

City & County of San Francisco

**New Employee's Guide to Workers' Compensation –
Facts About Workers' Compensation**



**Provided by the Department of Human Resources
Workers' Compensation Division**

October 2010

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What is workers' compensation?

Under California law, all employers in the State of California must provide workers' compensation benefits to employees who have suffered a work related injury or illness. Those benefits include both medical care and lost wages through a no fault system and at no cost to the injured or ill worker.

What kinds of injuries or illnesses are covered by workers' compensation?

Injuries or illnesses that arise out of and in the course of (due to) employment are covered under workers' compensation. Those injuries could be a single event (having an automobile accident, slipping and falling, etc.) that causes an injury. Another type of injury is one that occurs over a period of time such as losing hearing due to constant exposure to loud noises. Illnesses such as pneumonia in safety officers are covered.

There are injuries that may not be covered such as those that result from voluntary work, off-duty recreational, social or athletic activities (such as playing softball with co-workers on your department's team).

How do I report a work-related accident or injury?

An injury or illness should be reported immediately to your supervisor (or manager in the supervisor's absence). The supervisor will provide you with a DWC-1 "Workers' Compensation Claim Form" and Notice of Potential Eligibility found on the back of the DWC-1. You should complete the DWC-1 by describing your injury or illness including the date, place and description of how the injury occurred. Your supervisor or manager will provide you with a copy of the completed copy of the DWC-1 form.

If you delay reporting your injury or delay completing the DWC-1, your entitlement to workers' compensation benefits may be delayed or even jeopardized. If your employer does not learn about your injury within 30 days, you could lose your right to receive workers' compensation benefits.

Workers' Compensation Claims Administration

The City and County of San Francisco is self-insured for workers' compensation which means that all money to pay claims comes directly from the City and not an insurance company. A majority of the City's workers' compensation claims are handled by City employees working in the Workers' Compensation Division of the Department of Human Resources. The balance of claims is handled by Intercare Holdings Insurance Services. Their address is: P.O. Box 579, Roseville, CA 95661 and their telephone number is (800)771-5454.



A full listing of department workers' compensation claims assignments can be found at:
<http://www.sfdhr.org/index.aspx?page=75> OR Home » Employees » Workers' Compensation
» WCD Supervisors/Adjusters & CAs Work Assignments

Medical Benefits

All reasonable and necessary medical care for your work injury will be paid for by the City for your workers' compensation claim. Medical benefits may include treatment by a doctor, hospital, or physical therapist, and lab tests, x-rays and medication. All medical costs are paid directly to the medical provider and no co-payments are required. If you do incur a workers' compensation injury or illness, you should immediately notify your claims adjuster if your medical provider attempts to bill you for treatment.

Authorization for medical treatment is required within one working day after an employee files a claim form (DWC-1).

Temporary Disability Benefits

If you are disabled and unable to work due to your work-related injury/illness for more than 3 calendar days, temporary disability benefits will partially replace your lost wages. The first 3 calendar days are not paid unless you are disabled more than 14 days, or are hospitalized. Temporary disability pays two-thirds of your average weekly wage, subject to minimum and maximum amounts set by State law. Temporary disability payments begin when your doctor says you can't do your usual work or available modified work. The payments must be made every two weeks.

Generally, temporary disability stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.

If you were injured after April 19, 2004, your temporary disability payments may be terminated by limitations established the California Labor Code. The City and County of San Francisco provides salary continuation in the form of Disability Pay (DP) in lieu of temporary disability payments sworn personnel in the Police and Fire Departments. In addition, select job classifications in the Sheriff's Department, Juvenile Probation Department and Adult Probation Department are entitled to Labor Code Section 4850 benefits. Such benefits entitle the injured worker to a leave of absence while disabled without loss of salary in lieu of temporary disability payments. Please contact your Department Personnel Officer or Return-to-Work staff with any questions you have relating to your entitlement to salary continuation or Labor Code Section 4850 benefits.



Permanent Disability Benefits

Your examining physician will report on any permanent impairment that may be considered a permanent disability once your injury/illness has reached maximum medical improvement. Under State workers' compensation law, a permanent disability rating involves a specialized formula. This formula considers your age, occupation, type of injury/illness, diminished future earning capacity, and the permanent impairment caused by your work-related injury/illness. Generally, permanent disability payments are issued every two weeks in an amount established by State law and paid over a fixed number of weeks until the total amount has been paid.

Supplemental Job Displacement

If your work-related injury/illness precludes you from returning to work within 30 days after the last payment of temporary disability, and your employer does not offer a modified or alternate work, a nontransferable voucher for education-related costs is payable job to a State-approved school. The supplemental job displacement benefit is for injuries/illnesses occurring on or after January 1, 2004 and can be up to \$10,000 depending on the level of the permanent disability.

This chart provides the benefit range:

Per permanent partial disability of less than 15 percent = \$4,000 voucher
Per permanent partial disability between 15 and 25 percent = \$6,000 voucher
Per permanent partial disability between 26 and 49 percent = \$8,000 voucher
Per permanent partial disability between 50 and 99 percent = \$10,000 voucher



Additional Information Available

More information about workers' compensation can be found at the following State of California website: <http://dir.ca.gov/dwc> or by calling the Division of Workers' Compensation Information and Assistance Unit (see page 11).

Workers' Compensation and Non-Discrimination

It is illegal for your employer to discriminate against you in any way because you filed a workers' compensation claim, intend to file a workers' compensation claim, settle a claim, testify or intend to testify for an injured worker. If it is found that your employer discriminated against you, your employer may be ordered to reinstate your job, reinstate your lost wages and employment benefits, and pay increased workers' compensation benefits up to a maximum established under law.

Death Benefits

If the work-related injury/illness causes death, payments may be made to your dependents. The amount of death benefits is set by State law and depends on the number of dependents and whether they were partially or totally dependent on you. Such payments are made at the same rate as temporary disability, but payments will not be less than \$224 per week. A burial allowance is also provided.

What if benefits are denied?

You have the right to disagree with any decision affecting your claim. Call your claims administrator to see if you can resolve any disagreement. For free assistance, you can contact the DWC Information and Assistance Unit (see contact list on page 12). The DWC Information and Assistance Unit provides continuing information on rights, benefits, and obligations under California workers' compensation laws. They can assist in the resolution of misunderstandings and disputes without formal proceedings and help ensure that full and timely benefits are furnished.



Primary Treating Physician

Your primary treating physician (PTP) is the doctor with the overall responsibility for treatment of your work-related injury/illness and for coordinating care with other providers. The PTP recommends the type of medical care you need and whether a referral to a specialist is needed. Your PTP is also responsible for determining when you can return to work, helping identify the work you can do safely while you recover, and writing medical reports that will affect the benefits you receive. It is important your PTP provides well documented treatment requests so there is no delay in the utilization review (UR) process. The UR process involves doctors and other health consultants reviewing your medical treatment needs by following medical treatment guidelines approved by the DWC. There are time limits to approve, modify, delay, or deny treatment requests from your physician.

How do I access medical care for my work injury or illness?

If you have a work-related injury/illness, contact your supervisor immediately. Your supervisor or department workers' compensation coordinator will, if you have not pre-designated a personal physician (see pre-designating a personal physician section), refer you to an Occupational Health Clinic. In addition, the City has elected to provide to you a broad range of medical services which you may choose to treat for work-related injuries/illnesses. That panel of medical providers is referred to as a Medical Provider Network (MPN). You can access the City's MPN to choose an initial or ongoing treatment provider by logging onto the County's MPN website at: [http:// www.intermedccs.com/CCSFMPN](http://www.intermedccs.com/CCSFMPN)

How do I pre-designate a personal physician?

Before you sustain an injury/illness, you can pre-designate a doctor or a multi-specialty medical group that provides comprehensive medical services predominantly for non-occupational illnesses/injuries. To pre-designate, you must give your employer the name and address of your physician or your physician's multi-specialty group in writing before you are injured or become ill due to work (see form pages 9 and 10). Your pre-designated physician can treat you from the date of your injury/illness. Your pre-designated physician must meet all the following requirements:

- Must be your regular physician
- Must be your primary care physician in your physician's integrated multispecialty group
- Must be licensed per the Business and Professions Code
- Must have previously provided your treatment
- Retains your medical records and medical history
- Agreed to by your pre-designated physician

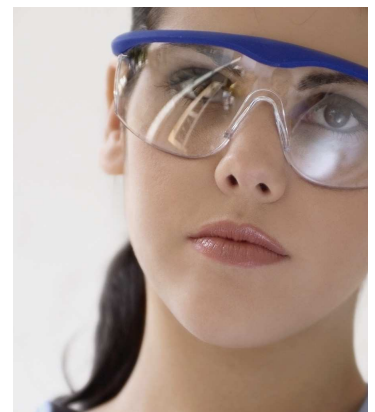
Please note that State law requires that the "Notice of Personal Chiropractor or Personal Acupuncturist" be included with this guide; however, because the City and County of San Francisco does have a Medical Provider Network for injured workers, employees cannot pre-designate a chiropractor or acupuncturist. This form is on page 11.

Returning to Work

You should take an active role in returning to work as soon as possible by communicating with your treating doctor, claims adjuster or examiner, and department about the kind of work you can do while recovering from your injury/illness. The City and County of San Francisco's Temporary Transitional Work Program promotes the provision of temporary, modified or alternative positions for injured workers recovering from work related injuries/illnesses. Such positions are made available by your department or another department in order to ensure your safe (within the restrictions established by your doctor) and speedy return to work. Research has found that injured workers who return to the job as soon as medically possible have the best outcomes both physically and mentally.

Working Safely on the Job

The City and County of San Francisco strives to ensure a safe and healthful work environment for all its employees, clients, and visitors. This requires every employee to take an active role in ensuring their personal safety and the safety of others. Observe all safety rules, procedures and guidelines. Always use personal protective equipment where required. It is important to immediately report any unsafe conditions, hazards, accidents, and near-misses



to your supervisor. Slip, trip and fall hazards, for example, can usually be easily corrected once reported. Emergency exits and stairways should be maintained free from obstructions to ensure immediate exit in case of emergency. The City depends on you to do your part in providing a safe and healthful environment for everyone.

Information regarding workplace safety can be found at the Department of Human Resources website at <http://www.sfdhr.org>

Workers' Compensation Fraud

It is a felony to file a false or fraudulent statement or to submit a false report or any other false document for the purpose of obtaining or denying workers compensation benefits. In addition, injured workers are required to report to their employer or claims administrator money they earned for work performed during periods they received temporary disability benefits (including Disability Pay or Labor Code 4850 benefits). Failure to follow this requirement may be a violation of the law. Workers' compensation fraud is a serious offense, and if convicted, a person can face up to five years in prison and/or a fine of up to \$150,000 or double the value of the fraud.

The vast majority of workers' compensation claims are legitimate. Most injured workers want nothing more than appropriate medical treatment and compensation for lost wages until they can return to work. Workers' compensation fraud, in its many forms, undermines the perceived legitimacy of the workers' compensation system and creates an unwarranted drain on scarce tax dollars. It is vital for the County to aggressively detect, prosecute, and deter fraud in order to protect precious tax dollars. You can report suspected workers' compensation fraud by contacting the Workers' Compensation Division of the Department of Human Resources, Special Investigation Unit at (415) 701-5845. All information provided to the Special Investigations Unit will be maintained in the strictest confidence.

Additionally, you may also contact the City and County of San Francisco's Ethics Commission at www.sfethics.org. They deal with the reporting of most types of wrongdoing by City employees including workers' compensation fraud, although with workers' compensation fraud, they do not do the investigation. They are a referring agency only and refer the matter on to the Workers' Compensation Division of the Human Resources Department.

The California Department of Insurance works with the local District Attorney's Office in the investigation and prosecution of workers' compensation fraud. They can be contacted at their fraud hotline telephone number of (800) 927-4357.



Predesignation 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.) or doctor of osteopathic medicine (D.O.) 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;
- 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.
- Your 'personal physician' includes a medical group, if the medical group 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 with all other parameters that must apply.

You may use this form to notify your employer if you wish to have your personal medical doctor or doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met. Please send this notice directly to Intercare at the address below, a copy to your department personnel office and keep a copy for your records.



NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete the section below.

To: _____ (Name of Your Employer)

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

Name of Doctor (M.D. or D.O.): _____

Street Address, City, State, & Zip: _____

Telephone No.: (_____) _____

Fax No.: _____

Employee Name: (First M. Last – Please Print) _____

Please Circle: Male Female

Employee ID Number: _____

Employee's Home Address: _____

Employee's Signature _____

Phone No.: (____)-_____ Date: _____

Physician: I agree to this Pre-designation:

Signature: _____

Date: _____

(Physician or Designated Employee of the Physician)

The physician is not required to sign this form; however, if the physician or designated employee of the physician 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).

DWC FORM 9783 (November 14, 2008)

Return Original Form to:

INTERCARE

PO BOX 579

ROSEVILLE, CA 95661

Attn: Danielle Buri or Meagan Transue

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

IF YOUR EMPLOYER OR YOUR EMPLOYER'S INSURER DOES NOT HAVE A Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work –related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 after your employer know of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to you personal chiropractor or acupuncturist.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(Name of chiropractor or acupuncturist)

(Street address, city, state, zip code)

(Telephone number)

Employee Name (please print)

Employee's address:

Employee's Signature _____ Date: _____

Division of Workers' Compensation Information and Assistance Unit

Anaheim

1065 N. Pacific Center Dr.
Anaheim, CA 92801-1162
(714) 414-1801

Bakersfield

1800 30th Street, Suite 100
Bakersfield, CA 93301-1929
(661) 395-2514

Eureka

100 "H" Street, Room 202
Eureka, CA 95501-0481
(707) 441-5723

Fresno

2550 Mariposa Mall, Room 4078
Fresno, CA 93721-2219
(559) 445-5355

Goleta

6755 Hollister Avenue, Room 100
Goleta, CA 93117-5551
(805) 968-4158

Long Beach

300 Ocean Gate Street, Suite 200
Long Beach, CA 90802-4304
(562) 590-5240

Los Angeles

320 W. 4th Street, 9th floor
Los Angeles, CA 90013-2329
(213) 576-7389

Marina del Rey

4720 Lincoln Blvd
Marina del Rey, CA 90292-6902
(310) 482-3820

Oakland

1515 Clay Street, 6th Fl.
Oakland, CA 94612
(510) 622-2861

Oxnard

2220 E. Gonzales Road, Suite 100
Oxnard, CA 93030-8293
(805) 485-3528

Pomona

732 Corporate Center Drive
Pomona, CA 91768-2653
(909) 623-8568

Redding

2115 Civic Center Drive, Room 15
Redding, CA 96001-2796
(530) 225-2047

Riverside

3737 Main Street, Room 300
Riverside, CA 92501-3337
(951) 782-4347

Sacramento

160 Promenade Circle, Suite 300
Sacramento, CA 95834
(916) 928-5158

Salinas

1880 North Main Street, Suite 100
Salinas, CA 93906-2037
(831) 443-3058

San Bernardino

464 W. Fourth Street, Suite 239
San Bernardino, CA 92401-1411
(909) 383-4522

San Diego

7575 Metropolitan Drive, Suite 202
San Diego, CA 92102-4424
(619) 767-2082

San Francisco

455 Golden Gate Avenue, 2nd Fl.
San Francisco, CA 94102-7014
(415) 703-5020

San Jose

100 Paseo de San Antonio, Room 241
San Jose, CA 95113-1402
(408) 277-1292

San Luis Obispo

4740 Allene Way, Suite 100
San Luis Obispo, CA 93401
(805) 5964159

Santa Ana

605 W. Santa Ana Blvd,
Bldg. 28, Room 451
Santa Ana, CA 92701
(714) 558-4597

Santa Rosa

50 "D" Street, Room 420
Santa Rosa, CA 95404-4771
(707) 576-2452

Stockton

31 East Channel Street, Room 344
Stockton, CA 95202-2314
(209) 948-7980

Van Nuys

6150 Van Nuys Blvd., Room 105
Van Nuys, CA 91401-3370
(818) 901-5367

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City & County of San Francisco

Department of Human Resources
One South Van Ness, 4th Floor
San Francisco, CA 94103

Main Phone: (415) 557-4800
www.sfdhr.org





PREDESIGNATION 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. **Please send this notice directly to Intercare at the address below, provide a copy to your departmental personnel office and keep a copy for your records.**

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (Name of your 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: _____ Fax number: _____

Employee name (please print first, middle, last): _____

DSW number: _____

Employee address: _____

Employee signature _____ Date: _____

Physician: I agree to this Predesignation:

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 predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

EMPLOYEE: Return original form to:
INTERCARE
PO BOX 579
ROSEVILLE CA 95661
ATTN: Danielle Buri or Meagan Transue



Edwin M. Lee
Mayor

Micki Callahan
Human Resources Director

DESIGNACIÓN PREVIA DE MÉDICO PARTICULAR

En caso de que usted sufra una lesión o enfermedad relacionada con su empleo, usted puede recibir tratamiento médico por esa lesión o enfermedad de su médico particular (M.D.), médico osteópata (D.O.) o grupo médico si:

- Su empleador le ofrece un plan de salud grupal
- El médico es su médico familiar o de cabecera, que será un médico que ha limitado su práctica médica a medicina general o que es un internista certificado o elegible para certificación, pediatra, gineco-obstetra, o médico de medicina familiar y que previamente ha estado a cargo de su tratamiento médico y tiene su expediente médico
- Su "médico particular" puede ser un grupo médico si es una corporación o sociedad o asociación compuesta de doctores certificados en medicina u osteopatía, que opera un integrado grupo médico multidisciplinario que predominantemente proporciona amplios servicios médicos para lesiones y enfermedades no relacionadas con el trabajo.
- Antes de la lesión su médico está de acuerdo a proporcionarle tratamiento médico para su lesión o enfermedad de trabajo
- Antes de la lesión usted le proporcionó a su empleador por escrito lo siguiente: (1) notificación de que quiere que su médico particular le brinde tratamiento para una lesión o enfermedad de trabajo y (2) el nombre y dirección comercial de su médico particular.

Puede usar este formulario para notificarle a su empleador que desea que su médico particular o médico osteópata le proporcione tratamiento médico para una lesión o enfermedad de trabajo y que los requisitos mencionados arriba han sido cumplidos. **Por favor, envíe este aviso directamente a Intercare en el abordar a continuación, proporcionar una copia a la oficina de personal del departamento y guardar una copia para sus archivos.**

NOTICIA DE DESIGNACIÓN PREVIA DE MÉDICO PARTICULAR

Empleado: Rellene esta sección.

A: _____ (Nombre del empleador)

Si sufro una lesión o enfermedad de trabajo, yo elijo recibir tratamiento médico de:

Nombre del medico (M.D., D.O. o grupo medico): _____

Dirección, ciudad, estado, código postal: _____

Número de teléfono: _____ Número de fax: _____

Nombre del empleado (por favor imprima primero, último centro): _____

DSW número: _____

Domicilio del empleado: _____

Firma del empleado _____ Fecha: _____

Médico: Estoy de acuerdo con esta Designación Previa:

Firma: _____ Fecha: _____

(Médico o Empleado designado por el Médico o Grupo Médico)

El médico no está obligado a firmar este formulario, sin embargo, si el médico o empleado designado por el médico o grupo médico no firma, será necesario presentar documentación sobre el consentimiento del médico de ser designado previamente de acuerdo al Código de Reglamentos de California, Título 8, sección 9780.1(a)(3).

EMPLEADO: formulario de declaración original:
INTERCARE
PO BOX 579
ROSEVILLE CA 95661
ATTN: Danielle Buri or Meagan Transue