

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
132A NOTICE OF DISCRIMINATION							X SEDGWICK TO NOTIFY CSU OF PETITION AND REQUEST FOR DEFENSE ATTORNEY SELECTION						X 30 DAYS FROM DATE OF REQUEST CSU DECISION/RESPONSE FOR DESIGNATED D/A FOR 132A DEFENSE					X 1 year from discrimination v act			
NEW TREATING PHYSICIAN REQUEST & MAILING OF MEDICAL REPORTS TO NEW PHYSICIAN along with Regulations 9785 letter and 10606 guidelines							X			X											
APPLICATION FOR ADJUDICATION OF CLAIM - INITIAL NOTICE TO CSU OR SEDGWICK							X														
AWARD PAYMENTS (SEDGWICK PROCESS WITHIN 10 DAYS OF RECEIPT) - BUT THE AWARD WILL DETERMINE NUMBERS OF DAYS TO PAY TO AVOID A PENALTY NOT TO EXCEED 30 DAYS.									X												
BENEFIT NOTICES TO EMPLOYEE/CLAIMANT										X											
CALL ME LETTER TO EMPLOYEE IF NO INITIAL CONTACT RESPONSE					X	X															
CHANCELLOR/WC CONSULTANT REPORTING ABOVE 175K														X		X	X				
CLAIM BALANCING FOR INDEMNITY BENEFITS PAID			X													X	X				
CONTACT CALLS: INITIAL NEW LOSS CONTACTS		X			X	X	X		X												
CONTACT EMPLOYEE/CLAIMANT POST OPERATIVE NON-LITIGATED CLAIMS						X															
DECISION FOR INITIAL ACCEPT/DELAY/ DENY										X 14 DAYS FROM EMPLOYERS DATE OF KNOWLEDGE						X FINAL DECISION 90 DAYS FROM EMPLOYERS DATE OF KNOWLEDGE					
DEU RATING							X														
DIARY EXAMINER FUTURE MEDICAL FILES														X		X	X				
DIARY EXAMINER INDEMNITY FILES					X	X	X		X	X			X	X		X					
DIARY EXAMINER ACTIVE INDEMNITY FILES CLAIMANT CALLS/REVIEW													X		X						
DIARY SUPERVISOR /TEAM LEAD_FMC FILE															X		X				
DIARY SUPERVISOR/TEAM LEAD DELAY CLAIM REVIEW					X		X		X					X		X					
DIARY SUPERVISOR/TEAM LEAD NEW LOSS ASSIGNMENT					X																
DIARY SUPERVISOR NEW LOSS REVIEW					X		X		X							X					
DWC-1 FORM (EMPLOYEE CLAIM FORM)				X																	
EMPLOYEE/CLAIMANT SUBSEQUENT CONTACTS										X											
TEMPORARY DISABILITY OR IDL ACTIVE CLAIMS																					
EMPLOYEE/CLAIMANT CONTACTS NO LOST TIME OR NOT RECEIVING TTD OR IDL															X						
EMPLOYMENT CHANGE (RETIRED/RESIGNED/TERM)							X OPEN WC CLAIMS WCC - NOTIFY SEDGWICK EXAMINER WITHIN 5 DAYS OF EMPLOYMENT CHANGE														
EXCESS CARRIER REPORTING VARIOUS PER CARRIER							X 5 DAYS FOR INITIAL NOTIFICATION TO EXCESS CARRIER							X		X	X				
FMC EXCESS REPORTING VARIOUS PER CARRIER														X		X	X				
FMC RESERVES							X 5 DAYS FROM CHANGE OF EVENT HISTORY											X			
FUTURE MEDICAL (FMC) PLAN OF ACTION										X BENEFIT NOTICE WITH CALCUACTIONS OF BENEFITS PAYABLE 14 DAYS							X				
IDL BENEFITS - VERIFICATIONOF DISABILITY (VOD) NOTICE TO PAY - BENEFIT NOTICE TO EMPLOYEE													X CSU IDL/E-IDL IS PAID BY PAYROLL ONCE A MONTH								

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INDEMNITY BENEFITS PAID BY SEDGWICK INDEX										14 DAYS OF KNOWLEDGE AN INDEMNITY BENEFIT IS TO BE PAID. ISSUE CHECK & BENEFIT NOTICE WITH CALCUATIONS OF BENEFITS PAYABLE								X			
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								
LEGAL DEPOSITION PREPARATION							X SEDGWICK WILL REQUEST OR DISCUSS WITH D/A BEFORE SCHEDULING A DEPO						X 30 DAYS BEFORE DEPO PREPARE CSU ATTENDEE WHO MAY ATTEND AND SEDGWICK FOR PREPARATION								
LEGAL SUBSEQUENT D/A STATUS & REPORTS				X UR/RFA, AWARDS, URGENT LEGAL MAIL)									X								
MAIL AND CORRESPONDENCE REVIEWS/RESPONSE							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														
MEDICAL RELEASES							X			X			X								
MILEAGE TO EE REIMBURSEMENT FOR MED LEGAL EXAM									X 10 DAYS PRIOR TO EXAM												
MEDICAL ONLY (MO CONVERSION)																X	X				
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			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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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									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						