

# Employee Information Packet for Injured Workers



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# DIVISION OF WORKERS' COMPENSATION

FACTSHEET

## What is workers' compensation?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from doing the same motion over and over, losing your hearing because of constant loud noise.

## What are the benefits?

- **Medical care:** Paid for by your employer, to help you recover from an injury or illness caused by work.
- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering.
- **Permanent disability benefits:** Payments if you don't recover completely.
- **Supplemental job displacement benefits** (if your date of injury is in 2004 or later): Vouchers to help pay for retraining or skill enhancement if you don't recover completely and don't return to work for your employer.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness.

## What should I do if I have a job injury?

### Report the injury to your employer

Tell your supervisor right away. If your injury or illness developed gradually (like tendinitis or hearing loss), report it as soon as you learn or believe it was caused by your job.



Photos by Robert Gumpoert

*Minimizing the impact of work-related injuries and illnesses*



*Helping resolve disputes over workers' compensation benefits*



*Monitoring the administration of claims*

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### **Get emergency treatment if needed**

If it's a medical emergency, go to an emergency room right away. Your employer may tell you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job-related.

### **Fill out a claim form and give it to your employer**

Your employer must give or mail you a claim form (DWC 1) within one working day after learning about your injury or illness. Use it to request workers' compensation benefits.

### **Get good medical care**

Get good medical care to help you recover. You should be treated by a doctor who understands your particular type of injury or illness. Tell the doctor about your symptoms and the events at work that you believe caused them. Also describe your job and your work environment.

### **I'm afraid I might be fired because of my injury. Can my employer fire me?**

It's illegal for your employer to punish or fire you for having a job injury, or for filing a workers' compensation claim when you believe your injury was caused by your job.

If you feel your job is threatened, find someone who can help. Note that there are deadlines for taking action to protect your rights.

The California Division of Workers' Compensation (DWC) is the state agency that oversees the delivery of benefits for injured workers and helps resolve disputes over benefits between injured workers and employers.

DWC information and assistance (I & A) officers can help you navigate the workers' compensation system, and can provide claim forms or other forms you need to receive benefits.

*The FREE publication, "A Guidebook for Injured Workers," can be downloaded from [www.dwc.ca.gov](http://www.dwc.ca.gov).*



*Call 1-800-736-7401 to hear recorded information on a variety of workers' compensation topics 24 hours a day, or go on line to [www.dwc.ca.gov](http://www.dwc.ca.gov) to find the I & A office near you.*

*Please visit the  
**DIVISION OF WORKERS' COMPENSATION**  
Web site at: [www.dwc.ca.gov](http://www.dwc.ca.gov)  
or call 1-800-736-7401*

Republic Indemnity Company ("Republic Indemnity")

## Covered Employee Notification of Rights

Republic Indemnity Company Medical Provider Network ("MPN")

[www.republicmpn.com](http://www.republicmpn.com)

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

### You Are Important To Us

Keeping you well and fully employed is important to us. It is your employer's goal to provide you employment in a safe working environment. However, should you become injured or ill as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as possible. In compliance with California law, we provide workers' compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the MPN, please contact Republic Indemnity at 800-821-4520.

### Republic Indemnity Medical Provider Network "MPN"

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 Republic Indemnity Company. 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 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 **Republic Indemnity Company MPN** with the identification numbers **2005** and **2006**. 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.

MPN Contact Toll Free # 877-854-3353.

General information regarding the MPN can also be found at the following website: [www.republicmpn.com](http://www.republicmpn.com).

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

The MPN 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, excluding Sundays and holidays, from 7am-8pm (Pacific) and schedule medical appointments during the doctor's normal business hours. Assistance is available in English and in Spanish.

#### Medical Access Assistant (MAA)

Toll Free Number: 888-545-3795

Email: [mpninfo@netbyd.com](mailto:mpninfo@netbyd.com)

Fax: 209-879-9387

### 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.republicmpn.com](http://www.republicmpn.com). 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 and a roster of all participating providers in the MPN by going to the website at: [www.republicmpn.com](http://www.republicmpn.com).

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

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 primary treating physician for a referral to a specialist. Some specialists will only accept appointments with a referral from the primary treating physician. Such specialists 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 three primary treating physicians and a hospital or an emergency healthcare facility 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 or if there are no MPN providers available within 30 miles of your residence or workplace location, you will be allowed to obtain services from a provider outside of the MPN, within a reasonable geographic area.

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 initial appointment with the specialist must be provided to you within 20 business days of your request. If the appointment with the specialist cannot be scheduled within 10 business days of your request, you may be allowed to obtain treatment with an appropriate specialist outside of the MPN.

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

## ***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 or your claims adjuster of your appointment date, and the MPN will send the doctor a copy of your medical records. You may also 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 the 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 the MPN Contact or your claims adjuster 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 (MPN IMR). The MPN Contact will give you information on requesting an MPN Independent Medical Review

(MPN IMR) and will complete the “MPN Contact section” of an MPN application form for you at the time you select a third-opinion physician.

If either the second or third-opinion doctor or MPN 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 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 an 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 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 its claims administrator 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 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 may 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 any questions regarding your rights and responsibilities under the California workers’ compensation law, you can call the DWC’s Information and Assistance (I&A) Unit at 1-800-736-7401 for a recorded message or access its webpage <https://www.dir.ca.gov/dwc/landA.html> to locate the contact information of your nearest local I&A office for assistance. You can also go to the DWC’s website at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) and click on “medical provider networks” for more information about MPNs.
- **MPN 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**

## To the Injured Worker:

On your first visit, please give this form to any pharmacy listed on the back side to speed processing of your approved work-related injury prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the MyMatrixx Patient Care Contact Center at 800.945.5951.

### Atencion Trabajador Lesionado:

En su primera visita, entregue este formulario a cualquier farmacia que se encuentre en el reverso del boleto para acelerar el procesamiento de sus recetas aprobadas para lesiones relacionadas con el trabajo (según las reglas establecidas por su empleador).

¿Tiene preguntas o necesita ayuda para localizar una farmacia participante? Llame al centro de contacto para pacientes de MyMatrixx al 800.945.5951.

### Temporary Prescription Card

ID#: \_\_\_\_\_

Your SSN is your temporary ID.

RxBIN#: 003858

PCN: WC

RxGroup #: ESR3050

Date of Injury: \_\_\_\_\_

MM/DD/YYYY

**For Workers' Compensation Only**

## Employee Information

Full Name \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer Name \_\_\_\_\_



## To the Pharmacist:

MyMatrixx administers this Workers' Compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of \$150. This form is valid for up to 14 days from date of injury (DOI). Limitations may vary.

For assistance, please call MyMatrixx at 888.786.9640.

### Processing Steps:

1. Enter RxBin 003858
2. Enter PCN WC
3. Enter Rx Group Number ESR3050
4. Enter 9-digit member ID (Patient SSN)
5. Enter Date of Injury

Visit [www.MyMatrixx.com](http://www.MyMatrixx.com) to locate a participating pharmacy near you!

AHF PHARMACY  
AHOLD CORPORATION  
ALBERTSONS  
ALIGNRX LLC  
AMERITA INC  
AURORA PHARMACY INC  
BIG Y FOODS INC  
BI-LO HOLDINGS LLC  
BROOKS/MAXI DRUG  
BROOKSHIRE BROTHERS LTD  
BROOKSHIRE GROCERY CO  
CARDINAL HEALTH  
CHEN NEIGHBORHOOD MEDICAL CENT  
COBORN'S INC.  
COSTCO WHOLESALE, INC  
CVS CORP  
DEDICATED US HOLDINGS LLC  
DISCOUNT DRUG MART  
ECKERD  
EPIC PHARMACY NETWORK  
ESSENTIA HEALTH  
EXPRESS RX  
FAIRVIEW PHARMACY SVCS  
FAMILY FARE, LLC

FOOD LION PHARMACY  
FRUTH PHARMACY  
GENOA HEALTHCARE LLC  
GIANT EAGLE PHARMACY  
GUARDIAN PHARMACY LLC  
HAC INC  
HANNAFORD BROS. CO.  
HARPS FOOD STORES INC  
HARTIG DRUG  
HEALTH MART ATLAS LLC  
H-E-B LP  
HENRY FORD HEALTH SYSTEM  
HOMETOWN PHARMCY INC  
HY-VEE FOOD STORES INC  
INGLES MARKETS  
INSTYMEDS CORP  
KPH HEALTHCARE SERVICES  
KROGER  
KS PHARM LLC  
K-VA-T FOOD STORES INC  
LEWIS DRUGS INC  
LONGS DRUG STORE  
MARC GLASSMAN INC  
MEDICAP PHARMACY, INC.  
MEDICINE SHOPPE  
MEIJER PHARMACY

MERCY PHARMACY SERVICES  
NCS HEALTHCARE  
NEIGHBORCARE PHARMACY  
OSBORN DRUGS INC  
PATIENT FIRST  
PHARMEDQUEST PHARMACY  
PHARMERICA, INC  
PMR US HOLDINGS  
PRESBYTERIAN MEDICAL  
PRESCRIBEIT RX  
PRICE CHOPPER PHARMACY  
PUBLIX SUPER MARKETS, INC  
RALEY'S  
RECEPT PHARMACY LP  
RITE AID CORPORATION  
SAFEWAY, INC.  
SAM'S CLUB  
SUPERVALU PHARMACIES, INC.  
TARGET  
THRIFTY WHITE STORES  
TOPS MARKETS LLC  
UNITED SUPERMARKETS INC  
WALGREENS  
WAL-MART  
WEGMANS FOOD MARKETS,  
WEIS MARKETS INC

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Visit [www.MyMatrixx.com](http://www.MyMatrixx.com) to locate a participating pharmacy near you!



## AUTHORIZATION FOR INDUSTRIAL MEDICAL, SURGICAL OR HOSPITAL AID

Employer:	Policy No.:
Date of Injury:	By:
To:	, M.D.
Address:	
Please render necessary medical service to: and immediately forward "DOCTOR'S FIRST REPORT OF WORK INJURY," together with this authorization, to the appropriate servicing office.	

### For Claims service, contact:

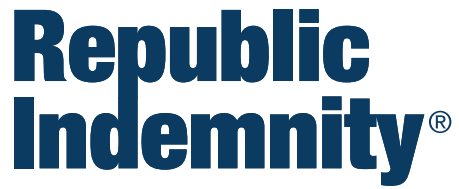
**Mailing Address:** Republic Indemnity, P.O. Box 4275, Woodland Hills, California 91365-4275

**Phone:** 800-821-4520, option 1

**Fax:** 818-789-7286

**Email:** riclaims@ri-net.com

Third Party Administrators:	
<b>Alaska – Northern Adjusters, Inc.</b> 1401 Rudakof Circle Anchorage, Alaska 99508 Phone (907) 868-3999 · Fax (907) 868-3866	<b>New Mexico - The Integrion Group</b> 5201 Balloon Fiesta Pkwy Albuquerque, New Mexico 87113 Phone (505) 293-6600 · Fax (505) 293-6400
<b>Arizona and Colorado – The Integration Group</b> P.O. Box 27815 Albuquerque, New Mexico 87125 Phone (480) 653-9130 · Fax (505) 293-6400	<b>Oregon – Intermountain Claims, Inc.</b> P.O. Box 23547 Portland, Oregon 97281-3547 Phone (503) 626-6966 · Fax (503) 626-7105
<b>Idaho – Intermountain Claims, Inc.</b> P.O. Box 4367 Boise, Idaho 83711 Phone (208) 323-7571 · Fax (208) 375-8905	<b>Texas – Anchor Claims Management</b> P.O. Box 819045 Dallas, Texas 75381-9045 Phone (800) 275-3193 · Fax (800) 275-3194
<b>Montana – Intermountain Claims, Inc.</b> P.O. Box 4546 Missoula, Montana 59806-4546 Phone 406-542-8869 – Fax 406-542-8870	<b>Utah – Intermountain Claims, Inc.</b> 1543 East 3300 South Salt Lake City, Utah 84106 Phone (801) 466-7993 · Fax (801) 466-1749
<b>Nevada - Alternative Solutions, Inc.</b> 9506 W. Flamingo Road Suite 102 Las Vegas, Nevada 89147 Phone (702) 796-1333 · Fax (702) 796-1330	



get a *clear way* forward®

### For Claims service, contact:



**Phone**

800-821-4520, option 1



**Email**

[RIClaims@ri-net.com](mailto:RIClaims@ri-net.com)

