



Gallagher Bassett Services, Inc.

Workers' Compensation On-line First Reports Montgomery County Self Insurance Program (003104)

To Access the First Reports site:

- Log on to www.mcsip.org and select the link for Web Reporting. You will be connected to ClaimZone. You will need to enter your user ID and Password.

Or

- Log on to www.claimzone.com/reporter and enter your user ID and Password.

*** The username and password are case sensitive.

This will bring you to the ClaimZone Reporter Home Page/Initial Screen.

General Information Regarding the Application:

- If you enter text as all lower case or upper case or a combination, the text will appear on the state form in that format.
- The user does have the option of saving reports. Any saved report can be retrieved, edited if applicable, and submitted.

The application follows the Maryland Employer's First Report of Injury/Illness form. Select Maryland on the Preliminary/Detailed Questions screen.

Required fields:

- Date of Loss
- Reporting Location
- Benefit State
- Questionnaire (State Form)
- Language
- Social Security Number
- Employee (claimant) Last Name
- Contact Name
- Contact Phone

*** If any required information is omitted, i.e., claimant name, a **RED** dialogue box will pop up informing you that you cannot continue until the required information is entered.



To Enter a Claim:

- On the Home Page, you will be prompted to enter the Date of Loss. You can either use the calendar or enter the date.
- Enter the Date of Loss then click New Claim.

Start New Claim

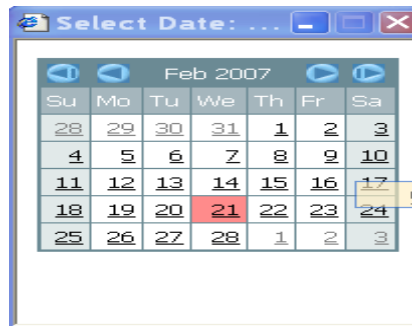
Date of Loss: 07/02/2007 

Type of Claim: Worker's Comp

New Claim

Calendar Icon

You can click on the calendar icon and a calendar will appear. You can then select the date. This will populate the Date of Loss. The calendar icon is available at every date entry.



- Proceed through the following screens to complete the loss:
 - Preliminary/Detailed Questions
 - Employer
 - Carrier
 - Employee
 - Occurrence
 - Treatment
 - Additional Info
 - Gallagher Bassett Addendum
 - Custom Question

Preliminary/Detailed Questions

The location code is to be chosen as follows: If you have an employee that gets detailed for the day/week/month from his “home station” and gets injured in that detailed location, we use the location where the injury occurred - **the location that was providing direction and control to the employee.**

There are several ways to search for a reporting location. Either click on the treeview, the link (lookup), or refer to your location code listing at www.mcsip.org.

Preliminary Questions

Date of Loss* 07/02/2007

Reporting Location*

Lookup

Treeview

The treeview

Organizational Structure

TREEVIEW | SEARCH | CLOSE

Q + MONTGOMERY COUNTY GOVERNMENT &

When you click on the treeview you can expand the locations by clicking on the + until you locate the location. Please make sure you go to the bottom level of the listing for your location. You will know you are at the bottom level when the + (Expand) is no longer available and there are no longer any letters in the location code. You can select the magnifying glass to display the location address.

Organizational Structure

TREEVIEW | SEARCH | CLOSE

Q - (CLIENTCRD) MONTGOMERY COUNTY SELF

Q - (MCG&FRS) MONTGOMERY COUNTY GOVERNMENT &

Q - (MCG03) MONTGOMERY COUNTY GOVERNMENT

Q - (DEP04) DEPT. OF ENVIRONMENTAL PROTECTI

Link (lookup) → Q + (1711) DEP- DIRECTORS OFFICE

Q + (1720) DEP-WATERSHED MANAGEMENT MC GOV

To select the location click on the link (lookup) and it will populate the Reporting Location.

The link (lookup)

There are two ways to search by the link (lookup): enter a location name under Description then click Search.

Or if you know your Reporting Location, enter the location number under Reference Number then click Search.

Organization Search

TREEVIEW | SEARCH | CLOSE

Description: Natural Key: ReferenceNumber:
City: State: Zip: Phone Number:
 Reporting Locations Only

Select	Description ↑ Address	ReferenceNumber City	Phone Number State Zip
	ASPEN HILL LIBRARY 4407 ASPEN HILL ROAD	1632 ROCKVILLE	MD, US 20853

Result Page: (1 of 1)
<< 1 >>

Organization Search

TREEVIEW | SEARCH | CLOSE

Description: Natural Key: ReferenceNumber:
City: State: Zip: Phone Number:
 Reporting Locations Only

Select	Description ↑ Address	ReferenceNumber City	Phone Number State Zip
	ASPEN HILL LIBRARY 4407 ASPEN HILL ROAD	1632 ROCKVILLE	MD, US 20853

To select a location click on the link (lookup) and it will populate the Reporting Location.

- Most of the information required for the Preliminary Questions will pre fill once the Reporting Location is selected.
- Select the Employer from the dropdown. This should default to the Level 3 location.
- Enter the Social Security Number. There is no need to input a dash. This field will auto format.

Preliminary Questions

Date of Loss* 07/02/2007

Reporting Location* OCCUPATIONAL MEDICAL SERVICES S

Detailed Questions

Insured (CLIENTRCRD) MONTGOMERY COUNTY SELF

Employer (MCG03) MONTGOMERY COUNTY GOVERNMENT

Benefit State* Maryland

Policy Self Insured

Questionnaire* Maryland

Social Security Number* 222-22-2222

New Cancel

Employer and Carrier

- Both the Employer and Carrier screens will auto default. However, you do have the option to manually enter any necessary information.

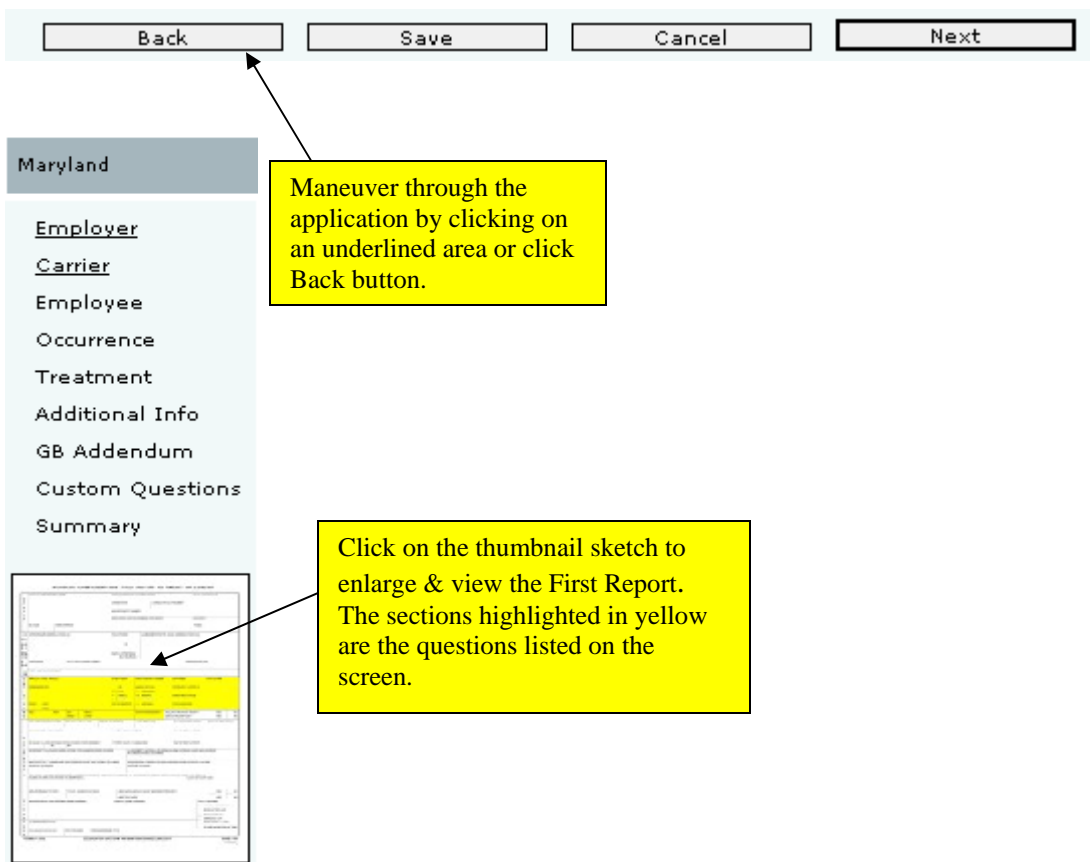
*** Any information entered in a field with an asterisk will automatically be filled in that field throughout the form.

Extra Features

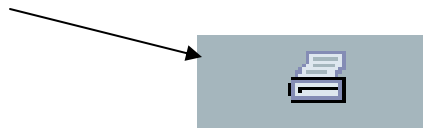
At anytime throughout the application you can click on the thumbnail to view the First Report of Injury. It will instantly appear on the screen. The section highlighted in yellow is the section being completed at that time.

To maneuver throughout the application you can click on the underlined section or click on the 'Back' button. To move through the screen, use the Tab key.

You can always click on Save to save all data that has been entered and retrieve it later using the Search Criteria section on the Home Page. **Clicking on the Save button will not submit the First Report – it will only place the report in a saved or pending status.**



You can click on the printer icon located in the top right hand corner of each screen to print or view a copy of the First Report of Injury.



Employee

- Enter pertinent information in regards to the employee.
- The telephone number will automatically format. No need to enter a dash or parentheses.
- Wage information should be entered without a dollar or cent sign but with decimals as necessary. For example, an hourly wage rate could be entered as 15.00. An annual salary should be entered without commas. For example, if an employee has an annual salary of \$45,000, enter the amount as 45000.

Employer	Back	Save	Cancel	Next
Carrier				
Employee	Employee			
Occurrence	First Name	Mister		
Treatment	Middle Name			
Additional Info	Last Name*	Test		
GB Addendum	Date of Birth	02/15/1965		
Custom Questions	Social Security Number	222-22-2222		
Custom Questions	Date Hired	09/01/1999		
Summary	State of Hire	Maryland		
	Address Line 1	1 Test Lane		
	Address Line 2			
	City	Testville		
	State	Maryland		
	Zip Code	99999		
	Home Telephone (Include Area Code)	(714) 568-9865		
	Sex	Male		
	# of Dependents	3		
	Marital Status	Married		
	Occupation/Job Title	Worker		
	Employment Status	Full-Time		
	NCCI Class Code			
	Wage Rate	12.00		
	Rate (Per)	Hourly		
	# Days Worked/Week	5		
	Back	Save	Cancel	Next

Last Name is REQUIRED.

Occurrence

- Enter information pertaining to the incident.
- The Accident Address will default automatically, however it should be overwritten if the accident did not occur on the employer's premises.
- Time must be entered in the format as indicated below.

6. Time of Accident

06:00am

- With regard to the Specific Activity the Employee Was Engaged In When the Accident or Illness Exposure Occurred, this field has **LIMITED** space on the First Report of Injury. Please provide a few words **maximum** to this field. You can elaborate the accident information in the field How Injury or Illness Occurred.

Specific Activity the Employee Was Engaged In When Accident or Illness Exposure Occurred.	Training
Work Process Engaged in When Accident or Illness Exposure Occurred.	TRAINING
How Injury or Illness/Abnormal Health Condition Occurred.	Employee states: While Completing training, he slipped on water, that was on the floor. He fell striking his knee on a table, causing
Cause of Injury Code	Fall, Slip, or Trip - Misc.
Date Return(ed) to Work	06/21/2008

- Enter How Injury Occurred in the field as indicated below. **This is based on the injured workers description of the loss.**

How Injury or Illness/Abnormal Health Condition Occurred.	Employee states:
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Treatment

- Enter the Physician/Healthcare Provider or Away from Worksite Treatment.
- There is also the opportunity to use 'Unknown' or select 'Yes' or 'No' from the dropdown.

Additional Info

- Enter **all** contact, witness, and preparer names and phone numbers in this section.

<input type="button" value="Back"/>		<input type="button" value="Save"/>	<input type="button" value="Cancel"/>	<input type="button" value="Next"/>
Additional Info				
Carrier/Administrator Claim Number	<input type="text" value="N/A"/>			
Report Purpose Code	<input type="text" value=""/>			
Jurisdiction Claim Number	<input type="text" value="N/A"/>			
Contact First Name	<input type="text"/>			
Contact Middle Name	<input type="text"/>			
Contact Last Name	<input type="text"/>			
Phone Number	<input type="text"/>			
Extension	<input type="text"/>			
Witness First Name	<input type="text"/>			
Witness Middle Name	<input type="text"/>			
Witness Last Name	<input type="text"/>			
Phone	<input type="text"/>			
Extension	<input type="text"/>			
Date Prepared	<input type="text" value=""/>			
Preparer's First Name	<input type="text"/>			
Preparer's Middle Name	<input type="text"/>			
Preparer's Last Name	<input type="text"/>			
Title	<input type="text"/>			
Phone Number	<input type="text"/>			
Extension	<input type="text"/>			
<input type="button" value="Back"/>		<input type="button" value="Save"/>	<input type="button" value="Cancel"/>	<input type="button" value="Next"/>

Gallagher Bassett Addendum

- You can enter a note for the Adjuster up to 255 characters. This will not be part of the First Report; however it will remain part of the Gallagher Bassett file. In this section, it is recommended that you add additional phone numbers, email addresses, or reminders to the adjuster to contact an individual at a certain time to discuss other issues on the claim.

Gallagher Bassett Addendum	
Preparer's Comments	Can add comment for Adjuster up to 255 characters. Not part of First Report but will stay part of the file.
Date Employer Notified	07/02/2007
Contact First Name*	Contact Person
Contact Middle Name	
Contact Last Name*	Contact Person
Contact Phone*	(555) 555-5555
Contact Phone Extension	
Date employee was hired	09/01/1999
Employee home phone	(714) 568-9865
Employee work phone	

Custom Questions

***Must answer the Custom Questions.

Custom Questions	
Does the employee belong to a union?*	Yes
If Yes, provide the name of the union	Fraternal Order of Police, Montgomery County Lodge 35 (FOP)
Is employee opting to treat with the network physician and within the managed care program?*	Yes

Summary

- From the Summary screen you will have the ability to review and/or edit the previous screens prior to submitting the loss.
- View/Print the First Report of Injury (Adobe Acrobat must be installed on your PC to view and print).
- Submit

Save	Finish
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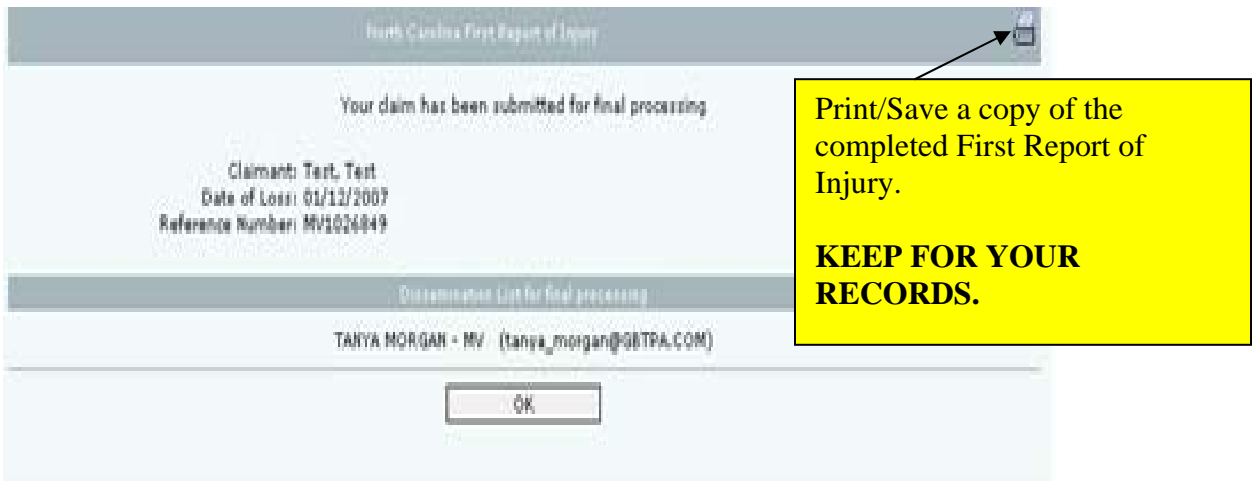
Click **FINISH** to submit and receive a Loss Number.

**** Click **FINISH** to submit to receive a Confirmation of Submission which includes a Loss Reference Number.

***Save will NOT SUBMIT the First Report of Injury. You must click **FINISH** to submit the First Report.

Confirmation of Submission

- Once the loss is completed and submitted, a screen will display that confirms successful submission stating, “Your claim has been submitted for final processing, Claimant, Date of Loss, and Reference Number (Loss Number).”
- The loss will be transmitted to Gallagher Bassett via an electronic interface and disseminated to the Rockville, Maryland Gallagher Bassett claims handling branch.











Search Criteria:

The application allows users to search for any report entered under their user ID that is in a pending or finished status (cannot access any reports that have been deleted by the user). After pending/saving or finishing a first report, the report will be available to search on in approximately one minute or less. To use the search criteria option, follow these steps:

- Access pending or finished claims using the ‘Search Criteria’ screen on the Home Page (initial screen in application).
- Enter Search Criteria such as Name, SSN, Reference Number (Loss number), Date of Loss or Date Entered.
- Click the Search button.
- The report or reports matching the criteria will appear at the bottom of the screen.

Explanation of the Search feature headings and icons:

<div style="text-align: center;"> <input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Export"/> </div>				
Modify	<u>Claimant</u> <u>LOB</u> <u>Date of Loss</u>	<u>SSN</u> <u>Questionnaire</u> <u>Date Entered</u>	<u>Reference Number</u> <u>Business Unit</u> <u>Location</u>	<u>Status</u> <u>Benefit State</u> <u>Show OSHA Only</u>
1 Record Found				
   	Test, Mister Worker's Comp 06/01/2008	555-55-5555 Maryland 06/13/2008	(1890) BEHAVIORAL HEALTH AND CRISIS SE BEHAVIORAL HEALTH AND CRISIS SE	Pending MD <input type="checkbox"/>
<< 1 >>				

- Column 1: Modify: Under this column there are 4 icons:
 -  = EDIT (Click to access report)
 -  = EDIT PROPERTIES (Change the location code or state form/benefit state)
 -  = DELETE (Delete the report)
 -  = PRINT (Print copy of the state first report of injury)
- Column 2:
 - Claimant = Employee
 - LOB = Line of Business (Montgomery County will have a LOB of Workers' Compensation or OSHA)
 - Date of Loss = Date of Injury
- Column 3:
 - SSN = Social Security Number of Employee
 - Questionnaire = Employer State First Report of Injury Form
 - Date Entered = Date user first began entering a new first report
- Column 4:
 - Reference Number = Loss Reference Number (report number)
 - Business Unit = Location Code
 - Location = Name of employer location
- Column 5:
 - Status = Pending or Finished
 - Benefit State = Filing State
 - Show OSHA Only = Click to view OSHA records in the search section only

Saved Reports:

- To save a report and complete it later, click Save at the bottom of the screen.
- Access saved claims using the 'Search Criteria' screen on the Home Page (initial screen in application).
- Enter Search Criteria either by Name, SSN, Reference Number (Loss number), Date of Loss or Date Entered.
- Click on the pencil icon (edit) to access the active report, complete and finish.
- You can also print a copy of the completed First Report if it is in Finished status.

Technical Assistance:

Gallagher Bassett Services, Inc.:

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