



Risk Management JPA Fringe Benefits Consortium



SAN DIEGO COUNTY AND IMPERIAL COUNTY SCHOOLS

Important Information about Medical Care if you have a Work-Related Injury or Illness

Initial Written Employee Notification Re: Medical Provider Network (Title 8, California Code of Regulations, section 9767.12 and 9767.16)

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). The San Diego County and Imperial County Schools Joint Power Authority MPN is administered by CorVel Corporation. Your employer's workers' compensation program is administered by CorVel Corporation. The attached notifications tell you what you need to know about the San Diego County and Imperial County Schools Joint Power Authority MPN program and describes your rights in choosing medical care for work related injuries and illnesses.

**Keep this information in case you have a
work-related injury or illness.**

EMPLOYEE MPN INFORMATION

This information is being provided to you to explain your rights and responsibilities should you have an accident at work. You will also receive a copy of this notice at the time of injury.

- The California Workers' Compensation Regulation requires employees to utilize the Medical Provider Network (doctors, hospitals, ancillary services) who are part of a Medical Provider Network or MPN. The Medical Provider Network has been selected for treatment of **work related injuries**.

Employer Contact: Felicia Amenta, Workers Compensation Manager

Contact Name: San Diego County and Telephone Number: (858) 571-7221

Imperial County Schools JPA

Address: 6401 Linda Vista Road

City, State, Zip: San Diego, CA 92111-7399

If you are injured on the job...

1. Report your injury to your supervisor/manager *immediately*.
IN CASE OF EMERGENCY SEEK IMMEDIATE MEDICAL ATTENTION AT THE NEAREST EMERGENCY FACILITY.
2. You may be asked to provide information such as....
 - Your Name
 - Your Home Address, City, State, Zip, County, Telephone Number
 - Date of Birth
 - Social Security Number
 - Date, Time, Location and Nature of Injury
3. If you require medical treatment, a **Medical Provider Network physician** (or other health care provider) is available for you to see. The MPN network provider will become your primary care physician and will provide the necessary and appropriate treatment for your work related injury. Your primary care physician will direct your care overall and refer to specialists as required within the MPN. A nurse may be assigned to interact with you, your provider and employer. The MPN network, listing of the health care providers, is available from your employer MPN contact person, your claims adjuster, or online at www.compcaremed.com/sdcoeipa . At any time you are choosing a physician, you have the right to select from the entire MPN.
4. If you are on Business-Related Travel or away from your work site when an injury occurs, call your supervisor/manager to report your injury immediately. They will help you in seeking medical attention. **In case of emergency seek immediate medical attention at the nearest emergency facility.**
5. If you are traveling, or now live outside the MPN geographical area, you will be supplied with at least three physicians within the access standards to choose from for your medical treatment. If there are not three MPN physicians within the access standards available to treat you, you may be allowed to use a non-MPN provider. You have the right to change physicians and obtain a 2nd or 3rd opinion from among the referred physicians.
6. You may only use physicians within the MPN. See exceptions in Transfer of Care and Continuity of Care policies.
7. If you are having trouble scheduling an appointment with a provider within the MPN, contact your employer MPN contact, claims adjuster, or your case manager, if assigned, for assistance in getting an appointment scheduled for you.
8. If you require a referral to a specialist, (orthopedist, dermatologist, etc.), contact your employer MPN contact, claims adjuster, or your case manager, if assigned, for assistance in selecting and scheduling an appointment with a specialist.
9. Appointments for initial treatment will be available within 3 business days of your request. Non-emergency appointments with specialists will be available within 20 business days or receipt of referral.

ADDITIONAL INFORMATION REGARDING YOUR RIGHTS UNDER THE CALIFORNIA MPN.

You will receive this notification 30 days prior to initiation of the MPN, as well as 30 days prior to a change of the MPN. You will be provided notification upon transfer into the MPN. You may go to a specialist outside the MPN if your primary treating MPN physician refers you to a specialist outside the network. You may also choose your own specialist from within the MPN network independent of any referral by your treating physician or provider.

EMPLOYEE REQUEST FOR A SECOND/THIRD MEDICAL OPINION

You have the opportunity to request and obtain a second and a third medical opinion within the provider network if you have a disagreement with the treatment or diagnosis. During this process, you must continue to receive your treatment with your current treating physician, or another provider of your choice within the MPN. To view the entire list of MPN providers, you may log onto www.compcaresmed.com/sdcoeipa described in page 1, number 3. This process is as follows:

1. If you disagree with the treatment plan or diagnosis you can request a 2nd or 3rd medical opinion.
2. A request is generated from the employee either by phone or in writing to the Claims Adjuster.
3. The request is received by the Claims Adjuster who will provide a regional area listing of providers within the network for you to choose from. At any time you have the right to choose a physician from the entire MPN network or from the list provided.
4. You must schedule an appointment with one of the physicians from the supplied list or from the entire MPN within (60) sixty days, or it shall be deemed that you have waived your right to the second opinion process with regard to this disputed diagnosis or treatment. At any time you are choosing a physician, you have the right to select from the entire MPN.
5. Once you have obtained an appointment, you must notify your claims adjuster of the physician, the appointment date and time.
6. If the appointment is not made within 60 days of receipt of the list of available MPN providers, then you shall be deemed to have waived the second and/or third opinion process.
7. During this process, you are required to continue your treatment with the treating physician or a physician of your choice within the MPN.
8. If the 2nd or 3rd opinion physician determines that your injury is outside the scope of their practice, you will be provided with a new list of MPN providers and/or specialists.
9. If you disagree with the 2nd opinion, then you can request a 3rd opinion and follow Steps 2-5 as above.
10. If you disagree with the diagnosis or treatment of the third opinion physician, you may request an Independent Medical Review. At the time you request a third opinion, your employer, MPN contact or adjuster will give you information on requesting an Independent Medical Review and the form.
11. At the time of your selection of your third opinion physician, you will be supplied with information on how to request an independent medical review, along with an application for Independent Medical Review for you to complete, should you disagree with the third opinion.
12. The claims adjuster will contact the treating physician, provide a copy of the medical records or send the necessary records to the second and/or third opinion physician prior to the appointment date. Upon your request, you can receive a copy of the medical records from your claims adjuster.
13. The second/third opinion physician will be notified in writing that he or she has been selected to provide a second/third opinion and the nature of the dispute with a copy to you.
14. A copy of the written report shall be provided to the employee, the person designated by the employer or insurer, and the treating physician within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later.
15. You may obtain the recommended treatment within the MPN. If you choose you may obtain the recommended treatment by changing physicians to the second opinion physician, third opinion physician, or another MPN physician.

CHANGING YOUR PHYSICIAN

You are allowed to change to another provider if you would like to change providers for any other reason than listed above under Employee Request for a Second/Third Opinion. Your request may be directed to your Nurse Case Manager or your Claims Adjuster. The provider must be within the Medical Provider Network. If you require a referral to a specialist, (orthopedist, dermatologist, etc.), contact your employer MPN contact, claims adjuster, or your case manager, if assigned, for assistance in selecting and scheduling an appointment with a specialist. The specialist you choose can be from the entire MPN.

TRANSFER OF ONGOING CARE INTO MPN

If you are being treated for an occupational injury or illness by a physician or provider prior to your enrollment into your employer's medical provider network (MPN), and your physician or provider becomes a provider or already is an MPN provider, the MPN/employer will notify you that your treatment is being provided by your physician or provider under the provisions of the MPN. You may request a complete copy of the Transfer of Ongoing Care policy from your employer or MPN. Some circumstances that may allow continued treatment with the terminated provider include an acute condition, a serious chronic condition, a terminal illness, or performance of a surgery or other procedure that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the MPN coverage effective date.

A dispute resolution policy is included in the Transfer of Ongoing Care policy. You may request a complete copy of the Transfer of Ongoing Care policy from your employer or MPN.

ACCESS STANDARDS

You have a right to access to MPN providers that are located within reasonable distances of your residence or workplace. The MPN must have a primary care physician and a hospital for emergency care within 30 minutes or 15 miles of your residence or workplace and providers of occupational health services and specialists within 60 minutes or 30 miles of your residence or workplace. If at any time you reside or work in a portion of the service area in which health care facilities are located outside the MPN access standards, the employer or MPN treating physician will assist the you in identifying a minimum of three (3) non-MPN providers in the specialty needed and within the access standard distance." If there are not three (3) providers in the needed specialty within the access standard distance you may choose a non-MPN provider.

CONTINUITY OF CARE

If you are treating in a medical provider network and the provider is terminated from participation in the MPN network, you have certain rights to continue your treatment with this terminated provider subject to the conditions set forth in your employer's Continuity of Care policy. Some circumstances that may allow continued treatment with the terminated provider include an acute condition, a serious chronic condition, a terminal illness, or performance of a surgery or other procedure that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date.

A dispute resolution policy is included in the Continuity of Care policy. You may request a complete copy of the Continuity of Care policy from your employer or MPN.

EMPLOYEE ACKNOWLEDGEMENT OF THE

MEDICAL PROVIDER NETWORK

In order to provide the most timely and suitable quality medical care in the event of an injury on the job, we have instituted a Medical Provider Network for Workers' Compensation.

The following procedures must be followed for all work related injuries and illnesses.

- Report promptly any work related injury to the supervisor.
- For a referral to a medical provider specialist, contact your employer or claims adjuster.
- Ensure all medical treatment is handled only through the MPN (Medical Provider Network) unless otherwise authorized.
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- A directory of medical care providers is available at my request through my employer.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury and your duties under our Medical Provider Network.

Print Name

Date

Employee Signature

Employer

Employee Number

A COPY OF THE MPN DIRECTORY IS AVAILABLE FROM YOUR EMPLOYER OR ADJUSTER UPON YOUR REQUEST.

EMPLOYEE INFORMATION ON THE INDEPENDENT MEDICAL REVIEW PROCESS

This notice is to inform you of your rights, responsibilities and process in obtaining an Independent Medical Review (IMR). If you disagree with your treatment plan or diagnosis that the third opinion physician rendered, you have the right to request an Independent Medical Review. At the time you request a physician for a third opinion, your MPN contact or Claims Adjuster will provide you with this form covering the Independent Medical Review process. You will also be provided with an "Application for Independent Medical Review" form. The MPN contact or Claims Adjuster will fill out the "MPN Contact section" for you. You will need to complete the "employee section" of the form, indicate on the form whether you are requesting an in-person examination or a records review. You may also list an alternative specialty, if any, that is different from the specialty of the treating physician.

The Administrative Director will select an IMR with an appropriate specialty within 10 business days of receiving your Application for Independent Medical Review form. The Administrative Director's selection of the IMR will be based on the specialty of your treating physician, the alternative specialties listed by you and the MPN contact, and the information submitted with the Application for Independent Medical Review.

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

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

The Administrative Director will send written notification of the name and contact information of the IMR to you, your attorney, if any, the MPN contact and the IMR. The Administrative Director will send a copy of the completed Application for Independent Medical Review to the IMR.

You, the MPN Contact, or the selected IMR can object within 10 calendar days of receipt of the name of the IMR to the selection if there is a conflict of interest as defined by section 9768.2. If the IMR determines that they do not practice the appropriate specialty, the IMR shall withdraw within 10 calendar days of receipt of the notification of selection. If the conflict is verified or the IMR withdraws, the Administrative Director will select another IMR from the same specialty. If there are no available physicians with the same specialty, the Administrative Director may select an IMR with another specialty based on the information submitted and in accordance with the procedure set forth for an in-person examination and for a records review.

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

Should you decide to withdraw the request for an independent medical review, you need to provide written notice to the Administrative Director and the MPN contact.

During this process, the employee shall remain within the MPN for treatment pursuant to section 9767.6.

The MPN Contact shall send all relevant medical records to the IMR. The MPN Contact shall also send a copy of the documents to the covered employee. The employee may furnish any relevant medical records or additional materials to the Independent Medical Reviewer, with a copy to the MPN contact as set forth in 8 CCR Section 9768.11(a). If you have requested an in-person examination and a special form of transportation is required because of your medical condition, the MPN contact will arrange it for you. The MPN Contact shall furnish transportation and arrange for an interpreter, if necessary, in advance of the in-person examination. All reasonable expenses of transportation shall be incurred by the insurer or employer pursuant to Labor Code section 4600. Except for the in-person examination itself, the independent medical reviewer shall have no ex parte contact with any party. Except for matters dealing with scheduling appointments, scheduling medical tests and obtaining medical records, all communications between the independent medical reviewer and any party shall be in writing with copies served on all parties.

If the IMR requires further tests, the IMR shall notify the MPN Contact within one working day of the appointment. All tests shall be consistent with the medical treatment utilization schedule adopted pursuant to Labor Code section 5307.27 or, prior to the adoption of this schedule, the ACOEM guidelines, and for all injuries not covered by the medical treatment utilization schedule or the ACOEM guidelines, in accordance with other evidence based medical treatment guidelines generally recognized by the national medical community and that are scientifically based.

If you fail to attend an examination with the IMR and fail to reschedule the appointment within five business days of the missed appointment, the IMR shall perform a review of the records and make a determination based on those records.

The IMR will serve the report on the Administrative Director, the MPN Contact, you, your attorney, if any, within twenty days after the in-person examination or completion of the records review.

If the disputed health care service has not been provided and the IMR certifies in writing that an imminent and serious threat to the health of you exists, including, but not limited to, the potential loss of life, limb, or bodily function, or the immediate and serious deterioration of you, the report shall be expedited and rendered within three business days of the in-person examination by the IMR.

Subject to approval by the Administrative Director, reviews not covered above, may be extended for up to three business days in extraordinary circumstances or for good cause. Extensions for good cause shall be granted for; medical emergencies of the IMR or the IMR's family; death in the IMR's family; or natural disasters or other community catastrophes that interrupt the operation of the IMR's office operations.

Utilizing the medical treatment utilization schedule established pursuant to Labor Code section 5307.27 or, prior to the adoption of this schedule, the ACOEM guidelines, and taking into account any reports and information provided, the IMR shall determine whether the disputed health care service is consistent with the recommended standards. For injuries not covered by the medical treatment utilization schedule or by the ACOEM guidelines, the treatment rendered shall be in accordance with other evidence-based medical treatment guidelines which are generally recognized by the national medical community and scientifically based.

The IMR should not treat or offer to provide medical treatment for this injury or illness for which they have done an independent medical review evaluation for you unless a medical emergency arises during the in-person examination.

Neither you nor the employer nor the insurer shall have any liability for payment for the independent medical review which was not completed within the required timeframes unless you and the employer each waive the right to a new independent medical review and elect to accept the original evaluation.

The Administrative Director shall immediately adopt the determination of the independent medical reviewer and issue a written decision within five business days of receipt of the report.

The parties may appeal the Administrative Director's written decision by filing a petition with the Workers' Compensation Appeals Board and serving a copy on the administrative Director, within twenty days after receipt of the decision.

If the IMR agrees with the diagnosis, diagnostic service or medical treatment prescribed by the treating physician, you shall continue to receive treatment with physicians within the MPN.

If the IMR does not agree with the disputed diagnosis, diagnostic service or medical treatment prescribed by the treating physician, you shall seek medical treatment with a physician of your choice either within or outside the MPN. If you choose to receive medical treatment with a physician outside the MPN, the treatment is limited to the treatment recommended by the IMR or the diagnostic service recommended by the IMR. The medical treatment shall be consistent with the medical treatment utilization schedule established pursuant to Labor Code section 5307.27 or, prior to the adoption of this schedule, the ACOEM guidelines. For injuries not covered by the medical treatment utilization schedule or by the ACOEM guidelines, the treatment rendered shall be in accordance with other evidence-based medical treatment guidelines which are generally recognized by the national medical community and scientifically based. The employer or insurer shall be liable for the cost of any approved medical treatment in accordance with Labor Code section 5307.1 or 5307.11.

PREDESIGNATION OF PERSONAL PHYSICIAN

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

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- 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 licensed doctors of medicine or osteopathy, which operates an integrated multi specialty medical group providing comprehensive medical services predominantly for non occupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

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

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

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

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

(telephone number)

Employee Name (please print):

Employee's Address:

Name of Insurance Company, Plan, or Fund providing health coverage for non occupational injuries or illnesses:

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

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 predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

DWC FORM 9783 (7/2014)

DESIGNACIÓN PREVIA DE MÉDICO PERSONAL

En caso de que usted sufra una lesión o enfermedad relacionada a su empleo, usted puede recibir tratamiento médico por esa lesión o enfermedad de su médico personal (M.D.), médico osteópata (D.O.) o grupo médico si:

- En la fecha de su lesión laboral usted tiene cobertura de atención médica para lesiones o enfermedades no laborales;
- el médico es su médico regular, que será o un médico que ha limitado su práctica médica a medicina general o un internista certificado o elegible para serlo, pediatra, gineco-obstetra, o médico de medicina familiar y que previamente ha estado a cargo de su tratamiento médico y tiene su expediente médico;
- su "médico personal" puede ser un grupo médico si es una corporación o sociedad o asociación compuesta de doctores certificados en medicina u osteopatía, que opera un grupo médico multidisciplinario integrado que predominantemente proporciona amplios servicios médicos para lesiones y enfermedades no laborales;
- antes de la lesión su médico está de acuerdo a proporcionarle tratamiento médico para su lesión o enfermedad de trabajo;
- antes de la lesión usted le proporcionó a su empleador por escrito lo siguiente: (1) notificación de que quiere que su médico personal lo trate para una lesión o enfermedad laboral y (2) el nombre y dirección comercial de su médico personal.

Puede usar este formulario para notificarle a su empleador si usted desea que su médico personal o médico osteópata lo trate para una lesión o enfermedad de trabajo y que los requisitos mencionados arriba se cumplan.

AVISO DE DESIGNACIÓN PREVIA DE MÉDICO PERSONAL

Empleado: Rellene esta sección.

A: _____ (nombre del empleador) Si sufro una lesión o enfermedad laboral, yo elijo recibir tratamiento médico de:

(nombre del médico)(M.D., D.O., o grupo médico) _

(dirección, ciudad, estado, código postal)

(número de teléfono)

Nombre del Empleado (en letras de molde, por favor):

Dirección del Empleado:

Nombre de Compañía de Seguros, Plan o Fondo proporcionando cobertura médica para lesiones o enfermedades no laborales:

Firma del Empleado _____ Fecha: _____

Médico: Estoy de acuerdo con esta Designación Previa:

Firma: _____ Fecha: _____
(Médico o Empleado designado por el Médico o Grupo Médico)

El médico no está obligado a firmar este formulario, sin embargo, si el médico o empleado designado por el médico o grupo médico no firma, será necesario presentar documentación sobre el consentimiento del médico a ser designado previamente de acuerdo al Código de Reglamentos de California, Título 8, sección 9780.1(a) (3).

Título 8, Código de Reglamentos de California, sección 9783.

FORMULARIO 9783 DE LA DWC (7/2014)