Legacy Employee Health Services

Workers' Compensation Manager of Injured Worker Checklist

| | STEP 1: AN INJURY OCCURS AT WORK | | | | |
|---|--|--|--|--|--|
| | The employee is injured at work, first aid or treatment sought if necessary. For major injuries or if the injured employee cannot walk, use Code Green or call 911. For injuries that require immediate care consider visiting an Emergency Department For injuries that need same-day care consider calling your existing provider for an urgent visit or seeking care at an Urgent Care clinic. For minor injuries or if unsure how urgent it is, consider seeking guidance from the local EHS clinic (business hours) or Broadspire (all hours) at 503-415-5820 - Option 2, Option 1 Remember if the employee seeks treatment for their work-related injury, the employee should call Broadspire to start their Workers' Compensation claim, if not they may be financially responsible for their visit. | | | | |
| | The employee contacts Broadspire at 503-415-5820 - Option 2, Option 1 to start a Workers' Compensation claim. • It is helpful to have both the injured employee and their supervisor, charge or manager | | | | |
| | available to join the call. | | | | |
| | Employees who are injured at work but choose not to seek treatment at that time are encouraged to notify Broadspire by calling 503-415-5820 Option 2, Option 1. | | | | |
| | If the employee seeks treatment for their work-related injury, they should call Broadspire to initiate a Workers' Compensation claim within 90 days of their injury. | | | | |
| | If the Workers' Compensation claim is denied by Broadspire, or if the claim process is not followed, the employee may be financially responsible for any treatment sought. | | | | |
| | If the employee seeks treatment, they need to tell the provider it is for a work-related injury and collect the 827 form (OR workers) or DOLI (WA workers) form. This form and any physician work release instructions should be shared with the manager. | | | | |
| | It is important that the employee files an ICARE for all incidents with or without injury. | | | | |
| | | | | | |
| _ | STEP 2: WORKERS' COMPENSATION PAPERWORK | | | | |
| | Broadspire will initiate the claim during the phone call and will send the employee and their manager an 801 form (Oregon workers) or an SIF2 form (Washington workers). | | | | |
| | Managers to retain copy of the initial 801/SIF2 form sent by the Claims Adjuster. If the injured employee seeks treatment for the injury, they must deliver a signed copy of the 801/SIF2 form to the manager. | | | | |
| | The manager should complete any blanks on the employer section of the 801/SIF2 form and sign it. | | | | |
| | The completed and signed 801/SIF2 form must be scanned in an email reply to the Claims Adjuster or faxed to 1-859-550-2731. | | | | |
| | Manager prints out pages 3 - 4 of this packet and provide to the injured employee if they might decide to seek treatment. These pages include the prescription voucher and instructions for the employee. | | | | |
| | Checklist is continued on next page. | | | | |

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Manager of Injured Worker Checklist cont.

STEP 3: COMMUNICATION WITH BROADSPIRE AND YOUR EMPLOYEE

Managers are to inform the Broadspire Claims Adjuster if they question the injury claim or the circumstances.

- During your contact with the Claims Adjuster, let them know if you have any concerns about the validity of the claim or have background information that may be relevant to the investigation.
- The manager and the employee should remain in contact regarding any changes in status or expected changes in their Workers' Compensation claim.
 - For employees on an extended leave, it is recommended that the manager schedule periodic calls with the employee to check in on their welfare and learn of coming changes to their status.
 - If you have any questions regarding Legacy's Workers' Compensation process, please reach out to workcomp@lhs.org.

STEP 4: MYTIME CODING INSTRUCTIONS

Managers / Timekeepers are responsible for coding the Employee's timecard.

- **Temporary Total Disability** the employee is off work, which includes education and meetings. Broadspire will add LOA calendar entries, no action is needed by the employee or the timekeeper.
- Work Comp Claim Denied or Pending the employee does not have approval for time loss payments. Missed time should be recorded as ILL or VAC as appropriate to the situation.
- Work Comp Medical Only the employee has an injury with an accepted claim but is not approved for time loss payments other than for related appointments.

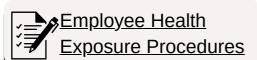
Helpful Resources

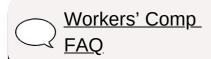


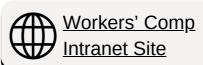
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ICARE











Legacy Employee Health Services

Workers' Compensation Injured Employee Checklist

Step 1. An Injury Occurs at Work

- ☐ Perform first aid or seek treatment if you feel it necessary.
- ☐ Injured employees may choose whether to seek treatment and may do so at the provider of their choice for the initial visit.
 - For major injuries or if the injured employee cannot walk, use Code Green or call 911.

 - For injuries that require immediate care consider visiting an Emergency Department For injuries that need same-day care consider calling your existing provider for an urgent visit or seeking treatment at an Urgent Care clinic.
 - For minor injuries or if unsure how urgent it is, consider seeking guidance from the local EHS clinic (business hours) or Broadspire (all hours) at 503-415-5820, Option 2, Option
 - Remember if you seek treatment anywhere other than Employee Health for your workrelated injury you should call Broadspire to start your Workers' Compensation claim, if not
- you may be financially responsible for your visit.

 Contact Broadspire at **503-415-5820 Option 2**, **Option 1** to start your Workers' Compensation claim.
 - It is helpful to have your supervisor, charge or manager available to join the call with Broadspire.
- ☐ File an ICARE detailing the incident.
- ☐ Tell your manager about the workplace injury or illness.



Step 2. Workers' Compensation Paperwork

- ☐ Broadspire will initiate the claim during the phone call and will send you and your manager an 801 form (Oregon workers) or an SIF2 form (Washington workers).
 Your manager will keep a copy of the initial 801/SIF2 form sent by the Claims Adjuster.

 - If you seek treatment for the injury, you must give a signed copy of the 801/SIF2 form to
 - Your manager should complete any blanks on the employer section of the 801/SIF2 form, sign it and send it back to your Claims Adjuster.

Step 3. Follow Up & Important Information

- Follow the instructions given to you by your Claims Adjuster.
- To find a treating provider for your Work Comp injury please visit one of the listed web sites below based on your location.
 - Oregon Employees: <u>Majoris Health Systems</u>
 - Washington Employees: https://secure.lni.wa.gov/provdir/
- Both Oregon & Washington have a waiting period for time lost benefits for Workers' Compensation. The first 72 hours after their injury that an employee misses would not be paid through Broadspire.
- It is your responsibility to keep your manager updated of any changes in your claim status or upcoming changes to your work restrictions.
- If you have to call out of work due to your work-related injury, make sure to follow your normal call out procedure.
- If you have any questions about the Workers' Compensation process or about Modified Duty Placement, please reach out to Legacy Health Workers' Compensation Program at WorkComp@LHS.ORG.





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 the processing of your approved workers' Compensation prescriptions.

Questions or need assistance locating a participating retail

network pharmacy? Call themyMatrixx,an Express Scripts CompanyCustomer Careat 877.804.4900.

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 a laAtención a Clientes en myMatrixx, una compañía de Express Scripts, al877-804-4900.

To the Pharmacist:

myMatrixx, an Express Scripts Company administers this workers' Compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 30-day supply or a cost of \$1,500 (max \$300 per medication). This form is valid for up to 30 days

from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx, an Express Scripts Company Customer Care at 877.804.4900.

Pharmacy Processing Steps

- Step 1: Enter BINnumber 003858
- Step 2: Enter processor control WC
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury

PRINT FOR EMPLOYEE Broadspire

| | Express Scripts ID#: | | | |
|--|----------------------------|--|--|--|
| Your SSN is your temporary ID number; present to the pharmacy a time prescription is filled. You will receive a new ID number shortly. | | | | |
| | Date of Injury: / / | | | |
| | Group #: PD6A | | | |
| | Employee Date of Birth: // | | | |
| \ | | | | |

To the manager:Please fill in the information requested for the injured worker.

Employee Information

| Wirst | | Last |
|---------------|--------------------------|------|
| | Street Address or PO Box | |
| City | State | ZIP |
| Employer Name | | |

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 seeother side for a list of participating retail network pharmacies.

Participating Retail Network Pharmacies



PRINT FOR EMPLOYEE

A & P **Drug Emporium** Longs Drug Store Sav-On Acme Pharmacv Drug Fair Major Value Save Mart Albertson's **Drug Town** Marsh Drugs Schnucks Albertson's/Acme Drug World Medic Discount Scolari's Albertson's/Osco Eckerd Medicap Sedano Albertson's/Sav-On Shaw's Econofoods Medistat Shop 'N Save Amerisource Bergen **EPIC Pharmacy** Meijer **Anchor Pharmacies** Shopko Network Minyard Arrow NCS HealthCare ShopRite FamilyMeds Aurora Farm Fresh Neighborcare Snvder Bartell Drugs Farmer Jack Network Stop & Shop Sun Mart Bigg's Food City Pharmaceuticals Food Lion Super Fresh Bi-Lo Northeast Pharmacy Fred's Bi-Mart Super Rx Services

BJ's Wholesale Club Gemmel Osco Target

Brooks P & C Food Markets Giant Texas Oncology Srvs

Brookshire Brothers Giant Eagle Pamida The Pharm Brookshire Grocery Giant Foods Park Nicollet Thrifty White Bruno Hannaford Pathmark Times Harris Teeter Tom Thumb Carrs **Pavilions** H-E-B Cash Wise Tops

Price Chopper Coborn's Hi-School Pharmacy Ukrop's Publix Costco Hy-Vee Quality Markets **United Drugs**

United Supermarkets Cub Jewel/Osco Ralev's **CVS** Vons

Kash n Karry Randalls D&W Keltsch Waldbaums Rite Aid

Dahl's Kerr Rosauers Walgreens Walmart Dierbergs Kmart **Rx Express** Discount Drugmart **Knight Drugs RXD** Wegmans

Weis Doc's Drugs Kroger Safeway Sam's Club Winn Dixie Dominicks LeaderNet (PSAO)