NEWPORT-MESA UNIFIED SCHOOL DISTRICT

WORKERS’ COMPENSATION SELF-INSURANCE MANUAL

Revised 05/16/08, 04/07/10
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INTRODUCTION

The Newport-Mesa Unified School District is self-insured for the management and control of workers’ compensation. This program requires that all management and supervisory personnel understand the operation of the program. Moreover, it is most important that injuries be reported promptly and that a system is maintained for the follow-up of injuries and ongoing communication with the Benefits Department.

Workers’ compensation benefits are established by law for an employee who has a legitimate work-related injury or illness. It is the goal of the District to be effective in the handling of workers’ compensation cases and provide timely response and assistance to injured employees.

Attached is material describing the program and providing instructions for work-related injury reporting, follow-up to injury, and medical referral of injured employees. This material is directed particularly at the first line supervisory level that has immediate responsibility for reporting injuries and referring injured employees for medical treatment. It is important, however, that each District staff member who will be responsible for playing a role in work-related injury reporting is familiar with this material and the requirements of reporting injuries.

You have a most important role to play in achieving the goal of prompt and full provision of all benefits to injured employees. The speed with which you report work-related injuries will determine how quickly an employee can receive his/her full benefits. Correctly following procedures for work-related injury reporting and for referral of employees for medical treatment ensures that employees receive prompt and adequate medical treatment as well as other benefits due to them. Your concern for the individual employee can mean his/her quick return to work. The procedures to be followed to assist the employees at your site are set forth in the attached material.

If you have any questions regarding any of the procedures, consult the Benefits Department at 2985 Bear Street, Costa Mesa, California 92626, (714) 424-5011.
BENEFITS AND PROVISIONS

The California Workers’ Compensation laws require that every employer provide workers’ compensation benefits to employees who have an injury or illness which arises out of, and in the course of, their employment. These benefits include medical treatment and hospitalization necessary to cure and relieve the effects of industrial injuries; temporary disability compensation while the employee is disabled from working; permanent disability compensation; and, in some cases, a life-time pension, whenever there continues to be permanent disability, rated at 70% or more following medical treatment and a death benefit when injury results in death.

Regular full-time and part-time employees of this District receive a combination of benefits provided by the California Education Code and the California Labor Code. They include, but are not limited to:

- Full salary for 75 days instead of the limited temporary disability provided by law.

Substitute or temporary employees of this District receive:

- Temporary disability checks based upon their earnings and in accordance with the workers’ compensation temporary disability payment schedule.

Temporary disability is paid as defined by law and continues until the employee returns to work or is declared permanent and stationary by the treating physician. At such time temporary disability benefits cease, if the employee is determined to have a permanent disability, further compensation becomes available.

DISTRICT WORKERS’ COMPENSATION ADMINISTRATOR

The District is self-insured for workers’ compensation and the program is being administered by Keenan and Associates. Although benefit checks are issued by Keenan and Associates, the costs are paid by the District. You can help reduce these costs by:

1. Reducing the number of injuries through loss prevention.

2. Properly handling injury cases to avoid unnecessary delays which can result in increased costs and litigation.

3. Correcting or formally reporting a safety issue if that was the cause of the injury or which may result in an injury in the future.
PROCEDURES

WHEN AN INJURY REQUIRES MEDICAL ATTENTION:

1. For all reported injuries, a Supervisor’s Report of Employee Injury and Accident Investigation Report form must be completed. This form can be completed on-line and is located on the District’s website: http://web.nmusd.us/. Under the “Department” tab click on “Human Resources”. Click the “Forms” link on the left. Click on the Supervisor’s Report of Employee Injury and Accident Investigation Report form and complete on-line.

2. In an emergency of a serious nature (injury) when listed facilities are not immediately available, refer the employee to Hoag Hospital or the nearest trauma center hospital.

3. Complete a Referral for Medical Services form for all injuries, which require medical attention. (Sample form on page 17).

4. Employee is to give the Referral for Medical Services form to the medical provider.

5. Refer injured employee to one of the following District-approved medical facilities for treatment:

   US HealthWorks Medical Group   (949) 863-9103
   2362 Morse Avenue
   Irvine, CA  92614

   US HealthWorks Medical Group   (714) 546-4233
   3100 W. Warner Avenue
   Santa Ana, CA  92704

6. He/she may use his/her personal physician IF the physician’s name is listed on the employee’s Pre-Designation of Personal Physician form on file in the Benefits Department. Call the Benefits Department at (714) 424-5011 if there is a question.

7. An employee MAY BE REQUIRED TO PAY FOR MEDICAL SERVICES if he/she does not use a District-approved medical facility, if the physician is not listed on his/her Pre-Designation of Personal Physician form, or the physician designated is not the employee’s regular treating physician and has not agreed to treat the employee’s work-related injuries.

8. Remind employees that health insurance plans are not approved for treatment or hospitalization of work-related injuries.
WHEN AN EMPLOYEE REFUSES MEDICAL TREATMENT:

1. For all reported injuries, a Supervisor’s Report of Employee Injury and Accident Investigation Report form must be completed.

2. If he/she declines medical treatment, it should be noted on the Supervisor’s Report of Employee Injury and Accident Investigation Report form and briefly note reason. Have employee initial if possible.

If subsequent medical treatment is necessary:

1. Refer employee to one of the District-approved medical facilities.

2. Complete a Referral for Medical Service form for the employee to give to the provider.

3. Remind employees that health insurance plans are not approved for treatment or hospitalization of work-related injuries.

REPORTING INJURIES:

Each and every supervisor is responsible for reporting the work-related injuries of those District employees under his/her supervision. When an employee reports a work-related injury to you, you or your designee, must:


2. If the employee wishes to seek medical attention, follow the directions on page 6 above AND

      • Employee is to be given this form within 24 hours of notification that they wish to seek medical attention.
      • Supervisor, or designee, must complete the Employer portion at the bottom of the form, including signature.
      • Employee must complete the Employee portion at the top of the form, including signature of employee.
      • Employee returns DWC to you, keeping the green “Temporary Receipt” and pink “Employee Copy”.

c. Complete a **Referral for Medical Services** form as described on page 6.


3. Record each accident on your **Employee Injury Log and Claim Form Control Register**. Sample on Page 24.

4. Completed Forms Distribution:

   **Supervisor’s Report of Employee Injury and Accident Investigation Report:**
   Site File: Maintain one copy in your workers’ compensation file
   Benefits Department: Original copy of **Supervisor’s Report of Employee Injury and Accident Investigation Report**

   **DWC:**
   Employee: Pink “Employee Copy” and Green “Temporary Receipt”
   Benefits Department: Original Employer’s Copy and Yellow “Insurer/Claims Administrator” copy

   **5020:**
   Site File: Last copy
   Benefits Department: Original and one copy

   **Referral for Medical Services:**
   Provide to employee

   **Other:**
   Any other material an employee may give you such as receipt for medical treatment, return to work slip, are sent to Benefits Department.

**THINGS TO REMEMBER:**

1. A **Supervisor’s Report of Employee Injury and Accident Investigation Report** form is to be completed for every employee injury regardless of whether the employee seeks medical attention or not.

2. Immediately telephone the Benefits Department (714) 424-5010 to report an injury requiring hospitalization or death.

3. If the employee wishes to seek medical attention, the **Employee’s Claim for Workers’ Compensation Benefits** form (DWC) is to be completed and given to the employee within 24 hours of injury.
4. **Employer’s Report of Occupational Injury or Illness** form (5020) is to be completed within 48 hours of your first knowledge of injury.

5. If requested by an employee, an **Employee’s Claim for Workers’ Compensation Benefits** (DWC) and an **Employer’s Report of Occupational Injury or Illness** (5020) form must be completed. Submission of a report does not mean that the injury or illness is necessarily a workers’ compensation case.

6. If you know of additional information which might be helpful in our evaluation of an alleged injury, attach a separate memo (may be handwritten) to the **Employer’s Report of Industrial Injury or Illness** form (5020). It would be particularly helpful when you have reason to believe that essential facts may be different than reported by the employee.

7. All copies of all forms must be legible.

**WHEN AN EMPLOYEE RETURNS TO WORK**

1. Employee must submit his/her doctor’s release, in person to his/her supervisor, prior to returning to work. Supervisor, or designee, must notify the Benefits Department immediately when an employee returns to work and forward a copy of the doctor’s release to the Benefits Department.

2. If a doctor returns an employee to work with limitations/restrictions, notify the Benefits Department immediately. Job limitations that would interfere with the safe performance of the job will not be allowed.

3. Inform the Benefits Department immediately if problems arise in returning the employee to work.

**FOLLOW UP ON EVERY INJURY**

1. Let your employee know that you care about his/her welfare. You can give your employee’s morale a tremendous boost by your consideration for his/her recovery.

2. Be sure his/her injury is accurately reported. As more facts become available, please contact the Benefits Department.
INVESTIGATION

Most reported injuries fall clearly into the category of workers’ compensation cases and the majority require only medical treatment. Occasionally, however, a question may arise as to the nature of the injury, e.g. did the incident really occur “on the job?” What is the extent of the disability? Has the employee had the same medical problem in the past? Where these questions occur, it is frequently necessary to undertake an investigation to determine the facts so that Keenan and Associates can make a decision on the case which is fair to both the employee and the District.

You can assist in identifying such cases by the information you submit supplemental to the Employer’s Report of Occupational Injury or Illness form (5020). Certain cases, for example, serious back conditions and heart attacks, almost always require some degree of investigation.

Investigation also applies to instances where injury may be the result of a third party. If this can be determined, based on information which you are able to supply, Keenan and Associates may be able to offset some of the District’s costs by recovery from the third party.

LITIGATED

Where there is a dispute regarding a workers’ compensation claim and it cannot be resolved by agreement, the injured employee may apply to the Workers’ Compensation Appeals Board for adjudication. This usually requires that the employee obtain an attorney whose fee is paid out of the employee’s award. Litigation also tends to discourage rehabilitation because it focuses the injured employee’s attention on a one-time “windfall” rather than his long-term earning potential. Unnecessary litigation is costly for both the employee and employer. The Workers’ Compensation Appeals Board itself discourages unnecessary litigation.

Unfortunately, a great deal of unnecessary litigation occurs because injured employees do not understand and are not informed of their benefits and the operation of the workers’ compensation system. The law requires that each injured employee be notified of his/her rights and benefits. Keenan and Associates sends the employee a letter and pamphlet explaining these rights and benefits.
You can help the Benefits Department reduce litigation by:

1. Personal contact, at least by telephone with every injured employee.

2. Keeping the Benefits Department informed of the injured employee’s condition and attitude and promptly bringing to our attention any questions the employee may have.

Where litigation becomes necessary, our attorney’s will need your cooperation in preparing the case and assisting the attorney who will be defending the District. Generally, the attorneys feel it is desirable for supervisors to attend hearings where the injured employee will be required to testify to the nature of his job duties and the effect of any disability on his/her ability to perform those duties. When this is necessary, arrangements will be made in advance.

Please forward immediately any of the following documents you may receive to the Benefits Department

1. Application, Notice of Subpoenas and other documents relating to the Workers’ Compensation Appeals Board.

2. Letters from attorneys or representatives of injured employees or from the State of California Department of Employment.

Do not send reports of any kind directly to the Workers’ Compensation Appeals Board, Department of Industrial Relations, any physician or attorney.

**MEDICAL PROVIDER NETWORK (MPN)**

A safe working environment is our number one priority. However, should an accident or injury occur we want to ensure that our employees receive prompt effective medical treatment. Our goal is to assist injured employees in making a full recovery and returning to their job as soon as possible.

Unless employees have pre-designated their personal primary treating physician prior to any work-related injuries, treatment will be provided through the Medical Provider Network (MPN). The MPN is a network or group of health care providers who have agreed to treat work-related injuries. The District’s MPN is called the BlueCross PRIME Advantage Medical Network. This network is separate and different from the District’s Anthem Blue Cross health insurance network of physicians.

After the initial visit to one of the clinics listed on page 6, employees will have access to all doctors within the MPN including chiropractors and acupuncturists.
Instructions for accessing the MPN and changing physicians are provided in the MPN packet of information given to each employee at the time of injury. Employees can also call Keenan’s MPN Coordinator at 1-800-654-8102 to request a change of physician.

**CONCLUSION**

This approach to our workers’ compensation program has been designed to coordinate our procedures and practices in an effort to bring into line the spiraling costs. These costs to the District are directly related to our frequency of accident injuries and our accident injury costs. The best way to reduce our workers’ compensation costs is to reduce the number and severity of accidental injuries that occur.

We are engaged in a loss prevention program, which includes safety inspections and accident investigations in an attempt to remove the causes of employee accidents. We are providing for the restoration of injured employees as quickly as possible to a working status compatible with their capabilities, their physical limitation (if any) and job requirements. We have a program that ensures the prompt provision of benefits due injured employees under the State Workers' Compensation Laws and the equitable resolution of claims arising from such injuries.

We seek your cooperation in the implementation of this program.
FORMS SAMPLES
Supervisor’s Report of Employee Injury and Accident Investigation Report

A Supervisor’s Report of Employee Injury must be completed for every employee injury or accident, regardless of whether the employee wishes to seek medical attention or not. This form can be completed on-line and is located on the District’s website: http://web.nmusd.us/. Under the “Department” tab click on “Human Resources”. Click the “Forms” link on the left. Click on the Supervisor’s Report of Employee Injury and Accident Investigation Report form and complete on-line.

PLEASE DOUBLE CHECK THE FOLLOWING ITEMS BEFORE SEND ING A COPY OF THE SUPERVISOR’S REPORT OF EMPLOYEE INJURY AND ACCIDENT INVESTIGATION REPORT TO THE BENEFITS DEPARTMENT

- All items on the form are completed by the Supervisor or Office Manager at the site.

- Item 1. Describe how the accident occurred as completely as possible with as much information as you have.

- Item 2. Please list any witnesses to the accident.

- Item 3. If there were safety issues involved in the accident, please complete.

- Supervisor or Office Management must sign and date the form.

IF THE EMPLOYEE DOES NOT WISH TO SEEK MEDICAL ATTENTION FOR THIS INJURY,

- Send the original to the Benefits Department. This form can be emailed. No other action is required.

IF THE EMPLOYEE DOES WISH TO SEEK MEDICAL ATTENTION, PLEASE SEE THE DIRECTIONS ON THE FOLLOWING PAGES FOR COMPLETING THE NECESSARY DOCUMENTS.
To Be Completed by Employer:

Employee Name ________________________________

Occupation ________________________________

Date of Incident ____________________________ Time of Incident a.m. ________________ p.m.

Date Reported ____________________________ Time Reported a.m. ________________ p.m.

Accident Location ________________________________

Type of Injury ________________________________

Date Medical Treatment Requested: ________________________________

Medical Facility ________________________________

Did Injured Leave Work? Yes/No ____________________________ Date ________________

Time Employee Left a.m. ________________ p.m.

Did Injured Return to Work? Yes/No ____________________________ Date ________________

Time Employee Returned a.m. ________________ p.m.

1. Describe how the accident occurred ____________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

2. Names of Witnesses __________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

3. What steps have been taken to prevent similar accidents? ____________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Supervisor’s Signature ________________________________ Date ________________
Date: ____________

☐ US HealthWorks, 2362 Morse Avenue, Irvine, CA  92614  949-863-9103

☐ US HealthWorks, 3100 W. Warner Avenue, Santa Ana, CA  92704  714-546-4233

Please render bearer, ________________, an employee of the Newport-Mesa Unified School District, such medical and surgical services as may be necessary to properly care for the injury / illness reported on ___________ subject to the workers’ compensation laws.

Please attach this slip to bill for services when submitted.

Note: To expedite payment of your fees, please advise us of your tax reportable number and your office zip code number.

Referred by: ____________________________  Direct all billing to:

Keenan and Associates
P.O. Box 4328
Torrance, CA  90510

Title: ____________________________  310-212-0363 xt. 3728

Site/Dept: ____________________________

04/24/08   Benefits Dept.
A DWC must be offered to an employee when the employee requests a form or wishes to seek medical attention for an injury. Present a blank DWC to the employee. The employee completes the top (Employee) portion and returns it to the Office Manager or Site Supervisor to complete the bottom (Employer) portion.

Please press hard enough so that all copies are readable.

<table>
<thead>
<tr>
<th>PLEASE DOUBLE CHECK THE FOLLOWING ITEMS BEFORE SENDING THE DWC TO THE BENEFITS DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Items 1 – 8 – Completed by Injured worker only.</td>
</tr>
<tr>
<td>• Office Manager (or other person designated at site) completes Line 9 through 17.</td>
</tr>
<tr>
<td>• Item 9 - Employer is Newport-Mesa Unified School District (not school).</td>
</tr>
<tr>
<td>• Item 10 - Address is 2985-A Bear Street, Costa Mesa, CA 92626.</td>
</tr>
<tr>
<td>• Item 11 – Insert date that employee requested medical treatment. (This may be a different date than when you first became aware of the injury.)</td>
</tr>
<tr>
<td>• Item 12 – Insert date you provided DWC form to employee after employee requested medical treatment. (Must be within 24 hours of request for medical treatment.)</td>
</tr>
<tr>
<td>• Item 13 – Insert date employee gave the DWC form back to you.</td>
</tr>
<tr>
<td>• Items 14 – Name of insurance company: Keenan and Associates, P.O. Box 4328, Torrance, CA 90510 (800) 654-8102.</td>
</tr>
<tr>
<td>• Item 15 – Leave blank.</td>
</tr>
<tr>
<td>• Item 16 – Office Manager, Site Supervisor or Principal should sign the DWC.</td>
</tr>
<tr>
<td>• Item 17 – Insert title of person signing form.</td>
</tr>
<tr>
<td>• Item 18 – Insert telephone number.</td>
</tr>
</tbody>
</table>

FOLLOW UP:
If the employee is unable to complete the DWC form:

a) Send the blank DWC by certified mail to the employee.

b) Send the 5020 form to the Benefits Department and indicate the date you mailed the DWC form.
WORKERS’ COMPENSATION CLAIM FORM (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 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 as the cover sheet of this form.

You should also have received a pamphlet from your employer at time of hire describing workers’ compensation benefits and the procedures to obtain them.

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.

Employee—complete this section and see note above

1. Name. ___________________________ Today’s Date. Fecha de Hoy. ___________________________
2. Home Address. Dirección Residencial. ___________________________
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. Describa la lesión y parte del cuerpo afectado. ___________________________
7. Social Security Number. Número de Seguro Social del Empleado. ___________________________
8. Signature of employee. Firma del empleado. ___________________________

Employer—complete this section and see note below. Empleado—complete esta sección y note la notación abajo.

9. Name of employer. Nombre del empleado. ___________________________
10. Address. Dirección. ___________________________
11. Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesión o accidente. ___________________________
12. Date claim form was provided to employee. Fecha en que se le entregó al empleado la petición. ___________________________
13. Date employer received claim form. Fecha en que el empleador devolvió la petición al empleado. ___________________________
14. Name and address of insurance carrier or adjusting agency. Nombre y dirección de la compañía de seguros o agencia administradora de seguros. Keenan and Associates, P.O. Box 4328, Torrance, CA 90510 ___________________________
15. Insurance Policy number. El número de la póliza del seguro. ___________________________
16. Signature of employer representative. Firma del representante del empleador. ___________________________
17. Title. Título. ___________________________ 18. Telephone. Teléfono. ___________________________

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employer, 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

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

Keenan & Associates 8/2004

EMPLOYER’S COPY
State of California
EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS
5020 (The blue and white form)

- The Office Manager or Job Supervisor should complete this report. The injured employee does not complete this report.
- The 5020 is considered a District internal document. The report is confidential to the District, and the injured employee does not receive a copy. Retain the last copy for your files. Return the original and one copy to the Benefits Department.
- Please type or handwrite firmly enough so that all copies are legible.

EMPLOYER SECTION
1. Firm Name: Newport-Mesa Unified School District
1A. Leave blank
2. Address: 2985 Bear Street, Bldg. A., Costa Mesa, CA 92626
2A. Phone: 714-424-5000
3. Location: Your site name and address
3A. Location Code: Three digit code consisting of “0” and your site number, i.e. “055”
4. Nature of Business: Education
5. State No: 941-0450-2-42
6. Type of Employer: School District

INJURY OR ILLNESS SECTION
Items 7 through 29 should be completed to the best of your knowledge based on your observation and the information provided to you by the injured worker. Dates are critical.

7. Date of injury or onset of illness.
12. Date last worked as it relates to the injury.
13. Date returned to work as it relates to the injury.

If the injured worker goes to the District approved clinic, please indicate the address of the clinic. If the worker has a Pre-Designated Physician form already on file in the Benefits’ Department, they may seek care from that physician instead of one of the clinics. Please call the Benefits Department at x5010 to verify designation first.

If the injured worker goes to the hospital, please notify the Benefits Department as soon as possible.

EMPLOYEE SECTION
This section is to be completed as completely as possible by the EMPLOYER not the EMPLOYEE. If you are not sure about the requested information, please leave blank. No 37b. does not apply to the District.

Please include your name, signature and title in the bottom “Completed By” section.
**State of California**
**EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS**

**KEENAN AND ASSOCIATES**
2355 Crenshaw Blvd. Suite 200
PO Box 4328
Torrance, CA 90510-4328
800-854-8102

**OSHA CASE**
5
Fatality

California law requires employers which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

<table>
<thead>
<tr>
<th>1a. Policy Number</th>
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<tbody>
<tr>
<td>Please do not use this column</td>
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<tr>
<td>2a. Phone Number</td>
</tr>
<tr>
<td>CASE NUMBER</td>
</tr>
<tr>
<td>OWNERSHIP</td>
</tr>
<tr>
<td>3a. Location Code</td>
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| 4. NATURE OF BUSINESS, e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc. |
| 30 |

<table>
<thead>
<tr>
<th>6. Type of Employer:</th>
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<tbody>
<tr>
<td>[ ] Phone</td>
</tr>
<tr>
<td>[ ] Date</td>
</tr>
<tr>
<td>[ ] County</td>
</tr>
<tr>
<td>[ ] City</td>
</tr>
<tr>
<td>[ ] School Dist.</td>
</tr>
<tr>
<td>[ ] Other Gov't</td>
</tr>
</tbody>
</table>

| 7. DATE OF INJURY/ILLNESS OCCURRED (mm/dd/yyyy) |
| 12 |
| 13 |
| 14 |

| 11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY |
| YES | NO |

<table>
<thead>
<tr>
<th>15. PAYDAY</th>
<th>16. SALARY BEING CONTINUED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
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</table>

| 18. DATE EMPLOYEE WAS PROVIDED NOTICE OF INJURY/ILLNESS |
| mm/dd/yyyy |

<table>
<thead>
<tr>
<th>19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS</th>
</tr>
</thead>
</table>

| 20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip) |
| 21a. COUNTY |

| 22. IDENTITY WHERE EVENT OR EXPOSURE OCCURRED, etc. Shipping Department, Machine Shop |
| 23. OTHER WORKER INJURED OR ILL IN THIS EVENT |

| 4. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT/EXPOSURE OCCURRED |
| Acetylene, welding torch, farm tractor, scaffold |

<table>
<thead>
<tr>
<th>25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OCCURRED</th>
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<tr>
<th>26. HOW INJURY/ILLNESS OCCURRED, DESCRIBE SEQUENCE OF EVENTS</th>
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| 27. NAME AND ADDRESS OF PHYSICIAN (Number, Street, City, Zip) |
| 27a. Phone Number |

<table>
<thead>
<tr>
<th>28. HOSPITALIZED AS AN INPATIENT OVERNIGHT?</th>
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<tr>
<th>29. EMPLOYEE TREATED IN Emergency Room?</th>
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<table>
<thead>
<tr>
<th>30. EMPLOYEE NAME</th>
</tr>
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| 31. SOCIAL SECURITY NUMBER |
| 32. DATE OF BIRTH (mm/dd/yyyy) |

| 31a. Phone Number |

| 33. HOME ADDRESS (Number and Street, City, Zip) |

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<tr>
<th>34. SEX</th>
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| 35. OCCUPATION (Regular Job Title, Internal, Abbreviations or Nickname) |

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<thead>
<tr>
<th>36. EMPLOYMENT STATUS</th>
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<table>
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<tr>
<th>38. GROSS WEEKLY SALARY</th>
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<th>39. OTHER PAYMENTS NOT REPORTED AS GROSS SALARY</th>
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<th>40. NATURE OF INJURY</th>
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| 43. SECONDARY SOURCE |

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<th>44. EXTENT OF INJURY</th>
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| 45. Date (mm/dd/yyyy) |

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<th>46. Completion By (type of print)</th>
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</thead>
</table>

| 47. Signature & Title |

| 48. FILING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY |

www.keenanassoc.com

* Confidential information may be disclosed to the employee, former employee, or their personal representative (CCR Title 8 14300.25), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.
Report to the Benefits Department immediately:

a) If an employee has been placed off work by the Workers’ Compensation doctor.

b) If the employee is off work because your site is not able to provide modified work to fit the restrictions stated on the doctor’s note.

c) Time off for Workers’ Compensation must be verified by a doctor. Any time off not verified will be counted as personal no pay.

d) The first day an employee returns after being out.

e) Send all doctors’ slips to the Benefits Department.

f) Record on Employee Injury Log and Claim Form Control Register.
# EMPLOYEE INJURY LOG
## AND CLAIM FORM CONTROL REGISTER

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<tr>
<th>Form</th>
<th>Employee</th>
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<th>Date DWC Given to Employee</th>
<th>Date DWC Returned by Employee</th>
<th>Date DWC Copies given to Employee</th>
<th>Medical Care Refused</th>
<th>Date 5020 to Risk</th>
<th>Date DWC to Risk</th>
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Covered Employee Notification of Rights Materials

Regarding
Newport-Mesa Unified School District
administered by Keenan & Associates

PRIME Advantage Medical Network – Medical Provider Network (“MPN”)

This pamphlet contains important information about your medical care in case of a work-related injury or illness.

YOU ARE IMPORTANT TO US
Keeping you well and fully employed is important to us. It is your employer’s goal to provide you employment in a safe working environment. However, should you become injured or ill as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as possible. In compliance with California law, we provide workers’ compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the MPN, please contact Keenan’s MPN Coordinator at 800-654-8102.

PRIME ADVANTAGE MEDICAL NETWORK - “MPN”
Newport-Mesa Unified School District administered by Keenan & Associates provides workers’ compensation coverage for you in the event you sustain a work-related injury. PRIME Advantage Medical Provider Network accesses medical treatment through selected Anthem Blue Cross Buyer PPO (“Blue Cross of California”) providers. Anthem Blue Cross contracts with doctors, hospitals and other providers to respond to the special requirements of on-the-job injuries or illnesses.

ACCESS TO CARE
If you should experience a work-related injury or illness, you should:

Notify your employer:
Immediately notify your supervisor or employer representative so you can secure medical care. Employers are required to authorize medical treatment within one working day of your filing of a completed claim form (DWC-1). To ensure your rights to benefits, report every injury and request a claim form.

Initial or Urgent Care:
- If medical treatment is needed, your employer will direct you to an MPN provider upon initial report of injury. Access to medical care should be immediate but in no event longer than 3 business days.

For Emergency Care:
- In the case of emergency* go to the nearest healthcare provider. Once your condition is stable, contact your employer, Keenan’s MPN Coordinator at 800-654-8102 or call 866-700-2168 for assistance in locating a MPN provider for continued care.

*Emergency care is defined as a need for those health care services provided to evaluate and treat medical conditions of a recent onset and severity that would lead a lay person, possessing an average knowledge of medicine, to believe that urgent care is required.

Subsequent Care:
- All medical non-emergencies, which require ongoing treatment, in-depth medical testing or a rehabilitation program, must be authorized by your claims examiner and based upon medically evidence based treatment guidelines (American College Of Environmental Medicine “ACOEM” or California Labor Code §5307.27). Access to subsequent care, including specialist services, shall be available within no more than 20 business days.

- If you relocate or move outside of California or outside of the PRIME Advantage Medical Provider Network geographic service area and require continued care for your work related injury or illness, you may select a new physician to provide ongoing care or you may contact your claims examiner for assistance with locating a new primary care physician. If your relocation or move is temporary, upon your return to California, should you require ongoing medical care, immediately contact your claims examiner or your employer so arrangements
can be made to return you to your prior MPN provider or, if necessary, for assistance in locating a new MPN provider for continued care.

If you are temporarily working outside of California and are injured:

- If you are working outside of California and experience a work related injury or illness, notify your employer. For initial, urgent or emergency care, or follow up care, go to the nearest healthcare provider for medical treatment.
- If you need assistance locating a physician or should the physician you select need authorization to provide care to you, call Keenan’s MPN Coordinator at 800-654-8102 and we will assist you. Upon your return to California, should you require ongoing medical care, immediately contact your claims examiner or your employer for referral to a MPN provider for continued care.

HOW TO CHOOSE A PHYSICIAN WITHIN THE MPN

The MPN has providers for the entire state of California. The MPN must give you a regional list of providers that includes at least 3 physicians in each specialty commonly used to treat work related injuries or illnesses in your industry. The MPN must provide access to primary physicians within 15 miles and specialists within 30 miles. To locate a participating provider or obtain a regional listing:

Provider Directories:

- On-line Directories – if you have internet access, you may obtain a regional directory or locate a participating provider near you by visiting www.keenan.com and clicking on “Access the MPN Provider Finder”. Please enter your user name and password to enter the provider finder. Your user name and password are below.
  
  **User ID:** special
  **Password:** access

- A copy of the complete provider listing is also available in writing upon request.
- If you do not have internet access, you may request assistance locating an MPN provider or obtaining an appointment by calling 866-700-2168.
- Promptly contact your claims examiner to notify us of any appointment you schedule with an MPN provider.

Choosing a Physician (for all initial and subsequent care):

- Your employer will direct you to an MPN provider upon initial report of injury. You have the right to be treated by a physician of your choice within the MPN after your initial visit.
- If you wish to change your MPN physician after your initial visit, you may do so by:
  - Accessing the on-line provider directories (see above)
  - Call the toll free number to locate an MPN provider: 866-700-2168.
- If you select a new physician, immediately contact your claims examiner and provide him or her with the name, address and phone number of the physician you have selected. You should also provide the date and time of your initial evaluation.
- If it is medically necessary for your treatment to be referred to a specialist, your MPN physician can make the appropriate referral within the network or you may select a specialist of your choice within the MPN.
- If a type of specialist is needed, or recommended by your MPN physician, but is not available to you within the network, you will be allowed to treat with a specialist outside of the network. Your claims examiner can assist you to identify appropriate specialists if requested. Once you have identified the appropriate specialist outside of the network, schedule an appointment and notify your primary care physician and claims examiner of the appointment date and time. Your MPN physician, who is your primary care physician, will continue to direct all of your medical treatment needs.
- If the MPN cannot provide access to a primary treating physician within 15 miles of your workplace or residence, the MPN may allow you to seek treatment outside the MPN. Please contact your claims examiner for assistance.

SECOND AND THIRD OPINIONS

Second Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by your MPN physician, you may obtain a second opinion within the MPN. During this process you are required to continue your treatment with an MPN physician of your choice. In order to obtain a second opinion you and the MPN share responsibilities:
  - Inform your claims examiner of your dispute regarding your treating physician’s opinion either orally or in writing.
- You are to select a physician or specialist from a regional list of available MPN providers, which will be provided to you by your claims examiner upon notification of your request for a second opinion.
- You are to make an appointment within 60 days.
- You are to inform your claims examiner of the appointment date and time.
- You may waive your right to a second opinion if you do not make an appointment within 60 days from receipt of the list.
- You have the right to request a copy of the medical records sent to the second opinion physicians.
- If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor’s office will notify you and your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

Third Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by the second opinion physician, you may obtain a third opinion within the MPN. During this process you are required to continue your treatment with an MPN physician of your choice. In order to obtain a third opinion you and the MPN share responsibilities:
  - Inform your claims examiner of your dispute regarding your treating physician’s opinion either orally or in writing.
  - You are to select a physician or specialist from the list of available MPN providers previously provided or you may request a new regional area list.
  - You are to make an appointment within 60 days.
  - You are to inform your claims examiner of the appointment date and time.
  - You may waive your right to a third opinion if you do not make an appointment within 60 days from receipt of the list.
  - You have the right to request a copy of the medical records sent to the third opinion physician.
  - If the third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor’s office will notify you and your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.
  - At the time of selection of the physician for a third opinion, your claims examiner will notify you about the Independent Medical Review process and provide you with an application for the Independent Medical Review process (see below).

INDEPENDENT MEDICAL REVIEW (IMR)

If you disagree with the diagnostic service, diagnosis or treatment prescribed by the third opinion physician, you may request an Independent Medical Review (IMR). An IMR is performed by a physician selected for you by the Administrative Director (AD) with the Division of Workers’ Compensation Medical Unit of the State of California. To request an IMR you will be required to complete and file an Independent Medical Review Application form with the AD. The AD will select an IMR who has the appropriate specialty necessary to evaluate your dispute. The AD will send you written notification of the name, address and phone number of the IMR.

You may choose to be seen by the IMR in person or you may request that the IMR only review your medical records. Whichever you choose, you will be required to contact the IMR for an appointment or to arrange for a medical record review. Your IMR should see you within 30 days from your request for an appointment. The IMR will send his/her report to the AD for review and a determination will be made regarding the dispute.

You may waive your right to the IMR process if you do not schedule an appointment within 60 calendar days from receiving the name of the IMR from the AD.

CONTINUITY OF CARE POLICY

Your employer or insurer has a written “Continuity of Care” policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treatment physician must receive a letter of notification.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to MPN physicians. These conditions are:

- (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 for at least 90 days without full cure or worsens and requires ongoing treatment. 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 termination of contract date between the MPN and your doctor.

You can disagree with your employer’s decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care to another physician within the MPN.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care into the MPN. If you or your employer disagrees with your doctor’s report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the entire Continuity of Care policy, ask your MPN Contact or your claims examiner.

**TRANSFER OF CARE POLICY**

Your employer or insurer has a “Transfer of Care” policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If you properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.) If your current doctor is not or does not become a member of the MPN, then you may be required to see an MPN physician.

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are:

• (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 for at least 90 days without full cure or worsens and requires ongoing treatment. 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 effective date.

You can disagree with your employer’s decision to transfer your care into the MPN. If you don’t want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor’s report on your condition, you or your employer can dispute it. See the complete transfer of care policy for more details on the dispute resolution process.

For a copy of the entire Transfer of Care policy, ask your MPN Contact or your claims examiner.

**FOR QUESTIONS OR MPN INFORMATION**

What if I have questions or need help:

**MPN Contact:** You may always contact the MPN Contact if you need help or an explanation about your medical treatment for your work-related injury or illness. Keenan’s MPN Coordinator at 800-654-8102. Also, you can contact your claims examiner if one has been assigned to your case.
• **Division of Workers’ Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process or your medical treatment after a work-related injury or illness, you can call DWC’s Information and Assistance Unit at 800-736-7401. You can also go to DWC’s website at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) and click on “Medical provider networks” for more information about MPNs.

• **Independent Medical Review:** If you have questions about the Independent Medical Review process contact the Division of Workers’ Compensation Medical Unit at:
  
  DWC Medical Unit  
  P.O. Box 71010  
  Oakland, CA 94612  
  510-286-3700 or 800-794-6900

KEEP THIS INFORMATION IN CASE YOU HAVE A WORK-RELATED INJURY OR ILLNESS

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**KEENAN & ASSOCIATES ADJUSTING LOCATIONS**

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**INITIAL VISIT—FRONTLINE PROVIDERS / MEDICAL CLINICS**

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Materiales para la Notificación de los Derechos del Empleado

En relación con
Newport-Mesa Unified School District
Administrado por Keenan & Associates

PRIME Advantage Medical Network – Medical Provider Network (“MPN”)
Este panfleto contiene información muy importante sobre su atención médica, en caso que sufra una lesión o enfermedad relacionada con el trabajo.

SU BIENESTAR ES PARA NOSOTROS MUY IMPORTANTE

Para nosotros es importante que usted goce de buena salud y que mantenga óptima capacidad laboral. La meta de su empleador es proveerle un entorno de trabajo seguro. Sin embargo, si sufre una lesión o enfermedad a causa de su trabajo, queremos asegurarnos que reciba oportunamente tratamiento médico de calidad. Nuestra meta es ayudarle a que se recupere totalmente y regrese a trabajar tan pronto le sea posible. En cumplimiento con las leyes de California, les ofrecemos a nuestros empleados indemnización laboral, la cual incluye el pago por todo el tratamiento médico apropiado por aquellas lesiones o enfermedades relacionadas con el trabajo. Si tiene alguna pregunta con relación a la MPN, sírvase comunicarse con Keenan’s MPN Coordinator al 1-800-654-8102.

PRIME ADVANTAGE MEDICAL NETWORK - “MPN”

Newport-Mesa Unified School District administrado por Keenan & Associates provee la cobertura de indemnización laboral de su, en caso que usted sufra alguna lesión en conexión con su trabajo. Newport-Mesa Unified School District administrado por Keenan & Associates consigue acceso al tratamiento médico por proveedores seleccionados de Anthem Blue Cross Prudent Buyer PPO (“Blue Cross of California”). Anthem Blue Cross celebra contratos con médicos, hospitales y otros proveedores para responder a la atención especial que exigen las heridas o enfermedades sufridas en el trabajo.

ACCESO A LA ATENCIÓN MÉDICA

Si usted llegara a sufrir una lesión o enfermedad relacionada con el trabajo, debe:

Notificarle al empleador:
- Debe inmediatamente notificarle a su supervisor o representante del empleador, para que se le pueda prestar atención médica. A los empleadores se les exige que autoricen el tratamiento médico en el trascurso de un día laboral, después que usted haya llenado el formulario para reclamación de tratamiento (DWC-1). Para asegurar su derecho a recibir beneficios, debe reportar cada lesión y solicitar un formulario de reclamos.

Atención inicial o urgente:
- Si necesita tratamiento médico, su empleador le indicará que debe visitar a un proveedor de atención médica MPN, tan pronto reporte la lesión. La obtención de atención médica debe ser inmediata, pero en ningún caso deberá exceder 3 días hábiles.

Atención de urgencia:
- En caso que necesite atención de urgencia* debe dirigirse al proveedor médico más cercano. Tan pronto su salud se haya estabilizado, debe comunicarse con su empleador Keenan’s MPN Coordinator al (800) 654-8102, o llamar al (866) 700-2168 para que le ayuden a encontrar a un proveedor de la MPN para que le presten atención continua.

*La atención de emergencia se define como la necesidad de obtener servicios médicos, para la evaluación y determinación del tratamiento médico por algún trastorno que se le haya presentado recientemente y, que sea de tal gravedad, que llevaría a una persona con conocimientos promedios de medicina, a creer que necesita atención de emergencia.

Atención subsecuente:
- Toda atención médica que no sea de emergencia, pero que requiera atención médica continua y que requiera pruebas médicas más detalladas o un
programa de rehabilitación, lo debe autorizar el
ayustar de reclamos, con base a las pautas de
tratamiento respaldadas médicamente (American
College Of Environmental Medicine (“ACOEM”) o
Código Laboral de California §5307.27). El acceso a
atención médica posterior, incluyendo los servicios
de especialistas, deberá ponerse a su disposición
en un plazo que no exceda de veinte (20) días
útiles.

Si usted cambia su lugar de residencia o se muda
fuera de California o se encuentra fuera de el área
géográfica de servicio de PRIME Advantage
Medical Network y requiere continua atención para
su lesión o enfermedad laboral, puede elegir a un
nuevo médico que le proporcione atención continua
o puede comunicarse con el ajustador de su
reclamo para que le ayude a encontrar a otro
médico de atención primaria. Si el cambio o
mudanza es temporal, una vez que regrese a
California, y si requiere atención médica continua,
debe comunicarse inmediatamente con el ajustador
de su reclamo o con su empleador para que
dispongan su regreso a su proveedor anterior de la
MPN, o de ser necesario, para que para que
dispongan su regreso a su proveedor anterior de la
MPN para atención continua.

Si se encuentra trabajando temporalmente fuera de
California y se lesionó:

- Si se encuentra trabajando fuera de California y
sufre una lesión o enfermedad relacionada con el
trabajo, debe notificarle a su empleador. Para
cuidado médico inicial, de urgencia, emergencia, o
para seguimiento del cuidado médico, debe dirigirse
al proveedor de atención médica más cercano, para
que le preste la atención médica necesaria.

- Si necesita ayuda para localizar a un médico o si el
médico que seleccionó necesita autorización para
prestarle los servicios médicos, llame a Keenan’s
MPN Coordinator al (800) 654-8102, y con gusto le
ayudaremos. Cuando regrese a California, y si aún
necesita atención médica continua, inmediatamente
comuníquese con el ajustador de su reclamo o su
empleador para que lo refieran a un proveedor de
MPN y le presten atención médica continua.

Si se encuentra trabajando temporalmente fuera de
California y se lesionó:

- Si se encuentra trabajando fuera de California y
sufre una lesión o enfermedad relacionada con el
trabajo, debe notificarle a su empleador. Para
el cuidado médico inicial, de urgencia, emergencia, o
para seguimiento del cuidado médico, debe dirigirse
al proveedor de atención médica más cercano, para
que le preste la atención médica necesaria.

- Si necesita ayuda para localizar a un médico o si el
médico que seleccionó necesita autorización para
prestarle los servicios médicos, llame a Keenan’s
MPN Coordinator al (800) 654-8102, y con gusto le
ayudaremos. Cuando regrese a California, y si aún
necesita atención médica continua, inmediatamente
comuníquese con el ajustador de su reclamo o su
empleador para que lo refieran a un proveedor de
MPN y le presten atención médica continua.

COMO SELECCIONAR UN MÉDICO
DENTRO DEL SISTEMA MPN

La MPN dispone de proveedores en todo el estado de
California. La MPN debe proporcionarle una lista de
proveedores regionales que incluya, por lo menos, a 3
médicos de cada especialidad, comúnmente aplicada en
el tratamiento de lesiones o enfermedades laborales, en
su industria. La MPN debe poner a su disposición
médicos de atención primaria, localizados dentro de un
área de 15 millas de su lugar de residencia, y de
especialistas dentro de un área de 30 millas. Para
ubicar a un proveedor participante u obtener un
directorio regional:

Directorios de los proveedores médicos:

- Directorios en Línea – si tiene acceso a la Internet,
puede obtener un directorio regional o localizar a un
proveedor participante cerca de usted, visitando
www.keenan.com y haciendo clic en “Access the
MPN Provider Finder”. Por favor, introduzca su
nombre de usuario y contraseña para entrar en el
buscador de proveedor. Su nombre de usuario
(“User Name” y la contraseña son las siguientes
(“Password”):

  User ID:  special
  Password: access

- También puede solicitar una copia escrita de la lista
complete de proveedores.

- Si no dispone de acceso a la Internet, puede
solicitar que le asista a encontrar a algún
proveedor de la MPN o para concertar una cita
llamando al (866) 700-2168.

- Comuníquesese a la brevedad con el ajustador de
un proveedor de reclamos y notifiquete cualquier cita que haya
concretado con algún proveedor de la MPN.

Para seleccionar un Médico (para atención médica
inicial y subsecuentes):

- Cuando inicialmente reporte una lesion, su
empleador lo enviará a alguno de los proveedores
de la MPN. Usted tiene derecho a que el médico
que usted elija, dentro de la MPN, le someta a
tratamiento desde su visita inicial.

- Si desea cambiar su médico de la MPN después de
su visita inicial, puede hacerlo utilizando:

  - Nuestros directorios de proveedores en Línea
(ve la explicación anterior)
  - Llamando gratis para localizar a un proveedor
de la MPN: (866) 700-2168.

- Si selecciona a un nuevo médico, inmediatamente
debe ponerse en comunicación con el ajustador de
reclamo y darle el nombre, dirección y número de
teléfono del médico que haya seleccionado. También debe dar la fecha y hora de la evaluación
inicial.

- En caso que sea médicamente necesario que lo vea
un especialista, para el tratamiento, su médico
tratante de la MPN le puede recomendar a un
especialista que pertenezca a la red, o usted puede
escoger al especialista que prefiera dentro de la
MPN.

- Si fuera necesario que viera a algún especialista o
si su médico de la MPN le ha recomendado que
visite a alguno, pero usted no encuentra alguno
disponible dentro de la red, se le permitirá que visite

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Employee Notification Rights Material - Spanish
a un especialista que no pertenezca a la red. Si usted lo desea, el ajustador de su reclamo puede ayudarle a encontrar a los especialistas apropiados. Una vez que haya encontrado al especialista apropiado fuera de la red, debe hacer una cita y avisarle a su médico de atención primaria y a su ajustador de seguros sobre la fecha y hora de su cita. Su médico de la MPN, quien es su médico de atención primaria, continuará dirigiendo todas sus necesidades de tratamiento médico

- Si la MPN no puede proporcionarle acceso a un médico de atención primaria dentro de un área de 15 millas de su lugar de trabajo o de residencia, la MPN puede permitirle que busque tratamiento fuera de la MPN. Sírvase comunicarse con su ajustador de seguros para que le proporcione asistencia.

SEGUNDA Y TERCERA OPINIÓN

Segunda opinión:

- Si no está de acuerdo con el diagnóstico o con el tratamiento prescrito por su médico de la MPN, puede obtener una segunda opinión dentro de la MPN. Durante el periodo de este proceso a usted se le exige continuar con el tratamiento con el médico de la MPN que usted elija. Pero para poder obtener una segunda opinión usted y la MPN comparten algunas responsabilidades:
  - Debe informar oralmente o por escrito al ajustador de su reclamo, sobre su desacuerdo con la opinión de su médico tratante.
  - Usted debe seleccionar un médico o especialista que aparezca en la lista regional de los proveedores médicos disponibles de la MPN, la que le será proporcionada por el ajustador de su reclamo, una vez que usted le notifique que desea obtener una segunda opinión.
  - Usted debe hacer una cita en el trascursode 60 días.
  - Usted debe informarle a su ajustador de reclamos sobre la fecha y la hora.
  - Usted puede perder el derecho a una segunda opinión, en caso que no haga la cita en el transcurso de 60 días, contados a partir de la fecha en que recibió la lista.
  - Usted tiene derecho de solicitar una copia de los registros médicos enviados al médico de la segunda opinión.
  - Si el médico de la segunda opinión considera que su lesión se encuentra fuera del tipo de lesión que trata normalmente, la oficina del médico le debe notificar a usted y a su empleador o a la empresa de seguros. Se le enviará otra lista de los médicos o especialistas de la MPN para que pueda seleccionar a otro médico.

En el momento que usted seleccione al médico para la tercera opinión, el ajustador de su reclamo le notificará sobre el proceso para la Revisión Médica Independiente (Independent Medical Review) a seguir —ver más adelante — y le darán una solicitud para someterse a dicho proceso.

TERCERA OPINIÓN:

- En caso que no esté de acuerdo con el diagnóstico o con el tratamiento prescrito por el médico de la segunda opinión, puede obtener una tercera opinión dentro de la misma MPN. Durante este proceso está obligado a continuar con el tratamiento provisto por el médico de la MPN que haya elegido. Para poder obtener una tercera opinión usted y la MPN comparten responsabilidades, tales como:
  - Debe informarle oralmente o por escrito al ajustador de su reclamo de su desacuerdo con la opinión de su médico tratante.
  - Usted debe seleccionar a algún médico o especialista de los proveedores médicos disponibles de la MPN que se le proporcionó previamente, o puede solicitar una nueva lista regional del área regional.
  - Usted debe hacer una cita en el trascursode 60 días.
  - Usted debe informarle a su ajustador de reclamos sobre la fecha y la hora de la cita.
  - Usted puede perder el derecho a una tercera opinión, en caso de que no haga la cita en el transcurso de 60 días, contados a partir de la fecha en que recibió la lista.
  - Usted tiene derecho de solicitar una copia de los registros médicos enviados al médico de la tercera opinión.
  - Si el médico de la tercera opinión considera que su lesión se encuentra fuera del tipo de lesión que trata normalmente, la oficina del médico le debe notificar a usted y a su empleador o a la empresa de seguros. Se le enviará otra lista de los médicos o especialistas de la MPN para que pueda seleccionar a otro médico.

En caso de que usted no esté de acuerdo con el servicio de diagnóstico, el diagnóstico o con el tratamiento médico provisto por el médico que le ha dado la tercera opinión, usted puede solicitar una Revisión Médica Independiente (IMR). Una IMR está a cargo de un médico designado específicamente para usted por el Director Administrativo (AD) de la Unidad Médica de la División de Compensación Laboral del Estado de California [Division of Workers’ Compensation Medical Unit]. Para solicitar una IMR, usted debe llenar y enviar al director administrativo (AD) el formulario de Solicitud de Revisión Médica. El AD seleccionará al médico IMR.
[médico encargado de la IMR] con la especialidad apropiada y necesaria para evaluar el desacuerdo. El AD le enviará a usted una notificación por escrito, dándole el nombre, dirección y número de teléfono del médico IMR.

Usted puede optar por que lo vea un médico IMR en persona o puede solicitar que el médico IMR solamente revise su expediente médico. Cualquier sea la opción que elija, se requiere que se comunique con el médico IMR para hacer la cita o hacer arreglos para que revise su expediente médico. El médico IMR que seleccione debe verle en el transcurso de 30 días contados a partir de la fecha que solicitó la cita. El médico IMR le debe enviar el reporte al AD para que se revise yse tomará una determinación en cuanto a la disputa.

Usted puede perder el derecho al proceso de un IMR, si no hace la cita en el transcurso de 60 días, calendarios, contados a partir de la fecha en que recibió el nombre del médico IMR que el AD le proporcionó.

**POLIZA SOBRE LA CONTINUIDAD DE ATENCIÓN**

Su empleador o asegurador ha preparado por escrito normas tituladas “Continuidad de la Atención”, la cual determinará si usted puede temporalmente continuar el tratamiento por una lesión laboral existente con su doctor, en caso que su doctor ya no participe en la MPN.

Si su empleador decide que usted no reúne los requisitos para continuar su atención médica con el proveedor que no es de la MPN, usted y su médico tratante primario deben recibir una carta de notificación.

Si usted reúne ciertas condiciones, podría calificar para continuar su tratamiento con este doctor, hasta por un año antes de que tenga que cambiarse a los médicos de la MPN. Estas condiciones son las siguientes:

- (Afección aguda). El tratamiento por su lesión o enfermedad se concluirá en menos de 90 días.
- (Afecciones crónicas o graves). Su lesión o enfermedad se considera grave y continúa por lo menos por 90 días sin que se logre curación total o se empeora y requiera tratamiento continuo. Se le puede permitir que continúe el tratamiento con el doctor tratante actual, hasta por un año, hasta que el tratamiento se pueda transferir sin que se corra ningún riesgo.
- (Enfermedad Terminal). Usted tiene una enfermedad incurable o un trastorno irreversible que muy probablemente le causará la muerte en el transcurso de un año o menos.
- (Cirugía pendiente). Se empleador o asegurador ya le aprobaron la cirugía, la cual tendrá lugar en el transcurso de 180 días contados a partir de la fecha de terminación del contrato entre la MPN y su doctor.

Usted puede oponerse a la decisión de su empleador, de negarle la Continuidad de Atención con el proveedor de la MPN cancelado. Si usted desea continuar el tratamiento con el doctor cancelado, puede pedirle a su médico tratante primario que le prepare un informe médico en el que indique que usted reúne una de las cuatro condiciones, indicadas arriba, para ver si usted llena los requisitos para continuar el tratamiento temporalmente con el doctor actual.

Su médico tratante primario dispone de 20 días, contados a partir de la fecha de su solicitud, para darle una copia del informe médico sobre su condición. En caso que su médico tratante primario no le dé el informe en el transcurso de 20 días de habérselo solicitado, el empleador puede transferir su atención médica a otro médico dentro de la MPN.

Es importante que usted le dé una copia del informe a su empleador si usted desea posponer la transferencia de su atención a la MPN. Si usted o su empleador no están de acuerdo con el reporte del médico sobre su estado de salud, usted o su empleador pueden disputarlo. Ver las normas completas de Continuidad de la Atención para obtener mayores detalles sobre el proceso de resolución para resolver disputas.

**NORMAS SOBRE LA TRANSFERENCIA DE LA ATENCIÓN MÉDICA**

Su empleador o asegurador dispone de “Normas sobre la Transferencia de Atención Médica” que determinarán si usted puede continuar tratándose temporalmente, por una lesión relacionada con el trabajo por un médico fuera de la MPN antes de que se transfiera su atención a la MPN.

Si usted ha predesignado apropiadamente un médico tratante primario, no se le puede transferir dentro de la MPN. (Si desea hacer alguna pregunta relacionada con la predesignación, puede preguntárselo a su supervisor). Si su doctor actual no es o no se hace miembro de la MPN, es posible que usted tenga que ver a un médico de la MPN.

Si su empleador decide transferirlo a la MPN, usted y su médico primario tratante deben recibir una carta notificándole de su transferencia.

Si usted reúne ciertas condiciones, usted podría calificar para continuar el tratamiento con un médico que no pertenezca a la MPN, hasta por un año, antes de ser transferido a la MPN. Las condiciones que le permiten posponer la transferencia de su atención a la MPN son:

- (Afección aguda). El tratamiento por su lesión o enfermedad se concluirá en menos de 90 días.
- (Afecciones crónicas o graves). Su lesión o enfermedad se considera grave y continúa por
lo menos por 90 días sin que se logre curación total o se empeora y requiere tratamiento continuo. Se le puede permitir que continúe el tratamiento con el doctor tratante actual, hasta por un año, hasta que el tratamiento se pueda transferir sin que se corra ningún riesgo.

- **(Enfermedad Terminal).** Usted tiene una enfermedad incurable o un trastorno irreversible que muy probablemente le causará la muerte en el transcurso de un año o menos.
- **(Cirugía pendiente).** Su empleador o asegurador ya le aprobaron la cirugía, la cual tendrá lugar en el transcurso de 180 días contados a partir de la fecha de vigencia de la MPN.

Usted puede oponerse a la decisión de su empleador de transferir su cuidado a la MPN. Si usted no desea que lo pasen a la MPN, debe pedirle a su médico tratante primario que le prepare un informe médico que indique que usted reúne una de las cuatro condiciones indicadas arriba, para ver si llena los requisitos para la postergación de su transferencia a la MPN.

Su médico tratante primario dispone de 20 días, contados a partir de la fecha de su solicitud. En caso que su médico tratante primario no le dé el informe en el transcurso de 20 días de habérselo solicitado, el empleador puede transferir su atención médica a la MPN y usted deberá acudir a un médico dentro de la MPN.

Es importante que usted le provea una copia del informe a su empleador, si desea posponer la transferencia de su atención. En caso que su médico tratante primario no lo dé el informe en el transcurso de 20 días de haberle solicitado, el empleador puede transferir su atención médica a la MPN y usted deberá acudir a un médico dentro de la MPN.

Si desea una copia completa de las normas sobre la transferencia de atención médica, pídale a su contacto en la MPN o a su ajustador de reclamos que se la envíe.

**PARA OBTENER INFORMACIÓN O FORMULAR PREGUNTAS A LA MPN**

¿Qué debo hacer si deseo formular alguna pregunta o necesito ayuda?

- **Contacto en la MPN:** Siempre puede comunicarse con el contacto de la MPN si necesita ayuda o alguna explicación sobre su tratamiento médico en relación con la lesión o enfermedad laboral. Keenan’s MPN Coordinator al 800-654-8102. También puede comunicarse con el ajustador de reclamos, si le han asignado alguno a su caso.

- **División de la Workers’ Compensation (DWC):** Si tiene alguna inquietud, reclamaciones o preguntas con respecto a la MPN, el proceso de notificación, o sobre su tratamiento médico después de una lesión o enfermedad relacionada con el trabajo, puede llamar al número de información de la unidad de asistencia del DWC al 800-736-7401. También puede acceder el website de la DWC: [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) y pulse en “Medical provider networks” para obtener más información sobre las MPN.
- **Revisión Médica Independiente:** Si desea formular alguna pregunta acerca de este proceso, comuníquese con la Unidad Médica de la Division de Workers’ Compensation a:

  
  DWC Medical Unit  
  P.O. Box 71010  
  Oakland, CA 94612  
  510-286-3700 ó 800-794-6900

**GUARDE ESTA INFORMACIÓN EN CASO QUE SUFRÁ UNA LESIÓN O ENFERMEDAD RELACIONADA CON EL TRABAJO.**

**KEENAN & ASSOCIATES**  
**LUGARES DE SERVICIO**

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<th>Torrance</th>
<th>Eureka</th>
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<tr>
<td>800-654-8102</td>
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<td>650-306-0616</td>
<td>800-654-8347</td>
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| San Jose | 800-334-6554 |

**INFORMACIÓN DE IDENTIDAD Y CONTRASEÑA PARA USUARIOS DEL DIRECTORIO MÉDICO**

Para localizar a proveedores participantes en línea – por el Internet, se requiere la identidad del usuario y su contraseña para asegurar que se le proporcione información correcta.

User ID: special  
Password: access

**INITIAL VISIT—FRONTLINE PROVIDERS / MEDICAL CLINICS**

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