



Getting the medical care you need is essential — but it can be complicated, too. This section helps you handle the most common medical issues that injured workers face.

Billing questions

The stress of dealing with medical bills could impact recovery from your workplace injury or illness. The information on this page can help.



Medical providers

Learn what a managed care organization is, how to find a doctor to treat your workplace injury, the rules about changing doctors, and more.



Prescription drug coverage

Read about how medication for your injury is covered, where to find a participating pharmacy, how to get reimbursed for medications, and more.

Learn more about how your claim is managed from beginning to end, about choosing or changing doctors, or read a short description of our confidentiality policies regarding your personal information.



In Oregon, the injured worker is allowed her choice of attending physician. The worker may select an initial attending physician and may change physicians two additional times. Approval by SAIF or the Oregon Workers' Compensation Division (WCD) is required for more than three worker choices.

Who qualifies as an attending physician

Generally, medical doctors, doctors of osteopathy, and oral and maxillo-facial surgeons can qualify as attending physicians. Nurse practitioners may treat an injured worker for up to 90 days and authorize time-loss for 60 days as an "attending physician."

WCD-certified physician assistants, chiropractors, podiatrists, and naturopaths may treat for a total of 60 days or 18 visits on the initial claim and authorize time-loss for up to 30 days.

Medical services may continue after the 60- or 90-day limitation if the treatment has been authorized by a medical doctor or osteopath and carried out under a treatment plan.

Emergency room physicians are limited to authorizing 14 days of time-loss unless they also treat the injured worker on an ongoing basis in a clinic setting.

If a worker is enrolled in a managed care organization (MCO), the MCO may designate other specialties of medical providers to assume the attending physician role.

Responsibilities of an attending physician

The attending physician fills an important role within the workers' compensation system. The primary responsibilities associated with the attending physician's role are:

- Providing your treatment and care
- Authorizing time loss
- Monitoring, directing, or approving ancillary and specialized care by other providers

Multiple attending physicians

Generally, you may have only one attending physician at a time. Occasionally, separate

specialties of care are required based on your medical condition. Treatment by more than one specialty should be coordinated by one physician and documented in writing for the insurer.

Choice of attending physician

Documentation on who is the attending physician at a given time will be determined by evaluating the facts and documents in the claim to assess whether you chose the attending physician or not. Generally, a form 827 changing the attending physician will be reviewed to determine if the change occurred by your choice. In the absence of a signed form 827, the facts of the claim may help determine whether you chose to change physicians. Each claim is different.

These situations do not qualify as a worker change-of-physician choice:

- Emergency services by a physician
- Examinations at the request of the insurer
- Consultations or referrals for specialized treatment or services initiated by the attending physician or authorized nurse practitioner
- Referrals to radiologists and pathologists for diagnostic studies
- A requirement that you change medical service providers to receive compensable medical services, palliative care, or time-loss authorization because your medical service provider is no longer qualified as an attending physician or authorized to continue providing compensable medical services
- Changes of attending physician or authorized nurse practitioner required due to conditions beyond your control. These conditions could include, but are not limited to:
 - When the physician terminates practice or leaves the area
 - When a physician is no longer willing to treat you
 - When you move out of the area requiring more than a 50-mile commute to the physician
 - When the 90-day period for treatment or services by an authorized nurse practitioner has expired
 - When the 60-day cumulative treatment time or 18 visits have been provided by a physician assistant, chiropractor, podiatrist, or naturopath
 - When the nurse practitioner is required to refer you to an attending physician for a closing examination or because of a possible worsening of your condition following claim closure
 - When you are subject to managed care and compelled to be treated inside an MCO
- A worker-requested medical examination (WRME)

- Whether you have an attending physician or authorized nurse practitioner who works in a group setting/facility and you see another group member due to team practice, coverage, or on-call routines
- When your attending physician or authorized nurse practitioner is not available and you see a medical provider who is covering for that provider in her absence

Workers and managed care organizations (MCOs)

If you have been enrolled in an MCO, you usually are restricted to an MCO-panel attending physician. However, even if your physician is not a member of the MCO panel, the MCO can authorize your primary care physician to provide medical services for you if you are an established patient. Your physician must be a general, family practice, or internal medicine physician and agree to the MCOs terms and conditions for providing medical services. If your physician qualifies under one of these medical specialties, the insurance company will notify the MCO. Your attending physician must abide by the terms and conditions of the MCO in order to continue your treatment.

You are not required to change your attending physician if you are being treated by a physician immediately after a surgical procedure (usually no more than 90 days) or if you believe it would be medically detrimental for treatment of your accepted condition. If you have been advised to change physicians and do not agree with the insurance company's request, contact the company to discuss your concerns.

If you have been enrolled in an MCO and need to change attending physicians, it is important to do so as soon as possible. Your current attending physician may be able to assist you in selecting a new physician. Failure to change physicians in a timely manner may affect your benefits.

More resources for you

If you still have questions after talking with your insurance company, the Oregon Workers' Compensation Division (WCD) may be able to assist you.

- WCD infoline: 800.452.0288.
- WCD website for injured workers

If you are unsure of your rights or have questions about how your claim is being handled, experts on workers' compensation law at the Workers' Compensation Division can help.

- WCD infoline: 800.452.0288
- WCD email: workcomp.questions@state.or.us.
- More information: WCD Benefit Consultation Unit webpage.

You can also get help from the Ombudsman for Injured Workers. The ombudsman was established an independent advocate for injured workers in Oregon, and can assist you with your claim.

Ombudsman phone: 503.378.3351 or 800.927.1271

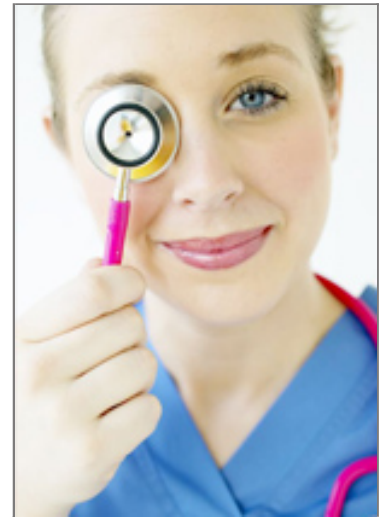
English website: http://egov.oregon.gov/DCBS/OIW/contact_us.shtml

Espanol website: <http://egov.oregon.gov/DCBS/OIW/spanish.shtml>

It could be finding a doctor in your area, or just trying to understand a new workers' comp term—sometimes all you need to get going is a little information. This page is designed to help get you there.

Managed care organizations (MCOs) contract with physicians, hospitals, and other health care providers to deliver quality medical care to workers with job-related injuries or illnesses. MCOs develop treatment standards that emphasize quality medical care, disability management, and cost containment.

When you file a claim with us, you are notified in writing if you will be enrolled in an MCO and you will receive an MCO physician directory. Once enrolled, you will be required to seek treatment from an MCO provider or a qualified physician (such as an internist, primary care general practitioner, or family practitioner with a history of treating you).



To find a medical provider, hospital, or facility in your area:

- Caremark
- Kaiser
- Oregon Health Systems
- Providence

If you would like to print a list of medical providers, use one of these links:

- Caremark
- Kaiser (Portland) (Salem)
- Oregon Health Systems
- Providence

And remember, if you move to a new area during your recovery, please let us know so we can advise you how to continue your medical care uninterrupted. Gaps in your medical care could have an effect on your compensation and benefits.



The stress of dealing with medical bills could impact the recovery from your injury. The information on this page can help reduce the stress.

Once your claim is filed

While your claim is being evaluated, medical providers cannot bill you for treatment. If SAIF accepts the claim, we will pay your medical providers for medically reasonable and necessary care related to your accepted conditions.

If your claim is accepted, your doctors will be reimbursed for treatment related to your accepted condition. (In Oregon, the amount of the payment is determined by the Oregon Workers' Compensation Fee Schedule.)

If your claim is denied, all benefits will stop. You are not eligible for benefit payments while your claim is in a denied status, except for interim medical benefits if you are also covered by a qualified health plan.

If you appeal the denial, you do not have to pay for medical services while the appeal is in process and/or until the denial is final.

If you received a bill

If your claim has been accepted, you should not have to pay any out-of-pocket expenses associated with your claim. Be sure to tell your doctor that you have filed a workers' compensation claim.

If you have purchased medications for your injury, submit your receipts to SAIF for reimbursement. Use this form for your request.

Occasionally you may be required to pay for medical treatment. Your attending physician should notify you when your treatment begins under what conditions you would have to pay for medical care. For example, you will be responsible for payment if you:

- Seek treatment for conditions not related to the accepted compensable injury or illness
- Seek treatment that has not been prescribed by your doctor
- Seek palliative care after your claim has been closed without obtaining prior approval from SAIF or the state Workers' Compensation Division (Palliative care is a

medical service that makes you feel better but doesn't heal a medical condition.)

- Seek treatment from a doctor who is not a member of a managed care organization (MCO) panel after you have been enrolled by SAIF in an MCO
- Seek treatment after you have been notified that the treatment is experimental, outmoded, unscientific, or unproven

If you do not have insurance

You can get help with medical care even if you are not covered by health insurance at the time of your injury. The Oregon Prescription Drug Program is available to Oregonians who do not have prescription drug coverage. Learn more at state of Oregon OPDP website. Oregon Health Plan (OHP) provides health care coverage to low-income Oregonians at little or no cost. See the OHP website to find out if you are eligible and how to apply.

Reimbursement

An injured worker has the right to request reimbursement for out-of-pocket expenses such as prescriptions or mileage driven to and from their medical provider appointments. Submit these requests to us within two years of the service date.

- Download the Request for Reimbursement of Expenses form (F-3056) in English or (F-3056s) Spanish.
- Learn more about prescription drug coverage

Of course, you also can call us for help at 800.285.8525 if you receive a bill and are not sure what to do.



Many of the medications you need to treat your workplace injury are provided through SAIF at no charge to you, and you can be reimbursed for certain injury-related expenses.

First Fill

Injured workers are eligible for the First Fill pharmacy program, which provides a limited number of cost-effective prescription drugs for work-related injuries or illnesses until a decision has been made on their claim.

Your pharmacy bills will be handled through the Oregon Prescription Drug Program (OPDP) and paid by SAIF, even if your claim is later denied. There will be no out-of-pocket costs to you or to the policyholder for the prescriptions, unless a medication not covered by First Fill is prescribed.

- View the First Fill prescription drug list.
- Locate a First Fill pharmacy in your area.

Oregon Prescription Drug Program (OPDP)

SAIF Corporation uses the Oregon Prescription Drug Program (OPDP) to administer pharmacy benefits for the approximately 45,000 injured workers that SAIF serves each year. Injured workers will not have to pay out of their own pocket for prescriptions related to their workplace injury. Most major and local pharmacies participate in the program.

- Search for an OPDP pharmacy in your area
- View a list of OPDP pharmacies

To learn more about how another OPDP plan can help you and your family, visit the State of Oregon OPDP website.

Wellpartner mail order pharmacy

Save time, travel, and hassle by having your regular, ongoing prescription medications delivered to your home for no extra charge by using Wellpartner. If you have a work-related prescription filled, you also can add non-covered items to your order, but the worker will be responsible for payment of those items. Prescriptions are delivered in seven

to 10 business days.

To order using Wellpartner:

- Register by calling Wellpartner at 800.417.8806 or signing up at www.wellpartner.com.
- Fill out an order form and mail it to Wellpartner with your original prescription (s). Download the form
- Or, ask your doctor to call in your prescription(s) to Wellpartner at 866.935.5797, or fax them to 866.624.5797.

Reimbursements

Injured workers can be reimbursed for out-of-pocket expenses related to the workplace injury claim.

- Other prescriptions: You may send your prescription receipts to SAIF for reimbursement. Or, pharmacies can direct-bill SAIF for most prescriptions.
- Other expenses: Depending on the circumstance, you could be eligible to receive reimbursement for travel, hotel, and meal expenses. Contact SAIF for more information or download the Request for Reimbursement of Expenses form (F-3056) in English or (F-3056s) Spanish.

Questions

If you have a question about benefits, don't hesitate to contact us at 800.285.8525.



Protecting your personal information

SAIF's policy is to protect the privacy of injured workers and employer account records, and to maintain the confidentiality of all claim file information and other personal and confidential information from public disclosure, unless the law requires or allows disclosure.

That policy is based on four concepts:

- SAIF employees need private information to do their jobs.
- Much of that information is extremely personal and protected by law from dissemination.
- Access to information is restricted to the information the employee needs to do her or his job.
- All employees share in the responsibility to protect confidential information.

HIPAA

The requirements of the Health Insurance Portability and Accountability Act (HIPAA) do not apply to information provided within the workers' compensation system. 45 CFR §184.512(I). However, other laws do apply to protect the confidentiality of claims information.

Injured worker information

Oregon law requires insurers to maintain the confidentiality of a worker's medical and vocational records. Those records can be disclosed only to the worker.

There are five very limited exceptions to that rule where a worker's medical and medical records can be released, but only for a worker's compensation purpose:

- Disclosure made with worker or the worker's beneficiary consent
- Disclosure reasonably necessary for the insurer or its assigned claims agent to manage, defend, or adjust claims, suits, or actions, or to perform any other function required by or arising out of ORS chapter 654, 655, 656, or the insurance contract
- Disclosure to detect or prevent criminal activity, fraud, material misrepresentation,

or nondisclosure

- Disclosure pursuant to a written agreement that requires the receiving party to maintain the confidentiality of the records
- Disclosure otherwise required or permitted by law

SAIF instructs its staff to manage claims in accordance with the law.

In addition, SAIF has determined that a worker's medical and vocational records will not be released to an employer, unless:

- The records are requested for a worker's compensation purpose,
- The employer has signed a confidentiality agreement, and
- The worker has signed a specific release allowing the employer to have copies of the worker's medical and vocational records.