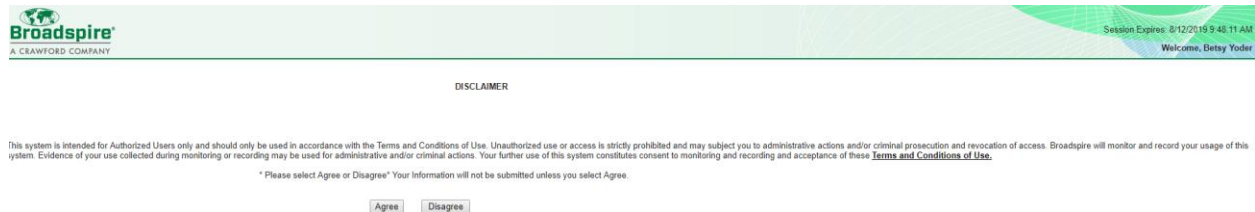


Reporting a Work-Related Injury/Illness

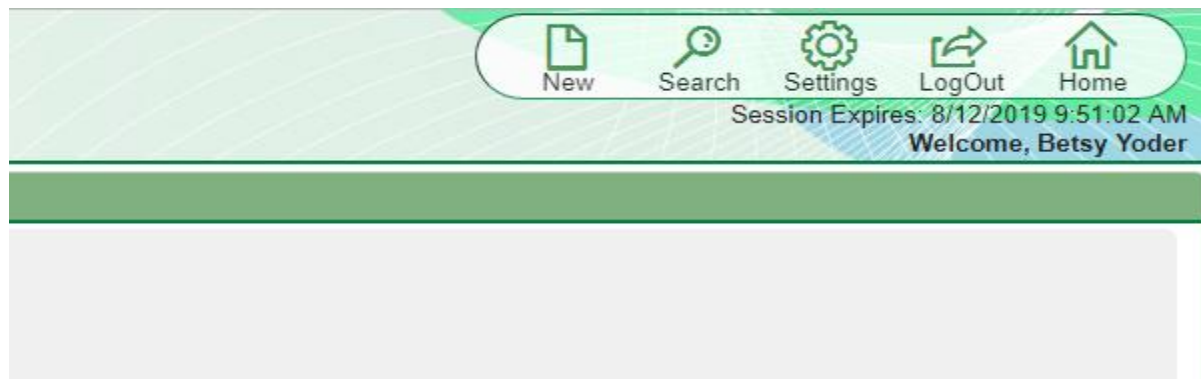
Attention – You may not report your own injury/illness. This process must be complete by your supervisor or Human Resource contact.

To access the online reporting, please visit <https://psuportal.neocaseonline.com/Default.aspx>. Under HR Tools, please select “Broadspire – Submit Workers’ Comp Injury” and it will take you to the reporting site.

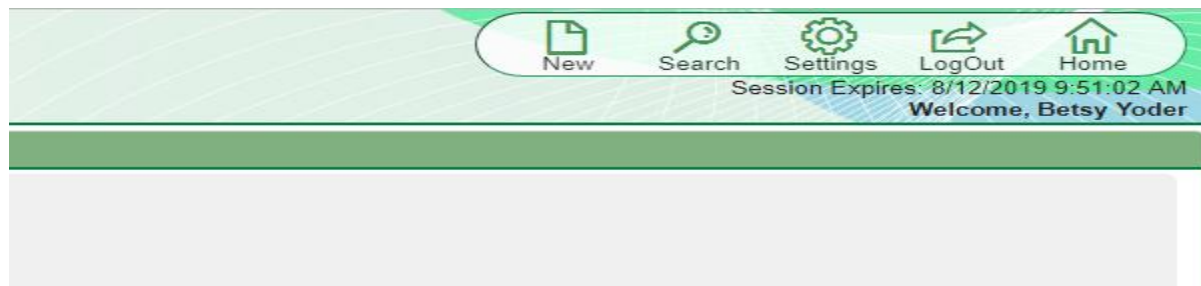
On the first screen, click “Agree” to proceed.



If this is your first time on the site, or you have not previously updated your settings, you will need to do this prior to reporting the injury. To do so, click on “Settings” in the top right corner. Once this step is done then it does not have to be entered again unless you’d have a change in your current information. Once entered, click on “Save” to continue.



To enter the claim click on “New” in the top right corner and you will begin to enter the information of the claim and injured employee’s information.



Broadspire
A CRAWFORD COMPANY

Navigation: Please review your user information. To change this information, please click 'Settings' in the menu bar.

Company: Penn State University
 Name: Betsy Yoder
 Address: The 331 Building Ste 134
 Province, Country, Zip Code: University Park PA 16802
 Work Phone: (814)865-1782 Fax: 8148636227
 Email: blr24@psu.edu

To start a new record enter the data below and click next.

Date of event : 08/12/2019 *mm/dd/yyyy
 Account : PENNSYLVANIA STATE UNIVERSITY, THE
 Script Type : Workers Comp (Employee)

Next

Please do NOT change your information that pre-populates. This information needs to remain the caller's information and the employee information will be entered after this step.

Broadspire
A CRAWFORD COMPANY

Navigation: Person Reporting The Loss
 Script: WOR Date: 08/12/2019 Claim Number: Record ID: 11147649
 Session Expires: 8/12/2019 9:56:17 AM
 Welcome, Betsy Yoder

PLEASE REMEMBER TO TAB THROUGH ALL FIELDS ON EACH SCREEN. ALL BOLDED FIELDS ARE MANDATORY AND MUST BE COMPLETED. THE BUTTON TO NAVIGATE TO THE NEXT SCREEN (NEXT) WILL APPEAR AFTER ALL MANDATORY FIELDS ARE ENTERED.

* Who is Reporting the Loss?
 I/E: CL10 *

* First Name: BETSY MI: L Last Name: YODER
 * Title: SR. SPECIALIST ABSENCE MANAGEMENT
 * Employment Country: US US * State or Province: PA PE
 * Business Phone: (814) 865-1782 Fax Number: (814) 863-6227
 * EE Residence Country: US US * State or Province: PA PE
 E-Mail Address: BLR24@PSU.EDU
 * Loc of Loss Country: US US * State or Province: PA PE
 * Benefit State: PA PE

When Performing the Account Search:

HELP PREVIOUS

Enter the State of Employment and Residence and Benefit State. Once Entered, select Account Lookup.

* Employment Country: US US ▼ * State or Province: PA PE ▼

* EE Residence Country: US US ▼ * State or Province: PA PE ▼

* Loc of Loss Country: ▼ * State or Province: ▼

* Benefit State: PA PE ▼

The caller location information will appear, if this is correct then select “Next” to proceed.

Enter the name of the person of contact for the claim, select “Next” to proceed to the employee information.

This screenshot shows the 'Contact Person' form in the Broadspire system. The left sidebar contains a navigation menu with options like 'Welcome', 'Person Reporting The Loss', 'Local Business Address', 'Contact Person', 'Employee And Employ...', 'Pennsylvania State Univ...', 'Loss Information', 'Pennsylvania State Spec...', 'Comments And Procedur...', and 'Servicing Branch Claim...'. The main form area is titled 'Contact Person' and includes fields for 'First Name' (BETSY), 'Last Name' (YODER), 'Title', 'Address', 'Address Line 2', 'Zip', 'City', 'State', 'Contact Phone', and 'E-Mail Address'. At the bottom, there are 'HELP', 'PREVIOUS', and 'NEXT' buttons. The top header shows the date as 08/12/2019 and the claim number as 189063229.

Enter the employee’s ID and Name and click “Next” to proceed.

This screenshot shows the 'Employee And Employment Information' form in the Broadspire system. The left sidebar is the same as the previous form. The main form area is titled 'Employee And Employment Information' and includes fields for 'Injured Employee Id #', 'First Name', 'Last Name', 'Country' (US), 'Address Line 1', 'Address Line 2', 'Zip/Postal Code', 'City', 'State/Province', 'County', 'Home Phone', 'Business Phone', 'Date of Birth', 'Age', 'Gender', 'Marital Status', 'Dependents', 'Regular Occupation', 'Regular Department', 'Class Code', 'Hire Date', 'Years', 'Months', 'Hire Country' (US), 'Hire State or Province', 'State Hire Date', 'Supervisors First Name', 'Last Name', 'Supervisor's Business Phone', 'Employment Status', 'Hours per Day', 'Days per Week', and 'Hours Per Week'. A red warning message is visible: 'IF THE CLASS CODE FIELD DID NOT PRE-FILL, CLICK ON THE CLASS CODE SEARCH BUTTON TO SELECT FROM THE LIST OF CODES. HIGHLIGHT THE CODE AND CLICK ON THE SELECT BUTTON.' At the bottom, there are 'HELP', 'PREVIOUS', and 'NEXT' buttons. The top header shows the date as 08/12/2019 and the claim number as 189063229.

Complete the location of injury, agent source and agent of injury; nature/type of injury, cause of injury and affected body part.

Broadspire
A CRAWFORD COMPANY

Navigation: Welcome, Person Reporting The Loss, Local Business Address, Contact Person, Employee And Employ..., Pennsylvania State Univ..., Loss Information, Pennsylvania State Spec..., Comments And Procedur..., Servicing Branch Claim

Pennsylvania State University
Script:WOR

Date: 08/12/2019 Claim Number: 189065229 Record ID: 11147649
Person Reporting: Betsy Yoder 8148651

* Actual Location of Injury
STAIRWELL OF 331 INNOVATION PARK

* Agent Source
STRUCTURES, SURFACES, OR FURNISH

* Agent of Injury
STEPS OR STAIRWAYS

* Nature/Type of Injury
SPRAIN

* Cause of Injury
FALL OR SLIP - FROM DIFFERENT LEVEL

* Body Part Affected
ANKLE - RIGHT

PREVIOUS NEXT

Click “Next” to proceed.

Enter the loss information relating to the injury/illness. Click “Next” to proceed.

Broadspire
A CRAWFORD COMPANY

Navigation: Welcome, Person Reporting The Loss, Local Business Address, Contact Person, Employee And Employ..., Pennsylvania State Univ..., Loss Information, Pennsylvania State Spec..., Comments And Procedur..., Servicing Branch Claim

Loss Information
Script:WOR

Date: 08/12/2019 Claim Number: 189065229 Record ID: 11147649
Person Reporting: Betsy Yoder 8148651

* Start Time * Loss Date * Policy Number Lookup * Time of Incident * Notification Date * Questionable Case?
08/12/201 07:15AM 08/12/201 N No

* Accident Description
EMPLOYEE FELL UP THE STEPS ON HER WAY INTO WORK

* Injury/Illness Description and Body Part
EMPLOYEE TWISTED RIGHT ANKLE AND HURT RIGHT HAND

* Body Part Side of Body
ANKLE/HAND RI R

* Work Process
WALKING FROM THE FIRST FLOOR TO THE SECOND FLOOR TO HER DESK

* Direct Cause * Other * Type of Accident * Nature of Accident * Injury * Body Part
1 SPE 4 FA 20 FA 3 SP 18 AN

* Removed via Ambulance?
U

* Claim Severity
NON NO

* Surgery * Fatality Safety Equipment Provided? Safety Equipment Utilized? * Restricted Duty?
N NC N NC U Unknown U Unknown U Unknown

* Full Pay for Day of Injury? * Lost Time? * Last Worked * Disability Start * Return to Work
N NC N NC

* Salary Continued? * Initial Treatment * Hospital Overnight * Witness?
N NC N NC N NC

HELP PREVIOUS NEXT

Enter the State specific information or click “Next” to proceed if unknown.

Broadspire
A CRAWFORD COMPANY

Navigation: Welcome, Person Reporting The Loss, Local Business Address, Contact Person, Employee And Employ..., Pennsylvania State Univ..., Loss Information, Pennsylvania State Spec..., Comments And Procedur..., Servicing Branch Claim

Pennsylvania State Specific
Script:WOR

Date: 08/12/2019 Claim Number: 189065229 Record ID: 11147649
Person Reporting: Betsy Yoder 8148651782

Objects Used

Bureau Code

HELP PREVIOUS NEXT

Enter any additional comments if needed, or leave blank. Select method of delivery as E-mail and verify your e-mail address. Click “Next” to proceed.

Broadspire
A CRAWFORD COMPANY

Navigation
Welcome
Person Reporting The Loss
Local Business Address
Contact Person
Employee And Employ...
Pennsylvania State Univ...
Loss Information
Pennsylvania State Spec...
Comments And Procedures **X**
Servicing Branch Claim

Comments And Procedures
Script:WOR Date: 08/12/2019 Claim Number: 189065229 Record ID: 11147649
Person Reporting: Betsy Yoder 8148651782

External General Remarks

* Method of Delivery? * E-Mail ID
E E- Y BLR24@PSU.EDU

HELP PREVIOUS NEXT

Notes Submit Draft Cancel
Session Expires: 8/12/2019 10:34:26 AM
Welcome, Betsy Yoder

Select “Submit” in the top right corner to submit the injury report to Broadspire. You will receive a copy of the injury report as a confirmation.

Broadspire
A CRAWFORD COMPANY

Navigation
Welcome
Person Reporting The Loss
Local Business Address
Contact Person
Employee And Employ...
Pennsylvania State Univ...
Loss Information
Pennsylvania State Spec...
Comments And Procedures
Servicing Branch Claim

Servicing Branch Claim Office And Medical Bill Office Information
Script:WOR Date: 08/12/2019 Claim Number: 189065229 Record ID: 11147649
Person Reporting: Betsy Yoder 8148651782

YOU HAVE ENTERED YOUR LOSS REPORT. SELECT THE SUBMIT BUTTON THAT CAN BE FOUND IN THE UPPER RIGHT HAND CORNER. IF YOU SELECT THE CANCEL BUTTON ALL THE DATA ENTERED WILL BE LOST.

SERVICING BRANCH CLAIM OFFICE

Name
MED-ATLANTIC SERVICE CENTER

Address Line 1
PO BOX 14341

Address Line 2

City
LEXINGTON

State
KY

Zip Code
40512

Business Phone
(800) 665-4848

Fax Number
(770) 777-6412

Branch Number
06014

Click for Manual BCO Assignment

MEDICAL BILL OFFICE INFORMATION

Name
BROADSPIRE

Address Line 1
PO BOX 14645

Address Line 2

City
LEXINGTON

State
KY

Zip Code
40512

Business Phone
(800) 800-7885

HELP PREVIOUS

Notes Submit Draft Cancel
Session Expires: 8/12/2019 10:36:08 AM
Welcome, Betsy Yoder

After the injury is reported, ensure the employee receives the Signature Packet to complete for the injury/illness and return to Absence Management once complete. The Signature Packet is located on the website at <https://hr.psu.edu/workers-compensation>. The panel listings for treatment are also located on the website for the employee’s review.

Please contact Absence Management at absence@psu.edu or 814-865-1782 with any questions/concerns.