

Workers' Compensation Instructions for Employees – Main Campus

Workers' Compensation Coordinator (WCC)

Sue Belt
Safety, Risk, & Sustainability
333 South Twin Oaks Valley Road
Craven Hall 4700
San Marcos, CA, 92096-0001
Ph: 760-750-4502
Fax: 760-750-3396
sbelt@csusm.edu

Report all work-related injuries and illnesses immediately to your supervisor (MPP), University Police (911 from a campus phone or 760/750-4567) and the Workers' Compensation Coordinator (760/750-4502)

Overview of Workers Compensation

Workers' Compensation provides payment of reasonable and necessary medical expenses and compensation for lost wages (as applicable) if you are injured or become ill due to a work-related condition. This includes serious injuries as well as injuries only requiring first aid. Under workers' compensation law, you will receive help if you are injured.

This information is to provide a general orientation of the Workers' Compensation Program. Benefits are subject to the terms and conditions of all applicable law and/or policies as determined by the Third Party Administrator or CSU.

How to Apply for Workers' Compensation Benefits

After sustaining a work-related injury or illness, immediately report it to your supervisor (MPP) and Workers' Compensation Coordinator. Complete the [intake](#) sheet and "employee" section of the [DWC1 claim form](#). Return both documents to the Workers' Compensation Coordinator (WCC) within 24 hours. Please deliver your completed form to Craven 4700 or Fax to (760) 750-3396.

- [DWC1 Claim Form](#)
- [Intake Sheet](#)

Medical Treatment

For emergency treatment of a work-related injury or illness, please proceed to the nearest hospital emergency room. For non-emergency treatment (i.e First Aid or Urgent Care), please contact SR&S 760/750-4502 to authorize your visit ***prior to your arrival*** at the occupational medical provider. If you have an approved *Designation of Personal Physician* on file with SR&S, **prior to the date of injury**, you have the right to be treated by that physician from the first date of injury. Verification is required by the WCC prior to obtaining medical attention by your personal physician.

Third party Administrator (TPA)

The CSU is contracted with a third party administrator for workers' compensation. Interpretation of applicable law, administration of claim and benefits determination are managed by the TPA.

Sedgwick CMS
Ms. Randi Wilson, Claims Examiner
P.O. Box 14629
Lexington, KY 40512-4629
1-800-225-2998 x3139

Within a few days of filing a workers' compensation claim, the TPA will contact both the employee and the supervisor (MPP) to discuss the details of the work-related injury/illness. This is both standard procedure and a necessary step in processing the claim. If this communication does not occur in a timely manner, it is possible for the claim to be unnecessarily delayed or denied. We encourage employee cooperation to ensure maximum and timely benefits.

Occupational Medical Providers

The campus has three preferred occupational medical providers. The selection of the occupational medical provider is at the WCC's discretion.

- Palomar Pomerado Corporate Health Services (760-510-7373) **PRIMARY**
120 Craven Road, Suite 101, San Marcos, CA
Hours: Monday-Friday 8:00 AM – 4:30 PM
- After hour care available at Palomar Hospital **at** Poway
Arch Health Partners Urgent Care Building 3rd Floor (858-675-3200)
15611 Pomerado Road, Poway, CA
After Hour Care: Monday – Sunday, 9:00 AM – 8:00 PM
- Kaiser On-the-Job Occupational Health (760-510-5350) **ALTERNATE ONLY W/ WCC PERMISSION**
400 Craven Road, 2nd Floor, San Marcos, CA
Hours: Monday – Friday, 9:00 AM – 5:00 PM
After hour care available through *Immediate Care Services (ICS)*, located in the 1st floor, Entrance "A."
After hour care: Monday- Friday, 12:00 PM – 8:00 PM and Sat/Sun 9:00 AM – 5:00 PM

Missed Time for Workers' Compensation Medical Appointments

Employees are not charged time to their personal leave balances for the missed time necessary to obtain the initial medical evaluation at the onset of the work-related injury/illness.

Employees must use their personal leave balance to cover missed time to attend all other workers' compensation medical appointments. Employees are expected to notify their supervisor (MPP) in advance to coordinate the necessary time off to attend workers' compensation medical appointment. Employees must also track their missed time (both partial and full days).

Missed Time for Medical-Legal Appointment

Sometimes it is necessary for the injured worker to attend a medical-legal appointment. Employees are not charged time to their personal leave balance for the missed time necessary to attend these appointments. Instead, the employee's time will be compensated through Industrial Disability Leave (IDL). Please contact the WCC for additional information

Medical-Legal Appointments Include:

- Qualified Medical Exams (QME's)
- Agreed Medical Exams (AME's)
- Depositions

Employees are responsible for notifying their supervisor in advance to coordinate the necessary time off to attend medical-legal appointments. Employees must also track their missed time (both partial and full days)

Medical Restriction/Accommodations

At each appointment, the employee must collect an updated work status report from the primary treating physician and submit it to the Workers' Compensation Coordinator (WCC) for review. If the work status report indicates medical restrictions or accommodations, it is necessary for the WCC to coordinate with the supervisor before the employee can return to work. The employee should **not** return to regular work without obtaining clearance from the WCC. Work status report can be hand-carried to Craven 4700 or faxed to 760-750-3396.

Pharmacy Program (Optum)

The CSU participates in the Optum Pharmacy program. Your regular health plan will not cover prescription for a work-related injury/illness. If you are prescribed prescriptions for your work-related injury/illness, please present the authorization flyer below (one-time use) to an authorized Optum Pharmacy. The pharmacy will verify coverage with the WCC. This flyer will cover your initial prescription without out-of-pocket expense. Optum will mail you a card for subsequent prescription.

Optum

1-800-419-7191

www.cypresscare.com (Click on "Locate a Pharmacy" under quick links)

Medical Disability Leave

If the treating physician medically certifies the employee as being unable to work and the employee's claim is accepted by the third party administrator, Industrial Disability Leave (IDL) or Temporary Disability (TD) benefits may be available for missed time. Please contact the WCC for additional information.

If you do not indicate your preference of IDL or TD within fifteen days from the date of notice of benefits eligibility, you will be placed on IDL unless TD benefits are greater. If, when your condition is permanent and stationary, you cannot return to your usual occupation due to the injury or illness, you may be eligible for permanent disability. The TPA will coordinate these benefits and advise you of any potential eligibility.

Reimbursable Mileage to Attend Workers' Compensation Medical Appointments

The employees may request reimbursement from the third party administrator (Sedgwick CMS) for mileage to/from their approved medical appointment. Please request a *Medical Mileage Request Form* from the TPA.

Death Benefits

In case of a death from a work-related injury or accident qualified surviving dependents are eligible to receive benefits. The maximum death benefits is up to \$160,000.00, depending on the number and types of dependents. There is also a separate allowance of up to \$5,000.00 for burial expenses.



First Fill Information

California State University Risk Management Authority

Dear Injured Worker,

Optum® has been selected by **California State University Risk Management Authority** to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply **fill in the form below** and present it at the pharmacy at the time your prescription is filled. This form should ensure that you will have no out-of-pocket expenses when you fill your first prescription.

For your convenience, Optum has an extensive network of retail pharmacies including major chain drug stores.

For pharmacy locations, you may call our toll-free number or visit our website at cypresscare.com and use the pharmacy locator in the quick links section of the home page.

If you have any questions, or would like to learn about our convenient home delivery service, please call our customer service number: **1-800-419-7191**.

Estimado Trabajador(a) Lesionado(a),

Optum ha sido seleccionado por **California State University Risk Management Authority** para asistirle en la obtención de medicamentos relacionados con su reclamo de compensación de trabajadores. Este formulario le permite completar las prescripciones escritas por el médico de sus empleados autorizados de compensación para los medicamentos relacionados con su lesión. Simplemente **llene el siguiente formulario** y preséntelo en la farmacia en el momento que su prescripción está lleno. Este formulario debe asegurarse de que usted no tendrá gastos de su propio bolsillo cuando surte su primera receta.

Para su comodidad, Optum cuenta con una extensa red de farmacias al por menor. De la red de farmacias Optum incluye las siguientes principales cadena de farmacias:

Para localidades de Farmacia adicional, también puede llamar a nuestro número gratuito o visite nuestro sitio web en cypresscare.com y usar el localizador de farmacias en la sección de enlaces rápidos de la página de inicio.

Si usted tiene alguna pregunta, o le gustaría aprender acerca de nuestro conveniente servicio al domicilio, llame a nuestro número gratuito de servicio al cliente: **1-800-419-7191**.

First Fill Form: Complete and take to your pharmacy

| | |
|------------------------|---|
| Bin #: 010876 | Group Number: CSUFF |
| Member ID: | <input style="width: 100%;" type="text"/> |
| Member Name: | <input style="width: 100%;" type="text"/> |
| Employer Name: | California State University San Marcos |
| Date of Injury: | <input style="width: 100%;" type="text"/> |

Last 4 digits of SSN + date of injury;
No spaces
(i.e. 9999050206)

Injured worker's first & last name

Pharmacy Help Desk: **1-800-419-7191**

PLEASE NOTE: This form allows you to fill your initial prescriptions with a cost maximum of \$150 per prescription and no more than a 10-day supply per prescription. Once your claim has been reviewed, you will be sent a new card in the mail. If you do not receive the pharmacy card, please call us at **1-800-419-7191**.

Issuance of this letter does not constitute acceptance of your claim.