

# New Hire Notice -- Injuries Caused By Work

## What does Workers' Compensation cover?

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures such as hurting your wrist from doing the same motion over and over). Generally, independent contractors, and volunteers who receive no compensation are not covered by workers' compensation benefits.

**Benefits.** Workers' compensation benefits include: Medical care, temporary disability, permanent disability, supplemental job displacement voucher, and death benefits

**Medical Care:** You are entitled to medical care that is reasonably required to cure or relieve you from the effects of your work-related injury. Medical care may include doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. Providers should never bill you directly for work-related injuries. Your employer is required to provide you with a claim form within one business day of learning about your injury. It is extremely important that you complete the "Employee" section of the claim form as your employer is required to authorize medical care within one working day after you file the form. If additional care is necessary after the initial treatment, the claims administrator will authorize any care that is appropriate for your injury, including the referral to specialists.

**Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness. The primary treating physician determines what type of treatment you need and when you may return to work. A multispecialty medical group of licensed doctors and osteopathy can be designated as personal physicians. If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness by making a request to the claims administrator. If specialists, diagnostics, etc. are needed in your case, this physician will be responsible for making the referrals. If you name your personal physician before your injury, you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network. Contact your employer for more information.

## Treatment by your personal physician

You may be treated by your personal physician if you notify your employer prior to your injury. A personal physician includes a multispecialty medical group of licensed doctors of medicine or osteopathy. Please have your physician complete the attached form and return to your employer. The following requirements must be met:

1. Your employer must offer group health coverage
2. Your personal physician must agree in advance to treat you for any work injuries or illnesses
3. Your physician must be your regular physician and surgeon.
4. Your physician has previously directed your medical treatment and retains your records, including your medical history.

## What happens if your employer disputes your injury?

State law requires employers to authorize medical care within one working day of receiving a DWC 1 claim form and employers may be liable for as much as \$10,000 in medical care until a claim is accepted or denied.

## What if my employer has a Medical Provider Network?

Please see the attached Medical Provider Network Employee Notification.

## What if my employer does not have a Medical Provider Network?

If your employer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness within 30 days of reporting your injury. You may use the attached Notice of Personal Chiropractor or Personal Acupuncturist form to notify your employer of this change.

**Emergency Medical Care:** If you need emergency care, call for help immediately. Depending on the emergency, you may wish to use the numbers below or call 911 immediately.

Ambulance \_\_\_\_\_  
Fire Dept. \_\_\_\_\_  
Police \_\_\_\_\_  
Doctor \_\_\_\_\_  
Hospital \_\_\_\_\_

**First Aid:** If you need first aid treatment, contact your employer. If you have more than a simple first aid injury, you will need to ask your employer for a claim form.

**Temporary Disability (TD) Benefits:** You may be entitled to payments if you lose wages while recovering. Your temporary disability rate is calculated by multiplying your average weekly wage by two thirds. The first 3 days of disability are not payable under California law unless there is hospitalization at the time of injury or the disability exceeds 14 days. If your physician returns you to work on a modified basis, you may be entitled to wage loss. This is generally calculated by multiplying the difference between your average weekly wage and your earnings during modified duties times two thirds. This is subject to the benefit minimums and maximums set by the California Legislature. Temporary disability benefits are payable within 14 days of the date of injury or knowledge of the injury. Subsequent payments are due every 14 days. For injuries occurring on or after 1/1/08, no more than 104 weeks of temporary disability are payable within 5 years from the date of injury. For longer term conditions (hepatitis B & C, amputations, severe burns, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis, and chronic lung disease) no more than 240 weeks within five years from the date of injury are payable. You may be eligible for state disability benefits from the Employment Development Department (EDD) if TD benefits are stopped, delayed, or denied. There are time limits so contact EDD for more information.

**Permanent Disability (PD) Benefits:** You may be entitled to payments if your physician says your injury has limited your ability to work. The permanent disability rate is calculated by multiplying your average weekly wage by two thirds, subject to statutory minimums and maximums. The amount of permanent disability or impairment may depend on your doctor's opinion, as well as your age, occupation type of injury and date of injury. If you have permanent disability or your claims examiner

suspects you have permanent disability, a letter will be sent to you explaining your benefits, including the estimate or total value of permanent disability, weekly payment amount, how the benefit was calculated, and all of your related rights under the California Labor Code, including your right to object to the report upon which the determination is being based. Permanent Disability benefits are payable within 14 days of the last payment of temporary disability benefits or after you physician indicates there is permanent disability. The benefit is payable every fourteen days.

**Supplemental Job Displacement Benefit:** A nontransferable voucher payable to a state approved school if you are injured on or after 1/1/04, the injury results in a permanent disability, you don't return to work within 60 days after TD ends, and your employer does not offer modified or alternative work. Within 30 days after TD benefits end, your claims examiner will send you a letter outlining whether your employer has a modified job or alternate work available for you and an explanation of your potential rights to a supplemental job displacement benefit. If your employer does not return you to work within 60 days and you have permanent disability, you may chose to receive a nontransferable voucher to use at a state accredited school for education-related retraining or skill replacement. If you qualify for the supplemental job displacement benefit, your claims examiner will provide vouchers up to the maximum established by state law:

1. Up to \$4000 for permanent disability awards of more than 0 but less than 15 percent
2. Up to \$6000 for permanent disability awards between 15 percent and 25 percent
3. Up to \$8000 for permanent disability awards between 26 percent and 49 percent
4. Up to \$10,000 for permanent disability awards between 50 percent and 99 percent.

**Death Benefits:** Death benefits are paid to dependents of a worker who dies from a work-related injury or illness. The benefit is calculated and paid in the same manner as temporary disability. However, there is a higher statutory weekly minimum of \$246 for death benefits. The death benefits are set by state law and the amount depends upon the number of dependents. If dependent minor children are involved, death benefits are payable at least until the youngest child reaches majority age. Burial expenses are also provided under California law.

**Report Your Injury.** Report the injury immediately to your supervisor or to:

Employer representative \_\_\_\_\_  
phone number \_\_\_\_\_

Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working

day after learning about your injury. Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000). If your claim is denied, you have the right to appeal the decision within one year of the date of injury.

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

**Questions?** If you have questions, see your employer or the claims examiner who handles workers' compensation claims for your employer.

Claims Administrator: Sedgwick Claims Management Services, Inc.

Address P.O. Box 14623

City Lexington State Kentucky Zip 40512-4623

Phone 626 397-9200 or 866 247-2287

The employer is insured for workers' compensation by N/A – LAUSD is self-Insured

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement - their number can be found in your local White Pages under California State Government, Department of Industrial Relations.

You can get free information from a State Division of Workers' Compensation Information & Assistance Officer. The nearest Information & Assistance Officer is at:

Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

Hear recorded information and a list of local offices by calling toll-free (800) 736-7401. Learn more online: [www.dir.ca.gov](http://www.dir.ca.gov).

**False claims and false denials.** 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 and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.

## PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) if:

- your employer offers group health coverage;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

### NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

**Employee: Complete this section.**

To: \_\_\_\_\_ (name of employer). If I have a work-related injury or illness, I choose to be treated by:

\_\_\_\_\_  
(name of doctor)(M.D., D.O.)

\_\_\_\_\_  
(street address, city, state, ZIP)

\_\_\_\_\_  
(telephone number)

Employee Name (please print): \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Employee's  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Physician: I agree to this Predesignation:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physician or Designated Employee of the Physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3).

**DWC FORM 9783 (March 1, 2007)**

**(This form must be maintained at the work location. In the employee's personnel file)**

**| NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST**

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

**Your Chiropractor or Acupuncturist's Information:**

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**(name of chiropractor or acupuncturist)**

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**(street address, city, state, zip code)**

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**(telephone number)**

Employee Name **(please print)**:

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Employee's address:

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Employee's Signature:

Date:

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DWC Form 9783.1  
(March 14, 2006)

## Commonly Asked Questions

### What services does the MPN offer?

All diagnosis and treatment of injuries or illnesses for covered employees will occur with physicians and other designated providers within the MPN. Providers within the MPN will follow all applicable medical treatment guidelines and will allow covered employees a choice of providers in the network after the first visit. The MPN will also offer an opportunity for second and third opinions if you disagree with the diagnosis or treatment offered by the treating physician. Any ancillary services needed to augment the diagnosis and treatment of injuries/illnesses will be obtained through contract service providers for Sedgwick CMS as designated in the MPN plan.

### What do I need to do if I am injured, or become ill, as a result of my job?

As with any work-related accident or illness, the first thing you should do is notify your supervisor. Your supervisor is prepared to help with the initial notification of injury and the selection of an MPN physician.

### What if my employer disputes my injury?

You may be entitled to receive treatment even if your employer initially disputes your injury. Until the date the claim is rejected, the employer's liability for the claim shall be limited to ten thousand dollars, but this does not guarantee that you will receive medical care up to this ten thousand dollar limit. Treatment can continue until the employer makes a decision to deny your claim. This treatment is still within the MPN.

### If the injury is minor, do I still have to report it?

Any injury, no matter how small, should be brought to your supervisor's attention immediately. Without proper medical attention, even a simple situation could lead to complications.

### Can I treat with my personal physician if I properly pre-designate him or her prior to the injury?

Yes, you may treat with your personal physician outside the MPN if you properly pre-designate him or her prior to the injury. The following must apply:

1. Employer must be notified of the pre-designation in writing prior to the injury.
2. Employer must provide non-occupational group health coverage.
3. Physician is employee's primary care provider, has previously directed medical treatment, and retains the employee's medical records, including history.
4. Physician must agree to be pre-designated.

### What should I do in the event of an emergency?

The most important thing is to get immediate medical care from the nearest emergency room. Your physician or a

family member may notify your supervisor of the situation. Your supervisor will then work with you and your physician to get you into the MPN.

### How do I access an MPN physician?

You may access the Medical Provider Network by following the steps below:

1. Go to [www.coventrywcs.com](http://www.coventrywcs.com)
2. Select Client Log In and Tools
3. Select the radial button for FOCUS/Coventry Login (GeoAccess Channeling Tools)
4. On the client ID screen, key in
  - a. Sedgwickkaisercampn for the Sedgwick CMS Extended MPN with Kaiser physicians or
  - b. Sedgwickcampn for the Sedgwick CMS MPN without Kaiser physicians

Please follow the screen prompts to find providers in your geographical area. Once you choose a physician within the MPN, please call the physician and advise him or her of your personal information, employer name, claim number, and that Sedgwick CMS is the third party administrator for the employer or insurance company. For additional assistance, you may call your claims examiner or the Sedgwick CMS MPN Coordinator, at 800-625-6588.

If you do not have access to the internet, you may obtain a list of providers by asking your supervisor or contacting the MPN coordinator, (800) 625-6588.

### How do I obtain initial or subsequent medical care?

In the event of a work-related injury, follow the company procedure for reporting it by notifying your supervisor. Once you report the incident, your supervisor will direct you to a physician for an initial evaluation. After this evaluation, you have the right to remain with this provider or select a treating physician within the MPN. As a patient in the MPN, you have the right to see a doctor close to your home or workplace. If you have to travel more than 15 miles or 30 minutes to see your treating doctor or 30 miles or 60 minutes to see a specialist, you should tell your MPN contact. If you live in a rural area, treatment will be available and accessible at reasonable times to all covered employees with a residence or work place beyond 30 miles of a MPN health facility from an out-of-network, non-contracted provider. If you are temporarily living outside the service area or you are a former employee who permanently resides outside the MPN geographical service area, you may access a provider for non-emergency medical care by going to [www.coventrywcs.com](http://www.coventrywcs.com). You may also contact your claims examiner for assistance. If you are unable to find a provider on this website, you may select a provider of your choice.

### Can I change providers?

Yes, you have the right to change your doctor if you are not satisfied; however, medical treatment must be provided inside the MPN.

### **What do I do if I experience trouble obtaining an appointment within the MPN?**

Please contact your claims examiner if you experience difficulty in scheduling an appointment or obtaining treatment with a provider within the MPN. You may also call the MPN Coordinator at (800) 625-6588 for assistance.

### **What if I need to see a specialist?**

If your treating physician cannot provide you the care needed for recovery, he or she will refer you to an MPN specialist that is appropriate for your injury. To obtain information about seeing a specialist in your geographic area, please contact your claims examiner or the MPN coordinator, at (800) 625-6588. You may also access the list of specialists by following the instructions under [“How do I access an MPN physician?”](#) You have the option of self-selecting a specialist.

### **If I'm hurt or become ill while traveling on business, what do I do?**

Should you require medical treatment for a work-related accident or illness while outside of the service area, DO NOT delay treatment until returning home. Your health and welfare are the most important issues and should not be taken lightly. You may find physicians in other states at [www.coventrywcs.com](http://www.coventrywcs.com).

#### **For a non-emergency situation**

If your medical situation is not of an emergency nature, please call your supervisor immediately to discuss the situation. He or she may direct you to an MPN physician near where you are traveling. You will then receive immediate treatment from that physician, and may be referred to another, more convenient network physician when you return home.

#### **For an emergency situation**

Naturally, you are not expected to contact your supervisor prior to receiving medical treatment in an emergency situation. Emergency is defined as a condition manifesting itself by acute symptoms or sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient's health in serious jeopardy. Once you've received the emergency medical care required, you (or a family member) should contact your supervisor. Your supervisor will then contact your claims examiner, who will work with the treating doctor. This coordination will continue when you return home.

### **What if I have a concern with my physician?**

Your input is very important. You may voice a concern by calling your claims examiner or nurse case manager. They will work with you to resolve your issue with the physician. You may also contact the MPN coordinator, at (800) 625-6588. Remember, as mentioned before, you have the right to

change physicians within the MPN.

### **What if I disagree with the treatment decision made by my physician or I want to change doctors?**

If you dispute either the diagnosis or the treatment prescribed by the treating physician, you may obtain a second and, if necessary, a third opinion from physicians within the MPN. During this process, you may treat with your treating physician or with a physician of your choice within the MPN network. Please refer to “How do I access an MPN physician?”.

#### **Second Opinion**

If you dispute either the diagnosis or the treatment prescribed by the treating physician, you may obtain a second and third opinion from a physician within the MPN. It is your responsibility to:

- (1) inform the claims examiner or nurse case manager orally or in writing that you dispute the treating physician's opinion and request a second opinion;
- (2) select a physician or specialist from a list of available MPN providers;
- (3) make an appointment with the second opinion physician within 60 days and indicate whether a physical examination is requested; and
- (4) inform your claims examiner of the appointment date.

It is the claims examiner's responsibility to:

- (1) provide a regional area listing of MPN providers and/or specialists to you based on the specialty or recognized expertise in treating the particular injury or condition in question;
- (2) inform you of your right to request a copy of the medical records that will be sent to the second opinion physician;
- (3) contact the treating physician and provide a copy of the medical records or send the necessary medical records to the second opinion physician prior to the appointment date; provide you with a copy of the records; notify the second opinion physician in writing that he or she has been selected to provide a second opinion and inform him/her of the nature of the dispute.

If the appointment is not made within 60 days of receipt of the list of the available MPN providers, then you will be deemed to have waived the second opinion process with regard to this disputed diagnosis or treatment of this treating physician.

If, after reviewing your medical records, the second opinion physician determines your injury is outside the scope of his or her practice, the physician shall notify the claims examiner so that a new list of MPN providers and/or specialists can be sent to you based on the specialty or recognized expertise in treating the particular injury or condition in question.

### Third Opinion

If you disagree with either the diagnosis or treatment prescribed by the second opinion physician, you may seek the opinion of a third physician within the MPN. It is your responsibility to:

- (1) inform the claims examiner or nurse case manager orally or in writing that you dispute the treating physician's opinion and request a third opinion;
- (2) select a physician or specialist from a list of available MPN providers;
- (3) make an appointment with the third opinion physician within 60 days and indicate whether a physical examination is requested; and
- (4) inform your claims examiner of the appointment date

It is the claims examiner's responsibility to:

- (1) provide a regional area listing of MPN providers and/or specialists to the employee for his or her selection based on the specialty or recognized expertise in treating the particular injury or condition in question;
- (2) inform you of your right to request a copy of the medical records that will be sent to the third opinion physician
- (3) contact the treating physician and provide a copy of the medical records or send the necessary medical records to the third opinion physician prior to the appointment date;  
provide you with a copy of the records;  
notify the third opinion physician in writing that he or she has been selected to provide a third opinion and the nature of the dispute.

If the appointment is not made within 60 days of receipt of the list of the available MPN providers, then you will be deemed to have waived the third opinion process with regard to this disputed diagnosis or treatment of this treating physician.

If, after reviewing the covered employee's medical records, the third opinion physician determines that your injury is outside the scope of his or her practice, the physician shall notify the claims examiner so that a new list of MPN providers and/or specialists can be sent to you based on the specialty or recognized expertise in treating the particular injury or condition in question.

The second and third opinion physicians shall render their opinions of the disputed diagnosis or treatment in writing and offer alternative diagnosis or treatment recommendations, if applicable. Any recommended treatment shall be in accordance with Labor Code section 46 16(e). The second and third opinion physicians may order diagnostic testing if medically necessary. A copy of the written report shall be provided to the employee, the person designated by us, and your treating physician within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later.

### **What if I disagree with the third opinion physician?**

If you disagree with the third opinion physician, you may make a request for an Independent Medical Review by filing an Application for Independent Medical Review with the Administrative Director. If the third opinion you have requested resolves your dispute, there is no need to request an independent medical review. Your claims examiner will provide detailed information about how to request an Independent Medical Review if you request a third opinion. Please see the section below that describes the process in detail.

### **How to obtain an Independent Medical Review?**

If you dispute the diagnostic service, diagnosis, or medical treatment prescribed by the second opinion physician, you may seek the opinion of a third physician in the MPN. You and the employer or insurer shall comply with the requirements of section 9767.7(d). Additionally at the time of the selection of the physician for a third opinion, your claims examiner shall notify you about the Independent Medical Review process and provide you with an "Application for Independent Medical Review" set forth in section 9768.10. The claims examiner (MPN contact) must fill out the "MPN contact section" of the form and list the specialty of the treating physician and an alternative specialty, if any, that is different from the specialty of the treating physician.

If you dispute the diagnostic service, diagnosis or medical treatment prescribed by the third opinion physician, you may request an Independent Medical Review by filing the aforementioned completed application with the Administrative Director. You must complete the "employee section" of the form, indicate on the form whether you request an in-person examination or record review, and may list an alternative specialty, if any, that is different from the specialty of the treating physician.

The Administrative Director shall select an IMR with an appropriate specialty within ten business days of receiving the Application for Independent Medical Review form. The Administrative Director's selection of the IMR shall be based on the specialty of the treating physician, the alternative specialties listed by you and the claims examiner, and the information submitted with the application.

If you request an in-person examination, the Administrative Director shall randomly select from the list of available independent medical reviewers, a physician with an appropriate specialty and an office located within thirty miles of your residence address. If there is only one physician with an appropriate specialty within thirty miles of your residence address, that physician shall be selected to be the independent medical reviewer. If there are no physicians with an appropriate specialty who have offices located within thirty miles of your address, the Administrative Director shall search in increasing five mile increments, until a physician is located. If there are no available physicians with this appropriate specialty, the Administrative Director may choose another specialty based on the information submitted.

If you request a record review, then the Administrative Director shall randomly select a physician with an appropriate specialty from the list of available independent medical reviewers to be the IMR. If there are no physicians with an appropriate specialty, the Administrative Director may choose another specialty based on the information submitted.

The Administrative Director shall send written notification of the name and contact information of the IMR to you, your attorney (if applicable), the claims examiner and the IMR. The Administrative Director shall send a copy of the completed Application for Independent Medical Review to the IMR.

You, the claims examiner, or the selected IMR can object within 10 calendar days of receipt of the name of the IMR to the selection if there is a conflict of interest as defined by section 9768.2. If the IMR determines that he or she does not practice the appropriate specialty, the IMR shall withdraw within 10 calendar days of receipt of the notification of selection. If a conflict of interest is verified or the IMR withdraws, the Administrative Director shall select another IMR with the same specialty. If there are no available physicians with the same specialty, the Administrative Director may select an IMR with another specialty based on the information submitted and in accordance with the procedure discussed above for an in-person examination and for a record review.

If you request an in-person exam, within 60 calendar days of receiving the name of the IMR, you must contact the IMR to arrange an appointment. If you fail to contact the IMR for an appointment within 60 calendar days of receiving the name of the IMR, then you shall be deemed to have waived the IMR process with regard to this disputed diagnosis or treatment of this treating physician. The IMR shall schedule an appointment with you within 30 calendar days of the request for an appointment, unless all parties agree to a later date. The IMR shall notify the claims examiner of the appointment date.

You must provide written notice to the Administrative Director and the claims examiner if you decide to withdraw the request for an independent medical review.

During this process, you are required to continue your treatment with the treating physician or a physician of your choice within the MPN pursuant to section 9767.6.

### **Who should I contact if I have questions regarding the MPN?**

Please contact your claims examiner if you have questions regarding the MPN. You may also contact the MPN Coordinator, at (800) 625-6588. If you have trouble getting an appointment or appropriate medical care, your claims examiner will assist you until the issue is resolved.

### **What if I feel I need help from the Administrative Director?**

You may contact your local Information and Assistance Officer at your local Workers' Compensation Appeals Board. Your claims examiner will give you the telephone number of the officer nearest you.

### **What is Continuity of Care?**

Continuity of Care is the procedure that describes how Applicant will provide medical treatment in event your physician is no longer a member of the MPN. Continuity of care is explained in the attached Continuity of Care Policy.

### **What is Transfer of Care and how does it work?**

Transfer of Care is the procedure that describes how Applicant will transfer your ongoing treatment for an existing workers' compensation injury requiring medical treatment into the MPN for further medical care. Transfer of care is explained in the attached Transfer of Care Policy.

### **Continuity of Care Policy**

**Policy:** Applicant will provide all employees entering the workers' compensation system with notice of its written continuity of care policy and with information regarding the process for an employee to request a review under the policy. Applicant will also provide, upon request, a copy of the written policy to any employee.

### **Procedure:**

#### **1. Completion of treatment by a terminated medical provider.**

Applicant will, at the request of an injured employee, provide the completion of treatment as set forth in this exhibit by a terminated medical provider.

- (a) The treatment being provided by a medical provider whose membership in the MPN terminates will be provided by a terminated medical provider to an injured employee who, at the time of the contract's termination, was receiving services from that provider for one of the conditions described in paragraph 1 .b) below.
- (b) Applicant will provide for the completion of treatment for the following conditions subject to coverage through the workers' compensation system before transferring further medical treatment to a physician in the MPN. At that time, the employee will have the same rights to select a new physician or contest the opinion of the primary treating physician as has been previously described:
  - (i) An 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 a limited duration. Completion of treatment will be provided for the duration of the acute condition. An acute condition shall have duration of less than ninety days.
  - (ii) A 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 or requires ongoing treatment to maintain remission or prevent deterioration.

Completion of treatment will be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by Applicant in consultation with the injured employee and the terminated medical provider and consistent with good professional practice. Completion of treatment under this paragraph will not exceed 12 months from the contract termination date. An "extended period of time" with regard to a serious and chronic condition means a duration of at least ninety days.

- (iii) A terminal illness. A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. There will be no transfer of care in such circumstances, and completion of treatment will be provided for the duration of a terminal illness.
- (iv) Surgery or other procedure. Performance of surgery or other procedure that is authorized by the Employer/Insurer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date.

2. **Contractual terms and conditions.** Applicant may require the terminated medical provider whose services are continued beyond the contract termination date pursuant to this section, 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 medical provider does not agree to comply or upon agreement does not comply with these contractual terms and conditions, then Applicant is not required to continue the provider's services beyond the contract termination date.
3. **Compensation.** Unless otherwise agreed by the terminated medical provider and Applicant, the services rendered pursuant to this section will be compensated at rates and methods of payment similar to those used by Applicant for currently contracted providers providing similar services who are practicing in the same or a similar geographic area as the terminated medical provider. Applicant is not required to continue the services of a terminated medical provider if the provider does not accept the payment rates provided for in this paragraph.
4. **Termination for medical disciplinary cause or reason.** This policy will not require Applicant to provide for completion of treatment by a provider whose contract with Applicant 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.
5. **Continuity of care beyond requirements.** Nothing in this exhibit will preclude Applicant from providing continuity of care beyond the requirements of this exhibit.
6. **Dispute resolution process.**
  - (a) Following Applicant's determination of the injured covered employee's medical condition, Applicant shall notify the covered employee of the determination regarding the 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 residence 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.

- (b) If the terminated provider agrees to continue treating the injured covered employee in accordance with Labor Code section 4616.2 and if the injured covered employee disputes the medical determination, 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 Labor Code section 4616.2(d)(3): an acute condition; a serious chronic condition; a terminal illness; or a performance of a surgery or other procedure that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date. The treating physician shall provide the report to the covered employee within twenty calendar days of the request. If the treating physician fails to issue the report, then the determination made by Applicant referred to in 6.a) shall apply.
  - (c) If Applicant or injured 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.
  - (d) If the treating physician agrees with Applicant's determination that the injured covered employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), then the employee shall choose a new provider from within the MPN during the dispute resolution process.
  - (e) If the treating physician does not agree with Applicant's determination that the injured covered employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.
7. **Replacement of continuity of care policy.** Applicant will file a revision of the continuity of care policy with the Administrative Director if it makes a material change to this policy.

## Transfer of Ongoing Care Policy

**Policy:** Applicant 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.

### Procedure:

- A. If the injured covered employee's injury or illness does not meet the conditions set forth in E.(1) through E.(4) below, the injured covered employee may be transferred into the MPN for medical treatment.
- B. Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside the MPN.
- C. Nothing in this section shall preclude Applicant, an insurer, or employer from agreeing to provide medical care with providers outside of the MPN.
- D. If an injured covered employee is being treated for an occupational injury or illness by a physician or provider prior to coverage of a medical provider network, and the injured covered employee's physician or provider becomes a provider within the MPN that applies to the injured covered employee, then Applicant shall 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.
- E. Applicant shall authorize the completion of treatment for 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), for the following conditions:

- (1) An acute condition. For purposes of this subdivision, 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.
- (2) A serious chronic condition. For purposes of this subdivision, 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 necessary, up to one year: (A) necessary 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 insurer or employer. The one year period for completion of treatment starts from the date of the injured covered employee's receipt of the notification,

as required by subdivision F., of the determination that the employee has a serious chronic condition.

- (3) A terminal illness. For purposes of this subdivision, a terminal illness is an incurable 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.
- (4) Performance of a surgery or other procedure that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days from the MPN coverage effective date.
- F. If the employer or insurer decides to transfer the covered employee's medical care to the medical provider network, Applicant shall notify the covered employee of the determination regarding the completion of treatment and the decision to transfer medical care into the medical provider network. The notification shall be sent to the covered employee's residence 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.
- G. If the injured covered employee disputes the medical determination under this section, 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 subdivisions E.(1) through E.(4) above. The treating physician shall provide the report to the covered employee within twenty calendar days of the request. If the treating physician fails to issue the report, then the determination made by the Applicant referred to in F. shall apply.
- H. If Applicant or the injured covered employee objects to the medical determination by the treating physician, the dispute regarding the medical determination made by the treating physician concerning the transfer of care shall be resolved pursuant to Labor Code section 4062.
- I. If the treating physician agrees with Applicant's determination that the injured covered employee's medical condition does not meet the conditions set forth in subdivisions E.(1) through E.(4) above, the transfer of care shall go forward during the dispute resolution process.
- J. If the treating physician does not agree with the MPN applicant's determination that the injured covered employee's medical condition does not meet the conditions set forth in subdivisions E.(1) through E.(4), the transfer of care shall not go forward until the dispute is resolved.