

<b>V3 STANDARD NOTE CONTENT AND FORMAT GRID</b>	
<b>V3 NOTES MUST CONTAIN</b>	
<b>Factual information</b>	V3 Notes will only contain factual information. They will not include editorials or hearsay.
<b>Events in logical order</b>	Notes will be written in a logical and sequential order.
<b>Clear and concise language</b>	Notes will always be direct and to the point. The use of jargon and abbreviations should generally be avoided. Commonly used BWC terms are acceptable if they appear in the approved <i>glossary of terms</i> which can be found by visiting the Field Operations Division Page on BWC's Intranet. The Field Operations Division page can be found by going to the BWC Intranet Home page, then clicking Divisions Pages, then clicking Field Operations, then clicking Claims, then finally by clicking V3 Noteables.
<b>Relevant claim information</b>	Notes will only contain information that is relevant to the claim.
<b>No fraud information</b>	Notes related to Fraud will not be entered in V3 Notes.
<b>Justification of BWC Decisions</b>	Notes will always contain an explanation of any decisions made by BWC.
<b>IC decision summary</b>	All Industrial Commission decisions will be summarized in Notes.
<b>Same day's information</b>	Notes should always be entered the same day as the action being described.
<b>Contacts cited</b>	All contacts should be cited in Notes. Internal contacts (e.g. team nurse) and contacts with partners (e.g. MCO) should be cited by first name and last initial (e.g. John D. for John Doe). External contacts should also be cited by first and last name along with their relationship to the IW or employer (e.g. Called IW and spoke to John Doe, the IW's brother.)
<b>Author's name</b>	All Notes will contain a signature at the end of the Note. The signature will follow the format of first name and last initial (e.g. John D. for John Doe)

<b>V3 NOTES STANDARDS</b>				
<b>V3 Notes Category</b>	<b>Standard Note Title</b>	<b>Standard Note Minimum Criteria</b>	<b>LT</b>	<b>MO</b>
<b>Initial Contact</b>				
<b>IW</b>	<b>IW INITIAL CONTACT</b>	Verify and document changes/missing information: <ul style="list-style-type: none"> <li>• Name/Correct spelling</li> <li>• SS#</li> <li>• DOB</li> <li>• Address/phone #</li> <li>• Occupation</li> <li>• DOI</li> <li>• Accident description</li> <li>• Part of body injured</li> <li>• LDW/RTW</li> <li>• Initial medical treatment/POR</li> <li>• Employer</li> <li>• Were there any witnesses?</li> <li>• Medical history as pertains to the injury</li> <li>• Wages</li> <li>• Job description</li> </ul>	<b>Yes</b>	<b>As needed</b>
<b>EMP</b>	<b>EMP INITIAL CONTACT</b>	Verify and document changes/missing information: <ul style="list-style-type: none"> <li>• Name of contact and their title</li> <li>• Employee/Employer relationship?</li> <li>• Are you aware of the accident</li> <li>• Conform accident details</li> <li>• Were there witnesses?</li> <li>• Certify claim or reject claim; Why:</li> <li>• Policy #</li> <li>• Manual #</li> <li>• Employer location</li> <li>• Accident location</li> <li>• Occupation of IW</li> <li>• Job description requested</li> <li>• Wages requested</li> <li>• LDW/RTW</li> <li>• TW or light duty work</li> <li>• First treatment sought</li> </ul>	<b>Yes</b>	<b>As needed</b>
<b>MCO</b>	<b>MCO INITIAL CONTACT</b>	Document: <ul style="list-style-type: none"> <li>• All contact and the purpose</li> <li>• Follow Standards for Notes entry</li> </ul>	<b>As needed</b>	<b>As needed</b>

V3 Notes Category	Standard Note Title	Standard Note Minimum Criteria	LT	MO
<b>Investigation</b>				
MED	<b>NURSE REVIEW</b> (Include name and date of form in the Title)	Document: <ul style="list-style-type: none"> <li>Medical report from provider</li> <li>Statement of causality</li> </ul>	Yes	Yes
	<b>PHYSICIAN REVIEW</b> (Include name of form and date of form in the Title)	Document: <ul style="list-style-type: none"> <li>Summary of findings/opinion</li> <li>Doctor or reviewer name</li> </ul>	Yes	Yes
CLM	<b>ACTION PLAN</b>	Document: <ul style="list-style-type: none"> <li>Brief summary of missing information</li> <li>Next steps toward resolution</li> <li>Include time frames</li> </ul>	Yes	N/A
	<b>STAFFING</b>	Document: <ul style="list-style-type: none"> <li>All contacts and the purpose</li> <li>Outcome</li> <li>Follow Standards for Notes entry</li> </ul>	Yes	N/A
	<b>ISO INDEX</b>	Document: <ul style="list-style-type: none"> <li>Initials of person doing index</li> </ul>	Yes	N/A
	<b>ISO FINDINGS</b>	Summarize <ul style="list-style-type: none"> <li>The findings</li> </ul>	Yes	N/A
<b>Determination</b>				
CLM	<b>ALLOWANCE DETERMINATION</b>	Document: <ul style="list-style-type: none"> <li>All issues of jurisdiction, coverage, and compensability have been met</li> <li>Basis of determination (i.e., medical report, staffing)</li> </ul>	Yes	Yes if EOR rejected
	<b>DISSALLOWANCE DETERMINATION</b>	Document: <ul style="list-style-type: none"> <li>Explanation for disallowance of claim</li> </ul>	Yes	Yes
MED	<b>ORTW BENCHMARK</b>	Document: <ul style="list-style-type: none"> <li>Well and loosely managed ORTW dates</li> </ul> OR <ul style="list-style-type: none"> <li>If not applicable, the reason why</li> </ul>	Yes	N/A

V3 Notes Category	Standard Note Title	Standard Note Minimum Criteria	LT	MO
<b>Appeal</b>				
HRG	APPEALED (mm/dd/yy)	Document <ul style="list-style-type: none"> <li>Who filed the appeal</li> <li>What order was appealed</li> <li>Basis for appeal (if identified)</li> </ul>	Yes	Yes
HRG or CLM	IC ORDER	Document: <ul style="list-style-type: none"> <li>Type of order and date</li> <li>Brief summary of order</li> </ul>	Yes	Yes
CLM	APPEAL PERIOD EXPIRED	Document: <ul style="list-style-type: none"> <li>If no appeal filed, reference order by date</li> <li>Action Taken</li> </ul>	Yes	N/A
<b>Rehabilitation</b>				
RHB	REHAB REFERRAL ELIGIBILITY/INELIGIBILITY VERIFIED	Document: <ul style="list-style-type: none"> <li>Date of referral</li> <li>Reason</li> <li>Action taken</li> </ul>	IRS or DMC	N/A
	STAFFING W/ (CSS,IW,MCO,ETC.)	Document: <ul style="list-style-type: none"> <li>All contacts and the purpose</li> <li>Outcome</li> <li>Follow Standards</li> </ul>	IRS or DMC	N/A
	ORTW 30 DAY RTW ASSESSMENT	Document: <ul style="list-style-type: none"> <li>Claim review summary</li> <li>Recommendations</li> <li>MCO notification</li> </ul>	IRS or DMC	N/A
	ORTW FOLLOW UP	Document: <ul style="list-style-type: none"> <li>Current recommendations</li> <li>MCO notification</li> </ul>	IRS or DMC	N/A
	REHAB PLAN	Document: <ul style="list-style-type: none"> <li>Narrative of services</li> <li>Dates</li> <li>Action taken</li> </ul>	IRS or DMC	N/A
	REHAB PLAN AMENDMENT	Document: <ul style="list-style-type: none"> <li>Narrative of services</li> <li>Dates</li> <li>Action taken</li> </ul>	IRS or DMC	N/A
	REHAB PROGRESS REPORT	Document: <ul style="list-style-type: none"> <li>Narrative</li> <li>Action taken</li> </ul>	IRS or DMC	N/A
	REHAB CLOSURE REPORT	Document: <ul style="list-style-type: none"> <li>Narrative</li> <li>RTW status</li> <li>Action Taken</li> </ul>	RS or DMC	N/A
	REHAB PLAN WITH SIGNATURES	Document: <ul style="list-style-type: none"> <li>Is process complete or incomplete, if incomplete send to MCO</li> <li>Action taken</li> </ul>	RS or DMC	N/A

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<b>Rehabilitation (continued)</b>				
RHB	REHAB INTERVENTION PLAN	Document: <ul style="list-style-type: none"> <li>Current recommendations</li> <li>Action Taken</li> </ul>	IRS or DMC	N/A
	LMWL DETERMINATION	Document: <ul style="list-style-type: none"> <li>Reason for approval</li> <li>Action taken</li> </ul> Verify: <ul style="list-style-type: none"> <li>Job description</li> <li>Restrictions</li> <li>Wages</li> </ul>	IRS or DMC	N/A
	LMWL DENIAL	Document: <ul style="list-style-type: none"> <li>Reason or denial</li> <li>Action taken</li> </ul> Verify: <ul style="list-style-type: none"> <li>Job description</li> <li>Restrictions</li> <li>Wages</li> </ul>	IRS or DMC	N/A
	REHAB REMAIN AT WORK PLAN	Document: <ul style="list-style-type: none"> <li>Narrative of services</li> </ul>	N/A	As needed
	REHAB REMAIN AT WORK EXTENSION	Document: <ul style="list-style-type: none"> <li>Narrative</li> <li>Action taken</li> </ul>	N/A	As needed
	REMAIN AT WORK COMPLETION REPORT	Document: <ul style="list-style-type: none"> <li>Narrative</li> </ul>	N/A	As needed
<b>Outcome Management</b>				
CLM	CHANGE OVER (MM/DD/YY)	Document: <ul style="list-style-type: none"> <li>Reason for change over</li> <li>Dates of disability</li> </ul>	Yes	Yes
	SETTLEMENT AGREEMENT (Post settlement Note)	Document: <ul style="list-style-type: none"> <li>Amount settled</li> <li>Basis for settlement</li> </ul>	Yes	N/A
	REASSIGNMENT	Document: Reason for reassignment	Yes	Yes
	COMPENSATION PAID (Example: LM)	Document: <ul style="list-style-type: none"> <li>Reason</li> <li>Type of comp paid</li> <li>Dates paid</li> </ul>	Yes	N/A
	CORRECTED/AMENDED ODER	Document: <ul style="list-style-type: none"> <li>Reason for correction/amendment</li> <li>Action taken</li> </ul>	Yes	Yes
	ACTION PLAN	Document: <ul style="list-style-type: none"> <li>Next steps toward resolution</li> <li>Include time frames</li> </ul>	Yes	As needed
	DECLARAATION OF OVERPAYMENT ISSUE	Document: <ul style="list-style-type: none"> <li>Indicate the same verbiage as the order (TT entitled to...TT overpaid...)</li> </ul>	Yes	N/A

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<b>Outcome Management (continued)</b>				
CLM	OPC REDUCTION NOTICE	Document: <ul style="list-style-type: none"> <li>Reflect the overpayment amount declared less the amount absorbed and from what type of compensation</li> </ul>	Yes	N/A
	IC DECLAIRES OVERPAYMENT	Document: <ul style="list-style-type: none"> <li>Explain where the overpayment is from per the IC</li> </ul>	Yes	N/A
	OPC EVEN ADJUSTMENT	Document: <ul style="list-style-type: none"> <li>IW is going from TT to LM and we are making an even adjustment</li> </ul>	Yes	N/A
MED	ADR	Continue current format	Yes	Yes
SUP	COMP AUDIT	Document: <ul style="list-style-type: none"> <li>Narrative</li> <li>Summary of Audit</li> </ul>	Yes	N/A
INT	SUBROGATION	Document: <ul style="list-style-type: none"> <li>Narrative</li> <li>Action taken</li> </ul>	Yes	Yes
EXM	REFERRAL (List type of exam in Title)	Document: <ul style="list-style-type: none"> <li>Type of exam</li> <li>Reason for exam</li> </ul>	Yes	N/A
EXM	EXAM FINDINGS (List type of exam in Title)	Document: <ul style="list-style-type: none"> <li>Summary of findings</li> <li>Date of exam</li> <li>Doctor's name</li> <li>Action Taken</li> </ul>	Yes	N/A
<b>Subsequent Requests</b>				
CLM, MED, or RHB	Refer to Re-Naming Imaged Documents Guidelines	Document: <ul style="list-style-type: none"> <li>Description of the request</li> <li>Action taken</li> <li>Next steps</li> </ul>	Yes	Yes

