
BUSINESS AND ADMINISTRATIVE SERVICES

TO: All Employees and Volunteers

FROM: Martin Klauss, Assistant Superintendent, Business and Administrative Services

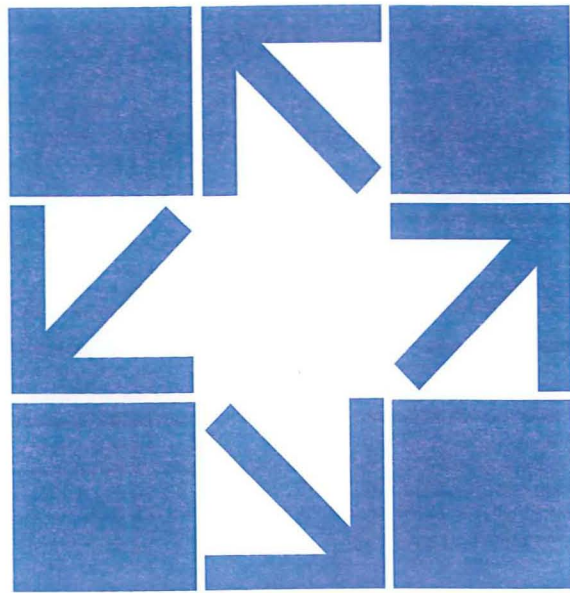
DATE: August 13, 2012

**SUBJECT: WORKERS' COMPENSATION – IMPORTANT INFORMATION
REGARDING BENEFITS AND MEDICAL PROVIDER NETWORK**

California Law requires employers to provide and pay for medical treatment if you are injured at work. Oak Park Unified School District is pleased to provide this medical care through WellComp MPN, a workers' compensation medical provider network (MPN). An MPN is a group of health care providers set up by an employer and approved by California's Division of Workers' Compensation to treat workers injured on the job. The enclosed pamphlet contains important information regarding WellComp and your workers' compensation medical benefits. Please read it carefully.

Your medical treatment for a work-related injury or illness is provided through the WellComp Medical Provider Network. Under Labor Code Section 4600, you have the option of treating with your personal physician if you have provided written notification to the District's Business Department of your intent ***prior*** to your injury or illness. The written request also requires the agreement and signature of your personal physician to treat you for your work-related injury or illness. If you wish to pre-designate your physician, you may use the form attached or forms may be obtained by contacting the Business Department at (818) 735-3254. The completed form, signed by both you and your physician, should be returned to the Business Department.

For additional information, please review the enclosed pamphlet carefully. You may also contact WellComp Patient Services Department directly by telephone, or through the WellComp web site, www.wellcomp.net.



Facts about Workers' Compensation

The Way It Was

In the early 20th century, a worker injured on the job had to sue his employer to recover medical expenses and lost wages.

Lawsuits took months and sometimes years. Juries had to decide who was at fault and how much, if anything, would be paid. In most instances, the worker got nothing. It was costly, time consuming, and often unfair.

The Way It Is

Today, the California workers' compensation law provides a faster, fairer way to take care of injured workers... where fault doesn't have to be proved to recover medical expenses and lost wages.

This job-injury insurance is paid for by your employer and supervised by the state. It pays your medical bills and if you can't work due to a job-related injury or illness, provides money to help replace lost wages until you can return to work.

Who's Covered?

Almost every employee in California is protected by workers' compensation, but there are a few exceptions. People in business for themselves and unpaid volunteers may not be covered. Maritime workers and federal employees are covered by similar laws. If you have a question about coverage, ask your employer.

What's Covered?

Any injury or illness is covered if it's due to your job. It can be caused by one event like a fall, or repeated exposures, such as repetitive motion over time. Everything from first-aid type injuries to serious accidents is covered. Workers' compensation even covers injuries – including physical or psychiatric injuries – resulting from a workplace crime. (Some injuries from voluntary, off-duty recreational, social or athletic activity – for example, the company bowling team – may not be covered. Check with your supervisor or the claim administrator listed at the end of this document if you have questions.)

Coverage is automatic and immediate. There is no qualifying period, no need to earn a certain amount in wages before you're covered... protection begins the first minute you're on the job.

What You Have To Do

If you have a work injury or illness, immediately notify your supervisor or the employer representative listed on the back of this pamphlet so you can get medical help right away. If it's more than a simple first-aid injury, your employer will give you a claim form so you can describe the injury and how, when and where it happened. To file a claim, complete the "Employee" section of the claim form, keep one copy and return the rest to your employer. Your employer will then complete the "Employer" section, give you a signed and dated copy of the form, keep one copy and send one to the claims administrator, the company that is responsible for handling your claim and notifying you about your eligibility for benefits.

Benefits can't start until the claims administrator knows of the injury, so report the injury and file the claim form with your employer as soon as possible. State law requires employers to authorize medical care within one working day of receiving a claim form, and employers may be liable for as much as \$10,000 in treatment until a claim is accepted or rejected. Delays in reporting may delay workers' compensation benefits, and you may not be able to get benefits if you don't file a claim within one year of the date of injury, the date you knew the injury was work related, or the date benefits were last provided. To ensure your right to benefits, report every injury, no matter how slight, and request a claim form if it's more than a minor injury requiring only first aid.

Benefits

The California workers' compensation law guarantees you three kinds of benefits:

- All reasonable and necessary medical care for your injury or illness... with no deductibles. Medical benefits may include treatment by a doctor, hospital services, lab tests, x-rays, physical therapy and medicines. State law makes non-emergency medical services subject to preauthorization and limits some medical services.
- Tax-free payments to help replace lost wages while you are temporarily disabled. Additional payments are made if the injury causes a permanent disability or death.
- If your injury or illness causes permanent disability that prevents you from returning to work within 60 days after your temporary disability ends and your employer doesn't offer appropriate modified or alternative work, you may be eligible for a supplemental job displacement benefit. This is a nontransferable voucher for education-related retraining and/or skill enhancement at state-approved schools. Voucher amounts range from \$4,000 to \$10,000, depending on the level of permanent disability.

Benefit Payments

- **Medical Care:** All medical expenses for reasonable and necessary treatment will be paid directly by the claims administrator, so you should never receive a bill. The name and phone number of the claims administrator are at the end of this document and are posted at your workplace.
- **Temporary Disability:** If you are unable to work for more than three days, including weekends, you are entitled to temporary disability (TD) payments to help replace your lost wages. About two weeks after reporting the injury, you'll get a check. You will continue to receive TD checks every two weeks after that until the doctor says you can return to work, or that your medical condition is "permanent and stationary." (Payments won't be made for the first three days, however, unless you're hospitalized as an inpatient or unable to work more than 14 days.) The amount of these checks will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. It probably won't be the full amount of your regular paycheck, but there are no deductions and the payments are tax free. Under state law, TD payments for a single injury may not extend for more than 104 compensable weeks within five years from the date of the injury, or for more than 240 weeks within five years from the date of injury for a few long-term injuries such as severe burns or chronic lung disease. If you reach the maximum TD payment period before you can return to work or before your medical condition becomes permanent and stationary, you may be able to obtain State Disability benefits through the California Employment Development Department (EDD). You also may be able to get these benefits if your TD is delayed or denied. There are time restrictions, however, so contact EDD at 1-800-480-3287 or www.edd.ca.gov for information on when and how to apply.
- **Permanent Disability:** If your doctor says your injury or illness will always leave you somewhat limited in your ability to work, you may receive permanent disability payments. The amount depends on the doctor's report, how much of the permanent disability was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. If your employer has 50 or more employees, your benefit payment also will be affected by whether or not your employer makes a suitable return-to-work offer. The minimum and maximum amounts are set by state law, and vary by injury date, but if you have a permanent disability, your claims administrator will send you a letter explaining how the benefit was calculated. In general, the total amount is set at a weekly rate spread over a fixed number of weeks. The first payment is due within 14 days after the final temporary disability payment, or if you were not receiving temporary disability, 14 days after your doctor says your condition is permanent and stationary. After that, the benefit will be paid every 14 days until you reach the maximum or until you settle your case and receive a lump sum.

- **Death Benefits:** If the injury or illness causes death, payments may be made to individuals who were financially dependent on you. These benefits are set by state law and the amount depends on the number of dependents and the date of injury. Generally, the payments are made at the same rate as temporary disability payments – however, no payments will be less than \$224 per week. Workers' compensation also provides a burial allowance.
- **Supplemental Job Displacement Benefit:** If you receive temporary disability payments, within 30 days after that benefit ends, your claims administrator will send a letter advising whether your employer has a modified job or alternative work available for you, and explaining your potential rights to a supplemental job displacement benefit. If your employer does not offer modified or alternative work, and it is determined that you have a permanent disability that prevents you from returning to work for the employer within 60 days after your temporary disability ends, you may qualify for a nontransferable voucher to use at a state accredited school for retraining or skill enhancement. If you qualify, your claims administrator will provide a voucher up to a maximum set by state law:
 - A) Up to \$4,000 for permanent disability awards of more than 0 but less than 15%.
 - B) Up to \$6,000 for permanent disability awards between 15% and 25%.
 - C) Up to \$8,000 for permanent disability awards between 26% and 49%.
 - D) Up to \$10,000 for permanent disability awards between 50% and 99%.

Other Benefits

Workers' compensation is sometimes confused with State Disability Insurance (SDI). They seem similar, but there are important differences. Workers' compensation insurance covers on-the-job injuries and illnesses and is paid for entirely by your employer. On the other hand, SDI covers off-the-job injuries or sickness, and is paid for by deductions from your paycheck. If you are not receiving workers' compensation benefits, you may be able to get State Disability benefits. For information, call the local office of the state Employment Development Department listed in the government pages of your phone book, or learn more at www.edd.ca.gov/disability/.

If You Have Questions

... ask your supervisor or employer representative. Or contact the workers' compensation claims administrator (the name and phone number are listed at the end of this document and are posted at your workplace). You also can contact an information and assistance officer at the State Division of Workers' Compensation (DWC). Information and assistance officers are available at no charge to answer questions, review problems and provide additional written information about workers' compensation. The local office is listed at the end of this document and is posted at your workplace, or you can call 800-736-7401, check the local listing in the white pages of the phone book under State Government Offices/Industrial Relations/Workers' Compensation, or go to the DWC web site at www.dwc.ca.gov.

More About Medical Care

- Good medical care is important - to you, your family and your employer. Quality medical treatment is the quickest way to recovery.
- If emergency medical care is needed, call 911 for immediate help and get the best treatment available until emergency personnel arrive.
 - If first-aid is available at your workplace, seek immediate treatment. Report to your employer where, when and how the accident happened. If it's more than a simple first-aid injury, ask your employer for a claim form.
 - To make sure your medical bills get paid and you get all of your benefits, complete the "Employee" section of the claim form and return it to your employer as soon as possible. Employers must notify the claims administrator and authorize medical care within one working day of receiving a claim form, so get a signed and dated copy back from your employer and keep it with the other paperwork related to your claim.

- Your claims administrator will arrange medical care that meets the treatment guidelines for the injury. The doctor, who may be a specialist for your type of injury, will be familiar with workers' compensation requirements and will report promptly so your benefits can be paid.
- Your employer may have a Medical Provider Network (MPN), which is a network of health care providers who treat workers injured on the job. If so, a notice should be posted at your worksite to explain how to use the network. You also can request information on how to use the MPN by asking your employer or by calling the MPN number on the poster.
- The doctor with overall responsibility for your treatment is the "primary treating physician" (PTP). The PTP decides what kind of medical care you need and when you can return to work. If necessary, the PTP will review your job description with you and your employer to define any limitations or restrictions that you may have when you go back to work. The PTP also will coordinate any care you receive from other medical providers, and for a serious injury, will write reports about any permanent disability or need for future medical care.
- You can be treated by your personal doctor immediately if your employer offers group health coverage; the doctor has treated you before, has your medical records, and has agreed in advance to treat you for work injuries or illnesses; and you gave your employer the doctor's name and address in writing before the injury. This is called "predesignating a personal physician." If you decide to predesignate, the doctor must be someone who has limited his or her practice of medicine to general practice or be a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner; or you can predesignate a multispecialty group of licensed doctors of medicine or osteopathy (M.D.s or D.O.s) that provides comprehensive medical services primarily for nonoccupational injuries and illnesses. You can use the optional predesignation form (DWC Form 9783) to give your employer the necessary information. You can use optional DWC Form 9783.1 to name a personal chiropractor or acupuncturist, but different rules apply, and you may need to see an employer-selected doctor first.
- If your employer has an MPN, but you have a predesignated personal physician, you may receive treatment immediately from that doctor. If your employer has an MPN and you do not predesignate a personal physician prior to injury, a network doctor will generally be your PTP for the duration of treatment. For treatment other than emergency care, your claims administrator should direct you to an MPN doctor for your first medical visit, though you may switch to another doctor in the network anytime after your first visit. If you want to switch to a chiropractor or acupuncturist, including a personal chiropractor or personal acupuncturist named prior to the injury, he or she must be in the network. Different rules apply if you are in a workers' compensation Health Care Organization (HCO). If your employer offers an MPN or if you are in an HCO, your employer will provide additional information about the network and your rights under your plan.
- Generally, if you don't predesignate a personal physician prior to the injury, and are not covered by an MPN, you can switch to your own doctor 30 days after the injury is reported. If you want to switch doctors before that, your claims administrator will give you a list of doctors to choose from. (Different rules apply if you are in an HCO, so check with your claims administrator if that's the case.) If you want to change doctors for any reason, choose carefully – most people don't have a family surgeon, for example. If you want advice on specialists, talk to the claims adjuster who works for your claims administrator. They're as interested as you are in your prompt recovery and return to work and will help you get a different doctor.
- In any event, report your choice to the claims adjuster as soon as you make it so the bills will be paid for you. Even minor injuries may need expert care. Prompt, quality medical care is the best investment you and your employer can make.

Optional Form

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

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

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist) (D.C., L.Ac.)

(street address, city, state, zip code)

(telephone number)

Employee Name (please print):

Employee's address:

Employee's

Signature:

Date:

Title 8, California Code of Regulations, Section 9783.1
(DWC Form 9783.1 – Effective Date March 2006)

Note to employee: A personal chiropractor must be your regular, licensed chiropractor (D.C.) who previously directed your treatment and retains your chiropractic treatment records, including your chiropractic history. A personal acupuncturist must be your regular, licensed acupuncturist (L.Ac.) who previously directed your treatment and who retains your acupuncture treatment records, including your acupuncture history.

If your employer offers a workers' compensation Medical Provider Network (MPN), you may only switch to a personal chiropractor or acupuncturist within the MPN. If you are a member of a workers' compensation Health Care Organization (HCO) different rules apply, so check with your employer or claims administrator if that is the case.

When a work injury or illness occurs...

1. If emergency medical care is needed, call 911 or go to the nearest emergency room.
2. Report injuries immediately to your supervisor or employer representative at Your Work Site (telephone). Your employer may advise you on where to go for treatment. Your employer also is required to provide you with a claim form within one working day of learning of your injury, so ensure your rights to benefits by reporting every injury, no matter how slight, and request a claim form if it's more than a simple first-aid injury. Your employer must notify the claims administrator and authorize medical treatment within one working day of receiving your claim form, and will direct you to a doctor, clinic, or to a hospital if necessary. Any delay in reporting an injury may delay workers' compensation benefits. If your claim or benefits are denied, you have a right to challenge the decision at the Workers' Compensation Appeals Board, but there are deadlines for filing the necessary papers, so don't delay.
3. Call your employer representative or claims administrator if you have questions or problems. It is illegal for an employer to fire or discriminate against you just because you file, intend to file, or settle a workers' compensation claim, or because you testify for a co-worker who was injured. If you prove this kind of discrimination, you will be entitled to job reinstatement, lost wages and increased benefits, plus costs and expenses up to a maximum set by the state legislature.

Emergency Telephone Number: Call 911 for an ambulance, the fire department, police, or for emergency medical care from a doctor or hospital. For nonemergency medical care, contact your employer, the workers' compensation claims administrator listed below, or go to

Claims Administrator:

Name York Insurances Services

☐ check if company is self-insured

Telephone 805\288-4075

Free help and information are available by contacting a Division of Workers' Compensation information and assistance officer at the local office listed below. You can hear recorded information and get a list of local offices by calling (800-736-7401), or you can get additional written information about workers' compensation by going to the Division of Workers' Compensation web site at www.dwc.ca.gov.

DWC Information & Assistance Office

Street Address 1901 N. Rice Ave. # 200

City Oxnard, CA 93030

Telephone 805\485-3528

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

This pamphlet is available in Spanish. For a free copy, please write: CWCI, 1111 Broadway, Suite 2350, Oakland, CA 94607. Este información está traducida al español. Para conseguir una copia, favor de escribir a: CWCI, 1111 Broadway, Suite 2350, Oakland, CA 94607.

The information in this pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation.

To reorder: This pamphlet, as well as state-approved workers' compensation posting notices, DWC-1 claim forms, and other information for injured workers and employers may be ordered from the online store at www.cwci.org, or you may request an order form by calling 510-251-9470.

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Rev. 10/10



This pamphlet contains important information on accessing the WellComp Medical Provider Network:

- ✓ Find out if you are covered
- ✓ Access medical care
- ✓ Learn about continuity of care
- ✓ Choose your own physician
- ✓ Transfer into the WellComp Network
- ✓ Contact WellComp



Employee Name: _____

Employer Name: _____

Date of Injury: _____

Medical Treatment for Workers' Compensation
MPN Liaison, Gale Chmidling, MPN Manager
P.O. Box 59914 Riverside, CA 92517
Toll Free (800) 544-8150
fax: (888) 620-6921 or
e-mail: info@WellComp.net

Welcome to WellComp

Your employer has elected to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses by implementing a Medical Provider Network (MPN), called WellComp. WellComp delivers quality medical care through your choice of a provider who is part of an exclusive network of healthcare providers, each of whom possess a deep understanding of the California workers' compensation system and the impact their decisions have on you. Your employer has received the approval from the State of California to cover your workers' compensation medical care needs through the WellComp Network. You are automatically covered by the WellComp Network if your date of injury or illness is on or after your employer's implementation date and if you have not properly pre-designated a personal physician prior to your injury or illness.

In the event that you have an injury or illness, please complete the front of this card and carry it with you to present to your medical service providers for access to care.

This card is not required to receive medical services.



This employee is covered by the WellComp Network for workers' compensation medical care. Possession or use of this card does not guarantee eligibility for benefits. Treatment must be furnished or referred by a WellComp medical provider with the exception of emergency care or necessary treatment while the employee is out of the state of California. All treatment requires pre-authorization except for emergency care.

For treatment authorization
contact WellComp Provider Services.

For WellComp Patient Services:

Toll Free (800) 544-8150

fax: (888) 620-6921

For emergency care or necessary treatment while the employee is outside of the state of California, please notify WellComp to facilitate authorization, billing and payment, as well as transfer of care.

Access to Medical Care

■ Initial Care

In case of an emergency, you should call 911 or go to the closest emergency room.

In the event that you experience a work-related injury or illness, immediately notify your supervisor and obtain medical authorization from your employer to designate an initial care provider within the network. If you are unable to reach your supervisor or employer, please contact the patient services department at WellComp. For non-emergency services, the MPN must ensure that you are provided an appointment for initial treatment within 3 business days of your employer's or MPN receipt of request for treatment within the MPN.

■ Subsequent Care

If you still need treatment following your initial evaluation, you may be treated by a physician of your choice, or the initial physician may refer you to a medically and geographically appropriate specialist within the network who can provide the appropriate treatment for your injury or condition. Your employer is required to provide you with at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on your occupation or industry. These physicians will be available within 30 minutes or 15 miles of your workplace or residence and specialists will be available within 60 minutes or 30 miles of your residence or workplace. For a directory of providers, please visit www.WellComp.net or call WellComp Patient Services.

■ Emergency Care

In an emergency, defined as a medical condition starting with the sudden onset of severe symptoms that without immediate medical attention could place your health in serious jeopardy, go to the nearest healthcare provider regardless of whether they are a WellComp participant. If your injury is work-related, advise your emergency care provider to contact WellComp to arrange for a transfer of your care to a WellComp provider at the medically appropriate time.

■ Hospital and Specialty Care

Your primary treating provider in the WellComp Network will make all of the necessary arrangements and referrals for specialists, inpatient hospital, outpatient surgery center services, and ancillary care services.

■ Choosing a Treating Physician

If you still require treatment after your initial evaluation with your employer's designated provider, you may access the WellComp Directory and select an appropriate physician of your choice who can provide the necessary treatment for your condition or illness. For assistance determining physician options, please contact the WellComp Patient Services Department or discuss your options with your initial care provider.

■ Scheduling Appointments

If you are having difficulty scheduling an appointment with your initial provider or subsequent provider, please contact your WellComp Patient Services Department.

■ Changing Primary Treating Physician

If you find it necessary to change your treating physician and it is determined that you require ongoing medical care for your injury or illness, you may select a new physician from the WellComp Directory and schedule an appointment. Once your appointment is scheduled, immediately contact WellComp Patient Services who will then coordinate the transfer of your medical records to your new provider.

■ Obtaining a Specialist Referral

As long as you continue to require medical treatment for your injury or illness, there are alternatives for obtaining a referral to a specialist:

1. Your primary treating provider in the WellComp Network can make all of the necessary arrangements for referrals to a specialist. This referral will be made within the network or outside of the network if needed.
2. You may select an appropriate specialist by accessing the WellComp Directory.
3. You may contact WellComp Patient Services who can help coordinate necessary arrangements.

If your primary treating provider makes a referral to a type of specialist not included in the network, you may select a specialist from outside the network.

For non-emergency specialist services, the MPN must ensure that you are provided an appointment within 20 business days of your employer's or MPN receipt of a referral to a specialist within the MPN.

■ Continuity of Care

What if I am being treated by a WellComp doctor and the doctor leaves WellComp?

Your employer has a written "Continuity of Care" Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in WellComp.

If you are being treated for a work-related injury in the WellComp Network and your doctor no longer has a contract with WellComp, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- **(Acute)** A medical condition that includes a sudden onset of symptoms that require prompt care and has a duration of less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues without full cure or worsens and requires ongoing treatment over 90 days. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN contract termination date.

If any of the above conditions exist, WellComp may require your doctor to agree in writing to the same terms he or she agreed to when he or she was a provider in the WellComp Network. If the doctor does not, he or she may not be able to continue to treat you.

If the contract with your doctor was terminated or not renewed by WellComp for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor. For a complete copy of the Continuity of Care policy, please visit www.WellComp.net or call WellComp Patient Services.

■ Transfer of Ongoing Care

What if you are already being treated for a work-related injury before the WellComp Network begins?

Your employer has a "Transfer of Care" policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the WellComp Network.

If your current treating doctor is a member of WellComp, then you may continue to treat with this doctor and your treatment will be under WellComp. Your current doctor may be allowed to become a member of WellComp.

If your current treating physician is not a participating physician within WellComp, you are not covered under the MPN and your physician can make referrals to providers within or outside the MPN.

You will not be transferred to a doctor in WellComp if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues without full cure or worsens over 90 days. You may be allowed to be treated by your current treating doctor for up to one year from the date of receipt of the notification that you have a serious chronic condition.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Treatment will be provided for the duration of the terminal illness.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.

■ Care Transfer Disputes

If WellComp is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above. Your treating physician shall provide a report to you within twenty calendar days of the request. If the treating physician fails to issue the report, then you will be required to select a new provider from within the MPN.

If either WellComp or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify WellComp Patient Services Department, if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision.

If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved. For a complete copy of the Transfer of Care policy, please visit www.WellComp.net or call WellComp Patient Services.

Second Opinion, Third Opinion and Independent Medical Review Process:

If you disagree with your doctor or do not like your doctor for any reason, you may always choose another doctor in the MPN.

■ Obtaining Second and Third Opinions

If you disagree with the diagnosis or treatment plan determined by your treating physician or your second opinion physician, and would like a second or third opinion, you must take the following steps:

- ✓ Notify your claims examiner who will provide you with a regional area listing of physicians and/or specialists within the WellComp Network who have the recognized expertise to evaluate or treat your injury or condition.
- ✓ Select a physician or specialist from the list.
- ✓ Within 60 days of receiving the list, schedule an appointment with your selected physician or specialist from the list provided by your claims examiner. Should you fail to schedule an appointment within 60 days, your right to seek another opinion will be waived.
- ✓ Inform your claims examiner of your selection and the appointment date so that we can ensure your medical records can be forwarded in advance of your appointment date. You may also request a copy of your medical records.
- ✓ You will be provided information and a request form regarding the Independent Medical Review (IMR) process at the time you select a third opinion physician. Information about the IMR process can be found in the MPN Employee Handbook.

■ Obtaining an Independent Medical Review (IMR)

If you disagree with the diagnosis or treatment plan determined by the third opinion physician, you may file the completed Independent Medical Review Application form with the Administrative Director of the Division of Workers' Compensation. You may contact your claims examiner or the WellComp Patient Services Department for information about the Independent Medical Review process and the form to request an Independent Medical Review.

If the second opinion, third opinion or IMR agrees with your treating doctor, you will need to continue to receive medical treatment with a network physician. If the IMR does not agree with your treating network physician, you will be allowed to receive that medical treatment from a provider either inside or outside of the WellComp Network.

■ Treatment Outside of the Geographic Area

WellComp has providers throughout California. If a situation arises which takes you out of the coverage area, such as temporary work, travel for work, or living temporarily or permanently outside the MPN geographic service area, please contact the WellComp Patient Services Department, your claims examiner, or your primary treating provider, and they will provide you with a selection of at least 3 approved out-of-network providers from whom you can obtain treatment or get second and third opinions from the referred selection of physicians.

Covered Medical Services:

The following is a summary of Workers' Compensation medical services that are available to employees covered by the WellComp Network.

Primary treating and specialty services including consultations and referrals

Examples of primary treating or specialty providers include: general medical practitioners, chiropractors, dentists, orthopedists, surgeons, psychologists, internists, psychiatrists, cardiologists, neurologists.

Inpatient Hospital and Outpatient Surgery Center services

Examples of inpatient hospital and outpatient surgery center providers include: acute hospital services, general nursing care, operating room and related facilities, intensive care unit and services, diagnostic lab or x-ray services, necessary therapies.

Ancillary Care services

Examples of ancillary care providers include: diagnostic lab or x-ray services, physical medicine, occupational therapy, medical and surgical equipment, counseling, nursing, medically appropriate home care, medication.

Emergency services including outpatient and out-of area emergency care



WellComp Provider Directory

To access a directory of medical providers in the WellComp Network, go to www.WellComp.net where you can search by medical specialty, zip code, physician or provider group. To receive a hard copy of the regional area listing or the complete WellComp directory, please contact WellComp (your employer's designated medical provider network administrator):

WellComp Information

To access more information, regarding the WellComp Network, go to www.WellComp.net/download/. You can download the Employee Handbook, Transfer of Care Policy or the Continuity of Care Policy. To receive a hard copy of this information please contact WellComp. MPN Liaison: Gale Chmidling, MPN Manager (800) 544-8150

WellComp Patient Services Department

P.O. Box 59914
Riverside, CA 92517
Toll Free (800) 544-8150
fax: (888) 620-6921 or
e-mail: info@WellComp.net

This pamphlet is available in Spanish. For a free copy, please contact WellComp.

Este folleto esta disponible en el Español. Para una copia gratis, favor de llamar a WellComp.

OAK PARK UNIFIED SCHOOL DISTRICT

PRE-DESIGNATION OF PERSONAL PHYSICIAN

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

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

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

NOTICE OF PRE-DESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section

To: **Oak Park Unified School District** (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(Name of doctor)(M.D., D.O., or medical group) _____ (street address, city, state, zip)

(telephone number)

Employee Name (please print): _____

Employee's Address:

Employee's Signature _____ Date: _____

Physician: I agree to this Pre-Designation:

Signature: _____ Date: _____

(Physician or Designated Employee of the Physician or Medical Group)

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

Employee must return completed and signed form to the Business Office