

WORKERS' COMPENSATION PROGRAM FOR APPROVED VOLUNTEERS

MiraCosta Community College District is required to provide and pay for medical care if you become injured while engaged in the performance of any volunteer service under California Labor Code 3364.5. The District is a member of the San Diego and Imperial County Schools Joint Powers Authority Workers' Compensation Program which is administered by Athens Administration. This program provides medical care for workrelated injuries and illnesses by using a Workers' Compensation physician network called a Medical Provider Network (MPN).

The following notification will give you information on this MPN program and describe your rights in choosing medical care. You may designate a personal treating physician in the event you are injured on the

x Date, Time, Location and Nature of Injury

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

ADDITIONAL INFORMATION REGARDING YOUR RIGHTS UNDER THE CALIFORNIA MPN

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

VOLUNTEER INFORMATION ON THE INDEPENDENT MEDICAL REVIEW PROCESS

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

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

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

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

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

You, the MPN Contact, or the selected IMR can object within 10 calendar days of receipt of the name of the IMR to the selection if there is a conflict of interest as defined by section 9768.2. If the IMR determines that they do not practice the appropriate specialty, the IMR shall withdraw within 10 calendar days of receipt of the notification of selection. Merit A calsj(.)-1 (s)5. (j)(e)-2.8 (c)-2

section 4600. Except for the person examination itself, the independent medical reviewer shall have no ex parte contact with any party. Except for matters dealing with scheduling appointments, scheduling medical testing and medical records, all communications between the independent medical reviewer and any party shall be in writing with copies served on all parties.

If the IMR requires further tests, the IMR shall notify the MPN Contact within one working day of t

VOLUNTEER ACKNOWLEDGEMENT OF THE
MEDICAL PROVIDER NETWORK

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

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

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

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

Volunteer Name (Please Print)

MiraCosta Community College District
Employer

Volunteer Signature

Date

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

VOLUNTEER PRE-DESIGNATION FORM

Your employer or their insurer has chosen to provide high quality and timely care for work-related injuries and illnesses using a Medical Provider Network administered by Athens Administration. As a participating employee in the Medical Provider Network (MPN), you may seek emergency treatment for a work-related injury or illness from the nearest emergency facility. For emergency treatment, you will be directed to an occupational medicine or urgent care facility for your first appointment, after which you have the right to choose an MPN physician to provide your care. In many cases, your personal physician may be an MPN provider.

You may also have the right to designate your personal treating physician in the event you are injured on the job. If you choose to designate your personal treating physician to provide your care for work-related injuries or illness, you must inform your employer in writing before you are injured. Your designated physician must be your personal medical doctor, who has treated you prior to your injury, who has your medical records, and who agrees to treat you for any work injuries that may occur. Any treatment provided by a pre-designated physician is still subject to prior authorization and reasonably necessary utilization review as provided required California law (Labor Code § 4600(d)).

If you choose to designate your own physician, you should do so in the space below. You do not need to complete this form to participate in your employer or insurer-sponsored Medical Provider Network.