

OFFICE OF OPERATIONS

NOTICE

June 8, 2018

1.11

TO: All Commanding Officers

FROM: Director, Office of Operations

SUBJECT: DAILY COVERAGE BY SICK AND INJURED ON DUTY COORDINATORS

Effective immediately, all commanding officers shall ensure adequate personnel trained in sick and injured on duty (IOD) procedures are in place to provide sick and IOD insight and claim processing coverage five days a week, Monday through Friday. The additional personnel will be needed to ensure that the claim processing (IVOS) documentation is completed within 24- hours (excluding weekends) of an employee report of injury rather than the prior requirement of 48-hours. The IVOS system will immediately generate a claim number for the injured employee and set in motion the Medical Liaison Section procedures for handling the claim.

NOTE: In no instance will the lack of a claim number prevent or delay an employee from obtaining necessary medical attention.

Background:

On May 1, 2018, the City of Los Angeles implemented three custom Medical Provider Networks (MPNs) for the City's Workers' Compensation Program. An MPN is a group of approved health care providers (physicians and other medical providers) used by employers to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in a variety of medical and surgical specialties.

A custom MPN has been developed for members of the Police Protective League, in conjunction with an Alternative Dispute Resolution and Prevention Program (attached) for League members. A separate custom MPN has been developed for those civilian unions that have negotiated a separate Alternative Dispute Resolution Program.

A custom MPN allows the City to apply objective criteria to a list of thousands of physicians throughout Southern California to develop a new list of doctors focused on providing timely access, excellent service, and high-quality care to City employees who have been injured on the job. These physicians have been selected through an analytics process and will be expected to work with the City in reaching our goals of improving access and recovery from injury.

As of May 1, 2018, an employee can search for treating physicians and/or specialists in the appropriate MPN, along with telehealth information and a listing of telehealth providers in the MPN by going to the website at: www.cityoflampn.com. Once there, the employee can access the MPN by clicking the appropriate logo and MPN identification number.

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NOTE: After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from within the MPN. Should you choose to do so, you can change doctors, at your discretion, within the MPN for your medical care related to this injury.

Additionally, a new prescription compensation program titled, "Express Scripts" is available to employees. The new program provides prescription access on the employee's first visit, rather than waiting for claim approval. The new program requires the employee to obtain a temporary prescription card by utilizing the attached workers' compensation temporary prescription identification card form, and providing the form to one of the pharmacies listed on the second page of the form. This will speed the receipt of necessary medications for the injured employee.

Claim submission process:

With the exception to the new 24-hour IVOS completion requirement, there are no new changes to the claims submission process. As required, if you are injured, you must notify your supervisor as soon as possible. Your supervisor will provide you with a workers' compensation claim form. Your supervisor will also refer you to an MPN provider for your initial visit with a doctor or other medical provider. At this point, the supervisor or sick/IOD coordinator will complete the IVOS entry and obtain a claim number. From this point, the existing procedures regarding an injured employee outlined in Department Manual section 3/711 shall be used to guide the completion of the necessary sick/IOD claim. If needed, your supervisor can seek assistance from the Personnel Department's Workers' Compensation Division.

Should you have any questions, please contact the Evaluation and Administration Section, Office of Operations, at (213) 486-6050.


MICHEL R. MOORE, First Assistant Chief
Director, Office of Operations

Attachment

DISTRIBUTION "B"

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: _____ / _____ / _____
PSDA 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®