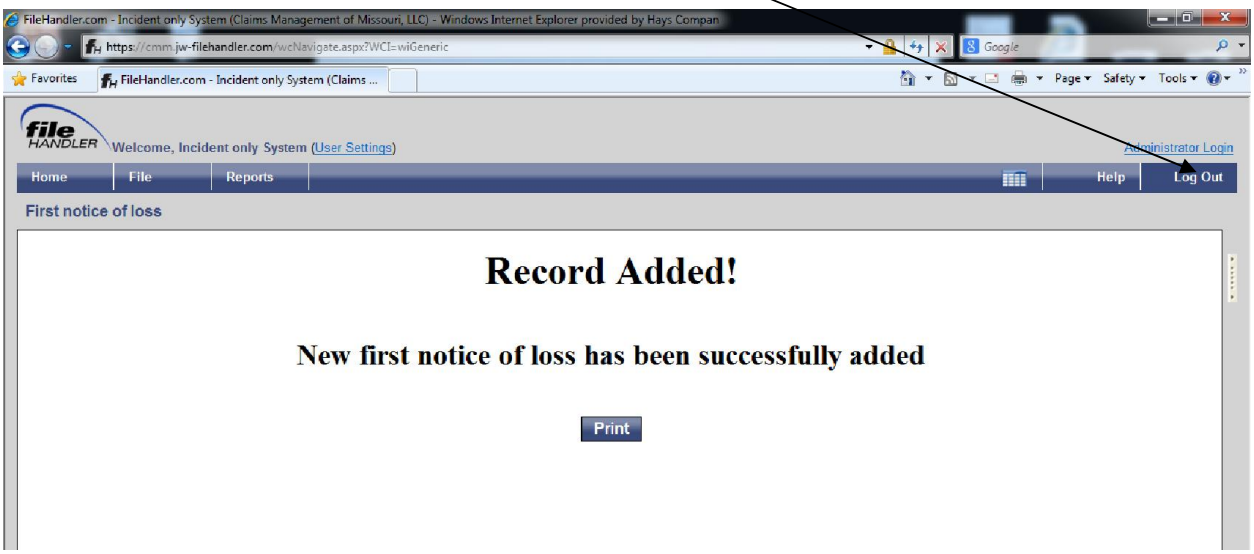


Select <u>FINISH</u> for the claim to be entered.

You will receive the following message and be able to print the First Notice of Loss *(Report of Injury)* if you wish.



You have now completed entering a claim! *Once you are done entering claims, please make sure to log off using the log off button*



Once the First Notice *(Report of Injury)* is reviewed and accepted by Claim Management of Missouri, you will receive a confirmation email *(to the email address you provided)* with the claim number.

*** You may need to hit the <u>Internet Refresh Button</u> at next sign-on.**

Questions?

Direct Dial Phone: (636) 537-4613

Toll-Free: (877) 936-0151