



Seeley Union School District
WORKERS' COMPENSATION COVERAGE
REPORTING PROCEDURES

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) or repeated exposures (such as injuring your wrist from doing the same repetitive motion over and over).

Workers' Compensation flyers are posted in the office. All forms are available in the payroll office. Upon any injury, employees must immediately notify supervisor and the Payroll office.

Injury – no medical attention needed:

- ✓ If the employee does not need medical attention – only a report is required and is filed to record incident.

Upon injury – medical attention required:

- ✓ Employee reports to supervisor and payroll office.
- ✓ Employee is provided *MPN Handbook*. Sign and submit *Employee Handbook Acknowledgement Form*
- ✓ Employee completes *DWC1 & Employee Report of Accident* forms
 - Employee completes top (Employee) section and signs. Form must be submitted within 24 hours of reported injury.
 - W.C. Employers Report Form (Form 5020) – employee/participant and supervisor complete (in draft form) all applicable fields to the best of their ability. Please provide as much detail as possible as for the injury occurred or what contributed to the injury (i.e. equipment, safety hazards).
- ✓ District sends employee to designated MPN facility (providers attached) and take the *Employee's Ability to Return to Work* form
 - Employee is provided the *myMatrixxFirst Fill* form.
- ✓ Immediately upon reporting injury and/or returning from seeking treatment, all forms in the W.C. packet must be completed and submitted to Personnel. **All forms must be submitted to the Payroll office within 2 working days (maximum).**
- ✓ Supervisor Report of Injury – supervisor must complete and sign form.

Worker's compensation reporting is governed by strict State reporting requirements; therefore it is crucial that all forms are submitted promptly. There is a risk that employee will not be covered by worker's compensation and Seeley Union School District will be penalized if forms are not submitted and injury is not reported on timely basis.

If you have any questions or concerns, feel free to contact Rosanna O. Perez or Lola Larios.



Seeley Union School District
WORKERS' COMPENSATION COVERAGE
FORMS CHECKLIST

Return the following forms as soon as practical to the Payroll office:

- Employee Handbook Acknowledgement
- Workers' Compensation Claim Form - DWC1
- Employee Report of Injury
- Employee's Ability to Return to Work (filled out by physician) **OR**
- *Doctor Work Status Report (given at time of appointments)
**After any follow-up appointments, return any reports given by physician.*
- Absence Request for Leave
-Upon return to work following injury. Pre-approval required for any follow-up appointments

Employee Report of Injury

(To be filled out with Supervisor within 24 hours of accident/injury)

Employee Name: _____ D.O.B.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Social Security: _____

Occupation: _____ Work Schedule: _____

(Hours from when to when: 7:30am – 4:30pm)

Work Site: _____

Site of Accident/Injury: _____

Date of Accident: _____ Time of Accident: _____ am/pm

Describe **what** you were doing when injured (specify any tools, equipment being used, etc.):

Describe **where** the accident happened (sidewalk, classroom, gym, etc.): _____

Describe **how** the accident occurred (be specific): _____

Describe **injury** (cut on right hand, sprained left ankle, etc.): _____

Witnesses or other persons involved: _____

How might the injury been prevented? _____

Date of this Report: _____

Employee's Signature: _____

**SISC I WORKERS' COMPENSATION
MEDICAL PROVIDER NETWORK
EMPLOYEE HANDBOOK ACKNOWLEDGMENT**

I have received the following:

Medical Provider Network (MPN) Employee Handbook

Employee Name (Please Print)

Employee Signature

School District

Date _____

If you have any questions regarding any of these documents or are in need of additional information, please call the Human Resources Department.

PLEASE RETURN THIS FORM TO HUMAN RESOURCES. RETAIN THE DOCUMENTS LISTED ABOVE FOR YOUR RECORDS.



SELF-INSURED SCHOOLS OF CALIFORNIA MEDICAL PROVIDER NETWORK

EMPLOYEE HANDBOOK

Effective: October 1, 2007

To All Employees:

Your employer is committed to your well-being and safety at the workplace. Keeping injuries from happening is our first concern. However, if you do have a work injury, it is our goal to help you recover and return to useful employment as soon as it is medically possible.

Your employer has chosen the Self-Insured Schools of California (SISC)/California Foundation for Medical Care, Medical Provider Network (MPN) as the network of medical providers in the case of a work injury. The MPN is a Workers' Compensation Provider Network built around Occupational Care Providers.

Unless you predesignate a physician or medical group, your new work injuries arising on or after October 1, 2007 will be treated by providers in our SISC Medical Provider Network. If you have an existing injury, you may be required to change to a provider in the new SISC MPN. Check with your claims adjuster. You may obtain more information about the MPN from the Workers' Compensation Poster or from your employer.

The MPN will be delivered through SISC's network of medical providers and facilities. Your employer is self-insured and SISC (a Joint Powers Authority) functions as its Third Party Administrator. The California Foundation for Medical Care provides a comprehensive medical network to serve the needs of SISC and their medical providers.

The MPN includes occupational health clinics and doctors who will provide you with medical treatment. The occupational doctor will also manage your return-to-work with your employer.

Existing work injuries may be transferred into the new MPN, employees should check with their claims adjuster for more information.

Under the MPN Program, you will be provided:

- A primary care physician
- Other occupational health services and specialists
- Emergency health care services and
- Medical care if you are working or traveling outside of the Geographic services area

This network has been built to provide you with timely and quality medical care. The MPN is easy to access and is here to provide you with quality medical care and to assist you to return to health and a productive life.

Employees will be notified of the MPN Implementation by mail or included on or with an employee's pay stub, paycheck or distributed through electronic means, including e-mail, if the employee has regular electronic access to e-mail at work to receive this notice. If the employee cannot receive this notice electronically at work, then the employer shall ensure this information is provided to the employee in writing.

This MPN Employee Handbook will provide you with the information to help you through your work-related injury or illness, additional information regarding the MPN may also be obtained from the Workers' Compensation poster, asking your employer, www.cfmnet.org/SISC, or by calling the toll free number of 1-877-222-4946. Please refer to page 10 for MPN Contact Information.

MPN EMPLOYEE HANDBOOK

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THE PURPOSE OF THE MEDICAL PROVIDER NETWORK

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by the California Foundation for Medical Care. Your employer's workers' compensation administrator is Self-Insured Schools of California (SISC). This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

Injured workers deserve timely, quality medical care. The Medical Provider Network (MPN) is a network of doctors and hospitals who understand how to diagnose and treat work-related injuries. These providers are committed to improving your physical well-being and returning you to useful employment.

The MPN is not just for medical treatment. It will also help you to return to work after an injury or illness. The MPN's main purpose is to help employees who are injured or become ill on the job to return to work safely and as soon as possible. You may be assigned a telephonic nurse case manager to work with you, your employer, your insurance carrier and your doctor to help you recover from your injury or illness and help you return to work.

Your MPN should be used only for injuries and illnesses covered under your employer's workers' compensation plan. If you are injured at work, you must use the doctors, clinics, hospitals and other medical providers who are part of the MPN.

Please refer to the information below for specific instructions on how to access the MPN.

HOW TO ACCESS THE MPN

Your employer has designated a Site Coordinator to help you use the MPN if you are injured or ill on the job. This person should be your first contact if you have questions about the MPN or your workers' compensation coverage. You may also refer to the MPN Poster and State posting notice for additional information.

Access Standards

For answers to the below please see See Attachment C

How to access treatment if (a) the employee is authorized by the employer to temporarily work or travel for work outside the MPN's geographical area; (b) a former employee whose employer has ongoing workers' compensation obligations permanently resides outside the MPN geographical service area; and (c) an injured employee decides to temporarily reside outside the MPN geographic service area during recovery pursuant to 9767.12.a.5

How to obtain a referral to a specialist outside the MPN pursuant to 9767.12.a.9

Description of Services

Your employer is responsible for providing medical care including:

- A Primary Care Physician within 30 minutes or 15 miles of your residence or work place
- Other occupational health services and specialists within 60 minutes or 30 miles of your residence or work place
- Access to medical care in rural areas
- Emergency health care services, and
- Medical care if you are working or traveling outside of the geographic services area

IMPORTANT: REPORT YOUR INJURY IMMEDIATELY

In the event of an emergency (defined below on this page), or if urgent care is needed, please call 911 or seek medical attention from the nearest hospital or Urgent Care Center. ***Once you have received care, let your Site Coordinator know as soon as possible.***

If your job-related injury or illness is not an emergency, please let your immediate supervisor and/or the Site Coordinator know before seeing a doctor.

If you are treated away from your home or work place, upon your return to your geographic location, you must let your Site Coordinator know. Your Site Coordinator will provide you with a listing of the MPN doctors if you require additional medical care.

Definition of “Emergency Health Care Services”

“Emergency Health Care Services” or “Urgent Care” is defined as health care services for a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient’s health in serious jeopardy.

The MPN is **ONLY** for work-related injuries or illnesses. You should not seek medical treatment from the MPN without telling your Site Coordinator. Remember, if you need emergency treatment call 911 or go to the nearest hospital. Never delay seeking medical treatment if you are seriously injured or ill.

VERY IMPORTANT:

IF YOU HAVE PRE-DESIGNATED YOUR PERSONAL PHYSICIAN PRIOR TO AN INJURY

If you have pre-designated your personal physician prior to an injury, you may seek care from this physician. **IMPORTANT:** You may only pre-designate your personal physician prior to the injury if: 1) Your employer offers a non-occupational group health plan or insurance; 2) You have received care with the physician prior to the injury; 3) The physician retains your medical records; 4) the physician agrees to be your primary treating physician; and 5) The physician must be either a physician who has limited her or her practice of medicine to general practice, or who is a board-certified internist, pediatrician, obstetrician-gynecologist, or family practitioner. **If your physician does not agree to participate in this capacity, you will be required to seek care with an MPN provider. This pre-designation must be in writing and on file with the employer.** You will be given an "Employee Physician Pre-Designation Form" at the time of the effective date of the MPN (or upon hire, if you are hired after the MPN effective date). Should you decide to pre-designate at a later time and require another form, request it from your employer.

Selecting a Medical Provider

Your employer must arrange for an initial medical evaluation and begin treatment, if appropriate. However, you have a right to be treated by a MPN physician of your choice after the

first visit. As a patient in the MPN, you have the right to see a doctor close to your home or work place. 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 advise your SISC claims adjuster. If you live in a rural area, the travel distance and/or travel time may be greater than the timeframes listed previously. The instructions that follow will help you choose a doctor.

For an emergency, or urgent care situation, call 911 or go directly to the nearest emergency room.

For non-urgent care, do the following:

After reporting your injury to your Site Coordinator, your Site Coordinator will provide you with a DWC-1 Claim Form, a copy of the MPN handbook as required by law, and will give you the name of a doctor for an initial medical evaluation and you may begin treatment, if necessary. You may continue using this designated doctor after the initial evaluation or you may choose another MPN doctor. You can get the list of MPN providers by calling the MPN contact or by going to our website at www.cfmnet.org/SISC.

You also have the right to a complete listing of all of the MPN providers upon request.

What To Do If You Have Trouble Getting an Appointment

If you have trouble getting an appointment for non-emergency services with a MPN doctor within 3 business days or an MPN specialist doctor within 20 business days of your employer's receipt of a request, you should seek assistance from your SISC claims adjuster at 800-972-1727, or contact your attorney if you are represented. Your SISC claims adjuster will work with the MPN to assist you in getting an appointment in a timely manner. If you require further assistance, you may contact the MPN call center at (877) 222-4946 for any network questions.

CHANGING PROVIDERS & SECOND /THIRD OPINIONS

Changing Your Provider

Your employer has selected an initial medical provider to treat you for your work injury. However, you have the right to change your doctor if you are not happy with the doctor treating your work-related injury or illness, but even so, **medical treatment must still be provided inside the MPN**. To get a listing of MPN doctors in your area, you may consult with your MPN Site Coordinator, consult the MPN website at www.cfmcnnet.org/SISC, or contact the MPN call center at (877) 222-4946. If you decide to change doctors, it is your responsibility to advise the SISC claims adjuster immediately.

How To Obtain A Referral To 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 to address your particular injury or illness. If you need assistance locating an MPN specialist near your workplace or home, you may consult with your MPN Site Coordinator, consult the MPN website at www.cfmcnnet.org/SISC, or contact the MPN call center at (877) 222-4946.

How To Use the Second and Third Opinion Process

If you dispute either the diagnosis or the treatment that is recommended by the treating physician, you may obtain a second and third opinion from physicians within the MPN. During this process, you must continue your treatment with your treating physician or another physician of your choice within the MPN.

For obtaining a second opinion, it is your responsibility to:

1. Inform the SISC Claims Examiner either orally or in writing that you dispute the treating physician's opinion and you are requesting a second opinion.
2. Select a physician or specialist from a regional area listing of available MPN providers.
3. Make an appointment with the second physician within 60 days.
4. Inform the SISC Claims Examiner of the appointment date.

For obtaining a second opinion, it is SISC's responsibility to:

1. Provide a regional area listing of MPN providers and/or specialists for you to select a second opinion physician based on the specialty or recognized expertise in treating your injury or condition in question.
2. Contact your treating physician.
3. Provide a copy of the medical records or send the necessary medical records to the opinion physician prior to the appointment.
4. Provide a copy of the records to you upon request.
5. Notify the second opinion physician in writing that he or she has been selected to provide a second opinion and the nature of the dispute.

If you do not make an appointment with a second opinion physician within 60 days of receiving the list of available MPN providers, then you will not be able to obtain a second opinion regarding the diagnosis or treatment in dispute.

If, after your second opinion physician reviews your medical records, he or she determines that your injury is outside the scope of his or her practice, the second opinion physician will notify you and SISC so that SISC can provide a new list of MPN providers.

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, **following the same procedure as above for requesting a second opinion physician.**

The second and third opinion physicians must provide his/her opinion of the disputed diagnosis or treatment in writing and offer alternative diagnosis or treatment recommendations, if applicable. These physicians may order diagnostic testing if medically necessary. A copy of the written report must be given to you and your employer within 20 days of the date of your appointment or receipt of the results of the diagnostic tests, whichever is later.

If you disagree with either the diagnosis or treatment prescribed by the third opinion physician, you may file with the Administrative Director a request for an Independent Medical Review.

A copy of the second and/or third opinion report will be sent to the employee's treating physician pursuant to 9767.7f.

HOW TO OBTAIN AN INDEPENDENT MEDICAL REVIEW

You must obtain a second and third opinion before you can request an Independent Medical Review (IMR). If you disagree with either the diagnosis or treatment prescribed by the third opinion physician, you may file with the Administrative Director a request for an Independent Medical Review.

You may obtain an IMR by submitting an application to the Administrative Director. Upon notice of your selection of a third opinion physician, the SISC Claims Examiner will provide you with the IMR application and instructions form by which you would request an IMR in the event you dispute the findings of the third opinion physician. The

Administrative Director will assign the Independent Medical Reviewer, who may, at your request, conduct a medical examination during the review.

SISC will provide the Independent Medical Reviewer with a copy of all relevant medical records, and will send you a copy of the documents sent to the IMR. You may also furnish any relevant medical records or additional materials to the IMR, with a copy to SISC. The Independent Medical Reviewer must issue a report to the Administrative Director, in writing, that includes his/her analysis and determination whether the disputed health care service met the State's treatment guidelines. The report must be issued within 20 days of the examination, or within less time upon request of the Administrative Director. However, if the Reviewer certifies the disputed health care service is a serious threat to your health, the report must be provided within three days of the examination.

If the Independent Medical Reviewer does not agree with the disputed diagnosis, diagnostic service or medical treatment prescribed by the treating physician, you have the right to receive this treatment from any doctor you choose, inside or outside the MPN and SISC will pay for approved treatment. If you choose to receive medical treatment with a physician outside the MPN, the treatment is limited to the treatment or the diagnostic service recommended by the IMR.

MEDICAL BILLS

All medical bills resulting from your work-related injury or illness should be sent directly to SISC who will review the charges to make sure they are correct. SISC will pay the provider(s).

Your lost wage compensation and any other benefits you are entitled to under the California State Workers' Compensation Act will be paid by SISC. You can direct any questions regarding your benefits to your employer.

DISPUTES

What If My Employer Disputes My Injury

You may be entitled to receive treatment even if your employer initially disputes your injury. The injury is presumed to be work-related if the claim is not denied within 90 days of the date the claim form is filed. Until the date that liability for the claim is accepted or rejected, the employer's liability for the claim is limited to \$10,000. Please note this does not guarantee that you will receive medical care up to this \$10,000 limit. Treatment can continue until the employer makes a decision to deny your claim. **This treatment must be provided from an MPN doctor unless it is an emergency situation, or if you pre-designated a treating physician.**

CONTINUITY OF CARE

What Happens If Your Provider Is Terminated From the MPN

Attachment A is a copy of your employer's **Continuity of Care Policy**. This Policy provides for the completion of treatment by a doctor who has been terminated from the MPN for certain medical conditions.

TRANSFER OF ONGOING CARE

What Happens if You Already Have a Workers' Compensation Claim Prior to the Effective Date of the MPN

Until you are transferred into the MPN, your physician may make referrals to providers within or outside of the MPN pursuant to 9767.9.b.

If you are being treated for an injury or illness prior to the coverage of the MPN, your employer will provide for the completion of your treatment with your doctor under certain circumstances. **Attachment B** is your employer's **Transfer of Ongoing Care Policy**.

MPN CONTACT INFORMATION

The following is the contact information for the SISC MPN:

MPN Call Center: 1-877-222-4946

The contact for your MPN is:

Name: Provider Relations Department/SISC MPN Representative

Address: 5701 Truxtun Avenue, Suite 100, Bakersfield, CA 93309

Telephone Number: 1-877-222-4946

Email: FoundationMPN@kernfmc.com

Website address: www.cfmnet.org/SISC

Attachment A

Continuity of Care Policy

Completion of Treatment by a Terminated Provider

SISC will comply with the provisions set forth in California Labor Code Sections 4616.2(d) and (e) when the covered employee requests completion of treatment by a terminated provider. SISC will provide to all employees entering the workers' compensation system notice of its written Continuity of Care policy and information regarding the process for an employee to request a review under the policy and will provide, upon request, a copy of the written policy to the employee pursuant to 9767.12.a.12. SISC will comply with the requirements of LC §4616.2(d) and (e) as follows:

- SISC/CFMC will provide either verbal or written notice to the injured employee of the termination from the MPN of his or her treating provider.
- SISC will arrange for transfer of care to another MPN provider or will provide for the completion of treatment with the terminated provider according to LC §4616.2(d).
- If the injured employee requests completion of treatment with the terminated provider, the SISC claim adjuster will review the claim for compliance to LC §4616.2(d).
- If the injured employee meets the criteria as defined by LC §4616.2(d), SISC will provide:
 - Completion of care for up to 90 days of treatment for an "acute condition" as defined in LC §4616.2(d)(3)(A) as "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 shall be provided for the duration of the acute condition.
 - Completion of care for the period of time necessary to complete a course of treatment for a "serious chronic condition" up to one year from the date of determination that the injured employee has a "serious chronic condition" defined in LC 4616.2(d)(3)(B) as "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 care 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, as determined in consultation with the employee and the terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.
 - Completion of care for the duration of a "terminal illness" as defined in LC §4616.2(d)(3)(C) as "an incurable or irreversible condition that has a high probability of causing death within one year or less.
 - Performance of surgery or other procedure that has been authorized as part of a documented course of treatment and will occur within 180 days from the MPN coverage effective date as discussed in LC §4616.2(d)(3)(D).

- SISC/CFMC will notify terminated providers whose services are continued beyond the contract termination date pursuant to LC §4616.2(d)(4)(A) that they must agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination. The SISC claim adjuster may direct the injured employee to an MPN provider if the terminated provider does not agree to comply with the prior contractual terms and conditions.
- Unless otherwise agreed by the terminated provider and SISC/CFMC, the services rendered pursuant to this section shall be compensated at rates and methods of payment similar to those used by SISC/CFMC for currently contracting providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider. The SISC claims adjuster may direct the injured employee to an MPN provider if the terminated provider does not accept the payment rates provided for in this paragraph.
- If the terminated provider was terminated for cause, fraud, or other criminal activity, the injured employee shall be transferred to an MPN provider.
- Nothing stated above prohibits SISC from agreeing to provide continuity of care with a terminated provider should SISC determine that it is in the best interest of the injured employee to continue treatment with the terminated provider.

A copy of SISC's determination of the employee's medical condition will be sent to the employee's primary treating physician pursuant to 9767.10.d.1.

- **Dispute Resolutions:**

- After SISC makes a determination of the employee's medical condition, SISC will notify the employee (with a letter written in English and in Spanish sent to the employee's residence, using layperson's terms to the maximum extent possible), advising whether or not he or she will be required to select a new provider from within the MPN.
- If the terminated provider wishes to continue to treat and if the injured employee disputes the medical determination, he or she will be required to request a report from the treating physician that addresses whether his or her medical determination falls into any of the four conditions referenced above (as set forth in Labor Code 4616.2(d)(3)). The treating physician will be required to provide this report within 20 calendar days from the request. If the treating physician fails to issue the report, then SISC's determination shall apply.
- If SISC disputes the medical determination by the treating physician, the dispute will be resolved using the QME process pursuant to Labor Code section 4062.
- If the treating physician agrees with SISC's determination that the injured employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the employee will be required to select a new provider from within the MPN during the dispute resolution process.

- If the treating physician does not agree with SISC's determination that the injured employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the injured employee shall continue to treat with the terminated provider until the dispute is resolved.

Attachment B

Transfer of Care Policy

SISC will comply with the provisions set forth in California Code of Regulations, Title 8, §9767.9 regarding Transfer of Ongoing Care into the MPN.

Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside of the MPN pursuant to 9767.9b.

If a provider delivering ongoing care for a covered injured employee is already participating in the newly implemented MPN, SISC will notify the injured employee if his or her treatment is being provided under the MPN provisions.

If a provider delivering ongoing care for a covered injured employee prior to the inception of the MPN is **not** a provider under the SISC/CFMC MPN, SISC as the claims administrator will provide:

- Completion of care for up to 90 days of treatment for an "acute condition" as defined in 8 CCR §9767.9(e)(1) as "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 less than 90 days". Completion of treatment shall be provided for the duration of the acute condition.
- Completion of care for the period of time necessary to complete a course of treatment for a "serious chronic condition" up to one year from the date of determination that the injured employee has a "serious chronic condition" as defined in 8 CCR §9767.9(e)(2) as "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 care shall be provided for a period of time necessary, up to one year: (A) to complete a course of treatment approved by SISC; and (B) to arrange for transfer to another provider within the MPN, as determined by SISC. The one year period of completion of treatment starts from the date of the injured employee's receipt of the notification of the determination that the employee has a serious chronic condition.
- Completion of care for the duration of a "terminal illness" as defined in 8 CCR 9767.9(e)(3) as "an incurable or irreversible condition that has a high probability of causing death within one year or less".
- Performance of surgery or other procedure that has been authorized as part of a documented course of treatment and will occur within 180 days from the MPN coverage effective date as discussed in 8 CCR 9767.9(e)(4).
- Until the injured covered employee is transferred into the MPN, the employee's physician may make referrals to providers within or outside of the MPN pursuant to 9767.9.b.

SISC will conduct an assessment of the injured employee's medical condition prior to any determination that the ongoing care does not meet any of the above criteria and therefore could be eligible for a transfer into the MPN. This assessment may involve the guidance of a TMC nurse case manager.

SISC will send notification of the determination of the transfer of care to the injured employee's residence and to the injured employee's primary treating physician. The notification will be provided in English and Spanish and will use layperson's terms to the maximum extent possible.

If the injured employee disputes the medical determination that transfer of care into the MPN is appropriate, he or she must request a report from the primary treating physician addressing whether the ongoing care falls within any of the conditions identified above. The treating physician must provide the report to the employee within 20 calendar days of the request. If the treating physician fails to issue the report, then SISC's determination regarding completion of treatment shall apply.

If the primary treating physician agrees with SISC's determination that the injured employee's medical condition does not meet the conditions identified above (as set forth in 8 CCR 9767.9(e)(1) through (4)), the transfer of care shall proceed during the dispute resolution process.

If the primary treating physician disagrees with SISC's determination that the injured employee's medical condition does not meet the conditions identified above (as set forth in 8 CCR 9767.9(e)(1) through (4)), the transfer of care shall not proceed until the dispute is resolved.

Any dispute concerning the medical determination made by the primary treating physician concerning transfer of care will be resolved by the QME process pursuant to LC §4062.

Referrals made to providers subsequent to the implementation of the MPN are to be made to a provider within the MPN.

Nothing stated above prohibits SISC from agreeing to provide care outside the MPN should SISC determine that it is within the best interest of the injured employee to continue treatment with the non-MPN provider.

Attachment C **Access Standards**

- (a) A MPN must have at least three 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 in (b) and (c).
- (b) A MPN must have a primary treating physician 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.
- (c) A MPN must have providers of occupational health services and specialists within 60 minutes or 30 miles of a covered employee's residence or workplace.
- (d) If a MPN applicant believes that, given the facts and circumstances with regard to a portion of its service area, specifically rural areas including those in which health facilities are located at least 30 miles apart, the accessibility standards set forth in subdivision (b) and/or (c) are unreasonably restrictive, the MPN applicant may propose alternative standards of accessibility for that portion of its service area. The MPN applicant shall do so by including the proposed alternative standards in writing in its plan approval or in a notice of MPN plan modification. The alternative standards shall provide that all services shall be available and accessible at reasonable times to all covered employees.
- (e) (1) The MPN applicant shall have a written policy for arranging or approving non-emergency medical care for: (A) a covered employee authorized by the employer to temporarily work or travel for work outside the MPN geographic area when the need for medical care arises; (B) a former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the MPN geographic service area; and (C) an injured employee who decides to temporarily reside outside the MPN geographic service area during recovery.
(2) The written policy shall provide the employees described in subdivision (e)(1) above with the 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 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.
(3) The referred physicians shall be located within the access standards described in paragraphs (c) and (d) of this section.
(4) Nothing in this section precludes a MPN applicant from having a written policy that allows a covered employee outside the MPN geographic service area to choose his or her own provider for non-emergency medical care.
- (f) For non-emergency services, the MPN applicant shall ensure that an appointment for initial treatment is available within 3 business days of the MPN applicant's receipt of a request for treatment within the MPN

(g) For non-emergency specialist services to treat common injuries experienced by the covered employees based on the type of occupation or industry in which the employee is engaged, the MPN applicant shall ensure that an appointment is available within 20 business days of the MPN applicant's receipt of a referral to a specialist within the MPN.

(h) 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.

(i) The MPN applicant shall have a written policy to allow an injured worker to receive emergency health care services from a medical service or hospital provider who is not a member of the MPN.



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.

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

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

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

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

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

Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- 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.

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

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

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



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

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

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

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

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

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la 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.

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.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

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

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

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

TO ALL EMPLOYEES:

If you are injured on the job and do not have a pre-designated physician on file, the following SISC I Medical Provider Network (MPN) medical facilities are authorized to provide treatment to you. You are required to use these providers for work-related injuries or illness.

You have the right to be treated by a MPN physician of your choice after the first visit. You can get a list of MPN providers by calling the MPN contact at (877) 222-4946 or by going to our website at www.cfmcnnet.org/sisc.

During the hours of 7:00 am and 8:00 am and 5:00 pm to 8:00 pm, Monday through Friday, and 7:00 am to 8:00 pm on Saturdays, please contact our dedicated Medical Assess Assistant after-hours number at (661) 616-4806.

IMPERIAL COUNTY

**PRIMARY OCCUPATIONAL TREATMENT PROVIDER
(IMMEDIATE MEDICAL ATTENTION)**

Imperial Valley Occupational Medicine
1850 West Main Street, Suite E
El Centro, CA 92243
(760) 370-0020
Hours: 8:30 am – 5:00 pm

Industrial Medical & Family Care
1441 West State Street, Suite B
El Centro, CA 92243
(760) 337-1771
Hours: 8:00 am – 5:00 pm

Clinicas de Salud del Pueblo, Inc.
900 Main Street
Brawley, CA 92227
(760) 344-6471
Hours: 7:00 am – 6:00 pm

Due to rural areas, the following non-contracted MPN Provider is authorized to provide treatment based on geographical location:

Pinnacle Health Care
4343 East 31st Place
Yuma, AZ 85365
(928) 341-4544

SERIOUS/LIFE THREATENING MEDICAL EMERGENCIES ONLY

El Centro Regional Medical Center
1415 Ross Avenue
El Centro, CA 92243
(760) 339-7100

Pioneers Memorial Hospital
207 West Legion Road
Brawley, CA 92227
(760) 351-3333


For an emergency or urgent care situation, call 911, or go directly to the nearest emergency room.



Self-Insured Schools of California Workers' Compensation Prescription Information

Employer:

Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

	 SISC I SELF-INSURED SCHOOLS OF CALIFORNIA WORKERS' COMPENSATION
Employee Name:	
District:	
Group#:	10602834
Member ID (SSN):	
Date of Injury:	
Processor:	myMatrixx
Bin#:	014211
Day supply is limited to 30 days for a new injury.	
myMatrixx Help Desk: (877) 804-4900	

Employee:

Self-Insured Schools of California has partnered with **myMatrixx** to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 64,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900

Pharmacist:

Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

FOR ALL REJECTIONS OR QUESTIONS CALL: (877) 804-4900

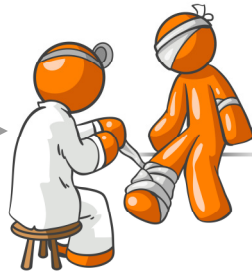
Workers' Compensation Prescription Information



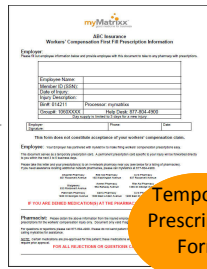
Injury Occurs



Employer provides First Fill form to injured worker



Injured worker seeks treatment— Rx written



Injured worker takes prescription and First Fill form to any network pharmacy



Pharmacy uses First Fill Form to transmit electronically to myMatrixx



Injured worker experiences fast and effortless First Fill service



Employer reports injury



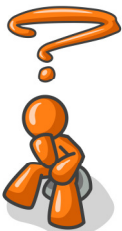
Claim demographics transferred to myMatrixx and imported to web portal



Total time averages less than 3 days from injury date



Injured worker continues to experience a seamless and monitored pharmacy service.



- myMatrixx has over 64,000 network pharmacies, all major chains included. For questions please call 877-804-4900.
- myMatrixx is available 24/7/365 by calling 877-804-4900
- myMatrixx prescription card allows workers' compensation specific medications only

EMPLOYEE'S ABILITY TO RETURN TO WORK
Physician's Work Status Report

Employer/District: _____

Employee: _____

Job Title: _____ Site: _____

Date of Injury: _____

To Be Completed By Employee At Time Of Each Examination

I hereby authorize (name of physician) _____, or any other physician(s) involved in my care, to release information regarding my physical condition relating to the injury/illness associated with the date of injury listed above to SISC Risk Management Services department, my employer (as indicated above), and/or my employer's designee responsible for assessing work assignment possibilities. The information disclosed pursuant to this form shall be used solely for the purpose of evaluating my ability to perform assigned work tasks. This authorization shall become effective immediately upon my signature and shall expire on the re-evaluation date listed below (E.). I understand I have a right to receive a copy of this authorization.

(Employee's Signature)

(Date)

To Be Completed by Physician First Aid Injury not work-related

A. Diagnosis: _____

B. Can patient return to work without restrictions? Yes No (If "No" please complete remainder of this form)

C. Please detail the **specific** work restrictions prescribed for the patient. **Your detailed description of the patient's restrictions will enable the employer to make appropriate placement decisions without the need for potential telephonic clarifications. Note that the employer may have many options regarding light duty assignments that will allow the patient to rehabilitate and remain a productive member of the district without risk of re-injury.**

Unless otherwise indicated, the restrictions will be in effect until the re-evaluation date indicated below.

D. Are Medication Braces/Splints prescribed? If "Yes" please explain.

E. Patient's Re-evaluation Date: _____

Physician's Printed Name: _____

Telephone: _____

Physician's Signature: _____

Date: _____

Return completed form to employee. Employee will return form to the District.

WHITE: DISTRICT

PINK: EMPLOYEE

GOLD: PHYSICIAN