

California Medical Provider Network

MPN

Employer Manual



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Medical Provider Network (MPN)

Overview

In November 2004, the California Department of Workers' Compensation (DWC) adopted emergency regulations under Senate Bill 899 for Medical Provider Networks in an effort to assist employers and carriers in controlling the rising costs of workers' compensation claims.

A Medical Provider Network (MPN) is an entity or group of providers, set up by an insurer or self-insured employer and approved by the administrative director of the Division of Workers' Compensation, to treat workers who are injured on the job.

Senate Bill 899 addresses many aspects of California's workers' compensation system. Two primary components of SB899 are the utilization review requirements and the MPN including the application filing. This handbook has been prepared to explain the services supported under these regulations.

Summary of MPN

Effective in January 1, 2005, insurers and employers may establish medical provider networks for the provision of medical treatment for injured workers. Under SB 899, the employer is responsible for directing care for the first visit into an approved MPN and then allowing the injured worker choice to select a network provider for ongoing treatment for the lifetime of the claim.

The State also has several provisions that require extensive communication with the injured worker to identify the processes and services available at both implementation and at the time of injury.

In addition, the State requires a formal process to manage services in the event a provider terminates from the MPN. Under the provisions, the MPN must define the conditions under which an injured worker may continue to treat with the terminated provider under specified time frames specifically when providers term through voluntary termination.

Finally, the State has provided a dispute process under "Second or Third" opinions in the event an injured worker disputes a diagnosis or treatment from the treating provider.

The injured worker may seek the opinion of up to two additional network providers through this process.

The injured worker may request an Independent Medical Review (IMR) through the California DWC if dissatisfied beyond the third opinion request. If the IMR determines that the employee is not receiving appropriate care, the employee may then seek

treatment outside the provider network.

The state allows access to a non-network provider under certain conditions including lack of specialty coverage in a geographic area, emergency care, and certain conditions defined under the transfer of care or continuity of care plans or following an IME where the physician determined that appropriate care was not provided.

Managed Care Landscape

This manual has been created to assist The PMA Companies (PMA) clients with an understanding of the activities PMA, Gallagher Bassett and First Health performs to provide access to California Medical Provider Networks (MPN).

Access to The First Health®Network

PMA's California MPN program is available through First Health on a statewide basis, and is approved in all 2,759 populated zip codes.

Credentialing

All network providers have met the credentialing requirements. This credentialing process is used to bring additional quality providers into the network. Specific credentialing and certification criteria, as defined by the state of California, are also incorporated into the First Health process to ensure full compliance with state requirements as needed. A full copy of the First Health Quality Assessment Program (QAP) is available for your review upon request in order to understand the entire scope of the credentialing and profiling process for Network providers.

Economic Profiling

The MPN regulations issued by the California DWC require that a description of the policy and procedures used to conduct economic profiling of providers be submitted to the state as part of the MPN approval process. First Health has documented the process and design of the networks supporting the MPN for the DWC. This information is available upon request. Contact your PMA Account Management representative if you need further information.

Composition of the MPN Network

The First Health CompAmericaSM Select MPN Network has approximately 73,000 provider locations and supplies a broad base of specialties covering full state access.

Access Standards

For easy access to treatment, the MPN in accordance with the MPN regulation was designed to support:

- Primary care and a hospital for emergency care within 30 minutes or 15 miles of each employee's residence or workplace. The appointment must be available within 3 days of request for services.
- Specialists care within 60 minutes or 30 miles. The appointment must be available within 20 days of request for services.
- Alternate standards if necessary for rural areas that are approved by the Administrative Director of DWC on a case-by-case basis.

Direction to the MPN

The PMA MPN is responsible for directing the injured worker to the MPN for initial treating provider and for referrals for the life of the claim. Injured workers may use non-network providers under the following conditions:

- The injured worker pre-designated a physician prior to injury;
- Emergency Care;
- Following an IME where the DWC has found treatment has not been provided in an manner appropriate to the injury;
- When a specialty is not available within the MPN
- Under the Transfer of Care or Continuity of Care policies where the injured worker has the following:
 - An acute medical condition a duration of not more than 30 days. Under this condition, clients should authorize completion of the treatment for the duration of the acute condition.
 - A serious chronic condition that is due to a disease, illness, catastrophic injury, or other medical problem or medical disorder without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration. Under this condition, clients should authorize completion of treatment for up to one year in order to complete a course of treatment and arrange for transfer to another provider within the MPN, when feasible.
 - A terminal illness that is incurable or irreversible with a high probability of causing death within one year or less. Under this condition, clients will authorize completion of treatment for the duration of a terminal illness
 - Performance of a surgery or other procedure that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days from the MPN coverage effective date. Under this condition, clients will affirm continued treatment for a specified time frame.

Directory Services

PMA clients may obtain First Health provider information telephonically or through our electronic directory services using the website at <http://www.talispoint.com/pma/external/>. Directions on the use of the website are

provided as an Attachment to this handbook.

Channeling Tools For Locating a Participating Provider

PMA and First Health provide the following network channeling tools:

- Electronic directory services via the Internet at <http://www.talispoint.com/pma/external/>. When using the search options, i.e. “Address Search” or “Name Search”, select “CA Select MPN Network” from the Network drop down box. This will enable you to access the First Health Workers Compensation Select approved provider list.
- Telephonic directory services via the toll-free number 1-800-370-0594.

The electronic directory is easy to use and allows clients and injured workers to search for a hospital, physician, or clinic in The First Health® Network. Electronic directory can search for a provider by zip code within a user-defined radius, county, city or provider name. The application also supplies users with the ability to produce maps and turn-by-turn directions to providers. Electronic directory requires only basic Internet access and a password. (See Attachment A)

Additionally, First Health also offers directory-maker capabilities. This tool can also be accessed through <http://www.talispoint.com/pma/external/>. The directory-maker application allows the user to produce formatted, complete directories based on carrier specifications for both search criteria and formatting. Please contact the **PMA PPO Coordinator** at 1-888-476-2669 for assistance.

Provider Education and Compliance

Laws can be complex. Understanding their meaning and assessing their impact on provider behavior and performance calls for a joint effort between PMA, First Health and clients. Toward that end, First Health relies on specific educational activities to help promote provider compliance. These include supplying access to the website for reference purposes, mailings of educational materials, and on-site meetings to provide an overview and instructions regarding compliance with the First Health network services. Within the website, providers can view all components about their participation in The First Health® Network. Specifically for California MPN Program, First Health has designed a Provider Reference Manual that supplies important information about the regulations and their compliance.

First Health also employs Provider Services staff that are specially educated about the California MPN requirements. They will provide resources to network providers via the Provider Services 800 telephone number, Provider Reference Sheet via the First Health website, answering questions and easing concerns. If providers call a client for information, please refer them to the Provider Relations’ number at 1-800-370-0594.

Termination of Providers

Under the MPN's "Continuity of Care" Plan regulations, the MPN is required to notify injured workers when a network provider terminates to define the options available to the injured worker for continued treatment with that provider. To assist in this process, First Health will use the First Health website to identify terminated providers. Terminations will be available on the First Health intranet website – monthly.

QA Alerts

In the event a provider is terminated from the PMA California MPN as a result of a sanction report, fraud, abuse, revocation of license or investigation, First Health will send PMA a QA Alert as notice of immediate termination from the Network. Gallagher Bassett will follow the appropriate procedures for notifying injured workers that the provider has terminated and will direct injured workers to find another provider within the MPN. There are no exceptions to continue treatment with the terminated provider when there is a QA Alert.

Network Documentation

PMA and First Health will provide updated MPN referral tools regarding the zip code certification, including:

- Quarterly Electronic directories. Hard copies directories are available for a nominal fee upon request;
- Access to telephonic or electronic directory services to locate providers, print directories and/or worksite posters;
- Semi-Annual Provider Counts to affirm whether the network has changed +/- 10%. Should the client require assistance in accessing any of the information noted above, please contact your PMA Account Management representative.

Utilization Review and Telephonic Case Management

California requires all cases be subject to Utilization Review (UR), through a UR approved Vendor. PMA has chosen Genex to be the California MPN UR vendor. Genex is certified and approved and has a comprehensive utilization review and case management program available.

GENEX Services offers Utilization Review services administered by highly trained healthcare professionals and medically accepted criteria. GENEX Utilization Review Services validates the medical necessity and appropriateness of the treatment plan. This includes recommendations regarding certification or non certification of the proposed treatment, hospitalization and surgeries, as well as the frequency, duration and type of outpatient therapies. For more information on UR or Case Management services, contact your PMA Account Management representative.

Key Components of the MPN

- **Employee Notifications**

The state requires the PMA MPN to have a policy to address communication with employees regarding the implementation of the MPN and what services are available. PMA has designed letters to help clients create their policy.

Included as sample letters are:

- 1) The Initial Employee Notification Letter (sent at the onset of the MPN)
- 2) The Injured Worker Instruction Sheet (sent at the point of injury) (See Attachments B, E)

- **Transfer of Care**

The state also requires the PMA MPN to have a policy to address communication with the injured workers regarding their existing injury and the circumstances under which the client will allow continued treatment with a non-network provider or to seek further treatment within the MPN. PMA and Gallagher Bassett have designed the letters they will be using on your behalf to meet this requirement. (See Attachment C)

- **Continuity of Care**

The state requires the PMA MPN to have a policy to address communication with the injured workers to notify them that a treating provider has terminated the MPN and the conditions to allow the injured worker to continue to treat with the non-network provider. PMA and Gallagher Bassett have designed the letters they will be using on your behalf to meet this requirement. (See Attachment D)

As previously noted, First Health is responsible for providing clients with terminated provider updates to assist in managing this process effectively. See section named as “Terminated Providers” for more information.

- **Second & Third Opinions**

The state requires the PMA MPN to have a policy to address communication with the injured workers regarding their injury and the ability to dispute the treatment or diagnosis of the treating provider. Injured Workers are allowed a second and third request for another opinion. PMA and Gallagher Bassett have designed letters they will be using on your behalf to meet this requirement.

- **Disputes and Independent Medical Examinations (IMEs)**

The dispute process under the MPN is through the second and third opinion process.

When an injured worker requests a fourth opinion, the dispute process is exhausted. Injured workers will be referred by PMA and Gallagher Bassett to the Department of

Workers' Compensation for an independent medical examination. Injured workers can be referred to the State's Administrative Director at 1-415-703-4600.

- **Provider Change Requests or Referrals**

Injured workers may change providers at any time within the PMA MPN. There are no restrictions to changing providers as long as the reason for change does not involve a dispute of the treatment or diagnosis. The change of provider must be chosen from within the MPN.

- **Quality Assessment**

Quality Assessment activities are a key component in all of PMA and First Health's MPN Network programs. First Health has developed an in-house program that allows for profiling of providers based on data gained through clinical management activities, provider disputes, utilization review appeal procedures and disputes filed directly with carriers.

This information is used to evaluate overall program success in reducing medical and indemnity costs while improving quality of services. It is also used for provider profiling and recredentialing, as appropriate.

To meet the scope of quality initiatives required under the California MPN, First Health will monitor the network for the following components:

- Quarterly credentialing of network providers;
- Quarterly provider profiling;
- Quarterly review of access requirements to affirm there has not been a material modification to the supply of providers participating in the network by +/- 10%;
- Annual evaluation of providers adhering to California Treatment standards (currently ACOEM).

First Health's Network and Clinical Quality Assessment Departments supports the activities identified above and provides the certified PMA MPN with summarized information to use to support their MPN.

What to tell Providers regarding Complaints & Grievances?

First Health has given providers information relating to grievances within the California MPN Reference Manual that is maintained on the First Health website at www.firsthealth.com. Providers in the First Health® Network are instructed to forward all complaints or grievances to First Health's Provider Services Department at 800-370-0594.

Helping You Reach Your Goals

PMA has the experience and resources to meet the goals of the California MPN program - a program that complies with state regulations and provides cost savings. With PMA, Gallagher Bassett and First Health, you can be confident that these goals will be achieved without sacrificing quality of care. If you have any additional questions about the PMA California MPN, First Health MPN Network or Genex UR Services, please contact your PMA Account Management Representative.

ATTACHMENT A

MPN Channeling Tools – TalisPoint Explanation & Instructions

What is TalisPoint?

TalisPoint is an Internet-based network referral system designed to help you quickly and accurately locate one or more members of a defined network, such as a medical PPO network, in order to refer an injured worker to the closest and most appropriate network member (e.g. medical specialist).

What does TalisPoint do?

TalisPoint has several major functions:

- **Search by Address:** By entering an address (e.g. insured location or claimant's home) TalisPoint will locate and list the provider specialties or facilities you specify within the distance you specify for the search.
- **Search by Provider Name:** By entering a provider name (e.g. doctor or hospital) or Phone Number, TalisPoint will determine whether a provider is a member of the network.
- **Search by Region:** By entering a state, city, county or zip code, TalisPoint will locate all providers within that geographic region matching the specialties you choose.

How does TalisPoint work?

TalisPoint uses "Geocoding" (the process of assigning very specific longitude and latitude values to an address). All addresses of your specific PPO network members are geocoded in the TalisPoint database. When you enter an address that you want to search from, along with search criteria that you specify (search distance and provider type), TalisPoint geocodes the address you entered and searches its provider database to find and display all appropriate matches. Search results are returned listed in distance order unless you choose to see results listed in provider name alphabetical order or by specialty type order.

IMPORTANT NOTE: Because TalisPoint uses actual street addresses as the basis for identifying the starting point of a search, it is important to use addresses that are as complete and accurate as possible. P.O. Boxes and vague addresses will return less accurate results than a complete street address. However, TalisPoint will work using only a city name or a zip code; if that is all you have to work from. In those cases, search results will be generated using the approximate center of the city or zip code area.

When do I use TalisPoint?

Whenever you have the opportunity to direct an insured or claimant to a provider or facility. This includes initial care, redirection from a personal physician into your specific PPO Network and referral from initial care to specialty care, whether dealing with the claimant or a referring physician.

How do I access TalisPoint?

TalisPoint is available to anyone with internet access and a web browser such as Netscape or Internet Explorer. We recommend using at least Version 4+ of either as older versions do not support all TalisPoint features. To access TalisPoint from your computer please utilize the following website: <http://www.talispoint.com/pma/external/>.

Talis Features

• Address Search

- This is a search for a Provider using designated mileage and address.
- It can also be performed by using city +state or zip code.
- The mileage chosen will only pull providers within that radius.
- You have the option to sort providers by name, distance from address, or specialty.
- Select “CA Select MPN Network” from the Network drop down box
- Select by Provider Type – The list on the first screen is only a subset of specialties you can search by (most frequently used). If you need a specialty other than those listed, click on the search by specialty button. This will give you an extended list.
- The numbers in parentheses are the number of providers that will appear within that mileage.
- You can chose however many specialties you would like to access. If you don’t make a selection it will pull all available providers.
- Once you have completed the specialty selection (or have decided to chose all) click on the button marked “Find Providers”
- Once this has been done a list of providers will appear. While there are multiple options with this list, we suggest that you print the results and contact the **PMA PPO Coordinator** at (888) 476-2669 for assistance in using the other features on the list.

Provider Search - Windows Internet Explorer

http://www-sf.talispoint.com/talispoint/search.pl?name_type=name&control_id=5Q0139CDF1&session_id=506TIP2EA3&account=PMA&unit=PMA_EXT&label=

Workers' Comp Services Preferred Provider Network
PROVIDER SEARCH

Intro Address Search Name Search Region Search Panel Directory Library Help

Enter Client Name & Address

Name TEST

Address

City San Francisco State CA Zip

You must enter a valid zip code or city and state.

Networks:

CA Select MPN Network

PMA

CA Select MPN Network 2 5 8 10 15 20 30

Align Network Distance Name Specialty

Providers per Page: 10 20 25 50 100

Select Provider Type/Specialty (If you don't select a type or specialty, you will get all providers.)

Provider Types:

Occupational/Industrial Medical Clinic
Primary Treating Providers
Hospitals
Diagnostic Services
Durable Medical Equipment
MRI/CT/Radiology
Neurology/Surgery
Occupational Therapy
Orthopedics/Surgery
Physical Therapy

Specialties:

Aerospace Medicine
Air Ambulance
Alcohol/Chemical Dependency
Allergy/Immunology
Ambulatory Infusion Center
Ambulatory Surgery Center
Anesthesiology
Artificial Eye Service
Audiology
Behavioral Health

Hold the CTRL key down to select multiple elements with the mouse.

FIND PROVIDERS GET PROVIDER COUNT NEW SEARCH

Privacy Policy



- **Name Search**

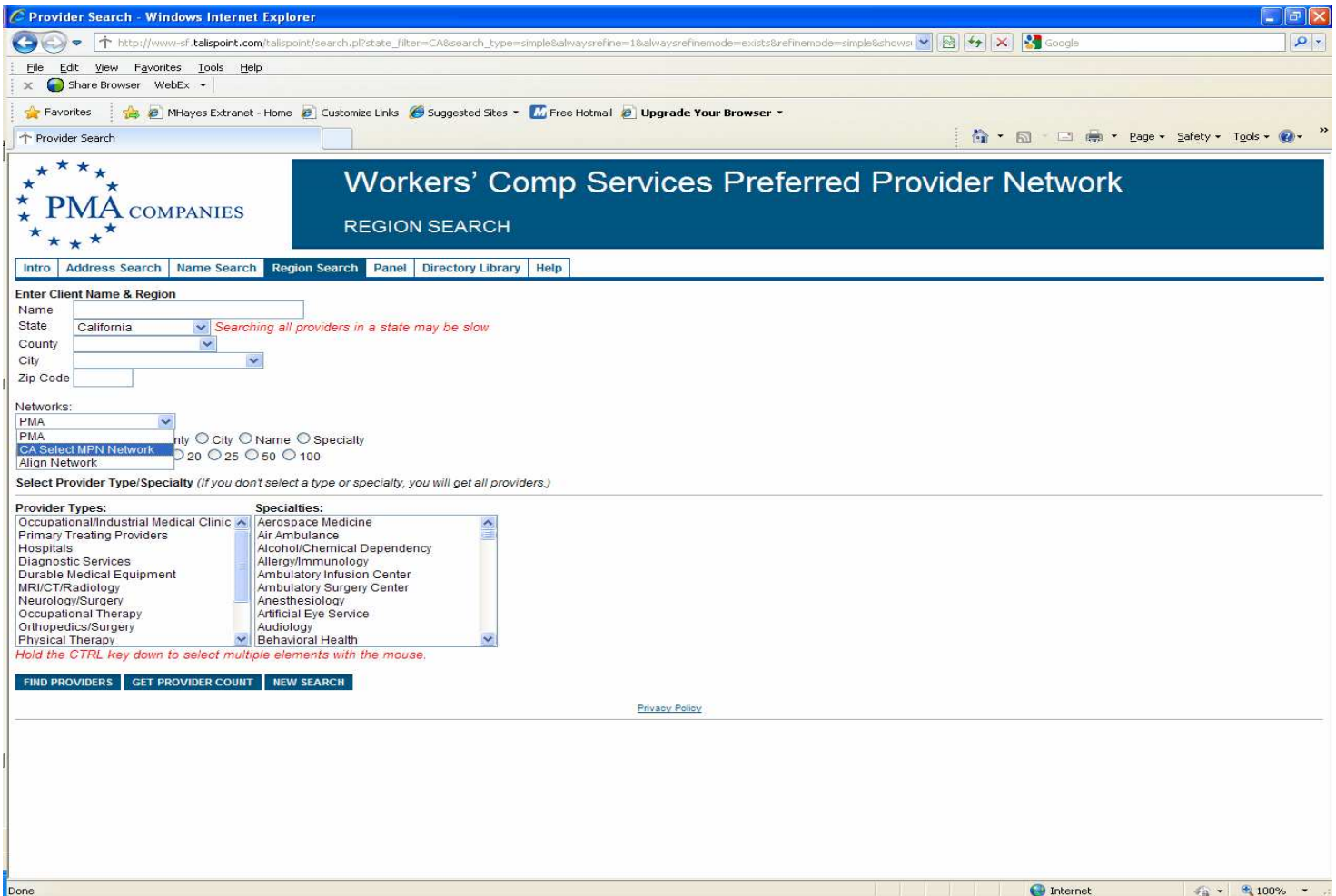
- Provider search performed based on the specific Provider or Group/Facility and State. Can also include the provider's phone number. Note: Use the "Provider Name" field when searching for a facility/hospital.
- Select "CA Select MPN Network" from the Network drop down box
- Once either the Provider's Name or Group Name or Phone has been entered, select the Provider State, Sort Results by and Providers Per Page options, then click "Find Providers". Enter the full name of the Provider or Group when performing a name search. Note: If you're not sure how the Provider's Name or Group/Facility Name is listed, complete both the "Provider Name" and "Group Name" fields. Please be aware this type of search will take considerably longer.
- There are multiple options with this provider list. We suggest that you print the final results directly from Talis. For assistance in using any of the additional features on the list, contact the **PMA PPO Coordinator** at (888) 476-2669.

The screenshot shows a web browser window titled "Provider Search - Windows Internet Explorer". The address bar shows a URL from talispoint.com. The page header includes the PMA Companies logo and the text "Workers' Comp Services Preferred Provider Network NAME SEARCH". Below the header is a navigation menu with tabs for "Intro", "Address Search", "Name Search", "Region Search", "Panel", "Directory Library", and "Help". The "Name Search" tab is active. The form contains several input fields: "Enter Provider Name or Provider Info to search for" (with a note about common words), "Provider State" (set to California), "Provider/Facility Name", "Group Affiliation", and "Phone". There is a "Networks:" dropdown menu with "PMA" and "CA Select MPN Network" (selected). Below this is an "Align Network" section with radio buttons for "Address", "Specialty", and "All", and a "Providers Per Page" dropdown set to "20". A "FIND PROVIDERS" button is at the bottom of the form. A "Privacy Policy" link is also visible.

- **Region Search**

- Provider search performed based on the following criteria or a combination of them: State, County, City and Zip Code. Note: "Name" should be entered only if a Work site Poster or Directory will be created. "Name" should represent the Insured/Employer. The provider results are limited by the search criteria selected. For example, if you select zip code as your search criteria, only providers within the specified zip code will be

- pulled. Selecting a state as the sole search criteria may take considerably longer. Choose a state first to view applicable cities and counties.
- Select “CA Select MPN Network” from the Network drop down box
 - Select by Provider Type – The list on the first screen is only a subset of specialties you can search by (most frequently used). If you need a specialty other than those listed, click on the search by specialty button. This will give you an extended list.
 - You can choose however many specialties you would like to access. If you don’t make a selection it will pull all available providers.
 - Once you have completed the specialty selection (or have decided to choose all) click on the button marked “Find Providers”. Note: The same provider may appear more than once if they have multiple specialties.
 - Once this has been done a list of providers will appear. You have multiple options with this provider list.
 - We suggest you print the results directly from Talis. For assistance in using any of the additional features on the list, contact the **PMA PPO Coordinator** at (888) 476-2669.



ATTACHMENT B

SAMPLE MPN INITIAL EMPLOYEE NOTIFICATION LETTER

ENGLISH AND SPANISH VERSIONS

SAMPLE ONLY

Important Information about Medical Care if you have a Work-Related Injury or Illness

Sample: Initial Written Employee Notification Re: Medical Provider Network

(Title 8, California Code of Regulations, section 9767.12)

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 _____. Your employer's workers' compensation carrier is _____. 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 is an MPN?**

A Medical Provider Network (MPN) is group of health care providers (physicians and other types of providers) set up by an insurer or self-insured employer and approved by the Division of Workers' Compensation's Administrative Director to treat workers injured on the job. Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine. MPNs must meet access to care standards for common occupational injuries and work-related illnesses. Further, the regulations require MPN providers to use medical treatment guidelines adopted by the DWC.

MPNs must allow employees a choice of provider(s) in the network after the employee's first visit.

- **How do I find out which doctors are in my MPN?**

Your employer or insurer has identified the following person or department to be the **MPN Contact** for all employees:

Name: _____
Title: _____
Address: _____
Telephone Number: (800) _____
Email address: _____

This person will be able to answer your questions about the _____ MPN and tell you

how to receive or access the names of the doctors in the MPN. A regional list of MPN providers is included with this notification. A list of MPN providers can be obtained by calling our MPN contact person going to our website at: _____ or asking your employer.

- **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 or insurer that you have had a work-related injury, your employer or insurer will arrange an initial appointment with a doctor in the _____ MPN.

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

After the first visit, you may continue to be treated by this 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 treating doctor for a referral to a specialist. If you need help in choosing a doctor, you may contact the MPN Contact listed above.

If you have trouble getting an appointment with a doctor within the MPN, contact the MPN Contact who will assist you.

- **What if there are no providers in my area?**

The _____ MPN has providers for the following counties in California: _____ for the entire state of California. If you are temporarily working outside the _____ MPN service areas, you may treat with a doctor of your choice. If you are in a situation where a particular specialist is not available in your area, please contact the MPN Contact. You may have the right to see a specialist outside of the MPN in this case.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or do not like your doctor for any reason, you may always 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 a doctor within the _____ MPN. If you want a second opinion, you must contact the MPN Contact and tell them you want a second opinion. The contact person will make sure you have a list of MPN doctors to choose from. Then you may choose a doctor from the _____ MPN and make an appointment within 60 days. You must tell the MPN Contact person of your appointment date.

If you do not make an appointment within 60 days, you will not be allowed to have a second opinion with regard to this disputed diagnosis or treatment of this 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 your employer or insurer and you will get a new list of _____MPN doctors or specialists so you can make another selection.

After you receive a second opinion, if you still disagree with your doctor, you may ask for a third opinion. If you want a third opinion, you must contact the MPN Contact and tell them you want a third opinion. They will make sure you have a list of _____MPN doctors to choose from. Then you may choose a doctor from the _____MPN and make an appointment within 60 days. You must tell the MPN Contact of your appointment date.

If you do not make an appointment within 60 days, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you will get a new list of _____ MPN doctors or specialists so you can make another selection.

If the third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you will get a new list of _____MPN doctors or specialists so you can make another selection.

If after the third opinion, you still disagree with your doctor, you may ask for an **Independent Medical Review (IMR)**. Your employer or MPN contact person will give you information on requesting an Independent Medical Review and a form at the time you request a third opinion.

An IMR will be done by a physician outside of the MPN who will be selected to conduct an independent assessment of your dispute.

As long as your second opinion, third opinion or Independent Medical Reviewer agrees with the treating doctor, you will need to continue to receive your medical treatment with doctors in the _____MPN network.

If the second opinion, third opinion or Independent Medical Reviewer does not agree with your treating doctor, you will be allowed to receive that medical treatment from a provider either inside or outside _____MPN. If you decide to receive treatment outside the MPN, it can only be for the treatment or diagnostic service recommended by the second opinion, third opinion or Independent Medical Reviewer.

Once this treatment is completed, you will receive all other treatment with a doctor of your choice back in the MPN Network.

- **What if I am already being treated for a work-related injury before the _____ MPN begins? What is “transfer of care”?**

Your employer or insurer has a “**transfer of care**” policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the MPN.

If your current treating doctor is a member of _____ MPN, then you may continue to treat with this doctor and your treatment will be under _____ MPN. Your current doctor may be allowed to become a member of _____ MPN.

If your current treating doctor is not or is not allowed to become a member of _____ MPN, then you may be sent to a _____ MPN doctor for treatment. If this occurs, you will be sent a letter and your doctor will also be notified.

You will not be transferred to a doctor in _____ MPN if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed within 30 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 insurer that will occur within 180 days of the MPN effective date.

If _____ MPN is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above.

If either _____ MPN or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify the MPN Contact listed previously if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision.

If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved.

- **What if I am being treated by a _____ MPN doctor and the doctor leaves the MPN?**

Your employer or insurer has a written Continuity of Care Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in _____ MPN.

If you are being treated for a work-related injury in the _____ MPN and your doctor no longer has a contract with the MPN, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed within 30 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 insurer that will occur within 180 days of the MPN effective date.

If any of the above conditions exist, _____ MPN may require your doctor to agree in writing to the same terms he or she agreed to when he or she was a provider in the _____ MPN Network. If the doctor does not, he or she may not be able to continue to treat you.

If the contract with your doctor was terminated or not renewed by _____ MPN for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor.

- **What if I have questions or need help?**

MPN Contact: You may always contact the MPN Contact if you need more help or explanation about your medical treatment if you have a work-related injury or illness.

Name: _____
Title: _____
Address: _____
Telephone Number: (800) _____
Email address: _____

- **MPN website:** http://www.dir.ca.gov/dwc/MPN/DWC_MPN_Main.html
- If you have internet access, you can identify a _____MPN Provider via the following: Website: <http://www.talispoint.com/pma/external/>
- For questions related to your Workers' Compensation claim, contact:

Name: Gallagher Bassett Services Inc.
Telephone #: (866) 878-2316
(916) 683-5550

- **DWC Information & Assistance Officer:** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call Information and Assistance Officer at the Division of Workers' Compensation at 1-800-736-7401.
- **Independent Medical Review:** If you have questions about the Independent Medical Review process or the Independent Medical Reviewer, you may contact the Division of Workers' Compensation's Medical Unit at:

P.O. Box 8888
San Francisco CA94128-8888
(650) 737-2700 or (800) 794-6900

Keep this information in case you have a work-related injury or illness.

Información importante sobre asistencia médica si usted sufre una enfermedad o lesión relacionada con el trabajo

Notificación inicial escrita al empleado con relación a la: Red de proveedores médicos

(Título 8, Código de California de regulaciones, artículo 9767.12)

Si usted sufre una lesión en el trabajo, la Ley de California obliga a su patrono a que le proporcione y le pague el tratamiento médico. Su patrono eligió proporcionar esta asistencia médica a través de una red de médicos para la indemnización de trabajadores denominada Red de proveedores médicos (MPN por sus siglas en inglés). Esta MPN_____ la administra _____. El proveedor de servicios para la indemnización de trabajadores de su patrono es _____. Esta notificación le indica lo que necesita saber sobre del programa de la MPN_____ y describe sus derechos en la elección de asistencia médica para lesiones por accidentes de trabajo y enfermedades relacionadas con el trabajo.

- **¿Qué es una MPN?**

Una Red de proveedores médicos (MPN) es un grupo de proveedores de asistencia médica (médicos y otro tipo de proveedores) establecido por un asegurador o un patrono auto-asegurado y aprobado por el Director administrativo de la División para la indemnización de trabajadores, para tratar a los trabajadores lesionados en el trabajo. Cada MPN debe incluir una combinación de médicos especializados en lesiones relacionadas con el trabajo y médicos con peritaje en áreas generales de la medicina. Las MPN deben cumplir con los estándares de acceso y cuidado para las lesiones por accidentes de trabajo comunes y enfermedades relacionadas con el trabajo. Además, las regulaciones les exigen a los proveedores de la MPN utilizar los lineamientos de tratamiento médico adoptados por la División para la indemnización de trabajadores (DWC por sus siglas en inglés).

Las MPN deben proporcionarles a los empleados una selección de proveedor(es) de la red después de su primera visita.

- **¿Cómo puedo averiguar qué médicos pertenecen a mi MPN?**

Su patrono o asegurador nombró a la siguiente <persona o departamento> como el **Contacto de la MPN** para todos los empleados:

Nombre: _____

Cargo: _____

Dirección: _____

Número de teléfono: (800) _____

Dirección de correo electrónico: _____

Esta persona está disponible para contestar sus preguntas acerca de la MPN _____ e indicarle cómo recibir u obtener acceso a los nombres de los médicos de la

MPN. Una lista regional de proveedores de la MPN se incluye con esta notificación.> Se puede obtener una lista de proveedores de la MPN al llamar a nuestra persona de contacto de la MPN visitar nuestro sitio Web en: _____ o al preguntar a su patrono.

- **¿Qué pasa si sufro una lesión en el trabajo?**

En caso de emergencia, deberá llamar al 911 o ir a la sala de emergencias más cercana. Si sufre una lesión en el trabajo, notifique a su patrono tan pronto como sea posible. Su patrono le proporcionará un formulario de reclamo. Cuando le notifique a su patrono o a su asegurador que sufrió una lesión por accidente de trabajo, su patrono o asegurador gestionará una primer cita con un médico de la MPN _____.

- **¿Cómo elijo a un proveedor?**

Después de la primer visita, este médico lo puede seguir tratando o usted puede escoger a otro médico de la MPN _____. Puede escoger otros médicos dentro de la MPN _____ durante todo su tratamiento médico para esta lesión. Si fuera pertinente, puede escoger a un especialista o pedir a su médico tratante que lo refiera a un especialista. Si necesita ayuda para elegir a un médico, puede comunicarse con el Contacto de la MPN enumerado anteriormente.

Si tiene problemas para obtener una cita con un médico dentro de la MPN, comuníquese con el Contacto de la MPN, quien le ayudará.

- **¿Qué sucede si no hay proveedores en mi área?**

La MPN _____ cuenta con proveedores para los siguientes <condados en California: _____> <para todo el Estado de California> <u otra descripción geográfica>. Si usted está trabajando temporalmente fuera de las áreas de servicio de la MPN _____, podrá tratarse con un médico de su elección. Si se encuentra en la posición en la que un especialista en particular no está disponible en su área, comuníquese con el Contacto de la MPN. En este caso, puede tener el derecho de consultar a un especialista fuera de la MPN.

- **¿Qué sucede si no estoy de acuerdo con mi médico respecto al tratamiento médico?**

Si no está de acuerdo con su médico o no le gusta su médico por cualquier razón, puede escoger a otro médico dentro de la MPN.

Si no está de acuerdo con el **diagnóstico o tratamiento** prescrito por su médico, puede solicitar una **segunda opinión** de un médico dentro de la MPN _____.

Si desea una segunda opinión, deberá comunicarse con el Contacto de la MPN y manifestarle que desea una segunda opinión. La persona de contacto se asegurará que usted disponga de una lista de médicos de la MPN de donde pueda elegir. Podrá escoger un médico de la MPN _____ y hacer una cita en los próximos 60 días. Deberá proporcionarle la fecha de su cita a la persona de contacto de la MPN.

Si no hace una cita dentro de los 60 días, no se le permitirá tener una segunda opinión en relación con este diagnóstico o tratamiento en discusión de este médico tratante.

Si el médico que emite una segunda opinión considera que su lesión es ajena al tipo de lesión que él o ella generalmente trata, la oficina del médico lo notificará a su patrono o asegurador y usted obtendrá una nueva lista de médicos o especialistas de la MPN _____ de manera que pueda hacer otra selección.

Si después de recibir una segunda opinión, todavía no está de acuerdo con su médico, puede solicitar una tercera opinión. Si desea una tercera opinión, deberá comunicarse con el Contacto de la MPN e indicarle que desea una tercera opinión. Ellos se asegurarán que disponga de una lista de médicos de la MPN _____ de donde pueda elegir. Podrá escoger un médico de la MPN _____ y hacer una cita en los próximos 60 días. Deberá proporcionarle la fecha de su cita al contacto de la MPN.

Si no hace una cita dentro de los 60 días, no se le permitirá tener una tercera opinión en relación con este diagnóstico o tratamiento en discusión de este médico tratante.

Si el médico que emite la tercera opinión considera que su lesión es ajena al tipo de lesión que él o ella generalmente trata, la oficina del médico lo notificará a su patrono o asegurador y usted obtendrá una nueva lista de médicos o especialistas de la MPN _____ de manera que pueda hacer otra selección.

Si después de recibir la tercera opinión, todavía no está de acuerdo con su médico, podrá solicitar una **Revisión médica independiente (IMR)** por sus siglas inglés). Su patrono o la persona de contacto de la MPN le proporcionará información respecto a cómo solicitar una Revisión médica independiente y le dará un formulario en el momento en que solicite una tercera opinión.

Un médico fuera de la MPN llevará a cabo una IMR, quien se seleccionará para llevar a cabo una evaluación independiente de su disputa.

Siempre y cuando su segunda opinión, tercera opinión o su Evaluador médico independiente esté de acuerdo con el médico tratante, deberá continuar recibiendo su tratamiento médico con los médicos dentro de la red MPN _____.

Si la segunda opinión, tercera opinión o el Evaluador médico independiente no está de acuerdo con su médico tratante, se le permitirá recibir dicho tratamiento médico por parte de un proveedor ya sea dentro o fuera de la MPN _____. Si decide recibir tratamiento fuera de la MPN, únicamente podrá hacerlo para el tratamiento o servicio

de diagnóstico recomendado por la segunda opinión, la tercera opinión o el Evaluador médico independiente.

Al terminar este tratamiento, recibirá el resto del tratamiento con un médico de su elección de nuevo dentro de la red de la MPN.

- **¿Qué sucede si ya estoy en tratamiento por una lesión relacionada con el trabajo antes de que inicie la asistencia médica a través de la MPN _____? ¿Qué es “transferencia de asistencia”?**

Su patrono o asegurador cuenta con una política de “transferencia de asistencia” que describe qué pasa si actualmente está bajo tratamiento por una lesión relacionada con el trabajo con un médico que no es miembro de la MPN.

Si su médico tratante actual es miembro de la MPN _____, usted podrá continuar su tratamiento con este médico y su tratamiento se incluirá dentro de la MPN _____. Su médico actual puede pasar a formar parte de la MPN _____.

Si su médico tratante actual no forma parte o no se le permite ser miembro de la MPN _____, entonces a usted se le podrá remitir a un médico de la MPN _____ para el tratamiento. Si esto sucede, usted recibirá una carta y también se le notificará a su médico.

No será transferido a un médico en la MPN _____ si su lesión o enfermedad se encuentra dentro de cualquiera de las siguientes condiciones:

- **(Grave)** El tratamiento para su lesión o enfermedad terminará dentro de 30 días;
- **(Seria o crónica)** Su lesión o enfermedad es grave y continuará por lo menos durante 90 días sin una cura total o empeora y requiere de tratamiento continuo. Se le podrá permitir que lo trate su médico tratante actual hasta por un año, hasta que se pueda realizar una transferencia de asistencia segura.
- **(Terminal)** Padece una enfermedad incurable o condición irreversible que probablemente le cause la muerte dentro de un año o menos.
- **(Cirugía pendiente)** Se realizará una cirugía u otro procedimiento que su patrono o asegurador autorizó y que se llevará a cabo en los próximos 180 días de la fecha efectiva de la MPN.

Si la MPN _____ va a transferir su asistencia y usted no está de acuerdo, le puede solicitar a su médico tratante un informe que indique si usted está en una de las categorías enumeradas anteriormente.

Si la MPN _____ o usted no está de acuerdo con el informe del médico tratante, esta disputa se resolverá de acuerdo con el Artículo 4062 del Código de Trabajo. Usted deberá notificar al Contacto de la MPN enumerado anteriormente si no está de acuerdo

con este informe.

Si su médico tratante está de acuerdo con que su condición no cumple con alguna de las condiciones enumeradas anteriormente, la transferencia de asistencia seguirá adelante a pesar de que usted no esté de acuerdo con la decisión.

Si su médico tratante considera que su condición no cumple con una de las condiciones enumeradas anteriormente, podrá continuar su tratamiento con él o ella hasta que la disputa se resuelva.

- **¿Qué sucede si estoy bajo tratamiento con un médico de la MPN _____ y el médico se retira de la MPN?**

Su patrono o asegurador cuenta con una Política de continuidad de asistencia escrita, que podrá permitirle continuar el tratamiento con su médico, si su médico ya no participa activamente en la MPN _____.

Si está bajo tratamiento por una lesión relacionada con el trabajo en la MPN _____ y su médico ya no tiene un contrato con la MPN, a su médico se le puede permitir que continúe tratándolo si su lesión o enfermedad se encuentra dentro de una de las siguientes condiciones:

- **(Grave)** El tratamiento para su lesión o enfermedad terminará dentro de 30 días;
- **(Seria o crónica)** Su lesión o enfermedad es grave y continuará por lo menos durante 90 días sin una cura total o empeora y requiere de tratamiento continuo. Se le podrá permitir que lo trate su médico tratante actual hasta por un año, hasta que se pueda realizar una transferencia de asistencia segura.
- **(Terminal)** Padece una enfermedad incurable o condición irreversible que probablemente le cause la muerte dentro de un año o menos.
- **(Cirugía pendiente)** Se realizará una cirugía u otro procedimiento que su patrono o asegurador autorizó y que se llevará a cabo en los próximos 180 días de la fecha efectiva de la MPN.

Si existe cualquiera de las condiciones anteriores, la MPN _____ podrá solicitarle a su médico que convenga por escrito en los mismos términos en que él o ella acordó cuando él o ella era un proveedor dentro de la red de la MPN _____. Si el médico no lo hace, él o ella no podrá continuar tratándolo.

Si el contrato con su médico terminó o la MPN _____ no lo renovó por razones relacionadas con causas o motivos disciplinarios, actividad fraudulenta o delictiva, a usted no se le permitirá completar el tratamiento con dicho médico.

- **¿Qué pasa si tengo preguntas o necesito ayuda?**

Contacto de la MPN: Siempre podrá comunicarse con el Contacto de la MPN si necesita más ayuda o explicación sobre su tratamiento médico si padece de una lesión o enfermedad relacionada con el trabajo.

Nombre: _____
Cargo: _____
Dirección: _____
Número de teléfono: (800) _____
Dirección de correo electrónico: _____

○ **Sitio Web de la MPN:**

http://www.dir.ca.gov/dwc/MPN/DWC_MPN_Main.html

- Si usted tiene el acceso del internet, usted puede identificar una _____ Proveedor de MPN vía Sitio web de lo Siguiente:

<http://www.talispoint.com/pma/external/>

- Para preguntas relacionadas a su reclamo de la Compensación de Trabajadores, el contacto:

El nombre: Servicio De Gallagher Bassett
Telefonee #: (866) 878-2316
(916) 683-5550

- **Encargado de información y asistencia de la DWC:** Si tiene preocupaciones, reclamos o preguntas relacionadas con la MPN, el proceso de notificación o su tratamiento médico posterior a una lesión o enfermedad relacionada con el trabajo, puede comunicarse con el Encargado de información y asistencia de la División para la indemnización de trabajadores al 1-800-736-7401.

- **Evaluación médica independiente:** Si tiene preguntas acerca del proceso de la Evaluación médica independiente o del Evaluador médico independiente, puede comunicarse con la Unidad Médica de la División para la indemnización de trabajadores a la siguiente dirección:

P.O. Box 8888
San Francisco CA 94128-8888
(650) 737-2700 o (800) 794-6900

ATTACHMENT C

PMA AND GALLAGHER BASSETT

CALIFORNIA MPN

TRANSFER OF CARE PLAN

SAMPLE ONLY

“Notice of Non-Network or Provider Joined MPN”

{Date}

{Name}

{Address}

{City, State, Zip}

RE: Employee Notice of non-network provider – Transfer of Care Plan

Dear Injured Worker,

This letter is acknowledgement that you have a workers’ compensation injury at the time _____ is implementing an MPN. _____ has determined the status of your current treating provider within the MPN. If your provider is currently not part of the MPN, you may qualify to continue using the non-network provider. _____ has defined the parameters under which you may continue to treat with your provider. Please take a few moments to review the information below. In the event you disagree with this information, contact _____ promptly.

(_____ choose which scenario fits best)

- **Option 1** – Your current provider is part of _____’s MPN. You may continue to treat with this provider. If you need further care from another specialist, you and your provider must select a specialist from within the MPN. Contact (800) XXX-XXXX if you need assistance in locating another MPN provider.
- **Option 2** – Upon implementation of the MPN, we sent notice that your provider was not part of the network and authorized treatment for a specific period. Your physician has recently joined the network. This will be our acknowledgement that your existing treating provider is now part of the network and you may continue treating with this provider for the duration of your claim, if medically necessary. Please note that any future referrals must be made within the MPN.
- **Option 3** – Your provider is not part of the MPN network. As a result of managing your claim, _____ determines that you have one of the conditions below and may continue to treat with the non-network provider for a specified period: (Check one below):

- An acute medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention with a duration of not more than 30 days. _____ will authorize completion of the treatment for the duration of the acute condition.
 - A serious chronic condition that is due to a disease, illness, catastrophic injury or other medical problem, or medical disorder that is serious in nature and persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration. _____ will authorize completion of treatment for up to one year in order to complete a course of treatment and will arrange for transfer to another provider within the MPN, when feasible.
 - A terminal illness that is incurable or irreversible with a high probability of causing death within one year or less. _____ will authorize completion of treatment for the duration of a terminal illness;
 - Performance of a surgery or other procedure that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days from the MPN coverage effective date. _____ will affirm continued treatment for a specified time frame after the regulation time periods have been met.
- **Option 4** - _____ has determined that you do not have any of the conditions above; therefore, you will need to secure services from another MPN provider. If you need assistance in locating another provider, call 1-800-XXX-XXXX.

You must receive confirmation from _____ to continue using the non-network provider. If you have been authorized to continue treating with a non-network provider, _____ will contact the physician to confirm his/her willingness to continue providing you with treatment. In the event the provider is not able to continue providing treatment, _____ will advise you to seek care from an MPN physician immediately.

Upon receipt of this notice, if you object to the medical condition, you may request a report from the physician defining the condition. .

If the physician agrees with _____'s assessment that your medical condition does not meet the conditions, the transfer of care shall go forward during the dispute resolution process.

If the physician does not agree with _____'s assessment regarding your medical condition, the transfer of care shall not go forward until the dispute is resolved

If you object to the physician's determination, you may request a medical evaluation

If you are not represented by an attorney, you may submit your objection to the _____ within 30 days of receipt of the physician's report. Your employer will provide you with information on the process for requesting a Qualified Medical Evaluation (QME).

If represented by an attorney, you may submit your objection to the _____ in writing within 20 days of receipt of the physician's report. Your employer will provide you with information about securing an evaluation from an agreed upon medical evaluator.

The QME or agreed upon medical evaluator will provide you and your employer with a copy of the comprehensive medical evaluation and the summary form addressing all contested medical issues.

This dispute resolution process follows Labor Code§4062. More details regarding §4062 procedure will be provided at the onset of any dispute.

We appreciate your prompt review of this information so there is no delay in your treatment. If you have any questions about the above information, please contact your employer or insurer.

Sincerely,

ATTACHMENT D

PMA AND GALLAGHER BASSETT CALIFORNIA MPN CONTINUITY OF CARE PLAN

SAMPLE ONLY

Notice of Terminated Provider

{Date}

{Name}

{Address}

{City, State, Zip}

RE: Employee Notice of Terminated Provider – Continuity of Care Plan

Dear Injured Worker:

This letter is notice that your current treating provider, Dr. XXXXX is no longer participating in _____'s approved Medical Provider Network.

_____ has determined the status of your current treating provider within the MPN. If your provider is currently not part of the MPN, you may qualify to continue using the non-network provider. _____ has defined the parameters under which you may continue to treat with your provider. Please take a few moments to review the information below. In the event you disagree with this information, contact _____ promptly.

_____ choose which scenario fits best:

- **Option 1** – Your physician is terminated from the MPN and is no longer able to continue your care. You will need to secure another provider from the MPN. Contact 1-800-XXX-XXXX if you need assistance in locating another MPN provider.
- **Option 2** – As a result of managing your claim, _____ determines that you have one of the conditions below and may continue to treat with the non-network provider for a specified period: (Check one below):
 - An acute medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and has a limited duration. _____ will authorize completion of the treatment for the duration of the acute condition.
 - A serious chronic condition that is due to a disease, illness, catastrophic injury or other medical problem, or medical disorder that is serious in

nature and persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. _____ will authorize completion of treatment for up for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the insurer or employer in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment under this paragraph shall not exceed 12 months from the contract termination date.

- A terminal illness that is incurable or irreversible with a high probability of causing death within one year or less. _____ will authorize completion of treatment for the duration of a terminal illness.
 - Performance of a surgery or other procedure that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date. _____ will affirm continued treatment for a specified time frame after the regulated time frames have been met.
- **Option 3** - _____ has determined that you do not have any of the conditions above; therefore, you will need to secure services from another MPN provider. If you need assistance in locating another provider, call 1-800-XXX-XXXX.

You must receive confirmation from _____ to continue using the non-network provider. If you have been authorized to continue treating with a non-network provider, _____ will contact the physician to confirm his/her willingness to continue providing you with treatment under the MPN. In the event the provider is not able to continue providing treatment, _____ will advise you to seek care from an MPN physician immediately.

We appreciate your prompt review of this information so there is no delay in your treatment. If you have any questions about the above information, please contact your employer or insurer.

Sincerely,

ATTACHMENT E

INJURED WORKER INSTRUCTION SHEET

SAMPLE ONLY

The Injured Worker Instruction Sheet

Re: Claimant Name _____
Date of Injury _____
Employer _____
Claim Number _____

RE: IMPORTANT INFORMATION ABOUT YOUR WORKERS' COMPENSATION CLAIM

Dear Injured Worker:

_____ has received your workers' compensation claim. Below is information about your employer's approved Medical Provider Network (MPN). If you have further questions relating to the MPN, compensability or your available workers' compensation benefits, contact your _____ at _____.

INITIAL AND ONGOING TREATMENT — If this is an emergency, go to the nearest emergency medical center. For non-emergency situations, your employer will assist you in getting initial treatment from an MPN provider. The MPN has primary treating providers available within 15 miles or 30 minutes or specialty care within 30 miles or 60 minutes from your work or residence. If you pre-designated your physician prior to injury, you may use those providers. If you require additional services beyond your initial visit, you may use any provider, appropriate to your injury, within the MPN. Contact the number above if you have questions, have difficulty in getting an appointment within three days for primary treatment or 20 days for specialty treatment, or need any assistance in locating a provider.

OBTAINING AUTHORIZATION PRIOR TO TREATMENT- Your treating physician must obtain prior authorization for services by calling the number above, will review our physician's treatment plan and render a recommendation. You, your adjuster and physician will receive a copy of the review recommendation.

(APPEAL LANGUAGE FOR NON-CERTIFICATION) -If your treatment is non-certified, you may request an appeal by following the Appeal instructions that were attached to the non-certification notice which include information on the phone numbers to contact and the process in accordance with CA Labor Code 4610.

PROVIDER CHANGES OR REQUESTS FOR A SECOND OR THIRD OPINION –

You may change physicians within the MPN at any time as long as the provider is appropriate to treat your injury.

In the event you dispute the diagnosis or treatment prescribed by your treating physician, you may request another opinion. Under the MPN, you may request up to two additional opinions from other MPN physicians. To request another opinion, you may contact your MPN by telephone, fax or e-mail. To assist in the process, your MPN has created a form that outlines all the information you will need to know. You may complete this form and fax it to your employer at _____ or you may contact the employer via e-mail or by calling the telephone number noted in the first paragraph of this letter.

Your employer will assist you in setting up a medical evaluation with another MPN physician. During the process, you may continue to treat with an MPN physician of your choice until you receive further information from the MPN. If you dispute the third physician's diagnosis or treatment, you may contact the California Department of Workers' Compensation at (415) 7034600 for an independent medical review (IMR).

TERMINATED MPN PROVIDERS AND CONTINUITY OF CARE — If your physician terminates from the MPN, your employer will advise you on your options for continued treatment. In some instances, the terminated physician may continue to treat you through your employer's Continuity of Care plan. Copies of the plan are available upon request.

If you have further questions, please contact your employer.

Sincerely,
