

Legal First Name (as shown on your social security card)	
Last Last Name (as shown on your social security card)	
Middle Initial	
Other Name Used (if any)	
Social Security Number	
Date of Birth (mm/dd/yyyy)	
Mailing Address- Street	
Apartment Number	
City	
Zip	
Email Address	
Home Phone (xxx) xxx-xxxx	
Cell Phone (xxx) xxx-xxxx	
Today's Date (mm/dd/yyyy)	
<input type="checkbox"/> Single	
<input type="checkbox"/> Married	
<input type="checkbox"/> Domestic Partner	
Department Position	
Driver's License Number Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	

MEMORANDUM

Department of Human Resources



To: All Employees
Through: Human Resources Director
From: Connie Hom, Human Resources Technician
Subject: Workers' Compensation for Pre-designation of Your Personal Physician

As of April 19, 2004, the California Legislature enacted Senate Bill 899. This bill has changed the rules for pre-designating a personal physician to provide treatment for injuries that occur on the job. As a result of this change in the law, all previous pre-designations of personal physicians are no longer valid.

Under the new law, all pre-designations of a personal physician must meet all of the following requirements found in Labor Code Section 4600(d)(1) which indicates:

1. The personal physician you select must be your "regular physician and/or surgeon" who has your medical record file and history. The physician has to have previously directed your medical treatment.
2. Your personal physician must be a medical doctor. You are no longer allowed to select a chiropractor or acupuncturist as your personal physician.
3. The personal physician you select must be a part of the City's medical plan or through your spousal coverage, if you selected the City's \$125 cash waiver.
4. The personal physician you select must agree to being pre-designated by you and comply with workers' compensation laws and reporting requirements.

If you wish to designate a personal physician to treat you in the event of a workers' compensation injury, please complete the new pre-designation form that is attached. The pre-designation form must be signed by you; and the Certification of Physician must be signed by your personal physician. You will need to return both forms to City of Milpitas Human Resources Department before an injury occurs, to be valid.

Please be advised that if you do not wish to pre-designate a treating physician, you must seek treatment at the City's designated facility for the first 30 days of your claim. In the event you have selected a new personal physician, but wish to seek treatment at the City's designated facility, you may do so. The City of Milpitas has designated Alliance Occupational Medicine, located at 315 South Abbott Street, Milpitas, CA 95035.

Please call Irene B. Silipin at (408) 586-3082 or Connie Hom at (408) 586-3087 if you have any questions or concerns.

Thank you.



City of Milpitas
Human Resources Department
455 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3090, FAX: (408) 586-3092 TDD # (408) 586-3013

PRE-INJURY PERSONAL PHYSICIAN PRE-DESIGNATION FOR WORK RELATED INJURIES

Employee Name: _____
Address: _____
City, State and ZIP Code: _____
Employer Name: _____ City of Milpitas _____
Address: _____ 455 E. Calaveras Blvd., Milpitas, CA 95035 _____
City or spouse's Health Insurance Name: _____
Address: _____
Telephone Number: _____
Medical Record/Group Number: _____

I understand the Workers' Compensation Laws of the State of California indicate that if I have notified my employer in writing prior to the date of injury that I have a personal physician, I shall have the right to be treated by such physician from the date of injury. As defined by law, a "personal physician" must be the employee's regular physician and/or surgeon who has your medical record file and history; must be the employee's primary care physician who has previously directed the medical treatment; must be a medical doctor and not a chiropractor or acupuncturist; must be a part of the employer's non-occupation group coverage and must agree to be pre-designated AND comply with workers' compensation laws and reporting requirements. If I am injured on the job, I would like to be treated by the physician whose information is provided below. I verify by signing below that the below physician meets the above legal requirements.

I understand that my employer requires me to contact the below physician who must sign the attached form to prove he agrees to treat me in the event of an injury on the job and also prove he will abide and adhere to Title 8, California Code of Regulations 9785, the Reporting Duties of the Primary Treating Physician and Labor Code 4610. I further understand that I am responsible for signing the below document and seeking agreement and signature of the attached document from my personal physician and I am to return all of the documents to my employer. If all of these steps do not occur, I am aware my pre-designation form is invalid. If my employer does not have this completed form prior to industrial injury, I will seek medical treatment with the employer's designated medical facility as noted on the posted notices regarding workers' compensation.

Even though I am designating a personal physician, I understand that my employer may require me to undergo medical examinations by other physicians at their request and expense.

Physician's Name: _____
Address: _____
City, State and Zip code: _____
Telephone Number: _____
Medical Specialty: _____

I understand that the filing of this form does not relieve me from my obligation to report all injuries immediately to my supervisor and to complete all required reporting forms. I certify that all of the above statements are true and correct to the best of my knowledge.

Employee Signature: _____
Employee Name (print): _____
Date of Request: _____



City of Milpitas
Human Resources Department
455 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3090, FAX: (408) 586-3092 TDD # (408) 586-3013

Date: _____

RE: Workers' Compensation Medical Treatment Certification

Dear Dr. _____:

The employee listed on the reverse side of this document has selected you as a pre-designated physician for work related injuries. For your convenience, the employer has provided a copy of the regulations required of a primary treating physician for treating a patient who is industrially injured. As such, please verify the following information.

CERTIFICATION OF PHYSICIAN

This is to certify I am the above patient's regular, primary care physician. I have treated him/her for non-work related medical problems and I maintain his/her medical records in my office.

I have read and agree with the Reporting Duties of the Primary Treating Physician, per California Code of Regulations, Title 8, Section 9785 that is attached to this document and agree to abide by the laws when treating this employee for work-related injuries or illnesses.

I acknowledge all requests for medical care will be governed by Labor Code 4610 outlining mandatory utilization review under the guidelines of the American College of Occupational and Environmental Medicine (ACOEM).

In addition, I **agree** to accept payment for medical treatment services provided in accordance with the California Official Medical Fee Schedule.

Physician's Signature: _____

Print Name: _____

Date: _____

OR

I **decline** the request to be his/her Treating Physician for work-related injuries.

Physician's Signature: _____

Print Name: _____

Date: _____

CALIFORNIA CODE OF REGULATIONS,
Title 8, Chapter 4.5. Division of Workers' Compensation
Subchapter 1. Administrative Director—Administrative Rules
Article 5. Transfer of Medical Treatment
Section §9785. Reporting Duties of the Primary Treating Physician

(a) For the purposes of this section, the following definitions apply:

(1) The "primary treating physician" is the physician who is primarily responsible for managing the care of an employee, and who has examined the employee at least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter. The primary treating physician is the physician selected by the employer or the employee pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code, or under the contract or procedures applicable to a Health Care Organization certified under section 4600.5 of the Labor Code.

(2) A "secondary physician" is any physician other than the primary treating physician who examines or provides treatment to the employee, but is not primarily responsible for continuing management of the care of the employee.

(3) "Claims administrator" is a self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor Code, a self-administered self-insured employer, or a third-party administrator for a self-insured employer, insurer, legally uninsured employer, or joint powers authority.

(4) "Medical determination" means, for the purpose of this section, a decision made by the primary treating physician regarding any and all medical issues necessary to determine the employee's eligibility for compensation. Such issues include but are not limited to the scope and extent of an employee's continuing medical treatment, the decision whether to release the employee from care, the point in time at which the employee has reached permanent and stationary status, and the necessity for future medical treatment.

(5) "Released from care" means a determination by the primary treating physician that the employee's condition has reached a permanent and stationary status with no need for continuing or future medical treatment.

(6) "Continuing medical treatment" is occurring or presently planned treatment that is reasonably required to cure or relieve the employee from the effects of the injury.

(7) "Future medical treatment" is treatment, which is anticipated at some time in the future and is reasonably required to cure or relieve the employee from the effects of the injury.

(8) "Permanent and stationary status" is the point in time, determined by the primary treating physician, when the employee has reached maximum medical improvement or his or her condition has been stationary for a reasonable period of time.

(b)(1) An employee shall have no more than one primary treating physician at a time.

(2) An employee may designate a new primary treating physician of his or her choice pursuant to Labor Code §§4600 or 4600.3 provided the primary treating physician has determined that there is a need for:

(A) continuing medical treatment; or

(B) future medical treatment. The employee may designate a new primary treating physician to render future medical treatment either prior to or at the time such treatment becomes necessary.

(3) If the employee disputes a medical determination made by the primary treating physician, including a determination that the employee should be released from care, the dispute shall be resolved under the applicable procedures set forth at Labor Code §§4061 and 4062. No other primary treating physician shall be designated by the employee unless and until the dispute is resolved.

(4) If the claims administrator disputes a medical determination made by the primary treating physician, the dispute shall be resolved under the applicable procedures set forth at Labor Code §§4061 and 4062. During the course of such procedures, and provided the primary treating physician has determined that there is a need for continuing or future treatment, the employee may designate a new primary treating physician of his or her choice pursuant to Labor Code §§4600 or 4600.3 to render treatment.

(c) The primary treating physician, or a physician designated by the primary treating physician, shall make reports to the claims administrator as required in this section. A primary treating physician has fulfilled his or her reporting duties under this section by sending one copy of a required report to the claims administrator. A claims administrator may designate any person or entity to be the recipient of its copy of the required report.

(d) The primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation in the manner prescribed in subdivisions (e), (f) and (g) of this section. The primary treating physician may transmit reports to the claims administrator by mail or FAX or by any other means satisfactory to the claims administrator, including electronic transmission.

(d) The primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation in the manner prescribed in subdivisions (e), (f) and (g) of this section. The primary treating physician may transmit reports to the claims administrator by mail or FAX or by any other means satisfactory to the claims administrator, including electronic transmission.

(e)(1) Within 5 working days following initial examination, a primary treating physician shall submit a written report to the claims administrator on the form entitled "Doctor's First Report of Occupational Injury or Illness," Form DLSR 5021. Emergency and urgent care physicians shall also submit a Form DLSR 5021 to the claims administrator following the initial visit to the treatment facility. On line 24 of the Doctor's First Report, or on the reverse side of the form, the physician shall (A) list methods, frequency, and duration of planned treatment(s), (B) specify planned consultations or referrals, surgery or hospitalization and (C) specify the type, frequency and duration of planned physical medicine services (e.g., physical therapy, manipulation, acupuncture).

(2) Each new primary treating physician shall submit a Form DLSR 5021 following the initial examination in accordance with subdivision (e)(1).

(3) Secondary physicians, physical therapists, and other health care providers to whom the employee is referred shall report to the primary treating physician in the manner required by the primary treating physician.

(4) The primary treating physician shall be responsible for obtaining all of the reports of secondary physicians and shall, unless good cause is shown, within 20 days of receipt of each report incorporate, or comment upon, the findings and opinions of the other physicians in the primary treating physician's report and submit all of the reports to the claims administrator.

(f) A primary treating physician shall, unless good cause is shown, within 20 days report to the claims administrator when any one or more of the following occurs:

(1) The employee's condition undergoes a previously unexpected significant change;

(2) There is any significant change in the treatment plan reported, including, but not limited to, (A) an extension of duration or frequency of treatment, (B) a new need for hospitalization or surgery, (C) a new need for referral to or consultation by another physician, (D) a change in methods of treatment or in required physical medicine services, or (E) a need for rental or purchase of durable medical equipment or orthotic devices;

(3) The employee's condition permits return to modified or regular work;

(4) The employee's condition requires him or her to leave work, or requires changes in work restrictions or modifications;

(5) The employee is released from care;

(6) The primary treating physician concludes that the employee's permanent disability precludes, or is likely to preclude, the employee from engaging in the employee's usual occupation or the occupation in which the employee was engaged at the time of the injury, as required pursuant to Labor Code Section 4636(b);

(7) The claims administrator reasonably requests appropriate additional information that is necessary to administer the claim. "Necessary" information is that which directly affects the provision of compensation benefits as defined in Labor Code Section 3207.

(8) When continuing medical treatment is provided, a progress report shall be made no later than forty-five days from the last report of any type under this section even if no event described in paragraphs (1) to (7) has occurred. If an examination has occurred, the report shall be signed and transmitted within 20 days of the examination.

Except for a response to a request for information made pursuant to subdivision (f)(7), reports required under this subdivision shall be submitted on the "Primary Treating Physician's Progress Report" form (Form PR-2) contained in Section 9785.2, or in the form of a narrative report. If a narrative report is used, it must be entitled "Primary Treating Physician's Progress Report" in bold-faced type, must indicate clearly the reason the report is being submitted, and must contain the same information using the same subject headings in the same order as Form PR-2. A response to a request for information made pursuant to subdivision (f)(7) may be made in letter format. A narrative report and a letter format response to a request for information must contain the same declaration under penalty of perjury that is set forth in the Form PR-2: "I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code §139.3."

By mutual agreement between the physician and the claims administrator, the physician may make reports in any manner and form.

(g) When the primary treating physician determines that the employee's condition is permanent and stationary, the physician shall, unless good cause is shown, report within 20 days from the date of examination any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing and/or future medical care resulting from the injury. The information may be submitted on the "Primary Treating Physician's Permanent and Stationary Report" form (Form PR-3) contained in Section 9785.3, or using the instructions on the form entitled "Treating Physician's Determination of Medical Issues Form," Form IMC 81556, or in such other manner as provides all the information required by Title 8, California Code of Regulations, Section 10606. Qualified Medical Evaluators and Agreed Medical Evaluators may not use Form PR-3 to report medical-legal evaluations.

(h) Any controversies concerning this section shall be resolved pursuant to Labor Code Section 4603 or 4604, whichever is appropriate.

(i) Claims administrators shall reimburse primary treating physicians for their reports submitted pursuant to this section as required by the Official Medical Fee Schedule.

Access to Medical Care

Welcome to WellComp

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

In the event that you have an injury or illness, you may carry this pamphlet with you to present to your medical service provider for access to care.

This pamphlet is not required to receive medical services

■ Initial Care

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

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

■ Subsequent Care

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

■ Emergency Care

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

■ Hospital and Specialty Care

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

■ Choosing a Treating Physician

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

■ Scheduling Appointments

If you are having difficulty scheduling an appointment with your initial provider or subsequent provider, please contact the Medical Access Assistant in the WellComp Patient Services Department or your Claims Examiner.

■ Changing Primary Treating Physician

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

■ Obtaining a Specialist Referral

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

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

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

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

■ Continuity of Care

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

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

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

- **(Acute)** A medical condition that includes a sudden onset of symptoms that require prompt care and has a duration of less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues 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 contract termination date.

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

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

■ Transfer of Ongoing Care

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

Your employer has a "Transfer of Care" policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the WellComp Network. If your current treating doctor is a member of WellComp, then you may continue to treat with this doctor and your treatment will be under WellComp. If your current treating physician is not a participating physician within WellComp and you have not yet been transferred into the MPN, your physician can make referrals to providers within or outside the MPN. Your current doctor may be allowed to become a member of WellComp.

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

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

■ Care Transfer Disputes

Notice of determination, from the employer or claims examiner, shall be sent to the covered employee's address and a copy of the letter shall be sent to the covered employee's primary treating physician. The notification shall be written in English and Spanish and use layperson's terms to the maximum extent possible. If WellComp is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above. Your treating physician shall provide a report to you within twenty calendar days of the request. If the treating physician fails to issue the report, then you will be required to select a new provider from within the MPN. If either WellComp or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify WellComp Patient Services Department if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision. If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved.

Second Opinion, Third Opinion and Independent Medical Review Process:

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

■ Obtaining Second and Third Opinions

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

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

If the Second/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 your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

If the 2nd/3rd opinion doctor agrees with your need for a treatment or test, you may be allowed to receive that recommended treatment or test from a provider inside or outside the MPN, including the 2nd or 3rd opinion physician.

■ Obtaining an Independent Medical Review (IMR)

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

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

Any physician chosen outside of the WellComp Network must be within reasonable geographic area. The treatment or diagnostic test is limited to the recommendation of the MPN/ IMR.

■ Treatment Outside of the Geographic Area

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

Covered Medical Services:

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

Primary treating and specialty services including consultations and referrals

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

Inpatient Hospital and Outpatient Surgery Center services

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

Ancillary Care services

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

Emergency services including outpatient and out-of area emergency care



WellComp Provider Directory

For more information about the MPN including access to a roster of all treating physicians in the MPN, go to www.WellComp.com where you can search by medical specialty, zip code, physician or provider group. For website assistance or to access a hard copy of the regional area listing and/or an electronic copy of the complete WellComp directory, please contact WellComp (your employer's designated medical provider network administrator):

WellComp Information

For questions about the use of MPN's or complaints The MPN contact is: Gale Chmidling, MPN Manager (800)544-8150

WellComp has individuals available to answer questions, provide website assistance, and generate provider listings. Medical Access Assistants are available to assist with finding an MPN physicians of your choice, including scheduling and confirming physician appointments. Assistants are available 7am to 8pm Pacific Standard Time, Monday through Saturday at the contact information below:

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



Employee Notification

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

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

MPN Identification Number:

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

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

Medical Care

Through York, the City pays all expenses associated with the treatment of a work related injury, including doctor care, prescriptions, therapy, travel, etc. Any bills received by an employee for a work related injury, should be sent to the Human Resources office.

Safety Employees

Safety employees are sworn police and fire members. Safety employees may be entitled to up to one year of salary continuance for each industrial injury. Light duty is considered work time.

Miscellaneous Employees

Miscellaneous employees are entitled to salary continuance at 100% for the first two weeks for each industrial injury, and then 80% of salary for six weeks, up to a total of 60 calendar days. After 60 days have elapsed, employees are placed on leave without pay and may be eligible for long-term disability insurance. The waiting period for long-term disability is 60 days and applies from the date of injury. Employees must apply for long-term disability; applications are available in the Human Resources Office.

PERMANENT DISABILITY

If there is permanent disability as a result of a work injury, the employee will receive a permanent disability indemnity award through York. The amount of this award is determined by state Workers' Compensation law. Receipt of permanent disability award does not automatically preclude an employee from continuing employment with the City.

RETIREMENT BENEFITS

Safety Employees

Under CalPERS regulations, safety members may be retired if 4850 time expires and the employee has not returned to work. The City determines whether industrial disability is warranted.

Miscellaneous Employees

Miscellaneous employees must have at least five years of CalPERS service credit to qualify for disability retirement. PERS determines whether a disability retirement is warranted.

Employees receiving disability retirement are eligible for retiree medical benefits.

APPEALS

Appeals of denied workers' compensation claims may be filed with the State Workers' Compensation Appeals Board.

FRAUD

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material misrepresentation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Committing workers' compensation fraud is punishable by up to 5 years in state prison and/or up to a \$50,000 fine.



Industrial Injuries & Illnesses

**Procedures
Benefits
Reports**
(Regular Employees)

The purpose of this pamphlet is to give employees a brief overview of procedures and benefits pertaining to work-related injuries. Workers' compensation is very complex, and as a result this pamphlet is not comprehensive and is not intended to be. Direct questions about procedures, claims or benefits to the Human Resources office or York Insurance Services Group, the City's third party administrator.

CLAIMS ADMINISTRATION

All workers' compensation claims are processed by the City's claims administrator, York. If you have questions about a claim, call the Human Resources Office at extension 3090 or contact a claims examiner directly at (209)320-0819.

INDUSTRIAL INJURY & ILLNESS

An injury is damage or harm resulting from a work-related accident or exposure.

An illness is a condition other than an injury caused by the work environment.

Non-Emergencies

Your employer has elected to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses by implementing a Medical Provider Network (MPN), called WellComp. WellComp delivers quality medical care through your choice of a provider who is part of an exclusive network of healthcare providers, each of whom possess a deep understanding of the California workers' compensation system and the impact their decisions have on you.

You may receive care from one of these facilities or you may choose an Urgent Care facility within the network**

Alliance Occupational Medicine
315 South Abbott St.
Milpitas, CA 95035
408-790-2900

US Healthworks
1717 South Main St.
Milpitas, CA 95035

Kaiser On-the-Job
700 East Calaveras Blvd.
Milpitas, CA 95035
408-945-5801

**Note: Employees may select care from any Urgent Care facility within WellComp for initial medical services. However if choosing a facility outside of the above employer designated Urgent Care providers there is no guarantee of immediate services and a delay may impact your recovery.

Employees may continue to pre-designate physicians provided the pre-designation meets the requirements as established in the final regulations of 3/15/06. Human Resources will provide you with a form upon request.

For emergencies and before or after business hours services go to:

Regional Medical Center
225 N. Jackson Ave., San Jose
(408) 259-5000
24 Hours/7 Days

Pre-Authorization

Before designating a personal physician, make sure the personal physician is willing to treat a workers' comp injury. To pre-authorize a personal physician, complete an authorization form and return it to the Human Resources Office.

Only one primary treating physician can be designated. A primary physician may refer to specialists, if needed. Chiropractors may be designated a primary physician.

After treatment has begun for a workers' comp injury, any change in primary physicians, specialized treatment, or surgery must be pre-authorized by York.

Failure to use an authorized physician may result in denial of payment.

Emergencies

Employees requiring emergency treatment are to be taken to the nearest available emergency room. Emergency room personnel should be informed that the emergency is work-related and given third party administrators name and address.

York Insurance Services Group, Inc
P.O. Box 619079
Roseville, CA 95661
(209) 320-0819

INCIDENT REPORTING

Report any suspected industrial injury or illness to a supervisor **immediately**. The supervisor will complete a Supervisor's Report of Employee Injury and forward it to Human Resources. The injured worker will be issued an Employee's Claim for Workers' Compensation Benefits. The employee should complete the top portion, keep the pink copy and return the remaining copies to a supervisor. This form is required by state law.

LOST TIME

All time off from work, light duty, and release back to full duty **must be authorized in writing** by an authorized treating physician and reported to Human Resources.

QUESTIONED CLAIMS

If there is a question about whether a claim is work-related, York may issue a "delay". York then has 90 days to issue a final determination on the claim. During that period, any lost time will be charged to accrued sick leave and medical expenses directed to the employee's regular health insurance. If the claim is later accepted, leave balances will be credited accordingly and reimbursement made to the employee's health insurance plan.