



VISUAL Liquid Web

Commonwealth of Virginia

Generic User

User Manual

Document Version: 2.0.8
Software Version: 2.2

Published: June, 2008

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VISUAL Liquid Web COV Generic User User Manual

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System Requirements

The following table outlines the system requirements for optimal performance.

Item	Minimum	Recommended
Software	* Citrix ICA client for Windows	Citrix ICA client for Windows
Internet Browser	IE 6 SP2, SSL 2 and 3 enabled	IE 6 SP2, SSL 2 and 3 enabled
Connection	56 KB	Broadband
Screen Resolution	1024 x 768	1024 x 768

*See the companion guide “[VISUAL Liquid Web - Citrix client Installation](#)” for details on installing Citrix. Citrix allows you to use complex hosted applications over the internet with only your computer and an internet connection

About

This document is intended as a high-level guide for COV Anonymous Users of the Avizent VISUAL Liquid Web product. This document provides a description of the VISUAL Liquid Web application, including instructions for accessing and using the application, and how to reach technical support.

Text Conventions

The following text conventions are used in this document.

Element	Usage
bold text	Characters that you type exactly as shown; menus and menu commands, command buttons, command prompts; list or drop-down boxes titles and selections; tab and dialog box titles and options
<i>Italic Font</i>	Variables for which you supply a specific value; information that you supply
ALL CAPITALS	Acronyms, names of certain commands, keys on the keyboard
Initial Capitals	Names of applications, screens, programs, field names

Graphic Alerts

The following graphic alerts are used in this document.

Element	Description
	Caution —Alerts you to potential problems, such as data loss or security breaches.
	Example —Provides a hands-on interactive lesson, or indicates material that helps clarify the current discussion.
	Note —Alerts you to supplementary information.
	Tip —Provides additional information that may be helpful to task completion such as shortcuts.

Getting Started

VISUAL Liquid Web is an electronic forms processing and data capture system. VISUAL Liquid Web ensures that all the information necessary to submit a COV Employer's Accident Report (EAR) is captured on its easy-to-use screens. This feature ensures that all EARs submitted have the minimum state required information completed.

VISUAL Liquid Web 2.2 integrates directly with the VISUAL Claims Studio™ software suite, so there is never a need to re-key information. Field and document level validation ensures that documents adhere to the configured document specific rules.

As an early innovator in the design of web site submission of electronic event and first reporting we formed EFROI.COM™. This online hosted service allows clients to electronically capture Event and State First Reports of Injury data over the web. EFROI.COM is the simple, fast, and cost-effective way to file events.

VISUAL Liquid Web users will also enjoy the ability to generate and print forms.

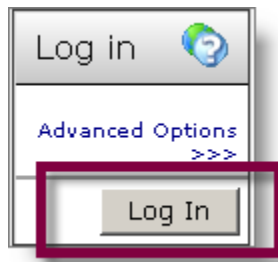
Accessing VISUAL Liquid Web

1. In your Internet browser's address field, type <https://apps.frankgates.com/vaear/auth/login.aspx> and press **Enter**.



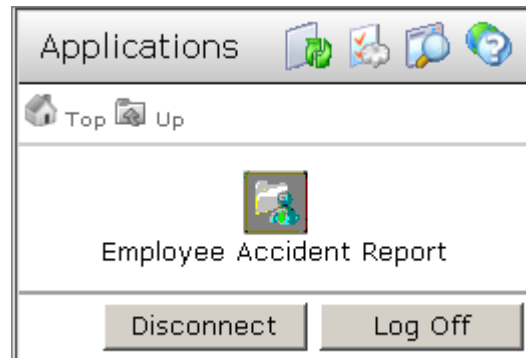
Result: The Visual Liquid Web Intake home page displays.

2. Click the Log In button in the box on the upper left of the screen

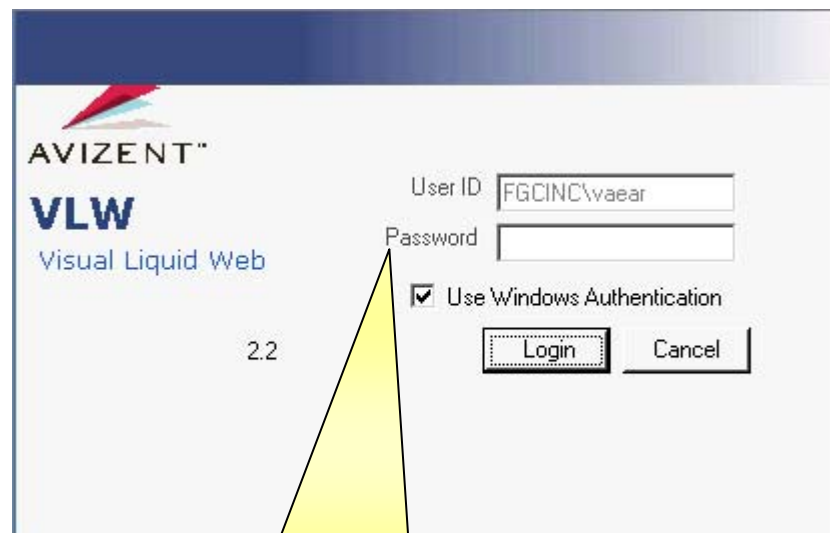
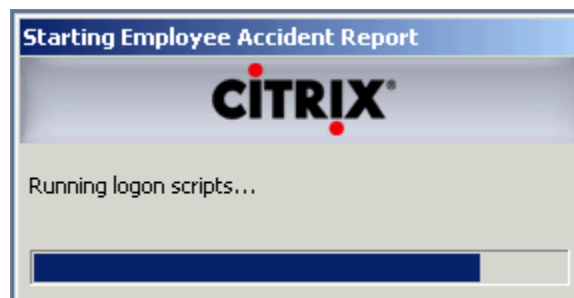


Result: The Applications box displays

3. Click Employee Accident Report in the Applications box.

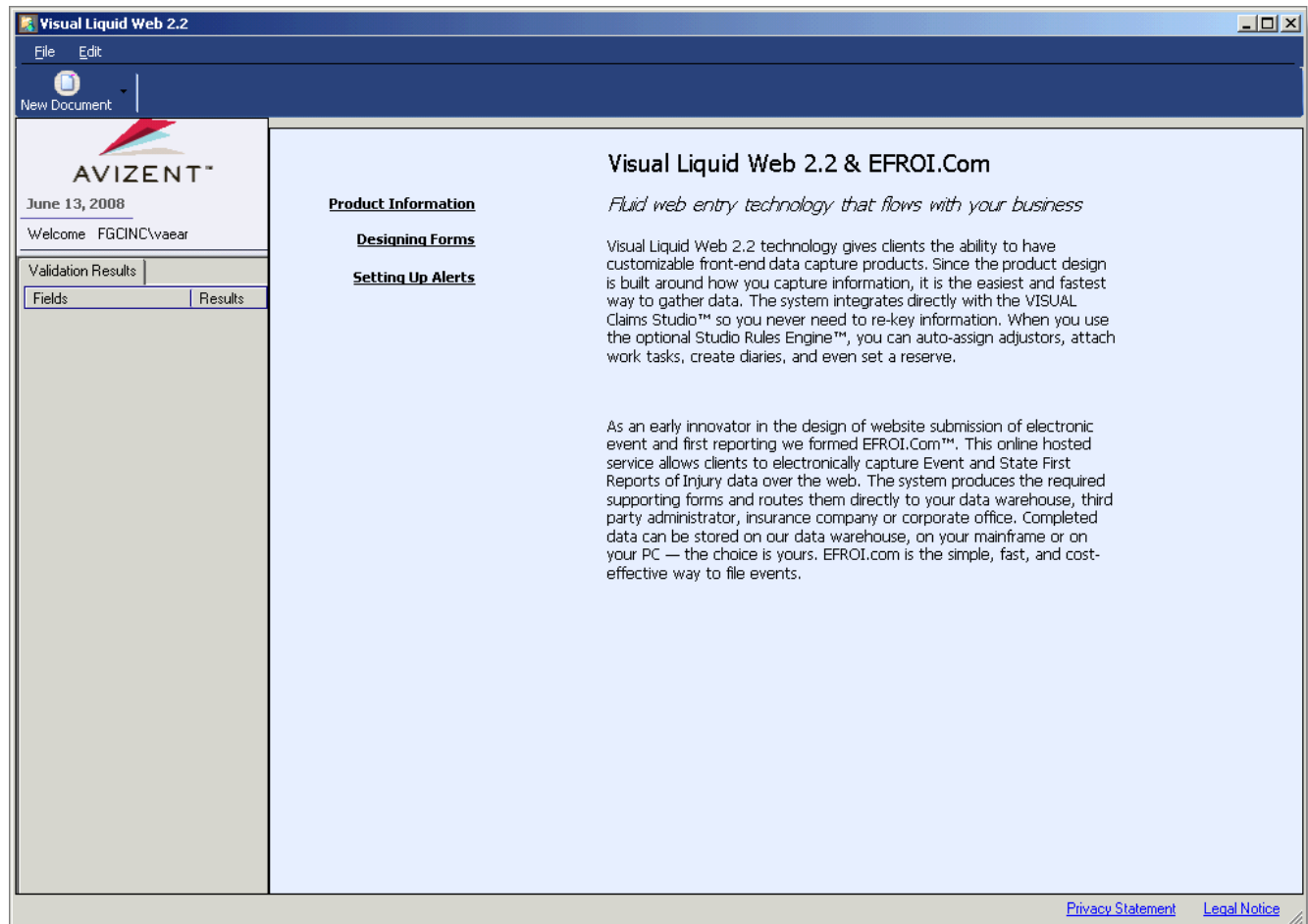


Result: The Citrix logon script will run, followed by the appearance of the VISUAL Liquid Web log in screen.



Note: You do not need to fill the "Password" field. Skip this prompt and click on the Login button.

4. Click Login on the Login Screen.



Result: VISUAL Liquid Web appears.

If you have problems logging in, contact helpdesk@avizentrisk.com or 800-727-4283 for assistance.

Closing the VISUAL Liquid Web Application

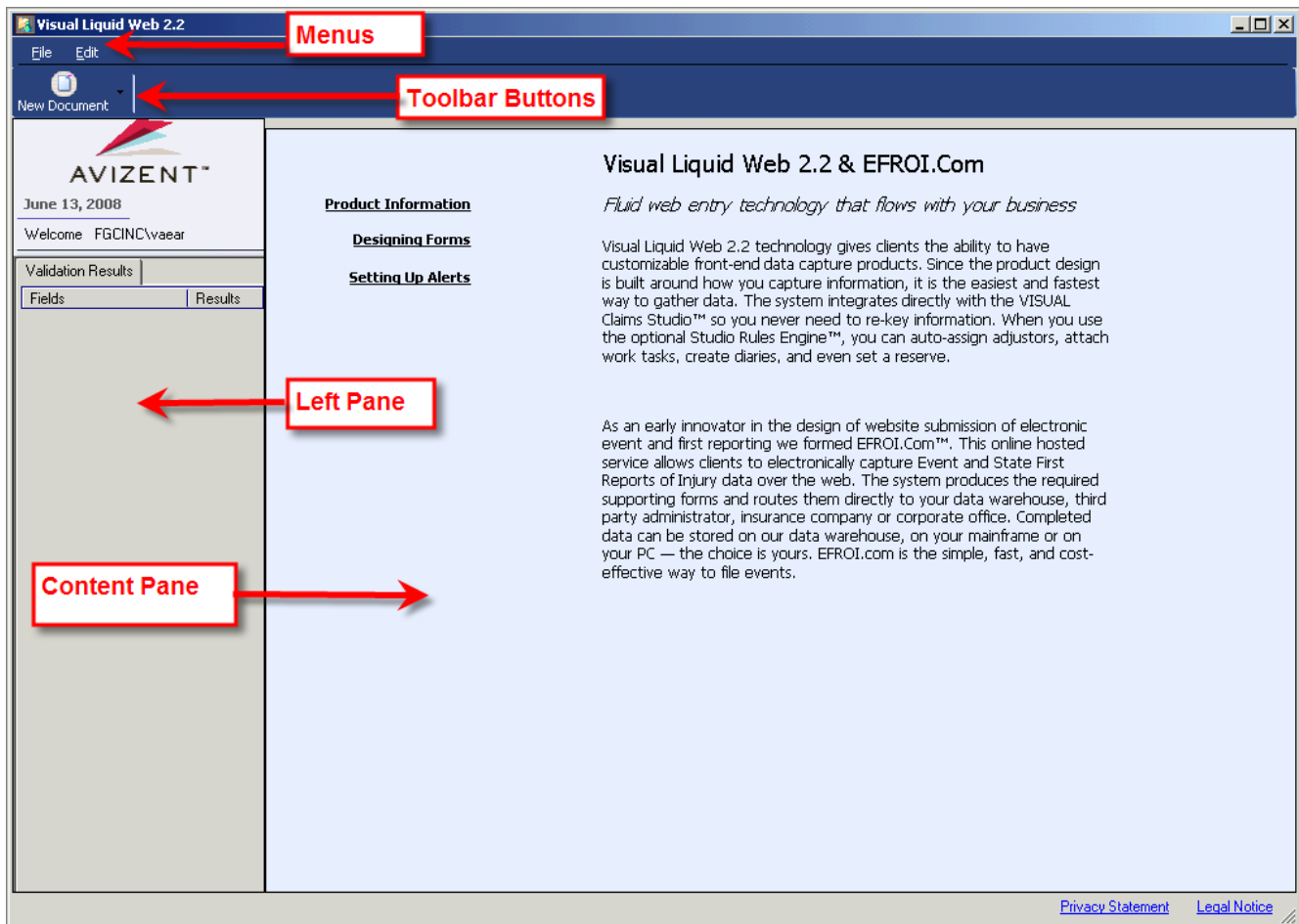
To exit the application, on the **File** menu, select **Exit**. The application will close. If you have open EARs with unsaved changes, the system will prompt you to save the changes before closing.

Accessing Technical Support

Technical support for this Avizent product is available through the Help Desk (helpdesk@avizentrisk.com or 800-727-4283).

Navigating VISUAL Liquid Web

Once you are logged in, VISUAL Liquid Web's home screen displays. The primary navigation for VISUAL Liquid Web is found in the toolbar and in the left pane. The larger Content pane is on the right. You can also navigate using the menus.

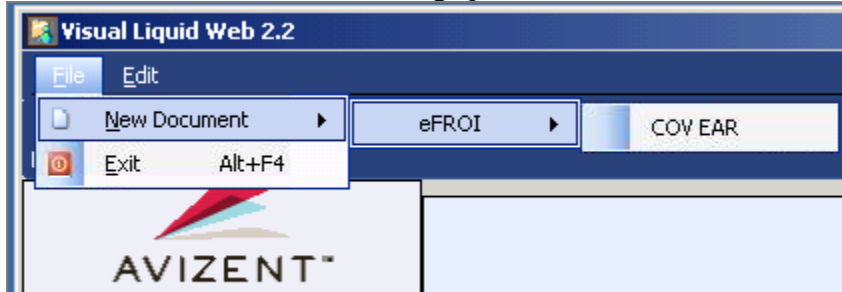


Menus

VISUAL Liquid Web contains two menus: File and Edit. Each menu's options are explained below.

File

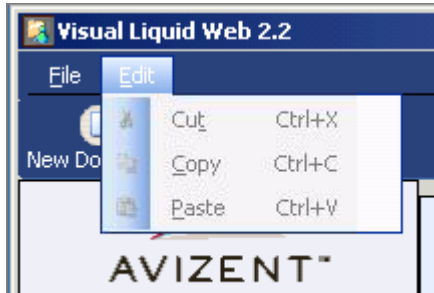
The File menu contains the following options:



- **New Document**—Enables you to open a new COV EAR.
- **Exit**—Closes the VISUAL Liquid Web application.

Edit

The Edit menu contains the following options. These options are only available when an EAR is open.



- **Cut**—Deletes the highlighted text and saves a copy of it on the clipboard.
- **Copy**—Copies the highlighted text to the clipboard.
- **Paste**—Pastes the text previously cut or copied to the clipboard.
- **Find**—Searches the open EAR for the text you specify.

Toolbar

The toolbar contains buttons which are shortcuts to various commands. The table below lists the standard toolbar buttons in VISUAL Liquid Web.

Button	Description
	New Document —Enables you to enter a new EAR into the system.

Standard Buttons

In addition to the toolbar buttons, other buttons are available throughout the application. Not all buttons are available on all screens. The following table contains a listing of all of the buttons available in the application.

Button	Description
	Print —Generates an electronic copy (.PDF) of the EAR which can be printed.
	Submit —Submits the completed EAR to the system designated reviewer.

Content Pane

The Content Pane will display the Employer's Accident Report.

Submit COV EAR - NEW

COV EAR - NEW COV EAR - NEW

Employer's Accident Report

(formerly: Employer's First Report of Accident)
Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220
See instructions on the reverse of this form

The boxes to the right are for the use of the insurer

Reason for filing	Insurer location
	762
Insurer claim number	

Email Addresses to send submission notification:

THIS SECTION TO BE COMPLETED BY EMPLOYEE / SUPERVISOR

Employer

1. Name of Employer (trading as or doing business as, if applicable) and 4. Mailing Address

Show Selection

Agency:

Sub-Agency:

Contacts

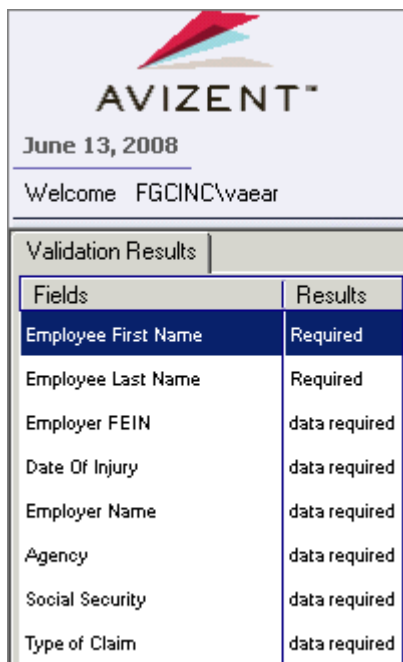
First Name	Last Name	Email

☐ Display Number Locations Select Org Show Display

Find: Next Previous ☐ Case Sensitive

Left Pane

The left pane contains the following areas.



The screenshot shows the left pane of the Avizent application. At the top is the Avizent logo. Below it, the date "June 13, 2008" is displayed. Underneath the date is a welcome message: "Welcome FGCINC\vaeear". Below this is a tabbed interface with a tab labeled "Validation Results". Under the tab is a table with two columns: "Fields" and "Results".

Fields	Results
Employee First Name	Required
Employee Last Name	Required
Employer FEIN	data required
Date Of Injury	data required
Employer Name	data required
Agency	data required
Social Security	data required
Type of Claim	data required

- **User Information**—Displays the current day's date and your application user name.
- **Validation Results**—Contains a listing of the data fields which are required for the COV EAR. This list is updated as you enter information, so that you can see at-a-glance which required fields still need to be completed.



Tip—You can also double-click on an item in the Validation Results field's list to jump to its entry field in the EAR.

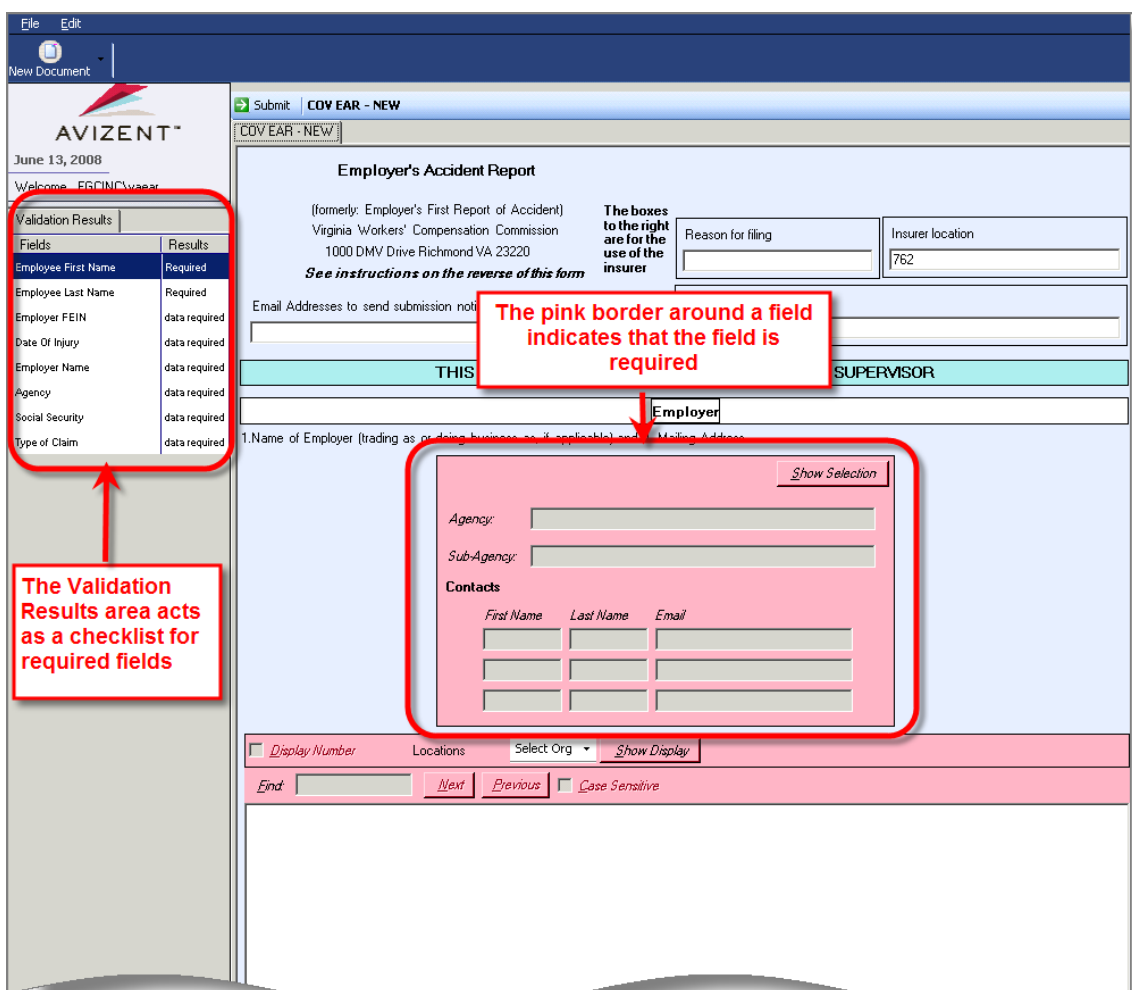
Using VISUAL Liquid Web

Your main task in VISUAL Liquid Web will be to enter EARs (Employer's Accident Report). This section provides information on this task as well as how to perform other auxiliary tasks such as printing an EAR.

Entering a New EAR

You can access the EAR entry form in one of two ways:

- From the **File** menu, select **New Document**, select **EFROI**, and then select **COV EAR**.
Result: A blank COV Employer's Accident Report displays.
- Click the **New Document** toolbar button, select **EFROI**, and then select **COV EAR**.
Result: A blank COV Employer's Accident Report displays.



AVIZENT™
June 13, 2008
Welcome, EGCINC\waeat

Validation Results

Fields	Results
Employee First Name	Required
Employee Last Name	Required
Employer FEIN	data required
Date Of Injury	data required
Employer Name	data required
Agency	data required
Social Security	data required
Type of Claim	data required

Submit **COV EAR - NEW**

COV EAR - NEW

Employer's Accident Report
(formerly: Employer's First Report of Accident)
Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220
See instructions on the reverse of this form

The boxes to the right are for the use of the insurer

Reason for filing: Insurer location: 762

Email Addresses to send submission not:

THIS **SUPERVISOR**

Employer

1. Name of Employer (trading as or doing business as, if applicable) and Mailing Address:

Contacts

First Name	Last Name	Email

Agency:
Sub-Agency:

Display Number **Locations** **Select Org** **Show Display**

End **Next** **Previous** **Case Sensitive**

REQUIRED FIELDS : Based on data processing needs, these are subject to change. Please consult with your HR Administrator to clarify which fields you are expected to complete.

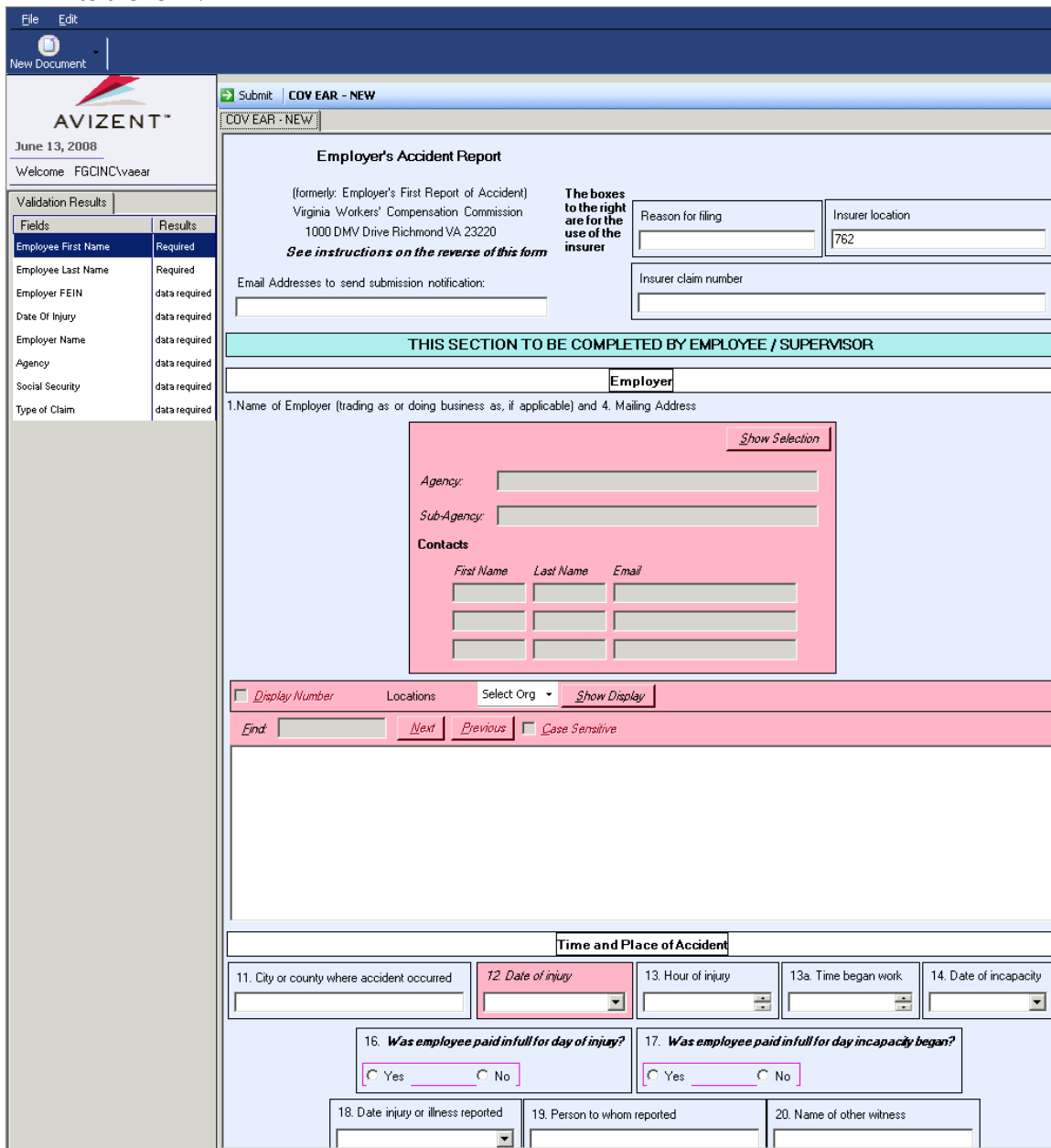
Fields listed in the Validation Results area on the left pane are system required. They must be completed to be accepted by the MCI claim administrator. Please see your HR Administrator to determine which fields you are expected to complete as a Generic or anonymous user.



Example—The following example steps you through opening a COV Employer's Accident Report form using the New Document toolbar button and entering information in all of the fields.

1. Click the **New Document** toolbar button, select **EFROI**, and then select **COV EAR**.

Result: A blank COV Employer's Accident Report displays. You can now start entering information into the form.



AVIZENT™
June 13, 2008
Welcome FGCINC\vaear

Submit: COV EAR - NEW
COV EAR - NEW

Employer's Accident Report
(formerly: Employer's First Report of Accident)
Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220
See instructions on the reverse of this form

The boxes to the right are for the use of the insurer

Reason for filing: [] Insurer location: 762 []
Insurer claim number: []

Email Addresses to send submission notification: []

THIS SECTION TO BE COMPLETED BY EMPLOYEE / SUPERVISOR

Employer: []

1. Name of Employer (trading as or doing business as, if applicable) and 4. Mailing Address

Agency: [] Sub-Agency: []

Contacts

First Name	Last Name	Email
[]	[]	[]
[]	[]	[]
[]	[]	[]

☐ Display Number Locations Select Org Show Display

End Next Previous Case Sensitive

Time and Place of Accident

11. City or county where accident occurred: [] 12. Date of injury: [] 13. Hour of injury: [] 13a. Time began work: [] 14. Date of incapacity: []

16. Was employee paid in full for day of injury? ☐ Yes ☐ No 17. Was employee paid in full for day incapacity began? ☐ Yes ☐ No

18. Date injury or illness reported: [] 19. Person to whom reported: [] 20. Name of other witness: []



Note—It is your responsibility as an Anonymous User to complete the section of the EAR titled “This section to be completed by Employee/Supervisor”

- In the **Employer** field, click on the **Show Display** button. From the drop down selection fields, select an Agency, and any applicable sub-agency.

THIS SECTION TO BE COMPLETED BY EMPLOYEE / SUPERVISOR

Employer

1. Name of Employer (trading as or doing business as, if applicable) and 4. Mailing Address

Show Display

Agencies

208 - VPI STATE UNIVERSITY

Sub-Agencies:

1 - Agriculture & Life Sciences

Result: The screen displays selected agency and sub-agency.

- Click the **Show Display** button again.

Show Selection

Agency: 208 - VPI STATE UNIVERSITY

Sub-Agency: 1 - Agriculture & Life Sciences

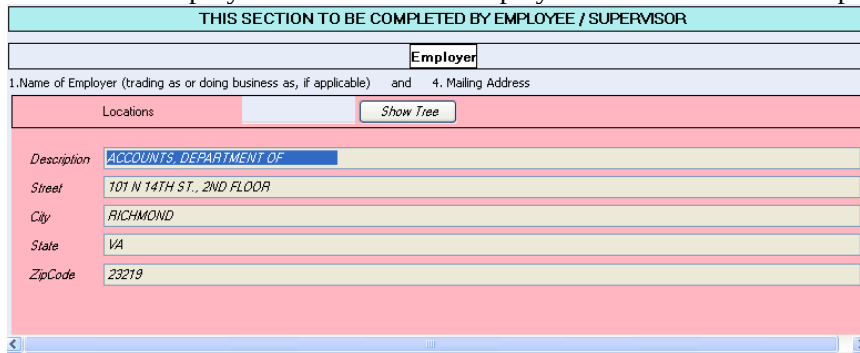
Contacts

<i>First Name</i>	<i>Last Name</i>	<i>Email</i>
V	AEar-HR1	vlwcov@avizentrisk.com
V	AEar-HR2	vlwcov@avizentrisk.com

Result: The names of applicable HR contacts defined at a selected sub-agency will display. If there are no contacts at that level, the names of the HR contacts at the Agency level will display.

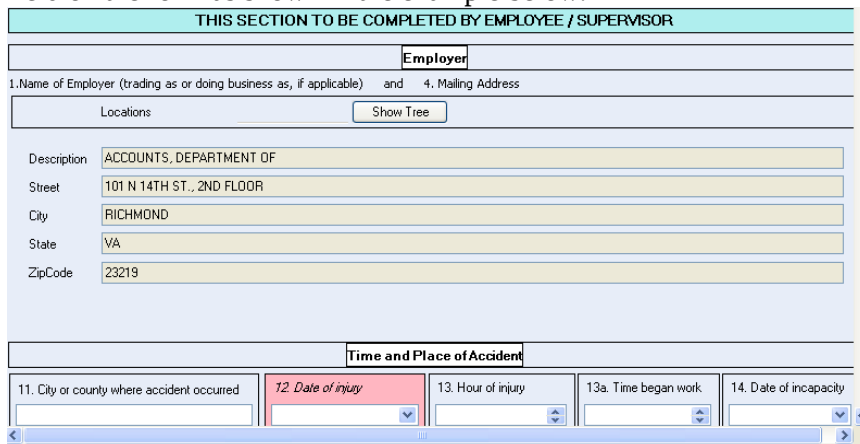
- Select the injured worker's employer from the list.

Result: The employer's information is displayed as shown in the example below.



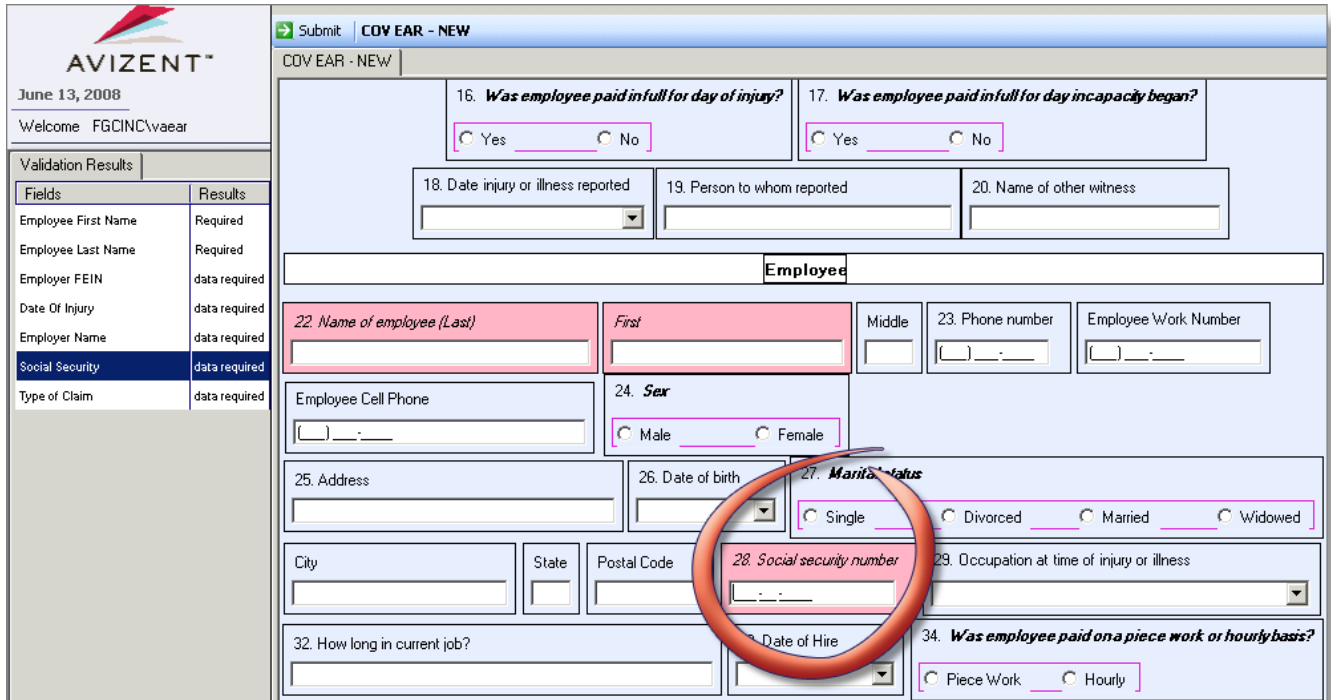
- With the employer's information displayed, press **TAB**.

Result: The employer information is entered on the form and the cursor moves to the next data entry field on the form as shown in the example below.




Note—Notice that after the injured worker's employer was entered the Employer Name field was removed from the field list in the Validation Results area. The Name of Employer area is also no longer bordered in pink.

6. In the Validation Results area, double-click on **Social Security Number**.
Result: The cursor is positioned in the Social Security Number field of the Employee Accident Report form.



AVIZENT™
 June 13, 2008
 Welcome FGCINC\vaeear

Validation Results

Fields	Results
Employee First Name	Required
Employee Last Name	Required
Employer FEIN	data required
Date Of Injury	data required
Employer Name	data required
Social Security	data required
Type of Claim	data required

COV EAR - NEW

16. Was employee paid in full for day of injury? ☐ Yes ☐ No

17. Was employee paid in full for day incapacity began? ☐ Yes ☐ No

18. Date injury or illness reported

19. Person to whom reported

20. Name of other witness

Employee

22. Name of employee (Last) First Middle

23. Phone number Employee Work Number

Employee Cell Phone

24. Sex ☐ Male ☐ Female

25. Address

26. Date of birth

27. Marital status ☐ Single ☐ Divorced ☐ Married ☐ Widowed

28. Social security number

29. Occupation at time of injury or illness

32. How long in current job?

34. Was employee paid on a piece work or hourly basis? ☐ Piece Work ☐ Hourly

7. Enter the injured worker's social security number.

8. In the Validation Results area, double-click on **Employee First Name**.

Result: The cursor is positioned in the First field.

AVIZENT™
June 13, 2008
Welcome FGCINC\vaeear

Validation Results

Fields	Results
SSN	Invalid SSN
Employee First Name	Required
Employee Last Name	Required
Employer FEIN	data required
Date Of Injury	data required
Employer Name	data required
Type of Claim	data required

COV EAR - NEW

16. Was employee paid in full for day of injury? ☐ Yes ☐ No

17. Was employee paid in full for day incapacity began? ☐ Yes ☐ No

18. Date injury or illness reported

19. Person to whom reported

20. Name of other witness

Employee

22. Name of employee (Last) First Middle

23. Phone number Employee Work Number

Employee Cell Phone

Sex ☐ Male ☐ Female



Note—Notice that after the injured worker's social security number was entered that the Social Security Number field was removed from the field list in the Validation Results area. The Social Security Number field is also no longer bordered in pink.

9. Enter the injured worker's *first name*.

10. In the Validation Results area, double-click on **Employee Last Name**.

Result: The cursor is positioned in the Name of Employee (Last) field.

AVIZENT™
June 13, 2008
Welcome FGCINC\vaeear

Validation Results

Fields	Results
SSN	Invalid SSN
Employee Last Name	Required
Employer FEIN	data required
Date Of Injury	data required
Employer Name	data required
Type of Claim	data required

COV EAR - NEW

16. Was employee paid in full for day of injury? ☐ Yes ☐ No

17. Was employee paid in full for day incapacity began? ☐ Yes ☐ No

18. Date injury or illness reported

19. Person to whom reported

20. Name of other witness

Employee

22. Name of employee (Last) First Middle

23. Phone number Employee Work Number

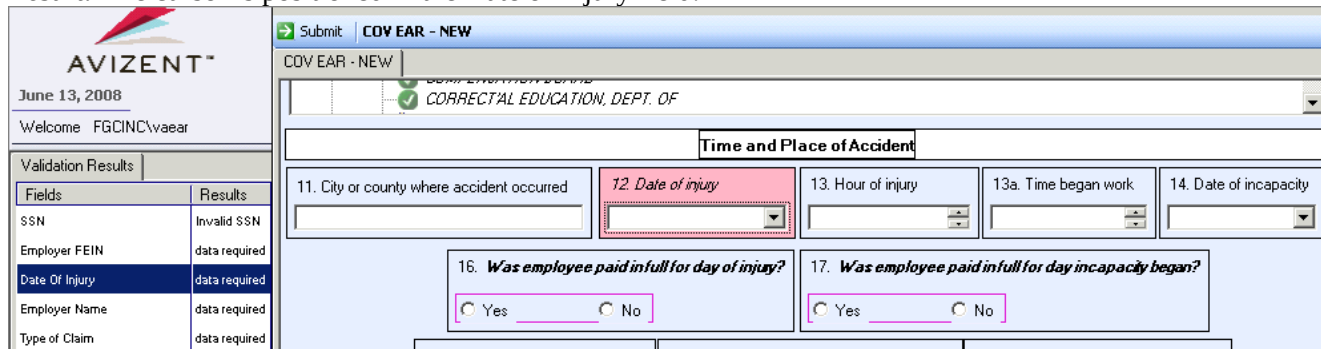
Employee Cell Phone

Sex ☐ Male ☐ Female

11. Enter the injured worker's *last name*.

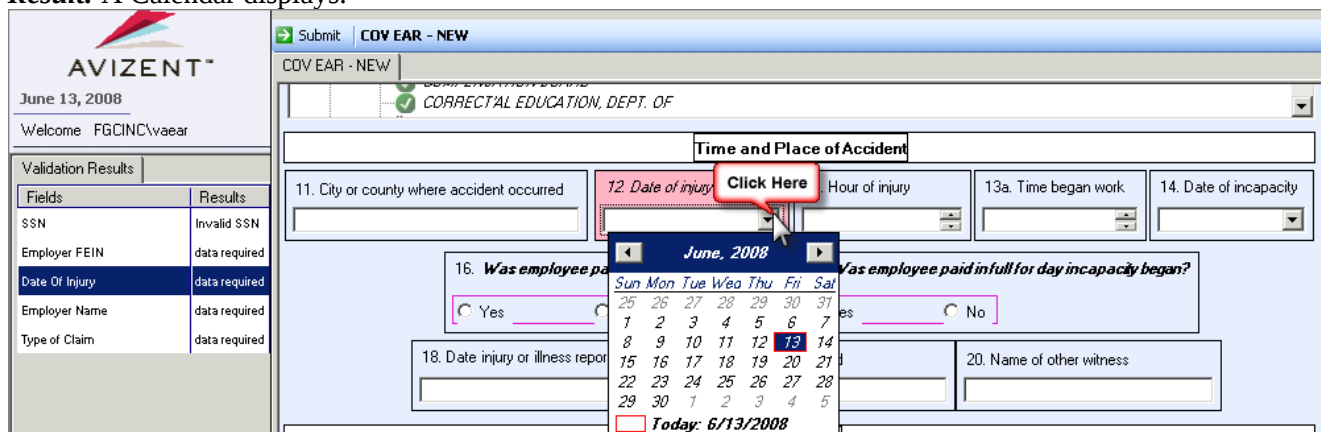
12. In the Validation Results area, double-click on **Date of Injury**.

Result: The cursor is positioned in the Date of Injury field.



13. Click the **Date of Injury** drop-down arrow.

Result: A Calendar displays.



14. Use the calendar to select the employee's date of injury.

Continue entering additional information that you have available, following the included list of **Required Fields**. You are encouraged to complete as much of the form as possible. Once the form is as complete as possible, you can submit the Employer Accident Report. See [Submitting an EAR](#) for more information.

You also have the option of requesting that a notification be emailed to you, or anyone you specify, when the claim is submitted. See [Requesting a Submission Notification Email](#) for more information.



Tip—You can move from field-to-field on the form by pressing the **TAB** key.

It is recommended that you use the “Tab” button to move through the form. Note: Tabbing to a “Yes/No” type button field will automatically select the first choice. You may change your choice, or if you want to keep it empty, press your “ENTER” button on the keyboard to unselect.

Data Entry Features

The following features are available to ease your data entry:

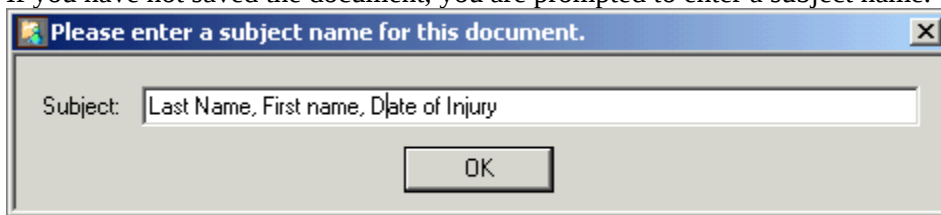
- **Required Fields**—The required fields have a pink border. They are also listed in the Validation Results area. The Validation Results area acts as a checklist for required information. As the required fields are completed, they are removed from the Validation Results area.
- **Numeric Fields**—Information that is normally displayed with formatting, such as dashes in phone numbers or social security numbers, can be entered with or without the dashes.
- **Drop-down Selections**—Enter the first character to move directly to that point in the selection list. Use Up and Down arrows to navigate further.

Submitting an EAR

Submitting an EAR “promotes,” or forwards, the document to the Named User for review. To submit an EAR, click the **Submit** button on the EFROI toolbar.

If you have previously saved the document, it is submitted to the system specified reviewer.

If you have not saved the document, you are prompted to enter a subject name.



The screenshot shows a standard Windows-style dialog box. The title bar is blue and contains the text "Please enter a subject name for this document." with a close button (X) on the right. The main area of the dialog is light gray. It contains a label "Subject:" followed by a text input field. Inside the input field, the placeholder text "Last Name, First name, Date of Injury" is visible. Below the input field is a single button labeled "OK".



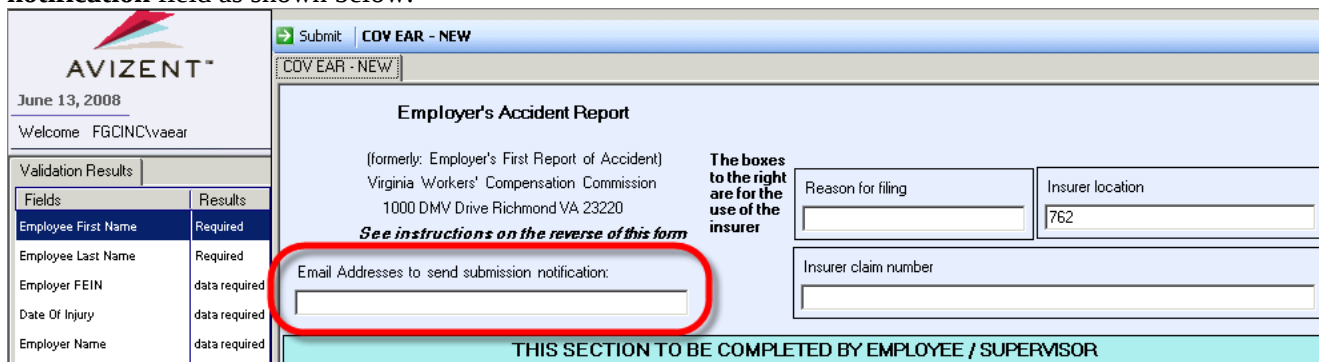
Note—It is suggested that the subject include the claimant's last name, first name and date of injury as shown above.

After you have entered a subject name and clicked OK, the document is submitted to the system specified reviewer.

Requesting a Submission Notification Email

You may request that an email notification be sent to you or someone else when the EAR that you are entering is submitted.

With the EAR open on your screen, place your cursor in the **Email Addresses to send submission notification** field as shown below:



In the **Email Addresses to send submission notification** field, enter the email address(es) of the individual(s) to receive submission notification.



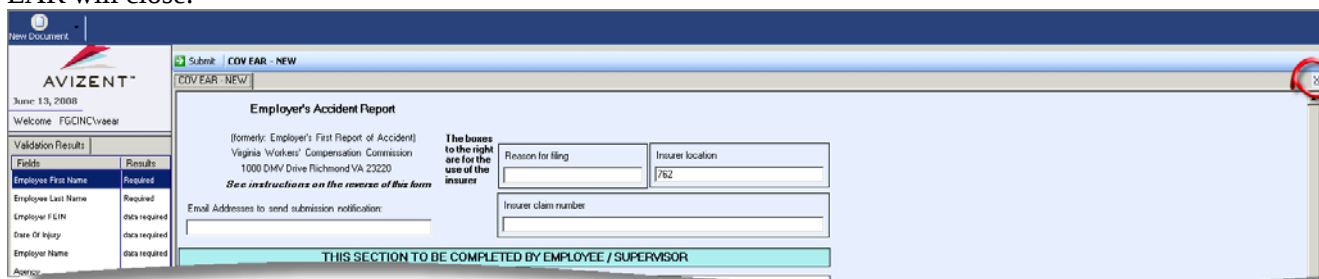
Note—To send to multiple addresses, insert a comma “,” between email addresses. Do Not Use Any Spaces Between email Addresses.

There is no limit to the number of email addressees you can enter.

The system saves this notification and will send a submission notification email to the listed addresses when the EAR is submitted to the Named User.

Closing an EAR

If you need to close an open EAR, click on the X in the upper right corner of the EFROI toolbar. The EAR will close.

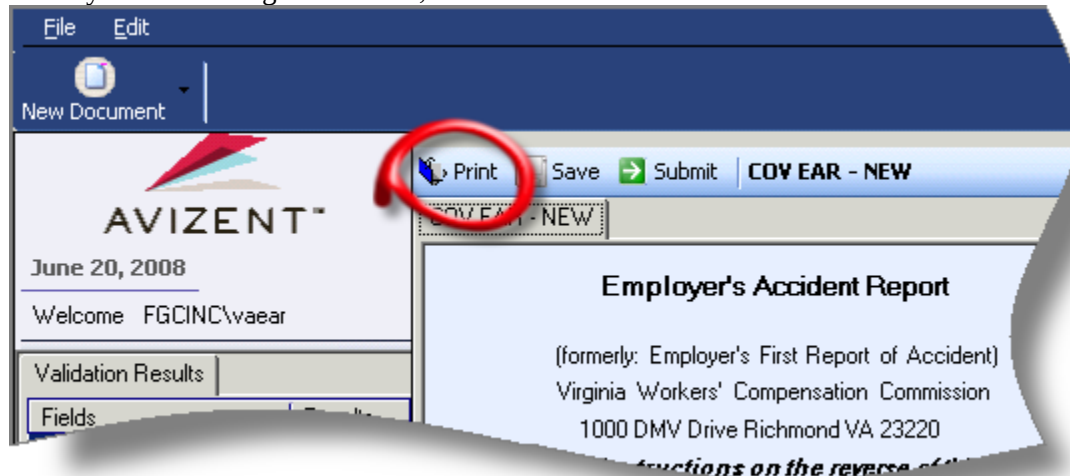



Caution—If you close a new EAR without submitting it, all of the data entered will be lost.

Printing an EAR

Printing produces an electronic copy of the EAR which can then be printed in hard copy.

When you are entering a new EAR, a **Print** button is available in the EFROI toolbar.

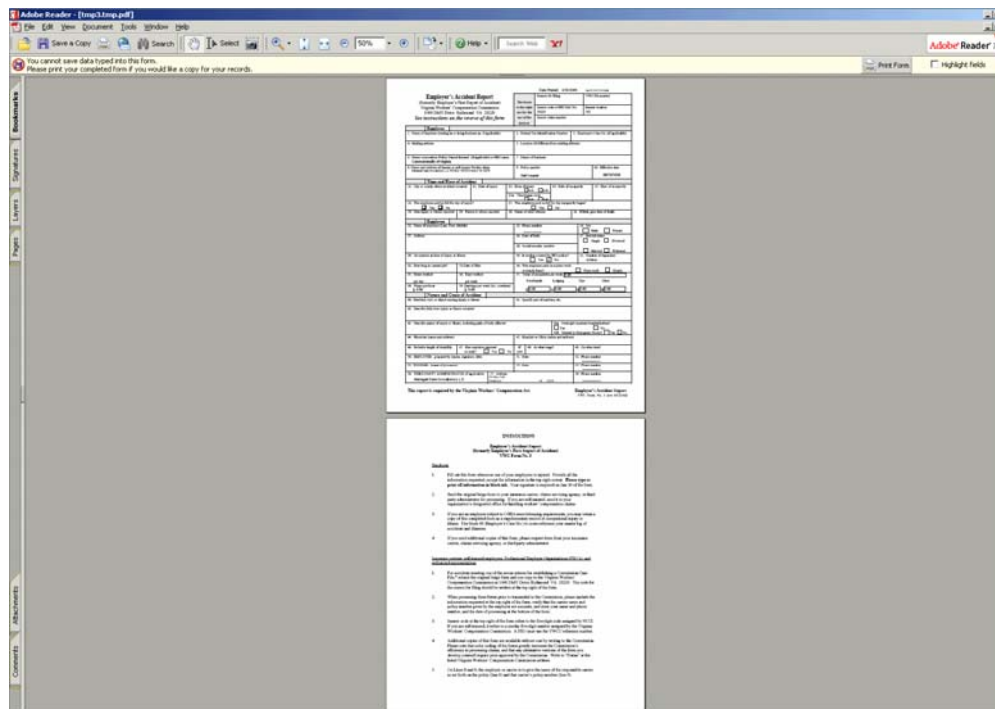


To print the EAR, follow the steps below:

1. Click the **Print** button.

Result: A PDF version of the EAR is generated. Adobe Acrobat launches and displays the PDF on your screen.

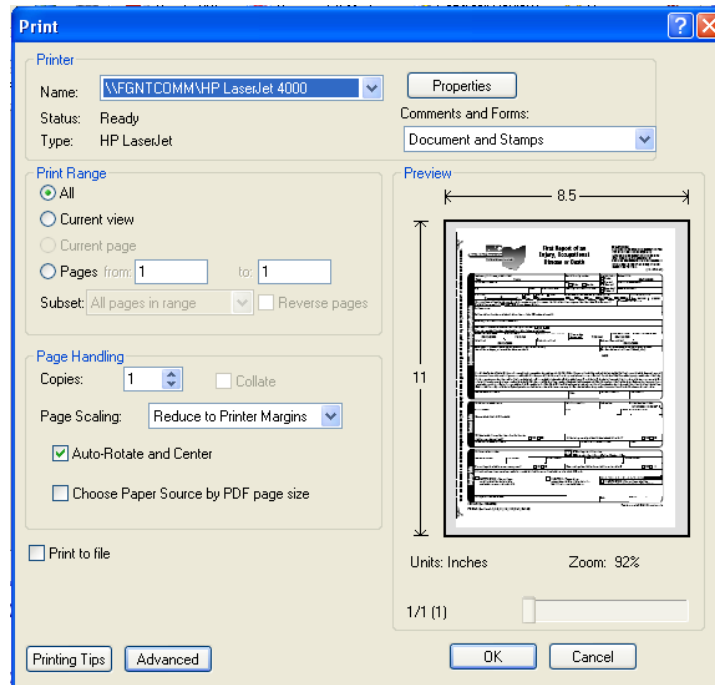
15. Click the **Print** icon the Acrobat toolbar.



Result: The Print dialog box displays.

16. Specify the desired settings and click **OK**.

Result: The EAR is printed to the specified printer.



Viewing/Updating an Open EAR

To view and/or update an open EAR, click on the desired EARs name from the open EAR tabs.

 **Tip**—You can have up to 12 forms open at one time. When you try to open the 13th form, you will receive a message stating that you have reached the maximum number of open forms.



New Document

AVIZENT™

June 13, 2008

Welcome FGCINC\vaear

Validation Results

Fields	Results
Employee First	

Submit | **COV EAR - NEW**

COV EAR - NEW COV EAR - NEW

Employer's Accident Report

(formerly: Employer's First Report of Accident)

Virginia Workers' Compensation Commission

1000 DMV Drive Richmond VA 23220

See instructions on the reverse of this form

The box to the right are for the use of the insurer

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