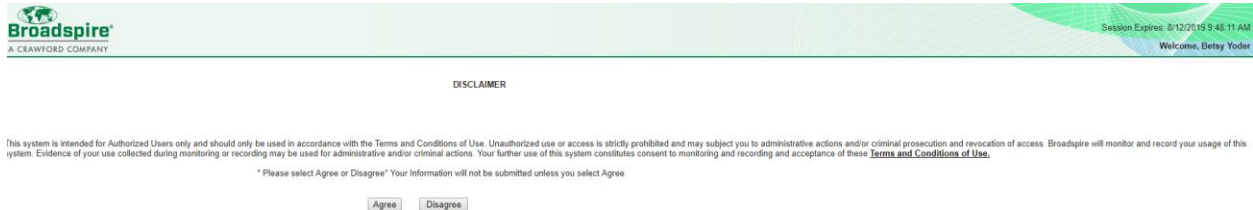


Reporting a Work-Related Injury/Illness

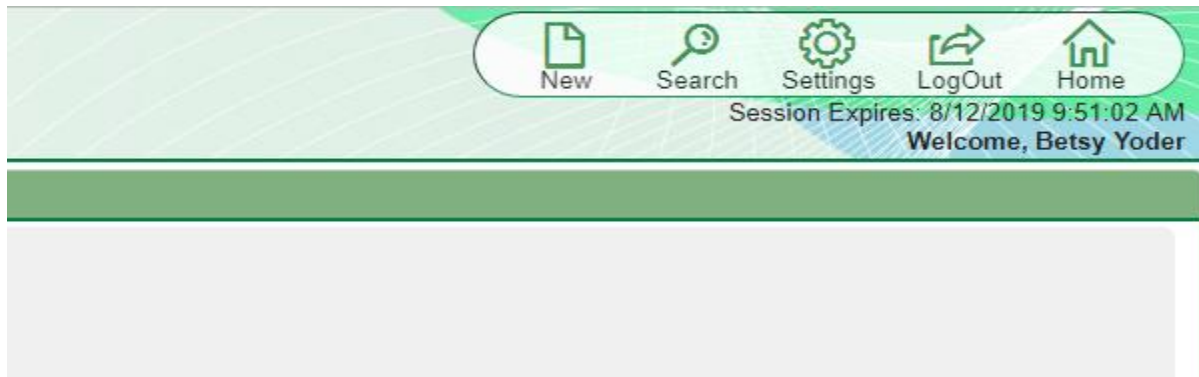
Attention – You may not report your own injury/illness. This process must be complete by your supervisor or Human Resource contact.

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.

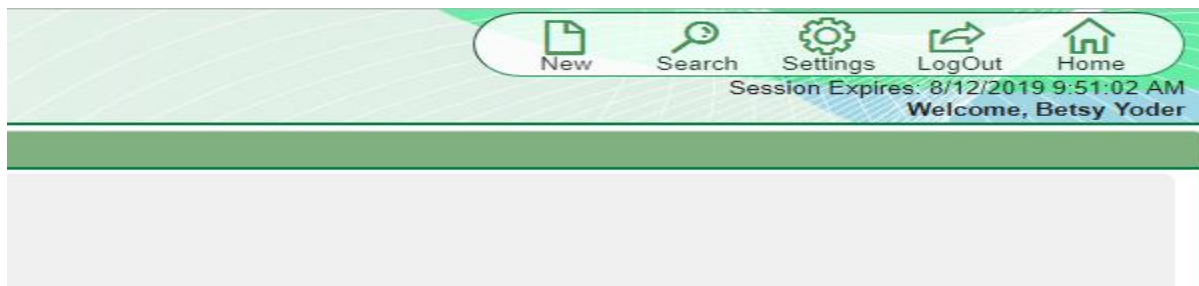
On the first screen, click “Agree” to proceed.



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.



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
 Welcome
 Person Reporting The Loss

Person Reporting The Loss Script:WOR Date: 08/12/2019 Claim Number: Record ID: 11147648
 Session Expires: 08/12/2019 6:56:17 AM
 Welcome, Betsy Yoder

PLEASE REMEMBER TO TAB THROUGH ALL FIELDS ON EACH SCREEN. ALL BOLD FIELDS ARE MANDATORY AND MUST BE COMPLETED. THE [NEXT] TO NAVIGATE TO THE NEXT SCREEN [NEXT] WILL APPEAR AFTER ALL MANDATORY FIELDS ARE ENTERED.

* Who is Reporting the Loss?
 (I/E: CL101 *)

* First Name MI Last Name
 BETSY L YODER

* Title
 SR, SPECIALIST ABSENCE MANAGEMENT

* Business Phone Fax Number
 (814) 865-1782 (814) 863-6227

E-Mail Address
 BLR24@PSU.EDU

* Employment Country * State or Province
 US US

* EE Residence Country * State or Province
 US US

* Loc of Loss Country * State or Province
 US US

* Benefit State

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.

The screenshot shows the 'Contact Person' form in the Broadspire system. The form is titled 'Contact Person' and includes the following fields: First Name (with a dropdown for 'BETSY'), MI, Last Name (with 'YODER' entered), Title, Address, Address Line 2, Zip, City, State (dropdown), Contact Phone, and E-Mail Address. At the bottom of the form are three buttons: 'HELP', 'PREVIOUS', and 'NEXT'. The 'NEXT' button is highlighted in green. The top navigation bar shows 'Date: 08/12/2019' and 'Claim Number: 189063229'. 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 top right corner shows 'Record ID: 11147649' and 'Person Reporting: Betsy Yoder 814865'.

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

The screenshot shows the 'Employee And Employment Information' form in the Broadspire system. The form is titled 'Employee And Employment Information' and includes the following fields: Injured Employee Id #, First Name (with a dropdown for 'BETSY'), MI, Last Name (with 'YODER' entered), Country (with 'us-us' selected), Address Line 1, Address Line 2, Zip/Postal Code, City, State/Province (dropdown), County, Home Phone, Business Phone, Date of Birth, Age, Gender, Marital Status, Dependents, Regular Occupation, Regular Department, Class Code (with a dropdown for 'us-us'), Hire Date, Years, Months, Hire Country (with 'us-us' selected), Hire State or Province, State Hire Date, Supervisors First Name, MI, Last Name, Supervisor's Business Phone, Employment Status, Hours per Day, Days per Week, and Hours Per Week. At the bottom of the form are three buttons: 'HELP', 'PREVIOUS', and 'NEXT'. The 'NEXT' button is highlighted in green. The top navigation bar shows 'Date: 08/12/2019' and 'Claim Number: 189063229'. 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 top right corner shows 'Record ID: 11147649' and 'Person Reporting: Betsy Yoder 8148651782'.

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

* Actual Location of Injury
 STAIRWELL OF 331 INNOVATION PARK

* Agent Source
 STRUCTURES, SURFACES, OR FURNISE

* 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.

Start Time * Loss Date * Policy Number Lookup * Time of Incident * Notification Date * Questionable Case?

* 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

* Removed via Ambulance? * Claim Severity

* Surgery * Fatality Safety Equipment Provided? Safety Equipment Utilized? * Restricted Duty?

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

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

HELP PREVIOUS NEXT

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

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.

The screenshot shows the Broadspire web application interface. The top header includes the Broadspire logo and session details: "Session Expires: 8/12/2019 10:34:29 AM" and "Welcome, Betsy Yoder". The main content area is titled "Comments And Procedures" and includes a "Script: WOR" and "Date: 08/12/2019". A text input field for "External General Remarks" is present. Below it, there is a "Method of Delivery?" section with a radio button for "E-Mail" and an "E-Mail ID" field containing "BLR24@PSU.EDU". At the bottom of the form, there are three buttons: "HELP", "PREVIOUS", and "NEXT".

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.

The screenshot shows the Broadspire web application interface for "Servicing Branch Claim Office And Medical Bill Office Information". The top header includes the Broadspire logo and session details: "Session Expires: 8/12/2019 10:36:08 AM" and "Welcome, Betsy Yoder". The main content area is titled "Servicing Branch Claim Office And Medical Bill Office Information" and includes a "Script: WOR" and "Date: 08/12/2019". The page is divided into two sections: "SERVICING BRANCH CLAIM OFFICE" and "MEDICAL BILL OFFICE INFORMATION". Both sections contain various input fields for name, address, city, state, zip code, and phone numbers. A "Submit" button is highlighted in yellow in the top right corner.

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.