



**AMC** <sup>Call</sup>  
*Connect*

**844-691-4111**

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**24/7 Nurse Triage &  
Injury Reporting  
Services**



Employee or Supervisor Call  
the 24/7 Report Line

Life Threatening Emergency? Call 911

- Call the CareLine after emergency Care has been approved



All injury information is taken by AMC CallConnect intake process and uploaded to AIMS to start claims process – contact made with District to validate information



CareNurse triage provided via  
medical algorithms

Self Care Advice

Referred for Treatment

- VideoDoc (*Optional*)
- Treating Facility



Treating facility notified and authorization faxed  
(information provided in questionnaire)



CareReport distributed to those identified in  
questionnaire. No 5020 upload needed. Only provide  
DWC-1 to injured employee.



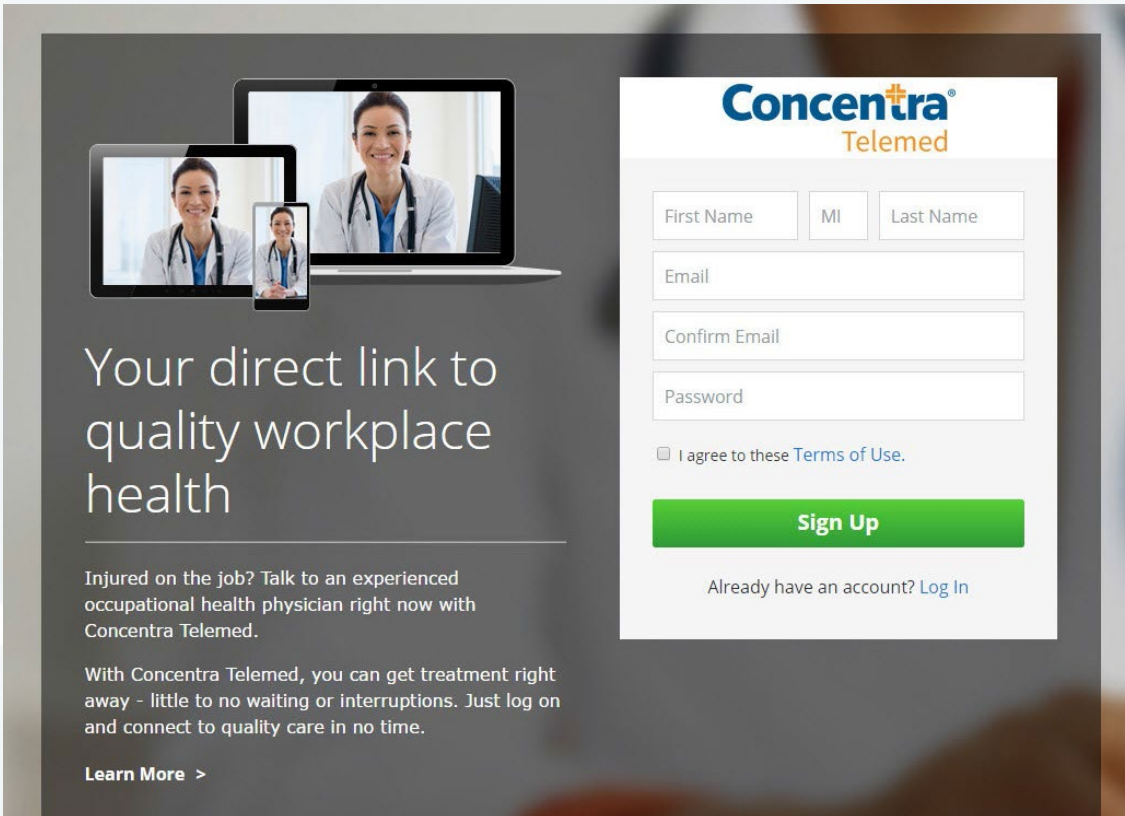
# AMC CallConnect Workflow How does it work?

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# Disposition Determination

- Nurse triage's employees' symptoms over the phone to determine if treatment is needed
- Uses nationally recognized medical decision tree –reduces employer's liability/legal exposure
  - Self Care Advice
  - **VideoDoc Visit**
  - Seek Treatment at Clinic (Questionnaire)



The image shows a screenshot of the Concentra Telemed website's sign-up page. On the left, there's a section with the heading "Your direct link to quality workplace health" and a subtext about getting treatment right away. Below this is a "Learn More >" link. On the right, there's a sign-up form with fields for First Name, MI, Last Name, Email, Confirm Email, and Password. A checkbox for "I agree to these Terms of Use" is present, followed by a green "Sign Up" button and a "Log In" link for existing users.

**Concentra<sup>®</sup> Telemed**

First Name MI Last Name

Email

Confirm Email

Password

☐ I agree to these [Terms of Use](#).

**Sign Up**

Already have an account? [Log In](#)

Your direct link to  
quality workplace  
health

Injured on the job? Talk to an experienced occupational health physician right now with Concentra Telemed.

With Concentra Telemed, you can get treatment right away - little to no waiting or interruptions. Just log on and connect to quality care in no time.

[Learn More >](#)



# AMC<sup>Call</sup>Connect

## Client Implementation Questionnaire

Client Name:	Address:	Phone Number:
Vector JPA / INSERT DISTRICT NAME HERE	XXXXX	XXXXX
Contact Person:	Email:	Website Name:
XXXXX	XXXXX	XXXXX

### Section 1: Covered Lives/Workers Compensation Information

1. Number of Employees:
2. Locations covered (Counties covered):
3. Website Link to Medical Provider Network "MPN" listing (as well as username and password, if applicable):  
**AMC Service Entity MPN**
4. Please indicate the Occupational Clinic you refer employees to for initial treatment:
5. Please also indicate if Concentra TeleMed is to be utilized: **Yes please offer Telemedicine Option for all injuries**

### Section 2: Authorization/Treatment Facility Documents

Are there are District forms or documents (i.e., treatment authorization form, return to work questionnaire, etc.) to be included with the ~~Care Report~~ when faxed to treating facility? If so, please list & attach: *Please note that initial treatment authorization verbiage will be included in fax coversheet and can be revised by client as needed.*

### Section 3: Report Distribution Information:

List names, job titles, and email address for all individuals to be included on injury report distribution.

### Section 4: Communication Materials

Please indicate how many of each will be needed

1. Wallet sized cards-English Only:
2. Wallet sized cards-English/Spanish:
3. Wall Posters (each site location should have poster):

# AMC CallConnect Posters (Number Needed)



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# AMC CallConnect Posters (Number Needed)

- Return AMC CallConnect Questionnaire & Number of Posters Needed to Elsa Kelly by 6/21/21
  - Email at [Ekelly@aims4claims.com](mailto:Ekelly@aims4claims.com)
  - Fax to 916-563-1919 (Elsa Kelly)



# **AMC** Medical Provider Network (MPN)

**Medical Network of  
Treating Physicians  
& Hospitals**



# AMC MPN Highlights



Medical Access Assistant (MAA) available  
Monday – Saturday (7 am – 8 pm)



Telemedicine noted by Specialty



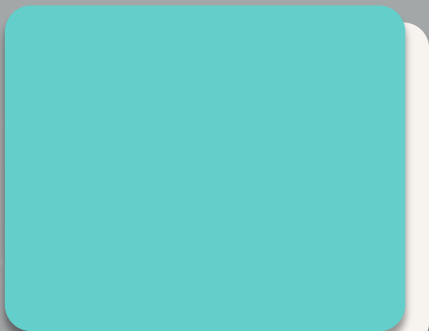
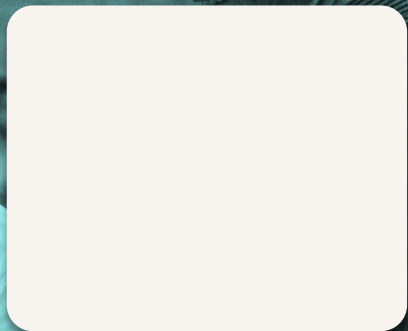
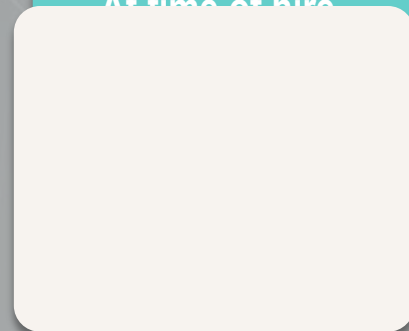
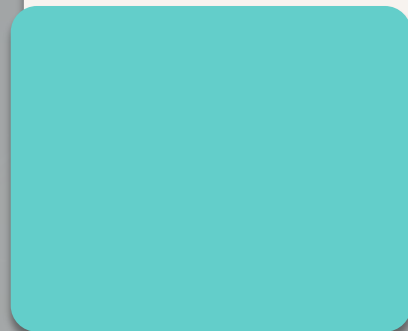
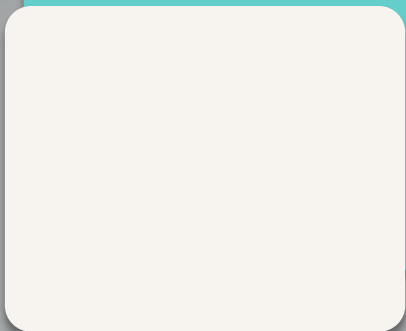
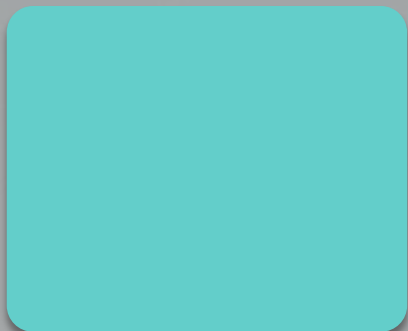
Medical Control for Life of Claim (Pre-  
Designation still permitted) & should be  
provided a time of hire



Effective immediately upon filing with the  
State – Effective on 7/1/2021



# Roll Out



MPN Providers  
validated annually for  
accepting new  
patients

Complaints reviewed  
by AMC Medical  
Director



# Notification of Rights

## Covered Employee Notification of Rights Materials

Regarding  
Allied Managed Care Incorporated  
Allied Managed Care MPN  
MPN ID # 2360

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 Melissa Miller by phone at (888) 290-1911, or email [mmiller@alliedmanagedcare.com](mailto:mmiller@alliedmanagedcare.com). If you need an explanation about your medical treatment for your work-related injury or illness you can contact your claims examiner if one has been assigned to your case.

### Allied Managed Care MPN

Allied Managed Care Incorporated provides access to medical treatment in the event you sustain a work-related injury or illness through Allied Managed Care MPN. Allied Managed Care MPN accesses medical treatment through selected Anthem Blue Cross Prudent Buyer PPO ("Blue Cross of California") providers and the Kaiser-On-the-Job Provider Network. Anthem Blue Cross contracts with doctors, hospitals and other providers to respond to the special requirements of on-the-job injuries or illnesses.

### Access to Care

If you should experience a work-related injury or illness, you should:

Notify your employer:

- Immediately notify your supervisor or employer representative so you can secure medical care. Employers are required to authorize medical treatment within one working day of your filing of a completed claim form (DWC-1). To ensure your rights to benefits, report every injury and request a claim form.

Initial or Urgent Care:

### ALLIED MANAGED CARE MEDICAL PROVIDER NETWORK (MPN) INSTRUCTIONS

#### POSTING:

- Post the DWC-7 in break rooms, cafeterias, or anywhere that employees can view

#### INJURY NOTICES:

- Division of Workers' Compensation (DWC-1) Claim form (Provide within 24 hours of injury)
- Employee Notification of Rights MPN (provide in Spanish, if applicable) (within 24 hours)

#### MPN INFORMATION:

MPN Name: Allied Managed Care MPN

Website: <http://www.alliedmanagedcare.com/mpn>

Medical Access Assistant: 844 MPN HELP (844-676-4357)

Approval # 2360

#### If you have any questions contact:

Tarah Nolasco at [Tanolasco@alliedmanagedcare.com](mailto:Tanolasco@alliedmanagedcare.com)

Melissa Miller at [mmiller@alliedmanagedcare.com](mailto:mmiller@alliedmanagedcare.com)

Lea Mendez at [mmendez@alliedmanagedcare.com](mailto:mmendez@alliedmanagedcare.com)

# DWC-7 Notice

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Melissa Miller at [mmiller@alliedmanagedcare.com](mailto:mmiller@alliedmanagedcare.com)

Lea Mendez at [mmendez@alliedmanagedcare.com](mailto:mmendez@alliedmanagedcare.com)

## STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS Division of Workers' Compensation



### Notice to Employees—Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

#### Benefits. Workers' compensation benefits include:

- Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

**Naming Your Own Physician Before Injury or Illness (Predesignation).** You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

#### If You Get Hurt:

- Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
- Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
- See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
  - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
  - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
  - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
- Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN website: \_\_\_\_\_

MPN Effective Date: \_\_\_\_\_

MPN Identification number: \_\_\_\_\_

If you need help locating an MPN physician, call your MPN access assistant at: \_\_\_\_\_

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: \_\_\_\_\_





**Questions?**

AMS & AMC Thanks You  
for your  
Continued Partnership!

**AMC** Call  
Connect