

REVIEW REQUIREMENTS	COMMENTS	EVERY DAY UNTIL COMPLETE	WITH ENDING A BENEFIT	1 WORKING DAY	1 DAY	3 DAYS	5 DAYS	7 DAYS	10 DAYS	14 DAYS	15 DAYS	20 DAYS	30 DAYS	45 DAYS	60 DAYS	90 DAYS	6 MONTHS OR 180 DAYS	1 YEAR	12 MONTHS	2 YEARS	5 YEARS	
INDEMNITY BENEFITS PAID BY SEDGWICK INDEX										X 14 DAYS OF OF KNOWLEDGE AN INDEMNITY BENEFIT IS TO BE PAID. ISSUE CHECK & BENEFIT NOTICE WITH CALCULATIONS OF BENEFITS PAYABLE												
LEGAL BUDGET REQUEST													X WITH THE INITIAL LITIGATION REVIEW, OR WITH DEFENSE REPORT OF CLAIM SEVERITY CHANGES, WITH DEFENSE REPORT WHEN BUDGET FUNDS ARE EXHAUSTED									
LEGAL D/A INITIAL CLAIM EVALUATION & REPORT													X 30 DAYS BEFORE DEPO PREPARE CSU ATTENDEE WHO MAY ATTEND AND SEDGWICK FOR PREPARATION									
LEGAL DEPOSITION PREPARATION										X SEDWICK WILL REQUEST OR DISCUSS WITH D/A BEFORE SCHEDULING A DEPO												
LEGAL SUBSEQUENT D/A STATUS & REPORTS													X									
MAIL AND CORRESPONDENCE REVIEWS/RESPONSE				X UR/RFA, AWARDS, URGENT LEGAL MAIL				X														
MEDICAL BILL PAYMENTS	statutory is 15 for Ebills and 60 for others (CSU IS 15 days ebill and 30 for other)										X		X	X	X							
MEDICAL CARE AUTHORIZATION NEW LOSS				X one working day after employee files DWC-1 form - REMINDER \$10k treatment cap for claims on delay decision until date of denial.																		
MEDICAL CARE CHANGE IN TREATING PHYSICIAN REQUEST							X 5 WORKING DAYS															
MEDICAL CONTROL CSU- NO MPN													X 1ST 30 DAYS OF MEDICAL CONTROL FROM DOI									
MEDICAL DOCTORS FIRST REPORT OF INJURY							X			X												
MEDICAL RELEASES							X			X			X									
MILEAGE TO EE REIMBURSEMENT FOR MED LEGAL EXAM										X 10 DAYS PRIOR TO EXAM							X	X				
MEDICAL ONLY (MO CONVERSION)																						
MO CONVERSION CONTACTS	X				X		X															
NEW LOSS REPORT FROM CAMPUS/AUXILIARY	X						X															
OBJECTION TO MEDICAL BILLS													X									
OFFER OF RTW FULL DUTY/MODIFIED/ALTERNATIVE															X							
PAYMENTS EMPLOYEE'S												X IDL PAID 1 TIME PER MONTH										
PAYMENTS MEDICAL/EXPENSE												X										
PETITION FOR CONTRIBUTION LABOR CODE 5500.5 (e)																X 1 YEAR AFTER THE WCAB AWARD FOR BENEFITS						

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PETITION TO RE-OPEN FOR NEW AND FURTHER																					x 5 YEARS FROM DATE OF INJURY - WCAB HAS JURISDICTION OVER ITS AWARDS WITHIN 5 YEARS FROM DATE OF INJURY	
PLAN OF ACTION									x	x				x		x	x					
PRISM FMC PLANS OF ACTION																x	x					
PRISM INITIAL PLAN OF ACTION					x									x	x							
PRISM INVESTIGATION 3 DAYS FROM DELAY OF CLAIM				x												x						
PRISM RESERVES						x										x	x					
PRISM SERIOUS INJURY					x																	
PRISM SUBSEQUENT PLAN OF ACTION						x								x								
RESERVES INITIAL & SUBSEQUENT					x								x		x							
SETTLEMENT AUTHORIZATION REQUEST (SAR)													x all others within 30 days of receipt of MMI report									
SELF CHANCELLOR STATUS UPDATE CLAIMS REPORTING																x						
SERIOUS & WILLFUL LABOR CODE 5407 NOTICE OF PETITION TO CSU							x SEDGWICK TO NOTIFY CSU OF PETITION and REQUEST FOR DEFENSE ATTORNEY SELECTION							x CSU WILL RESPOND TO SEDGWICK WITH DEFENSE ATTORNEY ASSIGNMENT FOR REPRESENTATION					x 12 months from date of injury			
STATUTE OF LIMITATIONS - NOTICE OF INJURY Labor Code 5400 but reference also LC5402 and LC 5403												x Give notice within 30 days										
STATUTE OF LIMITATIONS - FILING OF APPLICATION FOR ADJUDICATION OF CLAIM - Labor Code 5404 & LC 5405															x 1 YEAR FROM DATE OF INJURY OR 1 YEAR FROM LAST DATE OF BENEFITS WERE PAID							
STATUTE OF LIMITATION - DEATH BENEFITS LC5406(b)															x 1 YEAR AFTER DATE OF DEATH NOR 240 WEEKS FROM DATE OF INJURY							
SUBROGATION POTENTIAL			CSU WITH OFFICE OF GENERAL COUNSEL WILL MAKE DETERMINATION S FOR THIRD PARTY ACTIONS TO PURSUE RECOVERY OR FILE CROSS COMPLAINTS/COMPLAINTS IN INTERVENTION BEFORE PURSUING SUBROGATION. (EXCESS CARRIER MAY BE REQUIRED TO WAIVE OR AGREE WITH DECISION)							x 14 DAYS SEDGWICK AND CSU ATTEMPT TO IDENTIFY 3RD PARTY. 14 DAYS FROM IDENTIFY OF 3RD PARTY NOTICE WILL BE SENT BY SEDGWICK					x GOVERNMENT ENTITIES WITHIN 180 DAYS		x (STATUTE OF LIMITATION IS 2 YEARS BUT COULD BE 180 DAYS FOR GOVERNMENT ENTITIES)	x (STATUTE OF LIMITATION IS 2 YEARS BUT COULD BE 180 DAYS FOR GOVERNMENT ENTITIES)				
TELEPHONES/EMAILS RESPONSE			x										x	x	x							

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TEMPORARY DISABILITY LIMITS - caps (DOI after 1/1/08) Labor code 4656(c) (1)	104 compensable weeks within a five (5) year period from the DOI																				
TRAVEL ADVANCE									X												
TRIAL NOTIFICATION																	X 90 days BEFORE TRIAL or first listed for trial notice to Sedgwick and CSU CONFERENCE CALL for trial decision or settlement options.				
UR - UTILIZATION REVIEW REQUEST FOR TREATMENT								X 5 BUSINESS DAYS FROM RECEIPT OF RFA													
UR - UTILIZATION REVIEW REQUEST FOR URGENT IMMINENT OR SERIOUS RISK TO HEALTH REQUESTS						X 72 HOURS FROM RECEIPT OF RFA															
VOD - VERIFICATION OF DISABILITY LETTER TO CSU												X SEND WITH DECISION OF PAYMENT AND EMPLOYEE BENEFIT NOTICES				X VOD DUE EVERY MONTH BEFORE PAYROLL END DATES					
VOUCHER (permanent RTW with no offer of RTW or over 60 days no decision REMINDER if not decision within 60 days voucher is mandatory even if employee RTW after the 60 days occurs)												X For injuries on or after 1/1/2013, the voucher is due within 20 calendar days from the expiration of the time for making an offer of regular, modified, or alternative work.				X OF RECEIPT OF MMI REPORT					
WAGE STATEMENT REQUEST							X CSU SEND WITHIN 5 DAYS OF REQUEST DATE TO SEDGWICK					X CSU PROVIDE BEFORE THE 1ST 14 DAY BENEFIT NOTICE DUE DATE				X SEDGWICK FOLLOW UP EVERY 30 DAYS UNTIL RECEIVED FROM CSU					
WORK STATUS - TEMPORARY RETURN TO WORK					X 1 DAY SEDGWICK WILL EMAIL WCC			X 5 DAYS FOLLOW UP FOR STATUS		X WITHIN 10 DAYS OF REQUEST - CSU EMAIL FINAL DECISION TO SEDGWICK		X 14 DAYS FROM CSU DECISION WITH OK TO RETURN TO WORK VOD NOTICE TO CSU AND EMPLOYEE FINAL PAYMENT WITH BENEFIT NOTICE									
WORK STATUS ADA PERMANENT WORK RESTRICTIONS								X NOTIFICATION TO EMPLOYER					X EVERY 20 DAYS SEDGWICK F/U FOR DECISIONS				X FINAL DECISION DUE DATE 60 DAYS FROM DATE OF RECEIPT OF MEDICAL EVIDENCE				