

OAK PARK UNIFIED SCHOOL DISTRICT
5801 East Conifer Street, Oak Park California 91377
Telephone: (818)-735-3254 Facsimile: (818) 889-9928 or (818) 865-8467

BUSINESS AND ADMINISTRATIVE SERVICES

TO: All Employees and Volunteers

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

DATE: April 30, 2019

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

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

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

For additional information, please review the enclosed pamphlet carefully. You may also contact Athens Medical Assistant directly by telephone at (844) 752-1142 or email AthensMAA@anthemwc.com.

If a work injury occurs:

- Quickly seek first aid
- Call 9-1-1 for help immediately if emergency medical care is needed
- Immediately report injuries to your supervisor

Pre-designation Of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (MD) or doctor of osteopathic medicine (D.O.) or medical group if: You have health care insurance for injuries/illness that are not work related, the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records; your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries; prior to the injury your doctor agrees to treat you for work injuries or illnesses; prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury/illness, and (2) your personal doctor's name and business address.

You may use this form, a form provided by your employer or provide all the information in writing to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury/illness and the above requirements are met.

Notice Of Pre-designation Of Personal Physician Employee: Complete this section

Employer: _____

If I have a work-related injury or illness, I choose to be treated by:

(Name of doctor) (MD, DO, or medical group) _____

(street address, city, state, zip) _____

(telephone number) _____

Employee Name (Please Print): _____

Employee's Address: _____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee Signature: _____

Date: _____

Note to Employee: Unless you agree in writing, neither your employer or Athens Administrators may contact your personal physician to confirm a pre-designation. If your physician does not sign this form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree, your employer or Athens Administrators may contact your personal physician to confirm this pre-designation, sign and date below:

Employee Signature: _____

Employee #: _____

Date: _____

Physician: I agree to this Pre-designation:

Signature: _____

(Physician or Designated Employee of the Physician)

Date: _____

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3), (Optional DWC Form 9783 July 1, 2014)

Notice of Personal Chiropractic or Personal Acupuncturist

If your employer or your employer's insurer does not have a Medical Provider Network (MPN), you may be able to change your treating physician to your personal chiropractor (D.C.) or acupuncturist (L.A.C.) following a work-related injury/illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal D.C. or L.A.C. in writing prior to the injury/illness. Athens Administrators generally has the right to select your treating physician within the first 30 days after your employer knows of your injury/illness. After your employer or Athens Administrators has initiated your treatment with another physician during this period, you may then, upon request, have your treatment transferred to your personal D.C. or L.A.C. You may use this form to notify your employer of your personal D.C. or L.A.C. or your employer may have their own form. The D.C. or L.A.C. must be your regular D.C. or L.A.C. who has directed your treatment and retains your chiropractic records and history. If your employer has an MPN, you may only switch to a D.C. or L.A.C. within the MPN. A chiropractor cannot be your treating physician after 24 visits. If you still require medical treatment thereafter, you will have to select a physician who is not a chiropractor. This prohibition shall not apply to visits for post-surgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

Name of chiropractor of acupuncturist (DC or LAC): _____

(street address, city, state, zip) _____

(telephone number) _____

Employee Name (Please Print): _____

Employee's Address: _____

Employee Signature: _____

Date: _____

Title 8, California Code of Regulations, section 9783.1
(Optional DWC Form 9783) Effective date July 1, 2014)

When a work injury occurs:

- Quickly seek first aid.
- Call 9-1-1 for help immediately if emergency medical care is needed.
- Immediately report injuries to your supervisor.

Athens Anthem MPN Information:

MPN Website: www.vitalcd.com/anthemcompass/KBATHENSIO00

MPN effective date: 05/01/2019

MPN ID: 2377

For help locating a MPN physician, call your MPN access assistant at:
(844) 752-1142

For MPN questions, call: (866) 482-3535
Or email lfarlander@athensmd.com

Information & Assistance Office:

1901 N. Rice Avenue, Suite 200,
Oxnard, CA 93030-7912
Tel: (805) 485-2533

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The Facts About Workers' Compensation



Athens Administrators
Post Office Box 696
Concord, CA 94522-0696

Phone: (866) 482-3535

What is workers' compensation? Its purpose is to insure that an employee who is found to sustain an industrial injury or illness will be provided with benefits to medically cure or relieve them from the effects of the injury/illness, provide temporary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an injury/illness, protection from discrimination by his/her employer because of the injury/illness.

Am I Covered? Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. Athens Administrators Risk Services Group (Athens Administrators) is your employer's claims administrator. Your employer or Athens Administrators can answer any questions you might have about coverage.

What Does Workers' Compensation Cover? If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or Athens Administrators if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

Duty Of The Employee. Immediately notify your employer or Athens Administrators so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to Athens Administrators. Athens Administrators is in charge of handling your claim and informing you about your eligibility for benefits.

Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to \$10,000 in treatment pending a decision by Athens Administrators for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided.

Duty of the Employer: Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to Athens Administrators Risk Services Group.

What are the benefits? You may be entitled to various kinds of benefits under California workers' compensation law including:

Medical Care: Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor.

State law limits certain medical services as of January 1, 2004. You should never receive a medical bill. If additional treatment is necessary, Athens Administrators will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to Athens Administrators so your benefits can be paid.

The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permanent impairment of bodily function(s) or the need for future medical care. Generally, your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or Athens Administrators. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician.

You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use.

If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

Temporary Disability Benefits: If you are not medically able to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary, see the "Other Benefits" section of this pamphlet for additional information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

Permanent Disability: If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law determines minimum and maximum amounts, and they vary by injury date.

If you are entitled to PD, Athens Administrators will send you a letter explaining how the benefit was calculated. If the injury causes PD, the first payment of PD benefits is made within 14 days after the last payment of TD, unless your employer has offered you a position that pays at least 85% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and, compensation paid to you on the date of injury, the PD would be paid after an Award Issues.

Supplemental Job Displacement Benefit (SJDB): If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits. If you qualify for the supplemental job displacement benefit, Athens Administrators will provide a voucher up to a maximum of \$6,000.

Death Benefits: If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

Discrimination: It is a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

Other Benefits: Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information.

You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured worker's whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: www.dir.ca.gov.

If You Still Have Questions... ask your supervisor or employer representative. Or contact Athens Administrators at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your work-place. You can also call 800-736-7401 or visit the DWC website at: <http://www.dir.ca.gov/dwc>.

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to \$150,000 and imprisonment up to five years.

WHAT IF I AM ALREADY BEING TREATED FOR A WORK-RELATED INJURY BEFORE VENTURA COUNTY SCHOOLS SELF-FUNDING AUTHORITY-ATHENS MPN BEGINS?

If your current treating doctor is or becomes a member of VCSSFA-ATHENS MPN, then you may continue to treat with this doctor and your treatment will be under VCSSFA-ATHENS MPN. If your current treating doctor **is not** or does not become a member of VCSSFA-ATHENS MPN, then you may be sent to a VCSSFA-ATHENS MPN doctor for treatment. If this occurs, you will be sent a letter and your doctor will also be notified.

You will not be transferred to a doctor in VCSSFA-ATHENS MPN if your injury or illness meets **any** of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed within 90 days;
- **(Serious)** Your injury or illness is one that is serious and persists over 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. This one year period starts from the date of your receipt of the notification of the determination that you have a serious chronic injury or illness.
- **(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.

If VCSSFA-ATHENS MPN 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 doctor shall provide the report to you within twenty (20) calendar days of your request. If your treating doctor fails to issue the report, then the determination made by Ventura County Schools Self-Funding Authority-ATHENS MPN shall apply.

If either VCSSFA-ATHENS MPN 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 one of the persons listed previously 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 them until the dispute is resolved.

If you wish to receive a complete copy of your employer's Transfer of Care Policy, you may call the designated MPN Contact Person.

WHAT IF I AM BEING TREATED BY A VCSSFA-ATHENS MPN DOCTOR AND THEY LEAVE THE MPN?

Your employer or insurer has a written Continuity of Care Policy that provides for a system that may allow you to complete your medical treatment when your treating doctor is no longer actively participating in Ventura County Schools Self-Funding Authority-ATHENS MPN.

If you are being treated for a work-related injury in Ventura County Schools Self-Funding Authority-ATHENS MPN and your doctor no longer has a contract with the MPN, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed within 90 days;
- **(Serious)** Your injury or illness is one that is serious and persists over 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 from the contract termination date, 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 contract's termination date.

If any of the above conditions exist, VCSSFA-ATHENS MPN may require your doctor to agree in writing to the same

terms they agreed to when they were a provider in Ventura County Schools Self-Funding Authority-ATHENS MPN Network.

If they do not, they may not be able to continue to treat you. If the contract with your doctor was terminated or not renewed by Ventura County Schools Self-Funding Authority-ATHENS MPN for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor.

If you wish to receive a complete copy of your employer's Transfer of Care Policy, you may call the designated MPN Contact Person.

WHAT IF I NEED HELP?

You may always contact the persons previously listed for more help or explanation about your medical treatment if you have a work-related injury or illness. Also, if you have concerns, complaints or questions regarding a specific MPN or the notification process or your medical treatment after a work-related injury or illness, you can contact:

**Information and Assistance Officer
at the Division of Workers' Compensation
1.800.736.7401**



For questions regarding your
Workers' Compensation Claim:

MAILING ADDRESS

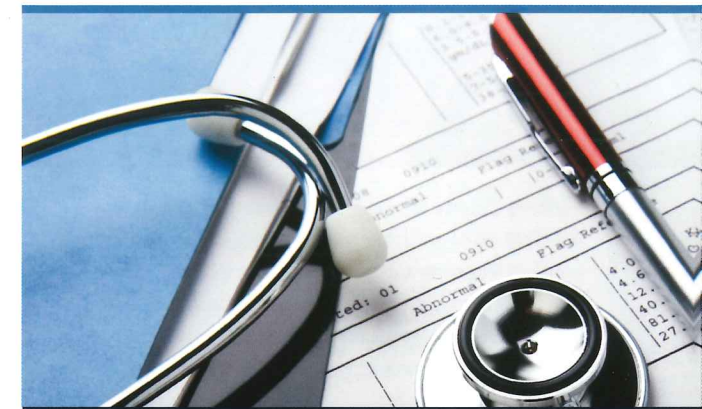
Post Office Box 696
Concord, CA 94522-0696

TOLL-FREE

866.482.3535

VISIT

www.athensadmin.com



**VENTURA COUNTY SCHOOLS SELF-FUNDING
AUTHORITY (VCSSFA) - ATHENS MPN**

CHOOSING MEDICAL CARE FOR WORK-RELATED INJURIES AND ILLNESSES



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 Anthem. This form gives you information about the MPN program and describes your rights in choosing medical care for work related injuries and illnesses.

WHAT IS AN MPN?

A Medical Provider Network (MPN) is an entity or group of providers that has been approved by the State of California Division of Workers' Compensation (DWC) to provide health care to workers who are injured on the job.

MPNs must meet the quality and service standards set by the Division of Workers' Compensation. They must have health care providers who understand the workers' compensation system and occupational health care.



Ventura County Schools Self-Funding Authority-ATHENS MPN will make sure that you have medical treatment available at reasonable times if you have a work-related injury or illness. All medical treatment will be in accordance with the medical standards approved by the DWC.

HOW DO I FIND OUT WHICH DOCTORS ARE IN MY MPN?

You may access the doctors in the network by visiting:

Website: <http://bit.ly/VCSSFAMPN>

MPN #: 2377

The insurance company has designated the following person to be the MPN contact for all employees. They will tell you how to review, receive or access the names of the doctors in your network.

Contact Title: Medical Access Assistant
Telephone: (844) 752-1142
Fax: (855) 279-2515
Email: AthensMAA@anthemwc.com

Your employer's workers' compensation representative have access to this listing in hard copy and online formats.

In addition, you may contact **VCSSFA - ATHENS MPN** if you have any questions, or cannot locate a copy of your MPN list of doctors:

ANTHEM WORKERS' COMPENSATIONSM
Telephone: (866) 482-3535

WHAT IF I GET INJURED AT WORK?

When you notify your employer or insurer that you have had a work-related injury, your employer or insurer will arrange an appointment with a doctor in VCSSFA-ATHENS MPN Network. After this first visit, you may continue to be treated by this doctor, or you may choose another doctor **from the MPN Network that treats your type of injury**, and you may continue to choose doctors within Ventura County Schools

Self-Funding Authority-ATHENS MPN Network for all of your medical care for this injury. If appropriate, you may also ask for a referral to a specialist. If you need help in choosing a doctor or seeing a specialist, or if you are having trouble getting an appointment with a MPN provider, you may contact one of the people previously listed.

VCSSFA-ATHENS MPN has at least **three (3)** physicians of each specialty expected to treat common injuries based on the type of occupation or industry in which you are engaged.

VCSSFA-ATHENS MPN has a primary treating physician and a hospital for emergency health services, or if separate from such hospital, a provider of all emergency health care services, within **thirty (30)** minutes or **fifteen (15)** miles of your residence or workplace.

VCSSFA-ATHENS MPN has providers of occupational health services and specialties within **sixty (60)** minutes or **thirty (30)** miles from your residence or workplace. For workers traveling within California but outside the MPN network, if non-emergency medical care is needed, call the MPN contact for a list of accessible providers or for authorization to go to a non-MPN provider if a MPN provider is not accessible.

If you require treatment in a rural area, alternative access standards shall apply. Under these standards, the MPN shall arrange or approve non-emergency medical care from physicians within or outside of the MPN. The MPN shall ensure the availability of three (3) such physicians, who shall be available to you for treatment, or for obtaining a second or third opinion if requested. The MPN shall ensure that all services shall be available and accessible at reasonable times to all covered employees.

The MPN shall arrange or approve non-emergency medical care from physicians outside of the MPN for:

- A.** covered employees authorized by the employer to temporarily work or travel for work outside the MPN geographic service area when the need for medical care arises;
- B.** former employees whose employer has ongoing workers' compensation obligations and who permanently reside outside the MPN geographic service area;
- C.** injured employees who decide to temporarily reside outside the MPN geographic service area during recovery.

The MPN shall ensure the availability of at least three (3) such physicians who have either been referred by the employee's primary care physician within the MPN or have been selected by the MPN, and who shall be available for treatment, or for obtaining a second or third opinion if requested by the injured worker. These referred physicians shall be located within the MPN access standards as found in this application.

For non-emergency services, the MPN shall ensure that an appointment for initial treatment is available within three (3) business days of the MPN's receipt of a request for treatment within the MPN. For non-emergency specialist services, the MPN shall ensure that an appointment is available within twenty (20) business days of the MPN's receipt of a referral to a specialist within the MPN.

If your primary care physician refers you to a type of specialist not included in the MPN, you may select a specialist from outside the MPN. Injured employees shall be able to receive emergency health care services from a medical service or hospital provider who is not a member of the MPN.

WHAT IF I DO NOT AGREE WITH MY DOCTOR?

If you do not agree with either the **diagnosis or treatment** prescribed by your doctor, you may ask for a second and third opinion from doctors within Ventura County Schools Self-Funding Authority-ATHENS MPN Network.

If you wish a **second opinion**, you must contact the person from your employer or insurer listed above and tell them you wish a second opinion. The contact person will make sure you have a list of MPN doctors to choose from. Then you may choose a doctor from Ventura County Schools Self-Funding Authority-ATHENS MPN Network and make an appointment **within 60 days**. You must tell the employer or contact person of your appointment date.

If you do not make an appointment within 60 days, you may no longer get a second opinion. If the second opinion doctor feels that your injury is outside of the scope of their practice, they will notify your employer or insurer, and you will get a new list of VCSSFA-ATHENS MPN doctors or specialists so you can make another selection.

If you get a second opinion, and still disagree with your doctor, you may ask for a third opinion.

If you wish a **third opinion**, you must contact the person from your employer or insurer listed above and tell them you wish

a third opinion. They will make sure you have a list of MPN doctors to choose from. Then you may choose a doctor from Ventura County Schools Self-Funding Authority-ATHENS MPN Network and make an appointment within 60 days. You must tell the person listed above of your appointment date.

If you do not make an appointment within 60 days, you may no longer get a third opinion. If the third opinion doctor feels that your injury is outside of the scope of their practice, they will notify your employer or insurer and you will get a new list of VCSSFA-ATHENS MPN doctors or specialists so you can make another selection.

A copy of the written report from a second or third treating physician shall be provided to you, your treating doctor, and the contact person, within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later. If you get a third opinion, and still disagree with your doctor, you may ask for an **Independent Medical Review (IMR)**. Your employer or insurer contact person will give you information about requesting an Independent Medical Review and a form at the time you request a third opinion.

As long as your second opinion, third opinion or Independent Medical Reviewer agrees with the treating doctor, you will continue to receive your medical treatment with doctors in Ventura County Schools Self-Funding Authority-ATHENS MPN network. If the Independent Medical Reviewer does not agree with your treating doctor, you may seek that medical treatment from either inside or outside VCSSFA-ATHENS MPN. If you receive treatment outside the MPN, it can only be for the treatment or diagnostic service recommended by the Independent Medical Reviewer.

Once this treatment is completed, you will receive all other treatment with a doctor of your choice within the MPN Network.



Oak Park USD has partnered with myMatrixx, a leading pharmacy benefit manager, to make filling your workers' compensation prescription(s) easy and at no cost to you.

Employee:

1. If you need a prescription filled for a work-related injury or illness, go to a participating pharmacy.
2. Give this form to the pharmacist.
3. The pharmacist will fill your prescription at no cost to you.

This is for a one-time prescription fill. If your workers' compensation claim is accepted, a permanent card will be mailed to you in the next 3-5 business days. Questions? Please call myMatrixx: **877-804-4900**.

Pharmacist:

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

For questions or rejections, please call **(877) 804-4900**. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

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



CUSTOMER SERVICE:
(877) 804-4900

Employer:

Please fill out the information in the First Fill Prescription Card and provide the employee with this form to take to any pharmacy.



First Fill Prescription Card

Employee Name: _____
 Employer: _____
 Rx BIN: **014211**
 Processor: **myMatrixx**
 Group #: **10602901**
 Member ID (SSN): _____

Supply is limited to 30 days for a new injury.



Most pharmacies and all major chains are included in our network. If you need assistance locating a participating pharmacy near you, please call myMatrixx toll free at **(877) 804-4900**.

Examples of participating pharmacy chains (not a complete list)

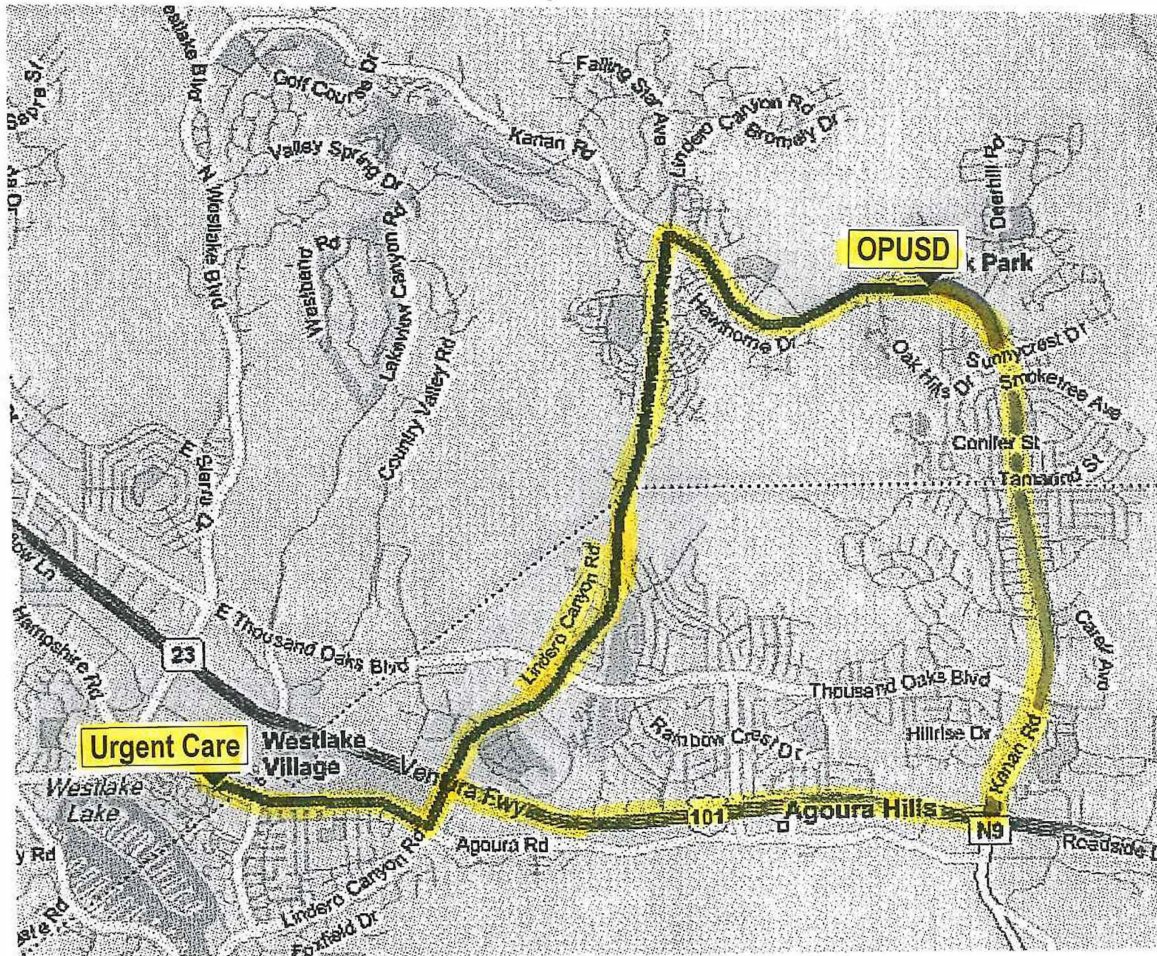
Albertson's	Fred Meyer	Hy-Vee	Lifecek Drug	Price Chopper	Schnuck's	Tops Pharmacy
BJ's Pharmacy	Fred's	Ingles	Long's Drug	Price Cutter	Shopko	USA Drug
Costco	Fry's Pharmacy	Kaiser Permanente	Medicap	Publix	ShopRite	U-Save
Cub Pharmacy	Genovese	Kerr Drug	Medicine Shoppe	Raley's	Smith's	Vons
CVS Health	Giant Eagle	King Soopers	Meijer	Randall's	Snyders Drugs	Walgreens
Dominick's	Hannaford Foods	Kinney Drugs	Navarro Discount	Reasor's	Stop & Shop	Walmart
Drug Emporium	Happy Harry's	Kmart	Neighbor Care	Rite Aid	Super D	Wegmans
Duane Reade	Harris Teeter	Kroger	Oscor	Safeway	Super Rx	Weis Pharmacy
Eagle Pharmacy	H.E.B.	Leader Drug	Pathmark	Sam's Club	Target	Winn Dixie
Eaton Apothecary	Homeland	Lewis Pharmacy	Piggly Wiggly	Sav-On	Tom Thumb	Yokes

**OAK PARK UNIFIED SCHOOL DISTRICT
WORK INJURY/ILLNESS TREATMENT CENTER**

WESTLAKE VILLAGE URGENT CARE, OCCUPATIONAL,
AND FAMILY MEDICAL CLINIC

1220 La Venta Drive, Westlake Village, CA 91361

Telephone: (818) 874-0900 or (805) 379-9125



**WORKERS' COMPENSATION CLAIMS ADMINISTRATOR
ATHENS ADMINISTRATORS**

P.O. Box 696, CONCORD, CA 94522-0696

Telephone: (866) 482-3535

After a work related injury or illness occurs, a representative from Anthens will contact the injured/ill employee. The representative will explain the workers' compensation benefits, schedule appointments for doctor's visits, therapy, etc., and assist the employee through the workers' compensation process.

OAK PARK UNIFIED SCHOOL DISTRICT

PRE-DESIGNATION OF PERSONAL PHYSICIAN

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

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

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

NOTICE OF PRE-DESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section

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

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

(telephone number)

Employee Name (please print): _____

Employee's Address:

Employee's Signature _____ Date: _____

Physician: I agree to this Pre-Designation:

Signature: _____ Date: _____

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

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

Employee must return completed and signed form to the Business Office