



Employee Injury

Office:

1. Staple a copy of "Supervisor's Report" and "Company Nurse Hotline"
2. "Supervisor's Report" to be completed by supervisor, nurse, or secretary. Injured to sign back if not seeking immediate medical attention.
3. Give attached "Company Nurse Hotline" flier (or business card) to injured in case they need to seek medical care after the injury.
4. In case of **911 injury**, call Debbie (x 5534) as soon as possible so that she can call Workers Compensation and notify them that an employee injured on the job is seeking emergency care.
5. Fax completed "Supervisor's Report" to Debbie at District Office as soon as possible (may be faxed without supervisors' signature). Mail her the original when complete with signatures.

All injuries and incidents, even minor ones, must be documented using the "Supervisor's Report".

- The most important parts of the form are Names of Witnesses and Description of how it happened.
- If not seeking medical care immediately, the injured must sign the back page of the form.
- The injured employee does not have to call the Company Nurse Hotline but should if not sure whether or not to seek care. It takes the burden off the school district to make that decision.
- If seeking medical care, the Company Nurse Hotline must be called first. The clinic or Emergency Room need the authorization paperwork faxed from Company Nurse to treat a work injury.
- The Company Nurse Hotline can be called at any time and multiple times after the injury if needing advice about treatment or care received.
- A few employees have a "pre-designation" in their own health insurance and can therefore seek care from their own physician for a work-related injury.





Supervisor's Report of Incident or Injury

Section 1 Supervisor to be completed by supervisor, nurse or secretary (not the employee):

Employee name: _____

Occupation: _____ Time employee reports to work: _____

Date of injury: _____ Time of injury: _____

Date reported: _____ Time reported: _____

Injury reported to (name): _____

Incident/accident location: _____

Part(s) of body affected: _____ left / right

Specific injury: _____

Describe how the incident/accident occurred: _____

Equipment and/or materials the employee was using when the event occurred: _____

Names of witnesses: _____

Steps to be taken to prevent similar incidents/accidents: _____

Did injured leave work: _____ Date: _____ Time left: _____

Medical facility: _____

Supervisors signature

Date

Section 2 Instructions:

- **Incident notification only with no medical attention needed:** Complete this form and return to the District Office. Employee to sign section 3. Give the employee information on how to contact Company Nurse if symptoms appear at a later date.
- **Accident with possible medical attention:** employee contacts the Company Nurse line at 1-877-518-6702 (search code: SIG04) to access appropriate medical treatment. Complete this form and immediately fax to the District Office at 263-7332 (may be without signatures when faxing). Send original to the District Office when all signatures are received. Employee to complete section 3 only if they are not seeking medical attention after speaking with the nurse.

Section 3 Employee *to be completed by employee only when not seeking medical treatment:*

I do not wish to seek medical attention at this time. If I find at a later date I wish to seek medical attention, I will seek treatment at Adventist Health Job Care Ukiah or Sutter Lakeside Hospital ER after contacting Company Nurse. I may see my personal physician only if I've completed a valid designated physician form on file with the District Office prior to the date of injury.

Employee signature

Date

Section 4 District Office Only:

Date received D.O.: _____

Reportable: _____

Date processed Company Nurse: _____

Company Nurse Case number: _____

Date entered Ultra Claims: _____

Ultra Claims case number: _____

DWC-1 to employee: _____

OSHA Reportable: _____

Copy to: Superintendent / Supervisor / Safety Committee

Please remove and give all the forms following this page to the injured employee

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IN CASE OF WORKPLACE INJURY:

ACCION a seguir en caso de un accidente en el trabajo



1-877-518-6702

▶ **AVAILABLE 24 HOURS A DAY**

- 1** ▶ **Injured worker notifies supervisor.**
Empleado lesionado notifica a su supervisor.
- 2** ▶ **Supervisor / Injured worker immediately calls injury hotline.**
Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeros/as.
- 3** ▶ **Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.**
Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar el tratamiento médico adecuado.

EMPLOYER NAME
(NOMBRE DE COMPAÑIA)

SEARCH CODE
(CÓDIGO DEL BÚSQUEDA)

Lakeport Unified School District	SIG04
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Notice to Employer/Supervisor:

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site when possible.

Visit us online: www.CompanyNurse.com

Workers' Compensation Prescription Information

Employer:

Please fill out the employee information below and provide your employee with this document to take to any pharmacy for his/her Workers' Compensation prescriptions.

Employee:

Keenan & Associates has partnered with Cadence Rx to make filling workers' compensation prescriptions easy. Medications may be subject to formulary and pre-authorization requirements.

This document serves as a temporary prescription card. A permanent prescription card specific to your work-related injury or illness will be forwarded directly to you within the next three to five business days.

Please take this letter and your prescription(s) to a pharmacy near you. Cadence Rx has a network of over 72,000 pharmacies nationwide. To locate a network pharmacy near you, please use the pharmacy locator at <http://cadencerox.com/find-a-pharmacy/> or call Cadence Rx toll free at 1-888-813-0023.



IF YOU HAVE QUESTIONS OR NEED ASSISTANCE AT THE PHARMACY, PLEASE CALL 888-813-0023

Pharmacist:

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

For questions or rejections, please call 1-888-813-0023. Please do not send patient home or have patient pay for medication(s) before calling Cadence Rx for assistance.

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

Prescription Drug ID Card		Pharmacy Information
 		<p>This form allows you to fill your initial prescriptions with a maximum cost of \$300 per medication and no more than a 14-day supply per prescription. Pharmacy, if you need assistance processing this claim, please call 1-888-813-0023.</p> <p>The pharmacy benefit card is only to be used for medications prescribed for your work-related injury. By using this card, you acknowledge and accept financial responsibility for any prescriptions billed under this card that are later found to be unrelated to your injury.</p> <ul style="list-style-type: none"> Member ID format: The ID must start with FF followed by the last 4 digits of social security number plus 8- digit Date of Injury (MMDDYYYY). Example: FF999901012018
Employee Name:		
Member ID Number*	*Refer to Member ID Format	
Date of Injury:		
Group Number:	KEENAN	
PCN Number:	CRX	
BIN Number:	021460	
<p>Card Created On: ____/____/____</p> <p>Card Valid for Date of Injury Only</p>		





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

Complete Written Employee Notification regarding Medical Provider Network
(Title 8, California Code of Regulations, Section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Harbor Health Systems.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

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

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by YOUR EMPLOYER to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the PRIME Advantage MPN Powered by Harbor Health Systems MPN with the identification number 2358. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: Harbor Health Systems MPN Contact
Title: MPN Contact
Address: P.O. Box 11779, Newport Beach, CA 92658-5041
Telephone Number: (888) 626-1737
Email address: MPNcontact@harcorsys.com

General information regarding the MPN can also be found at the following website: www.harborsys.com/Keenan

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access Assistant is:

Toll Free Telephone Number: (855) 521-7080
Fax Number: (703) 673-0181
Email Address: MPNMAA@harborsys.com

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.harborsys.com/Keenan. At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians in the MPN by going to the website at www.harborsys.com/Keenan.

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with an MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire State of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your

own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

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 your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN, or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

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

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 set forth in the box below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year 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 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, or the termination of contract date between the MPN and your doctor.

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 Transfer of Care policy, in English or Spanish, ask your MPN Contact.

• **What if I am being treated by a MPN doctor who decides to leave the MPN?**

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 treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician. These conditions are set forth in the, "***Can I Continue Being Treated By My Doctor?***" box above.

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 in the box 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, your employer's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of an MPN doctor treatment. 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 Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **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 the DWC's Information and Assistance office at 1-800-736-7401. You can also go to the DWC's website at 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 MPN Independent Medical Review process contact the Division of Workers' Compensation's 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.

