

# Employer Responsibilities Questionnaire

Patient/Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

|    |   |     |    |    |
|----|---|-----|----|----|
| 1  | Did the employer provide a notice in a location frequented by employees that states the name of the current compensation insurance carrier of the employer, or that the employer is self-insured and who is responsible for claims adjustment?                          | Yes | No | 1  |
| 2  | Did the employer provide a notice advising employees that all injuries should be reported to their employer?  | Yes | No | 2  |
| 3  | Was the notice easily understandable?   | Yes | No | 3  |
| 4  | If you are Spanish speaking, was the notice posted in both English and Spanish?   | Yes | No | 4  |
| 5  | Did the notice include how to get emergency medical treatment?  | Yes | No | 5  |
| 6  | Did the notice list the kinds of events, injuries, and illnesses covered by workers' compensation?  | Yes | No | 6  |
| 7  | Did the notice include information on the injured employee's right to receive medical care?   | Yes | No | 7  |
| 8  | Did the notice include information about the rights of the employee to select and change the treating physician?  | Yes | No | 8  |
| 9  | Did the notice include information about the rights of the employee to receive temporary disability indemnity, permanent disability indemnity, supplemental job displacement, and death benefits, as appropriate?   | Yes | No | 9  |
| 10 | Did the notice include the contact information to whom injuries should be reported to?  | Yes | No | 10 |
| 11 | Did the notice state the existence of time limits for the employer to be notified of an occupational injury?  | Yes | No | 11 |
| 12 | Did the notice include information regarding the protections against discrimination?  | Yes | No | 12 |
| 13 | Did the notice include the Internet Web site address and contact information that employees may use to obtain further information about the workers' compensation claims process and an injured employee's rights and obligations?                                      | Yes | No | 13 |
| 14 | Did the notice include the location and telephone number of the nearest information and assistance officer?   | Yes | No | 14 |
| 15 | Did the notice provide a list of Emergency telephone number(s), for hospital, ambulance, police and firefighting services?  | Yes | No | 15 |
| 16 | Did the notice state how the employer may not be responsible for compensation because of an injury due to the employee's voluntary participation in any off-duty recreational, social, or athletic activity that is not a part of the employee's work-related duties?   | Yes | No | 16 |
| 17 | Did the notice provide a description about Medical Provider Networks ( "MPN" ) which includes what a MPN is, the pre-designation exemption from the MPN, when an employee must begin to use a physician from the MPN, and how to request information about using a MPN? | Yes | No | 17 |
| 18 | If the employer is using a MPN, did the notice state the effective date of MPN coverage to cover current injuries?  | Yes | No | 18 |

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|    |  |     |    |    |
|----|--|-----|----|----|
| 19 | Did the notice list the MPN Contact telephone number, address and, if available, the MPN website address?  | Yes | No | 19 |
| 20 | Did your employer provide you a written MPN notification describing how to access initial care and subsequent medical care?  | Yes | No | 20 |
| 21 | Did your employer provide you a written MPN notification describing the mileage, time requirements, and alternative access standards required?   | Yes | No | 21 |
| 22 | Did your employer provide you a written MPN notification describing how to access treatment if (A) the employee is authorized by the employer to temporarily work or travel for work outside the MPN's geographical service area; (B) a former employee whose employer has ongoing workers' compensation obligations permanently resides outside the MPN geographical service area; and (C) an injured employee decides to temporarily reside outside the MPN geographic service area during recovery? | Yes | No | 22 |
| 23 | Did your employer provide you a written MPN notification describing how to choose a physician within the MPN?  | Yes | No | 23 |
| 24 | Did your employer provide you a written MPN notification describing what to do if a covered employee has trouble getting an appointment with a provider within the MPN?  | Yes | No | 24 |
| 25 | Did your employer provide you a written MPN notification describing how to change a physician within the MPN?  | Yes | No | 25 |
| 26 | Did your employer provide you a written MPN notification describing how to obtain a referral to a specialist within the MPN or outside the MPN, if needed?   | Yes | No | 26 |
| 27 | Did your employer provide you a written MPN notification describing how to use the second and third opinion process?   | Yes | No | 27 |
| 28 | Did your employer provide you a written MPN notification describing how to request and receive an independent medical review?  | Yes | No | 28 |
| 29 | Did your employer provide you a written MPN notification with a description of the standards for the transfer of care policy and a notification that a copy of the policy shall be provided to an employee upon request?   | Yes | No | 29 |
| 30 | Did your employer provide you a written MPN notification with a description of the standards for the continuity of care policy and a notification that a copy of the policy shall be provided to an employee upon request?   | Yes | No | 30 |

\_\_\_\_\_  
Patient/Client Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The ERQ questionnaire was filled out by the patient above. Please provide the ERQ analysis and a written Memo.

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

Or

\_\_\_\_\_  
Signature on File

Please provide information on where to send the ERQ Outcome Memo :

Facility name \_\_\_\_\_

Fax number \_\_\_\_\_

Email address \_\_\_\_\_

**Please fax this form to 866-437-1413**