



LOS ANGELES UNIFIED SCHOOL DISTRICT

POLICY BULLETIN

TITLE: Workers' Compensation Claims Reporting

NUMBER: Ref-1279.1

ISSUER: Enrique G. Boull't, Chief Operating Officer
Office of the Chief Operating Officer

DATE: November 11, 2013

ROUTING

All Employees

All Locations

PURPOSE: The purpose of this Reference Guide is to provide guidance and procedures when an employee reports a work related injury/illness.

MAJOR CHANGES: This Reference Guide replaces REF-1279, dated September 3, 2004. The content has been revised to reflect changes to procedures, contacts and forms.

INSTRUCTIONS: All required forms can be found in the attachments or at <http://disabilitymanagement.lausd.net>

OVERVIEW:

Workers' Compensation is a state-mandated benefit for employees with work related injuries/illnesses. The Los Angeles Unified School District is self-insured for these benefits. Self-insurance means that the District, not an insurance company, pays the costs of the workers' compensation claims. The District has contracted with Sedgwick, a third party administrator (TPA), for management of workers' compensation claims.

Workers' compensation benefits include medical treatment, temporary disability benefits (percentage of salary) if the employee is unable to work during recovery, and permanent disability benefits if the injury results in permanent impairment.

The California Education Code provides eligible employees up to 60 days of continued salary in lieu of temporary disability benefits. If an employee remains temporarily disabled after 60 days of salary continuation, then the employee will receive the temporary disability benefits, supplemented by their accrued illness/vacation pay.

The District has a state-approved Medical Provider Network (MPN). This is a network of physicians that provide medical care for workers' compensation injuries/illnesses. In most cases, an injured employee must receive medical



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care from a physician within the MPN.

ADMINISTRATOR/DESIGNEE RESPONSIBILITIES:

1. Assist the employee in obtaining medical care.

Emergency medical situations: If emergency medical care is required, immediately call 911.

Non-emergency medical situations:

- a) The District has a state-approved Medical Provider Network (MPN). All non-emergency medical care must be obtained from a provider in the MPN. An exception is allowable if the employee pre-designated their personal physician prior to the injury (see section on predesignation).
- b) The MPN Referral Panel is a partial list of first-care providers within the District's geographical area. In order to expedite treatment, any medical provider from this list can be recommended to the injured employee.

The referral panel is available at
<http://disabilitymanagement.lausd.net>

The full MPN list can be accessed as follows:

Go to www.coventrywcs.com

Select Client Log In and Tools

Select FOCUS/Coventry Login (GeoAccess Channeling Tools)

Enter client ID "Sedgwickkaisercampn"

- c) Print and sign a *Medical Authorization* form (Attachment A) and give the signed form to the employee. By signing this form, you are only authorizing the first visit. Subsequent medical care must be authorized by Sedgwick, the TPA.
- d) Print and sign the *Temporary Pharmacy Card* (Attachment B) and provide the card to the employee. The temporary pharmacy card, when presented to a participating pharmacy with a valid prescription, will allow the employee to receive the first fill of medication prescribed for a work related injury/illness. Sedgwick will mail to the employee a pharmacy card for subsequent prescriptions.



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2. Provide the employee with the *Workers' Compensation Claim Form (State of California, DWC1)*

Providing the *claim form* (Attachment C) to the employee within 24 hours' notice of a work related injury/illness is a state requirement.

- a) The employee must complete the top section of the form and return the form to the work location
- b) The work location then must:
 1. Complete the lower section of the claim form
 2. Forward the original form to Sedgwick, at
P.O. Box 14623
Lexington, KY 40512-4623
 3. Provide a copy to the injured employee
 4. Retain a copy of the form

If the employee is not available when notice of injury/illness is received, the claim form should be mailed to the employee's address of record within 24 hours and a copy kept in the employee's personnel file with the date mailed. The claim form does not have to be mailed certified mail or return receipt.

3. Investigate the injury.

Investigate the injury, as soon as possible and complete the Injury/Incident Investigation Report. The Injury/Incident Investigation Report is part of the ISTAR reporting system.

4. Report the Injury/Illness to the District's TPA

It is not necessary to report incidents only requiring first aid.

If the injury/illness results in lost time from work and/or medical treatment, the injury must be reported to Sedgwick. It is important that injuries/illnesses are reported promptly in order to comply with state requirements.

- a) The *Workers' Compensation Injury Report Worksheet* (Attachment D) lists the information required when reporting a claim to Sedgwick. Completion of the worksheet prior to calling in the claim is not mandatory, but is recommended to ensure that the required information is available when the claim is reported.
- b) Call the Sedgwick National Intake Center at (800) 528-7392 (toll free). Your call will be answered by a live operator who will request the information on the *Injury Report Worksheet*. At the conclusion of the call, the Intake Operator will provide a claim number for the injury. The claim number should be recorded on the worksheet for future reference.



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EMPLOYEE RESPONSIBILITIES:

1. Immediately report all work related injuries/illnesses to a supervisor/manager.
2. Comply with all District absence policies such as submitting Requests for Leave of Absence if absence extends beyond 20 days and notifying the work location of an absence.
3. Complete *Salary Continuation Benefit Verification Form* (Attachment E), if applicable.
 - a) Temporary disability benefits are not paid for the first three days of lost time or for partial days off due to doctor's appointments. The District will, however, pay this time as workers' compensation for up to 60 days as provided in the Education Code if the *Salary Continuation Benefit Verification Form* is received by Payroll Services. This form is available on the Workers' Compensation Department's website and is also sent to the injured employee by Sedgwick with their initial packet.
 - b) The *Salary Continuation Benefit Verification Form* must be signed by the employee and the physician or therapist and then sent to Sedgwick at P.O. Box 14623, Lexington, KY 40512. The Sedgwick claims adjuster will authorize the time off if appropriate by signing the form and forwarding it to the Payroll Department. A copy of the form should also be provided to the worksite.

PREDESIGNATION:

Prior to an injury, an employee may pre-designate a personal physician to provide treatment for industrial injuries. An employee will be allowed to receive medical treatment outside of the District's MPN if a completed form is on file prior to an injury.

The completed *Pre-designation of Physician Form* (Attachment F) should be maintained at the work location for reference at the time of injury. In the event of a transfer, the employee must provide a copy of the form to the new work location.

TIME REPORTER RESPONSIBILITIES: – Work Related (industrial) injury/illness leave

1. Report the entire day of injury as regular time.
2. When an employee is absent from work because of a work related injury or illness, any time lost after the day the injury occurred should



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be reported as “FWC” for workers’ compensation if the absence has also been designated as FMLA. The “FWC” code should be used until the employee’s FMLA time is exhausted.

3. If the employee is not eligible for FMLA, or has exhausted their FMLA time, report time off as “WC”.

The actual decision as to whether workers’ compensation time is paid is made by Sedgwick and communicated by Sedgwick directly to Payroll Services. If the time off is not authorized as temporary disability by Sedgwick, it will be charged against the employee’s illness time.

4. Report time off for depositions as regular time.
5. Report time off for court appearances as personal necessity.

STAY AT WORK/RETURN TO WORK:

The Stay at Work/Return to Work program in the Integrated Disability Management Branch is available to assist, if necessary, in identifying and providing modified or alternate duties or other accommodations. The policies and procedures of the Stay at Work/Return to Work program are outlined in the Stay at Work/Return to Work Procedural manual available at <http://disabilitymanagement.lausd.net>

REASONABLE ACCOMMODATIONS:

For information regarding employee accommodations refer to [Bulletin 4569.0](#), *Reasonable Accommodations for Individuals with Disabilities* or contact the Disability Coordinator in the Integrated Disability Management Branch at (213) 241-7630.

ACT OF VIOLENCE:

Members of some bargaining units are entitled to an extension of full pay beyond the 60 days allowed under the Education Code, if the work-related injury was the result of an Act of Violence. Refer to the appropriate bargaining agreement and BUL-5047.1, Act of Violence, for further information.

FRAUD AND ABUSE:

Suspected workers’ compensation fraud or abuse should be reported to the LAUSD Office of Inspector General Fraud hotline at (213) 241-7778 or the Sedgwick Special Investigation Unit, toll-free at (866) 247-2287, extension 79271.



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POSTING REQUIREMENTS:

All schools and offices must comply with the state requirement to display the current version of the workers' compensation poster entitled "Notice to Employees-Injuries Caused by Work", California Department of Industrial Relations, Division of Workers' Compensation (DWC 7), and rev.6/10. For more information regarding mandatory employment posters, refer to BUL-4991.0, *Posting of Regulatory Notices Relating to State and Federal Laws*.

RELATED RESOURCES:

Act of Violence, [BUL-5047.1](#), issued by the Office of the Chief Operating Officer and the Division of Risk Management and Insurance Services

Family and Medical Leave Act/California Family Rights Act Policy, [BUL-1205.1](#), issued by the Office of the Chief Operating Officer and the Division of Risk Management and Insurance Services

Family and Medical Leave Act/California Family Rights Act – Supervisors' Reference Guide, [REF-6022.0](#) issued by the Office of the Chief Operating Officer and the Division of Risk Management and Insurance Services

Incident System Tracking Accountability Report, [BUL-5269.0](#), issued by School Operations Division

Reasonable Accommodations for Individuals with Disabilities, [BUL-4569.0](#), issued by Office of the Chief Operating Officer and the Office of General Counsel

Posting of Regulatory Notices Relating to State and Federal Employment Laws, [BUL-4991.0](#), issued by the Office of the Chief Operating Officer

Stay at Work Procedural Manual, issued by the Division of Risk Management and Insurance Services at <http://disabilitymanagement.lausd.net>

Accident Investigation and Reporting, [Safety Alert 04-14](#), issued by the Office of the Chief Operating Officer and Office of Environmental Health and Safety

Injury and Illness Prevention Program Requirements, [BUL-3772.2](#), issued by the Office of Environmental Health and Safety

State of California, Department of Industrial Relations, Division of Workers' Compensation at http://www.dir.ca.gov/dwc/dwc_home_page.htm



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ASSISTANCE: Integrated Disability Management, Workers' Compensation Program at 213 241-3138 or visit our website at <http://disabilitymanagement.lausd.net>. All bulletins, guides and forms can be found on the website.

ATTACHMENTS:

- Attachment A – Medical Authorization Form
- Attachment B – Temporary Pharmacy Card
- Attachment C – Workers' Compensation Claim Form (DWC-1)
- Attachment D – Injury Report Worksheet
- Attachment E – Salary Continuation Benefits Verification Form
- Attachment F – Pre-designation of Physician Form