



County of Fresno Workers' Compensation Program

**FILING A WORKERS' COMPENSATION CLAIM**

**IMMEDIATELY REPORT EVERY INJURY TO YOUR SUPERVISOR.**

**INSTRUCTIONS:** If you are injured, require medical attention, and wish to file a workers' compensation claim, complete and/or review the following documents. Acknowledge you have received, read, and understand the documents of the On-the-Job Injury Packet by initialing next to each item below.

- \_\_\_\_\_ 1. For your protection, complete the **Workers' Compensation Claim Form (DWC-1)** with your supervisor prior to leaving for medical treatment. Workers' compensation law requires the County to pay your medical costs resulting from an on-the-job injury or illness. If you are disabled and unable to work at your regular employment, the County is required to pay a temporary disability benefit which is a percentage of your weekly salary. There are strict deadlines for the County to make these payments. If you do not complete the claim form immediately, these deadlines are not enforceable.
  
- \_\_\_\_\_ 2. Your supervisor will provide you with a **Medical Treatment Authorization Form** listing the facilities where you may seek treatment. You must select one of the facilities from the list and take the form to that medical facility to receive treatment.
  
- \_\_\_\_\_ 3. Review the **Integration Program Form** and complete if you wish to opt out of the Integration Program so that the County knows how to administer your benefits if you are taken off work by the doctor. You are only required to submit this form if you do not wish to participate in the Integration Program.
  
- \_\_\_\_\_ 4. Take the **First Fill Prescription Form** with you in case the doctor prescribes medication. Present it to the pharmacy to fill your prescription and bill AIMS.
  
- \_\_\_\_\_ 5. Review the **Medical Provider Network and Medical Access Assistant Notice**.
  
- \_\_\_\_\_ 6. Review and complete the **Voluntary Medical Release Forms** (General and Kaiser).

**Employee Name:**

**Employee Signature:**

**Date of Signature:**

If you have any questions about your workers' compensation benefits, please contact your department's personnel unit or call Risk Management at (559) 600-1850. You can also visit our e-Services page following the pathway Departments > Human Resources > Risk Management > Workers Compensation.

County of Fresno workers' compensation claims are administered by AIMS at (559) 227-9972.

You may be entitled to long-term disability benefits if you are covered by a disability plan sponsored by the County and if you meet the benefit waiting period requirements. Please contact Employee Benefits, (559) 600 -1810 for more information.

***FALSE/FRAUDULENT CLAIM WARNING:*** Employees who report false information or withhold information pertinent to a workers' compensation claim with the intent to receive workers' compensation benefits may be disqualified from receiving further benefits and may be subject to criminal prosecution and civil penalties. Fraud includes, but is not limited to: Requesting/receiving disability benefits while working for gain as an employee of a business, independent contractor, yourself, or a business owner and not reporting that income to the Third Party Administrator. Making a false statement and/or submitting false documentation concerning wages/employment. Misrepresenting facts concerning an industrial accident/injury/illness to your employer, your physician, or the insurance company. Making false statements/submitting false documentation concerning transportation reimbursement requests. Workers' compensation fraud may be punished by imprisonment in county jail for over one year, or in a state prison for two to five years. A fine may also be imposed not exceeding \$150,000, or double the amount of the fraud, whichever is greater. If someone is convicted of workers' compensation fraud, the court is required to order restitution, including restitution for any medical evaluation or treatment services obtained or provided. A person convicted under Insurance Code Section 1871.4 may be charged the costs of the investigation at the discretion of the court.



# WORKERS' COMPENSATION EMPLOYEE QUICK GUIDE



## WORKPLACE INJURIES

Employees injured on the job must notify their supervisor immediately, or as soon as possible in the case of a medical emergency.

**Employees experiencing a medical emergency should seek immediate medical attention by going to an urgent care clinic, going to an emergency room, or calling 911.**

## WORKERS' COMPENSATION

Employees may choose to seek medical attention through the workers' compensation system and file a workers' compensation claim after reporting a workplace injury or illness by accepting the supervisor provided On the Job Injury (OJI) Packet, including the DWC-1 claim form. This packet will also contain a Medical Treatment Authorization Form listing available clinics, which will be signed by the supervisor.

Employees may be entitled to workers' compensation benefits such as: medical treatment, temporary disability, permanent disability, supplemental job displacement benefit, and death benefits.

## EMPLOYEE RESPONSIBILITIES

Report work-related injuries or illnesses to your supervisor as soon as possible.

Seek medical treatment at a designated medical facility or pre-designated physician.

Read and complete OJI packet employee forms carefully and promptly.

Follow physician's orders and provide supervisor with a work status report after every appointment.

*Failure to attend appointments may result in loss of workers' compensation benefits.*

Actively communicate with supervisor and engage in the interactive process when appropriate.

## CONTACT INFORMATION

Departmental Personnel Unit  
*See your department's directory.*

Contact your department's personnel for County benefits, integration, and leave information.

AIMS - Claims Administrator  
Main: (559) 227-9972

Contact AIMS for questions concerning claim's status and workers' compensation benefits.

HR Risk Management Workers' Compensation  
Main: (559) 600-1850

Contact for workers' compensation related questions.

Visit the [California Department of Industrial Relations](https://www.dir.ca.gov/dwc/injuredworker.htm) information for injured workers section and review the [Guidebook for Injured Employees](#) for additional information.

**[HTTPS://WWW.DIR.CA.GOV/DWC/INJUREDWORKER.HTM](https://www.dir.ca.gov/dwc/injuredworker.htm)**



**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.

**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 División de Compensación al Trabajador al (800) 736-7401 para oír 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 beneficios 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.

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.

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 ocurrió el accidente.* \_\_\_\_\_
6. Describe injury and part of body affected. *Describe 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 administradora de seguros.* \_\_\_\_\_
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 **one working day** of receipt of the form from the employee.

**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 **un día hábil** desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

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, el 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 arriesga 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 estatales. 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](http://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](http://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](http://www.californiaspecialist.org).

**Learn More About Workers' Compensation:** For more information about the workers' compensation claims process, go to [www.dwc.ca.gov](http://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- SJDDB):** 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 curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, 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 Estatal de Incapacidad (*State Disability Insurance-SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en [www.edd.ca.gov](http://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](http://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](http://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](http://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.



County of Fresno Workers' Compensation Program

**MEDICAL TREATMENT AUTHORIZATION FORM**

Injured Employee:			
Date of Birth:		Phone Number:	
Address:			
Department:			
Date of Injury:		Time of Injury:	

Our employee is reporting an injury to the following body part(s):

Our employee reported the following is how the injury occurred:

**MEDICAL PROVIDER: Please examine and provide treatment which may be required as a result of this injury.**

**DOCTOR'S FIRST REPORT OF WORK INJURY:**

**FAX** to AIMS at (559) 227-1579  
P.O. Box 269120, Sacramento, CA 95826  
Phone: (559) 227-9972

**MEDICAL STATUS REPORT:**

**EMAIL** to Fresno County Risk Management at  
HRRiskWorkersComp@fresnocountyca.gov  
Phone: (559) 600-1850

**WORKERS COMPENSATION CLINIC OPTIONS**

*Please check the facility below where the employee was referred to for treatment.*

<b>COVID-19 EXPOSURES:</b> Refer to Kaiser On-the-Job. Call clinic to set up the first appointment.	<b>ALL OTHER EXPOSURES:</b> (Blood, bodily fluids, Tuberculosis, etc.) Refer to Concentra.	<b>ALLEGED PSYCHE/STRESS INJURIES:</b> Send to Apollo Medical or Kaiser On-the-Job for initial intake appointment
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<p><b>Kaiser On-the-Job - Fresno</b> <b>KAISER MEMBERSHIP NOT REQUIRED</b> 7300 N. Fresno Street, Fresno, CA 93720 <b>MONDAY – FRIDAY: 8:00 AM – 4:30 PM</b> (559) 448-4886</p> <input type="checkbox"/>	<p><b>Kaiser On-the-Job - Selma</b> <b>KAISER MEMBERSHIP NOT REQUIRED</b> 2651 Highland Ave., Selma, CA 93662 <b>MONDAY – FRIDAY: 8:15 AM – 6:00 PM</b> (559) 898 - 6000</p> <input type="checkbox"/>
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<p><b>Concentra Medical Centers - North Fresno Office</b> 7265 N. First Street Ste. 105, Fresno, CA 93720 <b>MONDAY – FRIDAY: 7:00 AM – 5:00 PM</b> (559) 431-8181</p> <input type="checkbox"/>	<p><b>Concentra Medical Centers - Fresno Jensen Office</b> 2555 S. East Ave., Fresno, CA 93706 <b>MONDAY – FRIDAY: 8:00 AM – 5:00 PM</b> (559) 499-2400</p> <input type="checkbox"/>
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<p><b>Saint Agnes Occupational Health Center</b> 7202 N. Millbrook Ave., Ste. 108, Fresno, CA 93720 <b>MONDAY – FRIDAY: 8:00 AM – 5:00 PM</b> (559) 450-7777</p> <input type="checkbox"/>	<p><b>Apollo Health Inc.</b> 6042 N. Fresno Street Ste. 104, Fresno, CA 93710 <b>MONDAY – FRIDAY: 7:00 AM – 5:00 PM</b> (559) 515 - 6841</p> <input type="checkbox"/>
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<p><b>Tuan Tran MD</b> 3042 Tulare Street, Fresno, CA 93721 <b>MONDAY – FRIDAY: 8:00 AM – 5:00 PM</b> (559) 233- 8880</p> <input type="checkbox"/>
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**EMERGENCY OR AFTER HOURS TREATMENT OPEN 24 HOURS A DAY**

*If employee is taken off work or given work restrictions by ER Doctor, the employee must follow up at one of the above listed clinics on the next business day.*

<p><b>Community Regional Medical Center</b> ER - Fresno and R Streets Fresno, CA 93721 (559) 459-6000 or ER 459-3998</p> <input type="checkbox"/>	<p><b>Saint Agnes</b> 1303 E. Herndon Fresno, CA 93720 (559) 450-3000</p> <input type="checkbox"/>	<p><b>Kaiser Emergency Department</b> <b>KAISER MEMBERSHIP NOT REQUIRED</b> 7300 N. Fresno Street Fresno, CA 93720 (559) 448-4500</p> <input type="checkbox"/>
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<b>Supervisor's Name:</b>	<b>Date:</b>
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<b>Supervisor's Signature:</b>
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County of Fresno Workers' Compensation Program

**INTEGRATION PROGRAM FORM**

**OVERVIEW OF COUNTY OF FRESNO INTEGRATION PROGRAM**

If you file a workers' compensation claim and are taken off work for more than three days, you may be entitled to temporary disability benefits. Temporary disability generally pays two-thirds of your average weekly wage, and the County of Fresno's Integration Program allows you the opportunity to supplement your income using your accumulated leave balances. While in a paid status, the County will continue to make contributions for retirement, pay health insurance premiums, and you will continue to accrue leave time.

If you choose not to participate, you will not be considered to be in a paid status and you will not be eligible for the benefits listed above. The decision to decline participation in the Integration Program is binding and you may not change at a later date. Should you not complete this form, it is presumed you are integrating.

**INTEGRATION PROGRAM ELECTION**

**COMPLETE AND SUBMIT THIS FORM TO YOUR PERSONNEL UNIT WITHIN ONE (1) WEEK OF THE DATE ON WHICH YOU FILED YOUR WORKERS' COMPENSATION CLAIM.**

By making my selection and signing below, I agree that I have read and understand the above explanation of the County of Fresno's Integration Program. I understand this program relates to lost work time as a result of work-related injury or illness. I understand that the choice to integrate accumulated leave balances is presumed, and that if I do not submit this form within one (1) week of filing a workers' compensation claim I will be automatically enrolled in the County of Fresno's Integration Program.

**OPTION TO INTEGRATE ACCUMULATED LEAVE BALANCES**

By signing, indicating the "Integrating" option, and submitting this form to my personnel unit representative within one (1) week of filing my workers' compensation claim, or if I neglect to complete and submit this form, I will be participating in the County of Fresno's Integration Program.

*The temporary disability check issued by the County's third-party administrator will be forwarded to you by Payroll. The check will be stamped and a self-addressed envelope will be included. You must endorse the check and return it to Payroll in the envelope provided. Once your temporary disability check is received by Payroll, the check will be used to reimburse your annual leave.*

**Integrating Leave Hours**

**OPTION TO DECLINE PARTICIPATION IN THE INTEGRATION PROGRAM**

By signing, indicating the "Not Integrating" option, and submitting this form to my personnel unit representative within one (1) week of filing my workers' compensation claim, I am providing acknowledgment that I do not want to participate in the Integration Program.

*In order to not participate in the County of Fresno's Integration Program, you must complete this form, marking the "Not Integrating" option below and submit within a maximum on one (1) week from the date on which you filed your workers' compensation claim. This election remains in place for the life of your claim.*

**Not Integrating**

**DEPARTMENT:**

**DATE OF INJURY:**

**EMPLOYEE NAME:**

**DATE:**

**EMPLOYEE SIGNATURE:**

**PERSONNEL UNIT OFFICE USE ONLY**

*Payroll requests that forms be sent in by a department representative, not by individual employees. Email completed forms to [ACTTCPayroll@fresnocountyca.gov](mailto:ACTTCPayroll@fresnocountyca.gov) from a County of Fresno email address with the subject line including WC – Employee Name – Department.*

## 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:
*Date of Injury:	*Date of Birth:
*Employer Name:	

\*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.healthsystems.com/pharmacysearch](http://www.healthsystems.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 Healthsystems 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 Healthsystems Customer Service Center: 1.800.758.5779
- Process using the Member ID # provided by Healthsystems

#### Prescription Processing Information:

Transmit prescription using the following

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

\*Required Information

## Healthsystems 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	Oscos 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.***



Authorization for Use or Disclosure of Health Information

This authorization for use or disclosure of health information is being requested of you to comply with the terms of the HIPAA Form (45 CFR section 164.508 (b)) and applicable California Civil Code 56.11 (d).

<b>I AUTHORIZE:</b>
<i>Name of physician or health care provider authorized to use or disclose information.</i>
<b>TO DISCLOSE TO:</b> Acclamation Insurance Management Services (AIMS) and/or a Designee
<i>Name of person or organization to which the disclosure is made.</i>

<b><u>PATIENT INFORMATION:</u></b>			
<b>Patient Name:</b>			
<i>List all other names used.</i>			
<b>Medical Record No.:</b>		<b>Last 4 of SSN:</b>	
<b>Date of Birth:</b>		<b>Telephone No.:</b>	
<b>Address:</b>			

**TYPE OF INFORMATION TO BE RELEASED**

- Any and all Records between these dates: \_\_\_\_\_ to \_\_\_\_\_ (unless otherwise stated)
- Medical Records relating to injury on date: \_\_\_\_\_ (DOI)
- Consultation Reports
- Laboratory, Pathology Reports       Radiology/Imaging Reports
- Immunization Records                       Progress Notes                       Billing
- Other:

**FOR THE PURPOSE OF**

- Medical     Legal     Insurance     Personal
- Other:

<b>PAGE ONE READ AND INITIALED BY (WRITE NAME):</b>		<b>INITIALS:</b>	
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Authorization for Use or Disclosure of Health Information

**DISCLOSURES REQUIRING SPECIAL CONSENT**

My signature specifically authorizes the release of healthcare information relating to the testing, diagnosis or treatment for: **(check boxes and initial).**

- Mental Health/Psychiatric Disorders - (initial)
- HIV/AIDS - (initial)
- Drug and/or Alcohol Abuse and/or Treatment - (initial)
- Sexually Transmitted Diseases - (initial)

**DURATION/REVOICATION/RIGHTS**

I understand that I have a right to revoke this authorization at any time. I understand that my revocation must be in writing and presented to the Acclamation Insurance Management Services, P.O. Box 28100, Fresno, CA 93729. I understand that the revocation will not apply to information that has already been released to Acclamation Insurance Management Services in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date event or as specified:

	(date of expiration)
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If I fail to specify an expiration date, event or condition, this authorization will expire in two years from date of signature.

Neither treatment, payment, enrollment nor eligibility for benefits will be conditioned on my providing or refusing to provide this authorization. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal and state confidentiality rules. If I have questions about disclosure of my health information, I can contact the Acclamation Insurance Management Services. I understand I have a right to receive a copy of this authorization.

A carbon copy, photo static copy or thermo fax copy of this true release shall be as valid as the original.

Signature of Patient, Parent, or Legal Guardian	Date of Signature
If signed by other than patient, indicate relationship to patient:	
Witness Signature	Date of Witness Signature



Kaiser Foundation Hospitals
Permanente Medical Groups

AUTHORIZATION FOR USE OR DISCLOSURE OF PATIENT HEALTH INFORMATION

Note: Fees may apply to certain requests

Patient Name:
Kaiser #
Date of Birth:
Address:
State:
Zip Code:
Phone #:
Email:

Kaiser Permanente will not condition treatment, payment, enrollment or eligibility for benefits on providing, or refusing to provide this authorization.

This authorizes the following Kaiser Permanente Medical Center(s):

to disclose information as specified below for the following purpose(s):

Kaiser Permanente may disclose this information to:

Check if same as above (disclosure to patient)

Recipient Name:
Address:
City:
State:
Zip Code:
Phone #:
Fax #:
Email:

Copies of records or medical record information within the following dates: to

Both Hospital and Medical Office Records
Medical Office Records
Hospital Records
Records limited to a specific provider:
or department:
X-Ray films
X-Ray Digital Images
Laboratory Results

NOTE: Hospital and Medical Office records may include disclosure of information related to mental health, alcohol/drug, and HIV references contained within those records as part of this authorization.

The actual treatment records from mental health, or alcohol/drug departments, or results of HIV antibody tests are specifically protected and will not be disclosed unless you sign below.

Mental Health department records
Alcohol/Drug dependency treatment records
HIV antibody test results
Signature:

Media Type: Electronic Paper Delivery Preference: Email/SecurePortal Mail Pickup

DURATION: This authorization shall remain in effect for one year from the date of signature unless a different date is specified here (date).

REVOCAION: You or your representative can revoke this authorization upon written request. If you revoke, it will not affect information disclosed before the receipt of the written request.

REDISCLASURE: Once this health information is disclosed, how the recipient further discloses it may no longer be protected under federal privacy law (HIPAA). California recipients are required to obtain your authorization before further disclosing this information.

If you are requesting a form to be completed, we may substitute a standardized version of the form that provides the same or similar information requested.

A copy of this authorization is as valid as an original. I have the right to receive a copy of this authorization.

Date Signature If not patient, print your name and relationship

**Exhibit A**  
**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](mailto: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](mailto: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](mailto:MPNHelp@AlliedManagedCare.com), and fax 916-362-3043.**

### Second and Third Opinions

#### Second Opinion:

- If you disagree with 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 claim's 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](mailto: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](mailto: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](http://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

### Exhibit B

#### Continuity of Care Policy

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

This attachment contains the MPN Applicant's written policy for Continuity of Care to an injured covered employee with a provider whose membership in the Allied Managed Care MPN has been terminated.

1. An employer or its claims administrator that offers a medical provider network shall, at the request of an injured covered employee, allow the injured covered employee to continue treatment with his or her physician even if the physician has terminated its contract with the MPN, if the injured covered employee meets any of the four conditions listed in paragraph 2.
2. The employer or its claims administrator shall provide for the completion of treatment by a terminated provider to the injured covered employee for one of the following conditions subject to coverage through the workers' compensation system:
  - a. Acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has duration of less than 90 days. Completion of treatment shall be provided for the duration of the acute condition.
  - b. Serious chronic condition. A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists

without full cure or worsens over an extended period of time of at least 90 days or requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider within the MPN, as determined by the employer or its claims administrator in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.

- c. Terminal illness. A terminal illness is an incurable illness or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.
  - d. Pending Surgery. Performance of a surgery or other procedure that is authorized by the employer or its claims administrator as part of a documented course of treatment and has been recommended and documented by the provider to occur within one hundred-eighty (180) days of the contract's termination date.
3. Following the employer's or its claims administrator's determination of the injured covered employee's medical condition, the employer, insurer or an entity that provides physician network services shall notify the covered employee of the determination regarding completion of treatment and whether or not the employee will be required to select a new provider from within the MPN. The notification shall be sent to the covered employee's address and a copy of the letter shall be sent to the covered employee's primary treating physician. The notification shall be written in English and Spanish and use layperson's terms to the maximum extent possible.
  4. If the terminated provider agrees to continue treating the injured covered employee in accordance with Labor Code section 4616.2 and if the injured employee disputes the medical determination regarding the continuity of care, the injured employee can request a report from the injured employee's primary treating physician that addresses whether the employee falls within any of the conditions described in paragraphs 2(a) through 2(d) above. If the treating physician fails to provide the report to the covered employee within 20 calendar days of request by the covered injured employee, the determination made by the employer or its claims administrator shall apply.
  5. If the employer or its claims administrator or covered employee objects to the medical determination by the treating physician, the dispute regarding the medical determination made by the treating physician, concerning the Continuity of Care shall be resolved pursuant to Labor Code section 4062.
  6. If the treating physician agrees with the employer's or its claims administrator's determination that the injured covered employee's medical condition does not meet

the conditions described in paragraphs 2(a) through 2(d) above, the employee shall choose a new provider from within the MPN during the dispute resolution process.

7. If the treating physician does not agree with the employer's or its claims administrator's determination that the injured covered employee's medical condition does not meet the conditions described in paragraphs 2(a) through 2(d) above, the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.
8. If the contract with the treating physician was terminated or not renewed for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, the injured employee shall not be allowed to complete treatment with that physician, and the MPN Contact will work with the injured employee to transfer his or her care to a provider within the MPN.
9. The employer or its claims administrator may require the terminated provider whose services are continued beyond the contract termination date to agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination. If the terminated provider does not agree to comply or does not comply with these contractual terms and conditions, the employer or its claims administrator is not required to continue the provider's services beyond the contract termination date.
10. The services by the terminated provider under this Continuity of Care policy shall be compensated at rates and methods of payment similar to those used by the medical provider network for currently contracting providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider, unless otherwise agreed by the terminated provider and the employer or its claims administrator. The employer or its claims administrator is not required to continue the services of a terminated provider if the provider does not accept the payment rates provided for in this paragraph.
11. The employer or its claims administrator shall ensure that the requirements for Continuity of Care are met.
12. The employer or its claims administrator are not required to provide for completion of treatment by a provider whose contract with the medical provider network has been terminated or not renewed for reasons relating to a medical disciplinary cause or reason, as defined in paragraph (6) of subdivision (a) Of Section 805 of the Business and Profession Code, or fraud or other criminal activity.
13. The employer or its claims administrator may provide continuity of care with the terminated provider beyond the requirements of this policy, or the Labor Code section 4616.2, or by Title 8, California Code of Regulations, and section 9767.10.

#### **Exhibit C**

#### **Transfer of Care Policy**

Allied Managed Care Incorporated

Allied Managed Care MPN

MPN ID #: 2360

This attachment contains the MPN Applicant's written policy for Transfer of Ongoing Care into the MPN for its Allied Managed Care MPN.

1. The MPN Applicant, who is one of the following: (1) an employer or insurer; or (2) a Third Party Administrator certified by the State of California Department of Industrial Relations Office of Self Insurance Plans or Insurance Adjuster licensed by the State of California Department of Insurance who on behalf of its employer or insurer clients; or (3) a Managed Care Entity or other legal entity who through its employer and insurer clients, will provide for the completion of treatment for injured covered employees who are being treated outside of the Medical Provider Network (MPN) for an occupational injury or illness that occurred prior to the coverage of the MPN as described below.
2. Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside the MPN.
3. This policy does not prevent the employer or insurer from agreeing to provide medical care with providers who are outside the MPN.
4. If an injured covered employee is being treated for an occupational injury or illness by a physician or provider prior to coverage of a MPN, and the employee's physician or provider becomes a provider within the MPN that applies to the injured employee, then the employer, insurer or entity that provides physician network services will inform the injured covered employee and his or her physician or provider if his/her treatment is being provided by his/her physician or provider under the provisions of the MPN.
5. Injured covered employees who are being treated outside of the MPN for an occupational injury or illness that occurred prior to the coverage of the MPN, and whose treating physician is not a provider within the MPN, including injured covered employees who pre-designated a physician and do not fall within the Labor Code section 4600(d), will continue to be treated outside the MPN for the following conditions:
  - a. Acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has duration of less than 90 days. Completion of treatment will be provided for the duration of the acute condition.
  - b. Serious chronic condition. A serious chronic condition is a medical condition due to a disease, illness, catastrophic injury, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall be authorized for a period of time, up to one year: (A) to complete a course of treatment approved by the employer or insurer; and (B) to arrange for transfer to another provider within the MPN, as determined by the employer, insurer, or entity that provides physician network services. The one year period for completion of treatment starts from the date of the injured covered employee's receipt of the notification of the determination that the employee has a serious chronic condition.
6. If the employer or insurer decides to transfer the injured covered employee's medical care to the MPN, the employer or insurer or entity that provides physician network services shall notify the covered employee of the determination regarding completion of treatment and the decision to transfer medical care into the MPN. Notice will be sent to the employee's address and a copy of the letter will be sent to the covered employee's primary treating physician. The notification will be written in English and Spanish and use layperson's terms to the maximum extent possible.
7. If the injured covered employee disputes the medical determination regarding transfer of care into the MPN, the injured covered employee shall request a report from the covered employee's primary treating physician that addresses whether the covered employee falls within any of the conditions set forth in paragraphs 5(a) through 5(d). The treating physician must provide the report to the covered employee within 20 calendar days of the request. If the treating physician fails to issue and provide the report to the injured covered employee as within 20 calendar days of the request, the determination made by the employer and insurer referred to in paragraph 6 shall apply.
8. If the employer and insurer or the injured covered employee objects to the medical determination made by the treating physician, the dispute regarding the medical determination concerning the transfer of care shall be resolved pursuant to Labor Code section 4062.
9. If the treating physician agrees with the employer's or insurer's determination that the employee's medical

condition does not meet the stated conditions, the transfer of care will go forward during the dispute resolution process.

10. If the treating physician does not agree with the employer's or insurer's determination that the employee's medical condition does not meet the stated conditions, the transfer of care will not go forward until the dispute is resolved.

#### **Exhibit D**

##### **Economic Profiling Affirmation**

Allied Managed Care Incorporated, Anthem Blue Cross of California, and the Kaiser-On-the-Job Provider Network affirm that it does not conduct "Economic Profiling" as defined in MPN Regulations 8 CCR § 9767.1(a)(4)

#### **Exhibit E**

##### **Second and Third Opinion Process**

The following is a description of the Allied Managed Care Incorporated second and third opinion process. If the covered employee disputes either the diagnosis or the treatment prescribed by the primary treating physician or the treating physician, the employee may obtain a second and third opinion from physicians within the MPN.

During this process, the employee is required to continue his or her treatment with the treating physician or a physician of his or her choice within the MPN.

If the injured employee disagrees with either the diagnosis or treatment prescribed by the primary treating physician or treating physician, the employee may ask, either orally or in writing, for a second opinion from a physician within the MPN.

It is the employee's responsibility to:

- 1) Inform the MPN contact that he/she disputes the treating physician's opinion and requests a second opinion
- 2) Select a physician or specialist from a regional area list of MPN providers
- 3) Make an appointment with the second opinion physician within 60 days
- 4) Inform the MPN contact of the appointment date

It is the employer's/insurer's responsibility to:

- 1) Provide a regional area list of MPN providers and/or specialist to employee for his or her selection
- 2) Inform employee of his or her right to request a copy of the medical records that will be sent to the second opinion physician
- 3) Contact the treating physician
- 4) Provide a copy of the medical records or send necessary medical records to the second opinion physician prior to the appointment date, and provide a copy of the records to the employee upon request

- 5) Notify second opinion physician in writing that he or she has been selected to provide a second opinion and the nature of the dispute and forward a copy of this notice to the employee

If the employee has not scheduled the appointment within 60 days of receipt of the regional list of MPN providers, then the employee will not be allowed to have a second opinion with regard to this disputed diagnosis or treatment of this treating physician.

If after review of the medical records, the second opinion physician determines that the employee's injury is outside the scope of his or her practice, the physician shall notify the MPN contact and the employee so the MPN contact can provide a new list of MPN physicians and/or specialists to the employee for his/her selection.

If the injured employee disagrees with the diagnosis or treatment prescribed by the second opinion physician, the employee may ask, either orally or in writing, for a third opinion from a physician within the MPN.

It is the employee's responsibility to:

- 1) Inform the MPN contact that he/she disputes the treating physician's opinion and requests a third opinion
- 2) Select a physician or specialist from a regional area list of MPN providers
- 3) Make an appointment with the third opinion physician within 60 days
- 4) Inform the MPN contact of the appointment date

It is the employer's/insurer's responsibility to:

- 1) Provide a regional area list of MPN providers and/or specialist to employee for his or her selection
- 2) Inform employee of his or her right to request a copy of the medical records that will be sent to the third opinion physician
- 3) Contact the treating physician
- 4) Provide a copy of the medical records or send necessary medical records to the third opinion physician prior to the appointment date, and provide a copy of the records to the employee upon request
- 5) Notify third opinion physician in writing that he or she has been selected to provide a third opinion and the nature of the dispute and forward a copy of this notice to the employee
- 6) At the time of selection of the third opinion physician, the MPN contact will notify the employee about the MPN Independent Medical Review (MPN IMR) process and provide the employee with the MPN IMR application form.

If the employee has not scheduled the appointment within 60 days of receipt of the regional list of MPN providers, then the employee will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If after review of the medical records, the third opinion physician determines that the employee's injury is outside the scope of his or her practice, the physician shall notify the MPN contact and the employee so the MPN contact can provide a

new list of MPN physicians and/or specialists to the employee for his/her selection.

The second and third opinion physicians shall render his or her opinion of the disputed diagnosis or treatment in writing and offer alternative diagnosis or treatment recommendation if applicable. Any recommended treatment will be in accordance with Labor Code section 4616(e). The second and third opinion physicians may order diagnostic testing if medically necessary. A copy of the written report shall be served on the injured employee, the MPN contact, and the treating physician within 20 days of the date of appointment or receipt of the results of the diagnostic tests whichever is later.

MPN Applicant shall permit the employee to obtain the recommended treatment within the MPN or if the MPN does not contain a physician who can provide the recommended

Treatment, 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.

If the covered employee disagrees with the diagnosis or treatment prescribed by the third opinion physician, the covered employee may request an MPN Independent Medical Review (MPN IMR) by filing a completed MPN IMR Application form with the Administrative Director.

**EXHIBIT F**  
**Access Standards**

A) Applicant affirms that the MPN has sufficient number of providers to meet the access standards set forth in 9767.5 (described below and Exhibit A) and does not utilize an Alternative Access Standard:

- A MPN must have at least three available physicians of each specialty expected to treat common injuries experienced by injured employees based on the type of occupation or industry in which the employee is engaged and within the access standards set forth below:
- MPN must have at least three available primary treating physicians and a hospital for emergency health care services, or if separate from such hospital, a provider of all emergency health care services, within 30 minutes or 15 miles of each covered employee's residence or workplace.
- MPN must have providers of occupational health services and specialists who can treat common injuries experienced by the covered injured workers within 60 minutes or 30 miles of a covered employee's residence or workplace.
- 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.

- If the injured worker selects and consents 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 the injured worker does not provide consent for Telehealth physicians, or revokes 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, the injured worker 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/KBAL-LIEDM000/app/home.asp> and selecting the search option for Telehealth.
- 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 shall 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.

\*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.

- B) The following is the MPN Applicant'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-emergency 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.
- The employees described in paragraph B above 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 paragraph an above.
- The MPN does not prevent a covered employee outside the MPN geographic service area from choosing a provider for non-emergency medical care.

#### **Non-Emergency Care:**

- If medical treatment is needed, the employer will direct the injured worker 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 their employer or a MPN Medical Access Assistant that treatment is needed.
- All medical non-emergencies, which require ongoing treatment, in-depth medical testing or a rehabilitation program, must be authorized by the 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 appropriately referred 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 to schedule a timely medical appointment with an appropriate specialist within ten business days of an employee's request, Allied Managed Care

Incorporated shall permit the employee to obtain necessary treatment with an appropriate specialist outside of the MPN. If the primary treating physician refers the covered employee to a type of specialist not included in the MPN the covered employee may select a specialist from outside 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 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.

#### **Emergency Care:**

- In the case of emergency\* the injured covered employee may go to the nearest healthcare provider. Once their condition is stable, they should contact their employer, AIMS (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.*

#### **Medical Access Assistant (MAA):**

MPN Medical Access Assistant shall be located in the United States and shall be 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 employee assistance shall be available in English and Spanish. The assistance shall include but not be limited to contacting provider offices during regular business hours to find available MPN physicians of the injured workers choice, and scheduling and confirming physician medical appointments for covered employees.

There shall be at least one MPN medical access assistant available to respond at all required times, with the ability for callers to leave a voice message. There shall be enough medical access assistants to 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 provided to the injured worker.

The MPN Applicant agrees: (1) that the MPN medical access assistants have different duties than claims adjusters. MPN medical access assistants work in coordination with the MPN Contact and the claims adjuster(s) to ensure timely and appropriate medical treatment is provided to the injured worker and (2) MPN medical access assistants and claims adjuster(s) have different duties, and if the claims adjuster(s) performs the duties of the MPN medical access assistant, separate and accurate logs must be maintained for the MPN medical access assistant's contacts/requests for assistance.