

QUICK REFERENCE WORKERS' COMPENSATION GUIDE

Workers' Compensation is a State program, based on the California Labor Code, which provides all employees in California with medical treatment and compensation payments for work-related injuries. The following is a quick reference guide to be used by City supervisors faced with a work-related employee injury.

NOTE: If the employee's injuries appear to be critical, dial 911 immediately.

If urgent medical treatment is required, the employee should be taken to the nearest hospital emergency room.

1. If the injury is **not** a medical emergency, and only requires first aid, provide first aid to the employee using the workplace first aid kit.
2. First aid only injuries do not have to be reported to Workers' Compensation Division (WCD). Instead complete and maintain an "Employer's Report of Occupational Injury or Illness" (Form 5020), and the accident investigation forms documenting the injury.
3. If the injury requires further medical treatment, direct the employee to providers in the City's Medical Provider Networks (MPNs) using the links below:

If the employee is a member of the Los Angeles Police Protective League (LAPPL) the MPN providers are listed at <http://lappladmpn.cityoflampn.com>.

If the employee is a member of one of the following MOUs: 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 34, 36, 37, 62, and 63, the MPN providers are listed at <http://admpn.cityoflampn.com>.

If the employee is a member of any other MOU, the MPN providers are listed at <http://lacitympn.cityoflampn.com>.

If the MPN provider prescribes medications which are not dispensed at the first visit, provide the employee with a completed Workers' Compensation Temporary Prescription ID Card listed below which can be used at any of the Participating Retail Network Pharmacies indicated.

4. If the employee states they have a pre-designated physician, contact WCD at (213) 473-3400 Monday to Friday 8:00 am to 5:00 pm to verify.
5. Within 24-hours of the report of the injury or as soon as possible, provide the employee with a "Workers' Compensation Claim Form," (DWC 1). For an online copy of the form, please see: <http://cityforms.ci.la.ca.us/urlidisplay.cfm?id=486>.
6. Complete the Form 5020, and the accident investigation forms located on the Workers' Compensation website, under "Employer's Report of Occupational Injury or Illness (Form 5020)" at <http://cityforms.ci.la.ca.us/urlidisplay.cfm?id=70>. An alternative entry method for Form 5020 is available in iVOS; under the File Menu – Access new WC Incident-ACORD.
7. Within 24-hours of knowledge or as soon as possible, report the injury to the City's WCD via phone Monday to Friday 8:00 am to 5:00 pm at (213) 473-3400, or anytime via fax at (213) 473-3333 or 3334, or via email at per.wcdiv@lacity.org.

8. Forward the original copy of the Form 5020, the accident investigation forms and the completed and signed DWC1 to WCD at 700 East Temple Street, Room 210, Los Angeles, CA 90012, Mail Stop 391, by fax at (213) 473-3333, or via email at per.wcddiv@lacity.org. If the Form 5020 was completed in iVOS, only forward the completed claim form (DWC1) and the accident investigation forms. If you do not have the completed DWC1, forward the Form 5020 and accident investigation forms, followed by the DWC1 upon receipt.
9. Work-related injuries for LAFD employees should be reported to the Fire Department's Medical Liaison Unit at (213) 202-3440; work-related injuries for LAPD employees should be reported to the Police Department's Medical Liaison Section at MedicalLiaison@lapd.lacity.org or for general LAPD information (213) 486-4600, instead of WCD.
10. Contact WCD at (213) 473-3400, via email at per.wcddiv@lacity.org, or by mail at 700 East Temple Street, Room 210, Los Angeles, CA 90012, Mail Stop 391, if you have any further questions.
11. See Supervisor's Guide for additional information <http://per.ci.la.ca.us/guide/SupGuide.pdf>

Workers' Compensation Temporary Prescription ID Card

»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

Atención Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de Express Scripts, al 800.945.5951.

»» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14 day supply or a cost of \$150. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control A4

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury

Express Scripts

ID #: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____ / _____ / _____
P9DA MM/DD/YYYY

Group #: _____

Employee Date of Birth: _____ / _____ / _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

»» **To the Supervisor:** Please fill in the information requested for the injured worker.

Employee Information

First _____ M _____ Last _____

_____ Street Address or PO Box _____

City _____ State _____ ZIP _____

Employer Name



EXPRESS SCRIPTS®

Participating Retail Network Pharmacies

A & P	Drug Emporium	Major Value	Schnucks
Acme Pharmacy	Drug Fair	Marsh Drugs	Scolari's
Albertson's	Drug Town	Medic Discount	Sedano
Albertson's/Acme	Drug World	Medicap	Shaw's
Albertson's/Osco	Eckerd	Medistat	Shop 'N Save
Albertson's/Sav-On	Econofoods	Meijer	Shopko
Amerisource	EPIC Pharmacy	Minyard	ShopRite
Bergen	Network	NCS HealthCare	Snyder
Anchor Pharmacies	FamilyMeds	Neighborcare	Stop & Shop
Arrow	Farm Fresh	Network	Sun Mart
Aurora	Farmer Jack	Pharmaceuticals	Super Fresh
Bartell Drugs	Food City	Northeast	Super Rx
Bigg's	Food Lion	Pharmacy Services	Target
Bi-Lo	Fred's	Osco	Texas Oncology
Bi-Mart	Gemmel	P & C Food	Srvs
BJ's Wholesale	Giant	Markets	The Pharm
Club	Giant Eagle	Pamida	Thrifty White
Brooks	Giant Foods	Park Nicollet	Times
Brookshire Brothers	Hannaford	Pathmark	Tom Thumb
Brookshire Grocery	Harris Teeter	Pavilions	Tops
Bruno	H-E-B	Price Chopper	Ukrop's
Carrs	Hi-School	Publix	United Drugs
Cash Wise	Pharmacy	Quality Markets	United
Coborn's	Hy-Vee	Raley's	Supermarkets
Costco	Jewel/Osco	Randalls	Vons
Cub	Kash n Karry	Rite Aid	Waldbaums
CVS	Keltsch	Rosauers	Walgreens
D&W	Kerr	Rx Express	Wal-Mart
Dahl's	Kmart	RXD	Wegmans
Dierbergs	Knight Drugs	Safeway	Weis
Discount Drugmart	Kroger	Sam's Club	Winn Dixie
Doc's Drugs	LeaderNet (PSAO)	Sav-On	
Dominicks	Longs Drug Store	Save Mart	