

## **New Hire Notice -- Injuries Caused By Work**

(Packet contains Pre-designation form and MPN EE Notification)

### **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. 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. 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?**

Effective 4/19/04, you are entitled to receive immediate medical treatment even if your employer is initially disputing your claim. Your 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. Medical care shall be authorized within one working day of your employer receiving your completed claim form. Liability for medical treatment shall be limited to \$10,000.

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

Please see the attached Medical Provider Network Employee Notification.

**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 4/19/04, no more than 104 weeks of temporary disability are payable from the date of first payment. 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.

**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 immediate supervisor.

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, but there are time frames established by the legislature to do so.

**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 70249

City Pasadena State CA Zip 91117

Phone 626 397-9200

**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.

## *MPN Employee Notification*

### **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.concentra.com](http://www.concentra.com)
2. Choose the **Provider Director** tab along the bottom of the Concentra home page
3. 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, Michael Cook 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, Michael Cook at (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, the travel distance and/or travel time may be greater than the time frame listed above.

#### **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 Michael Cook (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, Michael Cook, at (800) 625-6588. You may also access the list of specialists by following the instructions under "[How do I access an MPN physician.](#)" **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.concentra.com](http://www.concentra.com).

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

If your medical situation is not life-threatening, 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 a life-threatening situation. 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, Michael Cook, 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 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 list 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) contact the treating physician;
- (3) provide a copy of the medical records or send the necessary medical records to the second opinion physician prior to the appointment date;
- (4) provide you with a copy of the records;
- (5) 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 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 list 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) contact the treating physician;
- (3) provide a copy of the medical records or send the necessary medical records to the third opinion physician prior to the appointment date;
- (4) provide you with a copy of the records;
- (5) 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 4616(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 and the person designated by us 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, Michael Cook, 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 the Employer/Insurer 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 the Employer/Insurer 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:** Employer/Insurer 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. The Employer/Insurer will also provide, upon request, a copy of the written policy to any employee.

#### **Procedure:**

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

Employer/Insurer 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) Employer/Insurer 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.

(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 the Employer/Insurer 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.

(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.**

Employer/Insurer 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 the Employer/Insurer 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 the Employer/Insurer, the services rendered pursuant to this section will be compensated at rates and methods of payment similar to those used by the Employer/Insurer for currently contracted providers providing similar services who are practicing in the same or a similar geographic area as the terminated medical provider. The Employer/Insurer 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 the Employer/Insurer to provide for completion of treatment by a provider whose contract with the Employer/Insurer 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 the Employer/Insurer from providing continuity of care beyond the requirements of this exhibit.

##### **6. Arrangement for treatment.**

Completion of treatment will be arranged for and monitored as follows: If a case needs to be transferred into the MPN because it does not fall within one of the categories mentioned above, the transfer of medical treatment to MPN providers will be done on a case by case basis. The cases will be transferred based on complexity of care and the ability of providers in the network to absorb the increased patient load.

##### **7. Replacement of continuity of care policy.**

The Employer/Insurer 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:** Employer/Insurer 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:**

1. **Completion of treatment inside the MPN.** 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, Employer/Insurer will inform the employee that his/her treatment is being provided by his/her physician or provider under the provisions of the MPN.

### 2. **Completion of treatment outside of MPN.**

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, including injured covered employees who have previously pre-designated a physician but do not fall within provisions of Labor Code section 4600(d) for pre-designating a personal physician, 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 a duration of not more than 30 days. Completion of treatment will be provided outside the MPN for the duration of the acute condition and then the employee's

medical treatment will be transferred into the MPN as described in # 3 and #4 below.

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 will be provided outside of the MPN for a period of time, up to one year, necessary to complete a course of treatment approved by the Employer/Insurer and to arrange for transfer to another provider within the MPN as described in #3 & #4 b below.

The one year period for completion of treatment starts from the date of determination that the employee has a serious chronic condition.

c. **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 outside of the MPN for the duration of a terminal illness.

d. **Surgery or other procedure.** Performance of a 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 from the MPN coverage effective date.

3. **Transfer into MPN.** If the injured covered employee's injury or illness does not meet the conditions set forth in (2)(a) through (2)(d)

above, the Employer/Insurer may transfer the injured covered employee into the MPN for medical treatment.

4. **Notification to the covered employee.** Once the Employer/Insurer makes a determination regarding the injured covered employee's medical condition, the Employer/Insurer will notify the covered employee at the employee's residence, and a copy of the letter will be sent to the covered employee's primary treating physician. The notification will be written in a language understandable to the employee.

5. **Injured covered employee disputes.** If the injured covered employee disputes the medical determination, he/she must 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 (2)(a) through (2)(d) above. Disputes concerning the medical determination made by the treating physician concerning the transfer of care will be resolved pursuant to Labor Code section 4062. If a dispute arises that requires resolution pursuant to Labor Code Section 4062, Employer/Insurer will provide notice of the procedures for resolving that dispute.

a. If the treating physician agrees with the Employer/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.

b. If the treating physician disagrees with the Employer/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.

6. **Referrals.** Referrals made to providers after the inception of the MPN will be made to a provider within the MPN.

7. **Treatment outside MPN.** Employer/Insurer may agree to provide medical care with providers outside of the MPN.



## Los Angeles Unified School District Workers' Compensation Program Pre-designation of Physician Form

In the event of a work related injury or illness, I request to be treated by my personal physician. I understand this designation may only be made **before** the date of injury.

The physician I selected meets the following criteria:

- Within a reasonable geographical area from my residence or work location.
- A Licensed Physician pursuant to Chapter 5 of Division 2 of the Business and Professions Code.
- Previously directed my treatment and is my regular physician.
- Retains my treatment records, including my medical history.
- Agrees before the injury to be designated as my physician in the event an industrial injury occurs.

**Please Note:** The California Labor Code defines "Personal Physician" as a doctor of medicine, or a doctor of osteopathy, who prior to the injury had directed the medical treatment of the employee and who retains the employee's medical records and medical history.

If my personal physician is not qualified to treat the injury or declines to provide treatment, my employer will direct my treatment to an appropriate physician.

My personal physician must review and sign this form below. The completed form must be submitted to my site administrator prior to any date of injury in order for this pre-designation to be valid.

**Employee Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

Pre-designated Physician's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I, \_\_\_\_\_ am a physician and I have read and certify that I meet and will adhere to the requirements listed above as the pre-designated personal physician for \_\_\_\_\_.*

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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