



STAYING INFORMED ABOUT YOUR WORKERS' COMPENSATION PROGRAM

Managing your workers' compensation program can be a big job.

Use this section to learn about ways you can access information about your claims and find help managing your claims.

YOUR FHM CLAIMS ADJUSTER

Your job is tough enough without having to keep up with all the details of each workers' compensation claim. Thankfully, with an FHM Claims Adjuster on your team, you don't have to.

Your FHM Claims Adjuster is your partner in casework. By keeping in touch with each other, your adjuster can help ensure each claim is handled properly and costs are kept to a minimum. And because we keep caseloads low, our adjusters can establish a real working relationship with each and every policyholder. That way, you can get to know each other - so you're free to really talk about each case.

That's important. If your employee is off the job, you want good answers on when he or she should return to work. And if you suspect a claim is fraudulent, you want help to find out the truth. That's where good communication really pays off. And with FHM, it's just a phone call away because your FHM adjuster keeps up to date on each case. He or she is aware of the latest case status, and can answer your questions on the claims process, go through claims reviews with you and keep you abreast of legal proceedings as well as the medical and work-ability status of your injured employee.

FHM not only provides you with up-to-date case information, our adjusters are also available to personally answer your questions and help you with the process. Our adjusters are able to offer such personal service because:

- FHM adjusters are assigned by the policyholder's zip code (not alphabetically by injured employee) so they really KNOW their geographic territory.
- FHM adjusters handle no more than 135 cases at a time - well below the industry average, so they have the time to truly manage your cases.
- FHM adjusters study each case, and are ready to provide the most up-to-date case information when you call - so you don't have to sort through or rely on clinical, online data.
- FHM adjusters are part of a team handling each claim, including a Nurse Case Manager, Claims Supervisor, Claims Manager, Legal Counsel, Cost Containment Unit, Subrogation Unit, Fraud Unit and Loss Control Specialist.

The bottom line is, FHM adjusters and their team are there to help you handle each claim - and to make your life easier. So keep the lines of communication open. Doing so can help you reduce fraud, claims costs and your workload!



REVIEW YOUR CLAIMS INFORMATION REGULARLY

Your claims information is at your fingertips when you need it. Using the FHM website, you can access, download and sort information when it's convenient for you.

The first step is registering as an online user.

HOW TO REGISTER FOR PERSONALIZED CLAIM REPORTING

1. Click on the "Register" button at the top of every page next to "Personalized Claim Reporting." The New User Registration window will open.
2. Complete all information that applies to your company - complete as much information as possible. Items followed by an asterisk (*) are required fields.
3. In the Comments Field, enter the following information:
 - a. On the first line, type: Policy Code ID: QT.
 - b. On the second line, type your Policy Number and Member Number; both of these numbers are needed to ensure you receive the proper information. These numbers can be found on your hard copy report in the top left section of the heading. The format is: Fund # 306 - Florida Hospitality Mutual Insurance Company. The eight-digit Member # is located below the Fund # and will be formatted as 00000-000. Please type Member # 306-0000-000.
4. Click the "Send" button.

HOW TO RETRIEVE CLAIM STATISTICS

1. If you have a User Name and Password, click on the "Login" button at the top of any page next to "Personalized Claim Reporting".

If you don't have a User Name and Password, click on the "Register" button at the top of every page next to "Personalized Claim Reporting" and follow the instructions to register.

2. When you Login, the "Claims Sign On" window will open. Enter your User Name and Password and click the "Log In" button.
3. After you have logged in, select "Claim Statistics" from the list on the left side of the page. The "Claim Statistics" window will open.
4. Scroll down to the section entitled "Change Selections." Enter changes, then click "Apply." Use the Tab key to move between boxes.
5. Select the criteria to be used in retrieving the statistics:
 - **As of Date:** Select the ending date for which statistics will be retrieved. The options are:
 - **Last Month End** - Statistics will be as of the last business day of the prior month.
 - **Current** - Statistics will be as of the last business day.
 - **Account:** If the number "306" is shown in the window, go to the next box. If "306" is not shown, type it in and move to the next box.
 - **Year:** Enter the year for which you want statistics. You may enter a single year or a range of years.
 - **Unit:** Enter your four or five digit account number using the format XXXX-X. For example, if your account number is 306-11111-000, enter "11111". If your account number is 306-1111-000, enter "1111".
 - **Status:** Click all statuses for which you want to retrieve statistics.
 - **Claim Type:** Click all claim types for which you want to retrieve statistics.

- **Include units that have no claims:** Click this box if you wish to see all years in the range selected, whether or not there are claims. All years will be displayed and if there are no claims for a given year that will be indicated on the report.
 - **Accident dates:** Enter a single date or a range of dates:
 - For a single date, enter the same date in both boxes.
 - For a range of dates, enter the starting date in the first box and the ending date in the second box.
 - When all information is complete, click the "**Apply**" button. You will be returned to the top of the screen.
6. To retrieve information, use the section entitled "Views." Click desired "View of selected date" to provide instructions for the amount of information to retrieve or how to organize the information. The desired "views" that you can select are as follows: *(Clicking on one of the View boxes will return the information requested. It may take a few seconds or minutes to retrieve the information.)*
- **Claim List:** Provides basic claim information.
 - **Min. Detail:** Provides minimum information and does not include injury information.
 - **Max. Details:** Provides the greatest amount of detail and can be used to calculate your Experience MOD?
 - **New Claims:** Provides information only for new, unlitigated claims.
 - **Litigated Claims:** Provides information only for litigated claims.
 - **Year:** Provides information sorted by year.
 - **Year/Status:** Provides information sorted first by year and then by status.
 - **Year/Type:** Provides information sorted first by year and then by type.
 - **Year/Unit:** Provides information sorted first by year and then by unit.
 - **Unit/Year:** Provides information sorted by first by unit and then by year.
 - **Year/Month:** Provides information sorted first by year and then by month.
 - **Part:** Provides information sorted by body part to which injuries occurred.
 - **Nature:** Provides information sorted by the type of injury, such as concussion, infection, sprain, etc.

- **Cause:** Provides information sorted by the cause of injury, such as burn or scald, cut, fall, etc.
- **Class:** Provides information about the payroll class to which the claimant belongs.
- **Adjuster:** Provides information sorted by the FHM Adjuster to whom the claim is assigned.
- **Claimant:** Provides information sorted by claimant.
- **Agency:** Provides information sorted by the agency representing the policyholder.