Injured at Work What to Do

We hope you never have to experience a work injury; however, they do happen. Please follow these protocols.

1. Notify your supervisor and complete an Incident Report and submit to your supervisor. You will be given a workers' compensation claim packet. You will only need to fill out the packet if you need medical treatment.
2. For all injuries - Call the Nurse Triage Hotline 24/7 to report injury **(844) 691-4111** (if life threatening, call 911 instead). The Nurse Hotline will determine if your injury just requires a simple report or if you should be seen for medical treatment.
3. If no medical treatment is needed, sign and return the Incident Report and Acknowledgement of Receipt of DWC-1 (work comp packet). No further action is needed.

If medical treatment is needed, seek medical attention (Dignity Health Medical Group or if necessary, Sierra Nevada Memorial Hospital), fill out the entire workers' compensation packet you were given and submit to your supervisor within 24 hours. Your supervisor will forward packet to Human Resources.

4. Our third-party administrator, Acclamation Insurance Management Services (AIMS) will assign a case worker to your claim and you may receive a phone call and/or a letter from them. The case worker can help you throughout your claim to receive additional medical treatment, physical therapy approval and the like. They will also assist you should you have any challenges in receiving treatment during your claim.
5. Human Resources will also reach out to you to extend any support.
   Employee's with last names A-K, your dedicated HR support person is Marian Dressel (mdressel@nevco.org) or direct line (530) 452-0899 should you need additional assistance.
   Employee's with last names L-Z, your dedicated HR support person is Julie Stedman (jstedman@nevco.org) or direct line (530) 452-0896 should you need additional assistance
6. There are many people that will be working in the background on your claim (AIMS, HR, Payroll, etc) . The goal of the team is to provide you with the best care and get you feeling healthy so you can return to work.
7. After each doctor's visit, you will provide your supervisor and HR with a copy of the work status report.

Top things to remember:

1. **Notify supervisor**
2. **Call Nurse Triage Hotline (844) 691-4111**
3. **Complete and return Incident Report and Acknowledgement of Receipt form. If seeking medical attention, complete and return the entire workers' compensation claim packet.**
4. **Questions: call your HR support person**
5. **Disclaimer: missed work time may have to be repaid to NCSOS if claim is denied or work status note is not eligible for time off work.**

DISTRICT ACCIDENT/INCIDENT REPORT

DISTRICT NAME: _____

☐ **ACCIDENT INVESTIGATION REPORT** ☐ **EMPLOYEE INCIDENT REPORT**

Site Location:_____Date & Time of Injury/Incident_____

Hours Worked (normal workday):_____ Start: _____ End:_____

Employee's Department_____ Date Reported_____

Employee's Name	Social Security Number Date of Birth	
Home Address *(PO Box or Street #, city, state/zip)*	Home Phone Number	Sex: ☐ Male ☐ Female Occupation:
Any Witnesses? ☐ Yes ☐ No If yes, give names below:		
Task being performed when accident/injury occurred:		
Describe the accident/incident and body parts affected:		
Have you injured this part of your body before? ☐ Yes ☐ No If yes, explain below:		

Do you require medical attention now? ☐ Yes ☐ No

If yes, your Supervisor will notify your district office to secure a referral slip to a SIG Medical Network Provider. If medical aid is not required at this time, your Supervisor will retain a copy of the incident report and forward a copy to the district office.

If medical attention is not needed for this incident now but is necessary at a later date, you understand that you **MUST** contact your site supervisor and the District Office Claims Coordinator **PRIOR TO** seeking or obtaining treatment.

Failure to report occupational injuries in a timely manner and/or failure to comply with the District's policies for medical treatment of occupational injuries could result in disciplinary action. It may also result in a delay of any possible Workers' Compensation benefits while the District and the insurance carrier investigate your claim.

Employee Signature:	Date
Supervisor Signature	Date

Supervisor: What preventative action should have been taken by the employee or others to avoid this type of accident? (Include recommendations from the employee.)

What actions have been taken on these recommendations? (Include dates)

Note: Any person who makes or causes to be made, any knowingly false or fraudulent material representation for the purpose of obtaining or denying Workers' Compensation benefits or payments is guilty of a felony.

Send original to Personnel Services, District Office. Keep a copy at site.
***If condition presents a safety hazard*, send a copy & work order to Maintenance for repair.**

ACKNOWLEDGEMENT OF RECEIPT
of
Employee Claim Form

I acknowledge receipt of an Employee's Claim for Workers' Compensation Benefits (Form DWC-1).

This information was received:

From: _____
(Manager, Supervisor or Lead Person)

District Name: _____

On: _____ At: _____
(Date) (Time)

_____ _____
Employer Signature Employee Signature

_____ _____
Date Date

Note: If you need treatment for this incident later, bring your copy of the DWC-1 to the District Office representative and to your Supervisor or Principal. The District Office will authorize an Urgent Care visit to the SIG-Designated Occupational Health Clinic most convenient to you.

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the **"Employee"** section and give the form to your employer. Keep a copy and mark it **"Employee's Temporary Receipt"** until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at **(800) 736-7401.** An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oir información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los benficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above ***Empleado—complete esta sección y note la notación arriba.***

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____a.m. _____p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde occurió el accidente.* _____
6. Describe injury and part of body affected. *Describa la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. ☐ Check if you agree to receive notices about your claim by email only. ☐ *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.* Employee's e-mail. _____ *Correo electrónico del empleado.* _____.
   You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*
9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. ***Empleador—complete esta sección y note la notación abajo.***

10. Name of employer. *Nombre del empleador.* _____
11. Address. *Dirección.* _____
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia adminstradora de seguros.* Acclamation Insurance Management Services P.O. Box 269120 Sacramento, CA 95826
16. Insurance Policy Number. *El número de la póliza de Seguro.* _____
17. Signature of employer representative. *Firma del representante del empleador.* _____
18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within <u>one working day</u> of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

***Empleador:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de <u>un día hábil</u> desde el momento de haber sido recibida la forma del empleado.*

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/*Copia del Empleador* ☐ Employee copy/*Copia del Empleado* ☐ Claims Administrator/*Administrador de Reclamos* ☐ Temporary Receipt/*Recibo del Empleado*

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to $10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, l administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende *(Primary Treating Physician- PTP)* es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos *(Medical Provider Network- MPN)* o una Organización de Cuidado Médico *(Health Care Organization- HCO)*, en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta $10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o *PTP*:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su *PTP* sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una *MPN*, *HCO* o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su *PTP*, puede solicitar una revisión médica independiente *(Independent Medical Review- IMR)*, utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la *IMR* es parecido al proceso de la *IMR* de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la *IMR*. La *IMR* no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su *PTP* en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesg perder el derecho a objetar a la opinión de su *PTP* a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado *(Qualified Medical Evaluator- QME)* para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado *(Agreed Medical Evaluator- AME)*. Si el administrador de reclamos no está de acuerdo con su *PTP* sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un *QME* o *AME*.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at **www.californiaspecialist.org.**

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo *(Supplemental Job Displacement Benefit- SJDB)*: Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo un curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisios, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despida por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatalde Incapacidad *(State Disability Insurance- SDI)* o beneficios del desempleo *(Unemployment Insurance- UI)*. Llame al Departamento ~~Estatal~~ del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia *(Information & Assistance- I&A)*: Los Oficiales de Información y Asistencia *(I&A)* estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California *(State Bar)* al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.

EMPLOYEE RESPONSIBILITIES

During a Workers' Compensation Injury or Illness

Schools Insurance Group (SIG) is committed to providing modified or alternate work for our industrially injured employees while they recover. As in sports medicine, studies show that workers who continue with as much normal activity as possible recover faster and have a better result than workers who remain at home without activity. In addition, an early return to work helps your District control its Workers' Compensation costs so that funds are available for other areas including salary increases, supplies, and staffing.

Please help us to help you by cooperating with our efforts to obtain information from your treating physician in the event you should require modifications to your job after your work injury. Stay in weekly communication with your District Office contact and your immediate Supervisor to update your physical status.

Whenever you visit an Occupational Health Clinic, your doctor or a Physician's Assistant will give you a copy of your status report to take back to your employer.

- It is your responsibility to read and make sure you understand the restrictions your doctor sets for you during the week(s) between visits. Clarify any restrictions with your physician that aren't clear to you, and submit a copy of the status report to your District Office upon your return to work. The District Office will forward your restrictions to your supervisor.
- It is your responsibility to make your follow-up appointments before or after work wherever possible. Please note: Workers' Compensation insurance **does not pay Temporary Disability for work hours missed for medical appointments.** Mileage to and from appointments will be reimbursed by Acclamation Insurance Management Services (AIMS) our Third Party insurance administrator.
- It is your responsibility to attend all scheduled medical appointments or physical therapy until you have reached "maximum medical improvement" and are released from medical care.

If your Supervisor cannot modify your job to fit your restrictions, your District Office will be notified. They will offer you a Bridge assignment wherever possible. SIG uses the OUR System Return-to-Work Program to accommodate workers with work injuries. OUR System is an acronym for Optimal Utilization of Resources. The program uses a bank of **temporary** alternate work assignments that have been identified and assigned physical capacity guidelines that will help the parties choose the right level of activity for you at all times. The assignments are called Bridge assignments because they "bridge" the gap between injury and recovery. Bridge assignments are designed to provide a measure of work hardening while you recover, and to minimize the chance of re-injury upon your return to work. Norm Peterson and Associates developed all of the Bridge assignments in conjunction with your district employers' needs. You can be assured that the assignment you are offered was developed to accommodate the physical needs for your specific injury.

- **During modified duty or Bridge assignments, all personnel policies and procedures apply** regarding performance of job duties, attitude, and attendance. While you are recovering, you must notify your supervisor of any scheduled medical appointments, and you must return to work promptly following your appointments. You will be expected to submit copies of your status report to your District Office after each medical visit until you are released to return to your usual and customary job.

- If you find you are not able to physically perform the job duties after being assigned a modified job or a Bridge, it is your responsibility to notify your supervisor immediately and return to the doctor for an adjustment in your restrictions. All jobs offered to you during your recovery will be based entirely on the physical limitations set by your treating physician.

You are required to report for work when you have been released to modified duty. If your district cannot modify your current job and you are offered a Bridge assignment, you may choose to decline the Bridge. **In cases where a Bridge assignment is available and you decline the assignment, you will not be entitled to Temporary Disability payments for that period.**

I have read and understand my responsibilities and the conditions of my employment during a work related injury or illness.

_____
Employee Signature

_____
Date

_____
Employer Signature

_____
Title

_____
Date

Copy to Supervisor and District Office

Authorized by (Please Print):_____ **Date:**_____

Signature:_____ **Title:**_____

******ALL MINORS MUST BE WITH THEIR LEGAL GUARDIANS TO BE TREATED OR HAVE CONSENT TO TREAT SIGNED******

Medical Treatment Authorization

This form should accompany the employee to the clinic.
A valid government/school issued photo ID must be presented at time of service.

Employee Name:_____Date of Birth:_____Date: _____

Job Title:_____ Company Rep Email:_____

Company Representative Authorizing (Print Name):_____

Company Name:_____ ☐ Fax or ☐ Email results/any documents

Company Address:_____

Company Phone #:_____ Company Fax #:_____

Work Related Injury

☐ Worker's Comp (Claim # is required within 72 hours of the date of service) ☐ First Aid

Workers' Comp. Company Name: _____ Phone:_____

Carrier **Billing** Address:_____

Date of Injury:_____ Injured Body Part:_____

Last Day Worked:_____ Claim #:_____

Approved Workers Compensation Providers

- **Dignity Health Medical Group. Sierra Nevada**
  - 280 Sierra College Road, Suite 105, Grass Valley, CA 95945
  - Phone (530) 477-4480 Fax (530) 477-3100
  - Monday-Friday: 8:00am - 5:00pm

- **Auburn Walk in Medical Clinic**
  - 483 Grass Valley Hwy, Suite 1, Auburn, CA 95603
  - Phone (530-537-2250 Fax (530)466-2717
  - Email auburnwalkinclinic@gmail.com
  - Website www.auburnwalkinclinic.com
  - Monday-Friday: 9:00am – 7:30pm & Saturday 9:00am – 5:30pm

Authorized by (Please Print):_____ **Date:**_____

Signature:_____ **Title:**_____

******ALL MINORS MUST BE WITH THEIR LEGAL GUARDIANS TO BE TREATED OR HAVE CONSENT TO TREAT SIGNED******

Injured Worker First Fill Prescription Form

Instructions for: Employer*

Please complete this form before providing to Injured Worker.

*Last Name, First Name:	*Social Security Number: XXX-XX-
*Date of Injury:	*Date of Birth:
*Employer Name: Nevada County Supt of Schools	

*Required Information

Instructions for: Injured Workers*

To fill your initial (first) prescriptions for a workers' compensation injury, follow these easy steps:

1. Present this form within 30 days of the date you were injured.
2. Locate a participating pharmacy closest to you. For assistance use the following tools:
   - Call: 1.800.758.5779
   - Visit: www.healthesystems.com/pharmacysearch
   - A sample listing of pharmacies are provided at the bottom of *this form*

*For new injuries only

Instructions for: Pharmacists

Your pharmacy has contracted to participate in the Healthesystems Pharmacy Network. To dispense the patient's first-fill for their workers' compensation prescription:

- Indicate that this is a new workers' comp injury; do not process under an existing injury
- Call the Healthesystems Customer Service Center: 1.800.758.5779
- Process using the Member ID # provided by Healthesystems

Prescription Processing Information:

Transmit prescription using the following

Healthesystems Customer Service Center phone number: **1.800.758.5779** (press 1 for retail pharmacy option)		
BIN: **012874**	**Carrier/Customer ID:** **AIMS**	* Member ID: *(provided by Healthesystems CSC representative)*

*Required Information

Healthesystems Pharmacy Network

Albertson's	Duane Reade	Kroger Pharmacy	Safeway Pharmacy	Walgreens
Aurora Pharmacy	Fred's Pharmacy	Long's Drug Store	Sam's Club	Wal-Mart
Bi-Lo Pharmacy	Giant Eagle	Medicap Pharmacy	Sav-On Drugs	Winn Dixie Pharmacy
Brooks Pharmacy	Giant Pharmacy	Meijer Pharmacy	Shoprite Pharmacy	
Carilion Pharmacies	HEB Pharmacy	Osco Drug	Stop & Shop	
Costco Pharmacy	Hy-Vee Pharmacy	Publix Pharmacy	Target	
CVS Pharmacy	Kmart	Rite Aid	Vons Pharmacy	

The injured worker, in many states, has the free, full and absolute choice in the selection of a pharmacy or pharmacist. The above information is provided if the injured worker needs assistance in locating a pharmacy.

Formulario de primera dispensación de receta a un trabajador lesionado

Instrucciones para: Empleador*

Por favor complete este formulario antes de dárselo a un trabajador lesionado.

*Apellido, primer nombre:	*Número de Seguro Social:
*Fecha de la lesión:	*Fecha de nacimiento:
*Nombre del empleador:	

*Información obligatoria

Instrucciones para: Trabajadores lesionados*

Para que le dispensen las recetas iniciales (las primeras) debido a una lesión de compensación de trabajadores, siga estos sencillos pasos:

1. Presente este formulario dentro de los 30 días de la fecha en que usted se lesionó.
2. Localice una farmacia participante cercana a usted. Para asistencia, use las siguientes herramientas:
   - Llame al: 1.800.758.5779
   - Visite: www.healthesystems.com/pharmacysearch
   - En la parte inferior de *este formulario* se incluye un modelo de lista de farmacias

Para nuevas lesiones solamente

Instrucciones para: Farmacéuticos

Su farmacia ha sido contratada para participar en la Red de Farmacias de Healthesystems. Para dispensar la receta de compensación de trabajadores del paciente por primera vez:

- Indique que esta es una nueva lesión de compensación de trabajadores; no la procese junto con una lesión existente
- Llame al Centro de Servicio al Cliente de Healthesystems: 1.800.758.5779
- Procésela utilizando el número de ID de miembro proporcionado por Healthesystems

Información para procesar las recetas:
Transmita la receta utilizando lo siguiente

Número de teléfono del Centro de Servicio al Cliente de Healthesystems: **1.800.758.5779** (pulse 1 para la opción de farmacia de venta minorista)		
BIN: **012874**	**ID de Empresa/Cliente:** **AIMS**	*ID del miembro: *(proporcionado por representante de Centro de Servicio al Cliente de Healthesystems)*

*Información obligatoria

Red de Farmacias de Healthesystems

Albertson's	Fred's Pharmacy	Long's Drug Store	Sam's Club	Wal-Mart
Aurora Pharmacy	Giant Eagle	Medicap Pharmacy	Sav-On Drugs	Winn Dixie Pharmacy
Bi-Lo Pharmacy	Giant Pharmacy	Meijer Pharmacy	Shoprite Pharmacy	
Brooks Pharmacy	HEB Pharmacy	Osco Drug	Stop & Shop	
Carilion Pharmacies	Hy-Vee Pharmacy	Publix Pharmacy	Target	
Costco Pharmacy	Kmart	Rite Aid	Vons Pharmacy	
CVS Pharmacy	Kroger Pharmacy	Safeway Pharmacy	Walgreens	
Duane Reade				

En muchos estados, el trabajador lesionado tiene libre la decisión, completa y absoluta de seleccionar una farmacia o un farmacéutico. La información precedente se proporciona para el caso de que un trabajador lesionado necesite asistencia para localizar una farmacia.

Covered Employee Notification of Rights Materials

Regarding

Allied Managed Care Incorporated
Allied Managed Care MPN
MPN ID # 2360

This pamphlet contains important information about your medical care in case of a work-related injury or illness

You Are Important To Us

Keeping you well and fully employed is important to us. It is your employer's goal to provide you employment in a safe working environment. However, should you become injured or ill, as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as possible. In compliance with California law, we provide workers' compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the MPN, please contact MPN Contact by phone at (888) 290-1911, or email tanolasco@alliedmanagedcare.com. If you need an explanation about your medical treatment for your work-related injury or illness you can contact your claims examiner if one has been assigned to your case.

Allied Managed Care MPN

Allied Managed Care Incorporated provides access to medical treatment in the event you sustain a work-related injury or illness through Allied Managed Care MPN. Allied Managed Care MPN accesses medical treatment through selected Anthem Blue Cross Prudent Buyer PPO ("Blue Cross of California") providers and the Kaiser-On-the-Job Provider Network. Anthem Blue Cross contracts with doctors, hospitals and other providers to respond to the special requirements of on-the-job injuries or illnesses.

Access to Care

If you should experience a work-related injury or illness, you should:

Notify your employer:

- Immediately notify your supervisor or employer representative so you can secure medical care. Employers are required to authorize medical treatment within one working day of your filing of a completed claim form (DWC-1). To ensure your rights to benefits, report every injury and request a claim form.

Initial or Urgent Care:

- If medical treatment is needed, your employer will direct you to an MPN provider upon initial report of injury. An appointment for initial medical care should be

immediate but in no event longer than 3 business days of a covered employee's notice to your employer or MPN Medical Access Assistant that treatment is needed.

For Emergency Care:

- In the case of emergency* go to the nearest healthcare provider. Once your condition is stable, contact your employer, the claims administrator AIMS at 800-444-6157, or Medical Access Assistant for assistance in locating a MPN provider for continued care.

**Emergency care is defined as a need for those health care services provided to evaluate and treat medical conditions of a recent onset and severity that would lead a lay person, possessing an average knowledge of medicine, to believe that urgent care is required.*

Subsequent Care:

- All medical non-emergencies, which require ongoing treatment, in-depth medical testing or a rehabilitation program, must be authorized by your claims examiner and based upon medically evidenced based treatment guidelines (California Labor Code §5307.27, and as set forth in title 8, California Code of Regulations, section 9792.20 et seq.). Access to subsequent care, including specialist services, shall be available within no more than twenty (20) business days of a covered employee's reasonable requests for an appointment through an MPN Medical Access Assistant. If an MPN Medical Access Assistant is unable within ten business days to schedule an initial medical appointment that will occur within twenty (20) business days of an employee's request, then Allied Managed Care Incorporated shall permit the employee to obtain necessary treatment with an appropriate specialist outside of the MPN. The MPN physician, who is the primary treating physician, will continue to direct all of the covered injured employee's medical treatment needs.

- If a covered employee is not able to obtain from an MPN physician reasonable and necessary medical treatment within the applicable access standards noted above, the covered employee will be permitted to obtain necessary treatment for that injury from an appropriate specialist outside the MPN within a reasonable geographic area. When the MPN is able to provide the necessary treatment through an MPN physician, a covered employee treating outside the MPN may be required to treat with an MPN physician when a transfer is appropriate.

- If ancillary services are not available within a reasonable time or a reasonable geographic area to a covered employee, then the employee may obtain necessary ancillary services outside of the MPN within a reasonable geographic area.

If you are temporarily working, relocate or move outside of the MPNs geographic service area and are injured:

The following is Allied Managed Care Incorporated's written policy for arranging or approving non-emergency medical care for: (1) a covered employee authorized by the employer to temporarily work or travel for work outside of the MPN geographic service area when the need for medical care arises; (2) a former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the

MPN geographic service area; and (3) an injured employee who decides to temporarily reside outside the MPN geographic service area during recovery.

- When an employee has a work-related non-emergent injury or illness outside of the service area, the employee should notify the employer and seek treatment at the closest occupational health or primary care clinic to the patient.
- In the event of an emergency or if urgent care is needed, the employee should seek medical attention from the nearest hospital or urgent care center. If feasible, the employee or a personal representative should report his/her injury/illness within 24 hours of receiving treatment.
- Once the injured/ill employee returns to the service area, medical care will be transferred to a provider within the MPN.
- Employees that are temporarily working, relocate or move outside of the MPN's geographic service area will have a choice of at least three physicians outside the MPN geographic service area who either have been referred by the employee's primary treating physician within the MPN or have been selected by the MPN Applicant. In addition to the physicians within the MPN, the employee may change physicians among the referred physicians and may obtain a second and third opinion from the referred physicians. Referred physicians will be located within the access standards described in this notice e.g. 15 miles or 30 minutes for primary care and 30 miles or 60 minutes for specialty care.
- The MPN does not prevent a covered employee outside the MPN geographic service area from choosing a provider for non-emergency medical care.

Upon your return to California, should you require ongoing medical care, immediately contact your claims examiner or your employer for referral to a MPN provider for continued care.

How to Choose a Physician within the MPN

The MPN has providers for the entire state of California. The MPN must give you a regional list of providers that includes at least 3 physicians in each specialty commonly used to treat work related injuries or illnesses in your industry. The MPN must provide access to primary treating physicians within 15 miles or 30 minutes, and specialists within 30 miles or 60 minutes.

To locate a participating provider or obtain a regional listing:

Provider Directories:

- On-line Directories – if you have internet access, you can access the roster of all treating physicians in the MPN by going to the website https://www2.viiad.com/anthemcompass/KBALLIEDM000/app/home.asp. A copy of the complete provider listing is also available in writing or electronic copy upon request. For more information about the MPN go to http://www.alliedmanagedcare.com/mpn. Secondary treating physicians and specialists that can only be seen with an approved referral are clearly designated "by referral only" in the online provider finder and roster of all treating physicians.

- If you do not have internet access, you may request assistance locating an MPN provider or obtaining an appointment by contacting the Medical Access Assistant at

844 MPN-HELP, email at MPNHelp@AlliedManagedCare.com, and fax 916-362-3043.

- Promptly contact your claims examiner to notify us of any appointment you schedule with an MPN provider.

Choosing a Physician (for all initial and subsequent care):

- Your employer will direct you to an MPN provider upon initial report of injury. You have the right to be treated by a physician of your choice within the MPN ***after your initial visit***.
- The providers you choose should be appropriate to treat your injury
- If you wish to change your MPN physician after your initial visit, you may do so by:
  - Accessing the on-line provider directories (see above)
  - Call the Medical Access Assistant or Claims Examiner
- If you have trouble getting an appointment with a provider within the MPN contact the Medical Access Assistant as soon as you are able and they can assist you.
- If you select a new physician, immediately contact your claims examiner and provide him or her with the name, address and phone number of the physician you have selected. You should also provide the date and time of your initial evaluation.
- If it is medically necessary for your treatment to be referred to a specialist, your MPN physician can make the appropriate referral within the network or you may select a specialist of your choice within the MPN
- If a chiropractor is selected as a treating physician, the chiropractor may act as a treating physician only until the 24-visit cap is met unless otherwise authorized by the employer or insurer, after which the covered employee must select another treating physician in the MPN who is not a chiropractor, and if the employee fails to do so, then the insurer or employer may assign another treating physician who is not a chiropractor.
- If a type of specialist is needed, or recommended by your MPN physician, but is not available to you within the network, you will be allowed to treat with a specialist outside of the network. Your claims examiner can assist you to identify appropriate specialists if requested. Once you have identified the appropriate specialist outside of the network, schedule an appointment and notify your primary treating physician and claims examiner of the appointment date and time. Your MPN physician, who is your primary treating physician, will continue to direct all of your medical treatment needs.
- If the MPN cannot provide access to a primary treating physician within 15 miles or 30 minutes of your workplace or residence, the MPN may allow you to seek treatment outside the MPN. Please contact your claims examiner for assistance.
- The MPN will offer Telehealth*/Telerehab to injured workers statewide. If the injured worker consents to the use of Telehealth/Telerehab, consent will be documented pursuant to Business and Professions Code section 2290.5(b) and the MPN will facilitate the coordination of Telehealth for the injured worker using mobile applications, computer applications or kiosks at the employer's location.

  *Telehealth is a means to deliver health care services and public health via information and communication technologies, and includes Telemed physicians and Concentra Telerehab services in this MPN.

- If you select and consent to a physician who only sees patients via Telehealth, then that physician will be counted as an available MPN physician when determining if Access Standards have been met.
- If you do not provide consent for Telehealth physicians, or revoke your consent, the MPN will be limited to offering MPN physicians within Access Standards in a brick and mortar setting. If the MPN does not meet Access Standards, you shall be permitted to obtain necessary treatment for that injury from an appropriate Primary Treating Physician or Specialist outside the MPN within a reasonable geographic area.
- Injured workers that consent to Telehealth/Telerehab and seek treatment with Concentra Telemed physicians will have access to Physical Therapy and Occupational Therapy in the Concentra Telerehab program by referral of Concentra Telemed physicians.
- Injured workers may obtain Telehealth information and a listing of Telehealth providers by going to https://www2.viiad.com/anthemcompass/KBALLIEDM000/app/home.asp and selecting the search option for Telehealth.

Medical Access Assistant(s)

MPN Medical Access Assistants are available, at a minimum, from Monday through Saturday (excluding Sundays and holidays) from 7 am to 8 pm, Pacific Time, to provide covered employee assistance with access to medical care under the MPN. The assistance includes but is not limited to contacting provider offices during regular business hours to find available MPN physicians of your choice, and scheduling and confirming physician medical appointments. Assistance is available in English and Spanish.

At least one MPN medical access assistant is available to respond at all required times, with the ability for callers to leave a voice message. Medical access assistants will respond to calls, faxes or messages by the next day, excluding Sundays and holidays. MAAs work in coordination with the MPN Contact and the claims adjuster(s) to ensure timely and appropriate medical treatment is available to you. You may contact the Medical Access Assistant at 844 MPN-HELP, email at MPNHelp@AlliedManagedCare.com, and fax 916-362-3043.

Second and Third Opinions

Second Opinion:

- If you disagree with the either the diagnosis or the treatment prescribed by your MPN physician, you may obtain a second opinion within the MPN. During this process you are required to continue your treatment with an MPN physician of your choice. In order to obtain a second opinion you and the MPN share responsibilities:
  - Inform your claims examiner of your dispute regarding your treating physician's opinion either orally or in writing.
  - You are to select a physician or specialist from a regional list of available MPN providers, which will be provided to you by your claims examiner upon notification of your request for a second opinion.
  - You are to make an appointment within 60 days.

- You are to inform your claims examiner of the appointment date and time.
- You shall be deemed to have waived your right to a second opinion if you do not make an appointment within 60 days from receipt of the list.
- You have the right to request a copy of the medical records sent to the second opinion physicians.
- If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify you and your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

Third Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by the second opinion physician, you may obtain a third opinion within the MPN. During this process you are required to continue your treatment with a MPN physician of your choice. In order to obtain a third opinion you and the MPN share responsibilities:
  - Inform your claims examiner of your dispute regarding your treating physician's opinion either orally or in writing.
  - You are to select a physician or specialist from the list of available MPN providers previously provided or you may request a new regional area list.
  - You are to make an appointment within 60 days.
  - You are to inform your claims examiner of the appointment date and time.
  - You shall be deemed to have waived your right to a third opinion if you do not make an appointment within 60 days from receipt of the list.
  - You have the right to request a copy of the medical records sent to the third opinion physician.
  - If the third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify you and your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

- If the MPN does not contain a physician who can provide the treatment recommended by the Second or Third Opinion physician, the employee may choose a physician outside the MPN within a reasonable geographic area. The covered employee may obtain the recommended treatment by changing physicians to the second opinion physician, third opinion physician, or other MPN physician
- At the time of selection of the physician for a third opinion, the MPN Contact will notify you about the MPN Independent Medical Review (MPN IMR) process and provide you with an application for the MPN Independent Medical Review process (see below).
- If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (MPN IMR). Your employer or MPN Contact will give you information on requesting an MPN Independent Medical Review and a form at the time you select a third-opinion physician.
- If either the second or third-opinion doctor or MPN Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN does not contain a

physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

Continuity of Care Policy

Your employer or insurer has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continuing your care with the non-MPN provider, you and your primary treating physician must receive a letter of notification.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to MPN physicians. These conditions are:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or claims administrator that will occur within 180 days of the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care to another physician within the MPN.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care into the MPN. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the entire Continuity of Care policy in English or Spanish, ask your MPN Contact or your claims examiner.

Transfer of Care Policy

Your employer or insurer has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.) If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician.

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or claims administrator that will occur within 180 days of the MPN effective date.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete transfer of care policy for more details on the dispute resolution process.

For a copy of the entire transfer of care policy in English or Spanish, ask your MPN Contact or your claims examiner.

For Questions or MPN Information

What if I have questions or need help:

- **MPN Contact**: You may always contact the MPN Contact to answer questions about the use of MPNs or to submit a formal MPN complaint by mail at 10360 Old Placerville Road, Sacramento CA 95827, phone at (888) 290-1911, by fax (916) 362-3043, or email tanolasco@alliedmanagedcare.com. If you need an explanation about your medical treatment for your work-related injury or illness you can contact your claims examiner if one has been assigned to your case.
- **Medical Access Assistants** are available Monday through Saturday **(excluding Sundays and holidays)** from 7 am to 8 pm, Pacific Time, by phone at 844 MPN-HELP, email at MPNHelp@AlliedManagedCare.com, fax 916-362-3043.
- **Division of Workers' Compensation (DWC)**: If you have concerns, complaints or questions regarding the MPN, the notification process or your medical treatment after a work-related injury or illness, you can call DWC's Information and Assistance Unit at 800-736-7401. You can also go to DWC's website at www.dir.ca.gov/dwc and click on "Medical provider networks" for more information about MPNs.
- **MPN Independent Medical Review**: If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation Medical Unit at:

  DWC Medical Unit
  P.O. Box 71010
  Oakland CA 94612
  (510)286-3700 or (800)794-6900